



**Unannounced Visit to Northampton General Hospital
Emergency Department, 31st January 2023**



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Introduction

Based on recent feedback from the public and other service providers, including negative comments posted on social media platforms with photos of the temporary shelter at the Northampton General Hospital Emergency Department (this was the temporary shelter placed outside initially which has been replaced by the streaming hub) (<https://www.northamptonchron.co.uk/health/northampton-general-hospital-boss-issues-apology-and-explanation-over-state-of-accident-and-emergency-department-3935926>), the Healthwatch North and West Northamptonshire (HWNW) Advisory Board agreed to use their statutory powers to conduct an unannounced visit to both Emergency departments in Northamptonshire.

Three volunteers, including 2 Advisory Board Members (the team) from Healthwatch North and West Northamptonshire, visited the Northampton General Hospital Emergency (NGH) department for an unannounced visit (HWNW Enter and View Policy <https://www.healthwatchnorthamptonshire.co.uk/report/2023-01-17/our-enter-and-view-policy>) on 31st January 2023, starting at 11.30am.

The hospital was informed prior to the visit that it would be undertaken and by whom but did not know the date or time of the visit prior to it happening.

The volunteers spoke to a number of patients about their experiences. This report, written by our volunteers, is a snapshot of the hospital's Emergency department on that day along with the team's recommendations to improve the patient experience locally. It is not a comment on the situation nationally, Government policy or the need for additional resources in Emergency departments across the country.

We are conscious that the new Emergency Department Steaming Hub opened on 26th January 2023, which was shortly followed by the Healthwatch visit on 31st January 2023.

We have also been informed since the visit that the following actions are underway and are being overseen by the Director for Estates and Facilities:

- A review of all signage around the Emergency Departments including Springfield.
- Car parking and vehicle flow around the Nye Bevan and ED routes to be reviewed.
- A report of the car park ticket machines covering 3 months of performance will be requested and analysed for any specific recurring issues to relay back to the supplier / Estates team.
- A request to be made of our Communications team to create an holistic 'bumble bee' journey approach for patients with conditions such as learning disabilities, autism, etc.

Commissioner/provider response

‘Northampton General Hospital (NGH) welcomed the opportunity of this external review of our Emergency Department services by Healthwatch and we are grateful for the findings and recommendation made as part of the visit. This unannounced visit came within the same week as NGH opened its new Streaming Hub for the Emergency Departments as part of our plans to improve patient pathways and their experience whilst in our care. We have taken onboard the observations noted within the report and will be working with our nursing and clinical leads within the Emergency Departments alongside our Estates and Facilities team to enhance the service further’.

Christine Johnson

Head of Patient Experience and Engagement

Background and Key findings

The team started at the entrance to the Emergency Department (ED) and were immediately asked by a security person where we wanted to go and were politely and firmly taken to an entrance in a Streaming Hub situated outside of the department. On our announcement that we were from Healthwatch North and West Northamptonshire, to carry out an Enter and View we were escorted back outside and into the main department, to the area where there was a handover station to receive patients from Ambulance Staff. We were directed on to the Nurses Station down a corridor full of bays of patients, trolleys and chairs. The nurses knew about our visit but not when we would come. A consultant in Emergency Medicine, Dr Julia Weatherill, offered to show us the layout of the department and gave us an extensive tour and an explanation of the various routes patients could take through the department.

Without this, the team would have found the patient flow very confusing. Following this, 15 patients were interviewed for their experiences in the department: 13 in the main ED area and 2 in the separate Paediatrics ED (with their parents/carers).

In the Streaming Hub, the new entrance to the ED, patients are streamed. They can be re-directed to a GP Unit on-site, to Minor Injuries also on site, to the main ED area and to SDEC (Same Day Emergency Care). We did not visit the GP Unit or Minor Injuries or SDEC on this occasion. There is a separate entrance for patients arriving by ambulance. Emergency Department patients go from the reception area to Waiting Area 1 where they could be seen by a triage nurse who determined what initial investigations would be needed e.g. blood tests, ECGs. Waiting Area 1 leads onto the FIT-Stop waiting area where the first clinical assessment is made. In Waiting Area 1 there is a neon sign indicating the length of wait to be seen in ED. At 1pm, the wait was 3-5 hours. (This relates to time to have an ED clinician review the patient and not necessarily the waiting time to be seen directly by a speciality team if referred into ED by a GP) There were vending machines in Waiting Area 1 for drinks and snacks.

