

Survey of people waiting in Accident and Emergency at Northampton General Hospital, Kettering General Hospital and Corby Urgent Care Centre

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ACCIDENT & EMERGENCY

by Ambulance

by Ambulance Service NHS



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Summary

Accident and Emergency (A&E) departments across the country receive regular media coverage over issues such as long waiting times to be seen and perceived over use by the public when other services may be more appropriate. Northampton General Hospital (NGH) and Kettering General Hospital (KGH) A&E departments have faced increasing pressure in recent times and the public are encouraged to 'choose well' when deciding which emergency services to use. Healthwatch Northamptonshire (HWN, the independent consumer champion for people using health and social care) wants to make sure that the views and experiences of local people are heard by the decision makers. So, we asked local people about their experiences of accessing and using the two local A&E departments and the urgent care centre in Corby.

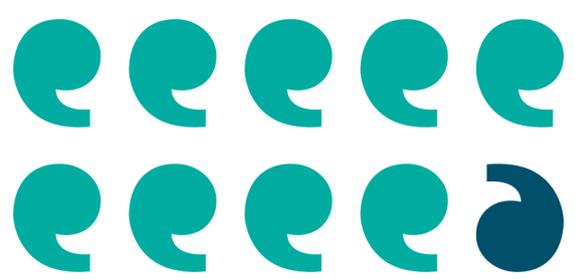
During two weeks in May 2015, HWN conducted 69 visits to the county's A&E and urgent care centres at different times of the day and evening: NGH A&E department, KGH A&E department and Corby Urgent Care Centre (UCC). In total we spoke to 565 different people - patients, carers of patients, or family members, to find out about their experiences of emergency and urgent care services and of seeking help before arriving at the A&E department/urgent care centre. This report summarises our findings. We have developed our approach since our survey of NGH A&E in April 2014¹.



¹ www.healthwatchnorthamptonshire.co.uk/sites/default/files/hwn_ae_survey_report_-_final_js_050814.pdf

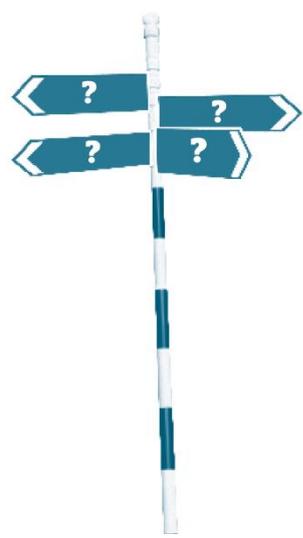


Key findings



90% felt they had been treated with dignity and respect

Most of the further comments we received about staff and treatment were positive



Just over half the people we spoke to (54%) said they had tried to get help elsewhere first



64% of these had tried to get help from their GP practice

24 people (12% of those who tried their GP first) were sent to A&E/UCC by their GP as they needed an x-ray, tests, or had chest pains or a head injury

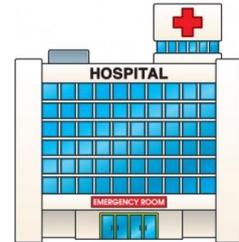


35 people (18% of those who tried their GP first) mentioned being unable to get a timely appointment at their GP practices as the reason they came to A&E/UCC



Only 15% of people who told us they had sought help elsewhere had contacted the NHS 111 service

14% of all the people we spoke to had used A&E/UCC **three or more times** in the last 12 months. One person had been to UCC 60 times and another had been to NGH A&E 40 times in the last 12 months



Corby UCC has more returning visitors than the other two units - 68% of the people we spoke to at UCC had previously used the service in the last 12 months, compared to 40% at KGH and 39% at NGH

39% of people said that they were seen by a doctor or a nurse within 15 minutes

The highest proportion was at Corby UCC (54%) and lowest was at KGH* (14%). 46% had been seen within 15 minutes at NGH. (It should be noted that at all sites some people were asked this question within 15 minutes of arrival before they had seen a nurse or doctor)



46 commented negatively about waiting times and 13 commented positively

Overall, 50 people (9%) had been at the A&E departments or urgent care centre for 2 hours or longer at the time we spoke to them, most of whom were at NGH or KGH

* KGH has informed us that people book in with a nurse on arrival at A&E and are therefore triaged immediately so this figure is likely to relate to patient perception)



Recommendations

1. More research into the pathways patients take prior to arriving at A&E/UCC is needed, including whether GPs are referring patients appropriately, particularly in relation to younger adults, who have the highest attendance figures.
2. More investment in primary care to increase the number of emergency GP appointments, walk in centres and out of hours access to reduce pressure on A&E/UCC. Consideration should be given to the introduction of walk-in centres to alleviate pressure on A&E - learning from other areas such as Bedfordshire.
3. Ensure that training for non-clinical staff, such as GP receptionists and 111 call operators, includes appropriate referral to A&E/UCC.
4. Enhance facilities available at GP practices and cooperation between GPs for sharing of facilities and equipment, e.g. dressing changing and nurse-led clinics.
5. Increase and improve public awareness campaigns about the alternatives to A&E. Few of the people we spoke to had tried to get help from pharmacists or 111 and a high number attending A&E/UCC live close by, suggesting some people may have attended due to convenience.
6. Undertake work to understand more about frequent A&E/UCC users, the factors associated with frequent usage, and what solutions could be developed to better meet the needs of frequent users.
7. Improve the provision and awareness of free drinking water at all three sites and provide help to access it if needed.
8. Consider how to improve the waiting areas to better keep people occupied, especially children (e.g. by providing TVs, magazines, toys, etc.).
9. Improve communication between staff and patients at A&E to improve discretion, help patients know when they are being called, and allow patients to move from their seat without fear of missing their turn to be seen.
10. KGH is asked to improve the time it takes to triage people, and the signage for the children's waiting area, the disabled toilet and waiting times.
11. NGH is asked to improve the signage for minor injuries, the accuracy of the waiting time information, and the cleanliness of the waiting area and toilets.
12. UCC is asked to improve the signage across the site so it clearly explains which services are provided in each building, and the accuracy of the waiting time information displayed.



Background

There are real pressures on both urgent care and A&E at NGH, KGH and UCC. Locally and nationally, the public is advised to avoid using A&E if they do not need to. The county's hospitals have been under record breaking pressure this summer, with NGH seeing more than 300 and KGH seeing on average 220 A&E patients per day.

For some people, going to A&E is essential and accessing other services first would be of limited value. Other people will resort to using A&E having failed to get the help they need (or they think they need) elsewhere. Different situations and conditions require different pathways. This survey aimed to help understand why so many people are visiting A&E and Urgent Care centres and provide insight into people's experiences prior to attending these facilities, as well as their experiences whilst there.

Method

- During a two week period, 11 May - 24 May 2015, 9 HWN members of staff and 23 trained volunteers visited NGH A&E 36 times, KGH A&E 21 times, and UCC 12 times (69 visits in total). These visits were at different times of the day and evening (see Appendix 1) and each visit lasted roughly two hours.
- Using a short, partially-structured survey (Appendix 2) conversations were conducted with people, including relatives/friends on behalf of the patient waiting, in the A&E/UCC waiting area. As well as standard questions, people had a chance to comment further on their experiences.
- The questions focused on peoples' pathways to A&E, where they had sought help before coming to A&E and what had happened. We also asked about their experiences in A&E up until the time of them being asked the questions.
- Participants were informed that they were not being asked to divulge any medical or confidential information about their visit.
- HWN staff and volunteers also wrote down their observations of the environment (Appendix 3).



What people told us

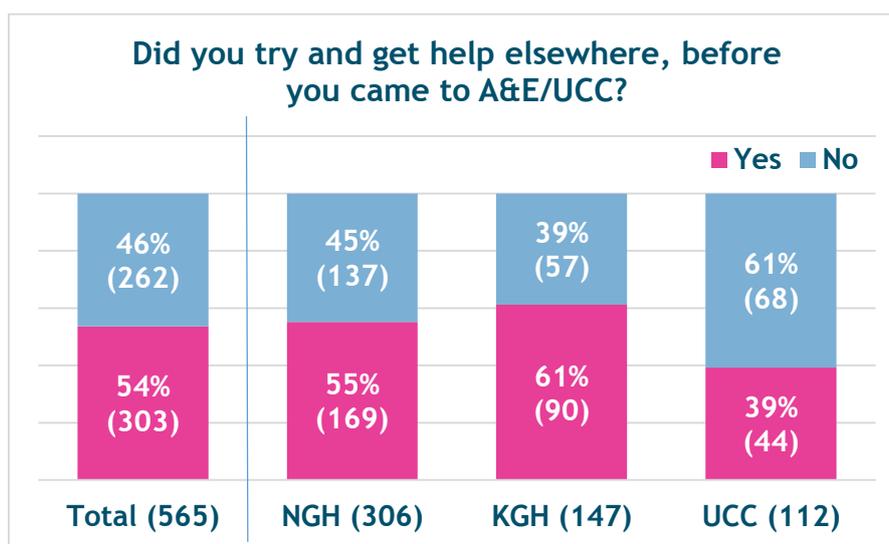
- 565 people took part in the survey. Some people only answered some of the questions.
- Of those 565 people, 112 (20%) were at UCC, 306 (54%) at NGH and 147 (26%) at KGH.
- The findings have been split into two sections: why people went to A&E and their experiences of getting help beforehand, and experiences whilst at UCC, NGH A&E and KGH A&E (including observations made by the survey teams).

