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Why do people attend A&E?

September 2019



Accident & Emergency

Rehabilitation Services

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About Healthwatch Cumbria

Healthwatch Cumbria (HWC) was established in April 2013 as part of the implementation of the Health and Care Act 2012.

Healthwatch England acts as the national consumer champion for all local Healthwatch organisations, enabling and supporting HWC to bring important issues to the attention of decisions makers nationally.

A key role of HWC is to champion the views of people who use health and care services in Cumbria, seeking to ensure that their

experiences inform the improvement of services. HWC are constantly listening, recording and reporting on the views of local people on a wide range of health and care issues, ensuring that people in the county are able to express their views and have a voice in improving their local health and care services.



Executive Summary

The North Cumbria CCG commissioned a survey to be delivered to people accessing the Accident & Emergency (A&E) Departments at the West Cumberland Hospital (WCH) in Whitehaven and the Cumberland Infirmary (CIC) in Carlisle. With a focus on the reasons people give for 'self-presenting' at A&E, particularly in the evening.

The research took place from 2 - 15th September 2019, covering 9am-9pm across seven days. There were 243 respondents in total, with a fairly even split of females and males. Almost everyone present in the A&E waiting rooms was interviewed, with exceptions for ambulance arrivals and those who were visibly distressed or vomiting (these numbered less than 15).

The most represented age group was 21-29 years, followed by 60-69. During the evening peak (4-8pm), this was identified as young males and older females.

The vast majority of people at A&E were attending because of either an accident or illness, or had previously been to the hospital and were returning for further help or treatment. 60% of them had not attempted to see their GP first as they felt A&E was the most appropriate service for them, at that time. Although comments were made to the effect that they would have gone to their GP if it was more convenient to get an appointment.

67% of people were advised to attend A&E. Half of this group were advised to attend by medical professionals, a quarter were advised by friends, family or work colleagues. 75% of people did not seek help anywhere else (excluding their GP).

Those who attended the CIC would like to see relevant information displayed, whilst those who attended the WCH would not. This is probably a result of the information board that is already available at the WCH.



Rationale for project

This research project was commissioned by the North Cumbria Health and Care System Accident & Emergency (A&E) Delivery Board to consider the reasons why people present at the A&E Departments of the North Cumbria University Hospitals NHS Trust.

Commission

Healthwatch (HW) Cumbria was commissioned by the North Cumbria CCG, on behalf of the A&E Board, to design a survey to be delivered to people accessing the A&E Departments at the West Cumberland Hospital in Whitehaven and the Cumberland Infirmary in Carlisle.

The CCG wanted more information about people's understanding of alternative services (such as GP practices and NHS111.)

Questions raised:

- + Why do people 'self-present' at A&E, within these hospitals?
- + Is A&E the most appropriate service for them to access?
- + Are people aware of alternatives to A&E?
- + If they are aware of alternatives, why do they choose not to use them?

A similar research project was undertaken by HW Northumbria and HW Tyneside, which the North Cumbria CCG asked HW Cumbria to replicate.

The survey questions were agreed by a steering group made up of representatives from HW Cumbria and the North Cumbria CCG. Statistical information about A&E attendances, was provided by the North Cumbria University Hospitals NHS Trust in order to provide background information for the research.

Project scope

The research took place over the first two weeks in September 2019 (2nd - 15th). It covered the time period 9am - 9pm, across weekdays and weekends, at both hospitals.

In order to collect enough data, it was agreed that HW Cumbria would collect 200 responses from across the two hospitals.

Aims

The data and findings gathered from the research project were designed to enable the CCG and decision makers to effectively:

- Inform their winter planning.
- Plan future public communication projects.
- Understand why people are accessing A&E.

And:

- To give the public and opportunity to provide suggestions for helpful information that they would like to see displayed in A&E waiting areas.

Background to A&E research - national statistics

A&E

An A&E department deals with life-threatening emergencies, such as a loss of consciousness, breathing difficulties, severe bleeding, major trauma, etc.

It is not an alternative to a GP appointment.¹

The national increase in A&E attendance

Statistics show that there is a year on year increase in attendance at A&E departments across the UK³. In 2018-19, an average of 67,991 people attended A&E departments each day in England, which is a 4.1% increase since 2017-18⁴.

‘Non-urgent attendance’ is of particular interest to this research project.

According to the Centre for Urgent and Emergency Care Research (CURE), non-urgent attendance is defined as “the first attendance with some recorded treatments or investigations all of which may have been reasonably provided by a GP...”⁵

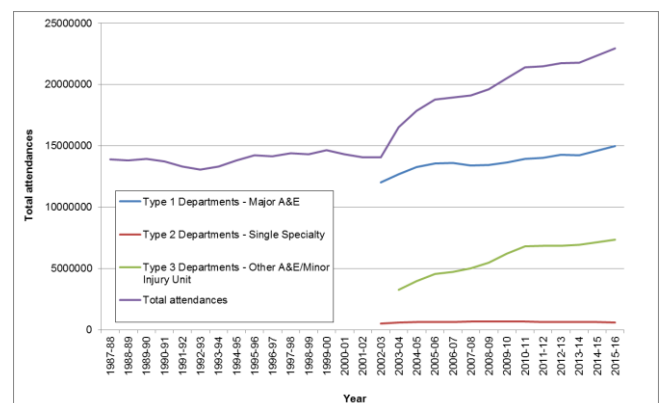
National statistics show:

Overall rates of non-urgent attendance was 23% for adults and 31% for children³.

The majority of adults presenting at A&E are under 45³.

Peak hours of attendance are between 10am and 12pm^{2,3}.

Figure 1



Source: NHS England www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/statistical-

Reasons³ for attending A&E:

- Convenience
- Being directed to do so by another healthcare professional
- Wanting immediate access
- Unable to access another source of care

Patient awareness of other healthcare provider services - GP out of hours, NHS 111, walk in centres - has increased since 2006.

