Minor Injuries Units

A report into local peoples’ experiences of Minor Injury Units in the East Riding of Yorkshire

October 2016
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Background & Introduction

In the East Riding of Yorkshire there are six Minor Injuries Units (MIUs) located in: Bridlington, Beverley, Driffield, Goole, Hornsea, and Withernsea.

Minor Injury Units operate as part of a wider Urgent Care system alongside a number of other services, such as:

- Ambulance services
- Accident & Emergency Departments
- NHS 111 (single point of contact)
- GP out-of-hours
- Community services that support urgent needs
- Urgent Care Centres (including walk-in centres, GP-led health centres, and all other similar facilities)
- Social care
- Community beds

They provide a variety of services to the public to treat a range of minor injuries and ailments such as: sprains and strains; cuts and wounds; minor eye injuries; minor burns.

At present, the East Riding of Yorkshire Clinical Commissioning Group (CCG) is reviewing the urgent care services it commissions (buys) for the period up to 2020. This review will consider all urgent care services including Minor Injury Units. The diagram pictured above shows the diverse range of urgent care provision currently available in the East Riding and the CCG’s aspiration for a more joined up approach. Further information on the review can be found on the CCG’s website:

http://www.eastridingofyorkshireccg.nhs.uk/our-plans/urgentcare/

Concerns have been raised by local residents, and local Member of Parliament Graham Stuart, that the review may lead to the closure of some units, though no decisions have been made at this time. East Riding CCG will shortly launch a full public consultation to consider the various options available in relation to urgent care before making a decision about what services should be provided where.

Through previous work, for example an Enter and View visit to Hull Royal Infirmary; we found some inconsistencies in how patients are referred from Minor Injury Units to Accident and Emergency (A&E) departments. In some cases patients were simply told that their injury could not be treated at MIU and they should go to the nearest Emergency Department and check-in for treatment; in others the MIU had informed the Hospital that the patient was on their way and/or referred them directly into a service

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1 http://www.healthwatcheastridingofyorkshire.co.uk/sites/default/files/ev_report_hull_royal.pdf
such as radiology, resulting in much shorter waiting times for those patients. We have also found through our public engagement work that some members of the public are confused about what services are offered at Minor Injury Units and at what times.

With these factors in mind, Healthwatch East Riding of Yorkshire believed it would be timely to examine how local Minor Injury Units are experienced by those who use them currently in the East Riding of Yorkshire. To do this we conducted Enter and View visits to all six MIUs during the months of June to August 2016. Individual Enter and View reports for each centre can be found, in their entirety and in chronological order, in the main body of this report. We also distributed a Patient Experience survey prior to each visit, which received 61 responses. A summary of the survey results can be found on page 28.
What is Enter and View?

Under the Health and Social Care Act 2012, local Healthwatch organisations have a statutory right to ‘Enter and View’ any premises providing publicly-funded health or adult social care services.

Enter and View visits are carried out by trained and authorised Healthwatch volunteers and they provide an opportunity for authorised representatives to:

- Go into health and social care premises to hear and see how the consumer experiences the service;
- Collect the views of service users at the point of service delivery;
- Collect the views of carers and relatives of service users;
- Observe the nature and quality of services;
- Collate evidence-based feedback;
- Report to providers, CQC, Local Authority and NHS Commissioners and quality assurers, Healthwatch England and any other relevant partners;
- Develop insights and recommendations across multiple visits to inform strategic decision making at local and national levels.

It is important to note that Enter and View is not an inspection; it is about gathering information from service users to add to a wider understanding of how services are delivered to local people. It is also important to stress that Enter and View reports only reflect the conditions encountered on a specific occasion and, as such, can only provide local Healthwatch with a ‘snapshot’ of the services being provided and the experiences of those using it at that time.
For this investigation, we visited all six Minor Injury Units currently operating within the East Riding of Yorkshire Clinical Commissioning Group area. We contacted the MIUs in advance to arrange the visit, rather than carrying out unannounced visits, in order to minimise the disruption to staff and patients.

Whilst organising the Enter and View visits we did encounter difficulties finding who the best person to contact was in order to arrange the visit. There are currently four different provider organisations running the six units, some of which share management across several units. We were passed back and forth between organisations and individuals in the course of setting up the visits, which highlighted a potential area of concern for patients and the public who might want to find further information about services or contact an MIU. From our ongoing engagement with the public we know that this complexity is confusing for many people when trying to navigate their way around a complex urgent care system.

