

Experiences of Patients Attending A&E and Urgent Treatment Centre at the Royal London Hospital

The Key Factors Involved in Patients Deciding to Attend A&E



Contents

Contents.....	1
Introduction.....	2
Key Findings.....	5
Recommendations.....	7
Full Findings.....	8
GP or A&E?.....	9
Patient Experience Before A&E.....	11
Redirection to services.....	13
Appendix 1.....	16

Introduction

Healthwatch Tower Hamlets is your **local, independent health and social care champion**. We help local people to voice their **views and opinions** about the services they use.



We **listen** to people and **collect their feedback** on health and social care services.



We **report on key findings** and **make recommendations** for improvement.



We **present these reports** to those involved in the planning and commissioning of the health and social care services.

Project Background

The Tower Hamlets Place of North East London Integrated Care Board commissioned Healthwatch Tower Hamlets to gather feedback from patients waiting at the Royal London Hospital's Accident & Emergency (A&E), Urgent Treatment Centre (UTC) and the Children's A&E to find out their experiences before coming to the hospital and whether their reason for attending the hospital was driven by their inability to secure an appointment with their GP within a desired time frame.

The project aimed to collect feedback from patients walking into the A&E, UTC or Children's A&E at the hospital to help understand their prior experience and if they would accept a redirection to primary care services.

This project is part of the Same Day Access Programme supported by the Tower Hamlets Together partnership and seeks to reduce patient demand at the A&E, UTC and Children's A&E services at the Royal London Hospital.

Methodology

We spoke to a total of 425 patients who shared their feedback.

The feedback was collected through in-person visits to the A&E, UTC, and Children's A&E. Healthwatch Tower Hamlets staff and volunteers visited the hospital 38 times in total over seven weeks between July and September 2024 to interview patients in waiting areas on a one-to-one basis.

The visits were arranged in two shifts: a morning visit between 10am and 12.30pm and an afternoon visit between 2.30pm and 5pm.

The majority of the visits were conducted to the A&E department which acts as the front door for walk-in patients after which they are triaged and redirected to the UTC if appropriate.

Limitations

Staff and volunteers kept a record of how many people refused to take part in the survey. Around 700 people were approached regarding the survey of which roughly 40% declined to participate. Most people declined because they simply were not interested in participating or they were not feeling well. However, 17% of these patients did not respond to our survey because of a language barrier. We tried to overcome this barrier by having staff members and volunteers who speak other languages participate in the data collection process, but unfortunately, this was not possible with every visit.

We were also limited in collecting feedback from the Children's A&E for two reasons: delay in getting access to interview parents at this department and the school holidays in August. The project was extended by 3 weeks to enable feedback collection once children returned to school at the beginning of September, however, we found that the Children's A&E remained quiet for the first few weeks of the school term which affected the number of surveys collected.

Although we spoke to 425 patients, not all participants completed the survey. We found that during quiet periods patients were called in quickly which meant that they did not complete the survey. It should also be noted that the A&E was particularly quiet for the last two weeks of August most likely due to people being away on summer holidays.

Terminology

For clarity of our report, we will refer to all three departments visited (A&E, UTC and Children's A&E) as A&E from here on. The focus of our project was not to analyse feedback from different departments separately but to explore why people are attending these services.

Acknowledgements

Healthwatch Tower Hamlets would like to thank the staff at the A&E, Urgent Treatment Centre and Children's A&E at the Royal London Hospital for facilitating our visits and being supportive of the project.

We would also like to thank all the patients who shared their feedback and the volunteers who gave their time to assist us with the data collection and analysis.

Key Findings

GP or A&E?

1. 52% of patients we spoke to told us they preferred to attend A&E rather than see their GP because their medical condition needed specialised or urgent treatment, or a test or scan requiring facilities and equipment that GP practices do not have.
2. However, a significant proportion (45%) of the patients said they would have preferred to have had an appointment with their GP instead of going to A&E. In addition, 41% of the people we spoke with had contacted their GP practice before going to A&E but had either been told there was a long wait time for an appointment or no available appointments, or they had not received a response.
3. While most patients preferred to attend the A&E for the “right” reasons, we found that a small proportion of patients (9%) attended A&E without contacting their GP because of past difficulties accessing appointments. This suggests that these patients attend A&E to receive treatment for a condition that is likely treatable by a GP and seeking treatment at the A&E instead of a GP is becoming a habit rather than something for emergencies only.
4. Out of all the patients who said they had not contacted their GP before going to A&E, people aged 35–54, people with no disabilities, and people from Black and Black British backgrounds were most likely to say that this was because of past difficulties getting a GP appointment.

