

Patient survey report 2018

Urgent & Emergency Care (UEC) Survey 2018

Report for Type 3 services (Urgent Care Centres, Urgent Treatment Centres,
Minor Injury Units)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

NHS Patient Survey Programme

Urgent & Emergency Care (UEC) Survey 2018 Report for Type 3 services (Urgent Care Centres, Urgent Treatment Centres, Minor Injury Units)

The Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England.

Our purpose:

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

Our role:

We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care.

Urgent & Emergency Care (UEC) Survey 2018

To improve the quality of services the NHS delivers, it is important to understand what people think about their care and treatment. One way of doing this is by asking people who have recently used health services to tell us about their experiences.

The 2018 survey of people who used UEC services involved 132 NHS trusts with a Type 1 accident and emergency (A&E) department¹. Sixty-three of these trusts had direct responsibility² for running a Type 3 department³ and will therefore also receive benchmarked results for their Type 3 services. Two separate questionnaires were used, one for Type 1 services and one for Type 3 services. To see the questionnaires please see the 'Further Information' section below.

Responses were received from 42,707 people who attended a Type 1 department, a response rate of 30%. Responses were received from 7,419 people who attended a Type 3 department, a response rate of 29%.⁴

Patients were eligible for the survey if they were aged 16 years or older and had attended UEC services during September 2018⁵. Full sampling criteria can be found in the survey instruction manual (see 'Further Information' section).

Trusts responsible for only Type 1 departments drew a random sample of 1,250 patients. Trusts that also directly ran Type 3 departments sampled 950 patients from Type 1 departments and 420

¹A Type 1 department is a major, consultant led A&E Department with full resuscitation facilities operating 24 hours a day, 7 days a week.

²The survey only includes Type 3 departments that are run directly by acute trusts, and not those run in collaboration with, or exclusively by others, for example, that are managed by a Clinical Commissioning Group (CCG).

³A Type 3 department is an A&E/minor injury unit with designated accommodation for the reception of accident and emergency patients. The department may be doctor or nurse-led, treats at least minor injuries and illnesses and can be routinely accessed without appointment.

⁴The 'adjusted' response rate is reported. The adjusted base is calculated by subtracting the number of questionnaires returned as undeliverable, or if someone had died, from the total number of questionnaires sent out. The adjusted response rate is then calculated by dividing the number of returned useable questionnaires by the adjusted base.

⁵Trusts that had an eligible Type 3 service and could not achieve the required sample size in September could also sample back to August.

patients from Type 3 departments totalling 1,370 patients. Questionnaires and reminders were sent to patients between October 2018 and March 2019.

Similar surveys were carried out in 2003, 2004, 2008, 2012, 2014 and 2016. Please note that as no trust level scored results for Type 3 services were published in 2016, it is not possible to compare results for 2018 with 2016. Redevelopment work carried out ahead of the 2016 survey also means it is not possible to compare results for 2018 with any earlier surveys.

The UEC survey is part of a wider programme of NHS patient surveys, which covers a range of topics including adult inpatients, children and young people's services, maternity services and community mental health services. To find out more about our programme and for the results from previous surveys, please see the links contained in the 'Further Information' section.

The Care Quality Commission will use the results from this survey in our regulation, monitoring and inspection of NHS acute trusts in England. We will use data from the survey in CQC Insight, an intelligence tool which identifies potential changes in quality of care and then supports us in deciding on the right regulatory response. Survey data will also be used to support CQC inspections.

NHS England and NHS Improvement will use the results of the Urgent and Emergency Care survey to check progress and improvement against the objectives set out in the NHS mandate, and the Department of Health & Social Care will hold them to account for the outcomes they achieve. They will use the results to guide work to improve the quality of care provided by NHS Trusts and Foundation Trusts and also in the development of policies aimed at improving the quality of care at a national level.

This research was carried out in accordance with the international standard for organisations conducting social research (accreditation to ISO20252:2012; certificate number GB08/74322).

Interpreting the report

This report **includes Type 3 service results only** and shows how a trust scored for each question in the survey, compared with the range of results from most other trusts that submitted a Type 3 sample. It is designed to help understand the performance of individual trusts and to identify areas for improvement.

Questions have been numbered T4, T7 etc. to differentiate this report from the Type 1 reports.

The Type 1 results for all trusts are available in a separate report (please see 'Further Information' section).

