



Healthwatch Southwark

'From home to the A&E waiting room' - our findings from Enter and View Visits to St Thomas' Hospital A&E Department

June 2016

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Dates of visits:

Tuesday 2 February, 10am-12pm
 Sunday 14 February, 11am-1pm
 Wednesday 17 February, 2pm-4pm
 Friday 4 March, 9pm-11pm

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Acknowledgements:

Thank you to St Thomas' Hospital Patient and Public Engagement Team and A&E department for coordinating the visits. Thank you also to the staff and patients we spoke to.

Disclaimer:

Please note that this report relates to findings observed on the dates above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

Summary

Healthwatch is an independent health and social care champion for local people. We have a statutory function to carry out Enter and View visits which is where we visit services, to find out how they are run, to talk to service users, their carers and relatives, as well as staff. We carried out 4 Enter and View visits to the A&E at St Thomas' Hospital.

Our findings

- Patient feedback on staff was generally positive - they are friendly helpful, and patients acknowledged they were busy.
- Patients weren't aware of services available out of the hospital, or had much confidence in using them. People told us they struggled to get an appointment with their GP, therefore used A&E instead.
- Despite the ongoing refurbishment in the department, patients felt staff were doing a good job.
- Access to refreshments and food could be improved, even if just directions to a café or vending machine outside of the department.
- Staff generally felt well supported in their role, and were satisfied with the training they had received.
- Staff told us that patients need clearer information about other services available to them and how they can be used.

We recommend that:

- 1) We recommend that the Trust ensure the refurbished A&E department has the following:
- 2) We recommend that the Trust have a dedicated Patient Advice and Liaison Service (PALS) Officer in the A&E department.
- 3) We recommend the Trust improves how it communicates information about the expected waiting time.
- 4) We recommend that the Trust update their website and 'Choose Well' leaflet and make available to people using the A&E department.
- 5) We recommend CCGs work with acute providers to deliver clear messages about how to use services appropriately.
- 6) We recommend that the GP Federations extensively promote their Extended Primary Care Services.
- 7) We recommend that the CCGs initiates further research to understand why people choose A&E over other services in the community.
- 8) We recommend CCGs works with acute providers to address care of people with mental health issues.
- 9) We recommend that information the Trust gives to patients considers the demographics of people using the service.

Healthwatch Southwark - who we are, what we do

Healthwatch is an independent health and social care champion for local people.

This means we represent your views to ensure services are shaped around your experiences and designed around your needs. We are the ‘critical friend’ to people that provide, fund and monitor care.

We are part of a wider network of local Healthwatch across the country, as well as a national body, Healthwatch England.

Enter & View: What it is?

Healthwatch has a statutory function to carry out Enter & View visits (2012 Health & Social Care Act). Local Healthwatch representatives may visit publically funded services in order to find out how services are run, by talking to service users, their carers and relatives, as well as staff.

Healthwatch has this unique power to Enter and View services - where person-centred care and quality of life are our priority. We do not inspect services, but focus on what it is like for people using services and receiving care.

All of our Enter and View representatives have been trained in Enter and View, and have been DBS checked.

A&E: A national overview

Accident and Emergency (A&E) departments provide treatment and care for a range of problems which patients of all ages may present as an emergency or as requiring urgent attention. **NHS standards expect 95% of patients to be seen, treated and either admitted or discharged within four hours of arrival at A&E.**

However, with around 40 people arriving every minute at A&E departments across the country (Nuffield Trust 2015), increased attendances, longer waiting times and strained workforces in A&E departments regularly make the news headlines.

A&E: A Southwark overview

This report presents our findings from Enter & View visits to the A&E department at **St Thomas’ Hospital**. HWS regularly hears about the public’s experiences of using health and social care services in Southwark, including the A&E department at St Thomas’ Hospital.

We have found through our engagement that some people use A&E instead of out-of-hour services (extended access GP clinics, NHS 111, SELDOC and the Urgent Care Centre). Amongst reasons cited as to why they go to A&E instead of other local services, common themes were:

- ✓ Difficulty in getting a prompt GP appointment
- ✓ Uncertainty/confusion about where to go when the GP surgery is closed.

