



The Accident and Emergency Departments at the  
Princess Royal Hospital Haywards Health and Royal  
Tunbridge Wells Hospital Pembury

A report on people's experiences and expectations in  
emergency departments as winter approaches...

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# Executive Summary

In October 2018 Healthwatch East Sussex (HWES) visited the **Emergency Departments (ED)** (known as A&E) at the Princess Royal Hospital at Haywards Heath (Brighton and Sussex University Hospital NHS Trust) and the Royal Tunbridge Wells Hospital (Maidstone and Tunbridge Wells Trust) at Pembury.

A total of 19 visits were conducted on Tuesdays, Thursdays and Saturdays in four-hour sessions. Patients were asked about the circumstances leading to their arrival at A & E; their experience in A & E; their awareness and use of other health and social services. Those patients arriving in A & E by ambulance were asked about this too. Finally, patients who had been in-patients in the previous 12 months were asked how ready they had felt to go home.

Overall the findings reflect the experiences of people attending busy emergency departments over several days and varying times. Most people expected to experience long waiting periods. People gave a wide range of reasons for their visit to A & E (including falls, stomach pains, chest pains and possible fractures). They were expecting to have scans, x-rays and other tests and were wanting to be seen by a doctor. Some were hoping to be prescribed antibiotics, whilst others were seeking pain relief.

Healthwatch East Sussex interviewed 121 people. We found that:

- Most people attending Royal Tunbridge Wells and Princess Royal hospitals approached other services before attending A & E and attended A & E based on a referral from those services (in 9 out of 10 cases). Only a small number of patients said that they had attended A & E after having difficulties making a GP appointment. Only one person had sought advice from a pharmacy or other community-based service before attending A & E.
- Less than 10% of respondents had heard of the Help my A & E booklet and less than 15% of respondents had used NHS choices. Patients did know about 111 even though some who had used 111 were unhappy with the service.
- Most patients waited less than 30 minutes before being triaged by a nurse.
- Approximately 80% of patients said that they had been comfortable or very comfortable waiting in A & E.
- The operation of the GP streaming services at the Royal Tunbridge Wells and Princess Royal hospital were rated highly by patients who had used them.
- Patients were very positive about the care they received from hospital staff.
- Patients reported waiting for one to two hours and more for an ambulance to arrive at their home. Whilst patients arriving in A & E by ambulance typically waited less than 15 minutes before being taken through to a bay one patient had waited for an hour and another had waited for two hours.

- Several patients who had been admitted as an in-patient in the previous 12 months reported that they felt that they had been discharged before they were ready to go home.

*The key recommendations from this work are:*

- to provide information to patients about other sources of help prior to attending A & E and to consider non-paper-based methods of providing information.
- keeping patients informed on next steps and waiting times, wherever possible.
- the waiting area for children at the Princess Royal hospital could be improved and prioritising children in A & E particularly after 6pm, further recommendations to improve children's experience include:
- Tunbridge Wells hospital are recommended to ensure that there are available wheel chairs and crutches designed for children. Staff should accompany a single parent with a child to the entrance and wait with the child whilst the parent gets their car.
- the practice of taking patients lying on trolleys through the main waiting area at the Princess Royal should be reviewed and alternative access routes that protects patient's privacy and dignity should be implemented.
- Both Trusts are recommended to develop a policy for looking after the care of frail elderly who arrive in A & E by ambulance but who are taken and left in the main waiting area of A & E on their own. This is a potentially unsafe practice.
- more information to be made available to patients regarding GP streaming in terms of whether it is in operation, how it works and waiting times.
- Maidstone & Tunbridge Wells Trust (MTW) should ensure patients privacy and dignity is always respected.
- MTW to ensure those with sensory differences i.e. with hearing loss and non-verbal communication have all their needs met, that respects their dignity and protects their privacy.

*The full recommendations can be seen on page 20.*

# Background

In 2018 Healthwatch Brighton and Hove carried out two reviews of the A & E departments at the Royal Sussex County Hospital in Brighton collecting feedback from patients about their experiences of using A & E. Patients were also asked about their knowledge of other services they could have sought help from as an alternative to attending A & E directly.

The first review took place in January 2018 in the A & E Department at the Royal Sussex County Hospital and the second review took place in March 2018 at the Children's Emergency Department at the Royal Alexandra Hospital (RACH) also in Brighton.

Brighton and Sussex University Hospitals NHS Trust ("BSUH") suggested that the activity should be replicated at the Princess Royal Hospital (PRH) in Haywards Heath to complete a review of all A & E Departments which it is responsible for.

Healthwatch East Sussex also had an interest and on-going priorities looking at patient flow, within the county and neighbouring services its' patient population access. Therefore, with the support of Healthwatch in Brighton & Hove and West Sussex, agreed to undertake the activity at the Princess Royal Hospital (PRH).

Healthwatch East Sussex reported on the provision of services in the A & E Departments at Eastbourne District General Hospital and Conquest Hospital Hastings in our Round the Clock Care (24 hour enter and view) in June 2016. It re-visited the Departments on 8-9<sup>th</sup> November 2018 and will be reporting on those visits shortly.

The visit to the Royal Tunbridge Wells hospital took place in the context of a national review of urgent care treatment centres driven by NHS England. The Royal Tunbridge Wells hospital is within the responsibility of Maidstone and Tunbridge Wells NHS Trust (MTW NHS Trust) and includes residents' experiences that live in the north of East Sussex.

