



Enter and View visit to Queen Mary's Hospital, Roehampton

10th and 17th January 2024

healthwatch

Acknowledgement

The Healthwatch Wandsworth Enter & View Team would like to thank the management, staff and patients of Queen Mary's Roehampton who made us very welcome and assisted us in carrying out our visit and in preparing this report. We would also like to thank Healthwatch England for their support. Special thanks Rachael Benson, Marilyn Aviles, and Catherine Logan.

The Project Team

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Executive Summary

Overview

This work in Wandsworth was undertaken as part of a Healthwatch England (HWE) research study to look at Community Diagnostic Centres (CDCs) across England by collating information from Enter and View visits in a wide range of locations. Little is known about the patient experience of CDCs. NHS England only started publishing statistics on the performance of CDCs in March 2023, and no one has yet investigated people's experiences of using CDCs.

Queen Mary's Hospital, Roehampton was selected as the CDC for Healthwatch Wandsworth.

Our Enter and View objectives were defined by Healthwatch England. We want to understand what about CDCs is working well, for whom, and what could be improved as more CDCs are rolled out. We will explore different aspects of the **patient experience**, particularly:

- Accessibility
- Expectations
- Choice
- Quality

We conducted two Enter and View visits, the first of which on 10th January 2024 was to familiarise ourselves with the site and complete an accessibility audit. In our second visit on 17th January 2024 we interviewed 18 patients (2 partially completed) who were utilising diagnostic services within the Radiology department. We used an interview sheet with a set of questions provided to us by Healthwatch England.

Key Findings

Accessibility of Queen Mary's Hospital

Patient experience of the accessibility of Queen Mary's Hospital was varied. Issues mainly revolved around the length of travel if utilising public transport from certain areas in Wandsworth borough and its further distance from patients' homes, especially in relation to St George's Hospital. Despite this 50% of respondents stated that it was convenient to travel to and others stated that if there are not problems with traffic or delays to public transport it can be convenient.

Patient experience of referral and diagnostic testing procedures

Patients' experiences of referral and of waiting time was varied due to the differing nature of the tests/scans being undertaken. Most interviewees stated that they considered having a choice over location or the timing/date of the test/scan important.

Patient experience of the diagnostic testing procedure was mainly positive. The majority of patients felt well informed about what to expect from their appointment. 13 out of 16 respondents' appointments were on time. Regarding the experience of the test/scan all 16 patients responded in a positive (63%) or neutral (37%) manner.

All 16 respondents spoke positively about their interactions with staff: that they were pleasant and communicated effectively with them, answering any questions or queries they had. When asked about what made their experience of the test/scan particularly good 31% of respondents highlighted the conduct of the staff. We have highlighted 3 specific examples of good staff practice in 5.2.1.

Efficiency of the diagnostic testing procedure, including referral, waiting times, and the actual test/scan was highlighted by 56% of respondents as the main thing that was particularly good about their overall experience. Excluding walk-ins, nine out of 13 respondents were given an appointment for a test/scan within under 4 weeks after referral.

Recommendations

We made the following recommendations for improvements:

- Clearer signage outside the hospital, both to get to the site and to signpost parking.
- Clearer signage inside the hospital to update the location of departments and remove confusing signs to services which are no longer provided.
- A separate waiting area for people who have changed into gowns away from the main thoroughfare in the Radiology department.
- ICB (Integrated Care Board) to consider how to offer more choice of location to patients for whom QMH is not convenient.

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QUEEN MARY'S HOSPITAL, ROEHAMPTON – COMMUNITY DIAGNOSTIC CENTRE

Report of Enter and View visits 10th and 17th January 2024

1.0 Introduction

1.1 About Healthwatch Wandsworth

Healthwatch Wandsworth (HWW) is the patient and public champion in health and social care services. We send our reports to Healthwatch England to have an influence at national level. HWW is funded by the Department of Health through the local authority, Wandsworth Borough Council. Our staff and volunteers are managed by an independent local voluntary organisation, Wandsworth Care Alliance (WCA). HWW is governed by an Executive Committee consisting of four Trustees of WCA and four members directly elected by the community. To decide on where to focus our work we look at what people have told us when taking part in our surveys or sharing experiences with us, we speak to local health and care decision makers to hear about their plans to develop services and we use information on local health data to set our priorities.

1.2 Enter & View

Healthwatch Wandsworth has statutory powers to enter health or social care services provided in the borough or those which cater for the local population but are located outside the borough. Our main aim in visiting services is to talk to patients or clients, their close relatives or carers, and senior staff responsible for managing the services and to observe how services are delivered from the perspective of a member of the public. Our main focus is on the service user's experience of care.

