

**Summary Report**

**24 HOURS IN URGENT AND  
EMERGENCY CARE**

**9-10 September 2019**

**Healthwatch Doncaster**

**Engage, Inform, Influence**

## Executive Summary

*“Urgent and Emergency Care (UEC) services perform a critical role in keeping the population healthy. The NHS responds to more than 110 million urgent calls or visits every year, so it is essential that the system works effectively”. (Source NHS England)*

How do we measure effectiveness and its impact on the patients that receive care through Urgent and Emergency Care (UEC) services? In order to address this Healthwatch Doncaster attended emergency and out of hours services across Doncaster over a 24 hour period in September 2019, to engage with patients to gather their experiences. Adopting a conversational approach, we asked patients and relatives about their experience of accessing the services. By taking this approach and explaining that Healthwatch Doncaster is an independent body, patients shared with us the things that they thought were working well, what could be better and what they would like to see done differently in future.

The report outlines our findings across a range of out of hours and emergency care services in Doncaster, overall findings were good. Waiting times in the Emergency Department were mentioned by a number of patients but they did tell us that they could understand this due to the department being extremely busy. Patients were full of praise for the care they received and the professionalism of the staff on duty.

On arrival at the Emergency Department at Doncaster Royal Infirmary patients are assessed and where appropriate can be re-directed to the Urgent Treatment Centre or Minor Injuries Unit, both a short distance from the main Emergency Department. We spoke to patients attending both of these services who told us they were pleased with the treatment they had received, especially in relation to the much shorter than anticipated waiting times.

We attended the Minor Injuries Unit at Mexborough Montagu Hospital in the evening and everyone we spoke to was happy with the service. However, some people did cite payment for parking at the site as an issue.

The Same Day Health Centre (8am-8pm) offers an appointment service for patients who need to see a doctor or nurse following a triage process over the phone. During the 24 hours that the engagement took place recipients of the service were asked to complete a questionnaire about their experiences. On the whole recipients of the service were pleased with the speed at which they could get an appointment. However, some patients did have an issue with what they perceived to be irrelevant questions in the triage process.

In light of the feedback from patients Healthwatch Doncaster made recommendations that would improve the patient experience. In the Emergency Department at DRI these relate to drinks provision and improvements that would enhance the experience of patients waiting to be seen, in the form of additional seating and patient call system. Based on comments from people using the Same Day Health Centre we would recommend reviewing the triage process to see if any changes could be implemented to make the process more patient friendly. Finally we would recommend that once any re-design of services has been implemented and had sufficient time to be embedded into practice that this exercise be repeated in order to measure impact.

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# 1 Introduction

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## 1.1 Details of activity

During the period 9<sup>th</sup> and 10<sup>th</sup> September 2019 Healthwatch Doncaster volunteers and staff carried out engagement activities at a number of locations providing urgent and emergency and out of hours care. The aim of the engagement was to gain insight into urgent and emergency care and out of hour's provision in Doncaster from a patient's perspective. The services included in this activity were:

- Emergency Department at Doncaster Royal Infirmary (DRI)  
Provider – Doncaster and Bassetlaw Teaching Hospitals Trust (DBTH)
- Urgent Treatment Centre at Doncaster Royal Infirmary (DRI)  
Provider – Flyde Coast Medical Services (FMCS) an out of hours service provider
- Same Day Health Centre located at Devonshire House  
Provider – FCMS
- Mexborough Minor Injuries Unit at Montagu Hospital, Mexborough  
Provider – Doncaster and Bassetlaw Teaching Hospitals Trust (DBTH)
- Emergency Care Practitioner Service  
Provider - FCMS

## 1.2 Acknowledgements

Healthwatch Doncaster would like to thank the following people and organisations for their help and co-operation with the project.

- Healthwatch Doncaster volunteers, who initiated the idea of “24 Hours in A and E”. All the volunteers who gave up their time to support the project. Due to the nature of the environments we were working in the numbers of people who could attend were limited and unfortunately not all volunteers who expressed an interest in being actively involved had the opportunity to participate.
- Healthwatch Doncaster staff who contributed their time.
- Staff at all the locations we attended and those who co-operated with us to enable the sessions to take place.
- Thank you to Ruth Bruce, Sarah Pinder, Samantha Sidwell, Lesley Hammond, and Adam Tingle at DBTH.
- Andrew Shakesby Clinical Lead at FCMS.
- And last but not least thank you to all the patients and relatives who gave up their time to speak to us and share their experiences.

