healthwatch Lancashire

West Lancashire Urgent Treatment Centre, Ormskirk

Enter and View Report

20th June 2025

9:45am-12:15pm

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

Contact Details

Contact details:

West Lancashire Urgent Treatment Centre

Ormskirk and District General Hospital

Wigan Rd

Ormskirk

L39 2AZ

Registered Manager:

Dr Victoria Jeffrey (GP, Head of Urgent Care)

Paul Monteith (Governance lead)

Carmen Smith (Clinical Nurse Manager)

Maureen Riley (Service Manager)

Date and Time of our Visit:

Friday 20th June 2025

9:45am-12:15pm

Healthwatch Lancashire Authorised Representatives:

Emmy Walmsley (Senior Engagement Officer)

Debra Worthington (Healthwatch Lancashire Volunteer)

Introduction

Our role at Healthwatch Lancashire is to gather people's views and experiences, especially those that are seldom heard, to give them the opportunity to express how they feel about a service. The aim of an Enter and View visit is to gather views and experiences of patients and staff of a service and observe the environment to assess the quality of the service.

This was an announced Enter and View visit undertaken by authorised representatives who have the authority to enter health and social care premises, announced or unannounced.

The team collate feedback gathered and observations made to compile a report. The report identifies aspects of good practice as well as possible areas of improvement. Healthwatch Lancashire is an independent organisation, therefore we do not make judgements or express personal opinions but rely on feedback received and objective observations of the environment. The report is sent to the manager for their opportunity to respond before being published on the Healthwatch Lancashire website at www.healthwatchlancashire.co.uk.

Where appropriate, Healthwatch Lancashire may arrange a revisit to check the progress of improvements. The report is available to the Care Quality Commission, Healthwatch England and any other relevant organisations.

General Information

The centre provides assessment and treatment for urgent health conditions such as minor burns and scalds, minor injuries and ailments, skin infections and suspected broken bones, sprains and strains. The centre has access to X-ray services on site and is staffed primarily by health care assistants, nurses, advanced nurse practitioners, paramedic practitioners and doctors. The clinical team are supported with receptionists and a management and administrative team.

West Lancs Health Centre - Care Quality Commission

Acknowledgements

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

Glossary of terms

UTC

Urgent Treatment Centre

HCRG

HCRG care group, a private provider or community health and social care services in the UK.

What did we do?

Healthwatch Lancashire Enter and View Representatives made an announced visit to West Lancashire Urgent Treatment Centre in Ormskirk and received feedback from:

Pre-visit questionnaire

Prior to the enter and view visit, the manager at Ormskirk Urgent Treatment Centre was provided a pre-visit questionnaire to complete. The aim of this questionnaire is to gather information about the patient population, services offered and how the practice manage appointments for patients. Information from this questionnaire is included in the summary below.

One to one discussions with patients and their relatives

Healthwatch spoke with patients about their experiences including accessing the service, how they felt about the care and treatment delivered by the staff at the centre.

Discussions with members of staff

Healthwatch Lancashire Representatives spoke with members of staff about their experiences of delivering services to patients. Questions centred around support for patients and any improvements staff felt could be made at the medical centre.

Observations

Observations were made throughout the visit. This included patient and staff interactions, accessibility measures in place throughout the Urgent Treatment Centre and the condition and cleanliness of the facilities.

Summary

Local Demographic

"The population of West Lancashire is 117,400 and the population of Ormskirk is 27708 (2021 census data)In Quarter four of 2024-2025 approximately 1000-1200 attended from outside the West Lancashire area. This may be attributable, in part, to the University campus nearby.

Previous searches show that people attend the Urgent Treatment Centre for these main reasons; viral upper respiratory tract infection, no abnormality detected, lower respiratory tract infection, tonsillitis and otitis media." (Taken from previsit questionnaire)

Attending the centre

As well as making the decision to attend the walk-in centre, Ormskirk Urgent treatment centre accepts any person who attends and books into the service. There are no exclusions, patients may be signposted or referred to other services or stabilised and transferred to Accident and Emergency Department if significantly unwell.

