

# Engagement with service users of North Bristol Trust's Accident & Emergency Department

March 2022



## About Healthwatch Bristol, North Somerset and South Gloucestershire

**Healthwatch Bristol, North Somerset and South Gloucestershire's (BNSSG) statutory duty and remit is to provide a voice for people who use health and adult social care services. We give people an opportunity to have a say about their care, especially those who are not usually heard.**

**We ensure that their views are taken to the people who make the decisions about services. Our expertise in engagement and coproduction means we can deliver consultancy work to local authorities and other commissioning partners.**

**We share feedback with national stakeholders Healthwatch England, NHS England and the Care Quality Commission (CQC) to ensure that your community's voice is heard. We make all findings public from our work with patients, families, and Carers.**

### **Vision & Ethos**

**Our vision is that BNSSG is a place where peoples experiences improve health and care.**

**Healthwatch is committed to promoting equality and diversity and tackling social exclusion in all our activities. We aim to ensure equitable access to our initiatives and projects.**

## **Introduction**

**Healthwatch BNSSG were asked by North Bristol Trust (NBT) to carry out a survey with people attending accident and emergency (A&E) also known as the Emergency Department (ED) at Southmead Hospital during the second winter of the Covid-19 pandemic. This was to better understand service user perspectives and motivations, so that the systems can better react at times of high demand on services.**

**Our aim was to understand more about what people found helpful or unhelpful when attending A&E, hear about what had informed their decision making, and hear their reaction to remodeling plans for the walk-in reception and waiting area.**

**This survey was carried out during November and December 2021.**

## **Executive summary**

**Our face-to-face engagement with the public at North Bristol Trust's A&E and an online survey using Healthwatch websites and social media platforms, captured experiences from those using the Emergency department. We wanted to understand peoples use of health care services prior to attending A&E and whilst there. Questions were included to gather views on the proposed changes in the offer at reception and waiting area.**

**Broad themes in the feedback found the following;**

- **People had a good experience of healthcare services at A&E overall and many praised staff**
- **Two thirds had contacted a health provider such as a GP or call 111 prior to that day's attendance**

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- **Over 35 comments related to access to a GP; waits for an appointment, not getting through by phone, not wishing to try calling due to previous experiences with unhelpful staff or very long waits to get through**
- **A quarter of those attending had a long-term-condition. Many mentioned poor care coordination**
- **40% were attending with an issue that a care provider had treated before**
- **There was a mixed response to proposed waiting room and reception changes at Southmead A&E**

### Methodology

**Following initial conversations with NBT Chief Executive Maria Kane OBE, Healthwatch BNSSG approached managers and Operation Leads to plan questions for the survey, arrange suitable risk assessments and agree dates for attending. Healthwatch BNSSG created a survey with questions exploring aspects such as;**

- **Interactions with other healthcare providers prior to attending A&E**
- **Reasons for attending A&E**
- **Feedback on proposed changes to reception check in and options to contact NHS 111**
- **Personal circumstances and characteristics**
- **Where they travelled from**
- **Their experience of A&E**

**The survey was created in SurveyMonkey and promoted on Healthwatch BNSSG websites and social media. Posters in the A&E waiting area let people know about the survey and gave the staff an explanation for why Healthwatch BNSSG was attending A&E, and dates and times of our visits. Healthwatch left two survey postal boxes in the A&E waiting area until the end of December 2021.**

**Two-hour sessions were planned to cover the variety of patient experiences, over weekends and weekdays. Two members of staff attended, reported to reception, A&E security and Volunteers called 'move makers' who greet**

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people at A&E. A recce was arranged to put up posters and work through security and engagement arrangements. We recognised that people could be in distress and/or pain and we agreed ways of working that adapted our approach accordingly.

*Table 1: Table of NBT ED Visits, November 2021*

Date	Day	Time	Surveys completed
14/11/2021	Sunday	2pm – 4pm	12
19/11/2021	Friday	6pm – 8pm	13
20/11/2021	Saturday	10am – 12pm	13
23/11/2021	Tuesday	10am – 12pm	18
26/11/2021	Friday	10am – 12pm	21
December	Several	Online link	24

All completed paper surveys were sealed in an envelope and securely held. Data was entered into Survey Monkey.

