


ENTER & VIEW REPORT

Edgware NHS Walk-In Centre



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1 Summary

Service visited: Edgware NHS Walk-In Centre, Edgware Community Hospital, Burnt Oak Broadway, London, HA8 0AD

Date and time of visit: 11am–2.30pm, 20 February 2024

Status of visit: Announced

Authorised representatives: Alice Markham (lead), Victoria Beckson and Daria Duda

The Edgware NHS Walk-In Centre is located in Edgware Community Hospital and delivered by Central London Community Healthcare NHS Trust. The centre offers unscheduled same-day appointments for adults and children with minor injuries and illnesses. It is a nurse-led service but also provides GP cover.

Healthwatch Barnet would like to thank the centre's team for their support in arranging our Enter and View visit. During the visit we interviewed 10 patients, four parents who were accompanying their children and two visitors who were with family members. We also interviewed the Clinical Lead on duty and three members of staff – 20 people in total. This report is based on the collective feedback of the people we interviewed, plus notes and observations made during the visit.

All 16 of the patients and visitors we interviewed told us they were happy with the service provided at the Walk-In Centre. Several interviewees specifically mentioned finding the staff supportive and helpful. As a result of patient feedback, the centre has created a children's area in the waiting room, with toys, drawing materials and DVDs. Our recommendations, which are set out on p8, mostly relate to the facilities surrounding the Walk-In Centre, such as outside signage and access to refreshments.

In addition, as is set out below, we are aware of issues around delays to ambulances arriving and risks to patient safety; we make several recommendations on this topic on p8-9. We note that this matter is entirely outside of the Walk-In Centre's control.

Patient care and service satisfaction

Notes

- Four interviewees, who had come back to the waiting room after a consultation with a nurse, told us they waited for around 30 to 45 minutes for this consultation.

What worked well?

- All 16 of the patients and visitors we interviewed told us that they were happy with the service provided at the Walk-In Centre.
- Several interviewees specifically mentioned finding the staff supportive and helpful. One said, 'I would definitely recommend this service.'
- Eight patients and visitors told us that, after arriving at the centre, they only waited for a few minutes for the initial triage discussion. Three further interviewees told us they waited for 10 to 15 minutes, and one waited for 20 minutes. Four interviewees were not sure how long they had waited or did not answer this question.
- Staff told us that, even if the service reaches capacity, the centre still aims to triage all patients and provide them with appropriate advice about other services,

including out-of-hours GPs, NHS 111 and, where necessary, Accident and Emergency (A&E).

- One employee said they feel patients are offered a particularly good service at the Walk-In Centre, as staff do not have a set time limit for each patient consultation, so more time can be allowed for complex cases.

What could be improved?

- One patient mentioned that they would like the centre to be open later in the evening or until early morning.
- A patient with a mobility-limiting injury said they would have found their visit easier if they had been offered crutches.

Environment

Notes

- Staff advised that the main entrance to Edgware Community Hospital used to have a reception desk but that this has been removed due to reductions in funding.

What worked well?

- The entrance to the Walk-In Centre was clearly labelled, with a large sign above the door. The entrance is flat and wheelchair accessible, with automatic doors.
- During our visit, the waiting area was clean, well lit and uncrowded.
- Face masks and hand sanitiser were available for patients and visitors.
- There were toilet facilities, including a well-signposted accessible toilet.
- Three of the people we interviewed told us they found the hospital parking easy to use. One patient, who had a mobility-limiting injury, said they had chosen this service because they found the car drop-off point comfortable and convenient, and because the drop-off is close to the entrance.

What could be improved?

- In the accessible toilet, the emergency pull cords were tied up to one side instead of hanging freely.
- We observed that the signage directing patients to the Birth Centre, the Parkinson's Rehabilitation Ward and the hospital's rear car park was limited and unclear. Staff advised us that this leads to patients and drivers mistakenly coming to the Walk-In Centre. We also noted that there were limited roadside signs for patients arriving by car, especially on the stretch from the main road to the Walk-In Centre entrance.
- When asked what could be improved, one member of staff said that, in their view, the centre's waiting room is too small to handle the volume of patients coming in, particularly on weekends. They advised that this sometimes leads to patients having to stand in the waiting room as there are not enough chairs.
- While three patients and visitors praised the hospital parking, several others mentioned issues with this. Three people said they had parked further up the road instead of using the hospital parking, as they did not wish, or could not afford, to pay the hospital's parking fees.

Security

What worked well?