These findings are highlighted in our [GP access report](#).

 **What we did...**

We wanted the opportunity to speak to people presenting at A&E to see why they chose to come there, what services they'd tried before coming to A&E, and what primary care services they were aware of. We also wanted to speak to staff about what it is like to work in the A&E department - what they feel works well and what they think could be improved. While staff had been told in advance of the visit, their contributions were anonymous.

At each visit, an observation checklist was completed, so we could monitor the environment - for example the toilets, the noise levels, cleanliness, presence of staff etc.

We visited the A&E department at St Thomas' Hospital on 4 occasions.

At St Thomas' A&E, patients first see a streaming nurse who may redirect them to the maternity or eye emergency departments or offer alternatives such as GP appointments at a nearby surgery. If they stay they wait in the main reception to be registered then triaged. They will then be sent to another area such as the Urgent Care Centre (UCC) or Majors depending on their need, and wait there to see a nurse or doctor for treatment.

Over the four visits, we spoke with 36 people waiting in the waiting room of the A&E department or the Urgent Care Centre (UCC) waiting area. 4 patients also shared their views with us online. We also spoke with 12 members of staff.

This table highlights the activity in A&E during our visits.

Date and time of visit	No. of breaches of 4 hour wait time for those patients	Average wait time for those patients (hours)	No. of patients registered to A&E
Tue 12 Feb 2016 10am-12pm	8	1:14	60
Sun 14 Feb 2016 11am - 1pm	1	0:53	35
Wed 17 Feb 2016 2pm - 4pm	2	1:28	46
Fri 4 Mar 2016 9pm-11pm	8	2:29	51



Our findings: what patients told us

Over the four visits, we spoke to 36 patients who were waiting in the department. 4 people who had used A&E within the same timeframe shared their views with us online.

- 26 of the 40 patients were female and 14 male
- 5 people were aged 11-20, 8 people 21-30, 7 people 31-40, 6 people 41-50, 5 people 51-60, 2 people 61-70, 3 people 71-80, and 1 person 81-90.
- 10 people were from Southwark and 16 were from Lambeth. 7 were from other London boroughs, 4 were from somewhere out of London, and 2 were from another Country.

29 of the patients came straight to A&E before trying another service. 9 were told to come to A&E by a GP, other health professional or the NHS 111 service.

Why do people choose A&E?

We asked people who had come straight to A&E why this was. Some said they did so for convenience - *“Was working late, work close by so came straight here”, “It is near where I live and didn’t know where to go for this problem”, “Was urgent and was working all day, so came here after work”.*

Some people we spoke to weren’t registered with a GP and some went to A&E because they wanted to get seen more quickly than they would at their GP - *“I wouldn’t have got an appointment if I had gone straight to GP”.*

Someone said they didn’t know what service to use out-of-hours so came to A&E - *“It happened at the weekend, didn’t know about other services”.*

One person said that were told to come to A&E by their GP, and were given a referral letter to take with them. They weren’t sure how this made a difference once at A&E.

Awareness of other services

We asked people what services they had used in the past, including GP, out-of-hours GP, Pharmacy, SELDOC, and NHS 111.

34 people had used GP services. Feedback was mixed with some feeling frustrated about not being able to make appointments easily - *“Takes too long to get an appointment but I would prefer to see my own Doctor.”*

31 people had used pharmacies mostly for prescriptions.

14 people had used out-of-hours GP services and 2 people said they had used SELDOC - *“Out of hours GP is okay but not great when you are in crisis.”* A Southwark patient who had used both SELDOC and the extended primary care service described both as *“useless”*. 19 people had used NHS 111. Someone we spoke to said - *“I thought NHS 111 and 999 were the same thing.”*

Building work at the hospital

There is currently major building work taking place at St Thomas’ Hospital A&E. Therefore, the current layout is

temporary but there are posters and leaflets informing people of this throughout the hospital and on the website.

We asked patients if they knew about the building work going on before they came to A&E. 14 people said they didn't know, but a few referred to seeing the signs and posters as they walked through the department. Despite this, people acknowledged that the department was *"doing the best they can"* and the staff were *"doing a good job"*.

Even though there are signs to direct people around the department, some people still got a little confused finding their way around.

