

A better experience for patients

How researchers are exploring people's use of urgent and emergency care, and what they might be missing

**Patient
Experience
Library**

November 2023

1. Recovery

“We need to provide a genuinely better experience for patients.” So says NHS England’s delivery plan for recovering urgent and emergency care services, published in January 2023¹.

It says that urgent and emergency care will “embed what works for patients”, that services will “reflect the needs of different groups of people”, and that there will be “proactive steps to tackle known inequalities, particularly for groups who are disproportionate users of UEC services”.

These are good ambitions. But they raise important questions.

How can we know what works for patients? Do we actually understand the needs of different groups of people? And while tackling “known inequalities” must be a good thing, are there unknown inequalities that we might be missing?

The NHS prides itself on being evidence-based, so to find the answers to these questions, we need to draw on evidence of patient experience in urgent and emergency care. But what does the evidence base look like? Is it robust and comprehensive, or are there gaps needing to be filled?

This report describes our attempt to find out. We examine the evidence base to see who is doing the research, who they are talking to, and what topics they are covering.

We make suggestions for how research funders and national NHS bodies could steer the research to get better value and better learning. And if you want to explore the evidence base for yourself, you can skip straight to our [interactive map](#) to see what it looks like.



2. Pressure points

Unsatisfied demand

“Demand for unplanned or urgent care is increasing” says the National Audit Office (NAO).²

The figures are staggering: between 2014 and 2022, annual calls to 111 rose from 13 million to 22 million. In December 2022, the service received nearly 3 million calls in a single month.

Other parts of the urgent and emergency care system are also feeling the pressure. In 2022-23, ambulance control rooms took 13 million calls, and there were 25 million A&E attendances.

At the same time, says the NAO, “Patients’ access to services for unplanned or urgent care has worsened”. In December 2022, over 700,000 A&E patients waited over four hours from their arrival to be admitted, transferred or discharged – a figure described by the NAO as “an all-time high”.

Finally, the NAO notes that “patients’ satisfaction [has] been worsening”.

Expert analysis

There is plenty of commentary on the problems in urgent and emergency care.

Some comes from politicians: figures obtained by the Liberal Democrats indicate that ambulance services in England have experienced a mass exodus of staff in the past year with nearly 7,000 leaving their jobs.³

Elsewhere, safety experts have highlighted risks related to transfer of care. The Healthcare Safety Investigation Branch says that “Delays in the handover of patient care from ambulance crews to emergency departments (EDs) are causing harm to patients”.⁴

The Royal College of Emergency Medicine has also weighed in. President Adrian Boyle has said that “In 2022 one in every 15 patients waited more than 12 hours in A&E from the moment they came through the door – over 1.65 million people”.⁵



From stats to stories

It is clear that the emergency care crisis is generating a mass of statistics – on call volumes, workforce pressures, admission delays and more. But since it is patients who are driving the demand, we also need to hear from them.

We went looking for the qualitative evidence on patient experience of urgent and emergency care. We wanted to know how researchers might be trying to understand the perfect storm of rising demand, worsening access and declining satisfaction.

We mapped the evidence base, aiming to find out who is listening to patients. We wanted to know who they are talking to, what they are talking about, and where the findings are being published.



3. Examination

The Patient Experience Library⁶ acts as the national evidence base for patient experience and involvement. Searching through the library, we found 283 reports and papers on patient experience in urgent and emergency care. Many reports covered more than one aspect of people's experiences – we found 674 topics in all.

The biggest single source of the literature was the local Healthwatch network, which had produced 216 reports – over three quarters of the total. The remainder were from a mix of government bodies, peer-reviewed journals, health charities and policy think tanks.

The Healthwatch connection

The timing of publication is interesting. Between 1999 and 2013, we found just 21 reports. From 2014 onwards, there are 262. So 93% of the literature is post-2014.

This could reflect the overall nature of the library content. The Patient Experience Library was launched in 2016 and only collects online publications. In the early 2000s, many organisations were still publishing in hard copy rather than digitally, and no national NHS body was archiving patient experience research. So huge amounts of evidence have simply been lost over time.

The timing, however, might also connect back to the source of the publications. The Healthwatch network was established in 2013, and is the source of over 75% of the literature that we found. So perhaps it is no coincidence that there is an explosion of content from 2014 onwards.

