



# Emergency Department Enter and View Report January 2022

**healthwatch**  
Humber Network



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The following abbreviations are used in this report:

-  A&E: Accident and Emergency
-  CQC: Care Quality Commission
-  ED: Emergency Department
-  GP: General Practitioner
-  HHN: Healthwatch Humber Network
-  HAS: Humber Acute Services
-  HCV: Humber, Coast and Vale Health and Care Partnership \*
-  HUTH: Hull University Teaching Hospitals NHS Trust
-  ICS: Integrated Care System
-  NHS: National Health Service
-  NLaG: North Lincolnshire and Goole NHS Foundation Trust
-  SMART: Specific, Measurable, Attainable, Relevant, Time-Based
-  UEC: Urgent Emergency Care

\* Please note for reference, the HCV will become the Humber and North Yorkshire Health and Care Partnership on Friday 1<sup>st</sup> April 2022.



## 1. Introduction to Healthwatch

### What is Healthwatch?

Healthwatch is the independent champion for people who use Health and Social Care services which exist to make sure that people are at the heart of care.

We listen to what people like about services and what could be improved then share their views with those with the power to make change happen, whilst helping people find the information they need about services in their area is another of our priorities.

**In summary, the main aims of Healthwatch are to:**

- Help people find out about local care.
- Listen to what people think of services.
- Help improve the quality of services by letting those running services and the government know what people want from care.
- Encourage people running services to involve people in changes to care.

### What is the Healthwatch Humber Network?

The Healthwatch Humber Network (referred to as 'the HHN' hereafter) is a collaboration of the four local Healthwatch teams, Healthwatch Kingston upon Hull, East Riding of Yorkshire, North Lincolnshire and North East Lincolnshire, each of whom deliver projects and community engagement across the Humber region.

The collaboration of the four Healthwatch teams allows Healthwatch to have a louder voice and more significant impact as they can bring together the varied skills and knowledge each team offers, as well as being able to look at how Health and Social Care services operate on a local and regional level.

The HHN also allows teams to deliver large scale, high-impact projects with system partners. This provides Healthwatch with more opportunity to see and deliver change in local communities and demonstrate to the public how their views and experiences have the power to shape the services they use.



## What is 'Enter and View'?

As part of the legal powers developed under the Health and Social Care Act 2012, local Healthwatch organisations have the authority to deliver Enter and View visits.

Enter and View visits are conducted by a small team of staff and trained volunteers, who are prepared as authorised representatives to conduct visits to Health and Social Care premises to find out how they are being run and make recommendations where there are areas for improvement.

### **'Enter and View' is an opportunity for Healthwatch to:**

- Enter publicly funded Health and Social Care premises to see and hear consumer experiences about the service
- Observe how the service is delivered, often by using a themed approach
- Collect the views of service users (patients and residents) at the point of service delivery
- Collect the views of carers and relatives
- Observe the nature and quality of services
- Collect evidence-based feedback
- Report to providers, the Care Quality Commission (CQC), Local Authorities, Commissioners, Healthwatch England and other relevant partners

Enter and View visits may be carried out as announced visits, where we advise in advance of the time and date of the visit; with prior notice, whereby the service is advised of a period window of when the visit will take place; or if certain circumstances dictate as unannounced visits whereby the service does not know that a visit will be taking place.

Enter and View visits can happen if people tell us there is a problem with a service but equally they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the services first-hand.



## 2. Overview / Background

In September 2021, Healthwatch was approached by the Humber Acute Services (HAS) to ask whether we were able to conduct Enter and View visits in Emergency Departments (ED) in the following hospitals:

- Hull Royal Infirmary.
- Diana Princess of Wales Hospital.
- Scunthorpe General Hospital.

The purpose of the Enter and View visits were to support the HAS programme to design future models of care for Urgent Emergency Care (UEC). This followed on from the Feedback Survey (2020) an engagement exercise previously conducted by the HAS with patients and the public which aimed to:

- Identify the profile of people who are using ED services across the area.
- Gain a better understanding of what motivates people to go to their local ED.
- Understand the extent of knowledge people have of alternative UEC services.

In this engagement exercise, the HAS received 2008 responses and wanted to use the feedback received to develop a campaign which actively targets key audiences, raising awareness of the wide range of NHS services that are available to support people with their urgent care needs.

Working with the HAS, the network aims were to assist them in developing learning to support actions for the new Integrated Care System (ICS) by:

- Continuing to gather information using the aims previously set by the HAS (as listed above).
- Gathering experiences from patients, listening to their stories in order to understand their journey and experience.
- Producing a qualitative report to demonstrate richness from the information we gather.
- Supporting the HAS programme which involves the Hull University Teaching Hospitals NHS Trust (HUTH) and Northern Lincolnshire and Goole Foundation Trust (NLaG) as well as the four local Clinical Commissioning Groups in designing hospital services for the future to deliver better and more accessible health and care for the population.



The HHN agreed with the HAS that the Enter and View visits would take place at each hospital on up to four separate occasions, across a two week period, in order to capture as many patients' journeys and experiences as possible.

These engagements took place on the following occasions:

Hull Royal Infirmary		
Date of Visit	Time of Visit	Healthwatch Representatives
17/11/2021	10 AM – 12 Noon	1 Staff Member and 2 Volunteers
18/11/2021	2 PM – 4 PM	1 Staff Member and 1 Volunteer
25/11/2021	10 AM – 11:30 AM	1 Staff Member and 2 Volunteers
26/11/2021	12 Noon - 1:30 PM	1 Staff Member and 2 Volunteers

Scunthorpe General Hospital		
Date of Visit	Time of Visit	Healthwatch Representatives
17/11/2021	10 AM – 12 Noon	*Visit cancelled*
22/11/2021	10 AM – 12 Noon	1 Staff Member and 1 Volunteer
23/11/2021	2 PM – 5 PM	1 Staff Member and 1 Volunteer
25/11/2021	1 PM – 4 PM	1 Staff Member and 1 Volunteer

Diana Princess of Wales Hospital		
Date of Visit	Time of Visit	Healthwatch Representatives
17/11/2021	10 AM - 12 Noon	1 Staff Member and 1 Volunteer
18/11/2021	12 Noon - 2 PM	1 Staff Member and 1 Volunteer
25/11/2021	10 AM - 12 Noon	1 Staff Member and 1 Volunteer
26/11/2021	12:30 PM - 2:30 PM	1 Staff Member and 1 Volunteer

From our engagement with patients, we were hoping to understand the following:

- Why patients have come to their local ED.
- Whether patients were aware of alternative options for treatment.
- What the experience was like of patients when using ED services and how the service provided could be improved in the future.

As we would be unable to capture the full experience of patients attending their local ED until after the patient has been seen and received treatment, the HHN devised two surveys.

When speaking to patients in using ED services, the initial survey asked questions to ascertain:

- Whether the patient was referred to their local ED and if so by whom.
- What the patient knew about alternative service options.
- How the patient travelled to their local ED.



- Whether the patient already had an initial triage appointment and what expectations they had following the appointment.

Following the initial survey, we provided patients with a follow-up slip in order to complete the follow-up survey.

This slip provided the patient with a unique reference number which allowed us to match up both surveys, a dedicated phone number to contact us, a link to complete the survey online and where consent was given, the date and time we agreed to contact them.

The follow-up survey focused on learning about the patients experience at their local ED and asked questions to understand:

- What experience the patient had when using ED services and how they would rate the service they received.
- Whether they were provided enough information to manage the condition or how to receive further treatment (if needed).
- Whether anything could have been done differently to improve their experience.

Throughout the project, representatives from each Healthwatch team in the HHN met a total of 10 times in order to:

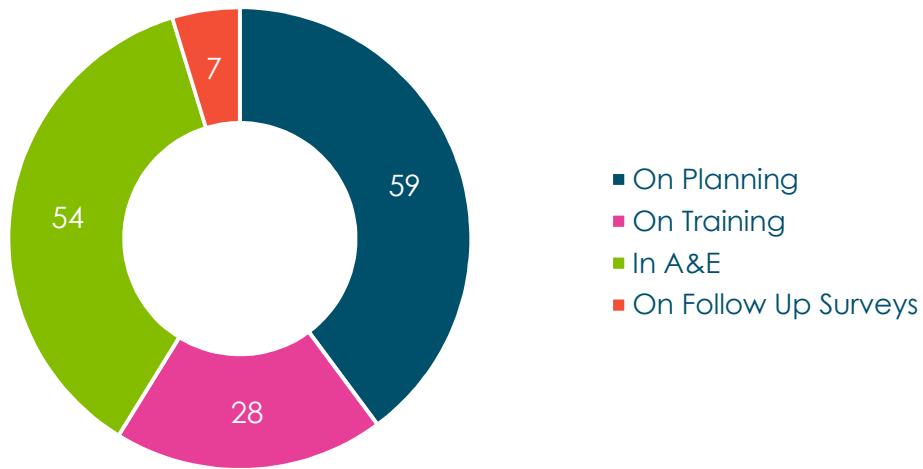
- Design and plan the delivery of the project.
- Consider and overcome potential risks and hazards.
- Develop specialised training for staff and volunteers prior to the Enter and View visits at each hospital.
- Provide updates and share practices following each Enter and View visit each team conducted.

By the end of the project, the HHN had 17 Healthwatch Authorised Representatives (7 staff and 10 Volunteers) who spent a collective total of 148 hours to:

- Plan the design and delivery of the project.
- Design and deliver specialised training to Volunteers.
- Conduct 11 Enter and View visits across the three hospitals.
- Capture the views of 153 patients in ED.
- Complete 18 follow-up surveys.



### Time Spent (Hours)

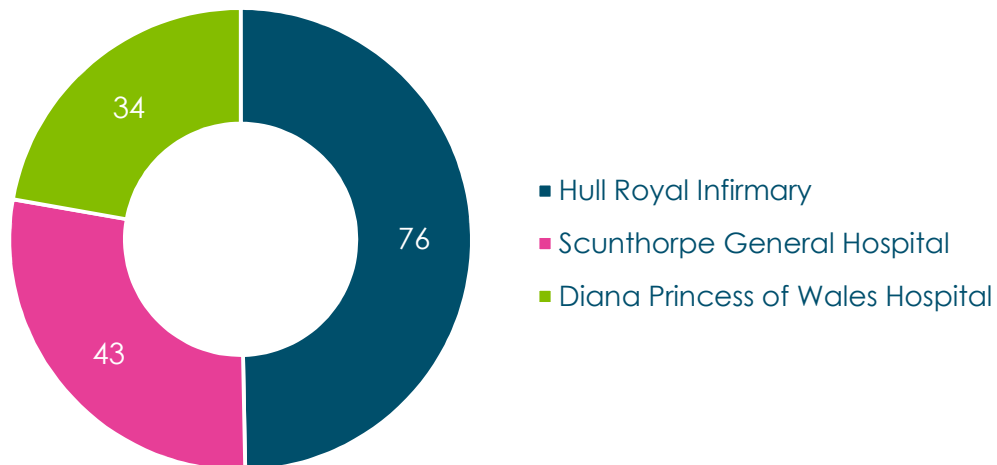




### 3. Initial Survey

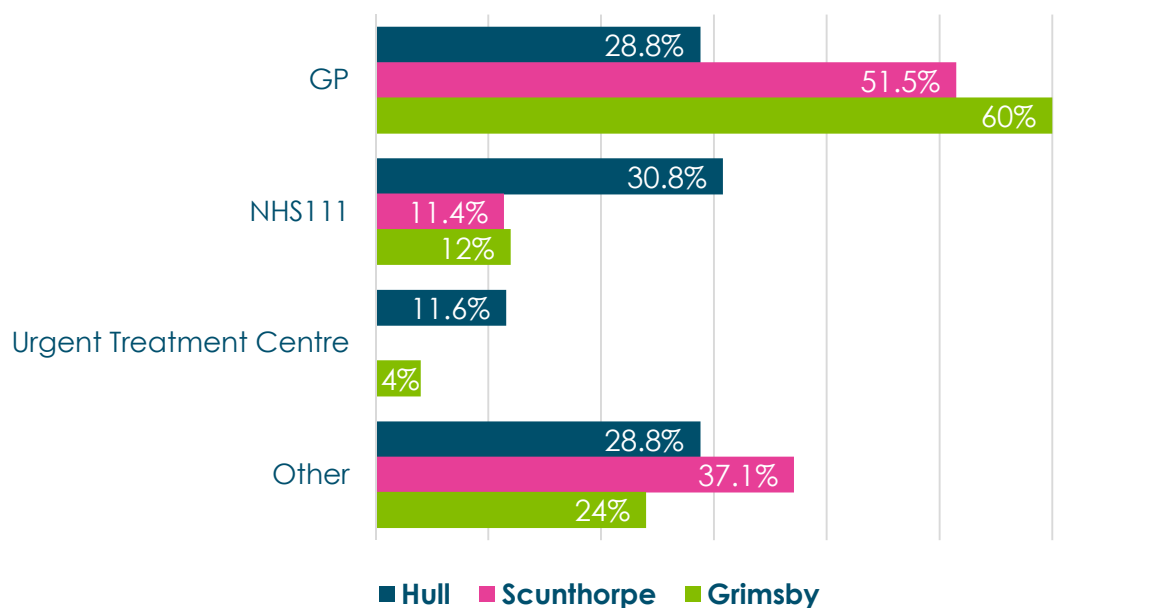
Across the three ED in the Humber area, the HHN conducted a total of 11 Enter and View visits and engaged with 153 patients.

