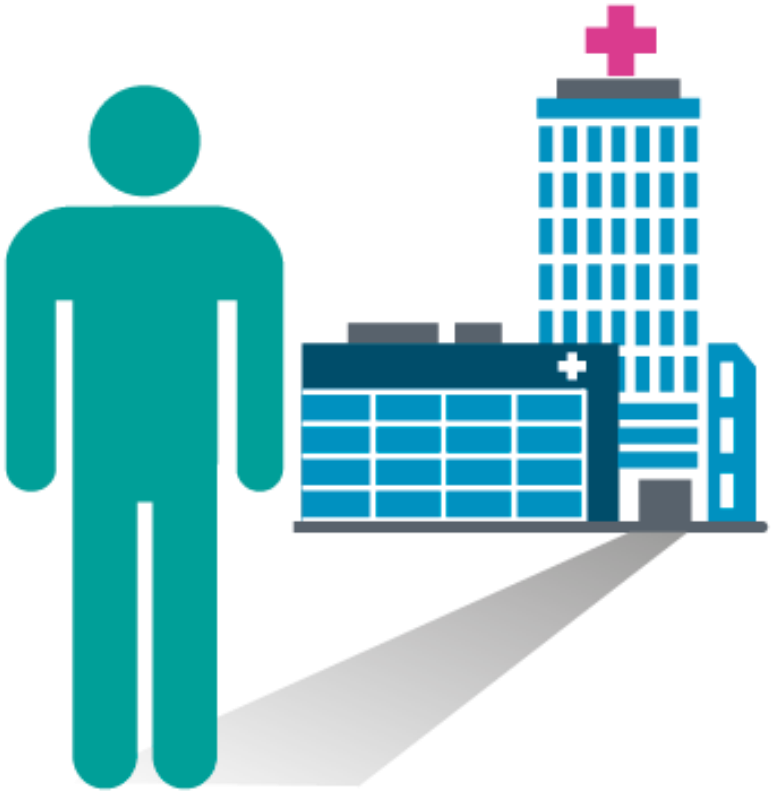
healthwatch Reading
advice • advocacy • action



Why local people go to the emergency department: findings of a seven-day survey at the Royal Berkshire Hospital

Contents

Contact us via www.healthwatchreading.co.uk or telephone 0118 937 2295

Section 1: Survey summary

Where: The Emergency Department, Royal Berkshire Hospital, Craven Road, Reading, RG1 5AN

When: **Monday 16 to Sunday 22 May 2016**, for two to four hours each day, making a total of 10 visits.

Who: **249 people (239 adults and 10 young people)** in the adults or children's waiting areas, shared their views. (These people made up 11% of the total number (2,117) of emergency department attendances that week.

Why: **To collect people's experiences in order to influence commissioners and providers as they draw up local urgent care plans**; we wanted to know about what health or care services, if any, people contact before going to the emergency department and what factors influence their decision to go to hospital.

How: **People filled in an anonymous two-page survey** handed out by a Healthwatch Reading staff member or volunteer; some shared more in-depth stories. The visits were agreed in advance with the hospital, and carried out using the statutory 'Enter and View' powers that local Healthwatch hold.

Key highlights

1. **The most common health problem leading to a person's visit to the emergency department was an accident (39%, 93 out of 239)**

2. **Nearly half of people (48%, 113 out of 236) had experienced their health problem for between one and seven days beforehand**

3. **More than half of people (55%, 127 out of 232) had sought help from other services before going to the emergency department**

4. **Nearly 8 in 10 people (79%, 99 out of 140) said the service they contacted, advised them to go to the emergency department**

5. **Nearly half of people (48%, 34 out of 71) who didn't seek help from any other service, said they would do so next time if they had more information about alternative services in their area**

Main findings

1. **The most common health problem leading to a person's visit to the emergency department was:**
   - an accident (39%, 93 out of 239)
   - a new symptom/problem (14%, 33 out of 239)
   - or a change/worsening of a long term condition (10%, 25/239).

   One-quarter of people also described 'other' issues – ranging from a bee sting, to a lump in the head, eye or dental problems, swollen tongue, back pain or chest pain.

2. **Nearly half of people (48%, 113 out of 236) had experienced their health problem for between one and seven days beforehand.**

3. **More than half of people (55%, 127 out of 232) had tried to seek help from other services before going to the emergency department.**
   Most of these people sought help from:
   - their GP (73%, 93 out of 127)
   - the NHS 111 telephone helpline (33%, 42 out of 127)
   - an NHS Walk-In Centre (15%, made up of 13 people who visited Reading Walk-In Centre; and six who went to one outside Reading)
   - their GP out-of-hours service (12%, 15 out of 127).

   Only 4% of people had contacted a pharmacist

   Only one person said they had sought advice from the NHS Choices website.

4. **79% of people (99 out of 140) said the service they had contacted beforehand, advised them to go to the emergency department.**

Patient comments about advice they got:

'The walk-in centre wrote a letter for me for A&E.'

'111 called an ambulance for me. After one hour, an ambulance 'nurse' called and said that they had no spare ambulances and after discussing symptoms she advised I went to casualty myself rather than wait for an ambulance to become available.'

'GP said it would be 'safer' to go to A&E.'

'Yes, told me to go to A&E next day if still bad.'

'GP said come to A&E if still feeling pain after a few days.'

5. **The 83 people who did not contact a service before they came to the emergency department, selected these main reasons:**
   - they believed the emergency department had machines, technology, or medicines that were not available anywhere else (28%, or 23 out of 83)
   - they believed their problem was very serious (27%, 22 out of 83)
   - they believed the emergency department had staff/experts they would not find anywhere else (23%, 19 out of 83).

One-quarter of people (20 out of 83) gave a variety of 'other' reasons, including:

- four who mentioned suspected broken limbs
- three who said another service would not be open
- three who raised concerns about how another service would handle their problem.

Patient comments about reasons for going to the hospital

'Sunday – GP not open.'

'19.30 on Friday ruled out GP.'

'Experience of other services are they are not very responsive. Felt it was too late to go elsewhere.'

'Would've been sent for X-ray.'

'I have broken enough bones to know how one feels different to a muscle injury.'

