

## Understanding people's experiences of attending the Emergency Department at the Northumbria Specialist Emergency Care Hospital

### What we did

During November 2018 the Healthwatch teams from Northumberland and North Tyneside heard from 309 people attending the Northumbria Specialist Emergency Care Hospital (NSECH) in Cramlington. We asked people to complete a questionnaire with us about their experience whilst in the waiting area of The Northumbria. 75% of the people we spoke to were attending the Adult Emergency Department and 25% were parents or carers visiting the Paediatric Emergency Department with their child. The people we spoke to were those who independently visited the emergency department and therefore views from those who arrived by ambulance are not included within this report.

We talked to people over 14 three-hour sessions between 9am to 9pm, covering both weekdays and weekends, over various times of the day to understand any common themes in experience.

We wanted to know about people's treatment journey not just their experiences of using NSECH, therefore, findings and actions often relate to system-wide issues which need to be addressed through a multi-agency approach. Considering the responses, we recommended actions for consideration by Northumbria Healthcare NHS Foundation Trust (NHFT) and Northumberland and North Tyneside Clinical Commissioning Groups (CCGs) either separately or jointly according to each organisation's responsibilities.

### Key issues identified

#### Access to, and understanding of other services

A key reason people gave for their use of The Northumbria was the availability of other services.

Access to **GP services** were heightened as an issue, particularly at weekends and evenings. 35% of people told us they had contact with their GP practice and been advised to attend, only 3% told us they had tried to contact their practice but were unable to access. People told us that they did not try to contact their GP because they either thought the practice was closed when they needed it or felt they 'wouldn't have got a GP appointment'.

**NHS 111** was used by 20% of the respondents from North Tyneside and 18% in Northumberland. Most considered their experience to be positive.

People told us they were often **uncertain about where to go for treatment**. This included:

- What services are available at different sites e.g. *'I'm not sure if Rake Lane has an x-ray so came here for my sprained ankle'* or
- Unsure what services are where – e.g. *'maybe a walk-in centre if I knew where there were'* and *'I thought this was a walk-in centre'*
- Thought they would be referred here anyway – e.g. *'I could have been treated at Wansbeck (General Hospital), but I thought they would send me here anyway so coming here 'cuts out the middle man'*.
- Some people told us that they had been to other UTC or Walk -In services but they were given the option to come to the Emergency department due to waiting times or felt it likely they would be referred here anyway.

When people talked to us, they also indicated that they didn't understand language used for different services including 'Urgent Treatment Centre'.

We also identified that it was common for people to make their decision on the choice of going to their GP or going to hospital rather than seeing a range of different services based on levels of need.

### **Paediatric care**

We spoke to 76 parents and families attending Paediatric Emergency Department at the Northumbria with a child. People discussed positive experiences of using the services including, friendly staff approach and past experiences of quality care. There was a consensus that The Northumbria was the appropriate place for care for children. It appeared that other services often referred children to The Northumbria by default, this seems to include NHS 111, primary and urgent care services. Services sometimes signposted people directly or following being seen by their service initially, which meant people had to wait for both services.

### **Use by the local community**

We identified that some patients using The Northumbria were visiting due to it being the closest hospital and not necessarily the one most suited to their health needs. Local people indicated that they have 'a great hospital on their doorstep' and they would 'be draft to drive past this place to go somewhere else'.

### **Alternative place of treatment**

50% of respondents told us they would have preferred to be treated elsewhere. This including 19% say they thought they could have been treated at their GPs.

If they were advised by GP, NHS111 or other, to go to the Emergency Department, some people felt they should have been able to be treated more locally or given a choice of where to attend.

### **Getting to The Northumbria**

80% of the people we spoke to had arrived at The Northumbria by car, the second highest mode of transport used was taxis (7%). People spoke to us about significant issues relating to getting to and from the hospital. The key concerns identified related to:

- The lack of public transport available, particularly overnight and issues around connectivity from certain areas (especially from Northumberland and the southern parts of North Tyneside)
- Poor signage for both public transport services and the hospital often meant people were unsure of when and where to get off buses
- The lack of public transport meant that often people relied on a friend or family member to drive, if people were unable to do so they often had to get a taxi which was costly
- Car parking at The Northumbria was commented on both positively and negatively, this often depended on busyness of the car park when people attended. People were happy with the low costs (at the time it was fixed at £1) but also discussed issues around capacity

### **Our reflections on access and the waiting environment**

We also made the observations below about opportunities to improve the service user experience of the Emergency Department waiting area. We have shared this information with Northumbria FHT, and they have begun to address several of the recommended actions.

