Urgent Care Centre –

Review of Urgent Health Care Provision in Hounslow

By

Healthwatch Hounslow

February 2017

Table of Contents

Executive summary

This is a review of the services provided to patients using the Urgent Care Centre (UCC) in Hounslow based in the West Middlesex University Hospital (or WMUH). The WMUH serves a local population of around 400,000 people in the London boroughs of Hounslow and Richmond on Thames and neighbouring areas.

"Urgent Care Centres", according to the website of the Hounslow Clinical Commissioning Group (or CCG) "are an alternative to A&E [Accident & Emergency]. They are centres that treat minor injuries and illness that require urgent treatment that cannot be seen by your registered GP..." The Hounslow UCC operates every day of the year and is open 24 hours a day. As mentioned in the CQC inspection report (September 2016), "it treats about 6,500 patients each month".

The review aims to examine the provision of services and care provided by the UCC. It interviews a cross section of UCC staff and management, GPs, and UCC users/carers.

We have aimed to ascertain the following:

- Whether the UCC caters to the needs of service users in a way that is both easy to access and safe for them.
- Whether the needs of patients from diverse, hard to reach ethnic minority language groups and those with a need for BSL, visual impairments or special needs, are being realised by the service and the staff.
- Whether there are any gaps or barriers to accessing the service or the information to the service. Also, to check whether any improvements need to be made in information resources about the UCC and how the information is being disseminated so as to increase public understanding, remove barriers, and cater for diverse and underrepresented groups.
- The main health conditions with which patients tend to report at the UCC and if these are appropriate for the UCC to attend to.
- Whether there is effective and timely communication between clinicians in the UCC and GPs, such as after discharge from the UCC, to ensure onward patient care/management.
- The mechanism that UCC has in place to capture patient/user views and experiences.

To complete the above, we did the following:

- Obtained responses from UCC staff
- Obtained responses to our questionnaire from 100 UCC patients/users
- Obtained feedback from six local GPs practicing in the community
- Identified relevant UCC patient pathways and referral routes
- Reviewed information from the community about UCC services
- Ascertained how the UCC manages serious incidents (SIs)
- Looked at some important KPIs to check the UCC's performance against them
- Examined how the UCC engages with patients/users when the latter give them online feedback

We developed three questionnaires: one for nurses, doctors, and other health professionals working within the UCC; one for UCC users/patients or their carers; and one for GPs in the community. We obtained feedback from 11 members of UCC staff, 100 users of UCC services, and six GPs in the local community. In addition, one UCC GP was also interviewed on a 1:1 basis about UCC services.

Some conclusions evident from UCC staff responses include 56% of these respondents saying that patients were generally well-informed about UCC services. 45% expressed their satisfaction with the UCC referral pathway; however, this 45%, as well as those who neither said say yes or no (36%), provided comments which indicate that they are not happy with the way their referrals are working at present. 64% admitted to the existence of barriers that prevent the optimum level of care/services to patients and 73% of UCC staff said they would like to change/improve UCC services.

Responses from GPs in the local community include some saying that they had no information about the UCC nor had they been in the habit of informing their patients about UCC services. However, most GPs said that they informed patients in a variety of ways and 67% said they were familiar with the UCC referral pathways. 66% said they were satisfied with the waiting time and 83% said they would recommend its services.

Conclusions evident from UCC patient/user responses include 91% of respondents saying they found it easy to access the UCC. 48% said they were dissatisfied with their waiting time for UCC services but 92% expressed satisfaction with the level of attention and care provided. 63% said they liked various things about the UCC although 76% said that they would like to change certain bits in UCC services. However, 84% said they were generally happy with the UCC and would recommend it to family and friends.

Based on our findings, we would recommend that patients are made aware of the distinction between urgent and non-urgent health conditions and that, with the support of GPs, patients are provided with basic health and self-care information. This will help to reduce patient numbers. Better signage within the UCC would help to create clarity for patients about the process and also the waiting times. We would recommend an improvement in communication between UCC staff and patients. Furthermore, WMUH needs to ensure that it has adequate parking spaces for patients at all times.

It is necessary to remove barriers in UCC referral pathways faced by UCC staff, and to increase understanding of UCC referral pathways among GPs in the community. There is a need for vigilance to consistently ensure that the UCC has optimum capacity to cope with the volume of work and to safeguard patient safety and interests at all times. Moreover, adequate training needs to be given in people skills for all UCC frontline staff. Following on from the feedback, staff/management inter-relations need to be looked into. Finally, it is important that public amenities are well maintained.

Following the review of UCC information available to the community, one of our key concerns is that, despite the leaflet being produced well, only the English version of the leaflet seems to have been printed. It is also the only language in which the leaflet is readily available. This is something that we would recommend reviewing.

Despite any concerns that we may have, it is commendable that the UCC still functions every day of the year and meets patients' urgent needs to acceptable standards, within agreed timelines and in a safe environment. Ensconced in its newly refurbished premises the UCC seems to be set in the right direction and we trust that our review and our recommendations will serve a positive purpose.

Acknowledgements

On behalf of Healthwatch Hounslow (HWH) I would like to thank staff of the Urgent Care Centre (UCC) West Middlesex University Hospital in Hounslow. Wendy Martin, UCC, Senior Services Manager helped in a number of ways. Wendy arranged a meeting at the UCC for our research team to be introduced to Greenbrook Chief Executive Michael Steel as well as senior UCC staff – UCC Lead GP, Dr Nitish Saini and UCC Lead Nurse, Michelle St Paul. Besides taking us on a tour of the UCC premises to explain how it is run and what changes were then being introduced to improve its services, Wendy also supplied me with additional material about the Service managed by her. When we wanted to know more about the UCC's position *vis a vis* Serious Incidents (or SIs), Wendy arranged a special presentation for us titled: *Serious Incidents: Investigations, Themes, Lessons Learnt* by Greenbrook's Medical Director Dr Sally Johnson. Wendy also willingly answered all my questions regarding the UCC promptly and fully. The direct access she provided me to Dr Farah Noorani, a GP working for the UCC, proved invaluable. I found talking to Dr Farah Noorani not only a pleasure, but also an enlightening experience.

Outside the UCC, I was helped by some local Practice Managers and GPs. Among Practice Managers, I wish to specially mention Vijay Jambulingam, Saira Juma and Sheila Hunt; and among GPs who responded, I must thank Dr Tal Mahmud, FirstCare Practice, Dr Nicola Burbidge, Chiswick and Dr Suni Perera, Crosslands Surgery. Jackie Hunt, Manager, Urgent Care and Rehabilitation (Hounslow) Hounslow and Richmond Community Healthcare NHS Trust also helped by clarifying that although the UCC and the Integrated Community Response Service (or ICRS) had few patients in common, their "interface was more because some of the GPs who work in ICRS also work in [the] UCC …"

Within the HWH team, I am grateful to my research assistant Sangnuma Rai for obtaining feedback from a number of local patients, Mystica Burridge, Engagement & Volunteers Manager for arranging for some valuable UCC user feedback through her team of volunteers and to Namrata Pandey, Corporate Services Officer for help with adding pictorial material and finalising the diagrams and tables used in this report.

Finally, I am thankful to our Chief Officer, Tim Spilsbury for his ongoing guidance, support and useful insights.

Dr Kusum Joshi

Research Manager
Healthwatch Hounslow

HEALTHWATCH REVIEW OF THE HOUNSLOW URGENT CARE CENTRE, WEST MIDDLESEX UNIVERSITY HOSPITAL

Introduction

This is a review of the services provided to patients using the Urgent Care Centre in Hounslow based in the West Middlesex University Hospital (or WMUH). The WMUH serves a local population of around 400,000 people in the London boroughs of Hounslow and Richmond on Thames and neighbouring areas.

The West Middlesex University Hospital is part of the Chelsea and Westminster (Chelwest) Hospital National Health Service (NHS) Foundation Trust which runs the Hospital. It registered with the Care Quality Commission (CQC) on 2nd September 2015 to provide hospital services to everyone in the London Borough of Hounslow and its services are reviewed by the CQC as part of its new approach to hospital inspection. According to the Senior Service Manager, Hounslow UCC services are "provided by Hounslow and Richmond Community Healthcare (HRCH) NHS Trust and Greenbrook[1]; with Chelwest simply being their "landlords", with whom the UCC has a "good day to day working together practice".

Background

As described in an English leaflet produced by the Hounslow and Richmond Community Healthcare NHS Trust, the "Hounslow Urgent Care Centre is located next to the main entrance of West Middlesex Hospital. The centre is staffed by experienced GPs and nurses, healthcare assistants and other healthcare practitioners. The centre is open 24 hours a day, 365 days a year and treats minor injuries and illnesses that require urgent and immediate treatment.

You will be assessed and treated in order of the priority of your condition. This is an urgent care service and should only be used if you require urgent medical attention and cannot be seen by your registered GP. If your condition is not urgent and immediate, you will be referred back to your GP.

We will help you make an appointment. If you are seriously ill, you will be referred to the Emergency Department which is next to the Urgent Care Centre."

What is an urgent care centre?

"Urgent Care Centres", according to the website of the Hounslow Clinical Commissioning Group (or CCG) "are an alternative to A&E [Accident & Emergency]. As mentioned in the CQC inspection report (September 2016), "it treats about 6,500 patients each month. One third of the patients are children

[1] Greenbrook Care is a private concern (For more information, see footnote 4).