By the ambulance entrance, there is 1 room which could be used for assessments, including ECGs. Social Care and the Mental Health Team have a small office in the

clinical observation area, which is located close to the main ED area. The observations area also has a mental health assessment room, which is also an anti-ligature room to prevent self-harm. Social care services have been on site since November 2021 as a pilot, and then a full-time post was confirmed in January 2022. Social care and mental health personnel enhance the knowledge of the medical team within the ED. This helps to assess the patients that fall into these two categories. This knowledge will inevitably help the patients' safe journey home or onto the next stage of treatment. Health assessments, physiotherapy assessments and arrangements for transport home were all made in the observations area.

There was a large 'Resus' (resuscitation) room with 9 bays, 2 of which were empty as the staff try not to use them other than in 'ultra emergencies', i.e. if the department is extremely busy there is always a room with a bed in it available, if needed for a critically unwell/injured adult or child. The longest wait a patient had been in Resus when we visited was 20 hours and 23 minutes, all had been there over 12 hours - waiting for a bed in a ward in the hospital. There was also a room, 'Jo's room' officially known as the 'Quiet Room' for end-of-life patients, which was near to the relative's room. This was a quiet room and private space where relatives could visit and be out away from the noise of the main area.

The geriatric emergency medical area was at the end of ED as this was quieter for patients.

ED staff medical/ nursing notes are, on the whole, electronic. The overall notes bundle which would accompany the patient to the ward will inevitably be a mixture of paper and electronic printed notes/charts etc. EMIS Health (Symphony) was used for tracking patients in the department. Clinical staff could look at a summary care record if it was available, but they could not link into System 1 (the GP system) to see background information. Not all patients have a summary record, and some do not permit a summary to be made.

At 11.30am, there were 3 ambulances waiting to be discharged. Handover is meant to happen within 15 minutes - on our visit it was taking about 30 minutes. If ambulances are being held, doctors go out to assess the patients after 30 minutes. Patients can go to X-ray and have a CT-scan directly from the ambulance returning there afterwards. This is dependent upon circumstances and will only occur if there are significant delays in off load of ambulances. We saw 1 patient doing this. The relationship between the NGH clinical staff and the ambulance staff seemed to be friendly and professional, with the NGH staff trying to expedite the ambulances leaving.

The Emergency department is designed for up to 60 patients depending upon clinical acuity. On our visit there were 102 patients in the area, with 56 patients arriving in the last 12 hours - 26 in the last hour. We were told approximately 350 patients are being assessed each day. Vulnerable patients are allowed to be accompanied by a carer. This is understandable as there was little spare room anywhere. Indeed, we had to keep moving out of the way of beds being moved, wheelchairs and staff with equipment.

The 26 major bays were all full. In addition, we counted 6 trolleys in the entrance and assessment area, and 1 patient in a chair. There were 5 patients sitting in chairs in the observation corridor. There were 2 patients in the Observation area.

We did not visit Waiting Area 2 or patients in the side rooms on 1 corridor. All patients were tested for Covid and there was 1 confirmed patient being kept in a side room.

We observed 'hostesses' bringing lunch to patients and were told that breakfast and dinner would also be brought. There were 2 friendly volunteers with a refreshment trolley providing tea, coffee, and chocolate to those wanting it.

Our observations of staff were that they were kind, friendly and patient with the patients even though they were obviously very busy. One patient wanted to go home and kept trying to make their way out and each time they were led back to their chair in a friendly, calm way. (They were waiting to be collected to be taken home by relatives.) We also observed that staff were continuously checking on patients on trolleys and in chairs, as well as in the bays.

