

Engagement in the Ambulatory Assessment Unit, RAEI, Wigan

November 2018

This report is based on conversations or responses freely given by members of the public. Where possible quotations are used to illustrate individual or collectively important experiences.

Engagement officers collect responses verbatim and we also present these in our final report as an appendix. This is important in showing the accuracy of our analysis, and so that further work can be done by anyone wishing to do so.

A full explanation of the guiding principles and framework for how we do engagement and analysis can be found online on our website www.healthwatchwiganandleigh.co.uk.

Please note that this report relates to findings observed and contributed by members of the public in relation to the specific project as set out in the methodology section of the report.

Our report is not a representative portrayal of the experiences of all service users and staff, only an analysis of what was contributed by members of the public, service users, patients and staff within the project context as described.

Background to the project

One of the new delivery models expected by GMHSCP and reflected in the North West Sector Plans is the sector based organisation of specialist hospital care. The Healthier Together consultation dealt with the concept of specialist sites and hubs for certain clinical pathways but did not discuss the specifics of how such services would be delivered and, in turn, what that might mean in practical terms for patients.

The North West Sector is now quite advanced in developing its proposed delivery model which includes;

- Specialist in-patient care for 'High Risk' patients at the Hub site in Salford (care provided by specialist team, patient stays at specialist centre).
- In-patient care for low-risk /stepped down patients (care provided by the specialist team but patient stays at local hospital).
- 'Ambulatory Care' – care provided by specialist team from local hospital but patients stays at home. This is not out-patient care but rather something like a virtual ward with a full hospital clinical service, but without the 'hoteling' element of a hospital stay.

HW Wigan and Leigh staff and volunteers are already working with the NW Sector Team to support patient involvement through a Patient Participation Group (PPG) . The PPG group have been able to develop an understanding of the 'ambulatory care' model but have suggested that people are relatively unfamiliar with the concept of ambulatory care and have little or no experience of it in practice

Since there is an Ambulatory Assessment Unit already operating at Royal Albert Edward Infirmary, Healthwatch Wigan and Leigh decided to work with the hospital and talk to patients using the Unit. This is with the view of understanding how patients using the Unit feel about this type of care, understanding if anything is needed to improve patient's experience of the model and making suggestions that might support an improved understanding among the public about what Ambulatory Care looks like in practice.

Who we spoke to, what we asked

Healthwatch Wigan and Leigh Engagement Officers visited the RAEI Ambulatory Assessment Unit on two occasions: Wednesday 12th and Thursday 13th September, both in the afternoon. They spoke to 14 patients or family/carers (about;

- ***What they think of the idea of having a home-ward/virtual ward option.***
- ***What do people see as being the benefits of such a model.***
- ***What concerns might people have about such a model and how could these concerns be addressed.***
- ***What specific features would people like to see in a home-ward / virtual ward service eg, what level /frequency/type of contact with hospital staff, what information/instructions would people need to help make the set-up work/help people trust the set-up, what equipment and supplies might people need, what personal support and supervision would people need, what would people find comforting/upsetting/irritating in such a set up.***
- ***What should we call this type of set up to help people understand what it is and how it works.***

What we learned

People had a variety of reasons for being in the ambulatory assessment area including:

- Blood test
- Breathing difficulties
- Following a test
- Heart problems
- General Illness or generally feeling unwell
- Infection
- Injury
- Pain
- Pregnancy
- Stroke

The majority of people had made their own way to the Ambulatory Assessment Area; the car being the most popular way (6 people), taxi (2 people). 2 people had arrived by ambulance.

Of those we met most were accompanied by someone from their family or their partner (9/14 people), of these 6 people had a relative, friend or carer stay with them during their time on the unit. A smaller number arrived alone (2/14 people).

9/13 people had been sent to the Unit by their GP. 6/13 had been sent by another health care professional (eg ward, consultant

In terms of arriving at the Ambulatory Assessment unit, 9 people mentioned they were directed by their GP, or their GP was involved at some point in their arrival. The other 6 mentions referred to other medical staff, such as the Walk-in centre, a doctor, maternity, or hospital. People were positive about how the process of getting to/being referred to the Unit had worked for them.

