

Understanding people's experiences of attending the Emergency Department at the Northumbria Specialist Emergency Care Hospital

Background

Between 12 and 30 November 2018 teams from Healthwatch Northumberland and North Tyneside heard from 309 people attending the Northumbria Specialist Emergency Care Hospital (NSECH) in Cramlington. 75% of the people we spoke to were attending the Adult Emergency Department and 25% were parents/carers visiting the Paediatric Emergency Department with their child.

The Healthwatch teams were present for 14 three-hour sessions between 9am to 9pm, covering both week days and weekends, over various times of the day to understand any common themes in experience. Each person was interviewed using a set of questions aimed at understanding their motivation in attending, the advice that they had sought or received prior to attending, their views on the appropriate location for their care and demographic information, including where they had travelled from. Appendix 1 shows further details about the number of people spoken to at each session.

In light of the responses received we are recommending 26 actions for consideration by Northumbria Healthcare NHS Foundation Trust (NHCT) and Northumberland and North Tyneside Clinical Commissioning Groups (CCGs) either separately or jointly according to each organisation's responsibilities.

Who we spoke to

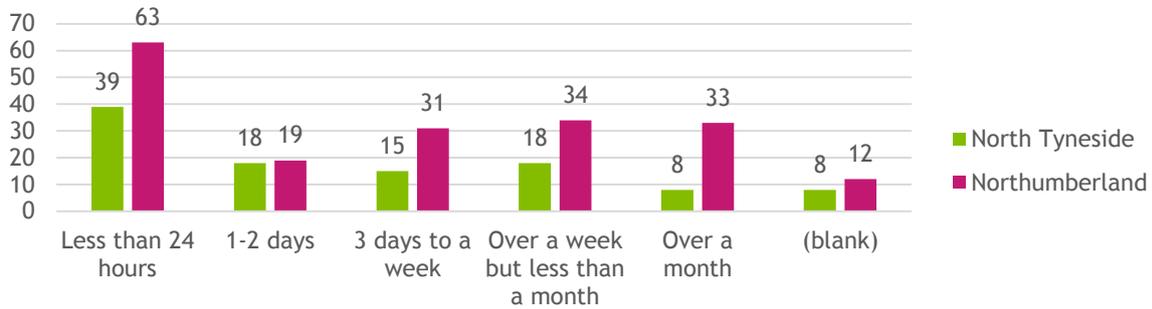
Of the 309 individual responses, 34% were from North Tyneside, 62% from Northumberland and 4% from other Local Authority areas. The personal characteristics people shared showed that we spoke to marginally more women (54%) than men (39%) and 7% did not provide this information. The most frequent age group was 25-49. In terms of ethnicity, 91% of people identified as White British, 3% were from a minority or black background and 6% did not provide this information. 21% of people said they had a disability and 23% had caring responsibilities for someone else.

Appendix 2 includes more detailed demographic information.

Length of illness

We asked how long people had been ill or had the condition that they sought treatment for. Across both areas the most frequent response was "less than 24 hours" although it was not uncommon for people to report "a week or more". However, this may reflect a discrepancy in the reporting of an underlying or long-term condition rather than the immediate reason for seeking help.

How long has the reason you are here today affected you?