#### Patient Engagement (By Hospital)



From the 153 engagements, Healthwatch found that a total of 112 (73.2%) patients (Hull: 52 patients, Scunthorpe: 35 patients and Grimsby: 25 patients) were advised to attend their local ED and patients were most often advised to attend by their GP.

#### Patients Advised to Attend





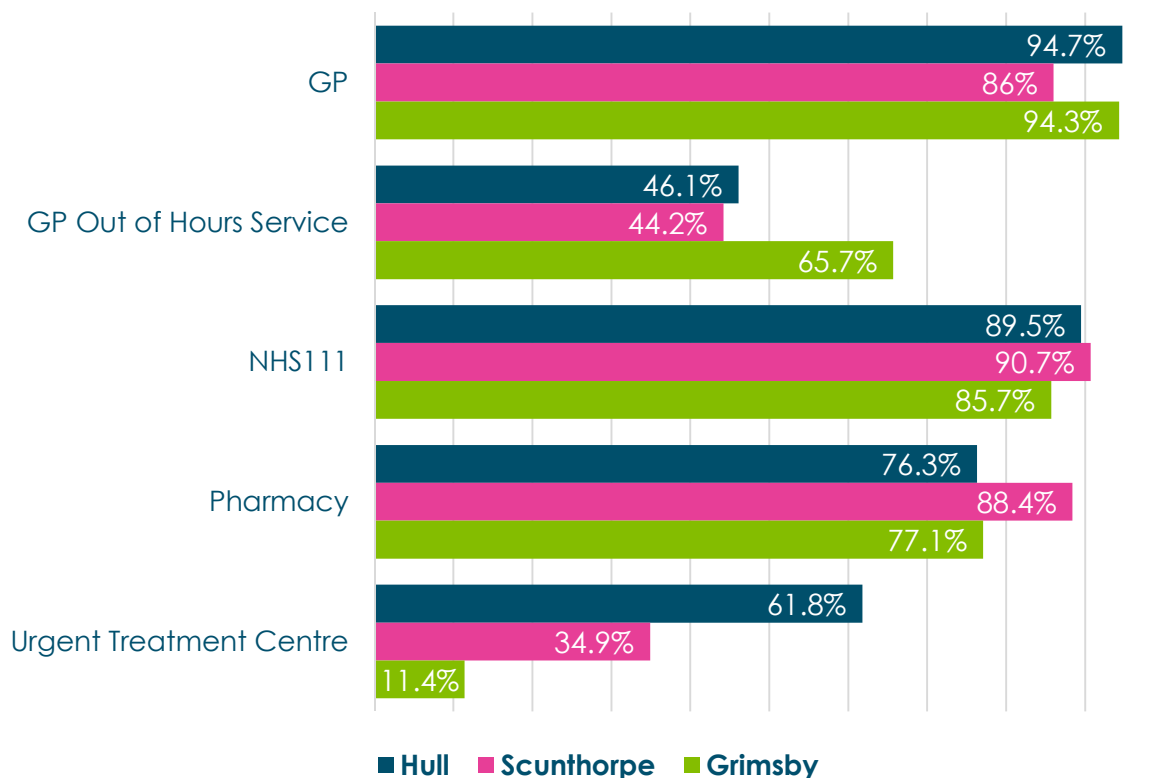
**Please note:** we found that patients were more commonly advised to attend their local ED by 'other' and specifically by family/friends in Scunthorpe compared to other areas.

**'Other' category includes:**

- Workplace First Aider.
- School Nurse.
- Family / Friends.
- Other Health Professionals.

Across the HHN engagements, Healthwatch asked patients whether they knew about other Health and Social Care services that provide treatment and/or advice to patients. The HHN found that the services most commonly known to patients were GP Surgeries and NHS111.

## Alternative Services Known





When asked what patients specifically knew about each of these services, the HHN found patients said:

### **GP**

"Provides treatment for general ailments."  
"Speak to over the phone, online or face-to-face for assessment."  
"Provides consultations, information, advice and treatment to patients."

### **GP Out of Hours Service**

"Provides consultations virtually and over the phone outside of normal working hours."  
"NHS 111 can book you an appointment."  
"Provides less urgent general medical services out of usual GP hours."

### **NHS111**

"Does initial assessment over the phone and advises treatment options."  
"Ring for support, discuss and decide, call ambulance."  
"Non-emergency, things like needing advice or direction."  
"Advise to services and what you need, if you come in to A&E. Really helpful."

### **Pharmacy**

"Can have consultation with pharmacist about rashes etc. and get over the counter medication."  
"Provides medication for prescriptions."  
"Provides advice on medication and on minor illness. Dispenses prescription medication."  
"Questions and queries, separate room to be seen, discuss medication needs."

### **Urgent Treatment Centre**

"Treats injuries such as breaks and fractures."  
"Provides treatment for urgent, but less critical injury or illness."  
"Provides treatment for issues which can be resolved without coming to hospital."



Furthermore, when asked whether any of these services could have provided treatment instead of their local ED, Healthwatch found that only 41.6% patients answered 'yes'.

Out of these 64 patients, 35.9% were advised to attend an ED by another medical professional, (their GP, NHS111, First Responder) and a further 18.8% advised they could not get an appointment with their GP so came to their local ED instead.

### **Please note:**

Responses listed are a summary of responses because some patients provided similar experiences.

### **Responses Received**

"I have PTSD and I didn't know what else to do at the moment of my episode."

"Tried to see GP and could not get appointment."

"Could have gone to doctors/call doctors but did not waste my time. They would have advised to come to A&E with medical history."

"Came because foot is so bad and no one will see her from GP."

"Phoned GP first, advised to come for x-ray fast-track so they can see results straight away."

"Wants to see GP but won't be seen quickly. Has exams soon and cannot see properly."

"Couldn't see a GP, only offered phone consultation. My son's thumb and finger red and swollen at the end. Cannot get GP to see my son and I am very worried it could be something serious so that is why I brought him here. He now has a rash all over and I want him to be seen by a doctor."

"My dad has diabetes and has had a stroke. He has fallen and broken his arm and he's been really poorly. We tried to see the GP but couldn't get an appointment until 30th November so I rang 111 and they said to come here. My dad's sugar levels are really high and he's feeling poorly."

"School advised me to take to A&E."

"Advised by special school nurse as child has autism."

"Advised to come to A&E by bus driver."

"Better treatment at A&E than other services."



"After googling it we went to doctors advised us to come to A&E."

### Experiences Identified – NHS111

"Have used before, will Never ever use again, took me hours to get through initially, for the person speaking to be very rude and dismissive. I was later rushed into hospital after calling 999 which they advised me not to do."

"Used yesterday, supposed to see a doctor within 6 hours. Went to urgent care and given painkillers for a 9.5/10 pain. Saw a nurse."

"Patient declared relatives had previously advised NHS111 'a waste of time'."

"Wasn't ringing so went on google searched for symptoms."

### Experiences Identified – GP

"Advised to call ambulance by NHS111 - has spoken to GP referred to Brocklehurst Centre and prescribed antibiotics, antifungal but foot is so bad she can't sleep, been like this 3 months."

"No appointments available 4 weeks."

"Not been able to get an appointment at all, rang 53 times."

"Can take a long time to get through on phone and may have to wait, has to make sure son is seen soon."

"Tried to get an appointment with GP but they would not give one. Last time they sent my daughter straight to A&E."

"Wait too long to get an appointment. Not able to see someone urgently."

"My GP is not seeing face-to-face."

"Difficulty getting seen or to talk to GP. The GP we see is excellent, receptionists fob you off."

"The staff don't help me, they don't take my pain seriously, could not make appointment with GP."

"Doctor refused no appointments left and they told me to ring. I rang chemist and they couldn't help, told me to ring 111."

### Experiences Identified – GP (Out of Hours)

"Not aware there is one. GP answerphone says to call 111."

"Took a long time to call doctor."



### Experiences Identified – Pharmacy

“Went to pharmacy, was closed. Went to another to speak to the pharmacist and he wasn’t helpful. Didn’t advise me on anything.”

### Experiences Identified – Urgent Treatment Centre

“Last time went to Beverley Urgent Treatment Centre but they didn’t do X-ray.

“The one in Beverley not 24 hours. Not heard of any in Scunthorpe.”

“Needed to see a doctor but saw a nurse. Potential blood clot.”

“I first contacted NHS 111, advised an appointment was made at Urgent Care Louth. When I arrived, I was made aware there was no doctor available and I would need to attend A&E in Grimsby.”

Additionally, to understand the profile of people who are using ED services and their experiences across the area Healthwatch assessed:

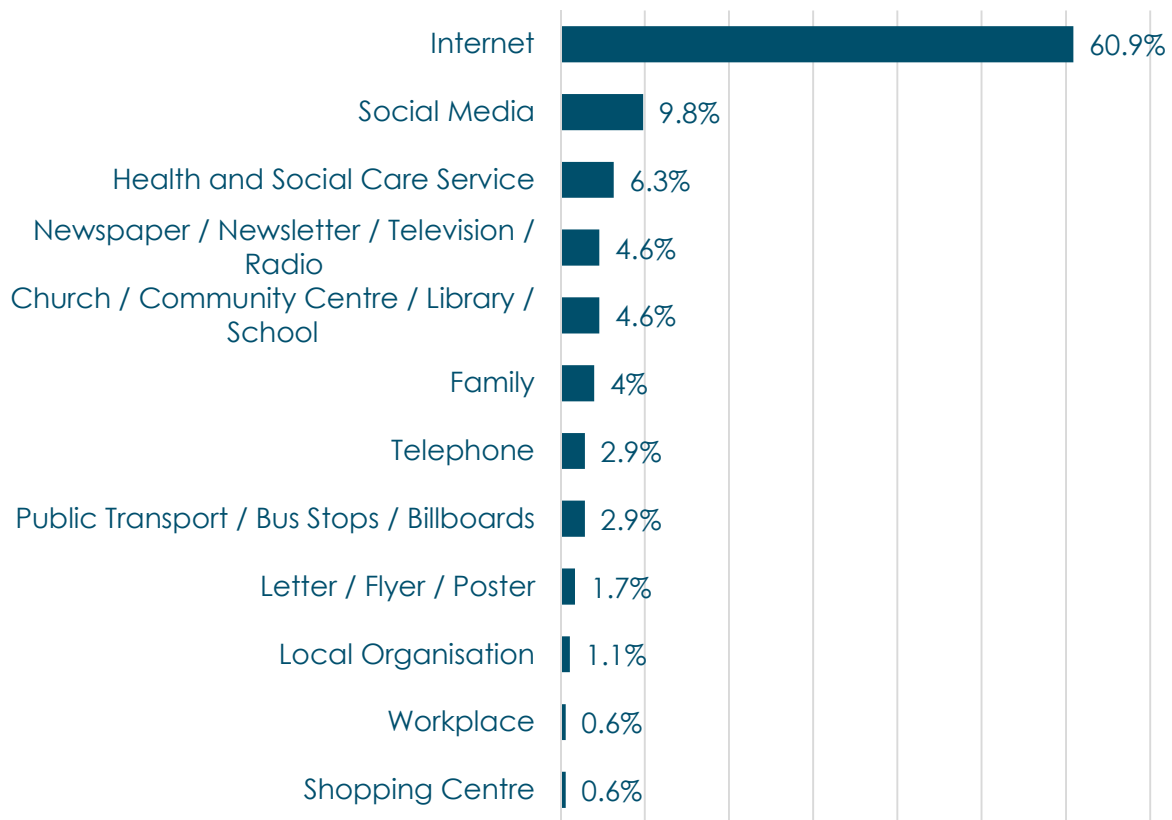
- What patients’ preferences are to find information on services.
- How patients travelled to their local ED.
- About their experience using ED services.
- The patient demographics.

Firstly, to gain an understanding of the best places’ information could be provided to the public for them to be aware of alternative services, the HHN asked patients where they would be most likely to find information.