'Spent 40 mins on phone whilst in a lot of pain. Told Dr may call, waited 30 mins, didn't call, so called 999, didn't know how long ambulance would be, so brought in by car.'

People who did not contact a service before they came to the emergency department, said they would consider doing so in the future, if:

- they had more information about alternative services in their area (48%, 34 out of 71 people)
- they had more information about what health issues/symptoms/injuries, other services can see or treat (32%, 23 out of 77)
- other services had extended opening hours (28%, 20 out of 77).

Of the 14 people who volunteered extra feedback on this question, six mentioned the need for a service offering X-ray.

Section 2: Patient views in more detail

People volunteered other feedback, as set out below:

‘A&E is very helpful and quick most of time, all staff polite and very clean.’

‘Surprised how well A&E works. Do need to wait but service good.’

‘Long waiting time, especially with a baby.’

‘Went to my GP this morning to have the dressing changed before an appointment as advised. The GP told me to go to A&E as the wound is quite complex and they are better placed to re-dress it.’

‘There was different advice at different services. 111 said to go to walk-in centre for minor injuries, but walk-in centre can’t do X-rays so advised to go to A&E, rang 111 to check this was okay, 111 said no food or drink, water or pain relief. A&E said always okay to give pain relief.’

‘The lab contacted GP, who called me at 5pm and advised to go to A&E for re-test as may require Vitamin K.’

‘Called doctor’s surgery twice and they failed to return our calls, very disappointed, very poor service from our surgery, this left no alternative but to come to A&E.’

‘Surgery advises attend A&E as no appointment in morning - could only see child later that afternoon.’

‘If you ring 111 they cannot answer many of the questions.’

‘I think he needs an X-ray so presumed we could only get in A&E.’
‘Accident required stitching.’

‘GP surgery said [I] would get a call back but didn’t say when.’

‘I hope GPs can have more time with patients and listen carefully and watch their patient for possible illnesses. Left unrecognised, things get worse…GPs should not be thinking of profit, should think of the patient’s health.’

‘GP unable to see an acutely unwell child and advised 999. I did not feel this was necessary and so went to urgent care centre and they advised making my own way to A&E.’

‘First aider suggested going to A&E. Have used walk-in centre before and think it is good. Wouldn’t want to wait twice – walk-in centre limited to what they can do with breaks.’

‘Think it needs a butterfly stitch.’

‘I am away from home yet I would still have gone to A&E as I have [a] heart condition – I do not know what other services can offer for example ECHO, ECG, X-ray.’

‘I do not think online services are the answer, the ‘Dr Google’ concept is causing more unproved diagnosis and hypochondriacs as opposed to expert advice.’

‘I am worried about wasting time here….there have been delays in getting appointment at surgery.’

‘Came to A&E as require an X-ray which is not available elsewhere to my knowledge.’

‘I had seen my GP x2 time in the period of 2 weeks. I was left with just some pain relief. I also called ambulance as I was unable to mobilise at all but they never seemed concerned.’

‘Doctor not listening to patient who is in pain and feet swollen. Hoping for an X-ray or scan.’

‘The consultant [oncologist] told me to go to A&E if I had any problems.’ [Elderly, post-operative, cancer patient]

Section 3: Observations about the ED

During each of the 10 visits over the week, four different Healthwatch staff members, assisted by a pool of six volunteers (members of North & West Reading Patient Voice, and South Reading Patient Voice), made observations about the emergency department waiting areas.

Overview:

The adults waiting area is through two double sliding doors. In between these doors is a lobby area with food and coffee vending machines, plus toilets. The reception staff are situated in an enclosed unit behind glass windows and the check in windows are straight ahead as people enter. The waiting area is an L-shape which means that some patients are out of sight. There are approximately 30 hard seats bolted to the floor. There is a TV on one wall showing programmes but it is not visible to everyone in the waiting room. There is also another monitor on another wall showing information about the hospital. There is an electronic display showing approximate waiting times. There are some posters up, including one about healthy eating. There is a free water dispenser.

Observations about the adult department waiting area:

- During all 10 sessions we observed that some patients appeared confused about the function of, or did not notice, a taped red line on the floor, meant to indicate the place to wait until you were called to the reception window in the adult's waiting room.
- During all sessions we noticed some adult patients waiting some time to be called to the reception window, because the staff member was talking to a colleague, did not look up from paperwork or did not make eye contact with arriving patients. When two staff members were sat at the check-in windows, it sometimes appeared as if one person was ignoring arriving patients (when in fact they were doing paperwork), because there was no 'window closed'-type sign to indicate that this staff member was engaged and to go to the other staff member.

Observations continued…

- We observed one reception staff member defusing a situation where a man had become agitated about the length of his wait – the staff member came out to the waiting area to sit and talk to him and advised him that it was nearly his turn to be seen.
- A notice taped to the adult department's reception window, advising patients to ask for interpreters if needed, was in English and not translated into other languages.
- The automatic doors into the adult department often slid open and shut constantly because of their proximity to the queue of people waiting to be checked in or when people were standing because seats were full, and was very squeaky, meaning people often could not hear their name being called out to be seen.
- Adult patients were called in to the clinical area in a variety of ways: some nurses or doctors stood at the doorway of the clinical area and shouted in clear voices, some spoke quietly and could not be heard in the part of the waiting room out of view, and some staff walked right out into the waiting room and walked around and repeated names until they found the patient.

- We observed multiple occasions of clinicians calling for patients who had already gone through to the clinical area.
- We spoke to one woman who had been told by reception that she would not be seen for at least three hours, so she decided to go to another part of the hospital for food; her name was called out almost immediately after she left (we told the patient on her return and spoke to the receptionist and was seen shortly after).
- The sign advising people how long they might have to wait is not visible when first entering the adult emergency department (we have seen this at other services such as a walk-in centre, where it deterred people who decided they did not want to wait).
- The waiting times shown did not always correlate with actual times people waited, especially when people appeared to be seen quicker during quieter times.
- The waiting time sign was sometimes switched off.

