

Enter and View Report

St. Leonard's Hospital

October 2023



Contents

What is an Enter and View?	2
Methodology	3
Acknowledgments	4
Purpose of the visit.....	4
About the service.....	5
Findings: Patient feedback and Healthwatch Hackney observations	6
Patient’s views on the future of St. Leonard’s Hospital	15
Discussion with the staff	16
Recommendations and service provider’s response	19
Appendix.....	25

Visit Details	
Service Visited	St. Leonard's Hospital Locomotor – Physiotherapy service, Foot Health, Extended Scope Physiotherapy (ESP), Orthopaedics, Wheelchair
Manager	
Date & Time of Visits	31 st October 2022 16 th November 2022 25 th January 2023 27 th January 2023
Authorised Representatives	Malcolm Alexander, Marion Mcalpine, Norah Aldesori, Ahmed Aljohani, Kelsey Robinson, Bridget Ceplo, Noonie Baisley, Fabien Decodts
Lead Representative	Kanariya Yuseinova

What is an Enter and View?

Healthwatch Hackney undertakes 'Enter and View' visits as part of its programme of ensuring health and care services, meet the needs of local residents.

These Enter and View visits are mandated by the Health and Social Care Act 2012, and give trained Healthwatch staff and volunteers (Authorised Representatives) the power to visit health and care services - such as hospitals, care homes, GP practices, dental surgeries and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service, but equally they can occur when services have a good reputation.

During the visits we observe service delivery and talk with service users, their families and carers. We also engage with management and staff. The aim is to get an impartial view of how the service is operated and being experienced.

Following the visits, our official 'Enter and View Report' is shared with the service provider, local commissioners and regulators. They outline what has worked well and give recommendations on what could have worked better. All reports are available to view on our [website](#).

Safeguarding

Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with safeguarding policies. If at any time an Authorised Representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed by the Safeguarding lead (one of the GP partners) to the [Care Quality Commission \(CQC\)](#) where they are protected by legislation if they raise a concern.

Disclaimer

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

This report only presents limited patient feedback, however, the analysis and the recommendations are based on all patient feedback received on the day.

If we spoke to you on the day and you cannot see your feedback here, please be reassured that your comments are valuable and your experience has been noted. The full patient feedback collected on the day was shared with the service provider for them to consider when planning the implementation of our recommendations.

Methodology

We notified the services five days prior to the visits, and sent them leaflets and posters to notify patients about our arrival.

We visited the following services at St. Leonard's Hospital on four different days.

- Locomotor : Physiotherapy service, Extended Scope Physiotherapy (ESP), Pain service
- Foot Health;
- Orthopaedics;
- Wheelchair service

The visits took place on 31st October 2022; 16th November 2022; 25th January 2023; 27th January 2023.

During the four visits, we spoke to 58 patients, the Head of Locomotor Services, the Deputy Head of Locomotor Services and three team members of the Wheelchair Service.

Our initial meeting started with an introduction to most of the service managers at St. Leonard's Hospital and a short discussion about their views and experiences of working for the services at St Leonard's.

Acknowledgements

Healthwatch Hackney would like to thank Hilda Walsh, Head of Locomotor Service, Elizabeth Slee, Deputy Head of Locomotor services, the managers of services, staff members and service users for their contribution and hospitality in enabling this Enter and View visit to take place. We would also like to thank our Authorised Representatives, who assisted us in conducting the visit and writing this report.

Eight Enter and View Authorised Representatives and one staff member attended the visits. The Authorised Representatives spoke to residents, visitors and staff. Suggestions have been made on how to improve services and good practice has been highlighted.

Purpose of the visit

Enter and View visits enable Healthwatch Hackney to form an impartial view of how services operate and how the service is experienced by service users and carers, and to produce a report.

Our decision to visit was influenced by the following factors:

- Routine comments and feedback from patients to Healthwatch Hackney
- Healthwatch Hackney's priority to review the service delivery and quality of care of all health and care services in the borough.
- A desire to investigate the importance of St. Leonard's Hospital as a site for the delivery of community service.

