

What do patients think about A&E at the North Mid Hospital?

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Introduction

Healthwatch Haringey visited the Emergency Department at North Middlesex University Hospital (North Mid) three times in October 2017 and a final time in December 2017. We asked patients about their experience of the department on that day. We heard from 54 people in total about their experience.

The whole Emergency Department at North Mid - referred to collectively in the official NHS statistics as 'A&E' - receives very poor feedback through the Friends and Family Test, a test used by NHS services to ask whether people would recommend the service to friends and family. Only 59% of people would recommend A&E at the North Mid. This is far below the national average for all A&E departments, which is 87%. For comparison, A&E at the Whittington Hospital in Archway is recommended by 80% of patients, and A&E at Whipps Cross Hospital in Waltham Forest is recommended by 89% of patients¹.

The North Middlesex University Hospital Trust, which runs North Mid hospital, was keen to know how it could improve patients' experience, and so asked Healthwatch Haringey to carry out a survey of patients. We wanted to explore the factors that make people less likely to recommend A&E at the hospital to others, and identify any areas that are of particular concern to patients and visitors so that the hospital can work to address them.

There are three parts to the Emergency Department at North Mid, all of which are located in the same building:

- Accident and Emergency (A&E)
- The Urgent Care Centre (UCC)
- Children's A&E

All of these may treat walk-in patients, while people arriving by ambulance are always taken straight to A&E. We spoke to people who had been seen in each of these three areas.

¹ All figures quoted are from data published by NHS England for September 2017

Summary of key findings

- Similar to the results of the Friends and Family Test for A&E at the North Mid, only 51% of people said that they would recommend the service
- Where people are in a position to make a comparison to another Emergency Department, around half of people (48%) said that North Mid was worse
- The factors that appeared to make people less likely to recommend A&E to others were:
 - Having already approached another NHS service for advice before coming to A&E
 - Having visited A&E at another hospital in the past
 - Having a pre-existing poor impression of North Mid
 - Male patients, White British patients and those aged 35 and above were all less likely to recommend North Mid A&E than average
- Comments made to our staff and volunteers suggest that some people find the wording of the Friends and Family Test question odd when applied to emergency care, as they did not see this as something that you would 'recommend' - people go to A&E because they need to
- The highest number of negative comments we heard were about waiting times and car parking - 58% of people were dissatisfied or very dissatisfied with waiting times, and the same percentage were dissatisfied or very dissatisfied with car parking
- There were fewer negative comments about the physical environment or quality of medical advice and treatment
- There appeared to be significant confusion among local GPs about when to recommend patients go to A&E, resulting in patients either being treated by a GP in the urgent care centre when they could have been treated by their own GP, or being sent back to their GP after a long wait in A&E without receiving any treatment
- More than half of people we spoke to (51%) had contacted their GP before coming to A&E and two thirds (65%) had contacted at least one NHS service, including a pharmacist or NHS 111
- Of the 6 patients who said that they saw a GP in the urgent care centre during their visit, 5 had already spoken to their own GP before coming to hospital
- GPs were also telling patients to come to North Mid A&E to have stitches and dressings removed or changed, despite North Mid not offering this service - these patients were being redirected to Chase Farm

Methodology

One member of Healthwatch staff and between one and three volunteers visited the Emergency Department on four separate dates in October and December 2017 for three hours at a time. These visits were all arranged in advance with staff at the hospital. While we were there, we spoke to people as they were leaving the Emergency Department after being seen and asked them about their experience of the department on that day.

The times and dates of our four visits were:

- Wednesday 11th October 2017, 12-3pm
- Thursday 12th October 2017, 9am-12pm
- Monday 16th October 2017, 3-6pm
- Friday 15th December 2017, 3-6pm

We spent 12 hours on the hospital site in total. In addition to being present in the Emergency Department, we also tweeted the survey link from the Healthwatch Haringey Twitter account, which generated a further five responses. In total, we heard from 54 people about their experiences.

Because the majority of feedback was captured face-to-face on the day of the person's visit, 91% (49 out of 54) of people surveyed were describing an experience that had occurred since October 2017. Of the people who responded online, 1 person visited 3 to 6 months ago, 1 person between 6 months and a year ago, 2 people between one and three years ago and one person more than three years ago (this last person was screened out of the survey as their experience was not considered recent enough, leaving 53 valid responses).

We spoke to both patients and friends or family members who were present in A&E. 83% of the people surveyed were patients attending A&E themselves, while the remaining 17% of people surveyed were friends or family members who were attending A&E with somebody else.

What people told us about...

