The Patients Association
listening to patients speaking up for change

The Royal College of Emergency Medicine

Time to Act – *Urgent Care and A&E: the patient perspective*

May 2015

Executive Summary

The NHS aims to put patients at the centre of everything that it does. Indeed, the NHS Constitution provides rights to patients to be able to access appropriate services when required. As patients have no control over when they are sick, they require prompt and easy access to a range of essential healthcare services whenever they need them.

The NHS must strive for a fully integrated and joined-up system, whereby patients can be cared for and treated by an appropriate healthcare professional, in the correct setting and in a timely manner.

In consequence, we must invest in well-managed unscheduled care. Out-of-hours GP care is an essential part of our health service and not a remnant of a previous era.

While this report shows that patients are aware of alternatives to A&E, many still attend A&E because they are unable to access timely help elsewhere. NHS England must ensure that the public is not only fully informed about appropriate service use—such as out-of-hours GPs, walk-in centres and the NHS 111 service—but must also ensure that these services have sufficient capacity and are available when required. Unless this issue is addressed, we will continue to see more pressure on an already overstretched A&E system. Patients will visit A&E departments not because they are the most appropriate service but because they are the *only* accessible service.

Data from this survey and reported activity from NHS 111 demonstrate that substantial and increasing numbers of patients attend A&E because they are advised to do so by other healthcare providers. This even happens when they are receiving treatment for their current healthcare problem from other providers or have needs that are not best served by the skills and resources of A&E staff.

The A&E brand is immensely powerful. It is futile to discourage attendances, as those most likely to heed the advice may well be those whose need is greatest or most appropriate. The Patients Association and The Royal College of Emergency Medicine recommend co-location of other out-of-hours services with A&E departments to simplify patient decision-making while ensuring that all patients are streamed to the most appropriate care provider in a safe and timely manner.

This configuration of services has previously been supported by many national organisations, including the Keogh Review of Urgent and Emergency Care, but a recent survey showed that in 60% of systems no such co-location of primary care services with A&E exists in only 40% of sites.

The arguments for co-location are compelling, with both patients and doctors advocating this arrangement and good evidence that service duplication is avoided with a reduction in overall cost and inefficiency. Now is the 'Time to Act' to decongest A&E departments and, in so doing, benefit all patients.

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Introduction

The last year, and especially the winter of 2014/15, saw unprecedented pressures on A&E departments; this was matched only by the intense scrutiny of this topic by the British media.

In 2014, there were 14.6 million patient attendances to A&E departments in England alone: an average of 40 patients per minute.[1] There has been considerable debate as to whether A&E is the best place for all these patients. Self-evidently many have illnesses that are, in fact, less urgent than the name of the department implies. It has been suggested by many, including the authors of the ongoing NHS England Review of Urgent and Emergency Care led by Sir Bruce Keogh, that a proportion of patients who currently present to A&E with urgent care needs could be better treated in other facilities.[2]

This joint report by the Patients Association and the Royal College of Emergency Medicine highlights new research exploring the choices, decisions and experiences of patients who accessed A&E services for urgent healthcare needs.

Methodology

Between September 2014 and February 2015, the Patients Association and the Royal College of Emergency Medicine ran an open access survey exploring how patients with urgent healthcare needs had accessed accident and emergency services. This survey was available to patients and the public on the Patients Association website.

The survey asked a range of questions in order to ascertain the experiences of patients with an urgent healthcare need who had recently used an A&E department, their awareness of alternatives, and their preferred treatment location.

A total of 924 responses were received.

Survey respondents were provided with this definition of urgent and emergency healthcare needs:

> *'Urgent and emergency health needs are those that the patient perceives require a response on the same day that they arise. The judgement of urgent and emergency is made by the patient and not by the clinician.'*

Consequently, readers should be aware that respondents have accessed A&E services because, in their own judgement, their condition requires urgent assessment.

The following definitions were also provided for 'co-location' and 'primary care facility':

> *'Co-location – The placement of several single healthcare bodies within a single location.'*

> *'Primary Care Facility – The first point of contact for the majority of patients. As such, it generally treats minor illnesses and injuries that do not require emergency medical attention or admittance to A&E. Staff include GPs, dentists, nurses, pharmacists, midwives, optometrists and other healthcare alliances.'*

This study is not intended to be a comprehensive review of all patients attending A&E departments; rather, it is a sample collected from patients who have volunteered to participate in the study. Nevertheless, as the first such study of its type, it provides a timely and unique insight into patient choice.

