

# Enter & View Report Teddington Memorial Hospital Walk-in Centre

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## Introduction

In May 2018, Healthwatch Richmond conducted four Enter & View visits to the Walk-in Centre at Teddington Memorial Hospital. This report details the feedback we received from patients, as well as the observations made by our team.

Healthwatch Richmond are the independent NHS and social care watchdog for residents in the London Borough of Richmond upon Thames. We help to shape, challenge and improve local health and social care services.

Healthwatch Richmond was set up by the Health & Social Care Act of 2012. The Act and its regulations granted Healthwatch the power to: enter and view premises that provide health and/or adult social care services, request information from health and social care providers and receive a response within 20 working days.

The reports for Healthwatch Richmond's Enter & View visits can be found on our website - [www.healthwatchrichmond.co.uk](http://www.healthwatchrichmond.co.uk) - or are available from our office. Please contact us on **020 8099 5335** for further details.

## Background

Throughout 2017, a high proportion of the feedback we received from local residents related to concerns about the provision of Urgent and Emergency care. We therefore decided to conduct a review of the Urgent and Emergency care services available to residents in the Richmond borough. Having already visited the Emergency Department at Kingston Hospital, our next destination was Teddington Memorial Hospital.

At the time of our visits, the service was operating under the title of '**Walk-in Centre**'. However, as of July 2<sup>nd</sup> 2018, the service provided by the Walk-in Centre was combined with the co-located extended hours GP service - the '**GP Hub**' - and redefined as an '**Urgent Treatment Centre**'. Importantly, these changes do not invalidate the feedback we received as the walk-in element of the service is still operating as before.

Throughout this report, the service will be referred to as the '**Walk-in Centre**'. The Walk-in Centre is a nurse-led service that provides care to patients with minor injuries or illnesses that are urgent but not life threatening. Examples of the conditions treated at the Walk-in Centre include: earache, sore throats and fevers; strains, sprains and possible fractures; urinary tract infections; and eye problems. The service has access to simple diagnostics, such as: x-rays, urinalysis and pregnancy tests.

In 2017/18, the Walk-in Centre saw and treated approximately 57,190 patients. In addition, the co-located GP Hub completed an average of 45 booked appointments each day.

The primary aims of our visits were to find out whether the Walk-in Centre was meeting the needs of patients and, if appropriate, to make recommendations about how the service may be improved. In addition to this, we were interested in exploring:

- Why patients chose to attend the Walk-in Centre and whether they had considered attending any other services instead;
- What patients thought of the new booking option that was being proposed at the time of our visits (this booking option has now been introduced).

At the time of our visits, the Centre's opening hours were:

- Monday - Friday: 8am - 10pm (GP present from 7pm)
- Saturday, Sunday and bank holidays: 8am - 9pm (GP present all day)

The opening hours have since changed to 8am - 8pm, seven days a week. GPs are no longer available to see patients who walk-in on weekday evenings. However, bookable GP appointments remain available for Richmond borough patients throughout the week.

The Walk-in Centre can be found at the following address:

Teddington Memorial Hospital

Hampton Road

Teddington

TW11 0JL



## Methodology

Prior to undertaking our visits, we reviewed the pre-existing patient data on the Walk-in Centre, including:

- Our own data from patient experiences throughout 2017/2018.
- Patient reviews left on NHS choices.
- Friends & Family Test data for the Walk-in Centre.
- The Care Quality Commission's report from their most recent inspection to the Walk-in Centre in March 2016.

This preliminary research, alongside our discussions with the Walk-in Centre team, helped us to identify topics of particular interest and establish how best to gather feedback from patients.

We decided to base our conversations with patients around a list of pre-set questions - see '[Appendix 1 - Patient Questions](#)' - whilst also allowing them to raise other topics according to their individual experiences of the service. We used a pre-prepared checklist - see '[Appendix 2 - Observation checklist](#)' - to guide our own observations throughout the visits.

The Walk-in Centre's leadership team informed us that the Centre is at its busiest from 4 - 7pm as this coincides with patients finishing work or school. To maximise patient feedback, we decided to carry out three of our four visits within this timeframe. We also carried out one additional visit later in the evening, as we wanted to observe how the service caters for patients who arrive later.

Our visits were conducted at the following times:

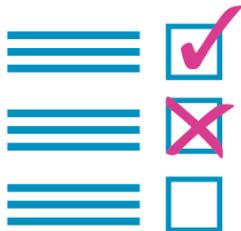
Monday 14<sup>th</sup> May 4 - 6pm

Monday 14<sup>th</sup> May 8 - 10pm

Tuesday 15<sup>th</sup> May 4 - 6pm

Thursday 7<sup>th</sup> May 4:30 - 6:30pm

Our team was able to maintain an ongoing presence in the Walk-in Centre's waiting area. The visits were planned in accordance with Healthwatch Richmond's Enter & View Policy and undertaken in a spirit of partnership and openness. Each visit was conducted by one or two Enter & View volunteers led by a member of staff. Enter & View volunteers undergo a thorough recruitment process that includes the completion of: a written application, references and interview; DBS check; and relevant training in safeguarding adults and conducting Enter & View visits.



