

Healthwatch Dudley

Dudley Urgent Care Centre

Where are we now?



November 2015

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We are also grateful to the Dudley Group NHS Foundation Trust and the Dudley Urgent Care Centre for their cooperation and support for the project and desire to better understand people's experiences of accessing urgent care services.

Executive summary

The document Standards for Better Health which was first published by the Department of Health in 2004, and updated in 2006, sets out core and developmental standards for NHS organisations and social service authorities to use in planning health care for people. The standards were drawn up to meet the changed expectations and experiences of people accessing health care services in an ‘around the clock, and ‘seven-days-a-week’ culture of living and working.¹

Under the Healthwatch regulations, local Healthwatch organisations have the power to Enter and View providers so that their authorised representatives can observe matters relating to health and social care services. Organisations must allow an authorised representative to Enter and View and observe activities on premises controlled by the provider as long as this does not affect the provision of care or the privacy and dignity of people using services.

The purpose of the visit will be to identify good practice that can be celebrated and shared with others, and to identify any issues about which service users feel concerned. A small Healthwatch team will come to observe the service. They will all have received training and will all have had a Disclosure and Barring Service check. They will ask staff, service users, and family members if present, some questions in a friendly and informal style about their experiences of the service.

Healthwatch Dudley staff and volunteers visited Russells Hall Hospital Accident and Emergency Department and Dudley Urgent Care Centre between the 20th and 26th July 2015. Different segments of the day and night were covered over a 24 hour period during the seven days to get people’s views and experiences of accessing urgent care services and insights into the operation of the Dudley Urgent Care Centre.

Dudley borough and urgent care

People have got to know and trust hospital-based accident and emergency department services. Meanwhile, almost all such departments are now able to stream or direct people to an alternative urgent care facility when it is deemed

¹ Fernandes, A. (2011) ‘Guidance for commissioning integrated urgent and emergency care: A ‘whole system’ approach’, Royal College of General Practitioners, Centre for Commissioning, http://www.rcgp.org.uk/policy/~media/Files/CIRC/Audit/Urgent_emergency_care_whole_system_approach.ashx

appropriate.² The Urgent Care Commission points out that people should be involved in the planning, evaluation and development of their local urgent care services to ensure user experience is prioritised.³

When people have concerns about the healthcare they are receiving it is often related to how communications are not working for them, the poor provision of information, or badly explained procedures and treatments.⁴ At the same time, people are likely to feel better about themselves in an urgent care centre that is well looked after, clean and convenient to use and affords a level of comfort and privacy that prevents any loss of dignity.

Dudley Metropolitan Borough is centrally located within the Black Country. It includes the three main towns Dudley, Halesowen and Stourbridge. It is divided into five townships, which are Brierley Hill (including Kingswinford), Dudley and Netherton, Sedgley, Halesowen, and Stourbridge. In 2012 there was an official population of 314,000 with most people (92.5%) describing themselves as White British.⁵ NHS Dudley Clinical Commissioning Group (DCCG) is responsible for planning and commissioning (buying) health services for people living in the Dudley Metropolitan Borough area.

Healthwatch Dudley research and findings

The original Dudley Clinical Commissioning Group plan was to construct a new purpose built urgent care centre at the Russells Hall Hospital site, adjacent to the existing Accident and Emergency Department. This would replace a Walk-in Centre that had been providing some urgent care services at a location a short distance away from the Russells Hall Hospital site. There would be one central reception area for urgent care that would function as a single point of visitor registration for all ambulatory, out of hours, and ambulance bound persons (except those suffering major trauma).

² NHS England (2013) 'High quality care for all, now and for future generations: Transforming urgent and emergency care service in England: The Evidence Base from the Urgent and Emergency Care Review', <http://www.nhs.uk/NHSEngland/keogh-review/Documents/UECR.Ph1Report.Appendix%201.EvBase.FV.pdf>

³ Urgent Care Commission (2014) 'Urgent and Important: The future for urgent care in a 24/7 NHS', http://www.careuk.com/sites/default/files/Care_UK_Urgent_and_important_the_future_for_urgent_care_in_a_24_7_NHS.pdf

⁴ Department of Health (2010), 'A&E Clinical Quality Indicators: Implementation Guidance', <http://www.dh.gov.uk/publications>

⁵ 2011 Census Area Profile for Dudley
[file:///C:/Documents%20and%20Settings/Admin/My%20Documents/Downloads/Dudley%20Borough%202011%20Census%20Profile%20\(Compared%20to%20England\).pdf](file:///C:/Documents%20and%20Settings/Admin/My%20Documents/Downloads/Dudley%20Borough%202011%20Census%20Profile%20(Compared%20to%20England).pdf)

The Dudley Urgent Care Centre opened in April 2015 occupying vacant space in the Russells Hall Hospital and using its Accident and Emergency Department to locate centre staff involved in streaming visitors to be treated in the Dudley Urgent Care Centre or Russells Hall Hospital Accident and Emergency Department. There was no new purpose built urgent care centre constructed as had originally been planned.

A questionnaire survey was designed and made available as a paper-based document that Healthwatch Dudley staff and volunteers used to get people's views and experiences of accessing urgent care services. A total of 171 visitors to the Dudley Urgent Care Centre participated in the questionnaire survey. Healthwatch Dudley staff and volunteers also spent time observing staff and visitors to the hospital and urgent care centre reception and waiting areas. The emerging themes included comments and observations relating to:

- The Russells Hall Hospital Accident and Emergency Department reception and Dudley Urgent Care Centre streaming
- Travelling from the Russells Hall Hospital Accident and Emergency Department to the Dudley Urgent Care Centre waiting area
- Signage at the Russells Hall Hospital and Dudley Urgent Care Centre
- Russells Hall Hospital and Dudley Urgent Care Centre cleanliness
- Visitor privacy at the Dudley Urgent Care Centre
- The services that the Dudley Urgent Care Centre provides
- Facilities for younger visitors to the Dudley Urgent Care Centre

Conclusions

There are benefits for visitors to the Dudley Urgent Care Centre associated with it being co-located at the Russells Hall Hospital adjacent to the Accident and Emergency Department and close to other key hospital services. In turn, it operates on a 24 hours a day, 7 days a week basis and there are more staff than there were in the old Walk-in Centre with a wider range of skills and expertise. However, the study identifies possible scope for improvement at the Dudley Urgent Care Centre and to the services it provides in ways that are listed on page 7.

Arrival, triage and treatment

- Reception areas - make more welcoming and comfortable
- Staff recognition - standardise uniforms and ensure all staff have name badges
- Staff training - ensure staff understand the hospital and services it provides
- Hello my name is - ensure staff always introduce themselves when talking to visitors
- Prioritising visitors - review and make more clear the systems that are in place for prioritising visitors for triage and treatment
- Triage - consider implementing 'see and treat' type procedures where they could potentially improve safety and prevent unnecessary duplication of questions to obtain information on symptoms and hopefully reduce delays in treatment
- Diagnostics - review the diagnostic services provided to ensure that they are at the optimal level to be of optimum benefit to visitors in assisting speedy access to treatment whilst reducing pressure on accident and emergency services
- Wheelchairs and portering - ensure visitors are able to easily get access to a wheelchair if it is needed and that there are adequate portering services

How Dudley Urgent Care Centre looks and feels

- Signage - make it more convenient and helpful for all visitors
- Information technology - consider introducing interactive technology to improve the flows of information between services, staff and visitors
- Infants and young people - improve the layout and look of the infants and young persons' area
- Flooring - upgrade the colours and materials used to enhance the possibilities for the improved direction of people around the centre and reduce apparent or actual slipperiness and surface reflections
- Walls - upgrade colour schemes to improve the attractiveness of the centre and assist visitors to navigate around the centre
- Seating - change the type and layout of seating to make it more inviting and comfortable and suitable for different types of visitor
- Art and plants - use where appropriate to create a more vibrant and less austere environment
- Telephones and WiFi - provide easy access to these facilities

- Drinks and snacks - improve access to café and other drinks and snacks facilities and offer a range of healthy options
- Privacy and confidentiality - consider how visitor privacy and confidentiality could be improved further through the changed design of reception and consultation areas
- Navigators - ensure 'Navigator' posts are filled and they are working to help visitors access primary care or other relevant services that could help to improve their health and well-being

Introduction

This research project was undertaken by Healthwatch Dudley to examine the quality and fitness for purpose of the new Dudley Urgent Care Centre, which opened in April 2015. The research focused on getting visitor perspectives on their experiences of using the Dudley Urgent Care Centre and what they were saying about the way that it looked and felt as well as the levels of confidence that they had in the way that urgent care services were being provided.

Under the Healthwatch regulations, local Healthwatch organisations have the power to Enter and View providers so that their authorised representatives can observe matters relating to health and social care services. Organisations must allow an authorised representative to Enter and View and observe activities on premises controlled by the provider as long as this does not affect the provision of care or the privacy and dignity of people using services.

The purpose of the visit will be to identify good practice that can be celebrated and shared with others, and to identify any issues about which service users feel concerned. A small Healthwatch team will come to observe the service. They will all have received training and will all have had a Disclosure and Barring service check. They will ask staff, service users, and family members if present, some questions in a friendly and informal style about their experiences of the service.

A Healthwatch Dudley questionnaire survey and staff and volunteer observation notes comprised the main body of data that was collected on visitors' experiences at the Russells Hall Hospital Accident and Emergency Department and Dudley Urgent Care Centre reception and waiting areas. The research was carried out over a week long period and at different times to cover the 24 hour opening time of the centre. The data that was collected was analysed to improve understanding of visitors' views on the Dudley Urgent Care Centre design and services as well as provide suggestions about future development.

The research did not include any remit to examine in detail the quality and delivery of clinical services at the centre.

Background

The document Standards for Better Health which was first published by the Department of Health in 2004, and updated in 2006, sets out core and developmental standards for NHS organisations and social service authorities to use in planning health care for people. The standards were drawn up to meet the changed expectations and experiences of people accessing health care

services in a round the clock and seven-days-a-week culture of living and working.⁶ They included a focus on people getting high quality treatment and care that meets their individual requirements by addressing physical, cultural, spiritual and psychological needs and preferences.⁷

People want good and timely treatment in a comfortable, caring and safe environment and to be treated with honesty, respect and dignity.⁸ Historically, the NHS has not done well on being responsive to people accessing services and has lacked a genuinely person-centred approach in which services are designed around individual needs, lifestyles and aspirations.⁹

Clinical Commissioning Groups are responsible for buying the majority of NHS funded services in England including urgent and emergency care services. At the same time, Health and Wellbeing Boards, which operate under the auspices of local authorities, are able to bring together organisations providing health and social care services and other relevant partners to find ways to develop and improve the commissioning of a range of services including urgent and emergency care.¹⁰ It has been estimated about twenty-five percent of the people visiting hospital accident and emergency departments could be more appropriately seen and treated elsewhere.

The development of effective alternative care pathways will require Health and Wellbeing Boards and others with an interest in urgent and emergency care to consider and understand people's urgent care journeys and experiences.¹¹ The

⁶ Fernandes, A. (2011) 'Guidance for commissioning integrated urgent and emergency care: A 'whole system' approach', Royal College of General Practitioners, Centre for Commissioning, http://www.rcgp.org.uk/policy/~media/Files/CIRC/Audit/Urgent_emergency_care_whole_system_approach.ashx

⁷ Department of Health (2006), 'Standards for Better Health', http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_4086665

⁸ Department of Health, 'A&E Clinical Quality Indicators: Implementation Guidance', (2010), http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122868

⁹ Department of Health, Equity and excellence: Liberating the NHS (2010): <https://www.gov.uk/government/publications/liberating-the-nhs-white-paper>

¹⁰ Fernandes, A. (2011) 'Guidance for commissioning integrated urgent and emergency care: A 'whole system' approach', Royal College of General Practitioners, Centre for Commissioning, http://www.rcgp.org.uk/policy/~media/Files/CIRC/Audit/Urgent_emergency_care_whole_system_approach.ashx

¹¹ Fernandes, A. (2011) 'Guidance for commissioning integrated urgent and emergency care: A 'whole system' approach', Royal College of General Practitioners, Centre for Commissioning, http://www.rcgp.org.uk/policy/~media/Files/CIRC/Audit/Urgent_emergency_care_whole_system_approach.ashx

findings from this work must feed into the planning and commissioning of urgent and emergency care services.

What is an urgent care centre?

People have, over a long number of years, got to know and trust hospital-based accident and emergency department services. At the same time, almost all of them are now able to stream or direct people to an alternative urgent care facility when it is deemed appropriate.¹² The Department of Health has said ‘Urgent and emergency care is the range of healthcare services available to people who need medical advice, diagnosis and/or treatment quickly and unexpectedly’.¹³

In turn, ‘People using services and carers should expect 24/7, consistent and rigorous assessment of the urgency of their care need and an appropriate and prompt response to that need’.¹⁴ But there is no standardised or agreed way to describe similar or different urgent care centres, the services they provide, or how they see and treat people, which can leave people feeling confused and uncertain about what to do when they need to get urgent healthcare advice or help.¹⁵

The Primary Care Foundation has remarked that urgent care should be prompt with adequate and safe initial streaming to ensure people move quickly to a full clinical consultation.¹⁶ Newer urgent care centres, often located next to hospital accident and emergency departments, can be described as full or restricted case mix facilities. A full case mix centre has access to a wide range of diagnostics and clinical staff. A restricted case mix centre may be like an older style walk-in

¹² NHS England (2013) ‘High quality care for all, now and for future generations: Transforming urgent and emergency care service in England: The Evidence Base from the Urgent and Emergency Care Review’, <http://www.nhs.uk/NHSEngland/keogh-review/Documents/UECR.Ph1Report.Appendix%201.EvBase.FV.pdf>

¹³ Department of Health (2011) ‘Urgent and emergency care definition: <http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Healthcare/Urgentandemergencycare/index.htm?PageOperation=email>

¹⁴ Department of Health (2006) ‘Urgent Care: Direction of Travel Consultation Document’, http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/consultations/liveconsultations/dH_4139428

¹⁵ Primary Care Foundation (2012) ‘Urgent Care Centres: What works best?’, http://www.primarycarefoundation.co.uk/images/PrimaryCareFoundation/Downloading_Reports/Reports_and_Articles/Urgent_Care_Centres/Urgent_Care_Centres.pdf

¹⁶ Ibid

centre and only have access to a limited range of diagnostics and clinical staff.¹⁷ Meanwhile, being part of a polysystem or group of collaborating healthcare organisations that function as a learning and adaptive network can help to ensure there is a more efficient provision of integrated care for people.¹⁸

The Urgent Care Commission recommended a multidisciplinary approach that means general practitioners, advanced nurse practitioners, physician associates, nurses and healthcare assistants work with other specialists in, for example, mental health, paediatric and long-term condition care to deliver urgent care centre services.¹⁹ And the Primary Care Foundation has recommended urgent care centres are able to see and treat people within a single rather than a number of separate consultations for illness or injury needing attention rather than emergency action. This will help to avoid the need for any problematic repetition of care and treatment procedures and is safer and more convenient for people.²⁰

The views of people accessing services

In 2012, NHS England made ‘listening to patients’ a key part of planning for clinically-led commissioning. It said ‘Capturing feedback regularly, consistently and accurately then acting on that information to improve patient experience is expected of all NHS services’.²¹ Meanwhile, the Urgent Care Commission has pointed out people should be involved in the planning, evaluation and development of their local service to ensure user experience is prioritised.²² However, when compared to other sectors there is still much scope for

¹⁷ Primary Care Foundation (2012) ‘Urgent Care Centres: What works best?’, http://www.primarycarefoundation.co.uk/images/PrimaryCareFoundation/Downloading_Reports/Reports_and_Articles/Urgent_Care_Centres/Urgent_Care_Centres.pdf

¹⁸ NHS Healthcare for London (2010) ‘A service delivery model for urgent care centres: Commissioning advice for PCTs’, <http://www.londonhp.nhs.uk/wp-content/uploads/2011/03/Urgent-care-centres-delivery-model.pdf>

¹⁹ Urgent Care Commission (2014) ‘Urgent and Important: The future for urgent care in a 24/7 NHS’, http://www.careuk.com/sites/default/files/Care_UK_Urgent_and_important_the_future_for_urgent_care_in_a_24_7_NHS.pdf

²⁰ Primary Care Foundation (2012) ‘Urgent Care Centres: What works best?’, http://www.primarycarefoundation.co.uk/images/PrimaryCareFoundation/Downloading_Reports/Reports_and_Articles/Urgent_Care_Centres/Urgent_Care_Centres.pdf

²¹ NHS England (2013) ‘High quality care for all, now and for future generations: Transforming urgent and emergency care service in England: The Evidence Base from the Urgent and Emergency Care Review’, <http://www.nhs.uk/NHSEngland/keogh-review/Documents/UECR.Ph1Report.Appendix%201.EvBase.FV.pdf>

²² Urgent Care Commission (2014) ‘Urgent and Important: The future for urgent care in a 24/7 NHS’, http://www.careuk.com/sites/default/files/Care_UK_Urgent_and_important_the_future_for_urgent_care_in_a_24_7_NHS.pdf

healthcare systems to effectively put the experience of people accessing services first when they are planning new services.²³

At the same time, people can be empowered as active participants in their care rather than simply having things done to them by others. As such, people should be actively involved from the outset in the design processes that underpin the development of new facilities and services. Importantly, local Healthwatch organisations can play a pivotal role in getting the voice of people who access healthcare services and ensuring it is at the heart of decision making about healthcare services. In addition, voluntary, community and social enterprise organisations and groups have a key role to play in influencing help-seeking behaviours but have not always been engaged in service design.²⁴

The NHS England Operating Framework for 2011 and 2012 included clinical quality indicators that meant hospital accident and emergency departments had to gather people's experiences and elaborate on improvements made to services as a result. No similar quality indicators exist for urgent care centres so there is scope for incoherence in the way people's views are gathered and how they are interpreted and acted on.²⁵ Nevertheless, urgent care centres will be gathering the views of large numbers of people and undertaking more detailed conversations with some of them to get their stories on healthcare journeys.²⁶

The good urgent care centre

When people have concerns about the healthcare they are receiving it is often related to how communications are not working for them, the poor provision of information, or badly explained procedures and treatments.²⁷ From the outset the services that people can access need to be clearly advertised and described.

²³ Department of Health (2010), 'Equity and excellence: Liberating the NHS', <https://www.gov.uk/government/publications/liberating-the-nhs-white-paper>

²⁴ Fernandes, A. (2011) 'Guidance for commissioning integrated urgent and emergency care: A 'whole system' approach', Royal College of General Practitioners, Centre for Commissioning, http://www.rcgp.org.uk/policy/-/media/Files/CIRC/Audit/Urgent_emergency_care_whole_system_approach.ashx

²⁵ NHS England (2013) 'High quality care for all, now and for future generations: Transforming urgent and emergency care service in England: The Evidence Base from the Urgent and Emergency Care Review', <http://www.nhs.uk/NHSEngland/keogh-review/Documents/UECR.Ph1Report.Appendix%201.EvBase.FV.pdf>

²⁶ Urgent Care Commission (2014) 'Urgent and Important: The future for urgent care in a 24/7 NHS', http://www.careuk.com/sites/default/files/Care_UK_Urgent_and_important_the_future_for_urgent_care_in_a_24_7_NHS.pdf

²⁷ Department of Health (2010), 'A&E Clinical Quality Indicators: Implementation Guidance', <http://www.dh.gov.uk/publications>

When a person has accessed a service they need to know where they are in the system, how long they will have to wait for a full consultation, and what the possible outcomes might be. Planners and relevant others should demonstrate their commitment to the Baby Friendly Health Initiative by ensuring that there is a supportive environment for women who choose to breastfeed their babies in public areas or need to use nappy changing and infant feeding rooms.²⁸ Meanwhile, children usually prefer being in a larger waiting room with more space.²⁹

At the urgent care centre front door touch screen self-registration consoles can be used to speed up people's entry into the care system and provide information about services. Meanwhile, hands-free telephones at reception can enable staff to record information on computer systems and handle telephone inquiries at the same time to speed up staff and urgent care centre visitor communications. All staff should routinely explain who they are and sensitive questions where replies may be overheard should not be asked in reception or waiting areas.

