Enter and View visit to the GPAU and AMU at the Royal

Reporting on the Enter and View visit to the GP Assessment Unit and Acute Medical Unit based at Leicester Royal Infirmary

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Enter and View visit details

Address	Leicester Royal Infirmary Infirmary Square Leicester LE1 5WW
Service Providers	University Hospitals of Leicester NHS Trust
Date and Time of visit	GPAU – 5th July – 10am – 12pm AMU – 5th July – 1pm – 3pm
Type of visit	Announced
Authorised representatives undertaking the visit	1 Visit lead – Volunteer 4 Authorised Representatives 1 Staff lead
Contact details	Healthwatch Leicester City, Clarence House, 46 Humberstone Gate, Leicester. LE1 3PJ
Report sent for factual check and response to	Karl Mayes – Patient Experience Manager Julie Burdett –Matron – Emergency Clinical Business Unit
Date sent	17th August 2017
Date response received	18th August 2017

Acknowledgements

Healthwatch Leicester City would like to thank the service providers, patients, visitors and staff for their contribution to the Enter and View visit. We would also like to thank the Authorised Representatives from Healthwatch Leicestershire and Rutland who supported this visit.

Disclaimer

Please note that this report relates to findings observed and through discussion on the days attending the service. Our report is not a representative portrayal of the experiences of all patients, their family/carer and staff, and is only an account of what was observed and contributed at the time.

What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter & View visits. Enter & View visits are conducted by a small team of trained volunteers, who are prepared as 'Authorised Representatives' to conduct visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvements or capture best practice which can be shared.

Enter and view is the opportunity for Healthwatch Leicester to:

- Enter publicly funded health and social care premises to see and hear first-hand experiences about the service.
- Observe how the service is delivered, often by using a themed approach.
- Collect the views of service users (patients and residents) at the point of service delivery.
- Collect the views of carers and relatives.
- Observe the nature and quality of services.
- Collect evidence-based feedback.
- Report to providers, the Care Quality Commission (CQC), Local Authorities, Commissioners, Healthwatch England and other relevant partners.

Enter & View visits are carried out as 'announced visits' where arrangements are made between the Healthwatch team and the service provider, or if certain circumstances dictate as 'unannounced' visits.

Enter & 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 services do well from the perspective of people with first-hand experience.

Purpose for the visit

Within the Emergency Medicine services at University Hospitals of Leicester NHS trust, the service of the GP Assessment Unit (GPAU) and the Acute Medical Unit (AMU) run in conjunction with the new Emergency Department.

Over the previous years, there have been a number of visits by the regional Healthwatches to the Emergency Department or Accident and Emergency departments but we felt that none had looked at this part of Emergency Medicine.

We had previously captured some patient feedback from the AMU service and this had not been positive and had been based on experience from more than a year ago.

This is why the Enter and View group felt a visit to the service was timely as this would allow a better and more accurate patient experience to be captured.

Strategic drivers

To understand how this visit is relevant to the local priorities of Healthwatch and regional/national stakeholder priorities, the following strategic drivers apply:

- Healthwatch Leicester City Strategic Priority – Secondary and Acute Care – Scrutiny of Emergency Care.
- University Hospitals of Leicester NHS Trust – Delivering Caring at its best – Our 5 year plan – July 2015
- Better Care Together – The five-year strategic plan – 2014-19
- NHS England – Five Year Forward View – Urgent and Emergency Care – October 2014

Summary of the findings

The patient experience of care received from clinical staff in the GPAU and the AMU was felt to be very positive. The majority of patients felt well informed and able to ask about their care whilst in the AMU.

Within the Acute Frailty Unit, the work of the Meaningful Activities Coordinator was highly praised and the national recognition the unit has received is understandable. The dementia awareness and support available within the Unit is clear to see.

The processes put into place within the AMU units to support patient communication and patient discharge was commended by our visit team.

The GPAU is not a well-known service by patients and this leads to patients being unprepared for what they might experience. Given that the GPAU and AMU will feature so heavily in the development of Emergency Medicine at UHL going forward it is essential that patients and the wider NHS service understand what the patient experience will be.

