The Emergency Department at the Royal Sussex County Hospital:

Review of patient experiences in January 2018

02/06/2018

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1. Executive summary: Healthwatch Brighton and Hove A&E patient experience service review January 2018

Healthwatch is the official consumer 'watchdog' for health and social care in Brighton and Hove. This report explores the experiences of 50 people using the Royal Sussex County Hospital (RSCH) Accident and Emergency Department (A&E) in January 2018 during known busy times, Sunday morning and Monday evening. In our survey sample, 27 people were using the Urgent Care Centre (UCC), 21 people were using the 'Majors' area and in the case of two people, the care area was unspecified.

Healthwatch volunteers and staff conducting this review observed high quality care by dedicated NHS staff and received many comments from patients and families praising nurses, doctors and other hospital staff. Our thanks to the staff at the RSCH who helped with this service review, Alan Boyd and Michelle Kay, Healthwatch Project Coordinators and to our volunteers, Fran McCabe (Chair of Healthwatch Brighton and Hove), Sue Seymour, Leila Hughes.

This report will contribute to a comparative and wider review, due for publication in Summer 2018, that will include:

- Changes in patient experience over Healthwatch A&E reviews from 2014, 2016 and 2017/18.
- Young Healthwatch experiences of A&E – 2017.
- GP services and the future role of A&E – drawing on the Healthwatch GP Review of 2017.
- Patient experiences of Children's Emergency Department at the Royal Alexander Childrens' Hospital – Healthwatch report due for publication June 2018.
- Information from Healthwatch Complaints Audits, Environmental Care Reviews and the Patient Experience Panel at the RSCH.

This review will inform the use of GP services provided in A&E, also known as 'GP streaming' (Primary Care Front Door, PCFD).

We found:

1.1 Of the patients we interviewed, 27 patients were being treated in the UCC and 12 (44%) of these people were 'streamed' to be seen by a GP based in A&E. No one being treated in the Majors area was streamed to see a GP.

1.2 The new 'GP streaming' service for UCC was introduced at the RSCH in November 2017, and seems to have been received well by patients. Only two from

the 12 patients treated by a PCFD GP said they would have preferred to see a hospital doctor.

1.3 The majority of people attending A&E did not approach their GP before visiting A&E (33 people, 66% did not consult their GP). However, this means that 17 people (34%) **had** already consulted their GP.

1.4 Of the 17 people who had seen a GP in the community, 12 were seen in the UCC. Nine from these 12 people (three quarters) reported that they had been referred to A&E by their GP. Seven of the nine people were then streamed to see a GP in A&E. So most people who were streamed to see a GP in hospital had already seen a GP in the community and had been referred to A&E by that GP.

1.5 No-one in this review had sought advice from a pharmacy or a wide range of other community based services before attending A&E.

1.6 When we spoke to them, the average waiting time for patients in the UCC area was 2 hours 4 minutes (21 people responded).

1.7 When we spoke to them, waiting times in the Majors area was just over four hours for most people. Six people (from a sample of 21, so about 30%) reported waiting more than 10 hours, but the average waiting time for the other 15 people was 4.3 hours. The span of time people waited in Majors is much greater than those who waited in the UCC. This is probably because of the complexity of the patients' needs and waiting for ongoing treatment and a hospital bed. Nevertheless, even when we spoke to them, some people were already waiting over target waiting times.

1.8 Most people seemed to be well advised on 'what's happening next' after they arrived at A&E. 15 out of 21 people in the Majors area had been told what was happening next and why they were waiting. In the UCC 22 people from 27 had been advised what to expect next. This is an improvement on the finding of our 2016 visit.

1.9 People were less clear about receiving advice regarding overall waiting times and waiting times to have tests done and get the results from tests (40 responses from 50 people). 15 people from 40 people commented in detail about expected waiting times, four people (from 21) in Majors said they had been advised about likely waiting times, possibly because their care pathway was not clear. 11 patients (from 27) in UCC had been advised about likely waiting times.

1.10 People reported relatively low comfort levels in UCC. However, Healthwatch notes that efforts have been made by the RSCH to improve seating. The department has been modernised and further re-building works are planned. Nevertheless at peak times, the waiting area remains congested and there is no space to provide separate seating arrangements for those allocated to see a GP.