About the service

- **The Locomotor services is an NHS community based integrated musculoskeletal Physiotherapy and specialist pain service including** Extended Scope Physiotherapy (also known as APP - Advanced Practice Physiotherapists).
- **The Locomotor Pain service** is a specialist community based pain service for adults living with persistent pain. Patients are often referred by GPs, First Contact Practitioners (FCP) or self-refer via MSK Direct – an online portal (<https://www.homerton.nhs.uk/musculoskeletal-direct>) and can phone to book an appointment straight away.
- **Extended Scope Physiotherapist (ESP)**, also known as APP – advanced practice physiotherapist, sits within the Locomotor service. ESPs provide both advanced clinical care to Locomotor patients (such as injections and in some cases ultrasound scans) and expert clinical support and supervision of Locomotor Physiotherapists. Referrals for Extended Scope Physiotherapy (ESP) and Locomotor Pain service are through GPs and other health professionals and are first screened by clinical staff, to ensure that the referrals are seen by the most appropriate clinician. This means patients phone once to activate the referral so it can be screened, and a second time to book their appointment.
- **The Orthopaedic knee/hip arthroplasty clinic** is run jointly by a Homerton orthopaedic surgeon and senior Locomotor physio. Patients who may potentially need some form of joint replacement surgery to the hip or knee can be referred to this clinic by their GP. From the point at which a senior physiotherapist screens the referral, patients typically wait 3 to 4 weeks, depending on when the next clinic is. The Clinic runs bi-weekly on Wednesdays.
 - Referrals to Podiatry/Foot Health services: referrals are via E-RS from GPs
 - [Self-referral is via the Homerton website under Community Podiatry](#)
 - Any other health professional/social services can refer using the services referral form and sending it via email to the service.
- **Access to wheelchair services is only through GP referral or hospital staff.** The team aims to complete the first assessment within five weeks (this could be a telephone or in-person assessment) and they aim to provide all equipment within 18 weeks. However, sometimes logistical issues mean that there are delays because most of the equipment is ordered from abroad. **Staffing:** 5 OTs and 3 admin staff, 2 technicians, and 2 rehabilitation engineers. The size of the team adequately meets the needs of service users. There are currently no physiotherapists in the team.

Findings: Patient feedback and Healthwatch Hackney observations

Physical accessibility (for people with disabilities and other needs specified by the Equality Act - the building and each department)

Healthwatch Hackney observations

- The building has good transport links and parking space
- Access to the building is approximately a 240 metres walk from the bus stop and passes through the security office. Another entrance by a single door is located between the bus stop and the security office which shortens the walk for patients by approximately 100 metres. However, this door's been kept locked for some years "for safety reasons" we were told by the service leads. See page 15 for more information.
- The parking area in front of St Leonard's is also used for ambulances. Patients can access the building through the set of stairs or the concrete ramp.
- An automated door leads to the main reception where patients are directed to other receptions. This reception area is also the place where patients are dropped off or wait to be picked up by the Patient Transport Service.
- Access to all waiting areas on the ground floor have step-free access and there were either no doors or the doors remained open at all times. However, accessing some services was through a long corridor. Foot health patients are seen in the left and right waiting areas.
- Patients who are attending physiotherapy appointments will need to continue walking to access the last reception area on the right and are asked to wait at the two available waiting areas or let through a security door to attend their appointment on the second floor.
- Access to the waiting area on the second floor following the entrance through the security door is through a 20/25 6/8 metre walk through a corridor that leads to stairs or an accessible lift. Following exit from the lift or these stairs, patients find themselves in front of a heavy double door which does not have an automated mechanism. This makes access difficult as many of the patients who attend appointments on the second floor have serious mobility difficulties. This caused some patients to be out of breath when reaching the waiting room on the second floor. During some of the visits, we observed receptionists assisting patients through the doors. We also had to assist some patients by holding the doors open for them.
- There are two toilets on the ground floor and two toilets on the first floor. Each floor had one accessible toilet fully equipped. However,

some patients commented on the difficulty of their use and how there were not enough available.

- All waiting areas had good lighting and appeared clean during our four visits. There were magazines to read and informational leaflets posted. Healthwatch Hackney leaflets informing patients about visits were also made available.
- We observed good signage throughout the building.

Patient feedback

- Overall, patients responded positively to the overall physical accessibility of the building (76%). However, many talked about the long walk to get inside due to the single entrance door being locked.
- Patients commented on how close the bus stop is to the hospital and how this was helpful.
- Most patients suggested that the signage was good and made departments easy to find.

Safety and appearance of the General Environment (waiting room layout etc)

Healthwatch Hackney observations

- We observed seven waiting areas in the different departments. There are six waiting areas on the ground floor and one on the first floor. Some waiting rooms are small, while others are bigger. However, we observed that all waiting rooms are spacious and can accommodate a reasonable number of patients including wheelchair and mobility scooter users.
- One defibrillator is available in the security lodge at St Leonards and can be accessed 24/7.
- All teams have first aid kits as a standard requirement at Homerton Healthcare Trust.
- No hearing/induction loop was noted during the visits

Comments from the service provider: *Locomotor had an analogue hearing loop that has stopped working – we consulted a clinician at our team who is hearing impaired and wears a hearing aid, who informed us that people now have digital hearing aids so this analogue loop would not be useful, and it is not appropriate to fix it.*

Patient feedback

- Some patients commented on the comfort and cleanliness of the waiting room. 3/19
- 3/20 patients who visited the services on the second floor complained about the heavy doors after the lift.

Access to and communication with services - e.g. booking appointments and communication in languages other than English

Healthwatch Hackney observations

During the four visits, we observed the receptionists to be helpful and welcoming to patients. We also observed clinical staff being helpful to patients when calling them in for consultations.

