



Details of visit

Service address:

Emergency Department/Accident & Emergency - Princess Royal Hospital
Apley Castle, Telford, TF1 6TF

Service Provider:

SATH

Date and Time:

Monday 23rd January 2017 (12.00-14.30),
Friday 27th January 2017 (15.00-17.30), and
Saturday 28th January 2017 (15.00-17.30)

Contact details:

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Publication Date:

Acknowledgements

Healthwatch Telford and Wrekin would like to thank the service provider - SATH PRH Emergency Department/A&E patients, relatives/visitors, carers and staff for their contribution to the Enter and View Programme.

Disclaimer

Please note that this report relates to findings observed on the specific dates set out 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.

What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential care/nursing homes, GP practices, dental surgeries, optometrists and pharmacies.

Enter and View visits can happen if people tell Healthwatch that there is a problem



with a service but, equally, they can occur when services have a good reputation - so Healthwatch can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

Purpose of the Visit

- To engage with people using PRH Emergency Department/ Accident & Emergency to hear about their experiences of care and to understand how patient dignity is being respected in the hospital emergency environment.
- To hear about the experiences of relatives/carers and friends.
- Observe the patients and relatives/visitors attending Accident & Emergency engaging with the staff and the facilities.
- Identify examples of good care practice.

Strategic drivers

- The visit was part of a Healthwatch Telford and Wrekin programme of work on 'Dignity and Respect' in health and care settings and a focus on 'Walk-In/Out-of-Hours' and emergency health care.
- The visit was also in response to evaluations of feedback received by Healthwatch Telford and Wrekin from community engagements and service provider / local council / CQC liaisons, and requests.
- Hospital Wards, Community Health Trust Services, GP Surgeries, Dental Practices, Optometrists, Pharmacies and Health Clinics are a strategic focus of regional / national programmes of the CQC, PHE / NHS, local Councils and the local Healthwatch organisations.



Methodology

2 Announced and 1 unannounced Enter and View visits were conducted.

Four Authorised representatives and 2 'volunteers in training' were assigned to conduct 3-visits and administer the survey with patients in attendance.

Prior to visits, the Lead Authorised Representative and a team member met with the 'Ward Manager' and Senior Nurse to understand how the A&E service operates, and explore topics to be included in a Survey to collect the experiences of people attending A&E. The Survey was developed with 2-parts

that addressed the purpose of the visit - to capture the experiences of people attending A&E for treatment (or relative/carer for children) including reception, triage, experiences with the emergency medical or other healthcare staff present, and waiting times, as well as facilities provided for waiting. 'Posters' and 'feedback' forms were delivered to the A&E department prior to the visits to advertise when Healthwatch would be present, and a secured 'post-box' left for pre-visit feedback, and post-visit survey forms from those attending A&E (or their relatives).

During the visits, people were not approached by the Healthwatch representatives to complete the survey until they had been registered (booked-in) and then seen for an initial 'triage'. In a few cases discussions were started before triage. Completion of the survey was optional. People were asked to complete the Survey about their experiences of the A&E service, but if they were called to be seen for examination/treatment by a doctor/nurse they were then asked to take the unfinished survey with them to complete the final part later. If the Representatives were no longer present in the waiting area, people were asked to 'post' the completed survey in the Healthwatch 'post-box' left for that purpose and clearly signposted. Some second-part surveys were not completed or returned. Survey responses were later uploaded into 'Survey Monkey' to assist analysis of responses for the report.

Management requested a staff survey be conducted by Healthwatch. This was completed as a separate activity, and the results were reported directly to the ward management.

Summary of findings

- Staff are polite, friendly and professional, even at busy times. Patients told us they appreciated the hard work and care of the staff in the A&E service. Though A&E staff were overworked and under-resourced, patients acknowledged they did their best in the circumstances. Ambulance staff were also praised.
- Though patients reported that their dignity is respected most of the time, on a few busy occasions patient privacy was observed not to be appropriately respected - a doctor sharing information about a patients' test/assessment results and ongoing consultation with patient in a 'waiting area' with others present. Patients booking-in to Reception 1 were observed to be overheard by others in the waiting area while giving personal data and medical information.
- All people surveyed said they felt safe in A&E.
- Waiting patients and relatives found the facilities (including drinks and snacks provision) and the information provided in the Waiting area was adequate, though the public phone had been 'out of order' for some time.
- Waiting patients (booked-in) wanted more information and clarity about the waiting time to be seen by doctor/nurse (examination/treatment) - including numbers in queue, relative position in prioritised queue.