The waiting area

Patients gave us feedback on the waiting area. Generally people said it was fine in the A&E waiting room and the Urgent Care Centre (UCC) waiting area. Some said it was unstimulating if people were waiting there for a long time - *"it is boring and there are too many people waiting."*

In the UCC, people appreciated there being a TV with the volume low with subtitles but the Enter and View teams observed that at times it didn't have very good reception (and one staff member observed that it was placed above the nurse, which could be distracting). Others said they hoped for cups of tea or some food, but there wasn't a vending machine or anything nearby at the UCC.

On a particularly busy day someone told us there weren't enough seats - *"people*

are being thoughtful and offering their seats."

Information given to patients

People generally seemed to think the information that they had been given was clear. Some said they would have liked more information and updates, particularly about the expected waiting time - *"would be good to have a rough indication of how much time needed to wait."*

Someone also said that the process hadn't been clearly explained to them as they told us - *"seems a bit daft that you see two people before even seeing the Doctor."*

Experience of interactions with staff

The feedback about the A&E staff was on the whole positive. They were described as friendly and helpful, cheerful and optimistic.

People really acknowledged the pressures that staff were under - *"Very helpful but very busy - don't have a lot of time for questions but equally I think they would come running if there was a problem."*

One person said that a member of the reception staff was rude to him when he asked where to go. Another said that he was *"lectured for not having a GP."*

Our findings - what staff told us...

Over the four visits we spoke to 12 members of staff: Registrar in Emergency Medicine, Nurse, Agency Nurse, Deputy Sister, Emergency Medicine Consultant, Radiographer, Security Guard, Porter, Emergency Nurse Practitioners, and GPs.

What works well?

Staff spoke very highly about the A&E department, complimenting the skill mix, lack of hierarchy and supportive nature of the team - *“Team members are supportive, informed and work well together. You feel your views are listened to and problems are usually quickly resolved”*.

The senior staff were also praised by some members of staff - *“Management that listens and takes on board ideas and complaints arising on the ground floor so that issues are swiftly dealt with and don’t fester.”*

When asked what works well, some staff mentioned having GPs in the department. Some also spoke about the department’s system to triage patients to different parts of the department - *“immediate receiving and registering of patients entering the A&E, staffed by a senior nurse 24/7. Patients walk in, get a ticket, fill in a form, get assessed in terms of need.”*

What are the challenges?

Most staff talked about the number of patients using the department and how

this has increased over the years, yet the staffing levels have not.

A few mentioned the number of people using the department who are not registered with a GP - tourists and homeless people (both likely because of the location of the hospital), or who work nearby but do not live in the nearby boroughs. Lambeth’s homeless team was praised as having a visible presence in the department. Despite this, one member of staff said it can be depressing when they have to send patients back to the street.

Mental health presentations were also mentioned as a challenge due to high numbers, bed shortages, and the time it takes to get a patient sectioned. The liaison psychiatry team were described as doing a good job despite this. Drugs and alcohol are also a common issue at this hospital and associated with high HIV rates, hence the routine testing for HIV at this hospital.

Some staff spoke to us about the national 4 hour target for A&E. Even though many agreed that there should be a target, they said it adds further pressure - *“always conscious of the ticking clock”, “can place an extra pressure on an already stressful situation.”* One staff member felt that trying to meet the target could lead to rushed, bad decisions.

The refurbishment of the A&E department was also mentioned as a challenge, though staff acknowledged that this is temporary and the new design (which they had been able to feed into) would be beneficial to both staff and patients.

Is A&E used appropriately?

Many of the staff spoke to us about the number of people that present in A&E who could have been treated by their GP. They implied that people don't know which services to use when - *"[we don't need a] scheme that works to tell people not to come - they need credible accessible alternatives - people simply know they'll get seen in A&E. They [staff] do try to redirect...but won't argue with patients about it."*

When asked about re-direction of patients to alternative services, a member of staff told us - *"I don't like telling people off for coming, given the situation in primary care."*

One member of staff told us that some younger people in particular don't want to wait for a GP appointment - *"no one is taking responsibility for themselves and they want immediate answers...they are the iPad generation who are used to getting everything they want immediately"*.

