

What patients told us about  
why they “walk in” to A&E  
Departments in  
Worcestershire

Summary Report

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## **Acknowledgments**

Thanks to all the patients who responded to our Survey during our visits to the A&E Departments and to everyone who took the time to respond online.

Our thanks also to the managers, matrons and staff of the A&E Departments at the Worcestershire Acute Hospitals NHS Trust for their help and co-operation with this project.

## **Note**

A copy of the Survey will be available on our website.

## SUMMARY OF KEY FINDINGS AND RECOMMENDATIONS

### Background

HWW undertook this project to **increase understanding of why patients “walk in” to the two Accident and Emergency (A&E) Departments in Worcestershire**. We completed 11 visits to the public waiting areas at the Accident & Emergency (A&E) Departments at the Worcestershire Royal Hospital (WRH) and 4 visits to the Alexandra Hospital (the Alex) between 30<sup>th</sup> November 2021 - 14<sup>th</sup> December 2021 with the co-operation of the Worcestershire Acute Hospitals Trust. The project was intended to be a **snapshot of patient experience**.

**323 people** completed our Survey - 292 face to face and 31 online. **53% were female and 47% were male**. Looking at the **age range of respondents** - 15% are under 18 years, 61% are aged 18 - 64, and 24% are aged over 65. Most respondents (86%) are from a White British ethnic background. Overall **we surveyed 8% of patients who walked in** during the period. According to Acute Trust data 686 patients walked in when we were conducting surveys of whom 47% completed our Survey.

### KEY FINDINGS

#### Respondents who were sent to A&E

70% (n227) of respondents reported that they had contacted another health service about their condition BEFORE going to A&E.

More respondents who had contacted another health service before attending A&E were: attending the Worcestershire Royal Hospital compared with the Alex, attending A&E on weekdays rather than weekends, were owner occupiers, female and in the older age ranges of our respondents.

The top three services that patients contacted before attending A&E were their GP practice (n80), the NHS 111 telephone service (n67) and Minor Injuries Units (n29).

92% of respondents reported they were told to go to A&E by the health service that they had contacted.

80 respondents had contacted their GP prior to attending A&E. 75 people (94%) were told by the practice to go to A&E. Most people, 67 (89%) reported they were sent by a GP at the practice, and not by other health professionals or reception/administrative staff.

51% (n39) of respondents sent to A&E by their GP practice told us the Surgery made an arrangement with A&E before they sent them. This worked well for 28 people, but 10 reported that they had not been expected at the A&E Department. 49% (n38) reported their GP practice had not alerted A&E. There could be scope to increase communication between GP's and A&E when patients are being referred.

The NHS 111 telephone service was the second most frequently contacted service (n67). 52% (31) of respondents who had contacted NHS 111 told us that either a time slot had been booked for them (n18) or that A&E had been alerted prior to their arrival (13). Of those with a timed appointment 56% (n10) were seen within 15 minutes of their appointment time. However, appointments were not always booked for patients or A&E alerted by NHS 111.

We also heard of difficulties for patients of getting through to NHS 111, and lengthy waits for a call back.

Some patients told us they contacted more than one other health service before being sent to the A&E Department.

There is a danger that if the response to patients through NHS 111 is not timely, or if patients are trying to access alternative services yet end up at A&E, they may in future be inclined to vote with their feet and go directly to A&E.

It is therefore important that alternative pathways to A&E work from the perspective of the patient.

### **Respondents who had self-referred to the A&E Department**

30% of respondents (n96) had self-referred to the A&E Department.

A higher proportion of respondents who self-referred were: living nearer to the A&E Department, attending A&E on weekends, male, in the younger age groups, and were private or social / housing association tenants, or living in supported or temporary accommodation. This suggests that there may be opportunities to target messages about NHS 111 First and alternatives to A&E to these Groups.

Most self-referring respondents are going to A&E for X-Ray and diagnosis or because they believe they have a serious illness or injury. Top three injuries/illnesses reported were possible broken bones (30), injury to muscles/joints (11) and wound bruising or cuts (9). These make up 60% (n 50) of the injuries/illnesses identified. The NHS may regard some of these visits as avoidable, but for patients to be diverted from A&E they need to know about the alternatives, and have ready access to services that are located close to them, provide the services they need (such as X-Ray) at the time that they need them.

