



**Healthwatch Sutton  
A&E Report  
St Helier Hospital  
August 2018**



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# Executive Summary

## Background

Healthwatch Sutton was approached by Epsom and St Helier University Hospitals NHS Trust to see if a project could be carried out to collect the views of patients using A&E services. The request was in response to average scores for the Friends and Family Test despite good performance with regards to A&E waiting times. Healthwatch Sutton agreed undertake the project with the support of 'enter and view' volunteers.

## Project Delivery

Healthwatch Sutton analysed a large quantity of Friends and Family free text responses and identified the emerging themes. These were used to generate a series of questions about people's experience of A&E. In addition, Sutton Clinical Commissioning Group (CCG) asked for information about people's experience prior to attending A&E. Further questions were added to address this area.

During April and May 2018, volunteers visited the A&E department and offered patients 3 ways to complete the survey; on-line, paper (with freepost envelope) or a telephone call from our volunteers after they have returned home. Volunteers also visited patients in the Acute Medical Unit as all patients on this ward had passed through A&E. These patients were able to complete the survey, with the assistance of a volunteer, on the ward. In total, 12 visits were made to A&E and AMU by Healthwatch Sutton and Healthwatch Merton volunteers.

Eighty seven survey responses were received.

Following analysis of the responses the following commendations, recommendations and potential areas for improvement were identified:

## Commendations

**COMMENDATION** - For those patients that were told about waiting times, 54% stated that the wait was shorter than they were told, 41% stated the wait was about as long as they were told and 5% stated the wait was longer.

**COMMENDATION** - On average, all staff groups were highly rated from 1-5 (1 - Very poor, 5 - Excellent). Receptionists 4, nurses 4.5 and doctors 4.5 on this scale. This is reflected in the positive comments received for each staff group.

**COMMENDATION** - Only 2.5% of respondents stated that staff at the Emergency Department did not address the reason for their visit. Approximately, 20% stated their reasons were met 'to some extent'. Nearly 80% felt that the reason for their visit was 'definitely' met.

## Recommendations

**FINDING** - Of those that had waited in the Emergency Department (excluding 'Don't know/ can't remember'), 58% stated that they were not told how long they would have to wait.



**RECOMMENDATION** - Look at ways to improve communication with patients about waiting times. Potentially research other Emergency Department's patient information systems concerning waiting.

**FINDING** - Of the patients who gave an opinion on the fairness of the order in which people were seen in the Emergency Department, 78% thought that it seemed fair with the remaining 22% stating that it did not seem fair.

**RECOMMENDATION** - Investigate reasons behind perceived unfair order of seeing patients. If some situations are unavoidable, look to improve information to patients to explain prioritisation of patients.

**FINDING** - Removing those patients who did not want pain relief, 22% stated that they didn't ask for any but needed it and a further 5% stated they asked for it but didn't receive it.

**RECOMMENDATION** - Review processes in place to address pain relief on arrival at the Emergency Department to identify potential ways to improve access to pain relief and ensure that those who have identified a need are able to receive medication where appropriate.

### Potential Areas for Improvement

**FINDING** - The table for Q23 shows 'what happened' when patients contacted a variety of services before attending the Emergency Department giving qualitative information about their experience. Most of which show that patient were directed to the service. A notable exception is no. 32 that identifies difficulties accessing a GP as the main driver for Emergency Department attendance.

**RECOMMENDATION** - Sutton CCG to work with Epsom and St Helier hospital to review this feedback to see if actions can be identified to ensure that patients use the most appropriate services.

**FINDING** - Eighteen percent of people completing the survey stated that they had received conflicting information from staff or another health professional either during or after their visit.

**RECOMMENDATION** - Investigate the possibility to further research to identify the causes of patients receiving conflicting information and any potential solutions

### Next Steps

This report has been formally submitted to the Chief Executive Officer of Epsom and St Helier University Hospitals NHS Trust and the Managing Director of Sutton Clinical Commissioning Group. Healthwatch Sutton will request a response from these organisations to the commendations and recommendations that we have made.

If you would like to be kept informed of developments and see the responses to this report, please sign up to become a member of Healthwatch Sutton on our website [www.healthwatchsutton.org.uk](http://www.healthwatchsutton.org.uk) or by calling our office on 020 8641 9540. All responses will be published on our website.

# National Picture

Since 2008 all A&E departments at acute hospitals have been given a target of admitting, transferring or discharging 95% of patients within a 4 hour period. In 2018, as pressure increased on A&E departments across the country, the government put the target on hold. The reasons for this increased pressure have been varied. Difficulty accessing GP services, an increasingly elderly population and staff shortages, have all been cited as factors in this change in NHS performance.

The NHS also had concerns nationally that A&E patients were using A&E when other NHS services may be more appropriate. Locally, CCGs are investing in initiatives to increase local people's understanding of appropriate use of services (e.g. advertising on buses).



# Rationale

To date, Epsom and St Helier University Hospitals NHS Trust have performed strongly in delivering the 4 hour target for A&E. For a considerable period, the Trust delivered the highest performance across all London acute Trusts. Performance has declined across the vast majority of hospital Trusts. Recently however, Epsom and St Helier hospitals have continued to outperform most London Trusts in this area. Despite this strong performance, the Trust has achieved average scores for the A&E Friends and Family Test. This is a national initiative that measures patients' experience of services by asking users how likely it would be for patients to recommend the service to friends and family. The Trust had also noticed a decline in the scores over a 12 month period. To address this, the Trust approached Healthwatch Sutton to see if we could gather more detailed evidence of the main issues relating to the A&E service that they provide. As the vast majority of London Borough of Sutton residents only use St Helier hospital, the focus was on St Helier hospital only and not Epsom hospital. Healthwatch Sutton agreed to develop and implement a project to capture patients' views and produce a report that could be used to improve service delivery for patients.

At the same time, Sutton CCG was interested to know whether people who had attended A&E knew about alternatives, or whether they had contacted other services prior to attending A&E. If they had contacted or attended another service, Sutton CCG wanted to understand what circumstances had led to them accessing A&E services.

# Background Research

In order to understand which specific areas of the A&E service should be part of this project, Healthwatch Sutton conducted an audit of existing patient feedback.

Analysis was carried out using approximately 15000 A&E Friends and Family Test responses that had been collected by the Trust during the previous 12 months. The Friends and Family Test is a patient feedback system used across England to measure the quality of services from a patient's perspective. The Test asks people how likely they would be to recommend an NHS service to friends and family. This question is followed up by a free text question asking respondents to give a reason why they have given their 'likelihood' score. These free text responses were analysed after being narrowed down to those individuals that had expressed a negative response. Over 1000 responses were separated in to specific themes.

These are the main themes that emerged from this audit.

- Seeing very few people waiting but waiting a long time
- Being sent home with less treatment than expected
- Receptionists/doctors/nurses being rude
- Receiving no/poor information about waiting times
- Receiving a better/different diagnosis from a GP the following day
- Receiving conflicting/different advice/diagnosis after/or during the visit to A&E
- Being left in pain while waiting (for long periods)
- Staff forgetting to instigate procedures/losing notes & tests and patients finding out hours later (x-ray etc.)
- Lack of compassion/understanding from staff
- Not receiving adequate information from clinical staff about the issue and self-management, next steps etc.
- Poor communication between staff and/or other external related organisations (social care/GP etc.)
- Not being seen in the order of arrival (and seeing people who seemed less in need being seen before you)

The A&E National Patient Survey for Epsom and St Helier University Hospitals NHS Trust was published 2017. The Trust scored 'About the same' in every section of the survey in comparison with other Trusts.





# Methodology

Using the intelligence gathered, Healthwatch Sutton developed a series of questions that could be used to gather a greater insight in to the experience of patients using A&E. These were themed around:

- Experience of waiting
- Managing pain
- Rating and commenting on staff (nurses, doctors, receptionists)
- Addressing patients' needs
- Being given consistent information
- Experience of accessing other services prior to A&E attendance
- Demographic information

The method of collecting the views of patients who have used A&E posed a series of challenges. The most significant challenge is creating a methodology that allows patients to share their experience after they have left A&E. This is particularly difficult due to the fact that patients are most easily approached to ask permission to take part in the survey when they arrive at A&E. However, at this point, they have had little or no experience of use the service and as such would be unable to feedback. Once patients have left the service they can take a variety of different pathways. An approach had to be developed that allowed us to speak to patients at the beginning of their journey through A&E and also allowed patients to complete the survey at a point, later in time when they had finished using the service.

We spoke to the Trust prior to the full development of this project to ask permission to speak to people who are waiting in the A&E department waiting area. It was proposed that Healthwatch Volunteers (Sutton and Merton) would approach people in A&E to gain permission from them to take part in this work. Following discussions with A&E staff, we extended the areas within the hospital that we would approach people to also include the Clinical Decision Unit and the Rapid Assessment Area (both with A&E). We also spoke to patients who were staying on the Acute Medical Unit (AMU) as all the patients on this ward had been through A&E. Many AMU patients had been brought in by ambulance so this method ensured that their experience was captured as we would not be able to approach these patients in the A&E waiting area. As patients in AMU had already left the A&E department, this gave us an additional advantage as they were able to complete the survey on the ward.