Experiences and Preferences

The following section explores the key findings of the survey. For a full description of survey questions and responses, please view Appendix A.

Choice

Of the patients surveyed, all had previously attended an A&E department for an urgent healthcare need.

Two thirds of patients (69%) had, on this occasion, attended A&E without seeing any other healthcare provider.

However, almost one third (31%) had previously sought assistance for the same episode of illness or injury. In four out of five cases, this was at a location other than A&E.

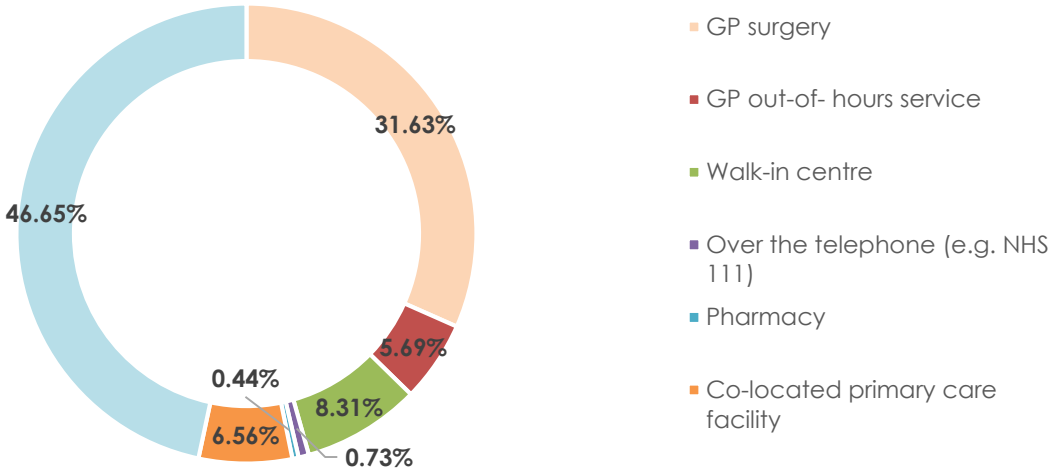
Excluding those respondents who arrived at A&E by ambulance (17%), patients were asked if they had 'self-presented' to A&E or were referred.

51.8% of patients decided to go to A&E themselves, 39.2% attended on the advice of another part of the healthcare system, 7.2% attended on the advice of a friend, relative or colleague, and 1.8% did not remember.

Patients were asked to select their preferred treatment location for urgent health needs. A&E departments were the first choice for almost half of the respondents (47%). GP surgeries were the second most selected choice (33%).

> *"I use the A&E because I can attend when I need to, they have immediate access to diagnostic investigations and where needed I can see a consultant or specialist in the department."*
>
> *"When in doubt, frightened or worried, I'd use A&E."*
>
> ***Surveyed patients***

Chart – Preferred treatment location for patients with urgent health needs



Comment

Many patients attending A&E do so out of choice. The greatest proportion of patients see A&E as the most appropriate place to attend with a healthcare problem they regard as urgent. Nevertheless, a substantial proportion of those surveyed (nearly 40%) attended because they had been advised to do so by other healthcare providers. This suggests that, like patients, many healthcare providers behave and give advice based on a lack of confidence in viable alternatives to the A&E service. In one third of cases, patients had already received care from other healthcare providers for the same episode of illness. Unfortunately, this demonstrates that there was also a lack of unplanned follow-up capacity for 30% of respondents who attended A&E.

Symptom Duration

The majority of patients (54.2%) had been symptomatic for a few hours prior to presenting to A&E. The average time from symptom onset to presentation at A&E was five hours.

"It was a weekend, no GP on duty, I was in acute pain, so I went straight to A&E."

"My healthcare need happened at least six hours before a GP was available."

"Alternatives were not open at the time I needed it."

A significant proportion (45.8%) had been symptomatic for more than 24 hours. Almost one in five (17.6%) had had symptoms for more than a day but less than a week and, in this group, the average duration of symptoms was three days.

