

# Enter and View

**The Musculoskeletal Service at Jubilee House,  
Portsmouth**

**19 February 2025**

## Content

1 - Introduction.....	3
Details of visit .....	3
Acknowledgements .....	3
Disclaimer .....	3
2 - What is Enter and View? .....	3
2.1 Purpose of the visit .....	4
2.2 Strategic drivers .....	4
2.3 Methodology .....	5
2.4 Strategic Context .....	5
2.5 Jubilee House walk-through process .....	6
2.6 Environment .....	7
2.7 Service details .....	12
2.8 Referrals .....	12
Pelvic Health Pathway.....	13
2.9 Indicators of quality – Patients not attending for appointments .....	13
2.10 Friends & Family Test .....	14
Patient comments .....	14
IT Systems.....	14
Patient Information .....	15
2.11 Public information and Accessibility .....	15
Accessible information in the service .....	16
Patient Experience/Engagement .....	16
3 Summary.....	16
3.1 Recommendations .....	17
Additional Comment .....	18
4 Service Provider's Response to this draft visit report .....	18

# 1 - Introduction

## Details of visit

Service address	Jubilee House Medina Road Cosham Portsmouth. PO6 3NH
Service Provider	The Musculoskeletal (MSK) Service, Hampshire and IoW Healthcare NHS Foundation Trust ('The Trust')
Date & time	19 February 2025 from 09:00 until 11:00
Authorised Representatives	Jonathan Crutchfield Roger Batterbury Jan Dixon Wendy Ball

## Acknowledgements

Healthwatch Portsmouth would like to thank Hampshire and Isle of Wight Healthcare NHS Foundation Trust (Musculoskeletal Service) (MSK) for their contributions to make this visit an informed and enjoyable experience. In particular:

- Sally Frost (Senior MSK Operational Lead)
- Claire Jeffries (Operational Lead MSK Physiotherapy - East)
- Sharon McCann (Director of Community Specialist Division)
- Fummilayo (Funmi) Odofin (Pelvic Health Clinical Specialist Physiotherapist)
- Michelle McManus (MSK Physiotherapy Team Leader)

and patients with whom we were privileged to learn from.

### 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.

## 2 - What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits by trained members of a local Healthwatch team who are Authorised Representatives (AR) of their local Healthwatch (e.g. Healthwatch Portsmouth – 'HWP'). Enter and View is a Statutory power under The Health and Social Care Act 2012 and enables AR to:

- observe care services in practice
- talk to patients, their families, and carers
- learn about services from the perspective of people who experience the service first-hand.

Enter and View visits normally take place within the Local Authority area of the particular Local Healthwatch but **must be** operated or funded by NHS or Social Care. Examples of premises locations include hospitals, residential homes, GP practices, dental surgeries, optometrists, and pharmacies etc.

The core purposes of Enter and View are:

- providing independent feedback to service providers
- informing people about standards in local health and social care, and what is being done to raise the quality of care.

## 2.1 Purpose of the visit

Jubilee House has been recently refurbished to provide a MSK resource for Portsmouth and Hampshire patients. This formal Enter & View visit sought

1. Opportunities to observe and showcase best practice in musculoskeletal (MSK) rehabilitation practice delivered in a 'state of the art' facility and how the facilities at Jubilee House support good physical rehabilitation and improved mental wellness for patients.
2. To understand if the recently formed Trust (a major part of the Hampshire and Isle of Wight Integrated Care System) has led to clear benefits for patients and frontline services.
3. To understand how patients (and where possible, carers and family members) experience this service including the facilities; physical accessibility; referral pathways; accessible patient information; specialist areas of treatment and patient engagement.

## 2.2 Strategic drivers

HWP has a statutory role in providing feedback to service providers and to inform Portsmouth residents of the standards in NHS care in the city, and what is being done to raise the quality of care. Our decision to select the Jubilee House MSK Specialist Service reflects:

1. Location changes for this service. In late 2023, the Solent NHS Trust Specialist MSK Service transferred from its service location at Portsmouth Hospitals University Trust (PHUT) at {Queen Alexandra Hospital site} to fully refurbished, bespoke facilities at Jubilee House. We wished to have an opportunity to view and learn about:
  - a. the service in its new home and location (approximately one mile from the hospital)
  - b. impacts and benefits (if any) for patients from this change in location
  - c. the extent of completion of works / outstanding issues / further plans
2. Project Fusion: On 1 October 2024 the new community Healthcare Trust was formed through the amalgamation of two former NHS Community Trusts (Solent NHS Trust and Southern Health NHS Foundation Trust). The much larger community Trust now operates across the entire Hampshire and the Isle of Wight NHS footprint with a patient population circa two million.