Clinical staff approached patients with a smile and called their names in a way to ensure maximum confidentiality.

Patients were usually seen within a few minutes of their arrival.

Patient feedback

- All but one patient said they were referred to this service by either their GP or another health professional.
- 10/45 patients said that their initial appointment was booked by their GP.
Most patients found booking their initial appointments over the phone fairly easy and reported short wait times when calling to book.
- 20/45 respondents said that following the receipt of the referral letter, they had to call the service to make their initial appointment. Most of these patients were left confused after their initial communication with the service, following the receipt of the referral letter.
 - *“After I received the letter, I called in thinking that I am going to get an appointment. However, I was given a password and was told to call in 3 weeks' time to actually book my appointment.”*
 - *I don't know why I had to wait for so long. This is quite frustrating.”*
- 6/26 respondents said they booked their initial appointments online by completing a form, however, most of them found this difficult and time-consuming.
- Most patients said that it took 2-3 weeks to reschedule an appointment following cancellation from either side. Some patients said that the wait time for the initial appointment increased if the appointment was cancelled or rescheduled
- 11/58 patients had experienced cancelled appointments either because the patient was unable to attend or due to staff sickness. This has delayed access to services and treatment in some instances.
 - *“I was supposed to be seen back in September, but my first appointment was cancelled because of the Queen's death. The next appointment was cancelled because of staff sickness. Then I was given another one after a month but because it was quite a long time, I forgot. I then had to call to ask for another appointment which was given to me but again cancelled because of staff sickness. So here I am today for my first appointment.”*

- Some patients found the service to be accommodating if another appointment was needed following cancellation from either side *"I had to cancel one of my appointments because I had Covid. They were quite understanding and it was fairly easy to book the next one."*
- Other patients noted that if they missed the initial call, it was difficult to get back in touch to rebook the appointment. *"My appointment was cancelled one time because my doctor was unwell. They tried calling one time and I was using the tube so I didn't get the call, then they sent me a message telling me my appointment was cancelled and provided the phone number to book appointments but they won't pick-up."* or *"The reception won't pick up the phone, I'd have to call and hang up 5 times until they pick up."*
- More than a few patients also complained about the last-minute cancellation of their appointments:
 - *"One week before the appointment they cancelled the appointment with no reason explained."*
 - *"I received a letter last week - on the day of my appointment to say that it is cancelled and I only found out when I came in. I found the letter when I went home. I was then given another appointment for today."*
- According to patients one other cause of delay was getting the referral from their GP:
 - *"I was finally referred by my GP after 21 months of waiting."*
 - *"After a year and a half of suffering, I managed to get proper attention and a referral."*
 - *"Quite long. I had issues with convincing my GPs that I need serious help. I never felt listened to by them but got lucky with the very last GP who finally referred me to the service."*
- Most patients (over 65%) complained about delays in access to care because of unavailable earlier appointments and delays of GP referrals:
 - *"It took a long time to be seen. My GP never sent me the referral form with the phone number so I was waiting for a long time. Last year I was referred, but because I did not book an appointment in the referral time, I had to get another referral and try again"*
 - *"It made my injury worse because I waited a long time with no care."*
 - *"Because of the appointment's unavailability, I could not walk or do any kind of activity. I had to wait till I get my treatment which took about 1 month."*
 - *"I was not able to sleep well because of the pain."*
 - *"I could not go to my work for two months."*
 - *"It took me much longer than I had anticipated to be seen. This affected my overall wellbeing. I have arthritis and my GP refused to give me a referral for a long time. It was not until I had gone to get new scans and ask for a sick note for work that they would refer me. It made the pain worse over time and my arthritis*

developed quickly. I did not feel heard by my GP and struggled to get the care I needed.”

- 17/28 patients felt that the frequency of the appointments was sufficient.
- Most patients said their follow up appointment is booked at the end of previous appointment directly at the reception.
- 6/58 patients disclosed experiencing a language barrier. Two patients were already receiving interpreting support organised by the services, one patient felt their language skills were enough and did not need extra support. Two other patients were unaware of their right to request an interpreter and were never offered language support. Instead, they were told to attend with their own interpreter.
 - *“I don't speak English so I need someone to interpret for me and book these appointments. My daughter had to do all that and is here with me today. When she called to re-book the appointment for today, she said that I need someone with me to interpret. However, she was never told they can arrange an interpreter but told her to come with me. We didn't know we can ask for an interpreter.”*

On the day we spoke to a patient who was told that an interpreter will be in attendance. However, we observed that the patient was called in for their appointment and the interpreter was nowhere to be seen. The patient was accompanied by their adult child.

