

Report on Enter and View Visit Undertaken by Healthwatch Staffordshire on 15th April 2024

Service Visited:

The Renal Unit at UHNM NHS Trust, Royal Stoke University Hospital is open 6 days per week.

Royal Stoke University Hospital, Newcastle Road, Stoke-on-Trent. ST4 6QG.

Tel: 01782 715444

Context of Visit:

Healthwatch Staffordshire reached out to the Renal Unit to carry out a regular statutory Enter and View visit. Healthwatch has received feedback from patients regarding issues with the Non-Emergency Patient Transport (NEPT) service. As a result, we aimed to investigate how these issues were affecting the patients and departments that rely on this service. Our objective was to work with the Patient/ Hospital team to identify areas that were functioning well, as well as any improvements or measures that needed to be considered.

Review Method:

Healthwatch Staffordshire conducted an independent Enter and View visit to gain a comprehensive view of the service at the County Hospital and the UHNM Royal Stoke Renal Unit.

The visit to the Royal Stoke University Hospital was conducted by Healthwatch Staffordshire's Emma Ford, Engagement Officer for North Staffordshire, and a volunteer colleague. Other colleagues from Healthwatch Staffordshire are also conducting a separate Enter and View at the UHNM County Hospital Renal Unit.

Before the visit, the Head of Patient Experience contacted the Matron of the service on both sites to set up a date and time. Healthwatch provided a poster of the Enter and View for each site to be displayed for 7 days, which made patients aware and offered a QR code, web link, and contact details. This enabled people to give feedback confidentially about the services. As a result of this, the feedback in this report covers the period of 11th-30th April.

On 14th May a further poster with the link to the survey was displayed in the Renal Unit, along with paper copies of the survey which when completed were posted into a locked box. These surveys were collected on 5th June. These surveys will be analysed as a separate report to the Enter and View.

The visit took place on Monday 15th April, from 10 am until 3 pm, where the Healthwatch team received an overview of the service from the Renal Matron. When the Team arrived at the Unit the first dialysis session of the day was ending. They therefore waited in Reception. When that session finished, they were able to speak with people waiting for transport home and those arriving for the 12-noon treatment. Once the 12-noon people were receiving dialysis, they then entered the ward and spoke with them.

Both Healthwatch Teams are producing their reports individually, and this report is an independent view from Healthwatch regarding the Royal Stoke University Hospital on the day of the visit.

The Review Team:

The visiting team consisted of:

- Emma Ford, Engagement Officer, North Staffordshire
- Healthwatch Volunteer

Service Outline:

The Renal Unit provides 4 bays, which are referred to by the colours red, blue, yellow and green. Each bay contains 8 beds. Patients tend to go into the same bay for each treatment, as the bays are managed by different Consultants. There are also 8 side rooms, which are used for patients who have infections.

The Unit offers three dialysis shifts per day on Mondays, Wednesdays, and Fridays. On these days treatment starts at 6/7am, 12 noon, and 6pm. On Tuesdays, Thursdays, and Saturdays, there are no evening treatments. No treatments are provided on a Sunday.

Staff try to ensure patients are given their preferred timeslot. If this is not possible, they will be put on a waiting list for their preferred time. Once given a timeslot, patients must attend at the same time for each treatment. There are occasions when a person needs to attend dialysis at a different

time, for example, if they are going on a day trip. If this happens, they may be treated in a different bay. If a patient is going on holiday, they will receive dialysis in the area they are travelling to.

Most patients receive treatment three times per week, but on the day of the visit one person was attending five day per week. Most people receive dialysis for 4 hours. However, Healthwatch were told that some patients can ask to be taken off dialysis after 3 hours (sometimes because of transport issues). Sometimes patients are offered extra time on dialysis (either an additional half hour/hour, or an extra dialysis session the following day) to try and remove additional fluid.

The Renal Matron Healthwatch spoke to manages the Renal Units at Royal Stoke, County Hospital Stafford, and the satellite unit at Leighton Hospital. 207 patients per week receive dialysis at Royal Stoke, with a further 50 attending County Hospital Stafford.

Staffing:

The staff at the Renal Unit, Royal Stoke, consists of:

- 1 Senior Sister
- 9 Sisters
- 1 Quality Sister
- 23 Staff Nurses
- 10 Band 3 Health Care Assistants (HCA)
- 4 Band 2 Health Care Assistants
- Receptionist
- Housekeeper (to manage the stores)

Non-Emergency Patient Transport (NEPT)

The NEPT is provided at UHNM by EMED. It had previously been provided by ERS. EMED have a Renal Liaison Officer who sits beside the Haemodialysis Unit's Receptionist on the front desk. The Renal Liaison Officer works Monday to Friday, 10am-6pm and arranges all the NEPT patient travel. Transport outside of the Officer's working hours are also prearranged by them. We were told that NEPT is provided for 300 patient visits to the Unit per week. There are Feedback cards regarding NEPT in Reception.

Patients Using Their Own Vehicle

There is a specific car park for renal patients beside the Unit at Royal Stoke. There is no charge for this. Patients using their own vehicle can also claim back their mileage at 13 pence per mile.

The Patient Voice

We were advised that the Unit holds a Renal Governance meeting every month, which patients can attend.

Healthwatch Observations

When the morning dialysis session had ended. Healthwatch observed staff coming out of the Ward to check on patients.

Healthwatch Representatives saw NEPT staff having a good rapport with the people they were transporting, with some being on first name terms with each other. However, we did note one crew seemed to be offhand in their manner and approach to patients.

When the morning session had ended NEPT staff were waiting in the reception area to take patients home. Other patients had to wait 10 – 15 minutes for the next vehicle to take them home.

