



A week in A&E

Engagement report

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Working in partnership:

Calderdale CCG

Greater Huddersfield CCG

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1.0 Executive summary

The engagement took place in the A&E departments of both Calderdale Royal Hospital and Huddersfield Royal Infirmary commencing on Monday February 11th 2019. The aim of the engagement activity was to capture the views of patients attending the hospital A&E departments, to help understand why people attend A&E and what support people could or should receive in the local community to support a reduction in visits to A&E.

Staff from NHS Greater Huddersfield and Calderdale Clinical Commissioning Groups (CCGs) and Community Assets (Community Voices and Engagement Champions) attended the A&E departments 24/7 over a one week period for 2 hour interview slots. Patients were able to share their views via a survey (see appendix C). Respondents to the survey were also given the opportunity to take part in a follow-up survey (see appendix D); this took place a few weeks later.

1,288 surveys were completed, of these we were able to identify which hospital 544 (42%) had attended. 266 (49% of those that responded) attended Calderdale Royal Hospital and 278 (51% of those that responded) attended Huddersfield Royal Infirmary. Approximately 60% of respondents were patients, with another 22% being parents of a patient. The majority of respondents (85.1%) were aged 59 years and under.

The follow-up survey was carried out a few weeks later by phone. 608 (47% of all respondents) people indicated that they would be interested in taking part; when contacted of the 608, 180 people chose to take part (29% of those that had expressed an interest and 14% of all respondents).

The views expressed in this piece of engagement support the views raised in previous engagement exercises across West Yorkshire and Harrogate in relation to urgent care services. The results from the survey were analysed to establish any variation in views across protected characteristics, for the majority of questions there was little variation in views expressed; where there were variations in responses these have to be treated with caution given the number of respondents who answered the question. The key results from the surveys show that;

Reasons for attending A&E

- Prior to attending A&E the most popular places to contact for advice were their GP practice (359 - 44%, of those that responded) and 111 (220 - 27% of those that responded). And most people (74%) made contact 24 hours before attending A&E.
- Of those that contacted their GP practice 55.6% (148) felt that they had received the support they required, and 68.6% (120) of those that contacted 111 felt that they had.
- Of those that stated that they had received advice 51% (434) of people said they had been referred to A&E.
- 42.9% (300) of respondents to the question said they had attended A&E as they were unable to get an appointment with their GP

- 38.5% (420) of respondents to the question attended as they were concerned that their health condition was getting worse, and 28.7% said they had been referred to A&E by a health professional.
- 26.8% (323 respondents) stated that their health concern related to muscular skeletal: bones and joints; 27% (326 respondents) was due to physical injury; and 13.7% (165 respondents) was due to respiratory.
- 71.2% (847 respondents) didn't think there was anything that would have prevented them from attending A&E. And of those that participated in the follow-up survey 91.1% (163) felt that they would still attend A&E with a similar health concern
- Analysis of postcodes showed that most people chose to attend the A&E nearest to their home.

The key themes raised were;

- Many people attend A&E as they have been unable to get an appointment with their GP, or if they have been offered an appointment they don't want to wait as they are concerned about their condition and want to be seen quickly; or the appointment is at a time that isn't convenient for them. And for some people their health condition has occurred in the evening or at the weekend and as such they have been unable to access their GP practice.
- People often report that they have sought advice from a health professional prior to attending A&E, and that they have been advised to attend A&E. Either because they have a health condition that needs to be dealt with urgently; that A&E is the best place to receive the care that they require; or they have been advised to attend if their condition doesn't improve.
- A few people attend A&E as they are not happy with the advice and or treatment they have received and want a second opinion.
- Some people don't seek advice prior to attending A&E as they feel that A&E is the right place for their condition.
- Those people that attend A&E at the evening and weekends often aren't aware of where else they could seek medical advice and support.

Quality of service in A&E

Of those that participated in the follow-up survey 87.8% (158) felt that they had got the outcome that they wanted from their visit to A&E. And 85.8% (151) of respondents felt that they were updated regularly by the health care professional who saw them on what was happening with their care.

The key themes raised were;

- People report high levels of satisfaction with the service they receive in A&E and praise staff for their quality of care. Although some feel that staff seem rushed which impacted on the waiting times and the quality of the care provided, and felt more staff would improve this.

- People describe long waits to be seen; to receive their test results; and to be discharged. If the waiting times for each of these had been shortened this would have improved their experience. They also want staff to keep them informed of expected waiting times.
- When asked what they expect out of their visit to A&E, people report that they want to be able to access the appropriate diagnostic tests to support them in being provided with a diagnosis of their condition so they can be provided with the appropriate advice and treatment / medication.
- Seating provided in waiting areas was described by some as being uncomfortable.

Alternatives to A&E

- Many people report that if they had been able to access a GP appointment at a time that was convenient to them they may have not attended A&E. Suggestions were made to be able to access GP appointments early morning, evenings and weekends but they want to be able to access these appointments the same day.
- People have also suggested if GP practices were able to undertake diagnostic testing such as blood tests, x-rays, scans and treat minor injuries this would reduce the need for people to attend A&E. Some suggested having a minor injuries unit or a 24 hour walk-in centre.

In previous engagement activity about alternatives to A&E people have told us that;

- A&E offers the 24/7 access people want and there is support for this to be developed further to include an out of hours primary care service / urgent care service that is co-located with A&E. Through the co-location of urgent care services on one site, patients can be triaged appropriately to the necessary emergency or urgent care service. It would relieve the pressure in the A&E departments and give people faster access to more effective treatment.
- People want all services located in one area, so should their condition deteriorate and they require emergency care they are already in the right place and do not need to be transferred to another location. They also didn't want to be arriving at A&E to then be told their condition was not an emergency and that they should travel to another location to receive urgent care.
- A significant proportion of people that had used a walk-in centre would have attended A&E if the walk-in centre had not been available. Many patients valued the provision of treatment outside of A&E departments, in minor injury units or walk-in centres. These were often popular because they were seen to avoid long waits, although sometimes led to frustration if the service was unable to deal with the presenting condition
- Many felt that there would need to be a communications campaign to ensure people were aware of the services available, when and how to use them. This should include educating the public on the various staffing roles within the treatment centre, and to reassure people that they are staffed with the appropriate skill mix.
- The main concerns raised related to how people access the centre that don't have access to a car, especially out of core hours when public transport is not available.

Particular mention was made about the financial impact on having to use a taxi, especially for people in deprived communities and wheelchair users.

- There was also some concern that people could choose to attend the urgent treatment centre rather than trying to obtain a GP appointment, and how would this impact on GP services locally.

2.0 Background

A review of A&E attendance at Calderdale and Huddersfield NHS Foundation Trust has shown that 30% of patients accessing A&E services in Calderdale and Greater Huddersfield could have received assessment and treatment elsewhere. Whilst alternatives to A&E have been provided and publicised there remains an imbalance of demand. The capacity of the two A&Es is a challenge, both were built to accommodate lower attendances than is currently seen and there is a chronic staffing shortfall, particularly for clinicians but increasingly a pressure for nursing colleagues. This has seen an increase in delays for patient access and reduced staff morale. The Friends and Family tests for patient and staff surveys have also shown low satisfaction levels.

As part of a wider piece of work across West Yorkshire and Harrogate the local Accident & Emergency Delivery Board have been commissioned to undertake a review of the reasons for attendance to A&E and then develop a facility and workforce model more appropriate to the needs of the patients attending. This will support the development of consistent urgent and emergency care models which are sensitive to local need to be used across the Integrated Care System.

3.0 Our responsibilities, including legal requirements

The legislation we must work to when delivering any engagement is set out below.

Health and Social Care Act 2012

The Health and Social Care Act 2012 makes provision for Clinical Commissioning Groups (CCGs) to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners. It also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution – and to promote awareness of the NHS Constitution.

Specifically, CCGs must involve and consult patients and the public:

- in their planning of commissioning arrangements
- in the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
- In decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSCs) on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

The Equality Act 2010

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act - age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'Equality of Opportunity', and c) foster good relations. All public authorities have this duty so partners will need to be assured that "due regard" has been paid through the delivery of engagement and consultation activity and in the review as a whole.

The NHS Constitution

The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these rights is the right to be involved directly or through representatives:

- In the planning of healthcare services
- The development and consideration of proposals for changes in the way those services are provided, and
- In the decisions to be made affecting the operation of those services.

4.0 Principles for Engagement

NHS Greater Huddersfield and NHS Calderdale CCGs both have a 'Patient and Public Engagement and Experience Strategy'. The strategies have been developed alongside key stakeholders. Each strategy sets out an approach to engagement which describes what the public can expect from any engagement activity. The principles in the strategies state that the CCGs will;

- Ensure that the CCG engages with public, patients and carers early enough throughout any process
- Be inclusive in all engagement activity and consider the needs of the local population
- Ensure engagement is based on the right information and good communication so people feel fully informed
- Ensure that the CCG are transparent in their dealings with the public and discuss things openly and honestly
- Provide a platform for people to influence thinking and challenge decisions
- Ensure any engagement activity is proportionate to the issue and that feedback is provided to those who have been involved in that activity

The strategy sets out what the public can reasonably expect the CCGs to do as part of any engagement activity and the process required to preserve these principles to ensure public expectations are met

5.0 Engagement process

An engagement plan was developed (see appendix A) which describes the engagement process.

The engagement was planned to take place in the A&E departments of both Calderdale Royal Hospital and Huddersfield Royal Infirmary commencing on Monday February 11th 2019. The aim of the engagement activity was to capture the views of patients attending the hospital A&E departments to help understand why people attend A&E and what support people could or should receive in the local community to support a reduction in visits to A&E.

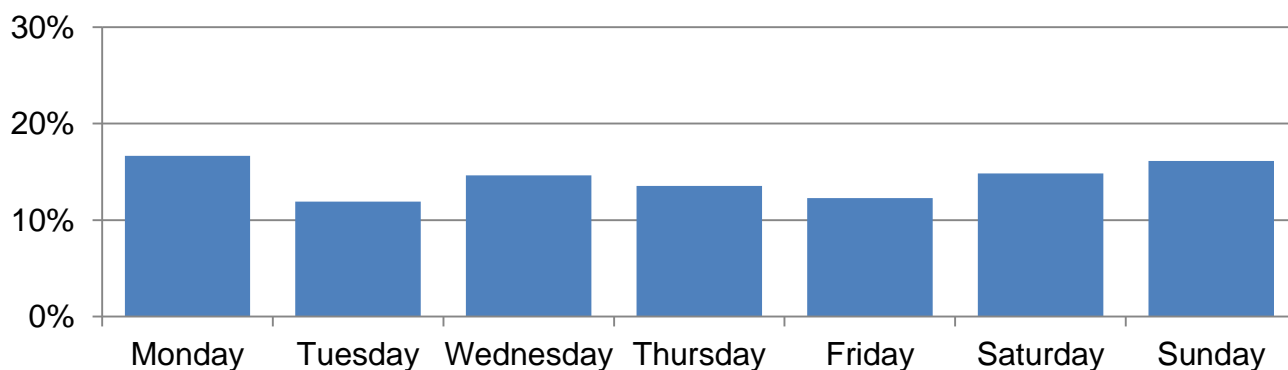
Staff from NHS Greater Huddersfield and Calderdale Clinical Commissioning Groups (CCGs) and Community Assets (Community Voices and Engagement Champions) attended the A&E departments over a one week period for 2 hour interview slots. The 2 hour slots covered a 7 day period and 24 hour clock to create a full picture of activity (see appendix B for the timetable of activity). Community Assets who attended the sessions were supported in this role by hospital staff whilst they interviewed patients and carers. A coding system for the survey was used to maintain anonymity for patients.

Patients were able to share their views via a survey (see appendix C). Respondents to the survey would also be given the opportunity to take part in a follow-up survey (see appendix D); this took place a few weeks later.

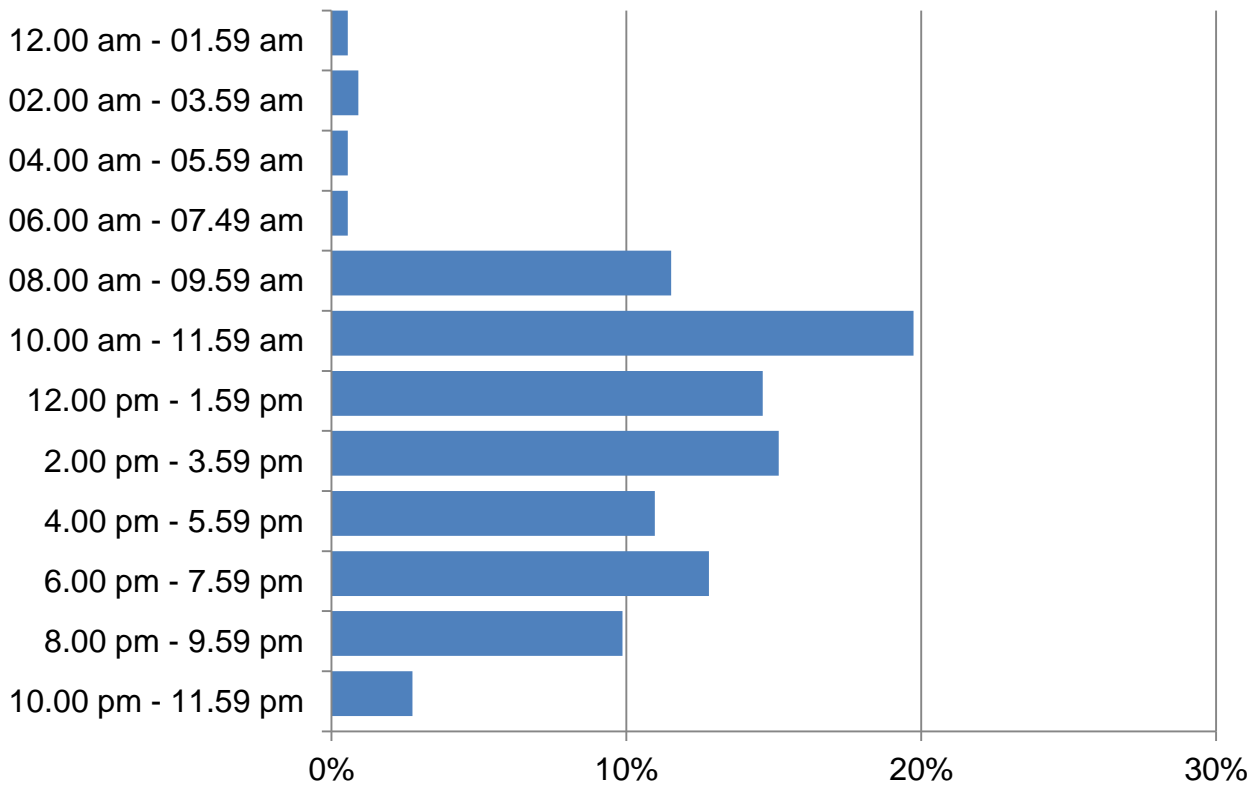
Whilst the survey did not include questions asking people to identify which A&E they attended, day they attended and time, we were able to identify this information on 42% (544) of completed surveys. This was identified through the patient's unique 7-digit number Medical Reference Number (MRN).

