

Feedback Report:
Emergency Departments in Devon

October 2023

Contents

Executive Summary	3
About Us	4
Introduction	4
Methodology	5
Which patients were not included in the engagement?	6
Key Findings and Healthwatch Observations	8
Overall Summary of Key Themes	8
Summary of Key Findings by ED	9
Summary of Healthwatch Observations by ED	12
Detailed Summary of Findings	16
NHS Devon Response	27
Statement from NHS Devon	27
Key learning highlighted by NHS Devon	28
Engagement recommendations highlighted by NHS Devon	28
Additional Information provided by NHS Devon	29
The national picture.....	29
The local picture.....	31
Recognition from Healthwatch	32

Executive Summary

In the Spring and Summer of 2023, independent consumer champion Healthwatch in Devon, Plymouth, and Torbay (HWDPT) were commissioned by NHS Devon to visit Emergency Departments (EDs) across Devon's four Acute Hospital sites to speak to patients to better understand what informed and influenced their decision to attend ED. 511 people conversed with HWDPT during 34 visits at various times and days, which included daytime, evenings and weekends.

This work follows an initial piece of engagement work with people attending EDs in Devon undertaken in 2021 that started NHS Devon's look into patients journeys.

Brief summary of themes gathered from patients by HWDPT

Awareness – patients had very high levels of awareness of the other NHS services available.

GP services – many patients indicated they would have preferred to be seen by their GP rather than ED but were unable to book an appointment.

Multiple services – the majority of patients tried to access their GP first before being referred to ED by other services such as NHS 111 or MIU/UTC.

Emergency Departments – the majority of patients felt that ED was the correct choice for their treatment.

NHS 111 – the majority of patients that used NHS 111 were referred to ED.

Delays – there was no clear indication that the delays in waiting times for ongoing treatment or surgery is significantly impacting ED numbers.

Minor Injury Unit /Urgent Treatment Centre – more than half of those accessing an MIU/UTC were referred to ED because the services needed were not available in the community (e.g. CT scan, x-ray, blood tests, etc.).

Location – the majority of patients accessed the ED closest to their home.

Access – some patients highlighted the issues of accessing services, and ED, in rural areas.

Information screens – there is evidence to suggest inconsistent information in EDs about other services and waiting times between sites.

Waiting Rooms – waiting rooms appeared busier due to large numbers of those accompanying the patient (e.g. relatives, children, friends).

About Us

Healthwatch in Devon, Plymouth, and Torbay (HWDPT) are the three local independent consumer champions for people using health and social care services across Devon.

Local Healthwatch organisations were established as independent bodies run by local people, for local people. They are part of a national network of Local Healthwatch in England that was set up under the Health and Social Care Act 2012.

Healthwatch engages with the local community effectively and gives residents of Devon, Plymouth & Torbay a stronger voice to influence and challenge how health and social care services are provided for them.

Introduction

In the Spring and Summer of 2023, independent consumer champion Healthwatch in Devon, Plymouth, and Torbay (HWDPT) were commissioned by NHS Devon to visit Emergency Departments (EDs) across Devon's four Acute Hospital sites to speak to patients, carers and their family members to better understand what informed and influenced their decision to attend ED.

511 people conversed with HWDPT during 34 visits at various times and days, which included daytime, evenings and weekends.

This work follows an initial piece of engagement work with people attending EDs in Devon undertaken in 2021 that started NHS Devon's look into patients journeys.

Methodology

HWDPT staff and volunteers conducted conversations in the four emergency departments (EDs) across Devon: Torbay Hospital (Torquay), Derriford Hospital (Plymouth), North Devon District Hospital (Barnstaple) and Royal Devon University Hospital (Exeter).

The HWDPT visiting team, made up of Healthwatch staff and trained volunteers, gathered patient feedback through conversations, which identified if patients had tried to access other NHS services to seek advice or treatment before attending ED, or if ED was the patients first choice, and if patients were aware of alternative services available, especially during weekends and evenings.

During conversations, patients were asked by the HWDPT visiting team, if they were happy to provide their name, postcode and date of birth, so clinicians could review their experience and decision making to attend ED, alongside their patient record. This would provide additional information to NHS Devon to help understand if the NHS could have supported patients more effectively. HWDPT only shared patient information for those patients who agreed for NHS to look at their patient records alongside their experience gathered by HWDPT. Clinicians within each Acute Hospital site carried out the clinical validation work.

All data collected for the purpose of HWDPT report was anonymised.

A risk assessment was carried out before the engagement began.

34 visits were undertaken by HWDPT visiting team at various times and days, which included daytime, evenings and weekends, as shown below:

Type	UHP	TH	RD&E	NDDH	Total
Daytime (Mainly 9am – 5pm)	7 (77.8%)	3 (37.5%)	5 (62.5%)	4 (44.4%)	19 (55.9%)
Evening (Mainly 5pm – 9pm)	1 (11.1%)	4 (50%)	2 (25%)	1 (11.1%)	8 (23.5%)
Weekend (Mix of daytime/evening)	1 (11.1%)	1 (12.5%)	1 (12.5%)	4 (44.4%)	7 (20.6%)
Total	9	8	8	9	34

A total of 511 people took time to speak with one of the HWDPT visiting team

- 126 University Hospital Plymouth ED (UHP)
- 125 Torbay Hospital ED (TH)
- 134 North Devon District Hospital ED (NDDH)
- 126 Royal Devon University Hospital, Exeter ED (RDUH)

All data collected for the purpose of this report was anonymised.

To help identify some of the reasoning behind patient responses to ascertain a clear understanding of the overall results to each question, HWDPT collated and analysed data filtered by the following demographics or characteristics:

- Age
- Gender
- Disability
- Time of visit

Only where significant differences occur within the results of these demographics after filtering, where conclusions can be easily drawn, are they noted within each section of the analysis on the following pages.

Please note that wherever possible, verbatim extracts have been used to ensure authenticity and the presence of a real public voice throughout. Any featured quotes are therefore not the view or opinion of local Healthwatch or NHS Devon.

Which patients were not included in the engagement?

It is important to note that not all patients who were present in ED were part of this involvement work.

