



## Healthwatch Southwark

*'From home to the A&E waiting room'* - our findings from Enter and View Visits to Kings College Hospital's A&E Department

May 2016

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**Dates of visits:**

Friday 27 November 2015, 10.30am-12.30pm

Monday 21 December 2015, 4pm-6pm

Sunday 24 January 2016, 12pm-2pm

Friday 12 February 2016, 9pm-11pm

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**Acknowledgements:**

Thank you to King's College Hospital - Patient and Public Engagement Team and A&E department for coordinating the visits. Thank you also to the staff and people we spoke to.

**Disclaimer:**

Please note that this report relates to findings observed on the dates above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

## Summary

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Healthwatch is an independent health and social care champion for local people. We have a statutory function to carry out Enter and View visits which is where we visit services to find out how they are run, and to talk to service users, their carers and relatives as well as staff. We carried out four Enter and View visits to King's College Hospital A&E department.

### Our findings

- Patient feedback on staff was generally positive - they are friendly and supportive.
- Patients weren't aware of services available out of the hospital, or had much confidence in using them. People told us they struggled to get an appointment with their GP and therefore used A&E instead.
- Patients weren't clear about where to go or what to do when first arriving in the department.
- Patients found the waiting area uncomfortable and gloomy.
- Patients weren't given much information about how long they could expect to wait.
- Staff generally felt well supported in their role, and were satisfied with the training they had received.
- Staff said that space and capacity was an issue in the department, and care of mental health patients was mentioned as a challenge.

- Staff told us that patients often spoke of issues getting an appointment with their GP.

### We recommend that:

- 1) The Trust improves clarity for patients on what to do and where to go upon arriving.
- 2) The Trust improves the appearance of the waiting area.
- 3) The Trust improves triage and re-direction of patients.
- 4) The Trust improves how it communicates information about the expected waiting time.
- 5) The Trust improves the way patients are called to see staff.
- 6) The Trust reviews how volunteers could support the department.
- 7) The Trust regularly reviews the staffing levels and skills mix in A&E.
- 8) Southwark CCG initiates further research to understand why people choose A&E over other services.
- 9) GP Federations extensively promote the Extended Primary Care Services.
- 10) Southwark CCG works with acute providers to ensure there is clear messaging about how to use services appropriately.
- 11) Southwark CCG works with acute providers to address care of people with mental health problems in the A&E department.

## **Healthwatch Southwark - who we are, what we do**

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**Healthwatch is an independent health and social care champion for local people.**

This means we represent the views of Southwark residents to ensure services are shaped around their experiences and designed around their needs. We are the ‘critical friend’ to people that provide, fund and monitor care.

We are part of a wider network of local Healthwatch across the country, as well as a national body, Healthwatch England.

## **Enter and View: What it is?**

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Healthwatch has a statutory function to carry out Enter & View visits (2012 Health & Social Care Act). Local Healthwatch representatives may visit publically funded services, in order to find out how services are run, by talking to service users, their carers and relatives, as well as staff.

Healthwatch has this unique power to Enter and View services - where person-centred care and quality of life are our priority. We do not inspect services, but focus on what it is like for people using services and receiving care.

All of our Enter and View representatives have been trained in Enter and View and have been DBS checked.

## **A&E: A national overview**

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Accident and Emergency (A&E) departments provide treatment and care for a range of problems which patients of all ages may present as an emergency or as requiring urgent attention. **NHS standards expect 95% of patients to be seen, treated and either admitted or discharged within four hours of arrival at A&E.**

However, with around 40 people arriving every minute at A&E departments across the country (Nuffield Trust 2015), increased attendances, longer waiting times and strained workforces in A&E departments regularly make the news headlines.

## **A&E: A Southwark overview**

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This report presents our findings from Enter & View visits at **King’s College Hospital A&E department**, based in Denmark Hill.

The Care Quality Commission (CQC) regulates health and social care services, and in September 2015 a report was published based on an inspection that took place in June 2015. The CQC reported that the A&E department was overcrowded, that patient flows needed to be improved, and that waiting times were above the national average.

HWS regularly hears about the public’s experiences of using health and social care services in Southwark, including the A&E department at King’s College Hospital.

We have found through our engagement work that some people use A&E instead of out-of-hour services (extended access GP clinics, SELDOC and the Urgent Care Centre).