1.11 Some people in the 'Majors' area were waiting in the corridor, close to each other on trolleys compromising privacy and dignity and health and safety. This is an issue highlighted for improvement by the CQC and mentioned in the last Healthwatch review in 2016. It is worrying that it still persists. However, patients do appear to be moving to cubicles quicker that observed in our previous work and this is reflected in performance figures on ambulance handover times at the RSCH.

1.12 A number of people reported current or previous negative experiences of alternative services, such as the NHS 111 service and the Walk-in Centre at Brighton Station. This framed their behaviour and made them more likely to bypass these services and go straight to A&E. No one had heard of or seen material asking people to avoid using A&E, such as 'My A&E'.

Healthwatch recommends:

a. The NHS (Brighton and Hove Clinical Commissioning Group, CCG) should make it easy for people to access and understand alternatives to A&E. Particularly NHS 111 Service and the Brighton Station Walk-in Centre. Information should specify where, when and how each service should be used. We found people had little or no awareness of NHS public campaigns designed to avoid inappropriate use of A&E. This suggests that in future these campaigns need to be more focused, with targeted messages, clearer and relevant to local people. It may also be helpful in future to gather evidence about the impact of public information campaigns of this sort.

b. We were unable to ascertain what information on self-help, education and referral for other support was given to patients using the hospital GP services. This is a role of the PCFD service to help avoid people using A&E in the future. This may be an area for further consideration by the RSCH and the Clinical Commissioning Group CCG.

c. The NHS CCG and the RSCH should address problems patients are experiencing with NHS 111 and the Walk-In Centre. This is in the context of the new model of care related to Urgent Treatment Centre which envisages a greater role for NHS 111.

d. The NHS CCG and RSCH should simplify the names of emergency services to make them easier to understand and use less technical jargon. For example: Majors, UCC, Ambulatory Care, GP streaming, GP Hubs, Walk-In Centre, Polyclinic, GP Surgery, Health Centre, Urgent Treatment Centre are all terms currently used. Similarly, the RSCH should clarify the terminology and the information about services offered in the Emergency Department (ED) and the Accident and Emergency (A&E) and associated Departments.

e. The new GP 'streaming' service, PCFD, in the UCC seems to be acceptable to patients. This Healthwatch review suggests that up to 44% of people

treated in the UCC can be treated by a GP based in A&E rather than a hospital doctor.

f. 12 people from the 27 people seen in UCC were streamed to see a hospital based GP and seven of these had previously seen a GP in the community and been referred to A&E. The NHS CCG and the RSCH should consider this seeming overlap, or duplication of services. It is possible that some patient flow will simply be shifted from GP practices to A&E unless problems with access to GPs in the City are comprehensively addressed.

g. The RSUH should continue to address long waiting times particularly in the 'Majors' area where a small number of people wait a very long time to have their situation resolved.

h. Wait times are lower in the UCC than in 'Majors' but not at the target response times which will be expected from an Urgent Treatment Centre (UTC). We understand that an UTC is likely to be based at the RSCH in 2019. Action will be required to plan and design this new service fully engaging patients and the public. The RSUH might consider making an early start by improving systems in advance, for example, providing people with real time information on expected waiting times. Since this review, we note that a board has been put in place giving advice on estimated waiting times. Healthwatch commends this development.

i. The RSCH are advised to check performance on waiting times for an initial assessment (Triage). The RSCH should check that patients in the UCC understand they are having an initial assessment, know whether they are in a GP stream, and are advised about the impact on 'what happens next'.

j. Most people are being well advised on: 'what's happening next' but this is not consistent. Improvements should be made in advising people how long they are likely to wait both in Majors and UCC to have tests and get the results from tests - X rays, MRI scans, blood results. People are less well advised on the overall time they are likely to wait until their issues are resolved. Information might be provided in a range of ways e.g. by App: see www.bbc.co.uk/news/uk-wales-38560567

k. The RSCH should consider ways of applying its policy restricting the number of people accompanying patients to A&E, particularly at busy times. The policy is clearly stated in RSCH A&E online advice but perhaps not so clearly advised or applied in A&E.

l. From our survey, 34% of people treated at the UCC arrive by car. We recommend this is factored into plans for developing and improving access to the overall site at the RSCH. In particular, we recommend consideration of whether the plans to move the entrance to A&E to an access road at the back of the hospital (whilst new wards are located at the front of A&E) will be able to cope with cars, pedestrians and ambulance traffic.

m. Healthwatch recognises and encourages continuing efforts to improve comfort e.g. seating, privacy, and offering people a drink and/or some food in a timely and dignified way. However, comfort and dignity remains an issue. While new chairs have been put in the Urgent Care Centre since our 2016 report, the department remains overcrowded at times, and does not provide separate waiting areas for those due to see a GP (as recommended in DH Guidance). In addition, waiting and overcrowding in the corridor in the Majors Department still compromises good care.

