Quality summary report:
Walk-In Centres and Urgent Care Centre

CLCH Quality Report Jan – Dec 2011

Service exact name: Walk-In Centres and Urgent Care Centre
Address line 1
Address line 2
Town/city: London
County: London
Postcode
No. beds: [N/A]
Website: www.clch.nhs.uk
Main telephone
Completed by: Susanna Statton and Andrew Wilkes
Interim Service Manager and Divisional Manager for Urgent Care Services
Approval: Joanne Jones and Bernice Carolan
Associate Director for Adults Portfolio 2 and Assistant Director of Operations
CLCH Quality Report 2011

Summary report for Walk-In Centres and Urgent Care Centre

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Adults 2,</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service area</td>
<td>Walk in Centres and Urgent Care Centre</td>
</tr>
<tr>
<td>Boroughs</td>
<td>Barnet ✔</td>
</tr>
<tr>
<td></td>
<td>Kensington &amp; Chelsea ✔</td>
</tr>
<tr>
<td></td>
<td>Hammersmith &amp; Fulham ✔</td>
</tr>
<tr>
<td></td>
<td>Westminster ✔</td>
</tr>
</tbody>
</table>

This report covers four Walk-In Centres (WiCs) and one Urgent Care Centre (UCC) across the four London Boroughs of Barnet, Kensington & Chelsea, Hammersmith & Fulham and Westminster.

Edgware and Finchley WiCs are based in Barnet, Parsons Green WiC is based in Hammersmith & Fulham, Soho WiC is based in Westminster and St Charles UCC is based in Kensington & Chelsea.

The WiCs and UCC provide treatments for children and adults without an appointment and are not dependent on registration with specific General Practitioner (GP) services.

The range of conditions seen by the WiCs and UCC includes:

- **Minor injuries** such as sprains, minor burns, cuts, bites & stings, minor head or eye injuries.
- **Minor illnesses** such as coughs, chest infections, eye/ear pain, skin rash or infections, headaches, abdominal pain, allergies, dizziness, diarrhoea, vomiting.
- **Category C patients** are seen by Parsons Green and Soho WiCs, which are transported by the London Ambulance Service.
The WiCs at Barnet consists of a multidisciplinary team of nurse practitioners; support nurses and local GP experienced doctors. Predominately the Barnet centres provide assessment and treatment services for minor injuries and minor illnesses that do not require intensive or specialist care. The service also includes diagnostics and treatment could involve wound stitching, plastering for fractures.

The Parsons Green WiC is a nurse led centre. It is staffed by qualified nurse practitioners and primary care nurses who provide treatment to the general public. The WiC is considered to be a key centre for safe ear syringing. It also works in close collaboration with the Fulham Centre for Health, Child protection services and, in cases of domestic violence, the Local Authority and Police and is able to refer on to more appropriate care providers.

The St Charles UCC is a General Practitioner led service staffed by GPs and qualified nurse practitioners and support assistants. Staff work in close collaboration with the range of organisations including acute trust partners, out of hours providers, community and social care organisations.

The Soho NHS Walk in Centre (WiC) is a Nurse Practitioner led service staffed by experienced Nurse Practitioners who utilise expert diagnostic and clinical skills to provide autonomous, unscheduled medical care to patients presenting with acute undifferentiated and undiagnosed conditions.

The Parsons Green WiC is open between 08:00-20:00hrs on weekdays and between 09.00 to 13.30 weekends.

The UCC is open between 08:00-21:00hrs, 7 days per week. Outside of these hours patients are redirected to other more appropriate out-of-hours services. The centre also provides x-ray services.