Use of the A&E department was not always due to timing, but also because - *"they feel like they get a better service...if they don't like 3 or 4 GPs at their surgery they feel they might have better luck here."* Some staff said patients believed A&E could access better testing equipment or specialists than their GP, which was not necessarily true.

One member of staff spoke of their concerns about the NHS 111 service saying that it *"kills the department everyday"* and that it sends patients into

a panic - *"it sends patients in terrified and wanting to be seen within the hour...doctors can tell when 111 is just tick-boxing, a large percentage of people could have been seen by a GP."*

Staffing levels, support and training

Most staff felt the A&E team were stretched but that staffing levels were safe and that they felt well supported by management. We were told that if there are staff shortages this is resolved quickly - *"there are rarely staff shortages that affect teams' performance and managers are quick to respond to shortfall."* Only one staff member seemed to feel strongly that the pressures were too much to cope with.

Some spoke of the pressure that the assessment nurse is under, in relation to coping with the number of patients.

Most staff felt they were well supported and supervised, but some said they would find ongoing feedback helpful as day-to-day they are *"left to themselves"* - one member of staff said that more senior colleagues don't often have the time to supervise junior colleagues. When asked about training, most said they were happy with what they had been offered and felt there was continuous professional development.

No one told us they had been refused training, although some did say that because of staffing pressures it was more difficult to take the time off. Two people said they would like more time to reflect, read, and study.

The informal, shared learning between the staff in the department was praised by a member of staff.

Staff suggestions for improvements

- More space in the department - will be better when the refurbishment is complete.
- Improve primary and community care as this will take off the pressure in the department - *“need better intermediaries between GPs and here [A&E], not a tick box like 111.”*
- More support for the assessment nurse.
- Better access to drinks and food for patients.
- Schwartz Rounds - tried to get them set up, but only available on paper.
- Bigger waiting area for patients.
- Routine examinations, tests, bloods for patients done by a specific member of staff so that they aren't waiting in a cubicle for this to happen / get their results - free up room. This is already happening through the use of the RAT nurse but could be expanded.
- Replace the old porter trollies as the new ones are much easier to use.

Our observations...

The Enter and View teams completed an observation checklist each time a visit was carried out. Below is a summary of what was observed. We have been mindful that the A&E department at St Thomas' Hospital is currently being refurbished.

Directions to the A&E department: The teams felt there were visible signs to the A&E department from the main entrance, however the construction barriers hide where to enter A&E. The team found it quite difficult to find from inside the building, although recognised this would be addressed when the refurbishment is complete.

Entrance/reception clearly marked, approachable, easy to see and talk to the receptionist: The teams felt that the registration system looked efficient upon entering the department. Interaction between staff and patients appeared friendly.

Information displayed clearly, relevant and up-to-date: Teams noted the poster in the Urgent Care Centre with estimate waiting time and how the department prioritise patients. There was information about HIV testing available in several languages and a good poster explaining the pathway. There is clear information about the refurbishment. There weren't many leaflets available to take away in the A&E waiting area, in the UCC there was no allocated area for information leaflets.

Lighting: The teams felt the waiting areas were well lit, despite most places lacking natural light. One member found the corridor lighting too dim, which could be hazardous for the visually impaired.

Toilet facilities clearly marked, clean and accessible: Toilets have clear signage with large print and visible from the waiting areas. On some visits the

teams reported the toilets being quite grubby.

Cleanliness: Overall, the department appeared clean and tidy. In the UCC waiting areas bins are placed in an obvious place and seem to be emptied regularly. On some occasions there was litter around and spillages on the floor.

Noise level: There is a TV in the UCC which was either on a low volume or was muted, and there was always a consistent murmur from people waiting to be seen. One team member noted that you could sometimes overhear conversations in the cubicles. Overall the atmosphere appeared calm.

Space for people to sit down while waiting: Often at our visits, the UCC waiting room was busy. Even though not every seat was occupied, if more people had arrived there wouldn't have been enough seating for them.

Water to drink available for those waiting: Water machine available by UCC reception, but not very visible from seating area. On some of our visits there weren't many cups, or none at all. No vending machine but we are aware this is because of the refurbishment and that there are cafes and shops in the main hospital entrance.