We developed a variety of ways that patients could complete the survey in order to maximise responses:

## Telephone Interview

Our preferred method was telephone interview. Patients completed a contact form with their telephone number and availability. They signed a declaration that stated that they were willing to take part. Our volunteers then rang the participant several days after their A&E attendance and completed the survey over the phone.

### **Paper survey**

Patients could take a paper copy of the survey to complete once they had left A&E. We gave these people a free post returns envelope to make it easier to return the survey to us.

### **On-line survey**

Patients were given a paper slip with a web address where they could complete it online. We included a QR code on the slip that could be used with a smart phone to take you straight to the web address without typing it in.

### **AMU**

Patients who were in AMU had completed their visit to A&E and as such could complete the full survey in the hospital with the support of a volunteer.



# Delivery

A Project Briefing meeting was held for all staff and volunteers involved in delivering this project. The briefing covered the following:

- Summary of the aims of the project
- Procedure for all visitors attending the hospital
- The A&E environment
- Methods offered to patients to respond
- Safeguarding policy and procedure (raising issues with hospital staff)

As St Helier hospital provides services to a large number of Merton residents, Healthwatch Sutton approached Healthwatch Merton to see if they would like to support this project. It was agreed that Healthwatch Merton volunteers would be offered the opportunity to join the teams visiting A&E.

Healthwatch staff and volunteers from both Healthwatch organisations made 12 visits to A&E and AMU. These visit lasted approximately 2 hours. Times of visits varied and included late evening and weekend visits. Initial concerns about patients' willingness to take part were not realised as we found that the vast majority were very willing to participate. Hospital staff were very welcoming and supportive.

The different ways that patients could respond had varied success. The following numbers of responses were received for each method.

Response Method	No. of Responses
Online	6
Post	23
Telephone	16
AMU	42

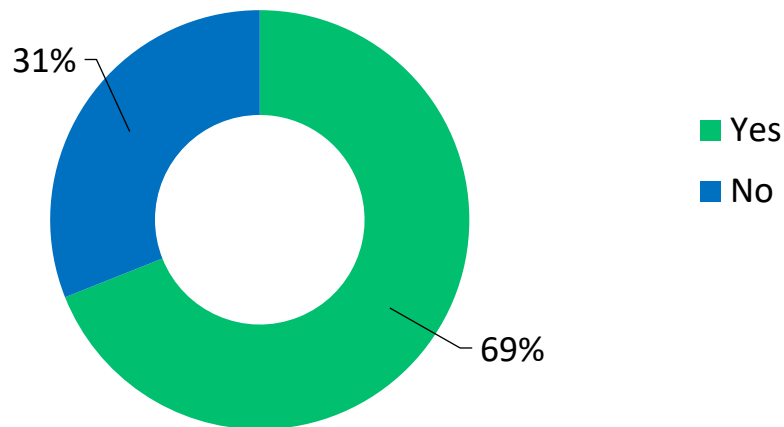
Capturing responses with the support of the volunteer in AMU delivered the largest number of responses. Telephone interviews were relatively successful with approximately half the number who signed up for this method completing the survey. Difficulties reaching people and contact form anomalies affected the success rate. Over 100 paper survey were given to patients with 23 surveys received through the post (estimated response rate of 20-25%). Online was the least successful method. We distributed around 80 online slips and received 6 online responses.

In total, we received 87 responses to the survey.

# Findings

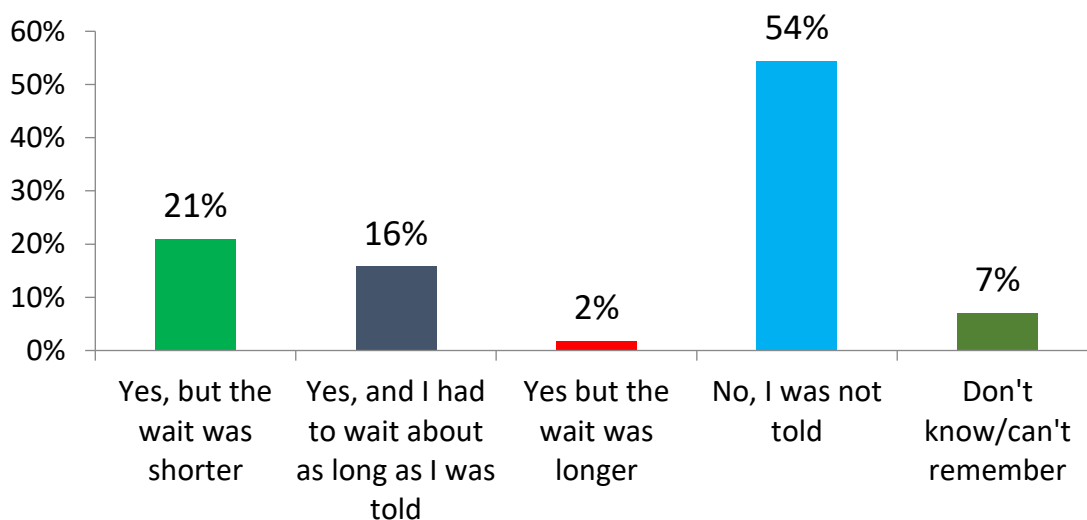
## Waiting

Q2. Did you wait in the Emergency Department (A&E) before being seen?



Over two thirds of respondents had waited in A&E, the remaining third are likely to be patients who came in via ambulance and admitted to the Acute Medical Unit (AMU).

Q3. Were you told how long you would have to wait to be examined?



Of those that had waited in the Emergency Department (excluding 'Don't know/ can't remember'), 58% stated that they were not told how long they would have to wait.

For those patients that were told about waiting times, 54% stated that the wait was shorter than they were told, 41% stated the wait was about as long as they were told and 5% stated the wait was longer.



## Q4. What information were you given about the waiting time?

In total, 26 comments were made about the information received about the waiting time. The comments varied considerably from positive to negative. Here is a sample of variety of comments made.

Seen immediately

Anything up to 4 hours wait.

I was told to wait there and will be seen soon

Not given any info

Will take up to 30 minutes but it was quicker

No information given

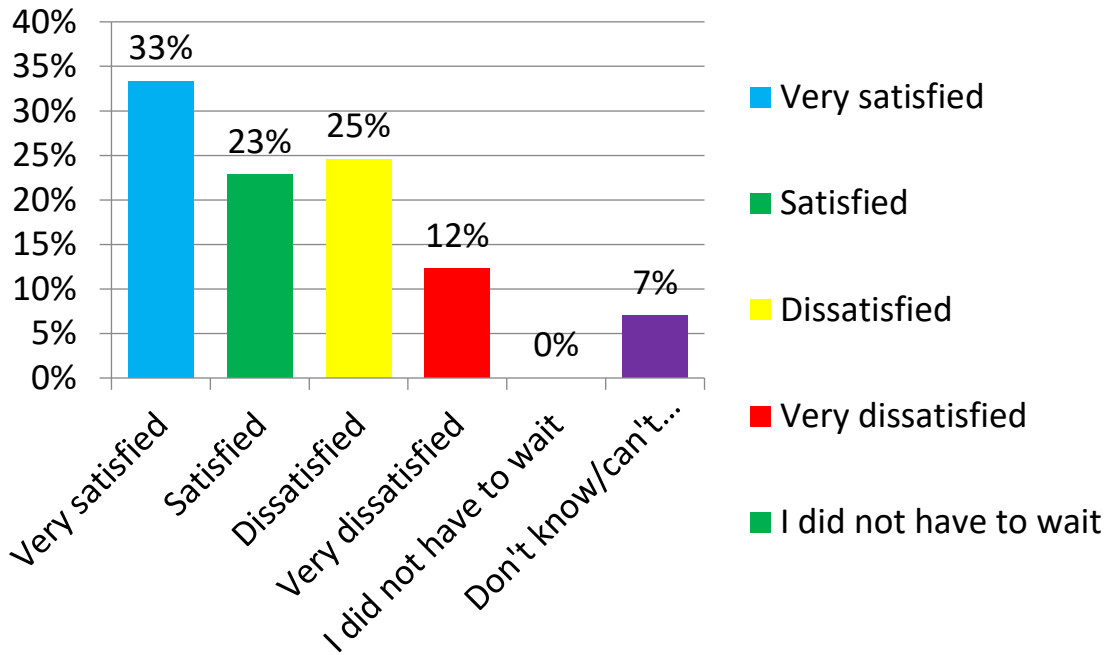
That it wouldn't be long

Told time which was about correct

Receiving support and being kept informed. Follow up phone call support + providing contact No if needed.