Of the 544, 266 (49% of those that we were able to identify) attended Calderdale Royal Hospital and 278 (51% of those that we were able to identify) attended Huddersfield Royal Infirmary.

In terms of the day of the week that they attended, the bar chart below shows we had higher responses on Monday (16.7%) and Sunday (16.1%).



In terms of time of day the majority of the responses were captured between 10.00am – 4.00pm.



6.0 Analysis of existing engagement

To support the development of the engagement plan, a review of existing engagement / patient feedback was undertaken. West Yorkshire and Harrogate Health Care Partnership had recently completed an [engagement mapping exercise](#) which included a review of urgent care engagement across West Yorkshire and Harrogate which included feedback from engagement activity across Calderdale and Greater Huddersfield.

In addition to the engagement mapping exercise carried out by West Yorkshire and Harrogate Health Care Partnership, Calderdale and Greater Huddersfield CCGs have undertaken a mapping exercise of [hospital services](#). The key themes from these reports in relation to urgent care are;

Reasons for attending urgent and emergency care

- Patients often report that they have been told to attend urgent and emergency care services, such as A&E by their GP practice. Either because the GP is unable to provide the patient with the treatment and / or tests that they require, or the GP practice is unable to provide the patient with an urgent appointment.
- A few people mentioned that their GP had referred them to A&E as their GP had been unable to admit them as an inpatient due to the lack of hospital beds.
- Many patients state that they do try to obtain a GP appointment prior to attending urgent and emergency care services. But if they are unable to be seen quickly they feel they have no choice but to access urgent and emergency care services to ensure that their condition is treated.
- GP services and community-based health care are also often closed when patients need to access them, forcing them to go elsewhere, despite their preferences to use these services.
- Many had a health condition that they felt needed to be dealt with urgently, and that urgent and emergency care services was the best place to receive the care that they required, such as x-rays, scans, blood tests, stitches and other treatment.
- Some attended as it was the most convenient place for them to attend, in that it was easy to access as no appointments are required or it was close to home. Some participants noted how they can go to A&E after work or lectures. Students, in particular, thought this is a convenient option for them as they can visit after their lectures. They can fit A&E visits in around their study commitments.
- People want to be seen by the most appropriate person, quickly and in a setting that is close to home. They didn't want to be travelling long distances when they needed urgent or emergency care.

Quality of service in urgent and emergency care services

- Whilst most commented on having to waiting long periods of time to be seen. People report high levels of satisfaction with the service they receive in urgent and emergency care services. They have confidence and trust in urgent and emergency care services and believe it provides the best place for them to get care for their condition.
- People believe urgent and emergency care services, such as A&E provide a convenient place to go, it can provide reassurance that an injury or condition is not

serious and does not need further treatment, and it is perceived as offering the highest level of expertise, with access to appropriate diagnostic equipment, such as x-rays.

- Many commented on how helpful and friendly the staff were and praised the quality of the care they received.
- Some concern was expressed about the long waits in urgent and emergency care services, such as A&E and not being told how long they would have to wait/ reasons why. In some cases, when information was displayed on expected waiting times, the information was inaccurate and out of date. And some patients were concerned that they received no, or inadequate pain relief.
- Some people mentioned that they had to endure long waiting times in A&E whilst waiting for an inpatient bed to become available.
- Seating provided in waiting areas was described by some as being uncomfortable.
- Comments were made with regards to both the difficulties in being able to park and the high cost of parking.

Views on urgent care / treatment centres

- A&E offers the 24/7 access people want and there is support for this to be developed further to include an out of hours primary care service / urgent care service that is co-located with A&E. Through the co-location of urgent care services on one site, patients can be triaged appropriately to the necessary emergency or urgent care service. It would relieve the pressure in the A&E departments and give people faster access to more effective treatment.
- The extent to which drop-in or walk-in centres can play a key role in reducing attendance at A&E should be a factor for consideration. A significant proportion of people that had used a walk-in centre would have attended A&E if the walk-in centre had not been available. Many patients valued the provision of treatment outside of A&E departments, in minor injury units or walk-in centres. These were often popular because they were seen to avoid long waits, although sometimes led to frustration if the service was unable to deal with the presenting condition
- A one-stop shop for urgent care needs is seen by many as a good idea. As patients don't always know if their condition is urgent or an emergency, by having it all in one place this would take the responsibility away from patients to have to decide which service they should access.
- Urgent care / treatment centres should provide blood tests, x-ray, scans, minor surgical procedures, burns treatment and treatment for fractures or broken bones. It was also suggested that the centre should also include urgent dental treatment.
- People want to be able to receive treatment quickly and be seen by the right person.
- They felt that by having it all in one place would ensure this happened, and would give them access to the appropriate equipment and diagnostics to provide them with the treatment they require.
- Ideally they would want urgent care services to be located with A&E. They felt that it made sense to have all services located in one area, so should their condition deteriorate and they require emergency care they are already in the right place and do not need to be transferred to another location. They also didn't want to be arriving at

A&E to then be told their condition was not an emergency and that they should travel to another location to receive urgent care.

- Many felt that there would need to be a communications campaign to ensure people were aware of the services available, when and how to use them. This should include educating the public on the various staffing roles within the treatment centre, and to reassure people that they are staffed with the appropriate skill mix.
- All agreed that a single hub would address some of the workforce issues, increase resilience (cross-skilling) and be more attractive to clinicians considering a new role. Although there was some concern about the resources and staffing required for urgent care centres.
- The main concerns raised related to how people access the centre that don't have access to a car, especially out of core hours when public transport is not available. Particular mention was made about the financial impact on having to use a taxi, especially for people in deprived communities and wheelchair users.
- There was also some concern that people could choose to attend the urgent treatment centre rather than trying to obtain a GP appointment, and how would this impact on GP services locally.

7.0 Analysis of engagement feedback

7.1 Main survey

We received feedback on the engagement via 1288 completed surveys. Appendix E provides a breakdown of the protected characteristics of the survey respondents.

Q1. Are you completing this form as (tick all that apply)

Answer Choice	Response Percent	Response Total
A patient	59.7%	748
A paid carer	1.1%	14
An unpaid carer	0.8%	10
A parent	22.3%	280
A family member/friend	10.9%	137
A patient advocate or support worker	1.0%	12
Other (please tell us):	7.2%	90
	<i>answered</i>	1253
	<i>skipped</i>	35

- Boyfriend
- CCG x 65
- CCG volunteer x 3
- CCS
- Daughter
- Girlfriend
- husband
- Just advice
- Partner x 4
- Sister
- spouse
- Volunteer x 8
- Wife

What happened before you attended A&E

Q2a. Before you attended A&E did you seek medical advice from anyone? (please tick all that apply). If your answer is No – please move to question 3.

Answer Choice	last 24 hours		2-3 days		4-7 days		Other please state in box below		Response Total
	No.	%	No.	%	No.	%	No.	%	
GP practice	265	32.6	34	4.2	38	4.7	22	2.7	359
111	202	24.9	10	1.2	3	0.4	5	0.6	220
Pharmacist	37	4.6	9	1.1	6	0.7	3	0.4	55
Dentist	2	0.2	3	0.4	1	0.1	4	0.5	10
A clinic	11	1.4	1	0.1	1	0.1	4	0.5	17
A district or specialist nurse	20	2.5	2	0.2	1	0.1	6	0.7	29
A walk in centre	9	1.1	1	0.1	3	0.4	1	0.1	14
Friend/relative/ family member	112	13.8	5	0.6	0	0	4	0.5	121
School	41	5.0	2	0.2	1	0.1	6	0.7	50
Other please state in box below	86	10.6	7	0.9	3	0.4	28	3.4	124
answered									812
skipped									476

197 (24.3% of respondents to this question) respondents provided more details with regards to where they had sought advice. The majority of responses described how they had made contact with someone else, this included accessing health care / advice from;

- 999 / 111
- CAMHS
- Consultant
- GP advised to attend A&E if symptoms didn't improve
- Had attended A&E at another hospital
- Local care direct
- Midwife
- NHS website
- Optician
- Paramedic
- Physio

And seeking advice from others such as;

- Friend / relative / family member

- Police
- School
- Sports coach
- Work

Some people hadn't sought advice and came as they felt that this was the right place for their condition. Or they were in too much pain to wait for an appointment with their GP. It should be noted that a few people didn't understand the question and provided details of the last time they had attended each of the services listed in the table.

Q2a. Did you get the help you needed?

Answer Choice	Yes		No		Response Total
	No.	%	No.	%	
GP practice	148	55.6	118	44.4	266
111	120	68.6	55	31.4	175
Pharmacist	16	29.6	38	70.4	54
Dentist	2	6.7	28	93.3	30
A clinic	5	15.2	28	84.8	33
A district or specialist nurse	10	27.0	27	73.0	37
A walk in centre	4	12.5	28	87.5	32
Friend/relative/ family member	46	56.1	36	43.9	82
School	19	41.3	27	58.7	46
Other (please tell us below)	39	55.7	31	44.3	70
answered					532
skipped					756

111 (20.9% of respondents to this question) respondents provided more details, the majority of which related to who had advised them to attend A&E. This included;

- Paramedic
- GP
- Family / friend / relative
- 999 / 111
- Work
- Physio
- Home care services

A few people hadn't sought advice and came as they felt that this was the right place for their condition. Or they had been unable to get an appointment with their GP.

Q2a. Anything else you want to tell us?

128 respondents provided further information, of these 28 stated that they didn't have anything else to add. Of the 100 that did have something to add many advised that they had been referred / advised to attend A&E as their condition was either an emergency; it was an injury that required an x-ray; or to attend if their condition deteriorated. They received advice from;

- GP
- 999
- Local care direct
- School
- Pharmacist
- Podiatrist
- Physio

Some respondents talked about how they had been unable to get an appointment with their GP, or if they had been offered an appointment they didn't want to wait as they were concerned about their condition. A few people had received advice and or treatment but didn't feel that their condition was improving and wanted a second opinion.

Q2b If you answered yes on 2a, what advice did you receive about your current health concern? (Please tick all that apply)

Answer Choice	Response Percent	Response Total
I did not receive any advice before attending A&E	19.9%	169
I was given advice to self-care e.g. buy over the counter medication, rest	8.3%	70
I was prescribed medication	8.3%	70
I was referred to see a consultant	3.4%	29
I was referred to A&E	51.2%	434
I was referred to another health care professional	6.6%	56
I was referred to organisations who support my condition	1.2%	10
Other (please specify):	26.1%	221
	answered	848
	skipped	440

221 (26% of respondents to this question) respondents provided further details with regards to the advice that they had received of these 25 stated that they didn't have anything else to add. Of the 196 that did have something to add many described how they had been referred / advised to attend A&E as their condition was;

An emergency that required urgent attention, this included head injury, stroke, DVT, appendicitis, lymphedema, seizures, chest pain and gallstones;

It was an injury that required diagnostic tests / treatment that weren't available elsewhere such as x-ray, ECG, MRI, scans, blood tests and stitches; or to attend if their condition deteriorated.

They received advice from;

- 111
- Paramedic
- School
- GP
- Work
- Local care direct
- Police
- Physio
- Family / friend / relative

Some respondents talked about how they had been unable to get an appointment with their GP, or if they had been offered an appointment they didn't want to wait as they were concerned about their condition or the appointment was at a time that wasn't convenient for them. A few people had received advice and or treatment but didn't feel that their condition was improving and wanted a second opinion.

Q3a Have you come to A&E today because of any of the following? (if yes please tick all that apply)

Answer Choice	Response Percent	Response Total
I could not get to see my GP	58.9%	300
I could not get to see a pharmacist	5.3%	27
I wanted a second opinion	35.8%	182
<i>answered</i>		509
<i>skipped</i>		779

If so please tell us more about your answer:

357 (70% of respondents to this question) provided more details to support their answer. Many described how they had been referred / advised to attend A&E as their condition;

- Required urgent attention, this included head injury, seizure, fall, severe pain, broken bones and chest pain;;
- Was an injury that required diagnostic tests / treatment that weren't available elsewhere such as x-ray, ECG, MRI and stitches; or
- To attend if their condition deteriorated.

They had been referred by;

- 111

- Paramedic
- School
- GP
- Work
- Local care direct
- Family / friend / relative
- Midwife
- Pharmacist
- Locala

Some respondents talked about how they had been unable to get an appointment with their GP. For those that had been offered an appointment they didn't want to wait as they were concerned about their condition and wanted to be seen quickly; or the appointment was at a time that wasn't convenient for them.

For some of the respondents their health condition had occurred in the evening or at the weekend and as such they had been unable to access their GP practice.

A few people had received advice and or treatment but didn't feel that their condition was improving and wanted a second opinion.

Q3b. Have you come to A&E today because of any of the following? (if yes please tick all that apply)

Answer Choice	Response Percent	Response Total
I was referred by an NHS healthcare professional	28.7%	313
My health concern started out of hours (after 8pm and before 8am)	14.9%	163
I did not know where else to go	14.9%	163
My health concern was getting worse	38.5%	420
My treatment was not working	9.9%	108
I wanted a second opinion	12.8%	140
I knew I would be seen straight away	9.7%	106
Other reason: please tell us more	18.6%	203
answered		1092
skipped		196

203 respondents provided details of other reasons as to why they had attended A&E. Many described how they had been referred / advised to attend A&E as their condition;

- Required urgent attention, this included allergic reaction, car accident, head injury, fall, broken bones and chest pain;
- Was an injury that required diagnostic tests / treatment that weren't available elsewhere such as x-ray, and stitches; or

- To attend if their condition deteriorated.

They had been referred by;

- 111
- Optician
- Police
- Paramedic
- School
- GP
- Work

Some respondents talked about how they had been unable to get an appointment with their GP. For some of the respondents their health condition had occurred in the evening or at the weekend and as such they had been unable to access their GP practice.