Patients are also able to book appointments by calling 111.

They also provide a Clinical advice Service (CAS) and patients will get a call back if they are referred to us by 111 and we can then book them into an appointment at the UTC, treat over the phone or refer them to other services as needed.

They also have a Deep Vein Thrombosis (DVT) pathway and patients can be referred to us by their GP or just walk into the service and be assessed and treated as required.

Visit Summary

On entry into the Urgent Treatment Centre, it was well signposted and clear for patients where to go. There is a large waiting area with ample seating for patients and enough room for wheelchair and pram access. Patients were observed checking in at reception and being seen by triage quickly then waiting back in the main area. Patients were observed to be seen quickly and leaving the centre in under 40 minutes when we first arrived.

On the day of the visit there were eight staff in total working including two admin staff, one receptionist and five clinicians including nurses and a paramedic.

Overall patient feedback was positive with comments around how quickly they were seen, the kindness of staff and the size of the waiting room with different seating to access. Concerns raised by patients centred around not knowing how long the wait was going to be, why patients were being seen before other patients and at times when its busy not being able to hear their name being called.

Overall staff feedback was positive with them mentioning the training they receive, the team they work with and what they provide within the centre. Concerns raised were around knowledge of the UTC and why patients are being sent here, the triage away system, agency staff and staff support at busier times.

At the time of the visit staff were observed to be kind and courteous towards patients and saw them in time of their urgency. Patients were commenting on how staff were thorough and how they didn't have to wait long for their triage when they arrived. There were only two patients in the waiting area when we arrived and this quickly grew with multiple patients waiting in the middle of our visit.

Enter and View observations

Location and External Environment

The Urgent Treatment Centre (UTC) is based within Ormskirk District General Hospital. There are multiple car parks to the front and back of the hospital that patients can use. There are also bus stops on the main road near the hospital for any patients who are unable to drive.

There are dedicated disabled parking spaces for any patient needing to use these. The car park is all level access from the car park to the front of the hospital. There are also drop-down Kerbs to allow for wheelchair access. A short walk to the left-hand side of the entrance is the walk in centre. There is also an ambulance bay at the front of the Urgent Treatment Centre to drop off patients where needed.

The signage from arrival is clear and continues round the centre for ease of access.

Internal Environment and Waiting Area

On entry into the UTC it was clear where patients needed to report to. There are wheelchairs available for patients to use in the entrance and a sign on entry asking patients to wait and sanitise their hands. The reception desk is clearly identifiable with patients being seen quickly and asked to sit in the waiting area. The waiting area is to the left of reception with ample seating in various sizes to suit different needs. There is enough

room to move around and fit wheelchairs and prams through comfortably. There are two televisions in the waiting area with one on at the time of the visit. There is a digital screen at the back of reception saying 'welcome to Ormskirk Urgent Treatment centre, at busy times the wait could be around four hours. This could be beneficial in the main area as some patients can't see into the reception area when sat down. (Recommendation 1)

At the back of the waiting area is a dedicated children's area with some toys for children to play with whilst waiting.

The triage room was to the right of reception and goes in a circle with the treatment/ observation area at the back of reception with five bays, four for patients and one for paediatric care, all these bays had a bed and a curtain to put around for privacy. There were consultation rooms around the outside. The toilets are situated in the main waiting area with a disabled toilet available but at the time of the visit there was an emergency button but no pull cord in the disabled toilet (Recommendation 2) There was dementia friendly signage in the waiting area and on the toilet doors.

The main waiting area was clean and clutter free with magazines for patients to access, there are also information boards up with taxi companies and support services to use. A dedicated area with taxi company details and a free phone are available next to reception. There is a board up in the waiting area explaining what pharmacy first is and what they can help treat. There is also a board which explains what staff uniforms are and their role, including who the manager on site is today.