The Soho WiC is open between 08:00-20:00hrs during Monday to Friday and from 10:00-20.00hrs on weekends and bank holidays.
<table>
<thead>
<tr>
<th>Overall summary of quality performance and next steps</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Safety</strong></td>
</tr>
<tr>
<td>The service is a high reporter of incidents and often investigates incidents, to learn from, and to stop, reoccurrences in the future.</td>
</tr>
<tr>
<td>In the inner three London Boroughs of Hammersmith &amp; Fulham, Kensington &amp; Chelsea and Westminster the main safety priority was conflict resolution and the management of anger, aggression and harassment within the centres.</td>
</tr>
<tr>
<td>The Walk-in Centres in Barnet the main safety priority was to introduce a muscular-skeletal physiotherapy service, so that they have the necessary expertise at the centre to safely deal with the high volume of patients with muscular-skeletal conditions.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>The services attach a high priority to audits to ensure the treatments and interventions with patients are evidence-based and of a high standard. Audits have been carried out around the transfer to Emergency Departments, cervical smears, missed fractures, the triage system and safeguarding, as well as participating with a large number of audits to the trust-wide health records audit.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Walk-In and Urgent Care Centres seek to learn from patient feedback and have valued the contact with the Customer Service Team in respect of the complaints received. A high priority has been attached to customer care training, to ensure that staff interact effectively with patients. This should enable potential</td>
</tr>
</tbody>
</table>

Edgware WiC is open from 07:00-22:00hrs every day. The last patient is booked in at 21:00hrs. The WiC operates an x-ray service between 09:00–22:00hrs (this service may be limited on Bank Holidays).

Finchley WiC is open from 08:00-22:00hrs every day. The last patient is booked in at 21:00hrs. The WiC operates an x-ray service between 09:00-17:00hrs Monday to Friday. Outside these hours, patients will be referred to the Edgware WiC for an x-ray.
complaints to be averted through appropriate and sensitive intervention.

**Looking forward**

The coming year will be a challenge for the Walk-In Centres as demand is forecast to be high due to the Olympics. Therefore tackling the waiting times at some centres will be a high priority, such as Soho, which is a very popular centre in the heart of the capital and has received increased demand since the Walk-In Centre at Victoria closed and the Liverpool Street Walk-In Centre became private.

### Safety

#### Overview

The main safety priority last year within the WiCs and UCC in the inner three London Boroughs of Hammersmith & Fulham, Kensington & Chelsea and Westminster was conflict resolution and the management of anger, aggression and harassment within the centres. This continues to be the highest reported incident in some of the centres. However in others incidents of violence and aggression have been significantly reduced due to security, policy and excellent training of our staff in handling and preventing such episodes. Our aim is to roll this out to all the centres.

The WiCs and UCC in the inner three London Boroughs also looked at their X-ray policies. All X-ray policies have, or are being, updated and staff have been sent on training. An audit of X-rays will take place later in 2012 against the standards set out in the policies.

Safeguarding children and vulnerable adults has also been a priority this year. Staff are very aware of safeguarding issues and record and communicate with other safeguarding services to ensure the welfare of those who are vulnerable. However this can be improved by flagging up concerns from other services on our clinical system so that staff can have access to alerts when these concerns.
already exist. Over the coming year the centres aim to ensure that information sharing and the flagging up of children on the child protection register is recorded and kept up to date on our clinical systems.

The Walk-in Centres in Barnet have introduced a muscular-skeletal physiotherapy service to deal with the high demand from patients. This will ensure that the centres have the appropriate mix of skills and range of expertise to treat patients with muscular-skeletal injuries and chronic conditions.

We identified the following safety improvement actions in our 2010 Quality Report. This section outlines the progress we have made on each of them:

- **Review by Parkhill security and recommendations:** There has been a reduction in the number and in the severity of incidents that have occurred over the last year following the advice and support of a security company called Parkhill.

- **Red card policy for dealing with violent and aggressive clients:** Work is on-going to introduce a red card policy.

- **All new staff to undertake conflict resolution training:** Work is on-going, some staff have received conflict resolution training and this will continue in 2012.

The WiCs and UCC also carried out the following safety quality improvement actions that were not in last year’s quality report:

- **WiCs and UCC in the inner three London Boroughs looked at their X-ray policies:** All X-ray policies have or are being updated and staff have been sent on training. An audit of X-rays will take place later this year against the standards set out in the policies.

- **Safeguarding children and vulnerable adults:** In the centres in the inner three boroughs staff have been reminded of safeguarding issues, such as the need to record and communicate with other safeguarding services to ensure the welfare of those who are vulnerable.

