healthwatch Derby

A&E In Focus

Emergency inpatient services in Derby City

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Chapter 1

Introduction

Since it began its work in April 2013, Healthwatch Derby has continuously received a large number of patient feedback about services accessed.

When we speak to patients and carers about services they have accessed the first thing that people speak to us about is either GP services, or services accessed in hospitals especially any A&E admissions they may have had, or accompanied family and friends to.

A&E is a major service, and especially under pressure in the winter months with predictions of A&E services across the country struggling to meet their targets for winter 2015. This report is an indepth analysis of feedback related to A&E services, and an attempt to understand how this pressure builds up, and what can be done to alleviate it. Our team did dedicated engagement and outreach for a full 12 month period to gather data, as well as utilise existing data to study trends.

The kind of information we collect ranges from detailed patient experience stories, to multiple comments about services accessed. Wherever possible we signpost customers to relevant services, and provide up to date information on policies and resources available.

Our aim remains to make every voice count, and we will continue to record, analyse and report the feedback we receive.

Chapter 2

Executive Summary

- Since the start of Healthwatch Derby in April 2013 through numerous engagements, we have regularly picked up feedback about the services of Derby Teaching Hospitals NHS Foundation Trust.
- A&E services have been highlighted regularly by service users at various engagement platforms such as workshops, focus groups, outreach activities.

- We have received patient feedback about usage of A&E from all **17** wards of Derby City.
- We have undertaken observational analysis (September 2015) through outreach at A&E speaking to **315** patients about their reasons for presenting at A&E.
- We have successfully piloted and completed **12 hour observations** at A&E for in depth understanding and analysis.

- **We continue to provide local intelligence and insight** to the wider health and social care community.
- Our data shows **negative trends highlighting over use of A&E due to lack of other resources such as GP appointments, and lack of adequate information about other care pathways.**
- We have also received several positive patient experience reports. **We will continue to monitor and report** on what we are hearing across all services in Derby city.

Chapter 3

Methodology

Receiving Feedback

Healthwatch Derby received **9045** items of feedback in the period April to the end of December 2015. Feedback was collected in the following ways:

Dedicated outreach (and 12 hour observations) at A&E as well as reaching out to all 17 electoral wards in Derby city for A&E feedback

Engagement and networking at events, forums, workshops, partnership meetings, and any other occasion team members had to speak to service users directly in this period.

Customer referrals from other organisations

Healthwatch Derby's social media platforms which include a website, blog, twitter feed, facebook, streetlife as well as email and a dedicated telephone hotline

Direct contact from service providers via telephone calls, letters, booked appointments, our drop in booth facility and home visits

, Healthwatch Derby completed several consultations and held public events:

Various engagements within NHS Trusts
Shadowing and observations within NHS Trusts
Consultation workshops and focus groups

These were supported by regular outreach as well as attendance at meetings, forums and events.

Research Feedback

In addition to receiving feedback via our outreach, workshop, and referrals, we also undertook specific research projects that looked at obtaining greater feedback about A&E. We have completed three dedicated research projects:

1. The University of Derby worked in partnership with Healthwatch Derby last year to successfully complete a community mapping project looking at A&E usage. Students from the first year of the University's business school were selected for this project. They visited and spoke to every electoral ward of Derby city, gathering feedback about A&E usage. Their findings were presented to our board in April 2015.

2. In September 2015, we spent three days at A&E. Our CEO accompanied by volunteers spoke to over 300 patients over a three day period, and gathered feedback about why patients were presenting at A&E.

3. We also completed two 12 hour observational shifts looking at usage of A&E in 2015, these were undertaken by our Quality Assurance & Compliance Officer.

All of the above research projects and their findings have tied in with the rest of the data the team has collected about A&E services to provide a comprehensive analysis into this vital service.