3. During 2024, major restructuring within the Integrated Care Board (NHS Hampshire and IoW) took place. Uncertainty remained during the early part of 2025 on the final structure and commissioner roles and responsibilities.

## 2.3 Methodology

This visit was a pre-announced visit following informal (email) and subsequent formal notification of HWP's intention to undertake this Enter and View visit. It was planned and facilitated in collaboration between HWP (Jonathan Crutchfield) and the Trust's MSK team Senior Operational Lead (Sally Frost).

- The most recently updated Enter and View Healthwatch England Guidance (2023) informed our visit planning documentation.
- The MSK team were responsive in providing information prior to our visit (e.g. premises risk assessment information) and assisted with displaying promotional posters and communicating details of the visit with members of the team before our visit.
- The HWP visit team of four Authorised Representatives included three volunteers and the HWP Senior Engagement Officer. Two volunteers hold substantial E&V experience. The size of the team was felt to be appropriate to capture all elements of the visit objectives.
- A pre-visit planning discussion helped ensure agreement and a good understanding of our overall objectives and the roles that individuals would have during the visit.
- A HWP banner was brought along for information.
- The visit was planned – and lasted for - two hours.
- A post visit de-brief was planned to take place immediately following the visit.
- Each member of the Enter and View visit team prepared notes of their individual observations and recollections from the visit. These have been included in this (draft) report.

## 2.4 Strategic Context

### Relocation of the MSK Service to Jubilee House (2023)

The move timescale had initially been given six months to complete from its former premises at Queen Alexandra Hospital. In fact, relocation took approximately two years before Jubilee House became available for the MSK service to transfer there (approximately one mile from its previous the hospital location).

Benefits and some challenges have been experienced in the MSK service due to withdrawal from co-location with PHUT on the acute hospital site.

### Trust Restructure

The Director of Quality and Professions explained that since the new Trust was formed, 13 operational divisions in the previous Trusts have been reduced to seven service lines. Job restructuring has affected senior staff to date but has not significantly impacted front line staff, including MSK staff at Jubilee House.

Corporate capacity is now focusing on integration and alignment between different systems operating in the former Trusts. These have impacts across the new organisation including the MSK Service at Jubilee House.

At the time of our visit we learned that planned restructuring within NHS Hampshire and Isle of Wight Integrated Care Board (ICB) has now completed and a named member of the new team given to contact for further details.

## 2.5 Jubilee House walk-through process

A two-person team guided us on our walk-through of all patient-accessible areas (ground floor only). This provided ample time for questions and some separate, more in-depth conversations about the building and services.

We were introduced to members of the MSK clinical and reception team as we moved around the building.

Treatment rooms are (necessarily) private during consultations but we were able to enter these when not occupied.

The gym (one of several open spaces) provided space and opportunities to walk and talk with staff. This is a large treatment/exercise area and sufficiently spacious to enable us to have conversations while respecting the privacy of patients exercising at the time of our visit.

Throughout the walk-through we found staff to be open and unreserved, helpfully answering our questions about:

- access to the building/service
- detailed design aspects / features (outside and within treatment rooms)
- referrals / sources
- service information and specialities (e.g. the special pelvic floor service)
- performance, quality, IT challenges, accessible information
- patient feedback
- future plans (inc the garden and other external areas of the site)

Following the conducted tour, we explored further the purpose of the visit, an opportunity to observe best practice by including time spent in the waiting room talking with patients.

Photographs (which we took care to ensure did not display personally identifiable information) of aspects of the premises were taken where these helped to highlight matters discussed during our visit.

