

Healthwatch Kent Enter & View Programme 2016

Winter Pressures

Feb 2016

Healthwatch Kent undertook a series of visits to Accident & Emergency Departments in Kent to talk to staff and patients about their experience. These visits were part of our work to look at the impact of so called 'Winter Pressures' on our health system, particularly within Accident & Emergency Departments.

About Healthwatch Kent

Healthwatch gives people a powerful voice both locally and nationally. In Kent, Healthwatch works to help people get the best out of their local health and social care services. Whether it's improving them today or helping to shape them for tomorrow. Healthwatch Kent is all about local voices being able to influence the delivery and design of local services. Not just people who use them, but anyone who might need to in future.

What is Enter and View?

Part of Healthwatch Kent's remit is to carry out Enter and View visits. Trained volunteers carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows Healthwatch Kent authorised representatives to observe services and talk to service users, patients, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observed anything that they felt uncomfortable about they would inform their lead who would then inform the service manager, ending the visit.

In addition, if any member of staff wanted to raise a safeguarding issue during our visit, we would direct them to the CQC where they are protected by legislation if they raise a concern.

Acknowledgements

Healthwatch Kent would like to thank the hospital, patients, visitors and staff for their contribution to this Enter and View programme.

Disclaimer

Please note that this report only relates to what we observed during our visits. Our report is not a representative portrayal of the experiences of all patients and staff, only an account of what was observed and contributed at the time.

Purpose of the visits

- To visit A&E and talk to patients and their families about their experience. We are keen to understand how A&E is coping during the pressures of the Winter season and how the experience of patients is affected.
- We are visiting Maidstone, Tunbridge Wells and Darent Valley A&Es as part of this project.

Background

During the winter months additional strain is put on the NHS. Despite much planning, the NHS faces considerable challenges. Part of this issue manifests itself at A&E departments. There may be some increase in the number of people attending A&E this time of year but more importantly it is the increase in number of people who need admitting to hospital which can cause the biggest delays in waiting times. This is especially the case if there are delays in discharging patients once their hospital treatment has been finished.

To mitigate these concerns, NHS England have introduced 8 “High Impact Interventions” (see below) which are designed to help reduce the pressure that the healthcare system faces during the winter period. We want to find out if these are being effective at Maidstone Hospital.

You will see that some of these are not possible to evaluate through an Enter & View visit, however we are keen to get an overall feeling from patients about their experience during these busy winter months.

The Eight High Impact Interventions

1. No patient should have to attend A&E as a walk in because they have been unable to secure an urgent appointment with a GP. This means having robust services from GP surgeries in hours, in conjunction with comprehensive out of hours services.
2. Calls to the ambulance 999 service and NHS 111 should undergo clinical triage before an ambulance or A&E disposition is made. A common clinical advice hub between NHS111, ambulance services and out-of-hours GPs should be considered.
3. The local Directory of Services supporting NHS 111 and ambulance services should be complete, accurate and continuously updated so that a wider range of agreed dispositions can be made.
4. System Resilience Groups should ensure that the use of See and Treat in local ambulance services is maximised. This will require better access to clinical decision support and responsive community services.

5. Around 20-30% of ambulance calls are due to falls in the elderly, many of which occur in care homes. Each care home should have arrangements with primary care, pharmacy and falls services for prevention and response training, to support management falls without conveyance to hospital where appropriate.
6. Rapid Assessment and Treat should be in place, to support patients in A&E and Assessment Units to receive safer and more appropriate care as they are reviewed by senior doctors early on.
7. Consultant led morning ward rounds should take place 7 days a week so that discharges at the weekend are at least 80% of the weekday rate and at least 35% of discharges are achieved by midday throughout the week. This will support patient flow throughout the week and prevent A&E performance deteriorating on Monday as a result of insufficient discharges over the weekend.
8. Many hospital beds are occupied by patients who could be safely cared for in other settings or could be discharged. SRGs will need to ensure that sufficient discharge management and alternative capacity such as discharge-to-assess models are in place to reduce the DTOC rate to 2.5%. This will form a stretch target beyond the 3.5% standard set in the planning guidance.

Methodology

This programme was based on a schedule of announced Enter and View visits. Contact was made with the Senior Matron with responsibility for Accident & Emergency services before the visit and information was given about the role of Healthwatch. The dates for the visits were agreed with the Senior Matron.

Teams of Healthwatch Kent Authorised Enter and View volunteers visited each A&E department. A set of questions and areas for observation were used by teams, as the framework for conversations during each visit (Appendix A).

At each A&E, Healthwatch Kent volunteers checked with the staff working in the department if there were individuals who should not be approached or spoken to on the day.

All observations have been shared with Maidstone Hospital. They have checked the report for factual accuracy but did not choose to include a formal response.

Maidstone & Tunbridge Wells Trust

Name and address of premises visited	Maidstone Hospital
Name of service provider	Maidstone and Tunbridge Wells Hospital Trust
Lead contact	Katie Holmes, Senior A&E Matron
Date and time of visit	Friday 5th February 9am-12pm
Authorised representatives	Mike Mackenzie, Pam Croucher, Kingsley Barraclough

Background Information

The following information has been provided by Maidstone Hospital as a snapshot of the activity within the A&E department during our visit.

There were 41 patients in the A&E department during our visit.

Of those, the average time from booking through to discharge was 2 hours and 55 minutes

The average waiting time for admission to the wards was 3 hours and 50 minutes

Prior to our visit, we had already met with the Senior Matron, Katie, to explain the purpose of our visit and to arrange the logistics. We were met by Katie on the day of our visit.

There were two staff off sick on the department on the day of our visit, however this did not appear to have an effect on flow through the department.