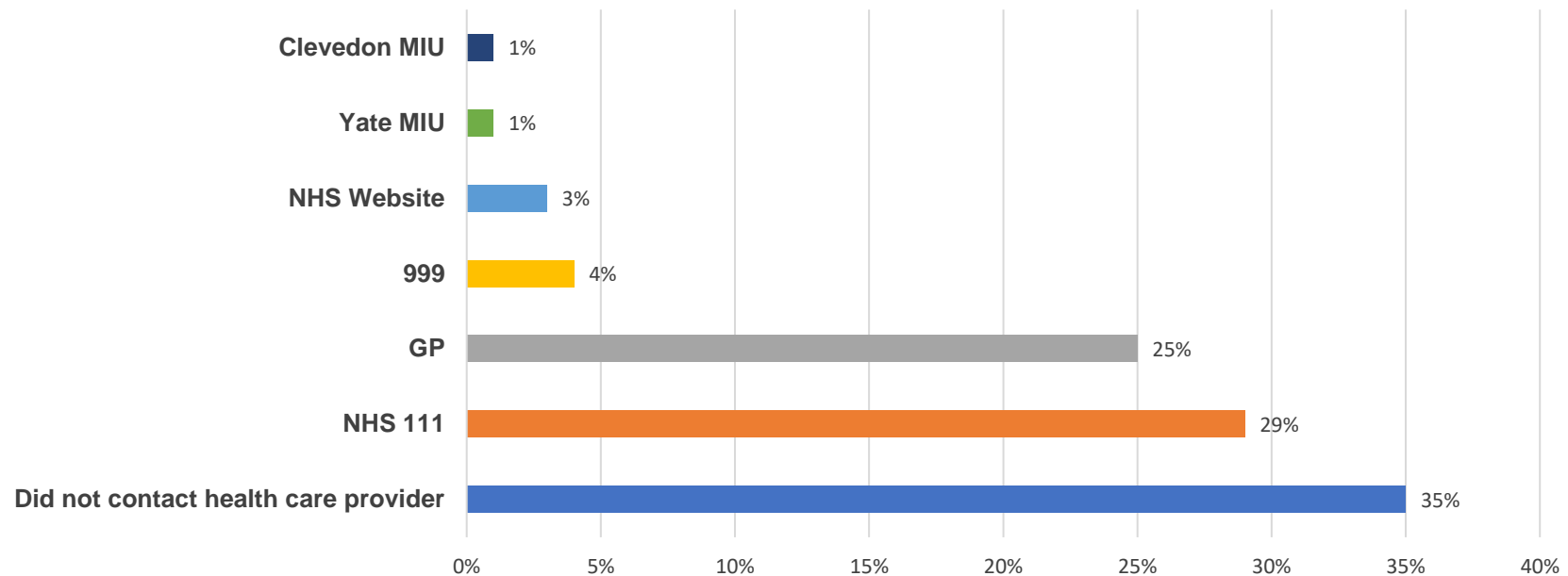
### What people told us

From 101 completed surveys, answers were to the following questions.

**Survey question:** Were Healthcare providers contacted/used before attending Southmead Hospital A&E

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**63% contacted or used other healthcare providers before attending A&E. 34% did not contact other healthcare providers prior to attending A&E. Most people either contacted the NHS 111 line or a GP before attending A&E. A total of 93 people answered this question and 8 people skipped it.**



**Survey question:** How would you describe your experience of the healthcare service/s you contacted?

**50 people found it helpful when they contacted healthcare providers although 9 of those have mixed views. 14 people told us about services that were unhelpful and 34 people did not use other health care services before coming to A&E.**

98 people answered this question and 6 people skipped the question.

*"So quick today, chat with 111 operator and a follow up call within 1 minute by Ambulance person - amazing!"*

*"NHS 111 sent Ambulance"*

*"Paramedic at Christchurch medicine centre was amazing"*

### Services helpful when they contacted them (50)

*"111 told me to ring GP, GP told me to come to minor injuries unit/A&E"*

*"GP surgery told me to go to A&E"*

*"The paramedics that were sent by 111 spoke to an out of hours GP who advised them to take me there"*

NHS 111 didn't really say much other than to go to A&E which I kind of knew already as I was in pain. But good for early hours and called back within 10mins"

"My daughter had acute hip pain, I googled it and the NHS site said to either get an emergency GP appointment (they were closed) or go to A&E "

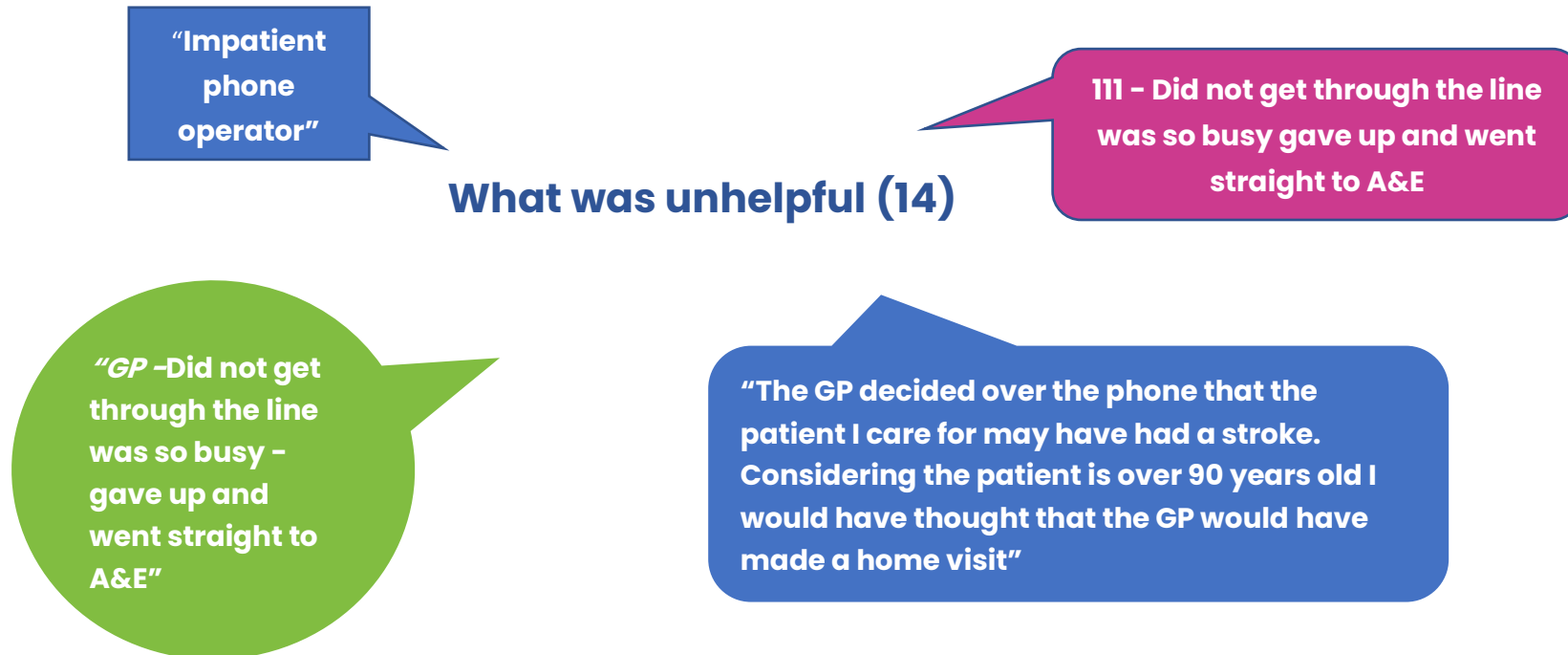
"Informative, understanding, though often feel as if they just say go to A&E"