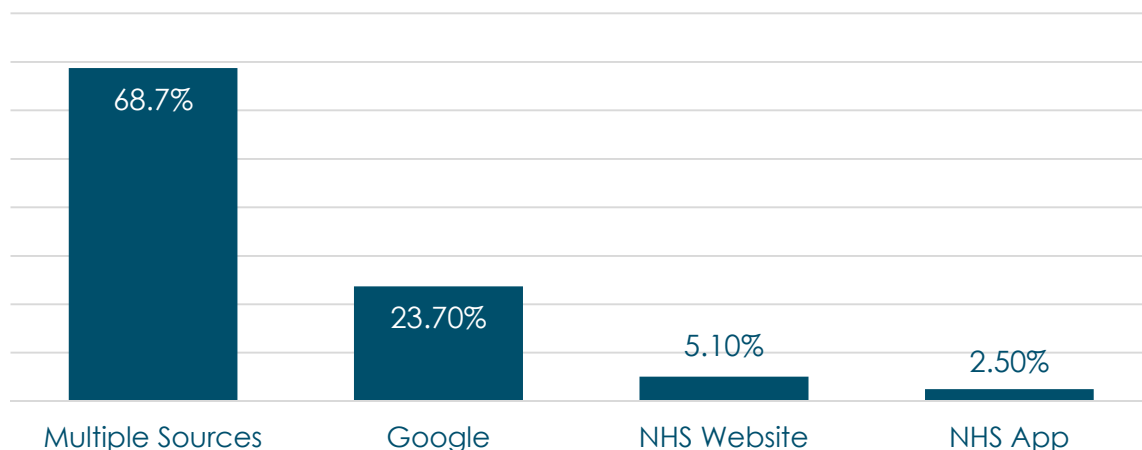
Healthwatch found the patients who we spoke to advised they often would use the internet to as a primary means to find information, and more specifically multiple sources and Google, may indicate varying sources of information, as oppose to much smaller proportions of people reporting using the NHS website and the NHS app.



## Patients Communication Preferences



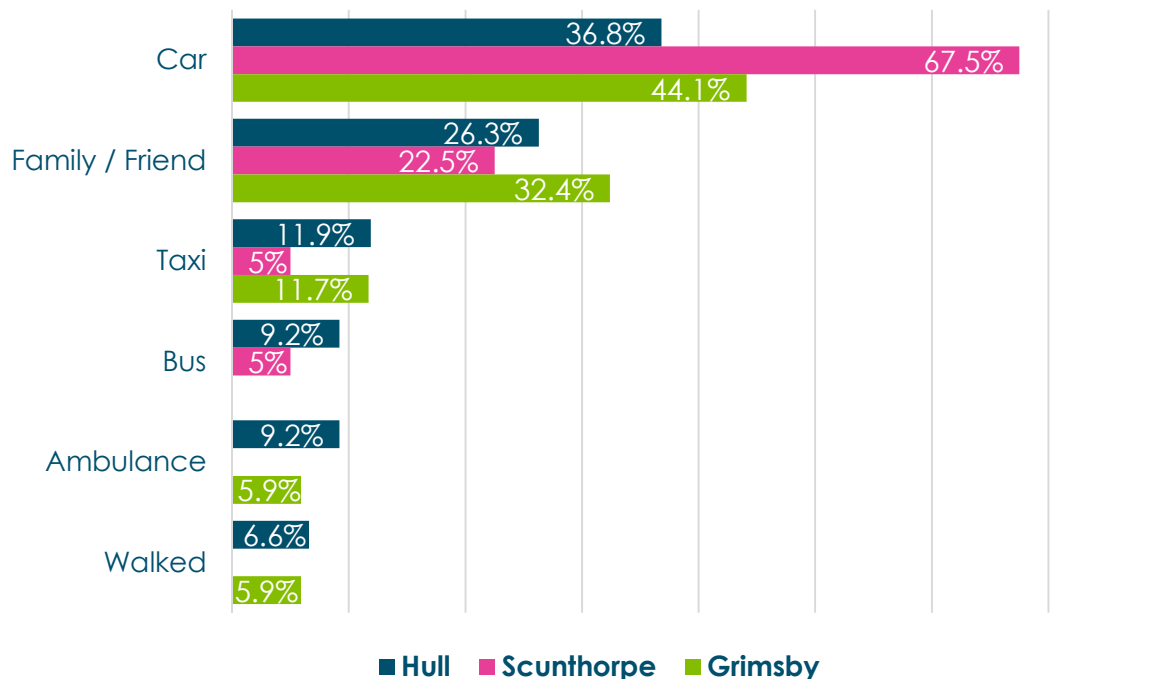
## Use of Internet to Gather Information



Secondly, when asked how patients arrived at their local ED, Healthwatch found the most common method of travel to each hospital was by car, followed by patients being brought to hospital by a family member / friend.



## How Patients Travelled To Their Local ED

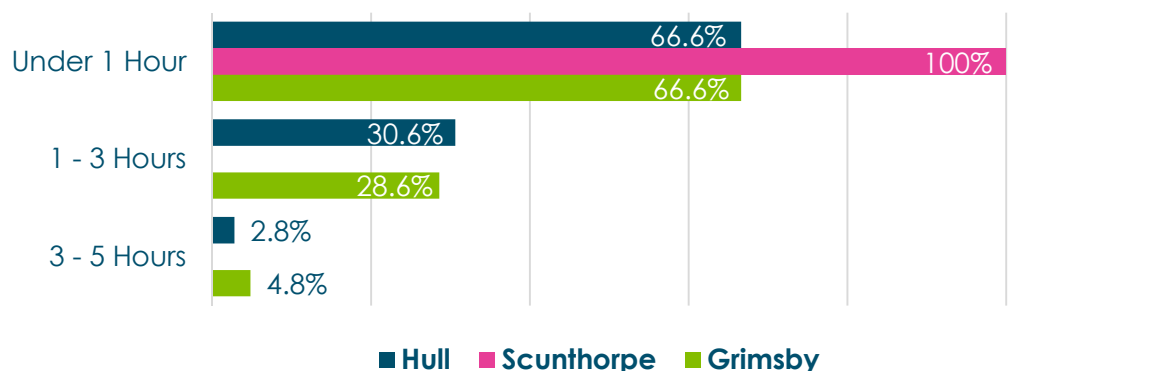


Thirdly, to assess the patients experience using ED services, the HHN explored waiting times and whether patients felt safe.

As patients were present at the hospital by the time Healthwatch started our Enter and View visits taking place, we asked patients whether they had already had an initial triage appointment or if they were still waiting.

The HHN found that 56.9% of patients (Hull: 37 patients, Scunthorpe: 29 patients and Grimsby: 21 patients) were still waiting to have an initial consultation following their arrival at their local ED and most commonly at the time of the completing the initial survey, patients were currently waiting under one hour.

## Current Waiting Time





Additionally, Healthwatch Representatives asked patients what their expectations were once they had an initial consultation about the care and treatment they would receive, and patients' highlighted a range of responses.

**Please note:** Responses listed are less than total responses as some patients provided similar answers.

Expectations Once Seen – Hull
“Some form of treatment for possible blood clot.”
“Getting my problem sorted and know what's wrong with me.”
“To understand the condition I've arrived with and how it can be treated.”
“To be referred for treatment.”
“To know what is wrong with me and to receive the care I need to get better.”
“Await blood tests and diagnosis.”
“Diagnosis for condition.”
“Advice on next steps.”
“Prescribe / advice.”
“Expect redressing and antibiotics.”
“Expect treatment to stop it from happening.”
“Admittance / treatment.”
“None so far - wouldn't let carer stay with her- reception made her leave- can't see need the help- carer left waiting outside.”
“Not sure had various diagnoses but my foot is still badly swollen and painful.”
“Maybe X-ray.”
“Refer to consultant.”
“Referral for treatment. I don't like it's the second time I have had to be referred.”



### Expectations Once Seen - Scunthorpe

"Immediate treatment, worried about blood clot - expert advice and pre-existing conditions."

"X-ray, observation."

"Treatment / advice."

"Reassurance."

"No expectations, pain relief."

"Get Injection (GP said)."

"Dress wound, stitches?"

"Hoping they going to fix my nose and painkillers."

"Dress wound, stitches."

"Immediate treatment and pain relief. X-ray."

"I've come for an x-ray and take their advice."

"To feel better and go home - not another night in hospital having tests."

"Peace of mind, advice and treatment if needed."

### Expectations Once Seen - Grimsby

"Simply told to seat and wait, no indication but I don't expect to be waiting long."

"To be checked over."

"X-ray, fracture clinic."

"Pain relief."

"Assess, maybe an x-ray / scan."

"Treatment for reflux."

"Maybe the lump lancing."

"Antibiotics."

"Someone to actually listen."

"No idea; thinks she has heart problems. GP has done an ECG and blood then sent her here."

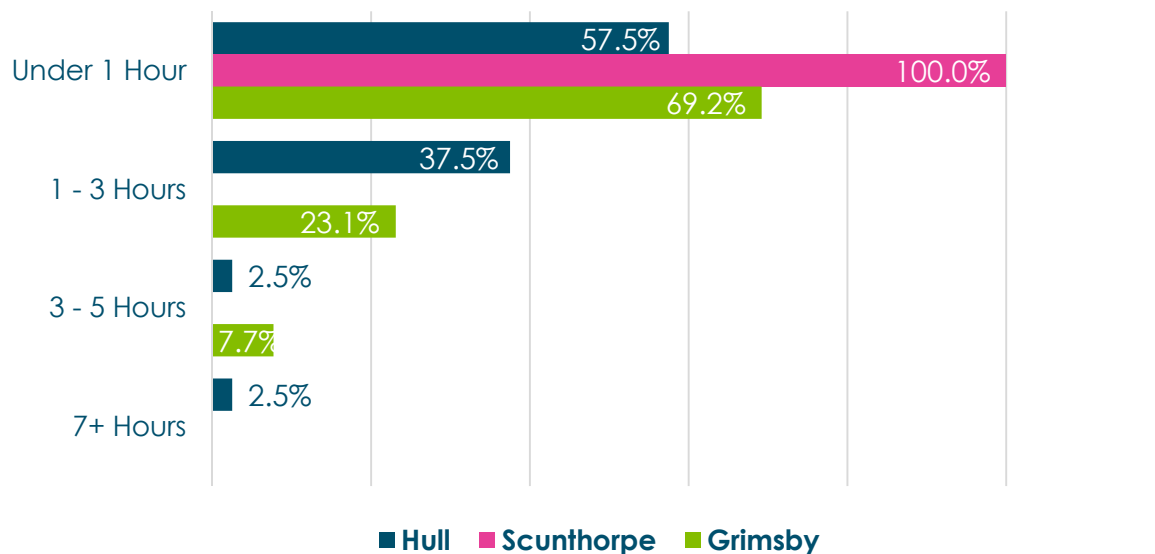
"X-ray maybe? An MRI was mentioned in Louth."



"I would like to know what's going on, I had surgery last week on the hand and had no issues, 1 week later and I have a very swollen hand."

Furthermore, the HHN found that 43.1% patients (Hull: 40 patients, Scunthorpe: 13 patients and Grimsby: 13 patients) had already had an initial triage appointment by the time we completed the initial survey and patients most often were waiting under an hour from arrival before the appointment taking place.

## Waiting Times Before Seen



Following their consultation, Healthwatch asked patients what their expectations were for care and treatment after using ED services. The HHN received the following responses:

### Please note:

Responses listed are less than total responses as some patients provided similar answers.

### Expectations After Initial Consultation - Hull

"I have to wait to be seen by the mental health team."

"Still waiting for test results, needs pain relief, not been told what's going on or what may happen."

"Given ECG, waiting for results."

"Just took blood pressure and said to wait, just want to know what's wrong with me."



"I would have an x-ray as couldn't get one organised by GP as waiting list too long."

"Take bloods and receive treatment."

"Just wait to see Doctor."

"Just took blood pressure and bloods. I have to wait, didn't tell me anything."

"Hopefully get problem sorted."

"Haven't told me anything."

"Said it would be sometime that I would be waiting to see doctor, possibly x-ray to see if she still has original infection and antibiotics."

"I would need to await initial results before being advised of treatment options."

"I would be looked after."

"I would be seen again after initial assessment to discuss condition further and treatment options."

"Dressing and returned to be redressed then GP for further dressing."

"Exploring different treatment options for my condition."

"Not much yet drug addiction not much empathy."

"Told treatment and overnight in hospital."

"X-ray and awaiting results."

"Given treatment but no other explanation."

"Just taken straight through to children's A&E waiting x-ray results."

"Medication."

"Waiting for ECG and they told me it won't be late but waited for nearly two hours."

"None; just take a seat and doctor will see you, not sure how long it will be."

"It was very quiet when I went in. I wasn't given any expectations except that I would probably be admitted."



### Expectations After Initial Consultation - Scunthorpe

"Treatment; wait for prescription for ear drops."

"Just sit and wait."

"Blood test."

"Bladder scan."

"MRI to check unexpected anomaly."

"Seen by Doctor / Surgeon to be examined again."

### Expectations After Initial Consultation - Grimsby

"I will be receiving another E.C.G."

"I thought I was seeing doctor immediately, been waiting over 4 hours."

"An X-ray is required, expected break as have had numerous breaks on the same wrist."

"Much stronger antibiotics as already had 3 courses for the same problem."

"Check over, will probably see a doctor and be sent straight home."

"I was told I would have a blood test by a doctor shortly, then receive immediate treatment."

"I've had an assessment, Bloods taken, ready for admission, treated 2 weeks ago for same condition and was an inpatient for 5 days."

"Unsure."