2. The Accident and Emergency Department

2.1 Pressure on A&E services

Average daily attendances at RSCH for all A&E attendances are in excess of 250 with around 120 of these per day being managed through the Urgent Care Centre (UCC), at the front door of the RSCH. The NHS estimate around 30% of patients attending A&E could be better cared for elsewhere in the system (GP's, NHS 111 advice, Pharmacy advice). Local data modelling, by the NHS, concurs with the latest figures showing that around 32% of all local urgent care visits could be treated by Primary Care Health Services.

Significant challenges and pressure are being placed on the A&E department at the RSCH. This is due in part to the increasing complexity of people's medical conditions attending A&E. In addition, large numbers of people are attending A&E, whose ailments could be resolved within general practice (or alternative services). In 2016/17, total Urgent Care attendances exceeded 50,000.This represents an increase of 7% from 2015/16.

GPs have been present in A&E for some time, working shifts alongside hospital doctors. From November 2017, GP Streaming (Primary Care Front Door- PCFD) was introduced at the RSCH A&E from 8.00am to 11.00pm each day. This is a dedicated GP service and an alternative to seeing a hospital doctor.

2.2 How well do people understand emergency services and A&E and what they offer?

People often tell Healthwatch that they are confused by the wide range of names and terms used for NHS services and what they offer.

An overseas visitor recently told Healthwatch: 'When I first came to the UK I did not trust GP's. We only have hospitals in my home country – that's where you go to see a doctor. Who are these doctors working out of just an ordinary house….I wanted nothing to do with them.'

People may refer to A&E as any service they have at the hospital. They do not understand the difference between the UCC and the word 'Majors'. It is potentially confusing that the A&E is sometimes called ED – the Emergency Department and includes much more than the front door where patients arrive by ambulance.

The NHS describe A&E as follows:
www.nhs.uk/NHSEngland/AboutNHSservices/Emergencyandurgentcareservices/Pages/AE.aspx

In our work, we concentrated on two parts of the emergency department:

- 'Majors', where people are normally admitted by an ambulance and so have some pre assessment and on admission assessed by a hospital doctor;
- UCC, where people generally arrive with their own transport with less serious issues and they will be initially assessed by a nurse.

3. Patient experiences: key questions and critical issues

In this report, Healthwatch explores the experiences of patients 'at the sharp end' in a busy A&E:

- How and why do people end up using A&E services rather than any other health and care service?
- How do people experience A&E services?
- What is the patient experience of GP streaming?
- What was people's knowledge and experience of alternative services?
- Poor conditions at the RSCH A&E played a significant part in the RSCH and BSUH going into 'special measures' – have things changed and improved?

The questionnaire used is attached as Appendix 1

4. Results of the review

4.1 How and why did people end up in A&E?

50 people told us:

- 17 people (34%) sought help through their GP before attending A&E.
- 14 people (28%) phoned NHS 111.

- Three people (7%) of patients had phoned 999 Emergency Ambulance Service.
- Three people (7%) had used the Brighton NHS Walk-in centre near Brighton train station.
- One person had used IC24 out of hours GP services.
- One person had used NHS Choices before attending A&E.
- 10 people decided to attend A&E without any other NHS or advisory contact.
- 16 of the 21 people interviewed in the Majors area arrived at the RSCH by ambulance. This was likely arranged by their GP or NHS 111, only three people had called a 999 emergency ambulance themselves.
- Of the 27 people interviewed in the UCC, 20 reported that they had sought advice from some NHS service before attending A&E, seven had not.
- 12 from the 20 people who had sought other advice had seen a GP in the community. Of these, nine reported that they had been referred by a community based GP to A&E. Six had sought advice from NHS 111. Three people had been to the NHS Walk-in Centre. Some people will have sought advice from more than one source.
- 17 of the 27 people in UCC had arrived by car at the hospital and none had arrived by ambulance. There are improvements being made to the emergency department in 2018 and 2019 which affect the access to the UCC. The fact that so many patients arrive by car needs to be factored into future development planning, including interim arrangements.