Reception became very busy when the morning patients were waiting to leave, and the afternoon patients were arriving. However, the Renal Liaison Officer and Haemodialysis Receptionist came out from behind the reception desk to keep patients up to date with what was going on.

Healthwatch observed NEPT arriving at the Unit between 11.50am and 12.45pm. At 11.50am there were 4 EMED vehicles waiting outside to collect patients, and there were NEPT vehicles continuously on site until 12.45pm.

It appeared from general conversations that NEPT crews regularly cover the same journeys and are familiar with routes and pickups. Patients are usually transported together on a vehicle so that multiple calls can be completed by the same ambulance.

During the time of observation (but allowances need to be made as Healthwatch Representatives were talking to patients, so not always observing activities around them) it was seen that 19 patients left via their own transport and 14 were taken home by EMED.

Patient Experience and Feedback:

On the day of the Healthwatch visit, surveys were conducted with 18 patients and 1 friend/relative. The survey used can be found here:

<https://www.smartsurvey.co.uk/s/QR2FUQ/>

Q4 – How many times per week do you attend treatment?

- 4 people received dialysis twice a week
- 14 people three times a week
- 1 patient was currently receiving dialysis five times a week.

Q5 – What transport do you use to travel to the hospital?

- 4 people used their own vehicle,
- 3 were taken by a friend or relative,
- 1 person was taken to appointments by NEPT, but collected by a relative,
- 11 used the hospital's Non-Emergency Patient Transport (NEPT).

Q6 – Why do you use this method of transport?

Of the 4 people who used their own vehicle, the reasons were –

- 'More convenient' (this respondent had used NEPT until February).
- 'More flexibility arrives and depart near to start and finish time. ERS can be used by those who need it.'
- 'I live in a rural area...miles from the hospital – own transport allows me to get to and from quickly. If I opted for non-emergency transport I would be out for at least eight hours – as it is it's rarely over six.'
- 'I don't have any issue with driving.'

Of the 3 taken by a friend or relative, the reasons were –

- 'Varies according to how often I can have the car to take her...If not she goes via hospital transport.'
- Local to the hospital
- Given a lift by a family member.

Of the 11 who used NEPT, the reasons were –

- Convenience,
- Not allowed to drive,
- 2 people didn't drive (and 1 person found it hard to access a taxi),
- Housebound,
- Feeling unwell after dialysis,
- 'I don't feel up to using a taxi or anything',
- 'I am unable to get here any other way as I am disabled',
- 'I was offered NEPT when I started dialysis 3 years ago. I can drive but I can feel tired after treatment, so I use NEPT. I have to wait sometimes but I don't mind.'
- 'I need it',
- 'It is free of charge. I used to pay for a taxi, but when I found out about NEPT I started to use them instead.'

The one person who was taken to dialysis by NEPT but collected by a relative, said this was because '...there can be parking issues when we arrive'.

Q7 - If you use your own vehicle, do you have accessible parking at the hospital? For example, parking issues at the hospital etc

8 people responded to this question (including the person who is collected for appointments by a relative but travels to appointments by NEPT), and all answered yes. Comments given were –

'Dedicated parking with hospital pass. It can be busy though and you're not guaranteed a space.'

'Can claim mileage back but doesn't.'

'Think should have a permit so could park in other areas of the hospital.'

'Our dialysis patient car park is barrier controlled with patients given a fob and a pass (which must be displayed). There have been some issues with non-dialysis patients...sneaking onto the car park behind another vehicle or when the barrier is broken. There are few problems at the time I arrive (6.15am) but I do know that sometimes parking is difficult in terms of space availability in the afternoon sessions. I had personal experience of this when having caught Covid I was moved to an afternoon shift briefly, on two occasions having to park in an ambulance bay to save being late... A personal concern is that if the ICB implement NHS guidance that recommends all renal patients are paid an economic rate for travel...there will be insufficient space on our car park. Even just 2 patients changing would be a problem.'

'Sometimes there isn't any space in the car park. I think people sometimes manage to get in as it's only for us to use.'

'When my husband picks me up at 5pm there are usually spaces for him to park, but at other times there are problems finding a space – it gets difficult much later than this.'

Q8 - On average, how long do you wait for treatment to begin once you arrive at your appointment? / If you use Non-Emergency Patient Transport, how many minutes early are you dropped off prior to your entry time/appointment time?

16 people answered this question, with 3 choosing not to. 12 people said they waited up to 30 minutes, while 4 said between 30-60minutes.

All of these 4 people use NEPT with responses being 'can vary day to day', 'I always get picked up at the same time', and 'mostly 30 minutes is normal'.

Of the 12 people who said they can wait up to 30 minutes, 7 used NEPT and 4 used their own vehicle, with one person being taken by a friend/relative or using their own vehicle. Responses were 'Usually straight on after preliminaries – bed and table set up – unpack blanket, headphones etc. toilet visit, weight check.', 'can vary with the time I get picked up', 'The wait

doesn't bother me – it sometimes means I get plugged in earlier.', 'I usually go straight in.'

Q9 – If you arrive late for your appointment, how does this impact your treatment?

Only 13 of the 19 respondents answered this question. Of these 13, 9 used NEPT with 4 using their own vehicle or being taken by a friend/relative. Of these 4 responses were 'They are very accommodating.', 'Makes the days longer.', 'In a 15-year period I have only once been late due to an accident on A500. Was only 15 minutes late so made little difference.', 'I don't arrive late.'

