

**The experiences of parents using the
Children's Emergency Department at the
Royal Alexandra Children's Hospital,
Brighton.**

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1. Executive Summary

Healthwatch Brighton and Hove (Healthwatch)¹ carried out a review at the Children's emergency department (CED) at the Royal Alexandra Hospital (RACH) in March 2018. The main reason for our visit was concern over potentially growing numbers of people attending CED, despite government initiatives to encourage patients to seek help from alternative services, such as NHS 111, Walk-in Centres, pharmacists and their own GP.²

Methodology

Healthwatch asked parents for their reasons for attending CED, including the nature of their child's condition. We asked parents if they had first sought help on this visit from an alternative service and whether the parents felt that service had been helpful. If the service had not been helpful, we wanted to know if this was the reason for the parent bringing their child to CED. Parents may have gone to CED because another service referred their child.

Healthwatch asked what the parents knew about other services, and if they had used them in the past. We wanted to find out if it was lack of knowledge or confidence in alternatives, that led the parent to attending CED, particularly if they had not sought help elsewhere.

We also wanted to explore the parent's experience of CED and asked about waiting times at CED, comfort of the waiting area and information the parent received during their time at CED. This would also help inform the hospital staff about the CED environment.

Healthwatch interviewed 39 people at the Children's Hospital in March 2018. We visited on Sunday morning and Monday night, having been advised by CED that these times were particularly busy as they included the weekend, when GPs are scarce and after school. We are aware that 39 is a small sample but the findings do provide some useful insight into parent experience of CED. The questionnaire used is provided at Appendix 2.

Healthwatch spoke to the adult accompanying the patient rather than the child themselves and in the majority of cases³, this was the parent. Therefore, this report refers to the parent when referring to the person who was interviewed and the child or patient when referring to the patient.

¹ Healthwatch Brighton and Hove is a part of a national network, with a local Healthwatch in every local authority area in England. For the purposes of this report Healthwatch Brighton and Hove will be referred to as Healthwatch.

² See the government paper on A&E for more information:
<https://www.parliament.uk/documents/commons-committees/Health/Government-Response-to-the-Health-Committee-Report-on-Winter-Pressure-in-Accident-and-Emergency-Departments.pdf>

³ In one case, we spoke to a language school teacher who was the accompanying adult.

Healthwatch found

- Over half of the 39 parents we spoke to (21, 54%) sought help first from another service, but still ended up coming to CED: 18 (86%)⁴ of these were referred.
- 10 out of 39 (26%) patients had conditions that potentially could have been dealt with by a GP.⁵
- 18 out of 39 (46%) parents came direct to CED without seeking help from another service.⁶
- All parents who sought help from the NHS 111 service were referred to CED.⁷
- Parent knowledge regarding some services was very low: over half the parents (19, 54%)⁸ had not heard of the out of hours doctors service, IC24 and the majority of parents (28, 76%)⁹ were unaware of the NHS Choices website.
- Parents were asked whether they had used any of the alternative services for their child in the past year (unrelated to their visit on the day of interview). Responses showed that only half (54%, 20)¹⁰ parents had used the NHS 111 service and less than half (36%, 13)¹¹ parents had used the Walk-in Centre. Only eight parents¹² had used pharmacies in the past.
- In addition, only two parents¹³ had even heard of the 'Help My A&E' booklet which lists alternative services to CED and the Royal Sussex A&E department.
- Parent use of some services was surprisingly low: less than 25% of the people we interviewed had engaged with or sought help from pharmacist services (23%)¹⁴, NHS Choices (19%)¹⁵ or referral to IC24 (18%)¹⁶.
- From a total of 39 parents interviewed, one third (14, 36%) provided negative comments on alternative services, and the majority (10, 71%) of these were about the NHS 111 service and the Walk-in Centre. Other comments included difficulty in booking a GP appointment.
- Almost all parents (35, 97%)¹⁷ would recommend the CED service to others.

⁴ The percentage shown here is against the 21 parents who sought help elsewhere first.

⁵ NHS Choices has some good advice for parents on when it is appropriate to take a child to A&E. See here for further information:

<https://www.nhs.uk/NHSEngland/AboutNHSservices/Emergencyandurgentcareservices/Pages/AE.aspx>

⁶ This was higher than the percentage of patients who did not seek alternative help before attending the A&E department at the Royal Sussex General Hospital. See our report on our website at <https://www.healthwatchbrightonandhove.co.uk/publications/healthwatch-reports/>

⁷ Six parents we spoke to sought help through the 111 service and all were referred to A&E.

⁸ 35 parents responded to whether they had heard of IC24

⁹ 37 parents responded to whether they had heard of NHS Choices

¹⁰ 37 parents responded to whether they had used the 111 service before for their child in the last year.