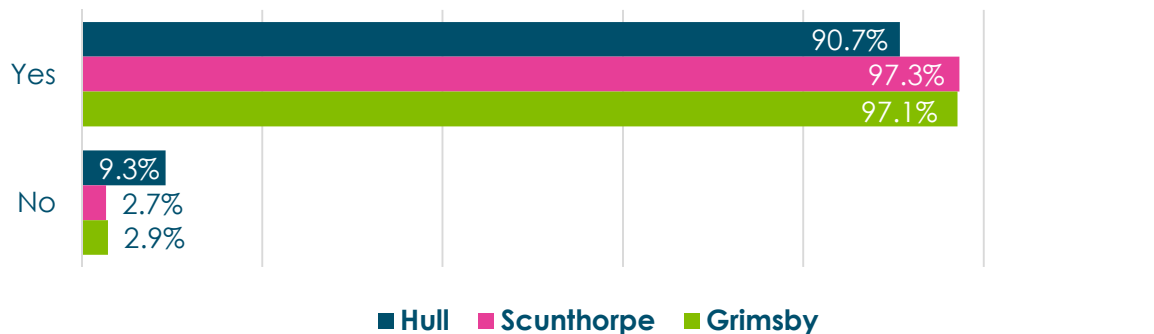
"None really, I was advised I will be in for a long wait as waiting for a specialist."

"Actually none."

Finally, in light of the pandemic, Healthwatch wanted to know how patients felt when attending and whether they felt safe waiting in their local ED. The HHN found large percentages of patients felt safe with 88.9% patients (Hull: 69 patients, Scunthorpe: 42 patients and Grimsby: 33 patients) answering 'yes' to 'do patients feel safe in their local ED?'



## Do Patients Feel Safe In Their Local ED



Additionally, in order to understand more specifically why patients did or did not feel safe at their local ED, Healthwatch asked if there were any particular reasons for their answer (including personal and COVID-19 safety). Patients informed the HHN of the following:

### Reasons Patients Felt Safe – Hull

- "There are medical people here and nice nurses."
- "Presence of staff."
- "Everything is spaced out so I feel safe from COVID."
- "There's enough room."
- "Well-spaced out with screens between."
- "There's enough staff and spacing is adequate."
- "There's not a lot of people around so I feel comfortable."
- "Clean environment, mask enforcement as you come into the building, spaced out seating."
- "There's no danger."
- "The staff are lovely."
- "Looks and feels safe."
- "Security is very good, it's also very quiet."
- "Calm environment and helpful staff."
- "Nice environment, relaxing having people around."
- "The way it is set up."
- "Good team of people here Good NHS system."



"Everyone keeping their distance."

"Plenty of staff."

"Staff on desk and quiet reception area."

"Everyone was very kind helpful and nice."

### Reasons Patients Felt Safe – Scunthorpe

"Barriers, cleaning station, masks available."

"People around. Always someone to help."

"Friendly environment."

"I feel safe however, not on my own as had strokes. Partially sighted so feel better with sister."

"Safe place. No reason to feel unsafe."

"Booths. Protecting myself."

"Always have felt safe here."

"Waiting area feels safe."

"Confident in surroundings."

"Calm, quiet, timing - not the same at night."

"Presence of security."

"Police presence and COVID-19 barriers."

"Screens, masks available."

"Nurses / doctors present."

"No previous trouble/disputes. People around to help, and don't feel isolated."

### Reasons Patients Felt Safe – Grimsby

"Very secure, pods, one-way systems, hand sanitizer and masks."

"I've seen nothing to suggest I shouldn't be safe."

"Following procedures."

"Feels safe, but feels it should be the patient's responsibility, not the hospitals."



“Mask, screens, limited access and sanitizer all clearly used.”

“All COVID-19 procedures been followed, I feel safe.”

“All good, clearly have things organised and things in place.”

“Following guidelines, visible security staff.”

“Calm no reason to feel otherwise. I feel a little cold in the waiting area.”

“Calm, seemed well organised, occasional security staff appearance.”

“Calm atmosphere, no reason to believe otherwise.”

### Reasons Patients Did Not Feel Safe – Hull

“Not with my carer as they were told to wait outside, struggle with anxiety - struggle without carer.”

“Suffer with mental health, feels anxious and worried about being there.”

“Crowded, not enough seats.”

“50 / 50, there was a guy who was a substance abuser who was shouting and security had to remove him.”

“Security intimidating me.”

### Reasons Patients Did Not Feel Safe – Scunthorpe

“I do not feel safe staying on own at age and I have a fear of doctors.”

### Reasons Patients Did Not Feel Safe – Grimsby

“Just general anxiety.”



## Demographics

Collecting demographic data helps Healthwatch to understand how people's characteristics affect their experience of Health and Social Care services; both at a local and national level.

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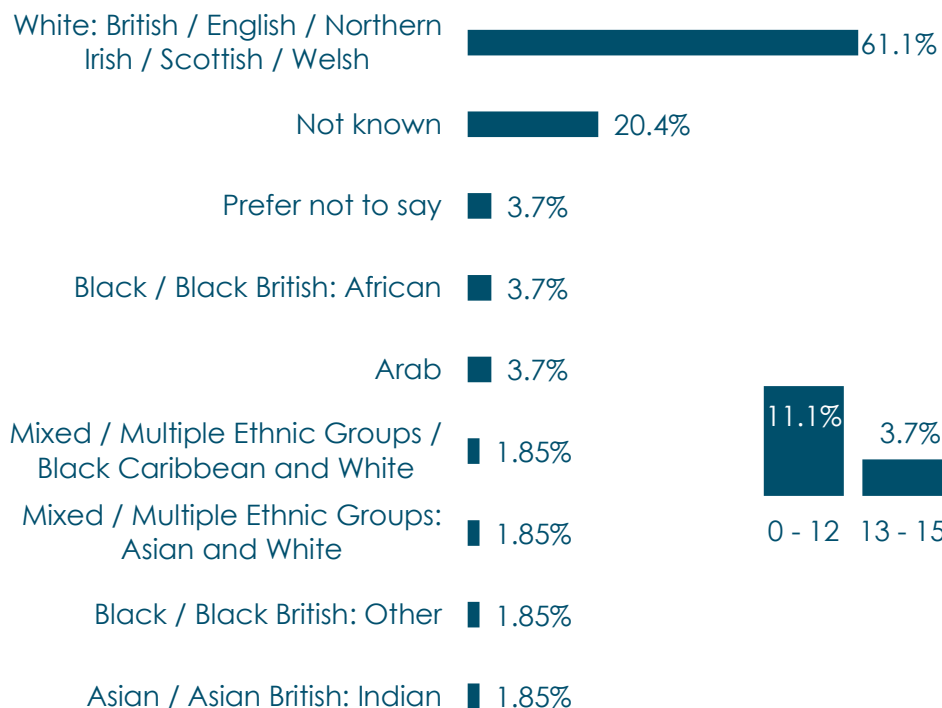
As providing demographic data is optional, some patients advised Healthwatch that they did not want to answer some or all questions relating their demographics.

We also found due to COVID-19 mitigation protocols, patients at Diana Princess of Wales Hospital were unable to complete demographic data questionnaires.

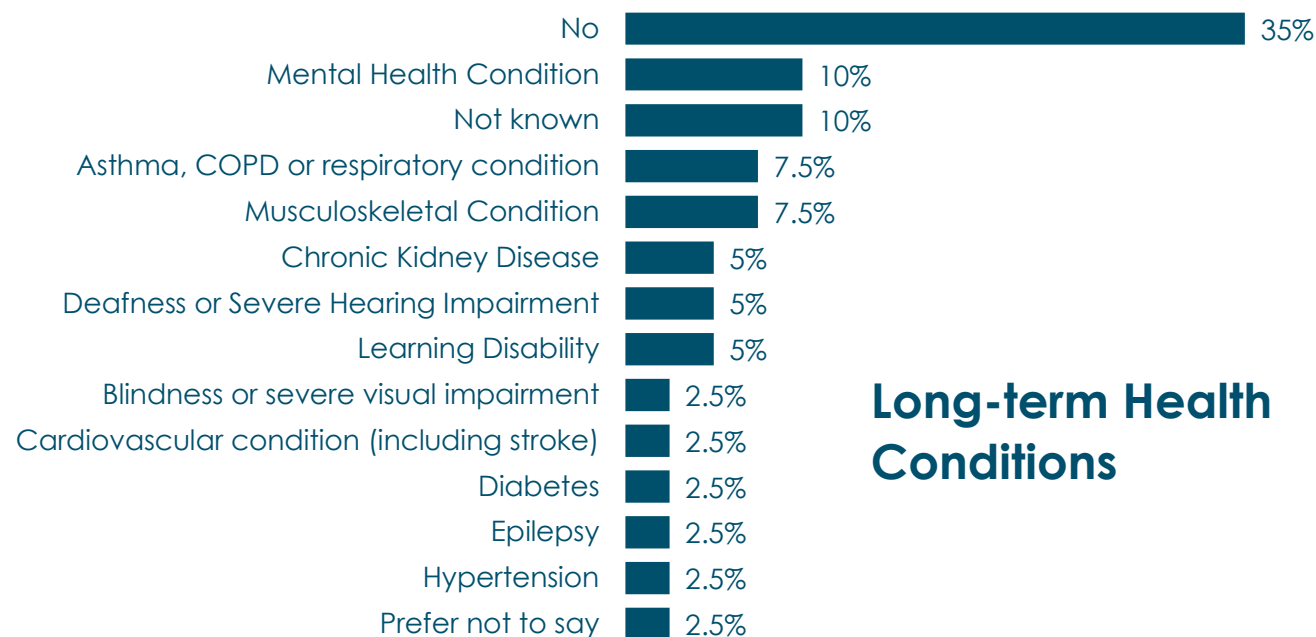
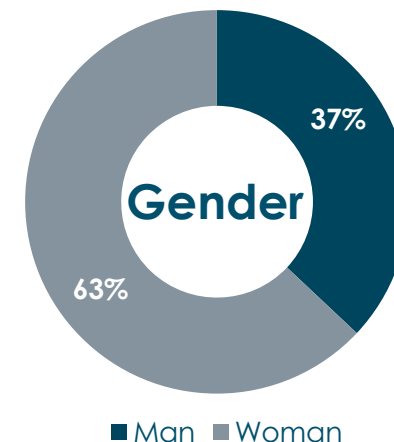
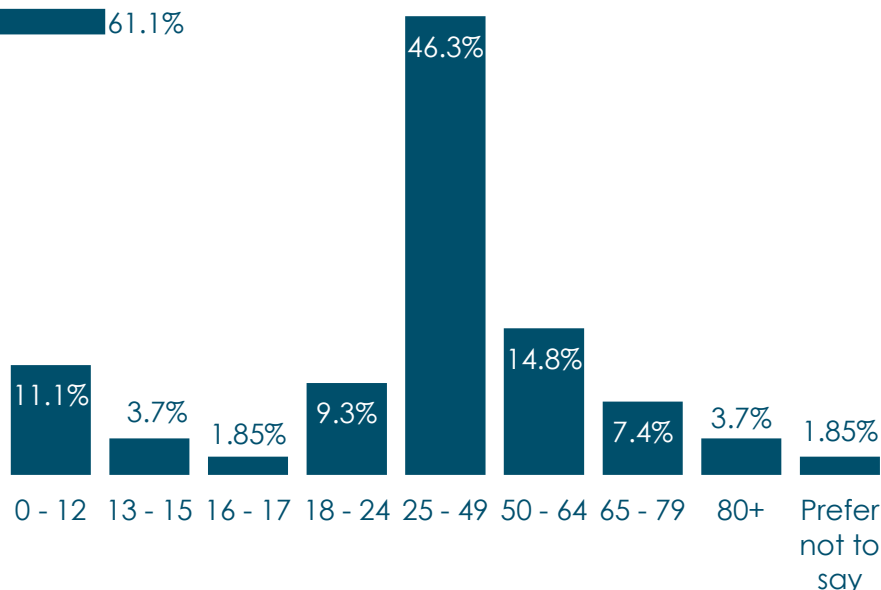


