



# **Healthwatch Oldham**

## **Report**

### **Survey of Patients:**

### **Royal Oldham Hospital**

### **Emergency Department**

**Published December 2017**

## CONTENTS

Executive Summary	Page 3
Key Findings	Page 3
Recommendations	Page 4
About Healthwatch Oldham	Page 5
Methodology	Page 5
Summary of Key Findings	Page 6
Conclusion	Page 7
Appendix 1 - Detailed breakdown of survey responses including Quotes	Page 8
Appendix 2 - Timetable of Quick Survey Sessions	Page 29
Appendix 3 - Equalities monitoring	Page 30

## Disclaimer

Please note the stories within the report are subjective accounts of individuals interviewed for this report and do not necessarily represent the views of Healthwatch Oldham

## Executive Summary

*“Patient stories are extremely powerful in healthcare when doing quality improvement. This is the most useful source of information we have to understand what our patients and service users think about what we do and whether it meets their expectations”<sup>1</sup>*

The following report contains the findings of the Healthwatch Oldham Team resulting from an engagement exercise we carried out at the Emergency Department at Royal Oldham Hospital in partnership with the Emergency Department at Royal Oldham Hospital facilitated by Anthony Hoy, Assistant Directorate Manager Urgent Care and Clinical Haematology and Healthwatch Oldham.

The engagement we undertook involved carrying out a survey with 58 people who attended the Emergency Department and did not require admission to hospital. Further, more detailed follow up questionnaires were undertaken with 22 of the 58 surveyed.

This report details these patient’s experiences in their own words, highlights areas of good practice and offers key recommendations for further development.

## Key Findings

The majority of people surveyed reported that their overall experience was positive. The following are the three main reasons given for this positive experience:

- **Caring Staff** - Staff that were caring, sympathetic and who did not make them feel like they were wasting staff time.
- **Good communication** - things were clearly explained, and good advice given.
- **Waiting Times** (for those that were ‘fast tracked’ or seen within two hours).

Where people were less satisfied with their experience they cited the following reasons for this:

- **Staff attitude** - A few respondents cited that staff had been unfriendly, sarcastic or uncaring, leaving one unclothed patient exposed not closing the curtain when they left the cubicle. These incidents seemed to relate mainly to the night staff.
- **Test Results** - Medication not explained clearly, a fracture was missed on an X-ray.
- **Waiting Times** - Although we did not ask a question around waiting times this came up as a contributing factor particularly for the person who had to wait over 6 hours.
- **Patients with hearing loss or who were on their own were worried about missing their names being called following triage** because; They could not see or hear the member of staff calling their name as they stood at the back of the room, or they would miss their turn when taking a comfort break.
- **Patients Smoking** - Some respondents told the HWO staff team they were unhappy that patients or their friends and relatives were smoking by the doors to the Emergency Department.

---

<sup>1</sup> [www.careopinion.org.uk](http://www.careopinion.org.uk); ‘Using Care Opinion for Quality Improvement’ Lisa Elliott and Vanessa Blanchard accessed on 11.12.17

- **Wheelchair shortage and space to park them** - A few respondents told the HWO team at particularly busy sessions that they had struggled to find a wheelchair to use and that they had problems parking them up in the department without being in the way of others.

## Recommendations

The following are Healthwatch Oldham's recommendations based on the findings of our engagement:

- **Praise for staff** - it was clear that the majority of staff were caring, compassionate and made patients feel safe, this should be praised.

*"Staff did all they could, listened to me and were sympathetic"*

- **Training for staff** - to ensure that the approach of all staff is caring and compassionate and that medication is explained fully in appropriate language.

*"I was waiting for blood results and a nurse just came and handed me some tablets and said I could leave. I asked what the tablets were for and she said they were antibiotics - not sure why they had been prescribed. Googled on my phone and they were for a U.T.I which they suspected I had"*

- **Ensuring that staff are able to be seen and heard by patients**, particularly being aware that not all patients will be able to hear them or that they may be alone and not have support to find them when their name is called.

*HWO staff were asked by several people at each session to help ensure they didn't miss their name being called while waiting or while going to the bathroom*

## 1. About Healthwatch Oldham

Healthwatch Oldham (HWO) is the local independent champion for Health and Social Care and has four main areas of work:

1. Listening to local people
2. Influencing services
3. Providing an information signposting service
4. Help with NHS Complaints

HWO would be happy to hear from you to find out about your experiences of health and care services (positive and negative) and can be contacted on:

Phone: 0161 622 5700

E-mail: [info@healthwatcholdham.co.uk](mailto:info@healthwatcholdham.co.uk)

### Healthwatch Oldham's role in this project

HWO's role in this project was to record people's experiences of using the Emergency Department at Royal Oldham Hospital. Having the opportunity to work in partnership with the Pennine Acute Trust on this project enabled HWO to enter a department within the hospital we had previously not accessed, and provide the department with immediate and relevant feedback whilst maintaining HWO's role as the independent consumer voice.

## 2. Methodology

In 2016 Healthwatch Oldham (HWO) produced a report on data collected at a series of Information Stalls at the main entrance of Royal Oldham Hospital (ROH). This report was circulated to Anthony Hoy, Assistant Directorate Manager, Urgent Care and Clinical Haematology who had assisted HWO with organising this engagement opportunity. As a result of we were invited back by Anthony to undertake some engagement work specifically within the Emergency Department (A&E) of Royal Oldham Hospital.

### Healthwatch Oldham:

- Designed a **Quick Survey** to obtain people's specific feedback on their experiences within the Emergency Department from those that did not require admission into hospital. Allowing us to identify good practice and areas of future development.
- Carried out a series of **six two-hour sessions** at different times during the week gaining feedback from **58 people**.
- Followed up with **28 people** (who were willing to be contacted again) with a **'Looking Back on your Experience' Questionnaire** which was either emailed or completed over the phone up to 4 weeks post their ED visit. This enabled HWO to include people's reflections on their experiences as well as their immediate reactions within this report.
- The sessions and follow up work was undertaken by Healthwatch Oldham Staff and our experienced volunteers.

### 3. Summary of Key Findings

#### Quick Survey

Of the 58 Quick Surveys completed:

- People gave the following reasons for attending the Emergency Department at Royal Oldham Hospital; **40%** because of an ‘accident’, **31%** because of ‘pain’, and **21%** due to ‘feeling unwell’ (8% did not answer)
- When asked if they had **seen anyone else before attending the Emergency Department**, **59%** of respondents said they had not, while **38%** had sought other help, including 13 who had been referred by their GP (3% did not answer)
- **78%** of people said they had not accessed the Emergency Department in the past 3 months, while **22%** had. Of the 13 who had, 10 respondents had attended for the same reason.
- The **treatments received** by those we spoke to were as follows (some respondents received more than one treatment); **Medication 59%**, **Guidance and Advice 31%**, **Wound Care 21%**, **Recording Vital Signs 17%**.
- **93%** of respondents told us they were given enough information on how to manage their pain, while 7% told us they were not.

#### Follow Up Questionnaire

Of the 22 Follow Up Questionnaires completed over the phone or by email:

- **90%** of respondents described the treatment they received on the day as **good or very good**. While **only 9%** described it as poor or very poor.
- When asked ‘**What was good about it?**’ those that had a good experience cited; being treated well by staff, getting good advice/having their questions answered, and being fast - tracked reducing their wait as reasons for their answer.
- Of those that **did not have a good or very good experience** cited the length of time they had to wait, a lack of compassion by some of the night staff and information on medication not being explained fully or something being missed as their reasons.
- **86%** of respondents said they found **the information they were given on the day helpful in managing their injury/pain**, particularly in terms of clear advice given by reassuring staff; while 3 said they did not find the information helpful.
- People were asked if they **have had to contact the Emergency department in relation to your incident since** (apart from booked follow up appointments) only 1 person said they had.
- When asked if they **have seen anyone else about your injury/pain since your visit** **31%** said they had, and **68%** had not. Of the 7 respondents who said they had they cited, their GP (7), or the pharmacist (1).
- **55%** of respondents told us they **have a long-standing illness**, while **45%** said they **did not**, or preferred not to answer. The majority of people cited Thyroid (2), Type 2 Diabetes (2) or Chronic Obstructive Pulmonary Disease (COPD) (2) as their condition.
- **27%** of respondents said there was **nothing they could think of that could have improve the experience**, while **50%** of people said one or more of the following could be improved; **Clearer signage** - ‘*didn’t know where to put my X ray*’, **Waiting times** - ‘*Keep everyone updated regularly*’, ‘*Shorter waits*’, **Friendlier Staff** - ‘*Know*

*everyone stressed but could be friendlier', Car Park Flexibility - 'As visit not anticipated don't always have change' (23% did not answer)*

- When asked is there was **anything you would or could have done differently** following your attendance at the Emergency Department, **59%** of people said 'no' and felt that they had made the right decision, **14%** did not answer and **27%** said 'yes'. Of those who said yes they gave the following examples:
  - **4 people said they would have seen their GP**; *'If I could have seen the GP but it was early morning before surgery', 'If I could have spoken to GP on the phone', 'I have now changed my GP'.*
  - **2 people said they could/did use the Walk in Centre**; *'Considered going to walk in centre but knew I would need an X ray', 'Knew it wasn't that serious but Walk in Centre told me to go.'*

### Additional Information

The following is a list of additional comments and observations made by patients and respondents during this engagement:

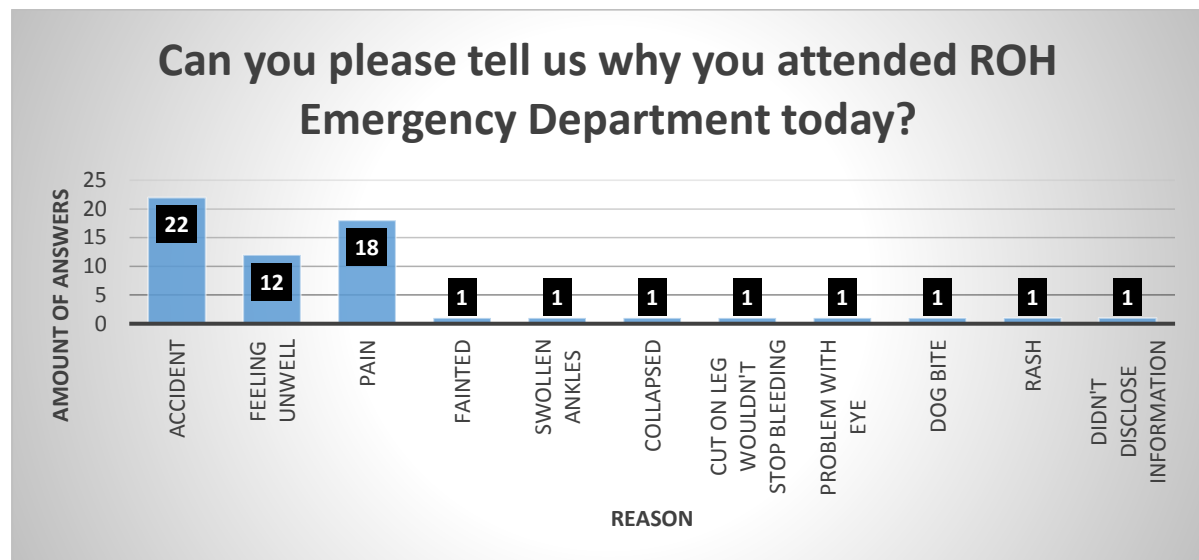
- **Patients with hearing loss worry about missing their names being called** - staff come out of treatment rooms and stand at the back of the room to call a patient's name. Many patients can neither see nor hear them as the majority of seats face forward away from the treatment rooms.
- **Patients on their own worry about missing their names being called** if they have to use the toilet, or go outside for a cigarette.
- There seemed to be a **shortage of wheel chairs**, also patients in them struggled at times to find a space to park them up without **being in the way of others** in the Emergency Department.
- **People accompanying patients were struggling to park** when they found a parking space the ticket machines didn't accept the new pound coins, this frustrated people and was mentioned numerous times (HWO is aware the machines now accept new coins, however finding a space remains an issue)
- The **hot drinks machine** was noted as being out of order on a few occasions.
- People told us patients should **stop smoking near the Emergency Department doors**.

## 4. Conclusion

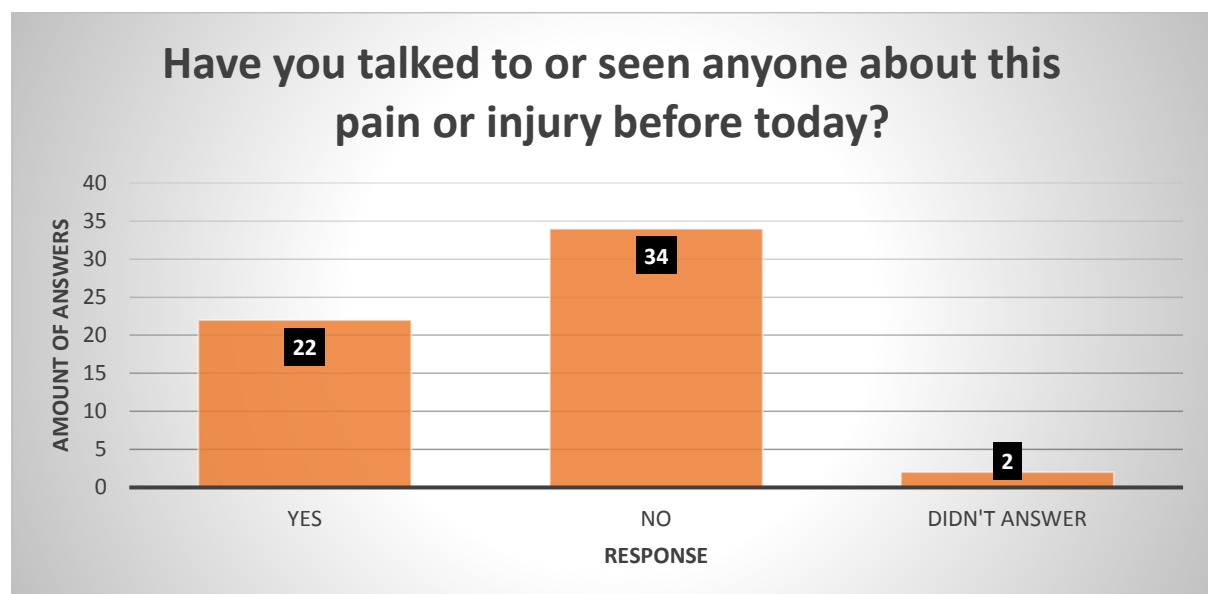
HWO are pleased to note that the majority of people we spoke with during our visits to the emergency department at ROH had a positive experience and gave good feedback. We feel it is worth noting that **communication, staff attitude and waiting times** are the most common contributing factors towards a person having **either a positive or a negative experience**.

## Appendix 1 - Detailed break-down of survey responses; including quotes.

### Emergency Department Full Analysis: Quick Survey



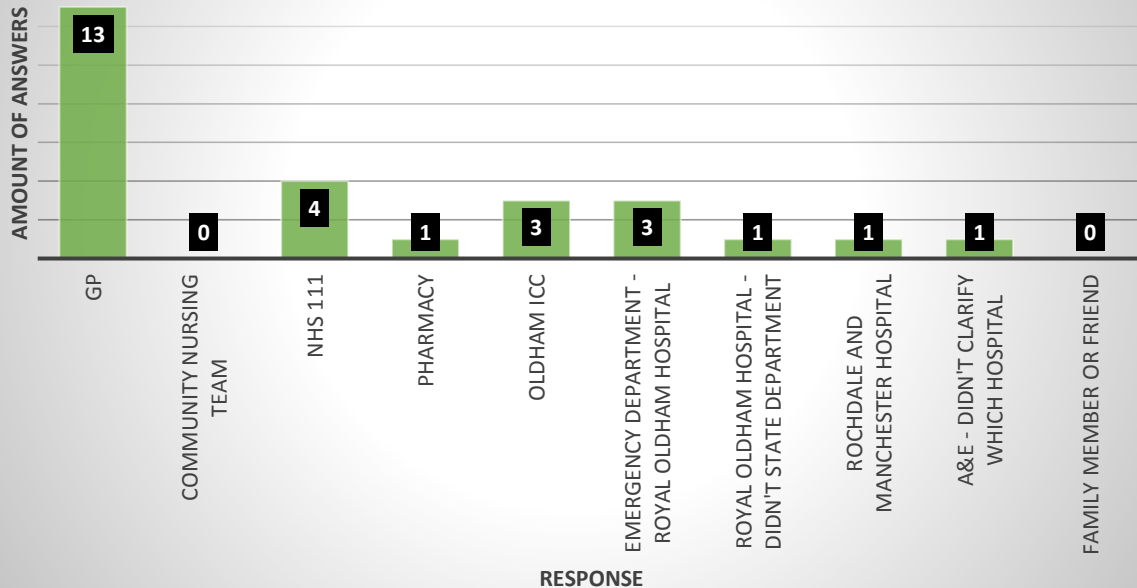
Of the **58 people** who were asked why they had attended the Emergency Department on that day out of the four options available; **accident, feeling unwell, pain** and the chance to write their own answer under the 'other' option. The most common response was an **accident with 22 answers**. Answers provided under the 'other' option could have also fallen within these headings but not enough information was provided to make that distinction



Of the **58 people** asked whether they had spoken to anyone about their pain/injury prior to this visit. **34 people hadn't spoken to anyone** in comparison to **22 who had**, **2 people** didn't answer this question

