Date: 26/07/2017

FREEDOM OF INFORMATION REQUEST FOI/013572 – A&E

If your Trust has multiple A&E sites, then please complete one questionnaire for each site. Thank you.

Name of Hospital: Dudley Group NHS Foundation Trust

TOTAL Number of Attenders to A&E for the year 2015/2016	96225
Of these attenders – how may attended Majors?	64927
Of these attenders – how many attended Minors?	31298
Of these attenders – how many attended Children's Paed A&E?	23525 (18 and under)
Of the TOTAL attenders, how may were conveyed by ambulance?	33214
Of the TOTAL attenders, how many self-presented (made their own way to A&E)	63011
Of the TOTAL attenders, how many were discharged with advice only/self-discharged without being seen (metrics can be added together)	48293 (following categories used: Discharged - did not require any follow up treatment, Discharged - follow up treatment to be provided by General Practitioner, Left Department before being treated, Left Department having refused treatment)
How many 12 hour breaches did you have?	For the 12 hour and 4 hour questions these are both reported nationally and are available from https://www.england.nhs.uk/statistics/
How many 4 hour breaches did you have?	For the 12 hour and 4 hour questions these are both reported nationally and are available from https://www.england.nhs.uk/statistics/

What was the primary cause of the breaches?
The main reasons for 4 hour breaches to the Emergency Access Standard for 2016/17 was a lack of space within our medical assessment area.

TOTAL Number of Attenders to A&E for the year 2016/2017	102705
Of these attenders – how may attended Majors?	70962
Of these attenders – how many attended Minors?	31743
Of these attenders – how many attended Children's Paed A&E?	24515 (18 and under)
Of the TOTAL attenders, how may were conveyed by ambulance?	36176

Of the TOTAL attenders, how many self-presented (made their own way to A&E)	66529
Of the TOTAL attenders, how many were discharged with advice only/self-discharged without being seen *(metrics can be added together)*	51213 (following categories used: Discharged - did not require any follow up treatment, Discharged - follow up treatment to be provided by General Practitioner, Left Department before being treated, Left Department having refused treatment)
How many 12 hour breaches did you have?	For the 12 hour and 4 hour questions these are both reported nationally and are available from https://www.england.nhs.uk/statistics/
How many 4 hour breaches did you have?	For the 12 hour and 4 hour questions these are both reported nationally and are available from https://www.england.nhs.uk/statistics/

What was the primary cause of the breaches? *was this reason different from 2015/16?* The main reasons for 4 hour breaches to the Emergency Access Standard for 2016/17 was a lack of space within our medical assessment area. No

TOTAL Number of Attenders to A&E for year 2017/18 – to-date	26500 till the end of June

Please describe how your patients are triaged, what is their typical journey? Is there a streaming model? If yes, how effective is it and who streams e.g. GP or Nurse? The hospital has a streaming process which is undertaken by an advanced nurse practitioner employed by the urgent care centre. Patients are directed then to either Urgent Care or the Emergency Department; patients then undertake a secondary triage and can be diverted back to Urgent Care if deemed appropriate.

What would you like to see implemented in your health economy to deter avoidable admissions? *i.e. those who have attended A&E but could have been seen and treated in a walk-in centre/MIU, Pharmacy or GP etc.* Increased appointment availability within GP practices.

Do you think technology has a role to play in preventing avoidable admissions?
If yes, please comment on what the value of technology would be.
yes, in some circumstances so that sign posting of patients can take place or using
technology for tele-medicine to prevent attendance at ED or Urgent Care

Urgent Care in the NHS

Longer opening hours within GP practices.
Better signposting for patients on what services are available to them as an alternative to
ED.
Improved care for patients to be cared for in their own home e.g. administration of
medications, social care interventions – washing, dressing, shopping etc. Nursing duties –
dressing changes.
Improved mental health services – ED not deemed a place of safety as ED environment is
not conducive to patients who are in a vulnerable state.
Enhanced community provision to support people with advanced dementia at home

Do you have Self Check-in Kiosks in your A&E area?	NO
Do you have publically available WiFi in your A&E waiting areas?	Wifi spark is available across the estate including ED which available for everyone
What is the bandwidth?	10mb

If you don't have publically available WiFi in your A&E waiting area, is there a plan to
install this? If yes, when? Is it on trajectory for delivery and what is the planned bandwidth?
Please comment

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