

What patients told us about
why they “walk in” to A&E
Departments in
Worcestershire

Report

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Our thanks also to the managers, matrons and staff of the A&E Departments at the Worcestershire Acute Hospitals NHS Trust for their help and co-operation with this project.

Note

A copy of the Survey will be available on our website.

SUMMARY OF KEY FINDINGS AND RECOMMENDATIONS

Background

HWW undertook this project to **increase understanding of why patients “walk in” to the two Accident and Emergency (A&E) Departments in Worcestershire**. We completed 11 visits to the public waiting areas at the Accident & Emergency (A&E) Departments at the Worcestershire Royal Hospital (WRH) and 4 visits to the Alexandra Hospital (the Alex) between 30th November 2021 - 14th December 2021 with the co-operation of the Worcestershire Acute Hospitals Trust. The project was intended to be a **snapshot of patient experience**.

323 people completed our Survey - 292 face to face and 31 online. **53% were female and 47% were male**. Looking at the **age range of respondents** - 15% are under 18 years, 61% are aged 18 - 64, and 24% are aged over 65. Most respondents (86%) are from a White British ethnic background. Overall **we surveyed 8% of patients who walked in** during the period. According to Acute Trust data 686 patients walked in when we were conducting surveys of whom 47% completed our Survey.

KEY FINDINGS

Respondents who were sent to A&E

70% (n227) of respondents reported that they had contacted another health service about their condition BEFORE going to A&E.

More respondents who had contacted another health service before attending A&E were: attending the Worcestershire Royal Hospital compared with the Alex, attending A&E on weekdays rather than weekends, were owner occupiers, female and in the older age ranges of our respondents.

The top three services that patients contacted before attending A&E were their GP practice (n80), the NHS 111 telephone service (n67) and Minor Injuries Units (n29).

92% of respondents reported they were told to go to A&E by the health service that they had contacted.

80 respondents had contacted their GP prior to attending A&E. 75 people (94%) were told by the practice to go to A&E. Most people, 67 (89%) reported they were sent by a GP at the practice, and not by other health professionals or reception/administrative staff.

51% (n39) of respondents sent to A&E by their GP practice told us the Surgery made an arrangement with A&E before they sent them. This worked well for 28 people, but 10 reported that they had not been expected at the A&E Department. 49% (n38) reported their GP practice had not alerted A&E. There could be scope to increase communication between GP's and A&E when patients are being referred.

The NHS 111 telephone service was the second most frequently contacted service (n67). 52% (31) of respondents who had contacted NHS 111 told us that either a time slot had been booked for them (n18) or that A&E had been alerted prior to their arrival (13). Of those with a timed appointment 56% (n10) were seen within 15 minutes of their appointment time. However, appointments were not always booked for patients or A&E alerted by NHS 111.

We also heard of difficulties for patients of getting through to NHS 111, and lengthy waits for a call back.

Some patients told us they contacted more than one other health service before being sent to the A&E Department.

There is a danger that if the response to patients through NHS 111 is not timely, or if patients are trying to access alternative services yet end up at A&E, they may in future be inclined to vote with their feet and go directly to A&E.

It is therefore important that alternative pathways to A&E work from the perspective of the patient.

Respondents who had self-referred to the A&E Department

30% of respondents (n96) had self-referred to the A&E Department.

A higher proportion of respondents who self-referred were: living nearer to the A&E Department, attending A&E on weekends, male, in the younger age groups, and were private or social / housing association tenants, or living in supported or temporary accommodation. This suggests that there may be opportunities to target messages about NHS 111 First and alternatives to A&E to these Groups.

Most self-referring respondents are going to A&E for X-Ray and diagnosis or because they believe they have a serious illness or injury. Top three injuries/illnesses reported were possible broken bones (30), injury to muscles/joints (11) and wound bruising or cuts (9). These make up 60% (n 50) of the injuries/illnesses identified. The NHS may regard some of these visits as avoidable, but for patients to be diverted from A&E they need to know about the alternatives, and have ready access to services that are located close to them, provide the services they need (such as X-Ray) at the time that they need them.

Whilst the majority of respondents (59% n57) who self-referred were aware of Minor Injuries Unit's, they are not certain whether their illness/ injury can be treated there (n16) or if an X-Ray is available (n7). The most frequent reason given for not attending a MIU was that it was too far away (n18). 61% (n54) of patients who had self-referred lived in either Worcester or Redditch, where there is no direct access to a MIU / walk in clinic. Patients may not be easily diverted to an alternative to A&E if this is not readily accessible to them.

The Survey results, and other comments we received from respondents, indicate that there is scope to improve communication with the public about Minor Injuries Units.

Awareness of NHS 111 is high amongst respondents who self-referred to A&E (83%), however we cannot be certain that respondents were necessarily aware of NHS 111 First, if they were they had not heeded the message. There is lower awareness (38%) of the "Help Us to Help You" campaign. There is scope to further promote both the NHS 111 service and how it can help patients, alongside the "Help Us to Help You" message.

Availability of GP appointments

Overall, most respondents 232 (72%) would still have attended A&E even if they had a same or next day GP appointment.

Of the 89 respondents who said they would not have done 71% (n63) were sent to A&E by another health service and 8 had contacted another health service before going to A&E. Only 18 self-referred patients would not have attended A&E if they could have had a same day GP appointment

The results suggest that lack of availability of same / next day GP appointments does not seem to be the main reason for attendance at the A&E Department for the respondents that self-referred. 81% (n77) of these respondents said they would still have attended A&E even if they could have got a GP appointment on the same or next day.

In fact a higher proportion of patients who contacted another health service first told us that they would not have gone to A&E had a same or next day GP appointment been available to them. This is a finding that the system wants to give further consideration to.

Possible drivers of A&E visits - patients returning to A&E for the same condition or undergoing/awaiting hospital treatment

Patients returning to A&E for the same condition, or undergoing or awaiting hospital treatment did not seem to be a major driver of visits to A&E for the respondents that we spoke with.

Most respondents (82%) had not visited the A&E Department that they were attending for the same condition in the last 6 months. 10% (n32) of patients were returning to A&E within a month of a previous visit, which is in line with national figures.

Most respondents were neither under hospital treatment (83%) nor awaiting hospital treatment (93%) for the condition that they attended A&E with, nor something related to it.

What would make a difference to respondents' decision to visit A&E?

Respondents could select up to three answers from a list of options that would have made a difference to their decision to attend A&E.

Most respondents (n202) think that A&E is the right place to meet their needs, and none of the options presented would have made a difference to their decision to visit the A&E Department.

Easier access to GP appointments was the second most frequently selected option (n 63), identified by 49 respondents who were sent to A&E and 14 patients who self-referred. Where patients do try to access alternatives to A&E there has to be capacity in the system so that these options work for them.

Following this there is some divergence between options identified by sent patients and self-referred. Sent patients identified easier access to NHS 111 telephone service (n15), other types of urgent care closer to them (n14) and real time information about A&E and MIU waiting times (n11). These findings align with the comments we heard about the NHS 111 service, and reflect that sent patients live further from an A&E Department than those who self-referred.

Self-referred patients wanted better information about alternatives to A&E (n10), how NHS 111 can help (n9) and other types of urgent care closer to them (n9). These

findings suggest that there are opportunities to increase awareness of alternatives to A&E for patients who are self-referring.

HANDi Paediatric App

93% of patients to whom the HANDi App was relevant had not heard of the App. There is further opportunity to promote the HANDi App to parents.

Local online information about the Urgent Care pathway

From a patient perspective the online information about Urgent Care is fragmented, partial and potentially confusing.

There is no single source of information about Urgent Care in the County. The NHS 111 First message is not consistently conveyed in all of the online information about Urgent Care. Information about “Alternatives to A&E” is available on the WAHT site, but some of this is out of date (2018/9). The page contains a helpful interactive map of local health services. This webpage is not integrated into information on the A&E or Minor Injuries Unit webpages. The A&E page on the Acute Trust site does not refer to the NHS 111 First process, or provide a description of the injuries that could be treated at a Minor Injuries Unit or hyperlink to Minor Injuries Unit information. “Live” information about A&E waiting times is extremely out of date (April 2019), despite being signposted from the Acute Trust’s home landing page and the A&E page.

Information about the services provided at Minor Injuries Unit is not fully consistent across the Acute Trust and Health & Care Trust websites. In particular there is inconsistent information about whether MIU’s can treat “minor” broken bones, and there is no information about when X-Ray facilities are available on the Kidderminster MIU site. Accurate information should be provided to patients about any exclusions due to age or injury that apply to the MIU’s. Patients need clarity about the MIU offer if they are to have trust and confidence that the service provided will meet their needs.

We recognise that there will always be people who will be unable or unwilling to access NHS 111 online and telephone options, and therefore the option of people being able to “walk in” to A&E without any prior contact with another service should always be available, as should information to the public about the range of Urgent Care services available in the County.

People understand A&E, they know that they will be seen by the correct person eventually in a situation they deem to be urgent/an emergency. For people to change their behaviour there needs to be clarity about the pathway and the alternatives to A&E which are available, and those pathways need to work for patients.

RECOMMENDATIONS

Information about NHS 111 First and other alternatives to A&E

There are opportunities to improve information and communication to the public about the NHS 111 First pathway locally. However, it is important that information about the range of local Urgent Care services is still available to people when they look for it.

Recommendations

1. Review online information across all NHS organisations about access to urgent and emergency care to ensure that it is giving consistent, accurate messages to the public about alternatives to A&E and the preferred pathway
2. Consider a single source of online information about NHS services in Worcestershire, that brings together up to date and accurate information for patients about Urgent & Emergency Care services that they can access in the County
3. Target communication about NHS 111 First, “Help Us to Help You” and alternatives to A&E - we found that males and younger people were more likely to self-refer to A&E, as were respondents who were private or social/housing association tenants, or living in supported or temporary accommodation and that self-referrers lived nearer to the A&E Departments and visited more frequently at the weekends
4. Promote the availability of the HANDi Paediatric App to parents in the County
5. Ensure that information about NHS 111 First and alternatives to A&E are available in a range of formats, in accordance with the Accessible Information Standard, recognising that not everyone is able or willing to access online information

NHS 111 service

There is scope to improve awareness of how the NHS 111 service can benefit patients if they contact it. However, patients need to receive a timely response from the service when they consider themselves to be in an emergency situation.

Recommendations

6. Promote information about how the NHS 111 Online service can assist patients
7. Promote information about what the NHS 111 telephone service can do for patients if they contact it - including providing advice and guidance, referral to community pharmacy, booking an appointment at a GP practice or Out of Hours GP service, booking a timed appointment at a Minor Injuries Unit or Accident & Emergency Department, and where necessary send an ambulance
8. Ensure that there is sufficient capacity in the NHS 111 telephone service to meet service demand in a timely fashion

Minor Injuries Units

Whilst half of self-referred patients were aware of Minor Injuries Units, they did not always know if they could treat the injury or illness that they had attended A&E with. Patients may not be easily diverted to an alternative to A&E if this is not local/readily accessible to them.

Recommendations

9. Review the information about Minor Injuries Units across organisations websites to ensure that there is clear and consistent information about what injuries can be treated at a Minor Injuries Unit, any exclusions due to age or injury, and when X-Ray facilities are available

10. Ensure that this information is updated if there is a change to the published information
11. Consider whether extending the X-Ray Department opening hours (for example into evenings and weekends) at Minor Injuries Units would be a realistic and effective way of relieving pressure on the A&E Department
12. If part of the role of the Minor Injuries Units is to reduce patients presenting as walk ins at the two A&E Departments, the NHS system to consider whether MIU's are correctly located to meet the needs of patients in Worcester and Redditch

Alerting A&E to arriving patients referred by their GP/NHS 111

An alert had not been received by the A&E Department for about half of patients sent by their GP practice. Where A&E had been alerted it had mostly worked well for patients. About half of patients sent to A&E by NHS 111 were not booked a timed appointment. Where an appointment was booked most patients were seen within 15 minutes of their appointment time.

