



The future of urgent and emergency care at Addenbrooke's Hospital

Summary of findings from our Health Champions community listening project

February to March 2022

healthwatch
Cambridgeshire

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About Healthwatch Cambridgeshire

We are your local health and social care champion.

We are independent and have the power to make sure NHS leaders and other decision makers listen to local feedback and improve standards of care.

We can also help you to find reliable and trustworthy information and advice.

The quotations in this report are all from people interviewed by volunteer Health Champions, unless otherwise stated. All feedback has been anonymised so that individuals cannot be identified.

Pictures included are of people photographed at local Healthwatch events and are not knowingly of anyone who was interviewed for this project.

Introduction

The urgent and emergency care department at Addenbrooke's Hospital is open 24 hours a day, 365 days a year for the treatment of serious and potentially life-threatening conditions.

The department is very busy and faces increasing pressures in treating patients due to the space and resources available to provide care. The hospital has worked hard to improve services but has told us that it knows more needs to be done.



"We want to make sure that all patients who need urgent and emergency care are seen in the right place. Emergency Departments are for patients who need lifesaving treatment."

- Emergency medicine consultant Vaz Ahmed



Our Healthwatch was commissioned by the South Integrated Care Partnership (SICP) and Addenbrooke's Hospital to find out more about local people's experiences of urgent and emergency care services. The project also explored patients' ideas on how services and buildings could be redesigned in future to deliver the best care.

SICP is a partnership of organisations responsible for planning health and care services for people in the southern part of Cambridgeshire, including East Cambridgeshire.

The project was run by 12 volunteer Health Champions, who were recruited, trained and supported by Healthwatch Cambridgeshire. They helped to co-design the questions we asked local people and promoted the call for experiences in their communities.

Between 14 February and 31 March 2022, the Health Champions undertook structured interviews with 70 people who had visited Addenbrooke's Urgent and Emergency Care services within the last 12 months. Most interviews were conducted via the telephone, taking 45 minutes to an hour each.

One of our Health Champions also ran a focus group with 15 young people from Soham Village College to find out about their experiences of and ideas for the future of urgent and emergency care services.

Key findings

Overall people said they were happy with the care they received at the Accident and Emergency (A&E) department.

Most people were treated and discharged back home. One in three people (34%) were admitted onto wards from the A&E department. Their stay in hospital ranged between one and 28 days.



"A lot of the patients were confused or in great pain, but the doctors and nurses treated them with kindness and respect. I can't praise them enough."

- Male, aged 65-79



The Health Champions identified five key themes from the feedback people shared, these were around:

- ⇒ Arriving at the hospital
- ⇒ The waiting environment
- ⇒ Access for disabled people
- ⇒ Treatment and discharge
- ⇒ Children in urgent and emergency care



What people told us

Arrival at hospital

People shared experiences of difficulties with parking and problems finding out where to go or what to do when they arrived at the hospital. This included comments that parking was “quite some way away” from the building making it difficult to access for some.



“Would like better facilities when arriving at A&E with a child, parking, wheelchair access to push to A&E.”
- Parent of son (12–15-year-old)



It was suggested that closer, designated A&E parking, as well as designated child and wheelchair friendly parking would help people.

In addition, people raised concerns about the cost of parking with one person frustrated that they “Had to pay £26 car park fees as no one [was] available at 11pm to validate car park ticket!”.

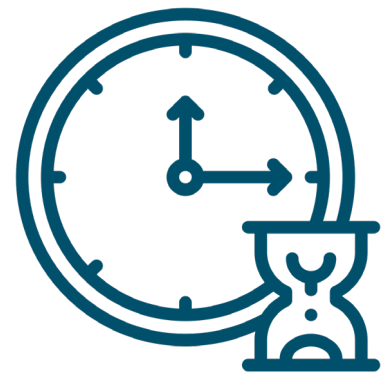
The waiting environment

People frequently commented on how the waiting environment made their experience of waiting in A&E unpleasant and challenging. This included concerns about having to wait outside the building, long waits for care and the lack of facilities whilst waiting.

Waiting outside

Despite some understanding of the Covid-19 social distancing requirements which reduced indoor capacity, it was a concern that “patients should not have to wait outside of A&E”, especially in “cold, dark” conditions which may make their health conditions worse.