Patients were asked if they had sought primary care treatment for this particular episode of illness. Almost a quarter (23%) of patients reported contacting their GP surgery to make an appointment prior to presenting to A&E. Of these people, the greatest proportion (45%) had been informed that they could be seen the same day with an average appointment time within three hours of their telephone call.

However, the remainder could not be given a same-day appointment, with the average interval from call to appointment being more than three days.

Table – Duration of patient waits as advised for GP appointments before accessing A&E

Choices	Average duration of wait	Total %
Hours	3 hours	45%
Days	3 days	36%
Weeks	2 weeks	17%
Over a month	1 month	2%

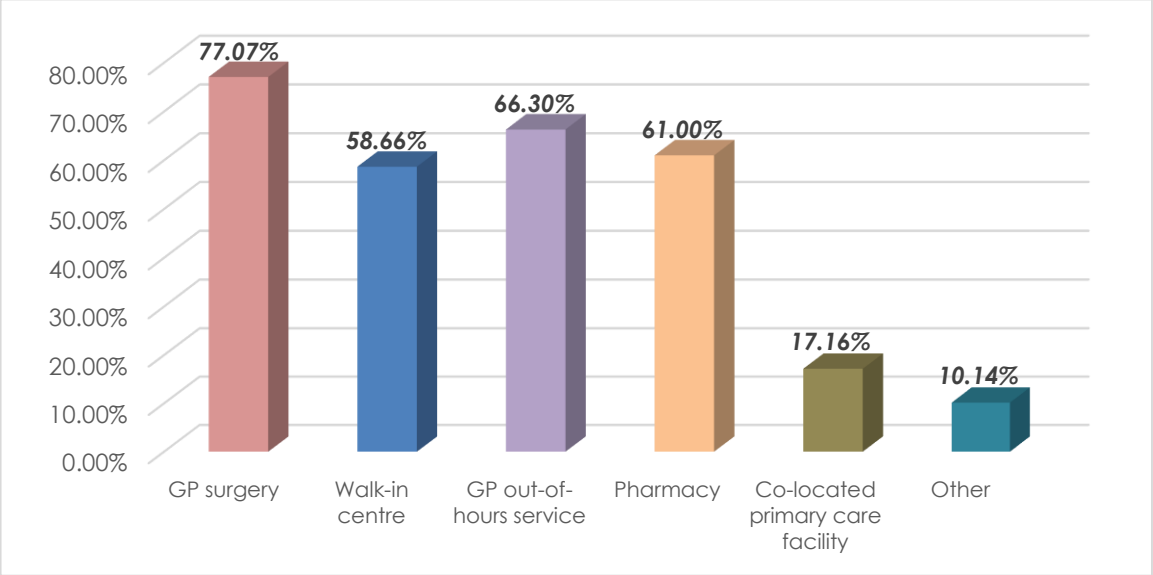
Comment

The majority of patients attended A&E within a few hours of symptom onset. Of those who had first sought a GP consultation (almost a quarter), many chose to attend A&E despite being offered a prompt same-day appointment with their own general practice. Conversely, a substantial proportion of patients had had symptoms for several days, even weeks, and yet still elected to attend A&E. This suggests that the decision to attend A&E by many patients is a function of both patient confidence and convenience.

Alternatives to the service

Surveyed patients were questioned about their awareness of alternatives to A&E. Patients on the whole are very much aware of community-based alternatives to their local A&E departments; GP surgeries are the best known alternative service.

Chart – Patient awareness of alternative services to A&E for urgent health needs



Comment

Ignorance of alternatives to A&E for urgent care needs does not adequately explain why patients choose to attend A&E departments.

A&E Experience

The 'service level' of A&E was explored by asking respondents how long they waited to be seen and whether they were provided with a specific diagnosis.

> "I was very well attended to in A&E, staff were very helpful and informative, and time was not a problem considering the volume of work at the time. Very happy with my experience."
>
> **Surveyed patient**

52% were seen by a doctor or a nurse in fewer than 30 minutes, with a further 20% seen within an hour.

A total of 72% of survey respondents received a specific diagnosis for their condition.