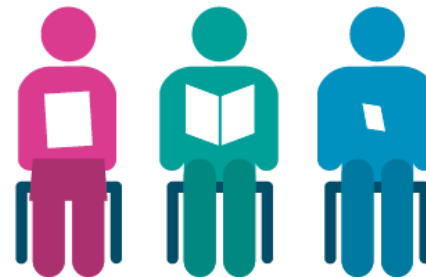
“The GP faxed information had arrived when I got here. The road signs to here from Leigh weren't very good though.”

“It worked fine. There were no problems and she said I would get any tests that needed doing and hopefully a diagnosis on the same day.”

“We have waited for the blood test results but we were told there would be a wait and the staff kept checking on us to make sure we were ok. We have waited a little longer than they thought but that's because the consultant wanted to review the tests.”

“I've been here since 9am so 5 hours up to now. 2 hours for the scan was the longest wait but they have been letting me know things regularly and told it will be today. I'm waiting for the orthopaedic team now.”

WAITING ROOM



Generally we found that people know what they were waiting for next (scan, tests, results, admission etc) in most cases people had been given an idea about how long they might be waiting for the next step.

“Very confident. All the staff have been brilliant and very efficient.”

“Not really because of previous medical experiences where I felt things were a bit slowed up.”

“I've had absolutely good care up to now”

People we spoke to had generally already seen a clinician and were waiting for some results, further tests, admission or discharge.

The experience of care was mainly positive; 8/ 12 felt very confident in the care, 1/12 was not confident, 2/12 stated that they weren't confident – in both cases due to previous poor experiences of health services.

People felt the environment in the Ambulatory Assessment Unit was less stressful than A and E more patient friendly.

“The process has been much quicker than it has been in A&E in the past. I am my wife’s carer as she has dementia and I’ve been able to stay with her and answer questions that she is unable to answer.”

“It’s worked out ok. No drinks or food in A&E and this is a more comfortable environment than A&E.”

On the day results is seen as an advantage of the way the Unit works.

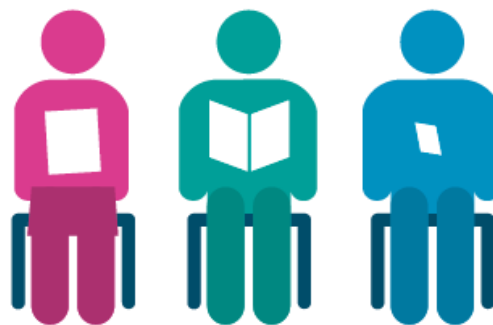
We’ve been here since 1 pm. It’s good that tests can be done on the day but it’s just the waiting around

“The GP said I will be seen and they do tests and start treatment here”

“Being able to get the results today.”

People saw numerous benefits of the Ambulatory Assessment Unit

WAITING ROOM



People also felt that their problem would be dealt with more quickly in the Unit , especially as compared to a and E quickly than had they gone to A and E.

“Being sent here has meant I didn't have a long wait in A&E.”

“Getting things sorted asap”

People were reassured by the care they received and had few suggestions for improvements .

“I think it's reassuring to know that this is available”

“No. They have really looked after us.”

“The nurse who first saw me was absolutely brilliant, as have all the staff. It's been a good experience and reassured me after a previous poor experience in A & E.”

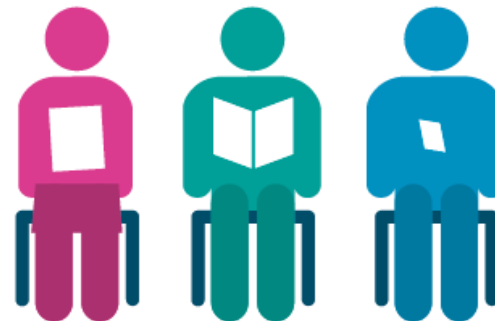
Food and drink, patients appear to be offered but not carers

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We asked people if they had been asked about their personal circumstances and if these had been taken into account.

WAITING ROOM



Some people feel that their personal circumstances have been considered but others did not.

‘No-one has asked me anything. I'm a carer for my mum although I'm not needed today. I've previously been told to contact social services if I can't manage.’

“I have to get back to Warrington to look after my grandchildren at 5pm.”

No-one has asked be questions about work, family or other commitments

‘Yes, I was asked some questions about how I manage at home usually. I have diabetes and because I had come straight from the doctors I hadn't had time to take my insulin but they have given me insulin and offered food and drinks for myself and my husband.’

“Yes. The staff here checked that I was coping and if I needed to speak to anyone about getting extra help but we're doing fine. I am registered with the Carers Centre who helped us to fill in forms to get Carers Allowance and I am registered with our GP as a carer.”

