The majority of patients preferred the ACU to an inpatient admission: “Clinic was smooth, quick and comfy. I think you’ve got that one right!”

Waiting times, although important, were often negated by information-giving: “It’s quite irritating having to wait, but they told me it was going to be an hour, so at least I was kept informed. You don’t mind the wait if you know what’s going on.”

Privacy to discuss medical problems was important for the majority of patients; however, there was a clear disparity between men and women in terms of privacy provision in the ACU.

Interactions with staff were valued by patients in terms of communication, reassurance, competence: “I had a feeling...they would help me, take care of me. They made me feel confident in them; they seemed to understand what I had been suffering.”

Although generally patients preferred an open and spacious environment, it was the atmosphere and ethos of the department that was more important: “We were all sat chatting to each other...atmosphere was lovely and friendly. It weren’t like a clinical hospital atmosphere.”

This study has strongly reinforced the findings from previous studies in relation to patient experience.

In particular, a number of studies in relation primarily to emergency care, have outlined the same factors (Rydman et al 1999, Johnson et al 2008, Cross & Goodacre 2010, Hattrick & Bentham 2012).

However, specifically in relation to the introduction of ambulatory emergency care services, there have been no previous studies about patients’ experiences or views against which to measure this study.

Therefore, these findings are new and offer an opportunity for organisations setting up ambulatory emergency services to implement effective practices from the start.

The introduction of ACU at Oldham has had a positive impact on patient experience.