The triage process

A review of urgent care centres undertaken by the Primary Care Foundation in 2009/10 found they were all using clinicians to assess people using a quick checking process or sometimes a more in-depth examination.³⁰ Another study by the NHS organisation Healthcare for London suggests 'Systems need to be established to ensure patients are only required to repeat their registration and case history details for safety and clinical purposes'.³¹

The NHS Modernisation Agency has pointed out that triage on its own does not work in people's best interests and can be just one more method of queuing.³² And the Primary Care Foundation is uncertain about whether a simple 'eye ball'

²⁸ Department of Health, NHS Estates (2004), 'HBN 23 Hospital accommodation for children and young people', <https://www.gov.uk/government/publications/hospital-accommodation-for-children-and-young-people>

²⁹ Royal College of Paediatrics and Child Health (2012) 'Standards for Children and Young People in Emergency Care Settings', <http://www.rcpch.ac.uk/emergencycare>

³⁰ Primary Care Foundation (2012) 'Urgent Care Centres: What works best?', http://www.primarycarefoundation.co.uk/images/PrimaryCareFoundation/Downloading_Reports/Reports_and_Articles/Urgent_Care_Centres/Urgent_Care_Centres.pdf

³¹ NHS Healthcare for London (2010) 'A service delivery model for urgent care centres: Commissioning advice for PCTs', <http://www.londonhp.nhs.uk/wp-content/uploads/2011/03/Urgent-care-centres-delivery-model.pdf>

³² Department of Health, NHS Modernisation Agency, The spread of 'See and Treat', Research into Practice, Summary Report No.11, March 2004, <http://www.qualitasconsortium.com/index.cfm/reference-material/service-transformation/the-spread-of-see-treat/>

assessment of people visiting an urgent care centre is sufficient to ensure any delay in treatment is safe.³³ In turn, the Primary Care Foundation has remarked that it may be appropriate to refer people to an urgent care centre back out to a general practitioner in the community. However, they should still be properly assessed by a clinician and have their pressing care and treatment needs met.³⁴

Indeed, a ‘See and Treat’ approach can be effectively used where people’s assessment and treatment can be completed quickly to avoid the need for unnecessary repetition of personal or symptom information, queuing, and delays in treatment.³⁵ The aim should be to avoid people being seen by two or more clinicians unnecessarily and having to repeat all or parts of their assessment again.

It should be possible for the first urgent care centre member of staff to see a visitor to make autonomous clinical decisions about investigations, treatment, and discharge. More seriously ill patients or those requiring in depth assessment or treatment should be streamed to and dealt with in a separate area.³⁶ All staff delivering urgent care to children should be competent in the basic skills required for safe practice.³⁷ Where it is appropriate people can be signposted to relevant public or voluntary and community sector services provided in the community to which they can self-refer for help and advice.³⁸

Design and environment

People are likely to feel better about themselves in an urgent care centre that is well looked after, clean and convenient to use and affords a level of comfort and privacy that prevents any loss of dignity. The best centres will be well

³³ Primary Care Foundation (2012) ‘Urgent Care Centres: What works best?’, http://www.primarycarefoundation.co.uk/images/PrimaryCareFoundation/Downloading_Reports/Reports_and_Articles/Urgent_Care_Centres/Urgent_Care_Centres.pdf

³⁴ Primary Care Foundation (2012) ‘Urgent Care Centres: What works best?’, http://www.primarycarefoundation.co.uk/images/PrimaryCareFoundation/Downloading_Reports/Reports_and_Articles/Urgent_Care_Centres/Urgent_Care_Centres.pdf

³⁵ Primary Care Foundation (2012) ‘Urgent Care Centres: What works best?’, http://www.primarycarefoundation.co.uk/images/PrimaryCareFoundation/Downloading_Reports/Reports_and_Articles/Urgent_Care_Centres/Urgent_Care_Centres.pdf

³⁶ Department of Health, NHS Modernisation Agency, The spread of ‘See and Treat’, Research into Practice, Summary Report No.11, March 2004, <http://www.qualitasconsortium.com/index.cfm/reference-material/service-transformation/the-spread-of-see-treat/>

³⁷ Royal College of Paediatrics and Child Health (2012) ‘Standards for Children and Young People in Emergency Care Settings’, <http://www.rcpch.ac.uk/emergencycare>

³⁸ NHS Healthcare for London (2010) ‘A service delivery model for urgent care centres: Commissioning advice for PCTs’, <http://www.londonhp.nhs.uk/wp-content/uploads/2011/03/Urgent-care-centres-delivery-model.pdf>

looked after and make people feel safe and special. They will provide high quality compassionate healthcare services in surroundings that help to ensure the best possible health outcomes are achieved for people.³⁹

The Department of Health has commented that healthcare buildings need to be designed for efficient operation and to make patients feel comfortable and at ease. Therefore, they need to be designed and decorated in ways that help to reduce physical and emotional stress through, for example, the careful use of colour and art, views out of and around the building, and the provision of different types of waiting area furniture.⁴⁰

Healthcare buildings need to be conveniently located and easy to access and care environments need to be friendly, comfortable and safe for people to use. Creating such buildings and environments involves ‘recognising a diversity of values, circumstances and needs and the importance of race, religion, gender, age, sexual orientation and any disability a person might have.’⁴¹ The comfort and wellbeing of people and especially younger, older and disabled persons who may be more vulnerable can be enhanced through the careful use of lighting, colour and materials to reduce fear and anxiety. In turn, there should be an appropriate level of differentiation between adult and infant and young people’s waiting and consultation areas.⁴²

Dark, dull and cold colours should not be used and instead surroundings should be bright, light, fresh and natural. Adequate visual contrast should be maintained between colours used on walls and floors to help people with sight loss to orientate themselves and find their way around buildings and spaces. Floors should not be nor appear to be slippery. Where signage is needed it is better if it is projecting especially on corridors and is repeated on long corridors.

³⁹ Department of Health (2006), ‘Standards for Better Health’, http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_4086665

⁴⁰ Department of Health (2014) ‘Health Building Note 00-01 General design guidance for healthcare buildings’, <https://www.gov.uk/government/publications/general-design-principles-for-health-and-community-care-buildings>

⁴¹ Department of Health (2006), ‘Standards for Better Health’, http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_4086665

⁴² Department of Health, NHS Estates (2004), ‘HBN 23 Hospital accommodation for children and young people’, <https://www.gov.uk/government/publications/hospital-accommodation-for-children-and-young-people>

Seating should enable relatives and friends to sit together but keep other parties separate to reduce stress. There should be adequate space around seating for people using walking aids, wheelchairs and pushchairs. It is useful to have chairs and tables that are suitable for young people. And high quality refreshment facilities that are similar to what one would expect to find on the high street.⁴³

Staff and services

An urgent care centre should gather information on patient experiences and journeys that can be used to ensure services are provided as promptly and effectively as possible and reduce unnecessary delays in assessment and treatment.⁴⁴ Ideally the centre would be staffed by general practitioners from the local area who know about local health services and want to work in the area over the longer term.⁴⁵ At the same time, it is advantageous to have reciprocal arrangements in place for urgent care centre and out-of-hours staff to provide clinical advice and support to each other and to pick up each other's caseload when either team has no waiting patients.

Meanwhile, access to a range of diagnostics (for example, radiology, blood tests, electrocardiographs, histology and microbiology) will ensure people are not streamed to emergency departments simply to have diagnostic tests carried out. The services provided by urgent care should include wound closure, plaster application and cannulation and there should be access to pharmacy services 24 hours a day seven days a week.⁴⁶

The aim is to create an urgent care centre environment that promotes compassionate care and empathy and respect for people.⁴⁷ For example, from the point of arrival at the centre onwards speech privacy is essential in spaces

⁴³ Department of Health (2014) 'Health Building Note 00-01 General design guidance for healthcare buildings, <https://www.gov.uk/government/publications/general-design-principles-for-health-and-community-care-buildings>

⁴⁴ Department of Health (2006), 'Standards for Better Health', http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_4086665

⁴⁵ Urgent Care Commission (2014) 'Urgent and Important: The future for urgent care in a 24/7 NHS', http://www.careuk.com/sites/default/files/Care_UK_Urgent_and_important_the_future_for_urgent_care_in_a_24_7_NHS.pdf

⁴⁶ NHS Healthcare for London (2010) 'A service delivery model for urgent care centres: Commissioning advice for PCTs', <http://www.londonhp.nhs.uk/wp-content/uploads/2011/03/Urgent-care-centres-delivery-model.pdf>

⁴⁷ Fernandes, A. (2011) 'Guidance for commissioning integrated urgent and emergency care: A 'whole system' approach', Royal College of General Practitioners, Centre for Commissioning, http://www.rcgp.org.uk/policy/~media/Files/CIRC/Audit/Urgent_emergency_care_whole_system_approach.ashx

where personal and confidential discussions are held such as interview rooms and clinical areas.

An interview room should be considered for use by staff for talking to disturbed and distressed patients and relatives and any room used for the assessment of patients with mental health problems should comply with the standards set out in the College of Emergency Medicine's (2013) 'Mental health in emergency departments'.⁴⁸ In turn, domestic style materials, finishes and décor can help people relax and feel more at ease as can being able to see computer screens and look at images when they are being assessed or treated.⁴⁹

It is also important to consider the benefits for morale of having good facilities for staff that can include providing comfortable rest and storage areas and meeting rooms.⁵⁰

Commissioning arrangements in Dudley Borough

Dudley Metropolitan Borough is centrally located within the Black Country. It includes the three main towns Dudley, Halesowen and Stourbridge. But locally is divided into five townships, which are Brierley Hill (including Kingswinford), Dudley and Netherton, Sedgley, Halesowen, and Stourbridge. In 2012 there was an official population of 314,000 with most people (92.5%) describing themselves as White British.

Other significant ethnic groups are Pakistani, Indian, Polish, Latvian, Lithuanian, and Mixed White/Black Caribbean. The number of people aged 65 and over is higher than regional and national averages (18.6% compared to 16.9% regionally and 16.3% nationally) and is expected to continue to increase over time.⁵¹

⁴⁸ Department of Health (2013) 'Health Building Note 15-01: Accident and emergency departments, Planning and design guidance, www.gov.uk/government/organisations/department-of-health

⁴⁹ Department of Health (2014) 'Health Building Note 00-01 General design guidance for healthcare buildings, <https://www.gov.uk/government/publications/general-design-principles-for-health-and-community-care-buildings>

⁵⁰ Department of Health (2013) 'Health Building Note 15-01: Accident and emergency departments, Planning and design guidance, www.gov.uk/government/organisations/department-of-health

⁵¹ 2011 Census Area Profile for Dudley [file:///C:/Documents%20and%20Settings/Admin/My%20Documents/Downloads/Dudley%20Borough%202011%20Census%20Profile%20\(Compared%20to%20England\).pdf](file:///C:/Documents%20and%20Settings/Admin/My%20Documents/Downloads/Dudley%20Borough%202011%20Census%20Profile%20(Compared%20to%20England).pdf)

NHS Dudley Clinical Commissioning Group

NHS Dudley Clinical Commissioning Group is responsible for planning and commissioning (buying) health services for people living in the Dudley Metropolitan Borough area. The types of services commissioned include:

- Elective hospital care
- Rehabilitation care
- Urgent and emergency care
- Most community health services

It has operational and long term strategic plans that set out how it will deliver and develop safe, high quality health care. These plans have been compiled by clinicians in partnership with DCCG staff, the wider public and people accessing services, other NHS organisations, the local authority, and voluntary and community-based organisations.

The DCCG vision for changing the way health and social care is provided includes a radical redesign of the local NHS landscape and changes to the way people choose and use NHS services. In the borough the Russells Hall Hospital, which is part of the Dudley Group NHS Foundation Trust, provides hyper-acute care.

A vision for urgent care

The original Dudley Clinical Commissioning Group plan was to construct a new purpose built urgent care centre at the Russells Hall Hospital site, adjacent to the existing Accident and Emergency Department. This would replace a Walk-in Centre that had been providing some urgent care services at a location a short distance away from the Russells Hall Hospital site.

There would be one central reception area for urgent care that would function as a single point of visitor registration for all ambulatory, out of hours, and ambulance bound persons (except those suffering major trauma). A safe and consistent joint primary and secondary care led triage service would ensure visitors have an initial observation assessment by a clinician as soon as possible after their arrival at the centre.

There would be a dedicated station for the triage of visitors arriving by ambulance and two dedicated stations for the triage of walk-in visitors. In addition, there would be two spaces adjoining the dedicated stations for walk-in visitors that could be used flexibly (either for triage or adult initial assessment) and two further spaces for adult initial assessment in close proximity. It would

be possible to get access to suitably identified diagnostics and investigations available in the Russells Hall Hospital Accident and Emergency Department.

A 'Navigator' service would be available to safely redirect some visitors away from accident and emergency to other primary care or community-based services more appropriate to meet their needs. For example, this could be a local pharmacist, the council or a third sector organisation. The Dudley Urgent Care Centre would not provide clinical advice over the telephone to people (they would be advised to ring the NHS 111 telephone advice service, which may ultimately result in a referral to the Dudley Urgent Care Centre). The commissioner and provider of the urgent care service would work together to produce an external stakeholder engagement and communications plan.

Healthwatch Dudley

Healthwatch organisations were formed as a result of proposals set out in the Health and Social Care Act 2012 to ensure the voice of consumers influences the design and delivery of health and social care services locally. Healthwatch Dudley is one of the 148 independent local Healthwatch organisations that make up a national network operating across England under the umbrella of Healthwatch England.

It is the consumer champion for both health and social care services provided for adults and children in the Dudley borough. It listens to people's views and experiences of accessing services provided by hospitals, pharmacists, doctors, dentists, opticians and care and nursing homes. It shares its findings with organisations and individuals who make decisions about the design and procurement of health and social care services. It has a statutory seat on the Dudley Health and Wellbeing Board and a seat by invitation on the Dudley Clinical Commissioning Group.⁵²

Healthwatch Dudley and the Dudley Urgent Care Centre Service Specification

A Healthwatch Dudley representative and two patient representatives together with various other stakeholders attended meetings of the Urgent Care Reference Group set up by the Dudley Clinical Commissioning Group. This group was tasked with devising a Dudley Urgent Care Centre Service Specification. The Dudley Clinical Commissioning Group plans for consultations on urgent care services can be found at Appendix 1 on page 52.

⁵² Healthwatch Dudley: <http://healthwatchdudley.co.uk/>

Healthwatch Dudley, in its response to details contained in the final draft of the Dudley Urgent Care Centre Service Specification remarked that it would have been useful to have had more information on what was happening in other areas and what a good urgent care centre should look like. Much of what was contained in the service specification could be developed to deliver significant extra benefits for people accessing urgent care services when compared with what was being provided in the existing Dudley Walk-in Centre. But it would have been advantageous to have had more time to undertake a genuinely co-productive process to include members of the public prior to decision-making, which could have informed the development of existing or new services.

There needed to be transparency about the Dudley Urgent Care Centre offer to the public and this should not be hidden in any way. If there is a need to inform people of different or more appropriate ways of accessing services this should be treated as a separate issue. It is important not to simply blame people for the way that they use primary care services, which is often considered inappropriate by the service providers. Future service design should be done in partnership with the public to ensure new services are fit for purpose in the modern world.

It seems sensible for urgent care triage to be well integrated with an NHS 111 telephone advice service that can directly book people into the Dudley Urgent Care Centre. With the ability to transfer data, duplication of questioning demographics and presenting symptoms should be prevented. There should be appropriate staff numbers with a mix of skills and access to a range of diagnostic and other services that means a good service can be provided to all visitors to the Dudley Urgent Care Centre in a fair and equitable way. At the same time, it is important to allow adequate time for triage to ensure it is as efficient and effective as it can be. The management of triage and visitors to the Dudley Urgent Care Centre must aim to avoid unnecessary queues and inappropriate delays in getting advice or treatment.

It would be helpful if the Dudley Urgent Care Centre could prepare staff for triage through further training on the following areas:

- Adoption of the 2011 Census ethnic category classification (that includes a proper recognition of gypsies and travellers)
- Specialist support to meet the needs of ethnic minorities, younger visitors or older visitors
- Specialist support to meet the needs of visitors with long term conditions or comorbidity

- Specialist support to meet the needs of visitors with mental health problems.
- Skills needed to identify and appropriately deal with instances of domestic violence, non-accidental harm to children, sexual abuse (including female genital mutilation), trafficking, and undocumented migrants.
- Skills needed to recognise and appropriately deal with visitors with drug or alcohol misuse and dependence
- Skills needed to understand the impacts of unemployment or living on a low income on people's health and wellbeing.

It would be advantageous to change the recording of housing status to move from no fixed abode to sleeping rough, sleeping in a hostel, or residing in insecure or short-term accommodation to align with the Department of Health's definitions of vulnerable homeless people.

Opportunities to develop the role of the navigator in the Dudley Urgent Care Centre could be explored further to see how they can best provide help for visitors to the centre. In particular, through advice on entitlements and signposting to statutory, voluntary or community-based organisations that can help them to improve their quality of life. Access to such navigators should be available 24 hours a day 7 days a week.

More could have been said about standards regarding the Dudley Urgent Care Centre environment and how it would be decorated and furnished and how it would be made comfortable for different visitors especially those who are younger or disabled or affected by dementia, sight or hearing loss or mental health problems.

It would have been useful to have more information on how engagement with relevant stakeholders and visitors to the centre would work to gather views and experiences of accessing services and determine where improvements can be made.

The Dudley Urgent Care Centre opens

In line with the closure of the Walk-in Centre at Holly Hall Dudley, the Dudley Urgent Care Centre opened in April 2015 occupying space in the Russells Hall Hospital and using its Accident and Emergency Department to locate staff involved in streaming visitors. Streamed visitors would be seen either in the Dudley Urgent Care Centre or Russells Hall Hospital Accident and Emergency

Department. In May 2015 Dudley Urgent Care Centre staff streamed 8,300 people and of these 3,530 (42.5 percent) were kept in the Russells Hall Hospital Accident and Emergency Department and the rest were directed to the Dudley Urgent Care Centre waiting area.

Shortly after the centre opened some issues were raised around sharing of information which was attributed to different computer systems not being compatible with each other or able to map visitors urgent care journeys. Also, two extra clinical consultation rooms were made available for Dudley Urgent Care Centre staff to use at weekends and on bank holidays to expand medical consultation facilities. In addition, a report from the Dudley Urgent Care Centre Stakeholder Group suggested a redesign of the Dudley Urgent Care Centre and the Russells Hall Hospital Accident and Emergency Department reception and waiting areas, which were confusing for visitors. It was hoped this would help to improve visitor flows and lead to an enhanced visitor experience. A need was also identified for the improved baseline measurement of key observations at the point when visitors to the Dudley Urgent Care Centre were streamed such as temperature and blood pressure.

