

# Patiently Waiting

A review of patient experience from the  
Accident and Emergency Department at  
Manchester Royal Infirmary Hospital

January 2024

## Foreword

**Amanda Smith, Chair of Healthwatch Manchester**

*As Chair of Healthwatch Manchester I am very pleased to provide the foreword to our latest report 'Patiently Waiting'.*

*Healthwatch Manchester welcome this opportunity to work with our local hospital trust, an inaugural opportunity, strongly welcomed by myself and the Healthwatch Manchester board of trustees. The subject of this report: patient engagement in the A&E waiting areas, is timely indeed.*

*The pressures on A&E, especially in the winter months, are no stranger to Manchester's Health and Social Care economy. But in the aftermath of the COVID-19 pandemic (resulting in the highest waiting times for hospital operations and procedures in the history of the NHS); the 'new normal' of primary care and the need for online capability; and increasing pressure on the 111 service; they are higher than ever.*

*We also need to consider the backdrop of Manchester's unique and diverse populations and communities which encounter some of the most pronounced health inequalities. A constantly changing population with a high level of immigration; over 35 spoken languages; some of the highest IMDs in the country in some areas; and a student population of approx. 98, 000. Many people for many reasons turn to A&E in times of need.*

*I hope you find this report as interesting a read as I did and will support its recommendations for a deeper investigation into the system. It's my firm belief that through collaboration we can address what needs to be improved and establish a better health and care outcome for Manchester's citizens.*



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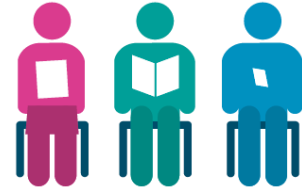
## 1. Introduction

1.1 This report aims to present key findings and recommendations based upon the opinions and feedback from patients interviewed in the Accident and Emergency (A&E) waiting areas at Manchester Royal Infirmary (MRI).

1.2 NICE recommendations for commissioners, providers and healthcare professionals in secondary care<sup>1</sup> states that;

**WAITING ROOM**

‘For people admitted to hospital with a medical emergency, consider providing the following, accompanied by local evaluation that takes into account current staffing models, case mix and severity of illness



- Consultant assessment within 14 hours of admission to determine the person's care pathway
- Daily consultant review, including weekends and bank holidays
- More frequent (for example, twice daily) consultant review based on clinical need.’

1.3 Since the end of lockdown due to the COVID pandemic there has been an increase in A&E attendance, which could be due to referral of patients from other parts of the health and care system. The resulting increase in waiting times for triage and assessment is proving problematic both to patients and the urgent and emergency care pathway and service.

1.4 Healthwatch Manchester (HWM) was contacted by The University of Manchester NHS Foundation Trust (MFT) regarding this matter and asked to investigate and publish their findings at MRI in this independent report.

## 2. Background and Rationale

2.1 As the independent health and social care champion for Manchester citizens, HWM is at times the go to organisation when a review of a particular service is required.

2.2 A proposal requesting this research from MFT and was submitted to the HWM trustee board in September 2023 for approval.

2.3 The proposal arose from a need by MFT to provide a patient perspective in its work to improve Urgent and Emergency Care and develop these services for the future. The findings would be used to inform the development of the urgent and emergency care strategy for the Manchester system.

2.4 On approval a number of planning meetings were held with key representatives from HWM and MFT to explore the options for gathering information about A&E experience from patients.

2.5 A face to face interview with patients in the waiting areas of the A&E department using a questionnaire survey was agreed as the best method to achieve this.

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<sup>1</sup> [Emergency and acute medical care in over 16s: service delivery and organisation](#) (2018) NICE guideline NG94

2.6 HWM has a solid track record of conducting interviews in this way and, in 2014, conducted a very similar review in the A&E waiting areas of MRI using the same methodology<sup>2</sup>.

### 3. Methodology

3.1 In collaboration with MFT, a survey questionnaire was developed for face to face interviews with patients in the A&E waiting area of the MRI.

3.2 The survey (see Appendix) asked a short series of questions which assessed each patient (or their carer accompanying them) their situation prior to arrival in A&E as well as their demographic details.

3.3 HWM visited the A&E department on three occasions between 13<sup>th</sup> and 23<sup>rd</sup> November 2023. We were given a three-hour time slot on each of these visits which were 13:00-16:00 (13/11/2023), 08:00-12:00 (15/11/2023) and 17:00-20:00 (23/11/2023).

3.4 On each visit, a designated member of HWM staff met with the senior nurse in charge as the first point of contact to inform them of our presence.

3.5 In order to provide a more comprehensive and diverse level of data capture, the A&E department was visited at three different times of the day: morning, afternoon and evening.

3.6 Three HWM staff conducted the surveys and in total spoke with 107 people, both patients and carers.

3.7 The findings from these surveys were collated and are presented in section 4.

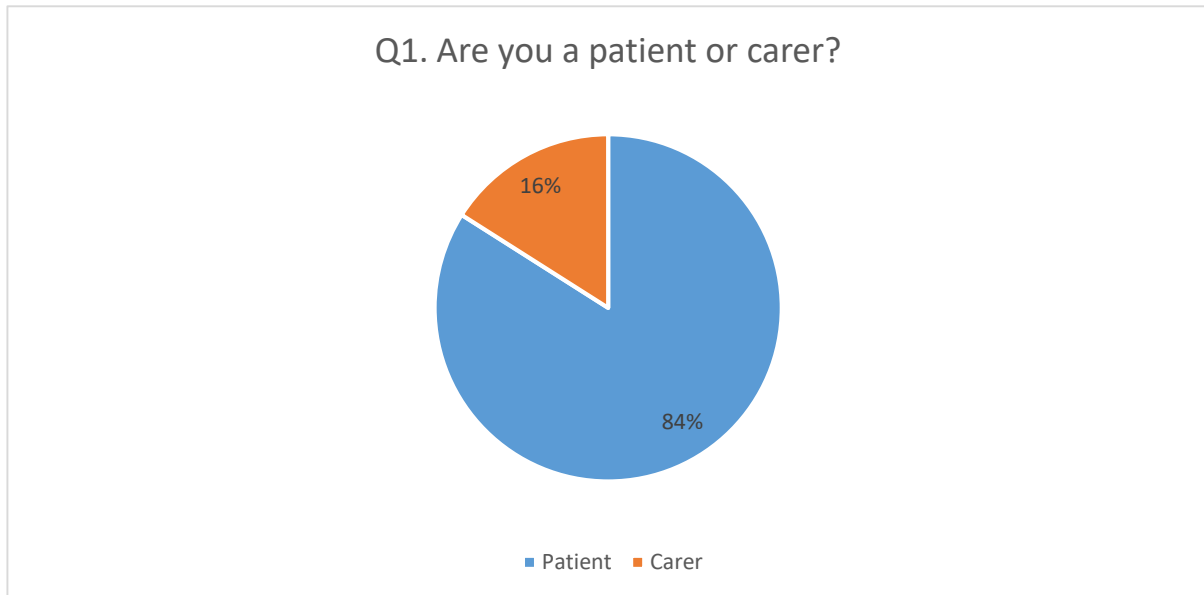
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<sup>2</sup> [Report from the Waiting Rooms: Enter & View Observation at Manchester Royal Infirmary](#) (2014). Healthwatch Manchester

