

Patient Journeys



**Walkthrough Report Highlighting Access to
Three Outpatient Services for People with
Learning Disabilities**

November 2017

What is a Walkthrough?

A walkthrough is a one-off, guided observation & analysis of a health and/or care process or pathway or a transect walk of a patient journey to a service.

It does not involve interaction with service users. It takes place onsite and within specific boundaries. It is coordinated and facilitated by Healthwatch Manchester and involves people who have used the service before as well as on-site staff to supervise the process.

Healthwatch use walkthroughs because they provide an opportunity to discuss the experience of service users within the hospital environment. There is a growing body of evidence that supports walking methods as a very effective way of learning and evidence gathering. Walking together breaks down barriers and enables rich conversations about the experience of space.

Neil Walbran, Chief Officer

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Recommendations

1. Further investigation is required into the factors identified by the walkthroughs.
2. Information production and design needs to involve, or as a minimum consider, people with learning disabilities. Co-production of signage, maps and other information would readily achieve this.
3. The 'Wayfinder' Service is welcome in theory but there are major problems with its implementation. There is an urgent need for improved customer service training and a greater awareness of the needs of people with learning disabilities, sensory impairments and mobility issues.
4. Wayfinders also need to be more visible and easier to locate. A permanent presence in reception areas, an easily identifiable uniform or paging system could help resolve this. A dedicated volunteer coordinator is recommended to oversee the day-to-day activity of the Wayfinder Service.
5. Hospital signage is generally inadequate. Improved signage, including larger text, images and maps would be of benefit to a wide range of patients, staff and visitors to hospital.
6. Healthwatch Manchester, as the independent consumer champion for health and social care, needs to either lead or be involved in all of the above.

1. Introduction

- 1.1 This report aims to share the experiences of people with learning disabilities as they navigate through outpatient services in Manchester hospitals.
- 1.2 It aims to present a comparison between three departments in Manchester hospitals and is specifically concerned with how people find their way to them. It explores this using the walkthrough method.
- 1.3 The report seeks to inform its audience of commissioners, practitioners and the public of issues raised by sharing key findings and making recommendations regarding any improvements identified as a result of the walkthrough.
- 1.4 As a walkthrough report it is not as comprehensive as a full Healthwatch Manchester report and is designed to highlight a specific number of issues for the reader to review and reflect upon.

2. Background & Rationale

- 2.1 In 2015 Healthwatch Manchester was invited by Central Manchester University Hospitals NHS Foundation Trust (CMFT) to recruit learning disabled people to take part in a walkthrough to help assess new services. Since October 2017 CMFT has been part of Manchester University NHS Foundation Trust (MFT).
- 2.2 Walkthroughs are a qualitative research method which collects personal experiences. They provide a snap-shot of personal experiences and enable individual voices to be heard. Walkthroughs are not intended to be comprehensive or definitive reports. They value personal, subjective accounts rather than grand theory or statistical analysis.
- 2.3 During the 2015 research problems with signage emerged as a serious issue. Community Champions based in learning disabled peoples organisations had also reported problems with signage and navigation in hospitals. Hospital staff from MFT based at the Manchester Royal Infirmary (MRI) and Pennine Acute Hospital Trust (PAT) based at North Manchester General Hospital (NMGH) showed willingness to work with Healthwatch Manchester to improve this.
- 2.5 Healthwatch Manchester recruited volunteers from Manchester People First to conduct three walkthroughs in 2017 and supported them throughout the process.

3. Methodology

- 3.1 Each hospital site was contacted and dates and times established for the walkthroughs to take place in October 2017.
- 3.2 Participants in the walkthrough were recruited from Manchester People First.
- 3.3 Walkthroughs of each site involved two or three members of Manchester People First and their support workers/carers as required. They were accompanied by Neil Walbran, Chief Officer at Healthwatch Manchester and Stephen Hughes, Chief Executive Officer at Manchester People First.
- 3.4 Each walkthrough was arranged in advance with the full co-operation and knowledge of hospital staff.
- 3.5 Each walkthrough started at the main hospital reception and proceeded to a department regularly visited by people with learning disabilities.
- 3.5 In North Manchester the team were accompanied by the Learning Disability Liaison Nurse and the Head of Patient Experience. Due to the late arrival of participants to the event at the MRI they were unaccompanied by hospital staff on that visit.
- 3.5 Each walkthrough was followed by a debriefing session which was recorded. The recordings were transcribed and the main issues from each were identified and reported.