Patient Experience Before A&E

5. 70% of patients who had successfully contacted their GP had been referred to A&E by someone at their GP practice. The main reasons for the referrals were the patient's symptoms, underlying and complex health conditions (34%) or a need for a test, scan, X-ray or other services requiring equipment that GP practices do not have (16%). A small proportion of patients (7%) had been told by someone at their GP practice to go to A&E due to a lack of appointments or because it is quicker.
6. Many patients told us of their struggles to access GP services with 25% of respondents saying they had found it difficult to get a GP appointment even after contacting and speaking to someone at their GP practice. Most of these patients were told there were no more appointments left when contacting their GP – usually at 8am – or they found the wait time for an appointment too long for them.

7. People also told us about their struggles to contact their GP practice with 11% saying they had not managed to speak to anyone. Most of these patients found that they had to wait too long for someone to answer their call or their call was not answered at all.

Redirection to Primary Care Services

8. Whether a patient accepts a same-day appointment with a GP near where they live depends on the severity and urgency of their condition. While most people (64%) said they would accept it, many reiterated that they would like to be assessed first at the hospital for it to be deemed safe and appropriate for their condition.
9. There was a clear shift towards a negative response when asked if patients would accept a GP appointment within 48 hours with only 38% saying they would. Patients felt that they would not want to wait up to 48 hours to see someone and preferred to see someone the same day putting this down to the severity or urgency of their condition.
10. Significantly fewer people were willing to accept a same-day appointment with a pharmacist with 36% of people who answered this question saying they would do so if deemed safe and appropriate after an assessment. Patients expressed a preference to see a doctor and hesitancy about a pharmacist's ability to provide appropriate treatment.
11. People from Black and Black British backgrounds were least likely to accept an appointment with a pharmacist by a significant percentage with 74% of these respondents saying they would not accept it.
12. Younger people (16-54) were more likely to accept a redirection to a GP or pharmacy appointment than those aged 55 or older with 68% of people aged 16-54 saying they would accept it compared to 53% of people aged 55 or older.
13. Parents of children (0-15) were happy to accept a same-day appointment with a GP, but they were least likely to take an appointment with a GP in 1-2 days or a same-day appointment with a pharmacist with only 24% saying they would accept these redirections.

Recommendations

1. Improving access to urgent, ideally same-day, GP appointments for people aged 16-54 with no disabilities who are more likely to attend A&E because they cannot get an urgent appointment with their GP.
 - a. Creating a promotional campaign to raise awareness of improved access to urgent GP appointments using multiple communication channels and tools to reach the target audience and reduce A&E attendance.
2. Creating a promotional campaign about NHS 111 services to encourage patients to contact the service for advice before going to A&E and creating tailored campaigns to promote services to people from different backgrounds.
3. Informing patients about alternative services to drop in or self-refer to, such as pharmacies, sexual health clinics, and Tower Hamlets Talking Therapies to ensure that patients can receive timely care even when appointments at their GP practice are not immediately available.
4. Raising awareness around local Pharmacy Services to educate people on the minor conditions qualified pharmacists can treat to reduce A&E attendance and creating tailored campaigns to promote services to people from different backgrounds.

Full Findings

GP or A&E?

Our project explored why patients attend A&E at the Royal London Hospital and whether patients who prefer to see a GP are attending A&E to get treatment because they cannot get an appointment with their GP.

Patients Attending A&E Mostly Driven by the Severity and Urgency of Conditions and the Need for Appropriate Equipment

Most (52%) of the 425 patients we spoke to told us they preferred to attend A&E rather than see their GP.