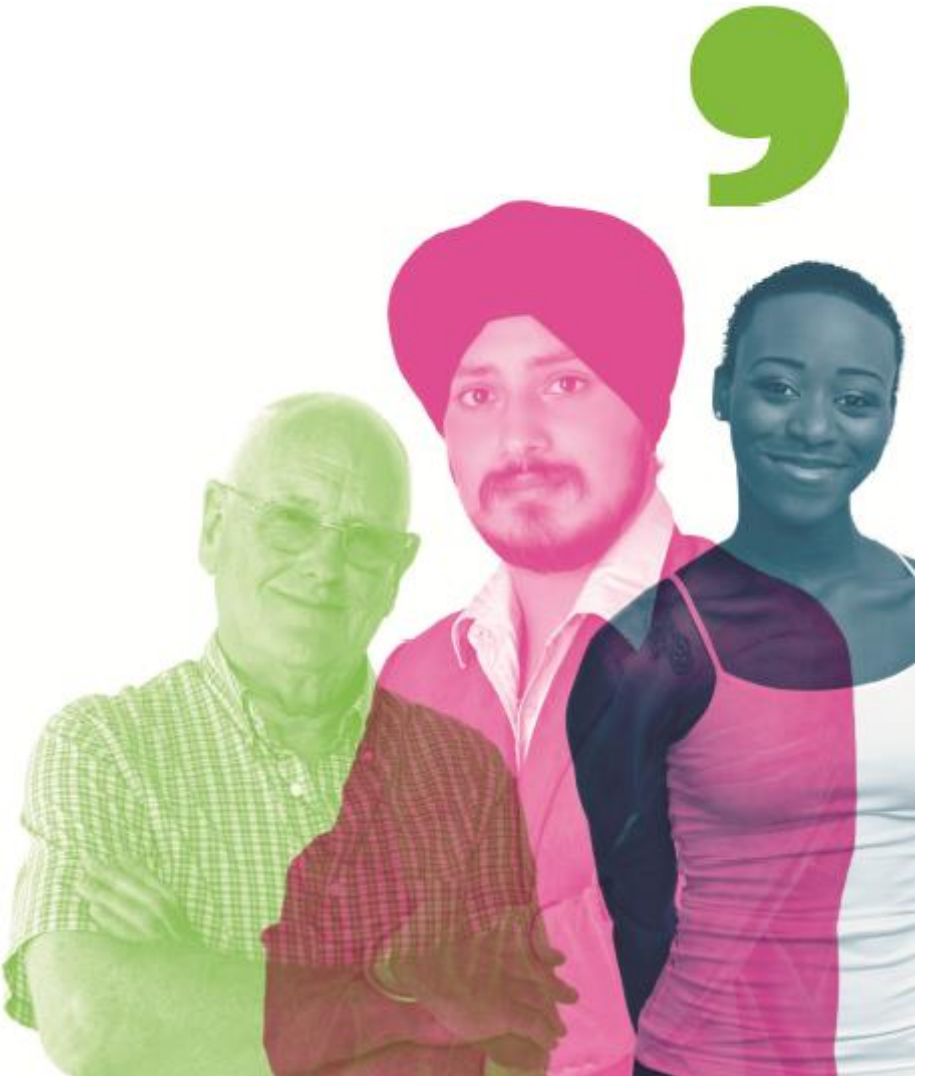
Feedback Analysis

All items of feedback were recorded in our inhouse database. Where necessary if any issues were highlighted which required further action, such as a request for information or signposting – Healthwatch Derby team members used their initiative to link up service users to appropriate services, and provided further information as requested.

Our policy is that if we come across any major concerns or safeguarding issues we advise service providers without delay, and let all relevant authorities know about the issue.

Any information we retain is only with the permission of the service user concerned. No personal information or any data is exchanged unless we have the express written consent of the service user. Our guiding principle is to provide local intelligence and an overview of health and social care trends rather than focusing on

any individual service issue. We work closely in partnership with service providers (such as NHS Trusts), service commissioners (such as Southern Derbyshire Clinical Commissioning Group), service regulators (such as the Care Quality Commission), and a number of voluntary and community organisations such as Age UK and the Citizens Advice Bureau amongst others.



Chapter 4

What are we hearing?

Introduction

To better understand why patients are presenting at A&E, the Healthwatch Derby team has used a number of different methods to gain first hand patient experience from patients at A&E, as well as patients from the community (before or after presenting at A&E). This combination of approaches gives a broader range of understanding and helps inform this study with more than one source of data.

We will be looking at four methods of data collection in this report:

1.Dedicated A&E Outreach – September 2015

2. Community Mapping of A&E Usage – February to April 2015

3. 24 Hours in A&E – Two 12 hour observational shifts

5. Any other related data gathered by the team linking in with services at A&E

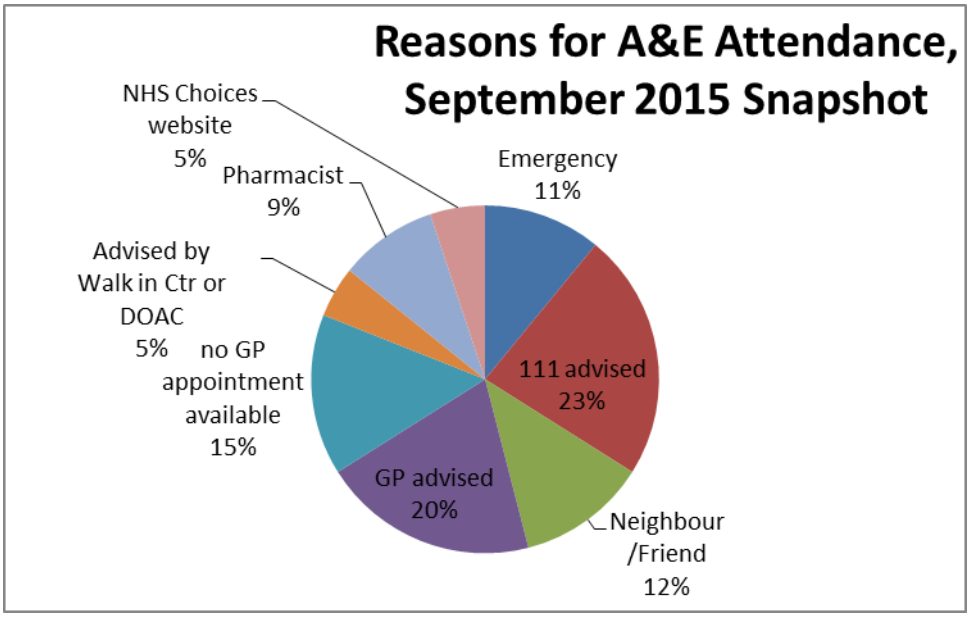
(Image above - Little Voices workshop hosted by Healthwatch Derby, August 2015, colleagues from A&E speak to parents of young children about when to attend A&E, and when not to)

Dedicated A&E Outreach September 2015 - Introduction

In September 2015, Healthwatch Derby did a three day observational outreach at A&E services in Derby City. We spoke to 315 patients in total, and asked them what was the reason they presented to A&E on the day.

Dedicated A&E Outreach September 2015 - Observations

We received a large number of feedback. The breakdown of the data is as follows:



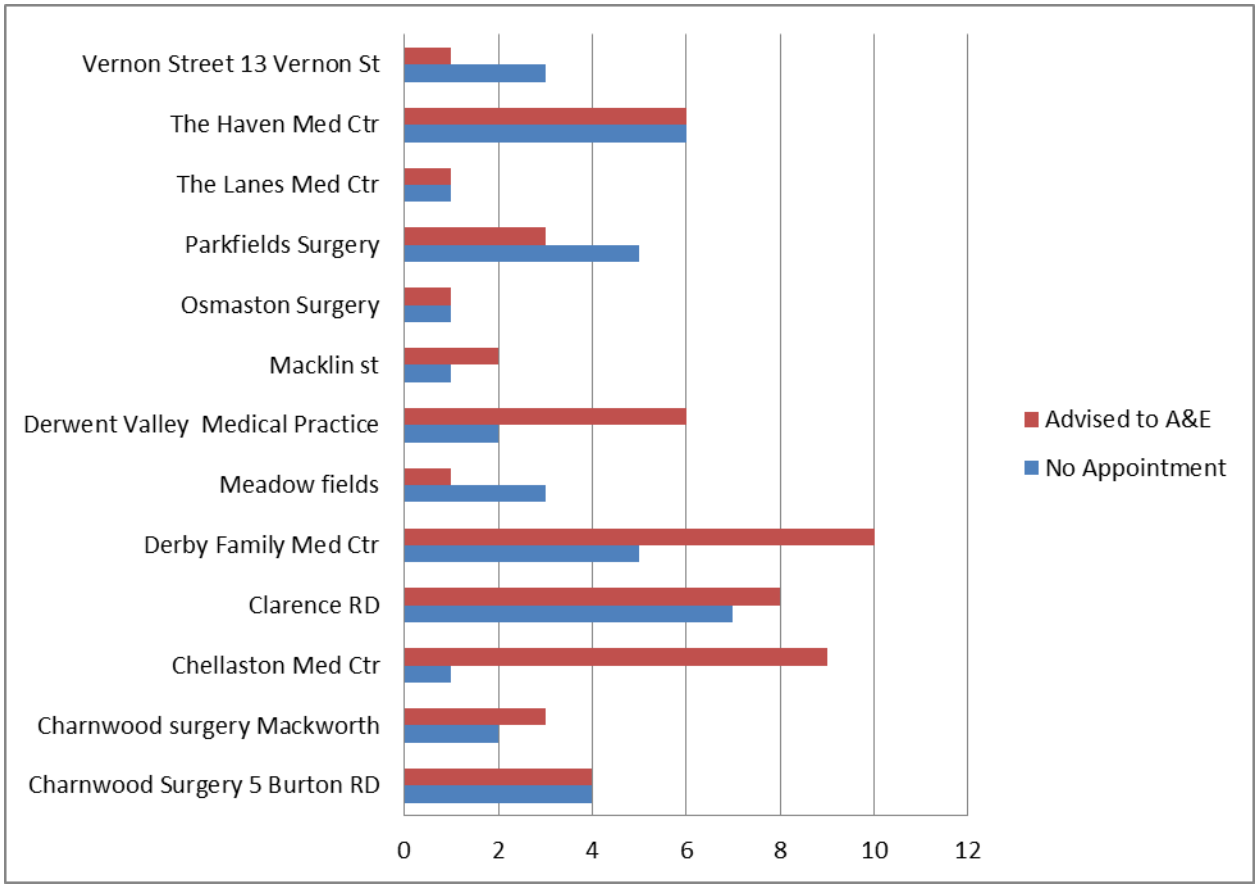
The number of patients who attended A&E due to lack of GP appointments (15%) is higher than the number of patients who attended due to a genuine emergency (11%). This finding ties in with our previous reporting on the difficulties of access to GP appointments across the city, and its impact on other services. In our previous report, GP's in Focus published in 2015, we recorded a wide variety of feedback related to GP services. A selection of service user commentary will highlight some of the problems faced when trying to get an appointment:

- I call at 8:00am, the lines are constantly engaged. I was unable to get an appointment when I was ill and ended up going to A&E.
- It is assumed that everyone has a landline or mobile contract phone and so you can sit for ages trying to get through to the doctor. I have a pay as you go mobile and sometimes your credit runs out because it takes so long holding and waiting to get through to make a GP appointment.

- Trying to get an appointment. They ask you to ring at 8 am! The phones are constantly engaged; also it is not convenient to ring then as on way to work. Have to wait 2-3 weeks for appointment if I book in advance.

- My last appointment I had to leave work early to make the appointment on time but I had to wait so long that I could of left work on time! I also find it hard to get an emergency appointment.

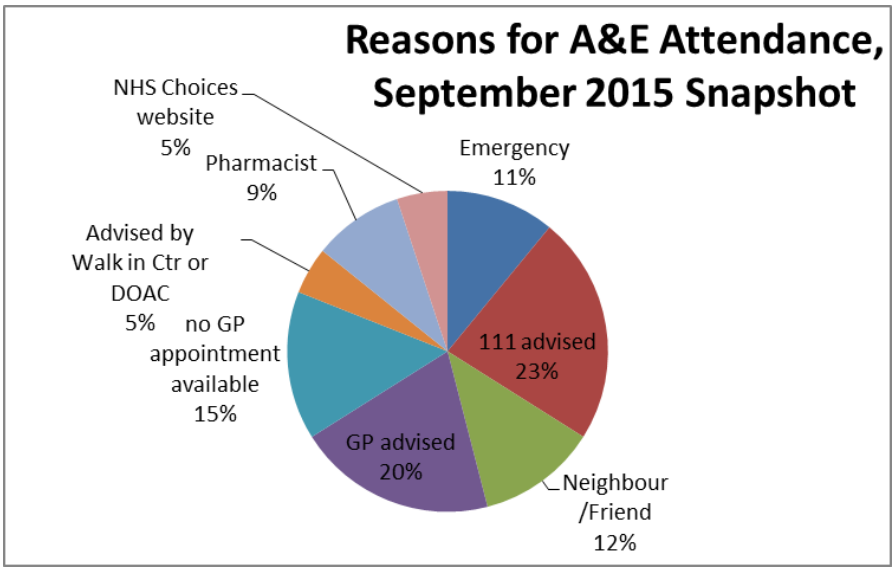
Looking at the information received from our engagement at A&E in September 2015, if we drill down this data further, we can see which GP surgeries were identified as being difficult to access, therefore resulting in the A&E visit:



To get a better understanding of how impaired access to some services such as GPs, adversely affects A&E admission rates, it is important to compare the figures above of surgeries which are unable to offer an appointment resulting in A&E attendance with the overall number of A&E admissions on the day. We must also remember that each individual who could have been seen by a GP took up time and resources. In the next section we will look at footfall figures for A&E for September 2015, and

compare it with our initial data about the reasons for attendance at A&E given to us by 315 individuals waiting to be seen at A&E.