The Dudley Group NHS Foundation Trust website points out that the Dudley Urgent Care Centre provides non-emergency care for walk-in patients who have minor illnesses and injuries that need urgent attention. It is staffed with general practitioners and nurse practitioners 24 hours a day, 7 days a week. Some of the conditions treated are: minor burns and bites; fever and raised temperatures; sickness and vomiting; irritation and rashes; mild breathing difficulties; cuts and scrapes. On arrival a nurse dedicated to 'streaming' visitors will ask for their name and reason for attending. The nurse will then decide the appropriate place for treatment, either the Dudley Urgent Care Centre or the Russells Hall Hospital Accident and Emergency Department.

Research Methodology

A focused literature review was undertaken to gain an understanding of the policy context regarding urgent care and urgent care centres. Then detailed plans were devised to establish key research priorities and timelines for the recruitment and briefing of volunteers, the collection and analysis of people's views and experiences of accessing new urgent care centre services and producing a report on the findings. An integral feature of the research was the intention to involve Healthwatch Dudley 'Enter and View' trained volunteers in undertaking questionnaire survey and observation work at the Russells Hall Hospital Accident and Emergency Department and the Dudley Urgent Care

Centre reception and waiting area. A list of required volunteer skills is attached at Appendix 2 on page 53.

Healthwatch Dudley staff and volunteers visited the Russells Hall Hospital Accident and Emergency Department and the Dudley Urgent Care Centre between the 20th and 26th July 2015. Different segments of the day and night were covered over a 24 hour period during the seven days to get people’s views and experiences of accessing urgent care services and insights into the operation of the Dudley Urgent Care Centre (see Table 1, below).

Day	Date	Time
Monday	20 July	09.00 - 14.00
Tuesday	21 July	14.00 - 18.00
Wednesday	22 July	18.00 - 22.00
Thursday	23 July	10.00 - 14.00
Friday	24 July	06.00 - 10.00 22.00 - 06.00
Saturday	25 July	10.00 - 13.00
Sunday	26 July	15.00 - 21.00

Table 1: Healthwatch visits to the Dudley Urgent Care Centre

Questionnaire survey

A questionnaire survey was designed and made available as a paper-based document that Healthwatch Dudley staff and volunteers used to get information about the experiences of visitors to the Dudley Urgent Care Centre. It contained a mix of closed, multiple choice and open ended questions (see Appendix 3 on page 54). The questions were derived from information obtained from a focused review of the literature on urgent care services and urgent care centre design. A frontispiece to the questionnaire survey set out its purpose, the role of Healthwatch Dudley, and matters pertaining to confidentiality and how any findings would be used (see Appendix 4 on page 60).

Observations

Healthwatch Dudley staff and volunteers spent time observing Russells Hall Hospital and Dudley Urgent Care Centre staff and visitors to these facilities. They made detailed journal notes that describe what they saw at the Russells Hall Hospital and the Dudley Urgent Care Centre. Observation and case study guidance for volunteers is attached at Appendix 5 on page 61.

The Healthwatch Dudley research team

The Healthwatch Dudley research team comprised its Participatory Research Officer and Assistant Participatory Research Officer assisted by the rest of its team under the supervision of its Chief Officer. More detailed information on the key members of the research team can be found at Appendix 6, on page 68.

Views and impressions

A total of 175 visitors to the Dudley Urgent Care Centre were approached to take part in the Healthwatch Dudley questionnaire survey. Of these 171 indicated they were happy to continue with the survey. The following information is derived from answers to a series of closed and multiple choice questions. An 'other' option allowed people to enter comments in an open text box (hence percentage figures for individual questions may not always add up to 100 percent).

A question on gender was answered by 150 people and showed 71 (47.3 percent) were male and 79 (52.7 percent) were female visitors (see Figure 1, below).

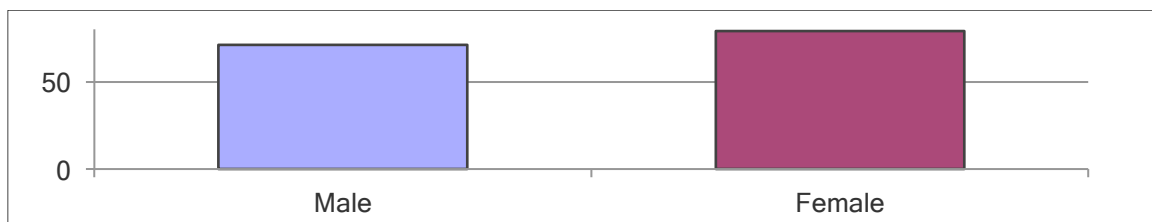


Figure 1: Visitor gender

There were 169 people who answered a question on their status as a visitor accessing urgent care services (see Figure 2, below).

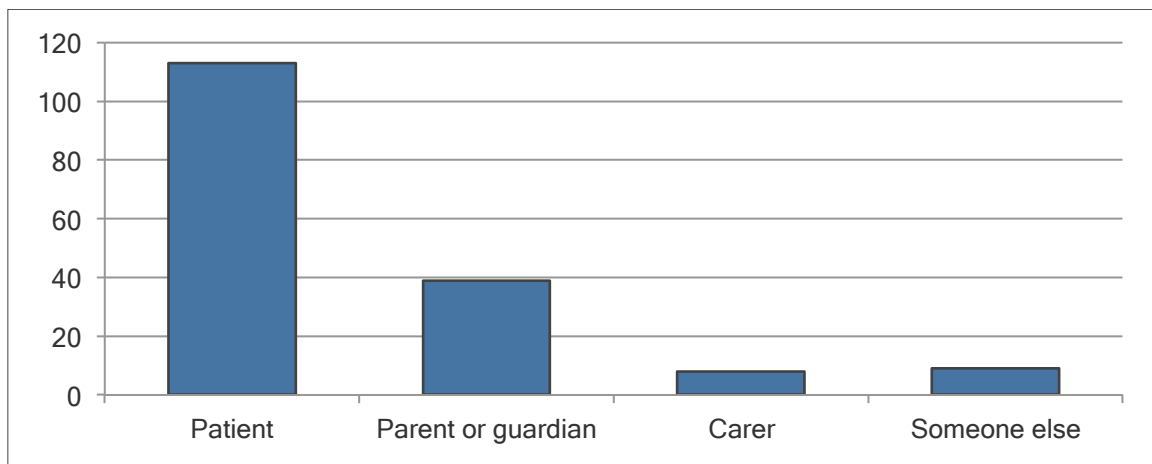


Figure 2: Visitor status

In total 113 (66.9 percent) were patients, 39 (23.1 percent) were attending as a parent or guardian with a patient, 8 (4.7 percent) were attending as a carer with a patient and 9 (5.3 percent) indicated they did not fit any of these categories.

A question on the age of visitors to the Dudley Urgent Care Centre was answered by 151 people. Of these 10 (6.6 percent) were aged 18 or under, 50 (33.1 percent) were aged between 19 and 34, 77 (51 percent) were aged between 35 and 64, and 14 (9.3 percent) were aged between 65 and 84. None of the visitors taking part in the questionnaire survey indicated they were aged 85 or over (see Figure 3, below).

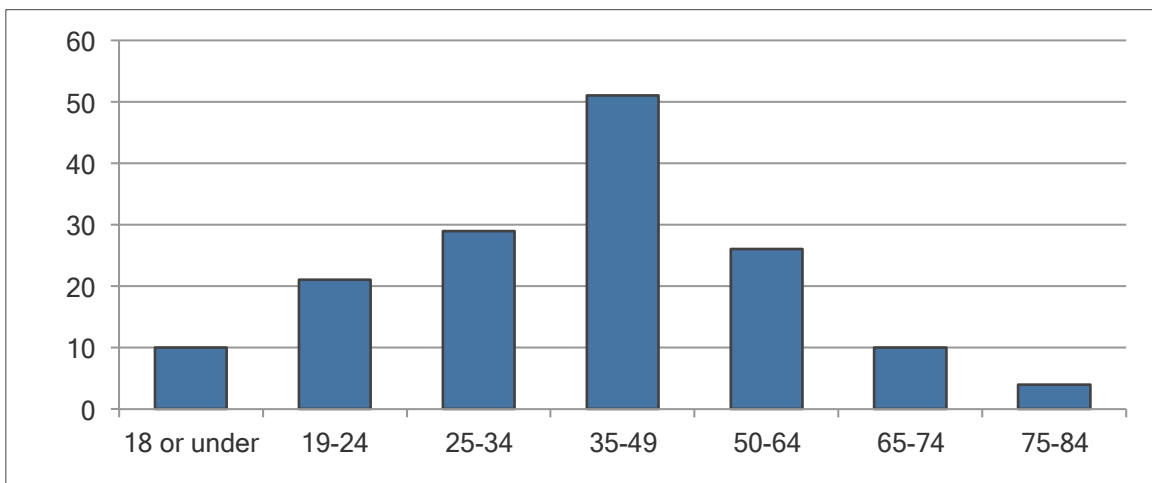


Figure 3: Visitor Age

A question on ethnic origin was answered by 151 people. A total of 128 (84.8 percent) of them indicated they were White British. A full breakdown of visitor by ethnic origin can be found at Appendix 7, on page 70.

A total of 140 visitors provided details of the first part of the postcode for the area where they were resident. The larger numbers of visitors to the Dudley Urgent Care Centre resided in DY2 (Kates Hill and Netherton), DY8 (Stourbridge), DY3 (Sedgley, Upper and Lower Gornal, Himley, Swindon and Woodsetton), DY5 (Brierley Hill, Pensnett and Quarry Bank), DY1 (Dudley and Woodsetton) and DY6 (Kingswinford). A full description of visitors by postcode area where resident is provided at Appendix 8 on page 71.

In total 56 people were interested in telling Healthwatch Dudley more about their experience of using the Dudley Urgent Care Centre and 51 of these people provided contact details.

Russells Hall Hospital Accident and Emergency Department

There were 167 visitors who answered a question on whether they had visited the Russells Hall Hospital Accident and Emergency Department before. A total of 149 visitors indicated yes they had and 18 no they had not (see Figure 4, below).

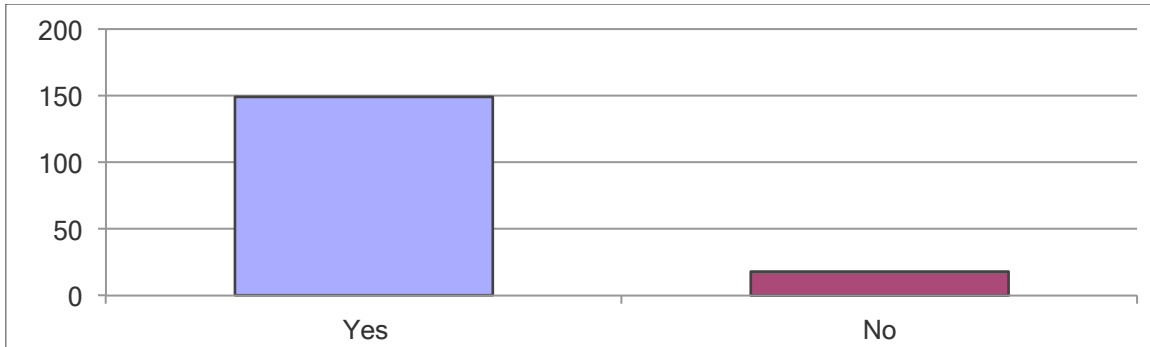


Figure 4: Previously visited Accident and Emergency

In turn, 140 visitors answered a question on getting to the Russells Hall Hospital Accident and Emergency Department and Dudley Urgent Care Centre. Of these, 89 (63.6 percent) felt the Urgent Care signage was good and 85 (60.7 percent) felt it was easy to find a parking space. And, 47 (33.6 percent) felt access to the hospital was good and 31 (22.1 percent) felt the outdoor environment was good (see Figure 5, below).

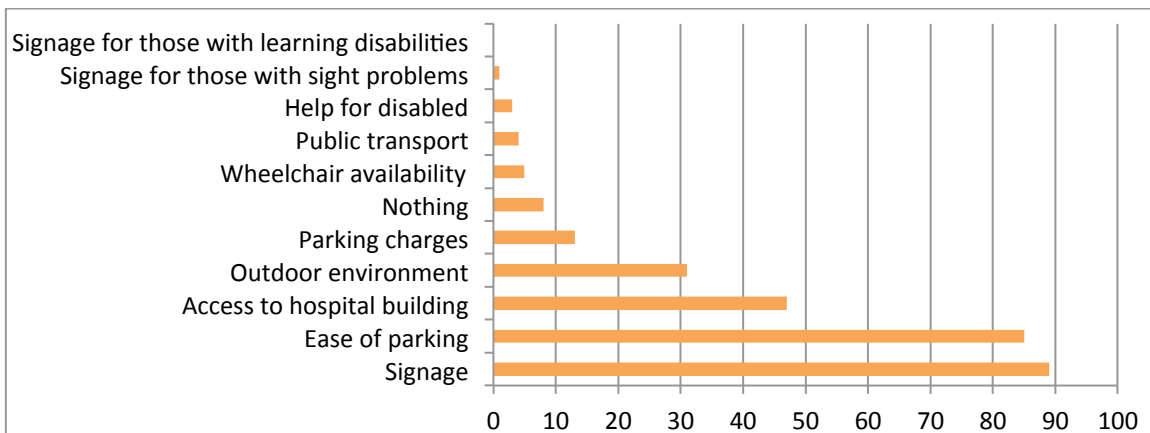


Figure 5: Getting here today - what was good?

A question on getting to the Russells Hall Hospital Accident and Emergency Department and the Dudley Urgent Care Centre and what was not so good was answered by 121 visitors. Of these 59 (48.8 percent) had concerns about car parking charges whilst 35 (28.9 percent) indicated that there was nothing in particular about their experience at the Russells Hall Hospital Accident and Emergency Department that was not so good. Meanwhile, 22 (18.2 percent) had

concerns about difficulties getting parked and 18 (14.9 percent) had concerns about signage (see Figure 6, below).

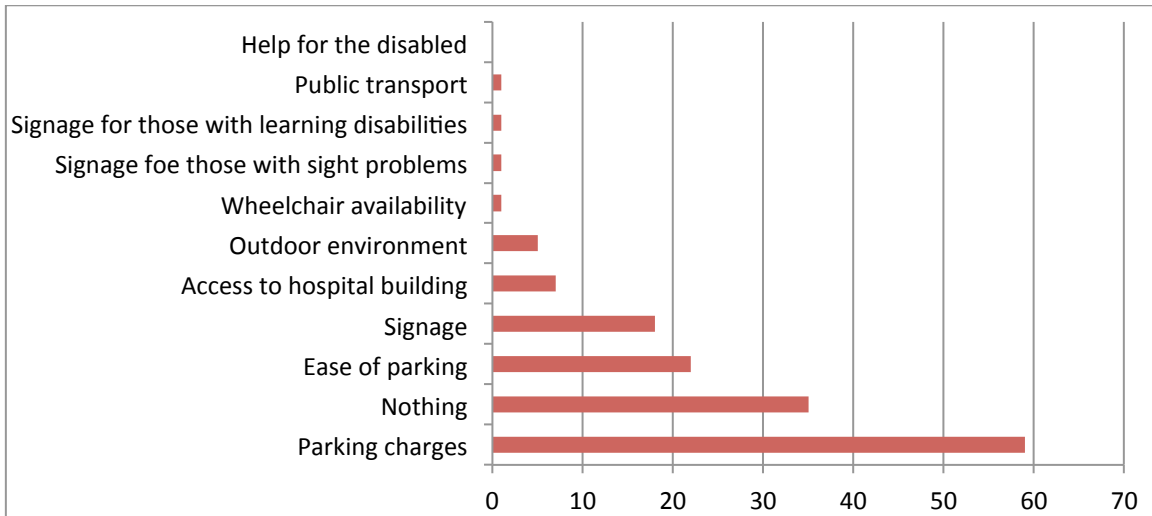


Figure 6: Getting here today - what was not so good?

A question on experiences at the Dudley Urgent Care Centre part of the reception desk in the Russells Hall Hospital Accident and Emergency Department and what was good was answered by 156 visitors. A total of 134 (85.9 percent) indicated staff were friendly, 115 (73.7 percent) indicated waiting times were not overly long, and 113 (72.4 percent) indicated staff were helpful. Meanwhile, 70 (44.9 percent) felt there had been sufficient privacy, 61 (39.1 percent) indicated levels of respect shown by staff were good and 57 (36.5 percent) indicated levels of empathy shown by staff were good (see Figure 7, below).

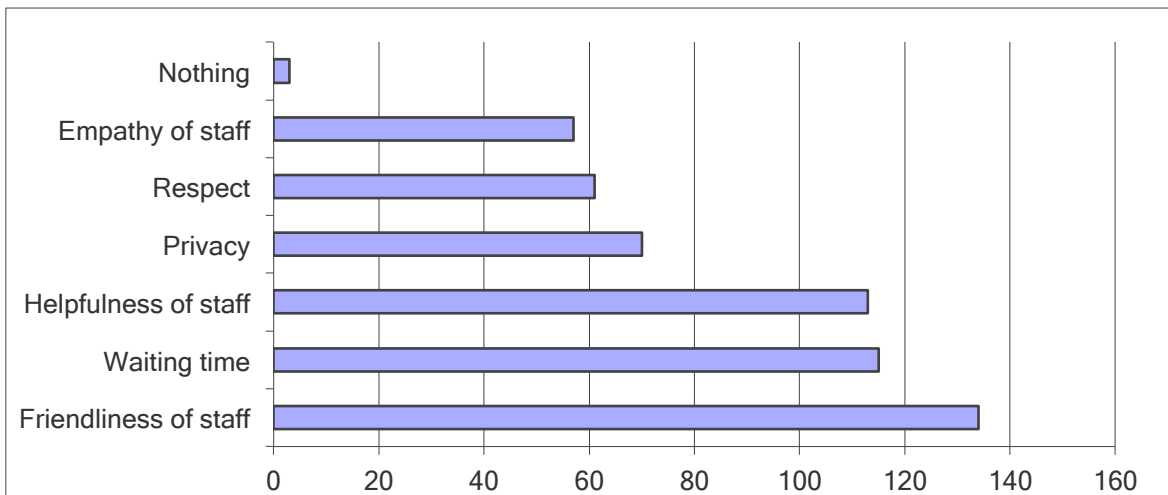


Figure 7: Arrival at Accident and Emergency - what was good?

There were 91 visitors who answered a question on their experience at the Dudley Urgent Care Centre area of the reception desk in the Russells Hall Hospital Accident and Emergency Department and what was not so good. Of these 54 (59.3 percent) indicated that there was nothing about their experience that was not so good. In turn, 11 (12.1 percent) indicated that privacy was not so good, 8 (8.8 percent) indicated that waiting time and the empathy shown by staff was not so good, and 6 (6.6 percent) indicated the helpfulness of staff was not so good (see Figure 8, below).