Healthwatch East Sussex has an interest in the A & E Departments at the Princess Royal and Royal Tunbridge Wells hospitals in that patients from the High Weald Lewes Havens and North Weald use those services.

# Objective

The aim of this project was for authorised representatives (ARs) of Healthwatch East Sussex to speak to patients and people attending with the patient about the circumstances in which they were attending the A & E departments at the Princess Royal and Royal Tunbridge Wells hospitals and their experience of using the services, including seeing a GP in A & E. Questions were also asked of patients

arriving at A & E by ambulance about their experience of using the ambulance service.

The activity is intended to provide Brighton Sussex University Hospitals NHS Trust, Maidstone and Tunbridge Wells NHS Trust, East Sussex Healthcare NHS Trust, relevant Overview and Scrutiny Committees and colleagues within the Sustainability and Transformation Partnership (STP) with more information regarding the circumstances in which patients attend A & E at the Princess Royal and Royal Tunbridge Wells hospitals and what patients' experiences were when they attended.

It is intended that this report will help inform decision making around urgent care treatment centres and will be used to improve services for patients.

# Methodology

Authorised representatives (ARs) from Healthwatch East Sussex visited the A & E Departments at the Princess Royal and Royal Tunbridge Wells hospitals from Tuesday 11<sup>th</sup> October to Saturday 20<sup>th</sup> October 2018 on 11 different days. Visits were in four-hour shifts (8am to midday; 4pm to 8pm; and 8pm to midnight). Overall 19 shifts took place.

*Patients and people accompanying patients were asked by an authorised representative about:*

- Reasons for their visit to A & E, what they were expecting to happen and whether they had sought help from any other services before coming to A & E including from their GP.
- If in a major wing how long they were waiting in a corridor.
- For those in the waiting area - how long they had been waiting, whether they had seen a nurse for triage, what they had been told would happen and how long it would take. They were also asked about whether they had been offered anything to eat or drink and how comfortable they were waiting.
- For those seeing a GP in A & E, patients were asked about whether they were happy to see a GP rather than a hospital doctor, nurse or specialist. They were asked about how satisfied they were seeing a GP and whether they would recommend seeing a GP. They were also asked what the outcome of their visit to the GP was.
- All patients interviewed were asked about their knowledge of other services and whether in the past they had other used those services. If anyone said that they had not been satisfied with the services they had used, they were asked the reasons why.
- Patients were asked by what means of transport they had arrived in A & E. Those who had arrived in an ambulance were asked about how long they had waited for the ambulance and how long once they had arrived in A & E they waited before being taken to a bay. They were asked to rate their experience of using the ambulance services.
- Patients were also asked if they had been to the hospital for treatment in the previous 12 months and if they thought they had been discharged before they felt ready to go home.
- Patients were asked for any additional comments that they might have regarding their visit to A & E on that day.

*A copy of the survey used is at **Appendix 1**.*

Healthwatch East Sussex's authorised representatives (ARs) are volunteers who have been trained to carry out enter and view visits to places where health and

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social care services are provided. They see and hear for themselves how services are provided.

*The key benefits of enter and view, are to encourage, support, recommend and influence service improvements by:*

- Capturing and reflecting the views of service users who often go unheard.
- Offering service users an independent, trusted party (lay person), with whom they feel comfortable sharing experience.
- Engaging with carers and relatives.
- Identifying and sharing best practice and activity which works well.
- Keeping “quality of life” matters firmly on the agenda.
- Encouraging providers to engage with local Healthwatch as a “critical friend”, outside of formal inspection.
- Gathering evidence at the point of service delivery, to inform a wider understanding of how services are delivered to local people.
- Validating existing evidence and insight.
- Supporting the local Healthwatch remit, to ensure that the views and feedback from service users and carers play an integral part in the local commissioning.
- Increasing awareness with the public about Healthwatch East Sussex.



# What Patients Told Us - results of the review

In total **121** respondents completed the questionnaire. There were **71** respondents at the Royal Tunbridge Wells Hospital at Pembury and **50** respondents at the Princess Royal Hospital at Haywards Heath.

## *How and why did people go to A & E?*

People gave a wide range of reasons for their visit to A & E. They were expecting to have scans, x-rays and other tests and were wanting to be seen by a doctor. Some were hoping to be prescribed antibiotics, whilst others were seeking pain relief.

In relation to the **Royal Tunbridge Wells** hospital 40 (**56%**) respondents had sought help from other services before arriving in A & E. 21% had used GP services (15 respondents), 14% phoned 111 (10 respondents), 7% called 999 (5 respondents) and 3% a walk-in centre (2 respondents). One respondent had visited a pharmacy.

Of those that had approached other services before arriving in A & E **90%** of them were referred to A & E. On being asked how satisfied they were with the other services **77%** of respondents said they were satisfied 8 to 10 on a scale of 1 to 10 with only 3 respondents giving a score of 5 or less.

The comparable figures for the **Princess Royal hospital** were 32 (**65%**) of respondents had sought help from other services before arriving in A & E. With 12 respondents (24%) seeking help from their GP, 13 (26%) people had rung 111, 2 people had phoned 999 and 2 people had sought help from a walk-in centre.

Of those that had approached other services before arriving in A & E **88%** were referred by those services to A & E. On being asked how satisfied they were with the other services **73%** of respondents said that they were satisfied 8 to 10 on a scale of 1 to 10 with 3 respondents giving a score of 5 or less.

