healthwatch Gloucestershire

# Understanding people's experiences of urgent and emergency care in Gloucestershire

March 2024

# Contents






Any enquiries regarding this publication should be sent to us at info@healthwatchgloucestershire.co.uk

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# About us

## Healthwatch Gloucestershire is the county's health and social care champion.

We're here to listen to your experiences of using local health and care services and to hear about the issues that really matter to you. We are entirely independent and impartial, and anything you share with us is confidential. We can also help you find reliable and trustworthy information and advice to help you to get the care and support you need.

As an independent statutory body, we have the power to make sure that NHS leaders and other decision makers listen to your feedback and use it to improve standards of care. This report is an example of how your views are shared.

Healthwatch Gloucestershire is part of a network of over 150 local Healthwatch across the country. We cover the geographical area of Gloucestershire County Council, which includes the districts and boroughs of Cheltenham, Cotswold, Forest of Dean, Gloucester, Stroud, and Tewkesbury.


# Content warnings

## As this report focuses on urgent and emergency care, it may contain information that some readers may find distressing. This report mentions:

- Suicidal ideation, depression, and other mental health issues
- Illness and hospitalisation
- Medical problems and procedures
- Accessibility issues that may affect disabled people and those with a long-term health condition and their families and friends
- Upsetting medical experiences.

There are no images displaying any of the above potential triggers.

# Introduction

## Urgent and emergency care services

Urgent and Emergency Care is a broad term that refers to a range of services that are mostly needed the same day.

**Emergency Departments (EDs)** are for serious or life-threatening injuries and illnesses only. They are also known as Accident and Emergency (A&E). Throughout this report we use these terms interchangeably as this reflects the language used by the people we heard from.

**Minor Injury and Illness Units (MIIUs)** are for non-life-threatening injuries or illnesses. These units are staffed by trained healthcare professionals capable of handling a range of minor injuries, such as cuts, sprains, fractures, minor burns and minor head injuries.

**Urgent Treatment Centres (UTCs)** provide medical help when it's not a life-threatening emergency and offer similar help to MIIUs. They can diagnose and deal with many of the common problems people go to A&E for. They can help with things like sprains and strains, suspected broken bones, injuries, cuts and bruises, stomach pain, vomiting and diarrhoea, skin infections and rashes, high temperature and mental health concerns.

**Out of hours GP services** are for people who need urgent medical advice outside of their GP opening hours.

Gloucestershire also operates the following urgent and emergency services:

- **Pharmacy** for urgent supplies of medication.
- **NHS 111** for when it is not a 999 emergency, for advice on the most appropriate service.
- **Ambulance** for life-threatening emergencies.
- **Dentist** for emergency dental treatment.
- **Mental health crisis helpline** for mental health support and advice.
- **Rapid Response** for provision of urgent care in the home.
- **Optometrist** for assessment, treatment, or referral for sudden onset eye problems.

## Background

Increasing pressure on urgent and emergency care services both nationally and locally has been a major focus of media attention over the last three years – especially with the additional pressures brought by COVID-19. Research by Healthwatch England during 2022 evidenced a continuing decline in public confidence in such services.

In recent years, we have looked at peoples' experience of hospital discharge and urgent mental health care. We have also received a large amount of feedback from people in the recent months about their experiences of urgent and emergency care across the county which has led to this issue becoming a priority for us to examine further.

## What we were looking for

Our aim was to investigate the demands on urgent and emergency care services by supporting our local communities to speak about their experiences. We wanted to look in more depth at what services people are aware of, what services are being used and why, what barriers there are for different people when accessing these services, as well as what can be done to improve the patient experience and pathways through the various urgent and emergency services available.

# What we did

## Winter pressures

We would like to acknowledge that we undertook our research and observations at a time when urgent and emergency care services are known to be under significant pressure. There was also a period of Junior Doctor Strike action during the last week that our survey was open.

## Survey

We used a survey to collect feedback on people's experiences of urgent and emergency care in Gloucestershire over a seven-week period during November and December 2023. We promoted this via our website, social media, news, and community networks.

To make sure as many people as possible could access the survey, it was available online, in print with a Freepost return envelope, and people could also share their feedback via phone, email, and at focus groups.

103 people completed this survey. However, it should be noted that some questions were not answered by everyone. We used skip logic, a feature that changes the question or page a respondent sees next based on the answer they chose for the current question, to make sure the most appropriate questions would be filtered based on the person's experience.



### Demographics

- We received responses from people living across 21 Gloucestershire postcodes.
- People were aged between 15 to 80+. The majority of people (77%) were in the 25-49, 50-64 and 65-79 age groups.
- Of the 100 people who disclosed their gender, 74% identified as women, 20% as men, 1% as non-binary, and the remainder self-described or preferred not to say.
- 32% of 96 respondents stated they have a disability.
- 21% considered themselves to be a carer.
- 53% had a long-term health condition.

When we spoke with people during discussion groups, community events, one-to-one conversations, and at ED and MIIU visits, we asked semi structured questions based on those in our survey. This allowed for a more open dialogue with people that centered around the individuals' experience.

## Discussion groups and community events

With the help of local partners, we spoke with people at various community groups across Gloucestershire. At the Friendship Café in Gloucester we spoke with people from:

- Bangladeshi women's group
- Arabic women's group
- Chinese women's group.

We also held a focus group in partnership with Inclusion Gloucestershire where we were able to hold a 'Speak Up' session to discuss the experiences of people with disabilities.

We also spoke to people informally and helped people complete our survey at:

- Arkell Community Centre
- The Carers Hub Gloucestershire
- Stroud College
- The Door Youth Project
- Cornerstone Community Centre
- Guideposts Trust Connect Group
- All Nations Community Centre.


## One-to-one conversations

To enable people to speak privately if they wished, we also spoke with people on an individual basis over the phone and face-to-face.

## EDs/A&E visits

We were invited by Gloucestershire Hospitals NHS Foundation Trust to observe and talk with patients who were using EDs. We visited both Cheltenham General and Gloucestershire Royal Hospitals four times throughout our engagement period and spent 7.5 hours observing and talking with 43 patients.

These visits were conducted in a more flexible and informal way than the Enter and View visits we carry out to evaluate patient experience of publicly funded health and care services. We felt this would be beneficial for both staff and the people using the service given that our visits were taking place during the winter pressures period. We did, however, use our Enter and View process to conduct visits to MIIUs as part of this project.

## MIIUs

We have statutory powers to Enter and View publicly funded premises providing health and care services, to observe and speak to people about their experiences of using those services. During these visits we collect evidence of what works well and what could be improved to make people's experiences better.

We carried out two Enter and View visits to MIIUs in the Forest of Dean and Cirencester and spoke to 50 patients about their experiences. A third visit to Tewkesbury MIIU was cancelled due to flooding.

We have published separate reports about these visits on our website and shared them with the MIIUs, the Care Quality Commission (CQC) and Gloucestershire Health and Care NHS Foundation Trust.

### Volunteer research

Seven of our volunteers spent a total of 36.5 hours looking at what information, support, and signposting is available for the public about urgent and emergency care services in Gloucestershire. They looked online and one person checked their local library for information on the following services:

- Pharmacy
- NHS 111 (phone number and website)
- Cheltenham and Gloucester ED
- MIIUs
- Gloucestershire Health Access Centre/Out of hours services
- Mental health crisis helpline

# Who we spoke to

## We gathered feedback from 300 people about urgent and emergency care services in Gloucestershire.

- 103 people completed our survey.
- 39 people took part in focus groups.
- Five people spoke to us one-to-one.
- 50 people were spoken to as part of the Enter and View visits to MIIUs.
- 43 people talked to us at Cheltenham and Gloucester A&E departments.
- 60 people shared their views during visits to groups and events around the county.

# Key messages

## We analysed all the feedback shared with us and identified the following common themes.

### Accessibilty

- Transportation to and from services is not always easily accessible and can leave patients in a vulnerable position.
- Learning disability and mental health liaison nurses improve a patients' experience; however, they are not always available when needed.
- Patients with disabilities can be put off seeking medical help due to the environment in urgent and emergency care settings and the lack of support or advocacy.
- Documents in accessible formats, such as Easy Read, are not always available or easy to find.
- Many NHS websites do not provide alternative language options.