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# The Project

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## 1.3 Background and Aim

The aim of the project was to gain an insight into out of hours and emergency care provision in Doncaster from a patient perspective. The original idea for undertaking this project came from discussion at a Healthwatch Doncaster Volunteer Meeting and initially included only the Emergency Department (formerly Accident and Emergency) at Doncaster Royal Infirmary.

However, an opportunity arose to broaden out this engagement across all Urgent and Emergency Care (UEC) services and contribute our findings to a larger review of the UEC Model in Doncaster (a copy of the current delivery model can be found in Appendix 3). By working co-operatively with service providers Healthwatch Doncaster were able to gain access to services at the point of delivery, rather than solely in waiting areas. Where it was not possible to talk to patients, for example in the case of the Emergency Care Practitioner service we devised an alternative method of capturing feedback using questionnaires.

The aim of the sessions was to engage with patients at the point of access and using a conversational approach find out:

- what they felt was working well
- what they felt could be better
- what would they want to see done differently

One advantage of adopting a face-to-face conversational approach as opposed to using a survey to capture feedback is that respondents are not restricted in their answers, this has the potential for discussion around a broader set of issues. Healthwatch Doncaster is an independent organisation this also inspires confidence in people to be as open as possible in their feedback. Access “behind the scenes” also enabled our team of volunteers and staff to observe and gain a better understanding of services providing urgent, emergency and out of hours care in Doncaster.

## 1.4 Methodology

Following on from a project outline initially proposed by the organisation’s Volunteers, Healthwatch Doncaster’s Chief Operating Officer held discussions with strategic leads responsible for the UEC Model 2020 Project at Doncaster and Bassetlaw Teaching Hospitals Trust (DBTH).

A meeting was then arranged between the Healthwatch Doncaster Project Lead and DBTH to discuss the practicalities of carrying out the engagement. The project lead developed a project plan which included:

- Devising a schedule for engagement, allowing different times of day to be covered in departments, to assist with identifying possible trends in service uptake across the 24 hours.
- Liaising with key personnel for Emergency Services (Doncaster and Bassetlaw Hospital Trust) and FCMS to set up the sessions.
- Allocating roles and briefing staff and volunteers about the practicalities and expectations of the engagement sessions.
- Producing a report based on the results of the engagement.

The project covered a 24 hour time span but was delivered over a 36 hour period, in order to build in sufficient rest periods for those undertaking the engagement. The sessions were planned to take in different times of day to give a different perspective on how services are used in relation to other services operating at the same time:

Department/Location	Session Times
	<b>Monday 9<sup>th</sup> September</b>
Urgent Treatment Centre – DRI (UTC)	8am-12noon
Emergency Department –DRI (ED)	9pm-7am
	<b>Tuesday 10<sup>th</sup> September</b>
Emergency Department – DRI (ED)	2pm-6pm
Urgent Treatment Centre – DRI (UTC)	6pm – 10pm
Minor Injuries Unit – Mexborough (MIU)	6pm-9pm
Same Day Health Centre (SDHC)	6pm – 8pm

Face-to-face engagement, undertaken by volunteers and staff, took place at Urgent Treatment Centre, Emergency Department, Minor Injuries (Mexborough Montagu), Same Day Health Centre. Questionnaires were distributed by Emergency Care Practitioners (ECP's) to patients that they visited on 9-10<sup>th</sup> September 2019. Some sessions were reduced due to small numbers of new patients to speak to, patients being too ill to engage or incidents on the department.