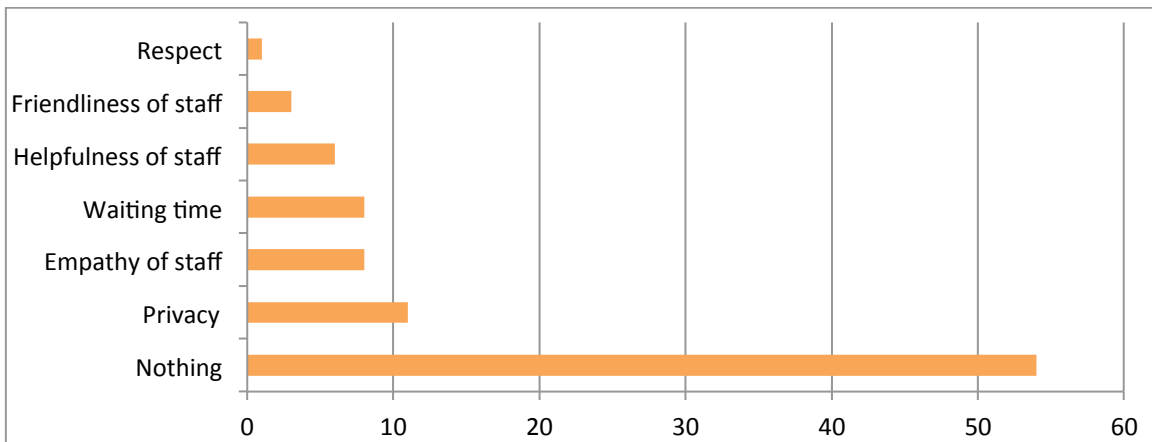


Figure 8: Arrival at Accident and Emergency - what was not so good?

Of the visitors answering a series of questions on their experience with the Dudley Urgent Care Centre member of staff behind the screen at the reception desk in the Russells Hall Hospital Accident and Emergency Department 147 indicated they were listened to, 141 indicated they could make themselves heard, 139 indicated they were understood, 133 indicated they were given clear information about what to do next, and 129 indicated they could hear what was being said. Meanwhile, 21 indicated they could not hear what was being said, 11 indicated they could not make themselves heard, and 8 indicated they felt they were not given clear information about what to do next (see Figure 9, below).

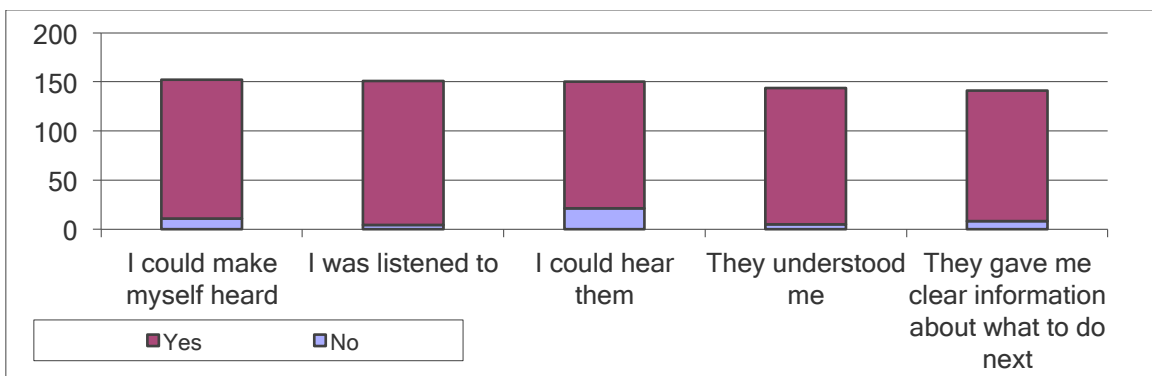


Figure 9: Staff in Accident and Emergency

A total of 150 visitors answered a question on confidence in the questions they were asked helping to identify their symptoms. Of these 134 (89.3 percent) indicated they were confident the questions helped to identify their symptoms and 16 (10.7 percent) indicated they were not confident the questions helped to identify their symptoms (see Figure 10, below).

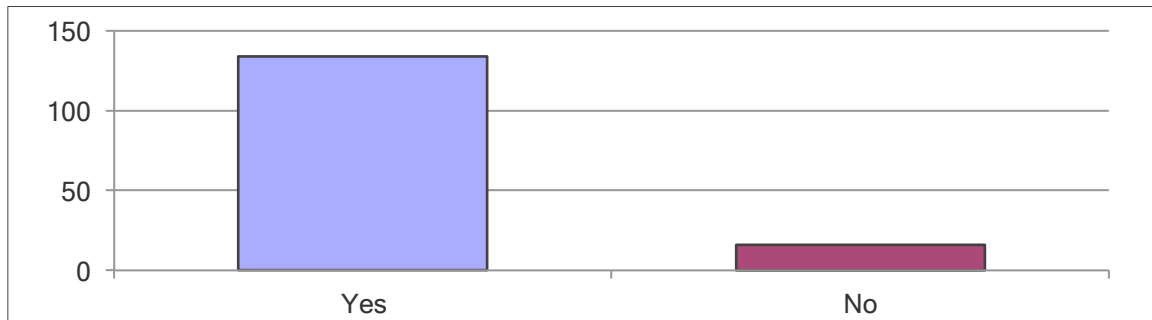


Figure 10: Confidence in questions asked

There were 153 visitors who answered a question on how satisfied they were that they had been directed to the appropriate place (the Russells Hall Hospital Accident and Emergency Department waiting area or the Dudley Urgent Care Centre waiting area) after having spoken with Dudley Urgent Care Centre nursing staff. Of these 141 (92.2 percent) indicated they were satisfied with where they had been directed to and 12 (7.8 percent) indicated they were not satisfied with where they had been directed to (see Figure 11, below).

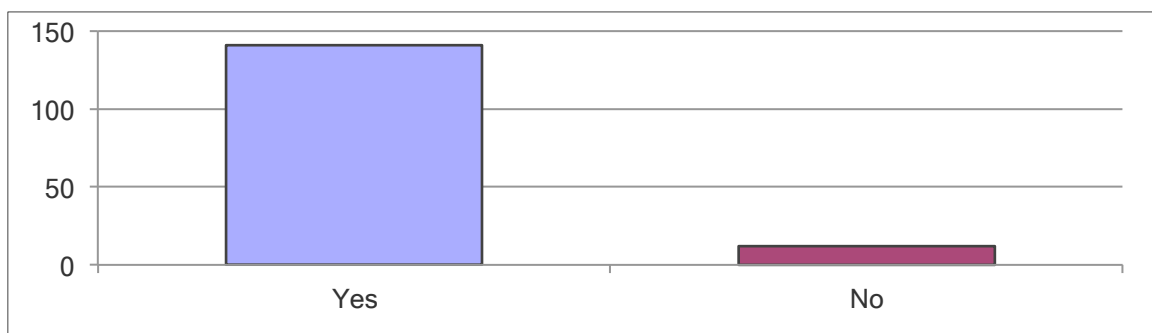


Figure 11: Satisfaction with directions given

In total 100 visitors answered a question on the Russells Hall Hospital Accident and Emergency Department waiting area environment and what was good about it. Of these 52 indicated the availability of seating was good and 49 indicated levels of cleanliness were good. Then 39 indicated information posters and leaflets were good, 36 indicated the room temperature was good, 35 indicated the availability of drinks was good, 34 indicated the comfort of seating was good, 31 indicated the availability of snacks and the lighting and decoration was good and 29 indicated the signage was good. In turn, 19 visitors indicated

nothing was particularly good about the Russells Hall Hospital Accident and Emergency waiting area environment (see Figure 12, below).

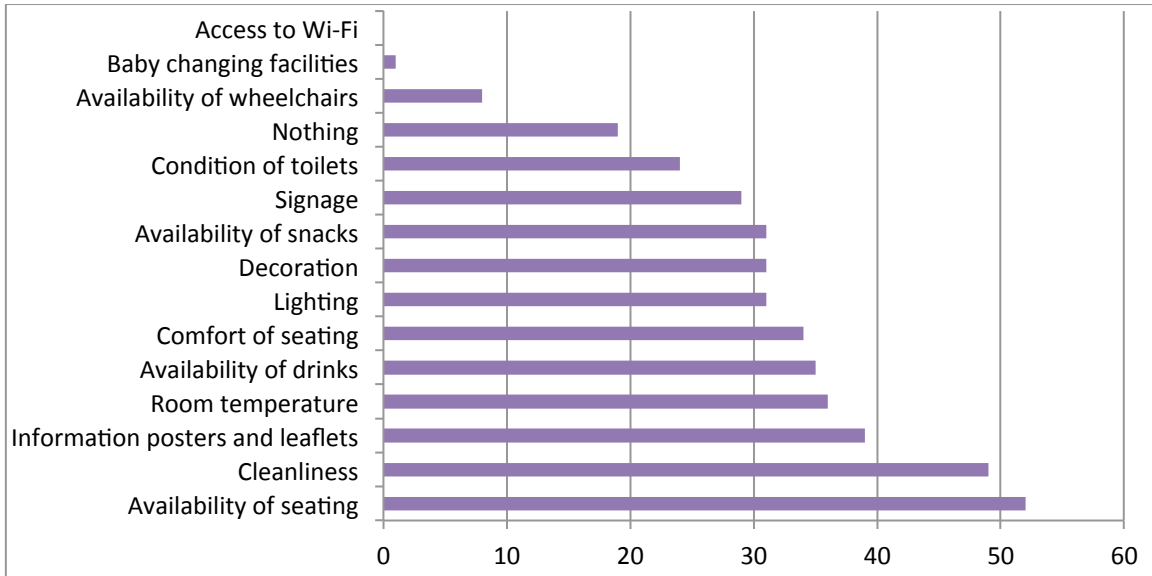


Figure 12: Being in Accident and Emergency - what was good?

A total of 92 visitors answered a question on the Russells Hall Hospital Accident and Emergency Department waiting area environment and what was not so good. Of these 31 (33.7 percent) indicated that the comfort of the seating was not so good. Meanwhile, 28 (30.4 percent) indicated that there was not anything in particular about the environment that was not so good (see Figure 13, below).

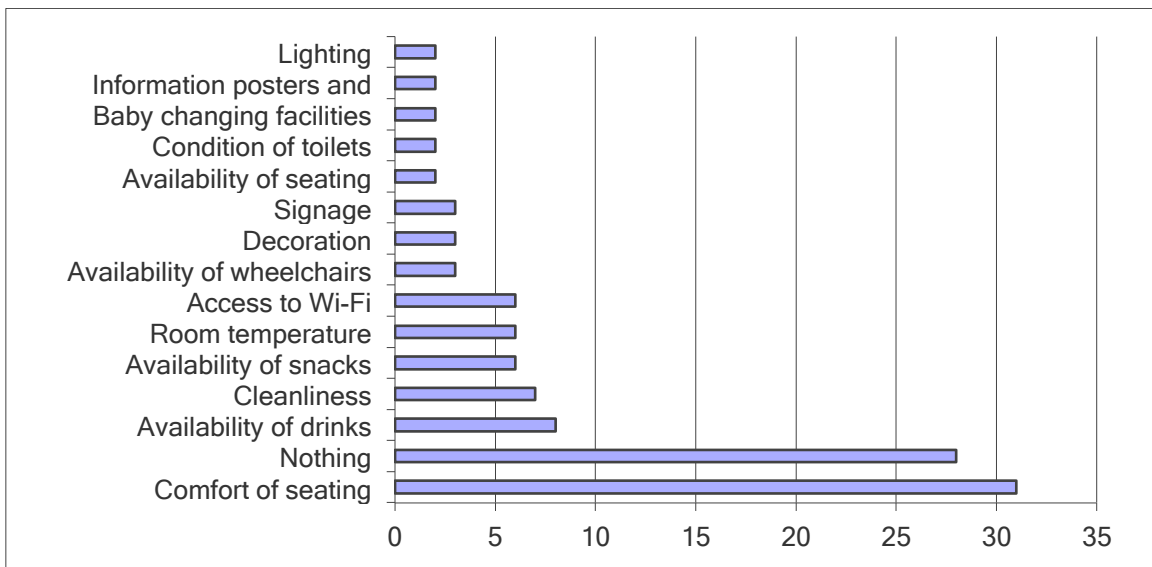


Figure 13: Being in Accident and Emergency - what was not so good?

The Dudley Urgent Care Centre

There were 96 visitors who answered a question on whether they had visited the Dudley Urgent Care Centre before. Of these 28 (29.2 percent) indicated yes they had visited before and 68 (70.8 percent) indicated no they had not visited before (see Figure 14, below).

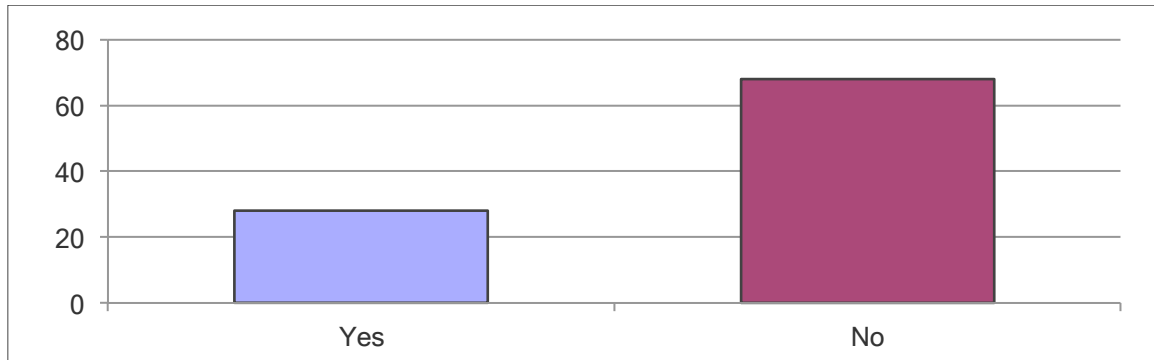


Figure 14: Visited the Dudley Urgent Care Centre before

In turn, 94 visitors answered a question on whether they knew about the Dudley Urgent Care Centre before the visit when they were approached by Healthwatch Dudley to get their views on it. Of these 70 (74.5 percent) indicated yes they had known about it and 24 (25.5 percent) indicated no they had not known about it (see Figure 15, below).

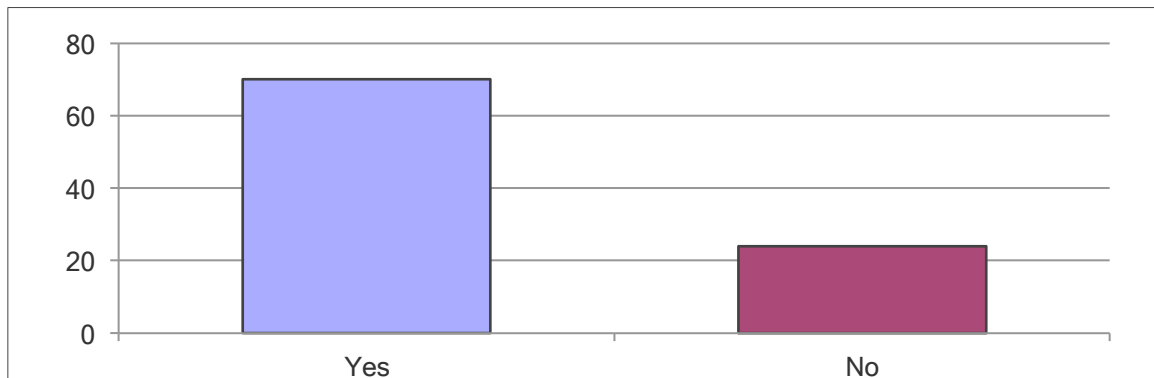


Figure 15: Did you know about the Dudley Urgent Care Centre?

Then 86 visitors answered a question on their journey from the Dudley Urgent Care Centre reception area at the front desk in the Russells Hall Hospital Accident and Emergency Department to the Dudley Urgent Care Centre waiting area and what was good about it. In total 72 (83.7 percent) indicated wall signs were good, 40 (46.5 percent) indicated cleanliness was good, 35 (40.7 percent) indicated floor signs were good, 29 (33.7 percent) indicated the lighting was good, and 22 (25.6 percent) indicated they were happy with the distance they

had to travel to get to the Dudley Urgent Care Centre waiting area. And 4 (4.7 percent) indicated accessibility was good (see Figure 16 below).

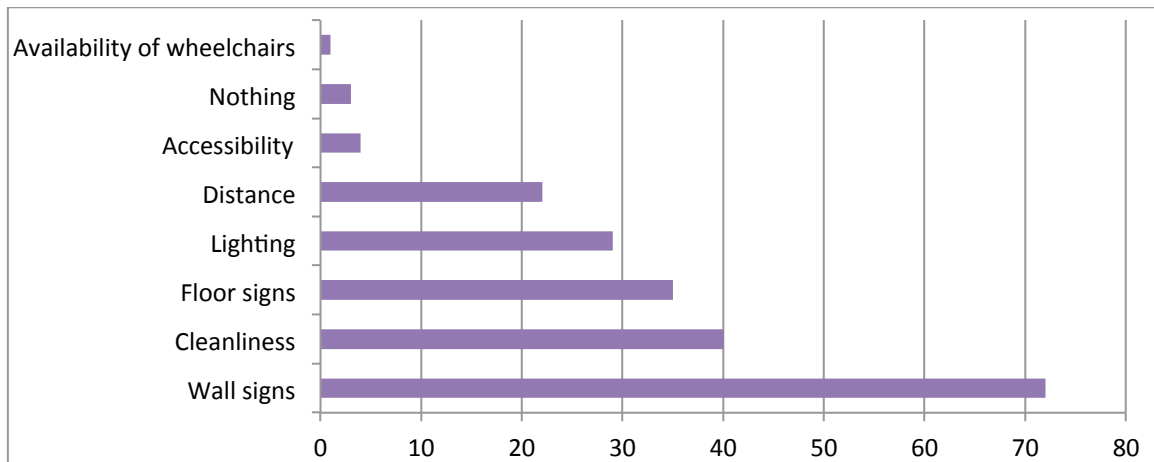


Figure16: Journey to Dudley Urgent Care Centre - what was good?

There were 80 visitors who answered a question on their journey from the Dudley Urgent Care Centre reception at the front desk in the Russells Hall Hospital Accident and Emergency Department to the Dudley Urgent Care Centre waiting area and what was not so good. Of these 51 (63.8 percent) were not happy with the distance they had to travel to get to the Dudley Urgent Care Centre waiting area, 18 (22.5 percent) indicated there was nothing in particular about their journey that was not so good, 16 (20 percent) indicated floors signs were not so good, 9 (11.3 percent) indicated wall signs were not so good, and 6 (7.5 percent) indicated accessibility was not so good (see Figure 17, below).

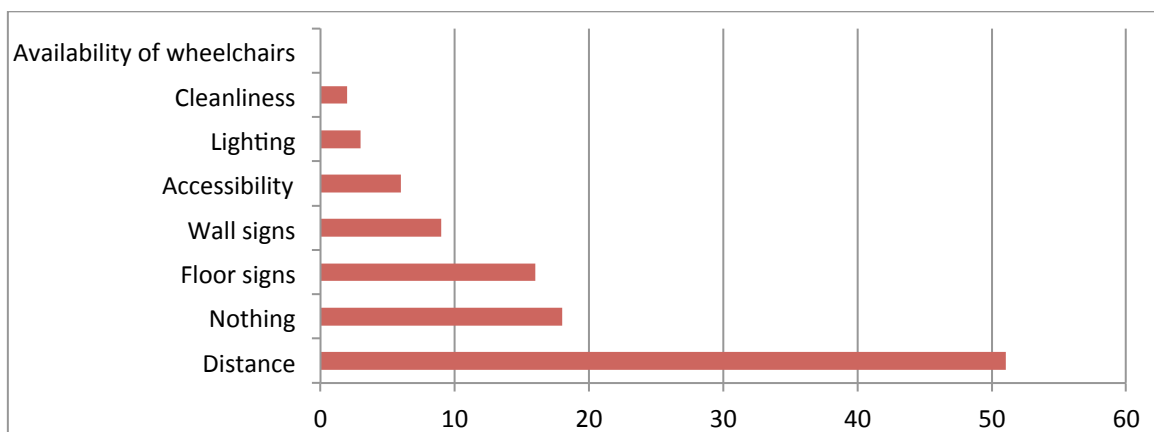


Figure 17: Journey to Dudley Urgent Care Centre - what was not so good?