### Mixed Views (9)

"I spoke with 111 and although they said I had been referred to this hospital when I arrived there was no record of me"

"I'd rather not be in A&E (for kidney pain) -Seen 6 days ago at an Out Of Hours appointment, resulting in a follow up appointment with GP today - hospital advised the GP they cannot refer me to an outpatient appointment, or an urgent renal clinic - so here I am"





**Survey question area:** Is the health issue you presented with today new, or have you had previous advice from a healthcare professional about it?

**Most people (58) had not ever spoken to a health care professional before about the issue that had brought them to A&E. However, a sizable number of people (42) had spoken to a healthcare professional about their condition**

at a time previously.

A free text box contained 39 comments from members of the public.

12 were comments about long term health conditions they managed

20 comments were about recent injuries in the past 6 weeks -all had seen their GP previously

7 where injuries or incidents that happened within the last week

*Service user said their accident was 2 months ago when they were - "trimming a tree, got a bramble in hand. Hand swelled up so went to GP who referred me to Southmead - admitted for one week. Am awaiting a letter to confirm follow up session, was told to go to A&E if any pain/issues occur before letter comes."*

*Issue has happened - "Over the last 6 weeks. Saw my GP Monday afternoon who said if it didn't improve to go to A&E"*

*4 months ago - "Referred to Deep Vein Thrombosis Clinic in Eastville. Since then, I had a follow up for Arthritis & came off blood thinners. Today I think I have a blood clot as I have a very swollen painful leg"*

*Recently - "Doctors didn't have availability/appointments and didn't call back, so I felt like I was getting worse and needed to see someone for help"*

*Yesterday - "Symptoms started day before. 111 were great. Out of hours at Clevedon was great, own GP was useless. Developed a racing heart and chest pain after Moderna vaccine"*

*Managing Long term condition - "I have Crohn's disease. I had a partial blockage. I was feeling very poorly. To the point I started being sick in A&E"*

*Managing complex issue - "Ongoing palliative treatment"*

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Managing progressive neurological condition *"Have Parkinson's so not sure if this new condition is connected, told my GP"*

Managing pain - *"Ongoing I see my GP regularly for chest pains"*

Recent accident - *"I fell off my bike"*

**Survey question:** Is there anything else that you have not mentioned that influenced your decision to attend the Emergency Department?

59 comments

**Survey question:** Do you have any further thoughts or comments about your experience attending Southmead Emergency Department?

52 comments

We have gathered these into themes

### Access to healthcare providers

**17 People had trouble accessing their GP.**

**8 people said a telephone call with a dr. does not work when you have long term or complex conditions it delays finding the underlying cause of what is going on and they end up in A&E because they don't know where else to go.**

**2 people said they feel that the GP receptionists were not always understanding.**

**4 People said that they felt they were not being listened to by their GP and this lack of understanding led to people attending**

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**A&E unnecessarily.**

**2 people had used e-consult with their GP but did not express a sentiment about that experience**

**2 people said they could not get an appointment with their GP in person or any telephone consultation.**

*“Used e-consult & spoke to GP, sadly was misdiagnosed, ended up in A&E”*

People recognised and commented on the impact of the COVID on delays to services. People said they had not been able to get an outpatient’s appointment and thought this was down to issues that the COVID pandemic is causing. People were aware of media coverage of long waits for ambulances, and this led to people driving their relatives to hospital.

*“Big deep gash from a splinter in finger. A month ago, GP suggested go to Minor Injuries Unit who but didn’t manage to take out splinter. Then I was away and while away it got worse so went to A&E in Truro. They suggested MIU (Minor Injuries Unit) again, but I went to GP to ask for referral to a hand specialist in the hospital and gave her a letter (from Cornwall A&E), but GP said they couldn’t act on the letter. Eventually got surgery to remove the splinter 11 days ago but it is infected, and I am on antibiotics, but infection is not going away, called GP yesterday and they suggested I go to Yate MIU or A&E again, so I came here. Just want to make sure wound is ok and if I need more antibiotics.”*

*“There is no other minor injuries clinic near where I live. I feel bad coming to A&E for minor injury but only option really. Going to GP first just delays the eventual need to go for an Xray”*