Actual Engagement Sessions and number of responses

Location	Date/Times	Responses
UTC (DRI)	8am-12noon Monday 9 September 2019	7
UTC (DRI)	6.00pm-7.45pm Tuesday 10 September	0
ED (DRI)	9pm Mon 9 Sept – 3am Tues 10 Sept 19 2019	25
ED (DRI) MDU	3.15pm – 4pm Tuesday 10 September	1
Minor Injuries	4.30pm – 6.00pm Tuesday 10 September	4
MIU (Mexbr')	6.00pm - 7.45pm Tuesday 10 September	6
SDHC	6.00pm – 7.45pm Tuesday 10 September	1
SDHC	Questionnaires completed 9-10 Sept	20
ECPs	Questionnaires completed 9-10 Sept	-

The engagement activity took a conversational approach during which the respondents were asked:

- what went well
- what could be better
- what they would like seen differently

The questionnaires took a slightly different approach as it was felt that the above questions would be unlikely to prompt full responses from people filling them in unaided. There was however free text space for any respondents who wished to expand their feedback, which some respondents did.

## 1.5 Findings

EMERGENCY DEPARTMENT (MAJORS) DONCASTER ROYAL INFIRMARY  
(9pm Monday 9 September -3am Tuesday 10 September)

The visits to the Emergency Department at DRI took place at very different times of day. The overnight session was extremely busy between the hours of 9pm (when the session started) and 12.30am generating almost all the conversations. From this time until we left the department at 3am things had settled down and there were a steady stream of patients being admitted to the department. Unfortunately these patients were too unwell for us to engage with them so we curtailed our visit.

As stated, on our arrival the department was extremely busy but our team were very impressed with the efficient and professional manner that staff worked together to provide care for the patients. Here are some of the comments from volunteers and staff taking part in the engagement activity



The staff were very professional under pressure



It was a real privilege to have access to the Emergency Department

Teamwork on the department was evident, for example a co-ordinator for the ambulance service working co-operatively with the Sister in charge to look at solutions to ease the wait for 2 patients brought in by ambulance and awaiting admission for 80 minutes to the department, thereby freeing up ambulance personnel to attend to other calls.

### *A volunteer's view*

*Sue is one of Healthwatch Doncaster's volunteers and was involved in some of the engagement sessions that took place during the project. Here is what she had to say about her experience of the Emergency Department between 9pm and 12 midnight on 9<sup>th</sup> September...*

*..."When I went to A and E at 9pm I was humbled by what I saw. The professionalism and the care given by the staff was wonderful. It didn't matter what their title or job title was the Sister fetching a bed, changing a bed, everyone just got on with it. They were all pleasant and introduced themselves to the patient, I thought they did a wonderful job."*

### **What People Told Us Went Well**

The patients that we spoke to told us that they had been well cared for whilst on the department by...

 *Caring, professional staff that were very busy but coping well under pressure* 

The Healthwatch team that attended the overnight session were full of admiration for the staff who, calmly and efficiently dealt with the high volume of patients. During a quiet period towards the end of the session, after we had spoken to all the patients that were able to converse, we had an opportunity to talk to some of the staff on duty. The staff that we spoke to had some suggestions to make regarding layout of the department that in their opinion would improve things and we would recommend that any future plans for a re-design of services take into account staff opinion.

### **What People Thought Could Be Better**

This is what people told us:

- Some patients and relatives felt that during long waits food and hot drinks should be made available. One family that we spoke to told us *"We have been here for several hours and no one has offered us a drink, a cup of tea would go down really nicely at the moment."*

We did speak to staff about this and they told us that they did previously have a drinks station on the department but it was difficult to ensure that patients who were nil by mouth were not accessing it.

- Quite a number of patients felt that they had been waiting quite a long time for beds to become available on wards. However, without exception they told us that they could see that the department was very busy and could appreciate the reasons for the wait.
- The patients and relatives that we spoke to told us that more communication about what was happening, for example updates when waiting for long periods, would improve their experience. Some of the comments received were:
  - *“Being informed on waiting times would be helpful”*
  - *“More information is needed, we just want to know what is happening”*
- One patient told us *“It’s not very private with beds being placed in the middle of the room.”*
- *“There could be more chairs in reception, people were standing, also the chairs could be more comfortable”*
- One patient told us about the temporary repairs to the floor of the department – *“Those black patches look terrible and when the trolley goes over them it bumps and that hurts.”*