- **Walk-in Centres in Barnet have introduced a muscular-skeletal physiotherapy service:** a muscular-skeletal physiotherapy service was introduced to Barnet WiCs to help deal with the high volume of muscular-skeletal injuries and chronic conditions.
skeletal injuries being presented at the centres and to ensure that the expertise and skill mix within the centres was adequate to provide safe treatment.

### Key results

#### Total incidents Jan-Dec 2011 by category

There were a total of 75 incidents reported by the WiCs and UCC in 2011.

- **Wrong, delayed or misdiagnosis**
- **Violence/abuse/harassment with...**
- **Violence/harassment or Abuse -...**
- **Unwell/Illness/illness**
- **Treatment problem**
- **Staffing issue**
- **Slips, Trips and Falls**
- **Security of sites and property**
- **Problem with appointment**
- **Possible Safeguarding Issue - Adults**
- **Other**
- **Medication**
- **Medical devices & equipment**
- **Laboratory problem**
- **IT Network and Equipment**
- **Information**
- **Infection Control**
- **Hit by/against object**
- **Health Records**
- **Fire**
- **Not Recorded**

#### Incident Categories by Borough

<table>
<thead>
<tr>
<th>Incident Category</th>
<th>Barnet</th>
<th>H&amp;F</th>
<th>K&amp;C</th>
<th>West</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Recorded</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Fire</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Health Records</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>
2011 quality report_summary: WiC / UCC
14th March 2012
Version: Final

Hit by/against object 1 1 1
Infection Control 1 1
Information 3 3 1 7
IT Network and Equipment 2 1 4 7
Laboratory problem 1 1
Medical devices & equipment 1 1
Medication 3 3
Other 4 1 1 6
Possible Safeguarding Issue - Adults 1 1
Problem with appointment 3 3
Security of sites and property 3 1 4
Slips, Trips and Falls 2 1 3
Staffing Issue 1 1 2
Treatment problem 1 1 2
Unwell/illness/illness 1 1
Violence / Harassment or Abuse - without understanding 3 2 1 6
Violence/abuse/harassment with intent 6 2 1 6 15
Wrong, delayed or misdiagnosis 1 1 2

Total 32 17 5 21 75

Total incidents Jan-Dec 2011 by severity

<table>
<thead>
<tr>
<th>Minor</th>
<th>Low</th>
<th>Medium</th>
<th>High</th>
<th>Catastrophic</th>
</tr>
</thead>
<tbody>
<tr>
<td>41</td>
<td>21</td>
<td>11</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Level of reporting:

In this service, incidents are recorded in most cases and near misses are recorded in most cases. The high level of incidents with a minor severity shows that the service is good at reporting near miss incidents, before they reoccur with greater severity.

Depending on the level of the grading, it may be necessary to carry out an
investigation to determine the root cause. Incidents and trends are also discussed at the risk management meetings. Learning outcomes are fed back to the team, with measures put in place to remove reoccurrence.

The service had one incident with a severity rating of catastrophic, which related to some of the Patient Group Directions (PGDs) that needing to be updated in Barnet. It is vital that these are monitored and kept up to date on a regular basis to ensure patients have access to the best prescribing practices possible. Immediate action was taken by the Nurse Lead concerned to ensure this was carried out and all PGDs were reviewed. Nurse Leads take an active part in the trust wide group that monitors PGDs.

Themes arising

A high number of incidents are reported pertaining to “violence/ abuse and harassment with intent”. In Barnet the centres have ensured that, in conjunction with the Health & Safety Manager, a letter is promptly sent to the alleged perpetrator of the verbal abuse from the Divisional Manager, advising them that their behaviour is unacceptable. In the inner London Centres, repeated attendance with verbal aggression results in a letter and potentially a meeting with the patient to explain trust policy around aggression and violence. A high priority is also attached the customer care training for all staff in the Urgent Care Division; including Walk-In Centre staff (Clinical and Admin) so that staff are trained and confident in diffusing incidents.