Son talks of his mum’s niece who is a nurse - *“Niece worried as mum’s toes are grey & could become gangrenous as she has circulatory problems in her legs. We shouldn’t be here its wasting time if GP had given her antibiotics yesterday, she would be ok. GP should not have made her appointment for a weeks’ time. It is passing on the issue to A&E instead. My mother needs antibiotics and has had antibiotics before, so (there’s) no need to worry of an allergic reaction to that, so why didn’t they”*

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*About mother - "She has rheumatoid arthritis and due to previous stroke, she's on loads of pills - very strong. 999 advice was very helpful. Drove her in and glad we did as she's been seen quickly and if she'd come by ambulance her care would be delayed"*

### Long term health and co-ordination of care

**3 people with complex needs and long-term illness said they would like to be able to communicate with one person rather than trying to contact several doctors for help. They explained that they see different consultants/departments that do not seem to talk to each other. People said they end up in A&E as they feel that they have no other choice.**

*"If someone was able to coordinate my care that would help prevent me coming to A&E as it isn't the place for me"*

*"I was unable to contact my specialist Doctor and feel that I am left with no choice other than come to A&E, even though I know there is not much they can do."*

*"Glad to be able to come to A&E Thank you to the NHS. I would like communication between different departments/Drs to be better they don't seem to speak to each other to understand. My wife has long term health problems then we end up in A&E when we feel should not need to be here, feel things could have been sorted by going to a clinic."*

**We spoke to a gentleman briefly & from the conversation, his needs appeared to be social care in nature, he had not been coping since the death of his wife 5 years ago and was drinking. He was being sent home for being aggressive to staff. We did not have time to understand more about his reasons for being in A&E.**

### Experience of A&E

**Peoples experience of the waiting area in A&E was overall a positive one. Many commented on how friendly and caring the**

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staff were and thought the department was very efficient. Some people expressed that they would like more communication from staff about how long the wait will be. For others, the wait was very long and difficult when feeling so unwell. It was acknowledged that at times the staff in A&E looked terribly busy and the department appeared understaffed. People mostly expressed their gratitude for the NHS and all the hard-working staff.

*"I was very impressed by space, amount of triage room and Xray rooms. It seems like a slick operation. I waited less than an hour and a half for triage and about another 30mins for my Xray - really pleased."*

*"I would like to thank the NHS staff here in A&E they have been friendly and caring"*

*"Was a lot more of a quicker process when I came at 5am compared to last time, came at 12pm and was here 7 hours before I knew anything, compared to this time I was here 3 hours"*

*"Excellent, efficient consideration to patients"*

*"The wait was extremely long when feeling so ill. A&E was unclean. It had a cat wandering around which people were feeding and there was a poo on the floor - it may have been cat poo."*

*"Would be good to know an idea of what position I am in the queue/wait time"*

*"My husband has used A&E 4 times in the last 3 years. I am so very grateful to these amazing people who saved his life. It has been hard seeing ambulances waiting outside a and e in fact my husband was in there for 2 hours"*

*"A&E staff were very caring and supportive; pain relief was quickly provided and thorough range of tests. I was admitted with pancreatitis"*

*"Flawless from start to finish. Extremely attentive receptionist/assessing nurse. Fabulous nurse when I was seen with great care taken throughout. Thank you!"*

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*"I found some staff very helpful, but I felt judged by one person who took over my care and she seemed to go against what everyone was saying"*

*"Yes, was sat back out into waiting room as they ran out of chairs in observation unit, they then forgot to tell Doctor where I was and was forgotten about. Doctor even said they thought I had gone home. The charge nurse hadn't told anyone he had moved 4 of us due to social distancing"*

*"There was an extremely long wait and not a lot of communication. Was left for hours in an uncomfortable chair not knowing what was going on. All the staff were fantastic, but you could tell they were overstretched and over worked."*

*"The main comments I would make is that a. they do not offer food to patient who are in assessment area - my Dad (95 years old) was sat there for 12 hours before he was moved to a ward at 10:00pm) - no food was offered - I got my son to bring it from home; b. they totally ignore the age of patients - my Dad sat on most uncomfortable chair for 12 hours whilst being assessed; c. Doctors do not communicate on what's going on; it was only at 9:00pm that a nurse told us that the Doctor had decided that he was to spend the night in Hospital - very little communication"*

### Who have we heard from?

We used demographic questions to ascertain postcode, method of travel, age, gender, sexual orientation, ethnicity, religion, and marital/civil partnership status. We also asked several questions to learn more about people's circumstances.

**Method of Travel:** The majority of people travelled by car 71%. 9% arrived by ambulance. 8% by Taxi. 5% by bus. 7% of people either walked or were given a lift from a relative.

**Gender:** A total of 101 participants completed the questionnaire. 87 people answered the question on gender; 32

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were men, 57 were women and one person was intersex.

**Sexual Orientation:** 83 people answered the question about their sexual orientation and 18 people skipped this question. A total of 74 people identified as heterosexual, 3 people identified as bisexual, 2 people identified as asexual, 2 people identified as pansexual, 1 person identified as lesbian, and 1 person preferred not to say.



