

Wayfinding* at Kentish Town Health Centre

*absence of wayfinding

Summary of a wayfinding survey conducted by
the James Wigg Practice Patient Participation Group (PPG);
Document prepared by PPG member Gill Scott
February 2024

from the PPG authors

From 2015 each GP practice has a new contract with the NHS which requires it to have a Patient Participation Group (PPG).

PPGs are the NHS 'litmus test' they are capable of providing the decisively indicative test. Individual members are obviously patients of the James Wigg Practice; as patients they are very aware of the patient experience in the building good and bad.

The PPG is well aware that wayfinding in KTHC is a *classic* 'bad' patient experience for visitors to KTHC. As a result the PPG (as a group of volunteers) have been drawn, in recent years, into guiding visitors to the building to their destination; in conversations they hear that visitors couldn't find the building entrance, that they can't find phlebotomy or podiatry (and what does that mean they are here for), that they can't find the lift or the stairs, and more... and more...

The work and contribution of the PPG was recognised by the last CQC report (Dec 2023) *'[...] Members of the PPG had frequently volunteered to assist in the waiting area, helping to manage queues and signpost visitors to the other services that operated at the premises. They were also able to feedback their observations and suggestions to assist the practice in taking action to bring about improvements.'*

Wayfinding in an NHS building should be designed for the whole building not its separate parts. The PPG therefore worked on an audit of signs on the exterior of the whole site and inside the whole building; summaries of surveys and visitor numbers of all tenants are added. This document is intended to be a brief outline of the details and issues on behalf of all the tenants of KTHC.

You should be aware that it is a document limited by time and contains:

- no analysis of issues of inclusion which should be included in any wayfinding,
- no analysis of location fixing details

The audit does contain an analysis of what wayfinding aid/help is given at every decision point that a visitor comes across on a journey around the exterior and the interior of the building.

*the authors are aware that NHS offers specific **guidance on wayfinding in NHS sites**. NHS states 'that the Foundation Trusts, the Trusts and with the Private Finance Initiative (PFI) new builds, visual identity is an important issue. The healthcare facilities, though they may be managed by a private company, are still NHS buildings, and the exterior signs need to reflect this'.*

The Department of Health, the NHS and NHS Estates recognised, in 2005, the problems that visitors to their buildings experienced and the consequent cost to the NHS: they created wayfinding guidance for healthcare facilities document. The focus of the document is **assessing and improving** wayfinding systems at healthcare sites. The document is primarily written for people working with wayfinding systems at healthcare facilities on a day-to-day basis, such as **estates and facilities managers and patient services managers**; they believed it should/would be read by architects, sign manufacturers and people who are involved in the design and implementation of effective wayfinding systems.

KTHC, as a new build specified in 2005 finished in 2008, does not reflect this guidance.

The NHS document – Wayfinding: EFFECTIVE WAYFINDING AND SIGNING SYSTEMS GUIDANCE FOR HEALTHCARE FACILITIES* begins by pointing out what constitutes poor wayfinding and the resulting the cost to the NHS:

Stress and resentment of patients and visitors (1.5.1)

People visiting healthcare facilities are often worried or anxious. Research at 12 healthcare sites found that one in five patients and visitors were “very worried” or “quite worried” (IDU 98). Getting lost and feeling disorientated will add to their worry and cause further stress. The more stressed people get, the less information they will be able to take in, and therefore they will find retracing their steps on the return journey much more difficult.

If they have not allowed enough time, people worry that they are going to be late for their appointment as soon as they start to feel lost. They blame themselves for not being able to follow the signs and maps and find the way, they get frustrated when they make a wrong turn, they ask anyone who looks like they might know the way (which can lead to misleading directions), and eventually they may get angry, realising the signs are not clear and it is not their fault after all.

Inefficient and ineffective use of staff time (1.5.2)

An ineffective wayfinding system which leads to people getting lost will waste staff, patient and visitor time. People will be late for appointments. Staff will spend more time providing directions to people who are lost, have arrived at the wrong destination, or people who simply need reassurance that they are going in the right direction.