Any comparisons you may wish to make between your Type 1 and Type 3 results should be done with caution due to the differences in services offered and differences in patient case-mix and demographics. You will be the best judge of your own services and whether it is appropriate to make comparisons across the results for any questions. You should also use an appropriate statistical test to ensure that any differences are statistically significant. A statistically significant difference means that you can be very confident that the difference is real and not due to chance.

An analysis technique called the 'expected range' was used to determine if your trust is performing 'about the same', 'better' or 'worse' compared with other trusts that submitted a Type 3 sample. For more information, please see the 'methodology' section below.

A 'section' score is also provided, labelled S1-S9 in the 'section scores'. The scores for each question are grouped thematically and broadly in line with their order in the questionnaire, for example 'arrival' and 'waiting'.⁶

Standardisation

Trusts have differing profiles of people who use their services. For example, one trust may have more male patients than another trust. This can potentially affect the results because people tend to

⁶T29 'Do you think the staff did everything they could to help control your pain?' is in the 'Care & Treatment' section, as it was the only scorable question in the 'Pain' section.

answer questions in different ways, depending on certain characteristics. For example, older respondents tend to report more positive experiences than younger respondents, and women tend to report less positive experiences than men. This could potentially lead to a trust's results appearing better or worse than if they had a slightly different profile of people.

To account for this, we standardise the data. Results have been standardised by the **age and gender** of respondents to ensure that no trust will appear better or worse than another because of its respondent profile. This helps to ensure that each trust's age-gender profile reflects the England age-gender distribution (based on all of the respondents to the survey). Standardisation therefore enables a more accurate comparison of results from trusts with different population profiles. In most cases this will not have a large impact on trust results; it does, however, make comparisons between trusts as fair as possible.

Scoring

For each question in the survey, the individual (standardised) responses are converted into scores on a scale from 0 to 10. A score of 10 represents the best possible response and a score of zero the worst. The higher the score for each question, the better the trust is performing. It is not appropriate to score all questions within the questionnaire, since some questions do not assess the trust in any way.

Graphs

The graphs in this report show how the score for the trust compares to the range of scores achieved by all trusts taking part in the survey. The black diamond shows the score for your trust. The graph is divided into three sections:

- If your trust's score lies in the grey section of the graph, its result is 'about the same' as most other trusts in the survey;
- If your trust's score lies in the orange section of the graph, its result is 'worse' compared with most other trusts in the survey;
- If your trust's score lies in the green section of the graph, its result is 'better' compared with most other trusts in the survey.

The text to the right of the graph states whether the score for your trust is 'better' or 'worse'. If there is no text, the score is 'about the same'.

Methodology

The 'about the same,' 'better' and 'worse' categories are based on an analysis technique called the '**expected range**' which determines the range within which the trust's score could fall without differing significantly from the average, taking into account the number of respondents for each trust and the scores for all other trusts. If the trust's performance is outside of this range, it means that it performs significantly above/below what would be expected. If it is within this range, we say that its performance is 'about the same'. This means that where a trust is performing 'better' or 'worse' than the majority of other trusts, it is very unlikely to have occurred by chance.

In some cases there will be no orange and/or no green area in the graph. This happens when the expected range for your trust is so broad it encompasses either the highest possible score for all trusts (no green section) or the lowest possible for all trusts score (no orange section). This could be because there were few respondents and/or a lot of variation in their answers.

If fewer than 30 respondents have answered a question, no score will be displayed for this question (or the corresponding section). This is because the uncertainty around the result is too great.

A technical document providing more detail about the methodology and the scoring applied to each question is available on our website (please see 'Further Information' section, below).

Tables

At the end of the report you will find tables containing the data used to create the graphs. These tables also show the response rate for your trust and background information about the people that responded (demographics).

Notes on specific questions

T7 (*How long did you wait before you first spoke to a health professional?*)

T8 (*Sometimes, people will first talk to a health professional and be examined later. From the time you arrived, how long did you wait before being examined?*)

These questions are only scored for people who said they did **not have an appointment** at T6 (*Did you have an appointment on your most recent visit to the urgent care centre?*).⁷ This is because there are different principles around waiting times for people attending with an appointment who should usually be seen quicker.⁸ However, the number of people at each trust who had an appointment was too low to analyse that data.

The results for four questions are not able to be reported due to a large number of trusts having fewer than 30 respondents. These are:

T10: While you were waiting, were you able to get help from a member of staff?

T35: Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand?

T36: Did a member of staff tell you about medication side effects to watch for?

T38: Did a member of staff take your family or home situation into account when you were leaving the urgent care centre?

⁷If the response to T6 is missing, or the respondent did not know/could not remember, T7 and T8 are not scored. For more information please see the scored questionnaire and the technical document (see 'Further Information' section).

