

# A week in A&E: findings of a Healthwatch Reading project to collect patient views

**Where:** The Emergency Department, Royal Berkshire Hospital, Craven Road, Reading, RG1 5AN

**When:** Monday 16 to Sunday 22 May 2016, for 2 to 4 hours each day, making a total of 10 visit sessions

**Who:** 249 people (238 adults and 10 young people) in either the adults or children's waiting areas, shared their views.

**Why:** To collect people's experiences about what services, if any, they contact before coming to the ED and what factors influence their decision to go to A&E, in order to inform commissioners as they plan and make changes or improvements to urgent care and other services

**How:** People filled in an anonymous 2-page survey handed out by a Healthwatch Reading staff member or volunteer; Healthwatch Reading also spoke in-depth with some people who wanted to share more details. The visits were agreed in advance with the hospital. The findings have been independently produced by Healthwatch Reading, under its statutory Enter and View function.

## Main findings

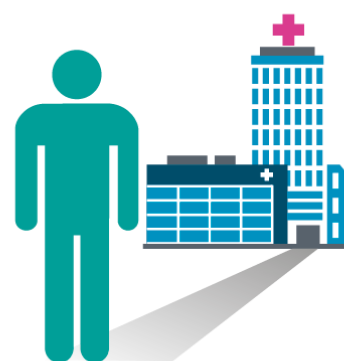
**The most common health problem leading to a person's visit to the emergency department was:**

- an accident (39%, 93 out of 239);
- a new symptom/problem (14%, 33 out of 239); or
- a change or worsening of a long term condition (10%, 25/239)

25% of people also described 'other' issues - ranging from a bee sting, to lump in the head, eye or dental problems, swollen tongue, back pain or chest pain.

**Nearly half of people (48%, 113 out of 236) had experienced their health problem for a duration of 1-7 days beforehand**

**More than half of people (55%, 127 out of 232) had tried to seek help from other services before going to the emergency department.**





Most of these people sought help from:

- their GP (73%, 93 out of 127)
- the NHS 111 telephone helpline (33%, 42 out of 127)
- an NHS Walk-In Centre (15%, made up of 13 people who visited Reading Walk-In Centre; and 6 who went to one outside Reading)
- their GP out-of-hours service (12%, 15 out of 127)



Only 4% of people had contacted a pharmacist

Only 1 person said they had sought advice from the NHS Choices website

79% of people (99 out of 140) said the service they had contacted beforehand, advised them to go to the emergency department:

‘The walk-in centre wrote a letter for me for A&E.’

‘111 called an ambulance for me. After 1 hour, an ambulance ‘nurse’ called and said that they had no spare ambulances and after discussing symptoms she advised I went to casualty myself rather than wait for an ambulance to become available.’

‘GP said it would be ‘safer’ to go to A&E.’

‘Yes, told me to go to A&E next day if still bad.’

‘GP said come to A&E if still feeling pain after a few days.’

The 83 people who did not contact a service before they came to the emergency department, selected these main reasons:

- they believed A&E had machines, technology, or medicines that were not available anywhere else (28%, or 23 out of 83)
- they believed their problem was very serious (27%, 22 out of 83)
- they believed A&E had staff/experts they would not find anywhere else (23%, 19 out of 83)

One-quarter of people (20 out of 83) gave a variety of ‘other’ reasons, including:

- 4 who mentioned suspected broken limbs
- 3 who said another service would not be open
- 3 who raised concerns about how another service would handle their problem

‘Sunday - GP not open.’

‘19.30 on Friday ruled out GP.’

‘Experience of other services are they are not very responsive. Felt it was too late to go elsewhere.’

‘Would’ve been sent for X-ray.’

‘I have broken enough bones to know how one feels different to a muscle injury.’

‘Spent 40 mins on phone whilst in a lot of pain. Told Dr may call, waited 30 mins, didn’t call, so called 999, didn’t know how long ambulance would be, so brought in by car.’

People who did not contact a service before they came to the emergency department, said they would consider doing so in the future, if:

- they had more information about alternative services in their area (48%, 34 out of 71 people)
- they had more information about what health issues/symptoms/injuries, other services can see or treat (32%, 23 out of 77)
- other services had extended opening hours (28%, 20 out of 77)

Of the 14 people who volunteered extra feedback on this question, 6 mentioned the need for a service offering X-ray:

‘Anywhere with an X-ray unit.’





## Other feedback volunteered by respondents

‘A&E is very helpful and quick most of time, all staff polite and very clean.’

‘Surprised how well A&E works. Do need to wait but service good.’

‘Long waiting time, especially with a baby.’

‘Went to my GP this morning to have the dressing changed before an appointment as advised. The GP told me to go to A&E as the wound is quite complex and they are better placed to re-dress it.’  
(Wokingham person)

‘The lab contacted GP, who called me at 5pm and advised to go to A&E for re-test as may require Vitamin K.’

‘Called doctor’s surgery twice and they failed to return our calls, very disappointed, very poor service from our surgery, this left no alternative but to come to A&E.’ (Wokingham person)

‘Surgery advises attend A&E as no appointment in morning - could only see child later that afternoon.’ (South Oxfordshire person)

‘There was different advice at different services. 111 said to go to walk-in centre for minor injuries, but walk-in centre can’t do X-rays so advised to go to A&E, rang 111 to check this was okay, 111 said no food or drink, water or pain relief. A&E said always okay to give pain relief.’



‘If you ring 111 they cannot answer many of the questions.’

‘I think he needs an X-ray so presumed we could only get in A&E.’

‘Accident required stitching.’

‘GP surgery said [I] would get a call back but didn’t say when.’

## Other feedback continued...

'I hope GPs can have more time with patients and listen carefully and watch their patient for possible illnesses. Left unrecognised, things get worse...GPs should not be thinking of profit, should think of the patient's health.'

'GP unable to see an acutely unwell child and advised 999. I did not feel this was necessary and so went to urgent care centre and they advised making my own way to A&E.' (outside of Reading)

'First aider suggested going to A&E. Have used walk-in centre before and think it is good. Wouldn't want to wait twice - walk-in centre limited to what they can do with breaks.'

'Think it needs a butterfly stitch.'

'I am away from home yet I would still have gone to A&E as I have [a] heart condition - I do not know what other services can offer for example ECHO, ECG, X-ray.'

'I do not think online services are the answer, the 'Dr Google' concept is causing more unproved diagnosis and hypochondriacs as opposed to expert advice.'

'I am worried about wasting time here....there have been delays in getting appointment at surgery.'

'Came to A&E as require an X-ray which is not available elsewhere to my knowledge.'

'I had seen my GP x2 time in the period of 2 weeks. I was left with just some pain relief. I also called ambulance as I was unable to mobilise at all but they never seemed concerned.'

'Doctor not listening to patient who is in pain and feet swollen. Hoping for an X-ray or scan.'

'The consultant [oncologist] told me to go to A&E if I had any problems.' [Elderly, post-operative, cancer patient]



## Observations about the ED department

During each of the 10 visits over the week, four different Healthwatch staff members, assisted by a pool of six volunteers (members of North & West Reading Patient Voice, and South Reading Patient Voice), made observations about the ED reception and waiting areas.