## 4. Findings

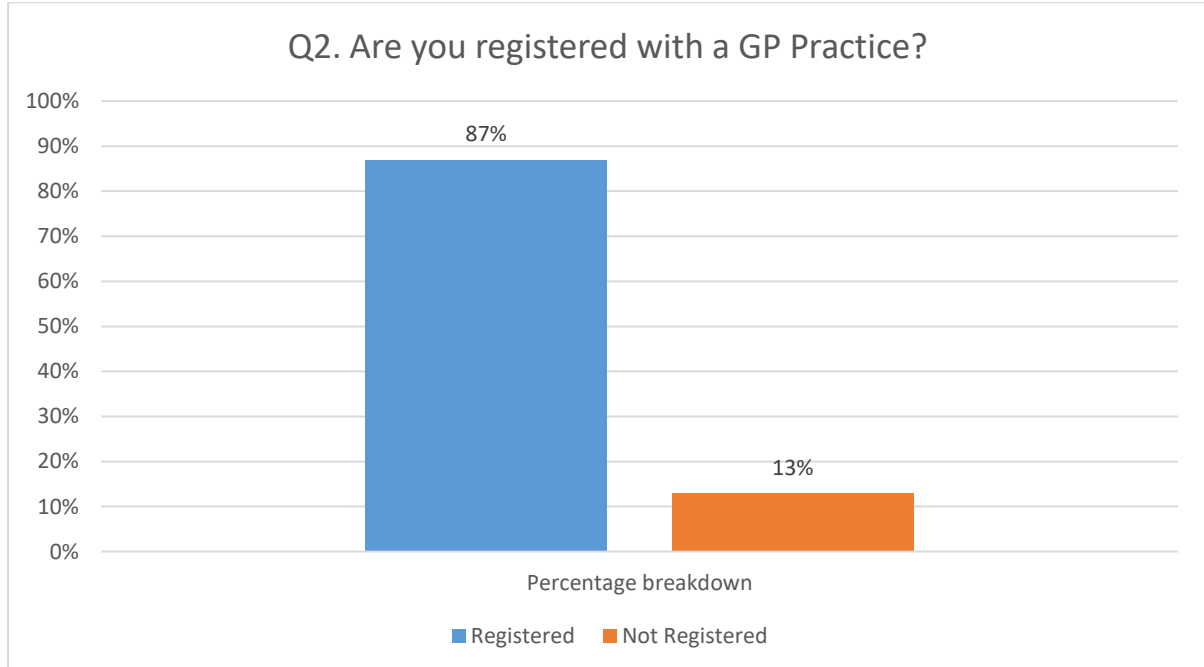
### Question 1

HWM spoke with 90 patients and 17 carers during our visits.



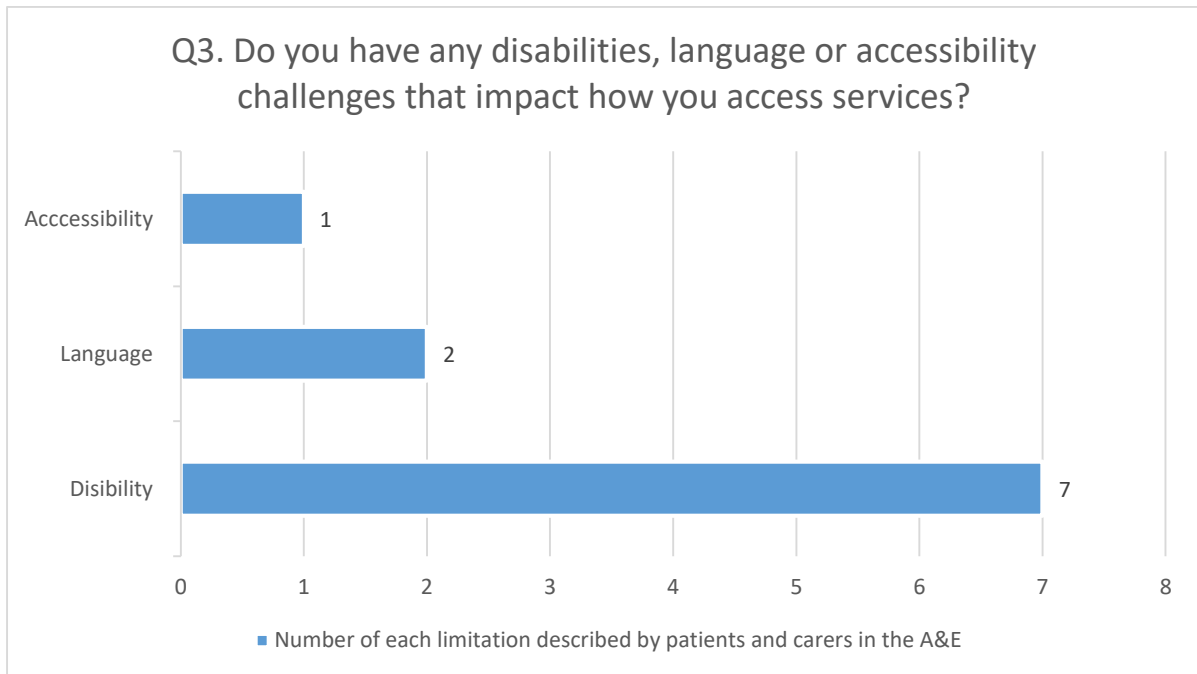
### Question 2

The majority of people interviewed were registered with a GP practice.