### What People Would Like To See Done Differently

- The provision of food and drink for patients experiencing long waits in the department was something raised by quite a number of the people that we spoke to.
- People felt strongly that communication could be improved saying that they felt the lack of information about what was going to be happening next added to the stress of being ill and needing medical attention.
- One person told us *“It would be better if they had a name calling system like the one at the GP where your name gets flashed up on a screen”*

#### *Patient story*

*I used to come into hospital a lot because of my breathing but the ambulance would come very quickly. I am always well looked after when I am here. Because my breathing was bad the hospital arranged for me to have oxygen at home and that is much better. Today I am not here because of my breathing I had a fall. It’s very busy tonight but they are working hard and looking after everyone.*

### EMERGENCY DEPARTMENT DONCASTER ROYAL INFIRMARY

(Tuesday 10 September 4pm – 6pm)

Due to circumstances beyond our control the scheduled afternoon session had to be re-configured and we visited the following departments:

## Minor Injuries

The minor injuries unit at DRI is situated a short walk away from the main Emergency Department. Patients attending DRI with anything considered a minor injury are referred to the department. The patients that we spoke to were very pleased with the service that they had received. After a relatively short wait in the Emergency Department they had been triaged and directed to the Minor Injuries Unit. If required they had been sent to x-ray and the relevant treatment administered on their return to the department. We spoke to patients as they came out of the consulting room so had a complete picture of their patient journey. Everyone we spoke to was very pleased with the service telling us it was "excellent", "a very good service", "a great alternative to waiting for hours in A and E". The maximum time that we were told of from entering the Emergency Department to being on their way home was 2 hours.

 *I came in to A and E less than 2 hours ago and was sent round here - where I have been dealt with quickly. I am now on my way home which is great* 

## Clinical Decision Unit

The Clinical Decision Unit is a small unit situated near the main Emergency Department made up of 5 separate rooms, each containing 4 beds. At the time the team visited 6 of the beds were occupied by patients awaiting admission to an inpatient ward. The patients on this unit were tired and unwell so the team did not have an opportunity engage with them.

## MINOR INJURIES UNIT MEXBOROUGH MONTAGU HOSPITAL

(Tuesday 10 September 6.00pm – 7.30pm)

During the times of the visit the department was very quiet with not many patients attending. However the team did maximise opportunities to speak to those in attendance. Everyone who gave feedback was happy with the service but 2 out of the 6 respondents highlighted the fact that they objected to the payment of parking charges or facing a long walk to park for free on nearby roads. One respondent considered the charges to be expensive, telling us that "Parking is expensive I have had to park on a nearby road which is not good"

## URGENT TREATMENT CENTRE DONCASTER ROYAL INFIRMARY (Provider FCMS)

The team visited the Urgent Treatment Centre (located adjacent to the Emergency Department at DRI, the department is accessible to patients via a short walk) on two separate occasions:

8am – 12noon Monday 9 September (9 patients attending)

 *...thankful to be spared a long wait in A and E* 

All patients attending during this session did so after being referred from the Emergency Department. All feedback was good around the service, patients were generally glad that they had not had to face a long wait in the Emergency Department. One patient told us that *“Parking is always an issue when visiting the hospital but I have used the Park and Ride today which has worked out fine.”*

One of the doctors on duty gave feedback and told us that the system generally works well and assists with the flow of patients through the Emergency Department, with patients being seen more quickly. However they did express concerns that a small number of patients are referred inappropriately and should be treated in the Emergency Department.

On the second occasion 6.00pm-7.45pm Tuesday 10 September we were unable to conduct the engagement due to high patient numbers and the environment being unsuitable to carry out interviews.

## SAME DAY HEALTH CENTRE (Provider FCMS)

8am-8pm Monday 9 and Tuesday 10 September

 *Didn't have long to wait for an appointment* 

For the duration of the engagement patients were asked to complete a simple questionnaire and either return it to reception or post back their responses directly to Healthwatch using reply paid envelopes provided. A member of the team attended the centre between 6.00pm and 7.45pm to observe and speak to any patients attending. Feedback from the one patient that was spoken to was that the service was good, no waiting, staff were very helpful and being able to park close by was useful. The one thing that they would change if they could would be the large number of questions in the triage process. One person told us that *“The staff were fine but the questions are bonkers ‘what is your current postcode’ if you aren't at home how are you supposed to know”*

One person told a member of Healthwatch staff that they thought the triage process was lengthy with too many questions.