People who were not spoken to include patients in major trauma, those who had already been triaged and were being seen by clinicians, and those who chose not to be interviewed when asked.

An average 6,363 people per week use one of the EDs in Devon, and the people spoken to represent approximately 10% of this weekly number.

This engagement methodology was developed from the following key learnings from the work undertaken in 2021:

1. People are using the urgent and emergency services available to them prior to going to an ED and communications should continue to promote them and their use
2. Whilst the engagement looked at why patients 'chose' to go to ED, future engagement could focus on the level of choice and/or preference of service of people's journeys to ED
3. The engagement didn't look the impact of in/out of hours services and the reasons people contacting their GP first ended up in ED
4. The findings don't conclude whether or not people could have been seen elsewhere prior to attending ED, or if ED was the right place for them (and in their view)

(The full 2021 engagement report is available here:

<https://healthwatchdevon.co.uk/report/emergency-department-survey-report/>)

Key Findings and Healthwatch Observations

This section highlights a summary of the key themes gathered from patients during the patient engagement, followed by key findings sorted by individual ED, then a summary of the feedback gathered from each survey question for all EDs. Individual quotes from patients and further detailed findings of each ED will be shared by NHS Devon with each of the hospital sites in Devon for them to analyse and use to benefit their patients.

Overall Summary of Key Themes

Awareness – across all EDs patients had very high levels of awareness of the other NHS services available.

GP services only – when attempting to access GP services only before being referred, signposted or choosing to attend ED, the majority of patients (120, 79.4%) spoke to a clinician at their surgery. There were indications from many patients that they would have preferred to be seen by their GP first rather than ED but were unable to book a timely appointment.

Multiple services – when accessing multiple services before arriving at ED, with the exception of NDDH, the majority of patients (47, 50%) chose to try and access their GP before accessing other services such as NHS 111 or MIU/UTC before being referred to, or arriving at, ED.

Emergency Departments – the vast majority of patients (93, 87.7%) felt that ED was the correct choice for their treatment.

NHS 111 – the vast majority of patients (55, 87.3%) that used NHS 111 initially, were referred to ED. There is evidence to show an inconsistency of practice, with NHS 111 appearing to make ‘appointments’ for patients at Torbay Hospital but not the other hospitals.

Delays – There was no clear indication that the delays in waiting times for ongoing treatment or surgery is impacting significantly on ED numbers.

Minor Injury Unit /Urgent Treatment Centre – More than half of those accessing an MIU/UTC in Devon were referred to ED because the services needed were not available in the community (e.g. CT scan, x-ray, blood tests, access to a Specialist etc.).

Location – the vast majority of patients (212, 55.5%) who provided postcode information accessed the ED closest to their home (same district postcode as hospital or closest neighbouring). It was noted that NDDH has a marginally higher number of patients who were visiting the area on holiday.

Access – patients at NDDH highlighted the issues of accessing services, and ED, in rural areas. Patients at RD&E highlighted the inaccessibility of ED from the main hospital car park, or struggled to access it around the outside of the building.

Information screens – There is evidence to suggest an inconsistent provision of information in EDs about other services and waiting times between sites. For example, NDDH appeared to be the only ED with clear ever-present and up to date signage and accurate current wait time.

Waiting Room – HWDPT observed that waiting rooms appeared busier than they actually were due to large numbers of those accompanying the patient (e.g. relatives, children, friends) at most ED visits. Patients were positive about the new waiting room at RD&E, but critical of the waiting room at Torbay Hospital due to the broken heating system.

Summary of Key Findings by ED

The following table shows the summary of key findings separated by individual emergency department.

Where 'not discussed at this site' features in the table, the corresponding theme was not discussed at that particular ED.

Theme	University Hospital Plymouth (UHP)	Torbay Hospital (TH)	Royal Devon University Healthcare - Exeter (RDE)	Royal Devon University Healthcare - North Devon (NDDH)
Awareness	The majority of patients, 123 people (97.6%), were aware of the NHS services available to them. 98 people (77.8%) had accessed one other service before attending the ED, whilst 27 people (21.4%) had accessed more than one service before attending the ED.	The majority of patients, 121 people (96.8%), were aware of the NHS services available to them. 74 people (59.2%) had accessed one other service before attending the ED, whilst 29 people (23.2%) had accessed more than one service before attending the ED.	The majority of patients, 122 people (96.8%), were aware of the NHS services available to them. 79 people (62.6%) had accessed one other service before attending the ED, whilst 21 people (16.6%) had accessed more than one service before attending the ED.	100% of patients, 133 people, were aware of the NHS services available to them. 96 people (59.3%) had accessed one other service before attending the ED, whilst 17 people (12.7%) had accessed more than one service before attending the ED.
GP	Of those who tried to contact their GP only, the majority (38, 82.6%) spoke to a clinician at their GP practice, and following their conversation were either referred or self-referred onto ED.	Of those who tried to contact their GP only, the majority (79.4%) spoke to a clinician at their GP practice, and following their conversation were referred onto the ED.	Of those who tried to contact their GP only, the majority (55.8%) spoke to a clinician at their GP practice, and following their conversation were referred onto the ED.	Of those who tried to contact their GP only, the majority (57.1%) spoke to a clinician at their GP practice, and following their conversation were referred onto the ED.
Multiple services	It was noted that of the 27 patients (21.4%) who accessed multiple services before attending ED, just under half, 13 people (48.1%) chose their GP as their first point of contact.	It was noted that of the 29 patients who accessed multiple services before attending ED, 18 patients (62.0%), chose their GP as their first point of contact.	It was noted that of the 21 patients who accessed multiple services before attending ED, 14 patients (62.6%), chose their GP as their first point of contact.	It was noted that of the 17 patients who accessed multiple services before attending ED, 9 patients (52.9%) chose NHS111 as their first point of contact. 2 patients (11.7%) chose their GP as their first point of contact.