Staffing levels: Staff were visible most of the time, however sometimes there was no one at the UCC reception stations - therefore if you had a query you wouldn't know where to go.

Safety: No obvious safety issues, the department seems clutter-free.

Sometimes there were cleaning trolleys but usually pushed against wall. Seating area in UCC quite cramped so can be difficult moving around.

Temperature: Temperature seemed comfortable, sometimes the team found it a bit stuffy but also noticed that some people left their coats on while waiting.

Dementia friendly elements: The team felt there was good use of colours and contrasts, and clear signage around the department.

Overall feel of department: Despite the ongoing refurbishment of the department, it is well lit, and there is good use of signage.

Our recommendations

As the A&E department at St Thomas' Hospital is currently undergoing a refurbishment, we have taken this into account when making recommendations.

Overall comments from the Trust

The A&E department would like to thank Healthwatch Southwark for the report outlining the findings from 'Enter and View' visits to the department on 2, 14 and 17 February and 4 March. The Trust values feedback from patients and the local community. The recommendations in the report are helpful and most welcome, as we continue to improve the care and service we provide in the Emergency Department, as part of the Emergency Care Pathway Transformation Programme.

We are delighted that Healthwatch had such positive feedback from patients and staff, and that patient feedback recognised the exceptional care that our staff provide. The department is currently undergoing redevelopment, and although the temporary arrangements do have an effect on the patient pathway, we are pleased that the report suggests that this is not significantly detrimental to our patients' experience.

Healthwatch Southwark's report makes a number of recommendations that require a response from the Clinical Commissioning Group (CCG) and GP Federations. We are keen to promote appropriate services for patients that do not require an A&E department attendance, and recognise that this was a key feature in the purpose of the visits and outcome of the report. The Trust will continue to work in partnership with the Urgent Care Working Group and local health and care partners, to support the implementation of recommendations which the CCGs are able to address.

Recommendation 1: We recommend that the **Trust** ensure the refurbished A&E department has the following:

- Clear signage to different parts of the department
- Adequate seating with space in-between rows for the volume of patients that use the department.
- Easy access to water dispenser that is visible from the waiting areas.
- Access to refreshments and food e.g. vending machine or directions to café in the hospital main entrance.
- Range of leaflets to offer information.

- Functioning TV screens with subtitles on.

Trust response

The Trust's A&E department is currently undergoing significant redevelopment. There are phases to the refurbishment which has resulted in some temporary solutions whilst the rebuild is completed. The identified requirements have all been addressed as part of the rebuild project.

The department are reviewing the current temporary solutions to make sure we have access to adequate seating, water/refreshments and leaflets. In addition the department will ensure that there are functioning TV screens and appropriate signage.

Recommendation 2: We recommend that the **Trust** have a dedicated Patient Advice and Liaison Service (PALS) Officer in the A&E department.

We heard from both staff and patients that people are using A&E departments because they are not registered with their GP or can't get an appointment quickly enough. Having a PALS officer in the department can support people to register with a GP or book appointments with the extended primary care services, thereby reducing pressure from the A&E department.

Trust response

The service currently has a PALS officer in the A&E department as part of a dual role. We will be reviewing the role to ensure that we maximise the role's

potential to support patients to choose alternative appropriate services.

Recommendation 3: We recommend the **Trust** improves how it communicates information about the expected waiting time.

The Urgent Care Centre had a poster explaining the process through which patients will be seen which is helpful, but when we talked with patients in the waiting area, many had not noticed this poster - suggest reprinting with brighter colours. We would like to see similar posters in all areas of the refurbished A&E department. We also feel a poster or leaflet explaining the pathway, how the department functions and prioritises, and an estimate of waiting times, would be useful to patients - possibly given to patients after seeing the triage nurse and handing in the registration form.

Trust response

We have recently updated our A&E department leaflet which will be in use shortly. The department is currently developing a 'patient facing dashboard'- a visual display to keep patients informed about the waiting times within the department. This display will automatically update the wait times to be seen by a clinician, as well as providing a visual indicator of the department busyness.

Recommendation 4: We recommend that the **Trust** update their website and 'Choose Well' [leaflet](#) and make available to people using the A&E department.