In relation to the report prepared by Healthwatch Brighton for the **Royal Sussex County Hospital** the figures were **34%** of respondents (17 people) had sought help from a GP whilst **28%** (or 14 people) had phoned NHS 111. **7%** had phoned 999 and **7%** had used the Brighton walk in centre (see paragraph 4.1 of the report).

Most people attending the Royal Tunbridge Wells and Princess Royal Hospitals approached other services before attending A & E and were attending A & E based on a referral from those other services (in 9 out of 10 cases).

Only a small number of patients said that they had attended A & E after having difficulties making a GP appointment - three respondents at the Royal Tunbridge Wells hospital and four respondents in the Princess Royal Hospital.

## ***People’s knowledge and use of other NHS services and community services?***

Healthwatch East Sussex authorised representatives (ARs) asked respondents about whether they had heard of various NHS and community services and secondly, whether they had ever used those services.

*The 71 respondents at the Royal Tunbridge Wells hospital responded as follows:*

<b>Service</b>	<b>Yes, had heard of</b>	<b>Yes, had used</b>
GP Services	63	51
111	65	34
999	68	31
IC 24 (out of hours GP)	31	15
Walk in centre	45	20
Pharmacy	57	48
Dentist	53	43
Voluntary/community group	16	6
Mental health services	39	6
Social services	39	8
Emergency sexual health	28	1
NHS choices	16	9
Help my A & E booklet	4	0
Other	1	1

*The 50 respondents at the Princess Royal hospital responded as follows:*

<b>Service</b>	<b>Yes, had heard of</b>	<b>Yes, had used</b>
GP Services	37	25
111	36	17
999	35	14
IC 24 (out of hours GP)	11	11
Walk in centre	29	11
Pharmacy	36	22
Dentist	35	20
Voluntary/community group	20	9
Mental health services	28	15
Social services	30	8
Emergency sexual health	17	7
NHS choices	14	7
Help my A & E booklet	5	6
Other	2	0

It is worth noting that less than 10% of respondents had heard of the Help my A & E booklet and less than 15% of respondents had used NHS choices. This compares with the knowledge of NHS 111, where 65 out of 71 respondents from the Royal Tunbridge Well hospital had heard of NHS 111 compared to 36 out of 50 respondents from the Princess Royal Hospital.

People were asked about their levels of satisfaction with other services. Five respondents were unhappy with the NHS 111 service commenting -

- “did not help”
- “I could not answer the questions, but they kept asking anyway”
- “111 never call back”
- “111 is rubbish”

GP services were also criticised by nine respondents. Six respondents complained about the difficulty of making an appointment to see their GP. Whilst two respondents complained of misdiagnosis by their GP and one respondent felt that their GP normally made them feel that they were wasting the GP’s time.

## Overall patient experience of A & E

### *Waiting times*

Where waiting times were recorded, people told us that they waited anywhere between a minute to an hour while visiting the Princess Royal Hospital. At the Pembury hospital, this was more varied with times ranging from 5 minutes to over 19 hours, with one person saying that they had waited ‘all night’. When reviewed most people said they were waiting between half an hour and two hours in urgent care.

A majority of those who did respond about their wait, stated that they had seen a nurse for an initial assessment.

When asked if people were told how long they would need to wait, it was found that these were relatively low, with **35%** given an indication at Pembury and **15%** at the Princess Royal. However, patients understanding of what would happen with their ongoing treatment was high, with **76%** at the Princess Royal and **85%** at Pembury aware, which may be related to their wait times.

### *The experience of children*

During one evening session at the Princess Royal hospital the authorised representatives followed the experience of a mother and her young son (aged under 10) who had arrived at A & E in the early evening. The boy had injured his leg at school. Prior to arriving in A & E they had visited their GP who had advised them to go to A & E to be on the safe side.

As the authorised representatives were leaving at midnight the boy had still not been seen by a doctor and his mother was informed that an ambulance was arriving so the wait would be longer. In the meantime, an adult with a leg injury had been seen and left A & E. The boy was worried that he had been forgotten.

On speaking to staff, an authorised representative was told that the Princess Royal Hospital did not prioritise children. All decisions on priority were taken based on clinical need.

The Royal Tunbridge Wells hospital has a separate A & E service for children which children are directed to immediately on registering at reception. The contrast between the Princess Royal hospital and the Royal Tunbridge Wells hospital in terms of facilities is very distinct.

At the Princess Royal, the waiting area for children is very compact - a small room opposite reception. Children are not far removed from the main adult waiting area. Children at the Royal Tunbridge Wells hospital have their own separate wing with reception, bays and waiting areas. The main waiting area is designed with children in mind and offers a secure space for children to play whilst waiting.

Despite these otherwise excellent facilities at the Royal Tunbridge Wells hospital, an authorised representative observed a young girl who had a broken leg being wheeled in an adult wheelchair as there are no children's wheelchairs available. The girl's mother had to carry her daughter to the car park. The mother was informed about a charity that could be asked for crutches for children as the hospital did not provide them.