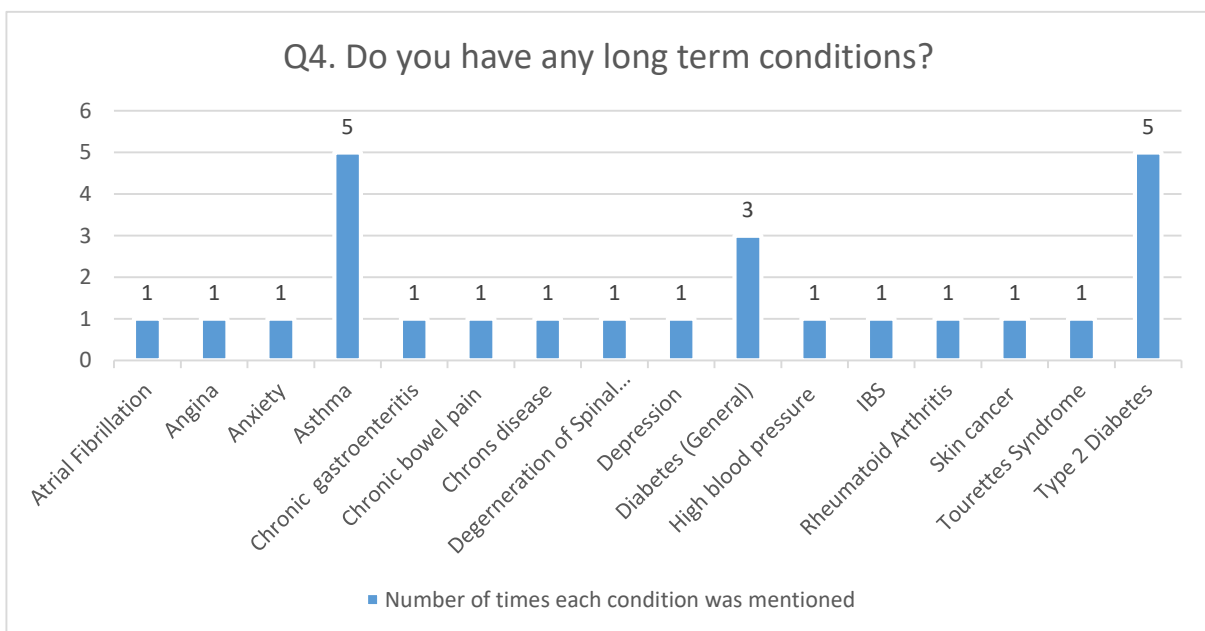
### Question 3

The majority of people HWM surveyed did not identify as having any disabilities, language or other accessibility challenges which might impact how they access services. The following graph shows the results from those who did identify as having one of these challenges.



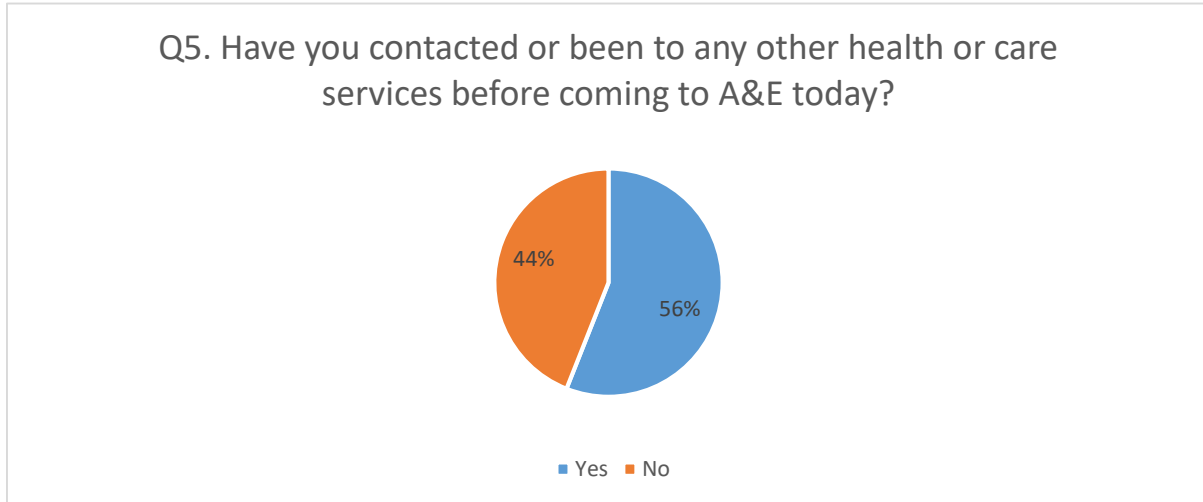
### Question 4

Most people (78) we spoke to did not have a long term conditions. 26 people said they did have a long term condition and 5 people preferred not to answer.



### Question 5

More people had been in contact with another health or care service before coming into A&E than those who hadn't. From the 56% of people who confirmed they had been in contact with another health or care service before coming into A&E, 84% of them mentioned NHS 111 or their GP as the service they contacted first.



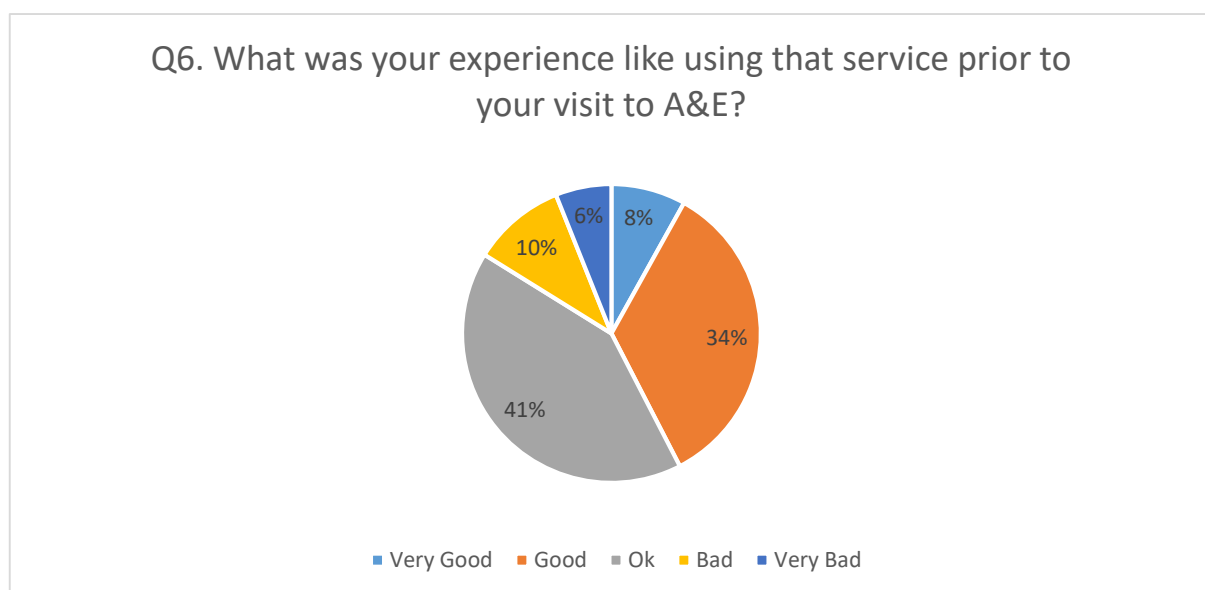
### Question 6

The majority of people described their experience using a service prior to visiting A&E as either OK (41%) or Good (34%). On the other hand, the majority of comments were negative.



Examples such as *'It was hard work to get an appointment and hard to get someone to listen to me. It took me 3 days to get an appointment after a suspected heart attack. I only got through via email'*

And *'They didn't see me, they just advise me to go to A&E'* are indicative of this and highlight areas of patient experience that require improvement.





### Question 7

*'If necessary, how could that service be made easier for you to access?'*

The most common suggestion given by patients and carers for this question involved the theme of communication, notably the need for improved communication between patients, primary care providers and the hospital itself.