Recommendations

13. Make patients aware that NHS 111 and their GP practice can alert A&E about a referral and that NHS 111 can book a timed appointment at A&E and MIU's
14. Consider how to increase the proportion of patients who are sent to A&E by their GP with an alert or who are booked a timed appointment by NHS 111

Capacity of alternatives to A&E

Patients journeys to the A&E Department are individual and sometimes complex. For alternatives to work for patients, and to be trusted by them, there must be sufficient capacity across the system to ensure a timely and appropriate response in what patients view as an urgent/emergency situation. This includes NHS 111 telephone response and call back times and may include access to GP appointments.

Recommendation

15. Ensure that there is sufficient capacity across the system so that alternatives to A&E are timely, accessible and available to patients

1. ABOUT HEALTHWATCH WORCESTERSHIRE

Healthwatch Worcestershire (HWW) provides an independent voice for people who use publicly funded health and social care services. Our role is to ensure that people's views are listened to and fed back to service providers and commissioners in order to improve services.

2. WHY DID WE UNDERTAKE THIS PROJECT?

2.1. Purpose

The County's Accident & Emergency (A&E) Departments, particularly at the Worcestershire Royal Hospital, are experiencing acute pressure from demand.

HWW undertook this project to increase understanding of why patients attend the two Accident and Emergency (A&E) Departments in Worcestershire. The focus was on patients who "walk in" to the Departments, rather than those who are conveyed by ambulance. It was intended to provide a snapshot of patient views. The project was undertaken with the co-operation of the Worcestershire Acute Hospital's NHS Trust.

HWW undertook a study in 2015 looking at [Urgent Care](#) and the reasons people were attending both A&E Departments and Minor Injuries Units. We found that awareness of Minor Injuries Units could be improved. We also found that 37% of respondents considered they had been referred to Urgent Care, and a further 34% considered that it was an emergency. Therefore in total 71% of respondents were in the correct place to meet their needs.

2.2. Accident and Emergency Departments and Minor Injury Units in Worcestershire

The Worcestershire Acute Hospitals NHS Trust (Acute Trust) is responsible for running the County's two A&E Departments, located in the Worcestershire Royal Hospital (WRH) in Worcester and the Alexandra Hospital (the Alex) in Redditch.

The County also has five Minor Injuries Units (MIUs). These can offer advice and treatment for a variety of injuries including cuts, grazes, wounds, sprains and minor burns.

The Minor Injuries Units are located in Kidderminster Hospital and Treatment Centre; Princess of Wales Community Hospital in Bromsgrove; Malvern Community Hospital; Evesham Community Hospital. At the time of writing this Report the MIU located at Tenbury Community Hospital has been temporarily closed until 31st March 2022. It was open when we were carrying out our Surveys in December 2021.

The Acute Trust is responsible for running the MIU located in Kidderminster Hospital and Treatment Centre. The other MIUs are run by the Herefordshire & Worcestershire Health and Care NHS Trust (H&WH&CT).

Opening times of the Units vary. X-Ray facilities are available at Bromsgrove, Malvern and Evesham on Monday - Friday from 9.00 a.m. - 5.00 p.m. (closed between 1-2 p.m.). This does not align with these MIU's weekday opening times. There are no X-Ray facilities at these Minor Injuries Units at the weekend.

Information about X-Ray facilities at Kidderminster MIU are not reported on the Acute Trust website.

2.3. NHS 111 First

The intention of NHS England is that every patient needing either Urgent Care or an Out of Hours service should first contact NHS 111.

Patients are asked to visit NHS 111 Online website, where they will be advised where to get help for their symptoms. Depending on the outcome patients may be advised to ring NHS 111, for example to book an appointment at a Minor Injuries Unit.

The NHS 111 telephone service is able to pre book a timed appointment at A&E Department and Minor Injuries Units for patients to attend. These patients are defined as “heralded” patients (i.e. the Department is aware that they are attending). Patients who “walk-in” to A&E are deemed as “unheralded”. The NHS 111 telephone service can also direct patients to a Pharmacy, or book an appointment at their own GP, a GP Out of Hours Service, or send an ambulance.

It is unclear the extent to which the general public are aware of the “NHS 111 First” message, and how making this contact may be of benefit to them.

At the time of writing patients are able to attend both A&E and Minor Injuries Units without first having contacted NHS 111. This is important because there will always be some people who are unable or unwilling to access online or telephone options.

2.4. Why are more patients attending A&E?

There are likely to be a complex, and potentially interconnected, range of factors affecting the increased demand on A&E Departments, which may not be wholly related to Covid-19.

The following reasons have been suggested, this list is not exhaustive:

- **Complexity & lack of information about alternatives to A&E in Worcestershire (such as Minor Injuries Units)** - A study of Urgent Care¹ carried out by HWW in 2014/5 found that whilst people were aware of Minor Injuries Units they lacked detailed information about how MIU’s could be of benefit to them. HWW recommended that there should be improved communication around Minor Injuries Units: existence; opening times and range of services, and that consideration should be given to the possibility of X-ray department opening hours matching those of the MIU, and increasing the range conditions treated by the MIUs. A recent study undertaken by Worcestershire NHS system partners² suggests that there is potential to increase the use of MIU’s by targeted messaging about what they can offer to patients.
- **Difficulties Accessing Primary Care** - HWW has had an increase in feedback from patients who are experiencing difficulties accessing primary care. This

¹ Healthwatch Worcestershire, February 2015, [Urgent-Care-Study-FINAL-report.pdf](#) ([healthwatchworcestershire.co.uk](#))

² A Data Driven approach to raise public awareness of UEC options and improve understanding, Herefordshire & Worcestershire ICS

includes getting through to the GP on the telephone and being offered a face to face appointment.³

- **Longer waits for Outpatient appointments and non-urgent elective treatment** - Patients are waiting longer for elective care⁴. They may visit A&E because they are concerned about a decline in their health or worsening of their symptoms whilst they are on a waiting list for an outpatient appointment, diagnostics or treatment. A&E may seem to patients to be a way of getting quicker access to treatment and medical care.
- **“Avoidable” visits** - Recent work undertaken by Worcestershire NHS system partners looked at attendances at the Alexandra and Worcestershire Royal Hospitals A&E Departments between April - June 2021. They estimated that of the 38.4k attendances, 8265 could have been seen or treated somewhere other than an A&E. Of these potential non-attenders (people who may have been able to be treated elsewhere), the 6-17-year age group is the largest group, followed by the 18-to-24-year age group. Injury to Shoulder / Arm / Elbow / Wrist / Hand or to the Hip / Leg / Knee / Ankle / Foot equated to 48% of all the possible non-A&E attendances. The study suggests that these injuries could have been treated other than at an A&E Department.
- **Gaps in pathways - A&E seen as the gateway to treatment and diagnostics** - Patients may use A&E as a gateway to some treatment pathways that they are unable to access directly. For example people requiring specialist equipment for a trauma injury may believe that they can only access, or can more quickly access, Trauma & Orthopaedic treatment by going through A&E first.
- **Referrals from within or outside the NHS** - A study by the Royal College of Emergency Care (RCEC) found that nationally between May 2020 - May 2021 NHS 111 referral rates to A&E had increased by 2.5%⁵. As NHS 111 is a high volume service this could result in a significant increase in the number of A&E visits. Patients may also be being sent to A&E by other health providers (GP, MIU, pharmacy, physio) or other settings (e.g. schools).
- **Health Inequalities** - Some people experiencing health inequalities, for example people who are sleeping rough or who are homeless, may be more likely to use A&E for avoidable reasons⁶. This could also apply to those who do not have easy access to primary care services for a variety of reasons such as working patterns or digital exclusion.⁷ ⁸A recent study by the Red Cross⁹ found that people who most frequently attend A&E are more likely to live in the most deprived areas and are more likely to be in poor health. These people may

³ [HWW-GP-Feedback-Summary-April-to-September-2021.pdf \(healthwatchworcestershire.co.uk\)](#)

⁴ In December 2021 the waiting list total in Worcestershire was 57,660, with 29,704 waiting over 18 weeks and 7,023 waiting over 52 weeks. Over 32,000 are waiting for their first Outpatients appointment. 11,854 patients are waiting for diagnostics of which 5,004 have been waiting for longer than 6 weeks of this group 2,636 are waiting for longer than 13 weeks.

⁵ Royal College of Emergency Care, August 2021, www.rcem.ac.uk [What's behind the increase in demand in Emergency Departments?](#)

⁶ Multimorbidity and emergency department visits by a homeless population: a database study in specialist general practice, British Journal of General Practice 2019 [Multimorbidity and emergency department visits by a homeless population: a database study in specialist general practice | British Journal of General Practice \(bjgp.org\)](#)

⁷ Healthwatch England, June 2021, Locked Out: Digitally excluded people's experience of remote GP appointments

⁸ Healthwatch Worcestershire, January 2022, [Digital Access to Healthcare Report](#)

⁹ British Red Cross, November 2021, Nowhere Else To Turn, [Exploring high intensity use of A&E services Nowhere to turn: exploring the high intensity use of Accident and Emergency services \(redcross.org.uk\)](#)

often feel unheard, leading to dissatisfaction and disengagement with health services more generally. The charity estimates the issue costs the NHS at least £2.5bn a year.

- **Practicality / Proximity** - the Worcestershire NHS system study found that patients living in close proximity to an A&E Department were more likely to use them for “avoidable” reasons and that attendance was higher on a Sunday when fewer alternative options were available to patients. It should be noted that there are no geographically local Minor Injuries Unit / Walk-In Clinics for patients living in Worcester or Redditch, which is likely to mean that patients see A&E as their first option for Urgent Care or Out of Hours care, even though the NHS may classify these visits as “avoidable”.
- **Mental Health** - A Report from HWW¹⁰ about the impacts of the Covid-19 pandemic found that people reported an increased impact on their mental health as the pandemic went on. The CQC¹¹ have found that some EDs have been functioning as a ‘first contact’ for people in mental health crisis due to a lack of alternatives.
- **Children & Young People** - the Royal College study highlighted that there has been increased use of A&E by parents of children and young people. Parents may be taking young children to A&E with symptoms that are common in winter months but which, due to lockdown, they have not experienced before. They suggest that fear over children’s health and potential difficulty in accessing other health services may be driving the increase in the use of A&E by parents of children and young people.

3. WHAT WE DID

Healthwatch Worcestershire completed **15 visits to the public waiting areas at the Accident & Emergency (A&E) Departments of the Worcestershire Royal Hospital and the Alexandra Hospital** between 30th November 2021 - 14th December 2021. 11 visits were to Worcestershire Royal Hospital (WRH) and 4 to the Alexandra Hospital (the Alex). The visits took place across weekdays and at weekends, and at various times of the morning, afternoon and evening. The Schedule of visits can be found at **Appendix One**.

As we were undertaking these visits during the Covid-19 pandemic we carried out a risk assessment and sought advice from the Acute Trust about infection control protocols and procedures, which we complied with.

During the visits we conducted a face to face Survey with patients who had made their own way to the A&E Department, and were in the public waiting area, about their reasons for visiting A&E on that day.

We did not speak with people who had been conveyed to A&E by ambulance as this was not usually a decision to attend A&E made by the patient.

The Survey was made available online for any patient who had visited the A&E Departments at Worcestershire Royal or the Alex during November or December 2021.