Whilst the majority of respondents (59% n57) who self-referred were aware of Minor Injuries Unit's, they are not certain whether their illness/ injury can be treated there (n16) or if an X-Ray is available (n7). The most frequent reason given for not attending a MIU was that it was too far away (n18). 61% (n54) of patients who had self-referred lived in either Worcester or Redditch, where there is no direct access to a MIU / walk in clinic. Patients may not be easily diverted to an alternative to A&E if this is not readily accessible to them.

The Survey results, and other comments we received from respondents, indicate that there is scope to improve communication with the public about Minor Injuries Units.

Awareness of NHS 111 is high amongst respondents who self-referred to A&E (83%), however we cannot be certain that respondents were necessarily aware of NHS 111 First, if they were they had not heeded the message. There is lower awareness (38%) of the "Help Us to Help You" campaign. There is scope to further promote both the NHS 111 service and how it can help patients, alongside the "Help Us to Help You" message.

### **Availability of GP appointments**

Overall, most respondents 232 (72%) would still have attended A&E even if they had a same or next day GP appointment.

Of the 89 respondents who said they would not have done 71% (n63) were sent to A&E by another health service and 8 had contacted another health service before going to A&E. Only 18 self-referred patients would not have attended A&E if they could have had a same day GP appointment

The results suggest that lack of availability of same / next day GP appointments does not seem to be the main reason for attendance at the A&E Department for the respondents that self-referred. 81% (n77) of these respondents said they would still have attended A&E even if they could have got a GP appointment on the same or next day.

In fact a higher proportion of patients who contacted another health service first told us that they would not have gone to A&E had a same or next day GP appointment been available to them. This is a finding that the system wants to give further consideration to.

### **Possible drivers of A&E visits - patients returning to A&E for the same condition or undergoing/awaiting hospital treatment**

Patients returning to A&E for the same condition, or undergoing or awaiting hospital treatment did not seem to be a major driver of visits to A&E for the respondents that we spoke with.

Most respondents (82%) had not visited the A&E Department that they were attending for the same condition in the last 6 months. 10% (n32) of patients were returning to A&E within a month of a previous visit, which is in line with national figures.

Most respondents were neither under hospital treatment (83%) nor awaiting hospital treatment (93%) for the condition that they attended A&E with, nor something related to it.

### **What would make a difference to respondents' decision to visit A&E?**

Respondents could select up to three answers from a list of options that would have made a difference to their decision to attend A&E.

Most respondents (n202) think that A&E is the right place to meet their needs, and none of the options presented would have made a difference to their decision to visit the A&E Department.

Easier access to GP appointments was the second most frequently selected option (n 63), identified by 49 respondents who were sent to A&E and 14 patients who self-referred. Where patients do try to access alternatives to A&E there has to be capacity in the system so that these options work for them.

Following this there is some divergence between options identified by sent patients and self-referred. Sent patients identified easier access to NHS 111 telephone service (n15), other types of urgent care closer to them (n14) and real time information about A&E and MIU waiting times (n11). These findings align with the comments we heard about the NHS 111 service, and reflect that sent patients live further from an A&E Department than those who self-referred.

Self-referred patients wanted better information about alternatives to A&E (n10), how NHS 111 can help (n9) and other types of urgent care closer to them (n9). These

findings suggest that there are opportunities to increase awareness of alternatives to A&E for patients who are self-referring.

### **HANDi Paediatric App**

93% of patients to whom the HANDi App was relevant had not heard of the App. There is further opportunity to promote the HANDi App to parents.

### **Local online information about the Urgent Care pathway**

From a patient perspective the online information about Urgent Care is fragmented, partial and potentially confusing.

There is no single source of information about Urgent Care in the County. The NHS 111 First message is not consistently conveyed in all of the online information about Urgent Care. Information about “Alternatives to A&E” is available on the WAHT site, but some of this is out of date (2018/9). The page contains a helpful interactive map of local health services. This webpage is not integrated into information on the A&E or Minor Injuries Unit webpages. The A&E page on the Acute Trust site does not refer to the NHS 111 First process, or provide a description of the injuries that could be treated at a Minor Injuries Unit or hyperlink to Minor Injuries Unit information. “Live” information about A&E waiting times is extremely out of date (April 2019), despite being signposted from the Acute Trust’s home landing page and the A&E page.

Information about the services provided at Minor Injuries Unit is not fully consistent across the Acute Trust and Health & Care Trust websites. In particular there is inconsistent information about whether MIU’s can treat “minor” broken bones, and there is no information about when X-Ray facilities are available on the Kidderminster MIU site. Accurate information should be provided to patients about any exclusions due to age or injury that apply to the MIU’s. Patients need clarity about the MIU offer if they are to have trust and confidence that the service provided will meet their needs.