### ***Unaccompanied vulnerable older people***

Authorised representatives also observed vulnerable older patients waiting in A & E on their own. This will require follow up via local Healthwatch as similar observations were noted in A & E departs at Eastbourne District Hospital\*

### ***Praise for staff***

Patients also had a lot of praise for staff -

- “staff doing a brilliant job”
- “staff all very professional and doing their best”
- “all been nice and caring”
- “reception staff [at Royal Tunbridge Wells hospital] have been very good and very kind”
- “doctors/nurses brilliant”

### ***Other experiences***

Authorised representatives saw patients being wheeled through on trolleys through the main waiting area within inches of patients waiting in the seated area. This is not respectful of the dignity of the patient on the trolley and presumably will be uncomfortable and upsetting to some patients in the waiting area.

Two respondents mentioned parking. In relation to the Royal Tunbridge Wells the respondent complained that the gates let you through even if there were no

spaces. In relation to the Princess Royal hospital, a patient with two young children on her own said that she had found “it impossible to park”.

### ***How long did patients wait until they saw a nurse for triage?***

Of the 71 people interviewed in the Urgent Care Centre in A & E at the Royal Tunbridge Wells hospital 65 (92%) had been seen by a nurse for initial assessment. Of those 45 people had waited less than 30 minutes and 6 people had waited between 30 minutes to an hour. One person said that they had been waiting for over an hour to see a nurse for triage. 19 (27%) respondents did not answer.

In relation to the Princess Royal hospital, of the 50 people interviewed 42 (85%) had been seen by a nurse for initial assessment. Of those 88% had waited less than 30 minutes and 2 people had waited between 30 minutes to an hour. Two people told Healthwatch East Sussex that they had waited over an hour. 17 (34%) respondents did not give an answer.

The results from the Royal Tunbridge Wells and Princess Royal hospitals are similar to those found by Healthwatch Brighton and Hove in the Sussex County hospital (see paragraph 4.4.2). The comment in that report that people not being seen within an hour of arriving at A & E being of concern is echoed here. There is a risk that people with serious problems may not be seen in a timely way and NHS targets for the service may not be met.

### ***Were patients told what is going to happen and how long it would take?***

When asked about whether they knew what was going to happen to them today following triage, 85% of respondents at the Royal Tunbridge Wells hospital said they did but only 35% of respondents had been told how long they would have to wait.

In the case of the Princess Royal hospital, 76% of respondents said that they knew what was going to happen to them following triage. Only 15% of respondents had been told how long they would have to wait.

### ***Had patients been offered a drink or food since arriving in A & E?***

Of the 71 people interviewed at the Royal Tunbridge Wells hospital 17 (24%) people had been offered something to eat or drink since they arrived in A & E, whilst 36 (50%) people said that they had not been offered anything and 8 people said that they had brought their own.

Of the 50 people interviewed at the Princess Royal hospital 13 (26%) people had been offered something to eat or drink since they arrived in A & E, whilst 25 (50%) people said they had not been offered anything and 7 people said they had brought their own.

One patient with family members present, spoke particularly about the excellent quality of treatment they had received but this had been overshadowed by lack of consideration for dignity and respect, when the patient wanted to use the toilet.

The patient was left for an uncomfortably long time on a bed pan, attempts to attract the attention of staff were further hindered due to their communication difficulties, their dissatisfaction was further compounded when they were offered something to eat whilst still in this uncomfortable position. The patient's relatives were encouraged to share this experience with the Nurse in charge and they responded straight away. It was also escalated to colleagues in Healthwatch Kent as they were due to meet with senior staff that week.

There is an expectation that patients receiving care and treatment in the Majors part of A & E will spend longer in the department and therefore greater priority should be given to their comfort levels, the need for something to eat or drink (subject to medical instructions to the contrary) and any toileting requirements.

### ***How comfortable were patients in A & E?***

Healthwatch East Sussex asked how comfortable people were while waiting. Patients responded on a scale 1 to 10 with 1 being very uncomfortable and 10 being very comfortable.

23% of respondents at the Royal Tunbridge Wells hospital gave a response of 10 - being very comfortable with a further 39% of patients giving a score of 7, 8 and 9. However, 9% of patients gave a score of 1 being very uncomfortable. The total percentage of people marking 4 or less was 19%. The reasons given for a low score were that the chairs were uncomfortable particularly when feeling in pain and the boredom of waiting.

28% of respondents at the Princess Royal hospital gave a response of 10 - being very comfortable with a further 46% of patients giving a score of 7, 8 and 9. However, 5% of patients gave a score of 1 being very uncomfortable. The total percentage of people marking 4 or less was 11%. A few people commented on the heat - feeling it was too hot. One person commented that there should be a child gate on the door to the children's waiting area.

### ***People's experience of being seen by a GP in A & E***

On a Saturday night at the Royal Tunbridge Wells hospital, AR's observed the working of the GP streaming service at Pembury. The waiting room area was very busy, on arrival patients were seen at reception, booked in and triaged very quickly and efficiently. This process clearly identified patients that could be seen by the GP on duty that night as well as patients arriving for pre-booked appointments. **It was very impressive to observe, and this feedback was passed directly to the Trust.**

Authorised representatives (ARs) spoke to five patients who had used the GP service at the Royal Tunbridge Wells hospital. All of them said that they had been happy to see a GP rather than a hospital doctor commenting -

- “not an emergency”
- “no choice”
- “still a doctor”

On being asked how satisfied they were with the GP service (1 being poor and 10 being excellent), 2 people gave a mark of 10 whilst one person rated the service with a 5 commenting that the doctor did not have the relevant expertise.

