



Enter & View Visit Report

Details of Visit

Service Name and Address	Urgent Care Centre (Walk in Centre) Royal Shrewsbury Hospital
Service Provider	Malling Health
Day, Date and Time	Wednesday 7 October 2015 5pm -7pm Monday 12 October 2015 9.30am - 11.30am Saturday 17 October 2015 2pm - 4pm
Visit Team	3 Healthwatch Shropshire Authorised Representatives

Purpose of the Visit

To understand people's experience of accessing the Urgent Care Centre (Walk-in-Centre) and their experience of the processes in the hospital.

Disclaimer

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

Context of Visit

During the summer of 2014, a series of public engagement events were held by Shropshire Clinical Commissioning Group (CCG) about the proposal to transfer the Walk-in Centre (WIC) from its location at Monkmoor, Shrewsbury to the Royal Shrewsbury Hospital site, next to the Accident and Emergency Department (A&E). It was re-named the Urgent Care Centre (UCC) when the transfer took place in December 2014.

Now that the service has had time to settle down in its new home, these Enter & View visits were planned to find out about people's current experiences of using the UCC.

These visits were announced.

What we were looking at

We looked at:

- The signs on the hospital site directing patients to the Urgent Care Centre (Walk in Centre) and those within the department.
- The facilities and layout of the UCC.
- How close the UCC is to A&E.

We planned to talk with patients attending the UCC about their experiences.

We also wanted to observe the systems for managing patients and the effectiveness of the working relationships between the two sections; and to talk to staff from both teams about their experiences of the relocated Walk in Centre (UCC).

What we did

We attended the Urgent Care Centre, a separate part of the Minor Emergencies section of the A&E Department, on three different days of the week and times of day.

We were shown around the Urgent Care Centre (UCC), which is at the far left of the public entrance to the Minor Emergencies section of A&E across a large, shared waiting area.

We spoke to patients and their families who were sitting in the shared waiting area, using a questionnaire (see appendix 1). We asked:

- Their home location (first part of postcode)
- Had they visited a Walk in Centre / Urgent Care Centre before?
- If they had been to Monkmoor Walk-in Centre previously, what were their impressions of the service there?
- Did they originally intend to visit the GP Walk-in Centre / Urgent Care Centre or the minor injuries service in A&E, or did they not know which service they needed?
- Was the Walk-in Centre/Urgent Care Centre easy to find from the signs?
- What type of health problem/circumstance had brought them to the department that day?
- Were they aware of other Minor Injuries Units in other parts of the county?

In the event, because all patients attending the UCC and A&E/minor emergencies use the shared waiting area, we also spoke to many who were attending A&E.

We also spoke to clinical staff in senior roles working in the Urgent Care Centre and the A&E Department about their experiences since the Walk in Centre was relocated to the hospital site.

What we found out

The facilities and layout of the UCC

In the UCC there are five consultation rooms for GP consultations, which offer greater privacy than curtained cubicles. One of the consultation rooms is being fitted with equipment for eye emergencies. There is also a well-equipped treatment room which is used for suturing minor injuries as well as GP procedures.

Results from the structured interviews

We talked to 50 people, during the three visits.

1. Home Location

Although almost 60% of responders were from the Shrewsbury area, there were also many people who had travelled a considerable distance.

Postcode	No. attenders	Area
SY1	0	Shrewsbury
SY2	5	
SY3	10	
SY4	2	
SY5	8	
Shrewsbury	4	Shrewsbury
SY6	2	Church Stretton
SY7	1	Craven Arms
SY8	3	Ludlow
SY9	1	Bishops Castle

Postcode	No. attenders	Area
SY10	1	Oswestry
SY11	2	
SY12	1	Ellesmere
SY13	2	Whitchurch
SY15	1	
SY16	2	Powys
SY22	1	
SY26	1	
No location given	3	

2. Number who had visited Monkmoor or another Walk-in Centre (WIC) previously

Twenty-one of those attending had previously visited Monkmoor at least once. Of these only 3 did not live in Shrewsbury. Not everyone commented on this previous experience but 10 said either that it was a good experience or that it was OK/there were no problems.

