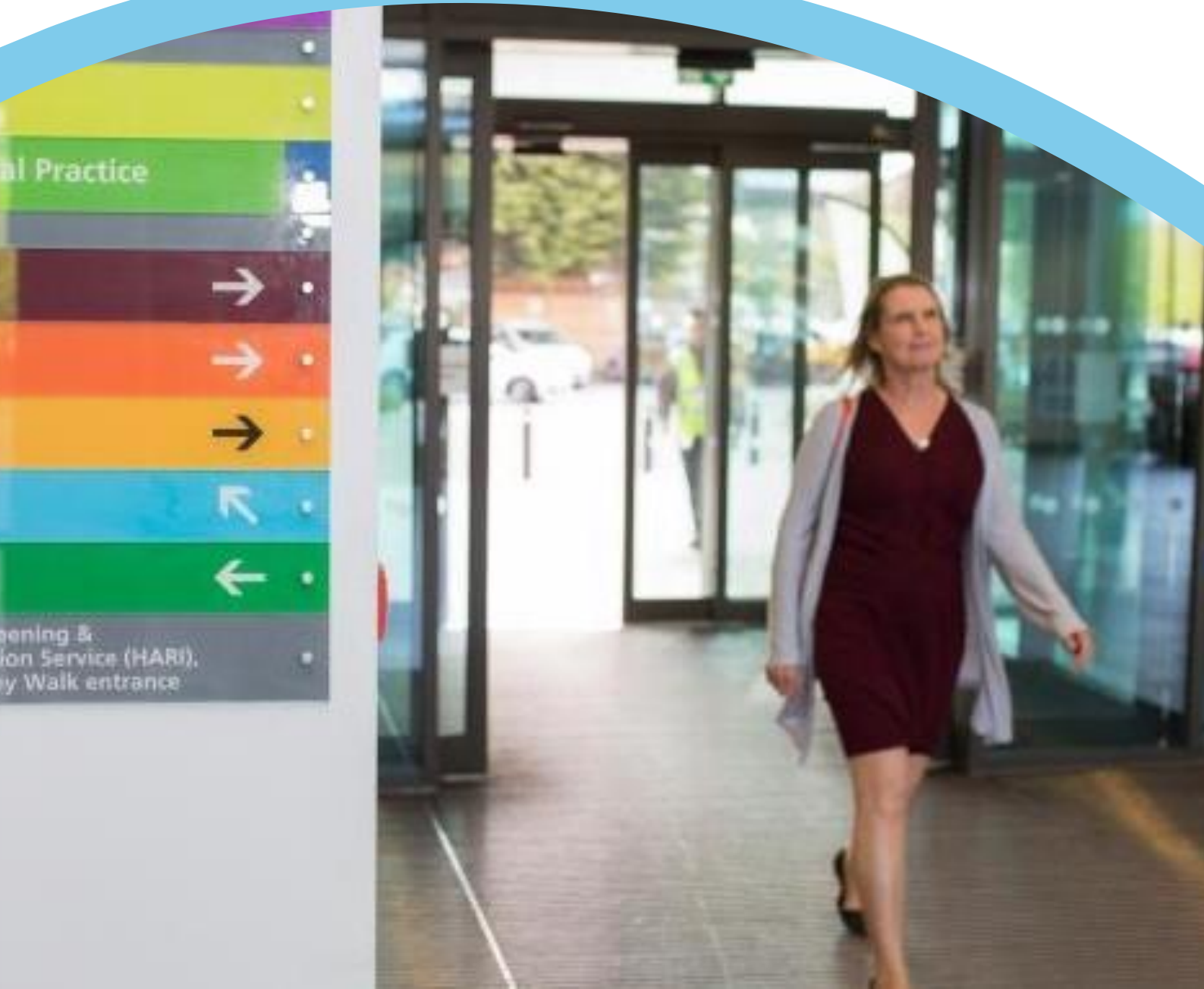



ENTER & VIEW REPORT

Edgware Community Hospital



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1 Summary

Services visited: Ophthalmology Clinic, Phlebotomy Clinic and Ophthalmology Day Surgery Unit at Edgware Community Hospital, Burnt Oak Broadway, Edgware, Middlesex, HA8 0AD

Date of visit: 26 March 2024

Status of visit: Announced

Authorised representatives: Alice Markham (lead) and Victoria Beckson

Healthwatch Barnet would like to thank the Royal Free London NHS Foundation Trust's staff for their support in arranging our Enter and View visit. During the visit we interviewed 12 patients and visitors, three members of the management team and six other members of staff – 21 people in total. This report is based on their collective feedback plus notes and observations made during the visit.

Overall, we received very positive feedback from the patients and visitors we spoke to about the service which they received from staff. In the Ophthalmology Clinic, interviewees described staff as 'helpful', 'nice' and 'efficient'. In the Ophthalmology Day Surgery Unit, patients and visitors told us that staff had been 'good', 'friendly' and 'helpful'. For example, one interviewee praised clinicians for giving a clear explanation of what was happening during their surgery. In relation to accessibility, managers advised us that the services had dedicated liaison officers for patients with learning disabilities and certain other conditions. Our recommendations, which are set out on p9, mostly relate to matters such as transport, signage and access to refreshments.

By way of background, several NHS trusts run services in Edgware Community Hospital. As noted above, we visited the Ophthalmology Clinic, the Phlebotomy Clinic and the Ophthalmology Day Surgery Unit. All three of these services are provided by the Royal Free London Trust. The Royal Free London Trust also delivers a number of other services in this hospital, but we did not visit them. Furthermore, in the Phlebotomy Clinic, all three of our interviews with patients were interrupted by the patients being called for their appointments, so the feedback we received was less detailed.

Service overview

Notes

- The managers we interviewed provided a brief overview of each service.
- They advised that a range of eye conditions are treated at the Ophthalmology Clinic. At the time of our visit, staff were seeing an average of 65 to 90 patients per day.
- The Phlebotomy Clinic provides blood tests and staff were seeing an average of 195 patients per day.
- The Ophthalmology Day Surgery Unit delivers certain eye surgeries and, at the time of our visit, staff were usually seeing between 20 and 25 patients per day.

Customer service

What worked well?