15 patients were interviewed. One was not completed as the patient was called away. All patients had been referred by a GP, by NHS 111, by another service - Inflammatory Bowel Disease, or brought in by the ambulance service. We did not interview those advised to go to the GP service or Minor Injuries. Most had not needed to use the car park but those that had, had found parking difficult, especially as not all the ticket machines were working. Those who have walking difficulties do not want to walk a long way to pay for parking.

Most patients were assessed straight away. However, some patients did not think they were 'seen' if they had not spoken to a doctor, even though they had already been checked by a nurse or another member of clinical staff. All who were waiting to see a doctor had had tests, X-rays and/or ECGs. Those patients who had visited ED before knew the procedure and were less anxious about what was going to happen next.

Four patients had been in overnight. In general, they wanted something to happen quickly so they could go home. We noticed that nurses were checking the bays and the trolleys and chairs and speaking to the patients. However, patients still wanted to know what was happening, or going to happen next.

All but one patient felt they had been treated with dignity and respect. The older patients praised the treatment they had received from the staff, especially if they had been to ED before. The younger patients, or those in for the first time, understandably felt anxious when in the department. They are not always clear about what is going to happen to them next. They need to be told more than once - a few times - about their treatment and when they might be able to go home.

Recommendations

Recommendation 1: Signage appears to be a perennial issue for hospitals. There was not sufficient signage outside of the department to make it easy for patients or their relatives to know which entrance to use. We recommend that someone unfamiliar with the ED area is asked to say where the best place should be for signs to be placed, so that anxious patients know immediately where to go.

Recommendation 2: In the waiting areas, patients asked us what was going to happen to them next. We recommend a board be placed on the wall or leaflets made available describing the process.

We have been informed by the hospital that they would not be using leaflets at this current time due to Infection Prevention Control and also said 'Regarding the suggested message for patients, we would need to establish the correct pathway and this is currently being reviewed by one of our lead Emergency Department Consultants'.

Suggested Messaging on the ED Process

Welcome to the Assessment Area

Your condition will be checked by a nurse or another clinical specialist.

You may be asked to have some tests. For example, give a blood sample, have an X-ray or an ECG.

When all the results are available, they will be assessed by a Doctor.

The Doctor may decide you should stay in the hospital for observation, have some treatment, go to a ward or go home.

This may take some time, especially when the department is busy. Please bear with us.

You will be seen as soon as possible.

Recommendation 3: Staff should be encouraged to keep telling patients what is going to happen to them next - they may find this a bit tiresome, but patients are understandably anxious and need a lot of re-assurance whilst in the Emergency Department. Patients do not always hear what is said to them the first, or even the second time.

Patient information:

Data analysis

Patient No.	Age	Sex	Post Code	Arrival Time	Waiting Time	Referred by
1	73	M	NN3	11.00	1h 45m	GP to ambulance
2	82	M	NN7	17.00 Monday	19h 50m	GP by car to DSEC
3	18	M	NN3	13.00	15m	Ambulance
4	66	F	NN7	11.30	2h	GP
5	37	F	NN5	13.30	10m	NHS111 by taxi
6	60+	F	NN2	11.20	1h 10m	GP to ambulance
7	80+	M	NN3	Monday	Over 20h	NHS111 to ambulance
8	32	F	NN6	10.30	2h 40m	IBD
9	32	F	NN7	10.45	2h 30m	GP
10	80+	M	NN4	11.15	2h 22m	Ambulance
11	72	F	-	10.00	2h 35m	GP
12	75	F	NN6	18.00 Monday	20h	NHS111 to ambulance
13	86	M	NN2	23.00 Monday	14h	NHS111 to GP to ambulance
14 (Paediatric)	15	F	NN7	9.45	4h	Ambulance
15 (Paediatric)	2	M	NN4	12.15	2h	Ambulance

Age Range	Number of patients
Under 18	2
18-30	1
30-40	3
40-60	0
60-70	2
70-80	3
Over 80	4

What people told us:

(Comments are as made by the patient)

Patient 1

White Male Aged 73

Arrived at 11am. Time of interview 12.45pm. He had received a phone call from the GP surgery and was brought in by ambulance. The paramedics had registered him - he was waiting to see a doctor and did not yet know what would happen to him. He had not been seen by a nurse. He had had X-rays and was in the FIT-Stop area. He had been 'plonked here with a wristband on' so he had joined the queue.

