

**A week in A & E: Findings of a Healthwatch Wigan and Leigh project  
to collect patient views**

**Report Date: September 2019**

*Note: The purpose of engagement work by Healthwatch Wigan and Leigh is to get a better understanding of how local people experience local health and social care services. Our approach is to be constructive in sharing what we find and we will always strive to identify good practice as well as areas for improvement. This report is based on observations made by our representatives at the point they visited the service.*

<b>Purpose</b>	<p>1. To test if patients are getting the right treatment, in the right place at the right time for their presenting condition, and the quality of the care provided.</p> <p>2. To observe the environment, ensuring there are appropriate facilities and professional / compassionate culture.</p>
<b>Where</b>	Emergency Care Centre, Royal Albert Edward Infirmary, Wigan Lane, Wigan WN1 2NN (A & E (including paediatrics), Primary Care Centre and Minor Injuries Unit waiting areas)
<b>When</b>	<p>Monday 12<sup>th</sup> August 2019 - am</p> <p>Wednesday 14<sup>th</sup> August 2019 - pm</p> <p>Friday 16<sup>th</sup> August 2019 - early evening</p> <p>A total of 10 hours over three sessions</p>
<b>Who</b>	Healthwatch Wigan and Leigh volunteers spoke to 79 local people in either adults or children's waiting areas who shared their views.
<b>Why</b>	To collect people's experiences about what services, if any, they contact before coming in to the Emergency Care Centre. This is in order to inform Wroughtington, Wigan and Leigh NHS Foundation Trust and Wigan Borough Clinical Commissioning Group as they make changes or improvements to urgent care and other services. We also sought permission to contact patients later to better understand their full journey.

## 1. Introduction

It is important that patients receive the right treatment, in the right place and at the right time to ensure that they are cared for appropriately, and to support the effective operation of the health and care services in Wigan.

For the last three years partners across the health and care system in Wigan have been working together to work across Primary, Community and Secondary care to improve services or patients by joining up care arrangements, and introducing new ways of treating patients. Services are now in place within the borough to treat non-emergency patients including out of hours GP access, 111 services, Community Services, GP Steaming and an Urgent Care Centre at WWL, plus other support.

This means that patients with more serious or life-threatening emergency needs receive are prioritised and specialist resourced aimed at their care. The arrangements should also help to reduce inappropriate demands being placed on A&E. It also means patients should only have to tell their 'story' once.

The rationale for Healthwatch Wigan and Leigh undertaking a targeted piece of engagement work at A&E was in response to feedback received during Healthwatch engagement activities from April to June 2019. Residents and wider stakeholders identified the theme of 'integration' as a priority and wanted to know;

- What new services are available?
- Are they being used effectively?
- What impact are they having on patients and the system?
- What is working well and what could be improved?

Specifically, we received a number of comments from local people about their experiences of A&E, this triggered a need to understand more about this service.

This priority and questions also reflect the 'improve services' theme under the NHS Long Term plan for Urgent and Emergency Care which includes a significant package of measures aimed at reducing pressures on A&E departments.

As stated earlier, a number of improvements have been put in place in Wigan, including; GP Streaming and the Minor Injuries Centre within Christopher Home and the introduction of clinical screening at the front door of A & E, patients accessing emergency care are triaged and directed to the appropriate service for their needs.

In order to understand the impact of the new arrangements Wigan Healthwatch Wigan and Leigh set up this piece of work to understand why people go to A&E:

- What is their health issue?
- Have they tried to seek help elsewhere, and if not why not? If they had, why did they then continue to visit A&E?
- Have they had difficulty contacting other providers for advice, and what would help them to consider contacting other services instead of going straight to A & E?

## **2. Methodology - Our Approach**

The engagement sessions were agreed in advance by arrangement through Wrightington Wigan and Leigh NHS Trust Head of Patient Engagement and Matron and Interim Head of Nursing, Unscheduled Care. Sessions were chosen to reflect when people may be more likely to visit A & E, at differing days and times to get a fair insight.

Patients filled in an anonymous questionnaire with a Healthwatch volunteer through conversation. Patients were advised on the purpose of our visit and what would be done with their information. All feedback was anonymous.

Some patients agreed to give their contact information and be followed up a few days later, so Healthwatch could hear more details about their journey through A & E and beyond.

All the findings were collated and a draft report taken to the volunteers who took part, to ensure it gave a fair reflection of their experiences talking to patients.

