

# **ENTER & VIEW REPORT**

Finchley NHS Walk-In Centre



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# 1 Summary

**Service visited:** Finchley NHS Walk-In Centre, Finchley Memorial Hospital, Granville Road, London, N12 0JE

**Date and Time of Visit:** 11am-3pm, 27 February 2024

**Status of Visit:** Announced

**Authorised Representatives:** Alice Markham (lead) and Victoria Beckson

Finchley Walk-In Centre is located in Finchley Memorial Hospital and delivered by Central London Community Healthcare NHS Trust. The service offers unscheduled same-day appointments for adults and children who have minor illnesses and injuries. It is a nurse-led service which is also supported by a GP during the hours of service.

Healthwatch Barnet would like to thank the centre's team for their support in arranging our Enter and View visit. During the visit we interviewed eight patients, five parents who were accompanying their sick children and the Clinical Lead on duty – 14 people in total. This report is based on the collective feedback of the people we interviewed, plus notes and observations made during the visit.

Many of the patients and visitors we interviewed told us that they were happy with the service provided at the centre. Several interviewees specifically mentioned finding the staff supportive and helpful. Our recommendations, which are set out on p9, mostly relate to possible improvements to the waiting room. For example, we suggest that the seating could be adapted and that a small children's area could be created with a couple of wipe-clean toys.

## Reception

### Notes

- There is no main telephone switchboard for Finchley Memorial Hospital. In practice, the Walk-In Centre's reception often handles the calls, redirecting callers as needed.

### What worked well?

- The vast majority of the patients and visitors we interviewed said they had positive experiences with the Walk-In Centre's reception staff. Interviewees described staff as 'helpful', 'friendly' or 'nice'.
- Two interviewees told us that there had been no queue for the reception when they arrived and three mentioned a 'short queue'.
- Two interviewees said they appreciated staff making announcements regarding waiting times and delays, to keep people in the waiting room informed.

## Accessibility

### What worked well?

- The Clinical Lead on duty told us that the centre sees a small number of patients who are not fluent in English. In these cases, staff can use Language Line's

phone interpreter service at the point of booking in at reception, during triage and during a consultation.

- They went on to say that, for patients and visitors who are disabled in hidden ways, the centre provides support, including ensuring staff are aware of 'hidden disability lanyard' schemes.<sup>1</sup>

## Safeguarding

### Notes

- The Clinical Lead told us that the Walk-In Centre makes an average of around three child or adult safeguarding referrals every week.

### What worked well?

- The Clinical Lead said that, in addition to annual training, safeguarding is covered in staff supervisions, and that the centre's staff have been praised for 'being good at asking difficult questions' in the context of safeguarding.

## Clinical care

### What worked well?

- Several patients and visitors gave us positive feedback about their interactions with clinical staff. For example, one patient said that their meeting with the triage nurse had been pleasant and that the nurse had asked relevant questions. Another person said 'the triage nurse was very good'. A third interviewee told us that they find the service to be very good, which is why they keep coming back. Some injured patients mentioned that they were offered painkillers during triage and that this was helpful.
- Staff gave examples of changes made as a result of patient feedback. For instance, in response to feedback from a wheelchair user, the centre now provides access to a hoist for patients, and training for staff on how to use it.

## Pharmacy First

### Notes

- The Clinical Lead advised that, following the launch of Pharmacy First across England on 31 January 2024, the centre had begun introducing a new process so that, where appropriate, patients could be redirected to a pharmacy.<sup>2</sup> The centre had developed this procedure in consultation with the hospital pharmacy, which is located nearby to the Walk-In Centre. Where appropriate, following triage patients are given the option of going to this pharmacy for assistance. Once the patient arrives, the pharmacy telephones the centre to advise whether they have capacity and are able to deal with the individual patient's issue. If the

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<sup>1</sup> There are several 'hidden disability lanyard' schemes in operation including Sunflower, which is based on self-diagnosis: [hdsunflower.com](https://hdsunflower.com) (accessed 5 August 2024) and the Verified Hidden Disability Lanyard, which is available to National Disability Card holders: [disabilityid.co.uk/invisibledisability](https://disabilityid.co.uk/invisibledisability) (accessed 5 August 2024).

<sup>2</sup> Pharmacy First is a service that enables participating pharmacies to provide consultations and medication for seven common conditions without the need for a GP consultation. For more details see 'Pharmacy First: What you need to know', Department of Health and Social Care Media Centre (1 February 2024), <https://shorturl.at/FAiq4> (accessed 5 August 2024).

pharmacy is unable to help, the patient can go back to the Walk-In Centre without losing their place in the queue.

## Onward referrals

### Notes

- The Clinical Lead advised us that staff use electronic referral systems and also have a network of contacts including specialists in various hospitals.
- They said that, on average, the centre calls one ambulance a day to transport patients to other services.
- There is no Accident and Emergency (A&E) department in Finchley Memorial Hospital. The Clinical Lead told us that there are not many cases of patients coming to the centre because they do not understand the difference between the Walk-In Centre and A&E. However, there are some situations where patients have specific symptoms which mean that the centre redirects them to A&E.