- We observed that the centre had a security guard and that access to the consultation rooms was badge-protected. Throughout our visit we noted that staff were careful to keep the badge-protected doors closed.
- One employee told us that the good security measures which are in place make their work less stressful.

Refreshments

What worked well?

- There was a food vending machine in the waiting area.
- One patient praised the food in the hospital canteen and said that it was healthy and affordable.
- We asked about situations where patients need to leave to purchase food and bring it back to the waiting room. The Clinical Lead told us that, where necessary, staff can put a note on the system explaining that the patient will be back soon, so the patient doesn't lose their place in the queue due to a short absence from the waiting room.

What could be improved?

- Some interviewees mentioned that patients' access to the hospital canteen was limited. On weekdays the canteen is open from 8am to 3pm. Staff advised that on weekends, within Edgware Community Hospital the Ruby and Jade wards have access to the canteen food, but the Walk-In Centre does not. We also observed that the canteen was located in the basement of the main hospital building and was not very easy to find. It might be helpful to have a sign or map at the centre's reception explaining that if people want refreshments during the café's opening hours, they can buy these before joining the Walk-In Centre's queue.
- Some patients and visitors mentioned that there was no water dispenser in the waiting area and that the vending machine only accepted cash. These people told us they would have found it helpful to have the option of paying by card.

Onward referrals

What worked well?

- Staff advised that they use various electronic referral systems and have a network of contacts including specialists in hospitals.
- Staff said they see a few patients who are not registered with a GP, including people who are new to the area and people who are experiencing homelessness. Employees told us they are able to support these patients with GP registration.

What could be improved?

- We asked staff whether there are routine processes that they follow, or leaflets in the centre, to signpost patients to local voluntary sector organisations – for

example, if patients have unmet needs around mental health or caring responsibilities. Staff advised that while they do refer patients for mental health support within the NHS, the centre does not have any routine processes in place to signpost people to voluntary sector organisations.

Patient communication

What worked well?

- As a result of patient feedback, the centre has created a children's area in the waiting room, with toys, drawing materials and DVDs.
- Employees advised us that, where patients do not speak English fluently, staff can use LanguageLine's phone interpreter service. This can be used at the point of booking in at reception, during triage and during a consultation.
- Staff said that, in cases where patients and visitors are disabled in hidden ways, the centre seeks to provide support. Staff mentioned that they are aware of 'hidden disability lanyard' schemes.¹

What could be improved?

- One employee mentioned that, while LanguageLine is available, they often find it easier to communicate with patients using Google Translate. While we appreciate the need for flexibility when communicating with patients with multiple needs, we would remind staff that Google Translate is not consistently accurate, particularly in relation to medical instructions.²

Staffing

What worked well?

- The staff we interviewed reported receiving good levels of training and support from their managers. One employee described the team as 'family-like'.
- We spoke to two members of staff about safeguarding. Both said they were confident that they would know what to do if a safeguarding incident arose. One employee gave examples of incidents they had reported to their manager in the past which had been dealt with appropriately.
- The Clinical Lead told us that there are regular hand hygiene audits for staff.

Referrals to the centre

- **We note that the matters outlined below are not within the control of Edgware NHS Walk-In Centre.**
- Staff advised that many patients who visit the centre have had difficulties accessing a GP appointment and that patients are often directed to the centre by their GP's receptionist.

¹ There are several 'hidden disability lanyard' schemes in operation, including Sunflower, which is based on self-diagnosis: hdsunflower.com (accessed 13 August 2024) and the Verified Hidden Disability Lanyard, which is available to National Disability Card holders: disabilityid.co.uk/invisibledisability (accessed 13 August 2024).

² Breena R Taira, Vanessa Kreger, Aristides Orue and Lisa C Diamond, 'A pragmatic assessment of Google Translate for emergency department instructions', *Journal of General Internal Medicine* 36(11): 3361–3365 (November 2021), pubmed.ncbi.nlm.nih.gov/33674922 (accessed 13 August 2024).

- Staff also told us that, in some cases, GPs' receptionists refer patients to the Walk-In Centre for services they do not provide, such as ear micro-suctioning and syringing, routine electrocardiogram (ECG) tests, and incision and drainage procedures.
- There is no A&E department at Edgware Community Hospital. Staff advised that many people who visit the centre are not aware of the difference between the Walk-In Centre and A&E. This means that patients come to the centre with injuries that require hospitalisation. Staff also mentioned that, in some cases, taxis and cars pull into the Walk-In Centre's drop-off point with unconscious people in the vehicle, as the driver believes that the centre can provide services that are only available at A&E. We note that it might, at least in part, be possible to address this issue with broader public communications work and/or hospital signage.

