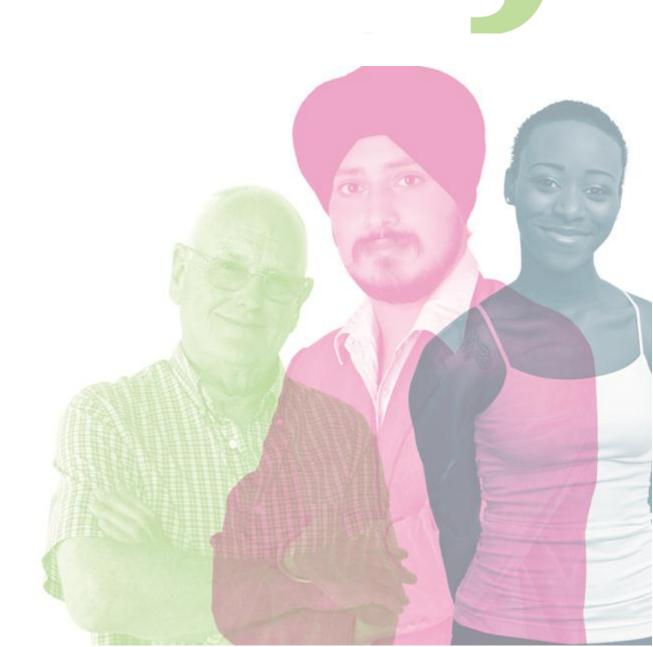




Cheshire East

A&E Visit Survey and Research Report

17th July 2017







Contents



Overview and Methodology	3
Summary of Findings	5
Survey Questions	6
Survey Results - 'A&E Listening Event'	8
Why did you come to A&E today?	8
Did you try to book a GP appointment?	. 11
Have you used A&E in the past 12 months?	. 12
Survey Results - 'After your A&E visit'	. 13
How long has it taken from your arrival at A&E to being treated and discharged?	
On a scale of 1 to 5, please rate your experience today	. 15
Comments and anecdotes	. 17
Conclusion	. 19





Overview and Methodology

Context

Healthwatch Cheshire East and Healthwatch Cheshire West undertakes continuous engagement activities with the public to hear about concerns and compliments regarding health and social care services. In April and May of 2017, we conducted a priorities survey to establish what people felt were their key areas of concern.

In order to explore themes emerging from the comments we received, and to test out media coverage at the time that was focusing on pressures around delivery of NHS A&E, we felt it would be useful to gain a snapshot view of the 3 A&E departments in Cheshire. We were particularly interested in the route patients had taken to access in A&E, and assess how this compares to the perception that people are seemingly using A&E as their first port of call with patients presenting at their local department with problems that are not necessarily appropriate for A&E and would be better served by non-urgent care or self-care.

Cheshire and Merseyside working together - Sustainability and Transformation Plans (STP)

NHS organisations, local authorities and other partners across the country are working together to deliver new ideas to improve the quality of health services and meet budget targets. These initiatives are called Sustainability and Transformation Plans (STP). As part of this, Cheshire and Merseyside are working together, therefore making it logical for Healthwatch Cheshire West and Healthwatch Cheshire East to join up with other local Healthwatch to visit the whole area. On approaching our Healthwatch partners in Merseyside it was agreed that we would all visit our A&E Departments on the same date and at the same time in the day.

Smaller partnerships for running A&E - Local Delivery Systems (LDS)

Due to the region being so diverse, Cheshire and Merseyside are also working in three smaller partnerships called Local Delivery Systems (LDS). These three partnerships are split into North Mersey, Cheshire and Wirral, and the Alliance (Warrington and Whiston). It is these partnerships that help to deliver everything needed to run A&E departments. In this survey, the hospitals we visited are only those with an A&E department (Halton General Hospital does not have an A&E department).

Hospitals visited to conduct the survey by LDS Area:

North Mersey	Cheshire and Wirral	Alliance
Aintree Alder Hey Liverpool Women's Royal Liverpool Southport	Countess of Chester Leighton Macclesfield General Arrowe Park	Warrington Whiston

Who was involved in this survey?