But the ‘perceived appropriateness’ of these services to help with health conditions has either decreased or stayed the same.³

Methodology

The research was carried out over a period of fifteen days, beginning on Monday 2nd September 2019, using semi-structured questionnaires. The questionnaires were all administered by interviewers from Healthwatch Cumbria and the North Cumbria University Hospital NHS Trust Governors. All participants were assured of their anonymity and that all data would be kept in accordance with GDPR.

Sampling

The principles of sampling over time were applied, in order to provide a 'snapshot' of those accessing A&E over these 15 days. With a view to generalising the findings to the wider population using A&E.

Data Source

Interviewers attempted to speak to all patients accessing A&E at the West Cumberland Hospital, Whitehaven and the Cumberland Infirmary, Carlisle, during the research period.

Procedures

The interviewers spoke to people while they were waiting in the A&E waiting room. This was usually after they had been through triage.

Training was provided to ensure all interviewers presented the questionnaire in a consistent manner.

Exceptions

Interviewers did not attempt to speak to those who:

- + Arrived by ambulance.
- + Were visibly upset or distressed.
- + Were too ill (for example, those who were vomiting.)

Data Collection Schedule (Figure 2)

- + 243 people were interviewed.
- + All interviews were conducted between 9am and 9pm.
- + Interviews took place across the entire 15 day period, covering both weekdays and weekends.

Data Analysis

The quantitative data was entered into SurveyMonkey prior to analysis. The findings were interpreted within the context of previous Healthwatch studies and academic research.

Figure 2

Date (2019)	Session 1 (morning)	Session 2 (afternoon)	Session 3 (evening)
Monday 2nd Sept	CIC		
Tuesday 3rd Sept			
Wednesday 4th Sept		WCH	
Thursday 5th Sept	WCH	CIC	
Friday 6th Sept			CIC
Saturday 7th Sept	CIC	CIC	
Sunday 8th Sept		WCH	CIC
Monday 9th Sept	CIC		
Tuesday 10th Sept			
Wednesday 11th Sept	CIC		
Thursday 12th Sept	CIC/WCH	WCH	
Friday 13th Sept	CIC		CIC
Saturday 14th Sept	WCH	WCH	
Sunday 15th Sept			WCH/CIC
Monday 16th Sept			WCH/CIC

WCH = West Cumberland Hospital, Whitehaven
CIC = Cumberland Infirmary, Carlisle

Demographic information

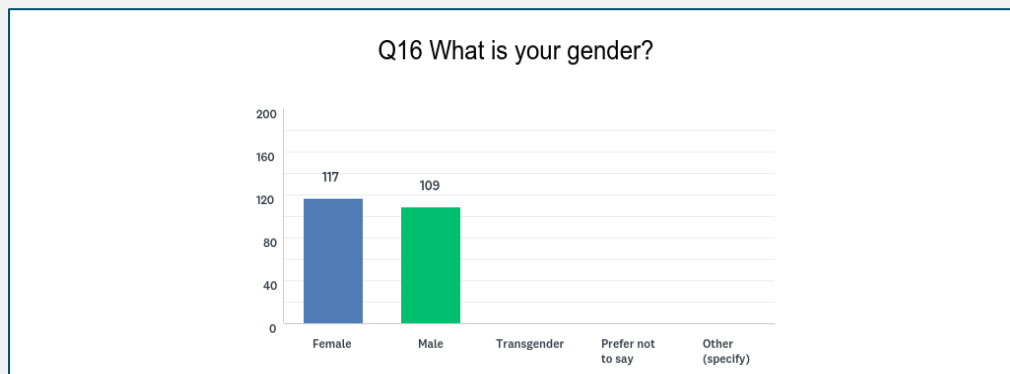
243 responses:

138 from the Cumberland Infirmary

105 from the West Cumberland Hospital

80% of respondents were in A&E for themselves, 20% were there to support someone else

Figure 3

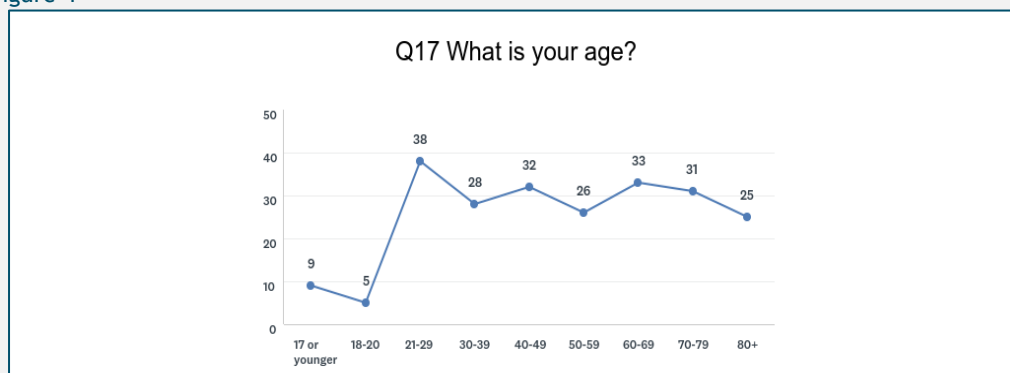


There were a fairly equal number of females and males attending A&E during this period:

- 117 females
- 109 males

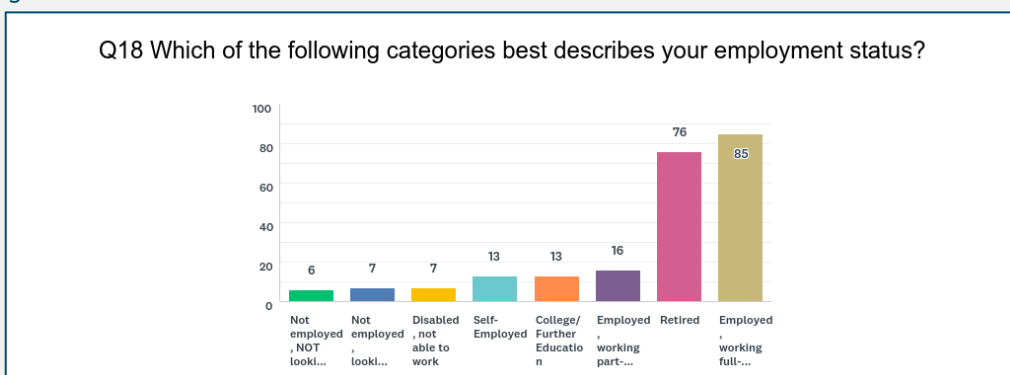
17 respondents did not answer this question.

Figure 4



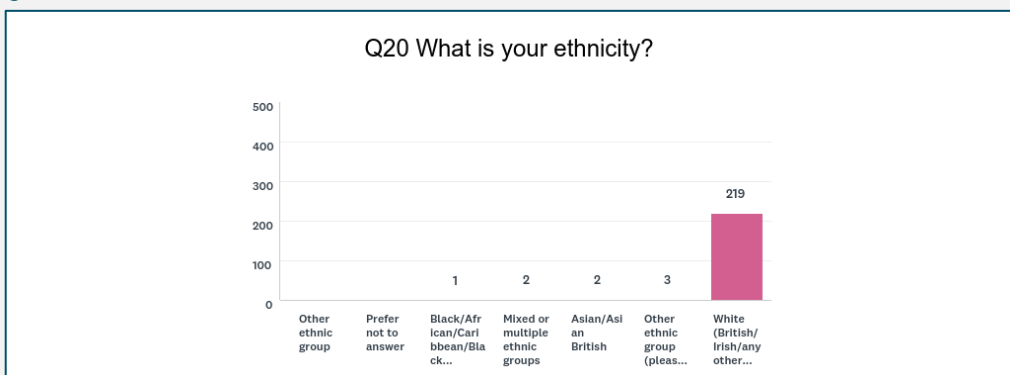
The age most represented were the 21-29 year group.

Figure 5



The majority of participants were either **employed** or **retired**.

Figure 6

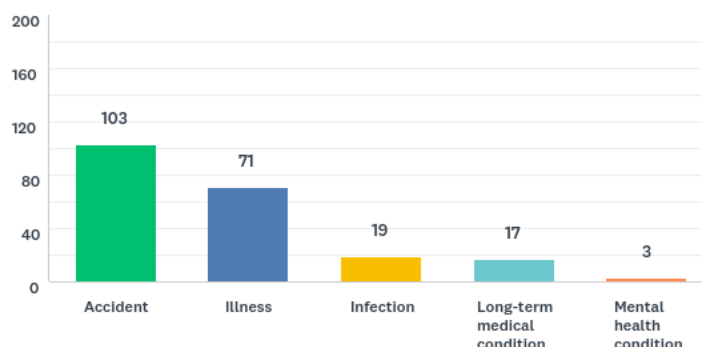


Most respondents identified as **white**.

Why do people 'self-present' at A&E?

Figure 7

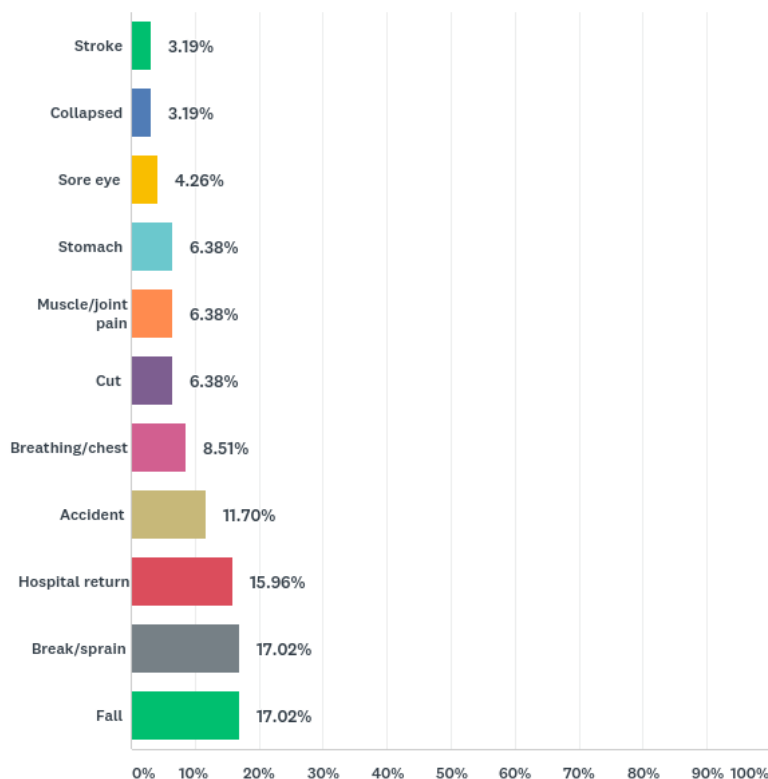
Q4 Why have you come to A&E today?



- Most people came to A&E after an accident (45%) or because they felt ill (31%).
- There was no significant difference between the two hospitals (for reasons given).
- 14 people did not respond to this question.