# Patient Demographics

## Ethnic Background



## Age

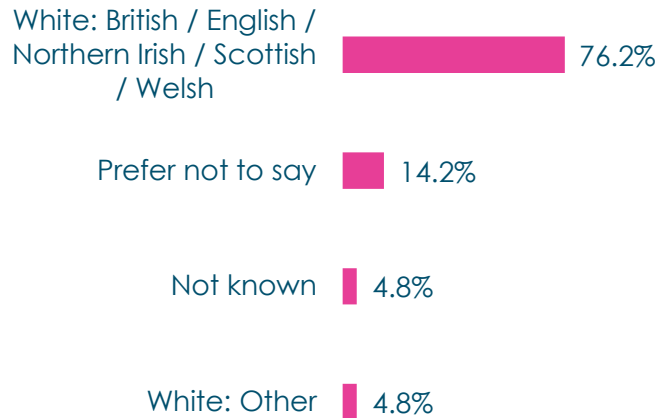


## Long-term Health Conditions

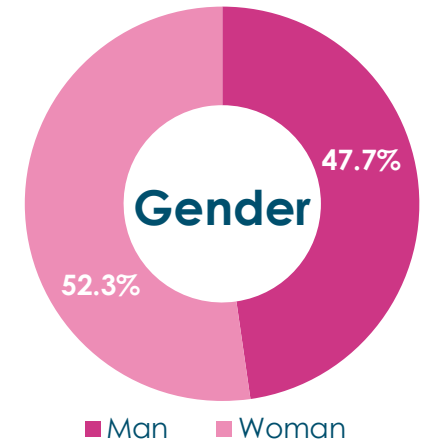
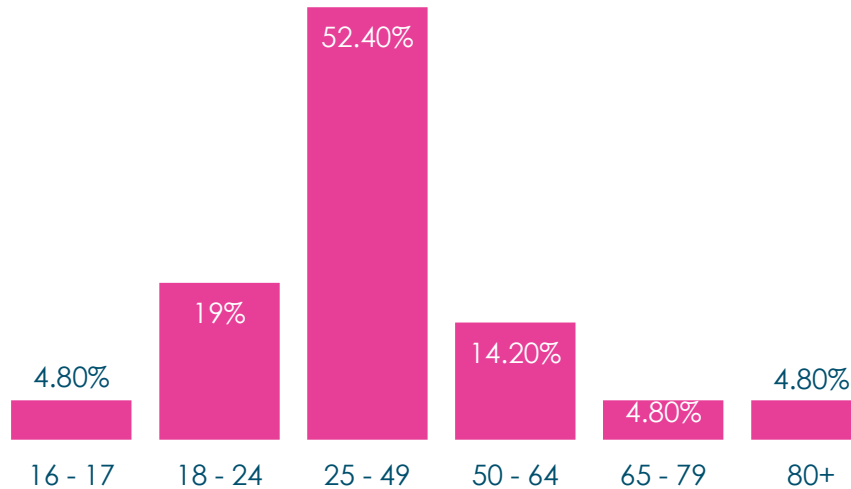


# Patient Demographics

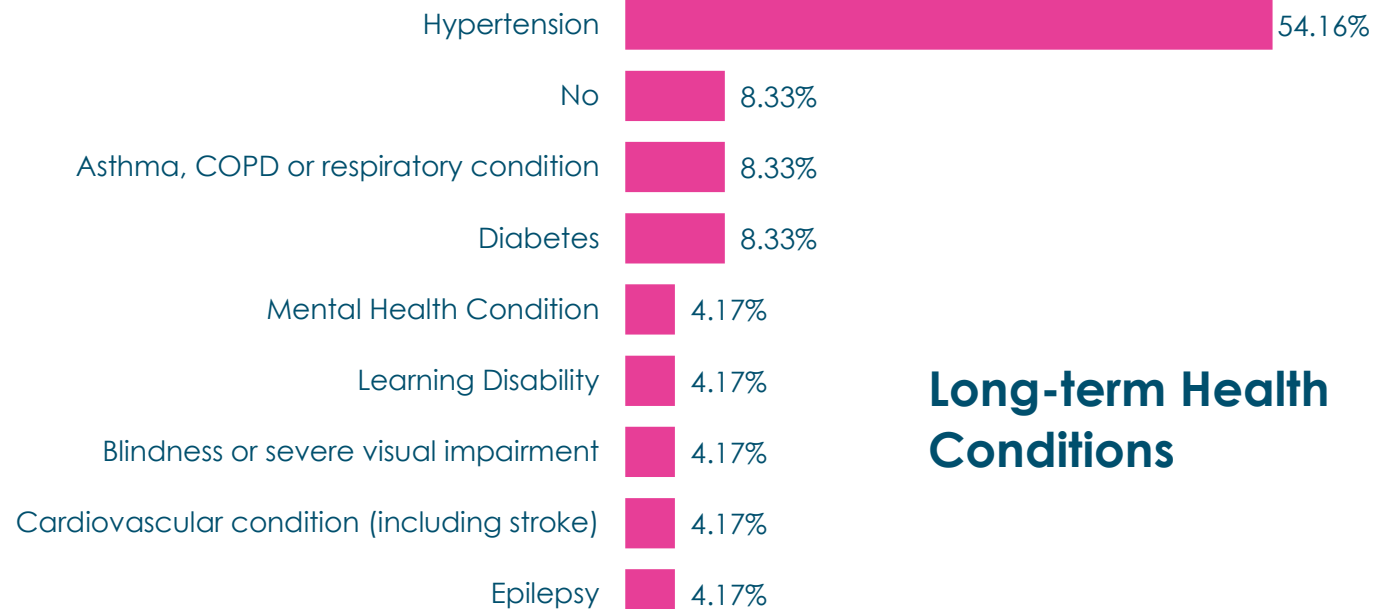
## Ethnic Background



## Age



## Scunthorpe



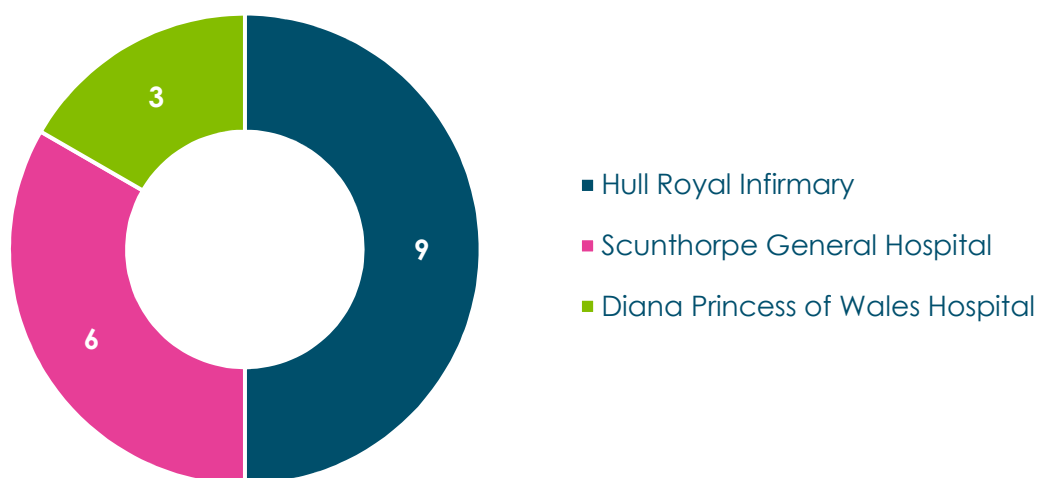


## 4. Follow-up Survey

Healthwatch wanted to capture the full patient experience, so the HHN asked patients if they wanted to complete the follow-up survey about their recent experience at their local ED.

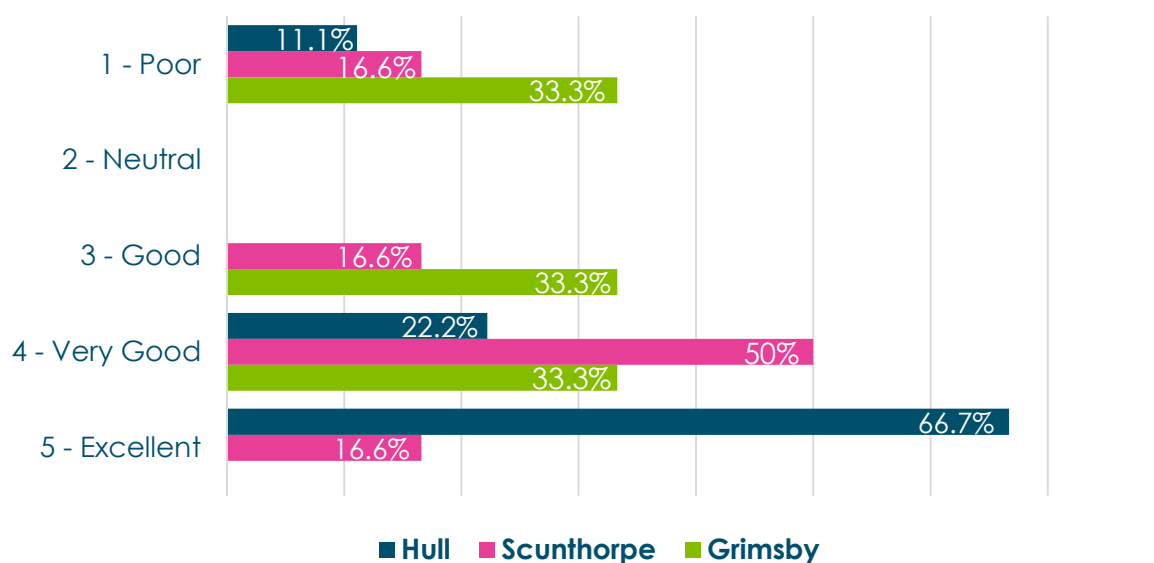
In total, 18 patients completed the follow-up survey, with 14 patients (77.8%) agreeing to be contacted by Healthwatch and a further four completing it online.

### Follow Up Engagement (By Hospital)



Firstly, to understand the patients' experience, Healthwatch wanted to know what patients would rate their experience. The HHN found the majority of patients rated their experience 'very good' (4/5) or 'excellent' (5/5).

### Experience Rating





Additionally, to learn more about the patient's experience, the HHN asked patients how the patient came to their rating.

Patient's reasons for rating included:

Rating Given	Hull - Reason For Rating
1 (Poor)	"Felt intimidated. Felt isolated and unwanted because of an ongoing situation. Doctors were ok but nursing staff were not so friendly. There was an issue with my ex-partner. I felt he was spoken to in an unacceptable manor but they said I had made them feel intimidated."
4 (Very Good)	"I was fortunate that I went in when department was very quiet. People were very kind." "Staff very professional and helpful."
5 (Excellent)	"All very good. Considerate staff. Well looked after." "Was seen and assessed quickly, Consultant gave clear diagnosis, and arranged further tests." "Seen very quick booked in and seen to within 4hrs." "They gave me medication and an appointment with eye clinic." "I would rate my experience as a 5. The treatment and service were fantastic." "Once we saw a Doctor I would give the service a 5. She was lovely. However, we had to wait 5 hours. We were triaged after 1 hour and told that my son would be given an electrocardiogram (ECG) straight but this didn't happen. When we got in to see the GP she told us they had forgotten the ECG and arranged for my son to have one straight away."



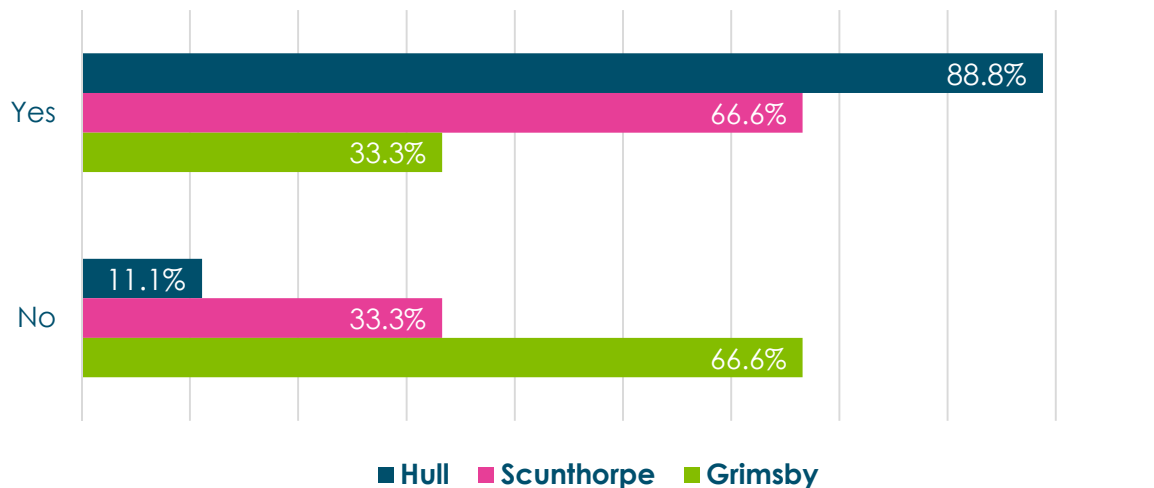
Rating Given	Scunthorpe - Reason For Rating
1 (Poor)	"Partner not allowed in to the treatment room even though the patient was only 16."
3 (Good)	"Sent from Goole, but when she arrived, A&E didn't know why she was there."
4 (Very Good)	<p>"Walked straight in not very busy."</p> <p>"Experience was fine; however, daughter was transferred to another department without notifying and father was sat waiting. Eventually he asked where she had gone and what was happening."</p> <p>"Good until discharge, junior doctor seemed new and wasn't knowledgeable on the discharge process, so the patient sat unnecessarily for 1 hour before a nurse from triage noticed and discharged him."</p>
5 (Excellent)	"Doctor was thorough and supportive."