Observations continued…

- One TV monitor on a wall in the adult department waiting room showed a range of very useful information on a slide-show basis, of various hospital topics (such as a picture of all the different colour uniforms clinical staff wear, and what they mean), but the slides changed too quickly, giving patients only three seconds to read an entire screen. One of the slides asked patients to inform reception if they left the waiting area – this information was not on a static notice elsewhere in the waiting room.
- There are not enough seats for all waiting people at busy times
- We observed one group of people go into the clinical area unchallenged, at the same time a clinician was holding the door open and calling out for a different person; these people returned shortly after with a different staff member to direct them to another part of the hospital.
- Many patients asked us where the toilets were (in the lobby area) as there was no signage to the toilets from the main waiting area and they had not noticed them on first entering, as they were preoccupied with getting checked in at reception.

- Police were observed bringing in a young woman, who appeared very upset, to the main reception and some people waiting could hear police explaining to staff that she needed a mental health assessment - she was brought through relatively quickly but it raised questions about whether it would have been more appropriate to bring her to the 'back door' of the emergency department to help maintain her dignity.
- Police were observed bringing in a bleeding man who had been arrested; again he was called in quite quickly, but is there a policy of taking such patients through the back?
- There was no reading material provided in adults waiting area
- The TV information monitor states there is a Freephone in reception to call a taxi – however we then found out this no longer exists (although there is a notice about this behind the vending machine in lobby area); one receptionist did offer to call a taxi for a person who needed one.
- The water in the free dispenser was often tepid and sometimes cups were not available.

Observations continued…

- On some days there were no sandwiches in the vending machine in lobby area (run by external company) or the coffee machine was occasionally broken.
- Sometimes the toilets were in need of more frequent cleaning.
- Because some of the waiting area is out of sight of reception, staff did not notice a situation that could have needed their intervention (person shouting and swearing loudly).
- A poster aimed at helping patients choose the right service for their urgent care needs was beside the triage room door where it did not seem to be noticed or read by patients.
- Some patients said the drop-off area outside the department was not well signed and difficult to access.
- Many people complained about lack of on-site parking.

Case study: Friday night in the department 20 May 2016

When a Healthwatch Reading staff member and volunteer from South Reading Patient Voice arrived at 8pm at the emergency department on the Friday night of our week of visits, it was very busy.
All the seats were taken and people were standing in the main waiting area, the lobby area and outside the main doors. It was unclear where the reception queue was, due to the number of people congregating, and by 9pm there were also four people waiting in wheelchairs which added to the cramped feel of the small waiting area.
The water in the free dispenser was tepid and the automatic doors made an almost continuous squeaking noise opening and shutting.
A number of people appeared to be in distress and in pain. Patients could not always hear the names of people that clinicians were calling to come in to be seen.
At around 9.45pm, an A&E consultant came out and stated that due to severe pressures, and the number of ambulance cases, that the wait time would be at least four hours and that if there was anyone who could return tomorrow, or go to a pharmacist, then they should. Nobody appeared to leave as a result of this statement.
The next patient who was checked in was asked by Healthwatch Reading if she had been told by the receptionist that the waiting time was four hours – she said no, she was not told.
Despite the long waits, patients appeared to be generally good natured and resigned to sitting it out to be seen.

Observations about the children's emergency department

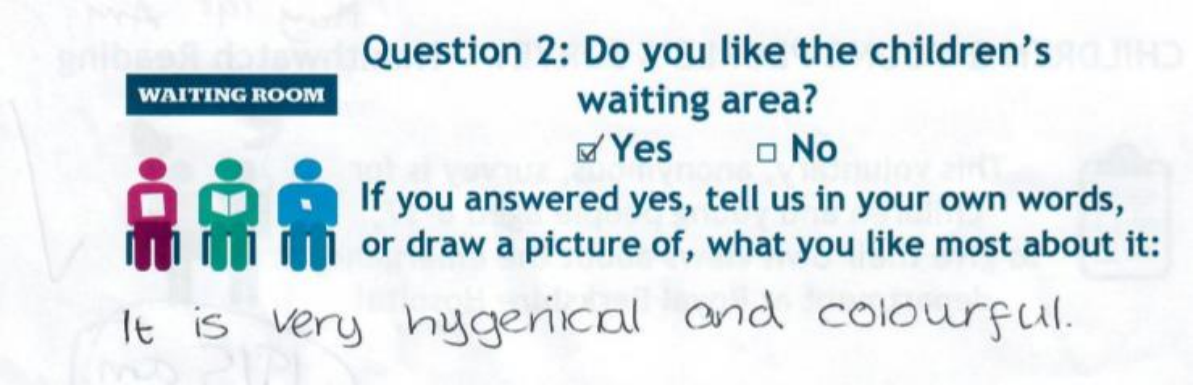
- The department has brightly coloured walls.
- The toys and books provided, appeared to be aimed at toddlers, and helped to keep very young patients occupied; there did not appear to be much material for older children.
- We observed one child being triaged with the triage room door open (although we could not hear what was said and an adult with the child was stood just outside).
- We noticed a useful poster explaining that even if it seemed quiet, it did not mean that the emergency department clinical area was not busy – could this also be displayed in adult's waiting room?
- Very cramped when busy.