Ambulances

- **We note that the issues outlined below relate to the London Ambulance Service, and are outside of the control of Edgware NHS Walk-In Centre.**
- Staff told us that some patients who present at the Walk-In Centre need to go to A&E as soon as possible, and employees call an ambulance. Staff advised that very urgent 'category two' ambulances should arrive within 20 minutes but can take up to 90 minutes to arrive due to ambulance shortages. In some cases, lower priority 'category three' ambulances can take hours to arrive. In these 'category three' cases, staff advised that in some situations they have ordered a taxi to get a patient to A&E – in each case the centre weighs up the risks and benefits before deciding on a course of action, based on the best interests of the patient. Where a taxi is ordered, the centre pays for this.
- We note that delays to urgent care are a national issue. In January 2023 the President of the Royal College of Emergency Medicine estimated hundreds of people per week could be dying because of delays to emergency care.³
- We are gravely concerned about the potential consequences of delays to ambulances arriving and strongly recommend that addressing the underlying causes of these delays must be the first priority. While this is not a solution, we would also suggest that sharing information with Barnet residents about the locations of nearby A&E departments, and the differences between walk-in centres and A&E, could be of use.

³ 'A&E delays causing up to 500 deaths a week, says senior medic', *The Guardian* (1 January 2023), <https://shorturl.at/dPw6y> (accessed 13 August 2024).

2 Recommendations

NHS Property Services

1. **Signage:** we recommend improving the hospital's signage for drivers approaching Edgware NHS Walk-In Centre and for the canteen, Birth Centre, Parkinson's Rehabilitation Ward and rear car park. Also, that NHS Property Services consider whether more app-based mapping could be provided for patients with smartphones.
2. **A&E:** to erect signage stating that there is no Accident and Emergency (A&E) department at Edgware Community Hospital and possibly giving details of nearby A&Es.
3. **Canteen:** to consider whether the Walk-In Centre's patients could have some access to the canteen at weekends. Currently, over the weekend the Ruby and Jade wards' patients (within Edgware Community Hospital) have access to canteen food whereas the Walk-In Centre's patients do not.

Response from Walk-In Centre: We are liaising with property services to action this if it is possible.

In relation to patient meals – these are supplied to the wards but there are no facilities for any staff or patient canteen access at weekends and bank holidays and this is not likely to change.

Edgware NHS Walk-In Centre

4. **Accessibility:** we recommend that the centre places a poster in the disabled toilet asking staff to ensure the emergency pull cords hang freely.
5. **Vending machine:** for the centre to look into the possibility of sourcing a machine which accepts card payments. Also, to consider the feasibility of having a second machine selling sandwiches, to be stocked over the weekend, when the centre is busier.
6. **Café:** For the centre to consider placing a sign or map at reception explaining that if people want refreshments during the café's opening hours, they can buy these before joining the Walk-In Centre's queue.
7. **Signposting:** for the centre to establish links with key voluntary sector organisations, such as Mind in Enfield and Barnet, to enable signposting of patients in crisis.
8. **Interpreting:** for the centre to ensure all staff are aware of the limitations of Google Translate, so LanguageLine is always used whenever it is needed.

Response from Walk-In Centre: We can action most of the above and are reminding all staff not to use google translate.

Emergency services

9. **National government:** to reconsider the funding arrangements for ambulance services, given the risks to patient safety raised by service shortages.

- 10. Communications:** for the Department of Health and Social Care and North Central London Integrated Care Board (NCL ICB) to develop further public communications on the differences between A&E and walk-in centres. For NCL ICB to develop public communications about the locations of A&Es in North London and when it is appropriate to visit A&E.
- 11. Training:** for NCL ICB to work with services such as GP surgeries to ensure that, in emergencies, receptionists and other relevant staff are confident about signposting residents to A&E departments in North London.

3 Our approach to Enter and View

3.1 What is Enter and View?

'Enter and View' visits are part of the local Healthwatch programme. Mandated by the Health and Social Care Act 2012, the visits enable trained Healthwatch staff and volunteers (known as 'authorised representatives') to visit health and care services, such as hospitals, care homes, GP practices, dental surgeries and pharmacies.

Enter and View visits can happen as a result of people telling us there is a problem with a service, but equally they can occur when services have a good reputation. During the visits we observe service delivery and talk with people using the service, their families and carers, and their friends. We also engage with management and staff. Our aim is to form a view of how the service is being operated and experienced.

