healthwatch Havering

Enter & View

Queen's Hospital, Romford

Rom Valley Way
Romford RM7 0AG

Emergency Department (A&E) Streaming and Urgent Care Centre

provided by PELC

5 December 2018

Healthwatch Havering is the operating name of
Havering Healthwatch Limited
A company limited by guarantee
Registered in England and Wales
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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 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.

Earlier in 2018, Healthwatch members carried out a total of three Enter & View visits to the A&E Department, following reorganisation of the entrance area and triaging. This report complements the report of those visits [1].

The Streaming and Urgent Care Centre is located within the Emergency Department (A&E) of Queen's Hospital, Romford but, whereas the main Department is provided by the Barking, Havering and Redbridge University Hospitals Trust (BHRUT), the Streaming and Urgent Care Centre is provided under a direct contract from the BHR CCGs by PELC (the Partnership of East London Co-operatives, an organisation formed by local GPs).

The Centre is the first point of contact between most patients and A&E. Other than patients arriving by ambulance, all patients on arrival are seen by PELC staff who decide whether they need to be referred to A&E, can be dealt with at the Urgent Care Centre or should be referred elsewhere. Patients are then directed as appropriate for treatment. This initial stage of the ED pathway is known as "streaming" and is designed to ensure that patients with the most serious health issues are seen immediately and that everyone is directed to the most appropriate service for their needs

Key facts

The following table sets out some key facts about the PELC Streaming and Urgent Care Centre. It is derived from information given to the

[1] Queen's Hospital, Romford: Emergency Department (Announced visits: 30 January and 19 September 2018; Unannounced visit: 9 March 2018

Healthwatch team during the visit, and reflects the position at the time of the visit:

Number of patients seen per annum:	
Number of partners/permanently employed GPs (not locums):	
Number of other healthcare professional staff employed:	
Number of management staff employed:	
Number of support/admin/reception staff employed:	

Introduction

The visit took place in the afternoon of 5 December 2018.

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 Care Centre that adjoins A&E, or by referral elsewhere to their GP, pharmacist or other healthcare professional.

The team met the Director of Nursing and Clinical Governance, who made them welcome and was very open and keen to share information. During discussion, it became apparent that the service was continuing to evolve and that further measures would be implemented in the coming weeks.

The Director of Nursing and Clinical Governance had been seconded from BHRUT, initially for 13 weeks, but since extended for another six months when it became apparent that more time was needed to put everything in place.

Signage and directions on arrival

As has been remarked in earlier reports from Healthwatch Havering, although healthcare professionals prefer the term “Emergency Department”, the majority of public still refer to it as “A&E”: not

everyone who attends for treatment would be familiar with the term “Emergency Department” and referring in the signage outside to “A&E” (even in a secondary way) would be helpful, especially to those who arrive already confused or worried by illness or injury, or for whom language is a barrier.

The entrance to A&E is separate from the main hospital entrance, and there is no direct internal route from the main entrance to A&E. In addition, the team did not see any signage pointing the way from the car park entrance to A&E.

The team immediately also concluded that signage within the Centre was inadequate. What signage was available was quite often hidden behind posts or was too small to be seen by public.

Streaming

On arrival, patients have to join a queue, standing, to await streaming. The queueing line is between seating in the arrival/waiting area, and along a back wall. Patients are called forward for streaming in order of arrival; the aim is to complete streaming within 15 minutes of a patient’s arrival. After streaming, those patients who are able to be treated by the UCC are booked in at the adjacent desk. Patients requiring the service of the BHRUT Emergency Department are either redirected to the "Majors Light" and booked in there or escorted to the "Majors" or even "Resuscitation" should urgency of their condition require it. At present, around 30% of the patients who present to streaming are seen by the UCC or redirected to other services and around 70% are referred to BHRUT for treatment.

Those patients not needing emergency or urgent treatment are referred on to other healthcare professionals; those who need intervention from other Hospitals (for example for specialist treatment) are redirected and, if there is an urgent problem, transport can be arranged.

Having booked in, patients to be attended to by PELC are asked to be seated until called for treatment.