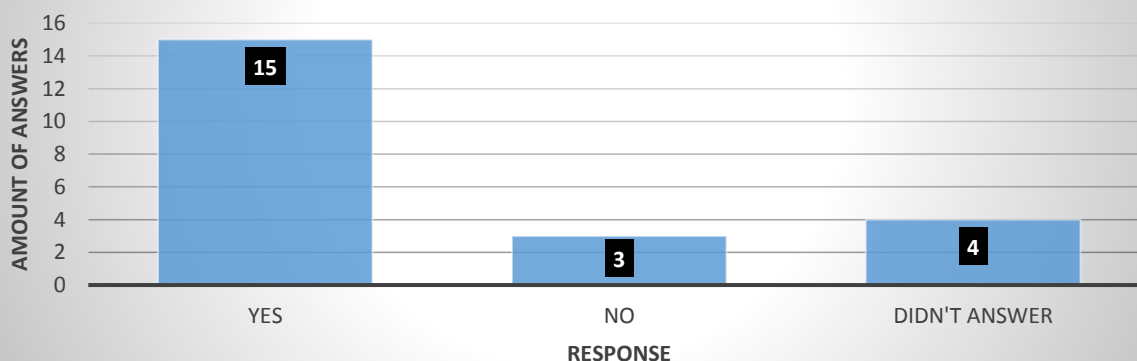


### If yes, who have you talked to or seen anyone about this pain or injury before today?



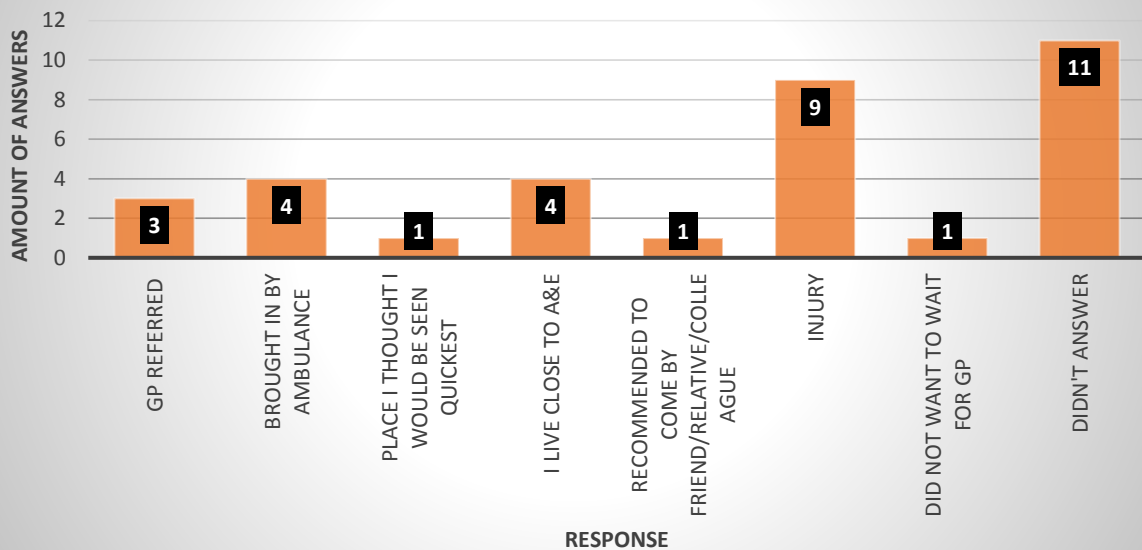
Of the **22 people who answered yes to the previous question**, we asked who they had spoken to previously. The **GP was the most common answer with 13 responses**. There are more answers than individuals who answered yes as some people gave more than one answer

### Did any of the above agencies/people suggest you come to the ROH Emergency Department today for your pain/injury?



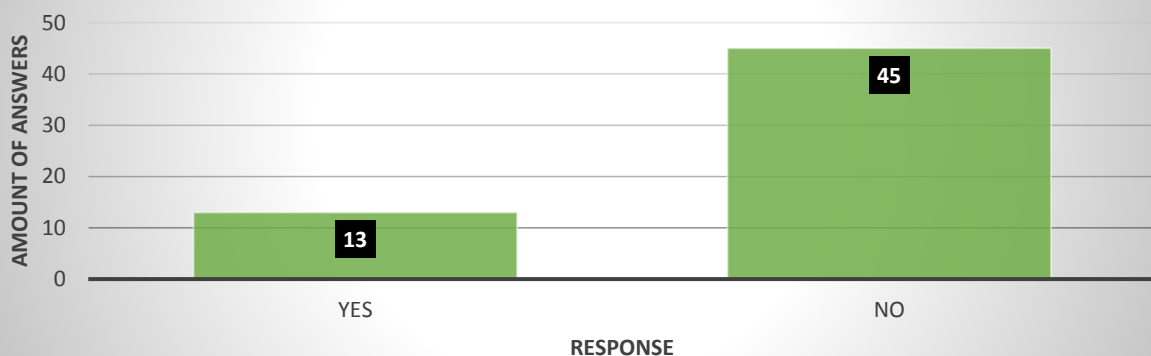
Of those that spoke to an agency/person from the previous question, we asked if they suggested they attend the ROH Emergency Department. The **most common answer was yes with 15 responses** in comparison to three people who answered no. Four people didn't answer this question.

### If No, please state why you chose to come to ROH Emergency Department today?



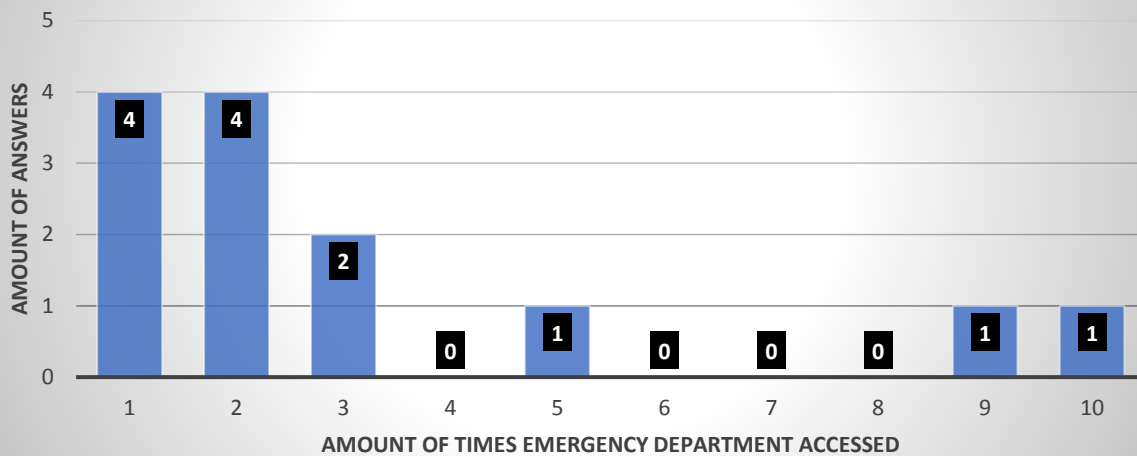
34 people stated that they hadn't spoken to anyone before attending the ED at ROH, we asked them why they decided to attend. 11 people didn't answer this question. The next most common answer was injury with 9 responses. 1 person said they didn't want to wait for their GP, 1 person thought that it would be the quickest option to be seen and 4 people stated that they lived close to A&E

### Before today, have you accessed ROH Emergency Department in the past 3 months?



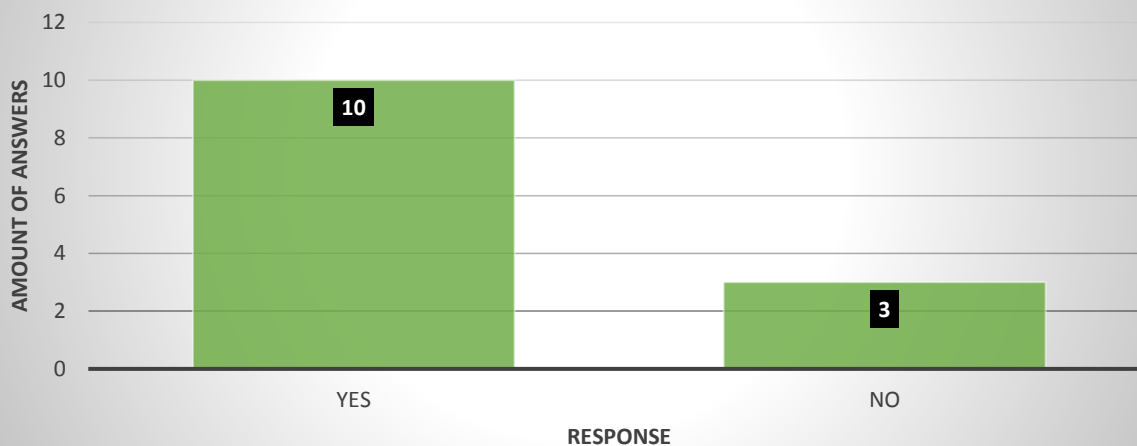
58 people were asked if they had accessed the ROH Emergency Department in the past three months, 45 people stated they hadn't visited the ED compared to the 13 who had

### If yes, how many times have you accessed ROH Emergency Department in the past 3 months?



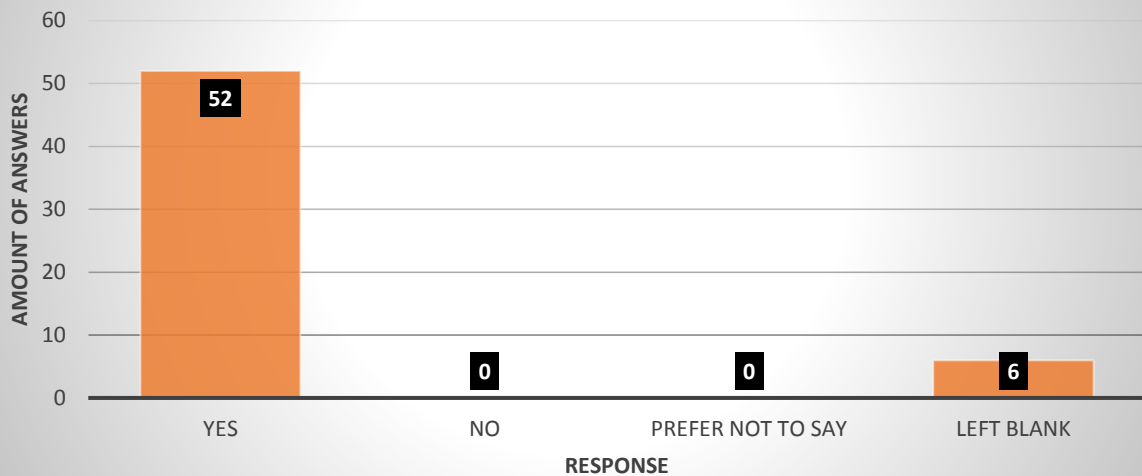
Of the 13 people who stated that they had accessed the ED at ROH more than once in the past 3 months the most common answers were once and twice with four answers each