## Analysis

In total, we gathered feedback from 75 patients. Seven of these patients were waiting for appointments at the collocated GP Hub, but provided feedback relevant to the Walk-in Centre.

We were also able to speak with two staff members: a receptionist and a paramedic practitioner.

The qualitative data we collected was analysed as follows:

- The data was labelled and separated according to overarching 'themes'.
- The overall sentiment of individual comments and observations was labelled (e.g. as positive, neutral, negative, mixed or insufficient data).
- Once the data within each theme had been compiled, the frequency, specificity, emotion and extensiveness of individual issues were examined. A descriptive summary was then prepared for each theme.
- The overall results were reviewed, conclusions drawn and specific recommendations made.

## Limitations

The experiences and observations recorded in this report relate only to the four specific visits conducted by Healthwatch Richmond. The report is not representative of the experiences of all patients, relatives and staff; only those who were able to contribute within the restricted time available.

Having conducted all four of our visits at similar times, we are unable to comment on whether patients' experiences of the service are likely to vary at other times of day (e.g. in the morning). Furthermore, as we did not conduct any weekend visits, we are unable to comment on whether the standard of weekend care provision differs to that provided during the week.

We were only able to speak to four patients regarding the clinical treatment they had received at the Walk-in Centre; all the other patients were still waiting to have their main consultation. This limits the degree to which we can evidence the quality of care and treatment being provided.

While every attempt has been made to provide a sense of scale to the issues raised by patients, the methodology employed does not allow for issues to be robustly quantified.

## Where patients had journeyed from

The majority of patients using the Walk-in Centre had come from home (26 patients) or work (18 patients). Three patients were on trips to the local area, while two patients had come directly from their place of study. Six parents had brought their children at the end of the school day.



Patients had travelled from within a variety of Clinical Commissioning Group (CCG) localities to get to the Walk-in Centre. Of the 57 patients who responded, 51% (29 patients) had started their journey within the Richmond CCG area.

Patients travelling from within other CCG localities seemed to live or work close to the Walk-in Centre. There was no evidence to suggest that these patients were coming to the Walk-in Centre inappropriately. The reasons they gave for using the service were no different to patients who lived within the Richmond borough (these reasons are outlined in the section '*Reasons for visiting*').

## Demands on the service

The Walk-in Centre was consistently busy during each of our visits. The Centre grew steadily busier as the afternoons progressed; by 6pm there were consistently 15 or more patients waiting to be seen.

The Walk-in Centre was especially busy during our Monday visits; by 6pm there were 21 patients on the waiting list. This prompted a nurse to come out and explain the situation to the waiting patients, something which is further discussed in the section '*Communication with patients*'. It transpired that two or three nurses had finished their shift at 4pm, which meant that - for a couple of hours - there was only one nurse providing treatment to patients. The Walk-in Centre remained busy throughout the Monday evening. By 9pm, there was still a significant number of patients waiting to be seen and only two nurses and one doctor on duty. As such, staff made the decision to switch to 'triage only', whereby new arrivals could be assessed and advised on what to do but would not be provided treatment. At 10pm, one patient was still waiting to be assessed while several others were being seen in the consultation rooms.

Two patients commented that the Walk-in Centre needed more doctor cover.



## Quality of care

### General feedback

We received a lot of positive general feedback about the service provided by the Walk-in Centre, especially from patients who had used the service before. Here are some of the comments that patients made:

*'Happy with everything'*

*'Very comfortable'*

*'They are doing good work'*

*'Always a good atmosphere'*

*'Always have been happy'* [with the care provided]

*'Really excellent service...easier than A&E...always got the care I needed'*

*'It's been faultless...friendly...much better than casualty'*

*'It feels like a local hospital'*

One patient said that it would be a '*tremendous loss*' if the Walk-in Centre were to close as it meets an important local need, while another said they were very happy that '*TMH is still here and people fought hard for it to remain*'. It was clear that many local people not only value the Walk-in Centre but feel very protective towards the hospital as a whole.

### Staff

48 patients gave positive feedback about staff, consistently describing them as: '*very friendly*', '*very nice*' and '*welcoming*'. Staff were also said to be:

*'Very polite'*

*'Lovely, really nice'*

*'Very friendly and reassuring'*

*'Friendly, but seem overwhelmed'*

One patient had been returning to the Walk-in Centre on a daily basis to have a wound redressed; their GP Surgery only offered dressing care once a week. This patient was usually seen by the same nurse, who they described as *'always lovely'*. They did however comment that they had had to provide their own bandages and would prefer this not to be the case.

We observed a number of examples of staff being friendly and helpful to patients in the waiting area. One such example was when a visibly frail, elderly patient arrived at reception late in the evening. Staff were helpful and gentle with this patient, ensuring that they were given priority to be seen.