Where they were seen within A&E and who saw them

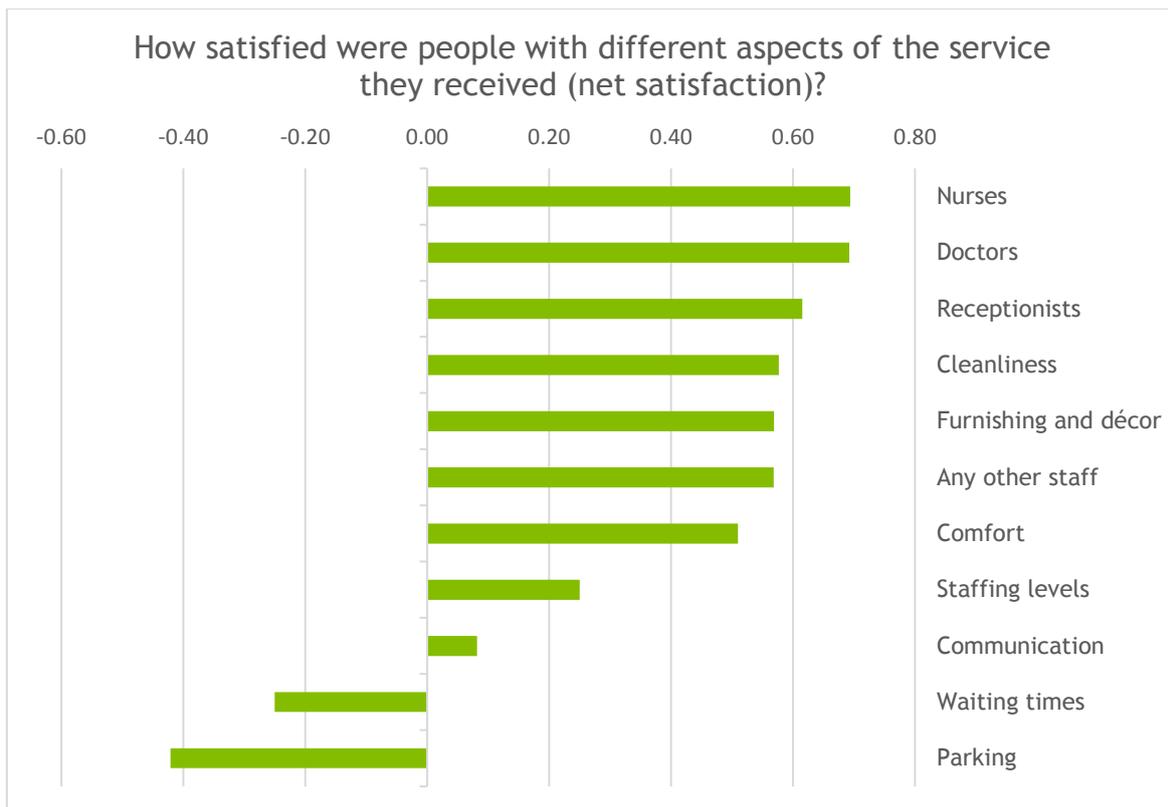
Although 83% of people told us they had been seen in A&E - compared to only 4% each who said they had been seen in the urgent care centre or children's A&E - from observation we know that in reality the majority of people who we spoke to were actually treated in the urgent care centre, and were using A&E as a general term to describe the whole Emergency Department.

Similarly, 79% of people said they were seen by a doctor during their visit, while 35% said they were seen by a nurse, 12% said they were seen by a GP and 6% were not sure. In reality, a higher percentage are likely to have been seen by a GP without being aware that they were.

Which aspects of A&E people were most and least satisfied with

Overall, people were most satisfied with staff in A&E - particularly nurses and doctors who had net satisfaction scores of +70 and +68 respectively, while receptionists had a net satisfaction score of +61.

Aspect of service	% satisfied or very satisfied	% dissatisfied or very dissatisfied	Net satisfaction
Nurses	78%	8%	+70
Doctors	80%	12%	+68
Receptionists	75%	14%	+61
Cleanliness	73%	15%	+58
Furnishing and décor	71%	14%	+57
Any other staff	70%	14%	+56
Comfort	71%	20%	+51
Staffing levels	54%	29%	+25
Communication	51%	43%	+8
Waiting times	33%	58%	-25
Parking	16%	58%	-42



When asked in a separate question which area of the service they were most satisfied with out of staff, environment and how well-organised the service was, staff was also the aspect of the service that people were most likely to say they were most satisfied with (43% of people said this). Another 25% of people said that all aspects of the service were satisfactory.



Specific things that individual people highlighted as positive features of their experience were:

- The quality of medical care and advice
- Hardworking and caring staff who listen to patients

- The presence of volunteers in the waiting room during a previous visit, who spoke to patients and helped make them as comfortable as possible while they waited (Healthwatch Haringey did not see any volunteers in A&E during our four visits)

In contrast, waiting times and parking were the aspects of the service that people were least satisfied with. Both had a negative net satisfaction score - of -25 for waiting times and -42 for parking. Communication between staff and patients, and staffing levels also both had lower net satisfaction scores.

Out of staff, environment and how well-organised the service was, around half of people surveyed (48%) selected how well-organised the service was as the aspect that they were least satisfied with.



Specific things that individual people highlighted as negative features of their experience are listed below. The points highlighted in bold were things that we heard from more than one person, while the remaining points reflect individual experiences.

These have been grouped according to whether they relate to staff, the physical environment or how well-organised the service was. This shows that co-ordination and communication within A&E, as well as with the wider health system, contributed most to people’s negative experience of A&E.

Staff

- **Staff are too busy to speak to patients**
- **Patients feel they do not have enough time to talk to the doctor in detail, and do not receive enough explanation about what treatment is being given and why**
- A patient was seen by multiple nurses for tests without any explanation of what was happening or why

- A patient felt some staff could be too casual and dismissive of patients' worries
- Lack of 'friendly faces' to help make patients feel comfortable

Environment

- **Not enough seats - particularly for patients waiting in the A&E corridor for test results**
- One patient felt the layout of A&E was 'not very patient-friendly' and the glass screen in front of the reception desk made it feel like a prison
- One person noticed blood stains on the floor in the emergency patient room and was worried about infection
- There was no wheelchair available for a patient who had broken her ankle badly, her husband had to carry her in and then leave to move the car that he had parked outside. Another person said a wheelchair was available for his mother when they first arrived but not when she needed to go to the toilet later - he did not know who to ask about getting one and they had to wait a long time for one to arrive
- No drinking water or refreshments available

