



Enter and View Report



North Ormesby Health Village Sexual Health Services

Healthwatch Middlesbrough

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Details of visit	
Service address:	North Ormesby Health Village, 11a Trinity Mews Middlesbrough, TS3 6AL
Service Provider:	Sexual Health Teesside Virgin Care
Date and Time:	9th July 2015
Authorised Representatives:	Shirley Pew, Carolynne Withers
Contact details:	Healthwatch Middlesbrough, Catalyst House, 27 Yarm Road, Stockton, TS18 3NJ. 01642 688312

Acknowledgments

Healthwatch Middlesbrough would like to thank the staff at Virgin Care for their professionalism and support during this visit.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

What is an Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations 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 Healthwatch there is a problem with a service, but, equally, they can occur when services have a good reputation. This is a way we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Introduction

Sexual health services are free and available to everyone regardless of sex, age, ethnic origin and sexual orientation.



Not all service providers offer the full range of sexual health services, and it's always best to check what's on offer in advance.

Sexual health services cover things such as free condoms, condom card (C Card), Chlamydia screening, pregnancy testing, long acting contraception, HIV Screening and advice.

Purpose of the visit

Complaints had been received by Healthwatch Middlesbrough regarding staff attitudes at North Ormesby Health Village Middlesbrough towards some young people accessing the service. Healthwatch Middlesbrough Executive Board made the decision to carry out an Enter and View visit to the premises to observe a regular planned drop in clinic.

Methodology

Healthwatch Middlesbrough had attempted a previous visit to these services but were asked to leave as the service management were concerned that the visit would not adhere to their strict confidentiality rules. They felt that they had not been given sufficient time to put a poster up in the clinic to inform the public of our impending visit. Healthwatch Middlesbrough acknowledge that the original letter was addressed to the incorrect person and this may have contributed to the delay in the information reaching the correct person. It should however be noted that Healthwatch Middlesbrough staff did attempt to obtain relevant contact details several times via telephone and visited the premises and handed over all paperwork to the manager.

The visit on 9th July was an announced Enter and View visit. On the 19th June, two weeks prior to the scheduled Enter & View visit the service management were advised writing of the pending visit. Whilst Healthwatch does have the option to carry out unannounced visits due to the sensitivity of the service the Board made the decision to provide sufficient notice for the service to display the “warning” poster as requested.

Summary of findings

Once the official trained Enter and View representatives had introduced themselves to the staff and showed all relevant paperwork they sat in the public waiting area. This area also contained the reception desk. Here the representatives could easily observe patients approaching reception and whilst in the waiting area.

The visit coincided with a drop in session and was very busy. Reception staff were very helpful and polite to patients checking in. Patients were called for their

appointment by their first name only. Patients who approached the reception staff with more complex/confidential queries were taken into a private room to ensure confidentiality.

A few patients queried how long they would have to wait. The observers could clearly hear the replies which were between one and one and a half hours. One patient asked how far up the queue she was as there were not visible indications of waiting times.

Although the reasons given for the required notice period was to enable the service to display notice of our visit; the notice was not visible at the time of the visit.

Healthwatch Recommendations

Although on the day the Enter & View team did not feel any immediate changes were necessary the following improvements are recommended by Healthwatch Middlesbrough.

Approximate waiting time to be displayed to allow those attending the service to make an informed decision to either wait, return another day, make an appointment or find an alternative service.

The possible introduction of a number dispensers system. This would add to anonymity of the people being called for their allotted slot as well as give an indication of waiting times.

On-going customer service training for all staff with the possible introduction of involving young people in this training, perhaps utilising students from the college.

Service Provider Response

Firstly, may I on behalf of the service thank the Healthwatch team for their professionalism and etiquette in conducting this Enter and View Inspection. We always welcome any review or independent analysis of our service and are happy to use the views as seen from 'external eyes'.

I am grateful for the positive feedback given about the performance of our staff; we are acutely aware that this is a busy and often demanding service, and that they are the first impression that we give.

I am pleased that the visit coincided with our Thursday Walk In clinic at North Ormesby Health Village (NOHV) as this is the busiest and most intense clinic across the whole of the Tees area.

Without hopefully going into too much detail but to offer some context, Sexual Health Teesside provides a range of both bookable appointments and walk in clinics across the whole of the Tees area. Historically, NOHV has always been the busiest - although we hold clinics in three other venues in Middlesbrough, and the majority of patients also have the ability to use the services of their GP practice, even when offered alternates many people - in particular younger people - choose to use the walk in service.

