



## **National summary of the national results for the 2012 Accident and Emergency survey**

### **About the summary**

This summary provides key findings from the fourth national survey of patients who attended an Accident and Emergency Department (A&E). The sample consisted of patients who attended A&E in January, February or March 2012. Almost 46,000 patients aged 16 or older from 147 NHS Trusts in England completed questionnaires, yielding a response rate of 38%. The summary reports all questions that patients were asked about key aspects of their care, and highlights statistically significant differences between the previous two surveys and the 2012 survey results where possible.

A 'statistically significant' difference means that the change in the results is very unlikely to have occurred by chance. Where comparisons are not presented, this is because there has not been a statistically significant change. The text states where we are unable to present comparisons because questions have been changed or are new to the survey this year<sup>1</sup>. Where tables are presented alongside a description of data, there may be minor differences in aggregated figures reported owing to the effect of rounding percentages in the tables.

Results from the 2012 survey are primarily intended for use by NHS trusts to help them improve their performance. The CQC has included data from this survey in its Quality and Risk Profiles to assess compliance with the essential standards set by the government, and has published data for all NHS trusts on the CQC website. The Department of Health will also use the results in measuring performance against a range of indicators.

A set of tables showing the year on year results for each question is available on the CQC website, along with the results for each NHS trust:

**[www.cqc.org.uk/accidentandemergency](http://www.cqc.org.uk/accidentandemergency)**

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<sup>1</sup> The results from each trust are given equal weight in calculating the England (national) results. Some trusts have a higher response rate than others and would therefore have a greater influence over the England (national) average. To correct this we apply a 'weight' to the data. As a result of applying this weight, the responses from each trust have an equal influence over the England average, regardless of differences in response rates between trusts.

## Summary

- Respondents reported longer waiting times than in previous A&E surveys, although the majority were seen within time frames deemed acceptable by the Department of Health:
  - Thirty-three percent of respondents said they waited more than half an hour before they were first seen by a doctor or nurse (up from 24% in 2004 and 29% in 2008)
  - Twenty-nine percent waited more than an hour to be examined by a doctor or nurse (an increase from 26% in 2004 and 27% in 2008)
  - Thirty-three percent of respondents spent more than four hours in A&E (a large increase from 23% in 2004 and 27% in 2008)
- Confidence and trust in the doctors and nurses working in A&E Departments continues to be high, although there remains a small minority of patients who did not feel confident with those treating them:
  - Just under a fifth of respondents (17%) thought staff did not do 'everything they could' to help control their pain; this has increased since 2004 and 2008
  - Almost nine in ten respondents had been able to attract attention from medical or nursing staff when required (either 'always' or 'sometimes'), but nearly one in ten said they could not find a staff member to help them when they needed it
  - Although 73% of respondents reported they 'definitely' had confidence and trust in doctors and nurses treating them, 5% said they did not, a proportion that has increased by less than one percentage point since previous surveys.
- Many respondents felt their interactions with doctors and nurses in A&E had been positive. However, in some areas, a substantial proportion reported communications that were unsatisfactory:
  - Fifty-nine percent of respondents were not told how long they would wait for their examination, this has increased since 2004 and 2008
  - Just under a fifth of respondents felt their fears about their condition or treatment were not talked about at all (an increase since 2004 and 2008)
  - In 2012, more respondents who were prescribed new medications before they left A&E were 'completely' warned about possible side effects. However 44% still say this was not discussed.
- Feedback on other aspects of communication was mixed:
  - Over two thirds of respondents felt they had sufficient time to discuss their health problems with medical staff, which has improved since 2004
  - Over three quarters considered they had been given the right amount of information about their condition or treatment