Bearing in mind the staff perception that some people actively prefer to use A&E, this should include 'myth busting' about whether hospital can offer more tests and specialists than the GP.

Trust response

The 'Choose Well' leaflet is printed and readily available. The department will review the website information in collaboration with our Communications team.

Recommendation 5: We recommend the **CCG** work with acute providers to deliver clear messages about how to use services appropriately.

With there being services for levels of urgency, people are confused about what is 'urgent' and what an 'emergency' is. Our [review of GP answerphone messages out-of-hours](#) shows that the messaging about how to use NHS 111, SELDOC and 999 are inconsistent and confusing.

Lambeth CCG response

The report highlights certain areas of focus for future communications messages. This includes clarity for patients on the difference between the 111 service, SELDOC out-of-hours service and the use of 999. We welcome this feedback and recognise that it can be confusing for people to know how to navigate the healthcare system, especially when they have an urgent care need or outside of what most people consider to be 'office hours'.

There is continual development in this

area in the NHS as we introduce initiatives to improve access to the most appropriate service, and we are aware there is further work to do here with a need to keep our communications approaches under regular review. We have recently completed some work reviewing the out-of-hours answerphone messages of GP practices within Lambeth to identify areas where this communication could be improved. This mirrors the excellent work in this area completed by Healthwatch on Southwark GP practice out-of-hours messages.

The CCG has implemented a variety of approaches to help increase awareness amongst patients and local residents of the all services available locally. Our website provides a simple guide for people who are unsure which health service to go to, signposting people to self-help from NHS Choices, pharmacy support, GP services and out of hours GP services alongside the Urgent Care Centre and A&E. It also allows people to search for local services. We work closely with local patient groups and mental health user groups to share information about which services are available and how to access them. Concurrently, the Trust's Emergency Department webpage provides similar information about using NHS 111, GPs and the Urgent Care Centre for health concerns that are not emergencies.

Healthwatch Lambeth's website signposts people to NHS Choices currently. We can work with them to ensure that more comprehensive information is available to visitors to their website.

We have recently commissioned a new service Health Help Now - an online and app compatible resource that signposts patients to the nearest local services that can meet their particular health needs. Health Help Now operates across the whole of south-east London and includes services within acute and community healthcare, GP practices and GP extended access services and community pharmacy. Our CCG website includes information on Health Help Now and we have liaised with St Thomas regarding information on this being included within their website. There are also plans to advertise the Health Help Now within the Emergency Department. We will be encouraging Healthwatch in Lambeth to include information on Health Help Now in their e-bulletins which are widely distributed in Lambeth Health Help Now has replaced the previous 'Choose Well' campaign.

Examples were given within the Healthwatch report of patients who felt they wouldn't get an appointment if they contacted their GP and being unable to access primary care services at the weekend. We have commissioned GP extended access services from October 2015 to help combat these issues. Appointments are available 8am - 8pm Mondays - Fridays and 10am - 6pm Weekends and Bank Holidays in 4 locations across Lambeth (Vauxhall, Clapham, Streatham and West Norwood). Patients can access this service through their GP practice. The service is also now available to patients diverted from St Thomas' Emergency Department. The GP extended access service has been advertised extensively

to patients through GP practices. The CCG will be working with GP Federations to ensure that communications messages about the extended access services reach residents who do not frequently attend their GP practice.

We will continuously work with Guys and St Thomas NHS Foundation Trust to disseminate messages regarding the use of appropriate alternative services to the Emergency Department.

Recommendation 6: We recommend that the **GP Federations** extensively promote their Extended Primary Care Services.

Southwark has two Extended Primary Care Services (EPCS) - one in Bermondsey and one in Peckham. These provide urgent GP appointments 8am - 8pm 7 days a week, but are under used. Local people don't know about them, or what they are, and when offered an appointment often decline. We have supported Southwark CCG to produce a leaflet about these extended primary care services, but we feel more needs to be done to promote and actively launch them.

Recommendation 7: We recommend that the **CCG** initiates further research to understand why people choose A&E over other suitable services in the community.

