

February 2025

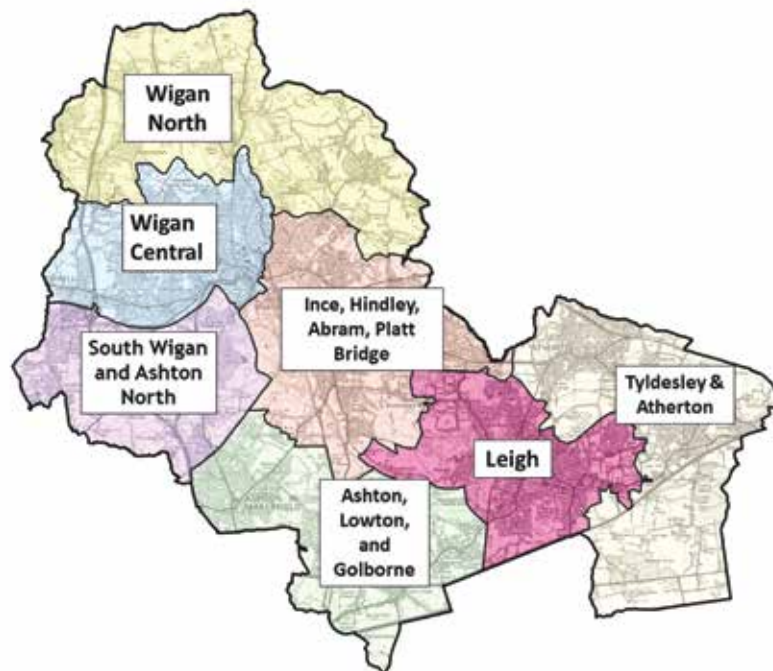
**healthwatch**  
Wigan and Leigh

## Accident And Emergency Capturing Experiences



## About Us

Healthwatch Wigan & Leigh is your local health and social care champion. Healthwatch Wigan and Leigh are the independent voice for the people of the Wigan Borough. We are the independent 'consumer champion' for health and social care. We exist to help the people of this borough to have influence and a powerful voice in how services are run and how they can be improved. The map shows the seven Primary Care Networks (PCN's) across Wigan Borough. A PCN is where General Practices work together with community, mental health, social care, pharmacy, hospital, and voluntary services in their local areas in groups of practices.