Additionally, we also have the factor that some patients from neighbouring local authorities - in particular Redcar and Cleveland - use the NOHV walk in clinic, whether as a result of working / studying / shopping in central Middlesbrough, or due to the fact that NOHV is closer to the residents of South Bank, Ormesby and Eston than our current services in Redcar and Cleveland.

Another element to consider is the clinical space we have at NOHV; when hosting a walk in session, we usually utilise all available clinical rooms, so simply bringing in additional staff would not alleviate the pressure.

The demand and suspected over reliance of the NOHV site is an issue that we have discussed at length with our commissioners for some time, and we have been working on a number of strategies to address this pressure; as such, this Enter and View visit has coincided in a timely manner with this work.

One of the first steps to be taken is that we are working on establishing clinical sessions at Low Grange Medical Centre in Eston; subject to lease arrangements being agreed, we are looking to open these up in the very near future. Within this measure, we will be aiming to supplement the NOHV walk in by offering appointments on the same day in Eston, with the aim of directing patients away from NOHV, thus alleviating waiting time pressures.

Responses to Healthwatch recommendations

Approximate waiting time to be displayed to allow those attending the service to make an informed decision to either wait, return another day, make an appointment or find an alternative service.

Notwithstanding the development of our clinics at Eston, which we hope will have a positive impact upon waiting times at NOHV, I have asked our Service Support Manager to look at:

- Reviewing the Booking in process at walk ins, to see how viable it is to inform all patients individually upon arrival of their indicative waiting time
- Investigating the availability / cost of LED boards (we lease our space here from NHS Property, so may need to gain their approval for installation)
- To analyse the impact of moving patients to Eston once in operation

I would suggest it may be worth Healthwatch and the service re-engaging to discuss these actions in perhaps 2 - 3 months.

The possible introduction of a number dispensers system. This would add to anonymity of the people being called for their allotted slot as well as give an indication of waiting times.

We have used this type of system in the past, but have a number of reasons as to why we no longer use it / why we use our current system. The main reason for not using it is that it is usually the case that patients are not seen in the sequential order that they arrive.

Our walk in service is usually provided by a number of integrated sexual health nurses (integrated in that they can provide the whole array of both contraception support and genito-urinary treatment), supported by a consultant / doctor, who can assess more complex cases, along with a Health Care Assistant (HCA), who can assess patients who attend presenting no symptoms or require services such as condoms, chlamydia screening etc.

Upon arrival, we ask patients to complete a basic triage form which gives us the information that allows us to allocate patients to practitioners. Accordingly, if five people attend presenting symptoms, they will need to be seen by our doctors/nurses and would have to wait. If a sixth patient then arrives for a simple screen, they could be seen straight away by the HCA, jumping ahead of the first five attendees.

In trying to use a number system, we found that it caused some disruption for patients, who challenged the order in which they were seen. In terms of our current process, the fact that patients may not be seen in the order in which they arrive is highlighted in a poster that we have in each of our reception areas.

In addition to this, we also prefer the current system of nurses going out into reception and using the patient first name for a number of other reasons. As the inspectors rightly pointed out in their report, the method preserves necessary anonymity, but by using the first name we also aim to start the building of the patient / practitioner dialogue - one of the foundations of our method of service provision is to try and build up a personal relationship, improve trust and thus 'normalise' sexual health services. In contrast, we considered that the previous numbering system was a little impersonal.

On-going customer service training for all staff with the possible introduction of involving young people in this training, perhaps utilising students from the college.

Our staff have annual refresher training in customer care, handling difficult situations and conflict resolution (amongst other statutory and mandatory training programmes). Additionally, many of our team were involved in the roll out of the You're Welcome programme, for which the NOHV site received accreditation in February 2013.

However, we recognise that we do need to get the views of greater numbers of young people in terms of both customer care and broader service development - for example, we are looking to develop a 'mystery shopper' scheme, not only for the services that we provide directly, but more so for some of our partner agencies, in particular pharmacies who provide our emergency hormonal contraception, chlamydia and condom distribution schemes. As such I would welcome the opportunity to discuss the facilitation of these programmes further with colleagues from Healthwatch.

I hope the response above helps to give some context to the service at North Ormesby and illustrate that we will take the responses on board as we aim to improve services to local residents. If there is any further information that we can provide, please do not hesitate to get in touch, and I look forward to discussing further areas for potential joint working and development.

Steve Giles
Service Manager
4th September 2015.