- Two-thirds of respondents thought this information had been conveyed in a way they could understand
  - Seven percent of respondents said they were 'definitely' given contradictory information by different hospital staff (a slight increase from the 2008 survey)
  - There was a slight increase in the proportion of people being told when they could resume their usual activities (38% up from 35% in 2004 and 37% in 2008)
  - Although most people felt they were 'definitely' listened to by doctors and nurses (75%), since 2004 and 2008 there has been a slight increase in those who did not feel listened to
  - Most respondents still feel they were given enough privacy when necessary in A&E and were treated with dignity and respect
  - In 2012, substantially more people felt they were given enough privacy when talking with a receptionist than in 2008 (now up to 48% from 41%), although 13% did not.
- Transitions between services is an area where improvement is required:
    - Almost a quarter of respondents who travelled to A&E in an ambulance said they waited more than 15 minutes for their care to be transferred to A&E staff. Five percent reported waiting with the crew for more than an hour
    - Almost half of respondents who were discharged from A&E did not feel their home or family situations were considered prior to them leaving hospital.
  - Perceptions of cleanliness have substantially improved from previous surveys with well over half of respondents finding the A&E Department in general 'very clean' in 2012.

## **Full results**

### **Waiting times**

#### *Waiting upon arrival at A&E*

On all questions related to waiting times in the 2012 survey, more respondents said they waited longer in A&E than in the 2008 survey.

Thirty eight percent of respondents said they waited 15 minutes or less before they first spoke to a nurse or doctor, which has dropped by nine percentage points since 2004 and by two percentage points since 2008. A further 29% said they waited between 16 and 30 minutes, which has also deteriorated since 2008.

Table 1 overleaf shows that the proportion waiting more than half an hour has increased in each survey since 2004. Eighteen percent waited more than half an hour but less than an hour (up from 14% in 2004 and 16% in 2008); while

15% waited more than hour to first speak to a doctor or nurse (up from 10% in 2004 and 13% in 2008).

**Table 1**

**Q7. How long did you wait before you first spoke to a nurse or doctor?**

	Survey Year			Sig change	Sig change
	2004	2008	2012	2004-2012	2008-2012
0 -15 minutes	47%	40%	38%	↓	↓
16-30 minutes	29%	31%	29%		↓
31-60 minutes	14%	16%	18%	↑	↑
More than 60 minutes	10%	13%	15%	↑	↑
Number of respondents	52465	46325	42301		

The A&E clinical quality indicator for 'time to treatment'<sup>2</sup> states that patients should be examined by a 'decision making clinician' within 60 minutes of arriving at A&E. Most respondents said this had happened, with 71% saying they waited up to 60 minutes for an examination by a doctor or nurse (although this figure is down from 74% in 2004 and 73% in 2008). Twenty nine percent said they waited more than an hour (up from 26% in 2004 and 27% in 2008). Table 2 shows how long respondents waited using the response categories from the questionnaire.

**Table 2**

**Q8 From the time you first arrived at the A&E Department, how long did you wait before being examined by a doctor or nurse?**

	Survey Year			Sig change	Sig change
	2004	2008	2012	2004-2012	2008-2012
I did not have to wait	16%	15%	13%	↓	↓
1 - 30 minutes	38%	36%	36%	↓	
31 - 60 minutes	21%	22%	22%	↑	
More than 1 hour but no more than 2 hours	13%	15%	15%	↑	↑
More than 2 hours but no more than 4 hours	9%	10%	10%	↑	↑
More than 4 hours	3%	2%	3%		↑
Number of respondents	52239	46619	42280		

<sup>2</sup>

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@ps/documents/digitalasset/dh\\_123055.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_123055.pdf) accessed 18/10/2012

### *Total time spent in A&E*

The clinical quality indicator for ‘total time spent in the A&E’ sets out that no more than 5% of people should spend more than four hours in A&E, and that no-one should be in A&E longer than six hours. Survey results however suggest many people are spending longer than this in an A&E Department (however please note, as this A&E survey excludes children we cannot gauge what impact any prioritisation of children in A&E Departments might be having). Table 3 shows how people answered a question on this topic in the last three A&E surveys. It shows a third of people responding to this year’s survey said they were in A&E for more than four hours (33%), an increase of ten percentage points since 2004 and six percentage points in 2008. Two-thirds of respondents waited less than four hours however, with half of those (one third of all respondents) seen within two hours.