We only received two slightly negative pieces of feedback, both of which related to reception staff:

*'Ok, not rude but not informative'*

*'Very abrupt conversation at reception. No warmth'*

These two comments were made at similar times on different days; it is unclear whether they relate to the same member of staff. We ourselves observed a couple of instances where a receptionist - although not rude - could have been a bit warmer and more informative to patients who had just arrived. On one occasion a patient waited at reception for 5-10 minutes without being acknowledged by the two receptionists at the desk. The patient was subsequently unsure whether they were queueing in the correct place and had to ask to find out. By no means a serious issue, it would have been nice if a staff member had acknowledged the patient and explained that someone would be with them shortly. It is important to emphasise that this does not reflect the majority of feedback we received about reception staff, which was otherwise positive.

We only observed one instance where a nurse could have shown more awareness towards a patient's condition. The nurse was a bit rushed and asked the patient, who was visibly wincing with an arm injury, to take their x-ray form over to reception. This appeared to add to the patient's discomfort; it might have been helpful for the nurse to quickly take the form over themselves.

## **Feedback after treatment**

We spoke to one patient who had already received their treatment at the Walk-in Centre. The patient was *'happy'* with the clinical staff because they had conducted a *'very careful assessment'*, gave *'clear explanations'* and provided follow up information that was *'very helpful'*.

In addition to this, three patients spoke positively of their care and treatment during previous visits to the Walk-in Centre within the last month. One patient said the doctor had been *'amazing'* and acted swiftly, making an appropriate referral. Another patient had specifically returned to the Walk-in Centre to thank a nurse for the care they had provided and to pass on a letter of praise to the Service Manager. The patient said that

they had felt listened to and had received a very thorough assessment, which culminated in a quick referral to Kingston Hospital to rule out the possibility of any other causes.

All told, despite the lack of on-the-day feedback, we have no reason to suspect that most patients' experiences of actual care and treatment are anything but positive. This is supported by the Walk-in Centre's 'Friends & Families Test' data from May 2018, which did not reveal any patient concerns with the treatment they had received.



## 'Triage'

The term 'triage' refers to the process used to decide the order that patients are treated, according to the severity of their condition. It also allows clinical staff to quickly identify patients who require immediate transfer to A&E for emergency treatment.

The Lead Nurse informed us that nursing staff currently aim to speak to all patients within 15 minutes of arrival to ensure that they are safe to wait and check whether they require pain relief. For the majority of patients, this will take place in the waiting area and will be the only assessment they receive prior to receiving treatment. Patients who require a more detailed initial assessment are called into a consultation room where they are further assessed by a nurse.

We observed that the majority of patients were indeed seen in the waiting area and not called in for further assessment. From what we observed, the waiting room assessment was a brief conversation that allowed nurses to check whether patients required immediate attention and update them on the likely wait time to be treated. Some patients noted that nurses had asked them whether they would like to take pain relief.

While 10 patients were seen within the 15 minute target, 20 patients had to wait longer than this. At the point we spoke to them:

- 20 patients had been waiting over 20 minutes.
- Eight patients had been waiting over 30 minutes.
- Five patients had been waiting over 40 minutes.
- Three patients had been waiting over an hour.

The wait time to be seen by a nurse varied according to the busyness of the Walk-in Centre. For instance, six patients were seen within 15 minutes during our quieter Tuesday visit, compared to only one patient at the same time during our Monday visit. One parent highlighted that they had brought their child to the Walk-in Centre the week before and waited over an hour without receiving an initial check, whereas today they were seen by a nurse after 40 minutes.

Despite the variable wait times, most patients were satisfied with the system used to initially assess them. One patient commented that it '*makes sense*', while another felt that it '*worked fine*'. Nevertheless, we did receive the following feedback:

- Three patients commented on the lack of privacy when talking to nurses in the waiting area.
- One patient commented that checks should be carried out quicker - they had been waiting an hour without being seen by a nurse.
- One patient said that the system seemed '*random*', as they had not been given any information about how patients are prioritised.
- One patient had already been assessed by Ambulance staff, who recommended they have an x-ray. The patient felt that they should be able to book straight onto x-ray without needing another assessment at the Walk-in Centre.

Overall, the reliability of the triage process varied according to the busyness of the Walk-in Centre. A staff member acknowledged that while the system works if '*followed diligently*', there is scope for staff '*user error*' and that it is difficult to perform properly when the Centre is very busy and limited staff are on duty. Patients could face long waits before being checked by a nurse, which increases the risk of conditions that require immediate treatment remaining undetected. Following our visits, the Hospital informed us that the current triage process is being reviewed.



## Wait times to receive treatment

The Walk-in Centre has a nationally-set target of treating patients within four hours. This target is very rarely breached - 99.6% of patients are seen within four hours, 70% within 90 minutes. Across our visits, the average wait time to receive treatment was approximately one and a half hours from arrival. Some patients were waiting for two hours or more on the first and busiest of our afternoon visits. During our 8 - 10pm visit, one patient had been waiting for two and a half hours and another for nearly three hours.

Two patients expressed concerns about delays in accessing treatment. One patient had had a large weight fall on their foot. Their relative was surprised and concerned that they had been waiting nearly an hour without anyone examining the injury. The other patient felt that swelling on their injured arm had significantly worsened due to the long wait and lack of available ice.

