

**Gynaecology outpatients**

**Royal Preston Hospital**

**Enter and View Report**

**Wednesday 1<sup>st</sup> October 2025**

**9:30am-12:00pm**



**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

## Address

Royal Preston Hospital

Sharoe Green Unit

Fulwood

Preston

PR2 9HT

## Registered Manager:

David Styles (Matron)

Alison Curtis (Clinic Manager)

Shamaila (Deputy Clinic Manager)

## Date and Time of our Visit:

Wednesday 1<sup>st</sup> October 2025

9:30am-12:00pm

## Healthwatch Lancashire Authorised Representatives:

Emmy Walmsley (Senior Engagement Officer)

Debra Worthington (Healthwatch Volunteer)

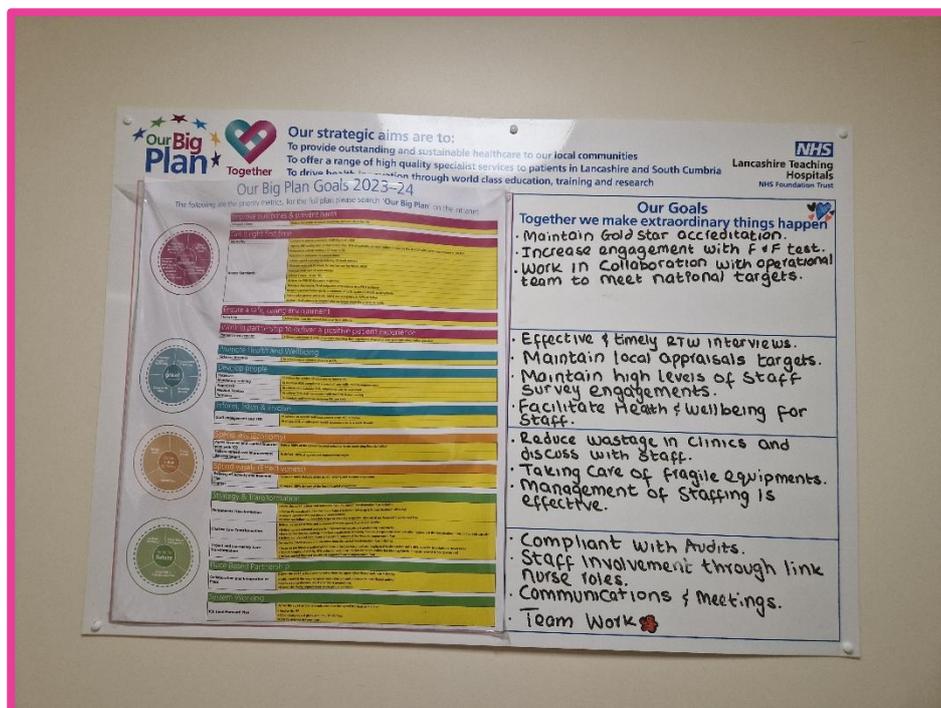
# Introduction

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](http://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.



# What did we do?

Healthwatch Lancashire Enter and View Representatives made an announced visit to Royal Preston Hospital Gynaecology outpatients on Wednesday 1<sup>st</sup> October and received feedback from:



## Pre-visit questionnaire

Prior to the enter and view visit, the Matron and Clinical manager of gynaecology outpatients was provided a pre-visit questionnaire to complete. The aim of this questionnaire is to gather information about services offered and how the hospital manages 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 in outpatients.

## 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 gynaecology outpatients.

## Observations

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

# Summary

Healthwatch Lancashire representatives made an announced visit to Gynaecology outpatients at Royal Preston Hospital on Wednesday 1st October 2025 and spoke with eight staff members and nine patients.

Healthwatch representatives were shown around the Outpatient unit by the clinical manager who explained what happens in each area and where patients go for appointments. The Outpatient's department is situated within Sharoe Green Unit at the back of the hospital. It is all level access with a reception desk on entry and the outpatient department to the right of reception.

There is a waiting area for patients with ample chairs, notice boards with support, a clear list of clinics with staffing and wait times for each individual clinic running on that day. The notice boards contain information about the staff working at the unit. There are three procedure rooms and eight consultation rooms.