A more permanent and warm shelter or more staff to triage patients would help improve people’s experiences of waiting to enter the A&E department.



Better communication


One of the most common suggestions about how care could be improved related to communication around waiting times, more than the length of time spent waiting.

People raised concerns about “Not knowing how much longer you have to wait”. Some avoided going to get food or taking toilet breaks as they were worried that they would “miss being called”.

 "The wait at Pharmacy was very long and made worse by the fact that although the prescription been received, they wouldn't process it until they had seen my exemption card. So I waited to show that and then waited again for the drugs."
- **Man, aged 50-64 years**




Patients suggested different ideas to help with this, including an automated system to update people on the expected wait time. And "more staff around in the waiting room who could be dedicated to answering questions while patients are waiting."

 "A proper front desk where you can speak to someone if you need help at any time."
- **Man, aged 25**



Young people in the focus groups also reported a lack of information about the process and waiting times, with some expressing frustration at having to repeat their story to a number of professionals.


They were irritated that some health professionals spoke to their parents rather than directly to them

 "Talk to me, not my parents. I would like to have been informed what to do"
- **Young person's experience**




Design of the waiting area

It was frequently noted that the current waiting area was "not fit for purpose" with some suggestions for improving the design, including the aesthetics of the environment, more seating and universal charging points for mobile phones.

 "The A&E space is not fit for purpose - it is cramped, dark, and outdated. The Royal Papworth (outpatients' waiting area) ... feels less like a hospital and ... is much more pleasant."
- **Man, age 18-25**



Patients expressed concerns around the lack of privacy, with one person telling us:


 "When I went to the emergency A&E area, I sat behind a screen, but this was open to the waiting area and others could hear all of my conversation including my personal details and the issue I had attended with."
- **Woman, aged 65-79**



People also raised concerns about the lack of access to refreshments. Although there were nearby vending machines, the lack of access to “real food” meant some people went a long time without eating.

Access for disabled people


Some people told us about difficulties accessing A&E for disabled people, including problems knowing when they were called for treatment.

 “I am hard of hearing and found it difficult to understand what was being said.”
- **Woman, aged 80+**



A few people suggested that waiting rooms should be equipped with multiple screens to make announcements, in addition to names being called out, to help Deaf and hard of hearing patients.

A call for “more support for people that have hidden disabilities” was also made by some patients. Several people noted that “A&E is full of noise bright lights, lots of people, and lots of busyness” which not all people can tolerate.


 “Allowances should be made for teenagers with special needs.”
- **Parent carer of 16-year-old**



People also asked for “better facilities for people using [a] wheelchair” and more availability of wheelchairs to use around the hospital site.

Treatment and discharge

Feedback about treatment was largely positive with many people telling us they received excellent care. However, in some cases people said it would have been better if they had more help, reassurance and communication.

 “Being over 90 years, I wished I had received more time from the doctors and nurses as I have problems hearing and with nobody there to listen with me it was hard to take everything in.”
- **Woman, aged 80+**



A few people said they found it hard to get basic information about their condition or that of their family member. One person said, “telling patients what is happening, even if it’s basic information” was of vital importance. This helps reassure people and keep confusion and stress to a minimum.

One suggestion to improve people’s post-discharge care included a booklet or App to support self-care.

Children in urgent and emergency care

A separate entrance, waiting and treatment area for children was suggested both by people attending with children, and those who were not.

Many noted that during their visits, children were exposed to upsetting sights and sounds from adults who were unwell or behaving in an antisocial manner.



"I do not think it appropriate that children have to queue with adults some of whom were in distress for various reasons. There is a need to protect children as they should not be exposed to traumatic situations. There needs to be an entrance just for children."

- **Parent of young child (0-12)**



Others noted that "noisy agitated children" can make the waiting environment more difficult and stressful for others waiting for care. One older person told us they felt "overwhelmed" due to the number of children and families waiting.

Most of the young people in our focus groups found the A&E environment noisy, confusing and bewildering and some did not feel safe. They reported that there was little to do between long waits for assessment and treatment and that waiting areas were uncomfortable.