Using the information provided in the comments box it was possible to categorise these further:

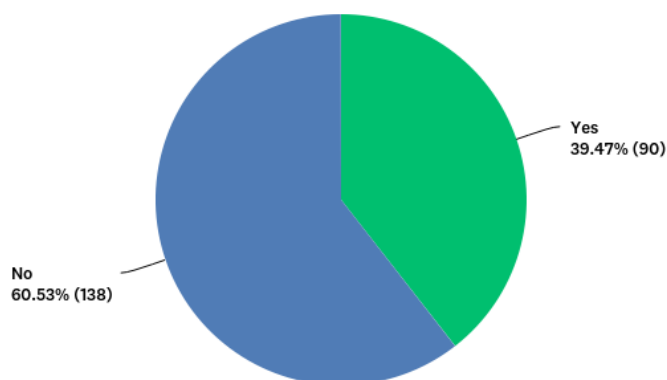
Figure 8



- 17% presented to A&E after a fall,
- with another 17% having a possible break or sprain.
- The next biggest category was those who had already received medical treatment within a hospital, but required further care (16%).
- Other categories not represented on the graph (only 1 or 2 participants cited as a reason) included blood clots, heart problems, mental health issues, headache, tooth pain, kidney pain, bite, scan, blood pressure, problems with medication, diabetes or problems in pregnancy.

Figure 9

Q7 Did you try to see your GP before coming to A&E?



60% of those interviewed did not try to see their GP prior to attending A&E.

In Question 9. Respondents were asked why they had not contacted their GP:

Figure 10

Number of people:	Reason given:
53	Felt they needed A&E (took the decision themselves).
39	Knew the GP surgery would be closed (evening or weekend.)
16	Tried to get an appointment, but were unable to get a convenient appointment.
10	Lived out of Cumbria and were unable to see their GP.
7	Thought there would be no appointments available.
3	Said it was quicker and more convenient for them to go to A&E.
3	Were referred by NHS 111.
1	Was referred by CHOC.
1	Was referred by a dentist.
51	Were referred by a GP or nurse.

GP appointments

Most of these comments fall into four categories:

1. Nearly 1/3 of respondents took the decision that A&E was the most appropriate service for them at that time.
2. Nearly 1/3 were referred by health professionals.
3. 10 people had GPs that were out of Cumbria and felt their best option was a local A&E

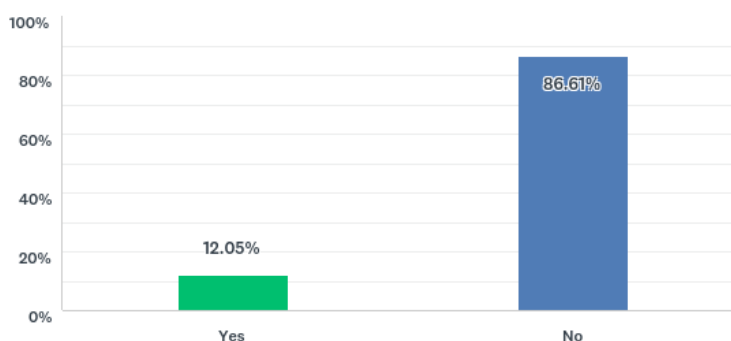
department.

4. Nearly 1/3 were either unable to get a GP appointment (the surgery was shut) or could not get a convenient appointment.

Although it is not certain that they would have tried their GP, even if the surgery was open. This is borne out by the response to Question 13.

Figure 11

Q13 Do you think you could have received help from somewhere other than A&E?



Despite any answers to the contrary that were given to previous questions, the majority of people (87%) still felt that A&E was the most appropriate place for them.

'It's difficult at weekends to know where to go.'

'I talked to the GP on the phone and he said it was more serious than he could deal with.'

'I needed stitches which I don't think my GP can provide.'

'I thought I would need an x-ray so came to A&E.'

'I didn't manage to get through to my GP, I was ringing for one and a half hours. They said they would ring back but didn't. I got fed up and came to A&E.'

'Saw GP but couldn't get appointment until Monday. Getting worse.'