A total of 87 visitors answered a question on their experience at the Dudley Urgent Care Centre waiting area reception desk and what was good about it. Of these 80 (92 percent) indicated friendliness of staff and 64 (73.6 percent) the

helpfulness of staff. Then 41 (47.1 percent) indicated they were happy with waiting times, 29 (33.3 percent) indicated there was a good level of privacy, and 27 (31 percent) indicated they were treated respectfully. And 24 (27.6 percent) indicated staff showed a good level of empathy (see Figure 18, below).

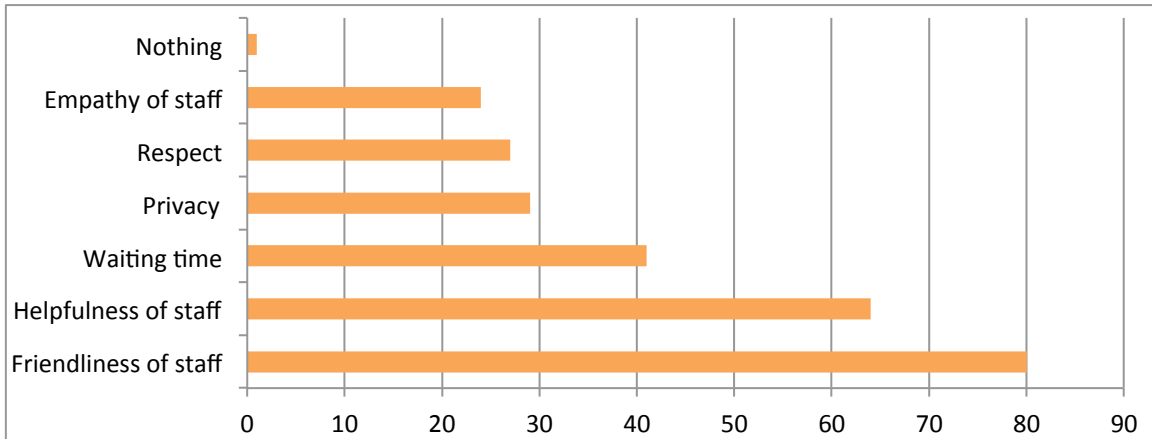


Figure 18: Reception at the Dudley Urgent Care Centre - what was good?

There were 64 visitors who answered a question on their experience at the reception desk in the Dudley Urgent Care Centre waiting area and what was not so good. Of these 42 (65.6 percent) indicated there was not anything in particular about their experience that was not so good. In turn, 9 (14.1 percent) indicated they were not happy with waiting times, and 8 (12.5 percent) indicated levels of privacy were not so good (see Figure 19, below).

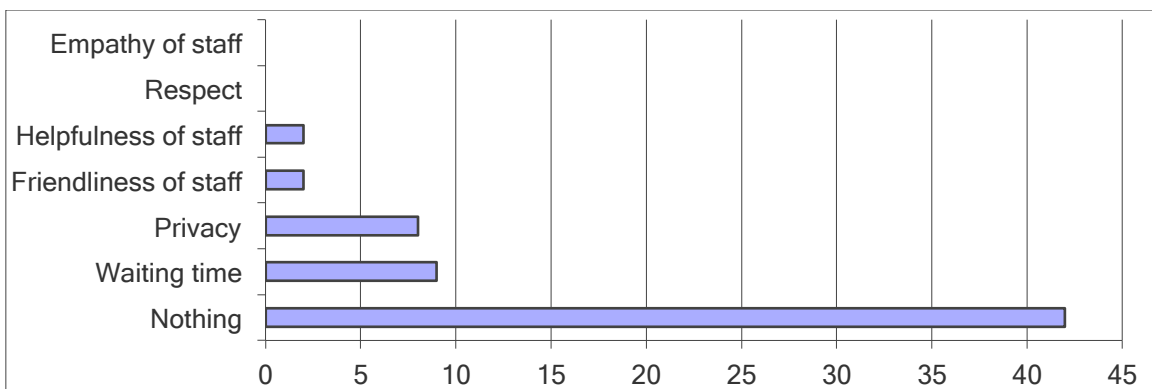


Figure 19: Reception at the Dudley Urgent Care Centre - what was not so good?

A total of 81 visitors answered a question on the surroundings in the Dudley Urgent Care Centre waiting area and what was good. Of these 63 (77.8 percent) indicated the comfort of the seating was good, 44 (54.3 percent) a good availability of seating and 43 (53.1 percent) that cleanliness was good. Then 31 (38.3 percent) indicated the lighting was good, 23 (28.4 percent) a good room temperature, 19 (23.5 percent) the availability of drinks was good, and 18 (22.2

percent) there was a good level of information posters and leaflets available. In turn, 13 (16.1 percent) indicated the decoration was good and 12 (14.8 percent) the condition of the toilets was good, 8 (9.9 percent) that the signage was good, and 6 (7.4 percent) that the availability of snacks was good (see Figure 20, below).

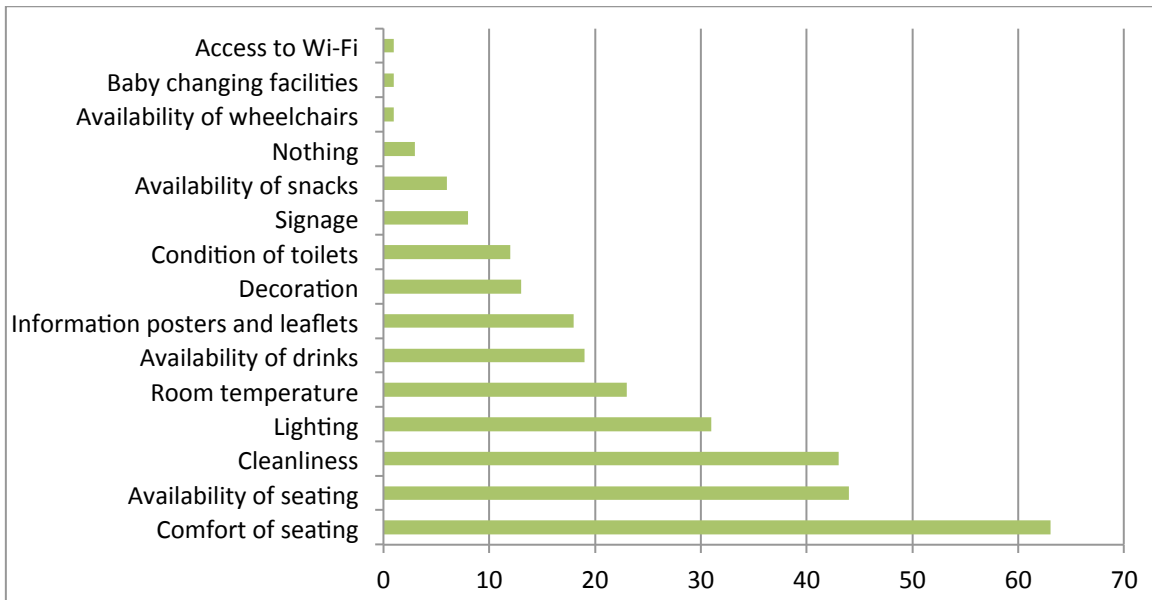


Figure 20: Being at the Dudley Urgent Care Centre - what was good?

There were 62 visitors who answered a question on surroundings in the Dudley Urgent Care Centre waiting area and what was not so good. Of these 27 (43.6 percent) indicated there was not anything in particular that was not so good about the surroundings, 11 (17.8 percent) indicated room temperature was not so good, 9 (14.5 percent) indicated the availability of seating was not so good, 7 (11.3 percent) indicated the availability of snacks was not so good, and 6 (9.7 percent) indicated the availability of drinks was not so good (see Figure 21, on page 36).

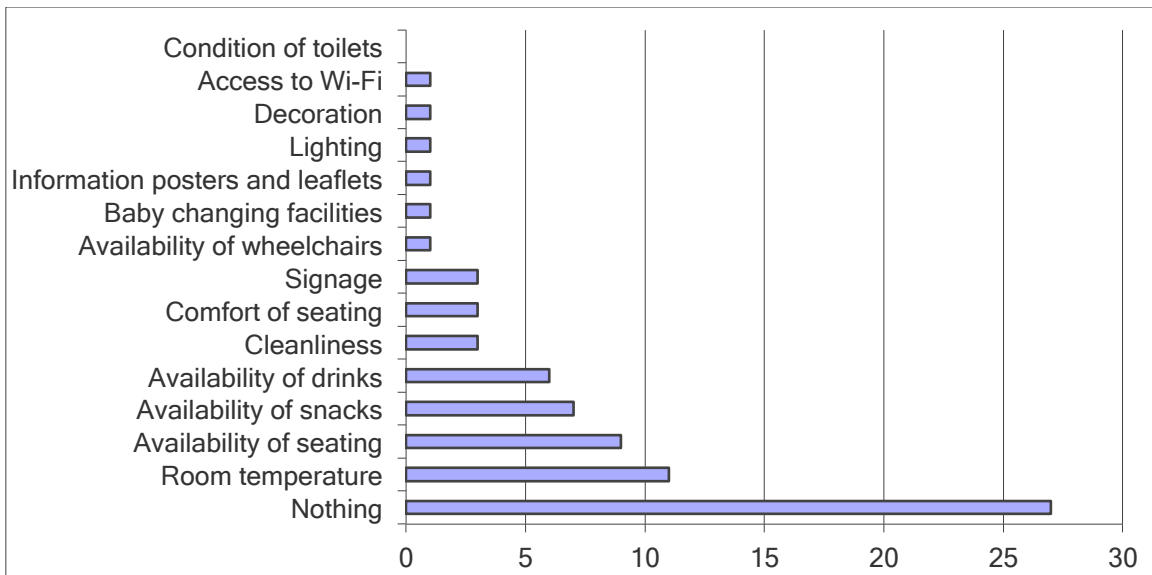
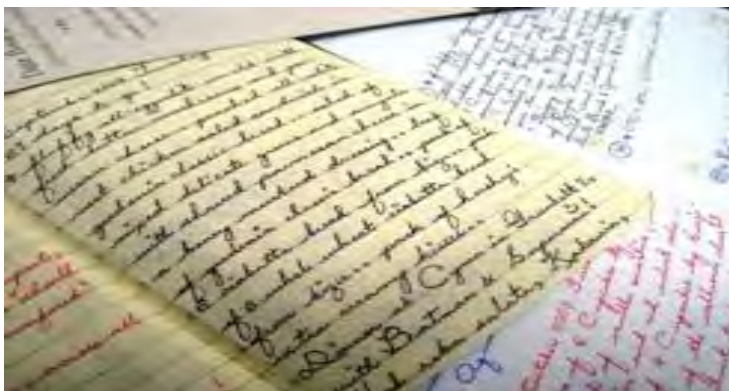


Figure 21: Being at the Dudley Urgent Care Centre - what was not so good?

What we saw

Healthwatch Dudley staff and volunteers made copious notes on what they observed whilst they were in the Russells Hall Hospital Accident and Emergency Department and the Dudley Urgent Care Centre waiting area.



Picture 1: An example of observation notes

These detailed notes together with the information obtained from the questionnaire survey constituted the material that was analysed to identify emerging themes that are identified in the next section.

Emerging themes

The raw data comprised visitors' responses to the questionnaire survey and notes on observations at the Russells Hall Hospital Accident and Emergency Department and the Dudley Urgent Care Centre. There was a focus on the hospital and Dudley Urgent Care Centre environment, interactions between visitors and staff, and the visitor streaming process. A preliminary analysis of this material started to facilitate the identification of emerging patterns and themes. The aim was to use these emerging themes to improve understanding of

people's experiences of accessing urgent care services at the hospital and Dudley Urgent Care Centre (see Table 2, below).

<p>Dudley Urgent Care Centre reception at the Russells Hall Hospital Accident and Emergency Department and streaming</p>
<ul style="list-style-type: none"> • Russells Hall Hospital and Dudley Urgent Care Centre staff were friendly, helpful and gave clear instructions on what to do next. • Registering at the Dudley Urgent Care Centre reception and streaming was usually quick and efficient. • Some visitors were confused about how to get to the Dudley Urgent Care Centre reception and where to go to register. • Some visitors experienced difficulty getting close to reception area desks and glass screens to communicate with hospital and Dudley Urgent Care Centre staff. • Some visitors did not know if they were talking to a hospital or Dudley Urgent Care Centre member of staff. • Some visitors did not understand why they were being directed from one part of the Russells Hall Hospital Accident and Emergency Department reception to another where Dudley Urgent Care Centre staff were stationed. • At busy times some visitors waited a long time for their details to be transferred from the Dudley Urgent Care Centre reception at the Russells Hall Hospital Accident and Emergency Department to the Dudley Urgent Care Centre waiting area.
<p>Getting to the Dudley Urgent Care Centre waiting area</p>
<ul style="list-style-type: none"> • Some visitors struggle with the long corridor walk to the Dudley Urgent Care Centre waiting area. • Some visitors might seek access to a wheelchair if they knew how long the corridor walk was. • Some visitors', who are older, disabled or with an infant or young child find it a struggle getting to the Dudley Urgent Care Centre waiting area.
<p>Russells Hall Hospital and Dudley Urgent Care Centre signage</p>
<ul style="list-style-type: none"> • Signage from the Russells Hall Hospital grounds and its Accident and Emergency Department to the Dudley Urgent Care Centre was not that clear. • Some visitors were finding their way to the Dudley Urgent Care Centre before being streamed by Dudley Urgent Care Centre staff at the Russells Hall Hospital Accident and Emergency Department.
<p>Russells Hall Hospital and Dudley Urgent Care Centre cleanliness</p>
<ul style="list-style-type: none"> • Most visitors were satisfied with the cleanliness of the Russells Hall Hospital Accident and Emergency Department and the Dudley Urgent Care Centre. • Toilets were mostly clean and tidy although cleaning rotas at the Dudley Urgent Care Centre were not always signed off.

<ul style="list-style-type: none"> • At certain times (for example later in the evening) litter was more noticeable, especially in the Russells Hall Hospital Accident and Emergency Department.
Dudley Urgent Care Centre visitor privacy
<ul style="list-style-type: none"> • Visitors generally felt confidentiality was maintained in the Russells Hall Hospital Accident and Emergency Department and Dudley Urgent Care Centre. • Some visitors felt their personal conversations could be overheard by other staff and visitors at the Russells Hall Hospital Accident and Emergency Department or at the Dudley Urgent Care Centre waiting area. • Sometimes there was a lack of visitor privacy apparent when Dudley Urgent Care Centre staff were undertaking medical assessments.
Dudley Urgent Care Centre services
<ul style="list-style-type: none"> • Generally visitor waiting times to be streamed by Dudley Urgent Care Centre staff were short and visitors were promptly seen by a clinician. • Generally visitors were satisfied with the way communications about their care and treatment worked.
Dudley Urgent Care Centre and young people
<ul style="list-style-type: none"> • There was a lack of facilities for young people in the Russells Hall Hospital Accident and Emergency Department and the Dudley Urgent Care Centre waiting area.

Table 2: Emerging themes

A new centre and ways of working

There are clear benefits for visitors associated with having the new Dudley Urgent Care Centre co-located at the Russells Hall Hospital site with the existing



Picture 2: Dr Saeed, Urgent Care Centre

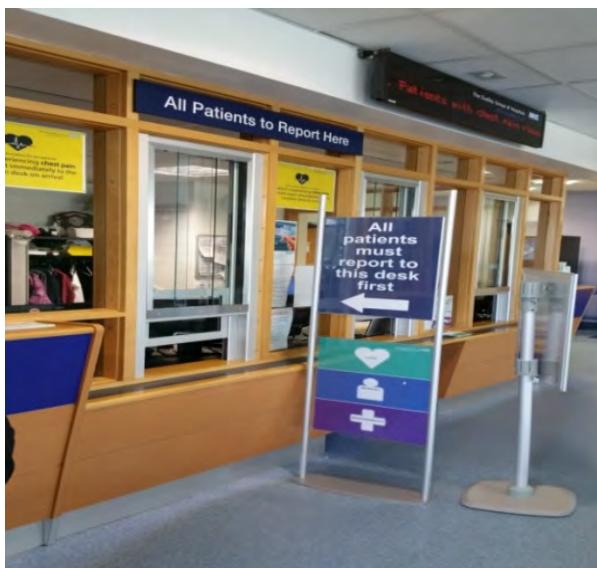
Accident and Emergency Department and close to other key parts of the hospital set up. In turn, it operates on a 24 hours a day, 7 days a week basis and there are more staff than there were in the old Walk-in Centre with a wider range of skills and expertise.

Meanwhile, there is more collaborative working between the Dudley Urgent Care Centre, the Russells Hall Hospital Accident and Emergency Department and other specialist hospital services.

It is possible to quickly and effectively direct visitors into the Dudley Urgent Care Centre waiting area or the Russells Hall Hospital Accident and Emergency Department assessment area for treatment. It should also be easier for visitors to get access to other important hospital services if they need to.

'It [the Urgent Care Centre] is safer for patients ... if someone should be in accident and emergency ... if a patient has got chest pains ... they will be triaged to the right place. I have seen babies with severe breathing difficulties and patients who had had heart attacks at the Walk-in Centre [a distance away from the hospital] who we had to rush to accident and emergency. Being based at the hospital means that we are in the right place, it is safer for us and safer for patients. A&E waiting times have reduced considerably and while we can't take all the credit it feels like our service is having a positive impact on this. Triage is very quick ... this centre is better staffed than the previous Walk-in Centre ... Hopefully, this is helping us to see the patients who really need us and people who we have seen so far over all seem to be happy with the service that we are providing' (Dr Alan Saeed, Dudley Urgent Care Centre).

In general visitor waiting times were short for initial assessment and registration at the Dudley Urgent Care Centre reception area, in the Russells Hall Hospital Accident and Emergency Department, and treatment on arrival at the Dudley Urgent Care Centre waiting area itself. Visitors, in the main, remarked that they felt confident questions they were asked by streamers helped to identify their symptoms.



Picture 3: Accident and Emergency

At the same time, staff were able to use a new computer-based system to access health records held by the general practice which means it is possible to better understand history and symptoms and how to deal with them.

Dudley Urgent Care Centre and hospital staff were friendly and helpful and listened to what visitors had to say about their symptoms. They provided clear information on

what would happen next and where they would be treated. Overall visitors had a good experience accessing the Dudley Urgent Care Centre and urgent care services.