Of the 9 respondents who use NEPT, 3 people said that they aren't normally late, 4 people said they go straight into treatment, 1 person said 'One time I was not collected and arrived at the hospital at 8am, but I still got my treatment', 1 person said 'A late start means a late finish, then I can be waiting a long time to go home.'

At this point one patient we were talking to in Reception had to leave as their NEPT had arrived.

Q10 – Do you feel well informed about your treatment plan, for example, the number of weeks of the treatment, the outcome of the treatment, and how the treatment will affect you?

All 18 patients who answered this question gave a positive response, though one person said this had not always been the case:

'...Most people who go onto dialysis do so after a period of gradually worsening disease. To some extent this allows patients to gain more knowledge and are prepared by staff for dialysis with information leaflets what to expect, etc. I was a little bit different having gone straight onto dialysis after [an illness affected] my kidneys...as a result I missed out on all the preparatory meetings etc. This was not helpful for both me and my family particularly as my illness led to major life changing decisions...I do think there needs to be more support offered to patients – particularly regarding welfare. I understand the hospital, certainly the renal unit, no longer has a social worker directly accessible to patients and having worked with a kidney charity for many years I know that many of our

referrals are from patients having difficulty accessing social care and who find changes to their lifestyle difficult. Up to 2019 the Unit did run a number of 'Sunday afternoon tea' events where future patients could come into the unit to learn about dialysis, talk to...medical staff and to see what went on during a dialysis session...These sessions were informative and beneficial but have not been reinstated since Covid. Great pity!

The positive responses included comments of 'Very. Excellent staff and Consultant.', 'Yes staff are brilliant', 'Staff tell me what I want to know – and explain any plans.', 'Well informed about everything.', 'Yes, I'm always told of any changes.', 'Yes, I'm well informed about everything.', 'They tell me what I want to know – I had a full explanation when I first started dialysis and nothing has changed so far.', 'Yes, I have had a lot of problems but the staff explain everything to me and I know what's happening.'

Q11 – Do you feel that as a patient you are listened to and respected by all staff involved in your care, for example, consultants, healthcare assistants, nurses, and transport staff? Are you treated in a friendly and caring manner and feel that your privacy and dignity are respected?

All 18 people responded positively. Comments included 'Definitely. No complaints.', 'Very much so they're lovely.', 'Yes. As renal patients we get to know staff well as we see them on a regular basis. The renal team are the ONLY department of our hospital that allow patient representatives to attend their monthly departmental meeting – with a specific patient agenda item.', 'Yes, they all check with me if there are any issues.', 'The staff have a good rapport with people and they are all friendly.', 'Yes everyone they are all good.', 'Yes all the time.'

Q12 – Do you feel your needs are accommodated whilst undergoing treatment?

Of the 18 respondents, 16 answered 'yes' with one person adding 'Ensure I am comfy. Try not to move or the alarm goes off but nothing they can do about that other than tell mum to try and keep still.'. Others added 'Have a call bell', 'Everyone is very good.', and 'I'm looked after.'

The remaining two responses were 'Can't have coffee due to caffeine but some patients can drink coffee but only tea is offered' [This has been fed

back to the Renal Team], and 'Sometimes. I go dizzy sometimes, but staff come to help.'

Q13 - Do you feel that as a patient you are engaged and communicated with throughout your visit to the hospital and involved in all stages of your care/transport needs?

All 18 patients who responded to this question answered 'Yes', with comments being, 'Mum is kept informed.', 'Dr writes when wants to see them.', 'Everyone talks to me and tells me what's happening.', 'All the staff tell me what's happening.', 'The staff keep me up to date if there's a problem or something has to be changed.'

Q14 - If you are having treatment do you feel that your nutritional/hydration/cultural needs are adhered to, and are you able to communicate them to the staff if there are any issues?

17 people answered 'yes', with 1 choosing 'no' because 'Taken the egg and chicken sandwich off so now only have a choice of 3 and don't like any of them.'

Of the people who responded 'yes', comments were 'Served food and refreshments every session. Sandwiches not great but mum is given a choice.', 'But fluids limited.' [Healthwatch understands that patient's fluid intake is limited due to the dialysis], 'Have sandwich as is dinner time.', 'The lad who comes around with the snacks knows what I have and always makes sure I'm ok.' One person also reiterated that coffee is served on the Renal Wards but is not available while people are on dialysis.

Q15 - Do you feel safe while undergoing treatment/using non-emergency transport?

14 people answered this question and answered 'yes'. Of those 14 people 10 use NEPT, 3 use their own vehicle or are taken by a friend/relative, and 1 person is taken by NEPT and collected by family. Of the people who skipped the question, 4 use their own vehicle/friend/family, and one person uses NEPT (this will be the person who did not complete the survey as their transport had arrived).

One person who answered and uses their own vehicle said, 'Staff are visible and the nurse's station is outside an open door.'. Two other comments were made by people who use NEPT and were 'Very safe here.', and 'Never been any problems.'. It is unclear if the answers relate to NEPT or the Renal Unit.

Q16 - Is there space to speak to staff confidentially?

16 respondents said 'yes', with some clarifying that 'Of course I need to be off my machine first.', 'But I'm tied to the machine most of the time.', 'Of course I can't go away from the bay when my treatment is running.', 'Once I finish treatment.', and 'After dialysis.'

The remaining two people said 'Never had to, so not sure. Seen consultant in a private room.', and 'Probably - I can access staff, but it does depend who's on duty.'

Q17 - If applicable, on average, how long do you wait for non-emergency transport to and from the hospital

11 respondents answered this question. One person uses NEPT to travel to appointments but has a friend/relative collect them. They answered 30 minutes or less but stated 'Only to the hospital as I get picked up. They mostly turn up at the same time, and usually get me here on time, although it does sometimes vary'.