Young people's views about the emergency department

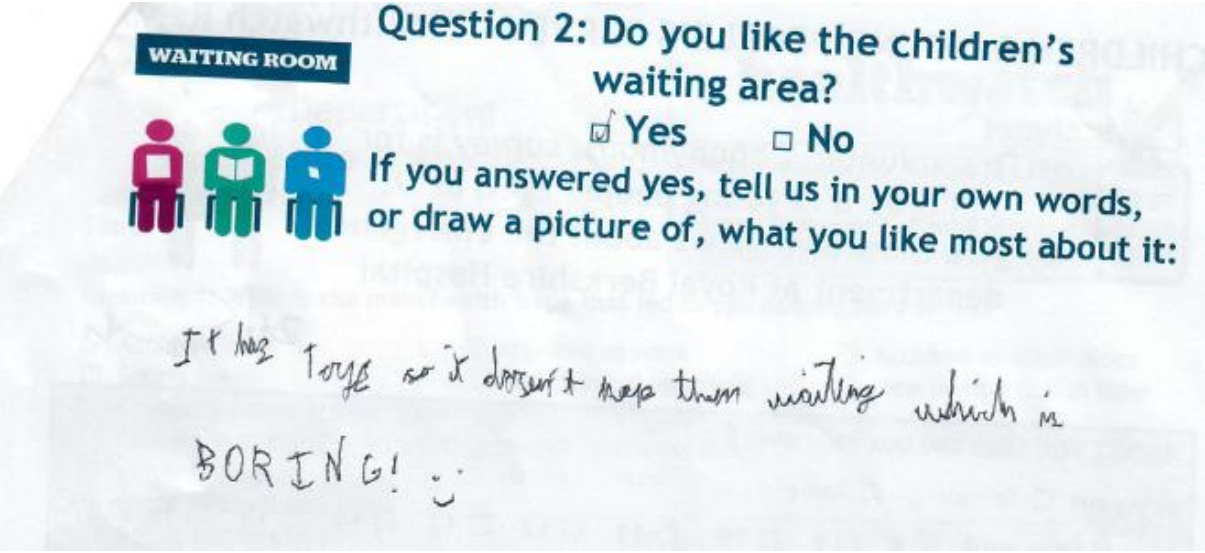
10 children aged eight to 16 answered a separate, short survey we handed out, with their adult's permission, to fill in themselves:

- All 10 young people said they liked the children's waiting area;
- Of the seven young people who had been in to see a triage nurse, all said the nurse spoke to them or asked questions in a way they could understand;
- All seven who had seen the nurse, said the nurse was friendly;
- Five of the seven young people said the nurse had told them the nurse's name.

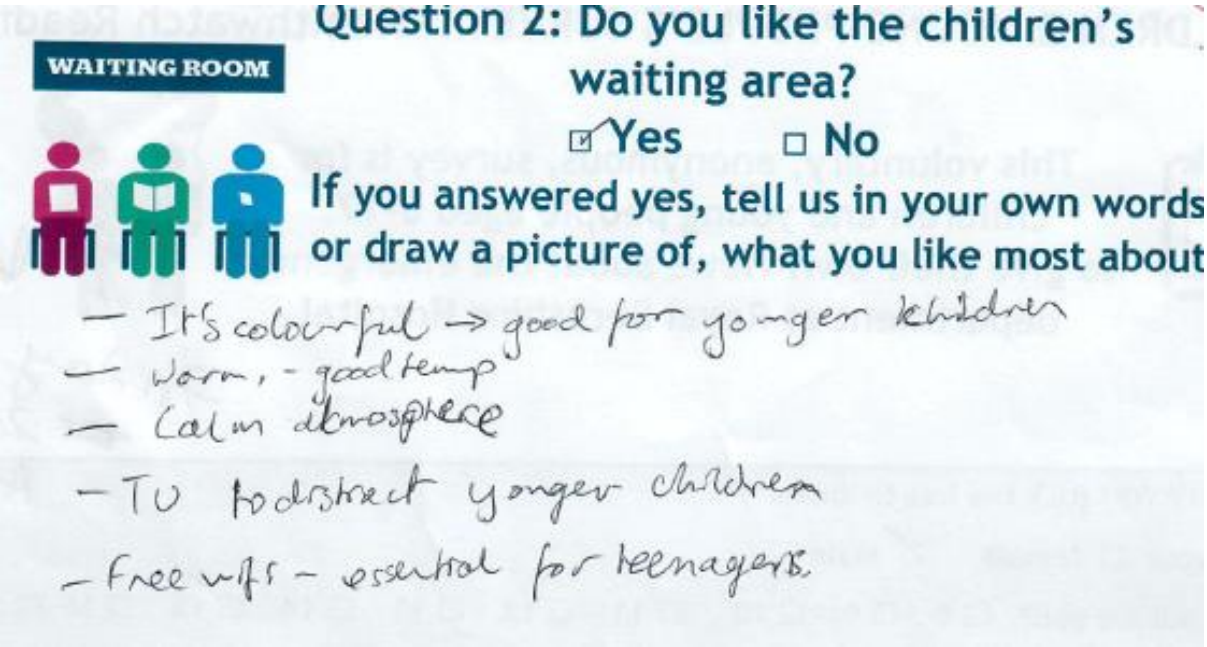
Examples of other feedback given by young people



Comment from an 11-year-old girl about the clean and colourful environment



Comment from an 8-year-old boy about toys preventing boredom while waiting



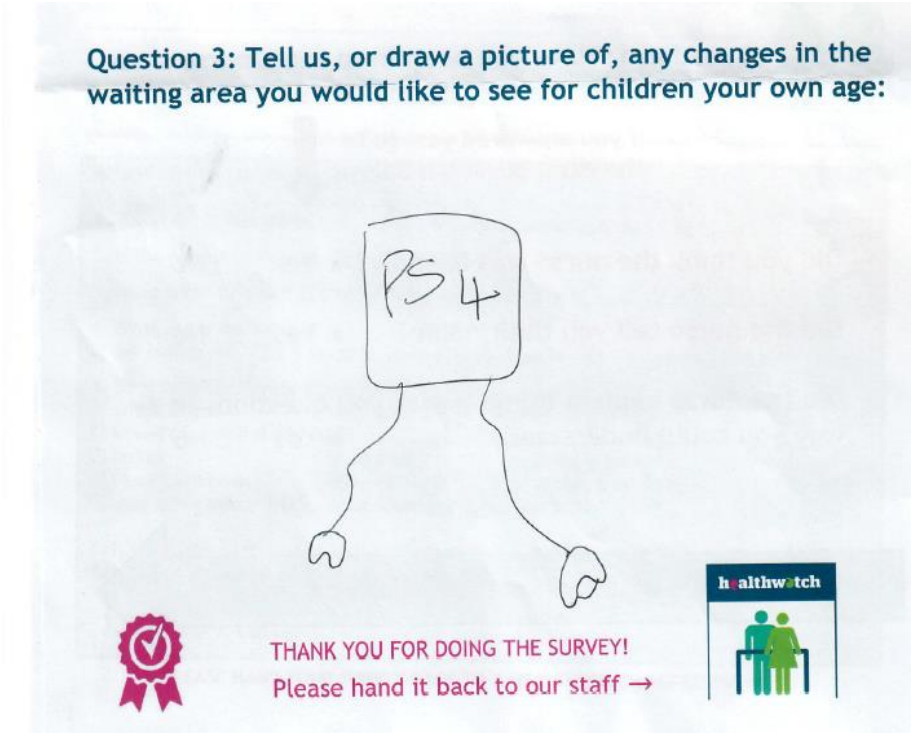
Comments from a 15-year-old male, including positive feedback about the free Wi-Fi in the waiting area, which is 'essential for teenagers'

