

Enter and View Report

Oakham Urgent Care Centre

January 2023



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1. Introduction

1.1 Details of visit

Information	
Service Address	Oakham Urgent Care Centre Rutland Memorial Hospital Entrance 2 Cold Overton Road Oakham Rutland LE15 6NT
Service provider	DHU Healthcare
Managers	Jane Petcher Sonika Mal
Dates and timings	12 January 2023 6:30 pm-9 pm 14 January 2023 10-4.30 pm
Healthwatch Authorised Representatives	Amy Crawford Barry Henson Tracey Allan-Jones Una Ozga Janet Underwood

1.2 Acknowledgements

Healthwatch Rutland would like to thank the staff at DHU for accommodating the visits and the public for providing their feedback.

1.3 Disclaimer

Please note that this report relates to findings observed on the specific dates set out above and those who responded to the survey online who had used the service in the last 6 months. This report is not a representative portrayal of the experiences of all service users.

2. What is Enter and View

Healthwatch Rutland has the statutory right under the Health and Social Care Act 2012 to carry out 'Enter and View' visits to NHS health and adult social care services.

Healthwatch staff and volunteers (Authorised Representatives) work together to carry out these visits.

The aim of the visit is to primarily listen to the feedback of service users, their families, carers and staff and observe service delivery and the facilities available for patients. The feedback and observations are then collated into a report including any suggested recommendations. The service has the opportunity to comment on the report before it is published.

A service can be visited for several different reasons such as:

- The public has provided feedback about the provision
- It is part of a rolling program of visits to similar services
- A service is running well and good practice could be implemented in other places

3. Purpose of the visit

3.1 Background

We have received feedback from the public and monitored various statements on social media that Rutland people are confused about how they can access Urgent Care services.

This includes:

- When and where the services run
- How patients can access the service
- What health issues can be addressed at each centre

The purpose of this visit was to understand the Oakham Urgent Care Centre (OUCC) better so that Healthwatch Rutland can inform the public. This is part of a rolling program to visit the Urgent Care and Minor Injuries Units that are used by Rutland patients in order to understand their views of the service.

3.2 Objectives

- To observe the service and how it runs
- To collect the views of patients, family members, carers and staff within the service
- Identify best practice or areas of concern
- To provide a short report, including recommendations that will be made available to the service provider, commissioners and the public

3.3 Method

- This was a prearranged visit
- The visits comprised of a two-person team made up of one staff member and one volunteer

- Observations were carried out during the allotted period in terms of facilities, cleanliness etc
- Patients were asked for their 'before-care' feedback using a pre-planned questionnaire including additional free-form comments. This was then followed by a short 'after-care' survey
- A wider reach of service users was accessed through an online survey
- Staff were encouraged to give feedback
- Throughout the visits, the teams observed the environment and interactions between staff and patients

4. Details about Oakham Urgent Care Service (OUCC)



The Oakham Urgent Care Centre (OUCC) is run from Rutland Memorial Hospital. The entrance to OUCC is via the second hospital entrance and is adjacent to the Oakham Medical Practice.



The service operates from 6:30pm -9pm on weekdays and 9am-7pm on weekends and bank holidays and is run by DHU Healthcare.



Appointments can be booked by a GP, by NHS 111 or the patient can walk-in to see if there are any appointments available. However, if all appointments have been filled by people prebooking a walk-in patient will be directed to another UCC.



Care is given by a GP or an Advanced Practitioner. The OUCC is unable to X-ray, set bones or suture.

The receptionist commented that the sessions we had attended had been quieter than usual.

5. Observations and feedback- On the day



External Signage

Within Oakham itself, signs are directing to the 'Urgent Care Centre'. There is external signage to the OUCC from the road outside the hospital and it states, 'Urgent Care Centre' although it also says, 'This hospital has a Minor Injuries Unit only' and that the nearest A and E is at 'Grantham and District hospital'. This could add confusion and cause critical delays in getting care as Grantham and District A and E are only available between 8 am and 6:30 pm. At the entrance to the building, the sign reads 'Oakham Medical Practice and Rutland Acute Treatment Centre'. There is no mention of the term 'Oakham Urgent Care Centre' or of opening hours and this could add another layer of confusion for the public, especially in an urgent situation.



During our visits, the majority of people attended from the Rutland area and seemed able to locate the service. The furthest distance travelled was from Great Glen and Billesdon in Leicestershire. One of these patients did find it hard to locate.

"I did get lost, signage not really clear". Leicestershire Patient.

Car park

There is a good amount of parking for the current footfall with 14 car parking spaces plus two allocated for those with disabilities. There is a larger car park on the other side of the hospital.

Entrance

The main door opens outwards so this may be difficult for a wheelchair user. The receptionist can help open the doors but they may not always be watching the entrance, and there is no buzzer system to alert the receptionist. The receptionist's office is directly opposite the entrance and is screened by glass and entered by a lockable door. At the reception desk, there is a sign for 'Minor <u>Injuries</u> Walk-in Service Only 8.30–6.30 pm' but nothing stating Oakham Urgent Care Centre or the timings available.

Reception

The reception is covered by one receptionist who is sitting behind a glass partition. The receptionist is able and willing to come out into the waiting area should anyone need additional support such as help with opening a door etc. There is the provision of masks and sanitiser for public use.

The reception staff seem helpful, friendly and amenable. 14 people said the experience at reception was 'very good' and 3 people commented that it was 'good'.

"The [receptionist] was very good, it was nice to be greeted with a smile". Female, 25-49 years, attending with a child.

The Authorised Representatives stated that the reception area is adjoined to the waiting room so it wasn't particularly private. There was no background music so you could hear what other people were saying. However, most people had described their health issues previously over the phone and did not need to talk about it at reception.

"It is a bit echoey and not really private". Female, 65-79 years.

"No need to discuss condition but the receptionist discreetly passed over the required specimen bottle for urine test". Male, 25-49 years.

Waiting Area

The whole area is dated but clean and fit for purpose. There is a hand-sanitising station in the waiting room. There were 15 comfortable and well-spaced chairs. There was a provision of a water cooler but not many cups. There was no other food or drink provision. There is a large waste bin for public use. The lighting was good. It was a quiet and calm centre but this meant that all conversations at reception/waiting area could be overheard. The public phone was out of order and the receptionist stated that it had been like that for many years, this could be a useful facility for those who may not carry a mobile phone. There were fire extinguishers available and we were told by the receptionist where to exit (through the entrance doors) in the case of fire. There were no reading materials or leaflets but this could be due to infection control.

Internal Signage

The initial signage at reception is at a good height and points to 'Minor Injuries Unit' and 'X-Ray Department' to the right with arrows to the left for 'Disabled Toilet, Dentistry and Podiatry, Outpatients Reception and All Other Departments'. There is no mention of the term 'Urgent Care Centre' or anything displaying the times that it is open. The receptionist is accommodating with directions but there are no signs to the male and female toilets. This lack of signage may cause delays and add to embarrassment if a patient is asked to give a urine sample. The disabled toilet is signposted. Signs are also available warning of the presence of oxygen storage. There are notices advising patients and staff to adhere to infection prevention and control.

There was a full noticeboard dedicated to patient feedback which is interesting but perhaps too much information for a patient to take in. The receptionist has 'friends and family test questionnaires', but these were not readily available, potentially due to COVID-19 procedures.

There is no electronic screen for patient advice and information and not many general health-information posters. We observed a poster near the payphone informing patients as to why some people might be seen more quickly. This may help to manage patient expectations of waiting times.

Facilities

Toilets/Baby Changing

The provision of toilets is sufficient but very dated. It is quite a tight squeeze into the stalls but they are clean and have alarm cords. We didn't see evidence of a cleaning schedule in the toilets. Further down the corridor, there is a disabled toilet and baby changing facility, which has a very heavy outward opening door. The positioning of the wash hand basin and light could make it difficult for a wheelchair user but it did have lots of space, grab rails and a pull cord. There were baby changing facilities located in the disabled toilet.

Cleanliness

The centre was very clean and reception staff were observed doing wipe-downs of touchpoints.

Wi-Fi

The Wi-Fi connection was free, easy to connect to and had a good speed.

Additional needs

As mentioned in previous sections, access for people with physical disabilities may not be sufficient, especially for independent wheelchair users. There was no evidence of additional language support, the receptionist said that the clinician has access to a translation telephone line if needed. There was no indication of a hearing loop or information in braille and no information about the carer's charter or data protection was observed.

The receptionist stated that they would sit a distressed or uncomfortable patient at a quieter end of the waiting room.

"Need to think about the ambience when people are anxious and stressed. You worry that you are going to have to find a way to get to Leicester. Better signs to some toilets [would be good]". 50-64 years, Disabled Woman, Online Survey.

Wheelchairs were available for those who needed them and we did observe these being used by patients who weren't feeling well. There is adequate space for a wheelchair user to manoeuvre in the waiting room and corridor to the examination room. Chairs have space between them so could be moved to allow a wheelchair user to sit alongside someone else if need be.

Appointments/Walk-ins

Patients present at reception with an appointment or as a 'walk-in'. The patient then goes into the waiting area. When the clinician becomes available, they call the patient and wait outside the appropriate room to direct the patient. The OUCC offers an appointment time of 15 minutes which is longer than the 10

minutes offered within GP practices. The longer appointment time could contribute to the patient feeling listened to.

"Dr properly listens" Male, 25-49 years, attending with child.

"Dr was very thorough, gave lots of care and information, very good at explaining in plain English". Female, 16-17 years.

Out of the 17 people we talked to:

- 9 people received their appointment from NHS 111
- 6 people were offered an Urgent Care slot as they were unable to get a GP appointment
- 2 people had tried both NHS 111 and their GP surgery before getting an appointment at OUCC

"Couldn't get in at the Doctor, phoned 111, such a long queue so I did it online and they said to ring 999, with all the problems and delays [with ambulance and A and E] we decided against it". Male, 65-79 years.

10 patients who attended had used the service 2-3 times or more in the last 12 months and two people had attended 6 times or more in the last 12 months.

"[Appointment] given by NHS 111, also given the option to go to A and E, knew GP appointment would take 2-3 days and I knew that I would see a doctor more quickly via NHS 111". Female, 25-49 years.

"My child of 20 months has difficulties as is prone to viruses. I come here because it is difficult to get GP appointments". Father, 25-49 years, attending with a child.

Care

During the visits, we carried out an 'after-care' survey which was completed by 14 of the 17 people we spoke with. Everyone who responded had a prebooked appointment for the service so we were unable to ascertain the experience of those who 'walked-in'. 3 people didn't respond as they had to be directed to the Emergency Department for further help.

People were predominantly very satisfied with the care, speed and treatment they received when they had an appointment at the Urgent Care Centre.

When asked 'Did you get the help you felt you needed?' 13 people said 'yes' and one person said 'no'.

"Very happy with the treatment received". Female, 25-49 years.

❖ When asked 'How do you rate your experience from 1-5 (1 being poor and 5 being excellent) twelve people said, '5 excellent', one rated the experience as a '4' and one person as a '3' with the following comment:

"The Doctor listened really well and understood, but my problems are still there". Male, 25-49 years.

When asked 'How likely would you be to recommend the service to a friend or family member' 11 people said 'Extremely Likely', 2 people said 'Likely' and one person whose problem persisted said 'Extremely Unlikely'.

Some of the Additional comments were:

"Quick easy and thorough, I am very satisfied with my treatment". Female, 25-49 years.

"I thought it was going to be difficult, it is reassuring that there is somewhere to go when the GP is closed, great that it is local". Female, 65-79 years.

Waiting Times

The service appeared very calm and efficient. Out of the 17 people we spoke to on the day, all of them said they were seen on time. We only witnessed two walkin patients (who were too unwell to talk to us) but they appeared to be waiting for about an hour.

"Really good told where I was in the queue and how long to wait for etc". Female, 25-47 years.

"Really good, quick, helpful, ran very good". Patient feedback.

Out of the 14 people who filled out the after-care survey they all were seen within 1 hour of arriving and all said their appointments were on time.

Staff

The service is run by a receptionist and an Advanced Practitioner or a General Practitioner. Staff interaction with patients seemed very good. One of the reception staff was not wearing a lanyard but did have a DHU fleece on for identification purposes, although it wasn't immediately obvious that they were staff. During our visits, all the staff we encountered seemed competent, friendly and caring.

"Nice to be greeted with a smile". Female, 25-49 years, attending with a child.

"Reception are very friendly. Very good with children, good with screaming kids!" Female, 25-49 years.

6. Feedback – Online Survey



The number of people we engaged with on the day was limited due to only 4 available appointments an hour. An online survey was therefore offered to people who had used the OUCC in the last 6 months, to extend our reach. We made the opening times of the OUCC clear on the survey so that the public would not get confused with the Minor Injuries Service. However, we feel some people were still confused and this may have affected the data. For this reason, the themes from the survey have been provided in a separate section from the in-person survey.

The main themes that emerged from the online survey were:

Confusion around services

The public are unclear of what the different services are, and how they can access them.

"This survey sums up the big issue: you're asking about a service that occurs at specific times during the week. At other times of the day, it is a different service offer. The creation of urgent treatment centres/services was supposed to get rid of this stupidness and give patients a simple and consistent offer". Patient, 25-49 years.

"I woke one morning unable to walk and my foot was badly swollen. I limped to reception to be met by a [receptionist] who said this is urgent care you can't be seen... I limped to my Drs surgery across from the centre and begged for help I was told I could be seen by a nurse later in the day..... we much need these services but not how they are run at the moment". Disabled patient.

"[It would be good if we could] access service without going through 111". Disabled Female, 25-49 years.

The OUCC can be accessed by appointment or as a 'walk-in' patient.

"After being seen and then being told my 93 mother needs to go to Corby, only to get there and wait another hour & half just to be given antibiotics that Oakham UCC could have prescribed". Female, 50-64 years.

Care

"I saw a doctor who listened to me & saw I was in a lot of pain, he gave me a prescription for the late night pharmacy & the next day he phoned me to say he was concerned about me & that an ambulance was coming to take me to hospital".

Disabled Female, 65-79 years.

"It was fast and the medical team were lovely and gave me the treatment I needed. Most importantly they reassured me and were very polite and understanding". 18-24 years, Disabled Female.

"They are too quick to send people to Corby without thought and dealing with things themselves". Female, 50-64 years.

Care close to home

"This is an excellent service. As I am registered blind, I am extremely pleased that this service is in Oakham and near to my home". Disabled 80+Female.

"This is a vital local service in an area with an overstretched GP practice and no nearby A&E. It needs to be supported". Male, 50-64 years.

" [They need to] Make sure they look at children more and not refuse them at all. I'm not the only one, a lot of people with children, had the same situation as me and they can't get to Leicester to get their children there. This is only place you go." Disabled Patient.

The receptionist did say that the service tries to accommodate sick children wherever possible.

Lack of diagnostics and further treatment

These comments could relate to the Minor Injury Unit, however, additional facilities such as X-rays, suturing etc would be useful to have at Oakham UCC. This would prevent the need for patients to be signposted to other Urgent Care Centres.

"You have the potential to be a wonderful asset to the town but far too often the services you provide are not available". Female, 50-64 yrs.

"No X-ray available – meant a long journey to Peterborough and a very long wait instead of a quick efficient service. Too restrictive, we desperately need local services to take the pressure off major hospitals". Female Carer, 50-64yrs.

"Blood pressure equipment wasn't working". Disabled Female, 25-49 yrs.

Staffing

The survey revealed mixed opinions about UCC staff:

"The receptionist was very rude and obstructive despite my opening line being that the local late-night pharmacist had referred me as a matter of urgency".

Disabled Female, 50-64 yrs.

"Very rude and unhelpful". Female, 50-64 yrs.

"The medical staff are excellent, and the reception staff infinitely friendlier than at [my] GP practice". Male, 25-49 years.

"Lovely caring staff. Thank you so much" Male, 50-64 years.

7. Recommendations

The public, predominantly, seemed very happy with the Urgent Care Service in Oakham, especially its proximity to their home and the provision of out-of-hours care and treatment provided. We feel the following recommendations could develop the service further for the benefit of the patient:

- 1. Display the Carers Charter.
- 2. All staff should wear lanyards or badges for identification purposes.
- 3. Consider communication and possible name change. Oakham Urgent Care Centre is essentially an out-of-hours GP/Advanced Practitioner service and Corby Urgent Care Centre offers the above but also Xray, suturing and fracture setting. It is hard for the public to understand the difference when they have the same name.
- 4. Improve communication to further differentiate between the Oakham Urgent Care Centre and the Minor Injury Unit that runs from the same venue at different times.
- 5. Improve signage to the OUCC around the town.
- 6. Improve signage to the OUCC outside the building.
- 7. Improve signage within the building to the toilets and consider using images.
- 8. Display cleaning schedules in toilets.
- 9. Adjust the front doors so that those with additional needs can enter the building independently.
- 10. Make provision for those that may need to phone a taxi and do not have mobile phones; this could be a sign indicating the willingness of reception staff to call on behalf of patients.
- 11. Consider playing background music so that people's conversations are not so easily overheard.
- 12. Make feedback forms readily available without patients and their families having to request them at reception.
- 13. Introduce a hearing loop.

8. Response from Provider

This report was agreed with the service provider DHU as factually accurate. They have provided the following responses to our recommendations:

- 2. Staff Identification We will ensure that all DHU staff are reminded to wear their lanyards and Identification badges at all times whilst on duty.
- 3. Possible service name change- In order to change the name this would need to be taken up by the Integrated Care Board.
- 5. Improve signage around the town- Signage around the town needs a more in-depth conversation with the Highways department as DHU is not allowed to just put up directional signs.
- 6. Improve signage outside the building- We have undertaken a signage audit and are in the process of getting this costed up so that DHU knows what the financial consequence is for 2023/24 but we are aware that much of our DHU signage needs updating.
- 7. Improve signage within the building-We can have a conversation with the owners of the building to improve this signage as this is not a DHU building.
- 8. Display cleaning schedules in toilets DHU is not responsible for cleaning the toilets but we can remind the Trust that they should have cleaning schedules on the doors.
- 9. Adjust the front doors- Automatic doors are something that the Trust would need to consider and ensure is on their capital programme. It is not always feasible to have automatic opening doors.
- 12. Make feedback forms readily available The Friends and Family Test (FFT) box and questionnaires have been signed off by our IPC Lead. We will remind our staff to ensure that they are readily available and accessible at all times when the UCC is open.

There is a designated box with a holder on the side containing the Friends and Family Test (FFT) cards and a slot on the top for completed cards to be dropped into. There is also a poster on the front with a QR code that patients can scan on their phones and complete the FFT electronically. We will remind the staff to ensure that the box is visible on the reception desk when the UCC is open.

13. Introduce a hearing loop.- There are two Portable Hearing Induction Loops available on site with a poster to make patients aware and to ask at Reception if access is required to them. We will remind the staff to ensure that the loops are visible and available when the UCC is open as well as the poster. Information in relation to additional language support, provision of a hearing loop and our privacy notices including data protection are available and approved by our IPC Lead. Again we will remind our staff to ensure they are visible at all times when the UCC is open.

9. About Healthwatch Rutland

Healthwatch Rutland is your health and social care champion. We make sure NHS leaders and other decision-makers hear your voice and use your feedback to improve care. We are part of a national network of 152 local Healthwatch in England.

We have three main areas of work:

- Listening to feedback- we listen to people's experiences and we seek out views as part of larger research projects. Healthwatch has legal powers to undertake Enter and View visits to NHS services and care settings. This is to observe and hear how users are experiencing the services.
- We also spend a lot of time building relationships and attending meetings within the local health and care system so that the patient's voice can be heard in the right places, at the right time.
- Advice and information—we help people to navigate health and care services.

Your experiences matter, we strive to be a strong voice for local people to help shape how services are planned, organised and delivered.

10. About Connected CIC

Connected Together Community Interest Company (CT CIC) is the legal and governing body of Healthwatch Rutland.

The remit of Connected Together includes:

- Contract compliance
- Legal requirements
- Financial and risk management
- Sustainability and growth
- Strategy and operations
- Policies and procedures

CT CIC is a social enterprise and a partnership between the University of Northampton and Voluntary Impact Northamptonshire.

11. Appendix

Appendix 1 – Before Treatment Survey

Please fill in the boxes or tick the box that applies.			
	1) Where have you travelled from today?		
	2) Did you contact any other service for help before you visited today?		
	Yes No		
	3) If yes, what service did you contact?		
	Contacted GP practice to request a GP appointment Contacted GP to make an appointment for Urgent Care NHS 111 Pharmacist Other, please state		
	4) How did you travel here today?		
	My own car A car driven by a friend or relative Taxi Bus Walked Other		
If ot	her, please state.		

	9) Were you given enough privacy when discussing your condition with the receptionist?
	Yes
	No
Со	mment
	10) Overall, how would you rate your initial experience with the Urgent Care Service?
	Very good
	Good
	Neither good nor poor
	Poor
	Very poor
Pled	ase explain the reason for your answer
	11) Would you like to make any further comments?
	12) What is your age?
	13) Please tell us your gender:
	Woman
	Man
	Non-binary
	Prefer not to say
Oth	ner, please specify
	14) Do you consider yourself to be a carer?
	Yes
	No
	Prefer not to say

15) Do you have a disability?
Yes
No
Prefer not to say
16) What is your ethnicity?
Please specify

Thank you for filling out our survey.

Appendix 2 – After Care Survey

Please circle your answer or write in the box.							
1) How long did it take from your arrival at the Urgent Care to being treated and discharged?							
0-1 hour 1-2 hours 2-3 hours							
3-4 hours	4-5 hours	5					
2) If you had an Yes	appointmer No	it, were yo	u seen on	time?			
Comment							
3) Did you get th Yes	ne help you f No	elt you ne	eded:				
Comment							
4) On a scale of 1 to 5 (1 being poor and 5 being excellent), please rate your experience today:							
,	1	2	3	4	5		
Comment							
5) How likely wo if they needed si Extremely likely Likely Neither likely nor Unlikely Extremely unlikel	imilar care o			ervice to a fri	end or a far	mily member	
6) Any other comments about your experience today?							

Thank you for completing our survey.



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