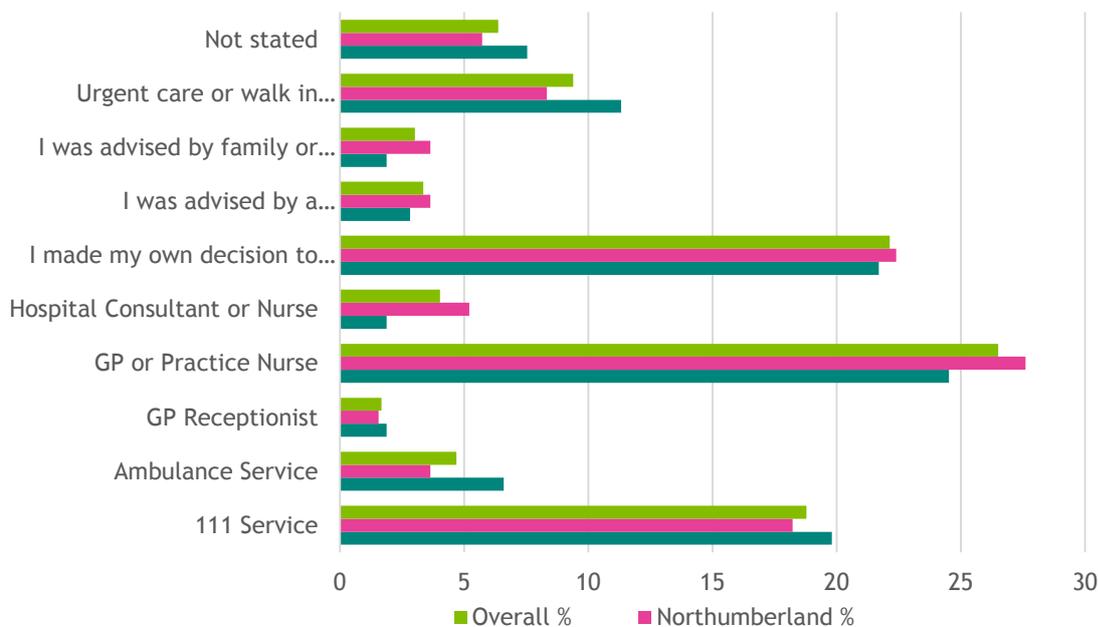
Why people attended

To understand why people chose to attend The Northumbria we asked several questions, this included questions about ‘influencers’ or ‘advisors’ (e.g. family or a medical professional).

Overall, for both North Tyneside and Northumberland residents, the key sources of advice to attend The Northumbria were:

- Following advice from their GP
- Making their own mind up to attend
- Being directed by NHS 111 service

Who advised you to attend The Northumbria



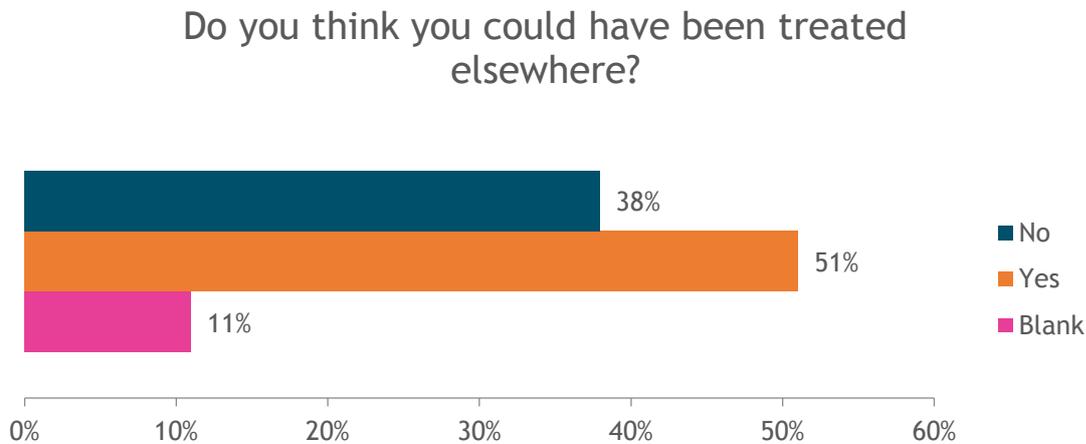
Most reasons for attending are similarly proportionate for North Tyneside residents and Northumberland residents. People did not identify the media as a reason for their attendance.

There were more North Tyneside residents who had contacted NHS 111 or visited an Urgent Care service prior to attending The Northumbria. Also, a greater proportion of people from North Tyneside arrived by the ambulance service.

The majority of people we spoke to had not used The Northumbria in the previous six months (49%)¹ and a quarter had only used the service once or twice. A nominal amount of people had used the service over 5 times which indicates a lack of people using this service repeatedly. Overall, those attending paediatrics had a higher overall frequency of visits.

The people who made their own decision to attend mainly followed the demographics overall, except there were slightly more men (54%) than women (46%) and for Northumberland fewer people from the north of the county.