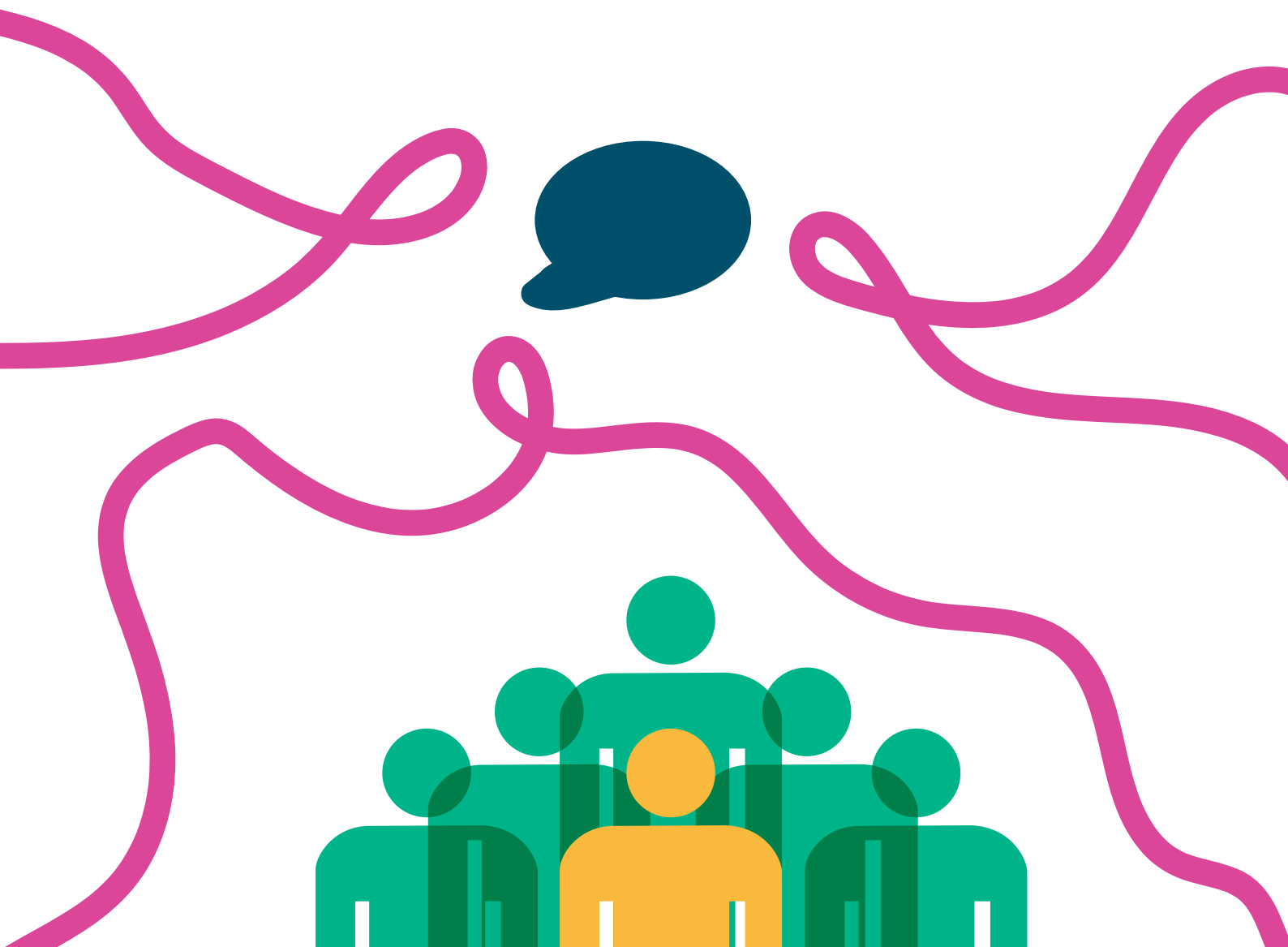


### Healthwatch Wigan and Leigh exist to:

- Help people to make informed choices about health and social care options that are available to them.
- Listen to the views and experiences of local people about the way health and social care services are commissioned and delivered.
- Allow the people of this borough to have influence and a powerful voice in how services are run and how they can be shaped and improved.
- Influence how services are set up and commissioned by having a seat on the local Health and Wellbeing Board.
- Share local intelligence with Healthwatch England and Care Quality Commission.

# Abstract and Disclaimer.

Please note this report relates to findings observed and contributed to by members of the public in relation to the methodology section. This feedback is not a representative portrayal of the experiences of all service users and staff, only an analysis of what was contributed by members of the public, service users, patients and staff. Conversations and responses were given freely and anonymously by members of the public. Where possible quotations are used to illustrate individual experiences.



# Key Findings.

- People in A&E were there for a large wide range of reasons and symptoms.
- We asked if people had contacted any other healthcare service before attending A&E; Over 80% of people had been directed to A&E by a clinician.
- Roughly 70% of the people thought there was no alternative to them presenting at A&E.
- Most patients expressed frustration as they were given either no information or a vague indication of a wait time.
- Majority of interactions with staff were positive and patients praised staff knowledge and their friendly manner, but did indicate staff were very busy even too busy at times to be approached.



*Stock image sourced from Healthwatch England*

# Methodology.

## Who we spoke to...

We carried out face-to-face semi structured interviews in the waiting room of patients attending the main A&E department. All patients we engaged with gave verbal consent to share their experiences with us.

## Number of patients spoke to...

We engaged with patients across a 3 month period during September to December 2024. We spoke to 15 patients in September, 5 patients in October, another 12 patients in November and finally 23 patients in December.

## HWWL Involvement...

This engagement work was carried out by 3 Healthwatch Wigan and Leigh staff and 7 volunteers who are trained as Authorised Representatives. (Volunteers who can visit and observe health and social care services.)