*'More collaboration between services is needed and transfer between GP services should be faster'*



*'I was told the registrar was expected to see me but they weren't here'*

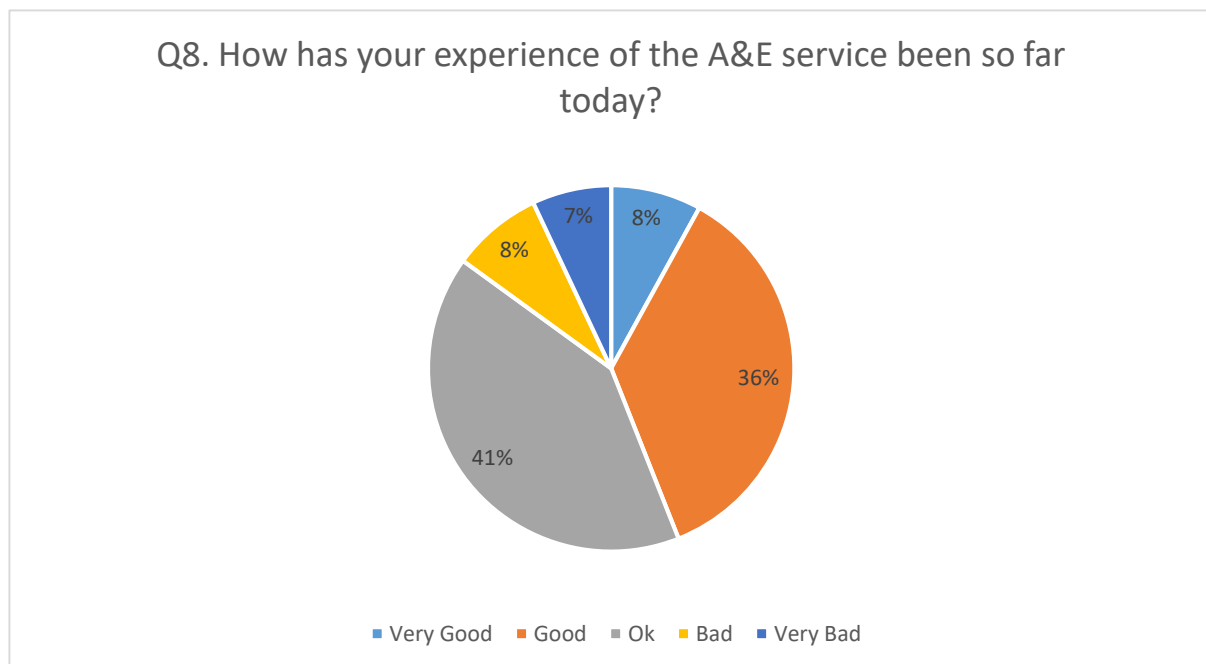


One comment mentioned the importance, or lack of, importance placed on languages options for non-English speakers. After receiving an appointment form online, one respondent said

*'The form was only provided in English; it is hard for anyone who speaks another language'*

### Question 8

Two fifths of people described their experience in A&E as OK (41%). More people described their experience as either good (36%) or very good (8%) than described it as bad (8%) or very bad (7%).



## Question 9

### *'How could your experience have been improved?'*

The comments here were varied however, there were two main improvements suggested by respondents. The first was, as expected, a reduction in waiting times. Fifteen individual comments mentioned wait times with nine of these comments specifically noting a reduction in waiting times as a way the A&E experience could be improved.

Interestingly, there were also twelve comments which mentioned the A&E department itself as being in need of improvement. The suggested improvements included:

- The queuing system
- The customer service from the staff
- Ventilation and temperature of the waiting area
- Difficulty in finding the department

## Question 10

### *'Is there anything else you'd like to tell us about your visit to A&E?'*

The majority (47%) of the comments left about this question mainly focused on wait times. Other comments suggested improvements to signage to help patients and carers find the A&E department. For example, one respondent mentioned that they couldn't find the A&E reception the night before.

On the other hand, 27% of comments were positive towards the service. These comments described the A&E staff as 'very helpful and very professional'.



On the 13/11/2023, one respondent said:

*'This is the best A&E service experience (I've had) compared to previous ones'*

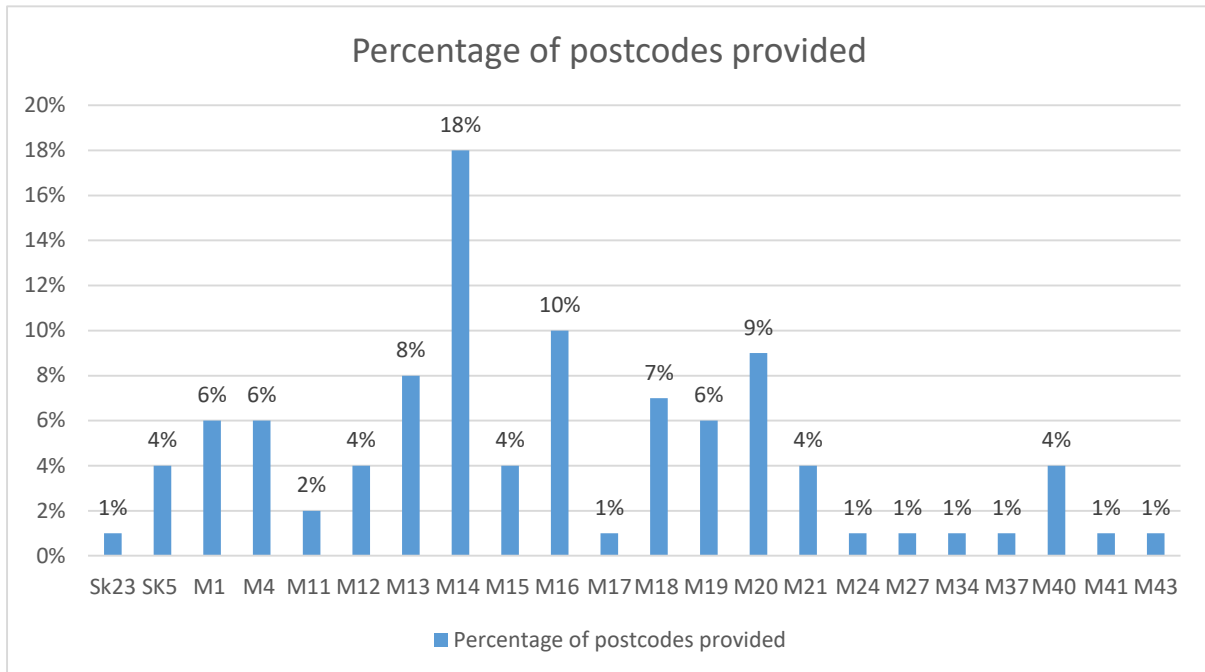


Interestingly, we got this response during an interview we conducted at midday on a Monday - a time which we were previously informed was the busiest time for the service.

