

Survey of patients using A&E / UCC at  
Northwick Park Hospital  
15<sup>th</sup> to 21<sup>st</sup> December 2014

[www.healthwatchbrent.co.uk](http://www.healthwatchbrent.co.uk)

## **Feedback provided by the Emergency Department Management team at Northwick Park Hospital 15<sup>th</sup> May 2015**

The Emergency Department management team at Northwick Park Hospital which is part of the newly merged London North West Healthcare NHS Trust met the Coordinator of Healthwatch Brent on 15<sup>th</sup> May to give feedback on our visit and survey of A&E. They gave direct feedback on our report and presented further information which you can read here [HWB Survey Response from NPH ED](#). We also toured the department.

### **Summary**

A shortage of beds is seen as the prime cause of waiting times exceeding 4 hours. A new ward block comprising of 3 wards is being built to address this and will be available by December 2015.

The unit has not seen any significant increase in demand since the closure of A&E at Central Middlesex Hospital.

The department has introduced new procedures that improve the patients' journey through the department, both clinically and as a means of improving the patient experience. Besides waiting times, many of the main concerns of patients have been taken into account and addressed.

The communications team at London North West Healthcare NHS Trust is working to help patients understand the difference between Urgent Care Centres and Emergency Departments to ensure that they access the appropriate service.

### **The feedback**

The Emergency Department (ED) is the name of the service. This helps people to understand the difference between ED and the Urgent Care Centre (UCC). Both the Department's feedback and this summary use those terms, rather than the generic A&E.

The team found our report to be balanced. Feedback on patients' experiences in the report were consistent with the team's own findings. The Trust has taken a number of steps to address these as they have adjusted to this custom built department which opened in

December 2014 and offers a large modern foot print in which to deliver accessible and effective clinical services.

The week of our visits, 15<sup>th</sup> to 21<sup>st</sup> December 2014, was the busiest they had had in the last 8 months. Although the patients we spoke to did not know (or care) which department was treating them, the ED manager said that most who were waiting would have been ED patients. UCC patients are treated very quickly as their presenting symptoms are of a less serious nature. On page 4 of the HWB Survey Response from NPH ED – the top line is for all patients, both UCC and ED. The bottom red line is only for ED. Due to the inpatient bed capacity issues the majority of patients who are admitted breach the 4 hour target. As a result this lowers the Trust's performance figure and is a trend seen across the country.

The ED manager reported that there were “no incidents of adverse patient outcomes as a result of waiting times in the ED that we are aware of.” The patient acuity and dependency level and the staffing complement is kept under constant review to ensure that patients condition is monitored and there are escalation processes in place to safely manage the risk.

The department outlined a number of improvements they have made to processes that have slightly reduced waiting times. These are outlined on page 5 of the HWB Survey Response from NPH ED.

Please click on this link to see the [Care Path Handbook from NPH](#). This is designed to better track patients through their treatment and to ensure that the organisation of medical procedures are most effective and efficient. For example, it takes time to get results from a blood test, so that will be taken first. The patient is given a 'Patient Passport' – see page 7 of the Care Path Handbook from NPH - that shows what procedures they will receive – this keeps them better informed regarding time and knowing what will happen next. Through this journey, patients move around the department to wait for their next procedure. This also gives them a better sense of progression and treatment. Previously, these patients waited for long periods in the main reception, including returning there to wait for results. Now, the vast majority of patients in the main reception will be for UCC only.

This helps to manage patients' expectation and ultimately leads to a better patient experience.

McKinsey and Company, referred to on page 16 of the HWB Survey Response from NPH ED are a consultancy firm who are working with the Trust to help improve and streamline processes.

The escalation policy is used to highlight any areas of pressure in the system to clinical and senior management. This enables the teams to initiate processes to resolve any issues that arise in the Trust.

A new Modular unit is being built to house 2 acute wards and an infection control ward - due to open in December 2015. The current inpatient bed capacity shortage is causing the

long waiting times. The waiting times cannot be significantly improved until the beds become available in the new unit.

In addition to the staffing information provided in the HWB Survey Response from NPH ED the Matron has introduced a comfort round. These were introduced when patients were experiencing lengthy delays in ED awaiting in-patient beds, and devised as a prompt to ensure that basic nursing care was not omitted.

The two hourly checks include assessment of patients' pressure areas, being offering food & drink, attending to toileting needs, pain assessment & scoring and ensuring they are comfortable. This is audited throughout shifts. This good practice has been spread to other hospitals.

The Care Path / Patient Passport, and the comfort round address many of the concerns patients expressed to Healthwatch Brent.

The department said that it always has a clear care pathway for patients on discharge, for example follow up treatment, tests or visiting a GP. However, we noted from the HWB survey that most patients were clear about their treatment within the department, but less clear about what happens after they leave. We suggested that asking patients before they leave what they understand will happen next would be a simple way of ensuring better understanding.

The Patient Passport includes the NHS Friends and Family test to allow patients to leave feedback to promote a culture of continuous quality improvement.

The team would be happy for Healthwatch to conduct a survey within the ED – the December survey was conducted within the main reception.

The team explained some processes that went into the design of the buildings over a number of years to ensure it was fit for purpose and met a range of needs. For example, there is a specific Mental Health unit run by CNWL staff and an infection control unit. Both of these have separate entrances/exits to the department if required. The requirements of sickle cell patients are met very well. During the tour these units were observed. The equipment, the single person treatment rooms, and the layout of the department all looked impressive.

Regarding patients' comments about health food options, sandwiches are brought to the department for sale at lunch time. The Matron said she has raised healthy eating needs. There are cafes and a Marks & Spencer's on site. A new refreshment facility will be opening outside the ED main reception in the near future.

Healthwatch Brent appreciates the improvements the ED team have made within the unit in terms of processes and patient experience. Healthwatch Brent is clear that the overall

waiting times will not improve significantly until the new beds become available in the modular block towards the end of this year.

Ian Niven, Coordinator, Healthwatch Brent  
May 2015