East Suffolk Community Health Council

LISTENING TO PATIENTS

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

June 2001

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Project Officer

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of the
Accident & Emergency Department
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This Survey was commissioned by the
Acute Sub Group
of the
East Suffolk Community Health Council

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ROSEMARY E. CROSS
PROJECT OFFICER

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1. INTRODUCTION

Why a survey of the local A&E services?

The members of East Suffolk CHC originally decided they would like to undertake a survey of the local A&E department during an Acute Sub group meeting in February 1998. At the time they had recently been involved in 'The National Casualty Watch' survey - organised by the Association of Community Health Councils for England and Wales (ACHCEW) - which had been conducted in hospitals across England and Wales during the third Monday in January 1998 at 16.30 hours. Although members had attended the A&E department at Ipswich Hospital to conduct the survey it had mainly been to gather information about the length of time patients had been waiting in the department. The survey did not involve members talking directly with patients. Originally it was felt the same exercise could be carried out on a more regular basis to get a more accurate picture and a proposal to do this was made to the A&E manager at the Ipswich Hospital NHS Trust. Although the hospital had previously expressed an interest in East Suffolk Community Health Council (CHC) undertaking a 24-hour or a weekend watch because of future refurbishment to the A&E department the CHC was advised to defer the survey until the upgrading programme had been completed.

East Suffolk CHC continued to be involved in 'National Casualty Watch' surveys and two more were completed in January 1999 and January 2000. However, members were concerned that the national picture obtained during 'National Watch' was not reflected at Ipswich Hospital. On each occasion they had observed that very few patients were waiting in the A&E department and this did not emulate the true picture. Although members agreed that gathering information about waiting times was crucially important to the care of patients they also believed that the survey should be extended to include obtaining information from patients about their experience of attending the A&E department. What did patients think about the facilities and services, and did they have suggestions for any improvements? In consequence, it was decided to undertake a more detailed survey of the A&E department and this was included in the East Suffolk CHC Annual Plan for 2000/2001. The Quality Co-ordinator at the Ipswich Hospital NHS Trust was approached and full agreement was given to go ahead with the project.

2. An outline of how the A&E Services are provided

'We treat you on an emergency basis only and this is not a substitute for complete care'

Advice Sheet A&E department
Ipswich Hospital NHS Trust

2.1. INFORMATION ABOUT THE SERVICE

Information about provision of the service was supplied to the Project Officer by Deborah Sweeney A&E Manager and Sally Calderhead Senior Lead Nurse. This was provided during visits to the department in preparation for the survey.

2.2. THE STRUCTURE OF THE SERVICE

The A&E department has the capacity to provide a range of emergency care for 24 patients at one time. There is accommodation for 14 stretcher bays and 5 cubicles but when required extra trolleys can be brought into the department to provide care for a maximum of 24 patients.

2.3. ACCOMMODATION

The A&E department is located at the front of Ipswich Hospital on the left side of the hospital site. It is clearly identified and sign-posted and has emergency parking for ambulances and cars directly in front of the entrance.

The accommodation for patients consists of -

- Triage-nurse examination room and waiting area
- Reception desk
- Main waiting room with television, health promotion literature, magazines and NHS newspapers
- 1 Female lavatory with baby-change area and 1 Male lavatory - adjoining the main waiting room
- Children's waiting area with toys, television, health promotion material
- Children's external play area
- Emergency room - with 3 resuscitation bays
- 3 'walking-wounded' curtained cubicles
- 14 stretcher bays - including 2 paediatric, 1 plaster room and 1 decontamination
- 1 quiet room
- 1 relatives room
- 1 suture room
- 1 public telephone in entrance lobby
- 1 drinks machine - off corridor - near entrance
- 1 light-snack machine - off corridor - near entrance

The Children's waiting room is separate from the main waiting area and is accessed from the reception desk by following the 'daisy sign' floor motif.

Adjoining the A&E department is the X Ray department which includes examination rooms and a waiting area

2.4. STAFF ESTABLISHMENT - (Whole time equivalent - WTE February 2001)

MEDICAL

Post	WTE	In Post
Consultant A&E	2.00	2.00
Specialist Registrar	2.00	2.00
Staff grade	2.00	2.00
SHO	6.00	6.00
GP Clinical Assistants	0.47	0.47
	12.47	**12.47**

NURSING

Post	WTE	In Post
Grade H - Senior Lead Nurse	1.32	1.26
Management grade - Specialist Nurse	1.00	1.00
Grade G - Specialist Nurse	1.86	1.80
Grade F - Nursing Sister/Charge Nurse	8.00	7.40
Grade E - Senior Staff Nurse	13.46	14.80
Grade D - Staff Nurse	8.48	9.06
Grade B - Nursery Nurse/Play Specialist	1.00	1.00
Grade B - Health Care Assistant	1.00	1.00
Total	**36.12**	**37.32**

Voluntary workers provide a 'welcoming service' for people entering the A&E department. They greet the visitor, offer help and direct patients to the Triage Nurse or to the reception desk and direct visitors/relatives to the waiting areas. Usually there is one voluntary worker on duty 9.00 hours -16.00 hours each day and occasionally two voluntary workers during expected busy times.