4.2 Why A&E and not use another NHS or Community Service?

- Lack of knowledge: For instance, 26 people (52%) had never heard of the Brighton and Hove 'Walk-in Centre'. 19 people (38%) did not know that pharmacists could be used as an alternative service.
- Difficulties using other services: Three patients spoke to Healthwatch about the inaccessibility of alternative services. Two patients commented about the difficulty in getting an appointment with their GP. Eleven patients (22%) provided negative comments on an alternative service they had attempted to use. These included providing 'useless information', 'dismissive Dr', not receiving the 'promised call-back' NHS 111 service, GP not coming out despite hip replacement or recommendation from hospital to see GP (GP service); and 'bandage put on too tight' (Brighton Walk-in Centre).
- No previous engagement: None of the people we interviewed had engaged with or sought help from pharmacy services, dental services, voluntary/community groups, mental health services/crisis, social care

service or emergency sexual health. They may have considered that none of these services were appropriate or relevant to their condition, but it also means there may be scope for more information at NHS facilities about other services either to avoid A&E or as follow up support to avoid re-attendance.

- None had seen the 'My A&E' leaflets about avoiding unnecessary A&E attendances or other similar campaigns.

Some of the comments related to difficulties in obtaining GP appointments resonate with Healthwatch 2017 GP survey: **Lessons from the Healthwatch Brighton and Hove GP review 2017** see: https://www.healthwatchbrightonandhove.co.uk/wp-content/uploads/2018/03/GP-Review-Main-report-1.pdf

- 32% of people (1483 sample) said they had difficulty getting a GP appointment.

- 20% of people (1483 sample) said they had sought other forms of help because they had a problem getting an appointment with a GP. The most common non-urgent source of alternative help was pharmacy. The most common urgent alternative was A&E.

- 20% of people who sought help because they had a problem getting a GP appointment. Of these, 52% called NHS 111, 37% went directly to A&E, 38% consulted a Pharmacy, 28% used the Walk-In Centre. Note: some people did more than one thing, so the results are non-exclusive and will add up to more than 100%.

4.3 Overall patient experience of A&E

- Waiting times: the average wait was two hours four minutes in the UCC (25 people) and seven hours 30 minutes in the 'Majors' area. It is very important that these times are NOT compared with national waiting time targets. Healthwatch were not able to record how long people waited to be treated overall. We have a 'snapshot' of waiting times – how long had people been waiting when we interviewed them. Most people would wait longer than these times.

- 25 patients (62.5% from 40 responses) reported that they had not received any information regarding how long they could be expected to wait. 12 of these patients were being treated in the Majors area and 13 in the UCC.

- Five patients in the UCC area told us they were waiting for results from an X-ray. Four patients told us they were waiting for the results from blood tests.

- Five patients in the Majors area were waiting for an X-ray or MRI scan. Two patients told us they were waiting for the results from blood tests. Seven people said they had just been told to wait. Eight people told us they were waiting to see a doctor.

- 16 patients in the Majors area provided Healthwatch with scores for comfort while waiting. The average score was 7.1 out of 10 with 11 people from the 16 who responded scoring either a seven or an eight.

- All 27 people in the UCC area gave feedback on comfort and their average score was 5.8.

- Many of the patients who responded couched their answers in terms of their understanding that the hospital environment was in a generally poor state and were 'making allowances'. Comments on comfort covered a range of issues. These included uncomfortable or unavailable seating; noisy area; cramped and hectic environment; disorganised and unmanaged queuing system. They also included other patients who were 'noisy' (mostly in the UCC); or very ill patients who were 'too close' to other patients, pain relief being slow in being administered, patients waiting in the corridor for long periods before being moved to a private cubicle (Majors). Comments also related to food and drink either not being offered or having to wait several hours to be offered and when it arrived, the quality was poor.

4.4 Different Patient Experience in the UCC and Majors

4.4.1 How long were patients waiting?

UCC (22 people) = Two hours four minutes
'Majors' (15 people) = four hours 18 minutes

People were asked how long they had been waiting at the point when they were interviewed by Healthwatch. There was a marked difference between the UCC and Majors area. This is maybe to be expected as people in Majors were more poorly and a number were waiting for a hospital bed to be available to be admitted. Nevertheless, some people were waiting over the four hour NHS national target and some over eight and 12 hours.