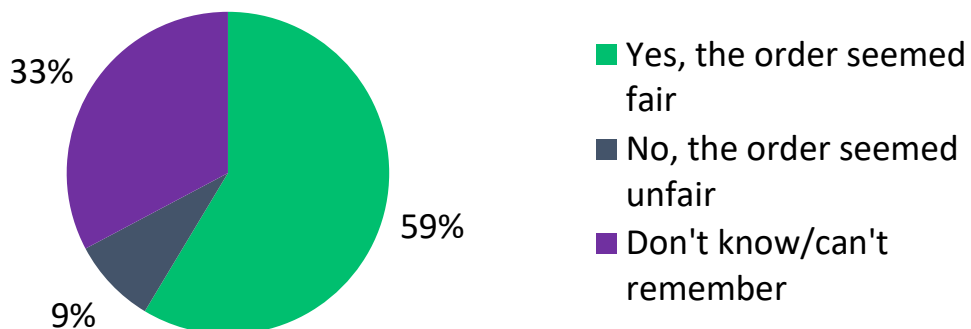
Was told that there would be a long wait

### Q5. Please rate how satisfied you were with the amount of time you waited to be seen



Excluding respondents who answered 'don't know/ can't remember', 60% expressed a level of satisfaction with the amount of time they waited with the remaining 40% showing a level of dissatisfaction. Over a third of patients were 'Very satisfied' with the waiting time to be seen.

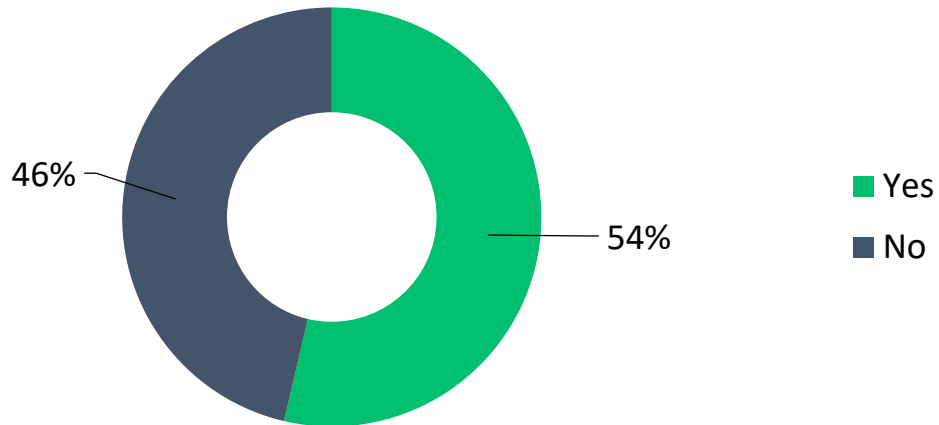
### Q6. Thinking about the order that people were seen by staff in the emergency department. Did you feel people were seen in the right order?



Of the patients who gave an opinion on the fairness of the order that people were seen in the Emergency Department, 78% thought that it seemed fair with the remaining 22% stating that it did not seem fair.

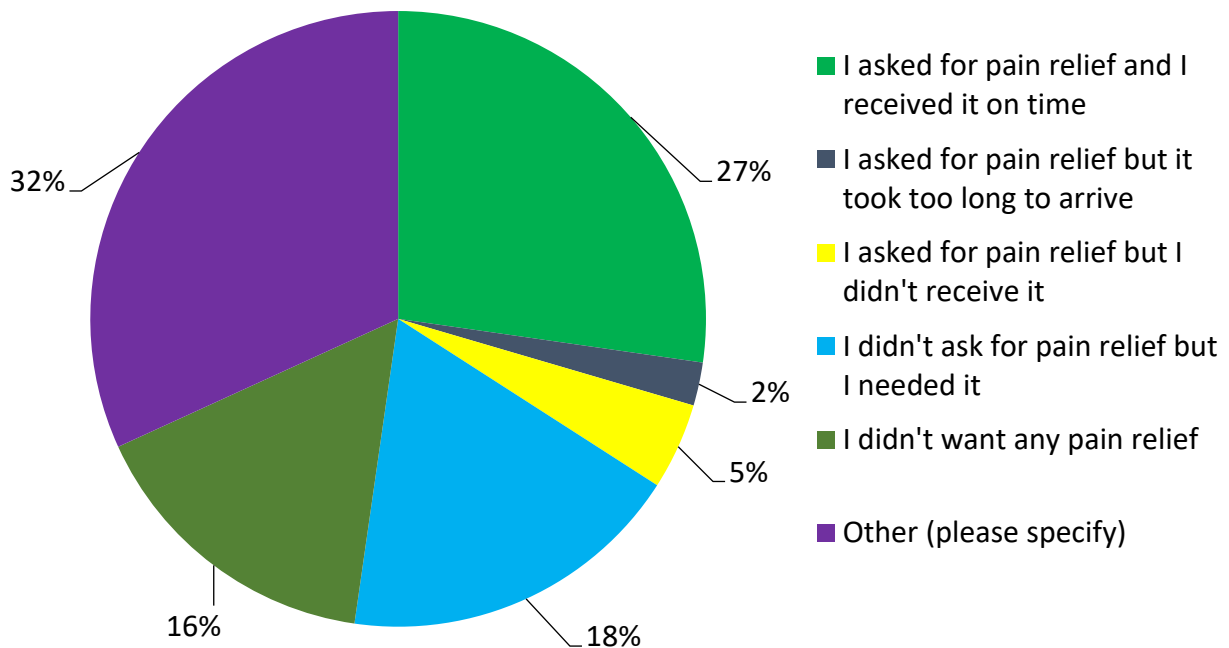
# Pain

Q7. Were you in any pain while you were in the Emergency Department?



More than half of the patients advised that they were in pain when they were in the Emergency Department.

Q8. Which of the following statements best describes your experience of pain in the emergency department?



Approximately 30% of patients chose 'other' for this question. When specifying why they had selected 'other' they gave the following reasons.

Was offered pain relief tablets while with doctor

Had to be assessed first.

Gave me Nitro Glycerine and morphine

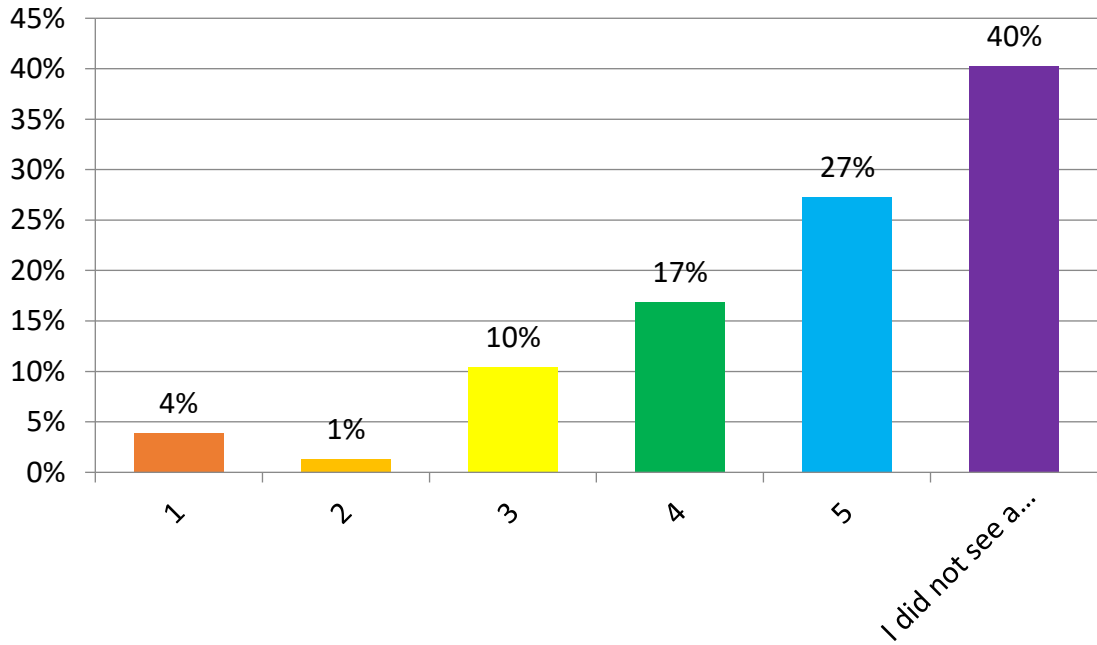
I had fallen down so gave me pain relief pills.

I had a stroke so they took me straight in.

Removing those patients who did not want pain relief, 32% asked for it and received it on time, 22% stated that they didn't ask for any but needed it and a further 5% stated they asked for it but didn't receive it.

### Staff

Q9. Please rate the receptionist(s) at the Emergency Department from 1 to 5 (1 is very poor, 5 is excellent)



The average rating for the receptionist was 4.0 from 46 responses.



## Q10. Any comments about the receptionist(s)?

People made the following comments about receptionists.

3 reception windows but only No 2 being used thus while taking my details, she had to deal with other people at the same time. Why she could not have a colleague deal with them I do not know? I had to wait at barrier some time before being seen.

Didn't give any information about waiting just said nurse would see me shortly that was it.