56% of the children are under 2 years old, and 8% are over 61 years. The service is staffed by qualified GPs, emergency nurses and health practitioners (Emergency Nurse Practitioners (ENPs), Emergency Care Practitioners (ECPs) and Healthcare Assistants (HCAs)."[2]

Besides being highly qualified health professionals, UCC GPs, nurses, and others are reported to be engaged in continuous professional development (CPD) through in-house as well as external training so that their skills base is of a high order and kept updated. According to UCC management staff, clinical staff oversee serious incidents, examine them critically on a regular basis, learn lessons, and make sure that summaries of these are disseminated to staff at all levels so that a process of continuous learning is kept in motion. [3]

The UCC service, according to the CCG, are not for non-urgent health conditions. It is for patients who are in need of urgent medical attention and cannot be seen by their registered GP. Among the minor injuries and illnesses requiring urgent treatment that the CCG expects the UCC to treat are:

- minor illnesses;
- cuts and grazes;
- minor scalds and burns;
- strains and sprains;
- bites and stings;
- minor head injuries;
- ear and throat infections;
- minor skin infections /rashes;
- minor eye conditions /infections;
- stomach pains; and
- suspected fractures.

The patient journey at the UCC

It was Greenbrook Healthcare, the company subcontracted[4] to manage the UCC, that in the course of a meeting specially arranged between some Greenbrook senior management and UCC staff and Healthwatch Hounslow, explained to us the journey that patients attending the UCC must normally go through each time they visit the UCC at WMUH.

As explained and shown to us in early January 2017 it became clear to us that, being a walk-in centre, anyone in Hounslow can simply step into the open door of the UCC at any time of the day or night without any prior notice, call, pre-booking or referral. [5] Upon entering the portal, we could see

[2] Urgent care services Quality Report, Hounslow and Richmond Community Healthcare NHS Trust, Care Quality Commission, September 2016.

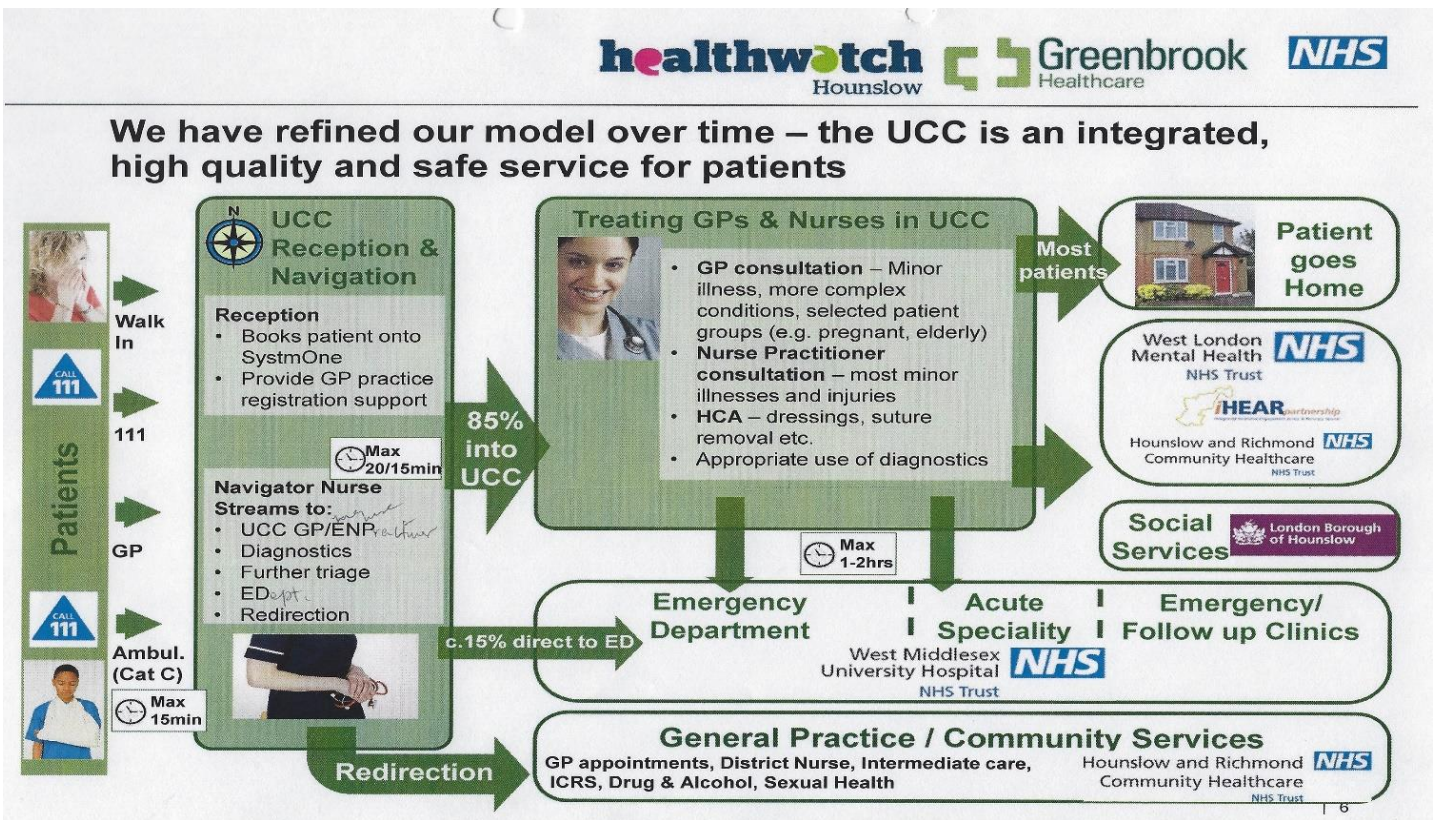
[3] This was corroborated by some UCC staff.

[4] According to documents supplied by Greenbrook Healthcare, the Hounslow and Richmond Community Healthcare (HRCH) NHS Trust, the lead contractor holding the contract, has overall responsibility for the Hounslow CCG and employs the UCC's nurse and admin team. The day-to-day management is run by Greenbrook Healthcare, a private concern with a primary care approach. In addition, it is also the clinical governance lead, provides the senior management team including the service manager, and also employs the UCC's team of doctors. The UCC's integration with community services is provided by the HRCH.

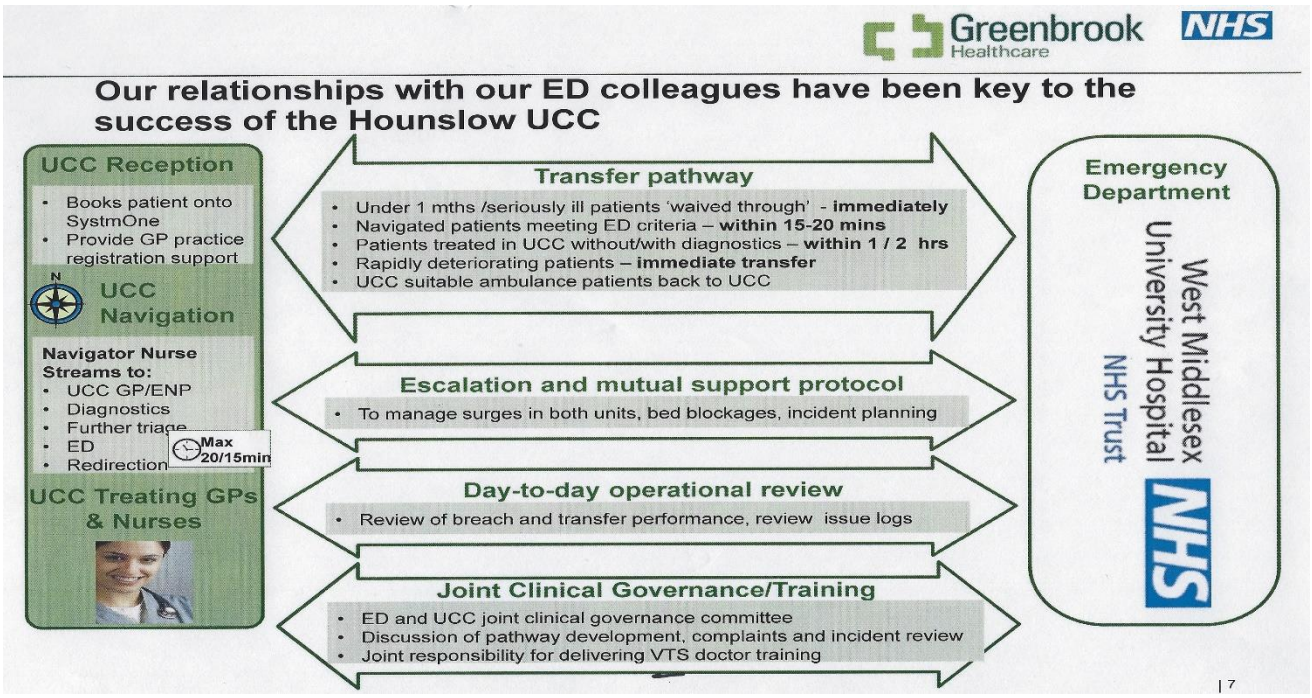
[5] Of course, it is possible that some patients might have been advised to go to the UCC by their GP or receptionist in their GP's surgery, been brought to the UCC in an ambulance or

that patients queue up and are expected to be triaged or assessed usually within a maximum wait of 15-20 minutes. This is carried out by a qualified trained nurse who, besides ascertaining facts from the patient/carer, will also observe the patient and make a quick assessment of the level of their urgency or condition. The patient will then be provided with treatment in order of the priority of the nurse's assessment of their condition. What generally happens after the initial queuing and check is as follows:

If a patient's condition is urgent and requires immediate attention, they will be seen by an appropriate clinician in the UCC such as a GP, an emergency nurse practitioner (ENP) or a health care assistant (HCA). If someone's condition is urgent but they can safely be kept waiting for a limited time, the UCC could appropriately place them a little lower down on the UCC's waiting list of patients so that some other more seriously unwell or vulnerable patient/s can be attended to by UCC staff on a more urgent basis.