<table>
<thead>
<tr>
<th>Safety Improvement Actions for 2012</th>
<th>Action</th>
<th>Expected completion date</th>
<th>Named lead</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Conflict Resolution work and root cause around statistical reporting of abuse and harassment.</td>
<td>September 2012</td>
<td>Denis Enright</td>
</tr>
<tr>
<td></td>
<td>X ray policy ratified at all centres. All Emergency Nurses to have attended training. Audit against the policy standards.</td>
<td>September 2012</td>
<td>Denis Enright</td>
</tr>
<tr>
<td>Activity</td>
<td>Date</td>
<td>Owner(s)</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>---------------</td>
<td>---------------------------------</td>
<td></td>
</tr>
<tr>
<td>Safeguarding flagged up on Adastra in all centres with an identified person for updating each system.</td>
<td>April 2012</td>
<td>Denis Enright</td>
<td></td>
</tr>
<tr>
<td>Monthly meetings of the Urgent Care Division are held. At these meetings, Datix incidents, complaints and other health and safety issues are discussed, and a multi-team approach is developed to ensure consistency of response.</td>
<td>On-going since April 2010</td>
<td>Andrew Wilkes</td>
<td></td>
</tr>
<tr>
<td>Regular staff meetings are held at both Walk-in Centres in Barnet, to ensure information is effectively disseminated and staff have the opportunity to raised concerns. Health and Safety is a fixed item on the agenda for the staff meetings.</td>
<td>On-going since April 2010</td>
<td>Ping Bowman</td>
<td></td>
</tr>
<tr>
<td>Clinical staff receive clinical supervision regarding safeguarding adults and children.</td>
<td>On-going since April 2010</td>
<td>Elaine Cockram, Steve McGuinness</td>
<td></td>
</tr>
<tr>
<td>Clinical and Administrative staff receive mandatory safeguarding training for adults and children.</td>
<td>On-going since April 2010</td>
<td>Elaine Cockram, Steve McGuinness</td>
<td></td>
</tr>
<tr>
<td>Staff have received training and are aware of the procedures in place to ensure that serious and near miss incidents are completed using Datix</td>
<td>On-going since April 2011</td>
<td>Ping Bowman</td>
<td></td>
</tr>
<tr>
<td>The Health and Safety manager is closely monitoring the situation with regard to the state of the building at Finchley Memorial hospital</td>
<td>On-going since Oct 2011</td>
<td>Michelle Stark</td>
<td></td>
</tr>
</tbody>
</table>
A review of security of the premises at both Walk-In Centres in Barnet is currently in progress, following a serious incident involving a breach of security and physical threat to a member of staff at Edgware Walk-In Centre.

<table>
<thead>
<tr>
<th>Date</th>
<th>Author</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2012</td>
<td>Andrew Wilkes</td>
</tr>
<tr>
<td></td>
<td>Michelle Stark</td>
</tr>
</tbody>
</table>

## Effectiveness

### Overview

We aim to achieve the best possible outcomes for patients. To do this, we regularly check to see that we are delivering care and treatment according to best practice standards, and we increasingly look to measure and improve clinical and patient reported outcomes.

The services attach a high priority to audits to ensure the treatments and interventions with patients are evidence-based and of a high standard. Audits have been carried out around the transfer to Emergency Departments, missed fractures, the triage system, upper respiratory tract infection management and prescribing habits and safeguarding, as well as participating with a large number of audits to the trust-wide health records audit.

In Barnet a lot of work has been carried out on the budgets of Edgware and Finchley Walk-In Centres, ensuring that the budget for both WIC’s is in balance. In terms of IT, both Walk In Centres use the Adastra Clinical Assessment System.

As this system is also operated by Barndoc, this has ensured effective working with our partner organisation. A protocol for the joint use of Adastra has been approved by the Clinical Governance Team.

### Key achievements this year

We identified the following clinical effectiveness improvement actions in our 2010 Quality Report. This section outlines the progress we have made on each of them:

1) **Undertake more clinical audits within the service:** This quality improvement action is on-going; the service has carried out various clinical
The service has taken the following effectiveness quality improvement actions in 2011:

1) **Emergency Departments Audit:** A clinical audit is currently being carried in respect of transfer to Emergency Departments to ensure the correct treatments are given in a timely fashion;

2) **Missed fracture audit:** Missed fracture audits are in progress to see if these could have been averted

3) **Triage system audit:** A clinical audit is taking place of the triage system in operation at Edgware Walk-In Centre to ensure effective priority and treatment takes place.