Organisation

- **Patients waited for a long time, only to be told by the doctor that there is nothing they can do - this happened to one person who was admitted immediately when she came back the following day, in other cases people appeared to have been wrongly told to go to A&E by a GP or NHS 111**
- **Though not everyone told us how long they had been waiting, we spoke to patients who had been waiting 5, 6 or even 7 hours**
- **Lack of a queuing system or information about how long people would have to wait, difficult to get information from receptionists about waiting times - one person had witnessed another patient being told to knock on all of the consultation room doors because reception staff could not find her on the system when she asked how much longer she would be waiting**
- **Coming to North Mid A&E to have dressings/stitches removed or changed - including at least one patient who was told to come by her GP - to find that North Mid does not offer this service and having to go to Chase Farm instead**
- **Having to come to A&E because they could not get a GP appointment**
- One patient witnessed another patient being checked in under the wrong name, resulting in her missing her turn when the wrong name was called
- Parents in children's A&E were being asked the same questions twice by two separate nurses
- Patients were having to wait a long time for a pharmacist to bring their medication to them before they could leave

- One person objected to having to pay for car parking, another said it should be pay on exit as you did not know how long you would be waiting in A&E
- Lack of interpreting facilities
- Lack of obvious ways to give feedback

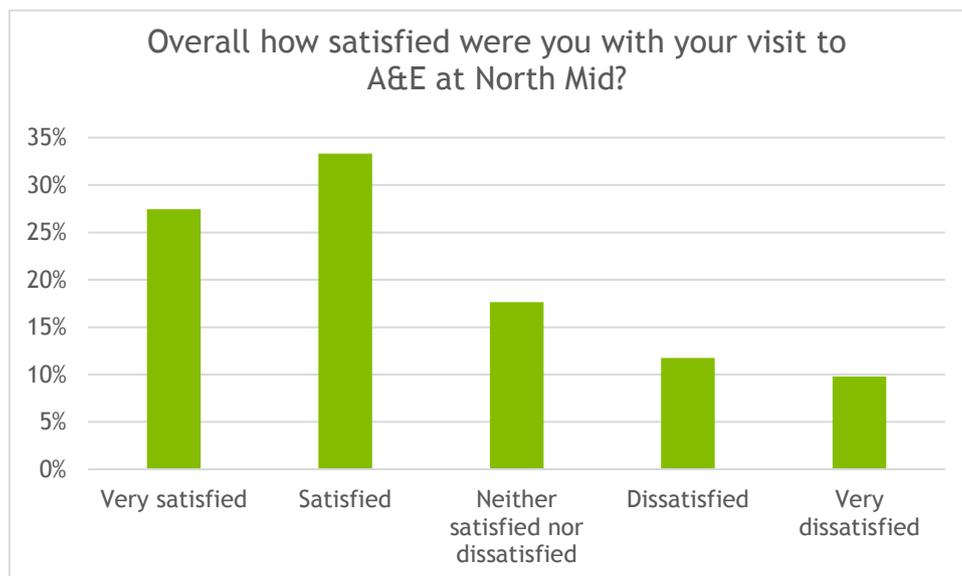
Patients' and visitors' impressions of North Mid before and after their visit

People had mixed views of the Emergency Department at North Mid prior to their most recent visit. Although overall, slightly more people had a positive impression of the department (28%) than a negative one (26%), the most common impression was 'average' (41%). Some people qualified this comment by saying that it was 'just an A&E' or the closest one, and that they did not really think about whether it was better or worse than others.

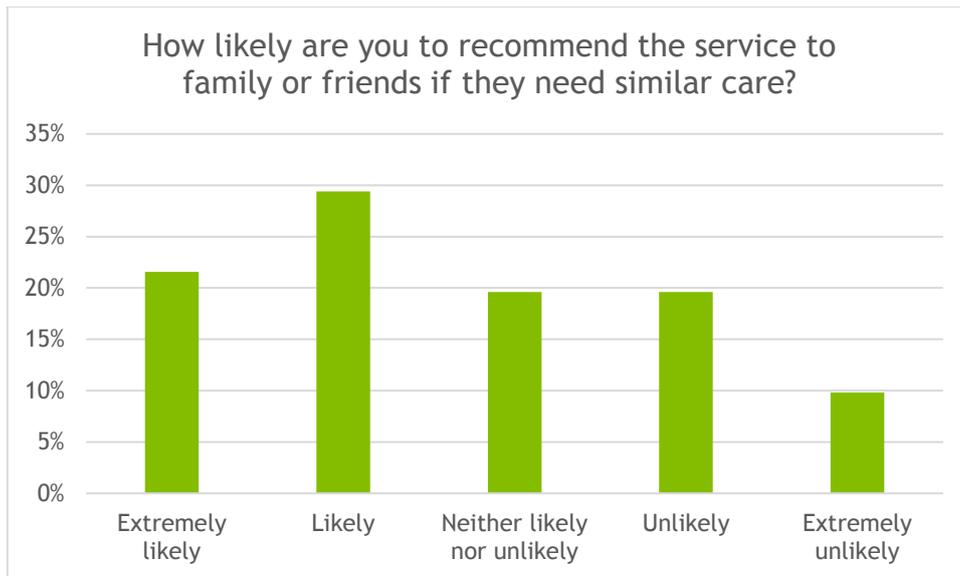
After their visit, people's impression of the Emergency Department was more likely to get better than to get worse, with 43% of people saying that their impression got slightly better or a lot better, compared to 17% of people saying that their impression got slightly worse or a lot worse. However, this still means that around 1 in 5 patients are leaving with a worse impression of North Mid than they came in with.