Patient care, dignity and support

Healthwatch Hackney observations

During the visits all the staff we observed interacted with patients in a respectful and polite manner. We did, however, witness an argument between a patient and receptionists. The scene was attended by the Deputy Head of Locomotor Services who spoke to the patient and the receptionist involved. *“The first receptionist was “lovely” but the second could not understand me and repeatedly asked for my date of birth. I may have a strong accent but I repeated my date of birth a few times. However, it appeared the receptionist may have assumed I was refusing to inform her. She then looked past me and spoke to the person behind me. I felt disrespected and it was quite upsetting.”*

Patient feedback

- Most patients were satisfied with the overall quality of service received and found the staff they interacted with to be supportive, helpful, and professional.
- Most patients (82%) told us they feel comfortable asking their Consultants questions during their appointment. 23/28
- Most patients said they felt listened to and well-informed by the professionals
- Some patients suggested more diversity was needed in the team of Consultants to reflect the communities in Hackney.
 - *“It will be great if the professionals are culturally diverse. Considering the diversity of Hackney and that perhaps there are many elderly people many of whom will be with different colour of their skin, I don't think that this is reflected within the professionals. Shortly said, the service providers are not similar to the service users. And this can make their job harder.”*
- Some patients were happy with the reception team's help, but felt like they were not very nice when they were confused or had questions.
- While 38 out of the 44 patients found the reception team to be kind and helpful
 - *“I felt as if the receptionist did a good job at consulting me about the small details of the appointment as English is not my first language.”*
 - *“They are helpful. Never had an issue.”*
- Six other patients shared mixed feedback and patients told us that the receptionists' attitude may vary
 - *“They are helpful but the receptionists sometimes laugh with each other in front of me and that makes me feel there is something wrong with me.”*

- *“One receptionist is good and the other one seems to not like her job. I think it’s a rude attitude because she is frowny.”*
- *“Locomotor receptionists are better than the ones at the main reception. They are usually not very attentive.”*

“They were very kind. However, I would have liked for someone to walk me up to the waiting room and show me where to go. There were not many signs. I also could have used help with the lift and open the doors.”

Feedback and Complaints Visibility of the Complaints Charter

Healthwatch Hackney observations

- None of the patients we spoke to raised any serious complaints or told us they have done so previously.
- General patient feedback forms were available in the waiting area on the first floor. However, none were seen in the rest of the waiting rooms.

Comments from the service provider: *In Locomotor QR codes (which take patients to online feedback forms) are displayed on a stand at the Locomotor reception desk so it's visible to patients rebooking. We also use electronic messaging and have paper copies of the feedback form available in first floor waiting rooms and on the reception desk.*

- No information about how to complain was seen anywhere in the building

Comments from the service provider: *Locomotor ground floor and 1st floor waiting areas display a Homerton A3 poster entitled "do you have something to say, we want to know". On reflection these posters could be more eye catching so Locomotor have liaised with our PALS team about replacing them with something more visible.*

We have since refreshed our waiting room leaflet racks with Homerton's PALS booklets which all departments will have a supply of.

- Hackney's Health and Social Care Complaints Charter was not seen anywhere in the building.

Signposting and information

Healthwatch Hackney Observations

- Posters were displayed on the consultation room doors directing patients to the reception staff if they have interpreting, hearing, vision, learning, or other special needs.
- There were several options for reading materials while waiting as well as leaflets with useful health information.

Healthwatch Hackney leaflets informing patients and staff about our visit were also clearly displayed.

Patient's views on the future of St. Leonard's Hospital

- All patients expressed gratitude for having services locally
 - *"I am very happy with the service; this is the first time I was listened to. The hospital is close to my home; Homerton Hospital is always too busy. There's easy parking with good access, and it's quiet and welcoming. To lose this facility would have a very negative impact on the community. They really looked after me."*
 - *"It is vital to have such services here in the community with great transport links."*
 - *"I am very impressed with this place. So many services are here. There are also guiding signs in different languages which make the place accessible to other communities."*
- Some patients suggested more services should be offered to avoid travelling to Homerton Hospital or even outside the borough
 - *"The site must be kept for the NHS services, and services for people with mental health problems should be located here - those patients need to be near to their family."*
 - *"They should develop new services - services should be local - not everyone can travel."*

Discussion with staff

We spoke to staff members from different departments. Below are their views and experiences of working at St. Leonard's Hospital.

Concerns

One of the great concerns expressed by some members of the staff was the threat of privatisation of their service. City and Hackney, Camden, Haringey and Guy's and Thomas' are now the only areas in London where wheelchair services in London have not been privatised. Staff said *"We have shared information about questions being raised with the Council of Governors at Homerton about the insourcing of ISS services."*

A second concern was about the separation of administrative and clinical staff. Co-location of administrative and clinical staff was seen as crucial to efficient communication and effective running of service *"Ensuring patients see the most appropriate clinician first time keeps waiting lists down. At St. Leonard's the main hub enables co-location of teams that work closely together and helps with staff supervision by senior staff, informal communications, teaching and team working."*

"It is essential to have a unified base for teams to stay and work together, for development and motivation. It is useful for clinical teams to be able to communicate easily with administrative staff, so that clinicians can explain the pattern of appointments suitable for patients' specific needs."

