healthwatch Camden

December 2022

Urgent and Emergency Care Services

Snapshot Report

Contents

1. Introduction

A hospital's Emergency Department (also known as A&E)[1] is without a doubt the busiest area because of the high patient volume and challenging disease scenarios it frequently encounters. When this department is under stress, patients will most likely have to wait an excessive amount of time, with greater mortality and disease are linked to delays in the care of patients who arrive in the emergency department.

A four-hour standard was issued by the government in 2002 to address problems in waiting times for Emergency Departments. The 'four-hour standard' measures the total time patients spend in A&E - from the time they arrive to when they leave the department to be admitted, transferred, or discharged. This is rather than the time patients spend 'waiting' for treatment to begin or the time before they are 'seen'[2]. Studies have since concluded that this four-hour target resulted in fewer patients staying longer than that time and has been recommended to assist the management of consistent overcrowding in the Emergency Department[3]. However, waiting times continued to hit new heights.

1.1 The impact of COVID

During the height of the COVID-19 pandemic, Emergency Departments across the NHS encountered additional difficulties. An unusually high number of emergency hospital admissions brought on by the pandemic facilitated a shortage of available hospital beds, and staff sickness as well as increased admissions led to a widespread staffing shortage. A combination of these variables has led to an increase in waiting times once more.

1.3 Our report

Healthwatch Camden conducted in-depth interviews with 25 Camden residents who recently used Emergency Departments in Camden's two Hospitals, the Royal Free (RFH) and University College London Hospital (UCLH).

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[1] We recognise that the NHS no longer refers to these departments as A&E, but as this name is still widely recognised and used in the public, we refer to it throughout this report.

[2] The King's Fund, (26 May 2022). *What's going on with A&E waiting times?*

[3] Mason, S. et al. (2012), *Time patients spend in the emergency department: England's 4-hour rule-a case of hitting the target but missing the point?* Annals of emergency medicine, 59(5), 341–349.

Camden is an extremely diverse borough, and this report can act as one start point towards addressing local needs in health inequalities. Although this study was not targeted at people from ethnic minority backgrounds, we found that most of our interviewees were from a BAME background, in line with the demographic in Camden. Their experiences largely followed national trends. Language barriers were particularly linked towards poor experiences despite Camden speaking around 150 languages. Studies in the UK and internationally have shown that ethnic minority patients are more likely to have their pain underestimated and therefore receive less effective pain management when compared to white patients.

1.4 Projects Aims

- To understand user's experiences using Emergency Departments at UCLH and RFH
- To showcase positive and negative experiences of accessing help and support
- To identify gaps in support and care to recommend improvements for Emergency Departments
- To speak to patients outside of the hospital environment in a safe space for them to speak freely and without prejudice

2. Experience in the Emergency Department

2.1 Referrals from 111

NHS 111 is a phone number residents in England and Wales can dial to address non-urgent medical conditions. This number, introduced in late 2013, aimed to reduce the stress on 999 calls (specifically for non-urgent medical calls that do not require ambulance services), and offer medical advice and information. Many of our interviewees were referred to Emergency Departments by NHS 111, with some receiving a positive experience from this service.

> "I called NHS 111, and they were made aware of my condition. I pre-registered with the help of the operator. It's all done professionally… I only need to provide my name there for the receptionist to have access to all my information."

However, several interviewees addressed the challenge of phoning NHS 111. NHS 111 is typically crowded, they claimed. During calls, there are long waits. This led some patients to drop contact and decide to go to the emergency department themselves.

> "I tried to call NHS 111 and encountered a busy line. I was advised to wait for a call-back. However, it took a long time to wait… there was not even a return phone call. So, I chose to go to the A&E department to get in touch with medical staff more quickly."

> "There was a long queue which caused me to wait for a long term [3-4 hours]. […] too busy to give enough time [to surveillance the situation, create an adequate doctor-patient relationship, etc]. He just asked me all the questions in a rush."

Some also experienced issues using ambulance services, again having to take matters into their own hands.

> "Called 111 first and was asked to wait for an ambulance. However, the ambulance needed 1 hour and 30 minutes to come. So [I] went to the hospital by taxi."

This decision to drop contact with a 111 call and self-refer to Emergency Departments can increase wait times, as the medical staff on the other end of the 111 call may have

advised at-home treatments, or with a visit to the pharmacy – essentially, a person could find out that their A&E visit was arbitrary and unnecessary. However, as our interviewees suggested, self-diagnosing and self-referrals seem appealing when the 111 call is not easily accessible. This is further seen by the inability of introducing 111 calls as an NHS service in reducing wait times across the NHS in Camden and across England and Wales.