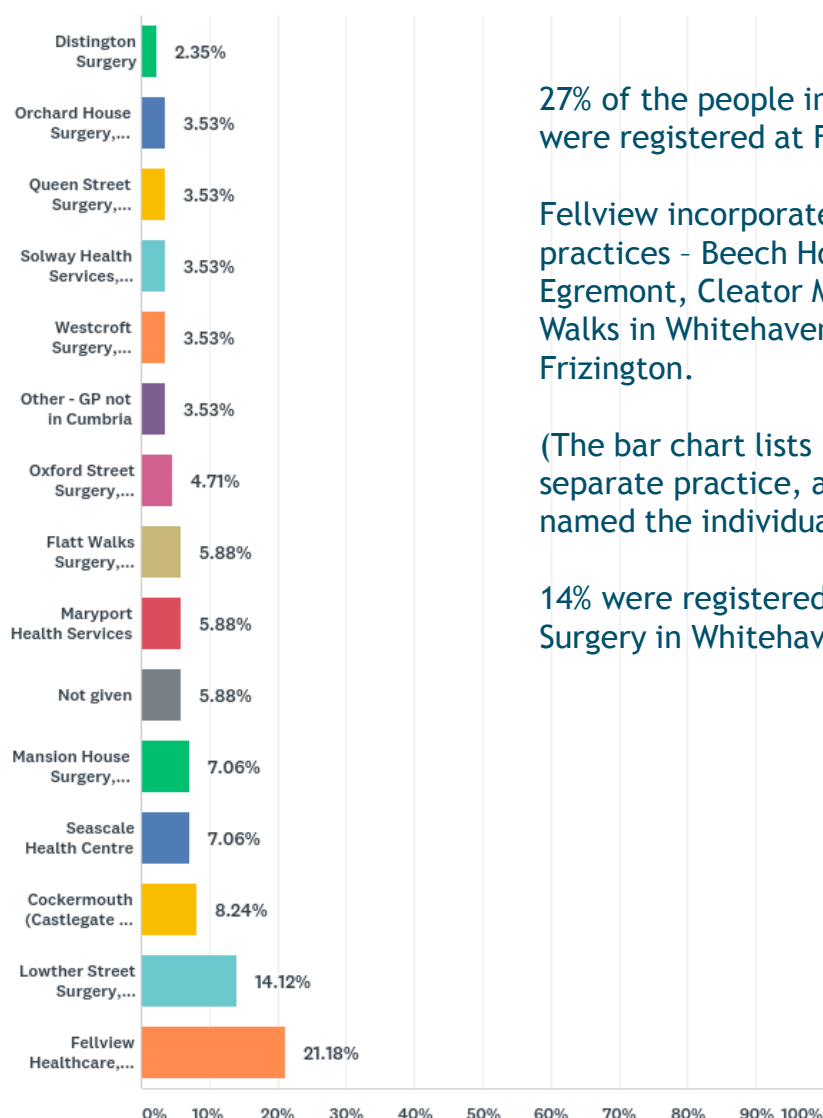
GP practices - Allerdale and Copeland

Question 8 asked all respondents for the name of their GP practice. The results have been filtered for the WCH and the CIC separately.

There are 22 GP practices in Copeland and Allerdale⁷.

Figure 12

GP practice - respondents from West Cumberland Hospital



27% of the people interviewed at A&E were registered at Fellview Healthcare.

Fellview incorporates four different practices - Beech House Surgery in Egremont, Cleator Moor Surgery, Flatt Walks in Whitehaven and Griffin Close in Frizington.

(The bar chart lists Flatt Walks as a separate practice, as some respondents named the individual surgery.)

14% were registered at Lowther Street Surgery in Whitehaven.

The average list size for a GP practice in North Cumbria is 7,500.

Fellview Healthcare has a list size of 24,000, so it would be expected that the four practices incorporated within Fellview Healthcare would see a greater number of patients attending A&E (information provided by NHS statistics.)

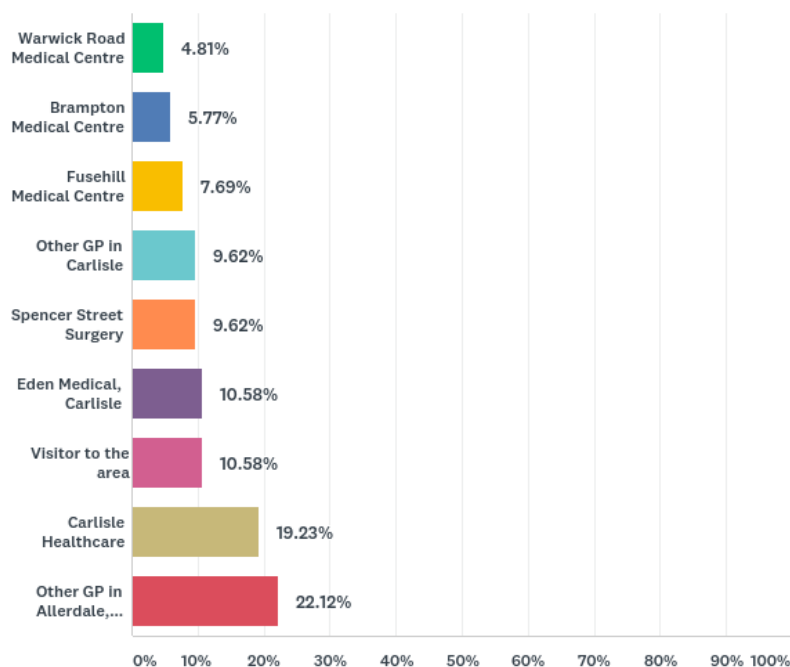
GP practices - Carlisle and Eden

There are 8 GP practices in Carlisle and 10 in Eden⁷.

19% of respondents were registered with the Carlisle Healthcare (the list size for this practice is 36,000, compared with the average North Cumbrian list size of 7,500.) (Information provided by NHS statistics.)

Figure 13

GP practice - Cumberland Infirmary Respondents



Did people seek help anywhere else?

The survey asked:

Question 10 - if they had tried to get help from anywhere else (other than their GP).

Question 11 - if someone had advised them to attend A&E.

The answers provided to these questions conflict with answers given to **Question 9**. This will be elaborated upon within the discussion.

67% were advised to attend A&E by someone else:

- 62 by their GP/nurse/receptionist at the GP surgery.
- 31 by family/friend/work.
- 21 by NHS 111
- 12 by another medical professional.
- 5 by a First Aider.
- 4 by the emergency services.
- 2 by CHOC.
- 1 by the school.

Figure 14

Q11 Did someone advise you to attend A&E?

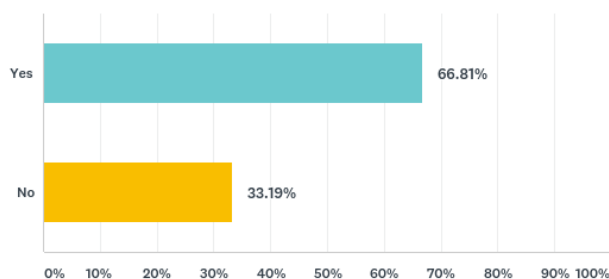
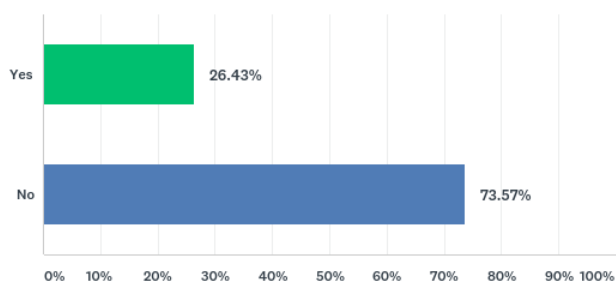


Figure 15

Q10 Did you seek help from anywhere else (other than your own GP) before coming here?