Four patients commented that the service could be improved by having more staff on duty to reduce wait times, although one acknowledged that this '*may not be easy*'. Another said they understood that staff are '*under a lot of pressure*' and that long waits are '*beyond their control*'.

## Communication with patients

Communication with patients was inconsistent. Neither reception nor nursing staff were consistently providing patients with clear information on wait times, the triage process or the x-ray facility opening hours. These communication issues are likely to relate to the

inconsistency of the triage process; if nurses do not have time to carry out their initial checks in a timely manner, patients are more likely to miss out on helpful updates.

24 patients were content with the information which had been provided. Twelve patients specified that they had been told the likely wait times, with one patient commenting that this was *'useful to manage expectations'*. On our last visit, we observed nurses - as part of their initial check - telling patients how many others were in front of them; we did not observe this on any of our other visits. The Lead Nurse has since informed us that this is not recommended practice; because patients are seen in different pathways, providing them with exact numbers has previously led to confusion and complaints.

Approximately 20 patients had not been told the expected wait time to be treated and would have benefited from knowing. One patient said they were *'finding not knowing difficult'*, while another said that *'a rough guide would be helpful'*. During our final visit, three patients informed us they had been given wait times that turned out to be inaccurate. One patient had twice been told they were next in line and said this had *'increased frustration'*.

Six patients had not been given clear information on the care they were going to receive. The issues raised included:

- Reception staff not explaining who patients were going to be seen by.
- Lack of information on the triage process and the criteria used to prioritise patients.
- One patient was no longer sure whether their issue could be resolved at the Walk-in Centre and would have appreciated clearer information when they were initially seen by the nurse.

We spoke to a number of patients - all of whom suspected that they would need to be x-rayed - who would have benefited from having clearer information on the opening hours for x-ray and what to do when the facility was closed. During our Monday visits, 2 patients arrived thinking that they would need to be x-rayed; the decision to x-ray a patient can only come once they have been clinically examined. Having waited for approximately 45 minutes without being checked by a nurse, they were informed that the x-ray facility was closing shortly and there would not be time for them to be seen. Another 2 patients thought they would need x-rays, but had arrived after the facility had closed. Both these patients remarked that they had not been given clear information on whether to stay and be assessed by a nurse tonight or to come back the next day.

It is worth noting that one patient had been told there was a new system in place for booking patients into x-ray and that it was not working well. The Hospital confirmed that the x-ray department had recently switched over to a new booking system and that there had been some technical issues with booking appointments.

At 6pm on our Monday visit, we observed a nurse providing a group update to the approximately 20 patients in the waiting area. A couple of patients had been waiting a long time - over 2 hours - and were visibly frustrated by the long wait and lack of updates. The nurse managed the situation well, with a couple of patients commenting that they appreciated her update. Nevertheless, this group announcement would not have been necessary had individual patients been better updated earlier in their stay. At 9:40pm the

same evening, another patient and relative were clearly unimpressed by the long wait and lack of information. The patient had been told they were waiting to see the doctor but ended up being seen by a nurse. The patient's relative said it *'was taking the mickey'* that patients arriving later than them were either being seen sooner or redirected elsewhere. Overall, it was clear this pair would have benefited from clearer information on when they were likely to be seen and, more broadly, how patients are prioritised and why some are redirected elsewhere. In response to this, a senior staff member said *"this is definitely something that we are interested in hearing so that we can change how we communicate with people to ensure that they have the most up-to-date information."*



## Privacy & Dignity

As previously mentioned, three patients were unhappy with the lack of privacy during their initial check in the waiting area. In addition to this, one patient commented that there was not enough space between reception and the seating area to talk comfortably about private issues with reception staff. Whilst conversations with reception staff were generally not easy to overhear, they became increasingly noticeable as the waiting area quietened.

We also observed a patient coming out from the toilet carrying what appeared to be a urine sample. They then had to walk across the waiting area and knock on the staff door to hand the sample to a nurse; this could understandably have been embarrassing for the patient.

## Reasons for visiting

We asked patients why they had decided to attend the Walk-in Centre and whether they had considered using alternative NHS services. The responses we received suggests that most patients are attending the Walk-in Centre because they either are:

- Struggling to access appointments soon enough at their own GP Surgery
- OR
- Being advised to attend by an NHS professional

## Access to GP appointments

Approximately 35 patients - almost half of all the patients we spoke to - commented on the general difficulties they have accessing GP appointments when they need them. Patients consistently reported that they face two-to-three week waits to get an appointment and described this as *'pretty bad'*, *'useless'* and *'a bit of a pain'*; one patient stated *'I wouldn't dream of trying my GP, I'm not patient enough'*. A couple of patients highlighted their frustration with having to repeatedly call or visit their GP

Surgery early in the morning with no guarantee of getting an emergency appointment. One patient was openly unhappy with their own GP and *'had more faith'* in the service provided by the Walk-in Centre.