### Communication

- It is not easy to understand the difference between terms used to describe services, such as 'rapid', 'emergency' and 'urgent'; in an emergency, people may try any service with these words in the title.
- Patients are waiting a long time to be seen by a medical professional and people would like staff members to communicate more with them about waiting times.
- When people are triaged quickly they often assume they will see a doctor quickly too, when this is not the case.

- People do not like sharing private information about their visit to a service at the reception desk, and sometimes this communication can be difficult, for example, for people with disabilities and long-term health conditions.
- Documents that help a patient proactively communicate their medical wishes, needs and history, such as Health Passports, What Matters to Me folders and ReSPECT forms are seen as beneficial, but easily lost and people do not feel staff have the time to look at them.

## Service efficiency and joined up care

- Services are not providing joined up care or communicating efficiently with each other which can lead to a waste of resources. For example, when ambulances arrive at people's homes after they have already been taken to hospital or when GPs are unable to get through to the ED.
- Increasing pressure on GP services has led to people losing faith in their GPs, so they are resorting to emergency care instead.
- A high number of people are leaving urgent and emergency care services with no resolution to their health problems, and many are unsure about what to do next.
- People are waiting a long time and feel they must 'make a fuss' to be seen which causes frustration amongst patients if they are not updated when there are expected delays. For example, when there are issues with booking systems within hospitals.

## General

- There were clear benefits to having a carer or companion to support a person in need of urgent and emergency care, with advocacy, retention of information, and practical things such as car parking and getting refreshments. However, this also adds to overcrowding in waiting rooms.
- Feedback on staff attitudes was mixed, however there is a lot of empathy among patients about the conditions and pressure staff work under.
- Most people are aware of EDs/A&E, MIIUs and NHS 111. However, in an urgent or emergency situation a lot of people may struggle to think of other services that might meet their needs such as an out of hours GP or UTCs.
- A lot of people see little point in contacting NHS 111 as it is often perceived as a barrier to reaching emergency care. They are also put off by the number of questions asked by call handlers and the fact they are not medical professionals. Long wait times and a poor experience means that often people skip this step and go straight to another service.
- There were concerns around the cleanliness of EDs and MIIUs and the lack of available space for those with potentially contagious conditions.
- Refreshments are not always easily accessible, which is difficult during long waits to be seen and the lack of communication about how long a person will be waiting sometimes adds to this issue.

See page 10, What people told us, for more information about our detailed findings.

# Recommendations

We believe that health and care providers can best improve services if they learn from people's experiences and feedback. Based on what people told us we recommend the following actions to help improve patient understanding and experience of urgent and emergency care services in Gloucestershire.

## Accessibility

- Increase the number of wheelchairs and hoists available in hospitals.
- Recognise the importance of community liaison nurses by investing in them. For example, offering long term contracts to liaison nurses to ensure continuity of knowledge and expertise and upskilling volunteers and other staff to support patients when liaison nurses are unavailable.
- Increase awareness of 'calm' locations within urgent and emergency services for disabled and distressed patients.
- Ensure staff members are trained to ask if a person has a Health Passport, What Matters to Me folder and ReSPECT form.
- Review NHS websites to ensure they are up-to-date, easily accessible and have a language translation function available.

## Communication

- Develop an automated system for EDs and MIIUs to communicate with patients who are waiting to be seen, so that they are informed about their position in the queue (via text, automated phone call, email or other digital messaging service).
- Provide wait time estimates to people when they are triaged.
- Ensure patient information is always discussed in a safe and confidential space during patient consultations or in waiting rooms.
- Provide an alternative option for communication at reception in MIIUs and EDs and ensure this is well advertised across NHS services. This could be done by providing an easily accessible form for the patient to complete, which asks for a few details such as name, date of birth and the reason for their visit.
- People should be asked if they have any difficulty in communicating and/or retaining information, and whether it would be helpful to have a carer/companion present or to have information written down or communicated in another way to refer to later.
- Provide 'Here to Help' staff or upskill volunteers whose role would be to:
  - Check in with patients.
  - Ensure people have what they need, for example, refreshments or sick bowls.
  - Liaise with both the public and medical professionals where necessary.
  - Support people to find their way to other wards/departments for treatment.

## Efficiency and services working together

- Review the efficacy of the information sharing and communication systems being used by medical professionals and urgent and emergency care staff to ensure effective and efficient communication between different services.
- Raise awareness among communities of alternative urgent care services provided in their local areas by other health professionals, such as pharmacies and MIIUs to reduce the demand on the EDs. For example, place posters in pharmacy windows clearly displaying what services people can expect to receive there.

- Carry out a review of how discharge information is shared with patients in a format that is accessible to them. For example, by writing this down in the persons' preferred format or checking if they would like a carer or companion present.
- Ensure all staff are aware of contingency plans in the event of issues with booking systems and consider how this will be communicated to patients to ensure continuity of service.
- Ensure reception staff have the appropriate training and follow-up support to help manage frustration and anxiety that patients may feel in the face of long wait times.

## General

- Increase promotion across all NHS and Council websites as well as community hubs, such as libraries and community centres, to raise awareness of what urgent and emergency services are available and when to use them.
- Consider a pathway to enable people with known long-term conditions that are likely to be frequent callers to NHS 111 to be more easily fast tracked through the service to reduce demand on NHS 111 call handler time and ensure a more personalized approach.
- Greater promotion of the new hospital in the Forest of Dean and what services it will be able to provide, especially for residents in the local area.
- Spot checks to be carried out on the environments in EDs and MIIUs to monitor cleanliness and regularly review action plans for when standards are not being met.
- Provide a separate waiting area for patients with vomiting or potentially contagious conditions and ensure sick bowls and water are readily available so patients do not need to ask staff.
- Ensure healthy and affordable refreshments are easily accessible at all service locations.

# What people told us

We used a wide range of engagement methods to make sure our project was accessible and represented the views of Gloucestershire's diverse communities. We analysed the detailed findings summarised below to identify common themes and key messages.

## What services are being used and why?

### Awareness of services

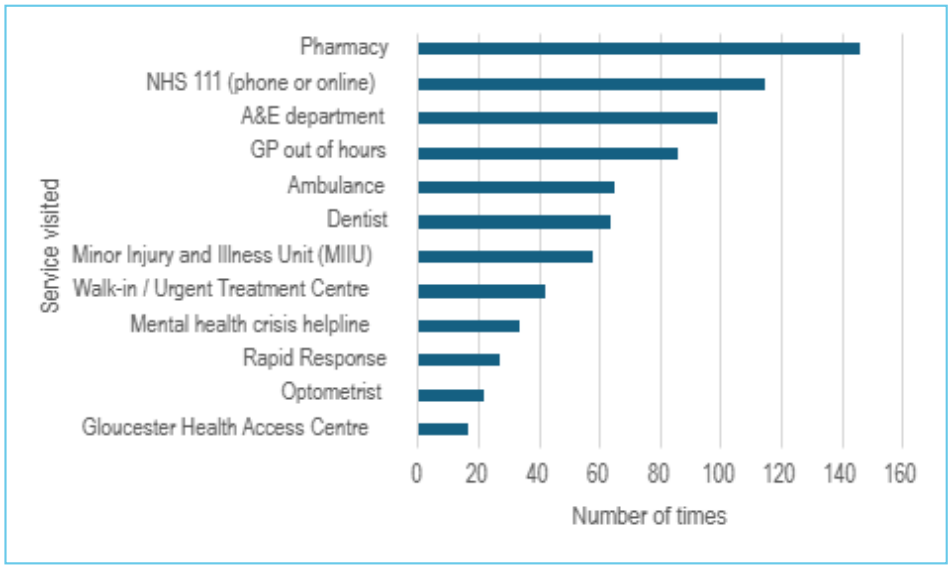
We asked people what urgent and emergency care services they were aware of in Gloucestershire other than the EDs. We deliberately asked this question in open way, rather than providing pre-determined responses, to replicate the feeling of an emergency or unexpected situation to see what came to mind.

Awareness of services varies greatly from one person to the next. Most people are aware of one or two different services; however, some people were unaware of any at all.