¹¹ 37 parents responded to whether they had used the Walk-in Centre for their child in the last year.

¹² 35 parents responded to whether they had used the pharmacy for their child in the last year.

¹³ 36 parents responded to whether they had heard of the 'Help my A&E' booklet.

¹⁴ From 35 parents who responded to this question

¹⁵ From 36 parents who responded to this question

¹⁶ From 34 parents who responded to this question

¹⁷ 36 parents responded to this question

- However, the majority of parents (28, 93%)¹⁸ were not provided with any information on how long they might wait to be seen.
- We also received negative comments regarding access to CED for example poor signage and parking issues.
- Our staff witnessed on more than one occasion how difficult it was for the triage nurse to get through to the IC24 service.
- The majority of patients were aged between 1 - 3 years (14, 37%) or under 12 months (6 children, 16%). Parents with younger children are more likely to go direct to CED and these patients are also likely to be seen as a higher priority by CED staff.
- The majority of parents were white females (29, 76%). Over half were also aged between 25 - 44 years (23, 66%).

Healthwatch Recommends

For CED and BSUH management

- Clear messages to parents about services that can be used as an alternative to CED, in particular pharmacies and the NHS Choices website.¹⁹
- Parent-focused communication, supportive and clear about which conditions can be dealt with most effectively by a range of NHS services including CED.
- Better promotion of the NHS Choices website, in particular wider public awareness of how to use the website to deal with minor conditions.
- Provide information at triage stage and while in the waiting area in person, on how long a patient is likely to wait to see a hospital doctor or nurse practitioner. This would ensure parents have realistic expectations of when their child will be seen, even if they have not seen the display screen.
- Ensure the waiting area complies with safety regulations. Ensure children cannot easily open the door, by moving the automatic door opener button higher, beyond a child's reach.
- Improve signage both inside the main hospital and outside, indicating directions to the CED.
- Provide better access to CED, considering parents with pushchairs and those bringing more than one child. Consider provision of drop-off points for access by car.
- Provide activities that relate to older as well as younger children.
- Offer larger chairs which allow for children to sit closer to and be comforted by parents.

For the Clinical Commissioning Group

- An evaluation of the ability of CED staff to refer to the out of hours GP based in the main hospital (IC24). Also an evaluation of staff capacity within IC24 to respond to these referrals.
- More support for GPs so they can provide advice and deal with conditions that do not need to go to CED.²⁰ Also, so that refer patients to CED only when appropriate.

¹⁸ The percentages shown are in comparison to 30 parents who responded to this question.

¹⁹ Including clarity around the role of the Walk-in Centre for children.

²⁰ Healthwatch support the initiative for specialists in the children's hospital to visit GPs and bring them up to date on paediatrics.

- Extend opening hours of GP surgeries, to include weekend and evenings and improve public awareness of surgery hours.²¹
- More clinical support for staff on the NHS 111 service so they can provide advice on minor conditions and so that they refer to CED only when appropriate.
- Improve the experience of using alternatives, in particular the Walk-in Centre and NHS 111 service, so that parents have more confidence in using these before approaching CED.
- In addition, education concerning self-care at home could also be more widely publicised.

Acknowledgement

Healthwatch would like to thank the staff and management at the Children's Emergency Department for their advice and support in enabling access to patients. We would also like to thank the volunteers and staff who carried out the interviews, namely Fran McCabe, Sue Seymour and Michelle Kay.

2. Understanding Children's CED

The Children's Emergency Department (CED) at the Royal Alexandra Children's Hospital (RACH) was opened in 2012 as a separate department from the main A&E department at the Royal Sussex County Hospital (RSCH). The RACH CED offers emergency services for children aged up to 16 years of age.

Parents can bring children to CED directly or patients can be referred by another service, for example by their GP or the 999 or NHS 111 services.

On arrival at the RACH, patients are assessed by an experienced and expert nurse (triage) and are referred to either a hospital doctor or nurse practitioner. The triage nurse can also refer patients with non-emergency conditions to an out of hours GP service (called IC24) based in the main hospital.

²¹ This was also recommended in our GP Review carried out last year. See 2018 GP Review at <https://www.healthwatchbrightonandhove.co.uk/publications/healthwatch-reports/>

3. The Healthwatch Review

Healthwatch Brighton and Hove (Healthwatch) has an ongoing programme of work at the Royal Sussex County Hospital (RSUH).²² This includes surveys²³, patient experience visits²⁴, co-Chairing the Patient Experience Panel of the RSCH²⁵, reviewing the complaints processes and regular environmental audits²⁶. We have also been involved with the Care Quality Commission (CQC) supporting their inspections of the BSUH and providing patient and public advice in respect of regulatory improvements required by the CQC. We are also represented on the Brighton and Hove A and E Delivery Board which takes a strategic role.