Whilst the visit looked at the GPAU and AMU service, there were a number of observations which support the recommendations from the recent report "Check-in @ the new ED" – Healthwatch Leicestershire June 2017:

- Lack of hot drinks and access to food resulting in patients leaving the waiting area and possibly missing their treatment slot.
- Lack of signage within the ED waiting area – No signs for the toilets.***(Temporary sign now in place and company chased for permanent signage to be completed)- provider response***

In addition to that, other considerations for UHL on the new Emergency Department are:

- Lack of dedicated operational site management with the remit of ensuring that the Estates and Facilities Services provide a responsive and adequate service.
- Information on site about other patient services (GP Hubs) – considers permanent signage and contact information.
- Staff use of the Electronic Patient Check in system – review why "Null" was showing for the patient room on screen.
- Disability Access Assessment – Access Ramp gradient, Hearing loop awareness and "Changing Rooms" – What is the impact of disabled patients using the Emergency Department?
- Addition and placement of hand sanitisers in the Emergency Department.

Whilst we are aware of the upcoming relocation of the GPAU and AMU services, we are keen to work with UHL and the Better Care Together Board to ensure the findings of our report are taken forward and implemented.

What are a GP Assessment Unit and an Acute Medical Unit?

GP Assessment Unit

Figure 1 - Entrance to the GPAU

The GP Assessment Unit sits within the recently opened Emergency Department of the Leicester Royal Infirmary which as part of a major 5 year redesign expecting to cost £320M[(1)] . Patients can be referred to the unit from their GP practice or directed to it after they have checked into the Emergency Department reception. Patients can receive diagnostic tests within the unit and get the results usually on the same day. Follow up appointments for patients can be made within the GPAU.

It is currently situated in the Blue Zone of the Emergency Department but will be moving on completion of phase 2, which is due to be March 2018.(***The GPAU will be opening in November 2017 as the Trust has supported the area opening prior to the phase 2 completion in May 2018 - Provider response)***

Acute Medical Units

Within Leicester Royal Infirmary, the Acute Medical Unit (AMU) covers a group of units assessing patients before they are admitted to different wards within the hospital or discharged from the hospital if full admission is not required. Patients can come in from either outside the hospital (predominantly from the Emergency Department, sometimes by a patients GP) or from a ward within the trust. Some patients are transferred to the Acute Care Bay from other wards within the trust if they require high dependency care. A number of assessment units sit alongside each other, treating patients with different levels of acute need:

- Acute Medical Assessment (AMU) – Short hospital stay patients who are assessed and their treatment is established. Referred from GPs or the Emergency Department.
- Acute Care Bay (ACB) – Assessment of acutely unwell patients. Referred from Emergency Department or other wards in the hospital
- Acute Frailty Unit (AFU) – Assessment of Elderly patients (over 75 years old). This is a nationally recognized unit which is a Multi-disciplinary unit but Geriatrician lead.

The AMU is currently based in Ward 15, AMU 16 (ACB) and Ward 33 (AFU) but will move to its new location when phase 2 has been finished at the same time as the GPAU.

Figure 2 - Entrance to AMU 16

Methodology

During the early stages of the planning for this visit, the Enter and View team began by asking the UHL trust to engage with theAcute Medical Unit at the Royal Hospital and the Clinical Decisions Unit at the Glenfield, as this was our understanding of the service at the time.

As a normal part of our planning for a visit, the staff lead met with a senior member of staff for the service (Matron for AMU). This gave clarity on the service and how it had changed recently. It was decided by the Enter and View visit team to conduct the visit in two stages. Firstly at the GPAU, this is seen as a growing part of the Emergency Medicine services and pivotal to the resilience of UHL to the winter pressures faced by their Emergency Department each year. The second part of the visit would encompass the Acute Medical Units on Ward 15, AMU 16 and Ward 33.

To ensure minimal disruption to the service the visit was agreed to be conducted over a single day, visiting the GPAU in the morning 10am till 12pm and the AMU wards between 1pm and 3pm. Visiting the AMU in the afternoon was felt to give a better chance to speak to families and carers of patients in the units.

For the visit to the GPAU the visit team was made up of three Authorised Representatives. For the AMU visit four Authorised Representatives were used.

Due to the service covering Leicestershire and Rutland, Authorised Representatives from the respective Healthwatches were invited to join the visit. A representative from Healthwatch Leicestershire was able to join the team for the visit. Sadly a representative from Healthwatch Rutland was unable to join us due to their own extensive Enter and View programme.

Initial feedback from the day would be given to the Matron of the service.

This was an announced visit.

Full Results of the Visit

Initial observations

GP Assessment Unit

Arriving at the recently opened Emergency Department, it is unclear where the GPAU is currently situated as there is no external signage evident. Signage for the Emergency Department itself externally was also difficult to identify as this is attached into the front glass elevation.

Figure 3 - Entrance to Emergency Department

Walking into the Emergency Department is via a ramp or steps. The team felt that the ramp was a little steep and would like to clarify whether a Disability Access Assessment had been carried out on the building prior to opening.