Why people went to A&E and their experiences of getting help beforehand

Getting help before going to A&E/UCC

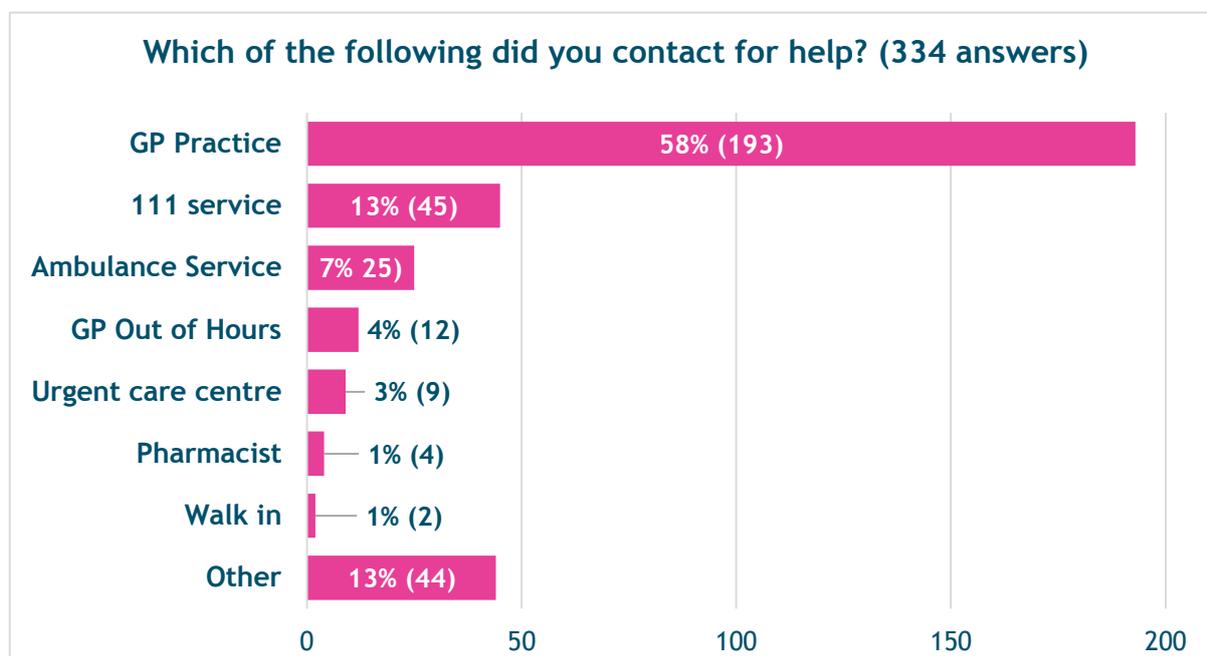
We asked people if they had tried to get help elsewhere before going to A&E/UCC.

- Overall, just over half (54%, 303), said they had tried to get help elsewhere.
- More people at KGH had tried to get help elsewhere (61%, 90), whereas only 39% (44) of people at UCC had.





We also asked people to tell us where they had sought help. The 303 people (54%) who tried to get help elsewhere contacted the following services (people were able to select more than one option, a breakdown of the results by site can be found in Appendix 4):



- Trying to contact a GP practice was by far the most common route for people who tried to get help before going to A&E/UCC (193 people, 58% of answers).
- 8% of those who sought help elsewhere tried to get help from multiple sources (23 people: 18 from NGH, 3 from KGH and 2 from UCC) tried to get help from more than one place before coming to A&E.

We also asked people to tell us more about their experiences before arriving at A&E. 312 commented and a number of themes emerged:

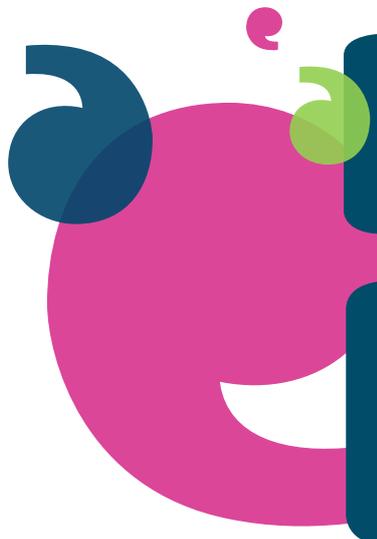
GP Surgeries

64% of people who told us they had sought help elsewhere before attending A&E/UCC (193 out of 303) had tried to get help from their GP practice, and this figure was similar for all three sites: UCC - 66% (29 out of 44), KGH - 66% (59 out of 90), NGH - 63% (107 out of 169).

- Nearly two thirds (64%) of the 193 people (124: 74 at NGH, 40 at KGH, 10 at UCC) mentioned being referred to A&E/UCC by their GP surgery.
- 15 (7%) of these (11 at NGH, 4 at KGH) specifically mentioned their GP providing a letter for them to attend A&E or phoning ahead.
- 24 (12%) specifically mentioned being sent by a GP as they needed an x-ray, urgent test, or had chest pains or a head injury.



- Without knowing the medical circumstances behind each case, it is not possible to comment on whether all these referrals to UCC, NGH or KGH were necessary.
- Example experiences:



“GP very good. Did a test first and phoned A&E to tell them the patient would be coming”
NGH patient

“Been going to Doctor for several weeks & referred to A&E - then referred back to Doctor who referred back to A&E again today”
NGH patient

- A further 18% of those who had tried their GP first (35 patients: UCC - 19, KGH - 10, NGH - 6) mentioned not being able to get an appointment when they wanted it or not being able to get through on the phone.
- Eight people specifically mentioned that they did not try to see their GP first as they knew they would not be seen.
- 13 of the 35 people were registered at Lakeside Surgery (Corby). Given Lakeside is on the same site as UCC it is understandable that a number of their patients were unable to get an appointment and would go to UCC instead. More evidence is needed to ascertain whether a lack of appointment availability at particular GP surgeries at certain times resulted in some of their patients going to A&E or urgent care centres instead.
- Example experiences:



“No appointments at GP. The receptionist would not consider an appointment to change dressing and told patient to go to UCC. Previously UCC had told the patient they should not go there as it is 'not urgent'”
UCC patient



“Phoned surgery - couldn't get through. Went to surgery - told no slots until tomorrow so came to UCC (had fallen in shower and had a very painful arm)”

UCC patient

“Too many people are using UCC for convenience as cannot get timely appointments at GP - if they phone the GP at 8am it is always engaged and if they wait until 8.30am all the appointments are gone for the day”

UCC patient

“No appointments at GP. This means that UCC is abused by people but we feel there is no choice if we can't get to see a GP”

UCC patient



“I feel bad about coming here, but I cannot get a GP appointment”

NGH patient



“No point in going to GP - you can never get seen”

NGH patient



“Patient is deaf and finds telephoning difficult - there is no other means or communication, e.g. text. Can get repeat prescriptions ok but finds it difficult to get to see GP”

KGH patient

- Four people mentioned not being happy with treatment they had received at their GP surgery, e.g.:

“Three weeks in pain, four lots of antibiotics, lots of tests, but no relief. This is a last resort”

KGH patient





“Had cycle accident a week ago. Went to GP the other day and unhappy with how their cuts/bruises had been dressed”

NGH patient



111 service

NHS 111 is the free-to-call non-emergency medical helpline operating in England. NHS 111 is available 24 hours a day, seven days a week. It can provide medical advice and details of the best local service that can provide care.

- 15% of people who told us they had sought help elsewhere (45 out of 303) had contacted the 111 service.
- More people who had sought help elsewhere had contacted the 111 services at NGH (17% - 29 out of 169) and KGH (13% - 12 out of 90) than at UCC (9% - 4 out of 44). Corby CCG and GPs have recently released a press release encouraging patients to use the 111 service instead when they need to see a doctor out of hours².
- Example experiences:

“111 were not very helpful - they tell you the obvious. GP said to come here”

“111 said to ring GP, who were unhelpful. Called 111 again and told to go to A&E”

NGH patients



“Assessed on phone by 111 today. Spoke to doctor who was brilliant. Superb service”

“111 was very good, gave clear instructions and told me to come straight to A&E”

KGH patients



Ambulance

8% of people who told us they had sought help elsewhere (25 out of 303) had contacted the ambulance service and this figure was similar for all three sites: KGH - 10% (9 out of 90), UCC - 9% (4 out of 44), NGH - 7% (12 out of 169).

² <http://www.northantstelegraph.co.uk/news/top-stories/corby-patients-urged-to-dial-111-for-out-of-hours-gp-help-1-6837342>



- 17 comments referred to ambulances taking patients to the facilities (8 from NGH, 7 from KGH, 2 from UCC).
- Seven people mentioned how long it took an ambulance to arrive:
 - one said it ‘arrived in minutes’
 - one said it took 20 minutes
 - one said it took 30 minutes
 - one said it took an hour
 - three said no ambulance had come after a certain amount of time, so they had to make their way there themselves
- Comments included:

“999 was brilliant - arrived in minutes”

UCC patient



“Rang for ambulance, but it didn't come. Relatives took me in instead”

“Ambulance crew are rushed off their feet - we need more, not cuts - I feel sorry for them”

NGH patients



Out of hours GP and walk-in centres

8% of people who told us they had sought help elsewhere (23 out of 303) had tried an out of hours GP service or a walk-in/minor injuries unit (KGH - 10% (9 out of 90), NGH - 8% (13 out of 169), UCC - 2% (1 out of 44). As expected, this proportion was low for UCC as it is itself a walk-in centre.