Did people think they could have been treated elsewhere

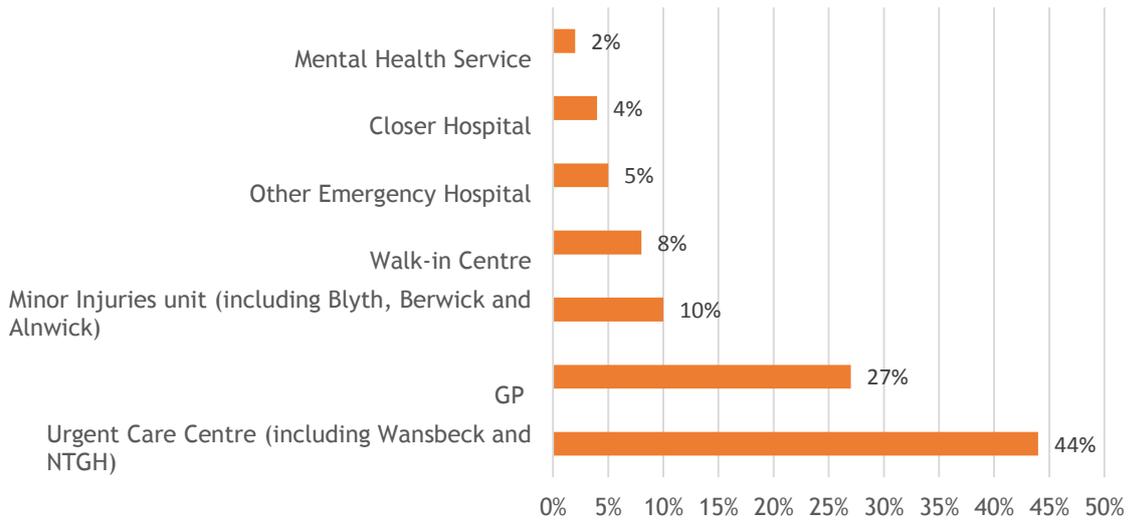


Over half of the people we spoke to told us that they thought their care could have been provided in another setting. Of those who answered yes, 66% said they would have preferred to be treated at a hospital site closer to where they lived. A small number mentioned services directly, but almost all referred to the town the hospital site was in (we have grouped these together with the service in the graph below). The majority thought that North Tyneside General Hospital (26%) or Wansbeck (14%) would have been an appropriate setting. People also discussed a preference of going to their GP (27%) instead of The Northumbria.

¹ Percentages include both residents spoken to from both North Tyneside and Northumberland unless otherwise stated.

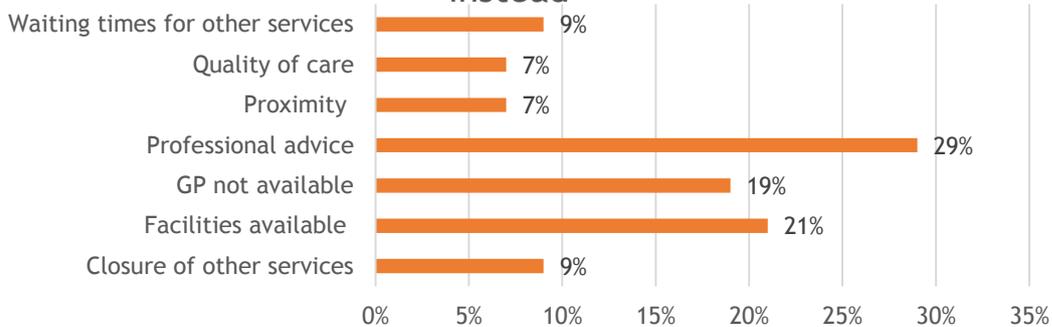
70 people told us about why they did not go to the service where they thought they could have been treated. On occasion people mentioned a specific service eg Wansbeck, whereas others answered more generally by suggesting they would have preferred a closer hospital or a walk in centre. In the graph below we have merged responses together to link to a particular service.

Where people thought they could have been treated



29% of people chose to attend the Northumbria over other services following a conversation with a medical professional (including their GP and the NHS 111 service). 21% discussed feeling unsure about which facilities and testing was available from other services such as, Urgent Care being unable to provide x-rays or blood tests, therefore either being informed by other services or having the perception that The Northumbria was the only hospital to provide the particular services they needed.

Reason why people attended The Northumbria instead



GP Availability

A crucial issue people raised as their rationale for attending The Northumbria was around availability of other services, particularly during evenings and weekends. This can be linked not only to awareness of service availability, such as clear communication of out-of-hours GP services, but also signifies an issue internally whereby services are not signposting to all the services currently available.

