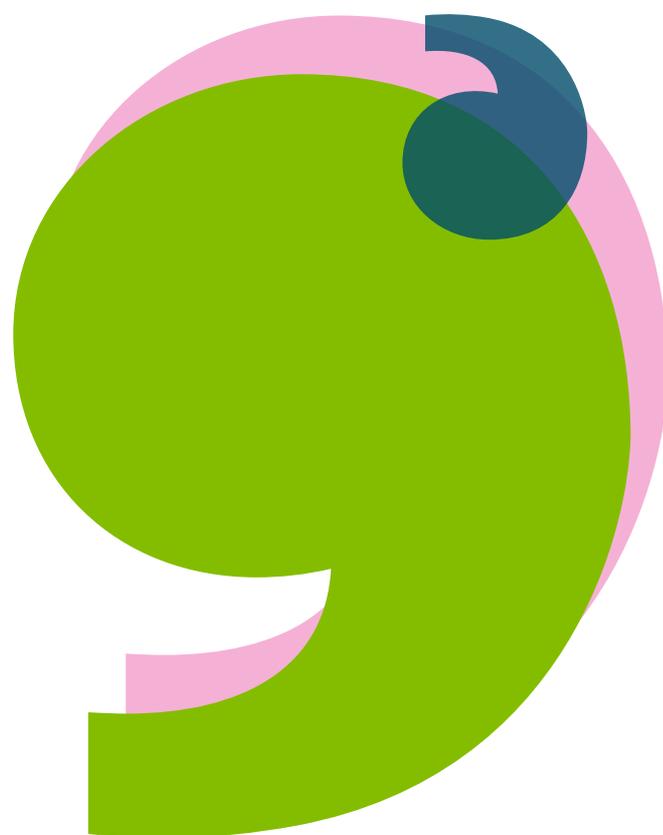




Milton Keynes Urgent Care Centre

Patient Experience Review

February 2019



healthwatch
Milton Keynes

Contents

1	Introduction	3
1.1	Details of visit	3
1.2	Acknowledgements	3
1.3	Disclaimer	3
2	What is Enter and View?	4
2.1	Purpose of Visit	4
2.2	Strategic drivers	5
2.3	Methodology	5
3	Summary of findings	7
4	Main Findings	8
4.1	Why Urgent Care?	8
4.2	Booking-in and Triage	9
4.3	Patients' Expectations	11
4.4	Environment	12
4.5	Appointments	14
4.6	Additional Findings	15
5	Recommendations	16
6	MKUCS Response	17
7	Appendix A	19



1 Introduction

1.1 Details of visit

Details of visit: Milton Keynes Urgent Care Service	
Service Address	The Urgent Care Centre Hospital Campus, Standing Way, Eaglestone, Milton Keynes MK6 5NG
Service Provider	Milton Keynes Urgent Care Services Community Interest Company
Dates and Times of visits	22 February 2019, 9:30 - 12:00 24 February 2019, 18:15 - 19:30
Authorised Representatives (ARs)	Nadine Lynch, Sheila Taylor and Tracy Keech
Contact details	01908 698800

1.2 Acknowledgements

Healthwatch Milton Keynes (HWMK) would like to thank the Milton Keynes Urgent Care Service (MKUCS) and its staff, for their contribution to this Enter and View visit and for their helpfulness and hospitality. HWMK would also like to thank the patients and family members that participated in this visit for their valuable contributions to this report.

1.3 Disclaimer

Please note that this report relates to findings observed on the specific dates set out above. Our report is not a representative portrayal of the experiences of all patients and staff, only an account of what was observed and contributed at the time of this visit.



2 What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch Authorised Representatives (ARs) to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists 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 we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the CQC where they are protected by legislation if they raise a concern.

If you are interested in finding out more about Healthwatch Milton Keynes and the work we are doing or would like to get involved by volunteering with us, please visit www.healthwatchmiltonkeynes.co.uk.

2.1 Purpose of Visit

The purpose of this Enter and View visit was to engage with patients to explore their experience of using the Urgent Care Service, particularly around patient expectations, their reasons for using the service and recent changes to the booking-in process.