Theme	University Hospital Plymouth (UHP)	Torbay Hospital (TH)	Royal Devon University Healthcare – Exeter (RDE)	Royal Devon University Healthcare – North Devon (NDDH)
ED	Of the 21 people for whom ED was first choice, 15 people (71.4%) felt they had chosen the correct place for treatment due to either previous experiences of using other services or for the symptoms they were experiencing.	Of the 22 people for whom ED was first choice, 21 people (95.4%) felt they had chosen the correct place for treatment due to either previous experiences of using other services or for the symptoms they were experiencing.	Of the 26 people for whom ED was first choice, 22 people (84.6%) felt they had chosen the correct place for treatment due to either previous experiences of using other services or for the symptoms they were experiencing.	Of the 37 people for whom ED was first choice, 35 people (94.5%) felt they had chosen the correct place for treatment due to either previous experiences of using other services or for the symptoms they were experiencing.
NHS111	Of those who contacted NHS 111 only before attending the ED, the majority (17 people) were referred onto the ED by the service.	Of those who contacted NHS 111 only before attending the ED, the majority (17 people – 89.4%) were referred onto the ED by the service.	Of those who contacted NHS 111 only before attending the ED, all patients (8 people – 100%) were referred onto the ED by the service.	Of those who contacted NHS 111 only before attending the ED, 13 patients (76.4%) were referred onto the ED by the service.
Delays	Based on the 126 people spoken to at various visits in UHP ED there is no indication that the delays in waiting times for ongoing treatment/surgery is impacting significantly on ED numbers.	Based on the 125 people spoken to at various visits in TH ED there is no indication that the delays in waiting times for ongoing treatment/surgery is impacting significantly on ED numbers. However, there were indications from many patients that they would have preferred to speak to their GP Practice first rather than ED but were unable to book a timely appointment.	Based on the 126 people spoken to at various visits in TH ED there is no indication that the delays in waiting times for ongoing treatment/surgery is impacting significantly on ED numbers. However, there were indications from many patients that they would have preferred to speak to their GP Practice first rather than ED but were unable to book a timely appointment.	Based on the 133 people spoken to at various visits in NDDH ED there is no indication that the delays in waiting times for ongoing treatment/surgery is impacting significantly on ED numbers. However, there were indications from many patients that they would have preferred to speak to their GP Practice first rather than ED but were unable to book a timely appointment.

Theme	University Hospital Plymouth (UHP)	Torbay Hospital (TH)	Royal Devon University Healthcare - Exeter (RDE)	Royal Devon University Healthcare - North Devon (NDDH)
MIU/UTC	Not discussed at this site	For 6 of the 7 patients, the minor injuries/urgent treatment centre were unable to provide the services needed (e.g. CT scan, x-ray, blood tests etc).	For 4 of the 7 patients, the minor injuries/urgent treatment centre were unable to provide the services needed (e.g. x-ray, access to a Doctor etc).	For 6 of the 7 patients, the minor injuries/urgent treatment centre were unable to provide the services needed (e.g. x-ray, access to a Specialist etc).
Location	Of the 80 patients who answered the postcode question, more patients with a PL5 or PL6 postcode visited UHP's ED (PL5 =11 people; PL6=10 people).	Of the 115 patients who answered it was noted that more patients with a TQ1, TQ2 or TQ12 postcode had visited TH ED (TQ1 = 21 people, TQ2 = 21 people, TQ12 = 25 people).	Of the 89 patients who answered it was noted that more patients with an EX2, EX4, EX5 and EX8 postcode had visited RD&E ED (EX2 = 14 people, EX4 = 9 people, EX5 = 9 people, EX8 = 9 people).	Of the 105 patients who answered it was noted that more patients with an EX32, EX34 and EX39 postcode had visited NDDH (EX32 = 17 people, EX34 = 15 people, EX39 = 19 people).
Dentistry	Not discussed at this site	Not discussed at this site	3 patients mentioned issues with accessing a dentist as a contributing factor to them accessing ED.	4 patients mentioned issues with accessing a dentist as a contributing factor to them accessing ED.

Summary of Healthwatch Observations by ED

The Following table shows the summary of key observations from HWDPT visiting teams separated by individual emergency department. Where blanks appear in the table, the corresponding theme was not observed at that particular ED.

Theme	UHP	TH	RDE	NDDH
Access	Not discussed at this site	Not discussed at this site	<p>On most visits HWDPT did pick up comments about the inaccessibility of ED from the main hospital car park – patients/accompanying family either couldn't find the ED (lack of signage) or struggled to access it around the outside of the building (we picked up several patients who struggled to get up the hill outside the ED in wheelchairs).</p>	<p>Lots of comments from the Bude area re. feeling isolated in regard to health care services/provision – despite having Stratton minors they often feel as though everything gets referred onto Barnstaple anyway.</p> <p>HWDPT picked up comments on every visit about how it would be useful to have more OOHs doctors or local hospitals in rural areas around North Devon.</p> <p>Patients often commented on how far they'd had to travel to attend this ED – patients appeared to have had much longer travel times than in the other EDs.</p>
Other services	Not discussed at this site	Not discussed at this site	<p>On the whole patients were aware of other NHS services they could have accessed in the community, but had little understanding of how they would know waiting times for these other services.</p>	Not discussed at this site

Theme	UHP	TH	RDE	NDDH
Information screens	Not discussed at this site	<p>There is a screen on the back wall giving information on waiting times for other services (e.g. MIU) – but this was often off or giving incorrect times. When patients were asked if they'd seen the screen most hadn't noticed it – either because it was obscured by other patients or because it was the opposite side of the room to where the newcomers were standing/waiting.</p>	<p>There was an LED screen in Exeter ED, and on most visits (it was off for a couple) it did display clear information on alternative provisions.</p>	<p>NDDH was the only ED with clear signage at reception telling people how long the current wait time was – this was present at every visit and updated regularly. When patients were asked if they knew the wait time, almost all had noticed these signs at reception upon arrival.</p> <p>There were no screens in North giving patients advice/information on other community NHS services available and/or waiting times across them.</p>
Waiting Room	<p>Across all visits, many seats occupied by family members/parents/carers in addition to the patient which made the ED feel very busy.</p>	<p>On every visit patients commented about how uncomfortable the waiting room was – most of these were because of the broken heating system that consistently pumped hot air around the room. Staff members told us it had been broken for months. Patients commented that the hot air didn't feel hygienic (spread of germs etc).</p> <p>As with the other EDs it was noted there were a lot of accompanying family members/friends with patients which made the ED feel a lot busier. Given the size of Torbay ED waiting room this meant that patients were often left standing, queuing outside, or sitting on the floor.</p>	<p>Lots of positive comments across all visits (bar one very busy evening visit) on how clean/airy the new ED waiting room is. Across all visits (bar again the one busy evening) patients impressed with how quickly they were being triaged.</p> <p>Picked up several comments re. unhappiness with children being in the same waiting area as adults – particularly when there were police/prisoners present.</p>	<p>As was found at the other EDs – HWDPT found that the waiting room usually appeared busier than it was due to large amounts of accompanying relatives/children/friends.</p>