¹⁰ Healthwatch Worcestershire, September 2020, [Covid-19 Reports | Healthwatch Worcestershire](#)

¹¹ Care Quality Commission (2020). <https://www.cqc.org.uk/news/releases/cqc-finds-mental-health-inpatient-services-coped-well-coronavirus-covid-19-there-will>

We produced a leaflet for patients about the Survey with a web address and QR code. We asked A&E staff to distribute these to patients and encourage them to complete the online Survey whilst they were at the A&E Department during times we were not visiting. We supplied 2000 leaflets to the WRH and 1000 to the Alex.

We also promoted the Survey on social media and through our networks, although we were aware that we were unlikely to reach many patients who had used A&E during the relevant dates through these routes.

Whilst the Survey was available online the majority of surveys were completed face to face. We could only speak to people at the times we attended. The Survey took place over a two week period in November and December 2021 and therefore responses will reflect the conditions at that time.

Patients did not have to speak to us. 70 patients approached by us either declined to speak with us or were interrupted by being called for treatment before completing the Survey. It is probable that patients in more pain or distress were less likely to want to talk to us.

4. WHO WE HEARD FROM

For a full breakdown of the characteristics of the people we spoke with see **Appendix Two**

- **323** people completed our Survey - 292 face to face and 31 online
- **53%** were female and **47%** were male
- Most (**86%**) were heterosexual, 2% were bisexual and 1% were lesbian or gay. 11% preferred not to say
- **Age range** - 15% of respondents are under 18 years, 61% are aged 18 - 64, and 24% are aged over 65. A more detailed breakdown of respondents age range can be found in Appendix Two.
- **22%** defined themselves as having a **disability or long term condition**
- **86%** are **White British**, 4% are European, 2% are from another Ethnic Group. Other ethnicities identified are: Irish (1%), Indian (1%), Pakistani (1%), Black/Black British - African (1%), Mixed Asian and White (1%) Any Other Asian Heritage (1%), Any other White heritage (1%)
- **95% of respondents reported that English was their first language.** Other first languages spoken were: Polish (5), Lithuanian (2), Portuguese (2) Farsi (2). Other Languages were Mandarin (1), Thai (1), Punjabi (1), French (1), Turkish (1), and Romanian (1)
- **Respondents live in** Worcester City (30%), Wychavon (19%), Redditch (15%), Malvern Hills (11%), Wyre Forest (9%), Bromsgrove (8%) and outside of Worcestershire (8%)
- Respondent's **housing situation** was: Owner Occupiers (56%), Social / Housing Association Tenant (14%), Living at home with family (13%), Private Tenant (11%), Sharing or Lodging (2%), Student Accommodation (2%) and Supported Accommodation (2%)

We asked the Acute Trust for data for A&E attendances during the time period of the snapshot survey, including “Walk ins”. Overall we surveyed 8% of patients who walked in during the period. According to the Acute Trust data 686 patients attended the sessions when we were conducting Surveys, of whom 47% completed Surveys. In respect of responses per session attended, we completed Surveys from between 19% and 62% of the attendees. It is considered that this represents a good sample of those who attended A&E during the sessions that we visited.

The Survey responses reflect the pattern of attendance by gender and by ethnicity experienced by the Acute Trust. However the spread of numbers across people from other ethnic groups were not sufficient to enable us to draw any reliable conclusions.

Paediatric patients at Worcester Royal Hospital have access to a separate waiting room which is accessed by swipe key and therefore may be underrepresented in our sample.

4.1 Where and when did they go to A&E?

- **79%** were attending A&E **themselves**, **15%** were with a **child or young person** under 16, and **6%** were **accompanying another adult** (family member)
- **75%** attended A&E at the **Worcestershire Royal Hospital (WRH)**, and **25%** attended the **Alexandra Hospital**. Most of our visits were made to Worcester Royal Hospital
- **76%** attended on **weekdays (Mon -Friday)** and **23% at the weekend**. A further breakdown of days of the week that patients attended can be found in Appendix Two

Note

Not all questions were answered by all respondents. When non-response is present, percentages are reported based on the numbers answering the question. Where numbers are small for clarity we have used numbers (n) rather than percentages. Where themes / comments are reported these are set out in order of frequency, starting with the highest number.

WHAT WE FOUND OUT

5. PATIENTS WHO CONTACTED ANOTHER HEALTH SERVICE BEFORE GOING TO A&E

5.1 Respondents are contacting another health service before going to A&E

Overall **70% (n227)** of respondents reported they had **contacted another health service** about their condition **BEFORE going to A&E**.

Of those who had contacted another service **92% (n209)** reported they were sent to **A&E by the health service that they had contacted**. In this Report we have described these patients as those sent to A&E.

This is in contrast to our 2015 study, when most patients (63%) were self-referring to A&E.

5.2 Where and when did patients who had contacted another health service attend A&E

- A higher proportion of respondents **visiting the Worcestershire Royal Hospital (74%)** had **contacted another health service** prior to going to A&E than respondents at **the Alex (60%)**.
- A higher proportion of patients who attended A&E on **weekdays (Monday - Friday) (72%)** had **contacted another health service** than those who attended at the **weekend (65%)**.

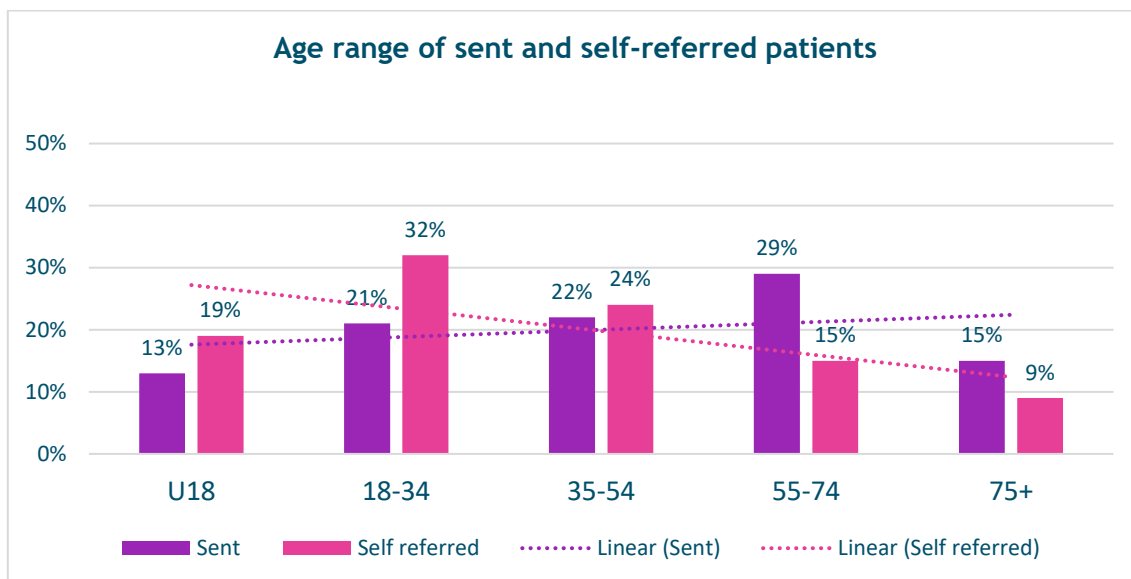
5.3 Characteristics of patients who contacted another health service before going to A&E

80% of these patients (n182) were attending A&E on their own behalf, 13% (n30) with a child or young person and 7% (n15) with another adult, usually a family member or relative.

More respondents who had contacted another health service before attending A&E were **female (59%)** than **male (41%)**.

Looking at the age range of respondents who had contacted another service before going to A&E it can be seen in the graph below that **these patients are in the older age ranges with declining numbers in the younger age ranges**.

In contrast for patients who self-referred it can be seen that the trend is for these patients to be in the younger age ranges with a declining number in the older age ranges.



A higher proportion of patients who were sent to A&E were **owner occupiers** (61%) in comparison with those who self-referred (43%).

5.4 Illness or injury of patients who contacted another health service before going to A&E

Healthwatch Worcestershire is not a clinical organisation, we therefore did not ask patients about their medical condition. However we did ask patients to select what their illness or injury related to from a list of options. We included an “Other” option for illness/injury not included in our list. Not all patients who selected the “Other” option provided information about their injury or illness. A table of results can be found at Appendix 3

In summary we found that patients were being sent to A&E by another health service for a more diverse range of reasons than patients who were self-referring (see 6.3 below).

The top three injuries/illnesses identified were: stomach/digestive issue (26), possible broken bone (21) and chest pain (20). 46 patients selected the “Other” option, even though a wide ranging list of injuries and illness were provided.

5.5 Which health services were contacted by respondents?

We asked respondents which was **the last health service that they had contacted** before going to the A&E Department, and whether that service **had referred or told the person to go to A&E**.

Health Service Contacted	Number who contacted	Number told to go to A&E
GP practice	80	75
NHS 111 telephone service	67	54
Minor Injuries Unit	29	29
Hospital Department (e.g. Cancer, Orthopaedics, Heart etc)	15	15
999 emergency service	14	14
NHS 111 online service	8	7
Pharmacist	3	3
Other health professional (e.g. physio, nurse, midwife)	4	4
A&E (told to come back /or sent by another A&E Dept)	3	3
GP out-of-hours service	2	2
Other	2	2
TOTAL	227	208

The top three services that patients reported they contacted before attending A&E were their GP practice (n80), the NHS 111 telephone service (n67) and Minor Injuries Units (n29)

Overall 92% (n208) of respondents reported they were told to go to A&E by the health service that they had contacted.

GP practices

Of the 80 patients who contacted their GP prior to attending A&E **75 (94%) reported they were told by the practice to go to A&E. 67 (89%) were sent by a GP** at the practice, 6 (8%) by reception/administrative staff and 2 (3%) by another health professional. A further 2 patients reported they had been told to go to A&E by the Out of Hours GP service.

In 51% (n39) of cases the GP practice had told the patient that they had contacted / made an arrangement with the A&E Department before they sent the patient to the Department.

We asked patients how this had worked for them. This worked well for 28 respondents, but 10 reported that they had not been expected at the A&E Department. The comments were themed as positive or negative, and are reported below:

Positive

- Patient expected at A&E (17)
- Patient provided with a letter by GP to take to A&E (9)
- Worked well (2)

Negative

- Patient not expected on arrival - unsure if GP had actually contacted A&E (7)
- GP had phoned A&E, but patient was not expected on arrival (3)

49% (n38) reported their GP practice had not alerted A&E.

There could be scope to increase communication between GP's and A&E when patients are being referred.

NHS 111 Service

The NHS 111 telephone service is able to book a timed appointment for patients at the A&E Department or alert A&E that the patient would be attending.

52% (31) of respondents who had contacted NHS 111 told us that either a time slot had been booked for them (18) or that A&E had been alerted prior to their arrival (13). 1 (2%) told us that they had been told that A&E would be alerted but this was not the case, and 28 (47%) said NHS 111 didn't book a timeslot or alert A&E.

Of those with a timed appointment 10 (56%) were seen within 15 minutes of their appointment time, 1 was seen within 16-30 minutes, and 3 were seen within 31- 60 minutes. 4 patients did not know/couldn't remember.

Some patients described contacting **NHS 111 Telephone service** prior to going to A&E but being **unable to get through quickly on the phone**. Examples reported included:

“Person rang NHS 111 but after 25 minutes there was no reply, so they decided to come to A&E anyway. Person commented that as it was a rash on a child that would not go away “wild dogs would not have kept me away from A&E”

“Rang NHS 111 but it took over 30 minutes to get a response so patient came to A&E”

“Rang NHS 111, no answer so rang 999. Patient reported they were on the phone to 999 whilst on hold for NHS 111”

Others reported that, having got through to NHS 111, they had a **lengthy wait for a call back**. Examples reported included:

“Called NHS 111 at 2:45 p.m. by 7 p.m. no call back received so came to A&E with child. Finally received a call back at 8.00 p.m.”