There are feedback forms on the main desk with a box, but this was not very clear for patients. It would be beneficial to have these forms in the waiting area with a box that's not near the reception desk but also have some on the way out so patients could stop and complete one before leaving. (Recommendation 3)

On the main reception desk there is a poster at the back which explained interpreter information, this wasn't very visible to patients and could be brought forward to be visible to patients. (Recommendation 4)

Patient Interactions

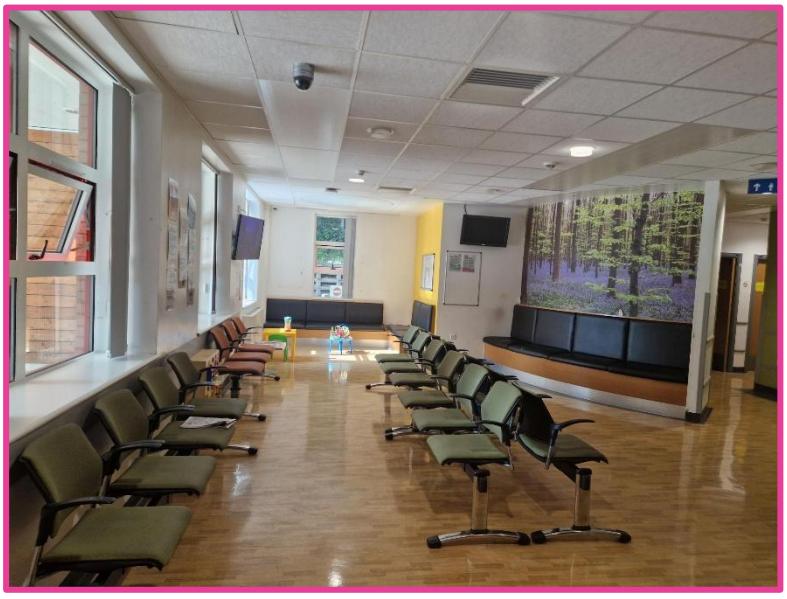
At the beginning of the visit there were only a few patients in the waiting area, but this quickly changed with the waiting area becoming quite busy. Patients were seen to be coming into the Centre and waiting at the sign, the reception staff asked them to come forward and signed them into the UTC and asked them why they had come today. Patients were asked to sit in the waiting area, and they will be called in shortly.

The staff member on reception was polite and helpful to all patients coming into the centre. Patients were observed sitting in the waiting area and then being triaged within fifteen minutes of arrival. It was explained to Healthwatch staff on arrival that the UTC has a fifteen-minute target to triage patients when they come in. Staff were observed to be calling the patients to come for their assessment and were kind and friendly with patients.

Patients were then seen to be coming back into the waiting area after their triage appointment waiting to be seen by a doctor or nurse. Waiting times at the beginning of the visit were short with patients entering and exiting the UTC within thirty to forty minutes of arriving. When the waiting area became busy the wait times did extend but patients weren't aware of how long the wait would be. (Recommendation 1)

One patient was observed becoming a bit distressed about the wait times as they had been there for some time. A member of staff was observed speaking to them about the fact that this is a walk in service and people will be seen as soon as possible and there shouldn't be much of a wait. The patient was then asking why other patients had been seen before them, it was explained that those patients had an appointment with the UTC. The patient seemed confused about this but there was nothing up in the waiting area to explain walk in patients and 111 appointment patients. (Recommendation 5)