Location

"Due to its good transport connections St. Leonard's is easy to get to. This contributes to both attracting and retaining staff over many years, including those who move out of London. It is also very easy for patients to access both by public transport as well as by car as there are parking spaces and space for hospital transport ambulances."

Keeping the best staff

"It has always been a challenge to attract and retain the best staff to work in our NHS services. St Leonard's has achieved that over the years through creating a supportive, cohesive team environment, through training and intellectual support, as well as emotional support to help motivate and keep the best staff. St Leonard's has a really good reputation, and people travel across London and further to work here. St Leonard's also needs enough space to 'grow their own' clinical staff. Students often want to return to St Leonard's after qualifying."

Challenges

“Hackney has a huge diversity of patients some of whom have challenging lives (including people living in poverty or who for example come from war zones), and who sometimes create challenges for staff. Working with so many such patients can be a demanding experience for clinical and admin staff, and without such excellent support, staff could get burnt out and leave. But this does not tend to happen here.”

Communications with other professionals and organisation of referrals

“Physios can consult very easily with Extended Scope Physiotherapy (ESP) staff and request a face-to-face second opinion. They also have a video call every day to raise questions about clinical care. Economies of scale also enable the team to make good use of a dedicated large Physiotherapy gym.

We are also able to offer face-to-face advocacy, with the large department ensuring every advocate slot is utilised giving more patients access to face-to-face advocacy.”

“Where possible staff will spend some of their week at St Leonard’s, team members also work in other sites: Kenworthy Road and John Scott health centre. Some staff also work in one of the 8 Hackney Neighbourhoods one day a week. There are also staff from the Locomotor department at Homerton Hospital and Bands 5 and 6 staff rotate within the Homerton Healthcare NHS Trust. There is very good communication with the GP practices in Hackney who are now referring more accurately to the right person.”

Summary

“Services at St Leonard’s are extremely good for all these reasons. Consequently, patients are discharged from Homerton Hospital faster than elsewhere in London, and are treated faster because we have more efficient pathways. This also results in better value for money.”

We asked staff members some specific questions and below are their responses.

Is St Leonard’s a good place to work?

“We love it at St Leonard’s. It is a great place to work and much better than other places. The Adult Community Rehabilitation Team (ACRT) is really good and there is very high morale in the staff team. The team includes young rotational Occupational Therapists and we link well with other specialties in St Leonards and in the Neighbourhoods. The team has good clinical leadership

and provides a really good service. Some of the team members have worked at St Leonard's for 20 years."

How has the development of Neighbourhoods in the Boroughs influenced and affected collaboration between health professionals?

"For complex patients the Neighbourhoods have helped a great deal, by enabling clinical staff from many disciplines to meet and to discuss patient's clinical needs. This does require staff to visit all 8 Neighbourhoods when necessary, but they do not routinely attend all Neighbourhood meetings unless one of their patients is being discussed."

Do you get feedback from patients about your service?

"Yes, we use the Friends and Family Test (attached). Feedback is very positive. Most patients are very satisfied with the equipment they are supplied with."

Is the Patient Transport Service (PTS) efficient?

"Arrangements with the PTS can be tricky. It is important to use the correct method to get the right level of service that meets the patient's needs. It is very difficult to get access to the PTS at short notice."

If St Leonard's was closed where could the service move to?

"Staff could not see any obvious solution. The department needs a considerable amount of space for their work, storage of wheelchairs and equipment, repairs, assessment and patient practice with new wheelchairs. Losing the space and resources they currently have would be a big blow."


Is the state of the building a problem for your service?

"Yes, there are problems with the roof over the great hall on the ground floor, which results in some damage to equipment due to leakage. Also, temperatures in the building are very unstable and the windows can be difficult to open, so work areas can be either boiling or freezing."

Recommendations and service's response

Based on the analysis of all feedback obtained, as well as on the Authorised Representative's observations and discussions with staff, Healthwatch Hackney would like to make the following recommendations.

