

Healthwatch Cheshire West Enter and View Report - NHS	
Enter and View Visit to	Contraception and Sexual Health Clinic Stanney Lane Medical Centre Stanney Lane, Ellesmere Port CH65 9AE
Date	9 <sup>th</sup> August 2016, 1.30 pm to 3.15pm
Authorised Representatives	Deanna Mithen and Pam Hunter
Background	<p>The Stanney Lane Clinic is an outreach clinic and forms part of the Cheshire West Contraception and Sexual Health Network which was previously headquartered at COCH before recommissioning. The service is operated by East Cheshire NHS Trust.</p> <p>The clinic is not a new addition to the network and has been operating at the premises for eight years by a team of tenured staff that rotate through all the clinics.</p> <p>This is a follow up to the E&amp;V visit conducted at Sexual Health Unit at the Countess of Chester Hospital last year to assess the continuity and accessibility of sexual health services following our own recommendations on this report - <a href="http://www.healthwatchcwac.org.uk/sites/default/files/countess_of_chester_hospital_-_sexual_health_and_hiv_unit_-_13th_january_2015.pdf">http://www.healthwatchcwac.org.uk/sites/default/files/countess_of_chester_hospital_-_sexual_health_and_hiv_unit_-_13th_january_2015.pdf</a></p> <p>This is the first visit that Representatives have made to this particular facility.</p>
Overall Impression	<p>Despite the uncertainty, stress and the service being stretched, it is clear the staff are passionate and dedicated in delivering this service.</p> <p>The clinic is clearly accessible and easy to reach, particularly for young people. Our visit took place during the 'all ages drop in clinic' but all the patients appeared to be under 25, all female, many attending with friends and most appeared to arrive on foot or public transportation. Staff advised us most individuals using the service are repeat visitors, many of whom attend a number of the clinics in the area and who know about this clinic from their friends or signposting from schools or university etc.</p> <p>We observed all services users being welcomed and treated with courtesy and respect and staff tried to maintain a sense of privacy. Patients are given a form and history questionnaire to fill out and directed to the shared waiting room. Anyone under 16 is fast tracked and seen immediately.</p> <p>Staff expressed some uncertainty about the service and appeared to be uncertain about future delivery.</p>
Any ideas or suggestions for improving service?	<p>Representatives:</p> <ul style="list-style-type: none"> <li>• Believe the investment in more exam rooms would be beneficial to reduce wait times, 'turn aways' and staff burden as well as make better use of staff time (i.e. health assistant not being able to see service users because of a lack of rooms). Especially if some services/facilities are lost and volumes continue to escalate and possibly having a separate waiting area.</li> <li>• Move back to having a presence in school - in some capacity</li> <li>• Believe should continue to monitor the impact of restructuring on services and accessibility.</li> </ul>

## Environment

The clinic is easy find - located off a main road close to Ellesmere Port Town Centre. It has a small car park which is shared with the Park Family Centre and was full at the time of our visit. However, there is a large public car park opposite, a bus stop directly in front of the building and is within walking distance of the train and main bus stations as well as many residential areas.

The clinic itself is relatively small and the facilities are shared with other types of health services (i.e. podiatry, dressing clinic, etc.). There is one entrance for all services which was clearly marked and wheelchair accessible. There was clear signage giving instructions on how obtain a list of pharmacies offering emergency contraception as well as a scannable app at the entrance.

There is one reception area for all services. The Contraception and Sexual Health Clinic has its own reception desk, though Representatives feel this doesn't offer much in the way of privacy - it is located in plain view on the left as soon as you come into the reception area with a large and conspicuous sign over the window.

The area is small, so if there is a queue is it quite easy to hear conversations taking place at the window. We were advised, however, the service previously had to share the main reception desk, so the new arrangement is an improvement.

When we approached, we found the Healthwatch visit notification letter taped to the reception desk in plain view, so service users would be aware we might be there and why (we thought this was a good idea). All the staff members we encountered were: welcoming, friendly, supportive and more than willing to speak with us and provide us with information. They also; to protect the privacy and comfort of service users as well as to facilitate and encourage feedback; offered to ask patients if they would be willing to speak with us on their way out.

We understand from the staff there is an ongoing program of restructuring following some reorganisation but staff advised us that there has not been any changes to the services or facilities at this point.

