

## Spotlight on Accident and Emergency Report



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## About Healthwatch Blackburn with Darwen

Healthwatch gives people a powerful voice locally and nationally. At the local level, Healthwatch BwD helps local people get the best out of their local health and social care services. Whether it's improving them today, or helping to shape them for tomorrow, Healthwatch BwD is all about local voices being able to influence the delivery and design of local services.

Healthwatch was created by the Health and Social Care Act, 2012. We are part of a network of local Healthwatch organisations which help to ensure that the views and feedback from patients and carer are an integral part of the design and delivery of local services.

Every voice counts when it comes to shaping the future of health and social care, and when it comes to improving it for today. Everything that local Healthwatch does will bring the voice and influence of local people to the development and delivery of local services.

Find out more at: [www.healthwatchblackburnwithdarwen.co.uk](http://www.healthwatchblackburnwithdarwen.co.uk)

## Disclaimer

Please note that this report relates to findings from **574** individuals who accessed the adult Accident and Emergency (A&E) department and **75** individuals who accessed Children's A&E at Royal Blackburn hospital in Blackburn with Darwen. Our report is therefore not a representative portrayal of the experience and views of all those experiencing A&E at Royal Blackburn hospital in Blackburn with Darwen, only an account of what was represented at the time. Please note the term A&E (A&E) refers to both the Emergency Department and the Urgent Care Centre at Royal Blackburn Hospital in these findings.

## Date of Project

Engagement activity took place **August 2017 - January 2018** for experiences of adult A&E and **December 2017 - February 2018** for experiences of Children's A&E services.

## **Acknowledgements**

Thank you to those people experiencing ill health at A&E at Royal Blackburn Hospital who kindly shared their views and experiences with us, often sharing deeply personal stories for which we are grateful.

The following organisations for allowing us to engage with their clientele and support on the project:

### **East Lancashire Hospital NHS Trust**

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## Executive Summary

Healthwatch Blackburn with Darwen has worked to find out the views and experiences of adults, children and young people experiencing A&E at Royal Blackburn Hospital, which will allow us to influence local health and social care provision to best meet their needs.

This engagement took place over a 7 month period between **August 2017 and February 2018**, allowing us to engage with **918** individuals.

### Key findings are:

- 90% of parents and carers of children and young people and 85% of adult patients knew where to go when they arrived in A&E
- 93% of people accessing Children's A&E had sought advice before attending
- The majority of patients in the Emergency Department and Urgent Care Centre felt informed or very informed about the process and what was happening next
- Whilst over 80% of people could access a drink, there were a significant number of complaints about the need to pay for drinks and high cost of drinks
- 95% of people had been treated with dignity and respect in Adult A&E and 88% in Children's A&E
- 97% had been communicated to in a way they clearly understood in Children's A&E and 92% of people had been communicated to in a way they clearly understood in Adult A&E

### Recommendations are:

**Recommendation 1:** Provide further information to patients, carers or family members about waiting times and what is happening next

**Recommendation 2:** Ensure water is available for people in Children's A&E and to consider an alternative vending machine with lower priced drinks

**Recommendation 3:** Ensure that Children's A&E cleaning facilities and procedures are reviewed and improved

**Recommendation 4:** Consider alternative provision in Children's A&E waiting room to meet the needs of the most vulnerable children and young people who are at crisis point.

**Recommendation 5:** Provide more comfortable seating in the waiting room of Emergency Department, Urgent Care Centre and Children's A&E at Royal Blackburn Hospital.

**Recommendation 6:** For Blackburn Clinical Commission Group to promote out of hours GP appointments

## **Introduction - Why A&E?**

NHS performance against key targets in Accident and Emergency departments in England has been declining over several years. There is a national shortage of A&E doctors and hospitals have struggled badly due to traditional winter pressures - like cold weather and respiratory infections. In April 2017 NHS England published a report on winter pressures on NHS acute hospital trusts. Some of the findings indicated extreme pressures which impacted on patients' experiences. Healthwatch Blackburn with Darwen wanted to investigate the situation locally.

## **Aim of the project**

To better understand the admission and discharge experiences of residents using A&E, understanding their expectations and how these can be met, to improve the pathway from admission to discharge.

## **Objectives of the project**

- To better understand the challenges that people face with admission and discharge
- To identify good practice and make recommendations for a better experience considering current pressures in A&E
- To understand the reasons why residents choose to access services through A&E and to learn from people's experience as to why they are attending
- To engage with those who are seldom heard and vulnerable in the most deprived areas of Blackburn with Darwen.

## **A&E Statistics**

### **England**

The most recent national figures for Accident and Emergency are 1.4 million attendances, including Minor Injury and Walk in centres (NHS England, 2017)

## Lancashire

The Lancashire figures, including East Lancashire Hospitals NHS Trust, for total A&E attendances are:

Name of Hospital	Total attendances in A&E					
	Aug 2017	Sept 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2017
Blackpool Teaching Hospitals NHS Foundation Trust	17,250	16,610	18,125	16,533	17,078	16,534
<b>East Lancashire Hospitals NHS Trust</b>	<b>16,574</b>	<b>16,967</b>	<b>18,292</b>	<b>17,496</b>	<b>18,064</b>	<b>17,573</b>
Lancashire Teaching Hospitals NHS Foundation Trust	11,767	12,032	12,740	11,912	12,650	12,037
Southport And Ormskirk Hospital NHS Trust	9,225	9,476	10,682	10,131	9,888	9,914
University Hospitals Of Morecambe Bay NHS Foundation Trust	9,521	8,227	10,040	8,896	9,480	8,664

NHS England (2017)

The Lancashire figures for % of attendances seen within 4 hours or less are:

Name of Hospital	% of attendances seen within 4 hours or less					
	Aug 2017	Sept 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2017
Blackpool Teaching Hospitals NHS Foundation Trust	80.9%	83.9%	90.8%	84.6%	78.7%	84.8%
<b>East Lancashire Hospitals NHS Trust</b>	<b>88.6%</b>	<b>88.6%</b>	<b>86.9%</b>	<b>81.6%</b>	<b>84.1%</b>	<b>79.6%</b>
Lancashire Teaching Hospitals NHS Foundation Trust	84.0%	84.1%	82.2%	84.7%	81.2%	80.0%
Southport And Ormskirk Hospital NHS Trust	88.4%	85.7%	85.5%	80.7%	80.3%	81.0%
University Hospitals Of Morecambe Bay NHS Foundation Trust	86.7%	86.7%	90.5%	87.6%	84.8%	79.4%

NHS England (2017)

## **Research methods**

### **Questionnaire**

A questionnaire was devised with the support of the project task group which included volunteers with lived experience and professionals. This questionnaire was completed by individuals who accessed the adult A&E department at Royal Blackburn hospital in Blackburn with Darwen.

These questions were then made ‘children and young people’ friendly and this questionnaire was used to find out about the experiences of A&E from children and young people at Children’s A&E.

### **Engagement**

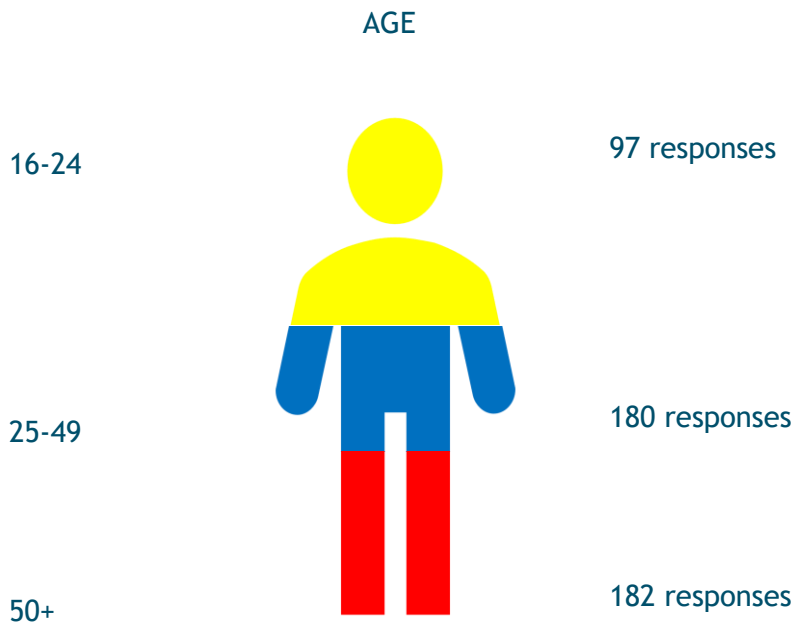
We carried out engagement on **25** occasions in the Adult and Children’s A&E department at Royal Blackburn Hospital.