The majority of people (74%) had not sought help from anywhere else, other than their GP.

Those who did seek help from elsewhere, tended to phone NHS 111. Other sources of help and information that were identified, included the hospital, CHOC, pharmacists, First Aiders and access centres.

Information displays

Questions 14 and 15 asked whether people would like to see information displayed in the waiting area, about:

- The A&E process.
- Other useful information and services.

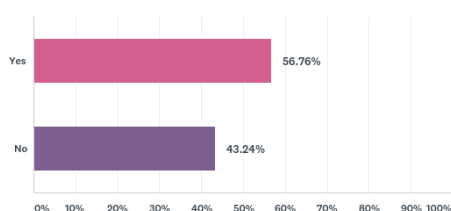
The results varied according to the hospital. In the WCH most people did not want to see information displayed. Whilst in the CIC, most people did want to see information displayed.

Although there was almost an equal number of yes/no, for both hospitals.

The Cumberland Infirmary

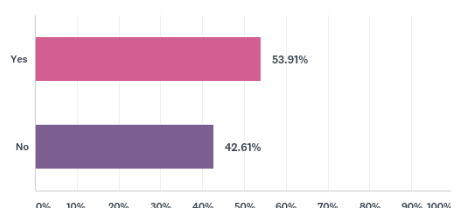
Figure 16

Q14 Would you find it helpful to have information about the A&E process displayed in the waiting area? For example, the initial assessment process, waiting times, why some people are seen before you, etc.



'Better idea of how long you'll wait, after initial triage. The queue board doesn't update.'

Q15 Would you find it helpful to have information displayed in the waiting room, about other services you can use, instead of A&E?

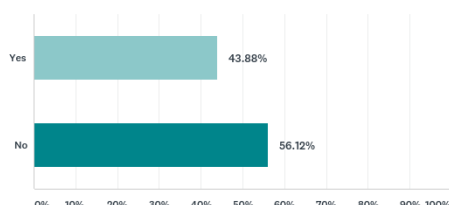


'I've been in and out of hospital, so I know the procedure.'

The West Cumberland Hospital

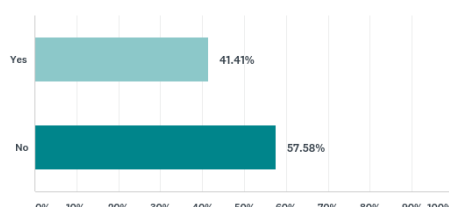
Figure 17

Q14 Would you find it helpful to have information about the A&E process displayed in the waiting area? For example, the initial assessment process, waiting times, why some people are seen before you, etc.



'Already know! Generally tells you to go to A&E!'

Q15 Would you find it helpful to have information displayed in the waiting room, about other services you can use, instead of A&E?



'Clearer guidance on alternatives. The posters on the wall are too insignificant..'

Self-presentation in the evening

The North Cumbria H&C System A&E Delivery Board noted an increase in the number of people self-presenting between 4-8pm (Appendix 1).

Figure 18

Time	Female – most attendees by age group	Male – most attendees by age group
4-5pm	60+	30 - 39
5-6pm	60+	21 – 29
6-7pm	30 – 39 50 – 59	21 – 29 31 – 39
7-8pm	Spread across all age groups	30 – 39 60 – 69

The data collected by the A&E project was divided up into hourly slots and analysed for trends between age groups and by gender, across both hospitals:

- The majority of females attending between 4 - 6pm were over 60, with a high concentration of those aged 80+.
- Between 6 - 8pm there was a spread of ages among females attending A&E.
- The majority of males attending across the evening (between 4 - 8pm) were aged between 21 - 39.
- 53% of all respondents interviewed during this time, had come to A&E as a result of an accident.
- 28% were there because of illness.

Focus on 'self-presentation' during the evening

The increase in people attending A&E in North Cumbria between 4-8pm, is not reflected at a national level²³.

A breakdown of the age and gender of all attendees between 4-8pm identified two distinct groups that make up the majority of people attending between these hours.

1. Older females (60+), particularly between 4-6pm, with a number of attendees being 80+.
2. Younger males (21-39) across the whole evening period.

As other findings from this research have been supported by the NHS Comparison Data, there is no reason to presume that these findings are an anomaly. However, as this is a small scale study, it is important not to draw any definite conclusions from these findings. A larger research project covering a bigger data set would be required in order to generalise and further validate these findings.

What it suggests is a possible need to develop two separate information campaigns to target the two distinct groups. As it seems unlikely that the groups are presenting at A&E for the same reasons. Further research targeting the two age groups might also be beneficial.

There was no evidence to suggest (during this research period) that there is an increase of school aged children attending A&E after 4pm. But, as the school term had only just started, this may have impacted on hospital attendances.



Focus on older females (60+)

20% of all the participants in this study, were females aged 60 years +. They also represented a majority of attendees at A&E between 4-8pm.

Out of 243 overall respondents, 50 were females aged over 60:

- + 60-69 years = 21 females
- + 70-79 years = 17 females
- + 80+ years = 12 females

86% were retired or classed themselves as 'unable to work'.

42% attended A&E between 4-8pm.

48% attended between 9am-4pm.

