

24 Hour
Survey
in A&E

March 22

2016

**Author: Rachel Lovesy, Head of Patient
Experience & Engagement**

In collaboration
with Healthwatch
Northamptonshire

Executive Summary

Background

Northampton General Hospital (NGH) have witnessed the increase in demand for A&E and statistics produced for the 15/16 annual report show an increase of 6393 patients from 13/14 to 15/16, an average of 17 more patients within the department each day.

It is evident that a better understanding as to why patients are opting to attend A&E is necessary for identifying measures to prevent inappropriate attendances where possible, moving forward.

This project therefore aimed to understand the following;

- Why are patients presenting at A&E?
- Did they contact any other healthcare providers first? If so, who?
- What did the healthcare provider say?
- Were they advised to come to A&E?
- Do they (the patient) believe A&E is the right place for them today?
- Was the patient an appropriate attendance- and if not, where should they have been treated?

Methodology

The hospital opted to conduct a patient survey to gain patients own understanding on their attendance to the department for that day. The survey covered 24 hours from 8am on the 22nd of March until 8am on the 23rd. Patients were asked to complete the survey if they were in the waiting room at the main entrance of the department, or within the children's waiting room. One of the key aspects of this project was to identify whether the patient should have been within the department, or whether they could have been treated elsewhere. Following data entry into excel an extract for the time period of the survey was taken from the PAS. Patients who had participated in the survey were identified and a clinical opinion was made from the Associate Director of Nursing for Medicine Division, as to whether the patient required emergency treatment, or whether they could have been treated by a GP within a primary care setting.

Results

- In total, 144 patients took part in the survey, giving a response rate of 50%.
- Of the 141 patients that answered, 65% (n=92) stated they had spoken to a healthcare professional prior to attending the A&E Department. When asked who they had spoken to, of those that responded (n=87) the majority of patients had spoken to either a GP (n=33) or the 111 out of hours service (n=23). The next most common person that patients stated they had spoken to was the GP Surgery Receptionist (n=10).
- When reviewing the patients that had been in touch either with a GP, the 111 service or the GP Receptionist, 66 patients were advised to attend A&E. When totalled, the majority of patients were advised to come to A&E by their GP or GP reception. Ten Patients in total stated they had spoken to their GP reception before attending A&E.
- Patients were asked whether they themselves believed that A&E was the right place for them at that point. Of those that responded (n=133), 89% felt that they were in the right place, 10% stated they didn't believe so and 1% were unsure
- The majority (73%) of patients stated their symptoms or illness as a reason for attending, these were themed as 'Require treatment'. Of the remaining 27%, 6% of patients believed A&E was the right place for them because they had been told to attend by a GP. A further 6% said they felt it was the right place for them as they had been unable to get an appointment with their GP.
- It was identified that 52% (n=73) of the patients surveyed were needed to be seen within the A&E department. However, 37% (n= 53) could have been seen by a GP. For 11% (15) it wasn't clear.

- looking at the results for patients stating they had spoken to a GP and been advised to attend A&E, from clinical opinion 64% (n=9) of the issues the patient presented with could have been treated by a GP. For patients that saw a GP, 35% (N=6) could have been treated within primary care. Patients who spoke to the GP Receptionist who advised that there were no appointments, or for them to come to A&E 46% (5) could have been treated by a GP. The 111 service advised 11 patients to come to present at A&E for issues which could have been managed in primary care facilities.

Conclusion & Recommendations

From reviewing the results to the survey It is apparent that a large number of patients that attended the A&E department during the 24 hours in which the survey was conducted, had attempted to, or managed to speak to a healthcare professional prior to coming to A&E. Of those that were advised to attend, a concerning amount were identified as potentially being inappropriate attendees to the department, with conditions and concerns which could have been dealt with elsewhere.

The comments made by patients throughout the survey indicate some issues with gaining access to the GP Surgery. It is apparent when reviewing patient's responses that a great deal of faith is placed in the hands of the healthcare professionals that patients have contacted, in particular GP's and the 111 service. Most patients that have attended A&E from the advice given by the healthcare professional, believe they are at the right place and evidently do not question this advice.

Patients talked of their frustration of not being able to access their GP, with 'No choice' stated on a number of occasions as the reason for attending.

Telephone conversations (as opposed to face to face consultations) led to 64% of patients being told to attend A&E when they could have been seen within a primary care setting.

It is evident that there are a number of concerning factors with regards to patients attendance which if improved, could reduce the amount of patients presenting at A&E inappropriately;

- Improved education for patients on when to access emergency services
- Improved access to GP Services within primary care, particularly around face to face appointments as opposed to telephone calls
- Improvement in the use of Pharmacy Services
- Prevention of GP Receptionists advising patients to attend A&E or giving A&E as the alternative when there are no GP appointments available
- Improvement in the accuracy of the advice given by the national 111 service

Ultimately, the biggest and most significant improvements are required within the primary care setting. None of the recommendations made relate to the services provided by the hospital, and instead refer to measures which can be taken within the community to prevent patients from attending A&E inappropriately.