- The few comments given mentioned the limitations of out of hours services and the lack of certain facilities at walk-in centre.
- Example experiences:

“111 sent me to out of hours, out of hours only checked one thing and sent me home”

“Contacted out of hours and told they can't do anything and to go to A&E”

“Went to local minor injuries unit but no x-ray machine was available...then came to A&E as recommended by minor injuries assessment nurse”

“Corby Urgent Care - prescribed antibiotics but abscess is getting too large and painful. Advised only A&E could drain it”

KGH patients





Other services

- 18 people (11 from NGH, 5 from KGH, 2 from UCC) mention having had or needing to have an x-ray. For example:

“I thought I had sprained my wrist and had been doing self-care. I rang my GP practice yesterday to ask if I need an x-ray and they told me to come to A&E for an x-ray)”

“I broke my fingers. I am waiting for an x-ray. I went straight to A&E”. Patient did not know if they were there for A&E or minor injuries

NGH patients

- Some people also mentioned coming from other parts of the hospital:
 - At NGH, three people went to A&E having been at Oncology, Trauma and Orthopaedics, and KGH A&E before, e.g.:

“I went to KGH yesterday and had my cheekbone x-rayed. It confirmed it was broken. I was told to come to Northampton A&E for a possible admission to the facio-maxillo unit” (NGH)
 - At KGH, two people had been seen elsewhere at the hospital first, coming from Orthopaedics and a unit where the patient couldn’t get a blood test. Another was visiting the soft tissue clinic, which is located in A&E.
 - A further seven people (all at NGH) mentioned coming to the A&E department either before or after receiving surgery, most of which was at another unit in the hospital.
 - Four people (all at NGH) mentioned that they had previously been seen at ambulatory care (a centre that treats patients who are mobile and have specific conditions and have been directed through from A&E or as early discharges from the assessment units or medical wards in NGH).
 - Five people had previously been seen at another minor injuries units (three patients at KGH had been seen at UCC, one at UCC had been to Market Harborough, and one other from an undisclosed minor injuries unit went to KGH).
- Other services people had sought help from included:
 - opticians (4)
 - pharmacist (2)
 - online NHS signposting services (2)
 - podiatrist (1)
 - district nurse (1)



- One person thought that the “NHS website was not useful”
- It is not possible to tell from our findings whether those who went straight to A&E/UCC made an appropriate choice (although it was clear many were there having had an accident). There were a few comments made that suggest some people were unsure if they should have gone straight to A&E/UCC or could instead have contacted a GP, pharmacist or the 111 service, etc. first, e.g:

“Nowhere else to go”
“Feel bad for coming”

NGH patients

“Did not know where to go”
“Came straight here with a cut finger. Did not think of going anywhere else first”

KGH patients

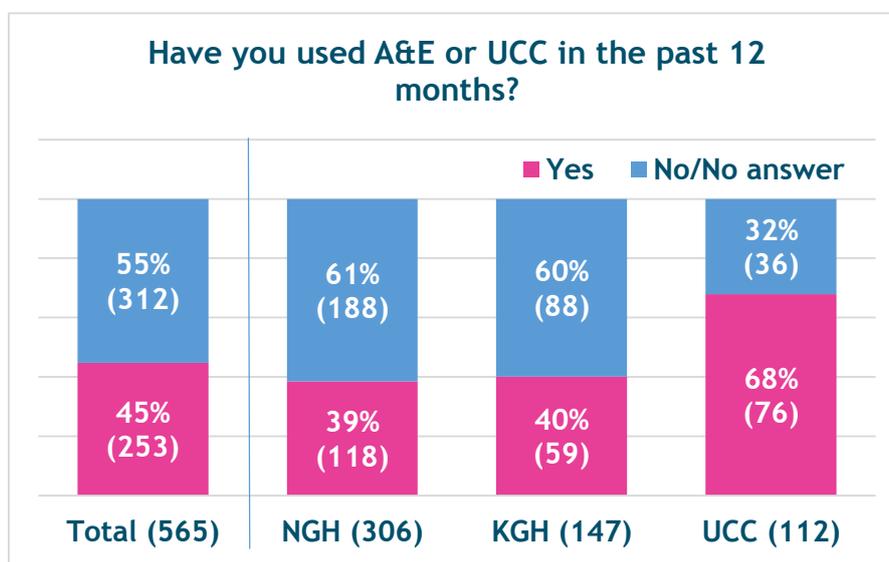
“I noticed quite a number of patients just saw the triage nurse and then left - presumably not needing further investigation/treatment”

UCC volunteer



Previous use of A&E/UCC

We asked people if they had used A&E or UCC in the past 12 months and if so, how many times.



- 45% of people (253 out of 565) told us they had used A&E/UCC in the past 12 months.
- Of these, 30% (77 out of 253) had used A&E/UCC three or more times - this is 14% of all those we spoke to.



- There is a clear difference between the proportion who have used UCC in the last 12 months (68%) compared to those who have used NGH (39%) and KGH (40%).
- This is especially true of those who have used it three or more times in 12 months (31 people at UCC - 41% of those who had previously used it, compared to 27% (16 people) at KGH and 25% (30 people) at NGH, see Appendix 4 for full breakdown).
- The maximum number of visits in the last 12 months for any one person at UCC was 60, at NGH it was 40 and at KGH it was 6.

Experiences whilst at UCC, NGH A&E and KGH A&E

Total time at A&E/UCC

Many of the people we spoke to had only recently arrived at A&E/UCC when we spoke to them so we could only record how long they had been in the department at that point, not the total time they had been waiting. Also, some people may have already been seen and were then waiting for test results, etc. For these reasons we cannot calculate an average waiting time (but those times are routinely published³). However, we did speak to some people who had been in the department longer:

- 50 people (9%) had been waiting 2 hours or longer at the time we spoke to them, most of whom were waiting at NGH (10% of people we spoke to at NGH, 31 people in total) or KGH (12%, 17 people). Two people at UCC (2%) had been waiting 2 hours or longer.
- The longest wait reported was 9 hours at NGH, 5 hours at KGH, and 3 hours at UCC. This may include waiting for test results having already been treated.
- For the week ending 17/5/15³:
 - 1,946 people attended NGH A&E (excluding eye casualty), 1,512 attend KGH A&E and 1,167 attend Corby UCC.
 - 162 NGH attendances (8.3%) and 318 (21.0%) KGH attendances breached the 4 hour target for arrival to admission, transfer or discharge.
 - All people at UCC were seen within 4 hours.
 - The average percentage of 4 hour breaches for England was 8.7%.

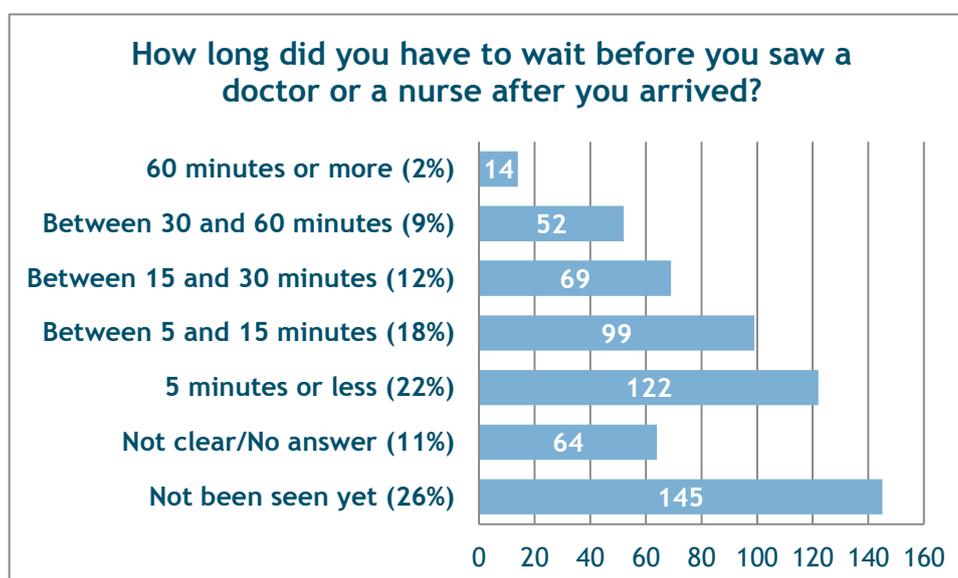
³ NHS England weekly A&E activity figures, www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/statistical-work-areas-ae-waiting-times-and-activity-weekly-ae-sitreps-2015-16/.



- For the week ending 24/5/15³:
 - 1,917 people attended NGH A&E (excluding eye casualty), 1,493 attend KGH A&E and 1,153 attend Corby UCC.
 - 58 NGH attendances (3.0%) and 199 (13.3%) KGH attendances breached the 4 hour target for arrival to admission, transfer or discharge.
 - All people at UCC were seen within 4 hours.
 - The average percentage of 4 hour breaches for England was 7.3%.