HOURS OF DUTY

Nursing Shifts	Number on Duty
7.30 hours - 15.30 hours	6 trained nurses + maximum 1 untrained
13.15 hours - 21.15 hours	7 trained nurses + maximum 1 untrained
21.00 hours - 08.00 hours	4 trained nurses + maximum 1 untrained

Receptionist - 24 hour cover	**Number on duty**
8.00 hours - 22.00 hours	2
22.00 hours - 8.00 hours	1

Porter Shifts - 24 hour cover	**Number on duty**
6.00 hours - 14.00 hours	1
12.00 hours - 20.00 hours	1
14.00 hours - 22.00 hours	1
22.00 hours - 06.00 hours	1

2.5. THE RIGHTS OF PATIENTS AND STAFF

An 'Advice Sheet' is provided by the A&E department for users and it lists a number of rights for the patients and staff -

for patients

- highly skilled doctors and nurses
- courteous staff
- privacy
- safety
- the staff will always do their best

for staff

- no aggression or violence
- an understanding by patients and visitors that resources do not always meet demand

2.6. THE TRIAGE NURSE ASSESSMENT

A triage nurse assessment arrangement operates in the A&E department throughout a 24-hour period. It involves an experienced qualified nurse assessing the condition of each patient soon after their arrival in the department and prior to them seeing the receptionist and/or a doctor. The triage nurse appraises every patient and decides on the urgency of their treatment. If necessary the nurse will give first aid treatment.

The triage nurse works in a room sited immediately inside the entrance to the A&E department. A waiting area for patients/visitors is located in front of the triage room and patients are usually called in to see the nurse in turn unless there is a seriously ill or injured patient who needs immediate attention. From the nurse's initial assessment a **triage scale** is given between 1 - 5. This scale is based on whether the patient has a life threatening condition and/or how seriously ill or injured s/he is. The nurse uses a colour-code in conjunction with the Manchester Triage Scale which shows immediately whether the treatment is urgent or non-urgent.

All ambulance-patients are triaged in the main section of the A&E department and not in the triage room.

2.6.i. THE TRIAGE SCALE

1. Immediate Resuscitation - RED

Patients in need of immediate treatment for preservation of life.

Patients will usually be met by a medical team "standing by" after prior notification by the ambulance service.

2. Very urgent - ORANGE

Seriously ill or injured patients whose lives are not in immediate danger.

All patients should be seen within 10 minutes of arrival.

3. Urgent - YELLOW

Patients with serious problems, but apparently stable conditions.

All patients to be seen within 60 minutes of arrival but this will depend on resources available.

4. Standard - GREEN

Standard A&E cases without immediate danger or distress.

These patients will be seen within 120 minutes but this will depend on the resources available.

5. Non-urgent - BLUE

Patients whose conditions are not true accidents or emergencies.

If these patients are to be treated in the A&E department, the standard is they will not have to wait more than 240 minutes to be seen but this will depend on the resources available.

2.6.ii. WHAT PATIENTS CAN EXPECT DURING THE TRIAGE ASSESSMENT

During the triage assessment the nurse will provide each patient with the following information -

- which Triage category they are in
- the possible length of time they may have to wait to be seen by a nurse or doctor
- an explanation that in reality waiting-times can fluctuate and are dependent on how busy the department is and how seriously injured/ill patients are
- advise the patient not to hesitate to ask for assistance if they feel their condition is deteriorating or changing whilst waiting to be seen
- answer any initial concerns about their condition and give reassurance

2.7. THE REGISTRATION PROCESS

Immediately after being assessed by the triage nurse the patient reports to the receptionist at the front desk for registration purposes. The reception desk is sited near the entrance of the A&E department and is adjacent to the triage waiting area.

Personal details are needed for registration purposes which means patients are sometimes required to give private and/or confidential information to the receptionist in front of others. Patients who are seriously injured and/or very ill and who are accompanied by a relative/friend, usually depend on them to register their details with the receptionist.

2.8. THE QUEUING SYSTEM

A queuing system operates in A&E which arises as a result of the triage scale. Basically, this means that patients with a serious condition or injury will be seen first and those with less urgent needs will have to wait for treatment. Whatever the time of the day or night a patient with a serious condition arrives in the A&E department s/he will be treated immediately. Therefore, when the department is very busy and staff are attending to serious emergencies this inevitably creates a situation where patients with less urgent needs have to wait longer.

2.9. PROVIDING THE SERVICE

The A&E department received and treated around 50,000 new patients in the year - April 2000 to March 2001.

2.9.i. Monitoring Emergency Attenders

A computerised recording system operates for each patient who attends the A&E department. Information is recorded at certain 'times' during their attendance and this starts from the time the patient is booked into the system at registration. Also recorded is the 'time' the patient is triaged, when s/he is called in to see the doctor or nurse practitioner, the 'time' the doctor or nurse discharges the patient or the patient is transferred to a ward/another hospital.

2.9.ii. Follow-up Appointments

Follow-up clinics are held in the A&E department for patients who have previously been seen in the department as an emergency. These are held Monday to Friday between 9.00 - 11.30 hours.

Patients who attend follow-up appointments are required to report to the receptionist to register their 'time' of arrival. Also recorded is the time patients are called in for treatment and the time they are discharged from the department.

2.10. FACILITIES IN THE A&E DEPARTMENT

Patients (who have been told they can have a drink) and visitors can purchase warm and cold drinks from a 'drinks machine' sited in the A&E department. Additionally, a variety of chocolate, sweets, crisps etc. can be purchased from another machine which is situated close by. The 'snack' machine gives change but the 'drinks' machine does not, so it is essential that patients and visitors have the correct money if they want a drink.

