**BACKGROUND**

Good patient experience is recognised as a core component of quality in healthcare.

Emergency ambulatory care (EAC) services are widespread; they can have a strong positive impact on experience by returning patients to their homes and families, but may have negative effects too.

There is currently no specific experience survey available for use in EAC.

Surveys that are co-produced, based on knowledge of patients needs and wishes, and are validated will return credible data that can guide and drive local improvement in ways that matter to patients.

A rigorously validated national survey could be made freely available for administration in UK ambulatory care services to drive up quality through identification of local shortfalls, feedback on improvement work and allowing comparison with best national practice.

**METHODS**

Patients using emergency ambulatory care services (n=30) for general medical conditions were interviewed using a semi-structured question guide. During the course of interviews we used a grounded theory approach for analysis, adapting and adding questions on the basis of previous results and using interviews to triangulate prior findings. Thematic analysis was done using NVIVO software.

Sampling was done using maximal diversity method. Interviews continued until theoretical saturation was achieved.

Interviews were done at 3 diverse Trusts: Chelsea and Westminster Hospital, Portsmouth Hospitals and Western Sussex Hospitals.

Pilot survey questions were generated based on interview results. These were tested for face validity (do patients interpret the question in the way we expect) with a further group of patients.

**EMERGING THEMES**

- **Communication**
  - Anxiety about being too unwell for discharge, not being reassured
  - Knowing what to do or who to contact if condition got worse
  - Information about what was going to happen, timing
  - Communication between discharging team and ambulatory care
  - Was it too noisy for you to communicate
  - AEC staff knowing enough about the patient
  - Did you get answers to questions that you could understand
  - Conflicting information from different professionals

- **Convenience**
  - Waiting time
  - Did you have to wait too long for a certain member of staff
  - Signposting, finding the unit
  - Parking or transport
  - Would it be more convenient as in patient – given a choice?

- **Comfort**
  - Was the waiting area comfortable enough
  - Was food available at meal times
  - Were drinks available
  - Was there reading material, or a television
  - Were you given pain control if needed

- **Disability**
  - Was the seating comfortable for someone with your disability
  - If you have hearing difficulties/visual problems, was this addressed
  - Do you have a disability that made coming to the service too difficult
  - Were your disabilities taken into account

- **Privacy**
  - Overhearing staff talking to or about other patients
  - Staff talking to or about you when others could hear
  - Being visible during examination or treatment

- **Staff**
  - Welcoming staff
  - Were you treated with respect
  - Were your individual needs taken into account
  - Were staff restricted from doing their job e.g. by rules
  - Were there enough staff

The National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care (NIHR CLAHRC) Northwest London is hosted by Chelsea and Westminster Hospital NHS Foundation Trust and academically led by Imperial College London, in partnership with North West London