## Visits Timings...

We visited the A&E department for approximately 2 hours at each visit. The visits were carried out across various days of the week. The sessions covered:

Monday - Afternoons

Tuesday - Morning and Afternoons

Wednesdays - Morning and Afternoons

Thursdays - Mornings

Friday - Afternoons

In total we made 9 separate visits to A&E.

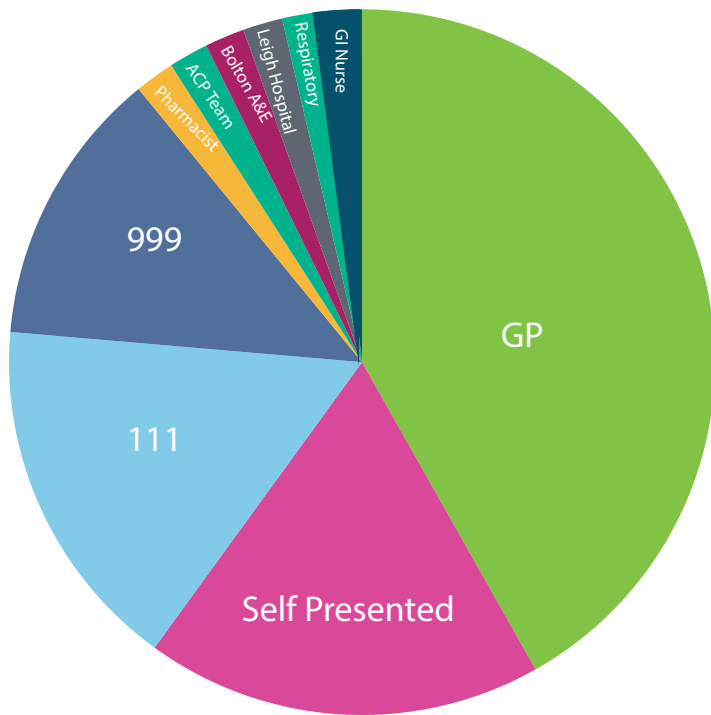
# The Questions.

We asked patients questions about their experiences about the care they have received and also explored the reasons why they felt they needed to attend A&E.

The questions asked are as outlined below:

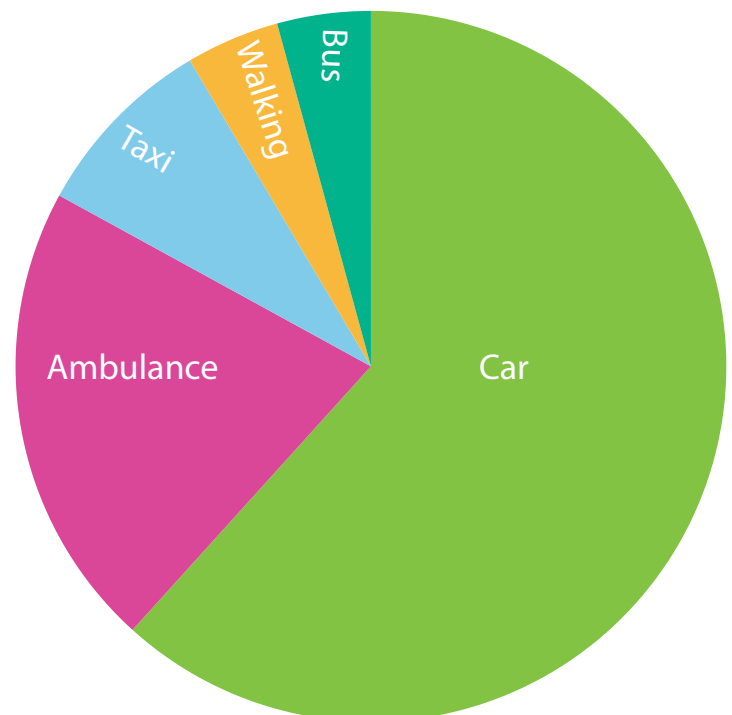
1. Why have you come and how did you get here?
2. What other services have you tried before coming to A&E?
3. We asked patients for comments about their care to include aspects around waiting times, communications, the waiting environment, the offer of food and drink, if information was accessible and confidentiality of conversations.
4. Any other comments made by patients or chaperone were noted as well as observations by HWWL staff and volunteers.
5. Simple demographic information was also collected to include age, sex and residential area.