During day-time hours patients and visitors can use the hospital dining room for meals and to buy sandwiches, light snacks, fruit etc. There is also a Café 10 Coffee Shop sited in the South Reception plus a newsagent shop where drinks and sandwiches can be purchased.

A public telephone for patients and visitors is located in the front foyer, just inside the automatic doors near the entrance to the A&E department. The use of mobile telephones is prohibited in the department because these can interfere with hospital equipment. Notices informing visitors of these dangers are displayed clearly.

2.11. ACCESS AND PARKING

The main entrance to the A&E department is easily accessed by car and on foot. There is parking for ambulances near the front entrance and also an additional short-stay parking area for cars and taxis to 'drop patients off'. Wheelchairs are available and can be obtained from the front foyer of the A&E department.

Car Park E is the nearest car park to the A&E department. This is a pay and display car park and tickets are required to be bought on arrival based on an estimate of how long the patient will be in the A&E department. However, if the department is busy and the waiting-times are prolonged the patient or relatives/friends are required to purchase another ticket to cover the additional time the patient is expected to wait. Alternatively, the patient/relative can speak to a nurse who will advise them "not to be concerned". There is a car-parking surveillance arrangement in place managed by Estates and Facilities. Cars without a paid parking ticket or if the paid parking-ticket has 'run-out' will have a written notice put on the wind-screen informing the owners that they may be wheel-clamped.

When Car Park E is full patients/relatives can use other car parks nearby but as these are further away from the A&E department they are not so accessible.

3. The A&E Survey

3.1. OBJECTIVES

Broad Objective:

To assess the experiences and opinions of users of the A&E department at the Ipswich Hospital NHS Trust.

Specific Objectives:

- to find out who decides, and the factors contributing to that decision, when a patient should attend the A&E department
- to assess whether users know about the 'NHS Direct Service' and/or whether they used this service prior to coming to the A&E department
- to obtain information about the mode of transport used by the patient to travel to the A&E department
- to assess the users perception of the service, facilities and standard of care received in the A&E department
- to review how long patients had to wait in the A&E department
- to obtain suggestions from users for improving the services, facilities and care in the A&E department
- to assess the users perception and knowledge about the Community Health Council

3.2. PROCESS OF THE SURVEY

The method chosen for the survey was by structured interview with the use of a questionnaire. This process was considered to have a number of advantages over other methods because -

- CHC members could meet patients and relatives face-to-face
- the interviews would be undertaken in the environment in which the patient was waiting for or receiving treatment
- patients would be given an opportunity to discuss and share with CHC members their personal experiences of using the service
- the opinions of the users would be contemporary and not retrospective
- any worries and concerns expressed by the users could be pursued and followed-up in detail
- CHC members could observe the service in action and gain an insight into the effect waiting in the A&E department had on patients and their relatives/friends

4. PILOT OF QUESTIONNAIRE

4.1. PROCESS OF THE PILOT

Three members of the CHC Acute Sub Group participated in the pilot during the afternoon of 4th December 2000. They offered their services in response to a letter from the Project Officer - ***Appendix 1***.

The questionnaire formed the basis for the structured interviews and had been formulated in advance of the pilot. The main objectives of the pilot were -

- to assess whether the wording and the format of the questions was understood by the patients/relatives and
- how easy it was for members to record the responses of the patients and to complete the questionnaire.

4.2. PILOT METHOD

The pilot involved CHC members interviewing patients or their relatives whilst they were waiting for treatment in the A&E department at Ipswich Hospital. Following a brief introduction by the Project Officer about the work of the CHC and the reasons for the survey patients sitting in the Main Waiting Area were asked to come forward and participate in the survey. Three separate rooms had previously been identified for the survey interviews to ensure each participant had privacy whilst answering the questions.

4.3. FINDINGS OF THE PILOT

Eleven patients/relatives were involved in the pilot - six female (55%) and five male (45%). The ages of the patients ranged from an infant of less than 1-year to a woman of 87-years.

Six interviews were conducted with the patient and the other five with a relative of a patient. For the children this involved interviewing the mother on two occasions, the father once and a 'parent' once. The 87-year old woman chose her daughter to be interviewed and represent her.

The occupational/vocational status of the participants included three students attending school, college or university, and seven adults - five employed, one self-employed and one retired. The one remaining patient was the infant.

4.4. CHANGES TO THE SURVEY FORMAT AS A RESULT OF THE PILOT STUDY

From the analysis of the how the patient/relative responded to the questions, they appeared to have no difficulty in understanding the questions.

However, one question about the standard of nursing and medical care, had uniformly not been answered. This was because at the time of the interviews patients were still waiting to be seen/treated by the specialist nurse or doctor. In view of this outcome the question was removed from the questionnaire.

Concerning the completion of the questionnaire by CHC members there were a number of short-falls in recording the 'additional comment' answers. Essentially, some comments had been written as short cryptic remarks and not as complete sentences, and therefore did not reflect exactly what the patients/relatives had said. These short notes were difficult to interpret and not suitable for reproducing in a written report. As a consequence it was decided further training on 'how to conduct structured interviews' was required for CHC members prior to conducting the survey.