2.2 Reception check-in

72% of the patients we spoke with had Emergency Departments recommended to them by a GP (28%) or NHS 111 (44%). Professional medical staff had initially treated these patients' illnesses and uploaded their complaints to the NHS system before referring them to ED. As a result, these patients did not need to repeat answers about their ailments, conditions, or medical background when checking in at the front desk. This significantly reduces the amount of waiting time.

> "The process of registering was quick for me. I was given a code to aid in my speedy identification because of the previous connection with my GP. My identity was confirmed after answering a few straightforward questions, such as my name and the name of my GP. And then I was then permitted entry into the hospital."

2.3 Waiting room environment

The waiting room is where people who are going to the emergency department spend the most time. After checking in at reception, patients are assigned a level of urgency based on the severity of their disease. Out of our sample size, there was an average of 2.9 hours in the waiting area – significantly below the 2002 targets of four hours. However, this is not always the case: there an interviewee spent around 10 hours alone in the waiting room. Therefore, one of the issues that patients have with ED treatments is the lengthy wait periods.

> "[I] waited for more than 10 hours. He waited for 6 hours to speak to a nurse, and then waited another 6 hours to talk with a doctor."

> "The thing I want to complain about is the long waiting time. No matter at the reception or in the waiting room. I spent too much time [7 hours], just setting there, having nothing to do. I have been plagued by arm pain for a long time [...] However, no one gave me the solution to my pain. The doctors just told me to wait. It's an endless wait."

Most responders thought the waiting room's atmosphere was uncomfortable. Some of the most frequent descriptors of the waiting room environment given by interviewers include "little ventilation," "terrible smell," and "packed crowds." Dissatisfaction with ED services among patients are also influenced by the unfavourable environment.

> "The waiting room had a horrible environment. There is a terrible odour here and there is no air circulation at all. A patient with a fractured hand was seated next to me... and his hands started to bleed, and it reached the ground. Blood was everywhere, and the scent was awful... There was nothing I could do but endure the odour while I sat by the stain for such a long time... [since] that was the only that seat in the entire waiting area."

> "I experienced a long wait in the emergency room [roughly more than 4 hours]. In the waiting room, too many patients gathered together. Air is not circulating there either. The environment of everything sucks. I don't think patients can rest well in such an environment. Doctors are also too busy. They don't have much time to take care of every patient."

The fact that accompanying waiting is prohibited is the third cause of patient dissatisfaction with ED services. The hospital's policy was modified as a result of the pandemic. Only just few family members of patients are permitted access to the facility. This means that, despite coping with the discomfort of the sickness, the great majority of patients must see a doctor on their own. Patients who are alone experience psychological stress as a result of their sickness, environment, and loneliness.

> "I joined the rest of the patients in the waiting area. Due to the pandemic, my buddies were not permitted to accompany me. I was by myself, and my headaches were becoming worse. Nobody can interact with me, chat to me, or ask me about my health. The only thing I could do was to start Googling my symptoms... Because I was concerned about the condition, I experienced

> significant psychological pressure. However, all the staff members were occupied, so I was unable to speak with a doctor or nurse."
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> "I accompanied my three-year-old daughter to the Emergency Department. We shared a seat in the waiting room. There are a lot of patients nearby, and the atmosphere is rather boisterous. Due of their illnesses and anguish, some of the patients were wailing and screaming, including my daughter. We spent a considerable amount of time there. It's a terrible memory for us."

3. Treating conditions

3.1 Communication with the doctor

In our interviews, the majority of respondents were pleased with the communication. They describe conversations with physicians using phrases like "efficiently," "extremely patient," and "words that put me at ease." Our participants stated that communicating with their doctors benefited them a lot. Not only how to deal with discomfort, but also how to prevent the same situation from happening again.

> "Speaking with [the doctor] was enjoyable. He gently probed me about my condition, discomfort, and symptoms I was experiencing. These hints allowed [them] to diagnose the patient as if by magic. Everything went really smoothly."
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> "The doctor's conversation with me was about more than simply my sickness... My condition appeared to be severe, maybe even life-threatening, according to Google. I was quite anxious. The doctor spent a lot of time reassuring me. He informed me that the information displayed by Google was inflated. The doctor provided an example from the actual world. This helped to ease my mental tension. I want to express my gratitude to the doctor."
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> "A really wonderful doctor... [he] had much patience. He used more common words to describe topics I couldn't comprehend. There was more than one method to communicate. The doctor also drew portions of [his explanation]."

However, due to a lack of staff and an increase in patients, our interviewees described the Emergency Department as often extremely crowded and under a lot of strain.

According to 44% of interviewees, they said did not have enough time to consult their physician. Our interviewees described the misunderstandings and lack of satisfaction from insufficient communication.

