

Liverpool University Hospitals NHS Foundation Trust

Patient stories about experiences of the Accident & Emergency Department at the Aintree University Hospital site



Case Studies approval date: September 2021

This report shares two detailed stories from two of our members/residents which we shared with Liverpool University Hospitals NHS Foundation Trust. Both share the patient journey and experience of accessing services from the Accident & Emergency (A&E) department at the Aintree University Hospital site, with one of the experiences also sharing how using NHS 111 worked.

The report also details the response from the hospital and the commissioner (NHS South Sefton and Southport & Formby Clinical Commissioning Group) in Sefton for the NHS 111 service.



Who we are?

We are your health and social care champion. If you use GPs and Hospitals, dentists, pharmacies, care homes or other support services, we want to hear about your experiences. We have the power to make sure leaders and other decision makers listen to your feedback and improve standards of care. We also help people to find reliable and trustworthy information and advice and have an independent Complaints Advocacy Service, to support residents who need support to make a complaint about an NHS service.

What are our core beliefs?

- We believe that health and social care providers can best improve services by listening to people's experiences.
- We believe that everyone in society needs to be included in the conversation. Especially those whose voices aren't being listened to.
- We believe that comparing lots of different experiences helps us to identify patterns and learn what is and isn't working.
- We believe that feedback has to lead to change. Listening for listening's sake is not enough.

Listening to you

The hospital has listened to the 2 stories (case studies) we shared with them and they have told us what they have agreed to put into place to make some improvements within the department:

It is positive to see the patient voice has been listened to and acted upon in a number of ways including:

- An audit of social distancing in A&E has been implemented
- The triage nurse will be told about any patients waiting for over 2 hours in the A & E department
- Staff will review the waiting area at regular intervals to ensure that patient's individual needs are met
- 2-hour drinks rota has been put into place in the A&E department
- The waiting board will be updated on a regular basis to show what the waiting times are

The full responses and actions are included at the end of this report

What we plan to do next

One of the areas we are going to continue to work on, is how patients who access services at the A & E department, are provided with information about the NHS 111 service. This will support patients to make more choices about the services they can access to support them in the future.

Thank you

We would like to say a special thank you to both our members who shared their stories to help improve services for the future.

How can you help us?

It's really important that you share your experiences – whether good or bad, happy or sad. If you've had a negative experience, it's easy to think there's no point in complaining, and that 'nothing ever changes'. Or, if you've had a great experience, that you 'wish you could say thank you'. Remember, your feedback is helping to improve people's lives. So, if you need advice, or you're ready to tell your story – we're here to listen.

Over the coming months, if you, your family or friends have feedback to share on accessing the A&E department please let us know. In particular if the improvements which the hospital has said they will put in place have been?

To leave feedback with us you can speak to Mandy who is our Signposting and Information Officer by calling our Freephone number **0800 206 1304** or email us at Info@healthwatchsefton.co.uk

We also have a website that you can leave your feedback directly with us:

Website: <https://healthwatchsefton.co.uk/services/>

Case Study 1

Month: April 2021

Visit day: Sunday – bank holiday weekend

Time of arrival – 2.50 pm

I fell and badly damaged my knee while out working in the community, I fainted a few times due to pain, my friends called an ambulance as I could not stand up.

The Ambulance services from what I can remember were lovely and they told me to keep the blanket they had given me to use. I was grateful for this as it was cold in A&E.

I was admitted to A&E at 2.50 pm and was seen for the first time by a doctor 11.10 pm.

Due to Covid I was told my husband could not be with me. This is worrying for someone in a wheelchair who cannot get out of it.

I had one initial assessment with triage as I checked-in. I was told I was classed as a minor but I didn't know what this meant. I was given no estimated time of wait. I told the triage that it had really shaken me up and I could not put my foot down. They pushed me out of room and put me by a wall. I could not get out of the wheelchair.

After being there sometime I waved the security guy over and asked could I bring my husband in as I needed the toilet and water. The chair was not one you could push yourself in. He said the staff will help you but no one came. I had to ask a patient to help me back to reception to get help. The reception said she would get someone but still no one came.

I then waved to triage to help me. It was embarrassing I needed to go the toilet. Someone did help me but I can't remember who it was and they pushed me to the disabled toilet. It is not a wheelchair it is like a trolley you sit in and you cannot push it yourself.

I saw people who were vulnerable in their 80's left sitting there. You are not allowed family with you. They say if you are vulnerable you can have someone with you – but who do they class as vulnerable? I was in a wheelchair and could not push it myself or get out of it.