The responses for questions 3a and 3b were analysed further to establish if how they had responded to question 3a had any influence on how they responded to question 3b. The table below shows that many people who were unable to get an appointment felt that their health condition was getting worse; or they had been referred by an NHS healthcare professional.

Have you come to A&E today because of any of the following? (if yes please tick all that apply)						
Have you come to A&E today because of any of the following? (if yes please tick all that apply)		I could not get to see my GP	I could not get to see a pharmacist	I wanted a second opinion	If so please tell us more about your answer:	Row totals
	I was referred by an NHS healthcare professional	76	6	23	101	206
	My health concern started out of hours (after 8pm and before 8am)	54	10	28	56	148
	I did not know where else to go	58	6	18	47	129
	My health concern was getting worse	136	13	69	126	344
	My treatment was not working	35	4	32	44	115
	I wanted a second opinion	28	7	96	37	168
	I knew I would be seen straight away	27	1	25	30	83
	Other reason: please tell us more	29	4	14	72	119
	Column totals	443	51	305	513	1312

Q4. Why did you attend this particular A&E?

1024 respondents provided a response to this question. The majority of respondents stated that they had chosen the A&E as it was the closest one to where they lived, worked or studied. Or it was the nearest one to get to when they had their health concern.

Some described how they had been referred by their GP or 111 to attend. And some had chosen to travel further so they could attend their preferred A&E.

Some talked about how their health condition required them to be seen at A&E.

Q5. What does your current health concern relate to? (Please tick all that apply)

Answer Choice	Response Percent	Response Total
Respiratory: chest and breathing	13.7%	165
Cardiovascular: your heart	5.9%	71
Muscular skeletal: bones and joints	26.8%	323
Nervous system: stroke	1.5%	18
Long term condition: i.e. diabetes	1.6%	19
Gastro: Bowels and digestion	5.4%	65
Urinary	2.6%	31
Women's health including pregnancy	2.7%	33
Men's health	1.2%	15
Ear, nose and throat	6.5%	78
Condition following surgery	0.8%	10
Physical injury	27.0%	326
Sexual health	0.2%	2
Mental health	1.4%	17
Alcohol and substance	0.2%	3
Skin condition	3.5%	42
Wound and dressing	5.7%	69
Blood	3.1%	38
Other (please specify):	24.4%	294
	answered	1207
	skipped	81

294 (24.4% of respondents to the question) respondents provided further details of their health concern, these included;

- Abdominal pains
- Accident
- Allergic reaction

- Asthma
- Back pain
- Bartholin cyst
- Blurred vision
- Boils / cysts
- Broken bones – arm, toe, nose, cheek, ankle
- Bruising to - eye, head, elbow, hip
- Burn
- Car Accident
- Chest pain
- Concussion
- Dementia
- Dental – mouth ulcers, abscess
- Dizzy, fainting
- Dog bite
- Eating disorder
- Eye – loss of vision, infection, injury, detached retina, object in eye
- Fall
- Flu
- Gallstones
- Gout
- Haemorrhoids (loss of blood)
- Head injury
- Headaches
- Heavy bleeding
- High temperature
- Injury – hand, finger, leg
- Kidneys – failure, stones
- Mental health concern
- Nausea
- Needle stick injury
- Pain in – knee, leg, neck, shoulder, arm, lower back, ribs
- Panic attack
- Paracetamol overdose
- Rash
- Seizure
- Short of breath
- Sickness and diarrhoea
- Spinal disc dislocation
- Stroke
- Sudden loss of memory
- Urinary infection
- Varicose veins

- Whiplash

**Q6. Thinking about your visit to A&E what is the outcome you would like to see?
(Please tick all that apply)**

Answer Choice	Response Percent	Response Total
X ray	35.4%	424
Advice	34.5%	414
Treatment	58.8%	705
Medication	23.7%	284
To get re-assurance	24.7%	296
Hospital admission	1.8%	22
Diagnostic test	9.4%	113
Diagnosis	24.0%	288
To see a specialist	10.3%	124
To get support to self-care	4.7%	56
Other (please specify):	8.2%	98
answered		1199
skipped		89

98 respondents provided further details. People want to be able to access the appropriate diagnostic tests such as blood tests, CT scan, ECG, MRI scan, and x-ray. To support them in being provided with a diagnosis of their condition so they can be provided with the appropriate advice and treatment / medication.

Improving services

Q7a. Is there anything that would have prevented you from attending A&E on this occasion?

Answer Choice	Response Percent	Response Total
Yes	15.8%	187
No	71.5%	847
Don't Know	12.7%	151
answered		1185
skipped		103

Q7b. If you answered yes please tell us more

195 respondents provided a response to this question. The majority of those that responded stated that if they had been able to access a GP appointment at a time that was convenient to them they may have not attended A&E. Suggestions were made to be

able to access GP appointments early morning, evenings and weekends but they wanted to be able to access these appointments the same day.

Respondents also suggested if GP practices were able to undertake diagnostic testing such as blood tests, x-rays, scans and treat minor injuries this would reduce the need for people to attend A&E. Some suggested having a minor injuries unit or a 24 hour walk-in centre.

And some felt that the only thing that would have prevented them from attending was not having the health concern in the first place, or not being referred to attend by a health professional.

7.2 Follow-up survey

The follow-up survey was carried out a few weeks later by Community Assets (Community Voices and Engagement Champions) who made contact with those people that had expressed interest in taking part in the follow-up survey. Contact was made by phone with the 608 (47% of all respondents) people that had indicated that they would be interested in taking part; of the 608 when contacted 180 people chose to take part (29% of those that had expressed an interest, and 14% of all respondents).

Q1. Did you get the outcome you wanted from your visit to A&E?

Answer Choice	Response Percent	Response Total
Yes	87.8%	158
No	11.1%	20
Don't Know	1.1%	2
<i>answered</i>		180
<i>skipped</i>		1108

Q2a. Following your visit to A&E do you think you would still attend A&E with a similar health concern?

Answer Choice	Response Percent	Response Total
Yes	91.1%	163
No	7.3%	13
Don't Know	1.7%	3
<i>answered</i>		179
<i>skipped</i>		1109

Q2b. If No or don't know, where else might you go?

20 respondents provided a response to this question. Of these, some had to be referred to a specialist to receive the appropriate treatment for their condition. Some hadn't been happy with the care that they had received when they had attended A&E, and didn't feel that their condition had been diagnosed / treated correctly. One respondent said they would have gone to their GP.

Q2b. If Yes, please tell us more about your answer?

162 respondents provided a response to this question. Nearly all of the responses describe the health condition that they had these included;

- Asthma attack
- Bleeding heavily
- Broken bones including ankle, ribs, foot, wrist, toe and jaw
- Burns

- Car crash
- Cellulitis
- Chest pains
- Concussion
- Fall
- High and low blood pressure
- Injury to foot, eye, wrist, hand, fingers, leg, back and head
- Infection in ear, finger
- Ligament damage
- Panic attack
- Rash
- Stomach pain
- Stroke
- Temperature
- Urine infection
- Water retention

A couple of respondents mentioned that the A&E was close to their home and as such was convenient. A few described how they had been unable to get an appointment with their GP, and one respondent mentioned that they wouldn't know where else to go.

Q3. Is there anything you think you could have done to get advice before you came to A&E?

177 respondents provided a response to this question. Of those, 62 (35% of respondents to this question) respondents didn't feel that there was anything that they could have done. The majority of the remaining 115 respondents described how they had sought and followed the advice they had been given by their GP, 111, 999, pharmacist and paramedic, which was to go to A&E.

Some mentioned that they had been unable to access their GP practice as it was out of hours so didn't feel they had any choice.

Of those few that mentioned possible alternatives that they could have used mention was made of calling 111, and waiting for an appointment at their GP practice.

Q4. On this occasion why did you choose not to use this advice before attending A&E?

59 respondents provided a response to this question. Most responded to this question stating that they had followed the advice that they had been given. The rest hadn't been able to access any advice as their GP practice was closed or they were unable to get an appointment. And some didn't seek any advice as they felt that their condition required a visit to A&E.

Q5. Did you receive the pain relief you needed whilst in the A&E Department?

Answer Choice	Response Percent	Response Total
Yes definitely	52.9%	92
Yes to some extent	2.3%	4
Not as much as I would have liked	2.3%	4
No	42.0%	73
Don't know	0.6%	1
answered		174
skipped		1114

42% of respondents to this question chose 'no' as their response to this question, however it is not possible to say if they needed pain relief and had not received it, or if they did not need pain relief.

Q6. Were you updated regularly by the health care professional who saw you on what was happening with your care?

Answer Choice	Response Percent	Response Total
Yes definitely	80.1%	141
Yes to some extent	5.7%	10
Not as much as I would have liked	3.4%	6
No	10.2%	18
Don't know	0.6%	1
answered		176
skipped		1112

Q7. What would have improved your experience of A&E Department?

176 respondents provided a response to this question. Of these, 81 (46% of respondents to this question) respondents felt that nothing could have improved their experience, with many describing their experience as very good or excellent.

Of the remaining 95 respondents, the main suggestions on how to improve their experience of A&E were;

- Many described long waits to be seen; to receive their test results; and to be discharged. If the waiting times for each of these had been shorted this would have improved their experience. They also wanted staff to keep them informed of expected waiting times
- Some people weren't happy with the facilities available in A&E in terms of availability of drinks; and the number and comfort of the chairs

- Some felt that staff seemed rushed which impacted on the quality of the care provided, and felt more staff would improve this

Q8. Is there anything you feel the A&E Department team could have done better?

171 respondents provided a response to this question. Of these, 150 (87.7% of respondents to this question) didn't feel that there was anything that the A&E Department team could have done better and spoke highly of the care that they received. Of the remaining 21 respondents the main suggestions made were;

- Reduce waiting times
- Improve triage to ensure that people receive the appropriate care
- Keep people updated on what is happening with their care
- Improve handovers

Q9. Is there any other comment you would like to make?

167 respondents provided a response to this question. Of these, 85 (50.9% of respondents this question) didn't have any other comments they would like to make. The majority of the remaining 82 respondents commented positively about their experience, praising the staff for the care they provided. Some made suggestions on how the service could be improved this included;

- Reduce waiting times
- Some felt that staff seemed rushed which impacted on the waiting times and the quality of the care provided, and felt more staff would improve this

A few respondents also commented that they wanted to retain A&E services in both Calderdale and Huddersfield.

8.0 Summary of key themes from existing data and the engagement

The views expressed in this piece of engagement support the views raised in previous engagement exercises across West Yorkshire and Harrogate in relation to urgent care services. The key themes from existing data and the engagement were as follows:

Reasons for attending A&E

- People often report that they have sought advice from a health professional prior to attending A&E, and that they have been advised to attend A&E. Either because they have a health condition that needs to be dealt with urgently; that A&E is the best place to receive the care that they require; or they have been advised to attend if their condition doesn't improve.
- Many people attend as they have been unable to get an appointment with their GP, or if they have been offered an appointment they don't want to wait as they are concerned about their condition and want to be seen quickly; or the appointment is at a time that isn't convenient for them. And for some people their health condition has occurred in the evening or at the weekend and as such they have been unable to access their GP practice.
- A few people attend A&E as they are not happy with the advice and or treatment they have received and want a second opinion.
- Some people don't seek advice as they feel that A&E is the right place for their condition.
- Those people that attend A&E at the evening and weekends often aren't aware of where else they could seek medical advice and support.

Quality of service in A&E

- People report high levels of satisfaction with the service they receive in A&E and praise staff for their quality of care. Although some felt that staff seemed rushed which impacted on the waiting times and the quality of the care provided, and felt more staff would improve this.
- Many described long waits to be seen; to receive their test results; and to be discharged. If the waiting times for each of these had been shortened this would have improved their experience. They also wanted staff to keep them informed of expected waiting times.
- When asked what they expect out of their visit to A&E, people report that they want to be able to access the appropriate diagnostic tests to support them in being provided with a diagnosis of their condition so they can be provided with the appropriate advice and treatment / medication.
- Seating provided in waiting areas was described by some as being uncomfortable.

Alternatives to A&E

- Many people report that if they had been able to access a GP appointment at a time that was convenient to them they may have not attended A&E. Suggestions were made to be able to access GP appointments early morning, evenings and weekends but they want to be able to access these appointments the same day.

- People have also suggested if GP practices were able to undertake diagnostic testing such as blood tests, x-rays, scans and treat minor injuries this would reduce the need for people to attend A&E. Some suggested having a minor injuries unit or a 24 hour walk-in centre.

In previous engagement activity about alternatives to A&E people have told us that;

- A&E offers the 24/7 access people want and there is support for this to be developed further to include an out of hours primary care service / urgent care service that is co-located with A&E. Through the co-location of urgent care services on one site, patients can be triaged appropriately to the necessary emergency or urgent care service. It would relieve the pressure in the A&E departments and give people faster access to more effective treatment.
- People want all services located in one area, so should their condition deteriorate and they require emergency care they are already in the right place and do not need to be transferred to another location. They also didn't want to be arriving at A&E to then be told their condition was not an emergency and that they should travel to another location to receive urgent care.
- A significant proportion of people that had used a walk-in centre would have attended A&E if the walk-in centre had not been available. Many patients valued the provision of treatment outside of A&E departments, in minor injury units or walk-in centres. These were often popular because they were seen to avoid long waits, although sometimes led to frustration if the service was unable to deal with the presenting condition
- Many felt that there would need to be a communications campaign to ensure people were aware of the services available, when and how to use them. This should include educating the public on the various staffing roles within the treatment centre, and to reassure people that they are staffed with the appropriate skill mix.
- The main concerns raised related to how people access the centre that don't have access to a car, especially out of core hours when public transport is not available. Particular mention was made about the financial impact on having to use a taxi, especially for people in deprived communities and wheelchair users.
- There was also some concern that people could choose to attend the urgent treatment centre rather than trying to obtain a GP appointment, and how would this impact on GP services locally.

9.0 Equality

There were 1288 respondents to the engagement exercise “A Day in the Life of A & E”. The respondents to the survey have been compared to local population data, sourced from the 2011 Census. Areas of underrepresentation or overrepresentation where possible are highlighted. Not all respondents completed the equality monitoring form attached to the survey and some were partially completed.