- In the Ophthalmology Clinic, all five of the patients and visitors we interviewed gave positive feedback about their interactions with staff. One interviewee

commented that 'the service runs smoothly' and others described the staff as 'helpful', 'nice' and 'efficient'.

- We interviewed four patients in the Ophthalmology Day Surgery Unit, several of whom specifically mentioned positive experiences with the reception staff, describing them as 'good', 'friendly' and 'helpful'. One person said they had appreciated being offered a cup of tea. Another patient mentioned that they had received a helpful phone call on the day prior to their surgery which had included a discussion about their access needs.
- We did not receive detailed feedback from phlebotomy patients about their experiences with staff. However, two patients specifically mentioned positive interactions with the Phlebotomy Clinic's reception, with one describing the staff as 'very nice'.

Environment and refreshments

What worked well?

- We received several positive comments about the services' waiting rooms from patients and visitors, and did not receive any negative feedback on this point.
- In the Ophthalmology Clinic, one patient told us that they found the waiting room's padded chairs comfortable, and another person said it was helpful that they could access a water dispenser. In the Ophthalmology Day Surgery Unit, two people specifically mentioned that they had found the waiting room comfortable.
- The managers we spoke to advised us that staff had recently received feedback from patients about one of the waiting rooms. Patients had said that the television in this area was not well positioned and was difficult to see. In response, the seating in this room had been rearranged to allow for easier viewing of the television.

What could be improved?

- Two employees mentioned that patients often asked where they could buy something to eat or a hot drink. These interviewees said the hospital canteen was located quite far away from their service. They told us that the canteen was only open on weekdays and that the last food order was taken at 2pm. In addition, they mentioned that there were no hot drinks machines anywhere near their service. These employees told us there used to be a café in the hospital in addition to the canteen, but this closed during the Covid-19 pandemic.

Accessibility

What worked well?

- In addition to disabled toilets, the hospital has an enhanced 'changing places' disabled toilet.
- The managers we spoke to advised us that, at the time of our visit, an audio loop system was being installed across the site for patients who are deaf or hard of hearing. In the Phlebotomy Clinic, we were informed that the lift to the waiting room had already been fitted with an audio loop.
- The managers went on to say that the Ophthalmology Clinic has a dedicated liaison officer for patients with visual impairments, and that liaison nurses are available to accompany patients who have a learning disability.

- The Royal Free London Trust is seeking to learn more about the backgrounds and needs of people visiting the hospital. When patients check in at reception, they have the option of completing a short equality and diversity questionnaire.

What could be improved?

- Two employees said that the porters' base had moved from near the hospital entrance to the lower ground floor. They said that, previously, patients who needed a wheelchair had often been able to find a porter to assist them on arrival at the hospital. However, since this change, such patients were less likely to access timely assistance.

Transport and parking

What worked well?

- One of the patients we interviewed had travelled to their appointment by hospital transport. This person told us that travel is often a painful process for them, due to their health conditions, but that the transport staff had provided them with good support and the journey had gone very well on this occasion.

What could be improved?

- The patient mentioned above, who had used hospital transport, was waiting for the transport for their return journey when we spoke. They said they had waited for a long period, were in pain and did not have any information about when the vehicle would arrive.
- Two employees reported difficulties with hospital transport, including extended delays. They said that, in their opinion, there had been cases where people who ought to have had access to transport had had their applications declined. One of these interviewees advised that the application process involved patients phoning the transport service and answering a series of questions. They said some patients with legitimate applications may 'not understand the questions properly'. These two employees also told us that it would be helpful for patients to be given a realistic estimate of when their transport might arrive, given that there were sometimes lengthy waits and patients may be in pain.
- We note that funding for hospital transport, or non-emergency patient transport services (NEPTS), is a national problem. A 2021 review by NHS England found that it was becoming increasingly difficult to source providers who were willing to take on NEPTS contracts.¹
- In relation to parking, six of the patients and visitors who we interviewed had arrived by car. All six reported problems with parking, either on that day or during previous visits. Three people told us about challenges with parking on that day, such as finding it difficult to see the disabled parking signage. Two further interviewees, a patient and a family member, said they had found it easy to park on that day but that they usually had trouble parking at this hospital. The family member said that, when they have had difficulties parking, this has been challenging as their relative has to be accompanied. This person said, 'It's not like I can drop my [relative] off and go park somewhere else and come back – because they can't see properly after their eye surgery.'

¹ NHS England, *Improving non-emergency patient transport services: Report of the non-emergency patient transport review* (2021), p27, [england.nhs.uk/publication/improving-non-emergency-patient-transport-services](https://www.england.nhs.uk/publication/improving-non-emergency-patient-transport-services) (accessed 1 September 2024).

Locating services

Notes

- Edgware Community Hospital is divided into zones, marked by the letters 'A', 'B' and so on. Each zone has its own reception and contains several services, which may be run by different NHS trusts. Staff told us that patients are sent an appointment letter which explains which zone they will be visiting.
- A number of different trusts operate within the hospital. Staff told us that when other trusts' patients are lost, they may approach Royal Free London Trust employees, who do their best to redirect them.
- Six of the patients and visitors we interviewed told us that directions had not been an issue for them. In four cases, this was because they had been to the hospital a number of times before. The other two people arrived by hospital transport, were provided with a wheelchair and were taken to the service they were visiting by staff.

What worked well?

- We observed that there was large, clear signage for the hospital's various zones, and that the signage for the toilets was also sizeable and easy to read.
- The Ophthalmology Day Surgery Unit's Manager mentioned that, at the time of our visit, there were multiple patient leaflets in circulation about the unit and services linked to it, and this had caused some confusion about the unit's location. They said that, in response to patient feedback, the unit had drafted a streamlined, updated leaflet, which was in the process of being finalised.
- Two patients, who had not visited the hospital before, reported positive experiences with orientation. One Ophthalmology Clinic patient said they had found it easy to locate the service and their appointment letter had been helpful. An Ophthalmology Day Surgery Unit patient told us that they had received a phone call from staff the day before and had been given helpful directions.

What could be improved?

