

**East Suffolk Community Health Council**

**LISTENING TO PATIENTS**

**The Views of Users  
of the  
Accident & Emergency Department  
Ipswich Hospital NHS Trust**

***Executive Summary***

**June 2001**

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Project Officer**



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of the  
Accident & Emergency Department  
Ipswich Hospital NHS Trust**

**This Survey was commissioned by the  
Acute Sub Group  
of the  
East Suffolk Community Health Council**

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# **1. EXECUTIVE SUMMARY**

The survey of patients attending the A&E department at Ipswich Hospital took place over the four day period - Friday 9<sup>th</sup> February to Monday 12<sup>th</sup> February 2001. It was conducted by structured interview during different time spans on each of the four days - Friday 18.00-24.00 hours; Saturday 01.00-6.00 hours; Sunday 12.00-18.00 hours; and Monday 6.00-12.00 hours. In this way the views of patients/relatives were obtained during a 24 hour snapshot of activity.

## **GENERAL INFORMATION**

92 patients/relatives participated in the survey. This represented 62% of the total number of patients (148) in attendance at the A&E department during the time of the survey. Patients with major injuries and/or those who were seriously ill were excluded from the survey.

Numerically more male patients were involved. Almost two thirds - 58 (63%) were men/boys and 34 (37%) were women/girls. Their ages ranged from 'less than 1 year to 90 years' although half the participants were aggregated in the age-group 11-30 years. There were marked peaks in the age ranges '11 to 20 years' and '21 to 30 years'. Very few patients participated between the ages 51 to 90 years.

Almost half the patients - 44 (48%) were in paid employment. 39 (42%) were employed by others and five self-employed. Six patients classified themselves as 'housewife/house-partner'; seven were retired and five unemployed. The remaining patients were children - five of pre-school age and 25 (27%) students attending school, college or university.

## **FINDINGS OF THE SURVEY**

### **Whose decision to attend the A&E department?**

- Only 14 (15%) patients had been referred by their GP. Five telephoned their GP and nine attended the GP's surgery (inclusive of one telephone contact). The GP visited one patient at home who was now in the A&E department awaiting admission to a Medical Ward.
- Most patients/relatives - 78 (85%) made the decision to attend the A&E department. Over half - 47 (51%) decided on their own and a third - 31 (33%) were advised by relatives, friends or other professionals.
- Two patients were in attendance for a follow-up appointment.
- 31 (40%) of the 'self-referring' patients had heard of the NHS Direct but just three had phoned to ask for advice before attending the A&E.
- The main reason given for coming direct to the A&E department and not consulting the GP was that their doctor would have told them to come anyway.
- Other explanations for self-referral were that patients were happier to attend the hospital and some needed an X Ray which couldn't be done at the surgery.
- Five patients stated they did not have a GP locally.

### **Could the GP have dealt with the patients condition?**

- Just two of the 14 patients referred by their GP thought their doctor could have dealt with their problem
- 18 (23%) of the 'self-referring' patients believed their GP could have dealt with their problem but only eight tried to make contact with the GP before coming to the A&E department.

### **Getting to the A&E department**

- The majority of patients - 78 (85%) travelled by car. More than half - 48 (52%) were given a lift and a third - 30 (33%) drove their own car.
- Eight patients came by taxi, one used public transport and one walked.
- Just four patients travelled by ambulance.
- Many patients commented about the ease of parking their car at the hospital.
- Some patients were critical of car parking costs linked to time-limits due to the uncertainty of how long they would have to wait in the A&E department.
- More than three quarters of patients - 73 (79%) were accompanied by a relative, friend or acquaintance. The largest group of 'escorts' were parents attending with their children - 30 (41%).
- More fathers accompanied their children during the Sunday afternoon session.
- 19 (21%) patients attended on their own or had been 'dropped off' at the entrance to the A&E department.

### **Arriving at the hospital**

- Most patients - 84 (91%) knew where to go on arrival at the A&E department.
- 20 (22%) patients said they knew the location because they had attended before.
- Many patients/relatives commented on the clear signs at the hospital directing them to the A&E department.

### **Waiting in the A&E department**

- The survey only permitted the recording of how long patients had been waiting at the time of their interview. It was not the remit of the study to assess the total amount of time patients had to wait for treatment.
- At the time of their interview two patients had been waiting over 8 hours; one 4-8 hours; seven 2-4 hours; and nine 1-2 hours. The remaining - 73 (79%) patients had been waiting 1 hour or less.
- Patients/relatives said they expected to wait, especially if the department was busy. However, patients who had been waiting for two hours or more appeared to be less accepting of long waiting times.
- Two thirds of the patients - 62 (67%) said they understood the queuing system in the A&E department.



### **Triage nurse assessment**

- The majority of patients - 86 (93%) had been assessed by the triage nurse but over half - 48 (52%) had not been advised about the current waiting times.
- Patients advised about waiting times were given various intervals ranging from - '10 minutes' to '1-2 hours'.
- Some patients were given a leaflet highlighting their own triage scale which gave them an indication of how long they might have to wait. Others were told 'it shouldn't be too long'.
- Patients not advised about waiting times said they would liked to have been told.

### **Comfort in the A&E department**

- The majority of patients - 87 (95%) described the A&E department as comfortable.
- Different types of seating were used by patients/relatives. Two thirds - 62 (67%) used a standard 'up-right' chair; eleven used an armchair; eight sat on a bench in the Children's Waiting room and six rested in wheelchairs. The remaining four patients used a combination of chair/armchair/wheelchair/trolley.
- Parents were very appreciative of the separate waiting room dedicated for children.

**Due to five patients being called in for treatment and not completing the interview this left 87 patients in the survey.**

### **Privacy and dignity whilst in the A&E department**

- The majority of patients - 83 (95%) felt they had been able to keep their privacy and dignity since arriving in the A&E department. This included the assessment with the triage nurse, registration with the receptionist, time spent in the waiting room and in some cases undergoing an X ray examination.
- Three quarters of patients - 66 (76%) rated privacy as good and above, and slightly more patients - 73 (84%) assessed confidentiality as good and above.
- A quarter of patients - 22 (25%) commented about privacy but most were critical that the door of the Triage Room had been left open during the Triage nurse assessment and their worry that other patients might hear what was being said.
- Some patients felt uneasy that they had to give confidential information at the Reception desk which could be overheard by those waiting to see the Triage nurse.

### **A&E Facilities**

- Over three of quarters patients/relatives - 69 (79%) knew the location of lavatories in the A&E department and half indicated they had come upon these themselves.
- Although 14 (30%) patients did not know the location of the lavatories most were not worried and said they would ask if required.
- A quarter of patients/relatives - 22 (25%) were unaware that they had access to a public telephone in the A&E department.

## 2. DISCUSSION OF THE MAIN ISSUES

1. Although most patients/relatives self-referred themselves to the A&E department they still considered their attendance necessary and that the A&E department was the right place for their condition. Most patients found the department comfortable and reported an untroubled visit. They were particularly appreciative of the good sign-posting to the A&E department and most reported they were able to locate the entrance easily. They liked the ambience of the department and many parents spoke appreciatively of the creation of the separate Children's Waiting Room. At the time of their interview patients had been waiting for various lengths of time - from less than 15 minutes to over 8 hours. It was not the remit of the survey to look at the total amount of waiting-time for each patient but it was acknowledged that the length of time patients/relatives had been waiting when interviewed might have influenced the way they responded to some of the questions.
2. For some patients/relatives their attendance at the A&E department was a less favourable experience. Some found the waiting tiresome, especially if they were in pain, and others felt disregarded because they believed very little information had been given to them about how long they might have to wait. Many made comments about their own situation and these, along with suggestions for improvement, have been included in the recommendations for further improving the A&E services.
3. The majority of patients had been assessed by the Triage nurse but many were concerned that the door to the triage room had been left open during their assessment. The triage assessment room is situated directly in front of where patients wait to see the triage nurse and the room's close proximity to the waiting area means that confidential information could be overheard when the door is not closed. It is not unreasonable for patients to be anxious about their lack of privacy or the possibility of their conversation being overheard by other patients and visitors when the door is left open. Possibly a factor which contributed to some nurses leaving the triage room door open during the patients assessment is that the room is internally sited with no windows and to close the door would mean very little natural ventilation. However, this situation could be avoided with the fitting of air conditioning in the room and to leave the door open should not be used as a substitute for this to the detriment of patient-privacy.
4. Some patients were worried about giving personal details to the receptionist i.e. their address, telephone number etc. The receptionist sits behind the reception desk at the entrance of the A&E department and the whole section is very open. The desk is sited almost alongside the waiting area where patients have to wait to see the Triage nurse. There is no privacy for patients when they are speaking to the receptionist and without doubt patients are overheard by the patients and visitors waiting nearby.



5. Parking the car at the hospital was not a problem for most patients and/or their escorts but there was some disquiet about having to pay parking fees linked to how long the patient had to wait in the A&E department. For many there were concerns about purchasing a parking ticket on arrival especially as it was unknown how long the patient would have to wait in the A&E department. Further more, when waiting times were prolonged this meant patients or their relatives/friends had to go back to the car park to purchase an additional parking ticket (or tickets) to cover further estimated periods of waiting. Some relatives, especially parents escorting their children, found this an added worry and feared having to leave the patient alone to return to the car park. The A&E department does have a policy of providing 'emergency car park permits' but this only operates when patients/relatives ask for help or express their concerns. Mostly users are not aware of this arrangement and the majority will purchase additional car park tickets to cover extended periods of waiting. For many the system seems very unfair because the length of time a patient has to wait in the A&E department is outside their control. Another group of patients/relatives said that when they left for the A&E department the last thing on their mind was to bring money for parking. Some did not buy a parking ticket because all they thought about on arrival was getting their relative into the A&E department. Yet for all these differences and concerns the hospital operates a 'car park surveillance scheme' and frequently written notices are placed on car windscreens when parking fees have run out or have not been paid, informing car owners that their car may be wheel-clamped.
6. Leaflets informing patients about the Triage nurse assessment arrangement and the function of the A&E department are available but it appears these were only rarely distributed at the time of the survey. A small number of patients said they had been given the Information Leaflet by the triage nurse and a few commented that they had had their triage assessment result highlighted on the leaflet. In the latter situation these patients not only knew their triage assessment result but also had some idea of how long they might have to wait for treatment. Patients/relatives who did not receive the Information Leaflet were clearly disadvantaged because they had very little information about the department and unless they had attended before they did not know what to expect.
7. Most patients had not been advised by the Triage nurse about waiting times. Many said they would have liked to have been told. Additionally, a substantial number of patients/relatives said they would have liked to have been updated regularly on the average length of waiting time. They indicated that they would prefer this verbally and some suggested this could be done by the receptionist. There is an electronic notice board in the A&E department which shows current waiting times but not many patients/relatives were aware of this. Many had not even seen the notice board, which is situated to the rear of the main waiting area, giving waiting-time information on a roving display. The few patients who sat facing the display board naturally were aware of its existence but the majority of patients who sat with their backs to the notice board had not seen it.