11 patients had tried to get a GP appointment prior to attending the Walk-in Centre, but had been unable to get one sufficiently soon. Another seven patients had not attempted to contact their GP Surgery because of the perceived long waits they would face. Lastly, three patients were home for University holidays and were unable to access their home GP Surgery; one of these patients said it would take them three weeks to re-register and be able to access appointments again.

## Patients who were advised to attend by an NHS professional

21 patients (31%) had initially contacted an NHS professional, who then advised them to attend the Walk-in Centre.

- Eight patients had contacted their GP Surgery and been advised to attend the Walk-in Centre.
- Four patients had contacted NHS 111. Two of these patients were given the choice of attending the Walk-in Centre or A&E. One chose the Walk-in Centre because they didn't want to go to A&E *'unnecessarily'*, the other because it was *'calmer'* and *'quicker to get to'*.
- Five patients had been to a Pharmacist.
- One patient had been to Kingston Hospital the day before.
- Three patients were attending the Walk-in Centre to have wounds redressed. As previously mentioned, one of these patients was attending on a daily basis because their GP Surgery only provided dressing care once a week.

## Patients who decided to attend themselves

Over 40 patients had decided to attend the Walk-in Centre without being advised to by an NHS professional. Aside from the aforementioned problems with accessing GP appointments, patients gave the following reasons for attending the service (please note, the figures below are not mutually exclusive):

- 16 patients said that they thought the Walk-in Centre was the most appropriate service available to meet their health needs. Nine of these patients specified that they had decided to come to the Walk-in Centre instead of attending A&E either because: they felt they needed to be seen but it was not an emergency; or they thought they would be seen quicker at the Walk-in Centre.
- 11 patients said they were familiar with the Walk-in Centre and that this played a part in deciding to come here over going elsewhere.
- Nine patients said they live or work nearby and that this had influenced why they chose the Walk-in Centre over other urgent care services.

- Three patients were not registered with GP Surgeries, so chose the Walk-in Centre as it was the closest urgent care service available.
- Two patients said that the opening hours of the Walk-in Centre fitted better with their daily schedule than attending GP appointments during the day.

## Additional feedback

It is worth briefly noting that two patients commented on the Walk-in Centre in Weybridge having burnt down and how, because of this, they now have to come to Teddington to access a walk-in service.

# Environment & Facilities

## General

The Walk-in Centre reception is adjacent to the Outpatients reception located at the front of the hospital. Patients arriving for the Walk-in Centre are registered at reception, before sitting and waiting to be seen by a nurse. The reception has a hearing loop installed for patients with hearing impairments.

The waiting area was clean and contained sufficient, comfortable seating for the number of patients using the service. However, two patients commented that the waiting area felt cramped: one said that patients are *'packed in close together'*, the other that *'you're all on top of one another'*. One further patient said that the waiting area needed air conditioning as it was very warm on the day of their visit. The lighting in the waiting area was also quite dim compared to other areas in the Hospital and could be improved to brighten up the space.

The waiting area had a hot drinks machine and a cold water dispenser. Further snacks were available from the 'League of Friends' Hospital shop and the vending machine in the main entrance foyer. One patient had not noticed the water dispenser and remarked that the area would benefit from having water available for patients. This indicates that the water dispenser could be better placed or marked to ensure that patients can see it.

There was a TV screen quietly showing live TV - game shows and soaps - with subtitles, which one patient said provided a *'useful distraction for children'*. There was also a collection of various magazines available for patients to read. In the corner of the waiting area, there was a small allocated space for children to play in. This area was in need of renovating as it was untidy and lacked any nice books or toys for children to play with. There were pen markings on the chairs and walls and no floor mats for children to sit on. Two patients noted the poor state of this area, commenting that there should be *'more for kids'* and that it would be good to *'brighten up the kid's space'*.



Across our four visits, we noticed nine patients who were visibly uncertain about where to go upon arrival at the Walk-in Centre. Most of these patients initially went to the Outpatients reception, before realising or being directed to the correct queue. One patient commented directly on the issue, stating that the signage *'needs improving'*.

Whilst not part of the Walk-in Centre, we also noticed that the outer signage for the 'Out-of-hours' GP service is small and difficult to see, especially at night. One patient arrived at the Walk-in Centre reception at around 9:40pm, before it transpired they were actually looking for the Out-of-hours service. The patient was clearly frustrated at not knowing where to go or who they were supposed to be seeing.

## Toilets

The toilets were tidy on some occasions and messy on others, with paper towels strewn over the floor and radiator and overflowing from the bins. It appeared that people were putting tissues into the bin designated for sanitary products instead of the correct bin provided. We also noted that one of the toilet seats was wonky and that the toilet roll dispenser may be difficult to reach for children or patients with physical impairments.

## Parking

The hospital car park is very small and was consistently full during our visits; it was rare to see a free space. We observed one patient arrive in their car and circle around the car park twice, before having to look for a space elsewhere. A number of patients commented that they were lucky to find a space, either in the hospital car park or nearby - one had parked in the out-of-bounds deliveries area as there was nowhere else to go. However, one patient did comment that they *'really appreciate'* that parking is free for four hours.

