

Enter and View Report

Rheumatology Centre
New Cross Hospital
Semi-announced Visit
13 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, New Cross Hospital,
Wolverhampton Road, WV10 0QP.

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 visit made on 13th 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

Pat Roberts, Authorised Representative

Who we share the report with

This report and its findings will be shared with The Rheumatology Centre, Royal Wolverhampton Trust, 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:

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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.



New Cross 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:

The Rheumatology Unit at New Cross Hospital was a friendly environment and staff were observed engaging with patients. However, patients did raise concerns around not being involved in treatment. Recommendations reflect these concerns along with, ensuring staff are communicating any delays with patients.

Findings at New Cross Hospital:

Environment

External

This out-patients department was signed above the doorway with destination A29 and Rheumatology. The doorway entrance was level and flat, making it easily accessible for all types of users. The outside area was clean and well kept.

Internal

The Rheumatology centre was signposted to turn right through the double doors into a corridor which signposted to reception. Hand gel dispenser were available before entering reception and throughout the unit.

The reception area was also a waiting area and was large, clean and well lit. The chairs were set in an orderly manner around a coffee table which contained self-help leaflets and the Friends and Family test.

The walls were covered with notices which were very informative but busy. The notices informed patients on; PALS, Complaints, the Rheumatology advice line and disease myth busters.

Staff welcomed Authorised Representatives immediately and introduced them to the shift coordinator who was very welcoming of the visit. Authorised Representatives were not asked to sign in until the end of the visit.

All staff were wearing uniform and name badges, everyone Authorised Representatives engaged with were friendly and welcoming.

The department consisted of a main corridor off which the reception/waiting room and consulting rooms radiate. Patients are invited to their initial tests from the waiting area and then asked to sit in the corridor to wait for their appointment with the consultant, this area wasn't very welcoming.

Authorised Representatives observed patients being offered a cup of tea or coffee whilst waiting for transport services.

Essential services

Patients that Authorised Representatives engaged with had not started the discharge process yet. Staff told Authorised Representatives that consultants carry out a follow up appointment and send a letter to patient's GPs. Patients do not always get a copy of these letters but can request them. These letters are completed by a medical secretary and letters marked urgent are completed immediately, if not they can take longer.

No patients had experienced delays in treatment whilst on the unit. However, a patient shared their experience of slow referral; **“the referral was slow, I saw the**

GP in March 2019... letters have been confusing and appointment have been cancelled... It's better now I've got here".

Staff told Authorised Representatives that there is no formal method of letting patients know of delayed appointments, the nurse of consultant would ask the assistant to inform the patient of the delay. However, Authorised Representatives observed patients waiting well over their appointment time.

Access

Patients felt treated fairly and had never been harassed or discriminated against by anyone in the ward; staff or patients. Staff told Authorised Representatives that all patients have equal access and are all treated the same.

Safe, dignified and quality services

Patients engaged with felt safe and that staff treated them with respect and compassion. One patient told Authorised Representatives that they were very happy with the level of care they received on the ward and "wouldn't make any improvements".

However, another patient shared an experience of a steroid needle being administered without being told why they needed it - the patient felt very rushed in the appointment and felt like the Health Care Professional was trying to hurry the patient to see others waiting.

Staff told Authorised Representatives that bank staff were rarely used, and they would always try to use their own staff if they did. They also always try to cover sickness and try to never cancel appointments. The senior staff member confirmed that there are no fall risks in the day unit and infections risk is limited by encouraging hand gel, hand washing and cleaning equipment.

Information and Education

Consultants communicate with patients regarding any treatment and care changes. If treatment changes patients are invited to see the nurse after six weeks for a check up appointment. Interpreters are used for patients that aren't English speaking, however they are now only booked for patient's first appointments, thereafter they use the phone system to interpret, however this had not really been tried yet.

They have not yet used a British Sign Language interpreter for Deaf patients as there has been no need.

The unit also provided two 'question and answer' clinics, one specifically for people of South Asian ethnicity that speak Punjabi.

An advice line was available for patients to use for flare ups, prescription queries, advice and antibiotics. It is not a manned service, so patients receive call backs within 48 hours. Staff emphasised that this is not an emergency line. Patient feedback about the advice line was mixed; “helpline is good, had response within a day after [I called]”, another patient expressed that sometimes it could be 48 hours before they had a response and would really welcome a person on the line who might be able to get a response quicker. Staff acknowledged the advice line as being problematic for patients, during the time of our visit a business case was being written to provide a person to take these calls. On average, only 10-15 calls are left on the answering machine each day, these are dealt with by the nursing staff on the following days.

Choice

Patients that we engaged with all felt that they had a choice in the treatment that they received. “They advise on what’s best and I go along with it, if there’s an issue I can phone the helpline”.

Staff told Authorised Representatives that patients are given a choice of treatments. They gave an example of ultrasound appointments, which can be carried out in both New Cross and Cannock Chase. However, the waiting time in Cannock is smaller, so patients are given an option between the two.

Being listened to

Some patients Authorised Representatives engaged with felt that staff actively sought and listened to the views of patients. Staff were asked if they actively seek the views of patients and said; “I would like to think so”.

Patients weren’t aware of how to make a complaint should they ever need to.

Authorised Representatives observed a Family and Friends test in the main waiting room, although patients spent little time there.

Authorised Representatives also observed a table in the corridor being used for ‘star of the month’ staff members, where patients could nominate a staff member and provide a reason for their nomination. This was excellent for staff motivation.

Being involved

Staff felt that patients were involved, staff were able to build good relationships with patients, especially those with long-term conditions. Patients were asked if they felt involved in the care and treatment process, responses were mixed; “Yes, and up to date letters are sent”, “not really, don’t know what’s going on - it’s not fully explained” and “I feel comfortable asking questions but not to be rushed”.

Recommendations

1. Consider allowing patients to wait in the waiting room for appointments with consultant, rather than waiting in the corridor, as this is a nicer atmosphere.
2. Ensure that staff are communicating with patients if there is a delay in appointments.
3. Ensure staff are fully explaining procedures to patients so they don't feel rushed.
4. Consider making the phone service a manned service so patients feel that they are being listened to straight away, rather than waiting the 48 hours.
5. Ensure staff are regularly collecting patients views and use them to make changes to the unit.
6. Consider introducing a 'you said - we did' board to demonstrate changes made by patient feedback.
7. Ensure that patients are aware of the complaint's procedure, should they ever need to use it.
8. Ensure that patients feel involved at every step of their treatment process.
9. Consider sending discharge letters to patients as well as their GP.

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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