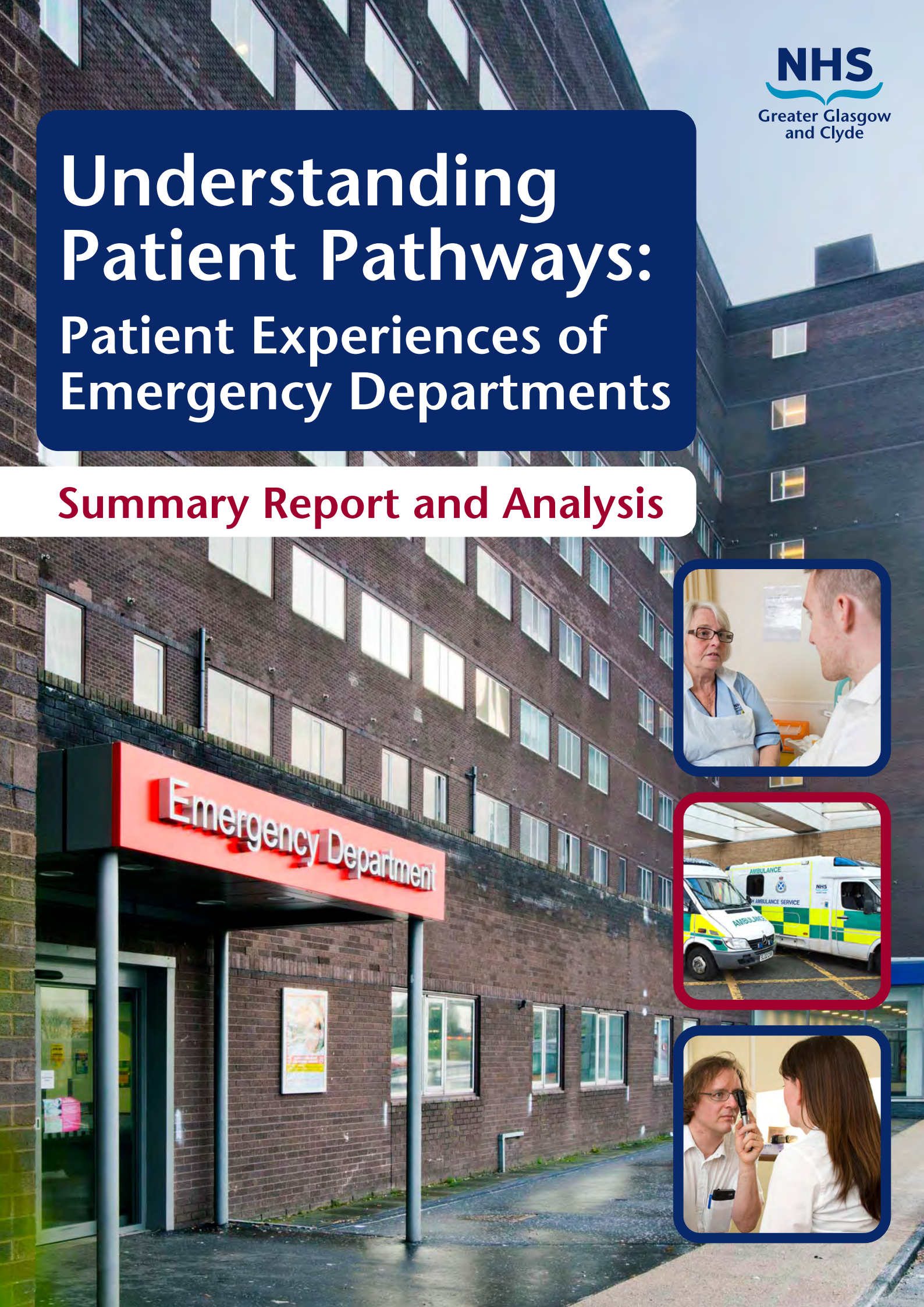
NHS
Greater Glasgow and Clyde

Understanding Patient Pathways:

Patient Experiences of Emergency Departments

Summary Report and Analysis



Contents

Executive Summary

This report summarises the responses to a patient experience questionnaire carried out by the Patient Experience Public Involvement Team in NHS Greater Glasgow and Clyde (NHSGGC). Alongside a summary of the evaluation data captured the report aims to provide insights into potential patterns in service access. Where appropriate findings are highlighted for further consideration and action by the service. Throughout the report the terms A&E (Accident and Emergency) and Emergency Department (ED) are used interchangeably, the former being used with patient facing survey questions due to public familiarity with the term.

Key findings

We received **1,112** responses to the survey via text message and via the NHSGGC Involving People Network (IPN). Sixty five percent of those sharing their experiences stated they were satisfied with the care they received when accessing our Emergency Departments, with only **17.5%** stating they were dissatisfied and the remainder sharing neutral satisfaction.

When asked if they had been advised to attend A&E by someone else, **49.4%** of people shared they had. Fifty two percent of people shared that A&E was the first service they approached for help. Males were more likely than females to have attended an ED without first using an alternative service, with males also sharing that they had a long term condition (**15.1%**) more often than females (**9.7%**)

We saw people from a wide range of socioeconomic areas share their experiences with us with **55.8%** of people completing the survey coming from the most deprived areas of NHSGGC. We also saw responses from a range of ethnic backgrounds in line with population trends across NHSGGC. More than **91%** of respondents identified as white, **6.2%** identified as another ethnic group, and **2.5%** preferred not to share this information.

Raising awareness of Right Care, Right Place

The following report outlines a number of potential communities and areas of NHSGGC that could benefit from increased awareness of Emergency Department alternatives. The following actions have been identified from the survey findings, and aim to raise awareness of care alternatives and change usage behaviours over time.

Key Communications and Engagement Actions

Engagement Actions

- **Develop tailored approach to evaluate Royal Hospital for Children's A&E** and better understand patient, parent and guardian experiences
- **Continuation of this work through both text survey and focus groups** to further increase our understanding of public perception around A&E and its alternatives
- **Work with unscheduled care colleagues to identify and reach patients** requiring communication support when accessing adult A&E services in NHSGGC
- **Carry out focus groups to better understand awareness of A&E alternatives** amongst a range of communities across NHSGGC.

Internal Communications Actions

- **Deliver a direct communications and engagement campaign targeted at GP services** to drive awareness of alternatives to ED and increase referrals to other pathways
- **Engage NHS 24 on key findings** to better understand where the experience of patients does not align with agreed referral pathways
- **Utilise opportunities to promote high levels of service satisfaction** to internal and external audiences based on survey findings to increase morale.

External Communications Actions

- **Design and deliver new communications and engagement methods to target specific SIMD groups** to cover key campaign messages and using current figures on A&E usage to measure impact
- **Direct targeting of 16-24 age demographic** in campaigns to ED to help increase satisfaction rates
- **Realign external communications strategies to ensure a key focus on NHS Inform, MIUs, Pharmacy and the Flow Navigation Centre (FNC)** to raise awareness of these specific pathways using demographic data to develop more effective campaigns. One demographic of initial focus will be the male population, working to raise awareness of A&E alternatives and support changes in behaviour in areas where males first look for help and support.

Introduction/Background

In October 2022, NHSGGC's Chief Operating Officer and the Director of Communications and Public Engagement commissioned the Patient Experience Public Involvement Team (PEPI) to undertake a short life project to better understand the patient experience and service access pathways for unscheduled care services. This focused specifically on Emergency Departments (ED), referred to as Accident and Emergency (A&E) when reaching out to patients as a more familiar term. This project focused on capturing experiences of those accessing ED through Flow 1 and 2*. Flow 1 and 2 consist of patients who were discharged following attendance at A&E and may have been able to access healthcare through other services such as Minor Injuries Units, GPs or self-care. Patients were identified with support from the NHSGGC Information Management Team.

When developing the project, the PEPI Team built on developments in digital engagement approaches over the last two years, as well as learning from a research project carried out in 2019 at the Emergency Department at the Royal Alexandra Hospital. A mixture of closed and open-ended responses were offered which is a standard approach for the type of questionnaire.

The PEPI Team co-ordinated the process of sending the questionnaires and receiving and collating responses, receiving **1,112** responses. Responses were from two primary sources, **448** responses received from those reached via text message and **664** who responded through the NHSGGC Involving People Network (IPN). The survey was texted to **3,609** people that had visited one of our four adult A&E sites using the text function of Webropol.com. The NHSGGC Equalities Monitoring Form was attached to the questionnaire and completed by all respondents. The full data set has been shared with relevant colleagues to ensure feedback can be used effectively for learning and improvement, and is available on request.

The use of text messaging to evaluate Emergency Department services with patients represents the first use of this innovative approach in NHSGGC and provides a new tool for capturing real time feedback from patients with recent lived experiences of health services. It is anticipated that this initial test will lead to further deployment of this model to evaluate services directly with service users. Analysis of this data set has been supported by research colleagues within NHSGGC.

* Flow 1 - Minor Injury and Illness, including care provided in A&E Departments, in Minor Injury Units and through schemes such as Paramedic See and Treat. Flow 2 - Acute Assessment, this includes the 'major patients' in A&E and patients referred to Acute Assessment and Receiving Units who are then discharged following assessment.

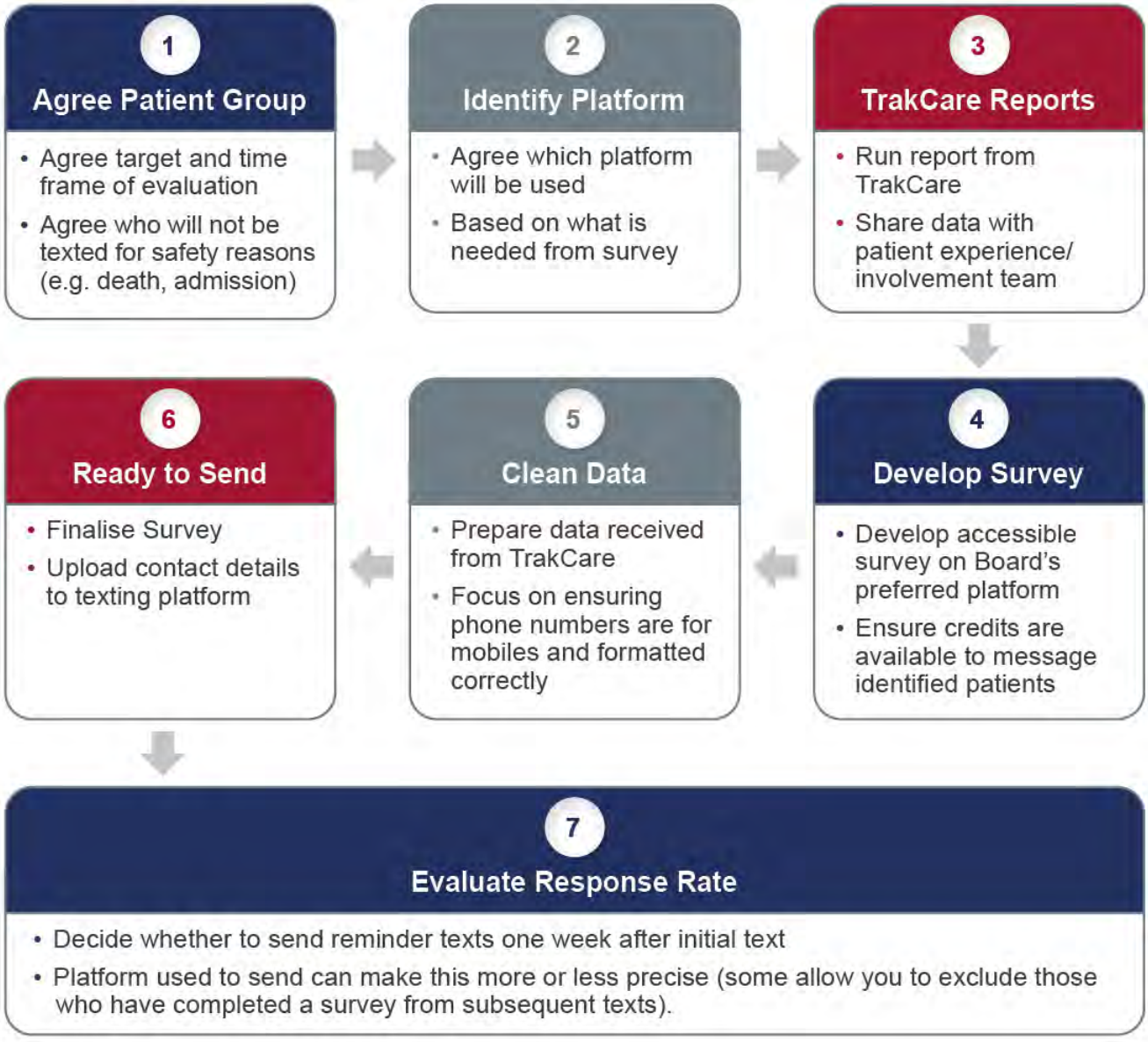
Engagement Approach

As referenced above, the use of text messaging to capture patient feedback is a new approach to NHSGGC. To ensure we adhered to requirements set out in GDPR and the Data Protection Act, the PEPI Team worked with the NHSGGC Information Governance Team to ensure our process was compliant.