## 2.6 Environment

### External areas

#### Car parking

There is a designated parking area for patients and visitors. At the time of our arrival



*Jubilee House - Main entrance drive / car park*

almost all spaces were being used (staff are asked to park off-site). One incident involving a confrontation from a resident about staff parking has been noted. There is a junior school next door and at busy school times parking spaces in Jubilee House have been used by parents collecting children. Overall, staff report a good working relationship with the school aided by clear signs indicating that parking is for patients only. Staff mentioned possible use of an ANPR system to protect the car park from use by non-

patients.

Staff told us that secure bike storage is not provided. Although discussed at the time of the refurb works this item was deemed too costly by the Trust.

**Recommendation: Priority is given to the provision of suitable secure bike storage to support greener travel for both staff and patients<sup>1</sup>.**

Jubilee House is an old building that has served previous NHS uses. The re-design and fit-out has focused on delivering a modern, community based MSK facility with a fresh, well-lit feel. It is evident that much thought has gone into optimizing the layout and quality of patient facilities.

Decisions about the design of some internal spaces (Reception and Waiting Room) have unfortunately had to be made to fit within the existing external walls of the original Jubilee House.

---

<sup>1</sup> Recommendation 1

## Main entrance

Jubilee House is accessed through the main, original front door. This is an original feature that could not be significantly changed. It is operated by an automated opening mechanism with a bell (in the event of a door malfunction). We noted that the location of the bell push may be too high for some patients (e.g. wheelchair users).

**Recommendation: The positioning of the bell push is lowered to allow access for wheelchair users.<sup>2</sup>**

Temporary (paper) signs on the front entrance are used to notify opening times. It is important that signage is simple to follow and messaging consistent throughout the building.



*Original main front door*

**We recommend that simple and consistent signage is provided, and temporary signage is replaced with permanent signs where applicable to external parts of the building.<sup>3</sup>**

## Additional side entrance



*Side entrance approach from car park*

There is an additional entrance at the side of the building. This is a designated fire escape door and therefore has no bell or intercom for anyone waiting to be let in. We understand that it is however used for patients with enhanced mobility needs which are assessed prior to their first visit. Arrangements to enable access for these patients in are made including any support to help entry via the side entrance door.



*Side entrance door*

**Recommendation: Access to the building via the side entrance should be clearly signposted in the car park and on the door itself.<sup>4</sup>**

The side entrance does not offer outside shelter from bad weather.

**Recommendation: Shelter over the side entrance door should be provided.<sup>5</sup>**

---

<sup>2</sup> Recommendation 2

<sup>3</sup> Recommendation 3

<sup>4</sup> Recommendation 4

<sup>5</sup> Recommendation 5



We were pleased to note that both entrances have access ramps.

Front door signage (main door) refers to Solent NHS Trust (the legacy Trust) and will increasingly confuse people.

**Recommendation: The name of the new community Trust is used where appropriate in all signage.<sup>6</sup>**



*Legacy Trust signage*

## Garden

Staff indicated the garden area requires more maintenance and development. It could provide a community wellness facility that enhances patient experiences during rehabilitation (and include involvement from members of the local community). We applaud the vision and determination of staff to achieve this goal and although professional plans have been drawn up that could transform the area, unfortunately a lack of funding has not made this possible. (We suggested funding could be possible through the National Garden Scheme. Staff will follow this up). We would hope that opportunities for external funding are researched by staff for a community wellness facility.

## External lighting

We were concerned to see limited external lighting at the front of the building and learned that staff have raised the lack of suitable and sufficient lighting in this area as a matter of safety. To date action regarding lighting at the front of the building has not been taken. We heard though that lighting to the side of the building has been improved.

**Recommendation: The service operates up to 6.30pm. We would like to recommend that for patient and staff safety improved lighting levels at the front of the building is addressed<sup>7</sup>.**

## Public Transport

An hourly bus service (from Cosham) stops outside Jubilee House. Cosham railway station is approximately one mile from Jubilee House. We did not talk with any patients on our visit who had arrived by public transport so cannot comment on its ease and timeliness.

## Internal areas

### Reception

We were greeted by reception staff who were prepared for our visit. The Reception room is staffed and accessed directly through the automated opening main front door. An access ramp has been provided.