9.1 Protected characteristics

Deprivation

- 272 respondents (25% of all respondents to this survey) stated they were in receipt of one of the following benefits or lived with someone who was: Universal Credit, Housing Benefit, Income Support, Pension Credit – Guarantee Credit Element, Child Tax Credit, Incapacity Benefit/Employment Support Allowance, Jobseekers Allowance, Free School Meals, Working Tax Credit, Council Tax Benefit, Disability Living Allowance/Personal Independence Payment.
- Of the respondents who declared they have a disability, 56% (23 respondents) were in receipt of benefits or living with someone who is. In addition, 36% of respondents (39) with a long term health condition, impairment or illness were in receipt or living with someone who is.
- Of the 21 Pakistani respondents to this question, 21 (55%) were in receipt of benefits.
- 37% of the parents or carers of under 16s who responded to the questionnaire live in households that are in receipt of benefits.
- Only 7 carers responded to this question, but of the 7, 4 (57%) were in receipt of benefits or lived with someone who was.

Postcodes

Over half of the respondents to the survey did not state which hospital they attended. Of the remaining 544 who responded, the 278 who attended Huddersfield were predominantly from the following postcodes:

- HD1 postcode area covering Huddersfield Town Centre, Hillhouse, Lockwood, Marsh and Paddock.
- HD2 postcode area covering Birkby, Brackenhall, Bradley, Deighton, Fartown, Fixby, Sheepridge.
- HD3 postcode area covering Lindley, Milnsbridge, Oakes, Outlane, Paddock, Salendine Nook, Scammonden
- HD4 postcode area covering Berry Brow, Crosland Moor, Farnley Tyas, Netherton, Newsome, Lowerhouses, Stocksmoor
- HD5 postcode area covering Almondbury, Dalton, Kirkheaton, Moldgreen, Waterloo
- HD9 postcode area covering Meltham and Holmfirth, as well as Honley, Thongsbridge, Holmbridge, Scholes, and Brockholes

The 266 respondents who attended Calderdale were predominantly from the following postcodes:

- HX1 postcode area covering Halifax Town Centre and Savile Park
- HX2 postcode area covering Illingworth, Highroad Well, Luddenden and Luddenden Foot, Midgley, Mixenden, Mount Tabor, Norton Tower, Ogden, Wainstalls and Warley Town
- HX3 postcode area covering Boothtown, Hipperholme, Lightcliffe, Norwood Green, Northowram, Ovenden, Shelf, Skircoat Green and Southowram
- HX4 postcode area covering Barkisland, Greetland, Holywell Green, Sowood, Stainland and West Vale
- HX6 postcode area covering Norland, Ripponden, Rishworth, Sowerby and Sowerby Bridge
- BD13 postcode area covering Cullingworth, Clayton Heights, Denholme, Queensbury, Thornton and School Green.

Respondents Attending Calderdale by Postcodes	
HX1	27.1%
HX2	18.4%
HX3	21.1%
HX4	7.1%
HX5	4.1%
HX6	5.6%
HX7	3.8%
HX8	2.3%
BD4	0.8%
BD5	0.4%
BD6	2.3%
BD7	1.5%
BD8	0.4%
BD12	1.5%
BD13	4.5%
BD17	0.4%
BD19	1.5%

Respondents Attending Huddersfield by Postcodes	
HD1	10.4%
HD2	26.6%
HD3	14.0%
HD4	12.9%
HD5	13.3%
HD6	5.4%
HD8	5.8%
HD9	9.4%
HD21	0.3%

Respondents Attending Huddersfield by Postcodes	
WF6	0.3%
WF10	0.3%
WF13	0.3%
WF16	0.3%

Respondents

The aim of the engagement activity was to find out why people were attending A &E and what support they needed, and to understand whether people could have received help from another healthcare professional or whether service improvements are required to healthcare services. The questionnaire was designed to help understand what support people could or should receive in the local community to reduce visits to A&E.

Approximately 60% of the respondents were patients, with another 22% being parents of a patient, 11% being a family member or friend, 1% being paid carers and 1% being a patient advocate or support worker. 7% of respondents gave a response of “other”.

Gender

Men are often underrepresented in engagement and consultation activity; however, they make up 47% of the respondents to this questionnaire, and their views are well represented and heard in terms of the feedback to the exercise.

Gender	Kirklees Population %	Calderdale Population %	Kirklees Response %	Calderdale Response %	Kirklees Response Total	Calderdale Response Total
Female	50.4%	50.9%	50.2%	52.3%	251	239
Male	49.6%	49.1%	49.4%	47.7%	251	239

Age

A total of 1083 respondents answered this question. People aged 60 and over are under-represented by the survey, particularly in the age group 60-64 and 65-74. Under 16s are also under-represented by the survey.

Age Group	Calderdale CCG Population % (2011)	Greater Huddersfield CCG Population % (2011)	Survey	
			No.	%
Under 16	19.7%	19.1%	182	16.8%
16-24	10.5%	12.3%	159	14.7%
25-44	26.5%	26.6%	378	34.9%
45-59	20.8%	19.9%	202	18.7%
60-64	6.5%	6.3%	36	3.3%
65-74	8.6%	8.5%	63	5.8%
75-84	5.2%	5.2%	45	4.2%

Age Group	Calderdale CCG Population % (2011)	Greater Huddersfield CCG Population % (2011)	Survey	
			No.	%
85-89	1.4%	1.3%	12	1.1%
90 and over	0.7%	0.7%	6	0.6%

Religion

A total of 1091 responses were received to this question. Christians were under-represented by the questionnaire although given the number of responses received from this group, their views are still well represented.

Religion	Calderdale Population % 2011	South Kirklees Population % 2011	Survey	
			No.	%
Buddhism	0.3%	0.25%	1	0.1%
Christianity	56.3%	54.92%	397	36.4%
Hinduism	0.3%	0.40%	3	0.3%
Islam	7.3%	8.81%	127	11.6%
Sikhism	0.2%	1.18%	11	1.0%
No religion	28.1%	27.10%	491	45.0%
Prefer not to say			33	3.0%
Other	7.4%	0.35%	28	2.6%

Country of Birth

1,019 responses were received to this question.

Country	Response %	Response total
UK	91%	923
Pakistan	2.94%	30
Poland	0.98%	10
India	0.88%	9
Eire	0.59%	6
Germany	0.29%	3
Greece	0.29%	3
Jamaica	0.29%	3
Afghanistan	0.20%	2
Czech Republic	0.20%	2
Libya	0.20%	2
Zimbabwe	0.20%	2
Algeria	0.10%	1

Country	Response %	Response total
Australia	0.10%	1
Bulgaria	0.10%	1
China	0.10%	1
France	0.10%	1
Iran	0.10%	1
Italy	0.10%	1
Lithuania	0.10%	1
Malaysia	0.10%	1
Morocco	0.10%	1
New Zealand	0.10%	1
Philippines	0.10%	1
Portugal	0.10%	1
Russia	0.10%	1
Slovakia	0.10%	1
Spain	0.10%	1
Syria	0.10%	1
Trinidad and Tobago	0.10%	1
Yemen	0.10%	1

Ethnicity

A total of 490 respondents answered this question by hospital attended and ethnicity. The views of people of all ethnicities are well represented for Calderdale and also for Greater Huddersfield with the exception of the “Any Other White Background” group, where further work could be conducted in Greater Huddersfield.

Ethnic Group/ Background	Calderdale Pop'n	Calderdale Response %	GH Pop'n	GH Responses %	Calderdale Total	GH Total
Asian or Asian British						
Pakistani	6.8%	7.6%	7.4%	9.4%	18	24
Bangladeshi	0.3%	0.4%	0.2%	0%	1	0
Chinese	0.2%	0%	0.5%	0.8%	0	2
Indian	0.6%	0%	1.6%	1.6%	0	4
Any Other Asian Background	0.4%	0%	0.8%	0%	0	0
Black or Black British						
African	0.2%	0.9%	0.8%	1.2%	2	3
Caribbean	0.2%	3%	1.8%	3.1%	7	8
Any other Black/African/ Caribbean background	0.05%	0%	0.4%	0%	0	0
Mixed or Multiple Ethnic Groups						
White and	0.4%	0.9%	0.6%	1.2%	2	3

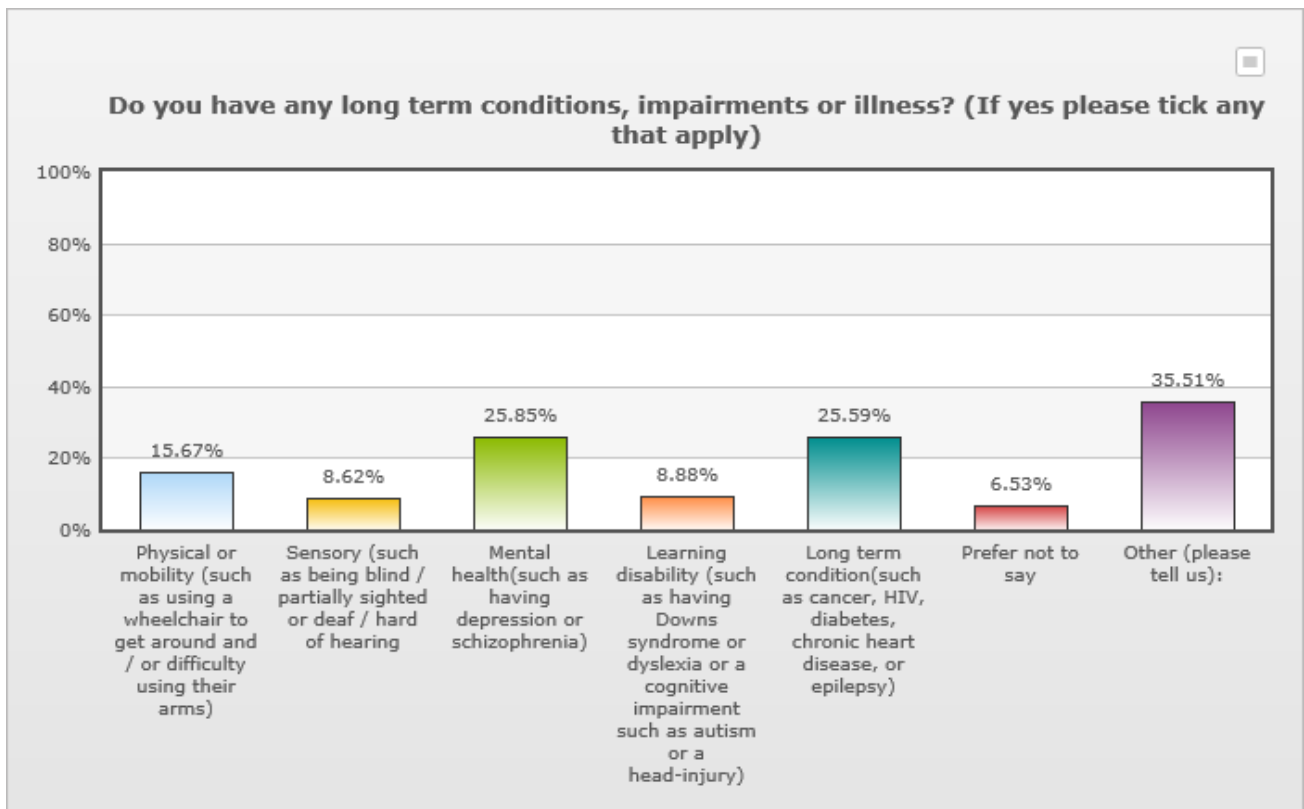
Ethnic Group/ Background	Calderdale Pop'n	Calderdale Response %	GH Pop'n	GH Responses %	Calderdale Total	GH Total
Asian						
White and Black African	0.1%	0.4%	0.2%	0.4%	1	1
White and Black Caribbean	0.5%	0.9%	2.2%	2%	2	5
Any other Mixed/Multiple ethnic background	0.3%	0.4%	0.4%	0.4%	1	1
White or White British						
English, Welsh, Scottish, Northern Irish, British	86.7%	80.1%	79.6%	70.9%	189	180
Irish	0.9%	0%	0.90%	1.2%	0	3
Gypsy or Irish Traveller	0.04%	0.4%	0.04%	0%	1	0
Any other White Background	2.1%	2.4%	2.1%	1.20%	6	3
Other						
Arab	0.05%	0%	0.4%	1.2%	0	3
Other ethnic background	0.2%	0%	0.9%	3.1%	0	8
Prefer not to say		2.4%		2.4%	6	6

Disability

There were 1160 responses to the questionnaire and overall, disabled people were slightly underrepresented in the survey, with 8% of responses received from people who stated they have a disability.

Disabled*	Calderdale Population %	Kirklees Population %	Survey	
			%	Response total
Yes			8.02%	93
Limited a lot	8.2%	8.9%		
Limited a little	9.7%			

However, when respondents were asked about long term conditions, impairments or illnesses, over 35% of respondents stated they have one of these.



Carers

Carers are slightly under-represented by the questionnaire in both Calderdale and Greater Huddersfield.

Adult Carers	GH Population %	Calderdale Population %	Survey	
			No	%
Yes	10.4%	10%	70	8.02

Pregnancy and Maternity

3.56% of respondents stated that they were pregnant or had given birth in the last six months.