We recognise that there will always be people who will be unable or unwilling to access NHS 111 online and telephone options, and therefore the option of people being able to “walk in” to A&E without any prior contact with another service should always be available, as should information to the public about the range of Urgent Care services available in the County.

People understand A&E, they know that they will be seen by the correct person eventually in a situation they deem to be urgent/an emergency. For people to change their behaviour there needs to be clarity about the pathway and the alternatives to A&E which are available, and those pathways need to work for patients.

## **RECOMMENDATIONS**

### **Information about NHS 111 First and other alternatives to A&E**

There are opportunities to improve information and communication to the public about the NHS 111 First pathway locally. However, it is important that information about the range of local Urgent Care services is still available to people when they look for it.

## Recommendations

1. Review online information across all NHS organisations about access to urgent and emergency care to ensure that it is giving consistent, accurate messages to the public about alternatives to A&E and the preferred pathway
2. Consider a single source of online information about NHS services in Worcestershire, that brings together up to date and accurate information for patients about Urgent & Emergency Care services that they can access in the County
3. Target communication about NHS 111 First, “Help Us to Help You” and alternatives to A&E - we found that males and younger people were more likely to self-refer to A&E, as were respondents who were private or social/housing association tenants, or living in supported or temporary accommodation and that self-referrers lived nearer to the A&E Departments and visited more frequently at the weekends
4. Promote the availability of the HANDi Paediatric App to parents in the County
5. Ensure that information about NHS 111 First and alternatives to A&E are available in a range of formats, in accordance with the Accessible Information Standard, recognising that not everyone is able or willing to access online information

## NHS 111 service

There is scope to improve awareness of how the NHS 111 service can benefit patients if they contact it. However, patients need to receive a timely response from the service when they consider themselves to be in an emergency situation.

## Recommendations

6. Promote information about how the NHS 111 Online service can assist patients
7. Promote information about what the NHS 111 telephone service can do for patients if they contact it - including providing advice and guidance, referral to community pharmacy, booking an appointment at a GP practice or Out of Hours GP service, booking a timed appointment at a Minor Injuries Unit or Accident & Emergency Department, and where necessary send an ambulance
8. Ensure that there is sufficient capacity in the NHS 111 telephone service to meet service demand in a timely fashion

## Minor Injuries Units

Whilst half of self-referred patients were aware of Minor Injuries Units, they did not always know if they could treat the injury or illness that they had attended A&E with. Patients may not be easily diverted to an alternative to A&E if this is not local/readily accessible to them.

## Recommendations

9. Review the information about Minor Injuries Units across organisations websites to ensure that there is clear and consistent information about what injuries can be treated at a Minor Injuries Unit, any exclusions due to age or injury, and when X-Ray facilities are available

10. Ensure that this information is updated if there is a change to the published information
11. Consider whether extending the X-Ray Department opening hours (for example into evenings and weekends) at Minor Injuries Units would be a realistic and effective way of relieving pressure on the A&E Department
12. If part of the role of the Minor Injuries Units is to reduce patients presenting as walk ins at the two A&E Departments, the NHS system to consider whether MIU's are correctly located to meet the needs of patients in Worcester and Redditch

### **Alerting A&E to arriving patients referred by their GP/NHS 111**

An alert had not been received by the A&E Department for about half of patients sent by their GP practice. Where A&E had been alerted it had mostly worked well for patients. About half of patients sent to A&E by NHS 111 were not booked a timed appointment. Where an appointment was booked most patients were seen within 15 minutes of their appointment time.

### **Recommendations**

13. Make patients aware that NHS 111 and their GP practice can alert A&E about a referral and that NHS 111 can book a timed appointment at A&E and MIU's
14. Consider how to increase the proportion of patients who are sent to A&E by their GP with an alert or who are booked a timed appointment by NHS 111

### **Capacity of alternatives to A&E**

Patients journeys to the A&E Department are individual and sometimes complex. For alternatives to work for patients, and to be trusted by them, there must be sufficient capacity across the system to ensure a timely and appropriate response in what patients view as an urgent/emergency situation. This includes NHS 111 telephone response and call back times and may include access to GP appointments.

### **Recommendation**

15. Ensure that there is sufficient capacity across the system so that alternatives to A&E are timely, accessible and available to patients