

# People's views on A&E waiting times

Our submission to NHS England's review of the four-hour target.

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## Background

The pressures on A&E are well documented, with hospitals across England consistently unable to meet the core four-hour target since 2015. Yet we also know that from October to December 2018, A&E departments across England also treated more people within the four-hour window than ever before.

Developing a good picture of how A&E departments are actually performing under current pressures is therefore not straightforward. Part of this challenge is the four-hour target itself.

While the current target does help illustrate performance across the NHS, and can help identify problems, the lack of detail means it tells us far less about the quality of care people receive and their overall experiences.

This makes it very difficult for people to understand how their local hospital compares to others, or what sort of service they should expect if they do have to seek help in an emergency.

The need to review the target and make it more relevant to those using A&E services was a point Healthwatch made in January 2018 to both the Department of Health and Social Care, and NHS England, in our [submission](#) to the NHS Mandate refresh process for 2018/19. We have therefore been supportive of NHS England's work over the last few months to look at possible alternatives.

This briefing provides a summary of the evidence we shared with NHS England throughout the development of the [Long Term Plan](#) and the Clinical Standards Review. It will not go over the extensive existing analysis of the four-hour target that has been done by NHS England and others. Instead it will set out what people are telling Healthwatch about their experiences of A&E and how this might be used to develop a sensitive way of monitoring performance.

## Key findings - 8,500 people's views

This briefing draws on two main sources of evidence.

- Feedback gathered by the Healthwatch network from almost **6,500 people** between January 2016 and September 2018, covering A&E departments in 25 different local areas.
- National polling of a representative group of **2,000 adults** from across the country on what they think matters most when visiting A&E (Conducted in January 2019).

The qualitative research conducted by the Healthwatch network found that:

- The most common reason for patient dissatisfaction with A&E was the quality of the care and treatment they received.
- Poor staff attitudes and issues with communication came second. This is possibly linked to the pressure on staff leaving them with less capacity to deliver the sort of care people have come to expect from the NHS. The issue of a growing lack of empathy was highlighted more broadly in our report [‘What people told us about health and care: October - December 2018.’](#)
- Waiting times come up less often but are still an area of concern.

Despite the increasing pressures, we have not seen a significant rise in negative feedback about A&E over the last three years. This doesn't mean people are completely happy with the service - not least because research by others, including the King's Fund, has suggested that people may be adjusting their expectations of the NHS because they recognise the pressure the service is under. However, it does suggest that the four-hour target is not telling the whole story.

## What does feedback tell us about the four-hour target?

### How long are people waiting?

Over the last three years we heard from a number of people who have waited between four and 12 hours in A&E, and in some cases longer. This is not surprising given the national performance figures and the increased likelihood of people leaving feedback when they have a negative experience.

However, for the majority of feedback we receive it is difficult to say how long people are waiting because people tend not to recount their experiences in this way.

People are more likely to express either having been seen in what they felt was an appropriate amount of time or having waited a long time, regardless of whether they were seen within the four-hour target or not. Much of this is characterised by other factors such as the quality of communication, the quality of care they or their loved one received and the attitude of the staff.

### What affects how people feel about their wait?

The way people feel about their wait in A&E is affected by a number of factors:

- How they were assessed on arrival and triaged.
  - Those who are triaged on arrival and have the next steps explained to them are more positive, even if they face a long wait. This also applies to those who are redirected to onsite GP services for less urgent cases where this service exists.
  - Those who have to wait a long time for triage and then wait again for treatment are more likely to feel negatively about the experience. One of the main things people are looking for when they visit A&E is being triaged quickly, providing reassurance that the severity of their condition has been assessed by a trained medical professional, and they will be seen in a medically appropriate timeframe.
- Whether or not they were then told how long they might have to wait.
  - Local Healthwatch work suggests anywhere between a third and two-thirds of those attending A&E are not given any indication of how long they may have to wait. This causes understandable frustration. Even where estimated waiting times are not achieved, patients find it helpful to have some idea of the length of wait.
- Whether they were kept updated if things changed due to other circumstances (e.g. more urgent cases arriving). Those kept informed are usually understanding of the shifting priorities in A&E.
- The support they received whilst they waited (e.g. what was the waiting environment like, did they have access to pain relief etc). This comes across as particularly important for those waiting for help who are also looking after children.
- Whether they were satisfied with the treatment they eventually received. For example, those who wait over five hours often feel negatively, but they leave even more negative feedback if they felt treatment at the end was 'short'.

