

Lewisham and Greenwich 
NHS Trust

Welcome to
**Queen Elizabeth
Hospital**

Main Entrance

**Emergency Department
Urgent Care Centre**

Enter and View Report

**Queen Elizabeth Hospital Urgent Treatment
Centre**

healthwatch
Greenwich

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About Healthwatch Greenwich

We are the independent consumer champion for health and social care in the Royal Borough of Greenwich:

- We listen to people, especially the most vulnerable, to understand their experiences and what matters most to them;
- We gather service users' experiences through surveys, focus groups and face-to-face discussions;
- We act by carrying out Enter and View visits to talk to patients, service users, carers and staff;
- We empower and inform people to get the most from their health and social care services and encourage other organisations to do the same;
- We influence those who have the power to change services so that they better meet people's needs, now and into the future.

Executive Summary

Healthwatch Greenwich conducted an Enter and View visit to the Urgent Treatment Centre (UTC) at Queen Elizabeth Hospital (QEH) to understand the experiences of visitors accessing care. Over four consecutive days, conversations and surveys were carried out with 107 visitors, including 12 in-depth follow-up interviews. We also observed the operational functioning of the UTC, interactions between visitors and staff, and we spoke to UTC staff.

While the UTC was recognised for its high-quality care and compassionate staff, visitors highlighted challenges with waiting times, internal processes, and accessibility, as well as identified opportunities for enhancing the wait area's environment and facilities.

Visitors praised UTC staff for their respectful, caring, and professional approach, which left many feeling well-supported and valued. Visitors noted the attentiveness of staff, who took time to listen and respond to their needs. A small number of visitors felt consultations were rushed but these instances did not take away from visitors' overall positive experience. This strong foundation of patient-centred care creates a welcoming and reassuring environment for those using the UTC.

Waiting times emerged as an area of concern, with many visitors expressing frustration about delays and the lack of timely updates. Although handwritten waiting time notes were displayed, their accuracy and frequency were inconsistent, contributing to confusion and anxiety. For visitors referred to other departments within QEH, the experience was sometimes complicated by unclear communication and further delays.

The physical layout of the UTC presented barriers for visitors with mobility challenges. Narrow corridors, the absence of automatic doors, and limited wheelchair space hindered accessibility. Signage and notices, while present in excess, were often poorly positioned, difficult to read, and only available in English. The touchpad check-in system, although effective for many, posed difficulties for some, with a dual system requiring both touchpad and manual check-in having created further confusion.

Visitors identified several gaps in facilities. The absence of charging stations, vending machines, and water fountains within the UTC left visitors unable to meet basic needs while waiting. Parents noted the lack of child-friendly spaces, such as more toys or low

tables, and neurodiverse visitors highlighted the need for a quiet space for sensory decompression or privacy. Cleanliness, while maintained in the mornings, declined as the day progressed, with visitors raising concerns about the condition of bathrooms and waiting areas.

Despite these challenges, UTC staff were consistently praised for their professionalism, kindness, and attentiveness. By addressing issues related to communication, accessibility, and facilities, the UTC can improve the overall experience for visitors and is well-positioned to build on its strengths.

Recommendations

1. Accessibility

- Improve accessibility for visitors using mobility aids and wheelchairs.
- Streamline the check-in process and provide visitors with clear communication when required to check-in manually as well as digitally.
- Provide accessibility features to the touchpad such as the option to translate into other languages and create easy-to-read formats.
- Routinely ask visitors, on arrival, if they have any additional communication or support needs.
- Establish a permanent reception to support visitors' information requests.
- Provide visitors with clear instructions for requesting access to a quiet space.
- Provide clear and accessible signage, display boards and information.

2. Waiting Time

- Install digital display boards to provide updates on wait times, and to display the names of patients when it is their turn to be seen.

3. Facilities

- Provide clear information on how to access the free Wi-Fi and consider installation of a 'booster' to improve areas with poor signal.
- Install charging stations, vending machines, and water stations.
- Consider improving facilities for children, parents/carers such as more toys and low tables.
- Review cleaning rotas to ensure all areas are clean throughout the day/night.

4. Internal Referrals and Discharge

- Provide patients with clear information on reasons for internal referrals and care or next-step information on discharge.

Acknowledgements and Key Details

Healthwatch Greenwich would like to thank the service provider, staff members and visitors for their contribution to the Enter and View Programme.

Key detail	
Premises Name and Address	Queen Elizabeth Hospital Urgent Treatment Centre Queen Elizabeth Hospital, Stadium Road, SE18 4QH
Service Provider	Greenwich Health
Service Manager	Callum Smith, Urgent Treatment Centre Lead
Date	17-20 September 2024
Admission Information	Urgent Treatment Centre; General Practice
Visitation Details	Observed the operational activity at the UTC, including interactions between 6 staff and 107 visitors.

CQC Report

The Care Quality Commission (CQC) last reviewed the premises in December 2022 where the overall inspection rating received was "Good". During this time, the premises were not run by the current provider, 'Greenwich Health'.

Ratings	
Overall rating for this location	Good 
Are services safe?	Requires Improvement 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive to people's needs?	Good 
Are services well-led?	Good 

Introduction

Purpose of Our Visit

Healthwatch has the legal power to visit and assess health and social care services. Enter & view is not an inspection – this is the role of the CQC. Our role is to offer a lay perspective. Our focus is on whether a service works for those using it. Our authorised representatives, responsible for carrying out these visits, are DBS checked and have received training on conducting Enter & View visits. A list of authorised representatives is available on our website.

Method

In September 2024, we carried out unannounced visits to the UTC over four consecutive weekdays. Although the UTC was informed of our intended visits, the exact dates were not disclosed. Visits were scheduled at varying times between 9 am and 5 pm, each lasting 3–5 hours, allowing us to observe the service during both busy and quieter periods.

Using a mixed-method approach combining surveys, interviews, and observations, we gained an understanding of visitors' experiences. Surveys and interviews focused on access to the UTC, the waiting environment, and the experience of receiving care, while observations captured operational activity, and staff and visitor interactions. Staff feedback offered a frontline perspective on operational challenges, workflow efficiencies, and how the drive to deliver high-quality care was met. Their feedback highlighted institutional challenges that impacted service delivery, such as limited space within UTC. Our conversations with staff provided a richer, more nuanced view of both the strengths and limitations of the UTC, helping to contextualise our findings.