Most sites expect staff to help people who appear to be lost, and at some sites staff are expected to take them to their destinations. This is an indication that the signs, landmarks and other wayfinding information at these sites are not clear. For most staff, escorting people is inefficient use of their time, especially at larger sites, but for some healthcare facility users, particularly those who are frail and elderly, it should be encouraged.

Volunteers are sometimes available to escort people, and this is an important role, but it is an unreliable system as volunteers are usually only available for short periods of time. If it is necessary at your site to take people to their destination, you should employ people as escorts.

The problem with relying on all staff to direct people, not just those who know the site and have been trained to provide clear directions, is that visitors may receive unclear or inaccurate directions.

PPG reflects each of these points in their surveys.

*Wayfinding: EFFECTIVE WAYFINDING AND SIGNING SYSTEMS
GUIDANCE FOR HEALTHCARE FACILITIES
ISBN 0-11-322698-5 second edition 2005
NHS Estates//Scholarly articles for HM Stationery Office EFM Standards

In the beginning...

16 years ago KTHC set a new standard for the NHS; the building won international, and national prizes for its architectural design; it became a flagship for politicians visited by prime ministers. The NHS has shown off the buildings with visitors from China, from Egypt by UK Ministers for Health and the Chief Executives (of the NHS).

Thousands of words have been written about **the building** focusing on its' architectural design as being sustainable and flexible and the authors concluding, on behalf of all visitors (users), **that in contrast with so many depressing health facilities KTHC was, and has remained, a welcome breath of fresh air.** This 'statement' is true. A designer was employed in interior design including mural decoration – this person made a terrific and significant difference to the feeling/perception of the building.

BUT

the navigation aids used by the visitor/patients in and around this building were given minimal attention from the user's perspective by the architects and remain poor or inadequate; they are, and were from the beginning, not sustainable nor flexible and based on misconceptions about the use 'the reception desk' and the needs of all leaseholders or user expectations.

In reality the architects bent over backwards to not have a signing system. The vast majority of direction signs are in lobby areas and are confused within oversized graphic arrows.

The practicality of applying letters to a painted surface (on a refurbishment schedule) was never a good idea; it is neither sustainable or flexible (in relation to change). At the time of 'handover' directions to the café were applied and are still there 15 years later – for a cafe that only existed on paper. Directions to services were included for the first tenants and have never been updated to include new major operators.

Wayfinding in NHS buildings is designed for the whole building.

KTHC is an NHS|CHP|Camden & Islington Estates Partnership LIFTCo building without a wayfinding strategy. The tenants and the majority of visitors to KTHC are extremely badly served by having no wayfinding system.

KTHC has had for the last 16 years

- **no street number**
 - **no NHS 'site' entrance identity signs at either entrance 'facing' the public**
 - **no 'building' entrance 'confirmation signs' at either main entrance**
- and**
- **inadequate wayfinding direction signage:**

Quoting from a press article (2009) about KTHC – 'this generous public/private space welcomes users and leads them to the reception at the heart of the building from where all services are accessed'.

The anticipated use of 'the reception' on the ground floor may have been misconceived; in an NHS building reception is seen as a place for every one entering to check in – from where visitors/patients will be directed.

The reception at KTHC checks in only James Wigg patients and potential patients. There is no facility for reception to acknowledge anyone visiting any of the other tenants. There is **nothing** to advise other visitors that this reception cannot help them only direct them only frustrate them.

