healthwatch

What matters to people using A&E

A report for the NHS Clinical Review of Standards

February 2020

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Overview

In early 2019, NHS England used the *interim update* on the Clinical Review of Standards (CRS) to set out key evaluation criteria for the programme. These included a commitment that any new targets should drive improvement in patient experience.

Healthwatch has been helping NHS England to understand the impact of potential new targets by finding out what matters most to patients and the public when it comes to A&E.

- In March 2019 we published a benchmark of current user experience drawn from the feedback of almost 6,500 people between January 2016 and September 2018 covering A&E departments in 25 different local areas.
- This work was supported by exploratory national polling of 2,000 adults conducted in January 2019 to test out how representative the headline findings were.
- In October 2019 we published national polling exploring public understanding of the current and proposed targets. This research also looked at how people want to see performance data used (more detail can be found in Appendix B).

This briefing adds to our previous work by providing thematic analysis of field research carried out in six of the 14 hospitals testing the proposed A&E target. This includes:

- 330 face-to-face interviews with patients waiting in departments.
- 6,000 free text comments gathered by test-sites through the Friends and Family Test for the three-month period immediately prior to the testing.

The headline message

Across both our quantitative and qualitative evidence, the overwhelming message is that time alone does not dictate how people feel about their experience of A&E.

Focusing performance measures on simply tracking time spent in department, however it is measured, will not necessarily drive the improvements the NHS wants to see.

Our research shows that overall patient experience is also shaped by:

- The quality of clinical care they receive
- The quality and frequency of the communication
- The attitude of staff and whether they have the time to offer empathetic care
- Whether the A&E is working well with other services such as NHS 111 and GPs
- The quality of the A&E facilities themselves, including things that can make the experience of long waits easier on people, such as access to food and drink.

This doesn't mean waiting times are unimportant. Indeed, national performance against the current target is a serious concern and according to our national polling has left the public lacking confidence in the NHS. This cannot be ignored, and NHS England must work harder and with complete transparency to build public trust in the case for the new targets.

However, if the CRS realigns targets around patient priorities, and uses any roll-out of the new standards to help services do things differently, not just count differently, then this programme has a real opportunity to improve experiences for people in A&E.

The story so far

Good patient experience is an essential indicator of high-quality health care and should be central to national performance measures which aim to determine what success looks like for the NHS.

It has long been our view that while the current four-hour A&E target does help illustrate performance across the NHS, and can help identify system-wide problems, the lack of detail means it tells us far less about the quality of care people receive and their overall experiences.

In our *submission to the NHS Mandate Refresh for 2018/19*, we recommended that the Government should encourage the NHS to look at a broader set of performance metrics that give a rounder picture of people's experiences and create a more meaningful national conversation about how the NHS is doing.

Since the Clinical Review of Standards was announced in July 2018, we have been working to put patient experience at the heart of NHS England's thinking. We want any new targets to track what matters most to patients, drive positive patient-centred behaviour in departments and are understandable by the wider public.

Are the current proposals addressing what's most important to patients?

The proposals put forward by NHS England already cover four key areas that people say matter to them.

- **Consistent understanding of time of arrival**
  Under the current system, the moment the clock starts can vary between hospitals with some people having long waiting times to register before even progressing to A&E. The CRS has proposed introducing a consistent starting point, which is defined as the moment people arrive at the hospital. This is in line with when people think the clock should logically start and is a better reflection of the total time people are actually spending in A&E departments – from arrival to going home.

- **Increasing the emphasis on quick triage**
  An important priority for people arriving at A&E is quick assessment by an appropriately trained medical professional. This provides reassurance that the severity of their

condition has been assessed and to help them understand what will happen next. It is encouraging that NHS England have proposed a measure focused on the time to initial clinical assessment to support focus on this for all patients.

- **Treating the most urgent cases as priority**
  The majority of people we engaged with, either through our national polling or through our qualitative research, recognised that A&E should look after patients based on the severity of their clinical needs. The fact that NHS England's proposed new approach also looks to prioritise urgent conditions such as stroke, heart attacks and sepsis is in line with people's expectations.

- **Giving reassurance that people won't be left waiting excessively**
  In its progress reports, NHS England has indicated that, at pilot sites currently testing the proposed new standards, the move to an average measure for time spent in department has seen some people waiting slightly longer, but has also seen the proportion of people waiting longer than 12 hours decline compared to hospital trusts operating under existing standards. This is positive, though we still need to understand more about which groups will benefit and any potential risks.

However, there is still more NHS England could do to make the most of opportunities provided by the CRS to re-focus on what's most important to patients. This is where our evidence can be most useful.

More broadly, if new targets are recommended it will be essential to build confidence in the case for their change. NHS England need a clear plan for how they are going to do this, and should develop their approach in collaboration with hospital trusts and the wider system.

This plan will need to demonstrate how the new targets are driving improvement against each of the principles set out in the initial evaluation strategy for the programme. To reassure stakeholders across the sector, it will also need to show that performance is actually improving, and that the NHS is on course to meet the demographic, financial and structural challenges that have seen performance against the existing target slip in recent years.

Finding out about patient experience at the test sites

Since May 2019, fourteen hospital trusts have been collecting data based on the proposed new performance measures to test how they would work in practice.

As part of this work, NHS England asked our network to carry out patient experience evaluations across the A&E departments conducting the tests.

Healthwatch England was grant-funded by NHS England to commission six local Healthwatch to conduct this work, exploring what positive and negative A&E performance looks like for patients. The six local Healthwatch participating in the project were:

- Healthwatch Cambridgeshire
- Healthwatch Central West London
- Healthwatch Dorset
- Healthwatch Portsmouth
- Healthwatch Suffolk
- Healthwatch Wakefield

Each local Healthwatch conducted between 40 and 60 interviews with patients, family members and carers in A&E departments, all using the same interview guide (Annex 2).