### Was this for the same reason/problem as today?



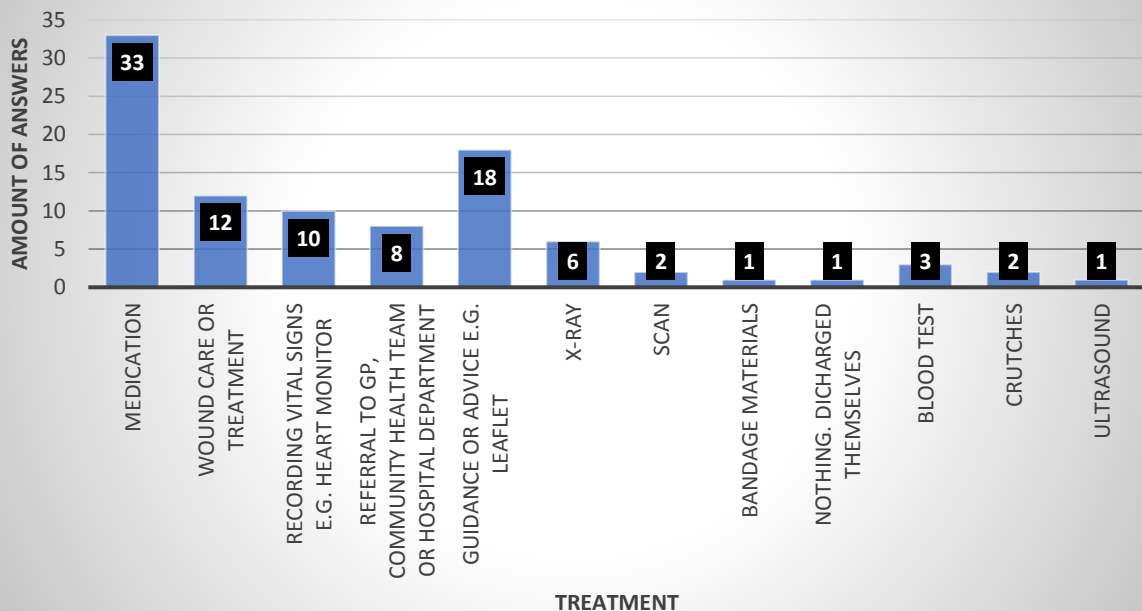
Of the 13 people were asked if these previous visits were for the same reason they had attended the ROH Emergency Department on this occasion. 10 people stated it was and 3 people stated that it wasn't

### On your arrival at ROH Emergency Department, did you find it easy to book in?



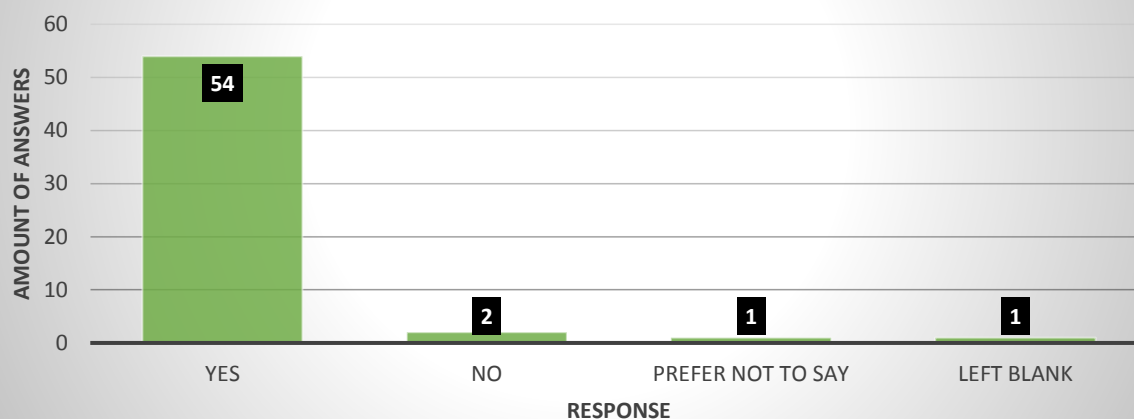
58 people were asked whether they found it easy to book into the [ROH ED](#) upon arrival, [52 people out of the 58 stated they found it easy to book in to the ED](#) 6 people left the question blank

### What treatment did you receive today?



58 people were asked what treatment they had received. [The most common answer was medication with 33 responses.](#) [Guidance and advice](#) was the next common answer with [18 responses](#)

**Do you feel you have been given enough information today to manage your pain or injury when you get home?**



58 people were asked if they had been given enough information to manage their pain or injury at home. **54 people out of 58 stated they had received enough information to manage their own injury at home** compared to two people who stated that they hadn't. Only one person left this question blank but one other individual stated that they preferred not to say

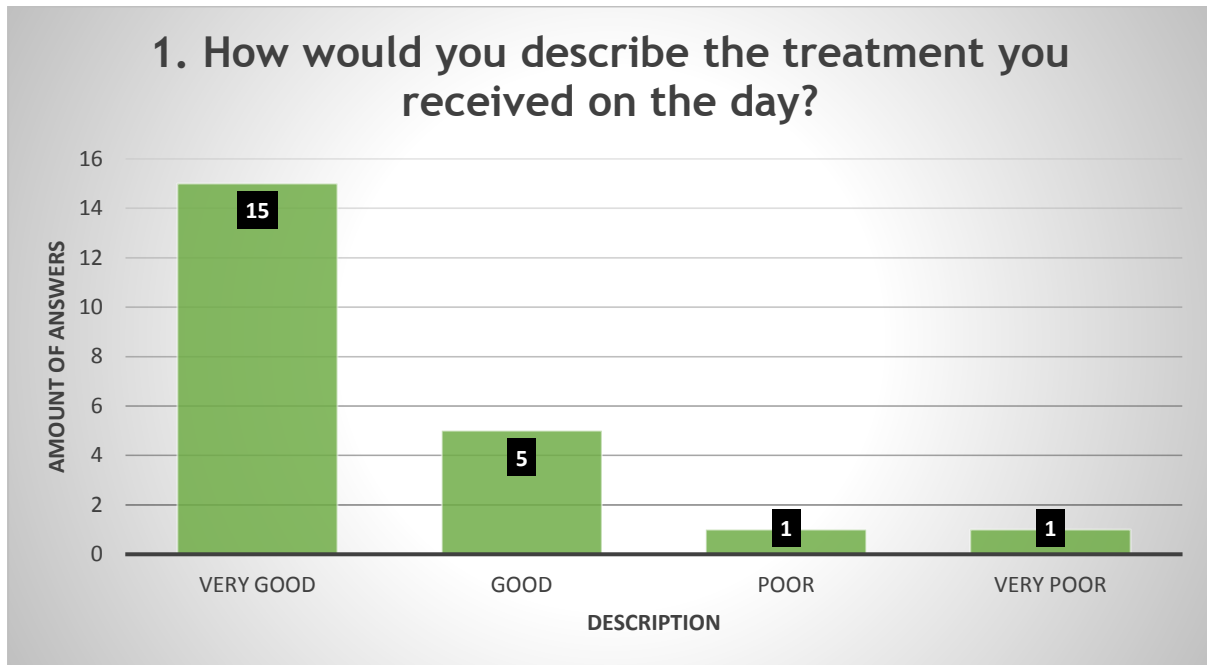
## Emergency Department Full Analysis - Follow Up Questionnaire

22 People out of the original 58 agreed to Healthwatch Oldham (HWO) contacting them 4 to 6 weeks after their original visit to the Emergency Department (ED) at Royal Oldham Hospital (ROH) to complete a series of follow up questions.

The aim of the follow up questionnaire was to ask those 22 people to reflect back on their experience of attending the ED at ROH and to consider the following questions;

1.	How would you describe the treatment you received on the day?
2.	Did you find the information you were given on the day helpful in managing your injury/pain?
3.	Apart from booked follow up appointments have you had to contact ROH ED in relation to your incident since your treatment
4.	Have you had to see anyone else about your injury/pain since your visit to ROH ED?
5.	Do you mind telling us if you have a long standing illness?
6.	On reflection is there anything you think could be improved or done differently in the future in relation to the ED at ROH?
7.	Thinking back on your incident is there anything you would or could have done differently?

Below is a summary of those 22 respondent's answers to the additional questionnaire highlighting their experiences in their own words with suggested outcomes and recommendations going forward.



When asked how they would describe the treatment they received on the day, **15 people out of 22** stated it was **very good**, and **5 people out of 22** stated that it was **good**. Only 1 person each rated the treatment they received as poor and very poor

## What was good about it?

We asked the **22 people** in the follow up questionnaire what they thought was good about the service.

The responses fell into the following categories;

**Caring Staff:** Felt treated well by all staff, not made to feel stupid

*Looked after me and treated me nicely*

**Good Advice:** Things explained well, questions answered

*Manner in which dealt with. Questions answered well. Felt supported*

**Waiting Times:** Those who were seen quickly or fast tracked were happier with the waiting times

*Got seen for triage straight away, had Xray quickly was in and out within 1 hour 40minutes*

The following is the respondent's views in their own words about what they thought was good about their experience of using the ED at ROH

*Marvellous, excellent, felt happier when in care of the Emergency Department as was frightened when blackout first happened*

*Treated nicely, very caring, arranged immediate medication and Vitamin D injection for future time*

*Gave good advice*

*Doctor very good gave good advice and picked up quickly that the vomiting was a known side effect of the new tablet that Mum had been prescribed*

*Initially all looked good, attentive staff etc but then transpired after a second visit that a fracture was missed on the initial x-ray*

*Fast tracked, seen really quickly*

*Handled well and concern shown*

*Finger strapped up and given extra tape. Didn't have to wait long*

*Straight to the point. Wait was short - 2 hours. Didn't make me feel silly to go to A&E with water infection*

*It was quick, the wait was short (20 minutes). Treatment done efficiently. Feeling good now*

*I suppose the doctor did his duty well, he listened carefully and tried to answer any queries we made*

*Because of the nature of the problem, was seen straight away. Nurse and the Doctor really good explained everything and didn't make me feel I was wasting their time*

*Very good the service was quick and efficient, although it wasn't as serious as the ambulance staff thought the condition was investigated all the way to the end*

*Excellent! The paramedics were brilliant and didn't make me feel like I was wasting their time, very caring. I was immediately seen on arrival and after some initial tests and ECG confirmed I was stable and not had a heart attack, I was asked to sit in the ED waiting area to wait for some blood tests. When all results came back clear I was given medication and sent home*



## What was not so good?

We asked the **22 people** in the follow up questionnaire what they thought was **not so good** about the service they received in the ED at ROH.