4) **Clinical supervision:** takes place regularly to support staff and ensure Managers can be confident of the practice of front-line staff.

5) **Improved IT systems:** The IT systems used by both Barnet Walk-in Centres have been standardised with a local partnership organisation, Barndoc, to ensure that the joint work carried out between the services is effective.

### Key results

**Patient Reported Outcome Measures (PROMs)**

The service will aim to implement a PROM in 2012. The difficulty in implementing a PROM is that the centres typically see patients for a one-off intervention so the design doesn’t lend itself to a pre and post outcome measure as demanded of a PROM but the service will investigate ways to implement an appropriate patient reported outcome measure.

**Measure of Effectiveness**

A range of management information is collected for the Walk-In Centres to monitor performance, the following measures of effectiveness have been collected:

1) **Numbers of patients attending the Walk-In Centres:** Attendance is approximately 100,000 across both Walk-In Centres for the year. In the inner
three boroughs the attendance figures for 2011 are as follows:

a) St Charles UCC: 38,780  
b) Parsons Green WiC: 23,320  
c) Soho Walk-In WiC: 42,814

2) **Times of patients’ attendance:** Information is collected on the times patients attend at the Walk-In Centres. This enables the Operation Manager and Lead Nurses to ensure there is appropriate numbers of staff in place to meet demands throughout the day.

3) **Average waiting times:** The national target for waiting time at Walk-In Centres is less than 4 hours. The average waiting time between April-September 2011 is the following:

a) St Charles UCC: 27 mins  
b) Parsons Green WiC: 23 mins  
c) Soho Walk-In WiC: 65 mins

4) **Age range of patients attending:** Management information is collected on the age profile of children and adults attending the Walk-In Centres. Approximately 40% of the attendees at the Walk-In Centres are children. The highest proportion of people attending are working adults, with a comparatively small number of patients over the range of 65.

5) **Ethnicity breakdown of patients attending:** This information is analysed to identify whether patients from all ethnic backgrounds within the borough are accessing the service.

6) **Deprivation quintile of patients attending:** Patient attendances by deprivation quintile are analysed, in order to ensure that service are accessing ‘hard to reach’ patient groups.

7) **A&E admission rates:** Management information is produced to trace patients NHS Numbers, in order to identify whether patients are subsequently attending an A&E unit after 2, 7 or 30 days. This enables the service to demonstrate that WiCs and UCC are a viable alternative to a Hospital A&E unit.
Clinical Audit

Participation in Trust-wide audits during 2011

The Walk-In Centres and Urgent Care Centre contributed to the CLCH trust-wide health records audit separately.

3 boroughs were involved in the Walk-In Centres' audits and audited the following number of records:

- Barnet: 0
- Kensington and Chelsea: 2
- Hammersmith and Fulham: 10
- Westminster: 295

The service achieved a mean compliance rating of 89.82%.

The health records audit have shown that all patient information is recorded accurately and identifiable by a unique identification plus or minus their NHS number. This is largely attributable to the clinical record system in use – Adastra which is connected to the NHS Care Records Service in conjunction with the work of the reception staff obtaining accurate information from patients at registration. Staff are identified by their unique log in identification. Information in patient notes is succinct and relevant. It is easy to review previous attendance notes as all Walk in Centres and Urgent Care Centres use the same Adastra patient record system.

3 boroughs were involved in the Urgent Care Centre’s audit and audited the following number of records:

- Barnet: 0
- Kensington and Chelsea: 31
- Hammersmith and Fulham: 0
- Westminster: 0
The service achieved a mean compliance rating of 69.91%.

Local audits during 2011

In addition to the trust-wide health records audit the service has also carried out the following audits in 2011:

**Patients transferring to Emergency Departments at Acute Hospitals:** An audit is taking place to ensure the correct and timely management of patients and that only those patients who need to be transferred to Emergency Departments are referred.

**Safeguarding Children:** A child protection audit is regularly undertaken, to ensure that all local at risk children on the register are identifiable on the Adastra system.