Amongst reasons cited for going to A&E instead of other local services, common themes were:

- ✓ Difficulty in getting a prompt GP appointment
- ✓ Uncertainty/confusion about where to go when the GP surgery is closed.

These findings are highlighted in our [GP access report](#).

### What we did...

We wanted the opportunity to speak to people attending A&E and see why they chose to come to A&E, what services they'd tried before coming to A&E and what services they were aware of in primary care.

We also wanted to speak to staff about what it is like to work in the A&E department, what they feel works well and what they think could be improved. At each visit, an observation checklist was completed so that we could monitor the environment - for example the toilets, the noise levels, cleanliness, presence of staff etc.

We visited the A&E department at Denmark Hill on 4 occasions. This table highlights the activity in A&E during our visits.

Date and time of visit	No. of breaches of 4 hour wait time for those patients	Average wait time for those patients (minutes)	No. of patients registered to A&E
Fri 27 Nov 2015 10.30am-12.30pm	5	172	61
Mon 21 Dec 2015 4pm-6pm	5	184	51
Sun 24 Jan 2016 12pm- 2pm	6	196	52
Fri 26 Feb 2016 9pm-11 pm	5	174	54

Over the four visits, we spoke with 45 people waiting in the main waiting room of the A&E department and 16 members of staff. 14 patients also shared their views with us online.



## Our findings - what patients told us...

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Over the four visits, we spoke to 45 patients who were waiting in the department. 14 people who had used A&E within the same timeframe shared their views with us online.

- 34 of these patients were female.
- 5 people were aged 11-20, 7 people aged between 21-30, 4 people aged between 31-40, 10 people aged 41-50, 8 people aged 51-60, 11 people aged 61-70, 3 people aged 71-80, and one person aged 81-90.
- 30 people were from the London Borough of Southwark.

34 of these people came straight to A&E before trying another service. 25 were told to come to A&E by a GP or other health professional or by NHS 111 service.

We asked those that came straight to A&E why they did so. Some said it was for convenience - *“We live near here”, “Have been here before...they know my husband and his files are here. It is easy and we can get done what we need to get done in one place.”*

Some said it was because they wanted to be seen quickly - *“I think it is the best thing to do. Going to the GP would prolong the situation. You don't have to make an appointment with the hospital.”*

Some people said it was because they weren't able to see their GP - *“Wanted to see a Doctor but the GP is closed today”, “I woke up and knew I had to*

*see someone quickly, but it is a Sunday.”*

Some chose to come to A&E because they felt it was a good service, and better than others - *“I have been here before and it was a good experience”, “I think I am going to be treated better here. Doctor has less resources to treat me”.*

## Awareness of other services

We asked people what services they had used in the past, including GP, out-of-hours GP, Pharmacy, SELDOC and NHS 111.

51 people had used GP services. Feedback was quite variable, between and within practices. Some said their GP was excellent - *“Responsive and fast”, “Easy to get an appointment quickly and the doctors are good.”* Some people told us it was difficult to get an appointment when you want one and there were general frustrations that you are only supposed to discuss one issue.

Others spoke of their frustration that it is difficult to see the same GP - *“...necessary to phone well in advance to ensure continuity of care”, “you no longer have your own family GP anymore and often are seen by strangers who do not know your medical history”.*

Others described seeing their GP as complicated and implied that further clarity is needed on how to use services - *“Too many phone numbers and options on the GP answer phone so just decided to come here”, “GP isn't great. I feel*

*my complaints have been dismissed as non-urgent. Some GPs are good - it depends who you see. I don't get to see the same GP."*

31 people had used pharmacies and most spoke positively about their experiences. 9 people had used out-of-hours GP services but none had used SELDOC. Feedback about out-of-hours services was limited, with one person saying they didn't have access to an out-of-hours GP. 11 people had used NHS 111. Experiences were mixed - some saying it was good, others being aware of the bad press and that it is somewhat frustrating and unclear.

## The waiting area

Patients gave us feedback on the waiting area. Some people said it wasn't clear where to go and suggested that this could be improved - *"The system at the front door is like a developing country."* A few people said the seating was quite uncomfortable, with one person questioning how often seats are cleaned. Someone also said they found the waiting area cold and wanted to sit by the radiator but it wasn't turned on.

Another patient commented that there was nothing to do whilst waiting in the department - *"If I was by myself I would be bored, but luckily I am not"*.