In detail, of the 21 patients interviewed in the Majors area, four people told us they had been waiting between eight hours and 15 hours and two people told us they had been waiting 21 hours. If we exclude these six people who reported very long waits, the average time for the 15 other people waiting in the Majors area was 4.3 hours.

In the UCC area, one person reported they had been waiting 6.5 hours and one person for four hours. Everyone else (23 people) had been waiting less than four hours at the time they were interviewed.

4.4.2 How long did it take to be seen?

When we interviewed people only two people in the UCC had not seen a nurse for an initial assessment/triage.

23 people told Healthwatch how long they had waited for an initial assessment. 12 people said had been seen within 15 minutes of arrival. 11 patients reported an hour or more. Only one person in the 'Majors' area reported not having seen someone for initial assessment/triage but this person also said they had been waiting for 21 hours. It is unlikely that this one response is reliable reporting and so has been disregarded in analysis. 16 of the 20 people who responded said they had been seen for an initial assessment with 15 minutes of arrival.

The majority of people attending A&E had an initial assessment promptly, within 15 minutes of arrival. However a significant number of people in the UCC (11 people, and the two people whose location was not reported) indicated that they had waited more than an hour before an initial assessment. This is potentially of concern. People with serious problems may not be seen in a timely way and NHS targets for the service may not be met. It may be relevant that on one visit, there had been a serious medical emergency in the UCC which may have delayed triage. We suggest that contingencies need to be in place to keep systems and processes operating during very busy times.

The Healthwatch volunteers who conducted the survey had the impression that most people had been seen quickly, certainly within 15 minutes of arrival. It is speculation, but possible, that some people did not realise they were having an initial assessment. This is likely to be more of an issue in UCC rather than in Majors.

On the basis of recorded results only one person had an initial contact within 10 minutes and just over half within 15 mins. It may be that either interviewers or interviewees just opted for a familiar fraction – 'quarter of an hour'.

The RSCH may need to examine their own data on this issue and compare with the Healthwatch results. Also check to be sure people know they are receiving an initial assessment that will impact their time spent, and treatment, in A&E.

4.4.3 Did people know that was happening to them?

In the UCC, eleven people said they had been advised on how long their stay in A&E might be and 13 said they had not received this information (three patients

were unreported). 21 people said they knew what would happen next and five said they did not (two were unreported).

In Majors, four people said they had been advised on how long their stay in A&E might be and 12 said they had not (five were unreported). Fifteen people were told what would happen next and five said they were not (one was unreported).

About the same proportion of people (roughly two thirds) in both UCC and Majors had been advised by hospital staff how their situation was being managed and what would likely happen next. Given that some of the people we asked will have recently arrived, it does seem that most people are being given this kind of advice in a timely manner. Communication in Majors appears to have improved since the last Healthwatch Report (2016) when lack of information by patients was a major issue.

It is less clear that people in UCC are being advised quickly, or routinely updated. For example, advice about how long they are likely to wait to have diagnostic tests, or to get the results from tests – X ray, scans, blood results - or how long they are likely to wait overall for an outcome. Less than 50% of people in the UCC felt they had been routinely advised and updated during their visit to A&E.

In the Majors area uncertainty about overall outcome was an issue for most people, 12 people from the 16 who responded. This may reflect that hospital staff are themselves unclear about timelines and likely outcomes. However, it does suggest that both in UCC and Majors more might be done to keep people advised about their 'care pathway', likely outcomes, and how and when their situation might be resolved.

4.4.4 Had patients been offered a drink or food since arriving in A&E?

In the UCC, five out of 26 people had had a drink or food since they arrived. There is a water machine but food would either need to be brought in or purchased at the WRVS cafe in a nearby corridor. It is possible that signage needs to be clearer for the cafe but some people would be worried about leaving their seat in case they lost it or they were called for treatment. A mobile trolley with refreshments could be considered at busy times in the UCC.

In Majors, 14 out of 20 people had been offered a drink or food.

These results indicate that in the area where people are waiting longer they are more likely to be offered something to drink or eat. This suggests that there is not an expectation of providing sustenance in the UCC. One person in the Majors area did report having waited for six hours without having been offered a drink.

