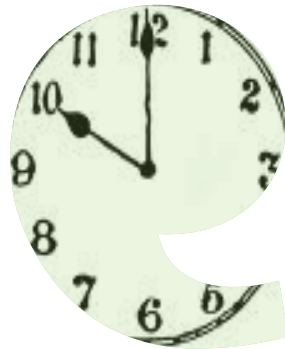


# WHY A&E





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This report outlines the view of respondents who took part in the *Why Accident and Emergency* project which Healthwatch Barking and Dagenham carried out.

Healthwatch Barking and Dagenham are the voice of local people, groups and networks. We are independent and therefore do not have a pre-set agenda or a pre-determined interest in influencing the outcome of the results of a consultation.

This document represents a collective public response to the consultation and is a random sample. This has been conducted impartially - Healthwatch Barking and Dagenham have no organisational view.

Copies of this report are available by contacting Barking and Dagenham Healthwatch on 020 8596 8200 or by emailing

**If you would like a hard copy of this report please contact Healthwatch Barking and Dagenham**

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**If you require this report in an alternative format please contact us.**



According to research undertaken by the Kings Fund during 2014 nationally the NHS struggled to meet the target of 95% of patients waiting no longer than four hours in Accident & Emergency (A&E). Performance deteriorated sharply towards the end of the year, with A&E waiting times reaching their highest levels for a decade this winter.

All trusts have to meet the four hour time limit which is currently 95%.

Our local trust Barking Havering Redbridge University Hospital Trust (BHRUT), was amongst other trusts at the end of 2014, who were not reaching their target of the four hour wait. According to the Guardian series online (October 2014) A&E waiting times at BHRUT, were the worst in London and rising. It took four or more hours for 16.3% of patients to be seen at Queen's Hospital in Romford and King George Hospital, Goodmayes.

Statistics published on NHS England's website in early January show BHRUT had seen only 72.2% of the patients in 4 hours or less. (These figures include Minor Injury Units and Walk-in Centres).

BHRUT covers both King George and Queens Hospital, which Barking and Dagenham residents access. Therefore Healthwatch Barking and Dagenham took on a project to get a snapshot of the views of local people attending King George and Queens Hospital. Healthwatch wanted to find out why people choose to attend A&E and how long patients were waiting to be seen and what could be done in the community to help unnecessary attendances.

BHRUT runs two emergency care departments: one at Queen's Hospital in Romford and one in King George Hospital in Redbridge.

At Queens Hospital there is the Accident and Emergency Department which has a "Majors" and a "Majors Lite". There is also an Urgent Care Centre (UCC). At King Georges there is the Accident and Emergency Department which has a "Majors" and a "Majors Lite" and also a GP unit run by The Partnership of East London Cooperatives (PELC). The 154 patients Healthwatch spoke to was across all services.

All patients who come through the entrance of Accident and Emergency are shown in the overall statistics; however the patients are triaged at the reception and maybe sent to use a number of services. Data must be interpreted carefully.



## Summary

This report highlights that on the days and times that Healthwatch conducted the surveys, most patients were seen by a professional within 4 hours. Out of the 154 patients spoken to, 27% were seen within 15 minutes of arriving, 21% were seen between 1- 2 hours and 5 % waited over 2 hours to be seen. There was 3% who were waiting for more than 4 hours for treatment and diagnosis.

Patients choose to attend the A&E department for various reasons. Overall 34% of services users were referred from another health professional or service. Out of this 34%, 26% said they had been referred to the A&E department by their GP. 12% of patients said they were unable to get a GP appointment and 6% told us they needed an x ray as they had had an injury or a broken bone.

We spoke to 154 patients of which 39% had accessed a GP to get advice or been seen before attending the A&E department. A further 11% had been to the Walk in Centre and 10% had called 111.

We asked patients if they were aware of some of the other services they could access: 80% said they were aware of what services the Walk in Centre offers, 74% told us they knew what the 111 service offered and 66% were aware of local pharmacy services. Although 74% told us they were aware of the services that 111 offered, only 31% knew of the GP out of hours service, which can be accessed through the 111 service.

