

Enter and View – Visit Report

Name of establishment:	Walk in Centre, Finchley Memorial Hospital, Granville Road, N12 0JE
Staff met During Visit:	Stephen McGuinness – Nurse Manager
Date of visits:	24 August 2016 29 September 2016
Healthwatch authorised representatives involved:	Derrick Edgerton, Stewart Block, Janice Tausig, Tina Stanton

Introduction and Methodology

This report summarises two announced Enter and View (E&V) visits undertaken by Healthwatch Barnet's E&V Volunteers, to look at the services provided to the public at Finchley Memorial Hospital's Walk-in-Centre, particularly focusing on patient experience at this site.

Healthwatch E&V representatives have statutory powers to enter Health and Social Care premises, announced or unannounced, to observe and assess the nature and quality of services and obtain the views of the people using those services. The aim is to report the service that is observed, to consider how services may be improved and how good practice can be disseminated.

The team of trained volunteers visit the service and record their observations along with the feedback from patients and their relatives or carers, and staff. They compile a report reflecting these and make some recommendations. The Report is sent to the Manager of the facility visited for validation/correction of facts, and for their response to the recommendations. The final version is then sent to interested parties, including the Head Office of the managing organisation, the Health Overview and Scrutiny Committee/Adults and Safeguarding Committee, CQC, Barnet Council and the public via the Healthwatch website.

DISCLAIMER: *This report relates only to the service viewed on the date of the visits, and is representative of the views of the staff, and patients who met members of the Enter and View team on these dates.*

General Information

Finchley Memorial Hospital Walk-In-Centre (WiC) was visited for an initial visit on Wednesday 24th August 2016, during the morning and a subsequent visit on 29th September, at 4pm. This was the first time E&V volunteers had carried out visits to a service of this type and they were used as exploratory/pilot visits.

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The service is run by CLCH (Central London Community Healthcare). The building is managed by the Local Improvement Finance Trust (LIFT) initiative (Community Health Partnerships). There appears to be a good relationship between the service provider and the building management.

On arrival, it was not immediately clear where to approach the Reception as one long desk served 3 services - X-ray, WiC and GP Out of Hours service (when open) but it became clearer as one approached. The volunteer team were expected and the Nurse Manager (Stephen McGuinness) came out and took us through to his office. As a group we spent some time receiving an overview of the service and then a brief tour.

The WiC is open 8am –9pm (when the last patient is registered). Approximately 56,000 patients are seen per annum (busiest day this year they saw 214 patients, and the least number was 60 in a day). The service is provided by Nurse Practitioners, but for the majority of time there is a GP on site, particularly for young babies and specialist conditions, to whom patients are referred if required. The staff team also has a physiotherapist and a number of healthcare assistants. Whilst staffing is currently just adequate, a review is in progress (because of the rising workload) and an increase in staffing establishment is anticipated so that additional staff, with varying areas of expertise can be recruited.

The X-ray service (which is managed by Royal Free Trust) is available Monday – Friday – between 9am and 5pm. This is a walk-in service serving patients referred by GPs as well as the WiC during the period it is open. (As X-ray is not available for the whole period the WiC is open, it is designated a WiC not an Urgent Care Centre). There was no indication of waiting time available.

The Centre deals with all kinds of conditions across all ages. Patients queue in front of the reception desk, behind a line (to give the individual at the desk privacy) and are logged in within a couple of minutes, then triaged within 20 – 30 minutes and are then offered pain relief whilst waiting, if required. If the patient's condition is too complex for the WiC they would be transferred by ambulance to an A&E. This happens approximately 2 - 3 times per day. Some patients may be advised to attend their GP if further investigations (e.g. blood tests) are required or A&E (particularly if an X-ray is required at weekends or after 5pm). If treated on site, this whole process should usually be completed within 4hrs (approx. 98% are). The Air Ambulance has attended WiC once this year (to date) to assist with a trauma patient brought in to the centre.

There is an independent pharmacy on site which is open 365 days a year. This was sign posted from the reception desk as being able to offer advice, but we felt signing

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could have been more prominent. We were told that some patients come to the pharmacy after finding out the waiting time at the WiC and, of these, approx. 40% are helped. It was felt that this pharmacy was underutilised, particularly as one of the pharmacists had undergone training to enable them to advise patients as an independent prescriber, so able to prescribe medication if required. A supply of frequently used drugs is available to WiC staff to hand out when the pharmacy is closed.

A cafe (Costa) was open on site offering the usual range expected from this chain. The notice of business hours appeared to be incorrect as it was closing when we arrived for the second visit at 4pm, although the notice said otherwise.

