

A newborn baby is sleeping peacefully in a hospital bed. The baby is lying on its side, facing right, with its eyes closed and a calm expression. The baby is wearing a white hospital gown. The bed has white linens and a clear plastic safety rail is visible on the right side. The background is slightly blurred, showing a typical hospital room environment.

Attendance of Babies and Children (aged 0-4) to West Middlesex University Hospital A&E

Survey Report

(September-November 2025)

Contents

What we do	3
Project background	4
Methodology	5
Survey	6
How to read this report	8
Limitations	9
Acknowledgements	9
Key findings based on themes	10
Semi-structured interview findings	27
Recommendations	31
Appendix and Demographics	38

What we do

Healthwatch Hounslow is your local health and social care champion. From Feltham to Chiswick and everywhere in between, we make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.

Healthwatch Hounslow is hosted by Public Voice, a Community Interest Company focused on resident and community engagement. We use insights and feedback from our people and local communities to recommend actions to improve public services.

healthwatch
Hounslow

Project background

In recent years, A&E attendance among 0–4-year-olds has continued to rise at West Middlesex Hospital. We set up this project to understand the behaviours and barriers that lead parents and carers to choose urgent and emergency care for young children. We also wanted to understand why primary care options, such as GP appointments, are not always accessed first.

We aimed to identify where engagement and referral processes could be improved to help families reach their GP more easily, and to look at how communication and signposting around services like NHS 111, pharmacies, and out-of-hours GP support could be strengthened. By hearing directly from parents and carers, we wanted to highlight what changes would help families feel more confident and informed when seeking care for their 0–4-year-olds.

As part of this project, we looked to raise parents' awareness of the out-of-hours appointments available across all five PCNs (Primary Care Network) in Hounslow.

Methodology

We collaborated with the London Borough of Hounslow's Public Health team and the 0–4 Programme Delivery Manager at North West London Integrated Care Board (NWL ICB). We also worked in partnership with a multidisciplinary 'working group' of Hounslow health and care organisations set up to address this topic.

Together we designed an online survey to gather feedback from parents and carers of children aged 0–4 who were attending A&E or had attended recently. The survey was promoted through our website, social media channels, and by the initial assessment nurse at West Middlesex Hospital's A&E department.

To explore parents' decision-making in more depth, we also developed a semi-structured, open-ended interview guide. In total, we heard from 61 parents and carers through the online survey and five parents through semi-structured interviews.

Our Healthwatch officers and trained volunteers collected feedback in person at West Middlesex Hospital A&E, at Children and Family Hubs, and during out-of-hours GP appointments across all five PCNs in Hounslow.



The Survey

Survey Questions

The survey included a total of 17 questions covering parents' experiences, behaviours, and reasons for attending A&E with a 0–4-year-old. It also included a small number of demographic questions, such as age, gender, ethnicity, and where in Hounslow participants live.

The main areas explored in the survey were:

- Reasons for attending A&E.
- Access to and experiences with GP services.
- Awareness and use of NHS 111, pharmacies, family hubs, and other local services.
- Information needs and preferred communication methods to access healthcare for young children.

How to read this report

The main body of the report is divided up into three sections:

- Key findings based on themes.
- Semi-structured interviews and key drivers of A&E attendance.
- Recommendations.

Further information, including a full demographic breakdown of respondents and all charts, are included in the Appendix.

Terminology – Throughout the report we have used A&E and GP, which denotes Accident & Emergency and General Practitioner respectively.

Limitations

The feedback gathered offers valuable insight but is only a snapshot of the experiences of parents and carers of 0-4-year-olds in Hounslow. It is not a fully representative picture. Some people we interviewed asked for clarification on certain terms and services referred to in the survey. This indicates that not everyone who took part in the survey fully understood the questions we asked. As our engagement relied on those who chose to participate – either in A&E, community settings, or online – self-selection or unintended bias is possible. In addition, to reflect participant feedback, we adjusted a small number of survey questions during the project. This may have influenced how some people interpreted the questions they were asked.

Acknowledgements

We would like to thank the London Borough of Hounslow's Public Health team, the Urgent Treatment Centre (UTC) Lead GP and the A&E Paediatric Consultant at West Middlesex Hospital. Thanks also goes to the North West London Integrated Care Board (NWL ICB) Programme Delivery Manager, and the Children's and Family Hub Coordinator for supporting this project and facilitating our outreach and engagement with families.

Finally, we would like to extend our thanks to all the parents and carers who shared their experiences with us, as well as the volunteers and staff who contributed their time to help with data collection and analysis.



Key findings

1. Parents' perceptions of GP access influenced their decision not to contact their GP before attending A&E

What we found

Many parents did not attempt to contact their GP before attending A&E, because they believed they would not be able to get an appointment quickly. This perception was shaped by previous experiences, weekend closures, and a preference for faster assessment from paediatric specialists. With some parents directed to A&E by other services, this highlighted the belief that A&E was the most appropriate option.

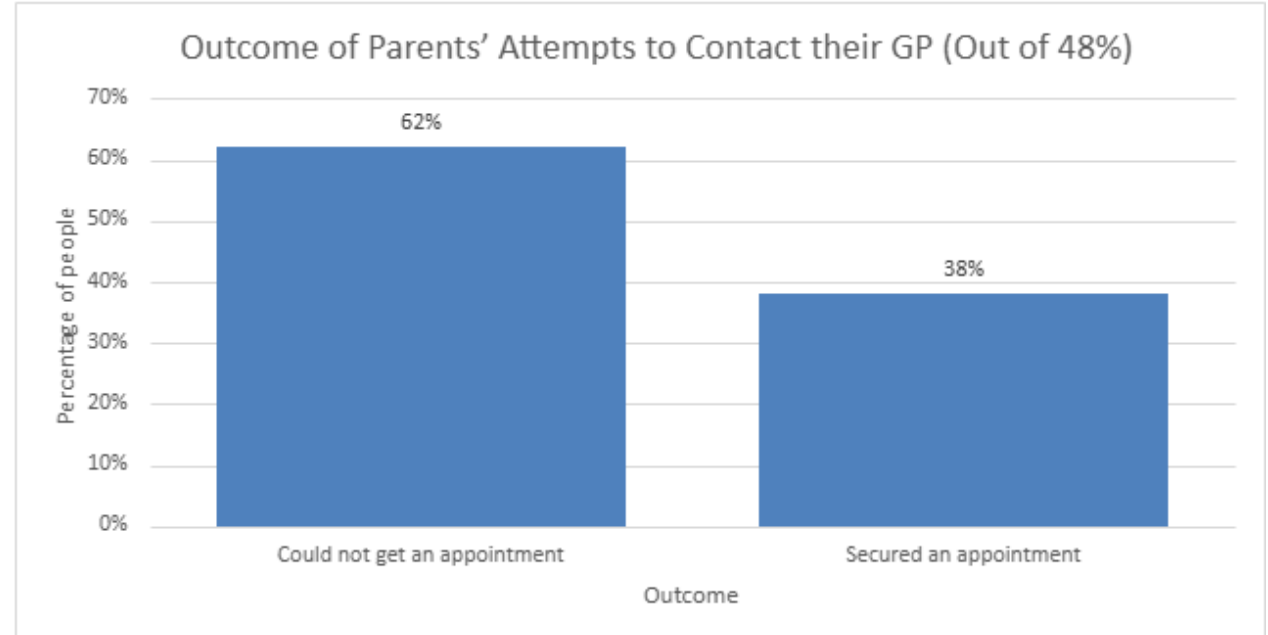
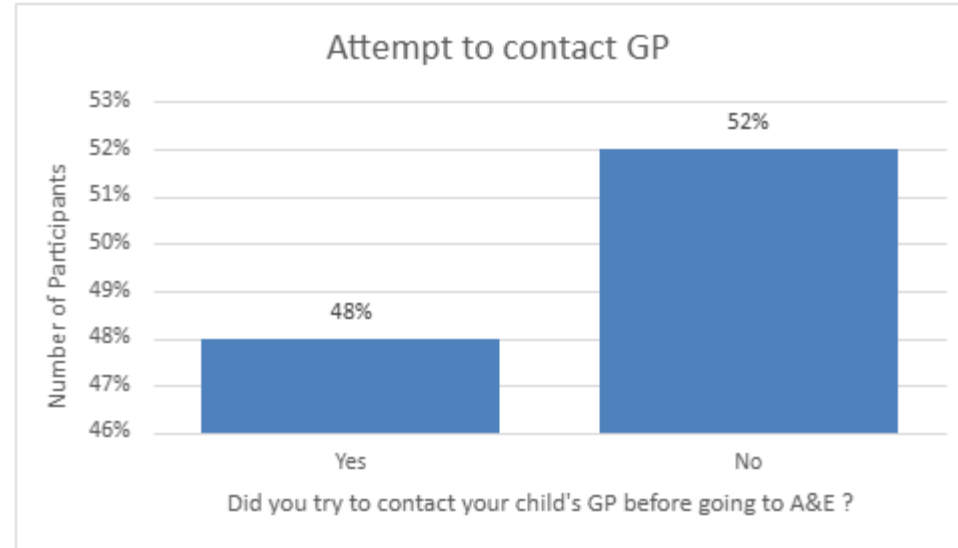
Evidence