One other difficulty recognised during the pilot was concerning the conduct of the interviews in separate rooms. Some patients, especially those who had been waiting a 'long time', were reluctant to leave the Main Waiting Area for their interview in case they missed their place in the queue. Other patients only agreed to go to a separate room for the interview if a relative/friend could come and get them if they were called in for treatment. Because of these difficulties it was decided to conduct all the survey interviews in the Main Waiting area, except for the parents of children using the special Children's Waiting Room. Those patients/relatives not happy for their interview to be conducted in the Main Waiting area would be taken to a single room.

5. PREPARING FOR THE SURVEY

5.1. ARRANGING THE DATE & TIME FOR THE SURVEY

Following the pilot a further letter was sent by the Project Officer to the members of the Acute Sub Group - ***Appendix 2*** - requesting for volunteers to be involved in the survey.

The survey was planned over a four day period - Friday 19th January to Monday 22nd January 2001 - and members were asked to chose a date and time from a number of different options of varying shifts. These shifts varied between 3 to 6 hours. However, it was pointed out that the preferred option was for a 6-hour shift during each of the four days because this would provide a 24-hour snapshot of activity in the A&E department.

Members were sent a rota of the suggested times - ***Appendix 3*** - and asked to indicate their availability to participate. Those who felt the six hour shift was too much to do in one run were asked if they would be prepared to do two 3 hour shifts, or they could chose one 3 hour shift. The response from members was good and a rota of four six hour shifts was arranged - ***Appendix 4***.

5.2. DEFERRED DATE OF SURVEY

Due to inclement weather the survey which was planned for 19 January - 22 January 2001 had to be cancelled. Heavy snow meant members would have had to travel long distances to the hospital in potentially hazardous conditions. The survey dates were re-arranged for **Friday 9th February to Monday 12th February 2001**.

5.3. PREPARING CHC MEMBERS FOR STRUCTURED INTERVIEWS

Members to be involved in the survey were given additional preparation on how to conduct structured interviews. This was provided in the form of a training workshop run by the Project Officer and written guidelines were issued for individual use - ***Appendix 5***.

It was essential that CHC members used a consistent method for conducting the structured interviews. Failure to do this could lead to bias, with interviewers asking questions in such a manner to influence patients answers. Members were committed to undertaking the interviews in a consistant and unbiased way as possible.

6. SURVEY OF USERS OF THE A&E SERVICE IPSWICH HOSPITAL NHS TRUST

Conducted : Friday 9 February - Monday 12 February 2001

6.1. METHODOLOGY

A questionnaire - ***Appendix 6*** - was used to carry out the structured interviews during the following times -

- **Friday 9 February: 18.00 to 24.00 hours**
- **Saturday 10 February: 01.00 to 6.00 hours**
- **Sunday 11 February: 12.00 to 18.00 hours**
- **Monday 12 February: 6.00 to 12.00 hours**

During each of the six hour shifts two CHC members, or a member & the project officer, were in attendance in the A&E department to conduct the interviews.

6.2. OBSERVATIONS BY CHC MEMBERS ON ACTIVITY IN THE A&E DEPARTMENT DURING THE SURVEY

6.2.i. Friday - evening/night 18.00 - 24.00 hours

The department was very busy during the Friday evening session. Three patients were waiting in the department to be admitted to the medical wards. The main waiting room was full and there were children waiting with their parents in the special 'Children's Waiting Room'. Each of the emergency rooms was occupied and also most of the curtained cubicles.

6.2.ii. Saturday - early morning 00.00 - 6.00 hours

Just seven patients attended the A&E during the early hours of Saturday morning. Each patient was included in the survey.

6.2.iii. Sunday afternoon 12.00 - 18.00 hours

The department was extremely busy during the Sunday afternoon session. It was noted most of the attenders were male and many were children in attendance accompanied by their parents.

6.2.iv. Monday morning 6.00 - 12.00 hours

There was steady activity in the department during Monday morning which increased during the latter part. Some patients were seen quickly but others had to wait for X ray investigations and for take-home/external prescriptions. The emergency rooms were occupied and some patients waited on trolleys in the cubicle areas.

7. THE FINDINGS

PART 1 - GENERAL INFORMATION

7.1. PATIENTS INVOLVED IN THE SURVEY

The survey involved 92 patients. This was 62% of the total number of patients (148) who attended the A&E department during the same 24 hour period.

The number of patients/relatives interviewed during each six- hour shift correlated closely with the number of patients in attendance i.e. the busier the A&E department the more patients interviewed. The numbers interviewed during each shift were :

		Interviewed	In Attendance
• Friday	8.00 - 24.00 hours	22	41
• Saturday	00.00 - 06.00 hours	07	07
• Sunday	12.00 - 18.00 hours	38	66
• Monday	06.00 - 12.00 hours	25	34

7.2. GENDER/SEX OF PARTICIPANTS

Numerically there were more male patients involved in the survey. Almost two thirds of the participants were men/boys - 58 (63%) and 34 (37%) were female/girls.