Month	ED Attendances (Type 1)	ED Site Attendances
Jan	9,980	10,230
Feb	9,306	9,492
Mar	11,399	11,559
Apr	10,937	11,102
May	11,312	11,530
Jun	11,209	11,209
Jul	11,582	11,582
Aug	10,961	11,029
Sep	10,724	10,724
Oct	11,428	11,498
Nov	11,322	11,610
Dec	11,178	11,463
Total	131,338	266,056



"Our emergency department has 2 types of activity there is pure ED activity (Type 1) and also SITE activity (which includes the GP Co-located service (Type 3) runs through the winter pressure period). If the GP co-located service was not available then the SITE figures would be the volume arriving at our Emergency Department"

Annah Stone
Senior Information Analyst Urgent Care
Derby Teaching Hospitals NHS Foundation Trust

SPACE HERE FOR MORE INFO FROM TRUST RE ABOVE COMMENT AOUT ED ACTIVITY/SITE ACTIVITY ETC

Although we appreciate we only spoke to 315 out of thousands of individuals who visited A&E in September 2015, our exercise was meant to provide a snapshot into the admissions at A&E, and what is very clear is that A&E does see very large numbers of patients – and many of these do not necessarily need to be at A&E to receive treatment.

Community Mapping of A&E Usage February to April 2015 - Introduction

In January 2015, Healthwatch Derby was requested by the University of Derby's Business School to work in partnership with their first year students to mentor them,

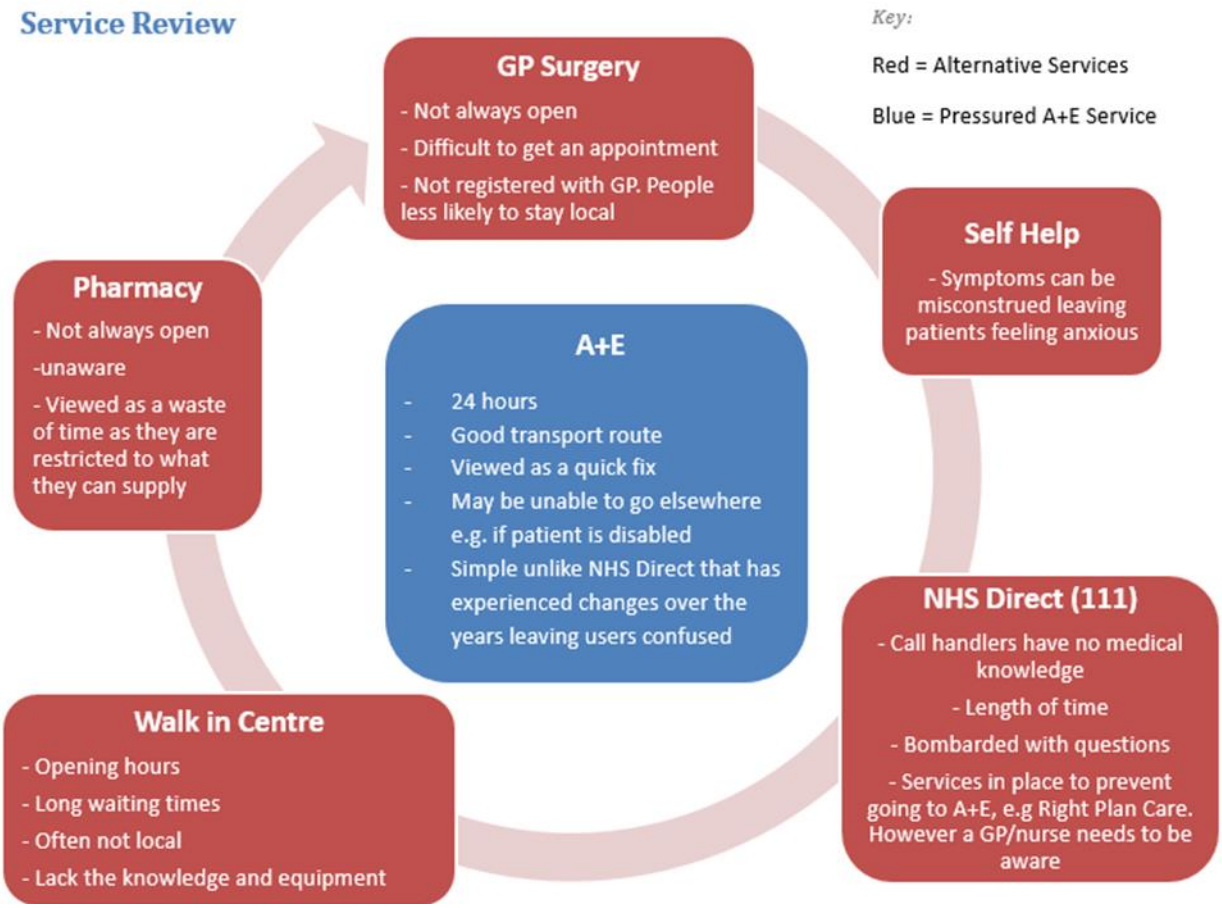
and to give students research projects. One of the projects selected for the students was a research project looking at the usage of A&E across the 17 electoral wards of Derby City.

Over a period of three months, students did a number of desktop research, as well as one to one engagement with community members across the wards to better understand and report on the usage of A&E in Derby City. The full report produced by the students can be found in Appendix A.

Healthwatch Derby would like to acknowledge the project students, volunteers and staff at the end of the report.

Community Mapping of A&E Usage February to April 2015 – Observations

The project team firstly did a desktop analysis comparing routes into other services with A&E, and also looked at their own personal experiences of A&E usage. They designed this service review model based on their research.



A selection of personal reflections which helped inform the service review model:

"My friend recently was so ill she felt she needed an appointment. She tried to call her surgery, 92 times. When the call was eventually answered, there were no appointments for that day or for the next three!"

"Having had an infection that was making day to day tasks difficult, I felt that seeking medical advice was necessary. Waiting till the next day was the original plan but even then, due to previous experiences, I knew it would be difficult to get an appointment with the GP. The walk-in centre would perhaps have been able to deal with the circumstances but I was aware that it was not open at this time. I decided to visit the A&E and waited 2 and a half hours for tests to be done. I was then seen later for treatment. There was roughly 5 other patients waiting in A+E. Had other services been as easily available, I would have attended them first"

"A family member contacted NHS direct on behalf of her partner who was suffering with recurring Sciatica. Advice was needed on dealing with severe pain, even after high dosage pain killers. An operator having had no medical training was unable to give the advice required and appeared to be asking scripted questions about the patient's condition, despite hearing groaning and screams due to the pain in the background.

