Enter & View

Camborne Redruth Community Hospital – Wound Clinic

healthwatch Cornwall

Contents

1 Introduction

1.1 Details of visit

Service provider	Camborne Redruth Community Hospital – Wound Clinic
Service Address	Barncoose, Redruth, TR15 3ER
Date and time	31st March 2025 12pm-1pm
Authorised representative	Debbie Gilbert and Abi Harding-White

1.2 Purpose of visit

This visit was conducted in response to feedback received about the service. Our goal was to observe the service in action, hear directly from patients and staff, assess working conditions and make recommendations if required.

1.3 Acknowledgements

Healthwatch Cornwall would like to thank patients and staff for their contribution to this Enter and View visit and the subsequent report.

1.4 Disclaimer

This report relates to findings observed on the specific date above and is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time of the visit.

1.5 About Healthwatch Cornwall

Healthwatch Cornwall is an independent organisation committed to amplifying the voices of Cornwall's residents in the planning and delivery of health and social care services. Through public engagement, we gather their views and experiences with these services. We ensure these perspectives are represented in decision-making processes both locally and nationally, driven by the belief that community feedback is vital to improving standards of care.

1.6 What is Enter and View?

As a local Healthwatch we are authorised to "Enter and View" health and social care services through the Local Government and Public Involvement in Health Act 2007 and Local Authorities Regulations 2013 (part 4). These services can include hospitals, residential homes, GP practices, dental surgeries, optometrists, and pharmacies.

Enter and View visits are an opportunity to see services in action, listen to and understand the experiences of individuals who use them, and make recommendations where there are areas for improvement. The visits are organised based on feedback received about individual services or in response to themes identified in our research.

2 Visit Summary

Conversations with staff
Healthwatch Cornwall spoke with staff and met with the nurse in charge to discuss the service and view the facilities.

Conversations with patients
One patient was asked individually about their experiences with the wound clinic including the facilities, the care and the staff. An additional 3 patients were asked about their general experience with the outpatients department.

Observation of facilities
Observations were made throughout the visit, focussing on the condition of the facilities and patient experience.

Revisit
A follow up visit was organised to meet with the manager, discuss the findings of the initial visit and receive clarification on the issues identified.

3 Initial Impressions

This section details our initial impression of the hospital site which is also within our Enter and View report about the Minor Injuries Unit on site.

We arrived at 10:30am to find the hospital car park completely full, with vehicles parked on verges and pavements. Ongoing construction work outside added to the congestion, as work vans and trucks were occupying nearby laybys. The experience was quite stressful, and it's likely even more so for patients who are feeling unwell. This was reflected in the patient feedback.

On making enquiries, we were informed that the car park is shared between hospital staff, the Longreach Mental Health GP service, 20 pool cars, and other NHS departments. This leaves very limited, if any, parking for patients. Additionally, public transport stops are located at the bottom of the slope and by a busy junction. A nurse later commented: ***'Older people reliant on public transport coming into the Wound Clinic have to walk up from the main road, up the incline to get to the unit. Most of our older patients have leg ulcers, so it's extremely difficult for them'***. This raises significant concerns around accessibility, particularly for vulnerable patients who may already face mobility challenges.

4 Patient Feedback

We were able to briefly speak with a patient in the wound clinic waiting area who commented that the clinic was "freezing!" and expressed frustration over the difficulty of finding parking.

Additionally, we spoke with three other patients in the main outpatient waiting area, who generally had positive feedback. They appreciated the timely service, comfortable facilities, and the friendly and helpful staff.

One of these patients also mentioned the challenge of parking, citing rubbish skips in parking bays, and the lack of signage within the hospital, noting that the staff at the wound clinic reception were unable to provide directions.

5 Observations

Upon entering the Wound Clinic, we did not initially observe any seated patients, but three people were standing by the door engaged in conversation. Staff were not expecting us and when we approached the receptionist, we were met with an unwelcoming response: '***I have no idea who you are, and no one has told me anything'.***

Unfortunately, the person in charge was unavailable, and we were denied entry, being asked to return later. We returned to the Wound Clinic at 12:00, and the waiting room was still empty, but we were told the clinic was closed for lunch. Despite this, we were once again denied access. A nurse later explained that while the clinic operates from 08:00 to 17:00, they do not see patients during lunchtime, and the last appointment is at 16:00. During our visit, we briefly saw one patient who quickly went in for their appointment but was able to provide us with some feedback.

During an 8.5-hour working day, the department sees between 40-50 patients per day, though not all are there for wound care. The service is commissioned by GPs, but the staff are paid by the NHS. The wound clinic is staffed by two trained practitioners and two healthcare assistants (HCAs), and we were told that they traditionally overbook, despite the waiting room often being empty during our visit.

The clinic primarily treats patients with leg ulcers, but access to care is limited. Patients must be able to get onto the treatment couch to be seen and those who cannot, must wait for an already overstretched community nurse, leading to significant delays.

There were noticeable concerns about both the physical and interpersonal environment. The clinic itself felt unwelcoming, with plain walls and felt very cold, as the air conditioning seemed to be running at full blast. While there was a book corner selling books for charity, there was no community signposting or safeguarding information available for patients on where to go with

concerns. The room lacked any background noise or music, and the reception team appeared disengaged and unapproachable. In contrast, the main outpatient waiting area outside the wound clinic felt a bit dark but was more comfortable, featuring community signposting, a screen, and a fish tank that seemed to catch the attention of the waiting patients.