Overall, our team found the area very clean, well maintained, pleasant and calm, and identified the following issues:

- Potential accessibility issues for people with physical impairments
- Accessibility issues for people with hearing impairments.
- Limited access to refreshments after 7pm
- Lack of facilities for people needing to charge phones to keep in contact
- Regular updating of triage times to keep patients informed
- Transaction charges for the charge machine being a barrier for those who need to travel by taxi/public transport, or those people who have long waits and need to purchase refreshments
- Regular updating of the bus timetable and availability of bus info when the reception has closed
- Lack of signage and directions to and from the bus stops

- Lack of car parking capacity at busy times

## Overview of recommended actions

We have recommended a number of actions for consideration by Northumbria Healthcare NHS Foundation Trust (NHFT), North East Ambulance Service (NEAS) and Northumberland and North Tyneside Clinical Commissioning Groups (CCGs) either separately or jointly according to each organisation's responsibilities.

### 1. Communications and navigating services

- a) CCGs and Northumbria FNT to work with NHS111, GPs and service providers to ensure messages about pathways and what services are available where are clearly communicated based to the public. This should also involve increasing awareness about GP appointment availability and out-of-hours support. Healthwatch and Patient Participation Groups/Patient Forums should be involved in this.
- b) Review messages from staff to patients across the system to ensure people are receiving the best advice for them.
- c) Talk to local people to better understand the language they use about services so that future communications can be tailored to be accessible and make sense to those who use services.
- d) Review communications about paediatrics services so that staff, other services (GPs & NHS 111) and the public better understand what services are available where.
- e) Northumbria FHT and Northumberland CCG review how best to manage patients who live locally rather than trying to stop them from coming.

### 2. Transport

- a) Further explore what public transport is currently available from different local areas to The Northumbria Hospital and consider working with bus companies to increase the number of services from across the catchment.
- b) Work with bus companies to pull into the hospital grounds (rather than passing by) and review messages on buses and bus stop signage so people know when they are close to The Northumbria Hospital.
- c) Review current provision of public transport information within hospital. This should include ensuring bus timetables and information is available 24 hours a

day in entrance lobby.

- d) Review car parking strategy at peak times and explore the potential to extend to make additional spaces available.

### **3. Facilities and Environment**

- a) Conduct a full access audit of the Emergency Department conducted by experienced team and follow up actions implemented.
- b) Provide a water fountain in the waiting area or similar so that people can access drink when shop/café is closed.
- c) Provide vending machines or similar so that people waiting in the evening can access food. Alternatively, identify a way that people will not miss their appointment when using the facilities downstairs.
- d) Consider providing a charging station or similar for mobile phones.
- e) Update waiting times regularly to keep users informed.
- f) Investigate a free or lower charging cash machine.

### **Next Steps**

**Healthwatch North Tyneside** is using this, along with similar research at the Urgent Treatment Centre, GP practices and the RVI to understand what people in North Tyneside do when they feel ill.

**Healthwatch Northumberland** is continuing to gather experiences of people using primary and urgent care services in the county as these services continue to develop.

### **Stakeholder responses**

#### **Northumbria Healthcare NHS Foundation Trust**

We would like to thank both Healthwatch Northumberland and North Tyneside for undertaking this important piece of research - in the waiting areas of the emergency department at The Northumbria hospital, Cramlington - where they spoke to those people who had attended independently.

At Northumbria, we value the views of our patients and their experience and this, alongside providing high quality, safe and caring services, is integral to our values and vision and helps us to continually improve.

We have welcomed this feedback by Healthwatch and their suggested actions, which have been discussed at executive level and with our partners across the health system. Some of which have already been actioned such as ensuring the bus timetable screen is always on 24/7, regularly updating waiting time information and implementing changes to the car park.

We are in the process of commissioning an independent charity to conduct a full access audit of the emergency department and looking at access and signage of our facilities. Our staff are fully supportive if anyone attends the department that has carer needs or requires any extra support or assistance and will always provide that extra help.

We have looked to see how we can further improve the environment of the waiting area and whilst we can't provide a free cash machine or install food and drink vending machines, we are looking at installing a water cooler, a charging station for phones and iPad and introducing a vibrating alert if people need to get food from the restaurant downstairs, which is open 24/7.

We will continue to work with our partners to improve communication and to ensure there are clear messages about the services available at The Northumbria especially about when you should attend the emergency department or where contacting another service is more appropriate.

### **North East Ambulance Service NHS Foundation Trust**

We use the same system, and in many cases the same people, to assess 111 and 999 calls. NHS 111 will only direct a patient to a service which is clinically appropriate for their symptoms. When the outcome is to send an ambulance or advise the patient to attend an emergency department, this is because we cannot rule out a clinical need without them being seen by an ambulance or hospital clinician.

Where it is appropriate, patients calling 111 are offered appointments in their own GP practice or appointments in a nearby extended hours GP practice. All these health services are listed on a directory which is kept up-to-date by the clinicians and operational management working in the service itself. So, if a patient is asked to attend a service further away than they expected, it may be that their nearer healthcare centre is unable to provide the care they need at that time.

### **North Tyneside Clinical Commissioning Group**

The paper has been discussed and reviewed by North Tyneside CCG and its formal response will be published in due course

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