There are two patient toilets within the unit including a disabled toilet, these are next to the waiting area with ease of access to patients. There is also a water machine for patients to use at their leisure.

Healthwatch Representatives spoke with a range of staff and patients on the day of the visit and spoke about how they feel about the outpatient unit including conversations about wait times, communication and staffing.

Staff were observed being courteous and speaking with patients in a friendly manner. Staff came out to greet patients for their appointments and then took them through to the consultation rooms. Staff were observed to be speaking with patients whilst they were waiting for their appointments and checking they were ok.

Staff on reception were observed to be greeting patients and helping them find their way to the unit on arrival.

Overall patient feedback was positive, with them mentioning that they find the gynaecological outpatient's staff friendly and how reception staff support them into the building. Some improvements mentioned are around communication around wait times, patient portal concerns and text message reminders.

Staff feedback was positive, with many staff members commenting that they feel supported to do their role effectively and feel they have enough training to support their needs. Some areas for improvement included communication with patients around wait times, clinic times, making reception clearer and the cancellation process for patients.

## Services offered reasons people may be attending for appointments.

Gynaecology outpatients host several clinics including:

Procedural clinics:

PMB service – one-stop service for patients referred under a two week wait and have had post-menopausal bleeding. Assessment includes ultrasound scan, consultation with consultant or ACP and investigation/ treatment as needed. Hysteroscopy/ Bigatti procedure performed on the same day and biopsies taken.

Novasure ablation and MVAs are also performed within these clinics.

There are 6 PMB clinics per week, with 10 patients seen by 2 clinicians.

There are also 8 regular hysteroscopy clinics per week, where triage has already taken place and patients are booked for Hysteroscopy or Bigatti procedures. Each clinic accommodates 6 patients.

Colposcopy clinics – patients attend these clinics who have had abnormal cervical screening results and require further investigation or testing. Lletz procedure is carried out for those patients who require treatment.

There are 11 colposcopy clinics per week, which see 7-9 patients per clinic, depending on clinician or specialist nurse.

Gynaecology clinics, this covers a wide range of gynaecological conditions including:



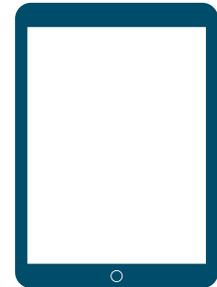
- Urogynaecology – consultant clinics and dedicated nurse-led pessary clinics. Urogynae are working to become a tertiary service within the ICB.
- Endometriosis – consultant clinics and specialist nurse support and follow up. This is a BSGE accredited tertiary centre.
- Menopause clinics – consultant-run service
- Recurrent miscarriage – consultant-led service with support of early pregnancy bereavement specialist nurse.
- Gynaecology Oncology – MDT including consultant and specialist nurse services. This is a regional tertiary centre.
- Assessment and treatment of vulval conditions – weekly consultant-led clinics.
- We also run general gynaecology and 2ww clinics – consultant and ACP.
- Nurse-led gynaecology pre-op service.

## Attending gynaecology outpatients (Referral pathway and how people receive appointments)

Patients are referred into the service through their GP, consultant-to-consultant referral or through external private or non-private trusts. Patients are given access to book via choose and book.

Current waiting times gathered as follows:

- Routine Gynaecology – 12 months
- Urgent gynaecology – 13 days
- Post menopausal bleeding (urgent) - 7 days
- Hysteroscopy – 7 days
- Urogynaecology – 6-7 months
- Colposcopy – low grade 7 weeks. 15 days high grade.
- Endometriosis – stage 3+4 seen within 3 months of triage by general gynaecology. Stage 1+2 managed by general gynaecology.



(Information in this section was taken from the Previsit questionnaire)



# Enter and View observations

## Location and External Environment

Gynaecology outpatients is situated within the Sharoe Green Unit at Royal Preston Hospital. There are multiple patient car parks at the hospital including one opposite Sharoe Green Unit. There is a bus stop immediately outside of the hospital with a short walk to the unit.



There are also disabled parking spaces for patient, the outpatient's unit is all one level with dropped down curb from the road. There is a drop off point to the left of the building. There is also signage to the front of the building and a sign above the door when you enter gynaecology outpatients.