The reception desk of the Emergency Department was well staffed. Only a couple of people were observed waiting at the reception desk. It was clearly marked where those wanted to be checked in should wait.

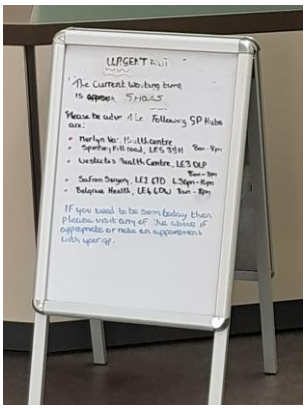

Figure 4 - Sign from E.D. reception desk

A sign (Fig 4.) was seen by the Emergency Department reception desk, explaining how long patients may have to wait and other options open to patients. The sign was hand written and contained inaccurate information (Merlyn Vaz Centre is not a GP Hub, currently). Also it provided no contact information for the other services.

Walking though the Emergency Department, it is a light and inviting building with clear patient flow information on the way, showing what patients may experience (Fig 5.).

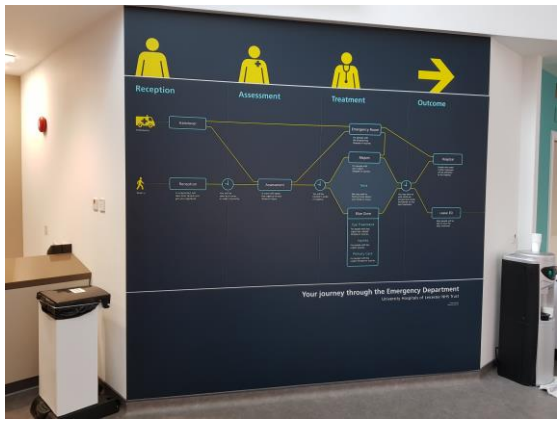

Figure 5 - The patient journey diagram in E.D.

Within the waiting area for the Emergency Department there was a water dispenser which appeared to be leaking as there was some cloth placed at the bottom and water on the floor. We did see a warning sign about the water on the floor.

The GPAU has a reception desk towards the back of the waiting area in the Emergency Department. Currently there is no signage to inform of this. Within the Emergency Department the only signage for the GPAU was over the door leading to the Majors treatment area, which is not where it is

based (The team were informed that the GPAU had been based through this door but were not currently there).

The team was greeted by the receptionist on the GPAU reception desk who advised the Deputy Sister of the GPAU.

As we moved into the GPAU from the Emergency Department, the team found the public toilets however had not noticed any signs to inform members of the public waiting, of their location.

No hand sanitizing stations were observed moving from the Emergency Department to the GPAU or within the toilets.

Acute Medical Unit (AMU)

Whilst waiting to be taken up to the AMU, an Authorised Representative spoke to the main ED reception about their Induction Loop. Members of staff on the ED reception desk were not aware if it was working or how to turn it on. It was also observed that the GPAU reception desk was unmanned for a period of time. As we walked through the GPAU, the deputy Matron advised another clinician that a door for a treatment room could not be shut.

Figure 6 - Public entrance to the AMU

We entered the AMU via the route a patient would be moved from the GPAU. This was not open to the public. During our visit we kept in mind that the AMU and associated ward would be moving in the not too distant future.

Where the GPAU was light and spacious, the AMU was darker and had a lot more staff going about their duties, giving a much more hectic feel to the ward. We were informed that the lights were kept off to reduce the heat on the ward (it was a hot day during the visit) and fans were seen on the ward. Staff were observed talking calmly with patients and their visitors.

Whilst the main corridor of the wards was very busy with different staff, the bed bays were much lighter and had more space. A nurse station was seen for each bed bay. This is where nurses would complete paperwork.

The team was met by the Matron of the service, who talked to the Authorised Representatives about the AMU and the GPAU service before walking them around the different wards.

Figure 7 - Dementia information notice board on AFU

Whilst walking around the Acute Frailty Unit, the team observed a number of notice boards which were highlighting support for patients and families with Dementia. The team also observed the Meaningful Activities Coordinator with patients crafting paper flowers.

During our visit the team observed barrier nursing and was advised that infectious patients are kept in a side room on the ward.

Patient experience

Using the GPAU

After looking around the treatment area of the GPAU, the team returned to the waiting area to talk to patients who were waiting to be seen.

Four patients who were waiting to use the GPAU were willing to talk to the team whilst other patients declined.

Of the four patients spoken to three had come back to the GPAU for either a follow up appointment (two) or had been asked to return from the previous day (one).