5. People's experience of being seen by a GP at A&E?

No-one in the Majors area of A&E had seen a GP rather than a hospital doctor.

12 of the 27 people in the UCC had seen a GP in A&E or had been told they would be seeing a GP.

Two out of the 12 people who saw a GP made a clear comment that having come to hospital they expected to see a hospital doctor. These two patients would have preferred to see a hospital doctor.

However, nine people from the 12 who saw a GP at A&E were content with that outcome. Most people commented that they just wanted to see 'any kind of doctor' or made a positive comment about having been helped in some obvious way e.g. pain relief, further investigation or a clear diagnosis being achieved.

6. Comfort in the Accident & Emergency Department

Healthwatch asked how comfortable people were while waiting. Patients responded on a scale of 1-10 with one being very uncomfortable and 10 being very comfortable.

In the UCC, the average score was 5.8. In Majors, the average score was 7.1.

New seating has recently been provided in the UCC waiting area. It is new, modern and much better than the furniture it replaced. However it is a functional waiting area with furniture fixed to the wall and likely to feel cramped if people are waiting a long time and the waiting area is full and busy. Already seats are insufficient with extras having to be placed in an adjacent corridor. Healthwatch has recently completed an environmental care audit (February 2018) and seating remains a problem area.

Comments from both the UCC and the Majors areas included the following:

UCC:

- Uncomfortable seats (three people);
- High noise level and very busy (three people);
- One patient felt better after getting some pain relief. Four patients felt uncomfortable because of pain;
- One person mentioned other patients having more than one companion, making the waiting area more crowded and noisy than it needed to be. This was also a comment from Healthwatch volunteers. In some cases there were

between three and six visitors accompanying a patient. In busy times, the RSCH need to remind people of their policy restricting additional visitors to one or two people to reduce congestion and release seats.

Majors:

- Noise level (one person);
- Long wait (one person);
- Uncomfortable seats (one person).

It is clear from this visit to A&E and from other reports received by Healthwatch that efforts have been made to improve A&E waiting areas:

- New seating;
- New A&E areas being planned with some additional beds due to be in place by the end of 2018.

The scores for comfort could not be described as high but the size of the waiting area in UCC limits options for improvement. When we visited, some people were in distress and consideration should be given to dignity and privacy for people in distress. When people are upset, perhaps making a lot of noise. This can impact other patients and we recognise the issues this can raise but also the limitations of the building to provide alternative treatment areas.

Long waits result in more people in the waiting area. Speeding up the system would greatly improve the environment for everyone, patients and staff.

The Primary Care Front Door streaming initiative envisages a separate waiting area for patients, which is patently impossible with current facilities. However, some sort of system so that people know that they are in the GP stream, what their turn is and are seen swiftly could reduce congestion and frustration and improve A&E performance e.g. ticketing systems.

We acknowledge that staff and managers in A&E continue to be constrained by what the building can allow them to provide by way of comfort, privacy and facilities. But we would like our observations to be addressed in plans for new services.

7. Conclusions

- Streaming patients to a GP (PCFD) service in A&E seems to be accepted by patients and has rapidly become a routine part of A&E services.

- The Healthwatch Brighton and Hove GP Survey (2017/18) indicates that some people find it difficult to get timely or convenient GP appointments and are likely go to A&E because 'the doors are open and the lights are on'. Only 10 from the 50 people (20%) in this survey had come to A&E without seeking any other advice. Most people in this sample attended A&E by referral or advice from other services, demand on A&E services may not be primarily driven by random decisions made by people in isolation. A&E demand seems to mostly be filtered through Primary Care and other NHS services. The key to controlling demand on A&E is therefore unlikely to be found in telling people not to come to A&E but to better inform individuals and other parts of the NHS about how A&E can be used most effectively

- 12 from 50 people (24%) were able to be treated by a GP based in A&E. All the more significant that those 12 people were all selected from the 27 people who were seen at the UCC suggesting that 44% of people at the UCC could be treated by a GP.

- The majority of people who came to A&E by ambulance in this survey did not call the ambulance themselves. This suggests that if the NHS wants to reduce the number of people coming to A&E by ambulance, activity should be focused on primary care.