### What worked well?

- The Clinical Lead advised that, where patients are not registered with a GP, the centre's staff are able to provide them with some support with registration. On the infrequent occasions when people who are experiencing homelessness visit the centre, staff can signpost these patients to housing support.

## Staffing

### Notes

- We asked whether there are instances where the centre reaches full capacity and cannot arrange a consultation for some patients. The Clinical Lead told us that this does happen; however, in these situations, staff still seek to triage all patients and where relevant redirect them to out-of-hours GPs, NHS 111 and, where necessary, A&E. The centre normally stops booking in new consultations after 7pm. However, because of the current high level of demand, on average the centre had been reaching capacity half an hour before 7pm on two days per week. In the month preceding our visit, this happened on 11 out of 29 days. We asked about the use of bank and agency staff. The Clinical Lead advised that the centre uses bank staffing to supplement contracted staff hours, and makes use of some agency staff for GP cover. Some of the centre's permanent staff work shifts as bank staff at the centre in addition to their contracted hours.<sup>3</sup> More broadly, we note there are national challenges with NHS recruitment.<sup>4</sup>
- On waiting times, we only have information for a relatively small number of patients and visitors. At the point when we interviewed them, several people had been at the centre for a short period and were waiting. However, three interviewees had been waiting for between an hour and two and a half hours. Two patients, on leaving after full consultations, told us the whole process had taken around two and a half hours. One interviewee said that, in their opinion, 'they need more doctors and nurses to see people so it doesn't take so long'.

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<sup>3</sup> An NHS staff bank is a network of healthcare professionals managed by an NHS trust, or through a third party, who are contracted to take on shifts at trust hospitals whenever they are needed.

<sup>4</sup> NHS England, 'NHS workforce statistics', <https://shorturl.at/NWM8M> (accessed 5 August 2024).

### What worked well?

- The Clinical Lead told us that the centre's team is cohesive and works well together. They went on to say that staff retention is good.
- They advised that staff receive training at away days covering clinical updates, learning lessons from incidents, and other training priorities which are identified on the basis of individual employees' needs. Additional training can include university-based injury and illness courses, alongside e-learning.

## External environment

### Notes

- The Walk-In Centre is located within the hospital building.

### What worked well?

- The Walk-In Centre has excellent car parking provision. Several patients and visitors praised the availability of a spacious, free-of-charge car park.
- The entrance to the Walk-In Centre has large, clear signage stating 'No A&E'.
- The entrance to Finchley Memorial Hospital has a main reception desk, so patients can be directed to the correct part of the hospital. This reception and the pharmacy are close to the Walk-In Centre, allowing easy access for patients.

### What could be improved?

- One patient said they thought the parking was only free for three hours, and they were unsure whether it would be possible to renew it after this. At the time of writing, the Royal Free London website states: 'as long as you register your vehicle when you enter the hospital, you'll get three hours free parking. If you leave the site and return, you'll need to re-enter your details again'.<sup>5</sup> However, staff advised us there is currently no time limit on free parking, as long as patients register their vehicle on the hospital's system. It may be helpful for the centre to communicate this more clearly to patients.
- The walkway in front of the Walk-In Centre's reception desk contained a barrier which took up about three quarters of the space, causing congestion.

## Waiting room

### What worked well?

- The Walk-In Centre has a spacious waiting room which was clean and well kept on the day of our visit. All the waiting room seats had some padding.
- Several patients and visitors made positive comments about the waiting area. For example, one patient said the area was spacious and had good lighting.

### What could be improved?

- Some patients mentioned that they did not have phone reception in the hospital. One person, who needed to go to A&E, was trying to use their phone to arrange

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<sup>5</sup> Royal Free London NHS Foundation Trust, 'Finchley Memorial Hospital: Location Overview', <https://shorturl.at/X9c8s> (accessed 9 August 2024).



this but was struggling to get online. It may be helpful to have some signage in the waiting room with instructions on how to access the hospital's Wi-Fi.

- In the waiting room, most of the seats were joined together in benches. When people sat down, these benches tended to move around, increasing the likelihood of discomfort and possible health and safety risks. One patient mentioned that they thought the waiting area would be able to hold a larger number of seats if the seating was arranged differently. A member of staff advised that the centre is looking into changing the seating, not because of the points noted here but because some of the seats were worn and were starting to crack.
- One patient, who was in pain, said they found the seats in the waiting room very uncomfortable as they did not have enough back support.
- The waiting room had a couple of comfortable seats with extra support, for people with pain or limited mobility (the person mentioned above was not sitting on one of these as the seats were already occupied). It was very positive to see that these seats were provided, and it would be helpful if a few more could be added. Many people who visit the centre have injuries and, at busy times, the waiting room may well contain several people who would benefit from this type of seating.
- A parent mentioned to us that the waiting room had no television and no children's area – we note that even a small area with a couple of wipe-clean toys would be helpful for parents.
- Staff advised us that the Walk-In Centre does not have any air conditioning, other than a small number of portable units, which means that it can get very warm in the summer.