**Overview:** The adults waiting area is through two double sliding doors. In between these doors is a lobby area with food and coffee vending machines, plus toilets. The reception staff are situated in an enclosed admin unit behind glass windows and the check in windows are straight ahead as people enter through the second set of doors. The waiting area is an L-shape which means that some patients are out of sight. There are approximately **30 check** hard seats bolted to the floor. There is a television on one wall showing programmes but it is not visible to everyone in the waiting room. There is also another monitor attached to another wall showing information about the hospital. There is an electronic display showing approximate waiting times.

There are some posters up, including one about healthy eating. There is a free water dispenser.

Specific observations:

- During all 10 sessions it was observed that some patients appeared confused about the function of, or did not notice, a taped red line on the floor, meant to indicate the place to wait until you were called to the reception window in the adult's ED department
- During all sessions we noticed some patients waiting for some time to be called to a reception window, because the reception staff member was talking to another staff member, or staff did not look up from paperwork or did not make eye contact with arriving patients
- Sometimes a person was sat at each of the two reception windows in the adults ED department, but only one person was greeting patients and the other was doing other work - some people commented that it looked as if the second person was ignoring patients as there was no sign to indicate that they were not carrying out duties to check in patients

## Case study: Friday night in A&E

A Healthwatch staff member and volunteer from South Reading Patient Voice visited the emergency department from 8pm-10pm on Friday 20 May 2016.

When they arrived it was very busy. All the seats were taken and people were standing in the main waiting area, the lobby area and outside the main doors. It was unclear where the reception queue was due to the amount of people congregating and by 9pm there were also four people waiting in wheelchairs which added to the cramped feel of the small waiting area.

The water in the free dispenser was tepid and the automatic doors made an almost continuous squeaking noise opening and shutting.

A number of people appeared to be in distress and in pain. Patients could not always hear the names of people that clinicians were calling to come in to be seen.

At around 9.45pm, an A&E consultant came out and stated that due to severe pressures, and the number of ambulance cases, that the wait time would be at least four hours and that if there was anyone who could return tomorrow, or go to a pharmacist, then they should.

Nobody appeared to leave as a result of this statement.

The next patient who was checked in was asked by Healthwatch if she had been told by receptionist that the waiting time was four hours - she said no she was not told.

Despite the long waits, patients appeared to be generally good natured and resigned to sitting it out to be seen.

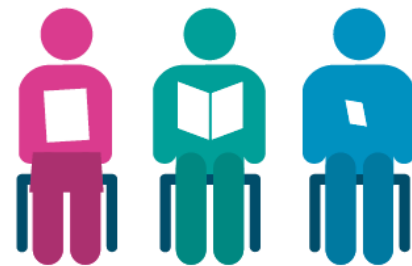
## Observations continued...

- We observed one reception staff member help to defuse a situation where an adult patient had become agitated about the length of their wait - the staff member came out to the waiting area to sit and talk to a patient and advised them that it was nearly their turn to be seen
- A notice taped to the adult ED reception window glass advising patients to ask for interpreters if needed, was in English and not translated into other languages
- The automatic doors into the adult ED reception area often slid open and shut constantly because of proximity to the queue of people waiting to be checked in or when people were standing because all seats were full, and was very squeaky, meaning that people often could not hear their name being called out



- Adult patients were called in to the clinical area in a variety of ways: some nurses or doctors stood at the doorway of the clinical area and shouted in clear voices, some spoke quietly and could not be heard in the part of the waiting room out of view, and some staff walked right out into the waiting room and walked around and repeated names until they found the patient
- We observed multiple occasions of clinicians calling for patients who had already been called previously into the clinical area
- We spoke to one woman who had been told by reception that she would not be seen for at least three hours, so she decided to go to another part of the hospital for food; her name was called out almost immediately after she left (we advised the patient on her return and she contacted receptionist and was seen shortly after)
- The sign advising people how long they might have to wait is not visible when first entering ED reception area (we have seen this at other services and it can deter people who would prefer not to wait for long)
- The waiting times shown did not always correlate with actual times people waited, especially when it when people appeared to be seen quicker during quieter times
- The waiting time sign was sometimes switched off
- One TV monitor on a wall in adult ED waiting room showed a range of very useful information on a slide-show basis, of various hospital topics (such as a picture of all the different colour uniforms clinical staff wear, and what they mean), but the slides changed too quickly, giving patients only three seconds to read an entire screen. One of the slides asked patients to inform reception if they left the waiting area - this information was not on a static notice elsewhere in the waiting room
- There are not enough seats for all waiting people at busy times
- We observed one group of people go into the clinical area unchallenged, at the same time a clinician was holding the door open and calling out for a different person; these people returned shortly after with a different staff member to direct them to another part of the hospital

## WAITING ROOM





- Police were observed bringing in a young woman who appeared very upset to main reception to ask for mental health assessment - she was called through relatively quickly but it raised questions about whether it would have been more appropriate to bring her to 'back door' of A&E to help maintain her dignity
- Police were observed bringing in a bleeding man who had been arrested; again he was called in quite quickly, but is there a policy of taking such patients through the back?
- One adult who attended during a quieter session told Healthwatch he had just popped in to see a clinician friend of his to get his blood pressure checked
- There were no magazines or newspapers provided in the waiting area
- The TV information monitor states there is a Freephone to call a taxi in reception - this no longer exists - although there is a notice about this behind the vending machine in lobby area
- A receptionist did offer to call a taxi for a person who needed one
- The water in the free dispenser was often tepid and sometimes cups were not available
- Many patients asked us where the toilets were (in the lobby area) as there was no signage to the toilets from the main waiting area and they had not noticed them on first entering, as they were preoccupied with getting checked in at reception
- On some days there were no sandwiches in the vending machine in lobby area (run by external company) or the coffee machine was occasionally broken
- Sometimes the toilets were messy and in need of more frequent cleaning
- Because some of the waiting area is out of sight of reception, staff did not notice a situation that could have needed diffusing (person shouting and swearing loudly and another person objecting to this)
- A poster aimed at helping patients choose the right service for their urgent care needs was beside the triage room door where it did not seem to be noticed or read by patients
- Some patients said the drop-off area outside the ED department is not well signed and difficult to access
- Many people complained about lack of on-site parking



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## Observations about the children's department

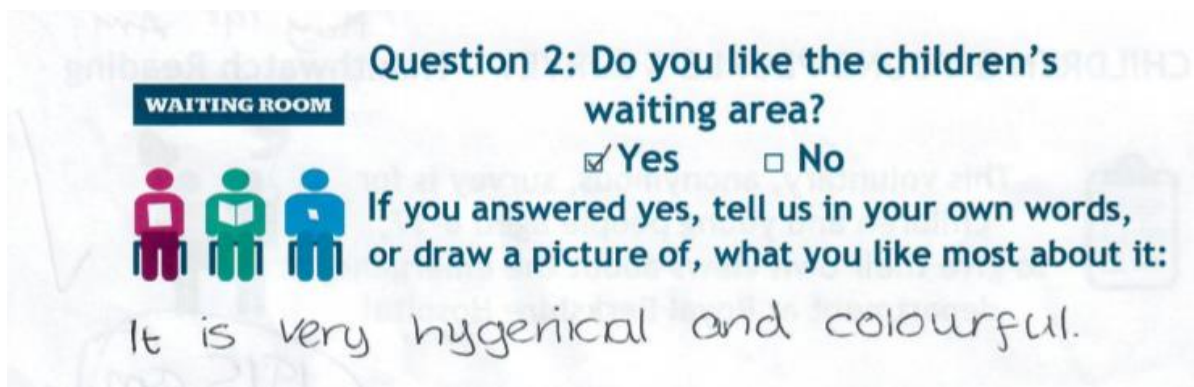
- Brightly coloured walls
- Toys and books provided that appeared to be aimed at toddlers, helped to keep very young patients occupied; not much material for older children
- We witnessed and stopped a child who had run out of the child's waiting area, down the ramp and towards the road outside the department, because the adult they were with was preoccupied
- We observed one child being triaged with the triage room door open - although we could not hear what was said and an adult with the child was stood just outside.
- We noticed a useful poster explaining that even if it seemed quiet, it did not mean that the ED clinical area was not busy - could this also be displayed in adult's waiting room?
- Very cramped when busy