Who We Spoke To

Over half the visitors we spoke to were aged between 25 and 49 (55%), nearly a quarter were over 50 (23%), and one in six were under 24 (16%). Nearly half identified as White (48%), just under a quarter identified as Black or Black British (23%), and one in eight identified as Asian or Asian British (12%), with fewer visitors identifying from other backgrounds. Women made up most visitors (65%), followed by men (25%), with a small number identifying as non-binary or preferring not to say. One in ten people reported living with a disability or long-term condition (10%), while slightly more identified as carers (11%).

Ethnicity					
Asian, Asian British	Black, Black British	Mixed ethnic groups	White (any)	Other ethnic groups	Prefer not to say
13	25	5	51	4	9
107					

Gender			
Woman	Man	Non-binary	Prefer not to say
70	27	1	9
107			

Disability/long term condition (LTC)		
Living with disability/ LTC	Not living with disability/ LTC	Prefer not to say
11	86	10
107		

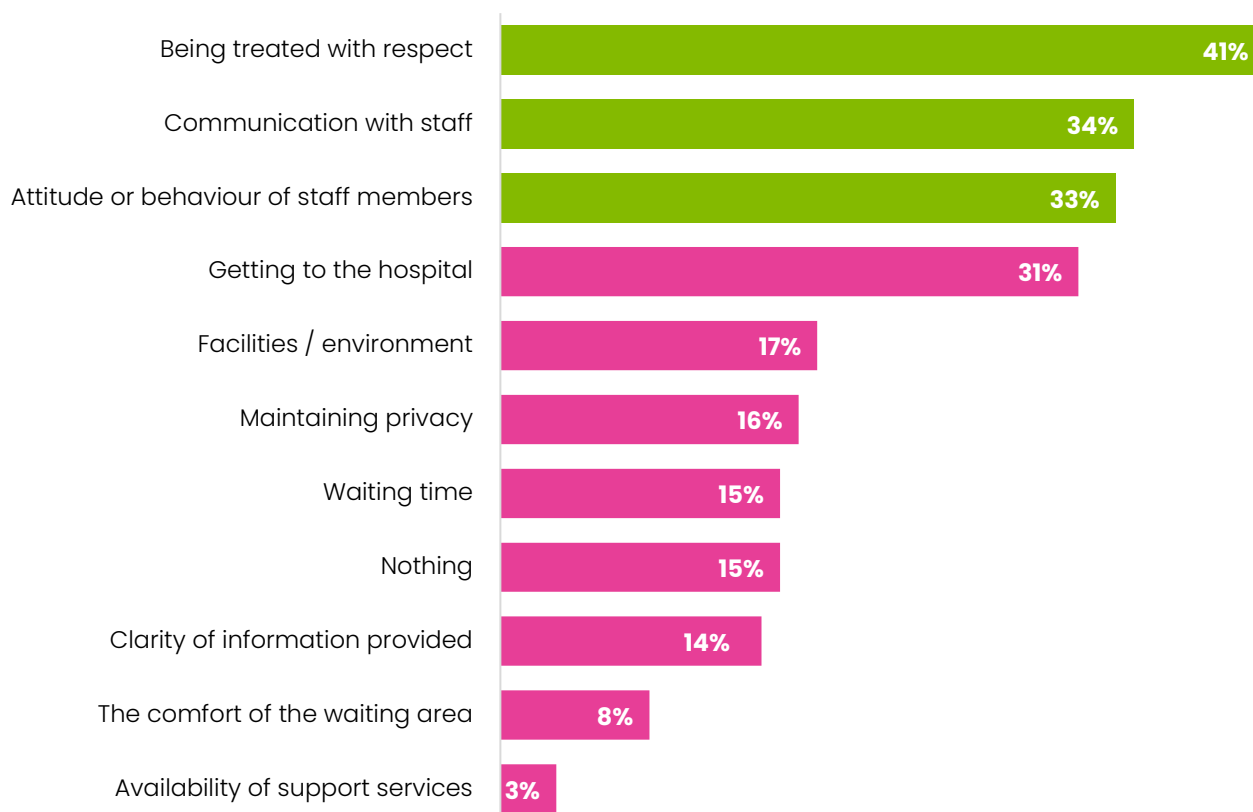
Age			
Under 24	25-49	50+	Prefer not to say
17	59	25	6
107			

Carer		
Carer	Not a carer	Prefer not to say
12	87	8
107		

Overall Experience

Responses to the question, "What, if anything, would you say was particularly good about your overall experience today?" highlighted several positive aspects of the care and service provided, with staff conduct and attitude frequently mentioned. Many visitors indicated they were treated with respect, and this was a key factor in their positive experience (41%).

What, if anything, would you say was particularly good about your overall experience today?



In our interviews, we were given examples of how staff had listened to them and supported their choices.



The doctor asked if I wanted a female staff member, and he called for a female assistant. They were both very nice and everyone was respectful



Communication with UTC staff was another standout theme praised by visitors (34%). Additionally, visitors commended the attitude and behaviour of UTC staff (33%). In our interviews, they spoke about the professionalism, friendliness, and approachability of the UTC staff they encountered. Most shared their appreciation for the care and attentiveness received.



The staff were very lovely and nice. The doctor I met was really polite



These findings reflect the UTC's high-quality, compassionate and patient-centred culture. The recognition of respectful treatment and good communication shows how much visitors appreciate the dedication and care demonstrated by UTC staff. This feedback not only validates the excellent work being done in the UTC but also offers a roadmap for building on these strengths to improve the overall patient experience.