- Four patients and visitors told us about challenges with locating services. For example, an Ophthalmology Clinic patient and their relative said the service's signs and leaflets were difficult to read for people with visual impairments.
- Several members of staff mentioned that Edgware Community Hospital no longer has a central reception desk. They said that patients arriving at the hospital often have difficulty finding services and need assistance from staff.
- These employees told us that a number of different NHS trusts run services in the hospital and there is no centralised computer system to look up patients from different trusts. Where necessary, staff may phone different departments individually, but this is a time-consuming process. Furthermore, staff said that, when patients are lost and confused, employees may accompany patients to their destination, which means temporarily leaving their own service.
- Some staff said it would be helpful to have a central phone number for each NHS trust, for staff to contact with queries about the patients of other trusts.
- Three members of staff said that it was often challenging for patients to locate the Phlebotomy Clinic. They went on to say that a number of the signs for the clinic were on the backs of doors and were not visible when these doors were left open. One of these employees mentioned that some signage referred to 'phlebotomy' rather than 'blood tests', and that many patients do not know what

'phlebotomy' means. One phlebotomy patient told us that they had found it difficult to locate the clinic.

- The three employees mentioned above went on to tell us that, alongside the Phlebotomy Clinic, the areas that patients most often struggled to locate were physiotherapy services, Parkinson's disease services and the X-ray Clinic. They also said that patients sometimes confused the Maternity Centre and the Sexual Health Clinic.
- A couple of staff members told us that the Diabetic Eye Screening Clinic did not have its own reception and that this sometimes caused confusion for patients.
- While the signage for zones was clear, we noted that some signs for services within each zone were smaller, less clear and did not contain many symbols.
- We observed that one sign included incorrect directions to the Ophthalmology Day Surgery Unit. In addition, one of the ground-floor lift exits, next to the canteen, had very few signs to direct patients leaving the lift.

Clinical care

Notes

- There is no Accident and Emergency (A&E) service at Edgware Community Hospital. The managers we spoke to advised that, if a patient needed to go to A&E, staff would dial 999 and use the SBAR handover method to communicate the level of urgency.²
- In the Phlebotomy Clinic, we interviewed three patients. All three interviews were interrupted by the patients being called for their appointments, so we did not have the opportunity to receive detailed feedback about their clinical care.

What worked well?

- Overall, we received very positive feedback on clinical care from the patients and visitors we spoke to in the Ophthalmology Clinic and the Ophthalmology Day Surgery Unit. For example, in the Ophthalmology Clinic, one patient said that they appreciated how well the service was run. Another patient praised the staff for being efficient and said that the team should be given an award.
- In the Ophthalmology Day Surgery Unit, one person praised the clinicians for giving a clear explanation of what was happening during their surgery. Another interviewee said they had felt cared for, and that staff had put them at ease.

What could be improved?

- In the Ophthalmology Clinic, one patient said that they did not understand why they were being asked to make appointments on different days for their right and left eyes. This person was disabled, lived some distance from the hospital and needed to find a carer to accompany them to each appointment.

² SBAR handovers are a method which is commonly used in the NHS to facilitate efficient transfers of care. SBAR is an acronym which stands for 'situation, background, assessment, recommendation'. See, for example, Laura J Park, 'Using the SBAR handover tool', *British Journal of Nursing* (23 July 2020), <https://shorturl.at/Dfmh5> (accessed 26 August 2024).

Staffing

Notes

- Two employees told us that it can be particularly helpful to have some managers who began working for services at a junior level and worked their way up, as this can result in valuable organisational learning.
- We were provided with information about the staff who were continuously located at Edgware Community Hospital, and not the doctors, optometrists and orthoptists who worked at various sites across the Royal Free London Trust's estate, spending certain days at Edgware Community Hospital.

What worked well?

- Three members of staff specifically mentioned that they enjoyed working at Edgware Community Hospital. For example, one person told us that their working environment was 'lovely' and another said, 'I really like working here.'
- The managers we spoke to told us that clinical staff undertook detailed training on health and safety and infection control, among other topics.
- Managers also said that safeguarding pathways are shared through team meetings, training, the intranet and an internal safeguarding newsletter.

What could be improved?

- Managers advised that, in the Phlebotomy Clinic, Ophthalmology Clinic and Ophthalmology Day Surgery Unit all nursing and clinical staff undergo an enhanced with barred lists Disclosure and Barring Service (DBS) check at the point when they are recruited. Similarly, receptionists and undergo a standard DBS check at the point when they are recruited. After this, staff are not rechecked again. We note that many employers require staff to undertake DBS checks every three years, and we strongly encourage the Royal Free London Trust to revisit their policy on this. In some cases, staff may stay with a service for years or even decades, and a DBS check is only accurate on the date when it takes place.
- A number of managers and employees said that sometimes patients come into conflict with staff and on occasion these situations become a risk to staff safety. They told us that, although there were security guards, it had sometimes been difficult to contact them when a confrontational situation had arisen.
- Some employees told us that the current levels of staffing were a challenge, and that when a team member went on leave, there were sometimes insufficient numbers of people available to cover. They said that, in these situations, bank staff may be employed, but this was not always authorised.³
- Staff in the Ophthalmology Day Surgery Unit use an online app called Viewpoint to log patient feedback. However, the team use their personal phones to do this. In our interviews with managers, it was mentioned that it would be helpful if staff could be provided with work phones or tablets to log this information on.
- We were advised that there were limitations on the availability of parking for staff. In addition, staff told us that they sometimes had to walk through a dark alley from certain parking spaces to access the hospital.
- A couple of employees said it would be helpful for long-serving junior staff to be consulted about redecoration – for example, paint colours and possible murals.

³ 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.

2 Recommendations

NHS Property Services

- 1. Signage:** we recommend that NHS Property Services reviews all of the signage for individual services in Edgware Community Hospital, particularly:
 - for the Phlebotomy Clinic, ensuring that signs refer to ‘blood tests’ as well as ‘phlebotomy’, and that the signs are moved from the backs of doors to locations where they are consistently visible
 - erecting clearer signage for physiotherapy services and the X-ray Clinic
 - ensuring all the signs for the Ophthalmology Day Surgery Unit are correct
 - working with the Ophthalmology Clinic to ensure that signage for this area is particularly clear, as many of the patients will have visual impairments
 - considering placing signage by the ground-floor lift exit next to the canteen
 - including more symbols in new signage, to improve accessibility.
- 2. Refreshments:** for NHS Property Services to look for ways to improve patients’ access to refreshments – for example, by installing hot drinks machines. Also, to review the possibility of re-opening the hospital café, given the canteen’s limited opening hours.
- 3. Parking:** to review the availability of parking, particularly for drivers and passengers who do not have a Blue Badge for disabled parking but may have a pressing need for access to parking due to injuries, illnesses or procedures which they have just undergone at the hospital.
- 4. Disabled parking signage:** to erect more signs for the disabled parking and to repaint the disabled symbols on the tarmac of these parking bays.
- 5. Security:** to ensure that the security guards can be contacted more easily in situations where their support could help deescalate potential conflicts.
- 6. Porters:** to look for ways to ensure that porters are accessible to patients, given that the porters’ base has now moved to the hospital’s lower ground floor.
- 7. Décor:** to continue to consult with staff about redecoration plans for their work areas – for example, paint colours.