Waiting times to see a nurse or doctor after arrival (triage)

We asked people if they had seen a nurse or doctor for an initial assessment (also called triage) since first arriving at A&E/UCC and how long they had waited (see Appendix 4 for breakdown):

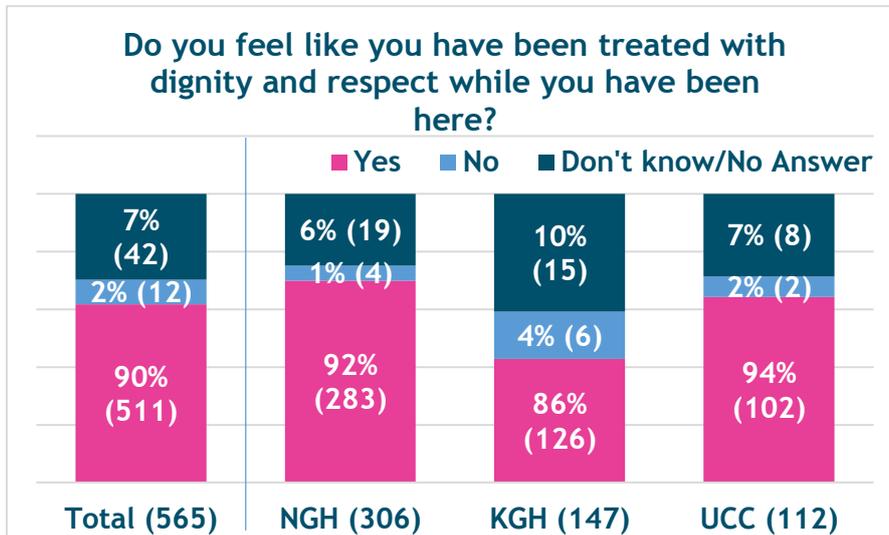


- Overall, 39% of people were seen within 15 minutes (22% were seen within 5 minutes).
- People at UCC were seen the quickest (32% within 5 minutes, 22% within 5-15 minutes and no-one waited more than 60 minutes).
- KGH had the highest number of people who thought they had not been seen at the time of asking (44%) and 5% that said they waited over an hour to be triaged. It should be noted that people book in with a nurse on arrival at KGH A&E and are therefore triaged immediately so this figure is likely to represent patient perception.



Being treated with dignity and respect

We asked people if they felt they had been treated with dignity and respect while at A&E/UCC, i.e. whether they were happy with how they had been talked and listened to, examined, etc.



- The vast majority of people (90%, 511 out of 565) did feel they had been treated with dignity and respect (at the point of being asked).
- Reasons for feeling they had not been treated with dignity and respect included:
 - being given the wrong or inadequate information
 - being left in a corridor
 - lack of privacy
 - hectic environment
 - dismissive communication
- Positive comments included:

“Very friendly staff”

Patients from all three sites

“People have been calm and understanding”

“All staff kind and listened to me”

NGH patients

“At all times all very nice”

“I was called for a scan and the sister offered me a wheelchair”

KGH patients

“They spoke to my daughter (the patient) rather than me, which I liked”

“Reception staff nice and the board tells me how long I may be waiting”

UCC patients



- Negative comments included:

“Talking to others, ignoring patient”

“Told wrong things, sent to wrong department, like a conveyor belt. Just asked questions”

“Certainly not treated well on Monday. Was left in a corridor for hours on end with no privacy. The blinds were not adequate for privacy, everyone was walking by because there were no beds. Foot injury, but there was nowhere to keep it elevated. It was so hot, no ventilation”

“Always do get treated well. Staff are helpful, good people definitely. But they need more staff rather than cutting it”

NGH patients



“Patient was not asked if they were on medication and was very cold - had to ask for blankets. They felt it was a “disgusting hospital” and were visibly distressed”

“Husband very poorly, left in corridor of A&E since arrival (4 hours later)”

“Not specifically rude, but dismissive”

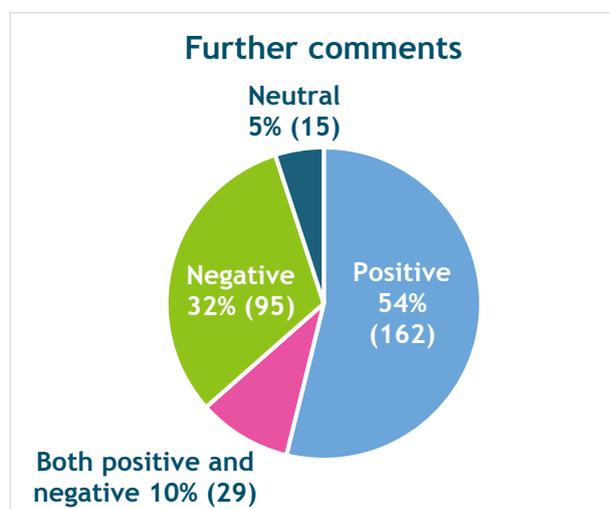
KGH patients



Further Comments

We asked patients for any further comments they wanted to make and for observations from the volunteer teams.

- Most of the patients’ further comments focussed on their experiences since arriving at A&E or UCC.
- Overall 301 patients gave further comments on things they wanted to share. 162 (54%) of these comments can be described as positive, 95 (32%) as negative, 29 (10%) featuring both positive and negative points, and 15 (5%) as neutral (not expressing a sentiment).





- UCC had a greater proportion of positive comments (72%) than NGH and KGH (both 47%), see Appendix 4 for breakdown.
- Example general positive comments:



“I love this place, they should be everywhere”

UCC patient



“Absolutely brilliant second to none”

UCC patient

“I am always satisfied with treatment, I did not mind waiting”

KGH patient



“Great experience, no bad things”

NGH patient

The specific comments can be grouped into the following themes.

Amenities and Toilets

- There were a number of comments from patients about the amenities provided (27 comments in total):
 - Nine patients (five at NGH, three at KGH, one at UCC) at all three sites mention wanting a free water cooler provided.
 - Three patients at NGH complained that the vending machines had run out of water.
 - Two patients observed that there was background noise from the vending machines or coffee machines.
 - Five patients at UCC did not know where to get refreshments when the cafeteria was closed in the evening.
 - Two patients commented that they were not told where to get food or drink, especially if they had arrived without money.
 - Two patients thought that refreshments on sale were overpriced.
 - Four patients at KGH commented they were not told whether or not they could have food or drink on medical grounds.



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- Most of these points were reiterated by HWN staff and volunteers. 25 made comments about food and drink - 4 at UCC, 17 at NGH and 4 at KGH.
 - In particular they commented upon there being no water coolers being available and the price of items in the vending machines.
 - In addition they observed there were no healthy options in the vending machines and there being no alternate means for amenities when the coffee shop at UCC was closed.
 - Four patients made comments about the toilets. These comments were about:
 - a lack of information and/or signage about where the toilets were
 - poor toilet cleanliness
 - no one being available to assist people to get to the toilet if needed
 - a fear of missing their name being called out whilst they were using the toilet
 - HWN staff and volunteers mostly observed that the toilets were clean, however on two occasions the sanitary bins were full at NGH. One HWN representative noticed there were no directions to a disabled toilet at KGH.

Car Parking

Eight people at NGH and five people at KGH gave negative comments about parking. Complaints included:

- the parking being too far away
- there not being enough parking available
- A&E not being well signposted from the parking
- that it is hard to estimate how long you will be there for and you cannot add money to your parking once you are in A&E, with the suggestion that you should instead pay on exit
- the A&E disabled bays at NGH not being large enough
- parking being very expensive.

Waiting times

- 46 patients gave negative comments about waiting times (20 at NGH, 17 at KGH and 9 at UCC).
- 13 gave positive comments (6 UCC, 4 at KGH and 3 NGH).
- Most of the comments were about the length of waiting times but some people commented on the lack of information about waiting time length, variance of



the waiting times, and expectations that waiting times would be or should be different.

- Positive comments from patients included:

“Understands that there can often be long wait for triage and expects that. They know they would be prioritised if it was urgent”

UCC patient

- Negative comments from patients included:

“I am anxious because of previous waiting time (5 hours)”

“Came to A&E with eye injury and had a concussion. Waited two and half hours in A&E before being sent to eye clinic, then sent back to A&E as had concussion. The patient feels if they were asked correct questions in the first place, they would not be here now”

“Spoke to a couple who had been waiting 3 hours for a member of a surgical team. The husband had recently had an operation and was told to come in and wait. The wife was very upset”

NGH patients

“We arrived at 5.30 am when we were seen at once and sent for a scan and we waited for this until 8.30. We did not mind this. We were back at 8.40 where we reported to reception and it is now 10.30 and we have no further feedback despite having asked reception twice. We were sent into triage again after returning from the scan. This was a mistake as we had already been triaged on arrival - we were still told to wait when we requested information again and am feeling very angry having been told a doctor is coming to speak to us”. (The doctor sent patient home and took telephone number to contact)

KGH patient

- HWN staff and volunteers also commented about the lack of accurate waiting time information available to patients. This included:
 - the waiting time board at UCC saying that the waiting time was up to 4 hours (when it was less), which was alarming for patients
 - the waiting time display at NGH displaying the same time (2 hours 30 minutes) on different days visited, despite the apparent different level of activity



- KGH only having a small waiting time notice in the triage window, which quite a few people had clearly not seen

Staff and treatment

There were a large number of positive comments about staff and treatment.