Patients (19%) felt better access to GP practices could help with A&E attendances, this included GP appointments and longer GP opening hours.

There was also 8% of patients who suggested that access to more x- ray facilities within the borough would be a good idea as it would prevent patients attending A&E solely for an x-ray.



Healthwatch Barking and Dagenham believe that the people who use the services are best placed to tell us their views. This enables us to have a true reflection of how a service is working, make recommendations on where improvements are needed and highlight what is working well.

Healthwatch devised questionnaires that could be asked to patients waiting in the Accident and Emergency Departments at both King George and Queens Hospital.

Healthwatch visited the King George and Queens Accident and Emergency departments on various days and times: but this did not include weekends.

To enable respondents to take part, without the fear of their personal details being shared or have an impact on the services they receive Healthwatch explained the below as part of the questionnaires:

1. That Healthwatch Barking and Dagenham is all about local voices being able to influence the delivery, design, quality and standard of local health and social care services and that their view is important and will help to ensure that views of patients are forwarded to relevant organisations involved in delivering those.
2. That participation is voluntary, and individuals are not required to answer any questions that they do not want to, it was also made clear that participation or non-participation will not affect access to the service they are currently receiving.
3. It was also explained to respondents that Healthwatch Staff are not medical professionals and are not there to say whether they should be attending the accident and emergency department.
4. It was also explained that all the information collected will be kept strictly confidential, however if they would like a copy of the final report then they are welcome to give their details.



## Questionnaire

In total Healthwatch Barking and Dagenham spoke to 154 patients.

The questions asked were as follows:

- Please tell us why you chose to come to A&E?
- Did you use any of the access points/advice points below to get advice/ information/treatment before attending A&E ?
- Are you aware of what the services below offer ? (please tick all that apply)
- How long did you wait to be seen?
- Is there anything that could be done in the community to prevent the visit to A&E?



### 1. Please tell us why you chose to come to A&E?

	Number	%
Chest Pains	8	5%
GP referred	40	26%
Needed an X-ray	10	6%
Referred by Walk in Centre	6	4%
No appointments at the GP	18	12%
Closet place to come	5	3%
Care home called ambulance	2	1%
GP closed	2	1%
I had no choice	4	3%
Referred by polyclinic	2	1%
Referred by consultant at hospital	4	3%
Fell broken twisted body part	4	3%
Other various reasons (please see Appendix 1)	46	30%
Did not state reason	3	2%
Total	154	100%

There were various reasons as to why participants choose to go to the accident and emergency department rather than another service. Out of the 154 patients we spoke to the 26% said they had been referred to the A&E department by their GP. 4% of participants had been referred to A&E from the Walk in Centre and 4% were referred from other health services. Overall 34% of patients were referred from another health professional or service.

12% of patients said they were unable to get a GP appointment and 6% told us they needed an x ray as they had a injury or had broken something.

A small percentage (1%) of patients told us they had come to A&E as they had had a fall. These patients also mentioned that they live in a care home and if they have a fall, carers are not allowed to pick them up, therefore an ambulance is called to check them over.



## Comments from patient

*Feeling worried and emotional about my condition*

*I need an x ray*

*I think I need an x ray*

*In pain and could not get a GP appointment*

*Residential home, called 111 and they called ambulance as i fell down and the carers are not allowed to lift us up.*

*Local walk in is closed*

*Its closer to come here then go anywhere else*

There were 26% of patients referred by their GP. Out of 26%, 10 people told us which GP practice they are registered with. However there were no trends in terms of the GP practice they were referred from.

Out of the 154 people we spoke to, 12% told us that they were unable to get a GP appointment and therefore choose to come to A&E. There were no trends in terms of the GP practice they are registered with.

## 2. Did you use any of the access points/advice points below to get advice/information/treatment before attending A&E ?

	Number	%
London Ambulance Service	20	13%
Walk-in Centre	17	11%
GP	60	39%
Community pharmacists	2	1%
111	15	10%
GP out-of-hours services	3	2%
Other	5	3%

We spoke to 154 patients, 39% had accessed a GP to get advice or were seen before attending the A&E department. A further 11% had been to the Walk in Centre and 10% had called 111.