Interviews were conducted in the A&E departments of the following Trusts:

- Cambridge University Hospitals
- Imperial College Healthcare
- Poole Hospital
- Portsmouth Hospitals
- West Suffolk Hospital
- Mid Yorkshire Hospitals

All interviews were conducted over an eight-week period between late September and early November. To ensure a variety of conditions in the A&E department were observed, timings of the visits at each site included, at a minimum:

- Two weekday mornings
- One weekday afternoon
- Two weekday evenings
- One weekend day

Healthwatch England conducted a thematic and sentiment analysis of patient interviews across all six test sites. A summary of our analysis is provided here, and we also provided all raw data from the interviews to NHS England to support the clinical standards review.

Our findings are not a representative portrayal of the experiences of all service users, but rather a qualitative account of over 300 individual experiences collected while proposed new performance measures were being trialled.

To help assess whether there were any broad changes in patient experience during the test-phase, we conducted analysis of 6,000 free text comments provided via the Friends and Family Test (FFT) between March and May 2019, prior to the beginning of the testing phase for new performance measures.

This additional analysis cannot tell us categorically whether there has been any change in sentiment or feedback, given the different approaches to gathering information and because we were only able to access FFT data for four of the six trusts, but it does provide useful context for the review.

Our work provides a snapshot of patient experience which points to wider issues. If the proposed new targets are rolled out, or if testing continues, we believe it would be valuable to carry out further research assessing patient experience before and after implementation to develop greater confidence in our conclusions about the impact on patient experience. Methodologies which could be considered include discrete choice experiments or replicating the Urgent and Emergency Care Survey in trusts which are testing or rolling out new standards.

What's most important to people?

Communication

What we found

Across all six Trusts we visited, communication was the theme that patients most frequently chose to comment on. One of our interview questions prompted people to share their experience of communication in A&E, but respondents often also chose to comment on communication in their responses to other questions too, linking communication to other aspects of their experience.

In general, people had mixed experiences of communication. While many made positive comments, a significant proportion of comments on communication were negative.

People who made positive comments about communication felt that they had understood what was happening at every stage of their care in A&E, and felt confident about what was going to happen next. They mentioned that staff had answered all their questions and explained any diagnosis made or treatment given.

Trust C
"Full explanation about what had happened and what to look for in the future - very clearly explained and leaflet given."

Trust F
"Very impressed by communication at all stages. Seemed very organised - told what would happen next. A&E was very crowded, but everyone stayed very calm. When there was a hold up, a nurse explained the situation."

However, many people told us that at different parts of their pathway through A&E, they didn't know what was going on or what would happen next. People wanted to know how long they could expect to wait until their next interaction with a health professional, but some told us they had no information or were given the wrong information.

Trust A
"I was unconscious, have not been told what is wrong."

Trust B
"She doesn't want to hassle people, but is still waiting for nurse to advise about waiting time or drip and needs that information to re-organise hospital transport. Staff don't seem to understand that she will be stuck now that she can't get to the 12.30 pick-up and doesn't know how she will get home when drip finishes. Needs more information and help contacting patient transport."

Trust C

"Have had usual checks and x-ray, now waiting for results. In the meantime, have started steroids but wasn't sure what they were for."

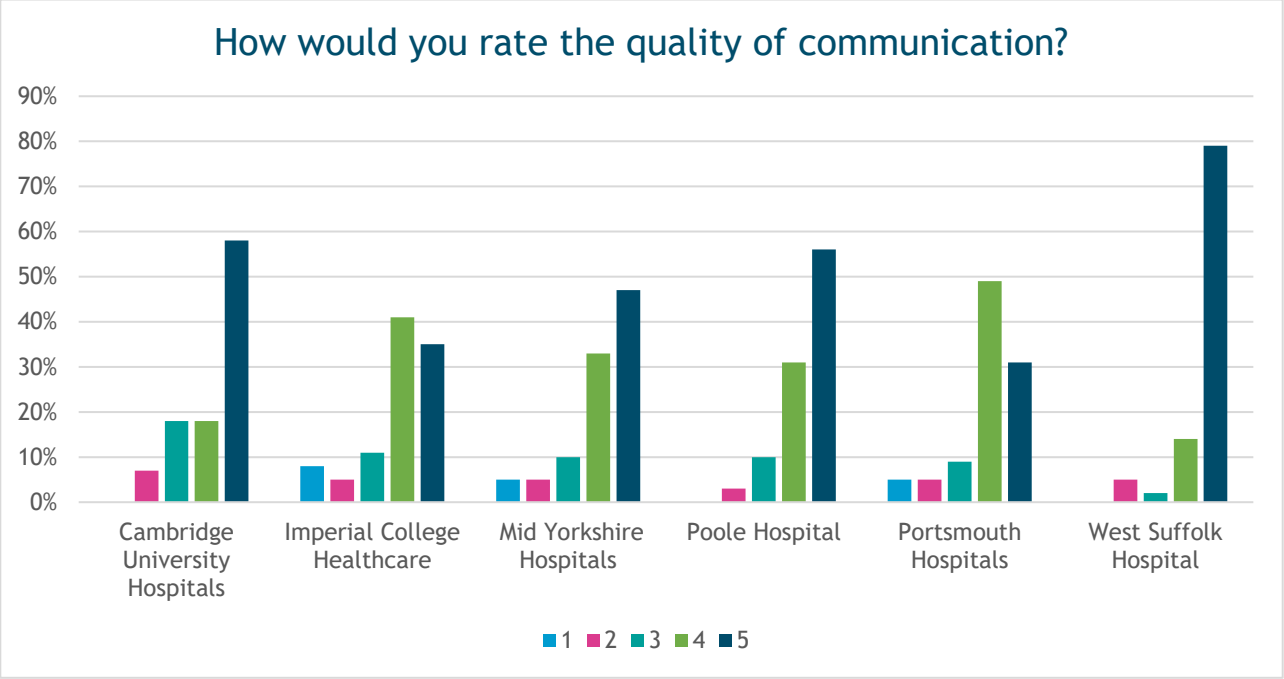
Trust E

"There was so much confusion about whether I was staying here or not. I'm type 1 diabetic and had hypo. Wife could have gone home [if we knew I was staying here]."