## Separate Young person's survey

10 children aged 8 to 16 answered a separate, short survey we handed out with their adult's permission, to fill in themselves:

- All 10 said they liked the children's waiting area
- Of the 7 who had been in to see a triage nurse, all 7 said the nurse spoke to them or asked questions in a way they could understand
- All 7 who had seen the nurse, said the nurse had been friendly
- 5 of the 7 young people said the nurse had told them the nurse's name

Young people also gave feedback about the children's waiting area:



**WAITING ROOM**

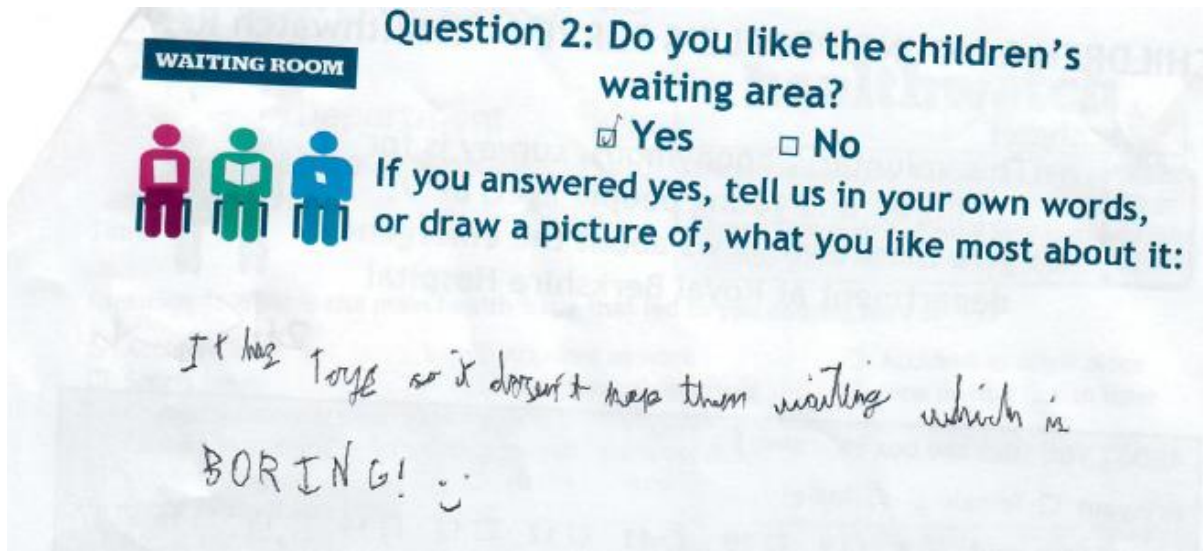
**Question 2: Do you like the children's waiting area?**

Yes     No

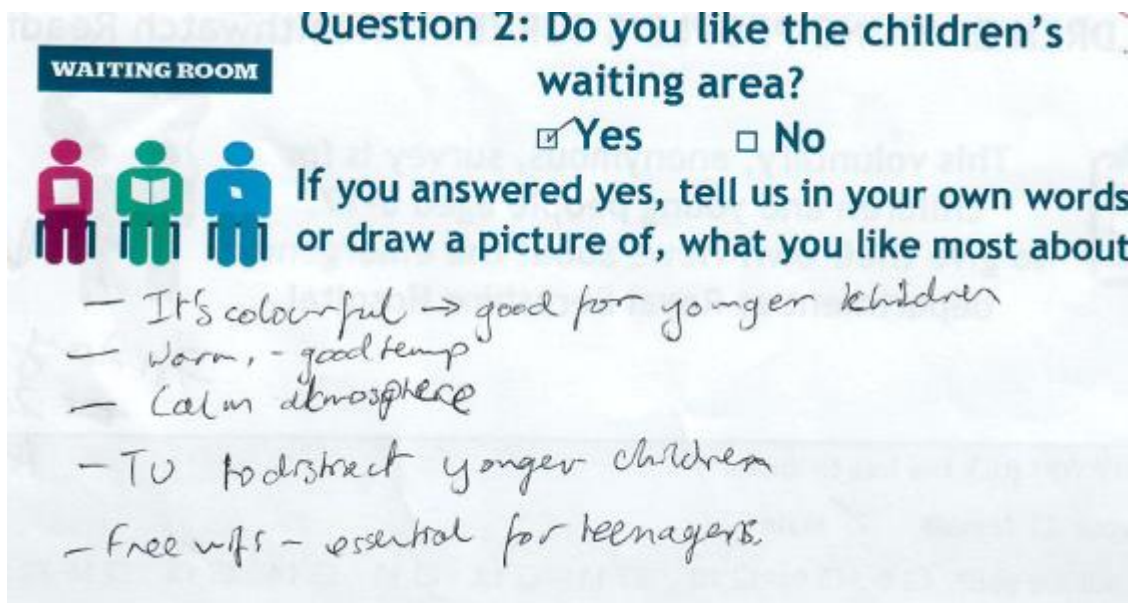
If you answered yes, tell us in your own words, or draw a picture of, what you like most about it:

It is very hygenical and colourful.

Comment from 11-year-old girl about the clean and colourful environment



Comment from 8-year-old boy about toys preventing boredom while waiting



Comments from 15-year-old male, including positive feedback about the free Wi-Fi in the waiting area, which is 'essential for teenagers'

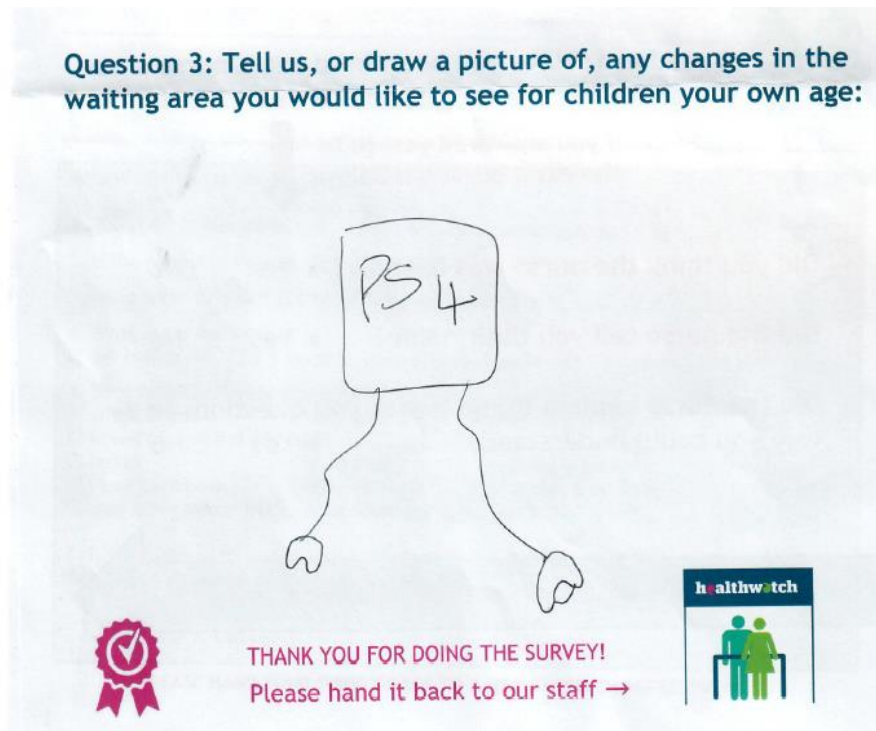
Other comments:

'The painting on the wall.' (9-year-old girl)

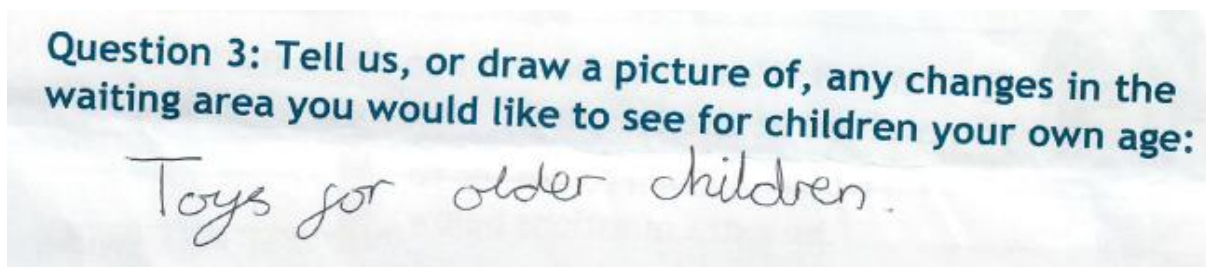
'I liked the walls.' (12-year-old boy)

'Yes it is a good place for children.' (16-year-old male)

Young people's suggestions about the children's waiting area:



A 10-year-old suggested having a Playstation in the waiting area



A 9-year-old girl suggested toys suitable for her age group

Other comments:

'Magazines, newspapers.' (16-year-old male)

'There should be more toys to play with.' (9-year-old boy)

'Bigger space for kid's area.' (12-year-old boy)

'Chairs are flexible, may be more comfortable if they are a bit harder/supportive. Books for teenagers e.g. about tech, science, sport, entertainment magazines.' (15-year-old male)



## Discussion

We believe our findings raise a number of questions that we urge the Urgent Care Programme Board to consider and report on:

1. Are common triage pathways/ED referral criteria used by various clinicians and services - including GPs, 111, walk-in centres, urgent care centres, ambulance services and hospital specialists caring for end-of-life patients, when seeking help for problems they believe are urgent? Do people of Reading (and the rest of Berkshire West) get consistent advice about when it is appropriate to go to A&E?

Our findings showed that more than half of people contact another service before going to A&E. Some people were told to go 'if your pain gets worse' - leaving a patient to make the decision to attend ED, rather than encourage them to seek a re-assessment.

We also spoke with cancer patients who had been told by their specialist nurses or consultants previously, to go to ED should their condition worsen - could these cases be better managed in the community?

Similarly, a 'complex' wound was sent to be re-dressed in ED - could this be managed in the community by nurses with appropriate training?

A national report published last May also showed 'a *substantial proportion*' [nearly 40%] of the 924 people surveyed, '*attended because they had been advised to do so by other healthcare providers*'. The joint findings from The Royal College of Emergency Medicine and the Patients' Association, adds that '*this suggests, that like patients, many healthcare providers behave and give advice based on a lack of confidence in viable alternatives to the A&E service*'. (See <http://www.patients-association.org.uk/wp-content/uploads/2015/06/rcem-pa-report-time-to-act.pdf>)

## 2. Are clinical quality audits regularly carried out of referrals made to A&E by other healthcare services to assess their appropriateness?

We noted that when people were being checked in at ED, they were asked which GP practice they were registered with. We are unsure if the hospital also routinely asks and records if people contacted services beforehand and if so, who advised them to go to A&E? Such information, if audited over a longer period of time and with more people, could establish trends about current advice given and where any improvements could be made.

We also query whether various front-line professionals meet to jointly carry out an in-depth examination of retrospective ED attendances, to share learning about how cases could have been handled differently.

## 3. Do we need to consider restructuring local urgent and emergency care services?

An NHSE report on transforming urgent care published in August 2015, suggests that *'the co-location of primary care out of hours' services with emergency departments provides opportunities for collaboration, routine two-way transfer of appropriate patients and can help decongest emergency departments (see: <http://tinyurl.com/og9qv7t> for further guidance on primary care supporting emergency departments).*' See <https://www.england.nhs.uk/wp-content/uploads/2015/06/trans-uec.pdf>

We also note that a large number of people in our survey said they had attended ED seeking an X-ray as they were unaware of any other alternative sites that offered this. This raises issues about how well alternatives such as the minor injury unit at West Berkshire Community Hospital in Thatcham or the minor injury unit at Townlands Hospital in Henley. And is there a case for X-ray facilities to be situated within Reading's walk-in centre, or within a new site altogether within Reading?



#### 4. How can we improve the information given to the public about using the right service at the right time?

Nearly half of all people in our survey who didn't seek help beforehand, said they could be persuaded to do next time if they had more information about alternative services. Some people had made assumptions that only A&E had equipment to undertake certain procedures or they felt that a visit to a WIC would be a doubling up of their time because it would send them to A&E anyway. Some people also automatically assumed they could not access any GP service after hours.

This raises the need for more detailed information listing what procedures or treatment, various urgent care services can provide. The Reading Walk-in Centre website and patient leaflet for example, states it can treat 'minor injuries and minor illnesses' but does not define what these are. Would a worried parent suspecting their child needed a stitch for a cut to the head know whether the WIC could treat this, or would they head straight to A&E? In contrast, and by example, the West Berkshire Minor Injury Unit includes a long list of the type of things it can treat, for patients' information (<http://www.berkshirehealthcare.nhs.uk/ServiceCatInfo.asp?id=62>).

The NHS has run previous advice campaigns, including 'Choose Well' and Know Who To Turn To and various local evaluations have been published, suggesting flyers, posters or booklets are most remembered by the public.

The Know Who To Turn To guide in Scotland included examples of the types of symptoms people could self-manage or could be assessed by various professionals. The guide included a listing of local minor injury units and their opening hours.