The responses to this question were a lot less than what was good, however the responses fell into the following categories;

**Waiting Times:** Length of time people had to wait although there was some recognition that the waiting time might be long

*No. I had imagined I would be in a few hours*

**Staff Attitude:** The negative comments related mainly to the night staff in terms of uncaring attitude and lack of respect for patients dignity

*The rest of the staff (night duty staff), some of them seemed to lack compassion or care*

**Test Results:** Medication prescribed not explained And a fracture was missed on Xray

*Buckle fracture missed on initial X ray*

The following is the respondents views in their own words about what they thought was not so good about their experience of using the ED at ROH

*I was waiting for blood results and a nurse just came and handed me some tablets and said I could leave. I asked what the tablets were for and she said they were antibiotics - not sure why they had been prescribed. Googled on my phone and they were for a U.T.I which they suspected I had*

*Long wait 6.15 hours. Very busy*

*ECG on arrival, I was left lying on the bed partially naked when the nurse came in to take blood and wasn't very discrete, kept opening and shutting cubicle curtains*

*Long wait - in particular 2 hours wait for a Doctor to give results of tests*

*There was some waiting around once the A&E staff realised I was stable*

*Nothing*

*I can understand when my husband called 111, that with the nature of my symptoms they sent an ambulance, but I did feel guilty using this resource as this is an ongoing problem*

## What if anything could be done differently?

We asked the **22 people** in the follow up questionnaire **what they thought could be done differently** in relation to the service they received in the ED at ROH.

The responses to this question did not fall in to any set categories, the following is the respondents views on what they thought could be done differently.

*I should have been told the blood test had shown a U.T.I and that I was being prescribed antibiotics*

*For the fracture to have been noticed on the first visit*

*My mother's been in pain for so long, hence even if the hospital staff couldn't do nothing, we wouldn't mind. However there wasn't a smile and some came across as rude and inefficient*

*Maybe a Manager on site to manage time more effectively, test results were back but had to wait for 2 hours for Doctors as really busy, maybe if nurse could have given results it would have been better*

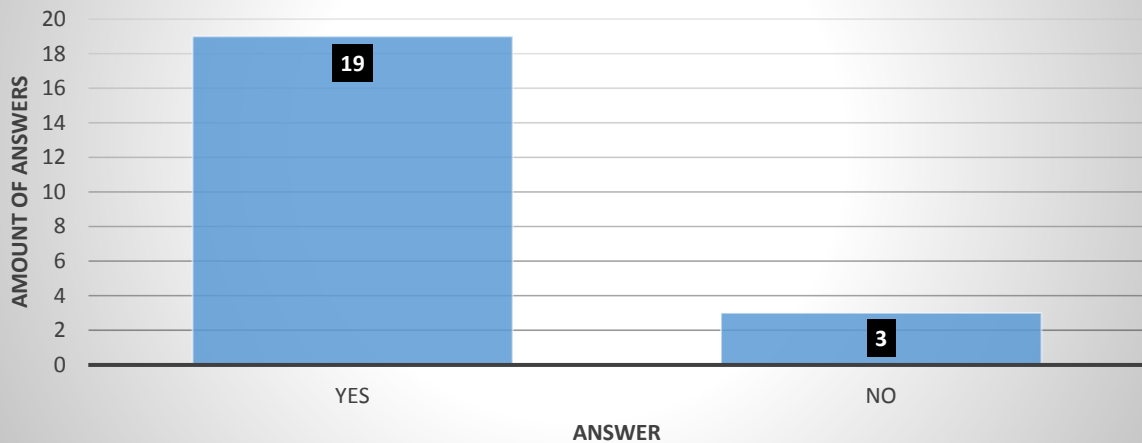
*At the time nothing differently*

*Momentum of the emergency could have been kept up throughout my treatment period as the waiting time dragged out*

*Nothing apart from me not getting injured!*

*No, it is what it is*

## 2. Did you find the information you were given on the day helpful in managing your injury/pain?



We asked the 22 people in the follow up questions if they found the information they were given by the ED at ROH on the day helpful in managing their injury or pain. 19 people out of 22 said they found it helpful in comparison to three people who stated they didn't find it helpful

We asked the 22 people in the follow up questionnaire if they answered Yes to the above question why was this?

The response to this question fell into the following main category;

**Information and Advice given:** respondents felt the clear advice and information given by staff reassuring

*Looked after me and treated me nicely*

The following are the respondent's responses in their own words;

*I was told to go home and rest*

*Clearly explained everything and advised to go back if throat started to swell*

*Explained everything*

*Efficient way hand was dressed. Everything great*

*Advised to give mild pain relief as patient a child*

*Described symptoms. If it gets worse told to come back*

*Clear instructions verbally given*

*Verbal clear instructions and follow up appointment*

*No further treatment was required*

*The advice to stop taking the new tablet was correct as within a few hours the vomiting ceased*

*It was very clear*

*Everything explained clearly*

*All fine, remained on crutches and off school for a week*

*I was advised to take pain killers, put ice pack on foot and keep weight off as hairline fracture. I asked for a crutch to help me balance and get up the steps to my bungalow and they said no. My neighbour and husband had to get me up the steps when I arrived home.*

*Tablets given to take away and everything explained*

*Put my mind at rest but afterwards I did feel the need to change my GP as the service was unacceptable to my health*

*At the time I was a little concerned as having medication before I read that they shouldn't be taken together albeit the hospital staff reassured me this was ok. Once I read online this information was correct I started to take all three medications and this made a difference*

We asked the **22 respondents** if the answer to the above question was **NO, what would have been helpful?** The following is the respondent's views in their own words on why they do not find the information helpful

*No diagnosis was given*

*We stayed overnight from 11.00pm until 11.00am and unfortunately due to the nature of my Mum's condition, the proposed drug couldn't be prescribed and Codeine was given which has close to zero effect as to date she's still having the same pain and we attended A&E back in April*

3. Apart from booked follow up appointments have you had to contact Royal Oldham Hospital Emergency Department in relation to your incident since your treatment?

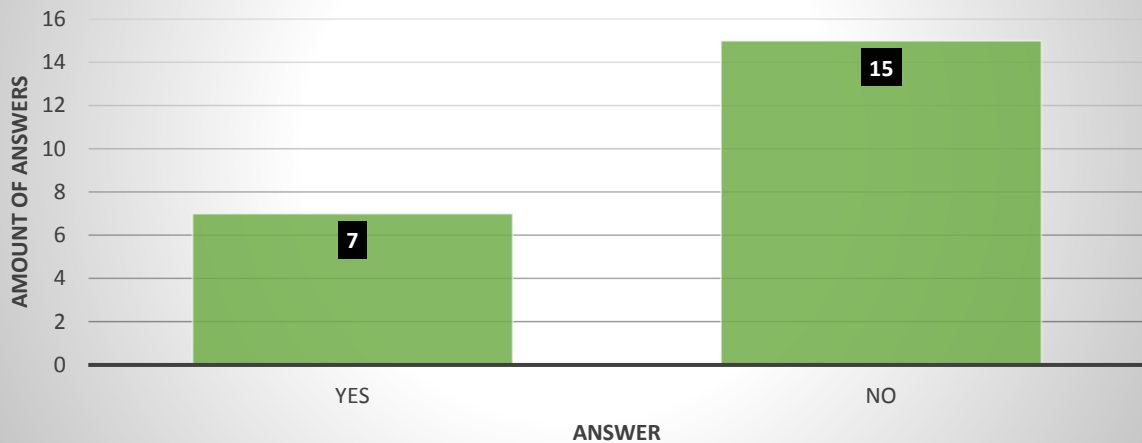


We asked the 22 people in the follow up questionnaire apart from planned follow up appointments had they had to contact the ED at ROH in relation to the incident they had originally attended the ED for. 21 people said they hadn't had to contact the Hospital only 1 stated they had

The following is the reason why 1 person had to re-visit the ED at ROH in their own words;

6 weeks later son still complaining of pain. Father took him back re x-rayed and found buckle fracture. Nurse mentioned that the fracture was visible on the previous/original x-ray. But since then hospital staff said this was not the case and the fracture occurred afterwards. Son now has splint on for 3 weeks and is missing sports day

## 4. Have you had to see anyone else about your injury/pain since your visit to Royal Oldham Hospital Emergency Department?