Many visitors to the Russells Hall Hospital and the Dudley Urgent Care Centre felt the signage providing directions to reception and waiting areas were satisfactory. They felt the Dudley Urgent Care Centre was clean and well cared for and when comparing it with the Dudley Walk-in Centre commented that there was extra space, improved consultation rooms, and a separate area for younger visitors. Most visitors felt there was not anything significantly poor about their experience accessing urgent care services.

What could be improved?

The timescales set for achieving change in the delivery of urgent care services in the Dudley borough were very tight and made planning for effective stakeholder engagement in the design of new urgent care services difficult. However, from the outset Dudley Clinical Commissioning Group had promised there would be a new Dudley Urgent Care Centre constructed on the Russells Hall Hospital site that would provide a range of triage and treatment services.

The plans for a new Dudley Urgent Care Centre building were later shelved. The reasons for this decision were not properly explained. The idea had been for visitors to the centre (everyone bar blue light emergencies that would continue to go straight to the accident and emergency department) to be triaged and stay there for treatment or be directed to the accident and emergency department or back out to a GP or other appropriate community based service.

'When I arrived at [the Dudley Urgent Care Centre] ... the waiting area was empty so I [was] able to observe my surroundings as a member of the public who has not accessed the service before. I hadn't realised that you could only access the Dudley Urgent Care Centre after being triaged at a counter in the Russells Hall Hospital Accident and Emergency Department. I thought it would be a completely separate department or building very much like the old Walk-in Centre' ... (Carol, Healthwatch Dudley volunteer)

At the front door and streaming

There is scope to improve the Dudley Urgent Care Centre signage outside the Russells Hall Hospital Accident and Emergency Department front entrance and from there to the Dudley Urgent Care Centre waiting area. *“There is a sign saying the Dudley Urgent Care Centre is accessed through the [Accident and] Emergency Department. It is not very visible if [you are] walking straight into the main entrance...”* (visitor). At the same time, the Dudley Urgent Care Centre reception, in the Russells Hall Hospital Accident and Emergency Department, is confusing for visitors and is austere and unwelcoming with its outdated wooden partitioning and glass screens separating staff from visitors.

When you pull onto the main [Russells Hall Hospital] car park and you are looking for the Dudley Urgent Care Centre, there are no signs to tell you where it is... There were wheelchairs in the entrance area of the [Russells Hall Hospital] Accident and Emergency Department but if someone arrives without assistance there is not anyone to help... [We] travelled through the main [hospital] entrance to find out how to get to the Dudley Urgent Care Centre. The front desk was not staffed so [we] walked down the corridor looking for signs. We found a sign that said the Dudley Urgent Care Centre was moving to the [Russells Hall Hospital] Accident and Emergency Department ... We went back to the front doors and found a badly positioned sign that could be easily missed... We followed the arrow towards the [Russells Hall Hospital] Accident and Emergency Department and found other confused patients ... (Stuart is a Healthwatch Dudley volunteer and Patient Participation Group member. Bill is a Healthwatch Dudley Board member, volunteer and Patient Participation Group member - both have disabilities affecting their mobility. Their story is featured as a case study at Appendix 9 on page 72).

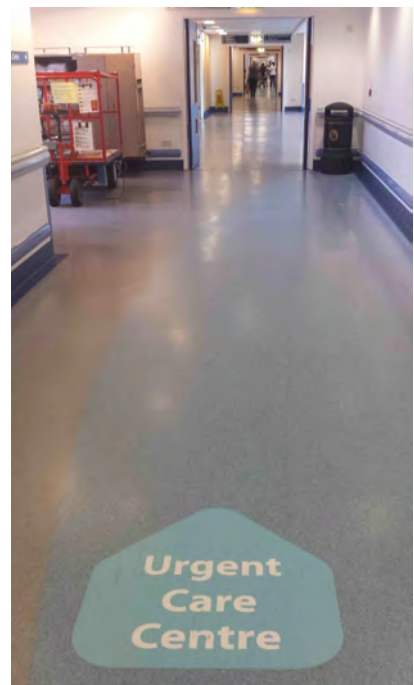
Sometimes Dudley Urgent Care Centre staff were not at the reception desk points in the Russells Hall Hospital Accident and Emergency Department where signs indicated they would be seated. It was also often unclear who the Dudley Urgent Care Centre staff were. *“Nurses aren’t clearly signed at the reception desk, it is not clear that the people patients see first are Malling Health [Dudley Urgent Care Centre] nurses ... people think they are just being seen by Russells Hall [Hospital] administration staff... (visitor)”*. Some people were unsure of where to stand and who to talk to at the Dudley Urgent Care Centre reception and streaming area.

At the same time, some visitors experienced difficulties conducting conversations with hospital or Dudley Urgent Care Centre staff located behind glass screens. For example, a visitor in a wheelchair, with a younger visitor on crutches, “*Struggled to communicate through the glass screen*” and another visitor remarked that “*People with back issues, which may include the disabled and elderly, have to stoop down to talk to the ... staff*”.

Margaret visited the Dudley Urgent Care Centre with her granddaughter ... In A&E ... the waiting area was busy ... but ... she didn't have to wait long to be seen by the streaming nurse ... who was friendly. The staff asked her granddaughter what was wrong they listened to her and then gave clear directions to get to the Dudley Urgent Care Centre. Margaret did explain ... that to make her experience easier at the front desk there could have been a Hearing Induction Loop, as [she] has a hearing aid. She said that the glass partition produces a reflection so it makes it harder for her to lip read ... (Margaret, visitor).

Some visitors to the Russells Hall Hospital Accident and Emergency Department went to one side of the reception desk and were then sent to the other side and the Dudley Urgent Care Centre staff without understanding why this was happening. In addition, it was pointed out that Dudley Urgent Care Centre staff sometimes found it difficult to know what to say to visitors when they asked questions about Russells Hall Hospital services because they had only a limited knowledge of them.

A visitor remarked “*A friend rang the 111 [telephone advice line] service and gave details on the phone [of symptoms] and was told to come to the [Russells Hall Hospital] Accident and Emergency Department ... then had to repeat herself, where did the details go to from the phone call?*” Other visitors remarked that they “*Didn't know you had to register with accident and emergency first and were told by the 111 service to go to the Dudley Urgent Care Centre but not to go to the [Russells Hall Hospital] Accident and Emergency Department to register...*”.



Picture 4: The corridor

There was no in-depth triage provided for visitors on their arrival at the Dudley Urgent Care Centre reception in the Russells Hall Hospital Accident and Emergency Department. Neither were there any side bays available to use for visitor assessment or isolation. A nurse said *“It would be better to have extra resources to see patients at the Dudley Urgent Care Centre and maybe have [more] effective triage at the [Accident] and Emergency Department...”*.

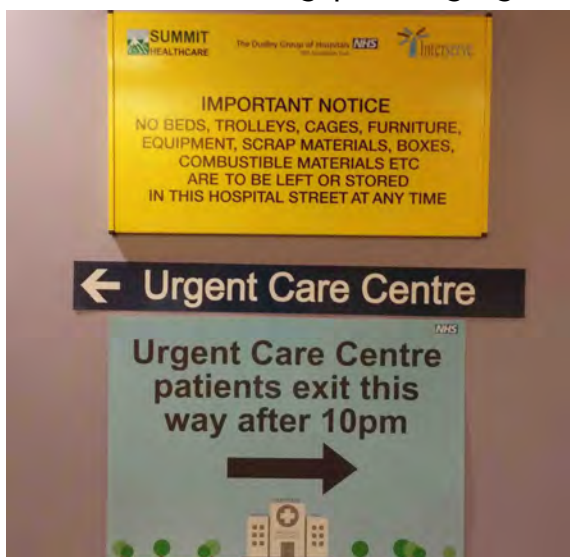
It was not clear what special attention was given to prioritising or assessing the needs of younger or older visitors or visitors with disabilities and difficulty with mobility, dementia, learning difficulties or mental health problems.

It was also not clear what should happen when visitors are affected by drug or alcohol misuse and could pose a risk to themselves and other visitors to the centre or are vulnerable as a result of an existing condition or treatment that means they might need special help.

Almost two thirds of the visitors to the Dudley Urgent Care Centre who talked about their experiences felt the long corridor between the Russells Hall Hospital Accident and Emergency Department and the Dudley Urgent Care Centre waiting area was problematic. It would be a struggle for people with disabilities (particularly where they affect mobility), breathing problems, and an infant or young child to look after.

How Dudley Urgent Care Centre looks and feels

Healthwatch Dudley staff and volunteer observations show there are a lot of clutter as well as gaps in signage in the Russells Hall Hospital Accident and Emergency Department, Dudley Urgent Care Centre waiting area, and the corridor linking these two facilities. The design and location of ceiling, wall and floor signage has not been well thought through. There is an absence of the imaginative use of colour on walls and floors and painted lines, arrows and symbols that would help to improve the way that visitors including those with sight loss, learning disabilities or dementia get around.



Picture 5: Signage

The signage that was in place did not always use an appropriate font or print size (and might usefully have included Braille in some instances). At the same time, much of the lighting used in the Russells Hall Hospital Accident and Emergency Department and the Dudley Urgent Care Centre did not provide the maximum reduction in glare and reflection that it should be possible to achieve.

The different computer systems used by the Russells Hall Hospital and the Dudley Urgent Care Centre were not always effectively communicating with each other.

The transfer of visitor information and medical details was sometimes delayed. A visitor remarked *“They hoped they did not have to fill in another thing here before they walked into the Dudley Urgent Care Centre [waiting area]”*. Sometimes there were delays in visitor details going from the Russells Hall Hospital Accident and Emergency Department to the Dudley Urgent Care Centre and some visitors felt they had to unnecessarily repeat personal and symptom details. *“They keep calling people up once they have sat down to confirm their address. Why don’t they do that when they first arrive?”* (visitor).

Tracey came into the Dudley Urgent Care Centre with her three year old boy who was crying loudly and having a tantrum, throwing his bag and other items onto the floor. Tracey had recently had a baby by caesarean section ... she was in pain and had been sent to the Dudley Urgent Care Centre ... The receptionist asked Tracey if she had registered in the [Russells Hall Hospital] Accident and Emergency Department to which she replied no. She rang ... [her husband who was parking the car] and told him that she was going from the Dudley Urgent Care Centre back to the [Russells Hall Hospital] Accident and Emergency Department. It was noisy and probably quite stressful for Tracey but she was very polite and grateful for the help shown to her ... she was unsure as to the way back to accident and emergency ... (Tracey, visitor).

The Russells Hall Hospital Accident and Emergency Department and Dudley Urgent Care Centre décor is dull and lacks bright and fresh colour. The reception and waiting area surroundings are drab and bare of art or greenery. At the Dudley Urgent Care Centre waiting area there is no view to the outside or natural light. One visitor remarked that it was a *“Horrible environment for a young child or infant to come into ... for triage...”* and another that *“There is no ... area with cartoon pictures on the walls and child friendly décor and seats”*.

There were no adequate baby feeding or changing facilities in the Russells Hall Hospital Accident and Emergency Department.

Metal seating in the Russells Hall Hospital Accident and Emergency Department is functional but uncomfortable and in the Dudley Urgent Care Centre it is more comfortable but also random and outdated. The seating layout in both areas is traditional and rigid preventing the creation of a more informal and relaxed reception and waiting environment. It is difficult for a visitor in a wheelchair to get into and manoeuvre around the urgent care centre waiting area. Visitors also remarked that there were “*No quiet areas for particular patients who are upset or who have learning disabilities or dementia*” and “*No calm areas with sofas, calming lighting and colour schemes for people with mental health issues and who are in distress*”.

Vincent came to the [Russells Hall Hospital] Accident and Emergency Department due to an issue with his heel. He was sent down to the Dudley Urgent Care Centre ... He thought the walk was quite a distance ... He spoke to the receptionists who gave him directions for what to do next ... [he was] sent straight into the nurse ... The nurse was lovely and very friendly and said to him that he needed a steroid injection. However, they did not do those at the Dudley Urgent Care Centre and he would have to go back to the [Russells Hall Hospital] Accident and Emergency Department to get one. [He] was given a piece of paper ... and was told to give this to the reception desk staff at the [Russells Hall Hospital] Accident and Emergency Department. After walking back to the [Russells Hall Hospital] Accident and Emergency Department [he] gave the staff the letter but was then sent to the other side of the desk. When [he got] to the other side of the desk he had to repeat his name three times and the sheet of paper ... had his date of birth wrong ... (Vincent, visitor).

Observations from the research team show directions to toilets and the ‘toilets this way’ signs in the Dudley Urgent Care Centre waiting area were unclear with one sign pointing to the right, which took visitors to the disabled toilets and another sign pointing to the left, which took visitors to the male and female toilets. Toilet cleaning rotas were missing and not signed at the weekend to confirm toilet areas had been cleaned. There were instances where there was a build-up of litter “*Cups dotted around on seats also cans and other rubbish*” (Healthwatch Dudley volunteer) and untidiness (including used side bowls) or dirty toilets and spills left on floors for a prolonged period of time. Rubbish bins are only by main doors and drinks machines not close to where people sit.

A clock on the wall was too small to be easily seen by visitors seated at the back of the Dudley Urgent Care Centre waiting area. Meanwhile, information on waiting times for consultations and treatment was limited. *“There are no monitors to display information on services and accurate waiting times for consultations or the names of people and which room to go to and the doctor’s name that they will be seeing”* (Healthwatch Dudley staff member). On some occasions a room occupied by a doctor did not have their name displayed on the outside and sometimes a doctor was not wearing a clear name badge (in addition to a hard to read hospital identification tag).

On the Dudley Urgent Care Centre waiting area walls there were different posters on, for example, Dudley Group Foundation Trust and Dudley Metropolitan Borough Council services, the Friends and Family Test, and European Health Insurance Card. Around the waiting area there were many different information leaflets in the main laid out in a neat and tidy way. However, notice boards were rather cluttered.

Visitors were not able to easily get access to information about pharmacy services and information on how to complain was not very well advertised.



Access to telephones was limited and there were no stand-alone computer terminals that visitors could use interactively either to facilitate quicker registration at the Dudley Urgent Care Centre or get access to information on services. WiFi for visitor use is not available. It was not clear what translation services were available.

Picture 6: Dudley Urgent Care Centre

Drinks and snacks could be obtained at a café in the main hospital area that was open until 8.30pm or from vending machines located in the Russells Hall Hospital Accident and Emergency Department and the Dudley Urgent Care Centre waiting area. Jugs of water were placed in the Dudley Urgent Care Centre waiting area but there were not always cups available to use. Sometimes a vending machine was not working and it was a long walk to get to another machine somewhere

else in the hospital. There was a lack of healthy food and drink options available at vending machines.

It was difficult to maintain visitor confidentiality at reception desks in the Russells Hall Hospital Accident and Emergency Department and the Dudley Urgent Care Centre waiting area. Receptionists could be *“Very loud about personal issues ... there doesn’t seem to be any privacy on reception”* and *“Reception staff talked loudly to GPs often about private issues ... a GP came to the front desk and asked quietly where the pregnancy tests were, the receptionist said they were in the GP consultation room but in a loud manner”* (Healthwatch Dudley volunteers).

It was possible for conversations between the nurse undertaking the streaming and visitors to be overheard by others and it was often necessary for staff and visitors to raise their voices to be heard and understood. The front row of seats in the Dudley Urgent Care Centre waiting area were very close to the reception desk meaning it was easy for visitors occupying these seats to overhear receptionist and visitor conversations.

Curtained clinical assessment cubicles were being used in the Dudley Urgent Care Centre in addition to individual consultation rooms. These cubicles provide a low standard of privacy for visitors. One room was not suitable to use for visitor and doctor consultations because there was no desk or couch and no obvious place to put them. It would have been useful to have a room with a desk, computer and telephone that could be used to undertake telephone triage conversations with callers. There was also insufficient office space with a need for an extra two person capacity room.

Dudley Urgent Care Centre services

There was a question as to whether the Dudley Urgent Care Centre could have seen more visitors, diverted away from the Russells Hall Hospital Accident and Emergency Department, than it did. Scope exists to review whether the optimal level of diagnostics and treatment is available in the Dudley Urgent Care Centre to deliver the best possible benefit to visitors and take the maximum burden off of accident and emergency services.

In turn, extra resources and equipment for Dudley Urgent Care Centre streamers would mean that they would be able to more accurately assess visitors and refer more of them to an expanded Dudley Urgent Care Centre service. It could, for example, offer phlebotomy (blood taking), x-ray and suturing services.

It is not possible to send ‘trips and falls’ cases to the Dudley Urgent Care Centre because it does not do x-rays and cannot refer to x-ray services. A Dudley Urgent Care Centre development would be the capacity to diagnose a wider range of visitor symptoms, including possible fractures, and then refer on to the Russells Hall Hospital Accident and Emergency Department. This would save time and reduce inconvenience for visitors and take pressure off of accident and emergency services. A visitor turning up at the Dudley Urgent Care Centre with a suspected fracture which turns out to be a sprain could be discharged home with self-care advice which would reduce pressure on accident and emergency services.

It was intended that the ‘Navigator’ would be an innovative part of the new Dudley Urgent Care Centre service helping visitors to access other statutory and voluntary sector services that could more appropriately provide necessary help and ultimately help to improve their health and wellbeing. However, there was no evidence of Navigators operating in the Dudley Urgent Care Centre.

What next?

The Dudley Urgent Care Centre has improved access to clinicians and treatment for people living in the Dudley borough and visiting the area from further afield. It is open 24 hours a day 7 days a week. At the same time, it’s co-location with the Accident and Emergency Department at the Russells Hall Hospital has possibly improved safety for visitors to the Dudley Urgent Care Centre who need to access more specialist diagnostic services or treatments.

The issues raised in this report that highlight where improvements could be made at the Dudley Urgent Care Centre often relate to the decision not to have a new purpose built centre. Instead a way needed to be found to fit urgent care services into the Russells Hall Hospital Accident and Emergency Department reception area and other space in the hospital. Consequently the Dudley Urgent Care Centre infrastructure and surroundings are not always of the standard that would be expected in a modern facility in terms of their attractiveness or the way that they are able to make visitors feel as safe and comfortable as possible. Table 3, on page 49 sets out where there is scope for improvement in the provision and delivery of the Dudley Urgent Care Centre services scrutinised by Healthwatch Dudley staff and volunteers.

Arrival at the Dudley Urgent Care Centre, triage and treatment	
Reception areas	Make more welcoming and comfortable
Staff recognition	Standardise uniforms and ensure all staff have name badges
Staff training	Provide staff training on Russells Hall Hospital services.
Hello my name is	Ensure all staff introduce themselves when talking to visitors
Prioritising visitors	Review and make more clear the systems in place for prioritising visitors for triage and treatment
Triage	Consider implementing 'see and treat' type procedures where they would improve safety and prevent unnecessary duplication of assessment and reduce delays in treatment
Diagnostics	Review the range of diagnostic services provided to ensure they are at a level that is of best benefit to visitors whilst reducing as much pressure as possible on accident and emergency services
Wheelchairs and portering	Ensure visitors are able to easily get access to a wheelchair or portering services if needed
How the Dudley Urgent Care Centre looks and feels	
Signage	Make it more convenient and helpful for all visitors
Information technology	Consider introducing interactive technology to improve visitor information, registration and booking into other services.
Infants and young visitors	Improve facilities, layout and decoration to make infants and young visitors feel more comfortable
Flooring	Upgrade the colours and materials used to enhance the possibilities for improving visitor safety and journeys
Walls	Upgrade colour schemes to improve the attractiveness of the environment and make it easier for visitors to find their way
Seating	Change the seating type and layout to make it more inviting and comfortable for different types of visitor
Art and plants	Use art and plants to create a more vibrant and less austere environment
Telephones and WiFi	Provide easy access to telephone and WiFi services
Drinks and snacks	Ensure there is access to café facilities and healthy food and drinks options
Privacy and confidentiality	Consider how visitor privacy and confidentiality could be improved through the changed design of reception and medical consultation areas

Navigators	Ensure Navigator posts are filled and navigator services are being provided
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Table 3: Scope for improvement

The Dudley Clinical Commissioning Group has confirmed some monies are available to change the layout of the front end of the Dudley Urgent Care Centre and its operations at the Russells Hall Hospital Accident and Emergency Department. Such works should help to improve the situation for visitors to the centre on arrival and during the streaming process. Other short to medium term changes to the layout and appearance of the centre could be carried out later to improve signage and decoration and levels of comfort for staff and visitors. These changes could also provide opportunities to and make visitors feel less anxious, get better access to information and navigate around the centre more easily.