Theme	UHP	TH	RDE	NDDH
Wait times	Not discussed at this site	HWDPT observed that Torbay Hospital ED had the longest wait times when compared to our visits to other Emergency Departments – even when the room was relatively quiet patients had been waiting hours.	Not discussed at this site	Not discussed at this site
NHS111	Not discussed at this site	HWDPT noted that 111 were consistently making 'appointments' at Torbay ED for patients – this was unheard of/very rare at the other 3 Emergency Departments we visited. However, these appointments seemed to be irrelevant once patients arrived at Torbay ED as they were simply added to the queue with everyone else.	Not discussed at this site	Not discussed at this site
Other	Due to UHP ED having a separate “front door” running at certain times, the HWDPT visiting team did not always get the opportunity to speak with these patients as the patients were in a separate waiting area which we were unable to access.	Not discussed at this site	Not discussed at this site	Not discussed at this site

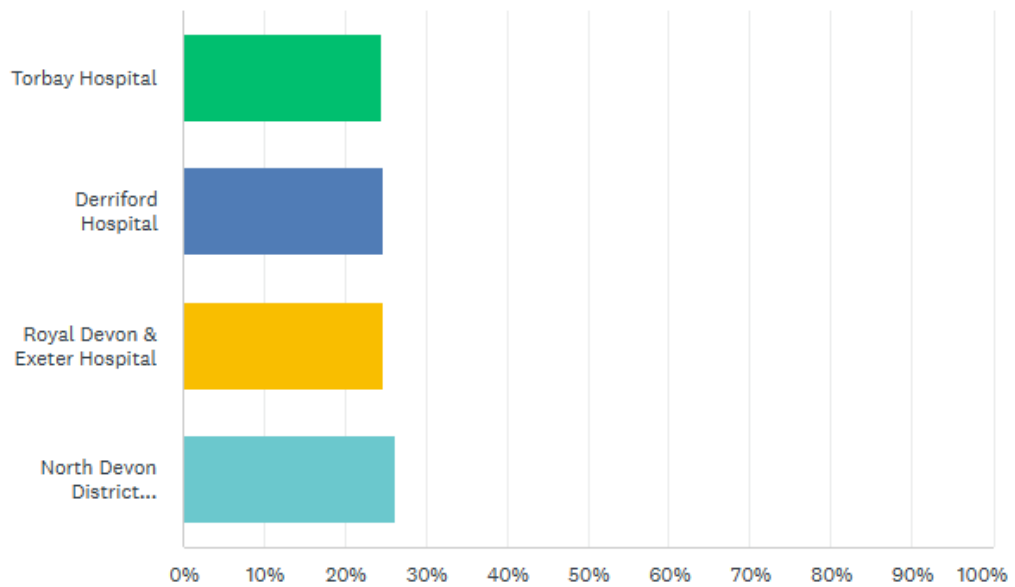
Detailed Summary of Findings

This section highlights the overall summary of findings alongside comparisons with all four EDs.

NB. Where totals do not equal 511 exactly, some patients declined to answer that question.

Hospital visited

Answered: 511 Skipped: 0

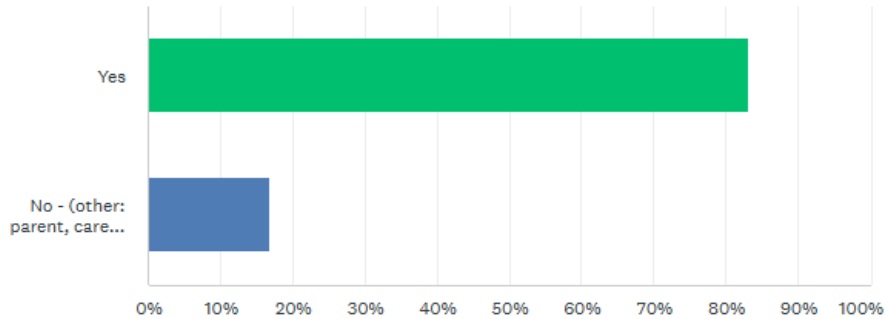


	UHP	TH	RD&E	NDDH	Total
Total	126	125	126	134	511

Patient type

Are you the patient?

Answered: 505 Skipped: 6



A breakdown by ED follows:

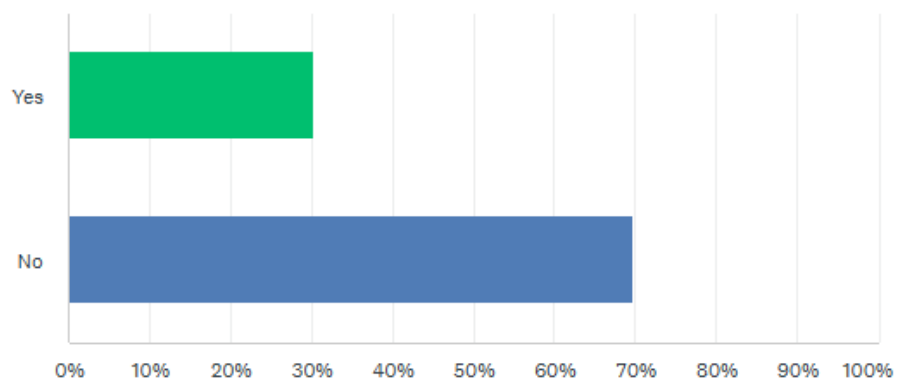
	UHP	TH	RD&E	NDDH	Total
Patient	108 (85.7%)	100 (80.0%)	104 (82.5%)	108 (80.5%)	420 (82.1%)
Parent, Carers, friends, family	17 (13.5%)	22 (17.6%)	21 (16.6)	25 (18.6%)	85 (16.6%)
Unknown	1 (0.8%)	3 (2.4%)	1 (0.7%)	1 (0.7%)	6 (1.1%)
Total	126	125	126	134	511

*'Unknown' are those attendees who did not wish to identify themselves

Question 1 – Have you used ED in the last 6 months?