- 52% of parents did not try to contact their GP before attending A&E.
- 48% of parents did attempt to contact their GP.
- 62% of the respondents were unable to secure a GP appointment, even when they tried.
- Qualitative feedback showed that parents:
 - Felt GP appointments would be difficult to obtain based on past experiences.
 - Assumed GP appointments would not be available at weekends.
 - Believed A&E would offer faster treatment, reassurance, and access to paediatric specialists.

What this means

Parents' decisions to bypass GP services were shaped by a combination of perceived access barriers, real appointment difficulties, and external signposting. Even when they did not attempt to contact their GP, parents believed they would face delays or be referred to A&E regardless. For parents who did try, difficulty securing an appointment highlighted these beliefs.

Overall, to parents, A&E felt like the fastest, safest, and most reliable route for urgent reassurance, especially when caring for very young children.



2. Most children were brought to A&E with common childhood symptoms

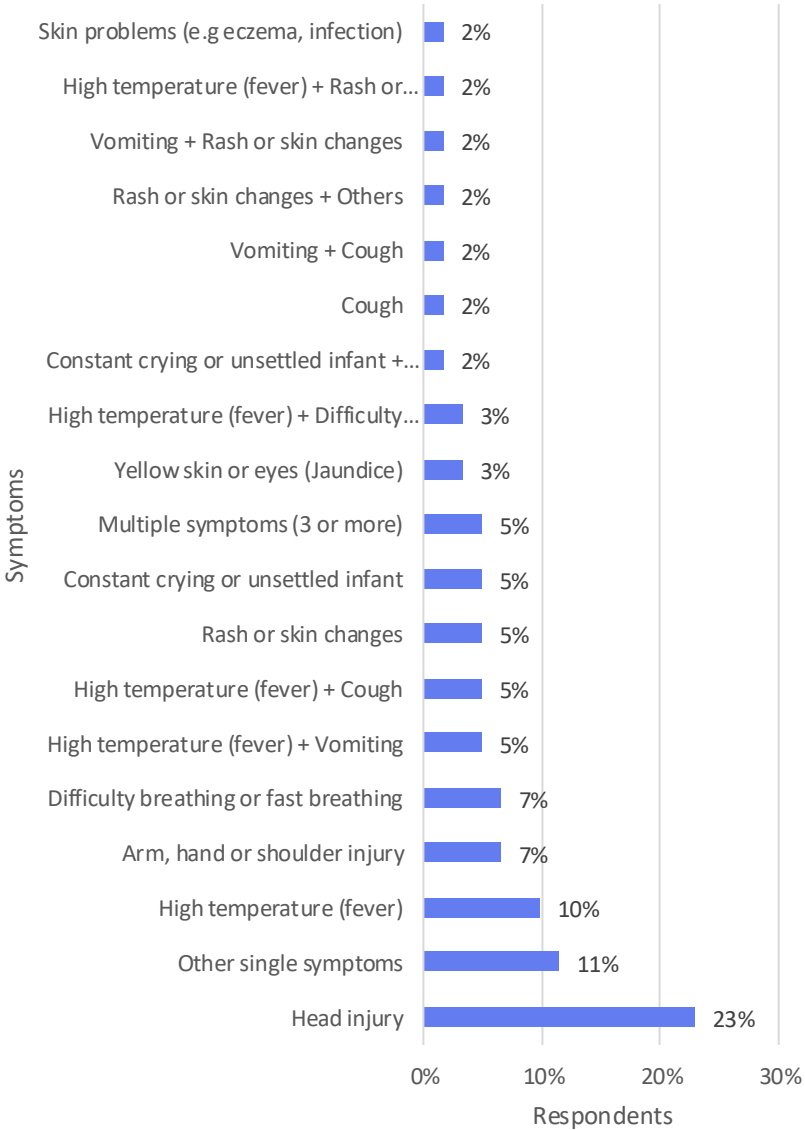
What we found

A large proportion of parents attended A&E because their child had common childhood symptoms such as fever, cough, vomiting or a rash. These symptoms, whether occurring alone or in simple combinations, were the single biggest driver of A&E attendance among under-5s.

Evidence

Nearly half of all parents in our survey (49%, or 30 out of 61) attended A&E because their child had symptoms such as a fever, cough, vomiting or rash, either as single symptoms, or in combination. These are among the most common reasons young children become unwell, and can be associated with both minor and more serious illnesses. Parents told us they often felt unsure whether these symptoms required urgent emergency care, or whether they could safely seek help through a GP or NHS 111. This uncertainty made these symptoms the most frequently reported reason why parents chose A&E.

Symptoms prompting A&E attendance



What this means

This finding suggests that parents often struggle to judge the severity of common childhood symptoms. This leads them to choose A&E for reassurance when symptoms suddenly appear. According to national NHS guidance, many of these symptoms can be assessed initially through GP services, NHS 111 or Healthier Together unless red-flag symptoms are present.

3. Anxiety, reassurance and the need for rapid assessment were key reasons that influenced parents' decision to attend A&E

What we found

Parents we interviewed repeatedly highlighted anxiety, uncertainty and the need for quick reassurance as their key reasons for attending A&E. Many parents described feeling worried about symptoms, unsure what was wrong, or concerned that their child's condition could worsen if they waited for a GP appointment.

A&E was viewed as the safest, fastest and most reliable place to get answers.

Parents valued speed, monitoring, access to paediatric specialists and the ability to be seen without an appointment. They also felt relieved when clinicians took their concerns seriously.

What parents told us

Parents seeking reassurance and safety

"I felt reassured that my child wasn't severely unwell."

"I liked the doctors and the team at West Mid – they were able to calm me down."

Parents worried about symptoms worsening

"My son was in a lot of pain – I didn't want to wait for the GP."

"I wasn't sure how serious it was and didn't want to risk it."