Rating Given	Grimsby - Reason For Rating
1 (Poor)	"Waiting in the cold queuing up, no nurse to see who need to be seen or prioritising, disgrace how I was spoken too, not child friendly whatsoever. Totally understand there understaffed, but all gathered speaking to each other rather than patients. Receptionist diagnosing before been seen."
3 (Good)	"After attending my GP who then sent me to Louth Hospital, I was then sent to Grimsby without any clue as to why just that Louth Hospital felt Grimsby could better assist, been from Louth this was particularly difficult due to been unable to drive in my current situation and no transport was offered. I had an x-ray and was sent home to wait for an MRI Appointment."
4 (Very Good)	"It was cold but not as crowded this time. I was seen within an hour (it was three hours last time) and passed onto the correct unit where I got an appointment for a scan the following day. Just add that it is an hour's journey for me from Sutton-on-Sea."



Furthermore, to determine whether the information patients' received at their local ED regarding their condition provided them with enough detail on how to successfully manage the issue; or the best option to seek treatment should they need it in the future. Healthwatch asked patients whether they were satisfied with the information provided. The HHN found 13 patients (72.3%) (Hull: 8 patients, Scunthorpe: 4 patients and Grimsby: 1 patient) felt satisfied.

## Satisfaction with Information



Healthwatch also asked patients if they felt anything could have been more helpful regarding their experience. The HHN provided with the following responses:

### Could anything have been more helpful? - Hull

"The initial call with 111."

"Very long wait (10-15 minutes to connect with emergency operator.)"

"I was put on medication that I needed. Happy with that but would have preferred to go to my GP. I needed to see them urgently and I couldn't get in till next week. I shouldn't have been in A&E but There was a problem with GP telephone system. So, couldn't get through in time to get an earlier appointment and my problem was urgent."

"I don't understand why it happened. I couldn't move fingers or wrist and it was painful but the feeling has come back and I can move it more now."

The brace I was given was helpful but it's uncomfortable at night. The Pharmacy advised camomile tea and that is helping me sleep better. They are very good I went to the pharmacy for my flu jab."

"The Doctor was very helpful. I'm not sure if more could have been done. It is a difficult situation. They are under a lot of pressure I'm a dental nurse and



I understand this. But waiting all that time, expecting an ECG and no explanation of what was going on was very worrying for my son and I.”

“I know a lot about my condition but they were very helpful.”

### Could anything have been more helpful? - Scunthorpe

“Communication between staff and patients and those accompanying them could be better.”

“Communication between staff around the discharge process.”

“For partner to be allowed in with the patient.”

### Could anything have been more helpful? - Grimsby

“I was giving them more information than the doctors even knew, no communication whatsoever. I was visiting due to a reoccurring problem so I knew the score and what was to happen next, the doctors didn't.”

“An explanation of what will come next.”

Following the patients visit, Healthwatch wanted to know whether patients would use an alternative service in the future or whether they would still attend their local ED in the future. The HHN found that 9 (50%) patients said they would still prefer to attend their local ED.

In addition to this, Healthwatch also asked patients for more information around their decision. The HHN were told:

### Would you use Emergency Departments or an alternative service in the future? - Hull

“I would still always go to A&E.”

“As I felt like I was going to pass out, in this instance I needed 999. After an initial assessment the senior Paramedic recommend I was checked out by the hospital.”

“HRI is very close to me so I can walk there. Whereas I have to travel to other services. If there was an urgent treatment centre at HRI that would be really helpful.”

“If it was a non-emergency I would go to a non-emergency place next time.”



"I would have liked to have gone to my GP but I can't get online so I find it very difficult to get an appointment. I didn't want to bother A&E but I felt I had no choice.

My son goes on line for me but he can't always help because he's busy. I am supposed to have regular blood tests and I find it difficult to get my repeat prescriptions.

My Daughter in law helps but they live quite far away. I did have a blood test at the surgery and they said I should see someone regarding my Thyroid. Then they rang and said they were worried about Diabetes. Someone was supposed to call to make me an appointment but it hasn't happened and I find it so hard to get hold of them."

"A&E would not have been my choice. I would have preferred to go to our local Urgent Treatment Centre but the GP said to go to A&E.

I did ask if walk in centre would have been much better. We have a walk-in centre 10 mins away as they have an ECG monitor there. I know quite a bit about our walk-in centre I think he could have had the same treatment there. The GP said my son needed bloods and a chest x-ray our local treatment centre could be helped.

I was cross with the GP as they wouldn't see my son. It infuriates me that GPs are not seeing patients. At my dental surgery, we continue to work throughout COVID and see patients. I don't understand why GPs won't."

### **Would you use Emergency Departments or an alternative service in the future? - Scunthorpe**

"Would choose A&E again."

"I would always go to A&E"

### **Would you use Emergency Departments or an alternative service in the future? - Grimsby**

"Would choose a different hospital unless improvements are made."

"I did not choose A&E, I was advised to attend. I feel my GP could have organised the MRI and x-rays."

"I would go to A&E in the future."



To understand the patient experience in further detail, Healthwatch also wanted to know about how patients' felt about the treatment they received. The HHN were told:

### How did you feel about the treatment you received? - Hull

"Very good very clear advice."

"Fairly happy. I got better service than my GP but the Doctors were very helpful."

"I feel it's pretty good. I feel better and I can see better now."

"The brace they gave me is helpful. Physio supposed to ring Sat am but not heard anything."

"My son is 14. The GP told him he may have a blood clot on his lung which really frightened him. The GP said he would have to have blood taken and a chest x-ray. My son doesn't like needles and hates blood tests. I don't think she should have told him this because of his age. When we got to see the nurse, she said that they wouldn't need to take blood or give him and X-ray either. She said an ECG would show up any anomaly."

"Fine they did the best they could."

"Other than the wait for the Ambulance operator, and for an ambulance, everything else was excellent."

"Satisfactory the treatment I received has helped."

### How did you feel about the treatment you received? - Scunthorpe

"Happy - no issues with the treatment. Had a scan and all went smoothly."

"Not too bad."

"Seemed okay, did tests."

"Still waiting on MRI for son - Hospital rang on Thursday and said he's on emergency waiting list but there's been no contact from them since. Her son is due to see a consultant in 2 weeks, so they're hoping he has his MRI appointment before then."

"Very good."



### How did you feel about the treatment you received? - Grimsby

“A mistake last March has led to an ongoing health issue. It could have been avoided.”

“Shocking, made to wait for oxygen (3-year-old son).”

“Still on going, getting worse not better.”

Additionally, following patients' recent experiences at their local ED, Healthwatch asked whether patients had any suggestions on what could be changed to improve their experience in the future. The HHN were told:

### Do you have any suggestions after attending your local Emergency Department? - Hull

“If staff treated me better I would feel more comfortable. I've never felt totally happy at HRI but I do like Castle Hill. I feel unwanted when I go to HRI. Because of my mental health I need to go quite a lot.”

“No suggestions. They were very helpful.”

“Physio were supposed to ring me on the Saturday morning but no one has rung.”

“I don't know what the answer is but I think that GPs should find out more about what Urgent Treatment Centres can offer and look into sending more patients there rather than putting it all on A&E.”

“NHS needs more funding.”

### Do you have any suggestions after attending your local Emergency Department? - Scunthorpe

“Discharge process to be improved to prevent waiting.”

### Do you have any suggestions after attending your local Emergency Department? - Grimsby

“More staff to triage patients as soon as they arrive.”

“Extra staff when entering the building, better support for parents as i was spoken to like rubbish (was upset due to my son been poorly), staff need training and more compassion.”

“Better communication, not sure would relate to the actual staff in A&E, I just seem to be on a wild goose chase.”



Furthermore, Healthwatch also wanted to hear if anything had gone well during their experience. Patients advised they felt the following went well:

### **Is there anything you felt went well during your visit to your local Emergency Department? - Hull**

“Staff brilliant very professional and very helpful.”

“Doctors were very helpful and I am hopeful that they have given me the right medication to help me.”

“The conversation with the doctor was really helpful.”

“Everybody was wonderful. I couldn't fault it.”

“When we saw the doctor, she was so lovely she explained everything and examined him. When she saw they had forgotten the ECG she arranged it straight away.”

“Staff were considerate of need to isolate from other patients.”

“Initial assessment by the Ambulance crew and lead paramedic was excellent.”

### **Is there anything you felt went well during your visit to your local Emergency Department? - Scunthorpe**

“Thorough examination from a lovely doctor.”

“Treatment went well and didn't wait long to be seen - only 10 mins.”

“The bone specialist they saw was extremely good at explaining what was going on.”

“Good doctors' attention.”

“Seen speedily - the visit was 4 hours in total (entering A&E - discharge), but patient only waited 20 mins before initial assessment. Then 1 further hour before being seen by the doctor.”

### **Is there anything you felt went well during your visit to your local Emergency Department? - Grimsby**

“Helpful and friendly staff at all levels.”

“Staff very helpful throughout.”



## 5. Emerging Themes and Case Studies

Following the Feedback Survey (2020), the HAS wanted to use the information gathered to assist in the development of future models of UEC across the Humber.

By conducting engagement exercises with patients, they hoped to understand from the patients' perspective why they are choosing to use ED services currently and what they need to avoid unnecessary use of ED services in the future.

The HAS asked patients questions around the following:

- Are there problems and/or gaps in existing provision?
- Is the existing provision accessible?
- Do people know about it and how to access it?

Following the recent ED Enter and View visits, Healthwatch analysed the information and experiences gathered to find whether there were any particular experiences and themes which identified where Healthwatch recommendations could be made.



## Emerging Theme One – GP Appointments:

18.8% of patients who told the HHN they could have used an alternative service to their local ED said they attended due to difficulties in arranging an appointment with their GP.

Patients told Healthwatch these difficulties were due to either experiencing issues when attempting to contact their GP, being unable to secure an appointment or the appointment they received did not meet their needs (not soon enough or telephone rather than face-to-face).

Patient surveys identified	
<b>Hull Royal Infirmary</b>	“Completed GP online form, I expected doctors to ring and ask if they can help but they contacted declining appointment.”
<b>Scunthorpe General Hospital</b>	“No appointments available 4 weeks.”
<b>Diana Princess of Wales Hospital</b>	“I have a GP but they cannot get face-to-face appointments.”

Case Study: Hull Royal Infirmary
<p>An elderly (80+), widowed, lady who lives in Anlaby was advised to attend the Hull Royal Infirmary ED by her carer. She told Healthwatch:</p> <p>“I would have liked to have gone to my GP, but I can't get online so I find it very difficult to get an appointment. I didn't want to bother A&amp;E but I felt I had no choice.”</p> <p>The lady said the care she received at the ED was “fantastic” but she had not received information to help her understand her condition. She had been advised that a Physiotherapist would call her the following day to arrange treatment for her condition, however that when speaking to her two weeks later, Healthwatch found that she had not been contacted.</p> <p>The lady mentioned to the Healthwatch Representative that she was supposed to have blood tests every 3 months but that she had not been able to get through to her GP regarding this. She stated:</p> <p>“My son goes on-line for me but he can't always help because he's busy. I am supposed to have regular blood tests and I find it difficult to get my repeat prescriptions.”</p> <p>After her GP appointment, she stated:</p>



"I did have a blood test at the surgery and they said I should see someone regarding my thyroid. Then they rang and said they were worried about diabetes. Someone was supposed to call to make me an appointment but that hasn't happened and I find it so hard to get hold of them."

The Healthwatch recommendations (section 6) can assist the planning and implementation of SMART targets for Emerging Theme One – GP Appointments.



## Emerging Theme Two – Clinical Decisions and Diagnostics:

When exploring further, Healthwatch found that patients were more commonly advised to attend their local ED by their GP than any other service and secondly, when assessing the awareness of NHS 111, Healthwatch can identify the public's knowledge is high across all areas, but a difference is apparent between areas for patients advised to use ED services by GP's and NHS 111.

### Advised to attend by:

- GP; (Hull; 28.8%, Scunthorpe; 51.5% and Grimsby 60%).
- NHS 111; (Hull; 30.8%, Scunthorpe; 11.4% and Grimsby; 12.0%)

To support the HAS wishes to understand what impact there might be if existing hospital-based provision changes and more out of hospital provision is made available. Healthwatch found that despite there being potentially other treatment options available, patients were still advised to attend ED.

Patient surveys identified	
<b>Hull Royal Infirmary</b>	<p>"I don't know what the answer is but I think that GPs should find out more about what Urgent Treatment Centres can offer and look into sending more patients there rather than putting it all on A&amp;E."</p> <p>"GP told me to come to A&amp;E instead of other walk-in centres."</p>
<b>Scunthorpe General Hospital</b>	<p>"Healthcare package contacted, advised GP, GP advised A&amp;E."</p>

### Case Study: Diana Princess of Wales Hospital

A gentleman who lives in the Louth area had visited his GP Practice and seen his GP, subsequently the GP sent the gentleman to County Hospital Louth and when seen; the gentleman was then sent to Grimsby Hospital as Louth Hospital felt that Grimsby Hospital could better assist his needs.

Healthwatch learnt this was especially difficult because no transport was offered to the gentleman, when the nature of the condition highlighted the gentleman could not drive.



The gentleman's solution was to obtain a lift from a family member and when he arrived at Grimsby Hospital he was offered an x-ray before being sent home to await an appointment for an MRI scan.