8. Food and drink consumption for patients whilst waiting for treatment had not been discussed with the majority of patients by the Triage nurse. There is a notice in the main waiting area advising patients not to eat or drink unless they have first checked, however the fact it had not been discussed was a source of concern for some patients and their relatives. This was particularly noticeable when patients had been waiting a long time.
9. Relatives and friends do have access to a number of food and drink outlets, which include a drinks machine and a snack machine in the A&E department, and the use of a coffee shop in Main Reception and also the hospital dining room. However, the problem for many relatives/friends is that they do not want to leave the patient alone and therefore do not use the facilities available. The fact that the drinks machine does not give change was remarked on by a substantial number of patients/relatives and many commented that there should be some means of obtaining change for the machines and the telephone especially during the evening and night hours. At the time of the survey the drink vending machine was broken.
10. There is one female and one male lavatory and both lead direct from the main waiting area. The close proximity of the lavatories to the where patients wait is a source of embarrassment to many patients who have indicated that they can hear when the lavatories are in use. Another concern is the 'disabled' sign is on the male lavatory door only which is not very pleasant for women who have to use these facilities.
11. The question requesting patients/relatives to say which of three alternative venues they would prefer to the A&E department was answered in a dissimilar manner. The discrepancy may have been due to the way the question was worded or how the interviewer and patient interpreted it. The question had been included on behalf of the Ipswich Primary Care Group in response to an invitation by the Project Officer to each of the three Primary Care Groups in East Suffolk. Unfortunately the question was added after the pilot so the phraseology had not been tested. However, this should not completely deter from the importance of the question and how patients responded. The question asked 'if alternative venues and facilities had been available which of the following would you have preferred: GP Surgery/GP Health Centre; Minor Injuries Unit and Walk-in Centre? A tick box for Yes/ No / Don't Know / was given for each venue. Some boxes were ticked and other boxes were left completely empty. Nevertheless, from the boxes ticked it has been possible to establish that 41% patients/relatives would have preferred a Minor Injuries Unit and 35% would have elected to attend a GP Surgery/GP Health Centre. Clearly this question needs further exploration but the initial inquiry suggest patients would like access to alternative venues to the A&E department.
12. Finally, the survey did not show any inappropriate use of the ambulance service. Just four patients (4%) travelled to the A&E department by ambulance as a result of a 999 call. This included a child of 3 years; two elderly women aged 71 years and 90 years, and a 74 year-old man. Several patients remarked they had come to the A&E department by taxi to avoid calling an ambulance which showed an awareness of not wanting to waste resources.



### 3. RECOMMENDATIONS

1. Ensure the door to the Triage examination room is closed for each patient during their assessment by the triage nurse to ensure complete privacy at all times.
2. Carry out a feasibility study to consider ways of improving the ventilation in the Triage room, especially when the door is closed. This could be by means of air conditioning, the use of special fans or creating windows that open to provide air flow. However, it is recognised that the Triage room is internally sited and improvements to correct the air condition would have cost implications.
3. Review the present policy of patients/relatives having to give confidential information to the A&E receptionist details of which can be overheard by patients waiting to see the Triage nurse. Look at whether some specific confidential information i.e. telephone number could be given to and recorded by the Triage nurse who could then pass on this information to the receptionist.
4. Re-examine whether the Triage nurse could include in the assessment prescribing an X ray or a blood test for patients with a minor injury/condition i.e. fractured toe. In this way time could be saved and the test completed and reported on prior to the patient seeing the doctor or specialist nurse.
5. Discuss briefly with each patient during their Triage nurse assessment whether they can have food and/or drink whilst waiting. This to be based on the Triage Scale given and the possible treatment required.
6. Give each patient an A&E Information Leaflet to inform them about the A&E department and the Triage nurse assessment. Where possible 'highlight' the patient's own Triage scale in the Information Leaflet to give the patient some idea of how long they could have to wait for treatment. Additionally, display in a prominent position in the Main Waiting Room an enlarged copy of the Triage scale as an aid to patients'/relatives' understanding.
7. Inform all patients during their Triage nurse assessment the current waiting time for non urgent conditions. Bring to their attention that there is an electronic information board in the Main Waiting Room informing them of the current waiting times. Consider the feasibility of introducing an augmented system of updating patients/relatives about the changing waiting times, with a member of staff giving verbal updates every half-an-hour i.e. the receptionist. During the survey patients indicated that they valued a more personal touch to a written notice and would prefer to be told with an explanation of why waiting times had increased or decreased. This possibly could help them understand and accept the long waiting situation more readily.

8. Review the present policy of every patient who attends the A&E department waiting to see a doctor or specialist nurse regardless of whether they can be treated or not. Reconsider whether the Triage nurse can re-direct patients to an alternative professional practitioner if s/he considers their condition requires specialist treatment i.e. the dentist. A number of patients in the survey were unaware that an emergency Dental Service operates in East Suffolk.
9. Provide additional education and training for receptionists, especially on the importance of welcoming and helping patients/relatives when they arrive at the A&E department. Carry out regular user reviews to assess patient perceptions and their experience when they first arrive, especially during their Triage nurse assessment and registering with the receptionist.
10. Look at ways of making the facilities in the Main Waiting Room a more conducive environment for patients/relatives. This could be achieved by considering the following -
  - reviewing the way the chairs are arranged to make the environment less formal
  - creating a separate sub-waiting area for patients who have already been seen by a doctor or specialist nurse and/or have had an X ray examination or blood test
  - providing some chairs with special foot rests for patients with foot and leg injuries
  - displaying more paintings/pictures on the wall and providing more health education literature
  - supplying an improved variety of up-to-date papers and magazines
11. Enhance the facilities in the Children's Waiting Room by providing more books and magazines for older children 11 to 14 years.
12. Provide a machine giving change in the A&E department to enable patients/relatives to use the drinks vending machine and the public telephone, especially during evening and night-time hours when other facilities are not available.
13. Look at the possibility of providing a water-drinking fountain or a water-machine sited in the A&E department for the use of patients/relatives as an alternative to the drinks in the vending machine.
14. Carry out a feasibility study for the upgrade of the lavatories which lead directly off the Main Waiting area in order to make them more private and more conducive for patient use. Make good the signs to the lavatories and re-examine use of both lavatories for handicapped patients and visitors.



15. Consider adopting a one-price car parking system for users and visitors to the hospital. The use of barrier car parks and the purchase of standard priced discs to exit these car parks would particularly alleviate any associated worry of parking tickets running out of time. This system would especially benefit patients/relatives attending the A&E department who have no control of how long they have to wait for treatment. Although emergency car park permits are available on request users are not always aware of this, and patients/relatives often are too concerned to leave the department to update car parking tickets.
16. Conduct a further review into the provision of an alternative complementary venue(s) to the A&E department in East Suffolk i.e. Minor Injuries Unit.

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- c) **1 - 2 HOURS WAIT (3 comments)**
- 'have had an X-ray - awaiting the results'
  - 'waited 20 minutes to see triage'
  - 'more than happy to wait - as serious'
- d) **15 MINUTES - 1 HOUR WAIT (18 comments)**
- 'children should not be kept waiting long'
  - 'fair enough - in fact very fair'
  - 'as expected'
  - 'quite happy to wait - staff not standing around doing nothing'
  - 'shame having to see a doctor when a nurse could have dealt with it'
  - 'you always wait up here'
  - 'expect to wait 2 hours'
  - 'expect to - have been up to 4 hours before now'
  - 'in pain - would rather not be waiting. More information on waiting times and what is happening'
- e) **LESS THAN 15 MINUTES (8 comments)**
- 'good really'
  - 'quite happy to wait - thought it would be busier'
  - 'been told waiting about one hour'
  - 'you expect to wait'

**NOTE** - From the above remarks it can be seen that despite the length of time patients had been waiting they had expected to wait. Some patients based this understanding on a previous visit to the department but others indicated that they expected to wait if the department was busy. However, patients who had been waiting between 2 - 4 hours were less accepting of a long wait as was the patient who had been waiting 4 - 8 hours.

## **7.12. ASSESSMENT BY THE TRIAGE NURSE**

The majority of patients - 86 (93%) had been assessed by the triage nurse. Just four patients said they had not seen the triage nurse and one did not answer the question.

One patient reported that due to his injury he had by-passed the 'triage nurse room' and had gone direct from the ambulance to be examined by the medical staff.

## **7.13. ADVICE GIVEN ABOUT WAITING TIMES BY TRIAGE NURSE**

Over half the patients - 48 (52%) had not been advised about current waiting times in the A&E department by the triage nurse. 38 (41%) patients had been told the approximate waiting time.

Two patients said 'waiting times' were not applicable to them because they had been seen immediately on arrival. One patient did not know if he had been told and three did not answer the question.