Our recommendations	Response from Homerton Healthcare NHS Foundation Trust
<p>1. Patients suggested modernisation of the building, including automatic doors on the first floor.</p> <p>There are a significant number of problems in the building that need attention and which we outlined. These include rain leaking through the roof and onto the wheelchair equipment, and problems in modulating the internal temperature of the building. Is there any plan for upgrading or redeveloping the building and if yes, when?</p>	<p>NHS property has attended Locomotor Service and carried out an assessment for new devices that will hold corridor fire doors open in Locomotor patient areas. These devices will automatically release when the fire alarm sounds.</p> <p>We received confirmation from NHS property that the outstanding fire door works to fit devices that were ordered to hold doors open in Locomotor will happen. We will confirm the outcome of this work by October 2023.</p> <p>We continue to liaise with NHS property who own the St Leonard's building to improve and maintain the building.</p>
<p>Almost all patients suggested a shorter walk to the building, questioning why the door between the bus stop and the security office is kept locked.</p> <p>Healthwatch Hackney raised the issue with St. Leonard's Hospital and we were told that the access door has been locked for safety and security reasons. <i>"Lots and lots of people had bikes stolen even from a locked bike shed with the thieves using that side gate to slip away unseen. Since the gate was locked security has improved significantly for staff and patients"</i>.</p> <p>2. We would suggest that this decision is reviewed and patient feedback considered so that a</p>	<p>The side gate used to be a 2nd entrance into the carpark, providing easier access to a GP practice located at that end of the St Leonard's estate. This entrance was closed and during Covid and has remained closed for security reasons.</p> <p>The additional distance to the main entrance can be seen in the screenshot below. The old 2nd entrance can be seen in the Google Maps image as a blue dot, with the entrance and walkway to the main entrance indicated. We have balanced convenience with safety, security and resources and believe this is the best option.</p> <p>Controlling access to a site is a common security strategy in the NHS, so it is unusual to have a small gate like this open.</p> <p>We doubt that security cameras would make much difference to security as this would be dependent on staff being able/available to keep this monitored. We don't think there is space to move the bike shed and if we did the small gate would still be an escape route.</p>

<p>shorter walk option is given to patients. Consider relocating the bike rack within sight of security and installing security cameras between the gate and the main building.</p>	<p>We will raise this with NHSPS again who lead on security and maintenance of the site to see if we can come to an agreement that benefits staff and patients. We will feedback on this issue by November 2023.</p> 
<p>3. Patients requested water dispensers to be added to the waiting areas.</p> <p>If appropriate and seemed reasonable, water dispensers should be made available in the waiting areas on the ground floor, especially during hot summers.</p>	<p>There are water dispensers in the following locations:</p> <ul style="list-style-type: none"> • The main patient waiting area in B block reception • In the corridor outside the waiting area 1st Floor Locomotor • Clinical cubicle area in Locomotor • Corridor in A block where the pain service & CoRe patients are seen <p>We explored the option of installing a dispenser on the ground floor in the Locomotor patient waiting area however this required very extensive new copper piping to be installed. We therefore had to install the drinking water dispenser next to a sink. During the summer staff make available fresh water in jugs that are put on the reception desk for patients. We also make jugs of water available in the gym for patients attending exercise groups. An agenda item was added to the Locomotor team meeting for 12th June to remind staff that now the weather is warmer that water should be provided at reception. Homerton Helpers were recruited to support Locomotor patient waiting areas, one of the roles assigned to them was to fetch cups of water for patients in the waiting room. We are currently recruiting more volunteers.</p>
<p>4. The Trust should consider moving the physiotherapy services</p>	<p>The current main entrance is suitable for disabled access, and care of vulnerable patients, with a reception desk that is always staffed to look after and</p>

<p>closer to the entrance of the building to improve access for patients, especially those with serious mobility issues.</p>	<p>direct patients. This front entrance waiting area includes a TV and drinking water dispenser.</p> <p>Historically there was a front entrance with steep steps at the front of St Leonards. The disabled lift from the street is not in operation and leads across more Victorian ironwork stairs, through the main hall down to the main corridor towards the main reception. In addition, the reception desk at the front is unmanned.</p> <p>When all the entrances were open it was commonplace for St Leonards to be used as a shortcut, including by people on bicycles, which was unsafe for staff and patients.</p> <p>It was considered that multiple entrances were not good for patient experience, patient navigation or security, especially at quiet times at the beginning and end of the day when staff might feel vulnerable.</p>
<p>5. Most patients suggested that the signage was good and made departments easy to find. However, it was reported to us on different occasions that sometimes the main reception in the building is closed or there is no one behind to answer patients' direction inquiries</p>	<p>St Leonards Reception opening times: 8 am – 5.30 pm Monday to Thursday, 8 am – 5 pm on Fridays. The reception desk is staffed by a single member of the community reception staff team. There are no spare community receptionists, so this means that if the receptionist is unwell there is no other member of the community reception team that can cover. Admin staff from other clinical teams at St Leonards do their best to cover, such as lunchtimes, but it can be a challenge to cover as this takes them away from their main workload of arranging patient appointments within their teams.</p> <p>There is an ongoing review of administration staffing and building a workforce that provides robust cover across community sites. The review is planned to be completed in financial year 23/24 and any changes made for the next financial year.</p> <p>In the meantime, we will be looking at options for volunteers to support patients with navigating throughout the building during times of pressure.</p>
<p>6. The patients hope to see new services added to St. Leonard's Hospital, specifically eye care, and rehabilitation - ie a centre for step-down care and mental health services for residents.</p>	<p>As providers, Homerton delivers the services that are commissioned by our commissioners. We are always exploring how we can best meet the needs of our local communities.</p> <p>There is an ongoing long-term review of community estate planning linked to clinical strategies to confirm the most suitable locations to provide care to our</p>