Royal Free London NHS Foundation Trust

- 8. DBS checks:** we recommend that the Royal Free London Trust carries out DBS checks for all eligible staff every three years.

Response: The Royal Free London Trust will review their position on this.

- 9. Updates about hospital transport:** to look for ways to improve communication with patients using non-emergency patient transport services (NEPTS), including the provision of updates about delays and planned arrival times.

Response: The Royal Free London Trust will consider this recommendation.

- 10. Access to hospital transport:** to review the Trust’s NEPTS application process to ensure that it is accessible.

Response: The Royal Free London Trust will consider this recommendation.

11.Devices: to consider providing devices to the staff in Edgware Community Hospital's Ophthalmology Day Surgery Unit – for use when logging patient feedback.

Response from the Royal Free London Trust: this is currently under review with the patient experience team.

National government

12.Funding for hospital transport: we recommend that national government reviews the funding arrangements for NEPTS.

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 what has worked well 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 Community Hospital

We visited Edgware Community Hospital on 26 March 2024. Several different NHS trusts run services in this hospital. We visited the Ophthalmology Clinic, the Phlebotomy Clinic and the Ophthalmology Day Surgery Unit – all three of which are provided by the Royal Free London NHS Foundation Trust. The Royal Free London Trust also provides a number of other services in this hospital, but we did not visit them.

4.2 Care Quality Commission (CQC)

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 the Royal Free London Trust was published in 2019. The Trust was given 'Good' ratings for three of the CQC's criteria – Effective, Caring and Well-led. The Trust was given 'Requires Improvement' ratings for the three other criteria – Safe, Responsive and Use of resources.⁴

The CQC has not yet inspected most of the Royal Free London Trust's services in Edgware Community Hospital. In 2012, the CQC published an inspection report on the Kidney Care Centre and the Neurological Rehabilitation Centre.⁵ In 2024, the CQC published an inspection report on the Maternity Services.⁶

4.3 Purpose of visit

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

⁴ Care Quality Commission, 'Royal Free London NHS Foundation Trust' [inspection report] (10 May 2019), [cqc.org.uk/provider/RAL](https://www.cqc.org.uk/provider/RAL) (accessed 27 August 2024).

⁵ Care Quality Commission, 'Royal Free London NHS Foundation Trust – Edgware Community Hospital: Review of compliance' (October 2012), [cqc.org.uk/location/RALRA/reports](https://www.cqc.org.uk/location/RALRA/reports) (accessed 27 August 2024). This report covered the Kidney Care Centre and the Neurological Rehabilitation Centre.

⁶ Care Quality Commission, 'Royal Free London NHS Foundation Trust – Edgware Community Hospital: Inspection report' (February 2024), [cqc.org.uk/location/RALRA/reports](https://www.cqc.org.uk/location/RALRA/reports) (accessed 27 August 2024). This report covered Maternity Services.

5 Environment and observations

5.1 Parking

- During our visit, we observed that there were vehicle bays close to the hospital entrance where patients could be dropped off by car.
- On the day of our visit, the car park filled up during the course of the day, and at times there were no available parking spaces for patients.

5.2 Signage

- Edgware Community Hospital is divided into zones, which are marked by the letters 'A', 'B' and so on. We observed that the zone signage was large and clear.
- We noticed that the signage for the toilets was also sizeable and easy to read.
- However, some of the signs for services within each zone were smaller, less clear and did not contain many symbols.
- One sign included incorrect directions to the Ophthalmology Day Surgery Unit. Also, one of the ground-floor lift exits, next to the canteen, had very few signs to direct patients leaving the lift.

6 Interviews with patients and visitors

During our visit, we interviewed 12 patients and visitors.

Of these, four were patients who were attending the Ophthalmology Day Surgery Unit.

In the Ophthalmology Clinic, we interviewed three patients. We also interviewed two of these patients' family members.

In the Phlebotomy Clinic, we interviewed three patients. During all three of these interviews, we were interrupted by patients being called for their appointments. Therefore, for these three interviews, some of the questions were not answered in detail.

6.1 Reasons for visiting and referrals

We asked people about their reasons for visiting Edgware Community Hospital.

In the Ophthalmology Clinic, one patient told us they had been referred by their GP after a regular eye test. In the other two cases, the patients had been referred for follow-ups after surgeries which took place at the Royal Free London Hospital and Chase Farm Hospital.

In the Ophthalmology Day Surgery Unit, two patients told us they had been referred by their GP. Another interviewee explained that they had been using various ophthalmology services at Edgware Community Hospital for over a year. A fourth patient had been referred by the Royal Free London Hospital. One of the patients who had been referred by their GP told us that they had waited for several weeks for a GP appointment. This

person went on to say that they had found it difficult to use their GP's e-consult form as it could only be submitted at specific times in the early morning.

Selected comments

"I was referred here for a follow-up after eye surgery at the Royal Free Hospital."

"I had my first surgery a few months ago and now I am here for another one."

"I also go to [ophthalmology services at] Chase Farm – I have check-ups there every few months. I was referred here today because of a [specific condition] I have at the moment."

"[Before coming here] I went to the [Edgware Community Hospital] eye clinic for a test and I am also in contact with a diabetic eye clinic. But it was my GP who referred me to Edgware [Ophthalmology] Day Surgery."

6.2 Transport

Three of the patients and visitors we interviewed had travelled to Edgware Community Hospital by bus, two had used hospital transport and six had come by car. For one interviewee, we do not have details of how they travelled to the hospital.