We asked 22 people in the follow up questionnaire if they had to see someone else after their visit to the ED at ROH. 15 people stated they didn't, but 7 people stated that they did have to see someone else since their initial visit to the ED. Of the 7, 6 respondents said they saw their GP and 1 respondent saw their Pharmacist

The following is the respondent's reasons for visiting someone else in their own words

GP as advised by the Emergency Department

GP contacted me following visit to Emergency Department and asked me to make appointment as Emergency Department had found a problem I didn't know I had

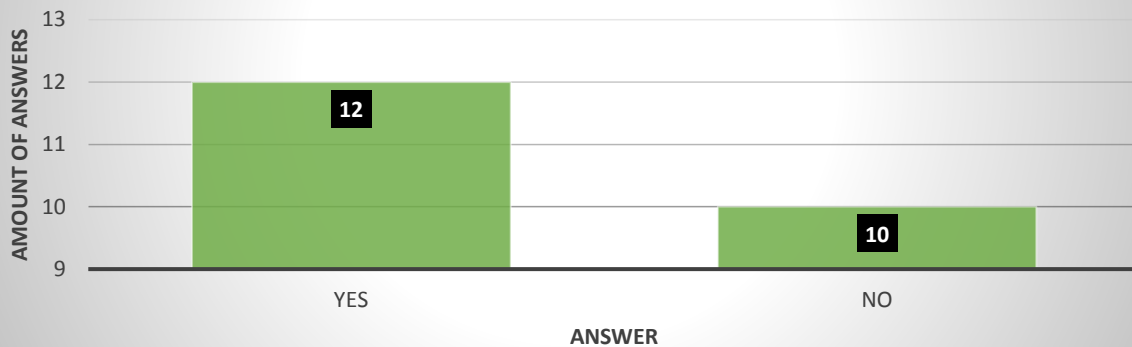
My husband went to the pharmacy for me the following day and they advised me to buy some tubergrip bandage for support and deep freeze spray, this really eased the pain

Following my second visit to the ED my GP rang to ask me what was going on as a consequence. I have been for further investigations at the ROH outpatient and been given advice on diet and another medication to take if the symptoms return

Went to see GP as pain lasted a week. They said infection had gone

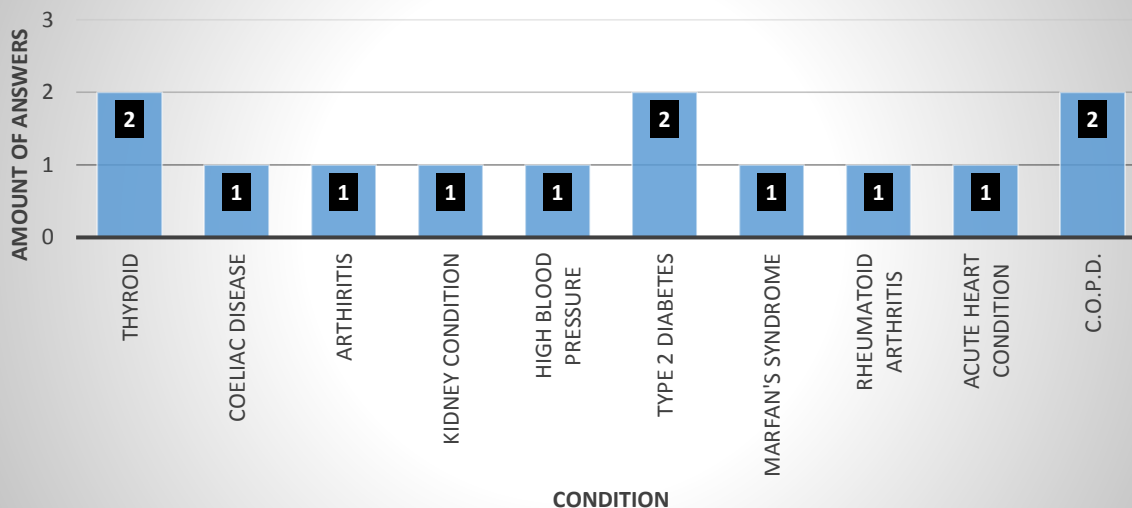
Mentioned to nurse - burning. Advised by nurse to see GP. I was a Carpet Fitter so GP said it's a repeating injury.

## 5. Do you mind telling us if you have a long standing illness that may mean you would have to attend Royal Oldham Hospital Emergency Department again in the future?



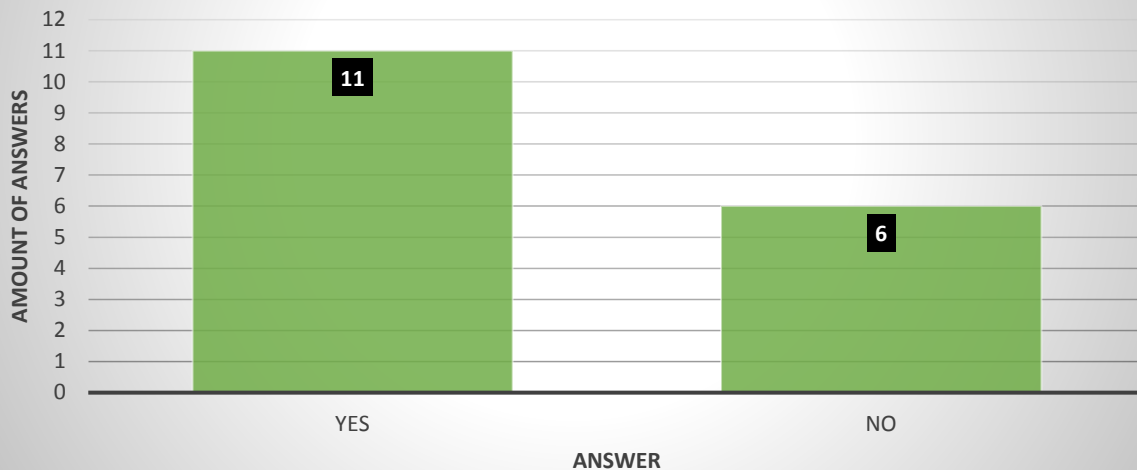
We asked the 22 respondents if they felt comfortable in telling us about any long-standing illness which may mean they have to attend the ED at ROH in the future. 12 people stated that they didn't mind and 10 people didn't want to provide this information

## Do you mind telling us what your condition is?



Of the 12 respondents who shared their long term conditions with us the most common conditions people stated they had were Thyroid, Type 2 Diabetes and C.O.P.D. with 2 responses each. There was also a range of other conditions which were selected once by other people

6. On reflection is there anything you think can be improved or done differently in the future in relation to Royal Oldham Hospital Emergency Department again in the future?



We asked 22 people in the follow up questionnaire if there was anything that could be improved or done differently in relation to the ED at ROH. 17 out of 22 respondents answered this question. 11 out of the 17 respondents said No they were happy with how things were, 6 out of 22 respondents offered suggestions for improvement

Of the 11 respondents who said there was nothing that could be improved the following is their views on why the felt nothing could be improved

*Everything was great and well done. Looked after very well*

*Based on last visit - no. All very smooth, professional and very nice*

*No, perfect every time I have visited over the years*



Of the 6 respondents who said there could be improvements the following are their suggestions in their own words;

- **Clearer Signage**

*Not good signage as to where to put the x-ray after it was done. Luckily, a nurse was passing and she pointed out the box to put it into*

- **Waiting times - updated information and shorter wait**

*The waiting time was far too long, however I do understand that it was due to lack of staff. However their attitude towards the patient and the general care given seemed of low quality. For example, my mother was in pain and we told the triage nurse to take it easy whilst injecting and his sarcastic reply was that 'it's a needle it will hurt' then it was as if he stabbed it in and then called out for equipment one at a time, ie scissors, tape, dressing etc. The whole incident was horrific and the ordeal has scared my mother so much that she's reluctant to revisit even though the pain keeps her up all night in tears*

*Keep us updated on waiting times and advise us on alternative services such as MRI Walk in Clinic (Lives in Middleton)*

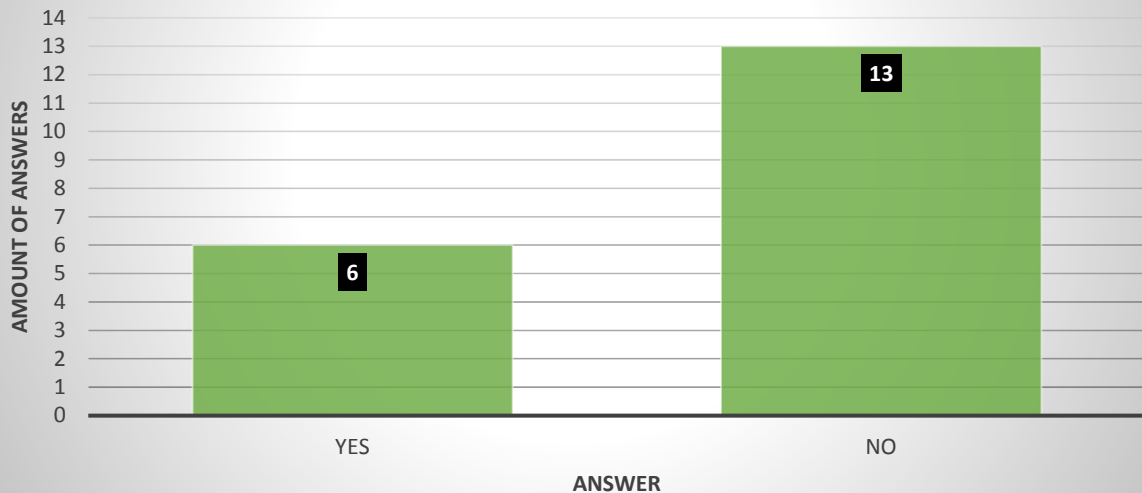
- **Friendlier staff**

*I understand the staff are stressed and tired but maybe they could be a bit friendlier*

- **Car Park Flexibility**

*Could some system be set up for patient/family attending Emergency Department? As it isn't something you anticipated you don't always have the money/correct change, we had to stop at a shop and obtain change*

## 7. Thinking back on your incident is there anything you would or could have done differently following your attendance at Royal Oldham Hospital Emergency Department?