Contents

1. Background.....	2
2. Methodology.....	2
2.1 Sampling Method.....	3
2.2 Survey Design.....	3
2.3 Analysis.....	3
3. Results.....	5
3.1 Demographics.....	5
3.2 Patient Results.....	5
3.3 Clinical Opinion.....	6
4. Discussion.....	10
5. Conclusion & Recommendations.....	13
6. Acknowledgments.....	14

1. Background

Emergency departments throughout the UK are seeing unprecedented levels of attendees and demands on their services, with many failing to reach national waiting time targets and declaring internal incidents due to the continued pressure for beds. Most recent data published by NHS England for February 2016 showed a national increase in attendance of 13.1% when compared to February 2015. Within the same month 87.8% of patients were seen within 4 hours in all A&E departments, the lowest performance since monthly data became available in August 2010. This is below the 95% standard and lower than 92% for the same month last year.

Northampton General Hospital (NGH) have witnessed the increase in demand for A&E and statistics produced for the 15/16 annual report show an increase of 6393 patients from 13/14 to 15/16, an average of 17 more patients within the department each day.

Activity Comparison	2013-14	2014-15	2015-16
Patients seen in A&E	107,786	109,305	114,179

It is evident that a better understanding as to why patients are opting to attend A&E is necessary for identifying measures to prevent inappropriate attendances where possible, moving forward.

This project therefore aimed to understand the following;

- Why are patients presenting at A&E?
- Did they contact any other healthcare providers first? If so, who?
- What did the healthcare provider say?
- Were they advised to come to A&E?
- Do they (the patient) believe A&E is the right place for them today?
- Was the patient an appropriate attendance- and if not, where should they have been treated?

The results from this project will be used to identify gaps within primary care services which are leading to an increase in attendance at A&E. Results will be presented to Nene Clinical Commissioning Group (CCG)

2. Methodology

The hospital opted to conduct a patient survey to gain patients own understanding on their attendance to the department for that day. The survey covered 24 hours from 8am on the 22nd of March until 8am on the 23rd.

In order to maintain impartiality and ensure patients felt able to speak honestly, Healthwatch Northamptonshire were asked to conduct the survey on behalf of the hospital. In total, 8 volunteers (all DBS cleared and trained to conduct surveys) and 5 staff from Healthwatch carried out the survey.

2.1 Sampling Method

Patients were asked to complete the survey if they were in the waiting room at the main entrance of the department, or within the children's waiting room. Patients that came in by ambulance and were taken into treatment were not included. It was considered that by the nature of the topic of the project, if they required urgent treatment; they were likely to be in the right place.

2.2 Survey Design

The survey was designed to be completed either by the patient on their own, or by the volunteers in structured interview style. The survey contained questions on demographics (age, gender, GP Surgery), and both closed and open ended questions based around the journey which had brought the patient to A&E that day. In addition to this, a question was included at the end to ask patients if there was anything further that they would like to add. This was identified as being important to give patients an open platform, as opposed to the structured approach to the rest of the survey.

One of the key aspects of this project was to identify whether the patient should have been within the department, or whether they could have been treated elsewhere. Therefore patients were asked to provide their full name, with an explanation from the volunteers that if they provided their name, their records would be reviewed to identify further information about their visit to the department that day. They were also informed that their response would be anonymised following the extract from the Patient Administration System (PAS) being taken and for the rest of the analysis process. It was considered that this may be a block for some patients who would not be comfortable with giving their name, however only 3 patients surveyed throughout the day opted not to.

Following data entry into excel an extract for the time period of the survey was taken from the PAS. Patients who had participated in the survey were identified and a clinical opinion was made from the Associate Director of Nursing for Medicine Division, as to whether the patient required emergency treatment, or whether they could have been treated by a GP within a primary care setting. If it was unclear whether the patient should have been within the department, this was stated as 'unclear' within the analysis.

2.3 Analysis

Due to the survey containing both closed and open ended questions, both quantitative and qualitative analysis methods were used.

Closed questions were pivoted into tables within excel. To best show results, these tables were used to create bar graphs and pie charts.

Open ended questions which contained more narrative detail were analysed using thematic analysis, the method for identifying themes was;

- Thorough read through of the comments
- Highlighting of key words based around the same subject
- Identification of 'code' words based on commonly occurring subjects
- Theming of the data based on the code words identified

This was found to be particularly useful when identifying the reasons why patients had attended A&E, what the healthcare professional had said to them previously, and why they believed that A&E was the right place for them that day.