Exploring the reasons for patient preference to attend A&E, we found that these are usually related to their medical condition with 53% of patients who preferred A&E saying their condition was 'not appropriate' for a GP. They went on to further explain that they had come to A&E because their condition required hospital or urgent treatment. We also found that people had come to the A&E because they needed tests, scans, X-rays, or wound dressing which require appropriate facilities and equipment that GP practices do not have.

We also asked patients if they had tried to contact their GP before attending A&E with 59% saying they had not done so. Around half of these patients said they had not contacted their GP because A&E was the right place to come for their medical problems. These further highlight that most patients prefer to attend A&E because of the severity or urgency of their medical condition.

We also found that parents of children aged 0-15 and adults aged 75 or older were most likely to say their condition was not appropriate for a GP and that A&E was the right place for them.

"[I prefer A&E] because of the severity of the accident, I think my son broke his arm." Parent of a child aged 5-15, Bangladeshi

Significant Proportion of Patients Preferring GP But Access Issues Driving Attendance at A&E

45% of patients said they would have preferred to have had an appointment with their GP instead of going to A&E. In addition, 41% of the people we spoke with had contacted their GP practice before going to A&E indicating that many patients waiting at the A&E would prefer to see a GP.

Patients explained they would have preferred to have been seen by their GP but after contacting their practice, had either been told there was a long wait time

for an appointment or no available appointments, or they had not received a response at all. Many patients told us that, for these reasons, they had come to A&E instead for treatment.

Our analysis of demographic data shows that people aged 35-54 were most likely to have contacted their GP before going to A&E.

“My GP hasn't replied.” Woman, 16-24, Mixed or Multiple ethnicities - White and Asian

GP Access Issues Prompting Patients to Attend A&E With No Prior Contact with GP

While most patients preferred to attend the A&E for the “right” reasons, we found that a small proportion of patients (9%) attended A&E without contacting their GP because of past difficulties accessing appointments. This suggests that these patients attend A&E to receive treatment for a condition that is likely treatable by a GP and seeking treatment at the A&E instead of a GP is becoming a habit rather than something for emergencies only.

Out of all the patients who said they had not contacted their GP before going to A&E, people aged 35-54 and people with no disabilities were most likely to say that this was because of past difficulties getting a GP appointment. As younger and often healthier with no underlying or complex health conditions, this age group may be more likely to wait longer (days or weeks) for their GP appointment which could mean they go to A&E instead for treatment.

Our analysis also showed that people from Black and Black British backgrounds were most likely to say they had not contacted their GP before going to A&E because it is always difficult to get a GP appointment.

“It is too complicated to get a GP appointment. I need to fill in the online form, wait for them to call back, and then get an appointment. It is just too much.” Woman, 35-44, Black African

Patient Experience Before A&E

With our survey, we further explored the experiences patients had before coming to A&E and the key drivers for patients to attend A&E.

Most people who had tried to contact their GP had done so by telephone, a quarter had walked into their GP practice and a small number of patients had contacted their GP practice online. While most had managed to speak to someone at their GP practice (89%), a small proportion of patients did not, prompting them to come to A&E.

A small proportion of patients – mostly from younger age groups (16–54) – had contacted NHS 111 instead of their GP who had referred them to the A&E while only 1% had spoken to a pharmacist.

Contact with GP Resulting in A&E Referral for Children and Adults Aged 75+

Most patients (70%) who had successfully contacted their GP had been referred to A&E by someone at their GP practice.

The main reasons for the referrals were the patient's symptoms, underlying and complex health conditions (34%) or a need for a test, scan, X-ray or other services requiring equipment that GP practices do not have (16%). A small proportion of patients (7%) had been told by someone at their GP practice to go to A&E due to a lack of appointments or because it is quicker.

Some patients who had not managed to speak to anyone at their GP practice were referred to A&E through automated voice recordings or the e-Consult online form.

Parents of children aged 0–15 and older adults aged 75+ who had contacted their GP and spoken to someone were most likely to have been referred to A&E further indicating that these age groups are more likely to attend A&E because of the severity or urgency of their medical condition.

Those aged 16–34 were least likely to be referred to A&E by their GP practice, indicating this age group is more likely to attend A&E because of difficulties getting an appointment with their GP within the desired timeframe rather than their condition not being treatable by a GP.