Other comments

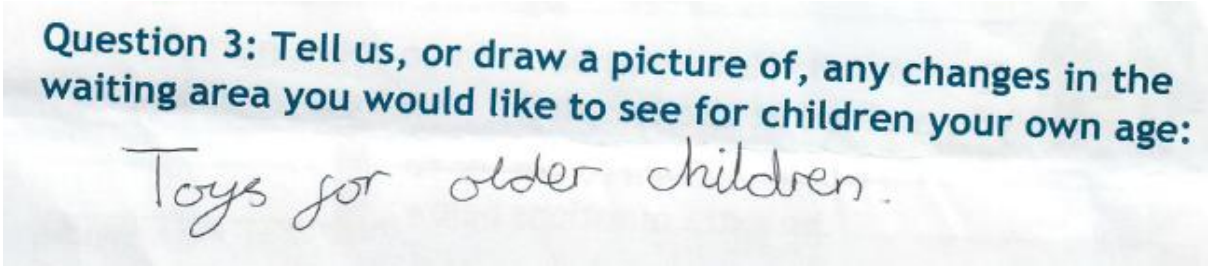
'The painting on the wall.' (9-year-old girl)

'I liked the walls.' (12-year-old boy)

'Yes it is a good place for children.' (16-year-old male)



A 10-year-old suggested having a Playstation in the waiting area



A 9-year-old girl suggested toys suitable for her age group

Other comments

‘Magazines, newspapers.’ (16-year-old male)

‘There should be more toys to play with.’ (9-year-old boy)

‘Bigger space for kid’s area.’ (12-year-old boy)

‘Chairs are flexible, may be more comfortable if they are a bit harder/supportive. Books for teenagers e.g. about tech, science, sport, entertainment magazines.’ (15-year-old male)

Section 4: Discussion on the findings

Overall, our survey suggests that more than half of people who go to the Royal Berkshire Hospital emergency department, *do* seek help from other services first, usually their GP, if they have an urgent health problem. Eight in 10 people who seek help beforehand are then told to go to the emergency department by another service. This puts a lie to the idea sometimes suggested by national commentators or officials, that people 'wrongly' go to emergency departments.
Nearly half of people who had not contacted a service before going to the emergency department, told us that if they had had more information about alternative services in their area, they would consider contacting that service first in the future, instead of heading straight to hospital.

The number of people going to the Royal Berkshire Hospital's emergency department continues to rise, and the hospital is failing to meet the NHS target of 95% of people being seen within four hours of arriving. It is not just the numbers turning up that create problems; delays in discharging people from hospital wards are preventing emergency cases from being admitted. These discharge delays include waits for suitable care packages, arranged by social services, to ensure people can safely rehabilitate in their home. Healthwatch Reading previously published case studies of people delayed from leaving hospital, in a report in October 2014, and many of the problems highlighted then, seem to persist today.

In the hope of improving the experience of Reading people who have an urgent health problem, Healthwatch Reading presented the findings of our emergency department survey to the Berkshire West Urgent Care Programme Board at its July 2016 meeting. This board is made up of NHS commissioners (who plan and fund most of our local NHS services) and representatives of the hospital, GPs, mental health services, the ambulance service, the voluntary sector and more. The board meets monthly to discuss whether services are meeting patients' needs and hitting performance targets. Our presentation generated a lively discussion and we later received, in October 2016, a formal written response which commits to a series of improvement actions.

Healthwatch Reading's nine key questions posed to planners, funders, and providers of urgent care services:

1. **Do the people of Reading get consistent advice from local services about when it is appropriate to attend the emergency department? Are common triage (decision-making) pathways used by GPs, the 111 helpline, walk-in centres, urgent care centres, ambulance services and hospital specialists caring for end-of-life patients, when they give advice to people?**

   Our findings showed that more than half of people contact another service before going to the emergency department. Some people were told to go 'if your pain gets worse' – leaving a patient to make the decision to attend ED, rather than encourage them to seek a re-assessment.

   We also spoke with cancer patients who had been told by their specialist nurses or consultants previously, to go to the emergency department should their condition worsen – could these cases be better managed in the community?

   Similarly, a 'complex' wound was sent to be re-dressed at the emergency department – could this be managed in the community by nurses with appropriate training?

   A national report published last May also showed 'a *substantial proportion*' [nearly 40%] of the 924 people surveyed, '*attended because they had been advised to do so by other healthcare providers*'. The joint findings from The Royal College of Emergency Medicine and the Patients' Association, adds that '*this suggests, that like patients, many healthcare providers behave and give advice based on a lack of confidence in viable alternatives to the A&E service*'.

2. **Are clinical quality audits regularly carried out of referrals made to the emergency department by other healthcare services, to assess their appropriateness?**

   We noted that when people were being checked in at the emergency department, they were asked which GP practice they were registered with.

We are unsure if the hospital also routinely asks and records if people contacted services beforehand and if so, who advised them to go to the hospital. Such information, if audited over a longer period of time, could establish trends about current advice given and where any improvements could be made.

We also query whether various front-line professionals meet to jointly carry out an in-depth examination of retrospective emergency department attendances, to share learning about how cases could have been handled differently.

3. **Is there a need to consider a restructuring of local urgent and emergency care services?**

An NHS England report on transforming urgent care published in August 2015, suggests that '*the co-location of primary care out of hours' services with emergency departments provides opportunities for collaboration, routine two-way transfer of appropriate patients and can help decongest emergency departments'*.

We also note that a large number of people in the Healthwatch Reading survey said they had attended ED seeking an X-ray as they were unaware of any other alternative sites that offered this. The raises issues about how well alternatives such as the minor injury unit at West Berkshire Community Hospital in Thatcham or the minor injury unit at Townlands Hospital in Henley are promoted. Is there also a case for X-ray facilities to be situated within Reading's walk-in centre, or within a new site?

