



Survey of patients waiting in Accident and Emergency at Northampton General Hospital

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Summary

Healthwatch Northamptonshire (HWN) is the local independent consumer champion for health and social care. We are part of a national network of local Healthwatch organisations. Our central role is to be a voice for local people to influence better health and wellbeing and improve the quality of services to meet people's needs. This involves us visiting local services and talking to people about their views and experiences. We share our reports with the local NHS and social care with recommendations, where required, for improvement.

Waiting times in Accident and Emergency (A&E) departments are rarely out of the national news. Northampton General Hospital (NGH) has been under considerable pressure with increased A&E attendances in recent years. The public are asked to 'choose well' when thinking about whether they should attend A&E for their treatment and care. Urgent care is the top priority in the County for health and social care decision makers. Healthwatch Northamptonshire wanted to ensure the views and experiences of local people are heard by decision makers, by asking people about why they had attended A&E and what their experience is when they attend. This report summarises the findings of our two week survey of people waiting at A&E at NGH. 173 people spoke to us.

Key findings:

- Two thirds of the people we spoke to (109/164, 66% of the question responses) had tried to get advice and help from another health service before coming to A&E.
- Half of the people waiting (85/169, 50% of the question responses) had been directed to the A&E department by either their GP practice or another health professional (31%), the out of hours GP service (4%) or the 24 hour 111 service (15%).
- 1 in 5 people we spoke to (20%) told us they had attended A&E at NGH because they were unable to see a GP - either because their surgery was closed, they couldn't get an appointment quickly enough, or the practice didn't have the right equipment.
- 5 people we spoke to (3%) told us they were not clear about how to access the minor injuries and minor illnesses service, which is now part of A&E. The service was incorporated into A&E to ease the pressure on the A&E department. It was previously a separate unit on the hospital site. People told us they were either confused about how to access the minor injuries and minor illnesses service or that they turned up at the old unit and it was shut.

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1. Background

The pressures on urgent care and A&E at NGH are intense. Locally and nationally, the public is encouraged to only attend A&E if they really need to:

- A record number of patients visit the department, around 1,900 people per week¹.
- The Care Quality Commission (CQC) inspection in January 2014 observed a ‘very busy A&E department that was the bottleneck of the hospital’ and ‘was not able to support the numbers of patients present’².
- NGH is trying to address challenges with emergency care through recruiting more staff and managing the use of beds throughout the hospital.
- This survey aimed to understand why so many people are visiting A&E at NGH and focusses on people’s experiences prior to attending A&E. This information will complement other statistical information; provide valuable insight into the patient experience before A&E as well as during their time in A&E, and offer recommendations on how the urgent care system can be improved.

2. Our survey

During a two week period, 31 March - 12 April 2014:

- HWN members of staff and trained volunteers visited NGH A&E on 10 occasions at different times of the day and evening, working in pairs (see Table 1). Each visit lasted two hours.
- Using a short, semi-structured survey (Appendix 1) conversations were conducted with people, including relatives/friends of the patient waiting, in the A&E waiting area. As well as standard questions, people also had a chance to add in comments.
- The questions focused on people’s pathways to A&E, where they had sought help before coming to A&E and what happened when they tried to get help before coming to A&E.
- 173 people took part in the survey. Some people only answered some of the questions.

¹ NHS England weekly A&E activity figures, *NHS England Statistics*, www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/weekly-ae-sitreps-2014-15/

² Northampton General Hospital NHS Trust Quality Report, *Care Quality Commission, March 2014*

Table 1. Times survey conducted

Day	Date	Time
Monday	31/3/14	Early afternoon
Tuesday	1/4/14	Mid-morning
Thursday	3/4/14	Mid-morning
Friday	4/4/14	Mid-afternoon
Saturday	5/4/14	Evening
Monday	7/4/14	Late afternoon
Tuesday	8/4/14	Early afternoon
Wednesday	9/4/14	Mid-morning
Friday	11/4/14	Evening
Saturday	12/4/14	Evening