## Refreshments

### What worked well?

- There was a water dispenser in the waiting area.
- The hospital café is located close to the Walk-In Centre and the main hospital reception, making it easy for the centre's patients to find and access. The café is open from 7am to 6pm every day, including weekends.

### What could be improved?

- One patient said the cups for the water dispenser were not easily accessible. This person showed us that the cups were located behind the Walk-In Centre's reception desk and that there was no sign indicating where they were.
- One patient, who noted there was no vending machine in the waiting room, said they were reluctant to go to the café for fear of losing their place in the queue.
- The Clinical Lead told us that there is no option for patients to leave the waiting room – for example, to get food – without losing their place in the queue. The patient's name is called three times and if they do not respond they lose their place. We note that some walk-in centres have a system whereby patients who have been waiting for long periods can leave briefly, purchase food and bring this back to the waiting room without losing their place in the queue.

## Referrals to the centre

### Notes

- Patients and visitors advised us that they had come to the Walk-In Centre for a variety of reasons, including injuries, fevers and infection.
- Two patients said they had come to the centre because they were not registered with a GP surgery. However, nine of the people we interviewed said they were registered with a GP but had come to the centre because they had found it difficult to arrange a GP appointment. Some interviewees mentioned that they had chosen the centre over A&E to avoid longer waiting times.
- During the Covid-19 pandemic, the centre stayed open as a minor injuries unit. However, a number of staff were temporarily redeployed to other services. The Clinical Lead advised us that, since the centre fully re-opened following the pandemic, the number of patients had steadily increased and was now almost back to the number of people seen in 2019. At the time of our visit, the centre was seeing an average of 150 patients a day.
- We asked about the overall numbers of patients who have injuries, as opposed to illnesses, and the associated workload. The Clinical Lead said that approximately two thirds of patients come to the centre with illnesses and one third (or more) with injuries. Compared to before the pandemic, the centre is now seeing a higher proportion of people with injuries. These patients tend to need more assistance so this has increased the workload for staff.
- Another employee mentioned that there have been some discussions about the possibility of changing the service's name from Finchley NHS Walk-In Centre to Finchley Urgent Treatment Centre. We note that this could increase the risk of patients who need to go to A&E coming to the Walk-In Centre. As there is no A&E in Finchley Memorial Hospital, any such patients would need to be transported elsewhere, potentially while awaiting time-sensitive treatment.



## 2 Recommendations

- 1. Waiting room seating:** we recommend that the centre reviews the waiting room seating. We suggest that the centre looks to find a way to prevent the bench seating from slipping across the floor, and to ensure that the seating is arranged in a way that makes the best use of the available space. If the seating is to be replaced, these changes could be made at that point.
- 2. Accessible seating:** for the centre to consider installing a couple more of the seats with additional support, for people with pain or limited mobility.
- 3. Signage:** for signage to be put up in the waiting room with instructions for accessing the hospital Wi-Fi and the cups for the water dispenser.

**Response from Walk-In Centre (recommendations 1-3):** *We are engaging in discussions with Community Health Partnerships re: the seating and signage issues.*

- 4. Refreshments:** for the centre to consider setting up a system so that patients who have been waiting for long periods can leave briefly, purchase food and bring this back to the waiting room without losing their place in the queue. It might also be helpful to have a sign at the Walk-In Centre's reception desk explaining that if people want refreshments, they can buy these in the hospital café before joining the queue.

**Response from Walk-In Centre:** *Thank you for raising this – we will give this recommendation consideration.*

- 5. Children's area:** for the centre to consider installing a television and/or a small children's area with a couple of wipe-clean toys in the waiting room.

**Response from Walk-In Centre:** *Thank you for raising this – we will explore this.*

- 6. Reception desk:** for the centre, in discussion with Community Health Partnerships (which runs the hospital building), to look at whether it would be possible to remove, or reduce the size of, the barrier in the area in front of the Walk-In Centre's reception desk.

**Response from Walk-In Centre:** *This barrier will be removed.*

- 7. Parking:** for the centre to consider whether there could be a sign in the waiting room advising patients that the free registered parking is not limited to three hours. Central London Community Healthcare NHS Trust to consider discussing with Royal Free London NHS Trust whether its website could be amended to state that there is no time limit on free parking as long as patients register their vehicle.

**Response from Walk-In Centre:** *We have raised this with Community Health Partnerships.*

# 3 Our approach to Enter and View

## 3.1 What is Enter and View?

'Enter and View' visits are part of the local Healthwatch programme. Mandated by the Health and Social Care Act 2012, the visits enable Healthwatch staff and volunteers (known as 'authorised representatives') to visit health and care services, such as hospitals, care homes, GP practices, dental surgeries and pharmacies.

