



Mystery shop exercise completed at Ripley Hospital



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1. Thank you

Healthwatch Derbyshire (HWD) would like to thank the staff at Derbyshire Community Health Services (DCHS) and Ripley Hospital who were instrumental in setting up this mystery shop exercise.

HWD would also like to express thanks to our volunteers who offered support in collecting the data for this report.

2. Disclaimer

The comments outlined in this report should be taken in the context that they are not representative of the experiences of all patients accessing the Phlebotomy Clinic at Ripley Hospital, but nevertheless offer a useful insight. They are the genuine thoughts, feelings and issues that Healthwatch volunteers observed and experienced at the time of the visit. The data should be used in conjunction with, and to compliment, other sources of data that are available.

3. About us

HWD is an independent voice for the people of Derbyshire. We are here to listen to the experiences of Derbyshire residents and give them a stronger say in influencing how local health and social care services are provided.

We listen to what people have to say about their experiences of using health and social care services and feed this information through to those responsible for providing the services. We also ensure services are held to account for how they use this feedback to influence the way services are designed and run.

HWD was set up in April 2013 as a result of the Health and Social Care Act 2012, and is part of a network of local Healthwatch organisations covering every local authority across England. The Healthwatch network is supported in its work by Healthwatch England who build a national picture of the issues that matter most to health and social care users and will ensure that this evidence is used to influence those who plan and run services at a national level.

4. Understanding the issue

This mystery shop was conducted as a result of public and patient feedback collected by both HWD and DCHS.

It was hoped the exercise would offer feedback into how accessible and understandable the Phlebotomy Clinic at Ripley Hospital is to people with a learning disability and offer insight as to the patient experience of attending the clinic.

The site at Ripley Hospital is managed by DCHS but the phlebotomy service and staff are from University Hospitals of Derby and Burton NHS (UHDB).

5.0 What we did in brief

In partnership with DCHS and Ripley Hospital, HWD volunteers tested the process a patient would follow when attending the hospital for a blood test.

Two volunteers with learning disabilities visited the phlebotomy (blood test) department at Ripley Hospital.

-Volunteer #1 lives independently.

-Volunteer #2 has greater support needs and was accompanied and supported during the task. This volunteer has difficulty with mobility and walks with the aid of a mobility walker. He has a disabled parking badge.

These two volunteers then commented on their experiences travelling to the hospital, navigating the hospital site in order to find the phlebotomy department location and upon their experiences of the clinic environment itself.

The expected outcome is a report that will be a useful and informative resource for DCHS who run Ripley Hospital building.

6.0 Key findings

6.1 Travel to the hospital

Both volunteers found the hospital easy to locate with good signs on the approach roads. The entrance to the hospital was also clearly marked.

6.2 Parking

Volunteer #1 was unable to find a parking space in the hospital car park. The volunteer was unable to find any information about alternative places to park but did find a car park about a three minute walk away. The volunteer noted that all six disabled parking spaces were full.

On arrival at the hospital, volunteer #2 was unable to find a disabled parking space. There are four disabled parking bays directly in front of the hospital which were all being used. There was also a car parked behind these spaces seemingly waiting for a space to become free. There were another two disabled parking spaces near the hospital drop-off zone which were again full.

There was no space available to wait for a parking space to become free without impeding the flow of traffic or blocking the road. Much of the street parking surrounding the hospital has double-yellow lines and any suitable disabled parking was already being used by blue badge holders

The volunteer was able to park in the main parking area. He was lucky to get this space which had just been vacated. The rest of the car park was full. However, limited space made it awkward for him to get out of the vehicle and for his walker to be unloaded.

In the event that a space had not become available, there would have been no parking close enough for the volunteer to safely walk to the clinic and the trip would have had to be abandoned.

Indeed, upon visiting the hospital on six mornings between 23rd May and 5th June 2019, we found that all the designated disabled parking spaces were being used.

6.3 Navigation from the car park to the hospital entrance

Volunteer #2 found it difficult to walk along the pathway running from the car park to the main entrance. There is a marked pedestrian zone which runs alongside the disabled bays which is on flat tarmac. However, on the day of the visit, this was obstructed by a vehicle waiting for a disabled parking bay to become available. Volunteer #2 then had to use a path that runs alongside the hospital building. Rather than being flat, at certain points, this pathway slopes sideways. This meant that his mobility walker often quickly veered down the slope, causing the walker to deviate from the path. The volunteer found it hard to correct this deviation himself. As such, he was unable to walk safely independently and needed for his walker to be steadied to prevent this.

6.4 Experience in main reception

Volunteers did not see a sign for blood tests at the entrance to the hospital.

Volunteer #1 saw a sign within the hospital for 'Phlebotomy' but did not know this meant blood test. She commented, "Why don't they just say blood tests. We are not all that posh that we know what phlebotomy means." This being said, there are signs with "Phlebotomy (Blood Tests)" displayed.

Having made her way into the clinic, the volunteer was initially confused as to what to do. There were no members of staff in the clinic area to ask. Eventually a member of the public told her what she needed to do. She saw there was some signs but these were too small and had not been noticed on arrival.

Volunteer #2 asked the person on reception for directions. The clinic was clearly pointed out and the volunteer was given precise instructions to take a ticket from the red machine (location shown), take a seat and to go through for a blood test when the number was called. He was able to follow these very clear instructions and was left with no doubt as to what to do. He described the member of staff as being "very friendly".

6.5 Experience of the Phlebotomy Clinic

Volunteer #1 found there were two clinics (blood tests and minor injuries unit) that merged into one and both were extremely full. There were no seats together so the volunteer's supporter had to stand. The waiting area was described as "difficult and felt squashed".

The volunteer observed a couple who had to sit separately although the gentleman was dependent on his wife for mobility assistance.

She also observed two patients who arrived on mobility scooters but there was nowhere for them to park and so they had to wait where they were blocking seating.

The volunteers were pleased to see tea and coffee available in the waiting area and described the waiting area as being “very clean and tidy and nicely decorated”. There was also a large play area for children.

Volunteer #2 found that the clinic was extremely busy. There were only two single seats available in total.

The volunteer was able to position his mobility walker next to him as he sat on a seat at the end of a row. However, he would have found it difficult to manoeuvre his walker to other parts of the waiting room without obstructing other patients.

There were no two seats together so the person supporting the volunteer had to stand next to him. However, there was a child’s play area which was empty.

The volunteer found the clinic to be busy and commented that it was noisy and that it felt claustrophobic. He also commented that it was very warm in the waiting area which made him feel uncomfortable. The volunteer said he felt a little anxious by the atmosphere of the waiting area.

During his visit to the clinic, at least three people were observed to abandon their wait with one patient offering the volunteer her ticket saying that she “could not wait any longer and had to get back to work.”

6.6 Experience of the blood test process

At the hospital, patients are asked to take a ticket from the dispensing machine and then take a seat in the waiting area. Patients then wait for their numbers to come up on an electronic display located on the wall. The display also makes a beeping noise to accompany the change of number.

Volunteer #1 had ticket number 98. She waited for 55 minutes before this number was called. There appeared to be only one phlebotomist working on that day and the system seemed to be operating on a “one in one out basis”. Another waiting patient commented that it was usually a wait of between one and one-and-a-half hours. The length of wait meant the volunteer was late returning to their car parked in a pay-and-display car park.

There was no apparent help or priority given to vulnerable groups such as small children, people with a mental health condition or a learning disability, those with a needle phobia, patients who have difficulties with mobility or language barriers.

A volunteer observed one man coming out from a blood test who was struggling to put his coat on but no one helped him.

Volunteer #2 had good number recognition. He felt that he would have been able to tell when it was his turn to present for a blood test. This being said, he also commented that it would have been difficult to understand what to do if you did not have such good number recognition.

It appeared that not every time a number was called, a corresponding patient presented for their blood test. This may have been caused by patients having ‘abandoned’ their wait. However, at no stage did a member of staff come to call a ‘missing’ patient. The volunteer commented that his friends with poor number recognition or a visual impairment could miss their number being displayed and could potentially be left waiting. He also felt that he might easily miss his number if he had been waiting a long time and had become distracted.

He also felt that this process would have been difficult if he was seated with his back to the electronic display. This would have made seeing the electronic display troublesome.

6.7 Additional issues

Volunteers also commented that there was a breast screening van in the hospital car park. This was taking up a block of parking spaces. There were no disabled parking spaces near to the van nor did there appear to be disabled access to the van which could only be seen to be accessed by steps.

7.0 Recommendations and responses

From our findings, we have identified several recommendations and actions going forward. These are detailed together with the response from DCHS:

Parking

- Consider the possibility of creating extra disabled parking spaces onsite

“Within our current restraints it is not possible to provide any further disabled spaces although we are compliant with our disabled to non-disabled parking space ratio. However should this situation change in the future we will look at providing extra disabled parking spaces.”

- Consider making visitors aware of alternative local parking either within appointment letters or site signage

“We are currently exploring the possibility of providing details to patients of alternative parking in the area. A map has been sourced and the intention is they will be sent out in appointment letter.”

Navigation from the car park to the hospital entrance

- Suggested referral to Sites and Services Department

“We will highlight this issue with staff members at Ripley Hospital and ask them to be vigilant when cars are parked in waiting areas and blocking walkways.”

Experience in main reception.

- Reception staff should be congratulated for being friendly and helpful and creating a positive experience for one of the volunteers

“Many thanks for this feedback our receptionists always endeavour to help patients through their journey in our hospital and we are so pleased that one of the volunteers had such a positive interaction.”

- Consider replacing “Phlebotomy” signage for a more understandable “Blood Test” sign

“We apologise that the BLOODS sign we currently have was not visible to the volunteer and we will re visit the signage to make sure it is clearly visible to all.”

Phlebotomy Clinic

- Consider reviews of the waiting area to create more seating and to ensure there is adequate space for mobility scooters/ wheelchairs/ mobility aids in a comfortable environment. Consider the possibility of utilizing part of the children’s play area for this purpose

“We have a Minor Injury Unit and an out-patient department that also uses the main waiting room. Although we would like to provide extra space to meet the needs of all of the service users at Ripley Hospital currently we have no other space in which to expand. We are looking at this area again to see if we can make it more user friendly for people with mobility aids.”

- Consider steps to make the ticket dispenser more visible upon arrival at the clinic

“We will review the place and signage for the ticket machine, however, we have made adjustments to this previously to help with visibility and ease of use.”

- Consider the possibility of advertising waiting times

“We realise this is confusing for people with learning disabilities and we will review how we inform people using the blood clinic to make this information clearer for all.”

- Consider the introduction of an audible display machine to assist waiting patients unable to see or understand the visual display

“The introduction of audio display will be discussed with the phlebotomy service. We have reception staff available from 9-5 at Ripley Hospital and we are in discussions with the service to make sure people accessing the service with learning disabilities are made aware of the time the reception is manned. We do aim not to add noise to an already noisy environment as this could be counterproductive especially to sound sensitive individuals.”

- Consider the introduction of a scheme whereby vulnerable groups are offered additional support when attending for blood tests i.e. making staff available to offer additional support

“We agree support should be available to help vulnerable patients; we are exploring the possibility of having volunteers available at key times in the future. Although at present we have no volunteers available. Between 9-5 as stated previously we have reception manned.”

- Liaise with University Hospitals of Derby and Burton (UHDB) to devise a scheme to assist vulnerable groups attending for blood tests and to ensure that people are not left waiting and confused in the waiting areas

“We are working with our colleagues at UHDB to review how we can support people attending services at Ripley Hospital to ensure they are not left waiting and confused. As previously stated this may be by advising people to attend the service between the hours of 9-5 when we have reception manned.”

- Consider giving vulnerable groups the option to have blood tests taken at their GP practice. This would mean that they are seen by staff they may know, in a more familiar setting which is less likely to cause anxiety

“This would be something local GPs would need to agree provide. We are exploring how we can share information with service users of other clinic options, although these may not be closer to home they may be less busy and therefore less likely to cause anxiety.”

Additional issue

- Clarity sought about the accessibility of the Breast Screening van for those with difficulty with mobility

The Breast Services Manager at University Hospitals of Derby and Burton NHS Foundation Trust replied, *“We are required to place the van near to the building as we require an electrical supply and this power supply is also in a fixed location. This does require placing the van on the carpark.”*

“Unfortunately our mobile vans do not have access for individuals with mobility issues. Any client invited to screening who has mobility issues are asked to contact the Breast Screening office and they are then offered an appointment at the static units (QHB or RDH) where we are able to provide full facilities for access and also have aids which can assist individuals with any mobility issues.”