The gentleman feels that he was not given enough information about his condition or why he had not been seen by a GP, when Louth Hospital and Grimsby Hospital told him he was in need of an appointment for an MRI scan.

The gentleman felt that due to the lack of communication between hospitals he was sent to unnecessary locations and his condition has not improved. It appears he visited his GP Practice first and then was sent to two hospitals when his GP could have dealt with his needs more effectively.

The gentleman said "I did not choose A&E, I was advised to attend. I feel my GP could have organised the MRI and x-rays".

However he did say that "staff were very helpful throughout".

Firstly, Healthwatch found that over 50% of patients who we engaged with during the Enter and View visits in Scunthorpe and Grimsby are referred to ED services when it may be possible the patient needs could be met through GP Practices or alternative services. Secondly, the patient's knowledge of alternative services to ED is high for GP, NHS 111 and Pharmacy, but significantly lower for other alternative services. Healthwatch believe this could be due to patients being referred to their local ED and not being informed of alternative services. Additionally, Healthwatch found a specific access issue at a Walk-in Centre in Hull.

### Case Study: Hull Royal Infirmary

A lady who had only recently arrived in the UK from the Philippines, she sought support from NHS 111 and she was advised to attend her local Walk-in Centre in Hull for support and treatment following the explanation of her condition.

When asked by Healthwatch why she had attended, an ED instead of the Walk-in Centre, she said: "I had no other choice." Prior to visiting the ED, she had tried to use the Walk-in Centre but found that she were not eligible for treatment because she was not a UK Citizen.

Whilst the lady waited for triage at the Hull Royal Infirmary ED, she said "I don't have GP yet, they couldn't help me so had to come to A&E."



The Healthwatch recommendations (section 6) can assist the planning and implementation of SMART targets for Emerging Theme Two – Clinical Decisions and Diagnostics.



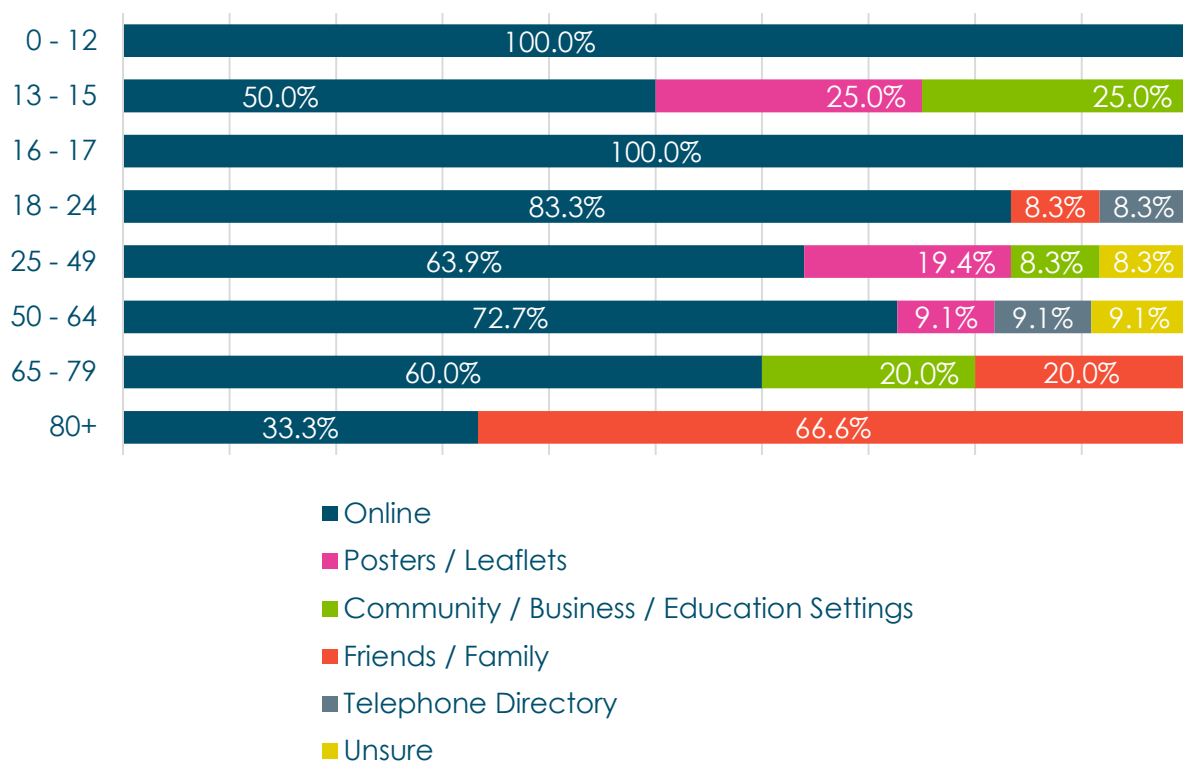
## Emerging Theme Three – Informing the Public:

Healthwatch identified between 24% – 37.1% of patients at ED were advised to attend their local ED by 'other' (Workplace First Aiders, School Nurses, family and friends as well as other Health Professionals) and coupled with Healthwatch demographic data provided by 49% (75/153) of patients, Healthwatch can compare communication preferences by age, gender and for individuals who regularly attend ED.

### Communication Preferences by Age

Healthwatch found that although the most common age group to provide their age was 25-49 (48%); the majority of age groups indicated online communication methods as their preferred way of finding information.

### Communication Preferences (By Age)



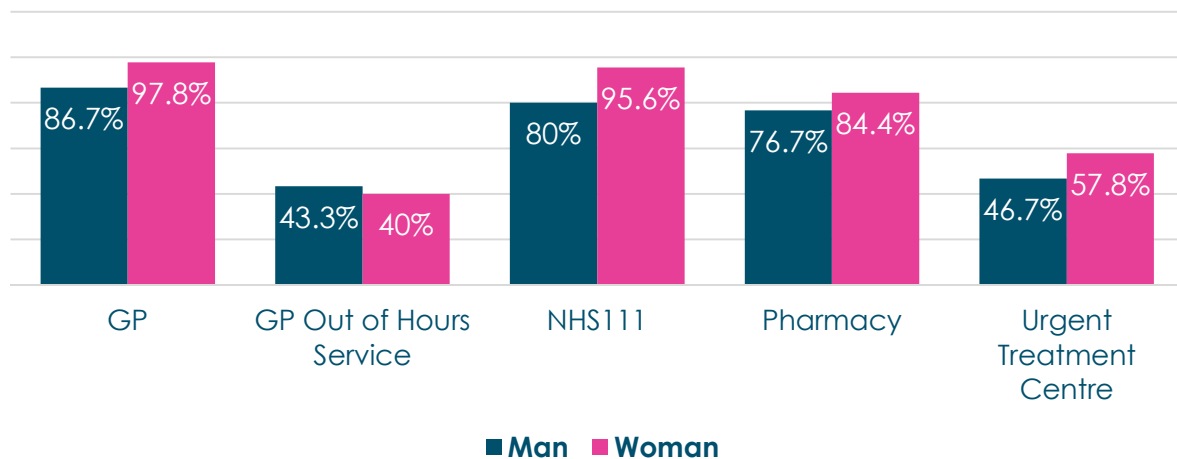
### Awareness of Services by Gender

Healthwatch found that patients preferred to use the internet to find information than any other method. However, from the information Healthwatch collated, Healthwatch believe that patients who identified their gender as man/male appeared less aware of alternative services than



patients who identified as woman/female. It must also be highlighted that no patients' reported a gender group other than man/male or woman/female in the demographic data.

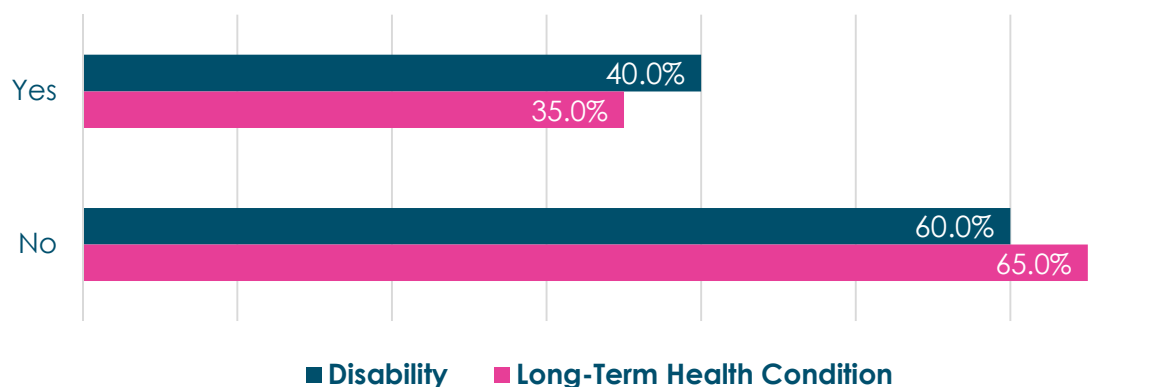
### Alternative Services known: Man (Male) and Woman (Female)



### Repeat Attendance at ED (By Health Requirements)

Healthwatch analysed information provided patients regarding their health needs to assess whether patients with established health conditions were more or less likely to attend their local ED. Healthwatch found that patients who told us they had a disability were 60% more likely and patients with a long-term condition were 65% more likely to use ED services rather than alternative services.

### Repeat Attendance at ED (By Health Need)





Healthwatch identified other reasons why patients' go to ED instead of alternative services.

Patient surveys identified	
<b>Hull Royal Infirmary</b>	<p>"Whenever you phone they [GP] tell you to go to A&amp;E."</p> <p>"Advised by special school nurse as child has autism."</p> <p>"I have PTSD and I didn't know what else to do at the moment of my episode."</p>

The Healthwatch recommendations (section 6) can assist the planning and implementation of SMART targets for Emerging Theme Three – Informing the Public.



## Emerging Theme Four – Carers in ED:

With regards to access, Healthwatch found some patients' experiences were impacted by not being able to have their carer or guardian with them at their local ED or inside treatment rooms. The existing provisions, despite COVID-19 guidance highlight strongly that accessibility issues are apparent and could be improved due to patient complexed needs.

Patient surveys identified	
<b>Hull Royal Infirmary</b>	<p>"Wouldn't let carer stay with her as reception made her leave. Patient can't see and needs the help; carer left waiting outside."</p> <p>"I was with my carer as they were told to wait outside. I struggle with anxiety and struggle without carer."</p>
<b>Scunthorpe General Hospital</b>	<p>"I do not feel safe staying on own at age and I have a fear of doctors."</p> <p>"Daughter was transferred to another department without notifying and father was sat waiting. Eventually he asked where she had gone and what was happening."</p> <p>"Partner not allowed in to the treatment room even though the patient was only 16."</p>

Case Study: Hull Royal Infirmary
<p>A lady attended the Scunthorpe General Hospital Emergency Department after being advised to do so by 999. She was aware of other services, however, the 999 call handler had advised her to attend and therefore, did not seek any other advice.</p> <p>The lady was in her late teens and had a learning disability. She felt unsafe at the Emergency Department because she has a fear of doctors and due to COVID-19 procedures, her partner was not allowed to stay with her.</p> <p>When she was asked whether she would choose a different service in the future, she said "I would still go to A&amp;E". She said that the treatment she received was "not too bad" but her main concern was being in the department by herself which made her feel anxious.</p>

The Healthwatch recommendations (section 6) can assist the planning and implementation of SMART targets for Emerging Theme Four – Carers in ED.



## 6. Recommendations

From the Healthwatch Enter and View visits, the Emerging Themes Healthwatch identified provide recommendations to the HAS for:

- GP Appointments
- Clinical Decisions and Diagnostics
- Informing the Public
- Carers in ED

Healthwatch recommendations are SMART to support implementation and through monitoring processes, Healthwatch endeavour to support local impact which leads to clear outcomes overtime.

Healthwatch will monitor the recommendations made in this report and in order for the HAS to utilise them effectively, we ask for the SMART targets to be completed in collaboration with Healthwatch to support progress and deliver measurable impact.



## Emerging Theme One – GP Appointments:

<b>Specific</b>	<b>What is the recommendation?</b>  For the HAS to assist Primary Care services in understanding the importance of allowing patients to book consultations, based on their individual needs, availability and consultation preference to reduce patient use of ED services.
<b>Measurable</b>	<b>How can you measure progress and know if you've successfully met the recommendation?</b>  <u>Ways in which this recommendation could be met are:</u> <ul style="list-style-type: none"> <li>For HAS to share findings in this report with Humber, Coast and Vale Health and Care Partnership (HCV) Primary Care Commissioning Committees.</li> <li>For HAS to share findings in this report with NHS England/Improvements.</li> <li>For HAS provide evidence of Primary Care Commissioning Committee sharing findings with Primary Care Leads.</li> </ul>
<b>Achievable</b>	<b>Is the recommendation achievable?</b> 
<b>Relevant</b>	<b>Is the recommendation relevant?</b> 
<b>Time-Bound</b>	<b>When will the recommendation be achieved?</b> 

## How Healthwatch can help:

The HHN can support Primary Care services by supporting the SMART target and conducting independent questionnaires with patients at point of delivery to understand their views and experiences, when booking appointments.



