

Details of visit	Crawley Hospital Announced visit: 22 September 2017
Authorised Representatives:	Team of trained representatives from Healthwatch West Sussex: Alan Packham, Denise Waller and Sue Morton
Local Healthwatch contact details:	Healthwatch West Sussex 0300 012 0122

Acknowledgements

Healthwatch West Sussex would like to thank the hospital's management, its patients, visitors and staff for their contribution to this Enter and View visit.

Disclaimer

Please note 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, visitors and staff, only an account of what was observed and was contributed during the visit.

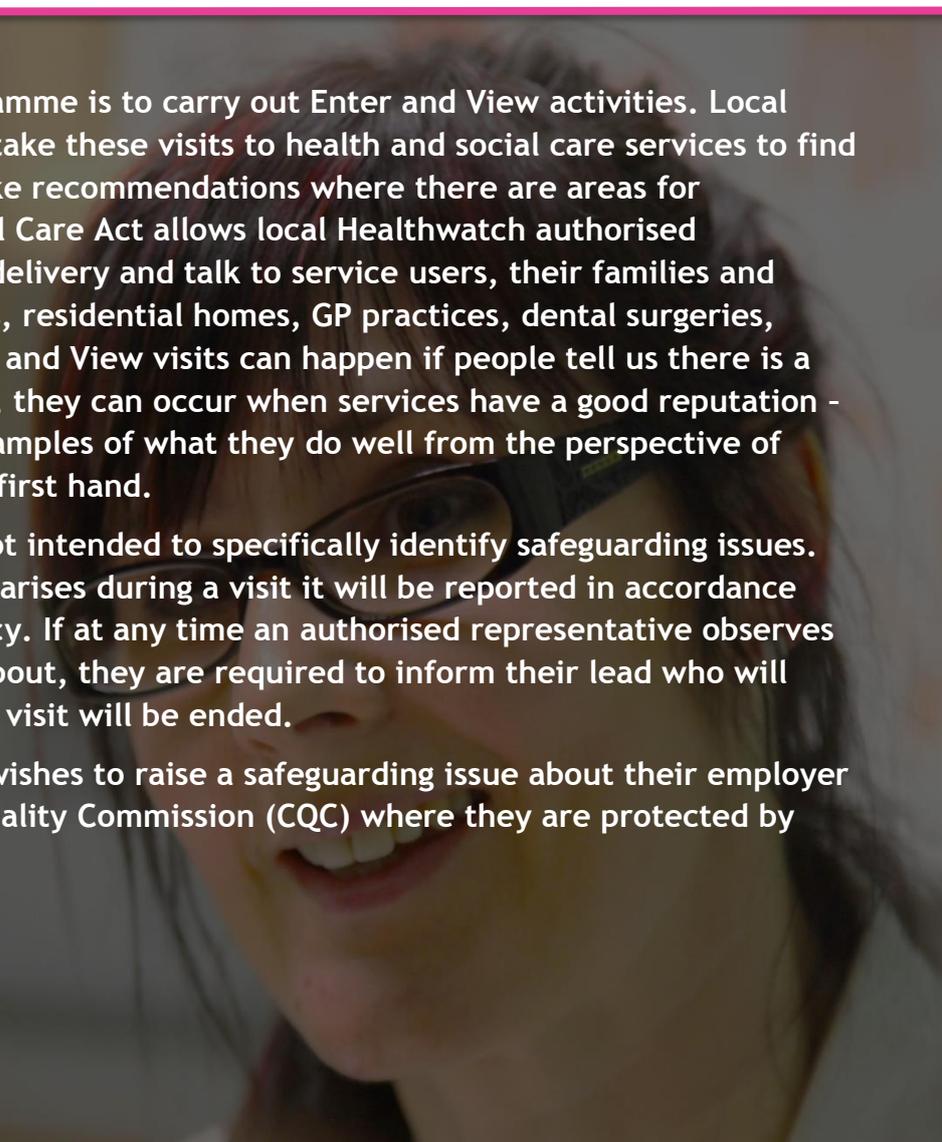


What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View activities. Local Healthwatch representatives undertake 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 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 a safeguarding concern arises during a visit it will be reported in accordance with Healthwatch safeguarding policy. If at any time an authorised representative observes anything they feel uncomfortable about, they are required to inform their lead who will inform the service manager and the visit will be ended.

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





Purpose of the visits

As part of our programme of engaging with local people we have a schedule of visits to hospitals across West Sussex. The purpose of this visiting programme is to:

- Speak to patients and their families to gain insight into their experiences
- Make general lay observations of staff and patient interactions, the care environment and how health and care is being provided locally.