*It is important to note that when asking this question, respondents hadn't necessarily experienced the service as we spoke with them in the waiting room. Therefore, this isn't necessarily a clear indication of the quality of the service.*

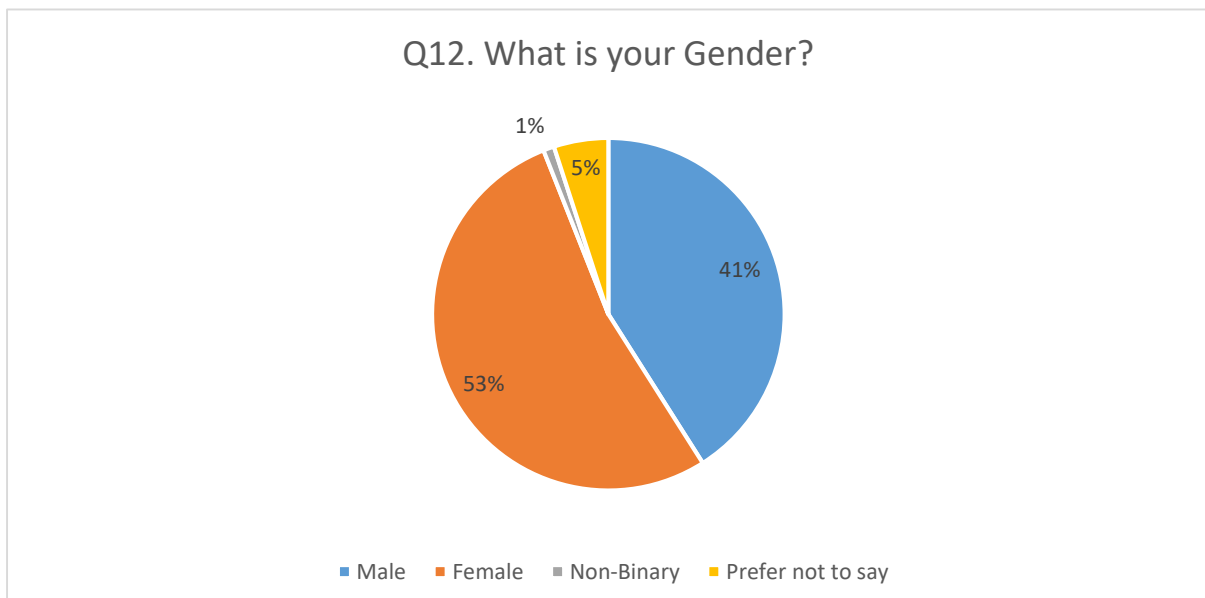
### Question 11

There were 21 postcodes mentioned by patients waiting in A&E. The most commonly mentioned postcode (18%) was M14 which encompasses the Fallowfield, Rusholme, Old Moat, and Ladybarn areas.



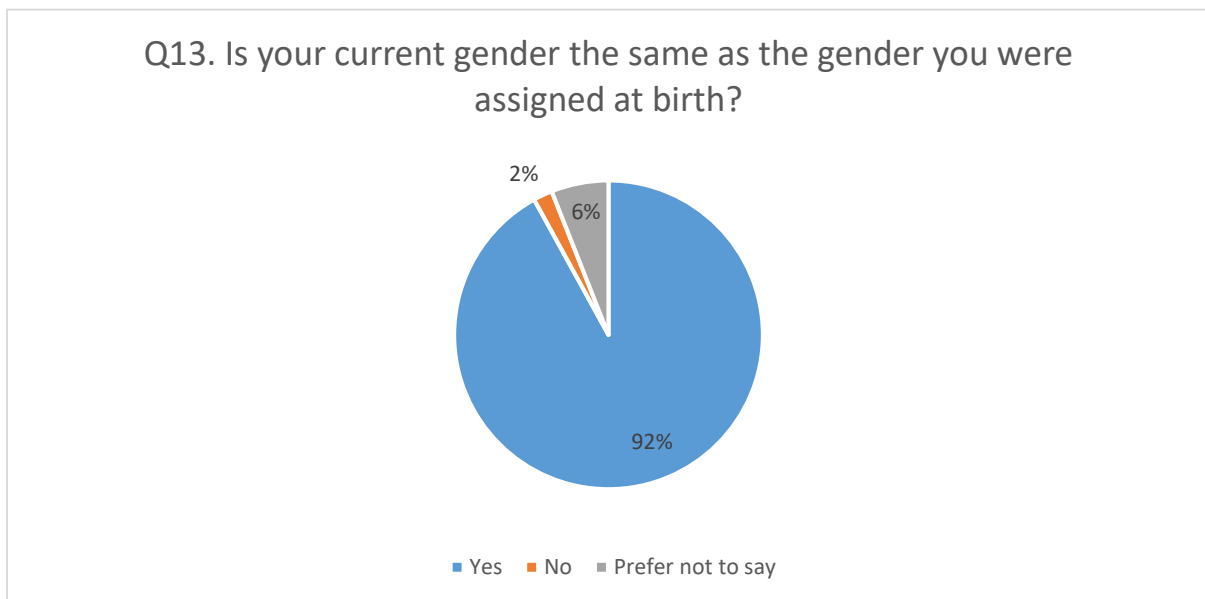
### Question 12

There were more women (53%) in the A&E waiting area during our visits than men (41%).



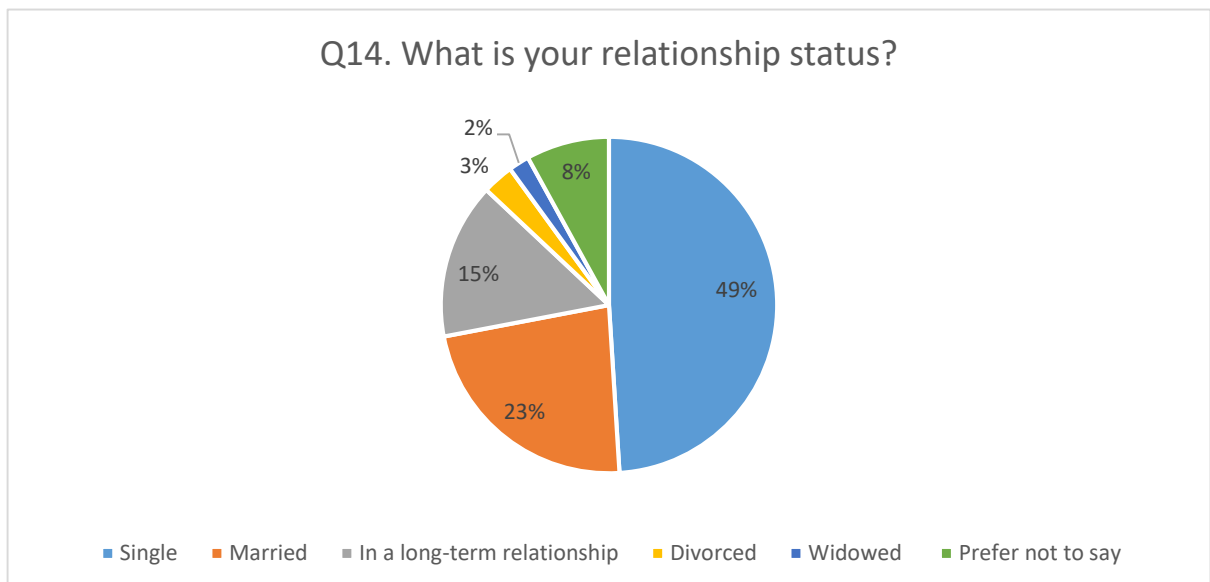
### Question 13

The majority of people (92%) we spoke with said that their current gender is the same as the gender they were assigned at birth.