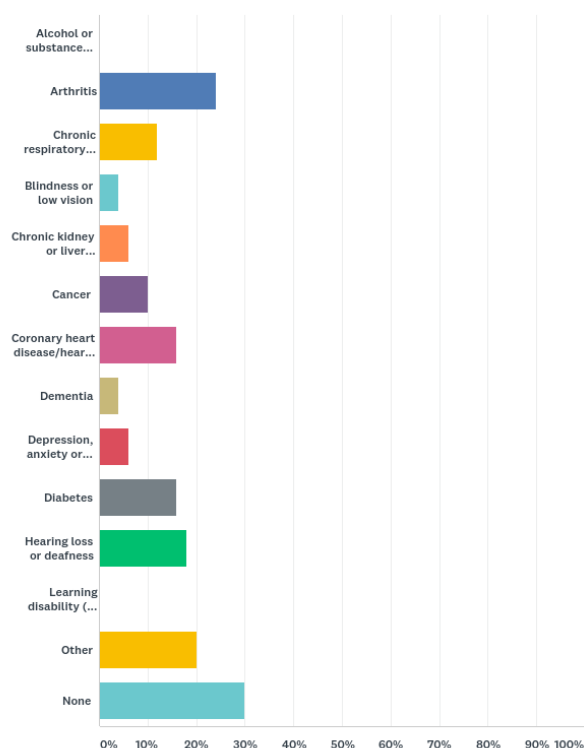
44% came to A&E immediately, whilst 42% waited for 4 hours or more before attending. There were a wide range of reasons given by those who waited longer than 4 hours before coming to A&E, resulting in no key themes arising from this question.

44% were attending A&E as a result of an accident (mainly a fall), 40% as a result of illness, the other 6% were there because of an infection or a long-term medical condition.

70% considered themselves to have a long-term health condition.

Figure 19

Q19 Do you consider yourself to have any long-term health conditions? Please tick all that apply.



60% of the ladies in this age group said they had not tried to see their GP prior to attending A&E.

In response to Question 9:

- 12 ladies said they were referred to A&E by a GP or nurse.

But when responding to Question 11:

- 19 ladies said they had been referred by a GP or nurse.

The comments suggest that some people had previously been advised by a GP or nurse, to attend A&E if the condition presented itself again, and therefore considered they had been 'referred'.

- + *"Advised to come to A & E as previously broken wrist and doctor has said to come back if damaged at all as it was weakened"*
- + *"I saw my doctor last Thursday."*

Contradictory responses to the survey questions suggest that some participants had spoken to one or more services prior to arriving at A&E, or had previously had a GP appointment about the same issue.

- + *"I felt poorly after finishing a course of medication and came in today for reassurance."*
- + *"Due appointment next Wednesday for follow up to see if better after taking full course of medicine after 10 days".*

There were 21 ladies aged 60+ who presented at A&E between 4-8pm. Three key themes emerged from this group:

Accidents

Just over half (11) were there as a result of an accident (mainly a fall).

9 of these ladies had had not tried to contact their GP. The 2 ladies who did contact their GP, were then referred on to A&E.

GP surgery was closed/unavailable

6 ladies could not access a GP because the practice was closed. 1 lady had tried phoning the practice but was unable to get through.

Visitors to Cumbria

4 of these ladies were visiting Cumbria and did not have a doctor locally, so came directly to A&E.

Possible reasons why this group are presenting during the evening include: a lack of available transport prior to 4pm (waiting for relatives to return home), friends or relatives insisting they visit A&E (on their return home) or a higher number of accidents and illness occurring in the afternoon.

Further research that deliberately targets this age group may be able to uncover more definitive answers to this question.

Discussion and key findings

Two survey questions have not been included in this report:

1. **Question 5:** How long have you been waiting in A&E? Because of the way the interviews were conducted (as people came into the A&E waiting area), most people had been waiting less than an hour. Therefore it seemed pointless to include the results.
2. **Question 12:** How long did you wait before deciding to come to A&E? 40% came immediately to A&E, 32% waited over 24 hours. This has not been included as there were no themes or obvious correlations to the research questions.

45% of people interviewed for this research had presented at A&E as a result of an accident. 31% said they were there as a result of illness, 9% were there because of a long term medical condition and only 2% of attendees said it was due to a mental health issue. Comments left by respondents enabled a further breakdown into falls, breaks or sprains and those who were returning after a previous hospital visit. This included people who had previously been either inpatients or outpatients, but felt they needed to return to A&E for further treatment, help or advice. Further investigation would be necessary to determine whether these issues could have been dealt with elsewhere through a follow-up service or by a GP, or if A&E was the most appropriate service for them.

'I had an operation at a different hospital on Monday.'

'I was in earlier with stomach problems. No one has the prescription that I was given, so back again'

'I've been having chemotherapy and I'm not feeling well.'

'Took an overdose. I was discharged this morning but I fell over'.

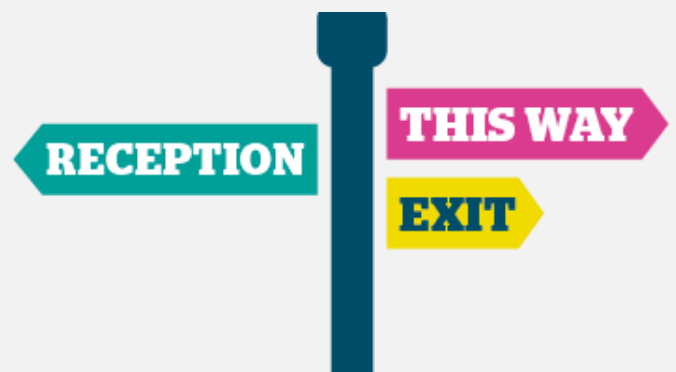
'The drain that was inserted after a caesarean section has come loose.'

Demographics

The demographics of the participants within this research reflect the wider demographics as recorded by the NHS.

NHS Trust comparison data for the same period shows:

- Slightly more females (1810) attended A&E in North Cumbria than males (1800)
- Overall there were a higher number of people within the 21-29 age group (497) than any other age group.
- This is followed by the 80+ age group (458).
- Most participants identified as white. This is representative of Cumbria as a whole, as the county has a much smaller proportion of residents from Black and Minority Ethnic (BME) groups than the national average (3.5% vs. 19.5%)⁶.