Have you used ED in the last 6 months?

Answered: 499 Skipped: 12



A breakdown by ED follows:

	UHP	TH	RD&E	NDDH	Total
Yes	36 (29.3%)	32 (26.4%)	41 (33.0%)	42 (32.0%)	151 (30.2%)
No	87 (70.7%)	89 (73.6%)	83 (66.9%)	89 (67.9%)	348 (69.7%)
Total	123	121	124	131	499

If so, is your visit related to the same condition/reason?

A breakdown by ED follows:

	UHP	TH	RD&E	NDDH	Total
Yes	17 (47.2%)	12 (37.5%)	24 (58.5%)	13 (30.9%)	66 (43.7%)
No	13 (36.1%)	16 (50.0%)	16 (39.0)	22 (52.3%)	67 (44.3%)
Unknown	6 (16.7%)	4 (12.5%)	1 (2.4%)	7 (16.6%)	18 (11.9)
Total	36	32	41	42	151

Yes - visit related to the same condition/reason

Extract from individual ED:

University Hospital Plymouth

Following analysis of the data of the 36 people (29.3%) attending ED in the last 6 months, the following was noted by interviewers:

- **Age** – More people in ED who were aged 46-55 & 56-65 had attended ED in the last 6-months (15 people - 41.7%), as well as those aged 18-25 (8 people - 22.2%). Those aged 76 and above (1 person - 2.8%) and those aged under 18 (1 person - 2.8%) had not visited ED in the last 6-months.
- **Gender** – More Men (20 people – 55.6%) had visited ED in the last 6-months compared to Women (14 people - 38.9%). The sample size for intersex, non-binary and transgender were too small to draw any meaningful conclusions.

- **Disability** – More people without a disability had attended ED in the last 6 months compared to those with a disability. (22 people – 61.1%).

Torbay Hospital

Following analysis of the data of the 32 people (26.4%) attending ED in the last 6 months, the following was noted by interviewers:

- **Age** – More of those aged 26-35 had attended ED in the last 6-months (9 people – 28.1%), as well as those aged 46 – 55 (5 people -15.6%) and those aged 66-75 (5 people – 15.6%). No one aged 85 and above had visited ED in the last 6-months, with fewer of those aged 18-25 (1 person – 3.1%) attending ED in the last 6-months.
- **Gender** – More Women (19 people – 59.3%) had visited ED in the last 6-months compared to Men (10 people – 31.2%). The sample size for intersex, non-binary and transgender were too small to draw any meaningful conclusions.
- **Disability** – Fewer people with a disability had attended ED in the last 6-months compared to those with no disability (20 people – 66.6% - out of 30 responses).

Royal Devon & Exeter Hospital

Following analysis of the data of those attending ED in the last 6 months, the following was noted by interviewers:

- **Age** – More of those aged 26-35 had attended ED in the last 6-months (11 people – 27.5%), followed by those aged 46 – 55 (7 people -17.5%) and those aged 76-85 (7 people – 17.5%). All age groups had visited ED in the last 6-months, with fewer of those aged 85 and over (1 person – 2.5%) and those aged 36-45 years of age (2 people – 5.0%) had attended ED in the last 6-months.
- **Gender** – More Women (24 people – 60.0%) had visited ED in the last 6-months compared to Men (15 people – 37.5%). 2 people preferred not to divulge their gender.
- **Disability** – Fewer people with a disability were marginally had attended ED in the last 6-months (18 people – 46.1%) compared to those with no disability (19 people – 48.7%) out of 39 responses. 2 people preferred not to divulge if they had a disability.

North Devon District Hospital

Following analysis of the data of the patients who provided further data relating to whether they had attended ED in the last 6 months, the following was noted by interviewers:

- **Age** – More of those aged 26-35 (7 people – 17.0%) and 76-85 (7 people – 17.0%) had attended ED in the last 6-months, followed by those aged 36-45 (6 people – 14.6%) and those aged 46-55 (6 people – 14.6%). All age groups had visited ED in the last 6-months, with fewer of those aged 85 and over (2 people – 4.8%), those aged 46-55 (2 people – 4.8%) and those aged 56-65 years of age (2 people – 4.8%) attending ED in the last 6-months.
- **Gender** – More Women (22 people – 53.6%) had visited ED in the last 6-months compared to Men (19 people – 46.4%).
- **Disability** – Fewer people with a disability had attended ED in the last 6-months (12 people – 29.2%) compared to those with no disability (28 people – 68.2%) out of 40 responses.

Question 2 – Patient Journey/Pathway/Experience

	UHP	TH	RD&E	NDDH	Total
GP only	46 (36.5%)	34 (27.2%)	43 (34.1%)	28 (21.0%)	151 (29.6%)
Multiple service	27 (21.4%)	29 (23.2%)	21 (16.6%)	17 (12.7%)	94 (18.4%)
ED first choice	21 (16.7%)	22 (17.6%)	26 (20.6%)	37 (27.8%)	106 (20.7%)
111 only	19 (15.1%)	19 (15.2%)	8 (6.3%)	17 (12.7%)	63 (12.3%)
Other	7 (5.6%)	8 (6.4%)	16 (12.6%)	19 (14.2%)	50 (9.8%)
MIU/UTC only	3 (2.4%)	7 (5.6%)	7 (5.5%)	7 (5.2%)	24 (4.7%)
999 only	2 (1.4%)	6 (4.8%)	5 (3.9%)	8 (6.0%)	21 (4.1%)
N/A – called to ED	1 (0.9%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.1%)
Total	126	125	126	133*	510

**one patient at NDDH ED declined to answer this question*

GP services only (Patients accessed their GP first but only their GP)

	UHP	TH	RD&E	NDDH	Total
Referred by GP clinician	38 (82.6%)	27 (79.4%)	24 (55.8%)	16 (57.1%)	105 (69.5%)
Self-referred after GP clinician	4 (8.6%)	3 (8.8%)	6 (13.9%)	2 (7.1%)	15 (9.9%)
Self-referred as unable to contact GP/appointment waiting time	3 (6.5%)	3 (8.8%)	8 (18.6%)	4 (14.2%)	18 (11.9%)
Referred/re-directed by GP non-clinician	1 (2.7%)	1 (2.9%)	5 (11.6%)	6 (21.4%)	13 (8.6%)
Total	46	34	43	28	151

Referred by GP or primary care clinician.