19% of those who felt they could have been treated elsewhere identified accessing GP services as an issue preventing them from doing so. Some comments we received were:

*“GP practice would have been ok but it’s closed on a Saturday, only opens some Saturdays. If it was open would have tried to go there”
(Northumberland Resident)*

“GP not open today. Walk in would have sent us here anyway as they have no paediatrics” (Northumberland Resident)

*“Would have gone to GP but didn't think they were open on a Saturday”
(Northumberland Resident)*

“Came here as 'impossible' to get a GP appointment. There is no chance of getting an appointment on the same day or the next day” (North Tyneside Resident)

However, 35% of those attending The Northumbria told us they had been in contact or had a telephone appointment with their GP before attending. Approximately 35% of people, across both North Tyneside and Northumberland, had seen their GP prior to attending The Northumbria.

“I spoke to the GP on the phone & they advised me to come to NSECH. I thought it was best myself” (North Tyneside Resident)

3% of respondents told us they had tried to contact their GP but were unable to access prior to attending.

“Tried to get appointment with GP but couldn't get an appointment till tomorrow” (North Tyneside Resident)

This indicates that a significant number of people often did not try to contact their GP before attending The Northumbria, likely due to perceived unavailability. Communications around how primary care can provide out-of-hours care is therefore vital.

Case Study - Lack of Weekend Availability

Derek, 65-79 Year-Old Male from Northumberland (NE61)

Derek visited The Northumbria on a Saturday evening. Derek had a long term condition and had seen his GP in the previous week. He had also been to Northumbria two months previously which resulted in an over night stay and an appointment with a specialist which was due in the next couple of weeks. Derek's condition had got worse in the previous twenty four hours and he would have liked to have contacted his GP, but as it was a Saturday was unable to call them out. So he contacted NHS 111 who were very helpful on the phone and advised him to come to The Northumbria. Derek had a choice of waiting for an ambulance, but this would take two hours, so he decided to get a taxi to The Northumbria. He would have preferred to have seen the GP at his home if possible.

Recommended Actions

1. Both CCGs to work with GP practices and NHS 111 to ensure clear messages about GP appointment availability, out of hours GP services and alternative support. Healthwatch and Patient Participation Groups/Patient Forums should be involved in this.

Using NHS 111 Service

A key service people frequently interacted with before attending The Northumbria was NHS 111. Overall, 20% of North Tyneside residents and 18% of Northumberland residents had been in contact with NHS 111 and mostly considered their experience of using it as positive.

“Rang 111 and sent ambulance. Rapid response car 10 mins” (North Tyneside Resident)

Despite this, people also discussed issues around being signposted to The Northumbria when they felt another hospital may have been suitable. People told us they were not given options and where to attend and signposted directly to The Northumbria.

Overall, it was common for people to make their decision based on the choice between going to their GP practice or to The Northumbria, rather than seeing it as a pathway of services for different levels of need. This idea was reinforced by the services people encountered as there seemed to be a lack of signposting to alternative services such as out-of-hour GPs and primary care hubs.

Case Study - 'Cutting out the middle man'

Stacey, 25-49 Year-Old Female from Northumberland (NE62)

Stacey visited by car on a Tuesday morning after having an issue for less than twenty four hours. She made her own decision to come to The Northumbria because she thought that if she went to Wansbeck, she would then get referred onto The Northumbria and did not want to pay for parking at Wansbeck and then have to go to The Northumbria also. She thought that Wansbeck is a place for minor injuries although it was not clear what condition she was presenting with.

Recommended Action

2. CCGs and NHCT to work with NHS111 to ensure messages about pathways are clearly communicated based on the services that are available at each facility. Healthwatch and Patient Participation Groups/Patient Forums should be involved in this.

Communications with the public

People told us they were often uncertain where to go for treatment.

"Would be nice if could be dealt with nearer home - Alnwick would have been better but don't think there is a radiographer available after hours so no-one available to x-ray" (Northumberland Resident)

"Not sure if the walk in has x-ray so came here [sprained ankle]" (North Tyneside Resident)

This indicates that communication of what services are available and where, is a key issue. Some people said, "Rake Lane is closed", others thought you had to go to The Northumbria for a blood test or x-ray. This is potentially a language issue as the distinction between urgent and emergency care are not clear to most people.

It was not only issues around which treatments were available but also where services were located that meant people attended The Northumbria, despite thinking that they could have been treated elsewhere.

"Maybe a walk in centre if I knew where they were" (Northumberland Resident)

There was also a perception that people may be referred to The Northumbria if they attended another service first, especially urgent care services, so people chose to go to The Northumbria from the offset to avoid moving around services.