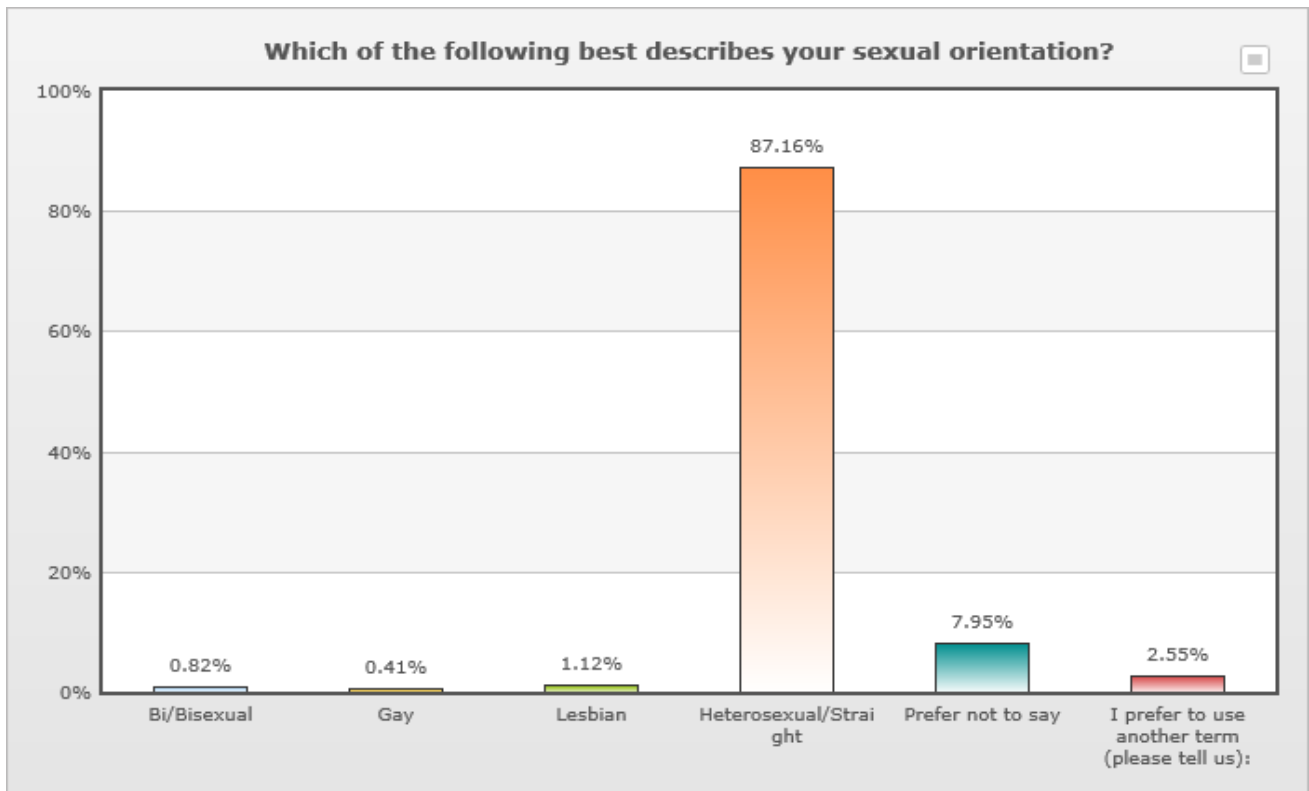
Answer Choice	Response %	Response Total
Yes	3.56	37

Lesbian, Gay, Bisexual and Transgender

Accurate data is currently not available for these groups, as it has not been part of the census collection. The Office for National Statistics (ONS) estimated that approximately 1.5% of the UK population are Gay, Lesbian or Bisexual in 2011-12.

Transgender and Trans are umbrella terms for people whose gender identity and/or gender expression differs from the sex they were assigned at birth. One study suggests that the number of Trans people in the UK could be around 65000 (Johnson, 2011) whilst

another notes that the number of gender variant people could be around 300,000 (GIRES, 2008).



2.3% of respondents stated they identified as gay, lesbian or bisexual with a further 8% of respondents stating they preferred not to say. A small number of respondents have identified as Trans. 4.4% of respondents have also stated they prefer not to say in answer to the following question in the survey, “Do you consider yourself to be a Trans person?”

A Stonewall report, “LGBT in Britain – Health” (2018) highlighted the following facts concerning healthcare provision in the UK:

- One in eight LGBT people (13 per cent) have experienced some form of unequal treatment from healthcare staff because they’re LGBT.
- Almost one in four LGBT people (23 per cent) have witnessed discriminatory or negative remarks against LGBT people by healthcare staff. In the last year alone, six per cent of LGBT people – including 20 per cent of trans people – have witnessed these remarks.
- One in twenty LGBT people (five per cent) have been pressured to access services to question or change their sexual orientation when accessing healthcare services.
- One in five LGBT people (19 per cent) aren’t out to any healthcare professional about their sexual orientation when seeking general medical care. This number rises to 40 per cent of bi men and 29 per cent of bi women.
- One in seven LGBT people (14 per cent) have avoided treatment for fear of discrimination because they’re LGBT.

9.2 Responses by equality groups

To demonstrate the difference in views by equality groups, each question has been analysed and where significant differences have emerged they are detailed.

Normally only those groups where there are sufficient respondents to be able to identify a trend are detailed. However, there were also respondents with direct experience of receiving the service e.g. have used the service or cared for someone who has used it. Analysis has also focussed on these groups as they are most impacted by change. For comparison, where appropriate, the analysis of all respondents is included.

A&E they attended

We were able to establish which A&E 544 respondents attended. 49% attended Calderdale Royal Hospital and 51% Huddersfield Royal Infirmary. Analysis of the postcodes of respondents demonstrated that people of all protected characteristics usually visited the nearest A&E department to their home.

Day of the week they attended A & E

These figures should be treated with caution given the number of respondents who answered this question.

- Out of all respondents to this question who gave their age, under 16s were the largest users of A & E. Saturday and Sunday saw the highest number of visits for this group, (16 and 17 visits respectively), making up 18.5% of all attendances, although attendance remained high throughout the week with the exception of Friday.
- In the 16-24 age group, attendances were markedly higher on Saturday (14 visits) with Tuesday (6 visits) and Wednesday (6 visits) seeing least attendances from this group. Young adults are big users of A&E. In 2016-17, 18- to 29-year-olds made 3.9 million visits to accident and emergency units in England, representing 20% of all visits - this is despite representing just 16% of the population as a whole.
- In the 25-34 age group, attendances were markedly higher on Monday with 21 visits to A&E with Saturday the lowest with 7 visits.
- Among young adults, this need for urgent care might reflect more active, sometimes chaotic, lifestyles, with high admissions due to sporting accidents, violence and alcohol-related incidents.
- No significant trends were seen in the other age groups.
- More women than men attended A & E on Saturday (44 visits to 31 visits respectively) though there were no significant differences during the rest of the week.
- Of the 70 carers who responded to the questionnaire, the dates when this group visited most frequently were Monday, making up 22% of carer visits (7 people) and Wednesday, making up 19% of carer visits (6 people).
- There were no significant differences in patterns of attendance between people of different ethnicities.

Time of day they attended A & E

- Significantly more women attended A&E between 8 am and 9.59 am than men, with 35 women attending between these hours (13.9% of all visits by women) compared with 20 visits by men (8.4%). Women also attended more often than men between the hours of 2.00pm and 3.59pm, with 41 visits from women compared to 25 from men. (16.3% of women visited between these times compared with 10.5% of men).
- Over half of under 16s (53.3%) attended between the hours of 4 and 9.59pm.
- In the 16-24 age group, the most frequent attendances (29% of all visits) were between 10 and 11.59am. This trend is repeated in the 25-34 age group, with 10am to 11.59am seeing more attendees (18.6%) than any other time of day, and in the 45-54 age group with 10am to 11.59am seeing 21.7% of all visits. It is again repeated in the 55-64 age group, with 21.1% of all attendances in this age group being between these times, and in the 65-74 age group with 40% of visits being between these times.
- 25% of carers (8) visited between 10 and 11.59 am and 28% (9) between 2 and 3.59 pm.
- No other significant trends were noted for other protected characteristics.

Main survey questions

What happened before you attended A & E and did you get the help you needed?

Please note the following analysis should be treated with caution as not all respondents answered all of the questions required to analyse the data by protected characteristic.

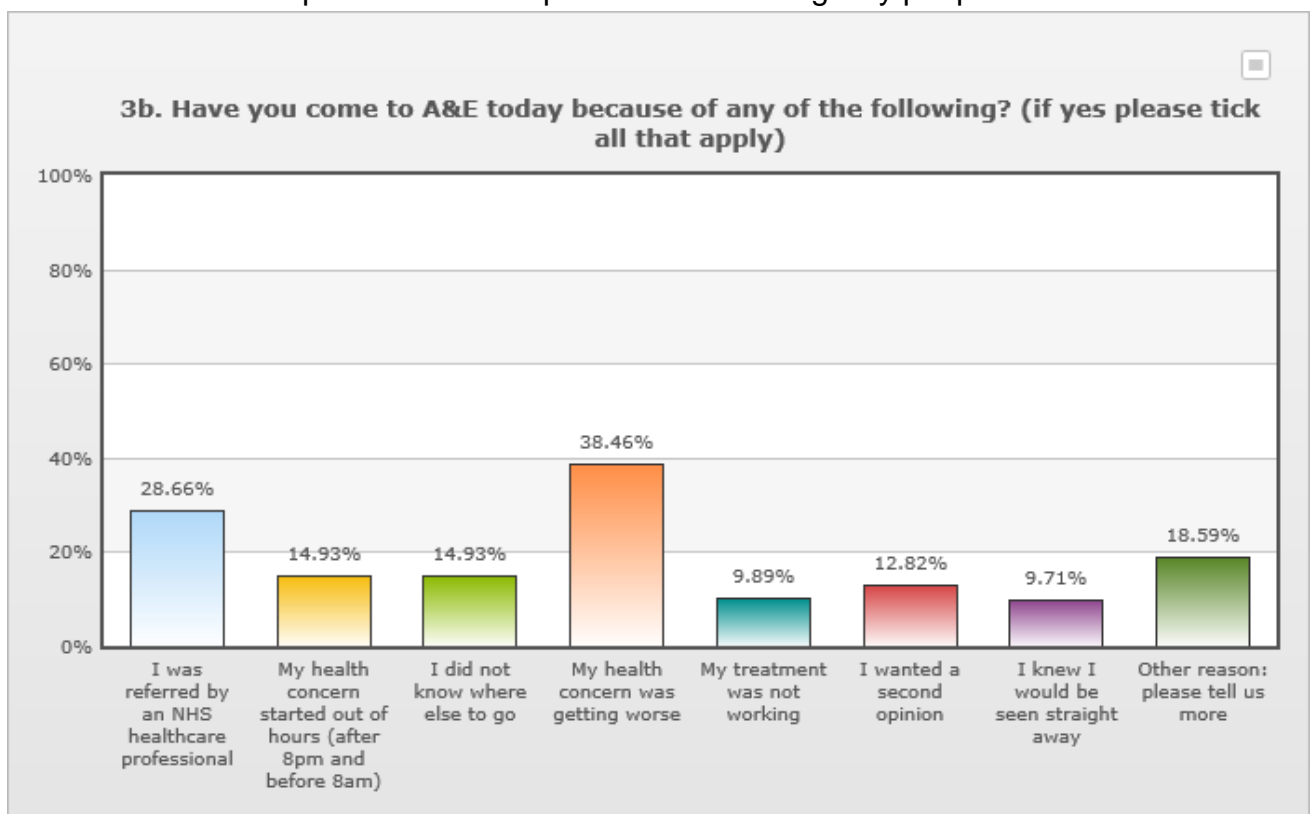
- In general, 44% of respondents (359) said that they had visited a GP before attending A & E, 74% of these visits in the previous 24 hours. 56% (266) of all respondents who visited the GP felt they received the help they required.
- 87% of under 16s had seen a GP in the previous 24 hours (20 children). 59% of this group felt they received the help they needed from the GP.
- In contrast only 50% of the 16-24 age group and 50% of the 25-34 age group had seen a GP in the previous 24 hours. Only 50% of the 16-24 age group felt they obtained the help they needed from the GP. 62% of the 25-34 age group felt they received the help they needed.
- 2013 statistics from NHS Scotland show that GP visits increase with age.
- In the 55-64 age group, 83% of those attending (15 people) had seen a GP in the previous 24 hours. 58% felt they obtained the help they needed from their GP.
- Attendances from other age groups were below the rate for the general population.
- 71% of people declaring a disability had seen a GP in the previous 24 hours and only 40% felt they had received the help they needed from them. 74% of people with a long term condition had seen a GP in the previous 24 hours and only 60% felt they obtained the help they required.
- At Huddersfield Royal Infirmary, only 43% of people of Pakistani origin had seen a doctor in the 24 hours prior to attending A & E. This is three out of seven patients, so

the figures should be treated with caution. However, for those Pakistani patients who saw a GP (14 people), 65% felt they received the help they needed.

- 68% of men (48) had seen a GP in the 24 hours prior to attending A & E. 54% of men (32) who had seen a GP in the 24 hours before attending A & E felt they received the help they required.
- 77% of women (64) saw a GP in the 24 hours prior to attending A & E. 60% of women (36) felt they received the help they required.
- 78% of carers and those they care for had attended their GP in the 24 hours prior to attending A & E (7) and 63% of this group said they got the help they needed from their GP.

Why have you come to A & E today?

There were 1092 respondents to the question determining why people attended A & E.



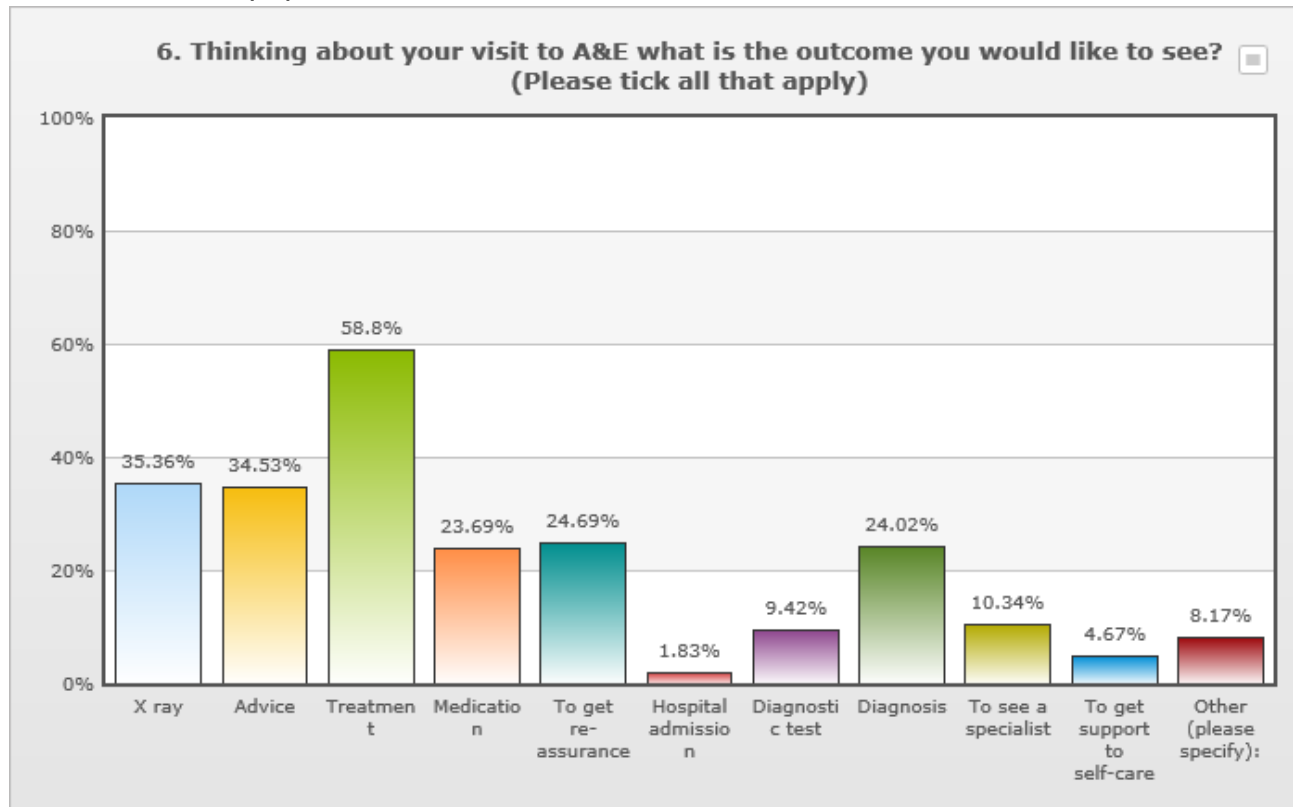
Responses from people with protected characteristics to this question followed the same trends as for the population as a whole.