It would be useful to review triage and examine the possibilities for making it more effective and work better for staff and visitors. Changes could include introducing a 'see and treat' approach and more in-depth visitor assessment that goes beyond the use of a simple 'eyeballing' technique to include actual hands on examination and measurements. At the same time staff including advanced nurse practitioners, who are the first point of contact for visitors could be given more autonomy to deal with a visitor without them having to go into the Dudley Urgent Care Centre waiting area itself.

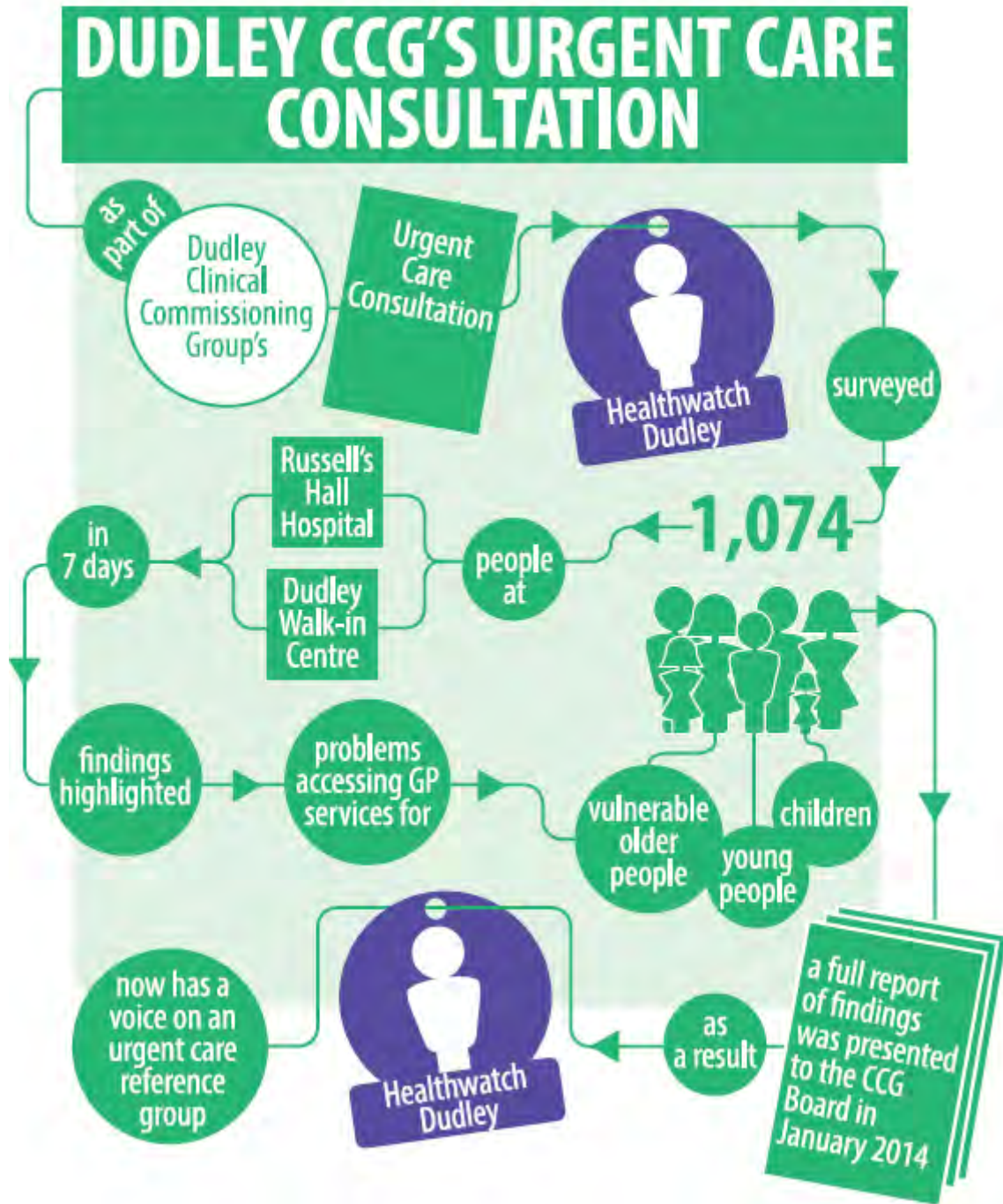
There is scope to develop the way that interactive technology is used to keep visitors informed about accurate and regularly updated waiting times, levels of service and changes to them, and other health and welfare information. Stand-alone units could be used by visitors to complete initial registration, seek information on services, book appointments, ask questions and make complaints. This technology could also be used by the navigators and incorporate community information directory and champion help and signposting activities to work with visitors who want to find ways to get access to organisations and services that could improve their quality of life.

A commitment should remain to have a new purpose built Dudley Urgent Care Centre at some time in the medium to longer term that would be a state of the art facility. It would reduce confusion for visitors and improve their experience of accessing urgent care services. At the same time it would be possible to further review the provision of diagnostics and other treatment services provided at the centre to reduce unnecessary delays in the diagnosis of

symptoms and access to treatment for visitors as well as reducing pressure on the accident and emergency services.

Appendix 1

Dudley Urgent Care Centre consultations



Appendix 2

Required volunteer skills

Requirement	Essential	Desirable
Knowledge and Experience	<ul style="list-style-type: none"> • Interest in health or social care services • Interest in the role and work of Healthwatch Dudley 	<ul style="list-style-type: none"> • Understanding of health care systems • Understanding of social care systems • Previous volunteering experience
Skills and Values	<ul style="list-style-type: none"> • Ability to take an evidence based approach • Ability to communicate well with others • Non-judgemental • Respect for others • Awareness of dignity issues • Non-discriminatory • Open minded • Showing sensitivity • Caring • Team worker • Friendly • Ability to show empathy • Honest • Patient • Trustworthy 	<ul style="list-style-type: none"> • Note taking skills

INTERVIEWER INSTRUCTIONS

- Read questions as worded.
- Ask questions in correct order.
- Go through the list of possible answers where given.
- Read clearly and slowly with appropriate emphasis.
- Ask every question that applies.
- Record exactly what the patient (their representative) says.
- Do not answer for the patient (their representative).
- Show an interest in answers given.
- Make sure you have understood each answer.
- Do not show approval/disapproval.
- Be pleasant, make the patient or their representative comfortable.
- Familiarity with the questionnaire is important.

Purpose of the questionnaire (to be read to the patient or their representative)

Hello, my name is _____ and I would very much like your help to answer some questions about your experiences of your visit here today.

I am a volunteer with (work for) Healthwatch Dudley a watchdog on health and social care matters. We are here because we are an independent organisation, separate from the NHS and it is our job to listen to local people, observe service delivery and to feed back what we hear to decision makers in health and care.

Confidentiality

Unless you give permission for us to do so, your views will remain anonymous and you will not be named or identified in any report that is produced from this survey.

***1. Please enter Interviewer ID**

2. Are you happy to continue?

Yes

No

3. Are you a:

Patient

Parent or guardian

Someone else

4. Getting here today - please tell us what was good

- Signage
- Public transport
- Wheelchair availability
- Ease of parking
- Outdoor environment
- Nothing
- Parking charges
- Access to hospital building
- Other

If Other please provide details below

5. Getting here today - please tell us what was NOT so good:

- Signage
- Public transport
- Wheelchair availability
- Ease of parking
- Outdoor environment
- Nothing
- Parking charges
- Access to hospital building
- Other

If Other please provide details below

6. On entering the building, did you know where to go?

- Yes
- No

7. If you answered No, please tell us about your experience:

8. Your experience of the reception desk (formerly A&E) when you entered the building

- please tell us what was good

- Privacy
- Helpfulness of staff
- Other
- Friendliness of staff
- Waiting time
- Empathy of staff
- Nothing

Other (please specify)

Patient experiences of Dudley Urgent Care Centre

9. Your experience of the reception desk (formerly A&E) when you entered the building

- please tell us what was NOT so good

- Privacy
- Helpfulness of staff
- Other
- Friendliness of staff
- Waiting time
- Empathy of staff
- Nothing

If Other (please specify)

10. Which of the following applies about your experience with the person behind the screen:

	Yes	No
I could make myself heard	<input type="checkbox"/>	<input type="checkbox"/>
I could hear them	<input type="checkbox"/>	<input type="checkbox"/>
They understood me	<input type="checkbox"/>	<input type="checkbox"/>
They gave me clear information about what to do next	<input type="checkbox"/>	<input type="checkbox"/>

11. Your surroundings in the A&E waiting area - please tell us what was good:

- Comfort of seating
- Cleanliness
- Availability of seating
- Information posters and leaflets
- Availability of snacks
- Lighting
- Availability of drinks
- Decoration
- Availability of wheelchairs
- Access to Wi-Fi
- Condition of toilets
- Signage
- Baby changing facilities
- Nothing
- Room temperature
- Other

If Other (please specify)

5

6

12. Your surroundings in the A&E waiting area - please tell us what was NOT so good:

- Comfort of seating
- Availability of seating
- Availability of snacks
- Availability of drinks
- Availability of wheelchairs
- Condition of toilets
- Baby changing facilities
- Room temperature
- Cleanliness
- Information posters and leaflets
- Lighting
- Decoration
- Access to Wi-Fi
- Signage
- Nothing
- Other

If Other (please specify)

6

13. Has this survey been completed in A&E?

Yes

No

14. Your journey from the front desk to the Urgent Care Centre - please tell us what was good:

- Wall signs
- Floor signs
- Availability of wheelchairs
- Distance
- Cleanliness
- Lighting
- Nothing
- Other

Accessibility

If Other (please specify)

Patient experiences of Dudley Urgent Care Centre

15. Your journey from the front desk to the Urgent Care Centre - please tell us what was **NOT** so good:

- Wall signs
- Floor signs
- Availability of wheelchairs
- Distance
- Accessibility
- Cleanliness
- Lighting
- Nothing
- Other

If Other (please specify)

16. Your experience of the Urgent Care Centre reception desk - please tell us what was **good**

- Privacy
- Friendliness of staff
- Empathy of staff
- Helpfulness of staff
- Waiting time
- Nothing
- Other

Other (please specify)

17. Your experience of the Urgent Care Centre reception desk - please tell us what was **NOT** so good

- Privacy
- Friendliness of staff
- Empathy of staff
- Helpfulness of staff
- Waiting time
- Nothing
- Other

Other (please specify)

Patient experiences of Dudley Urgent Care Centre

18. Your surroundings in the Urgent Care Centre - please tell us what was good:

- Comfort of seating
- Availability of seating
- Availability of snacks
- Availability of drinks
- Availability of wheelchairs
- Condition of toilets
- Baby changing facilities
- Room temperature
- Cleanliness
- Information posters and leaflets
- Lighting
- Decoration
- Access to Wi-Fi
- Signage
- Nothing
- Other

If Other (please specify)

6

19. Your surroundings in the Urgent Care Centre - please tell us what was NOT so good:

- Comfort of seating
- Availability of seating
- Availability of snacks
- Availability of drinks
- Availability of wheelchairs
- Condition of toilets
- Baby changing facilities
- Room temperature
- Cleanliness
- Information posters and leaflets
- Lighting
- Decoration
- Access to Wi-Fi
- Signage
- Nothing
- Other

If Other (please specify)

6

20. Would you be interested in telling us more about your experience today?

Yes

No

21. If Yes to previous question, please provide your name and contact detail

Appendix 4

Frontispiece to questionnaire survey

Hello!

Thank you for filling in the questionnaire survey about your experience of A&E and Urgent Care Centre services at Russell's Hall Hospital.

With permission given, your address was noted down on the survey so you as a patient could tell us more about your experience.

We would briefly like to know about your experiences of the GP, doctor or nurse that you saw, and how you felt about the service given from Russell's Hall Hospital from start to finish.

We would also like to know if you are interested in coming to a discussion with Healthwatch and other patients who took part in the survey, to talk about overall opinions and experiences of the Urgent Care Centre and A&E.

If you are interested about telling us more and/or coming to the discussion, please e-mail me at georgia@healthwatchdudley.co.uk, or ring Georgia on 03000 111 001

Appendix 5

Healthwatch Dudley: Patient Experience of Dudley Urgent Care Centre

Observations and Case Study Guidance for Volunteers and Staff

Healthwatch Dudley is gathering the experiences of patients and carers in the new Urgent Care Centre (UCC).

Volunteers and staff will present at the UCC from Monday 20 July 2015 to Sunday 26 July 2015 to complete surveys, have conversations with and listen to the views of patients and their carers.

Conversations will be informal, voluntary and can be as long or as short as patients feel comfortable with and will run alongside a survey questionnaire.

Experiences gathered will help to improve Urgent Care Centre services. This guidance is to inform conversations and provide triggers to get patients talking about each stage of their journey. Conversations should not be scripted.

Ensure that case studies include people from a mix of cultural backgrounds with a range of health and wellbeing experiences.

For example people who have:

Physical disabilities - wheelchair users, people with walking aids.

Learning Disabilities - who may find the hospital difficult to understand

Mental ill health - who may find the hospital environment challenging

Babies / young children - issues with baby changing facilities/crèches/play rooms/private rooms for young children in both A&E and Urgent Care Centre.

Dementia - is the journey from A&E through to Urgent Care confusing/frustrating/stressful for people with dementia and their carers and does this cause added problems?

Sight loss / low vision - can they get to where they need to be? Are the signs useful for them, are the nurses at A&E helpful in showing them where to go at? Are there any aids to help?

Hearing impairments - Are there hearing loops at the front desk of both A&E and Urgent Care Centre? Are there nurses who can use sign language? Did the GP make extra effort to communicate?

Conversation Themes

Introductions and getting to know each other

Something about the project - what it aims to do and how findings will be used

Healthwatch Dudley has been asked to gather patient views and experiences of their visit to the Urgent Care Centre, right up to the point where patients have been discharged. Findings will help to inform discussions and decisions on how to change or improve Urgent Care Centre Services.

Something about Healthwatch

Healthwatch is the independent consumer champion, for both health and care for children and adults living in England. Healthwatch Dudley supports people who access services in the Dudley borough. It listens to members of the public and patients and works with them to improve health and social care services for everyone.

Something about informed consent and confidentiality:

You will be asked to make detailed notes. The patient needs to be reassured that the information they share is strictly confidential and they will not be identifiable in any of our reports unless they give permission.

You should ask:

- Do you understand what the project is about?
- Are there any questions you would like to ask?
- Are you happy to continue and take part in a conversation about your journey through the Urgent Care Centre?

Something about me (the volunteer)

The aim is to build rapport and empathy with patients and others in conversations. A key point to remember is to focus on **listening** to what people have to say with as few interruptions as possible to allow them to tell their own stories. At the same time, try to avoid asking leading questions that might encourage people to answer questions in a particular way. You could perhaps say “tell me about how things have gone for you, say something more about that, can you describe how you feel about the service you have received.”

If the person you are listening to mainly gives you yes and no answers these conversation prompts might help you:

How was that explained to you?
What was your understanding of that?
How did that make you feel?
What especially do you like / dislike about it?
What do your family or carers think?

Getting started...

You may choose to start your conversation with something like:

“I am a volunteer / staff member with Healthwatch Dudley, Healthwatch Dudley is...

We are following patients on their journeys through the Urgent Care Centre to find out more about the quality of service that people are receiving. We are really interested in your views and experiences. To begin with, please can you tell me...

THE PATIENT JOURNEY

Outside area of Emergency Department:

- Are there disabled ramps outside the Urgent Care Centre/ easily accessible for people with disabilities?
- Is there enough room for cars with disabled ramps/ taxi's with disabled ramps to be fully functional in the car parking spaces?
- Is the signage adequate for people with low vision or sight loss?
- Are there visual triggers for people with learning disabilities (photographs of staff members and easy read documents / posters?)

- Are there clear signposts outside Russell's Hall directing patients to the Urgent Care Centre?
- Are there wheelchairs available for patients to get from the car park?
- How long did it take people to walk from the car park to the Urgent Care Centre?
- Is the walkway level from the car park / bus stop / drop off point to the front door, are there any gradients?

Emergency Department Reception Staff

- Are there any queues -are patients waiting?
- Glass partition - can patients hear - are patients struggling?
- Are people being given Family and Friends cards? Are they readily available on the front desk and advertised by the nurses?
- Are nurses at triage friendly to patients?
- Do they empathise with the patients' condition?
- Do nurses explain clearly to patients the directions to Urgent Care Centre?
- Are people being assessed quickly by nurses?
- Are the nurses respecting the dignity and privacy of patients?
- Are there language barriers between patient and nurses?
- If so, what do the nurses do about language barrier?
- Are people with physical disabilities helped by the nurses?
- If so, how are they helping?
- Do nurses focus more on the patient or on the screen to type in their details?
- Do nurses make eye contact with patient?
- Are patients treated with respect
- Is there a translation service available?

Emergency Department Reception Environment

- Décor (wallpaper colour, flooring, lights) is it welcoming?
- Is it busy/hectic?
- Are there vending machines? (if there, are they working?)
- Free water facilities? (if there, are they working?)
- Is there a machine to pay for parking? (if there, are they working?)
- Are there enough chairs to sit down or do some patients have to stand?
- Is it clean? Are bins emptied/ floor cleaned often etc?
- Comfortable area?
- Crèche for babies (might have to look in paediatric area for this)

- Baby changing facilities?
- Private rooms available for mothers with small children (e.g - breastfeeding facilities)
- Enough toilets/many queues for toilets? Are they clean? Toilet paper? Handwash?
- Are there any obstructions? Can people with walking frames / wheelchairs get around?
- Are there readily available wheelchairs for people?
- Is the signage adequate for people with low vision or sight loss?
- Temperature of Emergency Department? Too hot/too cold?

Walk from Emergency Department - Urgent Care Centre

- Are people getting lost?
- Are the signs easy to miss?
- Are the signs on the floor easy to follow?
- Are there staff helping patients to find the Urgent Care Centre?
- Are there things in the way for patients?
- Is there enough lighting in corridors?
- Are the corridors clean?
- Is the signage adequate for people with low vision or sight loss?
- Are there picture signs/symbols for people with learning disabilities?