3 of the remaining 30 minutes or less used NEPT, with 2 stating, 'Occasionally they turn up really early, especially on a Saturday or when a specific driver is on shift.'

4 respondents opted for 30 minutes - 1 hour, with 2 people saying, 'Rarely over an hour - but can be if there are traffic issues. They are usually here when I am ready to go home.' and 'Occasionally it can be longer going home, but it is more consistent now and has improved lately.'

3 people said 1-2 hours, with 2 respondents saying, 'Can be a very long journey home as driver drops off a number of patients and mum is at the end of the route.' And 'Rarely 2 hours before, but they can also arrive 30

minutes before. I find it difficult if it varies a lot as I need a lot of help getting around. The wait afterwards can be very long, especially if I am one of the last people to come through, control seem to swop drivers around, and we pick up people which means that I have to wait for quite a long time on the transport at other departments.'

Q18 – If applicable, generally on average, how many hours are you away from home?

This question asked for the shortest and longest times for treatment, and then for travel and waiting for transport.

People who use NEPT gave the following answers –

Treatment time:

Best times – 3 hours, 4 hours, 4 hours, 4 hours

Worst times – left blank, left blank, 4 hours, 4 hours

Travel and waiting for transport:

Best times – 1 hour, 30 minutes, 30 minutes,, 2 hours 10 minutes.

Worst times – ½ hour, 1 hour, 2 hours 40 minutes, 2 hours

One person commented ' I don't mind waiting for ERS – it's free of charge.'

Two people who use NEPT did not answer the question but commented that 'overall between 5 ½ and 7 ½ hours, as the journey can be delayed by picking up other people and the way the journey has been planned', while another said, 'normally about 6 hours.' Other comments were: 'usually it's about 6 hours – sometimes a bit longer'; 'My treatment is usually about the same length of time, but sometimes I can be away up to 7 hours if I'm picked up early. '; 'my treatment time is always about 4 hours, but I can be out for about 7 hours and has been a couple of hours more before getting home. I have taken a taxi before now due to the delays in getting home. '; 'my treatment is usually 4 hours, ½ hour afterwards for dressings as I have a problem with my leg, but the time for transport home can add several

hours afterwards. I can't access a taxi as I am unable to walk around and have to use a wheelchair.'

People who travel independently or with a friend /relative gave the following answers –

Treatment time:

Best times – 3 ½ hours, 1 ½ hours, 2 hours

Worst times – 1 hour

Travel and waiting for transport:

Best times – 0 hours, 4 hours, 1 hour

Worst times – 2-3 hours.

One person gave their answers for best treatment and travel times (listed above), but regarding worst times commented, 'normally about 5 hours as I can drive straight home when I've had my treatment.'

One person had patient transport until February, but now uses their own vehicle. They did not answer the treatment time question, but in relation to travel and transport, said the best time was no wait, and the worse was 1 ½ hours. They qualified this by saying 'Used to use transport but drive because of waiting times. I had been told my wait for NEPT would be 1 ½ hours so I called a taxi.'

One person who travels to dialysis with NEPT but is collect by a friend/relative didn't answer the question but commented 'I'm away about 6 hours overall – dialysis time is rarely any different than 4 hours.'

Q19 – If applicable, are your care needs accommodated after finishing treatment and while waiting for transport home?

13 people answered this question, and an additional 2 people commented 'don't really need anything afterwards' and, 'If I am waiting in reception, then things are not always available.' Both respondents use NEPT.

1 person said 'no'. They travel with NEPT and said, 'Not in the waiting room...I bring refreshments with me in case I have to wait for a long time.'

12 people said 'yes'. 4 of those use their own vehicle/friend/family member to travel home. One of these did say that they bring their 'own snacks to have after treatment.', and another said, 'i.e. wheelchair to car.'

The remaining 8 travel with NEPT. 3 people commented that 'Made comfortable. In a wheelchair and then transported to the ambulance. Driver will ensure mum is comfy. It can be cold though and have to make sure mum is well wrapped up in winter as she feel the cold.', 'Staff ask if I need anything when I'm waiting in reception, but that's not usually long.', 'They normally ask me if I need anything.', 'Can access food and drink if I want to', while another said, 'Yes but shutter down in reception at 5.30pm but there are other staff around.'

Q20 – If applicable, how does a delay in leaving the hospital impact your care/support needs/home life? for example personal care, medication, childcare, other family members Please specify.

13 people responded to this question, 4 of whom had their own transport home. Of these 4 people 2 said that 'It makes the whole process longer. After dialysis mum is exhausted and just wants to be at home as soon as possible to get to bed. To get comfy and to get warm. Winter is tough.' And 'Doesn't usually happen, unless I need to see someone and have to come back to do this, then it disrupts me getting work done as I work from home.'

Of the remaining 9 respondents, all of whom use NEPT, 2 said that it wasn't an issue if they arrived home late.

The 7 comments made were 'Can miss carers if late getting back.', 'It doesn't affect me as I plan things around my dialysis – I have to be here so it's important to make time to get it done.' 'I always have to rest after my dialysis so I rearrange anything to make sure I have time to do this, so there wouldn't be any real impact if I was late home.', 'I have children at home, which causes problems with childcare, my daughter has to come home from work to pick up the kids if I'm too late.' 'I became very tired after, and I have been experiencing a lot of pain from my leg. Getting home late makes me feel much worse, and it means that my friend who always comes to treatment with me can't do anything else. We can get home after 7pm sometimes, and on one occasion it was 9.30pm.', 'It doesn't. Not unless I have another appointment somewhere, but then I just pay for a taxi instead.', 'Sometimes, because I need to be home for my daughter.'

