

**Enter & View
Queen's Hospital,
Romford:
Ambulance Waiting Area**

6 July 2015

*One of a series of connected
Enter & View visits to Queen's Hospital in 2015*



What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care. 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 are able to 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 a number of volunteers, both from professional health and social care backgrounds and 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 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 an 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.

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 safety of the resident is not compromised in any way.

Healthwatch Havering decided initially to visit the Discharge Lounge and Ambulance Waiting Area at Queens Hospital to explore a number of issues that had been raised relating to discharge from the hospital, including:

- During Enter and View visits to various care homes within the borough, care homes staff had complained that their residents had been discharged from Queens Hospital after 6pm and in some cases as late as 11pm, which they considered unreasonable, as returning residents

would be disorientated and their arrival at the home could be disruptive for other residents;

- Care home staff also complained that residents were often discharged with very limited information covering medication and clinical diagnoses - it was not always clear if newly-prescribed medication replaced their original medication or merely supplemented it;
- Notes on medication might not arrive at the GP's surgery to prevent old medication being prescribed inadvertently in repeat prescriptions even when new medication had replaced old medication;
- Some care homes had suggested that patients had been discharged too soon before tests and biopsy results had been received on the ward; and
- Waiting times for ambulance transport or to receive patients' notes To Take Away (known as TTAs) appeared to be unduly lengthy in some cases.

The team that carried out the visit wanted to identify whether delays in pharmacists dispensing medication or in medical staff prescribing were the main causes of delay in patients receiving their TTAs. They also wanted to investigate whether the availability of ambulances at certain times was causing problems with discharge.

The Discharge Lounge and the Ambulance Waiting Area, although clearly functionally linked, are physically separate and are managed separately. The team carrying out the visit therefore split into two and accordingly there are two separate reports on the visit, though they can be read in conjunction with each other. Arising out of the visits, further questions arose about the management of pharmaceutical services for patients awaiting discharge and in relation to general reception arrangements for patients and visitors and these points are also addressed in separate reports, which should also be read in conjunction with this report and that on the Discharge Lounge.

Ambulance transport arrangements

In answer to a question whether a lack of ambulances is a major reason for delays in discharging patients in a relatively short time, the sister said that there is not an issue during daytime, when there is always a good supply of ambulances; issues regarding ambulances tend to centre around

- whether or not a patient requires to be transported using a stretcher; and
- many patients in fact not needing ambulance transport but believing that they have a “right” to it irrespective of their actual health needs; many of the patients who are discharged with ambulance transport could instead be sent home in a taxi.

There may, however, be insufficient ambulances after 6pm, although patients can be discharged after 6pm if relatives are willing to take them home.

G4S ambulances have the main ambulance contract to take patients home. SS ambulances are subcontractors who also provide ambulances for discharge patients. Occasionally LAS ambulances are used.

The sister told the team that, on the day of the visit, she had booked ambulances for patients and they had all arrived within 10 minutes. The level of discharges that day was considered light as the weather had been good and Mondays were generally light days for discharges. As a general rule, after 6pm, G4S ambulances may be delayed as fewer staff would be on duty.

Whilst in the Discharge Lounge, patients have access to tea, coffee and cold drinks when they want them. Lunch, with six hot meal options, is also provided, as are yoghurts, fruit and jelly. Tea and lemonade are served at 3pm. Supper is served at 5pm as well as warm meals or salads.

Ambulance waiting area

The team was with Delivery Manager, who was unaware that Healthwatch were going to pay them a visit on that day. She is employed by G4S, as are 2 booking clerks and 1 nurse employed by Trust.

When the team arrived in the Ambulance Waiting Area (AWA), there were five patients awaiting transport, all of whom left within an hour. More patients and they, too, were promptly discharged. Whilst it is very welcome that they were dealt with promptly, it was very difficult for the team to speak to them as they very quickly moved on. On the day of the visit, a total of 112 patients passed through and were discharged through Queen's and King Georges Hospitals.

The opening times of the AWA are from 7.30am-7pm, but patients are not accepted after 5 pm. Generally, patients arrive at the AWA from around 10am onwards from the OPD (Out Patient Department). AWA receives patients by ambulance for chemotherapy, radiotherapy, OPD etc. and they are returned to their home or their care home by ambulance.

Delivery Manager

The role of the delivery manager is to arrange transport to and from the hospital for patients, non-emergency care, clinics, OPD, coagulation clinics etc. In addition to the main, contracted provider of patient transport services, arrangements are in place for smaller ambulance transport providers to be called in as and when required.

Concerns that Healthwatch has been contacted about include the length of wait in the AWA for patients. However, on average, 95% of the patients that are waiting in the AWA will be moved to an ambulance within an hour of arrival at the AWA. Tea, water, orange juice and lunchboxes are provided when needed by the patients. It does appear, however, that patients undergoing chemotherapy may have to wait for TTA's and other patients sometimes have to wait for their medication from the pharmacy, which leads to patients having to wait longer before they can be dispatched.

As with the Discharge Lounge upstairs, there was no television available in the lounge, making the experience of sitting there not very entertaining. The position of the AWA makes having a television very difficult as it has been designed to make sure that radio waves do not interfere with any of the instrumentation being used. As there can be little entertainment, therefore, patients can become agitated and frustrated through having to wait without much to keep them occupied. The team felt that other means of entertainment should be provided, such as reading materials or suitable board games.

The Delivery Manager carries out a patient experience survey with the patients in the AWA every 3 months. The team felt, however, that there should be survey forms available at all times as that would provide a constantly-updated record of how the patients in the discharge lounge find the service they are provided with. The hospital would then know how their patients feel and could therefore act upon any suggestions for improvement commonly mentioned within the survey.

Overall the AWA was well run and efficient in the way everything flowed. The delivery manager appeared to be very dynamic and committed to giving a good service to the patients in the AWA.

Recommendations

- For efficiency, both the Discharge Lounge and the Ambulance waiting area should be co-located, on one floor. It seems to us that the siting of the Discharge Lounge within the hospital at the moment is not practical: it is inconvenient for staff and patients, and ambulance staff have to go up and down in lifts with patients on stretchers. It is strongly recommended that the two lounges amalgamate at some stage.
- Family members should be discouraged from travelling in ambulances with patients, unless absolutely necessary. All available seats in an ambulance should be available for use by patients, so that more patients can depart the discharge lounge without unnecessary or avoidable delay

- Ambulances should be provided on the basis of medical need alone and stretchers used only for people who have mobility problems that justify their use. In particular, it is inappropriate for ambulances to be used to convey people who have no medical need but, for some reason, lack the funds to pay for a taxi - other means of assisting such people should be found and used, including contacting the patient's family for assistance
- Patient experience forms should be distributed, collected and analysed. Such forms provide valuable positive and negative feedback on the service provided.

The team would like to thank all staff and patients who were seen during the visit for their help and co-operation, which is much appreciated.

Disclaimer

This report relates to the visit on 6 July 2015 and is representative only of those patients, carers and staff 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**; or email
enquiries@healthwatchhavering.co.uk



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