The team's observations of the streaming process led them to conclude that it was acceptable overall. However, at the time of the visit, there were a number of patients awaiting tests and, for those referred to the Urgent Care Centre (where there were three GPs on duty), there was wait of up to 3 hours, with patients overflowing into the corridors.

The waiting area holds people:

- On first arrival, awaiting Streaming
- Those who have been through Streaming and are waiting to be called for initial assessment
- Those who have been assessed but need first to be seen elsewhere (e.g. in X Ray)
- Those who have been seen in X Ray etc and are waiting for treatment
- Those whose treatment is complete and are waiting to be picked up to go home etc

Some of those waiting to be seen or treated may face a wait of three hours or longer.

The team were told that plans were being put in place for January 2019 to introduce improvements including Audits, Trigger Tools, OPEL Plan and a Stress Information Board. It was also intended to appoint an Emergency Nurse Practitioner (ENP), who would frequently survey the waiting room to keep eye on deteriorating patients.

Patients referred to the main A&E which is operated by BHRUT, (Resuscitation, Majors, Majors Light and Ambulatory Care) are either directed to or taken there by PELC Staff on trolleys or wheelchairs, dependent upon need. The team were told that many very ill people were being brought in by their families or friends rather than enduring a long wait for an ambulance. The team were told that up to 100 ambulances are deployed within the Barking & Dagenham, Havering and Redbridge areas on any one day.

The team were also told that PELC provide staff for the whole of the Urgent Care centre, with the most serious cases being taken to the BHRUT-run areas after streaming (Emergency Registration was being reviewed at the time of this visit).

Three IT systems, Symphony & Medway (BHRUT) and Adastra (PELC), run within A&E, which the team considered could put patients in jeopardy, as the three systems are incompatible and thus there is a risk that vital patient information could not easily be transferred between them, so that for example information about a patients' allergies might be in one system but not in another.

The team were told that further plans to be implemented included the provision of a ticketing system for patients arriving so that the time starts then in respect of the 4 hour wait which is to be met.

Moreover, phlebotomy lab testing would be carried out in A&E, a "point of care" laboratory, with staff trained appropriately. This would assist in meeting the maximum waiting time of 4 hours and in avoiding deterioration of patient health.

The team considered that the new queuing arrangement assisted with protecting patients' privacy but that the booking-in process subsequent to being streamed was still organised in a way that could compromise privacy. A policy on emergency registrations was under development.

A major drawback to the system was that staff carrying out streaming summon patients for streaming simply by calling out "next please". There was no loudspeaker or electronic system for summoning patients; this left patients at risk of missing their place in the queue should they fail to hear the call. Moreover, although assurance was given that streaming staff from time to time looked in to the waiting area to see whether any patients were in distress, there was no continuous healthcare staff oversight of the waiting area, which the team felt placed patients at risk.

There was no signage to explain to patients arriving at A&E where they needed to queue, nor indeed that they would need to queue, leading many to go prematurely to the booking-in desk. The queue area was not easily distinguishable from the rest of the waiting area. Nor was it clear that one should wait in the queue until called forward for streaming.

Once referred for treatment, signage to other areas, such as X Ray, was inadequate, leaving patients unclear as to where they should go.

The team felt that the use of coloured lines on walls or floors to lead patients to the different destinations (as in other hospitals around the country) would be most beneficial.

Mental Health Patients are redirected to Primary Care when in crisis and are moved to the Majors Area, next to which a dedicated and specially equipped room is available. The Street Triage team try to avoid Mental Health Patients being referred to A&E by weighing up the risk factors before a referral is made.

Vulnerable Patients such as care home residents are body-mapped and, if need be, care plans are put in place. Safeguarding and Social Care pathways are put also in place here. Drug or alcohol abuse, and people who have learning disabilities (LD), are also risk assessed.

At the time of the visit, streaming was carried out using paper documents but the team were told that it would be recorded electronically within a few weeks.

The team were also told that patients with intolerances/allergies together with LD/Dementia were not fully catered for as there were no visible signs of those conditions that could be dealt with in a primary care setting.

Staffing

The clinical staff for the unit are provided by PELC but there is a high ratio of temporary staff. Bank staff have a contract and a few work

directly for to PELC. Staff work 12 hour shifts 8-8 or 10-10, or shorter days 6am-2pm and 4pm-12 midnight (the twilight shift). On day duties, there are two long shift and one short shift GPs and 1 HCA; at night-time, there are 1 ENP, 1 GP, 1 Senior Staff Member.