### **Who we spoke to?**

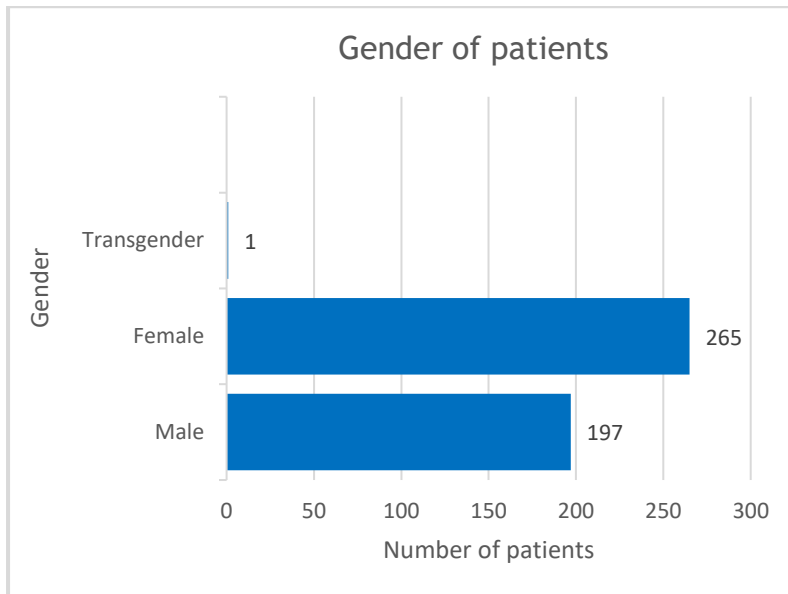
- We engaged with **918** individuals over the course of the project
- We completed **649** questionnaires over the course of the project



### Age of participants for Adult A&E project who answered this question



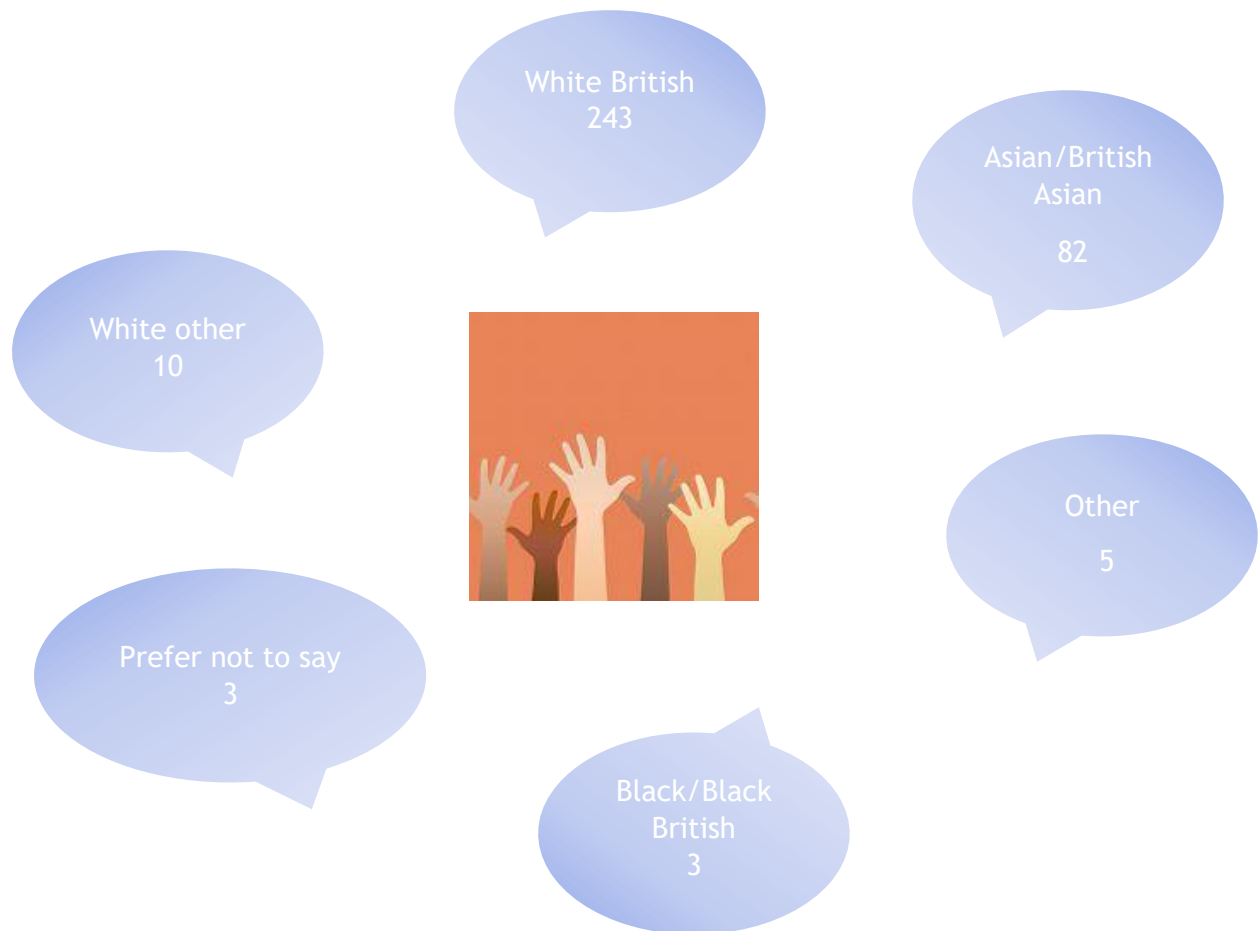
### Gender of patients who answered this question



### Sexual orientation of participants who answered this question

- 92% of participants were heterosexual
- 6% of participants were LGBT
- 2% of participants preferred not to say

## Ethnicity



## Disability and long-term health conditions

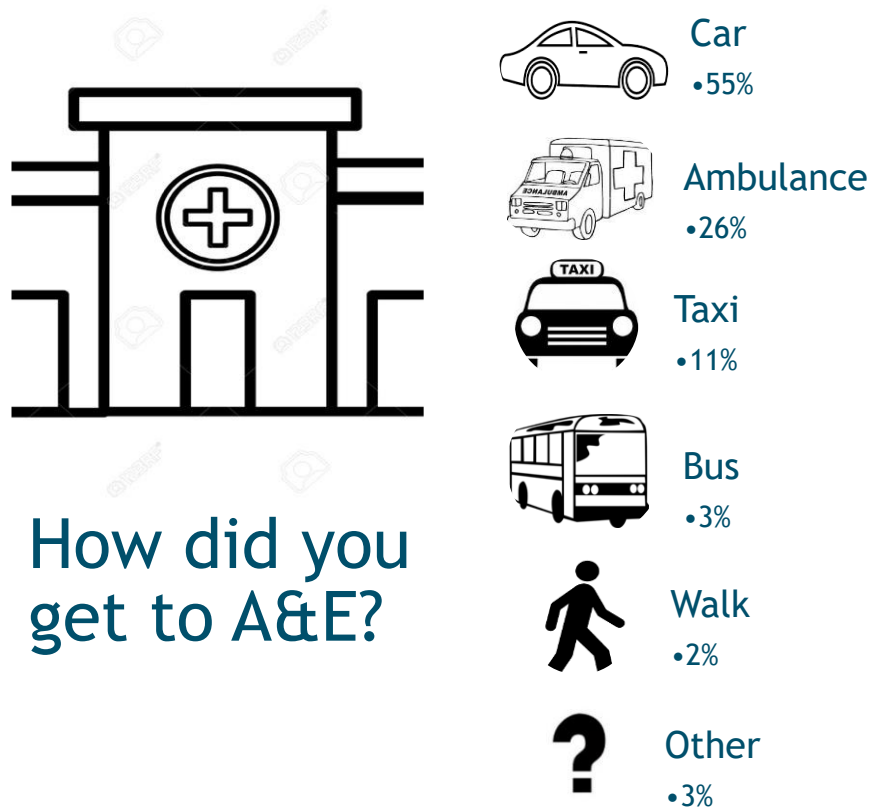
One third of people we spoke to considered themselves to have a disability or long term condition, two thirds of participants did not feel they had a disability or long term health issue.

## Findings for Adult A&E

### Section 1: Travelling to A&E department

#### Transport

The image below shows the different methods of transport used by patients travelling to the A&E department at Royal Blackburn Hospital.



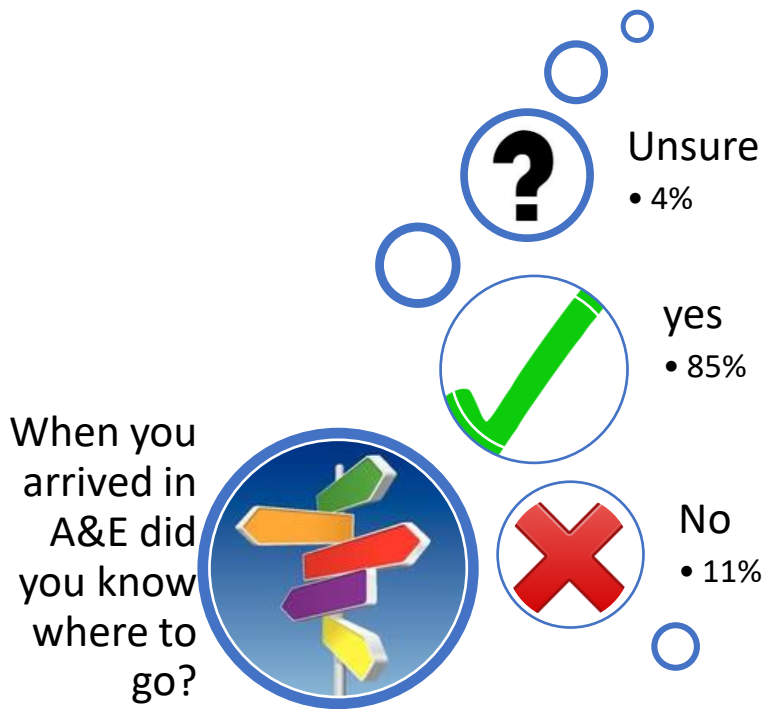
The image below illustrates patients' experiences of the journey before they arrived in A&E.