Furthermore, because the call was being made on the patient's behalf, she insisted it was necessary that she talk to the patient. With the patients partner being a nurse she had understanding of painkillers. After becoming frustrated with the operator, she announced the she was a nurse and instantly was connected with a doctor who sent an emergency ambulance. Despite this, the patient had to wait a further 2 hours for its arrival. The caller expressed in the future, she would be more likely to go to A&E first rather then deal with the hassle of the NHS direct service in such distressing circumstances"

"After suffering with Sinusitis, the GP was rung first thing in the morning to book an appointment that day (Saturday). Although I knew the surgery was definitely open till 1pm, I was met with the 'out of hours' message on the phone. It was later learned that the surgery was only open on a Saturday morning to those who had pre-booked appointments. It therefore encourages users to seek alternative services such as A&E"

"After a fall resulted in an injury to my wrist, I rang NHS Direct to enquire what my best option would be. They advised me to contact my GP. I therefore had the difficult of waiting for an appointment"

"On one occasion, I was rushed to A&E via ambulance with my 4 week old daughter. I had noticed that my daughter was panting for breath. I immediately took her to the GP and went straight in to be seen due to the emergency circumstances. A 'category A' ambulance was then called which allowed us to arrive at the hospital within 20 minutes. The GP was responsive and recognised my panic under the circumstances"

Community Map

Wards covered:

Chellaston, Sinfin, Arboretum, Normanton(includes Peartree), Blagreaves, Abbey, Littleover, Mickleover, Mackworth, Allestree, Darley, Derwent, Oakwood, Chaddesden, Spondon, Alvaston

The students spoke to a number of different service professionals, charities, health and wellbeing outlets such as gyms etc, patients, community centres, libraries, neighbourhood bases etc to cover all 17 wards in the city.

The concluding observations from the project report:

"In conclusion, we found 3 common reasons, as to why community users are visiting A&E instead of other services. The long GP waiting times, and struggling to make appointments was the most frequent comment we heard from the public. We also heard, patients believe A&E will never turn them away, they will always get seen on the same day, whereas they will have to wait days or weeks for an appointment. The final reason we discovered was that people genuinely have no awareness of the other pathways of care before using A&E"

24 Hours in A&E – Introduction

Healthwatch Derby has pioneered an enter & view observational assessment format which sees a dedicated member of staff undertake a 12 hour observational shift. For this report we have chosen two shifts which complete a 24 hour observational cycle for A&E services in Derby City.

24 Hours in A&E – Observations

Having completed the full 24 hours observations, we can report the following key observations:

1. A&E staff consistently performed exceptionally well on both durations of 12 hour observations. This is particularly significant given the number of cases where staff were facing patients displaying aggressive behaviour, as well as patients in extreme distress, or in cases of life threatening emergencies. The patience, care, skill, empathy and compassion with which they treated patients is a real positive.

2. In many cases, the patient observed did not warrant an A&E admission. In some cases patients should have been treated by GPs, Pharmacies or Walk in Centres.

3. A&E has become a holding place for patients who cannot go anywhere else. For instance if there is a problem at a supported housing organisation with a resident, the police are called – and if a resident is inebriated they get brought into A&E. A&E becomes the cooling off place for anyone who is displaying challenging behaviour.

4. Patients brought in to 'cool off' and 'sober up' actually take up considerable resources and ultimately cause severe delays for other more urgent emergencies.

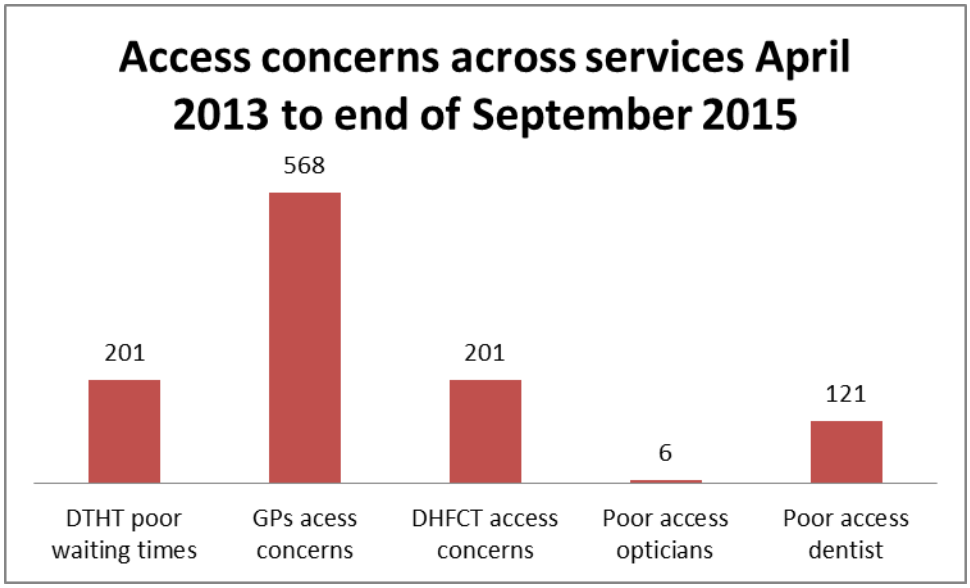
5. Unfortunately on more than one occasion we have observed patients causing a situation where several members of staff have to attend to contain them – this again diverts resources in a way that is detrimental to urgent emergencies.

6. Children are brought into A&E simply as a quick and easy solution whereas waiting for a GP's appointment, or waiting at the walk in centre is seen as an inconvenience.

To read the full 24 Hours in A&E report which contains all the observations on a shift basis, and a full list of recommendations, please refer to Appendix C.