Patients' and visitors' overall satisfaction and whether they would recommend the service

Overall, 61% of people said that they were satisfied or very satisfied with the service they had received, compared to 22% who said that they were dissatisfied or very dissatisfied.



However, when asked whether they would recommend the service to family or friends (the Friends and Family Test), fewer people (51%) said that they would recommend the service than had said that they were satisfied with it.



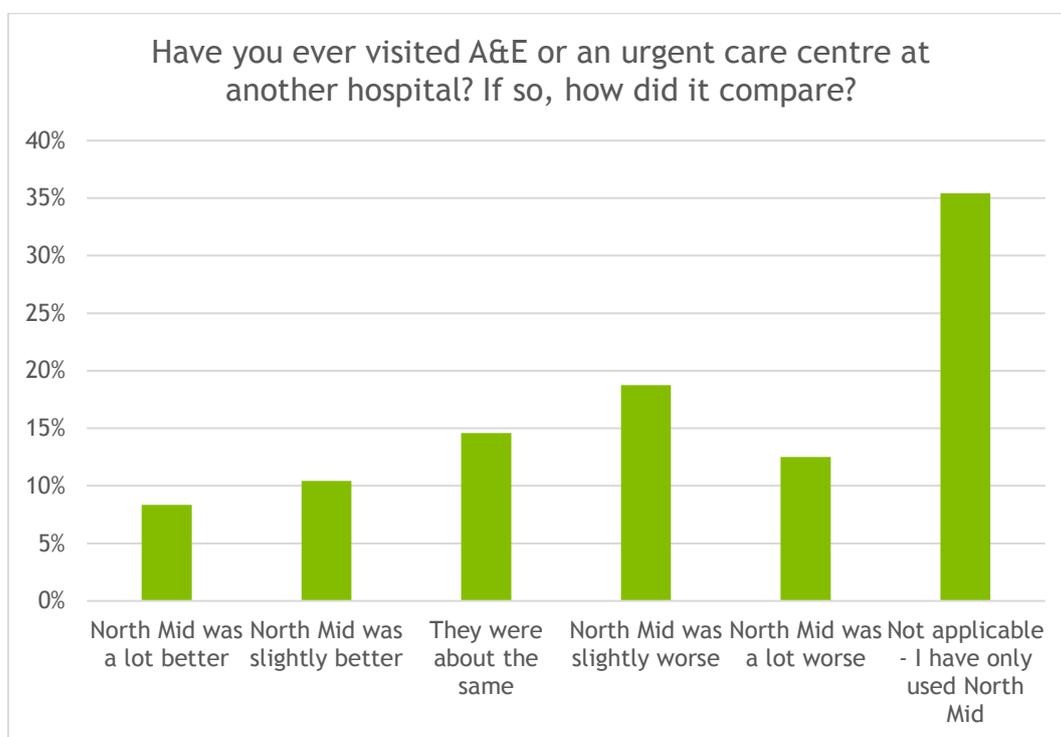
One possible explanation for this was given by some people who answered this question. They said that they would not actively recommend the service because you would not recommend anyone go to A&E unless they really had to. If friends or family did need medical help in an emergency, they would go to North Mid because it is the nearest A&E not because it is better or worse than other hospitals.

As North Mid serves such a large geographical area, it may be that people feel they have less choice of alternative A&E departments than in other parts of London, and so the tendency not to recommend it because it is the only option is magnified.

The overwhelming majority of the people we spoke to (96%) had never given any form of feedback to the North Mid before.

How A&E at North Mid compares to other hospitals

Two thirds (65%) of people who we spoke to had visited A&E or an urgent care centre at a hospital other than North Mid. Of these people, 29% felt that the North Mid was better, while 48% of people felt that it was worse than any other A&E they had visited.



Which NHS services people contacted before coming to A&E

Around two thirds of people (65%) had already contacted at least one other NHS service before attending A&E/urgent care centre:

- 51% of people had either contacted their GP surgery or seen a GP
- 10% had spoken to a pharmacist
- 10% had called NHS 111

Another 2 people had called 999, and one person had already been at the hospital for a routine appointment when they mentioned another problem they were having and were recommended to go to A&E.

5 out of the 6 people who said that they were seen by a GP had contacted or seen their own GP before coming to the hospital. This finding was reinforced by a member of staff who told us that in their opinion around half of the patients they saw in A&E had been sent there by their GP when they did not need to be there.

What made people less likely to recommend the Emergency Department at North Mid to friends and family?

We looked at how different characteristics of patients and their experience affected the likelihood that they would recommend North Mid A&E to others². The following groups of people appeared to be less likely to recommend the service:

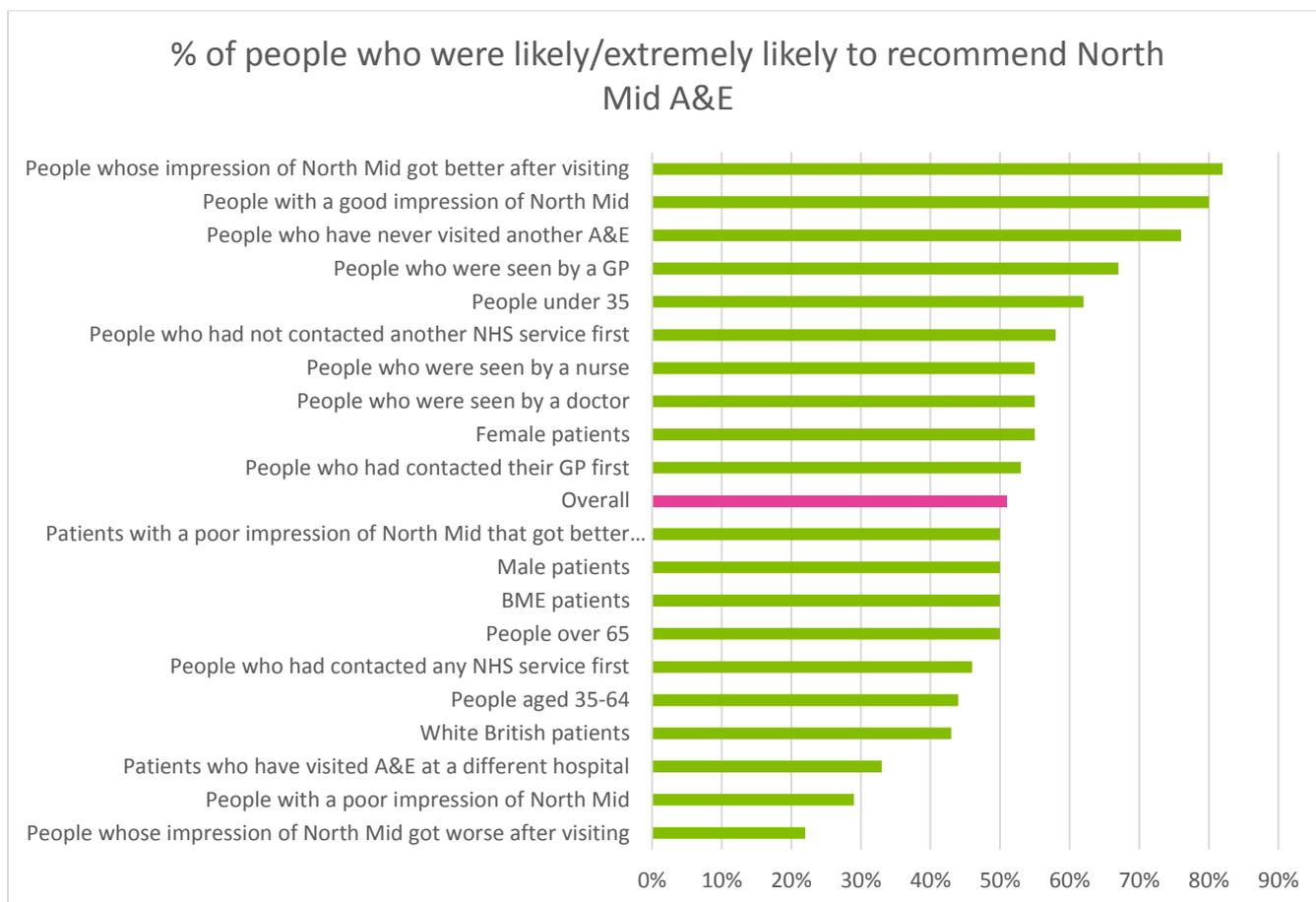
- Patients who had **tried to get help from another NHS service** before coming to hospital, compared to those who had come straight to A&E
- Patients who had **visited A&E at another hospital** in the past
- Patients **aged 35-64** were least likely to recommend A&E of all age groups, though over 65s were also less likely than average to recommend A&E
- **Male patients**
- **White British patients** were much less likely to recommend the service than patients from BME backgrounds

Unsurprisingly, patients who already had a poor impression of North Mid before their visit - even those whose impression got better after their visit - were less likely to say that they would recommend A&E at the hospital.

Who people saw in A&E (a doctor, a nurse or a GP) did not appear to make much difference to their satisfaction levels or their likelihood of recommending A&E at North Mid.

Although people who said they were seen by a GP appeared more likely to recommend the service than those who said they saw a doctor or nurse, this comes from a small sample of only 6 people who specifically identified that it was a GP who saw them. As discussed, this is unlikely to include everyone who was in fact seen and treated by a GP in the urgent care centre. However, it could suggest that people with more awareness of the presence and role of GPs in A&E tend to look more favourably on the service, and so this aspect could be promoted and explained more to patients.

² You can find the full data for this section in appendix 1 at the end of this report



Healthwatch Haringey observations

As well as gathering feedback from patients, Healthwatch Haringey staff and volunteers observed the environment within A&E and interactions between patients and staff. The following observations are not things that we were told by patients themselves, but reinforce some of the comments we heard from patients, particularly around the need to improve communication and co-ordination.

- Language barriers.** During one of our visits to A&E, one of our volunteers ended up acting as an impromptu interpreter for two patients who spoke no English when they arrived at reception. Reception staff did not appear to be using any interpreting services (e.g. Language Line). We do not know how doctors, nurses and other medical staff were communicating with patients. From speaking to people sitting in the waiting area, we estimate that around 50% of people had very little English.
- Removal of dressings/stitches.** As well as one person who stopped to give us feedback, during our 12 hours on-site, we witnessed two other patients being redirected to Chase Farm Hospital to have dressings or stitches changed or removed. Lack of knowledge around this policy, among both patients and GPs (and potentially other doctors within the hospital), seemed to be a common problem.
- Entrance and reception area.** Some of the signs at reception were very unclear - the sign for the reception desk was not obvious, neither was the

sign instructing people to queue behind the red line. The glass screen in front of the reception desk gave the impression of being under siege - one patient even commented that it made it feel like a prison. In addition, we noted that the first thing people see (and occasionally smell) when they come into A&E is the toilets, which could be quite off-putting for patients.