- Of the 71 comments about staff and treatment, 63 were positive and 8 were negative. Broken down by site this is:
 - UCC - 16 positive comments and 2 negative
 - NGH - 28 positive comments and 2 negative
 - KGH - 19 positive comments and 4 negative
- Positive comments were generally about:
 - good treatment
 - good interpersonal manner of staff
 - sympathy with the pressures staff has to deal with and how staff are overstretched
- Positive comments from patients included:



“Thumbs up for promptness, nurse was very reassuring about the importance of coming in rather than feeling the issue was minor”

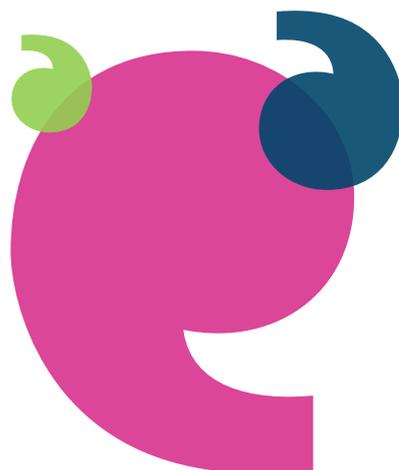
UCC patient

“Staff are overworked and under paid. Recent experience when granddad came in for treatment was excellent”

KGH patient

“Treated with great respect, the treatment is good and I am well looked after”

NGH patient



“Brilliant staff, but they need more help. They are always polite and upbeat. Waiting times are too long though... I am thinking of volunteering as a porter to give back to NGH”

NGH patient





- Most negative comments were about a lack of information or attention, with a few particular stories of bad experiences.
- Negative comments from patients included:

“Last time I came I was misdiagnosed and was disgusted with the doctors. This led to an aggravation of my injury. The doctors didn't even examine me, just made an assumption”

UCC patient

“Some staff are brilliant, everyone is trying. The system's not working right though. Being left in a corridor is what you'd expect for the third world, not here. It is also so hot”

“I have a slipped disc and am in a lot of pain. I mentioned this to the staff when I had to go for an x-ray but they did not seem to be interested and did not offer me a wheelchair. The staff are so pressurised; I think they are either thinking about the last patient or the one that is waiting next”

NGH patients

“I feel once I was signed in and registered I was just left (the waiting room feels like a dumping ground)”

“I understand how busy it is but I feel too poorly to be left in the corridor awaiting a bed when all I want is to lie down”

“When calling people's names out they should make more effort, like by walking up to find people. Apparently my name was called three times but I did not hear it and nobody came to look for me so I had to make another appointment after sitting around for 4 hours”

KGH patients

- HWN staff and volunteers focussed on different things, such as whether staff were clearly identifiable, communications between staff and patients, and a few observed instances where the care and treatment did not appear appropriate. The observations can be grouped as follows:
- *Communication between staff and patients:*

“Staff are indicating to patients not by speaking, but by waving or nodding. Bad manners from staff”

NGH patient



“No contact made apart from a nurse who came out, quickly shouted a name and stood with arms folded. It was not welcoming at all. This was noticed by patients. With the loud speaker it could not be heard what was being said at all, like at a railway station”

NGH patient

“I observed staff calling our names from the bottom of the corridor and the names were not always audible in the main waiting area”

KGH patient

“I spent many hours in A&E, Resuscitation and EAU (Emergency Assessment Unit) and have experienced the problems of: identifying who to ask for information, identifying who is in charge, getting information on decisions for discharge, being left with little or no information on what is happening”

NGH patient

“Following initial reporting into reception patients are not kept informed of progress of treatment”

“There is a glass barrier on reception. Both patients and nurses have to raise their voices. There is no privacy or confidentiality at all”

KGH patients

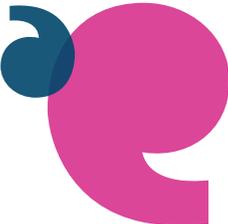


“No signage to denote different staff and uniforms”

NGH patient

“I have no idea who are nurses etc. except by uniforms”

KGH patient



“Some patients do not know what the 111 service is”

NGH patient



- *Questionable care of patients:*

“A patient had been brought back to the waiting area in a wheelchair and told to stay in the wheelchair for when he was called back in. When he was called in by a nurse he was told to get up and walk and that he should have kept his shoe on (a doctor had removed it earlier). The nurse/doctor seemed to not know he had been treated already. She made him walk when he was struggling and another person in the waiting room had to help him. She spoke in a way that was telling him off”

“A nurse came to double doors and called a name that several people said they did not hear then nurse returned behind double doors. One person had fallen asleep - no one checked if it was him or not”

“I was concerned about a man sitting in A&E who was never spoken to by staff while we were there. He was drifting in and out of sleep and still had sticky pads on his chest from ECG monitoring”

“I was concerned about an 85 year old patient who waited a long time to see someone. A nurse did come to see her but not until she had been there nearly two hours. The nurse explained there were no beds available but did not tell her how long she would have to wait to be treated”

NGH patients

“A receptionist I was waiting to talk to ignored me - no eye contact or communication”

“A young woman on her own appeared to be in discomfort and very emotionally distressed. She was sitting outside the triage room and was only attended to by a health care assistance (HCA) once I got her attention. Who looks after the needs of patients outside of triage?”

KGH patients

Environment, Information and Entertainment

- There were a number of comments and suggestions from patients about the environment, information and entertainment. These included:
 - no privacy at reception to discuss what is wrong (KGH)
 - nothing showing patient name/your place in a queue (NGH)
 - a lack of magazines/reading materials in the waiting area (NGH twice)
 - no distractions, such as a TV (NGH)
 - lack of toys to keep children occupied (UCC twice and NGH)



- chairs being uncomfortable (NGH)
- no bus timetables in waiting areas (UCC)
- no tissues available (NGH)
- poor signposting of separate children's waiting area at KGH, which meant that parents often sat in the main waiting area with their children first (KGH)
- lack of provisions for deaf patients (KGH)
- seats not facing signs (UCC)
- a triage nurse on reception desk would be a timesaver (UCC)
- waiting area being noisy so hard to hear them call your name (KGH twice)
- five people commented that it was too hot at NGH
- one person commented it was too warm and one that it was too cool at KGH

- Example patients comments:

“Excellent service, always friendly and helpful staff but there is nothing for children to look at or do (e.g. a Where’s Wally posters) and flashy signs not well located to be visible from seats”

UCC patient



“I am very pleased, but surprised there are no reading material/magazines. There is nothing to do while waiting”

“There is no clock in the waiting area” (NGH said they would put a clock in the waiting room after our survey last year but this was not actioned. NGH said they will purchase one immediately)

NGH patients

“Everything is fine except for being a bit hot and stuffy”

KGH patient

- HWN staff and volunteers also commented on the lack of privacy, things to occupy people, provisions for deaf/blind patients, and the temperature being too hot.
- Seven at UCC, 11 at NGH and 11 at KGH mentioned that the units were clean. Eight at NGH and one at KGH mentioned a lack of cleanliness in some respect. Four at UCC, 12 at NGH and four at KGH mentioned there being a lack of entertainment provisions.



-
- Observations from HWN staff and volunteers included:
 - “Plug socket covers missing from numerous sockets at toddler height” (UCC)
 - “The entrance carpet was heavily dirty. Some maintenance staff waved a mop ineffectively over a small amount of the reception entrance area and then disappeared” (NGH)
 - “A red light flashed at 2.45pm and a siren sounded. No instructions or re-assurance were given by staff. The siren ended after approximately 3 minutes and no explanation was given” (NGH)
 - “No apparent system for deaf or blind” (KGH)
-
- There were also observations about poor signage at UCC and NGH:
 - “Signage not good on site. The GP told them to go to UCC but they went to the diagnostic centre first and got a bit confused. The diagnostic centre told them to go back to their GP. They then called their GP who told her that it was UCC she wanted. Not too taxing, but a little annoying” (UCC)
 - “The information screen (TV) is out of date - the prescription charge has increased. The other information on the screen is helpful though (explains why serious injuries are prioritised, why GP referrals still need to be assessed, and how reception can help arrange taxis to get people home)” (NGH)
 - “It is not obvious that the minor injuries entrance is through A&E - the sign outside says A&E is for emergencies only. Also, the maps around the building do not make it clear where minor injuries is and some are out of date and still say it is in the Highfields building” (NGH)
-

Patient Demographics

Geography

To indicate where the patients using each site were from we asked them to tell us their postcode area and GP practice. Using population data from the 2011 census we calculated the proportion of the population that we had spoken to for each postcode area and the average of these (see Appendix 5 for details).

- As expected, a greater than average proportion of patients were from Northampton (particularly NN1, 4 and 5), Kettering (particularly NN14), and Corby (NN17 and 18).



- A lower than average proportion of patients from areas of the county further away from Northampton, Kettering and Corby were spoken to, particularly Brackley (NN13) and Towcester (NN12) in the south of the county, and Daventry (NN11) and areas south of Wellingborough (NN29).
- More evidence is needed to ascertain whether patients from further away are going to units out of county, have different health needs, or if those who live close by will use facilities more readily when it is not an emergency.
- The list of GP practices that patients were registered with (Appendix 5) shows that the patients we spoke to came from a variety of GP surgeries and not always in proportion to how many patients that GP practice has registered.
- Practices such as The Meadows Surgery (Thrapston), Penvale Park Medical Centre (East Hunsbury, Northampton), Great Oakley Medical Centre (Corby), Queensview Medical Practice (Northampton), Lakeside Surgery (Corby), Rothwell and Desborough Surgery, and Wootton Medical Centre, and others (see Appendix 5) had a higher than average proportion of patients at A&E/UCC when we visited. It is not though possible from our findings to tell whether these particular surgeries are sending more patients to A&E than others as this depends on a number of factors, especially practices size and location, but also the type of patients, level of deprivation, etc.
- Practices such as Towcester Medical Centre, Redwell Medical Centre, Headlands Surgery, Parklands Medical Centre, The Parks Medical Practice, Albany House, Weavers Medical Centre, Abbey House Medical Centre and Queensway Medical Centre all had a lower than average proportion of patients at A&E/UCC when we visited.
- No patients said their registered practice was Byfield Medical Centre, Washington House Surgery, Brackley Health Centre, Long Buckby Practice, Higham Ferrers Surgery, Nene Valley Surgery, Crick Surgery, Oundle Medical Practice or Wansford and Kings Cliffe Practice, most of which are located a distance away from UCC, NGH and KGH.