**Missed Fractures Audit:** An audit is taking place to examine whether any of these missed fractures could have been avoided before the x-rays were later examined in accordance with approved practice by the specialist Radiographer at Barnet and Chase Farm Hospital. In the three inner boroughs an audit of x-rays against a ratified x-ray policy will follow a period of ensuring all ENPs are appropriately up to date with training around requesting and interpreting x-rays.

**Triage Audit:** The triage system in place at the Edgware Walk-In Centre is regularly audited, with the results reported to the Clinical supervision group. The purpose of the audit is to check that the system is working appropriately to ensure patients are seen and treated in accordance with their priority and need

**Cervical smear audit:** The centre at Soho carried out an audit on cervical smears to find out how many are inadequate and whether the centre is below the national average for inadequate cervical smears. The results showed that 2% of cervical smears were inadequate, below the national average of 2.8%.

**NICE compliance**

The following NICE guidance is either fully or partially relevant to this service:
• NICE Guideline Patient chest pain recent onset (No 95)
• NICE Guideline Management of hypertension in adults in Primary Care (No 34)
• NICE Guideline-Irritable bowel syndrome in adults—(No 61)
• NICE Guideline-Constipation in children and young people (No- 99)
• NICE Guideline-Management of Dyspepsia in adults and Primary Care (No 17)
• NICE Guideline-Head injury (No-56)
• NICE Guideline-Self harm (No-16)
• NICE Guideline-Feverish illness in children (No-47)
• NICE Guideline-Diarrhoea and vomited caused by gastro-enteritis
• NICE Guideline-UTI in children (No-54)
• NICE Guideline-When to suspect child maltreatment
• NICE Guideline-The management of lower urinary tract symptoms in men (No-97)
• Nice Guideline-Falls –(No 21)
• NICE Guideline-Lower back pain (No-88)
• NICE Guideline-COPD (No 101)
• NICE Guideline-Respiratory tract infections-anti-biotic prescribing (No-69)
• NICE Guideline-Tuberculosis (No-61)
• NICE Guideline-Surgical site infection (No-74)

All NICE guidelines that are relevant to the WiCs and UCC are available in the Clinical Guidelines Folders which are electronically accessible to all Clinicians (Nurses and Doctors) on the Walk-In Centre shared drive.

The following policy drivers further support the way in which we aim to deliver our service:
### 2011 quality report summary: WiC / UCC

14th March 2012

Version: Final

- 1990 Community Care Act
- 2002 NSF Long Term Conditions paper
- DH 2005, Delivering Choice paper
- 2005 NSF White Paper
- DH 2006, Out and About: Wheelchairs as part of a whole-systems approach to independence report.
- Darzi Report
- Right Care, Right Choice
- Urgent Care Review
- Liberating the NHS

### What the patients say about the outcomes of their care and treatment

"Thank you so much for helping me to get better—you’re such a lovely team!"

The following feedback was received through a compliment:

"...would like to thank all the staff at Parsons Green for helping me so much when dressing my leg from February to May. It healed with all their care and they were very helpful....."

### Clinical Effectiveness improvement actions

<table>
<thead>
<tr>
<th>Action</th>
<th>Expected completion date</th>
<th>Named lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>A baseline audit against CG89 for Safeguarding of Children to look at how our “Working Together to Safeguard Children” is functioning as we think it is.</td>
<td>2012</td>
<td>Denis Enright</td>
</tr>
<tr>
<td>Audit of our X ray interpretation</td>
<td>2012</td>
<td>Denis Enright</td>
</tr>
<tr>
<td>Improving conflict resolution training</td>
<td>2012</td>
<td>Denis Enright</td>
</tr>
</tbody>
</table>
### Experience

#### Overview

We care about treating everybody with kindness, dignity and respect at all times. The Walk-In and Urgent Care Centres seek to learn from patient feedback and have valued the contact with the Customer Service Team in respect of the

