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Friday 4th July 2014

Re: Enter & View Report

Location: Minor Illness and Injury Unit (MIU) City Care Centre, Thorpe Road, Peterborough, PE3 6DB

Date of visit: Monday 9th June 2014

Authorised Representatives: Nicky Rees; Philip Lord; Jean Hobbs; Suzie Henson

Healthwatch Peterborough (HWP) Staff: Angela Burrows; Jennifer Hodges

Purpose: To review services delivered at MIU following feedback from the public to HWP of extensive waiting times. Further, to review implementation of recommendations made on 25th October 2013 by HWP.

Recommendations to provider (LCHS NHS Trust):

- Immediate action to provide confidentiality/privacy at reception desk (**raised in communication on 25th October 2013 by HWP**)
- Review method of calling patients for treatment
- Review of use of notice boards
- Review of available material/use of leaflet holder
- maintain relevant and up-to-date information for patients
- re-assess the information/signage for other services i.e. phlebotomy
- key information to be displayed including opening hours
- review waiting area to be suitable for those with disability/ wheelchairs accessible
- record data on those accessing MIU due to no/unable to access to GP
- provide disability-suitable bins in the disabled toilets
- review signage from approach road
- patients should be given an estimated waiting time to avoid frustration
- signage to provide parking and parking cost information

Recommendations to commissioners (C&P CCG):

- Publicity for the service to highlight the new opening hours - especially in light of them being reduced by three hours.
- Acknowledge report and review findings/recommendations

Actions by Healthwatch Peterborough

- Share report with provider, commissioners, local authority and publish
- Establish ownership/legal responsibility of access road (request for information to Peterborough City Council (PCC) and raise awareness of health and safety risks for those accessing MIU via this route.
- Review recommendations at follow up E&V

We understand that a number of changes are being planned for the use of the MIU, however, we would advise that the above recommendations are addressed immediately.

1. Access to service from public transport

A review of access to the MIU from public transport was carried out. To route to and from the nearest bus stop was walked by attendees.

This revealed that there are two bus stops within an adequate distance from the service with pedestrian crossings where necessary.

However a number of obstructions along the access road path made the route hazardous; the path is substantially corroded on the left side including, but not exclusively;

- building materials protrude on to the walkway
- shrubbery on the right was overgrown obstructing path
- cars were parked on double yellow lines down the entire stretch of the access road
- parked cars were obstructing the dropped curbs

The path access narrows significantly, leaving little room to continue on the path to the dropped curb to cross to the City Care Centre - **see image 1.1**. However, due to cars parked on the double yellow lines, the dropped curb is obstructed anyway **see images 1.2 and 1.3**.

These obstructions would render access for anyone in a wheelchair, using a pushchair and/or with a mobility and or sensory impairment almost impossible, and potentially very dangerous.

Further, access for emergency vehicles would be hindered significantly. As the Minor Illness and Injuries Unit delivers unplanned care services, these can often require referrals via ambulance for urgent care. Therefore, access for emergency vehicles should be urgently reviewed.

2. Confidentiality at reception

This concern that has been raised directly with the LCHS NHS Trust - following public feedback.

From the waiting area, it was easy to hear the conversations between a patient and receptionist. As people are giving personal information at this point (address, children's school, age, etc.) it is vital that this information can be given with privacy and a reasonable level of confidentiality.

On entering and joining the queue, the receptionist asks if a young girl in front “*does it sting when you pee*”. This is clearly a breach of confidentiality and privacy, and as it was a minor, even greater implication.

Further feedback has been received since completing the E&V of people feeling that they were giving very personal information at reception when people were close by, leading them to feel as though confidentiality was not achieved. When the information was regarding medical concerns, some individuals have also described feeling embarrassed that others could hear the conversation and was unsure why this information was required at reception.

HWP raised these concerns in our communication dated 25th October 2013, which have clearly not been addressed. We will therefore escalate the concerns as appropriate.

3. Staff shouting patient’s names

Due to the doors leading to consultation room being on an automatic lock, doctors and nurses have to remain at the door when calling patients. The waiting area was not busy at the time of the E&V, and yet a number of patients still struggled to hear when their name was called. Anyone with even minor hearing impairment would struggle and could cause delay to their treatment.

This is not delivering best practise and/or dignity. Staff should not be shouting across an area of that size. The staff should be able to approach the waiting area and address patients.

4. Use of notice boards/signposting

The waiting area at the MIU has a number of notice boards and leaflets holders. However, one notice board was in the corridor, behind the wall and out of sight **see image 4.1**. Key information should be displayed with view of those in the waiting area.

The leaflet holder situated within the waiting area, is not being used for its proper purpose **see image 4.2**. It is disappointing that this is not being used to full capacity to support a range of health campaigns, information and relevant local services (including the **Choose Well** information (which was pinned to a notice board, despite the text being too small and not suitable to being displayed on a board).

Phlebotomy signposting: One notice (which is quite visible) states that “*the Phlebotomy service is now available at the Outpatient Department*”, but does not state where the Outpatient Department is. Another notice states: “*...the Phlebotomy services are provided next door*” with a large arrow pointing to the building left of the MIU **see image 4.3**. However, this is placed on the automatic-door - at the back - behind the other posters - deeming it useless once the doors open.

The lack of this information was obvious due to the number of people asking for the Phlebotomy service at the MIU desk.

5. Public knowledge of new opening times

Our findings when reviewing knowledge of the opening hours of those attending the MIU less than 50% of those asked knew the opening times 8am-8pm. One service user who did not know the new opening times admitted that they would have still come to the MIU at 9pm if they needed to access an out of hours service but did not require A&E. Of those who were not aware of the new opening times, many stated the previous opening times of 7am-10pm.

6. Disability accessible waiting area

There was no space allocated in the waiting area for a wheelchair, during a busy period an individual in a wheelchair would most likely have to wait in the entrance lobby area. Further, the seating provided limited options for bariatric patients and/or those who cannot use low-style seating.

7. GP Access

A large amount of those surveyed stated that they had accessed the MIU that day as a result of not being able to get an appointment with their GP. Two patients felt GP would refer them to MIU anyway as injury was suspected fracture/break. Two patients did not even try as thought they would not get a quick appointment. One stated last time it was over a week.

The access to GP appointments should be reviewed/data compiled by the service provider to identify if this pathway is not being following correctly.

8. Disability toilets

The bins in the disability toilets were foot-operating only. Therefore, someone confined to a wheelchair would be unable to use them.

9. Signage from approach road (both directions)

There are limited signs on the approach to the MIU, signage is only visible at the point of turning, allowing no time to reduce speed to turn. Even those who had accessed the centre previously, stated that they either nearly, or did miss the turning. One patient said they would never have found it without sat nav.

10. Information given to patients

All patients spoken to had only been told to “take a seat”. None had been given any idea as to the expected waiting times. Whilst most people were seen quickly during our visit, in busy periods this would be very frustrating to not know you will be waiting hours to be seen.

11. Car parking information

There was no information on where or how much you had to pay for parking in the waiting area. You would only find this out once you tried to leave.

Images (09.06.2014)