Our E&V volunteers receive full training and are DBS (Disclosure & Barring Service) checked before they can become authorised visitors. After each visit, the team produces a report containing its findings and recommendations. The reports are then sent to the service provider for comment, and to relevant bodies such as Healthwatch England, the Care Quality Commission (CQC), and those responsible for commissioning and providing the service we have visited. Finally, our report and any response from the service provider to our recommendations are posted on the Healthwatch Wandsworth website.

It is important to note that our findings in this report relate to observations and reflect what we were told by the people we were able to speak to on particular days. It should not be taken as a representative portrayal of the experiences of all service users, carers and staff associated with the service over time.

1.3 Background

1.3.1 The national context

This work in Wandsworth was undertaken as part of a Healthwatch England (HWE) research study collating the information from Enter and View visits to Community Diagnostic Centres (CDCs) across England. HWE called for expressions of interest from local Healthwatch organisations for a project to look at CDCs across the country and Healthwatch Wandsworth was selected to be one of the locations with a visit to Queen Mary's Hospital, Roehampton.

The first CDCs opened in 2021. In February 2022, the government announced that more than 100 CDCs would be rolled out as part of their elective care recovery plan. Establishing CDCs is a flagship policy that, alongside establishing diagnostic networks, aims to transform diagnostics in England by reducing the pressure on acute services and increasing diagnostic capacity.

Little is known about the patient experience of CDCs. NHS England only started publishing statistics on the performance of CDCs in March 2023, and no one has yet investigated people's experiences of using CDCs.

Healthwatch England (HWE) is uniquely placed to provide insight into performance against two of the aims of CDCs:

"To contribute to reducing health inequalities driven by unwarranted variation in referral, access, uptake, experience, and outcomes of diagnostic provision."

"To deliver a better and more personalised diagnostic experience for patients by providing a single point of access to a range of diagnostic services in the community."

1.3.2 The local context

Queen Mary's Hospital (QMH), Roehampton is part of St George's University Hospitals NHS Foundation Trust. It was already established as a place which offered specific services including outpatient clinics and some diagnostic tests. It also has two rehabilitation wards, an Enhanced GP Hub (formerly the minor injuries centre) and a nationally renowned limb-fitting centre.

Mobile Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) units have been added to the existing diagnostic facilities over the past four years. There was a hub and spoke model with QMH as the hub and spokes at St John's Therapy Centre in Wandsworth and The Nelson and The Wilson in Merton. However, the spokes are not currently recognised in terms of national standards and so currently QMH is a stand-alone CDC. The CT and MRI facilities are included in the QMH CDC as they are needed to build capacity and promote the development of a one-stop shop model.¹ There is a plan to rebrand the QMH services as the QMH Diagnostic Centre in 2024 but this is still

¹ The one-stop shop model aims to allow patients to access CDCs in their local area which offer a range of services where they can get any concerning symptoms checked out without having to visit different sites. <https://www.gov.uk/government/news/one-stop-shops-for-testing-deliver-over-3-million-potentially-lifesaving-checks-tests-and-scans>

in the process of development. Patients currently receive appointments for a specific test or services and may not be aware they are attending a CDC.

1.4 Objectives

1.4.1 Objectives of the Healthwatch England National study

The research objectives of the HWE study were defined as:

*Our research will investigate the **on-the-ground** experiences of patients at CDCs across the country.*

*We want to understand what about CDCs is working well, for whom, and what could be improved as more CDCs are rolled out. We will explore different aspects of the **patient experience**, particularly:*

- Accessibility
- Expectations
- Choice
- Quality

*Healthwatch England are also interested exploring **points of comparison** between CDCs:*

- Experiences of different types of CDCs
- Experiences in different areas of the country
- Experiences in different diagnostic settings

1.4.2 Our local objectives

We agreed to complete Enter and View visits to one CDC which is sited in a hospital and that the information from our visit would feed into the national project. We also intended to provide information about how local services are working and to feed that back to the service provider (St George's Hospitals University NHS Foundation Trust) and the Integrated Care Board (ICB) in line with the outcomes outlined above.

Our first E&V visit was to complete an accessibility audit to look at access to diagnostic testing facilities, in particular to the CT and MRI facilities, through the eyes of patients coming for those tests. On our second visit we completed interviews with patients, using an interview sheet provided by HWE, to find out about their experiences of travel to the hospital for their test and their whole experience of the diagnostic testing process.

We looked for examples of good and less good practice and any ideas for improvement.