The table shows that there has been a substantial increase in the proportion of respondents saying they spent ‘more than four hours but no more than eight hours’ in particular. In the 2012 survey respondents could be more specific as to how long they spent in A&E as the response categories had been changed: 17% said they waited more than four but less than six hours, and 7% said they waited more than six but less than eight hours.

**Table 3.**

**Q10 Overall, how long did your visit to the A&E Department last?**

	Survey Year			Sig change	Sig change
	2004	2008	2012	2004-2012	2008-2012
Up to 1 hour	19%	15%	13%	↓	↓
More than 1 hour but no more than 2 hours	26%	24%	20%	↓	↓
More than 2 hours but no more than 4 hours	32%	34%	33%	↑	↓
More than 4 hours but no more than 8 hours <sup>3</sup>	18%	19%	24%	↑	↑
More than 8 hours but no more than 12 hours	3%	3%	3%	↑	↑
More than 12 hours but no more than 24 hours	1%	2%	3%	↑	↑
More than 24 hours	2%	3%	3%	↑	↑
Number of respondents	51677	46140	41699		

### **Care and treatment**

Confidence in doctors and nurses working in A&E Departments was high with only 5% of respondents saying they did not have confidence and trust in the

<sup>3</sup> In 2012 this option was split into two time periods, however to allow comparisons with previous surveys, 4-6 hour and 6-8 hour responses were merged in Table 3.

doctor or nurse who treated them (an increase of less than one percentage point since 2004 and 2008). Nearly three quarters said they 'definitely' had confidence (73%) and 21% had confidence 'to some extent' (which has deteriorated slightly since 2004 and 2008 by one percentage point).

When asked about the responsiveness of medical and nursing staff, over half (56%) said they could 'always' get attention when they needed it and a third that this attention was available 'sometimes'. Eight percent of respondents had been unable to find a member of staff to assist them when they needed help. It was not possible to compare this question with data from previous surveys.

Almost two-thirds of respondents had been in pain while they were in A&E (64% down from 69% in 2004 and 66% in 2008). Over half of these patients thought hospital staff had 'definitely' done all they could to help control their pain (a drop of three percentage points since 2008), but 17% did not think staff had done everything they could have (up from 16% in 2004 and 14% in 2008).

#### *Tests*

Over two-thirds of respondents had tests undertaken while they were in A&E (71%, up from 62% in 2004 and 67% in 2008). Most of these patients felt the reasons why they needed tests had been well explained; 74% said this has happened 'completely' while 8% said it had not happened. Most people who had tests also received results before they left A&E (78%), and where this was the case, only 3% felt the results were not explained to them in a way they could understand. Seventy-seven percent felt they had 'definitely' received explanations they could understand. It was not possible to compare these questions with those from previous surveys.

### Communication with staff

#### *Being kept informed about waiting*

Most respondents said they were not told how long they would have to wait to be examined; 59% compared with 56% in 2004 and 2008. However just under a third said they were told how long they would wait, and then reported the wait was either of this duration (17% down from 18% in 2004 and 2008), or shorter (14% down from 16% in 2004 and 15% in 2008).

#### *Communication with doctors and nurses*

A number of questions in the survey focused on the quality of interactions with doctors and nurses. Although generally most people reported positive experiences in this area, there were some small but significant increases in the proportion reporting unsatisfactory experiences, when compared with the 2008 results.

Most respondents were happy with the time available to discuss their health problems with doctors and nurses. Five percent said they were not given

enough time (compared with 6% in 2004 and 5% in 2008), while the majority said they 'definitely' had enough time (70% compared with 66% in 2004). Most people were also happy with the amount of information given to them about their condition (77%); however a substantial proportion thought they had either not been given enough information (15%) or did not recall having been given any information at all (7% in 2012, which is a small decrease of less than one percentage point since 2008).

Two-thirds of respondents said their condition or treatment was 'definitely' explained in a way they could understand (66% down from 67% in 2004 and 2008). Eight percent said this had not happened (up from 7% in 2004 and 2008).