"They had facilities the GP doesn't have, so this was really helpful."

Parents choosing A&E because they couldn't get rapid assessment elsewhere

"It was good that you could see a doctor on the same day."

"I was able to see the paediatrician face-to-face which is not possible at my GP."

"There was no booking needed and the service was fast."

Parents expressing trust in A&E over the GP

"Nothing to really add here – A&E is always open compared to the GP."

What this means

Parents attend A&E not only due to symptoms, but because they are anxious, unsure and seeking immediate reassurance. When GP access is limited or perceived as slow, parents rely on A&E because it feels safe, specialist and responsive – particularly for infants and first-time parents.

This emotional driver strongly influences A&E attendance patterns and reinforces reliance on A&E for future episodes.



Fig: This word cloud visualises the words parents most commonly used to describe their experiences at A&E. Larger words reflect themes mentioned more frequently, such as 'helpful', 'amazing', 'fast', 'care' and 'amazing staff'.

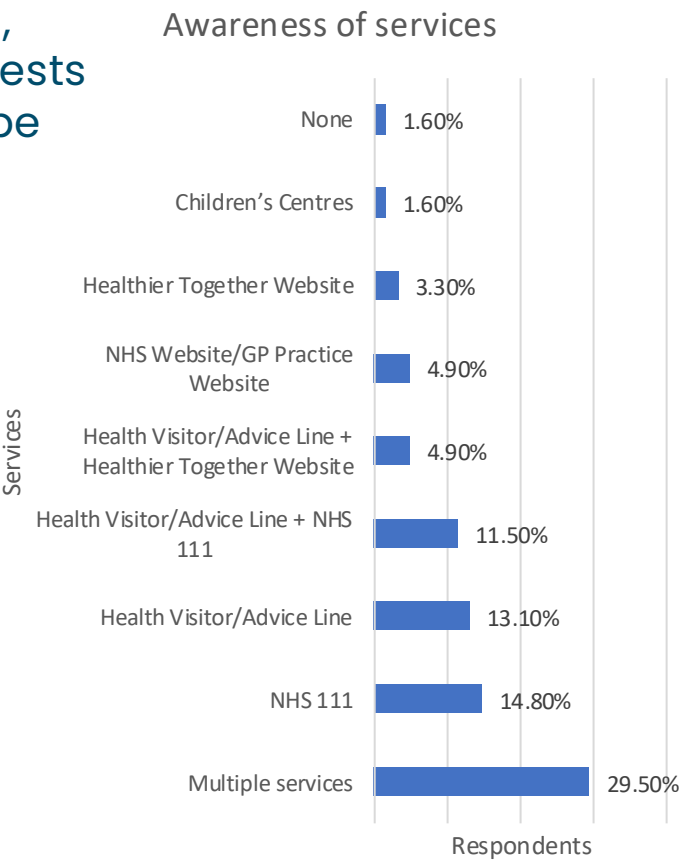
4. Awareness of community, early-help and online services was low

What we found

Parents mainly relied on NHS 111 and the Health Visitor/Advice Line, with very limited use of community or online resources. Awareness and use of Children’s Centres, Family Hubs, and digital tools like Healthier Together was much lower. This suggests some sources of support in Hounslow are either less well known or less likely to be used when parents perceive their child’s situation as urgent.

Evidence

- Multiple services (a mix of more than one source of help) – 29.5%.
- NHS 111 only – 14.8%.
- Health Visitor/Advice Line only – 13.1%.
- Health Visitor/Advice Line + NHS 111 – 11.5%.
- All other categories were each used by fewer than 5% of parents.



What this means

Most families use either NHS 111, the Health Visitor/Advice Line, or a combination of these when they are not seeking help from A&E. Very few parents rely on Children's Centres and Family Hubs. Parents do not use digital resources like Healthier Together or GP/NHS websites on their own. This suggests that while some parents look to more than one source of advice, when their child becomes unwell, community and online services are not considered by most families, so still under-used by parents.

5. Parents mainly relied on NHS 111, GP phone advice and family/friends before attending A&E

What we found

Before attending A&E, the parents we interviewed tended to rely on only one or two familiar sources of help. Some parents used NHS 111, family, friends, or their GP alone. When parents were unsure where to get advice, many used several services at once. Very few parents used options such as urgent care centres, school nurses, or GP out-of-hours as their only source of support.

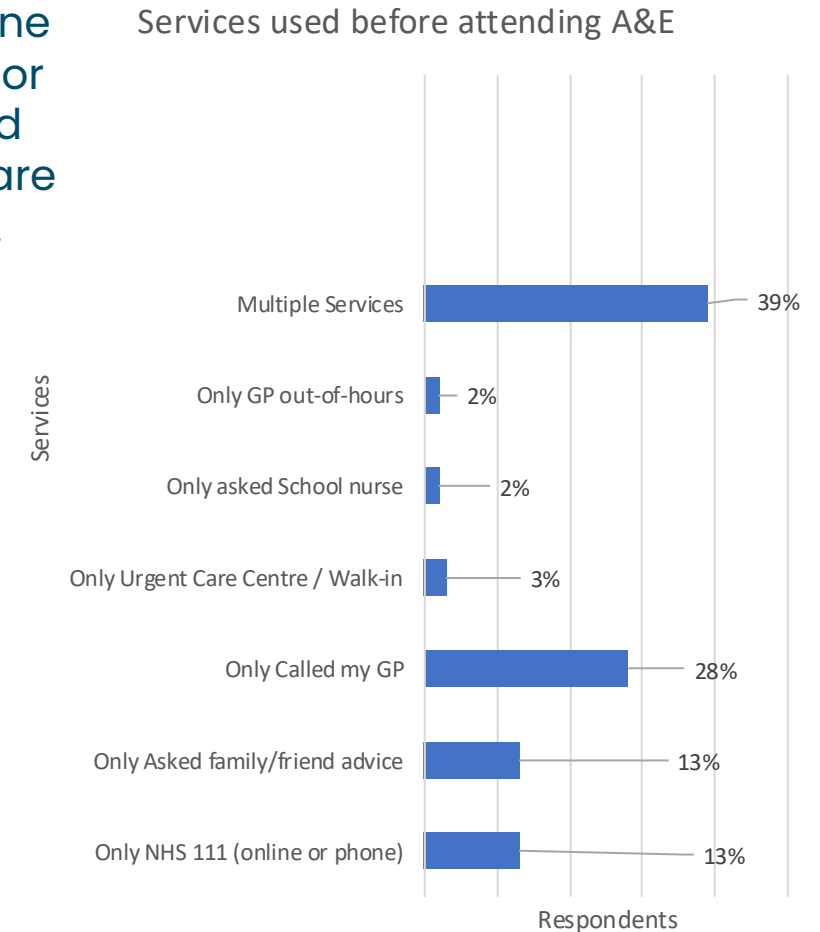
Evidence

Out of 61 parents:

- 39% (n=24) used multiple services.
- 28% (n=17) used only their GP (By calling them).
- 13% (n=8) used only NHS 111.
- 13% (n=8) relied only on family/friends.
- Very few parents used other services.

Footnote

Categories reflect parents who used each service as their only source of advice, with a separate category for those who used multiple services.



What this means

This finding shows that parents try a mix of support sources before attending A&E, with many using several services rather than relying on just one. This suggests that parents often experience uncertainty about where to seek help or which service is most appropriate for their child's symptoms. There was a low number of parents who used community-based or digital resources as their only source of support, indicating that parents may be less familiar with these options, and do not consider them when a situation feels urgent. Together, these trends show that when deciding to attend A&E, parents follow varied and sometimes fragmented pathways.