Behind the reception screen must have been 10+ staff – They were having some training on a new IT system. I was looking and thinking why can't one of them help out and see if people need a glass of water.

There is no staff monitoring or checking how patients are in the waiting area. I sat with elderly people who just wanted a drink of water, there were no cups, and relying on other patients to get them a drink or even help them to the toilets.

The cafe area was only taking cards not money, many people arrive without cards.

At 10.40 pm I went back to the counter and said I still haven't been seen. She said sorry and pointed to the screen and said you are next.

I saw the doctor around 11 pm and was sent for an x-ray before seeing the doctor again. She said I had no broken bones but that ligament damage could have complications so I was strapped up. She said they had crutches but said they are low on them but I said I needed them. I could not walk.

I phoned my husband at approx 12.45 am to pick me up. I left A&E and was told I would get a call in the week. I received a call from the fracture clinic.

Note: 'It is 5 weeks and the minor injury is causing concern. Not heard back from Aintree fracture clinic after leaving a few messages.

Healthwatch Sefton asked the questions below:

Healthwatch Sefton question:	Patient response:
Was there a tannoy system providing an update on patient waiting times?	NO – they did have a screen stating 2 – 4 hours waiting but this did not apply to minor. I only noticed the TV screen had waiting times due to another patient pointing them out. I was limited by what I could see, I couldn't move.
Was there signage throughout the A & E Department to provide information on PPE mask wearing, social distancing, zero tolerance and appropriate use of primary care services?	I cannot remember – there were strips on the floor about distances.
Where there adhesive stickers on floor areas and chairs in waiting rooms directing patients to socially distance. Where there floor stickers on outside areas to provide guidance on social distancing for queuing patients outside A & E areas?	YES, I do recall chairs had distance signs on them but some people ignored them as A&E was too busy. Some patients didn't have masks on but there were no staff to ask them to put one on.
Was Information provided to patients during triage on the different streaming processes and estimation of associated waiting times?	NO, told I was a minor and could not be given an estimate time.
Did you receive any information about the NHS 111 service – a leaflet or verbal?	NO

The patient has made the following suggestions / recommendations to improve A&E

There are patients that need help in the A&E waiting room. This needs to be reviewed, people were being left for hours and some patients were vulnerable and or elderly. There needs to be one member of staff who wears a badge 'Ask me for help' to patrol the A&E asking people if they just need a drink of water or help getting to the toilet.

Response from Liverpool University Hospital NHS Foundation Trust – Case Study 1.

Healthwatch Sefton Questions	Patient Response	Feedback Received / areas identified for improvement:	Trust response / action
Was there a tannoy system providing an update on patient waiting times?	NO – they did have a screen stating 2 – 4 hours waiting but this did not apply to minor. I only noticed the TV screen had waiting times due to another patient pointing them out. I was limited by what I could see, I couldn't move.	<p>There is a Tannoy system in place to provide regular updates to patients</p> <p>In addition verbal updates are given by members of the ED Team</p> <p>Screens to be visible in all areas of the department</p>	Review of the visibility of screens from all areas
Was there signage throughout the A & E Department to provide information on PPE mask wearing, social distancing, zero tolerance and appropriate use of primary care services?	I cannot remember – there were strips on the floor about distances.	<p>There is signage throughout ED regarding PPE and social distancing. In addition, ED staff manage the waiting area to ensure social distancing guidance is adhered to.</p> <p>Some patients attending ED are exempt from wearing face coverings due to particular medical conditions that would exacerbate their symptoms if a face covering was worn.</p>	<p>Patients are encouraged, if appropriate, to wear a face covering</p> <p>An Audit of social distancing in ED Department has been implemented</p>
Where there adhesive stickers on floor areas and chairs in waiting rooms directing patients to socially distance. Where there floor stickers on outside areas to provide guidance on social distancing for queuing patients outside A & E areas?	YES, I do recall chairs had distance signs on them but some people ignored them as A&E was too busy. Some patients didn't have masks on but there were no staff to ask them to put one on.	There are measured floor stickers to direct social distancing when queuing to book in ED Department and stickers are on chairs in the waiting room area to allow for social distancing between seated patients.	An Audit of Social distancing in ED Department has been implemented.

