



ENTER AND VIEW: Healthwatch Hartlepool. Physiotherapy Department. University Hospital of Hartlepool.

Over 2 days of the 4th and 5th July 2016

Team Members: Judy Gray & Bob Steel
Margaret Metcalf & Maureen Lockwood

Acknowledgements

Hartlepool Healthwatch would like to thank service provider and service users. In particular Fiona Hardy, clinical team lead, Christopher Tarn, clinical team lead, and Anita Wilson, head of administration, for their contribution to the enter and view programme..

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 service users and staff. Only an account of what was observed and contributed at the times when we were present.

Purpose of the Visit

This visit occurred due to patient reports of lengthy waits between first assessment and first visit.

Strategic Drivers

- Written evidence
- Hospital Trust, patient care standards
- Patient Time initiatives.

Methodology

An announced enter and view visit that was preceded by a meeting with hospital management, which discussed reasons behind the proposed visit. It was also agreed that visits would take place within a one month framework. Exact times of visits would not be known to hospital staff. At the meeting the hospital staff agreed to forward a comprehensive package of information regarding services. This proved to be very informative to the visiting teams. During the two visits Healthwatch representatives conducted short discussions with service users and a copy of the questions can be found in appendix 1.

Summary of Findings

Questionnaires.

- Over the course of the two visits, 31 patients were seen by the visiting teams.
- A significant number of service users were not aware of the length of the walk to get to the physiotherapy department from the car park.

- Two service users said "I struggled with the distance. It was a problem".
- Many wheelchairs were noted at the front entrance of the hospital, however, no designated person was there at the entrance and no indications stating all patients may use them.
- Several service users stated "The unit was difficult to find,"
- "I got lost. Signage would have helped, but I didn't bring my glasses".
- "It was confusing for my first visit."
- Patients with conditions such as COPD also reported that they experienced difficulties accessing the unit from the car park and had not been offered any assistance.
- Many of the service users were seen within 2 weeks of referral. The majority of in-patients were given appointments within days following their release from hospital.
- Delays usually occurred when the service user was referred via GP. This was often down to medical reasons.
- "I was given written information and my exercises were all demonstrated to me."
- Some concerns were mentioned regarding the support of service users who have self-help exercises prescribed. These are often quite simple movements, but important in ensuring progress and recovery. Without encouragement many patients stop these exercises.
- The majority of service users were pleased with their level of involvement in the treatment they received. One service user quoted "No problems. Staff are very good" It was also said there were "Options around their treatment times." One other quote was "I needed afternoon appointments, and afternoons were arranged."
- The visiting teams noted that clinic appointment times ran to schedule. "Very prompt and professional."
- Service users also reported that advice had been given on pain management.
- Most service users said they knew how to raise concerns if they needed to. However, many said they had not been offered advice.

Overall, the visiting teams were very impressed with the patient care and treatment they witnessed.

Environment

First impressions were that the unit was very busy but calm and that there appeared to be good staff/patient relationships. It is light and airy with plenty of natural light. It is exceptionally clean and tidy. There were comfortable, specialist seating to meet the needs of service users. This unit was not purpose built but has been occupied by the physiotherapy department for 8 years. It has been adapted very well for the needs of the service users. Evidence was noted of good hand hygiene and toilet facilities were available.

There was a dedicated reception and service user waiting area which catered for all needs.

The notice board in the reception area held a lot of relevant information of staff names and which clinics they were attached to during the working week. There was a fire notice clearly visible in the department. However, signage on how to get to the department was poor. The resuscitation trolley is available and checked daily. Crash number available for cardiac arrest and if needed ring 999 for an ambulance. All staff seemed to be fully aware of the policies and procedures to follow if a service user took ill in the department. There was a designated first aider on duty at all times. Previously the short fall in physiotherapists had been filled by agency workers.

Waiting times have been reduced following the appointment of new physiotherapy graduates. (who are awaiting their exam results). At the time of the visits they were being initiated into the department. They will then be offered jobs over the trust. GP's now refer patients to the Muscular Skeletal Department at the One Life Centre for assessment and later referred to Physiotherapy Department if necessary.

Overall the visiting team were very impressed by the openness of the management and their pride in the department which was rightly deserved.

Treatment

The majority of service users said that treatment had been helpful. Most service users had received information and a written plan. Exercises were fully explained and demonstrated. "I was given written information and all exercises were demonstrated to me".

Visiting staff witnessed a seamless approach to patient care and on-going treatment. "I have been very happy with the service and followed up saying so in the Hartlepool Mail."

Transport

- A small number of service users were offered transport.
- Many patients said they would make their own transport arrangements.
- Some service users stated that they needed hospital transport but had not been offered it. Those who arrived by ambulance reported that the ambulance often did not come on time. Some were late and some were early. "Came by ambulance to the physiotherapy department. Been late both times".

Communication

There was a Polish lady awaiting treatment whom the visiting team could not interview as her interpreter did not keep the appointment for this lady.

A physio therapist on site at North Tees is a deaf interpreter using British Sign Language but does not work across sites.