The most frequent response from patients to improving the journey was less traffic, parking issues and if patients had travelled by ambulance.

A&E Alright Hospital Closer Parking Quicker  
Traffic Road Ambulance Pain Waiting  
Burnley

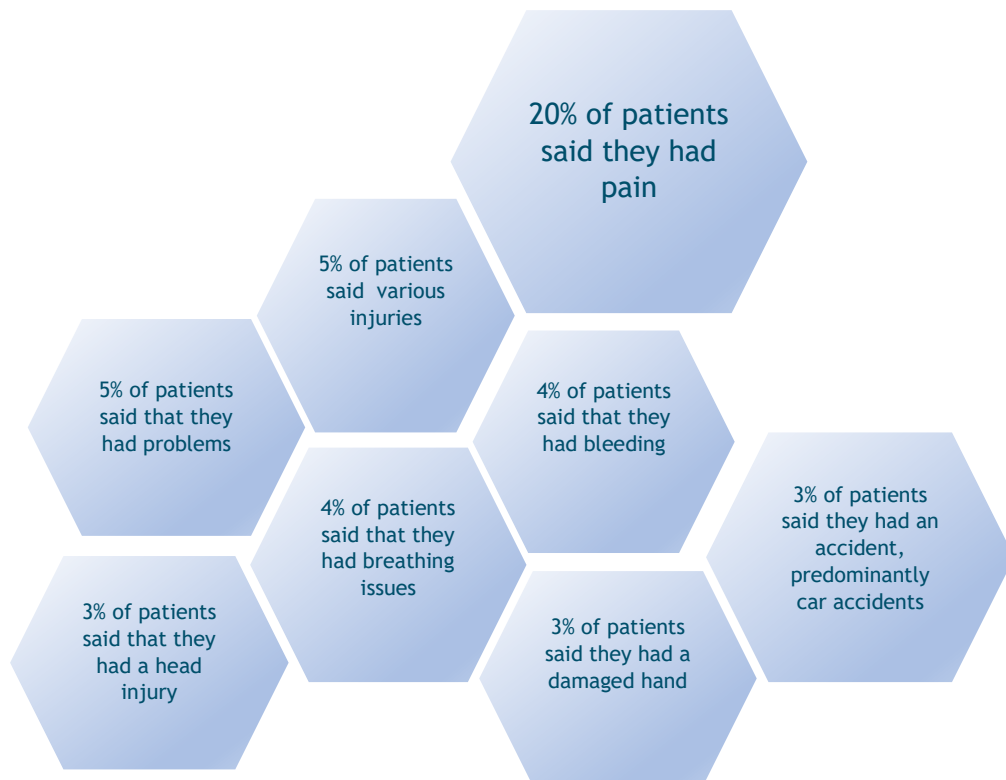
85% of patients knew where to go when they arrived in A&E.



## Section 2: Attendance at the A&E department

### Reasons for attending

There were a wide variety of reasons for attending A&E and the key themes are below:



### Advice sought before attending

46% of patients had sought advice before attending A&E department. The most popular source of advice was doctor's advice followed by referrals, 111 NHS advice, paramedics' advice and recommendation from A&E.

Accrington Victoria GP Surgery Referral Health Centre A&E

Appointment Paramedics Brought Pain Walk in Centre

Rang Medical Ambulance NHS Doctor

Urgent Care Advised Family Advice Mum

Hospital Minor Injuries Called 111 Called GP Referred

Own GP Service Nurse



## Reasons that would have prevented attendance

The three main reasons that would have prevented attendance at A&E were:

- being able to see a doctor for an appointment
- waiting times for doctors and clinic
- not having an accident.

Responses from patients on what would have prevented their attendance at A&E are shown below:

Pain Surgery Hospital Xray Not Falling A&E Getting  
Transport Appointment Not being Able  
Doctor Not Going Waiting Injury Walk Prevented  
Accident Treatment Care Seeing

### Recommendation 6:

For Blackburn Clinical Commission Group to promote out of hours GP appointments as people we spoke to said a GP appointment would have prevented their attendance at A&E. This would result in the Emergency Department and Urgent Care Centre at Blackburn Hospital having a reduction in non-emergency attendances and patients, carers and families using this service appropriately.

This adheres to NICE Guideline CG138 - Patient Experience in Adult NHS Services: Improving the experience of care for people with using adult NHS services (NICE, 2017)

1.3.2 Inform the patients about healthcare services that are available locally and nationally. Encourage and support them to access services according to their individual needs and preferences

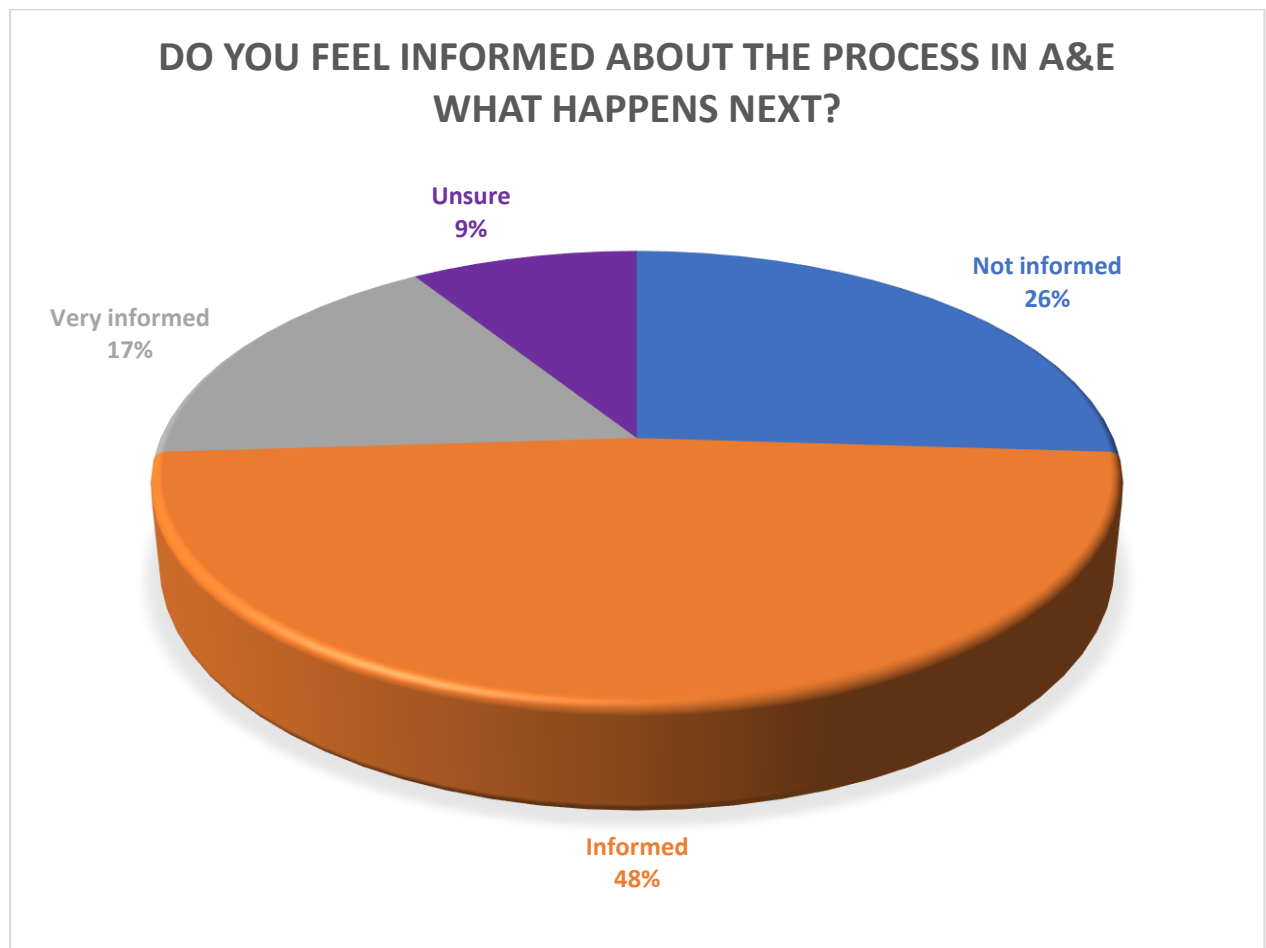
### Previous attendance

79% of patients had previously attended the Emergency Department at Royal Blackburn Hospital, 19% had never previously attended and 2% of patients preferred not to say.