# Service information

## Information resources

The waiting area had a large TV screen displaying a range of useful information related to patient health and wellbeing. This included clear information on the following:

- The service provided by NHS 111
- Access to GP appointments online
- Stroke signs and risk factors
- Mental health awareness

However, whilst the screen displayed a lot of useful information, it was positioned such that many patients were unlikely to notice it - one patient commented that it would be good to have *'more visible information'* in the waiting area. We also noticed that the average wait time listed on the screen, though useful to have, was not always entirely up-to-date.

We did not observe there to be any information resources available for people with sensory impairment, learning disabilities or language difficulties. The Hospital have since informed us that they have a new leaflet that contains information on language support, including the use of interpreting services.



## Information gaps

Eight patients (12% of patients using the Walk-in Centre) made comments that indicated they either:

- Didn't fully understand the service provided at the Walk-in Centre.

OR

- Didn't know when to attend the Walk-in Centre over an alternative NHS service.

This suggests that the information provided about both the Walk-in Centre and other local services could be improved. This aligns with comments made by a member of staff, who felt there could be *'better communication...on site and in the community'* on what the Walk-in Centre does and doesn't do.

Some of the specific feedback we received was as follows:

- Two patients said they didn't know when to use the Walk-in Centre compared to their GP. Another said that they currently always contact their GP when something is wrong, but could avoid this and save time if they properly understood the role of other services.
- One patient said they didn't know where was best to go if you had broken something.
- One patient said they didn't know what a Walk-in Centre is *'supposed'* to do. Another patient said they had *'not found it easy'* to decide which service to use as they had *'no idea'* where was best for them to go (they had not heard of NHS 111).
- Two patients were confused between the service provided at the Walk-in Centre and the GP Hub; specifically, the availability of doctors at the Walk-in Centre. One of these patients said that it was *'too confusing for patients who don't use the NHS often'* and that there should be more visible information explaining the differences between these two services and how you access them.

In addition to the above, three patients made comments that demonstrated they did not fully understand the role of the Urgent Care Centres at West Middlesex and Kingston Hospitals.

## Booking option

The Walk-in Centre has recently started offering patients arriving at the service the option of booking an appointment for later that day. This allows patients to choose between coming back at a set time or the typical sit-and-wait until a clinician is available.

We asked patients whether this would affect the way that they use the Walk-in Centre. The majority - approximately 50 patients - thought that the option was a good idea and something they would potentially use. Some of their comments included:

*'That would be a lot better'*

*'Would allow you to plan your day better'*

*'At least you know that you would be seen'*

*'Really good for poorly child...can keep comfortable at home'*

Of these patients, 11 specified that their decision to book an appointment would depend on the urgency of their health condition; the more urgent their condition, the more likely they would decide to sit and wait. Two patients said their decision would depend on how far they had come from and how long the current wait time was.

Four patients, while open to the idea of booking an appointment, had concerns about how the system would work in practice. Two were concerned that they wouldn't be seen on time for their appointments, while another thought that appointments would fill up quickly. One patient questioned whether there would be enough space in the waiting area to accommodate patients walking in, as well as those returning for appointments.

11 patients - nearly 15% of the total we spoke to - said outright that they would **not** use the booking option. Some of the reasons they gave were:

- Two patients said they only come to the Walk-in Centre when they have urgent health needs, so would always prefer to wait. Another said that if it was their child who was unwell, they would prefer to wait and be seen as soon as possible.
- Three patients said that they were happy to sit and wait at the Walk-in Centre as they come at times that are convenient for them.
- One patient said that they live *'some distance away'* so would prefer to wait. Another said that they would not use the booking system unless they could book over the phone.
- One patient was concerned about being able to find parking again for a later appointment.
- One patient felt that the booking option would *'confuse and dilute'* the provision at the Walk-in Centre and that *'it should be one system or the other'*.

This mixture of feedback demonstrates that, whilst the majority of patients would consider using the new booking option, bookable appointments are unlikely to suit patients with more urgent needs who want to be seen as soon as possible. In addition to

this, a number of other factors - such as distance travelled, wait times and parking - may influence whether patients decide to book or to wait.

## GP Hub

We spoke to seven patients who were waiting for appointments at the co-located GP Hub, which provided extended hour GP access to Richmond borough patients. This service has now been combined with the Walk-in Centre as part of becoming an **Urgent Treatment Centre**. Richmond borough patients can access booked appointments with GPs at the Urgent Treatment Centre if appropriate following assessment. The three main routes by which patients can access booked appointments are:

- Contacting their own GP Surgery
- Calling NHS 111
- Walking-in to the Urgent Treatment Centre

The patients we spoke to had all initially contacted their own GP Practice, who had then offered them an appointment at the Hub. They were yet to have their appointments so were unable to comment on the GP service itself. However, they all seemed content with the service so far and did not report any significant delays. In addition, two patients for the Walk-in Centre had previously used the GP Hub and were both happy with the service. One of them noted that the Hub *'can't do some things that your own GP can'*.

Two patients were using the Hub service for the first time; they were previously unaware that it existed. One of these patients was unsure whether patients could directly book Hub appointments themselves or if appointments could only be accessed via their own GP Practice; we informed them that the latter is correct.