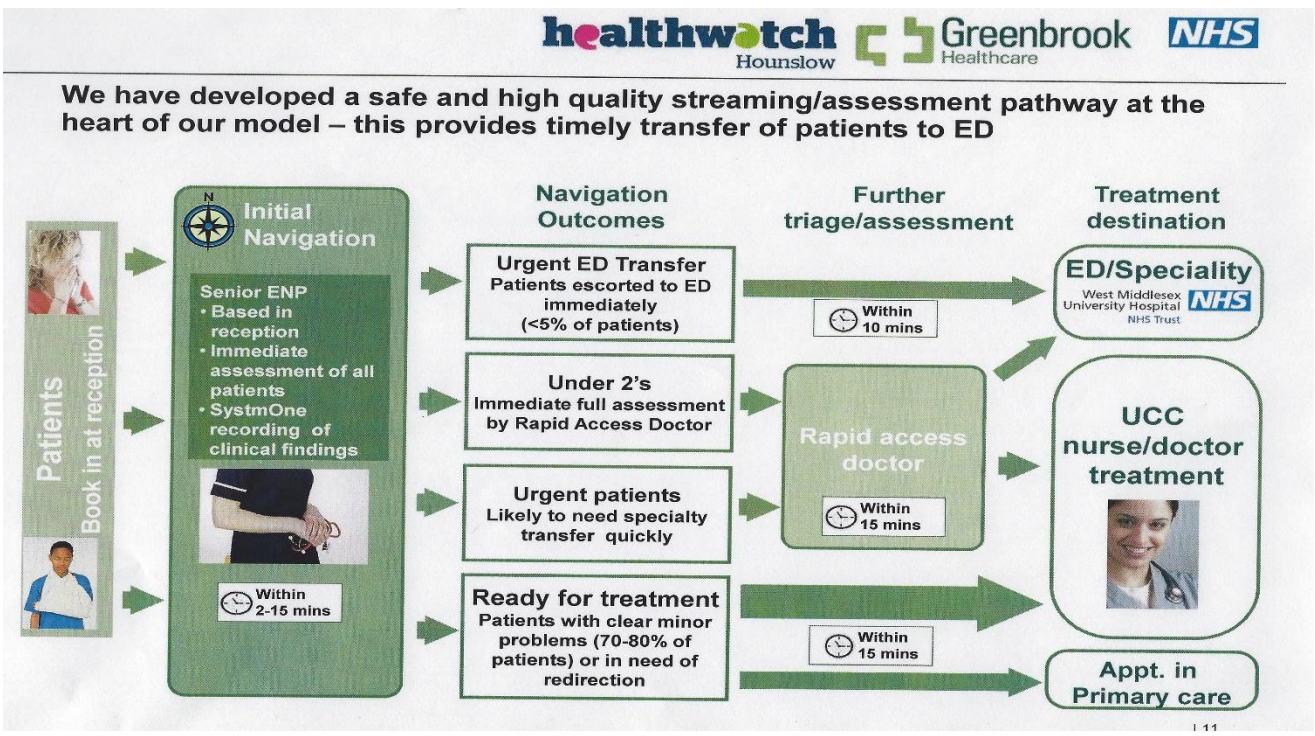


been redirected to the UCC by staff in the hospital's A&E department.



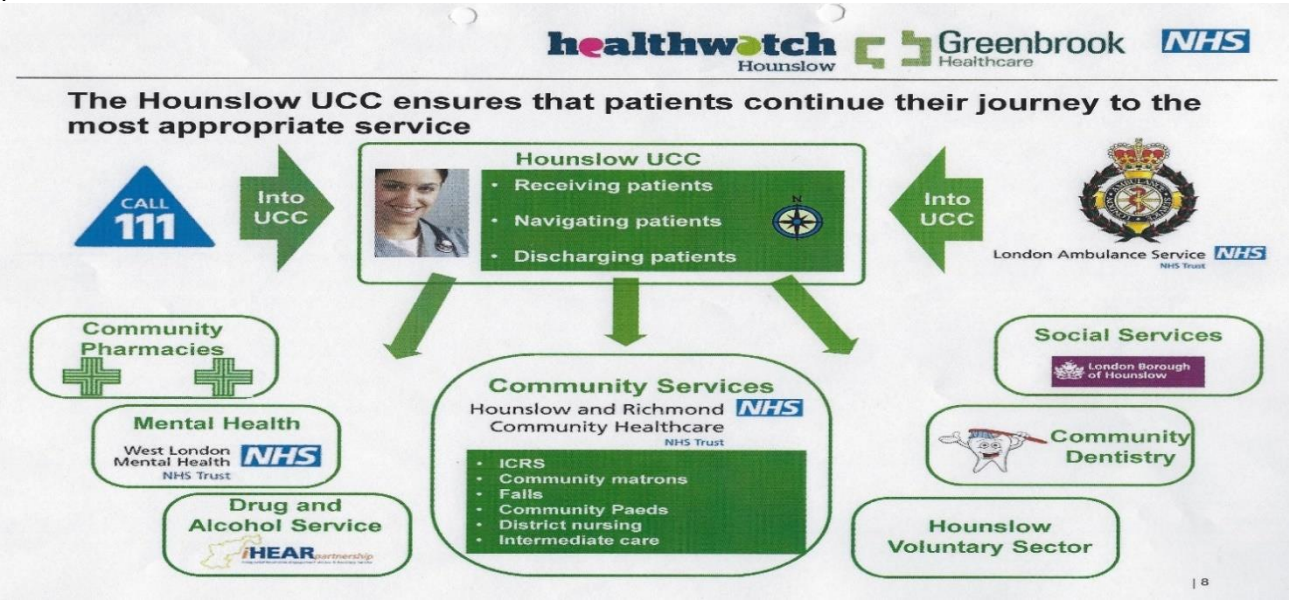
The UCC is expected to make sure all patients are seen by a UCC clinician within a maximum waiting time of four hours from their arrival at the UCC.

If a patient's condition is judged to be non-urgent, they will be seen elsewhere by an appropriate service provider. According to their condition, they could either be helped with getting an appointment to be seen by their own GP or be referred to their local pharmacist or another community-based service provider. In a conversation regarding referrals, Jacki Hunt, Manager at the Integrated Community Response Service (ICRS), HRCH, for example, pointed out that even though the ICRS "actually have very few patients in common with the UCC (as they are usually not sufficiently complex or at risk) … they can [however] refer to us."



If seriously ill, they will be referred to the Emergency Department (ED) located within WMUH in close proximity to the UCC.

UCC management staff emphasised that they are well-linked with the community and voluntary sector through the HRCH so as to promote patient interests and wellbeing. UCC management staff presented us with the chart below to illustrate their work.



Another area of the work of the UCC is that carried out by staff known as **Patient Champion's**. One of the patient champion's main tasks is to work with those UCC users who they find to be unregistered with any GP.[6] This is seen as a highly effective way to simultaneously improve patient wellbeing and reduce the number of patients who tend to come to the UCC simply because they do not have any other place to go to. The chart below illustrates this work.

[6] We were informed from various sources that a number of East Europeans who were young and often temporary residents, did not consider it important to be registered with any local GP. Some Sri Lankan workers also were not registered with a GP. Others who sometimes visit the UCC were foreign visitors to the UK who might suddenly be taken ill and have to report to the UCC for health advice or medication.

Our objectives

The review aims to examine the provision of services and care provided by the UCC by interviewing a cross section of UCC staff and management, GPs in the community, and UCC users/carers.

We have aimed to ascertain the following:

- Whether the UCC caters to the needs of service users in a way that is both easy to access and safe for them.
- Whether the needs of patients from diverse, hard to reach ethnic minority language groups and those with a need for BSL, visual impairments or special needs, are being realised by the service and the staff.
- Whether there are any gaps or barriers to accessing the service or the information to the service. Also, to check whether any improvements need to be made in information resources about the UCC and how the information is being disseminated so as to increase public understanding, remove barriers, and cater for diverse and underrepresented groups.
- The main health conditions with which patients tend to report at the UCC and if these are appropriate for the UCC to attend to.
- Whether there is effective and timely communication between clinicians in the UCC and GPs, such as after discharge from the UCC, to ensure onward patient care/management.
- The mechanism the UCC has in place to capture patient/user views and experiences.