This is the first time that Healthwatch have carried out a review at the RACH CED. All emergency departments attract a high number of patients. In Brighton, Services such as the Brighton Station Walk-in Centre and NHS 111 have been established as alternatives to visiting CED. Patients have also been encouraged to use the support and advice from local pharmacies.²⁷

Nationally, the Department of Health have issued guidance²⁸ in response to the increased numbers of patients attending CED who could be supported by alternative services. This has been supported by the introduction of GP streaming in emergency and A&E departments, for example at the RSUH, whereby patients are referred to a GP positioned within the A&E department. While the same service is not offered at the Children's Emergency Department, the patient can be triaged to a GP via the IC24 (out of hours) service based in the main hospital.

This report is based on parent interviews that took place in the RACH CED. We spoke to 39 parents in March 2018, using the questionnaire shown at Appendix 2. We used a set of pre-designed questions in order to:

- a) Examine the pathway of each patient's journey to CED;
- b) Find out parents' experience of other services used before attendance at CED on the day of interview. To also find out parents' previous experience and knowledge.

²² Healthwatch Brighton and Hove is an independent health watchdog created as part of the Health and Social Care Act 2012. We have a statutory right to enter and view all publicly funded premises and we use trained volunteers to carry out these visits.

²³ Healthwatch carried out a survey in 2013 see the Urgent Care Report at: https://www.healthwatchbrightonandhove.co.uk/wp-content/uploads/2014/12/urgent_care_services_report_oct13.pdf

²⁴ Healthwatch carried out a number of visits to BSUH to gather patient experiences. See reports at: <https://www.healthwatchbrightonandhove.co.uk/publications/healthwatch-reports/2016-reports/> in particular the A&E report.

²⁵ To read about this panel further, please see our press release here: <https://www.healthwatchbrightonandhove.co.uk/press-releases/the-cqc-finds-significant-improvement-royal-sussex-county-hospital/>

²⁶ Please see our Annual Report of the Environmental audits soon to be available on our website at See our report on our website at <https://www.healthwatchbrightonandhove.co.uk/publications/healthwatch-reports/>

²⁷ See the recent BBC article about this topic at <http://www.bbc.co.uk/news/health-43002740>

²⁸ <https://improvement.nhs.uk/resources/improving-patient-flow-through-urgent-and-emergency-care/>

- c) Explore parents' experience at CED.

Healthwatch aimed to:

Find out whether parents would use alternative services to CED if they were given the right support and if the alternatives were better promoted. This is in the light of government policy advising patients to avoid unnecessary use of emergency departments. Our findings might assist NHS efforts to inform local people and promote alternative services. Healthwatch also wanted to explore patient experience of the CED environment.

4. Why did parents come to CED?

How did parents get to CED?

Many of the parents we spoke to came directly to CED and we were interested in the reasons for this. Where parents had sought help from alternative services, we asked them about their experience of this service, to find out if this experience helped influence their decision to attend CED afterwards.

We found:

- Over half of the 39 parents we spoke to (21, 54%) sought help first from another service, but still ended up coming to CED: 18 (86%)²⁹ of these were referred.
- 10 out of 39 (26%) patients had conditions that potentially could have been dealt with by a GP such as a sore throat or potential allergy.³⁰
- 18 out of 39 (46%) parents came direct to CED without seeking help from another service.³¹
- Of the 21 (54%) parents who did seek help elsewhere:
 - 10 people (48% of 21) sought help through their GP before attending CED. Seven of these were referred to CED.
 - Six people (29%) phoned NHS 111 and all were referred to CED.
 - Two people (10%) phoned 999 Emergency Ambulance Service who took them to CED.
 - One person visited the Brighton NHS Walk-in Centre near Brighton Train Station, another person used a 24-hour chemist before

²⁹ The percentage shown here is against the 21 parents who sought help elsewhere first.

³⁰ NHS Choices has some good advice for parents on when it is appropriate to take a child to A&E. See here for further information:

<https://www.nhs.uk/NHSEngland/AboutNHSservices/Emergencyandurgentcareservices/Pages/AE.aspx>

³¹ This was higher than the percentage of patients who did not seek alternative help before attending the A&E department at the Royal Sussex General Hospital. See our report on our website at <https://www.healthwatchbrightonandhove.co.uk/publications/healthwatch-reports/>

attending CED and a third person had first attended the Royal Alexandra Children's Hospital.

- Two parents who had previously sought help from a GP, were now in CED as at the time of interview, their GP surgery was now closed. One parent required help with administering medication to their child and the other had been advised to return to their GP if the child's condition had not improved.
- One parent had received advice about their child's back pain, but required more specific advice and chose to attend CED.
- Our staff witnessed on more than one occasion how difficult it was for the triage nurse to get through to the IC24 service.