2.2 Strategic drivers

While Healthwatch Milton Keynes (HWMK) have a planned programme of visits for the year, we ensure that we leave room to respond to local needs. The Milton Keynes Urgent Care Service (MKUCS) management team approached HWMK to ask if we would provide an independent review of the patient experience. MKUCS had made some recent improvements to the service and were keen to gain feedback to gauge whether the changes were having a positive effect on patient experience. We agreed to undertake this project, in addition to our existing programme, as it met our strategic objectives of:

- Engaging with the people of Milton Keynes around matters relating to their health and social care needs and experiences
- Empowering the community to evaluate and shape services
- Using local experiences to influence how services are designed and delivered
- Using evidence to help providers understand what local people need from their health and care services

2.3 Methodology

Healthwatch Milton Keynes met in advance with the Operations Manager of MKUCS to discuss the changes that had been introduced and the objectives of the visit. Whilst the visit was prearranged with the management, MKUCS made the decision not to announce the visit to frontline staff.

MKUCS provides a 'walk-in' service offering urgent assessment and treatment, which is often out of hours. As the service operates 24 hours a day, 365 days a year, both HWMK and MKUCS felt that it was important to spend time at the premises at varied days and times to ensure busy periods were observed.

The first visit took place between 09:30 and 12:00 on a Friday morning and the second visit took place on a Sunday evening from 18:15 to 19:30 as MKUCS advised these were usually busy times.

On arrival the Authorised Representatives (ARs) introduced themselves to the staff at the reception desk and provided them with a letter detailing the purpose of the visit. The ARs were subsequently afforded access to the public waiting area but did not enter any private consultations.

To ensure consistency in the analysis of the findings, the ARs used a set of pre-agreed questions and observation prompts (see Appendix A) specifically designed for this project. The ARs recorded the conversations and observations via hand-written notes.

The ARs approached each patient with an introduction and gained their consent to interview them. Many patients were accompanied by family members and their



comments have also been included, mostly where given on behalf of children. All participants that were approached were happy to share their experiences.

A total of 28 participants took part. Out of these 28 participants: -

- 16 were interviewed on Friday morning
- 12 were interviewed on Sunday evening ('out of hours')
- 18 were female
- 10 were male
- 7 were children accompanied by parents who spoke on their behalf



3 Summary of findings

On the basis of this visit, MKUCS was observed to be a well-run service. Overall the patient experience is positive and it is clear that the service is meeting a need within Milton Keynes for urgent and 'out of hours' treatment. We found that many people were using the service because of difficulties accessing appointments at their own GP Practices and were largely unaware of the MK Health Extra initiative that offers additional 'out of hours' GP appointments in a variety of GP practices across the city.

During the visit, the following aspects were considered:

- What brings people to the Urgent Care Centre
- Booking-in and triage process
- Appointments
- Patient expectations
- Environment

Notable positive findings

- The centre feels welcoming; it is bright, airy and décor looks tidy, clean and fresh.
- Staff are friendly and helpful, and the new triage process is efficient and well-received.
- Patient's experience of their visit to MKUCS was overall very positive.

Opportunities for improvement

- Explore ways to ensure better communication with patients by providing more explanation of the process and 'what happens next?'
- Consider ways to help patients pass the time during long waits, such as increasing the provision of digital entertainment (WiFi and TV) and introducing a dedicated, more enclosed, children's section within the waiting area.

4 Main Findings

4.1 Why Urgent Care?

We were keen to find out why people were choosing to use the Urgent Care Service and whether they had been directed or referred from other services. Of the 28 participants:

- 11 said they could not access a GP appointment
- Four were attending as a GP out of hours service
- Two were referred from Accident and Emergency (A&E)
- Two had minor injuries they did not feel warranted A&E
- Two were referred by NHS 111
- Two had been referred for aftercare regarding concerns arising after outpatient surgery

The majority of patients were there because they were having difficulty accessing an appointment with their own GP practice, or in one person's case unable to register with a GP. During the first visit, which took place during normal GP operating hours, the ARs spoke to 16 participants, 11 of which said they were there because they were unable to access a GP appointment.