Enter and View visits can happen as a result of people telling us there is a problem with a service, but equally they can occur when services have a good reputation. During the visits we observe service delivery and talk with people using the service, their families and carers, and their friends. We also engage with management and staff. Our aim is to form a view of how the service is being operated and experienced.

Following a visit, we share our Enter and View report with the service provider, local commissioners and regulators. This report outlines good practice that was observed during our visit and gives recommendations on what could be improved. All reports are available to view on our website.

## 3.2 Safeguarding

If safeguarding concerns arise during a visit, we will report them in accordance with our safeguarding policies. In advance of the visit, our authorised representatives are advised that if they observe anything concerning, they must inform the lead representative. The lead representative may then take one or more of the following steps, depending on the situation: discussing what has been observed with our organisation's safeguarding lead, informing the service manager and/or making a safeguarding referral.

In addition, if any member of the service's staff wishes to raise a safeguarding issue about their employer, they are directed to the Care Quality Commission process, under which they will be protected by legislation if they raise a concern.

## 3.3 Disclaimer

This report relates to findings observed on the specific date(s) set out. It is not a representative portrayal of the experiences of all staff and people using the named service – only an account of what was observed and heard at the time.

## 3.4 Acknowledgements

Healthwatch Barnet would like to thank the people using this service, their families and friends, the service provider and the provider's staff for their contributions, which enabled this Enter and View to take place. We would also like to thank our authorised representatives, who assisted us in conducting the visit and putting together this report.

# 4 About the visit

## 4.1 Finchley NHS Walk-In Centre

We visited Finchley NHS Walk-In Centre on 27 February 2024. This service is located within Finchley Memorial Hospital and delivered by Central London Community Healthcare NHS Trust.

The service offers unscheduled same-day appointments for adults and children who have minor illnesses and injuries. It is a nurse-led service which is also supported by a GP during the hours of service. The centre is open from 8am to 8pm every day of the week.

## 4.2 Care Quality Commission (CQC) rating

The CQC is the independent regulator of health and adult social care in England. Its role is to ensure that health and social care services provide people with safe, effective, compassionate, high-quality care, and to encourage services to improve.

The most recent CQC inspection of Finchley NHS Walk-In Centre was in April 2013. At that time, the CQC found that the Walk-In Centre met the CQC's standards across all five criteria ('Treating people with respect and involving them in their care', 'Providing care, treatment and support that meets people's needs', 'Caring for people safely and protecting them from harm', 'Staffing' and 'Quality and suitability of management').<sup>6</sup>

## 4.3 Purpose of visit

Enter and View visits enable Healthwatch Barnet to form a view of how a service operates and is experienced, and to produce a report.

# 5 Environment and observations

## 5.1 External environment

### What worked well?

- The Walk-In Centre has excellent car parking provision – the hospital has a spacious car park which is free to use.
- The entrance to the Walk-In Centre has large, clear signage stating 'No A&E'.
- The main entrance to Finchley Memorial Hospital has a reception desk, so patients can be directed to the correct part of the hospital complex. This main reception and the pharmacy are located near to the Walk-In Centre, allowing easy access for the centre's patients.

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<sup>6</sup> Care Quality Commission, 'Finchley Memorial Hospital Walk-In Centre: Latest inspections summary' (29 April 2013), [cqc.org.uk/location/RYXZ1/inspection-summary](https://www.cqc.org.uk/location/RYXZ1/inspection-summary) (accessed 5 August 2024).

### **What could be improved?**

- The signage for drivers approaching the vehicle route to the hospital's main entrance had an arrow pointing away from the entrance roadway, which could cause confusion.

## **5.2 Reception and waiting area**

### **Notes**

- The Walk-In Centre is located within the hospital building.

### **What worked well?**

- The Walk-In Centre has a spacious waiting room which was clean and well kept on the day of our visit.
- All the waiting room's seats had some padding.

### **What could be improved?**

- The walkway in front of the Walk-In Centre's reception desk contained a barrier which took up about three quarters of the space. We observed that, when there were a number of people queueing, this caused congestion.
- In the waiting room, most of the seats were joined together in benches. When people sat down, these benches tended to move around, increasing the likelihood of discomfort and possible health and safety risks. We observed that the waiting area would be able to hold a larger number of seats if the seating was arranged differently. A member of staff mentioned to us that the centre is looking into changing the seating, not because of the points noted here but because some of the seats were worn and were starting to crack.

## **5.3 Refreshments**

### **What worked well?**

- There was a water dispenser in the waiting area.
- The hospital café is located close to the Walk-In Centre and the main hospital reception, making it easy for the centre's patients to find and access. The café is open from 7am to 6pm every day, including weekends.

# **6 Interviews with patients and visitors**

During our visit to the Walk-In Centre, we interviewed eight patients and five parents who were accompanying their sick children – 13 people in total. We did not interview any children. Patients and visitors had the option to speak with us in a side room. However, all of our interviewees chose to speak to us in the waiting room.