Other relevant feedback – linked to A&E

In collating data for this report we have looked at some of our previous reports and publications, especially the trend analysis overview report covering the period April 2013 to end of September 2015. One of the themes we have picked up throughout this report is how admission into A&E is often the result of denied or delayed access to other services. If we do a comparison for instance of the theme of access we can see some clear trends emerging in our data:



Service Comparison – Access

DTHT stands for Derby Teaching Hospitals Trust
DHFCT stands for Derbyshire Healthcare Foundation Trust

In analysing A&E services we looked especially at access to GP appointments being the first port of call for accessing healthcare for the vast majority of patients. GP services being a vital service which could act as a timely alternative to A&E admissions.

We have been made aware in large numbers of feedback, about the difficulties some patients have had in accessing appointments with their GPs. Patients speaking to Healthwatch Derby have advised us that they have not received GPs Patient Surveys to fill in or any other patient satisfaction forms. We are also aware that in many surgeries patients are unable to raise concerns about access in any way other than making a formal complaint which they are reluctant to get involved in. Patients have also advised Healthwatch Derby they feel more comfortable speaking to a neutral body like a local Healthwatch about access issues rather than complaining or be seen as in any way unappreciative of a service that they depend upon. A comparison around the themes of access for a major provision such as GP services shows the following:

40% of patients who spoke to Healthwatch Derby about GP services expressed concerns about access to their GP in Derby City (April 2013 to end of September 2015).

Over **70%** satisfaction ratings have been recorded for GPs (phone access 2014/15 and opening hours 2013/15) in the National GP Profile data for practises commissioned by Southern Derbyshire CCG.

Over **40%** satisfaction ratings have been recorded for GPs commissioned by Southern Derbyshire CCG for patient experiences around access (2015) in the GPs Patient survey data.

Research Sources:

National GP Profile, Public Health England, viewed online 10th November 2015

NHS England GPs Patient Survey viewed online 10th November 2015

A&E will continue to be the lifeblood of emergency NHS care, but it needs to be able to function in tandem, and with the full support of other treatment pathways. Where we are all aware of mounting pressures (especially seasonal winter pressures) and their impact on A&E targets, we must also fully acknowledge that A&E cannot function on its own, and requires greater support from its partner services primary and urgent care (walk in centres).

Chapter 6

Observations & Recommendations

Through our report we have highlighted how pressure builds up and accumulates at A&E, and where there are blocks in the system.

We have looked at a number of different methods of data collection resulting in a wide array of observations. In this chapter we will look at the key findings that have emerged, and also look at ways of making these key points of learning count for service improvements.

Key Findings

Positive:

In a difficult and challenging environment A&E staff provide a very good service.

Patient satisfaction with A&E staff is an overall positive.

Patient perception of A&E being an excellent timely service is shared across the city.

Negative:

Unfortunately A&E's capacity to provide excellent service actually increases footflow into the service.

Over usage of A&E can also be directly linked to the poor access of services such as GP appointments. This is especially significant for children requiring GP appointments. Many who attend A&E do not need to be there.

A&E is a trusted and well known service. In contrast services such as walk in centres (urgent care centres) are not as well known or understood.

There is lack of clear publicity about other routes into care such as services offered by Pharmacies, or community nursing etc.

To better understand the key findings it is important to look at the different aspects of a service that goes into the making of an excellent patient experience. We have attempted to illustrate this through a simple diagram:

Service Improvements – Key Components

The above diagram has one crucial background fact that also needs to be considered – and this is service capacity (demand and resources).

Healthwatch Derby will continue to highlight correct pathways into treatment and support. In November 2015, Healthwatch Derby hosted five events for Self Care week, where we went into A&E (pictured above left) as well as hosted stalls at the heart of the community (pictured above right) working with NHS partners to educate and signpost patients and carers about alternatives to A&E and the benefits of self care

Our Recommendations

1. Improved education and awareness of services for the general public both for occasions when to use A&E, and what alternatives are available. Education and awareness is vital if we are to reduce pressure upon A&E, and also if we want to free up A&E resources for the most urgent cases. On a local level we should have some measures in place to alleviate pressures.

2. More attention needs to be given to the screening process prior to attendance at A&E. A review of screening processes is recommended.

3. Continued integration of services. Full cooperation and commitment of the various components of health and social care. Improved pathways between primary and emergency care, mental health and emergency care, social care and emergency care.

4. Patient experiences and feedback needs to be used as an important resource into service shaping for the future. Patients should be given every opportunity to express concerns with a view to improve and better align all existing and future services.

5. A review of the local capacity and provision of GP services.

6. Access to GPs has been highlighted as a major concern. We would recommend commissioners continue to emphasize the need for easier access for this key service

Chapter 7

Appendices Index

Appendix A – Healthwatch Derby & University of Derby Partnership Project – Community Map of A&E

Appendix B – A&E footfall data received from Derby Teaching Hospitals Trust dated 6th January 2016.

Appendix C – 24 Hours in A&E Report by Healthwatch Derby

Appendix A – Healthwatch Derby & University of Derby Partnership Project – Community Map of A&E

Healthwatch Derby

Over use of A&E

Alice Marti

Sophie Middleton

Lyndsey Tanner

Karlee Wildgoose

Kelly Winkinis

Project Lead – Samragi Madden

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Introduction

We were asked by Healthwatch Derby to produce a Community map to see which areas of the city use A and E more than others and the reasons why. We were set the challenge of speaking to community user groups across the 17 wards of Derby to collect primary information about their experiences. We were then able to prepare a comparative analysis of why the service is being used as opposed to alternative options.

Executive Summary

The brief provided by the client was clear and succinct and involved contacting community user groups via desktop research and visiting the seventeen separate wards in Derby. The overuse of A&E is, as we discovered is a result of three reasons. People struggle to get appointments with their GP's, some community users have no idea of the other available options and people know that they will be seen and get treatment, whatever the ailment at A&E. The research we carried out was local and time constraints for the project meant that the results were restricted to the seventeen wards in Derby.

The Brief

As a group, we were asked to create a community map to identify which community users in Derby use A&E predominantly before any other available service including the 111 helpline, GP's, Pharmacists, self-care or Walk-in Centres. Firstly, we pulled together our personal experiences when using these services and did a desktop analysis of why we thought A&E may be considered the more attractive option.