An extract from the data entry spreadsheet provides an insight into this process and how conclusions were drawn, the green columns are the verbatim closed and open answers to the questions asked- the purple column are the themes identified;

Q6 Do you believe A&E is the right place for you today?	Q6a Why do you believe A&E is the right place?	Why do you believe A&E is the right place for you?
Yes	Wrist hurting a lot	Require treatment
Yes	Lady who looks after me thought I should come	Advice from other
Yes	Advice of 111	Advice from 111
Yes	Probably needs an X-ray	Require treatment
Yes	Best advice/help	Provide help/advice
Yes	No doctors open plus pharmacist pills don't work, doctor would have sent me here anyway	Unable to get GP Appointment
Yes	No doctor's appointments	Unable to get GP Appointment

Where possible, links between responses were identified. For example, where patients identified that they had been recommended to attend A&E by their GP, this was reviewed alongside whether they were an appropriate attendance or not. Similarly, where the patient was identified as having been better suited to being treated in primary care, their GP was identified.

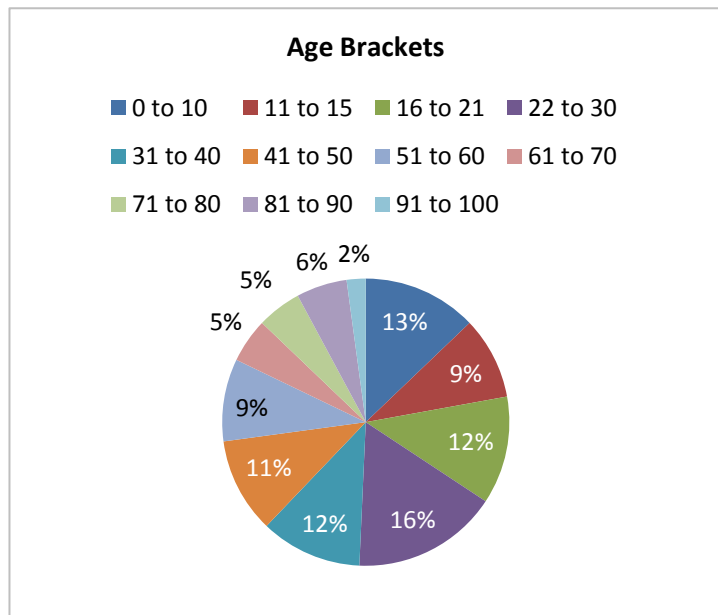
3. Results

3.1 Demographics

The survey was carried out across a 24 hour period, from 8am on the 22nd of March until 8am the following day. Within the 24 hours, 300 patients were seen within the department. Of those, 40% were seen 'Out of Hours' (defined for the purpose of this study as the hours between 5pm and 8am).

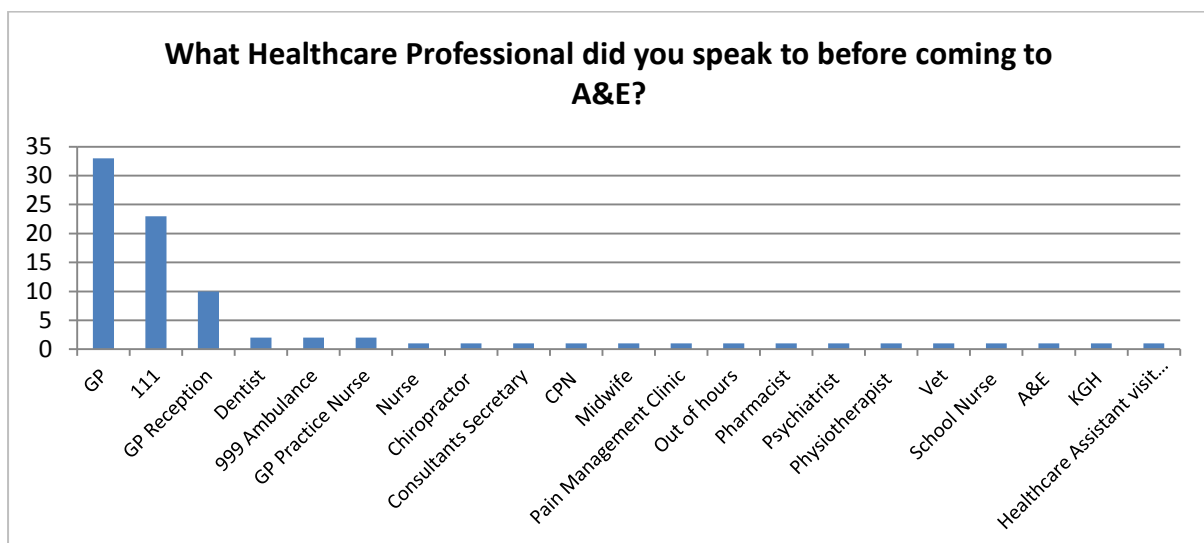
In total, 144 patients took part in the survey, giving a response rate of 50%. When looking at the gender split, 51% of the respondents were male, giving an even response from both genders. The

most responses were received from patients aged 22-30 (16%) and 0-10 (13%).