The ineffective internal signs:

- lead to a waste of staff, patient and visitor time.
- people are be late for appointments.
- volunteers (for short periods of time) have to spend time giving directions
- staff time is spent dealing with people who are anxious because they had difficulty finding their way and are therefore slower at taking in and understanding information

this is a quote from

*NHS Wayfinding: EFFECTIVE WAYFINDING AND SIGNING SYSTEMS
GUIDANCE FOR HEALTHCARE FACILITIES (reference given page 3)*

Who says that the wayfinding system in the KTHC is ineffective:

- **Dr Roy Macgregor original 2002 KTHC building champion**
- **James Wigg GPs**
- **James Wigg patient services managers**
- **PPG (volunteers)**
- **CQC** (latest CQC inspection report 12.2023**
noted PPG volunteers 'direction' of patients)

Who cares:

every visitor and patient queuing at James Wigg reception who does not know how to get to the (tenant) clinic/service they require. Everyone working in KTHC who is stopped to help direct.

and everyone who is delayed

Who is doing anything about resolving the deficiencies in wayfinding?

The work on wayfinding was started by the James Wigg PPG because of the known, and unaddressed, problems of visitor wayfinding in KTHC. The work has been done on the basis that the work is for 'the building' and tenants; not for an individual tenant of CHP.

****Care Quality Commission Inspection Date: 11 October 2023**

James Wigg Group Practice Overall rating: Good

quoted from CQC report

We carried out the inspection in response to a number of patients contacting us with concerns over accessing the service and the practice having some below-average results in the National GP Patient Survey carried out in the early part of the year.

There were quarterly meetings of the Patient Participation Group (PPG) which operated jointly with patients of the other PCN practice. We saw minutes of PPG meetings which evidenced significant and effective engagement with the practice. **Members of the PPG had frequently volunteered to assist in the waiting area, helping to manage queues and signpost visitors to the other services that operated at the premises.** They were also able to feedback their observations and suggestions to assist the practice in taking action to bring about improvements. The results of patients surveys and anonymised patient complaints were shared and reviewed with group to establish and agree where improvement could be made.

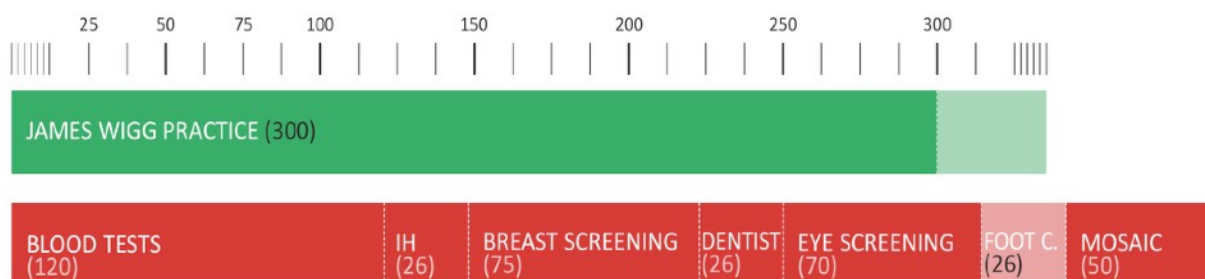
Background: data/evidence

The total number of people visiting reception in excess of 700 per day
In 2023 the daily numbers of persons attending James Wigg Practice (>300+) is eclipsed by the total number of persons attending the seven 'other' tenants' clinics (<400).

- the number of tenants/services varies (7-8?)
- the largest percentage of rooms are occupied by a single tenant, a GP practice.

Daily totals of patients attending James Wigg for GP and other professional staff appointments (*all check in at reception*)

Daily totals of patients attending seven other tenants clinic; none need to use James Wigg reception. *Foot clinic is an estimate*



- James Wigg: having visited reception patients are directed to the waiting area and are called to a room number. Room numbers are indicated on door signs some internal directional signs have never been indicated [James Wigg need a small number of additional signs].

Other tenants/services (7-8?) receive nearly 400 people/patients that need assistance to find their way around the building ever day.