Conclusions and recommendations

Conclusions

From this small survey of patients, we have drawn the following conclusions about people's experiences of A&E at North Mid:

- **The distinction between A&E and the urgent care centre is not clear** - people tended to think of the whole department as A&E, probably not helped by the single entrance and reception desk for both A&E and the urgent care centre. Although nobody said that they found this confusing, ways in which this lack of understanding could contribute to a negative experience include:
 - People not understanding that A&E may not be the most appropriate place for them to be treated
 - People expecting to be seen quicker than they are
 - People not understanding the triage process or why some patients are seen in different places, or some are seen quicker than others.
- Another consequence of lack of understanding of the role of the urgent care centre is that people who were treated by a GP in the UCC may continue to attend hospital for similar problems in future without knowing that they could get the same treatment from their local GP.
- **People have different ideas about how long it is reasonable to wait in A&E** - 58% of people surveyed said they were dissatisfied with waiting times, but there did not seem to be any correlation between how long people had been waiting and their level of dissatisfaction. Some patients waited for less than 3 hours and were unsatisfied with this, others waited 5 or 6 hours without complaint. Anecdotal comments made by patients suggested that the wait itself was less frustrating than the lack of information about what was happening and feeling that there was nobody to ask about this. One person suggested that a screen to show people where they are in the queue could improve this, and signs or posters in the waiting area informing people about the 4 hour target could help to manage expectations around waiting times.
- **The waiting environment could be more patient-friendly** - there are changes that could be made to the waiting environment to make people feel less out of the loop while they wait. Volunteers to answer questions, more patient information on posters and leaflets, water and refreshments could help people feel that they have not been forgotten about. The reception desk in particular could be more friendly and accessible, as the glass screen was quite off-putting and reduced interaction between patients and receptionists.
- **Communication between receptionists and medical staff could be improved** - this could reduce the number of administrative mistakes like people being called twice by different nurses, as well as making it easier for people to get up-to-date information about when they are likely to be seen and the outcome of any tests.

- **Interpreting facilities need to be used more regularly** - we encountered a high proportion of patients waiting in A&E who were not confident English speakers, including some who had no spoken English at all and had to be helped by one of our volunteers to fill out the registration form at reception. To provide an inclusive service, interpreting facilities should be used regularly at the reception desk, as well as in consultation rooms.
- **There are problems with the wording of the Friends and Family Test question when asked in A&E** - some people seemed confused about what the question was asking, and why they would recommend that friends and family go to A&E. As a result, more people may have been answering this question negatively than intended to. This problem will not be unique to A&E at North Mid, but we suggest that the high proportion of patients whose first language is not English as well as the lack of easily accessible alternative A&Es in the local area makes this effect more pronounced at North Mid than other London hospitals.
- **GPs are referring people to A&E inappropriately** - more than half of people we spoke to had already contacted their GP before coming to A&E - and two thirds had contacted at least one NHS service including a pharmacist or NHS 111. This had either not solved the problem or they had been recommended to come to A&E. This suggests that attempts by the NHS to keep people out of A&E by encouraging them to use community services are not working - not because people are not trying to find alternatives to hospital, but because these alternatives are still directing people to A&E. As well as not reducing the number of people turning up at A&E, this also leaves patients feeling like they are being bounced around the system, which is more likely to result in a negative experience. Some GPs - as well as patients - were also clearly not aware that North Mid A&E do not remove stitches or change dressings, as we saw three people redirected to Chase Farm A&E during our 12 hours on site.

Recommendations

We recognise that some of the problems patients are experiencing are symptomatic of wider pressures within the health service, which are beyond the Trust's control (e.g. pressure on GP services). However, we still feel there are collaborative steps that the Trust can take to manage some of these pressures while still offering patients a quality service.

Healthwatch Haringey makes the following specific recommendations to the Trust. North Middlesex University Hospital Trust should:

1. Monitor and report quarterly to Haringey and Enfield CCGs on numbers of inappropriate referrals to A&E from individual GP practices
2. Have a consistent volunteer presence in the A&E and urgent care centre waiting area to answer questions and keep people company while they wait

3. As a short term measure, work with Haringey and Enfield CCGs to make sure all GPs are aware of the Trust's policy on removing stitches and changing dressings, and are referring people appropriately. All patients who have stitches or dressings in North Mid A&E should also be given this information as part of their aftercare. However, in the longer term, the Trust should review its policy on this, so that patients can have stitches removed and dressings changed at North Mid if they were put in/on there
4. Make sure that all reception staff are aware of the hospital translation service and Language Line and how to access these at reception as well as in consultation rooms
5. Redesign the reception area to remove some of the screening from the reception desk, hide some of the admin functions and improve patient flow, looking at the example of other A&E departments that do not fully screen their reception
6. Look to introduce a ticketing system and display screen so that people know exactly how long they can expect to wait and can - if they prefer - wait elsewhere on the hospital site for part of this time
7. More and better signage explaining the role of the urgent care centre, the triage process, the proportion of walk-in patients who are seen and treated in the UCC, the 4 hour target and likely waiting times at different times of day. Information about predicted waiting times could also be displayed on the North Mid website
8. A leaflet for GPs (or doctors or nurses) to hand out after they see patients in UCC advising them that next time it may be quicker and easier to see their local GP. This leaflet should also include information about GP Hubs as an alternative to attending A&E out of hours
9. although cannot change the wording of the question, asking it face-to-face allows the wording to be explained and qualified if necessary (i.e. would you recommend this A&E over another one if friends or family had a choice of where to go). Check how other A&E departments ask this question (face to face, text, forms). Also consider (if do not already) having the question translated into other common languages spoken in the local area to avoid meaning being lost in translation.
10. Engagement and outreach with recently arrived immigrants to explain the role of urgent care and other options for healthcare in the community (e.g. GPs, pharmacists)
11. Revisit the car parking system, so that patients attending A&E can pay on exit rather than in advance