### **7.13.i. COMMENTS ABOUT BEING TOLD ABOUT THE LENGTH OF WAITING TIME**

More than two thirds of patients - 66 (72%) gave additional comments. Their remarks have been arranged according to whether they were told or not told about the waiting times and the length of time they had been waiting at the time of their interview:

#### **a) Patients informed about current waiting times (total comments - 28)**

##### ***Waiting 2 - 4 hours***

- '1 ½ to 2 hours - dental surgeon in theatre at time of arrival'
- 'triage nurse said 1-2 hours when I first came in. Did not notice electric notice board - but would have done if sitting opposite. Did not know it was there'

##### ***Waiting 1 - 2 hours***

- 'I was given a leaflet with triage scale marked'

##### ***Waiting 15 minutes - 1 hour***

- 'told 20 minutes. Four patients in front of me'
- 'told there were 5 - 6 people in front of me and waiting would be about one hour'
- 'told roughly under an hour'
- 'nice of staff to tell me about waiting times - to take the trouble to go to the Children's Waiting Room. Nurse welcomed [children] and settled them in'
- 'the nurse volunteered the information'
- 'triage nurse explained I was a certain code and if someone or something more serious they would go in first'

##### ***Waiting less 15 minutes***

- 'told [my child] would be seen quite quickly as he has he had a bad knock to his head'
- 'waiting time less than half an hour'
- 'half an hour - reasonable'
- 'it shouldn't be too long'
- 'asked for it'
- 'she said about 10 minutes'
- 'advised ½ an hour. Did not know the electronic board informed about waiting'

#### **b) Patients not informed about current waiting times (total comments - 32)**

##### ***Waiting 4 - 8 hours***

- 'electronic notice-board has indicated 3 hours waiting since I arrived. Notice- board in wrong place, not very prominent. Should be one each side'

#### ***Waiting 2 - 4 hours***

- 'would be nice to know a time. Didn't know electronic display board was informing patients. Possibly [this is] in the wrong place as I did not notice it'
- 'was told to wait in waiting room for results of X ray. Was told doctor would be with me shortly. No-one has come to see me with information in the last 2 ½ hours'
- 'some indication of waiting times would help. Card marked with yellow marker pen - would like to know what it meant'

#### ***Waiting 1 - 2 hours***

- 'the electric waiting board [is] a good idea but I assumed it was a clock'
- 'it's a busy hospital so I expect people to be seen in level of urgency'
- 'not at all concerned'

#### ***Waiting 15 minutes - 1 hour***

- 'helpful to know if one hour or more'
- 'would like to have been told. I suggest the monitor be placed above reception - I am not able to see it where sitting'
- 'would rather be told. The monitor is in the wrong place - chairs facing away from monitor'
- 'triage said it wouldn't be long - didn't get a leaflet'
- 'triage nurse could have told me about waiting times. Electric notice not in the right place'
- 'not worried - quite quiet in waiting room'

#### ***Waiting less 15 minutes***

- 'notices should be clearer and it would help if somebody told us how long the delay was likely to be'
- 'I think they should tell you'
- 'they used to have a time-waiting sign'
- 'there's a thing up there that tells me'
- 'not bothered. I assume will be dealt with as soon as possible'

**Note** - a significant number of comments refer specifically to the electronic notice board which is situated in the Main Waiting Room. This board is sited to the right of the waiting room, almost behind the main waiting area, and gives information about the approximate duration patients may have to wait for treatment. The message is given via an illuminated 'moving' system and it is updated periodically. However, from the above comments it is obvious that many patients/relatives were not aware of the boards presence in the department.

### **7.14. PATIENTS' UNDERSTANDING OF THE A&E QUEUING SYSTEM**

More than two thirds of patients/relatives - 62 (67%) said they understood the queuing system in operation in the department. A quarter - 25 (27%) did not comprehend the system and two were not sure. Two patients did not answer the question.



## **7.15. COMFORT IN THE A&E DEPARTMENT**

The majority of patients indicated they were pleased with the ambience of the department with 87 (95%) describing it as comfortable. Just four patients said the department was uncomfortable. One patient did not answer the question.

To gauge the comfort of seating in the department patients were asked what type of chair etc. they had rested on/or were using whilst waiting to be seen. Two thirds - 62 (67%) patients were seated on a standard 'up-right' chair, eleven (12%) were resting in an armchair and six (7%) were in a wheelchair.

A further eight (9%) patients/relatives indicated they were seated on benches in the Children's Waiting Room. The remaining four patients said they had used a combination of seating and resting arrangements as follows:

- standard-chair & armchair
- standard-chair & wheelchair
- standard-chair & trolley
- wheelchair & trolley.

### **7.15.i. COMMENTS ABOUT COMFORT WHILST WAITING FOR TREATMENT**

38 (41%) respondents gave additional comments about their comfort in association with the type of seating they were using. Mainly their remarks indicated a high level of satisfaction and this was especially evident with regard to the seating arrangements and facilities in the Children's Waiting room.

#### **a) Children's Waiting Room - (8 comments)**

- 'children's waiting room nice'
- 'children's waiting room great - lots of toys. Excellent separated from others'
- 'bench comfortable - very pleasant room'
- 'very comfortable - happy to sit on them [benches] while waiting. Lovely area for children'
- 'very nice - nice fabric for benches'
- 'comfortable'

Just one parent suggested that the benches in the Children's waiting room may not be suitable for very young children -

- 'very happy with seating but seats quite high. Could be difficult for child to sit on - feet would dangle. Small chairs available at play table'

**b) Standard-style Chairs - (22 comments)**

**Positive remarks**

- 'chair perfectly adequate'
- 'chair is comfortable'
- 'new chairs are more comfortable than before'
- 'they are clean and comfortable'
- 'fine and practical'
- 'perfectly acceptable'
- 'lots of space for legs'

**Negative remarks**

- 'chairs a bit hard'
- 'slightly uncomfortable'
- 'more padding on chairs. Chairs make you sweaty'
- 'not suitable for my condition as I have a bad back'
- 'chairs comfortable but for patients with any foot injury a means to put foot or leg up to make it less painful. A foot-rest or stool maybe'
- 'wouldn't be so bad if you didn't have to wait so long'
- 'not enough chairs when busy'
- 'seating fine but not enough seats facing the electronic board'

There were two suggestions for improvement in the comfort of chairs -

- 'variable chairs needed - depending on injury. Colour coding of chair for firmness would help'
- 'foot-rests for foot and leg injuries'

**c) Armchair - (4 comments)**

- 'seating is fine'
- 'have been offered a trolley to lay on but it is better in [an] upright chair due to back injury'
- 'perfect height - happy to wait on it - very comfortable'
- 'the surroundings could be more cheerful. Surroundings very bland'

**d) Wheelchair - (4 comments)**

- 'nurse got wheelchair straight away'
- 'my father got me a wheelchair and took it to the car'
- 'comfortable'
- 'child should have been seen earlier - nasty broken arm'



**At this point in the survey five patients were called in for treatment and did not return to complete their interview-questionnaire. Therefore, 87 patients remain in the survey and this number will be used for statistical purposes.**

## **7.16. PATIENT PRIVACY AND DIGNITY IN THE A&E DEPARTMENT**

Patients were asked if they had been able to keep their privacy and dignity since arriving in the department and the majority of patients - 83 (95%) felt they had. Just one patient said he had not been able to keep his privacy/dignity and two did not answer the question. One patient said the question was not applicable to him but did not give a reason.

**Note** - This question was asked prior to patients receiving treatment and referred mainly to the time they were in the waiting area. However, it did include some aspects of care especially in relation to their assessment by the triage nurse and registration with the receptionist. Also, in some cases patients had been for an X ray examination.

### **7.16.i. COMMENTS ABOUT PRIVACY AND DIGNITY**

A quarter of the patients/relatives - 22 (25%) gave additional comments. Significantly, just one patient had indicated previously he hadn't been able to keep his privacy and dignity and yet half the respondents who gave additional comments now indicated they were concerned about confidentiality. Most of the remarks were related to the triage nurse assessment, especially to the door of the room being left open, and a few comments related to registration with the receptionist.

#### **a) Triage nurse assessment -**

- 'felt everyone could hear when in with the triage nurse. Did not close the door and asked some personal questions'
- 'seen by nurse in waiting area because triage nurse busy, Felt a bit embarrassed - lots of people around'
- 'triage nurse left the door open, aware that people were sitting behind me'
- 'nurse did not shut the door whilst talking'
- 'door left open in triage nurse room. I didn't know whether to close it or not - left it open'
- 'I think they should shut the door when the triage nurse sees you'
- 'the door could be closed'
- 'triage door not shut but not unhappy about it'

**b) Talking to the Receptionist**

- 'receptionist asked questions quietly'
- 'had to say my phone number out loud to receptionist'
- when you give your details at the desk it is open and you might not want others to know your details'

**c) Specific comments about care**

- 'he was put immediately in a resuscitation room'
- 'this time privacy has been good. In the past I had a bad experience of this'
- 'on a one-to-one basis - no-one about'
- 'informed everything is private and confidential'

**d) More generalised comments**

- 'it's public so .....
- 'if staff felt I needed privacy they would have taken us to a private room'
- 'as private as you can get in a waiting room. If it was busy there would be no confidentiality'

**7.16.ii. HOW PATIENTS RATED THEIR PRIVACY & CONFIDENTIALITY**

Despite some adverse comments about privacy and confidentiality when patients/relatives were asked to rate these two categories according to comfort they expressed a very high level of satisfaction for both.

**7.16.iii. Privacy**

Three quarters - 66 (76%) rated privacy as good and above. A breakdown is given as follows -

- eight patients considered privacy as excellent
- 26 (30%) graded it as very good
- 32 (37%) rated it as good
- 11 (13%) patients considered privacy satisfactory
- three thought it was just adequate
- one patient believed it was poor
- six did not answer the question.

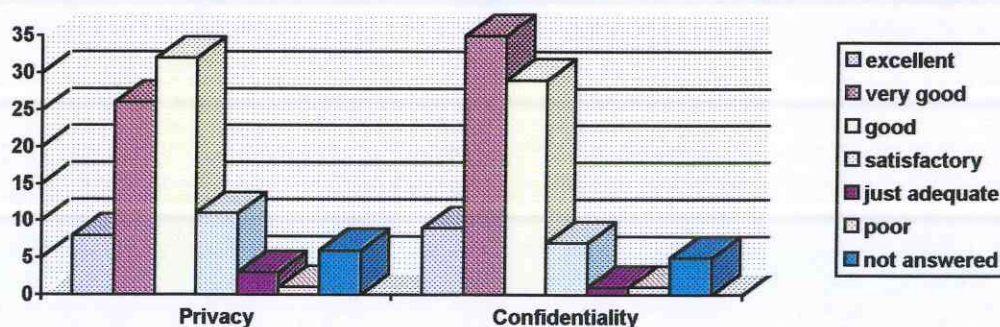
**7.16.iv. Confidentiality**

73 (84%) graded confidentiality as good and above. A breakdown shows -

- nine patients ranked confidentiality as excellent
- 35 (40%) believed it very good
- 29 (33%) as good
- seven said it was satisfactory
- one ranked confidentiality as just adequate
- one thought it poor
- five did not answer the question.