The report will be considered by the Healthwatch Advisory Committee who may wish to make recommendations after which the report will be shared with the appropriate Provider/providers for their feedback and comment, following which the final report is shared and signed of by the Healthwatch Wigan and Leigh Board of Directors before publication.

It is anticipated that due to the multifaceted areas identified in this report, it might be helpful to share the report with the following boards for consideration/response:

- Wigan Urgent and Emergency Care Board - A multi- agency board looking at the effective operation of U&EC system in Wigan, including implementing improvement plans and Winter initiatives to reduce demand on A&E and improve patient care ensuring the right treatment at the right time in the right place;
- WWL Quality Committee/ Governing Body;
- WBCCG Quality Committee;
- Include in the quarterly update to the Health and Wellbeing Board;
- Share with Adults Health & Social Care Scrutiny Committee as part of a regular update from Healthwatch summarising the reports and actions taken by commissioners and providers.

Expectation of providers:

It is expected that Providers will receive the report in the spirit it is written to learn from the experience of patients directing accessing health and care services and will be proactive in responding to recommendations for improvements to be made where they reasonable and practicable.

### 3. MAIN FINDINGS

#### 3.1 Out of the 79 local people we spoke to, the most common health problem leading to a person's visit to the Emergency Care Centre was:

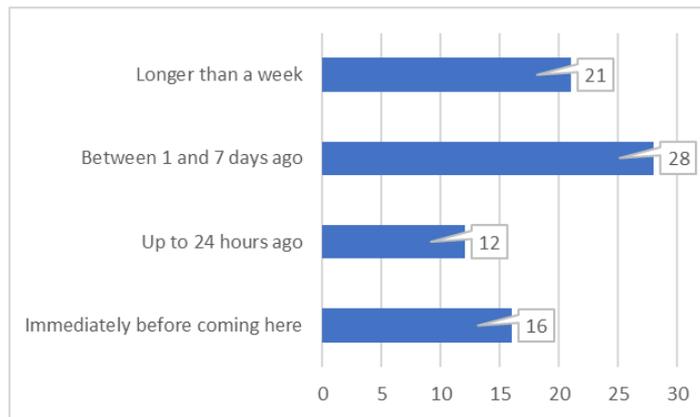
- an accident - 28%
- a new symptom - 25%
- a change or worsening of a current condition - 20%



3.2 Other issues ranged from sports injury to breathing problems with some child related issues such as fever, swallowing something and abdominal pain.

3.3 Two adults reported as being told to attend A & E for a review of the symptoms and treatment the previous week and one child was attending for a dressing change from a scald which had been treated and dressed the week before.

3.4 Most people we spoke with had experienced their health problem for a duration of 1-7 days before attending A & E:

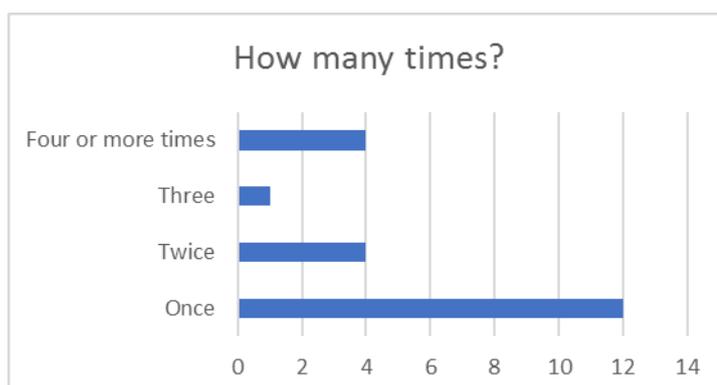


**3.5 9 of the 79 people we spoke with had been discharged from the hospital with the same issue within the last 30 days, although one gentleman advised that he had self-discharged.**

‘I was admitted in to hospital through A & E last week and given a partial diagnosis. They wanted to do more tests, but I was unwell and devastated by what I was told and stressed out. I wanted to spend some time at home and come back for the tests, but they said I had to stay, so I discharged myself. When I phoned today to say I was ready now they said I had to come back in through A & E’