Parents said...

I saw the GP and was given antibiotics for the child, but they refused to take them.

The GP told me to come back if I was worried but the child fell ill at the weekend and the GP is now closed.

Suggestions:

- Continuing and improving publicity to encourage patients to use alternative services particularly their GP and pharmacy.
- More support for GPs so they can provide advice and deal with conditions that do not need to go to CED.³² Also, so that refer patients to CED only when appropriate.
- Extend opening hours of GP surgeries, to include weekend and evenings and improve public awareness of surgery hours.³³
- More clinical support for staff on the NHS 111 service so they can provide advice on minor conditions and so that they refer to CED only when appropriate.
- Better promotion of the NHS Choices website, in particular wider public awareness of how to use the website to deal with minor conditions.
- An evaluation of the ability of CED staff to refer to the out of hours GP based in the main hospital (IC24). Also an evaluation of staff capacity within IC24 to respond to these referrals.
- Healthwatch recommends that parents have easier access to a dedicated GP, health visitor or school nurse, particularly out of hours.
- In addition, education concerning self-care at home could also be more widely publicised.

³² Healthwatch support the initiative for specialists in the children's hospital to visit GPs and bring them up to date on paediatrics.

³³ This was also recommended in our GP Review carried out last year. See 2018 GP Review at <https://www.healthwatchbrightonandhove.co.uk/publications/healthwatch-reports/>

Knowledge and use of alternative services to the Children's Emergency Department

Healthwatch wanted to understand what parents knew about other services and whether they had used them in the last twelve months (unrelated to the condition on the day of interview). We wanted to understand if previous experience of alternatives, had influenced the parent's decision about whether to attend CED on the day of interview.

We found:

- The majority of parents (33, 87% of those who responded to this question)³⁴ had heard of the NHS 111 service. However, only 54% (20)³⁵ had used it for their child in the last year.
- Over half of the parents (25, 68%)³⁶ had heard of the Walk-in Centre and one third had used this service (13, 36%)³⁷.
- The majority of parents (29, 81%)³⁸ had heard of pharmacies. Eight parents (23%)³⁹ had used this service for their child in the last year.
- Parent knowledge regarding some services was very low: over half the parents (19, 54%)⁴⁰ had not heard of the out of hours doctors service, IC24 and the majority of parents (28, 76%)⁴¹ were unaware of the NHS Choices website.
- In addition, only two parents⁴² had heard of the 'Help My A&E' booklet which lists alternative services to CED and the Royal Sussex A&E department.
- Parent use of some services was surprisingly low: less than 25% of the people we interviewed had engaged with or sought help from pharmacist services (23%)⁴³, NHS Choices (19%)⁴⁴ or referral to IC24 (18%)⁴⁵.
- In addition, two French students⁴⁶ were brought in by their teachers for minor conditions. This was due to the teachers understanding that in France all medical conditions are dealt with at the hospital.

Suggestions:

- Continuing publicity to ensure patients are aware of alternatives to CED. In particular, increased promotion of pharmacies and the NHS Choices website.

³⁴ 38 parents responded to whether they had heard of the 111 service as an alternative to A&E.

³⁵ 37 parents responded to whether they had used the 111 service before for their child in the last year.

³⁶ 37 parents responded to whether they had heard of the Walk-in Centre

³⁷ 36 parents responded to whether they had used the Walk-in Centre for their child in the last year.

³⁸ 36 parents responded to whether they had heard of pharmacies

³⁹ 35 parents responded to whether they had used the pharmacy for their child in the last year.

⁴⁰ 35 parents responded to whether they had heard of IC24

⁴¹ 37 parents responded to whether they had heard of NHS Choices

⁴² 36 parents responded to whether they had heard of the 'Help my A&E' booklet.

⁴³ From 35 parents who responded to this question

⁴⁴ From 36 parents who responded to this question

⁴⁵ From 34 parents who responded to this question

⁴⁶ Healthwatch interviewed one teacher. Therefore, our analysis of the data counted this interview as 'one patient'.

- Clear publicity so that patients (and parents of) have a clear understanding of when they should seek advice from an alternative rather than CED.
- Publicity to be made available to language schools and related accommodation.

Experience of using other services

Healthwatch received a number of negative comments about alternative NHS services during the interviews, whether used on that day or in the past. These gave some indication of the reasons why alternative services were not used prior to this visit.

We found:

- From a total of 39 parents interviewed, one third (14, 36%) provided negative comments on alternative services.
- The majority (10, 71%) of the 14 negative comments were about the NHS 111 services and Walk-in Centre.
- Four parents commented that the Walk-in Centre wasted time as they waited for hours and their child was referred to CED anyway. This experience reflects that of the six parents who called the NHS 111 service and were all referred to CED (see 4.1).
- Other comments were GP-related and included difficulty in booking appointments. This reflects our finding that 23% of users had difficulty in booking a GP appointment, shown in our GP Review carried out last year⁴⁷.