**Chart 4** gives a comparison of how patients ranked privacy and confidentiality in relation to their comfort -



**Chart 4 - Showing a high level of patient satisfaction for Privacy and Confidentiality whilst in the A& E department**

## **7.17. OTHER ASPECTS OF COMFORT IN THE A&E DEPARTMENT**

Patients/relatives were asked to rate warmth and noise levels in the department with regard to comfort. They ranked both highly which once more demonstrated they were exceptionally satisfied with the comfort in the A&E department.

### **7.17.i. Warmth**

More than three quarters of patients - 72 (83%) rated warmth as good and above, eight appraised it as 'satisfactory', three as 'just adequate' and one as 'poor'. A breakdown of their assessment is shown in **Table 5** -

	Number	%
Excellent	13	15%
Very good	31	36%
Good	28	32%
Satisfactory	8	9%
Just adequate	3	3%
Poor	1	1%
Don't know	2	2%
Not answered	1	1%
<b>Total</b>	<b>87</b>	<b>99%</b>

**Table 5 - How patients rated the warmth in the A&E department**

### **7.17.ii. Noise**

All patients/relatives in the survey were satisfied with the noise levels in the department. Their ratings for noise levels are shown in **Table 6** -

	Number	%
Excellent	10	11%
Very good	35	40%
Good	38	44%
Satisfactory	4	5%
<b>Total</b>	<b>87</b>	<b>100%</b>

**Table 6 - How patients rated noise levels in the A&E department**

**Note** - the main waiting area is sited away from the emergency clinical rooms. At no time should patients in the main waiting area come into direct contact with patients coming by ambulance because the entrance to the emergency rooms is separate. However, patients waiting for their triage assessment may experience increased noise levels associated with emergency arrivals etc. as this waiting area is nearer to the entrance for emergency arrivals.

## **7.18. FACILITIES IN THE A&E DEPARTMENT**

### **7.18.i. Lavatories**

More than three quarters of patients/relatives - 69 (79%) knew where the lavatories were located. Just 16 (18%) did not know. Two did not answer the question.

### **7.18.ii. COMMENTS ABOUT THE LAVATORIES**

Over half the respondents - 46 (53%) gave additional comments. Most were about the whereabouts of the lavatories but some remarks were about the lavatories in general.

#### **a) Location of Lavatories**

A third of the patients - 15 (33%) indicated they had found the lavatories on their own by noticing and using the signs -

- 'saw them as I came in - very visible'
- 'found out myself - clear'
- 'only by observation. Would like to go to the lavatory but would I miss my place in the queue?'
- 'adequately sign-posted'
- 'because I can see from where I am sitting'
- 'saw them when I was pondering'
- 'found my own way'



Although 14 - (30%) patients remarked they did not know where the lavatories were nine indicated they were not worried about this and would ask if required -

- 'not too worried - will ask when needed'
- 'would go and find them if need or ask'
- 'if not would ask at reception'
- 'would ask if not able to find them'

However, six patients remarked they had not been told where the lavatories were and two indicated they should have been told -

- 'have not been told'
- 'would have been helpful if pointed out'
- 'sometimes you get lost trying to find them from the Children's waiting area'

One respondent said 'another patient' had told him the location of the lavatories. Four said they knew where they were because they had been to the A&E department before.

**b) The need for better 'directions' to the lavatories**

Four patients made suggestions for improving the signs to the lavatories -

- 'sign-posting needs improving'
- 'the signs could be improved - not enough. Also they could be improved for people with sight problems'
- 'sign-posting could be larger and arrows would help'
- 'signs could be improved - not big enough'

**c) The condition of the lavatories**

**Positive comments** - there were two complimentary remarks -

- 'clean and tidy'
- 'they are brilliant'

**Negative comments** - two remarked about the state of the lavatories -

- 'the floors are a bit wet'
- 'I think they could be cleaner'

**d) Privacy of the lavatories**

Two patients were concerned about the privacy of the lavatories because of their close proximity to the main waiting area -

- 'you can hear people going to the toilet and flushing the chains. Too open and too near the waiting area. *I wouldn't use them*'
- 'I know where they are because I've heard them'

e) **Patients/Users with special needs**

One patient suggested there should be more facilities for patients with special needs -

- 'men with small children have a problem if changing a baby's nappy. Unisex nappy changing and unisex disabled toilets are required'
- 'the *disabled sign is on the men's door* - what about disabled women?'

## **7.19. FOOD AND DRINK**

More than three quarters of patients - 73 (84%) had not been told whether they could have food or drink whilst waiting. This indicates that in most of situations the subject of food or drink was not discussed with the patient during their triage nurse assessment.

Just six patients said they had been informed whether or not they could have food and drink. Five patients said they didn't know and three did not answer the question.

As to be expected from the above comments the majority of patients - 80 (92%) had not been offered any refreshment. Just two had been offered a drink and in both cases this was a 'drink of water'. Four patients did not answer the question and one said it was not applicable in his case.

**Note** - There is one notice in the main waiting room which advises patients/relatives that they should first check before they eat or drink.

### **7.19.i. Use of the Drinks Machine**

Despite the majority of patients not knowing whether they could or could not have a drink, almost three quarters - 64 (74%) knew there was a drinks machine in the department. Just - 12 (14%) patients thought there was no drinks machine and eight did not know. Three patients did not answer the question.

## **7.20. ACCESS TO A TELEPHONE**

Over half the patients/relatives - 47 (54%) knew there was a public telephone in the A&E department. However, a quarter of patients/relatives - 22 (25%) were not aware that there was a telephone for their use and - 14 (16%) did not know either way. Four patients did not answer the question.

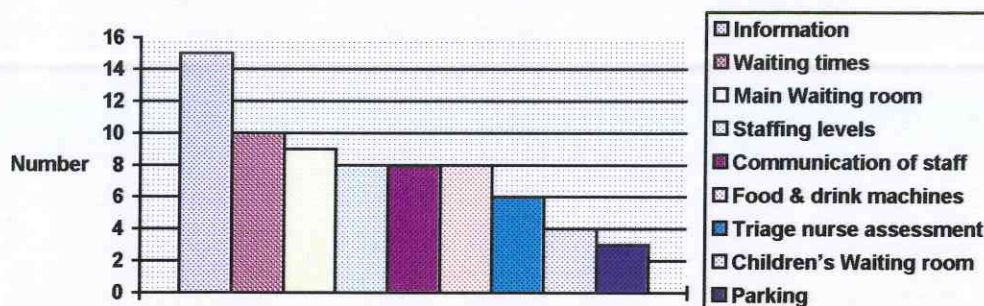
**Note** - There are notices in the main waiting area asking patients/relatives not to use mobile phones whilst they are in the hospital and the reason why mobile phones should not be used.



## **7.21. PATIENTS' SUGGESTIONS FOR THE IMPROVEMENT OF THE A&E DEPARTMENT**

Almost two-thirds of respondents - 54 (62%) gave suggestions for improving the A&E department. Of these - 16 (18%) gave multi-factor responses i.e. gave more than one suggestion in their response. Seven patients had no suggestions but gave complimentary comments instead.

Because of the wide range of suggestions these have been arranged under different sub-headings. The number in each sub-group is shown in **Chart 5 -**



**Chart 5 - The number of suggestions in each sub-group for improving the A&E department**

Suggestions and comments are reproduced below but because of the nature of some of the ideas being put forward there is an inevitable overlap in certain subjects -

### **7.21.i. Information - (15 comments - 22%)**

- 'would like more information - being told if they are dealing with an emergency'
- 'more information - more frequently than at present - should be passed to waiting patients'
- 'would appreciate more information by the staff - not always by a monitor'
- 'could reception inform people waiting what the situation is?'
- 'just being told where things are'
- 'I did not receive an information leaflet'
- 'more feedback with regard to waiting times, so food and drink can be taken when waiting'
- 'more awareness made by signs not to eat and drink before consultations'
- 'would have liked to have known what might be done, like scans, so I could have something to eat. I am on medication and have to take it with food'
- 'would like to be told what is happening - why the long wait when the waiting room nearly empty? More information'
- 'electronic notice board in a different place'
- 'payphone should be more clearly marked'

#### **7.21.ii.      Waiting times - (10 comments - 15%)**

- 'should do something about the waiting time because it's almost always a long wait, especially at weekends, and especially when in pain'
- 'could do with speeding up the waiting times. Currently I'm waiting for a blood test result and I don't know how long that will be'
- 'avoid the long waiting in between X ray, blood tests and prescriptions'
- 'would appreciate shorter waiting times, although in the circumstances it's probably not possible'
- 'make it quicker'
- 'shouldn't keep children waiting that long'
- 'waiting times could be improved - from past experience'
- 'they should inform you about waiting times and if you are in an urgent category or lower'
- 'being seen straight away'
- 'just the waiting times'

#### **7.21.iii.      The Main Waiting Room - (9 comments - 13%)**

- 'the seating is very regimental'
- 'foot-rest for leg and foot injuries'
- 'padded foot-rests'
- 'should be more arrangements and seating in the waiting area for patients who have been seen initially by a doctor'
- 'should not have to come back to the main waiting room between treatments i.e. between doctor - X ray - doctor'
- 'don't think there should be eating in the waiting room - should have a separate area'
- 'more books and magazines'
- 'the television is fixed one way'
- 'could the television be a little louder'

#### **7.21.iv.      Staffing concerns - (8 comments - 12%)**

- 'more doctors so can be seen quicker'
- 'other than more doctors to make waiting times less'
- 'twice as many doctors'
- 'more doctors'
- 'more doctors and nurses to reduce the waiting times'
- 'three times as many nurses'
- 'nurses need more tea- breaks'
- 'employing more staff'



**7.21.v.      Communication/attitude of staff - (8 comments - 12%)**

- 'a little more courtesy from reception staff - a please and a thank you'
- 'the receptionist ignored me for some time - tending to the photocopy. Not very forthcoming and could be a bit more helpful and smiling'
- 'suggest reception more customer relations training and a more professional approach when dealing with sick or injured people'
- 'more privacy at the desk'
- 'staff not very approachable and short in number'
- 'more friendly'
- 'improve the atmosphere - it's a bit cold'
- 'more personal contact by staff for information etc.'