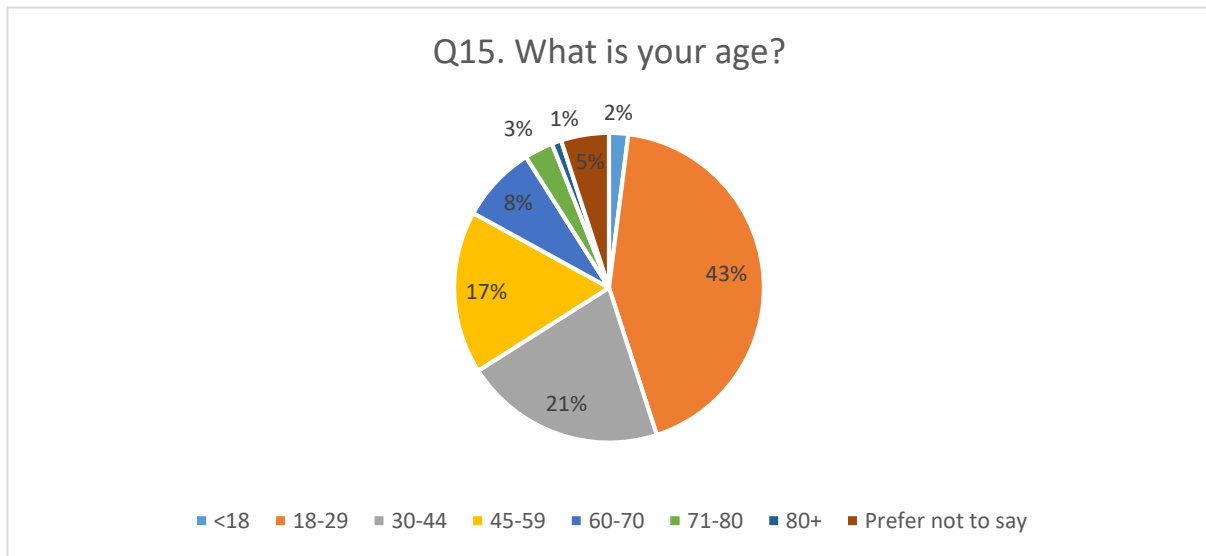
### Question 14

The majority of people (49%) we spoke with described themselves as single when asked about their relationship status.



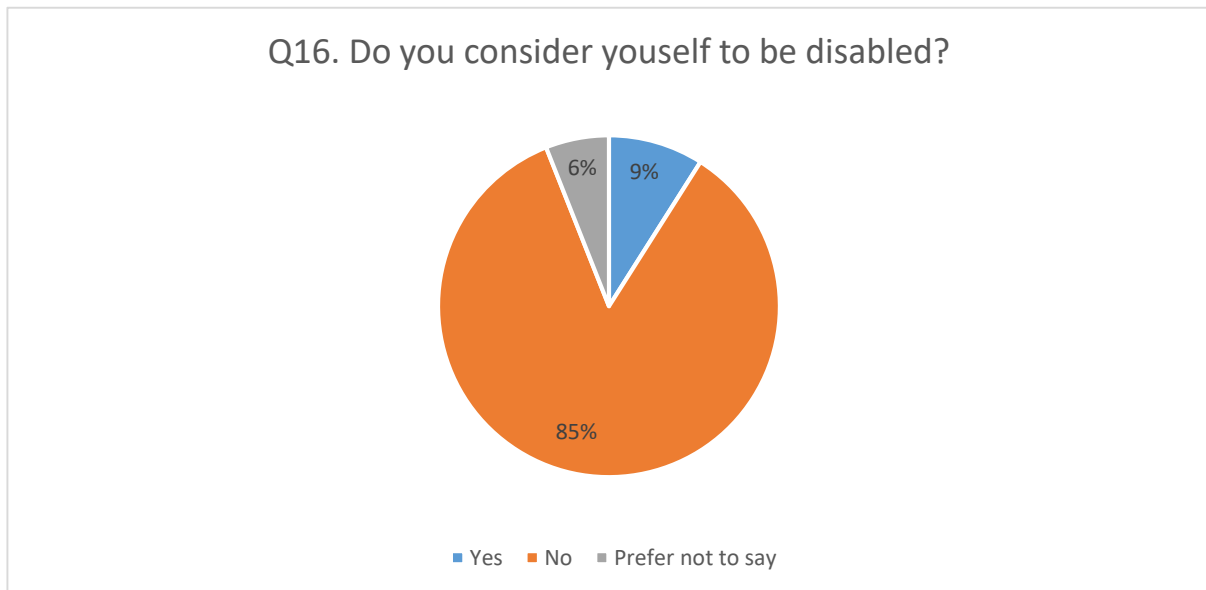
### Question 15

The majority of people (43%) we spoke with in A&E told us they were aged between 18 and 29 years old.



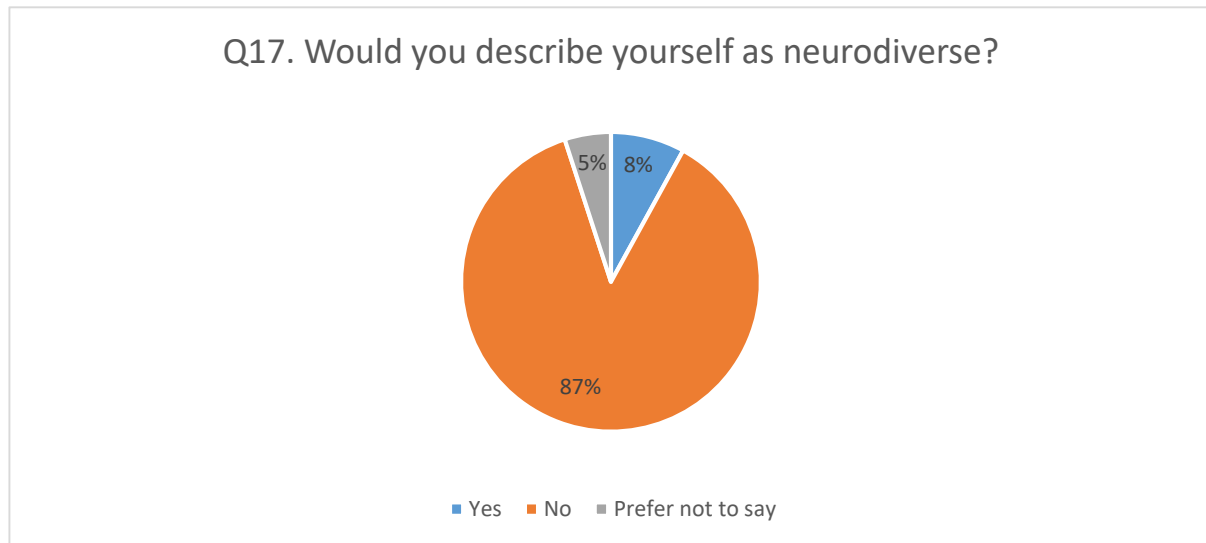
### Question 16

The majority of people (85%) we spoke with did not consider themselves disabled.