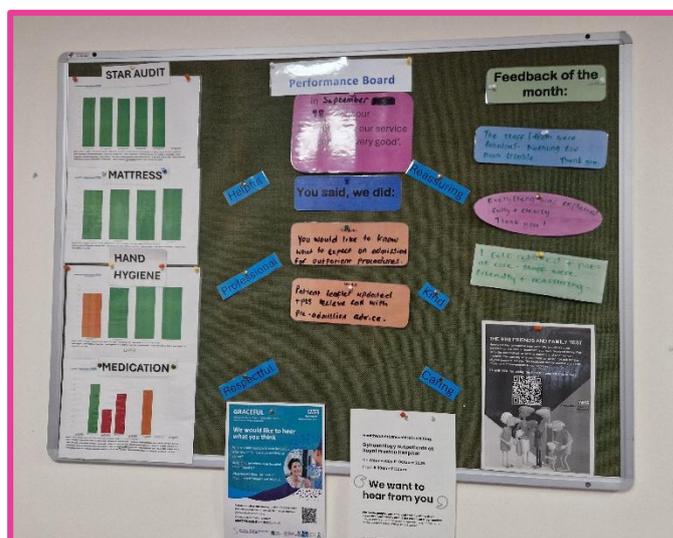
Sharoe Green unit also has other services including maternity services, antenatal clinics, scans and a baby shop.

## Internal Environment and Waiting Area

On entry into Sharoe Green Unit it wasn't clear where patients needed to report and some patients were seen walking straight into the outpatient's part. (Recommendation 1) There is a sign above the door stating gynaecology outpatients which is easy to see. There is a reception desk on entry into the building where staff were seen speaking with patients coming into the building.

The waiting area had ample seating, which was all of the same size and design, these were laid out to be looking towards the clinical area and television. There is enough room to fit a wheelchair or pram within the area and enough seating to accommodate patients. There is a television playing at the time of the visit which was on for patients to watch whilst they were waiting.

There were notice boards up around the waiting area including a 'you said we did' board with examples from the month of September, feedback of the month, a friends and family poster and a chaplaincy poster. On the same wall was a board explaining who the senior team are within the outpatient's department and their contact details. To the right of the waiting area is a board explaining the different clinics on that day, these included consultant and nurse names,



what the clinic was and the current wait times. To the back of the waiting area was a board with lots of information including cancer support, patient portal, HPV testing, friends and family testing and an endometriosis survey. This would have been beneficial in a more prominent place so patients could easily see this and take information away with them. (Recommendation 2)

Moving on to the clinical areas there are three procedure rooms to the left and to the right are eight consultation rooms all with similar layout with a bed, chair, resources and a computer in them. All rooms had hand sanitiser and hand washing facilities. Opposite the main waiting room are two patient toilets including a disabled toilet, these were clean and well stocked. The emergency system in the disabled toilet would benefit from a pull chord in case a patient falls to the floor, so it is easy for them to reach. (Recommendation 3) The toilets would also benefit from dementia signage and the implementation of a dementia clock in the wait area.



Next to the procedure rooms is a desk with information and a board explaining mental health support and signs to look out for, where to share concerns. There is also a post box for patients to share their feedback and share with the team. This is also where patients were seen to be having their blood pressure taken by staff members. The outpatient's department also showcased their gold star for excellence on the wall for patients and visitors to see.

There was also a water machine situated next to the waiting area for patients to help themselves to which was well used by patients during the visit. During the visit it was observed that patients were confused how to exit the building after their appointment as there was no signage to support this.

## Patient Interactions



The wait area during the visit was busy with many patients coming and going, staff were observed to be updating the wait time board in reception on a few occasions which then led to patients asking how long it would be before their appointment. One patient asked if they could see how long it would be until their appointment as they had already been waiting 30 minutes, and the staff member went to check and came back to reassure that the patient would be seen soon.