Trust F

"Waited 2.5 hours approximately in total, including triage in x-ray. Did not understand why as there were no other people in both departments."

We asked people to rate the quality of communication during their visit, where 1 was poor and 5 was excellent:



What it suggests

Our research indicates that effective communication is one of the most important elements of people's experiences in A&E, and can have a significant effect on whether they perceive their experience to be good or bad overall.

In general, people who felt they had clarity on what to expect from their visit to A&E were more satisfied with their experience, even if what they were told was not necessarily what they would like to hear (i.e. long waiting time or other issues).

Many factors influence the quality of communication in an A&E department, including workplace culture, staff levels, and staff workload. Performance measures can also have an

impact, by encouraging certain behaviours or patterns in patient flow designed to meet the four-hour target for time spent in department.

We would like to see the health system acknowledge the importance of clear and effective communication to patient experience in A&E, and treat it as a priority in evaluating performance. This may point to a need for greater focus on improvements in different parts of the system, e.g. staffing levels or training.

We would also like to see data and evidence gathered as part of national performance reporting used in more innovative ways to improve communication and give patients as much information about what they can expect as possible. For example, accurate real-time reporting of expected waiting times could be made available to the public, both online prior to their arrival and on-site in the department.

Time spent in department

What we found

Our *previous research*, and *polling conducted for this project,* has suggested that waiting times are less important to people than other aspects of their experience in A&E. Patient interviews conducted for this project show how people's subjective attitudes to the overall length of their visit are interlinked with and highly dependent on other aspects of their experience, as well as pre-existing expectations.

People who were satisfied with their waiting time often commented on how they had expected to wait much longer.

Trust D
"It Is a lot quieter than expected, thankfully."

Trust F
"I expected to wait longer before being seen. Waited for a short while, communication also much better than expected."

People who spent a long time in the emergency department frequently made no comment about the length of their visit if they were pleased with other aspects of their experience, particularly communication and quality of care.

Trust A
"Screen says 0 minutes but its 8-9 hours to see a Dr, but we have been seen by staff and they have told us all what's going on."

- A patient who has been in the department four and half hours so far and rated their time in department four out of five, commenting "they are doing a good job under immense pressure." The patient also rated their overall experience as a five out of five.

Trust C
" Saw a nurse +HCA very quickly. Treated with empathy. Observations, bloods were done very quickly. Had an X-ray then the Doctor came […] He has been kept well informed. He is satisfied. Feels that he has been dealt with quickly this time, as although he has been here since 03:00 he has been investigated. Feels that the actual discharge may hold him up."

- A patient who has been in department for seven hours, and rated their time in department and overall experience a four out of five.

Trust D
"Spoke to the front desk. Saw navigator nurse after 3/4 hour. Very helpful and polite. The experience has been better than expected. Quiet and relaxed atmosphere."

- A patient who spent more than four hours in the department but did not mention their overall wait and rated their time in department and overall experience four out of five.

Some people waiting a long time even chose to emphasise that they had a great experience.

Trust E
"Nothing has been too much trouble… I've received good care so far… It's quite surprised me really - they've been very good and above my expectations. They explain as they go along. They are all happy and nice to you. I'm quite happy but in pain."

- A patient interviewed in the AAU who spent seven hours in ED and rated their overall experience five out of five.

People also valued having an initial assessment quickly, and were less likely to perceive a long visit to the department as negative if they felt that something was happening to them at every stage (tests, further assessments).

Some people who waited a long time did make negative comments about this. Some mentioned that the waiting area was overcrowded. Many people who commented on long waiting times qualified their comments by saying they had expected this and understood that the system is under pressure.

Many people also made neutral comments about waiting time, simply saying that everything was "as expected" or that they expected a long wait.

Trust A
"I know It's busy and I know I have to wait."