Seventeen percent of respondents said the doctor or nurse did not discuss their anxieties or fears about their condition or treatment with them (16% in 2004 and 15% in 2008). Just over half (52%) said their fears were discussed 'completely' (down from 53% in 2008), and 30% said fears were discussed to 'some extent' (down from 32% in 2004 and 2008).

Some felt that they had been given contradictory information by staff while in A&E; 7% of respondents said this had 'definitely' happened (up from 6% in 2004 and 2008), and a further 11% felt this happened 'to some extent'. Four in five respondents (82%) did not think they had been given contradictory information however, which is a decrease since 2004.

For the first time the 2012 survey asked patients if family (or someone else close to them) had been given the opportunity to talk to a doctor if they wished. Most said 'yes, definitely' (60%), or 'yes, to some extent' (29%); 11% said 'no'.

#### *Information provided prior to discharge from A&E*

Most people who responded to this survey were discharged directly from A&E rather than being admitted to hospital or a nursing home. Two thirds (65%) went home after A&E (down from 71% in 2004 and 67% in 2008), and 3% went to stay with friends, relatives or 'somewhere else'. Thirty percent were admitted to the same hospital which reflects a substantial increase since 2004 (23%) and 2008 (27%).

One in three respondents who were discharged were prescribed new medications (34%, down from 36% in 2008), and most felt the purpose of the medications was completely explained (83%, an improvement of two percentage points since 2004). Three percent did not feel they had received an explanation they could understand, a decrease from 5% in 2004.

Over two fifths of respondents did not recall being warned of possible side effects of new medication (44%), although this figure has improved since 2004 (49%). Thirty-nine percent felt they had 'completely' been warned what to watch out for (up from 36% in 2004 and 37% in 2008).

The proportion of people who felt they had 'definitely' been told when they could resume their usual activities (e.g. going back to work or driving a car) were broadly similar to those who had not been given this information. Thirty eight percent felt this has been fully undertaken (up from 35% in 2004 and 37% in 2008), while 40% did not think this had happened (down from 42% in 2004). Twenty-two percent thought this had happened to some extent.

Over a third of patients did not feel they were warned about possible 'danger signals' regarding their illness to look out for after discharge (36% down from 37% in 2004). However 40% thought they had been warned 'completely', or 24% 'to some extent'.

### **Feeling involved**

Three quarters of respondents felt that doctors and nurses had listened to what they had to say (a small increase from 74% in 2004). While only 4% said this had not been the case, there has been a small increase on previous surveys (3% in 2004 and 2008).

Just under two-thirds of respondents thought they had 'definitely' been involved as much as they wanted in decisions about their care and treatment (62%), however this was a small decrease since 2004 (64%). A substantial minority did not feel they had been as involved as much as they would have liked (10% up from 9% in 2004).

### **Patient privacy**

Perceptions of privacy have improved since previous surveys. Since 2008, there has been an increase in the proportion of respondents who said they were given enough privacy when discussing their condition with the A&E receptionist; this has increased by seven percentage points to 48%. However 13% did not feel they had sufficient privacy (which was down from 15% in 2008).

Four in five people (81%) considered they had been given enough privacy when being examined or treated (up from 80% in 2004 and 79% in 2008). Only 2% did not feel they had sufficient privacy (which was a drop from 3% in 2004 and 2008).

### **Being treated with respect and dignity**

Six percent of respondents said doctors or nurses had 'definitely' talked in front of them as if they weren't there, while a further 10% had said this happened to 'some extent'. For the most part, respondents felt conversations between staff in front of them had been conducted respectfully.



Correspondingly, over three quarters of respondents said they had been treated with dignity and respect during their time in A&E (78%, down from 79% in 2004). Unfortunately however, a small proportion did not feel they had been treated with respect (4%, an increase of less than one percentage point since 2004).

### Transition of care between services

New questions on how well transitions between services were dealt with were added to the 2012 questionnaire.

#### *Moving between ambulances and A&E*

Almost four in ten respondents (39%) arrived at A&E in an ambulance, and the majority felt that ambulance and A&E staff had worked 'very well' (83%) or 'fairly well' together (15%).