The MIU’s we visited were:

<table>
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<tr>
<th>Address</th>
<th>Provider</th>
<th>Opening times</th>
<th>Date of visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bridlington</td>
<td>Wolds View Primary Care Centre, Bridlington and District Hospital (Entrance A), Bessingby Road, Bridlington, YO16 4QP</td>
<td>City Health Care Partnership CIC</td>
<td>7 days a week, 8am-9pm</td>
</tr>
<tr>
<td>Beverley</td>
<td>East Riding Community Hospital, Swinemoor Lane, Beverley, HU17 0FA</td>
<td>Hull &amp; East Yorkshire NHS Trust</td>
<td>Mon to Fri 9am-5pm and 9am-6pm weekends BHs</td>
</tr>
<tr>
<td>Driffield</td>
<td>Alfred Bean Hospital, Bridlington Road, Driffield, YO25 5JR</td>
<td>Humber NHS Foundation Trust</td>
<td>7 days a week, 9am-6pm</td>
</tr>
<tr>
<td>Goole</td>
<td>Goole and District Hospital, Woodlands Avenue, Goole, DN14 6RX</td>
<td>Northern Lincolnshire and Goole NHS Foundation Trust</td>
<td>7 days a week, 24 hours</td>
</tr>
<tr>
<td>Hornsea</td>
<td>Hornsea Cottage Hospital, Eastgate, Hornsea, HU18 1LP</td>
<td>Humber NHS Foundation Trust</td>
<td>7 days a week, 9am-5pm</td>
</tr>
<tr>
<td>Withernsea</td>
<td>Withernsea Community Hospital, Queen Street, Withernsea, HU19 2QB</td>
<td>Humber NHS Foundation Trust</td>
<td>Mon to Fri, 9am-5pm</td>
</tr>
</tbody>
</table>
Premises visited: Goole Minor Injury Unit, Goole and District Hospital, Woodlands Avenue, Goole, DN14 6RX

Date of Visit: 06/06/2016
HW Reference: HWERY20160601

Duration of visit. 1hr 15 mins between 2-3:15pm

HWERY Representatives: Denise Lester Nicky Hill
Staff met during visit: Department Manager Charge Nurse

PURPOSE OF VISIT

The visit was part of a HWERY programme to review Minor Injuries services in East Yorkshire.

1. To gather patients’ experience of Minor Injury Unit services in the East Riding
2. To find out what patients value about the service?
3. To find out why patients chose to come here rather than A&E, their GP or other service?

INTRODUCTION

The unit is open 24 hours a day, 7 days a week and is available for anyone requiring treatment for minor injuries. Many people who visit the unit are from outside Goole. First impressions were of a calm, relaxed unit though we were told that the unit can become very busy and were told that a lack of staff is an ongoing issue. Figures collected by East Riding CCG show the unit averages 53 attendances per day.2

ENVIRONMENT

The building, fixtures and fittings were in good condition both externally and internally. There was good clear signage, easily visible from the nearby car park and continuing into the unit to a large clearly visible and signed reception desk. This is a ground floor unit and we did not have any concerns about accessibility. There were male, female and staff toilets, again clearly signed and in good, clean condition. A hand sanitiser was available positioned on the wall near the entrance. There are no baby changing facilities.

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2 These figures are based on all recorded attendances (both East Riding patients and those from other CCG areas) from February 2015 to February 2016.
INFORMATION

There were two waiting areas, one for adults and another for children. The adult area had magazines and a television available and the children’s area was well supplied with toys. A variety of leaflets were displayed, some giving information on medical conditions that could be taken away. Although the leaflets were only available in English we were advised that a “language line” is available. There was also a comments box and a payphone. There was no water available in the waiting rooms but patients mentioned that they had been given water from the cooler in the staff office.

PATIENT EXPERIENCE

There were two families (4 people, 2 patients) waiting in the adult area and a family with children in the children’s area. We spoke with both families in the adult area. Both of these families had self-referred. Although they lived out of the area, they chose the Goole MIU because it was quick, efficient, friendly and in the words of one patient “amazing”. Neither had considered going to A&E or to their GP largely because this unit was so efficient. Waiting times were relatively short, 30 to 45 minutes on average. Both families praised the commitment of the staff and in particular the way they communicated with children and the elderly. The only issue mentioned was the lack of drinking water, although a staff member said that this was intentional for clinical reasons.

FACILITIES AVAILABLE

The unit uses the “Manchester Triage” system and patients are seen in order of need. The services available are:

- X-ray
- Cannulations
- Phlebotomy
- Plastering
- Suturing
- Catheterisation
- Wound care

The X-ray facility is open from Monday to Friday 9am to 5am with an on call service, evenings and weekends.

A doctor is available from 8am to 10 pm, a nurse is available 24/7. Other clinicians are taken from the ward if needed. There are no facilities for patients to be admitted for observation, diagnostic tests or further treatment. The doctor on duty can arrange admittance to a ward or transfer to Scunthorpe General Hospital. Patients can also be referred to the emergency department at Hull Royal, York and Scarborough Hospitals or Scunthorpe General by contacting the hospital directly.

Patients are not able to get prescriptions made up on the premises. The Trust has the contract with Lloyds pharmacy, which closes at lunchtime on a Saturday. The
department manager sees this as a particular problem but despite efforts has been unable to progress any changes.

PRIVACY/CONFIDENTIALITY

There is a staffed reception desk where patients register on arrival. They are able to do this in private if preferred. They are notified of their turn to be seen by their name being called out.

STAFF / RESPECT FOR PATIENTS

All dealings with patients and families were seen to be very respectful.

AREAS OF GOOD PRACTICE:

- Efficient
- Putting people at ease
- Good communication
- Short waiting time
- Opening times of 24/7

AREAS FOR IMPROVEMENTS:

- Availability of drinking water
- On site facility for prescriptions

CONCLUSION

This looked to be a well-run, efficient unit which was very much appreciated by all of the users that we spoke with.