Q21 – If you have other health conditions, and attend other hospital departments or your GP, do you feel suitably supported by the health professional you see?

6 patients responded 'Yes' and 9 responded 'No' regarding GP.

12 patients responded 'yes' and 4 responded 'no' to Hospital Department.

Of those who answered 'Yes' to both, comments made were, 'Feel listened to. Ensure mum has meds reviewed regularly', and 'Moss Lane GP are fabulous.'

One person who said, 'Yes' to GP and 'No' to hospital, commented 'I have diabetes and see the diabetic nurse – well I'm supposed to but I haven't been to see them for a while.'

4 people who had replied 'No' to GP and 'Yes to Hospital' commented,

'Sadly, over the last 3 years I have had to make 2 formal complaints about my GP surgery over support offered for mental health and a separate medication issue. As someone who lives on the [edge] of Staffordshire my

GP is sited in [a different county], experience suggests that computer systems at the hospital do not talk to my GP [because they are in a different county] – this has caused some problems in the past – e.g. having to have 2 separate blood tests for the same thing!

'Heart treatment – I have had a pacemaker fitted.'

'Heart failure team look after me.'

'I have heart problems and see the Drs here [at the hospital].'

Q22 – Are you or your relative aware of how to raise a complaint/concern, for example, hospital or transport?

Out of 17 responses, 13 people said 'yes', and 4 said 'no'. Of the people who said 'Yes', 3 said they would speak with PALS, 2 said they would speak to the Ward Manager and knew PALS were there if needed, and 1 said they would talk to a senior doctor or to PALS.

The survey team advised the 4 people who didn't know how to raise a concern to contact the Ward Manager/Matron or PALS.

Q23 – Additional comments.

The 6 additional comments received were,

'As a charity rep I am often asked if we can support those in need. It is disappointing that the ICB are still only paying individuals 13p a mile for those on the healthcare travel costs scheme (for those individuals in receipt of income related benefits). This is an uneconomic rate! When other ICB's across the Midlands are paying 45p a mile I look at it as a postcode scandal and unfair. Related to this – in August 2021 and May 2022 NHS England published guidance indicating that ALL dialysis patients (irrespective of income or benefits) who use own transport should be reimbursed transport costs at an economic rate. Both Staffordshire and Cheshire and Merseyside ICB have failed to implement these proposals and in addition have committed (against the NHS guidance) to long term contract with transport providers. Freedom of info requests submitted by

myself indicate that the cost of me claiming NEPT to the NHS would be upwards of £7,500 p.a. The cost of paying me at 45p a mile would be less than £3,000.

London and Gloucestershire have implemented these proposals and have done so for many years – so once again we have a postcode lottery! This is not fair and shows the inequalities of a NATIONAL health service.'

'No complaints about the staff here they are very good.'

'Very clean and always tidy.'

'All the staff are very good and look after me.'

'No issues, I always feel welcome, and the staff are excellent and behave very professionally.'

'The staff are excellent, but the main problem is with transport home, as this can take very long time when I have to wait for them to pick us up.'

Summary

On the ward, staff knew the patients and they appeared to get on very well with each other.

The reception area was clean and tidy with a leaflet rack filled with information that is relevant to patients.

The Renal Liaison Officer and Haemodialysis Receptionist were treating patients in a friendly and respectful manner. They also knew the patients as they attend many times a week. There were enough seats for people in the waiting area, although it did become crowded when some patients were leaving and others arriving for their treatment. The parts of the department that we saw was accessible to people in wheelchairs.

There was no access to food or drink in the Waiting Area, but it was available once on dialysis.

The signposting to the Unit was clear.

Strengths:

- Patients felt that they were well informed about their treatment plan.
- Patients felt listened to and respected by all staff.
- Patients felt they were engaged with and listened to throughout their treatment.
- Most patients felt their needs were accommodated while undergoing treatment.
- Most patients felt their nutritional/hydration/cultural needs were adhered to.
- Everyone who used NEPT felt safe while undergoing treatment and using NEPT.
- A designated car park for dialysis patients that is free to use.

Recommendations:

- Advise people that food and drink can be accessed in the reception area whilst waiting for transport.
- Provide a greater range of sandwich filling choices.
- For coffee to be offered whilst on dialysis.
- Put up a poster advising people there is a place they can speak with staff confidentially
- Put up a poster advising people who to speak with if they wish to make a complaint
- Provide more car parking spaces or an ability to park elsewhere on the hospital site free of charge

For many people who use NEPT it is there only transport option. We would recommend the following to improve the service:

- Ensure people are waiting no more than 30 minutes to be taken home following dialysis
- Prioritise transport for those who have caring needs or who are caring for others
- We heard of long journeys due to the number of people who are collected elsewhere on the hospital site, and the number of people

travelling on the ambulance. It is difficult for us to make recommendations on the time taken, as we do not know where people live. However, we would recommend that NEPT look at their route planning process to ensure people are travelling for as little time as possible.

Response from University Hospital of North Midlands (UHNM)

Prior to publication, this report was sent to the Matron of the Renal Units at Royal Stoke, County and Leighton, who addressed the points we had raised as follows:

Advise people that food and drink can be accessed in the reception area whilst waiting for transport.

- We are happy to provide this should patients ask especially if there is a significant delay with transport. Patients are offered cold food and drink during their dialysis session

Put up a poster advising people there is a place they can speak with staff confidentially

- We will action this

Put up a poster advising people who to speak with if they wish to make a complaint regarding both the Unit and NEPT.