...Could you have been treated elsewhere? " North Tyneside Urgent Care Centre. However, I thought they would send me here anyway so coming to NSECH was 'cutting out the middleman'" (North Tyneside Resident)

Of those who made their own decision to attend and thought that their treatment could not have been provided elsewhere, this was often not solely due to the specialist care needed but reflected similar concerns around lack of facilities and changes to existing service provision.

“Because my son needs an x-ray” (Northumberland Resident)

*“They shut Rake Lane A&E so had to come here - it’s the only service”
(North Tyneside Resident)*

Recommended Actions

3. Carry out focus groups with local people to understand the language they use about services so communications can be tailored to be accessible and make sense to those who use services.
4. Communicate what services are available where with the public.
5. Review system wide messages from staff to patients to ensure people are receiving the best advice for them.

Getting to The Northumbria

80% of the people we spoke to had arrived at The Northumbria by car, the second highest mode of transport used was taxis (7%). People spoke to us about significant issues relating to getting to and from the hospital. The key concerns related to:

- The lack of public transport available, particularly overnight and issues around connectivity from certain areas (especially from Northumberland and the southern parts of North Tyneside).

“I got a lift but if this was not available it would require two buses (one to Ashington, one to Cramlington) each way which as an asthmatic is not possible” (Northumberland Resident)

- Signage for both public transport services and the hospital itself is inadequate and often meant people were unsure of when and where to get off buses.
- The lack of public transport meant that often people relied on a friend or family member to drive. If people were unable to do so they often had to get a taxi which was costly.

“Our A&E not there anymore [Rake Lane]. Today the taxi here cost £15 one way. There are no buses” (North Tyneside Resident)

- Car parking at The Northumbria was commented on both positively and negatively, this often depended on busyness of the car park when people attended. People were happy with the low costs (at the time it was fixed at £1) but also discussed issues around capacity and sometimes struggling to find a space. Although messages were inconsistent, as most people told us that they travelled by car, parking capacity is a key issue to address.

“One of the reasons we come here is the good parking. Can get parked & cheap” (Northumberland Resident)

“Parking is awful. I queued up for ages” (Northumberland Resident)

“Parking was horrendously difficult. No disabled spaces. Had to drop off and then go and find somewhere to park” (Northumberland Resident)

Recommended Actions

6. Further exploration of what public transport is currently available from different local areas.
7. Work with bus companies to pull into the hospital grounds (rather than passing by) and review messages on buses so people know when they are close to The Northumbria.
8. Work with providers to increase the number of services from across the Northumbria catchment.
9. Review the signage at bus stops.
10. Review parking spaces and potential to extend to make additional spaces available.

Paediatric Care

We spoke to 76 parents and families attending The Northumbria with a child. People discussed positive experiences of using the services including friendly staff approach and past experiences of quality care. There was a consensus that The Northumbria was the appropriate place for care for children. It appeared that other services often referred children to The Northumbria by default, this included both NHS 111, primary and urgent care services. Services sometimes signposted people directly or following being seen by their service initially, which meant people had to wait for both services.

“GP said to come to NSECH as NTGH don't deal with babies” (North Tyneside Resident)

“Berwick A&E directed to NSECH after an X-ray” (Northumberland Resident)

“GP practice nurse and A&E at Berwick said the Berwick Infirmary is unwilling to x-ray a young child” (Northumberland Resident)

Some people told us about choosing the paediatric department because of the quality of care, dedicated waiting area and speed that children are treated compared to other services which cater for adults and children.

Recommended actions

12. Review communications around the paediatrics emergency department for staff, other services (GPs & NHS 111) and the public.

13. Review child friendly provision at other sites and communicate clearly what is available where to the public.

Case Study - Paediatric Care by Default

Martin, Parent of under 18-Year-old from North Tyneside (NE26)

Martin's son had been poorly for 3 days and had previously been seen by the GP earlier in the week. He had also been to The Northumbria and sent home two days prior to this instance. Martin initially took his son to the Urgent Care Centre at NTGH on Saturday evening, when there he was advised that The Northumbria would be a more appropriate service. The Urgent Care Centre arrange for an ambulance to take him directly to NSECH, however Martin said he would have been happy with treatment at UCC if doctor would have agreed to diagnose and treat.