Scope of our review

To complete the above, we did the following:

- Obtained responses from UCC staff, namely a cross section of UCC nurses, doctors, and other health professionals working within the UCC. We also interviewed some of them.
- Obtained responses to our questionnaire from 100 UCC patients/users
- Obtained feedback from six local GPs practicing in the community
- Identified relevant UCC patient pathways and referral routes
- Reviewed information for the community about UCC services
- Ascertained how the UCC manages serious incidents (SIs)
- Looked at some important KPIs to check the UCC's performance against them
- Examined how the UCC engages with patients/users when the latter give them online feedback.

Our main tools

We developed **three** questionnaires for the following groups of professionals and patients:

- One for nurses, doctors, and other health professionals working within the UCC;
- One for UCC users/patients or their carers; and
- One for GPs in the community.

Our respondents and responses

We obtained feedback from 11 members of UCC staff, 100 users of UCC services, and six GPs in the local community. In addition, one UCC GP was also interviewed on a 1:1 basis about UCC services.

Breakdown of respondents in our review

1. Members of UCC staff via a staff questionnaire	11
2. GPs in the local community via a GP questionnaire	6
3. Patients/users of UCC services via a patient/user questionnaire at the UCC	100

The responses received to each of our questionnaires from the groups mentioned above are presented below separately:

Questionnaire for UCC staff and a summary of their responses

A summary of our questions and a breakdown of the total responses received to the eight questions posed in our questionnaire, are given below:

QUESTIONS	YES	NO / DID NOT ANSWER (DNA)	ANY OTHER OBSERVATIONS
1. Are patients generally well-informed about the services available at the UCC?	55%	No: 36%	Yes & No: 9%
2. What are the most common health conditions treated at the UCC?			UCC staff said that patients reported to the UCC with a wide range of health conditions for treatment. For details, please see the section below.

3. Are members from certain age/ethnic/ linguistic groups or people with specific health conditions more prominent in making use of the UCC?	82%	No: 18%	A number of local groups were listed as being predominant among those coming to the UCC by various staff members. For details, please see the section below.
4. Are you satisfied with the UCC's: **4 a.** Referral pathway?	45%	No: 18% DNA: 36%	**Referral pathway:** In spite of saying that they were satisfied with the UCC's referral pathway, the majority of our respondents made comments and pointed out practical issues that revealed their criticism of the pathway. For details, please see the section below.
4 b. Number of patients seen?	64%	No: 18% DNA: 18% .	All UCC staff respondents who were dissatisfied with patient numbers as well as about half of those who said they were satisfied with the numbers revealed that, according to them, UCC patient numbers were growing steadily. For details see the comments below.
4 c. UCC capacity to safeguard patients?	64%	No: 36%	All those not fully satisfied with UCC's safeguarding capacity made some significant statements. For details please see the section below.
4 d. Any barriers that prevent the optimum level of care/services to patients?	64%	No: 18% DNA: 18%	Various barriers mentioned by UCC staff are referred to in the section below.

5. How does the UCC communicate with those with special needs or hard to reach/newly emerging groups whose first language isn't English?			A number of methods of communication were mentioned by various members of staff. For more information, please see the section below.
6. What do you like best about the UCC?			Staff members, both clinical and nursing, expressed mutual appreciation for each other. Surprisingly, they did not seem to have apportioned any share of their approbation to the management staff.
7. Is there anything in UCC services that you would like to change or improve?	73%	No: 9% DNA: 18%	UCC staff mentioned the need to introduce a number of changes or improvements. These have been discussed in the section below.
8. What is your biggest challenge?			Various insightful answers were given by UCC staff and these have been analysed in the section below.

Conclusions evident from UCC staff responses

UCC staff responses reveal the following:

Q.1 Patient information about the UCC:
The majority (56%) of our UCC staff respondents said that patients were generally well-informed about UCC services, 36% said they were not well-informed, and a small minority (9%) said both "Yes" and "No" thereby indicating that according to them patients only possessed partial information about the UCC.

Q.2 Most common health conditions being reported and treated at the UCC
Staff listed a wide range of health conditions with which patients reported to the UCC and to which they attended. They included the following: minor ailments or illnesses, fever, vomiting, diarrhoea, viral infections, asthma problems, cuts, lacerations, patients needing a change of the dressing of their wounds that aren't being done at their local GP surgeries.

Q.3 Regarding predominance of some ethnic, linguistic, age or health specific groups at the UCC
The great majority (82%) of UCC staff felt that some local groups tended to turn up at the UCC more than others. Only 18% said that this was not the case.

Predominant groups that were listed were reflective of the local population and included the following: black and minority ethnic communities (or BMEs), Indians, Asians, Somalis, and East Europeans (Polish) many of whom are not registered with any GP. People from diverse age groups were also mentioned.

Q.4 a. UCC staff satisfaction/dissatisfaction with the referral pathway

A majority (45%) of UCC staff expressed their satisfaction with the UCC referral pathway with only 36% neither saying Yes or No and 18% saying they were dissatisfied with the UCC's referral pathway.

It must, however, be added that 45% of our UCC staff respondents who admitted being satisfied with the referral pathway, as well as those who neither said say yes or no (i.e. another 36%) – whose total adds up to 82% of UCC staff - provided comments which indicate that they are not happy with the way their referrals are working at present. All such negative UCC staff comments are listed below:

- "GPs must learn the correct pathway for referrals;"
- "Plastic referrals[7] are a nightmare";
- "Too many plastics and dressings";
- "Referring patients takes a long time –up to 1 hour";
- "[There is] difficulty in referring to ED sometimes"[8];
- "External referrals can be difficult";
- "[There are] difficulties in referring to specialities";
- "Straightforward referrals are no problem but they are when there are delays in answering beeps/pages/or refusals to take referrals from Emergency Nurse Practitioners (ENPs)".

From the above, it is sufficiently clear that the vast majority of UCC staff, though perhaps not openly opposed to UCC referral pathways, is far from fully satisfied with the present state of affairs. Clearly, there seems to be scope for creating better understanding between professionals and for processes to be developed and/or smoothed out so as to hasten and facilitate safe, timely, and convenient onward referrals of UCC patients in the time ahead.

Q.4 b. UCC staff satisfaction/dissatisfaction with the number of patients seen

A high majority (64%) of UCC staff respondents said they were satisfied with the number or level of patients seen at the UCC, with only 18% saying they were not satisfied and another 18% not replying to the question.

However, it is significant to add that firstly, all those who said they were unhappy with the patient numbers seen at the UCC also mentioned that the number of UCC patients was too high. "There's too much pressure", said one and "It is ridiculous…" remarked another. Even within the 43% of UCC

[7] 'Plastics' is the term used for Plastic Surgeons based at Chelsea and Westminster Hospital who are reported to be notoriously difficult to get hold of (due to them running a very busy tertiary referral trauma service for all 'Plastics' - related cases across North West London). Their managers are now trying to set up an electronic referral service. West Mid has a surgery service—including a Surgical Assessment Unit, an Emergency Surgical Ambulatory Care service and fast access surgical outpatient clinic—providing patients needing general and urological surgery with quicker assessment, treatment and a better overall hospital experience. These new services, based on West Mid's Richmond Ward, mean that clinicians in A&E and the Urgent Care Centre—as well as GPs—will be able to directly send patients to the Surgical Assessment Unit for immediate assessment, which will reduce the amount of time they wait to be assessed by a surgeon.

[8] The staff was not unanimous on this point. A doctor, for instance, said that the UCC had an "ancient" and a generally smooth working relationship with the ED with tensions sometimes arising only if patients were referred to the ED after a rather long wait at the UCC.

staff respondents who said they were satisfied, all went on to stress that patient numbers were going up. The statements made by two of them are quoted below to further emphasise the important point regarding the high and rising number of UCC patients:

"The UCC has seen a very high continuous in flow of patients on a daily basis"; and

"High influx of patients daily."

Q.4 c. UCC staff satisfaction/dissatisfaction regarding UCC capacity to safeguard patients
The majority of staff (64%) said they were satisfied with the UCC's capacity to safeguard patients and a small minority (36%) said they weren't.

Nevertheless, those who said they were not satisfied made some telling comments that indicate that caution and vigilance are needed and that some safeguarding issues might need to be addressed before any real problems emerge. They are, therefore, being included below to provide useful insights:

"No, it can be very intense and people can wait for an unacceptable amount of time to be triaged."

"Adult safeguarding is a problem when patients have to be referred to ED."

"Due to a large number of patients [we're] unable to provide a safe eyeball system. Can have waits up to 40 minutes to book in."

Q.4 d. Any barriers that prevent the optimum level of care/services to patients
Among our respondents, a fairly big majority of 64% admitted to the existence of such barriers with only 18% saying there weren't any and another 18% not replying to this question.
Again, all those who felt there were barriers listed a number of them which we are presenting below to illustrate their significance. They included the following:

- Patient numbers and capacity;
- Very difficult to triage patients safely in the current environment;
- Physical (glass barrier + ineffective equipment) and volume of patients;
- Difficult referrals to specialities;
- The barrier is no specific guidelines whether its eyeball or triaging;
- Staffing on evenings at peaks;
- Language barriers if no translators;
- Too many non-urgent cases: dressings, changes, colds, fevers.