**Figure 1**

**Who directed you here? Or was it your own decision?**

- 23 patients referred by GP
- 10 patients self presented
- 9 patients directed by 111
- 7 patients directed by 999
- 1 patient sent by Leigh Hospital
- 1 patient sent from Bolton A&E
- 1 patient referred by Pharmacist
- 1 patient referred by GI nurse
- 1 patient referred by Respiratory nurse
- 1 Patient referred by ACP team


**Figure 2**

**How did patients get to A&E?**

- Car - 29
- Ambulance - 18
- Taxi - 4
- Walking - 2
- Bus - 2

# The Headlines.

**This section summarises the key points during conversations with patients**



*Stock image sourced from Healthwatch England*

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## Why Patients Had Chosen To Attend A&E

- Just over 70% (39 of the 55.) of the respondents thought there was no treatment alternative.
- 12 patients replied they would have preferred an alternative.
- Patients would have preferred attending Chorley, Salford and Bolton A&E or their own General Practitioner. Some patients would have liked a home visit by a clinician if that could have been made available. Some queried if they should have presented at SDEC.
- 4 patients did not answer.
- 45 patients were directed to A&E by clinician.
- 10 patients were self presenters to A&E.

## Have you been told what will be happening next?

- 33 patients said they had been given information about the next steps.
- 22 patients said they did not know what would be happening next.

## Have you been told how long you will need to wait?

Most patients expressed frustration as they were given either no information or a vague indication of a wait time. Wait times ranged from 30 minutes to more than 36 hours. As we carried out visits lasting approximately 2 hours this was a snapshot of the events at the time and therefore is difficult to suggest an average wait time for each patient.



## Comments – Key Themes.

This is a varied selection of comments made by patients or chaperones. Comments have been selected to highlight repeating themes and trends in the feedback we recieved from patients during our time in A&E.



## Comments about your care today.

'Triage **nurse couldn't be arsed** – sent me to Christopher House; they were great.'

'Junior **doctor was really good** and explained all the tests.'

'Tea and coffee offered after **18 hours**.'

'Doctor was **lovely, really pleasant**.'

'Nurses – **friendly and nice**.'

'Nurses are nice, **staff lovely**.'

'Complained to receptionist and **she was “arsey” with me**.'

'Very poor; **very disappointed**.'

'Staff are ok but busy – “**too busy**” to take me to the toilet. My grandson had to do it.'

'Great experience'

'It isn't care.'

'Staff really nice.'



## Comments about waiting times.

'Been here 24 hours; sat up in a chair, no bed, no sleep. 35  
hours wait for a bed – **nothing we can do about it.**'

'**Not been told** – told it would  
be daylight'

'My wife was seen straight away  
for an ECG'

'Everyone has been good –  
**except the waiting.**'

'Waiting time is **too long**'



## Comments about the environment.

‘No blankets – and **it was freezing.**’

‘Got blankets at 10 am – **nothing in the night.**’

‘Cleaner than another hospital we’ve attended.’

‘Waiting room is used for consultations – lack of privacy.’

‘**Last night was mental** – every seat down the corridor was occupied and people stood up.’

‘Can’t walk to get to the vending machine – only water on the trolley. Breakfast team said didn’t work nights and staff too busy to get you a brew.’

‘Idiots in the waiting room – security have removed someone. Couple in the toilet together and no-one has challenged this.’

‘People were coming in wandering around, laughing, chatting. The nurse said people come every night for tea and a sandwich, book in and then leave.’

## Comments about the communications.

**'It's the worst around communication.** I have attended at least 5 other hospitals in Greater Manchester. It's the worst experience I have ever had. First time to Wigan A&E and hopefully the last.'

'Communication  
was **good.**'

'Communication is **really**  
**poor** – there is none.'