> "Everyone is occupied. The time the doctor has to speak with me is limited. He speaks to me at a rapid pace. I still didn't know what's wrong with me even after leaving the medical facility. "

> "The words the doctors were speaking to me were difficult for me to understand and much more difficult for me to comprehend. This took me to the incorrect location for the test. The hospital has many moving parts. I even lost my way. This confusion caused a lot of time to be wasted. All the staff were busy and I wasn't allowed to find someone to ask for directions."

3.2 Language barriers and translation services

Language is the foundation of interaction between patients and doctors. Communication effectiveness is increased by clear terms. The patient provides a thorough description of their symptoms, mentioning things like their levels of discomfort, where it affects, when it started, and more. These help doctors comprehend the situation. Effective communication helps emergency department services become quicker and better while also saving a lot of time.

Camden's population is incredibly diverse, and speaks over 150 languages, and many of our interviewees did not speak English as their first language, and some are not even fluent enough to communicate on their own.

It's important to remember that even someone with exceptional English comprehension may struggle to comprehend health-related material. Communication difficulties cause a lot of problems: visits with patients are drawn out, and misconceptions are made due to the difficulty of understanding professional medical jargon.

This can be a contributing factor to waiting times, for patients with linguistic challenges, translation services are available in emergency departments. Asking family or friends to translate or interpret crucial information seems to be the less

difficult option, this however was sometimes not an option due to ongoing restrictions from the pandemic. Utilising internet resources like Google Translate can also deliver accurate translation outcomes, but it is still crucial to remember that finding a qualified interpreter benefits the patient as much as the NHS.

One of our interviewees discussed her experience with a qualified interpreter in the emergency department.

> "I went to the Emergency Department with my friend. She was essential in easing my communication when I dialled NHS 111 and registered at the reception. My friend is a medical student, therefore she has no problem with these… She was unable to stay with me for the duration of the visit because of the pandemic's effects. So, my friend advised that I seek the assistance of a professional interpreter. The hospital made a note of my requirements, including my preferred dialect.

Not only did she have to wait longer for an interpreter, she was only offered an interpreter who did not fully understand her preferred language of Mandarin

> "I waited for the interpreter for an additional hour in the waiting room. Unfortunately, the incorrect interpreter was offered… I only speak and comprehend Mandarin. To me, Cantonese is like to a strange tongue. The interpreters, however, are fluent in Cantonese and have little Mandarin knowledge. We did our best to communicate throughout the visit by speculating on and confirming various pronunciations. My language barrier was not bridged despite the interpreter being offered."

These language issues expanded further than communicating why she went to the Emergency Department in the first place – her medication was unknown to the hospital.

> "There was no English name for the Chinese medication which I used. As a result, the translator is unable to communicate the situation to the doctor appropriately. Just attempting to describe the function of the medication… If the medication is not adequately translated, I believe this poses a significant issue. You should be aware that several medications should not be taken at the same time or close to the same time. "

4. After visiting

The patient is often scheduled to receive a different form of care following their visit to the emergency department, depending on how urgent their condition is. The sickest people were admitted to hospitals. Their physical data is continuously monitored there, and they receive the finest treatment possible. The remainder of the patients received prescriptions to visit a pharmacy or were instructed to return to their general practitioner.

> "I was hospitalised. For nearly three days, I was in the Royal Free Hospital. There are extremely competent medical staff members, including nurses. It's all good."

> "It's been much too long since I last left the emergency department. Even the duration of my time there is beyond my memory. I eventually gave up waiting and walked home by myself."

Patients with the majority of medical issues can frequently benefit from prescribed medications. With a prescription from a doctor, individuals may get the miracle pill at pharmacies close to their neighbourhood. Within a few hours, pills begin to function and the majority of the pain and suffering go. It's important to keep in mind that this convenient process is only available during the week. Our participants shared with us their stories of not receiving their medications after an extended medical appoint. In this circumstance, the patient's only option is to bear the discomfort while waiting.

> "Everything is fantastic at UCLH. I've encountered excellent, patient doctors there. He thoroughly described to me how to get to the pharmacy. The hospital, however, was turned into a one-way system as a result of the pandemic. It's too complex. In the hospital, I was totally lost. Fortunately, I located the pharmacy—which was closed—with the aid of a nurse. I went back and asked my doctor if I could pick up the prescription from a place like Boots, but he refused. That means I have to put up with the discomfort until Monday. This was terrible."

> "My relatives picked me up from the emergency department and drove me home. In the Royal Free Hospital, I received some medication. They have made a significant impact in my pain reduction. My body temperature was also brought

> back to normal by the medications. Very competent medical care, excellent results."

Patients who are sent back to their GP are typically not in need of immediate attention. They require additional expert consultations and professional inspections, to be more specific. As a result, the condition will be easier to diagnose and treat with more precision. However, there is sometimes a long wait for an appointment.