7.3. AGE OF PARTICIPANTS

The age-range of patients extended from < 1 year to 90 years. Just over a quarter - 25 (27%) were in the '11-20 year' group and - 20 (22%) were in the '21-30 year' group. These numbers closely compared with the age of patients attending during the Sunday afternoon session 12.00 - 18.00 hours. It is noticeable how few patients were in attendance in the older age-groups, with just one patient between the age of '61-70'. The number of patients interviewed in each ten-year age-group is shown in **Table 1** -

Age - Group (in years)	Number	Percentage
< 0 - 10	09	10%
11 - 20	25	27%
21 - 30	20	22%
31 - 40	15	16%
41 - 50	11	12%
51 - 60	05	6%
61 - 70	01	1%
71 - 80	03	3%
81 - 90	03	3%
TOTAL	**92**	**100%**

Table 1 - The number of patients involved in the survey in each age-group

A further analysis of the age of patients in relation to their gender reveals that male patients exceeded females in all age-groups except '21-30 years' and '71-80 years'. It is particularly noticeable during the Sunday afternoon session that the ratio of boys to girls was double in the '11-21 years' age-group. A further breakdown of the gender/sex according to their age-group is shown in **Chart 1** -

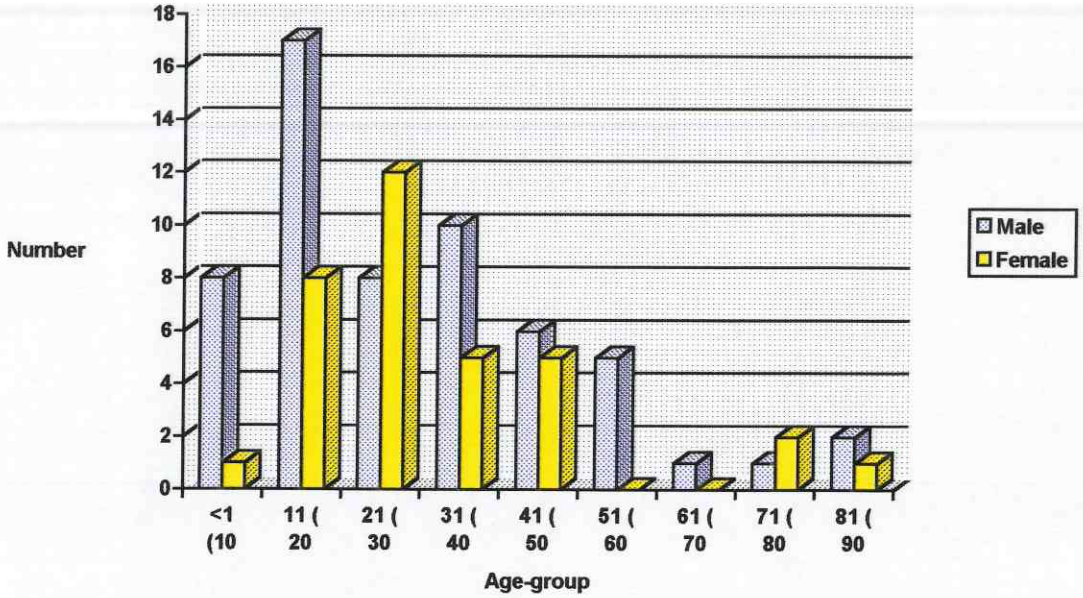

Chart 1 - Number of male and female participants in each age-group

7.4. OCCUPATIONAL/EMPLOYMENT STATUS OF PARTICIPANTS

Almost half the patients in the survey - 44 (48%) were in paid employment. 39 (42%) were employed by others and five (5%) were self-employed. Six patients (7%) classified themselves as 'housewife/partner', seven patients (8%) were retired and five (5%) were unemployed.

Of the remaining 30 (33%) patients - five were of pre-school age and 25 (27%) were classified as students attending either school, college or university.

PART 2 - RESPONSES TO QUESTIONS

7.5. WHO DECIDED THE PATIENT SHOULD ATTEND THE A&E DEPARTMENT?

Just 14 (15%) patients said their GP had advised them to come to the A&E department. More than a half - 47 (51%) said they alone had decided to attend. Of these - 20 (22%) were parents making a decision for their child .

The remaining 31 (33%) patients gave a variety of people who they said had helped or advised them to attend the A&E department. These included:

- friend(s) (5)
- husband (3)
- NHS Direct (2)
- practice nurse (1)
- dentist (1)
- wife (1)
- son (1)
- daughter (1)
- daughter-in-law (1)
- sister (1)
- grandmother (1)
- family (1)
- school teacher (1)
- school-infirmary (1)
- employer (1)
- manager (1)
- colleague (1)
- doctor watching rugby match (1)
- rugby physiotherapist (1)
- other - unspecified (2)

Two patients were attending the department for follow-up appointments which meant they had been advised to attend by A&E staff.

7.6. TOLD BY GP TO ATTEND THE A&E DEPARTMENT - 14 (15%)

7.6.i. COULD THE GP HAVE DEALT WITH THEIR PROBLEM?

Out of the 14 patients who were told by their GP to go to the A& E department just two thought their doctor could have dealt with their problem. 10 patients (71%) said their GP could **not** have dealt with their problem and one did not know. One patient did not answer the question.

7.6.ii. CONTACT WITH THE GP PRIOR TO COMING TO THE A&E

Patients contact with their GP was as follows -

a) By Telephone

Five (36%) patients had talked with their GP on the telephone before coming to the A&E department. Three did not answer the question.

b) Visited the GP's Surgery

Nine (64%) patients said they had visited the GP's surgery immediately prior to attending the A&E department .

c) Visit by GP to patient's home

Just one patient had been visited at home by the GP. This patient was now awaiting to be admitted to one of the wards. She was one of three patients temporarily in the department for admission purposes.

d) Given a referral letter by GP

Eight (57%) patients said they had been given a referral letter by their GP to bring with them to the A&E department.