“Took a few hours for a call back. Then sent to A&E. A prompt GP Out of Hours appointment could have solved the problem”

“Princes of Wales in Bromsgrove advised the patient to go to A&E after a delay of 6 hours before the NHS telephone service contacted the patient.”

Patients contacting more than one service before visiting A&E

We asked patients to specify the last health service that they had contacted prior to attending A&E.

Some patients described to us that they had contacted more than one health services, before eventually being sent to A&E.

Examples reported included:

“Patient had phoned NHS 111 who had told them to contact their GP surgery. The GP Surgery sent them to MIU at Kidderminster Hospital. The MIU sent the patient to A&E for an overnight admission to hospital”

Patient rang GP surgery first, but could not get through. They then telephoned NHS 111 and were told to ring 999. The Ambulance service told the patient to go to A&E. The Ambulance service said they would contact the A&E Department to let them know the patient was arriving, but A&E had no information about them on arrival.”

“Patient went in person to Malvern MIU, it was closed. The Malvern MIU notice said to phone NHS 111, the patient did this and were sent to A&E by NHS 111.”

Patient required medication. They had recently moved and not yet registered with a GP in Worcester. They rang their local GP surgery but were told they couldn't help and to go to the NHS 111 telephone service. There was a recorded message about long waits before calls were answered, so patient went onto NHS 111 online, which directed them to A&E. The patient had also tried a pharmacy about their medication, which couldn't help, and looked for a walk-in clinic but there were none available in Worcester”

This illustrates the complexity of accessing urgent care from a patient's perspective.

There is a danger that if the response to patients through NHS 111 is not timely, or if patients are trying to access alternative services yet end up at A&E, they may in future be inclined to vote with their feet and go directly to A&E.

It is therefore important that alternative pathways to A&E work from the perspective of the patient.

5.6 Patient attending A&E who were not sent there by the service they contacted

8% of respondents (n19) had not been sent to A&E by the service that they contacted but had made a decision to attend A&E themselves.

6. PATIENTS WHO SELF-REFERRED TO A&E

30% of respondents (n96) had self-referred to the A&E Department. That is, they had not contacted another health service prior to attending A&E on the day of their visit.

6.1 Where and when did patients who self-referred attend A&E

A higher proportion of respondents who self-referred attended the A&E at WRH (67%, n 64) than at the Alex (33% n32).

A higher proportion of patients who self-referred attended A&E on **weekends (35%)** compared with those who attended on weekdays (28%).

6.2 Characteristics of patients who self-referred

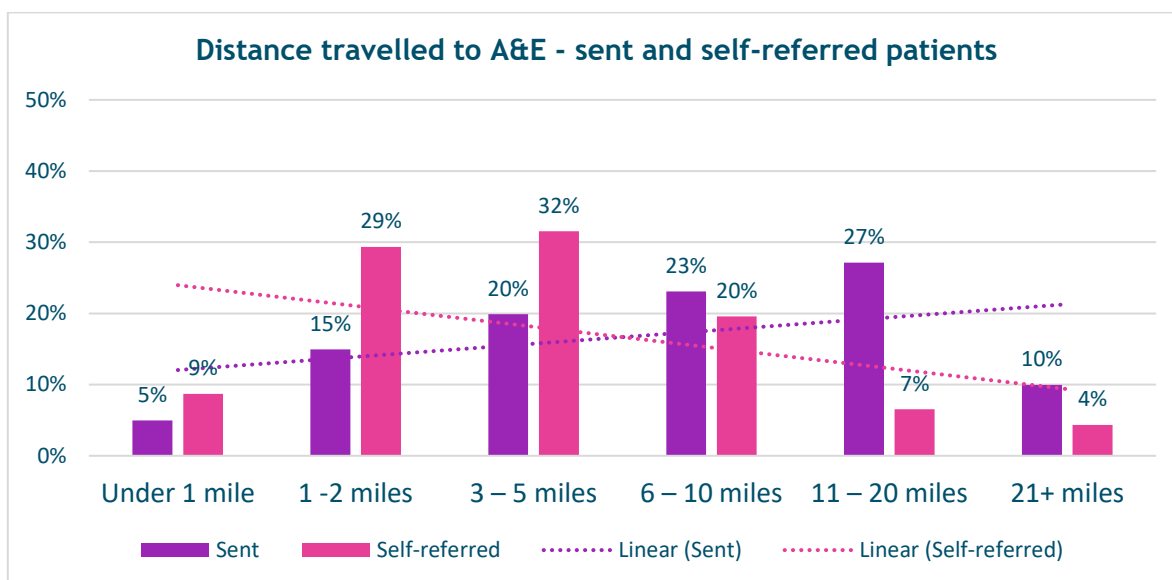
Most of these patients 76% (n73), were attending A&E on their own behalf, 19% (n18) with a child or young person and 5% (n5) with another adult.

More respondents who self-referred to A&E were male (62%) than female (37%)

Looking at the age range of respondents who had self-referred, the graph at 5.3 above shows that the trend is for these patients to be in the younger age ranges with a declining number in the older age ranges.

Respondents who self-referred live nearer to the A&E Department. 70% of self-referred patients live under 5 miles from the A&E Department, and of these 38% live under 2 miles from the Department.

The trend for patients sent to A&E by another health service is that they travel a longer distance to get there. This is illustrated by the lines in the graph below.



More patients who self-referred to A&E were private or social / housing association tenants, or living in supported or temporary accommodation (38%) compared with those who were sent to A&E (22%).

6.3 What injuries or illness are self-referred respondents attending A&E with?

We asked respondents who self-referred to select what their illness or injury related to from a list of options, including an “Other” option.

Injury/Illness	Number
Possible broken bone	30
Injury to muscle/ joints	11
Wounds, bruising or cuts	9
Chest pain	8
Head injury	5
Other	5
Mental health	4
Back pain or injury	3
Breathing Problems	3
Rash/ soreness/swelling	3
Eye problem	2
Burn	2
Stomach /digestive issue	2
Issue following surgery	2

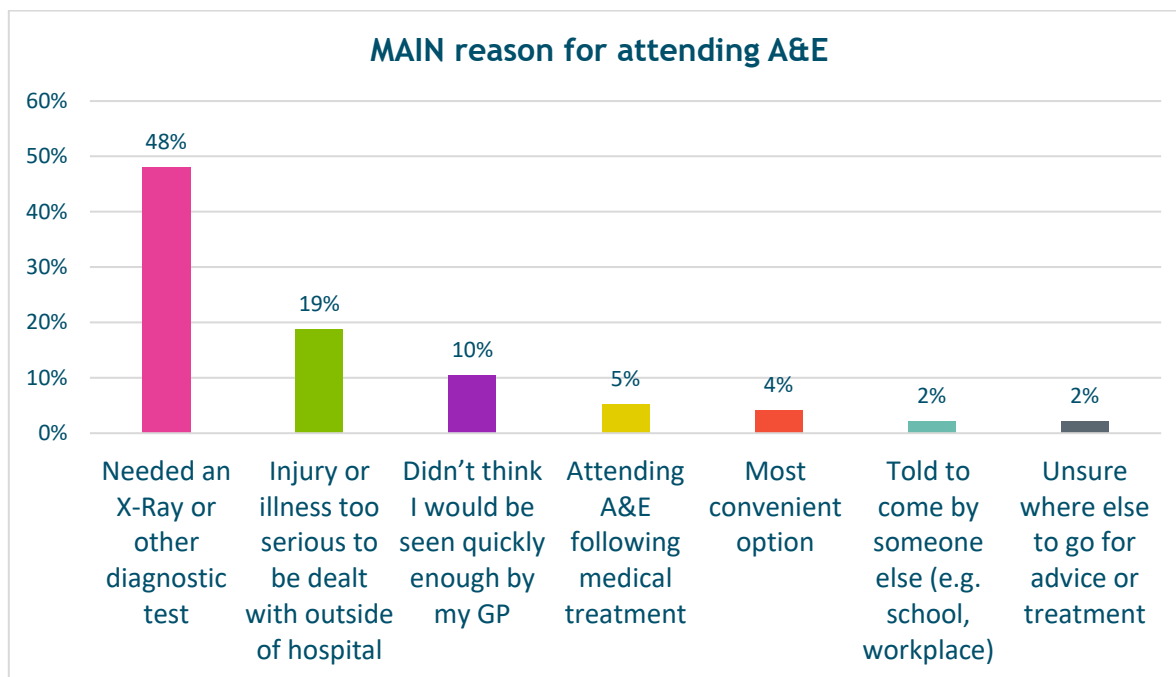
The top three injuries/illnesses reported by those who were self-referring were possible broken bone (30), injury to muscles/joints (11) and wound bruising or cuts

(9). These accounted for 60% (n 50) of the injuries/illnesses patients who had self-referred identified.

For a list of the 5 issues /illnesses selected by a single respondent please contact us.

6.4 MAIN reason for attending A&E Department

We asked respondents who had self-referred the MAIN reason they had visited the A&E Department.



The top three main reasons given by respondents were: they needed an X-Ray or other diagnostic test (48% n46), their illness or injury was too serious to be dealt with outside of the hospital (19% n18) and they didn't think they would be seen quickly enough by their GP (10% n10).

Only 4% (n4) said they attended because it was the most convenient option, and only 2% (n2) of patients who self-referred said they did not know where else to go for advice or treatment.

81% (n77) of patients who self-referred said they would still have attended A&E even if they could have got a GP appointment on the same or next day. 19% (n18) would not have done.

Overall, when asked what would have made a difference to their decision to visit the A&E Department most patients who self-referred (n57) thought that they were in the right place to meet their needs.

Whilst the NHS may regard some of these visits as avoidable, patients need to be able to access alternatives that provide the facilities they need (such as X-Ray), are close to them and open when they need them.

6.5 Awareness of NHS Urgent Care campaigns/information apps

The "Think NHS 111 First" campaign asks people to contact NHS 111 if they are thinking about going to A&E for an urgent, but not serious or life threatening, health problem.

83% of respondents who self-referred (n80), told us that they were aware of the **NHS 111 First** initiative, whilst 17% were not. However this finding may reflect respondents' general awareness of NHS 111, rather than the specific NHS 111 First campaign. If these respondents were aware of NHS 111 First message they had not heeded it.

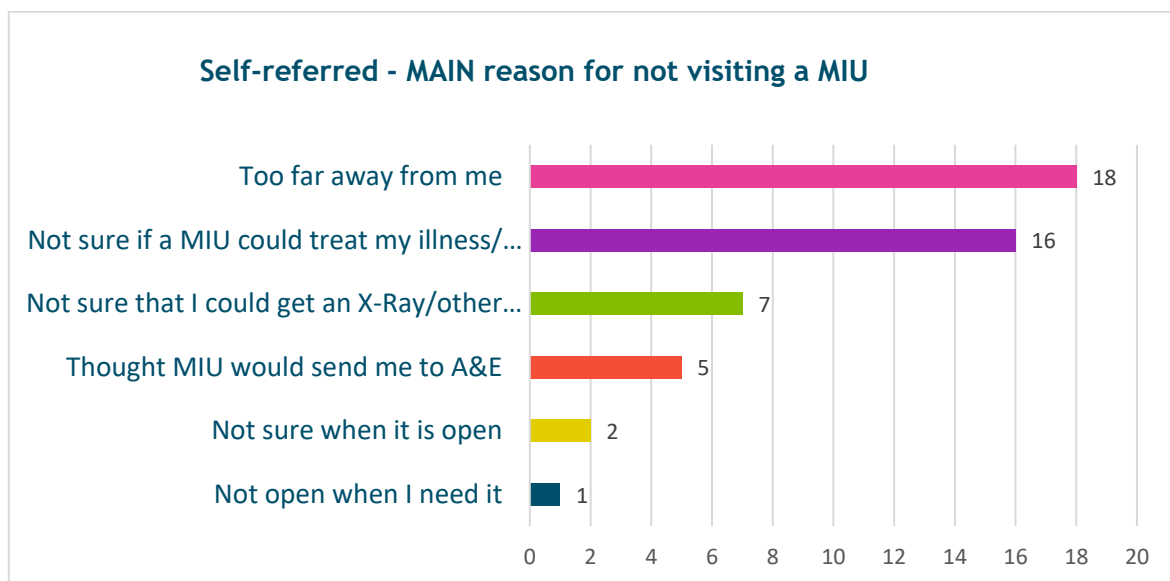
The “Help Us to Help You” campaign explains how NHS 111 online and other services can provide information about urgent care needs. Fewer respondents (38%) were aware of the “Help Us to Help You” campaign, 62% were not.