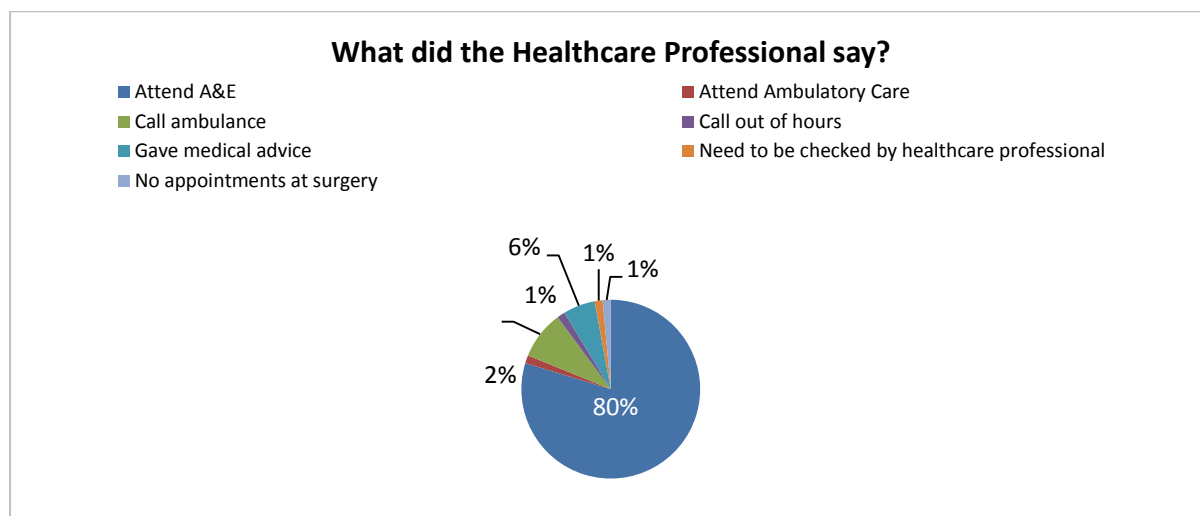


3.2 Patient Results

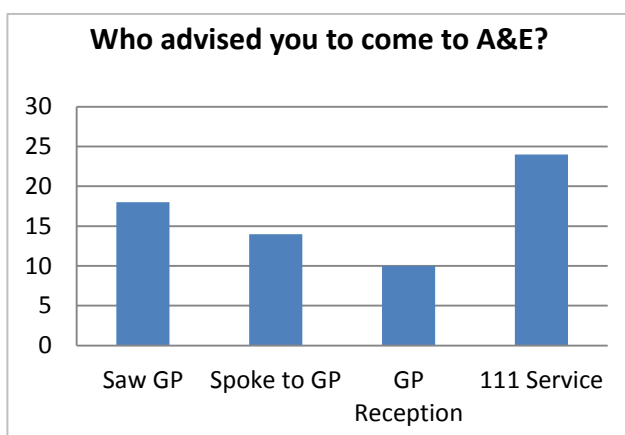
Of the 141 patients that answered, 65% (n=92) stated they had spoken to a healthcare professional prior to attending the A&E Department. When asked who they had spoken to, of those that responded (n=87) the majority of patients had spoken to either a GP (n=33) or the 111 out of hours service (n=23). The next most common person that patients stated they had spoken to was the GP Surgery Receptionist (n=10).



Patients were asked what the Healthcare Professional had said when they had spoken to them. All of the free text comments were reviewed and themed according to the common words mentioned. Of the 69 patients that responded to this question, 80% stated they had been advised to attend A&E and 9% had been advised to call an ambulance.



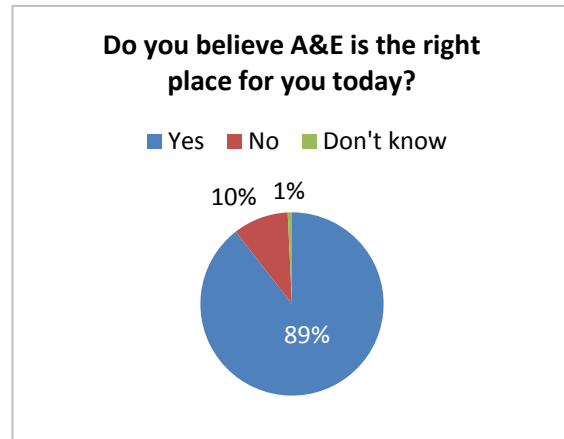
It was identified that through the dataset, there were patients that had spoken to a GP over the telephone and patients that had physically seen a GP at the surgery. It was acknowledged that this is an important distinction and for the purpose of the rest of the analysis these were considered separately.



When reviewing the patients that had been in touch either with a GP, the 111 service or the GP Receptionist, 66 patients were advised to attend A&E. When totalled, the majority of patients were advised to come to A&E by their GP or GP reception. Ten Patients in total stated they had spoken to their GP reception before attending A&E.