To give a consistent snapshot of A&E departments across Cheshire and Merseyside, the survey was conducted on the same day at the same time across the region. To enable Healthwatch to cover 11 A&E departments, it was agreed that 9 different Healthwatch





would be involved in designing the questionnaires, the conducting of the survey and the collating of information. These Healthwatch were:

- Healthwatch Cheshire East
- Healthwatch Halton
- Healthwatch Knowsley
- Healthwatch Liverpool
- Healthwatch Sefton
- Healthwatch St Helens
- Healthwatch Warrington
- Healthwatch Cheshire West
- Healthwatch Wirral

The scale of being able to reach so many departments was achievable in part thanks to the fantastic support of Healthwatch volunteers, ensuring that there were enough resources to engage with patients across all of the hospitals.

When did we do this survey?

The survey was completed over a three-hour period in the summertime so as to provide a direct comparison with a future winter visit. It was decided to do three hours so as to provide a snapshot view of what was happening in A&E at that particular time, and also due to resources. The visits took place on a Monday, which was chosen because anecdotally Healthwatch has heard evidence to suggest that this is a busy day for A&E departments after people becoming ill or injured over the weekend or deciding that they have not made a sufficient recovery from their problem over the weekend period. Two questionnaires were devised in order to capture reasons for attending A&E and then people's experiences of A&E following their visit. Copies of the questionnaires and total responses are included overleaf.





Summary of Findings

Key points across the whole of the 345 responses from the North Mersey, Cheshire and Wirral, and Alliance LDS areas include:

- 51% or more than half of people attending A&E had been advised to do so by another NHS professional (GP, consultant, NHS 111 etc.)
- 40% of whom were advised to attend by their GP
- Nearly 1 in 10 (8%) told us that a reason for attending was that they couldn't get a GP appointment (of these 2/3 had tried, 1/3 hadn't tried)
- 30% said that the reasons were because it was too urgent to wait but we can't assume that the other 70% thought it wasn't urgent especially if we assume that those who were advised by another health professional would have believed (at least after getting that advice) that is was urgent.

Key points across the 107 responses in Cheshire West and Chester and Cheshire East include:

- The most common reason for A&E attendance across all areas was that the patient felt the problem was too urgent to wait, with 26% of all attendees across Cheshire West and Chester and Cheshire East citing this.
- Almost 1 in 4 people (24%) were being advised by their GP to seek treatment in A&E. At Leighton and Macclesfield hospitals, this was the second most common reason cited for attending A&E, and the third most common at the Countess of Chester.
- Nearly half (47%) of all respondents who were advised by an NHS service were advised by their GP. The second most common NHS services advising A&E attendance are walk-in centres and the NHS 111 service.
- Across Cheshire West and Chester and Cheshire East, almost 2 out of every 3 (64%) respondents had not previously visited A&E in the past 12 months.

Key findings from the 16 responses from Cheshire West and Chester and Cheshire East to the 'After your A&E visit' survey:

- Almost 9 out of 10 (88%) respondents had been treated and discharged within the 4-hour waiting target.
- 81% of respondents rated their experience of A&E as 4 or 5 out of 5, with no respondents at any of the three hospitals in Cheshire West and Chester and Cheshire East rating their care as lower than 3 out of 5.





Survey Questions

There were two parts to the survey:

- A 'Listening Event' questionnaire to be filled in whilst the patient was in A&E to find out why they attended and how frequently they have visited.
- A post-visit survey to be returned by Freepost entitled 'After your A&E visit' to find out about the patient's experience of A&E.

Copies of both surveys are included below:

ASEListening Even 17th July 2017 1. Why did you come to A&E today? (please tick all that It felt too urgent (better safe than sorry) I was advised to come here by: Walk-in centre NHS 111 GP Friend or family This service previously	healthwotch
Another reason (please state) 2. Have you used A&E in the past 12 months? Yes / No If yes, how many times have you been to A&E in the past Any other comments	
We would very much like to know how your visit goes. If	·
about your care or waiting times, please send back our A Some details about you	After Your AGE VISIT Survey VIA FREEPOST
First part of your postcode (eg L18, WA9 etc)	Age Gender Gender
For Healthwatch Use: A&E Department	Completed by
Thank you for taking pai	rt in this survey!