Research by the British Social Attitudes Survey found that patient satisfaction with A&E services rose to 58% in 2014.[3]

Comment

Patients' reported experience of A&E demonstrated the service to be prompt and effective for most respondents.

Conclusions

Previous research by the Royal College of Emergency Medicine has shown that 15% of patients presenting to A&E can be seen safely in the community (if appointments are available within 24 hours); this figure rises to 22% when primary care services are co-located.[4] Patients regularly access GP and community services for urgent care. More than 50 million consultations per year in general practice are centred around urgent care needs.[5] This survey shows that most patients are well aware of community alternatives to A&E.

The Patients Association and Royal College of Emergency Medicine recognise that challenges exist in the provision of urgent primary care, especially 'out-of-hours'. We agree with the Royal College of General Practitioners that steps must be taken to ensure that the general practice workforce has the capacity to deal with the demand for out-of-hours care, including the provision of sufficient funding, manpower and training.[6]

Plans by NHS England, described in the 'Five Year Forward View', to expand the GP workforce and increase funding for primary care should assist in building more sustainable systems in the community with a greater capacity to provide urgent care.[7] The Out-of-Hours Review by the Scottish Government should also help to address challenges faced by unscheduled urgent care in the community.[8]

Nevertheless, there is an inescapable message arising from this survey, with many patients reluctant to accept a wait of as little as three hours to see a GP when they perceive their care needs as urgent – even when their symptoms have been present for several days.

Many patients attend at the behest and advice of other healthcare providers, including those who, it is suggested, could act to reduce A&E attendances. These behaviours

emphasise the lack of trusted, available alternatives.

The A&E brand is particularly strong and, as a consequence, redirection has been repeatedly shown to be ineffective.[9]

A recent report highlighted that 43% of UK A&E departments have a co-located out-of-hours primary care facility.[10] It is apparent that the rationale for such an arrangement is reinforced by the findings of this survey. Such a facility allows patients to choose the A&E brand, decongests the emergency department and makes the best use of currently scarce out-of-hours GP resources.

> *"Ease of access and flexibility of service are the main reasons to go to a co-located GP in A&E. Otherwise, I have to take time off work to make the GP appointment, which is not possible as I am a busy professional and it feels so lame to take time off work for a relatively minor ailment like mine."*
>
> ***Surveyed patient***

The benefit of co-location of primary care for meeting urgent health needs has been recognised and advocated by NHS England, the NHS Confederation, NHS Providers, the Trust Development Agency, and Monitor.[11] It is also a configuration recommended by the Royal College of Physicians, the Royal College of Surgeons of England, and the Royal College of Paediatrics and Child Health.[12] Perhaps most compellingly, it is strongly supported by the organisation that represents the majority of GP out-of-hours providers, Urgent Health UK.[13]

Through the co-location of urgent care services on one site, patients can be triaged appropriately to the necessary emergency or urgent care service.

Integrated working across both streams can facilitate shared access to diagnostics and tests. Shared safety and transfer procedures allow for patients to be rapidly reassessed if there are changes in patient acuity.

Co-located services should include the full range of emergency medical services and out-of-hours primary care services that are necessary to meet both emergency and urgent care needs.

The workforce should be an integrated model. We must recognise that such a model requires the contribution of emergency medicine doctors, general practitioners, primary and secondary care nurses, frailty teams, palliative care teams and mental health teams. Pharmacists and dentists would add greatly to the efficiency and effectiveness of the service. Such a configuration of services would allow patients to receive personalised and optimised interventions, minimise duplication and simplify what is currently a very fragmented system of out-of-hours care.

References

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4. The Royal College of Emergency Medicine, Emergency Departments: More useful than the official data suggests, May 2014
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6. The Royal College of General Practitioners, The Future of Out of Hours Care, November 2015
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8. The Scottish Government, Review of out-of-hours primary care, January 2015
9. Healthwatch England, Nearly a fifth confess to knowingly using A&E for non-emergencies, March 2014
10. The Royal College of Emergency Medicine, Ignoring the prescription, March 2015
11. Monitor, Trust Development Authority, The Directors of Adult Social Service and NHS England, Operational Resilience Guidance for Capacity Planning 2014/15, June 2014
12. The Royal College of Emergency Medicine, the Royal College of Paediatrics and Child Health, the Royal College of Physicians of London, and the Royal College of Surgeons of England, Acute and emergency care – prescribing the remedy, July 2014
13. Urgent Health UK, Personal communication with RCEM, November 2014