4. Case Studies

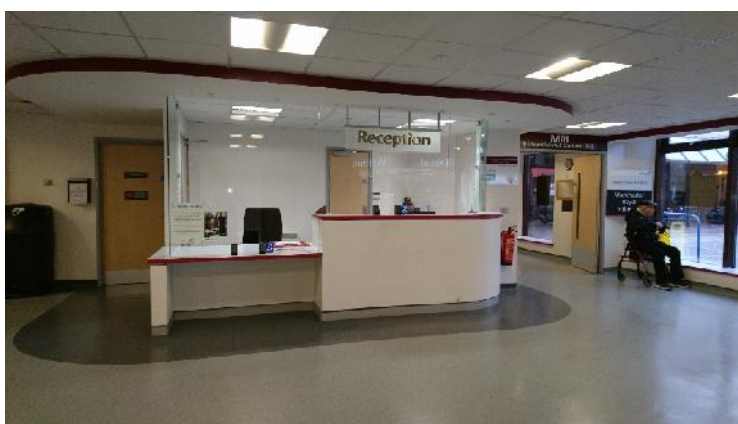
4.1 Manchester Royal Infirmary

Where: Walkthrough from reception to hydrotherapy

When: October 11th 2017

Who: Two service users (A and B), a support worker (C) and Neil Walbran from Healthwatch (N)

The group arrived at main reception which they thought was well lit and friendly. They thought a large “I” sign or similar would have made it clearer where to go to ask for help. There was no information about wheelchair access in main reception and if they were available to use. A asked the receptionist where hydrotherapy was. There was only one person working and it was very hard for A to hear what she was saying because she was not speaking into her microphone.



The group wanted to ask for clear directions. B felt shy so A asked the receptionist to speak into their mic. It was again very hard to hear what she was saying as the volume was still very low. The receptionist told them that a Wayfinder could help them.

A Wayfinder met with them but there were problems. He walked too quickly along the hospital corridor for the group who struggled to keep up. N asked him to slow down several times and kept checking A and B were alright. The Wayfinder did not introduce himself or check if there were any access requirements for the participants.



The Wayfinder did not know where hydrotherapy was and had to ask someone for directions. They eventually found a signpost, which appeared to be quite new.

Hydrotherapy should have been signposted earlier. On arrival the area around hydrotherapy felt very confusing and quite dangerous to the group due to works traffic. There were vehicles reversing and lots of work going on as the service is being revamped.



The reception area they were taken to was very welcoming and bright. However the group felt the space was very cramped and tight. There wasn't enough information to know if they were in the right place so they asked someone. The Wayfinder had taken them to the wrong place. They eventually got some helpful directions from the receptionist there.

In summary: the group felt Wayfinders were a very good idea in theory. Their brightly coloured t-shirts made them easy to spot. However this experience was not overall satisfactory. The Wayfinder service would be difficult for people to access who are shy or have communication difficulties. There is a need for improved customer service and disability awareness training for Wayfinders. Signage in the hospital was poor and especially to the hydrotherapy pool although this was partly due to construction work.

4.2 North Manchester General Hospital

Where: Reception to Orthopaedics

When: 5th October 2017

Who: Three service users (X, Y and Z), support worker (C). Neil Walbran from Healthwatch (N) and a nurse specialising in Learning Disabilities (S).

X, Y and Z were feeling shy and unsure about where to go. They didn't really feel comfortable asking for directions and eventually went over to reception to ask for directions.

After realising that verbal directions were not sufficient the receptionist left their post to show the way. However they walked very



quickly and the group couldn't keep up. It was a struggle to follow them and everyone felt tired and confused. The group were passed onto someone else for help but it was still unclear where they needed to go.