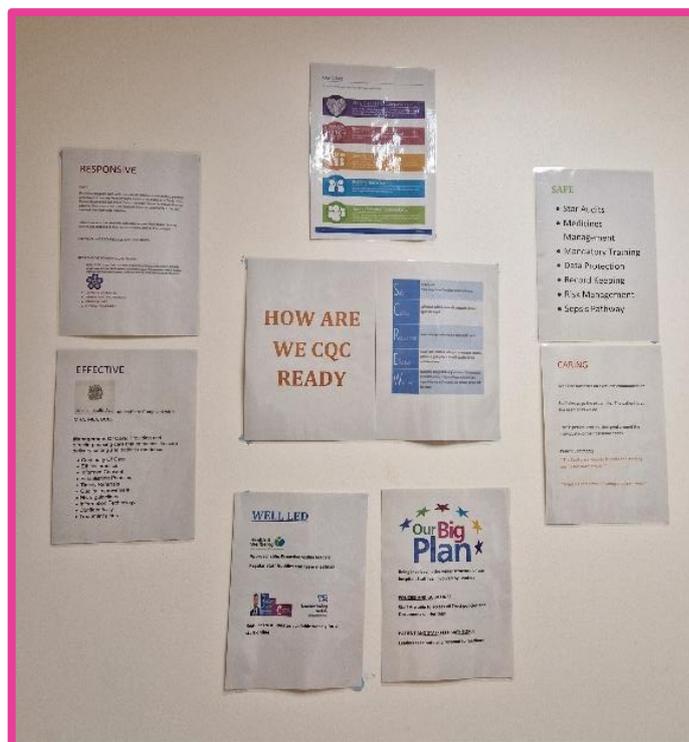
Patients were observed to be called into their appointments by staff and walking them to the consultation room. One patient was observed to be supported to have their observations done before a procedure and the nurse was asking a lot of questions and ensuring the patient knew what they were there for and why they were doing the checks. All staff were observed to be kind and courteous to patient's throughout the visit. One patient came into the unit noticeably upset as

they were late for their appointment due to parking problems and the member of staff reassured them and looked at their appointment time and communicated with the staff to see what they could do for them.

Staff were also observed to be supporting patients at reception and showing them where to go and wait after checking in to the building.

## Patient Involvement

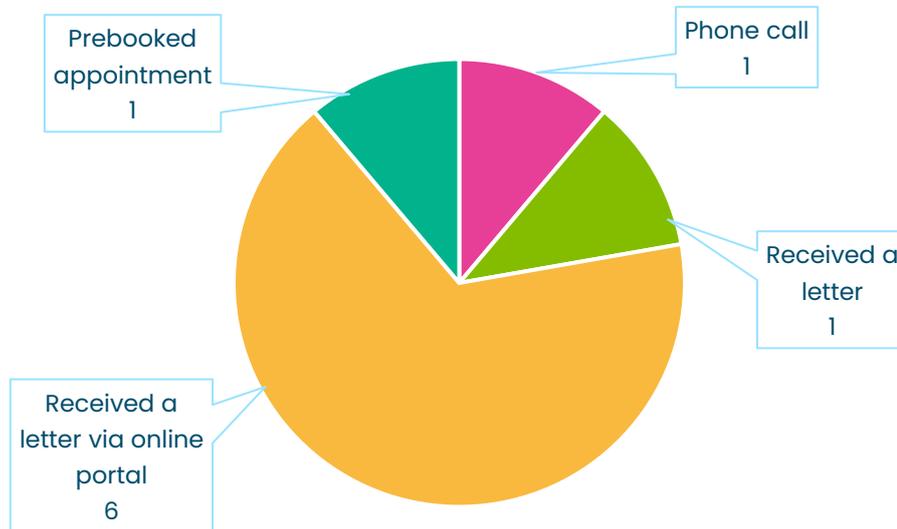
There was a 'you said we did' board in the waiting area which showed the results of the recent friends and family test along with feedback of the month with comments that patients had given the department. There were friends and family feedback posters up in the waiting area. There is also a separate document up in the clinical areas which highlights comments from patients around care and friendliness of staff.



# Patient feedback

Healthwatch representatives spoke with nine patients during the visit.