We also know that people's view of A&E are affected by their experiences of other services. For example, people who have been left frustrated by the lack of support from primary care or those who have experienced a long wait for an ambulance (sometimes up to six hours) are more likely to leave negative feedback about A&E.

## Examples of feedback

To illustrate how patient feedback can tell us more about the quality of care being delivered than just the current targets, we have picked two examples shared with local Healthwatch between October and December 2018.

### Patient seen in four hours

"I got the cotton ball from a cotton bud stuck in my ear. I went to the GP but they couldn't help me. I was sent to A&E. I got there at 5.30pm and I was seen at 9.30pm It took 5 minutes to sort the problem out. You have no idea where you are in the queue, they just come and shout for you. There are no ticket numbers as was before. There is no display for the queue. The waiting time stated as 56 minutes."

#### Story shared with Healthwatch Kent, October 2018

While this individual was seen within the four-hour timeframe it is clear from their feedback the experience was not a positive one, and certainly not as positive as it could have been. Indeed, in just 87 words they have raised many important points for local services to consider:

- The person was sent to A&E by the GP, but was this the best place for them?
- Even if A&E was the most appropriate place for the individual to seek treatment, could they have been triaged differently? The GP had already diagnosed what was wrong and the patient was not in immediate risk of further harm. Could the patient have been supported via a 'virtual waiting list' where they could have had an urgent appointment booked at the local A&E by the GP, but been allowed to spend the majority of the wait at home?
- Once in the A&E department the lack of accurate information about how long they might have to wait or where they were in the queue was frustrating. How could this be improved in future?
- Ultimately their medical concern was dealt with very quickly and the wait may have felt disproportionate.

### Waiting time was not an issue

"We were contacted by an individual who attended A&E due to a fall a few days before. Caller wanted to compliment the service. They had seen on the wall the diagram of A&E sections and was moved through the sections as the diagram showed. They made sure that the patient had food and a nice cup of tea and when it was time for to go home they called the patient a taxi and made sure they got home safely. The caller felt that all of the care was very good and that they offered them a really good service. In particular, there was a nurse who the caller felt went above and beyond."

#### Summary of story shared with Healthwatch Northamptonshire, November 2018

This example illustrates how by getting communication right and enabling staff to offer compassionate care, experiences of A&E can be much more positive. The patient did not

mention the time spent waiting in A&E at all even though it is clear they spent sufficient time in the department for staff to have provided food.

## Why do people go to A&E in the first place?

While inappropriate use of A&E is rare, when it does occur it is not good for either the NHS or those seeking help. To tackle this, it's important the NHS understands why people make the choices they do. The feedback gathered by Healthwatch can help shed light on this.

### Key findings

- Most people which Healthwatch speak to in A&E departments are attending for appropriate clinical reasons. It is important to recognise this when communicating with people.
- However, not all people are seeking help elsewhere before going to A&E and many could have been seen more efficiently by another NHS service.
- This is because people are often unaware of alternatives, with current NHS marketing campaigns not yet having the necessary impact.
- However, awareness of alternative services is not necessarily helping to reduce the number of people visiting A&E. People often report the difficulty in accessing alternative services when they need them. In some cases, the alternatives which are promoted nationally are simply not available in all local areas.
- In other instances, people do seek help elsewhere, often through NHS 111, but find themselves being instructed to go to A&E anyway.
- There are some people who attend A&E because they believe it is the most convenient option for them, as it offers easier access into health care than other services that require patients to register beforehand, or remain within a catchment area.
- There are also those who continue to take loved ones to A&E as they think it is the best course of action. This is unlikely to change without significant investment in creating workable alternatives.

### Designing solutions

We know from our extensive work in primary care that people are open to seeing a range of different health professionals depending on their needs at a given point in time. This provides a useful starting point for thinking about how A&E services could be improved.

We also know it is not in anyone's interest to have people waiting four hours or longer in A&E, when they could have been treated elsewhere.

What is needed is better signposting for patients, better information for the public generally, and improved alternatives which offer faster help and support.

People have shared ideas to help, including:

- Greater freedom and encouragement for ambulance services to provide on the spot support and not make unnecessary admissions.
- Build public trust in the clinical training of NHS 111 call handlers. This will need to be backed up by experience so that cases are not always referred to A&E.
- Live data on signposting sites telling people waiting times for different services to help them choose between the different options.
- Triage patients via online or telephone systems before they arrive at A&E to reduce waiting times upon arrival and help hospitals plan. Patients with legitimate but less urgent needs could be supported to wait at home.
- Education for those in A&E on other services they could have chosen which they could consider for their future needs.
- Reassurance that those who seek treatment elsewhere first won't have to start at the back of the queue once they reach A&E.