Strategic drivers

Experience of care, clinical effectiveness and patient safety together make the three key components of quality in the NHS. Good care is linked to positive outcomes for the patient and is also associated with high levels of staff satisfaction.

<https://www.england.nhs.uk/ourwork/pe/>

As the independent watchdog for health and care in West Sussex we want to gather personal accounts from people who are currently receiving treatment, care and support. This in turn will enable us to help local NHS organisations to better understand their patients lived experiences to improve the health and wellbeing outcome for future patients.

Methodology

We have created a co-ordinated, announced programme of independent hospital visits. Each visit involves a team of trained authorised representatives. Our representatives are tasked with approaching patients; their family and friend carers; visitors and staff, to introduce Healthwatch and our role in supporting health and social care organisations to deliver the right quality of care. We invite people to share their personal experiences, good and bad. These are captured using our standard feedback form and then entered on our secure database.

Representatives are required to note their observations and to complete a summary sheet together, immediately after completing the visiting activity.

Where we have previous insight from local people, this may inform the areas we visited.

We spoke to people in the following areas: **Outpatients, Urgent Treatment Centre** and **MSK service**. We captured **24 personal accounts** and spoke to 26 people.

Our sharing of anonymised information here contains examples and/or quotes to amplify peoples' voices. The names used are ones we have given and not the actual names of the people we spoke to.



Summary of findings

- GP appointments are a problem, with patients telling us there can be a six week wait at Poundhill Medical Group.
- People are experiencing difficulties with parking at the hospital and would like to have a pay-on-exit option.
- Trusts need to update information about waiting time in the departments to reflect the real waits.

Results of Visit

Background

Services we visited at Crawley Hospital are provided by the following Trusts, with none of these organisations having overall responsibility for the running of this hospital:

- Surrey and Sussex Hospitals NHS Foundation Trust
- Sussex Community NHS Foundation Trust

Sussex Partnership NHS Foundation Trust also provide some services within the hospital but we did not visit these in September.

The MSK Service is a partnership of a number of organisations who have come together to offer a comprehensive range of treatment and support to people suffering from muscular-skeletal conditions and injuries.

Our team were made very welcome in the areas they visited and all patients were very willing to talk to our representatives.

The Service Manager and Clinical Director for Sussex Community Foundation NHS Trust sat down with our authorised representatives after the visit to listen to the issues and were going to immediately looking to the observations and point raised by patients and their family and friend carers.

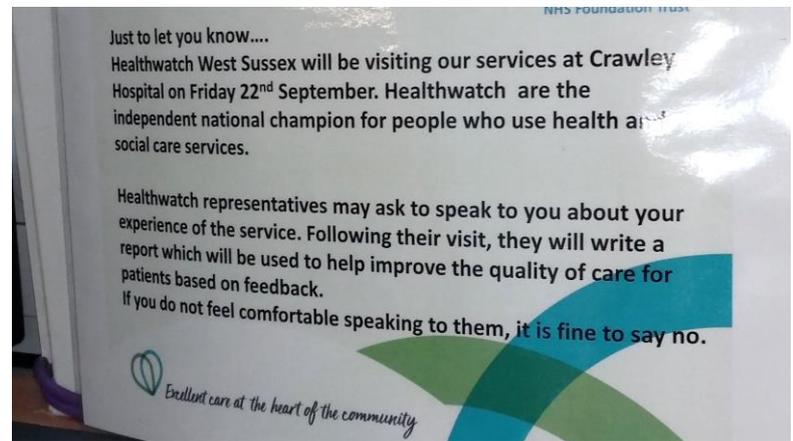
Observations

During our visit we raised a number of immediate observations which were taken seriously, these were:

- The doors to the paediatric area of Urgent Treatment Centre opens on to patient (and not away from them), presenting a health and safety risk for patients who are being carried.
- The revolving door in the Urgent Treatment Centre was not working (and one patient implied this had been out of action for a month). On talking to staff we were advised these had been closed due to an earlier incident and that the key had been lost. We were told that the estates staff were sorting this issue out.
- Two seats in the waiting area were badly ripped, presenting an infection control issue. These were going to be removed immediately.
- The *sharps box* in the disabled toilet in the Urgent Treatment Centre was fully open, presenting an immediate hazard to patients.

Urgent Treatment Centre

There was a notice in the area advising patients of our visit and this made it clear that people could opt out of talking to our representatives, which two people did.



The Urgent Treatment Centre is very good, depending on your wait.
Staff are very good.

In the evening there are long waits and this is very frustrating. I come here if I can't see my GP.

Love the new surroundings.

This was my first visit for a while and its better than it was.

Tried my GP but couldn't get an appointment for three weeks and was directed to here. Good to have it separated and nice murals (visitor to the Paediatric area).