“I couldn't get a GP appointment. I have a UTI and I'm going away tonight so needed an appointment today.”

“Couldn't get an appointment with my GP... been trying at 8am every day this week.”

“[GP] won't take me on as temporary, even though my parents and my son are registered there.”

Some people were utilising the NHS 111 telephone service, with five of the patients we spoke to saying they had called 111 for advice first. A few patients said they often used the Urgent Care service and referred to the convenience of being able to turn up and be seen that day.

“Called 111, they organised a doctor to call. The doctor offered me an appointment to come in.”

“It's free and I get seen today.”



4.2 Booking-in and Triage

New Triage Process

MKUCS have recently implemented changes to their booking-in process, which they hope will improve the patient experience and speed up triage.

The reception desk is now managed by Healthcare Assistants (HCAs), who carry out triage on arrival with basic observations such as pulse rate, body temperature and blood pressure being carried out before patients enter the waiting area. Partitions have also been installed at the reception desk for added privacy.

Patients' comments about the booking-in process were largely positive; six patients said they had been made to feel welcome and the majority of people we spoke to were comfortable with being triaged at the desk.

“[The new triage process is] better, quicker.”

“They asked me questions, listened to me, took my heart rate, blood pressure and temperature. Doesn't bother me.”

A few patients expressed some minor criticisms of the booking-in process:

“We were just left standing wondering if we were in the right place to queue. It took about 5 minutes - there were two staff in each station, talking to each other. Would have been nice just to be acknowledged.”

“The screens give a little bit of privacy but there are no signs to tell you where you should queue or what the triage process at the counter is about.”

Five patients had some reservation about the 'receptionists' carrying out triage, however were reassured when the ARs advised that these were HCAs. It may therefore be helpful to display explanatory signage at reception, and for HCAs to explain the triage process to all arrivals; this would reassure patients and may result in more honest and useful information being shared with triage staff from the outset.

“The screens are good, feels private. The triage was quite invasive [AR explains that reception now staffed by HCAs] Oh that's good. They need to advertise it - people don't trust receptionists to know medical stuff.”

Confidentiality

Whilst none of the participants raised any major concerns about confidentiality, one patient felt sensitive conversations could be difficult with people waiting close behind at the desk, however another patient told us they were taken to a private consulting room for triage, which suggests staff are already mindful of this. Nevertheless, it may be helpful to place floor markings in front of the desk, indicating appropriate queuing space. During observation, the ARs found they could



not easily overhear conversations taking place at reception, however those sat closest to the desk were able to hear parts of conversations.

“It’s better and more private than before. The privacy boards are an improvement. The woman was really nice - took us to a little room to have a conversation.”

“I would worry about having confidential conversations at the desk at busier times but fine this morning.”

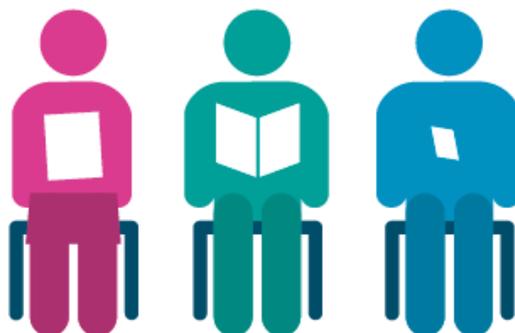
Patient Call System

Above the reception desk, which sits between two open-plan waiting areas, there is a large LED display, which beeps once to indicate which patient is next, showing the patient’s full name and room they must go to. Six of the patients we spoke to said they had been advised to watch the screen for their name and four others said they were aware of the patient call system from previous visits to Urgent Care.

Whilst the digital patient call system is beneficial, particularly when the Centre gets busy and background noise increases, not all patients were made aware of it; over one third of participants said they had not been told how they would be called and, during the visit, three participants actually missed their alert. Several patients commented that, from some areas of the waiting room, the digital display was not easily visible.

“The nurse came and said, ‘we have been calling you’. I think it would be better to have another display [indicated wall opposite their seats]. We thought that was just a welcome sign.”

It might be beneficial to install more digital signage to ensure patients can see a screen from wherever they are sitting in the waiting area.