They were left in front of a sign that said Fracture Clinic, not orthopaedics, and so they didn't know if they were in the right place.



Hospital staff in the corridor also seemed unsure where to go when asked. The group all agreed that 'orthopaedics' was a difficult word to say and read. It does not appear on many signs and so the department was very hard to find.

They went through the door of the fracture clinic and found orthopaedics reception but it was hidden round the corner to the right and not clearly identifiable.

The group returned to the main reception foyer in order to repeat the walkthrough without being physically shown the way by reception. At this point they were told about Wayfinders in the hospital. They weren't told they could have asked for one when they arrived. The Wayfinders were very hard to spot, they were not wearing anything distinctive and were not where reception said they would be - in the main corridor. The reception staff who told them about Wayfinders were very friendly and helpful and also offered a map at this point. The group were not offered a map earlier which may have helped them. There were no maps freely available at reception and C was ignored at first when she asked for one.

The receptionist then gave them two maps to take away. One was an aerial plan of the hospital, the other listed services. The writing on both was very small. The hospital levels on the map were also confusing and the group only knew where the stairs are when they saw someone using them. The receptionist also printed out a sample letter, in order to show where to come in the future. However, it used long words and was hard to read. It would be difficult for someone with learning disabilities or a visual impairment to understand.

As the second walkthrough commenced, N asked everyone about the hospital surroundings.



They thought the foyer was too small and crowded, and people kept knocking into them. No one could find where they were on the map. Long corridors were very confusing, especially as they are busy. The signs were difficult to understand.

Everyone found this walkthrough very difficult and felt access was poor.



B said they would feel unsafe if they were on their own as they wouldn't know where to go. They all felt the hospital was much harder and more confusing to get around when it was very busy.

Signage is inadequate, unclear and unhelpful. The writing was small and confusing. It was not clear which signs were important or where to go to ask for help. Suggestions for improvement were bigger fonts on signs and using images. These could include for example a person with a plaster cast for fractures, a skeleton for x-rays or a child for the children's ward. The only clear signs were for the restaurant - a cup with a knife and fork - and for the shop - a shopping basket.

4.3 North Manchester Hospital

Where: Main reception to Phlebotomy

When: 10th October 2017

Who: Three service users (F, G and H), support worker (C). Neil Walbran from Healthwatch (N), a nurse specialising in Learning Disabilities (S) and the head of Patient Experience (P).

F asked the receptionist where to go to get his blood taken and felt happy and confident with the directions he was given. G said he liked the surroundings and asked for a map. They all found the staff in reception very friendly and helpful.

The writing on the map was very small and was of very little use. It was very hard to read and they couldn't work out where they were on it. They would have liked bigger words and some pictures on the map. They thought a red bottle of blood or a syringe would be good for some visual signs for the blood room.

They couldn't see any signs at all for the blood room, the only sign with a picture on was for the restaurant. They started walking and felt like

they could remember the way they were told. However, the group thought it would be very difficult if the hospital was busier.

People felt if they were on their own the journey would be scary and confusing. They thought the corridors could feel claustrophobic. When they got to phlebotomy the reception area was quite small and crowded. They also thought there should be a sign explaining the need to take a ticket as not everyone knew that a ticketing system is in place.



Everyone thought that the signage requires improvement.

G suggested a line on the floor from reception to blood could be useful for people to follow, but everyone talked about how complicated this would be as there are so many different departments. Talking

maps, large print maps and interactive electronic maps were all suggestions to help people.

N asked whether members think someone to help them would be a good idea. G knew about Wayfinders but no one actually saw one today. They thought they were a good idea but felt it was hard to find one when you needed one. Perhaps a paging system would be used to call them to reception when someone wants help.