Use by the Local Community

It was identified that some patients using The Northumbria were visiting due to it being the closest hospital and not necessarily the one most suited to their health needs. It was noted by some people that they chose to attend based on proximity.

"[I]came here because it is the closest service" (Northumberland Resident)

It is important that this is understood in the context of mixed communications about which services to use when. This issue may need to be addressed by dealing with people who present with non-emergency care needs in a different way, rather than turning them away from accessing this service.

Recommended Actions

14. NHCT and Northumberland CCG review how best to manage these patients rather than trying to stop them from coming.

Reflections on access and the waiting environment

This section outlines the observations our team made whilst carrying out the engagement events at The Northumbria and highlights recommended actions for Northumbria Healthcare NHS Foundation Trust to improve service user experience of the Emergency Department waiting area. We have previously shared this information with NHCT

Overall, our team found the area very clean, well maintained, pleasant and calm, and identified the following issues:

Access

The accessible toilet was difficult to access, and there was no hygienic waste bin in the male toilet. A non-gendered accessible toilet was not easily available to people - this is an issue for those who needed assistance to use the toilet where a carer is a different gender to the person needing care.

People sometimes struggled to hear when they were being called for consultation, a particular issue for people with hearing impairments, but we observed this happening with people who said they did not have a disability.

Recommended Access Actions for Northumbria NFT

15. Conduct a full access audit of the Emergency Department conducted by experienced team and follow up actions implemented.
16. Look at lessons from other Northumbria NFT or NHS services.

Waiting Area

Food and refreshments are not available in waiting area after Volunteer Shop closes. Whilst there are facilities on the floor below, people were reluctant to use these as they could miss being called for their consultation. This is an issue for all users but would be a particular problem for people with certain medical conditions including diabetes. One man, who had attended the Emergency Department before, had made sandwiches and a flask of coffee at home because he knew refreshments were not available in the evening. Water was not available in the waiting area - a real issue for people needing to take medication.

There was a lack of power points/charging stations for phones whilst people are waiting. We noticed because most people were not prepared for a visit to the Emergency Department or a long wait. Phones are essential for connectivity and distraction whilst waiting for the majority of service users.

There was nothing to do in the waiting area e.g. toys for children in the adult waiting area, newspapers etc. We noticed several families with children waiting in the adult Emergency Department and there are no facilities to entertain or distract children whilst their parent/carers is waiting to be seen.

Triage times need to be updated when busy, this was not always done and meant people were not fully informed of expected wait.

Finally cash point machine with transaction charges are a barrier to some people - we heard people unhappy at the charge and this is particularly important for those who need to travel by taxi/public transport, or those people who have long waits and need to purchase refreshments.

Recommended Waiting Area Actions for Northumbria NFT:

17. Provide vending machines or similar so that people waiting in the evening can access food. Alternatively, identify a way that people will not miss their appointment when using the facilities downstairs.
18. Provide a water fountain in the waiting area.
19. Consider providing a charging station or similar for mobile phones.
20. Consider providing toys, newspapers and/or other low level entertainments in the waiting area whilst people are waiting to be seen. Look at use of the TV screens in the waiting area.
21. Update waiting times regularly to keep users informed.
22. Investigate a free or lower charging cash machine.

Transport

The bus timetable display screen in waiting area was not updating and did not work during the 3 weeks we were there - reception staff said that it had been like that for a while. Additionally bus information not available after the reception closed.

Bus stops are not well signed and directions to and from the stops - particularly from the Newcastle bus routes. One of our volunteers missed the bus stop and we heard from service users about them missing the bus stop for the hospital and travelled into Cramlington to wait for a connection.

Concerns were raised about the car parking capacity and ability to cope after extension works and for people accessing the maternity services. At one point during a Tuesday afternoon session, 25 cars were waiting to get into the car park.

Recommended Actions for Northumbria NFT

23. Fix timetable display screen. Switch screen off until fixed to avoid further confusion.
24. Discuss bus connections and signage at stops at meeting with CCG, alongside full feedback from service users.
25. Raise with bus operating companies ways to highlight bus stops closest to the hospital
26. Review car parking strategy at peak times.

List of Recommended Actions

We are recommending 26 actions for consideration by Northumbria Healthcare NHS Foundation Trust (NHCT) and Northumberland and North Tyneside CCGs either separately or jointly according to each organisation's responsibilities.

