

Enter and View Report

Rheumatology Centre
Cannock Chase Hospital
Semi-announced Visit
10 January 2020



healthwatch
Wolverhampton

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What is Enter and View

Part of Healthwatch Wolverhampton's remit is to carry out Enter and View visits. Healthwatch Wolverhampton Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act allows Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrist 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 so that we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Wolverhampton's 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 Healthwatch Wolverhampton's Safeguarding Policy, the service manager will be informed, and the visit will end. The local authority Safeguarding Team will also be informed.

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Provider details

Name and Address of Service: Rheumatology Centre, Level One, Cannock Chase Hospital, Brunswick Road, Cannock, WS11 5XY
Service Type: Hospital
Client Type: Patients

Acknowledgments

Healthwatch Wolverhampton would like to thank the managers, staff and all the patients and family members for their co-operation during our visit.

Disclaimer

Please note that this report is related to findings and observations made during our visits made on 10th January 2020. The report does not claim to represent the views of all patients, only those who contributed during the visit.

Authorised Representatives

Emily Lovell, Lead Authorised Representative
Ashley Lovell, Authorised Representative
Andrada Nistor, Observing Authorised Representative

Who we share the report with

This report and its findings will be shared with The Rheumatology Centre, Royal Wolverhampton Trust, local Wolverhampton Councillors, City of Wolverhampton Council, Care Quality Commission (CQC), Clinical Commissioning Group (CCG) and Healthwatch England. The report will also be published on the Healthwatch Wolverhampton website.

Healthwatch Wolverhampton details

Address:
Regent House
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Website: www.healthwatchwolverhampton.co.uk
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Healthwatch principles

Healthwatch Wolverhampton's Enter and View programme is linked to the eight principles of Healthwatch, and questions are asked around each one.

1. **A healthy environment:** Right to live in an environment that promotes positive health and wellbeing
2. **Essential Services:** Right to a set of preventative, treatment and care services provided to a high standard to prevent patients' reaching crisis
3. **Access:** Right to access services on an equal basis with others without fear of discrimination or harassment, when I need them in a way that works for me and my family
4. **A safe, dignified and quality services:** Right to high quality, safe, confidential services that treat me with dignity, compassion and respect
5. **Information and education:** Right to clear and accurate information that I can use to make decisions about health and care treatment. I want the right to education about how to take care of myself and about what I am entitled to in the health and social care system
6. **Choice:** Right to choose from a range of high quality services, products and providers within health and social care
7. **Being listened to:** Right to have my concerns and views listened to and acted upon. I want the right to be supported in taking action if I am not satisfied with the service I have received
8. **Being involved:** To be treated as an equal partner in determining my own health and wellbeing. I want the right to be involved in decisions that affect my life and those affecting services in my local community.

Purpose of the visit

The Rheumatology Centre was chosen for an Enter and View Visit due to mixed patient experiences received by Healthwatch Wolverhampton.



Cannock Chase Hospital

What we did

Authorised Representatives visited both the Rheumatology Centre at Cannock Chase Hospital and New Cross Hospital on separate occasions. On each occasion Authorised Representatives introduced themselves at reception and asked for the senior member of staff to explain the purpose of the visit. Authorised Representatives then engaged with staff and patients at both sites. Each report has been written separately and can be found on our website at: <https://www.healthwatchwolverhampton.co.uk/enter-view-reports/>

Summary of Findings:

Generally, patients felt very well cared for on this unit. Staff were seen actively engaging with patients throughout the visit and on our arrival to the unit and it was clear that communication between staff and patients was excellent. Few recommendations have been made around; signposting, feedback and the complaints process.

Findings:

Environment

External

The Rheumatology unit at Cannock Chase was made up of a large reception area, waiting area and clinical rooms. Waiting rooms and corridors were clear of clutter and very clean. Authorised Representatives did not observe any of the clinical rooms as there were no clinics running on the day of the visit. However, the day case unit where patients received regular treatment and infusions was open.

Authorised Representatives were not asked to sign in to the unit.

Internal

The day case unit was small and very clean. It was made up of back-to back chairs and beds, separated by curtains. There was also a nurse's station however nursing staff were seen to be engaging with patients on arrival and throughout the visit. The room was split between Rheumatology and Oncology but there was no clear division between the two departments. An Authorised Representative was unaware of the two services in the same room and while walking over to talk to patients was informed it was a separate service area.

Authorised Representatives observed a 'You Said - We Did' notice board including feedback from patients and changes made by staff, which included; new Wifi and increasing the temperature of the day unit. The notice board also had images of staff, their names and roles and there was a quiz featuring old medical equipment, asking patients and visitors if they could name them. There was another notice board which contained many information leaflets on different services and conditions.

There were no obvious risks or concerns about the physical environment of the unit.

Authorised Representatives were able to engage with all of the patients that were in the unit during our visit. Patients felt that the environment was nice and clean with one patient saying it was "beautiful". Patients felt that there were no issues with the environment and there were no complaints about the noise level.

The day case unit is open from from 8am to 4pm, Monday to Friday and is closed on bank holidays. However, patients are only generally seen between 8:30am to 3:45pm.

Essential services

Staff told Authorised Representatives that patients are discharged by consultant if patients no longer need to receive treatment in the day case unit. To save patients seeing consultants in a different department, treatment reviews take place here.

Treatment was delivered within the day centre which was nurse lead unit. Patients informed Authorised Representatives that they were involved in being discharged at the end of each of their visits to the day unit, and that staff were very good at letting them know when they were able to go home.