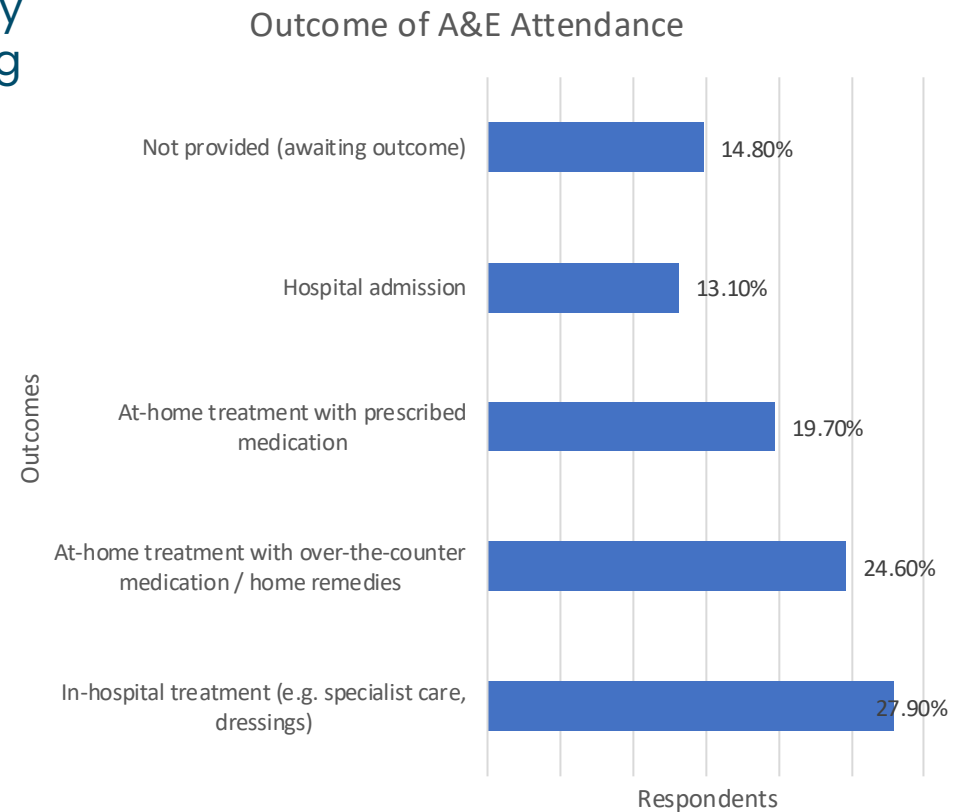
6. Additional feedback on A&E services

What we found

Although parents often attended A&E out of concern, most children did not require hospital admission. Many were treated on-site for minor issues, or discharged home with medication or reassurance. Parents described their A&E experience as positive overall, especially regarding staff attitude, clinical care, paediatric expertise, and being seen without needing an appointment. However, most parents highlighted significant challenges. This included long waiting times, stressful or mixed waiting areas, lack of child-friendly spaces, and confusing communication between services.

Evidence

- 27.9 % received minor in-hospital treatment, e.g. dressings.
- 24.6 % were sent home with over-the-counter medication or advice.
- 19.7 % received a prescription.
- 13.1 % were admitted to hospital.
- Average satisfaction: 5.8 out of 10.
- Waiting time was the most common concern.

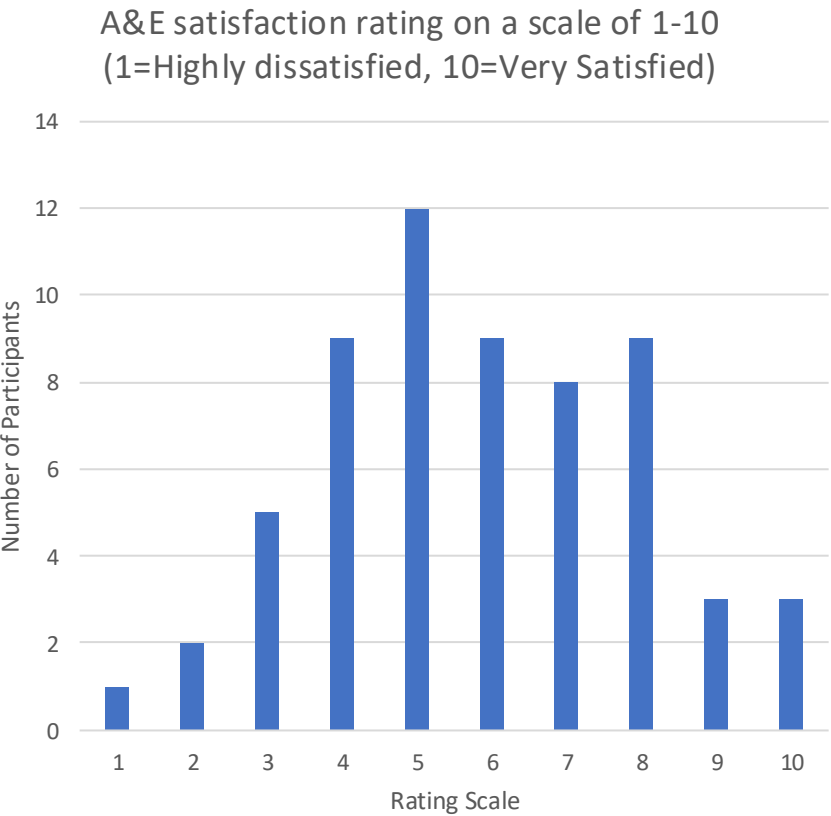


What this means

Most cases could potentially have been managed earlier through primary care, community services or NHS 111.

Parents may have avoided A&E if they had better symptom guidance, faster GP access, or clearer support pathways for the 0–4 age group.

While families value the reassurance and expertise available in A&E, the environment does not always provide the immediate comfort or support parents are seeking – particularly when waiting with very young children. Qualitative feedback also indicates that the waiting areas can feel crowded, stressful, and not well suited to keeping children calm or occupied.



What worked well

1. Staff were supportive, kind and reassuring.

"The doctors and nurses were very nice, polite and helpful."

"I liked the doctors – they were able to calm me down."

2. Specialist paediatric team and monitoring felt reassuring.

"Seeing the paediatrician face to face is not possible at my GP."

"They constantly checked on my child before he went home."

3. No appointment needed and clear follow-up care.

"There was no booking needed and the service was fast."

"I left with good follow up care for my son."

What could be improved

- 1. Waiting times were mentioned by the majority of parents, many reporting waits of several hours.**
“It took almost 2 hours – my child cannot sit still, so it was really hard.”
“Waiting a long time just for a small amount of medication doesn’t work well when you have other children.”
- 2. Parents were concerned about cramped spaces, lack of distractions, and waiting areas mixed with adults.**
“The environment is really hard to keep your child calm, not child friendly at all.”
“The waiting area at the start is mixed with adults – I didn’t think it was safe for my baby.”
- 3. Several parents said that GP and hospital communication was confusing or inconsistent.**
“The communication between GP and hospital was terrible.”
“I had to find the reference number myself.”
- 4. Some parents felt unclear about what to do after being discharged.**
“They sent me home with little advice – I think there should be more GP appointments or easier contact.”
“Sometimes the aftercare instructions are hard to follow.”
- 5. Hygiene and cleanliness issues mentioned by a few parents**
“The hygiene – the wards were disgusting.”
“The kids’ bed had vomit from previous children.”