Five people felt the waiting times at Monkmoor were excessive at times. One parent said their child had had a high temperature, but after a 1½ hour wait they were ‘turned away’ from Monkmoor WIC. A different family said they had used the WIC at Monkmoor, where they had a 2½ hour wait with a 3-year-old. Another person said they had been to Monkmoor about a year ago: ‘It took forever - a two hour wait’. Someone else told us the ‘disadvantage at Monkmoor was that people were sometimes told to go away if there were too many patients to be seen’.

3. Requiring a GP consultation or a minor injuries service

Staff explained to us that the ‘Minor Emergencies Department’ functions like a Minor Injuries Unit whereas the ‘Urgent Care Centre’ provides mainly a minor illness and GP service. The distinction was not obvious to patients.

Many people attending A&E were unaware that there is a GP consultation service at the UCC in the A&E department, but 11 people specifically asked for the UCC. Nine people said they had been unable to make an appointment with their own GP but eight of these knew there is a ‘Walk-in Centre’ that offers GP consultations within the A&E department. Several had contacted their GP to make an urgent appointment and had been advised to go to the ‘Walk-in Centre’ at the hospital. Nine other people said they did not know which service they needed and had been, or were waiting to be, seen by the Triage Nurse.

The majority of patients we spoke to in the waiting area had sustained accidents or sports injuries. Even though some of these knew about other Minor Injuries Units (MIUs) around the county, they came to the hospital because they didn’t know whether an X-ray service was available at their local MIU.

Several patients commented on how useful it was to be able to move from one section to the other as appropriate.

4. Was the Walk-in Centre/Urgent Care Centre easy to find from the signs?

Fifteen people said the department was easy to find or they had no problems, but many of these had planned to come to A&E. Twenty-one people did not respond to this question (or weren’t asked). Two people were brought by ambulance. Of the others, 7 knew the UCC was near A&E and so found it fairly easily but 5 people commented on the confusing signs and said it was hard to find. Some were confused by the use of Urgent Care Centre with Walk-in Centre in brackets and much smaller font; others commented on the inconsistent placement of signs.

Comments included:

- One person on their first visit said the signs were confusing because ‘you can’t see the door to go to’.
- One couple thought the signposting was inadequate - on the first occasion they had ended up at ShropDoc, as they were expecting signs to the Walk-in Centre, and felt quite lost.

Several comments about the long distance from the car park to the department were made. A mother was concerned about dropping off her young daughter, who had a leg injury, at the entrance to A&E in order to go to park the car.

Directions and Signs

Signs on the road into the hospital site direct a visitor to Emergencies in red and to Urgent Care Centre (Walk-in Centre) in blue. When you arrive at A&E there’s a large red sign indicating Major Emergencies to the right and Minor Emergencies/ Public Entrance in the same large font to the left. A smaller blue sign indicates Urgent Care Centre (Walk-in Centre) to the left.

The Authorised Representatives and some people we spoke to found the signs within the department very confusing.

- The sign outside says Minor Emergencies, but inside the department, the sign says ‘Reception for A&E and Urgent Care Centre’. Staff from A&E told us that the public seems to have taken to heart the publicity about not using A&E except for major emergencies. Hospital staff wear A&E labels on their uniforms and they told us many visitors say, ‘we didn’t want to trouble A&E’.
- There is no indication that the ‘public entrance’ is for the Urgent Care Centre (Walk-in Centre). There is a small blue sign saying Urgent Care Centre hanging from the ceiling over to the extreme left. This cannot easily be seen by anyone entering because it is behind their field of vision.

5. Types of health problems

Accident at home	8	*Couldn't get GP appointment	9
Accident at work	5	Change in existing condition	6
Sports injury	13	New symptom or condition	7
Other injury	5		

* A few people who couldn't get a GP appointment also told us their health problem so the total exceeds 50.