## **6.1 Reason for visiting and referrals**

The patients and visitors we interviewed cited a wide variety of reasons for visiting the Walk-In Centre. Three were attending as a result of injuries and a further three had follow-up appointments relating to dressing change and wound care. Other reasons for

visiting included fevers and infection. Several patients mentioned that they had used the Walk-In Centre before, and three said they lived locally.

Two patients told us that they had come to the Walk-In Centre on that day because they were not registered with a GP surgery. However, nine of the people we interviewed said they were registered with a GP but had come to the centre because they had found it difficult to arrange a GP appointment.

Only one person reported good experiences of accessing GP appointments. This patient had seen their GP that morning. The day before, they had had a bad fall, landed on their face, developed a headache and were unable to think clearly. The patient told us that they still could not move their right arm very much at all and that they had hurt their left knee. Their GP had advised them that they needed an X-ray and referred them to the Walk-In Centre for this. This patient praised their GP for being thorough and providing them with a covering letter to present to the staff at the Walk-In Centre. They also said that in the past they had not had problems getting in contact with their GP.

The other interviewees' comments, about challenges with accessing GP appointments, are set out below.

### **Selected comments**

*"You can see I'm here with my kids – we've been waiting for two and a half hours so far. I've been trying to get a GP appointment for my daughter for weeks. Every time I phone at 8am the machine tells me that I'm number 38, or worse, in the queue to speak to the GP's receptionist."*

*"My [child] fainted at school. The GP said they couldn't help us and told us to come here."*

*"I'm here because I knew I wouldn't be able to get a GP appointment. A couple of weeks ago I knocked my leg quite badly. The pharmacist told me to keep changing the dressings myself but that if it gets worse I should go to the GP or hospital. I phone the GP at 8am, then I wait on hold for half an hour to be told there's no appointments left. If it's an emergency they say go to the hospital and if it's not an emergency, you need to wait about a month to see the GP. It never used to be like this – before Covid, I was able to get GP appointments. There used to be eight or nine doctors at my GP surgery – now there are two and another temporary person who is part time. The whole system has broken down."*

*"I had a fall and my chest and shoulder are very painful. The [Walk-In Centre] have given me painkillers, which are helping a bit. I find it really difficult to get an appointment with my GP."*

*"My daughter [a toddler] has had a temperature for four or five days. I couldn't get a GP appointment. My GP has an online system but it's out of service, I rang up and they just cut you off when you get through."*

*"I couldn't get a GP appointment for my child so we've come here. My [child] is so tired and unwell. I phone the GP at 8am, within one minute all the appointments have gone. One time, I called and got the answering machine saying they weren't open yet. I phoned back immediately and got a message saying there were no appointments left. Other times, I call and I'm told I'm number 24 in the queue. I've got more than one child, and I have to decide whether to wait on hold to the GP or drive my other [child(ren)] to school. If I was driving while I was on hold, I'd then have to pull over when the GP's receptionist answered the phone, to speak to them – I don't think it would be very safe to try to do that. If I go to A&E I could be waiting for 6, 8 or 12 hours, and I need to pick my other*

*[child(ren)] up from school later. Last time I went to Barnet A&E I was with my mum and we waited from 7pm to 8am.”*

*“My [child] has had a cough, fever and sore stomach for a few days. I couldn’t get an appointment at the GP. I rang at eight in the morning, couldn’t get through, rang back straight away and they were fully booked, no appointments. They never give appointments. It’s better to come here than to go to Barnet A&E because it’s normally a seven-hour wait at Barnet, where here it may be a three or four hour wait today.”*

## **6.2 Transport**

Of the 13 patients and visitors we interviewed, 12 had come to the Walk-In Centre by car. Several people specifically mentioned that they found the parking easy to use and praised the availability of free parking. One patient told us that they thought the parking was only free for three hours and that they were not sure whether it was possible to renew their parking after this time.

One of our interviewees arrived by bus. They told us that they found the Walk-In Centre accessible despite their leg injury.

### **Selected comments**

#### **Positives**

*“[I’d] no problem finding [the Walk-In Centre]. The parking is free and there are loads of spaces, which is a real positive for this Walk-In Centre over other ones I’ve been to.”*

#### **Negatives**

*“The parking is free but I think this is only for three hours and I don’t know if there’s an option to renew this.”*

## **6.3 Customer service**

Ten patients and visitors specifically mentioned that they had had positive experiences with the Walk-In Centre’s reception staff. For example, various interviewees described staff as ‘helpful’, ‘friendly’ or ‘nice’. Two interviewees told us that there had been no queue for the reception when they arrived and three mentioned a ‘short queue’. Additionally, two interviewees said that they appreciated the staff making announcements regarding waiting times and delays, to keep people in the waiting room informed.

One patient, who described the receptionists as ‘pleasant and helpful’, said they thought it would be useful to have a microphone and speaker system to alert patients in the bathroom that they were being called in for a consultation.