Recommendations

- Patient transport needs should always be discussed prior to the first treatment session. Where appropriate, assistance must be offered.
- Information of distance to walk to the department and the availability of wheelchairs at the hospital entrance need to be discussed prior to first appointment. Healthwatch supports the meet and greet service that was discussed by management in the course of our visit. A way forward urgently needs to be found.
- Discussions with North East Ambulance Service must take place regarding extending their services to include other off-site units i.e. One Life Centre and a timeliness of late arrivals.
- The provision of the interpreter services must be reviewed together with overall communication with the sensory loss and seldom heard service users.

Judith Gray
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Bob Steel

Appendix 1 (Response from physiotherapy Department)

Physiotherapy Department

North Tees and Hartlepool 
NHS Foundation Trust

Ref: FH/Healthwatch

Date: 16.8.16

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Dear Stephen

Thank you for the feedback following the Healthwatch Hartlepool Enter and View visit to the Physiotherapy Department at the University Hospital of Hartlepool on 4th & 5th July 2016. Please could you thank the Healthwatch members for the time they spent in the Physiotherapy Department during these visits.

Patient experience is important to us and we were pleased to receive the patient feedback in the report. We have now had the opportunity to review the information provided in the report along with the associated recommendations.

There are a number of points within the report that we feel it may be helpful if we provided additional information and some where we would like to seek clarity in terms of what is meant.

- We would like to request some clarity regarding point 10 in the *'Summary of findings Questionnaires – “Delays usually occurred when the service user was referred via GP. This was often down to medical reasons”*. We are unclear as to what this means?
- We would also like to ask for clarity regarding the final bullet point in the same paragraph – *“Most service users said they knew how to raise concerns if they needed to. However, many said they had not been offered advice”*. Information regarding how to provide compliments, comments, feedback and raise concerns and complaints is clearly displayed within the Core OP Physiotherapy waiting areas and is also contained within the 'Your physiotherapy appointment' leaflet that patients receive with their initial letter from the Physiotherapy Department. This also contains contact details for the Trust Patient Experience team.
- On page 3, paragraph 2 in relation to the following; *Previously the short fall in physiotherapists had been filled by agency workers. Waiting times have been reduced following the appointment of new physiotherapy graduates. (who are awaiting their exam results). At the time of the visits they were being initiated into the department. They will then be offered jobs over the trust*, we would like to highlight that we have had additional funding via the CCG to source additional agency staff to assist with managing increased demand on the service. We have also been able to attract a large number of graduates from a number of Universities, particularly Teesside University, who have accepted rotational physiotherapy positions with the Trust's Physiotherapy Service. These new starters will commence their employment with the Trust at various stages across July, August and September and will complete a rigorous induction programme upon commencement of their employment.
- Within the same paragraph the report reads - *GP's now refer patients to the Muscular Skeletal Department at the One Life Centre for assessment and later referred to Physiotherapy Department if necessary*. The point may be accurately conveyed as: "At the request of the CCG there has been a change in the referral pathway for patients with musculoskeletal conditions".

With regard to the recommendations in the report.

- Patient transport needs should always be discussed prior to the first treatment session. Where appropriate, assistance must be offered. All patients receive an information leaflet with their initial letter from the Physiotherapy department; This leaflet contains relevant information regarding their physiotherapy appointment inclusive of support with Communication, Transport requirements and accessing support, and what to wear to their appointment. There is also information regarding how to access transport available for patients via the Trust website.
- Information of distance to walk to the department and the availability of wheelchairs at the hospital entrance need to be discussed prior to first appointment. Healthwatch supports the meet and greet service that was discussed by management in the course of our visit. A way forward urgently needs to be found. We have previously acted on feedback that seating would be useful in the corridors on the approach to the Physiotherapy department. Seating was therefore installed at regular intervals along the corridor. We will however review the Physiotherapy patient information leaflet to include this information regarding the distance from the main entrance to the Department.
- Discussions with North East Ambulance Service must take place regarding extending their services to include other off-site units i.e. One Life Centre and a timeliness of late arrivals. Further clarification regarding this recommendation may be helpful. It is our understanding that ambulance services / patient transport services do transport patients to our "off-site units" i.e. One Life, Hartlepool FE College, etc. Where timeliness of "drop offs and Pick ups" causes significant disruption to patients, carers or the service this would be reported to NEAS for investigation and response with further discussion at the NEAS Operational Group.
- We will review the signage to the Physiotherapy department with the Trust Estates department. This is scheduled to take place in August 2016.
- We are working with the Trusts Volunteer Coordinator to look at the function of a 'Meet & Greet Volunteer Welcolmer' for the Physiotherapy Department. Recruitment to these roles will take place in September 2016.
- The provision of the interpreter services must be reviewed together with overall communication with the sensory loss and seldom heard service users. All patients receive an information leaflet with their initial letter from the Physiotherapy Department. The leaflet and all information provided by the service can be made available in other formats including large print, CD and Braille and in languages other than English, upon request. The services of a professional interpreter or someone who can use sign language can be arranged if this is required and identified by the service user. We will review current arrangements and facilities to ensure they meet required standards.

If you require any further information, please do not hesitate to contact the department on 01429 522471.

Thank you once again for your time and support.

Yours sincerely



Matt Wynne
Head of Specialist Services



Fiona Hardie
Clinical Team Lead

Cc File