In order to collate further information, we embarked on contacting a list of key users provided by the Project Lead for Healthwatch Derby, Samragi Madden. Although these contacts provided us with some valuable points and some qualitative results, we were still not reaching out to a varied amount of community user groups throughout the 17 wards in Derby. In order to obtain a wider understanding of the brief resulting in a comprehensive map, we set out to obtain data by speaking to at least one user group in every ward.

Resources

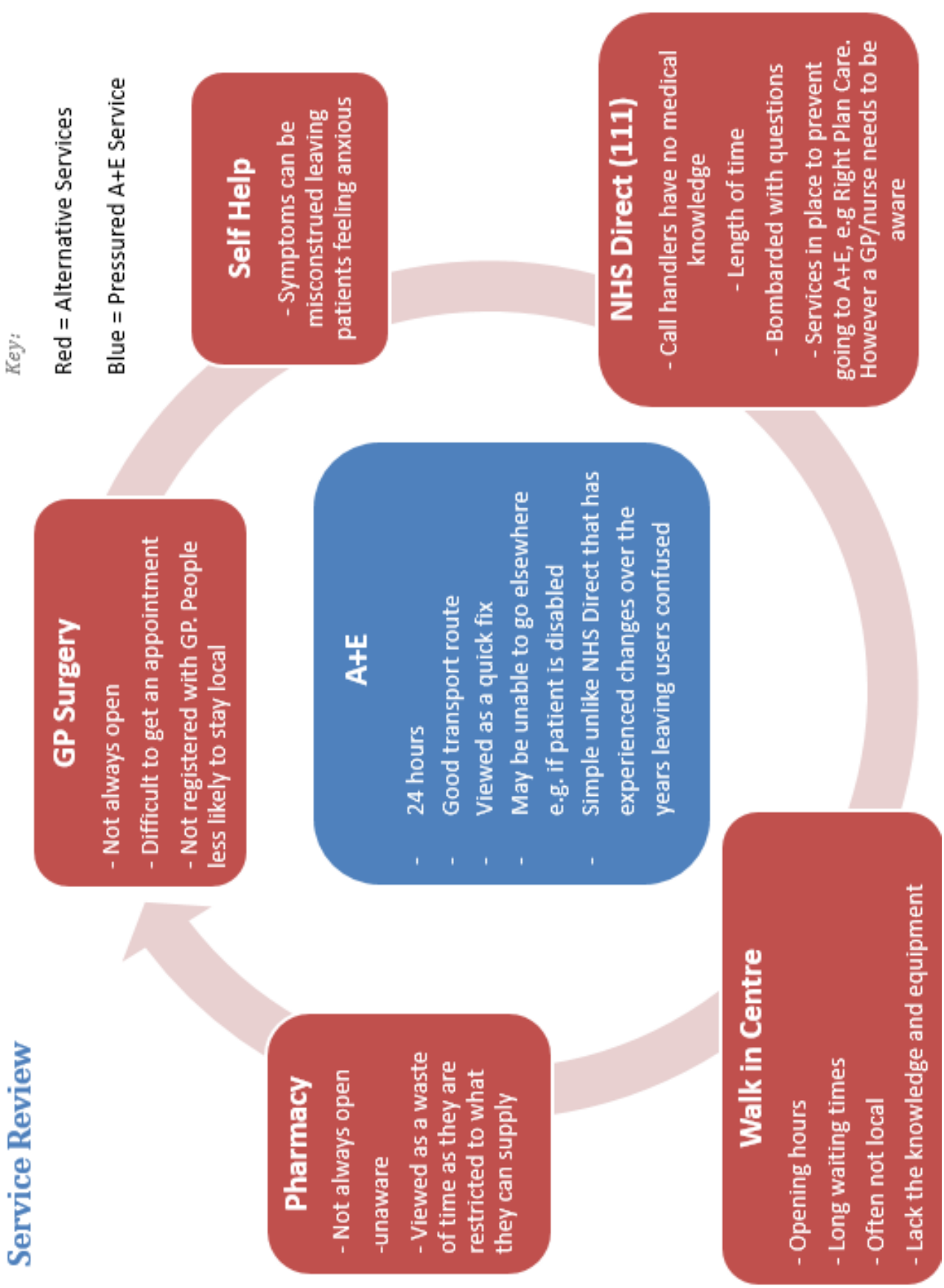
Communication between the Project Lead and Tim Cooper, the module facilitator was via regular emails. There were several meetings held at the University of Derby between the group and the Project Lead; sessions used to feedback the progress of the project and time to re-focus on the brief and its demands.

Several documents were provided at the start of the project which enabled us to decide on a starting point for the project and to delegate the tasks. A report had already been carried out which involved observing the activity in A&E for 12 hours. This provided us with some comprehensive data to begin with. Samragi provided us with a letter to present before we introduced ourselves to the many service users we had discovered in and around Derby. The desktop analysis involved using Google to discover what community groups existed in each ward. It seemed that every ward had a neighbourhood officer that would have specific knowledge of their ward and upon contacting them, they may be able to provide us with user groups to approach. Some of the officers were not helpful in wanting to provide us with any information and refused to see the relevance of the question. In trying to contact the user groups at

grass root level, certain members of the group experienced their first set-backs

Despite the challenges and set-backs, the project continued to explore all 17 wards with an aim to finding out why A&E was the first option for many.