Parents said...

I have been twice to the Walk-in Centre...waited hours to be seen and then told to go to A&E. Now I don't even waste my time going.

Tried 111...they ask too many questions...and take so long to come.

There is no point going to the Walk-in Centre as there's nowhere to park.

We had three hours wait in the GP surgery.

I had a telephone conversation with the GP and received the usual advice for lower back pain.

Hard to reach the Walk-in Centre with a baby in a pram and a sick child...then to wait for two hours, only to be told to go to A&E which meant another bus journey.

⁴⁷ See 2018 GP Review at <https://www.healthwatchbrightonandhove.co.uk/publications/healthwatch-reports/>

Suggestions:

- Improve the experience of using alternatives, in particular the Walk-in Centre and NHS 111 service, so that there is more confidence in using these before approaching CED.
- More clinical support for staff on the NHS 111 service and to GPs in the Walk-in Centre. So the NHS 111 staff and Walk-in Centre GPs can provide advice on minor conditions and so that they refer to CED only when appropriate.
- Extend opening hours of GP surgeries, to include weekend and evenings and improve public awareness of opening times.⁴⁸

CED seen as a reliable and good service

Healthwatch asked parents for further comments on CED. We asked if they would recommend the service to others, to see whether this might indicate how likely they (or others they talked to) would be to use the service (again). We also asked if their child had been brought to CED recently for a related condition to the reason for the visit today.

⁴⁸ This was also recommended in our GP Review carried out last year. See 2018 GP Review at <https://www.healthwatchbrightonandhove.co.uk/publications/healthwatch-reports/>

We found:

- Everyone we spoke to had positive comments to make about the CED staff, which reflects our findings from the survey we carried out in the A&E department at the Royal Sussex General Hospital.⁴⁹
- Almost all parents (35, 97%)⁵⁰ would recommend the CED service to others. The one parent who would not explained that usually she would but not in relation to this particular visit.
- Healthwatch received positive comments from 25 of the 39 (64%) parents interviewed.
- However, three of the 17 children who had recently been in CED for a related condition, were felt to be discharged too early, by parents.
- Healthwatch spoke to two parents about children with ongoing conditions with potential safeguarding concerns and non-accidental injuries which demonstrates the range of conditions which CED staff deal with.
- We found ten (26%) parents had made long journeys⁵¹ indicating the wide reach of CED.

Parents said...

We live near the Princess Royal but there is no dedicated children's A&E there unfortunately, so we came here.

A&E is child-centred. We've been to Eastbourne in ordinary A&E and it's been a nightmare. Having a specialist service is essential.

We can put 'trust' in the A&E staff but more money needs to be put into the service.

Piece of mind is really important and the A&E staff reassure you here and look after your child really well.

It is clean. Staff are polite and attentive. Staff are also skilled and good at what they do.

A&E has always been amazing.

We were seen straightaway and treatment started immediately. Doctor explained everything to me very closely and this reassured me.

The level of care that you receive is phenomenal.

⁴⁹ Read Healthwatch's report for more information on our website at <https://www.healthwatchbrightonandhove.co.uk/publications/healthwatch-reports/>

⁵⁰ 36 responded to this question

⁵¹ A 'long journey' was considered to be more than 30 minutes.

Suggestions:

- CED has a good reputation for being a reliable service. In the light of the negative comments about alternatives, CED's reputation will influence the choices parents make. Therefore, parent confidence about other services needs to improve to relieve the pressure on CED. Otherwise, we believe parents will continue to visit CED direct without first seeking support from alternative services.

5. Parent experience of CED

Healthwatch wanted to find out about the patient experience in CED. We asked parents how easy it was to access CED; how they found the CED environment; how comfortable they felt their child was and whether they had any suggestions to improve the environment and comfort.

Waiting times and Information provided

Healthwatch asked parents about waiting times (before the triage nurse and up to the point of interview). We also asked what information they had received.

We found:

- All of the parents we interviewed had seen a nurse on admission (triage): the majority (24, 62%) within the first ten minutes of arrival; 11 (28%) within 20 mins; and four waited 25 or 30 minutes⁵².
- From the parents who had only been through triage, at the point of interview, half (11, 50%) had waited 30 minutes; nine (41%) had waited an hour and two parents had waited up to 90 minutes.⁵³
- At the point of interview, the majority of parents (29, 74%)⁵⁴ had been waiting either an hour or less. Five parents had been waiting up to two hours, three parents had waited up to three hours. Two further parents had been in CED for more than three hours, but in both cases, their children had been seen by a hospital doctor, one was being treated while we interviewed their parent and the other was about to go at home at the point of interview.
- Almost half of the parents we saw (17, 44%)⁵⁵ had already seen a doctor or nurse practitioner in addition to the (triage) nurse appointment.
- CED staff provided a high quality of service. All of the parents⁵⁶ who had seen the doctor (or nurse practitioner) gave eight and above out of ten for satisfaction with the appointment.