## Attending the service



## Tell us about your experience so far

Patients firstly spoke to us about how they checked in for their appointment and how some patients were confused where to go when they arrived in the building. (Recommendation 1)

**“Check in was ok, finding the building was hard as I had a phone call not a letter, so I didn’t have directions, but I’ve only waited a week for this appointment as it was urgent.”**

**“I didn’t know where to go when I arrived, there is a desk when you walk in but it doesn’t say check in or tell you what you need to do.”**

There were some comments around car parking and how this caused patients to become anxious they would miss their appointment time.

**“The car parking is awful, I came earlier to find a space, and I was nearly late.”**

Patients spoke to us about how they were told about their appointment and how they had received an appointment via the portal, but this was cancelled without their knowledge, so they still turned up for their appointment. (Recommendation 4)

**“I had an appointment in April which was cancelled but I wasn’t told so I still showed up, I was told I would get a text reminder which I didn’t, communication is a problem.”**

Other conversations were around the communication between the department and patients. Concerns around long wait times with no knowledge and also a patient spoke to us about how they had a letter stating they had an appointment

for 2026 but received a text saying they had a cancellation that she could book on to this week.

**“I have waited 12 months for this appointment which I’m not very happy about as I didn’t know the wait was that long, but the staff have been lovely today.”**

**“I have waited 11 months for this appointment, I got a letter saying my appointment was July 2026, but I got a text last week with a cancellation.”**

Furthermore, a patient spoke to us about how they had received two letters and wasn't sure which one was right, so they rang the department for clarification.

**“I received two letters and was really confused as to which was the right one, but I rang and asked, and I had been booked in twice but it was sorted quickly.”**

One conversation with a patient centred around how they had been previously a few times and the last time was for a procedure and they are here today for guidance and results of that procedure.

**“This is my hopefully last appointment today, I came for a hysteroscopy a few months ago and I got no information for it at all, I felt I was going in blind, I did ring to ask what it entailed but I wasn’t told a lot about the process and was just told to look at the leaflet I hadn’t received with my letter which was frustrating.”**

## **What works well in gynaecology outpatients?**

Patients spoke about the friendliness of the staff on the unit and how the communication between staff members was good.

**“The staff are nice.”**

**“Communication between staff when you’re here is good, you can tell the staff have passion.”**

One patient mentioned how they prefer this hospital as it is near to home for them, so not too far to travel.

**“it’s close to home for me so it’s a good setting.”**

One patient spoke about the staff on reception and how nice they were with her.

**“Reception staff are lovely, they helped me understand where I needed to go.”**



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

Most patient spoke about wait times and better communication with patients so they are aware of how long they will need to wait. (Recommendation 5)

**“Reducing wait times or communicating with patients better around wait times.”**

**“Wait times communicated with patients better, I’ve waited a long time and I had no idea what the wait times were.”**

One patient mentioned they would prefer a phone call if their appointment has been cancelled rather than a text or letter as they end up ringing the department anyway to ask why it’s been cancelled. (Recommendation 6)

**“Better communication when appointments have to be changed or cancelled, instead of a letter or text it would be nice to know why it’s been cancelled.”**

One patient highlighted that they felt communication via text could be clearer as she had received a text to report to SGU, but she didn’t know where this was. (Recommendation 7)

**“I had a concern around text messages, so I received a text that said report to SGU but I didn’t know what that was, so I had to look it up myself, it needs to say the full name with the address.”**

# Staff feedback

Healthwatch representatives spoke with eight staff members during the visit.

## How do you manage your workload?

Staff members spoke about how they feel the team in the unit work really well together to support each other with workload.

**“We have a very good team so it’s easy to back each other up with workload.”**

Staff also commented on how it can be busy at times in the unit but they manager but when there are new staff this can become a bit more difficult.

**“It’s hard at times, we have very busy days, but I think we manage.”**

**“Sometimes there’s lots of pressure, a lot of new staff that need training so it can be hard, but it is manageable.”**

Staff mentioned that when clinics run behind this can put pressure on staff members to catch up.

**“We are given a number of patients a day, it’s hard when clinics run behind, but we catch up.”**

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

All members of staff said they feel supported and that the whole team work together to ensure everything is done right. They also spoke about how team members will support each other in areas that they might struggle or need more support.

**“Yes, I do feel supported by the whole team, we all work together.”**

**“I think the team are very supportive which helps if there are areas we might struggle.”**

Staff also commented on how the management team are always there for support if they need it.