We heard from patients of long waiting times at night, for example 5 hours, which was not what was displayed on the noticeboard.

There was also no indication of when this information was last updated. In contrast, the board in Outpatients showed the time information on waits had been updated, so people could see these were current estimates for waiting.

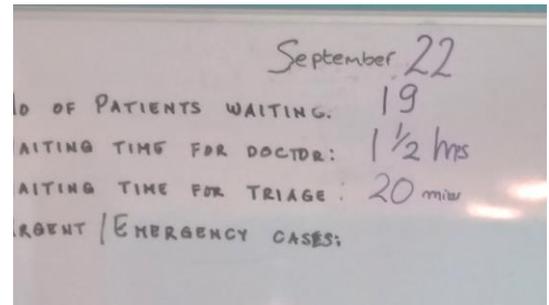
However, we were told there would be a new electronic system installed within the next two weeks, which would give real time information (such as the one in East Surrey Hospital's A&E Department).

There was not a line in front of the reception area and we noted people queuing directly behind or to the side of others, which meant patients had less privacy than we would expect.

During our visit to the Urgent Treatment Centre we saw a patient sitting on the floor by reception desk who was vomiting. The person was left unattended to for about three minutes and another patient offer them a tissue. This appeared to upset other patients in the area.

We found a fully open sharps box in the Disabled Toilet, which we felt presented an immediate hazard to others.

The Baby Changing Toilet was out-of-order and there was no advice notice to say where parents could go to find another facility.



We spoke to a patient who was deaf and was both frustrated by the lack of information on waiting times. The system for alerting patients for attendance to a treatment area is an audible one and there appears to be nothing in place for visually impaired patients. Fortunately this patient had come with a carer. We did observe the nurse using the patients name when she arrived.

We could not see any toys in the paediatric area. We noted there were also no automatic doors to x-ray and we felt this may present a challenge for some patients with wheelchairs and buggies.

We spoke to several patients who stated they had only at the Urgent Treatment Centre because they could not get an appointment at their GP surgery.

Outpatients Department

Having been waiting long today but waited three months for initial appointment.

The patients we spoke too in this department were all satisfied with the wait on the day but had experienced a long waiting in getting their appointments.

MSK

Brilliant service. Was referred by my GP and didn't wait long for initial appointment. Not usually a long wait to be seen by someone and staff are very good.

This was my first appointment to this service today. GP referred me and I waited about three weeks to be seen. Much better services since it became this service. Previously I had waited four years for arthroscopy on my knee.

This service is provided by a consortium of different providers/Trusts.

We could not see a clock in the waiting area.

Again there was not a visible line at the main Reception to help with maintaining some privacy.

From October 2017 Crawley, East Grinstead and Horsham patients will be able to self-refer to this service, instead of going through their GP.

Parking

Parking at the hospital is free after 6pm, which may contribute to the higher number of patients at night but we recognise there may be many other determinates for people coming to the Urgent Treatment Centre.

The hospital's carpark is run through Crawley District Council.

Most of the people who came by car, spoke of having difficulties in finding spaces in the carpark. People spoke of the stress of not known how long you were going to be and therefore not knowing how much parking to pay for. Having a pay-on-exit facility would overcome this.

Some regular visitors to the hospital have found different ways of avoiding this issue, either by using community transport, having lifts from others, or parking in the roads surrounding the hospital. There are websites, such as <https://www.parkopedia.co.uk/> which people can visit to find out alternatives to having to park at the hospital.

Parking in disabled parking space is free to Blue Badge holders.

Recommendations

From our findings we would make the following recommendations:

- Trust add to 'Out of Order' notices inform about where the nearest alternative facility can be found, to avoid patients have to disturb staff for this information and/or to save people walking around trying to locate a facility.
- Trust looks at the provision of toys in the paediatric area of the Urgent Treatment Centre to see if there is adequate distractions for children during waiting periods.
- Trust to risk assess the entrance doors to the paediatric area and take any appropriate action to reduce any identified risks.
- Crawley Borough Council, as the operators of the hospital parking to work with the Trust to identify triggers for demand on parking (such as visiting times, free charging period, etc.) to help to find solutions to reduce the parking challenges people face when trying to get to appointment and to see patients.
- Installing a clock in the MSK waiting area, so patients can be aware of the time and we would recommend that this is an appropriate style for all patients, including those with dementia.
- If measure are not in place, Trust to review how staff ensure all patients are able to know when they need to access a treatment area, particular those who are unable to hear well, or at all.
- Clinical Commissioning Group to assure itself that all patients are able to know when they need to access a treatment area, which may include adding to the current audible alerting system.

Service Provider response