Although the numbers are too low to be significant, it is interesting to note that four out of ten respondents to this question (40%) who are in the “White Other” group, said they attended A & E because they did not know where else to go. A 2014 study, http://www.cph.org.uk/wp-content/uploads/2014/11/Eastern-European-Health-Needs-Assessment_Final-Report.pdf showed that the majority of participants expressed frustration at not being able to access secondary or acute care without a referral from the GP. The GP themselves was seen as a barrier to access with participants feeling their GP was too powerful and sometimes obstructive. There was a lot of discussion about how this differed to the ease of access to services in their country of origin. There was a lack of

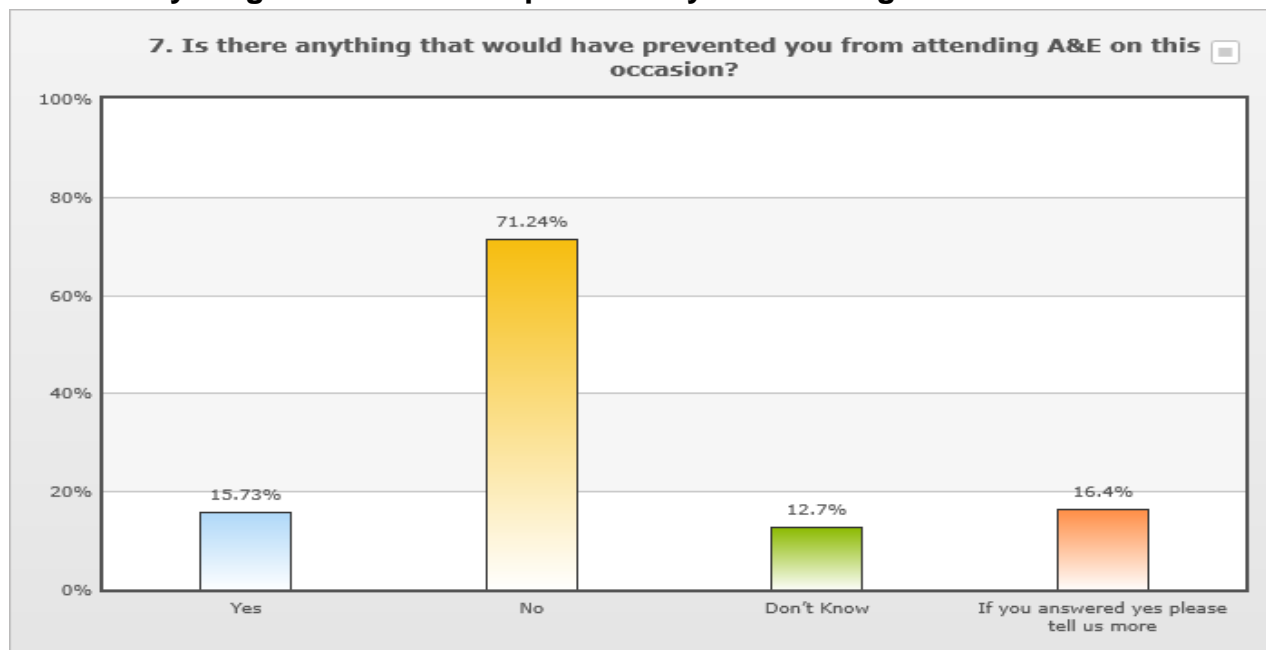
awareness which public health and prevention services could be accessed without GP referral.

Thinking about your visit to A&E what is the outcome you would like to see?

Responses from people with protected characteristics to this question followed the same trends as for the population as a whole.



Is there anything that would have prevented you attending A & E on this occasion?



- There were 1189 respondents to this question overall and nearly 16% said there was something that could have prevented them from A &E.
- 23.5% of Pakistani respondents (12 respondents) said there was something that could have prevented them from attending A & E. On analysing the responses from this group, access to a GP was the main solution to them not attending A & E.
- 20.6% of parents or carers of under 16s (22 respondents) said that they could have been prevented from attending A & E. The main solutions to avoiding A & E visits for this group were if they could have obtained a GP appointment or seen an out of hours GP.

Follow-up survey questions

Did you get the outcome you wanted from A &E?

These statistics should be treated with caution given the number of respondents who answered this question.

- 16% of respondents (8 people) who stated they had a long term health condition, impairment or illness said they did not receive the outcome they wanted from A & E and were less satisfied with the outcome of their visit than other groups.
- 25-34 year olds were also less satisfied than other age groups with the outcome they received from A & E with 20.8% of this age group, (5 people), saying they did not get the outcome they wanted.
- 11.5% of White British respondents (15 people) did not get the outcome they wanted from A & E. People of other ethnicities were generally more satisfied with the outcomes of their visits to A &E than White British respondents.

Following your visit to A&E do you think you would still attend A&E with a similar health concern?

These statistics should be treated with caution given the number of respondents who answered this question.

- 91% of all respondents stated they would still attend A & E with a similar health concern. The analysis of this question by protected characteristics did not show any significant variation in response from respondents as a whole, although in the 25-34 age group 4 out of 25 respondents (16%) stated that they would not attend in future with a similar health concern.
- 100% (8) of carers said they would attend A & E with a similar health concern.

Did you receive the pain relief you needed whilst in the A&E Department?

These statistics should be treated with caution given the number of respondents who answered this question.

- 42% of all respondents did not feel they had received the pain relief they needed whilst in A & E. 46.8% of White British respondents said they did not receive the pain relief

they needed, whilst respondents from other ethnicities did not report the same level of dissatisfaction with pain relief.

- 55.6% of women stated that they had not received the pain relief they needed, compared with 40% of men.
- 71.4% of respondents aged 75 and over stated they did not receive the pain relief they needed. 80% of the respondents (8 people) attended Huddersfield Royal Infirmary and 20% (2 people) attended Calderdale Royal Hospital.
- 50% of carers (4) answering this question on behalf of the patient said that they did not receive the correct pain relief. Three of these patients attended HRI and one attended CRH.

Were you updated regularly by the health care professional who saw you on what was happening with your care?

- 176 people responded to this question. 141 respondents (80.1%) said that they were definitely updated regularly by the health care professional who saw them. 18 respondents (10.2%) said they were not.
- The low level of responses overall to this question means that the following data should be treated with caution.
- Young people between the ages of 16-24 said they were not updated regularly, two at Calderdale Royal Hospital (33.3%) and one at Huddersfield Royal Infirmary (12.5%). A further 4 people aged between 25 and 34 also said they were not regularly updated at Huddersfield Royal Infirmary (33.3%) of this age group.
- 3 respondents between the ages of 75 and 84 also said they were not updated regularly at HRI (25% of their age group).
- 5 men attending HRI said they were not updated regularly (12.2% of all men attending HRI).
- No other significant trends were seen.

What would have improved your experience of the A & E department?

176 people responded to this question. 52.3% of respondents said their experience of A & E could not be improved whilst a further 21.5% stated that waiting times could be improved. The analysis of this question by protected characteristics did not show any significant variation in response from respondents as a whole.

Is there anything you feel the A & E department could have done better?

86.5% of respondents felt that there was nothing A & E could have done differently. A further 2.9% said waiting times could be improved. The analysis of this question by protected characteristics did not show any significant variation in response from respondents as a whole.

10.0 Conclusion

The engagement process has provided NHS Calderdale and Greater Huddersfield CCGs and Calderdale and Huddersfield NHS Foundation Trust with the views and suggestions of the public, to help understand why people attend A&E and what support people could or should receive in the local community to support a reduction in visits to A&E. The feedback gained will be used by the organisations to help develop services to meet the needs of the local population.

This report will be made publicly available and feedback provided to those respondents who have requested it. We would like to thank all respondents who have given their time to share their views and Community Assets who have supported the team in completing surveys with patients at both A&E departments.



A week of A&E Engagement Plan

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Appendices

Version control			
Version	Change	Title	Status/date
V1	Zubair Mayet	Engagement Manager	Draft 19/12/18
V2	Dawn Pearson	Senior Engagement Manager	Draft 21/12/18
V3	Zubair Mayet	Engagement Manager	Draft 21/12/18
V4	Helen Barker		Draft 27/12/18
V5	Zubair Mayet	Engagement Manager	Final 27/12/18

1.0 Introduction

The purpose of the engagement plan is to describe how Calderdale & Huddersfield NHS Foundation Trust and Calderdale & Greater Huddersfield CCG'S over a one week period can understand a 'week of A&E'.

By gathering views, people can tell us what else we need to do to ensure that we can support people in the local community rather than people having to travel to hospital. We want to understand if people could have received help from another professional or if any service improvements are required to urgent care services.

The plan describes how we will engage with the patients and any other identified stakeholders. The purpose of the plan is to provide information on the approach to engagement with patients and key stakeholders.

2.0 Background

The public of Calderdale and Greater Huddersfield are high users of A&E services with almost 30% of patients accessing the two departments reportedly appropriate to receive assessment and treatment in a non-hospital environment. Whilst alternatives to A&E have been provided and publicised there remains an imbalance of demand. The capacity of the 2 A&Es is a challenge, both were built to accommodate lower attendances than currently seen and there is a chronic staffing shortfall particularly for Medical staff but increasingly a pressure for nursing colleagues resulting in delays for patient access and reduced staff morale; the Friends and Family tests for patient and staff experience show low satisfaction levels.

As part of a wider piece of work across West Yorkshire and Harrogate the local Accident & Emergency Delivery Board have been commissioned to undertake a review of the reasons for attendance to A&E and then develop a facility and workforce model more appropriate to the needs to of the patients attending. Once completed this will provide a template for use across the Integrated care System to develop consistent urgent and emergency care models that are sensitive to local needs.

3.0 Legislation

The legislation we must work to when delivering any engagement is set out below.

Health and Social Care Act 2012

The Health and Social Care Act 2012 makes provision for Clinical Commissioning Groups (CCGs) to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners. It also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution – and to promote awareness of the NHS Constitution.

Specifically, CCGs must involve and consult patients and the public:

- in their planning of commissioning arrangements

- in the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
- In decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSCs) on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

The Equality Act 2010

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act - age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'Equality of Opportunity', and c) foster good relations. All public authorities have this duty so partners will need to be assured that "due regard" has been paid through the delivery of engagement and consultation activity and in the review as a whole.

The NHS Constitution

The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these rights is the right to be involved directly or through representatives:

- In the planning of healthcare services
- The development and consideration of proposals for changes in the way those services are provided, and
- In the decisions to be made affecting the operation of those services.

4.0 Principles for Engagement

NHS Greater Huddersfield and NHS Calderdale CCGs both have a 'Patient and Public Engagement and Experience Strategy'. The strategies have been developed alongside key stakeholders. Each strategy sets out an approach to engagement which describes what the public can expect from any engagement activity. The principles in the strategies state that the CCGs will;

- Ensure that the CCG engages with public, patients and carers early enough throughout any process
- Be inclusive in all engagement activity and consider the needs of the local population
- Ensure engagement is based on the right information and good communication so people feel fully informed
- Ensure that the CCG are transparent in their dealings with the public and discuss things openly and honestly
- Provide a platform for people to influence thinking and challenge decisions

- Ensure any engagement activity is proportionate to the issue and that feedback is provided to those who have been involved in that activity

The strategy sets out what the public can reasonably expect the CCGs to do as part of any engagement activity and the process required to preserve these principles to ensure public expectations are met

5.0 Aim and objectives of the engagement activity

The aim of the engagement activity will be to capture the views of patients attending the hospital A&E department. The engagement activity will help CHFT and the CCGs to understand what support people could or should receive in the local community to support a reduction in visits to A&E. The target audience for engagement will be:

- Patients of Calderdale & Huddersfield NHS Foundation Trust

The aim of the engagement is to initiate a genuine and meaningful process to ensure the hospital can reach, inform, communicate and engage patients of the hospital. In delivering this aim the objectives will be:

- To complete the engagement in a 1 week period over a 24/7 timescale.
- Up to 2 week after patients visit to A&E, a follow up questionnaire will be undertaken.
- To communicate clearly and simply the engagement using various formats and approaches.
- To provide an explanation of the reason for the engagement.
- To gather feedbacks using face to face contact, and paper surveys.
- To ensure we engage with those patients who represent protected groups, as defined by the Equality Act 2010, in a meaningful way, adapting materials and approaches for engagement as appropriate.
- To understand who is most likely to be impacted by utilising the equality analysis and ensure that these groups are particularly targeted.
- To analyse the feedback from the engagement process.
- To provide a report of findings on the engagement and ensure enough time is given to consider those findings.
- To provide clear and meaningful feedback to patients and key stakeholders on the findings of the engagement process.
- To ensure we can demonstrate that the views expressed have been considered as part of the decision making process to develop any options that may result in service change.

6.0 Engagement

Review of existing data

We will review any existing data gathered from service users over the previous three years about A&E services, this will include:

- PALS and complaints data
- Care Opinion and NHS Choices postings
- Friends and family test

- Any previous engagement activity

By using information we already hold, it ensures we are listening and considering the views of local people by mitigating the need to over consult on topics or services that we already have information on.

Using the engagement information we already hold and identify the key themes from all previous engagement. By doing this we can understand the service users' experience of current services.