Out of the 87 people that answered, 23 said they were either unaware of any services or only listed one service. The most common service people mentioned was NHS 111. One person acknowledged the national advertisement of the Click or Call First campaign. Another person explained that even as a healthcare professional, it is not easy to understand the difference between terms such as 'rapid', 'emergency' and 'urgent'. They felt that if they were in an emergency, a person may try any service with these words in the title.

### Use of services

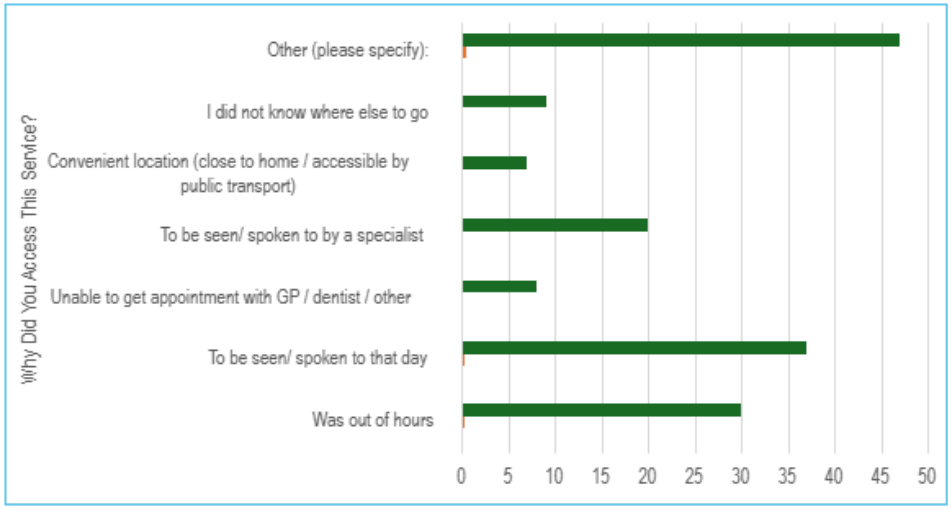
In our survey, we asked people how many times they used different services in the last year.




People reported in the last year, the service they visited most regularly was the pharmacy and the least visited was Gloucester Health Access Centre.

Following on from this, we asked people to give detailed feedback about their experience of a recent occasion when they had used one of these services. Out of 94 people who shared which service they accessed, 60 people said that they had visited either Cheltenham or Gloucester A&E, 12 people attended a MIIU, five people saw an emergency dentist, five people saw an Out of Hours GP, three the mental health crisis team, and one person visited a pharmacy. Eight people contacted NHS 111 but no further action was taken. Since most people spoke about their experiences with A&E and MIIUs, what follows in this report is based on the majority of feedback being about these two services.

We asked about people's reasons for contacting the urgent and emergency care service on this occasion. The two of the most common specific reasons selected were that people needed out of hours care and wanted to be seen or spoken to that day.




We further analysed the reasons why people had selected 'other' and found most were contacting services due to an emergency or because they were advised by another service. Some people were required to attend A&E because they were unable to access an X-ray at a MIIU.

The majority of people were very sure they were seeking the appropriate care for their situation. However nearly 10% of people were not sure where else to go when seeking emergency care, which suggests a lack of knowledge around what services are available in an emergency.


**NHS 111**

In our survey, we asked people if they contacted NHS 111 before they accessed another service; 62% said they did not, 38% said they did.

The three most common reasons for not contacting NHS 111 were:

1. It was an emergency or NHS 111 was considered not appropriate or needed.
2. Poor previous experience with NHS 111, the wait was too long, or the person believed they had 'skipped a barrier'.
3. Advised by their GP practice to go straight to an urgent or emergency service.

Other responses in the survey, and our wider engagement work, suggested people are reluctant to contact 111 because call handlers are not specialists or health professionals.

**NHS 111 would work better if people with medical knowledge/experience were able to go off script and talk like humans - not robots regurgitating the same information!**

In our discussion groups, people felt there was 'no point in calling NHS 111' for the following reasons:

- Generic script that asks a lot of questions, feels frustrating and time consuming.
- Long waiting times to speak to a medical professional.
- Often having to call NHS 111 back to chase them for information.
- People were often advised to attend A&E or MIIU after calling NHS 111, so they felt it would be quicker to go straight there.

We asked those who did contact NHS 111 before using another service to tell us about their experience. While the majority of people were happy with the quality of advice and timeliness in which the call was handled, there was still a large number who were not. When a call is not answered promptly, people have resorted to visiting other services or perhaps the service that is not the most beneficial for them.

> **I rang [NHS] 111 but the wait was so long to speak to someone that I travelled to hospital instead.**

### Mental health crisis lines not answering calls

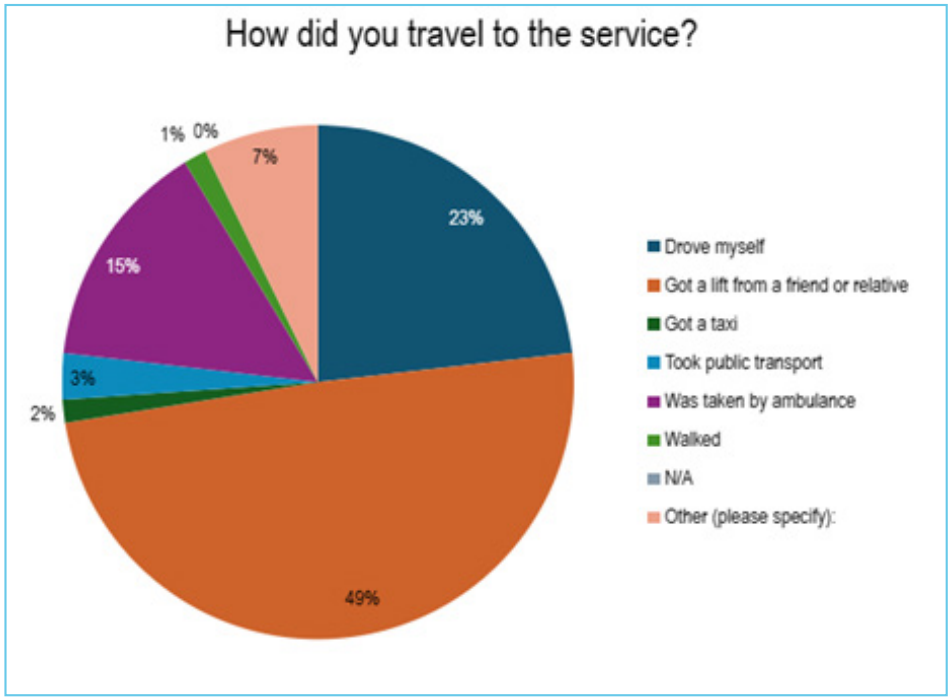
People feel they struggle to access support when they need it from Gloucestershire Crisis Line, despite it being advertised as available '24-hours a day, 7-days a week'.

One person said when they have been unable to get through to the crisis team, there was a long answerphone message and it can take them a long time to call back.

One person said they would really appreciate having someone to call that was the same each time, as speaking with a different caller, and often a different service, can be unhelpful.

## How people travel to urgent and emergency care

Most people who answered the survey said they drove themselves, got a lift, or travelled via ambulance; few people used public transport. We were told during our conversations that public transport is difficult to access when visiting services out of hours.



One person we spoke with during a visit to Gloucester Royal Hospital told us about their long and frustrating day using public transport to travel from one service to another. In the morning they had travelled via public transport to the MIIU in Cheltenham on the advice of their GP. After waiting two hours they were told they needed to visit Gloucester Royal Hospital as the MIIU did not have the right equipment to treat them. We spoke to them at 6.30pm, when they had just arrived at hospital and were waiting to be seen. They were concerned because their last bus home was at 8pm and they would have to pay for a taxi if they missed the bus.

Throughout our engagement work we heard repeated complaints about car parking charges at Gloucester and Cheltenham A&E Department. We also noted that if patients drive themselves to hospital, it can be difficult to leave hospital to pay more car parking fees, as they might miss their place to be seen by a medical professional.

We heard many concerns about people's ability to travel home when they are discharged from hospital as many are very vulnerable at this time. There was particular concern about those with physical disabilities, mental health problems and neurodivergent people.