We asked 22 people in the follow up questionnaire thinking back on their incident is there anything that could be done differently following their attendance at the ED at ROH. Out of the 22 respondents 21 responded. Of the 21 respondents 13 out of the 21 said NO they thought going to the ED at ROH was the correct decision, 6 out of the 21 respondents said YES they thought they could have done something differently

Of the 13 respondents who said No this was the right decision the reason given fell loosely in to 2 categories the following is the respondent's reasons in their own words;

### Referred by a health professional

*Went to Walk In Centre and they said to go to A&E*

*GP sent me to Emergency Department. I would have preferred the GP to have diagnosed U.T.I and given me medication*

*No, GP recommended to attend so followed their advice*

*Would have attended Emergency Department. My wife called an ambulance, a paramedic attended my home and said I needed to go to the hospital. It would have been a long wait for an ambulance to take me so my wife and I went in a taxi (was given a note to take to say the paramedic had attended to me)*

*Mum initially went to the GP who sent her to A&E. I (son) did not feel this was an emergency and maybe a visit to ICC would have been more appropriate*

## Individual choice was correct

No, going to A&E was the correct decision

No, knew x-ray was required

Not in this instance. Hand blew up to a massive size

No because we suspected a broken ankle and Warfans Syndrome

No, this was the right decision on the day

No, going to the Emergency Department was absolutely the correct decision as it was all very frightening and couldn't have waited for a GP appointment at the time

No. My Mum told me to go there

No, I was worried and wouldn't have got a quick appointment to see my GP. I only live across the road from the hospital

## Of the 6 respondents who said they could have done something differently the following is the reasons given in their own words

I did consider going to the walk-in centre, but decided I would be likely to require an x-ray so went straight to ROH ED instead

If I could have spoken to the GP on the day I revisited the ED I may not have had to go

Maybe I could have initially seen my GP. It was early morning out of practice times and a colleague advised I visit the Emergency Department as I was meant to be driving for work to Newcastle

Maybe? Although the Walk-in Centre in Manchester recommended the Emergency Department, but I knew it wasn't that serious but took their advice

The fault was down to my GP not the hospital, I have had concerns for a while so moving GP was an easier decision

## Other comments

*The Emergency Department Staff could have given me a support bandage or advised me to get one and a freeze spray. I was crawling around the house at home as I have a bad hip hopping around was making it worse. My elderly neighbours lent me a walking stick which after a couple of weeks was really useful it helped me balance. Maybe a follow -up appointment/further x-ray would have been appropriate*

*After that incident my mother hasn't stepped into hospital as she's scared. However, we have been back to the GP a few times. Thinking now it would have been preferable to have gone to A&E in MRI instead, even though we are residents of Oldham*

## Acknowledgements

Healthwatch Oldham would like to thank the following for making this project possible;

- All the patients and their families who completed HWO Quick Survey and Follow Up Questionnaire
- Anthony Hoy, Assistant Directorate Manager Urgent Care and Clinical Haematology and the ROH Emergency Department Reception Team
- Healthwatch Oldham Volunteers who are always professional in their delivery

## Appendix 2 - Timetable of Quick Survey Sessions

Timetable of sessions with number of Quick Surveys undertaken at each session and the number of follow up Questionnaires completed in relation to date Quick Surveys completed. The follow up questionnaires were completed between 4 to 8 weeks from the initial sessions. Please note we chose 3 Mondays as they have been identified as some of the busiest times in Emergency Departments and we wanted to compare like with like.

Date	Day	Time	Quick surveys completed	Follow up Questionnaires from Quick Survey by date
24.4.17	Mon	10am -12pm	18	11
3.5.17	Wed	1pm -3pm	9	2
8.5.17	Mon	10am- 12pm	7	1
16.5.17	Tues	10am -12pm	10	5
1.6.17	Thurs	5.30pm -7.30pm	9	2
5.6.17	Mon	10am -12pm	5	1
			<b>Total 58</b>	<b>Total 22</b>

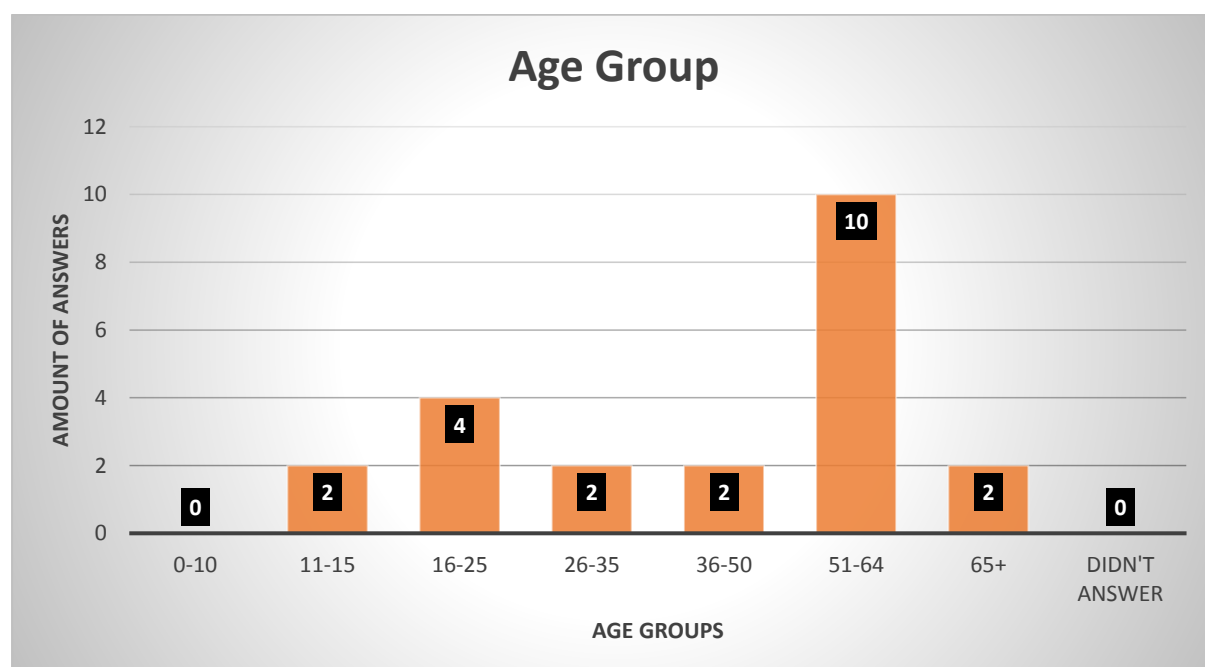
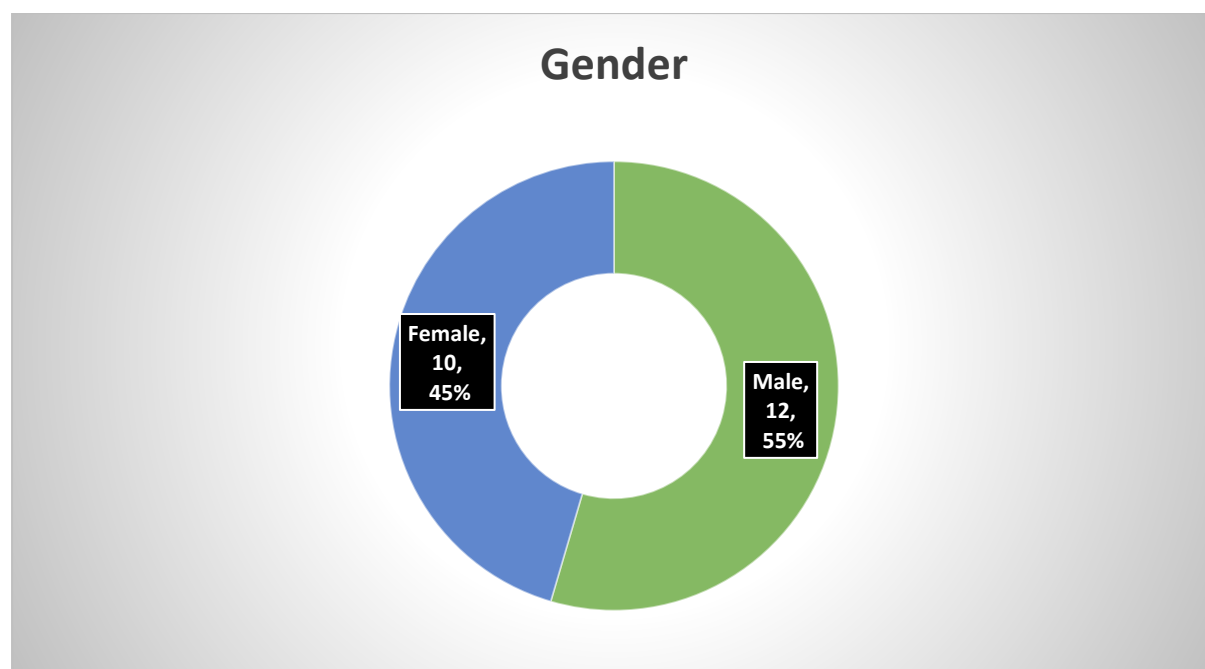
### Waiting Times for Each Session