Following a visit, we share our Enter and View report with the service provider, local commissioners and regulators. This report outlines good practice that was observed during our visit and gives recommendations on what could be improved. All reports are available to view on our website.

3.2 Safeguarding

If safeguarding concerns arise during a visit, we will report them in accordance with our safeguarding policies. In advance of the visit, our authorised representatives are advised that if they observe anything concerning, they must inform the lead representative. The lead representative may then take one or more of the following steps, depending on the situation: discussing what has been observed with our organisation's safeguarding lead, informing the service manager and/or making a safeguarding referral.

In addition, if any member of the service's staff wishes to raise a safeguarding issue about their employer, they are directed to the Care Quality Commission process, under which they will be protected by legislation if they raise a concern.

3.3 Disclaimer

This report relates to findings observed on the specific date(s) set out. It is not a representative portrayal of the experiences of all staff and people using the named service – only an account of what was observed and heard at the time.

3.4 Acknowledgements

Healthwatch Barnet would like to thank the people using this service, their families and friends, the service provider and the provider's staff for their contributions, which enabled this Enter and View to take place. We would also like to thank our authorised representatives, who assisted us in conducting the visit and putting together this report.

4 About the visit

4.1 Edgware NHS Walk-In Centre

We visited Edgware NHS Walk-In Centre on 20 February 2024. This service is located within Edgware Community Hospital and delivered by Central London Community Healthcare NHS Trust.

The Walk-In Centre offers unscheduled same-day appointments for adults and children with minor injuries and illnesses. It is a nurse-led service but also provides GP cover. The centre is open from 8am to 8pm every day of the week.

4.2 Care Quality Commission (CQC) rating

The CQC is the independent regulator of health and adult social care in England. Its role is to ensure that health and social care services provide people with safe, effective, compassionate, high-quality care, and to encourage services to improve.

The most recent CQC inspection of Edgware NHS Walk-In Centre was in January 2014. During this inspection, the Walk-In Centre met the CQC's standards across all five criteria ('Treating people with respect and involving them in their care', 'Providing care, treatment and support that meets people's needs', 'Caring for people safely and protecting them from harm', 'Staffing' and 'Quality and suitability of management').⁴

4.3 Purpose of visit

Enter and View visits enable Healthwatch Barnet to form a view of how a service operates and is experienced, and to produce a report.

5 Environment and observations

5.1 Signage

What worked well?

- We observed that the front entrance to the Walk-In Centre was clearly and visibly labelled, with a large sign above the door.

⁴ Care Quality Commission, 'Edgware Community Hospital Walk-In Centre: Latest inspections summary' (January 2014), [cqc.org.uk/location/RYXY1/inspection-summary](https://www.cqc.org.uk/location/RYXY1/inspection-summary) (accessed 13 August 2024).

What could be improved?

- There were limited roadside signs for patients arriving by car, especially on the stretch from the main road to the Walk-In Centre entrance.
- We also noticed that there were insufficient signs to direct patients to other hospital services located nearby, particularly the Birth Centre and Parkinson's Rehabilitation Ward, which are around the corner from the Walk-In Centre.
- The signs for the parking areas were inadequate. In particular, more signs were needed to direct visitors towards the car park at the back of the hospital.

5.2 Waiting area

What worked well?

- The centre has a waiting area with around 30 seats and a separate reception facing the front door, with glass-fronted reception desks. On the day of our visit, the waiting area was well lit, clean and uncrowded.
- There were toilet facilities available, including an accessible toilet. These facilities were well signposted and clean on the day of our visit.

5.3 Safety and hygiene

What worked well?

- Face masks and hand sanitiser were available for patients and visitors.
- There was a security guard present at the entrance to the centre. Access to the consultation rooms was secure and badge-protected, and throughout the day we observed staff members being careful to keep the doors locked.

5.4 Accessibility

What worked well?

- The building's entrance is flat and wheelchair accessible, with automatic doors.

What could be improved?

- In the accessible toilet, the emergency pull cords were tied up to one side instead of hanging freely.

6 Interviews with patients and visitors

During this visit we interviewed 10 patients, four parents who were accompanying their children and two visitors who were with family members. We did not interview any children.

Patients and visitors had the option to speak with us in a side room. However, all of our interviewees chose to speak to us in the waiting room. As people were either waiting to be seen or needing to leave after having had their appointment, the lengths of the interviews varied.

6.1 Reason for visiting and referral

Patients and visitors told us that they or their relatives had come to the Walk-In Centre for a variety of reasons, including chest pain, a chest infection and to have a wound dressing changed. The most common issue was injury – seven of the people we interviewed said this was the reason for their visit.