3. What did people tell us?

3.1. Why people went to A&E and their experiences of getting help beforehand

- 40% (68/169 responses) of people waiting to be seen in A&E had decided to go there themselves (Figure 1).
- Half the people who answered the question (85 out of 169 people) had been told to go to A&E by another part of the health service. This included their GP practice/another health professional (31%), an out of hours GP (4%), and the 111 service (15%) (Figure 1).
- Some of the people who decided to go to A&E provided the following comments:

“patient thinks A&E is the best place to come at weekends”

“came to go to Minor Injuries but it was closed”

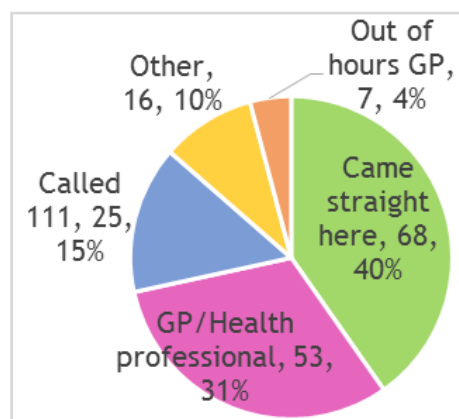
“came because couldn’t get a GP appointment”

“own decision based on length of time for GP appointments. Would not have come to A&E otherwise”

“own decision based on failure to get GP emergency appointment and continuing problems”

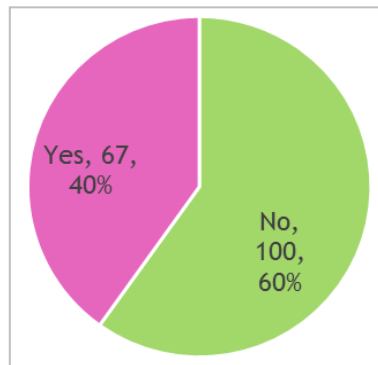
“went to pharmacy... Said got to go to GP. Tried to get an appointment online at 4pm that day but none were available”

Figure 1 - Responses to the question ‘Who told you to come to A&E?’



- 40% (67/167) of people said they tried to book a GP appointment before they arrived at A&E (Figure 2) and one third of these (22/67) were successful.

Figure 2 - Responses to 'Did you try to book a GP appointment before you arrived at A&E?'



- 66% (109/164) of patients tried get help from somewhere else before going to A&E (including their GP practice, 111, out of hours GP, minor injuries and a pharmacist).

We asked people to tell us more about their experiences of trying to get help elsewhere before they went to A&E. 116 commented and a number of themes emerged:

- 35 (30% of those that commented) said they attended A&E at NGH because they were unable to see a GP - either because their surgery was closed (7, 6% of the comments), they couldn't get an appointment or an appointment quickly enough (21, 18% of the comments), or the practice didn't have the right equipment (8, 7 % of the comments).
- Comments included:
 - “no appointment as there was no nurse”
 - “went to access the nurse at the GP surgery, no nurse on duty”
 - “they had no appointments for the next 13 days”
 - “no appointments for a month”
 - “could not get through to GP so rang 111”
 - “couldn't get a GP appointment for another 2 weeks”
 - “couldn't get an emergency appointment”
 - “haven't got a nurse available - sent here”

“tried to get GP - they only offered "phone back" so decided to come A&E”

“couldnt see me - too busy. Waited for call back from nurse but in too much pain”

“tried to get appointment online at 4pm that day but none available”

“tried GP and 111 - 111 recommended that I see a GP within 2 hours. No response so came direct to hospital. Went to minor injuries but closed”

“tried all of the above: GP had no appointments, called 111, GP out of hours on Sunday, was self medicating. No improvement”

“not prepared to wait for an appointment tomorrow as possibly not able to see GP”

“GP takes longer”