1. CCGs to work with GP practices and NHS 111 to ensure clear messages about GP appointment availability, out of hours GP services and alternative support. Healthwatch and Patient Participation Groups/Patient Forums should be involved in this.
2. CCGs and NHCT to work with NHS 111 to ensure messages about pathways are clearly communicated based on the services that are available at each facility. Healthwatch and Patient Participation Groups/Patient Forums should be involved in this.
3. Carry out focus groups with local people to understand the language they use about services so communications can be tailored to be accessible and make sense to those who use services.
4. Communicate what services are available where with the public.
5. Review system wide messages from staff to patients to ensure people are receiving the best advice for them.
6. Further explore what public transport is currently available from different local areas.
7. Work with bus companies to pull into the hospital grounds (rather than passing by) and review messages on buses so people know when they are close to The Northumbria.
8. Work with providers to increase the number of services from across the Northumbria catchment.
9. Review the signage at bus stops.
10. Review provision of public transport information within hospital.
11. Review parking spaces and potential to extend to make additional spaces available.

12. Review communications around the paediatrics emergency department for staff, other services (GPs and NHS 111) and the public.
13. Review child friendly provision at other sites and communicate clear what is available where.
14. NHCT and Northumberland CCG review how best to manage these patients rather than trying to stop them from coming.
15. Conduct a full access audit of the Emergency Department conducted by experienced team and follow up actions implemented.
16. Look at lessons from other NHCT or NHS services.
17. Provide vending machines or similar so that people waiting in the evening can access food. Alternatively, identify a way that people will not miss their appointment when using the facilities downstairs.
18. Provide a water fountain in the waiting area.
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26. Review car parking strategy at peak times.

Appendix 1 Breakdown of response by day and time

The response does not necessarily reflect the number of patients in the waiting room, as some sessions were repeated and some people declined to take part in the survey.

Count of Response by time	North Tyneside			Northumberland		
	Adults	Paediatrics	Total	Adult	Paediatrics	Total
Morning	14	6	20	31	9	40
Afternoon	41	18	59	70	24	94
Evening	19	8	27	47	11	58

106

192

Count of Response by day	North Tyneside			Northumberland		
	Adults	Paediatrics	Total	Adult	Paediatrics	Total
Monday	25	11	36	52	15	67
Tuesday	13	5	18	23	12	35
Wednesday	14	3	17	21	1	22
Thursday	5	4	9	8	3	11
Friday	9	5	14	11	7	18
Saturday	8	4	12	33	6	39

