

ENTER AND VIEW VISIT REPORT FAVERSHAM MINOR INJURIES UNIT

About Healthwatch Kent

Healthwatch gives people a powerful voice locally and nationally. In Kent, Healthwatch works to help people get the best out of their local health and social care services. Whether it's improving them today or helping to shape them for tomorrow. Local Healthwatch is all about local voices being able to influence the delivery and design of local services. Not just people who use them, but anyone who might need to in future.

What is Healthwatch Kent?

Healthwatch Kent was established in April 2013 as the new independent community champion created to gather and represent the views of our community. Healthwatch plays a role at both national and local level and makes sure that the views of the public and people who use services are taken into account.

Healthwatch Kent took over the role of Kent Local Involvement Network (LINk) and also represents the views of people who use services, carers and the public to the people who commission plan and provide services. Healthwatch provides a signposting service for people who are unsure where to go for help. Healthwatch can also report concerns about the quality of health care to Healthwatch England, and the Care Quality Commission take action.

Our Mission Statement

Our mission is to raise the public's voice to improve the quality of local health and social care services in Kent. We listen to you about your experiences of health and social care

services and take your voice to the people who commission health and social care services in Kent.

Our FREE Information and Signposting service can help you navigate Kent's complicated health and social care system to ensure you can find and access the services that are available for you. Call us on 0808 801 0102 or email info@healthwatchkent.co.

Our Values

- Volunteer led (5 staff, 60 volunteers)
- Information and Intelligence based
- Support and Guidance
- Two way communications
- Partnerships and relationships achieve more in partnership than alone
- Honest, accountable and transparent

Enter & View

In order to enable Healthwatch Kent to gather the information it needs about services, there are times when it is appropriate for trained Healthwatch Volunteers to see and hear for themselves how those services are provided. That is why the Government has introduced duties on certain commissioners and providers of health and social care services (with some exceptions) to allow authorised Healthwatch representatives to enter premises that service providers own or control to observe the nature and quality of those services.

Healthwatch Enter and Views are not part of a formal inspection process, neither are they any form of audit. Rather, they are a way for Healthwatch Kent to gain a better understanding of local health and social care services by seeing them in operation. Healthwatch Enter and View Authorised Representatives are not required to have any prior indepth knowledge about a service before they Enter and View it. Their role is simply to observe the service, talk to service users and staff if appropriate, and make comments

and recommendations based on their subjective observations and impressions in the form of a report.

This Enter and View Report is aimed at outlining what they saw and making any suitable suggestions for improvement to the service concerned. The reports may also make recommendations for commissioners, regulators or for Healthwatch to explore particular issues in more detail. Unless stated otherwise, the visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies. Any serious issues that are identified during a Healthwatch Enter and View visit are referred to the service provider and appropriate regulatory agencies for their rectification.

Legislation allows 'Enter and View' activity to be undertaken with regard to the following organisations or persons:

- NHS Trusts
- NHS Foundation Trusts
- Local Authorities
- a person providing primary medical services (e.g. GPs)
- a person providing primary dental services (i.e. dentists)
- a person providing primary ophthalmic services (i.e. opticians)
- a person providing pharmaceutical services (e.g. community pharmacists)
- a person who owns or controls premises where ophthalmic and pharmaceutical services are provided
- Bodies or institutions which are contracted by Local Authorities or the NHS to provide health or care services (e.g. adult social care homes and day-care centres).

Key Benefits of Enter & View

To encourage, support, recommend and influence service improvement - by:

- Capturing and reflecting the views of service users who often go unheard, e.g.
 care home residents
- Offering service users an independent, trusted party (lay person) with whom they feel comfortable sharing experiences
- Engaging carers and relatives
- Identifying and sharing 'best practice', e.g. activities that work well

- Keeping 'quality of life' matters firmly on the agenda
- Encouraging providers to engage with local Healthwatch as a 'critical friend', outside of formal inspection
- Gathering evidence at the point of service delivery, to add to a wider understanding of how services are delivered to local people
- Supporting the local Healthwatch remit to help ensure that the views and feedback from service users and carers play an integral part in local commissioning
- Spreading-the-word about local Healthwatch.

Details of the Visit

Name and address of premises visited	Faversham Minor Injuries Unit
Name of service provider	IC24
Purpose of the premises / service	Minor Injuries
Lead contact	Duty Nurse :Sandra Bigwood
	Receptionist: Tamsyn Webb
Date and time of visit	31 st May 2014
Authorised representatives undertaking	Jim Hancock - Team Leader
the visit	Hilary Clayden
Healthwatch Support Team	Lillian Ndawula

Purpose of the visit

Healthwatch Kent is part of the Steering Group which is discussing the future of Faversham Minor Injuries Unit. As part of our work within the Steering Group we wanted to visit the Unit and talk to patients about how they use the service. Our findings will be used to help inform our discussions within the Steering Group.

How the visit was conducted?