## Information given to patients

We asked patients if they were satisfied with the information they had been given whilst in the A&E department. Some said it was good and clear. Others

said they would like more information, particularly about how long they should expect to wait - *"No information about how long the wait will be", "[Information] is not useful. I have not been checked on by anyone. They just tell me to wait", "I don't know how long the wait will be and there are lots of patients."* However, one person said that it would be best to not tell people the waiting times as it may create false expectations.

A few people we spoke with had used the A&E department before and therefore knew what to expect, although they did say they hadn't been told how long they could expect to wait.

One person was told to use the extended primary care service, but he preferred to use the A&E department - *"I don't think they should tell me I shouldn't be here and that I am not an emergency. They told me it would be a long wait and that I should go to an out-of-hours GP. But I don't like taking the bus so I will wait."*

A few people said they couldn't hear clearly when names were being called by staff, and suggested that this be improved - *"It is not easy to hear if you are being called, if you are hearing impaired like me."*

## Experience of the staff

The feedback about the A&E staff was on the whole positive. They were described as polite, respectful, friendly and helpful - *"KCH is the best ever hospital and a huge credit to our NHS. 10 out of 10."*

Some said staff seemed rushed, which made patients feel they were not being understood - *“A little manners and respect would go a long way.”* Some people also noticed there weren't many staff present, which made it difficult to ask anyone a question - *“More staff needed, doesn't feel like an A&E”*.

## Our findings - what staff told us...

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**Over the four visits we spoke to 16 members of staff:** Healthcare Assistant, Specialist Trainee in Emergency Medicine, Senior Radiographer, GP, Junior Clinical Fellow, Porter, Senior Sisters, Senior Nurse, Receptionist, Psychiatric Liaison Nurses, Security Guard, PALS officer, Junior Sister, Consultant Clinical Lead.

### What works well?

Generally, the staff we spoke with were complimentary about King's A&E department. Although an *“excessively busy department”*, it seems that good team work within and between departments allows A&E to function well, and staff feel supported - *“No matter how bad the day is you'll get through 100% because of the team.”* Staff acknowledged that the department has a good GP service, with one member of staff saying they were *“grateful to the CCG for supporting the GP in-hospital system.”* The PALS (Patient Advice Liaison Service) Officer was also praised by some of the staff for the support this role provides in redirecting patients to more appropriate services and helping people register with a GP.

### What are the challenges?

Many of the staff talked about the flow within and outside the department as quite a challenge, particularly because of the number of patients- up to 450 a day. It was recognised this would impact on patient experience of A&E. Improving the flow in receiving medical wards and in discharging patients out of the hospital was suggested as a way to improve this, as it was felt there was a delay in getting medically fit patients out of hospital.

Physical space was also mentioned - *“Often there are enough staff to see patients, but nowhere to actually see them”* One staff member said this was due to the hospital having a lack of beds and capacity for the site to expand.

Managing expectations about the waiting times was also discussed by some of the staff. When patients have been waiting for a long time and see people being seen quicker than them, they get frustrated. Staff felt patients need a better understanding of how the department and the NHS work, so they know the pressures A&E is under and know how to use the service appropriately.

King's A&E sees a high number of patients with mental health problems. Staff spoke to us about the challenge of looking after some of these people in such a busy environment - *“It can be hard to contain”, “the shortage of beds in mental health generally has a knock on effect for A&E.”* One member of staff described the care of people presenting



with mental health problems as *“appalling.”*

### Is A&E used appropriately?

Staff spoke to us about the vast range of people using the department, particularly because of the diversity of the local area. Staff told us about the challenges they face when people present at A&E with issues that could have been dealt with in primary care - by a GP, pharmacist etc. The streaming nurse is the first person a patient will interact with and this role is vital to ensure patients are seen in the most appropriate place and also helps to reduce waiting times. One member of staff told us about the difficulty of this role - *“It is disappointing to be told that we should turn people away from A&E and redirect them to another service.”*

Staff told us that they often see patients who come to A&E because they don't want to wait for a GP appointment - *“We see a lot of - ‘I've come today because I have to wait a week to see my GP’”* - or because of expectations people have of the A&E department - *“Some people believe that A&E doctors are better skilled than their GP”*.

A few of the staff acknowledged that patients don't understand the system and may be confused about what service to use when - *“What is an emergency for a patient may not actually be a clinical emergency”*.