**“David, Alison and Shamaila are great, they are always there for support.”**

## What do you think of the training you receive?

Staff spoke about how they felt their training was really good and how they are able to explore more training if they would like to develop their skills and knowledge.

**“I think it’s really good and we get given time to complete these.”**

**“I like our training, and I like how we can access extra training in areas which might help us further at work including cancer care.”**

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



When speaking with staff members on the day of the visit they were very knowledgeable about what is available for different languages and for people who require BSL and how this can be arranged for a patient.

**“We have iPads here that we can get language line on and also BSL interpreters.”**

**“We can book extra slots for any patient that requires more time due to using BSL or language line so they don't feel rushed.”**

Staff were a little unsure as to what was available for patients who were blind and most staff had never encountered this whilst working for the trust. (Recommendation 8)

**“I'm not 100% sure about support for people who are blind, but I know we have BSL interpreters that can be booked in advance or when the patient arrives.”**

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

A lot of conversations with staff centred around communication with patients and their understanding of wait times, why they have to wait. They feel that more could be utilised in terms of letters to patients, so they are aware of the wait times instead of sending out a letter for a year in advance. (Recommendation 5)

**“Communication with patients about appointments. We have patients waiting months to come here with no communication at all.”**

**“More information on letters for patient's would be good so they understand the current wait times.”**

Staff also commented on the confusion over portal letters and looking forward to a new system which they feel could possibly work for patients moving forward. They spoke about how patients turn up for appointments that have been cancelled but they haven't been notified of the cancellation. (Recommendation 4)

**“I feel portal letters are confusing for patients, we had someone in this week who had an appointment via the portal, but the appointment got cancelled and she wasn't notified so she showed up.”**

**“I think we should only book appointments 6 weeks in advance to ensure that patients aren't having cancellations and changes to their appointments.”**

Staff also mentioned how patients can get quite confused when they enter the building and often walk straight into the gynaecology outpatients wait room without checking in at reception.

**“Make reception clearer as we have many patients who come into the wait area without checking in and they don’t know where to go. Or consider a self-check in machine.”**

Conversations were also around clinic times and the need for a possible review of certain clinics that run over and how this can be better managed. Along with a suggestion around new patients who would benefit from a longer first appointment due to how much needs to be covered in that appointment. (Recommendation 9)

**“I think clinic times need to be looked into, for example most clinics run with 15-minute slots, but I don’t think that always works so looking at certain clinics would be good.”**

**“New patients only get 15 minutes for their initial appointment, and I don’t feel that’s long enough to do all the checks and have a conversation I think it needs to be reviewed to be made longer.”**

One suggestion from staff was around patient files and how it would be good to have a symbol if a patient requires more support in terms of a BSL interpreter, language line or support if they are blind or partially sighted. (Recommendation 8)

**“On a patient file there is a red triangle if they have an allergy or safeguarding it would be helpful to have that for disabilities so it’s clear when the referrals come through if the patient requires more support.”**

One suggestion centred around staff wellbeing and support for them when they come across situations that are hard like giving bad news or managing a difficult interaction with a patient. (Recommendation 10)

**“I feel more could be done in terms of wellbeing for staff, we come across a lot of patients and have to give bad news sometimes it would be good to have something in place when we’ve had a difficult interaction with a patient or had to give bad news.”**

# Recommendations

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

1. Ensure clearer signage in reception so patients know where to check in for their appointment.
2. Move the display board at the back of the waiting room and put this in a more prominent place so patients can access the help and support more easily.
3. Ensure a pull chord is added to the disabled toilet to ensure patients who may fall are able to reach for support.
4. Ensure cancellations via the patient portal are communicated with patients to prevent them from showing up to a cancelled appointment. Also consider the way appointments are booked and review if booking a year in advance works.
5. Look into the possibility of adding a section to hospital letters which shows the patient the current wait times, so they are aware of this.
6. Look into the possibility of having phone calls for appointment cancellations rather than a text or letter to ensure the patient is fully aware of the circumstances.
7. Ensure when sending out text messages that the hospital location isn't abbreviated and the full name and address is added.
8. Ensure all staff are aware of the policies around additional support for patients with additional support needs, including deaf and blind. Also explore the possibility of having a symbol on patient files for extra support needs.
9. Explore how clinic times could be improved for certain clinics to avoid these running over and also look at the possibility of extending the first appointment so that patients have enough time to speak with the consultant.
10. Share with staff what wellbeing support is in place for them when they are having hard conversations or have had a difficult interaction with a patient.