Full questionnaire findings can be found in Appendix 2

## EMERGENCY CARE PRACTITIONERS (Provider FCMS)

Questionnaires and reply paid envelopes were given out to recipients of this service by the Emergency Care Practitioners. At the time of writing this report no responses have been received.

### 1.6 Emerging Themes

The themes identified for each department were different due to the unique nature of the services being provided:

#### **The main themes to emerge from the overnight session in the Emergency Department (Majors) were:**

Some patients we spoke to had experienced quite lengthy waits to be transferred to beds on inpatient wards. However, without exception, everyone followed this up by saying that they could appreciate this as they could see how busy the department was.

All of the respondents said that they had been well cared for during their time on the department. Almost all the people that we spoke to told us that the staff looking after them were very good, caring, and professional and were working very well under pressure. This was also observed by the team carrying out the engagement.

Some patients and relatives felt that a lack of information about what was happening for example potential waiting times or what the next stage of their treatment would be, contributed to anxiety levels at an already stressful time.

Main themes:

Waiting times – 15 of the interviews with patients made reference to waiting times a small number of these related to waiting times to be seen initially and again a small number relating to the wait times once on the department waiting to see a clinician, have a scan or an x-ray. The majority of feedback relating to waiting times seemed to be in relation to the wait for beds. Almost without exception everyone who told us that they had been subject to lengthy waits told us that they appreciated that this was because the department was so busy.

Lack of communication – Many of the people we spoke to felt that their experience would have been improved by being kept better informed about issues around their treatment (specifically what would be happening next) and waiting times.

Caring, professional staff – The feedback we received about the staff was overwhelmingly positive. Praising the care they provided and also their professionalism under pressure.

### **The main themes to emerge from the session at Minor Injuries Unit at Mexborough Montagu were:**

One third of respondents highlighted the fact that they objected to the payment of parking charges or facing a long walk to park for free on nearby roads. One respondent considered the charges to be expensive.

Most respondents were pleased with waiting times and felt they had been seen quickly.

Main themes:

Speed of access - Patients were pleased with the waiting times on the department.

Parking charges – Patients were not happy that they had to pay for parking or face a walk if parking on nearby roads.

### **The main themes to emerge from the Same Day Health Centre were:**

Patients were generally highly satisfied with their experience of using the service. However a small number expressed dissatisfaction at the triage process, commenting on its length and the relevance of some of the questions. Here's what one person told us *"The staff were fine but the questions were bonkers 'what is your current postcode' if you aren't at home how are you meant to know?"*

Main themes:

Ease of access – Patients were very pleased at how quickly they could get an appointment with the service.

Dissatisfied with the triage process – Some patients felt that there were too many questions in the triage process some of which they felt were irrelevant.

### **The main themes to emerge from the Urgent Treatment Centre were:**

The session that we undertook between the hours of 8am and 12noon on Monday morning had a steady stream of patients and lent itself quite well to talking to patients attending the centre. The overall feeling was one of satisfaction at being spared a long wait in the main Emergency Department.

The evening session that we attended had very few patients attending during the first hour and a half (6.00pm-7.30pm) and the patients that were there were not approached as they appeared too ill or stressed. From 7.30pm there was quite an influx of patients presenting to attend pre-booked appointments. The volume of patients was such that it was not practical to carry out the engagement activity as planned. Due to this it was decided to cut short the

session and look at working with the service to carry out a revised engagement strategy in the future.

Main themes:

Happy at being spared long wait in Emergency Department – The people we spoke to were very pleased with the service they received and especially pleased about the speed at which they had been treated.

A full breakdown of themes can be found in Appendix 1

## 1.7 Conclusion

Having access to and the co-operation of Urgent and Emergency Care services enabled Healthwatch to gain insight into how services currently provide care for patients 24 hours a day. Adopting a conversational approach with patients and relatives allowed us to gain a deeper understanding of the patient experience at the point of access.