⁸Urgent Treatment Centres principles and standards

<http://www.england.nhs.uk/publication/urgent-treatment-centres-principles-and-standards/> sets out expectations for Urgent Treatment Centres which NHS England plan will replace the current UEC choices by December 2019. It states that patients who have a pre-booked appointment should be seen and treated within 30 minutes of their appointment time.

Further information

The results for the 2018 survey are available on the CQC website. Here you can find an A-Z list to view the results for each trust, the technical document which outlines the methodology and the scoring applied to each question, a statistical release with the results for England and a Quality & Methodology document:

www.cqc.org.uk/uecsurvey

Benchmark reports for each trust are available on the NHS surveys website:

<https://nhssurveys.org/all-files/03-urgent-emergency-care/05-benchmarks-reports/2018/>

The results for the 2016 survey can be found below. From here you can also access results for surveys carried out in 2003, 2004, 2008, 2012, 2014. However, please note that due to redevelopment work carried out ahead of the 2016 survey, **results from 2018 are only comparable with 2016**: Please also note that as no trust level results for Type 3 services were published in 2016, it is not possible to compare results for 2018 with 2016.

<https://nhssurveys.org/surveys/survey/03-urgent-emergency-care/year/2016/>

Full details of the methodology for the survey, including questionnaires, letters sent to patients, instructions on how to carry out the survey and the survey development report, are available at:

<https://nhssurveys.org/surveys/survey/03-urgent-emergency-care/year/2018/>

More information on the patient survey programme, including results from other surveys and a programme of current and forthcoming surveys is available at:

www.cqc.org.uk/surveys

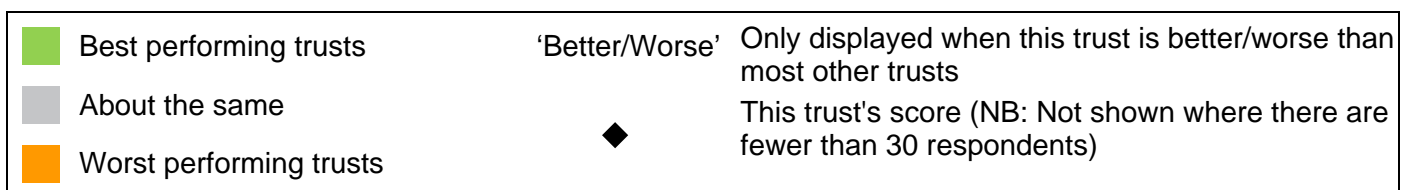
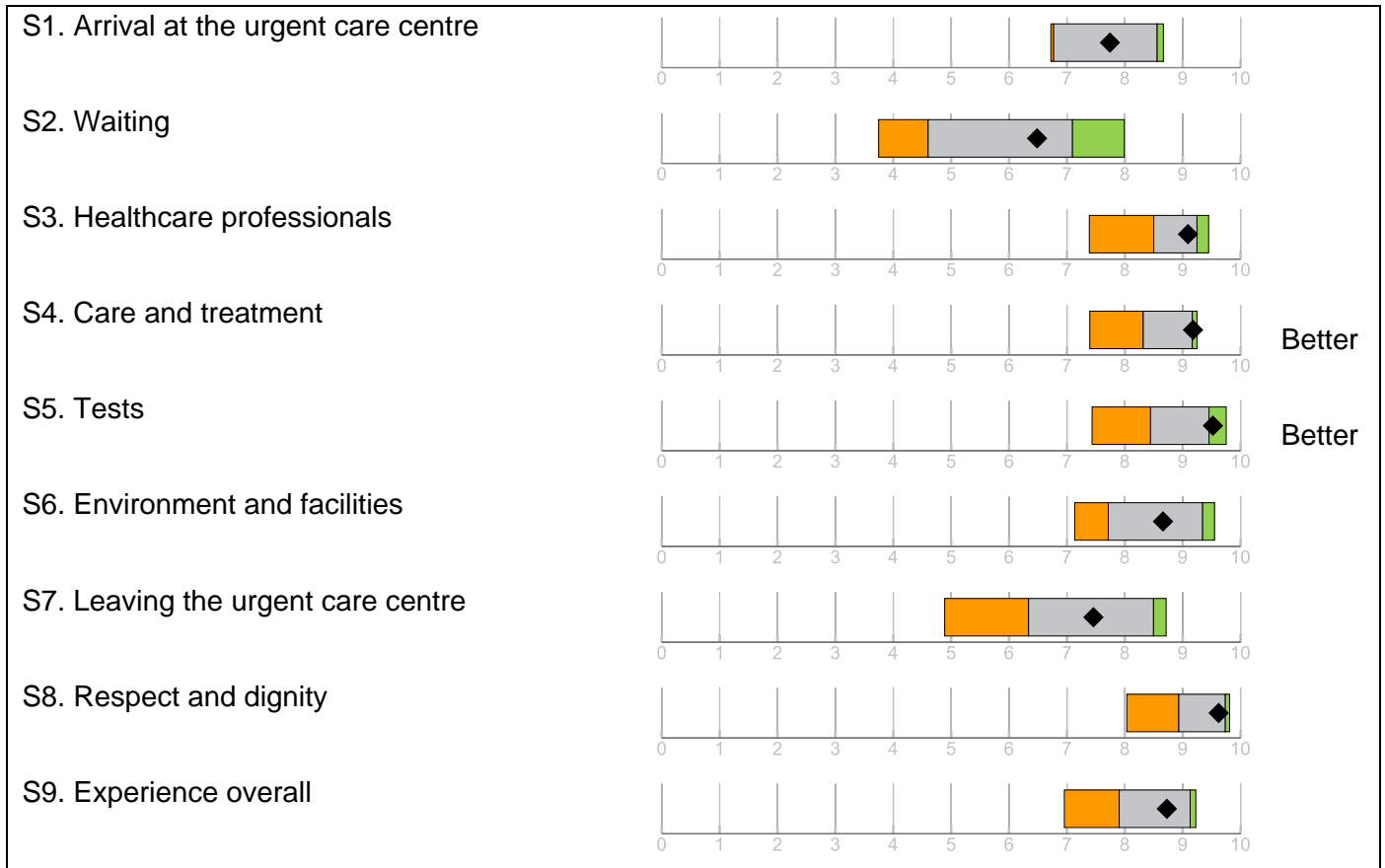
More information about how CQC monitors hospitals is available on the CQC website at:

www.cqc.org.uk/content/monitoring-nhs-acute-hospitals

Urgent & Emergency Care (UEC) Survey 2018

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Section scores



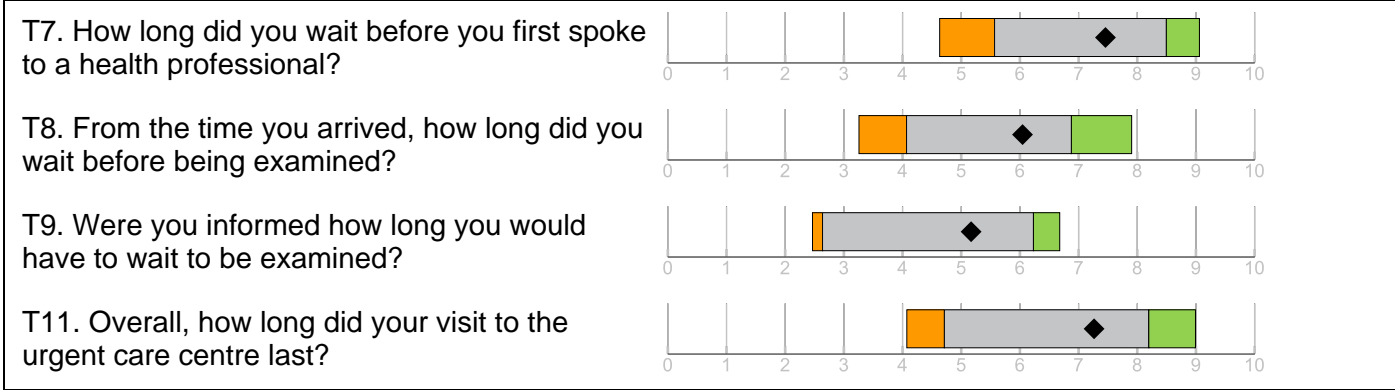
Urgent & Emergency Care (UEC) Survey 2018