## Conclusion

It is clear that the Walk-in Centre is greatly valued by local patients. However busy the service, patients were consistently positive about staff and the care they provided.

Signage for the Walk-in Centre could be made clearer for arriving patients and parking remains an ongoing challenge. There was significant scope to improve the children's play area, as well as the cleanliness of the patient toilets. The lack of privacy in the waiting area was also identified as an area for improvement.

Nurses were not consistently checking patients within the Hospital's 15 minute target, with some patients waiting significantly longer than this. Delays in triage increase the risk of patients with more serious conditions not receiving the swift diagnosis and treatment that they require. It is therefore important that the triage process is improved.

Whilst some patients were satisfied with the level of information provided by staff, a significant number would have benefited from clearer information on what to expect next. Furthermore, a small but significant proportion of patients did not fully understand the service provided at the Walk-in Centre. Additional information resources would help patients to better understand the Walk-in Centre, as well as alternative local services (e.g. access to extended hour GP services in local boroughs).

Limited access to timely GP appointments is clearly a significant issue and one that is likely to influence many patients' decision to attend the Walk-in Centre. It is important to note that we detected no widespread evidence to suggest that patients were inappropriately attending the Walk-in Centre when another service was clearly better suited to meet their needs. A significant proportion of patients had been advised to attend by an NHS professional, whilst many others had attended because they thought the Walk-in Centre was the most suitable place to go.

Lastly, the majority of patients said that they would consider using the booking option recently introduced at the Walk-in Centre. However, these bookable appointments are unlikely to suit patients with more urgent needs who want to be seen as soon as possible.

## Recommendations & Responses from the Hospital

### Triage process

The triage process was inconsistent, with many patients having to wait longer than they should. We requested that the Hospital outline how they would ensure that the system used to check/prioritise patients is performed in a more consistent and timely manner.



Three patients also expressed concerns about the level of privacy in the waiting area when having their initial checks with nurses. While we acknowledged the limitations of the space available, we asked whether the Hospital could suggest any ways that this could be improved.

The Hospital informed us that the processes for initial contact/triage are currently under review to ensure consistency for patients attending the service. The Hospital said that they aim for all patients to be seen promptly but are aware this may vary according to demand at any given time. The Hospital also informed us that they are considering options to improve the environment that triage is carried out in.

### Communication with patients

We requested the Hospital provide assurances that communication at each point of contact would be made more consistent for patients, especially upon arrival at the service. In particular, we recommended that staff consistently explain the following to patients:

- How patients are initially checked and prioritised
- Who they will be seen by (e.g. nurse or GP)
- Up-to-date likely wait times to be checked by a nurse AND to receive treatment
- X-ray opening hours and what to do if the x-ray service is closed

The Hospital informed us that they are in the process of reviewing the requirements of reception staff and are working to ensure that all patients are provided with consistent information regarding their initial check-in and who they will be seen by.

The Hospital said that the nature of the Walk-in Centre means that wait times will fluctuate and highlighted that approximate wait times are already provided on the TV screen. However, as noted during our visits, the TV screen was located such that many patients were unlikely to notice it. If the TV screen is to be the primary means by which updates on wait times are provided, we recommend the Hospital make it much clearer for patients.

The Hospital also informed us that information regarding x-ray has been updated; a poster explaining the x-ray booking process has been produced for patients.

## Signage

We recommended that the Hospital make it clearer for patients where they need to queue when they first arrive at the Walk-in Centre. We also recommended that outer signage be improved for patients arriving to use the out-of-hours GP service.

The Hospital informed us that they are undertaking a piece of work across all buildings to standardise and review all signage across the hospital. The Walk-in Centre - now the Urgent Treatment Centre - is included within this piece of work.

## Service information

We recommended that the Hospital improves the information it provides to patients on the following topics:

- What the new Urgent Treatment Centre service does and doesn't offer
- How to access extended hour GP services in different boroughs
- Alternative urgent care services, including the Urgent Care Centres at Kingston Hospital and West Middlesex University Hospital
- The services provided by local pharmacies

The Hospital informed us that '*electronic information*' on the new service provided at the Urgent Treatment Centre has been updated. They also informed us that information for local services is already available and that information for out-of-area services is being developed.

The fact that we spoke to eight patients who did not fully understand the Walk-in Centre service demonstrates that more needs to be done beyond improving the information available online. We encourage the Hospital to work further with local stakeholders to ensure that patients clearly understand the service provided at the Urgent Treatment Centre compared to that of other local services (e.g. by social media campaigns, leaflet distribution onsite and elsewhere).

## Children's play area

We recommended that the Hospital refurbish the children's play area to make it a nicer space for young children to play in.

The Hospital informed us that the area has been repainted and that a new table and chairs have been installed.

## Toilets

We observed that the toilets were not always clean and that patients were putting used paper towels into the wrong bin.

We asked the Hospital to explain:

- 1) How it currently monitors the cleanliness of its toilets?
- 2) How they will ensure that the toilets are kept consistently clean in the future?