		This will be reviewed as part of the ongoing ED improvement action plan.	
Was Information provided to patients during triage on the different streaming processes and estimation of associated waiting times?	NO, told I was a minor and could not be given an estimate time.	<p>The communication of waiting times will be reviewed as part of the ongoing ED improvement action plan.</p> <p>All waiting times provided are subject to clinical priorities.</p>	<ul style="list-style-type: none"> • Patients to be verbally told what the approximate waiting time is according to the waiting time board which is situated in the waiting room. • Waiting times written in waiting room and updated hourly by reception staff. • AUH / RLUH waiting board to be updated regularly to reflect the current waiting time. • If waiting times increase nursing staff will verbally inform patients waiting of increase and reasons why. • Tannoy system across both sites to provide patients with information re waiting times • AUH - board rounds identify patients who are waiting over 2 hours. If they are in the waiting room then the triage nurse is informed • Porters to carry radios so that they are contactable at all times • Information leaflet to be given to patient to explain patient journey • Triage nurses will inform patients of how to get help in the interim if required
Did you receive any information about the NHS 111 service – a leaflet or verbal?	No	Information about 111 is not part of the patient information we provide at the Trust. We feel that this questions should be directed to the 111 service	No Action Required.

Patient Suggestions	Feedback Received / areas identified for improvement:	Trust response / action
<p><i>There are patients that need help in the A&E waiting room. This needs to be reviewed, people were being left for hours and some patients were vulnerable and or elderly. There needs to be one member of staff who wears a badge 'Ask me for help' to patrol the A&E asking people if they just need a drink of water or help getting to the toilet.</i></p>	<p>ED staff will review the waiting area at regular intervals to ensure that patient's individual needs are met.</p> <p>In addition, The Trust Board are currently reviewing the proposal for volunteers to return to their roles (pre-covid) in ED areas across the Trust, the volunteer role was developed to provide companionship and escalation (alserter) and to provide refreshment's if / when required (as appropriate).</p> <p>The accessibility and availability of food and refreshments and the individual needs of all patients, particularly those who are vulnerable will be regularly reviewed.</p> <p>This will be reviewed as part of the ongoing ED improvement action plan.</p>	<ul style="list-style-type: none"> • AUH - board rounds identify patients who are waiting over 2 hours. If they are in the waiting room then the triage nurse is informed • Information leaflet to be given to patient to explain patient journey • Triage nurses will inform patients of how to get help in the interim if required • 2hrly drinks rounds in place both sites. • Daily matrons audits to look at documentation of food and fluids on all patients in department >6 hours:

Case Study 2.

Month: April 2021

Visit day: Wednesday

Time of arrival: Contacted NHS 111 approx 5.30 – 6pm / Arrived A&E approx 6.55pm

Experience:

This experience relates to both NHS 111 and Aintree Hospital A&E

I had a fall mid-week and hurt my arm and hand mainly. When my fingers started to swell and go blue I contacted NHS 111 at approx 5.30 pm. I noticed and knew I had hurt my arm but didn't know to what extent. My first thought was to call NHS 111 and get advice. They asked for all the details they needed and I was able to provide this.

The operator was very nice and took down the details. She told me to go to Aintree A&E and that my allotted time was between 7 - 7.30 pm. She said this is not an appointment it is a guide. So I thought lots of people must be ringing up. I thought by giving a guide for the time arrival it helped them to prepare and sort out the Covid situation, I felt this was better than it being a free for all.

My husband drove me there. We found a place to park and arrived approximately 6.55 pm.

What greeted me at the A&E department.... There was not a seat free, the waiting area was packed. People were all very close together. Patients had family / friends with them.

They said I had to stay on my own so my husband had to wait in the car.

My husband came in for a coffee at one point. The Café was well stocked and my husband had a nice sandwich.

I found a seat and was seen by triage within 10 mins or so of arriving. When I checked-in with Reception there were no questions about if I had phoned NHS 111 or any questions about why I had turned up at A&E. When I was called into triage the nurse did not ask me why I had chosen to attend A&E.

Whilst at Triage they did not tell me how long I would wait. I was not seen until about 10.30 / 10.45 pm to see the doctor. He then sent me to x-ray. I was lucky my husband stayed out side but there were so many people with family / friends with them.

I was back from x-ray just after 11pm then had to wait again. I waited a while then went in to see the nurse who said it was not broken but I will probably be in pain. They said they would splint it. They gave me a splint and it felt secure and relief as soon as they put it on.

The waiting area had been heaving, but I did not see staff checking on the waiting area. Maybe if there were fewer patients in the A&E the staff could have been more proactive.