For the patients who had attended the Emergency Department previously, the most frequently reported date for their previous visit was over 12 months ago, followed by 6-12 months ago, within the last 6 months, within the last month or week and within the last 3 months.

## Section 3: Patient experience

### Informed about the process in A&E and what is happening next





**Recommendation 1:**

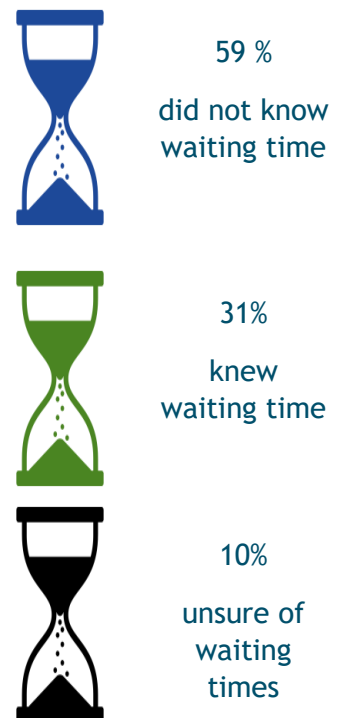
Provide further information to patients, carers or family members about waiting times and what is happening next in the Emergency department and Urgent Care Centre for adults.

This adheres to NICE guideline CG138 - Patient Experience in Adult NHS Services: Improving the experience of care for people with using adult NHS services (NICE, 2017)

1.5.11 Give the patient information, and the support they need to make use of the information.

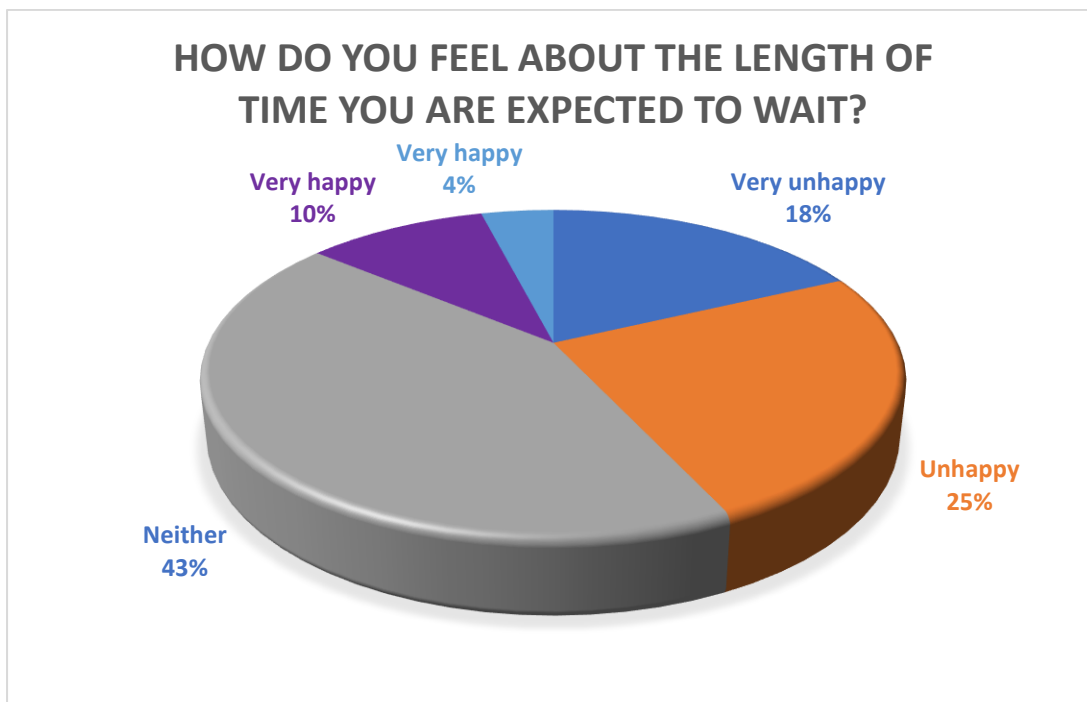
1.5.12 Give the patients both oral and written information.

**Waiting times**



Data about waiting times was inconclusive as:

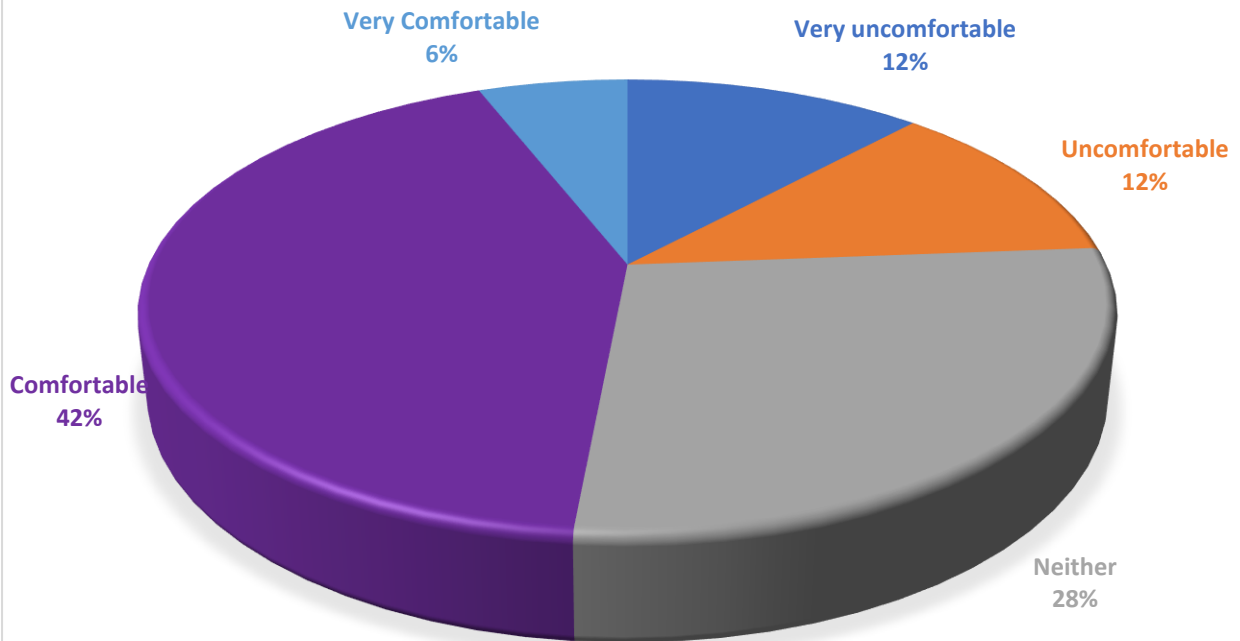
- 43% of patients felt neither happy or unhappy about the length of time expected to wait.
- 43% of patients felt unhappy or very unhappy about the waiting times.
- 14% of patients felt happy or very happy about the time expected to wait to be seen in the Emergency Department.



## Environment

91% of patients felt safe in A&E. Other patients felt safe to a degree, didn't feel safe or unsure when asked if they felt safe in the Emergency Department.

## ARE YOU COMFORTABLE WITH THE ENVIRONMENT IN A&E?



There were very mixed responses from patients about suggested improvements to the environment. The two main themes were:

- Patients wanted increased seating or more comfortable seating. Patient comments included, “the chairs are really uncomfortable”, “comfortable seating” and “better seats.”
- Issues around waiting with need for bigger waiting rooms, too much waiting on corridors and more comfortable waiting rooms

Other comments from patients covered a variety of areas such as a need for more staff, need for water machines and better vending machines and a cleaner environment in A&E.