There is a large waiting room through a set of double doors, but it is also shared with patients attending other health services and has a play area - so it was quite busy and a little noisy at the time of our visit.

Some of the young females attending the sexual health clinic were sat around the edges of the area. There were examination areas in different directions off the main waiting room, though we are not clear if the service has exclusive use of one of those areas or they are shared as well.

The service has a small number of examination rooms available. Representatives understand that plans were to add more to cope with volumes when one of the other services moved out of the building; however, Representatives were informed that Cheshire and Wirral Partnership Trust (CWP), who rent the rooms, wanted a large sum of money as a retainer due to uncertainty with the contract. The amount asked for was unaffordable; therefore, expansion of clinic space has not gone ahead.

We were not able to see the treatment area due to sensitive/personal nature of service.

## Service Delivery

**Staffing** - Services are administered by: One (band seven) advanced practitioner, two (band six) nurses, one healthcare assistant and a receptionist; though while we were there, the health care assistant was unable to see services users as there were no rooms available for her despite a full waiting room.

Representatives understand that the advanced practitioner sees those individuals with appointments and can perform advanced procedures such as coil fittings. We were also advised there are trainee doctors available at certain times. (One Representative spoke with one of the trainee doctors who was positive about the opportunity for training).

The drop in clinic is run by the band six nurses. We were told that there are currently three consultants attached to the service but some speculation that this might be reduced to 1.8 following a restructuring

of the service.

Staff advised us that the service is and always has been busy; demand has always outstripped capacity (they also advised this is the case across all clinics) with spikes on usage in October and January. Because of current restructuring Representatives' understanding is that staff recruitment is on hold. The wait for an appointment is currently five weeks and has risen recently - we were told that this could be for various reasons.

When busy we were told that a triage system has to be used for the drop-in clinics meaning, sadly, that routinely some people are turned away. The average waiting time to be seen at drop-in is two hours. We were told that fast track screening is available but that this is only to by-pass wait, history and exam; results are not fast tracked and follow the normal time frame.

The staff also advised that though they are seeing a general increase in demand, since sexual health services are no longer offered in the schools, they have noticed a decline in young persons attendance - a cohort who they feel are a critical audience to reach. However, staff advised us that the service still maintains a presence and ties with local universities and colleges and that combining the contraception and sexual health services has had a positive effect - by raising awareness and reduction in stigmatisation, as others don't really know precisely why they are there; maybe just for contraception. The clinic does not have its own lab facilities and uses services in Liverpool and Bromborough. Test results can take up to 7-10 working days, however, if staff believe a service user is particularly at risk they can expedite them and get results within 48 hours.

### Service User Experience

We were not able to go into the treatment/exam area due to the nature of the services and unfortunately we were unable to speak with any of the service users about their experience during our visit for a number of reasons:

- There was a lack of private space due to the facilities being shared and we did not want to approach service users in the shared waiting room to protect their anonymity
- The sharing made it difficult to identify who was there for the sexual health services.
- Though we were onsite for 1 hour and 40 minutes, due to wait times to be seen, very few came out during our visit and the few that did and were asked, declined to speak with us.

The clinic itself does have a feedback mechanism but staff advised most of their patients will tell them directly what they think or if they have any issues.

### Additional Comments - Including research on the service.

All staff members we spoke with were aware of the restructuring process and unsettled by it. There appeared to be concerns about possible redundancies, changes to working patterns or locations and a perceived lack of communication (i.e. deadlines for information and announcement being missed). Representatives were told that currently vacancies are not being filled, while the restructuring is underway, making teams short staffed and feeling stretched. They advised this situation is causing a lot of stress and there are high levels of sickness which can impact on service delivery and has to be factored in during triage.

Staff also advised us they have had many more IT and tech problems since the restructuring, records were on the computer system, but due to problems they had to revert back to paper and had only just got their systems back, but are still not back up to where they were.

We do not know whether they will revisit online booking.

Due to service user volumes (and that they are increasing) it appears despite our perceptions information about the clinic and its services appear to be getting out, perhaps just not by conventional methods (such as doctors surgeries and web searches) and more through other mediums such as: word of mouth or other venues, apps, social media, etc.

Though one Representative was able to easily find information about the Sexual Health Services and the Clinic on the internet using several different search engines, the information from these searches was often contradictory or confusing (i.e. on the 'gosexualhealth' page, a map still shows CoCH clinic but a

text list of clinics shows 'Fountains Clinic' (a completely different location). Another page, which we noticed had been printed and several copies placed on the reception desk here at Stanney Lane, says appointments only during a specified times, then immediately below states there is a drop in clinic during the same hours.