There was a board saying waiting times of 5 – 6 hours. I waited 6 hours. When I left the board still said the same so not sure if they were updating it.

Discharge – I was told a nurse would ring me the next morning, they said definitely in the morning. We eventually left A&E and got home around 12.45 am.



The following morning the nurse did ring me and asked how I was feeling. I was in pain but the brace did help. She gave me exercises to do. I would like to point out that still NHS 111 was not mentioned. A paper copy of my attendance and exercises were sent to me in the post but still no mention of the NHS 111 service.

I would like to add that I really appreciated the phone call the next day and a fortnight later, this was excellent. I think a phone call is better and they should continue with this rather than asking people to go back in the following day to the fracture clinic.

Areas for improvement:

When ringing the NHS 111 service:

- The allotted time did not work
- A&E was heaving – Did the NHS 111 operator not know this? Patients should be told and given choice of services. (Patient choice)
- They told me not to eat or drink (I am diabetic type 2) they did not ask if there was any medical reason that I should eat.

A&E department

- Reception did not ask where I was referred from (E.g. NHS 111)
- They did not hand out any information re: NHS 111 (Education for patients)
- Reception told me not to eat or drink (diabetic type 2) I waited until 11pm before going back to reception to say I was diabetic and she said yes ok go get something to eat.

Someone should ask you if there is any reason why you would need to eat and drink before telling you can't. Again staff should be checking on us whilst in the waiting area as patients are waiting for such long periods of time.

It was a bit cold and I did get my husband to bring me a jacket. My husband actually said the car was warmer. I understand this must be to do with Covid but maybe to tell patients to take warm clothing. If you attend during the day but then are waiting into the evening it gets much colder. I waited 6 hours.

Healthwatch Sefton asked the questions below:

Healthwatch Sefton Question:	Patient response:
Was there a tannoy system providing an update on patient waiting times?	NO - there was a board but I was not aware that it was changed as from the first time I looked it said exactly the same by the time I left.
Was there signage throughout the A & E Department to provide information on PPE mask wearing, social distancing, zero tolerance and appropriate use of primary care services?	I did not notice any signs, or was aware of any. I had my mask on. Some people had masks on but a lot of people I saw did not have masks on. People were sat together.
Where there adhesive stickers on floor areas and chairs in waiting rooms directing patients to socially distance. Where there floor stickers	No I did not see. I was hurting and just wanted help. If there was a queue I would have socially distanced but I did not notice

on outside areas to provide guidance on social distancing for queuing patients outside A & E areas?	any. I was too busy scanning the room to see if I could sit anywhere.
Was there Information provided to patients during triage on the different streaming processes and estimation of associated waiting times?	No the triage lady might have said something about the 5 or 6 hours wait but not sure if I heard it from her or seen it on the board. She never mentioned about different streaming processes.
Did you receive any information about the NHS 111 service – a leaflet or verbal?	NO and this is the reason I wanted to share my story.

The patient has made the following suggestions / recommendations to improve NHS 111 service and A&E

NHS 111 service:

- For the operator to be aware of how busy services are and offer alternative services (patient choice)
- If the patient is aware of how busy a service is they can make proper arrangements with family members. I would have told my husband to go home and wait for a call.
- The allotted/ guide times for A&E did not work
- Tell patients to take warm clothing

A&E improvements:

- The waiting area is not appropriate or safe during Covid
- Needs to be better communication with NHS 111 service
- Reception should have asked me why I was at A&E. Then my response would have been I was referred by NHS 111. If I said I had just chosen to come myself then they could give out a leaflet on NHS 111 (patient education)
- Staff should be checking on patients in the waiting area. Both for Covid safety and comfort.
- Waiting times – need to be kept updated in the waiting area.
- Communication & Education – we need to educate patients and communicate with patients
- Personal considerations – I am diabetic type 2 – telling someone they cannot eat or drink without checking on any medical conditions.
- Discharge paperwork – should include information or a leaflet on NHS 111.

Final comments:

COVID – Why when we have restrictions on numbers at weddings and funerals; A&E can have 100+ plus people all in close proximity together. If police attended the A&E then surely the hospital should be fined along with all the patients in there. I stick to all the Covid rules yet I wasn't able to attending an NHS service.

Too many people too close together in one waiting area!

This is constructive feedback as I have the greatest respect for the NHS I am just sharing my feedback to support improvements for both the NHS staff and patients.

Response from Liverpool University Hospital NHS Foundation Trust – Case Study 2.