<table>
<thead>
<tr>
<th>Topic</th>
<th>Date</th>
<th>Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit into hand hygiene and infection control</td>
<td>2012</td>
<td>Denis Enright</td>
</tr>
<tr>
<td>Review and monitor the time taken for clinical assessment by all Nurse Practitioners and Doctors, to include different types of presentations.</td>
<td>May 2012</td>
<td>Elaine Cockram</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Steve McGuinness</td>
</tr>
<tr>
<td>Implement any actions arising from CQC unannounced inspection of the Finchley Walk-In Centre</td>
<td>March 2012</td>
<td>Andrew Wilkes</td>
</tr>
<tr>
<td>Look at appropriateness of referrals to A+E or GP’s by Nurse Practitioners after 6-pm</td>
<td>June 2012</td>
<td>Elaine Cockram</td>
</tr>
<tr>
<td>Reduce sickness levels at both Walk-In Centres to 2.5%</td>
<td>July 2012</td>
<td>Ping Bowman</td>
</tr>
<tr>
<td>Hold joint training sessions at both Walk-In Centres with Tony Fishenden from the PALS office</td>
<td>May 2012</td>
<td>Ping Bowman</td>
</tr>
<tr>
<td>Mental Capacity Act Training to be provided for all staff in the Walk-In Centres</td>
<td>June 2012</td>
<td>Andrew Wilkes</td>
</tr>
<tr>
<td>Domestic Violence Training to be provided to all staff in the Walk-In Centres</td>
<td>Sept 2012</td>
<td>Andrew Wilkes</td>
</tr>
</tbody>
</table>
complaints received. A high priority has been attached to customer care training, to ensure that staff interact effectively with patients. This should enable potential complaints to be averted through appropriate and sensitive intervention.

The Walk-In Centres in Barnet have had over with over 100,000 people attending in 2011. The core challenge remains to ensure that patients are treated promptly, while at the same time making sure their clinical needs are fully and safely addressed. In the year ahead, the centres in Barnet will concentrate on how they work with their local communities at Edgware and Finchley, ensuring that the local population see the centres as providing a good quality, responsive, locally accessible service that demonstrates an understanding of their needs.

In the Walk-In Centres in central London, waiting times are all below the national average of four hours. Nevertheless, in the coming year the inner three boroughs are tackling the waiting times at some centres, such as the Soho centre. Soho is a very popular centre in the heart of the capital and as such is extremely busy. Demand has increased since Victoria WiC closed in December and Liverpool Street WiC now charges all patients to be seen. Many people who work in London make use of the service for its convenience rather than taking time out for a GP appointment. Many tourists make use of it in an emergency whilst travelling. Some measures have already been taken to manage waiting times and we will continue to make this a priority in 2012 especially as the service will be an essential part of serving visitors to London during the Olympic period.

Key achievements this year

We identified the following patient experience improvement action in the 2010 Quality Report. This section outlines the progress made towards achieving it:

**Review of reception areas and ways of maintaining patient confidentiality and privacy during registration:** This action is on-going. A lot of action has been taken with regards to ensuring that the reception areas are safe from violence and aggression, going forward the centres will ensure that the reception area is safe with regards to personal information.

In addition the centres have also taken the following quality improvement actions to improve the experience of the service:

1) **Improved seating in waiting area:** patients fed back that the chairs in the
waiting areas at Finchley and Edgware Walk-In Centres were uncomfortable. The centres listened to this and acted on these concerns. As a result of applications for capital funding and to the Edgware Hospital League of Friends we have obtained funding to purchase new and improved seating.

2) Working partnerships: The centres in Barnet have maintained and developed effective working partnerships with Barndoc for the benefit of patients. This has involved providing appropriate Nursing support at the Cricklewood, GP Led Walk-In Centre, and working with GP’s at the Edgware and Finchley Walk-In Centres.

Patient survey results

Patient surveys (known as Patient Reported Experience Measures – PREMs)

Summary of results for core patient experience measures (Aug-Dec 2011)

<table>
<thead>
<tr>
<th>Question</th>
<th>Result for this service</th>
<th>Trust-wide average</th>
</tr>
</thead>
<tbody>
<tr>
<td>% patients/carers rating overall experience good or excellent</td>
<td>96%</td>
<td>93%</td>
</tr>
<tr>
<td>% patients saying they were definitely involved in planning their treatment</td>
<td>59%</td>
<td>56%</td>
</tr>
<tr>
<td>% patients saying they were always treated with dignity &amp; respect</td>
<td>96%</td>
<td>92%</td>
</tr>
<tr>
<td>% patients saying they definitely understood explanation</td>
<td>95%</td>
<td>88%</td>
</tr>
<tr>
<td>% patients satisfied with waiting time</td>
<td>65%</td>
<td>74%</td>
</tr>
</tbody>
</table>

Interpretation of PREM results

The centres received a higher rating than the organisation average in four out of five of the core questions.
The centres achieved higher than 90% satisfaction from patients rating their overall experience, reporting they definitely understood explanations and that they were treated with dignity and respect and.