'**Lack of communication** or  
updates or wait times.'

'**Long wait's** for  
information''

'**Different messages** from  
different staff.'

'Extremely disappointed  
with **lack of**  
**communication.**'

## Comments about the parking.



'Only **six car park**  
**spaces for blue badges.**'

'Car is parked  
**miles away.**'

'Have to **park**  
**on the road.**'

## Other general comments made by patients.

‘Staff **didn’t introduce** themselves.’

‘Everyone seems **busy, busy.**’

‘Told only **4 nurses for 50 patients.**’

‘A lot are bank staff; real staff are off sick.’

‘**Staff too busy** to speak or help.’

A person walked out with a stethoscope around his neck – **walked past security.**’

‘Bolton’s better.’

‘The nurses even want us to **complain to PALS.**’

‘Very **disappointed** – won’t come back here.’

‘When got PALS involved **everything started moving.**’



# Patient Observations.

The comments below are direct quotes from patients as to what they witnessed whilst waiting in A&E.

**Tea lady was shouting ‘You’re nil by mouth’ to various patients.**

**Man in corridor sat in a wheel chair waiting for a bed since Monday (now Wednesday afternoon).**

**Watching others being treated badly – spoken abruptly too. People herded around like cattle.**

**Overheard other patients’ private information.**

**Fighting and swearing.**



*Stock image sourced from  
Healthwatch  
England*

# HWWL Staff And Volunteer Observations.

The comments below are based on observations by Healthwatch Wigan and Leigh staff or volunteers whilst visiting the A&E department

Police on site following a fight at A&E on December the 4th.

Staff struggling to get wheelchairs around waiting room.

Patient names called out and frequently no response – got fed up and gone home; gone outside for a cigarette?

One patient asked the volunteer if he could find out what was happening, his name had been called about 45 mins earlier and was told a porter was coming for him. Within about 5 mins of asking, a porter arrived and took him to see the doctor. He had been forgotten about.



*Stock image sourced from Healthwatch England*

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A doctor came to speak to a patient whilst our volunteer was with them. He never asked who they were or sought permission from patient to share medical information on scan results and discharge plan.

Whilst talking to the patient, a junior doctor came to give the results of a CT scan and plans to go home. He introduced himself and gave details of the scan and what was to happen next. The patient could go home after being seen by a physiotherapist. No questions were asked about the home environment, who she lives with or the support needs.

Doctor never asked patient permission to discuss scan results in front of people and on a busy corridor. Although I was wearing Healthwatch ID he didn't ask who I was, maybe he presumed I was the patients daughter. He was very personable though and put her at ease.

Patients don't know who is in charge.

A cleaner was seen with a long-handled feather duster wiping the tops of picture frames over the patients' head with dust fluttering down on top of them.

Volunteers noted that the waiting room could be very cold, especially near to the doors which were constantly opening and closing. Patients told us that at night they were allowed to sit in the corridor where it was warmer but moved back in the morning before management came in.

Some, but not all patients reported they had been offered drinks, not all had accepted. Water was available on a trolley although people didn't know they could help themselves to it.

One day when we visited, it was very quiet with lots of chairs available and no beds in the corridor. We noted the weather was very bad with torrential rain.

No clock on the wall and no information as to waiting times.

One volunteer observed a lady lying on the floor by a chair sobbing in pain and with a sick bowl next to her. She was very distressed. A nursing assistant came and helped her off the floor and took her to lie on a trolley while she waited.

## Story 1 : December 2024.

'I had some bloods taken by my GP yesterday. I got a call from them today and was told to come to A&E as they needed repeating. I wasn't told why.

It has taken 40 minutes to park the car. I have been here now for about 2 hours.

I was seen quickly by the triage nurse and have had bloods taken, a cannula put in and an ECG done. The nurse has since told me that my bloods are ok but that I now need to see a doctor to be discharged. I have no idea now how long I need to wait just to be told that I can go home. I don't know why I couldn't have my bloods done again and checked by my GP.

The staff have been pleasant, and the nurse did introduce herself, but I just don't have any idea now of how long I will be sat waiting.'