Extract from individual ED:

University Hospital Plymouth – Most of the patients HWDPT spoke with referred by a GP did not want to visit ED, but their GP said they would be seen much quicker there. Others mentioned experiencing long waits. Some mentioned frustration at repeating tests in ED that had been done elsewhere, and both transport to ED and the use of online consultations were cited as issues by a few.

Torbay Hospital – Most of the patients HWDPT spoke with referred by a GP attended on the recommendation of the GP and due to their situation worsening. Others mentioned that they had been referred to other services, but were not open at the time the patient needed them, and in one case the GP had called an ambulance but the patient attended ED as the ambulance hadn't arrived in a timely manner. Some mention of frustration at repeating tests in ED that had been done elsewhere, and both transport to ED and the use of online consultations were cited as issues by a few.

Royal Devon & Exeter Hospital – Most of the patients HWDPT spoke with referred by a GP attended on the recommendation of the GP. Some mention of frustration at having tests in ED that could have been done by the GP, or elsewhere.

North Devon District Hospital – Most of the patients HWDPT spoke with referred by a GP attended on the recommendation of the GP. Some frustration that referral was made after telephone consultation with patients preferring a face-to-face consultation beforehand.

Accessed multiple services

	UHP	TH	RD&E	NDDH	Total
Chose GP first	13 (48.1%)	18 (62.0%)	14 (66.6%)	2 (11.7%)	47 (50.0%)
Chose 111 first	8 (29.6%)	7 (24.1%)	5 (23.8%)	9 (52.9%)	29 (30.8%)
Other alternatives	6 (22.2%)	4 (13.7%)	2 (9.5%)	6 (35.2%)	18 (19.1%)
Total	27	29	21	17	94

Chose GP first

Extract from individual ED:

University Hospital Plymouth – Most of the patients spoken to had experienced difficulties accessing their GP service. Some cited waiting times as an issue alongside trying to get through on the phone. Most of these then tried either to call NHS 111 or visit an MIU before choosing to visit ED.

Torbay Hospital – Most of the patients spoken to had experienced difficulties accessing their GP service. Some cited waiting times as an issue alongside trying to get through on the phone. Most of these then tried either to call NHS 111 or visit an MIU before choosing to visit ED. One patient quoted the cost of a taxi from home to ED as a barrier to accessing the help they needed.

Royal Devon & Exeter Hospital – All these patients had tried to contact their GP first but either waiting times were too long, they were unable to get through, their situation worsened, or they were referred elsewhere. Most of these then tried either to call NHS 111 or visited an MIU/UTC before finally being referred to ED.

North Devon District Hospital – Both patients had previously seen their GP before being signposted to alternative NHS services.

ED was patient first choice

	UHP	TH	RD&E	NDDH	Total
Felt ED was correct place for treatment	15 (71.4%)	21 (95.4%)	22 (84.6%)	35 (94.5%)	93 (87.7%)
Referred by someone outside NHS	4 (19.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	4 (3.7%)
Not aware of any other services	2 (9.5%)	1 (4.5%)	4 (15.3%)	2 (5.4%)	9 (8.4%)
Total	21	22	26	37	106

Felt ED was correct place for treatment

Extract from individual ED:

University Hospital Plymouth – Many patients felt that if they had tried to use other services first they would have been referred to ED anyway and wanted to save time, with some citing their experiences of previous issues trying to access other services to support this. Others had visited ED before with the same condition.

Torbay Hospital – Many felt that if they had tried to use other services first they would have been referred to ED anyway and wanted to save time, with some citing their experiences of previous issues trying to access other services to support this. Others had visited ED before with the same condition.

Royal Devon & Exeter Hospital – Many felt that if they had tried to use other services first they would have been referred to ED anyway and wanted to save time, with some citing their experiences of previous issues trying to access other services to support this, including issues with obtaining a GP appointment. Others had visited ED before with the same condition.

North Devon District Hospital – Many felt that if they had tried to use other services first they would have been referred to ED anyway and wanted to save time, with some citing their experiences of previous issues trying to access other services to support this, including issues with obtaining a GP appointment.

NHS 111 Service only

	UHP	TH	RD&E	NDDH	Total
Referred to ED by 111 clinician	17 (89.4%)	17 (89.4%)	8 (100.0%)	13 (76.4%)	55 (87.3%)
Other	2 (10.5%)	2 (10.5%)	0 (0.0%)	4 (23.5%)	8 (12.6%)
Total	19	19	8	17	63

Referred to ED by 111 clinician

Extract from individual ED:

University Hospital Plymouth – Some of the patients said that they would have preferred to go to another service such as their GP or local MIU rather than visit ED, but followed NHS111 advice.

Torbay Hospital – Most of these highlighted that they would have preferred to go to another service such as their GP or local MIU rather than visit ED, but followed NHS111 advice.

Royal Devon & Exeter Hospital – Most of these highlighted that they would have preferred to go to another service such as their GP or local MIU rather than visit ED, but followed NHS111 advice.

North Devon District Hospital – Most of these highlighted that they would have preferred to go to another service such as their GP or local MIU rather than visit ED, but followed NHS111 advice.