The centres performed worse than the organisation average on satisfaction with waiting times, which is a problem the Walk-in Centres have identified and are working towards improving.

The lowest result related to patients being involved in planning their treatments, which is a core question used by all services but is not particularly relevant to Walk-In and Urgent Care Centres.

These results are all improvement upon last year’s results. Furthermore 99% of patients said they would definitely or probably recommend the service to others, up from 72% last year.

**PREM methodology**

The following table summarises the number of patients that responded to a PREM this year, and shows this as a percentage of all referrals during the survey period (August – December 2011). Our aim was to achieve a representative view of patient feedback, so we set provided a survey to each patient that stated they were prepared to return a completed response.

<table>
<thead>
<tr>
<th>PREM volume targets</th>
<th>Total (Aug-Dec 2011)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of patients who responded to a PREM</td>
<td>2523</td>
</tr>
<tr>
<td>Total new referrals</td>
<td>80770</td>
</tr>
<tr>
<td>% of new referrals who responded to a PREM</td>
<td>3%</td>
</tr>
<tr>
<td>Target % of respondents</td>
<td>15%</td>
</tr>
<tr>
<td>Target achieved?</td>
<td>No</td>
</tr>
</tbody>
</table>
### Compliments and Complaints

- Number of compliments Jan 2011 – Dec 2011: 53
- Number of complaints Jan 2011 – Dec 2011: 16

6 of the complaints regarded fractures, this trend was identified and discussed at the Learning for Experience Group, a group designed to identify and prevent reoccurrences of adverse incidents or complaints. Audits on missed fractures are currently being carried out and results will be fed back to the Learning from Experience Group. The group will also continue to monitor complaints and incidents.

### Other qualitative feedback

Stake-holders, such as Barndoc, are positive in their feedback of their experience of working with the centres in Barnet:

Annette Alcock, Deputy Chief Executive of Barndoc, at a Commissioners meeting on December 22, 2011 that the joint work between Barndoc Out of Hours Services and the Finchley Walk–In Centre “was as good example of integrated working that could be found anywhere in the UK”

### What the patients say

The following are quotes from patient compliments:

“I would like to say how impressed I was with your courtesy, kindness and professionalism shown to me and it is a terrible shame that clinics like yours are not common knowledge to all tourists in the UK” (We are working on this to ensure more tourist agencies do provide information about our service).

“It’s one of the best things in London for me that the Soho NHS walk In Centre is available to all.”

“Thank you for the caring way you treated me for my “allergic reaction”

“Thank you for taking care of my daughter”

Thank you to all the staff for putting my finger back together!! You were all great”

<table>
<thead>
<tr>
<th>Patient experience</th>
<th>Actions</th>
<th>Expected completion</th>
<th>Named lead</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
In the coming year we intend to map our patient flow and bring down our waiting times so that patients are seen quickly at all times in all our centres.  

<table>
<thead>
<tr>
<th>Improvement Actions</th>
<th>date</th>
<th>Author</th>
</tr>
</thead>
<tbody>
<tr>
<td>We also intend to market our centres so that patients know about us</td>
<td>Dec 2012</td>
<td>Denis Enright</td>
</tr>
<tr>
<td>All Walk-In Centre Staff to continue to seek cooperation from patients in completing PREM forms.</td>
<td>March 2012</td>
<td>Ping Bowman</td>
</tr>
<tr>
<td>Use the Mobile Patient Survey units to capture immediate patient feedback.</td>
<td>January 2012</td>
<td>Ping Bowman</td>
</tr>
</tbody>
</table>