Q.5 How does the UCC communicate with those with special needs or hard to reach/ newly emerging groups whose first language isn't English?
About 36% of staff said they made use of the professional services offered by Language Line and another 36% said they used Google translate for overcoming communication barriers between them and their patients.

About 18% also said they resorted to taking help from their UCC colleagues or relatives of their patients. Makaton[9] (9%) was also mentioned as a useful communication tool where appropriate.

[9] Makaton is a language programme that uses signs and symbols to help people communicate. It is designed to support spoken language and signs and symbols are used with speech, in spoken word order.
With Makaton, children and adults are able to communicate straight away using signs and symbols.

This indicates that there is awareness of language barriers and that attempts, some appropriate and some not that appropriate, are made to overcome them.

Q.6 What do you like best about the UCC?

The unanimity of staff responses to this question clearly conveys that there is camaraderie between various UCC members of staff and that they have a strong team spirit. For instance, when asked what they like best about the UCC, a common thread of mutual appreciation could be seen running through almost all their answers. Thus, besides mentioning factors such as the opportunity for doing a variety of the work, almost all their responses (which are listed below) reflect this positive energy or spirit:

- The clinical staff
- The nursing team;
- Team working;
- Work colleagues
- Team work and staff;
- Clinical staff working together as a team;
- Team working;
- All staff except management.

Incidentally, the last comment suggests some kind of gap between UCC staff and management.

Q.7 Is there anything in UCC services that you would like to change or improve?

A large majority (73%) of UCC staff said they would like to change/improve UCC services, a small minority of 18% did not reply, and only 9% of respondents said they would not like to make any change/improvement.

The alterations/improvements mentioned by those desiring change are significant and point out important areas for action. They, therefore, deserve to be highlighted and are listed below:

- The need to increase staff (both doctors and nurses), especially during evenings and night time;
- The need for patient education on minor illnesses or conditions[10];
- Many cultural groups lack basic understanding of simple self-help methods;
- The need to reduce staff turnover;
- Dressing changes- [they] take up too much of staff time that can be freed up to provide urgent care[11]; and
- The need for consideration of UCC staff and more appreciation of their hard work.

Q.8 What is your biggest challenge?

As evident from UCC staff responses to many of the other questions we asked them in our survey, responses to this question brought forth insightful answers and included the following:

[10] A UCC staff member mentioned how some parents sometimes tend to misuse UCC by turning up there repeatedly for very minor matters because they know that children receive priority treatment from UCC staff. This is most inappropriate and needs to be corrected through patient education.

[11] A UCC doctor pointed out that a sudden rise of pain or a problem connected to a wound would be an appropriate use of the UCC. However, routine wound management is clearly a waste of precious UCC clinical time and is best attended to in the community.

"Patient rudeness and patient expectations that **all their symptoms are emergencies despite ongoing for over a month**! Currently it's difficult to work in a building site. We have [fewer] cubicles and [need more] capacity"[12]

- "Extra work at night"
- "Streaming safely"
- "Coping safely with volume of work"
- "Low staffing –nurses and GPs in the evenings"[13]
- "Turnover of Management Staff – 5 changes in 5 years!"
- "Staff shortfall and problem of staff retention"
- "Preventing hospital admissions as [we're] aware [there are] no beds"

The statements above highlight practical concerns and issues that might need looking into. They also clearly point out some important areas for patient education.

Questionnaire for GPs in the local community and a summary of their responses

A summary of our questions for local GPs and a breakdown of responses received, are given below:

QUESTIONS	YES	NO	ANY OTHER OBSERVATIONS
1. How do you inform patients about the UCC and how to access it?			Most GPs said they informed their patients in diverse ways, but a small number said they neither had UCC information nor informed/encouraged their patients to go to the UCC.
2. Are you familiar and happy with the referral pathway followed by the UCC for your patients?	66%	17%	Not sure:17%
3. Are you satisfied with the UCC's: **a** - Waiting time; **b** - Professional attention, diagnosis, advice and treatment given to patients; **c** - The level and promptness of patient information sent to GP practice's by the UCC.	 66% 66% 83%	 34% 34% 17%	
4. What do you like best about the UCC?			GPs mentioned various points. For details see the section below.
5. Is there anything in UCC services you'd like to change or improve?			GPs gave various suggestions for which see the next section.
6. Would you recommend the UCC? Please explain your reason why.	83%	17%	GPs made various recommendations. Please see the details below.

[12] The situation has now changed as the construction work referred to here is now over. In late January 2017, a new and refurbished UCC with improved privacy for patients and separate facilities for children was inaugurated in Hounslow's WMUH.

[13] According to UCC management, they are fully aware that surges can occur due to a rise in the number of patients and can manage to arrange extra staff whenever such situations arise. A UCC staff member said that clinical staff leads on duty can indicate need and consequently extra staff can be summoned with some staff on duty being requested, if required, to work a bit longer so that patients can be handled safely with UCC timelines.

Conclusions evident from responses from GPs in the local community

Responses of GPs to our questionnaire revealed the following:

Q.1 How do you inform your patients about the UCC?
Some GPs said they had no information about the UCC nor had they been in the habit of informing their patients about UCC services; a few even declared they did not encourage their patients to use UCC services. However, most GPs said they informed their patients in a variety of ways which included the following:

- Posters
- TV screens in their practice's waiting area for patients; and through
- Verbal communication.

Q.2 Are you familiar and happy with the referral pathways of the UCC?
The majority (67%) of our GP respondents said they were familiar with the UCC referral pathways. Of the remaining GPs one half said they weren't sure of the pathways and an equal number said they did not know.

Q.3 a. GP satisfaction/dissatisfaction with the UCC's waiting time for their patients
Most of our GP respondents (66%) said they were satisfied with the UCC's waiting time for patients with a much smaller number (34%) saying they were dissatisfied with it.

Q.3 b. GP satisfaction/dissatisfaction with the UCC's professional attention, diagnosis, advice, and treatment given to their patients
As regards waiting time, once again most of our GP respondents (66%) said they were satisfied with the UCC's professionalism and services provided to their patients with only a small number (34%) saying they were dissatisfied with its services.

Q.3 c. GP satisfaction/dissatisfaction with the level and promptness of patient information sent to their practice by the UCC.
Even more GP respondents (83%) expressed satisfaction with the UCC's information and promptness about the patients seen by them at the UCC. Only 17% said they were not satisfied with this aspect of the UCC's services.

Q.4 What do you like best about the UCC?
In response to this, GPs mentioned some positive features about the UCC; the main features among them being the following:

- Patients have a place to go to when GPs aren't there;
- They see everyone;
- Patients can go to the UCC in an emergency:
- UCC is close to A&E, if needed.

Q.5 Is there anything in UCC services you'd like to change or improve?
Some GPs who responded to our questionnaire made some extremely useful suggestions or recommendations for bringing about change/improvements to the UCC. Two of the more significant ones were:

- The UCC should discourage patients from attending with something that is not urgent whenever possible; and the UCC and GPs should work together to promote the common message that:

UCC = urgent; and better signage should be introduced within the UCC especially for those with sensory impairment (and other disabilities).

Others included:

- The UCC shouldn't prescribe antibiotics for dental problems, sore throats etc.
- The UCC shouldn't tell our patients to go for various health-related tests. If this happens at a weekend, patients start crowding into their GP practice demanding tests and this tends to increase our workload on Mondays.

Q.6 Would you recommend the UCC unit? Please explain your reason why.
Regarding recommending the UCC, an overwhelming 83% majority of our GP respondents said they would recommend its services and only a small 17% said they wouldn't do so. While answering in the affirmative, some GPs were careful to qualify their statements by saying: "Yes, only when the GP is not open" and "Yes, but when appropriate only."

Other GPs, while saying they would recommend the UCC, provided explanations in which they praised UCC services by saying they "provide excellent nursing care"; "are efficient and usually give accurate advice" and even imaginatively described them as "a Safety belt for patients to receive urgent medical attention if they're unable to be seen by their own GP."

Questionnaire for patients/users and a summary of their responses

A summary of our questions for patients/users of UCC services and a breakdown of responses we received, are given below:

QUESTIONS	YES	NO or DNA	ANY OTHER OBSERVATIONS
1. How did you come to know about the UCC? (For all the options listed in our questionnaire, please see column on the extreme right)			My GP (42%) Community nurse (2%) Hounslow Social Services Other organisation Booklet/leaflet/poster Website (3%) Other sources (53%).

2. Are you satisfied with the following aspects of UCC services: **a**. Ease in accessing UCC services;	91%	No: 9%	A small number of patients mentioned a few problems with accessing the UCC. For more, please see the section below.
b. Waiting time;	35%	No: 48% DNA:17%	
3. **c.** The level of attention and care;	92%	No: 8%	
d. Communication in an appropriate language/clarity of instructions and or/advice?	96%	No: 4%	
4. Is there anything about your UCC patient experience that you liked very much?	63%	DNA: 37%	Some patients mentioned many positive aspects of UCC services.
5. Is there anything you did not like **or** would like to change in the UCC?	76%	No: 24%	
6. Would you recommend the UCC to your family and friends? Please explain why.	84%	No: 3% DNA: 13%	Patients gave various reasons for recommending the UCC to their family and friends. For more on this, please see the section below.