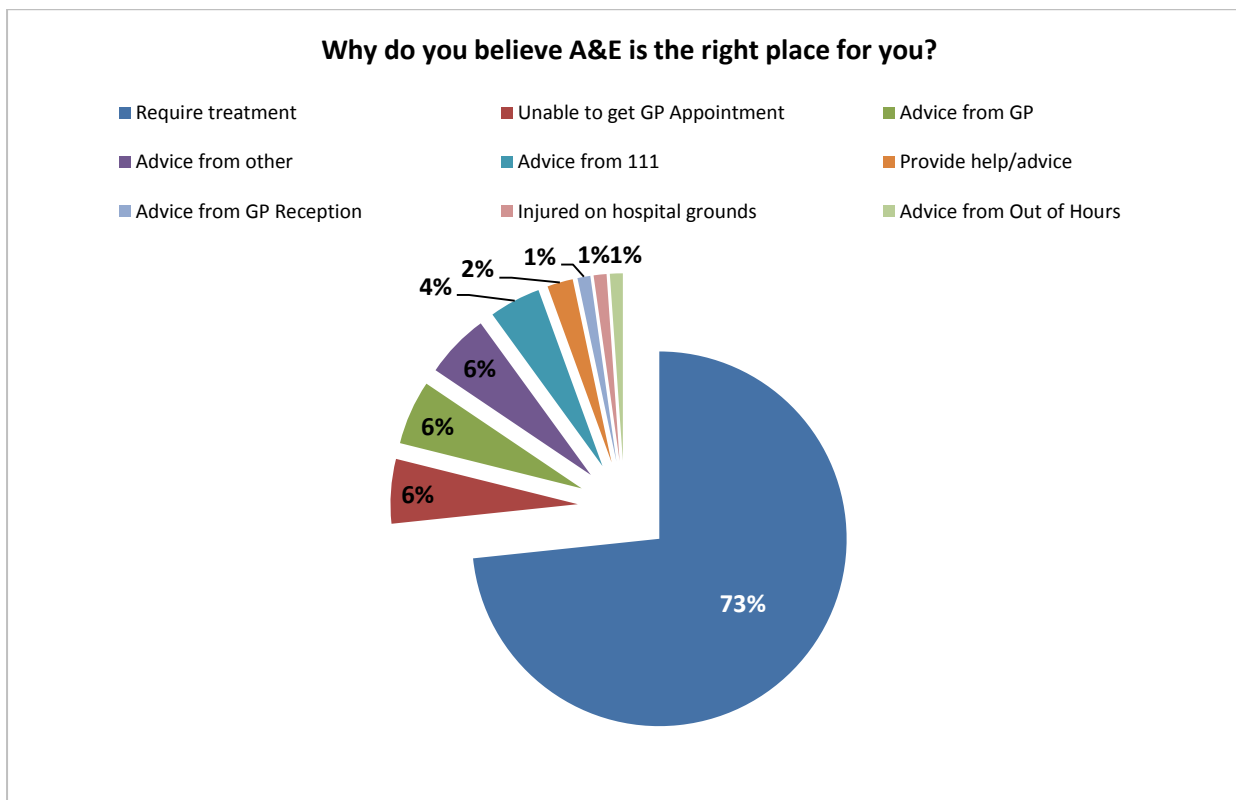
Spoke to Reception and told to come to A&E	Total
Abbey Medical Centre	1
Danes Camp Surgery	1
Danetre Medical Practice	1
Delapre Medical Centre	1
Denton Village Surgery	1
Lings brook Practice	1
Mounts Medical Centre	1
Queensview medical centre	1
St Lukes Primary care centre	1
Towcester Medical Centre	1
Grand Total	10

Patients were asked whether they themselves believed that A&E was the right place for them at that point. Of those that responded (n=133), 89% felt that they were in the right place, 10% stated they didn't believe so and 1% were unsure.



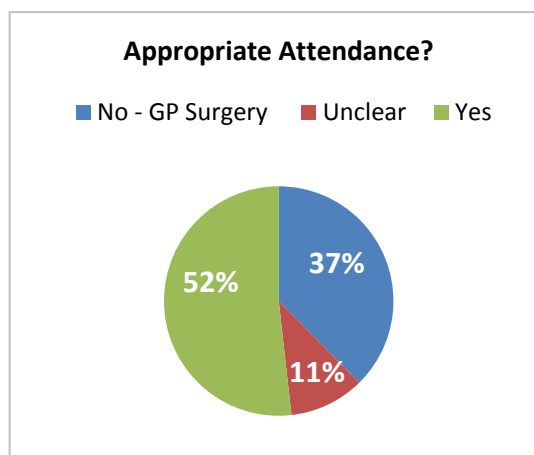
Patients that stated they did believe it was the right place for them were asked why, their responses were themed. The majority (73%) of patients stated their symptoms or illness as a reason for attending, these were themed as 'Require treatment'. Of the remaining 27%, 6% of patients believed A&E was the right place for them because they had been told to attend by a GP. A further 6% said they felt it was the right place for them as they had been unable to get an appointment with their GP.