Location, location, location

The most common topics were “access” and “service satisfaction”, accounting for over two thirds of the topics covered by the reports. This could be very helpful. Most of the literature comes from the local Healthwatch network, so their combined reports give evidence of service access and satisfaction across an extensive range of locations and providers. Researchers could potentially use this to spot patterns of enablers or barriers to access, and to see what might be driving satisfaction or dissatisfaction in different parts of the country.

“Prior help-seeking” and “Frequency of visits” make up more than a quarter of the other topics covered. Again, this could help to improve understanding of how – and where – people are choosing to call on urgent and emergency services.

Who, what and why

Urgent and emergency care is open to everyone. Providers never know who is going to turn up, or why. So we looked for references to health conditions and population groups.

We found references to 14 types of health condition. These can offer insight into how people use very specific types of urgent care. One example is urgent care at the end of life, where we found reports covering rapid response, out of hours palliative care and urgent care plans in care homes.

We also found references to 13 named population groups. Again, this can help with understanding of specific needs and experiences. One example would be young families’ experiences, which could shed light on parental drivers for A&E attendance.

Less helpful is the fact that for some population groups known to be at risk of health inequalities, the evidence base seems thin. We found only three documents referring specifically to “BAME” patients, and only two on the experiences of people whose first language is not English.

4. Implications

For this exercise in mapping the evidence base on patient experience of urgent and emergency care, our searches were exclusively within the Patient Experience Library⁷. The Library only collects open access literature, so it is possible that further evidence lies behind paywalls put up by journals and other research databases. Even so, there are some useful learning points:

1. A unique archive on patient experience in urgent and emergency care is now freely available.

Researchers, policymakers and campaigners: Use our open access [evidence map](#) to see to see how we have visualised the evidence base.

2. The Healthwatch network is a key driver.

Over 75% of the publications we found came from the Healthwatch network. But funding for that network is now lower than the funding received by its predecessor (the Local Involvement Network) over ten years ago⁸.

Department for Health and Social Care: Why are we weakening an evidence body that was supposed to be a strengthened successor to the LINK?

3. We now have the basis for a more strategic and systematic approach to developing the evidence base.

We can now see the areas of saturation and the gaps in the evidence base on people's experiences of the pandemic.

National Institute for Health and Care Research and NHS England Health Inequalities Team: Use our findings as a basis for steering further research away from duplication and towards lesser heard communities.



Finally...

This report is part of a wider evidence mapping project for patient experience and engagement.

While medical research has rigorous prioritisation processes, evidence gathering on patient experience is, essentially, a free-for-all. One consequence is extensive duplication and waste. Another is big gaps in the evidence base. These are very often in relation to so-called “hard to reach” communities – the very people whose voices really need to be heard.

With funding from the Health Foundation’s Q Community, we have undertaken the first ever exercise in mapping key areas of the evidence base on patient experience. Our results are being disseminated via a series of reports like this one, and through a set of interactive online evidence maps.

We are laying the foundations for better research prioritisation in patient experience – to steer time and money more effectively, and to help the NHS ensure that its promises of patient-centred care are soundly evidence-based.

Our evidence maps can help research funders to see how to get better value for money, help researchers to see how to avoid time-wasting and duplication, and help patient advocates to see who is – and is not – getting heard in patient experience evidence-gathering.

For more on the project, visit the [evidence maps page](#) on our website. And if you want to partner with us to produce more maps, please get in touch: info@patientlibrary.net



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Endnotes

- 1 Department for Health and Social Care and NHS England, January 2023. Delivery plan for recovering urgent and emergency care services. Page 4.
- 2 All quotes from the section headed "Unsatisfied demand" are from: National Audit Office, June 2023. Access to unplanned or urgent care.
- 3 <https://www.theguardian.com/society/2023/aug/22/nearly-7000-ambulance-workers-in-england-left-in-past-year-figures-show>
- 4 HSIB, August 2023. Harm caused by delays in transferring patients to the right place of care. Page 5.
- 5 <https://www.newstatesman.com/spotlight/healthcare/2023/05/nhs-gridlock-facing-the-crisis-in-emergency-care>
- 6 www.patientlibrary.net
- 7 www.patientlibrary.net
- 8 Healthwatch England, February 2023. Local Healthwatch funding 2022-23.

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