## What do people think would make a good measure of performance

To support NHS England's clinical standards review in January, Healthwatch worked with YouGov to poll a representative group of over 2,000 adults from across the country on their views.

From our previous engagement work, we identified ten factors which people identified for a good A&E department. We then got our online panel to state how important each factor was to them.

While all of the options offered were considered important, in terms of the relative importance, guaranteed waiting times such as the current four-hour target are clearly less important.

When we look at the net positive scores for each option, the most important factors were the quality of the treatment people receive and assessing people quickly on arrival and assuring them they will be seen in an appropriate timeframe. Guaranteed waiting times was number 8 on the list, above only waving parking fines for those who end up waiting longer than expected and hospitals communicating to patients that a safe number of number staff are on duty.

The difference in relative importance is even starker when we look at the scores for 'very important.' Only 38% of people considered guaranteed waiting times as 'very important' compared to 85% for the quality of treatment and 79% for prioritising patients by urgency.

This view of guaranteed waiting times is not unique to A&E. We asked the online panel to do the same exercise thinking about what is most important when delivering planned treatment or operations. The results were very similar. (See appendix A)

## Conclusions

What shapes experiences of A&E is often not how long people wait, but the quality of care they receive and how it is delivered. People's experiences of care can therefore be significantly improved by staff carrying out quick initial assessments to reassure patients, prioritising those in greatest need, and concentrating on communication to keep people updated on progress.

However, by focusing just on time, the current target is not helping staff to focus on what matters most to their patients.

When the four-hour target was introduced in 2004 it helped to significantly reduce the lengthy waits faced by many patients. But 15 years on the NHS faces different challenges, and from what people tell us, the time is right to look again at this core measure.

If the review does ultimately recommend replacing the four-hour target with a more sensitive and meaningful measure, this will need to be properly tested to ensure it has the right impact on clinical outcomes, patient safety and people's experiences of care.

## Appendix A: Polling responses in full

*How important, if at all, do you think the following are for Accident and Emergency (A&E) departments when delivering urgent medical care? (Ranked by net importance).*

	Very Important	Fairly Important	Not very important	No at all important	Don't know
Ensuring that patients' treatment is of the highest quality	85%	10%	1%	0%	4%
Assessing patients quickly on arrival and assuring them that they will be seen in an appropriate timeframe	75%	20%	1%	0%	4%
Prioritising the order of patients by the urgency of their cases	79%	15%	1%	1%	4%
Highlighting that systems are in place to monitor people while they wait in case their condition gets worse	61%	30%	3%	1%	5%
Ensuring staff are on hand to provide support while people wait (e.g. offering pain relief)	53%	38%	4%	1%	4%
Giving people an estimated waiting time on arrival and informing them of any changes to this	42%	46%	7%	1%	4%
Making information about current waiting times available to people before arriving at A&E and providing information on alternative services	43%	42%	9%	1%	5%
<b>Treating or admitting all patients within a guaranteed timeframe (currently four hours)</b>	38%	43%	13%	2%	4%
Waiving parking fines that are as a result of waiting longer than expected in A&E	48%	29%	13%	4%	6%
Communicating to patients that a safe number of staff are working	33%	39%	18%	4%	6%

*How important, if at all, do you think the following are for the NHS when delivering planned treatment or operations in hospital? (Ranked by net importance).*

	Very Important	Fairly Important	Not very important	No at all important	Don't know
Ensuring patients have the opportunity to discuss all treatment options	66%	28	2	1	4
Ensuring that the process for being referred by a GP to another service for further investigation is simple and accessible	64%	30	2	0	4
Different services departments working together post treatment to help patients recover	65%	28	2	0	5
Prioritising the diagnosis of patients and assuring patients they will be seen in an appropriate timeframe	62%	31	2	0	4
Allowing waiting lists to be easily adjusted should a patient's conditions change	59%	34	2	0	5
Ensuring operations and procedures are taking place when they are arranged (e.g. avoiding cancelling or moving appointments)	57%	36	2	0	4
Providing patients with access to support between diagnosis and treatment (e.g. information and advice)	51%	41	4	0	4
Being able to choose a convenient time for appointments	25%	53	15	2	5
<b>Working to a target to diagnose and treat all people within specified timeframe</b>	36%	40	15	3	5
Being able to choose a convenient time for appointments	25%	53	15	2	5

Online omnibus polling was conducted by YouGov on behalf of Healthwatch England. The results are drawn from a representative and weighted sample size of 2,018 adults from across the country, polled on 20 January 2019.