One patient, who had used hospital transport, specifically mentioned that the transport staff had provided them with good support. This person told us that travel is often a challenge for them, due to their health conditions, but that it had gone very well on this occasion. We interviewed this person while they were waiting for the transport for their journey home. They mentioned that they had been waiting for a long period for the vehicle to arrive.

All six of the people who had arrived by car reported that they had experienced problems with parking – either on that day or during previous visits to the hospital. Of these, three people said they had experienced challenges with parking on that day, such as finding it difficult to see the disabled parking signage. A fourth person said they had been dropped off by a relative 'because we know it's hard to park here'. The other two people, a patient and family member who had arrived together by car, said that they had found it easy to park on the day of our visit but that they usually had trouble parking at Edgware Community Hospital. The family member went on to explain that, when they do have difficulty parking, this is challenging as their relative has to be accompanied when leaving the hospital. This person said, 'It's not like I can drop my [relative] off and go park somewhere else and come back – because they can't see properly after their eye surgery.'

Selected comments

Positives

"I was transferred from the [hospital] transport to the wheelchair – it's a complicated procedure... It's a very hard process that can be painful but it went very well."

"I had no trouble parking [today]. There's usually issues with finding parking here so we were worried before we left."

Negatives

"[Since my appointment finished] I have been waiting for transport to pick me up and take me home. I'm worried the transport service has forgotten me – I've been waiting for a long time and I'm in pain, I've got no idea when it's going to arrive."

“I came by car – [my relative] dropped me off because we know it’s hard to park here.”

“Parking is not always the easiest.”

“I struggled to find the disabled parking – I couldn’t see any signs for it and the paint on the disabled bays had worn away.”

6.3 Customer service

In the Ophthalmology Clinic, all five of the patients and visitors we interviewed gave positive feedback about their interactions with staff. One interviewee commented that ‘the service runs smoothly’ and others described the staff as ‘helpful’, ‘nice’ and ‘efficient’. However, one of these people was disabled and mentioned that staff had not asked them about their access needs.

We interviewed four patients in the Ophthalmology Day Surgery Unit. Several of these people specifically mentioned positive experiences with the reception staff, describing them as ‘good’, ‘friendly’ and ‘helpful’. One patient mentioned that the reception staff had given them a pamphlet which explained the surgery they would be undergoing and that they had appreciated this. Another patient mentioned that they had been offered an induction phone call and that this had taken place on the day prior to their surgery. They said that, during this call, a staff member had asked about their access needs, had given clear instructions about preparing for surgery and had told them how to locate the service. This patient told us that they had found this very helpful. A third patient, who had travelled by hospital transport, said that they had been provided with a wheelchair on arrival.

We did not receive detailed feedback from any of the three phlebotomy patients we interviewed about their experiences with staff. However, two patients specifically mentioned positive interactions with the Phlebotomy Clinic reception – one described the staff as ‘very nice’.

Selected comments

Positives

“The [Ophthalmology Day Surgery] reception staff were very good, helpful – I was given a cup of tea and biscuits after my surgery.”

“The [Ophthalmology Clinic] staff were lovely – helpful and polite.”

Negatives

“[At the Ophthalmology Clinic] I wasn’t asked about my access needs.”

6.4 Directions and facilities

Four of our interviewees (two visiting the Ophthalmology Clinic and two visiting the Phlebotomy Clinic) told us that they had been to the hospital a number of times before. These people went on to say that, as a result, they had not had any difficulties finding the service they were visiting. In addition, two of the day surgery patients had arrived by hospital transport, had been provided with a wheelchair and had then been taken to the service they were visiting by staff.

Of the remaining six interviewees, two reported positive experiences. One Ophthalmology Clinic patient said that they had found it easy to locate the service and that their appointment letter had been helpful. Another patient, in Ophthalmology Day Surgery, said that they had received a phone call from a staff member the day before and that this person had given them helpful directions.

Four people told us about challenges with finding services. In the Ophthalmology Clinic, a patient and their relative told us that both the signage and the patient leaflets were difficult to read for people with visual impairments. One Ophthalmology Day Surgery patient said that the service was 'not the easiest' to find. A fourth person, who was visiting the Phlebotomy Clinic, said they had found it difficult to locate the clinic and that they did not feel there were enough clear signs to direct patients.

We received some comments about the waiting rooms from patients and visitors. In the Ophthalmology Clinic, one interviewee told us that they had found the waiting room's padded chairs comfortable. Another Ophthalmology Clinic patient said it was helpful that they could access a water dispenser. In the Ophthalmology Day Surgery Unit, two people specifically mentioned that they had found the waiting room comfortable.

Selected comments

Positives

"I got a phone call yesterday and... I was given directions to [Ophthalmology] Day Surgery. They said to come to the Birth Centre and the Day Surgery is attached to the Birth Centre – that made it easy to find."

"The [Ophthalmology Clinic's] waiting room is comfortable – the chairs are padded."

"I found the [Ophthalmology Day Surgery] waiting room very comfortable."

Negatives

"The signs [for the Ophthalmology Clinic] could be better and the printing on the walls could be better – especially because people coming here have got problems with their eyesight."

"I found it really hard to find [the Phlebotomy Clinic] because there are no signs that say where to go for a blood test."

6.5 Waiting times

In the Ophthalmology Clinic, most of the people we interviewed were still going through a series of appointments, including triage and tests. One patient had been through all of these stages, including their final consultation with a doctor. This person said that they had undergone several tests and that, in total, the entire process had taken approximately four hours. Another person told us, 'My appointment letter said it would likely be up to four hours' wait – so I expected to wait.'

In the Ophthalmology Day Surgery Unit, two patients said they had waited for 45 minutes before being seen and that their procedure had then taken about an hour. A third patient reported waiting for 15 to 20 minutes before being seen.

Selected comments

"Our [Ophthalmology Clinic] appointment will probably be 45 minutes late, but it's normal for them to run late and it can't be helped – they are very busy."

Positives

"[My experience with Ophthalmology Day Surgery] was all good, nothing bad. I didn't need to wait long."

6.6 Clinical care and service satisfaction

Overall, we received very positive feedback about the clinical care and service that our interviewees received in both the Ophthalmology Clinic and the Ophthalmology Day Surgery Unit. For example, in the Ophthalmology Clinic, one patient said that they had appreciated how well the service was run. Another patient praised the staff for being efficient and said that they should be given an award.