There is an opportunity to promote to patients how NHS 111 Online and Telephone Services can help them.

6.6 Awareness of Minor Injuries Units

59% of self-referred patients (n57) were aware of Minor Injuries Units in the County. 41% (n39) were not.

We asked patients who were aware of Minor Injuries Units (MIU) the MAIN reason they did not visit a MIU rather than attend A&E. The top three reasons given were: MIU is too far away (32% n18), unsure if their illness or injury could be treated at an MIU (29% n16) and unsure if they could get an X-Ray or other diagnostic test (13% n7).



Other reasons given were: unable to find opening times on Princess of Wales Community Hospital website; thought MIU was appointment only and it takes too long to go via NHS 111; unsure if an MIU will deal with children; thought the A&E Department was a MIU, didn't think of going to MIU, child in pain and A&E was closer.

38% (n35) of patients who self-refer live in Worcester City and 23% (n21) live in Redditch. It is worth noting that there are no Minor Injuries Unit in these locations.

Comments about Minor Injuries Units from all Survey respondents

We received a number of comments about the opening times / facilities at Minor Injuries Units from respondents to the Survey. Comments reported included:

“MIU at Evesham doesn’t open until 08:30 a.m., otherwise I would have gone there”

“Went to MIU in Bromsgrove, but they don’t see children under 3 - so sent by MIU to A&E”

“Referred to A&E by Evesham MIU, needed to be seen by a paediatrician”

“If MIU (Princess of Wales) had X-Ray facilities at the weekend I would have gone there”

“X-Ray at Malvern MIU was unavailable, this information was not on the website”

The Survey results, and other comments we received from respondents, indicate that there is scope to improve communication with the public about Minor Injuries Units. In particular about: opening times, what injuries /illness and which age groups fall within the remit of the MIU and the range of services they provide.

7. AVAILABILITY OF GP APPOINTMENTS

We asked all Survey respondents if they had a GP appointment, either with their own GP or with an Out of Hours doctor, on the day of their A&E visit, or on the day after, would they still have gone to the A&E Department.

7.1 Patients who had contacted another health service before going to A&E

69% (n155) of patients who contacted another health service said **yes, they would still have attended A&E** if they had a same or next day GP appointment.

31% (71) would not have done. 63 of these 71 patients had been sent to A&E by another health service.

We looked at **which Health Service had sent the respondents**: 21 had been sent by the NHS 111 telephone service, 17 had been sent by their GP practice, and 13 had been sent by a Minor Injuries Units. The remainder had been sent by NHS 111 online (3), 999 (2), a hospital department (1), another health professional e.g. physiotherapist or midwife (1) or an “Other” service (5).

We do not know the reason why these patients were of the view that a same or next day GP appointment would have avoided their visit to A&E. This is an issue that the system may want to give some further consideration to.

7.2 Patients who self-referred

Of the 96 patients who **self-referred 81% (n 77) would still have attended A&E** even if a same / next day GP appointment was available and **19% (n18) would not**.

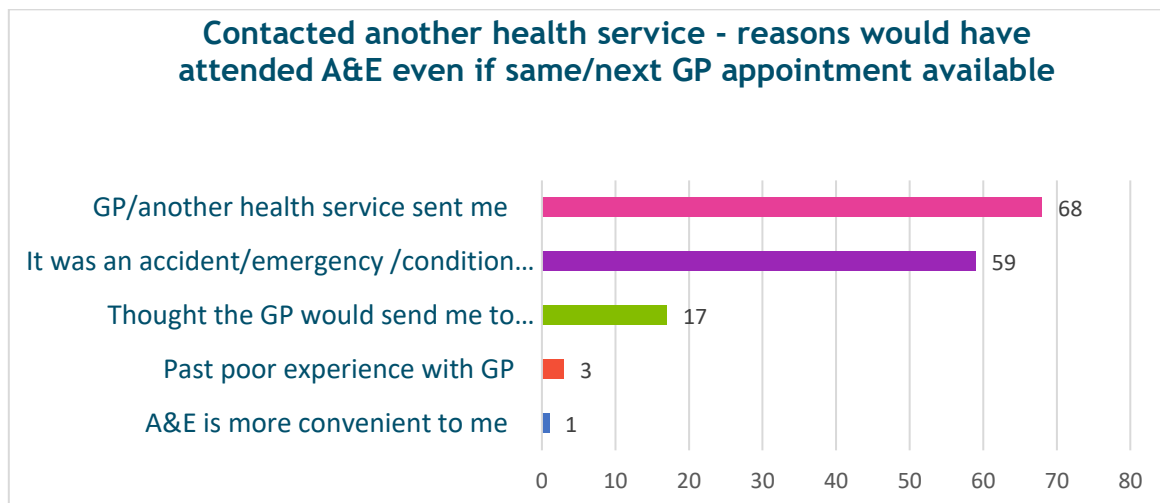
7.3 Reasons patients would still attend A&E if a same/next day GP appointment were available

Across all the variables we looked at (location of A&E Department, day of week, time of day, gender) most respondents would have attended A&E even if they had a same or next day GP appointment.

Patients who had contacted another health service before going to A&E

Patients who had contacted another health service before going to A&E make up 67% (n155) of those 232 respondents who said they would have gone to A&E, even if a GP appointment was available to them.

Of the 155 who would still have attended A&E 44% (n68) told us the reason for this was that their GP, or another health service, had sent them there. A further 38% (n59) said it was an accident or emergency or their condition had deteriorated and 11% (17) though the GP would send them to A&E/Hospital anyway.

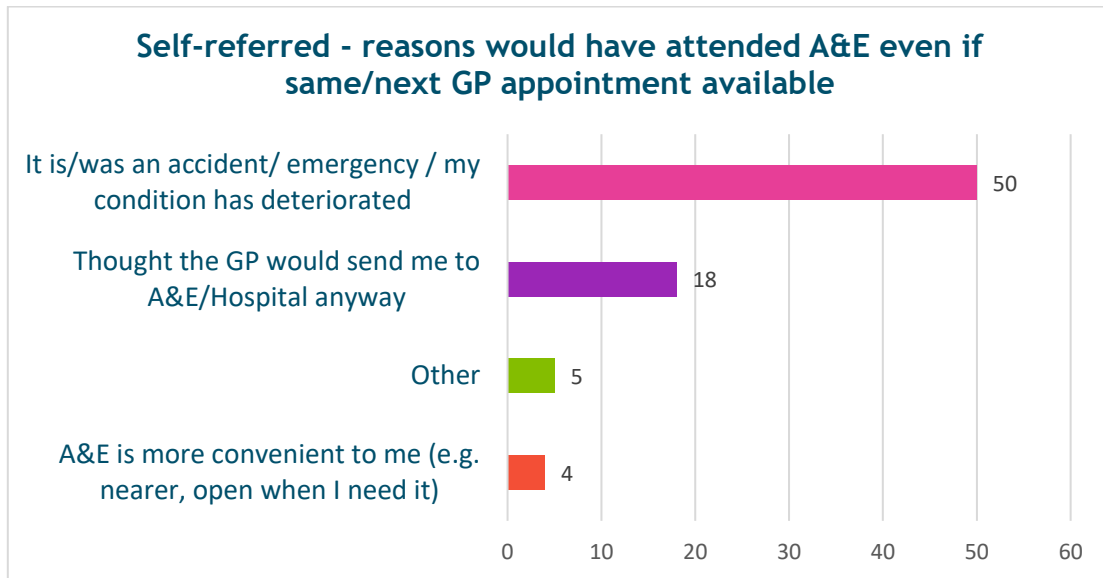


Other reasons given were: GP was not open/Out of Hours (2); Not something a GP could deal with (2), Needed to be seen sooner (1), Family insisted I attend A&E (1), Unstable housing situation (1).

Patients who had self-referred to A&E

Patients who self-referred to A&E make up 33% (n77) of those 232 respondents who said they would have gone to A&E, even if a GP appointment was available to them on that day or the day after.

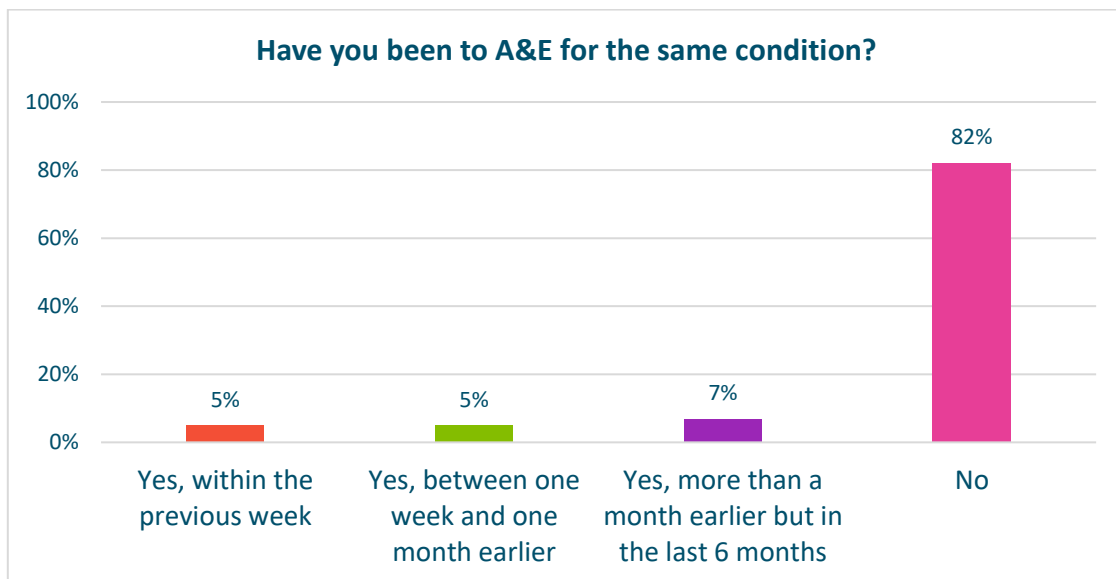
The reasons given for this are set out in the graph below. This shows that the two main reasons given are that it was an accident/emergency, or the patient's condition had deteriorated (n50 65%) and they thought they would be sent to A&E by a GP anyway (n18 23%).



Other reasons were: told to return to A&E for bandage change, pregnancy, care home called paramedic, GP sent them, and patient was in pain. No one selected past poor experience with the GP as the reason.

8. PATIENTS RETURNING TO A&E FOR THE SAME CONDITION

We asked all respondents if they were returning to A&E after a previous visit for the same condition, or something related to it.



The graph shows that most respondents (82% n262) had not visited the A&E Department that they were attending for the same condition in the last 6 months.