- There was a significant lack of awareness about alternatives to A&E in our sample particularly pharmacy for non-urgent interventions. It may be helpful to further investigate awareness of alternatives to A&E in the general population and specific high risk communities. It may also be helpful to monitor the impact of public awareness campaigns such as 'My A&E'.

- A number of people had poor experiences of alternative services such as NHS 111, the Walk-in Centre either before attending the A&E when we interviewed or before, which framed their behaviour.

- The environment in A&E still provides a challenge and that is likely to continue during the planned re-building and expansion of A&E. Impressionistically, less patients are expressing less concern and distress than in the past. Local people can see and understand the challenges faced by the hospital. They also respect and acknowledge the high quality of care being provided by the RSCH.

Appendix 1 RSCH A&E Service Review Questionnaire (December 2017)

Your experience of the Accident and Emergency services at the Royal Sussex County Hospital

What is Healthwatch?

Local Healthwatch were created as part of the Health and Social Care Act (2012). Their role is to give people and communities a stronger voice to influence and challenge how health and social care services are provided within their locality.

Your local Healthwatch can provide you with information to help you make choices about health and care services. We are an independent organization.

We have a legal power to review the performance of local health and social care services and suggest improvements; using your experiences to help us do this. This is why your help in completing this survey today is so important.

What is this survey about?

We are interested in hearing about your experiences of visiting A&E today. We want to know how much you know about alternative services which provide assistance and information.

Once we have gathered your views will we share the findings and recommended improvements with the hospital and those responsible for commissioning services in our city?

The information we gather is anonymous and confidential.

Completing this survey should take around 5 minutes

Thank you

PART 1 – Information about your visit to A&E today

1. What is the reason for your visit to A&E today?

We only require information about your general condition(s) e.g. breathing difficulties, chest pain, diarrhoea and vomiting etc.

2. Can you briefly tell us what you are expecting will happen to you today?

For example: have an x-ray or scan; be checked by a doctor; have further tests; be given a prescription etc.

3: Did you seek help from any other services for the same condition(s) specified above before coming to A&E today?

Yes	No

4. If you answered 'Yes' to Q3, which service(s) did you try, and when? Also, can you tell us how satisfied you were with any of the services that you used?

Service used	Roughly, when did you use this service? e.g. within last 24 hours	On a scale of 1 - 10 how satisfied were you with the service?	Did this service refer to A&E today? (Yes or No)
Own GP services			
111			
999			
IC24 (Out of hours GP service and home GP visiting service)			
Walk-in Centre e.g. Minor Injury Unit/Brighton Station			
Pharmacist services			
Dentist services			
Voluntary / community groups			
Mental health service/crisis			
Social care service			
Emergency sexual health			
NHS Choices			
Other			

5. If you were not satisfied with any of the services above, can you briefly tell us why?

6. If you sought, or tried to get, help from you own GP before coming to A&E today, can you tell us what happened? For example, was the wait to see your own GP too long; did your GP tell you to come to A&E, etc?

PART 2 - Information about your experiences of being in A&E today

7. How long have you been here so far?	

8: Have you seen a nurse for an initial assessment?

Yes	No

9. How long did you wait before you saw a nurse?	

10: Have you been told what will happen to you today, and how long you will have to wait?

Yes	No

Please tell us what information you were given?

11. Have you been able to get anything to eat or drink whilst waiting?

Yes	No

12. How comfortable are you here? With '1' being very uncomfortable and '10' being very comfortable)?	
Please briefly explain your response.	

PART 3 - Information about your experiences of seeing a GP in A&E

Please answer the questions in Part 3 if you have been told that you will see a GP in A&E,
or if you have already seen a GP in A&E

13: Are you / were you happy to see a GP rather than a hospital doctor, nurse or specialist?

Yes	No

Please briefly explain your response.

14. If you have already seen the GP here, how satisfied were you with this service? **With '1' being poor and '10' being excellent**	
Please briefly explain your response.	

15: Based on your experience today would you recommend the A&E GP service to family and friends?

Yes	No

Please briefly explain your response.

16. If you have already seen a GP, please tell us what happened. **(Please tick all that apply)**

I received treatment from the GP I saw in A&E	
I was given a prescription by the GP	
I was provided with information about my condition	
I was given advice about what to do should my problem reoccur	
I was advised to visit my own doctor	
The GP booked me an appointment to see my own doctor	
I was advised to visit a pharmacist	
I was referred to another NHS service (please specify which one)	
I was referred back to the A&E waiting area to see someone else	
I was referred to a community voluntary group	
I was given reassurance but received no treatment.	
Other (please specify)	

PART 4 – Knowledge of other services

17. We would like to know if you have ever heard of any of the services listed below, whether you have used them in the last year, and what your experience of them was like.