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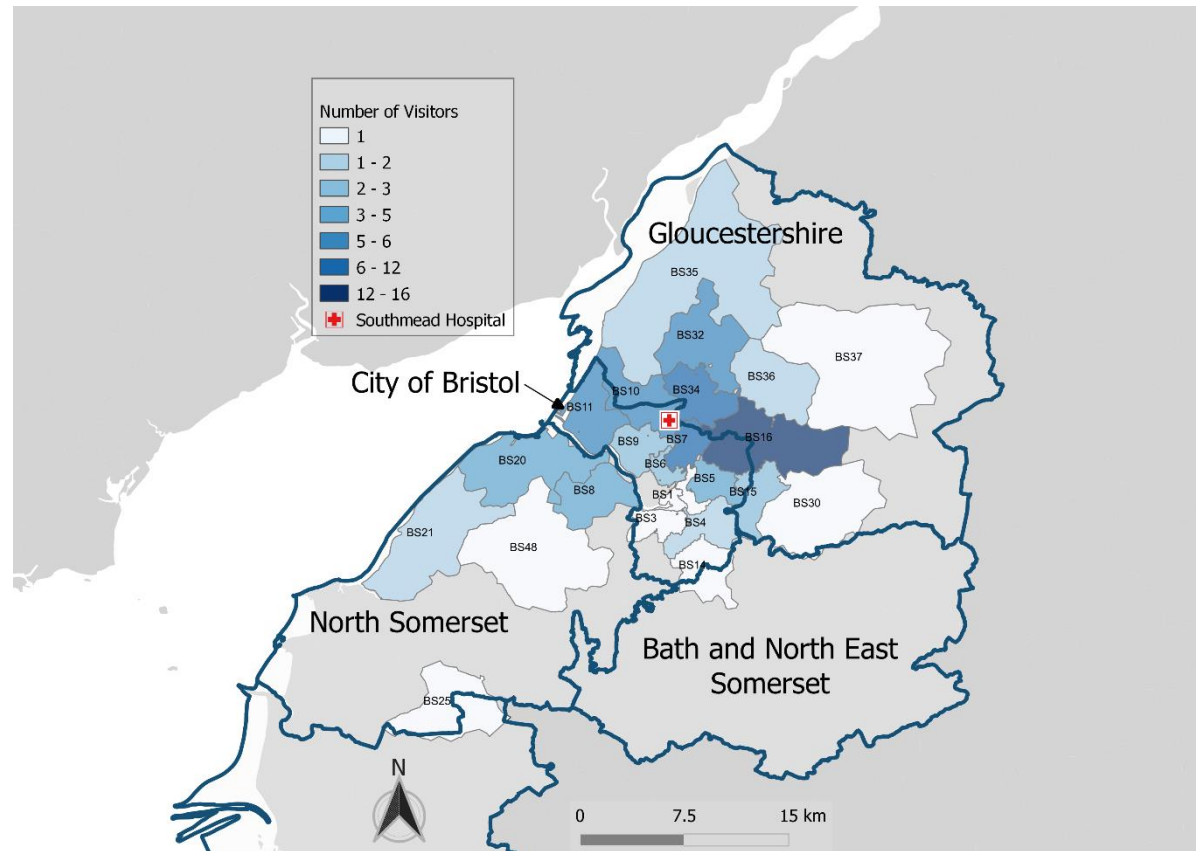


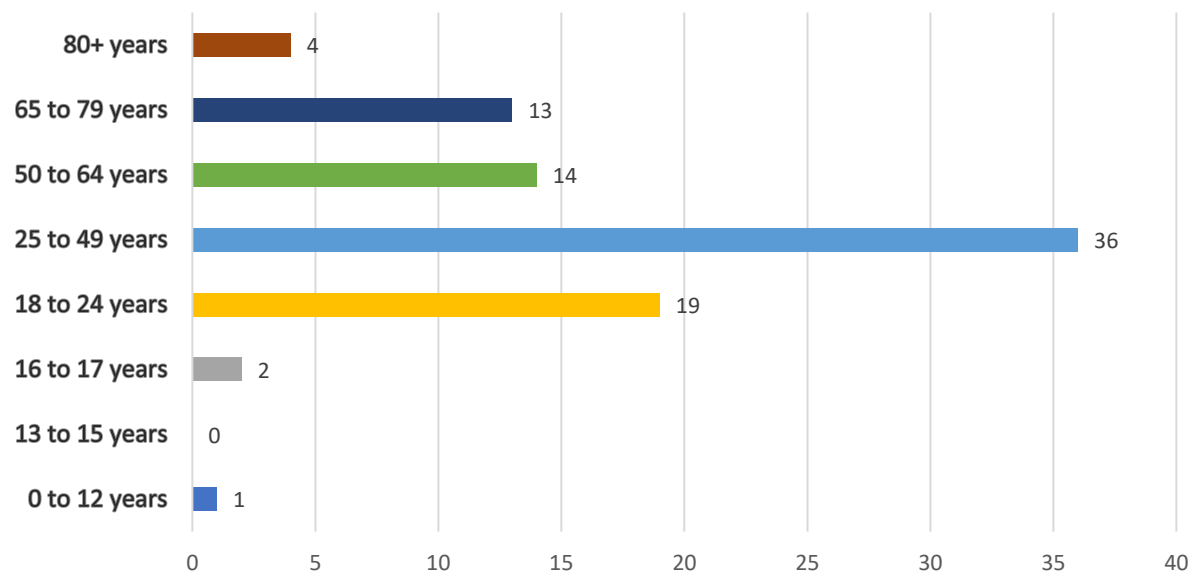
Figure 1: People attending NBT ED during November 2021

### Postcode distribution of respondents

As shown above most of the respondents were close to the proximity of Southmead Hospital. The highest postcodes for respondents were BS34 and BS16. The rest of the respondents came mostly from the wider Bristol and South Gloucestershire area. There was also a substantial number of respondents from North Somerset.