Age

The most represented age group of people we spoke to (and gave their age) was 25-34 year olds (18% overall, 95 out of 535). This was also the most represented age group at NGH and KGH (see Appendix 5 for full breakdown). There was a higher proportion of 15-24 year olds at UCC (followed by under 1s and 35-44 year olds). This may reflect the findings reported by Citizens Advice in December 2014 (based on analysis of the GP Patient Survey results) that people aged 18-34 are more than



twice as likely to go to A&E or an NHS walk-in centre when they can't see a GP compared with those aged 55 and over⁴.

Gender

We spoke to slightly more women than men during our visits. 55% of those that gave their gender were women across all the sites (281 out of 511) (see Appendix 5 for full breakdown).

Ethnicity

91% of people told us their ethnicity was White (477 out of 524). 84% of these were White British, 6% White - other and 1% Roma Traveller. See Appendix 5 for full breakdown.

⁴ 'Evolving expectations of GP services - Gaining insight from the perspectives of younger adults', December 2014, Citizens Advice Bureau, www.citizensadvice.org.uk/about-us/policy/policy-research-topics/health-and-care-policy-research/evolving-expectations-of-gp-services/



Conclusions

Just over half of the people we spoke to (54%) had tried to get help or advice from another service before arriving at UCC, NGH or KGH. Last year Healthwatch Northamptonshire conducted a similar survey of patients at NGH A&E.⁵ Two thirds of patients had tried to get help from elsewhere. The present findings are also in line with a recent national report from The Royal College of Emergency Medicine and the Patients Association.⁶ They found that “patients are aware of alternatives to A&E, but many still attend A&E because they are unable to access help elsewhere...substantial numbers of patients attend A&E because they are advised to do so by other healthcare providers”.

The majority of patients we spoke to who did get try to get help elsewhere, only tried one form of help before arriving at A&E or urgent care (92%), the majority of which was from their GP (64%). 35 patients mentioned not being able to get an appointment at their GPs as the reason they came to A&E that day. Trying to get help from the pharmacists (four people) and walk in centres (two people) was rare, as was the case last year at NGH.

Experiences of A&E varied among the people we spoke to, but most people seemed satisfied and were positive about staff and treatment. Waiting times in A&E/Urgent care, food and drink options, parking and the environment of A&E were the most common topics of complaint or suggestion for improvement. There a minority of further comments and observation suggested there were a few cases of poorer care. Even if appropriate medical care is given, it is important for patients to feel they have been treated with dignity and respect.

⁵ www.healthwatchnorthamptonshire.co.uk/sites/default/files/hwn_ae_survey_report_-_final_js_050814.pdf

⁶ www.rcem.ac.uk/Public/Latest%20News - 3 June 2015



Response from providers/commissioners

We asked for responses to our report from commissioners and providers and publish as provided. Lakeside Plus Ltd., the provider of services at Corby Urgent Care Centre, gave the following response to our report and recommendations (once we receive responses from KGH, NGH and health commissioners we will publish those responses too):

“This is a strong supporting report for Corby UCC that highlights both positive patient experience and excellent 'transition' times with very quick assessment and no 4 hr breaches.

In recent months Lakeside+ has been working with the CCG to encourage more appropriate access to urgent care for those that require 'immediate and necessary treatment'. Those that require re-direction are assessed quickly and signposted appropriately. Our experience is that most 'inappropriate' attendees say they have tried without success to make a standard GP appointment.

Lakeside+ has separately been working with East Midlands Ambulance Service (EMAS) to ensure appropriate ambulance transfers to and from the unit. The 111 service normally, but not always, signposts patients appropriately to the UCC; we have been working with them to improve their Directory of Service so that inappropriate signposting does not occur.

Part of the UCC model is to be an integrated component of out-of-hospital support. This in our view should include 111, home visiting and Out of Hours provision. Lakeside+ would be delighted to play a much bigger role in the areas Out of Hours support through extended hours for Corby UCC if proper funding were made available.

Our intelligence tells us that the UCC has more re-attendances than NGH/KGH because we offer a better, quicker service; this is likely to increase in light of our new doctor triage system that delivers a quicker, more effective method of patient care. We have many very favourable social media and word-of-mouth references that also increases our initial attendance rates. The patient survey is backed up by our internal staff survey that shows great appreciation of our ways of delivering care.

We have carefully considered but rejected the introduction of children's play area, both to minimise hygiene risk and since our new way of operating dramatically reduces waiting times to triage and minimises the placement of large groups of patients in our middle 'patient holding' area.



We would welcome the chance to develop a number of additional services at UCC but these require CCG support which unfortunately has not been forthcoming from Corby CCG.

The UCC and Lakeside Surgery are collocated on the Willowbrook Campus. The UCC reception desk is very prominent and on the wall next to the desk in very large signage there is a list of interventions undertaken at the UCC and also those not offered.

We are always most happy to receive views from citizens and patients about how we might improve access, including signage. To this end, since the Healthwatch Northamptonshire site visit we have extended the reception desk so that it now covers both general practice patients AND urgent care patients and the information shared with patients from the receptionists has cleared up any previous ambiguity.”



About Healthwatch Northamptonshire

Healthwatch Northamptonshire is the local independent consumer champion for health and social care. We are part of a national network of local Healthwatch organisations. Our central role is to be a voice for local people to influence better health and wellbeing and improve the quality of services to meet people's needs. This involves us visiting local services and talking to people about their views and experiences. We share our reports with the NHS and social care, and the Care Quality Commission (CQC) (the inspector and regulator for health and social care), with recommendations for improvement, where required.

Our rights and responsibilities include:

- We have the power to monitor (known as “Enter and View”) health and social care services (with one or two exceptions). Our primary purpose is to find out what patients, service users, carers and the wider public think of health and social care.
- We report our findings of local views and experiences to health and social care decision makers and make the case for improved services where we find there is a need for improvement
- We strive to be a strong and powerful voice for local people, to influence how services are planned, organised and delivered.
- We aim to be an effective voice rooted in the community. To be that voice, we find out what local people think about health and social care. We research patient, user and carer opinions using lots of different ways of finding out views and experiences. We do this to give local people a voice. We provide information and advice about health and social care services.
- Where we do not feel the views and voices of Healthwatch Northamptonshire and the people who we strive to speak on behalf of, are being heard, we have the option to escalate our concerns and report our evidence to national organisations including Healthwatch England, NHS England and the Care Quality Commission.



Acknowledgements

Healthwatch Northamptonshire would like to thank the volunteers and staff who visited UCC, NGH and KGH, who helped develop the survey and who helped with data entry and analysis. We also want to thank all the people at UCC, NGH and KGH who gave their time to complete the survey and UCC, NGH and KGH staff for supporting our access to their A&E departments and Urgent Care facility.

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Appendix 1 - Visit schedule

Date	NGH	KGH	UCC
Monday 11 May	Afternoon, Evening	Morning	Morning, Evening
Tuesday 12 May	Afternoon	Afternoon	Afternoon
Wednesday 13 May	Morning, Afternoon, Evening	Evening	Afternoon, Evening
Thursday 14 May		Afternoon	
Friday 15-May	Morning, Evening	Morning, Afternoon	
Saturday 16 May	Morning, Afternoon, Evening		
Sunday 17 May			
Monday 18 May	Evening	Morning, Afternoon	Morning
Tuesday 19 May	Afternoon	Morning	
Wednesday 20 May	Morning, Afternoon, Evening	Afternoon	
Thursday 21 May	Morning, Afternoon, Evening		Morning, Evening
Friday 22 May	Morning, Afternoon, Evening	Morning, Afternoon	
Saturday 23 May	Evening		
Sunday 24 May	Morning		Morning



Appendix 2 - Patient survey

Q1: (Question only for NGH) Are you waiting for A&E or to be sent to the Minor Injuries unit (may also be referred to as MIAMI)?		
A&E <input type="checkbox"/>		Minor Injuries <input type="checkbox"/>
Q2a: Did you try to get help elsewhere, before you came to A&E?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
If Yes, please tick which of the following you contacted for help:		
• GP practice	<input type="checkbox"/>	
• GP Out of Hours	<input type="checkbox"/>	
• 111 service	<input type="checkbox"/>	
• Pharmacist	<input type="checkbox"/>	
• Walk in centre	<input type="checkbox"/>	
• Urgent care centre	<input type="checkbox"/>	
• Ambulance Service	<input type="checkbox"/>	
• Other, please specify _____		
Q2b: If you answered 'Yes' to Q2a, please tell us what happened:		
Q3a: Since you arrived, have you been asked the same questions more than once		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not sure <input type="checkbox"/>
Q3b: If you answered yes to Q3a, please provide further detail:		
Q4: How long have you been here?		
_____	Hours/minutes (please delete)	
Q5: How long did you wait before you saw a nurse or doctor after you arrived?		
_____	Hours/minutes (please delete)	
Q6a: Do you feel you have been treated with dignity and respect while you have been here?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
Q6b: If you answered no to the above question, please tell us why		
Q7a: If you have not been advised otherwise, have you been able to have a drink or something to eat if you wanted to?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Q7b: Have you been able to use the toilet, if you needed to?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Q8: Have you used A&E in the past 12 months?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
Q9: If you answered yes to Q8, how many times have you been to A&E/UCC in the past 12 months?		



Q10: If you are not staying in hospital what arrangements are in place for you to get home?

Q11: Is there anything else you would like to say, either about your experience here or before you arrived?