5% (n16) had visited in the previous week, 5% (n16) between one week and one month earlier and 7% (n22) more than a month earlier but within the last 6 months. A further 1% of patients did not know or couldn't remember.

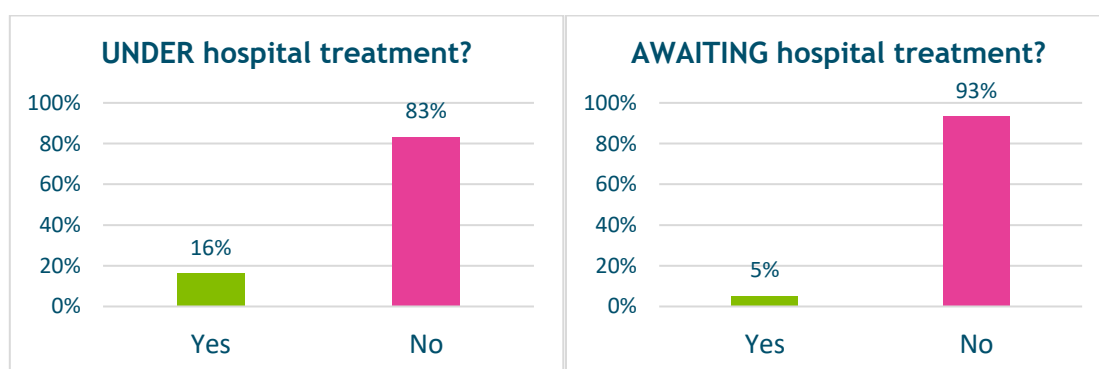
These responses are broadly in line with national results from the CQC Urgent & Emergency Care Survey¹² in 2020.

Slightly more patients who had been sent to A&E (6% n13) than self-referred patients (3% n3) had been to A&E within the previous week for the same condition, however it should be noted that these numbers are small.

Patients returning to A&E for the same condition did not seem to be a major driver of visits to A&E for the respondents that we spoke with.

9. PATIENTS UNDERGOING / AWAITING HOSPITAL TREATMENT ATTENDANCE AT A&E

We asked all Survey respondents whether they were currently under hospital treatment, or awaiting hospital treatment, for the same condition or something related to it that was the reason for their visit to A&E.



83% (n266) respondents were neither under hospital treatment or awaiting hospital treatment (93% n293) for the condition that they attended A&E with, nor something related to it.

16% (n52) of respondents were under hospital treatment for the condition they attended A&E with, and 5% (n17) were awaiting treatment. A further 1% of patients did not know.

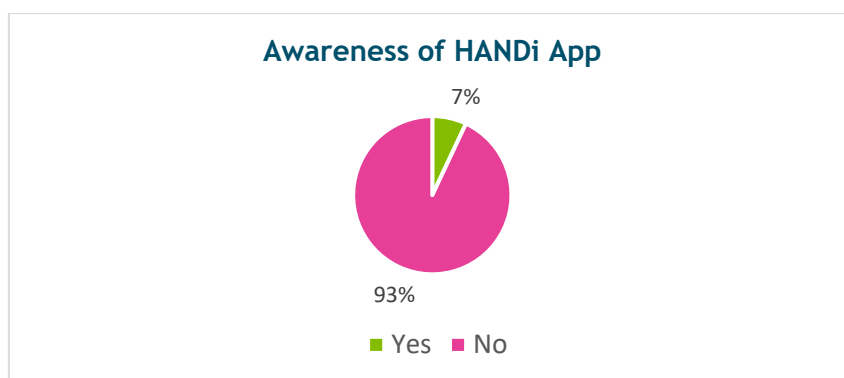
Patients undergoing or awaiting hospital treatment did not seem to be major drivers of visits to A&E for the respondents that we spoke with.

10. AWARENESS OF THE HANDi PAEDIATRIC APP

The NHS endorsed HANDi Paediatric App provides up-to-date advice to parents about the most common childhood illnesses and how to treat them. By answering questions on the App parents are advised whether to treat illness at home, by GP appointment or attendance at A&E.

Looking only at the 178 patients to whom the app was relevant, we found that there was low awareness of the App amongst this group. 93% (n165) had not heard of the Handi Paediatric App, whilst 7% (n13) had.

¹² CQC Urgent & Emergency Care Survey 2020 national findings showed that 5% of patients returned to A&E within the previous week, and 8% between one week and one month earlier. The national results showed 14% of patients returned more than a month earlier, and 73% had not previously been to A&E for the same condition. [CQC Urgent & Emergency Care Survey 2020](#)



There is further opportunity to promote the HANDi Paediatric App to parents in the County.

11. WHAT WOULD MAKE A DIFFERENCE TO RESPONDENTS DECISION TO VISIT A&E

We asked all Survey respondents what would have made a difference to their decision to visit the A&E Department. They could select up to three answers from the list provided. There was also an “Other” option.

Table - Would any of the following have made a difference to your decision to visit the A&E Department today? (Select up to Three answers)	
Option	Number
No, I am in the right place	202
Easier access to GP appointments	63
Other types of Urgent Care closer to me (e.g. Minor Injuries Unit or Walk In Clinic)	23
Better information about alternative health services to A&E (e.g. Minor Injuries Unit)	21
Easier access to NHS 111 telephone service (e.g. got through / called back more quickly)	21
Real time information about waiting times at A&E and MIU	20
Better information about how the NHS 111 service can help me (e.g. directing me to urgent care services, health professional call back)	17
Easier access to hospital treatment/Outpatient appointments	13
Better information about NHS information / apps that would help me decide whether I needed to go to A&E	3
Better information about the services offered by Pharmacies	1

The most frequently selected response was that **people were in the right place, and none of the other options set out would have made a difference to their visit to A&E.**

Following this easier access to GP appointments (63); other types of Urgent Care closer to me (23); better information about alternative health services to A&E (e.g. Minor Injuries Unit) (21); easier access to NHS 111 telephone service (21) and real time information about waiting times at A&E and MIU (20) were the most frequently selected options by all respondents

There was some difference in the order of options selected between patients who had been sent to A&E and those who self-referred.

Patients sent to A&E - Top Five Options

- I am in the right place (145)
- Easier access to GP appointments (49)
- Easier access to NHS 111 telephone service (15)
- Other types of Urgent Care closer to me (14)
- Real time information about waiting times at A&E and MIU (11)

These findings align with the comments we heard about the NHS 111 service, and reflect that sent patients live further from an A&E Department than those who self-referred.

Self-referred Patients - Top Five Options

- I am in the right place (57)
- Easier access to GP appointments (14)
- Better information about alternative health services to A&E (10)
- Better information about how the NHS 111 service can help me (9)
- Other types of Urgent Care closer to me (9)

These findings suggest that there are opportunities to increase awareness of alternatives to A&E for patients who are self-referring.

Other Comments

“Other” suggestions that were identified by patients as making a difference to their decision to visit the A&E Department were:

- **Improved access to X-Ray services (5)** - at weekends (outside of A&E) (2), via GP’s (2) and providing real time information about X-Ray services (1)
- **Direct access to hospital departments** for adults with ongoing conditions and post-surgery (3)

Better access to emergency dental services (1), alternative access to tetanus injections (1) and less rushed hospital discharge (1) were also identified by patients.

12. LOCAL ONLINE INFORMATION ABOUT URGENT CARE PATHWAY

As set out in 2.3 above, the intention of NHS England is that every patient needing either Urgent Care or an Out of Hours service should first contact NHS 111 Online website, where they will be advised where to get help for their symptoms. Depending on the outcome patients may then be advised to ring NHS 111, go to A&E or directed to another option. Our Survey suggests that self-referred patients are not necessarily aware of the NHS 111 First message, or if they are they may not always be heeding that advice.

HWW recognise that accessing information online, or via the telephone, are not options that are accessible to everyone (see our recent report on Digital Access to

Healthcare Services and our Covid-19 Reports), so it is important that this is not the only means of accessing emergency care. We therefore welcome that patients are able to walk-in to A&E and Minor Injury Units.

Nevertheless, if patients are accessing online information about Urgent Care in Worcestershire then the preferred NHS 111 pathway should be clearly communicated, alongside comprehensive and consistent information about what Urgent and Emergency Care services are available in the County, what they offer and how to access them.

In Worcestershire there is no single source of information about Urgent and Emergency Care. A variety of information is available, depending on where patients look. From a patient perspective the online information about Urgent Care is fragmented, partial and potentially confusing.

We have looked at the main sources of online information about Urgent Care in Worcestershire. We have considered how clear and consistent the online information is from a patient perspective.

12.1 Herefordshire and Worcestershire Clinical Commissioning Group (CCG)

Patients visiting the [Herefordshire and Worcestershire CCG website](#) will find a heading on the home page entitled “Urgent Care”. This link takes them directly to NHS 111 online. No local information is provided.

12.2 Worcestershire Acute Hospitals Trust

If you put “Accident & Emergency in Worcestershire” into an internet search engine you will be directed to the Acute Trust website and a webpage entitled “[Accident and Emergency](#)”. This can also be accessed using the “Our Services” link from the Acute Trust’s homepage.

The A&E Services webpage on the Acute Trust’s site provides information about the location of A&E Departments and the sorts of conditions with which patients should visit A&E. There is **no reference to the “NHS 111 First” pathway.**

The narrative provides a list of 4 bullet points (Minor Injuries Unit, NHS Direct (phone 111), Your GP Surgery, Your local Pharmacy) of alternative options to A&E, stating that these may be quicker and more convenient for patients. **None of the bullet points are web (hyper) linked** to further information. Therefore there is no link to further information about Minor Injuries Unit’s which is available on the Acute Trust’s own website or to the information about MIUs on the Health & Care Trust website.

Neither is there any information about what injuries/illnesses patients may be able to have treated at a MIU, as an alternative to A&E.

Patients are also told at the top of the A&E webpage that they can: “**Find out how busy our A&E Departments are right now**”. The link takes them to a page displaying waiting times for the A&E Departments and Minor Injuries Units. However, **this is out of date**, looking at the last updated information at the bottom of the page it has not been refreshed since 10 April 2019. A link to this waiting time information is also provided as one of the pictorial links from the Acute Trust’s Homepage.

“Alternatives to A&E” webpage

The Acute Trust’s Homepage provides a pictorial link titled [“Alternatives to A&E”](#) This link takes people to a page headed “Find out about your health service options this winter”. It provides hyperlinked information about a range of alternatives to A&E including: GP improved access, Pharmacy, MIU, winter preparedness, flu information and NHS 111. Although this information is useful some of it is out of date (for example information provided using the links to Pharmacy and Flu relates to 2018/19). The page also provides a County map, with pins identifying local health services together with their contact details. We do not know if this information is up to date.

This information is not linked to from either the A&E or MIU pages on the Acute Trust’s site, or from the Health & Care Trust’s Minor Injuries Unit webpage. It is however the first page that comes up if you search Accident and Emergency on the Acute Trust website.

Minor Injuries Unit information on the Acute Trust website

The Acute Trusts “Our Services” menu takes you to a page about [Minor Injuries Unit](#). There is no reference on this page to the NHS 111 pathway.

This provides information about the sorts of injuries that could be dealt with at MIU:

“Minor injuries units offer fast, expert care for people whose injuries aren’t serious enough for the Accident and Emergency (A&E) department. You should visit MIU if you need treatment for things like cuts, grazes, minor wounds, sprains, strains, minor burns and some broken bones.”

It also provides the location and opening times of the Kidderminster MIU. It does not however provide information about when X-Ray facilities are available at Kidderminster MIU. This information is provided about the community based MIUs on the Health & Care Trust’s website.