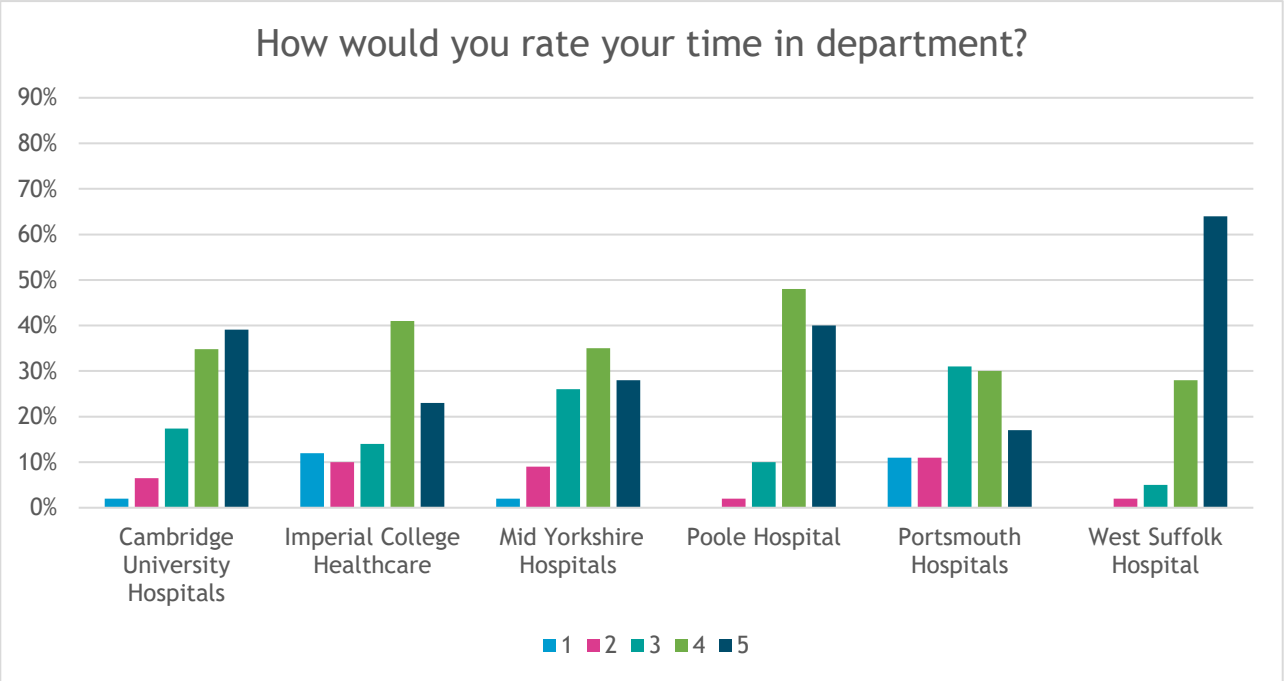
Trust B

"Quicker would be nice but understand why it is as it is.

Trust F

"A couple more hours to wait. Yes, I was expecting a lots of hours as A&E are usually busy."

We asked people to rate the length of time they spent in the department, where 1 was poor and 5 was excellent:



What it suggests

The comments people shared with us indicate that waiting time is only one factor in determining the quality of someone's experience in A&E.

While many people continue to have a good experience in A&E, they are aware that the system is not performing as well as it used to. Many people appear to be expecting less of the NHS based on their understanding of the pressures facing the system.

Negative comments shared with us about waiting times were frequently qualified by assurances of understanding or positive comments about staff, or a resignation to making the best of a situation that cannot be helped. As outlined below, people are grateful for the services the NHS provides and sympathetic to hard-working staff – it is possible that this makes them reluctant to complain or share negative experiences.

What people told us about waiting times shows that in some cases, people weigh up different aspects of their experience against each other, and do not find a longer visit to A&E unacceptable if other aspects of their experience are positive. This indicates that

performance measures which aspire to drive improvement in what's most important to patients – beyond time spent in the department - would be valuable to measuring success in A&E.

The Care Quality Commission's A&E patient experience survey found that people's responses in 2018 reflected a level of patient satisfaction broadly similar to that of 2016. While 41% of people reported that their visit lasted longer than four hours, the timeframe in which the NHS aims to see and treat patients, only 21% of people would rate their overall experience below a 7 on a scale 1 of 10. This suggests most people have continued to have an overall positive experience during a period when performance against the four-hour target has continued to decline.

This supports our assertion that waiting times are not the only factor which determines the quality of people's overall experience. But the fact that patient satisfaction has remained the same despite declining performance against the 4-hour national target over this period could also mean that people are lowering their expectations.

If overall performance continues to decline, the health system will be at risk of losing public confidence. Polling we conducted in July 2019 found that confidence in the NHS to meet current waiting time targets in A&E is already low. Nearly half of all respondents (46%) were not at all confident that the NHS will meet the current targets. Only 8% were very or moderately confident that the NHS will meet waiting time targets nationally, with a further 24% saying they were 'slightly confident' and 14% 'somewhat confident'.

Staff attitude

What we found

After communication, staff attitude was the issue most frequently raised across the patient interviews. However, in contrast to the significant proportion of negative comments on communication, patient comments on staff attitude were overwhelmingly positive. Patients expressed that staff were polite, understanding, empathetic, and professional. Patients were also grateful when staff listened and involved them in decisions about care.

Trust F
"Listened to me when I explained what I am worried about. Listened when I said I want to stay overnight."

Trust C
"The doctor has informed me of choices available to me, and changed my pain relief medication after discussion."

We only heard explicitly negative comments about staff attitude in one of the six Trusts we visited. In the few cases where people did express reservations about staff attitude, they qualified their comments, telling us they understood that staff were working hard, or that only some staff interactions had not met their expectations whereas others were positive.

Trust E

"They tend to talk over you although they weren't that bad and they did apologise."

"They work hard - they don't get the time for conversation."

Some people also made general comments expressing how grateful they were for the services provided by the NHS.

Trust A

"Grateful to be here. NHS a wonderful thing. Little things would make it a lot better."

Trust E

"We are so lucky to have this service."

What it suggests

The high proportion of positive comments made about NHS staff reflects a similar trend across all evidence shared with local Healthwatch nationally. As referenced previously, CQC's 2018 *A&E patient experience survey* also found that questions about interactions with staff received the most positive results.

National research has consistently found that the NHS enjoys unwavering support from the public across all ages. The King's Fund *found* that 77 per cent of people believe that 'the NHS is crucial to British society and we must do everything we can to maintain it'.

Public positivity towards front-line staff and the existence of the NHS demonstrates how highly people value public access to healthcare and the importance of maintaining trust in the system. It is worth considering the possibility that people's appreciation for staff may be a factor in their reluctance to share negative comments on other aspects of their experience.

Quality of care

What we found

People were broadly positive about the quality of care they received in A&E. Many said that staff had understood their needs and were looking after them well. People who made positive comments about their quality of care often mentioned this in combination with positive comments about communication and staff attitude.