Signed on behalf of HWERY  Carol Dyas  Date: 12/10/16

Disclaimer: This report relates only to the service viewed on the date of the visit and is representative of the views of the people who contributed to the report on that date.
Premises visited:
Hornsea Cottage Hospital and MIU, Eastgate, Hornsea, HU18 1LP

Date of Visit: 09/06/2016
HW Reference: HWERY20160609

Duration of visit: 2 hours between 10am-12pm

HWERY Representatives:
Pam Wakelam
Helen Caldwell

Staff met during visit:
Senior Nurse Practitioner
Nurse Practitioner

PURPOSE OF VISIT

The visit was part of a HWERY programme to review Minor Injuries services in East Yorkshire.

1. To gather patients’ experience of Minor Injury Unit services in the East Riding
2. To find out what patients value about the service?
3. To find out why patients chose to come here rather than A&E, their GP or other service?

INTRODUCTION

The designated Manager/Team Leader was on duty in another MIU on the day of our visit. He had completed the manager’s questionnaire and ensured patients had access to the patient questionnaire in advance of our visit, as evidenced by the completed forms that we received.

The MIU is housed in one wing of the cottage hospital building, which has had a major internal upgrade in the recent past. The MIU comprises two clinical rooms and a clean utility room mainly for the storage and management of drug stocks. The unit is open 7 days a week 9am - 5pm including bank holidays with the exception of Christmas day. The staffing on a daily basis is usually one Clinical Nurse Practitioner with a porter available in the building. On week days there are many others in the building. Figures from East Riding CCG show the unit averages 10 attendances per day.3 There are fluctuations in attendances throughout the year, with a very slight increase in attendances during the summer months.4

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3 These figures are based on all recorded attendances (both East Riding patients and those from other CCG areas) from February 2015 to February 2016 [Source: East Riding of Yorkshire CCG].
4 Average daily attendances were 12 during August 2015, 10 in October 2015 and 8 in January 2016 [Source: East Riding of Yorkshire CCG].
Staff are rostered usually 3-4 weeks in advance and they do service all the MIU’s in the area - including Hornsea/Withernsea/Driffield/Beverley - as a team.

They operate as a ‘999’ site meaning if a clinical emergency occurs they call 999 for assistance. No Controlled drugs are kept on site but a fully equipped crash trolley was situated outside the MIU rooms.

The unit shares a reception with all other services provided on the site as it share all other amenities e.g. toilets, waiting areas. Although the exterior of the building is quite old much has been done to make it a welcoming sight with art work on the fencing and hanging baskets outside (provided by the League of Friends of the original hospital).

ENVIRONMENT

The inside is now very modern, quite spacious and beautifully decorated with wallpaper recognising Hornsea history e.g. Hornsea Pottery themes. Local art work is also displayed on the walls throughout the building. The welcoming reception is light and airy with lots of natural light. Everything looked professional, very clean and tidy and well designed. A sink is available in reception for hand washing if required.

The building is one story so lifts are not required. Disabled access is available to the front door and a hearing loop is installed at the reception desk. There are drinking water and hot drinks machines available. TV screens keep those waiting occupied: one advertising health issues and one showing standard TV programmes. A children’s play area had a TV with children’s programmes playing, however there were no toys in evidence.

Toilets were all accessible for disabled people and were in good condition.

There were some magazines in evidence in the main reception.

The reception had two staff members on duty who were very helpful to us as visitors as well as all entering the facility and the MIU had two staff on duty one of whom was being inducted into his role.

We did not witness any direct care being delivered as the MIU had no patients while we were there.

INFORMATION

The unit’s signage to different areas was clear, well placed and easy to follow. Signs related to such things as fire were clearly visible. There was a large amount of general health leaflets around. Opening times were displayed but there were no signs about waiting times. However, we did not witness anyone waiting for more than a few minutes for any service. No information in other languages was found.
PATIENT EXPERIENCE
We could not speak to any patients as there were none there for the MIU during our visit. However, we did collect 16 completed patient questionnaires all of which gave a positive view of the unit in all its aspects.

FACILITIES AVAILABLE
The MIU has access to the X-ray facility for mainly limb x-rays 3 days a week for 3.5 hours each day. The radiography staff are, like the nurses, shared between local MIU’s.

The building does also house the following services (not part of the MIU):
- Physiotherapy
- Podiatry
- Speech and language
- Counselling services
- Palliative care day facility one day a week (managed by Dove House Hospice)
- Wound care services
- A Pharmacy facility is available for specific patients but this is not available for use by the MIU

PRIVACY/CONFIDENTIALITY
The MIU’s rooms are separated so confidentiality can be preserved when dealing with a patient. The layout of the reception area did provide a low level of privacy.

STAFF / RESPECT FOR PATIENTS
During our time on site all patients moving through the various services appeared to be dealt with promptly and respectfully.

AREAS OF GOOD PRACTICE:
- Modern building purposely renovated to provide the services it contains.
- Beautiful environment.
- Warm and welcoming staff.
- MIU facilities fit for purpose.

AREAS FOR IMPROVEMENTS:
- Information in other languages be made available.
CONCLUSION

The unit provides a useful service to the surrounding population in a warm and welcoming location. From the responses from the public it appears to be valued and appreciated by the local people who use it.