There are 2 Receptionists at night and 3 on days, one of whom is employed by PELC and the other two by BHRUT.

Because of the complexity of the task, streamers deal primarily with that alone and tend not to engage with other work. On occasion, however, doctors or other healthcare professionals may assist to deal with Streaming at times of high demand.

Staff are trained through e-learning about dementia and LD, are aware of Hospital Passports.

Peak times are dealt with by a Deputy Service Delivery Manager (PELC).

Visitors/families coming to be with patients would be directed by information held on the Medway and Adastra IT systems once the patient has been registered.

The team were told that “friends and family” tests would shortly be available via kiosks so patients’ feedback could be recorded and collated. The team were also advised that IT information was fed through the NHS Spine to Medway and Adastra and by smartcard for Symphony. PELC have their own clinical equipment and bring in all consumables (normally three days’ supply) but the rest of the equipment was on loan from BHRUT.

One trolley is used for PELC patients and swapped for an empty one from Majors or Resuscitation as necessary, but as this trolley is also used for ECGs, it would be useful if another trolley should be made available. Availability of wheelchairs is limited in practice to three as, although this is insufficient to meet demand, there is no room to store more.

It is believed that the vast majority of patients are being seen within four hours but, once the ticket machine for arriving patients is

installed, it will be possible to gauge compliance with the time target with precision as tickets will record the exact time of arrival. Most delays occur with patients who have complex needs, and in Paediatrics. Although there are currently no plans to register children arriving as patients other than in the designated area, the team considered that, in the interests of child protection and safeguarding, children should be registered and wait separately in a dedicated children's area.

During the period of hospital winter pressures, an extra room can be made available for the overflow of patients requiring streaming. However, the number of patients arriving at A&E had remained roughly constant throughout the year and had not fallen off as expected after the winter period. There is currently no plan in place for a major incident; PELC had recognised that this was needed and the fact that a joint plan needed to be put in place to support it.

Peak times in the Department are 11am-12noon and 5pm–6pm and 400–600 Patients are seen per day. PELC provide consumables and all medication is supplied by Fairview Pharmacy, with 3 days' supply of medication held as a reserve in the pharmacy.

Upon speaking to reception staff, the team were told that, although there is a small hearing loop sign within the waiting area, there is actually no equipment to provide such a system (Note: BHRUT clarified subsequently that the loop system is in operation but accepted that neither patients nor staff might realise that). People in the waiting area are inevitably very noisy, which can make it hard – if not impossible – for patients to hear when called to see a member of the screening staff, so either an amplified voice calling system, or a visual display, is required. Considering the number of Patients waiting to be seen, the team thought the area was reasonably calm and clean.

Although there are notices and advice displayed about various outside agencies, evidence from other visits and sources shows that, given the difficulty of getting timely appointments with GPs, many people in Havering prefer to go to A&E for treatment and advice rather than call

NHS111; the public need to be encouraged to make more effective use of the NHS111 system. Subsequently to this visit, the CCGs have commissioned Healthwatch Havering and those for Barking & Dagenham and Redbridge to assist with preparing publicity materials for this purpose.

Access to A&E by people who have disabilities is far from easy (but can be accomplished with difficulty). There is no specific help for blind or partially sighted patients but they usually attend accompanied by a family member or friend.

Conclusions

A&E at Queen's Hospital is one of the busiest in England and the pressures of the work cannot be overestimated. Staff clearly do an excellent job in difficult circumstances. The Streaming system is working to patients' advantage, ensuring that people receive the most appropriate treatment to their needs.

There remain, however, needs for improvement. Signage is particularly in such need: people who are in distress through injury or illness are particularly likely to become confused or disoriented because of the lack of direction signs in the corridors and in the waiting area itself.

Moreover, the use of the single, relatively small, waiting area for all types of service user from new arrivals to those waiting to be picked up after treatment, inevitably risks overcrowding and could well add to the distress of those already so affected.

Much effort has been put into streamlining the Streaming and treatment processes – but there remain areas where a little more effort is needed to ensure that the department is fully "patient friendly".

