
UNSCHEDULED CARE

WHY ARE PATIENTS
CHOOSING THE ACCIDENT
AND EMERGENCY
DEPARTMENTS IN HYWEL DDA
HEALTH BOARD?

Hywel Dda Community Health Council



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EXECUTIVE SUMMARY

We have been told on many occasions that patients are attending the Accident and Emergency Departments of our hospitals inappropriately causing pressures for the whole of the National Health system. We set out to ask patients themselves why they were in the department and were they aware of other options.

The answers we received fell into five approximate areas

- The majority were there following an acute illness in the last twelve hours. The lay perspective suggests they had chosen well.
- A significantly high number had been referred by other NHS departments.
- There was a perception that the GP was difficult to access and a misunderstanding of the Out of Hours service.
- People were attending with a longer term illness that they had been suffering from for days or weeks.
- Visitors to the area.

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INTRODUCTION

The Board of CHC's requested that all Wales national projects would be carried out on the following services; Stroke Services, Unscheduled Care and GP appointments. This recommendation was approved at the Board meeting in January 2013.

After discussion, the Visiting, Scrutiny and Monitoring Committee of Hywel Dda Community Health Council (CHC) agreed to begin by focussing on unscheduled care, specifically Accident and Emergency and Out of Hours. This met with approval from the Executive Committee. The parameters of this work were discussed in detail and the questionnaires refined and clarified to their final format.

There is always a desire to collect as much information as possible when speaking to patients but the purpose of these visits was to find out if people are going to the Accident and Emergency Department (A&E) because they don't realise that there are other options. Why did they come to A&E instead of phoning NHS Direct or contacting their GP? This reflected the current Choose Well campaign (appendix 1) with its concerns that patients may be using A&E inappropriately.¹

This is a snapshot of the A&E departments on four different times of day. Some of the answers we received were unexpected and some, of course, have raised more questions.

¹ <http://www.choosewellwales.org.uk/news/24621>

METHODOLOGY

Information was requested from the Health Board on the peaks and troughs in numbers attending the four A&E departments each day and throughout the week. In order to make good use of our limited resources the timetable for visiting was developed in order to be in the department when the most patients were likely to be present.

The target set was to speak to one hundred patients in each of the four Accident and Emergency Departments in Hywel Dda Health Board; Prince Phillip Hospital District General Hospital, Glangwili District General Hospital, Bronglais District General Hospital and Worthybush District General Hospital.

A minimum of two members took part in each visit, one of whom was a member of the Visiting and Monitoring Committee and had been involved in developing this work. This was in order to achieve as consistent approach as possible across all the hospitals.

A poster (appendix 2) was produced that explained to patients why the CHC was in the department. This also acted as an introduction to the questionnaires. We explained to the patients that we were there to find out their views on why they chose the A&E department that day rather than any other service. This led into the first question.

Members were asked to explain that we were not there to discuss medical problems. The questions were asked in an open manner so that at no time did the patient feel that they were being *blamed* for making the wrong choice.

It was also explained that the final report would be shared with the Health Board in order to assist in improving patient services.

No identifying information was taken although many patients inevitably described some of their symptoms.

It was noticed that there is a serious lack of privacy in Bronglais Accident and Emergency Department. It would have been perfectly possible for most people in the waiting room to take down the name, date of birth and symptoms of all the people who booked in at the reception desk. This was not a problem in the other hospitals.

Prior to making this visit, letters were written to the County Directors requesting their support. Once the dates were set we also contacted the Hospital Managers and the Accident and Emergency department managers so that they would be fully informed ahead of our arrival. The Health Board was asked to ensure that Choose Well information was clearly displayed in the department so that if necessary patients could be referred to it.

This research had the additional benefit of introducing the CHC to members of the public who may not be aware of our existence or purpose. CHC leaflets were offered to everyone spoken to.

RESULTS

Two hundred and nine questionnaires were completed. The number per hospital is shown below.