What this means

Parents strongly value the professionalism, reassurance and paediatric expertise provided at A&E. However, long waiting times and the stressful, mixed waiting environment create significant challenges, especially for young children, first-time parents, and families with additional needs. Improving the waiting room environment, reducing wait times, and strengthening communication between services could substantially improve the overall A&E experience.

7. Time of attendance at A&E

Participants were asked what time of day they attended A&E, with response options covering weekday and weekend mornings, afternoons, evenings and nights. However, it is important to note that engagement activity took place over a three-day period and was limited to weekdays. The majority of engagements occurred between 9am and 5pm, with one day extending until midnight. As a result, responses are likely to be influenced by the timing and duration of the engagement activity and may not be representative of all A&E attendances.

For transparency, the findings relating to time of attendance are presented with this limitation in mind.



Semi-structured interview findings

Findings from semi-structured interview (5 Participants)

A&E Attendance

- Most parents went directly to West Middlesex A&E because they believed their child needed urgent care and could not reach a GP.
- Main reasons: head injuries, high fever, breathing issues.
- A&E was chosen for fast access to diagnostics and paediatric specialists.

Outcomes

- 3 children received treatment; 2 were discharged with advice.
- Parents were generally satisfied with speed and clarity of care.

Challenges

- Unclear next steps after discharge.
- Waiting areas not child-friendly.
- A&E was far for some families, especially at night.

Awareness of Services

- All parents knew about GPs and health visitors.
- None knew about the Healthier Together website.
- Parents were unsure about medication dosing, emergencies, and out-of-hours options.
- Difficulty getting timely GP advice was asserted by parents as a key issue.

Attitudes Toward GP Services

- Belief that GPs would refer head injuries straight to A&E.
- Trust in GPs for long-term issues, but not for urgent problems.
- Fear of triage and being bounced between services.

Attitudes Toward Hospital Services

- Parents followed GP advice to attend A&E when given.
- A&E was valued for same-day care and 24/7 access.
- Some parents were not connected with health visitors, or unsure how to book routine care.

Views on the 0–4 Out-of-Hours Hub

Parents said they:

- Liked the idea of a local, child-focused service.
- Would use the service for urgent but non-emergency needs.
- Wanted clearer guidance, phone support, and easy online information.

Bringing the findings together

Together, the findings show a clear pattern

- Parents often cannot access GP appointments quickly, especially when worried about young children.
- Children commonly have symptoms that feel worrying, such as a fever or breathing difficulty.
- Parents experience anxiety and see A&E as a source of assurance/certainty.
- Many parents do not know about other services like Family Hubs, Health Visitors, or online resources.
- Parents often have low confidence in managing symptoms at home or using NHS 111.
- As a result, A&E becomes the default choice, even when the child can be safely managed elsewhere.
- Most children were then discharged home, showing that earlier support could have prevented the visit.

This demonstrates a cycle where low awareness, low confidence, high anxiety, and GP access difficulties (out of 29 participants who tried getting a GP appointment only 11 could get an appointment) all combine to increase A&E attendance.

This demonstrates that an increase in A&E attendance is due to a combined cycle of low awareness, low confidence, high anxiety, and GP access difficulties (out of 29 participants who tried getting a GP appointment only 11 could get an appointment).



Recommendations

Recommendations

1. Strengthen promotion of the out-of-hours GP service within each PCN

- Parents were largely unaware that out-of-hours appointments were available through their PCN, and many assumed they could only be seen at their own GP practice.
- Recommendation:
Publicise clearly that each PCN offers out-of-hours GP appointments at a designated practice within the network.
- This message should be shared consistently, including in GP phone menus, text reminders, websites, and reception scripts: “If your child is aged 0–4 and needs to be seen by a healthcare professional, you can be seen at the designated out-of-hours practice in your PCN between 5–8pm.”

2. Reintroduce the new Under-4/5 posters and materials as part of continued parent education

Although these materials are now in place, they were not available during the engagement period, meaning parents did not benefit from the information at the time.

Recommendation:

Use the new posters proactively across A&E, Family Hubs, Children's Centres, GP surgeries and nurseries to reinforce clear and consistent messaging about urgent care pathways for young children.

Pair the posters with short QR-linked videos that explain:

- How to use GP services, NHS 111 and out-of-hours appointments.
- When A&E is appropriate for a 0–4-year-old.
- Practical examples of what to do when a child becomes unwell.

This will help parents to quickly understand where to go and build confidence in navigating local services.

3. Provide updated, consistent messaging about Healthier Together now that the platform is fully developed

Recommendation:

Make Healthier Together part of the standard information given by Health Visitors, A&E triage nurses and GP reception teams. This will ensure parents consistently hear about the resource regardless of where they enter the system.

Place QR codes in key locations – including the Paediatric A&E waiting area and on 0–4 discharge sheets. This will help parents easily access symptom guidance and advice quickly.

This will also ensure that all communication reflects the current information now available on the full functional Healthier Together digital platform.

4. Improve clarity and consistency of discharge information for 0–4s at hospital

Parents reported uncertainty about aftercare and were often unclear on what steps to take once their child was discharged.

Recommendation:

Introduce a single, simplified discharge template for all 0–4-year-olds that includes:

- Clear instructions on how to book a same-day GP or out-of-hours appointment.
- Guidance on when to return to A&E.
- QR code to Healthier Together for symptom advice.
- A reminder that “Your PCN may offer appointments at more than one practice.”

We suggest information is standardised to make aftercare options clearer and to improve continuity between the hospital, GP services and community support.

5. Maintain improvements to the paediatric waiting environment

When attending A&E with young children, parents consistently highlighted long waits, crowded areas and mixed adult–child spaces as sources of stress.

Recommendation:

Maintain and enhance the child-friendly paediatric waiting area at West Middlesex Hospital. This can be achieved by introducing further low-cost improvements such as soft, easily cleaned seating, age-appropriate books and toys, and visual distractions. For example, wall art, posters or screens with child-appropriate content.

We recommend strengthening routine hygiene checks for toys, play equipment and high-touch surfaces, ensuring items are wipeable and cleaned regularly. These incremental, practical changes build on existing work and are achievable within current resources. These changes respond directly to parents' feedback about long waits, crowded spaces and mixed adult–child waiting areas.

6. Provide brief symptom-confidence support for parents through Health Visitors and Family Hubs

A major driver of A&E attendance was anxiety, low confidence in managing common symptoms, and uncertainty about what is safe to do at home. Many parents attended A&E not because symptoms were severe, but because they felt unsure or worried.

Recommendation:

Equip Health Visitors and Family Hub staff to give short, practical symptom-confidence guidance to parents of 0-4s during routine contacts. This could include:

- How to recognise common childhood symptoms including a fever, cough, rash or vomiting.
- Simple “red-amber-green” guidance.
- When to use GP, Ill, out-of-hours services, and A&E.
- QR link to Healthier Together for further support.

This approach will build parents’ confidence early, helping reduce unnecessary A&E visits driven by anxiety rather than clinical urgency.