Friendly, no issues

Excellent, took good care of me

Had to wait for 4 hours during that time I was thinking they will benefit from customer care training

Kind and polite – they were very helpful for someone in my condition

Most courteous

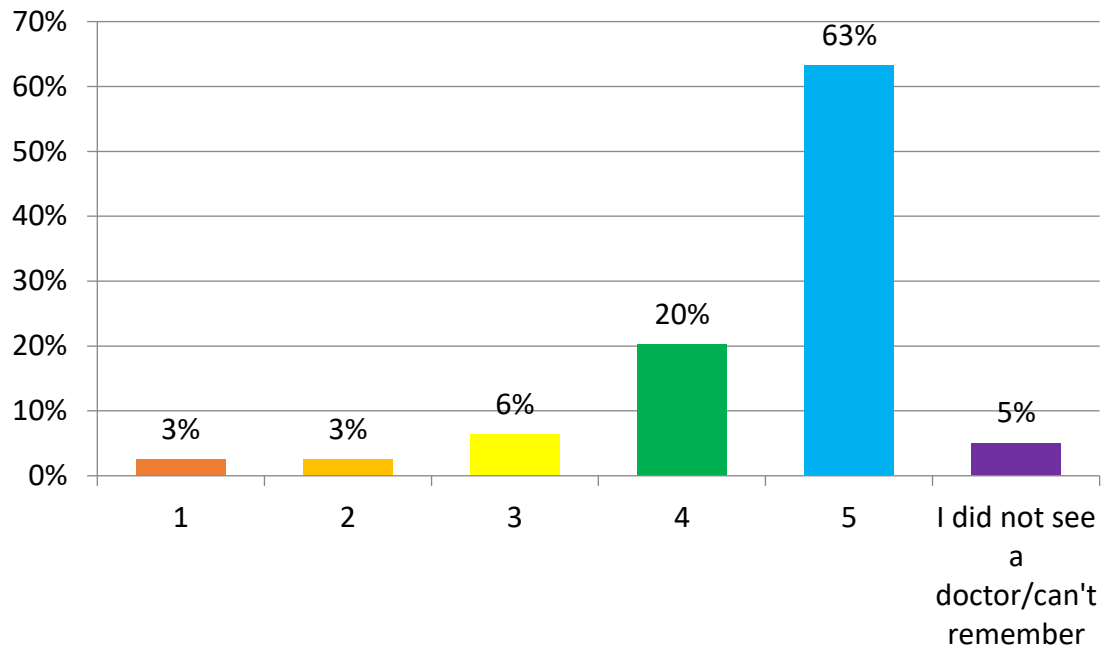
Polite and friendly

They were really helpful

Very good, she arranged someone to see me quickly as I was in great pain. They gave me morphine.

Very helpful. I am pleased

### Q11. Please rate the doctor(s) at the Emergency Department from 1 to 5 (1 is very poor, 5 is excellent)



The average rating for the doctors was 4.5 out of 5 from 75 responses.

### Q10. Any comments about the doctors(s)?

People made the following comments about doctors. There were many general positive statements like 'excellent' and 'very good'. These are the more specific responses.

Did very well above their duties - very pleased

Dealt with me very quickly as I was very anxious.

Excellent doctor, she explained everything in detail and clearly.

Doctors were very good, different doctors visited - bit confusing

I find there are certain Doctors who are brilliant and listen and take in consideration how you're feeling and what you think but others don't listen and just send you away

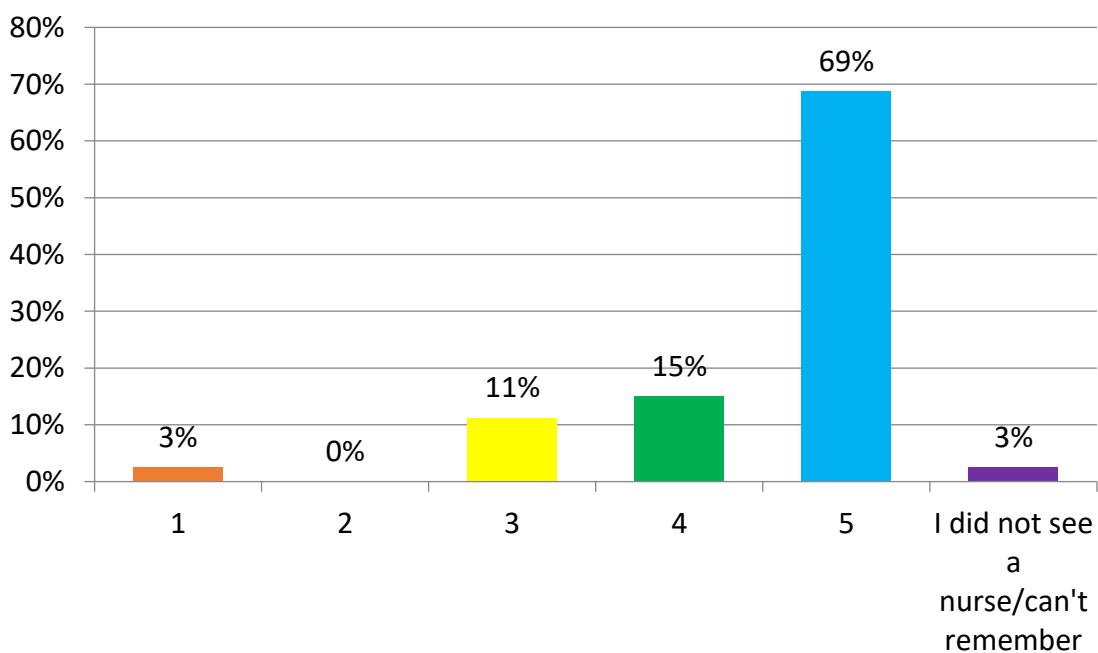
Very good - kept me and my family informed of what was happening too.

To tell the right waiting time as was told 1 hour to get blood test results and waited 3 and was they for a total 10 hours to be told to come back tomorrow

Not enough information given. Almost treated like school children. Difficult to see any doctor in day time for asking questions

The doctor who dealt with me was most helpful and made sure I was admitted to AMU and not referred to ACU.

Q13. Please rate the nurse(s) at the Emergency Department from 1 to 5 (1 is very poor, 5 is excellent)



The average rating for the nurses was 4.5 out of 5 from 78 responses.

## Q10. Any comments about the nurse(s)?

People made the following comments about nurses. There were many general positive statements like 'excellent' and 'very good'. These are the more specific responses.

Asked nurse for drink of water, replied, "I am not your servant"

Doing good job every one - day as well as night staff

I asked for pain relief, didn't get any had to wait until see doctor for pain relief which was hours

Excellent. Wish they can get more money  
Very kind and helpful and gave cup of tea

I thought that there was one nurse who was not caring. However, other young nurses were very caring and helpful

Most of them without any manners and sympathy

Lovely nurse. Polite and friendly

Short of staff and nurses

One nurse's communication skills could be improved

Triage nurse- she was efficient and helpful in providing pain relief tablets (she was the only nurse performing good role)

Quick and efficient

One or two seemed less professional than the majority

Saw nurse who was very good and took my blood for blood test

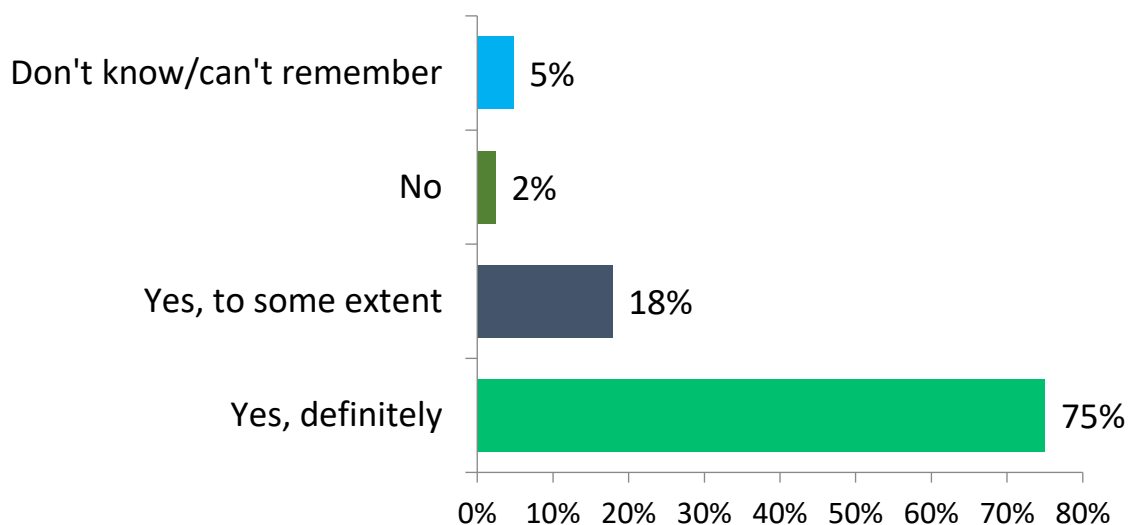
Nurses had very limited knowledge of waiting time