To enable the texting of patients, services are required to identify patient groups they would like to reach. In the case of Emergency Departments this was Flow 1 and 2 patients. Once the patient group was identified a TrakCare report was produced to provide patient contact details, postcode, site visited and date of attendance. These data points allowed us to partially customise our text messages to patients in an effort to increase legitimacy and response rate.

This data set was then cleaned, duplicates removed and phone numbers were uploaded to the Webropol platform. Following upload a short message was created that would accompany the survey link and these were sent to patients 3-5 days following their attendance at one of four Emergency Departments.

Flow Chart of Process



NHSGGC saw a response rate of **12%** using this approach. It is anticipated that this will vary between projects and may also depend on when messages are sent. A smaller scale test with a more specific service saw response rates of **23%**.

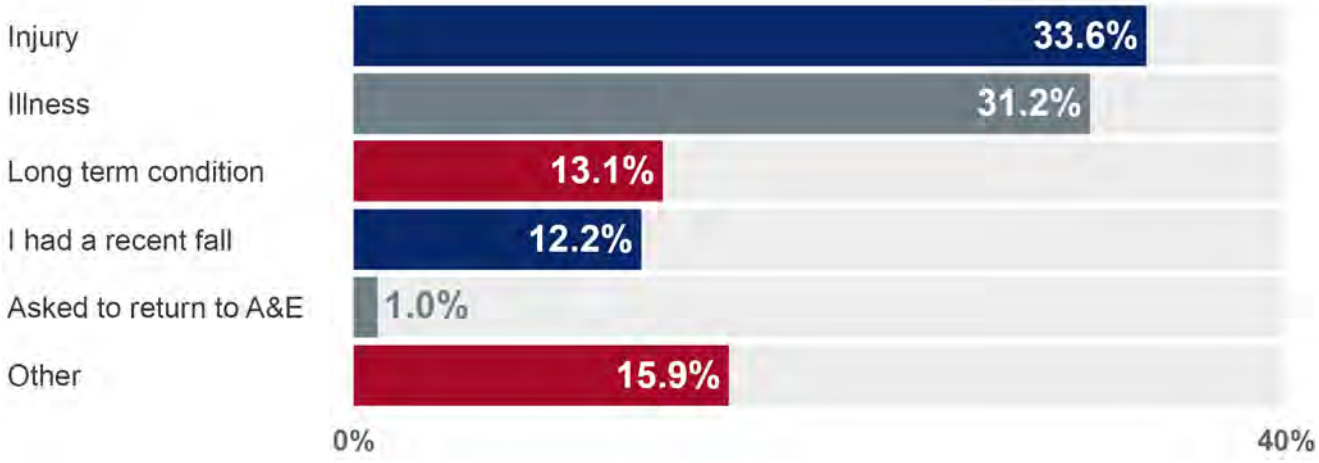
To provide a broader view of our communities' experiences the survey was also sent to members of the NHSGGC Involving People Network (IPN).

Summary of all Responses

The following section provides a summary of the questions asked through the survey, alongside analysis where appropriate. Where available a sample of patient comments has been provided to give greater insight into the care experiences of service users. It should be noted that not all questions were answered by all respondents. The term A&E was used throughout the public facing survey due to cultural awareness of the term and has been maintained through this section for accuracy.

Attendance reason and satisfaction

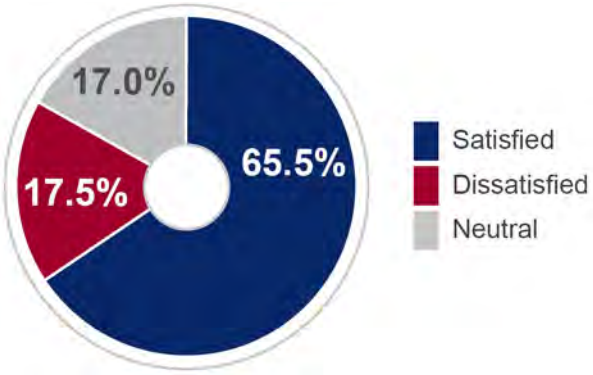
We asked people to tell us why they attended A&E during their most recent visit?



Other reasons for attending

- Reasons for visiting an Emergency Department shared under the “other” option, generally fell under broad topics of unspecific bleeding not related to a direct injury, and chest pain or cardiology concerns.
- As well as other conditions being shared we also saw a number of patients share they attended due to General Practitioner advice.
- We also saw a small number of patients share surgery or treatment complications as a reason for attendance.
- Similarly we saw a small number of people share they were attending with an elderly parent or due to concerns for another loved one who wasn’t well or themselves.

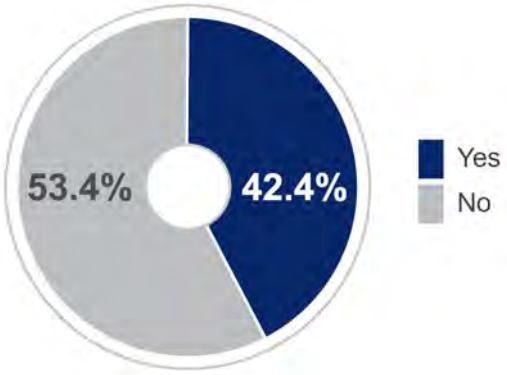
Patients were asked to share how satisfied they were with the care received from the A&E service?



Headlines

- General satisfaction with care received was high at **65.5%**.
- There may be an opportunity to utilise statistics around satisfaction internally within campaigns to support staff and showcase high-quality care.
- While not a true 1-2-1 comparison when looking at ED satisfaction levels shared by patients via this survey in relation to Board-wide levels of non-critical feedback, we see a similar percentage breakdown.
- When looking at each site individually we see satisfaction levels of **70.2%** for the GRI, **76%** for the IRH, **61.2%** for the QEUH and **63.5%** for the RAH.

We asked people to share if they were referred onto any other services for further support or advice as they left A&E e.g. physiotherapy, community health care service, GP or pharmacist?



We asked the subset of people that answered Yes to provide additional information on where they were referred to for further help. The most common answers to this question were:

- GP Surgery or Practices for further advice and support (**31.1%**).
- NHSGGC or other Health Board clinics across a range of specialties e.g. chest and cancer (**21.1%**).
- Physiotherapy support in the community or through clinics (**11.6%**).
- Specific fracture clinic referrals (**4%**).
- General community health services for support with a range of topics including mental health or long term condition management (**5.9%**).
- Admitted to a ward (**9.3%**).

What was good, and what could be improved?

The following section provides a snapshot of comments shared by patients via the survey on what aspects of their care experiences they found positive and where they felt NHSGGC could make improvements. The large number of comments on care that were provided through this survey present the opportunity to highlight positive care from staff and these have been highlighted to staff.

Examples of feedback about positive aspects of people's experiences shared, and what they would like to see more of:

" All of my experience, as it was very efficient, and nurse listened to me and well looked after from start to finish. Given good advice and information leaflet on how best to aid my recovery."

" Can't praise the care and attention I received high enough. I was so impressed by the whole team who were quite frankly run off their feet. I was in incredible pain and was very distressed and they were amazing with me."

" The Doctor was quite thorough and explained what and why to me, but also asked if I was OK with it. He also asked what I thought was causing my pain. He listened."

" The team were very polite, professional, and welcoming. I felt I was in safe hands and would have a successful outcome as turned out to be the case."

" All staff within A&E: reception, portering, nursing and medical were exceptional from checking in to triage to investigations to treatment."

" Reassuring all the way and kept informed of what was happening and what tests were going to be done etc."

More negative or improvement focused feedback such as the examples below have been funnelled through appropriate channels to drive service improvements.

Example of feedback sharing what people would like to see improved:

" Better triage system to get to real emergencies and drop-in centres in communities to stop the mass of people turning up at A&E adding to the long waiting times."

" Cut the waiting time and keep patients up to date about waiting times."

" I initially called NHS 24 to get an out of hours appointment and did not get a response so had to go to A&E the only responsive department that I could access at 2/3am in the morning."

" Advice and assistance on getting home after discharge. I grabbed a taxi that just happened to be passing and I could afford the fare, but would have had to walk if not. I am generally fit and well but I can imagine others would have struggled in such a situation."

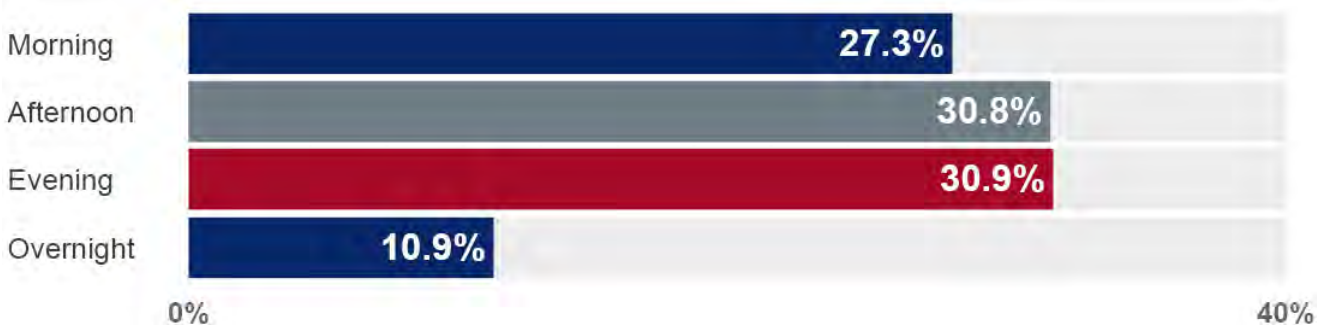
" Be a bit more informed regarding wait time. Was originally told quite a short wait but 3 hours later still waiting. Just gives us an idea of if one parent can leave for food and supplies!"

" A couple of signs around the place. Maybe one in each cubicle to let people accompanying patients know what the Wi-Fi password is. There was no signal on my phone so no texts or mobile data to get messages out. I finally asked a porter who told me the password."