Conclusions evident from UCC patient/user responses

Our UCC user/patient responses revealed the following:

Q.1 How did you come to know about the UCC?
Patient/user responses show that they received information about the UCC from diverse sources as listed below:

From GPs (42%)
Community nurses (2%)
Hounslow Social Services/other organisation/booklet/leaflet/poster/- All: (0%)
Website (3%)

Other sources (e.g. school, friends, family, live close by, work nearby, Google (53%)).

Q.2 a. Satisfaction/dissatisfaction with ease in accessing UCC services

The vast majority (91%) of our patient respondents said they found it easy to access the UCC. They added that it was located close to where they live or work, that they were familiar with the place and that there were convenient buses that they could use easily. Coming and going were also not seen as a problem by them.

Despite positive feedback regarding access, a small minority of 9% said they faced some barriers in accessing the UCC. Those admitting access problems said that they sometimes faced a problem of a lack of adequate parking spaces in the hospital. As a result, they said they had to keep taking several rounds of the parking area before finding a space to park their vehicle. Some also said that the parking fee was high and there was, therefore, a monetary problem or barrier.

Q.2 b. Satisfaction/dissatisfaction with the UCC's waiting time

From among our patient respondents a major proportion, comprising 48% of the total, said they were dissatisfied with their waiting time for UCC services. A slightly smaller proportion made up of 35% of respondents said they were satisfied with their waiting time and an even smaller number consisting of 17% of the total did not reply to this question.

Q.2 c. Satisfaction/dissatisfaction with the level of attention and care received from the UCC

- The great majority (92%) of our patient respondents expressed satisfaction with the level of attention and care provided by the UCC. Only a small section made up of 8% of our patient respondents said they were not satisfied. The main causes for dissatisfaction that were mentioned were:
- Staff are sometimes unhelpful, patronising, and unsympathetic;[14]
- Not being clearly informed by any UCC staff about how long they might have to wait;
- Not being explained what happens next; in other words not being provided a clear idea of - the UCC's patient pathway or route and, therefore, feeling at sea about what will happen next and when;
- Their health problem being left unresolved; and
- Their being given medication [that according to them had] too high a dosage.

Q.2 d. Satisfaction/dissatisfaction with the UCC's communication in an appropriate language/clarity of instructions and or/advice

An overwhelming majority made up of 96% of our patient respondents said that UCC staff communication with them was in an appropriate language and that they had received clear instructions from them.

Only a very small percentage (4%) of patients said it had not been so. The few who were critical of the communication received mentioned that they had found information given to them to be confusing. Some discerning patients also pointed out that there should be clear signage for all patients so that everyone could know what to do and what to expect, while some pointed out that signage should be improved especially for people with visual impairments or learning disabilities.

Q.3 Is there anything about your UCC patient experience that you liked very much?

The majority of our respondents, consisting of 63% of them, said they liked various things about the UCC. The remaining 37% chose not to respond to this question. Patients complimented the UCC services with the most oft-repeated ones being the following:

[14] We found a few instances of such complaints from some online users also.

- Good doctors
- Good nurses
- Good staff
- Tests are done there speedily and test results are given to us quickly
- Staff are very professional
- Doctors listen to us carefully
- Staff members are caring and compassionate.

Q.4 Is there anything you did not like or would like to change in the UCC?
Our patient respondents answered with a big majority of 76% to say that they would like to change certain bits in UCC services and only 34% said they did not find anything they disliked or would like to change.

The vast majority of pro-changers wanted to reduce the UCC waiting time. Others who wanted change wished to introduce changes that they felt would reduce waiting times and improve services. Their chief suggestions were:

Increasing the number of members of staff in the UCC;
Introducing better signage for patients to make them better informed about the service; and
Providing more car parking facilities to further improve access.

Q.5 Would you recommend the UCC to your family and friends? Please explain why.
A large majority, consisting of 84% of our patient respondents, said they were generally happy with the UCC and would surely recommend the UCC to their family and friends. Those who did not reply to this question formed 13% and those who said they would not recommend the UCC were made of a mere 3%.

The reason for recommending the UCC that seemed to be coming across was that people found the UCC to be generally a good service despite the waiting and delays. Some of the remarks made by patients that appeared to convey this sentiment were:

UCC services are good;
Their staff is professional; or

“It’s the only service available to us in an emergency.”

Incidentally, the antipathy that patients sometimes quietly nurture towards their GPs came to the fore when one of them uttered this line to explain why they would recommend the UCC:
“‘Cos it’s a good service. Don’t like my GP!”

Review of UCC information available to the community

Upon visiting the UCC in early January 2017, UCC management staff gave HWH's research team an information leaflet about UCC services. Produced by the HRCH, copies of its printed version are readily available to patients who visit the UCC. A PDF version of the leaflet is also downloadable from the HRCH website.

You can download the booklet through http://www.hrch.nhs.uk/our-services/services-directory/services-in-hounslow/ucc-hounslow/.

The leaflet is well produced. Its cover page clearly announces not only where the UCC is located but also makes it apparent that its services are available to people 24 hours a day and 365 days a year. The full address of the UCC is also clearly provided.

The leaflet briefly describes UCC services, what kind of conditions the UCC is meant to offer treatment for, and what could happen after a patient arrives at the UCC. It also explains the facilities that the UCC is able to offer to patients with special needs. It points out the advantages of registering with a local GP and also gives basic information about how to go about getting the registration done. It also encourages patients to be active and respond to UCC services by complaining or complimenting services and service providers. It gives some useful contact details to enable patients to do so.

The leaflet includes a few lines of information for those whose first language might not be English on how the UCC leaflet can be obtained in other languages and formats. This is a considerable way down the leaflet and consists of four to five lines of text printed in a much smaller font size in a selection of five ethnic minority languages used in the multi-ethnic LB of Hounslow. [15]

Finally, the leaflet has a map showing how to get to the UCC by train, tube, bus, taxi, and car. Information on car parking facilities (including bays for disabled people) has been provided. At the end, the leaflet has information on how to contact HRCH via telephone, email, and the HRCH website.

Despite its many positive features, we have some concerns about the leaflet. Firstly, only the English version of the UCC leaflet seems to have been printed. It is also the only language in which the leaflet is readily available. Unfortunately, instead of being circulated more widely, even the English leaflet about the UCC is accessible inside the UCC only. The leaflet does not seem to have been disseminated widely elsewhere such as in GP surgeries or via information stands at the Civic Centre.

Moreover, the leaflet says that non-English users who might need the leaflet in other local community languages and people who might need it in other formats should contact the Patient Advice and Liaison Service (PALS). However, it is difficult to comprehend how those who need non-English language versions and/or other formats of the leaflet will know of the English leaflet or how to access its other languages or formats if they haven't come across or read the English version in

[15] According to the 2011 Census, Hounslow had a population of over 11,500 people who did not speak English well. From: *Interpreting and Translation in Primary Care Services* by Rachel Snow-Miller, July 2015.

the first place. [16]

Another serious defect of the leaflet is that it does not give patients any information about the patient journey once they have arrived at the UCC. For instance, a simple sketch or chart could have been used to clarify what a patient is expected to do when they turn up at the UCC, show them what stages they will generally pass, and roughly how long the entire exercise can be expected to take. This could help inform or educate patients about the way the UCC functions and prevent them from much of the uncertainty and understanding that presently exists in their minds. We look upon this as golden opportunity for effective communication missed!

UCC and its management of serious incidents

Our background research indicated that serious incidents must be an area we must look into. We found the CQC's September 2016 Report on Hounslow's UCC useful. Besides concluding that the UCC "Required improvement", it had also clearly made the following observation regarding SIs:

"Overall we rated the safety of the urgent care services as requiring improvement although this was predominantly because of concerns about the UCC rather than the walk-in centre. At the UCC incident reporting was very low and incidents of different kinds, including medication incidents were not being routinely reported, reviewed and used for learning to avoid recurrence. Staff were not all aware of the learning from serious incidents, although the trust was already taking action to emphasise the importance of incident reporting. We did not see evidence of nursing staff and General Practitioners learning from incidents to improve the service."

In response to our keenness to know more about the UCC and the state of serious incidents (SIs) since the CQC inspection and report, UCC management arranged a presentation to explain the seriousness with which they were currently engaged in looking upon such incidents.

We were informed that SIs since April 2012 to the present have been examined with the aim of learning useful practical lessons and disseminating them to all concerned. [17] We were also informed that since the publication of NICE Guidance (NG51) titled: *Sepsis: recognition, diagnosis and early management*, July 2016, the Hounslow UCC has taken a number of steps to embed best practice within the unit. They also mentioned producing some useful information leaflets for patients. We will revisit progress on SIs in the months ahead.

[16] Firstly, it is unlikely that non-English language users will pick up this leaflet. Moreover, even if they happen to pick it up, it is highly unlikely that they will open it and, after going through more than half of it, will definitely stumble upon and read the four or five thin, not easily visible lines of text in five ethnic minority languages that appear at the end on the last panel of the folded inside of the leaflet.

[17] This was corroborated by some UCC staff.

Performance of the UCC against some key performance indicators

We came across material on the performance of a few North-West London UCCs against some key performance indicators (KPIs). Please see chart below.