The 10% of patients that stated they didn't believe A&E was the right place for them, the majority of them believed they should have been seen by a GP, but were unable to get an appointment.

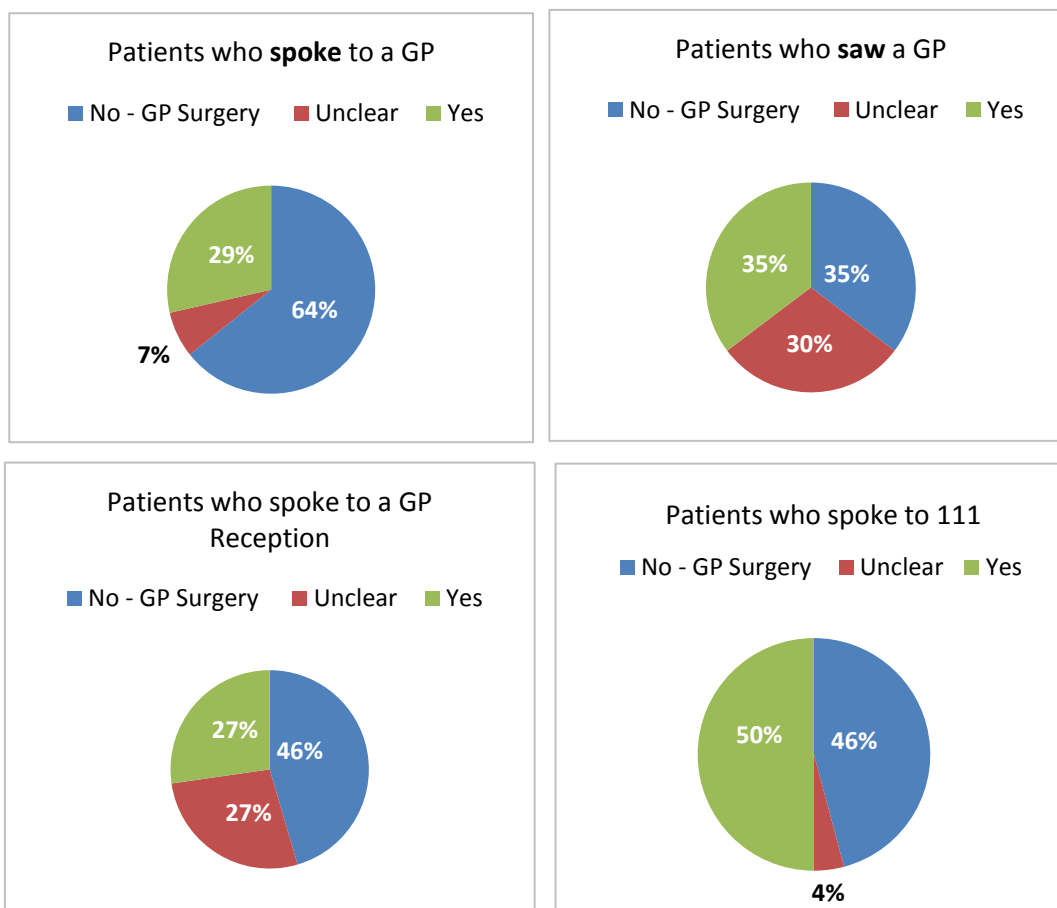


3.3 Clinical Opinion

Further to the feedback gained from patients, a clinical opinion was made for each patient as to whether they should have been within the department, or whether they could have received treatment from another source. It was identified that 52% (n=73) of the patients surveyed were needed to be seen within the A&E department. However, 37% (n= 53) could have been seen by a GP. For 11% (15) it wasn't clear.



It is important within these results to identify whether the patients that had previously stated that they had been advised to attend A&E by a healthcare professional, were in the right place. From looking at the results for patients stating they had spoken to a GP and been advised to attend A&E, from clinical opinion 64% (n=9) of the issues the patient presented with could have been treated by a GP. For patients that saw a GP, 35% (N=6) could have been treated within primary care. Patients who spoke to the GP Receptionist who advised that there were no appointments, or for them to come to A&E 46% (5) could have been treated by a GP. The 111 service advised 11 patients to come to present at A&E for issues which could have been managed in primary care facilities.



In total, 17 patients that were advised to attend A&E by their GP Surgery also stated which GP Surgery they belonged too. When looking at the results, 2 surgeries referred 2 patients within the 24 hours to A&E when they could have been seen within the surgery, Abbey Medical Centre and Beech Avenue.

Surgery	Total advised to attend A&E
Abbey House Surgery	1
Abbey Medical Centre	2
Abington Park Surgery	1
Beech Avenue	2
Brooke Health Centre	1
Bugbrooke Medical Practice	1
Greens Norton Medical Practice	1
Greenview Practice	1
Leicester Terrace	1
Lings brook Practice	1
Maple Access Partnership	1
Moulton Surgery	1
St Lukes Primary care centre	1
Towcester Medical Centre	1
Woodview Medical Centre	1
Grand Total	17

Looking further at the data for these surgeries it is evident that 3 of the patients were told to come to A&E by their GP, and 1 patient was told to come to A&E because there were no appointments at the surgery.