Travel time and length of time in service

The following section provides insight into the time people visited an Emergency Department, the method used to get to one of our sites, how long their trip took and the length of their visit once they arrived.

When did people arrive at A&E?



The majority of patients accessed care and support from Emergency Departments during the day, with overnight usage making up only **10.9%** of attendances.

How did people get to A&E?

The majority of respondents used a car to attend A&E (**63.7%)**. This was followed by ambulance conveyance (**21.8%**), then Taxi (**8.4%**). Public transport (**3.2%**) and walking (**1.7%**) were the least common methods of transport shared.

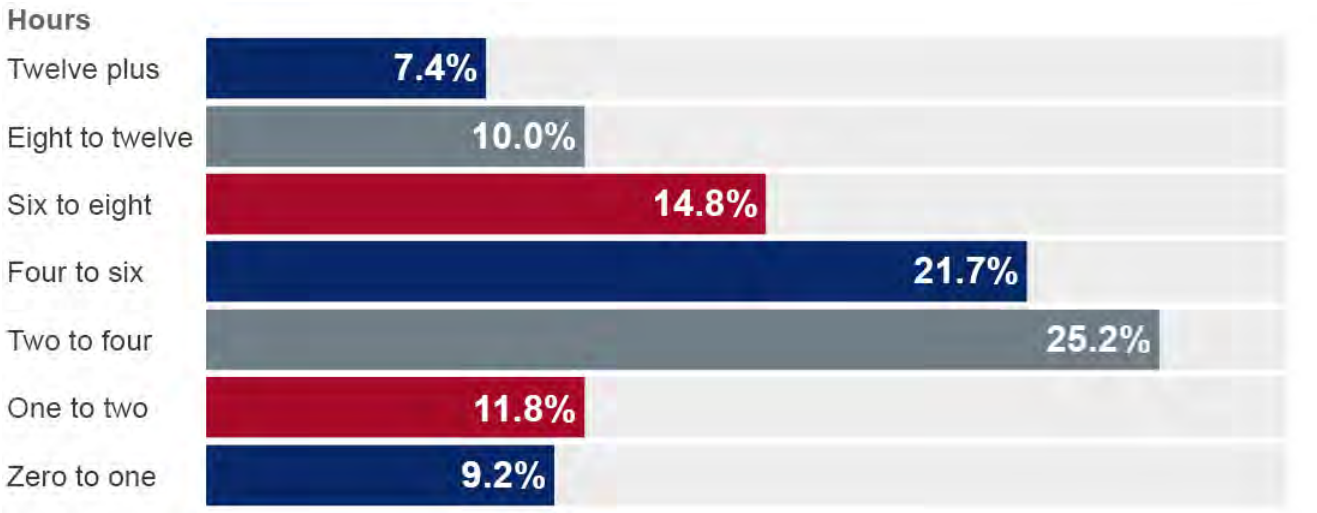
How long did it take people to reach A&E?

When looking at travel time to NHSGGC Emergency Departments, we saw the majority of people had relatively short journeys to one of our site. **73.9%** of people travelled between 0 and 30 minutes to reach their nearest Emergency Department.

The next most common journey time was for trips taking 30 minutes to an hour with **15.6%** of patients sharing this. We saw **8.2%** share journey times of longer than one hour.

After arriving how long did people's visit to A&E last?

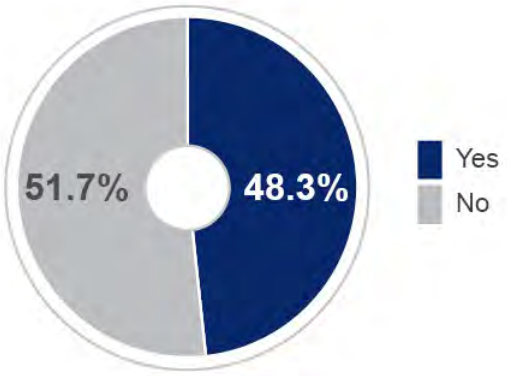
The graph below provides insight into the length of time people spent in one of our Emergency Departments, with the majority of patients (**66.4%**) spending between one and six hours there.



Where did you seek help?

The following section explores if people looked for help and advice before attending an Emergency Department as well as where they had looked for this advice.

We asked people attending A&E if it was the first service they visited or contacted for help with their condition



We saw **51.7%** of people share that they came directly to A&E, with **48.3%** sharing that they did look for help elsewhere before attending one of our Emergency Departments.

Following the above, we asked a subset of patients who or where they visited or contacted for help with their condition before attending A&E.

This question was only offered to the **48.3%** of patients who had indicated they looked for help and advice elsewhere before visiting A&E. From looking at the additional information shared we can see that people most often looked for help and advice from NHS 24 (**44.6%**) and their GP (**44.1%**).

Following these sources of additional help we saw people share that they looked for help through 999 **6.7%** of the time, Minor Injuries Units **5.1%** of the time and their local Pharmacist **3.8%** of the time. Smaller subsets of patients also referenced seeking help from a consultant or other specialist.

We asked everyone completing the survey if they looked for advice on their condition from an NHS website before coming to A&E, with NHS Inform given as an example.

68% of people completing this question shared that they did not look for advice online before attending ED services, with only **32%** stating they had used an NHS website for help and advice before visiting an Emergency Department.

Headlines

- When cross comparing if people looked for help online with the question asking if A&E was the first service people visited, we saw that of the **48.3%** of people who had looked for help and support elsewhere before attending ED services **46.3%** stated they had used an NHS website to look for advice and support of some kind.
- When looking at where the above subset looked for advice they did not share online sources of help and advice, favouring sources such as their GP and NHS 24 in line with the wider population samples.

We asked people sharing their experiences what the main reason was for them choosing to attend A&E.

When analysing responses to this question we saw the majority of patients sharing they were advised to attend A&E by someone else, with **50.6%** of people sharing this response. The next most common reason shared by patients was that they felt they had a medical emergency (**44.2%**).

This question allowed those completing it to select multiple answers, though being advised to attend or having a medical emergency were by far the most common answers given. The next most common answer was from people who couldn't get a GP appointment with **8.3%** of people selecting this, followed by people who were unsure where else to go for help making up **6.8%** responses.

For those patients who shared they were advised to attend A&E, we asked them to share who had given this advice.

The majority of people answering this question shared that they were advised to attend by an NHS 24 adviser (**37.9%**) or their GP (**35.5%**).

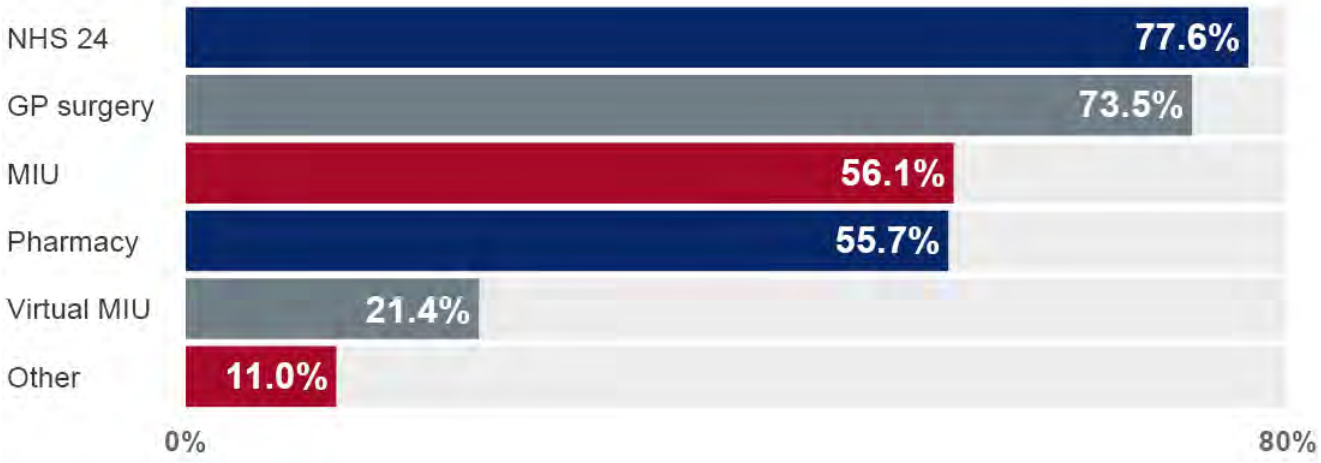
We saw **10.2%** of people share they were advised to attend by a nurse, with **5.5%** sharing advice to attend by a consultant, and **5%** sharing that 999 advised them to attend.

8.1% of people advised family, friends or a colleague advised them to visit A&E for help with their condition. We also saw **2.6%** of people state they took advice from a pharmacist and **1.5%** from the police.

13.2% of people selected the "other" option. Details of who advised people to attend were varied with some of the reasons provided including; school nurses, first aiders, reception staff, physiotherapists and mental health crisis teams.

Alternatives to Emergency Departments

People completing the survey were asked to share what alternatives to A&E they were aware of that could potentially treat their urgent health need in their local area.



Those completing the survey were most aware of NHS 24 (**77.6%**) and their GP surgery (**73.5%**) as alternatives to an NHSGGC Emergency Department. The alternative with the lowest awareness was the Virtual MIU pathway at **21.4%**, this is the newest pathway available in NHSGGC and often accessed through other support pathways such as NHS 24 or GPs. MIU and Pharmacy support pathways saw selection **56.1%** and **55.7%** respectively.

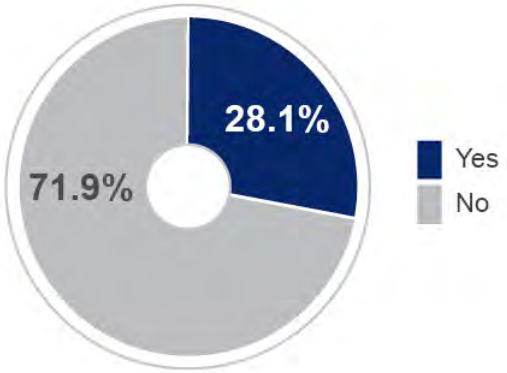
Headline

- Where selected "other" was most often used by patients to highlight that they didn't feel there was a suitable alternative to A&E.

  A common reason accompanying this was that people felt services they could have accessed weren't available at the times they required support or due to the condition they were seeking help being an emergency.

- As well as the above, a small subset of patients also highlighted that they would also reach out to their consultant as a potential alternative when selecting "other".

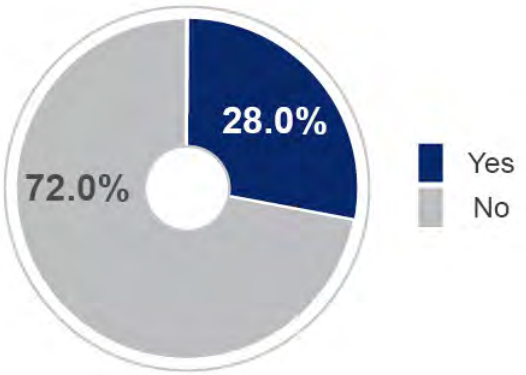
We asked people if they tried to get an appointment with a GP before attending an A&E site.



The majority of those answering this question did not attempt to get a GP appointment before attending an Emergency Department, with **71.9%** providing a negative response. **28.1%** had reached out to their GP before attending.

Seeking help for the same condition in the past

We asked people if they had previously phoned NHS 24 for help with a similar health issue to the one they most recently attended A&E with.



We saw **72%** of responders share that they were attending one of NHSGGC's Emergency Departments with a condition that they had not had to seek help from NHS 24 with before.

Those answering Yes to the previous question were asked a follow up to better understand what stopped them from calling NHS 24 in this instance.