Four patients and visitors specifically mentioned that they had come to the Walk-In Centre because they had found it difficult to arrange a GP appointment. Two people told us they had chosen the Walk-In Centre instead of Accident and Emergency (A&E) because of the shorter waiting times.

Nine of the patients and visitors we spoke to said that they lived locally and had used the Walk-In Centre before. Furthermore, 13 of our interviewees advised us that they or their relatives had referred themselves to the Walk-In Centre on the day of our visit. The other three patients and visitors told us that they had been signposted to the centre over the phone by NHS 111 and/or their GP. For example, in one case a GP practice had told our interviewee they did not have any available appointments and suggested that they visit the Walk-In Centre.

Selected comments

“I know this service – I live locally.”

“I can never get an appointment with my GP – I come here instead.”

“It’s easy to see someone here – that isn’t the case at my GP surgery.”

“I fell and injured my foot – it’s very painful and difficult to walk. My GP doesn’t do emergency appointments. I’ve stopped trying to get them. I can’t even get through to the GP’s receptionist on the phone any more – I have to do everything online. After I hurt my foot, I already tried my GP. It was going to take over two weeks to get an appointment. My GP surgery said if my foot keeps swelling I should go to urgent care.”

“My daughter [a toddler] is not well. She got a high temperature in the early hours yesterday morning, and she’s really lethargic today. I rang my GP at 8am and 1pm yesterday and couldn’t get an appointment. My daughter finally went to sleep yesterday evening so this morning I rang 111. They told me they’d arranged an appointment for me at [another medical centre], but when I went there I was told it was a mistake and I got directed here, to the Walk-In Centre.”

6.2 Transport

Of the 16 patients and visitors we spoke to, 11 had driven to the Walk-In Centre by car. Two people had come by taxi, one had used public transport and two had walked to the centre.

Three of the people we interviewed told us they had found the hospital parking easy to use. One patient, who had a mobility-limiting injury, said they had chosen this service because they found the car drop-off point comfortable and convenient, and because the drop-off is close to the entrance.

However, several patients and visitors mentioned issues with the hospital parking. Three people told us they had parked further up the road instead of using the hospital parking, as they did not wish, or could not afford, to pay the hospital’s parking fees. One person said they had found the parking payment system confusing and difficult to use.

Selected comments

Positives

“I drove here and parked in the hospital parking. I used the machine [to pay] and I didn’t think it was overly expensive.”

“My partner drove me and dropped me at the drop-off point. I chose Edgware instead of [another similar service] because of the drop-off point.”

“I came by public transport and it was easy to find.”

Negatives

“I came by car – the parking was okay, but the payment was confusing. Someone I met in the car park told me they got a fine in the past when they parked here. It also asks you to declare how long you will be staying for, which is hard to know in advance.”

“My friend drove us, but parked far away – because of the cost of the hospital parking.”

6.3 Customer service

All 16 of the patients and visitors we interviewed spoke positively about their interactions with the Walk-In Centre’s reception staff. Interviewees described the receptionists as friendly and approachable. Four patients specifically mentioned their interactions with triage nurses, and all four said they were very satisfied with the help they had received.

A patient with a mobility-limiting injury said they would have found their visit easier if they had been offered crutches.

Selected comments

Positives

“Reception was lovely, and the receptionist was smiling.”

“Fantastic, friendly reception.”

“The triage nurse was really helpful.”

6.4 Waiting times

Eight patients and visitors told us that, after arriving at the centre, they only waited for a few minutes for the initial triage discussion. Three further interviewees told us they had waited for 10 to 15 minutes, and one person said they had waited for 20 minutes for the initial triage. Four interviewees were not sure how long they had waited or did not answer this question.

Most of our interviews took place while patients and visitors were still waiting for a full consultation. After this took place, people were often keen to leave and had less time to speak with us.

Four interviewees, who had come back to the waiting room after a consultation with a nurse, told us they waited for around 30 to 45 minutes for this consultation. Another visitor, who was accompanying their child, said that they had waited for 45 minutes for a consultation with the Walk-In Centre’s GP, who had prescribed medication for them.

A further interviewee, who had visited the centre before, told us that the waiting time to see a nurse is around 20 to 45 minutes but that if someone needs to see a doctor after the nurse consultation, they might need to wait for hours on a busy day.

Selected comments

Positives

“I got to triage straight through – it took a few minutes max.”

“Me and my daughter saw the GP, got a diagnosis [within 45 minutes]. We were given medication. [Now] we are waiting for 15 minutes to see if the medication worked.”