Signed on behalf of HWERY | Carol Dyas | Date: 12/10/16

Disclaimer: This report relates only to the service viewed on the date of the visit and is representative of the views of the people who contributed to the report on that date.
**Enter & View Visit Report - Driffield**

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<td>HWERY20160615</td>
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<tr>
<th>Duration of visit:</th>
<th>HWERY Representatives:</th>
<th>Staff met during visit:</th>
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<tr>
<td>2 hours between 10am and 12pm</td>
<td>Carol Dyas Don Waudby</td>
<td>Clinical Practitioner Support Practitioner</td>
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**PURPOSE OF VISIT**

The visit was part of a HWERY programme to review Minor Injuries services in East Yorkshire.

1. To gather patients’ experience of Minor Injury Unit services in the East Riding
2. To find out what patients value about the service?
3. To find out why patients chose to come here rather than A&E, their GP or other service?

**INTRODUCTION**

The MIU is housed in a facility at Alfred Bean Hospital; the unit is located on the ground floor with a clinical room which was clean and very well stocked. There is storage available and the crash trolley was fully equipped with a defibrillator.

The unit is open 9am to 6pm for patients over the age of one. The unit will see patients under the age of one but they are always referred on to a GP or Accident and Emergency department. The nurse practitioner and support practitioner are required to also visit Hornsea, Withernsea and Beverley. The unit also has a nurse prescriber who can issue prescriptions and if they are not available all clinicians have access to, and use, Patient Group Directions which allow access to prescription only medicines.

Patients are given a questionnaire to complete before they are seen and none of the patients that we saw waited longer than 3 minutes to be seen.

The unit informs the patient’s GP of their visit using SystmOne or by letter for GPs not on the system or out of area.
The clinical practitioner told us that the unit is also used by patients from out of area either visiting for the day or holidaying in the area. The unit also accepts referrals from GPs for minor injuries. Figures from East Riding CCG show the unit averages 21 attendances per day.\(^5\)

**ENVIRONMENT**

The overall environment was clean. The waiting room had a cold water machine with several leaflets to signpost patients to other health care settings and access to a public payphone.

It was raining on the day of the visit and the floors were wet but warning signs had been put out to warn visitors.

Patients had access to hand sanitizers which had been fastened to the wall. The waiting room had a television and several magazines with a wooden counting frame for use by children and a large cardboard Mickey Mouse on the wall.

The unit is on the ground floor with clearly marked disabled access and wheelchairs available, plus hearing loop equipment. The toilet area was spotlessly clean with disabled access and baby changing facilities.

Access signage for the unit is easy to follow. Fire exits are clearly marked. When patients arrive they are required to ring a bell for assistance. This bell was not particularly well-placed, however, a note had been placed on the office door to mitigate this and explain the check-in procedure to visitors - see areas for improvement.

Notices display waiting times, when the unit is busy and at peak times. Patients are called for treatment by the clinical staff.

**PATIENT EXPERIENCE**

Three patients attended on the morning of our visit. They had visited before and found it useful quick and efficient, one patient attended having cut his hand with a circular saw. He and his wife had nothing but praise for the unit and said it had helped their daughter in the past and they were extremely grateful for the treatment she received.

**FACILITIES AVAILABLE**

The MIU has access to X-ray facilities.

The building does also house the following services (not part of the MIU):

- Podiatry

\(^5\) These figures are based on all recorded attendances (both East Riding patients and those from other CCG areas) from February 2015 to February 2016 [Source: East Riding of Yorkshire CCG].
• Wound clinic
• visiting consultants
• health trainers
• counsellors
• Districts Nurses
• Macmillan cancer support

PRIVACY/CONFIDENTIALITY
The staff speak to patients in the office so privacy and confidentiality is maintained.

STAFF / RESPECT FOR PATIENTS
The staff showed respect to the three patients we observed, who were all dealt with promptly and efficiently. There was a board full of thank you cards and letters plus drawings done for them by children, which is a good indication of the care and respect patients have received.

AREAS OF GOOD PRACTICE:
• Welcoming friendly staff
• Light and airy unit
• Facility fit for purpose

AREAS FOR IMPROVEMENTS:
• Consider improving the system for patients to make contact with staff on arrival (i.e. making it more obvious how to ring for assistance).
• Provide information in other languages and/or display clearly how this can be obtained.

CONCLUSION
The unit provides a useful service for the people of Driffield and surrounding areas. As shown by survey results, the unit decreases the need for patients to attend A&E for minor injuries which can be treated within a primary care setting.

Signed on behalf of HWERY  Julia Pollock  Date: 13/10/16

Disclaimer: This report relates only to the service viewed on the date of the visit and is representative of the views of the people who contributed to the report on that date.
**Enter & View Visit Report - Withernsea**

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<td>16/06/2016</td>
<td>HWERY20160616</td>
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<th>HWERY Representatives:</th>
<th>Staff met during visit:</th>
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<tbody>
<tr>
<td>1 hour between 2-3pm</td>
<td>Pam Wakelam</td>
<td>Senior Nurse/Team Leader</td>
</tr>
<tr>
<td></td>
<td>Denise Lester</td>
<td>Nurse Practitioner</td>
</tr>
</tbody>
</table>

**PURPOSE**

The visit was part of a HWERY programme to review Minor Injuries services in East Yorkshire.