Although the reception room area is compact, the space has been designed with sufficient space for small numbers of people using it any one time. With an inward

---

<sup>6</sup> Recommendation 6

<sup>7</sup> Recommendation 7

opening from door there is sufficient space in the reception room for a single manual or electric wheelchair. We noted that conversations between patients and the receptionist could be overheard by others waiting nearby.

**Recommendation: We believe suitable, practicable and cost-effective options (e.g. privacy screens) should be considered to improve privacy and confidentiality for patients and visitors when speaking with the Receptionist<sup>8</sup>.**

The reception desk is of a suitable height to enable face to face communication between patients & receptionist including patients using wheelchairs. A Hearing Loop is provided.

Once checked in, patients are directed to the waiting room. This involves turning back through the reception area and past other people in the room, through an internal door, turning along a corridor and through a further door into the waiting room. This part of the (original) building has a narrow corridor but appeared wide enough for a single wheelchair to pass through.

## Waiting room

The patient waiting room (separate from the reception room) provides sufficient seating space for expected numbers of patients to wait. When present in the waiting room we observed five patients (some with relatives) who were waiting to be called for treatment.

We noted:

- Patient information is limited but we welcomed the provision of a staff photo board in the waiting room, enabling patients to identify staff.
- The waiting room is a quiet space overlooking the car park.
- There is no form of sound distraction (TV screen, music) for waiting patients. Private conversations could be overheard.
- We were concerned that there were no water or other drinks provided. This may be due to a safety policy decision, but we believe it is important that a means of hydration is provided. (We were pleased to see that staff do provide jugs of water in treatment areas).

**Recommendation: That access to basic refreshments in the waiting room is provided and that this is regularly checked.<sup>9</sup>**

## Arrival Booking System

There is an electronic process for booking/checking patients into the building on arrival. Guests are asked to sign a written register.

## Treatment areas

The premises were clean, tidy and well presented. Clinical corridors are well lit with bright colour zoning to distinguish areas and functions of the building. There is a welcoming and attractive use of colourful pictures depicting familiar local scenes

---

<sup>8</sup> Recommendation 8

<sup>9</sup> Recommendation 9

throughout the building. These enhance the aesthetics and feel of corridor and treatment room spaces. Staff commented that they frequently help start conversations. New patients feel comfortable in an otherwise stark clinical setting.

Corridors, treatment rooms, the gym, and rooms used for classes were very comfortably furnished. Equipment is to a high standard. With a clean, fresh, open feel, there is a sense of optimism which helps enhance the core purpose of the service – positivity and effective rehabilitation.

All rooms are fitted with emergency/panic buttons.

## Meeting room

The large meeting room offers flexible, quality space suited for group classes and teaching sessions. There is excellent natural lighting.

(Both the meeting room and gym overlook the garden to the rear of the building).



*Large meeting room*

## Gym

A well-equipped gym provides a range of exercise equipment to suit different treatment requirements. Equipment is maintained in excellent condition.



## Treatment rooms

Treatment rooms are located on two wings at the rear. Both corridors are wide, airy, brightly lit and have two coloured zones at each end.

There are 10 treatment rooms on the left corridor and 13 on the right corridor.

Treatment rooms and door signage have been designed with input from the Patient Experience Learning Disability Team. This has helped raise



accessibility standards for patients with a range of disabilities and communication needs (including braille). Words and pictorial images use 'easy read' formats. Artwork on walls, window shades and variable lighting levels support relaxation to reduce anxiety during assessments and consultations.



*Wall-sized artwork*

## Toilets

Patient toilet doors have a standard fit and appearance in the building. Unfortunately, they do not have 'occupancy' status signage (engaged / vacant). This could lead to misunderstandings. Embarrassment occurred when a member of our team opened an unlocked toilet door and found a patient using the toilet.

**Recommendation: Toilet doors are fitted with appropriate means to let patients know if a toilet is in use or not.<sup>10</sup>**



No occupancy information 1

## 2.7 Service details

The MSK Team includes primary care MSK physiotherapists, advanced practice physiotherapists and podiatrists skilled in specialist assessment and the management of musculoskeletal disorders. At the time of our visit there were no vacant posts.