4.3 Patients' Expectations

As patient's experiences are often relative to their individual expectations, HWMK wanted to find out what patients expected from their visit to MKUCS.

To gauge desired outcomes, each patient was asked what they hoped to get from their visit:

- More than three quarters were seeking **advice, diagnosis or reassurance**
- More than half also said they wanted **medication or treatment** such as antibiotics or painkillers

Patients were also asked whether they would be happy to see an Advanced Nurse Practitioner, instead of a GP:

- More than three quarters did not mind who they saw, provided the health professional was able to help them
- Less than a quarter said they would prefer to see a doctor

“As long as they can help me, I don't mind who it is.”

“I would be happy to see anyone who knows what they're doing.”

“If I'm honest, I would rather see a GP. My allergy is often missed by [HCAs].”

Most patients had no idea how long the expected wait time was. Of the 28 we spoke to, 21 said they were not given any indication of waiting time. Whilst most accepted they might have a long wait, 10 participants told us, unprompted, that if they could change one thing, they would like regular updates on waiting times and to be informed of who they were waiting to see.



4.4 Environment

The MKUCS management were keen to hear patients' and visitors' thoughts on the comfort and cleanliness of the premises.

- Three quarters of participants found the centre to be clean and tidy
- One quarter felt children's facilities could be improved

Surroundings

The ARs first impressions were very positive; the centre feels welcoming, it is bright, airy and décor looks tidy, clean and fresh.

There is a television mounted to the wall in the larger waiting area, showing BBC News with subtitles, when the first visit took place. Faint background music could also be heard during the first visit. However, the television was not switched on during the second visit and this was mentioned by patients.

The waiting room contains adequate seating and the majority of chairs appeared to be new; they appeared durable, washable and looked fresh. Several patients found it reassuring that most surfaces would be easy to clean, however it was specifically raised by two patients that the chairs were likely to become uncomfortable after a few hours.

The waiting room has a dedicated breastfeeding booth, within the seating area, for mothers that wish to nurse in privacy. Whilst this is useful, it feels a little bare and dark and may benefit from the addition of relevant reading material.

Facilities

Toilet facilities are situated away from the seating area, behind the reception, and were found to be clean and adequately stocked. Disposable sickness bowls were readily available throughout the centre. It was observed that baby changing facilities were advertised on the door of the female toilet but there was no changing table inside - it may therefore be useful to ensure that adequate baby changing facilities are available to families during busy times.

Refreshments

Refreshments were available via two vending machines, both of which were in working order, offering crisps, chocolate and hot drinks. A water cooler was also provided; however, cups were not visible - staff advised the ARs these could be obtained from reception, where they were kept out of children's reach for hygiene reasons. It might be helpful to place signage on the water dispenser, to this effect.



Children's Toys

Whilst there were a few children's toys provided in the waiting area, there is certainly opportunity to provide better facilities to keep children amused during lengthy waits. Indeed, when asked about comfort and cleanliness, two patients commented that there could be more for babies and children. Additionally, when asked if there was one thing they could change about the service, five people specifically mentioned they would like to see more to keep children entertained.

“Would like to see a separate enclosed space for children - not only for their safety, but it is annoying [for those who are unwell and in pain] when there is a sibling or child of the sick person running around because they are bored.”

“Very boring for children and therefore stressful for parents.”

“Better facilities for children, including WiFi.” [when asked what they would change]

Cleanliness

The overall response from patients was very positive, with three quarters of participants saying they were satisfied with the cleanliness of the premises.

“It's clean and comfortable enough. The surfaces are good for hygiene.”

“Whenever I've come, it's always been clean and tidy.”

It was mentioned by one participant that the reading material in the waiting area was not in an acceptable condition, as pages were dirty and stuck together. It may therefore, from an infection control perspective, be appropriate to ensure these are regularly replaced.

It became apparent from observation that, whilst the waiting area was clean, it quickly became less tidy as people came and went; empty cups and food packaging were left lying around despite bins being readily available. Naturally, members of the public should be responsible for disposing of their own rubbish, however it was suggested by three patients that routine checks would help maintain the standard of cleanliness.