1. To gather patients' experience of Minor Injury Unit services in the East Riding
2. To find out what patients value about the service?
3. To find out why patients chose to come here rather than A&E, their GP or other service?

**INTRODUCTION**

On arrival the reception staff directed us to the Minor Injury Unit and to the team leader. He gave us the completed ‘Managers Questionnaire’ and three completed ‘Patient Questionnaires’.

The MIU is housed in a building which is smart, modern and spacious. The MIU is located in one wing of the building and comprises of two clinical rooms. Storage facilities are shared with other services. Drugs are kept in an approved drug cupboard in one of the MIU’s clinical rooms. The unit is open 5 days a week 9am - 5pm. The staffing on a daily basis is usually 1 Clinical Nurse Practitioner. There are many others services operating in the building. MIU clinical staff are shared between this and other MIU’s, including Hornsea/Beverley/Driffield, as a team. Figures from East Riding CCG show the unit averages 8 attendances per day. As with the unit at Hornsea, attendance levels fluctuate throughout the year but with no discernable trend.

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6 These figures are based on all recorded attendances (both East Riding patients and those from other CCG areas) from February 2015 to February 2016 [Source: East Riding of Yorkshire CCG].

7 Average daily attendances were 9 during August 2015, 10 in October 2015 and 5 in January 2016 [Source: East Riding of Yorkshire CCG].
There is no doctor available to the unit so they operate as a ‘999’ site meaning if a clinical emergency occurs they call 999 for assistance. No Controlled drugs are kept on site but a fully equipped crash trolley was situated inside one of the MIU rooms.

The unit shares a reception, toilet and waiting areas with all other services provided on the site.

ENVIRONMENT

The inside is very modern and quite spacious. The welcoming reception is light and airy with lots of natural light. Everything looked professional, very clean and tidy and well designed. Hand gel is available in reception.

The building is on one level only so lifts are not required. Disabled access is available to the front door and a hearing loop is installed at the reception desk. There are drinking water and snack machines in reception. Toilets were all accessible for disabled people and were in a good clean condition.

There were magazines in evidence in the main reception. There were no TV screens available and no facilities for children e.g. toys, books etc.

The reception had two staff on duty who were very helpful to us as visitors, as well as all those entering the facility. The MIU had two staff on duty, one of whom was being inducted into his role.

One patient did arrive but was taken straight in for assessment and possible treatment and so it was not appropriate to speak to him. We did witness the staff member ensuring the patient’s privacy was respected making sure adjoining doors between the clinical rooms was closed as we were in the adjoining room.

INFORMATION

The unit’s signage to different areas was clear, well placed and easy to follow. There were signs displaying who was leading each service that day including that Dean was leading the MIU. There was a large amount of general health leaflets around. Fire exits were clearly signed. Opening times were displayed but waiting times were not showing anywhere. We did not witness anyone waiting for more than a few minutes for any service.

No information in other languages was found. The team leader commented that they did not really experience language problems although there is a community of migrant workers in the area.
PATIENT EXPERIENCE

We could not speak to any patients as there were none available to us. However, we did collect three completed patient questionnaires which all gave a positive view of the unit.

Complaints information was displayed at the reception and leaflets/forms were readily available.

FACILITIES AVAILABLE

The MIU has access to the X-ray facility for 3 days a week for 3.5 hours each day. The radiography staff are, like the nurses, shared between local MIU’s. The clinical staff have the facility/authority to administer certain drugs under the PGD (Patient Group Directive) process, such as, for example, antibiotics or pain killers.

The building also houses the following services (not part of the MIU):

- In-patient facilities
- Dentistry
- Physiotherapy
- Podiatry
- Blood specimen services
- Wound care services

PRIVACY/CONFIDENTIALITY

The MIU’s rooms are separated so confidentiality can be preserved when dealing with a patient. The layout of the reception area did provided a low level of privacy.

STAFF / RESPECT FOR PATIENTS

During our time on site all patients moving through the various services appeared to be dealt with promptly and respectfully.

AREAS OF GOOD PRACTICE:

- Modern building purposely renovated to provide the services it contains.
- Warm and welcoming staff.
- MIU facilities fit for purpose.

AREAS FOR IMPROVEMENTS:

- Paediatric patient facilities needed e.g. toys/books.
CONCLUSION

The unit provides a useful service to the surrounding population in a warm and welcoming location. From the (limited) responses we gathered from the public it appears to be fully appreciated.

| Signed on behalf of HWERY | Julia Pollock | Date: 13/10/16 |

Disclaimer: This report relates only to the service viewed on the date of the visit and is representative of the views of the people who contributed to the report on that date.
Premises visited:
Beverley MIU, East Riding Community Hospital, Swinemoor Lane, Beverley, HU17 0FA

Date of Visit:
23/06/2016

HW Reference:
HWERY20160623

Duration of visit:
2 hours between 2-4pm

HWERY Representatives:
Pam Wakelam
Jane Stockton

Staff met during visit:
Assistant Nursing Director
Receptionist
Clinical practitioners briefly

PURPOSE OF VISIT
The visit was part of a HWERY programme to review Minor Injuries services in East Yorkshire.
1. To gather patients’ experience of Minor Injury Unit services in the East Riding
2. To find out what patients value about the service?
3. To find out why patients chose to come here rather than A&E, their GP or other service?