The locations of the Health & Care Trust’s run MIU’s are provided, along with a link to the MIU webpage on the Health & Care Trust’s site.

12.3 Herefordshire and Worcestershire Health & Care Trust

Patients can also visit the Health & Care Trust’s website, where there is a heading “Urgent Help” on the homepage. This takes people to a page that describes urgent help available for a range of scenarios (e.g. mental health, dentistry, emergency contraception) as well as a heading “Do you have a Medical Emergency”.

The Drop Down information describes the range of options available in the following order: 999, A&E, Minor Injuries Units (a weblink is provided to the MIU page on the Health & Care Trusts website), NHS 111 and Other options.

The [Minor Injuries Unit](#) link goes to a page providing information about MIU’s and alternative options. The website states that:

“Our Minor Injury Units (MIUs) offer advice and treatment for a variety of injuries including; cuts, grazes, wounds, sprains, strains and minor burns.”

This differs slightly from the information provided on the Acute Trust MIU page which references some “some broken bones”. It also differs from the description provided in

the January 2022 Health & Care Trust’s “Connect” Bulletin about MIUs which also refers to “minor breaks” and “minor eye injuries”.

Patients are asked to follow the NHS 111 pathway to access MIU services, although it is also made clear that patients can walk-in to the Units, but may have to wait longer if they do so. There is a link to information about “virtual consultations” and there is a link to the NHS website “Find Services” directory.

There is information about the location, opening times and availability of X-Ray facilities at Evesham, Malvern, Bromsgrove. Patients are informed that the Tenbury MIU is temporarily closed. There is also a link to the information about the Kidderminster MIU on the Acute Trust site.

Patients told us they were referred to A&E by Bromsgrove MIU as they “do not treat Under 3’s”, we have also been told that Malvern MIU does not deal with head wounds for people over 65. Accurate information should be provided to patients about any exclusions due to age or injury that apply to the MIU’s.

Patients need clarity about the MIU offer if they are to have trust and confidence that the service provided will meet their needs.

13. PATIENTS WAITING TO BE ADMITTED TO HOSPITAL WARDS IN THE A&E PUBLIC WAITING AREA

During our visits to the A&E Department at Worcestershire Royal Hospital we identified that some of the patients in the public A&E waiting area had been triaged and were waiting for admission to a hospital ward.

We raised this issue with the Worcestershire Acute Hospital Trust, as we were concerned about potential privacy & dignity, quality of care and safety issues for patients in these circumstances.

The Trust identified that, during times of very high demand, patients may be asked to wait for a bed in the A&E waiting area. These patients are identified in line with guidance issued by the Care Quality Commission. Since our enquiry the Trust has set out the measures that they have in place to ensure patients are safe and monitored when this is the case, and the additional measures they will take. These include:

“Increased daily assurance care and comfort rounds In addition we are reviewing plans going forward these include:

1. Volunteers have been asked for from St Johns ambulance and the volunteer co-ordinator for late evening volunteers to help support and be a permanent presence
2. Increase the provision of diet and fluid, with a focus on the waiting room area.
3. The nurse in the triage area to also take on oversight role for the care and comfort considerations for vulnerable patients in the waiting room area, this will be supported by a health care assistant allocated to the minors/WR [waiting room] to provide swift assessment and timely treatments.
4. Have ordered seat cushions for those at risk sat on the metal chairs in the waiting area.”

In addition we have been informed that matrons and managers do daily “walk abouts” to the Emergency Department, and this provides an oversight of quality and safety concerns/issues as well as the vital support to staff.

14. CONCLUSION AND RECOMMENDATIONS

In this Report we looked at the reasons that patients are walking into the A&E Departments at the Worcestershire Royal and Alexandra hospitals.

Most patients who used the A&E Department believed that they were in the right place to meet their needs. People understand A&E and the service provided, and know that they will be seen by the correct person eventually in a situation they deem to be urgent/an emergency.

Most respondents are contacting another health service before attending A&E, and the majority of these reported they were sent to A&E by the service they contacted.

We did not find that respondents were going to A&E because they were waiting for or undergoing hospital treatment, or returning frequently to A&E with the same condition.

Most of those who self-referred to A&E thought their situation was an accident or emergency, or their condition had deteriorated, and that A&E was the right place for them. They do not appear to be going to A&E because they couldn't get a same or next day GP appointment. Rather, the majority are attending with possible broken bones, muscle injuries or wounds and cuts. These conditions may be able to be treated at an alternative to A&E, for example at a Minor Injuries Unit.

Patients may not be easily diverted to an alternative to A&E however if this is not readily accessible to them. For example, for patients in Worcester City and Redditch there is not a Minor Injury/Walk In facility available locally, and people believe that their situation is urgent/an emergency. The alternatives to A&E must be accessible to patients, clear about what they can offer and to who, and provide the services (e.g. X-Ray) that people need when they need it.

Whilst there was a high level of awareness of NHS 111 from self-referring patients, they were not necessarily aware of, or heeding, the NHS 111 First message. There are opportunities to target messages about what NHS 111 online and telephone services can do for patients.

We heard about delays to answering NHS 111 telephone calls and long waits for call backs, and of examples of patients contacting more than one service before being sent to A&E. Patients may be reluctant to use alternative pathways to A&E if their experience of these is that they are inaccessible, frustrating, or do not meet their needs when they use them. If people are to be encouraged to use alternatives to A&E, rather than vote with their feet and attend their local A&E Department, then those alternatives must consistently work for patients.

We recognise that there will always be people who will be unable or unwilling to access online and telephone options, and therefore the option of people being able to "walk in" to A&E without any prior contact with another service should always be available, as should information about the alternatives to A&E available locally.

However for the majority of people to change their behaviour there needs to be clarity about the alternatives to A&E which are available, and those pathways need to work for patients.

RECOMMENDATIONS

Information about NHS 111 First and other alternatives to A&E

There are opportunities to improve information and communication to the public about the NHS 111 First pathway locally. However, it is important that information about the range of local Urgent Care services is still available to people when they look for it.

Recommendations

1. Review online information across all NHS organisations about access to urgent and emergency care to ensure that it is giving consistent, accurate messages to the public about alternatives to A&E and the preferred pathway
2. Consider a single source of online information about NHS services in Worcestershire, that brings together up to date and accurate information for patients about Urgent & Emergency Care services that they can access in the County
3. Target communication about NHS 111 First, “Help Us to Help You” and alternatives to A&E - we found that males and younger people were more likely to self-refer to A&E, as were respondents who were private or social/housing association tenants, or living in supported or temporary accommodation and that self-referrers lived nearer to the A&E Departments and visited more frequently at the weekends
4. Promote the availability of the HANDi Paediatric App to parents in the County
5. Ensure that information about NHS 111 First and alternatives to A&E are available in a range of formats, in accordance with the Accessible Information Standard, recognising that not everyone is able or willing to access online information

NHS 111 service

There is scope to improve awareness of how the NHS 111 service can benefit patients if they contact it. However, patients need to receive a timely response from the service when they consider themselves to be in an emergency situation.

Recommendations

6. Promote information about how the NHS 111 Online service can assist patients
7. Promote information about what the NHS 111 telephone service can do for patients if they contact it - including providing advice and guidance, referral to community pharmacy, booking an appointment at a GP practice or Out of Hours GP service, booking a timed appointment at a Minor Injuries Unit or Accident & Emergency Department, and where necessary send an ambulance
8. Ensure that there is sufficient capacity in the NHS 111 telephone service to meet service demand in a timely fashion

Minor Injuries Units

Whilst half of self-referred patients were aware of Minor Injuries Units, they did not always know if they could treat the injury or illness that they had attended A&E with. Patients may not be easily diverted to an alternative to A&E if this is not local/readily accessible to them.

Recommendations

9. Review the information about Minor Injuries Units across organisations websites to ensure that there is clear and consistent information about what injuries can be treated at a Minor Injuries Unit, any exclusions due to age or injury, and when X-Ray facilities are available
10. Ensure that this information is updated if there is a change to the published information
11. Consider whether extending the X-Ray Department opening hours (for example into evenings and weekends) at Minor Injuries Units would be a realistic and effective way of relieving pressure on the A&E Department
12. If part of the role of the Minor Injuries Units is to reduce patients presenting as walk ins at the two A&E Departments, the NHS system to consider whether MIU's are correctly located to meet the needs of patients in Worcester and Redditch

Alerting A&E to arriving patients referred by their GP/NHS 111

An alert had not been received by the A&E Department for about half of patients sent by their GP practice. Where A&E had been alerted it had mostly worked well for patients. About half of patients sent to A&E by NHS 111 were not booked a timed appointment. Where an appointment was booked most patients were seen within 15 minutes of their appointment time.

Recommendations

13. Make patients aware that NHS 111 and their GP practice can alert A&E about a referral and that NHS 111 can book a timed appointment at A&E and MIU's
14. Consider how to increase the proportion of patients who are sent to A&E by their GP with an alert or who are booked a timed appointment by NHS 111

Capacity of alternatives to A&E

Patients journeys to the A&E Department are individual and sometimes complex. For alternatives to work for patients, and to be trusted by them, there must be sufficient capacity across the system to ensure a timely and appropriate response in what patients view as an urgent/emergency situation. This includes NHS 111 telephone response and call back times and may include access to GP appointments.

Recommendation

15. Ensure that there is sufficient capacity across the system so that alternatives to A&E are timely, accessible and available to patients

APPENDIX ONE - A&E VISIT SCHEDULE

DAY	DATE	TIME	SITE
Tuesday	30/11/21	PM	WRH
Wednesday	01/12/21	AM	WRH
		AM	ALEX
		EVE	ALEX
Thursday	02/12/21	EVE	WRH
Friday	03/12/21	AM	WRH
Saturday	04/12/21	EVE	WRH
Monday	06/12/21	AM	WRH
		EVE	WRH
Wednesday	08/12/21	EVE	WRH
Friday	10/12/21	PM	ALEX
Saturday	11/12/21	PM	WRH
Sunday	12/12/21	PM	ALEX
		EVE	WRH
Tuesday	14/12/21	AM	WRH

SUMMARY	
WRH	11 visits
ALEX	4 visits
AM (between 08:30 – 13.00)	5 visits
PM (between 13.00 – 18.00)	4 visits
EVE (between 18:00 – 22.00)	5 visits
Weekdays	11 visits
Weekends	4 visits

APPENDIX TWO - INFORMATION ABOUT RESPONDENTS

How many people completed the Survey?

323 people completed our Survey.

We spoke with 292 patients face to face during our visits. We approached a further 70 patients who declined to take part or whose Surveys were incomplete due to their being called in for treatment.

5 Surveys were completed online using the weblink from the leaflets - 4 from the WRH and 1 from the Alex.

The remainder of Surveys were completed online by patients who had heard about the project through social media or HWW networks.