Opportunities for Improvement

Waiting Times

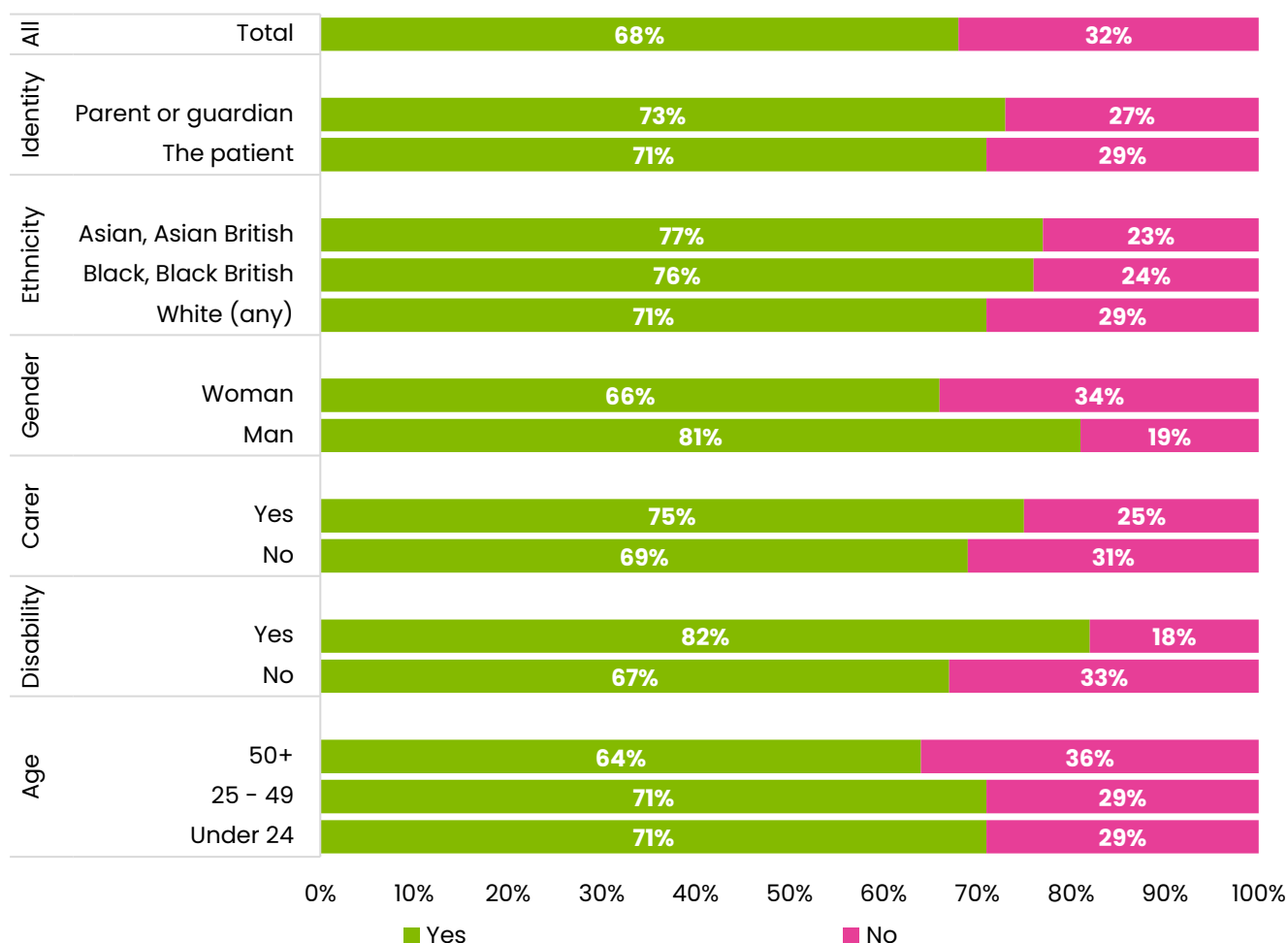
Over two-thirds of respondents selected waiting times in response to the question “What, if anything, could have been improved about your overall experience today?” This was followed by improvements to the comfort of the waiting area (18%) and the facilities/ environment (17%).

What, if anything, could have been improved about your overall experience today?



Among those who identified waiting times as an area for improvement, individuals with disabilities were significantly more likely to express this concern, with 82% sharing that waiting times could be improved compared to 67% of respondents without disabilities. Similarly, 75% of carers indicated that waiting times could be improved compared to 69% of those without caring responsibilities. A higher percentage of men (81%) indicated that waiting times could be improved compared to 66% of women. There were also variations based on ethnicity. 71% of White respondents felt that waiting times could be improved, compared to 77% of Asian and Asian British respondents and 76% of Black and Black British respondents.

Waiting times by demographics: What, if anything, could have been improved about your overall experience today?



While a small number of visitors noted a shorter waiting time compared to previous visits to the UTC, most were unhappy with the length of waiting time, and the lack of clear information on how long the wait might be. Visitors rely on clear and regular updates to plan their time effectively to help reduce anxiety and feel assured that their needs are being addressed. While Live Well staff provide waiting time updates on a handwritten note, this practice is not always maintained and, during one of our visits, the information was not updated at all.



This inconsistency can lead to confusion and frustration. This is especially important in the UTC where visitors are likely to be in distress or discomfort. When updates are missing or infrequent, it can create distrust and contribute to a perception of disorganisation.

I asked [Live Well staff] about the waiting times. They took my sons name and gave me an estimate but [they said] there was no way of knowing the actual wait time. It would be good to have more information so I could plan better

Addressing this issue by implementing a more consistent and reliable system for updating waiting times might improve visitor satisfaction and reduce potential complaints.

After being seen and receiving their consultation or treatment, most visitors expressed satisfaction. However, some reported feeling rushed and underserved.



When I finally saw a doctor, she said 'Oh, look at the time, it's already 5, time to go home!' I felt I wasn't properly cared for because I could see she was in a hurry. She didn't care. They should prioritise the visitor, not rush to leave, or at least refer me to someone else who has the time



Internal Referrals

The UTC is designed to provide immediate, non-life-threatening care, often bridging the gap between primary care (e.g., GP services) and emergency care. However, its scope and resources are limited, and – when required – to ensure the most appropriate and effective care– visitors are referred to other departments within the hospital for further investigations or tests. Concerns about the referral process were highlighted by visitors, who felt it extended their overall waiting time and delayed access to care. Some visitors told us they'd not been told why they needed to visit different departments or why they needed additional tests or investigations.