Put my mind at rest



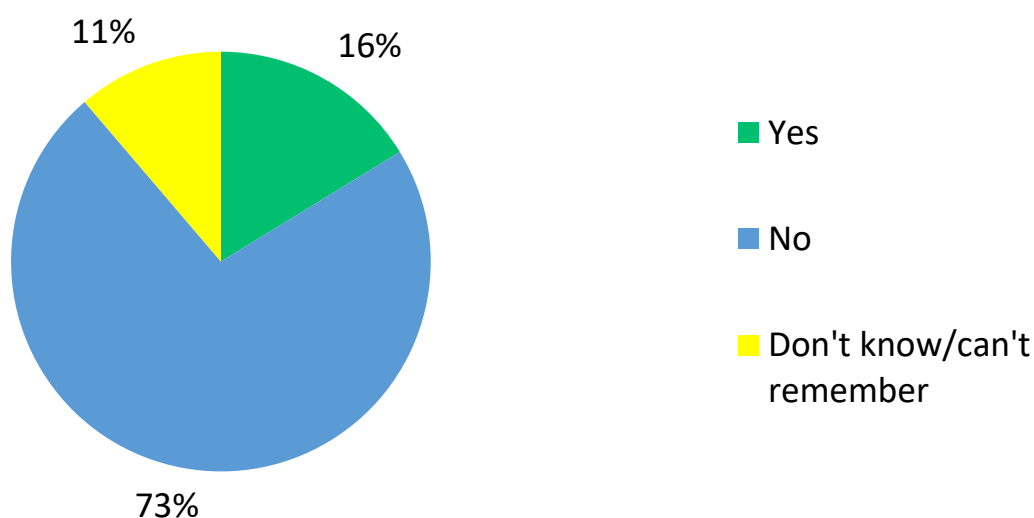
## General

Q15. Overall, do you feel that staff at the Emergency Department addressed the reason for your visit?



Despite the feedback received from the themed analysis of the Friends and Family Test showing that some patients felt that the reason for their visit had not been addressed, only 2.5% (removing 'Don't know/ can't remember') of respondents stated that this was the case. Approximately, 20% of respondents did not feel that the reason for their visit had been fully met. Nearly 80% felt that the reason for their visit was met fully.

Q16. Were you given conflicting or different information either during or after your visit to the Emergency Department (A&E) by staff or another health professional (i.e. GP, pharmacist)?



Eighteen percent of people completing the survey stated that they had received conflicting information from staff or another health professional either during or after their visit.

Q10. Please use the box below to share any other feedback about your visit to the Emergency Department (A&E). (Further responses can be found in Appendix B)

I did not know that I could call 111 and book an appointment with out of hours GP. I did not had to wait for an A&E

Although I had to wait a long time I felt that was OK. After I had a scan I asked receptionist where I should wait and I was sent to the wrong place and then sent back which was mildly irritating. Staff were all friendly and helpful.

My visit lasted well over 12 hours with a total of about 15 mins contact time with doctors/Scan technicians. I felt completely forgotten for most of the time. At least 3 patients with the same condition came and went while I sat there. I spent 7 hours in excruciating pain before a doctor took 3 mins to assess my issue and finally give me pain relief that actually addressed my pain. Then waited hours for CT scan and more hours to get results and consultation. All in all an awful experience

I was told that I was moving and to pack my things, as it took time for me to pack, then was told that not moving now.

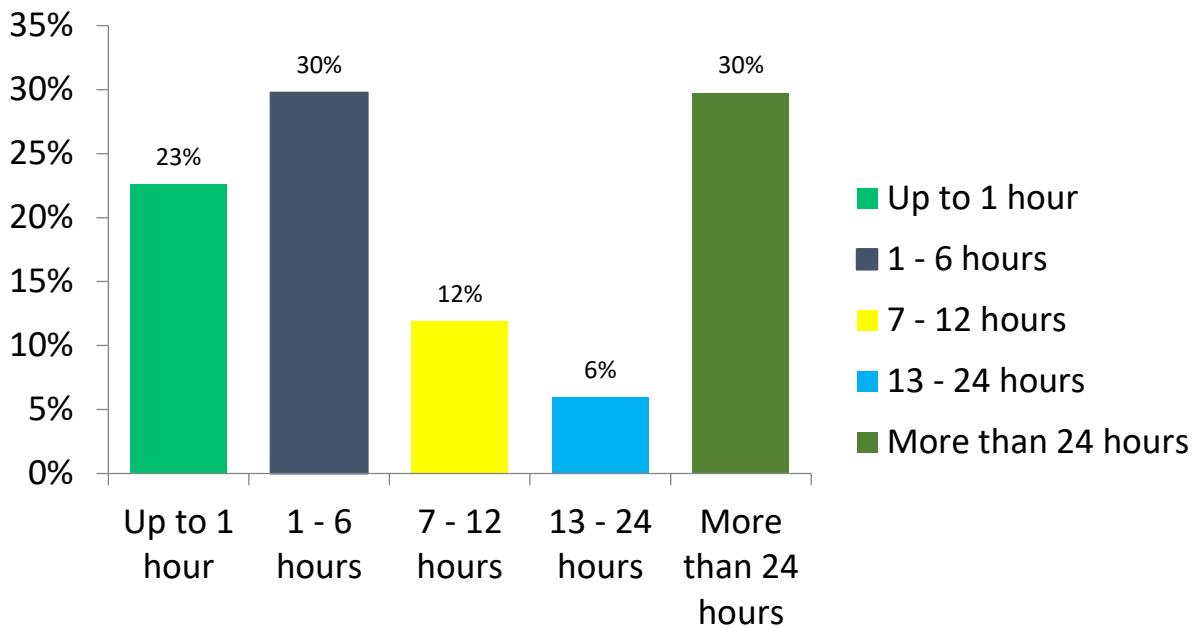
Treated with care, respect and dignity

There should be higher level of staffing at A&E. Central Government should supply more money to A&E

#### Themes

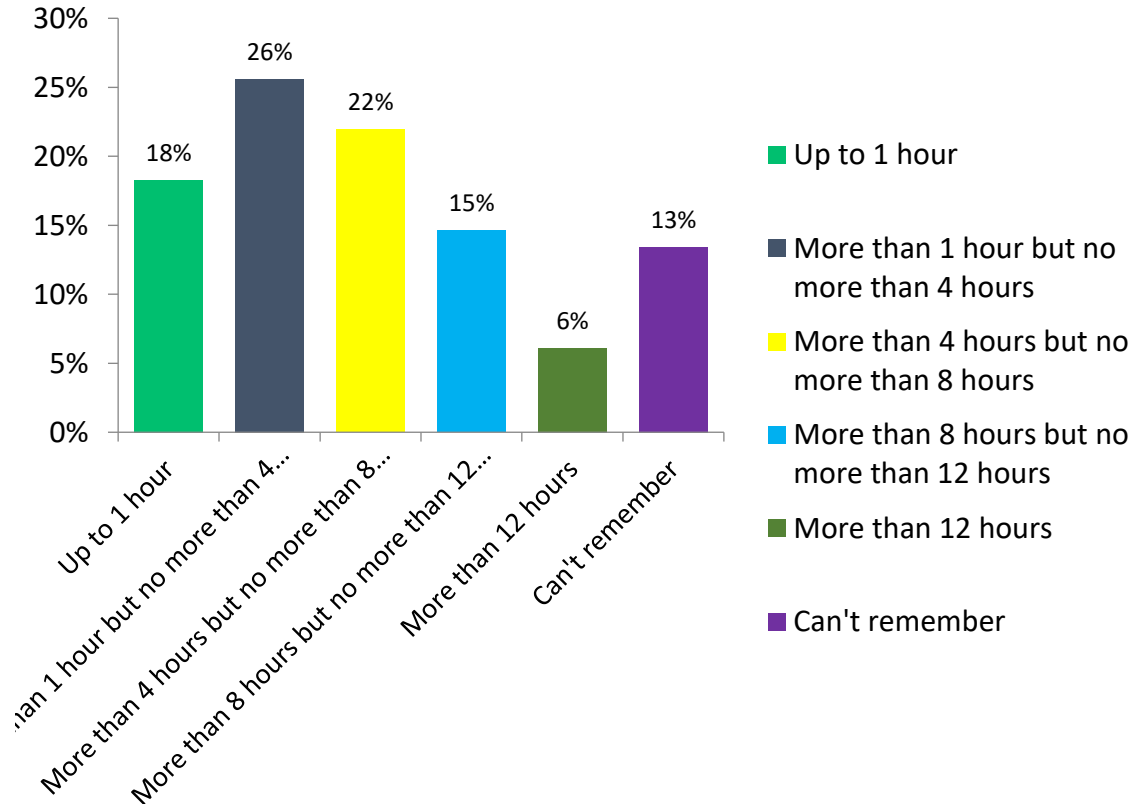
- Waiting times and information about waiting times.
- Positive - wonderful, marvellous, helpful
- More money/staff for A&E
- Some mis-communication, mis-information received by some patients.