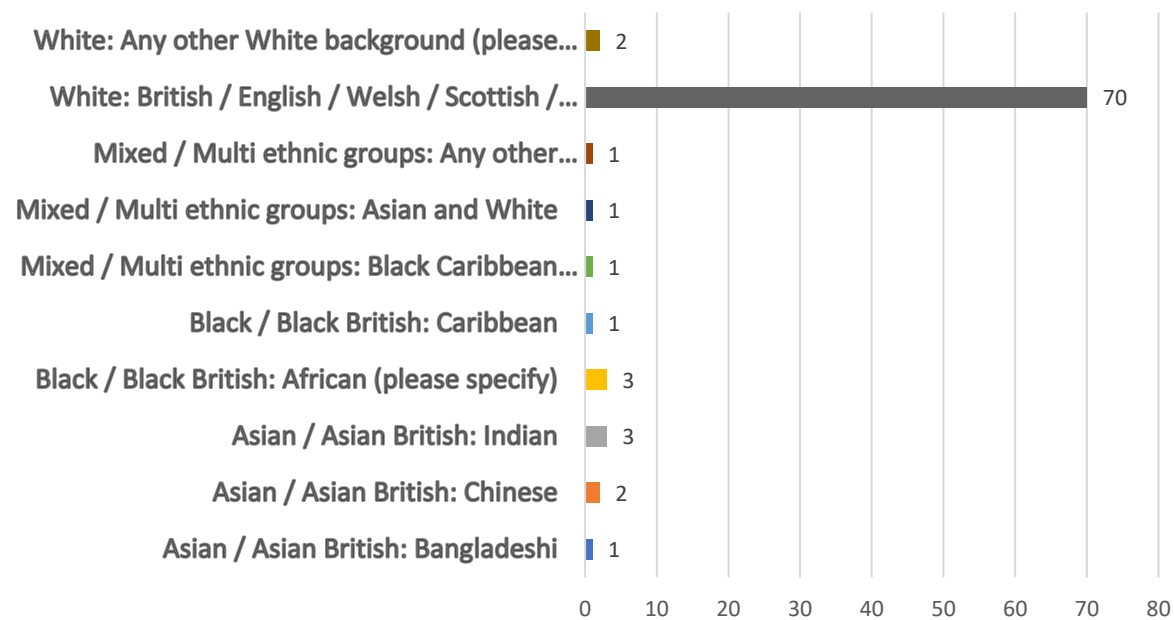
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**Age:** 89 people responded. 12 people skipped this question. 36 responses were from people aged 25 – 49yrs.



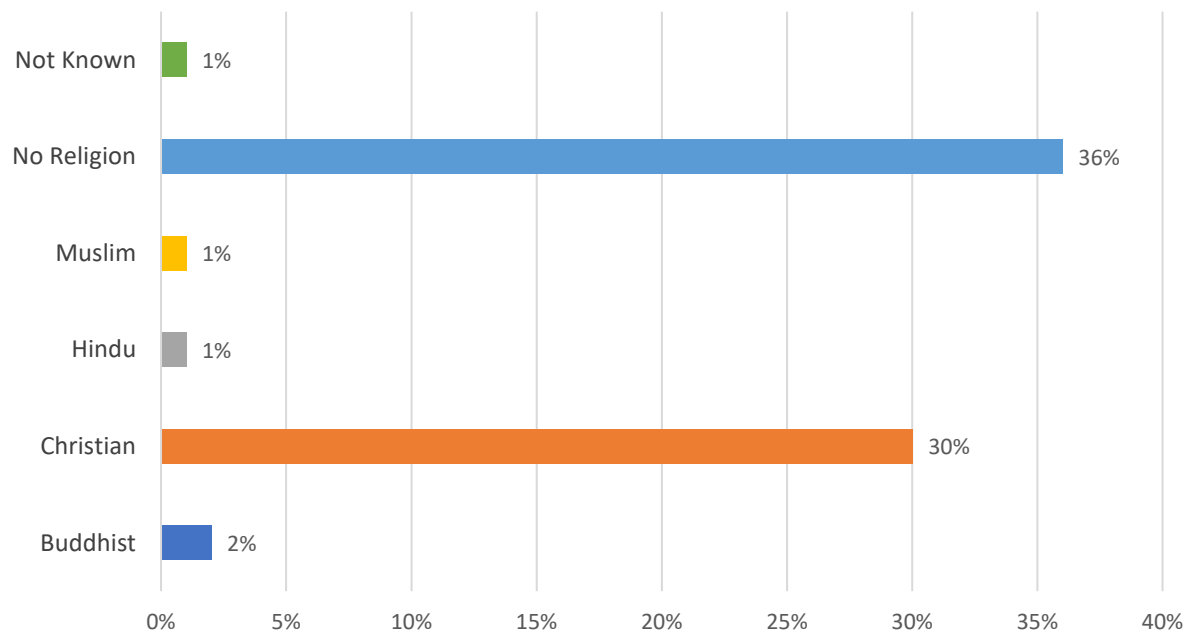
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**Ethnicity:** 83 people answered this question, 18 people skipped this question.



