


A week in ED: Findings of a Healthwatch Reading project to collect patient views

Preliminary response from the Berkshire West CCGs

October 2016



The Berkshire West CCGs welcome the report “ A week in ED” produced by Healthwatch and would like to extend thanks to all those who were involved in spending time in the ED and preparing this comprehensive report.

Main findings

- Most common reason for visit
 - Accident (39%)
 - New symptom or problem (14%)
 - Change or worsening of long term condition (10%)
- 25% 'other' issues (bee sting, lumps, eye and dental problems, back and chest pain)
- 48% experienced the problem for 1-7 days
- 55% sought help from other services before going to ED (i.e. GP, NHS 111 or Walk In Centre)

Main findings continued

- 83 patients came direct to ED because
 - 28% believed they had machines, technology, medicines not available elsewhere
 - 27% believed their problem was serious
 - 23% believed ED staff were the experts
- Patients who did not contact an alternative service said they would consider doing so if they had more information about alternatives

Perception vs reality?

“19.30 on a Friday so ruled out GP”

“Sunday – no GP open”

“ED best place to re-dress a wound”

“Can only get an x-ray in ED”

“Accident required stitching”

GPs available 24/7 (via NHS 111 during the OOH period)

MIUs can stitch and offer x-ray

District Nurses can re-dress wounds 24/7

Response to questions:

Are common triage pathways/ED referrals criteria in place and do people get consistent advice about when it is appropriate to go to ED?

- Reinforce messages across the system regarding the purpose of ED
- Primary care referral proforma for ED under development
- Promote NHS Choices
- NHS 111 as the gateway to urgent care
- Communications and engagement with the public, patients and clinicians is a key strand of work for the TV U&ECN
- Winter communications plan
- Discussed at Primary Care Commissioning Committee (19th Sept) and agreed need to work with Practices to understand ED utilisation patterns

Response to questions:

Are clinical quality audits regularly carried out of referrals made to ED by other healthcare services to assess their appropriateness?

- Conversion rates from NHS 111 to ED closely monitored and discussed at Contract Review meetings
- SCAS conveyance rates to RBFT also closely monitored
- GP Practices beginning a process to review all patients who have attended ED more than 5 times in the previous 6 months

Response to questions:

What considerations can be given to restructuring local urgent and emergency care services in light of finding of this report?

ISSUE	ACTION	OWNER
High number of ED attenders who report contacting GP previously about their condition	Work with Practices to understand patients' ED utilisation patterns and identify opportunities to reduce inappropriate attendances	CCGs/GP Practices
Frequent attenders at ED	Reviewing patients who have attended ED more than 5 times in the previous 6 months and consider how care for these patients might be better managed	CCGs/GP Practices
Patients not registered with a Practice	Reviewing information on attendances by patients who are not registered with a GP Practice with a view to simplifying the registration process and improving access to Primary Care	CCGs/GP Practices
Walk In Centre at Broadstreet Mall	Lease has been extended for 12 months to allow a system wide discussion on how the walk in element of this service should be provided in the future	Primary Care Commissioning Committee/A&E Delivery Board
Complexity of services	TV 111 to be promoted as the gateway to urgent care providing access to integrated urgent care	TV 111 Steering Group

Response to questions:

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

COMMUNICATIONS PLAN

WHEN	WHAT	HOW
October	Promoting the flu jab	Press releases and broadcast interviews Web information on CCG websites and provider sites (pictorially as far as possible) Social media
October to March	Consistent messaging: How to keep well What are the alternatives to A&E Promoting NHS 111 Promoting the Walk In Centre and GP Enhanced Access Promoting OOH and how to access it via NHS 111 Promoting the BW Child Health app and booklet on Common Childhood illnesses Promoting NHS Choices Emphasising the importance of registering with a GP	Posters and leaflets (using alternative language and formats as far as possible) Interactions with the 'seldom heard' e.g. Polish and Nepalese communities Information at GP surgeries/provider sites Information at Children's Centres Events e.g. stands at the Broadstreet Mall
October	Scope potential for producing a booklet or a map detailing local services	Learn from approaches adopted elsewhere as to what might be most successful

Response to questions:

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

IN ED

ISSUE	ACTION	OWNER
Waiting times and options	Waiting times to be clearly displayed with information on alternative services	RBFT
Information/signage in the department not in multi-language	Ensure all notices are provided in multi-language as far as possible	RBFT

Response to questions:

What can be done to improve the 'check-in' experience of people arriving at ED?

ISSUE	ACTION	OWNER
Function of red line and booking not clear (confidentiality compromised)	Review red line and booking in process. Provide clearer instructions at entrance on how to book in	RBFT
Customer services for reception staff – lack of eye contact, welcome greeting	Training for staff on customer service. Staff not to be visible if not booking in	RBFT
Tepid water in dispenser	Investigate why and resolve if possible	RBFT
Patients arriving with police that are distressed going through the main waiting area	Work with TVP to bring distressed patients directly into STAT bay	RBFT
General signage and directions	Review signage in and immediately outside of unit	RBFT

Response to questions:

Could changes be made to improve the overall experience for patients and relatives/friends whilst they are waiting?

PAEDIATRIC ED

ISSUE	ACTION	OWNER
Lack of toys for older children	Design posters showing what is available and investigate putting a starlight box in the waiting room	RBFT
Lack of teenage magazines	Request/arrange donations	RBFT
Posters informing patients how to request an interpreter	Source posters	RBFT
Ensure waiting times are accurately displayed electronically	Source board and arrange updating procedure	RBFT
Arrange information screen	Develop appropriate slides	RBFT

Response to questions:

Could changes be made to improve the overall experience for patients and relatives/friends whilst they are waiting?

ADULT ED

ISSUE	ACTION	OWNER
Seating inadequate	Review space to consider whether additional seating can be provided	RBFT
Monitors are not visible to all	Review location of monitors and explore whether additional monitor can be provided	RBFT
Free phone taxi access	Review whether dedicated line can be re-installed	RBFT
Toilet signage and cleaning	Review internal signage and cleaning roster	RBFT

Response to questions:

Could changes be made to the way patients are called through to the ED clinical area?

ISSUE	ACTION	OWNER
Patients not hearing their name being called	Explore feasibility of purchasing a microphone system	RBFT

Response to questions:

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

- The A&E Delivery Board will keep this under continual review and is committed to improving patients' experience of urgent and emergency care across Berkshire West
- Practices consulting with Patient Voice groups to gain additional feedback and learning

Next steps

- Formal written response to be approved by A&E Delivery Board on 27th October
- Response to be formally shared with Healthwatch
- Healthwatch to publish response
- A&E Delivery Board to take oversight of delivery of agreed actions