INTRODUCTION
We were met by the Assistant Nursing Director who had come to the unit that day from the Hull Royal infirmary to welcome us to the unit. The designated Manager/Team Leader was unavailable to speak to and the manager’s questionnaire had not been received so was left with the Assistant Nursing Director to complete. The questionnaire was completed and returned to the Healthwatch office shortly afterward. The Healthwatch notice concerning this visit was displayed on the notice board in the entrance to the unit.

The Minor Injury Unit is housed in one wing of the Community Hospital and is managed by the Hull & East Yorkshire Hospital Trust (Humber NHS Foundation Trust on weekends and Bank Holidays) and is a satellite of the Hull Royal A&E department. The building is relatively new and very modern and offers a clean and up to date department with wide open corridors giving easy access for all. Wheelchair access is provided as is a hearing loop at reception.

The unit is open:
- Monday to Friday 9am to 5pm
- Weekends & Bank Holidays 9am to 6pm
This information is displayed on a plaque on the wall at the entrance along with information of where to go outside of these hours.

Staffing on a daily basis is:
- 2 x Nurse Practitioners,
- 1 x Clinical Support Worker,
- 1 x Receptionist.

Some clinical staff rotate through both Hull Royal Infirmary A&E and this unit.

The unit operates as a 999 site for clinical emergencies, meaning if a clinical emergency occurs they call 999 for assistance. However, the unit does have a fully equipped Resuscitation Trolley.

The unit has its own reception and general facilities, including two waiting areas (one specifically for children), toilets and three clinical rooms. One of the three rooms is furnished specifically to manage those with eye injuries, a useful addition to the service.

X-Ray facilities are shared with the Community Hospital and can be accessed as required. There is also access to facilities for procedures such as: wound dressings, eye care, and plastering.

Figures from East Riding CCG show the unit has on average 38 attendances per day.8

NB: This unit will be inspected by the CQC as part of the inspection of the Acute Trust and inspectors were due onsite the following Monday after our visit (June 27th 2016).

ENVIRONMENT

The inside is very modern and quite spacious. Everything is on one level so there is no need for a lift. The reception desk is immediately in front of you on entering by the main door.

Disabled access is fully catered for and a hearing loop is installed at the reception desk. Drinking water is available. There were some magazines in evidence in the main reception and a TV screen to keep those waiting occupied. The children’s waiting area had toys available. Toilets were all accessible for the disabled and in good condition.

The reception had one member of staff on duty who was very helpful to us as well as all those entering the facility. In addition, the MIU had two members of clinical staff on duty. There was a steady flow of patients during our visit and the waiting times were up to 1 hour and 10 minutes. They had been busy all morning up to and during our visit and that left us no opportunity to speak to the clinical staff because to do so would have increased the waiting times further and interfered with patient care. Therefore we did

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8 These figures are based on all recorded attendances (both East Riding patients and those from other CCG areas) from February 2015 to February 2016 [Source: East Riding of Yorkshire CCG].
not witness any direct care being delivered but we did note the care taken when calling patients in for diagnosis and treatment.

INFORMATION
The unit’s signage to different areas was clear, well-placed and easy to follow. Fire exit signs were clearly visible. There were general health information leaflets around. Opening times were displayed and waiting times were regularly reviewed and advertised. No information in other languages was found but, we were informed that, the unit does have access to a telephone interpreter service.

PATIENT EXPERIENCE
The unit had not had any patient questionnaires made available so we took the opportunity to distribute these to the people waiting for treatment during our visits (eight in all). They generally were happy with the unit but as most had not yet had any treatment they had nothing to say about the care given. One lady, who had brought her son in for treatment, asked us to add to her submission after her son had been treated to give praise to the clinical staff. Generally they were all glad the unit existed and would not have liked to travel to Hull or Goole.

FACILITIES AVAILABLE
The MIU has access to the X-ray facility in the Community Hospital.

Good Car Parking facilities available including disabled space outside the main door.

PRIVACY/CONFIDENTIALITY
The MIU’s rooms are separated so confidentiality can be preserved when dealing with a patient. The layout of the reception area provides little privacy.

STAFF / RESPECT FOR PATIENTS
During our time on site all patients moving through the various services appeared to be dealt with promptly and respectfully.

AREAS OF GOOD PRACTICE:
- Modern building.
- Beautiful environment.
- Warm and welcoming staff.
- MIU facilities fit for purpose
- Specific ophthalmic care facilities

AREAS FOR IMPROVEMENTS:
N/A
CONCLUSION

The unit provides a useful service to the surrounding population in a warm and welcoming location. From the responses from the public it appears to be fully appreciated.

Signed on behalf of HWERY  Carol Dyas  Date: 12/10/16

Disclaimer: This report relates only to the service viewed on the date of the visit and is representative of the views of the people who contributed to the report on that date.
**PURPOSE OF VISIT**

The visit was part of a HWERY programme to review Minor Injuries services in East Yorkshire.