### **Recommendation 5:**

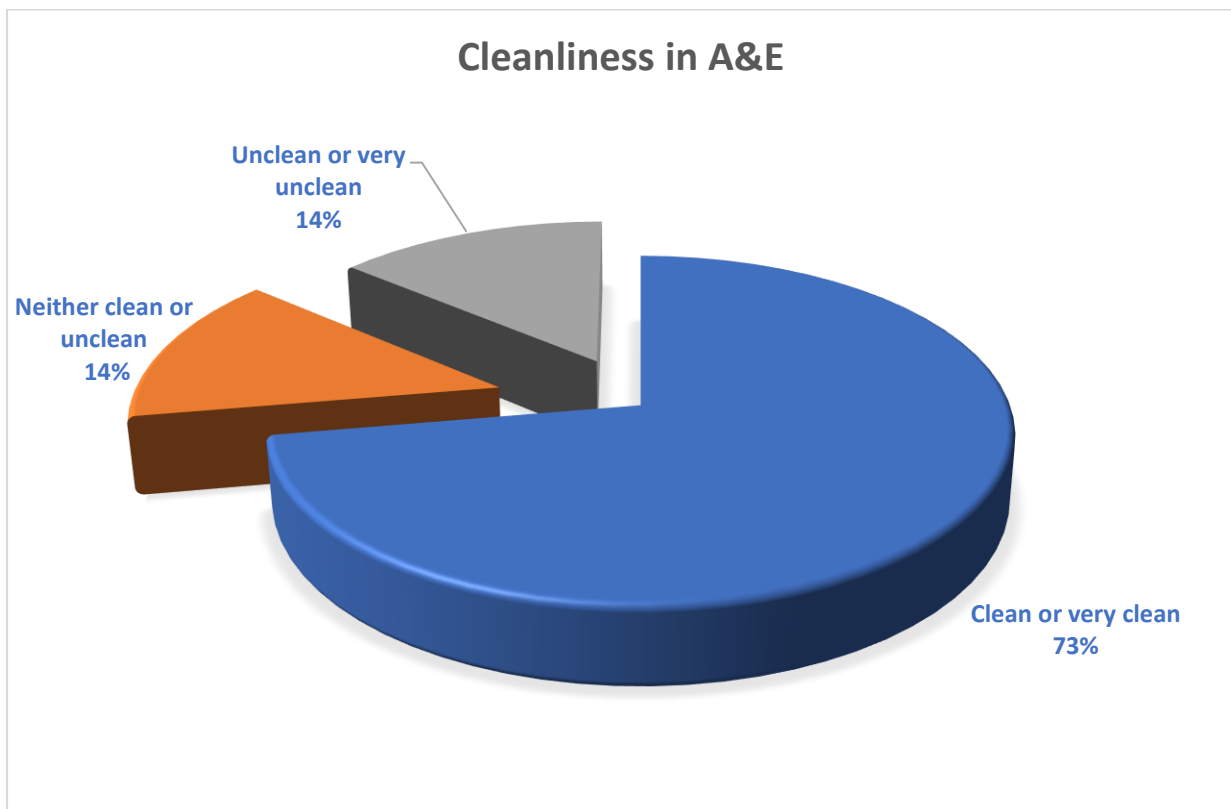
Provide more comfortable seating in the waiting room of Emergency Department and , Urgent Care Centre at Royal Blackburn Hospital.

49% of participants did not feel that there were things in place to occupy them whilst they were waiting in the A&E department. 44% of patients said there were thing to occupy them whilst waiting, however a significant number of these participants had brought their own mobile phone or magazines.

83% of participants could access a drink from the drinks machine, though there were a significant number of complaints about the need to pay for drinks. Drinks could be accessed by respondents only at a high cost and this presumes that patients have money on them when attending A&E. There was a lack of water available. 17% of patients could not access a drink easily when needed.

**Recommendation 2:**

Consider an alternative vending machine with lower priced drinks in the Emergency department and Urgent Care Centre.



### **Good practice example:**

95% of people we spoke to said that they had been treated with dignity and respect at the Emergency Department and the Urgent Care Centre at Royal Blackburn Hospital. One patient said, "Very much so" and another patient said, "We have had no dignity and respect issues as we've had excellent service from the staff so far."

**This is evidence of NICE guideline CG138 - Patient Experience in Adult NHS Services: Improving the experience of care for people with using adult NHS services (NICE, 2017)**

#### **1.2.1 All staff involved in providing NHS services should:**

- **Treat patients with respect, kindness, dignity, compassion, understanding, courtesy and honesty.**

### **Expectations**

The three key expectations from people we asked were:

- To be diagnosed, treated and receive medical care
- To wait to be seen
- Staff to be friendly and helpful

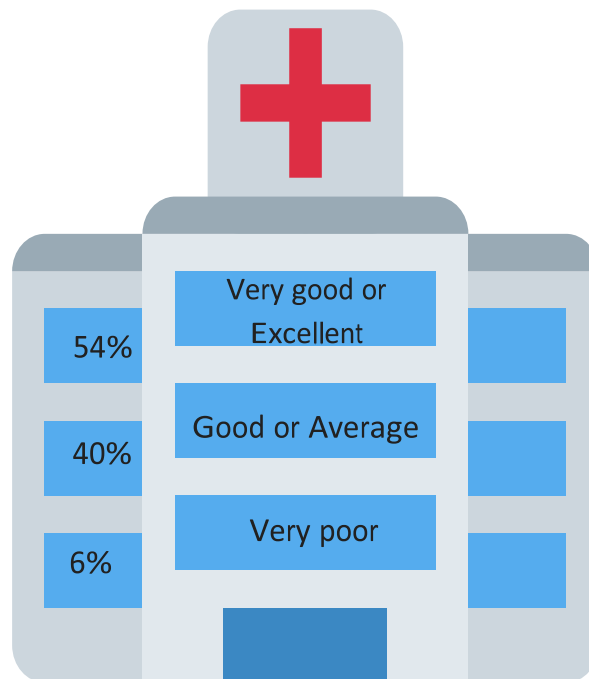
74% of respondents said that their expectations had been met. Patients' comments included, "Not as busy as I thought. Impressed that staff here seem to have had some communication about me from Burnley. Helpful", "expected everyone to be polite and helpful and they have been" and "I expected a friendly and relaxed atmosphere and was greeted with such."

90% of patients said that their cultural and ethnic needs were met at A&E.

### **Communication**

92% of people we spoke to had been communicated to in a way they clearly understood.

## Experience of Adult A&E



When we asked people in A&E what one thing would improve their overall experience the most frequent response from 39% of participants was shorter waiting times. Other comments were about the need for more staff including doctors and more and better communication.

Further themes of patients' comments are illustrated below:

Friendly Taken Good Job Sending NHS Happy Machines  
Unhappy Doctors Smells Nurses Toilet Staff  
Parking Waiting Xray A&E Food Patients  
Communication Corridor Point Questions Survey Busy  
Waste Treated

## Section 4: Support

73% of people said that during their attendance at A&E a friend/family member/carer was with them providing support.

92% of people we spoke to said that they had informed someone that they were currently in A&E.

88% of people said that they did not feel lonely or isolated while they were attending A&E.

99% of people we spoke to had somewhere or someone to go to when they left A&E.

Our findings show that 87% of participants declared that they did not live with and/or care for someone with a physical or mental health condition or substance misuse issues. 94% of participants did not live or previously live in care.

## Section 5: Experience of staff

### Staffing levels

The key themes of the patient/carer/family member responses were that staffing levels were poor, A&E was under staffed and waiting times were an issue as illustrated below:

Low Say Adequate Unsure Understaffed Alright

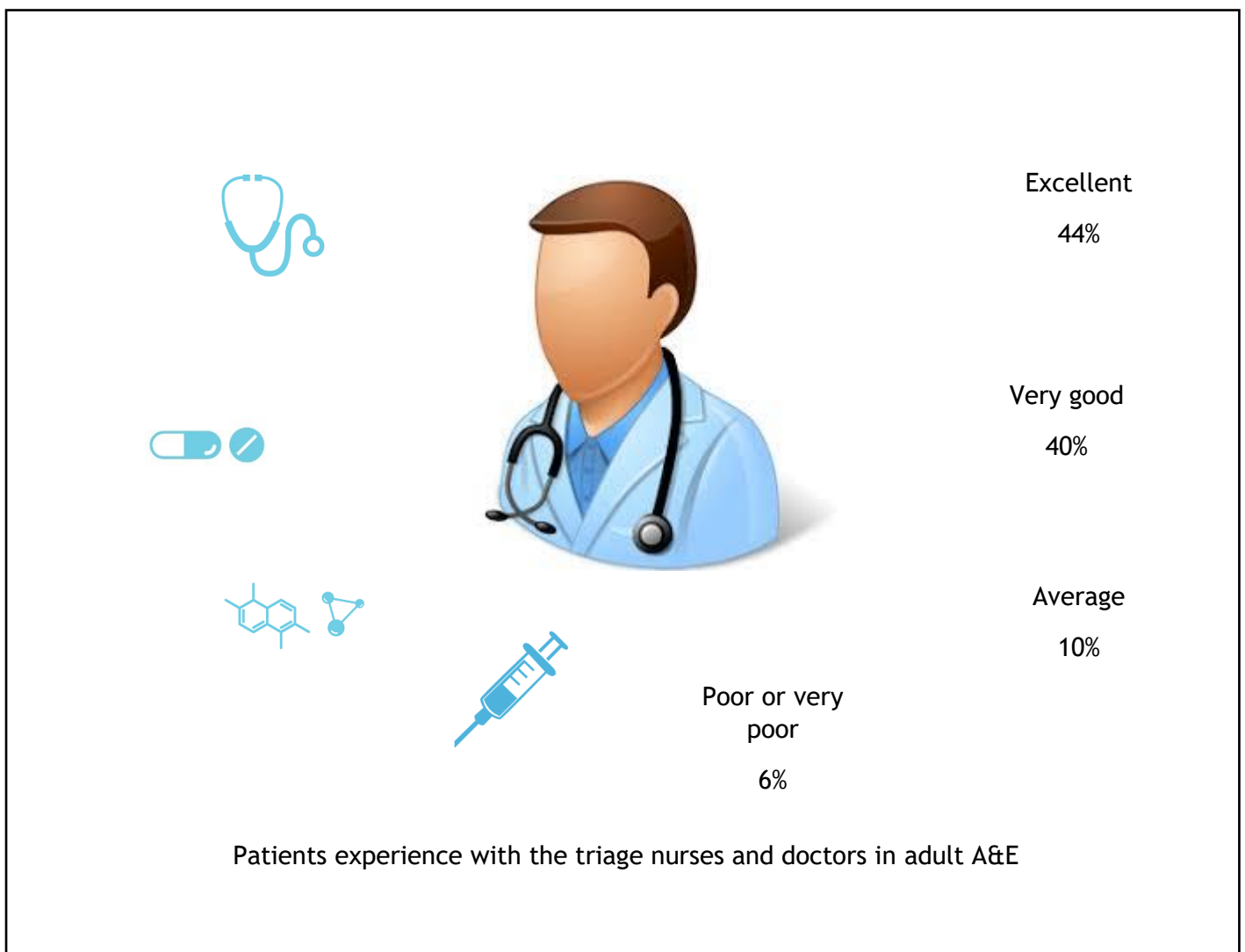
Poor Far Staff Receptionist Waiting Excellent