Patients shared a number of comments in response to this question, the most common being around patients needing immediate support with an injury, high pain levels, having chest pains, or being advised to attend A&E by a GP.

A number of patients also shared that they had called 111 and had been waiting for a call back when their condition worsened, or were waiting for an excessive amount of time. We also heard from patients who said their specialist nurse or consultant had advised them of clear care pathways involving A&E if their symptoms worsened suddenly.

Example comments/reasons for not calling 111:

The length of time you are waiting to speak to an operator then the length of time it takes for NHS 24 to call you back.

It wasn't appropriate. I'm capable of triaging myself - the issue could have been time sensitive, and hospital was where I needed to be. Phoning NHS 24 would have been wasting time, and a waste of their resources.

No use for post op problems. Too long a wait for call back and always told to go to hospital anyway.

I had been waiting to get through for 45 minutes when my friend arrived, and felt I was too ill to wait.

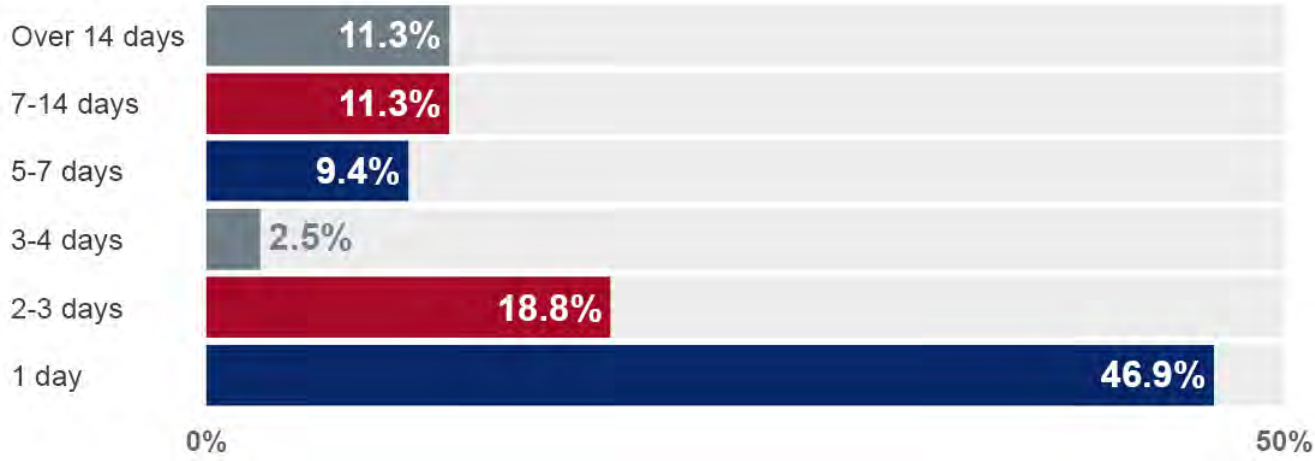
GP came out to the house promptly and was very good he was concerned about the various tests he had done and phoned the hospital.

Wait times to see a GP

Alongside questions about Emergency Department attendance we asked additional questions of patients about their GP experience.

Those completing this section were asked how long they would have to wait to see a GP, and if this would be a longer wait than normal when they approached them for advice. These questions were asked to better understand those who had approached their GP for an appointment before visiting an Emergency Department.

How long were people told they would have to wait to see a GP?



46.9% of people answering this question shared that they would have to wait one day to speak to their GP, with **21.3%** sharing they would need to wait between two and four days. **9.4%** shared they would have to wait between five and seven days to see a GP, with **11.3%** saying they would have to wait seven to fourteen days or more to see a GP.

We asked people if this was longer than they would normally have to wait to see their GP.

53.4% of people answering this question shared that their wait to be seen wasn't longer than normal. We saw **33.5%** of people share that they felt it was longer than normal and **13.1%** sharing they were unsure if their wait was longer than normal.

Detailed Analysis

To help teams across NHSGGC improve patient care pathways, and awareness of Emergency Department alternatives, analysis has been carried out to try and understand patient survey answers in relation to each other to identify patterns and targetable actions. NHSGGC Communications Directorate, Unscheduled Care Team and Medical Directorate colleagues were approached to agree areas of interest and focus for this section of the report.

It should be noted that this section focuses on the feedback shared by patients identified by unscheduled care colleagues through TrakCare and texted a survey. This decision was made to ensure answers to the following questions were as recent as possible and all from those patients classified as Flow 1 and 2 at their most recent visit to an Emergency Department.

This section is split into five broad topics, each focusing on different sections of patient care experience. These sections relate to:

- Changes in reported experience across NHSGGC, using the Scottish Index of Multiple Deprivation (postcode data) as a measure
- Overall care satisfaction
- The reason shared by patients for attending an Emergency Department
- Where else people looked for support before attending
- How experience changed in relation to carer status, and with those that have long term conditions.

* Flow 1 - Minor Injury and Illness, including care provided in A&E Departments, in Minor Injury Units and through schemes such as Paramedic See and Treat. Flow 2 - Acute Assessment, this includes the 'major patients' in A&E and patients referred to Acute Assessment and Receiving Units who are then discharged following assessment.

Scottish Index of Multiple Deprivation

As well as asking specific experiential questions, we also asked patients completing the survey to share their postcode data. This was then used to analyse responses in relation to the Scottish Index of Multiple Deprivation (SIMD) and location data to better understand where people were accessing care and support from.

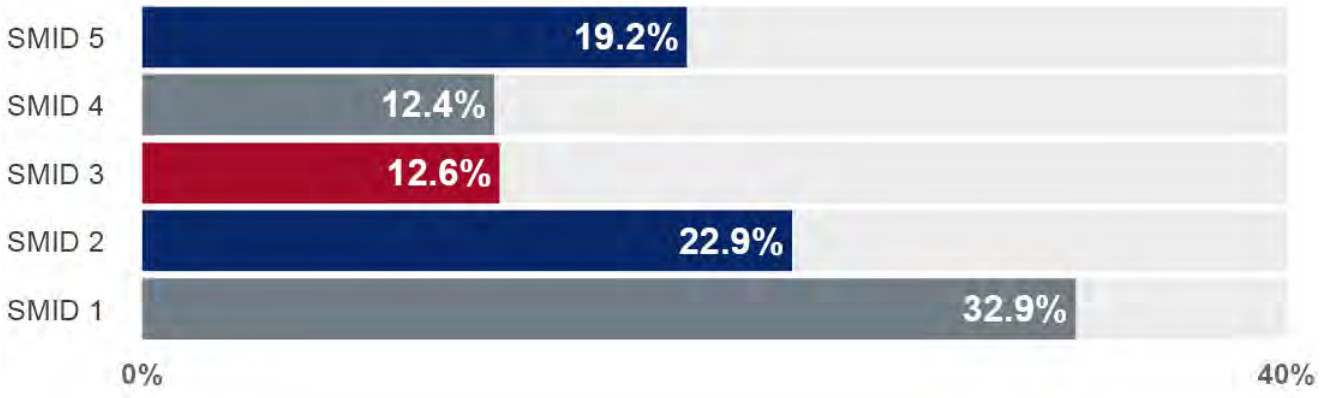
Analysis of evaluation data in relation to SIMD data has helped point to differences in service usage between areas of NHSGGC. This will allow NHSGGC to develop highly targeted education campaigns into areas of multiple deprivations to increase awareness of alternatives to A&E.

The feedback shared by patients also points to higher use of ED among the most deprived populations, there is a clear exercise to consider new ways of engaging these communities to inform of the most appropriate usage of the health service. Key partners will be NHSGGC Public Health and Primary Care colleagues.

Actions and Learning

- We will consider new communications and engagement methods to target specific SIMD groups to deliver campaign messages targeted on specific geographic areas, working with HSCP colleagues where possible to better engage local communities. Current figures on A&E usage will be used to measure impact.
- Findings from this analysis point to opportunities to work directly with GP practices to raise awareness of virtual A&E service amongst GP staff in a bid to improve referral rates.
- We will look at more direct routes of engagement and awareness raising activity with GP services to highlight the FNC and showcase case studies and impact to help encourage more GP practices to refer patients directly to FNC as opposed to physical A&E.
- Linked to this is the opportunity to engage with the ALLIANCE community link workers focusing on community and social prescribing based out of these deepend practices.

The following chart shows the breakdown of patients sharing feedback by SIMD bracket, 1 being the most deprived and 5 being the least.



Headlines

- We can see higher usage of Emergency Departments amongst the most deprived populations.
- Usage decreases across increasingly less deprived areas up until the SIMD 5, where ED usage increases again.

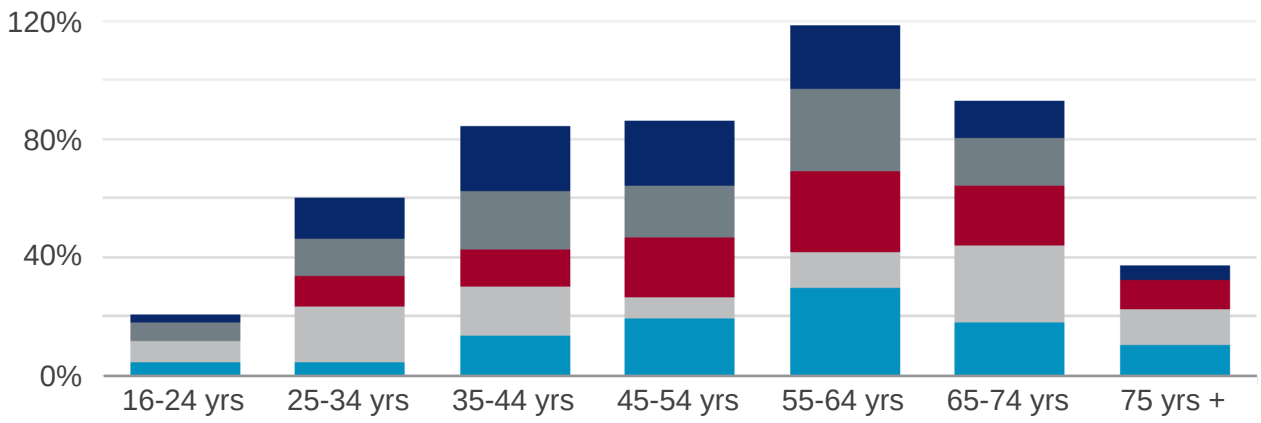
Reason for attendance across SIMD

When looking at reason for attendance reported across SIMD brackets we can see peaks and troughs across brackets. Notable differences in SIMD bracket and attendance reason can be seen amongst Injury and Illness for the SIMD 3 group, though this could be due to the self-reporting nature of the survey.

We also saw a difference amongst those experiencing a recent fall for the SIMD 5 group. This does not seem to wholly be down to age of respondents when looking at age and SIMD in the equalities section of this report. We also see a slight increase in those attending with a long term condition from SIMD 2.