## Q18. How long have you felt unwell before you came to A&E?



The amount of time that patients had felt unwell varied considerably.

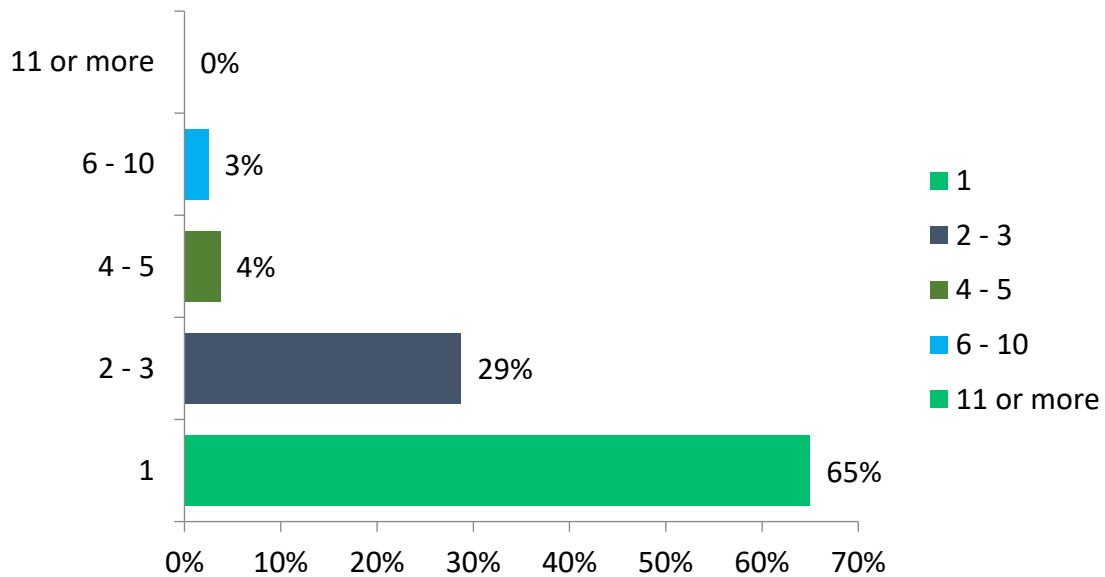
## Q19. Overall, how long did your visit to the emergency department last?



Removing those respondents who 'Can't remember', 51% stated that their visit to the Emergency Department lasted less than 4 hours with the remaining 49% advising that their visit

lasted more than 4 hours. Approximately a quarter stated that their visit was 8 hours or more, of which 7% advised that their visit was more than 12 hours.

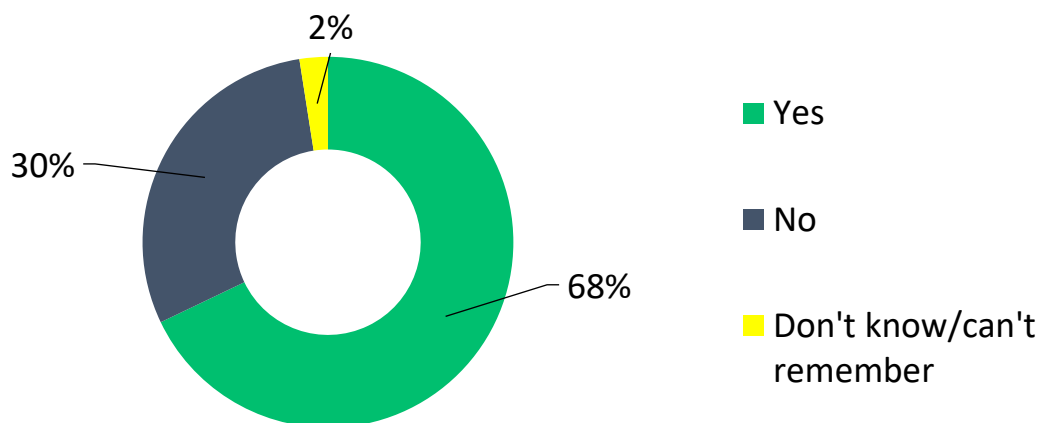
### Q20. How many times have you been to A&E this year?



For nearly two thirds of respondents, this was their first visit to the Emergency Department this year.

### Before Visiting the Emergency Department

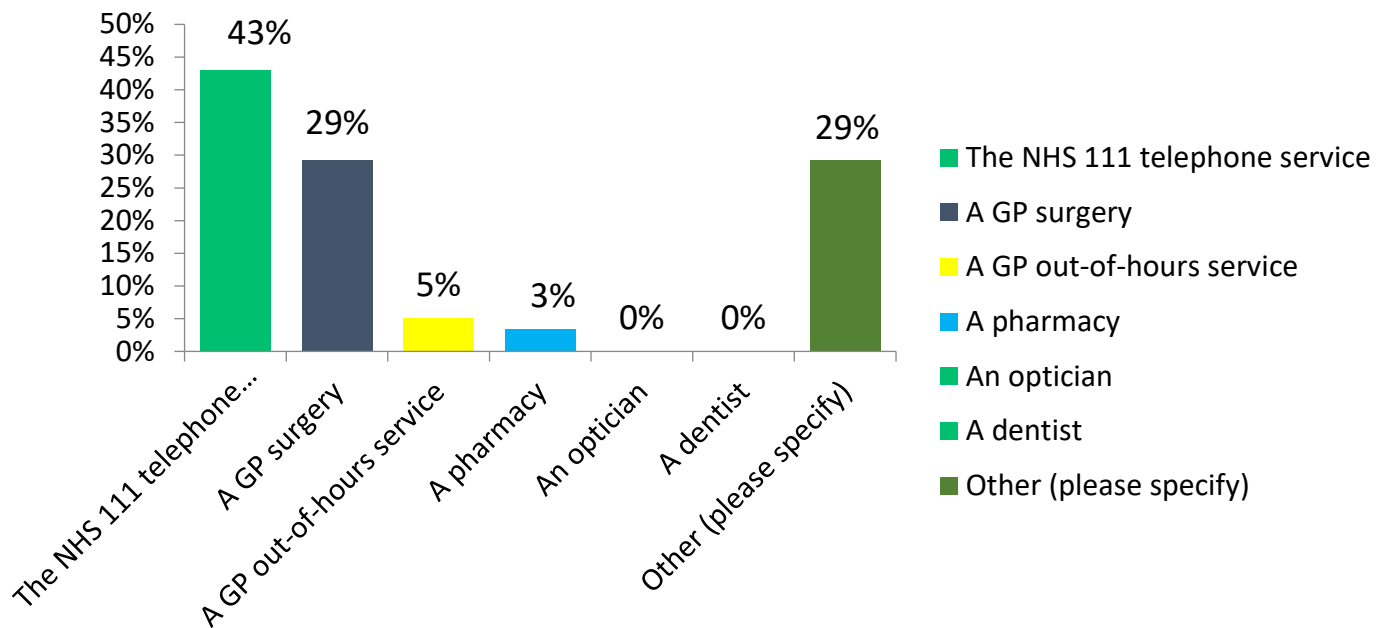
#### Q21. Before coming to the Emergency Department, did you go to, or contact, any other services?



More than two thirds of survey respondents confirmed that they had gone to (or contacted) another service or services before coming to the Emergency Department.



## Q22. Which of the following services did you go to or contact? (please tick all that apply)



Nearly 30% of patients gave 'Other' as their response to this question. When specifying this response, 8 of the 17 comments advised that they had contacted emergency services (999). Other responses included:

- Attended outpatient department
- Doctor visited home
- Live in Shelter Housing. Pulled cord to get emergency help.
- Paramedics came to help
- Pressed Emergency Alarm (Pendant)
- Referred to A&E
- Respiratory clinic
- Social services Falls Team were involved as well as Physio
- Warden called Ambulance
- 999 - did not know that can contact 111

The largest group (43%), contacted the 111 service before coming to the Emergency Department followed by 29% referred from a GP surgery. A small number contacted or visited the GP Out-of-hours service or their local pharmacy.



## Q23. What happened when you contacted them?

The table below shows responses by service that the patient visited/contacted.