4. **How can the local NHS improve the information given to the public about using the right service, at the right time?**

Nearly half of all people in our survey who didn't seek help beforehand, said they could be persuaded to do so next time if they had more information about alternative services.

Some people had assumed that only the emergency department had equipment to undertake certain procedures. Or they felt that a visit to a walk-in centre would be a doubling up of their time because the centre would send them to the hospital anyway.

Some people also automatically assumed they could not access any GP service after hours.

This raises the need for more detailed information listing what procedures or treatment, various urgent care services can provide. The Reading Walk-in Centre website and patient leaflet for example, states it can treat 'minor injuries and minor illnesses' but does not define what these are. Would a worried parent suspecting their child needed a stitch for a cut to the head know whether the walk-in centre could treat this, or would they head straight to the emergency department? In contrast, and by example, the West Berkshire Minor Injury Unit includes a long list of the type of things it can treat.

The NHS has run previous advice campaigns, including 'Choose Well' and 'Know Who To Turn To'. The latter campaign, run in Scotland, included a guide that set out examples of the types of symptoms people could self-manage or could be assessed by various professionals. The guide also included a listing of local minor injury units and their opening hours.

A 2012 discussion paper by the Primary Care Foundation found that '*information for the public about opening hours and the range of available services is incomplete and unreliable. In too many centres, services vary depending on which members of staff are on duty*'. The foundation's report, called Urgent Care Centres: What works best, also recommended '*that at least for NHS Choices, a consistent structure is used that makes plain what conditions can be treated and whether there are limitations on prescribing, for example because the service is staffed only by nurses*'. The foundation's report also said '*commissioners should also make sure that the advertised services are available consistently over time and not subject to variation depending on who is on duty. Finally, we urge commissioners to review the multiplicity of names for urgent care services in their locality and look to simplify these in the interests of clarity for users*'. One suggestion in the report was to call urgent care centres 'Local A&E'.

Healthwatch England (HWE) has raised similar concerns. In a 2014 poll of 1,762 people that HWE commissioned from YouGov, around a third of those who responded said that they didn't know where their nearest minor injuries unit or NHS walk-in centre was or the services it provided. The survey showed while four out of five people said they were aware of NHS 111, just one in five reported having used the telephone helpline, or its predecessor NHS Direct, when in need of urgent care. HWE said '*blaming people for going to the 'wrong place' when we need care and support is the wrong way of looking at the problem…until the health and care sector offers a more consumer-friendly experience, things are unlikely to improve'*.

Healthwatch Reading believes that the need for information raised by our survey respondents, and by national organisations, makes a strong case for a more detailed, bespoke urgent care 'map' or guide to be produced for people in Reading and the rest of west Berkshire. In particular, people need examples of types of symptoms, injuries or illnesses that can be treated by various services, and when.

What would be the impact, for example, of creating a leaflet of all the conditions/injuries that the Reading Walk-in Centre can (and cannot) treat or assess, and leaving it on every waiting room seat in every GP surgery in Reading? Would it lead to more appropriate use of the emergency department, and the centre?

We would recommend that any new guide on choosing an urgent care service is translated into the most common non-English languages spoken in Reading, and that pictorial, or Easy Read guides are also produced to cater for low literacy levels or learning disabilities.

Healthwatch Reading is willing to work in in partnership with commissioners and/or providers to co-produce or road-test, draft guides and other information.

5. What can be done to prevent emergency department attendances prompted by dissatisfaction with other services?

A small number of respondents mentioned they had chosen to go to the emergency department because of dissatisfaction with how unexplained symptoms had been managed in primary care. We spoke with one woman who said she had come to the emergency department following three previous visits to her GP, which had left her pain issues unresolved and she felt she needed tests or investigations. This raises issues about the time GPs have to spend with patients to discuss symptoms in more detail and explain why tests may or may not be suitable to carry out.

Some people also mentioned not getting called back by their GP surgery about their urgent problem, which indicates ongoing pressures on GP surgeries to cope with patient queries or issues with administration.

Questions 6-8 below, relate to observations made by Healthwatch Reading, or direct patient feedback, about the environment of the emergency department waiting rooms.

6. What can be done to improve the 'check-in' experience of people arriving at the emergency department?

During peak times, patients are often unsure where to queue, as there is only a taped red line on the floor, which may be obscured by crowds of people waiting to be called in. Patients may also be unsure which of the staff that they can see through the reception glass windows is checking people in. Have any other 'check-in' ideas been explored to improve this experience – such as:

- a physical stand, such as used in banks, for queuing
- a 'window closed' sign on the reception window that is not checking patients in, so people do not think the staff member sitting in that window, in full sight of arriving patients, is ignoring them, when they are actually carrying out other work
- a 'greeter' standing in the hospital waiting area, in a similar way to how Reading Borough Council offices have a receptionist to meet arriving people, to give them initial information and a 'customer-friendly' experience.

Is it also possible to add a second electronic sign displaying the wait times, very near reception windows, to give arriving people immediate information on how long they will have to wait?

We would also like to clarify if there is a hospital policy of which entrance police should use to bring in people needing medical attention, particularly those needing mental health assessments as a result of threatened suicides, in order to protect the dignity of these patients.

7. **Could changes be made to the way patients are called through to the clinical area?**

We observed that the system to call patients in to the clinical area is inadequate because patients cannot always hear their name being called.

Have other systems been considered – such as electronic signs as used in GP surgeries? We also query what systems are used in the clinical area to show clinicians which patients have gone through, given the amount of times we witnessed patients being called to go in when they had already gone through some time previously?

8. **Could changes be made to improve the overall experience for patients and relatives/friends, while they are waiting?**

The inadequate size of the department, at a time of intense demand, has previously been acknowledged by the hospital. However, we still believe there are simple improvements that could be made to the environment of the department, including:

- signage to the toilets from within the waiting area
- more posters translated into other languages, especially the poster about requesting an interpreter if needed
- alterations to the timings of the TV information screen so people have more time to read each topic
- fixing the squeak in the automatic doors
- more frequent restocking of cups for the free water
- providing free water that is chilled
- reviewing how often vending machines are re-filled
- suppling reading material like newspapers
- supplying reading material for older children in the children's ED
- ensuring the displayed waiting times are accurate.