Age and SIMD

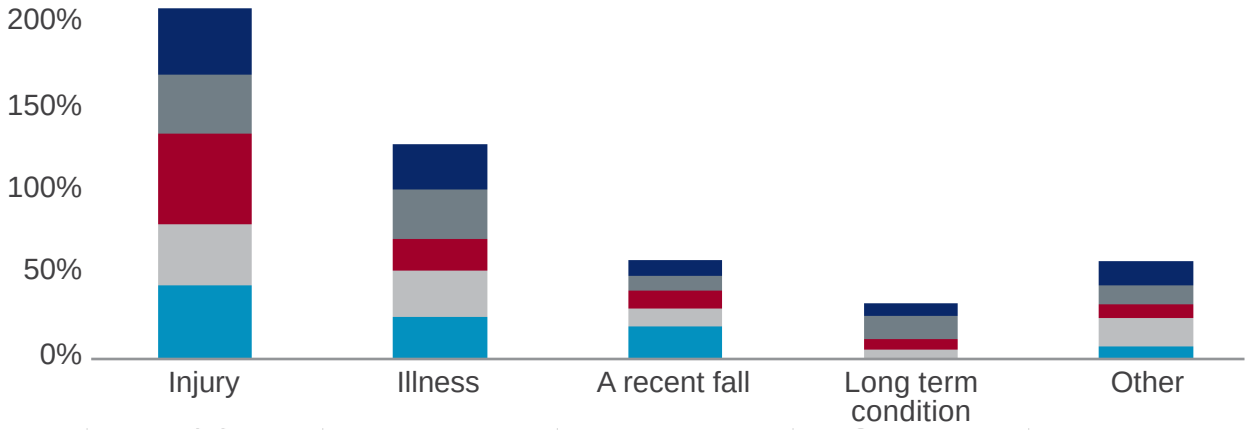
When looking at age breakdown of patients across SIMD brackets we can see the majority of responses came from the 55-64 years bracket, with deprivation generally decreasing with age, being highest in the 35-64 years bracket.



	16-24 yrs	25-34 yrs	35-44 yrs	45-54 yrs	55-64 yrs	65-74 yrs	75 yrs +
SIMD 1	2.9%	14.3%	21.9%	21.9%	21.9%	12.4%	4.8%
SIMD 2	6.3%	12.5%	20.0%	17.5%	27.5%	16.3%	0.0%
SIMD 3	0.0%	10.0%	12.5%	20.0%	27.5%	20.0%	10.0%
SIMD 4	7.1%	19.0%	16.7%	7.1%	11.9%	26.2%	11.9%
SIMD 5	4.5%	4.5%	13.4%	19.4%	29.9%	17.9%	10.4%

Why did people attend an Emergency Department across SIMD

When looking at the question “Was this A&E department the first service you went to or contacted for help” through the lens of SIMD analysis we can see a broadly similar breakdown between Yes and No across SIMD brackets.

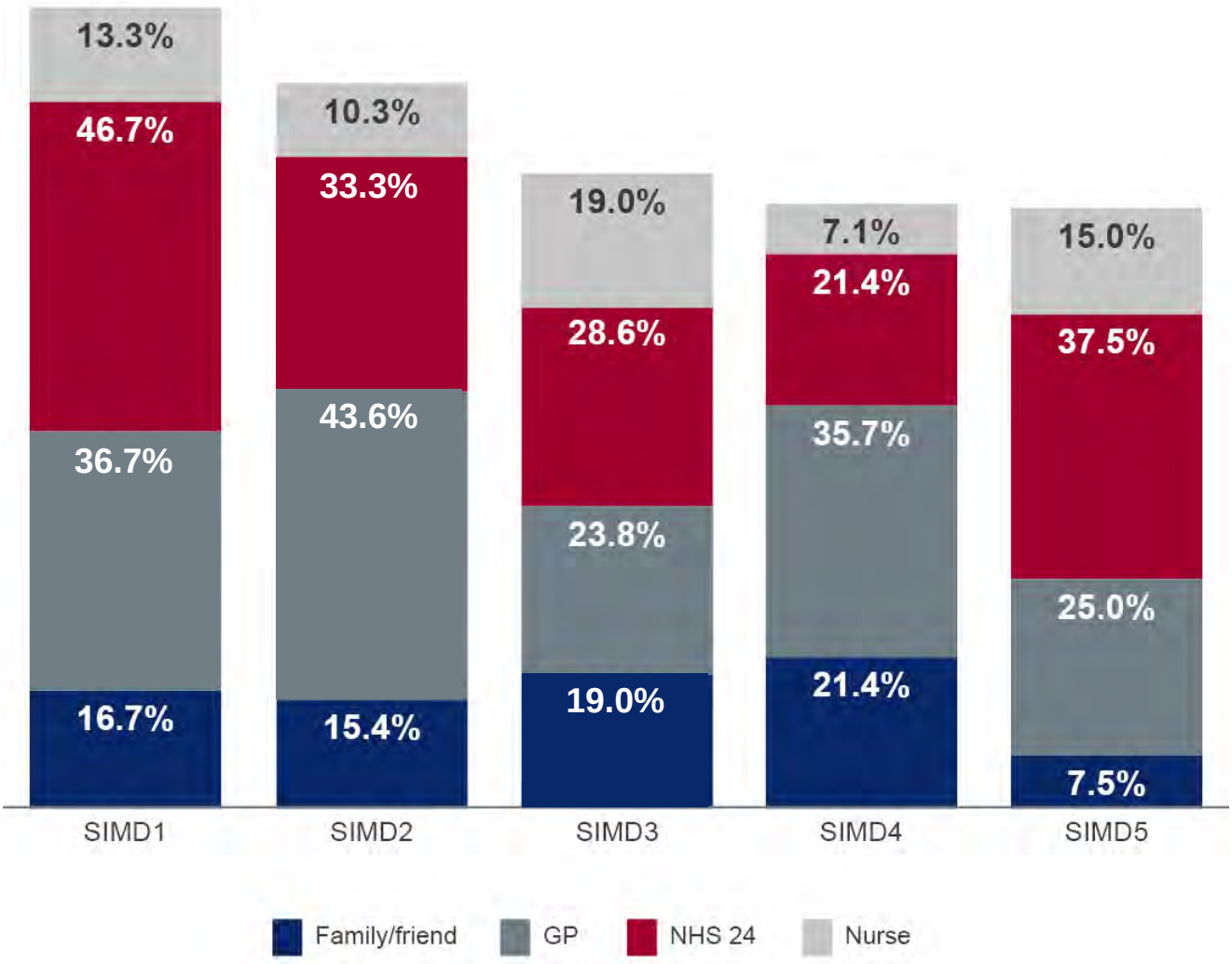


	Injury	Illness	A recent fall	Long term condition	Other
SIMD 1	39.8%	27.6%	9.8%	8.1%	14.6%
SIMD 2	35.6%	29.9%	9.2%	13.8%	11.5%
SIMD 3	55.3%	19.1%	10.6%	6.4%	8.5%
SIMD 4	37.0%	28.3%	10.9%	6.5%	17.4%
SIMD 5	45.2%	26.0%	20.5%	0.0%	8.2%

The only outlier is seen in SIMD bracket 3, with **60%** of people in this bracket stating that the Emergency Department was the first service they visited. This figure was closer to **50-54%** across the other SIMD brackets. This will be an area to further analyse as the survey approach is repeated and our data set increases throughout the year.

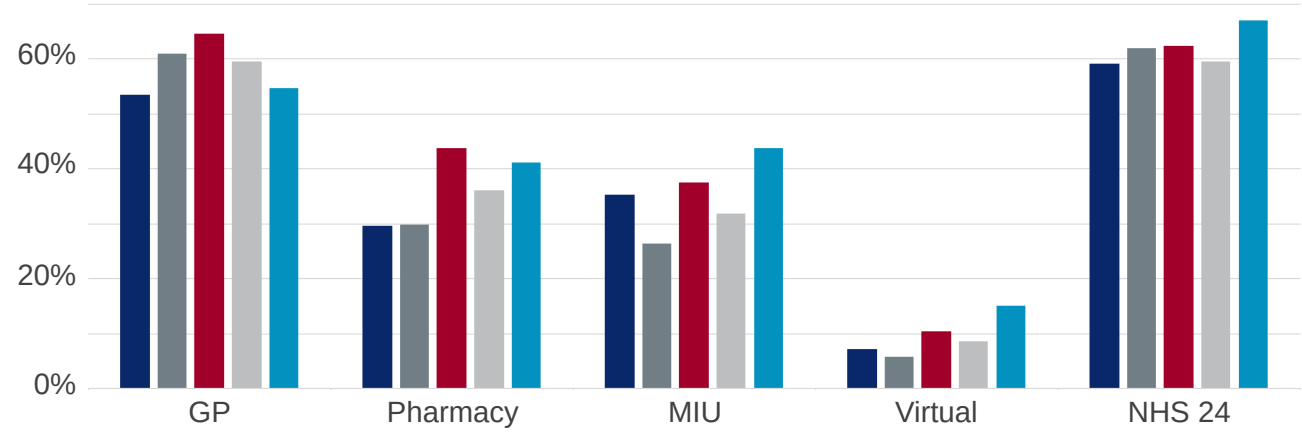
Being advised to attend an Emergency Department service across SIMD

When looking at if anyone advised a patient completing the survey to attend an Emergency Department we see the highest advice to attend of patients by NHS 24 and GP services amongst the most deprived areas of NHSGGC. We also see an increase in people being advised to attend by NHS 24 amongst the least deprived population compared to SIMD 3 and 4.



Awareness of alternatives to an Emergency Department across SIMD

Looking at patient awareness of ED alternatives across SIMD brackets, we see awareness of alternatives sitting around the **50-60%** mark for GP surgeries, with the lowest awareness of this alternative amongst the most and least deprived areas of NHSGGC.



	GP	Pharmacy	MIU	Virtual	NHS 24
SIMD 1	53.6%	29.6%	35.2%	7.2%	59.2%
SIMD 2	60.9%	29.9%	26.4%	5.7%	62.1%
SIMD 3	64.6%	43.8%	37.5%	10.4%	62.5%
SIMD 4	59.6%	36.2%	31.9%	8.5%	59.6%
SIMD 5	54.8%	41.1%	43.8%	15.1%	67.1%

When looking at awareness of other alternatives we can see:

- Awareness of virtual options across all SIMD brackets is lower than more traditional pathways. This is to be expected from a relatively new pathway that is generally accessed via NHS 24. It is interesting to note that the least deprived SIMD 5 does show the highest awareness of this pathway at **15.1%**
- Patient awareness of the ability to access care and support via a local pharmacy rise as deprivation falls, with the most deprived areas of Glasgow having the lowest awareness at **29%**
- NHS 24 was most consistently shared as an alternative to ED by patients completing the survey, with a high of **67.1%** and low of **59.2%**.

People were less aware of Minor Injury Units as a care option. This could be due to access pathways generally being via other services such as NHS 24 but could point to an area of potential promotion and marketing with populations across NHSGGC, particularly in SIMD areas where awareness was lower.

Satisfaction with care amongst recent patients

The following section looks at variations in satisfaction in relation to a number of survey answers. Cross comparison of questions was used to help look for potential patterns and areas where NHSGGC could explore how to improve our messaging around care pathways.

There is opportunity to target media campaigns and promotion material to reach different age demographics, taking into account the variation in care satisfaction as people age. This would build on the Right Care, Right Place student awareness campaign, further tailoring information for a range of age groups and conditions presented with where possible.