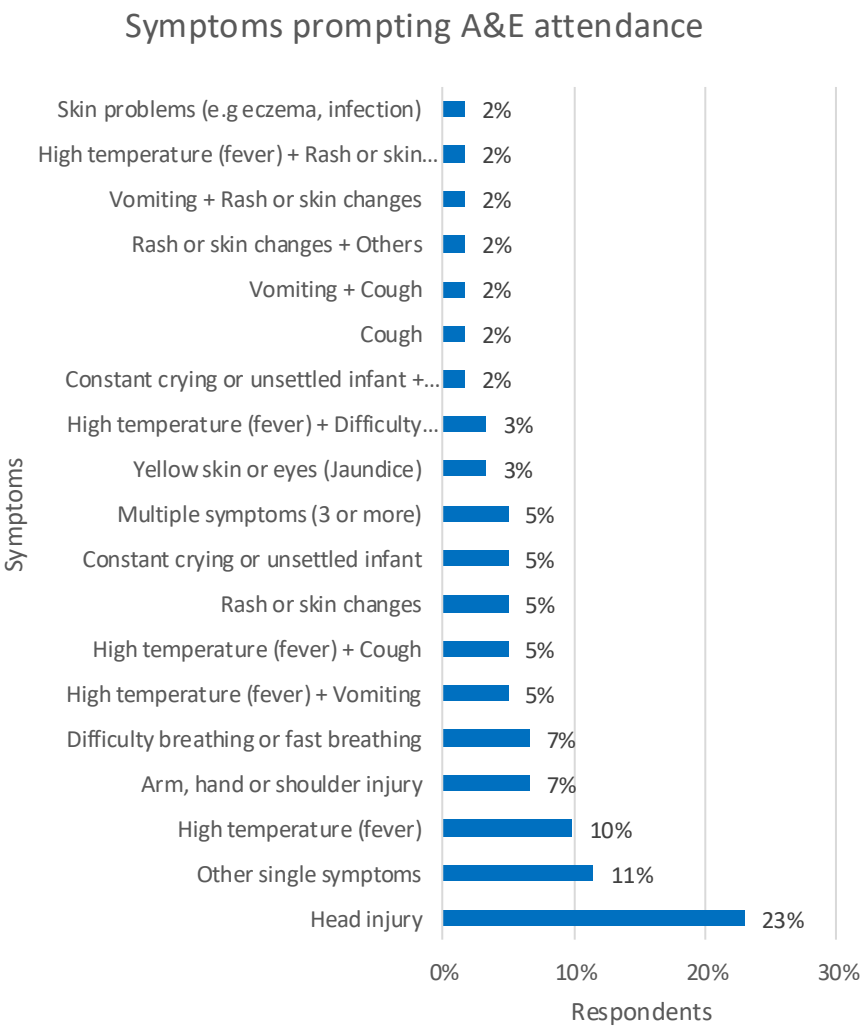
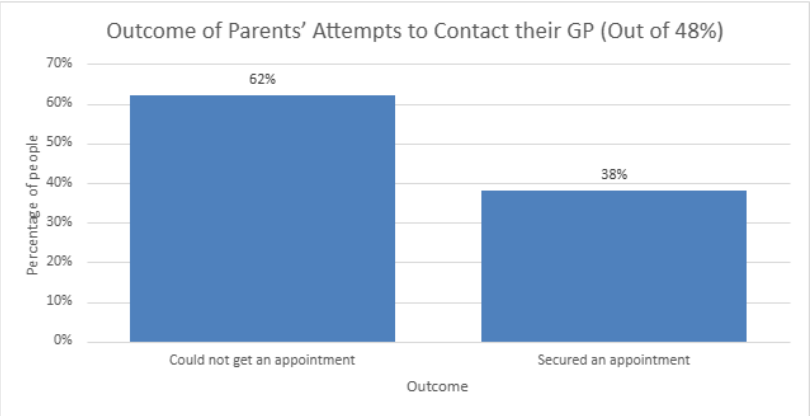
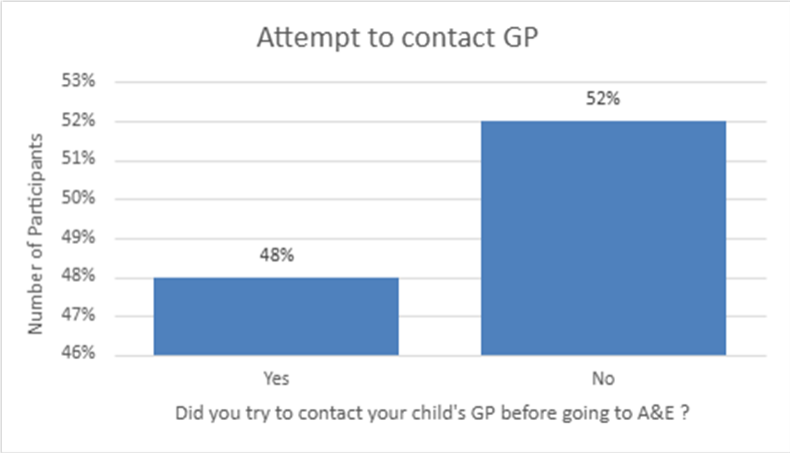


Appendix and Demographics

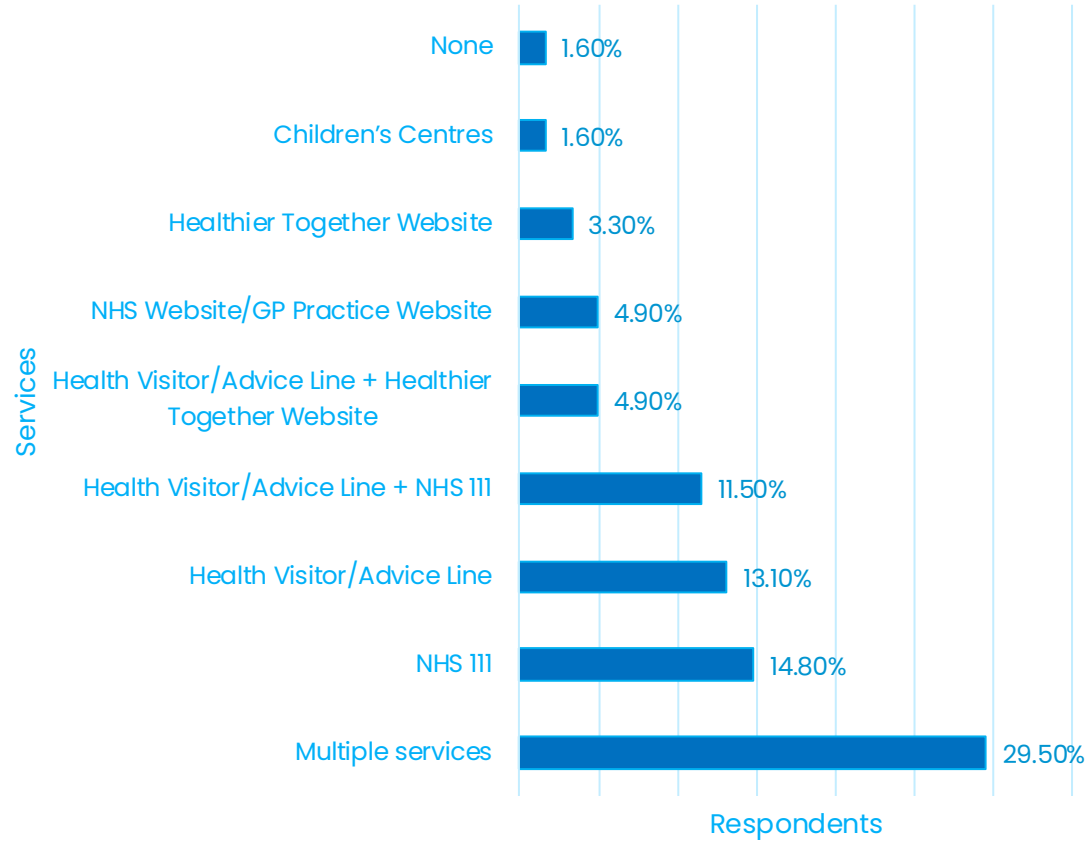
GP Practices, participants registered with