One of the patients giving a mark of 10 said of the GP -

- “very helpful, knowledgeable, very good doctor”

Based on their experience of the GP service at the Royal Tunbridge Wells hospital 3 patients said they would recommend the service to family and friends whilst one person said they would not.

A positive comment was -

- “very reassuring, did what was needed”

Four of the five patients that were interviewed had already seen a GP in A & E when they had been interviewed. The first patient had received advice, treatment and a prescription from the GP. The second patient had received treatment and was advised about what to do should the problem recur. The third patient was provided with information about their condition. The fourth patient received treatment and advice and was referred to the A & E waiting area to see someone else and was referred to another NHS service.

Authorised representatives spoke to three patients who had used the GP service at the Princess Royal hospital. All of them said that they had been happy to see a GP rather than a hospital doctor commenting -

- “happy to see a GP wherever, we just need an x-ray”
- “he seemed very knowledgeable”

On being asked how satisfied they were with the GP service (1 being poor and 10 being excellent), 2 people gave a mark of 10 whilst the third person did not give a mark.

Based on their experience of the GP service at the Princess Royal hospital all 3 patients interviewed said they would recommend the service to family and friends.

One person commented -

- “very thorough and patient”

Of the three patients that had already seen a GP in A & E when they were interviewed one patient had been treated and given a prescription and advised to see their own GP. Another patient was given advice. The third patient was referred to the A & E waiting area to see someone else.

### ***Patients' experience of using the ambulance service***

Patients were asked how they arrived at A & E. 64 respondents arrived by car (53%) and another 4 had arrived by taxi. Only 3 people arrived by public transport. No-one said that they had walked or come by Patient Transport Services.

41 (34%) respondents had arrived at A & E by ambulance. This included 24 for Pembury and 11 for Haywards Heath. The remaining six respondents had no locations recorded.

Those arriving by ambulance were asked how long they had waited for an ambulance to arrive at their home. 23 people (59%) had waited for less than half an hour. Five people waited for half an hour to an hour, seven for one to two hours, whilst four people (10% of respondents) had waited for longer than two hours.

When the figures are broken down for those arriving at the Royal Tunbridge Wells hospital compared to Princess Royal, the figures are worse for the Royal Tunbridge Wells (9 people waiting for less than half an hour; 3 patients waiting for half an hour to one hour; 6 people waiting for one to two hours and 3 patients waiting for more than two hours).

When they arrived at hospital 92% of patients said that the paramedics had waited with them. Paramedics waited for various periods from a few minutes to 2 hours in the case of one patient. Typically, though the wait was 15 minutes or less.

On a scale of 1 to 10 (1 being poor and 10 being excellent) 69% of patients gave a rating of excellent. One person gave a mark of 1 (poor) no doubt reflecting the fact that they were waiting for 60 minutes in a corridor. Another person gave a mark of 5 following a longer than 2 hours wait at home. Another person who had waited between 1 and 2 hours at home for an ambulance gave a rating of 7.

### ***Patients' experiences of discharge (following an in-patient stay in the last 12 months)***

Patients were also asked if they had been to the hospital for treatment in the previous 12 months and if they thought they had been discharged before they felt ready to go home.

At the Royal Tunbridge Wells hospital 19 respondents said that they had been admitted to the hospital in the previous 12 months. Of those 8 people or 42% said that they had been discharged before they felt ready.

At the Princess Royal hospital 13 respondents told Healthwatch East Sussex that they had been admitted to the hospital in the previous 12 months. Of those 3 people (23% of respondents) said that they had been discharged before they felt ready.



They said -

- “felt too soon - a few hours after the birth”
- “did not feel well enough informed to manage condition at home, e.g. no explanation of medicines given”
- “I felt ready and pleased to go home. District nurse came to see me as well”

## Equalities summary

The following charts give an overview of the makeup of people who completed surveys in all departments across the visit. Answers were given anonymously and are shown as an indicator of those who gave their thoughts, views and experiences. Results are also shown response rate across all the sites visited, to preserve anonymity for respondents.

A total of 115 equality forms were returned, giving a 95% return rate for the equality monitoring responses against the 121 main survey completions.

In summary, 41% of respondents were aged 65 and over, although it should be noted that a quarter of respondents were between 18 and 34.

43% were male and 57% were female, with 97% of these responses identifying with the gender that they were assigned with at birth. It should be noted that one person responded that they did not specifically identify as another gender. 95% described their sexuality as heterosexual.

88% stated that their ethnic origin was White British, with a further 7% indicating White Other as their ethnicity. Further responses gave Mixed White & Asian and Indian as a person's ethnic background, with a further respondent preferring not to give their ethnicity.

26% of respondents considered themselves to be disabled. Where respondents had stated that they had a disability, Physical Impairments - 26% - and Mental Health condition - 20% - were given.

During the main survey people were also asked about their accommodation and what their main place of residence was.

Where are you living?	Royal Tunbridge Wells	Princess Royal Hospital
Own home	50 (76%)	30 (71%)
Sheltered housing	2 (3%)	3 (7%)
With relatives	7 (11%)	3 (7%)
Care home	2 (3%)	0 (0%)
Other	5 (8%)	6 (14%)
No answer	5	8

Most people lived in their own home. Where people responded 'Other', prison, Supported/Assisted Living and Renting featured.

## Conclusions

The insight gathered during this activity is not only useful for individual Trusts running Emergency Departments regarding patient experiences, but highlights if, how and where patients are accessing information prior to turning up at their ED.