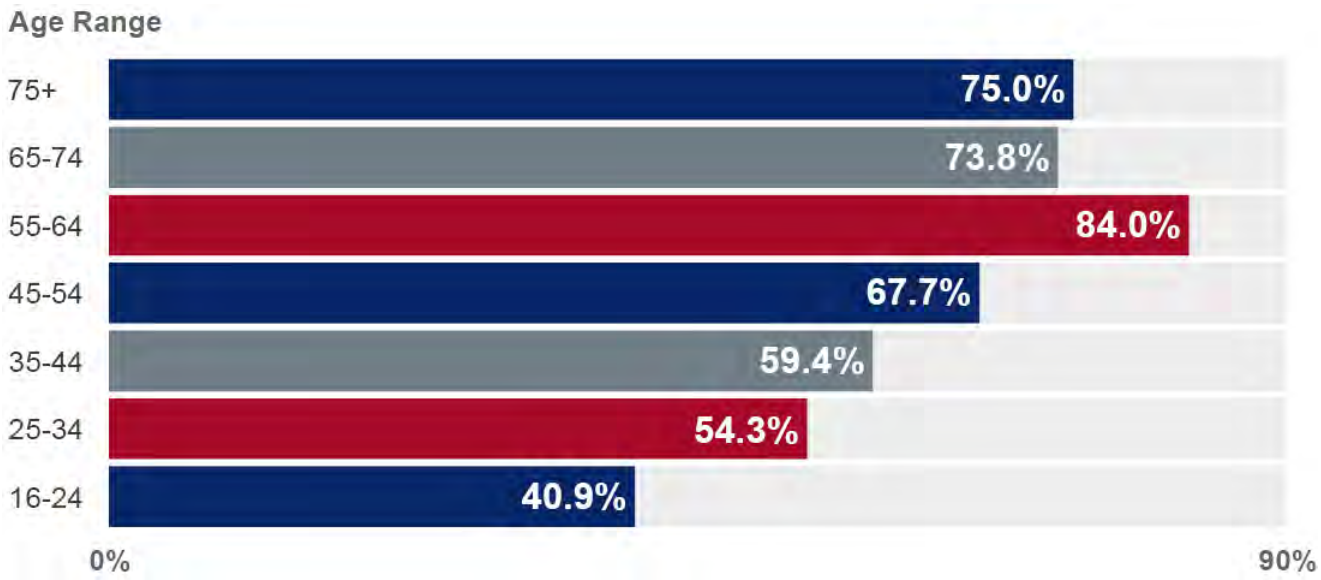
Actions and key learning

- The figures suggest younger people are less satisfied with care received. Younger age groups are generally a far more digitally engaged group, presenting the opportunity to harness digital advertising to promote alternatives to A&E to this specific group.
- The Communications and Public Engagement Directorate will develop a series of targeted communications to younger age groups where satisfaction rates remain noticeable lower than older groups. It is anticipated that providing more accessible awareness raising information will help ensure young people receive quicker and more appropriate treatment, therefore increasing satisfaction levels.
- Similarly we will seek to target 55+ years using a mix of digital and more traditional communications material using their higher general satisfaction with Emergency Department care to ensure messages are targeted effectively.
- When looking at satisfaction and onward referral we gained insight into the types of referral that result in the highest satisfaction rates for patients. This provides opportunity to develop alternative access pathways, or simply raise awareness of existing alternatives.
- Similarly we see satisfaction fluctuate with awareness of alternatives with those sharing lower satisfaction generally sharing awareness of fewer alternative care options. This provides opportunity for NHSGGC to use perceptions of negative care to promote alternatives with a focus on better, faster, more appropriate healthcare.

Satisfaction and Age

When viewing satisfaction in relation to the age range of respondents we saw satisfaction increase in line with age. The lowest satisfaction rate of **40.9%** was seen amongst the youngest population group. This rose to **84%** for the 55-64 age range. The following graph provides a visualisation of this data.

As outlined above, the graph over the page points to opportunities to explore targeted awareness raising with different age ranges, particularly around alternative care pathways.



Awareness of alternative pathways and Care Satisfaction

Looking at awareness of alternative services in relation to satisfaction we see **32.6%** of people share neutral or negative satisfaction with care. We saw very similar blank or no answers across satisfaction levels with **17%** of people not sharing any awareness data with us across each satisfaction level.

Awareness of virtual pathways, specifically the Virtual MIU pathway was low across satisfaction levels, pointing a potential area for promotion and advertisement. This may also point to a relation with the lower satisfaction rate seen amongst patients advised to attend Emergency Departments by NHS 24, as Virtual MIUs act as an alternative pathway for Flow 1 and 2 patients.

Onward referral and Care Satisfaction

Of those referred onto another service after visiting an Emergency Department, **70.9%** reported satisfaction compared with **64.2%** of those who were not referred on. Among those referred on to another service for support, we saw the following. Those referred onto; Fracture clinic shared a **77.8%** satisfaction rate, Diagnostics patients a **75%** satisfaction rate, GP practice referrals were satisfied **75.9%** of the time, and MIU patients **75%** of the time.

Lowest satisfaction was most prevalence among those referred onto Community Health Services (**57.1%**) or Physiotherapist (**57.9%**) services.

Reason for attendance and onward referral

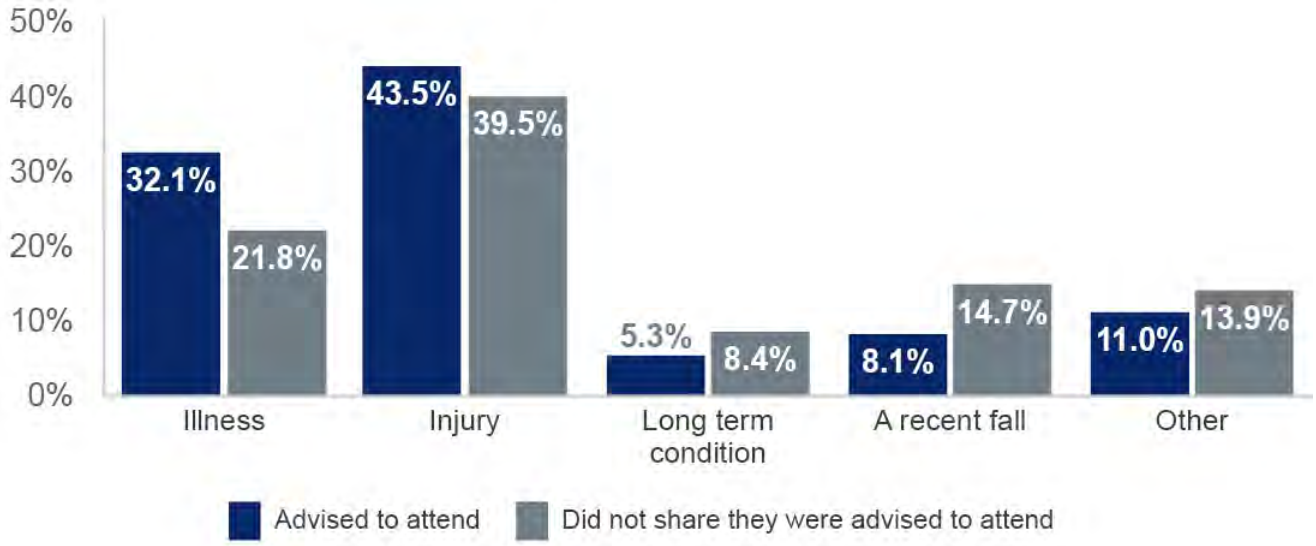
When looking at A&E attendance reasons we see injury as the most common reason for attendance, along with the one people were most likely advised to attend with by someone else. Illness is the next most common reason to attend.

When looking at reasons for attendance in relation to whether a patient was advised to attend an A&E or not we see the largest difference amongst those with an illness, with **32.1%** of patients that were advised to attend sharing they had an illness compared to only **21.8%** of those who were not advised to attend, with a higher percentage of this patient group suffering a long term condition or fall, than those advised to attend.

Actions and key learning

- Over one in three patients referred to Emergency Department cite NHS 24 as directing them to attend. As Flow 1 and 2 patients, there are likely more appropriate routes into care that could be accessed.
- NHSGGC will work directly with NHS 24 to better understand current referral processes and how they can direct patients to alternative pathways across NHSGGC. Specific work will be carried out in relation to the following pathways; FNC, MIU, GP Out of Hours or Pharmacy services.
- There is opportunity to raise awareness of alternate injury care such as the NHSGGC MSK resources, pharmacies and GPs for small cuts and sprains across NHSGGC.

Where people advised to attend across reason for attendance



Headlines

- **32.1%** of those advised to attend did so with an illness of some kind, whereas this figure dropped to **21.8%** for those who did not share that they were advised to attend.
- We can see a reversal of this figure when looking at long term conditions and those who suffered a recent fall with a greater number of people attending with these conditions doing so without outside advice.
- Cardio, and MSK were common “Other” reasons for attendance, that were re-categorised in partnership with ED colleagues into illness, injury or long term condition respectively.

Reason for attendance and sex

We saw females more likely to attend for abdominal pain than men but males were more likely to attend for chest pain, cardio and clots.

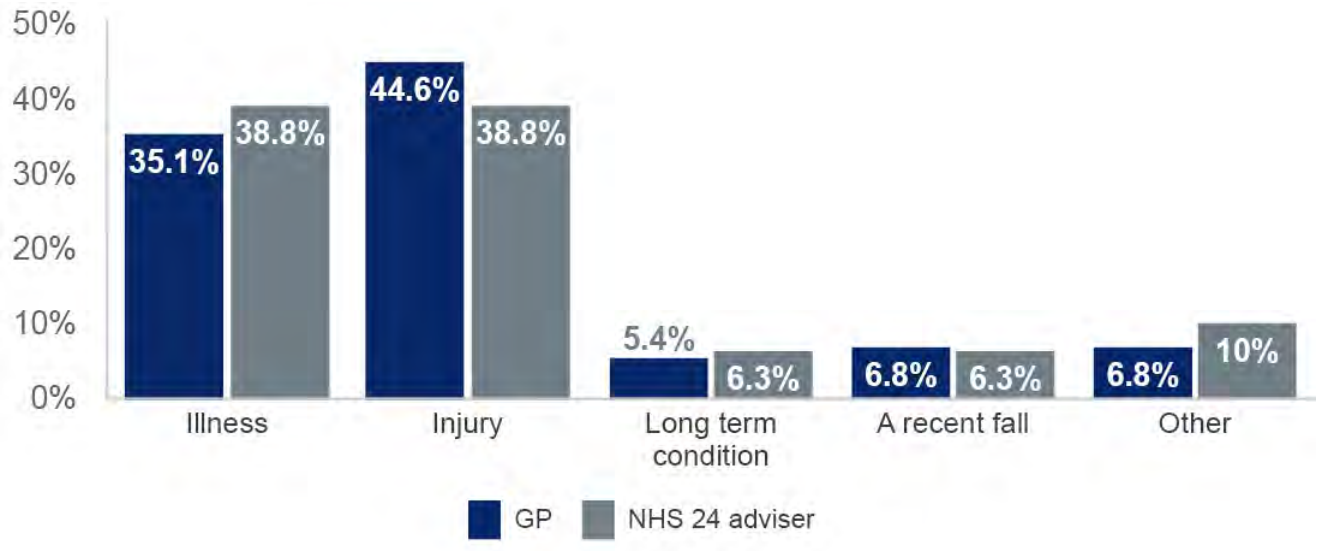
We also saw changes in A&E attendance amongst the most deprived population, with only **33%** of patients completing the survey from the most deprived areas of NHSGGC identifying as male (around **10%** lower than other SIMD brackets).

These differences by sex could be due to severity of condition, although from analysis of responses females are more likely to describe their reason as a medical emergency than males.

Reason for attendance and who advised a patient to attend

The majority of patients sharing their experience stated they were advised to attend by NHS 24 (**37%**) and their GP (**35%**).

The following chart provides a deeper look at these sources of advice in relation to the reason a person shared for their attendance at an Emergency Department. This is a subset of patients with the below graph being drawn from the answers of **154** patients. This type of comparison will become more robust and accurate as the data set increases in size.



Headlines

- When looking at injury we see GP services reported as more likely to advise ED attendance for those with an illness than NHS 24, with a difference of **5.8%**.
- NHS 24 was reported as more likely to advise a patient to attend ED with an illness than GPs by **3.7%**.
- We see similar advice to attend rates for those with long term conditions or that suffered a fall with **<1%** difference between advice source.