7.6.iii. ADDITIONAL COMMENTS ABOUT GP REFERRAL

Seven (50%) patients who had been referred by the GP gave additional comments. Their remarks are varied and mainly explain their own experiences -

- 'doctor asked for [an] X ray to be done'
- 'very efficient speed. Seen at 6pm and here at 6.45pm. GP spoke directly to the hospital from surgery'
- 'rang the doctor and he sent for an ambulance'
- 'called [the] GP and explained my little girl fell and had concussion. He said to go to A&E for a check'
- '..... at hospital last Tuesday 6th February so doctor suggested I come straight back to hospital'
- 'referred me immediately for admission but no bed therefore why I am in A&E'

The remaining patient said he decided to attend himself after discussion with the GP.

7.7. PATIENTS/RELATIVES DECIDED TO GO STRAIGHT TO THE A&E DEPARTMENT - 78 (85%)

7.7.i. DID PATIENTS KNOW ABOUT NHS DIRECT?

31 (40%) patients/relatives who self-referred to the A&E department had heard of the NHS Direct but just three had phoned this number before deciding to come. In each case the patient was female and their respective ages were 15, 23, and 27 years.

The three patients who telephoned NHS Direct gave additional comments which reflected their own personal situation -

- 'advised to come to A&E for an X ray'
- 'told to go to the chemist and register with dentist as soon as possible'
- 'see a doctor straight away'

One other comment about NHS Direct was made by a mother of a five year-old child -

- 'wouldn't have thought about phoning the NHS Direct'

7.7.ii. COULD THE GP HAVE DEALT WITH THEIR PROBLEM?

Remarkably, nearly a quarter of the patients/relatives - 18 (23%) who decided themselves to attend the A&E department thought their GP could have dealt with their problem. However, only eight (10%) admitted they had tried to contact their GP. Over half the patients/relatives - 45 (58%) did not think the GP could have dealt with their problem. One patient did not know and one did not answer the question.

The eight patients/relatives who tried to contact their GP eventually decided themselves to go to the A&E. However, they were asked to identify which factors contributed to their final decision. Their responses are shown in **Table 2** -

Situation	Number
I spoke to the receptionist who told me to go to A&E	4
I had already seen the GP and thought it need a second opinion	2
I couldn't get through to the GP's surgery	1
There was an answering-machine but I didn't leave a message	1
There was an answering-machine and I left a message	1
I spoke to the practice nurse who told me to go to A&E	1
I spoke to the emergency doctor who told me to go to A&E	1
I couldn't get an appointment with GP soon enough	1

Table 2 - Factors that contributed to patients deciding to attend the A&E department after trying to contact & involve their GP

7.7.iii. REASONS PATIENTS/RELATIVES GAVE FOR DECIDING TO GO DIRECT TO THE A&E DEPARTMENT

More than three quarters - 61 (78%) self-referred themselves to the A&E department. At no time did they try to contact their GP. Seven patients did not answer the question.

Those who self-referred were asked to identify from a list of suggested situations which applied to them. Their responses are shown in **Table 3** -

Situation	Responses
The GP would have told me to come here anyway	36
I was happier to go to the hospital	29
I thought I need an X ray that couldn't be done at the surgery	28
I needed immediate emergency treatment	18
My relatives/friends persuaded me to come to A&E	16
I don't have a GP locally	5
I was too upset and didn't think about phoning the GP	5
I thought I was too ill to be treated at the GP's surgery	5
I thought I needed a blood test that couldn't be done at the surgery	1

Table 3 - Situations experienced by patients which influenced their decision to go direct to the A&E department

NOTE - It can be seen that more than half the patients - 36 (59%) believed their GP would have told them to go to the A&E department anyway. Almost a half - 29 (48%) said they were happier to attend the hospital and - 28 (46%) thought they needed an X ray which couldn't be done at the GP's surgery.

More than a quarter of patients - 18 (30%) thought they needed immediate treatment and five said they were too ill to be treated at the GP's surgery. Five patients came direct to the A&E department because they did not have a GP locally.

7.8. MODE OF TRANSPORT USED TO TRAVEL TO THE A&E DEPARTMENT

The majority of patients - 78 (85%) travelled to the A&E by car. 30 (33%) drove their own car or were given a lift in their own car, and 48 (52%) were given a lift in a car of a relative, friend or acquaintance. Just four patients travelled by ambulance. A breakdown of the mode of transport used by patients is shown in **Chart 2** -

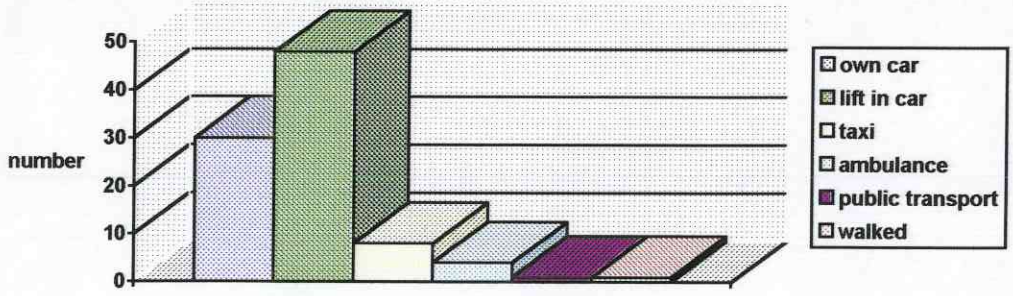

Chart 2 - How patients travelled to the A&E department

Interestingly, 8 (9%) patients travelled by taxi and this was mainly during late Friday night and the early-hours of Saturday morning. One patient walked to A&E and one used public transport.