GP Practice	Q1 Why did you choose to come to A&E today?	Why did you chose to come to A&E today?	Q2 Did you speak to any other healthcare providers before coming to A&E?	Q2a Who?	Q4 What did the healthcare prof say?	What did the healthcare professional say?
Abbey Medical Centre	GP told me to come down concerned about medication levels	Advised by GP	Yes	GP	Told to come straight down to AE	Attend A&E
Abbey Medical Centre	High temperature sore throat	Concerned about health	Yes	GP Reception	No appointments	No appointments at surgery
Beech Avenue	GP said	Advised by GP	Yes	GP	Come to AE	Attend A&E
Beech Avenue	Phoned GP this am neck/head sore. Thought they would come out- told to go straight to A&E	Advised by GP	Yes	GP	Go to A&E	Attend A&E

4. Discussion

Emergency Departments throughout the UK have seen unprecedented increases on the demand for their services. This survey was conducted in order to gain a better understanding of why patients are attending A&E at Northampton General Hospital and to best understand what can potentially be done to prevent patients from attending inappropriately. In total, 144 patients completed the survey between 8 am on the 22nd of March and 8am on the 23rd. Three hundred patients attended A&E that day (excluding Eye casualty) giving the survey a 50% response rate.

This report will now focus on answering the key questions detailed within the Background section.

Are patients contacting other 'healthcare professionals' before attending?

It is evident that the majority of patients surveyed had made an attempt to contact a healthcare professional before attending A&E (65%). Most patients had spoken to either their GP (38%) or to the 111 service (26%) in order to get advice. It became apparent during analysis that there were two different groups of patients who had made contact with their GP- those that had **spoken** to a GP on the telephone and those that had **seen** their GP in person. It was considered that this was an important distinction for this project and to understanding patients prior contact with a healthcare professional.

It was also interesting to see that the third most common person patients stated they had spoken too before attending A&E was their GP Receptionist. Ten patients in total when asked if they had spoken to a 'Healthcare professional', said they had spoken to the GP receptionist.

What did the 'healthcare professional' say?

Patients were asked what the healthcare professional had said when they spoke to them (please note, GP Receptionists have been included as a 'healthcare professional'). Of the 69 patients that responded, 80% stated that they had been advised to attend A&E and a further 9% stated that an ambulance had been called for them.

'Receptionists at GP surgery said go to walk-in'

'Told to go to AE within 4 hours'

Only 6% of patients stated that the healthcare professional they had seen/spoken to had given them treatment advice.

A number of patients were evidently confused about advice that had been given to them and had therefore opted to attend A&E;

'GP Advised patient to ring 111. Paramedics surprised GP advised to call 111, should have been dealt with by GP'

'Think 111 said go to A&E'

Why are patients attending A&E and do they feel it is the right place for them?

Patients were asked for the reason that they had opted to attend A&E. From reviewing the free text comments it was found that most patients attended for treatment, indicating that they felt A&E was the right place for them to get the treatment they needed (it will be discussed later in the report whether this was in fact the case).

There were however comments from patients that had evidently opted to attend A&E because they were unable to get a GP appointment or access to a GP with seven patients in total found to have attended A&E that day because of a lack of a suitable alternative.

'Couldn't get a GP Appointment so had no choice but to come to A&E'

'Receptionist told patient to come to AE'

A number of patients (n=14) stated the main reason they attended A&E was simply because they had been told to by either their GP, GP Receptionist or the 111 service.

When asked whether they felt that A&E was the right place for them that day, 89% of patients believed it was. When asked why, the majority (73%) of patients again stated reasons relating to requiring treatment;

'Need an X-ray'

'Extremely concerned about swelling in leg'

However, a number of patients stated that they believed A&E was the right place for them that day because their GP or 111 service had told them to come;

'111 said not to wait until the morning.'

'Drs advice'

From reading the comments, it is evident that being referred to the department by a healthcare professional validated the patients opinion that it was the right place for them and that they should therefore be there.

Five patients stated the reason they felt A&E was the right place for them was because they couldn't get a GP appointment, either because their lists were full, or because of the time of day when their problem had occurred. The patients believed that this was a viable and valid reason for attending the A&E department.

Far fewer patients (n=13, 10%) believed A&E was **not** the right place, most of which felt that their particular issue could have been dealt with by a GP. Interestingly, 10 of the 13 patients that did not believe A&E was the right route had spoken to either their GP, GP Receptionist or 111 prior to attending. Five of those that had spoken to either the receptionist, or in one case the GP, had either been **told** to attend A&E because there were no appointments- or had **opted** to attend because they were unable to get an appointment. These patients expressed frustration at not being able to get an appointment, or feeling like they were not in the right place;

'Feels that blood result can be communicated via GP Practice'

'No really, can't get any appointments with GP- they could have sorted the medication issue'

'Not really by GP told patient to go to AE'

Was A&E the right place?

