



Croydon University Hospital, Virgin Urgent Care Centre
Enter & View Report

Gathering the views and experiences of the people receiving health and social
care in Croydon.

Healthwatch Croydon is the new independent consumer champion for those children, young people and adults who use health and social care services in the borough.

It will:

- work to ensure consumers views about services are represented both locally and nationally;
- focus on local voices being able to influence the delivery and design of local services

It has statutory powers that enable local Croydon people to influence Health and Social Care services under the Health and Social Care Act 2012.

Healthwatch Croydon finds out what people want from their health and social care services such as hospitals, GPs, care homes and pharmacies. This is referenced against information gathered from health and social care providers and commissioners and national and local research sources. Healthwatch Croydon also produces reports about services visited and makes recommendations for action.

As part of this role Healthwatch Croydon has statutory powers to undertake an Enter and View visit of publicly funded Health or Social Care premises. Enter and Views are undertaken when the Healthwatch Croydon wishes to address an issue of specific concern.

Trained authorised representatives from the Healthwatch Croydon may, in certain circumstances, 'enter and view' health and social care premises to find out the quality of services and obtain the views of the people using those services.

Our Enter and View policy is available to view on www.healthwatch.co.uk . You may also wish to look the Depart of Health Code of Conduct relating to Enter and View at

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_087285

Acknowledgment

Healthwatch Croydon would like to thank Virgin Care Service Manager Caroline Bampton, for helping to organise the visit. We would also like to thank all the staff and patients who took the time to speak to us. The representatives were welcomed kindly into the Urgent Care Centre by Caroline Daughtrey and Nicola Groom.

Purpose of "Enter & View"

The visit was prompted by the chair of Healthwatch Croydon meeting senior staff of Virgin Urgent Care Centre who invited Healthwatch Croydon to come and visit at any time to come and see how services are delivered. Healthwatch Croydon's advisory group saw the article in Croydon Advertiser by Gareth Davies posted on 20th November 2013 titled "CQC raises serious concerns about Urgent Care Centre". Article was based on report on CQC inspection done in September. Concerns included:

1. Some patients' conditions worsened potentially as a result of having to wait more than the stipulated time of 20 minutes before being assessed.
2. Patients being wrongly sent to the Urgent Care Centre instead of A&E as a result of wrong assessment.
3. Patients not being given appropriate information in relation to their treatment.
4. Patients with special needs not receiving the assistance they need. E.g. enquiring whether they need a hearing induction loop.
5. Staff claims that provision of care to adults is not safe.

Methodology

Two questionnaires (See Appendices) were compiled by three Enter and View representatives Sylvia Wachuku – King, Janice Fisk and Rebecca Annohm, at a briefing meeting held in March 2014. The group discussed and planned their visit, allocating tasks to team members. Some questions were targeted at patients (relatives or carers) while the others were solely for staff members.

Teams of three authorised representatives were warmly received and given an introduction to how the centre is run. All three representatives observed the general environmental conditions and patient movements.

One representative concentrated on interviewing staff- three in all, one from Reception, the Staff Nurse (this is normally a specifically highly trained Health Clinical Assistant but when those staff are not available due to absences these roles are covered by a Staff Nurse) on duty and one of the Clinical Specialists. For confidentiality reasons no observation was done during patient/clinician consultation.

Two representatives observed patient movements, waiting times and conducted exit interviews with patients.

The A&E service at CUH is delivered by two providers, Virgin Care deliver the Urgent Care Centre and CUH deliver the Emergency Department. In a patient's journey they can swap between the two departments, the patient does not know that they have swapped as systems, processes dovetail between the two. To do an Enter and View on such a service therefore is fraught with difficulties to the lay person as to see which side of the fence has it gone wrong. We hope in this report we have been able to keep the comments within this report to services provided by Virgin Care.

Patient Observation Narrative:

We commenced observation at 3.30pm when there were approximately 40 patients in the waiting area. The waiting area felt full but was calm. There wasn't a queue at reception. The waiting area is shared between the Emergency Department (ED) and Urgent Care Centre (UCC)

The procedure at reception is for the receptionist to talk with the patient on arrival. Using the streaming tool they decide which of the coded laminate cards to issue.

White Care - Urgent Care

Red Card - Emergency Care

At 3.55pm a young lady with a friend arrived at reception where they were both spoken to by the receptionist and given a white laminate card. They had been advised that they required Urgent Care and waiting time for preliminary discussion with a nurse would be 20-30 minutes. They were actually called to the nurse within 5 minutes.

At 4.10pm a young lady with her baby arrived. She was issued a white laminate card by reception, and advised the wait time for the nurse would be 30-45mins. The young lady was the patient in need of treatment. When I talked with her about her initial experience she said that she was concerned about the long wait time because her baby was tired and hungry. She was actually called to the nurse after 30minutes. When she came out from the discussion with the nurse she said that she had been able to communicate well and discuss her issue.

A young man and a friend were waiting in reception, they had been issued a red laminate card by the receptionist. They had been told that the wait time for Emergency Department could be 4 hours.

I then spoke to an elderly couple who had completed their visit and were waiting for a taxi. I had to speak very clearly and directly to the gentleman because he was having trouble hearing me. They conveyed that they were happy with their

treatment and felt reassured that their visit notes would be sent to their local GP. I noticed that both of the elderly folk were wearing hearing aids. I asked them if they had been made aware of the Induction Loop facility. They had not. Later on I spoke with Nicola Groom and she advised that there is the yellow induction loop sticker displayed in the reception area for patients to take notice of.