7.8.i. COMMENTS ABOUT GETTING TO THE A&E DEPARTMENT

Almost half the patients/relatives - 45 (49%) gave additional comments about their method of travelling to the A&E department.

Many of their remarks are descriptive and give an account of their mode of transport and why they chose that method. Several made comments about the parking of their vehicles on arrival at the hospital and some commented about the cost of parking.

Their comments are varied and because of this they have been subdivided into five sections -

a) HAD A LIFT - (14 comments)

- 'lucky to get a lift'- *Friday evening*
- 'wife drove and has now left. Dropped me off outside'- *Friday evening*
- 'dad drove me'- *Friday evening*
- 'boyfriend dropped me off and has now gone with the children'- *Friday evening*
- 'brought my son'[parent] - *Sunday afternoon*
- 'brought by husband'- *Sunday afternoon*
- 'neighbour brought me'- *Monday morning*
- 'my son travelled with his teacher'- *Monday morning*
- 'friend drove me & dropped me off at the front of A&E' - *Monday morning*

b) PARKING THE CAR AT THE HOSPITAL - (13 comments)

- 'parked by emergency door - have not used a car-parking ticket'- *Friday evening*
- 'went straight and parked car' - *Friday evening*
- 'no problem. Easy journey and parking easy' - *Sunday afternoon*
- 'easy journey from Woodbridge - parking slow' - *Sunday afternoon*
- 'I came from Leiston - a 20-25 minute journey. Parking easy as the car park pretty empty' - *Sunday afternoon*
- 'parked in staff car park as other car parks full' - *Sunday afternoon*
- 'parking OK. I pulled into a space as someone leaving' - *Sunday afternoon*

c) CAR-PARKING FEES - (8 comments)

- 'I got into [the] car park easily. I didn't know I had to pay. My mind wasn't on looking for a car parking machine' - *Friday evening*
- 'car parking fees are extortionate - particularly when waiting in A&E. How can one know how long [the] visit will be?' - *Friday evening*
- 'run out of money for car parking. Put a £1.00 in at first then spoke to the receptionist who said I would be alright' - *Friday evening*
- 'parking really bad. Should not have to pay parking fee when coming to A&E' - *Friday evening*
- 'easy journey. Car parking easy but not happy to pay for car park as it's a hospital' - *Sunday afternoon*

d) ARRIVED BY AMBULANCE - (3 comments)

- 'emergency unit fast in coming. Ambulance took 20 minutes'- *Friday evening*
- 'ambulance arrived in minutes - extremely good service' - *Sunday afternoon*
- 'two men brought me in - someone rang for an ambulance. I had fallen over' - *Monday morning*

e) EXPLANATIONS GIVEN FOR NOT CALLING AN AMBULANCE - (5 comments)

- 'easiest way to attend and saved an ambulance' (drove own car) - *Friday night*
- 'didn't think it was appropriate to call [an] ambulance as car was available' (had a lift in car) - *Friday night*
- 'expensive solution but better than calling an ambulance for a finger injury' (came by taxi) - *Friday night*
- 'didn't think it warranted an ambulance' (came by taxi) - *Friday night/ Saturday morning*

f) TRAVELLED BY TAXI - (2 comments)

- '£25.00 fare' - *Friday night/Saturday morning*
- 'quick in coming' - *Monday morning*

7.9. PEOPLE WHO ESCORTED PATIENTS TO THE A&E DEPARTMENT

More than three quarters - 73 (79%) of patients were accompanied by a relative, friend or an acquaintance. The remaining 19 (21%) patients attended on their own or were 'dropped off' at the front entrance of the A&E department.

The largest group who escorted patients were 'accompanying parents' - 30 (41%). The others who attended with patients included: wife/husband/partner - 18 (25%) and friends - 13 (18%). A full breakdown of the people who accompanied patients is shown in **Table 4** -

Patient accompanied by -	Number	%
wife/husband/partner	18	25
daughter	01	01
mother/father	30	41
brother	02	03
grandmother	01	01
relative - unspecified	03	04
friends	13	18
teacher	01	01
matron/asst. matron	02	03
care-assistant	01	01
not answered	01	01
Total	**92**	**99%**

Table 4 - Categories of people who accompanied the patients to the A&E department

Interestingly more fathers attended with their children during the Sunday afternoon session when more children were in attendance due to sports injuries.

7.10. ON ARRIVAL AT THE A&E DEPARTMENT

The majority of patients - 84 (91%) said they knew where to go on arrival at the A&E department. Just seven did not know and one did not answer the question.

More than half the respondents - 54 (59%) gave additional comments. Many of the remarks were descriptive and summarised what had happened to them on arrival at the A&E department. Some remarks were about the journey to the hospital and others were about locating the A&E department. 20 (22%) patients said they knew how to locate the A&E department because they had they had been there before.