# Provider response

Recommendation	Action from provider	Timeframe	Comments
Ensure clearer signage in reception so patients know where to check in for their appointment.	A review of the signage in the waiting room to ensure that the patients have visible prompts to ensure they have checked in	30/11/25	Reception desk is very visible on entry to SGU and is clear that it is a reception – it already has signage to inform gynae and ante natal patients to check in at that desk
Move the display board at the back of the waiting room and put this in a more prominent place so patients can access the help and support more easily.	Review wall space	30/11/25	The manager will review available wall space to consider alternative options for waiting room information
Ensure a pull chord is added to the disabled toilet to ensure patients who may fall are able to reach for support.	Replacement nurse call system	17/12/2025	New nurse call system planned for Sharoe Green Building commences 17/11 which Ante natal and Gynaecology clinics being completed first This will ensure all rooms have the appropriate call points where
Ensure cancellations via the patient portal are communicated with patients to prevent them from showing up to a cancelled appointment. Also consider the way appointments are booked and review if booking a year in advance works.	Call to confirm in place  Move to 6 week booking	N/A	Call to confirm is in place for both appointment booking and cancellations.  Delays in administration and reduced patient experience

			<p>escalated to Divisional Management and operational teams.</p> <p>6 Week booking is being explored which will reduce DNA's and last minute clinic changes.</p>
<p>Look into the possibility of adding a section to hospital letters which shows the patient the current wait times, so they are aware of this.</p>	<p>No possible action</p>	<p>N/A</p>	<p>Wait times for different clinics will vary and change all the time, therefore adding this to the letter may not be possible. Templates including wording to be reviewed to consider any changes to improve communication.</p>
<p>Look into the possibility of having phone calls for appointment cancellations rather than a text or letter to ensure the patient is fully aware of the circumstances.</p>	<p>Call to confirm in place</p>	<p>Complete</p>	<p>Call to confirm is in place for both appointment booking and cancellations. Recruitment to all vacancies continue to be managed through Trust process</p>
<p>Ensure when sending out text messages that the hospital location isn't abbreviated and the full name and address is added.</p>	<p>Ensure text message reminders do not contain abbreviations</p>		<p>Trust communications have been revisited. It has been confirmed that text messaging service does not use abbreviations.</p> <p>Reminder to administration team if sending text message reminders out from department phone not to use abbreviations.</p>

Ensure all staff are aware of the policies around additional support for patients with additional support needs, including deaf and blind. Also explore the possibility of having a symbol on patient files for extra support needs.	Awareness update at next team meeting re resources available for blind patients	17/12/2025	It is not always known to us whether a patient is requiring an interpreter/additional need before first presentation to the department. The service has mechanisms to support individual needs such as instant translation.
Explore how clinic times could be improved for certain clinics to avoid these running over and also look at the possibility of extending the first appointment so that patients have enough time to speak with the consultant.	Clinic Templates reviewed annually. Currently under formal review for end of Jan 26 implementation	31/12/2025	Clinic templates are reviewed annually. Currently templates are reduced for new starters and those returning from long term absence. Templates follow national guidance.
Share with staff what wellbeing support is in place for them when they are having hard conversations or have had a difficult interaction with a patient.	Re-launch the TRiM practitioner offer so staff are aware of the ability to access traumatic incident debriefing Consider options of supervision in team meetings Explore opportunity for an additional nurse to undertake PNA role training (MSc degree module) Ensure there is information in the department for staff to understand what a PNA is and how to access one	17/12/2025	Trust has several Professional Nurse Advocates in place The Division has 24 TRiM Practitioners to provide trauma informed support for colleagues. There is a plan to reshare Trust offer for health and wellbeing displaying signposting advice in the clinical area.

Any other comments



**healthwatch**  
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