- 33 (28% of the comments) commented that they were sent by their GP practice to A&E - either by a nurse, GP, or the receptionist (8, 7% of comments). Of the 8 people advised to attend A&E by the GP practice receptionist: 4 had been in an accident, 2 were told that the GP would send them to A&E anyway, one was sent because there was no nurse available at the practice, and one didn't tell us why. 8 (7% of comments) mentioned the GP surgery not having the facilities to treat them (e.g. x-ray machines, plaster cast equipment, unblocking a urinary catheter, and changing a burns dressing). 4 (3% of comments) were unsatisfied with the treatment they had received from their GP or thought that their treatment was not working.
- 13 (11% of comments) said they came to A&E because their issue arose outside of GP surgery opening hours or that they had contacted the out of hours service. Most of these (10, 9% of comments) said they had contacted 111 or the GP out of hours service before being sent to A&E. One person phoned 999 because their issue arose on a Saturday and they didn't think they could get an appointment.
- 5 (4% of comments) said they tried to go to the old Minor Injuries and Minor Illnesses Unit (MIAMI) site (adjacent to NGH) and found it was closed.
- 2 (2% of comments) mentioned having been advised to go to A&E by other health professionals (one by a podiatrist (chiropodist) and another by a pharmacist).
- Other reasons for going to A&E mentioned were:
 - not being a local resident or not being registered with a GP (3, 3% of comments);

- being told to wait there for a physiotherapy appointment, which caused them confusion (2, 2% of comments);
- arriving by ambulance (3, 3% of comments);
- being advised to return if the need arose after an earlier visit to A&E (7, 6% of comments);
- not getting a response from 111 (1, 1% of comments).

3.2. Do you think you should have come to A&E?

- Nearly all the people we spoke to, 91% (152/168), thought that they should have gone to A&E, 7% (12/168) thought they shouldn't have and 2% (4/168) didn't know (Figure 3).
- Of the 12 people who didn't they should have attended A&E, 42% (5/12) had tried to book a GP appointment before they arrived at A&E, compared to 37% (56/152) of those that did think they should have gone to A&E. Another 42% (5/12) said they would have preferred to see their GP.

- Comments included:

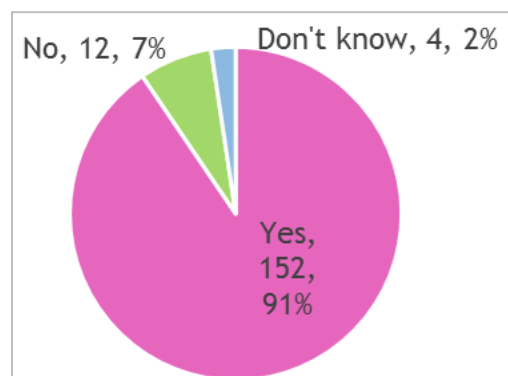
“the doctors or nurses could have initially had a look to see whether they could have dealt with it”

“think doctor could have dealt with it, doesn't think it needs A&E. Rang 111 service to get through to out of hours service”

“should have at least been spoken to on phone at GP but wasn't”

“if GP had been open would have gone there. Don't trust 111 service from previous experience”

Figure 3 - Responses to 'Do you think you should have come to A&E?'



- 33% of the 12 people who said they didn't think they should have gone to A&E would have gone to the separate minor injuries and minor illnesses unit at the hospital if it had been open (the unit near to NGH was recently incorporated into A&E). One person would have liked to have been referred straight to the fracture clinic as they needed x-rays.
- 50% of the 12 who didn't think they should have gone to A&E said that they were referred by their GP, 3 (25%) by 111, and 3 (25%) went straight to A&E

(because minor injuries had moved, because they couldn't get a GP appointment, and because a family member told them to go).

3.3. Experience of A&E

We asked patients if they had seen a nurse or doctor for an initial assessment (also called triage) since first arriving at A&E and how long they had waited.