9. **Can more in-depth research be commissioned in the future of the patient's journey, before, during and after attending the emergency department?**

   Our survey focused on getting a good sample size, which meant we had less time to gather in-depth patient stories about their journey before, during and after the ED. We recommend that future retrospective audits be commissioned to examine the appropriateness of the advice given to patients seeking urgent care, factors influencing patients' own decisions to come to the emergency department and any factors influencing subsequent repeat visits.

Response: Berkshire West Clinical Commissioning Groups, October 2016

The Berkshire West CCGs [which plan and fund local emergency services] extend their thanks to Healthwatch Reading for undertaking this survey and for sharing this comprehensive report.

The document includes a large amount of valuable information regarding the experience of patients attending the Emergency Department (ED) at the Royal Berkshire Hospital. The information provided is being used to support discussions with partner organisations across the health and social care system [at the Berkshire West A&E delivery Board] as part of our ongoing work to improve the quality of the services we commission.

See our responses to each of the discussion points below.

1. **Are common triage pathways/ED referral criteria used? Do people get consistent advice about when it is appropriate to go to ED?**

The A&E Delivery Board understand the need to reinforce messages across the system regarding the purpose and function of the ED, for both the public and healthcare professionals.

NHS Choices is a valuable tool in supporting this as it includes a very clear description of the role of Emergency Departments, what conditions should be treated in an ED, how to find your closest ED and most importantly signposting to other urgent care services which may be more suitable for the patient's needs.

Extract from NHS Choices: [http://www.nhs.uk/NHSEngland/AboutNHSservices/Emergencyandurgentcareservices/Pages/AE.aspx]

A&E departments (also known as emergency department or casualty) deal with genuine life-threatening emergencies, such as:

- loss of consciousness
- acute confused state and fits that are not stopping
- persistent, severe chest pain
- breathing difficulties
- severe bleeding that cannot be stopped
- severe allergic reactions
- severe burns or scalds

….continued on next page

Extract from NHS Choices continued…

Less severe injuries can be treated in urgent care centres or minor injuries units (MIUs). An A&E is not an alternative to a GP appointment. If your GP practice is closed you can call NHS 111, which will direct you to the best local service to treat your injury. Alternatively, you can visit an NHS walk-in centre (WIC), which will also treat minor illnesses without an appointment.

The Berkshire West Winter Communication Plan 2016-17 highlights the need to signpost where the public can get advice on accessing healthcare including promoting NHS Choices.

The role of NHS 111 as a gateway to urgent care is also pivotal in helping to support people in accessing the appropriate service for their needs and a major project to launch a Thames Valley-wide 111 Integrated Urgent Care service is in place. [check launch date]

Communications and engagement with the public, patients and clinicians is also a key strand of work for the Thames Valley Urgent & Emergency Care Network. This is supported locally at CCG level through comprehensive winter communication plans targeting both patients and staff in GP surgeries with weekly newsletters, work with the Practice Patient Groups and taking part in local events and national campaigns such as Self-Care Week.

Work is ongoing with GP practices to understand attendance patterns at ED, in particular understanding the needs of those patients who are regular attenders. The CCG is working with GP leads and the ED to develop a referral form which will be used when GPs send a patient to the ED with the aim of reducing the number of questions asked and reducing waiting times.

The [Healthwatch Reading] report was discussed at the Primary Care Commissioning Committee on the 19th September 2016 and it was noted that some patients may choose to access A&E even if an appointment at their practice is offered.

2. Are clinical quality audits regularly carried out of referrals made to ED by other services to assess their appropriateness?

The referral rate from NHS 111 to ED is closely monitored and discussed at monthly contract review meetings.

South Central Ambulance Service (SCAS) is working to increase the number of ED dispositions which undergo clinical review to ensure that only patients whose needs can only be met in an ED are directed to the department. There is a similar process in place for ambulance conveyance rates and SCAS benchmark very well nationally in terms of their 'see and treat' and 'hear and treat' rates.

The CCGs have begun work with GP practices to review all patients who have attended the ED more than five times in the previous six months. Identifying these patients and assessing their needs (or educating them about the appropriateness of attending the ED) is a priority action for this winter.

3. Is there a need to consider a restructuring of local urgent and emergency care services?

The CCGs have agreed a number of actions in relation to this discussion point as listed in the table below.

ISSUE	ACTION	OWNER
High number of ED attenders who report contacting GP previously about their condition	Work with practices to understand patients' ED utilisation patterns and identify opportunities to reduce inappropriate attendances	CCGs/Practices
Frequent attenders at ED	Reviewing patients who have attended ED more than 5 times in the previous 6 months and consider how care for these patients might be managed better	CCGs/Practices
Patients not registered with a practice	Reviewing information on attendances by patient who are not registered with a GP practice with a view to simplifying the registration process and improving access to primary care	CCGs/Practices
Walk-In Centre at Broad Street Mall	Contract extended to allow a system-wide discussion on how the walk-in element of this service should be provided in the future	Primary Care Commissioning Committee/A&E Delivery Board
Complexity of services	TV 111 to be promoted as the gateway to urgent care providing access to integrated urgent care	TV 111 Steering Group

4. How can the local NHS improve the information given to the public about using the right service, at the right time?

The Berkshire West CCGs have a Winter Communications plan for 2016-17 as part of their ongoing commitment to providing the public with information about using the right service at the right time.

WHEN	WHAT	HOW
October	Promoting the flu jab	All available routes of communication targeting vulnerable groups and staff working across the health and social care system
October to March	Consistent messaging	Press releases and broadcast interviews Web information on CCG websites and provider sites (pictorially as far as possible) Interactions with the 'seldom heard' e.g. Polish and Nepalese communities Information at GP surgeries/provider sites Information at Children's Centres Events e.g. stands at the Broad Street Mall
October	Scope potential for producing a booklet or a map detailing local services	Learn from approaches adopted elsewhere as to what might be most successful

The CCGs gratefully note that Healthwatch Reading is willing to work in in partnership with commissioners and/or providers to co-produce or road-test with members of the public, draft guides and other information.