Harrow CCG
Benchmarking Report – NWL UCCs

- The below table shows a comparison of UCCs in North West London which are co-located with an ED and measuring the same KPIs. Please note that the only metrics shown are those which are consistently measured and reported across the services.

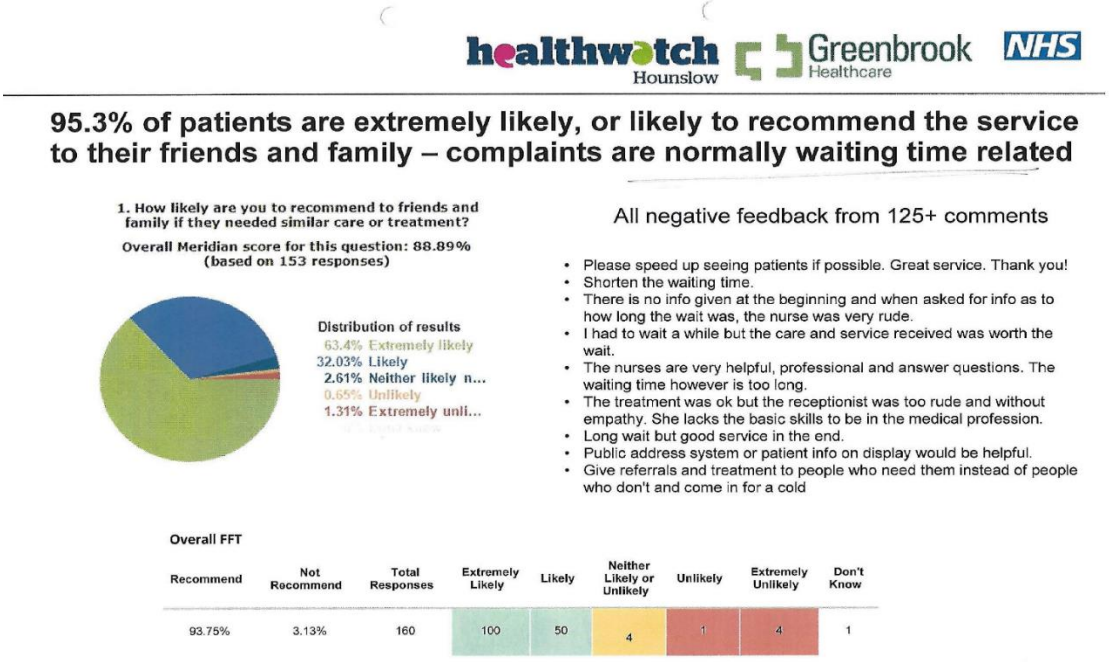
KPI	Ealing	West Middlesex	Northwick Park	Hillingdon
Ambulance Handovers *Percentage of non-emergency handovers by LAS taking under 15 mins*	97.4%	100%	99.6%	93.0%
Adult Clinical Assessment *Percentage of adult patients who have their clinical triage and navigation within 20 mins*	99.4%	97.8%	97.3%	99.4%
Child Clinical Assessment *Percentage of children who have their initial brief clinical assessment and navigation within 15 mins.*	96.3%	94.9%	93.0%	96.3%
Treatment and discharge within 4 hours *Percentage of patients treated and discharged from UCC within 4 hours*	99.6%	99.7%	99.7%	99.7%
GP Information Transfer *Percentage of patients who are registered with a GP who have information regarding their access of the UCC sent to their GP by 8am the next working day (where the patient consents to this)*	TBC	100%	99.3%	100%
Unregistered Patient Assistance to Register *Percentage of non-registered patients helped to register with a GP*	32.2%	100%	99.3%	100%
Generic Prescribing *Adherence with the agreed UCC formulary*	TBC	98.9%		

- Patients helped to register has improved from M4 – M5, however is still below target.
- Paeds clinical triage times improved at Northwick Park (previously red-rated).
- Performance improved overall from M4 – M5.

From the above it is evident that, as recently as August 2016, Hounslow's WMUH based UCC has been performing well in all areas and also compares very favourably when compared with other UCCs in the region. To showcase its work, we wanted to obtain and present actual statistics of its patient registrations with GPs but have not been sent the information we sought until the time of the completion of this report.

Review of UCC mechanisms to capture patient views and respond to online patient feedback

It is evident that UCC management has kept track of patient/user responses to the NHS Family and Friends Test (FFTs). They also seem to have received positive feedback as evident from the chart below. We also noticed some user feedback (both positive and negative) received by the UCC prominently placed on public display within the UCC building.



According to the HRCH Annual Complaints and Compliments Report 2015/16, 14 out of the 57 complaints received concerned the UCC. In other words, 25% of all the complaints were about the UCC. The Urgent Care Centre has, however, had fewer complaints in 2015/16 compared to 2014/15 when it had a 39% share of all complaints. Moreover, it is also important to stress that the UCC is a unit that sees one of the highest numbers of patients in a year. The Urgent Care Centre saw 81,271 patients and a complaint incidence compared to attendance rate of 0.02%.

It is evident that that WMUH staff has been acknowledging the receipt of online comments and feedback received from UCC users/patients/carers more or less within the agreed timeline.[18] To find out what the trend or underlying causes of complaints were we randomly picked 10 online complaints made to the WMUH. After analysing these, we came to the conclusion that 30% were about staff attitude problems vis a vis patients, and 30% were about issues raised by patients because of their misunderstanding or getting confused with the UCC's queueing system. Of the remainder, 20% concerned problems with the UCC atmosphere and facilities and 20% was made up of positive feedback from UCC users.

User Feedback	Total Number	Percentage of total
Complaints about the attitude of UCC	3	30

[18] According to the HRCH Annual Complaints and Compliments Report 2015/16, complaints and concerns are managed as per the Trust Management of Complaints and Concerns Policy. This policy has been reviewed and updated during 2015/16. Complaints are to be acknowledged within three working days following the date of receipt, either verbally or in writing. The timescale for responding to a complaint should normally not be more than 25 working days, but will be agreed following a consultation with the complainant. In complex cases this could be up to 40 working days.

staff – lack of empathy and people skills		
Complaints/issues regarding the queueing system being confusing/unfair	3	30
Problems with UCC facilities/atmosphere	2	20
Complimentary feedback	**2**	**20**

Our recommendations

Based on our findings, we would make the following recommendations:

- **Scope for patient education about what the UCC is actually meant for**
  Patients need to be made aware of the distinction between urgent and non-urgent health conditions. By clearly discouraging non-urgent patients from coming to the UCC, this will hopefully help to keep patient numbers in check and also reduce unnecessary waiting time for patients.

- **Introducing better signage within the UCC** especially for those with sensory impairment (and other disabilities), so that disadvantaged sections of society are not discriminated; and (b) in general for all patients so that patients understand the UCC's patient pathway and its triaging system. This will make it apparent that the system is based on **urgency of assessed need by a UCC professional** (**NOT** on a first come first served basis). This will create clarity in patients about what processes or steps they will need to pass after reaching the UCC. It will also remove misunderstanding about waiting time and clarify why some patients who, despite arriving at the UCC after many others, might still get to be seen by UCC staff before them.

- **Reduce patients turning up at the UCC through providing basic health and self-care information**
  Since 42% of our patient respondents said they had come to know of the UCC from their GP Practice, GPs or GP/surgery staff, we feel that GPs could play a crucial role in educating and informing patients. We would, therefore, support the idea that GPs all over the borough work in partnership with the UCC to bring down the number of patients who turn up at the UCC for inappropriate reasons. It would also help reduce the waiting time at the UCC for patients which is a major concern for many UCC users who were among our respondents.[19]

  GP Practices could contribute towards achieving this goal by: (a) helping to disseminate an improved version of the current UCC leaflet in various formats coproduced by GPs and the UCC with input from Healthwatch Hounslow; and (b) by conveying information on basic health and self-care to their patients in various possible ways and/or directing them towards such information resources and providers of such information.

- **Need to remove barriers in UCC referral pathways faced by UCC staff**
  Our evidence indicates there is a clear need to remove barriers that prevent the smooth working of UCC referral pathways. For example, as mentioned by some UCC staff, it will be worthwhile to investigate and take corrective steps, if required, regarding the following:

  Plastic referrals;

[19] Among our patient respondents, 48% said they were dissatisfied with the UCC waiting time.

Need to attend to the dressing of wounds;
Reducing the "waiting time;
Tackling any issues with referring [patients] to ED; making "external referrals"; and "in referring to specialities";
Dealing with delays in answering beeps/pages/or refusals to take referrals from emergency nurse practitioners (ENPs)"; and
Dealing with the inability to admit patients to hospital due to a shortage of beds.

- **Increase understanding of UCC referral pathways among GPs in the community**
As some UCC staff felt there was a need for "Teaching GPs the correct pathway for referrals" and some GPs also admitted that they were not familiar with or not fully aware of UCC referrals, it will be useful to try to make a deliberate effort to increase understanding of UCC referral pathways among GPs in Hounslow.