### Ambulance service

In our survey and throughout our engagement discussions and events, people told us how long they had waited for an ambulance – which was mostly too long. We also heard that people often had to wait inside an ambulance, in a queue, outside A&E. One person had waited in a queue of 15 ambulances and there were many reports of people witnessing large queues when visiting the A&E. Some people said they were told to get a taxi as there were no ambulances available.

> **It took six hours for the ambulance to arrive after four 999 calls - my husband was having a stroke and during those six hours, lost use of the left side of his body.**

### Residents in border areas

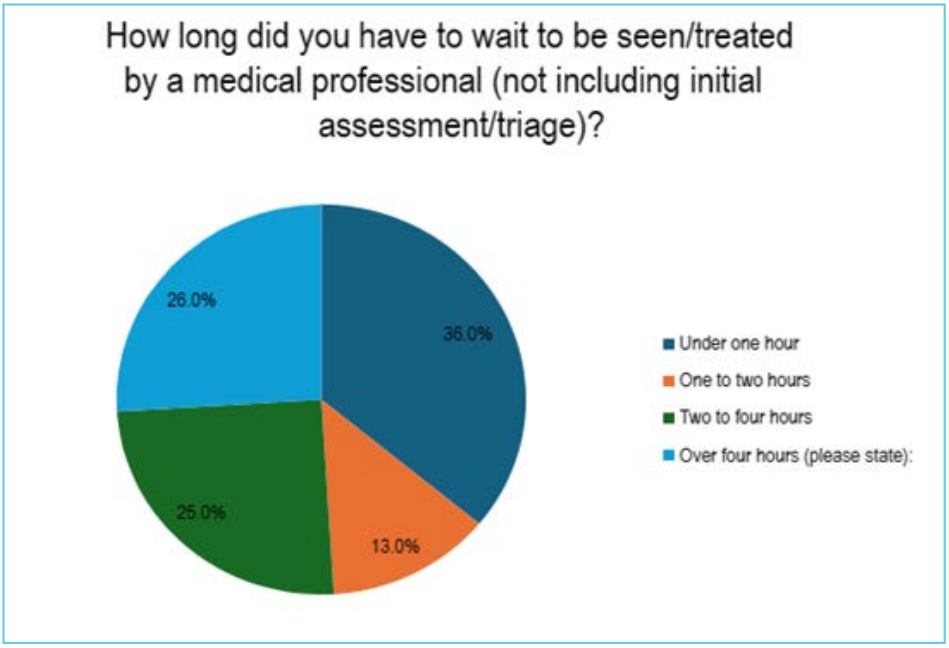
We heard many people who live on the borders of Gloucestershire struggle to access urgent and emergency care services. We also heard they may be referred to services outside of Gloucestershire.

> **If you live on the Gloucestershire/Warwickshire border, you will die before an ambulance arrives, unless you have an emergency driver to hand.**

> **There is little to no provision for residents in border areas and away from large cities. Haven't had access to an NHS dentist in eight years and haven't seen my GP in person since 2018.**

## Waiting times to see a medical professional

We found people are waiting a long time to get the care they need. Over a quarter of people in our survey had to wait more than four hours to be seen and some people had waited as long as 21 hours. While these wait times are tiresome, most people are happy with the care received once they are seen by a medical professional.




Our survey data tells us 36% of people were seen in under one hour, for 26% it took over four hours to be seen and 25% people waited over two hours.

When talking with people at groups and events, we noticed many people feel they must 'make a fuss' to get care they need. People explained how this is often very difficult to do in an urgent and emergency care setting where staff are often over-stretched.

> **Horrendous experience. I was told I needed to make a fuss if I wanted to be treated by a member of staff.**

### Quick triage leading to false sense of security

We heard mixed feedback about waiting times to be triaged. A significant number of people reported being triaged very quickly in EDs. This was generally seen as beneficial as it might lead to patients being signposted to a more appropriate service sooner or, for example, to painkillers being administered if the patient had to wait a long time for treatment. However, we found that when patients were triaged quickly, they also expected to be quickly seen by a doctor and this was often not the case.

### Provision of updates on waiting times

Many people who completed our survey said they were not told when they visited urgent and emergency care services that there would be a wait or they were unaware how long they would be waiting for. It was noticed during our visits to the EDs that this information was not provided on the various display screens, although they did give information about alternative routes that could lead to a person being treated more quickly, for example, visiting a MIIU if appropriate. People we spoke to felt it would be beneficial to receive regular updates on waiting times. It was felt this would be particularly helpful for people who are neurodivergent, patients, carers and next of kin.

> **I expected to wait to be seen, but it would have been nice if someone had said there would be a wait.**

We noted that it was possible to check A&E waiting times at Gloucester and Cheltenham online. Many people we spoke to were unaware of this and some people may be unable to access this information easily if at all, including people with certain disabilities or health conditions.

General waiting times do not provide a lot of detail about how much longer a patient will be waiting. People also said the lack of updates made them hesitant to leave the waiting room to find refreshments or food.

## Environment

### Cleanliness and contamination

In our survey and our engagement work we found there were some concerns about cleanliness and the ability of contagious illness to spread quickly, especially when services are busy. One person, described the toilets as 'filthy' and another, who had lived in Syria, said: "Despite the war in Syria, hospitals there are cleaner than in the UK."

When carrying out the visits at A&E departments, people who were very unwell were observed to be in waiting rooms in close proximity to others and their carers/companions. Due to the nature of an urgent and emergency care service this would be expected. However, it was felt that this could be improved as people reported concern that this could lead to their own condition worsening. For example, in Gloucester Royal Hospital, a family member of one person who was vomiting in the waiting room was unable to find a sick bowl for them as staff were busy and none were easily available. On one occasion a child had to vomit in their parents' hands. Some patients were also receiving treatment while they waited, for example, an IV drip.

We did note that there were cleaners visible on our visits to Gloucestershire Royal Emergency Department who were seen trying to clean the busy environment they were working in.

### Overcrowded conditions impact on quality of care, privacy, and dignity

Data from our survey highlighted that there are overcrowded conditions in urgent and emergency care settings. Throughout our engagement we heard stories of cramped waiting rooms, people waiting on the floor, in corridors and we also had reports of people being treated in public spaces. For example, one person had their blood taken outside a lift at Gloucester A&E.

> **The staff were overworked in a cramped environment. They should not have to work in those conditions; they were climbing over each other to do their job.**

> **Staff were overwhelmed with number of patients. No time to check or care. Frantic environment.**

We heard about one person's visit to a MIIU where six patients were told to wait in one cubicle on reclining chairs. One of these patients had a stroke while waiting and was incontinent so urine went across the floor. This was covered with a hospital towel and left. Another patient in that cubicle was diagnosed with COVID-19 which therefore exposed all five other patients. This person told us they had waited all day and were not seen by any medical professional.

We were also told that when asked to move to or be seen on another ward in Gloucestershire Royal, people were sometimes unsure where to go and often got lost. However, we also heard a positive experience of someone asking for help and being supported and directed by staff to get to the right place.

In our survey, a few people mentioned overhearing private medical information. One person mentioned that the location of Gloucester Hospital's A&E waiting room is in the same room as the treatment bays. They expressed discomfort when hearing other people's information and showed concern for how this could distress those in the waiting area.

In contrast, we received some positive feedback from people about the more person-centred approach that is provided by some MIIUs in Community Hospitals across Gloucestershire as these tend to be less crowded. The feedback we got from patients during our Enter and View visits was also overwhelmingly positive both in relation to the service, the treatment they received and their interactions with staff. It was clear from both visits that the units are well embedded in their local communities and an appreciated resource for patients. It was noted in one group that staff at the MIIUs were able to provide reasonable adjustments for people that needed them. It was clear that when this type of care is provided the outcomes are positive for patients. (Our Enter and View reports look at this feedback in more detail.)

## Communication between staff and patients

In our survey and other engagement work people expressed anxiety about reception staff asking their reason for visiting a service upon arrival. Many felt this was private information that they did not feel comfortable sharing in front of other people.

> **While my experience was good, there was no privacy for more elderly patients who had to shout to be heard beyond the screen at reception. I could hear every word about their reason for attending.**

There was also some concern for patients with hearing impairments when explaining their reason for visiting a service, and also when listening for their name to be called while waiting to be seen. One person with a hearing impairment said they were unable to find a seat close enough to where staff were calling patients, which meant they could not hear when their name was called.