Staffing Reception Okay Doctors

## Receptionists

44% of people we spoke to at A&E said they would rate their experience with the Receptionists as very good. 39% of participants rated the receptionists at A&E as excellent. 14% of participants rated their Receptionist experience as average with 3% rating their experience with the Receptionist as poor or very poor.

## Triage Nurses and Doctors





### **Ambulance staff**

46% of people we spoke to had not used an ambulance. 70% of participants who had needed an ambulance rated them as excellent. 22% of people who had travelled in an ambulance to A&E said that their experience with the Ambulance Service was very good. 8% of patients who had been seen by ambulance staff rated their experience as average, poor or very poor.

## **Section 6: Discharge**

52% of participants said that their carer/family was prepared and aware of their discharge from hospital and would need support.

89% of people we spoke to did not need to access any services or signposting to services on discharge from hospital. 9% of patients/carers/family members did need access to services and were signposted to these. Our findings show 2% of participants did need access to further services on discharge and were not signposted to them.

### **Advice on discharge**

71% of people we spoke to had not been seen yet or did not feel advice on discharge was required for them. 14% of participants said advice was not required in their circumstances. 6% of people were advised to take medication, 5% of people had been referred to their GP or other services and 4% were advised by A&E to rest.

Our findings showed that 33% of participants said staff ensured that they had somewhere safe to stay upon discharge. 9% of people said that this was not applicable to them as they had not been discharged yet. 6% of people we spoke to said that staff did not ensure that they had somewhere to stay when leaving hospital. 52% said members of staff discussing somewhere safe for them to go when they leave hospital was not relevant to their circumstances.

75% of participants said that follow on care was not required for them at the point of completing our questionnaire. Our findings showed 15% of people had ok or good experiences of follow on care after being discharged from A&E. 6% of people we spoke to had poor or very poor experiences of follow on care after being discharged from A&E. Very good experiences of follow on care after being discharged was felt by 4% of participants.

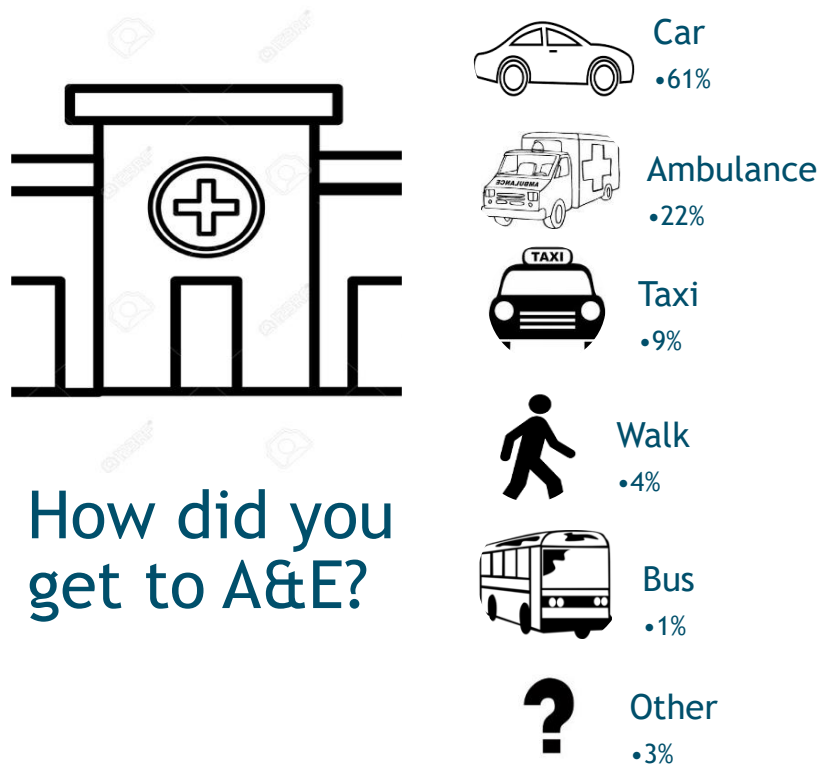
## **Findings for Children and Young People's A&E**

69% of people who identified their ethnicity on our questionnaire were White British. Other ethnic backgrounds were Asian Pakistani (15%), Asian Indian (8%), White Other (6%), Mixed (1%) and Other (1%)

## Section 7: Children and Young People travelling to A&E department

### Transport

The image below shows the different methods of transport used by patients travelling to the A&E department at Royal Blackburn Hospital.



The image below illustrates children and young people's experiences of the journey before they arrived in A&E.



The best improvement to the journey would be less traffic or ambulance to take them.

90% of parents knew where to go when they arrived in A&E.

## Section 8: Children and Young People A& E attendance

### Reasons for attending A&E department

The most popular response was pain, mainly in chest, back and stomach. The second highest response was chest pain followed by head injuries. Other reasons were:

Ankle Pregnant Stomach Injury Problem Biten Head

Bleeding Chest Injured Pain Broke

Daughter Swollen Accident Ago Hurt Crash

Breathing Difficulties Nose Asthma

### Advice sought before attending A&E

93% of people had sought advice before attending A&E department. There were mixed responses to types of advice as shown below:

Rang 111 Advised Service Centre Ambulance

Paramedics Advice Family Referral Hospital NHS

111 A&E

64% of people found the advice they had received before attending A&E helpful or very helpful. 20% of patients found advice sought very unhelpful or unhelpful and other patients found the advice neither helpful nor unhelpful (16%).

## **Reasons that would have prevented attendance at A&E**

The majority of people felt that nothing would have prevented them attending A&E. 12% of people said having a GP appointment would prevent them going to A&E.

## **Previous attendance at A&E**

81% of patients had previously attended the Emergency Department at Royal Blackburn Hospital. For the patients who had attended the Emergency Department previously, the most frequently reported date for their previous visit was over 12 months ago (29%), followed by 6-12 months ago (18%), within the last 6 months (18%), within the last 3 months (13%), within the last week (9%), preferred not to say (7%) and within the last month (6%).

## **Section 9: Children and Young People Patient experience**

### **Informed about the process in A&E and what is happening next**

75% of people felt informed or very informed about the process in A&E and what is happening next.

### **Waiting times**

57% of patients we spoke to did not know how long they were expected to wait or had received an explanation of the current waiting time. 31% of patients felt informed about the waiting time to be seen and 12% of patients surveyed were unsure of the current waiting time.

- 46% of patients felt neither happy or unhappy about the length of time expected to wait.
- 41% of patients felt unhappy or very unhappy about the waiting times.
- 13% of patients felt happy or very happy about the time expected to wait to be seen in the Emergency Department.

**Recommendation 1:**

Provide further information to patients, carers or family members about waiting times and what is happening next in the Emergency department and Urgent Care Centre for adults, children and young people.

This adheres to NICE guideline CG138 - Patient Experience in Adult NHS Services: Improving the experience of care for people with using adult NHS services (NICE, 2017)

1.5.11 Give the patient information, and the support they need to make use of the information.

1.5.12 Give the patients both oral and written information.

**Environment**

92% of patients felt safe in A&E.

- 60% of people we asked felt comfortable or very comfortable with the environment in A&E
- 21% of patients said that they were neither comfortable or uncomfortable with the environment
- 19% of patients felt uncomfortable or very uncomfortable with the environment.