2.0 How we went about it

2.1 Preparation

2.1.1 Work with Healthwatch England

When we joined the national project we were sent draft materials for the study: an accessibility audit and an interview sheet. Two of the team attended an online meeting with all of the Healthwatch sites included in the project, in which the aims of the project were discussed and then, in breakout groups, the accessibility audit and interview questions were scrutinised with suggestions for their refinement.

Revised interview sheets were sent out to us by HWE before Christmas. In light of the way the facilities at QMH are arranged as separate units rather than a single diagnostic centre we went back to HWE to ask what their preference would be for the focus of our study. They suggested that since there has been considerable emphasis from the Government on the investment in CT and MRI facilities, we should try to carry out our visits through the eyes of patients using one or both of these facilities.

2.1.2 Meeting with service providers

The Healthwatch Manager and two volunteers had an online meeting with Rachael Benson, Senior Reporting Officer with responsibility for the CDC, and Marilyn Aviles, Project Manager, on 13th December 2023. They explained to us the layout of services: that most of the diagnostic facilities and Outpatient (OP) clinics are on the ground floor of the hospital but the CT and MRI scans take place outside the building.

The current CDC at QMH is already evolving beyond being a diagnostic centre into services which provide one-stop shops for some conditions. Before sending out appointments, all referrals are vetted by a doctor or senior nurse to ensure that the most appropriate tests have been requested by the GP. Then, the patient is seen in the clinic, has diagnostic tests and, when possible, returns to see the Consultant for a diagnosis all on the same day. All of the departments are linked seamlessly to corresponding departments at St George's. Where there is no one-stop shop in place results will be sent to the patient's GP and future appointments made as necessary. The results will go on the patient record system of the hospital, called Cerner.

There is a national target of 6 weeks from GP referral to diagnostic tests being completed and the CDC contributes to this not only for St George's but also by supporting tests for Kingston and Croydon hospitals when requested. If tests are on a "cancer pathway" there may be a shorter time scale expected in line with the Two-week rule (TWR) for appointments.

We discussed the practicalities for our visit. There is a main reception desk at the entrance to the hospital run by another organisation along with support services to the hospital under the Private Finance Initiative. The diagnostic tests and OP department are on the ground floor each with their own reception desk. One CT scanner is located within the Radiology department with another CT and the MRI scanner located outside the building in mobile

units. In the meeting, Rachael Benson suggested that it might be best for us to interview people after their test and offered to provide interview rooms close by the different locations. QMH is also working on its own internal project to obtain data on patient experience of CDCs with a March 2024 deadline.

Once we received the revised copies of the interview sheet, we realised that we would need to focus on one or two services and obtained guidance from HWE to focus on CT and MRI scanning. We fed this back to the QMH managers and arranged a visit to the site for 10th January 2024 for the accessibility audit. The main visit for the interviews was planned for 17th January 2024.

2.2 Preliminary Enter and View visit to Queen Mary's and accessibility audit

Two volunteers and a staff member visited QMH on 10th January 2024 to complete the Accessibility Audit. We met Marilyn Aviles and Catherine Logan, Nurse Manager, who showed us the layout of the services. We completed the observation audit both outside and inside the building. We added to our observations about staff interactions with patients and the general atmosphere in the diagnostic services during our second visit when we interviewed patients and we report all of this information in 3.1 below.

2.3 Enter and View visit to interview patients

As arranged two volunteers and two staff members of Healthwatch visited the hospital on Wednesday 17th January 2024 from 9am to 1pm. We based ourselves in the Radiology department as these waiting and reception areas covered a range of the CDC tests/scans including Computed Tomography, Non-obstetric Ultrasound, Magnetic Resonance Imaging and X-Ray. Those waiting for Symptomatic Mammography were also located in these waiting areas. We used the structured interview questions provided by Healthwatch England. The interview sheet consisted of 32 questions and a set of demographic questions. The aim was to conduct questions 1-18, and the demographic questions, before the patient's test/scan and then follow-up with questions 19-32 after they had their appointment.

As a team of four we decided to divide ourselves between Receptions A & B of the Radiology department. We conducted one to one interviews concurrently with willing respondents. There was a steady flow of patients arriving, being seen, and leaving in both Receptions A & B which allowed us to conduct 18 interviews within 4 hours. Unfortunately we did not manage to complete the second part of the interview with two of the patients.

3.0 Our Findings

3.1 Findings from the accessibility audit

3.1.1 Transport to the site

Bus routes and trains allow for direct public transport for the majority of the borough of Wandsworth. Areas around Wandsworth Common and Clapham

Common require a change of bus to reach the hospital. Whilst bus routes connect most of the borough to the hospital, travel times for those coming from eastern and southern parts of the borough can reach up to an hour.