He had visited ED last year and was satisfied with his treatment then. He had gone from NGH to KGH for a heart scan. He did not understand this as there was a heart scan machine in NGH. He said, 'don't the doctors work nights or weekends?' He felt that he had been treated with dignity and respect - 'top notch'. He was just sitting there waiting.

Patient 2

White Male Aged 82

Arrived 5pm on Monday 30th into SDEC, referred by his GP. Time of interview 12.50pm Tuesday. He had had ECGs. The doctor had said that he must stay in last night and he spent the night in a chair. He had driven himself in and his car was in the car park - he thought (hoped) that security had sorted out the car parking issues for him. He got into the car park OK but the ticket machines were not working and he could not walk far.

He had had observations done but 'had not seen anyone today'. He was waiting for intra-venous medication to be administered. This could be done at home but last night the company which does it said they could not take on another patient. The receptionist had been very helpful, and 'Hannah' had described to him what was going on. He had no problems with the hospital and staff were very kind. He did not remember when he was seen after his arrival. He had had an ECG, blood test, a canula fitted and he had walked a long way. He had been waiting hours and hours.

He had not used ED in the past. He felt he had definitely been treated with dignity and respect. He just wanted to see someone so he could go home.

Patient 3

White Male Aged 18

Arrived 1pm. Time of interview 1.15pm. He had rung the ambulance service and been brought in by them. They had registered him. He had been informed what would happen next and there had been sufficient privacy to discuss his condition - with ambulance staff. He was waiting to see a doctor. He had not yet had any tests and was not sure what would happen next in the hospital. He had used the Emergency Department about 3 weeks ago and was satisfied with his treatment but it had taken a while. He had so far been treated with dignity and respect.

Patient 4

White Female Aged 66

Arrived at 11.30am. Time of interview 1.30pm. She had been referred by her GP and had come by car and been dropped off (because of the difficulty of parking). She found it easy to register in the Streaming hub. However, in Waiting Area 1 she had been called in by a member of staff and had to re-register. She felt that there was sufficient privacy.

She was assessed by a nurse at the entrance, within 25 minutes. She was waiting to see a member of staff but did not know who. She had been told that someone would call her. She had had an ECG at the GPs and then again at NGH. She was not aware of what was going to happen next. She had not used ED before. She felt that she had been treated with dignity and respect.

She thought that the signage was appalling. Patients were having to be re-directed. There was a lack of information. She did not know what she was waiting for or what was being done. The signage outside was bad. There was no 'streaming nurse' in the booth in Waiting Area 1. The triage nurse was very good.

Patient 5

Female Aged 37

Arrived 1.30pm. Time of interview 1.40pm. She had phoned NHS111 and told to come to ED but not to drive so she had come by taxi. She had nearly walked past the reception area as she was not sure where to go. She had walked in and told to take a ticket and been told to sit there and wait. She felt the procedure was confusing. She felt it was not private but there was not much that could be done. She had not yet been assessed. She had been told that she might need stitches (for a bad cut) so maybe she would need to go to the Minor Injuries Unit.

She had not had any tests or X-rays. She had used ED in the past and been satisfied with her treatment. She had been treated with dignity and respect. She added that she had not known where to go when she left the Streaming hub. She was not sure that she was in the right place and did she need a ticket. Directions should be clearer and there was no-one to ask.

Patient 6

White Female Aged 60s

Arrived 11.20am. Time of interview 12.30. The GP had told her to phone for an ambulance. She dialled 999 and the ambulance came to pick her up (from Tamworth) in less than 5 minutes. She was chronically dehydrated, and they had put her on a drip. She had been registered by the ambulance staff. She felt comfortable and well taken care of - she could not fault the staff. They did a brilliant job.