In the Ophthalmology Day Surgery Unit, one person praised the clinical staff for taking the time to give them a clear explanation of what was happening during their surgery. This patient said they would rate the service 'five out of five'. Another patient described the clinicians as 'very attentive' and said that staff had done a good job of transferring them from their wheelchair to the operating table. A third person said they had felt cared for and that staff had put them at ease.

However, in the Ophthalmology Clinic, one patient said that they did not understand why they were being asked to make appointments on different days for their right and left eyes. This person was disabled, lived some distance from the hospital and needed to find a carer to accompany them to each appointment.

In the Phlebotomy Clinic, all three of our interviews with patients were interrupted by the patients being called for their appointments. Therefore, we did not have the opportunity to receive any detailed feedback about their clinical care.

Selected comments

Positives

"The [Ophthalmology Clinic] is very efficient. They cater for everything. I'd give them ten stars – the staff should be given an award."

"I am not sure if it was a doctor or nurse that carried out the surgery [in the Ophthalmology Day Surgery Unit], but I had a splendid experience. They were very attentive – a very good person. They explained everything clearly... the process of transferring me from the wheelchair to a lying-down position for the surgery was done very well."

Negatives

"I don't understand why I have to come [to the Ophthalmology Clinic] for two separate appointments for my two eyes. I'm wondering why they can't measure the other eye on the same day so that I don't have to come back. I have to find a carer to come with me every time I come here."

7 Management interview

The information in this section is based on pre-visit questionnaires and interviews with three managers who were present on the day of our visit.

We interviewed the Senior Matron and Outpatients Service Manager, who oversee the Ophthalmology and Phlebotomy Clinics alongside other services. We also interviewed the Ophthalmology Day Surgery Unit's Manager. All three managers are employed by the Royal Free London NHS Foundation Trust.

7.1 Service overview

- The management team told us that the Royal Free London Trust leases the spaces for their services from NHS Property Services. NHS Property Services is responsible for the physical building, the car park, maintenance and the employment of certain staff, including cleaners, porters and security guards.
- The doctors, optometrists and orthoptists who treat patients in the Ophthalmology Clinic, Phlebotomy Clinic and Ophthalmology Day Surgery Unit work at various sites across the Royal Free London Trust's estate. On certain days, they work at Edgware Community Hospital.
- Edgware Community Hospital is divided into zones, which are marked by the letters 'A', 'B' and so on. Each zone has its own reception desk and contains several services, which may be run by different NHS trusts. Patients are sent an appointment letter which explains which zone they will be visiting.
- A number of different trusts operate within the hospital. The managers who we interviewed told us that when other trusts' patients are lost, they may approach Royal Free London Trust employees for assistance. They went on to say that staff do their best to redirect these patients.

7.2 Referrals and patient records

- The managers told us that patients access their services through a variety of routes, including referrals from GPs, opticians, other hospitals and different departments within Edgware Community Hospital. Referrals from primary care providers usually come through the NHS e-Referral Service (e-RS).
- In some cases, services for patients which used to be provided in person can now be delivered effectively online. We were advised that, since the Covid-19 pandemic, there had been a marked increase in the number of virtual appointments.
- The Royal Free London Trust provides services at a number of other hospitals in addition to Edgware Community Hospital. However, the trust uses the same digital Electronic Patient Record (EPR) database across all of these sites. This is helpful, as it means that clinical staff can access the information that they need to treat patients effectively.
- We asked whether there had been any instances of the EPR database breaking down temporarily. At the time of our visit, we were advised that the last time this had happened was on 23 October 2023. On this occasion, the EPR database had begun working again within an hour. The management team went on to explain that there are continuity plans in place, which guide staff decision-making about patient care in situations when the EPR database goes down. In addition, staff routinely print out certain information (such as patient lists) so that it is available if there is a problem with the database.

7.3 Ophthalmology Clinic

- The management team advised us that a range of eye conditions are treated at the Ophthalmology Clinic. At the time of our visit, the clinic was open from Mondays to Thursdays and on Friday mornings. On average, staff saw between 65 and 90 patients per day.
- Waiting times for patients varied depending on the specific treatment that the person needed but could take between 3 and 17 weeks.
- For the Ophthalmology Clinic, Phlebotomy Clinic and Ophthalmology Day Surgery Unit we were provided with lists of the staff who are continuously located

at Edgware Community Hospital. The doctors, optometrists and orthoptists for these services work at various sites across the Royal Free London Trust's estate – they are not listed below.

- Staffing consisted of:
 - one senior nurse in charge – Band 7
 - two ophthalmic nurse specialists, one of whom was part time – Band 6
 - two staff nurses – Band 5
 - two ophthalmic technicians – Band 4
 - two receptionists.
- One of the Band 5 staff nurses was occupying a newly created post.

7.4 Phlebotomy Clinic

- Managers told us that the Phlebotomy Clinic provides blood tests, that it was open from Mondays to Fridays and that staff saw an average of 195 patients a day.
- Patients could book appointments one week in advance. In practice, people often booked the day before their appointment.
- The clinic employed two phlebotomists and one receptionist.
- We were told that, when there was an urgent need for a blood test, the clinic was normally able to accommodate same-day appointments.

7.5 Ophthalmology Day Surgery Unit

- Managers said that the Ophthalmology Day Surgery Unit was open from Mondays to Thursdays. Staff normally saw between 20 and 25 patients a day. On average, the waiting time for patients was eight weeks.
- Staffing consisted of:
 - one senior nurse in charge – Band 7
 - three nurses at Band 6
 - eight nurses at Band 5
 - one trainee nursing associate
 - two receptionists.
- The team was currently recruiting more staff as the service was expanding. In interviews with managers, we discussed the current challenges with NHS recruitment and that this was a national issue.⁷

7.6 Staff vetting and training

- We asked what the services' policies were on Disclosure and Barring Service (DBS) checks for staff. As above, we were provided with information for the staff who were continuously located at Edgware Community Hospital, and not the doctors, optometrists and orthoptists who worked at various sites across the Royal Free London Trust's estate.
- Managers advised us that, in the Phlebotomy Clinic, Ophthalmology Clinic and Ophthalmology Day Surgery Unit all nursing and clinical staff undergo an enhanced with barred lists DBS check at the point when they are recruited. Similarly, receptionists undergo a standard DBS check at the point when they are recruited. After this, staff are not rechecked again. If staff are convicted of a criminal offence, whilst working for the Royal Free London Trust, they are required to declare this.