I was moved from department to department... I got passed from A&E, UTC, to SDCE without any explanation. If I'd known it would take more than five hours, I could have called family



Some reported being referred to services that were already closed for the day, forcing them to either return on another day or seek alternative care. Others said they did not understand why these tests could not be conducted at the UTC.



My GP sent me [to the UTC] for a scan but when I arrived, I had to wait in A&E, then I got sent to the UTC and then another department. They repeated the same tests. I don't understand why I had to go through three departments...

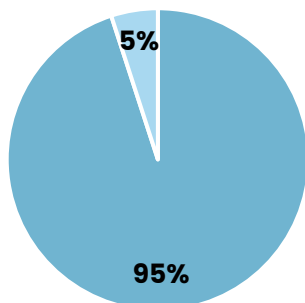


Concerns raised about the internal referral process suggest a gap in communication that negatively affects patient experience and potentially trust in assessment or treatment pathways. While referrals to other departments are often necessary, a lack of or unclear explanations create perceptions of inefficiency, and feelings of frustration, confusion and anxiety for visitors.

Accessibility

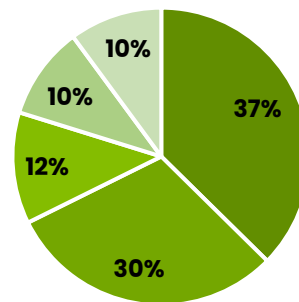
Nearly all visitors said that the UTC was easy to find (95%). Furthermore, almost three-quarters (73%) of visitors said they found the waiting area comfortable. Most visitors chose to visit the UTC themselves (37%) or were referred by A&E (30%). In contrast, 12% were referred by their GP and 10% were referred by the NHS 111 service. When arriving or being seen at the UTC, most visitors (87%) were not asked if they had any additional communication or support needs.

Were you able to find the UTC inside the hospital?



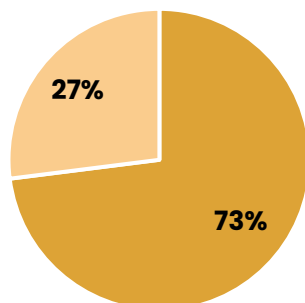
■ Yes, it was easy ■ No, it was not easy

Who referred you to the UTC?



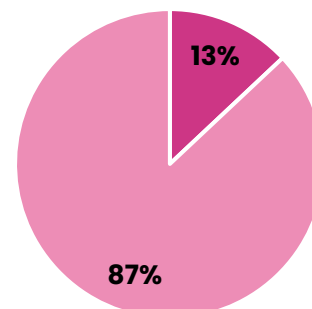
■ I chose to come here myself
■ A&E
■ GP
■ NHS 111 Service
■ Other

How comfortable did you find the waiting area?



■ Comfortable ■ Not Comfortable at all

Were you asked if you had any communication needs?



■ Yes ■ No

The UTC is situated on the ground floor of Queen Elizabeth Hospital and can be accessed via the main hospital entrance or the A&E entrance. However, the entrance outside A&E presents challenges for visitors with mobility issues. Uneven and narrow paving at this entrance can be difficult for wheelchair users to navigate and create discomfort for those relying on mobility aids.

The hospital has implemented a colour-coded system designed to guide visitors to various departments, including the UTC. While this initiative is intended to simplify navigation, many visitors reported that it was not self-explanatory, and they did not always find the signage to be clear or prominent. A lack of visible directions or guidance left some visitors feeling confused and lost, particularly those unfamiliar with the hospital layout.



Where am I going? I don't know.
This door? That corridor? It took
us 10 minutes to find it



The design and layout of the UTC presents accessibility challenges, particularly for visitors with disabilities or mobility issues. The absence of automatic doors at the entrance makes it physically difficult for wheelchair users and those with limited mobility to enter the UTC independently. Once inside, the narrow corridor with seating along the walls limits available space and creates a cramped environment. For wheelchair users or those using mobility aids, there is little room to move around safely or comfortably. Notably, there are no designated areas within the seating arrangement specifically for wheelchair users.