## Story 2 : September 2024.

It was 7:00 PM on a September evening when the patient pulled into the car park of Wigan's Emergency Care Department. The patient had been dealing with urological issues for five days, moving between different hospitals and departments, and had finally being directed here by the urology team at Bolton Hospital's A&E to Wigan Emergency Care Department. Bolton Hospital take urological patients one week and Wigan Hospital take them the next week. The patient was hopeful this visit would bring relief, though that hope faded quickly.

The drive to the hospital had been uneventful, but finding parking wasn't. For a first-time visitor, the lack of clear signage and the overcrowded on-site parking left the patient circling nearby streets before finally finding a spot.

Upon arrival, the patient was triaged and had blood tests taken. During triage the patient's antibiotics hadn't even been mentioned by the triage nurse, a detail he had to mention himself. Hours dragged on without results or updates. At around 9:45 AM the next day, nearly 15 hours later, frustration had set in. The patient and his partner had received minimal communication overnight.

"I was told 10 hours ago that there were two people in front of me, but they did not know how long that would take"

The patient had expected to see a urology specialist quickly, as he had experienced at Bolton Hospital on a previous occasion. But here, things were different. The specialists at Wigan's A&E were required to juggle their own cases alongside A&E consultations. Patients were left waiting, sometimes without clear timeframes. Last night, a nurse had mentioned it could take up to 35 hours for a bed, 15 hours to see a doctor, and even longer to see a specialist (no time frame given). The patient and his partner were very disheartened.

The patient and his partner commented "This is the worst communication we've ever come across," referencing their experiences at other hospitals - Bolton, Bury, Salford, and Blackburn - all of which had been far more efficient.

While the patient had been offered tea and toast twice, his partner hadn't been offered anything.

Nurses were stretched thin, tending to 50 patients with only four staff members. The patient said they (the staff) tried their best, but the cracks in the system were glaring to see.

The lack of privacy concerned the patient and his partner. Nurses discussed patients' conditions and blood test results openly in the waiting room. The patient shared how he had seen a pregnant woman, pale and faint, waiting six hours for an IV drip after her blood pressure was checked. They felt that there was a sense of chaos and inadequacy in the waiting room.

The facilities added to the discomfort of their wait. Two toilets - one for disabled use - served all the patients, the patient noting that it was far from sufficient for the sheer volume of people.

By the end of the night, the patient reflected on his choices. If he had known the extent of the wait, he might have delayed his visit, opting to endure the discomfort until the urology service returned to Bolton Hospital or even driving to Salford, where he had previously been seen and treated within two hours despite the heavy patient loads in their Accident and Emergency.

“The contrast in urology care between the hospitals were so different”.

The patient and his partner resolved one thing: this would be their first - and hopefully last - visit to Wigan Emergency Care Department.

## Story 3 : September 2024.

Story given by a relative, Patient is female and 82.

‘My Grandma had a stroke on Friday and was taken to Salford Royal. She was discharged on Monday with no care in place and within 5 hours has been brought back to Wigan A and E. I am a student paramedic, so I decided to ring 999 and did not try any other services. The ambulance brought us to A and E. We have been waiting 9 hours – we arrived just after midnight last night. The cost of the car is increasing, and we have had to move it onto the road.

We heard nothing for 8 and 1/2 hours.

The waiting room is freezing – the corridor is warmer but people are sleeping in the corridor.

We were then taken to a doctor, and bloods were checked but still waiting for the results and I think an X-Ray. The junior doctor was really good. He explained about the blood tests. Still waiting for anti-sickness drugs.

When we got PALS involved everything started moving and we felt there was some progress.

My grandma is registered blind, has two hearing aids and a facial droop. There is no real provision. Not sure if my grandma can even eat or drink. The coffee machine isn't working. The breakfast team offered food and drink. No medications have been given since being in the ambulance. The communication is really poor. Staff are calling names of people not there. I've been and stood at the desk, but everyone seems busy, busy. I have asked 3 times and been told we'll be the next one. The doctor calling patients had a very strong accent – I think Nigerian. It is not clear who he is calling. My grandma would struggle with this and struggles to communicate as her speech is slurred and she doesn't have her dentures.