Only one out of the 13 people we interviewed reported a negative experience with the reception. They described the reception staff as ‘moody’ and said they found the queuing system at reception confusing.

### **Selected comments**

#### **Positives**

*“The receptionist was really helpful, there was no queue.”*

*“We had to queue at reception for a bit, but they were very apologetic – friendly and helpful.”*



## Negatives

*“The reception got a bit moody with people queuing outside of the barriers but the queuing was confusing.”*

*“There needs to be some kind of system to let you know if you have been called while you are in the toilet, like microphones.”*

## 6.4 Facilities

Several patients and visitors made positive comments about the waiting room. For example, two patients mentioned that it was helpful that the chairs had padding, and one person said the area was spacious and had good lighting.

One patient told us that, while they found the chairs comfortable, they thought it would be possible to provide more seating if the rows of chairs were arranged differently. Another person, who was in pain, said they found the seats in the waiting room very uncomfortable as they did not have enough back support.

Some of the people we spoke to mentioned that they did not have phone reception in the hospital (our authorised representatives also did not have phone reception in the Walk-In Centre). One patient, who needed to go to Accident and Emergency (A&E), was trying to use their phone to arrange this but could not get online. One of our authorised representatives helped this person to access the hospital’s Wi-Fi. On another point, a parent who had three children with them said it would be really helpful if the waiting room had even a basic children’s area or a television.

Two interviewees who had used the toilet facilities described them as clean. However, one visitor, who we interviewed later in the day and who had used the disabled bathroom, reported that it was dirty and the bins were overflowing.

In relation to refreshments, five interviewees mentioned that it was helpful that the waiting area had a water dispenser. However, one person said that the cups for the water dispenser were not easily accessible. This patient showed us that the cups were located behind the Walk-In Centre’s reception desk and that there was no sign indicating where they were located. One patient, who noted that there was no vending machine in the waiting area, said that they were reluctant to go to the café, for fear of losing their place in the queue.

## Selected comments

### Positive

*“All the seats have cushions and look more comfortable than in other walk-in centres and A&Es. The waiting area is spread out, spacious, the lighting is good.”*

### Negative

*“I am finding the chairs very uncomfortable, but I am in a lot of pain – I could really do with some back support.”*

*“The chairs... were arranged differently before Covid, which was better – the rows went in the other direction.”*

*“It’s not very easy or comfortable waiting here with three children. I know you can’t have everything but a small area for kids would be really helpful.”*

*“The toilets were not clean, the bins were overflowing and it was dirty – this was the disabled toilet.”*

## 6.5 Waiting times

Several patients told us that they had been waiting for long periods for their consultation. We were not able to collect information about waiting times from all of our interviewees – during their interviews people were either waiting to be seen or needing to leave after having had their appointment, so the lengths of the interviews varied.

Of the people who were waiting for a full consultation, one person said that, so far, they had been waiting for one hour, another said they had been waiting for an hour and 45 minutes, and a third person had been waiting for two and a half hours. A fourth person said they had been triaged after about half an hour and, following this, had been told to expect a further waiting time of about an hour and a half. Two patients, who were leaving after having their full consultation, told us that the whole process had taken around two and a half hours.

In terms of triage waiting times, four interviewees told us that they had not been triaged yet, after waiting for between 15 and 30 minutes. A further four interviewees who had already been triaged reported that they had waited for triage for between 20 and 40 minutes. We spoke to patients and visitors about the difference between the initial triage appointment and the full consultation. Despite the conversations we had with them, we got the impression that in some cases patients were unclear about the difference between triage and a full consultation. In addition to the eight interviewees mentioned above, three people reported waiting for an hour for triage; however, we were not sure whether these people understood the difference between triage and a full consultation.

One interviewee said that they thought it would be helpful if children could be prioritised in the queuing system and seen more quickly, as they did not feel the waiting room was comfortable for small children.

### **Selected comments**

#### **Negative**

*“They need more doctors and nurses to see people so it doesn’t take so long.”*

## 6.6 Clinical care

Several patients and visitors gave us positive feedback about their interactions with clinical staff. For example, one patient said that their meeting with the triage nurse had been pleasant and that the nurse had asked relevant questions. Another person said ‘the triage nurse was very good’. A third interviewee told us that they find the service to be very good, which is why they keep coming back.

We received negative feedback from three interviewees. In one instance, this related to factors outside of the control of the Walk-In Centre’s staff. In this case, the patient expressed their frustration that, after an initial examination, they had been told that if a chest X-ray was needed, this could not be done at the Walk-In Centre and they would have to go to A&E instead. However, this patient also mentioned that they were given pain relief at the initial examination, which they found helpful.

Another interviewee, a parent accompanying their child, reported challenges with the triage process. This interviewee said that they had pointed out a rash that their child had, and the healthcare professional had said they couldn’t see anything. The parent had asked them to look again, and the person carrying out the triage had then agreed that they could see the rash. This parent told us that they felt somewhat dismissed and that they had needed to advocate on their child’s behalf.