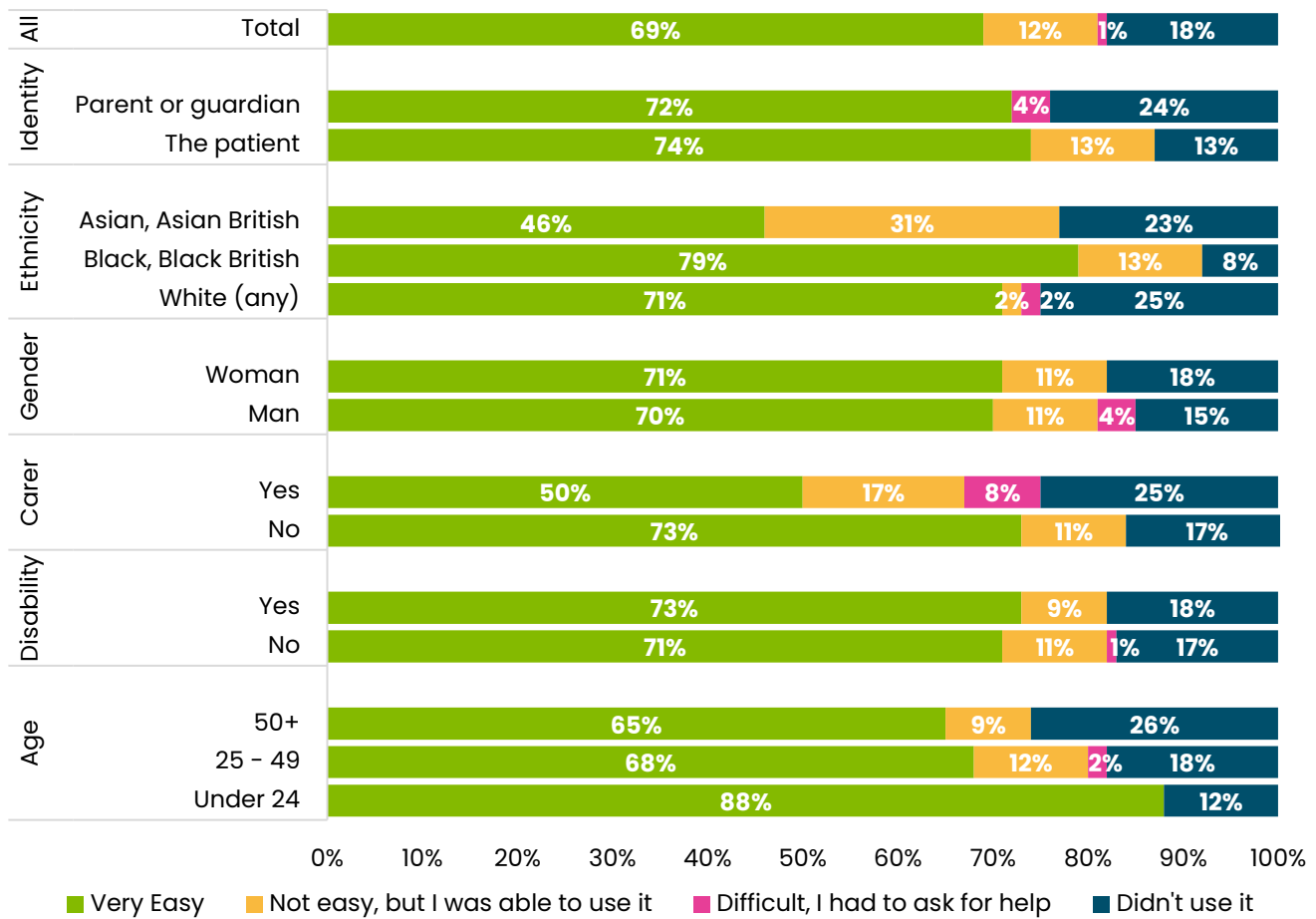
The cramped layout also affects the overall safety and usability of the space. For example, a visitor reported being accidentally 'bumped into' by a large, heavy supply cart being pushed by a porter. This example shows how the limited available physical space not only inconveniences visitors but can also create potential safety risks.

While a hearing loop is available in the UTC, there is a lack of clear and accessible information on how to use it. A displayed sign gives the frequency required to connect to the hearing loop but does not provide any further instructions or guidance on how to set it up. One deaf visitor told us that despite UTC staff seeing them struggling to use the hearing loop, they were not offered any assistance and ultimately gave up trying.



Using the Touchpad

How was your experience using the touchpad screen to check-in?



Overall, most visitors had a positive experience using the touchpad to check in at the UTC, but there were differences between groups. Visitors aged under 24 reported the highest ease of use, with 88% finding the touchpad very easy to use, whereas over a quarter (26%) of those over 50 did not use it at all, suggesting potential age-related factors such as familiarity or confidence with technology.

Differences were also apparent across ethnic groups: 79% of Black and Black British visitors found the touchpad very easy to use, compared to just 46% of Asian and Asian British visitors, raising concerns about possible language, or other factors that might affect their ability or willingness to use the touchpad.

Some visitors told us that despite using the touchpad, they were still required to confirm their check-in manually by speaking with a receptionist in the A&E department.



I signed in [using the touchpad] at A&E and went directly to the Urgent Treatment but when I got there, they told me to go back to A&E to sign in with the reception there



This dual-layered process can lead to confusion, as visitors told us they thought that completing the electronic check-in was sufficient and they were not aware (until verbally told) of the need to also manually check-in at the A&E reception. Misunderstandings can result in delays, as visitors may unknowingly wait for their turn without being fully registered.

Some visitors expressed concerns about the cleanliness and usability of the touchpads.



Are all the touchpad screens clean?
How many people are touching them? How often are they cleaned?
The information is also only in English



The observation that information displayed on the touchpad is only available in English highlights a barrier to accessibility for non-English-speaking visitors. This limitation could prevent some visitors from effectively using the technology.

Reception

The lack of a dedicated reception desk at the UTC presents a gap that affects visitors' experiences. A designated reception should serve as the first point of contact, providing a welcoming presence that can reduce anxiety, address confusion, and improve visitor experience. From a visitor's perspective, a reception creates a clear and structured entry point into the UTC. It conveys professionalism and organisation, building trust and confidence in the quality of care provided. For visitors with additional needs, a designated reception could offer tailored assistance, ensuring equitable access and support. While UTC staff recognise the need for a designated reception it is not clear if there are plans in place to address this.



“Reception makes a difference because it provides people with a face. We now miss out on that” – staff member



Although Live Well staff have stepped in to bridge this reception gap, it is clear their role is not widely understood by visitors, leading to misunderstanding. Most visitors assume they are NHS/QEH administrative staff or healthcare professionals. This can lead to miscommunication, and missed opportunities to address visitor needs promptly.

Signage and Information

Signage and information play an important role in helping visitors effectively navigate the UTC. While there is a lot of signage and information displayed throughout the UTC, much of it is positioned awkwardly and/or positioned high on the walls, making it easy for visitors to miss.

The waiting area of the UTC is divided into three sections: one for the general population, one specifically for paediatric visitors, and another designated for visitors referred via NHS 111. The signage indicating these distinct areas is unclear, making it difficult for visitors trying to work out where they should sit or results in visitors sitting in the wrong section, creating unnecessary congestion.

The main noticeboard is located behind the entrance door, a placement that blocks it and poses a safety risk as visitors trying to read it must dodge the opening/closing doors.

Additionally, there is confusion regarding the location of feedback forms, which are often mixed in with other notices and information sheets, making them difficult to find. This presents a challenge to gathering visitor insights, as it is not as easy as it could be to identify where or how to provide feedback.

All posters and notices were in English. This could discourage visitors with limited English from seeking help, especially if they feel unable to use this effectively.

The use of small font sizes across much of the information on notice boards and elsewhere presents accessibility barriers for visitors with visual impairments and can create an environment that feels confusing.