“I had a GP appointment earlier today and they referred me here because of my heart problem.” **Woman, 75–84, White British**

“[I was] referred here. I went to them (GP) first, and they said they had no appointments. I called 111 and was sent to GP. They said they couldn't see me and then sent me to A&E.” **Man, 45–54, Black/Black British Somali**

Many Patients Experiencing Difficulties Accessing GP Services Due to Long Wait Times or Lack of Appointments

Many patients told us of their struggles to access GP services with 25% of respondents saying they had found it difficult to get a GP appointment even after contacting and speaking to someone at their GP practice. Most of these patients were told there were no more appointments left when contacting their GP – usually at 8am – or they found the wait time for an appointment too long for them.

People also told us about their struggles to contact their GP practice with 11% saying they had not managed to speak to anyone. Most of these patients found that they had to wait too long for someone to answer their call or their call was not answered at all.

Only a small proportion of the patients we spoke with who had contacted their GP said they had done so online using their phone or a computer. Most of these patients had been subsequently referred to A&E most likely because the online form prompts people with certain symptoms to attend A&E rather than finish completing it.

Some patients also found it difficult to use the e-Consult online form or were told there were no available appointments after completing it. A few people had not received a response to their e-Consult although it should be noted that when asked to specify how long they had waited for the response, this was no more than a few hours.

“Spoke to a receptionist, I was told it was fully booked and to call back the next morning or do the e-consult.” **Woman, Any Other Asian background**

Redirection to Primary Care Services

Our survey also asked patients whether they would be willing to be redirected to other services. We asked the participants if they would accept an appointment with primary care services following an assessment at the A&E.

Accepting a Same-day GP Appointment Dependent on the Patient's Condition

Whether a patient accepts a same-day appointment with a GP near where they live depends on the severity and urgency of their condition. While most people (64%) said they would accept it, many reiterated that they would like to be assessed first at the hospital for it to be deemed safe and appropriate for their condition.

Parents of children aged 0-15 and younger age groups (16-54) were more likely to accept a same-day GP appointment compared to older age groups (55+) as were people with no disabilities. 76% of parents of children aged 0-15 and 68% of people aged 16-54 said they would accept a same-day appointment with a GP compared to 53% of people aged 55 or older.

This would suggest that redirection is more appropriate for younger people with no underlying or complex health conditions.

"[Yes], if the hospital doctor said that it was appropriate." Woman, 25-34, Any other mixed background

A small proportion of people indicated a preference to be seen at the hospital because of the immediacy of treatment and some thought that the quality of treatment would also be better.

"Need to be seen urgently for my illness." Man, 65-74, Asian or Asian British Indian

Patients Significantly Less Likely to Accept a Redirection to GP Appointment in 1-2 days

When asked if patients would be willing to accept an appointment with a GP near where they live in 1-2 days, there was a clear shift towards a negative response compared to when asked about a same-day appointment.

Compared to 64% who said they would accept a same-day appointment, only 38% said they would accept an appointment with a GP in 1-2 days.

Patients felt that they would not want to wait up to 48 hours to see someone and preferred to see someone the same day putting this down to the severity or urgency of their condition.

Parents of children aged 0-15 were least likely to accept a GP appointment in 1-2 days as they felt it was important to them to see someone the same day with just 24% saying they would accept it.

Despite the shift to decline an offer of an appointment if it meant waiting up to 48 hours to see someone, 38% of patients did say that they would accept this. However, many again reiterated that they would like assurance this was safe while some expressed concern about the wait.

“Depends what it is, for me, it's important to see someone on the same day. Also, the hospital can do tests.” Woman, 25-34, Chinese

Patients Hesitant to Attend Pharmacy Services Due to Lack of Knowledge and Trust in Pharmacists' Qualifications

While most patients were happy to accept a same-day GP appointment, significantly fewer people were willing to take a same-day appointment with a pharmacist. 36% of people who answered this question said they would accept it if deemed safe and appropriate after an assessment.

Some patients, even though they responded positively, expressed hesitancy about a pharmacist's ability to provide appropriate treatment.

Younger people aged 16-34 and people with no disabilities were most likely to accept a same-day appointment with a pharmacist.