No	Contact	What happened
1	111	Dealt with me very quickly
2	111	Asked lot of questions then arranged a doctor to visit me at home, gave me Antibiotics, arranged a nurse to visit me who phoned St Helier and arranged ambulance. Had to wait for 3 hours for ambulance.
3	111	Ambulance came
4	111	Ambulance came within 15 minutes
5	111	They called Ambulance which arrived very quickly as I was lying on floor.
6	111	Ambulance came
7	111	Ambulance came and took me to AMU
8	111	Directed to go to A&E
9	111	Not very efficient passed on the phone call
10	111	Person at the other end - 111 organised an ambulance
11	111	Ambulance brought me to hospital
12	111	After asking me lot of questions, they asked me to go A&E.
13	111	GP sent hospital for blood test. NHS 111 suggested to go St Helier A&E
14	111	They asked many questions and decided to send me by ambulance to St Helier Hospital
15	111	Advised to go to "out of hours service" at St Helier. There I was given antibiotics and was advised to come back if *** get worse.
16	111	They told me to go to A&E within 4 hours of making call
17	111	I was very weak but had to repeat my symptoms again and again and again on telephone. In the end had to call 999 and had to wait for Locum Doctor. Though very hard working staff at hospital
18	111	They called ambulance which arrived within 10 minutes - very impressed.
19	111	Ambulance was sent
20	111	Was asked to go to A&E and ambulance came to collect.
21	111	Told to ring for ambulance
22	111	I rang them and as I would have had to wait for someone to ring me within 24 hours I asked if it was ok to go to a walk in centre. They said I could go to St Helier Hospital.
23	111	Was told to go A&E
24	GP	GP arranged the visit to A&E
25	GP	GP called ambulance services to take me straight to Hospital.
26	GP	District nurse arrived to visit me.
27	GP	Referred A&E. They were waiting for me
28	GP	Language problem being Tamil speaking. GP sent to A&E, now have been in AMU for many weeks.
29	GP	Asked me to go A&E
30	GP	GP referral to A&E
31	GP	Was sent straight to Hospital

32	GP	I asked for appointment and was told Monday - Fortnight, even though I was in pain and am 70 years old. I then went to my own surgery but told that I can not get any help as it was lunch time. I asked them if I can go to A&E, they asked me not to. I was told that if I rang them back at 1.00 pm, I can get emergency consultation. I did but telephone was engaged for many minutes, that's why I went to surgery to find out, but they said that they can not help me.
33	GP	Contacted A&E
34	GP	GP sent to A&E
35	GP	Given letter and was asked to go to A&E.
36	GP	They booked me an "emergency" appointment for that afternoon. When the doctor saw me he immediately said I should be in hospital, had an ambulance called for immediate arrival and contacted A&E medical staff to arrange direct admission to Resus.
37	GP	Sent me to A&E
38	GP	They referred me to A&E with suspected DVT
39	OoH GP	Called ambulance
40	OoH GP	Advised to go to A&E
41	Other	Pressed Emergency Alarm (Pendant) - They called ambulance, which was very quick.
42	Other	999 - Ambulance came quickly and brought me. They knew about my case and problem.
43	Other	999 - Ambulance came within 20 minutes
44	Other	999 - Ambulance came within 10 minutes
45	Other	999 - Ambulance escorted me
46	Other	999 - Came to A&E then to ward very quickly
47	Other	999 - Did not know that can contact 111. Ambulance came
48	Other	Attended out patient - Referral to A&E - this is a normal pattern - got used to now.
49	Other	Doctor visited home - Decided need of x-ray and blood test
50	Other	Live in Shelter Housing. Pulled cord to get emergency help - Ambulance arrived.
51	Other	Paramedics came to help - Paramedics carried out the ECG but decided (due to my past history) to send me to St Helier for blood test. My chest pain continued. Test were negative on ECG
52	Other	Rang for ambulance - Was taken to A&E
53	Other	Respiratory clinic - Had been to respiratory clinic and was told to go to A&E
54	Other	Social services Fall team were involved as well as Physio
55	Other	Warden called Ambulance, Ambulance came very quickly and took me to hospital
56	Other	Wife dealt with it - Have no idea what happened next
57	Pharmacy	-

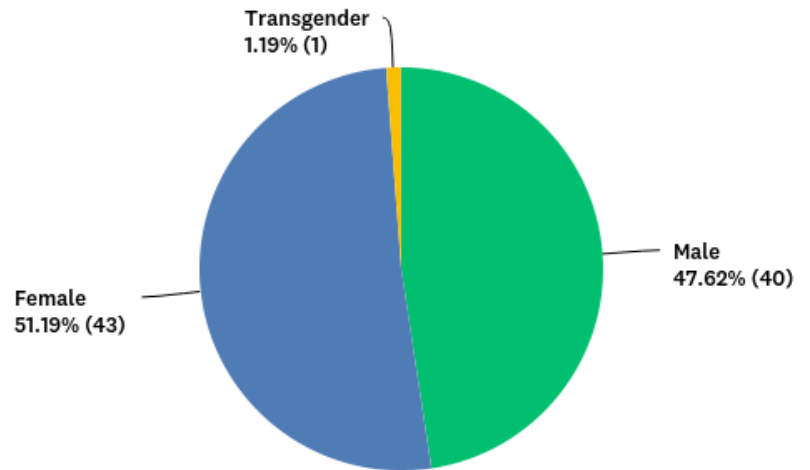
Unsurprisingly, people who contacted other services before coming to the Emergency Department were then either directed to the Emergency Department or taken there by ambulance. Although the case in comment 32 is not reflected as a theme through other similar comments, this example does show that difficulties accessing another service can lead to a visit to the Emergency Department.

## Demographics

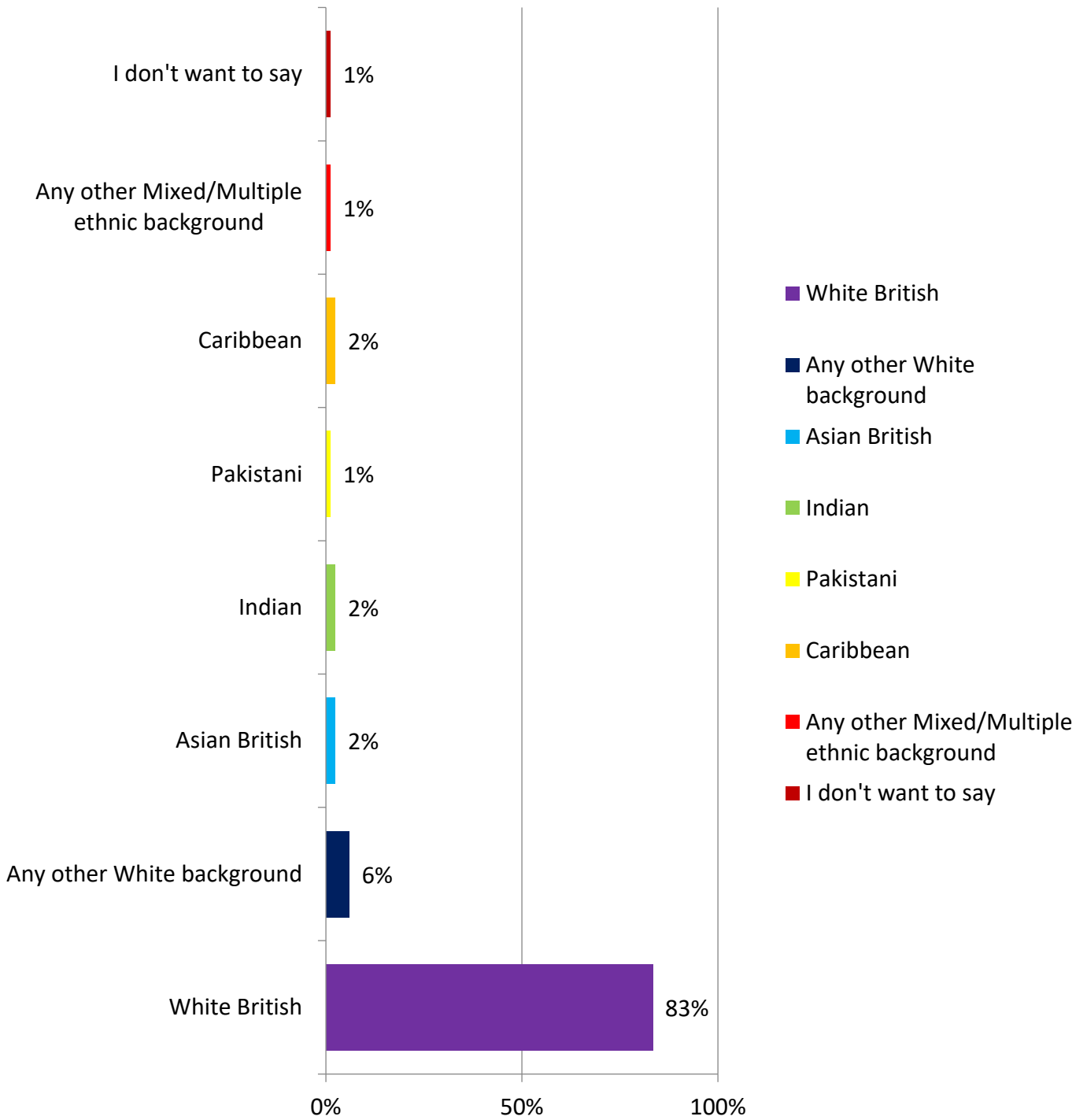
Q23 How old are you?

Age	No. of Respondents
0-24	3
25-34	4
35-44	6
45-54	4
55-64	9
65-74	20
75-84	18
85-94	16
95+	3

Q25 What is your gender?