Patient services include:

- Expert examination (for patients referred by their physiotherapist or GP team (Advice and Guidance pathway))
- Specialist advice, education, treatment or treatment planning (including pelvic health)
- Where appropriate, investigations might include x-ray, MRI Scanning or referrals to other specialist services (e.g. Orthopaedics, Rheumatology)
- Perinatal pelvic health service – meeting international service standards although we learned that some further investment is needed to enable it to respond to pelvic traumas in a community setting.
- Specialist provision for young people (aged 12 – 18 years) in a separate area. This has been well received by patients,

We were impressed by the passion and professional dedication of members of the team when describing their work and the standing of the service and their focus on patient service, quality, and improvement. This was especially the case when talking with the specialist pelvic health therapy practitioner, who has an international service background and referred to latest research-based treatments which are provided and comply with international standards in MSK treatment.

## 2.8 Referrals

This MSK service supports the populations of Portsmouth and parts of Hampshire and routinely receives some 2,000 referrals each month.

---

<sup>10</sup> Recommendation 10

Referrals pathways include:

- Self-referral (70% of all referrals)
- GP / PCN referral (see footnote <sup>11</sup>)
- Community physiotherapist
- Secondary care

Patient referrals are normally clinically triaged on the same day. Patients are contacted usually within one week and initial appointments offered within three weeks and six days. We understand the service sees some 1,400 patients each month.

Staff were self-critical about the way patients are only texted about their appointments in English and are concerned about the need to ensure inclusivity and offer a wider range of languages. We also learned that work with the ICB to improve and simplify referral pathways had been under way at the time of our visit.

**Recommendation: That texts to patients should use a patient's preferred language.**<sup>12</sup>

## Pelvic Health Pathway

Staff felt a reviewed Pelvic Health Service/pathway would result in a more seamless service for patients. We heard there wasn't consistent and active engagement in the Multi-Disciplinary Meetings from acute health partners. Concerns were raised that currently the Trust's service is not working optimally with PHUT. It is important that multi-organisational engagement is reviewed to ensure optimal outcomes and equity of access for patients and support for community teams. Staff shared their concerns about patients who have experienced birth traumas but were not offered treatment from this service creating a high risk of lifelong pelvic floor complications.

**Recommendation: A multi-organisational review of appropriate/timely engagement in multi-disciplinary meetings to enable support for patients on the pelvic health pathway to optimise outcomes, equity of access and support for community staff.**<sup>13</sup>

## 2.9 Indicators of quality – Patients not attending for appointments

Data that captures patient 'Did Not Attend' rates (DNA) provides an invaluable insight into service efficiency, and the value that patients place on keeping booked appointments.

The Specialist MSK Service DNA rate is currently 4%. This compares well with 7.6% across all NHS Outpatient appointments in England (2021)<sup>14</sup>. Managers attribute low levels of DNA to the appointment setting process because patients and the admin

---

<sup>11</sup> Practices operating TPP SystmOne electronic patient record system (EPRS) can refer directly into the Trust's referral portal. Practices operating the EMIS system are unable to directly refer to the service via the EPRS and therefore rely on emailed referrals.

<sup>12</sup> Recommendation 11

<sup>13</sup> Recommendation 12

<sup>14</sup> [NHS England » Reducing did not attends \(DNAs\) in outpatient services](#)

team agree a *mutually convenient appointment date and time* before it is booked which is then supported by timely text reminders.

DNA rates for follow-up appointments is currently 9% (higher drop-out levels). This is being partly managed through the use of Patient Initiated Follow-up appointments which enables patients to inform the service if they don't need the follow-up appt.

## 2.10 Friends & Family Test

The Friends and Family Test gathers intelligence on patient experiences, reporting that 97% of patients rate the MSK services as "very good" with positive feedback on:

- minimal waiting times when attending for appointments
- staff compassion
- feeling listened to
- shared decision making
- feedback from Primary Care.

The Service welcomes patient engagement through groups, engagement activities and focus groups.

### Patient comments

Comments made by patients to us in the waiting area about their experiences of the service reflect the favourable DNA rates and 'Friends and Family' data:

"I can't fault it. It's different to every other experience I have ever had".

"They treat you like a human being".

"Reception staff are very friendly".