After your A&E	healthwotch rvey. We would appreciate it if after your visit you
could answer the questions below and return the same same same same same same same sam	2. On a scale of 1 to 5 (1 being poor and 5 being excellent), please rate your experience today.
O-1 hour 1-2 hours 2-3 hours 3-4 hours 4-5 hours more than 5 hours if so, how long?	<pre> ** *** **** *****</pre>
Any other comments about your experience to	oday? (eg What was good? What could be improved?)
would like us to contact you to talk about your situ	You do not need to give your name. However, if you lation you can share your details below:
	ne FREEPOST envelope attached. Ing part in this survey!





Survey Results - 'A&E Listening Event'

There was a total of 345 respondents to the 'A&E Listening Event' survey across all of the hospitals visited. These responses were split between:

LDS Area	Number of responses
North Mersey	136
Cheshire and Wirral	148
Alliance	61

There were 148 Cheshire and Wirral responses; of these 107 were from Cheshire West and Chester and Cheshire East. This survey was conducted on the morning of 17th July 2017 and responses were received from the three area hospitals below:

Countess of Chester	45
Leighton	28
Macclesfield	34

To assess responses by LDS area and to prioritise the results of Cheshire in particular, responses will be categorised as:

- North Mersey LDS (NM)
- Cheshire and Wirral LDS (C&W)
- Alliance LDS (A)
- Cheshire West and Chester; and Cheshire East local authority areas (CW/CE)
- Individual area hospitals within Cheshire; Countess of Chester (CoCh), Leighton (Lei), and Macclesfield (Macc)

Note that in many cases patients chose more than one response to the questions below.

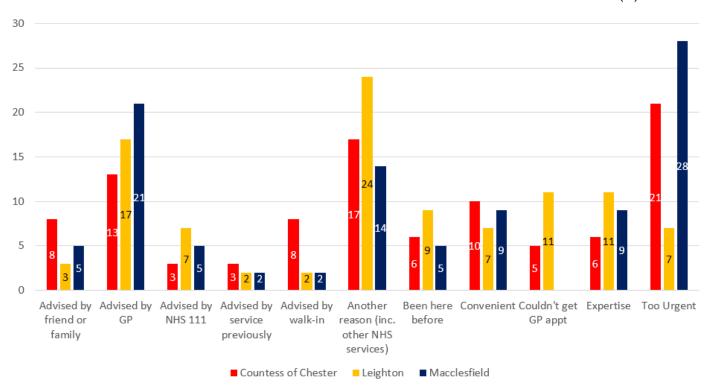
Why did you come to A&E today?

	LDS Area				Chesh	ire		
Reason	All	NM	C&W	Α	CW/CE	CoCh	Lei	Macc
Advised by friend or family	19	8	9	2	9	5	2	2
Advised by GP	66	20	29	17	25	8	8	9
Advised by NHS 111	22	11	9	2	7	2	3	2
Advised by service previously	10	6	4	0	4	2	1	1
Advised by walk-in	27	12	15	0	7	5	1	1
Another reason (inc. other NHS services)	70	35	28	7	28	11	11	6
Been here before	39	19	10	10	10	4	4	2
Convenient	36	11	13	12	13	6	3	4
Couldn't get GP appt	27	8	11	8	8	3	5	0
Expertise	59	15	29	15	13	4	5	4
Too Urgent	105	34	36	35	28	13	3	12





Reasons for A&E attendance in Cheshire West and Chester and Cheshire East (%)



- These findings show that at the time we visited the most common reason for attendance across all areas was that the problem was too urgent to wait.
- This was the case across the board at the time we visited apart from at Leighton Hospital where this figure was much lower than at the Countess of Chester and Macclesfield and 'another reason' was the most common answer.
- Of those who answered 'another reason', the most common reason offered was being advised by other NHS services to attend A&E, as well as being advised by other non-NHS organisations such as school, their employer or the police.
- Aside from 'another reason', the other consistently high response was that people were being advised by their GP to seek treatment in A&E.