The services we reviewed were very different and each had themes emerging that were unique to their area of service provision, however to summarise our findings:

Whilst collating responses it became apparent that quite a high number of patients had used out of hours services recently and on more than one occasion. Where stated it was cited that they had been unable to get an appointment at their own GP. This lack of availability and the use of the 111 service appears to be driving a lot of patients towards out of hours and emergency care.

Current arrangements of triage on arrival at the Emergency Department and filtering patients to other, more appropriate, services is going some way to alleviate the pressure on the main Emergency Department, however when we visited the department was still extremely busy. Despite this the patients we spoke to felt they were being cared for well and appreciated that their lengthy waits were understandable given the volume of patients accessing the department.

Patients that used that Same Day Health Centre appreciated the timely allocation of appointments but a number were concerned about the triage process and the volume of what they considered irrelevant questions.

This report will be submitted to the providers of the services reviewed and will be taken into account as part of the current review of Urgent and Emergency Care provision across Doncaster.

## 1.8 Recommendations

Patients told us about issues that they felt could be reviewed in order to improve their experience of using out of hours and emergency services. As a result we would recommend that some consideration be given to the following:

- Reinstating the drinks station/machine in the treatment area of the Emergency Department. Even if it is impractical to have open access to patients we feel that it would assist staff in offering drinks to patients, where appropriate to do so, as patients told us that they had been on the department for a long time and had not been offered a hot drink.
- Reviewing facilities in the waiting area of the Emergency Department and consider the inclusion of more seating as this appeared to be a problem at busy times. Patients also told us that the provision of a better call system, for example like the ones employed in many GP practices with a visual display alongside an amplified announcement would ensure that people would be better equipped to know when their name had been called. Currently due to background noise in the waiting area at busy times and the occasional mispronunciation of names patients told us that they were often unsure who was being called.
- Although full of praise for the Same Day Health Centre some patients thought that the questions they were asked as part of the triage process were un-necessary and irrelevant. We would suggest that the triage process be reviewed to check if there are any questions that could be eliminated or re phrased in order to streamline the process for patients.
- As services are currently under review we would recommend repeating this exercise after any changes are implemented and have had time to be embedded into practice, in order to evaluate the impact of any changes.

## APPENDIX 1

**Breakdown of responses**

<b>Emergency Department (Majors)</b>	<b>DRI</b>	
Staff caring, quality of care good		7
Lengthy wait for a bed on ward		5
Lack of communication		3
Not being asked if needing food or drink		3
Professional staff		3
Staff working well under pressure		2
Hard to determine who is who eg doctors, nurses , healthcare – different coloured uniforms but don't know what they mean		1
Insufficient and uncomfortable chairs in waiting area		2
<b>Emergency Department (Minor Injuries)</b>	<b>DRI</b>	
Seen and treated very quickly		4
<b>Urgent Treatment Centre</b>	<b>DRI</b>	
Referred from Emergency Department – seen more quickly		4
Parking an issue		2
<b>Minor Injuries Unit</b>	<b>Mexborough Montagu</b>	
Much quicker than waiting at Emergency Department at DRI		4
Friendly staff		2
<b>Same Day Health Centre</b>		
Friendly and professional staff		4
Didn't have to wait long for an appointment		4
Dissatisfied with the triage process (irrelevant questions)		3