A third person was visiting the Walk-In Centre for the second time. They said that, at the time of their first visit, they had been happy with the advice and medication they had received. However, they told us that, following this visit, their condition continued to deteriorate. They said that, during their first consultation, they had not received any advice about what to do if this happened. This patient had then done some research of their own, and found a topical treatment which they self-administered. Subsequently, the patient returned to the Walk-In Centre on the day of our visit.

### **Selected comments**

#### **Positive**

*"[I was] seen by a nurse practitioner and my [child] was given some medication and some tests. The nurse was very good."*

## **7 Management interview**

The information in this section is based on our interview with the Clinical Lead who was on duty during our visit and a pre-visit questionnaire.

### **7.1 Service overview**

- The Clinical Lead advised us that Finchley NHS Walk-In Centre offers unscheduled drop-in services for adults and children with minor injuries and illnesses.
- The centre is open every day from 8am to 8pm. However, no new consultations are booked after 7pm – patients arriving after this time are triaged and redirected to other services.
- Most patients come to the Walk-In Centre via self-referral, but some are referred by NHS 111, 999, GP surgeries, mental health services and other providers.
- The Walk-In Centre also has a wound-dressing clinic that is open every day of the week. This clinic provides unscheduled appointments alongside a limited number of slots for pre-booked appointments for Barnet residents and NHS 111 referrals.
- The Clinical Lead advised that the centre's team has a good relationship with the hospital manager.
- There is no main telephone switchboard for Finchley Memorial Hospital. In practice, the Walk-In Centre's reception often handles the calls, redirecting callers as needed.

### **7.2 Covid-19 and patient profile**

- During the Covid-19 pandemic, the Walk-In Centre stayed open as a minor injuries unit. However, a number of staff were temporarily redeployed to other services. Most of these staff came back to work at the Walk-In Centre when it was fully re-opened.
- The Clinical Lead advised us that, on average, the centre sees 150 patients a day. Since the centre fully re-opened, the number of patients has steadily increased and is now almost back to the number of people seen in 2019, before the pandemic.
- We asked about the overall numbers of patients who have injuries, as opposed to illnesses. The Clinical Lead said that approximately two thirds of patients come

to the centre with minor illnesses and one third (or more) with injuries. Compared to before the pandemic, the Walk-In Centre is now seeing a higher proportion of people with injuries.

### 7.3 Pharmacy First

- The Clinical Lead advised that, since the launch of Pharmacy First across England on 31 January 2024, the Walk-In Centre's team had identified that a number of their patients could be prescribed medication by a participating pharmacy. Under Pharmacy First, participating pharmacies can prescribe medication for sinusitis, sore throats, ear aches, infected insect bites, impetigo, shingles and urinary tract infections.<sup>7</sup>
- The Clinical Lead explained that the centre had begun introducing a new process so that, where appropriate, patients could be redirected to a pharmacy. The centre had developed this procedure in consultation with the hospital pharmacy, which is located very close to the Walk-In Centre. The Clinical Lead said that, where appropriate, following triage patients would be given the option of going to this pharmacy for assistance. Once the patient arrived, the pharmacy would telephone the Walk-In Centre to advise whether they had capacity and were able to deal with the patient's issue. If the pharmacy was unable to help, the patient could go back to the Walk-In Centre without losing their place in the queue.

### 7.4 Onward referrals

- The Clinical Lead advised us that staff use electronic referral systems and also have a network of contacts including specialists in various hospitals.
- The centre regularly refers patients to the virtual fracture clinics at the Royal Free London and Barnet Hospital. For burns appointments, patients are often referred to Chelsea and Westminster Hospital, and to the Royal Free for plastic surgery. Some urgent Ear, Nose and Throat follow-up appointments are available through University College Hospital's outreach services.
- Staff also use Consultant Connect<sup>8</sup> and identity referral routes via NHS Service Finder.<sup>9</sup>
- On average, the centre calls one ambulance a day to transport patients to other services.
- There is no A&E in Finchley Memorial Hospital. If patients who present at the Walk-In Centre need to go to Accident and Emergency (A&E), they are usually redirected to Barnet Hospital. The Clinical Lead told us that there are not many cases of patients coming to the centre because they do not understand the difference between the Walk-In Centre's services and A&E. However, there are some situations where patients have specific symptoms which mean that the centre redirects them to A&E.
- Where patients are not registered with a GP, the centre's staff are able to provide them with some support with registration.

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<sup>7</sup> Pharmacy First is a service that enables participating pharmacies to provide consultations and medication for seven common conditions without the need for a GP consultation. For more details see 'Pharmacy First: What you need to know', Department of Health and Social Care Media Centre (1 February 2024), [healthmedia.blog.gov.uk/2024/02/01/pharmacy-first-what-you-need-to-know](https://healthmedia.blog.gov.uk/2024/02/01/pharmacy-first-what-you-need-to-know) (accessed 5 August 2024).