Urgent Care Centre Reception desk - possible things to observe:

- Are there any queues -are patients waiting?
- Glass partition - can patients hear - are patients struggling?
- Are people being given Family and Friends cards? Are they readily available on the front desk and advertised by the nurses?
- Are nurses at triage friendly to patients?
- Do they empathise with the patients' condition?
- Do nurses explain clearly to patients the directions to Urgent Care Centre?
- Are people being assessed quickly by nurses?
- Are the nurses respecting the dignity and privacy of patients?
- Are there language barriers between patient and nurses?
- If so, what do the nurses do about language barrier?
- Are people with physical disabilities helped by the nurses?
- If so, how are they helping?
- Do nurses focus more on the patient or on the screen to type in their details?

- Do nurses make eye contact with patient?
- Are patients treated with respect
- Is there a translation service available?
- Did the nurses respect the privacy of the patient by keeping patient details fairly quiet?
- Did the nurses already have details/ information of the patient when the patient reached the Urgent Care Centre?
- Are the waiting times long for patients to see a GP?
- Did any patients get sent back to A&E?
- Had people gone straight to the Urgent Care Centre and didn't register at A&E? (look for confusion/ people going back to A&E from Urgent Care)
- Enough rooms for patients to be seen in?
- Are people with physical disabilities helped by the nurses?

Urgent Care Centre Environment

- Décor (wallpaper colour, flooring, lights) is it welcoming?
- Is it busy/hectic?
- Are there vending machines? (if there, are they working?)
- Free water facilities? (if there, are they working?)
- Is there a machine to pay for parking? (if there, are they working?)
- Are there enough chairs to sit down or do some patients have to stand?
- Is it clean? Are bins emptied/ floor cleaned often etc?
- Comfortable area?
- Crèche for babies (might have to look in paediatric area for this)
- Baby changing facilities?
- Private rooms available for mothers with small children (e.g - breastfeeding facilities)
- Enough toilets/many queues for toilets? Are they clean? Toilet paper? Handwash?
- Are there any obstructions? Can people with walking frames / wheelchairs get around?
- Are there readily available wheelchairs for people?
- Is the signage adequate for people with low vision or sight loss?
- Temperature of Emergency Department? Too hot/too cold

Experience with medical staff

- Are patients treated with respect by medical staff?
- Are patients given the quality of care that they expect?

- If English isn't the patient's first language, how

Discharge

- Are people coming out with prescribed medication slips?
- Are they able to access the pharmacy services within the hospital?
- Did patients look confused/not know where to go for pharmacy?
- Did patients look confused/not know how to get out of building?
- Are patients accessing 24 hour pharmacy?
- Are there leaflets/posters/information on complaints procedures/ Are they easily accessible for patients?
- Was there information about numbers to call/people to see for patients if they needed further help after Urgent Care Centre treatment?
- Are patients given written information and advice about actions to take if they needed further help for your symptoms?
- Are patients given verbal information and advice about actions to take if they needed further help for their symptoms

How involved do you feel in discussions and decisions about your care?

What is your experience?

How have things been for you?

What do you want to happen in terms of your care?

What has been good or bad?

What do you know about how your stay in hospital should progress?

What do you know about the care you will receive?

How much do you know about when you might leave hospital?

How much do you know about what should happen when you are ready to leave hospital?

What do you want to happen when you are ready to leave hospital?

How have staff been when talking to you (doctors, nurses, others)?

How do you feel people are listening to what you have to say?

How do you feel about what is happening to you?

Could anything be changed or improved to make it easier to understand what is happening to you?

What do you know about any medications you are taking?

What is your experience of waiting for medication while being discharged?

Do you feel able to ask questions about your care or time in hospital?

Have you asked any questions about your care or time in hospital?

What was the response to your questions and the outcomes for you?

(If relevant) has anything changed for you since the last time we spoke?

- In terms of information and communications there might be issues to do with the language used (its style and format), how easy it is to understand.

Appendix 6

Healthwatch Dudley Research Team Skills

Jayne Emery, Chief Officer

Jayne Emery has over twenty years' experience of voluntary sector project management experience, supporting national health related charities including Royal College of Midwives and British Heart Foundation, local charity Dudley MIND and helping Dudley borough organisations to develop and grow by providing infrastructure support. Jayne has been the Chief Officer of Healthwatch Dudley since April 2013 and is extremely passionate about local people having real opportunities to share their experiences, to influence and improve health and social care services.

Dr Rob Dalziel, Participatory Research Officer

Rob is an experienced and peer review published social science researcher and has been involved in producing reports for government departments, local authorities, and voluntary and community sector organisations. His PhD is titled 'Tenants and residents associations and council collaboration: rhetoric and reality' and he has an MSc in Development Management. Rob is used to managing complex project demands and undertaking questionnaire survey, interview and case study work. Examples of reports involved in producing:

- 'Understanding local authority responses to recession', *Audit Commission*.
- 'Enabling and empowering older people as independent and active citizens', *Department for Work and Pensions*.
- 'Involvement of the voluntary sector and neighbourhood groups in decision making', *Sandwell Children's Trust Board*.
- 'An evaluation and development perspective on neighbourhood working and devolution', *Birmingham City Council*.
- 'Designing new forms of governance to involve citizens and users', *Joseph Rowntree Foundation*.

Georgia Davis, Assistant Participatory Research Officer

Georgia graduated from Worcester University in 2014 with a degree in Sociology. Her final year dissertation focused on socio-economic developments within Africa. Since finishing University she has been a volunteer with a young people's drug and alcohol service in the Dudley borough and was involved in engaging with young people to learn more about their interests and issues affecting them

at drop in sessions. She has also worked with individuals who have learning disabilities and physical disabilities and helped them to improve their health and wellbeing through hobbies and various leisure activities. Georgia is a people person and very interested in engaging with and helping people in the community and at the local level.

Appendix 7

Ethnicity of people taking part in the Urgent Care Centre questionnaire survey

Ethnicity		
Answer Options	Response Percent	Response Count
White British	84.8%	128
White Irish	0.7%	1
Gypsy or Traveller	0.7%	1
White and Asian	0.0%	0
Mixed Other	0.0%	0
Any other White background	2.6%	4
Any other Asian background	0.7%	1
White and Black African	0.0%	0
White and Black Caribbean	0.7%	1
Indian	0.7%	1
Pakistani	4.6%	7
Bangladeshi	0.7%	1
Any other Black background	0.7%	1
Chinese	0.0%	0
African	1.3%	2
Caribbean	0.7%	1
Arab	0.0%	0
Other	1.3%	2
Prefer not to say	0.0%	0
<i>answered question</i>		151
<i>skipped question</i>		24

Appendix 8

Urgent Care Centre visitors by postcode area where resident

Postcode	Area	Visitors
B29	Birmingham, Selly Oak, Bournbrook, Selly Park, Weoley Castle, California	1
B32	Birmingham, Woodgate, Bartley Green, Quinton, California	1
B62	Dudley, Halesowen	6
B63	Dudley, Halesowen	7
B64	Cradley Heath	6
B65	Sandwell, Rowley Regis	6
B69	Sandwell, Oldbury	1
BS37	South Gloucestershire, Chipping Sodbury, Yate	1
CF64	Vale of Glamorgan, Penarth, Dinas Powys, Sully, Llandough	1
DY1	Dudley, Woodsetton	12
DY2	Dudley, Kates Hill, Netherton	20
DY3	Dudley, Sedgley, Upper and Lower Gornal, Gornalwood, Himley, Swindon, Woodsetton	16
DY4	Dudley, Tipton, Tividale, Coseley	5
DY5	Dudley, Brierley Hill, Pensnett, Quarry Bank	14
DY6	Dudley, Kingswinford	11
DY7	South Staffordshire, Kinver, Enville, Stourton	1
DY8	Stourbridge	18
DY9	Dudley, Pedmore, Hagley, Lye	7
DY10	Wyre Forest, Kidderminster	1
NW2	Barnet, Cricklewood, Willesden, Neasden, Childs Hill, Dollis Hill	1
SY	Shrewsbury	1
TF11	Shropshire, Shifnal	1
WV5	Wolverhampton, Wombourne	1
WV14	Wolverhampton, Bradley, Bilston Town	1
	Total	140



Bill and Stuart are Healthwatch Dudley volunteers who are passionate about accessibility in healthcare settings.

Stuart has Multiple Sclerosis and Bill has a neurological condition resulting in them both either using walking aids or mobility scooters.

This is Stuart and Bill's journey through Dudley Urgent Care Centre looking through the eyes of people with limited mobility.

On arrival... Parking was easy in disabled bays that were very close to the front doors of the main hospital entrance. The curbs were lowered and access to the pavements were very disabled friendly.

We looked for signs to the Urgent Care Centre, we could not find any on the car park so decided to ask at the main reception but it wasn't staffed.



This was at 10.45 on a Saturday morning, we looked again one hour later but there were still no hospital staff or volunteers present. We also noticed that even though there were wheelchairs by the main entrance of the hospital, if someone arrived without assistance there was not anyone there to help.

We decided to try to find the Urgent Care Centre ourselves from inside the hospital as a person who hadn't visited before might do. We found a sign that said the Urgent Care Centre was moving to A&E / Emergency Department, there were no other signs in the main hospital entrance.

We went back to the main front doors to try again and found a badly positioned sign that we had missed first time around because of people smoking by the entrance.



We followed the arrow towards the Emergency Department and collected other confused patients on the way.

For us it was a very long walk and we think that disabled people or people with walking difficulties would find it particularly difficult. The walkway isn't covered so anyone arriving from the main entrance would find it unpleasant if the weather is bad.

Along the way we did notice that there were parking spaces on the main car park closer to the Emergency Department but we would not have been able to use them because of the height of the curbs.



We know that there is a small car park for the Emergency Department but wondered how many people would use it for the Urgent Care Centre as we thought it was a short stay drop off point for emergencies.

Then we found a sign for A&E but it wasn't at all clear which way to go. There were two options, either to walk on the road next to grass and the double red lines, or to go through a narrow alley. We didn't think that the alley would feel very safe at night.



We realised that if we had missed the sign at the main hospital entrance there were no further signs for the Urgent Care Centre until you reached the Emergency Department.



We were looking around the area for other signs to the Urgent Care Centre for people arriving by car but could not find any around the building, carpark, or entrance to the hospital from the road.

When we got to the main entrance area for the Emergency Department there were Urgent Care Centre signs in the windows. Unlike the main hospital entrance, there were not any wheelchairs available.



We found a sign that said all patients were to report to the front desk, we explained that we were Healthwatch Dudley volunteers and were heading to the Urgent Care Centre.

We were asked if we needed assistance with the door by registration staff but the door was wedged open so it wasn't needed.



On previous visits this door has been closed and it is not power assisted so would be a problem for people with mobility difficulties.

From this door we started to pick up signs to the Urgent Care Centre on the walls, above doors and on the floor.

Some of the signs were clustered together which could cause confusion and additional floor and wall signs would have been helpful in places.



On the whole we felt that this part of the journey was reasonably well signposted right up until the actual entrance, where it felt as though the last floor sign was missing.

It would be easy to assume that the Urgent Care Centre was just through the doors from the Emergency Department as there are not any notices to say otherwise. But we found it to be such a long way and after our journey from the main hospital entrance, as people with limited mobility it was very difficult.

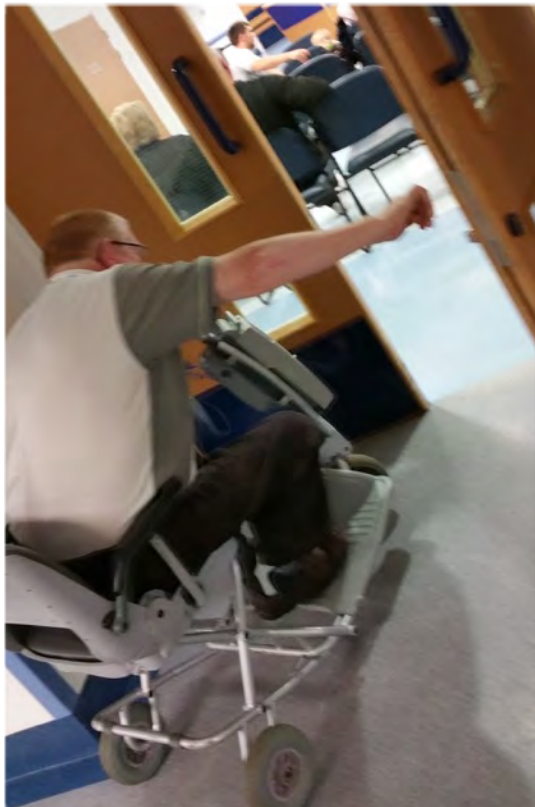


We were putting ourselves in the shoes of people who were not familiar with the hospital and it felt to us as though lots of assumptions have been made that people know where they are going but we met people who had not visited the hospital before who were lost.

We also met people who had found their way to the Urgent Care Centre without registering first at the Emergency Department and were trying to find their way back.

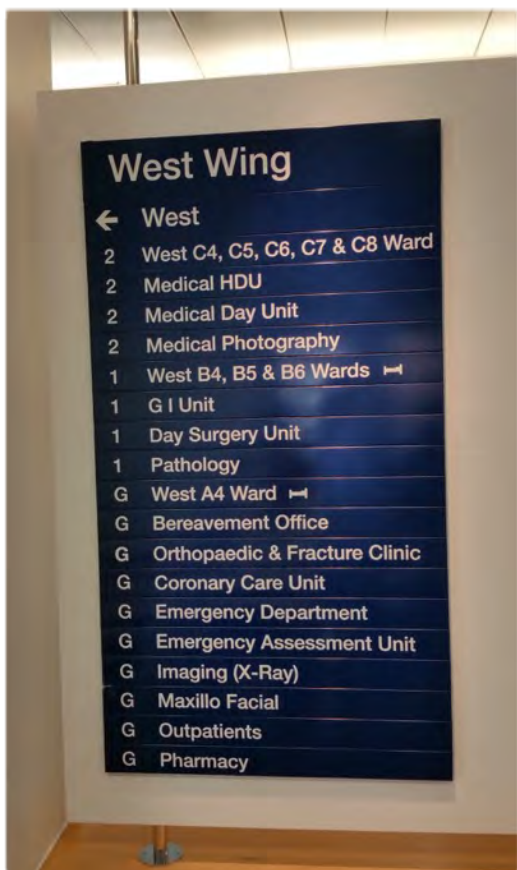
If either of us had not have been using our scooters it would have been completely exhausting for us. There would have been lots of stops but there are no places to sit and draw breath and there are no signs indicating how long the walk is from the Emergency Department or along the way to prepare you. On the plus side we found the corridors to be mainly clear and obstacle free with plenty of space to get around.

When we arrived at the main entrance to the Urgent Care Centre we were faced with two heavy doors that opened towards us. They were not power assisted and we struggled to open them. We felt that this would not only be a problem for people with mobility difficulties but also for people with children in pushchairs, people with injuries or who were frail.



On finding the Urgent Care Centre we decided to go back to the main entrance to find our way from inside the hospital. We struggled through the doors again and realised that our way back was really badly signposted. It was difficult to find both the main entrance from inside the hospital and also our way back to the Emergency Department.

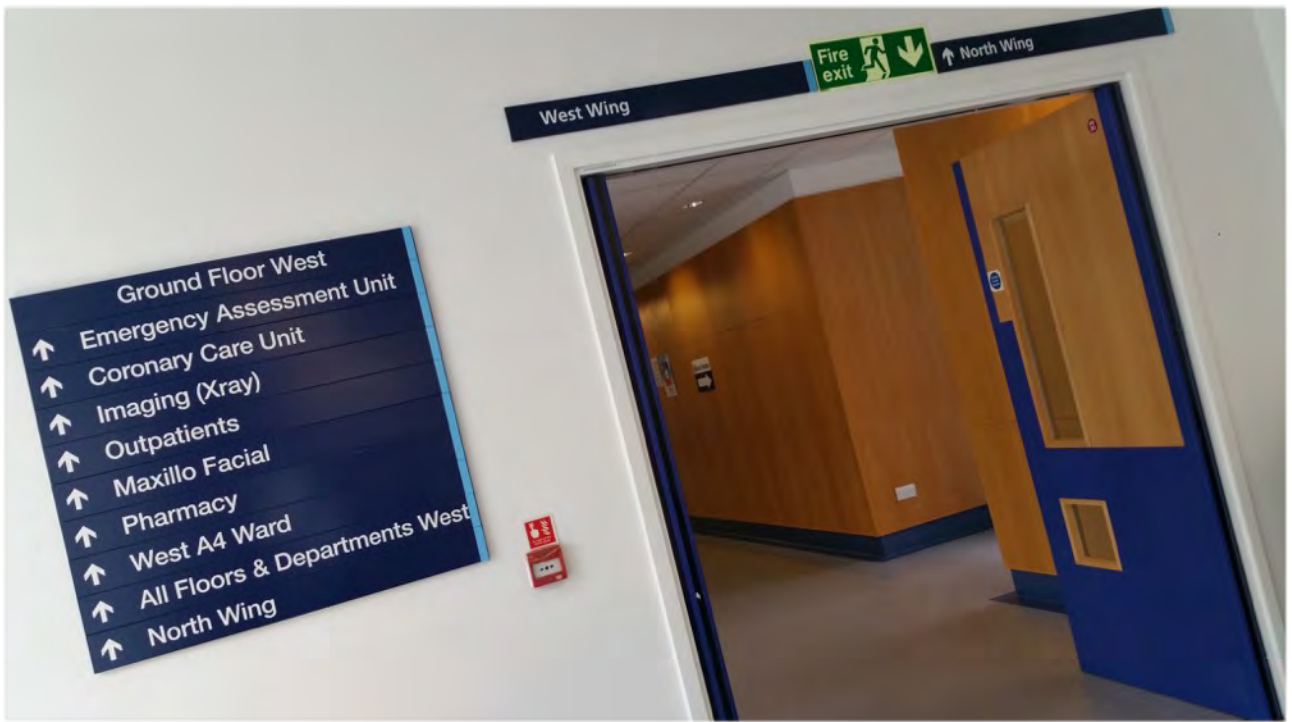
When we got back to the main hospital entrance the reception area was still unstaffed so there wasn't anyone to ask for directions.



We found our way to signs for each department but there wasn't one for the Urgent Care Centre. We wondered if this was intentional to encourage patients to register first with the Emergency Department for which there was a sign.

Information about the process here would be really helpful for patients who have arrived at the main entrance.

We then followed signs for the Emergency Department (in the absence of Urgent Care Centre signage) but it was again quite confusing...



Until we picked up a sign for the Urgent Care Centre!

We made our way back but couldn't help wondering how it would feel if we were patients on our first visit to the hospital. We would have gone through into the Urgent Care Centre only to be directed to the Emergency Department to register, before having to find our way back here.

While our story has been about our experience of finding the Urgent Care Centre as people with limited mobility, we wanted to note that our experience inside the Urgent Care Centre was good. We felt that there was enough space in the waiting area for us to get around, on our visit there were enough seats and that the toilets were accessible and easy to find. The staff also appeared to be helpful and the waiting times during our visit seemed to be really good.



Stuart and Bill supported Healthwatch Dudley to undertake an Enter and View activity at Dudley Urgent Care Centre in July 2015. This case study complements a full research report which can be found at www.healthwatchdudley.co.uk/reports

Stuart and Bill both sit on GP practice Patient Participation Groups in Dudley borough, are Healthwatch Dudley volunteers and Bill is also a Healthwatch Dudley Board member.



Healthwatch Dudley

03000 111001

hello@healthwatchdudley.co.uk

www.healthwatchdudley.co.uk

Tweet us: @HWDudley

Our registered office:

7 Albion Street, Brierley Hill, DY5 3EE