Healthwatch Sefton Questions	Patient Response	Feedback Received / areas identified for improvement:	Trust response / action
Was there a tannoy system providing an update on patient waiting times?	NO – there was a board but I was not aware that it was changed as from first from the first time I looked it said exactly the same by the time I left.	There is a tannoy system in place to provide regular updates to patients In addition verbal updates are given by members of the ED Team	White board introduction to AUH ED in May 2021 now allows real-time waiting times to be displayed across both sites
Was there signage throughout the A & E Department to provide information on PPE mask wearing, social distancing, zero tolerance and appropriate use of primary care services?	I did not notice any signs, or was not aware of any. I had my mask on. Some people had masks on but a lot of people I saw did not have masks on. People were sat together	There is signage throughout ED regarding PPE and social distancing. In addition, ED staff manage the waiting area to ensure social distancing guidance is adhered to. Some patients attending ED are exempt from wearing face coverings due to particular medical conditions that would exacerbate their symptoms if a face covering was worn.	Patients are encouraged to wear a face covering if appropriate. An audit of social distancing in ED Department has been implemented and will be managed as part of the ongoing ED improvement action plan. As per NHSE guidance at this time patients cannot be accompanied by a friend or relative when attending ED, however, there are nationally agreed exemptions which can be applied at the approval of the nurse in charge.
Where there adhesive stickers on floor areas and chairs in waiting rooms directing patients to socially distance. Where there floor stickers on outside areas to provide guidance on social distancing for queuing patients outside A & E areas?	No, I did not see, I was hurting and just wanted help. if there was a queue I would have socially distanced but I did not notice any. I was too busy scanning the room to see if I could sit anywhere.	There are measured floor stickers to direct social distancing when queuing to book in to ED and stickers on chairs in the waiting room area to allow social distancing between seated patients.	An audit of social distancing in ED Department has been implemented.

<p>Was Information provided to patients during triage on the different streaming processes and estimation of associated waiting times?</p>	<p>No, the triage lady might have said something about the 5 or 6 hours wait but not sure if I heard it from her or seen it on the board she never mentioned about different streaming processes.</p>	<p>The communication of waiting times will be reviewed as part of the ongoing ED improvement action plan.</p> <p>All waiting times provided are subject to clinical priorities.</p>	<ul style="list-style-type: none"> • Patients to be verbally told what the approximate waiting time is according to the waiting time board which is situated in the waiting room. • Waiting times written in waiting room and updated hourly by reception staff. • AUH / RLUH waiting board to be updated regularly to reflect the current waiting time. • If waiting times increase nursing staff will verbally inform patients waiting of increase and reasons why. • Tannoy system across both sites to provide patients with information re waiting times • AUH - board rounds identify patients who are waiting over 2 hours. If they are in the waiting room then the triage nurse is informed • Porters to carry radios so that they are contactable at all times • Information leaflet to be given to patient to explain patient journey • Triage nurses will inform patients of how to get help in the interim if required
<p>Did you receive any information about the NHS 111 service – a leaflet or verbal?</p>	<p>NO, and this is the reason I wanted to share my story</p>	<p>Information about 111 is not part of the patient information provided at the Trust</p> <p>We feel that this questions should be directed to the 111 service</p>	<p>No Action Required.</p>

Patient Suggestions	Feedback Received / areas identified for improvement:	Trust response / action
<i>The waiting area is not appropriate or safe during Covid</i>	<p>There is signage throughout ED regarding PPE and social distancing. In addition, ED staff manage the waiting area to ensure social distancing guidance is adhered to.</p> <p>Some patients attending ED are exempt from wearing a face covering due to particular medical conditions that would exacerbate their symptoms if a face covering was worn.</p>	<p>Patients encouraged to wear a face covering</p> <p>An audit of social distancing in ED Department has been implemented</p>
<i>Needs to be better communication with NHS 111 service</i>	<p>There is currently no communication regarding attendance and waiting times between the NHS 111 service and the Trust. When patients check in, if they advise they have been given a timeslot by 111, staff will do all they can to ensure they are assessed in a timely manner. However, this is subject to the numbers of patients in attendance and clinical priorities.</p> <p>Quality Matron for ED to explore sharing ED waiting times with 111</p>	<p>Matron to explore sharing waiting times with 111.</p>
<i>Reception should have asked me why I was at ED, and then my response would have been I was referred from 111. If I said I had chosen to come myself then they could give out a leaflet on NHS 111 (patient education)</i>	<p>The staff on reception would not ask this question. Patients would usually provide this information as part of their reasons for attending ED on that occasion.</p> <p>Information about 111 is not part of the patient information provided at the Trust</p>	<p>No action required.</p>
<i>Staff should be checking on patients in the waiting area. Both for Covid Safety and comfort.</i>	<p>The issues raised around checking patients in the waiting area and ensuring their safety and comfort will be reviewed</p>	<ul style="list-style-type: none"> • AUH - board rounds identify patients who are waiting over 2 hours. If they are in