People also told us they had asked staff for assistance and not always received the help they required. Requests for water are often fulfilled, but people reported waiting for painkillers and medication for too long.

We also heard about people sitting for hours in waiting rooms to be triaged, only to find out that they could not be treated by the service and needed to travel to another facility. Better communication early on is key to helping people understand what is going to happen and helps staff understand the patients' needs, including if they are in the right service for them.

People also reported going for long periods of time without eating, especially if they didn't have another person there to support them. There was a general feeling that staff are too busy to check on patients. During one of our visits to Gloucester A&E we noticed one person who was very tearful and being offered a quieter and more private space could have been beneficial.

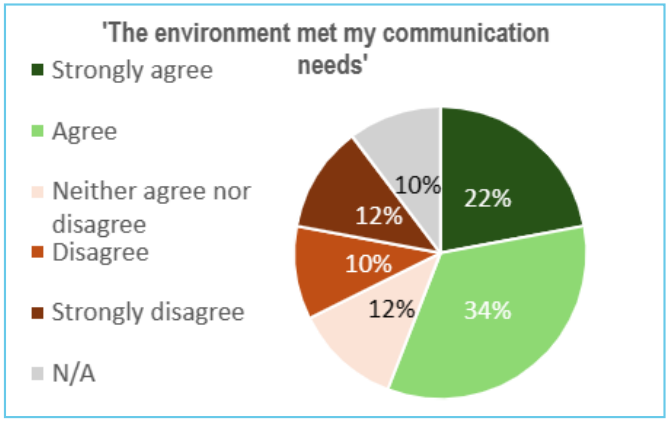
### Staff attitudes

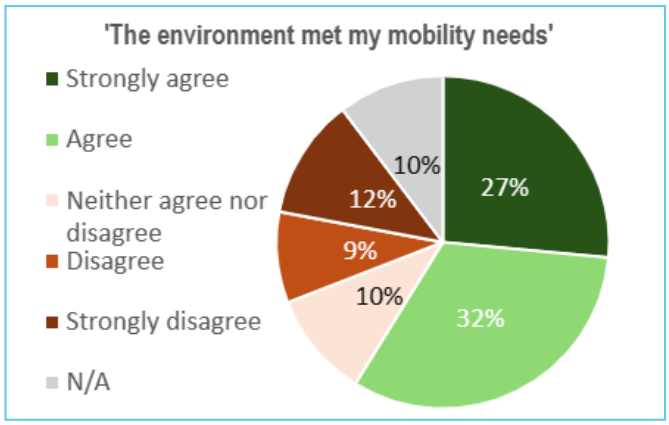
Throughout our survey we found people's experience of staff to vary from person to person.

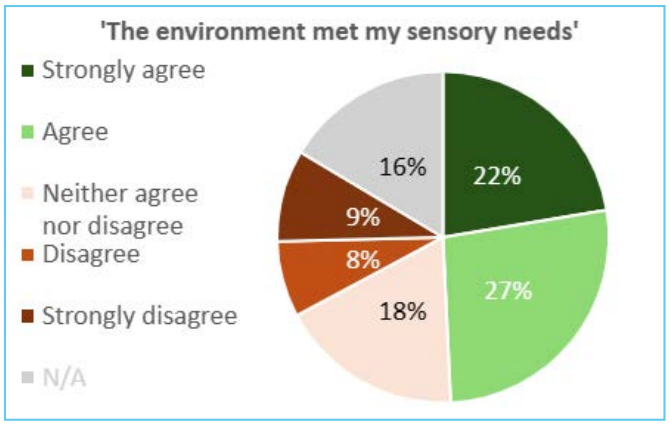
> ☺ **The staff were all amazing.**
>
> ☺ **Friendly and kind staff. All very quick and efficient.**
>
> ☺ **Staff were pleasant but very busy.**
>
> ☹ **The staff at my local MIIU are awful. I wouldn't mind, but I was the only patient there waiting. They were rude, dismissive and couldn't wait to get me out of the building.**
>
> ☹ **I work in the NHS as a clinical psychologist, and I was deeply disappointed, hurt and angry that the service I had dedicated my career to, could treat people so poorly.**

## Accessibility

We asked people in our survey whether the environment in urgent and emergency care settings met their sensory, communication and mobility needs. While the majority of people's responses were positive, a high number of people did not feel their needs were met. We also discussed this with various groups and individuals, and again, while many people felt their needs were met, a significant number did not.




### Physical access requirements

During our visits to community groups, people reported hospital wheelchairs were not always available for patients. One wheelchair user told us they are unable to take their own wheelchair inside an ambulance when they visit A&E, so they must wait to see if the equipment they need is available when they arrive. They explained hoists are also an item that is often very hard to find, even when they have a planned appointment.

### Sensory overload

One group discussed how experiencing sensory overload in an urgent and emergency care setting can affect the way a person is able to process and think about information. Many also felt this puts people off seeking medical attention when needed. One woman said her neurodivergent friend would rather the pain of her broken ribs than the pain of sitting in A&E.

### Lack of specialist support and advocacy

People generally felt that it was necessary to have another person attend a service to ensure their voice was heard. We heard that when reviewing care and treatment outcomes for people with learning disabilities, much better outcomes were found for those who had support with advocacy. One group felt that there was a shortage of advocacy in the county, but highlighted that next of kin, carers and learning disability liaison nurses were other options for support. It was acknowledged by this group that when the learning disability liaison nurse was available, outcomes were improved. However, this nurse only works Monday to Friday and finishes at 4pm, so outside of those hours people's needs were less likely to be met.

It was felt that specialist support roles are not considered integral and that because of this, funding for these roles is never on a permanent basis. They explained this leads to a lack of continuity in knowledge and experience which ultimately affects the patient.

One person told us that when they attended and A&E service, the room they were placed in felt like a 'soft cell' and they felt as though they were 'treated like a criminal' at times.

### Communication

Easy Read documents were considered difficult to access at times, and people are not always aware of them.

For those who were aware of documents such as Hospital Passports, the What Matters to Me folder and ReSPECT forms, the consensus was that they were a good idea since they provide important information about a person's communication needs and other information about their health. However, since they are on paper they are easily lost or forgotten. There was also some concern about whether hospital staff take the time to read them when they are too busy. Some people are unable to read or have other communication needs, so they would need appropriate support to help them complete these documents. We also found these documents were not easily accessible online, though this could help people keep their records updated and prevent them from being misplaced.

The group also mentioned that some people may not experience pain in the same way as others, so when asked the question 'Are you in pain?' by a health professional, they often say 'No' which can cause health issues to be overlooked or not considered significant. Effective use of the documents mentioned previously could overcome this.

### Language barriers

Those who required interpreters were mostly aware they could request one. However, they felt it was often the case that there was not one available. Bilingual doctors are often called on to help translate for patients, as well as husbands, wives, friends and children, who interpret and advocate for each other as a result of this.

### Access to refreshments

We received mixed feedback about the availability of refreshments. Some people were unable to access or easily find any refreshments, whereas other feedback details jugs of water being regularly filled for patients. We believe this may differ based on location or type of service.

People also mentioned they were hesitant to leave waiting areas to get refreshments out of fear they may miss their opportunity to speak with a medical professional.