There is plenty of general parking available for visitors with roughly 100 spaces directly opposite the main entrance and a further 200 spaces placed slightly further away. The latter area includes 24 Blue Badge parking spaces (7% of total parking). On the date of one of our site visits, 10th January 2024, all Blue Badge spaces were occupied. This was also mentioned by a regular patient as a recurring theme. Parking is charged using Pay and Display machines before exiting.

Accessible patient transport including non-emergency patient transport services are available from the Lower Ground Floor entrance for those who qualify.

3.1.2 Signage

Signage outside the hospital site is limited and was mentioned by staff as an ongoing issue. For those arriving on foot or driving there is only a very small sign indicating the location of the hospital if coming from the south. For those that are coming from a northerly direction there is no signage indicating the location of the hospital. There is no large blue sign as is customary and no painted road markings indicating the approach to the hospital.

Signage related to parking on the site was slightly unclear with the road markings weathered and faded. Directions to the 200+ parking spaces located slightly further beyond the main entrance is also not clear. Signage for Drop Off and the Main Entrance is clearly presented on a large blue sign once on the hospital site with no obstructions.

Within the main entrance there is clear signage to the Information Desk/Main Reception as well as to the WCs and the Radiology/Cardiology departments which are located immediately to the right of the entrance. There is also a sign detailing the Hospital Departments and their relevant floor. However, staff mentioned that this information, along with another sign towards the back of the main reception, are outdated with some departments listed no longer in use. Furthermore, there is still signage for the Rapid Diagnostic Centre Reception which is located at the back of the main reception but is not in use. Staff acknowledged that this could lead to some confusion. The presence of a manned Information Desk at the immediate entrance means that visitors can get navigational assistance easily if required.

3.1.3 Layout of the site and location of diagnostic services

The site is located on Roehampton Lane with all facilities accessible via the Ground Floor or Lower Ground Floor entrance. The Diagnostic Services offered by Queen Mary's Hospital (Breast Services, Cardiology, Chest Medicine, Dermatology, Endoscopy, Phlebotomy, Radiology & Urology) are located over the various floors of the site. On the days of site visits we were only present in the main reception area and interviewed patients in the Radiology department which also covered Breast Services.

These services are located in the Radiology department in rooms opening off a long corridor. Patients check in at a reception desk and sit in a waiting area. Some patients change into gowns inside the testing room whereas others change in changing areas and sit in gowns waiting for their appointments in an area where many patients are passing to go to and from appointments in the various rooms. The corridor is also a through route to the cardiology assessment area and so staff and patients from there are passing through as well.

3.2 Findings from the interviews with patients

Two staff members and two volunteers interviewed 18 patients on 17th January 2024 between 9am and 1pm within the Radiology Department. The interviews were carried out in two parts. Questions about travel to the site, referral and waiting time were asked before their appointment and questions concerning experience of the diagnostic testing procedures were asked after their appointment had finished.

3.2.1 Demographics

18 patients were interviewed on the 17th January 2024. Two of these were incomplete as they left the site prior to being asked the post-appointment questions.

Over the 4 hours we interviewed 10 women and eight men. For both men and women, the most common age range of interviewees was 25 to 49 years old. In terms of ethnicity 50% were White: British, this was followed by Asian / Asian British and White Other. Three out of 18 stated that they had a disability while nine out of 19 stated that they had a long-term condition.

How would you describe your ethnic group?	
White: British / English / Northern Irish / Scottish / Welsh	9
Asian / Asian British	3
White Other	3
Black / Black British	2
Other: South American	1
Grand Total	18

Do you have a disability?	
Yes	3
No	15
Grand Total	18

Do you have a long-term condition?	
Yes	9
No	9
Grand Total	18

It is important to note that 18 interviewees is a small sample size and, with interviews conducted over the course of a few hours, it may not provide an accurate reflection of the demographics of patients at Queen Mary's Hospital in general.