### 3.Are you aware of what the services below offer ? (please tick all that apply)

111	Yes
Number	114
%	74%

Walk-in centres	Yes
Number	124
%	80%

GP out-of-hours services	Yes
Number	49
%	31%

Community pharmacists	Yes
Number	102
%	66%

Healthwatch spoke to 154 service users, out of those over 80% said they were aware of what services the Walk in Centre offers, 74% told us they knew what the 111 service offered and 66% were aware of local pharmacy services.

Although 74% told us they were aware of the services that 111 offered, only 31% knew of the GP out of hours service, which can be accessed through the 111 service.

### 4.How long have you been waiting for?

	Number	
15 mins or less	41	27%
20 mins	16	10%
30 mins	20	13%
45 mins	9	6%
50 mins	1	1%
1-2 hrs	32	21%
Over 2 hrs	8	5%
Over 3 hours	2	3%
Over 4 hours	2	3%
Just got here	2	3%
Not written	21	14%

Majority of people did not have to wait long to be seen. 27% waited for 15minutes or less to be seen, 13% waited 30mins and 21% had to wait between 1 and 2 hours to be seen. There was 5% who had waited over 2 hours to been seen. There was 3% who had not been seen within the 4 hour NHS guidelines.

**5. Is there anything that could be done in the community to prevent visits to A&E?**

	Number	%
Better access to GPs	30	19%
More information and awareness of service	9	6%
Nothing more can be done	46	30%
More x ray-facilities	12	8%
Need a local walk in centre, closer to home	3	2%
No, I was sent by a professional	14	9%

Out of the individuals who choose to answer this question, 30% felt that nothing more can be done to prevent people going to A&E when they do not need to.

Some patients (19%) felt better access to GP practices could help with A&E attendances, this included GP appointments and longer GP opening hours.

There was also 8% of patients who suggested that access to more x-ray facilities within the borough would be a good idea as it would stop those who go to A&E for an x-ray.

6% said that there needs to be more information to raise awareness of what other services offer.

Out of the 34% of patients who were referred to A&E by a professional, 9% felt justified in being there and felt they were in the right place for treatment.

**Comments from patient**

*“More awareness of what can be offer”*

*“More emergency appointments at GPs.”*

*“More GP appointment”*

*“More GP services so I didn’t have to wait too long”*

*“More information”*

*“Make people more aware of the other services espically the walk in Centre”*

*“More awareness of what services are available and what they can offer”*

*“More x ray places”*

*“Need a local walk in centre”*

*“No as GP sent me”*



## Recommendations for consideration

In conclusion, reasons for attending A&E were wide and varied.

Generally patients told us they did not have to wait too long to be seen and were waiting for test results. Overall most patients were seen in less than 2 hours.

Participants were asked how they felt unnecessary A&E attendance could be reduced and if anything could be done in the local community to help. 19% responded that there needs to be better access to GP appointments. This clearly shows that for some patients accessing GP appointments remains an issue. There were 8% who mentioned that there should be more x-ray facilities available in the borough.

There were also patients (30%), who felt that nothing more can be done to prevent people going to A&E when they do not need to. Participants who were sent by a professional felt justified in being there and felt they were at the right place.

Taking into consideration the feedback from patients Healthwatch recommends:

- *The x-ray facilities within the borough need to be promoted more widely to ensure that patients and health professionals are aware of the choices. We recommend the CCG to send updated content to health professionals/services about local facilities to be shared with their patients and for professionals to use when signposting.*
- *The CCG need to work with the GPs to address the access issues that have been raised. For some patients trying to get an emergency appointment with their GP is still an issue.*



Dear Manisha,

Thank you for sharing your report looking at why people go to A&E. This is a very helpful report which gives us an insight into the way people view A&E and the reasons they attend. The report identifies a number of recommendations which we are able to respond to as follows:

1. X-ray facilities – as you know there are X-ray facilities at the Walk in Centre at Barking Community Hospital. The service has had some technical difficulties over the last few months which may account for some patients needing to attend A&E. We believe these difficulties have now been resolved and on that basis we will be raising the profile of the X-ray facilities at the WIC as part of our ongoing development work with the service to manage more minor injuries and fractures at Barking Hospital.
2. GP access issues - access is a key focus for Primary Care Transformation; especially in view of the 7 day working week. We are in the process of implementing solutions and one avenue of improving GP access has been via the delivery of the Prime Ministers Challenge Fund and the opening of the GP Access hub within the Barking Hospital (between the hours of 6.30pm-10pm on week days and 12pm-5pm on weekends). The feedback from this service has been positive with high levels of patient satisfaction. The service started in January and hopefully local people will be more aware of this service now that it has become more established. There will soon be a second hub site opening in the Dagenham area and the GP Federation is currently in the process of identifying the second site for this purpose. The Primary Care Transformation group are currently looking at succession planning and developing ideas on how to attract GPs to the area. In addition we are looking at GP contracts, in-hours planned care and out of hours care to explore innovative ways of working with a considered focus to the current restraints on premises, IT and workforce; recognising that these areas are critical to improving Access to GP services.

We will keep you informed of progress in these areas in due course.

Best wishes,

Sharon

Chief Operating Officer

Barking and Dagenham CCG

Barking Hospital

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## Equality and Monitoring

### Gender

	Male	Female	Transgendered	Prefer not to say
Number	65	78	0	9

### Age

Number	18 -24	25 - 34	35 - 44	45 - 59	Over 60 years	Prefer not to say
	20	28	31	25	42	8

### Sexual Orientation

	Heterosexual	Bisexual	Homosexual	Lesbian	Gay	Prefer not to say
Number	126	2	0	0	0	26

### Disability

	Yes	No	Prefer not to say
Number	32	107	15

If you are disabled, please tell us what your impairment is?

	Number
Visual	2
Speech	
Hearing	3
Learning Disability	1
Mental Health	5
Mobility (a wheelchair user)	3
Mobility (not a wheelchair user)	11
Prefer not to say	4
Other	4

What is your religion, faith or belief?

	Number
Buddhist	1
Hindu	3
Muslim	7
Sikh	1

Jewish	1
Christian	79
No religion	28
Prefer not to say	29
Others	3
Roman Catholic	1
Methodist	1

How would you describe your ethnic origin?

	Number
British White/English	96
Irish White	3
Gypsy/ Irish Traveler	2
Any other white background	6

	Number
Arab	
Prefer not to say	7
Did not answer	0

	Number
Asian/Asian British - Indian	16
Pakistani	5
Bangladeshi	1
Chinese	1
Any other Asian background	1

	Number
Black/Black British - African	7
Caribbean	2
African & Caribbean	1
Any other Black background	1

	Number
Mixed - White & Asian	1
Mixed -White & Black African	2
White & Black Caribbean	2

## Appendix 1 Please tell us why you chose to come to A&E?

	Number
Inability to go to the toilet	1
Leg infection	1
Eye infection	1
Slipped and fell/ fell over	5
Felt ill and in pain	1
Bad stomach cramps	1
Hurt my knee	1
Hit on the head	1
Had a fit	1
Bad symptoms	1
Needed stitches	1
Nature of the problem, alot of pain	1
Palpitations	1
Came after accident	2
Fainted	1
Mum had a stroke	1
Rash	1
Woke up losing vision	1
Fainted when shopping	1
Pain in neck	1
Vomiting for 5 days	1
Had a fever and problems breathing	1
Appendicitis symptoms	1
Not feeling well	1
Pain under arm	1
Expecting a baby	1
On going medical condition	2
Needed tetanus shot	1
Antibiotics not working	1
My daughter was not feeling well	1
Self referral	1
Work sent me	1



Feeling emotional about my condition	1
Pains in head	1
Had an appointment at King George and after this i still did not feel well	1
School sent us to A&E	1
Wife unwell	1
Losing blood, liver problem	1
Medication from GP not working	1
Husband needed dressings changed	1