- **Need for vigilance to consistently ensure that the UCC has optimum capacity to cope with the volume of work and to safeguard patient safety and interests at all times by:**
(a) developing specific guidelines for accurate eyeball triaging and safe streaming so that patients are not left waiting too long to be triaged and that those carrying this delicate task do so with the utmost safety, attention, and care; and (b) looking into whether staffing levels of doctors and nurses are adequate especially during peak times such as evenings or at night time.[20]

- **Improve communication between UCC staff and patients** by (a) making sure interpreters are made available for all patients needing them and making use of qualified professional interpreters only; and (b) by not using UCC colleagues and relatives of patients as interpreters since this is contrary to recommended NHS good practice. (For a summary of NHS best practice guidance regarding interpretation, please see Appendices at the end of this report).

- **Need to look into staff/management inter-relations** by controlling management staff turnover; checking whether UCC staff (clinical and nursing) on the one hand, and UCC management staff on the other, need to build better mutual understanding; and also whether UCC management needs to make UCC staff feel more valued and appreciated than they seem to be at present.

- **Need to ensure WMUH has adequate parking spaces for patients at all times** so that any access issues for those not using public transport are addressed promptly.

- **Adequate training in people skills for all UCC frontline staff** so that they are not prone to charges of lacking compassion, or being impolite and patronising.

- **Upkeep of public amenities within the UCC** [21] by making sure public vending machines dispensing water, tea, coffee, food stuff etc. are well maintained and in full working condition at all times.

[20] UCC management informed us that they are aware of peaks and troughs within UCC services and have provision to deal with the peaks. We have, however, some feedback from UCC staff indicating some of them have concerns regarding patient safety when patient volumes start to soar.

[21] Some UCC vending machines were clearly not in good shape when we visited the UCC in early January 2017. However, the UCC's refurbishment has been completed and we imagine a complete overhaul has now taken place.

Conclusion

Our review of the UCC reveals that the UCC is an extremely busy part of WMUH with some aspects that need improvement. As mentioned by some UCC staff, doctors and nurses here feel pressured from time to time due to sudden surges in patient numbers and staff responsible for assessing the urgency of patients and triaging are also hard-pressed during such periods. Periodically, there are longer than usual waiting times for patients and delays in referring them to specialists or to the ED. In addition, at all times the UCC might appear to be besieged with many patients who think their case is urgent but can probably afford to wait for a GP appointment instead of rushing to the UCC.

Despite such concerns, it is commendable that the UCC still functions every day of the year and every hour and minute of the day, and manages to meet local patients' urgent needs to acceptable standards, within agreed timelines and in a safe environment. It has clear governance and management responsibility to deal with service demands and risks, is set to improve quality, report, learn from SIs, and to listen and respond to patient feedback and views. It also bodes well for the UCC that a very positive team spirit of camaraderie and pride in their work is noticeable within the clinical staff. "We work as a team and pool in all our skills to provide an excellent service to our patients," said a staff member with a sense of pride.

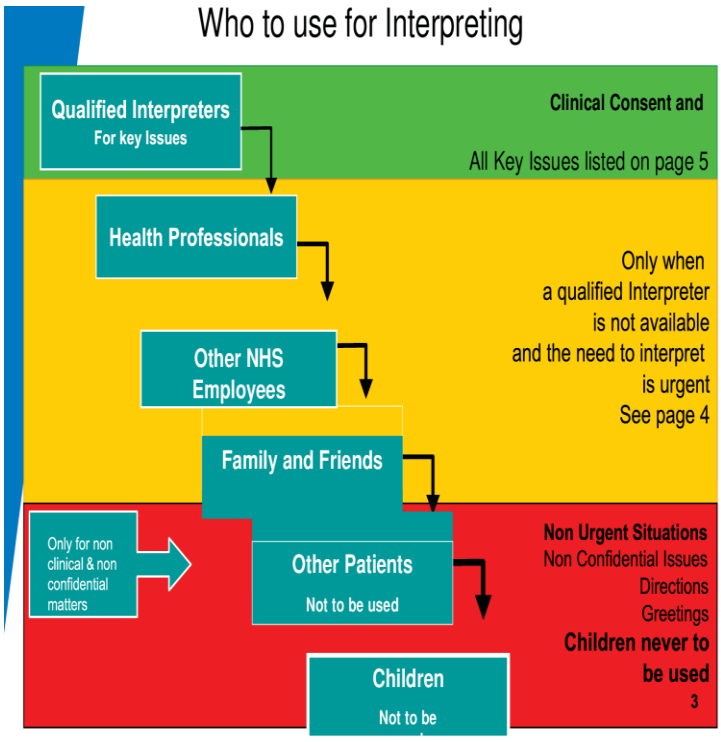
Ensconced in its newly refurbished premises with enhanced privacy and a distinct child/ family friendly area and facilities for children and with clear signage, instructions, and information for patients, the UCC seems to be set in the right direction. At this juncture, we trust that our review and our recommendations will serve a positive purpose. [22]

[22] According to one staff view, the new UCC has a clean and bright look and the A&E and UCC receptionists being placed side by side is helpful in making joint working and referrals easier. However, the new system in which the triaging staff sits unprotected without any glass or other barrier between them and patients seems to be leaving them relatively far more vulnerable to patient abuse; they (unlike staff in a far safer five-star hotel setting) might tend to be faced with ill and often stressed and irate patients/carers who might adopt an aggressive or violent attitude towards them.

Appendix

Best Practice Guidance

Who to use for Interpretation (Source: *Best Practice Guidance Interpretation Service, Central Manchester University Hospitals*, NHS Foundation Trust)



Best Practice Preference Order Table for Persons Undertaking Interpreting

Preference Order for using Qualified Interpreters

Clinical Consent	1.Professional Interpreters	2.Health Professionals	3.Other NHS Employees	4.Family & Friends	5. Other Patients	6.Children
•Admission • Clinical histories •Treatment plans • Seeking verbal/written consent (procedures, investigations, treatment and research) •Results of investigations/diagnosis •Information about medication •Discharge procedures and referrals •Psychological assessment •Death of a patient	All key phases of care where communication is essential to making decisions, the planning phases of treatment and care.	Only when a **professional Interpreter** is not available and the interpreting needs to go ahead, and is agreed with the patient.	Only when a **professional Interpreter and Health professional** is not available, and the interpreting needs to go ahead, and is agreed with the patient.	Only when a **professional Interpreter Health professional or other NHS employees are** not available, and the interpreting needs to go ahead, and is agreed with the patient.	Not appropriate at anytime	Not appropriate at anytime
Non clinical issues •Menu •Personal care •Complaint •Procedures		Can be used Instead of interpreters	Can be used instead of interpreters	Can be used instead of interpreters		

Risks of Not using an Interpreter

- Patients have a right to understand their condition and the options available to them, and that includes the details of treatment and their condition if left untreated,
- A non-professional interpreter used to 'interpret ' is not accountable for the interpreting he/she provides. The risk transfers to the person requesting interpretation and the Trust. ALWAYS check to see if a qualified interpreter is available in the first instance,
- When a qualified interpreter is not used and it would have been correct and timely to do so (non emergency incidents) and communication failure issues are raised, this may be seen as a clinical incident
- Using other people to interpret may put the patient at risk. Children of 16 years of age and under are to be safeguarded and not to be used to interpret, this also extends to other patients.
- Patients should have it explained to them that an interpretation service is available and the health professional may need to make a decision on using an interpreter even when the patient, family member or carer may not want this,
- The preference order table if used properly can help reduce Risk,
- All Interpretation (and Translation) requests should be administered through the Trust's Service. For external requests and out of hours requests, this is charged to the division requesting the service.

Important, remember a non-professional interpreter used to 'interpret ' is not accountable for the interpreting they provide, this risk transfers to the person requesting and the Trust.

INCIDENTS and/or COMPLAINTS may be raised by hospital staff and patients/family members for inadequate provision of interpretation service, thereby affecting patient experience.

LANGUAGE LIST (BLUE = offered in-house).

This list is not an exhaustive indicator of common languages spoken by country.

Spoken language varies across families, groups, countries - always check with the patient and request appropriately.

Language	Where Spoken	Language	Where Spoken	Language	Where Spoken
Albanian	Albania	Hindi	India	Romanian	Romania
Amharic	Ethiopia	Hungarian	Hungary	Russian	Russia
Arabic	Saudi Arabia	Italian	Italy	Serb-Croat	Serbia
Bengali	Bangladesh	Japanese	Japan	Sinhalese	Sri Lanka
Bosnian	Bosnia	Korean	Korea	Slovak	Slovakia
Brava	Somali	Kurdish	Iraq/Turkey	Somali	Somalia
BSL Sign	UK	Latvian	Latvia	Spanish	Spain
Bulgarian	Bulgaria	Lingala	Congo	Swahili	Kenya
Cantonese	China/Malaysia	Lithuanian	Lithuania	Tamil	Sri Lanka/India
Czech	Czech Republic	Mandarin	China/Malaysia	Thai	Thailand
Dari	Iran/Afghanistan	Mongolian	Mongolia	Tigrini	Eritrea
Farsi	Iran/Afghanistan	Ndebele	Africa	Turkish	Turkey
French	France	Nepali	Nepal	Twi	Ghana
German	Germany	Polish	Poland	Ukrainian	Ukraine
Greek	Greece	Portuguese	Portugal	Urdu	Pakistan/India
Gujarati	India	Punjabi	Pakistan/India	Vietnamese	Vietnam
Hakka	China/Malaysia/Hong Kong	Pashto	Pakistan / Afghanistan	Yoruba	Nigeria