She had been assessed by a nurse in 45 minutes. She was waiting to see a doctor. She had not had tests but put on painkillers and put on the drip. She had been in ED in January with a chest infection. She had had excellent service, first class. She had been treated with dignity and respect.

The patient expressed great satisfaction with her experience at ED. She has an underlying condition of COPD and has frequented ED on several occasions over the past two years. She has never recorded a negative experience in all her visits.

Patient 7

East African Male Aged 80s

Arrived in ED on Monday. Time of Interview 12.57 (over 20 hours). He had come by ambulance through NHS111. He had been feeling dizzy. The ambulance staff had registered him. He felt the privacy was OK. He was seen at once by a nurse and a doctor. He was waiting to go home. All the tests had been done and he was waiting to be discharged. He had not been to ED before. He had been treated with dignity and respect and he just wanted to go home.

Patient 8

White Female Aged 32

Arrived at 10.30am. Time of interview 13.10pm. She had been seen immediately. She had been referred by the Inflammatory Bowel Disease service as she has Crohn's disease. She came by car but did not comment on the parking. She found it easy to register - the receptionist was helpful. Streaming seemed to be quicker. The IBD nurse came to see her and then spoke to the consultant.

She had been seen by a nurse, a doctor and was now under observation. She had had x-rays and blood tests. She had been in ED last year and SDEC last week with a 10 hour wait. She had been treated with dignity and respect. 'Everyone's been lovely'. She had been kept up to date with what was happening.

Patient 9

White Female Aged 32

Arrived at 10.45. Time of Interview 13.30. She was referred by her GP and came by car. She did not find it easy to register as she was struggling to breathe. She was booked in via streaming which was challenging as she could not breathe. She was sitting for a long time, and everyone was looking at her.

She had been assessed by a nurse after 40 minutes. She had been told to sit in the observation area. She had had an x-ray and been given a nebuliser. This was her first time in ED. She did not feel she had been treated with dignity and respect as she had waited too long for assistance. Her breathing was better now.

Patient 10

White Male Aged 80s

Arrived 11.15. Time of interview 13.37pm. He had come by ambulance after he had had a TIA. He was registered by the ambulance staff and felt comfortable discussing his condition. He had been assessed almost immediately by a nurse. He was waiting for an update from the doctor and a follow-up appointment for treatment. He had had a scan.

He had used ED frequently over the past 18 months. He was generally satisfied with the level of treatment. He had been treated with dignity and respect. He had been treated fairly with a good standard of care.

Patient 11

White Female Aged 72

Arrived at 10.00am Time of interview 12.35. She had been referred by her GP. The patient had been diagnosed with cancer of the abdomen and had a major operation for this 4/6 weeks ago. Since the operation her appetite had been poor, and she continued to lose weight. A saline drip was being administered in the waiting area as her blood pressure was low.

Interview terminated as patient called for assessment.

Patient 12

White Male Aged 75

Arrived at 6pm Monday. Time of interview 12.49 Tuesday. He was referred by NHS111. It was very good - the ambulance came straight away. He was booked in by the ambulance staff. He had a Covid test done in the ambulance. He knew the system as he had attended 4 times over the last year. He was comfortable discussing his condition.

He had seen a nurse and been in a chair since 8pm. He had had IV fluids. He was not sure if he was being discharged. He had been given different information - finding a bed. He had had x-rays done, blood tests. He might be moving to a ward. He had been to ED last October when he had had to sleep on a trolley. It was cold and his experience was worse than this current one. In his opinion, communication between departments was poor. He had been treated with dignity and respect and the ambulance staff had been brilliant. He would like to be kept more up to date. He had observed that the staff walked miles and he thought they needed a better designed department - a hub and spoke design with specialist satellite units on the spokes.