- 52% (79/153 responses) had seen a nurse or doctor since arriving at A&E
- 19% (27/142) were first seen by a nurse or doctor in under 10 minutes of arriving
- 56% (80/142) were seen between 10 and 30 minutes after arriving
- 75% (107/142) of patients were seen in 30 minutes or less
- 12% (17/142) waited between 1 and 2 hours to first see a nurse or doctor. 8 of these 17 waits took place on a Monday afternoon (between 11:50am and 4:30pm).

We also asked people how long they had been waiting at A&E in total, up to that point (i.e. some patients were interviewed shortly after arriving at A&E whilst others had been waiting a while when our volunteers arrived).

- 7 of 155 people (4.5%) had been waiting for over two hours - 3 of these 7 waits took place on a Monday afternoon between 12:20pm and 2:50pm
- The longest wait was 5.5 hours at the time of asking (Monday afternoon, 1:25pm)
- 38 people (24.5%) had been waiting 1-2 hours in total.

For the week ending 7/4/14, 1,961 people attended A&E at NGH. 350 attendances breached the 4 hour target for arrival to admission, transfer or discharge. 82% were admitted, transferred or discharged in 4 hours or less. For the week ending 14/4/14, 1,913 people attended A&E at NGH. 447 attendances breached the 4 hour target for arrival to admission, transfer or discharge. 77% were admitted, transferred or discharged in 4 hours or less.³

3.4. Patients' registered with GP practices and residence

We asked the people we spoke to which GP practices they were registered with. 22% (38/173) were registered with 6 practices: 8 were registered with Abington Park Surgery, 6 with Brook Medical Centre, 6 with Delapre Medical Centre, 6 with

³ Figures provided by Northampton General Hospital, 31/07/14

Leicester Terrace Health Care Centre, 6 with The Mounts Medical Centre, and 6 with St Luke's Primary Care Centre. All these practices are in Northampton and have a large patient list size, except Brook Medical Centre, which has a medium list size. Figures from Nene Clinical Commissioning Group show that Brook Medical Centre had the fourth highest number of A&E attendances per 1,000. Abington Medical Centre is 11th, The Mounts Medical Centre 13th, Delapre Medical Centre 16th and Leicester Terrace Medical Centre 25th.

Of the 16 patients that mentioned having gone to A&E because they could not get a GP appointment, 2 were registered with Abington Park Medical Centre and 2 with King's Heath Practice. The other practices named as being difficult to get an appointment with a GP were Danes Camp Surgery, Delapre Medical Centre, Denton Village Surgery, Earls Barton Medical Centre, Grange Park Medical Centre, King Edward Road Surgery, Leicester Terrace Health Care Centre, St Luke's Primary Care Centre, and Weston Favell Health Centre.

3.5. Further comments

Of the 75 additional comments from patients, 33 (44%) were positive and 39 (52%) negative.

Positive comments: Most of the positive comments were about the general experience (10), treatment (9) or length of wait (9) in A&E.

Negative comments: Most of the negative comments were also about A&E (27/39, 69%). Most of the negative comments about A&E related to the waiting times (13), parking costs/parking spaces (5) and 2 people thought that there should be a separate children's A&E and that children should be prioritised. Parking was an issue that came up frequently. One woman couldn't find any parking and had to park in the town and walk carrying her 4 year old.

7 people mentioned they would have preferred to go to a walk in clinic/minor injuries unit, fracture clinic or out of hours GP and some were confused about the arrangement between A&E and the minor injuries and minor illnesses service. 4 people mentioned difficulties with getting to see a GP.

4. Observations

Some common themes emerged from the observations made by HWN representatives (staff and volunteers):

- Concerns that children had to wait in the main A&E waiting area, on occasions for a long time, and were not moved quickly through to the children's A&E.

There was nothing in the waiting area to keep children occupied and there were still children in waiting area on a Saturday night when people who were drunk started arriving. It was thought that children should be appropriately prioritised. The recent CQC inspection report also highlighted the 'limited dedicated A&E facilities or specialist staff to care for children'. In their 2013-14 Quality Account the hospital have committed to improving arrangements for children's care in the A&E department by; ensuring 24 hour access to a qualified registered sick children's nurse (RSCN), designating an area within the A&E department for use solely by children, and ensuring children are appropriately prioritised in A&E.