<p>Patients with these conditions are often sent far from Hackney for treatment.</p>	<p>patients. This will also link in with the Neighbourhoods modelling ensuring we are co-located in communities and are offering local services to residents of City and Hackney.</p> <p>This is a long-term plan of 3-5 years and the commissioner will be kept apprised of any changes.</p>
<p>7. Keeping the existing services and introducing new services closer to where people live will ensure convenient access to services for patients.</p>	<p>Our vision is that everyone in City and Hackney will have access to outstanding care, delivered jointly with local partners and continually improved through innovation.</p> <p>We are working to expand collaboration with new and existing partners within our community, providing joined-up services that are accessible to everyone.</p> <p>We will review available population health data to determine the requirements of local populations and link this in with the planning for place-based Neighbourhood models of care, reviewing options for community-based services with our commissioners and appropriate service users.</p> <p>This is also a long-term plan of up to 3-5 years and the commissioners will be kept updated.</p>
<p>8. Most patients requested shorter waiting times for the initial consultation that took between 2 weeks and 6 months to be seen. Some patients said this had a negative effect on their health.</p>	<p>It is unclear which specific service this refers to, however as an example, in comparison to much of London the Locomotor service can offer significantly shorter waiting times, in some cases up to 12 weeks. During Covid large numbers of Locomotor clinicians were redeployed to Homerton Hospital to offer clinical assistance. After Covid, additional infection control measures and staff sickness of Covid, meant that we were much less efficient at reduced capacity. We are pleased that we have now reduced this backlog. Locomotor service aims to offer patients an initial appointment within 5 weeks of receiving a referral and the Locomotor Pain service aims to offer patients an initial appointment within 6 weeks. We continue to work on reducing our waiting times. The waiting for Foot Health is an average of 2 to 9 weeks.</p>
<p>9. Many patients requested that more appointments become available and more professionals are recruited to meet the demand.</p>	<p><i>Locomotor service appointments are booked by the clinical assessment service (CAS). The team has recently undergone a restructuring and increase in staffing.</i></p>

<p>10. Most patients wished they had been given more clarity about why they should make a second call to the service to book their appointment following the referral letter.</p> <p>Clear communication is vital to ensure patient satisfaction. Therefore, we immediately raised this issue with the Deputy Head of the Locomotor services. We recommended that steps are taken and training is provided to call handlers on providing clarity to patients. We were reassured that this will be reviewed and discussed with the team and appropriate steps will be taken.</p> <p>It was strongly felt that it is much more efficient for administrative and clinical staff to be co-located.</p>	<p>Patients for some clinics need to activate their referrals to enable the clinical team to screen them but to ensure this is clearly explained we will review the letter that patients receive following a referral being made to ensure clarity. We welcome feedback on our referral processes.</p> <p>The processes around referrals from GPs and the interdependence on IT systems that support this are something that clinical teams and the Clinical assessment service continue to work together on.</p> <p>Administrators and clinical staff have always been co-located in the Locomotor service and will continue to be as this works very well.</p>
<p>Some patients suggested more diversity in the team of consultants to reflect the communities in Hackney.</p> <p>11. The Trust to consider implementing an inclusive recruitment programme to help address this.</p>	<p>Most of our teams have diversity within them, however, we know that there is more that we can do to ensure our workforce represents the communities we serve, particularly at senior levels. This links into our broader work in Our Homerton People Plan and Achieving Equality and Inclusion for our people, as well as the new strategy (page 19).</p>
<p>On the days of the visits, posters were displayed on the consultation room doors directing patients to the reception staff if they have interpreting, hearing, vision, learning, or other special needs. However, some patients were unaware of their right to have a professional interpreter during consultation/ treatment and were never offered language support. Instead, they were told to attend with their own interpreter. Friends and family members should not be relied upon as interpreters. While this may seem convenient, it can create serious issues around a person's confidentiality. Family and friends can often lack the appropriate knowledge of medical terminology and lack appropriate language skills which can lead to failure to interpret complex information or misinterpret some of the information.</p> <p>12. The services teams should proactively offer professional interpreting to patients who are not confident in speaking English to ensure clear communication</p>	

between the patient and the professional and to avoid family members or friends being involved in breach of confidentiality.

Service provider's response

This may have been the case for a more unusual language, or patients might have had that experience with other organisations. The Locomotor Service does in fact proactively book professional interpreting. We normally request that skilled advocates are used, instead of family members, unless the patient specifically requests that a family member attend.

The Locomotor Service is the biggest user of Homerton advocacy provision in the community of City and Hackney. We proactively book sessions of advocacy for the most commonly spoken languages.

Where possible, for the more common languages (such as Turkish, Vietnamese, Portuguese, Arabic) we book face to face advocates at St Leonards. For less common languages advocacy is arranged over the phone. Where a language is particularly uncommon, then advocacy will source an external agency that features that particular language.

All referrals to the service have a section on 'language requirements and the booking service or administrators check language needs according to this, as well as responding to individual requests for language support.