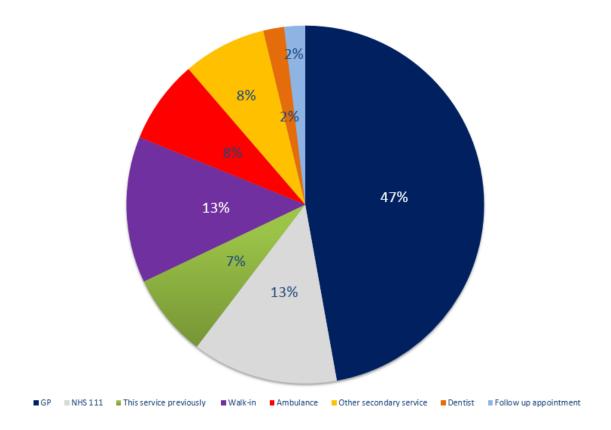
Of those 'another reason' responses, the NHS services advising attendance at A&E are broken down as follows:

		LDS /	Area			Chesh	ire	
NHS service	All	NM	C&W	Α	CW/CE	CoCh	Lei	Macc
GP	66	20	29	17	25	8	8	9
NHS 111	22	11	9	2	7	2	3	2
Used this service previously	10	6	4	0	4	2	1	1
Walk-in	27	12	15	0	7	5	1	1
Ambulance	15	9	4	2	4	0	1	3
Other secondary service	12	6	4	2	4	2	1	1
District nurse	1	0	1	0	0	0	0	0
Midwife	4	4	0	0	0	0	0	0
Dentist	1	0	1	0	1	0	1	0
Follow up appointment	10	9	1	0	1	0	0	1
Mental health service	1	0	0	1	0	0	0	0





Services advising A&E attendance in Cheshire West and Chester and Cheshire East (%)



- This demonstrates that at the time we visited the biggest NHS service advising people to attend A&E was their GP, with nearly half of all respondents who were advised by an NHS service coming through this route.
- This was especially prevalent as an overall reason for A&E attendance at Leighton and Macclesfield hospitals, where being advised by a GP was the second most common reason cited for attending A&E, and the third most common at the Countess of Chester.
- The second most common NHS services advising A&E attendance at the time we visited were walk-in centres and the NHS 111 service.
- These findings demonstrate that many people attending A&E on this day were first using non-urgent care services and were then being advised to visit A&E from that point.





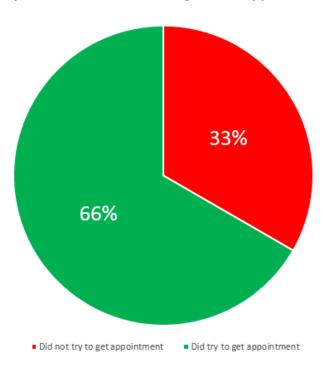
Did you try to book a GP appointment?

This question relates to whether those people who attended A&E as a result of being unable to get a GP appointment actually attempted to get an appointment.

- The top 'Could not get a GP appointment' option is made up of the 'Did try' and 'Did not try' options.
- It would be interesting to note why those that did not try to get a GP appointment considered themselves unable to obtain one; this could perhaps be based on perception or previous experience. This points at a way the survey could be expanded or a new survey could be conducted in the future to consider this factor.

	LDS Area			Cheshire				
	All	NM	C&W	Α	CW/CE	CoCh	Lei	Macc
Could not get a GP appointment	27	8	11	8	8	3	5	0
Did not try to get appointment	9	2	5	2	4	3	1	0
Did try to get appointment	18	6	6	6	4	2	2	0

All respondents who could not get a GP appointment (%)





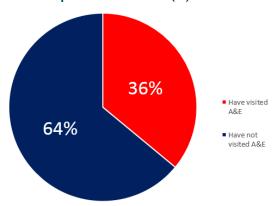


Have you used A&E in the past 12 months?