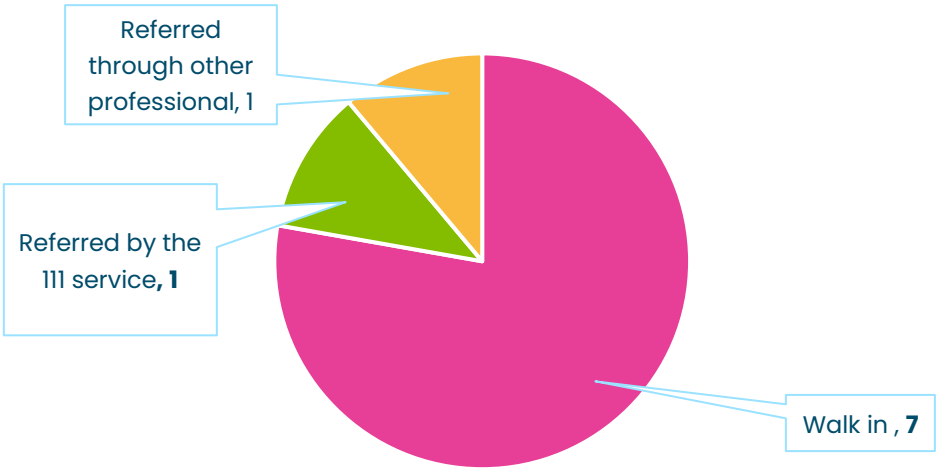
When the waiting room became busier it became harder to hear staff calling the names of patients. For patients sat at the far end of the seating area they were struggling to hear the staff especially when the television was on. Staff were observed at times calling patients names more than once.



Patient feedback

Healthwatch representatives spoke with nine patients during the visit.

Attending the service



Tell us about your experience so far

Some patients spoken with on the visit explained that this wasn't the first time they had attended the UTC and the staff are very thorough with you.

"I have been here before, and they are very thorough with you."

Patients then spoke about how quick check in was and then on to a very quick triage before waiting to be seen by the doctor or nurse.

"Check in was ok for me as I was the only patient waiting."

"Check in was really quick and triage was fast but wait times can be quite long."

One patient spoke about how easy it was to find their way around the Urgent Treatment Centre.

"I got in easily, very easy to understand where to go."

What works well at this centre?

Many patients spoke about how friendly staff were within the centre and how they always take the time to go through everything with them.

"Staff are lovely, they are very thorough with their patients."

"I think it's well organised in here, staff are friendly."

Comments around how accessible to building was and when its quiet there is enough seating to meet their needs.

"Th space is good when its quiet, you can spread out and its accessible."

One patient spoke about the cleanliness of the room and how they saw someone on the day cleaning the waiting area.

"its very clean in here, and there is always someone going around cleaning."

Is there anything that could be changed to meet your needs?

Patients spoke about how wait times can be long but the only message about wait times is on reception saying it could be up to four hours wait but it would be good to have an up to date one.

"When its busy the wait times can be long, but you don't know how long the wait times are." (Recommendation 1)

There was some confusion from patients about why some patients were being seen quicker than other patients. This was observed on the day with a patient asking staff why people are coming in and leaving and they are still waiting.

"Patients go in to be seen and have left before me and I don't know why that is, some explanation would be good." (Recommendation 5)

Patients also commented on staffing levels and how at busier times the wait is a lot longer. There were also a few comments around being able to hear staff at busier times.

"More staff at busy times but I know this can be hard."

"I've been here before and when its busy and the television is on, its hard to hear if your name is being called."

Do you receive information from the centre that is easy to understand?

At the time of the visit there were no patients in the waiting area that required any additional information or support. One patient did mention that they had been before and had been given a leaflet with support after she left to look at and use for recovery.

"If it's been needed then I have received a leaflet to help support me afterwards."

Any other comments?

One patient spoke with representatives about how they had tried to make a doctor's appointment that morning with no success and how that will affect the walk-in centres.

"I rang the doctors for an appointment this morning and I couldn't get one so I've come down here, there must be a knock-on affect with GP's not seeing patients."

Staff feedback

How do you manage patient demand and workload?

Staff highlighted that they prioritise in terms of urgency and at initial assessment patients are given a code which helps staff identify who they need to see first.

"We prioritise patients by their urgency."

"Patients are given priority codes from initial assessment which helps direct patient workload."

Some staff members commented on how they felt it depended on the team they are with and that staff teams tend to get the same shifts and that this could do with a mix up from time to time to make it fair for all staff.