5. Key Findings

- 5.1 Hospital staff were generally friendly and efficient but many issues were highlighted as problematic and there is a clear and urgent need to improve the situation for people with learning disabilities who visit hospital.
- 5.2 Maps and signage were often confusing or non-existent. Improving them would benefit many people, not just those with learning disabilities.
- 5.3 Signs should have large, clear text and where possible use images as well as words, for example a skeleton for x-rays.
- 5.4 Large, clearly designed maps should be displayed at various locations. If possible electronic maps could be used. Printed versions should also be available.
- 5.5 Staff and volunteers were often unaware of where other departments are and these maps would also be useful for them
- 5.6 “Wayfinders” are volunteers who help visitors find their way around hospitals. They were welcomed in principle as a helpful idea, however there are serious concerns with how they operate. The service is not currently fit for service.
- 5.7 Wayfinders should be easily identifiable, perhaps wearing bright shirts. They should also be issued with pagers or some other way of being contacted so they can be found when needed.
- 5.8 Customer service training should include greeting people, speaking clearly and being mindful of how fast people can walk.
- 5.9 Building and maintenance work can lead to problems, such a narrowing of paths or the presence of vehicles. There is a need to be mindful of enhanced risk and to mitigate against them when possible.

6. Conclusions

- 6.1 The walkthroughs enabled people with learning disabilities to share their experiences of navigating space in hospitals.
- 6.2 Serious concerns were raised about the quality of the Wayfinder services. Although a welcome addition to hospital services, in practice it is not fit for purpose. There is a need to provide training in customer service, communication and disability awareness for these volunteers. A dedicated volunteer manager on-site to oversee the Wayfinder service is required. Wayfinders should also be easier to identify and locate. A pager system linked to receptionists and a distinctive signifier such as a bright shirt were suggested.
- 6.3 Signage was generally inadequate and navigation was difficult. Improvements such as including visual clues such as a skeleton for the x-ray department could help. Maps, including large-print formats, in prominent places would also be useful.
- 6.4 Healthwatch Manchester are keen to champion improving services for people with learning disabilities and to work with them and health care providers to facilitate improvements.

7. Also of Note

- 7.1 This research explored the experiences of people with learning disabilities. They expressed feelings of shyness, nervousness and confusion in the hospital environment. These emotions were also shared by many other people. Sensitivity to the feelings of all visitors should be considered by staff and volunteers.
- 7.2 Improved signage, accessible maps and improved wayfinding would be of benefit to all visitors and service users. They could also help staff and volunteers.
- 7.3 Useful reading about walking methods include:
Walking Through Social Research Edited by Charlotte. Bates and Alex Rhys-Taylor (Routledge, 2017)
Exploring Space and Place with Walking Interviews Phil Jones et al in *the Journal of Research Practice*, 4(2), pages 131-144. (2008)
Ways of Walking: Ethnography and Practice on Foot Edited by Tim Ingold and Jo Lee Vergunst (Ashgate, 2008)

Figure 1.

Table summarising key issues within each walkthrough

Journey	General Observation	Specific aspects			
		Reception Areas	Signage and maps	Wayfinding	Other
MRI Reception to Hydrotherapy	Major concerns about wayfinding service. They have poor awareness of disability and access issues. Hydrotherapy were very welcoming.	Friendly, bright and welcoming. The receptionist's microphone were not working so they were very hard to hear.	Requires improvements. Hard to find and follow.	Wayfinder was friendly and easy to spot. They moved too fast. They did not know where they were going and got lost. Did not ask if a wheelchair was needed	Building work made throughways narrow and very busy.
NMGH Reception to Orthopaedics	Very difficult to navigate. Signage was very poor. Receptionist who helped walked very quickly.	Cluttered and hard to find where to go and who to ask. Staff member at the end of the visit was very helpful.	Very poor. Unclear. Orthopaedics not used very often Type face is small Poor signage in corridors. Maps hard to follow.	Did not know about the service until the end of the visit. They were hard to identify. Concerns about the need to arrive 30 minutes early to use.	Staff were also unsure where to go.
NMGH Reception to Phlebotomy	On the whole a positive experience but the group felt it would be scary and difficult to navigate on their own.	Friendly and pleasant. Phlebotomy a bit cramped and needed more chairs. Suggest signage to explain the ticketing system	Requires improvement. Signs are unclear. Print on maps is very small	Had heard of them but didn't see any today. Felt they are hard to find when you need them	Talking, electronic and large print maps, use of symbols and images on signs suggested as improvements.

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