



Croydon University Hospital

Accident & Emergency Department

Enter & View Visit

November 2013

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Healthwatch Croydon

Healthwatch Croydon is the new independent consumer champion for those children, young people and adults who use health and social care services in the borough.

It will:

- work to ensure consumers views about services are represented both locally and nationally;
- focus on local voices being able to influence the delivery and design of local services

It has statutory powers that enable local Croydon people to influence Health and Social Care services under the Health and Social Care Act 2012.

Healthwatch Croydon finds out what people want from their health and social care services such as hospitals, GPs, care homes and pharmacies. This is referenced against information gathered from health and social care providers and commissioners and national and local research sources. Healthwatch Croydon also produces reports about services visited and makes recommendations for action.

As part of this role Healthwatch Croydon has statutory powers to undertake an Enter and View visit of publicly funded Health or Social Care premises. Enter and Views are undertaken when the Healthwatch Croydon wishes to address an issue of specific concern.

Trained authorised representatives from the Healthwatch Croydon may, in certain circumstances, 'enter and view' health and social care premises to find out the quality of services and obtain the views of the people using those services.

Our Enter and View policy is available to view on www.healthwatch.co.uk. You may also wish to look the Depart of Health Code of Conduct relating to Enter and View at http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_087285

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Introduction

On Monday 25th November 2013, three Healthwatch Croydon Advisory Group members who are Enter & View trained visited Croydon University Hospital to undertake a 2 hour Enter & View on the Accident & Emergency Department.

The A&E is designed for 70,000 patients per annum, and is currently receiving 120,000 per annum. 95% of patients are discharged within 4 hours and the remainder are progressed onto wards due to acute problems.

NHS guidelines state patients should be delivered to A&E staff within 15 minutes of arrival, with trusts facing fines if they fail to hit targets. Only North West London Hospitals NHS Trust - where 711 patients waited more than half an hour - saw more delays than Croydon over winter.

In January, the Croydon Guardian reported that Croydon University Hospital had seen a huge surge in delays compared to winter 2011/12. Since then, Croydon Health Services NHS Trust has submitted a bid for £17m to finance A&E improvements.

Purpose of “Enter and View”

The reason for our visit was based on issues raised by our members and the general public relating to Accident & Emergency waiting times, environment and staffing levels. It was highlighted in the media that Croydon University Hospital was the second-worst in London for accident and emergency (A&E) waiting times. Waiting times, staffing, environment and A&E / Urgent Care joint working were raised as concerns in a recent Care Quality Commission (CQC) report.

Methodology

A team of three authorised Enter & View representatives – Lynda Gordon, Lynette Patterson and Pat Knight - undertook the visit. They have all completed the relevant training, had enhanced CRB checks and authorisation to act on behalf of Healthwatch Croydon. During the visit, they asked pre-planned questions based on research and observed service delivery activity.

As outlined in the CHP Enter and View policy, in order to be as unobtrusive as possible and avoid disrupting routines or service delivery, Authorised Representatives divided into two groups and toured the ward as an individual and as a pair. The group was given a short introduction to the wards by the Matron and then had the opportunity to tour the facilities.

Questions on patient experience

1. Why are you at A & E today?
2. How long have you been waiting? Were you given any information on waiting times? Or information on regarding CUH/A&E?
3. How long did you wait to speak to reception? How do you rate customer care at reception, information at reception?
4. What's your view on the A&E environment?
5. How did you arrive (car, bus, taxi, ambulance, walk) & how will you be getting home?
6. What were your previous experiences of CUH A&E?

Findings

Observation: When the representatives arrived at 10am wait times at A&E appeared quite short at no more than one hour but this is not a peak time. Reception was crowded and noisy, but much less crowded at 12.00pm when the Enter and View had finished. The A&E ward had 15 cubicles and 2 side rooms.

Car Park: appeared to be completely full; costs £4.50 for four hours; alternatives include off-street parking, bus, taxi, some patients arrive by ambulance. There is other parking available in the hospital but this is some distance from A&E which would be a challenge for frail or injured patients. Parking availability and costs equivalent are to other hospitals; staff members do not think parking is a problem and there are few complaints about it.

Reception: staffed by Virgin Assura; patients' details are taken (this process is taking longer than previously due to new computer system) and then a set of observations (proforma) completed to decide whether the patient requires urgent care or A&E. There were 2-3 receptionists on duty when we visited, but there can be up to 5 at peak periods. There are however only 3 computers at reception. Following this patients see a triage rooms nurse within 20 minutes (an issue raised by CQC). We were informed 1-2 doctors were on duty.

Paediatric Department: There is a separate area with beds for children. We were informed that this was a porta cabin and needed to be replaced in new build A & E. There are 120 child admissions per day.

Dementia (blue zone): 5 cubicles 1 member of staff, with care assistants and volunteers to help with feeding. CUH has been nationally recognised as doing excellent care for elderly; all A & E staff have been trained. There is a problem with

reactivating care packages when patients discharged – this is an issue with liaison with social services.