- There was nothing to occupy people waiting, the TV was never on or wasn't working and there were no books or magazines. Some information posters were displayed but these were not eye catching and nobody read them. Our representatives felt this was a missed opportunity to be promoting information about self-management and appropriate use of A&E. There was no clock.
- There was a waiting time notice board by A&E main entrance but this was not always kept up to date and was not always clear. It was also pointed out that the hand gel was rarely used and poorly situated and there was no information or signs encouraging its use.
- There was no encouragement to complete the friends and family test questions, just an iPad on the wall.
- Signage was generally found to be poor.
- Triage times, efficiency and staffing seemed to vary. Reception staff also triaged patients and sent them to minor injuries or the children's area if they thought there was a need or a space. One HWN representative observed one man waiting in very visible pain and distress and felt that the man should have been moved to a private cubicle.

5. Conclusions

Two thirds of the people we spoke to had tried to get advice and help from another health service before coming to A&E at NGH. 20% told us they went to A&E because they were unable to see a GP, and 60% of these said they had gone to A&E because they could not get a GP appointment or an appointment quickly enough. Many people tried to get an emergency GP appointment but couldn't so were advised to attend by their GP practice, often by the receptionist. Others went to A&E because they could not or were not prepared to wait days or weeks for a GP appointment. For example, one person who was happy with their experience in A&E commented that they "always come here - can't get an appointment at GP".

This trend has recently been highlighted by a study published in June 2014 that analysed the GP Patient Survey results for 2012-13. They found 1.7% of patients had visited A&E because they could not get a timely appointment at their local surgery. That would equate to around 5.8 million visits to English A&E departments over the year - or more than one-quarter of attendances^{4,5}. Another study reported in May 2014 that 15% of A&E attendance cases examined in research by the College of Emergency Medicine could have been treated by GPs outside of hospital⁶. Healthwatch England also commissioned YouGov to survey 1,762 people to find out how and why people end up in A&E. They found that 1 in 4 respondents said it is likely they would resort to using A&E in the future if they were unable to get a GP appointment in a reasonable timeframe, with 1 in 3 stating that they would do so if the non-emergency situation occurred outside of GP opening hours⁷.

Half of the people waiting at NGH A&E (50% of those that answered) had been directed to the A&E department by another part of the health service. Only two people mentioned trying to access a pharmacist indicating that more work needs to be done to encourage people to think "pharmacy first".

⁴ Thomas E Cowling, et al. *British Journal of General Practice*, July 2014, 64:e434-e439; doi:10.3399/bjgp14X680533

⁵ 'Six million went to A&E because they failed to get an appointment with their GP', *The Independent*, 30 June 2014, www.independent.co.uk/life-style/health-and-families/health-news/six-million-went-to-ae-because-they-failed-to-get-an-appointment-with-their-gp-9571826.html

⁶ 'Beyond the official data: a different picture of A&E attendances', *Health Services Journal*, 22 May 2014, www.hsj.co.uk/comment/beyond-the-official-data-a-different-picture-of-ae-attendances/5070973.article#.U76AXOkU-M8

⁷ 'Nearly a fifth confess to knowingly using A&E for non-emergencies', *Healthwatch England*, 4 March 2014, www.healthwatch.co.uk/news/nearly-fifth-confess-knowingly-using-ae-non-emergencies

A number of people were trying to access the minor injuries and minor illnesses service and were confused about the recent changes to the unit's name and location and/or didn't understand that the service had been incorporated into A&E.

Experiences of A&E varied among the people we spoke to but most people were seen within the 4 hour standard. Waiting times in A&E, parking (cost and lack of spaces), the environment of A&E (no information, nothing to read) and children having to wait in the main A&E were the main areas of concern.