They also suggested that a separate waiting area would make the A&E environment more comfortable and stimulating for them.






Getting the right care

We also wanted to find out if people were getting the right care, in the right place at the right time

Three out of four (74%) of the people we spoke to said they contacted another health service before visiting Addenbrooke's, including their GP, calling NHS 111 or 999, or speaking to another NHS service.


Of those who didn't contact another service first, most said they went to A&E as they knew they needed A&E because of the illness or injury they attended with and Addenbrooke's was their nearest emergency department.

 "I did ask if I could have had the scan at the MIU in Ely but was told that they do not have the specialist team there to do the type of scan I needed, so I had no choice but to go to Addenbrooke's"

- **East Cambridgeshire resident**



Almost one in ten (9%) of the people we spoke to thought they could have avoided visiting A&E if they had been able to get an appointment with their GP sooner, or if their GP had done a more thorough diagnosis of their symptoms.

 "If on the day I had seen my GP face to face as requested, instead of the telephone consultation, I feel I would have been diagnosed with a more serious condition than stomach cramps."

- **Woman, aged 65-79**



The young people in the focus groups told us they felt confident they were attending the right place to get advice and treatment for their health condition. But that better public information about the NHS 111 option 2 service for mental health support could reduce the need to visit A&E.

Who we spoke to

Our Health Champion volunteers spoke to 70 people.

We spoke to people from a range of age groups, including young people aged 13 to 24 years. 34% were aged 25 to 49 years and 26% aged 65 to 79 years.

- ⇒ 76% described their gender as female and 24% described their gender as male.
- ⇒ Most people lived in East Cambridgeshire (70%) with the remaining 30% coming from Cambridge, Huntingdonshire and South Cambridgeshire.
- ⇒ The majority of people considered their ethnicity to be White: British / English / Northern Irish / Scottish / Welsh, with one in ten people telling us they were from a minority ethnic community.
- ⇒ 17% considered themselves to have a disability and 46% told us they had a long-term condition.
- ⇒ 70% of the people we spoke to were attending as patients and 30% as a family member or carer.

In addition, as part of our young people's focus groups at Soham Village College, we spoke to 15 young people aged between 11 and 15 years.

Conclusions and thanks

Together, these results show a snapshot of local people's experiences of Addenbrooke's A&E as well as suggestions to improve services.

Long waiting times were a common shared experience, yet people were more frustrated by the lack of communication about how long they may have to wait, than the waiting itself.

A lack of communication was a key point within most of the themes explored, particularly around understanding their own condition or that of their relative.

Sadly, people did not always feel that their needs were being met by Addenbrooke's, whether this was a lack of available wheelchairs, a scarcity of refreshments or not being able to hear announcements.

Children witnessing distressing scenes whilst using Addenbrooke's was a concern for many people.

The data collected showed most were confident in attending A&E as most were directed there by another service.

We shared the full findings of our research with the SICP and Addenbrooke's Hospital to help them think about how they could better redevelop urgent and emergency care services for local people.

We have included some of the ideas they shared in this summary report, including:

- ⇒ Redesign the waiting environment to make it a more open, light and inviting space.
- ⇒ Provide more local services, such as minor injuries units, and improve access to GP appointments.
- ⇒ Better information and signage about arrival processes, admittance procedures and facilities available at Addenbrooke's A&E.
- ⇒ Improving access for disabled people
- ⇒ Better communication about waiting times - use of technology and "floor walkers"
- ⇒ A separate entrance and waiting environment for children and young people.

Thank you



"The South Integrated Care Partnership and Addenbrooke's want to thank everyone involved in gathering this feedback. Delivering excellent emergency care is a core priority at Addenbrooke's.

We recognise the past few years have been exceptionally difficult for both patients and staff.

We have made some immediate changes to respond to increasing demand, such as expanded same day emergency care, and virtual appointments for urgent care.

However, we have ambitious plans to improve the service over the longer term, including redeveloping our facilities and buildings.

The feedback in this report will directly inform the design of a future emergency department, while helping us identify what else we can improve in the meantime"

**-Nick Kirby, Director of Strategy and Major Projects,
Cambridge University Hospitals NHS Foundation Trust**



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