- This will be completed this week

Provide more car parking spaces or an ability to park elsewhere on the hospital site free of charge

- (Response provided by the Estates and Facilities Team) Despite there being a provision of car parking spaces for UHNM Haemodialysis patients, we acknowledge that at times, due to patient activity, these spaces can be limited. That said, Haemodialysis patients are able to park in any alternative patient parking bay free of charge.

Provide a greater range of sandwich filling choices.

- Patients are welcome to bring their own food and drink into the Outpatient area if they have specific preferences we cannot supply.

The Catering Team added 'In terms of UHNMs current patient sandwich choices for Haemodialysis patients, at present, there are 4 sandwich options, Egg Mayonnaise, Cheese, Ham and Tuna Mayonnaise. All patient menu offerings are agreed and reviewed in line with patient satisfaction surveys and also UHNM dieticians and there are no believed concerns around the number of current choices available. That said, the patient menu is currently in the final stages of a revised menu due to be launched in late September. I am pleased to confirm that within that new menu and in line with our Vegan menu offering expansion, there is a planned introduction of a 5th sandwich option; Hummus & Falafel on Granary bread sandwich. '

For coffee to be offered whilst on dialysis.

- Coffee is not offered in line with dietary recommendations for dialysis patients, this is because of the potassium content it contains. It is important that patients receiving dialysis treatment avoid foods and drinks that contain potassium. Also, dialysis patients are advised to restrict their fluid intake to prevent them from becoming fluid overloaded. Coffee is offered on the Renal ward however this is because not all patients on the inpatient ward are receiving dialysis treatment

Next Steps

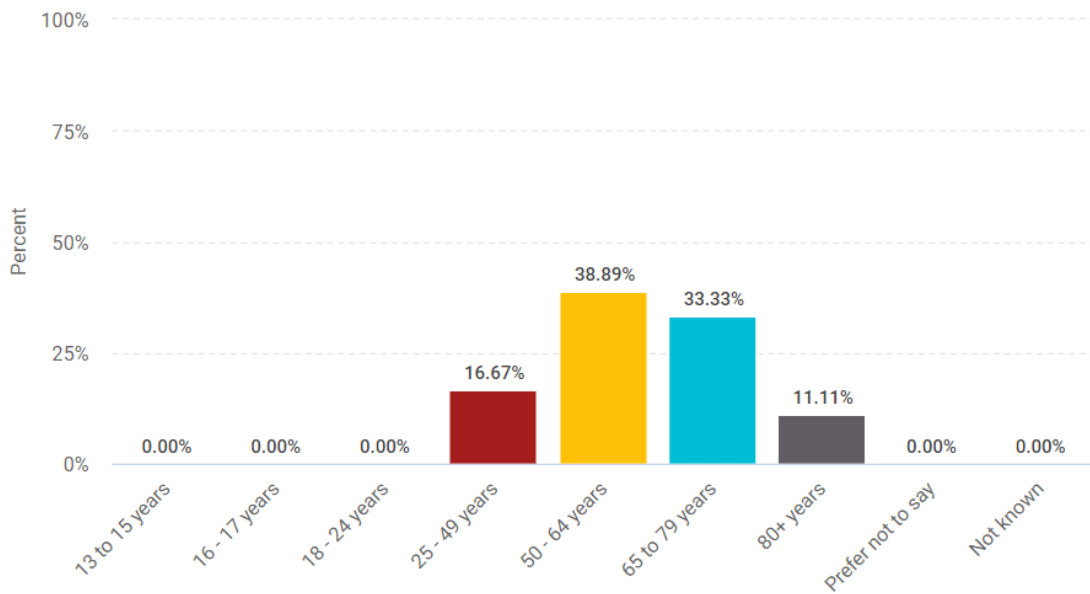
Following feedback, Healthwatch left a ballot box with the survey on the unit for a further 7 days. This was to allow patients whom we did not get a chance to see to have their say. As these responses were not part of the Enter and View visit, they are published separately.

The report will now be published on our website and copies will be forwarded to relevant services.

Disclaimer Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all patients and staff, only an account of what was observed and contributed at the time of this visit.

