

Westmorland General Hospital Outpatients Department Enter and View Report

Monday 29th January 2024 10:00am-4:00pm



Image courtesy of UHMBT

Disclaimer: This report relates only to the service viewed at the time of the visit and is only representative of the views of the staff, visitors and residents who met members of the Enter and View team on that date.

Contact Details

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Date and Time of our Visit

29th January 2024 10am to 4pm

Healthwatch Lancashire Authorised Representatives:

Kate Rees - Healthwatch Westmorland and Furness Manager Lisa Hart - Senior Engagement Officer Ollie Flitcroft - Engagement Officer

Introduction

Our role at Healthwatch Westmorland and Furness (HWWaF) is to gather people's views and experiences, especially those that are seldom heard, to give them the opportunity to express how they feel about a service.

The aim of an Enter and View visit is to hear views and experiences of a service from patients, relatives and staff, and observe the environment to assess the quality of that service.

This was an announced Enter and View visit undertaken by authorised HWWaF representatives who have the authority to enter health and social care premises, announced or unannounced. Feedback and observations are collated into a report, which identifies good practice as well as areas for improvement. Healthwatch Westmorland and Furness is an independent organisation, therefore we do not make judgements or express personal opinions but rely on feedback received and objective observations of the environment.

Each Enter and View report is sent to the service's manager to give them the opportunity to respond before being published on the Healthwatch Westmorland and Furness website at <u>www.healthwatchwestfurn.co.uk</u>. The report is available to the Care Quality Commission (CQC), Healthwatch England and other relevant organisations.

Where appropriate, Healthwatch Westmorland and Furness may arrange a revisit to check the progress of recommended improvements.



Acknowledgements

Healthwatch Westmorland and Furness would like to thank the management, staff, and patients for making us feel welcome and taking the time to speak to us during our visit.

General Information



As part of a national NHS elective recovery and renewal plan (report of Professor Sir Mike Richards Nov 2020) , University Hospitals of Morecambe Bay Foundation Trust (UHMBT) are in the process of building and developing Community Diagnostic Centres (CDC) across their sites. Currently they are recording certain diagnostic tests at Westmorland General Hospital (WGH) Outpatients department as CDC activity to NHS England.

These tests are phlebotomies, MRI, and other imaging diagnostic tests. There is a full CDC being built at WGH in a different part of the site, near the existing imaging department. This is expected to open in September 2024. From June/July 2024 there is a plan to open access over the weekends for US scanning at WGH.

Currently patients attending for an MRI or report to X-ray reception on arrival and are directed to the main Outpatients waiting area to be called for their appointment. The MRI modular service is run by Alliance Medical on behalf of the hospital (once open the CDC will have a new MR scanner staffed by UHMBT). The MRI is based in an external prefabricated building immediately outside the entrance to Outpatients.

Individuals are booked into the scanner from the normal waiting list.

CDC patients waiting for phlebotomy tests report to the Outpatients' reception on arrival and are directed to the phlebotomy clinic waiting area within Outpatients.

UHMBT runs the phlebotomy clinic in WGH Outpatients department 2.5 days per week, seeing 65 patients weekly. Currently, this is a full day on Monday and half days on Wednesday, Thursday and Friday. From April 2024, until the full CDC opens, these will be expanded until the service reaches full capacity (270 patients). It is expected to be used mostly by the patients of Kendal GPs.

Currently a mobile MRI facility is also being used to provide additional MR scanning within the Trust, until a second spoke CDC MR facility at Furness General Hospital is built.

Methodology

Our Enter and View representatives made an announcedvisit to Westmorland General Hospital Outpatients department on Monday, 29th January 2024 and received feedback from 10 patients, and five staff members.

Healthwatch Westmorland and Furness gathered views and experiences of patients and staff. Through in-depth conversations with each person HWWaF captured individual experiences to help assess the quality of services. The team also recorded their own observations on the environment and staff-member interactions.

This visit was commissioned by Healthwatch England through the Healthwatch Together partnership[1] to assess how accessible both Outpatient and MRI appointments were at WGH (including is it easy to travel to, are directions easy to follow, signage appropriate and easy to understand) and the quality of care upon arrival at the Outpatients Department.

This also required Healthwatch Westmorland and Furness to make follow-up phone calls to patients (with their permission) to find out if, after a period of reflection, they were happy with the care they received at the time of the visit. This was carried out with patients three weeks after their initial appointments.

To maintain the confidentiality and anonymity of respondents, names, pronouns and identifiable details have been removed from quotes.



[1] Healthwatch Westmorland and Furness, Healthwatch Lancashire, Healthwatch Blackburn with Darwen, and Healthwatch Blackpool

Summary

Healthwatch Westmorland and Furness representatives spoke with 10 patients and five members of staff on the day of the visit. In general, patients were happy with the care they received when at the Outpatients department stating how kind and caring the staff were, how promptly they were seen for their appointments and how important it was to attend appointments locally.

On-site, fee-paying parking was available close to the hospital's entrance with clear signage to the hospital and sufficient accessible parking adjacent to each entrance.

Signage throughout the site was clear with dementia-friendly signage outside bathrooms, along with the use of Braille for the visually impaired. There were notice boards within the main waiting area and at the X-ray reception and posters with the Accessible Information Standard in several locations on-site. Hearing loops were installed in only one reception area though, and we were informed by staff that this was not turned on.

The waiting areas were clean, spacious, and light, and refreshments were available to purchase. The corridors were mostly uncluttered, allowing ease of access for wheelchair users and patients with limited mobility.

While the HWWaF team was on-site, appointments were running smoothly and on time, with minimal disruption. Patients were very complimentary about the level of care they received while at the site.

When speaking with staff, accessibility to the MRI scanning unit was discussed. Currently patients who cannot bear their own weight are unable to use the unit and are offered appointments at the trust's other hospitals in Lancaster and Barrow-in-Furness. When the dedicated CDC opens all patients will be able to use the new MRI suite at WGH.

The expectation is that patients will be able to have multiple tests on the same day.

Enter and View observations

Getting to the service

The Outpatient Department is accessible by public transport. The bus stop is situated approximately 50 metres away from the hospital. Patient transport is available for patients who need this option and was arranged by service providers. The nearest mainline train station is approximately 1.5 miles away from the hospital. This is served by a bus service which stops at the hospital.

Adjacent to the Outpatients department are seven blue badge parking spaces and a further seven adjacent to the main entrance of the hospital which can be used as additional parking, if needed. They are free to use. The outpatient department can be easily accessed via the main entrance. The hospital has a large, fee-paying general car park for patients within the hospital grounds approximately 50 metres from both entrances of the hospital. This is clearly signposted.

Time	Fee
1 hour	£1.50
2 hours	£2.50
4 hours	£4.20
24 hours	£9.00
7 days	£10.00

Parking charges on site are as follows:

Payment can be made by cash or card.

On the day of our visit, it was noticed that payment instructions could be confusing. One of our representatives, while observing the car park, assisted a person having difficulties understanding how to use the payment machine.

There is a drop-off point outside the Outpatients department.

Signage from the road was easily visible and readable. On-site, signage directing people to the Outpatients department was clear. It was observed that the main sign on exterior of the Outpatients' entrance was damaged. However, this did not prevent it from being easily read.

The entrance doors to the site were automatic allowing people with limited mobility, wheelchairs, and mobility scooters easy access to the building.

On the day of our visit, it was observed that a goods vehicle was parked on chevrons outside the main hospital entrance. This was causing an obstruction and impeding access for people with limited mobility. This was highlighted to a member of staff at the main reception desk who did not know those to whom it belonged. The goods vehicle was still stationed there an hour later. **Recommendation 1**



Within the Outpatient Department

On entry, phlebotomy patients check in at the main reception desk situated close to the entrance of Outpatients. They are then directed to the main outpatients waiting area - adjacent to reception - before beingcalled to the phlebotomy clinic waiting area for their appointment.

The main waiting area was light, spacious, and clean. Representatives observed the area being cleaned twice during our visit. Hand sanitiser stations were available throughout the area for the use of patients and staff. Therewas a variety of seating however, upon inspection, it was noted they were all the same height, thereby restricting access for patients with arm or leg weakness. A staffed, café area was available for patients and staff to use while waiting. This was situated at the back of the waiting area, which offered a selection of drinks and light snacks. The waiting area had direct access to the Phlebotomy clinic and the corridor leading to X-ray reception.

Patients attending for an MRI or other imaging diagnostics, check in at the X-ray Reception on arrival which is situated at the end of a corridor leading from the main Outpatients department waiting area. Once checked in patients having MR scans are directed back to the main Outpatients waiting area where they wait untilcalled by a member of MR staff for their appointment.

The corridor, on the way to the X-ray department, had a selection of seating available for patients. Again, it was noted that they were all the same height. Handrails were also available for use for patients with limited mobility although these did not continue for the entire corridor length. **Recommendation 2**

The corridor, in general, was free from unnecessary clutter apart from two trolleys left unattended close to the main Outpatients waiting area. These did not block access for patients and still allowed ease of access for wheelchair users.



MRI patients are called by staff and are taken to the MRI unit which is situated outside the Outpatients department in a prefabricated modular building. There are umbrellas at the hospital entrancefor use by staff and patients in rainy conditions on the way to the unit. The unit was accessible for people with limited mobility having a ramp with a non-slip surface and handrails.

Currently, however, the unit is not accessible for patients who cannot weight-bear and are unable to transfer themselves into a non-magnetic wheelchair. In these situations, appointments are made to attend one of the trust's other two MRI sites in either Lancaster or Barrow-in-Furness which have full hoisting facilities. This will no longerbe needed from September 2024 when the new CDC site opens at WGH. This will be accessible to all patients.

There were a small number of seats for patients once called to the phlebotomy clinic, but this was sufficient for the number of patients waiting for their appointment.

On the day of our visit medical waste boxes were left in the corridor close to the toilet which could cause a trip hazard. One of the boxes remained in place for the entire visit. **Recommendation 3**



Large, dementia-friendly clocks clearly displayed the date and time in the reception and Phlebotomy waiting areas. Dementia-friendly signage was also clearly displayed on toilet doors, with contrasting colours and the use of pictures and writing at a height which was easy to read. The flooring was in contrast to the walls, with a plain pattern and quiet to walk upon.

Upon inspection of the bathroom, it was noted that the toilet, toilet seat, and handrail were all one colour. The handrail had temporary yellow and black tape wrapped around it. These could benefit from having a contrasting-coloured seat and handrail. **Recommendation 4**

Hearing loops were not available in Outpatients. The main reception did not have one in place while the hearing loop in X-ray Reception was not turned on. Having working hearing loops in place throughout the site would help accessibility for the deaf community. **Recommendation 5**

Signage throughout the site was generally clear and unobstructed, with a variety of signs available in Braille for the visually impaired. Contrasting colours were used with yellow backgrounds and black fonts. Upon inspection, some wording could be improved with a larger font for improved accessibility for the visually impaired. **Recommendation 6**

The notice boards within the site were full of information with no item overlapping another. One notice board contained shiny laminated sheets which made it harder to read, this would benefit from having matt laminated sheets or a Perspex cover. **Recommendation 7**

Posters informing people about the Accessible Information Standard were available on the site, as well as information about the complaints and compliments procedure. Information in other formatswas not readily available onsite but was available if requested. There was no evidence of Easy Read leaflets or documentation, a member of staff did inform us that an Easy Read booklet, *Communication – pain signs and symptoms*, had previously been available, but this was no longer in use (since the outbreak of COVID-19). Following on from our visit, this has now been reprinted, laminated and is available for use by patients if needed.

Staff feedback

On the day of our visit a member of staff asked to speak with one of our representatives regarding future outreach phlebotomy testing and the moving of the location for testing within the hospital. They expressed concern over the move regarding lone-working and patient and staff safety.

We were told that, currently, where outreach testing takes place, there are staff available within the vicinity to help and assist if a problem occurs during the taking of a blood test. However, with plans to relocate the outreach blood testing to the pathology laboratory, the staff member has concerns this will change. The staff taking bloods will be lone-working and questions posed to our representative were:

"What happens if a patient passes out, has a seizure, displays challenging behaviour or gets agitated and anxious over having blood taken? Who do we call? – we'll be on our own."



We were advised that this hasn't happened yet, and final decisions hadn't been agreed upon so staff won'tknow precisely how this will work in practice but wanted this highlighted to us on our visit.

Provider response

"Staff do not work alone in any of our areas. If staff were working in the pathology laboratory there are other staff working in it who would attend and assist in cases of collapse etc. We have access to the arrest teams via the Trust systems, and the Trust has a lone worker policy which would need to be adhered to if lone working was a possibility. Currently we have staff from Lancaster working in GP practices and health centres undertaking outreach phlebotomy and they have the support of the GP/health centre staff in cases of emergency/collapse."

Patient feedback

At the time of the visit, HWWaF Representatives spoke with 10 patients about their experiences at the Outpatients department.

CDC

Community Diagnostic Centres (CDC) are being set up around the country in hospitals, other primary care sites, community hospitals, next to GP surgeries, or in purpose-built community locations, including shopping centres.

Within Lancashire and South Cumbria there are Community Diagnostic Centres being built. There will be a full CDC onsite at Westmorland General Hospital from the 1st September 2024.

The site is currently beingused for some tests whilethe building work is being completed. Patients were asked how they felt about these plans.

Nine patients believed this to be a good idea.

"Brilliant idea but needs to be hospital or GP based, not in shopping centres."

One patient was unsure how he felt.



"I don't know, I will see when it opens."

Patients were also asked their preference - if they were offered a choice between the current location of testing in the Outpatient Department and the new location - which they would want to go to.

Eight patients said that they would have no preference as long as the site was close to Kendal.

"I don't mind as long as they are in Kendal."

Two patients further stated that they want the site to have good parking facilities.



"I would prefer it to be in the hospital or near the hospital as parking is important to me."

While two patients would prefer to attend a CDC at Barrow.



Overall experience

At our visit patients were asked what they thought was particularly good about their experience. Seven patients replied to this of which five highlighted how caring and understanding the staff were.

"I have seen this consultant before; he is very caring and understanding."

"The staff are caring and understanding."

Three patients commented on the speed at being seen upon arrival.

"...surprised at how fast I have been seen."

Two patients thought everything was particularly good.

"It's a good experience from parking right through to the appointment. It's so easy every time I come."

Patients were also asked about what could be improved about their overall experience on the day. Six patients stated that nothing was needed to improve their experience. However, one patient would have liked to access their appointment nearer to their home.

"I don't know why I can't go to Barrow when I live near there."



Another would have liked their waiting times to be improved.

Travelling to the site

On the day of our visit all patients travelled by car. Six patients commented that it took less than 30 minutes to travel to WGH while four patients stated it took between 30 minutes and one hour to get to the site.

There were mixed responses to patients' overall experience of travelling to the site. Four patients highlighted problems due to the weather conditions.

"Stressful, delayed due to poor weather."



"I have come from Grange-over-Sands with a friend [the] roads were flooded."

"My wife drove me, we live in Windermere, poor weather didn't help."

One patient thought the journey to be a positive one.

"[It was a] smooth, easy journey."

Another patient commented on how often he came for tests and has now been helped to get a parking permit.

"It's perfect for me ... [member of staff] got me a parking permit so don't worry about the cost."

The remaining four patients stated that they had no difficulties with their journeys to the hospital.

When patients were asked if anything could have made their journey better or easier, one patient stated, better weather conditions. Another patient responded that they would have rather attended a different location.

"If I could have it in Barrow but have come here."

One patient commented on the location and weather.

"Not having to travel to Kendal, better weather."

All 10 patients were able to find their way easily around once they were on site with five patients commenting they were familiar with the hospital already.

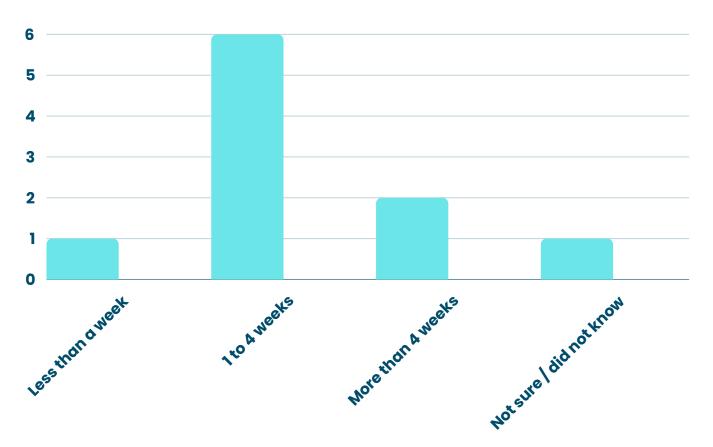
"I know the hospital and its layout well as I come three times a month."



"Been here lots of times."

Appointments

Seven patients had been referred for their test by a consultant at the hospital, one patient by their GP and two patients had been referred by another medical professional (which was not stated).



Patients were asked if they were offered a choice of location and their appointment dates and times. Five patients told us that they were offered a choice of venue, with three patients choosing to attend this site due to its locality.

"It's location and travel time."

However, five patients were not offered a choice of location. Recommendation 8

Of these three commented that they would have preferred to attend for tests in Barrow-in-Furness.

"Would prefer Barrow... it's easy for me to get to."

"I'd prefer Barrow, Kendal is quite a journey from where I live."

Another patient would have preferred to go to their GP for tests and one patient would have still chosen the appointment venue already allocated for them.

Regarding a choice of appointment times, five patients replied they had been given a choice with two patients commenting that they were given times convenient for them.

"I am able to choose a time that's convenient to me."

"I ring up the number and told them that I need weekly bloods and get given dates as best as possible for me."

Five patients were not given a choice of appointment times, however, when further asked if they would have liked a choice they all answered no. One patient commented.

"[I] just accepted times."

On the day of our visit, two patients were also waiting for further tests apart from the ones they had attended for. One patient explained that they periodically attend the site for an X-ray to check on their kidneys as well as attending for blood tests. Wherever possible they were offered the choice to have these tests done at the same time. All the patients we spoke with felt the site provided adequate privacy and dignity.

"Yes, it [does] and I'm always treated extremely well by the staff here."

After the appointment

On the day of our visit Healthwatch representatives spoke with nine patients after they had their appointment to discover how they felt their appointment went.

One patient was unable to comment due to a delay with her specialist.

"Have not had test yet as specialist has been delayed elsewhere. I have been waiting for over an hour."

However, nine patients stated that their appointment was on time.



All the patients we spoke with after their scans or tests, expressed that they were happy with their appointment and how well the staff treated them.

"Staff went above and beyond; they even sheltered me from the rain."

"The nurse was friendly and patient with me ... she's very down to earth and puts me at ease."

"Actually one of the most efficient blood samplings I've had for a long, long time. Maureen was spot on!"

All nine patients also expressed that they were able to communicate effectively with staff, with eight patients further commenting that they had the opportunity to ask any questions they may have had. However, it was highlighted that seven patients were not asked if they had any specific communication needs before or during their appointment. **Recommendation 9**

Eight out of the nine patients we spoke with told us that they felt listened to throughout their time on the site with members of staff being friendly, giving patients clear explanations and putting them at ease.

"I was put at ease and given clear expectations."



"The staff are easy to talk to, I feel like I am seeing a friend."

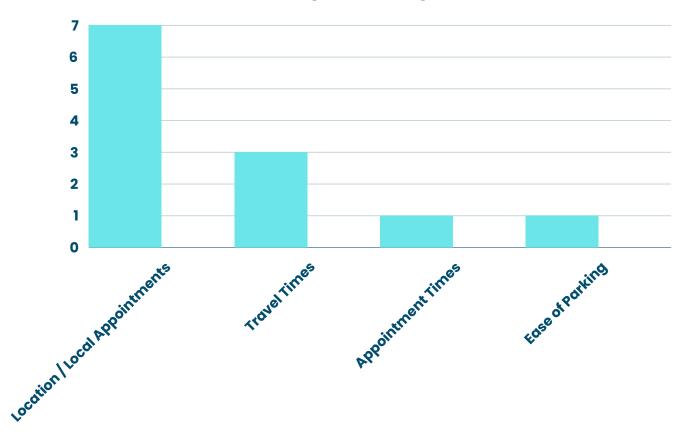
Representatives asked them if they were given any information to take away with them. Eight patients said they had not but that they did not need any information. One patient had received information, and this was via his phone, his preferred format.

"[Information] not needed as see them weekly."

Patients were asked if the next steps were explained to them, eight patients replied that they were, one patient had not as he already knew what would happen next.

Patient voice

Patients were asked if, in the future, they were offered choices around timing or location what the most important consideration for them would be.



What is important to you?

Location was the greatest consideration for the patients we spoke with travel times also being important to them.

"Location and distance as sometimes I ride my bicycle when the weather is fine. [It] helps me keep fit."

Follow up conversations

Follow up phone calls took place three weeks later during which representatives asked patients how, on reflection, they felt about their overall experience, what changes they would like to see, and if they had received their results yet.

Representatives spoke with two patients who agreed to a follow-up call. Overall both patients felt their appointments ran smoothly, the site was easy to get to and they would be content to attend there for any future appointments. One patient further commented on the care received from the staff, highlighting their efficiency and how they took time to listen to him which reduced his anxiety and stress.

Each patient received their results on time; one patient received them by phone the same day as his appointment; the other at his allocated follow-up appointment.

Both patients commented on changes they would like to see in the future; with one patient preferring the imaging unit to be inside the hospital to save patients getting wet.

Recommendations

The following recommendations have been formulated based on observations of the environment and feedback gathered from residents, relatives and staff.



Ensure vehicles do not obstruct hospital entrances: allowing ease of access for all patients, including those with limited mobility.



Look to install handrails along the length of the corridors: for ease of access for patients with limited mobility.



Ensure walkways remain clear in corridors to avoid trip hazards.



Ensure bathrooms are dementia-friendly, with different coloured toilet seats and handrails.



Ensure Reception areas have hearing loops installed and turned on with all reception staff trained in their use.



Review font size on signage for the benefit of patients with visual impairments.



Use matt lamination or Perspex covers on noticeboards to make information easier to read.



Ensure choice of location is offered to all at the time of booking appointments.



Ask patients about their communication needs before or during their appointments.

Provider response

Recommendation	Action from provider	Timeframe	Comments
Ensure vehicles do not obstruct hospital entrances allowing ease of access for all patients including those with limited mobility.	Parking on hatched area is an ongoing issue and is checked regularly. Vehicles in question are delivering sterile equipment to theatres.		
Look to installing handrails along the length of the corridors: for ease of access for patients with limited mobility.	Estates department contacted. This will be updated when a response has been received.		
Ensure walkways remain clear in corridors to avoid trip hazards.	Staff reminded re good housekeeping to check corridors are kept clear stores & supplies put away.	Completed	
Ensure bathrooms are dementia- friendly, with different coloured toilet seats and handrails.	Estates department contacted. This will be updated when a response has been received.		
Ensure Reception areas have hearing loops installed and turned on with all reception staff trained in their use.	Hearing loops now in place in reception & in OPD dept office for use in clinic rooms during consultations.	New units delivered to dept 8th & 16/4/2024.	Hearing loops were installed in the reception area when it was revamped in 2016 but current staff unable to locate any info re this so new units supplied by patient experience team.

Recommendation	Action from provider	Timeframe	Comments
Review font size on information signage for patients with visual impairments.	Posters and patient notices in OPD are generated in line with trust guidance re colour of paper & size of font recommended.	All posters to be reviewed and replace as necessary.	
Use matt lamination or Perspex covers on noticeboards to make information easier to read.	Matt lamination pouches sourced and will be used when creating patient information posters etc.	Awaiting delivery.	Dept generated posters will be reviewed and replaced with matt laminated copies.
Ensure choice of location is offered to all at the time of booking appointments.	Patients are already offered choice of location for CDC phlebotomy clinics.		We have asked that appointment slots are booked in time order to reduce long gaps of inactivity.
Ask patients about their communication needs before or during their appointments.	Appointments are booked by CPCC information re patients communication is usually recorded at that time e.g. requires an interpreter.		

healthwatch Westmorland and Furness

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