The Newcastle upon Tyne Hospitals NHS Foundation Trust

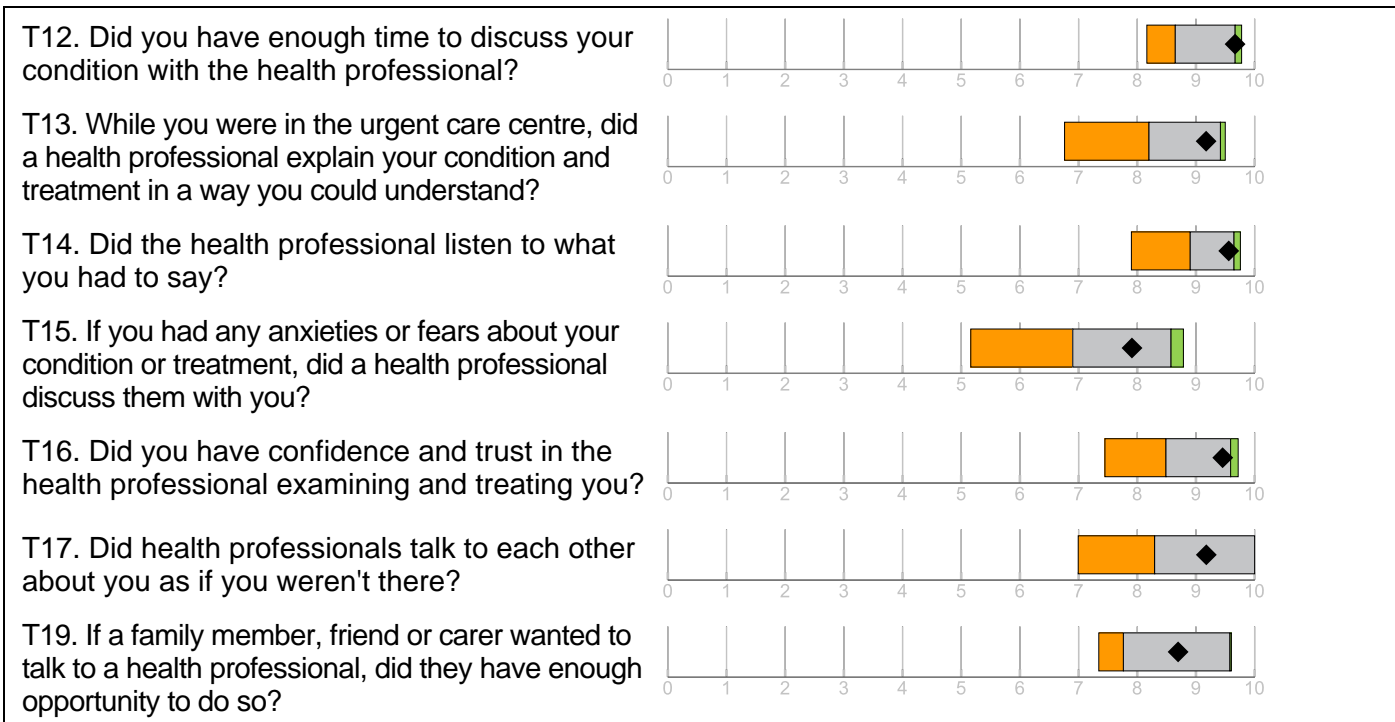
Arrival at the urgent care centre



Waiting



Healthcare professionals

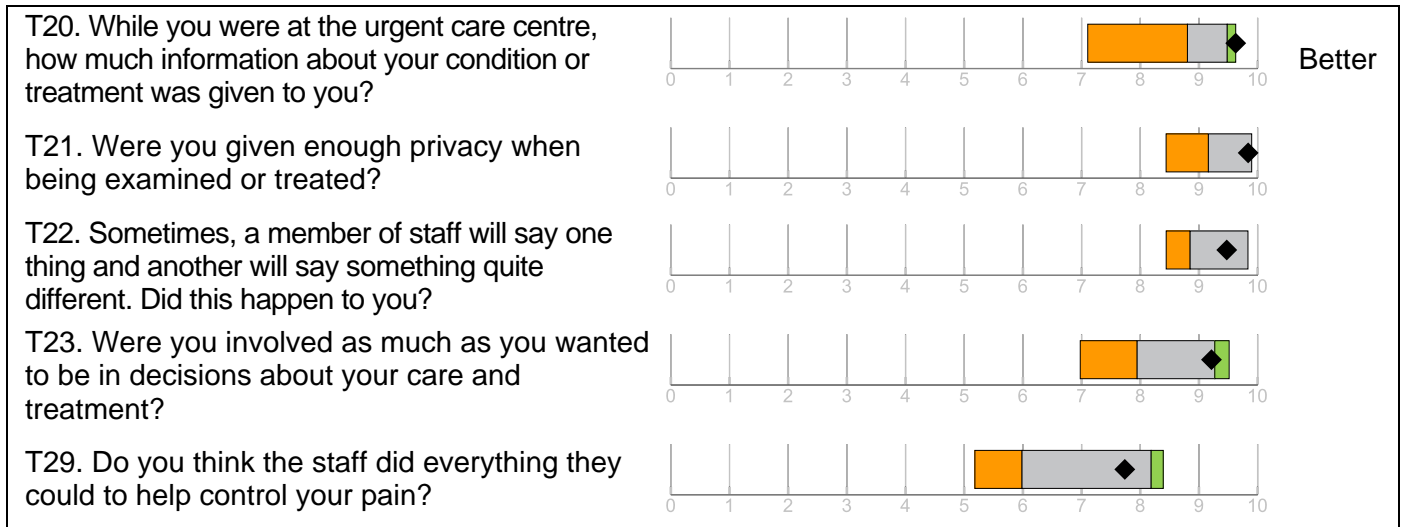


	Best performing trusts	‘Better/Worse’	Only displayed when this trust is better/worse than most other trusts
	About the same		