> "After leaving the emergency room, I was taken back to my GP. To inform my GP about the cause and treatment of my visit to the emergency department, I had to endure the first wait, which lasted for about two weeks. Following that, my doctor advised me to postpone the further test for another three weeks. The wait for the inspection's findings continued for another few weeks after that. There is another waiting involved before speaking with the specialist after bringing the test findings back to the GP. Sincerely, I've been waiting forever. I'm still unsure of what illness I have."

5. Conclusion

Healthwatch Camden would like to thank the 25 participants. The stories they share with us deserve more thought.

In interactions with interviewers, the phrase "waiting time" frequently comes up. The impact of COVID-19 is causing longer-than-usual wait times at Camden's emergency department, which is consistent with national patterns. We look into the reasons behind and results of higher wait times.

Difficulties have been posed by the pandemic's effects on hospital rules. Only a small number of patients' families are permitted to see them in the hospital. On the one hand, the infection cannot propagate as efficiently as before. The patient's psychological stress has worsened, due to the tremendous stress and bustle caused by the pandemic, doctors and nurses are also prohibited from offering timely conversations to help patients release tension.

The hospital's design has undergone further revisions. First of all, this causes a lot of individuals to get disoriented when undergoing tests and taking medications. Secondly, the new location produced a bad atmosphere. Particularly, the stench and crowdedness in the waiting area.

Thankfully, despite working under extreme pressure, doctors and nurses continue to conduct themselves professionally. They are frequently described as "professional," "patient," and "kind" by our interviewees. Medical professionals treat patients effectively while also paying close attention to their emotional wellness. There is a thorough explanation of the illness given.

Our findings illustrate both the positive and negative aspects people have said about various services. The many tales are combined to illustrate the challenges the emergency department faces, as well as its flaws and virtues.

6. Appendix

6.1 Methodology and ethics

Healthwatch Camden spoke with 25 patients through interviews. All of the patients have visited the Royal Free Hospital's or University College London Hospital's emergency departments. Twenty-five people took part in one-on-one interviews over the phone or Zoom that lasted 30 minutes to an hour.

In order to get insights from patient visits, we independently gathered resources for our patients in the months of June and July 2022 through ads for healthcare professionals residing at living centres, Camden Volunteering and other volunteer opportunities, and other social media campaigns. We received verbal consent at this stage of recruiting and discussed the specifics of the study topic to individuals who were interested in sharing their tales. Again, we verbally acquired consent at the start of each interview.Participants were made aware that responding to questions they did not wish to answer was not required of them and that they might withdraw at any moment.

Since respondents choose themselves, there can be a bias against voluntary responses. People who have had more unpleasant experiences could be more inclined to participate and share their stories. Despite the fact that our sample size is tiny, we discovered that after 25 interviews, we had satisfied our data needs and had learned something new about each patient.

6.2 Limitations

There are limitations to our research. As interviewees self-selected, there may be voluntary response bias. Those with more adverse experiences may have been more driven to participated and share their experiences. Additionally, our sample size was also small and spoke many languages so sometimes it was difficult to get an accurate translation of experiences.

6.3 Demographics

This report is based on qualitative interviews and surveys with a relatively small sample size (25) of people and includes personal and sensitive data.

To maintain utmost anonymity and safety of participants, we have made the decision not to publish demographic data in the traditional method. Below showcases a combined description of who we interviewed. Requests can be made for more specific details which will be reviewed by the Healthwatch Camden data protection officer and are subject to approval.

- 84% of the participants were women and 16% were men.
- Participants ranged in age from 17 to 75 years old.
- 6 interviewees were white, 15 were Asian/Asian British, 2 were black/black British, 2 are mixed groups
- 4 participants were Christians, 6 were Muslims, 3 were Buddhists and 2 were Muslims. The remaining 10 participants had no religious affiliation or preferred not to speak.
- 76% of people surveyed answered on their own behalf, 12% on behalf of a child under 18 and 12% for an adult they are caring for.

6.4 About Healthwatch Camden

Healthwatch Camden is an independent organisation with a remit to make sure that the views of local service users in Camden are heard, responded to, taken seriously, and help to bring about service improvements.

Our duties (which are set out under the Health and Social Care Act 2012) are to support and promote people's involvement in the planning, running and monitoring of services; to gather views and experience and to make reports and recommendations for improvement based on those views; to offer information and advice on access to services and choices people can make in services; and to enable local people to monitor the quality of local services.

Our remit extends across all publicly funded health and social care in the borough. It includes statutory powers to enter and view any publicly funded health and social care service and to call for a formal response from the relevant bodies to any of the recommendations we make.

Healthwatch Camden has a seat on the Health and Wellbeing Board and contributes directly to strategies to reduce health inequalities across the borough.

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