"It all depends on the team I am working with, with certain teams I need to work harder and feel isolated but other times this can be ok. I do feel the same people are put together and this should be mixed up at times for fairness"

Do you feel supported to carry out a person-centred experience?

Staff members spoke about how they do feel supported but now that more complex cases are coming in this can be hard to manage at times.

"We are given lots of tools to support patients, I do feel as patients come in with more complex needs it is becoming increasingly difficult to manage."

Comments around staff now asking patients about not only what they have come in for but about their mental health to make sure there is nothing underlying.

"A person-centred consultation is expected and adjusted care to patients with additional needs and I think we do well. We have started to encourage asking patients about their mental health as well as the main reason for attending the UTC."

Staff also mentioned that they would appreciate more presence from management. They talk about how some managers are present but not all and some consistency would be good.

"I feel more presence from management would be good; we have to rely on each other a lot and I feel the support from higher could be better."

Staff talked about how they feel the team they work with is good and they support each other.

"There is a good team to offer support in place."

What measures are there in place for people with disabilities such as people with physical impairments or who are Deaf?

Staff comments were around how they provide language line, brail is in place and how certain people will be marked down as urgent, so they are not waiting as long.

"We have language line, brail and people with additional needs or carers are marked as urgent."

"We have an interpretation service for non-English speakers."

Other staff mention the hearing loop and how there is a handbook available to help support with communication.

"We have a loop system at reception; there is a hospital handbook available to aid communication. We can sit patients in quiet areas if needed and can allow extra time in consultations."

What do you think about the training you receive?

Staff spoke about how they think the training they receive is good and they are invested in their future.

"Our training is great, they are invested in further training."

Comments around the different types of training including online and face to face provided for all staff. It was also mentioned that staff have been released to have further education.

"Lots of online learning for mandatory elements and good face to face annual refreshers. Most staff have been released from work for some form of higher education in the last few years."

"The training is good, well-spaced out and explained clearly."

Are there any changes that can be made to improve the patient experience?

Staff highlighted that it would be beneficial to highlight at the time of booking in how busy they are to patients so they are aware of a long wait time.

"Informing patients when booking in that we are at capacity to prevent complaints in triage or when they do get seen." (Recommendation 6)

Comments around what is appropriate and what isn't wasn't mentioned a lot by staff. These were in terms of educating primary services, educating the public and 111 about appropriate and inappropriate bookings.

"Educate other primary services what is appropriate to send to UTC."

"111 to be more aware of appropriate and inappropriate bookings."

"A wide spread community awareness of the conditions that can be treated would be good."

Another recommendation was around utilising other UTC's in the area when they are at full capacity, so they know where to send patients.

"More open communications with other UTC's so when we are at full capacity we know where we can refer on to and vice versa."

Members of staff commented on the current IT system and how this can be quite slow and can impact patient care.

"Sometimes the IT system we have and the poor Wi-Fi can stall patient care."

Many staff commented on the triage away system and how it could do with a review, it works at certain times but not all the time and can be hard to manage.

"The triage away system needs reviewing, the idea is great, but it doesn't always work well. I feel we need to look into another method as it can be hard to manage."

Concerns around staff support at busier times was mentioned with an emphasis on times where staff could come and support to get the wait times down.

"More support from band 8 staff when the centre becomes busy, it can be quite manic, and help is needed at these crucial times."

Members of staff commented on agency staff and at times when they've used them and they haven't bene good but they are still asked back.

"At times we've used agency staff, and they aren't great, I don't think we should have them back."

Staff meetings were brought up around staff missing these due to being on duty and it can be hard to catch up afterwards.

"Sometimes when team meetings are on not all staff can attend if they are on the floor, a summary of the meeting would be helpful for those who can't attend."

A lot of staff commented on the water machine and how this should be moved or another one added to the waiting room.