Name of GP	Count
Albany Practice	6
Brentford Family Practice	2
Brentford Group Practice	2
Argyle Health Group – Isleworth Practice	5
Spring Grove Medical Practice	3
Thornbury Road Centre for Health	2
Grove Park Terrace Surgery	1
Chiswick Medical Centre (Wellesley Road)	1
Grove Park Surgery now known as Chiswick Medical Practice	2
Gill Medical Practice	1
Bath Road surgery	1
Little Park Surgery	1
Mount Medical Centre	1
Queens Park Medical Practice	1
HMC Health Feltham	2
Clifford Road Surgery also known as Dr Singh's Surgery	4
Cranford Medical Centre	1
Crosslands Surgery	2
HMC HEALTH HESTON	4
Jersey Practice	2
Skyways Medical Centre	2
The MWH Practice	1
Hounslow Medical Centre	1
Green Practice	2
Kingfisher Practice	2
Redwood Practice	1
Willow Practice	1
Outside Borough	3
Prefer not to say	4
Total	61

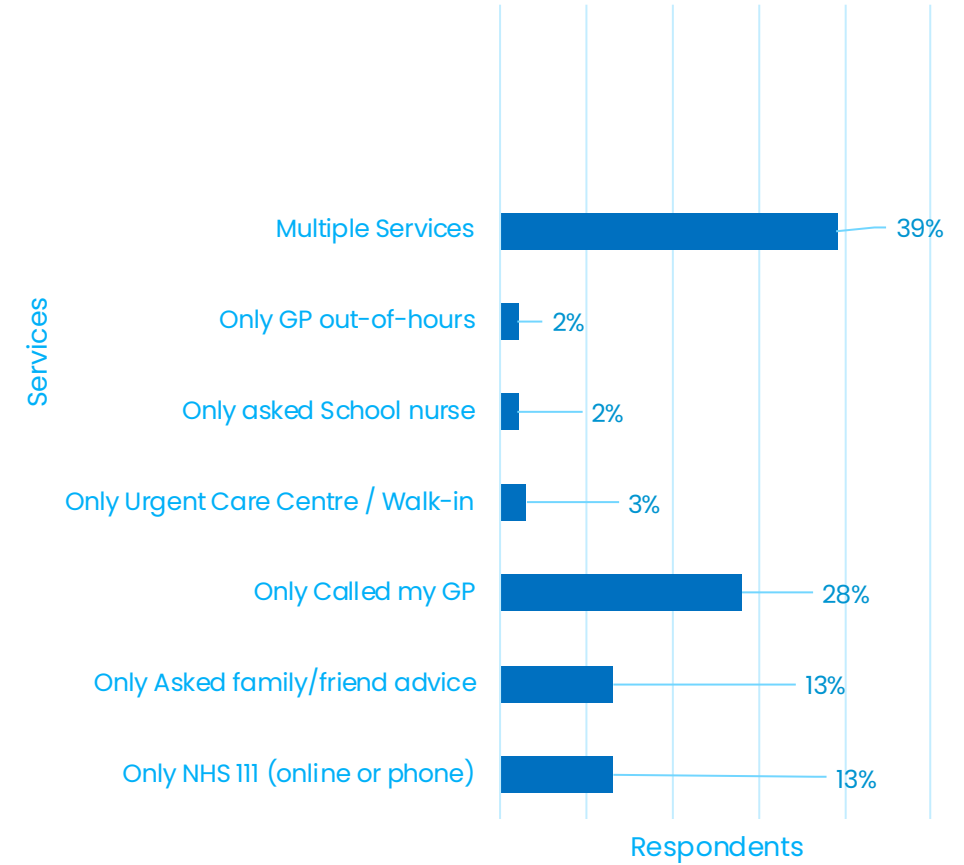
All Charts

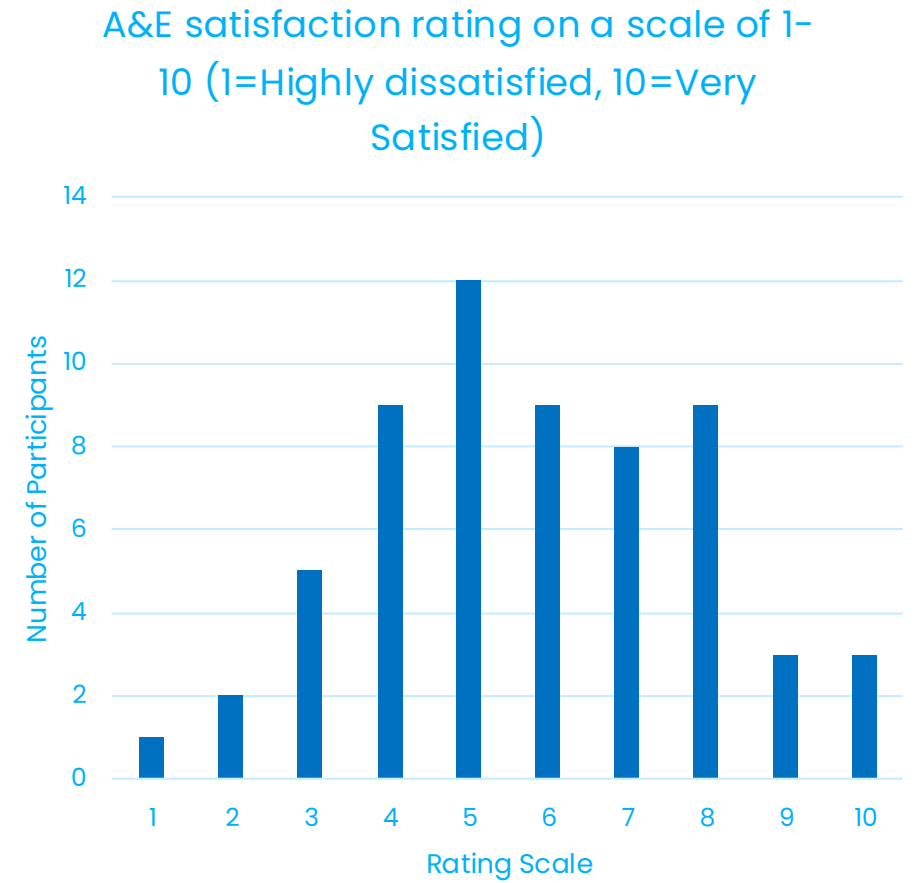
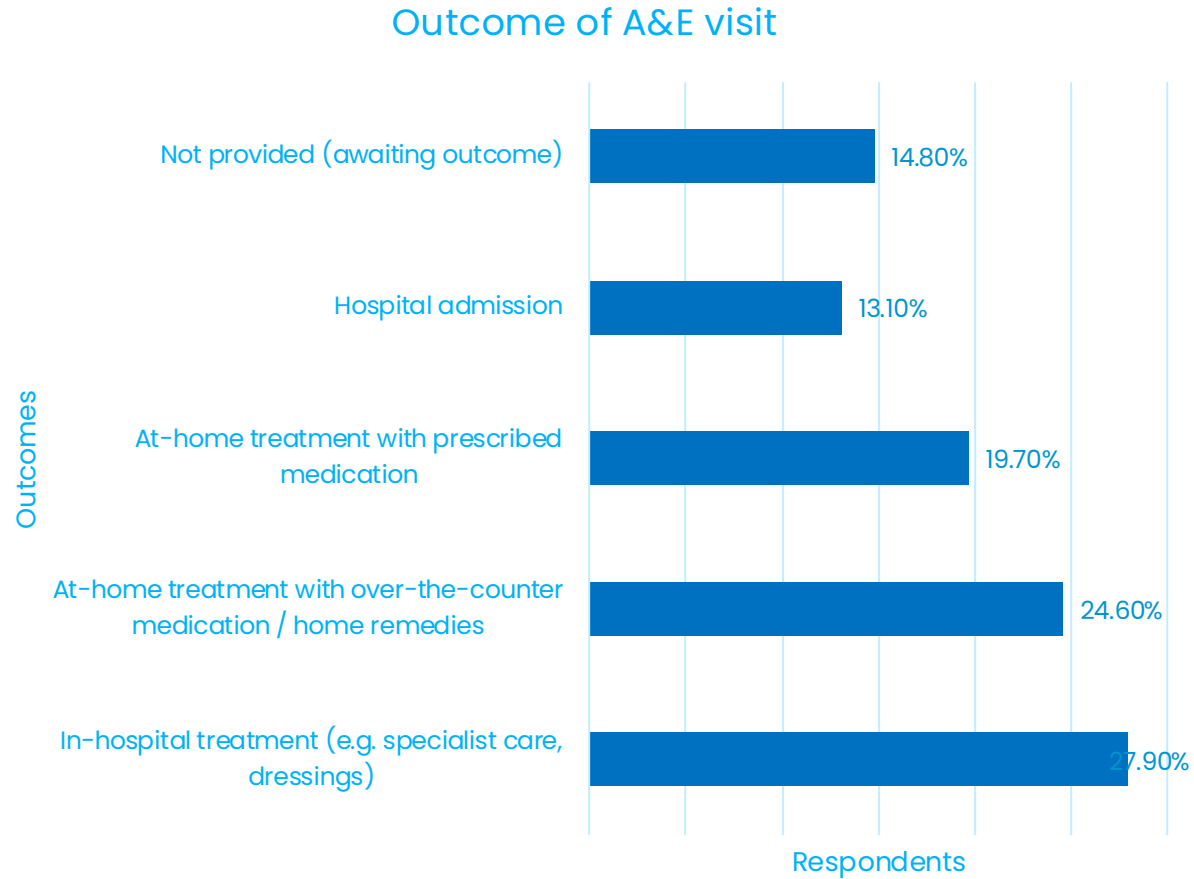