When people made negative comments about the quality of their care, these were often because they felt staff had not understood their needs, or that their condition was not being taken seriously enough. One person said they expected more examination at the triage stage, and several commented that seeing multiple people at different times during their visit was a waste of resource. Several people commented that the tests they thought they needed were not done, or were told to come back on another day as the diagnostic procedure they required was only available on certain days.

At one trust, several people felt they wouldn't have needed to attend A&E if their care had been better at a previous visit to A&E or another service. At another trust, two patients told us that the results of their blood tests had been "lost" by the department.

Trust C

"Now sat waiting for blood results, which doctor said he can't find. Yes staff have cared for me would say about 50/50.

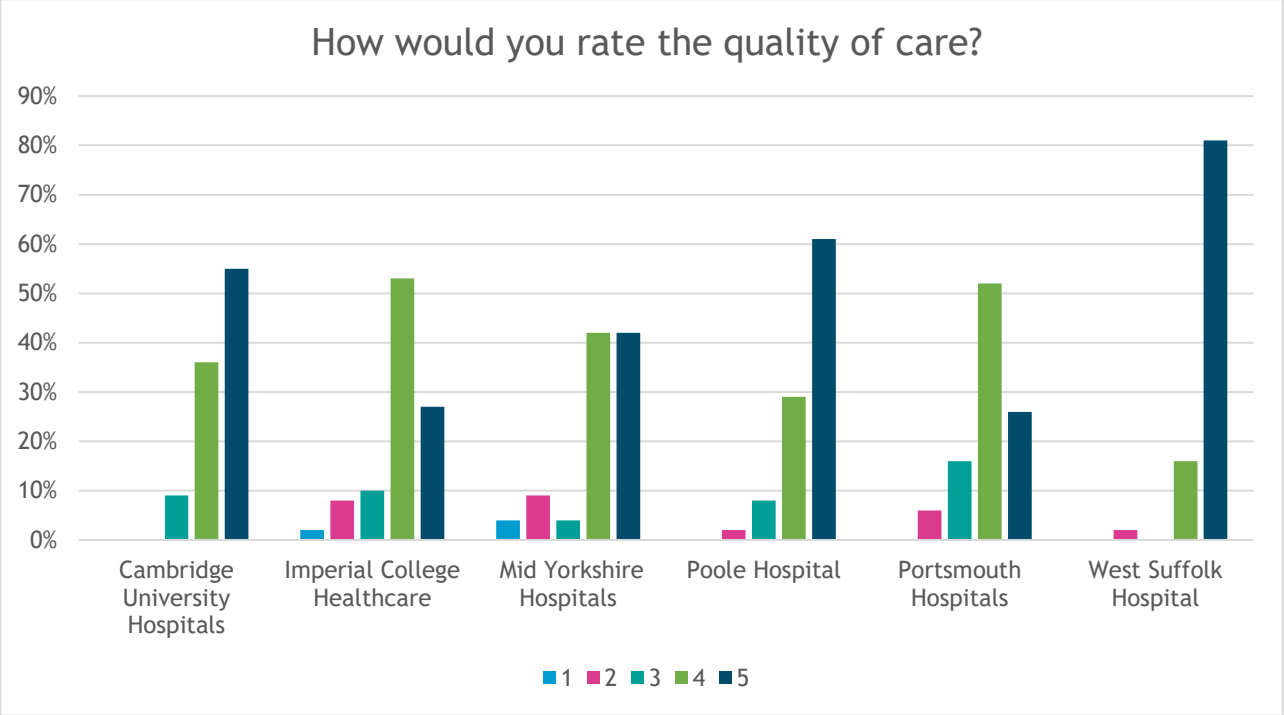
Trust D

"Thought there would be more examination by triage."

Trust F

"Arrived and been laying down in agony (pregnant). Blood test done. Still waiting. Provided pain relief but nothing happened. Very scared, no-one helping."

We asked people to rate the quality of care they received, where 1 was poor and 5 was excellent:



What it suggests

Receiving high-quality care is one of the most important aspects of people's experiences in A&E. People largely perceive that they are getting high-quality NHS care, but in some cases they feel the system is falling short.

The reasons for a perceived poor quality of care were diverse, including long waiting time, poor communication, triage, bad administration, and lack of patient involvement. However, there was limited or no feedback about poor quality in relation to clinical decision making.

This underlines the importance of addressing multiple aspects of people's experience when monitoring and improving performance.

Triage and prioritising the most urgent cases

What we found

Across several of the six Trusts we visited, patients told us that they understood some people would wait longer than others, and were happy for this to be the case so that the most urgent cases could be prioritised.

Trust A
"Knew it would be a long time, they have to prioritise if someone's had an accident."

Trust C
"Was expecting to be seen quicker but understand there are people with more urgent clinical conditions need to be seen ahead of him."

Trust D
"Wait was what I expected. People who arrived after go in before me. Waiting time board not kept up to date (last done 7.30am, now 3.45pm!)."

However, some patients did not understand why they were not seen more quickly, and felt that their own individual case should be a higher priority.

Trust A
"Mixed, staff have been helpful but my mum has an ongoing heart condition and I didn't get the impression that they were taking it that seriously though."

Trust C
"Not what was expected. Feels his situation (badly and deeply cut arm that won't stop bleeding) warrants more urgent clinical attention."

One person also said special accommodations should be made for disability:

Trust B
"No special allowance for disability. Worried that getting bored and uncomfortable in wheelchair. Like getting hoist ready but hasn't happened, but have provided a packed of sandwiches."

What it suggests

People telling us that they support the principle of prioritisation in A&E echoes the findings of our *national polling* (most recently conducted in October 2019). In response to the surveys, people told us that ensuring those with the highest level of need are treated most quickly should be the highest priority in A&E.