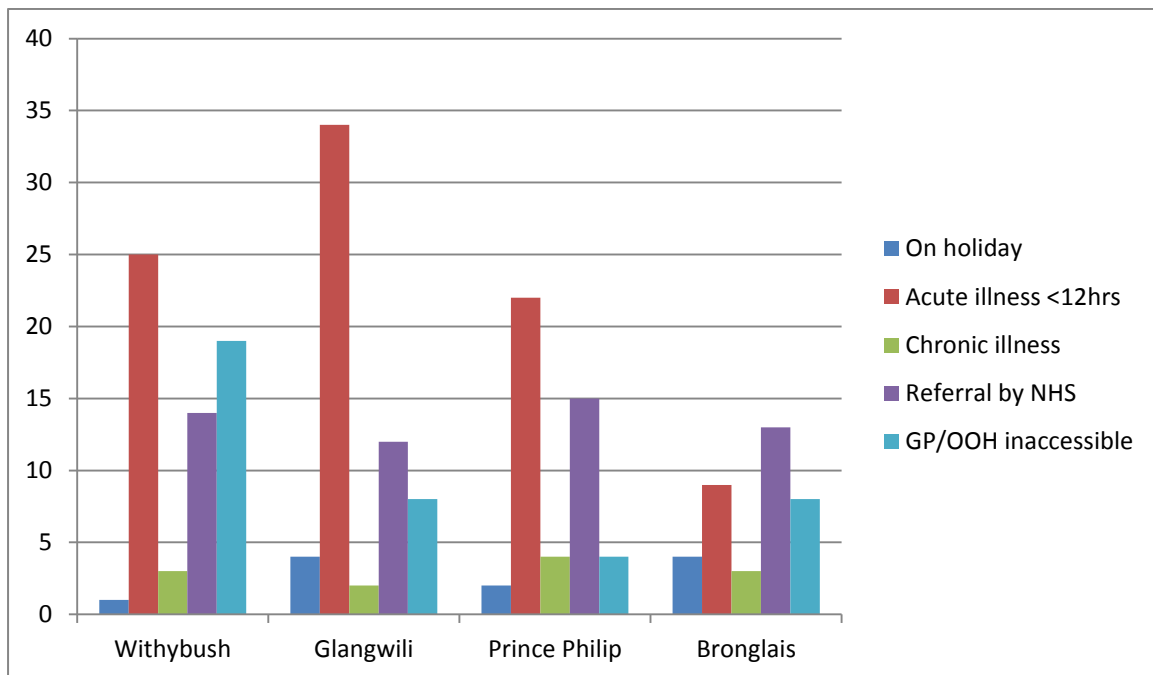
		Glangwili	Prince Philip	Withybush	Bronglais
28:8:13	1 – 3pm	8	9		8
1:9:13	11 – 1pm			16	
2:9:13	9 – 11am	10	10	8	10
4:9:13	1 – 3pm			16	
7:9:13	5 – 7pm	20	11	24	9
8:9:13	11 – 1pm	22	18		10
Total		60	48	64	37

Three responses were disregarded. They were incomplete or the person had been merely passing through the department.

The answers we received fell into several categories and these are shown below as a graph and with a table showing percentages.

- 1 Those spoken to were on holiday. They were unaware that they can access a local GP when away from home.
- 2 “Well chosen” attendance in the A&E department. The measure used was that this was an acute injury or illness that had occurred within the last twelve hours. This is not based on a clinical assessment but that within the “Choose Well” categories this appears to have been the right choice to make.
- 3 Chronic conditions, ie the injury or illness had occurred at least several days and in some cases several weeks ago. The presumption here is that the GP might have been the more appropriate place for these patients but there is no equivocal information on this.
- 4 Referrals by the NHS. This category will be broken down and looked at again in more detail.
- 5 Those spoken to had the perception that the GP or the Out of Hours service was difficult to access. This category will also be broken down and looked at again in more detail.

	1	2	3	4	5	Total
Withybush	1	25	3	14	19	62
	1.5%	40%	5%	22.5%	31%	
Glangwili	4	34	2	12	8	60
	6.5%	56.8%	3.3%	20%	13.3%	
Prince Philip	2	22	4	15	4	47
	4.25%	47%	8.5%	32%	8.5%	
Bronglais	4	9	3	13	8	37
	11%	24%	8%	35%	22%	



Referrals by the NHS.

A significant percentage of the attendees in A&E had been referred to the A&E department from other areas of the NHS.

- Seven patients were in A&E following advice from NHS Direct. One of the patients had been referred at the beginning of the weekend, had received treatment and returned as directed by the department.

“NHS Direct advised [her] not to wait that long [to visit GP] after checking how far away she lived. [Patient lives just across the road from the hospital.]”

- Eight patients had been referred to A&E by the Out of Hours service.

“Considered seeing GP but as it was a Sunday, phoned Out of Hours service. Felt injury was serious enough to warrant an Xray”

“Rang Out of Hours and told to come to A&E as I may need an Xray”

- Seven patients had been referred or recalled by the A&E department.

“Came to A&E last night. Radiographer on duty was in theatre. Could have been a long wait. After discussion decided to go home (but come back in if necessary) and returned this morning. Live out of town as well. Did consider other possible options but didn’t consider them relevant as woozy from a fall.”

“Injury to foot two weeks ago, seen at A&E. Advised to come back if condition gets worse.”

“Referral from A&E visit last Friday. Told to come back today for removal of toe nail. Did consider seeing own GP but unable to make an appointment outside working hours.”

- Sixteen had been referred by GP's.

"Yes, saw a GP without problems [injury a week ago has become infected] GP advised attend A&E"

"...for two weeks. Three visits to GP and one other to A&E but getting worse. Has not been Xrayed. [Current visit] set up by GP."

"Further tests. Referral by GP."

- Sixteen patients had been referred by a pharmacy, an optician, MIU, Community Hospital or other hospital department.