Develop a questionnaire

We will provide the opportunity for patients to have their say on A&E services using a questionnaire. The questionnaire will be in available different formats on request.

To ensure we capture a representative sample of community views we will equality monitor all involvement activity. This will enable us to reach protected groups who may have different experiences of health and social care services, where we do not reach those protected groups we will specifically target involvement to reach them.

The engagement will be delivered over one week period commencing on Monday January 28th 2019. 1-2 weeks later a follow up questionnaire will be taken with patients that attended A&E.

Community Assets

Community assets will be deployed to ensure that we reach a wide and diverse population including those seldom heard. This will be face to face conversations **Community Voices** and **Engagement Champions** will attend A & E departments in both Calderdale & Huddersfield for 2 hours interview slots. The 2 hour slots will cover a 7 day period and 24 hour clock so we fill as many sessions as possible to create a full picture of activity. Assets who attend the sessions will be supported in this role by hospital staff whilst they interview patients and carers. A coding system for the survey will be used to maintain anonymity for patients.

With permission a short follow up survey will be conducted by clinicians a week after, to get views on their experience of A&E and identify appropriate next steps.

7.0 Communication

Current communication channels will be utilised to reach patients and stakeholders to distribute information and to raise awareness of how people can get involved.

Communications identified in this section will be used to support the development of the involvement tools identified in the action plan such as;

Audience	Method	Action by
Key stakeholders: Staff working in CCG's & hospital	Staff workshops, briefings and meetings Internal bulletins Staff intranets	CHFT
Patient's, third sector, key voluntary and community groups	Asset based approach All partners internet/websites Social media	CCG
Healthwatch	Email	CCG

8.0 Equality

To ensure the engagement process meets the requirements for equality the hospital will need to evidence that due regard has been paid to their equality duties in all the engagement activity. All surveys will be equality monitored routinely to assess the representativeness of the views gathered during the engagement process. Where it is not possible to gather such data, such as complaints and social media the interviewee will record any information provided.

The hospital will ensure that the engagement process targets protected groups and create accessible, other language and easy read copies of the engagement information and survey on request.

Once gathered the equality data captured during the engagement will be analysed. This analysis will be reported to highlight any under-representation of patients who we believe could be potentially affected by any change in services, and if this is demonstrated further work will be undertaken to address any gaps. Throughout the engagement a view will be taken to identify any underrepresentation where found, measures will be taken to address through the process.

Once complete the analysis will consider if any groups have responded significantly differently to the engagement or whether any trends have emerged which need to be addressed in the implementation stage. This data will be part of the evidence to support the equality impact assessment process.

9.0 Non pay budget required

Item	Estimated Cost
Engagement survey	TBC
Interpreters, translations Accessible formats – Language, large print, Braille and easy read	TBC
Posters in hospitals	TBC

Media and advertising	In house
Data input	TBC
Analysis	TBC
ESTIMATED total budget required	TBC

10.0 High level time line for the delivery of engagement

Colour coding:

Red delivered in 2 weeks / **Amber** 1 week's delivery/ **Green** delivered in 1-2 weeks

What	When by (TBC)
Sign of engagement plan and questionnaire	
Hospital to set up sessions	January 14 th to 28 th
Briefing to Engagement Champions'/Community Voices	January 23 rd 2019
Engagement Delivery 1 week	w/c January 28 th 2019 to February 4 th
Manage data input as returns	March 4 th to March 18 th 2019
Follow up surveys	w/c 11 th March to 25 th March 2019
Report templates to prepare	w/c April 1 st 2019
Provide a report of findings of the engagement process	w/c 15 th April 2019
Feedback to patients the outcome of engagement and next steps	May 2019

11.0 How the findings will be used

We will use the data gathered which will include the review of existing information and create a report of findings. The report will be shared with CHFT and the final engagement report will be made publically available and feedback provided to those respondents who have requested it.

Appendix B – Timetable of activity

A & E - HRI		AM Hours					PM Hours							
		0:00 - 2:00	02:00 - 4:00	4:00-6:00	06:00 - 8:00	08:00 - 10:00	10:00- 12:00	12:00- 14:00	14:00 - 16:00	16:00 - 18:00	18:00 - 20:00	20:00 - 22:00	22:00 - 24:00	
Dates	Mon	11th Feb					Zubair	Masoom Care & Zubair	Masoom Care	Masoom Care	PCAN	Moldgreen Methodist Church	Moldgreen Methodist Church	Masoom Care
	Tue	12th Feb	Moldgreen Methodist Church	Moldgreen Methodist Church	Locorum	Raabani	Ian Billcliffe	Malham CAG	Ian Billcliffe	Ian Billcliffe	PCAN	Moldgreen Methodist Church	Moldgreen Methodist Church	Masoom Care
	Wed	13th Feb	Raabani	Locorum	Oasis Care	Raabani	Masoom Care	Masoom Care	Raabani	Moldgreen Methodist Church	Moldgreen Methodist Church	Oasis Care	Moldgreen Methodist Church	Raabani
	Thu	14th Feb	Raabani	Locorum	Locorum	PCAN	Masoom Care	Masoom Care	PCAN	Moldgreen Methodist Church	Moldgreen Methodist Church	Oasis Care	Moldgreen Methodist Church	Moldgreen Methodist Church
	Fri	15th Feb	Raabani	Locorum	Oasis Care	Raabani	Moldgreen Methodist Church	Moldgreen Methodist Church	Masoom Care	Moldgreen Methodist Church	Moldgreen Methodist Church	Oasis Care	Masoom Care	Masoom Care
	Sat	16th Feb	Raabani	Locorum	Locorum	Moldgreen Methodist Church	Moldgreen Methodist Church	Oasis Care	Moldgreen Methodist Church	Moldgreen Methodist Church	Masoom Care	Masoom Care	Raabani	Masoom Care
	Sun	17th Feb	Raabani	Locorum	Oasis Care	Raabani	Masoom Care	Malham CAG	Masoom Care	Masoom Care	Oasis Care	Moldgreen Methodist Church	Moldgreen Methodist Church	Masoom Care

A & E - Cald Royal			AM Hours					PM Hours						
			0:00 - 2:00	02:00 - 4:00	4:00- 6:00	06:00 - 8:00	08:00 - 10:00	10:00- 12:00	12:00- 14:00	14:00 - 16:00	16:00 - 18:00	18:00 - 20:00	20:00 - 22:00	22:00 - 24:00
Dates	Mon	11th Feb					Alexis	Alexis	HLP	Project Colt		ACE	ACE	HLP
	Tue	12th Feb	Locorum	Locorum	Locorum	HLP	- Locorum	- Project Colt	Barnados	Barnados	Horton Housing	ACE	ACE	ACE
	Wed	13th Feb	Locorum	Locorum	Locorum	Locourm	Locorum	Project Colt	WAC	WAC	Dis Supp Cald	ACE	ACE	ACE
	Thu	14th Feb	Locorum	Locorum	Locorum	Locorum	Locorum	Project Colt	Project Colt	Project Colt	ACE	ACE	ACE	ACE
	Fri	15th Feb	Locorum	Locorum	Locorum	HLP	ACE	ACE	Project Colt	HLP	WAC	WAC	ACE	ACE
	Sat	16th Feb	Locorum	Locorum	Locorum	HLP	ACE	ACE	Dis Supp Cald	Dis Supp Cald	Project Colt	ACE	ACE	ACE
	Sun	17th Feb	Locorum	Locorum	Locorum	Locorum	ACE	ACE	WAC	WAC	ACE	ACE	Barnados	Barnados

Appendix C – Survey

We need your help to make sure everyone gets the service they

What is the questionnaire about?

We want to ask people who attend A&E why they are there and what support they need. We want to understand if people could have received help from another healthcare professional or if any service improvements are required to healthcare services. The questionnaire will us to understand what support people could or should receive in the local community to reduce visits to A&E.

What information do you need?

We want you to tell us about your current health concern, who you spoke to before attending A&E and when, and the advice or treatment you received.

We also want to understand what your health concern relates to and what outcome you would like from your contact with A&E.

By asking questions about your current condition we can understand if you could have been given support, advice or treatment from another health care professional or service.

Who wants this information?

NHS Calderdale and Greater Huddersfield Clinical Commissioning Groups (CCGs), who buy (commission) health care for local people, in partnership with Calderdale and Huddersfield Foundation Trust (CHFT) want to improve services for people.

By talking to people and gathering views people can tell us what else we need to do to ensure that we can support people in the local community rather than people having to travel to hospital.

About the questionnaire?

The questionnaire will be used for one week, covering as many days and times as possible. The survey is delivered by trained volunteers who are not health care professionals. The results of the questionnaire and our next steps will be available on both Calderdale CCG and Greater Huddersfield CCG website in Spring 2019.

1. About the person attending A&E?

1a. Please tell us the first part of the patients postcode e.g. HD2, HX1

1b. Are you completing this form as (tick all that apply)

A patient	
A paid carer	
An unpaid carer	
A parent	
A family member/friend	
A patient advocate or support worker	
Other (please tell us)	

2. What happened before you attended A&E

2a. Before you attended A&E did you seek medical advice from anyone? (please tick all that apply). If your answer is No – please move to question 3.

	T i c k h	When did you make contact				Did you get the help you needed?		Anything else you want to tell us?
		In the last 24 hours	2-3 days	4-7 da	Other please state	Yes	No	
GP practice								
111								
Pharmacist								
Dentist								
A clinic								
A district or specialist nurse								
A walk in centre								
Friend/relative/family member								
School								
Other (please tell us)								

2b. If you answered yes on 2a, what advice did you receive about your current health concern? (Please tick all that apply)

I did not receive any advice before attending A&E	
I was given advice to self-care e.g. buy over the counter medication, rest	
I was prescribed medication	
I was referred to see a consultant	
I was referred to A&E	
I was referred to another health care professional	
I was referred to organisations who support my condition	
Other: please tell us more	

3a. Have you come to A&E today because of any of the following? (if yes please tick all that apply)

I could not get to see my GP	
I could not get to see a pharmacist	
I wanted a second opinion	
If so please tell us more about your answer:	

3b. Have you come to A&E today because of any of the following? (if yes please tick all that apply)

I was referred by an NHS healthcare professional	
My health concern started out of hours (after 8pm and before 8am)	
I did not know where else to go	
My health concern was getting worse	
My treatment was not working	
I wanted a second opinion	
I knew I would be seen straight away	
Other reason: please tell us more	

4. Why did you attend this particular A&E?

--

5. What does your current health concern relate to? (Please tick all that apply)

Respiratory: chest and breathing		Ear, nose and throat	
Cardiovascular: your heart		Condition following surgery	
Muscular skeletal: bones and joints		Physical injury	
Nervous system: stroke		Sexual health	
Long term condition: i.e. diabetes		Mental health	
Gastro: Bowels and digestion		Alcohol and substance	
Urinary		Skin condition	
Women's health including pregnancy		Wound and dressing	
Men's health		Blood	
Other: please tell us more			

6. Thinking about your visit to A&E what is the outcome you would like to see?
(Please tick all that apply)

X ray	<input type="checkbox"/>	Hospital admission	<input type="checkbox"/>
Advice	<input type="checkbox"/>	Diagnostic test	<input type="checkbox"/>
Treatment	<input type="checkbox"/>	Diagnosis	<input type="checkbox"/>
Medication	<input type="checkbox"/>	To see a specialist	<input type="checkbox"/>
To get re-assurance	<input type="checkbox"/>	To get support to self-care	<input type="checkbox"/>
Other: please tell us more			

3. Improving services

7a. Is there anything that would have prevented you from attending A&E on this occasion?

Yes No Don't Know

7b. If you answered yes please tell us more

4. Consent

We would like to contact you in 7-10 days to do a follow up survey. The survey will only take 10 minutes of your time and we will contact you by telephone. The person who contacts you will not be a healthcare professional but a volunteer. Any information gathered will remain confidential. We respect your privacy and will only use your name and telephone number in accordance with the Data Protection Act 2018. Your personal information will not be used for any other purpose.

I would like to consent to completing a follow up survey	
Yes <input type="checkbox"/>	No <input type="checkbox"/> if yes signed by Date.....

Equality monitoring form

In order to make sure we provide the right services and make sure we avoid discriminating against any groups in our community, it is important for us to ask you the following information. No personal information will be released when reporting statistical data and your data will be protected and stored securely in line with data protection rules. This information will be kept confidential. Please try to answer all the questions. If you would like help to complete this form or would like a form in a different format please email: ccg.feedback@calderdaleccg.nhs.uk or contact 01422 307400. If you would like to know how we use this data please visit our privacy notice – <https://www.calderdaleccg.nhs.uk/download/privacy-notice/>

<p>1. Who is this form about?</p> <p>Me</p> <p>Someone else – using their information</p> <p>2. What is the first part of your postcode?</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 20%;">Example</td> <td>WF17</td> </tr> <tr> <td>Yours</td> <td></td> </tr> </table> <p><input type="checkbox"/> Prefer not to say</p> <p>3. What sex are you?</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p><input type="checkbox"/> Prefer not to say</p> <p>4. How old are you?</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 20%;">Example</td> <td>42</td> </tr> <tr> <td>Yours</td> <td></td> </tr> </table> <p><input type="checkbox"/> Prefer not to say</p> <p>5. Which country were you born in?</p> <table border="1" style="width: 100%;"> <tr> <td style="height: 20px;"></td> </tr> </table> <p><input type="checkbox"/> Prefer not to say</p> <p>6. Do you belong to any religion?</p> <p><input type="checkbox"/> Buddhism</p> <p><input type="checkbox"/> Christianity</p> <p><input type="checkbox"/> Hinduism</p> <p><input type="checkbox"/> Islam</p> <p><input type="checkbox"/> Judaism</p> <p><input type="checkbox"/> Sikhism</p> <p><input type="checkbox"/> No religion</p> <p><input type="checkbox"/> Other (Please specify in the box below)</p>	Example	WF17	Yours		Example	42	Yours			<p>7. What is your ethnic group?</p> <p>Asian or Asian British:</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Other Asian background (please specify)</p> <table border="1" style="width: 100%;"> <tr> <td style="height: 20px;"></td> </tr> </table> <p>Black or Black British:</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Other Black background (please specify)</p> <table border="1" style="width: 100%;"> <tr> <td style="height: 20px;"></td> </tr> </table> <p>Mixed or multiple ethnic groups:</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Other mixed background (please specify)</p> <table border="1" style="width: 100%;"> <tr> <td style="height: 20px;"></td> </tr> </table> <p>White:</p> <p><input type="checkbox"/> English/Welsh/Scottish/Northern Irish/British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Gypsy or Irish Traveller</p> <p><input type="checkbox"/> Other White background (please specify)</p> <table border="1" style="width: 100%;"> <tr> <td style="height: 20px;"></td> </tr> </table> <p>Other ethnic groups:</p> <p><input type="checkbox"/> Arab</p> <p><input type="checkbox"/> Any other ethnic group (please specify)</p> <table border="1" style="width: 100%;"> <tr> <td style="height: 20px;"></td> </tr> </table> <p><input type="checkbox"/> Prefer not to say</p>					
Example	WF17														
Yours															
Example	42														
Yours															