3.2.2 Patient experience of travel to the site

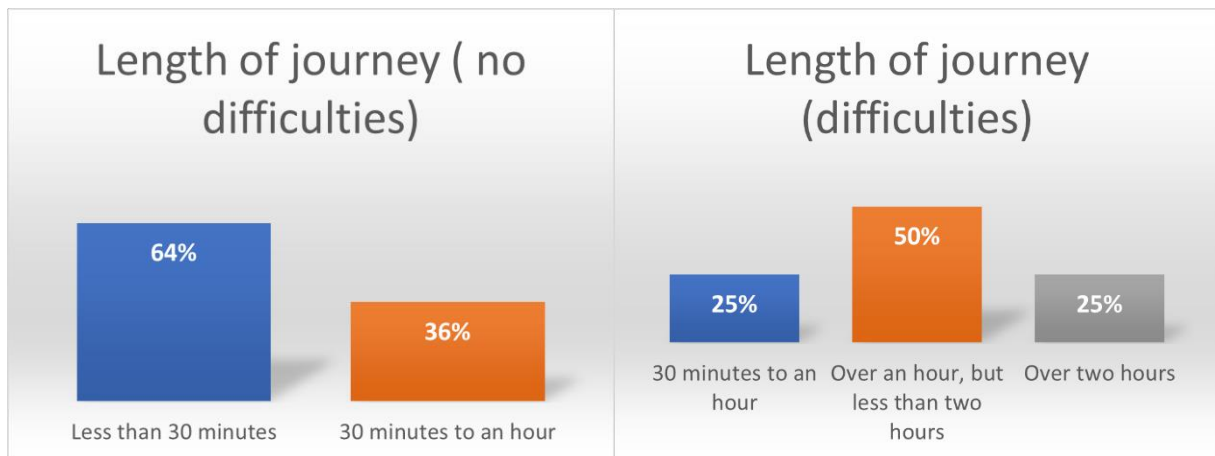
Most patients had a positive experience of travel to the site with over 75% stating that they had no difficulties with their journey. Of the 18 interviewees the most common methods of transport were public transport and driving, followed by walking.

How did you travel in today?	
Public transport	7
Driving	7
Walking	3
Other: Uber	1
Grand Total	18

Of the four interviewees who did have issues with travel, it was not confined to one method of transport: two had difficulties with public transport and two with driving/parking. There was also not a common theme in their responses, with difficulties ranging from traffic and train disruptions to bus connections. One person parked off-site to avoid parking charges and then walked as there was no bus in sight.

“The traffic was difficult. We are not local and travelled from Croydon”

“[There was] 40 minutes between bus connections. [The] bus then terminated early”



For those who did experience difficulties with their journey, all took longer than 30 minutes with two out of the four taking over an hour and one over two hours. In comparison nine out of 14 of those who did not report difficulties completed their journey to the hospital in less than 30 minutes, with the remaining five taking between 30 minutes and one hour.

Of the seven interviewees who shared thoughts on how their journey could have been made better or easier two mentioned the issue of having to take multiple buses to reach the site while free parking was raised by one respondent.

“It would have been three buses if I had done public transport, plus it's cold, so we had to drive”

Regarding convenience nine out of 18 respondents stated that the location was convenient, four stated it was somewhat convenient, while five did not see it as convenient. Four out of five of these were related to the distance of

the site to their home with two stating that St George's Hospital would have been more convenient.

How convenient is this location for you to travel to?	
Convenient	50%
Somewhat	22%
Not	28%
Grand Total	100%

“It's far by public transport. I would have needed to take a tube, train, and bus. It's close by car though”

“Very convenient”

“If public transport is operating smoothly, it is convenient”

Once on site the majority of respondents, 16 out of 18, found it accessible and easy to find the right department. The remaining two stated that they had to ask for help at the main reception to find the right department.

3.2.3 Patient experience of referral and of waiting times for an appointment

Being based in the Radiology department the type of test/scans of our respondents was varied.

Type of Test/Scan	
Computed Tomography	7
Mammogram - symptomatic not routine	1
Non-obstetric Ultrasound	5
Urodynamics - Pressures & Flows	1
X-ray	4
Grand Total	18

This meant that the experience of referral and waiting time was highly varied from one respondent to another.

Queen Mary's Hospital offers a walk-in service is provided for X-rays. 11 out of 18 of the patients were referred by their GP, six were referred by a specialist, and one by the A&E Department at St George's Hospital.

How long did you have to wait for your test or scan after being referred?	
Walk-in	5
<1 week	2
<2 weeks	2
2 weeks	1
3 weeks	3
<4 weeks	1
6 weeks	1
8 weeks	1
12 weeks	1
16 weeks	1
Grand Total	18

Excluding walk-ins, nine out of 13 respondents were given an appointment for a test/scan within under 4 weeks.

Regarding where to go for their test/scan, two out of 18 were offered a choice.

Were you offered a choice in where you could go for your diagnostic test or scan?	
No	89%
Yes	11%

Of the 16 that were not offered a choice, six would have liked a choice and stated that they would not have chosen QMH. Of the 10 who stated it was not an issue having a choice over location, two stated they would not have chosen QMH while the remaining eight said they would have.