It also demonstrates how local Healthwatch can deliver activity collaboratively within their STP and out of county to gather that wider 'system' perspective.

There is clear evidence to suggest that both Trusts (and those responsible for planning and buying local services) need to be informing patients better about the options for seeking treatment available to them outside of emergency departments.

There is good evidence to suggest also that local initiatives are beginning to embed around GP streaming with an example reported at Tunbridge Wells Hospital during one shift as '...very impressive to observe' and;  
The needs of children visiting the emergency department at Haywards Heath should be reviewed based on the findings enclosed.

People during this survey gave a wide range of reasons for their visit to A & E including falls, stomach pains, chest pains and possible fractures. This is in line with findings HWES identified within emergency departments in Eastbourne and Hastings and would indicate where further activity from commissioners and partners to better inform patients of the most appropriate route for treatment, is also required.

Patients expectations, they were expecting to have scans, x-rays and other tests and were **wanting to be seen by a doctor**. Some were hoping to be prescribed antibiotics, whilst others were seeking pain relief. It is widely reported that access to high quality information can contribute greatly to managing people's expectations.

Patients have a low awareness of the Help my A & E booklet. Only one person had approached a pharmacy before arriving at A & E. Whilst most patients had sought help from NHS 111, their GP or a walk-in centre before arriving at A & E. There is a need to continue to provide information to patients about other sources of help prior to attending A & E.

Most people were clear about what would happen next following their initial assessment by a nurse. However, they were quite unclear about how long they might have to wait following triage.

The information on waiting times provided to patients in the main waiting areas of both the Royal Tunbridge and Princess Royal hospital was not kept current and was too generalised.

### *Regarding BSUHT*

The children's waiting area at the Princess Royal hospital is a small room sited opposite the reception and adjacent to the main waiting area.

Whilst patients were in general comfortable whilst waiting in the main waiting areas at both hospitals, some patients at the Princess Royal hospital said they were too hot.

### *Regarding other providers*

Several patients had waited for more than 2 hours for an ambulance to arrive at their home. All information captured involving performance of South East Coast Ambulance Service NHS Foundation Trust (SECamb) to be forwarded directly to the trust with a request to comment on the findings to inform the public.

Several patients reported being dissatisfied with the service offered by NHS 111. All feedback regarding the NHS 111 service is to be forwarded to the current provider with a request to comment on the findings.

## Recommendations

The following recommendations are made to Brighton and Sussex University Hospitals NHS Trust (BSUH) and the Maidstone and Tunbridge Wells NHS Trust (MTW).

### *Jointly for both Trusts:*

- to continue trying to inform patients and to consider non-paper-based methods of providing information.
- to check performance on waiting times for an initial assessment (triage) to establish how many people were waiting for more than one hour to see a nurse.
- to make improvements in advising patients how long they are likely to wait and what will happen next to them following triage.
- to improve the provision of information on waiting times and to ensure information is provided on waiting times for triage, to see GP (also making it clear if the GP streaming is operating) and to see an Emergency Doctor.
- to review the policy for the care and treatment of elderly patients in emergency department.

### ***Recommendations for BSHUT***

- to consider improving the waiting area for children including the possibility of relocating it. At the very least a children's safety gate should be added to the entrance to the room.
- to end the practice of taking patients lying on trolleys through the main waiting area at the Princess Royal hospital where they are in full view of other patients who are waiting by using another set of doors.
- to consider policy at the Princess Royal hospital of not prioritising children in A & E particularly after 6pm.
- to ensure that temperatures are monitored and reviewed frequently to ensure a reasonable level of comfort for patients.

### ***Recommendations for MTW***

- to ensure that there are available wheel chairs and crutches designed for children. Staff should accompany a single parent with a child to the entrance and wait with the child whilst the parent gets their car.
- to ensure patients privacy and dignity is always respected and that patients should not be left for long periods of time on bed pans or commodes.
- to ensure those with sensory difficulties such as hearing and speech have all their needs met, that respects their dignity and protects their privacy.

## Actions for Healthwatch Brighton and Hove, East Sussex and Kent

- All Healthwatch organisations to share the findings with their respective providers, scrutiny committees and patient experience groups.
- Several patients reported being dissatisfied with the service offered by NHS 111. All feedback regarding the NHS 111 service is to be forwarded to the current provider with a request to comment on the findings.
- Several patients who had been admitted as an inpatient in the previous 12 months said that they felt they had been discharged to go home before they were ready. Local Healthwatch organisations should monitor this feedback as part of outcome tracking and escalate any concerns appropriately.

## Director's Comment

This important report captures real insight into the experience of patients and their carers across two hospitals in Kent and West Sussex that are accessed by residents of East Sussex. As we move towards more planning of acute services across wider Sustainability Transformation Partnership (STP) 'footprint' areas, local Healthwatch has a crucial role to play in working together to voice public concerns across local authority and health trust boundaries.

Overall, patient experiences come out positively in this report and public support for NHS services remains high. However, a number of concerns have been identified and reported upon, as reflected in the conclusions and recommendations.

In particular, we would draw attention to improvements that could be made for children and single, vulnerable people when attending emergency departments and we have every confidence that the hospital trusts concerned will do all they can to address these concerns.