<p>8. Are you disabled?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Prefer not to say</p> <p>9. Do you have any long term conditions, impairments or illness? Please tick all that apply</p> <p><input type="checkbox"/> Physical or mobility impairment (such as using a wheelchair to get around and / or difficulty using their arms)</p> <p><input type="checkbox"/> Sensory impairment (such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)</p> <p><input type="checkbox"/> Mental health condition (such as depression or schizophrenia)</p> <p><input type="checkbox"/> Learning disability (such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)</p> <p><input type="checkbox"/> Long term condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)</p> <p><input type="checkbox"/> Prefer not to say</p> <p>10. Are you a carer? (Do you provide unpaid care/support to someone who is older, disabled or has a long term condition)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Prefer not to say</p> <p>11. Please select the option that best describes your sexual orientation?</p> <p><input type="checkbox"/> Bisexual (both sexes)</p> <p><input type="checkbox"/> Gay (same sex)</p> <p><input type="checkbox"/> Heterosexual/straight (opposite sex)</p> <p><input type="checkbox"/> Lesbian (same sex)</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Prefer not to say</p>	<p>12. Do you/or anyone you live with get any of these types of benefits? **</p> <p>Universal Credit, Housing Benefit, Income Support, Pension Credit – Guarantee Credit Element, Child Tax Credit, Incapacity Benefit/Employment Support Allowance, Free School Meals, Working Tax Credit, Council Tax Benefit</p> <p><input type="checkbox"/> Yes No Prefer not to say</p> <p>**We are asking this question to help us understand if being on a lower income affects experiences of services or health.</p> <p>13. Are you pregnant or have you given birth in the last 6 months?</p> <p><input type="checkbox"/> Yes No Prefer not to say</p> <p>14. Are you a parent/primary carer of a child or children, if yes, how old are they?</p> <p>(Tick all that apply)</p> <p><input type="checkbox"/> 0-4 5-9 10-14 15–19</p> <p><input type="checkbox"/> Prefer not to say</p> <p>Thank you for taking the time to complete this form</p>
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Appendix D - Follow up survey

Follow up to A&E Questionnaire

Hello I am contacting you following your recent visit to A&E when you completed a survey. I am just wondering whether now is a good time to do the follow up survey you said you would do? The survey should take no more than 10 minutes and you can pass on any questions you do not want to answer. Are you happy to continue?

If yes – Just to let you know I am a volunteer and not a health care professional so I won't be able to give any advice or guidance. Any response you give will be treated as confidential. Are you happy to proceed?

If no – is there a more convenient time someone can call you back? If no then thank the person for their time.

1. Did you get the outcome you wanted from your visit to A&E?

Yes No Don't Know

2a. Following your visit to A&E do you think you would still attend A&E with a similar health concern?

Yes No Don't Know

2b. If No or don't know, where else might you go?

2b. If Yes, please tell us more about your answer?

3. Is there anything you think you could have done to get advice before you came to A&E?

4. On this occasion why did you choose not use this advice before attending A&E?

5. Did you receive the pain relief you needed whilst in the A&E Department?

Yes definitely Yes to some extent Not as much as I would have liked
No Don't know

6. Were you updated regularly by the health care professional who saw you on what was happening with your care?

Yes definitely Yes to some extent Not as much as I would have liked
No Don't know

7. What would have improved your experience of A&E Department?

8. Is there anything you feel the A&E Department team could have done better?

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9. Is there any other comment you would like to make?

--

Appendix E - Equality monitoring data

Who is this form about?

Answer Choice	Response Percent	Response Total
Me	66.8%	735
Someone else - using their information	33.2%	366
answered		1101
skipped		187

What is the first part of your postcode? (E.g. HX1, HD7)

Answer Choice	Response Percent	Response Total
B11	0.1%	1
BB12	0.1%	1
BD2	0.1%	1
BD4	0.2%	2
BD5	0.2%	2
BD6	1.1%	13
BD7	0.5%	6
BD8	0.1%	1
BD11	0.3%	3
BD12	0.8%	9
BD13	2.4%	27
BD14	0.1%	1
BD15	0.2%	2
BD17	0.1%	1
BD19	0.7%	8
BL9	0.1%	1
CA7	0.1%	1
CV2	0.1%	1
DL14	0.1%	1
G14	0.1%	1
GD8	0.1%	1
HD1	6.3%	72
HD2	6.4%	73
HD3	7.6%	87
HD4	7.6%	87
HD5	7.4%	85

Answer Choice	Response Percent	Response Total
HD6	5.1%	58
HD7	3.8%	43
HD8	3.5%	40
HD9	5.1%	59
HX1	6.4%	73
HX2	9.1%	104
HX3	11.0%	126
HX4	1.7%	19
HX5	1.7%	20
HX6	4.4%	50
HX7	1.7%	19
LE4	0.1%	1
LS6	0.1%	1
LS14	0.1%	1
LS26	0.1%	1
LS27	0.1%	1
M14	0.1%	1
NE28	0.1%	1
OL1	0.3%	4
OL6	0.1%	1
OL12	0.1%	1
OL14	0.9%	10
OL15	0.1%	1
PA5	0.1%	1
PO34	0.1%	1
PR2	0.2%	2
S36	0.3%	3
S64	0.1%	1
SK2	0.1%	1
SM6	0.1%	1
WF1	0.1%	1
WF2	0.1%	1
WF4	0.1%	1
WF6	0.1%	1
WF8	0.1%	1
WF13	0.1%	1
WF14	0.3%	4

Answer Choice	Response Percent	Response Total
WF16	0.1%	1
WN4	0.1%	1
YO7	0.1%	1
answered		1146
skipped		142

What is your gender?

Answer Choice	Response Percent	Response Total
Male	47.1%	529
Female	52.2%	586
Prefer not to say	0.6%	7
I describe my gender in another way (please tell us)	0.1%	1
answered		1123
skipped		165

How old are you?

Answer Choice	Response Percent	Response Total
0-10	10.2%	110
11-17	9.1%	99
18-25	13.7%	148
26-35	20.0%	217
36-45	14.5%	157
46-55	14.2%	154
56-65	7.8%	84
66-75	5.3%	57
76-85	3.7%	40
86+	1.6%	17
answered		1083
skipped		205

Which country were you born in?

Answer Choice	Response Percent	Response Total
Afghanistan	0.2%	2
Algeria	0.1%	1
Australia	0.1%	1
Bulgaria	0.1%	1
China	0.1%	1
Czech Republic	0.2%	2
France	0.1%	1
Germany	0.3%	3
Greece	0.3%	3
Hungary	0.2%	2
India	0.9%	9
Iran	0.1%	1
Ireland	0.6%	6
Italy	0.1%	1
Jamaica	0.3%	3
Latvia	0.2%	2
Libya	0.2%	2
Lithuania	0.1%	1
Malaysia	0.1%	1
Morocco	0.1%	1
New Zealand	0.1%	1
Pakistan	2.9%	30
Philippines	0.1%	1
Poland	1.0%	10
Portugal	0.1%	1
Russia	0.1%	1
Saint Lucia	0.1%	1
Slovakia	0.1%	1
Spain	0.1%	1
Syria	0.1%	1
Trinidad and Tobago	0.1%	1
United Kingdom	90.6%	923
Yemen	0.1%	1
Zimbabwe	0.2%	2
Other (please tell us)		19

Answer Choice	Response Percent	Response Total
	<i>answered</i>	1019
	<i>skipped</i>	269

- Barbados
- British India
- Czech
- Dublin
- Eire
- England
- Hong Kong
- Ireland
- Jamaica
- Malta
- Syria
- Zimbabwe

Do you belong to any religion?

Answer Choice	Response Percent	Response Total
Buddhism	0.1%	1
Christianity (all denominations)	36.4%	397
Hinduism	0.3%	3
Islam	11.6%	127
Judaism	0.0%	0
No religion	45.0%	491
Sikhism	1.0%	11
Prefer not to say	3.0%	33
Other (please tell us):	2.6%	28
	<i>answered</i>	1091
	<i>skipped</i>	197

- Agnostic
- C of E
- Catholic
- Jehovah's Witness
- Orthodox
- Pagan
- Roman Catholic

What is your ethnic group?

Answer Choice	Response Percent	Response Total
Prefer not to say	3.0%	33
Asian or Asian British:		
Indian	1.7%	19
Pakistani	9.8%	109
Bangladeshi	0.1%	1
Chinese	0.3%	3
Other Asian background	0.4%	5
Black or Black British:		
Caribbean	0.9%	10
African	0.6%	7
Other Black background	0.0%	0
Mixed or multiple ethnic groups:		
White and Black Caribbean	1.9%	21
White and Black African	0.4%	5
White and Asian	0.5%	6
Other mixed background	0.4%	5
White:		
English/Welsh/Scottish/Northern Irish/British	74.8%	832
Irish	0.6%	7
Gypsy or Irish Traveller	0.2%	2
Other White background	2.1%	23
Other ethnic groups:		
Arab	0.5%	6
Other Ethnic group (please tell us):	1.7%	19
answered		1113
skipped		175

Other Asian Background:

Asian British
 British Muslim
 Iranian
 Kurdish
 Libyan
 Pakistani x 2

Other Mixed Background:

Arab

White & mixed Asian

Other White Background:

- Australia
- Bulgarian
- British
- Czech
- Eastern European
- European x 2
- French
- Greek
- New Zealand
- Polish x 6
- Yorkshire

Are you disabled?

Answer Choice	Response Percent	Response Total
Yes	8.0%	93
No	90.0%	1044
Prefer not to say	2.0%	23
<i>answered</i>		1160
<i>skipped</i>		128

Do you have any long term conditions, impairments or illness? (If yes please tick any that apply)

Answer Choice	Response Percent	Response Total
Physical or mobility (such as using a wheelchair to get around and / or difficulty using their arms)	15.7%	60
Sensory (such as being blind / partially sighted or deaf / hard of hearing)	8.6%	33
Mental health (such as having depression or schizophrenia)	25.8%	99
Learning disability (such as having Downs syndrome or dyslexia or a cognitive impairment such as autism or a head-injury)	8.9%	34
Long term condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)	25.6%	98
Prefer not to say	6.5%	25
Other (please tell us):	35.5%	136
<i>answered</i>		383
<i>skipped</i>		905

- 22ql deletion Syndrome

- Adies syndrome
- ADHD
- angina
- Antiphospholipid syndrome Vasculitis
- anxiety X 2
- arthritis X 2
- Asthma X 20
- AUTISM
- blood condition
- Blood Pressure X 2
- borderline BP + CHL
- bowel
- BP/Cholesterol problems
- Crohns
- Chronic fatigue Syndrome
- COPD Excessive alcohol
- Deafness
- Dementia
- Diabetes
- diabetes, epilepsy
- Endometriosis/pcos
- endometriosis
- epileptic
- fibromyalgia/cfs degenerative disc disease
- Fibromyalgia
- have mobility problems due to knee replacement and ankle awaiting 2nd knee replacement
- high blood pressure X 4
- hole in heart
- Juvenile Idiopathic Arthritis
- kidney failure
- Kidney problems
- Kidneys
- Lower back pain ongoing problem
- Lymphedema
- mitral valve prolapse
- over active thyroid
- Pacemaker
- Panic attack
- Parkinsons
- Pemphigold
- Polycitemia
- Previous stroke

- psoriasis of liver, liver failure
- rheumatoid/osteo arthritis
- Several bowel issues
- Sleep apnoea
- Surgical adhesions in the colon.
- Type 2 diabetes
- Ulcerative Colitis X 2
- under active thyroid X 4
- von willebrand disease
- waiting for a new hip

Are you a carer? (Do you provide unpaid care to someone who is older, has a long term condition, is disabled or has other support needs?)

Answer Choice	Response Percent	Response Total
Yes	6.3%	70
No	91.5%	1013
Prefer not to say	2.2%	24
<i>answered</i>		1107
<i>skipped</i>		181

Which of the following best describes your sexual orientation?

Answer Choice	Response Percent	Response Total
Bi/Bisexual	0.8%	8
Gay	0.4%	4
Lesbian	1.1%	11
Heterosexual/Straight	87.2%	855
Prefer not to say	8.0%	78
I prefer to use another term (please tell us):	2.5%	25
<i>answered</i>		981
<i>skipped</i>		307

Do you consider yourself to be a Trans* person?

*Trans is an umbrella term used to describe people whose gender is not the same as the sex they were assigned at birth.

Answer Choice	Response Percent	Response Total
Yes	0.2%	2
No	95.4%	1015
Prefer not to say	4.4%	47
answered		1064
skipped		224

Do you/or anyone you live with get any of these benefits? **

Universal Credit, Housing Benefit, Income Support, Pension Credit – Guarantee Credit Element, Child Tax Credit, Incapacity Benefit/Employment Support Allowance, Jobseekers Allowance, Free School Meals, Working Tax Credit, Council Tax Benefit, Disability Living Allowance/Personal Independence Payment

**We are asking this question to help us understand if being on lower income affects their experience of services or health.

Answer Choice	Response Percent	Response Total
Yes	24.8%	272
No	69.2%	758
Prefer Not to say	5.9%	65
answered		1095
skipped		193

Are you a parent/primary carer of a child or children who live with you, if yes, how old are they? (Tick all that apply)

Answer Choice	Response Percent	Response Total
0-4	34.5%	156
5-9	31.0%	140
10-14	28.8%	130
15-19	19.2%	87
Prefer not to say	14.2%	64
answered		452
skipped		836

Are you pregnant or have you given birth in the last 6 months?

Answer Choice	Response Percent	Response Total
Yes	3.6%	37
No	93.2%	967
Prefer not to say	3.3%	34
	<i>answered</i>	1038
	<i>skipped</i>	250