	<p>as part of the ongoing ED improvement action plan.</p>	<p>the waiting room then the triage nurse is informed</p> <ul style="list-style-type: none"> • Information leaflet to be given to patient to explain the patient journey • Triage nurses will inform patients of how to get help in the interim if required • 2hrly drinks rounds in place both sites. • Daily matrons audits to look at documentation of food and fluids on all patients in department >6 hours:
<p><i>Waiting times need to be kept updated in the waiting area.</i></p> <p><i>Communication and Education – we need to educate patients and communicate with patients.</i></p>	<p>The communication of waiting times will be reviewed as part of the ongoing ED improvement action plan.</p> <p>All waiting times provided are subject to clinical priorities.</p>	<ul style="list-style-type: none"> • Patients to be verbally told what the approximate waiting time is according to the waiting time board which is situated in the waiting room. • Waiting times written in waiting room and updated hourly by reception staff. • AUH / RLUH waiting board to be updated regularly to reflect the current waiting time.
<p><i>Personal considerations – I am diabetic type 2 – telling someone they cannot eat or drink without checking any medical conditions.</i></p>	<p>Reception staff should not be advising patients that they cannot eat or drink.</p>	<p>This issue has been addressed with reception staff. The clinical staff at triage will identify patients who can and cannot eat whilst awaiting treatment and give appropriate advice regarding medical conditions.</p>

<i>Discharge paperwork – should include information or a leaflet on NHS 111</i>	Information about 111 is not part of the patient information provided at the Trust There are posters regarding the NHS 111 service inviting patients to provide their feedback on the service – This information is displayed on both sites.	No action required.

Response from the commissioner of the NHS 111 service – Case study 2

Thanks for your patience and apologies again for the delay in providing the summary. Just to note the following is not an official NWS response but it is a summary of several conversations at meetings and email trails discussing the patient experience provided and possible solutions for case study 2 and recommendations. While there are many challenges for our urgent and emergency care services locally as well as across the region, I can assure you and our Sefton residents that NWS/NHS 111 and other system partners have engaged well with the recommendations and tried to find solutions to improve the journey for the patients and we will continue to develop and learn from this case study as well as other patient experiences.

We explored the possibility of direct communication between NHS 111 and each A&E to provide information regarding potential delays when patients attend A&E. While it is possible for A&E's to contact NHS 111 to advise them of the current waiting times on a daily basis, the only way this is communicated with health advisors at NHS 111 is email/system message, which would rely on hundreds of NHS 111 call staff reading their emails in a timely manner, remembering which A&E is delayed and the duration for the every A&E across the North West. This would increase the risk of human error and pressure in an already extremely pressured time with NHS 111 seeing an unprecedented demand in call volumes. Unfortunately, there are not the technological capabilities to have this done automatically by the IT systems but we will keep this in mind as a potential solution, as systems have progressed significantly since the start of the pandemic. If the patient is given an A&E outcome, based on the information gathered during the call, there would not be an alternative recommendation other than another A&E. Since the easing of restrictions there is no adult A&E in the region that is meeting the 4 hour wait performance target and waits have been consistent across the North West, which would likely result in a similar wait in an A&E further from the patients home.

In relation to the request of not eating from NHS 111, some pathways will ask for certain medical conditions if relevant, but it is not routinely asked in every call. When this occurs, it is very specific advice given based on what has been stated during the call, and is only given with certain symptoms. NHS Pathways are designed to ask as few questions as possible and complied by a national group of clinical experts to ensure the most appropriate outcome is given by the call handler based on the patients answers to the questions. Unfortunately, if additional questions are added to check diagnoses, this would add time to each call, which multiplied by thousands of calls per day to NHS 111/NWS will reduce capacity and lead to additional waits for patients to have their calls answered. NWS have advised they are happy to look at this particular case study in more detail if required but would require the date and patient's NHS number to locate and listen to the call.

Healthwatch Sefton

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