## APPENDIX 2 - Questionnaire findings - Same Day Health Centre

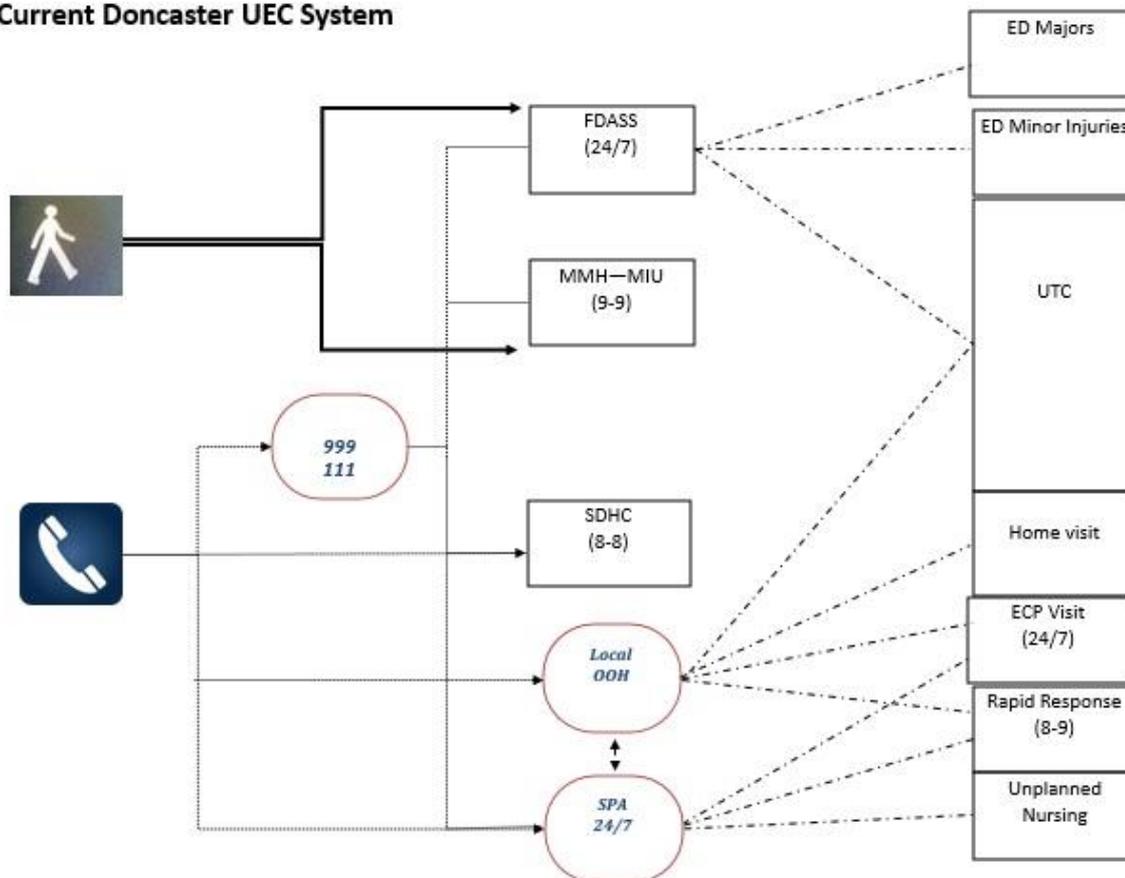
Was the service easy to access?	1-poor 10-excellent	Additional comments
yes	10	Staff are friendly and professional
yes	10	Staff extremely polite and supportive "The service I received today made me feel better in myself. The staff really looked after me."
yes	10	Issued appointment almost immediately
yes	10	5 respondents gave this response
yes	8	Fast and easy to use
yes	8	Why do you have to go through the same information on the phone when you have been before why can't they store the information?
yes	10	Very fast service, easy to access, friendly staff and very thorough
yes	10	I had to phone twice to get an appointment as I was out of area first time I phoned even though I explained I was on my way to work in Doncaster
yes	9	The staff at the centre are lovely but the staff on the phone were a bit abrupt
yes	6	Accessed service as couldn't get an appointment at my own doctors
yes	7	The staff are fine but the questions are bonkers eg what is your current postcode
yes	8	No additional comments

## Same Day Health Centre (Physiotherapist appointments)

Was the service easy to access?	1-poor 10-excellent	Additional comments
yes	10	Quick no nonsense consultation
yes	5	No additional comments
yes	10	No additional comments
yes	10	Impressed with next day appointment. Very pleasant and helpful

## APPENDIX 3

## Current Doncaster UEC System



FDASS – Front Door Assessment and Signposting Service

MMH –MIU – Mexborough Montagu Hospital Minor Injuries Unit

SDHC – Same Day Health Centre

Local OOH – Local Out of Hours

SPA – Single Point of Access

ED – Emergency Department

UTC – Urgent Treatment centre

ECP – Emergency Care Practitioners