“[I] would have liked a choice as St George’s Hospital is more convenient”

“I don’t mind. It’s nice here and the staff are nice”

“The hospital is far and not as familiar”

Regarding date and time of the appointment five out of 18 were offered a choice while the remaining 13 were not. The five who were offered a choice were all able to choose a date and time that worked for them. One respondent was not initially offered a choice over date and time but was subsequently able to request a change. Of the 12 who were not offered a choice or were able to change their appointment, two stated that they would have liked choice while the remaining 10 had no issue.

We asked 18 respondents what the most important consideration regarding timing and location of future tests or scans would be. The most common themes mentioned were that of location/convenience and the ability to fit the appointment into their work/life schedule. Waiting time and the

importance of getting seen as quickly as possible was also mentioned by three respondents.

If you were offered choices around the timing or location of future tests or scans, what would be the most important consideration for you?	
Location/Convenience	39%
Fitting appointment into schedule	39%
Waiting time	17%

“Distance, convenience in regard to public transport”

“I would want to go to St George's because it is closer, but they do not have all of the facilities [that Queen Mary's has]”

“Most important to get it done”

3.2.4 Patient experience of the diagnostic testing procedures

Here we analyse the patient experience of the diagnostic testing procedures. 16 out of 18 respondents answered questions following their test/scan, consequently for Questions 19 onwards on the interview sheet the total number of respondents drops from 18 to 16.

Regarding feeling well informed about what to expect from their appointment prior to attending, 14 out of 18 felt well informed while three felt somewhat well informed, having only been provided general information. One respondent stated that they did not feel well informed but that that they had a positive talk with a consultant prior to the test/scan.

Regarding the waiting room and its comfort seven out of 18 responded positively while the remaining 11 stated it was satisfactory.

“Quieter than St George's which seems chaotic. Calmer here”

“OK - the chairs could be more comfortable”

“It's nice with good armchairs. It's not too packed with people”

We also asked respondents whether they had any knowledge of Community Diagnostic Centres (CDC) prior to arriving at Queen Mary's Hospital. Only three out of 18 responded that they had heard of the term. This may reflect the fact that Queen Mary's Hospital is not currently badged as a CDC. Of those three people one had knowledge of CDCs from their work in the NHS, one from a partner, and one from a previous appointment in which the term was explained.

The following questions were asked after a patient's test/scan. These results are therefore drawn from the 16 interviewees we were able to talk to post-test/scan.

Regarding delays to appointments 13 out of 16 stated their appointment was on time.

Was your appointment on time today?	
Yes	81%
No	19%
Grand Total	100%

Of the three respondents whose appointments were delayed, all fell within the range of a 15–30 minute delay. An issue was highlighted by one respondent who was told to arrive 20 minutes prior to the appointment in order to change into a gown and use the facilities but was only given a gown at the time of their appointment. They also stated that they saw another patient given a gown straight after checking-in for their appointment.

Regarding the experience of the test/scan all 16 patients responded in a positive or neutral manner.

How was your experience of the test, scan, procedure, or appointment itself?	
Positive	62.5%
Neutral	37.5%
Grand Total	100%

"It is not comfortable, but that is the test"

"Good, quick"

"It was quite comfortable"

"Very good"

The 15 respondents who were asked if they felt the site provided adequate privacy and dignity all responded yes. We noted that some patients changed into gowns inside the testing room whereas others change in changing areas and sit in gowns waiting for their appointments which could be seen as an issue of privacy and dignity.

3.2.5 Patient/staff interactions

100% of respondents stated that the staff treated them in a positive manner and that they were able to communicate with them effectively.

"They greeted me and explained the procedure"

"Very courteously"

"Very good, excellent"

"They were friendly"

14 out of 16 of respondents also stated that staff explained what would happen next and when they could expect results.

While no respondents highlighted major issues with communication needs it is important to note that both a respondent who is not confident in English and one who is deaf but uses a hearing aid said they were not asked about specific communication needs by staff. While this was a minority there may need to be more work done to understand if those with communication needs are being made aware of options they are entitled to/should be offered.

3.2.6 Overall experience and feedback

Overall respondent's experiences of the diagnostic testing procedure were positive. When asked "What, if anything, could have been improved about your overall experience today?" only one issue was raised regarding communication about arrival times for an appointment (mentioned above).

When asked "What, if anything, would you say was particularly good about your overall experience today?" respondents highlighted the efficiency of the procedure and good staff practice as well as the calm atmosphere at the hospital which some contrasted with the atmosphere in the acute hospital.