On being referred to the service by her physio (working in part in the community and in part at Jubilee House) one patient said:

"My physio is the only person who has ever helped me".

Adolescent service area:

"it felt like a non-clinical area, which made me feel more at ease and happy to attend".

### IT Systems

Importantly, in the case of NHS referrals, information flow is impacted by the information governance policies of each referring organisation and that of NHS Hampshire & IoW Healthcare Foundation Trust.

Prior to the move away from the acute hospital site (at QA Hospital) the service was able to access patient's hospital records. Transfer of service to the community setting no longer permits this.

Challenges are also affected by different IT clinical systems used across the catchment area in primary care. The service is not able to access patient's full primary care records (see footnote 10) and these issues present concern for staff.



Delays occur in timely receipt and responses to of referrals for patients whose GP practice operates EMIS electronic patient record system (EPRS) which affects a substantial number of Hampshire based practices. On the other hand, referrals and communications between Portsmouth GP practices and the service are instant because both operate SystmOne EPRS.

Equity of access to timely care is a fundamental right for all patients for all patients of the Trust and we acknowledge the complexities involved and the inability of the Specialist MSK Service to resolve this problem.

## Patient Information

It is important that printed leaflets (including in easy-read format) about the service are made available to patients and that these are made available in Jubilee House Reception/Waiting Room and distributed to GP Practices, community hubs and PHUT.

**Recommendation: That efforts by the Trust to work with others towards a streamlined IT solution (including provision of printed service information) to manage referrals should be a matter of priority.<sup>15</sup>**

## 2.11 Public information and Accessibility

Information about the service is available through the Trust's website with links to the Physiotherapy Service and to the Specialist MSK Service

1 - [Physiotherapy: Hampshire and Isle of Wight NHS Foundation Trust](#)

2 - ([Specialist MSK: Hampshire and Isle of Wight NHS Foundation Trust](#)) as well as on social media (Facebook). The web page provides basic information concerning the service, phone contact details, and information about what patients can expect at initial and follow up appointments.

Staff acknowledged that the current information sources could be improved, and that internet access is not suitable for all patients and could be a barrier to self-referrers. We were pleased to note that there is an intention to review the methods of accessing usable information to improve access to the service.

**Recommendation: We would recommend that a printed leaflet or easy-read booklet about the MSK service is made available to patients in the reception area and via GP practices or community hubs who wish to refer patients to the service.<sup>16</sup>**

*N.B. Healthwatch Portsmouth is currently co-producing with the Reablement Team on Spinnaker Ward at St Mary's Hospital a patient leaflet (available in hard copy format) and would be happy to work with the team at Jubilee House to co-produce suitable material.*

---

<sup>15</sup> Recommendation 13

<sup>16</sup> Recommendation 14

## Accessible information in the service

We were pleased to see that specially designed signage is used on doors through patient accessible areas of the service (see above).

The service has access to translation and interpreter services (BSL). We were assured that individual's information needs forms part of the assessment process and that is addressed with specialist support including translation / interpreter services arranged as part of the care plan. Although we enquired about the routine application of the Accessible Information Standard for patients who have specific communication needs, we did not receive a clear picture of how the Trust meets the requirements of the Accessible Information Standard in the Specialist MSK Service.

**Recommendation: Plans to ensure information and communication with patients whose needs fall within the scope of the Accessible Information Standard are prioritised and embedded as a Standard Operating Procedures within the service.<sup>17</sup>**

## Patient Experience/Engagement

### 3 Summary

Our visit held three main purposes.

1. Opportunities to observe and showcase best practice in musculoskeletal (MSK) rehabilitation at Jubilee House.

Although we found incomplete aspects to the premises, there were many striking examples where the refurbishment works have delivered high quality facilities.

Overall, we were reassured to find that all staff with whom we spoke appeared passionate about their role and highly informed about their service in the new premises. They expressed a strong and tenacious commitment towards continuously developing the service. They shared ideas that focus on 'prevention of physical deterioration'.

However, IT and concerns about equitable access by GPs to refer patients to the service present challenges within the service and strategically to the Trust. This presents a 'digital exclusion risk' to some patients and we have noted this within our recommendations.