Desk Top Analysis



Personal Reflections

	Day	Account
Karlee	Saturday, 8am	After suffering with Sinusitis, the GP was rung first thing in the morning to book an appointment that day. Although I knew the surgery was defiantly open till 1pm, I was met with the 'out of hours' message on the phone. It was later learned that the surgery was only open on a Saturday morning to those who had pre-booked appointments. It therefore encourages users to seek alternative services such as A+E.
Karlee	Tuesday, 1:30am	A family member contacted NHS direct on behalf of her partner who was suffering with recurring Sciatic. Advice was needed on dealing with severe pain, even after high dosage pain killers. An operator having had no medical training was unable to give the advice required and appeared to be asking scripted questions about the patient's condition, despite hearing groaning and screams due to the pain in the background. Furthermore, because the call was being made on the patient's behalf, she insisted it was necessary that she talk to the patient. With the patients partner being a nurse she had understanding of painkillers. After becoming frustrated with the operator, she announced the she was a nurse and instantly was connected with a doctor who sent an emergency ambulance. Despite this, the patient had to wait a further 2 hours for its arrival. The caller expressed in the future, she would be more likely to go to A+E first rather then deal with the hassle of the NHS direct service in such distressing circumstances.
Sophie	Sunday, 10pm	Having had an infection that was making day to day tasks difficult, I felt that seeking medical advice was necessary. Waiting till the next day was the original plan but even then, due to previous experiences, I knew it would be difficult to get an appointment with the GP. The walk-in centre would perhaps have been able to deal with the circumstances but I was aware that it was not open at this

		time. I decided to visit the A+E and waited 2 and a half hours for tests to be done. I was then seen later for treatment. There was roughly 5 other patients waiting in A+E. Had other services been as easily available, I would have attended them first.
Alice	Unknown	After a fall resulted in an injury to my wrist, I rang NHS Direct to enquire what my best option would be. They advised me to contact my GP. I therefore had the difficult of waiting for an appointment.
Kelly	Friday, daytime	On one occasion, I was rushed to A+E via ambulance with my 4 week old daughter. I had noticed that my daughter was panting for breath. I immediately took her to the GP and went straight in to be seen due to the emergency circumstances. A 'category A' ambulance was then called which allowed us to arrive at the hospital within 20 minutes. The GP was responsive and recognised my panic under the circumstances.
Lyndsey	Unknown	My recently was so ill she felt she needed an appointment. She tried to call her surgery (Mickleover Medical Centre), 92 times. When the call was eventually answered, there were no appointments for that day or for the next three! She took herself to the walk-in-centre, waited two and a half hours but was seen by a doctor and received the advice and treatment she needed.

Community Map

Conclusion

In conclusion, we found 3 common reasons, as to why community users are visiting A&E instead of other services. The long GP waiting times, and struggling to make appointments was the most frequent comment we heard from the public. We also heard, patients believe A&E will never turn them away, they will always get seen on the same day, whereas they will have to wait days or weeks for an appointment. The final reason we discovered was that people genuinely have no awareness of the other pathways of care before using A&E.

Appendices

Royal Derby Hospital - Nick Bell Interview – 26/03/15

- Not turning people away – know they'll get seen.
- A default – education.
- Regulars – mental health; feel reassured, comfort blanket.
- Opening hours (24 hours, nowhere else is)
- Drinkers
- Uneducated – no one knows about the 111 healthcare service.
- Increasing European.
- Busy Monday mornings – patients find it hard to get GP appointments.
- Elderly surplus. (aging population)
- Care homes patients are brought in for slips, trips and falls/not taking medication properly after discharge.
- 48 hours for elderly care.
- So many elderly patients.
- Babington hospital patients sent to A&E.
- Mental health – extremely overcrowded.
- Segregating, physically signpost people to the correct channel.
- QMC and Leicester struggle for employees.
- Needing a degree was not necessary before – may put people off if not academically sound.
- Using different channels into nursing could encourage more nurses.
- Communication
- Measured on ambulance turn around.
- Government targets
- No incentive for the nurses to push people through A&E.
- Integrated care social services service's work together.
- Recruitment drive struggling to find doctors and nurses – maybe because nurses need a degree.
- Red uniform specialised – needs intense training (ATC practitioner)
- Need to exploit skills in people and don't focus on academic training.
- Monthly performance meeting in A&E. Fined for not meeting in targets. You need to rely on ambulance service and condition of patient. Not just A&E even though these are the ones who face the fines. Target setters do not have a medical background.
- Conflict of targets E.G. business side wants targets however clinical staff have their own targets of making the patient better.

Appendix B – A&E footfall data received from Derby Teaching Hospitals Trust dated 6th January 2016.

In response to Healthwatch Derby's request for information about the footall in A&E over the period January to end of December 2015, we were provided with a breakdown of footfall numbers by Sarah Todd, Patient Experience Manager, Derby Teaching Hospitals NHS Foundation Trust. Healthwatch Derby would like to acknowledge and thank the Patient Experience Team for this valuable information.

Information received:

"Our emergency department has 2 types of activity there is pure ED activity (Type 1) and also SITE activity (which includes the GP Co-located service (Type 3) runs through the winter pressure period). If the GP co-located service was not available then the SITE figures would be the volume arriving at our Emergency Department please see in the table below:

Month	ED Attendances (Type 1)	ED Site Attendances
Jan	9,980	10,230
Feb	9,306	9,492
Mar	11,399	11,559
Apr	10,937	11,102
May	11,312	11,530
Jun	11,209	11,209
Jul	11,582	11,582
Aug	10,961	11,029
Sep	10,724	10,724
Oct	11,428	11,498
Nov	11,322	11,610
Dec	11,178	11,463
Total	131,338	266,056

Healthwatch Derby would like to thank Prof. Gino Franco & Prof. Simon Dupernex from the University of Derby, Faculty of Business Studies and the students - Alice Marti, Sophie Middleton, Lyndsey Tanner, Karlee Wildgoose, Kelly Winkinis for their dedication and hard work which helped shape and complete the A&E project.

Healthwatch Derby Board would like to thank all the team and volunteers who took part in the A&E research project.

Appendix C 24 Hours in A&E Full Report available as separate document

Contact Us!

If you would like to share your experience accessing health and social care services in Derby, we would like to hear from you, contact us via:

Email: info@healthwatchderby.co.uk

Telephone: 01332 643988

Write to us at: Healthwatch Derby
1st Floor
Council House
Corporation Street
Derby, DE1 2FS

Visit our website: www.healthwatchderby.co.uk

Visit our blog: https://www.facebook.com/Healthwatchderby

Facebook: https://www.facebook.com/Healthwatchderby

Twitter: https://twitter.com/HealthwatchDby

Any enquiries please contact Healthwatch Derby Quality Assurance & Compliance Officer Samragi Madden on any of the contacts above.