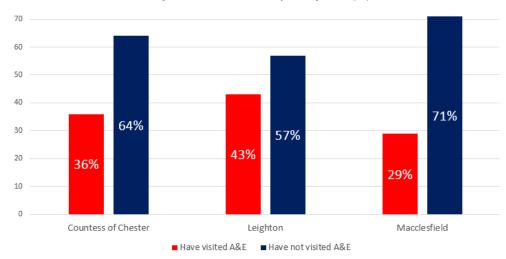
To provide a greater focus on Cheshire, data for this question is only presented for the Cheshire hospitals.

Area/Hospital	Yes	No	
Cheshire West and Chester	38	69	
Countess of Chester	16	29	
Leighton	12	16	
Macclesfield	10	24	

Respondents in Cheshire West and Chester and Cheshire East who have used A&E in the past 12 months (%)



Respondents in Cheshire West and Chester and Cheshire East who have used A&E in the past 12 months by hospital (%)



- This question shows that 64% of people in Cheshire West and East have not visited A&E in the 12 months prior to this visit, and so are not visiting the department regularly.
- This is representative of the three hospitals within the area, with the lowest figure being recorded at Leighton where 57% of people had not visited A&E in the previous 12 months.
- Of the people who had visited A&E in the past 12 months, 53% of them had only visited the department on one other occasion during this period. 39% had visited on two or three occasions.





Survey Results - 'After your A&E visit'

- There was a total of 16 respondents to the 'After your A&E visit' survey across the three hospitals visited in Cheshire East and Cheshire West and Chester.
- On three responses it could not be verified which hospital the respondent had visited.
- The low response rate likely correlates to the nature of the surveys having to be completed after the A&E visit and sent to Healthwatch via freepost rather than collected in person.
- This is probably not a large enough sample to take away definite conclusions, although it does provide a snapshot of the experiences of people using A&E at the time we visited.

These responses were split between:

Countess of Chester	3
Leighton	5
Macclesfield	5
Unknown	3

How long has it taken from your arrival at A&E to being treated and discharged?

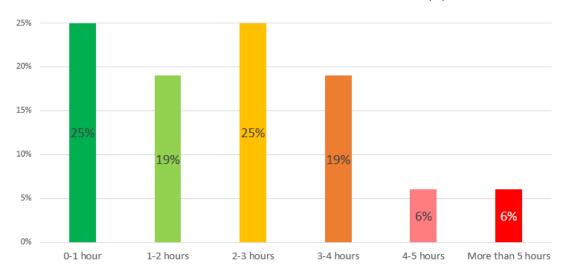
- This question relates to the amount of people asked in each hospital that had been waiting for each time period.
- The sole response to 'More than 5 hours' was a patient who was admitted to a ward following their visit as opposed to actually having waited over 5 hours for their treatment and so can largely be discounted for this purpose.
- This indicates problems with the use of the word 'discharged' in the question and that for a future survey it would be useful to include an 'admitted to ward' option.

Time	All CW/CE	Countess of	Leighton	Macclesfield	Unknown
		Chester			
0-1 hour	4	0	1	1	2
1-2 hours	3	0	0	2	1
2-3 hours	4	2	2	0	0
3-4 hours	3	1	1	1	0
4-5 hours	1	0	1	0	0
More than 5	1	0	0	1	0
hours					



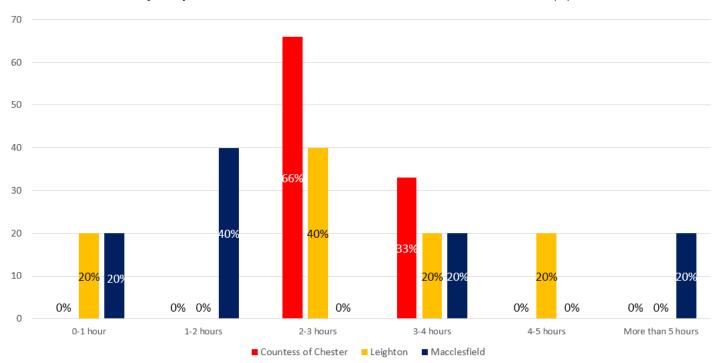


Length of time taken from arrival in A&E to being treated and discharged in Cheshire West and Chester and Cheshire East (%)