‘I am a cancer patient and have been in hospital for 3 days (since Saturday) with a collapsed stoma and a swollen abdomen. I was sent home yesterday (Tuesday) and told to attend A & E today for a drain. I was booked to attend a pre-chemo appointment in the Cancer Care Centre today, but they have cancelled it because they said it is more important to have the drain. I am devastated as it now means I will not start chemotherapy as planned for Friday. I did tell the ward when they were discharging me that I had the pre-chemo appointment and asked them to book me in for the drain so I could start my chemo but was still told to come to A & E.’ *The lady was extremely distressed and unable to comment further.*

**3.6 28% of the people we spoke with had been to A & E with the same problem recently**



### **3.7 63% of people had tried to seek help from other services before going to the Emergency Care Centre**

Most of them had sought help from:

- their GP - 53%
- NHS 111 telephone helpline - 11%
- NHS Walk-in Centre - 14%

Two people had contacted either the pharmacist, mental health team or GP Alliance for help and a small number of individuals had contacted a social worker, out of hours GP and a local charity.

One lady had contacted her breast cancer care team who told her to attend A & E to have her ascitic drain done, while another lady had been discharged from a ward and told to attend A & E to have the drain done. The lady said she had queried if this was appropriate and was assured that it was the right path to take.

### **3.8 51 of the 57 people who said that they had tried to contact a service had been able to speak to someone, of which 81% said they had been advised to attend A & E:**

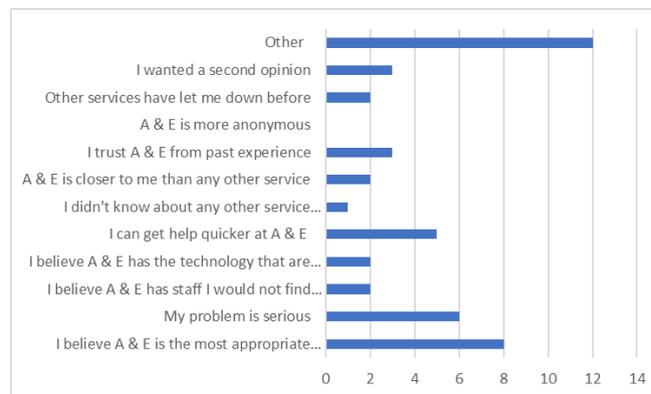
- I had a blood test at the GP yesterday for a diabetic review. The GP then rang me at 12.15am wanting to bring me in and then again at 7.30am today telling me to come here. He issued a referral letter as he couldn't get through to the medical ward.
- I have shortness of breath and difficulty breathing. I initially called the midwife and was advised to go to the doctors. There were no appointments available. I went to Leigh Walk in centre and saw a consultant who called through to Wigan Infirmary Ambulatory Care Unit and I was advised to go straight there. I did but they said the hospital was full, so they were closed and being used as a ward, so they sent me to A & E. I am 26 weeks pregnant.
- The GP sent me to the Ambulatory Assessment Unit but when I got there, they said the hospital is full, so they have closed and are being used as a ward today, so they have sent me to A & E. I had a stroke in June, and I am symptomatic again.
- I had an emergency appointment booked for tonight, but my condition worsened as the day has gone on, so the GP told me to come here
- The social worker said if I wasn't getting any help from the mental health team to come to A & E. The mental health team said that they had not received the referral from the GP. The referral was sent over 3 weeks ago
- The GP surgery told me to get a taxi and come to A & E. I'm disabled and I've previously had a stroke - why should I have to get a taxi?

Some of those who had not been advised to come to A & E had still taken the decision to attend.

- I rang the GP because the antibiotics aren't working, and he told me to go back and see him, but I've seen him twice, so I think I need A & E;
- The GP I saw last night said it is viral, but I don't feel any better this morning so have come straight here.

### 3.9 The 28 people who did not contact a service before they came to A & E selected these main reasons:

- I believe A & E is the most appropriate on this occasion - 17%
- My problem is very serious - 13%
- I can get help quicker at A & E - 11%



### 26% gave a variety of 'other' reasons, including:

- Told to come back for a dressing change (child)
- I don't have a GP
- It is company policy to attend A & E following an accident at work
- There's no point ringing the GP there are never any appointments
- The GP told me to go to A & E. Mum rang the GP reminding them that they had seen me 8 times and I had a referral to a neurologist. I have an appointment with them to review notes in 2 weeks
- I had a heart attack recently and was told to go to straight to A & E if I had the same symptoms
- The GP had no appointments available so told me to come here. I needed to be seen by someone as my mental health condition has worsened
- I have seen my GP previously, but tests don't seem to be going anywhere