"Another water machine is needed in the main area, we often find patients wandering around not knowing where they are going, even though there is clear signage I just think it would be easier." (Recommendation 7)

Recommendations

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

1. Provide a board showing patients what the wait times are when they are currently in the waiting area.
2. Ensure a pull cord is put in the disabled toilet so any patient using this facility has means to contact for help and support.
3. Ensure feedback forms and box are clearly labelled so patients have the opportunity to provide feedback. Also ensure these are put within the waiting area so patients don't feel they need to hand it in at reception.
4. Place the interpreter poster in a more prominent place so that patients can see this on arrival.
5. Ensure clear signage is put in the waiting area about the difference between walk in patients and 111 patients who have an appointment to stop confusion and patients becoming frustrated.
6. Inform patients on arrival about actual wait times so they are aware from the start about the possible wait.
7. Look into the possibility of moving the water machine or adding another one to the main waiting area to support patients.

Provider response

Recommendation	Action from provider	Timeframe	Comments
Provide a board showing patients what the wait times are when they are currently in the waiting area.	To review the current board at reception, to make it clearer. To work on a 'patient flow' visual to depict the journey through the department.	2 weeks for the board and department flow poster. Digital screen 6 months (IT issues)	There is a written board in place behind reception. Due to individual patients' complexity, urgent cases, short notice 111 bookings and the balance between illness and injury there is some difficulty in providing accurate, meaningful wait times. At present we detail the time that the longest non-urgent patient has been waiting. This will be made clearer in advance of a digital screen being implemented.
Ensure a pull cord is put in the disabled toilet so any patient using this facility has means to contact for help and support.	Thank you for raising in your report. This was noticed and replaced.	completed	
Ensure feedback forms and box are clearly labelled so patients have the opportunity to provide feedback. Also ensure these are put within the waiting area so patients don't feel	This is now in place and we have ordered new boxes and new posters to direct patients	1 month	

they need to hand it in at reception.			
Place the interpreter poster in a more prominent place so that patients can see this on arrival.	This has been actioned and will be reviewed again by asking patients if they have noticed it.	Completed, review in 1 month	
Ensure clear signage is put in the waiting area about the difference between walk in patients and 111 patients who have an appointment to stop confusion and patients becoming frustrated.	We have new boards in the department and we will be clearly providing information to clarify this action. This data will also be added to the TV screen when it is available. To work on a 'patient flow' visual to depict the journey through the department.	Complete Digital screen 6 months	
Inform patients on arrival about actual wait times so they are aware from the start about the possible wait.	As per the previous action above. This is patient centred being an urgent care service this can change.		
Look into the possibility of moving the water machine or adding another one to the main waiting area to support patients.	We have requested replacement of the water fountain to NHSPS. We now have a trolley with jugged water and cups in the waiting area.	1 month	

Any other comments

Is the report factually accurate? If not, please state what.

On the day there was also management on site, Paul is part of our leadership team.

Did you learn anything new about patient's views and experiences, or anything else, as a result of the Enter and View undertaken by Healthwatch Lancashire?

The themes of feedback are similar to those for our FFT feedback. We have made some changes in line with previous feedback but due to the nature of the visit this feedback is more specific and demonstrates there are further changes for us to make and so this has been a very useful report.

Any other comments?

Navigating patients around the Urgent and Emergency care system is a focus nationally as well as locally within our ICB. There are nationally agreed public communications that signpost patients to UTCs and 111 for certain conditions and they are widely available on social media as well as television and radio. Within our services we will continue to give patient education regarding the services that are available to them within our local area.

Enter and view visits have been carried out at both Ormskirk Urgent Treatment Centre and Skelmersdale Walk in Centre. (Enter & View reports - Healthwatch Lancashire) **As staff at these services work at both sites there are some comments that were brought to Healthwatch Lancashire staff that cannot be directly used for one of the reports. There is one recommendation list specific to each service observed on the day. A separate list below highlights recommendations that have been developed on the back of feedback for both sites from members of staff.**