- There is no information provided for relatives of patients brought in by ambulance to guide them on what to do, and how to get to the patient.
- The reception process is timely, staff were reported as polite and professional and the booking-in process was rated 5* or 4* (good) by 44% of survey respondents
- At times of volume pressure patients were left waiting for a ward-bed on a trolley in the A&E corridors (sometimes for more than 12 hours). Staff did not ensure that some patients (who may be quite poorly, in pain) are provided with adequate bedding for their comfort during this waiting time e.g. a pillow (and a chair for accompanying relative).
- Though most patients said that staff did explain what was going to happen to the patient while they were in the examination/treatment cubicles area, some were not informed. Some patients also commented on the lack of information provided during further waiting periods after first seeing a doctor or nurse.
- Less than a quarter of the patients surveyed spend less than an hour in A&E, but over a third spend between 3 to over 4 hours in A&E.

Results of Visit

The department was very busy on the first visit - Monday, though less busy on the other two visits.

Observations: Facilities - Waiting and Reception

There were bench chairs in the reception/waiting area for people attending A&E - we observed during the visits that there appeared to be sufficient for needs, even at the busy period. A&E Reception 1 and 2 were provided through a 'window' from the reception administration room - Reception 1 across the waiting room from the entrance and reception 2 around the corner in the corridor to the treatment area. There was about 10 feet distance from reception 1 window to the nearest bench seats. The team observed that some conversations could be 'overheard' as people were asked to shared details when they 'booked-in'.

During 3 visits the waiting area appeared clean and well-lit and cleaners were observed during one of the visits. Though some rubbish (cups) and spilt drinks were not noticed during the cleaning, staff readily returned to address these issues when they were told.

A TV screen provided NHS information and videos, information identifying the different colour uniforms worn by various nursing and care staff, and with adverts including a "no win no fee solicitors" advert (which seemed very prominent) and a banner informing those waiting of the time people may expect to wait for treatment/'their turn'. A time of 3 hours was displayed on each occasion.

Various signs on the walls gave information including that patients should 'sign-in' at reception, results of 2016 Friends and Family Survey and information about promoting dignity in care.

A separate 'triage' room was used by a nurse to investigate reason for attending A&E - on most occasions the door was kept closed to support patient confidentiality and dignity. Other staff entering the room usually knocked on the door before entering.

Next to this was a treatment room - with blinds covering the window through the waiting area. The door to this room was closed on most occasions and blinds drawn when in use and a patient was receiving treatment. We observed that staff usually knocked on the door and checked the "vacant/busy" sign before entering the room in case a patient was being treated, however sometimes this was not done and staff were seen 'walking-in' on patient treatment and seemed surprised that the room was in use.

Accessed from the corridor through to the treatment area was a Children's play room with equipment provided to occupy and distract children waiting with those accompanying A&E patients.

The reception/waiting area had a soft drinks machine, snack machine, and a hot drink machine providing refreshments for waiting relatives, and patients. The hot drink machine was out of order during our first visit, but this had been resolved by our second visit (Friday).

Near to the hot drinks machine was a pay-phone provided for people to use including for calling for a taxi (a notice gave a phone number to use), however the phone was labelled 'out of order' during all 3x visits.

Observations: Examination/Treatment Cubicles Area

Representatives observed staff talking with lowered voices on the phone and when talking with waiting patients, or relatives/friends (while patients were being seen by a doctor) and were seen to be polite even at the busy times. When a standing patient called out for help, a nurse responded immediately.

We observed that when a patient was brought into the A&E department from an Ambulance, Staff moved a temporary screen across the end of the corridor to block any view of the patient being transferred into A&E from any visitors/public present in the corridor, thus showing respect for the dignity and privacy of the patient.

We observed staff engaging patients and relatives with care and respect most of the time and a junior doctor was seen checking with a patient how they felt as they left the treatment area having been told by nursing staff that she could go home. We observed staff inviting waiting relatives into another area for a private conversation about a waiting patient, respecting patient dignity. However, on another occasion we observed a patient in a small waiting area within the hearing of the other waiting patients/relatives being given the results of an MRI scan by a doctor, who then continued the consultation without taking the patient aside to do this with privacy.