Patient 13

White Male Aged 86 (His son was with him and gave the interview)

Arrived at 11pm Monday. Time of Interview 13.16pm Tuesday. NHS111 had been phoned at 19.20pm and arranged a GP assessment at 21.30, an ambulance had been called which arrived at 20.30. The ambulance had registered the patient and they had waited in the ambulance for 2 to 2 ½ hours. He had been taken from the ambulance for an X-ray and the other observations had been started in the ambulance and continued when in the department. He had been assessed by a nurse and received IV antibiotics for a chest infection. The patient had dementia. He was awaiting a bed but was not eating or drinking. He had been in ED in 2021 with a chest infection. He had been satisfied with his last visit. He had been looked after since coming into the department. The son thought he had been treated well as his father could not hear and had dementia.

Patient 14 - Paediatric ED

White Female Aged 15. Mother and daughter both interviewed

Arrived at 9.45am Time of Interview 13.42. An ambulance had picked the patient up from school after a 999 call. Her mother had come to the hospital and parking for her had been a nightmare. There was nowhere to park close by. Her mother had met the ambulance outside, and the ambulance staff had registered the patient with Paediatrics. Privacy had been OK, but the waiting areas were cold. She felt comfortable discussing her daughter's conditions. They had been assessed 20 minutes after arrival. They were awaiting the results of blood tests but did not know what to expect next.

The daughter had been in ED 11 months ago and the mother commented on the slowness of the system. Her other daughter had recently fractured a wrist and the treatment had been OK. She felt she had been treated with dignity and respect.

Other issues with the NHS were CAMHS. The Crisis Team was OK but follow-on appointments were slow - non-existent. They only got heard if the mother made a fuss. The GP was very good, but CAMHS was poor. She had complained. (She gave her phone number if more detail was needed.)

Patient 15 - Paediatric ED

White Male Aged 2. Mother interviewed

Arrived at 12.15. Time of interview 14.02. She did not have an appointment with the GP. She phoned NHS111 who were amazing. She was advised to go to ED and came in a relative's car. She was OK in reception. She was not told what would happen next but she had been before and knew the system. Privacy was OK. They were assessed within 30-40 minutes. They were awaiting review by a doctor. They had not had any tests. The patient had been to ED before in December 2022. He had been very poorly and was seen quickly. The treatment was good. The mother felt they had been treated with dignity and respect.

Getting GP appointments on the phone was a nightmare. The GP practice was Eleanor Cross Healthcare. They use the ANIMA system for online appointments, but no appointments were left, when the form was filled in. There had been no health visits during the Covid pandemic. Her son had a milk allergy.

Conclusion

There appeared to be plenty of staff to check on patients but not sufficient medical staff to discharge those who could go home. If these patients needed to remain in the hospital, they had not picked this up.

There was also difficulty with moving patients out of ED to the wards. This led to a challenge on the space available for beds and chairs. The department was more than full. It was very busy all the time we were there, but the staff still made time to speak to patients and answer questions as they went by.

On arrival at the entrance and the ambulance station, patients were prioritised for where they should go next and for treatment. There appeared to be a good rapport between the paramedics and the nurses/doctors at the handover point. There was also good rapport with Social Care and the Mental Health Team.

Acknowledgements

Staff had been informed that Healthwatch North and West Northamptonshire would be visiting the Emergency Department but not when. We are very grateful to the hospital for facilitating our visit so that we did not have to take time out to explain what we were there for.

The staff were very welcoming and friendly, despite being very busy. We are grateful to Dr Julia Weatherill who took time out to show us round the department and to show us the patient flow. Without this, we probably would have remained confused about what was going on and what was happening. She was welcoming, candid, and open about the issues and gave us a balanced view of the Emergency Department. Following her description, we had a better appreciation of the overall process and could identify the pathway from registration to the outcome - whether patients went home or had to be admitted to the wards.

We accept that the Emergency Department is extremely busy and trying to manage within the parameters set for it by the Government and the Department of Health and Social Care. Healthwatch North and West Northamptonshire will continue to support its local services and help them provide the best service possible for local people.

The Healthwatch North and West Northamptonshire Advisory Board would also like to thank the public who took the time to talk to the team and our team members, Susan Hills, Christine Drage and Dr Marcella Daye.