“Could be a bit more swept up every now and again. I've been sat here over an hour and haven't seen anyone clean or tidy anything.”



4.5 Appointments

Whilst the service currently operates on a 'sit and wait' basis (with the exception of the *Dressing Clinic* and *Children's Primary Care Team*), there has been the suggestion of introducing an appointment system. Although it is not clear what such a system would look like, we felt it was important to find out how it would be received by service users.

- Nearly half were agreeable to the idea of **same-day** appointments
- Over a quarter were receptive to an appointment system but still wanted the option to sit and wait
- Five expressed concern that appointments would impact urgent access

Overall, the prospect was well-received; 12 patients said they were keen on the idea of having an appointment, provided they would still be seen the same day.

“I would prefer it. The main problem with the walk-in system is you have no idea how long you'll be.”

It was suggested that, whilst appointments would be convenient for many, eight patients told us they still wanted to be given the option to sit and wait. Whilst long waits are not ideal, it became apparent that there was a general acceptance of waiting times and many patients were ultimately willing to sit and wait to get what they needed.

“Usually easier to sit and wait, to be honest. No use moaning about it, that's the way it is.”

Understandably, there was some apprehension about the impact appointments would have on the 'urgent' aspect of the service, with several saying they would still prefer to sit and wait to be seen. Five patients expressed specific concern that Urgent Care would “end up like a GP practice” if an appointment-only system was introduced.

“If it was same day, to avoid the sitting and waiting, it would be good, but not at the expense of being able to have same-day access.”

“The appointment system at the GP is not fit for purpose. I wouldn't like to see it here.”



4.6 Additional Findings

Whilst the main objectives of the visit were to collect thoughts and experiences relating to this visit to Urgent Care, some patients we spoke to naturally wished to talk about issues they had encountered in accessing other health and social care services.

As evidenced in section 4.1, many expressed frustrations at difficulty in accessing GP appointments. We asked these patients if they had been offered an alternative appointment through the MK Health Extra scheme. None had been offered a GP Access appointment through the scheme; one person said they had asked about an appointment through the scheme but was told by GP receptionist they were full. Some were not aware of the scheme and said they would have definitely accepted such an appointment had it been offered to them.

“Service is good here. Can’t get past the receptionist [at GP].”

“Never heard of GP Access appointments - would definitely have taken one if I had been offered it!”

Due to timings, it was not possible to speak with most patients after they had been seen at Urgent Care. However, of those we were able to follow up with, comments from patients were generally positive:

“She was lovely and gave me good advice. I feel reassured. It helps to share your worries with someone.”

“It was good - I got the second opinion I was looking for.”

“Consultation was good. I was given a blood test and a prescription and advised to contact my GP in a week.”

Whilst the majority of feedback regarding staff was positive, one participant contacted HWMK by email following the visit, as she had not experienced good care during her consultation:

“I saw a female doctor, who examined me internally and was very rough with me and hurt me... I know [they are] under time constraints, but she could have been a bit gentler with me, especially with the amount of pain I am in. This would definitely be an area for improvement... a bit more compassion and gentler in the examination.”

Whilst this was an isolated complaint, it does not demonstrate acceptable standards of care and we would recommend MKUCS continue to monitor the delivery of care, to ensure every patient is treated with dignity and compassion.



5 Recommendations

Booking-in and Triage

- Ensure patients are aware they are being triaged by qualified Healthcare Assistants. Encourage staff to clarify this at the outset and consider placing explanatory signage in the entrance lobby and reception area.
- Consider placing floor markings in front of the desk, to ensure those waiting in the queue leave an appropriate amount for those being triaged.
- Ensure all patients are made aware of the patient call system and consider installing more digital signage so that screens are easily visible from all angles of the waiting area.

Patients' Expectations

- Seek ways to increase communication with patients by providing regular updates on waiting times and informing them who they will be seen by.

Environment

- Consider introducing a dedicated children's waiting area, equipped with ample toys and entertainment, such as demonstrated by the Paediatric A&E department in Milton Keynes.
- Consistently monitor the waiting area to ensure high standards of cleanliness are maintained and consider routine checks.
- Monitor the provision of infant feeding and changing facilities and make improvements where necessary.
- Consider making free WiFi available and monitor the provision of the television to ensure this is utilised fully.