### Staffing levels, support and training

Generally, staff spoke positively about the staffing levels in the A&E department, although some did mention that at night it is more *“hands on deck.”* Due to the high activity in the department and the unpredictability of patient needs day-to-day, staff acknowledged that on busy days they can feel stretched and understaffed - *“In the past year the volume of people attending has gone up. If we are just one nurse down it has a real effect on us.”* Some also spoke about the use of locum and agency staff, who may not have a lot of experience working in an emergency department.

Staff said they feel well supported in their role, and are happy with the level of supervision they receive. On each shift, they felt confident they could speak to someone for advice if they needed to. Staff were also satisfied with the level of training they had received.

### Staff suggestions for improvements

- Designated mental health area so people have more privacy and their dignity is respected.
- More triage support, for instance from the London Ambulance Service.
- Dedicated people to provide comfort to people waiting, especially if unaccompanied, by providing food/drinks etc. This would take pressure off the nursing staff.
- Reduce waiting times / number of people coming to A&E.
- Install a system to keep patients informed of the waiting time to help manage expectations.

- Improve the waiting area - *“there is nothing in the waiting area to distract people, just sit and stare into space.”*
- Improve the signage.
- More space - *“worse feeling you can have is that you feel restricted and that this could have been dealt with 2/3 hours earlier, but can’t because of space.”*

## Our observations...

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The Enter and View teams completed an observation checklist each time a visit was carried out. Below is a summary of what was observed.

**Directions to the A&E department:** The teams found the directions to the A&E from the main road to be clear, but not so clear from the inside (via car park and Golden Jubilee Wing).

**Entrance/reception is clearly marked, approachable and easy to see and talk to the receptionist:** The teams felt people knew where to go because of queues at the streaming desk and not because of the signage, which could be improved. Currently, it consists of small bits of paper saying “See the nurse first” and “Stop, please wait”. For short periods, no staff were visible.

**Information is relevant, up-to-date and displayed clearly:** There is no information about the patient pathway in the department. Leaflets are available on the wall but not looked at frequently - difficult to access if busy in the waiting area. Could have more relevant information on display, for instance about primary care services. The Friends

and Family Test is not very obvious. No information about expected wait times.

**Lighting:** The department was well lit, although a brighter light could make the waiting area look less ‘gloomy’.

**Toilet facilities are clearly marked, clean and accessible:** The toilets are located near the entrance of the department. The lighting in the toilets could be slightly disorientating. On one visit the sink was coming off the wall and on another visit a sink was overflowing with water. On two visits the ‘inspection due’ signs were on.

**Cleanliness:** Overall the department looked clean, although it was often littered with cans, cups and food wrappings. On one visit the bin was full and people were leaving rubbish around. On another occasion there was water spilt on some of the seats.

**Noise Level:** On our visits, there was always a low level of noise but nothing too disruptive. The automatic doors are often open because of a queue at the streaming desk; this lets in cold weather and noise from the street.

**Space for people to sit down while waiting:** There is space for quite a few people to sit but the seating is very close together, so it doesn’t feel very spacious. When there are lots of people in the department, it feels busy and cramped. The seating is quite uncomfortable, especially as the wait to be seen could be up to 4 hours.

**Water to drink is available for those waiting:** There is a water machine in the

corner and there is bottled water in the vending machine (which charges). The water machine could do with a better sign and it isn't particularly accessible. There is a cafe close to the ambulance entrance of the department, however there is no information in the department on how to get there.

**Staffing levels:** Staff were easily identifiable in the reception area. Sometimes all staff were busy and there was nobody available to speak to.

**Safety:** No obvious safety issues, although the cramped layout of the waiting area can make it difficult to walk around, especially if people have walking aids.

**Temperature:** The automatic doors are often open (because of queues forming from the streaming desk) which lets a lot of cold air in.

**Dementia friendly elements:** Signage could be improved. The seating area is cramped which makes it difficult to access. The colouring is all quite similar. Visual environment is a little cluttered - not quite sure what should look at.

**Overall feel of department:** Has an institutional feel - decor, no pictures on the wall. The teams felt it had a 'gloomy' feel. There is nothing to distract patients while they wait. The TV screens were never in use and just said 'No signal'.

## Our recommendations

At the time of writing (after our visits to King's A&E), the Trust have secured additional funding to extend the A&E department. The Trust's response to our recommendations reflects this.