⁵² The percentages shown are in comparison to all 39 parents as all responded to this question.

⁵³ The percentages shown are in comparison to the 22 parents who had not yet seen a doctor or nurse practitioner.

⁵⁴ The percentages shown are in comparison to all 39 parents as all responded to this question.

⁵⁵ The percentages shown are in comparison to all 39 parents as all responded to this question.

- The majority of parents (32, 89%)⁵⁷ had been given basic information about what to expect from their visit, i.e. that their child would be seeing a doctor, their child would be having blood tests etc.
- However, the majority of parents (28, 93%)⁵⁸ were not provided with any information on how long they would have to wait.

Parents said...

Waiting times are quite lengthy. There is no clear indication of when you are going to be seen.

The entire wait is frustrating as no-one else appears to be here. It is all discreet wards, which gives you the impression that you are alone.

Because you are seen quite early on by a nurse there is an expectation that you'll be seen early by the doctor.

It is very lonely sitting here in the waiting room when you are so worried. I wish there was somebody to talk to.

Having seen the doctor, I was reassured after being so worried.

Doctor diagnosed problem very quickly and treatment started.

The doctor was very thorough.

Suggestions:

- While information on waiting times was displayed on a screen, it seemed that this message was not being read by parents and we would suggest that this information is provided by the triage nurse.
- We would also suggest that parents are kept informed about waiting times in person, while in the waiting area. This would ensure that parents have realistic expectations of when their child will be seen, even if they have not seen the display screen.

⁵⁶ The percentages shown are in comparison to 15 parents who responded to this question.

⁵⁷ The percentages shown are in comparison to 36 parents who responded to this question.

⁵⁸ The percentages shown are in comparison to 30 parents who responded to this question.

Comfort

Healthwatch wanted to know how comfortable parents found the CED environment. We asked them about access to the building, comfort in the waiting area, availability of food and drink and any other suggestions for the environment. We also asked about accompanying visitors as this can affect other patients.

We found:

- Four parents said it was difficult to access CED: the signage was poor; parking was difficult; and it was tricky to access from other parts of the hospital. We also observed that with renovations going on in hospital grounds, this would have caused greater difficulty with accessing the CED and consideration could be given to this by providing clearer signage and/or drop off points.
- The average rating by parents for overall comfort was 7.76⁵⁹ out of ten. Five parents rated ten out of ten and one parent rated one out of 10.
- None of the parents⁶⁰ had been offered food or drink⁶¹, although four parents were told their child should not consume anything before seeing the doctor.
- Four parents said that seats should be wider and more comfortable to allow parents to comfort children.
- One parent commented the main door was unsafe for children. Healthwatch also observed that the automatic door opener button was located within reach of small children.
- Six parents provided comments on making the environment more child-friendly. In particular, three parents said that toys, books and other activities on offer were not appropriate for older children.
- The majority of parents (25, 64%) were accompanied by another adult; and seven (18%) were accompanied by two or more adults.⁶²

⁵⁹ The percentages shown are in comparison to 37 parents who responded to this question.

⁶⁰ 29 parents responded to this question.

⁶¹ At the time of all interviews, the café in the Royal Alexandra Children's hospital was closed. Consideration should be given to this.

⁶² The percentages shown are in comparison to all 39 parents as all responded to this question.

Parents said...

Accessibility is not great and the signage is not good. It is not clear how you access this department from the other parts of the hospital. Also, there is a tiny bit of pavement.

Parking is impossible at this site.

The coffee machine is out of order.

The drinks machine is difficult to access as it's in a tight corner.

Not being given any information on food has not made the situation any better. There's no food for my child or me and I'm only three weeks after giving birth.

The seating isn't ideal for long waits.

There needs to be larger seats so that your child can sit comfortably on your lap to be cuddled.

The main door isn't safe..an adult opens it from outside and the doors swing open..a child could easily run out...down the path and straight into the road.

The waiting area is quite comfortable and it is helpful to have a TV. However, it would be better if it showed some children's programmes.

The area is good for little children but not for older children.