This lack of warmth was mirrored in the overall service experience. Communication between GPs and the clinic also seemed inconsistent, with criticism focused on inefficiencies in both referral pathways, who has duty of care for patients and patient interaction. One major concern was the excessive spending on dressings, which appeared to take priority over patient-centred care and effective communication between services.

We have heard of one patient who had been referred to the clinic by his GP with an open wound following a cyst removal. Due to a lack of available appointments, they were turned away and redirected back to their GP, who insisted that the wound clinic was responsible for their care, as they were paying for it. However, the wound clinic could not accommodate them and informed them that the GP had a duty of care for their treatment. As a result, the patient was left without proper wound management and was ultimately forced to rely on their partner for dressing changes at home.

Another concerning issue involved hospital discharge protocols. When patients are discharged from Derriford or RCHT, they are often referred to their GP for ongoing wound care. However, temporary (bank) staff discharging these patients frequently lack knowledge of the correct referral process, leading to confusion and gaps in care. This highlights a broader training and communication issue across services.

Throughout our visit, we observed a clear reluctance among clinic staff to engage with colleagues from other departments. At one point, a patient approached reception for assistance getting to a different department and the reception team initially did not acknowledge them. When they did eventually greet the patient, the patient asked if this was the right place for their booked treatment, the receptionist responded bluntly with a simple "No" in a manner that came across as quite cold. The receptionist seemed reluctant to offer further assistance but did eventually ask for the patient's details to look them up on the system to advise them where to go.

6 Revisit

A further observation about the parking situation was made at the revisit when, on arrival, two ambulance crew members were unable to get the ambulance out of the bay due to cars parked adjacent and blocking their exit/road. A member of staff came out to move their car, but they were unable to locate the construction worker who was also causing an obstruction.

We briefly spoke to a patient on Monday, and they were in the waiting room again on Wednesday. They were asked how they were and how the service was. They replied ‘I can’t complain. They’ve been good as gold this time’. They said this time was better than before.

We were greeted by the department manager and taken into their office, where the representative recounted their previous experience during the first visit. The manager was receptive to the initial observations and concerns and offered a genuine apology for the matters we highlighted. It was clear they were open to feedback and committed to addressing the issues raised.

Although the visit was focused on observing the Wound Clinic, which sits within the Outpatients Department, we were shown around the wider department. What became immediately apparent was the sheer scale and pressure the team is operating under. This department has clearly outgrown its physical space, now serving a level of demand that far exceeds what it was originally designed for.

The Outpatients department housed various clinics and state of the art equipment. However, the Wound clinic had three treatment rooms: all clean, smelling fresh and tidy. However, the corridor outside in the thoroughfare was congested with trollies, supplies, resources, etc. The managed shared that a shuffle of storage and office rooms were imminent and shared their plans which will improve this.

All staff working in this department are employed by CFT, but they are also partly commissioned by North Kerrier GPs and serve a staggering 66,000 people. Despite this high demand, staffing remains incredibly tight, with just five members of staff on duty most days, and six on Sundays. The manager explained that the department relies heavily on the Minor Injuries Unit (MIU) to support wound care demand. When the Wound Clinic is unable to accommodate a patient due to capacity, they are often referred to MIU as an alternative route for treatment.

The manager was concerned to hear about the patient who became stuck between the GP and the clinic without support for their wound care, acknowledged that it should not have happened, and offered a sincere apology. They assured us that they would follow up with the reception team to reconfirm the correct referral and protocols, to help prevent similar situations from occurring in future.

With reference to a key issue raised was excessive spending/waste on dressings, the manager clarified that this was not from GP's but a directive by herself to the team for budget controls, which conflicts on what we had been told about current wasteful handling of resources.

7 Recommendations

Healthwatch Cornwall have offered some recommendations based on observations and feedback from both patients and staff to improve experiences in the Wound Clinic.

1. Improve the clinic environment by creating a more welcoming and comfortable atmosphere. This could include background music, making it a more comfortable temperature and including relevant signposting to support patient wellbeing.
2. Ensure that patients' initial interactions with the service are positive by encouraging a friendly, helpful, and approachable attitude from staff, supported by clear and

responsive communication with patients, and provide additional training in this area to staff where needed.

3. Reassess the wound clinic's current operating hours to maximise appointment availability, including maintaining service coverage during lunchtime.
4. Ensure that all patients, regardless of mobility or physical needs, have access to timely and appropriate care. This includes providing suitable equipment and support for those with additional access requirements.
5. Improve collaboration and communication between hospitals, GPs, and wound clinics to minimise delays and prevent gaps in care. Clearly define and assign responsibility for patient care to ensure continuity and accountability.
6. Implement consistent hospital discharge procedures to ensure proper follow-up for wound care, improve communication at discharge and provide training for bank staff on referral pathways and discharge procedures.
7. Encourage better communication and cooperation between the wound clinic and other hospital departments to support joined-up care and improve overall patient outcomes.

8 Provider Response

Healthwatch Cornwall did not received a response to the report from the service.

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