Awareness of services

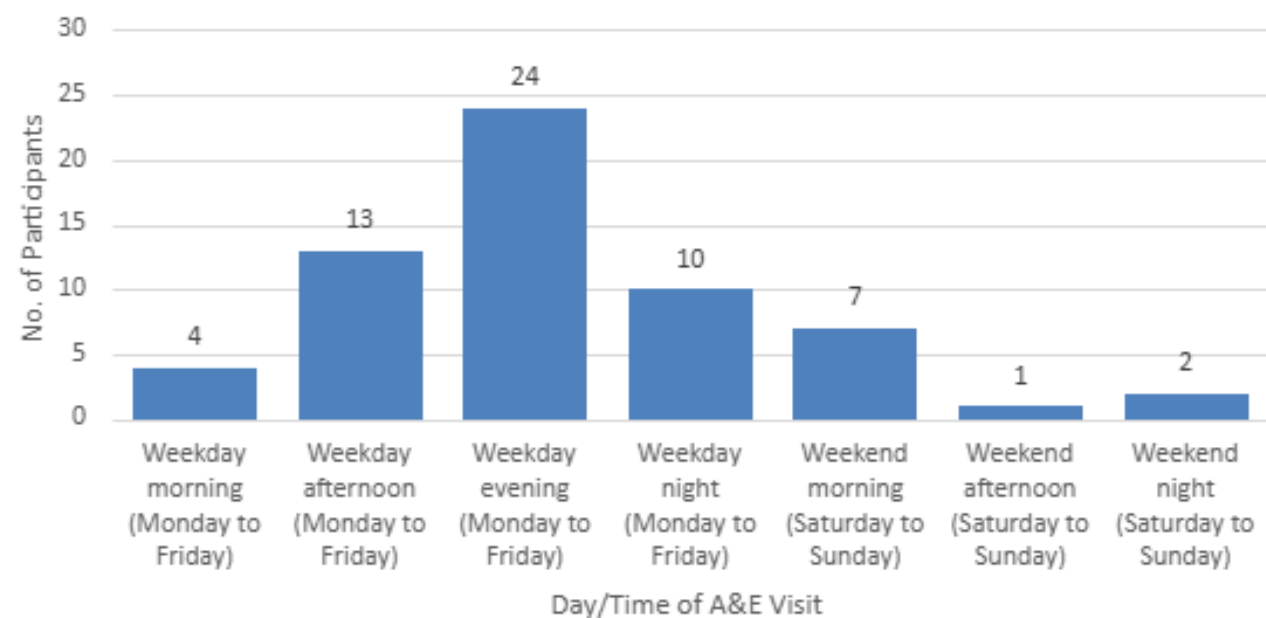


Services used before attending A&E





What time of day/night have you usually visited A&E ?



Demographics of Parents/Carers

Gender	No. of participants	Percentage
Man (including trans man)	10	16.40%
Woman (including trans woman)	51	83.60%
Total	61	100%

Age group	No. of participants	Percentage
Under 18	1	1.60%
18–24	4	6.60%
25–34	32	52.50%
35–44	23	37.70%
45–54	1	1.60%
Total	61	100%

Any long-term health condition	No. of participants	Percentage
No	45	73.80%
Yes	10	16.40%
Prefer not to say	6	9.80%
Total	61	100%

Disability status	No. of participants	Percentage
No	52	85.20%
Yes	6	9.80%
Prefer not to say	3	4.90%
Total	61	100%

Ethnicity	No. of participants	Percentage
Asian / Asian British – Indian	14	23.00%
Asian / Asian British – Pakistani	8	13.10%
White – European	7	11.50%
White – English / Welsh / Scottish / Northern Irish	5	8.20%
Asian / Asian British – Bangladeshi	5	8.20%
Black / Black British – African	5	8.20%
Any other Asian background	5	8.20%
Arab	4	6.60%
Prefer not to say	2	3.30%
White – Other	1	1.60%
Chinese	1	1.60%
Mixed – Asian and White	1	1.60%
Latin American	1	1.60%
European	1	1.60%
Mixed – Black Caribbean and White	1	1.60%
Total	61	100%

Employment status	No. of participants	Percentage
Paid work: 16 or more hours/week	20	32.80%
Prefer not to say	12	19.70%
Paid work: 0–15 hours/week	11	18.00%
Self-employed	7	11.50%
Homemaker	6	9.80%
Unemployed: seeking work	3	4.90%
Unemployed: unable to work	2	3.30%
Not in employment / seeking work (carer)	-	-
Not in employment (student)	-	-
Total	61	100%



Borough	No. of participants	Percentage
Brentford and Isleworth	26	42.60%
Great West Road	11	18.00%
Heart of Hounslow	11	18.00%
Feltham	6	9.80%
Chiswick	4	6.60%
Out of Borough	2	3.30%
Not provided	1	1.60%
Total	61	100%



www.healthwatchhounslow.co.uk



020 3603 2438



info@healthwatchhounslow.co.uk



/Healthwatch.hounslow1



@HWHounslow



@Healthwatch_Hounslow



healthwatch-hounslow-860162200