## Partner's Comments

Brighton and Sussex University NHS Hospital Trust responded:

*As an organisation it is always really useful to have Healthwatch review our services, through the eyes of the patients and it was very heartening to read of the good experiences that many patients have had and to have the recommendations and these are being considered as part of the ED Governance meetings.*

*Thank you for circulating this - I have discussed with our Emergency Department (ED) team at Princess Royal Hospital and have the following comments:*

**Recommendation:** The waiting area for children at the Princess Royal hospital could be improved and prioritising children in A & E particularly after 6pm.

**Response:** Further recommendations to improve children's experience include: Response - National guidelines require that triage for children happens within fifteen minutes of arrival and children are prioritized ahead of adults to meet this safety-oriented target. Since the visit the Emergency Department at the Princess Royal Hospital have introduced a tray as priority for children 0-10 years. And from March 2019 have adopted the same streaming process as Royal Sussex County Hospital in Brighton, which will reinforce this further.

**Recommendation:** The practice of taking patients lying on trolleys through the main waiting area at the Princess Royal should be reviewed and alternative access routes that protects patient's privacy and dignity should be implemented.

**Response:** Whilst we agree with this, there is little alternative to this as the only access to the Emergency Department to the imaging department is through the area of waiting room/queue for corridor reception. We would welcome working with Healthwatch to look at a 'fresh eyes' approach to this issue.

**Both Trusts are recommended** to develop a policy for looking after the care of frail elderly who arrive in Accident & Emergency (A&E) by ambulance but who are taken and left in the main waiting area of A&E on their own. This is a potentially unsafe practice.

**Response:** All patients who arrive by ambulance will have had an assessment on arrival. It is incorrect to assume that because someone arrives by ambulance that they are not suitable for the waiting area or a fit-to-sit area. If they are assessed as fit to sit then they will be placed in waiting room. However, the blue chairs, in the main department are frequently used at Princess Royal Hospital for such patients.

**Other comments:**

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- Princess Royal Hospital (PRH) is a designated Minor Injuries unit. To have completely separate designated areas would require an investment in new buildings as the current footprint of PRH Emergency Department (ED) would not enable this structure of PRH ED.

Pages 14 and 15

- In relation to parking, we fully agree that there are challenges to parking at PRH and we are continuously looking at how this can be improved, this experience will feed into this work.
- Triage; As part of the Quality Improvement work and following the CQC report ED have been working on triage times. This has seen a substantial reduction in so that on average waiting times are more consistent with National Standard of 15 minutes. They have also been reviewing staffing establishment so that there is better cover of triage and will be introducing twilight shifts into the department once new staffing establishment has been finalised.



- Within the triage training programme, staff are taught to give the patient a rough outline of what may happen. They are also advised to direct the patient to the waiting screen as this is live and updates every 5 minutes.
- Food and drink; Patients in majors have a safety checklist completed hourly which address nutrition and hydration needs. There is a coffee machine and snack machine and cold drinking water fountain in the waiting room for minors' patients

Healthwatch Brighton and Hove added:

*'The similarities of the findings of this report with that of the Healthwatch Brighton and Hove report on 'Patients Experiences of A and E at the Royal Sussex County Hospital and the Royal Alexander Childrens' Hospital' undertaken a year ago, indicate that some issues are systemic. Whilst direct care has been praised in all hospitals and the relatively new GP service in A and E has been widely accepted, patients in all settings have rarely heard of information that could avoid A and E attendance and people had often had a negative experience of the NHS 111 service. Patients were frequently waiting on trolleys in public areas, especially older people, compromising dignity. Whilst NHS data indicates that one third of those who attend A and E do not need urgent services, this report and that of Healthwatch Brighton and Hove found that most people had been referred to A and E by another NHS service, raising questions about referral practices of NHS staff. The mixing of children and adults in the Princess Royal Hospital is causing difficulties, both in the limited facilities available and the incompatibility of a distressed sick child with adults in an A and E environment. This finding is in contrast to the dedicated service at the Royal Sussex County Hospital where most parents found the service excellent. We support the recommendations of Healthwatch East Sussex.'*

Maidstone Tunbridge and Wells NHS Trust responded:

*'The Maidstone and Tunbridge Wells NHS Trust values the opportunity to work in collaboration with the Healthwatch team in East Sussex to ensure we capture the views and experience of our patients in the wider population area outside of our local Healthwatch partners. The praise for our staff in a busy A+E department is well received alongside the recommendations to help us direct improvements in the way we deliver our services. These recommendations will be incorporated into the Trusts "Best Care" programme which provides a platform to drive continuous quality improvements.'*

# Appendix 1 - Survey form used to speak to patients

## PART 1 - Information about your visit to A & E today

### 1. What is the reason for your visit to A & E today?

We only require information about your general condition(s) e.g. breathing difficulties, chest pain, diarrhoea and vomiting etc.

### 2. Can you briefly tell us what you are expecting will happen to you today?

For example: have an x-ray or scan; be checked by a doctor; have further tests; be given a prescription etc.

### 3: Did you seek help from any other services for the same condition(s) specified above before coming to A & E today?

Yes

No



If yes, please answer question 4. If no, please move straight to question 8.

### 4: Which service(s) did you use?

Examples of service: own GP, 111, 999, IC24 (out of hours GP & home visiting service); walk-in centre; pharmacy; dentist; voluntary/community group.

### 5: Did the service(s) refer you, to A & E today?

Yes

No

If yes, which service(s) referred you?