6. Recommendations

HWN supports the agreement by the NHS locally that urgent care is a priority and agrees that addressing A&E attendance cannot be done in isolation of services in the community.

- Investment is needed in primary care to increase the number of emergency GP appointments and out of hours GP access, including longer GP surgery opening hours and walk in centres.
- Reduced waiting times to see a GP and introduce more flexible ways of speaking to a GP or practice nurse - e.g. phone appointments and online consultations.
- Ensure that non clinicians working in urgent care, including GP receptionists and 111 first point of contacts, are fully trained to ensure referral to A&E is appropriate.
- Extended and improved awareness campaign among the general public about the alternatives to A&E, including pharmacists. There was limited awareness among the people we spoke to that pharmacists could provide advice on minor injuries or illnesses.
- Increase the facilities available at GP practices or the sharing of facilities and equipment amongst practices, e.g. dressing changing and nurse clinics.
- Improved signage within and outside A&E, especially for the minor injuries and minor illness service, and provide further details about the changes and current services on the hospital and Nene Clinical Commissioning Group website.
- Encourage people to register with a GP.
- Ensure that planned improvements to the care of children in A&E at NGH are implemented.

7. Thanks and acknowledgements

Healthwatch Northamptonshire would like to thank Northampton General Hospital for supporting our access to the A&E department, all our staff and volunteers who conducted the survey and all the members of the public who spoke to us. We also thank Healthwatch East Sussex, whose questionnaire we adapted.

Appendix 1 - Questionnaire

Your path to A&E Survey



We would like to ask you some questions today about your experience of how you arrived at Accident & Emergency, if you feel this is where you should be and how you have been treated since you arrived. We are not asking you to divulge any medical or confidential information about your visit.

Healthwatch Northamptonshire is the consumer champion for people who use Health and Social Care services in the county and we are committed to ensuring patient experiences help our partners improve their services. Sharing your experiences will ensure that your opinion counts and is heard by those that care for you and help people in the future to receive good quality care. This will only take a few minutes and any answers you give are treated confidentially. If you would like some more information about Healthwatch Northamptonshire, please visit us at www.healthwatchnorthamptonshire.co.uk

Q1: Are you the person who is seeking help at A&E today?					
Yes	No	Prefer not to say			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Q1a: If you answered 'No' to Q1, are you:					
Parent / Family Member	Partner / Spouse	Friend	Carer	Other	Prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q2: Did you try to book a GP appointment, before you arrived at A&E?		
Yes	No	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q2a: Did you try to get help about your problem anywhere else, before you arrived at A&E? e.g. Minor Injuries, 111, GP practice, GP out of hours, Pharmacist.		
Yes	No	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q2b: If you answered 'Yes' to Q2a, please tell us where and what happened:		

Q3: Who told you to come to A&E?				
Came straight here	GP / Health Professional	Called 111 service	Out of Hours GP	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q3a: If you answered 'Other' to Q3, please tell us who told you:				

hwn ref:

Your path to A&E Survey

Q4: How did you arrive at A&E?				
Ambulance <input type="checkbox"/>	By myself <input type="checkbox"/>	Friend / Family <input type="checkbox"/>	Carer <input type="checkbox"/>	Other <input type="checkbox"/>
Q4a: If you answered 'Other' to Q4, please tell us how you got to A&E:				
Q5: Do you think you should have come to A&E?				
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>		
Q5a: If you answered 'No' or 'Don't Know' to Q5, please tell us why:				
Q6: Have you seen a nurse or doctor since you arrived at A&E?				
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>		
Q7: How long did you have to wait to first see a nurse or doctor (triage)?				
_____ hours/minutes (please delete)				
Q8: How long have you been waiting for treatment at A&E today?				
_____ hours/minutes (please delete)				
Q9: To help us analyse these results and ensure that the answers you have given help improve access to services, please could you answer the following				
Please tell us your postcode: _____				
What is your registered GP practice:				
Further Comments:				
Time and date completed: Date _____ Time _____				

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