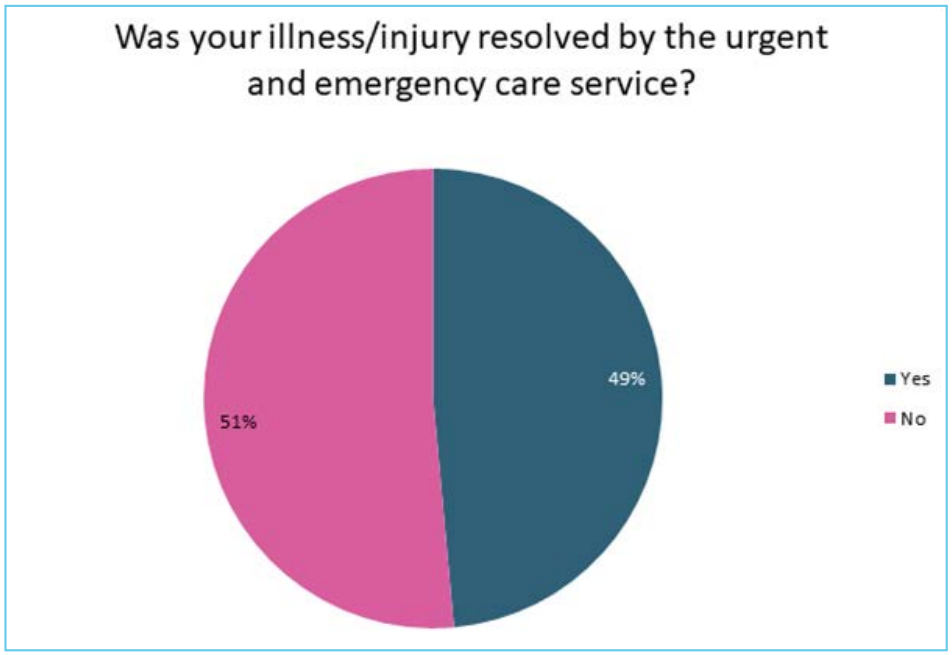
### Carers and companions

While there are issues with overcrowding in waiting areas, many people felt that having a carer or companion present was beneficial. We found that carers and companions can provide emotional comfort in what is often a very unpleasant or painful situation. They can also collect refreshments, top up car parking fees, provide transportation, help with communication where there is a specific need or language barrier and advocate on behalf of the patient.

It should be noted that relying on carers and other family members to meet the needs of the patient in this way may not be sustainable for many carers and relatives who are already struggling to find the financial and emotional resources to cope. However, considering the pressures on staff, and in the absence of the service meeting the patients needs in this way, it is important to acknowledge how valuable carers and companions can be to the patient.

## Efficiency of services

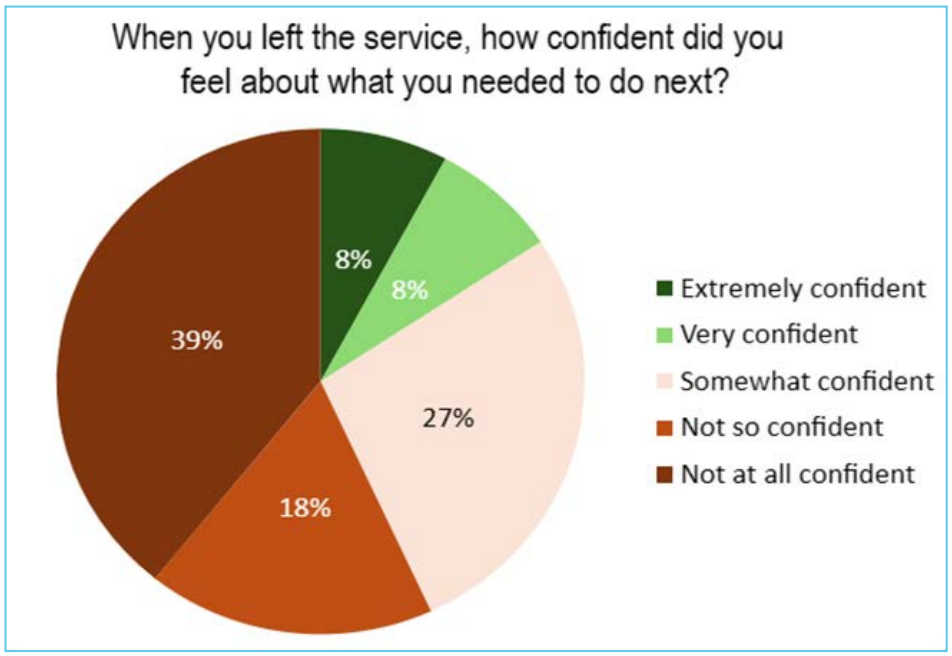
We asked people whether their illness was resolved by the urgent and emergency care service; 49% answered 'Yes' and 51% said 'No'.




We further analysed this data by removing the responses that disclosed long-term health conditions as it would be more likely they would require ongoing care and treatment outside of urgent and emergency care, rather than it being 'resolved'. Our findings showed that even after adjusting the data, 52% of people without a long-term health condition still answered 'Yes' to this question. This suggests that even for those people without ongoing health needs, they did not feel their illness or injury was resolved.

## Joined up services

84% of the 103 people who completed our survey, think services are not providing joined up care and many felt as though they were unsure about what to do next after leaving a service.



### Communication between services

There was confusion among some people we spoke to about why services cannot communicate with each other to make sharing information simpler.

During our visits to hospital EDs, there were at least two instances where a patient's GP was unable to contact the ED by telephone which led to the patient attending the ED. There was also a lack of understanding as to why GPs cannot help more by booking appointments at A&E departments or MIIUs.

We also heard that a lack of communication between services has led to increased pressure on already scarce resources on a number of occasions.

> **Following an overdose I was taken to A&E by my husband as the ambulance would have taken over four hours to get to me. I was seen by a nurse after a few hours who told me to go home if I felt well enough. I received no treatment and had not been seen by a doctor. My husband then took me home, only for me to receive a phone call from a doctor the following day stating I had left the department without being seen! I then had to attend the department again to get seen by a doctor.**

People told us stories of ambulances turning up at patients' homes after they had left to attend an emergency service or sometimes the following day. This included a person who had been sent a pre-paid taxi to collect them and take them to hospital; then a few hours later while they were seated in the waiting room, their partner called to say an ambulance had just arrived at their home to pick him up.

People also mentioned that they try to use local services such as MIIUs, but often get sent to Gloucester Royal Hospital because the MIIUs do not have the appropriate equipment, specialist staff or they have earlier closing times.

### GP services

People think there is an increased demand on GP services so their health issues are not being dealt by GPs and this causes people to end up needing emergency care.

For example, one person told us that they called their GP and were twentieth in the queue, so felt it was quicker to wait at A&E than on the phone. Another felt the health issue causing them to be at A&E could 'definitely' have been dealt with by the GP, but their GP 'wasn't interested' and told them to go to the ED instead.

We also spoke with the son and daughter of a patient with vascular dementia who were unsure about whether they were wasting people's time by attending A&E. They felt as though the GP was not interested. Their mother is at risk of repeat strokes and they did not feel there was an adequate plan in place to manage this that would benefit the patient or the healthcare services.

Many other people also mentioned they felt as though their GP was either uninterested in their condition or unable to help. We heard that if a patient feels unimportant, it could lead to their condition deteriorating over time if, as a result of this, they do not seek the medical attention they need. This can lead to more discomfort and distress for the patient and the patient is more likely to end up using an urgent and emergency care service, thereby increasing pressure on already overstretched services.

We also asked in our survey if people had attempted to speak to a GP or dentist about their illness or injury; 49% spoke to a GP or dentist before accessing an emergency service.

On the other hand, one person told us they had called NHS 111 first and were told they should wait until the morning to speak to their own GP. They were not satisfied with this response and escalated the call to the operator's supervisor.

We recently published a report exploring people's experiences of accessing GPs in Gloucestershire in more detail.

## Concerns around continuity of care

While discussing urgent and emergency care, we found there was a significant concern around the continuity of care when a person attends an emergency service and is then admitted to hospital.

We heard reports of people being well enough to go home but they are unable to do so until they find a home care provider. This had led to them being transferred to various hospitals across the county with the patient and family members feeling uninformed about why. Additionally, while they are in hospital, person-centred care is not always able to be provided to enable good quality of life. One person told us they were waiting two and a half hours to go to the toilet and they eventually soiled themself. They said this happened multiple times.

One person who had been waiting to leave hospital for two months when we spoke to them, said: "I wish staff would listen to me. I just miss my flat. I have only been outside once since my transfer."

Take a look at our Social Care Report for more information about delays in people getting care assessments.

## Lack of understanding and support for mental health

People using an emergency service due to attempted suicides, felt some staff did not understand how the person was feeling and others felt there was no support available for them whatsoever.

> **My son got no help at all at A&E in Cheltenham after being suicidal.**

One person told us they called an ambulance at a time of mental health crisis, stating they were suicidal. When the ambulance arrived, one paramedic asked the person 'Why are we here?" It was very difficult to explain their reason for calling and this question made the person feel ashamed and like a burden. It was later acknowledged that the paramedic was aware of the reason for their call before arriving, so the patient felt more training was required to ensure mental health matters are dealt with appropriately.