During our visits, most patients for the UCC were seen after a short wait only. For example, several of our interview forms were discarded after patients were called to the UCC before we could complete the questionnaire with them.

6. Awareness of Minor Injuries Units within the county

Some people from Shrewsbury were aware of the local MIUs across the county, but they said they wouldn't use them. Sixteen other people attending knew about local MIUs and some had used them in the past. Comments included:

- Two people thought that Ludlow MIU is not available except through ShropDoc. Another person said they were aware of the Ludlow MIU and did use it; on this occasion they had attended ShropDoc there, which had told them to come to the hospital. Someone else said he had used the Ludlow MIU previously and it was fine, but he didn't think many people in Ludlow know it is there.
- Five people knew about local MIUs but travelled to Shrewsbury if they needed an X-ray. One said: 'I know there's an MIU at Whitchurch but they always send you here anyway, and I don't know when the X-ray is available'. Three people from Oswestry and Wales had attended their local MIU that day but were advised to go to the hospital for X-rays. Similarly one person said they knew about the MIU at Bridgnorth and had attended it once, but they didn't think X-ray is available.

Discussions with staff

Patient process

- The process for people who come to the public entrance for A&E was described to us. Everyone is expected to register at the Reception desk and a *Cas* (Casualty) *Card* is prepared. The receptionist asks people the reason for their visit. We were told that because the *CasCard* is used for everyone, all patients are included in the national four-hour maximum wait target for A&E departments. Most minor injuries are treated by A&E staff, and minor illnesses are directed to the UCC. We were told the Receptionists have a list of conditions appropriate to the UCC and also those which should be referred to the Triage Nurse.
- All patients who do not specifically request the UCC receive a detailed assessment from the Triage Nurse.
- Staff in the UCC told us that the patients they see here are frequently more ill and more complex than those they treated at Monkmoor. They told us that more and more patients who attend say they have been unable to get an urgent appointment with their GP.
- We were told by A&E staff that some GPs or nurse practitioners in the UCC will see a condition that another won't.
- One clinician in the UCC told us that the A&E registration and triage system takes a long time. They also said that when there are no triage nurses available patients seem able to self-select for minor injuries or the UCC.
- Medical staff reported that the UCC system provides good structured information for GPs which is then faxed to the patient's own GP immediately after they have been seen.

Opening Hours

- The UCC is available for 12 hour shifts, 8 am to 8 pm. Staff in the Minor Emergencies section also work 12 hour shifts, with fewer night staff. The A&E night shift starts at 7.15 pm. We were told that patients booked into the UCC in the evening may still waiting to be treated when the UCC staff leave at 8 pm. Some patients are told to contact ShropDoc, but it was pointed out to us that ShropDoc often does not have an available appointment for several hours. Consequently the patients are treated by Minor Emergencies.

Additional Findings

- Few of the people we spoke to seemed to mind the move of the Walk in Centre from Monkmoor to the hospital site, and some thought it an improvement to be able to access A&E facilities such as X-ray easily if necessary.
- We did not specifically ask about car parking, but it was a matter raised by several people attending.
- The arrangements for transport home when a patient has been brought in by ambulance to the minor emergencies /UCC appear to be poor. During our 3 visits we saw several patients who had waited more than 4 hours after treatment for ambulance transport home.
- During our visits we saw several young children with their parents in the main waiting area. Later we found out that there is a separate child-friendly waiting area in the corridor between the minor emergencies and major emergencies sections of A&E.

Summary of Findings

- We spoke to 50 patients, and the great majority expressed their satisfaction with the service they received in both the UCC and A&E.
- The signs to explain to the public where they should go when they need emergency or urgent care are confusing and inadequate.
- The majority of patients we spoke to did not understand what services they could expect from an 'urgent care centre'.
- Most people attending the department appear to know whether their health problem requires a minor injuries service or a GP consultation.
- Nine people we spoke to had come to the UCC having failed to obtain an urgent appointment at their own GP practice. Some had been advised to present themselves at the UCC by the GP practice staff.
- Even when members of the public knew there were minor injuries units (MIUs) at local community hospitals, they did not know whether X-ray facilities were available, or more generally the hours when the MIU might be open.