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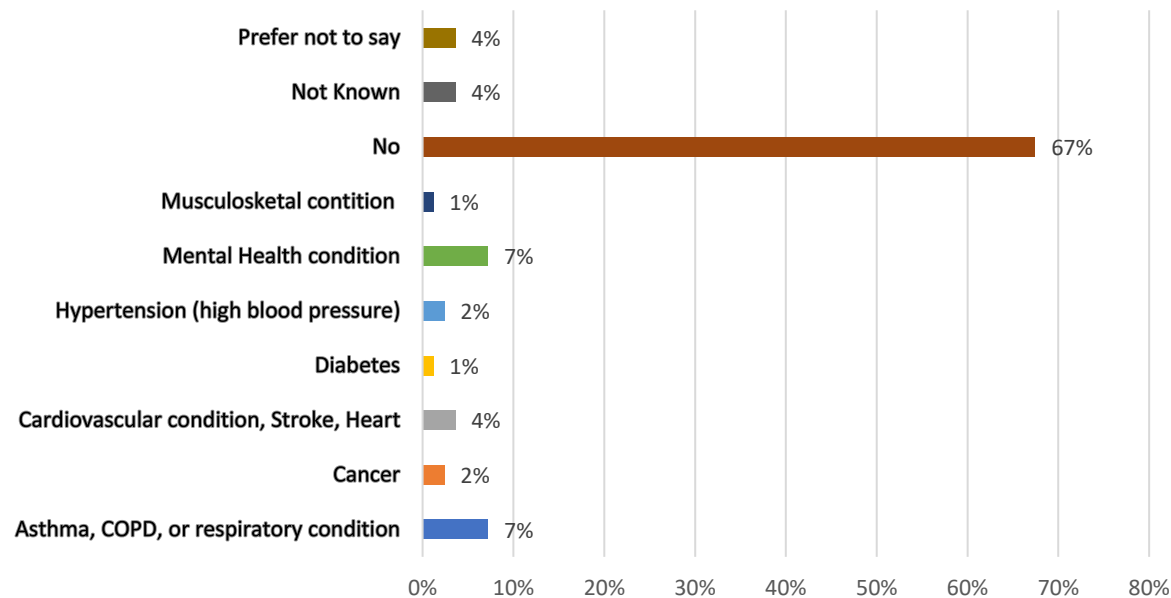
**Religion:** 84 people responded to the question: please tell us your religion or belief, 17 people skipped this demographic question.



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### Survey question: Do you have a long-term condition?

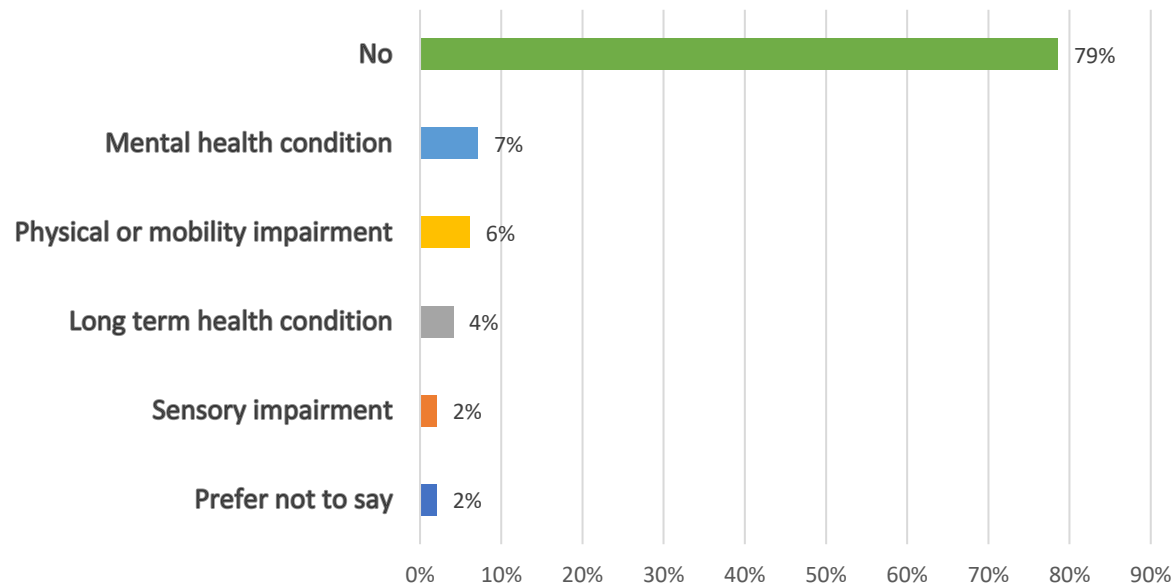
Healthwatch asked people if they had a long-term condition. Most respondents were attending the ED due to physical health (96). A minority were attending the ED due to mental health, one person arrived for mental and physical health. Additionally, two people responded with 'prefer not to say.'



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### Survey Question: Do you have a Disability?