However once the ambulance arrived at the hospital, some respondents waited a long time for their care to be handed over to A&E staff. Currently the Department of Health expects that care will be handed over to A&E staff within 15 minutes of patients arriving at A&E<sup>4</sup>. For three quarters of respondents this was true, as they either had no wait before care was handed over (47%) or waited less than 15 minutes (29%). However 19% said they had waited between 16 minutes and an hour, and 5% waited for more than an hour for their care to be passed from the ambulance crew to the A&E.

**Table 4**

**Q5 Once you arrived at hospital, how long did you wait with the ambulance crew before your care was handed over to the A&E staff?**

	%
I did not have to wait	47%
Up to 15 minutes	29%
16 - 30 minutes	14%
31 - 60 minutes	5%
More than 1 hour but no more than 2 hours	3%
More than 2 hours	2%
Number of respondents	16214

#### *Care beyond A&E*

Almost half of respondents (48%) who were discharged from A&E (rather than being admitted to a hospital or nursing home), and who felt such a conversation was applicable, did not feel hospital staff considered their home or family situations before they left A&E. While 35% said this was considered 'completely'. Most discharged respondents could recall being told who to

<sup>4</sup> <http://www.dh.gov.uk/health/files/2012/06/Ambulance-handover-delays-19062012-gw-17718.pdf> accessed 18/10/2012

contact if they were worried about their condition after they left the A&E (68%, an increase since 2004 of two percentage points). However one in three respondents did not think they had been told this information (32%).

Eighty-five percent of discharged respondents thought their GP had received information about their treatment/ advice while in the A&E Department.

### **The hospital environment and facilities**

There were substantial improvements in perceptions of cleanliness. In 2012, 55% of respondents said the departments they visited were 'very clean' (up from 45% in 2004 and 44% in 2008). Compared with previous surveys, fewer respondents thought the A&E was 'not very clean' (4% compared with 7% in 2004 and 2008) or 'not at all clean' (1% compared with 2% in 2004 and 2008).

Similarly, the proportion of respondents who considered toilets had been clean increased from previous surveys (48% reported toilets as 'very clean' in 2012, compared with 39% in 2004 and 38% in 2008). While 9% said they were 'not very clean' (9% compared with 12% in 2004 and 2008) or 'not at all clean' (3% compared with 5% in 2004 and 2008).

A new question in 2012 found just over half of respondents (54%) had been able to obtain suitable food or drinks while in A&E if they wanted them, but more than a third were unable to access them. Twenty-six percent said they could not access food or drinks suitable for them, and a further 11% did not have anything because they did not know if they were allowed.

### **Previous contact with A&E services**

For over half of respondents (53%), this had been their only visit to an A&E Department within the previous 12 months, while approximately one in three (36%) had attended two or three times, and 10% had attended 4 or more times in the past twelve months.

A new question in 2012 found that 5% of respondents had visited A&E for the same or a related condition within the previous week, 8% visited between a week and a month earlier, and just under a fifth (18%) had attended for the same reason more than a month earlier.

Respondents said they had been encouraged to attend A&E in a number of ways. Just under a quarter (24%) were advised to attend A&E by the ambulance service, 8% had been advised to attend by either an out of hours GP, or a GP/nurse at their local walk-in centre, while 14% had been told to go to A&E by their local GP. Just under a third (29%) decided for themselves that they should go to A&E.

## Overall view of experience as a patient in the A&E

A minority of respondents reported they had felt threatened by other A&E patients or visitors during their visit (2%). Ninety-three percent said they had not felt threatened, with 5% saying they were threatened 'to some extent'. As this question was reworded in 2012 comparisons with 2008 were not possible.

It is important that patients understand how to complain if they are unhappy with the care they receive while in hospital. A new question this year found that 61% of respondents did not recall seeing information about how to complain, although 39% said they had seen posters or leaflets.

When asked to rate their overall experience in the A&E, most people responded positively (Chart 1). On a scale of 0 to 10, 63% of respondents scored their experiences as '8' or above. However 4% scored their experience 0 to 2, at the lowest end of the scale.

**Chart 1 Rating of overall experience in A&E**

