

# Community Diagnostic Centre (CDC) workshop to feed into the design

Arrival, welcome and navigating -  
what works for people

November 2023

# Contents

	1
<b>About this session</b>	<b>3</b>
<b>Introduction, presentation and questions</b>	<b>3</b>
Questions	4
<b>Points for consideration:</b>	<b>5</b>
<b>Group discussion</b>	<b>5</b>
Discussion one:	5
Discussion two:	7
<b>Conclusions and next steps</b>	<b>9</b>
<b>Appendices</b>	<b>10</b>

## About this session

Healthwatch Coventry worked with University Hospitals Coventry and Warwickshire (UHCW) to hold a workshop bringing together local people to talk about the design of the new Community Diagnostic Centre for Coventry.

This Centre is in its later stage of design. This session was detailed discussion about signage, wayfinding and welcome to the facility and involved looking at the near final set of plans.

Fifteen people attended the session. Ten people completed the evaluation forms and all found the session to be positive and felt listened to.

The project lead from UHCW provided information and Healthwatch staff facilitated group discussions.

## Introduction, presentation and questions

An overview of the development was presented by the project lead to the group highlighting how the centre has come about and key pieces of information including:

- The unit will operate 8am-8 pm, 7 days a week.
- In diagnostics there is focus on improving access to cancer diagnostics.
- The centre should go live in March 2025.
- Patients will access the service by referral from their GP.

### Location

The location is the ground floor of the Paybody building, an NHS building which is not being used for patients at the moment.

Some of the older attendees were familiar with this building as the 'old Coventry and Warwickshire Hospital site'. Some people did not know of this building.

The Paybody building is close to the City of Coventry Health Centre. Some attendees call the City of Coventry Health Centre at the 'Walk in Centre' as the Urgent Treatment Centre is one of the services located in this building. It is also the location for a range of other NHS services.

## General principles of the design:

Work has already taken place to establish principles to guide the design of the new unit:

1. **Dignity** - once changed patients will not flow through public spaces.
2. **Efficiency** - pre-tests will be completed prior to diagnostic tests. Maximum flow and efficiency. Highly trained clinical staff, supported by other staff to support patients through their visit.
3. **Navigation** - patients manage their path through the facility, where possible using new technologies. This will go from check in to patient call and potentially extend to visual controls to aid staff identify patients ready for test.
4. **Future proofed** and flexible rooms with equipment on wheels to allow rooms to change function easily.
5. **Calm experience** - dedicated staff 'off stage' areas that will not be seen by patients.

## Questions

Participants asked questions about:

- 🗨 The catchment area the diagnostic centre will cover.
- 🗨 Pre-tests will be done before the main scan/tests on the same day (no more multiple appointments per scan requirement). How will this be managed?
- 🗨 Discharge and follow up procedures from the CDC centre?
- 🗨 How will the referral process work from GP practices and how will it be communicated to them?
- 🗨 Are children going to be using the facility?
- 🗨 Is there space for either formal or informal carers to support people attending? Some patients will need the support of a parent or carer due to their age or needs.
- 🗨 How much is it going to cost for parking?
- 🗨 How long will patient be in the unit for?

## Points for consideration:

Participants raised the following points for the project lead to take away:

Car parking and the flow of the roads (odd roads that go nowhere) in the area, question raised about if there were conversations been had with Coventry City Council about this, and the increased traffic the CDC will bring to the area.

Suggestion of inclusion of a drop off area, place for taxis and 15–20-minute free parking period at the Centre.

A query about bus access and whether the buses run during all the hours of operation.

Points were raised about personal safety in the area – especially in evenings.

Concerns about if the new diagnostic capacity (high through put of patients) will be supported by capacity to analyse results. If more people are diagnosed will other services have capacity to and respond and provide necessary treatment and support for more people.

## Group discussion

The rest of the session was group discussion with a focus on navigation – patient arrival, welcome and journey through the service.

### Discussion one:

**What makes good and bad signage and way finding – think about examples from places you have been**

#### 1. Poor signage/navigation

Table one	Table two	Table three
Poor colour contrast	City of Coventry Health Centre – including entrance and the blood taking department	Too much information

Size of font	UHCW main entrance	Too busy
Language/jargon	Too much signage is confusing	Too confusing
Where sign is placed		Poor colour contrast; poor font size; wrong places
Height sign is at not right		Issues with confidentiality

## 2. Good signage and navigation

Themes highlighted:






-  Use of pictures to help with language needs and to be clearer for all
-  People to help – human touch
-  Direction arrows/lines
-  Different needs of different people – e.g. colours
-  Use of the best fonts, text size, and preference for number system rather than alphabet-based systems.

Table one	Table two	Table three
Electronic handheld system	Airport signs are very clear	Sound levels in the building – being able to hear your name
One way system	Coventry tip has good signs	Signs with pictures on are better
Clear	Railway station signs are clear	Positioning of signs – different heights
Easy access mobility and sight to follow	Banks have someone standing at the door to direct people	Direction arrows are good. Lines in the floor to follow
Signs in right places	Minor injuries at UHCW has good sign	Use of colour zones
Pictures	Lower case text not capitals	Large font
Contrasting colours	Don't use a lot of words – use an image e.g., ECG and heart lines	Someone to ask – volunteer role

Repeated [signs]	Using numbers is better than using letters e.g., Area 1 and Area 2 rather than Area A and Area B	
Arrows - Follow marked pathways	Different languages spoken in Coventry – can't use them all – use pictures	
Have staff as well as signage to direct people	Human element – e.g. volunteers	
Volunteer reception for queries		

### 3. Colours and navigation

Colour systems can help if done right:

- how do you understand the colour system i.e. what the colours relate to?
- different people need different things. Yellow background for visually impaired however yellow not good for people with dementia. For neuro-diverse people - blues, peaches and pinks work well.

### Discussion two:

#### What will help you and others to feel welcome, clear about where to go and what will happen?

##### 1. Arrival, sign in, knowing where to wait and what happens next:

- People may go straight to the reception desk and miss the self-sign in pods – solution is floor walker at entrance, signs straight in front.
- First point of contact – clear information
- Calling people by name does not work – some peoples' names get mispronounced, and it is not confidential.

- Bar code/QR code on the letter to can be scanned when people arrive rather than having to input into electronic terminal. Electronic handheld buzzer like use in some restaurants etc – comes up with a message and tells you where to go to
- Simple plan of the unit on the back of the appointment letter
- Texts, emails letters – what people prefer/works for them. Lots of people can't manage electronic methods e.g. smartphones
- On letter – vital information
- Put signage outside the Paybody building.
- Put signage over the reception desk – directly opposite the door
- Give people a numbered ticket?
- Area 1 and Area 2 with clear colours and tie this with information in patient letters - clear signs and coloured zones
- Good website that answers questions
- Short videos of what to expect - can be test/diagnosis specific
- Ambience - nature – plants, sea, pictures. Quiet but not in and intimidating way
- How will patients with specific needs be identified before the appointment?
- Quiet times like in the supermarket for neurodiverse
- Can people's relatives/carers go with them into scan areas?
- Have volunteers to support people in the building
- Text messages – reduces stress
- Don't want to feel like I am part of process, a sausage in a factory
- If you need help is there somewhere to go?



## 2. Privacy

- |  |
|--|
| • Sound proofing each clinical room for privacy      |
| • Privacy – someone may recognise that I am here     |
| • Sign in and get a number so no one knows your name |

## 3. Secondary waiting area

The building has second waiting area close to rooms which will have multi use.

- |  |
|--|
| • Slip in signs for rooms saying what being used for that session or digital signs |
| • Waiting time information   |
| • Some kind of display board in this area  |
| • A call bell for assistance   |

# Conclusions and next steps

The workshop produced many ideas for the new centre and examples of what helps and works for different people to help them arrive and use a new health facility.

It was agreed by the CDC project lead that this information will be taken away to be used to help with the design of the unit.

New issues were raised about car parking, the local road lay out, drop off points, taxi and bus access. Therefore, one action was for the project lead to contact Coventry City Council and other partners about road and transport access.

Healthwatch Coventry will continue to be involved and potential future actions are:

- Running a further session
- Walk throughs of the design
- Healthwatch Coventry Clear Information volunteers feeding into communications about the Centre.



*“Lots of discussion and input from all the groups with a variety of interest and representations, including neuro diverse and other than able bodied etc. Well done and thank you.”*

*“Lots of discussion and suggestions from participants with relevant viewpoints. Helpful to have specific information about plans.”*

*“I was honoured to be part of these discussions. It was a great opportunity to network and share ideas and viewpoints.”*

*“Good presentation and help throughout.”*



## Appendices

Age Groups of participants	Count
25 to 49 years	2
18 to 24 years	1
50 to 64 years	5
65 to 79 years	1
80+ years	3
No known	1

Ethnicity	Count
Asian / Asian British: Indian	1
White: British / English / Northern Irish / Scottish / Welsh	10
Black / Black British: Caribbean	1
White: Irish	1
Not known	2



Healthwatch Coventry  
Admin: 024 7622 0381  
Public helpline: 0300 0120315  
Email: [healthwatch@vacoventry.org.uk](mailto:healthwatch@vacoventry.org.uk)  
Website: [www.healthwatchcoventry.co.uk](http://www.healthwatchcoventry.co.uk)

Facebook: Healthwatch Coventry  
X: @HealthwatchCov  
Instagram: @HealthwatchCoventry