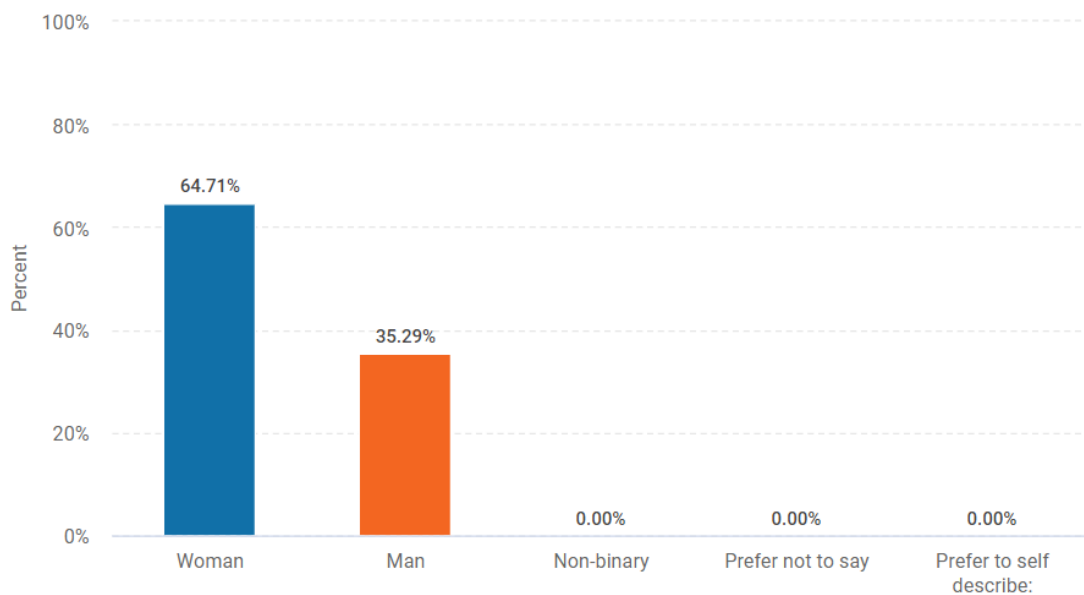
Demographics of Respondents

Please tell us your age



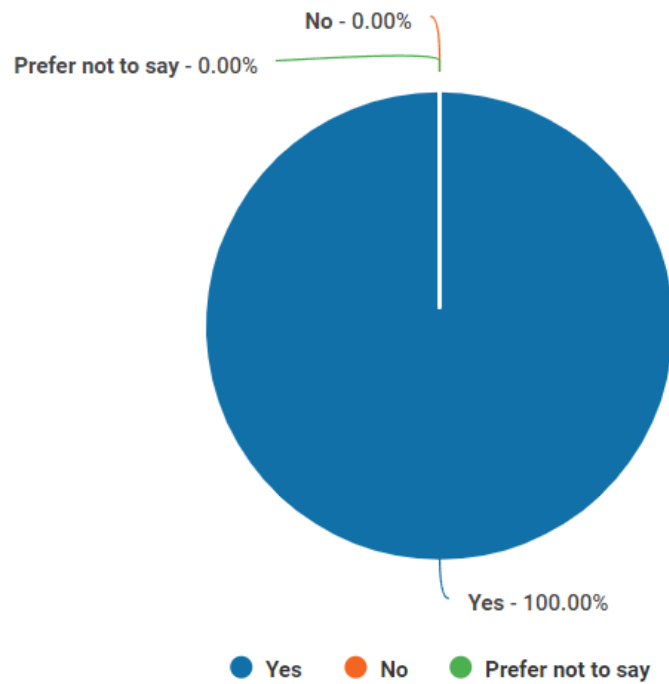
1 person skipped this question

Please tell us your gender



2 people skipped this question

Is your gender identity the same as your sex recorded at birth?