This was an announced visit with the Provider being given 2 weeks notice. The Health-watch volunteers reported to reception and then talked to patients and their families in the waiting room. The team also met with and spoke to Sandra Bigwood, the nurse in charge that day. Prior to the visit, Healthwatch staff had visited the Unit and spoken with the Nurse about the logistics of the visit to ensure we didn't interrupt the service.

Background Information

Faversham MIU is situated at Faversham Cottage Hospital in the borough of Swale and is part of the outpatient services offered by East Kent Hospital University Foundation Trust (EKHUFT). It shares the same building as the Bank Street Health centre. It is open from 8am till 8pm seven days and week and provides treatment and advice for people with minor injuries and illnesses.

This visit was a response to the proposed closure of the Minor injuries unit which met great resistance from the public; especially the people of Faversham. The proposal by the Canterbury &Coastal Clinical Commissioning Group was to close the Faversham MIU and move all services to Estuary View in Whitstable. However, by the time the visit was conducted, Canterbury and Coastal Clinical Commissioning Group had agreed to start a new procurement process following recommendations from the Faversham MIU Steering Group of which Healthwatch Kent is a part. During this time, the contract with IC24 who provide the service, had been extended until March 2015.

The visit was conducted on a Saturday when the GP surgeries were closed following advice from the staff. This ensured that everyone in the waiting area was there to visit the MIU and not GP service which shares the same waiting area.

The report relates only to a specific visit (a point in time) and the report is not representative of all service users (only those who contributed within the restricted time available)

Our Findings

We were very warmly welcomed by staff. The visit lasted for 2 hours. During this time we spoke to eleven patients. This comprised seven adults and four children. Their ages ranged from 2.5 years to 85 years old.

All patients were from the local area (ME13 Faversham).

Reasons for attending:

Six of the patients were seeking help for an illness, four for an injury and one for

treatment.

All were aware that their GP practice was not available on the day (Saturday).

One patient seeking treatment was referred to the unit by her GP to continue with the daily injection prescribed as the GP practise was closed.

How they travelled to the MIU?

Eight of the patients had travelled in their own car and three had walked to the unit.

Frequency of use:

Seven of the patients had previously attended the unit,

Two were attending for the first time, and two did not respond to this question.

Waiting times:

The majority (seven) of the patients had waited less than thirty minutes, three had been waiting for between thirty and sixty minutes and one did not respond.

Quality of service received:

The majority of patients were satisfied with the quality of service they received on that day. Six (54%) of the patients stated that they were very happy with the information provided to them, Six (54%) felt that their privacy and confidentiality had been respected and Six (54%) said that they had been involved in decisions made about them. Nine patients (82%) said that they were very likely to recommend the unit to friends and family

Four patients did not respond to these questions.

Additional Comments:

- Professional service, delighted with treatment.
- Happy with everything
- Fantastic service, ease and speed of access, good follow up, should not close
- Older people may find it difficult to deal with the questions asked at reception

Which service would they most likely use if the MIU closed?

Six of the patients (54%) knew of the proposal to transfer the services to Estuary View

Medical Centre, four (36%) did not know and one did not respond.

When asked which service they were most likely to use if the MIU was to close, five said they would see a GP if available, one would use A & E, two would use Estuary View and three did not respond

Other comments

- Depending on what the problem is, GP then 111, not Estuary View, Canterbury nearer, ease of access.
- GP would be first choice, Whitstable next. Has a car so no problem with getting to A & E.
- Fantastic service, ease and speed of access, good follow up, should not close
- Would favour a walk in centre instead of M.I.U.
- Probably 111 if no GP is available, sad to see it shut, good to know it is here.
- Thinks it should not close as it is easy to access. Has been before for injury and treatment for children's asthma.
- Patient had an appointment for treatment (injection), normally see GP for this but closed at weekends and arrangements made to have it here.
- There seems to be a tendency for GPs within the building to send patients needing routine follow up treatments like wound dressing to the MIU.

Our Observations:

The signage for the MIU is very poor. There are no signs for people driving to the Unit, there is only one sign at the door which is by a car park. Within the building there little signage for the MIU, although there are plenty of signs for other services within the building. It is not clear for patients where they should register for the MIU.

The reception area is not wheelchair friendly. The desk is approximately 42 inches high which makes it difficult for any wheelchair users to freely speak to members of staff or to write/sign anything if needed.

Our Conclusions:

The unit is clearly popular and is well run with a high level of satisfaction from patients. People are returning to the service and user numbers are healthy. Although signage is

poor, the Unit is very accessible on foot for the people of Faversham. It was clear from our discussions that this MIU unit is an important service that meets a need for a local easily accessible unit, which can provide cost and medically effective treatment for both illnesses and minor injuries especially when no GP is available.

Recommendations:

- Better signage for people looking for the Unit, especially for those coming by road
- Improved signage within the building to ensure people know where to go
- Information should be clearly available which states what the MIU offers patients (many patients were presenting with illness rather than minor injuries)
- The reception counter needs to be lowered to enable everyone better access to the reception and to discuss and answer any questions comfortably
- If the MIU service was to be moved, it needs to be accessible for the local community

Acknowledgements

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