We saw several unwell people waiting on trolley's near to the cubicles on one visit. One of the patients was accompanied by a relative who had been left

standing waiting and appeared to be very uncomfortable as she had, by then, been standing for a long time. The representative offered to get the relative a chair and was then helped to do this by a passing paramedic - other staff in the department were very busy and no one else had offered seating to the accompanying relative.

A&E Patient Survey

33 Survey responses were collected across all 3 visits but of these 13 patients only completed the first part of the survey.

Most of those surveyed arrived via the main reception entrance/waiting area. A small number of patients arriving directly by ambulance were surveyed; these included those cases who were brought through to the 'reception waiting room' for triage, or those waiting within the A&E cubicles area and corridors having already been seen by the doctors/nurses and were not in a severe condition (as guided by nursing staff) and they or their relative gave consent to be approached.

Some surveys did not have answers provided to all questions, and some patients/carers/relatives did not leave comments.

Survey Results

- While many of the patients who responded were seen on the day they attended A&E and were surveyed, at least 2 patients were surveyed following a weekend attendance at A&E and they indicated a wait of 16 hours and 28 hours in A&E.
- All patients who responded are registered with a GP - 1 person was registered as a temporary resident of a Telford & Wrekin practice. 78% were registered to a Telford & Wrekin GP practice; 3 patients were registered to a Shropshire GP practice and 4 to out-of-county GPs in Wolverhampton, Bristol, & Wrexham.
- 68% of patients did not try to seek help/treatment before attending A&E. Of those who did seek prior help 4 people contacted a GP Surgery - including 'out-of-hours', 2 people contacted NHS111/Shropdoc, 1 person came from RSH Walk-In Centre, and 1 person from another unspecified clinic/centre. No patients indicated they sought help first from a Pharmacy or Dentist.
- 26% of patients said they were advised to come to A&E by NHS111/Shropdoc or GP (including out-of-hours); 16% by hospital/paramedic/ambulance or Police/101; 10% by other health-related organisations and 39% of patients said they 'just came straight to A&E'.
- 79% of patients came to A&E by car; only 9% of those who were surveyed came by ambulance.
- Most patients (84%) thought the signage in A&E clearly explained what to do on arrival.
- Most patients (74%) were seen by reception staff within 5 minutes of arrival; 4 people reported a wait of 15 minutes or more.

- Of the 16 patients who rated the reception booking-in process, 25% gave the top 5* rating, 19% = 4* and 31% = 3*
- 71% of patients confirmed that the triage process commenced during booking-in.
- 94% of patients indicated that they believed they should have come to A&E rather than use an alternative e.g. GP, or other (Pharmacy, etc.).
- 26% of patients who responded indicated that they were told their case was urgent or non-urgent at some time during their attendance.
- Most people (94%) reported that they were given clear and easy to understand information during booking-in/waiting, with 77% indicating there was sufficient information in the reception waiting area but 6 people did not think so. Of those who commented on information they would like to see in A&E reception-waiting area, most wanted more clarity about waiting time, not just the standard 3-hour indication, such as queue number or relative position in prioritised queue. One person requested signage or information about where to go/what to do to find a patient who had been brought in by ambulance.
- 75% of patients said that staff in the examination/treatment cubicles area explained to them about what was going to happen.
- Patients were given an opportunity to comment on their experience of waiting to be seen for examination/treatment. Some responses praised the staff care or treatment received but 1 patient described 'triage in a corridor and then overnight stay in an A&E cubicle'. Some patients commented on the wait - 'quite quick' or 'quicker than expected' but others commented on their 'frustration at lack of information about the wait'.
- Of 23 patients who responded about the length of wait to be examined/ treated following booking-in, 35% indicated a wait of between 1 and 4 hours or more; 5 people were seen within 10 minutes, and 35% were seen within 15 to 30 minutes. At the time of providing survey responses, 2 people reported they had not yet seen a doctor or nurse.
- 11 of 18 patients who responded (61%) agreed that in the cubicles area staff did check with them periodically while they waited to be seen by doctor or nurse. *This question did not clarify whether staff also periodically checked with patients after they had been seen by doctor or nurse, and were waiting to be admitted to a ward (or for further consultation or treatment).*
- All patients that responded agreed there was water and drink/food available while they waited. 70% indicated these facilities were considered a good quality.
- 94% of respondents agreed that both doctors and nursing staff were professional, polite and friendly, treated patients with respect and dignity, and provided privacy when discussing the patient condition. *(However, note observations reported in earlier section "**Observations: Examination/Treatment Cubicles Area**")*