We also recommended the Hospital check that the toilet roll dispensers are easy to reach for all patients.

The Hospital informed us that the toilets are monitored and cleaned twice a day and that hand driers are being installed to reduce the usage of disposable paper towels. Furthermore, as part of the wider work taking place across the Hospital, the toilet facilities will be reviewed.

## Parking

We observed that there were limited parking spaces available for patients arriving at the Walk-in Centre.

In light of this, we recommended that the Hospital - on their website and elsewhere - make it clear for patients that parking is limited and advise them of alternative means of getting to the Walk-in Centre (e.g. local bus routes).

The Hospital informed us that this information is available on a separate webpage - found [here](#) - and that they are working to link this with the Urgent Treatment Centre's webpage.

## Acknowledgements

We would like to extend our thanks to the Walk-in Centre staff who were on duty during the course of our visits. The staff were very helpful and open to us speaking to their patients. Special thanks must go to Tracy Mahoney (Lead Nurse) for coordinating the visits, as well as Angela Wyatt (Clinical Service Manager) and Clare Thompson (Divisional Manager) for supporting us in the planning process and providing a response to our recommendations.

## Appendix 1 - Patient Questions

1) Where have you come from to get to the Walk-in Centre?

*Please include the village/town and borough/county*

2) Please tick the box which best describes the location that you have come from:

- Work
- Home
- Place of study
- Child's school
- Another health care setting - please state:.....
- Elsewhere

3) What were your reasons for choosing the Walk-in Centre instead of going elsewhere?

*E.g. to your local pharmacist, GP Surgery or A&E*

4) How did you wait before being seen by a nurse?

5) How long have you been waiting in total?

6) 'Triage' is the process used to decide the order that patients are treated, according to the severity of their condition. At the Walk-in Centre, this is usually carried out in the waiting area by a nurse.

**Were you happy with the system used to triage patients?**

7) Are you happy with how you have been treated by staff at the Walk-in Centre?

8) Are you happy with the information that staff have given you about what's happening next?

*E.g. Were you told what you are waiting for or how long your wait is likely to be?*

- 9) Plans are in place to offer patients that arrive at the Walk-in Centre the option of booking an appointment for later that day. When patients arrive, they will be able to choose between coming back at a set time or staying and waiting until a nurse/doctor is available.

**Would this affect the way that you use the Walk-in Centre?**

- 10) Are there any improvements that you would like the Walk-in Centre make?

- 11) The Walk-in Centre is an example of an ‘Urgent care’ service. ‘Urgent care’ services provide care to patients with minor injuries and illnesses whose condition is urgent enough that they cannot wait for the next GP appointment, but do not require emergency treatment at A&E.

**Do you have enough information on the different urgent care services available to you locally?**

**Questions for patients who had received treatment:**

- 1) Were you happy with how you were treated by clinical staff during your consultation?
- 2) Were you happy with the explanations that staff gave you about your illness/injury and the treatment you require?
- 3) Were you provided all the information that you needed before leaving the Walk-in Centre?

*E.g. How to manage your injury/illness or what to do if your condition worsens*

## Appendix 2 - Observation checklist

Staff or location	Observation	Comments <i>(Please be <u>specific</u> in your comments - e.g. where and when something occurred and who it relates to)</i>
All Staff	Are staff wearing <b>name badges</b> that are <b>clearly displayed</b> ? Are staff wearing clearly <b>identifiable uniforms</b> ?	
All Staff	Are staff treating patients in a <b>friendly and caring manner</b> ?	
All Staff	Are staff providing patients with <b>clear information</b> ? (e.g. explaining what will happen next; what treatment patients require & why)	
All areas	Are patients able to <b>discuss personal issues/concerns with due privacy</b> ?	
All areas	Is <b>patient dignity</b> protected? (e.g. whether doors/curtains provide adequate cover and are used appropriately)	
All areas	Is the Walk-in Centre <b>accessible</b> for people with <b>mobility difficulties</b> ?	
All areas	Is the Walk-in Centre <b>clean</b> ? (floors, walls, toilets)	

Staff or location	Observation	Comments <i>(Please be <u>specific</u> in your comments - e.g. where and when something occurred and who it relates to)</i>
Waiting area	<p>Do <b>staff check on</b> patients that are waiting?</p> <p>Are patients responded to if they are in <b>pain or distress</b>?</p>	
Waiting area	<p>Are patients able to access <b>food/drink</b>?</p>	
Waiting area	<p>Is there <b>clear information</b> available to patients that explains the service here? (signs, leaflets, posters etc)</p> <p>Are <b>resources</b> available on other <b>local services/wider health issues</b>?</p>	
Waiting area	<p>Is appropriate information available for patients with <b>language difficulties, sensory impairments or learning disabilities</b>?</p>	
Waiting area	<p>Are there <b>enough seats</b>?</p> <p>Are the seats <b>comfortable</b>?</p>	
Outside	<p>Are there <b>clear signposts/directions</b> to the department?</p>	
Car park	<p>Are there <b>enough spaces</b>?</p> <p>Are there <b>enough disabled spaces</b>?</p>	