The absence of electronic display screens and audio systems to notify visitors means that staff rely on verbally calling patients, often from quite far away from some of the seating areas. Not all visitors found it easy to hear when their name was being called, particularly at busy or peak times when the UTC was noisy. Additionally, the uncertainty about when their names would be called made some visitors hesitant to leave the waiting area, even for essential activities like using the bathroom, as they feared losing their turn.



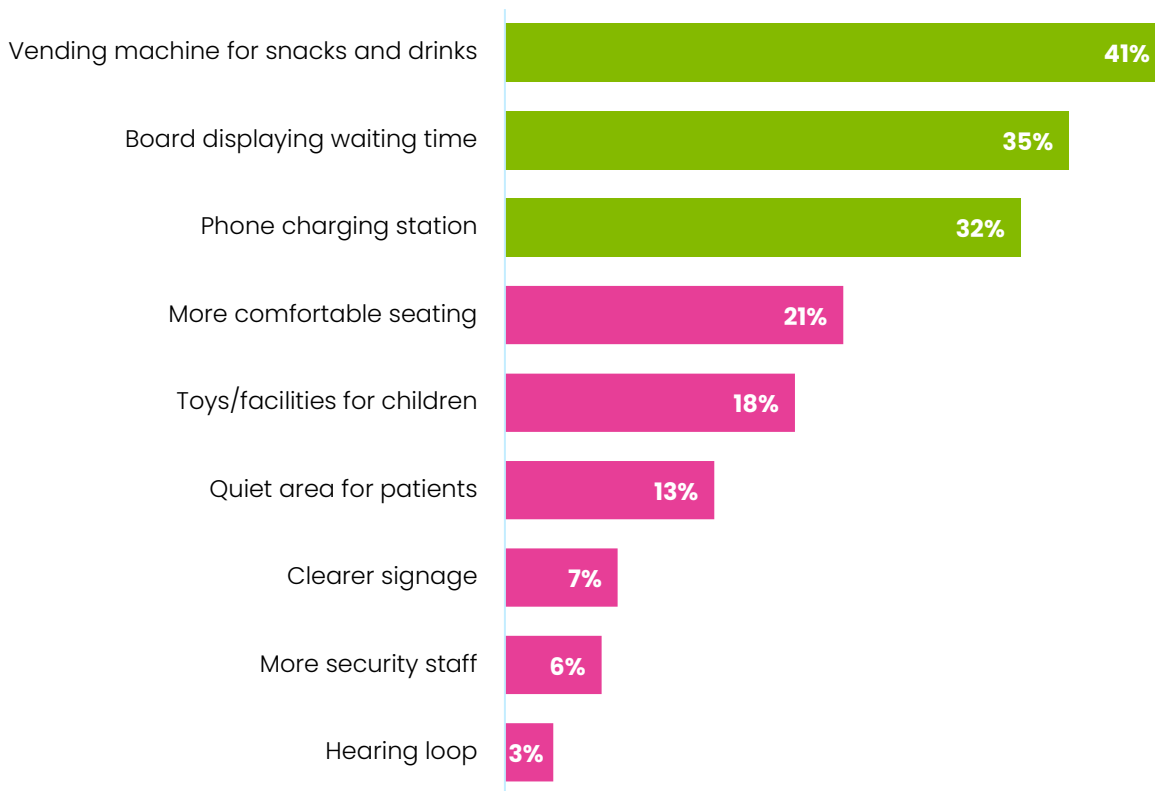
I was scared to ask about the toilets in case I missed my turn. I didn't move!



Facilities

The survey question, "Would any of the following improve your experience today?" explored the impact of available amenities within the UTC on visitors' overall experiences. Among the suggested improvements, the most popular choice was the installation of a vending machine for snacks and drinks, which was favoured by 41% of respondents. This was followed by a display board showing waiting times, selected by 35% of respondents, and a phone charging station, chosen by 32% of respondents.

Would any of the below improve your experience today?



Refreshments

Free water, drinks and snacks can be purchased in the hospital, but not within the UTC. The lack of access to drinks and snacks within the UTC creates an additional inconvenience for visitors, particularly those experiencing long wait times. Visitors may need refreshments to stay hydrated, or to manage health conditions (e.g., diabetes or low blood sugar). Having to leave the UTC to find water or buy refreshments might not be practical for visitors with limited mobility and for those with young children. Moreover – leaving the UTC could risk missing their slot to be seen.



Connectivity

Visitors reported poor mobile signal in the UTC, making it difficult to contact their families or partners. While free Wi-Fi is available, we did not find any information in the waiting area on how to access this.

I've been here before and there is always the same issue-no signal. I can't contact my family, now my family worries and I have to leave my dad here – who doesn't speak English – to go outside to send updates to them

While a charging station is available in A&E this facility is not available in the UTC. For visitors with low or no charge on their phone, the lack of a charging station in the UTC directly affects their ability to stay connected with their family or support network, access essential information, or simply to provide a distraction during what can be a stressful wait.

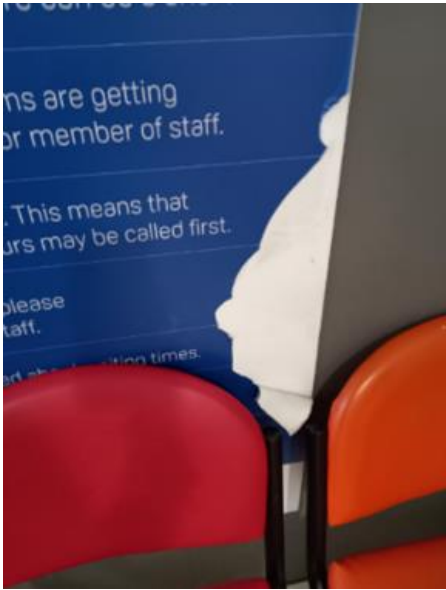


Cleanliness

Over our four-day visit, we noted the general good standard of cleanliness of the UTC in the mornings, when cleaning staff were present. However, as the day progressed, cleanliness noticeably declined. The onsite bathrooms were not always left in a hygienic condition and often had residual tissue paper and rubbish on the floor. In the waiting area, litter was regularly left on chairs and the floor.



While assessing the environment, we noted chipped walls, loose chair legs and the need for wall and skirting repairs.