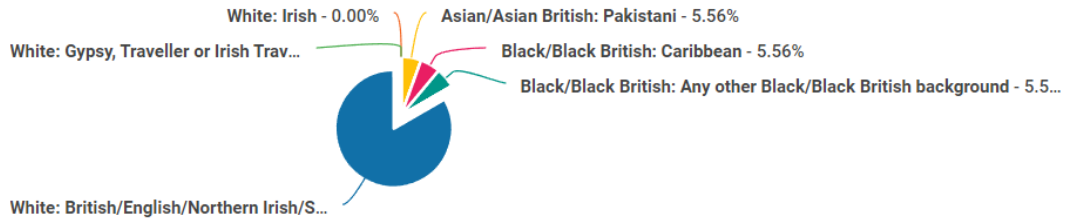
1 person skipped this question

Please tell us which sexual orientation you identify with



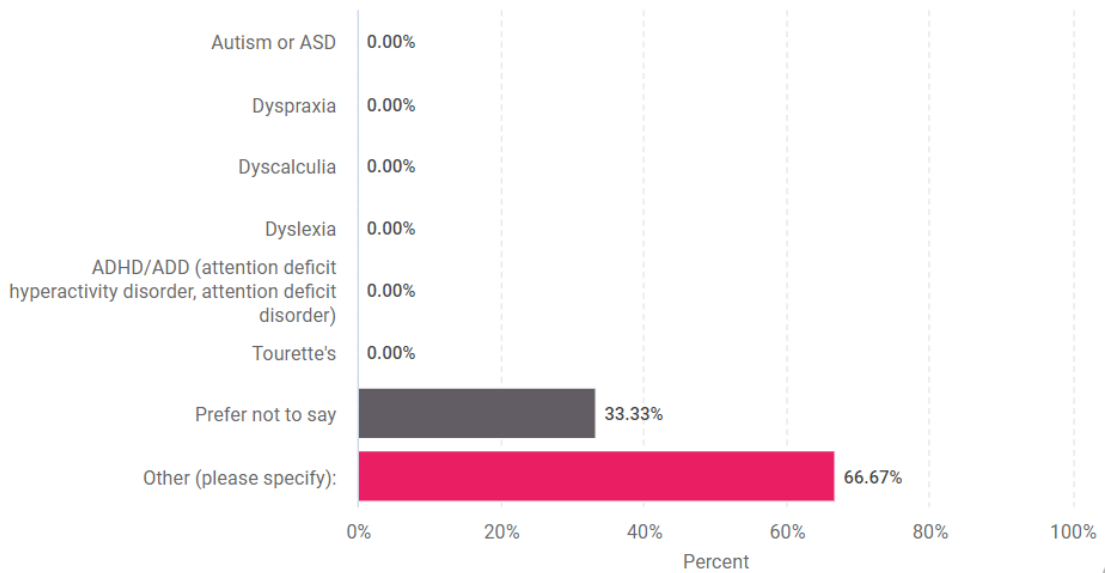
1 person skipped this question

Please select your ethnicity



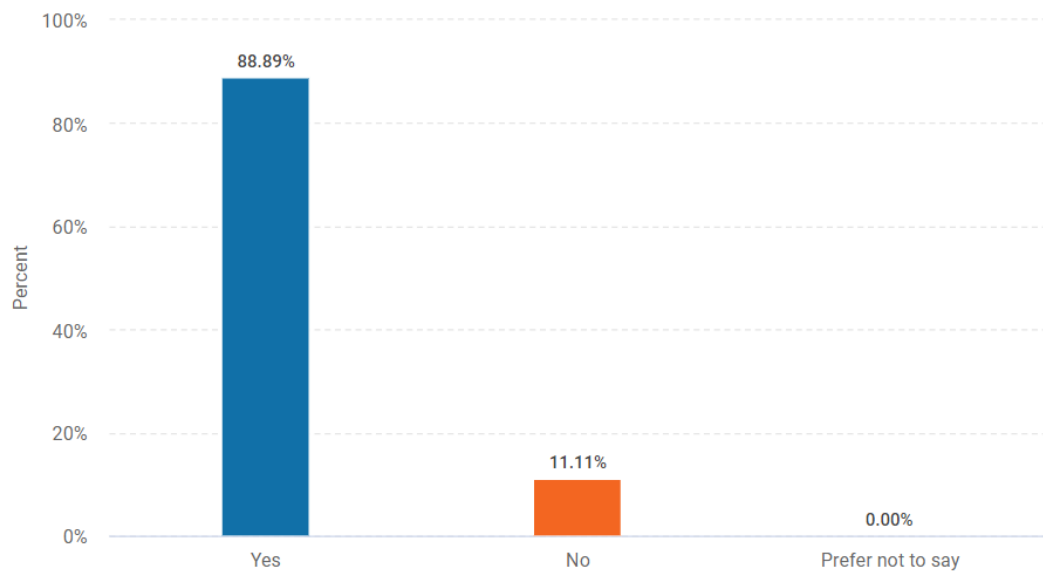
1 person skipped this question

Have you been diagnosed with any of the following?



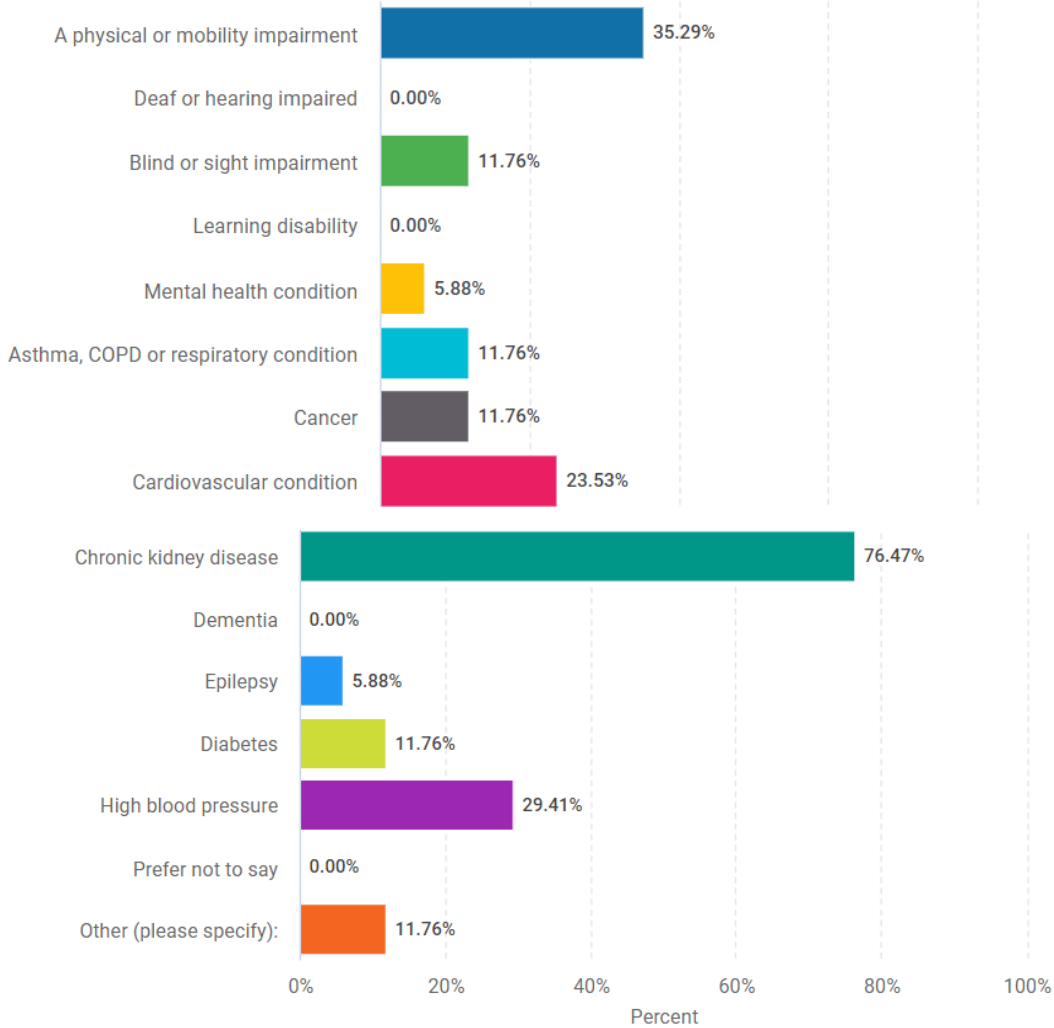
16 people skipped this question

Do you have a disability or long term health condition?



1 person skipped this question

Which of the following disabilities or long term health condition do you have?



2 people skipped this question.

Get in touch

Healthwatch Staffordshire

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