Attempts to contact GP prior to visiting A&E

Most people did not try to contact their GP prior to visiting A&E. There were three main categories of reasoning behind this: they had already decided that A&E was the appropriate option, they had already been referred by a medical professional or they were unable to get a convenient GP appointment.

A&E as the most 'appropriate service'

Despite any other answers that people provided, the majority of those interviewed in A&E (87%) felt that they had come to the right place and that A&E was the most appropriate service for them at this time.

Most people who completed the survey had reasoned and thought about why they needed to come to A&E and they believed they had a good reason to be there. Although there was a general feeling of not having any other practical option available to them.

GP practices

There are 22 GP practices in Copeland and Allerdale, with 38% of the people interviewed at the WCH registered at two GP practices and 19% of those at the CIC registered at one GP practice. However, Fellview Healthcare (West Cumbria) has a substantially larger list size than average, which explains the high number of participants registered at this surgery. Lowther Street Surgery was the second largest, but only has an average number of registered patients. Carlisle Healthcare also has a much larger list size than the North Cumbrian average. So these results may reflect the number of patients registered.

Who advised you to attend?

54% of people had been advised by a medical professional, 22% by a friend, family or work colleague and 15% by NHS 111.

Participants provided conflicting information about who they contacted prior to attendance and who referred them to A&E. For Question 9 3 people said they had contacted NHS111 prior to their visit, but in Question 10, 21 people said they had been referred by NHS111. These differences could be due to different interpretations of the survey questions, or as a result of contact with different services prior to A&E. Also, some respondents felt they had been advised to attend A&E by medical professionals at previous appointments (for ongoing medical issues.)

Did you seek help from anywhere other than your GP?

74% of people did not seek help from anywhere else. Out of those who did, most contacted NHS 111.

'It would be good if my GP could do this'

'GP- I may not have got an appointment'

'If been able to see a doctor quickly then may not have had to come to A&E'



Information displays in A&E waiting areas

57% of people attending the CIC would like to see information about the A&E process on display. 54% would like to see other information on display.

These results could be a reflection of the limited information that is currently displayed on the board at the CIC.

The results were almost the exact opposite for the WCH, where the board displays a lot of different information. Respondents here did not want more information provided. Several people pointed out that some of the information on display was out of date and the boards were a bit messy. Which highlights the importance of keeping any information boards relevant, organised and up-to-date.

Although respondents suggested that it might be useful to provide information about 'other services' as alternatives to A&E, they did not consider these as relevant to their personal situation.

Conclusion

Why do people 'self-present' at A&E, within these hospitals?

NHS statistics demonstrate a year on year increase in people 'self-presenting' at A&E departments. Although it is not possible to identify one significant contributing factor to this increase, certain trends have emerged from this research.

One noticeable aspect was the number of people who had already been treated within the hospital and discharged, but then returned to A&E for further help or treatment. This was the third biggest category of people presenting to A&E (see p9).

Unfortunately, it was difficult to establish why there is a peak of attendances between 4-8pm in North Cumbria. It is possible to theorize that younger males (21-39) are attending after work. There were several contributing factors for the older female (60+) age group. Just over half of the older females attending in the evening were there as a result of an accident. Although, other factors could be contributing to this group presenting in the evening - such as waiting for family to help with transport to the hospital, or an increase in accidents during the afternoon. Any information campaigns to raise awareness about other options, would need to take into account the different demographics in order to effectively target attendees during this evening peak.

Is A&E the most appropriate service for them to access?

For those who were referred to A&E, most were referred by a medical professional. It is beyond the scope of this project to determine whether these referrals were appropriate.

The majority of people attending A&E believed it was the most appropriate service for them to access, and provided reasons to support this.

Are people aware of the alternatives to A&E? If they are, why do they not use them?

Most people were well informed of the healthcare options available to them, including services such as NHS 111, CHOC and GP surgeries.

Despite this, the majority did not contact their GP prior to attending A&E. The reasons for this are complex, but include the belief that the GP would refer them to A&E anyway (pre-empting a decision) and the difficulty, or perceived difficulty, of getting a GP appointment. Overall, most people were aware of the alternatives to A&E, but still preferred to go to A&E, even with the possibility of a four hour wait.

Finally, the respondents were fairly evenly split over whether it would be useful to have information displayed in the waiting area. There were slightly more people who thought it would be useful at the CIC, whilst more people thought it would not be useful at the WCH. Comments from respondents indicated that they thought information might be useful 'for other people', but not for them in their current situation. Taking this into account, it might mean that information and communication campaigns would need to be targeted at people prior to their arrival at A&E. As once they are in the waiting area, they feel the information is no longer applicable to them.

List of recommendations

Further to the research project, a list of eight recommendations have been included for consideration:

1. Ensure the public are aware of GP appointment availability and opening hours.
2. Provide information on the availability and opening hours of alternative urgent treatment and open access centres.
3. Communicate what services are available, where they are and how they can be accessed - particularly in tourist areas.
4. Communicate the service that NHS111 and CHOC provide.
5. Target information campaigns at specific groups, who access A&E for different reasons.
6. Provide up to date, timely and relevant information on hospital notice boards.
7. Update waiting times regularly.
8. Look into reasons why patients are returning to the hospital, via A&E, after being discharged.

References

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⁶<https://www.cumbria.gov.uk/eLibrary/Content/Internet/536/671/4674/6164/6995/42138143423.pdf>

⁷<http://www.northcumbriaccg.nhs.uk/about-us/GP-Practices/gp-practices.aspx>

Appendix 1

Time	Average arrivals per hour (both hospitals)
11am – 12pm	18
12-1pm	15
1-2pm	17
2-3pm	16
3-4pm	16
4-5pm	14
5-6pm	17
6-7pm	20
7-8pm	16



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