### 6: On a scale of 1-10 how satisfied were you with the service(s) you used?

### 7. If you were not satisfied with any of the services above, can you briefly tell us why?

8. If you sought, or tried to get, help from you own GP before coming to A & E today, can you tell us what happened?  
For example, was the wait to see your own GP too long; did your GP tell you to come to A & E, etc?

**PART 2 - Information about your experiences of being in A & E today**

**MAJORS WING ONLY:**

Please **ONLY** answer questions 9 - 11 if you are in the Majors Wing of the A & E department. Otherwise, please answer questions 11 onwards.

Majors Wing - Please start here:

Please answer **EITHER** Question 9 **OR** Question 10 depending on whether you are waiting in the corridor or are already in a cubicle.

Only answer this question if you are currently waiting in the corridor.

9. How long have you been waiting in the corridor?

[please move to Q12 now]

**OR**

Please only answer this question if you are in a cubicle:

10. Before you came to the cubicle, were you previously waiting in the corridor?

10a. If yes, how long were you waiting in the corridor before moving into a cubicle?

[please move to Q11 now]

Yes  No

**PATIENTS in the Urgent Care Centre - Please begin questions here:**

11. How long have you been waiting?

All patients continue here:

**12: Have you seen a nurse for an initial assessment?**

Yes

No

**13. How long did you wait before you saw a nurse?**

**14a. Have you been told what will happen to you today?**

Yes

No

**14b. Have you been told how long you will have to wait?**

Yes

No

Please tell us what information you were given?

**15. Have you been offered anything to eat or drink since you have been here?**

Yes

No

n/a - brought own

**16. How comfortable are you here?**

With '1' being very uncomfortable and '10' being very comfortable)

Please briefly explain your response.

**17. Is there anything else you would like to tell us about your experience here?**

*Please answer the questions in Part 3 if you have been told that you will see a GP in A & E, or if you have already seen a GP in A & E*

**PART 3 - Information about your experiences of seeing a GP in A & E**

**18: Are you / were you happy to see a GP rather than a hospital doctor, nurse or specialist?**

Yes

No

Please briefly explain your response.

**19. If you have already seen the GP here, how satisfied were you with this service?**

With '1' being poor and '10' being excellent

Please briefly explain your response.

**20: Based on your experience today would you recommend the A & E GP service to family and friends?**

Yes

No

Please briefly explain your response.

**21. If you have already seen a GP, please tell us what happened.  
(Please tick all that apply)**

I received treatment from the GP I saw in A & E	
I was given a prescription by the GP	
I was provided with information about my condition	
I was given advice about what to do should my problem reoccur	
I was advised to visit my own doctor	
The GP booked me an appointment to see my own doctor	
I was advised to visit a pharmacist	

I was referred to another NHS service (please specify which one)	
I was referred back to the A & E waiting area to see someone else	
I was referred to a community voluntary group	
I was given reassurance but received no treatment.	
Other (please specify)	
<b>Additional space for other comments</b>	

**PART 4 - Knowledge of other services**

**22. We would like to know if you have ever heard of any of the services listed below and if so, whether you have used them in the last year?**

**This question is not related to your reason for coming to A & E today.**

Services	Heard of service (Y/N)	Used service (Y/N)
GP services		
111		
999		
IC24 (out of hours GP service and home GP visiting service)		
Walk-in centres, e.g. Minor Injury Unit		
Pharmacist services		
Dentist services		
Voluntary or community groups		
Mental health service/crisis		
Social care services		
Emergency sexual health		
Help My A & E booklet		
Other (specify)		

**23. If you were not satisfied with any of the services you have used, can you briefly tell us why?**





**PART 5 - A little bit more information about you and your experiences**

**24. Please tell us the postcode /area where you live**

**25. Where are you living? (Please tick)**

Own home	With relatives	Care home	Sheltered housing	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered “Other” please briefly explain here.

**26. Do you have anyone with you today?**

Family member	Neighbour	Friend	Care home employee	Community Group representative	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered “Other” please briefly explain here.

**27. How many people do you have with you today?**

**28. How did you get to A & E today?**

Ambulance	Patient Transport Services	Car	Public transport	Walked	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered “Other” please briefly explain here.

### Ambulance services

If you came in today using ambulance services, please tell us about your experiences

29. How long did you have to wait for the ambulance to arrive at your home?

30. When you arrived at the hospital, did the paramedics wait with you?

Yes

No

31. If yes, approximately how long did they stay with you (in minutes)?

32. How would you rate your experience of using ambulance services today?  
*With ‘1’ being poor and ‘10’ being excellent*

### Your experience of being to the hospital in the last year

If you have been to the hospital for treatment in the last 12 months please tell us about your experiences.

33. Why did you come to hospital?

I came to A & E

I was admitted to hospital

Other

If you have answered “Other” please briefly explain here.

34. When was this?

35. If you were admitted to hospital, did you feel you were ready to go home when you were discharged?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Please briefly explain your response.

Please use the space below to provide any additional comments about your visit to A & E today

**36: Do you have any other comments or suggestions?**

**We would be grateful if you could complete the short Equalities Monitoring Form**

## Contact us

Primary contact: Elizabeth Mackie - Volunteer and Community Liaison Manager

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## Disclaimer

This report relates to findings observed on the specific dates set out in the report. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

We will be making this report available to the Trust board and staff in all the wards and units visited in October 2018. The report will also be circulated to Healthwatch England, CQC, NHS England, Clinical Commissioning Groups, Overview and Scrutiny Committee and our local authority.

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