The service had a reasonable score in terms of patient satisfaction (91% of patients seen the previous year would recommend the service according to data from the NHS “Friends and Family” website), the main complaint being the time waiting and the order in which patients were seen. Reasons for this are explained on notice boards in the waiting area (see below) and in the patient leaflet, but are not directly communicated to the patients.

Patients we talked to were from a wide area including Watford, Potters Bar, Crouch End, and the reasons given for travelling such a distance were varied....”cannot get GP appointment” was common, “been here before and was satisfied” was another and “it’s not an emergency, but it needs attention” was another.”I’m a student and the GP when I return home will not take me on temporarily during the holidays”

Below is a summary of our observations:

Signage: External signage needs to be reviewed, as the location of the WiC and Finchley Memorial Hospital is not clearly signed from the adjacent major roads.

Internal directional signs are not immediately obvious as they are above height level and situated on the atrium walls above the relevant corridors. When heading toward reception there is a large unoccupied desk signed “GP Reception”. This is apparently no longer in use and so the signage is misleading. The use of coloured guide lines on the floor from the main entrance to the Reception could be considered. Having a sign clearly indicating the pharmacy services and what they might be able to deal with would be useful.

Reception Desk: This served X-ray, WiC and GP Out of Hours (OOH) service and so locating the right area to report to, is potentially an issue. It was felt that privacy for the patient being processed was maintained by the gap between the head of any

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queue and the desk. Patients booking in were told the anticipated time to triage, but the display screens indicating current waiting time were not usually pointed out.

Waiting Area: This is an open area with a child friendly space, with rows of seats facing the reception desk. On the walls behind and to the sides were notice boards that contained information about the service, but were not particularly well situated for patients to be able to see them easily. The information contained was also out of date. There were several screens on which information was being displayed (including current waiting time), but these were also to the sides, so that some of the individuals waiting had not noticed them. (We were told that moving the screens to a wall behind the reception desk would involve lengthy negotiations with the LIFT contractor)

Although exterior doors were open, there was no through draught and the area was quite warm on a hot August day when we attended.

Drinking water was available from a dispenser (although it was felt that this might be difficult to operate for someone with back or mobility issues as it was quite low down) and a snack dispensing machine was present, holding chocolate bars, nuts etc. A drinks machine was also present containing bottled water, fruit juices and cans of drinks. Baby food and food suitable for toddlers was available in the pharmacy.

Toilets: The toilets were unisex and there was a disabled toilet and baby changing facilities, these were all spotlessly clean.

Wifi: This was available but a password was required which was not prominently displayed.

Reasons for attendance: The patients questioned gave a variety of reasons for attending:

- a) Too long a wait for GP appointment.
- b) Not registered with a GP.
- c) Student at home on vacation who had been deregistered so was unable to attend his family GP.
- d) Sent by GP to have dressings changed.

Information: Leaflets were available on the Reception Desk covering the walk-in services available within the Borough of Barnet and what is offered, and also details about the complaints procedure and Friends and Family Test.

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Accessibility: This WiC is not readily accessible by public transport. There is a large car park which offers the first 3hrs parking free and there is not usually a problem parking. The payment machines (not working during either visit) could be more clearly indicated.

Recommendations

We appreciate that some of the recommendations made here are not within the remit of the Walk-in Centre management, but we are looking at the service from the patient's perspective and hope that the report and its recommendations can be distributed to the correct bodies to ensure they are considered and acted upon.

1) Signage

a) External: The signage from the major routes (Ballards Lane (A598) and High Road (A1000)) was poor or non-existent. Large directional signs indicating the way to the WiC should be located at the junction of Granville Road to both these roads. The entrance to the site should also be clearly indicated on Granville Road.

b) The payment machines in the carpark should be more clearly indicated.

c) Internal: The location of the main entrance to the WiC needs to be more clearly indicated from the car park, as does the way from the main entrance to the WiC reception.

d) Signage internally that is not in use, eg GP Reception, should be removed to avoid confusion

2) Information

a) The screens in the waiting area that were showing information on a loop should be re-sited to make them more visible.

b) It was felt that the patients were not given much information about the process and that a leaflet explaining the process would help relieve some of the frustration felt by patients who saw individuals who arrived after them going in for treatment ahead of them.

c) Noticeboards should either be kept up to date with correct information displayed, or kept blank.

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d) Training. The reception staff had been trained in how to deal with aggression and stated that this helped in dealing with dissatisfied clients. It was noted that training in dealing with individuals with a hearing or sight impairment was not given. This training is available and should be made available to ALL staff who work at reception. Staff were aware, and did use an online translation service 'language line' for non-English speakers.

e) To consider introducing a way of allowing those unable to stand for any length of time to be seated whilst waiting in the queue for the reception desk.

f) To ensure that the services offered by the pharmacy are clearly advertised to make sure that patients are aware of this as an alternative source of treatment.