Negatives

“It takes 30 minutes to see a nurse. On a busy day sometimes the wait for a doctor takes hours. Sometimes [they] recommend going to A&E, where you wait even longer.”

6.5 Waiting room and refreshments

Ten interviewees specifically mentioned that they found the waiting room comfortable.

When asked whether anything could be improved, one person said that the waiting room could be bigger, and another mentioned that the television was not working. One patient commented that there was a big difference between the waiting room’s accessible seating and its metal chairs. This person had injured their leg and said they were very comfortable on the accessible chair they were using, but that if they had to use a metal chair this would have been difficult for them.

In relation to food, three patients and visitors said they thought the vending machine was not well stocked and that it would be much better if the machine accepted cards as well as cash. Two people mentioned that there was no water dispenser in the waiting area. Two further interviewees told us that they were aware of the hospital canteen but said they would not use it while waiting for a consultation for fear of losing their place in the queue. One of these interviewees praised the food in the hospital canteen and said that it was healthy and affordable.

Selected comments

Positives

“The waiting area is comfortable, toilets are fine, clean.”

“It’s newly built here – it’s nice and clean. It’s got big windows with good views outside, it’s bright and lifts your mood, not just four walls, and it’s got a vending machine.”

“The food in the hospital canteen is really healthy and very cheap – great place to eat.”

“I’m very comfortable because I’m sitting in one of the comfortable chairs. But I’ve hurt my leg badly and I wouldn’t be comfortable at all if it was busy and I had to sit on one of those metal chairs.”

Negatives

“The vending machine doesn’t have anything I’d buy, and it doesn’t take cards.”

“I know there’s a canteen in the main hospital but [I don’t] want to go for fear of losing my spot in the queue. The vending machine isn’t well stocked and it only takes cash.”

6.6 Service satisfaction

All 16 of the patients and visitors we spoke to reported being satisfied with the service provided at the centre. Several interviewees specifically mentioned that they found the

centre's staff supportive and helpful. Two people highlighted that they found the centre much easier to access than trying to get an appointment with a GP or going to A&E.

One person said that they thought the Walk-In Centre should be open until later in the evening or earlier in the morning.

Selected comments

Positives

"All went very well – we were seen very quickly and now we know what to do. We are very pleased with the service here."

"I really like the service, that's why I keep coming back. The service is very accessible, the staff are supportive and professional, and the standard of hygiene is very good."

"I'm very satisfied with the service – I will use it again. If one of my children is sick, I will come straight here instead of calling the GP. I would definitely recommend this service."

Negatives

"I think they should work on increasing the opening hours, it should be open until 1am."

7 Management interview

The information presented below is based on our interview with the Clinical Lead who was working on the day of our visit and the pre-visit questionnaire which the centre completed.

7.1 Service overview

- The Walk-In Centre is open from 8am to 8pm every day of the week. However, no new consultations are booked for patients after 7pm.
- The Clinical Lead advised us that the majority of appointments at the centre are unscheduled walk-ins for adults and children with minor injuries or illnesses. The centre aims to triage all patients within 15–20 minutes of arrival.
- Once people have been triaged, they normally wait for 20–45 minutes to have a full consultation. The centre provides a nurse-led service but also includes GP cover.
- Alongside the drop-in service, the centre also offers a bookable dressing clinic, which is open on specific days from 8am to 5pm.
- There is an outpatient X-ray service in the same building as the Walk-In Centre. It is an independent service but is often used by Walk-In Centre patients.
- The majority of patients come to the Walk-In Centre via self-referral. In addition, some people are referred by agencies including NHS 111, their GP, mental health services and 999.
- Some of the same patients return and use the Walk-In Centre regularly.

7.2 Staffing and training

- We were informed that, at the time of our visit, clinical staffing levels comprised:
 - three clinical nurse leads
 - 11 to 14 hours of GP cover per day
 - 80.5 to 84 hours of clinical cover per day – including Band 7 clinical practitioners and healthcare assistants

- contracted staff being supported by some additional bank staff.⁵
- At the time of our visit, the centre was seeking to recruit a Band 5 support nurse and a Band 6 trainee clinical practitioner.
- The Clinical Lead advised us that the centre is primarily led by senior nurses, some of whom have specialist paediatric training. The centre aims to have at least one paediatric nurse on every shift and also offers consultations with doctors.
- Staff receive training at away days with internal and external speakers. This training covers clinical updates, learning lessons from incidents and complaints, and other training priorities which are identified based on individual staff members' needs. All clinical staff attend at least one such training session a year. At the time of our visit, the most recent away day had taken place in November 2023.
- Other training is planned according to individual needs. This training can include, for example, university-based injury and illness courses as well as paediatric assessment courses.
- All clinical staff have completed Oliver McGowan Learning Disability and Autism training, sepsis training and non-medical prescribing training. All staff also receive mandatory verbal de-escalation training.