"Needed more injections while on holiday. Pharmacist told me to go to A&E and return with prescription"

"[Referred by] Llanidloes Health Centre"

"Feeling very unwell since window fell on head. Wait for GP is two weeks. Pharmacist advised to go to A&E"

"Open sore on leg, treated for two weeks. Today really bad, sent here by Pembroke Dock MIU. Told to go to Haverfordwest." Patient aggrieved that nurses didn't even look at wound.

GP perceived as being too difficult to access

Why had nineteen patients chosen the A&E department instead of going to their GP?

"I knew the doctors surgery would send us here so came here to save time."

"Hurt foot last night. Maybe Xray needed. Not bad enough to come in last night. Not important enough to lose [a days] work and GP would send her to A&E anyway."

"Phoned GP who advised they don't provide a stitching service therefore A&E."

“Daughter hurt wrist yesterday. Too long to wait for GP. Always found A&E here very quick and efficient, much prefer it to trying to see GP.”

“[Considered seeing GP] but feel that today symptoms has got worse and could not wait until Monday.”

“Only place to come for an Xray. If GP phoned I would wait one and half hours for call back and then would be told to come to Casualty.”

“[Did not consider seeing GP] Had problems with GP in getting repeat prescriptions and is now without medication.”

“Tried before but waste of time as couldn’t get an appointment for several days.”

“No, they don’t do much. Don’t even do dressings.”

“[GP] closed today. First thought A&E because they are good.”

“[GP] says there is nothing he can do. Has prescribed pain killers.”

“Phoned GP and couldn’t see him for a fortnight...went to pharmacist and was given cream and paracetamol which didn’t work.”

“Reaction from dental treatment. No answer from doctor. Receptionist said it would go out of system and only needed to wait. Protested but no good. Pain and discomfort

discomfort worsened and rang doctor again. Receptionist said it would go and should wait but insisted – told them NHS Direct had said should see GP. Seen by GP at 4pm yesterday. Still no better.”

“Couldn’t get appointment with doctor. Considered an emergency illness...Couldn’t get an appointment [with GP] today.”

“Tried to get a GP appointment – not available today. Usually would be fitted in.”

“To get antibiotics...Could not get a dental appointment until Thursday. Could not get an appointment with GP. [NHS Direct] gave verbal advice to get to A&E at Glangwili or Morriston.”

“Awaiting Xray result following recent accident to knee. Unable to get an appointment with own GP.”

“Difficulty in getting appointment with own GP. Used NHS Direct previously – not happy with service provided – wait too long.”

“Unable to contact own GP today. Took view that GP may have to refer and came direct to A&E.”

From all these comments it appears that people are finding it difficult to get appointments or think that it will be difficult to and therefore don't try.

Many people feel that GP's offer a limited service so they would end up in A&E anyway.

Many said that A&E provides a good, convenient, fast service.

What about the Out of Hours service?

“[Considered seeing own GP] not open today.”

“Weekend, no doctor.”

“Got to be A&E but would have gone to GP if open.”

“Did not know of this service.”

“[GP] not there on Sunday.”

“Given Out of Hours services of Shropdoc and others – no response from any of them. Phone just kept ringing.”

“Did not want to divert Out of Hours doctor away from greater need patients.”

“Had a bad experience with another member of the family. Took half an hour to get an answer.”

It was clear that although many people had heard of the Out of Hours service, quite a lot of them were not clear that it offered a route to see a GP out of normal hours so they did not consider using it. There is also a perception that the OOH service is difficult or slow to access, and the numbers of Doctors on duty was limited.

NHS Direct?

Eight patients did not consider NHS Direct because they had “*heard bad reports of them*”.

A number of patients said that they had phoned them in the past and they had been helpful.

Ten patients stated that they had not heard of NHS Direct.

CAN WE DRAW ANY CONCLUSIONS?

Although a small sample it does suggest that approximately one in five people attending A&E might have chosen to go to their GP or the OOH service if appointments were easier to make and the system better understood.

Furthermore, another one in ten of the patient flow presented with either chronic problems or because they were away from their home GP. This also suggests a misunderstanding of GP services.

The NHS itself is referring a quarter of people attending A&E which is a very significant percentage.

Why do GP's refer their patients to the A&E department? Would there be a benefit in referring them direct to an Xray department?

The Choose Well campaign says that the Emergency Department (A&E) should be used in cases of "Serious Injury". Members of the public on this survey appear to define this as an injury that they think will require an X-ray.

Without a clinical audit it is impossible to say if these patient flows are appropriate to A&E or not.

Appendix One

Choose Well poster

HYWEL DDA COMMUNITY HEALTH COUNCIL

**The Independent watchdog for health services in
Ceredigion, Carmarthenshire & Pembrokeshire**



To all Patients and their Relatives and Carers

We would like to find out your views on why you chose to attend the A&E department today and not any other service.

If you have any comments, but would prefer to talk to someone in confidence at another time, please contact the CHC office direct on:

Telephone: 01970 613086

e-mail: ceredigion@chcwales.org.uk

Ceredigion Locality Office

We also have offices in Carmarthen and Milford Haven

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