1. To gather patients' experience of Minor Injury Unit services in the East Riding
2. To find out what patients value about the service?
3. To find out why patients chose to come here rather than A&E, their GP or other service?

**INTRODUCTION**

The Minor Injury Unit in Bridlington is part of an integrated Primary Care unit situated in the same building as Bridlington Hospital. The Unit is known as the 'Wolds View Primary Care Centre' and caters for Minor Injuries and illness as well as providing GP services.

Both MIU and GP services share facilities and managers. There is an X-Ray unit on site and the Nurse specialists have access to this for the Minor injuries patients. The reception services are shared and were staffed by two people on the day we visited. There are usually 3 clinical staff on duty each shift for the walk in service.

Due to Bridlington being a holiday destination the daily arrivals fluctuate. Figures from East Riding CCG show the unit averages 58 attendances per day. As with other units, there are fluctuations in attendances throughout the year. There was an increase in attendances during July and August 2015 on previous months but there was also a

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9 These figures are based on all recorded attendances (both East Riding patients and those from other CCG areas) from February 2015 to February 2016 [Source: East Riding of Yorkshire CCG].

10 Average daily attendances were: 57 during May, 62 during June, 65 during July and 69 during August [Source: East Riding of Yorkshire CCG].
significant difference between the attendances during January 2015 compared with January 2016 suggesting that seasonal shifts cannot account for all fluctuations in attendance levels.

The unit is open 7 days a week 365 days a year between 8am and 9pm. Opening times are displayed.

ENVIRONMENT

The outside facilities include paid car parking, bus services and seating.

The service was taken over by the present management about 4 years ago and they inherited the footprint of the building but re-modelled as far as they could the inside facilities. Whilst this presented some limitations, overall the environment is bright, clean and welcoming. Usual facilities are provided: toilets, seating and a small amount of wall mounted play items for children. The reception area displayed a wide selection of information leaflets and notices. Notice boards have themes.

There are no obvious refreshment facilities e.g. water dispenser. Patients can ask staff for a drink of water which will be brought to them but this facility is not advertised. There are refreshment facilities behind doors to the hospital but this is also NOT signposted.

Hand gel is provided in strategic places.

The reception desk was open plan but clients could ask for privacy if they required it and where given registration papers to complete so allowing a degree of privacy of information.

The unit provides ease of access for wheelchairs and as all services are on one floor no lift is required. There is a 'hearing loop' in place at reception.

INFORMATION

Information was readily available on a variety of topics. For example, there is information provided on different clinical issues, including dementia, (this is a dementia friendly unit) as well as information on how to make a complaint, how to ask for privacy and information about requesting an interpreter. The languages catered for are advertised, Polish being the most frequently required after English.

Signs for where to go etc. were clearly displayed. Safeguarding information was well displayed. ‘In the event of a fire’ notices are also displayed.

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11 Average daily attendances were: 47 during January 2015 and 60 during January 2016 [Source: East Riding of Yorkshire CCG].
PATIENT EXPERIENCE

This appears to be generally good as noted by the questionnaires completed. The unit operates a ‘Patient Champion’ system manned by volunteers who are on site once a week for a number of hours. They encourage the completion of the ‘Friends & Family’ feedback forms by offering them to patients to complete. They also assist in the promotion of new initiatives - one ongoing aimed at men at the moment. The volunteer we spoke to seemed very committed and enjoyed her work. The feedback forms are analysed by the managers and findings presented to the staff on staff notice boards. The managers appeared to value the ‘Champions’ service highly.

Some questionnaires highlighted the lack of refreshment - see areas for improvement. One or two used the form to promote their wish for a full A&E service. Waiting times were mentioned, however, the manager advised that they have a 2 hour arrival to completion standard and have a 98.5% compliance rate. Outliers are investigated and are usually found to relate to outside influences.

FACILITIES AVAILABLE

- Clinical nurse specialists for MIU patients.
- X-ray facilities are available and the qualified nurses in the MIU can order x-rays for their patients.
- There is access to doctors in the GP section for another clinical opinion if required.
- Nursing staff are trained as ‘Nurse Prescribers’ and also operate a ‘Patient Group Directive ’ system. This is monitored by the Clinical Governance processes in place for this unit.
- Resuscitation facilities are provided up to ‘Basic Life Support’. Equipment and defibrillator noted and adrenaline (drug of choice) is kept particularly for anaphylaxis cases. For serious issues a 999 process is in operation.
- The unit is ‘Dementia Friendly’ and staff have received training for this purpose.

PRIVACY/CONFIDENTIALITY

As stated, the reception desk is open plan for both the GP and MIU services however most information is taken by providing a form for patients to complete. They also advertise that if the patient would like more privacy this can be provided. GP booked patients can advise they have arrived by electronic means. Patients are called into rooms by the clinician.

STAFF / RESPECT FOR PATIENTS

Usually there are three staff on duty at any one time they work inside consultation rooms when seeing patients so providing privacy and respect. Most of the nursing staff have been in post a number of years.
Staff do have the opportunity at times to gain experience in the bigger A&E departments managed by York and Hull to ensure skills can be maintained and updated.