2. We sought also to understand if the new and much enlarged Healthcare Trust has had real benefits for patients experiencing frontline services.

We were impressed by the service's leadership team who collectively voiced a belief in openness and accountability with a desire to reach out and engage patients within their communities, including those from "harder to reach" groups. They mentioned plans to hold community assessment & engagement days and 'Better Health MSK' days. The clear intent and vision

---

<sup>17</sup> Recommendation 15



of the leadership team bodes well for future delivery of the excellent service to patients.

3. Crucially, we wanted to hear how patients (and where possible, carers and family members) experience the service, its facilities; accessibility; referral timescales and pathways; information; specialist services; and their overall experiences of treatment and engagement by the Trust.

We found from talking to staff and patients and from performance data confidence in the building and the quality of care the MSK Service provided by The Trust.

## 3.1 Recommendations

Based on our findings and we wish to make the following recommendations:

1. That priority is given to the provision of suitable secure bike storage to support greener travel for both staff and patients.
2. The positioning of the bell push by the front door is lowered to allow access for patients using wheelchairs.
3. Simple and consistent signage is provided, and temporary signage is replaced with permanent signs where applicable to external parts of the building.
4. Access to the building via the side entrance to the building could be clearly signposted in the car park as well as on/by the door.
5. Shelter (weather protection) should be given priority above the side entrance door.
6. The name of the Trust (in full) replaces the legacy Trust's name (Solent NHS Trust).
7. The service operates up to 6.30pm. We would like to recommend that for patient and staff safety improved lighting levels at the front of the building is addressed.
8. That suitable, practicable and cost-effective options (e.g. privacy screens) should be considered to improve privacy and confidentiality for patients and visitors when speaking with the Receptionist.
9. That access to basic refreshments in the waiting room is addressed and that this is regularly checked.
10. That toilet doors are fitted with appropriate means to let patients know if a toilet is in use or not.
11. That texts to patients should use a patient's preferred language.
12. A multi-organisational review of appropriate/timely engagement in multi-disciplinary meetings to enable support for patients on the pelvic health pathway to optimise outcomes, equity of access and support for community staff.
13. That efforts by the Trust to work with others towards a streamlined IT solution (including provision of printed service information) to manage referrals should be a matter of priority.

14. That a printed leaflet or easy-read booklet about the MSK service is made available to patients in the reception area and via GP practices or community hubs who wish to refer patients to the service.
15. Plans to ensure information and communication with patients whose needs fall within the scope of the Accessible Information Standard are prioritised and embedded as a Standard Operating Procedures within the service

### Additional Comment

We would hope that opportunities for external funding are researched by staff for a community wellness facility in the garden area.

## 4 Service Provider's Response to this draft visit report

Email received 17 June 2025 from Claire Jeffries (Operational Lead MSK Physiotherapy East and Clinical Specialist in Hydrotherapy):

"Please see attached the report and as mentioned just the change in using "specialist" in the document. I have made track changes so hopefully it is easy to see where there needs to be changes if you are happy with the suggestion.

I have also added a 2<sup>nd</sup> HIOW webpage link to the MSK physiotherapy page, the document will also have the link then to the specialist MSK physiotherapy page as well – both services making up the whole of our MSK team that we host and both being seamlessly linked.

As mentioned, I think it is important to make the distinction that the service is MSK as a whole and within that we have our specialist teams and services as well.

Appreciate it is tricky to navigate our services but in this case important that our user groups and organisations are aware as not all patients will need to see our specialist team and may only require the care of our general MSK team.

Thank you again for visiting with us and the support you have shown for the service."



Healthwatch Portsmouth  
Bradbury Centre  
16-18 Kingston Road  
Portsmouth Healthwatch Portsmouth

t: 023 9354 1510  
e: [info@healthwatchportsmouth.co.uk](mailto:info@healthwatchportsmouth.co.uk)  
@HealthwatchPO  
[Facebook.com/HealthwatchPortsmouth](https://www.facebook.com/HealthwatchPortsmouth)

the  
advocacy  
people

PO Box 375,  
Hastings, TN34 9HU  
Tel: 0330 440 9000  
[www.theadvocacypeople.org.uk](http://www.theadvocacypeople.org.uk)