7.3 GP registration

- The Walk-In Centre sees a small number of patients who are not registered with a GP – for example, people who have moved to Barnet recently and people who are experiencing homelessness. In these situations, the centre's staff can offer patients support with registering with a GP.

7.4 Onward referrals

- The Clinical Lead said that patients who need to go to Accident and Emergency (A&E) are redirected to either Barnet Hospital or Northwick Park Hospital.
- Staff use various electronic referral systems and also have a network of contacts including specialists in hospitals.
- The centre regularly refers patients to the virtual fracture clinics at the Royal Free London and Barnet Hospital, and to the Royal Free for plastic surgery. For burns appointments, patients are often referred to Chelsea and Westminster Hospital. Some urgent Ear, Nose and Throat follow-up appointments are available through University College Hospital's outreach services.
- For patients with mental health conditions, the Walk-In Centre works with the Dennis Scott Unit within Edgware Community Hospital.
- Staff also use Consultant Connect⁶ and identify referral routes via NHS Service Finder.⁷
- The Clinical Lead said there are instances when the Walk-In Centre reaches capacity and cannot arrange a full consultation for some of the patients who visit on a given day. However, staff still aim to triage all patients and provide them with appropriate advice and information about other services, including out-of-hours GPs, NHS 111

⁵ An NHS staff bank is a network of healthcare professionals managed by an NHS trust, or through a third party, who are contracted to take on shifts at trust hospitals whenever they are needed.

⁶ Consultant Connect is a company that supports NHS services to engage with specialist clinicians. For more details see consultantconnect.org.uk (accessed 13 August 2024).

⁷ NHS Service Finder is a free online tool which health and social care professionals can use to search for local NHS services. For more details see digital.nhs.uk/services/nhs-service-finder (accessed 13 August 2024).

and, where necessary, A&E. In some cases, patients are advised to return to the Walk-In Centre the next day.

- In cases where people who are experiencing homelessness visit the Walk-In Centre, staff can signpost them to housing support.

7.5 Safeguarding

- We were advised that, on average, the centre makes three child or adult safeguarding referrals every week. Some of the adult referrals involve people with mental health conditions. In the past, the centre dealt with a trafficking case.
- If a parent brings a child to the centre and the family leave before their consultation, staff will always phone the parent to find out what has happened. In these situations, the child is likely to be unwell and has not received treatment.
- We were informed that staff complete an enhanced Disclosure and Barring Service (DBS) check, and that all staff had been checked within the past three years.
- All staff are required to complete annual adult and child safeguarding level three training. In addition, training days include adult and child safeguarding supervision meetings.
- Staff are informed of the referral pathways which they should use in safeguarding cases, and these are listed on the Central London Community Healthcare intranet.

7.6 Facilities and hygiene

- We asked about situations where patients need to leave to purchase food and bring it back to the waiting room. The Clinical Lead told us, where necessary, staff can put a note on the system explaining that the patient will be back soon, so the patient doesn't lose their place in the queue due to a short absence from the waiting room.
- We were informed that, where patients do not speak English as a first language, staff can use LanguageLine's phone interpreter service. This can be used at the point of booking in at reception, during triage and during a consultation.
- We were also told that easy-read information is provided for patients with learning disabilities.
- For patients and visitors who are disabled in hidden ways, the centre provides support, including ensuring staff are aware of 'hidden disability lanyard' schemes.⁸
- The service has a yearly environmental audit and regular hand hygiene audits.

7.7 Patient and visitor feedback

- We were given examples of changes which the centre had made to the waiting area as a result of patient and visitor feedback. These included creating a children's area with cleanable toys and drawing materials, and making DVDs available for children to watch while they wait.

⁸ There are several 'hidden disability lanyard' schemes in operation, including Sunflower, which is based on self-diagnosis: hdsunflower.com (accessed 13 August 2024) and the Verified Hidden Disability Lanyard, which is available to National Disability Card holders: disabilityid.co.uk/invisibledisability (accessed 13 August 2024).

8 Staff interviews

During our visit we interviewed three members of staff.

8.1 Staffing and support

Two employees specifically mentioned that they had received good training, both in-person from their line managers and through online courses. These interviewees also advised us that the Walk-In Centre does not use agencies but that some staff are bank staff.