- These results indicate that the average time people spent in A&E in Cheshire West and East at the time we visited was between 0-3 hours, with the majority of people having been seen by the 4-hour mark.
- There were however 6% of respondents who were not seen within the 4-hour target.
- The low sample from which these results are taken indicates the need to repeat the survey in the future to attempt to ascertain whether these results can be deemed to be a trend.
- The below graph compares each hospital directly by analysing how many patients waited for each segment of time by percentage on the day we visited. For example, 66% of people who visited the Countess of Chester were seen within 2-3 hours, whereas 33% were seen within 3-4 hours.

Length of time taken from arrival in A&E to being treated and discharged broken down by hospital in Cheshire West and Chester and Cheshire East (%)





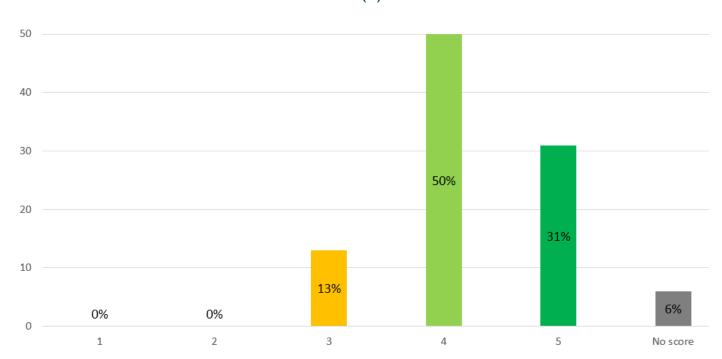


On a scale of 1 to 5, please rate your experience today.

This question deals with how respondents would rate their experience in A&E, with 1 being bad and 5 being great.

Rating	All CW/CE	Countess of Chester	Leighton	Macclesfield	Unknown
1	0	0	0	0	0
2	0	0	0	0	0
3	2	1	1	0	0
4	8	2	1	3	2
5	5	0	3	1	1
No score	1	0	0	0	0

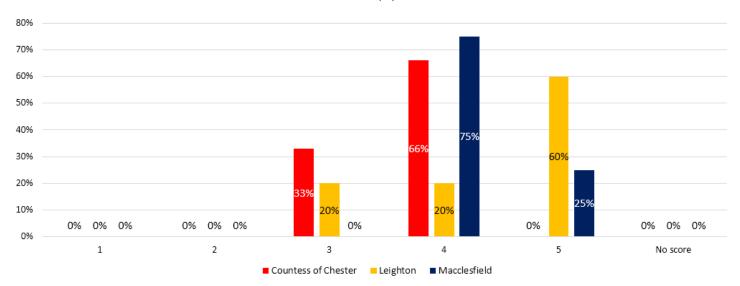
Patient experience rated 1-5 in hospitals in Cheshire West and Chester and Cheshire East (%)







Patient experience rated 1-5 by hospital in Cheshire West and Chester and Cheshire East (%)



- These findings show that 81% of respondents who attended A&E at the time we visited would rate their experience as 4 or 5 out of 5.
- 60% of respondents who visited Leighton Hospital at the time we attended rated it as 5 out of 5.
- All respondents who visited Macclesfield Hospital at the time we attended rated their experience as at least 4 out of 5.
- 66% of people who visited the Countess of Chester at the time we attended gave a rating of 4 out of 5, whereas 33% gave a rating of 3 out of 5.
- No respondents at any of the three hospitals at the time we visited rated their care as lower than 3 out of 5.
- The responses which did not rate their experiences were unable to be matched with the hospital attended.