106

192

Appendix 2 - Demographic Information

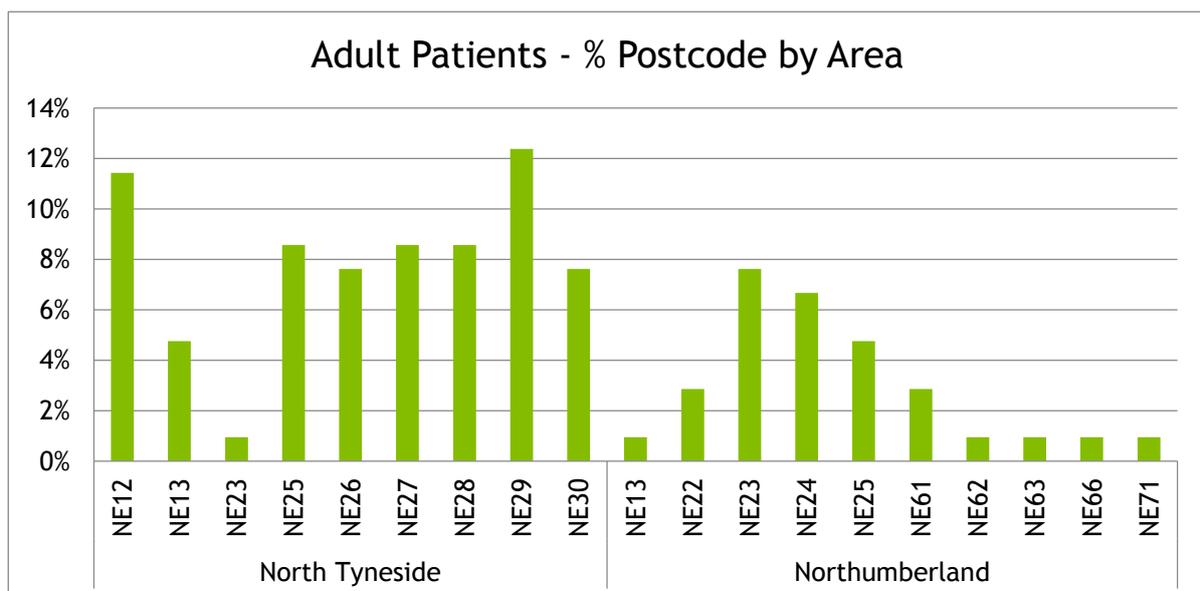
Age

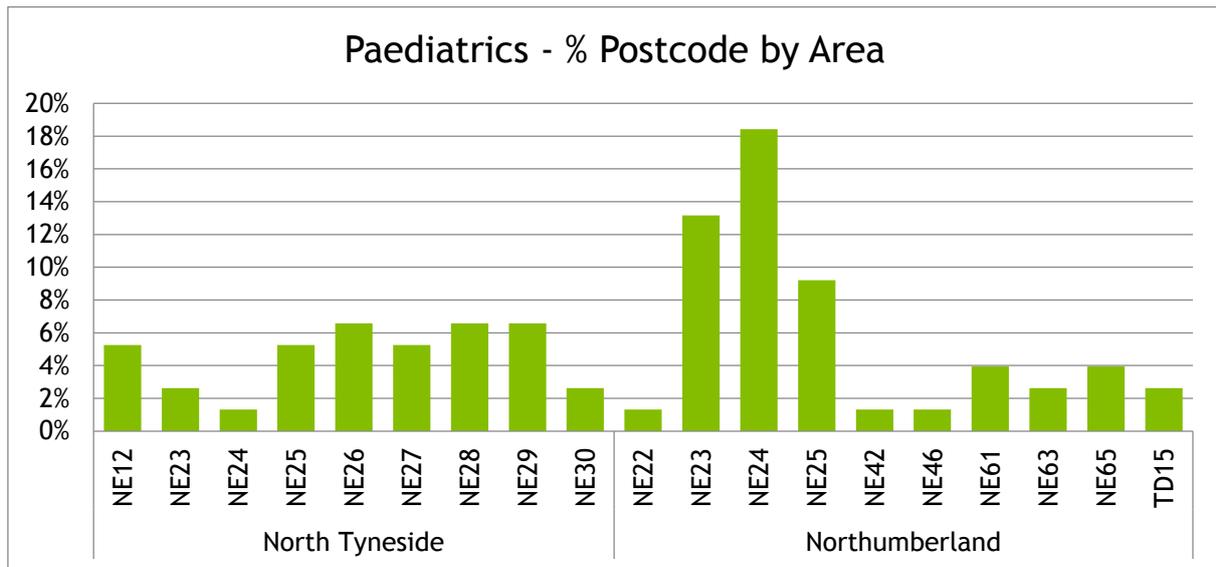
People were asked to identify their age group. The age of child patients was not recorded.

	% Response
Under 18	2.27%
18-24	6.15%
25-49	39.48%
50-64	21.68%
65-79	17.48%
80+	6.47%
not known/prefer not to say	0.32%
Unanswered	6.15%
Grand Total	100.00%

Where people came from

People were asked for the first part of their postcode (eg NE26, TD15). We have split this by location and by service.





Gender

People were asked to self-identify their gender

	% Response
Female	54.05%
Male	39.16%
Prefer not to say	0.32%
Not answered	6.47%
Grand Total	100.00%

Ethnicity

People were asked to identify their ethnic background

	% Response
Any other Asian Background	0.32%
Any other mixed background	0.32%
Arab	0.32%
Asian/Asian British: Bangladeshi	0.32%
Asian/Asian British: Indian	0.32%
Mixed Race Asian & White	0.32%
Native American	0.65%
Rather Not Say	0.32%
White: British	90.61%
White: Irish	0.32%
Not answered	6.15%
Grand Total	100.00%

Disability and caring responsibilities

People were asked if they considered themselves to have a disability or if they had cared for someone else.

Do you consider yourself to have a disability?	% Response
No	69.26%
Prefer not to say	0.97%
Yes	21.04%
(blank)	8.74%
Grand Total	100.00%

Are you a Carer?	% Response
No	69.90%
Prefer not to say	0.65%
Yes	22.65%
(blank)	6.80%
Grand Total	100.00%