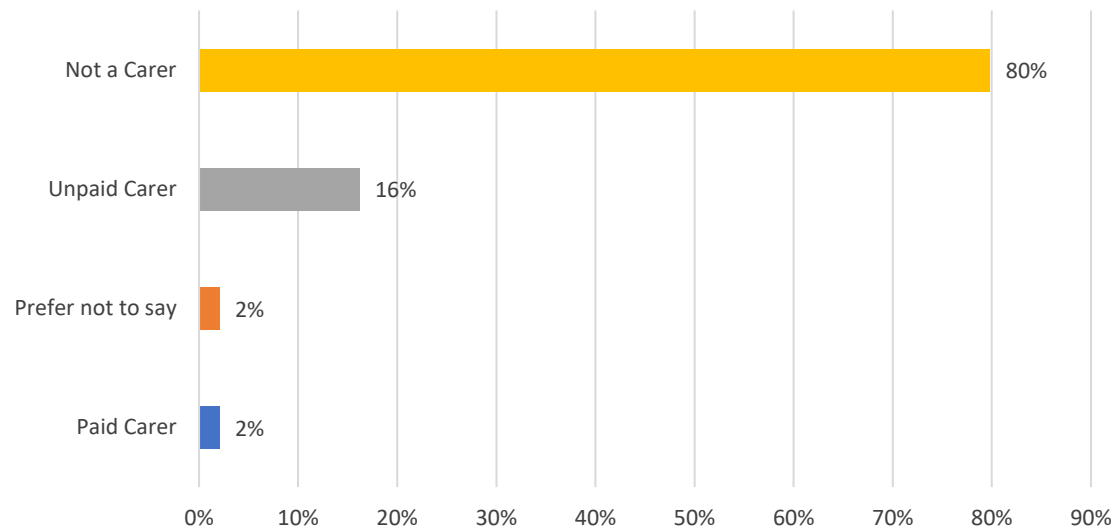
Most people attending the ED did not have a disability. Of the 98 answers 79% replied no, 7% said that they had a mental health condition, 6% said they had a physical or mobility impairment, 4% had a long-term health condition, 2% had sensory impairment and 2% preferred not to say. 3 people skipped the question and did not answer.



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### Survey question: Are you a Carer of a relative, friend or loved one?

People were asked if they were paid or unpaid Carers. Recognising unpaid Carers is important as those they care for would need care put in place if the unpaid Carer was admitted. 80% of respondents were not Carers. 16% of respondents were unpaid Carers.



### Survey question: Do you have someone that cares for you?

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We asked if people attending A&E had someone that cared for them. Of those that responded 95% did not have a Carer, 3% had an unpaid Carer who was a family member or friend, 1% a paid Carer who was a family member or friend, and 1% received care from a paid Carer through an agency.

**Pregnancy and Maternity:** For 94% of respondents attending the ED pregnancy and maternity was not applicable. 3% did not know, 1% currently breastfeeding and 1% preferring not to say.

**Employment Status:** 58% were employed. 19% retired. 8% students at university, 5% parents at home with young children, 3% self-employed, 2% student at school, 2% out of work and looking for work and 1% student at college.

### Responses to the proposed changes to the ED

The emergency department wanted to know what people thought about proposed changes to the reception and waiting area. We asked the following questions:

**Survey question:** Would you have used a self-check in screen today?

- 54.64% said Yes
- 45.36% said No

Most responses were in favour of a self-check in screen. There were 28 comments on this question, the views were mixed as indicated in the responses.

*"It would be helpful as A&E usually crowded"*

*"would have saved me walking on a bad foot to get to reception"*



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*“More comfortable with receptionist as they know what they are doing”*

*“Visually impaired wife needs/prefer to speak to someone”*

**Survey question:** Would you have used a pod or booth to contact NHS 111 today?

- 31.58% said Yes
- 68.42% said No

Most responses were not in favour of using a pod or booth to contact NHS 111 in A&E. There were 17 comments on this question, people commented that they had already contacted NHS 111 or that they would have phoned them at home. 3 people expressed that it would be easier to explain and speak to someone over the phone rather than use an iPad/tablet device. 1 person said it is quicker to come to A&E rather than wait on the phone for NHS 111 to answer. 3 people did not have a preference.

**Other comments:**

*“Possibly if not too complicated”*

*“No point you can’t diagnose somebody over the phone”*

*“You would use it before you attended A&E, if I didn’t have a phone, I would use it”*

*“I would only attend A&E in an emergency so wouldn’t deem it necessary to be able to contact 111 within A&E. However, I do feel this would be beneficial for others.”*

**Survey question:** If you were asked to contact NHS 111 using a pod/booth, would you prefer to use a telephone or iPad/tablet device?

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- **72.83% would use a telephone**
- **29.35% would use an iPad/tablet device**

**If asked to contact NHS 111 on arrival at A&E most people said that they would prefer to use a telephone.**

### Healthwatch recommends

**The findings in this report highlight the gaps in care which have been exacerbated by the pandemic. Attendance to A&E could be reduced by the following;**

- **GP services improving accessibility when offering appointment options (Face to Face or telephone consultation) we recommend people are triaged by a member of staff with training and knowledge**
- **GP services being more responsive and offer more same day & urgent appointments**
- **GP/practice nurses have better communication with patients with complex and/or long-term conditions that could steer them into a pathway for urgent support**
- **That 111 proactively help people to manage complex and/or long-term conditions by signposting them to support and advice**
- **NHS 111 triages people more accurately and refers them to more suitable services**
- **Communication with people on arrival is clear about waiting time**
- **A self check-in screen is provided in addition to reception check-in**

**We welcome and appreciate all feedback on our recommendations as this is our first survey of services at NBT**

**We are extremely grateful to all the survey participants who took the time to complete the surveys during our time at the emergency department and those who took the time to complete the surveys online. We are also grateful to**

## **Engagement with service users at North Bristol Trust Accident & Emergency department Nov/Dec 2021**

**the staff at NBT Emergency department for working with us on the survey and for welcoming us into their department.**