### Question 17

The majority of people (87%) we surveyed did not describe themselves as neurodiverse.



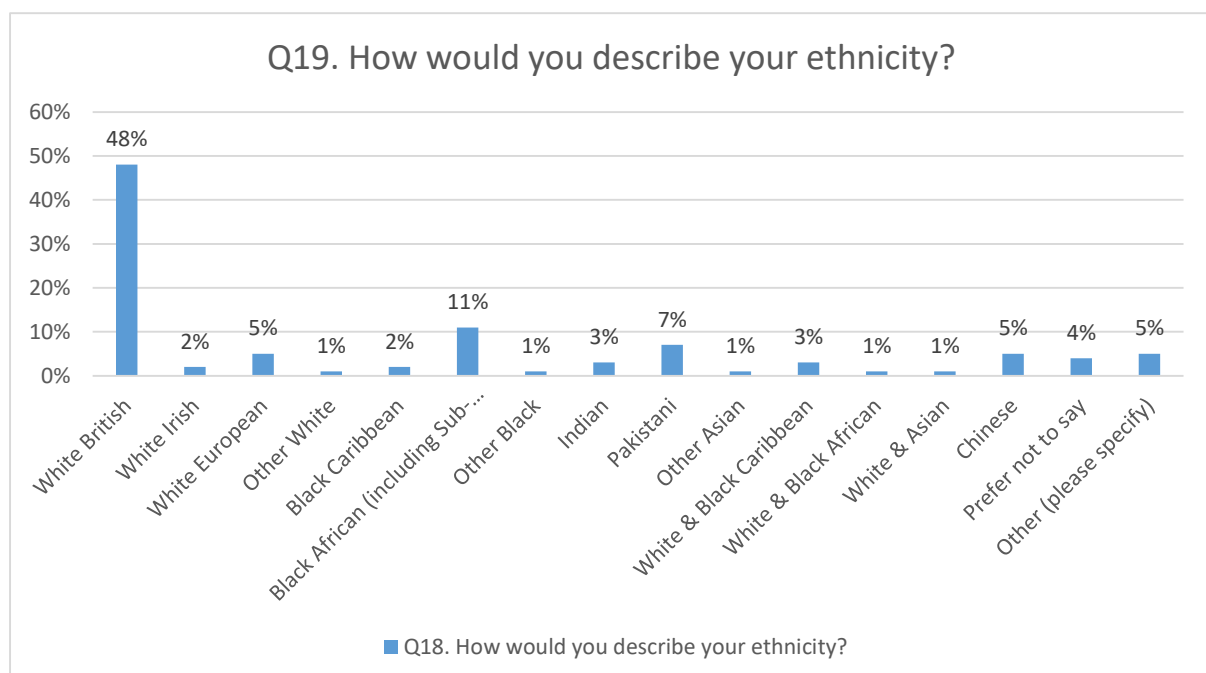
### Question 18

*'If you have a sensory impairment please tick which apply'*

The majority of people did not have a sensory impairment. Five people told HWM they were hard of hearing, three people told HWM that they had a visual impairment and one person told HWM they had tinnitus.

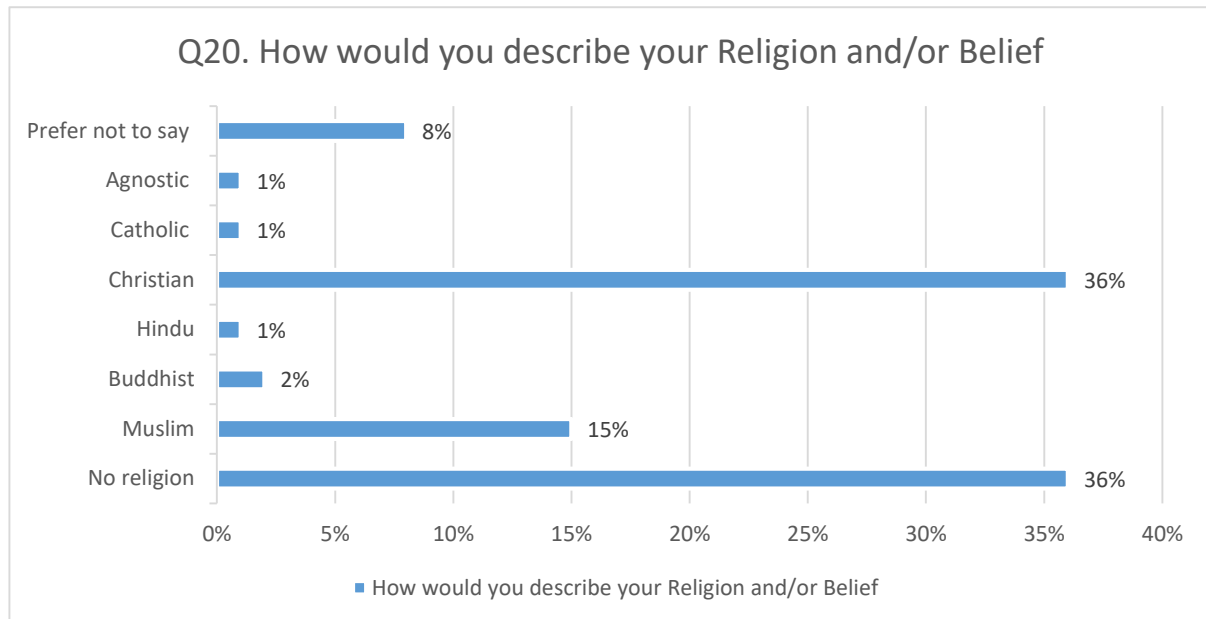
### Question 19

The majority of people (48%) we spoke to identified themselves as White British. Overall, 20 different ethnicities were identified by the people we spoke with at A&E.