AREAS OF GOOD PRACTICE:

- Patient Champions - brilliant service and is to be commended
- Modern building
- Integrated Primary care services
- Dementia Friendly

AREAS FOR IMPROVEMENTS:

- Signpost the refreshment availability as otherwise patients/relatives will not know it is there.
- Continue the fight to re-signpost the unit. The fact it is an MIU is poorly displayed in small print on the header board over the door outside the unit. It is recognised that yearly marketing is made available to include caravan parks for the holiday makers that it is an MIU as well as a GP unit but people from other parts of the UK may be unfamiliar with the definition of an MIU.

CONCLUSION

A friendly, bright and clean unit that seeks to maximise facilities by integrating primary care facilities with the concept of MIU's.

Signed on behalf of HWERY: Julia Pollock  Date: 13/10/16

Disclaimer: This report relates only to the service viewed on the date of the visit and is representative of the views of the people who contributed to the report on that date.
Prior to our Enter and View visits, we asked MIU managers to distribute a brief Patient Experience Survey for completion, which received 61 responses altogether. A full list of the questions asked can be found at Appendix A.

Overall levels of satisfaction with the MIUs appeared high, with no respondents saying they had received poor treatment. 98% of those surveyed described the level of care they received as either Excellent or Good.

Only one respondent was unhappy with the condition of the waiting area, though we did receive comments that entertainment for children needed to be improved and some people were unhappy when refreshments were not available (though, as noted in the individual Enter and View reports, this could be for clinical reasons or due to poor signposting of existing facilities). Only one respondent experienced difficulties finding their way around the unit.

Waiting times were relatively low, with three quarters of patients being seen in less than half an hour. Where waiting times were higher, this occurred at the MIUs with the highest footfall (Beverley and Bridlington).

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12 16 from Driffield, 16 from Hornsea, 13 from Bridlington, 8 from Beverley, 5 from Goole, and 3 from Withernsea
Only 40% of respondents had considered going elsewhere (a GP or A & E) before coming to the MIU. This could be due to most respondents being local to the area and knowing what services the MIU offers. 80% of those surveyed had used the MIU before and when we asked how people knew the services were available the most common responses were “local knowledge” and “word of mouth”.

When asked where respondents would have gone if the MIU facility had not been available, nearly half (27 out of 56) stated that they would have gone to Hull Royal Infirmary. A further seven stated they would have gone to ‘A & E’ (some stating Scarborough or York). With the remaining respondents saying they would go to another nearby MIU (12 out of 56) or to a GP (10 out of 56).

When asked what they value most about the service, respondents to the survey highlighted a number of aspects. The two most commonly cited attributes were locality and convenience, which were cited by 42 out of the 53 people who answered that question. The remaining 11 respondents praised excellent care and/or friendly staff.
When asked if there was anything they could change about the MIU service, 8 out of the 26 who answered that question wanted more medical facilities, 6 wanted longer opening hours, 4 wanted shorter waiting times, and 2 wanted better refreshment facilities. The remaining 6 expressed their support for the current system (one stating “if it ain’t broke”) and also expressed concerns at possible closures.

The CCG have previously conducted a similar survey which found matching levels of high satisfaction.
Conclusions & Recommendations

In general, the experiences of the people we spoke to who have used Minor Injury Units during the course of this investigation was positive. The things that they value most about the service provided were the convenience these facilities offer and their locations. Patients also praised excellent care and friendly staff and almost everyone we spoke to had a positive experience of care.

The numbers of patients we encountered varied significantly between units, from no patients at all at one unit to busy waiting areas at others. We were also told by staff at the units that footfall varies significantly at different times of year.

The report makes some specific recommendations to individual Minor Injury Units (which mostly relate to simple issues such as signage and refreshments), which we trust will be taken on board by provider organisations as they seek to improve the experience for patients.

To East Riding of Yorkshire CCG, we recommend that the information gathered in these reports is fed into its consultation process regarding the future provision of Urgent Care services in the East Riding. In addition, we recommend that greater clarification and information is given to the public on what services are available and when and that steps are taken to ensure the urgent care system of the future is easier to navigate than the current one so that people get to the best place for their healthcare needs first time.
## Appendix A

**Patient Experience (questions for patients/relatives)**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why did you decide to come to this MIU today?</td>
<td></td>
</tr>
<tr>
<td>Did you consider going to A&amp;E or your GP?</td>
<td></td>
</tr>
<tr>
<td>How long have you been waiting?</td>
<td></td>
</tr>
<tr>
<td>Have you used this MIU before?</td>
<td></td>
</tr>
<tr>
<td>How did you find out about this service?</td>
<td></td>
</tr>
<tr>
<td>What do you value most about this service?</td>
<td></td>
</tr>
<tr>
<td>Where would you go if this service wasn’t available?</td>
<td></td>
</tr>
<tr>
<td>Do you find it easy to find your way around?</td>
<td></td>
</tr>
<tr>
<td>Are you happy with the waiting area?</td>
<td></td>
</tr>
<tr>
<td>How do you find the staff and the level of care here?</td>
<td></td>
</tr>
<tr>
<td>If there was anything you could change about this service what would it be?</td>
<td></td>
</tr>
</tbody>
</table>