Recommendations for both sites

1. Look at the staffing rotas and ensure staff are mixed from time to time in order to provide opportunities for shadowing to help staff learn from each other.
2. Promote your services and what you provide to services including 111, primary services and local residents to ensure that patients are receiving the correct care and professionals know where to appropriately refer in to.
3. Ensure an open dialogue between other Urgent treatment centres in order to help with capacity and support one another by signposting patients to centres with more availability.
4. Carry out a review of the IT systems to identify issues and how these could potentially be improved to help staff with efficiency.
5. Review the 'triage away' system to see how this is impacting staff and capacity.
6. Investigate ways of utilising additional members of staff to provide assistance at busier times.
7. Review any agency staff before bringing them back into the service, take feedback from staff members who have worked with them to ensure a smooth transition for both staff and patients.
8. Ensure a clear summary is sent out to staff who aren't able to attend staff meetings due to being on duty.

Recommendation	Action from provider	Timeframe	Comments
Look at the staffing rotas and ensure staff are mixed from time to time in order to provide opportunities for shadowing to help staff learn from each other.	All clinical and administration staff work across both the Ormskirk UTC and SWIC sites. Each shift is rostered according to skill mix and availability. This means that staff mixing occurs daily. Skill mix considerations include practitioners that cover injuries, paediatrics and senior staff.	Ongoing	Staff also complete peer reviews to enable learning. Discussion in full team meeting in relation to staff feed back to explain processes and request that specific issue/oversight is brought to our attention.
Promote your services and what you provide to services including 111, primary services and local residents to ensure that patients are receiving the correct care and professionals know where to appropriately refer in to.	This is on our DOS and Service finder. Heads of service regularly attends appropriate meetings with other organisations. Professionals do have access to our referral pathways. Patient safety is a high priority and as such we do see patients that require a lower level of care however the pathways in place are regularly reviewed.	Ongoing	Navigating patients around the Urgent and Emergency care system is a focus nationally as well as locally within our ICB. There are nationally agreed public communications that signpost patients to UTCs and 111 for certain conditions and they are widely available on social media as well as television and radio. Within our services we will continue to give patient education regarding the services that are available to them within our local area.
Ensure an open dialogue between other Urgent treatment centres in order to help with capacity and support one another by signposting patients	This will be on Shrewd and we have communication with Mersey and Cheshire ICB Centres and are work on access development with them	In progress	This piece of work is being worked on locally outside of our control.

to centres with more availability.			
Carry out a review of the IT systems to identify issues and how these could potentially be improved to help staff with efficiency.	This is ongoing we are reviewing NHS digital systems. Data analysis is regularly carried out to support this		We have been unfortunate to have been affected by 2 cyber attacks, both into different parts of our clinical systems over the past 3 years, there are processes in place for our service to continue to function, but we appreciate this has been frustrating for staff and it has been escalated appropriately.
Review the 'triage away' system to see how this is impacting staff and capacity. Investigate ways of utilising additional members of staff to provide assistance at busier times.	This is under review by the management team and staff members. Staff feedback is regularly requested. This is monitored daily there is an escalation pathway in place and shift co-ordinators have autonomy to move staff across sites as demand requires.		This has been a ongoing piece of work involving staff into the decision making process including workshops and pilots of different ways of working.
Review any agency staff before bringing them back into the service, take feedback from staff members who have worked with them to ensure a smooth transition for both staff and patients.	We only use agency staff when required, who have the correct skill mix and fully meet compliance. Peer reviews are carried on all staff including agency. We have not used any but a small cohort group for a period of time and have not had any feedback regarding specific agency staff.		Any agency staff that do not meet our standards are not give further shifts. We will discuss this in our team meeting and ask that any concerns are highlighted to leadership team- this can be done in confidence.

Ensure a clear summary is sent out to staff who aren't able to attend staff meetings due to being on duty.	The slides and minutes for the meeting are circulated to all staff by email following each meeting. They are also saved on the staff shared drive to allow access. All relevant updates are also added to the morning huddle folder for discussion and emailed to staff separately. This has been in place for several years. For all to review and respond. Updates are share via email and in the huddle file for handover. Staff have time to read their emails at the end of each day.		Discussed in team meeting and awaiting staff feedback

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