**7.21.vi.      Food and Drink machines - (8 comments - 12%)**

- 'a water-drinking machine would be a good idea as anyone without money could have a drink, considering some may have to wait a long time'
- 'a plain water fountain as it's so hot in hospital'
- 'vending machine for sandwiches etc. - not just crisps and sweets, especially when a long wait'
- 'could do with change machine for food and drinks as I only have a £5 note and £1 coins'
- 'somewhere that change is available as drinks and sweets machine says 'exact money''
- 'need a change-machine next to the drinks machine'
- 'the drink machine gives no change - you don't think to sort out change before you come. Food machine out of order'
- 'hot drinks machine not working and not everyone likes fizzy drinks'

**7.21.vii.      The Triage Nurse Assessment - (6 comments - 9%)**

- 'for confidentiality could the triage nurse ask for the telephone number and not the receptionist'
- 'I thought the triage nurse would assess me more fully - she only asks questions and filled out a form'
- 'would like to know where I was in the Triage Scale'
- 'the need to make it more obvious that you should sit on a chair first and then go to the nurse'
- 'should the leaflet be put on the wall and you are told your triage number'
- 'they should be more discerning who they see'

**7.21.viii. Children's Waiting Room - (4 comments - 6%)**

- 'separation of Children's area not obvious'
- 'the lock on the gate in the Children's waiting room is on the inside. Why is this not on the outside [where it would] not be so easy for children to open?'
- 'children's waiting room is very young-child orientated. More books, reading material for older children (11-14 years) needed'
- 'should have notices in Children's department to say 'do not take food or drink''

**7.21.ix. Parking - (3 comments - 4%)**

- 'there ought to be free parking for A&E. I worry about leaving [the] patient to get a ticket so I'm not clamped. Money is not the issue but I don't want to be thinking about tickets when someone is ill'
- 'I'm expected to pay for parking but I have no idea how long the queue is. I think outpatients should pay a set fee. People end up buying more than they need'
- 'there should be no charging for parking for staff - disgusted they are expected to pay for this facility'

**7.21.x. Compliments about the A&E department - (7 comments)**

- 'no suggestions - it's very nice'
- 'really good - everyone [is] polite and nice'
- 'very happy with the service. Good hospital - unfortunately good news doesn't make headlines'
- 'it all seems well organised'
- 'always found them very good'
- 'seems to be everything here'
- 'since we came before it's an improvement to have a children's area'

**At this point of the survey a further two patients were called in for treatment and did not return to complete their interview-questionnaire. This means 85 patients now remain in the survey and this number will be used for statistical purposes from now on.**



## **7.22. IN RETROSPECT WAS THE A&E DEPARTMENT STILL THE MOST APPROPRIATE PLACE FOR THE PATIENT?**

Patients were asked to 'look back' and assess whether they still thought the A&E department was the most relevant place for their condition. The majority of patients - 73 (86%) said it was still the most relevant place. Just eight (9%) patients had changed their mind and now considered the A&E not the most appropriate place. However, there were no main common factors to indicate why they had changed their mind except that six were attending at busy times although four had been waiting less than 15 minutes. Two patients were not sure whether it was still the right place and two did not answer the question.

### **7.22.i. COMMENTS ABOUT THE APPROPRIATENESS OF ATTENDING THE A&E DEPARTMENT**

43 (51%) patients/relatives commented on why they felt the A&E department was still the most appropriate place for their treatment. Many of the remarks were personal but several described situations they shared with others i.e. GP not available; the day of the week they were attending.

### **7.22.ii. Reasons patients/relatives gave for believing that the A&E department was the right place for their situation -**

#### **a) XRAY IS REQUIRED**

- 'because they have facilities i.e. X ray' *Friday evening - 19.00 hours*
- 'need an X ray' *Friday evening - 19.05 hours*
- 'possible fracture - need an X ray' *Friday evening - 19.15 hours*
- 'possibly need an X ray' *Friday evening - 19.50 hours*
- 'needed an X ray' *Saturday morning - 00.25 hours*
- 'can't think of anywhere else to go that has an X ray machine' *Sunday afternoon - 17.55 hours*
- 'if doctors surgeries did X rays would go there' *Sunday evening - 18.00 hours*

#### **b) TYPE OF INJURY SUSTAINED**

- 'the ambulance driver said he would leave my child's injury to the experts' *Friday night - 22.29 hours*
- 'this is the correct place due to injuries and may have to stay overnight' *Saturday morning - 6.25 hours*
- 'my mother had a fall' *Sunday afternoon - 12.30 hours*
- 'definitely - a sports injury' *Sunday afternoon - 13.30 hours*
- 'because it was a severe injury' *Sunday afternoon - 17.00 hours*
- 'as it was an injury at work it was the only place to come' *Monday morning - 10.35 hours*
- 'because it's a rib injury' *Monday morning - 10.45 hours*

c) **STITCHES NEEDED**

- 'only place for stitches' *Saturday morning - 00.55 hours*
- 'because I think it needs stitches - I'm worried if I've cut a nerve' *Sunday afternoon - 17.35 hours*

d) **GP AND DENTIST NOT AVAILABLE**

- 'unable to see a dentist at this time' *Friday night - 23.20 hours*
- 'because it's a Sunday - I've made an appointment with my doctor for tomorrow' *Sunday afternoon - 13.40 hours*
- 'it's the only option open to me on a Sunday and I have no local GP' *Sunday afternoon - 14.20 hours*
- 'because it needs something out straight away and if I rang the doctor tomorrow I might not get an appointment immediately' *Sunday afternoon - 14.40 hours*
- 'what's the alternative. If the GP surgery [was] open would go there but on a Sunday no choice' *Sunday evening - 18.00 hours*

e) **GP COULD NOT HAVE TREATED CONDITION**

- 'couldn't have been treated by a GP' *Friday evening - 18.30 hours*
- 'GP was thorough in the way [s/he] examined me and referred me straight away' *Friday evening - 19.40 hours*

f) **IS THERE AN ALTERNATIVE?**

- 'right at the moment until they sort out what they are doing' *Friday night - 21.35 hours*
- 'because you want to be in the right place' *Sunday afternoon - 16.45 hours*
- 'no-one made any suggestion it would be better treatment elsewhere' *Monday morning - 9.40 hours*
- 'I can't think of nowhere else' *Monday morning 10.15 hours*

**7.22.iii. Reasons patients/relatives gave for believing the A&E department was NOT the right place for their situation -**

- 'better if dealt with at Aldeburgh Cottage Hospital under the night-service doctor who didn't turn up. Would have had to wait until midnight for the next doctor to have come' *Friday night - 21.55 hours*
- 'have an infection in a compacted wisdom tooth so a dentist would have been the more appropriate person to see' *Friday night - 23.10 hours*
- 'doctor's surgery would be better but not available' *Sunday afternoon - 15.05 hours*
- 'not an accident or an emergency' *Sunday afternoon - 15.20 hours*
- 'I think I should go to Orthopaedics but this accessible' *Sunday afternoon - 15.45 hours*



One patient was unsure whether the A&E department was the most appropriate place and made the following comment -

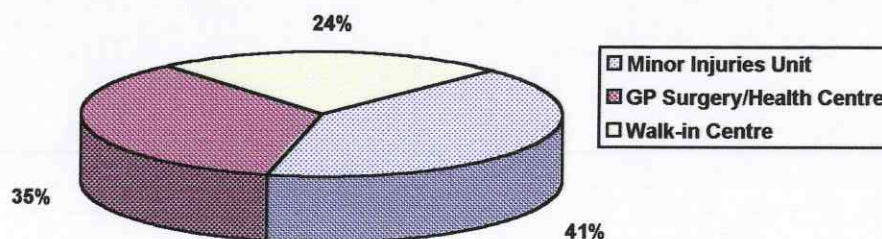
- 'I just thought they could sort out my problem rather than sitting at home in pain. Would have gone to [my] doctor if not a Sunday' *Sunday afternoon - 14.00 hours*

### **7.23. WOULD PATIENTS HAVE PREFERRED AN ALTERNATIVE VENUE TO THE A&E DEPARTMENT ?**

Patients and relatives were asked which of the following venues they would have preferred to attend if alternatives had been available -

- GP Surgery/GP Health Centre
- Minor Injuries Unit
- Walk-in Centre

Their responses indicated a slightly higher preference for a Minor Injuries Unit to a GP Surgery/GP Health Centre with special facilities for A&E work - see **Chart 6**



**Chart 6 - Patients choice of an alternative venue to the A&E department**

35(41%) patients would have preferred a Minor Injuries Unit whereas 30 (35%) would have chosen a GP Surgery/GP Health Centre. Just 20 (24%) patients/relatives would have preferred a Walk-in Centre.

### **7.24. WILL THE PRESENT A&E VISIT AFFECT PATIENTS' DECISION TO ATTEND AGAIN?**

The majority of patients/relatives - 74 (87%) said their current attendance at the A&E department would not affect their decision to come again. Just six patients said this attendance would affect their decision and two patients did not know. Three patients did not answer the question.

#### **7.24.i. ADDITIONAL COMMENTS ABOUT THEIR DECISION TO ATTEND AGAIN**

From analysing the comments as to whether patients would attend the A&E department again, it is clear that - 'would not affect their decision' - can be taken in one of two ways. The statement is dependant on whether they had a positive or negative feeling about their present attendance. Some patients said it wouldn't affect their decision and they wouldn't mind attending again whereas others expressed an air of resignation about the inevitability of attending and would only come if they had to.