	Worst performing trusts		This trust's score (NB: Not shown where there are fewer than 30 respondents)

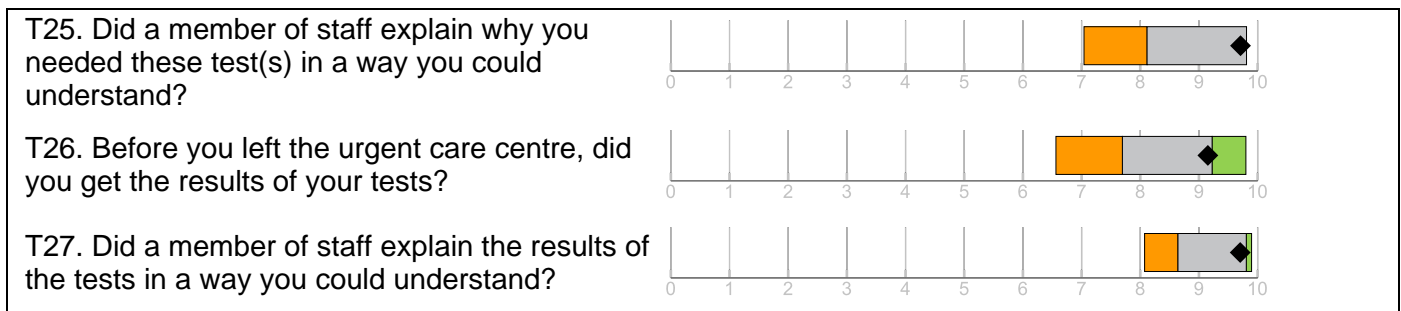
Urgent & Emergency Care (UEC) Survey 2018

The Newcastle upon Tyne Hospitals NHS Foundation Trust

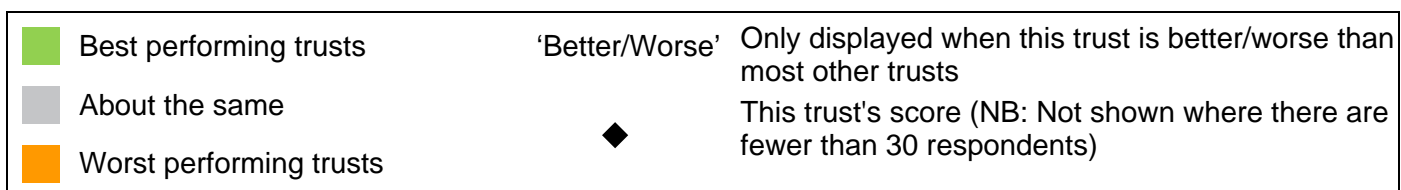
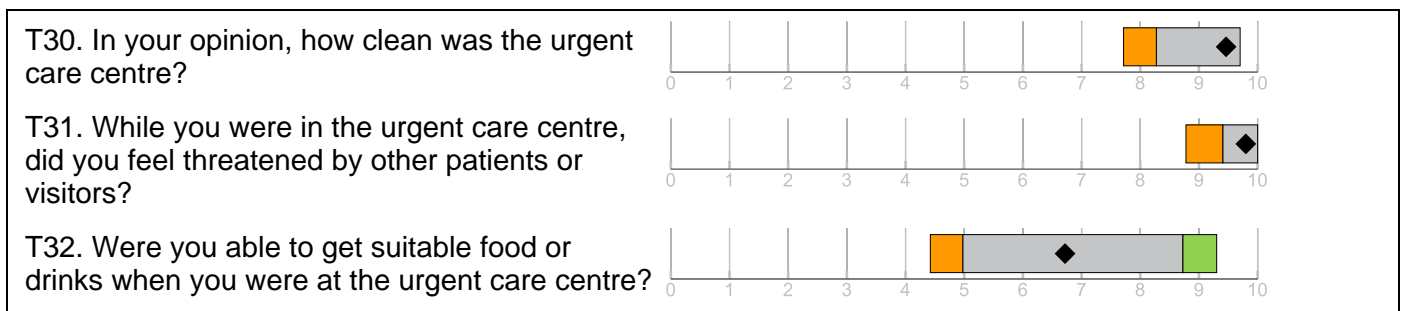
Care and treatment