Speaking to staff on the ground there are no indications that the upward increase in numbers of patients is likely to decline. Investment in more detailed research will we believe be cost

effective, and will enable a more targeted response to the rising demand. The picture is complex - for some patients there is a perception that they will get a better service at A&E, for others knowledge of alternative services is limited and there is lack of confidence in using them, personal expectations and work patterns, gaps in specialist community provision, will also play into patients deciding to use A&E

Lambeth CCG response

We are keen to address the increasing activity levels at St Thomas' Emergency Department, the CCG is committed to working with GSTT to continue to understand patients' reasons for healthcare choices.

The CCG has an ongoing programme of engagement and has completed work with specific communities and groups within Lambeth e.g. the Portuguese-speakers and mental health service users to identify themes raised by them to understand the issues which may lead people to present at A&E rather than to a community-based health or care service. Our work with the Portuguese community has highlighted the need to promote awareness of alternatives to A&E.

Following extended discussions and a survey, we ran a series of meetings, workshops and educational sessions, and have provided an 'induction pack' on the NHS in Portuguese. We have also recently run a workshop in Portuguese to introduce people at the Portuguese-speakers' Community Centre to 'Health Help Now'.

Recommendation 8: We recommend the CCG work with acute providers to address care of people with mental health issues.

We are concerned about increasing numbers of people presenting at St Thomas' A&E with mental health problems. We are aware there is a lack of space and, but feel care of mental health patients is a priority, in line with the parity of esteem agenda. Clarity on the mental health crisis pathway is needed.

Lambeth CCG response

The CCG has invested in a range of services to help support people experiencing mental health crisis as part of the Lambeth crisis care concordat action plan. This includes additional PLN nurse provision; the 24/7 support managed by SLaM (across Lambeth, Southwark, and Lewisham and Croydon) which includes the street triage scheme; out of hours peer support for people experiencing crisis which explicitly targets people who present at A&E (Solidarity in crisis); evening sanctuary out of hours support provided again targeting people experiencing crisis (managed by Mosaic Club House / Living Well Partnership).

2 x Crisis Care nurses have also been commissioned to increase capacity and out-of-hours service in the CAMHS community team, and provide early morning in-reach into hospital to see children and young people following a self-harm admission. These will be recruited and in post from April 2016.

We recognise, however, that more can be done, both to support people to avoid experiencing crisis and to better care for them when they present in urgent care settings. Development work is underway between Lambeth and Southwark CCGs, Kings college and GSTT hospitals and SLaM to improve joint working between providers and ensure an appropriate and prompt service response to people with mental health problems who present at A&E.

Recommendation 9: We recommend that information the Trust gives to patients considers the demographics of people using the service.

We spoke to people who were not from the local area - other areas of London, the UK and from abroad. Many worked in the local area, were tourists or were homeless. We recommend that information is made relevant to those using the service - this should include community and voluntary sector services that people can choose to use.

Trust response

The Emergency department has access to a range of services which include, but are not exclusive to: the Guy's and St Thomas' Homeless Team, Psychiatric Liaison team, Alcohol Liaison team, OASIS (Youth Support Service) and the British Red Cross to support our diverse patient population.

Our streaming nurse and PALS coordinator support with signposting patients when they first arrive at our Emergency department if a non-

emergency pathway service is more appropriate. Our clinical team will also inform patients and refer to the support services outlined above during their consultation.

We have information which our reception team provide to overseas visitors to inform them of their rights to hospital treatment, as well as translation services that can support for consultations.

ensure A&E is used appropriately. Staff who are responsible for re-direction should be well supported in this role to ensure they are confident and consistent in their messaging.

Further comments on the report:

Lambeth CCG response

The report also highlights staff concerns about referrals from the 111 service that could potentially have been seen within Primary Care. The 111 service is currently being reviewed prior to re-procurement. The review has included analysis of the referrals being forwarded to EDs and the identification of other pathways using services currently commissioned that may be more appropriate for these patients. Lambeth CCG is jointly commissioning the 111 service along with the 5 South East London CCGs.

Conclusion

The overall impression of the A&E department at St Thomas' Hospital was good. The team seemed well supported and most staff praised management. Despite refurbishment in the department, it feels organised and well run.

We need to also raise awareness about other services available to patients, to