#### **7.24.ii. PRESENT ATTENDANCE WILL NOT AFFECT PATIENTS DECISION TO ATTEND AGAIN**

##### **a) Positive reasons -**

- 'wouldn't make me not want to come again'
- 'the best place - doctor qualified in almost everything'
- 'if they continue to be negative about [my] condition I will come again because it's no good going to the GP'
- 'so far - haven't seen anyone yet'
- 'happy to come back if necessary'
- 'very happy with everything that has been done - wife is in very good hands'
- 'have had no bad experiences so far'
- 'I wouldn't hesitate to come again if necessary'
- 'comfortable - would mind coming'

##### **b) Negative reasons -**

- 'only come when really necessary - no other choice'
- 'if emergency treatment is necessary there is no alternative'
- 'only attend once a decade!'
- 'not if you need it'
- 'if it's an emergency I have to come'
- 'basically you don't have a choice'
- 'it's not somewhere I'd come out of choice'
- 'only come if necessary'
- 'because I only come when I know this is the most suitable place'
- 'when it's a child it's better to be safe than sorry'
- 'because you have no choice'
- 'if you have to come you have to come'
- 'because if you have to you have to'
- 'no other choice'



c) **Other opposing reasons given -**

- 'I have now been waiting since 20.30 hours (*now 22.15 hours*) for medication and not very pleased that I have been waiting longer for pain-killers to be prescribed than for treatment'
- 'needed to attend previously (*6 February 2001 at 19.40 hours*). My partner required treatment and the Triage nurse on duty at the time was very rude'

**7.24.iii. PRESENT ATTENDANCE *WILL AFFECT* PATIENTS' DECISION TO ATTEND IN THE FUTURE**

- 'don't think I'd come unless I really really have to'
- 'taken months to decide to come today, so how I get treatment will make a difference to me if I come back'
- 'if they kept me waiting longer than necessary I think it would'
- 'felt no other course to take. Rang to see if busy - told to come back at December visit within 6 weeks if still problems'

**7.25. HOW MUCH DID PATIENTS KNOW ABOUT THE COMMUNITY HEALTH COUNCIL (CHC)**

Very few patients/relatives had heard of the CHC. Just 14 (16%) respondents said they had heard of the CHC prior to be told at the start of their interview. This means more than three quarters - 66 (78%) patients/relatives had never heard of the organisation. One patient said he did not know and four did not answer the question.

**Note** - Prior to the patients/relatives being asked to participate in the survey they were given a leaflet informing them about the work of the CHC. Also the interviewer briefly went through the leaflet with them and gave a resumé of the work carried out by East Suffolk CHC.

**7.25.i. COMMENTS ABOUT THE CHC**

15 (18%) respondents gave additional comments. Six were from patients/relatives who knew about the work of the CHC and nine from respondents who had not heard about the CHC's work.

a) **COMMENTS FROM PATIENTS *WHO HAD* HEARD ABOUT THE CHC -**

- 'has been supportive in the past - came with me to the hospital'
- 'heard mentioned'
- 'seen a notice at the doctor's surgery'
- 'mum is a health care worker'
- 'vaguely'
- 'wife works in schools and has heard there'

**b) COMMENTS FROM PATIENTS WHO HAD NOT HEARD ABOUT THE CHC -**

Each of the respondents who had not previously been aware of the CHC emphasised how important they felt the work of such an organisation was -

- 'having considered the pamphlet it would appear a necessary organisation'
- 'good idea to get feedback from people'
- 'have noted the pamphlet - feel CHCs should be better publicised as the work being carried out appears to be important'
- 'it's a good idea that my opinion can be dealt with'
- 'impressed that there is such a body as the CHC and astounded not to have heard more about it'
- 'very useful'
- 'overall pleased with hospital but if the CHC were doing a survey about my GP that would be a different story'
- 'pleased that the survey is not being carried out by the hospital and that the survey has been done by people who are independent'
- 'this system is to be upheld to keep an eye on things so the service doesn't go down-hill'

## **8. OBSERVATIONS MADE BY THE CHC INTERVIEWERS AT THE TIME OF THE SURVEY**

The main perception of the interviewers was how appreciative patients/relatives were that the survey was being carried out by independent people. They seemed pleased to participate once they had been assured their comments would be treated confidentially.

Most patients commented freely to the CHC interviewers. Some expressed their concerns about what they perceived to be a lack of communication in the department. They felt that if staff 'reassured' them at regular intervals they wouldn't mind the long waiting. Mainly patients/relatives seemed to understand that people coming into the A&E department as emergencies always took priority and this they accepted.

Very few patients/relatives were observed as having in their possession the leaflet about the Triage Scale and how the A&E department operated. The Triage nurse may have given a leaflet but not many were seen reading it.

Remarkably none of the patients in the survey were advised that the A&E department was not the right place for their condition, whether this was the case or not. The A&E department operates a 'non-refusal' policy and everyone who attends will be seen by a doctor or a specialist nurse even if the Triage nurse judges the patient's condition could be better treated by another professional at a different place or a different time.

Adverts for a local solicitor seemed to fill the available wall space in the Main Waiting area. This space perhaps could have been better used to exhibit pictures and health educational material for the benefit of patients and their relatives.



## 9. DISCUSSION OF THE MAIN ISSUES

1. Although most patients/relatives self-referred themselves to the A&E department they still considered their attendance necessary and that the A&E department was the right place for their condition. Most patients found the department comfortable and reported an untroubled visit. They were particularly appreciative of the good sign-posting to the A&E department and most reported they were able to locate the entrance easily. They liked the ambience of the department and many parents spoke appreciatively of the creation of the separate Children's Waiting Room. At the time of their interview patients had been waiting for various lengths of time - from less than 15 minutes to over 8 hours. It was not the remit of the survey to look at the total amount of waiting-time for each patient but it was acknowledged that the length of time patients/relatives had been waiting when interviewed might have influenced the way they responded to some of the questions.
2. For some patients/relatives their attendance at the A&E department was a less favourable experience. Some found the waiting tiresome, especially if they were in pain, and others felt disregarded because they believed very little information had been given to them about how long they might have to wait. Many made comments about their own situation and these, along with suggestions for improvement, have been included in the recommendations for further improving the A&E services.
3. The majority of patients had been assessed by the Triage nurse but many were concerned that the door to the triage room had been left open during their assessment. The triage assessment room is situated directly in front of where patients wait to see the triage nurse and the room's close proximity to the waiting area means that confidential information could be overheard when the door is not closed. It is not unreasonable for patients to be anxious about their lack of privacy or the possibility of their conversation being overheard by other patients and visitors when the door is left open. Possibly a factor which contributed to some nurses leaving the triage room door open during the patients assessment is that the room is internally sited with no windows and to close the door would mean very little natural ventilation. However, this situation could be avoided with the fitting of air conditioning in the room and to leave the door open should not be used as a substitute for this to the detriment of patient-privacy.
4. Some patients were worried about giving personal details to the receptionist i.e. their address, telephone number etc. The receptionist sits behind the reception desk at the entrance of the A&E department and the whole section is very open. The desk is sited almost alongside the waiting area where patients have to wait to see the Triage nurse. There is no privacy for patients when they are speaking to the receptionist and without doubt patients are overheard by the patients and visitors waiting nearby.



5. Parking the car at the hospital was not a problem for most patients and/or their escorts but there was some disquiet about having to pay parking fees linked to how long the patient had to wait in the A&E department. For many there were concerns about purchasing a parking ticket on arrival especially as it was unknown how long the patient would have to wait in the A&E department. Further more, when waiting times were prolonged this meant patients or their relatives/friends had to go back to the car park to purchase an additional parking ticket (or tickets) to cover further estimated periods of waiting. Some relatives, especially parents escorting their children, found this an added worry and feared having to leave the patient alone to return to the car park. The A&E department does have a policy of providing 'emergency car park permits' but this only operates when patients/relatives ask for help or express their concerns. Mostly users are not aware of this arrangement and the majority will purchase additional car park tickets to cover extended periods of waiting. For many the system seems very unfair because the length of time a patient has to wait in the A&E department is outside their control. Another group of patients/relatives said that when they left for the A&E department the last thing on their mind was to bring money for parking. Some did not buy a parking ticket because all they thought about on arrival was getting their relative into the A&E department. Yet for all these differences and concerns the hospital operates a 'car park surveillance scheme' and frequently written notices are placed on car windscreens when parking fees have run out or have not been paid, informing car owners that their car may be wheel-clamped.
6. Leaflets informing patients about the Triage nurse assessment arrangement and the function of the A&E department are available but it appears these were only rarely distributed at the time of the survey. A small number of patients said they had been given the Information Leaflet by the triage nurse and a few commented that they had had their triage assessment result highlighted on the leaflet. In the latter situation these patients not only knew their triage assessment result but also had some idea of how long they might have to wait for treatment. Patients/relatives who did not receive the Information Leaflet were clearly disadvantaged because they had very little information about the department and unless they had attended before they did not know what to expect.
7. Most patients had not been advised by the Triage nurse about waiting times. Many said they would have liked to have been told. Additionally, a substantial number of patients/relatives said they would have liked to have been updated regularly on the average length of waiting time. They indicated that they would prefer this verbally and some suggested this could be done by the receptionist. There is an electronic notice board in the A&E department which shows current waiting times but not many patients/relatives were aware of this. Many had not even seen the notice board, which is situated to the rear of the main waiting area, giving waiting-time information on a roving display. The few patients who sat facing the display board naturally were aware of its existence but the majority of patients who sat with their backs to the notice board had not seen it.