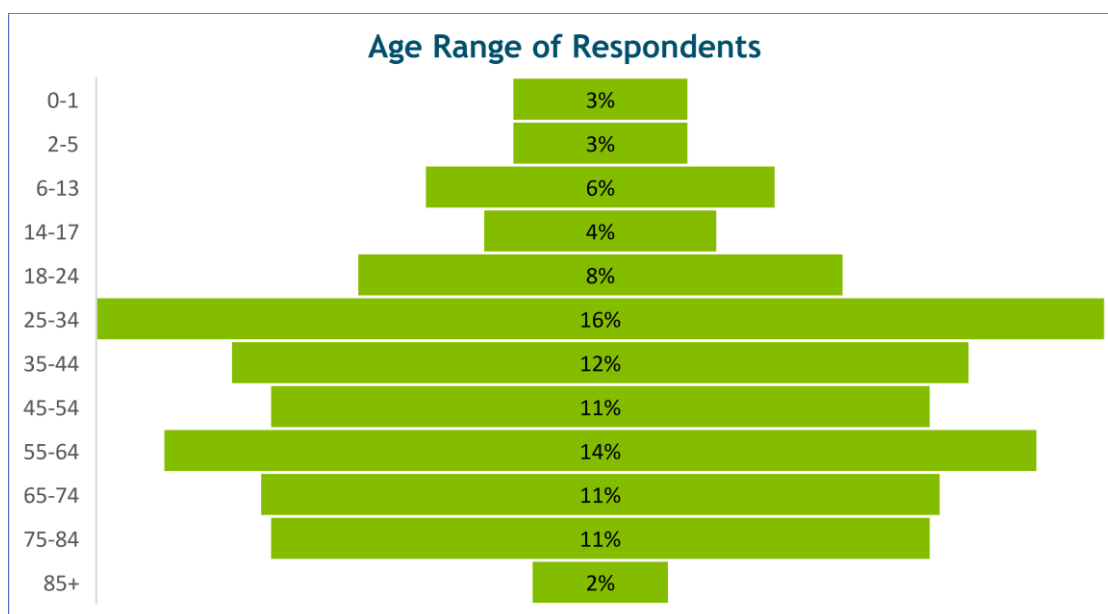
Characteristics of the people we spoke with

Gender and sexuality of respondents

1. 53% are female
2. 47% are male.

Heterosexual / Straight	86%
Prefer not to say	11%
Bisexual	2%
Gay or lesbian	1%

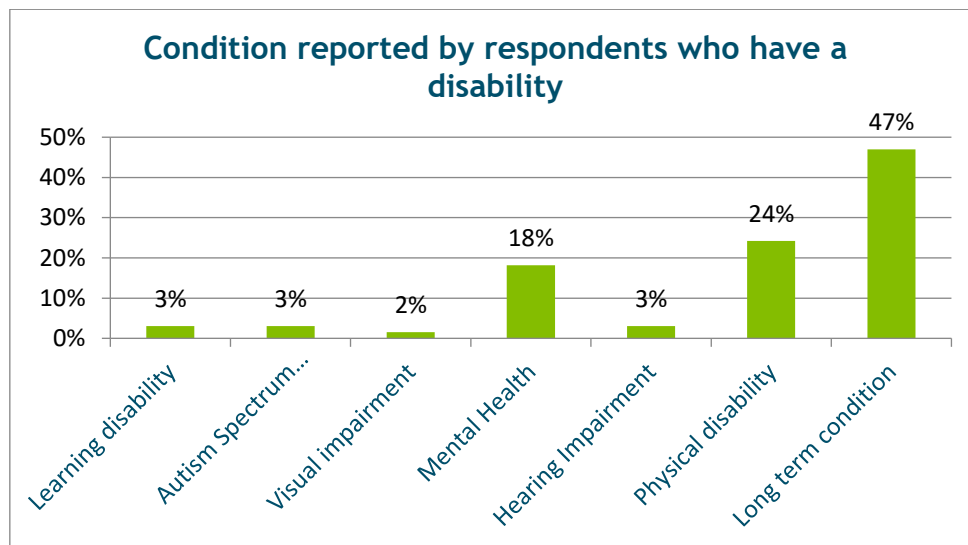
Age range of respondents



This shows that 15% of respondents are under 18 years, 61% are aged 18 - 64, and 24% are aged over 65.

Disability or Long Term Condition

1. 78% of respondents do not have a disability
2. 22% do have a disability or long term condition



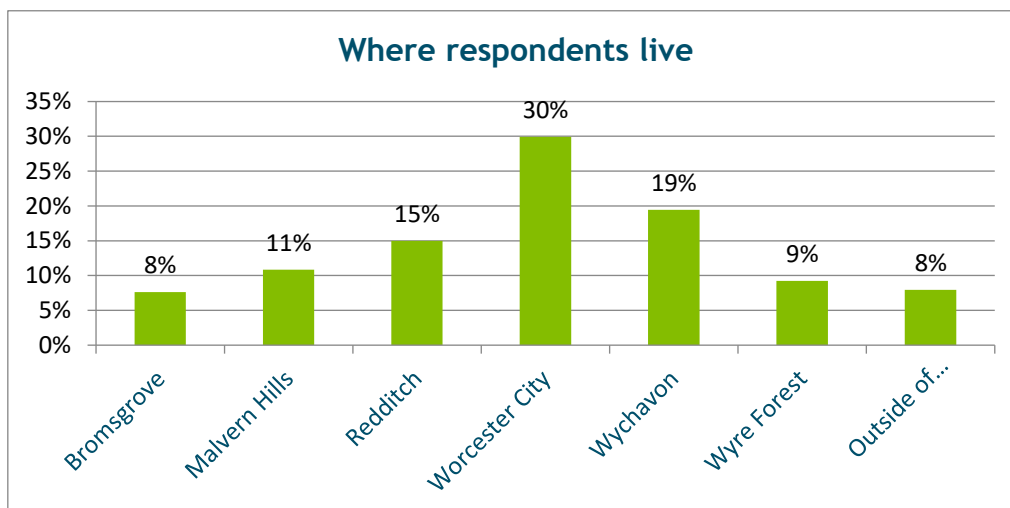
Ethnicity and First Language of respondents

White British	87%
European	4%
Any other Ethnic Group	2%
Any other White heritage	1%
Mixed - White and Asian	1%
Irish	1%
Asian / Asian British - Indian	1%
Any other Asian heritage	1%
Asian / Asian British - Pakistani	1%
Black / Black British - African	1%

Respondents first language

95% of respondents reported that English was their first language. Other first languages spoken were: Polish (5), Lithuanian (2), Portuguese (2) Farsi (2). Other Languages were: Mandarin (1), Thai (1), Punjabi (1), French (1), Turkish (1), and Romanian (1)

Where respondents live and their housing situation

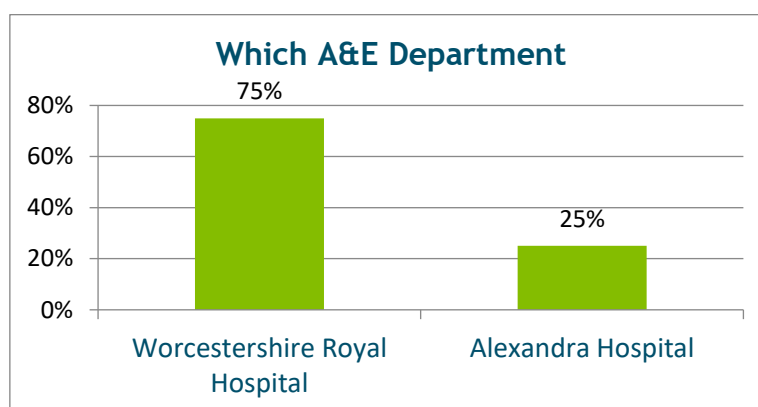


The housing situation of respondents is shown in the table below.

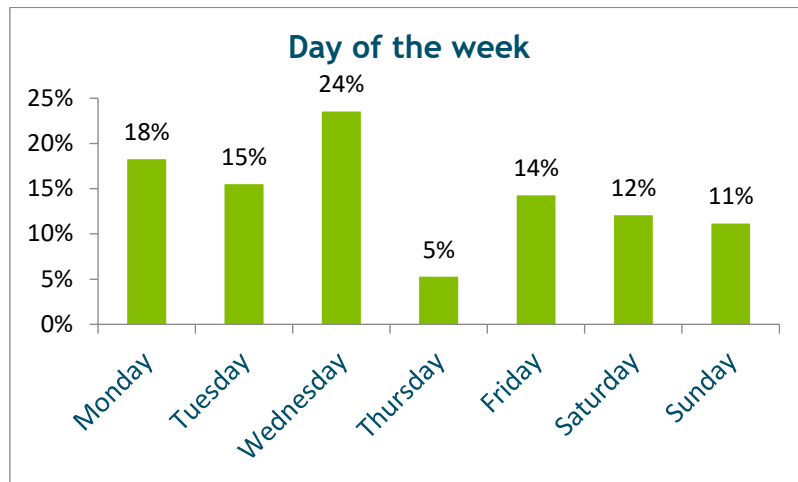
Owner Occupier	56%
Social / Housing Association Tenant	14%
Living at home with family	13%
Private Tenant	11%
Sharing or Lodging	2%
Student accommodation	2%
Supported Accommodation	2%

Where and when did they visit A&E?

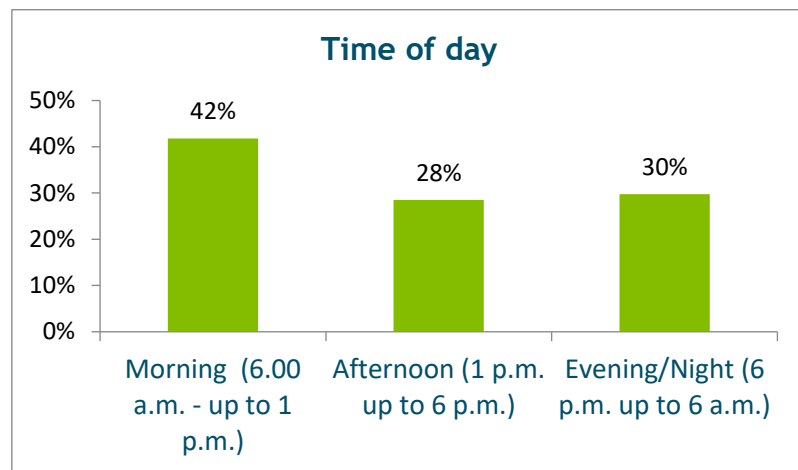
Which A&E Department did they visit?



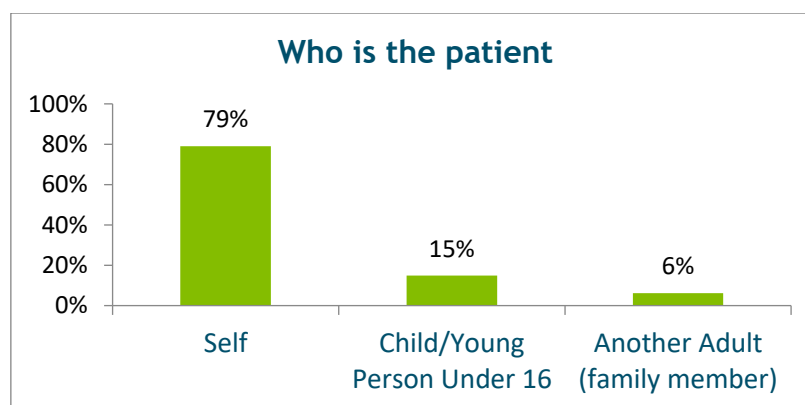
Which day of the week did they visit the A&E Department?



What time of day did they visit the A&E Department?



Who was the patient visiting A&E?



APPENDIX THREE - INJURY/ILLNESS OF RESPONDENTS SENT TO A&E BY ANOTHER HEALTH SERVICE

Issue/Illness	Number
Other (injury/illness not identified)	46
Stomach /digestive issue	26
Possible broken bone	21
Chest pain	20
Head injury	14
Wounds, bruising or cuts	13
Breathing Problems	10
Back pain or injury	9
Injury to muscle/ joints	8
Eye problem	8
Rash/ soreness/swelling	7
Just feeling unwell	6
Kidney	5
Heart	4
Fever	3
Mental health	2
Pregnancy	2
Post operative complications	2
Infection	2
Cancer	2
High Blood pressure	2
Ear or hearing condition	2
Stroke	2

Where an illness/injury was reported more than once in the “Other” category we have included this in the table above. For a list of the 15 issues /illnesses selected by one respondent only please contact us.