⁷ See, for example, NHS England, 'NHS workforce statistics', <https://shorturl.at/NWM8M> (accessed 5 August 2024).

- In all three services, staff were required to complete safeguarding training every three years:
 - In the Phlebotomy Clinic, we were told that 100% of staff were up to date with their safeguarding training.
 - In the Ophthalmology Clinic, 100% of staff were up to date.
 - In the Ophthalmology Day Surgery Unit, 92% of staff were up to date with their Level One and Level Two Safeguarding Adults training. In addition, 85% were up to date with Level One Safeguarding Children and 77% with Level Two Safeguarding Children.
- Safeguarding pathways were shared through team meetings, training, the Royal Free London Trust's intranet and the Trust's safeguarding newsletter. Our understanding is that, in practice, the services that we visited were not making large numbers of safeguarding referrals.
- For all three services, nursing staff also received mandatory training on infection control; blood transfusion; resuscitation; emergency planning; fire safety; health and safety; moving and handling; fraud and security; equality, diversity and human rights; the Mental Capacity Act; and Deprivation of Liberty Safeguards (DoLS). In the Phlebotomy Clinic, we were told that all nursing staff were up to date with this training. In the Ophthalmology Clinic, 98% of nursing staff were up to date, and in the Ophthalmology Day Surgery Unit, 91% were up to date.

7.7 Facilities

- There is a children's play area for families using several services, including the Ophthalmology and Phlebotomy Clinics. The management team advised us that this play area had deliberately been separated from the rest of the waiting rooms to provide a dedicated family space.
- We were told that staff had recently received feedback from patients about one of the waiting rooms. Patients had advised that the television in this area was not well positioned and was difficult to see. In response, the seating in this room had been rearranged to allow for easier viewing of the television.
- We were advised that hygiene was maintained through daily environmental, hand hygiene and infection prevention audits, which staff recorded on a digital platform called Tendable. In addition, NHS Property Services undertook monthly environmental cleaning audits.
- The limited budget for upkeep of hospital facilities was supplemented by assistance from charities. For example, the League of Friends of Edgware Community Hospital had recently provided 16 new examination beds for the hospital and furnished a new staff room.
- In relation to refreshments, the managers mentioned that both patients and local residents used the hospital canteen to access low-cost meals.

7.8 Accessibility and inclusion

- We were told that the Ophthalmology Clinic, the Phlebotomy Clinic and the Ophthalmology Day Surgery Unit all provided British Sign Language and foreign language interpreting services for patients who required them. Depending on the situation, patients could be provided with telephone interpreting, video interpreting or an in-person interpreter.
- In addition to disabled toilets, the hospital has an enhanced 'changing places' disabled toilet.

- At the time of our visit, an audio loop system was being installed across the site for patients who are deaf or hard of hearing. In the Phlebotomy Clinic, we were informed that the lift to the waiting room had already been fitted with an audio loop. The managers told us that, where relevant, some written information was provided to patients in Braille.
- The hospital is divided into 'zones' which are marked by the letters 'A', 'B' and so on. We were advised that, a couple of years before our visit, NHS Property Services had erected larger zone signs.
- The Ophthalmology Clinic had a dedicated liaison officer for patients with visual impairments. Liaison nurses were available to accompany patients who had a learning disability.
- The Ophthalmology Day Surgery Unit's Manager mentioned that, at the time of our visit, there were multiple patient leaflets in circulation about the unit and services linked to it. They advised that this had caused some confusion about the unit's location. The Manager went on to say that, in response to patient feedback, the unit would be producing a streamlined, updated leaflet. This had already been drafted and was in the process of being finalised.
- The Royal Free London Trust is seeking to understand more about the backgrounds and needs of people visiting the hospital. When patients check in at reception, they have the option of completing a short equality and diversity questionnaire.

7.9 Urgent care

- There is no Accident and Emergency (A&E) service at Edgware Community Hospital. The management team told us about the process which staff followed if a patient needed to be taken to A&E. They advised that staff would dial 999 to request an ambulance and would use the SBAR handover method to structure this call.⁸ They said that, in each case, staff would clearly communicate the level of urgency based on the information available to them.
- In addition, managers advised that, on occasion, situations arose where patients required timely attention but did not need to go to A&E. They said that, in some of these cases, staff from the Edgware NHS Walk-In Centre were able to come to their service to assist the patient.

7.10 Staff facilities and security

- We were told that staff in the Ophthalmology Day Surgery Unit used an online app called Viewpoint to log patient feedback. However, the team were using their personal phones to do this. It was mentioned that it would be helpful if staff could be provided with work phones or tablets to log this information on.
- We were advised that there were limitations on the availability of parking for staff. In addition, in some cases staff had to walk through a dark alley from their parking space to access the hospital.
- The management team mentioned that sometimes patients come into conflict with staff and on occasion these situations become a risk to staff safety. For example, recently a patient had deliberately broken the plastic screen at one of the reception desks. The managers went on to say that NHS Property Services

⁸ SBAR handovers are a method which is commonly used in the NHS to facilitate efficient transfers of care. SBAR is an acronym which stands for 'situation, background, assessment, recommendation'. See, for example, Laura J Park, 'Using the SBAR handover tool', British Journal of Nursing (23 July 2020), <https://shorturl.at/Dfmh5> (accessed 26 August 2024).

provides security guards for the hospital but that it had sometimes been difficult to contact the guards when a confrontational situation had arisen.

7.11 Fire safety

- During our visit, some staff members mentioned that there were a few differences between the fire procedures used by the Royal Free London Trust and NHS Property Services. In addition, a couple of employees said that NHS Property Services' porters used to assist with directing staff during fire procedures, but that their base had been moved from the hospital entrance to an office on the lower ground floor.
- Following our visit, we were in contact with the Royal Free London Trust on this point. They said their Fire Officer had recently met with NHS Property Services and the Edgware Community Hospital Fire Officer. They went on to explain that all parties had agreed on a common fire strategy. The Royal Free London Trust advised that this strategy was the same as that which had previously been taught in fire warden training - to seek and search on an intermittent alarm and to evacuate on a continuous alarm. In addition, the Royal Free London Trust said that their Fire Team were the process of setting up fresh fire warden training for all Royal Free London services at Edgware Community Hospital. They said once this was completed it would be repeated every three years.