Yet patient comments expressing dissatisfaction about their own place in the queues may reflect a difference between people's attitudes to performance measures in the abstract, as opposed to their perception of what's necessary in their own individual case.

Though people may understand the rationale behind a certain outcome (e.g. some patients being prioritised because of more urgent needs) and support the principle in general, they would like greater clarity in a situation personally affecting them. This highlights the importance of good communication across all elements of the care people receive.

Explaining to people how triage decisions are made, and reassurance that they will be seen in an appropriate timeframe for their condition, would help alleviate concerns. Clear communication from the outset may also give people more confidence to ask questions if they aren't certain how decisions are being made.

System integration

What we found

When asked how and why they came to be in A&E, some patients at every Trust told us that they were only in A&E because an urgent appointment with a GP or another community service was not available.

Trust C
"Contacted own GP at 8.10 and triage nurse rang back about 10am. Was offered a triage nurse app in 4 days and GP after 7 days. I thought I would come to the UTC and see if can get it sorted before appointment and then will cancel GP appointment."

Trust D
"Local medical centre at 11am. Phoned 111. Optician, no appointment available. Came to QA [Queen Alexandra Hospital]. Eye department shut! Referred to A&E 1pm."

Some people told us they had been referred to the A&E by a GP or another service, but didn't understand why, and weren't sure this was the most appropriate place for them. In some cases where people were referred to the A&E department by their GP, they were told they didn't have the right documents.

Trust B
"Thought had been referred by GP. Been told that should have had a letter with her."

Trust D
"Didn't expect to be referred to QA [Queen Alexander Hospital] but to be dealt with at the walk-in unit."

This last issue was also reflected in comments about a lack of data-sharing or communication between services. For example, several patients didn't understand why tests they had previously undergone at other services were being repeated, or why their clinical notes from another service could not be transferred to the A&E department.

Trust D
"The nurse contacted the eye specialists who said they won't come and see the patient until the same tests done today at Specsavers are repeated by a health professional in hospital. Kept informed but not happy about it."

Trust F
"Already spent the night in A&E Liverpool due to swollen knee/very painful. We are now having to go back to square one as the notes do not transfer. I live in London (was in Liverpool for work). Plus one full night in Liverpool going through the exact same process. Shared notes on a system between hospitals would save so much time and money."

Several patients also described how their discharge from the department was delayed by issues with getting medication or equipment. People also said clinical staff did not understand how a lack of communication affected the patient's ability to plan or make decisions about other aspects of their experience, like transport home.

Trust A
"Transport a 4 hour wait! Excellent A&E."

Trust E
"Waiting for physio and occupational therapist to make sure what I need as I live on my own - they won't let me out till all this is done." [Patient had been In A&E for 7 hours]

What it suggests

The quality of people's experiences is due to decisions made both within and outside the A&E department. Given the national ambition to move towards more integrated, personalised care across the NHS, some aspects of improvement in A&E will be a result of changes in other parts of the system, such as improved digital records systems, better patient transport, or improved access to alternative treatment options.

It is important that NHS England considers how the performance data generated through A&E performance measures is used for secondary purposes, such as supporting clinicians in other settings to navigate patients effectively through the system, ensuring they get the right care in the right place at the right time. This would support the national ambition to

move towards more personalised care, and address a desire for more information about health services which we often hear in feedback provided to Healthwatch.

Food and facilities

What we found

We asked people to rate the quality of food in the department, but many people chose to give us more detailed comments, or commented on food and facilities as part of their response to other questions. Though these aspects of people's experience can seem secondary to clinical care, our research indicates that they have a significant impact on people's individual experiences.

People told us that food provision was insufficient. Some people who had been waiting in A&E for some time but had not been offered anything to eat were also unsure whether this was to do with their treatment and wanted better communication about food and drink.

Trust A
"Feeling hungry - what's happened? Not told what is going to happen. Perhaps a note/poster could be put up 'Please ask if you would like a drink'."

Trust F
"No option to go out and eat - not easy facilities for parents with children or babies. No accessible food or water."

Some also mentioned that they were reluctant to leave the waiting area to get food in case they missed their name or number being called for their next assessment.

Trust B
"Machine out of order. People going out to get refreshments - missing being called."

Trust C
"Was not offered any food or drink and didn't want to walk the long distance to get something in case they missed the medical staff coming back with results."

Others mentioned how the waiting facilities were insufficient, cramped, or uncomfortable. We also heard some concerns about privacy and confidentiality when discussing clinical matters in a crowded waiting area.

Trust C
"Uncomfortable chairs in a waiting area."

Trust D
"Nowhere to sit. Stood in doorway."

Trust F

"Everyone sat in together, don't know who has infections. I have an immune disorder on suppressants and doctor said would separate us, but hasn't yet."

People also shared positive experiences of food and facilities. Those who were offered food or drink often expressed their gratitude. Some also made positive comments about the building and facilities, particularly where it met their individual needs (e.g. disabled access, paediatric waiting room).

Trust B

"Lady came round with drinks and snacks - very helpful."

Trust E

"At the end I had sandwiches - unexpected and very gratefully received."

What it suggests

Improving the comfort of waiting areas and providing food are things the NHS can implement more quickly than long-term system-wide changes like growing the urgent and emergency care workforce. Though such changes should not replace system-wide ambition, they can have an important impact. They can also help temporarily mitigate the effects of stretched resources on patient experience, as increased resource and investment into the NHS workforce takes time to filter through the system.