**Recommendation 1:** We recommend that the Trust improves clarity for patients on what to do and where to go upon arriving in the department. The signage in the department could be improved; it is currently old, inconsistent and the messaging isn't friendly.

### Trust response

We will review the current signage and messaging within the ED reception and triage area. We have plans to carry out final works on the redevelopment of our Emergency Department within the next year.

**Lead:** Service Manager

**Recommendation 2:** We recommend that the Trust improves the appearance of the waiting area.

The waiting area is 'gloomy' and uncomfortable. We are aware of the financial pressures of the Trust, but we feel small changes could be made to make the department more welcoming.

We suggest that:

- Toilets are regularly checked so they are useable and clean.
- The water dispenser is relocated so that it is in easy reach of everyone in the waiting area.

- A range of leaflets is provided for people to look at.
- TV screens are turned on so that people have something to look at while waiting.

#### Trust response

Healthwatch has been invited back to A&E to discuss their recommendations in more detail. We have plans to carry out final works on the redevelopment of our A&E within the next year. This will incorporate a new waiting area.

**Lead:** Service Manager

**Recommendation 3:** We recommend that the Trust improves triage and re-direction of patients.

It is crucial that staff feel confident to re-direct patients to other services, that messaging is consistent and that information is clearly shared with patients. Staff should be regularly trained to ensure that this happens. Therefore, the role of the PALS officer in A&E, as well as GPs, is important.

#### Trust response

We will continue to teach and educate staff in redirection at the front door and seek alternative pathways. Our programme is robust however we are always looking at improving our programme with other partners across South East London Sector. We will continue to audit redirection to other services.

**Lead:** Heads of Nursing

**Recommendation 4:** We recommend that the Trust improves how it

communicates information about the expected waiting time.

The patients we spoke with said that they would like more information about how long they should expect to wait, as often they were not kept updated. We understand that waiting times depend on capacity and patients are prioritised on the basis of need.

We feel a poster or leaflet explaining the pathway, how the department functions and prioritises patients, and an estimate of waiting times would be useful for patients.

#### Trust response

We will review the internal Dashboard within the waiting area to improve communication. We have plans to carry out final works on the redevelopment of our A&E within the next year. There is a patient information leaflet about the A&E which includes information on waiting.

**Lead:** Head of Nursing / Service Manager

**Recommendation 5:** We recommend that the Trust improves the way patients are called to see staff.

Patients told us that they couldn't often hear when staff were shouting names across the waiting room. It will be particularly difficult for people that are hard of hearing and for those whose first language isn't English.

#### Trust response

We will review current system in line with redevelopment of minor's

area/urgent care centre. We have plans to carry out final works on the redevelopment of our A&E within the next year with an improved communication system.

**Lead:** Heads of Nursing

**Recommendation 6:** We recommend that the **Trust** reviews how volunteers might support the A&E department.

We see a good opportunity here for volunteers to support A&E staff, particularly with making sure patients are comfortable and hydrated and assisting people to walk around. Staff told us they found it frustrating to not have the time to do this, because of how stretched they are with other responsibilities.

#### **Trust response**

The volunteer service has a plan this year to expand the service in the A&E department. Initial discussions have taken place with staff on this, including A&E staff to map out roles. Southwark Healthwatch will be involved in scoping the volunteer support in A&E.

The Trust will be applying for funding to support a programme of A&E Champions.

Further discussions will take place to outline our future plans.

There is also a patient information leaflet and we will encourage volunteers to share this with patients.

**Lead:** Head of Engagement in Patient and Public Involvement

**Recommendation 7:** We recommend the **Trust** regularly reviews the staffing levels and skill mix in the department.

Some staff told us that at night time it can feel stretched and that agency and locum staff are often used who may not have experience of working in emergency care.

#### **Trust response**

Emergency nurse staffing levels are reviewed continuously and have been reviewed in relation to NICE guidance published in 2015.

The department will be participating in dependency scoring in conjunction with other A&E departments in the Shelford Group which are leading Foundation Trusts.) Further discussion will take place once dependency scoring is complete and results are available.

Recruitment is ongoing as part of our workforce strategy. The department has recently had a successful recruitment campaign which has resulted in limited vacancies. .

The department has commenced an Advanced Clinical Practitioners (ACP) training programme in conjunction with South Bank University to support the medical/nursing workforce. (ACP's are advanced clinical nursing specialists)

Medical staffing within A&E at present is correct and mirrors our peak time attendances within the system.