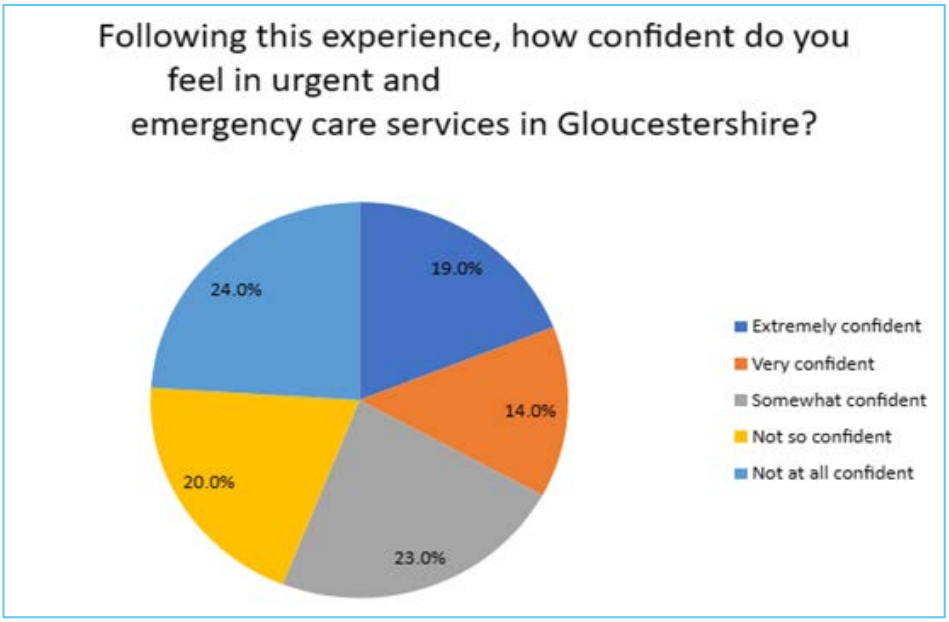
We heard about a more positive experience where a patient had felt listened to by a junior doctor, although the doctor was unable to direct them to services for further help.

### Provision of non-emergency mental health support

We found people relied on urgent and emergency care services because they are unable to access other mental health support services. One person explained their child had been on the CAMHS waiting list for two years, and during this time they had been admitted to hospital twice due to suicide attempts. They were told that since their child had a loving and supportive family, they would take longer to access mental health support. This person felt that if reliable support was provided, this could have prevented the incidents that led to their child using urgent and emergency care services.

### Lack of confidence in services

Only 33% people reported feeling very confident or extremely confident in urgent and emergency care services compared to 44% who did not feel confident.




One gentleman spoke of his concerns about the amount of money it costs services for an ambulance to stay running for long periods of time while waiting outside A&E.

During one of our visits to Gloucester Royal Hospital A&E, a computer issue meant consultants were unable to see who was in the system and therefore who was waiting. There was a growing queue of people waiting to be registered while staff were finding a solution, which increased waiting times for patients and proved stressful for staff.

#### Fears about hospitals closing in the Forest of Dean area

People in Coleford are worried about the Dilke and Lydney hospitals closing down. They are aware of a new hospital that is being built in the Forest of Dean, but they are concerned about the number of beds that will be provided.

# Access to information about services

Our volunteers researched what information, support and signposting is publicly available about different urgent and emergency services and how effective this is in helping people make decisions about where to go for care.

### Summary findings

- Clarity and availability of information varies across services.
- The number of different websites that provide information about a service can be confusing.
- Not all websites have alternative language options.
- Not all websites have options for those with visual or hearing impairments.

## Pharmacy services

An online search was conducted for the various types of pharmacy services available in Gloucestershire.

- Some volunteers found the NHS websites to be laborious and overcomplicated to navigate.
- All the NHS websites contained a 'Find a pharmacy near me' link. Volunteers found this useful since clear information such as links to maps, opening hours and how to find each pharmacy was easily available. However, it was noted that not all pharmacies listed on the NHS website had direct links to their websites.
- There were links to posters on NHS England's website promoting services provided by community pharmacists. However, volunteers were unable to recall seeing these posters on display anywhere in the community. Displaying a list in the window of a pharmacy would be useful.
- Using the individual pharmacies own websites, some volunteers were able to find pharmacies that provide emergency medicines and referrals to both GPs and A&E. This information was described as 'easy to find', but it was noted that it can be confusing as different pharmacies offer different services. One website was not functioning and there were concerns that a lot of the information on the websites did not seem up-to-date. Not all pharmacy websites were as comprehensive in comparison to other websites.
- Links to downloadable leaflets were available on the NHS websites with an Easy Read and large print options. A link to a YouTube video was also found to provide the information in the leaflets in British Sign Language. However, there were no other alternative language options found.

## MIIUs

- Most of the information found about MIIUs was clear, showing the conditions that can be treated; when to use A&E, GP services or MIIU; accessibility information; opening hours and locations. However, one volunteer noted there was a lot to search through which could become confusing.
- When looking at the list of locations that offer services, there was no further information available for what was available in Tetbury.
- One volunteer who described themselves as 'very used to the internet' did not notice any obvious provision of accessibility information regarding accessing the locations in-person or of information being available in different formats.

## Gloucester Health Access Centre (GHAC)/Out of hours services

- The NHS webpage for Practice Plus Group gives little information. It does not show that registration with the Health Access Centre is not a requirement to use the service, which given its significance should be more readily available.
- The GHAC website was described as 'very impressive' by one volunteer. There are options to email doctors, good links to MIIUs and the practice uses a mobile App. However, concerns were raised that it appears web-based which may be difficult for patients that do not have the IT skills necessary to access the services offered.
- One volunteer described this website as very busy, and therefore it took a while to access the page where a person can get medical advice and treatment from a doctor. They noted it would be beneficial to create a simpler way to do this for those that are seeking urgent or emergency care.

- One volunteer had difficulty getting the right location on Google maps, possibly because Quayside House is a new building and some distance from the road along Quay Street.
- GHAC is listed as an MIIU under the Treatment Room on the GHAC website, but our volunteers could not find it listed on any other sites providing information about MIIUs in the county.
- There seems to be an issue that the 'Ratings and reviews' section for GHAC on the NHS website isn't maintained, as several comments have not been responded to.
- Our volunteers were unable to find any information about disabled access to the service.

## Mental health crisis helpline

- Our volunteers found online information to be up-to-date and easy to use.
- For those in the Forest of Dean, it should be noted there was no website available, however there was a 24-hour telephone service and an address.
- On the Gloucestershire Health and Care NHS Foundation Trust website, there is a list of what the treatment team cannot provide help with. One volunteer said it would be beneficial to add suggested avenues for the people who need help which is not provided by this service.
- One person could not find an option for those with hearing impairments. Another volunteer found contact details for those with hearing impairments, so it would be beneficial to make these details easier to find.
- Translation options were available for a wide range of languages.
- One person felt it would be beneficial for more information to be provided about the people who work for the service.
- Other sources of help were clearly listed, for example, Samaritans, Stay Alive App, Gloucestershire self-harm helpline, Shout (support in a crisis) and CALM (Campaign Against Living Miserably).

## NHS 111

This service was noted to be widely advertised and promoted across GP practices, pharmacies and dental practices. Our volunteers said this information appears up-to-date, comprehensive and clearly the primary source for out-of-hours assistance.

## EDs

Our volunteers felt the website for both Gloucester Royal Hospital and Cheltenham General Hospital were easy to locate and provided comprehensive, up-to-date information about when to use their service.

## Additional points

- There were no messages on the NHS App about emergency care that could be found by our volunteers.
- Our volunteers felt that there was little information about the different types of emergency care being promoted in public spaces, because although they were researching this topic online, they could not recall seeing it being advertised publicly.

# Next steps

We will share this report with NHS Gloucestershire, Gloucestershire Hospitals NHS Foundation Trust and Gloucestershire Health and Care NHS Foundation Trust, as well as other health and care system partners, to make sure the recommendations are seen, understood, and actioned to support service development and improvement. We will also share this information with the people and communities that were involved in the project.