Appendix 1 - full breakdown of satisfaction and likelihood of recommending A&E for different groups

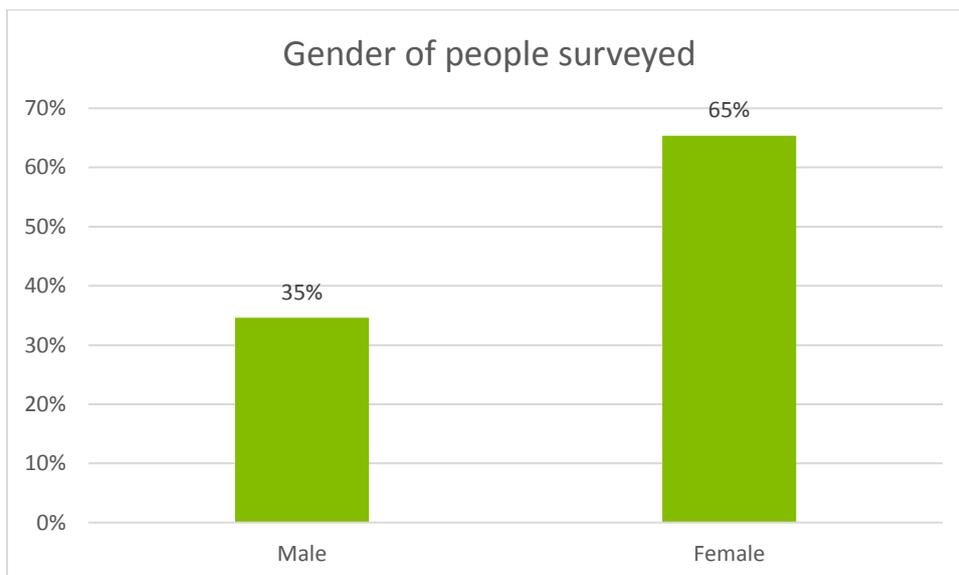
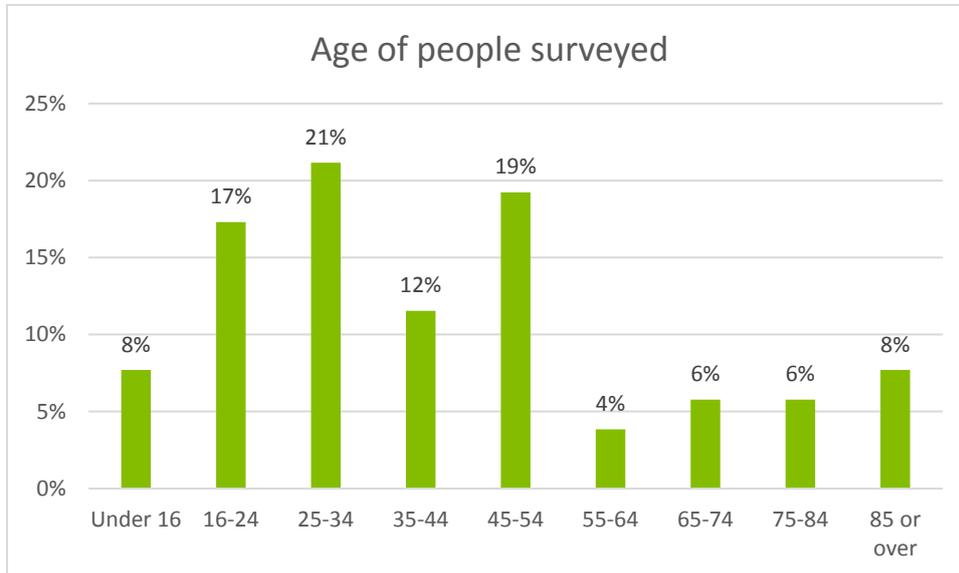
Patient category ³	% of people who were satisfied/very satisfied with North Mid A&E	% of people would be likely/extremely likely to recommend North Mid A&E
Overall	61%	51%
People who had contacted their GP first	57%	53%
People who had contacted any NHS service first	56%	46%
People who had not contacted another NHS service first	70%	58%
People who were seen by a doctor	60%	55%
People who were seen by a nurse	72%	55%
<i>People who were seen by a GP</i>	<i>67% (4 out of 6)</i>	<i>67% (4 out of 6)</i>
Had a good/very good impression before visiting	87%	80%
Had a poor/very poor impression before visiting	36%	29%
Impression of North Mid got better after visiting	91%	82%