8. Food and drink consumption for patients whilst waiting for treatment had not been discussed with the majority of patients by the Triage nurse. There is a notice in the main waiting area advising patients not to eat or drink unless they have first checked, however the fact it had not been discussed was a source of concern for some patients and their relatives. This was particularly noticeable when patients had been waiting a long time.
9. Relatives and friends do have access to a number of food and drink outlets, which include a drinks machine and a snack machine in the A&E department, and the use of a coffee shop in Main Reception and also the hospital dining room. However, the problem for many relatives/friends is that they do not want to leave the patient alone and therefore do not use the facilities available. The fact that the drinks machine does not give change was remarked on by a substantial number of patients/relatives and many commented that there should be some means of obtaining change for the machines and the telephone especially during the evening and night hours. At the time of the survey the drink vending machine was broken.
10. There is one female and one male lavatory and both lead direct from the main waiting area. The close proximity of the lavatories to the where patients wait is a source of embarrassment to many patients who have indicated that they can hear when the lavatories are in use. Another concern is the 'disabled' sign is on the male lavatory door only which is not very pleasant for women who have to use these facilities.
11. The question requesting patients/relatives to say which of three alternative venues they would prefer to the A&E department was answered in a dissimilar manner. The discrepancy may have been due to the way the question was worded or how the interviewer and patient interpreted it. The question had been included on behalf of the Ipswich Primary Care Group in response to an invitation by the Project Officer to each of the three Primary Care Groups in East Suffolk. Unfortunately the question was added after the pilot so the phraseology had not been tested. However, this should not completely deter from the importance of the question and how patients responded. The question asked 'if alternative venues and facilities had been available which of the following would you have preferred: GP Surgery/GP Health Centre; Minor Injuries Unit and Walk-in Centre? A tick box for Yes/ No / Don't Know / was given for each venue. Some boxes were ticked and other boxes were left completely empty. Nevertheless, from the boxes ticked it has been possible to establish that 41% patients/relatives would have preferred a Minor Injuries Unit and 35% would have elected to attend a GP Surgery/GP Health Centre. Clearly this question needs further exploration but the initial inquiry suggest patients would like access to alternative venues to the A&E department.
12. Finally, the survey did not show any inappropriate use of the ambulance service. Just four patients (4%) travelled to the A&E department by ambulance as a result of a 999 call. This included a child of 3 years; two elderly women aged 71 years and 90 years, and a 74 year-old man. Several patients remarked they had come to the A&E department by taxi to avoid calling an ambulance which showed an awareness of not wanting to waste resources.



## 10. RECOMMENDATIONS

1. Ensure the door to the Triage examination room is closed for each patient during their assessment by the triage nurse to ensure complete privacy at all times.
2. Carry out a feasibility study to consider ways of improving the ventilation in the Triage room, especially when the door is closed. This could be by means of air conditioning, the use of special fans or creating windows that open to provide air flow. However, it is recognised that the Triage room is internally sited and improvements to correct the air condition would have cost implications.
3. Review the present policy of patients/relatives having to give confidential information to the A&E receptionist details of which can be overheard by patients waiting to see the Triage nurse. Look at whether some specific confidential information i.e. telephone number could be given to and recorded by the Triage nurse who could then pass on this information to the receptionist.
4. Re-examine whether the Triage nurse could include in the assessment prescribing an X ray or a blood test for patients with a minor injury/condition i.e. fractured toe. In this way time could be saved and the test completed and reported on prior to the patient seeing the doctor or specialist nurse.
5. Discuss briefly with each patient during their Triage nurse assessment whether they can have food and/or drink whilst waiting. This to be based on the Triage Scale given and the possible treatment required.
6. Give each patient an A&E Information Leaflet to inform them about the A&E department and the Triage nurse assessment. Where possible 'highlight' the patient's own Triage scale in the Information Leaflet to give the patient some idea of how long they could have to wait for treatment. Additionally, display in a prominent position in the Main Waiting Room an enlarged copy of the Triage scale as an aid to patients'/relatives' understanding.
7. Inform all patients during their Triage nurse assessment the current waiting time for non urgent conditions. Bring to their attention that there is an electronic information board in the Main Waiting Room informing them of the current waiting times. Consider the feasibility of introducing an augmented system of updating patients/relatives about the changing waiting times, with a member of staff giving verbal updates every half-an-hour i.e. the receptionist. During the survey patients indicated that they valued a more personal touch to a written notice and would prefer to be told with an explanation of why waiting times had increased or decreased. This possibly could help them understand and accept the long waiting situation more readily.



8. Review the present policy of every patient who attends the A&E department waiting to see a doctor or specialist nurse regardless of whether they can be treated or not. Reconsider whether the Triage nurse can re-direct patients to an alternative professional practitioner if s/he considers their condition requires specialist treatment i.e. the dentist. A number of patients in the survey were unaware that an emergency Dental Service operates in East Suffolk.
9. Provide additional education and training for receptionists, especially on the importance of welcoming and helping patients/relatives when they arrive at the A&E department. Carry out regular user reviews to assess patient perceptions and their experience when they first arrive, especially during their Triage nurse assessment and registering with the receptionist.
10. Look at ways of making the facilities in the Main Waiting Room a more conducive environment for patients/relatives. This could be achieved by considering the following -
  - reviewing the way the chairs are arranged to make the environment less formal
  - creating a separate sub-waiting area for patients who have already been seen by a doctor or specialist nurse and/or have had an X ray examination or blood test
  - providing some chairs with special foot rests for patients with foot and leg injuries
  - displaying more paintings/pictures on the wall and providing more health education literature
  - supplying an improved variety of up-to-date papers and magazines
11. Enhance the facilities in the Children's Waiting Room by providing more books and magazines for older children 11 to 14 years.
12. Provide a machine giving change in the A&E department to enable patients/relatives to use the drinks vending machine and the public telephone, especially during evening and night-time hours when other facilities are not available.
13. Look at the possibility of providing a water-drinking fountain or a water-machine sited in the A&E department for the use of patients/relatives as an alternative to the drinks in the vending machine.
14. Carry out a feasibility study for the upgrade of the lavatories which lead directly off the Main Waiting area in order to make them more private and more conducive for patient use. Make good the signs to the lavatories and re-examine use of both lavatories for handicapped patients and visitors.

15. Consider adopting a one-price car parking system for users and visitors to the hospital. The use of barrier car parks and the purchase of standard priced discs to exit these car parks would particularly alleviate any associated worry of parking tickets running out of time. This system would especially benefit patients/relatives attending the A&E department who have no control of how long they have to wait for treatment. Although emergency car park permits are available on request users are not always aware of this, and patients/relatives often are too concerned to leave the department to update car parking tickets.
16. Conduct a further review into the provision of an alternative complementary venue(s) to the A&E department in East Suffolk i.e. Minor Injuries Unit.

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## East Suffolk Community Health Council

### MEMORANDUM

**To** Members of the Acute Sub Group

**From** Rosemary E. Cross, Project Officer - Tel: 01473 226820

**Subject** A & E SURVEY

**Date** 31 October 2000

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You will be aware that as part of our Work Programme for 2000/2001 we will be carrying out a Survey of the A & E Department at Ipswich Hospital. This will be a much more detailed survey than the previous national Casualty Watch surveys.

Briefly, the plan is to conduct the survey during January 2001, possibly over a 24-36 hour period or at selected time-spans during one weekend. This will involve members obtaining the views of patients by means of a structured-interview questionnaire. The information we will seek to obtain will include - who decided the patient should attend the A & E, how did the patient get there, length of time waiting in the department, information, care and facilities in the A & E, and suggestions for improvement.

Last week Carol and I met with Deborah Sweeney, A & E Manager, and she was very supportive of the survey. Deborah will work closely with us on this enterprise and will be particularly helpful when arranging the survey times etc.

However, before we can conduct the survey we will first need to pilot the questionnaire and I have arranged for this to take place on Monday 4 December 2000 commencing at 13.30 hours. I suggest ten patients will be an adequate number for this.

In order for us to progress I would be pleased if you would let me know if you are interested in participating in this survey. Firstly, I am looking for two members to be involved in the pilot of the questionnaire during the afternoon of 4 December, and then for as many members as possible to participate in the actual survey.

I am on holiday from next week until 28 November but in the meantime it would be helpful if you could complete and return the tear-off slip and indicate your interest.

Thanking you.

Rosemary E. Cross

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**Name**

I am interested/not interested in participating in the A & E Survey

I will/will not be available to take part in the pilot of the questionnaire on Monday 4<sup>th</sup> December 2000

Signed

## East Suffolk Community Health Council

## A & E DEPARTMENT SURVEY

### Ipswich Hospital NHS Trust

**DATE OF SURVEY -****Friday 19 January - Monday 22 January 2001****TIMETABLE OPTIONS**

<b>OPTION</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>	<b>Monday</b>	<b>Total Hours</b>
<b>1</b>	18.00 - 24.00	00.00 - 6.00	12.00 - 18.00	6.00 - 12.00	<b>24</b> No gaps
<b>2</b>	18.00 - 23.00	00.00 - 5.00	12.00 - 17.00	7.00 - 12.00	<b>20</b> Not covered 5.00-7.00 17.00-18.00 23.00-24.00
<b>3</b>	16.00 - 20.00	20.00 - 24.00	11.00 - 15.00	7.00 - 11.00	<b>16</b> Not covered 00.00-7.00 15.00-16.00
<b>4</b>	18.00 - 21.00	21.00 - 24.00	11.00 - 14.00	8.00 - 11.00	<b>12</b> Not covered: 00.00-8.00 14.00-18.00

**NB.** The above timetables have been based on known peak-activity times. The most advantageous programme for the survey would be the timetable which covers a complete 24 hour period but realistically this may not be practical as it would mean members would be required to do 6 hour shifts. However, if there were sufficient volunteers we could look at three of the 6-hour shifts being split into 3 hours each and just leaving the 00.00 - 6.00 shift for six hours.

**REQUIREMENTS**

- Each shift (regardless of which time length chosen) will require two members or one member + the project officer. Therefore, the minimum requirement to undertake the survey will be a total of eight volunteers.
- The requirement to undertake the 24 hour timetable in shorter shifts (as above) will require 14 volunteers.



East Suffolk Community Health Council

**A & E Consumer Survey  
Ipswich Hospital NHS Trust**

NAME \_\_\_\_\_

<b>Friday 9 February 2001</b>	<b>18.00 - 24.00 hours</b>	
	<b>18.00 - 21.00 hours</b>	<b>21.00 - 24.00 hours</b>
<b>Saturday 10 February 2001</b>	<b>00.00 - 6.00 hours</b>	
	////////////////////////////////////	
<b>Sunday 11 February 2001</b>	<b>12.00 - 18.00 hours</b>	
	<b>12.00 - 15.00 hours</b>	<b>15.00 - 18.00 hours</b>
<b>Monday 12 February 2001</b>	<b>6.00 - 12.00 hours</b>	
	<b>6.00 - 9.00 hours</b>	<b>9.00 - 12.00 hours</b>

\* Please insert in the appropriate box(es) which times you will be available to participate in the survey.