Q12: To help us analyse these results and ensure that the answers you have given help improve access to services, please could you answer the following

Please tell us your postcode:

What is your registered GP practice:

Age (please tick)

Under 14	<input type="checkbox"/>	55 - 64	<input type="checkbox"/>
15 - 24	<input type="checkbox"/>	65 - 74	<input type="checkbox"/>
25 - 34	<input type="checkbox"/>	75 - 84	<input type="checkbox"/>
35 - 44	<input type="checkbox"/>	85 and over	<input type="checkbox"/>
45 - 54	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

Gender **Male** **Female**

Please indicate which of the following best describes your ethnic group:

- White: English/Welsh/Scottish/Northern Irish/British
- White: Gypsy - Irish Traveller
- White: Gypsy - Roma Traveller
- White: Other
- Mixed/multiple ethnic groups: White and Black African
- Mixed/multiple ethnic groups: White and Black Asian
- Mixed/multiple ethnic groups: Any other mixed/multiple ethnic background
- Asian/Asian British :Indian
- Asian/Asian British: Pakistani
- Asian/Asian British: Bangladeshi
- Asian/Asian British: Chinese
- Asian/Asian British: Any other Asian background
- Black/African/Caribbean/Black British: African
- Black/African/Caribbean/ Black British: Any other
- Black/African/Caribbean background
- Other ethnic group: Arab
- Other ethnic group: Any other ethnic group
- Prefer not to say



Appendix 3 - Volunteer observations prompts

Questions to ask yourself as you look around the area

1. General Impressions - e.g. atmosphere/smell/sounds
2. Reception Area and Welcome - e.g. were staff easily identified, area well signed? Are patients clear about waiting times
3. Safety issues - e.g. fire exit and other emergency details?
4. Contact between patients and staff - e.g. how are staff interacting with patients (are lower voice tones used for private conversations)?
5. Activities for patients - is there any evidence of things to occupy patients while they wait?
6. Food, drink and toilets e.g. is sufficient water available? Is it well signposted to these.
7. Cleanliness and hygiene - e.g. does the environment seem suitable? Is the area clean and tidy? Are there any unpleasant smells?
8. Any other observations (continue over page if necessary)

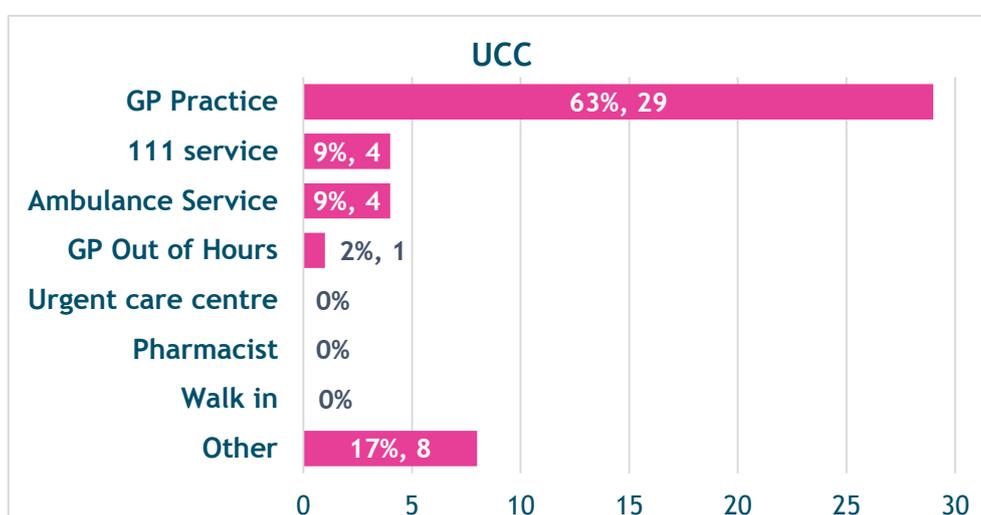


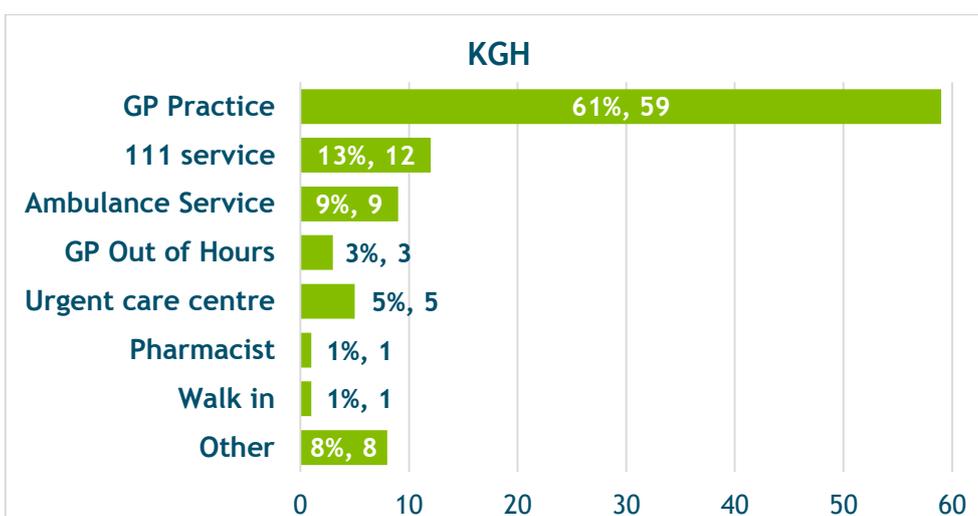
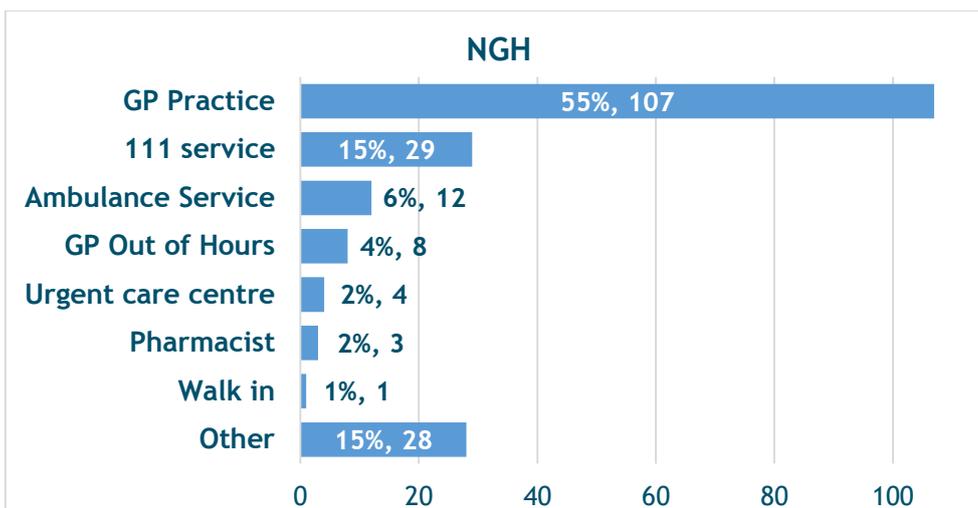
Appendix 4 - Breakdown of results by site

Getting help before going to A&E/UCC

Which of the following did you contact for help?

	Total %	Total (334)	UCC %	UCC (46)	NGH %	NGH (192)	KGH %	KGH (96)
GP Practice	58%	193	63%	29	55%	107	61%	59
111 service	13%	45	9%	4	15%	29	13%	12
Ambulance Service	7%	25	9%	4	6%	12	9%	9
GP Out of Hours	4%	12	2%	1	4%	8	3%	3
Urgent care centre	3%	9	0%	0	2%	4	5%	5
Walk-in	1%	2	0%	0	1%	1	1%	1
Pharmacist	1%	4	0%	0	2%	3	1%	1
Other	13%	44	17%	8	15%	28	8%	8





Previous use of A&E/UCC

If you answered yes, how many times have you been to A&E in the past 12 months?

	Total %	Total (253)	UCC %	UCC (76)	NGH %	NGH (118)	KGH %	KGH (59)
Once	43%	109	34%	26	46%	54	49%	29
Twice	23%	57	24%	18	23%	27	20%	12
3 or 4 times	18%	45	20%	15	16%	19	19%	11
5 to 9 times	7%	18	9%	7	5%	6	8%	5
10+ times	6%	14	12%	9	4%	5	0%	0
No further answer/Unclear answer	4%	10	1%	1	6%	7	3%	2



Experiences whilst at UCC, NGH A&E and KGH A&E

How long did you wait before you saw a nurse or doctor after you arrived?