One of our members, by unfortunate co-incidence, experienced the PELC service for himself a few days after the visit. His experience is reported in the Appendix to this report.

Recommendations

1 The signage in the department requires improvement:

(a) In the waiting area, an explanation of the booking-in process and the possible treatment pathways is needed, particularly regarding waiting for initial assessment before proceeding to the booking in clerks;

(b) The arrangements for queueing for assessment need to be clearer;

(c) Directions to and from the treatment area to X Ray needs to be clearer.

2 Standing in a queue awaiting initial assessment is acceptable for most patients, but there will always be some who, because of the nature of their injury or illness, or because of existing disability, cannot stand. Yet they risk losing their place in the queue if they cannot stand until called forward.

Accordingly, consideration should be given to the provision of a simple number queue control system, such as issuing timed and numbered tickets and calling people forward by reference to such numbers rather than simply calling “next please”. A display screen showing the number and informing patients who is next would be helpful, especially to those with hearing difficulties. This would also be able to provide a more accurate note of time of arrival, which is important for government waiting time statistics.

3 That consideration be given, as and when accommodation becomes available, to providing separate waiting areas for those who are arriving and awaiting Streaming, and those who have been Streamed and are awaiting treatment.

4 That means of calling patients forward for streaming, other than calling “next please”, be explored as a matter of urgency.

5 That all staff be trained to be confident in responding appropriately to those patients who are vulnerable, such as recognising Hospital Passports, have Learning Disabilities or other special needs, or have current conditions that require urgent attention.

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 5 December 2018 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.

APPENDIX

Attending the Urgent Care Centre – a personal experience

I arrived at A&E on Saturday night at about 9pm. A couple of people were waiting to be seen by clinical staff, having booked in, and one person was in a pod being assessed. I was the only person awaiting assessment, although several more people arrived after me and by the time I had been treated, the room was beginning to fill up.

After no more than 5 minutes, I was called forward for assessment - my injury was obvious and I was soon asked to go to book in. The booking staff were in a jovial mood and dealt with me promptly and efficiently but were at that time not under any pressure (things would no doubt have been different later in the evening).

Having booked in, I was called for treatment after another few minutes. After taking my history and looking at my injury, the clinical staff (a practice nurse and a paramedic) referred me to the X Ray department, where again I was seen after a short wait, and was then asked to return to the assessment area and wait.

After a few minutes, I was called again to the treatment room, where the nurse showed me the X Ray image of my injury. While her paramedic colleague cleaned and dressed my injury (which could not receive full treatment there and then but could safely await later treatment), the nurse contacted a surgeon at Broomfield Hospital in Chelmsford to refer me to the specialist trauma unit there for treatment, in view of the nature of my injury. She was able to send the surgeon a photograph of my X Ray, using a mobile phone app to send it from her mobile to his. I was given an appointment at Broomfield Hospital for 9am the following day.

I left the treatment area, my injury suitably dressed, about 30 minutes after my arrival.

The clinical care was excellent. However, as mentioned in the main report, the signage both within the PELC arrival area and indicating where different facilities were, was inadequate and confusing.

The process of Streaming is straightforward and, in my experience, quick – but it is not explained at all for the benefit of those who have not been to A&E before. Although I knew roughly what to expect, even I found the process in practice confusing. People arriving after me went straight to the booking in clerks and had to be redirected to the queue awaiting Streaming. One person who arrived shortly after me clearly had a back injury and could barely stand; he took a seat in the "wrong" area and only because he had several friends with him who asked the

booking staff where he needed to go was he eventually seen in Streaming – had he been on his own, he might have waited a long time to be seen.

I was referred from the treatment area to X Ray and given directions but the lack of detailed signage left me unsure of the route to take. The signage at the X Ray room entrance could also be improved to explain more clearly what to do on arrival. Despite my injury I was fully alert – had I been distressed as a result of it, it would have been harder to find out where I was meant to go.

I was referred from X Ray to the Waiting Area; the lack of signage again left me unsure of the route to take.

One humorous and ironical point – as it was a Saturday, the television in the waiting room was showing the BBC1 programme “Casualty”…

healthwatch Havering

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**

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