## Emerging Theme Two – Clinical Decisions and Diagnostics:

<b>Specific</b>	<p><b>What is the recommendation?</b></p> <p>For HAS/HCV to assist Primary Care Practitioners use processes where they can signpost and refer patients effectively to alternative services; which may offer patients a direct and appropriate service initially and avoid an unnecessary use of ED services.</p>
<b>Measurable</b>	<p><b>How can you measure progress and know if you've successfully met the recommendation?</b></p> <p><u>Please highlight ways in which this recommendation could be met:</u></p> <ul style="list-style-type: none"> <li>e</li> <li>e</li> <li>e</li> </ul>
<b>Achievable</b>	<p><b>Is the recommendation achievable?</b></p>
<b>Relevant</b>	<p><b>Is the recommendation relevant?</b></p>
<b>Time-Bound</b>	<p><b>When will the recommendation be achieved?</b></p>

### How Healthwatch can help:

The HHN can support the SMART target and report back to the HCV/Primary Care Leads if we are made aware of examples of best practice for Clinical Decisions and Diagnostics, which can assist in the effective signposting and referring of patients in the future.



## Emerging Theme Three – Informing the Public:

<b>Specific</b>	<p><b>What is the recommendation?</b></p> <p>Information should be placed in headers of websites managed by HAS/HCV and other Primary Care services to provide a clear message to the public when searching for information online.</p> <p>To raise the awareness of alternative service options with the public instead of using ED, targeted public engagement can enhance messages within specific communities to develop knowledge of new services and encourage accessing specific facilities confidently.</p>
<b>Measurable</b>	<p><b>How can you measure progress and know if you've successfully met the recommendation?</b></p> <p><u>Please highlight ways in which this recommendation could be met:</u></p> <ul style="list-style-type: none"> <li>●</li> <li>●</li> <li>●</li> </ul>
<b>Achievable</b>	<p><b>Is the recommendation achievable?</b></p>
<b>Relevant</b>	<p><b>Is the recommendation relevant?</b></p>
<b>Time-Bound</b>	<p><b>When will the recommendation be achieved?</b></p>

## How Healthwatch can help:

The HHN can support the SMART target for Emerging Theme Three and the HCV by promoting social media and website messaging consistently.

Healthwatch can additionally support with targeted marketing and engagement; such as by sharing HCV posts, creating new content with quotes from patients, using specific demographic information and imagery to inform the public correctly.



For example, a number of patient comments on page 16 can identify common patient needs and therefore, how do we use the comments to inform the public?

Patient need:

"Some form of treatment for possible blood clot"

Response:

"Did you know you can seek help for this from the [Insert Alternative Service]"



## Emerging Theme Four – Carers in A&E:

<b>S</b> pecific	<b>What is the recommendation?</b>  To review COVID-19 seating plans in ED services and the viability of specialised seating areas being made available for patients who require a carer or companion.
<b>M</b> easurable	<b>How can you measure progress and know if you've successfully met the recommendation?</b>  <u>Please highlight ways in which this recommendation could be met:</u>  ● ● ●
<b>A</b> chievable	<b>Is the recommendation achievable?</b> 
<b>R</b> elevant	<b>Is the recommendation relevant?</b> 
<b>T</b> ime-Bound	<b>When will the recommendation be achieved?</b> 

## How Healthwatch can help:

The HHN can support the SMART target for Emerging Theme Four by gathering information from carers regarding the type of support needed when attending their local ED, through Parent and Carer Forums and other meetings we attend.



## 7. Conclusion

In November 2021, the HHN (Healthwatch Kingston upon Hull, East Riding of Yorkshire, North Lincolnshire and North East Lincolnshire) conducted 11 Enter and View visits in local ED services in the Humber area where we engaged with 153 patients successfully to complete surveys.

Hospitals visited:

- **Hull Royal Infirmary:** 4 visits and 76 patients engagements
- **Scunthorpe General Hospital:** 3 visits and 43 patients engagements
- **Diana Princess of Wales Hospital:** 4 visits and 35 patients engagements

Following the 11 Enter and View visits, the HHN also conducted 18 follow-up surveys with patients regarding their recent visit.

From the information we collected, Healthwatch aimed to assist HAS in understanding why patients go to their local ED, their understanding of alternative service options and their overall experience when using ED.

In total, Healthwatch spent a total 148 hours planning, preparing and delivering the Enter and View visits and involved a total of 17 Healthwatch Authorised Representatives (7 staff and 10 Volunteers) to bring varied and significant experience and expertise to the project.

In conclusion, from the 11 Enter and View visits, Healthwatch found that 73.2% (112) patients were advised to attend their local ED, of whom were most commonly advised by their GP and 57.1% (64) of these patients were advised they could have attended an alternative service instead.

This information led to the first Healthwatch Emerging Theme; GP Appointments because 18.8% of patients who told Healthwatch they could have used an alternative service said they attended their local ED due to difficulties in arranging an appointment with their GP.

Additionally, when HHN asked patients about their understanding of alternative treatment services, Healthwatch found that patients commonly knew about GP Surgeries, NHS111 and Pharmacies. However, compared to these services, Healthwatch found patients knew significantly less about Urgent Treatment Centres (11.4 to 61.8%) and the GP 'Out of Hours' service (44.2 to 65.7%) across the Humber area.

Combined with the knowledge regarding who were advised to attend their local ED, this led to the second Healthwatch Emerging Theme; Clinical



Decisions and Diagnostics because patients who were advised to attend their local ED could potentially have been treated at an alternative service if awareness had been made to patients by their GP Practice or NHS 111.

Additionally, to understand how patients are best informed about alternative services, HHN asked where they would be most likely to find information. Healthwatch found patients who engaged with us, use the internet as their primary method of gathering information. Healthwatch findings highlighted between 24% - 37.1% of patients were advised to use ED services were advised by others, such as Workplace First Aiders, School Nurses, family and friends, as well as other Health Professionals.

Demographic data collection, supported Healthwatch compare data regarding use of ED services and the awareness of services by gender. Healthwatch found that patients who associated their gender identity as man/male were less aware of alternative services. This intelligence supports the third Healthwatch Emerging Theme; Informing the Public to highlight providing more visible information on the internet and conducting targeted public engagement is needed further to assist in communities being aware of and confidently accessing alternative services.

Additionally, whilst engaging with patients using ED services, Healthwatch were informed by patients' that their experience of attending their local ED was impacted by not being able to have a carer or guardian with them whilst waiting in their local ED or in treatment rooms. This highlighted that existing provisions do not meet accessibility and patients' individual needs currently due to COVID-19 guidance and additional factors; such as, patients with complexed needs or patients who may attend ED on a repeat or regular basis.

The Healthwatch fourth and final Emerging Theme; Carers in ED is presented to support patients who need carers or guardians to be present at their local ED. This should be consistently enabled to ensure patients' receive the support they individually require and barriers to access services are reduced.

From the four Emerging Themes, Healthwatch identified four recommendations to improve effective patient access to ED, develop patient knowledge to access alternative service options and to enable ongoing support to enhance patient experience when using ED.

Healthwatch look forward to working with HAS and the HCV to assist the HAS Programme when implementing the recommendations made in this report and support local UEC delivery in the future.



## 8. Humber Acute Services Feedback



### Humber, Coast and Vale Health and Care Partnership

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**Re: Emergency Department: Enter and View response to recommendations.**

08/03/2022

Dear Jonathan,

Thank you for your letter which we received on Monday 28<sup>th</sup> February 2022 enclosing the above report and asking for an explanation of any action the Humber Acute Services Programme (HAS) intends to take in respect recommendations made within the report.

The Humber Acute Services programme is a large scale change programme, looking at planning the **long-term future** of acute hospital services across the Humber region. We are currently focusing on how urgent and emergency care, maternity, neonatal and paediatric care could be delivered across the Humber in the future to best meet the needs of the local population. The engagement you have undertaken and findings presented in this report have been used to help shape the design of potential future models of care for urgent and emergency care in the Humber region by highlighting key issues and challenges and providing insight into how and why people access urgent care through our existing Emergency Departments. We would like to thank you for engaging in this work and providing the programme with such useful feedback.

Primary care does not fall within the scope of the Humber Acute Services Programme and as such the ability to respond directly to some of the recommendations will be limited. However, we are working closely with colleagues across the Humber Partnership to design 'out of hospital' services that are fully integrated with and support new models of care for acute hospital services and will be taking into account the feedback and suggestions in our long-term planning as we work together to design services for the future.

The following provides a summary of the specific actions we have taken/will take in response to the report's recommendations.



**Recommendation 1 – to assist Primary Care services in understanding the importance of allowing patients to book consultations, based on their individual needs, availability and consultation preference to reduce patient use of ED services**

**Recommendation 2 – to assist Primary Care Practitioners use processes where they can signpost and refer patients effectively to alternative services; which may offer patients a direct and appropriate service initially and avoid an unnecessary use of ED services.**

- In addition to building the feedback and suggestions into our long-term planning, the Humber Acute Services Programme Team has shared the report with:
  - The four Humber Clinical Commissioning Groups (CCGs)
  - The Humber Out of Hospital programme Lead
  - The Humber, Coast and Vale Urgent and Emergency Care Network Lead
  - The Humber, Coast and Vale Primary Care Lead
- We recommend liaising directly with the above-mentioned leads for updates on any actions they are taking in response to the recommendations.

**Recommendation 3 – Information should be placed in headers of websites managed by HAS / HCV and other Primary Care services to provide a clear message to the public when searching for information online. Targeted public engagement can enhance messages within specific communities to develop knowledge of new services and encourage accessing specific facilities confidently.**

- The Humber Acute Services programme does not manage or currently have it's own website, nor is it within the scope of the programme to run public awareness campaigns. However, partners across the Humber Partnership are actively involved in this work on a day-to-day basis and we will continue to support any promotional materials or messaging by sharing articles in our staff and stakeholder newsletters as appropriate.
- In addition to building the feedback and suggestions into our long-term planning, the Humber Acute Services Programme Team has shared the report with:
  - The communications teams at the four Humber Clinical Commissioning Groups (CCGs)
  - The communications teams at the two acute hospital trusts
  - The Humber, Coast and Vale Urgent and Emergency Care Network
- We recommend liaising directly with the above-mentioned leads for updates on any actions they are taking in response to the recommendations.

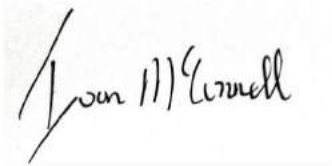
**Recommendation 4 – To review COVID-19 seating plans in ED services and the viability of specialised seating areas being made available for patients who require a carer or companion.**

- The Humber Acute Services Programme Team will ensure this feedback informs any future work to develop and design new Emergency Departments across the Humber, undertaken as part of the Programme. For information, in September 2021, the programme submitted an Expression of Interest to the New Hospitals Programme for significant capital investment – in the region of £720m – for the development of healthcare infrastructure across the Humber.
- In addition to building the feedback and suggestions into our long-term planning, the programme team have shared the report is shared across both acute trusts for appropriate consideration by ED Managers.



I trust this response is helpful, but should you require anything further please don't hesitate to get in touch.

Yours Sincerely

A handwritten signature in black ink, reading "Ivan McConnell". The signature is written in a cursive style with a large initial 'I'.

Ivan McConnell

Director of Strategic Development/Director Humber Acute Services



## 9. Next Steps

The information gathered and presented by the Healthwatch Humber Network represents the feedback we collected from patients attending ED across the Humber in November 2021.

Our purpose for conducting Enter and View visits was due to the HCV Health and Care Partnership wanting to build a rich understanding following their Feedback Survey in 2020.

Healthwatch engagement aimed to establish from the patient's perspective, how and why they are accessing urgent care through ED and to understand their knowledge of alternative services which could provide necessary treatment.

The feedback we received did not present any surprises but gives added independent verification as to what is largely known and suspected.

We found the main reasons patients attended ED were:

- That they were either advised to (the majority of which by Primary Care).
- Due to the challenges when accessing Primary Care.
- Not knowing what other more appropriate services are available.
- A belief that they would be seen quicker or receive superior treatment.

Whilst the response received from the Humber Acute Services programme advises that they have limited scope to respond to the recommendations made relating to Primary Care, the findings show that in order to effectively bring about meaningful change to how emergency care is utilised; more than ever there needs to be a whole system response and buy-in to support the change.

For this to happen, there needs to be ownership in facilitating this with involvement from across the system. It is not for Healthwatch to suggest where this ownership sits, but rather for Humber Acute Services as a programme of the HCV Health and Care Partnership to provide assurances as to how this will be incorporated into their longer-term programme.

Healthwatch would like to thank the HCV Health and Care Partnership for working with Healthwatch proactively in an area of importance for the public. Future Healthwatch communications with the Humber Acute Services team will aim to support the progress of the Healthwatch emerging themes and recommendations to provide effective monitoring and accountability locally and across the Humber.



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Entrance

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