- 100% of those who responded said that Reception staff were professional, polite and friendly, treating patients with dignity and respect.
- Asked about the total time spent in A&E, 22% reported less than 1 hour, 11% reported 1-2 hours, 28% reported 2-3 hours, 28% reported 3-4 hours, and 11% reported more than 4 hours.
- 100% of respondents said they felt safe in A&E.
- A few additional comments on the A&E service were provided - they included “Advised by my local (GP) practice to go to A&E for stitches due to a cut finger”; “overworked and understaffed”; “dental services in the community need to be improved (*patient in A&E for an out-of-hours dental problem*); “my mother had to be nursed in A&E due to no medical bed available ... Nurses, doctors and ancillary staff work very well under pressure and limitations”.

Patients and Relatives - Additional Feedback

We spoke to a few patients who had been assessed and were due to be admitted to a ward - waiting on a trolley in a corridor. They told us that they had been waiting in the corridor for handover to a ward between 3 and 4 hours for an available bed; some relatives were anxious as the patients were very unwell.

Two patients who had arrived the previous day (Sunday) told the representatives that they had been on a hospital trolley for over 12-hours and they felt uncomfortable because no pillow had been provided. The patients told us that during this long waiting time they were only offered a ‘rolled-up’ blanket to use as a pillow until the Monday morning arrived when a staff member provided a pillow.

Staff Feedback

Staff were clearly busy but in a controlled way. Staff liked working in A&E as part of a team but most described their concerns and frustrations at being unable to give the patient care they believed was needed. Staff indicated that while extra cubicles had been introduced to help address the needs, no extra staffing had been provided for this. Staff comments focused on morale problems related to losing staff and being under-staffed (nursing and ‘out of hours’ medical staff) leading to long shifts worked and shifts not having the right mix of skills. Asked about patient safety under the current conditions, about 50% of the staff who responded thought patients were not safe in A&E, though the patients survey response suggested patients did feel safe (*all of those who responded*).

Commenting on patients waiting on trollies in the corridor, staff indicated that sometimes an available bed may not be on an appropriate ward for the patient causing a further wait or treatment and recovery issues. We were told that a drink was offered to patients (after 2 hrs from medical investigation) and food/snack packs were available from a food trolley (if medically appropriate for patient).

Asked if patients are being transferred from RSH A&E to PRH A&E during busy periods, the senior nurse assured the team that there is frequent communication between the senior nursing staff of the 2x A&E departments, monitoring the

situation regularly. When a transfer between hospitals is necessary according to established protocols and thresholds, this is done with agreement of both teams; usually the less complicated A&E cases including some GP referrals are transferred from RSH to PRH, leaving the urgent complex A&E cases at RSH.

Recommendations

- Remind all staff about respecting patient privacy when consulting with them on test/MRI results or treatment(s).
- Review the access to and provision of pillows and suitable bedding at times when patients will be left waiting on a trolley in the corridor for a prolonged period (while suitable and available ward admission is delayed for several hours). Ensure a staff member is responsible for checking on waiting patient comfort, and that a relative waiting with the patient is provided with a chair.
- Investigate provision of additional information signage in the main waiting area / main entrance e.g. for relatives of patients brought into A&E by ambulance.
- Review information provided in the waiting area on 'waiting time' and investigate possibilities of providing additional guidance such as current numbers in queue, relative position in queue, and progress.

Service Provider response

1. We are currently exploring building and layout options of the department to maximise usage.
2. The use of electronic notes has been costed but is not financially a viable option at present. We have an upgrade for our current IT system due in October.
3. The coffee shop has now extended its hours, again, and its range of foods.
4. Current nursing templates are under review to re-assess staffing levels.
5. Triage is now run as a streaming area from 10:00-22:00hrs, with the co-location of the ED nurse and the receptionist so that there is a quicker turnaround time on arrival.