Quiet Spaces

The UTC does not have a dedicated quiet room/area for visitors requiring privacy or a calm space. Quiet spaces are important as they provide refuge for visitors experiencing extreme stress, heightened anxiety, or sensory overload, allowing them to decompress in a safe and calm environment. This can be particularly important for neurodiverse visitors.

While staff can accommodate requests by offering a consultation room or directing individuals to a quiet area near the staff room, it is unclear whether this option is proactively communicated to visitors. None of the visitors we spoke to were aware of this facility. The lack of clear communication may mean that visitors in need of such spaces are unaware of them. Although UTC staff acknowledge the value of having a dedicated quiet room, the limited physical space available presents a significant challenge.

The absence of a dedicated quiet room/area may inadvertently contribute to an environment that feels less inclusive or supportive, particularly for vulnerable visitors.

Toys

Toys (in addition to the small range fixed to the wall) are not provided in the UTC paediatric waiting area. UTC staff told us this was due to infection control measures. However, during our visit to Dolphin Ward¹, in another part of QEH, we saw many toys and were told that regular cleaning protocols are in place to maintain hygiene and manage infection control.

Visitors with children told us that more toys would create a child-friendly environment, reducing restlessness, anxiety, or distress during what is already a stressful experience. This would also ease the burden on parents or carers who may struggle to manage their children's behaviour during extended wait periods. The provision of toys, while improving the overall experience for children and parents or carers, might also improve the wait experience for all visitors by reducing noise and disruptions caused by distressed children.

Parents would also welcome having low tables in the UTC to set down items such as baby carriers, baby bottles, and changing bags to minimise the risk of creating hazards by having to put these items on the floor.



¹ Children's outpatients

Conclusion

The UTC plays an essential role in providing timely and high-quality care. Our report highlights the UTC's many strengths, particularly the dedication and professionalism of its staff, who consistently deliver compassionate, patient-centred care. UTC staff are consistently acknowledged and appreciated by visitors. Their respectful, approachable, and supportive approach creates a caring atmosphere during what are often stressful episodes.

However, systemic and operational challenges, alongside issues related to infrastructure and accessibility, pose barriers to delivering equitable and seamless care for all visitors. Wheelchair users and visitors with limited mobility face barriers such as heavy doors, narrow corridors and insufficient space. Neurodiverse visitors, and others, are unable to easily access quiet spaces or zones and parents do not find the UTC environment child-friendly. The positioning of signage and information, small font sizes, and exclusive use of English for signage, information and the touchpad create further inequities.

Our findings suggest the importance of investing in infrastructure and resources to improve the UTC's efficiency and accessibility. Implementing real-time displays on wait time and opportunities to improve internal referral processes, could reduce visitor frustration and potentially improve care pathways. Additionally, consideration should be given to improving the physical layout of the UTC and facilities, such as charging stations, vending machines, water stations, toys, and quiet spaces, to create a more inclusive environment.

Limitations

- The findings of the report are based on observations, surveys, and interviews conducted over a four-day period. Visitor experiences outside of these days or at other times may differ.
- While our survey includes responses from a diverse group of 107 Greenwich residents, it is a small sample. Therefore, we do not claim that the insights gathered are representative of all who use the UTC.
- We have combined several ethnic groups into broader categories based on Census data for Greenwich. This approach allows us to have enough respondents in each ethnic group for analysis. However, merging groups for analytical purposes may obscure the differences in experiences between them.

Provider Response

Healthwatch was established in 2013 in accordance with the Health and Social Care Act 2012. Within this legislation Healthwatch has a right to a reply within 20 working days to Reports and Recommendations submitted by local Healthwatch to a service provider/commissioner.

Report & Recommendation Response Form

Report sent to:	Callum Smith, UTC Lead
Date sent:	10/12/2024
Title of Report:	Enter & View Report on Queen Elizabeth Hospital Urgent Treatment Centre, Queen Elizabeth Hospital, Stadium Road, SE18 4QH
Response	If there is no response, please provide an explanation for this within the statutory 20 days (by 10th of January 2025). Please note: This form and its contents will be published by Healthwatch Greenwich.

Date of response provided	
Healthwatch Greenwich Recommendations	<ol style="list-style-type: none">1. Improve accessibility for visitors using mobility aids and wheelchairs.2. Streamline the check-in process and provide visitors with clear communication when required to check-in manually as well as digitally.3. Provide accessibility features to the touchpad such as the option to translate into other languages and create easy-to-read formats.

4. Routinely ask visitors, on arrival, if they have any additional communication or support needs.
5. Establish a permanent reception to support visitors' information requests.
6. Provide visitors with clear instructions for requesting access to a quiet space.
7. Provide clear and accessible signage, display boards and information.
8. Install digital display boards to provide updates on wait times, and to display the names of patients when it is their turn to be seen.
9. Provide clear information on how to access the free Wi-Fi and consider installation of a 'booster' to improve areas with poor signal.
10. Install charging stations, vending machines, and water stations.
11. Consider improving facilities for children, parents/carers such as more toys and low tables.
12. Review cleaning rotas to ensure all areas are clean throughout the day/night.
13. Provide patients with clear information on reasons for internal referrals and care or next-step information on discharge.

<p>General response²</p>	<p>It was a pleasure to host this E&V performed by Healthwatch Greenwich.</p> <p>Greenwich Health Ltd started this service in the Summer of 2023 and we have made large efforts in the development and improvement of Urgent Care in the Queen Elizabeth Hospital.</p> <p>We had been looking forward to this report being released to give us more understanding on how we are performing and what areas we might be able to improve.</p> <p>We are very pleased to say that the majority of the recommendations in this report covers areas we have also internally identified as areas for development, and we have already begun (or completed) projects for these.</p> <p>Thank you to Healthwatch Greenwich for a well-executed visit and this report which will be used to further support our development of the Queen Elizabeth Hospital Urgent Treatment Centre.</p> <p>Note: It is important to point out that the CQC rating in the report relates to the previous provider of services, not of Greenwich Health so if it is in the report, it would be helpful to provide that context to ensure the reader knows it doesn't relate to how we operate as a provider.</p>
<p>Response to recommendation 1: Improve accessibility for visitors using mobility aids and wheelchairs.</p>	<p>As part of our own internal audits and review, we have also recognised this concern, and we are happy to see it has also been raised by Healthwatch.</p> <p>At this time, the department structure is not owned by Greenwich Health Ltd and we are not at liberty to change the physical structure of the department. We have raised concerns regarding disability access to both the SEL ICB and LGT</p>

² Please expand boxes as needed for your response.