About Healthwatch North and West Northamptonshire

Healthwatch North and West Northamptonshire is the local independent consumer champion for health and social care. We are part of a national network of local Healthwatch organisations. Our central role is to be a voice for local people to influence better health and wellbeing and improve the quality of services to meet people's needs. This involves us visiting local services and talking to people about their views and experiences. We share our reports with the NHS and social care, and the Care Quality Commission (CQC) (the inspector and regulator for health and social care), with recommendations for improvement, where required.

Our rights and responsibilities include:

- We have the power to monitor (known as “Enter and View”) health and social care services (with one or two exceptions). Our primary purpose is to find out what patients, service users, carers and the wider public think of health and social care.
- We report our findings of local views and experiences to health and social care decision makers and make the case for improved services where we find there is a need for improvement
- We strive to be a strong and powerful voice for local people, to influence how services are planned, organised and delivered.
- We aim to be an effective voice rooted in the community. To be that voice, we find out what local people think about health and social care. We research patient, user and carer opinions using lots of different ways of finding out views and experiences. We do this to give local people a voice. We provide information and advice about health and social care services.

Where we feel that the views and voices of Healthwatch North and West Northamptonshire and the people who we strive to speak on behalf of are not being heard, we have the option to escalate our concerns and report our evidence to national organisations including Healthwatch England, NHS England and the Care Quality Commission.

Find out more at www.healthwatchnorthamptonshire.co.uk

healthwatch
North Northamptonshire
West Northamptonshire



About Connected Together

Connected Together Community Interest Company (CIC) is the legal entity and governing body for Healthwatch North and West Northamptonshire.

The remit of the Connected Together CIC includes:

- Contract compliance
- Legal requirements
- Financial and risk management
- Sustainability and growth
- Agreeing strategy and operations
- Agreeing policies and procedures



Connected Together CIC is a social enterprise and a partnership between the University of Northampton and Voluntary Impact Northamptonshire. It aims to be first for community engagement across the county of Northamptonshire and beyond.

By using our expertise and experience, we can help you in delivering community engagement programmes including workshops, research, surveys, training and more. Contact us to find out how we can help your community.

We welcome ideas and suggestions for projects that benefit Northamptonshire and its community.

Find out more at www.connectedtogether.co.uk



Appendix - e.g. survey questions

QUESTION 1

1. What time did you arrive at A & E Department?

a) How long have you been waiting?

QUESTION 2

2. Were you referred here by:

a) Your GP?
b) The NHS111 Service?

c) If no to questions a) and b) why did you come to A & E today?

QUESTION 3

3. What method of transport did you use - if by car, how was the parking?

QUESTION 4

4. Did you find it easy to register?

a) Was the Receptionist helpful?

b) Were you told what would happen next?

c) Was there sufficient privacy for you to feel comfortable discussing your condition?

QUESTION 5

Have you been assessed yet by a Nurse?

If so, how soon were you seen after your arrival in the department?

QUESTION 6

Are you waiting to see a Nurse Practitioner, a Doctor or another member of staff?

QUESTION 7

Have you had, or are you going to have X-rays or any tests, or have you been referred to another department/ ward at the hospital? If so, to where?

QUESTION 8

Have you had occasion to use the A & E Department at this hospital in the past?

If so, when was this and were you satisfied with the time that you had to wait and the treatment that you were given?

QUESTION 9

Do you feel you have been treated with dignity and respect while you have been here? If no, please tell us why?

QUESTION 10

Is there anything else you would like to add about your visit today?

Contact us

Address: Healthwatch North and West Northamptonshire
Moulton Park Business Centre
Redhouse Road
Northampton
NN3 6AQ

Phone: 0300 002 0010

Text: 07951 419331

Email: enquiries@healthwatchnorthamptonshire.co.uk

Website: www.healthwatchnorthamptonshire.co.uk

Facebook: [Healthwatchnorthamptonshireandwestnorthamptonshire](https://www.facebook.com/HealthwatchNorthamptonshireandWestNorthamptonshire)

Twitter: [@HealthwatchNWN](https://twitter.com/HealthwatchNWN)



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If you require this report in an alternative format please contact us at the address above.

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