

## **‘12 hours in A&E’ Patients’ Experiences of Accident and Emergency (A&E) Executive Summary and Recommendations**

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### **1. Overview**

Healthwatch Leicestershire spent 12-hours in the A&E Department at Leicester Royal Infirmary (LRI) on Friday 27 June 2014 from 8.30am to 8.30pm.

### **2. Our aim**

Our aim was to understand patients’ experiences in light of LRI consistently failing to meet the national target of 95% patients seen and discharged within 4 hours. In the week we visited, 93.6% of patients were seen and discharged within 4 hours at LRI; 263 patients were not seen and discharged within 4 hours.<sup>1</sup>

### **3. Who we spoke to**

HWL listened to 88 patients across the adults and children’s A&E Departments. Patients spoke positively about their A&E experience, in particular:

- Patients had promptly seen a doctor or nurse at the point of triage
- Patients were provided with information that was clear and easy to understand
- Vast majority of patients were seen and discharged within the 4 hour target
- The one patient who was not seen and discharged within 4 hours rated their experience as excellent.

### **4. Emerging findings**

What has emerged from listening to patients’ experiences is:

- Nearly four out of ten patients we spoke to had attended A&E in the last 12 months. These patients were more likely to seek help elsewhere before attending A&E, suggesting they may be more aware of alternative services available.
- 42% of patients we spoke to came straight to A&E without seeking advice from other services. Reasons provided included long term conditions or severity of injury.

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<sup>1</sup> NHS England (2014) ‘A&E weekly activity statistics, NHS and independent sector organisations in England’, published 4 July 2014, available at: <http://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/weekly-ae-sitreps-2014-15/>

- Some patients tried to get a GP appointment before attending A&E but were unsuccessful.
- 58% of patients had sought advice before coming to A&E and had been advised to attend by: GP or health professional (37%), 999 emergency services (10%) NHS 111 (6%) or other (3%).
- Nearly 7 out of 10 patients were able to name their GP Practice.

## 5. Recommendations

Based on our findings, HWL offer three key recommendations:

1. Adequate resourcing and better promotion of alternative care pathways available to patients before accessing A&E. Whilst we found over half of patients are using more suitable care pathways before accessing A&E, more work needs to be done to promote alternative pathways and reduce the unwanted burden on A&E for the four out of ten patients who may have been better treated elsewhere.
2. More collaborative and integrated working between Urgent Care Centre (UCC) and A&E, for example reallocating resources or re-directing patients at peak times. We found communication and teamwork between UCC and A&E could be improved.
3. Better information and signage. We suggest better promotion of the feedback and reporting systems available (which didn't appear to be used by patients, yet would provide valuable feedback for UHL to act on) and better use of available wall space to promote the importance 'choosing better' and when to access GP, Pharmacy, NHS 111 and 999 emergency services.

We recommend reviewing the signage to UCC and Adults A&E Department, as it was potentially confusing to first time visitors.

**Healthwatch Leicestershire welcomes the opportunity to work with UHL to help implement our recommendations.**

8 July 2014