Appendix A: Accident & Emergency (ED) Patient Survey Results

Question Survey (Part 1)

Note: Some respondents omitted answering some questions, and so the sum of those question results may be less than total of surveys completed.

Q1.1. Are you visiting ED/Accident & Emergency as a relative, patient, or other?

Patient	Relative	Parent	Friend
22	7	2	1

Q1.2. What date and time did you visit the department?

Some omitted answering, and several responses received were incomplete (none given, date only, time only, date and time).

2x responses showed a date (Sunday 22nd January) and time **before** the first survey visit - of 28 hours, and 16 hours, prior to survey response. Several responses given for this question were within 30 minutes of the times of the E&V visit.

Q1.3. Did you need help speaking to staff?

Yes	No	Don't Know
3	30	0

Q1.4. Are you registered with a GP?

Yes	No	Don't know
33	0	0

Q1.4b. If yes, then which GP practice?

Lawley	Hadley	Wellington	Malling Health	Donnington	Dawley
4	1	2	4	2	3
Madeley (Court Street)	Madeley (Church Street)	Newport (Lindon Hall)	Shawbirch (Temp)	Stirchley	Hollinswood
1	1	1	1	1	1
Woodside	Oakengates (Limewalk)	Ironbridge	Highley Medical Ctr	Bridgnorth	Wem
2	1	1	1	1	1
Bristol	Wolverhampton	Wrexham (Wales)			
1	2	1			

Q1.5. Do you (or the person seeking help/treatment) have a hearing or visual impairment?

Yes	No	Don't know
10	21	1

Q1.5b. Nature of impairment?

Hearing & Visual	Hearing	Visual [Glasses]
1	1	3

Q1.6. Do you (or the person seeking help/treatment) have a mental health condition?

Yes	No	Don't know
1	30	0

Q1.7. Did you or the person seeking help/treatment try and seek help before coming to the department?

Yes	No	Don't know
9	21	1

Q1.8. If yes, where did you seek that help/treatment from first?

Came straight here	ShropDoc or NHS111	Pharmacy	On-line Website	Walk-In Unit
7	2	0	0	0
Dentist	Other-Clinic/ Centre	GP Surgery	Out-of-Hours GP	Walk-In [Shrewsbury]
0	1	2	2	1

Q1.9. Who advised you to come to ED/A&E?

Came straight here	ShropDoc or NHS111	Pharmacy	On-line Website	Walk-In Unit
12	4	0	0	0
Dentist	Other-Clinic/ Centre	GP Surgery	Hospital	Optician
0	2	3	1	1
Paramedic	Ambulance	Police/101	Family/ Friend	Children's Care Home Manager
1	2	1	2	1

Q1.10. Did you arrive with someone to the department?

By myself	Carer	With friend or family	Other
9	0	21	1

Q1.11. How did you arrive at the hospital?

Ambulance	Taxi	Car	Public Transport
3	2	26	2

Q1.12. Does the ED/A&E signage clearly explain what to do on arrival at the department?

Yes	No	Don't know
27	3	2

Q1.13. How long did you have to wait to report someone on arrival to reception?

5 minutes	10 mins	15 mins	20 mins	30 mins
20	3	2	0	2

**Q1.14. How would you rate the booking in process at the department?
1=low,5=high**

1*	2*	3*	4*	5*
1	3	5	3	4

Q1.15. Was there any triage process during booking in/reception?

Yes	No	Don't know
15	5	1

Q1.16. Were you told at any time, whether your case was urgent or non-urgent?

Yes	No	Don't know
8	18	4

Q1.17. Were you given clear and easy to understand information?

Yes	No	Don't know
29	1	1

Q1.18. Do you think there was enough information in the waiting areas?

Yes	No	Don't know
23	6	1

Q1.19. If not, what information would you like to see in ED/A&E?

1. Waiting time, staff to let patient know why it is taking ages to be seen
2. Information on how many people are 'in waiting' for treatment, to be seen by doctor etc. as people have come in after me and gone through.
3. Obvious A&E department is under immense pressure to allocate and see all patients. Prioritise care appropriate to individual cases.
4. Would like to see job opportunities. What ways the hospital is improving or not. Also about different health conditions.
5. Came via ambulance - who were exceptional. Can't speak highly enough.
6. Clearer 'waiting times'
7. Where to go to 'find a person' brought in by ambulance.