We will continue to offer patients interpreters/advocates as requested by the referrer and the patient.

A message from the Executive Director Sally Beaven

"At Healthwatch Hackney we know the value residents place on NHS clinical services being available locally, and we see the potential the St Leonard's site has to meet this need. We are committed to working with Homerton Hospital and with commissioners, capturing the voice of residents to feed into and influence all discussions held about the future of the St Leonard's site, for the benefit of patients. As planning progresses, we will engage with residents to ensure their views are taken into consideration as decisions are made about services offered at St Leonard's."

Appendix

Other services provided at St. Leonard's Hospital

St. Leonard's Hospital provides access to a range of hospital services based in the community delivered by the Homerton Healthcare NHS Foundation Trust.

- Podiatry services (community)
- Rehabilitation care services
- Wheelchair service
- NHS psychological therapies services (IAPT), including cognitive behavioural therapy (CBT)
- Sexual Health
- Orthopaedics
- Dietetics
- Physiotherapy
- Extended Scope Physiotherapy
- Locomotor
- Locomotor Pain Service
- Community Dental Service
- Hoxton Health

Wheelchair service

Assessment

Wheelchairs can be provided to adults and children who have a medical condition which results in long term or permanent inability to walk. Liaison takes place with schools to assist children who are disabled. The service is focused on the long term needs of patients. In some cases, telephone assessments are carried out which may take several weeks to complete – the team is committed to meeting the needs of patients as soon as possible.

Assessment includes an examination of posture and the patient's ability to carry out a range of tasks. If the patient is sufficiently mobile, wheelchair assessments are carried out in a ground floor room at St Leonard's and also using the grounds around the hospital. If the patient is less mobile a home visit can be made.

Apart from wheelchairs and powered wheelchairs, the service also provides buggies, customised seating and pressure relieving cushions.

Equipment Loan

Wheelchair and seating equipment are loaned to the patients for their exclusive use. Advice is also provided on how to care for the equipment.

Repairs

A free repair and maintenance service is provided for equipment provided by the department. The service is provided through AJM Healthcare in Essex. There is an emergency repair service out of hours. The repair services include staff going to homes and schools if they need to

Powered Wheelchairs

Powered wheelchairs may be provided for patients with severely restricted mobility who are unable to walk indoors or self-propel a manual wheelchair indoors. This includes patients who are expected to decline regardless of treatment such as MS patients, who might be getting their powered wheelchairs early on before they lose full mobility.

Waiting Times - Waiting time following referral by GP or hospital staff:

The team aim to complete a first assessment within 5 weeks (this could be telephone or in person assessment) and they aim to provide all equipment within 18 weeks. However, sometimes this takes longer as most of the equipment is ordered from overseas.

Personal Budgets

As part of the 'personalised health care scheme' NHS England has introduced 'personal wheelchair budgets' which aim to provide clients with more choice over equipment provision. However, this has led to more paperwork for staff and in some cases longer waits for patients. The wheelchair service provides all the equipment that patients clinically require, but added extras are available and this means patients have to pay the extra cost by using their own money.

Departmental Communication

Communication between departments at St Leonard's is considered very important. Being in an environment where staff can easily meet and collaborate for the benefit of patients is a very positive means of improving patient care. Ensuring that communication systems between different departments and clinical systems are fully operational is of fundamental importance.

Are patients able to choose the type of wheelchair they want?

Patients are enthusiastic for powered wheelchairs, but the wheelchair provided depends on the assessment of patient's needs. Often a powered wheelchair cannot be provided. Non-powered wheelchairs are healthier for patients because they require the patients to be more mobile. Assessment for and provision of a powered wheelchair can take several months.

What range of wheelchairs are provided?

A wide range of powered and non-powered wheelchairs can be provided. A free repair and maintenance service is also provided. As patients grow older their conditions may change, e.g. with multiple sclerosis. As their condition evolves so too may the type of wheelchair they need. The best option may be decided with the help of rehabilitation engineers through King's College University.

Can patient influence the choice of wheelchair they receive?

Sometimes but not necessarily, patients become angry if they are not provided with the wheelchair they want, e.g. a powered wheelchair.





This report is available to the general public and is shared with our statutory and community partners.

Accessible formats are available.

If you have any comments on this report or wish to share your views and experiences, please contact us.

Healthwatch Hackney
1st floor, Block A
St Leonard's Hospital
Nuttall Street
London, N1 5LZ

www.healthwatchhackney.co.uk
t: 0808 164 7664
e: info@healthwatchhackney.co.uk

 [@HWHackney](https://twitter.com/HWHackney)
 [Facebook.com/Healthwatch Hackney](https://www.facebook.com/HealthwatchHackney)
 [@healthwatchhackney](https://www.instagram.com/healthwatchhackney)
 [@healthwatchhackney2587](https://www.youtube.com/channel/UC...)

healthwatch
Hackney