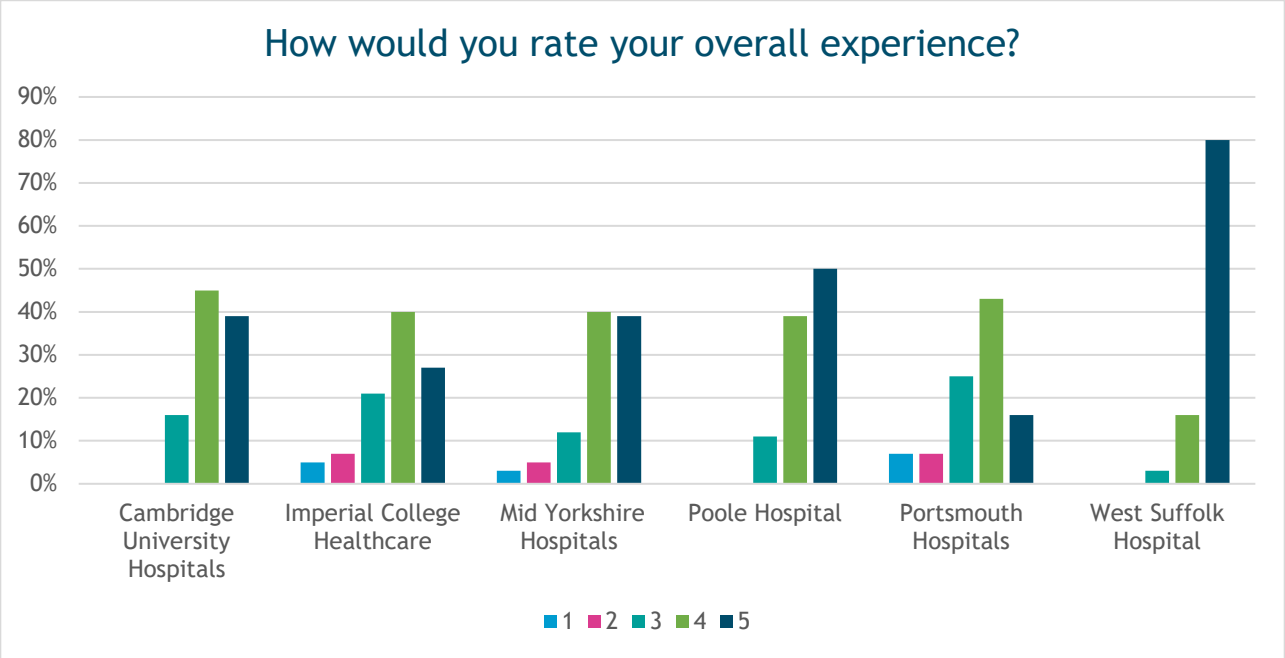
Overall satisfaction

What we found

Many people made positive comments about their overall experience. Some mentioned how grateful they were for hard-working staff and for the NHS as a whole. Some also mentioned that their experience was better than they expected.

However, while few people made explicitly negative comments about their experience, many simply said it was "as expected" or "average". Some mentioned how busy the department was, and that they understood the pressure on staff. Several made comments mentioning the lack of resource or funding in the NHS.

We asked people to rate their overall experience in A&E, where 1 was poor and 5 was excellent:



What it suggests

Many people continue to have a good experience in A&E and receive the high-quality care they expect. When people are happy with their experience, they are often very grateful and enthusiastic about the care they received. But many people were not explicitly enthusiastic about their experience, describing it as simply "ok" or "as expected". This mirrors a similar trend in comments people shared with us about waiting times in emergency departments.

These trends raise the question of whether people's expectations for their experience in A&E are in line with a good quality patient experience, or whether people are adjusting their expectations based on what they hear about the system being under pressure or performing less well.

Further research to understand the significance of people's changing expectations surrounding NHS care would be valuable.

Findings from Friends and Family Test data

Due to time and funding limitations, we were unable to conduct patient interviews before the start of the testing period for the access standards review, which would have given us an opportunity to compare patient views before and after the change in performance measures.

However, four of the six trusts we visited provided us with three months of patient comments collected through the Friends and Family Test (FFT) prior to the testing period.

Healthwatch Suffolk conducted thematic analysis of 6,000 FFT comments from these four test sites, and found that FFT comments from before the testing period began are dominated by very similar themes to those emerging from patient interviews conducted during the testing period.

In line with findings from 2014 Ipsos Mori research into FFT, the 'majority of patient comments were very generic'.[1] However, some consistent themes arose throughout the four Trusts' data. These were:

- **Staff and staff attitudes** – references to staff, whether clinical, reception staff or just "staff" were consistently found throughout the responses. Staff at all four Trust sites were generally regarded positively. Where there were negative references, these tended to be about a single member of staff or about feeling that staff were rude or dismissive.

- **Waiting times** – references to waiting times were also prevalent in the data from all four Trusts. References to waiting times contained more negativity than those about staff, however, the sentiment about waiting times varied by Trust. One trust had a much higher percentage of negative references to waiting times than other trusts, and one had a lower percentage than others. A lack of consistency in the way Trusts record their FFT data means that these comparisons should be treated with caution. It was acknowledged by a number of patients at two trusts that A&E services were under pressure and that this could contribute to waiting times.

- References to **treatment and care** were generally also very positive across all four Trusts. Most of these were generic, for example stating, *"good treatment"* or "*good care"*, but it is clear in the responses that most people have a positive experience of treatment at A&E. Where there were negative responses, this tended to be because treatment was not effective or did not meet people's expectations. Some patients also felt that they were not given a correct diagnosis.

- **Communication** with staff was also commonly referenced in the FFT data in three out of four trusts. It was clear that patients would like to be communicated with about expected waiting times in A&E and the process or steps involved in treatment. However, there are

[1] Ipsos Mori (2014). The Friends and Family Test: Qualitative Research. Available from: *https://www.ipsos.com/sites/default/files/publication/1970-01/SRI_Health_FFT_Qualitative_Research_Report_July_2014.pdf*

some inconsistencies in the degree to which this happens. Two trusts had more negative references to communication than positive ones, and one had almost as many negative as positive references.

