

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

EMERGENCY PATIENTS SURVEY 2008

EXECUTIVE SUMMARY

This paper provides a summary of the findings of the survey of Emergency Patients 2008 and shows how the Trust performed in comparison to the last survey of Emergency Patients in 2004.

RECOMMENDATION

To receive the results of the Emergency Patients survey 2008 and await the publication of the Healthcare Commission benchmark report later in 2008.

**Caroline McGarry  
Patient, Carer and Public Involvement Co-ordinator  
14<sup>th</sup> November 2008**



# THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

## EMERGENCY PATIENTS SURVEY 2008

### 1. INTRODUCTION

The Trust is committed to involving patient, carers and the public at all levels in order to ensure that services are planned around the needs of patients and that year on year improvements in the patient experience are achieved.

This paper summarises the findings from the Emergency Patients Survey 2008 and shows how the Trust performs in comparison to the last survey of Emergency Patients in 2004.

### 2. SURVEY OF EMERGENCY PATIENTS 2008

The Emergency Department Survey 2008 was carried out by Picker Institute Europe on behalf of the Trust. This survey is part of a programme of annual surveys required by the Healthcare Commission for all NHS Acute Trusts in England.

### 3. PURPOSE AND METHODOLOGY

The purpose of the survey is to understand what patients think of healthcare services provided by the Trust. All trusts use a standard survey methodology and standard questions, as specified by the Acute Surveys Co-ordination Centre, based at the Picker Institute. The survey is a repeat of one undertaken for the Emergency Department in 2003 and 2004. This paper also shows how the results compare to the 2004 survey of emergency patients.

The postal survey was sent to a random sample of 850 adult patients who attended the Emergency Department. A response rate of 37.4% was achieved (306)

### 4. RESULTS

This survey highlighted many positive aspects of the patient experience. The majority of patients reported that:

- they had to wait less than 2 hours to be examined 82%
- overall their visit to the Emergency Department lasted less than 8 hours 86%
- the Emergency Department was clean/very clean 91%
- they did not feel bothered or threatened by other patients 83%
- a member of staff fully explained the purpose of medications they were to take home 83%
- overall the rating of care was good/excellent 85%

The following table shows the areas of the survey where the Trust score was worse than the average of trusts who contracted the Picker Institute to carry the survey (63 trusts). The percentage in the table indicates the '**problem score**' for each questions.

The **problem score** shows the percentage of patients who, by their response, indicated that a particular aspect of their care could have been improved.

	Problem score	
	Trust	Average
Waiting: no one helped get messages to family or friends	29 %	20 %
Waiting: no apology for delay in being examined	64 %	62 %
Care: no one available to interpret	25 %	23 %
Care: asked name and address more often than necessary	12 %	11 %
Tests: waited more than 4 hours for tests to be carried out	3 %	2 %
Pain: did not get enough pain relief medication	24 %	21 %
Pain: staff did not do everything to help control pain	38 %	37 %
Leaving: not fully told how to take new medication	22 %	14 %
Leaving: not fully told about medication side effects	66 %	62 %
Leaving: not given printed information about medicines	59 %	58 %
Leaving: not given written/printed information about condition or treatment	67 %	62 %
Leaving: family or home situation not taken in to account	72 %	67 %
Leaving: not given a choice of follow-up appointment times	49 %	48 %
Overall: did not know how to complain about care	55 %	48 %

In comparison to the 2004 survey, (where the wording of the questionnaire allows comparisons to be made), the Trust has improved significantly on the following questions relating directly to patient care:

- Doctors/nurses: talked in front of patient as if not there
- Care: wanted to be more involved in decisions

Performance has worsened significantly on one question:

- Leaving: not fully told how to take new medication

## 5. IDENTIFYING AREAS FOR ACTION

In order to identify areas where action should be taken to improve the patient experience, the following areas resulted in more than 50% of respondents reporting room for improvement.

	Problem score
Leaving: family or home situation not taken in to account	72 %
Leaving: not given written/printed information about condition or treatment	67 %
Leaving: not fully told about medication side effects	66 %
Waiting: no apology for delay in being examined	64 %
Leaving: not given printed information about medicines	59 %
Arrival: not enough privacy when discussing condition with receptionist	58 %
Leaving: not fully told when to resume normal activities	58 %
Waiting: not told why would have to wait to be examined	56 %
Leaving: not fully told about danger signals to look for	55 %
Overall: did not know how to complain about care	55 %

## 5. PROGRESS TO DATE

The results of the Emergency Patients survey have been received in a timely manner in order to respond with improvements as part of the Transforming Newcastle Hospitals (TNH) project. This project includes the relocation of A&E services to the Royal Victoria Infirmary. The new A&E department will feature up-to-date and much improved facilities for patients and visitors. This will include a:

- Designated private area for triage
- Comfortable and friendly waiting environment
- Separate area for incoming emergencies
- Separate area for children.

As well as the improvements in the new facility, staff in the current A&E department will ensure that:

- patients are offered the opportunity by the triage nurse, not to have to divulge personal information regarding their condition with the reception staff.
- literature regarding how to complain and the Patient Advice and Liaison Service is continually refreshed.
- all pre-packed medication provided to patients on discharge includes a patient information leaflet.

## 6. ACTIONS

The directorate management team will lead a full review of the survey and will produce a detailed action plan in response to the findings.

The findings will be disseminated throughout staff within the Emergency Department to raise awareness of the issues reported by patients.

## 7. RECOMMENDATION

To receive the results of the emergency patients survey 2008 and await the publication of the Healthcare Commission benchmark report later in 2008.

**Caroline McGarry**  
**Patient, Carer and Public Involvement Co-ordinator**  
**14<sup>th</sup> November 2008**