	<p>early into our adoption of the UTC and we are still waiting for a solution to be presented.</p> <p>We will escalate the concerns raised in this report to the Trust and ICB in order to find a resolution.</p>
<p>Response to recommendation 2: Streamline the check-in process and provide visitors with clear communication when required to check-in manually as well as digitally.</p>	<p>We are currently in the planning stages with the Trust to redevelop the QEH A&E/UTC footprint and are confident that these changes will improve the check in process for all patients. Until that point, the current front door waiting area is challenging. With the new design, it will be a far clearer journey for the patient to follow at that initial stage.</p> <p>We also plan to introduce clear signage to help all patients with this process.</p> <p>It is also important to note that the reception and digital check in provide options/choice for the patient. While we prefer patients to use a digital check in, we understand there are patients that would find that difficult and our reception is on hand to support.</p>
<p>Response to recommendation 3: Provide accessibility features to the touchpad such as the option to translate into other languages and create easy-to-read formats.</p>	<p>The digital booking and triage tool at the front door uses the NHS Pathways system (developed by NHS England) to perform this process. Since implementing this system, we have performed regular development meetings with the NHS Pathways team and, specifically highlighted the need for multiple languages.</p> <p>This is a request that the NHS Pathways team have taken to look into further and we will be using this report to support our request for multiple languages and easy to read formats.</p>
<p>Response to recommendation 4:</p>	<p>As of the week commencing 09/12/2024, the booking in process has been developed to</p>

<p>Routinely ask visitors, on arrival, if they have any additional communication or support needs.</p>	<p>include new questions when a patient registers into the UTC.</p> <p>This new process will support the identification of patients with additional communication or support needs, however we will also continue to reiterate with our team the importance that a full social history is taken at the point a patient is assessed by a clinician in the UTC.</p>
<p>Response to recommendation 5 : Establish a permanent reception to support visitors' information requests.</p>	<p>Currently we have two points for patients to approach for support: the reception desk in the A&E waiting room and the Live Well desk located in the UTC (5 days/week). We also always have a nurse on duty who regularly monitors the waiting room and answers patients' questions.</p> <p>Unfortunately, due to the location of the UTC and a lack of space in the department, it would not be possible for us to establish an additional receptionist in the UTC along side these other services.</p> <p>We are planning to move to a 7-day/week model for the Live Well desk in early 2025.</p>
<p>Response to recommendation 6 : Provide visitors with clear instructions for requesting access to a quiet space.</p>	<p>We value this recommendation and have begun to explore our options in the UTC to accommodate this using the space we have provided to us.</p>
<p>Response to recommendation 7 : Provide clear and accessible signage, display boards and information.</p>	<p>We are proud to announce that the signage in the UTC has recently been updated before we received this report.</p> <p>We also have plans to continually monitor and improve the current signage in the UTC following this report and other feedback we receive.</p>

<p>Response to recommendation 8 : Install digital display boards to provide updates on wait times, and to display the names of patients when it is their turn to be seen.</p>	<p>As part of our long-term plans, we intend to install digital display boards which will provide patients accurate waiting time information and other useful information for patients, visitors, families and friends.</p> <p>Development work to link the relevant IT systems has been ongoing for some time but is now nearing fruition. We plan to install display boards into UTC reception in the first half of 2025.</p>
<p>Response to recommendation 9 : Provide clear information on how to access the free Wi-Fi and consider installation of a 'booster' to improve areas with poor signal.</p>	<p>Our team have begun discussion on how to provide the correct information to access the Free NHS wi-fi in the hospital.</p> <p>Unfortunately, the hospitals internet signal is managed by the Trust IT and estates department which we are unable to influence currently.</p> <p>We will provide this feedback to our Trust colleagues in our next joint operations meeting.</p>
<p>Response to recommendation 10 : Install charging stations, vending machines, and water stations.</p>	<p>This feedback and suggestion are a wonderful idea that we have already begun to explore. Thank you for bringing this to our attention.</p>
<p>Response to recommendation 11 : Consider improving facilities for children, parents/carers such as more toys and low tables.</p>	<p>We recognise the need to provide dedicated space for children and families and agree that this space could be improved. Due to infection prevention controls, there are limitations to what toys and tables can be provided in a UTC waiting area, however we are exploring options.</p> <p>We shall present some options to patients over the next few months to see what can be done to make this space better for children and parents whilst they are waiting.</p>
<p>Response to recommendation 12 :</p>	<p>Cleaning of the department is provided by the hospital trust via an external company ISS.</p>

<p>Review cleaning rotas to ensure all areas are clean throughout the day/night.</p>	<p>Following this report, we will be feeding back your findings to the company to discuss further.</p> <p>We will also review the waiting room to make it easier for patients to dispose of their litter.</p>
<p>Response to recommendation 13 : Provide patients with clear information on reasons for internal referrals and care or next-step information on discharge.</p>	<p>In the UTC there are currently 2 forms of written patient information available: a QR code to access information via a website and printed handouts for various advice leaflets.</p> <p>It is expected that all patients who are seen by a clinician are given clear information on reasons for referral and discharge advice.</p> <p>We will highlight this feedback with our team and continue to monitor discharge information given to our patients.</p> <p>With regards the specific case in the report, where a patient was unsure where and why they were referred. The trust is currently establishing their SDEC service and it is constantly changing while they iterate. We have put in place a patient information leaflet to try and explain a quite complex referral pathway but as the service beds in, we will be able to guide patients in a more assured way.</p>
<p>Signed:</p>	<p><i>Callum Smith</i></p>
<p>Name:</p>	<p>Callum Smith</p>
<p>Position:</p>	<p>UTC Lead</p>

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