Differences in onward referral in relation to attendance reason

When looking at reason for attendance and onward referral to another service, we see slightly higher onward referral amongst those with long term conditions (**44.4%**) with the lowest onward referral amongst those presenting with an injury (**39.2%**).

Further analysis shows:

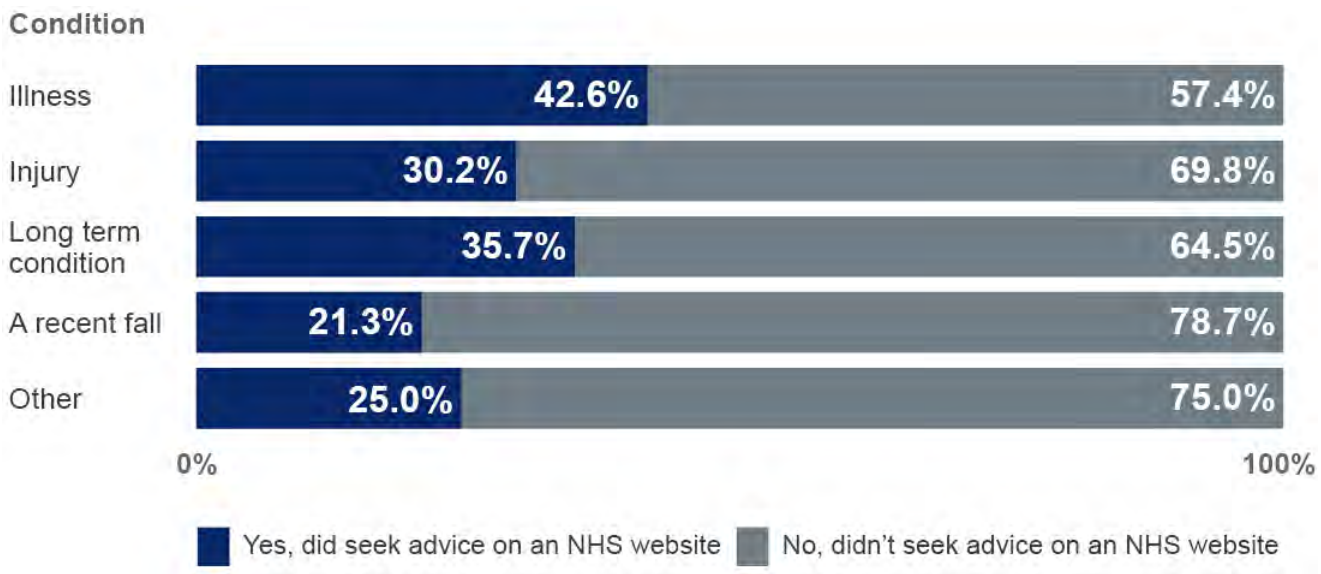
- Of the 192 people advised to attend by their GP, 27 were referred back to their GP (**15%**). Of the 30 people advised to attend by their consultant, one was referred back to their consultant (**4.2%**)
- Of the 205 advised to attend by NHS 24, 82 shared that they were referred onward to another service. Looking at a breakdown of this the majority of onward referrals were 23 to GP (**12%**) and 18 (**9.4%**) to community health services, 8 (**4.2%**) to a physiotherapist.

Where else did people look for support?

When looking at if people attending an Emergency Department looked for advice and support online before attending A&E we saw some differences between conditions. We saw the largest differences amongst those who had a recent fall, with them attending an ED without looking for help first **78.7%** of the time.

Actions and key learning

- We see higher usage of digital services amongst younger age groups, pointing to opportunity to target engagement and communications into virtual spaces used by young people.
- Similarly we see lower digital advice use amongst older age brackets, pointing to the need to think differently about how we raise awareness of alternative care pathways. We may see greater success promoting services in physical locations or through trusted referrers such as GPs.
- When looking at sex of respondent in relation to where they looked for advice we saw males looked for help online less often than females. NHSGCC may be able to explore how we engage with physical spaces frequented by males using specific male targeted media. Likewise information targeting females may see greater traction in online spaces.



When looking at other conditions we see those attending with an illness as most likely to look for advice and support online (**42.6%**). This is followed by those with a long term condition (**35.5%**), and those presenting with an injury (**32.2%**) the third most likely to seek advice online before attending. This potentially points to opportunity for NHSGGC to further promote MSK self-help resources available.

How did people look for advice online in relation SIMD?

When looking at deprivation and the number of people looking for help and support online before attending an Emergency Department, we see similar trends across SIMD 1, 2 and 5. Across these SIMD brackets patients looked online for support around **33-34%** of the time. When looking at SIMD 3 we see this increase to around **41.3%** of the time, and decrease to **19.6%** for SIMD 4.

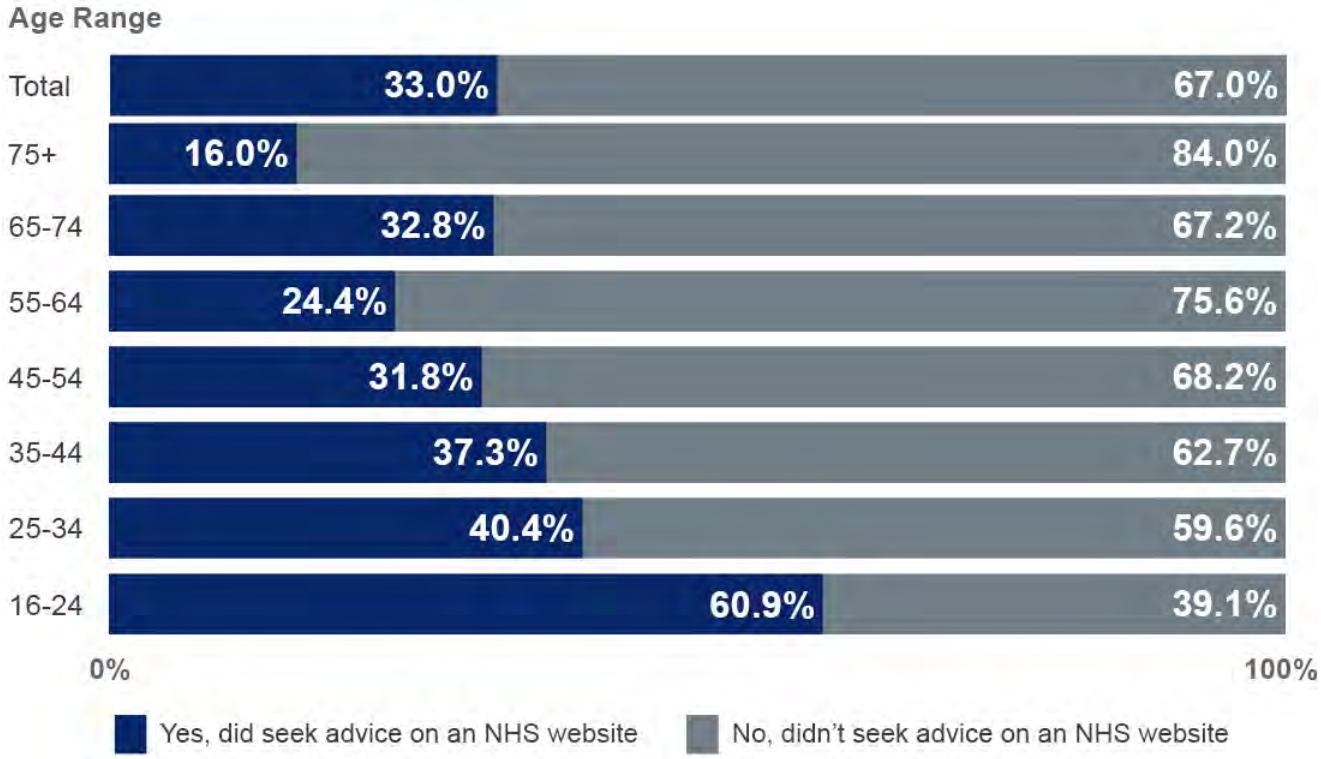
How did people look for advice online in relation to sex?

When cross comparing those who looked for advice online before attending ED in relation to sex, we saw that those identifying as female looked for advice online **36.1%** of the time compare to **26.3%** for males. This potentially points toward avenues to engage with females in existing online spaces to raise awareness as well as opportunities to target male spaces with messages to raise awareness of the Right Care, Right Place campaign.

When looking at where people would seek help first males were more likely to use Emergency Departments as a first point of service (**50.8%**, compared with **44.2%** of females), this difference was more pronounced in the most recent patient group that responded to the text survey.

How did people look for advice online across age ranges?

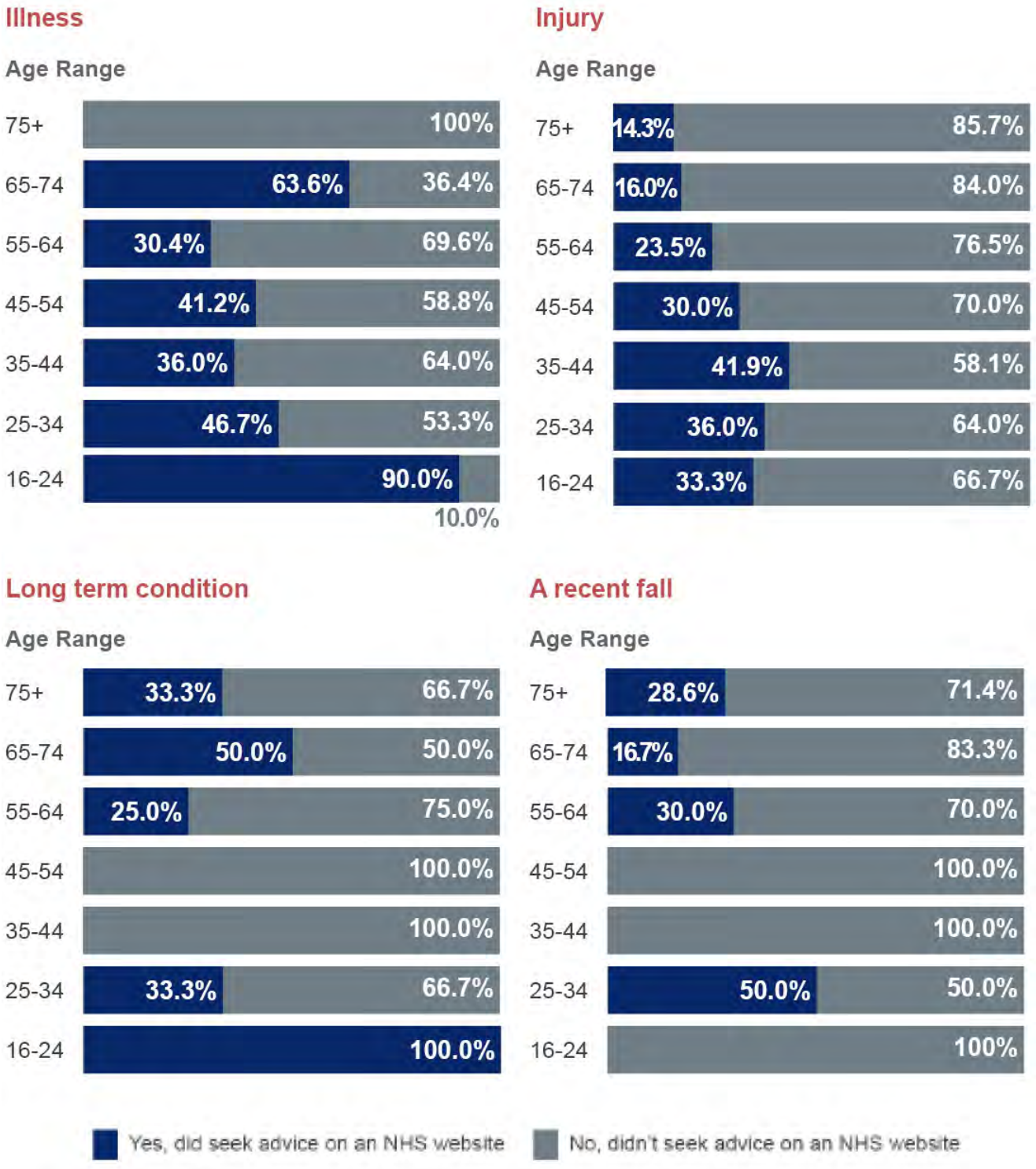
When looking at age in relation to online advice access we see the following:



Online advice access is highest amongst the 16-24 age range, dropping off as patients age with the lowest use of online advice amongst those who identified as 75+.