“As long as I was seen by someone who knows what they are talking about.” Woman, 25-34, White British

Most patients who said they would not accept an appointment with a pharmacist explained that they wanted to be treated by a doctor. Patients told us their condition needed specialised care, it was not appropriate for a pharmacist, or they simply preferred to be seen by a doctor. Overall, the

feedback seems to suggest a lack of knowledge or trust in pharmacists' qualifications and the type of treatment they can provide.

The feedback showed that parents of children (0-15) were least likely to accept a pharmacist appointment compared to other age groups with only 24% of them saying they would accept it while 44% of people aged 16-54 said they would take an appointment with a GP in 1-2 days' time.

Interestingly, when comparing the answers of people from different ethnic backgrounds, people from Black and Black British backgrounds were least likely to accept an appointment with a pharmacist by a significant percentage with 74% of these respondents saying they would not accept it. This was followed by people from White British backgrounds with 62%.

"I don't think it would be appropriate, I would need an explanation why a pharmacist would be appropriate to treat me." **Woman, 25-34, Any other mixed background**

"Lack of confidence. [They] won't be able to solve my problems." **Man, 45-54, Somali**

Appendix 1

Is your GP practice in Tower Hamlets?	Overall	
	n.	%
Yes	226	53%
No	191	45%
I do not have a GP / am not registered with a GP Practice	8	2%
Grand Total	425	100%

Are you:	Overall	
	n.	%
A man (including transgender man)	188	44%
A woman (including transgender women)	214	50%
Non-binary	2	0%
Prefer not to say	2	0%
Not known	19	4%
Grand Total	425	100%

Are you:	Overall	
	n.	%
A man (including transgender man)	188	44%
A woman (including transgender woman)	214	50%
Non-binary	2	0%
Prefer not to say	2	0%
Not known	19	4%
Grand Total	425	100%

Where do you live?	Overall	
	n.	%
Barking and Dagenham	4	1%
Brent	2	0%
City of London	1	0%
Croydon	1	0%
Enfield	2	0%
Essex	3	1%
Greenwich	2	0%
Hackney	7	2%
Harlow	1	0%
Harrowgate	1	0%
Homeless	1	0%
Ilford	1	0%
Islington	2	0%
Lambeth	1	0%
Lewisham	4	1%
Newham	61	14%
Outside of London	2	0%
Redbridge	6	1%
Romford	1	0%
Southwark	2	0%
Surrey	1	0%
Tower Hamlets	262	62%
Waltham Forest	8	2%
Not specified	49	12%
Grand Total	425	100%

Ethnicity	Overall	
	n.	%
Asian or Asian British - Bangladeshi	111	26%
Asian or Asian British - Chinese	12	3%
Asian or Asian British - Indian	22	5%
Asian or Asian British - Pakistani	20	5%
Asian or Asian British - Any other Asian background	10	2%
Black or Black British - Caribbean	9	2%
Black or Black British - Other African	17	4%
Black or Black British - Somali	15	4%
Black or Black British - Any other black background	6	1%
Mixed or Multiple ethnicities - White and Asian	1	0%
Mixed or Multiple ethnicities - White and Black African	3	1%
Mixed or Multiple ethnicities - White and Black Caribbean	6	1%
Mixed or Multiple ethnicities - Any other mixed background	7	2%
White - British	93	22%
White - Gypsy/Roma	2	0%
White - Irish	2	0%
White - Any other White background	22	5%
Any other background	23	5%
Prefer not to say	5	1%
Not answered	39	9%
Grand Total	425	100%

Disability	Overall	
	n.	%
Arthritis	2	0%
Autism	4	1%
Cancer	1	0%
Chronic Pain Syndrome and Arthritis	1	0%
Complex	1	0%
COPD	1	0%
Diabetes	2	0%
Epilepsy	2	0%
Hearing impairment	2	0%
Vision impairment	1	0%
Kidney failure	1	0%
Learning disability	2	0%
Dyslexia	1	0%
Mental health condition	6	1%
Mobility	10	2%
Tourette and Crohn's Disease	1	0%
Prefer not to say	5	1%
No disability	308	72%
Not specified	29	7%
Not answered	45	11%
Grand Total	425	100%



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