Royal Berkshire NHS Foundation Trust have also committed to ensuring that, in the emergency department, waiting times are clearly displayed alongside information on alternative services and that all notices are provided in multi-language as far as possible.

6. What can be done to improve the 'check-in' experience of people arriving at the emergency department?

The following actions have been agreed in response to this discussion point:

In the paediatric emergency department:

ISSUE	ACTION	OWNER
Lack of toys for older children	Design posters showing what is available and investigate putting a starlight box in the waiting room	RBFT
Lack of teenage magazines	Request/arrange donations	RBFT
Posters informing patients how to request an interpreter	Source posters	RBFT
Ensure waiting times are accurately displayed electronically	Source board and arrange updating procedure	RBFT
Arrange information screen	Develop appropriate slides	RBFT

In the adult ED:

ISSUE	ACTION	OWNER
Seating inadequate	Review space to consider whether additional seating can be provided	RBFT
Monitors are not visible to all	Review location of monitors and explore whether additional monitors can be provided	RBFT
Free phone taxi access	Review whether dedicated line can be re-installed	RBFT
Toilet signage and cleaning	Review internal signage and cleaning roster	RBFT

7. Could changes be made to the way patients are called through to the ED clinical area?

Royal Berkshire NHS Foundation Trust (RBFT) have noted the finding that the system to call patients into the emergency department clinical areas is inadequate as patients cannot always hear their name being called. RBFT have decided to look into the feasibility of purchasing a microphone system.

8. Can more in-depth research be commissioned in the future on the patient's journey, before, during and after their visit to the emergency department?

The A&E Delivery Board will keep this under continual review and is committed to improving patients' experience of urgent and emergency care across Berkshire West.

The CCGs are also encouraging practices to consult with their Patient Voice groups to gain additional feedback and learning.

Conclusion

Healthwatch Reading's week in the emergency department generated evidence from people in Reading and beyond that suggests people do not 'wrongly' go to the hospital for urgent care needs. In many cases, other healthcare services send them there and the system as a whole does not give consistent, clear information about alternatives to going to the emergency department.

We found people who thought they could not contact a GP at 7pm at night; people who did not fully understand the role of their local walk-in centre; people who felt 111 was unable to help them with their problem; and people who were not rung back by their surgery at a time when they needed help with an urgent problem.

Our project also found that some improvements are needed to the patient experience as people arrive at the emergency department, and also during their wait to be seen by clinicians.

We presented our findings to the Berkshire West A&E Delivery Board (previously known as the Urgent Care Programme Board) and they have told us they will fully respond by late October 2016; the response will be added to this report. The board's initial response suggests they are taking seriously the findings with a series of planned actions to address the issues. As a member of this delivery board, which meets monthly, Healthwatch Reading will continue to constructively challenge the system to get it right for patients.

Acknowledgements

Healthwatch Reading thanks:

- patients and their carers who took time to complete the survey;
- members of North Reading Patient Voice, and South Reading; Patient Voice, who gave their time to help carry out the surveys; and
- Hayley Hughes and the rest of the reception team at the Royal Berkshire Hospital for accommodating staff and volunteers during the visits.

Appendix 1: About the people who answered our survey

- 68% (156 out of 230) said they were the patient
- 29% (67 out of 230) were a relative or friend of the patient
- 3% (7 people) had 'other' roles, such as being a care worker
- 57% of the people who took part (131 out of 230) were female; 43% (99 out of 230) were male; no-one identified as transgender
- Working-age adults made up most respondents:
  - 25-34 years (15%, 34 out of 223 people)
  - 35-44 years (14%, 32 out of 223)
  - 45-54 years (10%, 22 out of 223)
  - 55-64 years (9%, 19 out of 223)
- Of patients aged under 18, the biggest groups were:
  - 6 months-4-year-olds (9%, 19 out of 44 patients)
  - 5-10-year-olds (6%, 13 out of 44)
  - 11-17 year olds (4%, 9 out of 44)
- White British people were the biggest ethnic group among the respondents (68%, 154 out of 226 people), followed by:
  - Any Other White (11%, 25 people out of 226)
  - Indian (5%, 11 people out of 226)
  - Mixed (4%, 10 people out of 226)
- Most people (95%, 214 out of 226) said they were registered with a GP surgery; 5% (12 people out of 226) said they were not
- Most respondents said they lived in the postcode area of:
  RG1 (13%, 28 put of 220) and RG30 (also 13%, 28 out of 220);
  RG2 (9%, 20 out of 220); and
  RG4 (8%, 17 out of 220)
- 15 people said they lived from outside of Reading, including two from Maidenhead, two from Surrey, and one from Ascot

Appendix 2: How we carried out the visits

- Each visit was undertaken by two people – a Healthwatch staff member and a volunteer, or two Healthwatch staff members.

- We visited the ED department before the survey with the RBH's Urgent Care Group Director of Nursing, and the ED reception manager, to see how the emergency department operates in the clinical area and to discuss the logistics of our visit.

- We carried out our visits in 2016, on the following dates and times:
  - Monday 16 May: 11am-1pm & 2-4pm
  - Tuesday 17 May: 11am-1pm
  - Wednesday 18 May: 12.30-2.30pm
  - Thurs 19 May: 11am-1pm & 5-7pm
  - Fri 20 May: 11am-1pm & 8pm-10pm
  - Saturday 21 May: 4pm-6pm
  - Sunday 22 May: 4pm-6pm.

- We handed out a two-page survey to all people after they had checked in at reception and offered help to fill it in if they were unable to do so themselves. We also sat and talked with people who wanted to share more in-depth details about their experience. We explained the survey was anonymous.
  We had a Healthwatch Reading mobile stand on wheels, where people could drop off completed surveys, and take away any leaflets and pens, or colouring sheets and pencils for children.

- The survey respondents were 'walk-ins', not people brought in by ambulance through the rear entrance of the emergency department. We did not follow people through to find out the outcome of their visit. We did not survey any clinicians about the appropriateness of attendances during the week.

- The survey sample represented 11% of the total number (2,117) of people who attended the ED during that week, according to figures supplied by Royal Berkshire Hospital.