Appointments

- Consider engaging with local service users, on a larger scale, to gain further insight into the need for an appointment system and shape the design of a such a service if necessary.



6 MKUCS Response

Milton Keynes Urgent Care Services invited Healthwatch to carry out this Patient Experience review following our commitment to improving the services we provide to the residents of Milton Keynes when using our services. The strategic leadership of the Organisation from our Chief Executive was that “Our Patients will see the right clinician at the right time” “ensuring that we deliver a clinically safe service with the patient at the heart at everything we do”.

MKUCS has been through a period of change with the introduction of clinical staff (HCA’S) at the main reception, starting the patient journey at the point of entry. This, in time, will develop the service we provide. In the short time that this has been operating we have already seen the number of patients who fall outside the type 3 A&E attendance target of 4 hours decrease.

We have listened to the feedback from our service users through the Healthwatch Milton Keynes review and will continue to make improvements to ensure that the population of Milton Keynes has the best possible outcome from visiting our service. In response to the findings of the review we have highlighted a number of areas below:

- Since the visit, signs have been placed in Reception and wording will be placed onto our website.
- Feedback in regard to the way in which patients can identify which area to queue has been addressed, with a barrier placed to make it easily identifiable. MKUCS are currently looking at options around floor markings to aid this further for our service users.
- All Staff have been asked to ensure that they communicated with patients in regards to the way in which we call a patient through to a consultation room, they will ensure that the patient notice board is pointed out, staff are also being encouraged to come to the waiting room to collect service users and walking them to the room.
- A notice is placed on reception to update our service users of the waiting times. We will look at other options to make this more visible, although an electronic option is currently outside of the budget for 2019/20.
- Patient access to WIFI is available, although due to the high demand on occasions this can become slower for users. Options will be looked at during



the 2019/20 financial year to improve the overall availability for our service users.

- Some toys and reading material is provided within the waiting room area, we also provide a TV in the large area for our service users, and we will look at an option to have a second TV in the smaller area showing children's programs.
- Baby changing equipment was removed in all toilets by the Estates Department. MKUCS replaced one and will look to replace the others in the coming months.
- Whilst we would ideally like to have a completely separate area for children waiting, this is not possible due to the configuration of the waiting room area. We have separated this as best we can within the limitations, we will try to establish the two areas with better definition so that older patients can wait without too many children close by. The breastfeeding area is provided, and we have found that we are unique in providing this for our service users. We will look to improve the ambiance within this area to make it more user friendly.
- MKUCS has been offering appointments within the OOH Service for 2 years. These are directly booked via the 111 service when clinically appropriate. Further appointments have been provided during the normal working day allowing those patients who cannot gain an appointment at their local surgery, we also now have the ability to offer patients appointments within the extended GP access service at the weekend - these are booked via the GP working via our Telephone triage service and allows our service users to have an appointment closer to home.

We would like to thank Healthwatch Milton Keynes for carrying out this review and look forward to welcoming them back in the future to demonstrate the improvements that we will make.



7 Appendix A

Prompts for semi-structured interviews with service users

Name:

Age:

Why have you come to UCS today? (no GP / triaged from A&E / NHS 111)

How did you find the ‘booking in’ process?

(Did you feel welcomed? Triaged? Were you comfortable with how triage was handled?)

Were you told what the wait time was likely to be? Do you know about patient calling system/monitor?

What do you hope to get from today’s visit? (Meds / advice / referral)

Would you be happy to see an Advanced Nurse Practitioner / healthcare professional, as opposed to a GP?

How would you feel about an appointments system? (Same day? Come back later? Prefer to wait?)

If there was one thing you could change about this service, what would it be?

Are you happy to catch up with me on the way out or for us to call you about the outcome? (How was consultation? Were things explained well? Next steps)

Comments on comfort / cleanliness:



Observations to consider:

- Are surroundings comfortable? Clean?
- Are staff attentive to those in waiting area?
- Does the centre appear well organised?
- Are toilet facilities clean?
- Can you hear confidential triage conversations?