Question Survey (Part2)

Note: Some respondents omitted answering some questions, and so the sum of those question results may be less than total of surveys completed.

Q2.1. What is your experience of waiting to be seen for investigation/ examination/ treatment?

1. A lot quicker than I expected.
2. Very kind patient staff.
3. Normally fast for an A&E.
4. Not much information on duration of waiting. Staff very busy.
5. Quite good - I know it was going to be quick to be seen.

6. Frustrating as no information provided.
7. N/A
8. Bruised hand.
9. Excellent advice/treatment by A&E.
10. Corridor for triage, then overnight stay in cubicle.
11. Quite quick.
12. Patience is the main requirement.
13. Corridor - nurse explained on admission.
14. Suspected blood clot.

Q2.2 Did staff explain about what was going to happen?

Yes	No	Don't Know
15	3	2

Q2.3 Have you seen a doctor or nurse since you have been at the department?

Yes	No	Don't Know
16	2	0

Q2.4 How long from booking-in did it take a nurse or doctor to examine you?

4 hours or more	2 hours	1 hour			
1	4	3			
40 mins	30 mins	20 mins	15 mins	10 mins	Less than 10 mins
1	3	2	3	1	5

Q2.5 Did staff check with you periodically to see if you were okay while you waited for doctor or treatment?

Yes	No
11	7

Q2.6 Was there a water dispenser, and food/drink vending facilities available to you while you waited?

Yes	No	Don't know
20	0	0

Q2.7 Do you consider the water dispenser, and food/drink vending facilities as good quality?

Yes	No	Don't know
14	3	3

Q2.8 Have doctors been professional, polite and friendly, and treated you with dignity and respect, and provided privacy when discussing your condition?

Yes	No	Don't know
17	1	0

Q2.9 Have the nursing staff been professional, polite and friendly and treated you with dignity and respect?

Yes	No	Don't know
16	0	1

Q2.10 Have reception staff been professional, polite and friendly and treated you with dignity and respect?

Yes	No	Don't know
16	0	0

Q2.11 How long have you been in ED/A&E today?

0-1 hour	1-2 hours	2-3 hours	3-4 hours	More than 4 hours
4	2	5	5	2

Q2.12 Did you feel safe in ED/A&E?

Yes	No	Don't know
18	0	0

Q2.13 Should you have come to ED/A&E today?

Yes	No	Don't know
17	1	0

Q2.14 Do you have any general comments or concerns to make about the service?

- Advised by my local (GP) practice to go to A&E for stitches due to a cut finger.
- No [2]
- Could be seen quicker
- None from medical point of view. However dental service needs to be improved in the community
- Overworked and understaffed
- My mother had to be nursed in A&E due to no medical bed available. Still in A&E @midday (*next day*). Nurses, doctors and ancillary staff work very well under pressure and limitations.

Q2.15 What is your age?

Under 16	16-17	18-24	25-34	35-44	45-54	55-64	65-74	75 & over
2	1	2	3	2	4	0	3	2

Q2.16 Where do you live?

TF1	TF2	TF3	TF4	TF5	TF6	TF7
2	2	1	4	0	0	3
TF8	TF10	TF12	SY13	WV16	WV15 5EJ	Temp TF1
0	2	1	1	1	1	1

Q2.17 What is your gender?

Female	Male	Transgender	Prefer not to say
10	9	0	0

Q2.18 What is your ethnicity?

White British	Asian or Asian British	Other ethnic groups indicated
18	1	0

Q2.19 Do you care for someone at home?

<i>Yes</i>	<i>No</i>	<i>Don't know</i>
<i>1</i>	<i>18</i>	<i>0</i>

Q2.20 Do you have a long-term health condition?

<i>Yes</i>	<i>No</i>	<i>Don't know</i>
<i>4</i>	<i>14</i>	<i>1</i>

Q2.21 Do you have your own transport?

<i>Yes</i>	<i>No</i>	<i>Don't know</i>
<i>13</i>	<i>6</i>	<i>0</i>