## Q26. What is your ethnic group?



# Commendations, Recommendations and Potential Areas of Improvement

## Commendations

**COMMENDATION** - For those patients that were told about waiting times, 54% stated that the wait was shorter than they were told, 41% stated the wait was about as long as they were told and 5% stated the wait was longer.

**COMMENDATION** - On average, all staff groups were highly rated from 1-5 (1 - Very poor, 5 - Excellent). Receptions 4, nurses 4.5 and doctors 4.5 on this scale. This is reflected in the positive comments received for each staff group.

**COMMENDATION** - Only 2.5% of respondents stated that staff at the Emergency Department did not address the reason for their visit. Approximately, 20% stated their reasons were met 'to some extent'. Nearly 80% felt that the reason for their visit was 'definitely' met.

## Recommendations

**FINDING** - Of those that had waited in the Emergency Department (excluding 'Don't know/ can't remember'), 58% stated that they were not told how long they would have to wait.

**RECOMMENDATION** - Look at ways to improve communication with patients about waiting times. Potentially research other Emergency Department's patient information systems concerning waiting.

**FINDING** - Of the patients who gave an opinion on the fairness of the order in which people were seen in the Emergency Department, 78% thought that it seemed fair with the remaining 22% stating that it did not seem fair.

**RECOMMENDATION** - Investigate reasons behind perceived unfair order of seeing patients. If some situations are unavoidable, look to improve information to patients to explain prioritisation of patients.

**FINDING** - Removing those patients who did not want pain relief, 22% stated that they didn't ask for any but needed it and a further 5% stated they asked for it but didn't receive it.

**RECOMMENDATION** - Review processes in place to address pain relief on arrival at the Emergency Department to identify potential ways to improve access to pain relief and ensure that those who have identified a need are able to receive medication where appropriate.



## Potential Areas for Improvement

**FINDING** - The table for Q23 shows 'what happened' when patients contacted a variety of services before attending the Emergency Department giving qualitative information about their experience. Most of which show that patient were directed to the service. A notable exception is no. 32 that identifies difficulties accessing a GP as the main driver for Emergency Department attendance.

**RECOMMENDATION** - Sutton CCG to work with Epsom and St Helier hospital to review this feedback to see if actions can be identified to ensure that patients use the most appropriate services.

**FINDING** - Eighteen percent of people completing the survey stated that they had received conflicting information from staff or another health professional either during or after their visit.

**RECOMMENDATION** - Investigate the possibility to further research to identify the causes of patients receiving conflicting information and any potential solutions





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# Appendix A

## Arrival

**1. Did you wait in the Emergency Department (A&E) before being seen?**

- Yes (Go to Question 2)
- No (Go to Question 6)

**2. Were you told how long you would have to wait to be examined?**

- Yes, but the wait was shorter
- Yes, and I had to wait about as long as I was told
- Yes but the wait was longer
- No, I was not told
- Don't know/ can't remember

**3. What information were you given about the waiting time?**

**7. Which of the following statements best describes your experience of pain in the Emergency Department?**

- I asked for pain relief and I received it on time
- I asked for pain relief but it took too long to arrive
- I asked for pain relief but I didn't receive it
- I didn't ask for pain relief but I needed it
- I didn't want any pain relief
- Other (please use the free-text box below)

**4. Please rate how satisfied you were with the amount of time you waited to be seen.**

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied
- I did not have to wait
- Don't know/ can't remember

**5. Thinking about the order that people were seen by staff in the emergency department. Did you feel people were seen in the right order?**

- Yes, the order seemed fair
- No, the order seemed unfair
- Don't know/ can't remember

## Pain

**6. Were you in any pain while you were in the Emergency Department?**

- Yes (Go to Question 7)
- No (Go to Question 8)

## Staff

**8. Please rate the receptionist(s) at the Emergency Department from 1 to 5 (1 is very poor, 5 is excellent).**

- 1
- 2
- 3
- 4
- 5
- I did not see a receptionist/Can't remember

**9. Any comments about the receptionist(s)?**

**10. Please rate the doctor(s) at the Emergency Department from 1 to 5 (1 is very poor and 5 is excellent).**

- 1
- 2
- 3
- 4

5

I did not see a doctor/Can't remember

**11. Any other comments about the doctor(s)?**

**12. Please rate the nurse(s) at the Emergency Department from 1 to 5 (1 is very poor and 5 is excellent).**

- 1
- 2
- 3
- 4
- 5
- I did not see a nurse/Can't remember

**13. Any comments about the nurse(s)?**

**14. Overall, do you feel that staff at the Emergency Department addressed the reason for your visit?**

- Yes, definitely
- Yes, to some extent
- No
- Don't know/can't remember

**15. Were you given conflicting or different information either during or after your visit to the Emergency Department (A&E) by staff or another health professional (i.e. GP, pharmacist)?**

- Yes
- No
- Don't know/can't remember

**16. Please use the box below to share any other feedback about your visit to the Emergency Department (A&E).**

**17. How long have you felt unwell before you came to Emergency Department?**

- Up to one hour
- 1 – 6 hours
- 7 – 12 hours
- 13 – 24 hours
- More than 24 hours

**18. Overall, how long did your visit to the emergency department last?**

- Up to 1 hour
- More than 1 hour but no more than 4 hours
- More than 4 hours but no more than 8 hours
- More than 8 hours but no more than 12 hours
- More than 12 hours
- Can't remember

**19. How many times have you been to the Emergency Department (A&E) this year?**

- 1
- 2 -3
- 4 - 5
- 6 - 10
- 11 or more

## **NHS Services**

**20. Before coming to the Emergency Department, did you go to, or contact, any other services?**

- Yes (Go to Question 21)
- No (Go to Question 23)
- Don't know/can't remember (Go to Question 23)

**21. Which of the following services did you go to or contact? (please tick all that apply)?**

- The NHS 111 telephone service
- A GP surgery
- A GP out-of-hours service

- A pharmacy
- An optician
- A dentist
- Other

**22. What happened when you contacted or visited them?**

**About you (all optional)**

**23. How old are you?**

**24. What is your gender?**

- Male
- Female
- Transgender
- Other
- I don't want to say

**25. What is your ethnic group?**

- Arab
- Gypsy or Irish Traveller
- White British
- Any other White background
- Asian British
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background
- Black British
- Caribbean
- African
- Any other Black background
- Any other Mixed/Multiple ethnic background
- I don't want to say

# Appendix B

Q10 Please use the box below to share any other feedback about your visit to the Emergency Department (A&E).

Although I had to wait a long time I felt that was OK. After I had a scan I asked receptionist where I should wait and I was sent to the wrong place and then sent back which was mildly irritating. Staff were all friendly and helpful.
Documents were apparently lost between St Helier and St Georges Hospital. Then it took hours to find bed.
Everyone was wonderful
Had to be admitted.
I did not know that I could call 111 and book an appointment with out of hours GP. I did not had to wait for an A&E
I was taken to a ward - there seemed to be no leadership. However, the staff were very good but I got different advice about the medicine.
I was told that I was moving and to pack my things, as it took time for me to pack, then was told that not moving now.
Marvellous
Most helpful people
My visit lasted well over 12 hours with a total of about 15 mins contact time with doctors/Scan technicians. I felt completely forgotten for most of the time. At least 3 patients with the same condition came and went while I sat there. I spent 7 hours in excruciating pain before a doctor took 3 mins to assess my issue and finally give me pain relief that actually addressed my pain. Then waited hours for CT scan and more hours to get results and consultation. All in all an awful experience
Need more staff, nurses
Non-medical staff did not have a clue especially the receptionist, kept being told need to be seen by a nurse. In the end daughter rang consultant who came to see immediately as he was expecting her.
Not given any answer
One member of staff was very authoritative. She could have explained me the procedures of going home.
Saw a doctor in outpatient who was unaware about condition. When I told them to contact Marsden Hotline, due to my condition - then they did.
Sent straight to resus by ambulance so bypassed waiting system. AMU setup seems ideal for the purpose. No pressure to bring your own stuff in is sensible for unplanned admissions. Food decent! Probably need more staff, but no surprise there!
Staff need to know waiting times and should tell them at reception what that is and nurses should be made aware of this
Suggestion - To make a visit a better experience - .provide a clock so people can handle waiting easier - Provide a TV screen listing informing people, how long they have to wait and whom they will see. - there were two toilets, but I was worried to use them in case I miss my turn. -
There should be higher level of staffing at A&E. Central Government should supply more money to A&E
They were all excellent. Good to have opportunity to say "Thank You".
Treated with care, respect and dignity

Triage nurse very helpful and understanding.
Ultimately I saw a doctor - she was more interested to tell me how busy she was. I was told that I may have a ***** and required a scan. But due to bank holiday, it was shut. I will not be able to get one until 2 days time. I was given injection and was sent home.
Very good service. They all work in very difficult situations. Went to A&E at 9.30 and was seen very quickly but had to wait in A&E area for 24 hours till they found me bed. Limited food and drinks were available. Staff did their best. Later on MRI scan was done. Some staff were unaware of my presence.
Very helpful, no complaint
Very satisfied
Well organised and efficient





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