This question is not related to your reason for coming to A&E today.

Services	Heard of service (Y/N)	Used service (Y/N)	On a scale of 1-10, how satisfied were you with the service.
GP services			
111			
999			
IC24 (out of hours GP service and home GP visiting service)			
Walk-in centres e.g. Minor Injury Unit)			
Pharmacist services			
Dentist services			
Voluntary or community groups			
Mental health service/crisis			
Social care services			
Emergency sexual health			
NHS Choices			
Help My A&E booklet			
Other (specify)			

18. Please us the space below to provide any additional comments about the above services

PART 5 – A little bit more information about you and your experiences

19. Please tell us the postcode /area where you live	

20. Where are you living? (Please tick)

Own home	With relatives	Care home	Sheltered housing	Other

If you have answered 'Other' please briefly explain here.

21. Do you have anyone with you today?

Family member	Neighbour	Friend	Care home employee	Community Group representative	Other

If you have answered 'Other' please briefly explain here.

22. How did you get to A&E today?

Ambulance	Patient Transport Services	Car	Public transport	Walked	Other

If you have answered 'Other' please briefly explain here.

Ambulance services

If you came in today using ambulance services, please tell us about your experiences

23. How long did you have to wait for the ambulance to arrive at your home?	

24. When you arrived at the hospital, did the paramedics wait with you?

Yes	No

25. If yes, approximately how long did they stay with you (in minutes)?	

26. How would you rate your experience of using ambulance services today? *With '1' being poor and '10' being excellent*	

Your experience of being to the hospital in the last year

If you have been to the hospital for treatment in the last 12 months please tell us about your experiences.

27. Why did you come to hospital?

I came to A&E	I was admitted to hospital	Other

If you have answered 'Other' please briefly explain here.

28. When was this?	

29. If you were admitted to hospital, did you feel you were ready to go home when you were discharged?

Yes	No

Please briefly explain your response.

Please us the space below to provide any additional comments about your visit to A&E today

30: Do you have any other comments or suggestions?

We would be grateful if you could complete the short Equalities Monitoring Form below

Equalities Monitoring Form

To help us ensure that we are seeking the views of everyone and understand the makeup of communities in the county, we would like to ask you some questions about yourself. All of these details are treated confidentially and will not be used to identify you in anyway. You do not have to answer any of these questions if you do not want to.

Q1: How old are you?								
Under 18 ☐	18-24 ☐	25-34 ☐	35-44 ☐	45-54 ☐	55-64 ☐	65-74 ☐	75+ ☐	Prefer not to say ☐

Q2: Are you?			
Male ☐	Female ☐	Neither of the options ☐	Prefer not to say ☐

Q3: Do you identify with the gender you were assigned at birth?			
Yes ☐	No ☐	Don't Know ☐	Prefer not to say ☐

Q4: What is your sexuality?					
Heterosexual ☐	Gay ☐	Lesbian ☐	Bisexual ☐	Unknown ☐	Prefer not to say ☐

Q5: What is your ethnic origin?					
White British ☐	**White Irish** ☐	**Black African** ☐	**Caribbean** ☐	**Any other Black background** ☐	**Any other ethnic group** ☐
Gypsy / Traveller ☐	**Mixed White & Asian** ☐	**Mixed White & Black African** ☐	**Mixed White & Black Caribbean** ☐	**Any other Mixed background** ☐	
Chinese ☐	**Bangladeshi** ☐	**Indian** ☐	**Pakistani** ☐	**Any other Asian background** ☐	**Unknown** ☐

Q6: Do you consider yourself to be disabled, as set out in the Equality Act 2010?		
Yes ☐	No ☐	Prefer not to say ☐

Q7: If you have answered 'Yes' to Q6, please state the type of impairment which applies to you. Please tick all that apply.					
Physical Impairment ☐	Sensory Impairment ☐	Learning Disability/Difficulty ☐	Long Standing Illness ☐	Mental Health Condition ☐	Other ☐

If you have answered 'Other' please tell us here: