

Enter & View

Queen's Hospital, Romford

**Rom Valley Way
Romford RM7 0AG**

**Emergency Department
(A&E) Streaming and
Urgent Treatment Centre**

provided by PELC

(Second visit: Unannounced)

12 June 2019



What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care in the London Borough of Havering. Our aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally.

We are an independent organisation, established by the Health and Social Care Act 2012, and employ our own staff and involve lay people/volunteers so that we can become the influential and effective voice of the public.

Healthwatch Havering is a Community Interest Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary, supported by two part-time staff, and by volunteers, both from professional health and social care backgrounds and lay people who have an interest in health or social care issues.

Why is this important to you and your family and friends?

Following the public inquiry into the failings at Mid-Staffordshire Hospital, the Francis report reinforced the importance of the voices of patients and their relatives within the health and social care system.

Healthwatch England is the national organisation which enables the collective views of the people who use NHS and social services to influence national policy, advice and guidance.

Healthwatch Havering is your local organisation, enabling you on behalf of yourself, your family and your friends to ensure views and concerns about the local health and social services are understood.

Your contribution is vital in helping to build a picture of where services are doing well and where they need to be improved. This will help and support the Clinical Commissioning Groups, NHS Services and contractors, and the Local Authority to make sure their services really are designed to meet citizens' needs.

***'You make a living by what you get,
but you make a life by what you give.'***
Winston Churchill

What is Enter and View?

Under Section 221 of the Local Government and Public Involvement in Health Act 2007, Healthwatch Havering has statutory powers to carry out Enter and View visits to publicly funded health and social care services in the borough, such as hospitals, GP practices, care homes and dental surgeries, to observe how a service is being run and make any necessary recommendations for improvement.

These visits can be prompted not only by Healthwatch Havering becoming aware of specific issues about the service or after investigation, but also because a service has a good reputation and we would like to know what it is that makes it special.

Enter & View visits are undertaken by representatives of Healthwatch Havering who have been duly authorised by the Board to carry out visits. Prior to authorisation, representatives receive training in Enter and View, Safeguarding Adults, the Mental Capacity Act and Deprivation of Liberties. They also undergo Disclosure Barring Service checks.

Occasionally, we also visit services by invitation rather than by exercising our statutory powers. Where that is the case, we indicate accordingly but our report will be presented in the same style as for statutory visits.

Once we have carried out a visit (statutory or otherwise), we publish a report of our findings (but please note that some time may elapse between the visit and publication of the report). Our reports are written by our representatives who carried out the visit and thus truly represent the voice of local people.

We also usually carry out an informal, follow-up visit a few months later, to monitor progress since the principal visit.

Background and purpose of the visit:

Healthwatch Havering is aiming to visit all health and social care facilities in the borough. This is a way of ensuring that all services delivered are acceptable and the welfare of the resident, patient or other service-user is not compromised in any way.

IMPORTANT NOTE:

This report relates to the Emergency Department (A&E) Streaming and Urgent Treatment Centre as it was observed during the visit on 12 June 2019. Between then and the publication of this report, various changes and improvements were made in day-to-day operation, so that the circumstances reported are not necessarily reflective of current conditions. Although the ticket machine referred to in the report has still not, at the time of publication, been installed, it is understood that it is due to be installed soon, and that improved signage will also then be provided.

Introduction

Although the bulk of services at Queen's Hospital are provided by the Barking, Havering and Redbridge University Hospitals Trust (BHRUT), the Urgent Treatment Centre (UTC) and streaming of patients arriving for emergency or urgent treatment is provided by PELC (the Partnership of East London Co-operatives, an organisation set up by GPs in East London to provide some out of hours GP services and other support for primary care).

PELC have been running the current Streaming System since the beginning of July 2018. The aim of the system is to relieve pressure on A&E by ensuring that only patients who have severe illnesses or injuries are referred to it and that others are dealt with more

appropriately, either in the Urgent Treatment Centre that adjoins A&E, or by referral elsewhere to their GP, pharmacist or other healthcare professional.

PELC have advised that they see and discharge more than 99% of patients within the 4 hour standard, against a target of 98% which is set by the Havering CCG.

Healthwatch carried out an announced Enter & View visit in December 2018, as a result of which a number of recommendations were made for improvement in the arrival and waiting arrangements.¹

These arrangements were also referred to, in the context of patients receiving treatment for cancer who required urgent treatment for other health issues, in a report of Cancer Treatment at Queen's Hospital, prepared by the Healthwatch organisations for Barking & Dagenham, Havering and Redbridge².

Given the importance of the arrangements for initially assessing patients for A&E services, Healthwatch decided to carry out an unannounced visit as a follow-up to the December visit and the later review in March. This report sets out the findings of the follow-up visit.

The Premises

When the team arrived for the visit, there were 52 people waiting in the reception area, 14 of whom were waiting in the queue. Not all of these people were, however, patients but friends and relatives accompanying them; it was not always possible easily to distinguish those who were patients waiting to be seen and those who were the patients' companions.

¹ Queen's Hospital: A&E Streaming and Urgent Treatment Centre (provided by PELC) - visited 5 December 2018 (Healthwatch Havering: March 2019)

² Changes to chemotherapy services at BHRUT: a review of patient experience by Barking, Havering and Redbridge Healthwatch (Healthwatches BHR, April 2019)

At the time, there were three Emergency Nurse Practitioners (ENP) and four doctors on duty. There was no duty manager available (in view of other commitments); a doctor offered to talk to the team but they declined as that would not have been the best use of his time.

The team spoke for a while to a very informed ENP who explained the procedure for A & E, and then with the Deputy Manager and an assistant who were most helpful, honest and enthusiastic.

All Patients arriving in the waiting room queue by a “queue here” sign and are seen by PELC staff (ENP’s or GP’s) who stream them, and depending on condition, decide whether they need to be referred to A & E (Majors and Resuscitation) or can be dealt with in another way. If they are accepted for treatment, they are then registered. Some patients are asked to wait in the PELC area if they need blood tests or X Rays. Minor injuries requiring immediate attention were dealt with in the UTC (Urgent Treatment Centre). Children are signposted to the children’s waiting area (which appears quite shabby and lacks toys, television or any means of entertainment for those who are waiting).

A third streaming room had been equipped and was being used while the visit was under way.

All streaming booths had panic buttons.

If patients did not need to be seen in A&E or the UTC, they were referred elsewhere, such as to their GPs, pharmacy, other healthcare professionals or out of hours GP Hubs. Sometimes it was possible for the streaming clerk to make them an appointment elsewhere, such as with the patient’s own GP or the GP Hub/out of hours surgery.

People waiting in this room included patients waiting to be streamed, streamed patients awaiting assessment, those waiting to be called to other departments and those part-way through their treatment awaiting results, or to speak to a doctor.

During the visit, the team witnessed several people who had been assessed but were confused about where to go next.

If there were more than 6 people in the queue, the OPEL process (Operational Pressures Escalation Levels) was escalated. The team observed this happening.

Although there were 52 people in the waiting room, staff told the team that there were 25 or fewer actual patients. Every now and then a member of staff would ask for a show of hands to clarify how many of those in the waiting room were actually patients.

The team were advised that patient arrivals for streaming often coincided with the arrival of local bus services (a number of bus routes serve the hospital).

At the time of the visit, over 70% of the patients who walked in were seen within the UTC, an improvement from 45% being dealt with there, which was happening at the point PELC had taken over the contract in July 2018. This reduced the number of patients going to the main A&E department, relieving the pressure there, whilst ensuring patients were treated in the right place at the right time.

The team observed a very active cleaner, and wheelchairs being kept for use.

The team were pleased to witness a chemotherapy patient rightly being afforded priority (although she clearly found being sent to the front of the queue embarrassing!).

The team specifically compared what they observed during this visit with the action plan that had been proffered following the previous visit. They considered that the signage was still in need of improvement, that the “tannoy” system was not in use and that staff were not clear whether the loop system (for hearing aid users) was working.

Use of numbered ticketing for patients awaiting streaming

The team noted that a numbered ticket system for those waiting to be streamed had still not been implemented. Enquiries subsequent to the visit indicated that the ticket machine was on site but that difficulty had

been experienced in arranging for it to be installed and brought into operation.

In consequence, Healthwatch raised this issue with both PELC and BHRUT; it appears that this intervention has prompted some action and, at the time of publication of this report, it was understood that the system was due shortly to be brought into operation.

Recommendations

1. Children coming into A&E must initially go through the same registration process as adults before being signposted to the children's A&E waiting area. The team were told that there were no plans to change the process for registering children but it is **strongly recommended** that consideration be given, in the interests of child protection and safeguarding, to creating a more child-friendly process by moving children's registration elsewhere and that they be sent thence directly to the children's A&E area.
2. Signage within the waiting area still requires updating. It is **recommended** that, when the new ticketing system is introduced, all existing signage be replaced. A sample of an easy read sign that could with advantage be introduced is set out on the following pages.
3. While acknowledging that there are severe physical constraints to the waiting room accommodation, the team observed a number of companions of patients taking up space that ought to have been available for use by other patients. It is **recommended** that all possible effort be made to improve conditions in the waiting area and, in particular, although it is understandable that patients should want to be accompanied by friends or family, they should be encouraged to have only the absolute minimum of companions waiting with them.

4. A member of staff should be tasked to monitor in an obvious way as a means of reassuring patients and ease any anxieties they may experience.

HEALTH PATHWAY GROUP NEWSLETTER

Welcome to our **Sixth** Newsletter!

In this issue:

- Getting help in the right place
- Top Tips for people with Diabetes

ISSUE 6 – MARCH 2019

Where to go to get help



Self-care



Grazed knee
 Cough or cold
 Sore throat

Make sure your medicine cupboard is stocked up with over the counter remedies



Pharmacy



Diarrhoea
 Runny nose
 Headache

Ask at the Pharmacy for advice on common illnesses and medicines to treat them

NHS 111



Unsure?
 Unwell?
 Need to know where to go?



Phone 111 when you need help fast but it's not a 999 emergency

Your GP and Out of Hours



Ear pain
 Backache
 Throat Infection

For illnesses or injury that won't go away, make an appointment to see you GP, or call your local GP Hub for an out of hours appointment.



Urgent Care Centre



Fever, fractures, strains, sprains, stitches

Go to the Urgent Care Centre for illnesses and minor injuries



A&E and 999



Choking
 Chest pain
 Blackout
 Blood loss

Call 999 for life threatening situations and go to A&E in an emergency





Not sure if you need A&E?

Call 111 for medical advice, assessment and
direction to the best medical treatment for you.

www.nhs.uk/111

Children's A&E

The Children's A&E service is obviously associated with the PELC area but is a little distance from it and is operated completely independently by BHRUT.

Given the comments earlier in this report about emergency services for children, it was decided that, following on from the visit to PELC, a visit should be carried out at the children's area. This visit was also unannounced but simply because it was a follow on to the main visit.

The team's main objectives were to observe patient flows to the department and to ascertain whether signage from the PELC area to the A&E had been improved.

Regrettably, the team could not see any improvement in signage, which meant the possibility of patients finding it difficult to move between the two areas.

The department's accommodation is very limited. There are a few wall-mounted toys, but the team were advised that the "mobile" ones "walk" very quickly and there is a problem with sanitising them on a regular basis. Staff do have a stock of teddy bears for little ones.

The team were told that, once in the department, children would be triaged within 15 minutes and seen by a doctor within an hour.

As noted earlier in the report, however, currently children attending A&E must first go through the streaming process. It is **recommended** that a more child-friendly process be developed, enabling children to go straight to the dedicated A&E service, with adequate signage to ensure that the risk of confusion is minimised.

Healthwatch Havering thanks all service users, staff and other contributors who were seen during the visit for their help and co-operation, which is much appreciated.

Disclaimer

This report relates to the visit on 12 June 2019 and is representative only of those service users, staff and other contributors who participated. It does not seek to be representative of all service users and/or staff.

Participation in Healthwatch Havering

Local people who have time to spare are welcome to join us as volunteers. We need both people who work in health or social care services, and those who are simply interested in getting the best possible health and social care services for the people of Havering.

Our aim is to develop wide, comprehensive and inclusive involvement in Healthwatch Havering, to allow every individual and organisation of the Havering Community to have a role and a voice at a level they feel appropriate to their personal circumstances.

We are looking for:

Members

This is the key working role. For some, this role will provide an opportunity to help improve an area of health and social care where they, their families or friends have experienced problems or difficulties. Very often a life experience has encouraged people to think about giving something back to the local community or simply personal circumstances now allow individuals to have time to develop themselves. This role will enable people to extend their networks, and can help prepare for college, university or a change in the working life. There is no need for any prior experience in health or social care for this role.

The role provides the face to face contact with the community, listening, helping, signposting, providing advice. It also is part of ensuring the most isolated people within our community have a voice.

Some Members may wish to become **Specialists**, developing and using expertise in a particular area of social care or health services.

Supporters

Participation as a Supporter is open to every citizen and organisation that lives or operates within the London Borough of Havering. Supporters ensure that Healthwatch is rooted in the community and acts with a view to ensure that Healthwatch Havering represents and promotes community involvement in the commissioning, provision and scrutiny of health and social services.

Interested? Want to know more?



Call us on **01708 303 300**

email enquiries@healthwatchhavering.co.uk



Find us on Twitter at [@HWHavering](https://twitter.com/HWHavering)



*Healthwatch Havering is the operating name of
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