Comments and anecdotes

Below are a number of anonymous comments and anecdotes provided on survey forms by respondents to supplement and add flavour to the data collected above:



Countess of Chester:

"Extremely long waiting time, nearly an hour to get assessed, not enough beds."

"We had a good experience at the countess A&E we were seen refreshingly quick. Staff were helpful and only had patients' best interests at heart. My daughter was really scared and they made her feel comfortable."

"Staff are great, very small and dingy room."

"Triage is quick and efficient."

"Fell over and hurt my head so friends said get it checked, my doctors are usually good but couldn't get through today. Great service, think the staff are fabulous."

"First time - The 111 was very helpful they told me to come here."

"Easier than getting appointment."

"The wait was quite long - but understandable. Once seen, very good. Staff all friendly."

"It would be nice to have a rough idea how long you may have to wait as I would've liked to have felt able to go out and get air."

Leighton:

"We live nearer to Macclesfield Hospital and would normally attend there, but as today is an eye injury we felt Leighton would be better due to having an eye clinic."

"Staff great. Very switched on and deal with you as soon as they can."

"Waiting times are too long, otherwise very good service."

"Long wait to be seen is unduly and stressful."

"Good experience, lovely room to wait with a child, have already seen the nurse they have been quite quick."

"Fell down the stairs and hurt my back, was seen by triage nurse and had bloods taken and had to wait a while."

"Can never fault any care received in A&E wonderful everytime we have needed them.

Came with an elderly nan, doctor advised to come for a check-up."





"I am on placement at Leighton in my final year, I have worked in the A&E department and found it very efficient."

"I rang Rope Green surgery and told them what had happened and they said to come straight to A&E. Last time I was here I had a wasp sting and I had a bad reaction to it and ended up staying in overnight. I asked about wi-fi when I stayed in and was told I could buy some wi-fi time, I asked why this was not made available for people to see and understand."

"I was impressed by the speed I was seen and treated. The only concern I had was the receptionist took down the incorrect number to my house, so I did not receive the correct correspondence I should have done. I have since advised the hospital of my correct house number."

Macclesfield:

"Call from hospital asking me to come in following results from blood tests."

"MRI identified a problem with hip - so sent to A&E."

"Daughter hit her head when she fainted in school so brought her here. Staff are always very kind and do their very best for patients."

"No walk-in centre nearby that is convenient."

"Hurt hip, referred to orthopaedics. Orthopaedics sent me for MRI. MRI spotted a fracture in hip, sent me back to A&E from where I was admitted and sent back to orthopaedics. Orthopaedics advised to contact them if pain was worse, advised to come to A&E."

"Transferred to short stay ward, treated quickly and problem dealt with. Good experience on A&E also on short stay Ward 2."

"Mine was a very minor injury. It would be good if Macclesfield had a separate walk-in centre for smaller injuries."

"Came in with our daughter, waiting room looked busy and waiting time said 1.5 hrs. We were expecting a wait! All done within an hour."

"There is no option to say 'admitted to a ward' - a fairly frequent consequence of visiting A&E I would think. Care was excellent, although pain relief and anti-nausea medication was promised but the nurse was then side-tracked and so that treatment was delayed, and added to distress. We arrived at A&E via GP referral at 2.50pm. By 6.10pm the patient (87-year-old father-in-law) had been seen by triage, junior registrar, senior registrar, had X-rays, CT scans, bloods, I/V fluids and meds, and was on a ward. Based on previous experience (last August) this was a huge improvement!"





Conclusion



Why do people attend A&E?

Our research found that 51% of people across the three LDS areas had attended A&E because they had been advised to do so by another NHS professional, and of this number 40% were advised to do so by their GP. In Cheshire West and Chester and Cheshire East, the most common reason cited by 26% of respondents was that their problem was too urgent to wait, but a close second to this was almost 1 in 4 people (24%) being advised to attend A&E by their GP. Of the people who were advised to seek treatment from an NHS provider, almost half (47%) in Cheshire West and Chester and Cheshire East received this advice from a GP, with walk-in centres and the NHS111 service coming second and third.