[http://www.know-who-to-turn-to.scot.nhs.uk/pdf/21396\\_UnscheduledCare\\_WEB\\_1707.pdf](http://www.know-who-to-turn-to.scot.nhs.uk/pdf/21396_UnscheduledCare_WEB_1707.pdf)

A 2012 discussion paper by the Primary Care Foundation (whose directors include the GP author of Carson Report commissioned by the DH) found that '*information for the public about opening hours and the range of available services is incomplete and*



*unreliable. In too many centres, services vary depending on which members of staff are on duty.’ The foundation’s report Urgent Care Centres: What works best, also recommended ‘that at least for NHS Choices, a consistent structure is used that makes plain what conditions can be treated and whether there are limitations on prescribing, for example because the service is staffed only by nurses.’ It also said ‘commissioners should also make sure that the advertised services are available consistently over time and not subject to variation depending on who is on duty. Finally, we urge commissioners to review the multiplicity of names for urgent care services in their locality and look to simplify these in the interests of clarity for users.’ One suggestion in the report was to call urgent care centres ‘Local A&E’.*

Healthwatch England (HWE) has raised similar concerns. In a 2014 poll of 1,762 people that HWE commissioned from YouGov, around a third of those who responded said that they didn't know where their nearest minor injuries unit or NHS walk-in centre was or the services it provides. The survey showed while 4 out of 5 people said they were aware of NHS 111 just 1 in 5 reported having used it, or its predecessor NHS Direct, when in need of urgent care. HWE said *‘blaming people for going to the ‘wrong place’ when we need care and support is the wrong way of looking at the problem...until the health and care sector offers a more consumer-friendly experience, things are unlikely to improve’.*

Healthwatch Reading believes that the need for information raised about alternatives to A&E by our survey respondents, and national findings, make a strong case for a more detailed, bespoke urgent care ‘map’ or guide be produced for people in Reading and the rest of west Berkshire. In particular, people need examples of types of symptoms, injuries or illnesses can be treated by various services and when.

What would be the impact, for example, of creating a leaflet of all the conditions/injuries that the Reading walk-in centre can (and cannot) treat or assess, and leaving it on every waiting room seat in every GP surgery in Reading? Would it lead to more appropriate use of A&E and the centre?



We would recommend that any new guide on choosing an urgent care service is translated into most common languages other than English, spoken in Reading, and that pictorial, or Easy Read guides are produced to recognise low literacy levels or learning disabilities.

Healthwatch Reading is willing to work in partnership with commissioners and/or providers to co-produce or road-test with members of the public, draft guides and other information.

#### **5. What can be done to prevent ED attendances prompted by dissatisfaction with other services?**

A small number of respondents mentioned they had chosen to go to A&E because of dissatisfaction with how unexplained symptoms had been managed in primary care. We spoke with one woman who said she had come following three previous visits to her GP, which had left her pain issues unresolved and she felt she needed tests or investigations. This raises issues about the time GPs have to spend with patients to discuss symptoms in more detail and explain why tests may or may not be suitable to carry out.

Some people also mentioned not getting called back by their GP surgery about their urgent problem, which indicates ongoing pressures on GP surgeries to cope with patient queries or issues with administration.

**The following questions for discussion relate to the observations we made and patient feedback about the environment of the ED waiting rooms.**

#### **6. What can be done to improve the 'check-in' experience of people arriving at A&E?**

During peak times, patients often are unsure where to queue, as there is only a taped red line on the floor, which may be obscured by crowds of people waiting to be called in. Patients may also be unsure which of the admin staff that they can see through the glass windows is checking people in, as there may be a slight delay in being noticed by a receptionist. Have other

check-in ideas been explored to improve this experience - such as:

- a physical stand as used in banks or department stores for queuing
- a 'window closed' sign on the reception window not checking patients in, so people do not think the staff member is ignoring them while they carry out other admin duties in sight of arriving patients
- a 'greeter' standing in the hospital waiting area, in a similar way to how Reading Borough Council offices have a receptionist to meet arriving people to give them initial information and a 'customer-friendly' experience.

Is it also possible to add a second electronic sign displaying the wait times, very near reception windows, to give people immediate information on how long they will have to wait?

We would also like to clarify if there is a hospital policy of which entrance police should use to bring people needing medical attention, particularly those needing mental health assessments as a result of threatened suicides, in order to protect the dignity of these patients.

## **7. Could changes be made to improve the overall experience for patients and relatives/friends, while they are waiting to be seen?**

The inadequate size of the ED department has already been acknowledged by the hospital at a time when demand is growing to sometimes more than 300 patients per day.

However, we still believe there are some improvements that could be made within the department, including:

- signage to the toilets from the waiting area
- more posters translated into other languages, especially the poster informing people about requesting an interpreter if needed
- alterations to the TV information screen so people have more time to read each topic
- fixing the squeak in the automatic doors
- more frequent restocking of cups for water



- providing chilled free water
- reviewing the frequency of how often vending machines are filled
- supplying reading material like newspapers
- supplying reading material for older children in the children's ED
- ensuring the waiting times displayed electronic are accurate.

#### **8. Could changes be made to the way patients are called through to the ED clinical area?**

We observed that the system to call patients in to the clinical area is inadequate because patients cannot always hear their name being called.

Have other systems been considered - such as electronic signs as used in GP surgeries, or ticket/number calling? We also query what systems are used in the clinical area to show clinicians which patients have gone through, given the amount of times we witnessed patients being called to go in when they had already gone through some time previously?

#### **9. Can more in-depth research be commissioned in the future on the patient's journey, before, during and after ED?**

Our survey focused on getting a good sample size, which meant we had less time to focus on getting in-depth patient stories about their journey before, during and after the ED. An interview with a person, and subsequent transcribing and analysing takes approximately one hour per person. We recommend that future retrospective audits be commissioned to examine the appropriateness of the advice given to patients seeking urgent care, factors influencing patients' own decisions to go to A&E, and any factors influencing subsequent repeat visits.

## Conclusion


In conclusion we request that the Urgent Care Board uses this report to discuss and debate the points raised by the findings and our own suggestions.

We appreciate that there may be no immediate solutions to the questions we have raised in the report. However, we would request that the Urgent Care Board provide written feedback to Healthwatch Reading by the end of September 2016, detailing their reaction to the findings, and how any of the findings or questions posed will be considered and incorporated into future local work on urgent care services. We also ask the hospital to provide a specific response on suggestions we have made about improving the ED waiting room experience for patients.

We plan to publish an abridged version of this report for the public in September, which will explain that we have sent the findings to the board for consideration. We can update this with the Urgent Care Programme Board's response as we receive it.



## Appendix 1: About the people who answered our survey

- 68% (156 out of 230) said they were the patient
  - 29% (67 out of 230) were a relative or friend of the patient
  - 3% (7 people) had 'other' roles, such as being a care worker
- 
- 57% of the people who took part (131 out of 230) were female; 43% (99 out of 230) were male; no-one said they transgender
  - Working-age adults made up most respondents:
    - 25-34 years (15%, 34 out of 223 people)
    - 35-44 years (14%, 32 out of 223)
    - 45-54 years (10%, 22 out of 223)
    - 55-64 years (9%, 19 out of 223)
  - Of patients aged under 18, the biggest groups were:
    - 6 months-4 year-olds (9%, 19 out of 44 patients)
    - 5-10 year-olds (6%, 13 out of 44)
    - 11-17 year olds (4%, 9 out of 44)
  - White British people were the biggest ethnic group in the respondents (68%, 154 out of 226 people), followed by:
    - Any Other White (11%, 25 people out of 226)
    - Indian (5%, 11 people out of 226)
    - Mixed (4%, 10 people out of 226)
  - Most people (95%, 214 out of 226) said they were registered with a GP surgery; 5%, 12 people out of 226, said they were not
  - Most respondents said they lived in the postcode area of:
    - RG1 (13%, 28 put of 220)
    - RG30 (also 13%, 28 out of 220)
    - RG2 (9%, 20 out of 220)
    - RG4 (8%, 17 out of 220)
  - 15 people said they lived outside of Reading, including 2 from Maidenhead, 2 from Surrey, and 1 from Ascot; only 1 said they were from overseas

## Appendix 2: How we carried out the visits

- Each visit was undertaken by two people - a Healthwatch staff member and a volunteer, or two Healthwatch staff members
- We visited the ED department before the survey with the RBH's Urgent Care Group Director of Nursing, and the ED reception manager, to see how the emergency department operates in the clinical area and to discuss the logistics of our visit.
- We carried out our visits at the following times:
  - Monday 16 May: 11am-1pm & 2-4pm
  - Tuesday 17 May: 11am-1pm
  - Wednesday 18 May: 12.30-2.30pm
  - Thurs 19 May: 11am-1pm & 5-7pm
  - Fri 20 May: 11am-1pm & 8pm-10pm
  - Saturday 21 May: 4pm-6pm
  - Sunday 22 May: 4pm-6pm
- We handed out a 2-page survey to all people after they had checked in at reception and offered help to fill it in if they were unable to do so themselves. We also sat and talked with people who wanted to share more in-depth details about their experience. We explained the survey was anonymous. We had a Healthwatch Reading-branded mobile stand on wheels where people could drop off completed surveys, and take any leaflets and pens, or colouring sheets and pencils for children.
- The survey sample represents 11% of the total number (2,117) of people who attended the ED during that week, according to figures supplied by Royal Berkshire Hospital
- The survey respondents were 'walk-ins', not people brought in by emergency ambulance through the rear entrance of A&E. We did not follow people through to the clinical areas to find out the outcome of their visit. We did not survey any clinicians about the appropriateness of ED attendances during the week.





## Appendix 3: Detailed data breakdown

Q1 What is the main health issue that led to you coming here today?  
Answered: 239 Skipped: 0

Answer Choices	Responses	
Accident at home	19.67%	47
Accident at work	6.69%	16
Accident at other place	12.55%	30
Sports injury	5.44%	13
New physical symptom	13.81%	33
New mental health issue	0.00%	0
Change/worsening of an existing long-term physical condition	10.46%	25
Change/worsening of an existing mental health condition	1.67%	4
Alcohol/drug use	0.00%	0
Victim of crime	0.42%	1
Other (state below if you wish)	0.00%	0
Prefer not to say	1.26%	3
Accident at school	2.93%	7
Breathing problems (child)	1.67%	4
Fever (child)	0.42%	1
Rash (child)	0.84%	2
Cough (child)	1.26%	3
Fit/seizure (child)	0.00%	0
Diarrhoea (child)	0.00%	0
Stomach/abdominal pain (child)	1.67%	4
Swallowing item/poisonous substance/liquid (child)	0.00%	0
Mental health/emotional (child)	0.00%	0
Other (state if you wish)	24.69%	59
<b>Total Respondents: 239</b>		

### Other responses:

Sore willy  
 Something in eye  
 Not feeding properly  
 Swollen eye  
 Post op infection  
 Picked up tick bite from park  
 Accident at nurse  
 Cycle accident Sat 8am

Eye problem  
 worsening of infection  
 Allergies  
 Collapsing  
 Cancer operation on May 3rd TWOC  
 last week , now not able to pass urine  
 Eye problem  
 Injection after operation on knee



Cancer patient  
 Blood transfusion -emergency  
 High potassium level in his blood  
 GP referral for back issues  
 severe back pain and struggling to walk  
 blood in stools  
 ?Infection  
 Reaction to medication GP requested  
 urgent blood test  
 INR up 13.7 earlier in day  
 Kidney pains  
 emergency heard problems  
 lump behind the ear  
 Heart Attack  
 swollen face after tooth abscess  
 emergency  
 nothing stated  
 nothing stated  
 ear pain  
 foreign body in ear  
 Sudden chest pain  
 Ongoing stomach pain

Severe dental pain  
 bee sting  
 (may also be a mental health issue - form unclear)  
 fell out of bed last Sunday, visited A&E had POP, now back to have removed  
 n/a  
 A injury to knee last year and now other problems in leg.  
 Bladder infection & breathing problems  
 Kidney problem  
 suspected DVT  
 Worsening of swollen tongue preventing eating and drinking  
 Referred by doctor  
 Burn  
 n/a  
 collecting results from emergency  
 Heartache  
 Finger infection

## Q2 How long have you been experiencing the problem that led you here today?

Answered: 236 Skipped: 3

Answer Choices	Responses	
Immediately before coming here	30.51%	72
Up to 24 hours ago	21.61%	51
Between 1 and 7 days ago	30.51%	72
Longer than a week	17.37%	41
<b>Total</b>		<b>236</b>

## Q3 Have you been discharged from hospital about this problem in the past 30 days?

Answered: 217 Skipped: 22

Yes	9.22%	20
No	90.78%	197
<b>Total</b>		<b>217</b>



## Q4 Did you try to seek help from any other services before coming here today?

Answered: 232 Skipped: 7

Yes, go to Question 4a (list below)	54.74%	127
No, go to Question 5	36.21%	84

### Q4a: Tell us which service you contacted:

Healthwatch Reading analysis of selected options from list in survey plus addition of any free text answers given in 'other' option which clearly stated which service they had contacted. People could select more than one option, bringing the total to more than the 127 people who had contacted a service.

GP surgery	73%	93
111	33%	42
Reading or other Walk in Centre	15%	19
Out of Hours GP service	12%	15
999	7%	9
Pharmacist	4%	5
Dentist	4%	5
Optician	2%	3
Palliative care		1
NHS Choices		1
Mental health crisis service		0
Community midwife		0
Sexual health clinic		0
Social worker		0
Charity/voluntary sector		0
Other (see below)	9%	12
<b>Total</b>		<b>205</b>

#### Other:

Physiotherapist

Medical staff at a horse show

Dietician

X-ray [unclear where]

Self-diagnosis I am a doctor

Internet

Bracknell Health Space

Came by ambulance [unknown if emergency or patient transport]

Cancer nurse

District nurse

I waited until my symptoms were severe to act, someone insisted I act

Spoke to charity organiser and nurse advised to go to A&E

### Question 4b: Were you able to speak to a person who could give you advice?

Answered: 133 Skipped 106

Yes, now go to Q.4c	91.73%	122
No, their phone line was engaged	0.75%	1
No, I only got a recorded message	0.00%	0
No, they did not return my call	0.75%	1
No, the service said no-one was available to talk to or see me as quickly as I wanted	6.77%	9
<b>Total</b>		<b>133</b>

### Question 4c: Did the service advise you to go to A&E?

Answered: 141 Skipped 98

Healthwatch Reading analysis from selected options plus free text in 'Other' option which clearly indicated they had been advised by a service to go to A&E:

Yes: 119 (84% of 141 people)

No: 11 (8%)

Other: 10 (7%)

141 responses from 119 people

GP	75	53%
Reading Walk in Centre	8	6%
111	27	19%
999	5	4%
Out of Hours GP service	8	6%
St Marks urgent care centre	2	1%
Branks Bridge urgent care centre	4	3%
Minor Accident – Henley	1	0.7%
Dentist	3	2%
Pharmacist	2	1%
Palliative Care	1	0.7%
HOLT nurse	1	0.7%
Medic at an event	1	0.7%
Optician	1	0.7%
District nurse	1	0.7%
Hospital	1	0.7%
<b>Total</b>	<b>141</b>	



22 people contacted more than one service = 18%

These were:

GP + WIC +111	2	9%
111+Out of hours GP	1	4.5%
Dentist + 111	2	9%
GP + Optician	1	4.5%
111+WIC	2	9%
GP+Branks Bridge	1	4.5%
GP + District Nurse	1	4.5%
GP + Pharmacist	1	4.5%
GP + Out of Hours + Pharmacist	1	4.5%
GP + 111	4	18%
GP + St Marks	1	4.5%
WIC + Out of hours + 111+999	1	4.5%
WIC+Out of Hours+111+GP	1	4.5%
GP + Out of hours	1	4.5%
GP + WIC + 999	1	4.5%
GP+WIC	1	4.5%
<b>Total</b>	<b>22</b>	

GP surgeries that advised patient to go to A&E

GP Surgery	No.
Baltimore Park Surgery RG4	1
Brookside Surgery	1
Burghfield Health Centre RG7*	1
Burma Hill surgery	1
Chalfont surgery	1
Chatham Street Surgery RG1	1
Chancellor House Surgery RG2*	1
Circuit Lane Surgery RG30	3
Downland practise	1
Emmer Green RG4	1
Finchampstead surgery	1
Grovelands Medical Centre RG30	2
Holywell surgery, Watford	1
Lodden Vale surgery	2
London Street Surgery (Drs Essa & Harrold) RG1	1
Melrose Surgery RG1	4
Milman Road - unspecified	2
Newbury Street Practise	1
Pangbourne Boathouse Surgery RG8	1
Parkside family practise	2
Reading Walk-In Centre RG1	1
Ringmead medical practise	1

Shinfield Medical Practice RG2*	1
Sonning Common Health Centre	1
South Reading Surgery RG2*	1
Swallowfield Surgery	3
Theale Medical Centre	3
The Hart surgery	2
Tlehurst Surgery Practice (Pottery Road) RG30	2
Tilehurst Village Surgery (Westwood Road) Surgery RG31*	1
Tilehurst - unspecified	1
University Medical Centre RG2*	3
Western Elms Surgery RG30	2
Westfield Road surgery	2
Wokingham medical centre	5
Woodcote surgery	1
Woosehill medical centre	1
Prefer not to say	15

### Question 5: If you did not contact another service before coming to A&E, why not?

Answered: 83

Answer Choices	Responses
My problem is very serious	26.51% 22
I believe A&E has staff/experts I would not find anywhere else	22.89% 19
I believe A&E has machines, technology or medicines that are not available anywhere else	27.71% 23
I can get help quicker at A&E	24.10% 20
Another service/professional that I wanted to contact was closed	10.84% 9
I did not know about any other service I could go to instead of A&E	14.46% 12
A&E is closer than other services	7.23% 6
I trust A&E from past experience	19.28% 16
A&E is more anonymous	2.41% 2

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Emergency Department Royal Berkshire Hospital May 2016

SurveyMonkey

Other service/s have let me down	1.20%	1
I wanted a second opinion	3.61%	3
Other (please state if you wish)	24.10%	20
<b>Total Respondents: 83</b>		

Turn over for more survey findings



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### Other responses:

would have been sent for XRay

WIC is terrible

Sunday-GP not open

A lot of pain-parental judgement

19.30 on Friday ruled out GP

It was a small head wound, needed cleaning and closing, a simple job for A&E. I'd do it at home for myself but kids need extra care

Experience of other services are they are not very responsive Felt it was too late to go elsewhere

Probably need X ray

Daughter has broken finger

Ambulance

referred by ex-nurse

paramedics made the decision to come to A&E

Feeling really sick. Had tried to get GP apt in previous days

Long waiting time especially with a baby

Child has been given a medication mother & siblings allergic to. Don't know if this child is too. Been 2x to GP so far. Keeps saying illness viral. Now rash all over and [other serious signs] - worried because of serious illness with another child.

Family history of health problems worrying

I have broken enough bones to know how one feels different to a muscle injury. I am pretty sure I have a cracked rib.

Doc is useless

Not registered with a GP

Did not seek any help from other service I am not the patient

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## Question 5a: What changes would help you consider trying to contact an alternative service about an urgent problem in future, instead of going straight to A&E?

Answered: 71

More information about what alternative services are in my area	47.89%	34
More information about what health issues/symptoms/injuries other services can see or treat	32.39%	23
Extended opening hours at other services	28.17%	20
More urgent appointments available at other services	22.54%	16
More information online about other services	12.68%	9
Other, state if you wish	19.72%	14
<b>Total Respondents: 71</b>		

### Other responses:

Because serious, otherwise would not come

Probably need X-ray so came straight to A&E

Not sure there is anything else as ? has suspected broken arm

GP

nothing stated

somewhere with X Ray needed

exhausted all alternatives

none in this instance

Doctor not listening to patient who is in pain and feet swollen. is hoping for an X ray or scan

Anywhere with an x ray unit

Needed to come to A&E

Just need to register with GP, have not had time

no requirements other than an x ray required



## Postcode breakdown of respondents: Answered 220

<b>RG1</b>	<b>13%</b>	<b>28 people</b>
<b>RG2</b>	<b>9%</b>	<b>20</b>
<b>RG3</b>	<b>1%</b>	<b>3</b>
<b>RG4</b>	<b>8%</b>	<b>17</b>
<b>RG5</b>	<b>7%</b>	<b>15</b>
<b>RG6</b>	<b>4%</b>	<b>9</b>
<b>RG7</b>	<b>4%</b>	<b>8</b>
<b>RG8</b>	<b>3%</b>	<b>6</b>
<b>RG9</b>	<b>2%</b>	<b>5</b>
<b>RG10</b>	<b>2%</b>	<b>5</b>
<b>RG11</b>	<b>0</b>	<b>0</b>
<b>RG12</b>	<b>1%</b>	<b>2</b>
<b>RG13</b>	<b>0</b>	<b>0</b>
<b>RG14</b>	<b>3%</b>	<b>6</b>
<b>RG15</b>	<b>0.45%</b>	<b>1</b>
<b>RG16</b>	<b>0.45%</b>	<b>1</b>
<b>RG17</b>	<b>0</b>	<b>0</b>
<b>RG19</b>	<b>1%</b>	<b>2</b>
<b>RG20</b>	<b>1%</b>	<b>2</b>
<b>RG21</b>	<b>0</b>	<b>0</b>
<b>RG22</b>	<b>0</b>	<b>0</b>
<b>RG23</b>	<b>0</b>	<b>0</b>
<b>RG24</b>	<b>0</b>	<b>0</b>
<b>RG25</b>	<b>0</b>	<b>0</b>
<b>RG26</b>	<b>0</b>	<b>0</b>
<b>RG27</b>	<b>0</b>	<b>0</b>
<b>RG28</b>	<b>0</b>	<b>0</b>
<b>RG29</b>	<b>0</b>	<b>0</b>
<b>RG30</b>	<b>13%</b>	<b>28</b>
<b>RG31</b>	<b>5%</b>	<b>12</b>
<b>RG40</b>	<b>4%</b>	<b>9</b>
<b>RG41</b>	<b>5%</b>	<b>10</b>
<b>RG42</b>	<b>1%</b>	<b>2</b>
<b>RG45</b>	<b>1%</b>	<b>3</b>
<b>Prefer not to say</b>	<b>5%</b>	<b>11</b>
<b>Other:</b>	<b>7%</b>	<b>15</b>



E17		
KT10		
OX12		
Overseas visitor		
SL5		
WD18		
SL6		
SL6		
HR1		
BN2		
BH4		
S16		
B55		
SK6		
RH1		

### Age breakdown of respondents: Answered: 223

Answer Choices	Responses	
0-1 month old	0.90%	2
2-5 months	0.45%	1
6 months - 4 years	8.52%	19
5-10 years	5.83%	13
11-17 years	4.04%	9
18-24	13.45%	30
25-34	15.25%	34
35-44	14.35%	32
45-54	9.87%	22
55-64	8.52%	19
65-74	8.52%	19
75-84	8.07%	18
85+	2.24%	5
Total		223



## Ethnicity breakdown of respondents

Answer Choices	Responses
White British	68.14% 154
Any other white (describe below if you wish)	11.06% 25
Mixed (describe below if you wish)	4.42% 10
Indian	4.87% 11
Pakistani	0.88% 2
Bangladeshi	1.33% 3
Black Caribbean	2.21% 5
Black African	1.77% 4
Chinese	0.88% 2
Any other ethnic background (describe below if you wish)	3.10% 7
Prefer not to say	1.33% 3
Total	226

## Which GP surgeries respondents are registered with

Answer Choices	Responses
▼ Prefer not to say	13.81% 29
▼ Not a N&W Reading or South Reading Practice (please enter details in comment box below)	0.48% 1
▼ Abbey Medical Centre RG1	0.00% 0
▼ Balmore Park Surgery RG4	2.86% 6
▼ Burghfield Health Centre RG7*	0.48% 1
▼ Boathouse Surgery Pangbourne RG9	0.00% 0
▼ Chatham Street Surgery RG1	0.48% 1
▼ Chancellor House Surgery RG2*	0.48% 1
▼ Circuit Lane Surgery RG30	2.86% 6
▼ Eldon Road Surgery RG1	0.00% 0
▼ Emmer Green RG4	1.90% 4
▼ Grovelands Medical Centre RG30	2.38% 5
▼ Kennet Surgery RG1	0.48% 1
▼ London Road Surgery (the New Surgery) RG1	0.48% 1
▼ London Street Surgery (Drs Essa & Harrold) RG1	0.95% 2
▼ Longbarn Lane Surgery RG2	0.00% 0
▼ Melrose Surgery RG1	2.86% 6
▼ Millman Road Dr Kumar & Partners RG2*	0.95% 2
▼ Millman Road Dr Mittal & Partners G2	0.00% 0
▼ Mortimer Surgery RG7	0.00% 0
▼ Overdown Surgery RG31*	0.00% 0
▼ Pangbourne Boathouse Surgery RG8	0.48% 1
▼ Pembroke Surgery RG1	1.43% 3
▼ Peppard Road Surgery RG4	0.00% 0
▼ Priory Avenue Surgery RG4	0.48% 1
▼ Reading Walk-in Centre RG1	1.90% 4
▼ Russell Street Surgery RG1* (also Coley Park Surgery RG1)	0.00% 0
▼ Shinfield Medical Practice RG2*	0.48% 1
▼ South Reading Surgery RG2*	1.90% 4
▼ Tilehurst Medical Centre RG30*	0.00% 0
▼ Tilehurst Surgery Practice (Pottery Road) RG30	4.29% 9
▼ Tilehurst Village Surgery (Westwood Road) Surgery RG31*	0.95% 2
▼ University Medical Centre RG2*	2.38% 5
▼ Western Elms Surgery RG30	3.81% 8
▼ Westwood Road Surgery RG31*	0.48% 1
▼ Whitley Villa Surgery RG2	0.95% 2
▼ Whitley Wood Lane Surgery RG2*	0.00% 0
▼ Name of Practice & area/first half of postcode (Healthwatch look up) and Not a N&W Reading or South Reading Practice (please enter details in comment box below)	Responses 49.05% 103



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## Other GP practices respondents are registered with:

Swallowfield

Sonning Common

Theale Med centre

Brookside

6/16/2016 12:28 PM [View respondent's answers](#)

Tilehurst?Dr

St James Med centre E17

Claygate Surgery

Strawberry Hill Newbury

Swallowfield

Twyford

Newbury Street practice

Milman Road ?Dr

Parkside

Westfield Road Winnersh

Crosby House

Loddon Vale

Loddon Vale

Wokingham Medical Centre

Woodland Park Surgery

Hart Surgery

Dr Zylstar Finchampstead

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Milman Road

Loddon Vale Woodley  
Woodcote Medical Practice

Wokingham Rose Street Medical Centre

Binfield Surgery

Dr W HChing Burma Hill Surgery

Goring and Woodcote

Dr Dagenham Eastwood House Newbury

Tilehurst

Loddon Vale Woodley

Holywell GP

Dr Caewasat Brookside Lower Earley

Finchampstead surgery

Hart Surgery RG9

Ringmead Medical Practice RG12

Rose Street Wokingham RG40

Swallowfield Surgery RG7

Sarum House HR1

Green Road Parkside RG6

Chalfont Surgery Lower Earley RG6

Hart Surgery RG9

Swallowfield Medical Practice RG7

Swallowfield Medical Practice RG7

Wokingham Medical Centre RG40

Woosehill Surgery RG41



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Melbourne Winnersh

Hart surgery Henley

Theale

Dr Brobaker Swallowfield

Westfield Road Surgery

Mortimer

Sonning Common

Loddon Vale

Parkside Surgery

Ardingley Brighton

college road surgery

Theale

Swallowfield

Sonning Common Health Centre, Oxfordshire, RG4 9SW

Downland Practise, Newbury, RG20 8UY

Finchampstead Surgery, Wokingham, RG40 3RG

Parkside Surgery, Woodley, RG5 4JA

Ringmead Medical Practise, Bracknell, RG12 7WW

Twyford Surgery, Wokingham, RG10 9JA

Brookside Surgery, Wokingham, RG6 7HG

Wilderness Road Surgery, Wokingham, RG6 7RU

name of practice illegible, but is in Woodley, Wokingham

Wokingham Medical Centre, RG40 1XS

Parkside Family Practise, Green Road Surgery, RG61JS

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The Wargrave Surgery, West Berkshire RG10 8BP

Parkside Surgery, Woodley, RG5 4JA

Wokingham Medical Centre

Eastfield House, Newbury, RG14 7LW

Redwood House Maidenhead

Marlow

Parkside practice Woodley

Milman Road

Sonning Common

Theale Medical

Burma Hill Surgery

Woosehill Medical centre

Dr Mellors Finchampstead

Easthampstead

Woosehill Medical Wokingham

Victoria Rd Wargrave

I don't know

Loddon Vale

Well Spring Bristol BS5

Parkside Practice RG6

Dr Ali Wokingham

Heath Hill Surgery RG45

Chapel Row Bucklebury

Downland Surgery RG20



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Marple Road Medical Practice SK6

Binfield Surgery RG42  
Westfield Road Surgery Winnersh RG41

Easthampstead Park RG12

Brookside Surgery RG6

Chapel Row RG19

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**END OF APPENDICES**