What, if anything, would you say was particularly good about your overall experience today?	
Efficiency	56%
Staff	31%
The hospital	12.5%

"It was timely and straightforward. The environment was clean and sterile"

"Very quick. It could not have been quicker"

"Friendly staff, calm environment"

4.0 Follow-up interviews

We would like to give thanks to the three respondents who gave us permission to follow-up with them after the initial date of the Enter & View visit in order to gather further reflections.

Contacting these respondents between 31st January 2024 and 1st February 2024 two of the three respondents had received their results within the expected time frame. The other respondent stated that the GP may have received the results but had not informed them and they had not yet chased the results up with them.

Two respondents stated that if offered a choice of location regarding an additional test or scan they would return to Queen Mary's hospital due primarily to the convenience of its location. The other respondent stated that

they would choose St George's Hospital primarily due to the easier public transport connections to their home.

All three respondents stated that their experience was very positive and that staff were attentive and friendly. Two respondents also highlighted the efficiency of referral and of the test/scan.

5.0 General conclusions and Ideas for Improvement

Our remit for Enter & View is to offer insights and recommendation from what we were able to gather to inform delivery and development of services. The following could be considered.

5.1 General conclusions

5.1.1 Patient knowledge of Community Diagnostic Centres (CDC)

From the 18 interviews we conducted a clear theme was that the majority of patients did not have knowledge of Community Diagnostic Centres. This is arguably due to a combination of the new nature of CDCs as an NHS policy and the fact that Queen Mary's Hospital is not branded as a CDC to prospective patients. Of the three respondents who were familiar with CDCs only one had been informed of their nature because of previously attending a CDC.

5.1.2 Staff at Queen Mary's Hospital

A clear theme that came out of our site visit and from speaking with our 18 respondents was that the conduct of the staff at Queen Mary's Hospital was overwhelmingly seen in a positive light. Staff were friendly and informative towards patients and attempted to answer any queries or questions the patients may have had. The details of three instances of good practice of staff at QMH will be highlighted below in 5.2.1.

5.1.3 Aims of Community Diagnostic Centres

One of the main goals of this project by Healthwatch England is to provide insight into the performance of two of the main aims of CDCs which are:

1. *"To contribute to reducing health inequalities driven by unwarranted variation in referral, access, uptake, experience, and outcomes of diagnostic provision."*
2. *"To deliver a better and more personalised diagnostic experience for patients by providing a single point of access to a range of diagnostic services in the community."*

Regarding the first aim it is difficult to conclude from our small local sample size of respondents whether QMH's role as a CDC is contributing towards reducing health inequalities. Rather this will be something that will need to be analysed in the Healthwatch England national research study.

Regarding the second aim, the expansion and range of diagnostic services Queen Mary's Hospital provides is an indicator of the aim to provide a single point of access for patients.

5.2 Specific examples of Practice

5.2.1 Staff/patient interactions

As noted in 5.1.2 a conclusion of our interactions at Queen Mary's Hospital and the feedback given by our 18 respondents is that staff/patient interactions were overwhelmingly positive. We noted that staff were polite and friendly throughout the main reception and Radiology department. They seemed happy, were smiling, and were engaging with patients. There are three examples good staff practice that we wish to highlight.

1. One respondent who was waiting for a Head CT scan highlighted the role of the staff in making their experience particularly good. They had been provided with a walk-in slot for a Head CT scan between 9am and 4pm. They stated that the waiting time was acceptable for such an appointment and that the staff kept them informed about the wait.

"Staff were brilliant about the waiting time. Staff make you feel at ease. Couldn't wish for nicer staff"

2. One respondent who stated that they felt ill informed about their CT scan prior to their arrival highlighted that staff were able to provide information about the scan before, and during, which made them more comfortable.

"[They] explained everything. [I was] given a choice of whether to go ahead or not. [They] answered questions"

3. We observed a patient come to the Reception A Desk frustrated by the fact that she had been told she had missed one or more appointments despite not receiving appointment letters. After speaking with the Receptionist, the patient sought the assistance of the Nurse Manager. The Nurse Manager listened to the patient's concerns confirmed that the address recorded was correct and provided a printed-out copy, and discussed what she might do next. The patient seemed more relaxed and thanked the Nurse Manager for her help before leaving.

5.2.2 Efficiency and calm atmosphere

Another major theme that arose from our visit was that patients highlighted the hospital's efficiency in relation to diagnostic services. 13 out of 16 patients interviewed stated that their appointment was on time. Furthermore, when asked about what made their experience particularly good "efficiency" was mentioned by over 50% of respondents. The calm atmosphere was also mentioned by three respondents.