A drunk came in overnight and was urinating on the floor. He then fell asleep on the floor and they found him a bed in the corridor. He has been seen by the staff before my grandma – I have asked why?'

## Summary.

Whilst it is not our intention to give recommendations, there are some issues that could be considered by WWL to improve the patient experience.

- The biggest frustration for many patients in A and E was the waiting time and the lack of information given about what was happening next and how long this would take. Is it possible to consider ways to display or indicate waiting times to patients?
- Patients were generally unsure who was in charge and how to contact this person. The complaints procedure was unclear to patients. Any information that could be displayed would be helpful.
- The offer of food and drink seemed quite ad hoc and maybe it could be highlighted to patients when this would be next available. Whilst cold drinks were available patients were either unaware or unable to access this.
- Clarity would be welcomed around patient medication. There was confusion around patient medication and if it should be brought to A&E. On some occasions the paramedics had told patients to leave their medications at home, whilst others had been told to bring it with them. HWWL will ask Northwest Ambulance Service (NWAS) to clarify the policy on taking patients medication to A&E with them. HWWL will share this information with partners when it becomes available.

This inconsistency was also repeated at triage with some patients being asked about medication they were taking and others nothing at all.

- It was clear that some treatments were being delivered in the waiting room; which could question if patient observations and therefore patient safety is being maintained. Early identification of any deterioration in a patient's condition could be comprised.
- Confidential conversations were taking place in the waiting room with the patient.
- The environment, particularly at night was not conducive to favourable health outcomes. At times there was a lack of awareness of basic care provision; for example, the lack of blankets, sitting in a chair for lengthy periods of time, not asking patients how they are and just checking in with them?
- On a few occasions the vending machine was not working, and the television was often off.

*Lisa Armstrong,*

*1/02/2025*



Thank you to my colleagues, Ann and Andrea who supported me with this piece of work.

# Provider Feedback.

Emergency Department and Healthwatch Collaboration

## You said, we listened

**NHS**  
 Wrightington, Wigan and  
 Leigh Teaching Hospitals  
NHS Foundation Trust

Waiting times to be seen within the Emergency Department are now clearly displayed within the waiting room.



Staff are now allocated to attend the waiting room every hour on a rota basis, in addition to the waiting room staff. They will ensure that comfort rounds are undertaken for patients within the waiting room.



Patients will always be seen based on a clinical priority and not always in time order.



Hydration station is available in the waiting room.



Blankets are available in the waiting room and accessible.


**Our Values**

 People at  
the Heart

 Listen and  
Involve

 Kind and  
Respectful

 One  
Team

**WE CARE**

Emergency Department and Healthwatch Collaboration

## You said, we listened

**NHS**  
 Wrightington, Wigan and  
 Leigh Teaching Hospitals  
NHS Foundation Trust

Better Lives programme across the Wigan Borough is supporting a transformational piece of work ensuring that our patients are in the right place at the right time.



PALS team visible in the Department in times of heightened pressures to informally support the management of concerns.



Patients, where clinically safe to do so, will be directed to our Urgent Treatment Centre to enable timely access to the correct Emergency Pathway correct that doesn't always require being in the main Emergency Department.



Nurse in charge hotline is being introduced.



The Emergency Department is staffed in line with national guidance for Emergency Departments and Assessment Units.


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**Thank You**

Thank you to all our volunteers and stakeholders. Thank you especially to all the patients waiting in A&E who shared their stories with us.



# Glossary.

ACP – Advanced Clinical Practitioner (Paramedic Team)

A&E – Accident and Emergency

CT Scan – Computed Tomography

ECG – Electrocardiogram

GI Nurse – Gastrointestinal Nurse

GP – General Practitioner

HWL – Healthwatch Wigan And Leigh

ID – Identification

NWAS – Northwest Ambulance Service

PALS – Patient Advice and Liaison Service

PCN – Primary Care Network

RN – Respiratory Nurse

SDEC – Same Day Emergency Care

WWL – Wrightington Wigan and Leigh