**Lead:** Heads of Nursing

**Recommendation 8:** We recommend that **Southwark CCG** initiates further research to understand why people choose A&E over other services.



Our findings show that patients choose to use King’s A&E because they can’t get an appointment with their GP, they feel they will get a better service at A&E, and they don’t understand what other services are available to them or do not have confidence using them. In order to change this, we need to better understand their views and decisions.

### CCG Response

We would support this initiative. King’s has recently undertaken patient surveys to understand why patients have opted to use A&E over other services, and we would welcome the opportunity to work with Healthwatch to analyse these results and consider what further work is needed, including the development of a communications campaign.

Next steps are to discuss findings of A&E audits, alongside the evaluation of the Extended Primary Care Services (EPCS), with Healthwatch and agree plan of action.

**Lead:** Southwark CCG

**Recommendation 9:** We recommend that the **GP Federations** extensively promote their Extended Primary Care Services.

Southwark has two Extended Primary Care Services (EPCS) - one in Bermondsey and one in Peckham. These provide urgent GP appointments 8am-8pm 7 days a week, but are under used.

Local people don’t know about them, or what they are, and when offered an appointment often decline.

Healthwatch Southwark has supported Southwark CCG to produce a leaflet about these extended primary care services, but we feel more needs to be done to promote and actively launch them.

### GP Federations Response

Our aim for the EPCS is that it supports patients and general practice by adding capacity. Therefore we aim to avoid walk in patients and ensure referrals are from practices. This means we need to be careful about how we engage and raise awareness of EPCS. We issue posters and leaflets - and will emphasise the need to ensure these are available, prominent and used by front line staff in practices. We will also ensure the referral routes are well understood and working well to raise patient awareness. Our development programme therefore includes:

- Providing training and experience of the referral process for core urgent service and service developments (including routine and other referrals).
- Identifying any barriers within the EPCS service and within practices to appropriate referrals to the service
- Reviewing appointment systems and support alignment with referral to the service.
- Providing appropriate staff training.
- Reviewing end to end pathway experience i.e. from patient calling the practice, and identify which elements are working and which could be improved.

**Lead:** GP Federations

**Recommendation 10:** We recommend **Southwark CCG** works with acute providers to deliver clear messages

about how to use services appropriately.

With there being services for levels of urgency, people are confused about what is 'urgent' and what is an 'emergency'. Our [review of GP answerphone messages out-of-hours](#) shows that the messaging about how to use NHS 111, SELDOC and 999 is inconsistent and confusing.

#### CCG response

The CCG recognises the need for clear messaging to local residents to help inform their choices as to where and how to seek treatment and advice for both clinical and social needs. We recognise that this work is only likely to be successful if it is co-designed between all local partners and local people.

Next steps are to work with the Lambeth and Southwark Urgent Care Working Group, Healthwatch and local residents to agree the key messages that we want to communicate, and develop communications materials and strategy.

**Lead:** Southwark CCG

**Recommendation 11:** We recommend the **Southwark CCG** works with acute providers to address care of people with mental health problems in the A&E department.

We are concerned about the increasing number of people presenting at King's A&E department with mental health problems. We are aware there is a lack of space and capacity in the department, but we feel care of mental health patients is a priority, in line with

the parity of esteem agenda. Clarity on the mental health crisis pathway is needed.

#### CCG response

The CCG recognises that it is vital that there is a clear mental health crisis pathway, which is responsive to people's needs. Work is commencing with King's and South London and the Maudsley to map out current pathways to see how they can be optimised.

King's, SLAM and the CCG are due to meet shortly, and will arrange a workshop for local stakeholders to examine how we can improve the mental health crisis pathway. This work will also be shared with Guy's and St Thomas' so that any learning can be replicated at St Thomas A&E.

**Lead:** Southwark CCG

#### Conclusion

The overall impression of the A&E department at King's College Hospital was good. We recognise that the department is extremely busy and staff seem to support each other and work well as a team to ensure good care is provided to their patients. Patients would benefit from more information and updates about how long they expect to wait and how the triage system works in A&E.

We also need to raise awareness about other services available to patients, so as to ensure A&E is used appropriately. Staff who are responsible for re-direction should be well supported in this role to ensure they are confident and consistent in their messaging.