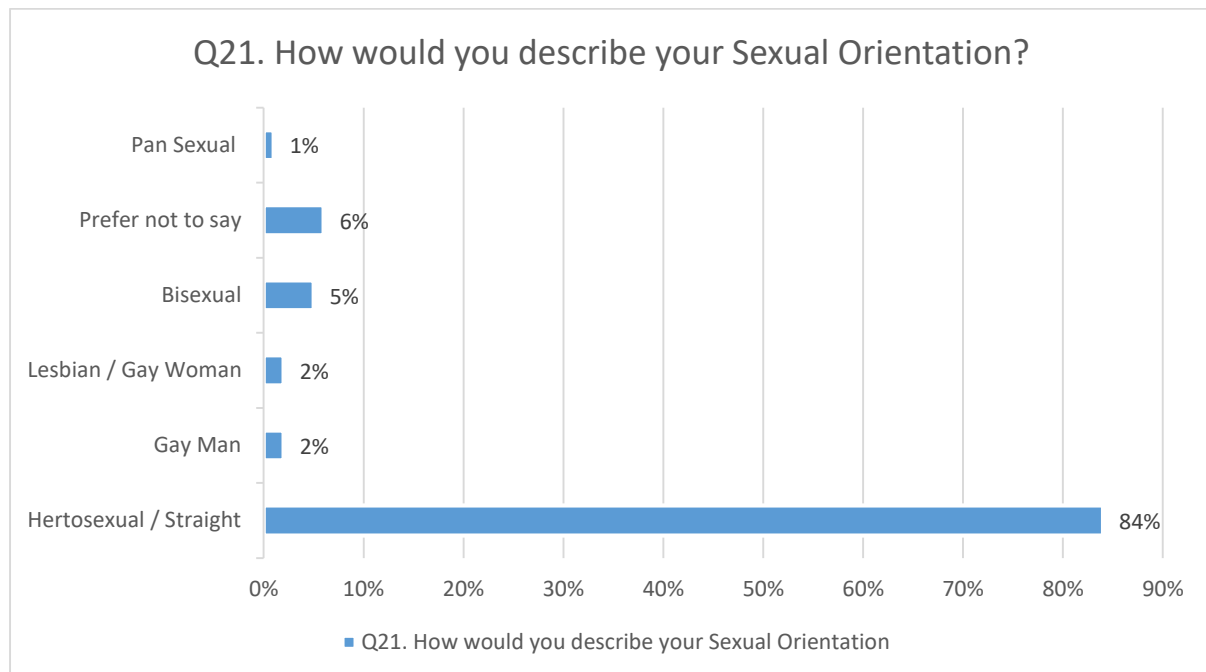
### Question 20

The majority of people (36%) told us they were either non-religious or Christian. In total five religions were specified by the people we spoke with in A&E. The complete breakdown is:



### Question 21

The majority of people (84%) we spoke with waiting in A&E told us they were heterosexual or straight.



## Question 22

*‘Please use the box below to provide us with any comments or suggestions you may have on how we may improve our equal opportunities monitoring’*

The only comments we received for this question were regarding Mental Health being a question that respondents would like to see asked in future. Five people said they would like to see Mental Health status asked as a question in the future.

## 5. Key Findings

5.1 The majority of respondents reported they had been in contact with another health or care service before coming into A&E on the day of the surveys. 84% of those who said they had done so had been in contact with either NHS 111 or their GP before coming to A&E.

5.2 A significant majority of respondents reported that their experience of using either of these services before coming to A&E was either ‘good’ or ‘very good’.

5.3 Similarly, a significant majority of respondents reported that their experience of the A&E service was either ‘good’ or ‘very good’. When asked to comment on how to improve this, a third of respondents suggested a shorter waiting time.

5.4 The majority of respondents fell within the 18 to 29-year age range. At 43% this is almost double the Office for National Statistics (ONS) value for this age range in Manchester<sup>3</sup>.



5.5 The M14 postcode was the most commonly recorded postcode. This postcode area is distinct in comparison with other Manchester postcode areas in its diverse ethnic population. Overall, the majority of respondents also identified as having an ethnicity other than white British.

5.6 6.5% of respondents reported a disability challenge which impacted how they access the service. This is a lower value than the 2021 ONS Census<sup>4</sup>, which evidenced 11.4% of people in Manchester who are defined under the Equality Act as having a disability ‘which limits their day-to-day activities’.

5.7 Communication issues, both language based, and inter-service based were raised by respondents through comments. The lack of communication between GPs/NHS 111 and the A&E service about referrals and English language only appointment forms (Q7) was brought up on numerous occasions.

5.8 Our final question offered respondents the chance to suggest ideas for additional questions to be asked as part of the demographic monitoring section of the survey. All respondents cited mental health and the need for questions regarding a person’s mental health status / history as a missing demographic monitoring requirement.

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<sup>3</sup> 2021 Census: Age of Manchester. [Office for National Statistics](#)

<sup>4</sup> 2021 Census: Disability in Manchester. [Office for National Statistics](#)



## 6. Conclusions

6.1 There are a significant number of people being referred to A&E through their GP or the 111 service.

6.2 The majority of respondents reported a positive experience of using a GP practice, 111 and the A&E service. However, the waiting time to be seen is an issue for many users of the A&E service.

6.3 People aged between 18 and 29 years appear to be over-represented in the A&E service.

6.4 People from the M14 postcode area and from minority ethnic backgrounds also appear to be overrepresented in the A&E service.

6.5 The proportion of people with a disability using the A&E service appears to be lower than the Manchester disability demographic.

6.6 There appears to be a need for improvement in communication between services which impacts on referral.

6.7 There is an identified need for appointment forms to be made available in other languages.

6.8 There is a suggestion that HWM could include a mental health question in the demographic monitoring section of its questionnaires.

## 7. Recommendations

7.1 The referrals system via 111 or otherwise from a GP practice requires a separate review to examine efficiency gains and improve patient experience.

7.2 Communication, both inter-service (Between GPs, the 111 service and A&E) and for patients for whom English is a second language, also requires review to examine efficiency gains and improve patient experience.

7.3 A more detailed look into the reasons why certain groups of people are overrepresented in the A&E waiting rooms is required.

7.4 HWM should review and improve its demographic monitoring arrangements.

## Response from providers mentioned in this report

Manchester University NHS Foundation Trust

No response provided

NHS 111 Service

No response provided

Primary Care Manchester

No response provided

## Acknowledgements

Thank you to the members of our Citizens Reading Panel for their support in the production of this report.

Thank you to the staff at the A&E Department at Manchester Royal Infirmary

## Appendix

Healthwatch Manchester: Patient Engagement in the Accident & Emergency waiting area Survey.

Q1 Are you the patient or their carer?

Q2 Are you registered with a GP practice?

Q3 Do you have any disabilities; language or accessibility challenges that impact how you access services? (We ask about this in more detail at the end of this survey)

Q4 Do you have a long-term condition (such as type 2 diabetes)?

Q5 Regarding why you're here, have you contacted or been to any other health or care services before coming to A&E today?

Q6 What was your experience like using that service(s)?

Q7 If necessary, how could that service be made easier for you to access?

Q8 How has your experience of the A&E service been so far today?

Q9 How could your experience have been improved?

Q10 Is there anything else you'd like to tell us about your visit to A&E?

Q11 Please provide the first part of your postcode, for example M3

Q12 Gender?

Q13 Is your current gender the same as the gender you were assigned at birth?

Q14 Relationship status?

Q15 Age?

Q16 Do you consider yourself disabled?

Q17 Would you describe yourself as neurodiverse?

Q18 If you have a sensory impairment please tick which apply

Q19 How would you describe your ethnicity?

Q20 Religion and/or Belief?

Q21 Sexual orientation?

Q22 Please use the box below to provide us with any comments or suggestions you may have on how we may improve our equal opportunities monitoring.



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