7.10.i. TOLD WHERE TO GO - (3 comments)

Three patients had been told where to go which clearly helped them -

- 'GP quite specific where I needed to go - which was South Reception - and they directed me from there'
- 'doctor made it clear where to go'
- 'had to go to South Ward as supposed to be admitted. They directed me here'

7.10.ii. SIGN-POSTING AND DIRECTIONS TO THE A&E - (12 comments)

Remarks about sign-posting and the directions to the A&E department were mainly good -

- 'clearly marked'
- 'sign posted well'
- 'signs outside straight forward'
- 'I used the map in the car park'
- 'followed signs - really good'
- 'the signing was clear -followed the ambulance'
- 'sign posting adequate'

There were just two adverse comments about the signs -

- 'sign-posting could be improved'
- 'coming in via Nacton the signs to the hospital [were] red. The signs then changed to black. No uniformity in colours of road signs. Feel it would be help if all signs were the same colour'

7.10.iii. HOSPITALITY ON ARRIVAL AT THE A&E DEPARTMENT - (12 comments)

These remarks were primarily descriptive but mainly indicated satisfaction -

- 'went to reception - told to go to triage nurse'
- 'reported to triage nurse - not reception. Called in straight away'
- 'checked in at reception and seen immediately by triage nurse'
- 'taken straight in to small room'
- 'very efficient - the triage nurse said 'come in' straight away. Importantly she took both boys in together - this was important because they were still my responsibility *(school teacher)*
- 'quite easy. Pity the triage nurse could not deal with injury as very minor - especially for child'

7.10.iv. PATIENTS WHO DID NOT KNOW WHERE TO GO ON ARRIVAL - (5 comments)

Five of the seven patients who did not know where to go on arrival at the department gave additional comments. Despite not knowing where to go all patients indicated they had received some help and had eventually received directions -

- 'ambulance men showed us where the nurse was. The receptionist told me to come to the Children's Waiting room and to follow the 'daisies''
- 'on arrival [I] was asked to sit down and see the triage nurse'
- 'knew where the receptionist was but not triage. Was greeted by a very stern receptionist who was not very welcoming'
- 'but my friend knew where to go'
- 'asked receptionist what to do'

7.10.v. OTHER COMMENTS - (2)

- 'the taxi knew where to go'
- 'it is next door to the hospital - I live locally'

7.11. DURATION OF WAITING IN THE A&E DEPARTMENT AT THE TIME OF INTERVIEW

The survey only permitted the recording of how long each patient had been waiting at the time of their interview. The total amount of time each patient had to wait before they received treatment was not ascertained.

Interviewers were advised to give patients time to settle in the department before they approached them for an interview. It was not the remit of the study to assess the total amount of time each patient had to wait but it was accepted that the length of time the patient had been waiting when interviewed could influence their responses.

At the time of their interview 19 (21%) patients had been waiting more than 1 hour. Of these - nine (10%) had been waiting 1-2 hours; seven (8%) 2-4 hours; one 4-8 hours and two over 8 hours.

A breakdown of the length of time patients had been waiting at the time of their interview is shown in **Chart 3** -

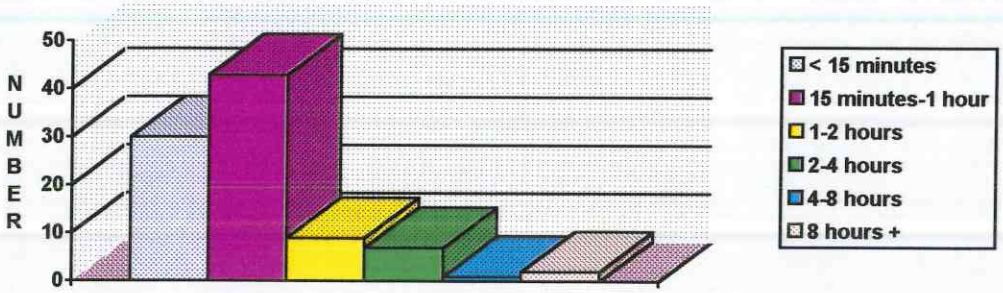

Chart 3 - Length of time patients waiting at time of interview

As can be seen most patients/relatives - 73 (79%) had been waiting one hour or less at the time of their interview. Of these - 43 (47%) had been waiting 15 minutes to one hour and 30 (33%) had been waiting less than 15 minutes.

7.11.i. COMMENTS ABOUT WAITING

36 (39%) patients chose to give additional comments about waiting in the A&E department. Their remarks are presented according to the length of time they had been waiting at the time of their interview -

a) 4 - 8 HOURS WAIT (1 comment)

- 'a few emergencies have been in which have put me back but a woman with a toothache was seen before me and I was here before her'

b) 2 - 4 HOURS WAIT (6 comments)

- 'waited 2 hours before first treatment and now waiting for blood tests. [My] initial referral was to be admitted but there are no beds therefore I am being seen in A&E'
- 'accept I may have to wait to see a dental surgeon. However it is 2 hours since any communication has been made'
- 'have had my x-ray - now waited 1 hour 10 minutes for the results. This is a bit long to be honest'
- 'on arrival at hospital I was seen immediately - had an X-ray and full examination - but have been waiting over 2 hours for results. I was attended to immediately as machine indicated [my] pulse rate extremely high and running a high temperature'
- 'no problem with wait'