	Total %	Total (565)	UCC %	UCC (112)	NGH %	NGH (306)	KGH %	KGH (147)
5 minutes or less	22%	122	32%	36	24%	73	9%	13
Less than 15 minutes	18%	99	22%	25	22%	66	5%	8
Less than 30 minutes	12%	69	15%	17	10%	32	14%	20
Less than 60 minutes	9%	52	15%	16	7%	21	10%	15
60 minutes or more	2%	14	0%	0	2%	6	5%	8
Not been seen at time of completing the survey	26%	145	5%	6	25%	75	44%	64
Not clear/Not applicable/No answer	11%	64	11%	12	11%	33	13%	19

Further Comments

Being treated with dignity and respect

A breakdown of further comments from patients

	Total (301)	Total %	UCC (82)	UCC 28%	NGH (128)	NGH 42%	KGH (91)	KGH 30%
Positive	162	54%	59	72%	60	47%	43	47%
Both negative and positive	29	10%	10	12%	14	11%	5	5%
Negative	95	32%	11	13%	47	37%	37	41%
Neither positive or negative	15	5%	2	2%	7	5%	6	7%



Appendix 5 - Demographics

Patient postcode areas

Postcode area	Total (565)	UCC (112)	NGH (306)	KGH (147)	Populations of postcode (2011 census ⁷)	Percentage of area population seen at A&E/UCC
NN17	41	32	2	7	26709	0.15%
NN18	43	39	1	3	32911	0.13%
NN1	35	0	34	1	29834	0.12%
NN14	45	14	0	31	43269	0.10%
NN5	37	0	36	1	38050	0.10%
NN4	45	0	45	0	46714	0.10%
NN7	23	0	23	0	27299	0.08%
NN2	32	0	32	0	38139	0.08%
NN3	56	0	55	1	68586	0.08%
NN15	21	3	0	18	33965	0.06%
NN10	22	2	1	19	38231	0.06%
NN16	16	2	1	13	30143	0.05%
NN9	13	0	0	13	26277	0.05%
NN8	24	0	6	18	49047	0.05%
NN6	14	0	14	0	33324	0.04%
NN11	12	1	11	0	37442	0.03%
NN29	3	0	2	1	11520	0.03%
NN12	2	1	1	0	23027	0.01%
NN13	1	0	1	0	18728	0.01%
Total in county	485	94	265	126	653215	Average= 0.07%
Total out of county	28	6	18	4		
No answer/ not clear	52	12	23	17		

⁷ www.ons.gov.uk/ons/about-ons/business-transparency/freedom-of-information/previous-foi-requests/people--population-and-community/population-for-every-postcode-district-in-england-and-wales/index.html



Patient's registered GP practices

GP practice	Locality	Total (565)	UCC (112)	NGH (306)	KGH (147)	Number of patients registered	% of practice pop. seen at A&E/UCC
The Meadows Surgery	East N'hants	9	3		6	4,672	0.19%
Penvale Park Medical Centre	Northampton East & South	5		5		3,288	0.15%
Great Oakley Medical Centre	Corby	11	7	1	3	8,768	0.13%
Lakeside Surgery	Corby	57	49	2	6	48,307	0.12%
Rothwell and Desborough Surgery	Kettering	23	7		16	19,506	0.12%
Queensview Medical Centre	Northampton West	10		10		8,456	0.12%
Wootton Medical Centre	Northampton East & South	6		6		5,215	0.12%
The Studfall Partnership/ Studfall Medical Centre	Corby	8	8			6,968	0.11%
Kingsthorpe Medical Centre	Northampton West	6		6		5,317	0.11%
Crescent Medical Centre	Northampton Central	4		4		3,739	0.11%
Delapre Medical Centre	Northampton West	16		16		16,026	0.10%
King Edward Road Surgery	Northampton Central	11		10	1	10,722	0.10%
Moulton Surgery	Northampton East & South	10		10		10,325	0.10%
Woodview Medical Centre	Northampton East & South	9		8	1	9,208	0.10%
Bugbrooke Medical Centre	Daventry North	9		9		8,747	0.10%
Danes Camp Surgery	Northampton East & South	6		6		6,583	0.09%
Kings Heath Healthcare Centre	Northampton East & South	6		5	1	6,992	0.09%
Maple Access Partnership	Northampton Central	5		5		5,577	0.09%
Mawley Surgery	Kettering	4			4	4,359	0.09%
Duston Medical Centre & Harlestone Road Surgery	Northampton West	16		16		20,451	0.08%



Abington Park Surgery	Northampton Central	9		9		11,585	0.08%
Langham Place Surgery	Northampton West	8		8		9,595	0.08%
Rushden Medical Centre	East N'hants	8	1		7	9,957	0.08%
Denton Village Surgery	Northampton East & South	5		5		6,246	0.08%
Earls Barton Medical Practice	Northampton East & South	4		3	1	4,802	0.08%
Marshalls Road Surgery	East N'hants	2			2	2,458	0.08%
The Mounts Medical Centre	Northampton Central	11		11		15,417	0.07%
Linden Medical Group	Kettering	10	9		1	13,593	0.07%
Leicester Terrace Healthcare Centre	Northampton West	10		10		13,995	0.07%
Abington Medical Centre	Northampton Central	9		9		13,643	0.07%
Weston Favell Health Centre	Northampton East & South	6		6		9,014	0.07%
Woodsend Medical Centre	Corby	6	6			9,091	0.07%
Clarence Avenue Surgery	Northampton West	3		3		4,508	0.07%
Abbey Medical Practice	Wellingboro'	10		3	7	16,448	0.06%
The Saxon Spires Practice	Daventry North	9		8	1	14,685	0.06%
Brook Medical Centre	South N'hants	4		4		6,291	0.06%
The Parks Medical Practice	South N'hants	9		9		18,733	0.05%
Albany House Medical Centre	Wellingboro'	8		1	7	16,214	0.05%
Greens Norton and Weedon Medical Practice	South N'hants	7		7		13,281	0.05%
Danetre Medical Practice	Daventry North	7		7		12,756	0.05%
Burton Latimer Health Centre	Kettering	6			6	12,394	0.05%
Harborough Fields Surgery	East N'hants	6			6	11,005	0.05%
Spinney Brook	East N'hants	6		1	5	11,231	0.05%



Medical Centre							
Drylands Medical Centre	Kettering	6	2		4	12,772	0.05%
Eskdail Medical Centre	Kettering	6			6	11,887	0.05%
Park Avenue Medical Centre	Northampton Central	5		5		10,419	0.05%
The Pines Surgery	Northampton West	4		4		8,232	0.05%
County Surgery	Northampton Central	2		2		3,663	0.05%
Weavers Medical Centre	Kettering	7	1		6	15,983	0.04%
Parklands Medical Centre	East N'hants	5	1		4	11,629	0.04%
Redwell Medical Centre	Wellingboro'	5		3	2	12,303	0.04%
Headlands Surgery	Kettering	4	1		3	9,735	0.04%
Queensway Medical Centre	Wellingboro'	4			4	11,391	0.04%
Greenview Surgery	Northampton Central	3		3		7,296	0.04%
Woolaston and Bozeat Practice	Wellingboro'	2		2		4,673	0.04%
Abbey House Medical Practice	Daventry North	5		5		18,988	0.03%
The Cottons Medical Centre	East N'hants	3			3	8,999	0.03%
Lings Brook Surgery	Northampton East & South	2		2		7,885	0.03%
Towcester Medical Centre	South N'hants	2		2		7,742	0.03%
Dr Datta and partners	Wellingboro'	1		1		3,794	0.03%
Irchester Health Centre	Wellingboro'	1		1		4,475	0.02%
Springfield Surgery	South N'hants	1		1		8,079	0.01%
Total		462	95	254	113	650113	Average = 0.07%
Out of County		24	5	18	1		
Unclear		9	2	4	3		
Didn't want to say		5		2	3		
Not Registered		13	1	9	3		
Doesn't know		3	1	2			
No Answer		49	8	17	24		



Age

What age bracket are you in?	Total %	Total (565)	UCC %	UCC (112)	NGH %	NGH (306)	KGH %	KGH (147)
Under 14	10%	54	17%	19	7%	20	10%	15
15 - 24	13%	75	19%	21	13%	39	10%	15
25 - 34	17%	95	15%	16	18%	55	16%	24
35 - 44	13%	73	17%	19	13%	39	10%	15
45 - 54	13%	76	11%	12	14%	43	14%	21
55 - 64	10%	57	5%	6	11%	34	12%	17
65 - 74	9%	53	8%	9	10%	30	10%	14
75 - 84	6%	34	4%	4	7%	22	5%	8
85 and over	3%	18	0%	0	3%	10	5%	8
Prefer not to say	0%	2	0%	0	0%	1	1%	1
No Answer	5%	28	5%	6	4%	13	6%	9

Gender

What is your gender?	Total %	Total (565)	UCC %	UCC (112)	NGH %	NGH (306)	KGH %	KGH (147)
Male	41%	230	44%	49	39%	120	41%	61
Female	50%	281	50%	56	53%	161	44%	64
No Answer	10%	54	6%	7	8%	25	15%	22



Ethnicity

	Total %	Total (524)	NGH %	NGH (286)	KGH %	KGH (139)	UCC %	UCC (99)
White: English/Welsh/Scottish/Northern Irish/British	84%	441	80%	230	89%	124	88%	87
White: Gypsy - Irish Traveller	0%	1	0%	0	0%	0	1%	1
White: Gypsy - Roma Traveller	1%	4	1%	4	0%	0	0%	0
White: Other	6%	31	6%	16	6%	8	7%	7
All White	91%	477	87%	250	95%	132	96%	95
Mixed/multiple ethnic groups: White and Black African	2%	8	2%	7	1%	1	0%	0
Mixed/multiple ethnic groups: White and Black Asian	0%	0	0%	0	0%	0	0%	0
Mixed/multiple ethnic groups: Any other mixed multiple ethnic background	0%	2	1%	2	0%	0	0%	0
All Mixed	2%	10	3%	9	1%	1	0%	0
Asian/Asian British: Indian	1%	4	1%	2	1%	1	1%	1
Asian/Asian British: Pakistani	1%	4	1%	3	0%	0	1%	1
Asian/Asian British: Bangladeshi	1%	5	1%	4	0%	0	1%	1
Asian/Asian British: Chinese	0%	1	0%	0	1%	1	0%	0
Asian/Asian British: Any other Asian background	0%	2	1%	2	0%	0	0%	0
All Asian	3%	16	4%	11	1%	2	3%	3
Black/African/Caribbean/Black British: Any other Black/African/ Caribbean background	3%	16	4%	12	2%	3	1%	1
Other ethnic group: Arab	0%	0	0%	0	0%	0	0%	0
Other ethnic group: Any other ethnic group	1%	5	1%	4	1%	1	0%	0
Prefer not to say		4		2		0		2
No Answer		37		18		8		11