Did people look for advice online in relation to reason for attendance and age range?

Building on the first chart shown in the section we drew out the age ranges of people accessing care for a range of conditions. When looking at the below table we see that there is a large amount of variance between ages and reason for attendance at an ED in relation to online advice access. From initial analysis “Injury”, though still low, results in the most consistent usage of online services, with “Illness” seeing larger swings particularly amongst younger responders.



Self-reported characteristics: Care and long term conditions

This section looks to analyse questions through the lens of equalities data shared by **73%** of respondents across all surveys. Equalities questions are optional, and can vary in relevance from person to person, for example carer or long term condition status.

Actions and key learning

- The current data set while small points to opportunities to raise awareness of long term condition care pathways for people across NHSGGC.
- Ongoing partnership working with Emergency Department, Primary Care and Public Health colleagues will be undertaken to identify long term condition communities and groups that NHSGGC can target with specific awareness raising campaigns to increase awareness of ED alternatives.
- Potential areas of improvement would be around awareness of COPD care pathways for patients in partnership with Chest Heart and Stroke Scotland, along with increasing awareness of chest pain care pathways.
- Carers are a group with specific service needs. There is opportunity to target care spaces to raise awareness of alternative care pathways that would help avoid an unnecessary ED visit for carers and help those they care for access more appropriate care faster.
- To do so NHSGGC will leverage their corporate carers working group to reach into carer spaces and build greater understanding of carer needs around pathway access. Initial focus will be on understanding common issues accessing care, with a subsequent focus on resolving these issues where possible

Long term conditions

Long term health conditions were also more commonly reported by males than females (**15.1%** compared with **9.7%**), suggesting NHSGGC could further promote alternatives to Emergency Departments amongst the male population.

Further analysis showed that:

- Heart conditions were more common among male attenders than females (**9.3%** of males have a heart condition, compared with **5.4%** of females)
- Male attenders were also more likely to have metabolic conditions (**2.6%** compared with **1.7%** of females)
- Male attenders were also more likely to identify as having a mental health (**2.3%** compared with **1.4%**) or neurological (**2.6%** compared with **1.4%**) long term condition.

Carers

To provide more consistent evidence of care voices taking part in engagement and evaluation work NHSGGC has begun capturing carer status as part of our standard equalities form.

Of those who answered this equalities question **22.5%** self-identified as a carer. When analysing survey results through the lens of carer status we saw that:

- Satisfaction rates with Emergency Department care were slightly higher amongst carers at **73%**
- There were also differences in onward referral for further help, with a slight increase in onward referral amongst carers of **44%** compared to **39.9%** amongst non-carers.

The first major variance between those identifying as carers and the wider population can be found when looking at if the Emergency Department was the first service contacted for help. Carers used Emergency Departments as their first point of contact **63%** of the time compared to **48%** in the wider population.

This may point to lack of awareness of or difficulty accessing alternative care pathways. This is somewhat reinforced when looking at the main reason for attendance. Carers reported not knowing where else to go for care and support more often than non-carers, they also selected medical emergency as their reason for attendance more often than the wider population.

It should be noted that we saw higher awareness of Minor Injury Units amongst carers, though lower usage potentially pointing to other factors being at work. This will require further work with carers groups to determine how we can support carers to access the care they need.

Next Steps

The responses and intelligence captured as a result of this initial round of patient surveys will be used by Emergency Department and Communications colleagues to shape messaging and service pathways for patients across NHSGGC. To ensure that we are hearing from all our communities there are additional engagement actions that are currently being planned to complement this initial report.

(a) Reaching all our communities

To ensure we are providing additional opportunity for our communities to share their experiences of Emergency Department services the PEPI team will conduct follow up engagement with additional groups.

This work will take two strands, with the first focusing on those who may require translation support to access care and support from NHSGGC, both spoken word and BSL. This will be progressed in partnership with the NHSGGC Equalities and Human Rights Team.

The second strand will focus on the delivery of patient focus groups to dig deeper into public understanding and awareness of alternative care pathways.

These two strands of work will be compiled into supplementary reports to help further shape NHSGGC's work to improve awareness of alternative pathways in partnership with public and third sector stakeholders.

(b) Refinement of approach

It is proposed that the survey used during this initial service evaluation is refined, with a key aim being the streamlining of the survey. It will also be key to review existing questions with service leads to ensure they are asking the most pertinent questions in light of feedback to date.

It will be key to work with colleagues across NHSGGC to carry out the refinement of the original survey to ensure we are able to capture accurate and useful information consistently throughout the year.

Key partners in this refinement and the use of learning from survey responses will be national NHS boards such as NHS 24 and the Scottish Ambulance Service to ensure consistent messaging to all stakeholders across NHSGGC.

(c) Communications and Engagement Actions

The following actions outline the work to be undertaken by Communications and Engagement colleagues in the coming months to test key messaging around unscheduled care while exploring new approaches in partnership with communities.

Engagement Actions

Actions	Timeframe	KPI
Develop and deliver adapted evaluation survey targeting those accessing care and support from the Royal Hospital for Children's Emergency Department. There is appetite from service leads to better understand the care experience of those accessing these services, and using the findings to improve the patient experience. We will develop this evaluation survey in partnership with service leads.	**Evaluation scoping**: February - March 2023 **Development and Delivery**: March - April 2023 **Completion date**: May - June 2023 **To be reported:** July 2023	Production and sharing of tailored evaluation survey, with responses received from a range of patients, parents and guardians. Report produced in line with this adult report.
Work with Unscheduled Care and clinical colleagues to repeat the initial evaluation work using a refined evaluation survey. This refinement will focus on digging deeper where appropriate and aim to let NHSGGC track changes in behaviour over time amongst Flow 1 and 2 patients. It is proposed that evaluations take place over two week periods once per quarter. Proposed months for this activity in 23/24 are: April 2023, July 2023, October 2023 and January 2024.	**Evaluation scoping**: March - April 2023 **Development and Delivery**: April 2023 – February 2024 **Completion date**: March 2024 **To be reported** on a quarterly basis.	Production and sharing of refined evaluation survey, with responses received from a range of patients. Development of evaluation dashboard to be explored to supplement ongoing reporting. Evaluation findings to provide evidence of behaviour change over time for Communications actions below.
Plan, test and deliver further engagement with communities that may struggle to engage with NHSGGC through digital means. This work will ensure we have provided opportunity to all our communities to share their experiences of A&E and have been able to shape the work of NHSGGC. This work will use an interview approach to reach those who do not speak English through spoken word and BSL translators, with a supplementary qualitative report produced.	**Evaluation scoping**: February - March 2023 **Development and Delivery**: March - May 2023 **Completion date**: May 2023 **To be reported** June 2023.	Completion of individual interviews, with findings feeding into ongoing communications activity around pathway promotion. Findings from interviews will be compiled into summary report to be shared with service leads.
Plan and deliver focus groups to better understand the needs of our communities in relation to unscheduled care. Focus groups present the opportunity to test new messaging being developed by Communications colleagues. We are able to work more directly with patients with long term conditions, from specific areas of deprivation, ethnic backgrounds, religion and age brackets. This will provide the opportunity delve deeper into A&E usage patterns across these groups and potentially identify further routes to raise awareness of A&E alternatives.	**Campaign scoping**: February - March 2023 **Development and Delivery**: March - May 2023 **Completion date**: May 2023 **To be reported** in June 2023.	Completion of focus groups using content developed in partnership with service leads from unscheduled and primary care. Reports on focus groups findings to be produced focusing on key comments and emerging actions.

Internal Communications Actions

Actions	Timeframe	KPI
Use positive satisfaction rates to drive internal campaign and inform external narrative where appropriate. Despite pressures, overall satisfaction levels with ED remain high at well over two-thirds. There may be an opportunity to utilise this statistic internally within campaigns to support staff and showcase high-quality care. A large number of comments on care have also been provided which highlight positive care from staff and these should be highlighted to help maintain morale.	**Campaign scoping:** March 2023 **Development and Delivery:** March - April 2023 **Initial measurement** in April - May 2023.	**Externally**: Key message uptake in media – coverage **Internally**: Focus groups/ informal feedback.
Engage NHS 24 on key findings to better understand where the experience of patients does not align with agreed referral pathways.	**Campaign scoping:** March - April 2023 **Development and Delivery:** May - December 2023 **Completion date:** February 2024 To be measured on quarterly basis and if required, campaign to repeat as required.	Decrease in NHS 24 referrals to ED.
Targeted GP practice campaign to increase referral rates to MIU / FNC: The findings suggest GP practices could be referring more patients onwards through alternative pathways. We will work with the GP community to inform, encourage and support more referrals through to alternative A&E pathways.	**Campaign scoping:** March - May 2023 **Development and Delivery:** May - August 2023 **Completion date:** September 2023 To be measured on quarterly basis and campaign repeated as required.	Increased referrals from GPs to alternative A&E pathways listed. A similar decrease in referrals to ED would be expected. Liaison with colleagues developing the Primary Care Strategy will be key to identify opportunities for further awareness raising and training with staff.

External Communications Actions

Actions	Timeframe	KPI
Utilising more communications platforms to target younger age groups where satisfaction rates remain significantly lower than with older demographics. The figures suggest younger people are less satisfied with their service. As a far more digitally engaged group overall, there is a strong opportunity to harness digital advertising to promote alternatives to A&E to this specific group, which would help ensure they receive quicker and more appropriate treatment, therefore increasing satisfaction levels.	**Campaign scoping:** March 2023 **Development and Delivery:** April onwards **Completion date:** February 2024 To be measured on quarterly basis.	Increase in satisfaction levels among younger demographics (16-24). Increased uptake of alternative pathways with a fall in ED attendances.

Reinforce and increase output awareness of NHS Inform, Pharmacy, MIU and FNC amongst a range of demographic groups. There is a clear opportunity to reinforce and increase output to drive further awareness of key alternative services to A&E. Specifically, just under half of respondents were not aware MIU and Pharmacy services could be as a potential treatment route for them. Additionally, while more than 1 in 5 people are now aware of the virtual A&E service (FNC), there remains a strong opportunity to drive further awareness raising across demographic groups. When reaching out to specific demographics the survey points to opportunity to develop promotional materials and campaigns targeting male spaces, with a specific aim of increasing awareness of both A&E alternatives access routes to online health support.	**Campaign scoping:** March - April 2023 **Development and Delivery:** May 2023 onwards To be measured on an ongoing basis quarterly.	Increased awareness of alternative pathways amongst a range of demographic, with initial focus on Male spaces. Reduction in numbers attending ED.

Understanding Patient Pathways: Patient Experiences of Emergency Departments
Summary Report and Analysis

February 2023