Suggestions:

- Ensure the waiting area complies with safety regulations. Ensure children cannot easily open the door, by moving the automatic door opener button higher, beyond a child's reach.
- Erect clearer signage both inside the main hospital and outside, indicating directions to the CED and provide better access to CED (for example drop-off points), considering parents with pushchairs and bringing more than one child.
- Ensure parents are informed about refreshment facilities and ensure these are working.⁶³
- Provide a variety of seats including some that are large enough for an adult to have a child on their lap and to be able to comfort children sitting next to the adult.⁶⁴

⁶³ At the time of all interviews, the café in the Royal Alexandra Children's hospital was closed. Consideration should be given to this.

- Ensure age appropriate material is shown on the TV. Being mindful of the late time that children can visit CED (after teatime). DVDs could be a preferred option to TV which changes 7pm⁶⁵. In addition, activities should be provided for older children as well as younger children.
- While Healthwatch is mindful of parents who might want another adult with them for support, additional visitors contribute to over-crowding and CED staff should be able to advise parents to bring accompanying adults only where necessary. However, if accessibility continues to be a problem, it is more likely that parents will come with an accompanying adult (so that one person can drop the patient and parent to CED and then park up).

6. Conclusion

Healthwatch recognises the specific context of carrying out a review on a Children’s Emergency Department, like the RACH CED. Healthwatch realises that parents (particularly those with younger children) are more likely to attend CED directly before seeking help elsewhere.⁶⁶ Likewise, CED staff are more likely to treat children with minor conditions than refer them elsewhere. Therefore, it is recognised that CED will always attract some parents with children who have conditions that could have been dealt with by other services, such as GPs, pharmacies, NHS 111 or the Walk-in Centre.

This Healthwatch review confirmed that the RACH CED are providing a high quality service with a strong reputation, attracting patients from Brighton and Hove and beyond.

We also found a lack of public knowledge about alternative services. Parents who did use alternatives first, were sometimes disappointed in the quality of those services. A strong CED reputation and weak alternatives has framed the choices that parents make when deciding where to take their sick children.

Healthwatch recommends that better publicity of alternative services needs to be matched by better performance. Parent confidence about other services needs to improve to relieve the pressure on CED. Otherwise, we believe parents will continue to visit CED directly without first seeking support from alternative services.

⁶⁴ This was also reflected in our environmental audit of the A&E department. Please see our Annual Report of the Environmental audits soon to appear on our website at <https://www.healthwatchbrightonandhove.co.uk/publications/healthwatch-reports/>

⁶⁵ Cbeebies was shown on the hospital TV, which finishes programming at 7pm. After this time, adult TV was shown.

⁶⁶ Publicity about diseases such as sepsis and meningitis adds weight to their concern. For example, December 2017’s article in ‘Patient’: <https://patient.info/health/meningitis-leaflet>

7. Appendices

Demographic Reach

Healthwatch spoke to 39 parents in the Children's Emergency Department of the Royal Alexandra Children's Hospital (RACH A&E). Within this group there were some notable trends.

We found:

- The majority of parents were white British (76%, 28) with three white Irish parents, three of mixed race, two Chinese and one Caribbean.
- Over half of the parents (21, 54%) were from central Brighton and Hove and a further seven (18%) were from within 30 minutes' drive from Brighton. However, 10 parents (26%) had travelled over 30 mins to visit the hospital, coming from either Seaford, Steyning, Haywards Heath or Uckfield. There was also one group of French teachers with international students.
- From the 39 parents, 23 (66%) were both female and aged between 25 - 44 years of age.
 - From all of the parents we interviewed, females represented 76% (29 people) and the majority (71%, 25 respondents) were aged between 25 - 44 years of age.
 - There were nine male parents (24%).
 - Parents aged between either 18-24 years of age or between 45-54 years of age were equally represented by four (11%) of the people we interviewed.
 - Two parents were aged between 55-64 years of age.
 - The majority of parents were heterosexual (32, 94%), with two parents either Lesbian or bisexual.
- The majority of children who were brought to CED were between 1-3 years of age (14, 37%).
 - Six babies 16% under 12 months were the next largest group.
 - Children aged between 3-5 years, or between 5-7 years, or between 12 - 18 years were all represented by five patients in each case.
 - Three patients were aged between 8 - 12 years old.

Suggestions:

- Communication around CED to include non-UK residents living locally, where cultural understanding of CED may differ between countries.
- Continue to message all groups but target women aged between 25 - 44 years of age.
- Consideration needs to be made to services provided in East and West Sussex to avoid people travelling long distances to the Royal Alexandra.

Questionnaire used

Yours and your child's experience of the Accident and Emergency services at the Royal Alexandra Children's 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 the experience of the patient (your child) and also your own experience (as the parent/carer) of your visit to A&E today. We also want to know how much you know about alternative services which provide assistance and information.

Once we have gathered your views we will 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 10 minutes

Thank you

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

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

We only require information about your child's 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 today?

For example: your child to 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

If yes, please answer question 4. If no, please move straight to question 8.