### 3.10 People who did not contact a service before they came to the Emergency Care Centre, said that they would consider doing so in the future if:

- More information about what alternative services are in my area (3 out of 30 people)
- More information about what health issues/symptoms/injuries other services can treat (7 out of 30 people)

- More urgent appointments available at other services (7 out of 30 people)

*Healthwatch handed out Wigan Borough Clinical Commissioning Group's 'Quick and easy guide to choosing the right NHS service'. The wheel guide was well received, and everyone thought it was a great idea and very helpful.*



### 3.11 Other comments made in relation to this question were:

- I thought District Nurses could do dressing changes
- I need my appointment with the neurologist
- Access to the medical ward
- We need to see gastrology and if I take my child to the GP again it will take weeks, and we have been to A & E 5 or 6 times now
- I didn't want to come here but I'm following the GP's advice
- Access to my GP because of the wait time here. I actually would have taken him to the Walk In Centre as the GP has a 2-3 week wait for appointments but the GP told me to come here
- As per instruction from the ward on discharge to come to A & E with any difficulties or concerns
- I wouldn't have needed to come here if I could get an urgent appointment with my GP, but he had none and sent me here
- Ideally a mental health assessment to be completed at home
- If I could have been seen at the GP surgery by a treatment room nurse, I wouldn't have come here
- Improved diagnostics

### 3.12 Three people shared extra feedback including one person who highly praised the service:

Question for services - how do they prioritise the patients they see?

- 4 years ago, I had the same issue and needed a blood transfusion. The GP had a problem this morning getting through to the medical ward so now I'll have to wait 3 hours here to get on to the medical ward. No-one responded to the GPs telephone call or email, so he had to give me a letter to bring to A & E
- The service I have received in the Minor Injuries Unit at Christopher Home has been excellent. I went to A & E, was triaged very quickly and sent down to MIU and I have been seen, treated and sent home within 20 minutes. Fantastic

## 4. OBSERVATIONS ABOUT THE EMERGENCY CARE CENTRE

During each of the three visits over the week, one Healthwatch staff member, assisted by four authorised volunteers made observations about the department and waiting areas as follows:

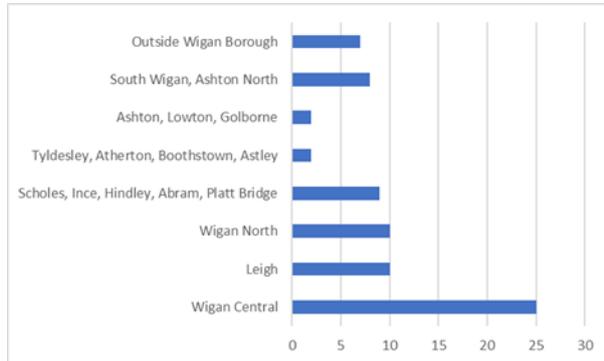


- Well signposted entrance;
- Reception staff interaction polite and matter of fact. However, there doesn't appear to be any explanation of how long the wait is or what triage is, what will happen. None of the patients we spoke to were given an approximate waiting time;
- Reception staff appeared to respect dignity and confidentiality and were observed coming out of their office to help patients when appropriate;
- Electronic display sign and small tv information unit seemed to be under used, there is potential for use to give estimated waiting time, other services available and what for, public health information etc?
- There was some useful information on the walls, but many people not really taking any notice;
- Well stocked refreshment facilities, although an additional rubbish bin near the vending machines would be helpful. People were observed putting rubbish on the small table near them rather than using the waste bin near the entrance door;
- It would be good to enquire about the possibility of offering water dispenser and cups;
- Plenty of seats most of the time and with arms, although at the very busiest times people were standing. It could be helpful to have some higher seats as some people struggled with the seating available;
- Triage staff are clear when calling patients. However, when the queue to book in at the reception desk is busy, people are blocking the triage room doorway making it more difficult for staff to call patients. It is particularly problematic when a patient is in a wheelchair;
- Staff collecting people from waiting area to Majors 2 not always audible and don't always collect the patient and make sure they know where they are going. Suggest using the electronic or tv monitor or audible system (eg tannoy);
- Toilets clean and tidy and seem to be regularly checked. We observed security men were observed using them and were unsure whether this appropriate;
- The hand gel dispenser on the wall near to the toilet was empty on Wednesday and had not been replenished when we left on Friday evening.

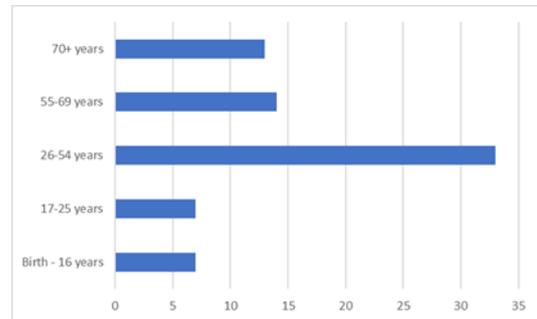
### Children's area

- Airy and inviting
- Toys available - the question was asked as to whether they are regularly cleaned
- Nothing apparently available for older children

## Where people live



## Age Range



## 5. PATIENT EXPERIENCES

During our engagement activities Healthwatch asked patients if they would be interested in being contacted a few days later to hear more about their patient experience and their journey through the Emergency Care Centre and possibly beyond.

22 people agreed of which 7 have now shared their experiences.



- I attended A & E with a suspected DVT. As I have had one before I knew the symptoms. I waited 4 hours to be seen and when I asked how much longer the wait was, I was told it would be at least another 2 hours. I decided to go home and come back the following day. The following morning, I telephoned A & E to ask how long the wait was and was told it was approximately 6 hours, so I decided not to attend A & E and went straight to the DVT clinic where I was seen immediately.
- My experience in A & E was very good but the wait was very long. Nobody told me how long I would be waiting and there were no signs anywhere to tell you. When I was called through to the cubicles, I heard my name but no-one came to collect me and I didn't know where I was going and had to ask someone on the corridor.
- I had an excellent service from all the staff - receptionist, triage, nurses and consultant, who explained made sure I understood everything. I have another appointment to see him in September and he says he'll take it from there. I was in for 3 hours which was very good as I expected to wait longer.
- I had an excellent service, but the pharmacy was horrendous. The wait was very long from handing in the prescription to it being dispensed. I understand that inpatients are prioritised, but out-patients are offered a very poor service with no communication.
- I visited A & E around 1pm and was allowed home at 6.30pm and wasn't admitted to a ward. Here is some feedback and I'll start with the positives:
  - All the staff were wonderful, especially the ones on the ambulatory assessment unit

- The tests were very thorough, and I felt reassured that everything was ok
- Food and drinks were provided in the ambulatory assessment unit and there was a tv to watch, so overall very comfortable.

#### **Areas to develop:**

- As you can see I was in for 5.5 hours and the main reason for this was because I was passed from A & E to the ambulatory assessment unit and the person who transferred me didn't tell the staff I was there. After 2 hours I spoke to someone and only then did my treatment restart - communication could have been better;
- When I was passed between units no-one told me that it was happening and only when I asked did anyone tell me why I was waiting;
- The main thing is better communication between themselves and patients is needed;
- I took my mum to A & E . We had been to her GP who sent her to the Ambulatory Assessment Unit but that was full so we were sent to A & E. It took about 6 hours from getting there to admittance and she still saw the consultant. It was a longer process than usual but just took longer. It's a great service from staff all round;
- I've had 2 visits this week with both granddaughters. I took one granddaughter to the Walk in Centre and they said if the pain gets any worse take her to A & E. The pain did get worse so her parents took her to A & E. She had blood tests etc and was given stronger pain relief. It took about an hour. Her parents suggested that because it was busy and they only live local, they could take her home and when the blood test results come through the hospital could telephone but it wasn't allowed. They did receive a perfect service and there were no problems. My other granddaughter was in pain and we called NHS 111 who advised her to be taken to A & E. Everything was fine and again we were home within an hour.

## **6. CONCLUSION**

Following the assessment of responses we have identified a number of recommendations that we urge the Healthwatch Board of Directors to consider sharing at the appropriate forums:

1. People are not always clear about the pathways to follow when they develop a health problem. Are common triage pathways/referral criteria used by various clinicians and services including GPs, NHS 111, walk-in centres, urgent care centres, ambulance services etc, when patients seek help for problems they believe are urgent? Do the residents of Wigan and Leigh get consistent advice about when it is appropriate to go to A & E? **Recommendation to WBCCG/ UECB**
2. Our findings showed that more than half of the people contacted another service before going to A & E. However, those who had been sent to the Ambulatory Assessment Unit on 14<sup>th</sup> August were told on arrival that the Unit was closed and were directed to A & E, the referring services did not know this. The communication between services does not always appear to be effective, is there

a way to communicate with other services when this Unit has been closed in order that they may consider an appropriate referral? **Recommendation for WWL.**

3. A third of people did not contact a service before they came to A & E. A few of them said they would consider doing so in future. Can we improve the information given to the public at the right time? Healthwatch shared the Wigan Borough CCG Quick an Easy Guide to choosing the right NHS Service which was very well received, and everyone thought it was a great idea and very helpful. Some patients felt there was no point ringing the GP as they could not get appointments, or they had telephoned the GP to be told there were no appointments. There does not seem to be a consistent message to guide patients to the GP Alliance appointments. This raises the need for more detailed information listing what procedures and treatments, various services can provide, not only to the general public but to professionals within the primary care system. **Recommendation GP Alliance/ CCG Primary Care Team.**
4. There appears to be inappropriate use of A&E as a referral point for follow up treatment following discharge from a ward or specialist treatment, dressings, stoma replacement, as a route to other treatment or support. **Recommendation WWL.**
5. Can changes be made to improve the 'check-in' experience of people arriving at A & E? There were a number of observations and comments about the lack of information patients are given at the point of arrival, particularly on waiting times and what happens next. Perhaps the use of volunteer greeters or use of the electronic display screens would improve this. **Recommendation WWL.**
6. We observed the way patients are called to clinical area, some feeling that it is inadequate because they cannot hear their name called or the member of staff returns to treatment area without checking the patient is following them. Patients suggested use of the electronic display screens or tannoy system. **Recommendation WWL.**

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## SERVICE PROVIDER RESPONSE

1. Is this report factually accurate? If not please state what needs to be changed and why.

Yes

2. Is this a fair report?

Yes

3. What learning has been gained as a result of this report?

The report has been shared with the staff and viewed in a positive way by the teams. Any actions below have been looked at and changes have been actioned and implemented

#### **4. What was your impression of Healthwatch Wigan and Leigh? Is there anything we could have done better?**

Healthwatch and their volunteers were professional at all times when undertaking their engagement work in the Emergency Care Centre

#### **COMMENTS ON CONCLUSIONS**

##### **Conclusion 1**

The unit is in operation between 9am and 9pm Monday to Friday. The 11am to 7pm Saturday and Sunday. There may be other occasions when AAA reaches capacity. We will endeavour to increase communication with all areas in the hospital. All GP services are aware of AAA opening hours.

##### **Conclusion 2**

The matrons from the wards are linking in with community liaison team and communicating to the wards for appropriate areas of referral.

##### **Conclusion 3**

We have already improved the reception area of AE based on the National Urgent Care Report. The results have improved tremendously since we made the changes to the area.

There are waiting times now clearly displayed in the area. We have also looked into the possibility of electronic notice boards for the future.

There are new changes to AE receptions going ahead in the new year.

##### **Conclusion 4**

The staff will be reminded via email and staff handover that they should physically walk into the waiting room to call the patient and ensure the patient is escorted to the appropriate area.

##### **Response completed by**

**Amanda Ahmed, Matron, Urgent Care**

**Andrea Arkwright, Head of Patient and Public Involvement**

**Wrightington, Wigan & Leigh NHs Trust**

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We request that the Healthwatch Board of Directors use this report to discuss and debate the points raised by the findings and suggestions from both Healthwatch and the public.

## **7. NEXT STEPS**

- 7.1 Draft report submitted to Advisory Committee for recommendations - September 2019.
- 7.2 Provider comment requested - September / October 2019.
- 7.3 Full report submitted to Healthwatch Wigan and Leigh Board of Directors for ratification - October 2019.

- 7.4 Confirm appropriate forums to share this to discuss recommendations set out below and arrange for report to be added to agenda - October 2019
  - 7.5 Develop action plan that will be used to monitor impact - October 2019. This should ascertain what the intelligence tells us about access to Primary Care, communications, discharge from hospital and overall patient journey within health and social care.
  - 7.6 Identify how Healthwatch Wigan and Leigh can help promote services, good stories from visit we want to capture and share as good practice - October / November 2019.
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**Date approved by Healthwatch Wigan and Leigh Board of Directors: 23.10.2019**

**Date shared with provider for comment: 31.10.2019**

**Date for review of progress against recommendations:**