These results suggest that a high number of people seeking treatment in A&E have first attended non-urgent care services where they have then been advised to seek more urgent treatment. Therefore, we found that the media and anecdotal portrayal around patients frequently attending A&E with problems that could have been treated by other non-urgent services appears to be contradicted by these results in Cheshire and Merseyside from the time we visited.

How often do people attend A&E?

In Cheshire West and Chester and Cheshire East, our research found that 64%, nearly two-thirds, of people attending A&E at the time we visited had not previously attended A&E in the past 12 months. Of the 36% of people who had visited A&E in the past 12 months, 53% of them had only visited the department on one other occasion during this period. This therefore suggests that at the time we visited, contrary to common assumption the majority of people are not visiting A&E regularly and for most people attendance is an infrequent occurrence. This perhaps suggests that people may be seeking non-urgent care first or are effectively using methods of self-care, although further research would need to be conducted to ascertain this.

What are people's experiences of using A&E?

The survey we conducted to gauge people's experiences after using A&E received 16 responses in Cheshire West and Chester and Cheshire East, which was perhaps due to people having to fill the form in and send it via freepost after their treatment rather than being able to fill it in and us collect it there and then. Therefore, the results provide a snapshot and hint at themes relating to people's A&E experiences on the 17th July.

We found that 88% of respondents, almost 9 out of 10, had been treated and discharged within the 4-hour waiting target on the day we visited, showing that the hospitals in the area appear to be largely meeting this target. Furthermore, 81% of people attending A&E at the time we visited rated their experience of A&E as 4 or 5 out of 5, with no respondents judging their care to be less than 3 out of 5. This suggests that A&E departments in Cheshire West and Chester and Cheshire East at the time we visited were largely able to offer a quick, efficient and quality service to patients.

Next steps

These findings provide a snapshot of hospitals in the three LDS areas, and so Healthwatch Cheshire West and Healthwatch Cheshire East, alongside the other seven Healthwatch, will conduct another A&E Day in early 2018 to provide comparison. This will enable us to see





whether the results identified on 17th July 2017 remain consistent or whether a different picture emerges.

In order to provide us with relevant and strong results, it will be useful to consider ways in which the research could be conducted differently next time. The first and most obvious factor to look at is the time of year. The above research was conducted in the middle of summertime in July 2017, and so conducting another day of research in early 2018 not only allows us to offer a half-yearly update on our findings, but with discussion around 'winter pressures' in the NHS it also enables us to assess the impact that the Winter months have upon A&E departments in our area.

Another factor to consider next time would be the time and length of the survey. The July 2017 research above took place on a Monday over three hours, and so it would be interesting to note whether a different day would impact the results, for example if a Friday was busier or quieter than a Monday. Also, it would be worth considering conducting the research and engagement over a longer period across a morning and afternoon to help us to receive more responses and also to assess whether experiences change throughout the day. However, the practicalities of assessing 11 A&E departments across three LDS areas over a whole day would need to be considered and well managed.

Furthermore, to make sure we get the most useful answers we need to ensure that we have strong questions on our survey. For example, the 'After your A&E visit' questionnaire needs to make allowance for a person being admitted to a ward when asking how long they have spent in A&E from entrance to discharge. This therefore means the use of the word 'discharge' may have to be reconsidered in formulating this question. Similarly, the question regarding whether those who could not obtain a GP appointment had actually attempted to get one could suggest that further research is required into why those who had not attempted to get a GP appointment considered themselves unable to get one and whether that is down to perception or past experience, for example.

A final point to consider is the 'After your A&E visit' survey and the practicalities around this. The amount of responses we received is likely due to these surveys having to be completed following the respondent's visit to A&E and sent via freepost rather than the survey being completed there and then and collected in person by Healthwatch. Another issue is the fact that following an A&E visit the majority of patients will just be relieved to have been discharged and are likely to forget about filling in a survey. A way around this may possibly be to ask people to complete surveys on their way out before leaving A&E, although we would have to consider the practicalities around whether this would obstruct entrances and waiting rooms for patients who are still waiting to be seen.