Tests



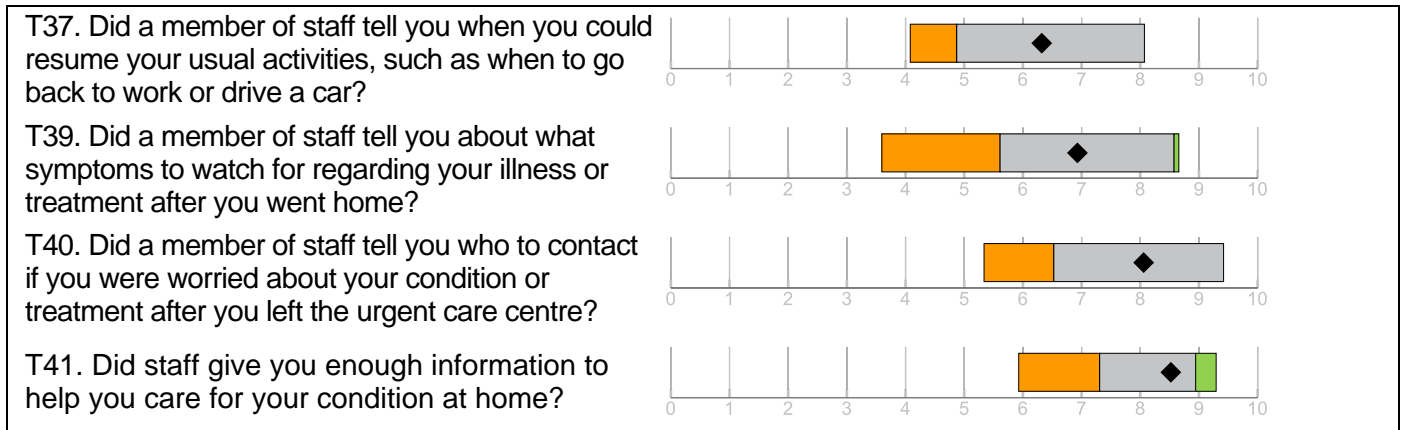
Environment and facilities



Urgent & Emergency Care (UEC) Survey 2018

The Newcastle upon Tyne Hospitals NHS Foundation Trust

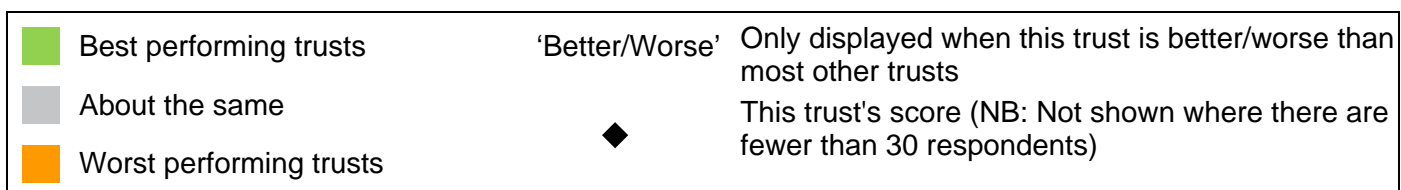
Leaving the urgent care centre



Respect and dignity



Experience overall



Urgent & Emergency Care (UEC) Survey 2018

The Newcastle upon Tyne Hospitals NHS Foundation Trust

		Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)
Arrival at the urgent care centre					
S1	Section score	7.7	6.7	8.7	
T4	Were you given enough privacy when discussing your condition with the receptionist?	7.7	6.7	8.7	101
Waiting					
S2	Section score	6.5	3.7	8.0	
T7	How long did you wait before you first spoke to a health professional?	7.5	4.6	9.1	87
T8	From the time you arrived, how long did you wait before being examined?	6.0	3.3	7.9	86
T9	Were you informed how long you would have to wait to be examined?	5.2	2.5	6.7	80
T11	Overall, how long did your visit to the urgent care centre last?	7.3	4.1	9.0	100
Healthcare professionals					
S3	Section score	9.1	7.4	9.4	
T12	Did you have enough time to discuss your condition with the health professional?	9.7	8.2	9.8	109
T13	While you were in the urgent care centre, did a health professional explain your condition and treatment in a way you could understand?	9.2	6.8	9.5	107
T14	Did the health professional listen to what you had to say?	9.6	7.9	9.8	108
T15	If you had any anxieties or fears about your condition or treatment, did a health professional discuss them with you?	7.9	5.2	8.8	70
T16	Did you have confidence and trust in the health professional examining and treating you?	9.5	7.4	9.7	109
T17	Did health professionals talk to each other about you as if you weren't there?	9.2	7.0	9.8	80
T19	If a family member, friend or carer wanted to talk to a health professional, did they have enough opportunity to do so?	8.7	7.3	9.6	42
Care and treatment					
S4	Section score	9.2	7.4	9.2	
T20	While you were at the urgent care centre, how much information about your condition or treatment was given to you?	9.6	7.1	9.6	110
T21	Were you given enough privacy when being examined or treated?	9.8	8.4	9.9	110
T22	Sometimes, a member of staff will say one thing and another will say something quite different. Did this happen to you?	9.5	8.4	9.8	110
T23	Were you involved as much as you wanted to be in decisions about your care and treatment?	9.2	7.0	9.5	109
T29	Do you think the staff did everything they could to help control your pain?	7.7	5.2	8.4	71

Urgent & Emergency Care (UEC) Survey 2018