Conclusions

The overall impression of the team was that the service provided to the patients was good and appreciated by the patients.

It was felt that the patient experience could be improved by the provision of better information about the process and real-time information during the visit as to anticipated waiting times.

It was noted that a staffing review was being undertaken. The outcomes and effects of this should be monitored.

Response to Recommendations from Community Health Partnerships

1) We have contacted Community Health Partnerships (CHP) who are responsible for the building itself and they have commented as follows:

A number of the recommendations are about signage for services within the hospital. As CHP are the landlord it is not our responsibility to review services signs. If they would like a change, we are more than happy to facilitate this but each service would have to fund their part of the change.

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Response to Recommendations from CLCH

2.a) Information relating to the process is displayed on the patient information screen in the Waiting room as part of a loop which lasts approximately 5 minutes (see below).

I intend to edit the video so that this information is displayed twice in the loop rather than once, thus increasing the likelihood of it being viewed by patients.

Central London Community Healthcare **NHS** Trust
Your healthcare closer to home

Please note that X-ray facilities are only open on site Mon-Fri 0900-1700 hrs.

If an X-ray is required outside of these hours, you will need to be seen by an alternative service.

We apologise for any inconvenience incurred.

Central London Community Healthcare **NHS** Trust
Your healthcare closer to home

Waiting times for the Walk in Centre vary considerably depending on demand.

Most commonly, patients are seen and assessed within 1 – 3 hours.

We appreciate your understanding and patience when the department is busy and waiting times are longer.

Central London Community Healthcare **NHS** Trust
Your healthcare closer to home

For a number of reasons, patients are not always seen in the order in which they arrived.

Some patients attend the centre with more serious conditions and will be prioritised according to their clinical need.

Central London Community Healthcare **NHS** Trust
Your healthcare closer to home

For a number of reasons, patients are not always seen in the order in which they arrived.

Some patients are attending specifically to be seen by a dressings Nurse and may therefore be allocated to a separate queue which may be longer or shorter than the standard queue.

Central London Community Healthcare **NHS** Trust
Your healthcare closer to home

For a number of reasons, patients are not always seen in the order in which they arrived.

In the evenings, at weekends and on public holidays some patients have appointments to be seen by the Out of Hours Provider (Barndoc). This is a different service to the Walk in Centre and these patients are not queue jumping.

Central London Community Healthcare **NHS** Trust
Your healthcare closer to home

For a number of reasons, patients are not always seen in the order in which they arrived.

Most patients will have an initial (triage assessment) to determine the urgency of their medical need and will be prioritised accordingly. If your condition deteriorates after you have had your initial assessment, please speak to the triage nurse who will be pleased to reassess.

b) Due to the number of patients seen in the WiC per year (56,000) I do not believe that it is practicable or environmentally justifiable to give a leaflet to every patient attending. However I will develop a leaflet with information similar to that presented on the display screen which can be made available from reception to patients who enquire about the process.

I will also ensure that the receptionists receive further updates and supervision around how they communicate the process to patients.

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- c) The notice board in the Waiting room has not proved itself to be of any value and staff therefore stopped using it. I will arrange for it to be removed.
- d) This recommendation has been brought to the attention of the Clinical Business Unit manager to investigate whether specific training in dealing with individuals with a hearing or sight impairment might be something which should be rolled out to front of house staff across all of the CLCH Walk in and Urgent Care Centres.
- e) Whilst there is no immediately obvious solution to this, I have advised receptionists to be mindful of patient's queueing who are having difficulties in standing and to invite them to the front and / or to fetch them a wheelchair.
- f) Signposting to the pharmacy: Last Winter during periods of peak activity, the Walk in Centre routinely redirected patients with very minor problems to the pharmacy.
- g) Signposting using coloured lines to the WiC: The use of coloured lines to guide patients to the WiC was suggested by CLCH during the planning of the new hospital but was rejected by the LIFT as it was deemed to impact on the versatility of the hospital to host different services in the future should the area require repurposing in the future.

Response to Recommendations from Barnet Clinical Commissioning Group

Thank you for this comprehensive report. We discussed the content of this report at Barnet CCG's Clinical Quality and Risk Committee (CQRC) on 19 January 2017 and recognise how important improving the signage is for members of the public to be able to easily find Finchley Memorial Hospital. As a CCG it is one of our priorities to increase to use of Finchley Memorial Hospital and there is a dedicated group working on this. I will forward your email to those in the CCG who are working in this area.

I would also suggest that we receive an update on the actions from the Finchley Memorial Hospital Enter and View Report at our CQRC in six months' time, so we know the work is progressing.