The clinical staff was highly praised by most of the patients spoken to. One patient expressed how much they felt the Doctor they had been seen by previously in the ED had gone "above and beyond" in ensuring their follow-up to the GPAU.

A patient had been in the ED the previous night for 5 hours and told to come back the next day. They were not aware why and where they needed to go to. When they had spoken to a nurse at the GPAU, they were not aware why they had been asked to come back. This patient did not feel they had had a good experience.

Speaking to another patient, they were waiting for their results from tests administered. They were unaware where to get some food from. After they were shown where the closest restaurant was, the patient suggested that there should be something closer to the ED for patients who needed to wait for long periods of time. After they had eaten they were then informed that they were no longer able to have surgery that day. The patient was confused why they had not been told earlier that this may be a possibility.

Three of the four patients spoken to expressed a lack of understanding about what the GPAU did and what to expect as a patient using the service.

One patient, who had been referred to the GPAU by their GP, had arrived at the Royal and asked a UHL volunteer where the GPAU was based, only to be sent to the AMU. Eventually they were directed to the GPAU by staff on the AMU ward.

Using the AMU

Following our discussion with the Matron for the AMU, the Authorised Representatives split into two groups and spoke to patients in the different assessment units.

Whilst walking around the AMU (ward 15 and AMU16) the team spoke to five patients and their families. All the patients spoken to had come to the ward through the ED.

Most of the patients we spoke to felt that they had been kept informed about their care and were complimentary about the speed of their treatment with the ED and

AMU. Conversations with two of the patients were kept short due to the pain they were in or due to the patient becoming confused.

One patient did experience a period of a few hours when they were unsure what was happening. Whilst they were happy with their experience of the AMU, they did not know what tests were due to be carried out or how long this might take. The patient said that whilst they were in the ED they were given conflicting information about being able to eat or drink.

One patient commented that their experience of the ED had "vastly improved".

Whilst walking round the Acute Frailty Unit on ward 33 the team spoke to 6 patients and their families or carers as well as the Meaningful Activities Coordinator. One patient explained how much they enjoyed the activities they had done with the Activities Coordinator and showed our representative a paper flower they had crafted (Fig.8).

Figure 8 - Paper flower made by patient

In conversations with patients or their families, everyone felt that they were kept informed about the patients' treatment and what was happening. One patient explained their understanding of "No Decision without me" (Fig.9), this is a communication scheme run within all the AMU wards and is a promise to patients and families from the senior management of the service. This is focused on ensuring patients and their families know what is happening and encouraging them to ask someone if they don't.

Figure 9 - "No decision about me without me" ward poster

One patient receiving a blood transfusion explained their experience waiting for an Ambulance. The patient is on warfarin and due to an accident had damaged their leg at home. They had a 3 hour wait before being picked up by an ambulance. The patient was concerned about substantial blood loss during the wait. The patient was very happy with the care they had received from the ambulance crew and from UHL staff.

Patients did comment on how busy the wards get and that the staff are very busy, a patient's relative did say that they did feel bad interrupting staff with questions. Some patients who we spoke to said that the ward can be very busy and noisy overnight, which can make it difficult to sleep.

Patients told us that they felt informed about their diagnosis and treatment and felt they were able to ask questions about their treatment. One relative did say that an update, even if nothing had changed would be appreciated and having a better understanding of when the Consultant would see their family member in the morning would improve their experience.

Discussion with staff

During our meeting with the Deputy Matron in the GPAU and the Matron in the AMU, the team was impressed by the changes and expansion which have taking place within the GPAU and the AMU over the last two years. As a part of phase two of the hospital reconfiguration this is only set to grow.

The way the GPAU and AMU work in conjunction with the ED is evident with the patient flow between the units and the Matron explained that the opening of the new GP Assessment Unit could happen before the end of the year to try to mitigate the winter pressures seen by the hospital each year.

Whilst talking to the Deputy Matron in the GPAU, she explained how they are able to proactively move patients from the ED queue, by reviewing the list of patients regularly.

Whilst in the Emergency Department the team was advised that the senior clinician on duty would be classed as the "responsible" person for any non-clinical building issues.

The units had a current staffing deficit of 15 nurses but the Matron did not feel this was a cause for concern as the Unit attracts newly qualified clinicians due to the appeal of Emergency medicine. Staff can be moved across the different units to ensure any staffing gaps are covered and to maintain safe staffing across the emergency floor. This does mean they need support from bank and agency staff.

Within the Acute Frailty Unit, we were advised they have employed a model which is Geriatrician lead and has received national recognition for improving patient outcomes.