Transport and parking can be difficult and expensive.

“I paid to park at Leigh walk-in centre and my wife met me there so she paid too then we took one car home but had to pay for one car here so it's cost me £15 today. There should be a single parking ticket for all WWL sites or some mechanism when you are being sent from one site to the other so you don't have to keep paying.”

We asked people about how they would like to be communicated with following the day's treatment.

People wanted to be able to contact someone should they need to. Most people felt that this should be their GP though some would like to be able to contact the Unit directly if the needed to.

The telephone was the favourite way to be contacted; though there may be variations within this, for example mobile or landline.



"I would expect a telephone number to be able to contact someone."

"Information was given with a phone number telling me it might take over 2 hours."

"I expect to sort the problem out by speaking to a nurse."

"No I would ring my GP, the hospitals are busy enough."

"Nothing, perhaps a follow-up with the GP."

"Text, mobile - I don't use the internet and I'd rather talk to someone face to face."

Only one person we spoke to knew about the existence of the Ambulatory Assessment Unit . The unit's name meant nothing to people.

"We'd never heard of it - I think it's something to do with being able to walk."

"Not heard of it up until today. I assumed it was a quicker way of getting me seen in A & E "

" (the name means) Nothing really but we have been before so I knew where the area was."

"Nothing. It's a bit of a tongue twister."

"It's new to me I didn't know it existed"

There were some suggestions on a different direction for the name of the Ambulatory Assessment Area, but most people did not know what to name it.

"AA might mean alcoholics anonymous - look for another word - fast or rapid - assessment area."

"Assessment area/ward."

The Ambulatory Assessment Area is used to provide tests and results to patients while they wait. The nature of the Ambulatory Assessment Area means people can be waiting some time. The engagement team observed that the unit was calm, comfortable and accessible for patients who are likely to be waiting for some time.

Patients in this study tended to have been referred by their GP, and arrived using their own transport. There is therefore a need for appropriate parking arrangements considering the flexible waiting times involved.

We found people were generally positive about the use of an Ambulatory Assessment Area. Visiting the Ambulatory Assessment Area allowed people to move on with their care in a day, it was also contrasted with A&E, which was seen as too busy and lacking in comforts.

In terms of treatment people were positive about their care and the way they were informed about what was going on. There is a need for a food and refreshments offer to those accompanying patients, and for staff at the unit to continue to ensure that they ask both patients and carers about their circumstances in terms of supporting them on the day (transport, food and drink, needs to be elsewhere etc). There was some evidence of people being asked about their wider circumstances (eg caring etc).

Part of this research was about understanding if people understood the term 'Ambulatory' or the concept of ambulatory care. We found that no one we spoke to recognised the term and only one knew that the Unit existed prior to being referred.

- 1. If it is possible to rename the Ambulatory Assessment Unit this will help public understanding of its purpose.**
- 2. In order to prevent people seeing the unit as a direct, walk in alternative to the GP or A and E. We suggest that RAEI provides a clear information statement explaining what the Unit is, where the unit is, how it works and what patients should expect from their visit. This statement should also clarify how the service is accessed. This information should be provided directly to individual patients on entering the unit.**
- 3. RAEI should consider the protocol re providing refreshments for carers attending the Unit with relatives. Signage explaining the policy and directing carers to alternatives would be useful if the protocol cannot be changed.**
- 4. Parking, the suggestion of a single parking ticket covering all local health sites is worth considering so as not to disadvantage those who are referred to the unit from other sites.**
- 5. Since people are waiting in the unit for some hours it this would seem a prime opportunity to do some structured prevention/community support work. Perhaps the locating of a Community Link Worker or similar in the unit might generate some additional positive benefits and support offers for patients. We would like the hospital / CCG / LA to give consideration to this suggestion.**

I found them very useful and they will be on the engagement committee agenda next week

Andrea Arkwright
Head of Patient and Public Involvement

Thank you for this report some positive comments. I would be interested in displaying GP Numbers and all opening times for Hubs OOH if this could be provided for A/E,PCC

Thank you for attending and this detailed report for the Ambulatory Assessment Unit, we will discuss the findings in our acute medicine governance meeting to aid us in shaping the future of Ambulatory care.

Kim Whiteside
Matron
Unscheduled Care

Healthwatch Wigan and Leigh would like to thank all those that took part in this research or facilitated it to take place.