5.3 Ideas for Improvement

5.3.1 Signage (external)

One major observation from our pre-visit on 10th January 2024 was the lack of clear signage directing to the hospital site. On the main road, Roehampton Lane, there is only one small sign indicating the presence of a hospital and only visible for those coming from a southerly direction. There are also faded road markings for parking.

We would recommend erecting clear signage on the approach to the hospital from both directions on Roehampton Lane. We would also suggest refreshing the road marking signage for parking.

5.3.2 Signage (internal)

We observed outdated signage in the main reception with information boards displaying lists of departments that no longer exist within the site. In addition, a not in use Rapid Diagnostic Centre Reception at the back of the main reception with non-operational electronic self-check in machines can lead to confusion regarding check-in after arrival.

We would recommend that the information signage related to departments is updated to display only operational departments. We would also recommend that the signage for the Rapid Diagnostic Centre Reception is removed and that the non-operational electronic self-check in machines are placed out of sight.

5.3.3 Blue Badge parking

There seems to be a recurring theme with Blue Badge parking space availability. In light of the fact that there is a limb-fitting centre on site the requirement for Blue Badge parking spaces may be greater than the national standard.

We would recommend that if this continues to occur that some extra parking spaces near the main entrance are designated Blue Badge in order to ease the congestion.

5.3.4 Patient choice

From our 18 respondents a clear theme was that the majority of patients were not given a choice over the location of their test/scan but also not over the time/date. A minority of our respondents reported that they would have liked a choice of time/date and location for their appointment, in respect of location this was a significant minority, six out of 16. We are not in the position to make a specific recommendation without having investigated the appointments procedures, but we would like the ICB to reflect on the scope, if any, for better accommodating the needs of a minority of patients in this respect without unduly sacrificing other priorities of the CDC.

5.3.5 Patient privacy

Having observed that some patients change into gowns inside the testing room, whereas others change in changing areas and sit in gowns waiting for their appointments, we would recommend that those who are waiting for their appointments in gowns are provided a separate waiting area. This would increase patient privacy and dignity.

6.0 Disclaimer

Please note that our findings in this report relate to observations and interviews on a particular day. It should not be taken as a representative portrayal of the experiences of all service users at Queen Mary's Hospital, Roehampton.

We must acknowledge that the responses we received and the trends and themes that arose were from a small sample size of 18 respondents.

In addition, one of our initial focuses was to understand the patient experience of CT/MRI scans as part of Queen Mary's Hospital as a CDC, especially in relation to the mobile CT and MRI scanners located outside the main hospital building. However, on the day of the site visit we were only able to speak to one patient who used the CT mobile unit and none that used the MRI mobile unit.

7.0 St George's University Hospitals NHS Foundation Trust's Response

Trust Chief Executive, Kate Slemeck has welcomed Healthwatch Wandsworth's recent Enter and View session at Queen Mary's Hospital. In response she said:

"We are pleased to see that the overwhelming majority of feedback received was positive. We work to ensure our facilities meet the needs of our patients, their families and carers, and of course our staff. We are also extremely proud of our services at Queen Mary's Hospital. Our Diagnostic and Surgery Team have collectively created several one-stop-shop surgical hubs utilising the Community Diagnostic Centre along with four new modular theatres. The outpatient based surgical hubs (urology, orthopaedic hand, podiatry and skin/plastics) offer expert assessment, diagnosis, investigation and treatment on a same day basis for the majority of patients. At Queen Mary's patients received safe, efficient, high quality and sustainable care.

"We would like to thank Healthwatch Wandsworth for conducting such an extensive review. In terms of feedback on areas for improvement, we are actively working with colleagues and other stakeholders to continue to make our sites and services the best they can possibly be for patients and their families."

The report helpfully makes a number of recommendations. These include around areas such as the provision of a private patient waiting area in the Radiology Department, signage to the site and for parking and directions within the hospital itself. The Trust is reviewing each of these areas and seeking to make improvements as a priority.

We welcome feedback from everyone as we work to deliver [our vision](#) for the Trust and the wider group to provide outstanding care, together. This means that everything we do will be driven by our patients.

Our Patient Advice and Liaison Service (PALS) team are available to help. As a patient, relative or carer, sometimes you may need to turn to someone for help, advice and support. PALS is a confidential advice and support service that can help with any concerns that you may have about any aspect of your or your loved one's care.

Find out more about the Trust's Patient Advice and Liaison Service [here](#).



healthwatch

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