We were informed of a number of steps in place to support and facilitate patient discharge from the AMU/AFU wards, such as an inward pharmacy and a process called "Admission Avoidance". Staff from other health organisations were based within the AMU and this allowed better planning for community care packages. The matron did explain that patient transport can sometimes cause problems with patient discharge but "99%" of discharges go well.

We spoke to the Discharge Coordinator about their role and they explained how they ensure the patients' needs are understood during discharge as well as clinical needs. They then engage with a number of agencies to ensure the right discharge package is in place.

When speaking to staff they told us that they felt supported by the management of the service and received timely and worthwhile appraisals.

Staff felt able to take forward any safeguarding concerns which may arise.

Communication with patients and staff was felt to be good but the Matron in the AMU did feel junior staff can sometimes feel unsure when communicating with patients and their families.

Additional observations

Whilst in the ED waiting area the team noticed that on the information board for patients rooms they were directed to would come up “NULL”. Reception staff advised that it was due to the clinician not using the system correctly.

During the tour of the AMU an electronic patient data board, with sensitive patient information was positioned on a wall in the corridor. Whilst this was in a staff only area, a patient toilet was located nearby and data easily readable.

Moving between the GPAU waiting area and the treatment area hand sanitisers for patients or staff to use were not observed.

Whilst changing facilities were observed for young babies, Healthwatch is aware of a scheme called “Changing Rooms” which offers changing area for carers of adults with severe learning disabilities. Has any consideration been given by UHL to working with Leicester City Council and their Changing Rooms team.

Recommendations

1. **Better communication of what the GPAU and AMU** – The team would support the current work going on about public information about the GPAU and what to expect as a patient using the service, however there must be a communication strategy surrounding this. There is a need for educating local GPs and other parts of the Primary Care services about the changes happening at UHL and about the Emergency Department and GPAU. This will reduce patients being given the wrong expectation.
2. **Signage** – There is a need for better signage externally to the Emergency department, as highlighted in the recent report "Check-in @ the new ED".
    - Whilst there is an appreciation that permanent signage for the GPAU would not make sense, there is no reason for the absence of temporary signage externally or at the GPAU reception desk. For patients, carers and staff the high priority time for clear signage is when unit's locations are temporary or have been recently moved.
    - Whilst the information on the signboard about GP hubs is useful it needs to be refreshed and contact information added.
    - Signs for the toilets must be provided.
3. **Refreshments –** Supporting the recommendation in the recent report "Check-in@ the new ED" more refreshment options should be available to patients who might be expected to wait a number of hours. Either available in the department or support in getting them from the existing restaurants.
4. **Hand Sanitisers –** To improve infection control in the GPAU Hand Sanitisers should be fitted in the ED. As the space will be used after the GPAU has moved this will continue to be beneficial.
5. **Disabled Access Assessment –** Issues which would impact on the experience of disabled patients and their carers
    - **Hearing loop in ED** – We would ask that the Hearing Loop system in the ED is reviewed and either put into place or training for reception staff on the use of the system.
    - **"Changing Rooms"** – Is it possible to work with the Changing Rooms team to increase support for those needing adult changing facilities
    - **Access Ramp –** Review the gradient of the access ramp to the ED.
6. **Use of the Electronic Patient Number System** – This should be reviewed for visibility and further training given to clinicians on its use to avoid "NULL" appearing on the Electronic Patient Number system.
7. **Operational Oversight of the ED building** – Due to some estate management issues being observed at the ED and in the GPAU, it is recommended that the Operational Oversight be moved to a non clinical role so that the Estates Department can be ensure a prompt and efficient service to the building.
    - Drainage of the water dispenser – Please check why it was leaking.
    - Fix the door in the GPAU
    - Remove of cover the GPAU sign over the Majors Door

8. **Cover the patient data board on the AMU when not in use** – To ensure greater protection of patient data, consider how the information on screen may be hidden when not in use.

Next Steps

To ensure the findings of this report are effectively represented to the relevant organisations within the local health services responses from the UHL Trust Board and Better Care Together Board will be requested within set timescales. Members of the visit team will be asked to present the report to the next available board meeting.

This report will also be shared with the CQC Chief Inspector for hospitals in the LLR region.

All stakeholders on the distribution list below will receive a copy of the report and will be asked for any feedback on its findings.

Healthwatch has been invited to the opening of the new location of the GPAU and AMU, which is part of phase 2 of the redesign of the Royal Infirmary. After the opening Healthwatch will revisit these services to observe how this has changed the services.

Healthwatch are happy to work with UHL to seek the best way to take forward the recommendations from this report.

Service Provider/Commissioner Response – *Relevant comments from the service provider have been added with the main body of the report.*

Distribution

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