Other

	UHP	TH	RD&E	NDDH	Total
Referred to ED by another clinical service	4 (57.1%)	6 (75.0%)	9 (56.2%)	13 (68.4%)	32 (64.0%)
Advised to return by ED	1 (14.2%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (2.0%)
Other	2 (28.5%)	2 (25.0%)	7 (43.7%)	6 (31.5%)	17 (34.0%)
Total	7	8	16	19	50

Minor Injuries/Urgent Treatment Centre only before ED

	UHP	TH	RD&E	NDDH	Total
Total	3	7	7	7	24

999 contacted only before attending ED

	UHP	TH	RD&E	NDDH	Total
Total	2	6	5	8	21

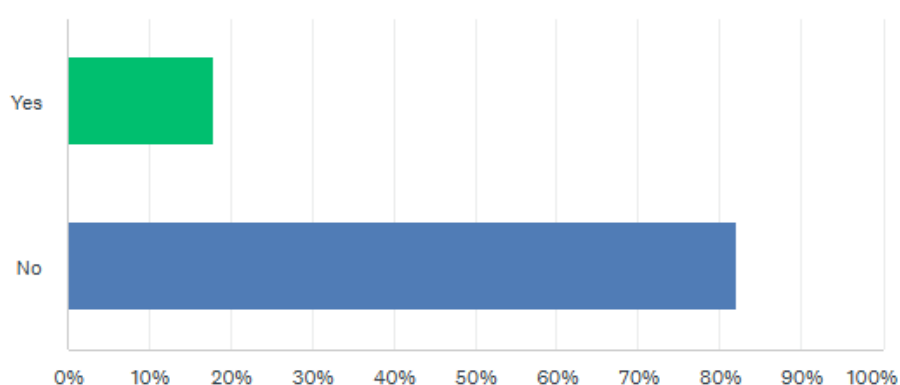
Question 3 – Were patients aware of alternative services that could have provided help and support?

	UHP	TH	RD&E	NDDH	Total
Yes	124 (98.4%)	121 (96.8%)	122 (96.9%)	133 (100.0%)	500 (98.0%)
No	2 (1.6%)	4 (3.2%)	4 (3.1%)	0 (0.0%)	10 (1.9%)
Unknown	0	0	0	0	0
Total	126	125	126	133	510

Question 4 – Are you currently on and NHS waiting list?

Are you currently on an NHS waiting list?

Answered: 484 Skipped: 27



A breakdown by ED follows:

	UHP	TH	RD&E	NDDH	Total
Yes	17 (13.5%)	16 (12.8%)	25 (19.8%)	29 (21.6%)	87 (17.0%)
No	100 (79.4%)	106 (84.8%)	95 (75.3%)	96 (71.6%)	397 (77.6%)
Unknown	9 (7.1%)	3 (2.4%)	6 (4.7%)	9 (6.7%)	27 (5.2%)
Total	126	125	126	134	511

Question 5 – Is there anything else you wish to share with us about your experience of ED today or any other NHS Health or Social Care Services?

	UHP	TH	RD&E	NDDH	Total
Positive ED experience	25 (86.2%)	7 (46.6%)	24 (68.5%)	31 (67.3%)	87 (69.6%)
Negative ED experience	4 (13.7%)	8 (53.3%)	11 (31.4%)	15 (32.6%)	38 (30.4%)
ED total	29	15	35	46	125
Positive GP experience	2 (18.1%)	2 (20.0%)	6 (28.5%)	5 (20.0%)	15 (22.3%)
Negative GP experience	9 (81.8%)	8 (80.0%)	15 (71.4%)	20 (80.0%)	52 (77.6%)
GP total	11	10	21	25	67
Positive NHS111 experience	0 (0.0%)	0 (0.0%)	2 (66.6%)	1 (50.0%)	3 (42.8%)
Negative NHS111 experience	2 (100.0%)	0 (0.0%)	1 (33.3%)	1 (50.0%)	4 (57.1%)
NHS111 total	2	0	3	2	7
Positive – NHS staff/capacity	2 (28.5%)	9 (52.9%)	16 (55.1%)	30 (51.7%)	57 (51.3%)
Negative – NHS staff/capacity	5 (71.4%)	8 (47.0%)	13 (44.8%)	28 (48.2%)	54 (48.6%)
NHS total	7	17	29	58	111

NHS Devon Response

This section – **pages 28 to 32** – contains a statement from NHS Devon in response to the findings in this report, plus key learning and recommendations identified by NHS Devon. They have also provided additional information from recent national and local engagement undertaken to understand how people feel about the care they receive from the NHS.

Statement from NHS Devon

“NHS Devon would like to thank Healthwatch staff and all the volunteers who supported this piece of engagement, for their time and commitment in visiting all of our hospital sites in Devon and talking to patients and their families.

Specific thanks to Sarah Lonton for coordinating all the engagement and producing this extensive report.

Without the support of each of the hospital sites in Devon, this work would not be possible, so we would like to thank all our ED departments for their welcoming of the Healthwatch teams, and their commitment to this approach.

Individual reports and more extensive analysis of each ED Department provided by Healthwatch will be made available to hospital sites in Devon for them to use the learning within to benefit their own patients.

Finally, a huge thank you to each and every patient, family member, friend or carer that contributed their feedback and insight into this piece of work. With your openness in sharing your experiences we are able to understand so much more about your journeys through our health and care systems, with the ultimate aim of getting you the care you need in the right place at the right time.

NHS Devon will take these findings and use them as set out in the recommendations to ensuring people in Devon can get the support they need, from the best place possible and giving them every opportunity to get the best outcomes for them.”

Key learning highlighted by NHS Devon

- It is clear from the overarching findings that 98% of people are aware of alternative services in the way NHS Devon advises and promotes – this means calling 111, using MIU/UTCs or contacting their GP prior to going to an ED.
- On average, 68% of people accessed their GP service first, and 20% accessed more than one service prior to attending an ED.
- The findings are consistent with the messages from previous engagement in 2021, and as such we will continue to positively promote urgent care services to encourage people to access services prior to visiting ED.
- Whilst the findings show that people are aware of the alternative services available to them and are using them, the insight within this report suggests that alternative services may not be meeting patient expectations and that ED is the place people are choosing to seek further opinions or support.