Appendix A – Survey Questions and Responses

1. **Where do you usually go if you have an urgent health need? (Select up to 3)**

- A GP 76.13%
- A doctor or nurse at a walk-in centre 22.94%
- A GP out-of-hours 18.89%
- An NHS telephone advisor (e.g. NHS 111) 28.62%
- Co-located primary care facility 1.97%
- Some other health professional (e.g. a pharmacist) 11.36%
- Dial 999 (ambulance service) 14.72%
- An A&E department 38.70%
- Other (please state) 6.49%

2. **On your most recent visit to the A&E department, what was your main reason for attending?**

- Injury 47.30%
- Acute illness 37.25%
- Long-term health condition 11.44%
- Psychiatric issue 1.70%
- I do not wish to say 2.32%

3. **Was this the first time you sought help/advice for this injury/illness/condition?**

- Yes 68.69%
- No 31.31%

4. **How long had you had that particular injury/illness/condition?**

Answer Choices	Average Number	Responses	% Response
Hours	5	417	54.15%
Days	3	136	17.66%
Weeks	2	45	5.84%
Months	5	58	7.53%
Years	12	114	14.81%

5. **Did you try to get an appointment with your GP before coming to the A&E department?**

- Yes – (go to Q6) 23.18%
- No – (go to Q7) 76.82%

6. **How long were you told you would have to wait to see a GP when you called to make an appointment?**

Answer Choice	Average Number	Responses	% Responses
Hours	3	106	45.29%
Days	3	84	35.89%
Weeks	2	40	17.09%
Over a month	0	4	1.7%

7. Who advised you to come to the A&E department?

- A GP 11.91%
- A doctor or nurse at a walk-in centre 2.98%
- A GP out-of-hours 2.27%
- An NHS telephone advisor (e.g. NHS 111) 12.62%
- The ambulance service 17.02%
- Some other health professional e.g. a pharmacist 2.70%
- Someone else e.g. a relative, friend, colleague, employer 2.96%
- No one, I decided that I needed to go 42.98%
- I don't know/can't remember 1.56%

8. Ideally, where would you want to be treated for your injury/illness/condition

- GP surgery 31.63%
- GP out-of-hours service 5.69%
- Walk-in centre 8.31%
- Over the telephone (e.g. NHS 111) 0.73%
- Pharmacy 0.44%
- Co-located primary care facility 6.56%
- A&E department 46.65%

9. Are you aware if any of the following alternative services to A&E that could possibly treat your urgent health need are available in your local area? (Tick all that apply)

- GP surgery 77.07%
- Walk-in centre 58.66%
- GP out-of-hours service 66.30%
- Pharmacy 61.00%
- Co-located primary care facility 17.16%
- Other (please state) 10.14%

10. Did the A&E have co-located primary care services?

Yes	14.39%
No	24.50%
I don't know	61.11%

11. Were you taken to the A&E department in an ambulance?

Yes	32.61%
No	66.23%
I don't know/can't remember	1.16%

12. What time of day did you attend the A&E department? (Please state)

AM	41.06%
PM	58.94%

13. How long did you wait before you were first seen by a doctor or a nurse practitioner in the A&E department?

- Up to 15 minutes 28.32%
- 16–30 minutes 23.80%
- 31–60 minutes 20.15%
- More than 60 minutes 20.88%
- I don't know/can't remember 6.86%

14. Before your most recent visit to A&E, had you previously been to this A&E about the <u>same injury/illness/condition</u> or something related to it?

- Yes, within the last 24 hours 0.87%
- Yes, within the previous week 2.90%
- Yes, between one week and one month earlier 2.47%
- Yes, more than a month earlier 13.50%
- No 79.10%
- I don't know/can't remember 1.16%

15. Did the A&E doctor make a specific diagnosis?

Yes	72.39%
No	27.61%

16. Were you admitted to a ward?

Yes – go to question 19	29.28%
No – go to question 18	70.72%

17. In total how long did you spend in the A&E department?

Under 4 hours	59.55%
4–12 hours	37.01%
Over 12 hours	3.44%