# Stakeholder response

### NHS Gloucestershire Integrated Care Board:
Becky Parish, Associate Director, Engagement and Experience

Thank you to Healthwatch Gloucestershire for preparing this comprehensive report and recommendations; and for giving One Gloucestershire Integrated Care System partners the opportunity to provide a stakeholder response.

This is a joint response from the following NHS partners: NHS Gloucestershire Integrated Care Board (ICB), Gloucestershire Health and Care NHS Foundation Trust (GHC) and Gloucestershire Hospitals NHS Foundation Trust (GHT). The One Gloucestershire Urgent and Emergency Care Clinical Programme Group will be reviewing in detail all themes and recommendations highlighted in this report. Below we have selected a number of recommendations to comment upon under the headings below:

**Accessibility**

GHT was pleased to have recently welcomed a member of the Healthwatch Gloucestershire Board to undertake a 15 Steps Challenge in the reconfigured Emergency Department (ED) at Gloucestershire Royal Hospital (GRH). The purpose of the 15 Steps Challenge is to understand what service users and carers experience when they first arrive in a healthcare setting. A number of the recommendations made in this report, such as: access to wheelchairs; safe and confidential spaces for conversations; and screens displaying information about waiting times, were also observed during the 15 Steps Challenge, as well as empathy and kindness of reception staff. These observations will be addressed as in the 15 Steps Challenge action plan, which we will share with Healthwatch Gloucestershire.

GHT has recently re-established its Accessibility Advisory Group with the purpose of providing expert advice and feedback to ensure hospital buildings and services are fully accessible to all visitors. ICS system partners have also been working with representatives from the Voluntary, Community and Enterprise Sector (VCSE), including Inclusion Gloucestershire and Gloucestershire Deaf Association to develop resources to promote the NHS Accessible Information Standard.

With respect to the importance of community liaison nurses; changes are being introduced to improve the support given to patients with mental health needs in the Emergency Department (ED). The Mental Health Liaison Team operates 24/7 in the ED and leads have developed a 'co-streaming' model, which means patients who may have a mental health need are identified during triage so that mental health professionals can assess them at the same time (if appropriate) as they are being supported with their physical health needs. This removes any delay in referring patients from ED clinicians to the Mental Health Liaison Team and ensures both smoother flow between services and better outcomes for patients. The co-streaming offer saw 937 patients (28% of all MH activity in GRH ED) within four hours during 2023/24. 259 of these patients were seen immediately on arrival. The liaison team is also currently introducing two peer support workers to further support patients receiving care in ED and in unscheduled care.

The Mental Health Crisis Team has been working alongside people who use the service to provide more clarity about what the service does provide and how people will be supported to seek help from other services, as appropriate. In a related development, as part of the national programme, GHC's First Point of Contact Centre is expanding to encompass the new NHS 111 Mental Health Service. This will provide a 24/7 open access telephone service for routine, urgent and crisis referrals in line with local and national guidance. Call handlers will provide triage, signposting, mental health support, advice and onward referrals. The team will be co-located with the other emergency services in the police force control room.

As well as NHS colleagues working together, we are also linking with Kingfisher Treasure Seekers and Samaritans volunteers to provide extra support to patients in EDs.

There are several calm spaces within both adult and paediatric areas of ED to support anyone with sensory issues or mental health needs. GHT has worked with some service users on the artwork for use within these spaces. Another recent development in ED has been the design of posters and cards in reception that people can use to say: "I am here for a mental health reason and I don't want to talk about it in public." These were co-developed with Experts by Experience.

**Communication**

The average ED waiting times are provided and updated every 15 minutes on the homepage of the GHT website, we plan to display posters in waiting areas with QR codes taking people to this information. It is not possible to develop an automated system for Emergency Departments and MIIUs to communicate with patients who are waiting to be seen about their position in the queue. This is because individuals are prioritised based on their medical or clinical need which continually changes. This means we must work dynamically with individual's positions on the lists to be seen changing regularly.

Recent progress has been made in ensuring key NHS websites in the county signpost to the same Click or Call First campaign content - guiding people through their healthcare options (routes into urgent and emergency care) and the services available. This includes links to the ASAP Glos NHS website and App. Some sites, including the NHS Gloucestershire site, score highly on accessibility (e.g. Silketide). However, accessibility is always on our agenda and sites are regularly monitored and tested. In line with this report's recommendations, further work will be done to review accessibility across sites and the best options for language translations.

The NHS Gloucestershire Click or Call First campaign (healthcare options signposting campaign) has made great progress this year and the county's approach has received positive feedback from NHS England. The campaign has two key aims: promoting headline/ simple messages on how to access step-by-step urgent care advice (routes into UEC care) and raising the profile of individual services in local areas, what they are there for and the benefits of using them. A range of campaign materials - print, online and social media - supported those two key aims. The campaign was promoted through:

- A comprehensive social media schedule (organic and paid for). The schedule was supported by a wide range of key message video content (talking heads) and motion graphics. Simple messages on the routes into urgent and emergency care to get step by step advice are promoted, while other assets raise the profile of individual services, for example, pharmacies, GP services, including Gloucester Health Access Centre, and Minor Injury and Illness Units (MIIU).
- Radio advertising.
- Door-to-door advertising countywide through the Local Answer publication and Royal Mail and The Forest and Wye Valley Review in the Forest of Dean.
- Print - leaflets and z-cards sent to locations including GP practices, pharmacies, hospitals, council buildings and VCSE partners.

The Click or Call First Campaign achieved huge reach this year and there has been a growth in attendances from all Gloucestershire postcode areas at MIIUs.

We thank Healthwatch Gloucestershire for their recommendations and will look to strengthen the approach to print this year, for example, posters in healthcare settings. Following a programme of insight, further targeted work is planned in the run up to autumn and winter 2024 on specific health conditions. We would be keen to work with Healthwatch Gloucestershire on testing our communications approach for the coming year.

**Efficiency and services working together**

We are committed to personalised care for our patients. We are developing digital systems to join up information between ICS partners; but we know we can do more to raise awareness among all staff groups of enhancements to the information now held about individuals, such as RePECT forms.

**General**

One Gloucestershire is currently reprocuring a new Integrated Urgent Care (IUC) Service. Healthwatch Gloucestershire has been involved in this process. IUC has remained a focus and priority within national urgent care strategy. Our enhanced local service offer will reflect the national recovery plan for urgent and emergency care services.

Finally, after several years of working with people, communities and staff we are excited to be opening the new Community Hospital for the Forest of Dean soon. There is a communication plan in place, led by GHC. This will include a leaflet drop in April 2024 to all houses in the Forest of Dean District telling people how to get to the new hospital and the services provided. All communications will be shared with Healthwatch Gloucestershire and the Forest Health Forum will continue to be regularly updated. NHS Gloucestershire will update its Click or Call First campaign materials to reflect the availability of MIIU services at the new hospital and the range of ailments/conditions they can provide advice and treatment for.

# Thankyou

We would like to thank everyone who took part in this project. We understand talking about healthcare experiences can be challenging and sometimes stressful. Whether you have shared your views with us by survey, at a focus group or through a one-to-one conversation, we acknowledge the courage it takes to speak up, and we are grateful. We will use your feedback to help shape a better future healthcare system for everyone.

We would also like to thank the organisations and services who welcomed us, and our amazing volunteers for giving up their time and producing such detailed research.

# Appendix

## Definitions

We recognise terminology is fluid and changing constantly and that there is sometimes disagreement within a community surrounding language. Our definitions reflect what we believe to be the most accurate and inclusive at the time of publishing this report based on the views of people with lived experience.

**Disability**

A disability can be a physical or mental condition that impairs a person's movements, senses, or abilities. A disability is not necessarily a positive or negative thing as it is dependent on the person and how they experience their disability.

**Disabled person**

A person who has one or more than one disability.

**Neurotypical**

An adjective used to describe a person whose neurological development is considered to be 'standard'.

**Neurodivergent**

An adjective used to describe an individual whose neurological development is different from neurotypicals.

**Neurodiversity/neurodiverse**

Neurodiversity is a word used to describe the different thinking styles that affect how people communicate with the world around them according to a person's neurotype and unique experience. For example, you could use the term 'neurodiverse' to describe a group of people who all have different ways of thinking such as group including autistic people, neurotypical people and ADHD people.

**Long-term health condition**

A health problem that requires ongoing management for a period of years or decades.

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