Engagement recommendations highlighted by NHS Devon

- Take the key findings to help inform future communication plans to support people get the right care in the right place, utilising the demographic data to target audiences more effectively, using the most recognised communication channels.
- The experience of patients will be used to support the development of future urgent care services in Devon.
- Use the patient experience to support a further, more clinically focused validation process to understand if peoples clinical needs can be met in alternative care provisions.
- To use this report to develop future engagement approaches with EDs across Devon to understand as well as how people access services, if what they access meets their expectations, aligned to their clinical needs.
- Use the findings to look at how NHS Devon promotes the range of services available in the community for people prior to attending an ED.

- To develop future involvement methods to engage with patients who were not spoken with during this engagement, such as those following major trauma or life threatening conditions following their discharge.
- To ensure that observations made by HW about ED environments are shared with the relevant trust for consideration.

Additional Information provided by NHS Devon

This report is set against the backdrop of a significant amount of engagement undertaken with people, both within Devon and nationally, to understand how they feel about the care they receive from the NHS.

The national picture

Public confidence with the NHS (2023)

In the summer of 2023, Healthwatch England conducted a survey asking 2,507 people to rate their confidence in timely access to 13 NHS services, including A&E, ambulances, non-urgent operations and procedures, GPs, pharmacists, mental health services and dentists.

The survey outcomes suggested low public confidence in accessing GP services and preventative care, such as mental health service and non-urgent procedures, while a relatively high confidence in more urgent care, such as A&E and 999 services.

Source: <https://www.healthwatch.co.uk/news/2023-09-12/third-people-england-lack-confidence-they-can-access-critical-nhs-services>

Public satisfaction with the NHS (2022)

A 2022 survey run by the National Centre of Social Research asked 3,362 people about their satisfaction with the NHS and social care services overall, and 1,187 people about their satisfaction with specific NHS services, as well as their views on NHS funding. The results showed:

- **Overall satisfaction with the NHS fell to 29%** – a 7% point decrease from 2021. This is the lowest level of satisfaction recorded since the survey began in 1983.
- **More than half (51%) of respondents were dissatisfied with the NHS**, the highest proportion since the survey began.

- The fall in satisfaction was seen across all ages, income groups, sexes and supporters of different political parties.
- **The main reason people gave for being dissatisfied with the NHS was waiting times for GP and hospital appointments (69%),** followed by staff shortages (55%) and a view that the government does not spend enough money on the NHS (50%).
- **Of those who were satisfied with the NHS, the top reason was because NHS care is free at the point of use (74%),** followed by the quality of NHS care (55%) and that it has a good range of services and treatments available (49%).

Source: <https://www.kingsfund.org.uk/publications/public-satisfaction-nhs-and-social-care-2022>

National perceptions of the NHS (2023)

In a survey by The Health Foundation a representative sample of 2,450 UK adults aged 16 in May 2023 was asked about their perceptions of health care in the UK. The results of this survey showed:

- Two-thirds of survey respondents think the standard of care in the NHS has got worse over the last 12 months (66%), which is stable from November 2022.
- Survey respondents are less likely to think NHS services will get worse in the next 12 months in May 2023 (54%) than in November 2022 (62%), although overall views remain negative.

Regarding specific aspects of the NHS:

- Survey respondents **think most aspects of the NHS have got worse** over the last 12 months, particularly pressure on NHS staff (80%), waiting times for routine services (76%), and wellbeing of NHS staff (74%). Overall, these views are stable from November 2022.
- Survey respondents **are more optimistic about the next 12 months** for most aspects of the NHS compared with November 2022, although overall views still tend to be negative. Key areas which the public think will get worse include the pressure and workload on NHS staff (68%), waiting times for routine services (64%) and waiting times for A&E (63%).

Source: <https://www.health.org.uk/publications/public-perceptions-of-health-and-social-care-may-2023>

The local picture

Devon winter recall survey (2022)

A public survey to test peoples recollection of where they saw or heard NHS campaign messages and materials communicated over Winter 2022. The results from nearly 200 responses to this survey showed:

- Facebook, TV and GP/hospital posters had highest recall.
- Majority recalled seeing strike, critical incident and busy NHS services in news coverage, but they also didn't need to use health services at the time so didn't do anything different.
- Impacts were mainly on getting vaccinated, using GP online services and using 111 or pharmacy.
- Messaging relating to 'critical incident' 'ambulance delays' and 'strikes' were what people recalled most from news coverage – however, the timing and frequency of these is important. This needs a balance as there is a risk of diluting the importance of the message.

The actions that followed were to prioritise the following channels: Facebook, TV, GP and hospital posters and digital screens when communicating NHS campaign information.

Whilst these are people's perceptions of what they can recall seeing or hearing, further work is needed to understand the impacts on behaviors.

2023 National GP Patient Survey

In Devon, more than 14,300 people responded to the survey and shared their experiences.

Almost 8 in 10 people are satisfied with their local practice, some of the highest achievement seen across the country, rating Devon as the second best in England for GP satisfaction.

Devon is still performing better than other areas, with 78% of people describing their experience of their GP practice as good.

A further 93% of patients surveyed felt their needs were met at their last GP appointment.

Source: <https://www.england.nhs.uk/statistics/2023/07/13/gp-patient-survey-2023/>

Recognition from Healthwatch

“Healthwatch in Devon, Plymouth & Torbay would like to thank everyone who took the time to share their experience with a member of the Healthwatch visiting team. Healthwatch would also like to thank the staff and volunteers who visited the Emergency Departments and the NHS Trust staff within each Acute Emergency Department for their warm welcome and support.”



Healthwatch Devon

healthwatchdevon.co.uk

t: 0800 520 0640

e: info@healthwatchdevon.co.uk

t: @HwDevon

f: Facebook.com/healthwatchdevon

Healthwatch Plymouth

healthwatchplymouth.co.uk

t: 0800 520 0640

e: info@healthwatchplymouth.co.uk

t: @HealthwatchPlym

f: Facebook.com/HealthwatchPlymouth

Healthwatch Torbay

healthwatchtorbay.org.uk

t: 0800 520 0640

e: info@healthwatchtorbay.org.uk

t: @HWTorbay

f: Facebook.com/HealthwatchTorbay