### Feedback from Provider of Service

*It was good to receive a letter to display to let patients know of the visit. Better awareness of the wish to speak with patients in advance would have allowed staff to organise a private area for this to maintain privacy.*

*It is always of benefit to our service users and staff to get external feedback. This allows us to see what we are doing well and identify further areas for improvement. I was delighted with the comments in the report about the approach of the staff, who were noted to be 'passionate and dedicated' and were seen to be welcoming people with courtesy and respect and maintaining people's privacy. I was also very pleased that the visitors found the clinic easy to find and accessible, particularly for young people. It was good that the visitors noted that under16s were fast-tracked and seen immediately. Other additional positive feedback was from a doctor who felt that there were good training opportunities, patient information on display and the positive effect of combining contraception and sexual health clinics. Fast tracking of results within 48 hours for patients felt to be particularly at risk was also mentioned.*

*Will address the points you raise in turn:*

*1. Small reception area - While small, the new dedicated desk is an improvement since the last visit and the ticketing system calls clients individually to ensure privacy. As contraception and sexual health have joined, it is not obvious to others why clients are attending.*

*2. Insufficient rooms - The service does not have sole use of rooms - this is a long standing issue. The Trust is looking for additional clinical rooms within Ellesmere Port and there will be an additional nurse led session for young people from November 2017.*

*When Healthwatch visited, the Health Care Assistant (HCA) was providing chaperoning for the long- acting reversible contraception (LARC) session and therefore did not need a separate room, however it would be ideal to have additional room for a HCA providing regular 'test and go' sessions.*

*3. High demand - In drop in clinics a triage system ensures clients needing to be seen that day will be seen e.g. clients under 16, patients with specific symptoms. For some patients this means a referral to Fountains level 3 service where there is a laboratory, should same day results be needed e.g. suspected gonorrhoea.*

*'Test and Go' streams enable asymptomatic patients requiring peace of mind testing and not needing to see a nurse to have full screening. They complete self-triage to ensure they are eligible for this option - the wait time for results follows the normal timeframe. The wait for a LARC e.g. coil is 5 weeks, mainly due to long term sickness but a phased return is now planned. A workforce review is looking at skill mix within clinics and the service is planning for more LARC appointments to be made available. Currently clients do not have to book appointments for an implant fit alone but may attend a drop in session.*

*4. IT and technical problems - There have been major changes to the IT systems within the service, with the introduction of electronic records, there have been recognised connectivity issues which are now mostly resolved. We are aware that staff have experienced problems with these changes and their support and dedication to the service is valued. On-line booking will be piloted in early September.*

*5. Workforce review - Whilst it is appreciated that any review is unsettling for staff, the review is to remodel and improve the service overall and there will be some benefits for staffing teams. The Trust has committed to no redundancies which was communicated to staff teams some time ago in a briefing/update paper.*

*There are some planned changes to clinic times and some locations which are being introduced to improve the spread of clinics and therefore access for patients, the reasons for these planned changes have been communicated to staffing teams both face to face and in writing as part of the consultation process. The workforce review has been delayed due to protracted negotiations with some groups of staff, it is recognised that this has increased anxiety for some staffing groups. Communications have been circulated by e-mail on a regular basis, however, feedback is gratefully received and efforts will be taken to increase communications during this later phase of the process.*

*Vacancies have not been intentionally held vacant - where possible we have recruited to fixed term contracts or bank workers to support, in order to reduce the risk of over establishment within the service until the conclusion of the review.*

*Action: Re-introduce a bi-weekly information /newsletter for staff to update on progress and finalising arrangement with the workforce review and also progress with any new developments. Responsible person - Sue Davies Head of Service, effective from week of 22nd August.*

*6. School clinics are reduced but there is a 4 day a week service in West Cheshire FE College, open to non-college attendees. In addition we are working with Winsford Academy to start a service in the new academic year. School health are commissioned to provide drop in clinics in schools including sexual health. The sexual health service has worked with them to provide training and support for those nurses, some of whom have come out to sexual health clinics to gain relevant experience.*

*7. Website issues - all resolved.*

*Kath Senior Director of Nursing, Performance and Quality 8 September*