Understanding whether A&E was the right place for the patient was critical to this project. It was important to understand patients motivations and intentions for attending and whether they were being advised to attend the department correctly.

Of those patients whose details could be accessed through the Patient Administration System (PAS), it was found that 52% (n=73) of patients did need to be seen within the department; however 37% could have been seen within a primary care setting.

When reviewing the patients stated reasons for attending against whether they were an appropriate attendance, for patients that stated they attended because they were concerned about their health, 82% were identified as being an appropriate attendance for A&E. For patients that stated their reason for attending as being because of an injury, 75% were an appropriate attendance.

Of concern, are the patients that stated that they had been advised to attend A&E after speaking to a GP. It was found that 64% (9) of these patients would have been better suited to being treated within primary care. For patients that had seen a GP, 33% (6) were identified as being inappropriate attendances within A&E (for 28%, n=5, it was unclear). For those patients that had spoken to the 111 service and been advised to attend A&E, 46% (n=11) were found to be inappropriate, with patients presenting with issues which could have been managed elsewhere.

The contrast between patients that stated their reason as attending being due to an accident or health concern and the patient stating they attended because they were told to is interesting. When asked whether they believed A&E was the right place for them, patients again stated that they believed it

was the right place, because they had been told to attend. This is an interesting dynamic, and indicates the importance of accurate advice and guidance from within the primary care setting. Only a few patients stated that they didn't feel that A&E was the right place for them following conversations with their GP or receptionist, however the main reason for this was because they could not get an appointment at the surgery- as opposed to the fact they had been asked to attend because they needed emergency care.

In total, 17 patients surveyed had been referred to A&E by a GP surgery, two surgeries had potentially inappropriately referred 2 of their patients to attend the department within the 24 hour period, these were Abbey Medical Centre and Beech Avenue Surgery. When reviewing these 4 patients, 3 had been told to go to A&E by the GP and 1 had spoken to the GP reception and advised that there were no appointments for that day.

5. Conclusion & Recommendations

From reviewing the results to the survey It is apparent that a large number of patients that attended the A&E department during the 24 hours in which the survey was conducted, had attempted to, or managed to speak to a healthcare professional prior to coming to A&E. The majority (69%) of patients that gave the need for treatment as their primary reason for attending were found to be in the right place, as opposed to those that stated they had been sent or advised to attend the department by either 111, their GP or the GP Receptionist. Of those that were advised to attend, a concerning amount were identified as potentially being inappropriate attendees to the department, with conditions and concerns which could have been dealt with elsewhere.

The comments made by patients throughout the survey indicate some issues with gaining access to the GP Surgery. It is evident that GP Receptionists hold some power in this situation, acting as gatekeepers to accessing a healthcare professional, with 10 patients in total attending the A&E department that day due to speaking to the receptionist. If this was the same every week day, this could equate to a potential extra 2607 patients a year. When you also consider this alongside the fact that 46% of these patients were found to have been at A&E inappropriately and a further 27% were unclear, this is concerning.

It is apparent when reviewing patient's responses that a great deal of faith is placed in the hands of the healthcare professionals that patients have contacted, in particular GP's and the 111 service. Most patients that have attended A&E from the advice given by the healthcare professional, believe they are at the right place and evidently do not question this advice.

Although a great deal of patients that gave their reason of attending A&E as 'for treatment', there are still a number of patients that are not choosing wisely when considering where to seek help. Patients talked of their frustration of not being able to access their GP, with '*No choice*' stated on a number of occasions as the reason for attending.

What is not clear through this survey, is whether the patients that are being advised to attend A&E by their GP when their condition could have been treated in the surgery, are being advised this to ease the pressures within the GP Surgery. Telephone conversations (as opposed to face to face consultations) led to 64% of patients being told to attend A&E when they could have been seen within a primary care setting. It would be difficult to determine the motivations behind this without conducting a further project.

It is evident that there are a number of concerning factors with regards to patients attendance which if improved, could reduce the amount of patients presenting at A&E inappropriately;

- Improved education for patients on when to access emergency services
- Improved access to GP Services within primary care, particularly around face to face appointments as opposed to telephone calls
- Improvement in the use of Pharmacy Services
- Prevention of GP Receptionists advising patients to attend A&E or giving A&E as the alternative when there are no GP appointments available
- Improvement in the accuracy of the advice given by the national 111 service

Ultimately, the biggest and most significant improvements are required within the primary care setting. None of the recommendations made relate to the services provided by the hospital, and instead refer to measures which can be taken within the community to prevent patients from attending A&E inappropriately.

6. Acknowledgements

Northampton General Hospital would like to sincerely thank Healthwatch Northamptonshire for their input into the project and for undertaking the survey across the 24 hour period. Their contribution has been invaluable.

Author: Rachel Lovesy, Head of Patient Experience & Engagement