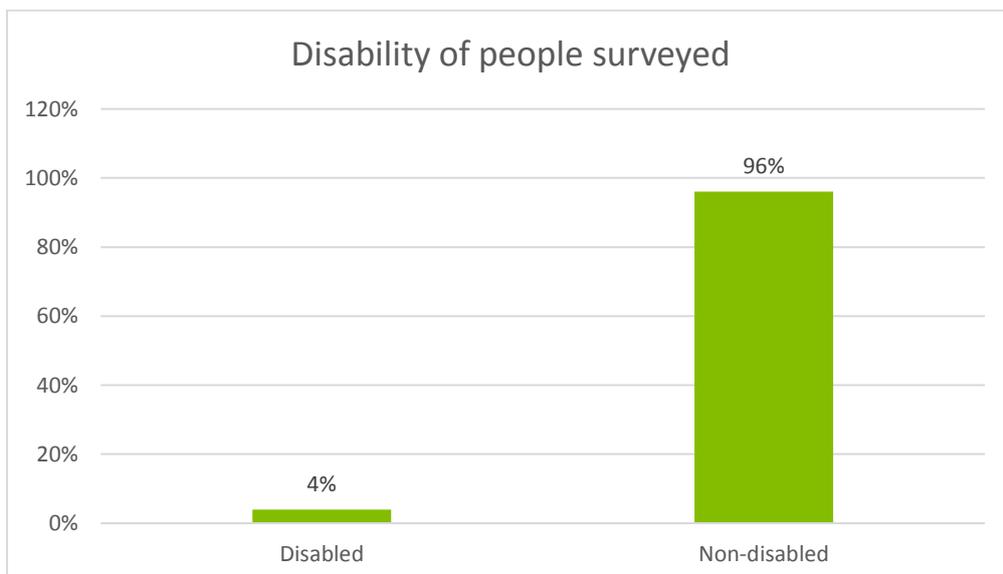
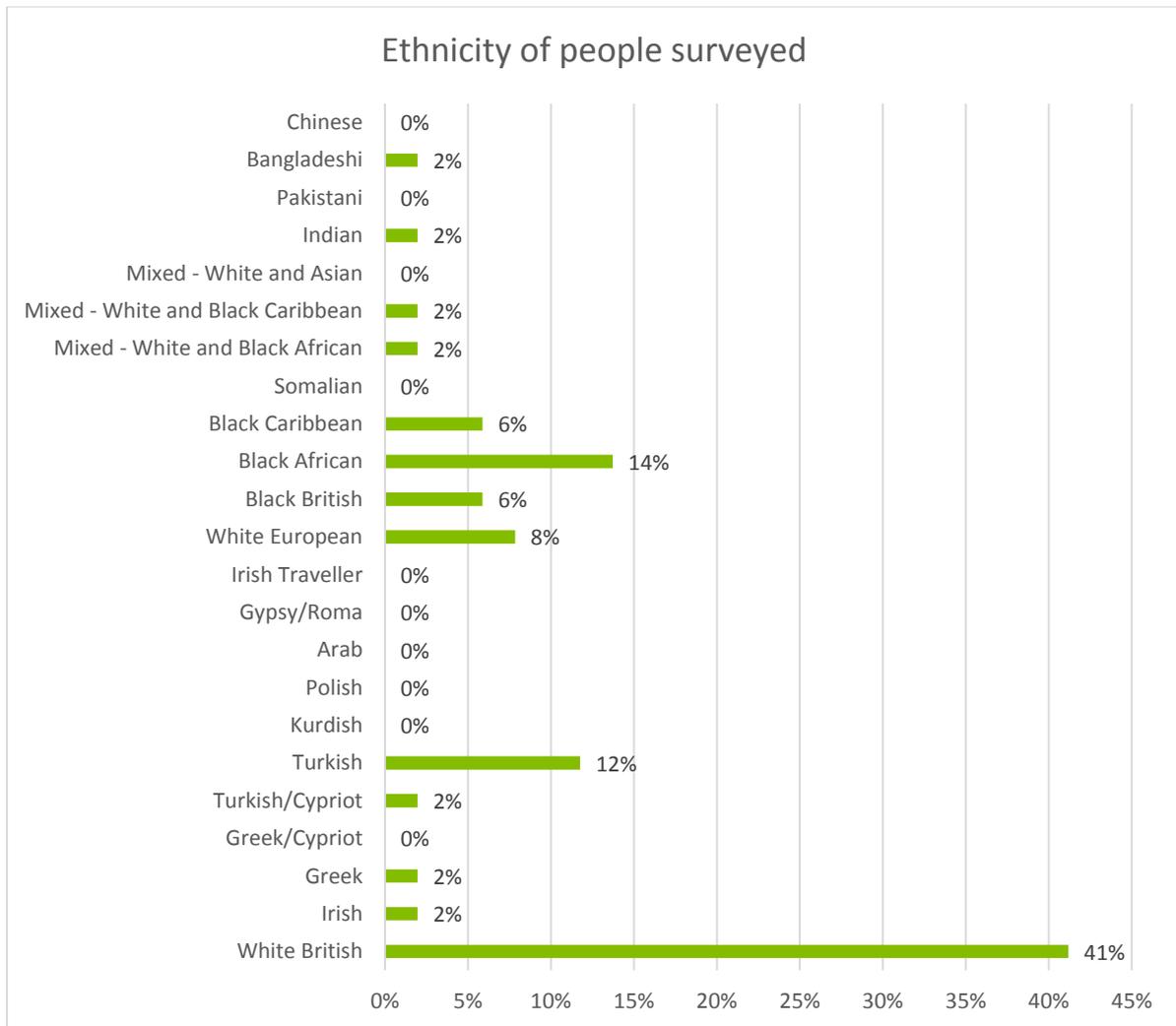
³ Note – figures in italics are based on small sample sizes of 10 people or fewer

<i>Impression of North Mid got worse after visiting</i>	33% (3 out of 9)	22% (2 out of 9)
<i>Patients with a poor impression of North Mid that got better after visiting</i>	83% (5 out of 6)	50% (3 out of 6)
People who have never visited another A&E	76%	76%
Patients who have visited A&E at a different hospital	50%	33%
People under 35	71%	62%
People aged 35-64	56%	44%
<i>People over 65</i>	<i>50% (5 out of 10)</i>	<i>50% (5 out of 10)</i>
Male patients	69%	50%
Female patients	58%	55%
White British patients	56%	43%
BME patients	59%	50%

Appendix 2 - demographic data

The people we spoke to tended to be younger, female and did not describe themselves as having a disability. The range of ethnic backgrounds is representative of the diversity of the local population.





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