8 Staff interviews

In addition to our interviews with managers, we interviewed six members of staff from the Ophthalmology Clinic, the Phlebotomy Clinic and the Ophthalmology Day Surgery Unit. For the purposes of anonymity, this section does not identify which service each interviewee was working in.

8.1 Working environment

Three members of staff specifically mentioned that they enjoyed working at Edgware Community Hospital. For example, one person told us that their working environment was 'lovely' and another said, 'I really like working here.'

Two of these employees, who we interviewed together, went on to say that they were being given sufficient breaks and there was a lot of flexibility. These two members of staff also said that it would be helpful for long-serving junior staff to be consulted about redecoration – for example, paint colours and possible murals.

Two other members of staff mentioned that, in their work area, the staff kitchen was 'not great' and that at times it was difficult for staff to find parking spaces. These two employees also mentioned that sometimes members of the public (who were intoxicated and who were not patients) walked into the hospital. Occasionally these situations could become confrontational. They went on to say that at times, in these scenarios, they had found it difficult to contact the hospital's security team.

Selected comments

"The service runs well because we enjoy what we do here and everyone pulls together as a team. We are a patient's first point of contact so we need to be kind and help them sit down and relax."

“Our staff kitchen is not great.”

8.2 Staffing and management

Two members of staff specifically mentioned that they had received good support from managers. They said that, although some managers worked across multiple sites, they were available over the phone and this was helpful. In addition, they mentioned that it can be particularly helpful to have some managers who began working for this or a similar service at a junior level and worked their way up, as this can result in valuable organisational learning.

Some employees said that the current levels of staffing were a challenge. They mentioned that when a member of the team went on leave, there were sometimes not sufficient numbers of people available to provide cover. These employees explained that, in these situations, bank staff could be employed.⁹ However, they said that the provision of bank staff was not always authorised.

Selected comments

“The service runs well but it’s good to know we’ve got [managers] that we can call.”

8.3 Orientation for patients

Four members of staff mentioned that Edgware Community Hospital no longer had a central reception desk. They said that patients arriving at the hospital often have difficulty finding the services they are looking for and need assistance from staff. They went on to explain that, because several NHS trusts run services in the hospital, there is no centralised computer system that staff can use to look up patients. Where necessary, staff can phone different departments individually, but this is a time-consuming process. The employees we interviewed said that they always sought to help these patients but that in some cases it was difficult to identify which service they needed to go to.

Two members of staff mentioned that it would be helpful to have a central phone number for each NHS trust operating in the hospital. Staff could use these numbers when there were queries about the patients of other trusts.

Furthermore, staff told us that when patients are lost and confused, particularly if they are elderly, employees will sometimes accompany them to their destination. This means temporarily leaving their own service.

Three members of staff specifically mentioned that it is often challenging for patients to locate the Phlebotomy Clinic, as the signs for the clinic are on the backs of doors and are not visible when these doors are left open. One of these employees mentioned that some of the signs refer to ‘phlebotomy’ rather than ‘blood tests’ and that many patients do not know what ‘phlebotomy’ means. These three interviewees went on to tell us that, alongside the Phlebotomy Clinic, the areas that patients most often struggle to locate are physiotherapy services, Parkinson’s disease services and the X-ray Clinic. They also mentioned that patients sometimes confuse the Maternity Centre and the Sexual Health Clinic.

A couple of interviewees also told us that the hospital’s Diabetic Eye Screening Clinic does not have its own reception desk. They mentioned that this is sometimes

⁹ 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.

challenging for patients accessing this service. In addition, we were told that at times patients confuse the Diabetic Eye Screening and Ophthalmology Clinics, which are two separate services.

Finally, one person mentioned that in the past, when Edgware Community Hospital had had a central reception desk, some volunteers had been engaged by the hospital and supported staff in running the desk.

Selected comments

“Patients are often confused and don’t know where they are going.”

“There is no central computer system – every NHS trust has their own system so this means a lost patient can’t be looked up on a central database and told where to go.”

8.4 Facilities for patients

Two members of staff shared a number of issues with us in relation to refreshments for patients, technical issues and access to wheelchairs. On the subject of refreshments, they mentioned that patients often asked where they could buy something to eat or a hot drink. These interviewees said that the hospital canteen was located quite far away from their service. They also told us that the canteen was only open from Monday to Friday, the last food order was taken at 2pm and the canteen closed at 3pm. In addition, they mentioned that there were no hot drinks machines anywhere near their service. These employees told us that, prior to Covid-19, there had been a café in the hospital in addition to the canteen. However, they said that the café had closed during the pandemic and had not re-opened.

These two employees went on to say that the hospital porters’ base had been moved from near the hospital entrance to the lower ground floor. They said that, in the past, patients entering the hospital who needed a wheelchair had often been able to find a porter to assist them. However, these patients were less likely to be able to access timely assistance since the porters had moved. Finally, these two members of staff reported that there were sometimes technical issues in the hospital building which meant that the lights went out briefly and the computer systems shut down temporarily.

Two other members of staff spoke to us about hospital transport. They told us that there were sometimes difficulties with patients accessing this service – including extended delays to transport arriving. They said that, in their opinion, there had been cases where people who ought to have had access to hospital transport had had their applications declined. One of these interviewees advised us that, to apply, patients had to phone the transport service well in advance and answer a series of questions. They said that, in some cases, patients who had legitimate applications might ‘not understand the questions properly’. These two employees also told us that it would be helpful for patients to be given a realistic estimate of when their transport might arrive, given that there were sometimes lengthy waits.

Selected comments

“We do get a lot of patients asking where they can buy food – the canteen takes its last order at 2pm and the café got closed down.”

“Not having porters [at the entrance] creates issues for people needing wheelchairs. Before, they could usually ask the porters for support – but now the porters are tucked away on the lower ground floor.”

9 Distribution and comments

This report was written by Sarah Campbell, Healthwatch Barnet Manager. If you have any comments on this report or wish to share your views and experiences, please contact us:

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