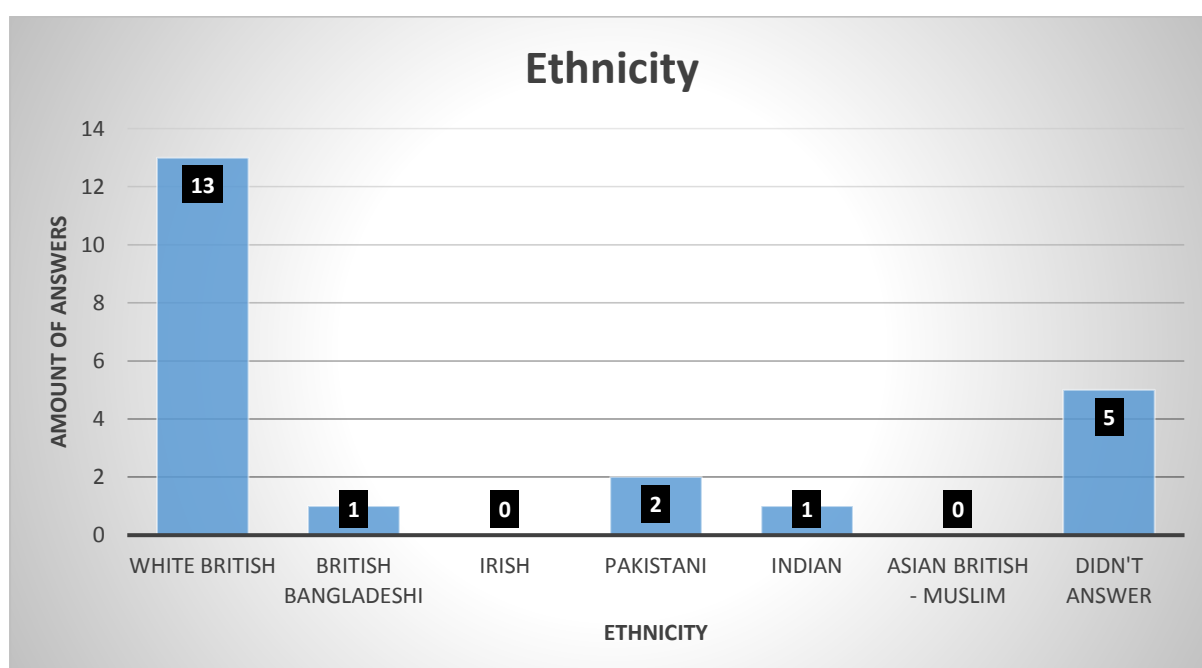
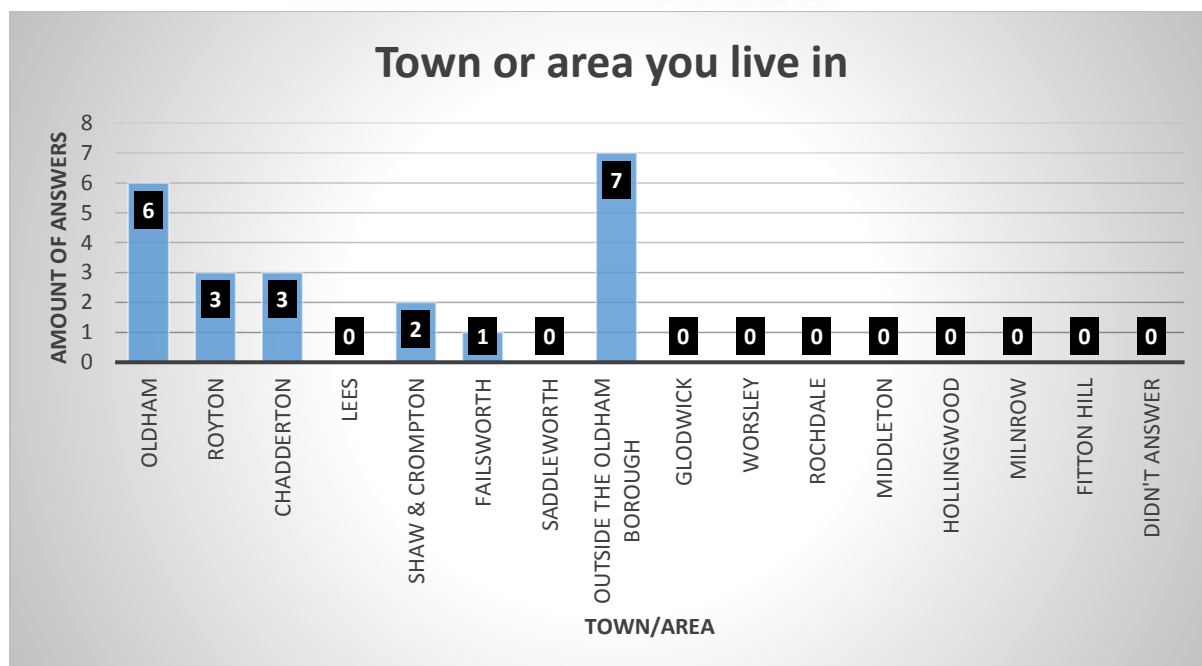
Waiting Times for each session as recorded on the noticeboard in the Emergency Department

Date	Day	Waiting Times	Number of patients waiting
24.4.17	Mon	2 hours 30 minutes	42
3.5.17	Wed	1 hour increased to 1hour 15 minutes	35 increased to 46
8.5.17	Mon	3 hours	55
16.5.17	Tues	1 hour 30 minutes	57
1.6.17	Thurs	2 to 3 hours	48
5.6.17	Mon	1 hour 30 minutes	35

## Appendix 3 - Equalities Monitoring: Quick Survey

Equalities Monitoring from 22 respondents who completed the follow up questionnaire out of the original 58 respondents who completed the original questionnaire

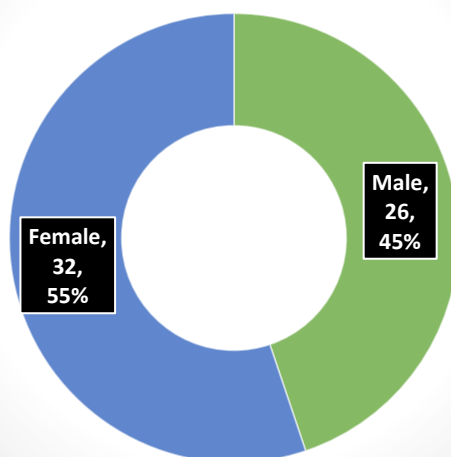




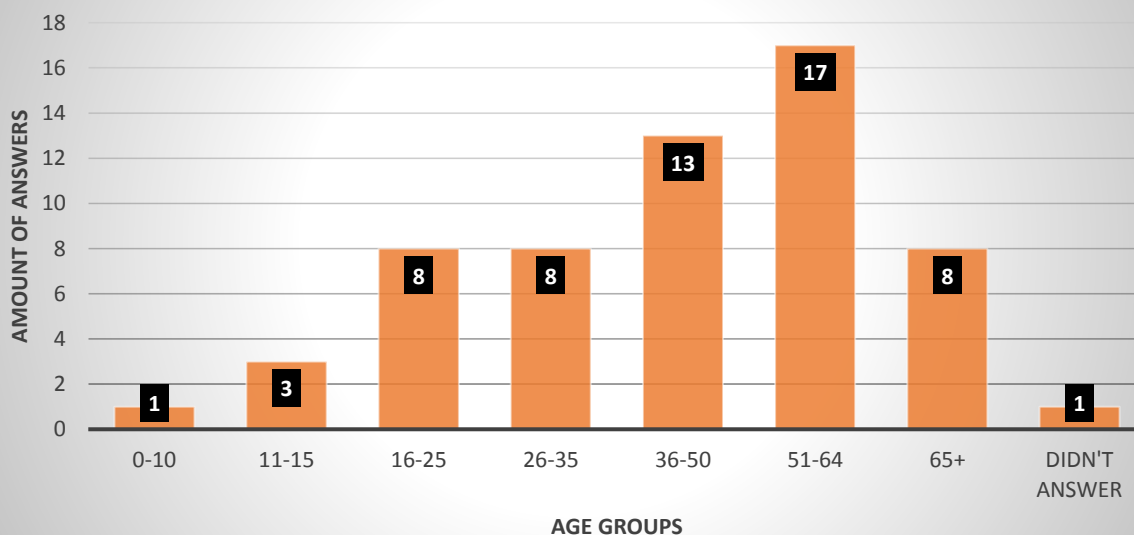
## Equalities Monitoring: Follow Up Questionnaire

Equalities Monitoring from the 58 respondents who completed the original questionnaire in the Emergency Department of Royal Oldham Hospital

### Gender

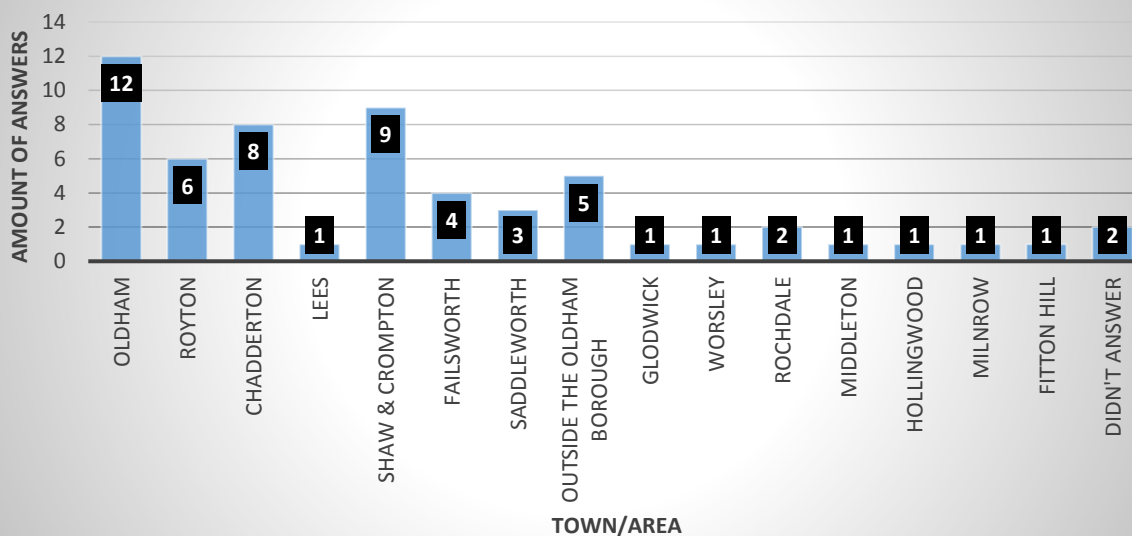


### Age Group





### Town or area you live in



### Sexual Orientation