The Newcastle upon Tyne Hospitals NHS Foundation Trust

		Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)
Tests					
S5	Section score	9.5	7.4	9.8	
T25	Did a member of staff explain why you needed these test(s) in a way you could understand?	9.7	7.0	9.8	66
T26	Before you left the urgent care centre, did you get the results of your tests?	9.2	6.6	9.8	65
T27	Did a member of staff explain the results of the tests in a way you could understand?	9.7	8.1	9.9	57
Environment and facilities					
S6	Section score	8.7	7.1	9.5	
T30	In your opinion, how clean was the urgent care centre?	9.5	7.7	9.5	109
T31	While you were in the urgent care centre, did you feel threatened by other patients or visitors?	9.8	8.8	10.0	109
T32	Were you able to get suitable food or drinks when you were at the urgent care centre?	6.7	4.4	9.3	47
Leaving the urgent care centre					
S7	Section score	7.5	4.9	8.7	
T37	Did a member of staff tell you when you could resume your usual activities, such as when to go back to work or drive a car?	6.3	4.1	8.1	51
T39	Did a member of staff tell you about what symptoms to watch for regarding your illness or treatment after you went home?	6.9	3.6	8.7	63
T40	Did a member of staff tell you who to contact if you were worried about your condition or treatment after you left the urgent care centre?	8.1	5.3	9.2	81
T41	Did staff give you enough information to help you care for your condition at home?	8.5	5.9	9.3	77
Respect and dignity					
S8	Section score	9.6	8.0	9.8	
T42	Overall, did you feel you were treated with respect and dignity while you were in the urgent care centre?	9.6	8.0	9.8	109
Experience overall					
S9	Section score	8.7	7.0	9.2	
T43	Overall...	8.7	7.0	9.2	102

Urgent & Emergency Care (UEC) Survey 2018

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Background information

The sample	This trust	All trusts
Number of respondents	110	7419
Response Rate (percentage)	27	29
Demographic characteristics	This trust	All trusts
Gender (percentage)	(%)	(%)
Male	34	42
Female	66	58
Age group (percentage)	(%)	(%)
Aged 16-35	25	14
Aged 36-50	20	16
Aged 51-65	31	29
Aged 66 and older	25	41
Ethnic group (percentage)	(%)	(%)
White	89	91
Multiple ethnic group	1	1
Asian or Asian British	8	3
Black or Black British	2	2
Arab or other ethnic group	0	0
Not known	0	2
Religion (percentage)	(%)	(%)
No religion	28	22
Buddhist	0	0
Christian	64	69
Hindu	0	1
Jewish	0	0
Muslim	6	3
Sikh	0	0
Other religion	1	2
Prefer not to say	0	3
Sexual orientation (percentage)	(%)	(%)
Heterosexual/straight	91	93
Gay/lesbian	4	1
Bisexual	2	1
Other	0	1
Prefer not to say	4	5