Everyone we met was very calm and most of the professionals were smiling and friendly both to us as well as the patients.

Katie advised us that Maidstone A&E had not yet experienced significant increase in number of patients arriving to A&E during this winter. However, those patients that were arriving were often presenting more serious conditions than they would normally expect and so required more treatment.

The majority of ambulances in West Kent would automatically go to nearby Tunbridge Wells Hospital. For example, trauma patients are taken to Tunbridge Wells Hospital meaning that ambulances are unlikely to be queuing at Maidstone.

Waiting times for A&E is clearly stated on the homepage of the hospitals website, alongside information about waiting times at nearby Tunbridge Wells Hospital and Crowborough Minor Injuries Unit. We did not test the accuracy of these waiting times.

What we saw: Summary of observations

- The waiting and reception area was clean and calm.
- The TV screen seemed to have incorrect information such as the wrong date and incorrect waiting time. We understand that there had been a technical issue with the equipment.
- Parking appeared to be an issue with people queuing for spaces.
- All staff were polite, friendly and approachable although conversation was limited as they were all busy.
- The triage target was 15 minutes some patients advised that they had waited longer.
- The department was fairly full with approximately 60 patients booked in but no patient appeared to be waiting excessively long.
- Transfer of patients between majors, minors and paediatrics appeared to be smooth.
- There were large numbers of patients in the post triage waiting area, waiting to have tests, receive treatment or get results.
- Very few people had called 111 prior to coming to the hospital (one person used 112 the European 999 equivalent)
- There was a machine in the reception hall and on it a large notice saying that “it is not a carpark pay machine or a cash point”. We were advised that it was a prescription machine but had never worked.
- Overall, the department appeared to be coping extremely well during what is traditionally a busy time of ‘Winter Pressures’. The department although busy, didn’t seem over stretched.
- We were unable to ascertain if all eight of the NHS England Interventions were being implemented in the department. However, during our visit, the department was running smoothly and patients broadly had a good experience.

Our Observations

We spoke to a total of 23 people, of these, 4 were under 18 years old, 10 were between 18- 64 ,3 people were between 65-75 and 5 people were over 76.

Most patients had arrived at A&E by car (16) or ambulance (7), none had used public transport.

8 patients were advised to come by a health professional,14 had come straight to A&E and no-one had called 111.

3 people were at A&E because they were unable (or thought they would be unable) to get an appointment at their GP.

8 people were there because of a fall (a couple of sports injuries), no one was from a care home.

Only 1 person said they were aware of the waiting time before they arrived.

The Patients experience of their journey through A&E

Nobody had waited more than 4-6 hours overall.

1 patient who had waited between 20 minutes to an hour had not yet seen a clinician and one other patient had been waiting between one to two hours without being seen.

The majority (6 out of the 7) of people who had been waiting less than 20 minutes had already been triaged.

15 people were not advised of the waiting time, but seven had been told. None of the patients we spoke to complained about waiting times. The professionals introduced themselves to 14 of the patients, with 3 patients not being introduced to.

19 people were confident that they would be able to hear/ heard their name being called.

Nine people had received some treatment. 10 had been offered pain relief, 6 hadn't and 5 said it was not needed.

Privacy, Dignity and Respect.

Most people we spoke to were either very or quite pleased with the information they received, felt their privacy was respected and that staff had given them their full attention. Only 12 patients felt they had been included in the decisions being made about their care.

The majority of people questioned (16) thought that they had been given clear information, with only 1 patient not being given very clear information or none at all and one being unable to answer the question.

Environment

- Signage to the entrance of A&E and reception was clear. The new window murals resulting from a school competition had improved the look and feel of the A&E department.
- The waiting area was clean and uncluttered, well-lit and separated from the treatment areas.

General information regarding the Patient experience

Fifteen people were told what would be happening next to them. 5 were not. 11 people said they were waiting to see a doctor (not necessarily for first time). 11 were awaiting test results and 9 were not.

Ambulance

During our visit, we did not witness any ambulances arriving at A&E so we cannot comment on the transfer time of patients.

There were no patients awaiting transfer from the ambulance to the hospital's care.

Three empty ambulances remained outside the department.

Discussion with Matrons

There was not time for a detailed discussion with management staff as they were very busy. However, during our pre meeting with Katie we did discuss the following:

- At Maidstone they operate a 'RAT' system (Rapid Assessment Triage). There is a 4 bed area at the back of the Majors department. A consultant will meet ambulances there and make a quick assessment. This is designed to help handovers and ensure patient gets immediate assessment
- Approximately 40 ambulances arrive at Maidstone each day (approx. 85 go to Tunbridge Wells)
- There is a new system in place at Maidstone which supplies a GP in A&E seven days a week 12-10pm. The triage nurse assesses all patients and diverts some to the GP on site. This is a new system and will take some time to be as efficient as it could be. Ideally this will see 25 patients a day when it is fully working. However, the Enter and View team didn't speak to any patients who had experienced the new GP triage system.

- There is a Children's Waiting Area. Minor patients will sit in the main waiting room so you should be able to talk to both Minor patients as well as those waiting.
- The television screen in the waiting area will be improved to show accurate, helpful information to patients.

Our Recommendations

- Ensure that all staff are aware of the "Hello my name is" policy and keeping patients informed about their care.
- Remove the prescription machine from reception area as it appears to be confusing patients.
- Ensure that waiting times are clearly displayed manually on the display board if the electronic screen is not working.
- Add a display board /banner informing patients about the 111 service, nearest minor injuries unit, out of hours GP service and a reminder that department is an Emergency service.
- Ensure the new GP triage system gets up and running as soon as possible to provide extra support for A&E. This system must integrate well with the current A&E pathways