4: Which service(s) did you use?

Examples of service: own GP, 111, 999, IC24 (out of hours GP & home visiting service); walk-in centre; pharmacy; dentist; voluntary/community group.

5: Did the service(s) refer your child to A&E today?

Yes

No

If yes, which service(s) referred you?

6: On a scale of 1-10 how satisfied were you with the service(s) you used?

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

PART 2 - Information about the experience of being in A&E today: yours and the patients (your childs)

8: Has your child seen a nurse for an initial assessment?

Yes

No

9. How long did you wait before your child saw the nurse (for the initial assessment)?

10. How long have you been waiting until now?

11a. Have you been told what will happen to your child today?

Yes No

11b. Have you been told how long you will have to wait?

Yes No

Please tell us what information you were given?

12. Have you and your child been offered anything to eat or drink since you have been here?

Yes

No

n/a - brought own

13. How comfortable are you and your child(ren) here?

Please respond to this question from the point of view of you, your child and any other children you have had to bring with you.

With '1' being very uncomfortable and '10' being very comfortable)?

Please briefly explain your response.

14. Is there anything else you would like to tell us about yours or your child(ren)s experience here?

15: Has your child seen anyone other than the initial assessment nurse i.e. either the Doctor or Nurse Practitioner?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, please answer question 16. If no, please move straight to question 18.

16. How satisfied were you and your child with this appointment?

With '1' being poor and '10' being excellent

Please briefly explain your response.

17. Please tell us what happened in the appointment. (Please tick all that apply).

My child received treatment	
My child was given a prescription	
My child was provided with information about their condition	
I was given advice about what to do should my child's problem reoccur	
I was advised to take my child to my own doctor	
The GP booked my child an appointment to see our own doctor	
I was advised to visit a pharmacist with my child	
My child was referred to another NHS service (please specify which one)	
We were referred back to the A&E waiting area to see someone else	
We were referred to a community voluntary group	
We were given reassurance but my child received no treatment.	
Other (please specify)	
Additional space for other comments	

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

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Please briefly explain your response.

PART 3 - Knowledge of other services

19. We would like to know if you have ever heard of any of the services listed below and if so, whether you have used them *for your child* in the last year?

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

Services	Heard of service (Y/N)	Used service for your child (Y/N)
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)		

20. If you were not satisfied with any of the services you have used, can you briefly tell us why?

PART 4 - A little bit more information about you and your child

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

21b. If this is different for the patient, what postcode/area does your child live in?

22. Where are you living? (Please tick)

Own home	With relatives	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

22b. If you child does not live with you, can you tell us where they do live?

With relatives	Other
<input type="checkbox"/>	<input type="checkbox"/>

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

23. Do you have anyone with you today?

Family member	Neighbour	Friend	Another child (other than the patient)	Community Group representative	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

24. How many people do you have with you today?

24b. How many of these are children (18 years old or under)?

25. How did you get to A&E today?					
Ambulance	Patient Transport Services	Car	Public transport	Walked	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

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

29. How would you rate yours and your child’s experience of using ambulance services today?
With ‘1’ being poor and ‘10’ being excellent

Please provide any additional comments about this service:

Experience of being to the hospital in the last year, related to the patient (your child)

If you have been to the hospital for treatment for the same child who is the patient today, and in the last 12 months, please tell us about your experiences.

30. Why did you come to hospital?

We came to A&E <input type="checkbox"/>	My child was admitted to hospital <input type="checkbox"/>	Other <input type="checkbox"/>
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If you have answered "Other" please briefly explain here.

31. When was this?

32. If your child was admitted to hospital, did you feel your child was ready to go home when they were discharged?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Please briefly explain your response.

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

33: 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q2: Are you?

Male	Female	Neither of the options	Prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q3: Do you identify with the gender you were assigned at birth?

Yes	No	Don't Know	Prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q4: What is your sexuality?

Heterosexual	Gay	Lesbian	Bisexual	Unknown	Prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q5: What is your ethnic origin?

White British	White Irish	White (Other)	Black African	Caribbean	Any other black background
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gypsy / Traveller	Mixed White & Asian	Mixed White & Black African	Mixed White & Black Caribbean	Any other Mixed background	Any other ethnic group
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	Bangladeshi	Indian	Pakistani	Any other Asian background	Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q6: Do you consider yourself to be disabled, as set out in the Equality Act 2010?

Yes	No	Prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

The questions below refer to your child who is the patient today and not to any other children you have brought with you:

Q8: How old is your child?

Below 12 months	1-3 years (toddler)	3-5 years (pre-school)	5-7 years (infant school age)	8-12 years (pre-teens)	12-18 years (teen)	Prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q9: Is your child?

Male	Female	Neither of the options	Prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>