One staff member said that the working environment had improved under the current management and that it is 'family-like'. In terms of facilities, another employee told us that the centre has a good online messaging system and that staff use this throughout their shifts – for example, to let one another know when they are taking a break. This person also mentioned that there is a toaster and a kettle for staff, and that this is helpful.

Selected comments

General

"I've worked here a long time, everyone is good here."

"The current working environment is okay – it's family-like."

Training

"Now they updated the software, the nurse has to sit with us and show us how it works, but there is time for her to teach everyone everything."

"We have been given training [regarding safety on the job] that comes from the managers. I have also done really good online training."

8.2 General environment

We observed that there was limited signage directing patients to the Walk-In Centre, the rear hospital car park, the Birth Centre and the Parkinson's Rehabilitation Ward, and we asked employees about this. Staff advised us that the unclear signage means that patients for the Birth Centre and the Parkinson's Ward, and drivers seeking the car park, mistakenly come to the Walk-In Centre. They mentioned that the main entrance to Edgware Community Hospital used to have a reception desk but that this has been removed.

We asked employees about the hospital canteen's opening hours. They advised that the canteen was open from 8am to 3pm on weekdays, with the last food order being taken at 2pm. At the weekend, within Edgware Community Hospital the Ruby and Jade wards' patients have access to canteen food but the Walk-In Centre's patients do not.

8.3 Referrals to the centre

Staff advised us that many patients who visit the Walk-In Centre have had difficulties accessing an appointment with their GP, and this is one of the most common reasons why people use the centre. Patients are often directed to the centre by their GP's receptionist, when GP practices do not have any available appointments. One member of staff mentioned that the Walk-In Centre's employees are often involved in liaising with GP surgeries about patients.

Staff also told us that, in some cases, GPs' receptionists refer patients to the Walk-In Centre for services the centre does not provide, such as ear micro-suctioning and syringing, routine electrocardiogram (ECG) tests, and incision and drainage procedures.

In relation to Accident and Emergency (A&E) services, employees advised that as A&E departments are very busy, some patients visit the Walk-In Centre to avoid a lengthy wait at A&E. There is no A&E department at Edgware Community Hospital. Staff mentioned that, in some cases, taxis and cars pull into the Walk-In Centre's drop-off point with unconscious people in the vehicle, as the driver believes that the centre can provide services that are only available at an A&E department.

8.4 Patient care and communication

One employee mentioned that they feel patients are offered a better service at the Walk-In Centre than in some other NHS services, as the centre does not have a set time limit for each consultation. This means more time can be allowed for complex cases.

When asked about the capacity of the waiting room, another member of staff said that, in their view, the centre's waiting room is too small to handle the volume of patients coming in, particularly on weekends, when it is busier. They advised that this sometimes leads to patients having to stand in the waiting room as there are not enough chairs.

In relation to opening hours, one member of staff told us that most patients are not aware that, although the centre closes at 8pm, the policy is that staff do not book new consultations after 7pm.

Finally, an employee told us that staff can use LanguageLine's telephone interpreting service to communicate with patients but that they personally often find it easier to communicate with patients using Google Translate.

8.5 Safeguarding and safety

We had the opportunity to speak to two members of staff about safeguarding. Both said they were confident that they had sufficient knowledge of what to do if safeguarding issues arose. One of these employees gave examples of incidents they had reported to their supervisor in the past which had been dealt with appropriately.

One employee said that they felt the centre had good security arrangements. They mentioned that there is a security guard in reception, that access to the consultation rooms is badge-protected and that staff have emergency alarm buttons in consultation rooms.

Selected comments

"If there is a safeguarding issue I know to go to my supervisor."

"The security is good, so it feels safe and less stressful."

8.6 Ambulances

Staff advised us that many people who visit the Walk-In Centre are not aware of the difference between their service and A&E.

Staff also told us that some patients who present at the Walk-In Centre need to go to A&E as soon as possible, and employees call an ambulance.

8.7 Onward referrals

We asked staff whether there are routine processes that they follow, or leaflets in the centre, to signpost patients to local voluntary sector organisations – for example, if patients have unmet needs around mental health or caring responsibilities. Staff advised that, where relevant, patients are referred for NHS mental health support. However, they said that the centre does not have any routine processes in place to signpost people to voluntary sector organisations.

One employee advised that the centre refers patients to other services via various online platforms. They said that this generally works well, apart from some technical glitches.

9 Distribution and comments

If you have any comments on this report or wish to share your views and experiences, please contact us:

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