Patients with mental health problems: we saw the separate small room set aside with chairs and couch and psychiatrist office leading off. We were informed that they try to minimise the wait and that all mental health patients would be directed to this room (this contradicts experience a report to Mental Health Forum of mental health patient and relative waiting over 7 hours in general A & E). Around five patients per day seen with mental health problems, and this is mainly in the evening. This contradicts national figures on the proportion of attendees at A&E requiring some mental health support.

Second Language: A number of staff spoke languages in addition to English, and there is access to interpreters. This was not identified as a significant problem.

Emergency admissions by ambulance: There are 5 resus stations; equipment for trauma, monitors; 1 consultant on duty 9-5. For the rest of the time this role appeared to be undertaken by an on call CUH doctor.

Feedback: Patient Experience

A (Female patient): in cubicle in blue zone. Called ambulance on careline; been 3-4 times before with same complaint (bowel); positive about treatment, brought sandwich, staff helpful and friendly; not certain when she will be able to go home, not yet told; thinks she will go home by ambulance.

B (Female patient): arrived with friend; referred by fracture clinic; previously broke wrist, then fell; GP not available for 3 days; Saw triage nurse within 20 minutes, now waiting for doctor and X ray; Didn't have to wait long at reception; reception staff helpful; Been waiting half an hour; was called while I was talking to her; Said waiting room very cold and signs confusing.

C (Male patient): came in with wife and baby with heart pains; given red card – didn't know why or what it was for. Half hour wait; no info on how long wait would be; thought reception service ok but not outstanding; environment ok. Arrived by walking; 1st visit to A & E; called while still talking to me; later returned, said he had some tests and told to return to waiting room.

D (Female patient): Came in with hip problem (operation in summer, thinks it might now be dislocated, in pain). Had optrsyion at Shirley Oaks but GP won't refer back to Shirley Oaks until she has been to A & E first. Reception ok; seen triage; now waited 45mins; waiting room environment reasonable; husband said car parking awful – dropped his wife off at A & E entrance, then parked on side street.

Previously stayed overnight in hospital with suspected hip problem; said 'ward horrible, no nursing care, took some hours to identify hip problem' not sure which ward, but could have been Urgent Care Ward. Said daughter had good treatment for shingles

E (Female patient): injured knee two days previously, reception ok, had assessment and X-ray; awaiting results. Waited for 5mins. Said floor of A & E could do with cleaning; came by cab and going home same way. Has been to A & E before a number of times with minor injuries.

F (Male patient): accompanied by mother; stomach pains 3-4 months, much worse over weekend. Reception ok had assessment, blood pressure check etc. told to wait, waited 1 hour. Mother checked wait time with reception – told they would be next to see doctor. 1st time in A & E, took cab there and back.

Positive Developments

- Proposed new build on A&E with improved facilities and layout, planned to open in 2015.
- **Staffing:** plan to recruit a further 0.5 matron in addition to two already in place; plus paramedics. Expect A&E to be fully staffed by January 2014.
- Staff do 25 days training per year including customer service training
- Dementia services and award (see above).
- A & E participated in Listening into Action event earlier in 2013; staff suggestions included redecorating, dementia care, more wheelchairs, more equipment, and more emphasis on getting patients home safely.
- Joint event with HearUs and the Mental Health Forum again early in 2013 to increase staff awareness of mental health issues.

Recommendations

- Patients are asked to stand behind white line when queuing for reception (similar to passport control at airports); this is not very customer friendly. We would recommend that this is replaced by a 'please wait here' notice or similar.

- A & E waiting environment could be more comfortable. There are two automatic doors, one of which is permanently open, and the other is constantly opening and shutting. This makes the area quite cold. The seats are uncomfortable. In addition, there is a drinks machine but no apparent snack machine available. We understand the wish not to have patients eating in the area, but if there is a long wait, patients have no access to food without going outside and walking round to the main CUH entrance. There is no play area for children accompanying parents. We would recommend that improvements are made to the comfort of this area for waiting patients.
- No information seems to be given to patients on likely wait times after initial assessment. We would recommend that this information is provided to patients up front.
- Some patients are given red card (Representative was told this is for A & E patients, rather than urgent care but she was still not entirely clear about purpose of red card and neither are patients.). Patients should be clearly informed why they are or are not receiving a red card and reassured that it is nothing to worry about.
- Clear information should be provided for patients after initial assessment as to whether they are to be treated in UC or A & E and why; (lack of clarity on this)
- Staff made the point that high percentage of those in A & E should be visiting GP instead; however all patients spoken to appeared to have good reason to attend A & E given difficulty of getting GP appointment and lack of other alternatives. Patients should be told during visits what other options were available to them. Where there are no alternatives, this should be recorded so that clear patterns can be fed back to the CCG regarding where demand is flowing from. There needs to be much clearer information for public on GP practices appointment systems, opening hours, minor injuries units, drop-in centre, and what 111 can provide. Do all GPs provide emergency same day appointments? CCG could clarify this to obtain consistent good practice.