Incidentally I interviewed another elderly lady, aged 98, who was waiting for her son, aged about 70, to pick her up to take her home. She said that during her visit she had waited hours and had not been offered to be taken to the toilet.

Observation by my colleague:

A patient was issued with a white card and waited 90 minutes for a nurse to see them. The patient was not happy about the staff attitude and long delays.

A female patient booked in at reception and was given a white card. 5 minutes later the receptionist swapped the card for a red card. After 30 minutes the patient was called by an ED nurse but was returned to the waiting area. She was distressed and in pain and sat on the floor in the corner. My colleague brought this to the attention of the reception staff. The patient was then taken in again to see an ED nurse.

Key outcomes of interview with staff

i. Longer waiting times

The laminated cards given to patient's state the longest time they will have to wait for assessment i.e. 20mins. Patients for ED have to wait much longer and this is displayed on the electronic screen. It is difficult to keep track of how long each patient has been waiting at any given time as the waiting area is common for patients who need urgent care and ED particularly on very busy days/times.

There was a Staff Nurse, on a 12 hour shift responsible for all vital signs/further assessment before deciding to send patients for further treatment with a Clinical Specialist.

There was one incident where a patient had been waiting for over an hour and continued to wait quietly. When we brought it to the attention of staff, it turned out that their name had been announced 4 times and they had not responded. It was not clear if he was waiting for ED or UCC.

ii. Revised assessment

Patients are initially assessed by Reception Staff based on how the information they give regarding their symptoms is classified in the standard assessment guidelines as well as interpreting the body language of the patient. They are then given a white card for urgent care and a red card for ED.

There was one observation made when a patient's white card was switched to a red one. The explanation given was that after white card was issued, Reception Staff continued to observe patient while seated and also consulted with the Health Clinical

Assistant, on the day of observation it was a Staff Nurse who recommended they be given the red card and sent to ED.

The Staff Nurse explained that another patient that was initially assessed for urgent care, went in for consultation and had to be sent to ED. Patient had only told Reception that they were having difficulty pass urine. Further questioning revealed that patient had not urinated for half a day. This case shows how the link between the UCC and ED works.

iii. Patients not being given appropriate information in relation to their treatment

The Staff Nurse and Clinical Specialist said that all patients are given appropriate information about their treatment and always asked whether they have understood everything that has been said. When communication is difficult because of language barrier the language line is consulted for help.

Patients who have severe language barrier, live alone and without telephone are advised, as all patients, to contact their GP if they have difficulties continuing their treatment and are also advised to contact UCC if their condition deteriorates.

iv. Addressing patients' special needs

Generally people do not like to point out their disabilities that are not obvious. Most times patients with special needs are accompanied by a carer or family member who will help them communicate during their assessment if necessary. Otherwise staff would have to observe their behaviour and offer them assistance where they believe it to be appropriate.

v. Staff claims that provision of care to adults is not safe.

This was the fifth topic raised in the Croydon Advertiser article about the Virgin UCC. This was a challenging issue to address because of lack of clarity on what is considered 'unsafe'. All 3 staff interviewed had A&E work experience as well as adequate training to perform their job. Provision is made for further special training if necessary. Observations suggested they worked as a team, consulting with and supporting each other. We did not observe any processes that we felt were unsafe.

4. Good points

Clinical staff interviewed have A&E experience and are trained in Paediatrics so they can give treatment to adults as well as children.

Children have a separate waiting area and report to a Paediatric Nurse for immediate assessment and do not have to go first to Reception.

- The issue raised in a previous enter and view regarding patients not receiving adequate communication about what the red or white card they receive means appears to be improving.

5. Issue to address/ Recommendations

- i. Ensuring waiting times for urgent care do not exceed twenty minutes

Patients should be told to keep check of their waiting time and inform reception staff if they are waiting longer.

Staff should walk into waiting area to call patients in to ensure they hear and not just stand at the entrance of the consulting area.
- ii. Ensure patients understand treatment by continuously asking them if they understand. It may be worth asking them to explain the treatment back to ensure that they do understand. It may be useful to conduct periodic exit interviews with patients.
- iii. Supporting special needs

Signs should be put up in waiting area clearly stating what additional support is available. Patients should be encouraged in initial chat with receptionist to highlight any support they may need during their visit. For those with hearing aids it is not sure if the loop works fully, and/or does it work fully with those hearing aids that do not have a 'T' switch. It is hoped that the new A&E will have this issue resolved. Healthwatch Croydon hope to be fully involved in the design process to give a patients and carers perspective.
- iv. Environment - Patients who fall sick must not be given a container to vomit into whilst sitting in the waiting area. It was definitely an uncomfortable situation for other patients. They should be directed to a private area if possible. It is hoped that the new A&E will have space for such areas. Healthwatch Croydon hope to be fully involved in the design process to give a patients and carers perspective.
- v. Volunteers – The hospital as a whole (excluding the A&E department) have a team of volunteers supporting patients, visitors and carers around. Healthwatch Croydon are very interested in the ideas that Virgin Care have to introduce volunteers in the department, undertaking simple tasks, as change for machines, checking on waiting times, hearing out for people when their names are called when they are either are hard of hearing or have had to leave the receptions, supportive of carers whilst they are waiting, etc.