The proportional distribution of positive and negative comments in each Trust where we reviewed FFT data broadly aligns with the distribution of quantitative ratings collected through our patient interviews (i.e. the Trusts which received the most negative or positive ratings were consistent).

What it suggests

Analysis of FFT comments from before the testing period of new NHS access standards shows that key themes of patient feedback have remained broadly consistent.

Patients will not necessarily be aware of the introduction of new access standards – they will only notice improvement when it translates into a more positive experience in all the areas important to them, including waiting time, quality of care, and communication.

For any national performance measures to successfully demonstrate improvement to patients, what's most important is ensuring the data gathered is used to drive behaviour change in all the different aspects of care which patients have told us make a difference.

Considerations and recommendations

When the four-hour target was introduced in 2004, it helped to significantly reduce lengthy waits for many patients. Indeed, it is in no one's interest to return to the Urgent and Emergency Care system which existed prior to the current target being brought in, with patients left waiting for many hours in crowded A&E departments.

But fifteen years on, the NHS faces different challenges, and NHS England's review is an opportunity to explore whether the current standard is driving the best possible experience for patients.

The 330 patient interviews conducted by local Healthwatch add to a growing body of evidence that suggests what shapes experiences of A&E is not just how long people wait, but the quality of care they receive and how it is delivered.

In preparing this briefing, we have also discussed our findings with expert stakeholders scrutinising the CRS and providing policy insight from across the health sector, including professional bodies, think tanks, and regulators.

This has led us to outline several broad considerations for the CRS as well as specific recommendations drawn from the evidence we have gathered.

Considerations for the Clinical Review of Standards

- Based on our discussions with stakeholders, it is clear that views across the sector about the CRS are mixed. Some of those we have spoken to raised concerns about the timing of the review in light of declining performance to the current target. Others have been more positive and stated that, 15 years on from the introduction of the current target, it is right to review it.

  What has been consistent across all our conversations is a question raised about what success would look like under any new targets and how this would be explained without being able to compare it in some way with the current target.

  In response, it would be helpful if NHS England considered continuing to illustrate, for a period, the proportion of people being seen within four hours. This would, of course, have to be reported as part of a wider set of measures to ensure the system does not simply default to working to the current target.

  NHS England could also set out a longer period for implementing any alternative targets, staggering the roll-out to help build trust in the new methods of performance reporting. It is worth noting that the NHS had two years to implement the 4-hr target, with extra resource provided to support improvements in performance as well as reporting.

  Ultimately, if NHS England decides to proceed, then it needs a clear plan for how it is going to maintain public trust and demonstrate how any new measures are driving improvement, rather than just relying on numbers to tell the story.

- Any changes to performance targets will take time to implement. If a change in targets is recommended, a staggered approach to roll-out will also be important to ensure all hospitals have the necessary infrastructure in place to achieve this safely.

- Recognising that it will also take time for any behaviour change driven by new measures to bed in, NHS England should also commit to keeping any new targets under continuous review. This would help ensure the measures are driving improvement in multiple aspects of patient experience and mitigate against any unintended consequences for patients. To support this, NHS England may also want to consider commissioning an external evaluation of the impact of any new performance measures.

  Further research should also be conducted investigating different approaches to performance management that give patient experience equal priority to clinical and financial metrics.

Recommendations based on patient interviews

Patient interviews conducted by local Healthwatch reveal the multiple factors contributing to a positive or negative experience in A&E. Time spent in department is one element, but there are other aspects of patient experience - like communication - which are very important to patients, though they are not dealt with in the proposed new national targets.

If performance targets are to drive improvement in patient experience, NHS England must consider how they will use them to shift behaviour on the elements of care that matter most to people. We therefore make the following recommendations to the review:

- The decision of the CRS must be focused on supporting the NHS to do things differently, not just count things differently. If the final report recommends a change in targets, this must come alongside a commitment to use the data to support improvements in what's most important to patients, especially communication and expectation-setting.

  For example, hospitals should be supported to publish the data in real-time to help set clear expectations for patients upon arrival and keep those in waiting rooms updated on where they are in the queue and why.

  It will also be vital that NHS England clearly communicates to the public what improvements they should expect to see under new measures and reports back on progress.

- In conversations with key stakeholders while preparing this briefing, we have heard suggestions that hospital trusts are being discouraged from providing patients with information on the expected length of their stay. This follows the judgement of the Supreme Court in *Darnley v. Croydon Health Services NHS Trust*.

  The case placed a duty on hospitals to provide patients with accurate information, leading some trusts to give no information at all because they cannot guarantee accuracy in a quickly changing environment. However, the trial judge found that if the patient had

been given more information about when he would be assessed, he would not have left A&E and suffered negative consequences as a result.

Our research suggests that denying patients information on what to expect during their stay in A&E is likely to produce a worse experience for many, and aggravate patient dissatisfaction. To avoid confusion, hospitals need clear guidance on the benefits of keeping patients as informed as possible about the expected length of their stay.

- While the proposal of a new performance measure focused on the time to initial clinical assessment is in line with patients' desire for a quick first assessment, just tracking the time to initial assessment is not enough to ensure urgent cases are not missed. We would like to see a maximum time-to-assessment target put in place for all those attending A&E, alongside a commitment that first assessment will be clinically and emotionally meaningful for patients.

- NHS England should commit to further user-focused research exploring how the data generated from A&E performance can be used to help people make informed choices about which services to go to for assistance.

  For example, this could include work to explore the potential benefits of further rolling out online or phone triage, or direct bookings into urgent treatment centres, allowing people to wait at home while receiving live communications about waiting times.