The majority of patients felt that there were no delays in accessing the service and that they hadn't experienced any delays themselves. One patient said that there could be delays when the unit is busy but that the staff are good at keeping patients informed.

Access

We asked patients if they felt fairly treated and they all felt that they were. There were no issues about staff attitudes or discrimination mentioned. Patients felt that they could be themselves while in the unit and no concerns were raised with the Authorised Representatives during the visit. Staff told Authorised Representatives that all patients access services on an equal basis to others.

Patients told Authorised Representatives; “they are excellent”, “it’s an excellent service” and “I couldn’t praise them enough”.

Safe, dignified and quality services

All of the patients that Authorised Representatives engaged with felt safe on the unit and no one raised any safety related concerns.

Patients explained that staff ask their preferred name during their time at the unit and will refer to them using the patients preferred choice. One patient explained that she preferred a first name basis while another patient preferred a more formal interaction.

Patients also explained that when they need assistance staff are quick to respond to the needs of patients, one patient said; “they are very quick”. A patient can spend a number of hours having their treatment, we asked patients if drinks were placed within reach during their treatment and they all said they were. We also observed that drinks were kept next to patients within easy reach.

Patient’s dignity and privacy were protected with the use of curtains as there were no side rooms in this unit. When communicating with patients, staff were aware of the small space and used limited personal identifiable information when talking to patients.

Bank staff were used during staff sickness; however, these are mostly trained staff.

Information and Education

Conversations around changes to patients care and treatment processes were consultant initiated. Staff told Authorised Representatives that they would let consultants know if patients were struggling with treatment.

During our visit Authorised Representatives asked patients if they were given any relevant information about their conditions or treatment, patients explained that during their diagnosis they were given a lot of information and that staff were good at giving them additional information when needed.

Staff book interpreters for patients when needed through translator services, this includes British Sign Language.

Patients felt that they were able to distinguish staff based on their uniforms and Authorised Representatives observed a notice board which included photos of staff, their names and roles.

Choice

Patients felt that they had a choice of food and drink, especially during lunch times, it's not known if food and drink are available outside of lunch times or how this would affect patient choice.

Authorised Representatives asked staff if patients had a choice in treatment, they were unaware due to these discussions taking place with the consultant.

Being listened to

Patients told Authorised Representatives that they felt that would be listened to by staff and that their views would be taken into account. One patient said; "I haven't had to share my views" while another said; "they would definitely listen".

Staff told Authorised Representatives that patients mainly share positive feedback, if negative feedback is shared it is addressed at the time.

Most of the patients felt that they knew how to make a complaint and would do so if they had to, one patient said; "I don't know how to make a complaint, but I wouldn't anyway I love the NHS".

Being involved

Patients generally felt that they were involved in their treatment by staff, one patient said; "I have always felt that I was involved in the process".

Staff explained to Authorised Representatives that the patients they treat have lifelong conditions so receive regular treatment in the day unit so are able to build a strong rapport with patients.

Recommendations

1. Ensure that the division between Oncology and Rheumatology is clear to avoid confusion.
2. Ensure that patients are regularly asked to leave feedback which is used to make improvements.
3. Ensure patients are aware of the complaints process, should they ever need to use it.

Provider feedback

The Rheumatology specialty welcomes the Healthwatch reports from their visits to the Rheumatology Centre at Cannock Chase Hospital on 10th January 2020 and the Rheumatology Centre at New Cross Hospital on 13th January 2020. In response to the reports, we have outlined below what actions are already in progress or will be taken with regards to the service. As there is some overlap in the recommendations, we have provided one response for both reports. In summary these include the following:

- The Rheumatology Advice Line is currently being approved with plans to make the service more user friendly with appropriate time slots. This will include the clinical nurse specialists having designated sessions in their job plans to cover the advice line.
- The answering machine will no longer be used due to the robust business case that has been devised.
- Letters will be issued to patients following their consultation, ensuring the language used is user friendly for the patient to understand.
- The “You said” “we did” board is visible on the Day Unit and we will explore how we could make it more visible within the Outpatients Department (OPD).
- With regards to the appointment delays, we will discuss with our health records department to make this more accessible for our patients. In addition, we will explore with our patients how they would prefer to receive this information, i.e. a text message or a letter.
- We have a Rheumatology User Group that meets regularly at Cannock Chase Hospital and New Cross Hospital and they take into account patients’ views with regards to the service.
- In terms of the recommendation for patients to wait in a waiting room, we agree this would be ideal. However, logistically, this would not work and we ensure that patients wait in the corridor (seated) and they are made aware of which room their named clinician is conducting their clinic. We will explore whether we could make the waiting corridor brighter and airy and possibly change the layout. With regards to the patient information pertaining rheumatology, this is readily available.
- The TV has been moved to the corridor and the plan is to have rheumatology materials featured on a rolling system providing patients with up to date information.
- We always strive to ensure that patients are fully informed. However, we will reiterate this message to all nursing staff to ensure patients are informed of their treatment process consistently.

- We are reviewing the current process of the OPD staff managing certain clinics and taking responsibility for those patients in that particular clinic. This will ensure they are informed if there is a delay with a clinician clinic.
- Staff are encouraged to share PALS information with patients as this highlights our overall performance, including where we perform well and where we need to improve and signposts patients to key contacts should they wish to raise concerns or make a complaint.
- In terms of the Rheumatology Day Unit at Cannock Chase Hospital, the entrance door is sign posted to distinguish between Rheumatology and Oncology. However, we will explore how this could be improved and whether a patient information leaflet for all patients attending the department could be developed to ensure that patients understand the layout of the unit and that there are two specialties residing in this area.

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