Thanking you.

**ACCIDENT & EMERGENCY CONSUMER SURVEY  
IPSWICH HOSPITAL NHS TRUST**

**Conducting a structured interview  
with the use of a questionnaire**

A structured interview uses fixed questions and is uniform. The researcher knows what issues are to be addressed and is looking for quantifiable answers. In a structured interview, the same set of questions are asked of numerous individuals in a precise manner.

**Generally just one researcher is involved in the interviews to ensure uniformity in the questioning techniques. When more than one person is involved in the interviews it is essential that the questions are asked in as similar fashion as possible.**

A face-to-face structured interview enables the interviewer to establish rapport with the respondent and allows the interviewer to observe as well as listen.

*Hello my name is.....*

*I am a member of the East Suffolk Community Health Council which represents users of the local NHS services and I am here today to obtain your views about the A & E department. The information we gain from you about your experiences in A & E will be used to put forward recommendations for improving the services.*

*I have several questions to ask you. I can assure you of complete confidentiality and at no time will you be identified. The questionnaire will be totally anonymous.*

*Do you have any questions before we begin .....*

**[Answer respondent's questions]**

*First I will ask you a few formal questions about yourself or who you are representing i.e. child, mother, grandfather, friend etc. ....*

**GUIDELINES**

1. Follow the instructions in the questionnaire and ask the respondent to answer each question. The questions are numbered in bold.
2. The interview questionnaire consists of 2 sections - Part One contains formal identification data about the patient - Part Two is the main body of the questionnaire and contains closed and open ended questions.



## STRUCTURED INTERVIEW GUIDELINES CONTINUED

3. 'PLEASE COMMENT' is an open ended question which follows a closed question e.g. after a Yes/No answer or ✓ in a box answer. To encourage a respondent to communicate their opinions the interviewer should ask him or her "Would you like to make any comments about ..... or would you like to enlarge upon that ....."
4. In the 'PLEASE COMMENT' section it is necessary for the interviewer to record the comments as close as possible to what the respondent has said. The comments should be in sentence format and not in cryptic one or two word remarks. If the respondent has answered in a monosyllabic manner you will need to ask a further question i.e. how, why or what (as appropriate) to find out what the respondent is really saying and record.
5. If there is not enough space in the 'PLEASE COMMENT' section to write all the respondent has said please continue overleaf on the back-side of the questionnaire, clearly numbering the question to which the comments belong.
6. At the end of the questionnaire there is a box for recording the date and time the structured interview was completed and by whom. This will provide details regarding the circumstances of the interview.

### ***PATIENTS NOT INVOLVED IN THE SURVEY but present in A & E***

*There will be some patients who do not want to participate in the survey. In these situations it will be necessary to complete a special form indicating the number of patients who **refuse** to participate and the reason why. In this way we will be able to keep an accurate record of the number of patients using the A & E department at the time of our survey.*

*Also there will be some patients who are **too ill to be interviewed**. It may be that a relative may prefer to be involved instead. For patients too ill to take part (and no person to represent them) please record on the special form the reason for their non-involvement.*

East Suffolk Community Health Council

**A REVIEW OF THE ACCIDENT & EMERGENCY SERVICE**  
**The Ipswich Hospital NHS Trust**

**QUESTIONNAIRE**  
(for structured interview by CHC members)

***PART ONE***

**PERSONAL INFORMATION (about the patient being interviewed)**

1 Gender/sex

Male	Female

2 Date of birth

Day	Month	Year

3 Postcode of home address

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4 Occupation and employment status  
- enter occupation/type of work/previous occupation or classification of study  
i.e. school/university etc. in appropriate box -

Student	Employed	Self-employed	Housewife/partner	Retired	Unemployed	Other - please specify

**NB.**

**If the information is being obtained from someone other than the patient please indicate the relationship of this person to the patient - i.e. husband, wife, partner, mother, friend, relative, carer (unrelated), etc.**

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## PART TWO

1 Who decided you would come to the A & E department ?

GP	Myself	Other - please specify

\* If GP - go to question 2

\* If myself/other - go to question 3

2 TOLD BY THE GP TO COME TO THE A & E -

a) Do you think your GP could have dealt with your problem ?

Yes	No	Don't Know

b) Did you speak to your GP on the telephone ?

Yes	No

c) Did you visit the GP's surgery immediately prior to coming to A & E ?

Yes	No

d) Did your GP visit you at home or at the place of injury/accident or where you were taken unwell prior to sending you to A & E ?

Yes	No

e) Did the GP send you to the A & E with a referral letter ?

Yes	No

f) Any other comment about referral by the GP

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\* Now go to Question 6

**3 YOU DECIDED TO COME STRAIGHT TO THE A & E -**

a) Have you heard of NHS Direct?

Yes	No	Don't Know

If YES -

Did you phone NHS Direct for advice?

Yes	No

b) If you phoned NHS Direct - What advice did they give you?

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c) Do you think your GP could have dealt with the problem ?

Yes	No	Don't Know

d) Did you try to contact your GP ?

Yes	No

**\* If YES - go to question 4**

**\* If NO - go to question 5**

**4 If YES - which of the following is correct and applies to you? Please ✓**

- i) I couldn't get through to the GP's surgery \_\_\_\_\_
- ii) There was an answering machine but I didn't leave a message \_\_\_\_\_
- iii) There was an answering machine and I left a message \_\_\_\_\_
- iv) I spoke to the receptionist who told me to go to A & E \_\_\_\_\_
- v) I spoke to the practice nurse who told me to go to A & E \_\_\_\_\_
- vi) I spoke to \_\_\_\_\_ who told me to go to A & E \_\_\_\_\_
- vii) An appointment was made but this was not convenient \_\_\_\_\_
- viii) I couldn't get an appointment with the GP soon enough \_\_\_\_\_
- ix) An appointment was offered at another surgery/place \_\_\_\_\_
- x) I had already seen the GP and thought it needed a second opinion \_\_\_\_\_



**5 If NO - which of the following is correct and applies to you Please ✓**

- i) I don't have a GP locally \_\_\_\_\_
- ii) There wasn't a telephone handy \_\_\_\_\_
- iii) I was too upset and didn't think about phoning the GP \_\_\_\_\_
- iv) I thought I needed a blood test that couldn't be done at the surgery \_\_\_\_\_
- v) I thought I needed an X Ray that couldn't be done at the surgery \_\_\_\_\_
- vi) I was happier to go to the hospital \_\_\_\_\_
- vii) The GP would have told me to come here anyway \_\_\_\_\_
- viii) I thought I was too ill to be treated in the GP's surgery \_\_\_\_\_
- ix) I needed immediate emergency treatment \_\_\_\_\_
- x) My relatives/friends persuaded me to come to A & E \_\_\_\_\_

**6 GETTING TO A & E**

a) How did you get to the A & E department ?

Car (own)	Car (lift)	Public Transport	Walked	GP booked ambulance	Ambulance - 999	Other - please specify

PLEASE COMMENT \_\_\_\_\_

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b) Were you accompanied by anybody ?

Yes	No

c) If yes - by whom ? Please indicate - which of the following -

Wife/husband/ partner	Child(ren)	Mother/father	Relative(s)	Friend(s)	Other - please specify

6

d) On arrival at the A &amp; E did you know where to go ?

Yes	No

PLEASE COMMENT \_\_\_\_\_

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## 7 TREATMENT IN THE A &amp; E

a) How long have you been waiting so far ?

Less than 15 minutes	15 mins - 1 hour	1 - 2 hours	2 - 4 hours	4 - 8 hours	8 hours +

PLEASE COMMENT \_\_\_\_\_

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b) Have you seen the Triage Nurse ?

Yes	No	Don't Know

c) Have you been advised of the current waiting times ?

Yes	No

PLEASE COMMENT \_\_\_\_\_

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d) Do you understand the queuing system in A &amp; E ?

Yes	No	Don't Know



## 8 CARE IN THE A & E

- a) Would you describe the A & E department as comfortable ?

Yes	No	Don't Know

- b) Whilst you have been waiting/receiving care in the A & E which of the following have you rested in/on ?

Chair	Armchair	Wheelchair	Bed	Trolley	Other- please specify

PLEASE COMMENT \_\_\_\_\_

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- c) Have you been able to keep your privacy and dignity since arrival ?

Yes	No	Don't Know

PLEASE COMMENT \_\_\_\_\_

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- d) How would you rate your comfort with regard to .....

	Excellent	Very Good	Good	Satisfactory	Just Adequate	Poor	Don't Know
Warmth							
Privacy							
Confidentiality							
Noise							

**9 FACILITIES IN THE A & E**

a) Do you know where the lavatories are ?

Yes	No	Don't Know

PLEASE COMMENT

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b) Have you been told you can have food and drink ?

Yes	No	Don't Know

i) - have you been offered any refreshment ?

Yes	No

ii) - have you access to a drinks machine ?

Yes	No	Don't Know

c) Do you have access to a telephone in the A & E ?

Yes	No	Don't Know

**10 HAVE YOU ANY SUGGESTIONS FOR IMPROVING A & E ?**



## 11 LOOKING BACK .....

- a) Do you think A & E is the most appropriate place for your condition ?

Yes	No	Don't Know

PLEASE COMMENT

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- b) If alternative venues and facilities had been available which of the following would you have preferred?

	Yes	No	Don't Know
GP Surgery/GP Health Centre			
Minor Injuries Unit			
Walk-in Centre(s)			

- c) Will this experience of attending the A & E affect your decision as to whether you would come to the department again ?

Yes	No	Don't Know

PLEASE COMMENT

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## 12 HAVE YOU HEARD OF THE CHC ?

Yes	No	Don't Know

ANY COMMENTS

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INTERVIEW CONDUCTED BY

NAME

SIGNATURE

DATE

TIME