The 3 most popular suggested improvements to the Children's A&E environment were :

- Need for water machines and less expensive drinks in the vending machines
- More seating and for this to be comfortable
- Bigger waiting room for children

**Recommendation 2:**

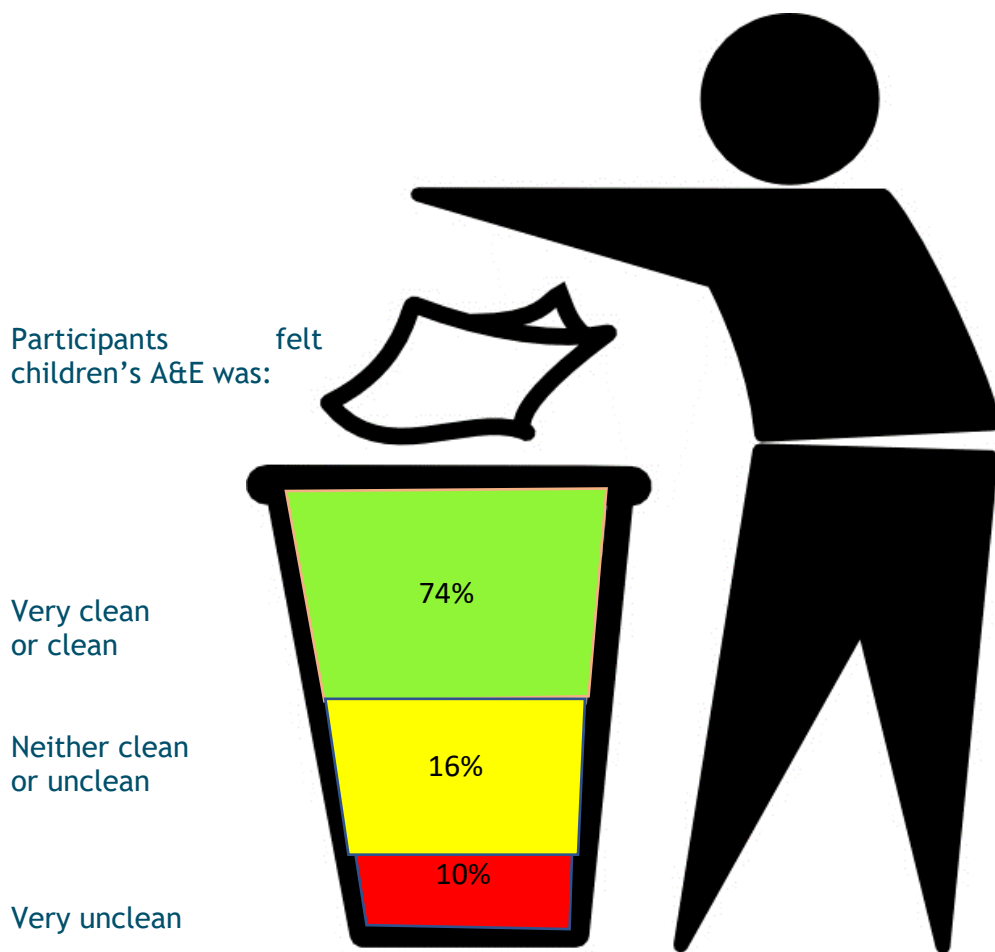
Ensure water is available for people in Children's A&E and consider alternative vending machines with lower priced drinks in the Emergency department and Urgent Care Centre.

**Recommendation 5:**

Provide more comfortable seating in the waiting room of Children’s A&E at Royal Blackburn Hospital.

57% of patients said that there were things in place to occupy them whilst waiting.

80% of participants could access a drink easily and some commented about it being expensive. 18% of people we spoke to could not access a drink easily when needed and 2% answered don’t know



One patient said, “dirty nappies on seat, toilet paper on floor.”

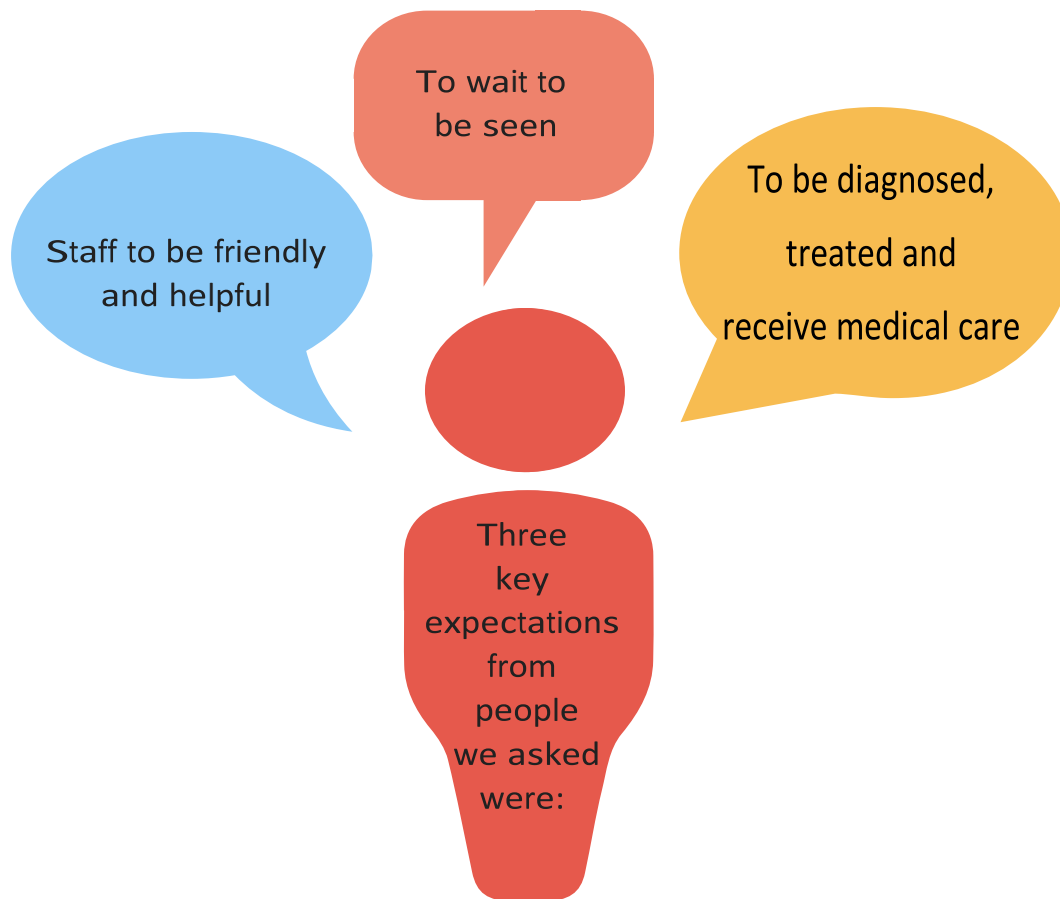
**Recommendation 3:**

Ensure that Children’s A&E cleaning facilities are reviewed and improved.



88% of people we spoke to in Children’s A&E said that they had been treated with dignity and respect at A&E.

### Expectations



85% of respondents said that their expectations had been met. Patients’ comments included, “expectations have been exceeded”, “I thought I would have been seen quicker” and “friendly & efficient staff.”

55% of people who answered said that their cultural and ethnic needs were met at A&E, 34% of people said this was not applicable and 11% of people said that their cultural and ethnic needs were not met.

### Communication

97% of people we spoke to had been communicated to in a way they clearly understood.

## Participant's ratings of their experience of Children's A&E



When we asked people in Children's A&E what one thing would improve their overall experience one third of participants referred to shorter waiting times. Other comments were about the need for more staff and the need for more comfortable seating.

## Section 10: Children and Young People Support

- 93% of people we spoke to said that they had informed someone that they were currently in A&E.
- 88% of people said that they did not feel lonely or isolated while they were attending A&E.
- 99% of people we spoke to had somewhere or someone to go to when they left A&E.
- 75% of people who responded said that there were facilities in place for people with physical or mental health disabilities, 25% felt that there were not these facilities available. Two people commented that the environment is not suitable for children and young people with learning disabilities
- 70% of people who responded said there were facilities in place for people with hearing and/or visual impairments and three people said these facilities were good.

- 59% of people who responded said that there were not suitable facilities for the most vulnerable children and young people who were at crisis point due to mental health, homelessness, substance abuse or other significant issues at Children's A&E.

**Recommendation 4:**

Consider alternative provision in A&E waiting room to meet the needs of the most vulnerable children and young people who are at crisis point.

Our findings show that 92% of participants declared that they did not live with and/or care for someone with a physical or mental health condition or substance misuse issues. 94% of participants did not live or previously live in care.

## Section 11: Children and Young People Experience of staff

### Staffing levels

63% of people said that the levels of staffing in Children's A&E were good or ok. 37% of people felt that Children's A&E was understaffed.