- Several young children were present in the main waiting area, and their parents did not appear to know about the special children's waiting room just off the main corridor.
- The system for assessing patients and directing them (through triage) to minor emergencies or urgent care centre services are not well understood by the public.
- There are inconsistencies between clinicians in the UCC with regard to the categories of minor illness they will treat.
- Good summary reports are sent from the UCC system to the patient's GP.

Recommendations

- There needs to be agreement between Malling Health and the Hospital Trust on the name of the department so that it can be understood by the public. This name should be the only one on all signs.
- There needs to be an agreement between Malling Health and the Hospital Trust about which services are provided by the Urgent Care Centre and this information should be made publicly available.
- Separately labelled reception hatches as 'Minor Injuries' and 'Minor illness/GP Walk-in service' (or whatever name is agreed, see point above) would allow patients to determine the most appropriate 'service stream' they need themselves and reduce the demands on the triage service.
- Families with children attending either section of the department should be directed to the children's waiting area.

Service Provider Response

Healthwatch Shropshire has received the following response to the recommendations from Jo Beason (Practice Manager for the Urgent Care Centre) in February 2016:

There needs to be agreement between Malling Health and the Hospital Trust on the name of the department so that it can be understood by the public. This name should be the only one on all signs.

- The name of the department

This has been discussed with the joint Business Development Team (Royal Shrewsbury Hospital, Malling Health, Clinical Commissioning Group and Patient Representatives) at numerous meetings, the decision to maintain the Walk-in Centre in brackets on the signs was based mainly on the feedback from the Patient Group representative.

- The name should be the only one on all signs

It was discussed recently and it was decided to relook at this in spring - again based mainly on feedback from the patient representative.

There needs to be an agreement between Malling Health and the Hospital Trust about which services are provided by the Urgent Care Centre and this information should be made publicly available.

- Services provided by the Urgent Care Centre

The services that the UCC deliver are the same services as provided when the service was at the Walk-in Centre in Monkmoor.

- This information should be made publicly available.

These services are advertised by the CCG communications department and are often on flyers for public information - for example "Winter Wellbeing".

Separately labelled reception hatches as 'Minor Injuries' and 'Minor illness/GP Walk-in service' (or whatever name is agreed, see point above) would allow patients to determine the most appropriate 'service stream' they need themselves and reduce the demands on the triage service.

This was discussed at the early meetings with SaTH, Malling Health and the CCG and it was decided that there would be one reception area.

A system of streaming patients has been introduced with a pathway to follow to determine where each patient received care.

Patients may attend for the Urgent Care Centre not really knowing how unwell they are and the streaming process would direct them to the Emergency Department.

Again patients may attend for the Emergency department but only need to see a GP/Advanced Nurse Practitioner and so will be streamed to the UCC.

Families with children attending either section of the department should be directed to the children's waiting area.

Children can be signposted to the child waiting area by the streaming/triage team. Children that need to be more closely observed whilst waiting need to stay in the main waiting area as this is more visible than the children's area.

Acknowledgements

Healthwatch Shropshire would like to thank the service provider, service users, visitors and staff for the contribution to this Enter & View.

Who are Healthwatch Shropshire?

Healthwatch Shropshire is the voice for people in Shropshire about the health and social care services delivered in their area. We are an independent body providing a way for people to share their experiences to help people get the best out of their health and social care services. As one of a network of Local Healthwatch across England we are supported by the national body Healthwatch England, and our data is fed to the Care Quality Commission (CQC).

What is Enter & View?

Healthwatch Shropshire gather information on people's experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are being delivered: these visits are called 'Enter & View', they are not inspections.

Teams of specially trained volunteers carry out visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows Healthwatch authorised representatives to observe service delivery and talk to services users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Get in Touch!

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