<sup>8</sup> Consultant Connect is a company that supports NHS services to engage with specialist clinicians. For more details see [consultantconnect.org.uk](https://consultantconnect.org.uk) (accessed 5 August 2024).

<sup>9</sup> NHS Service Finder is a free online tool which health and social care professionals can use to search for local NHS services. For more details see [digital.nhs.uk/services/nhs-service-finder](https://digital.nhs.uk/services/nhs-service-finder) (accessed 5 August 2024).

- There are only occasional instances where people who are experiencing homelessness visit the Walk-In Centre. When this happens, staff can signpost these patients to housing support.

## 7.5 Staffing

- The Walk-In Centre aims to provide:
  - 12 hours of GP cover per day
  - between 105 and 110 hours of clinical cover per day, primarily from nurse practitioners.
- The centre's staff are mostly Band 6 to Band 8A nurse practitioners, with one Band 5 nurse and one healthcare assistant.
- The centre uses bank staffing to supplement contracted staff hours and makes use of some agency staff for GP cover. Some of the centre's permanent staff work shifts as bank staff at the centre in addition to their contracted hours.<sup>10</sup>
- Currently, the centre does not have a paediatric nurse practitioner, so only the GP is able to see children who are under two years old. The centre does not currently have physiotherapist cover.
- The Clinical Lead told us that the centre's team is cohesive and works well together. They went on to say that staff retention is good.
- We asked whether there are instances when the Walk-In Centre reaches full capacity and cannot arrange a consultation for some patients. The Clinical Lead said that this does happen. However, in these situations staff still seek to triage all patients and where relevant redirect them to out-of-hours GPs, NHS 111 and, where necessary, A&E. Some patients are advised to return to the Walk-In Centre the next day. Because of current high levels of demand, on average the Walk-In Centre had been reaching capacity half an hour before 7pm on two days per week. In the month preceding our visit, this happened on 11 out of 29 days.

## 7.6 Training

- Staff receive training at away days with internal and external speakers. These sessions cover clinical updates, learning lessons from incidents and complaints, and other training priorities which are identified based on individual employees' needs. All clinical staff attend at least one such training session a year.
- Other training is planned according to individual training needs – for example, this can include university-based injury and illness courses as well as paediatric assessment courses.
- All clinical staff have completed Oliver McGowan Learning Disability and Autism training, sepsis training and non-medical prescribing training. Staff also receive mandatory verbal de-escalation training.

## 7.7 Safeguarding

- We were advised that the Walk-In Centre makes an average of around three child or adult safeguarding referrals every week.
- All staff are required to complete annual adult and child safeguarding level three training. We were also informed that staff are subject to enhanced Disclosure and

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<sup>10</sup> An NHS staff bank is a network of healthcare professionals managed by an NHS trust, or through a third party, who are contracted to take on shifts at trust hospitals whenever they are needed.



Barring Service (DBS) checks and that all staff had been checked within the past three years.

- Safeguarding is covered in staff supervisions. Staff are informed of the referral pathways which they should use in safeguarding cases, and these are listed on the Central London Community Healthcare intranet.
- The Clinical Lead advised us that the centre's safeguarding procedures work well in practice. Central London Community Healthcare has both child and adult safeguarding leads, who are available on call throughout the day. The Clinical Lead told us that the safeguarding leads are responsive and helpful, and provide staff with very good support. The Walk-In Centre's staff have been praised for 'being good at asking difficult questions' in the context of safeguarding.

## 7.8 Accessibility, facilities and hygiene

- The Clinical Lead told us that the Walk-In Centre only sees a small number of patients who are not fluent in English. In these cases, staff can use Language Line's phone interpreter service. This can be used at the point of booking in at reception, during triage and during a consultation.
- For patients and visitors who are disabled in hidden ways, the centre provides support, including ensuring staff are aware of 'hidden disability lanyard' schemes.<sup>11</sup>
- There is no option for patients to leave the waiting room – for example, to get food – and return without losing their place in the queue. The patient's name is called three times and if they do not respond they lose their place in the queue.
- The centre has a yearly environmental audit and regular staff hand hygiene audits for staff.

## 7.9 Patient and visitor feedback

- We were given examples of changes which the centre had made to the service as a result of patient and visitor feedback. For instance, in response to feedback from a wheelchair user, the centre now provides access to a hoist for patients, and training for staff on how to use it.

# 8 Distribution and comments

If you have any comments on this report or wish to share your views and experiences, please contact us:

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<sup>11</sup> There are several 'hidden disability lanyard' schemes in operation including Sunflower, which is based on self-diagnosis: [hdsunflower.com](http://hdsunflower.com) (accessed 5 August 2024) and the Verified Hidden Disability Lanyard, which is available to National Disability Card holders: [disabilityid.co.uk/invisibledisability](http://disabilityid.co.uk/invisibledisability) (accessed 5 August 2024).





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