### Receptionists

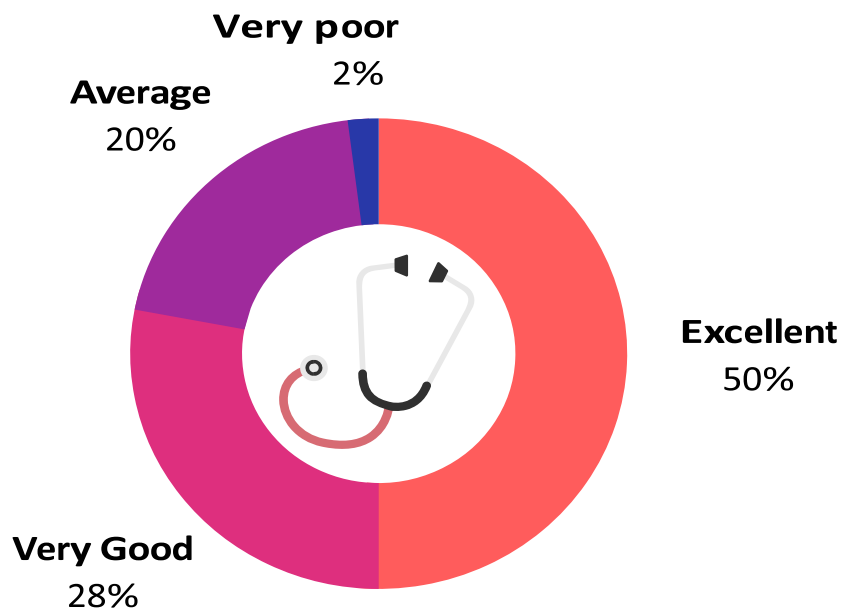
70% of people we spoke to rated their experience with the Receptionists as excellent or very good. 25% of participants felt that the Receptionists were good or average and 5% of people had a poor or very poor experience with Receptionists at Children's A&E.

### Triage Nurses

72% of people we spoke to rated their experience with the Triage Nurse as excellent or very good. 22% of participants felt that the Triage Nurses were good or average and 6% of people had a poor or very poor experience with Triage Nurses at Children's A&E.

### Doctors

50% of people we spoke to at Children's A&E said that they would rate their experience with the Doctors as excellent. 28% of people we spoke to at Children's A&E said that they would rate their experience with the Doctors in A&E as very good. 20% of participants rated their Doctors experience as good or average, 2% of patients rated their experience with the Doctors as very poor.



### Ambulance staff

58% of people we spoke to had not used an ambulance.

57% of participants who had needed an ambulance rated them as excellent. 33% of people who had travelled in an ambulance to A&E said that their experience was very good or good. 10% of patients who had been seen by ambulance staff rated their experience as very poor.

## Section 12: Children and Young People Discharge experience

Our findings showed that 94% of participants said that staff had ensured that they had somewhere safe to stay upon leaving hospital. 73% of participants could not comment on their experience of follow on care after leaving Royal Blackburn Hospital as they were not at that stage yet. 25% of participants had a good experience of follow on care when leaving hospital and 2% had a poor experience.

## Conclusion

The period of our A&E project included some months where the worst winter data ever was recorded in Accident and Emergency departments across the country (NHS England, 2017). Our findings show that the Emergency Department and the Urgent Care Centre at Royal Blackburn Hospital were able to work under immense pressure in a very busy department as 95% of people had been treated with dignity and respect in Adult A&E and 88% respectfully in Children's A&E.

Whilst 97% of people we spoke to had been communicated to in a way that they clearly understood in Children's A&E and 92% of people reported this in our adult A&E survey, our findings show that further information is needed for patients about waiting times. Patients said that they would like the seating to be more comfortable during their visit to Emergency Department and Urgent Care Centre in adult and Children's A&E services.

Whilst Healthwatch Blackburn with Darwen staff did always see that water and juice were available in the Children's A&E our findings show that patients, carers and families were not always aware of these facilities. There is a need for staff to ensure that people in the waiting room in Children's A&E are aware that cold drinks are easily available and accessible. People were using the drinks machines in the Adult A&E and Urgent Care Centre at a high cost at a time when families are vulnerable with the stress and worry of someone's ill health. There were also a significant number of complaints about the high cost of drinks in the vending machines from people waiting in the Urgent Care Centre and Emergency Department and that people who are not mobile were unable to access these facilities.

Cleanliness of waiting areas in Children's A&E needs to be reviewed and improved and many people felt that this area of the hospital was not suitable for children and young people who are at crisis point with mental health problems. There are no windows in the Children's A&E waiting area.

The majority of people we spoke to said that being able to see a GP for an appointment or waiting times to see a GP would have reduced their attendance at A&E. The four Extended Access Hubs within Blackburn with Darwen at Cornerstone Practice, Darwen Health Centre, Little Harwood Health Centre and Barbara Castle Way Health Centre are available 4pm-9pm

weekdays and 10am-4pm weekends for GP appointments. 111 NHS Service is also able to make appointments at Urgent Care Centres and Extended Access Hubs. These services need to be promoted to Blackburn with Darwen residents to enable fewer non-emergency attendances at the Emergency department of Royal Blackburn Hospital.

## Recommendations

### **Recommendation 1:**

Provide further information to patients, carers or family members about waiting times and what is happening next in the Emergency department and Urgent Care Centre for adults, children and young people.

### **Recommendation 2:**

Ensure water is available for people in Children's A&E and to consider an alternative vending machine with lower priced drinks in the Emergency department and Urgent Care Centre.

### **Recommendation 3:**

Ensure that Children's A&E cleaning facilities and procedures are reviewed and improved.

### **Recommendation 4:**

Consider alternative provision in Children's A&E waiting room to meet the needs of the most vulnerable children and young people who are at crisis point.

### **Recommendation 5:**

Provide more comfortable seating in the waiting room of Emergency Department, Urgent Care Centre and Children's A&E at Royal Blackburn Hospital.

**Recommendation 6:**

For Blackburn Clinical Commission Group to promote out of hours GP appointments as people we spoke to said a GP appointment would have prevented their attendance at A&E. This would result in the Emergency Department and Urgent Care Centre at Blackburn Hospital having a reduction in non-emergency attendances and patients, carers and families using this service appropriately.

**This adheres to NICE Guideline CG138 - Patient Experience in Adult NHS Services: Improving the experience of care for people with using adult NHS services (NICE, 2017)**

**1.3.2 Inform the patients about healthcare services that are available locally and nationally. Encourage and support them to access services according to their individual needs and preferences.**

## Service Provider responses

Comments received from Natalie Brockie, Divisional General Manager at East Lancashire Hospitals NHS Trust on Thursday 9 May 2018 are:

“1. Was the report easy to understand? Yes

2. Will this report help you to improve services? Yes

3. What aspects of this report were most useful? The feedback from patients is very useful to understand their experiences and how we can improve our services.

The most useful aspects of the report are the detailed patient comments and the patient led suggestions for improvements, the fact the report is split and provides different recommendations for Adults and Paediatrics area is very helpful.

4. How will your organisation use the public views within this report to improve services?

The views within this report will be used to ensure our departmental improvement plans incorporate the comments raised by our patients and enhance our service moving forward.

5. What improvements could be made to make future reports more useful?

No obvious areas to change as the report covers all aspects of patient journey in ED from mode of arrival, to staff experience and environment issues.”

Comments received from Jane Greenwood - Urgent Care Commissioning Manager and Lucie Higham - Account Manager for Communications and Engagement at East Lancashire and Blackburn with Darwen Clinical Commissioning Groups on Wednesday 16 May 2018 are:

**“1. Was the report easy to understand? Yes**

**2. Will this report help you to improve services? Yes**

**3. What aspects of this report were most useful?**

- Information showing different methods of transport used by patients travelling to Royal Blackburn Hospital
- Understanding the individual experiences of people using A&E, patient journeys and the reasons/themes for why people have accessed A&E
- The three main reasons that would have prevented attendance and responses from patients on what would have prevented attendance - in particular that the majority of people spoken to said that being able to see a GP for an appointment would have reduced their attendance at A&E
- Understanding patients’ key expectations of visiting A&E

**4. How will your organisation use the public views within this report to improve services?**

The findings of this engagement will be used alongside the ongoing engagement and development of the Together a Healthier Future Pennine Plan and Healthier Lancashire and South Cumbria transformation programme.

**5. Please provide any further information you feel may be relevant. This could include your action plans, examples of current policies and working practices, and examples of your own feedback.**

In relation to recommendation 6, Blackburn with Darwen CCG widely promotes primary care extended access through all its channels including PR, website, social media channels and engagement. Promotion of this service continues to be one of our key priorities and we will review the comments in this report to support further development.

**6. What improvements could be made to make future reports more useful?**

For future reports, we would be really interested in being involved in the early stages to provide an overview and context of service developments.



It is noted that for the purposes of this report, A&E refers to ‘both the Emergency Department and the Urgent Care Centre at Royal Blackburn Hospital.’ It would be very helpful for any future reports to be able to distinguish/separate out the findings from patients accessing the two services as the Urgent Care Centre provides a different level of service to Emergency Department.”

## References

NHS England (2017) <https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/ae-attendances-and-emergency-admissions-2017-18/> Accessed 18 April 2018

NICE Guideline (2017) <https://www.nice.org.uk/guidance/cg138/chapter/1-Guidance> Accessed 18 April 2018