- Bloods: Bloods have **no wayfinding signs**. around 120 people/patients have **no signs** to say they have arrived in the right building or to get them to their destination room. **They have never had ANY wayfinding**.
- Scans: InHealth (commercial contract on behalf of NHS) have **created their own wayfinding instructions** hidden within an advertisement for the company. They constitute the most *disgruntled* of attendees; they have probably had to travel furthest to KTHC, may not know the area – have had difficulty finding the building; at the point that they arrive in the building most are expecting to report to reception (as in a hospital) in order to check in only to be directed to 'a space in a waiting-area' to be called. The medical operatives of the clinic have to walk down those queuing at reception to call names as well as address those in the waiting area.

In the absence of signs join the queue...

...the eternal queue...



PPG in their surveys note that there is an average of 6-8 minutes wait to get to the front of the reception queue; the queue builds quickly when a JW patient needs extra help. Rarely the wait can be 15 minutes.

Research shows that six minutes of queuing makes people impatient and stressed.

Where there are missing signs or signs that are unclear to visitors and the 'cost' (of delays and misunderstanding) has become too high – tenants are likely (and do) take it into their own hands to rectify the situation.

In KTHC people, who are inexperienced at creating wayfinding, attempt to divert visitors from reception by **creating inappropriate (but well meaning) solutions like notices and instructions embedded in advertising** that cause a visitor more frustration.

...with no consideration of appropriate terminology

...with no layout structure,

...using the wrong size of text,

...using inappropriate display materials §

...positioned in the wrong place.

§ In places of high pedestrian traffic it is unwise to use any 'mobile' item that can be weaponised by angry frustrated people, for example

- A-frame advertisements
- mobile notice boards
- printed roller banners

Existing situation evidence provided by the following

relating to finding the building and entering the building and then finding the services:

The PPG wayfinding survey began with

- collecting comment from those working for JW (GPs, reception staff), podiatry, breast screening
- observation of InHealth, midwife, MOSAIC,
- survey/comment from PPG volunteers
- comment from patients
- creating a photo record of all signs
- an audit of all decisions points on a route
- an audit of service areas

In summary

KTHC does not have a wayfinding strategy; it has 'some signs' which are not sustainable nor flexible.

There is nothing street side to identify the building

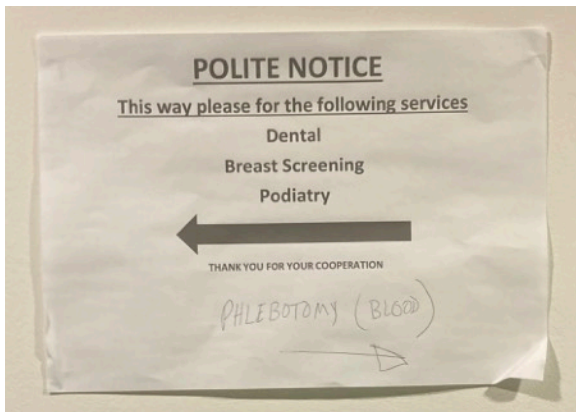
- no street number
- no 'site' identity

The building:

- no 'building' identity signs at either entrance 'facing' the public
- no 'building' entrance 'confirmation signs' at either main entrance and

Inadequate internal wayfinding system:

- not all tenants are represented on signs in the building
- some signs use unfamiliar language/terminology in relation to tenants/clinics.
- some signs do not use current terminology (eg. children and young adult)
- there are no direction signs for some tenants
- there are no identity (confirming the clinic area) signs for some tenants



The lack of wayfinding can never be covered by A4 sticking plaster nor extra staff on JW reception.

This is not a request for 'signing' enhancement or uplift. There was nothing there in the first place and while KTHC was on the drawing board no one noticed.

CHP is failing to provide a 'location service' to each of its tenants by failing to identify its tenants adequately to their visitors.

The lack of wayfinding is now a huge cost in time and stress which can easily be rectified. This is a request for ergonomic repair (*designing and arranging things people use so that the people interact most efficiently*) to 'wayfinding and signing' for the visitors. It is also a request for CHP and LIFT Co to recognise an original failure to calculate, in 'physical' sign presentation, for flexibility and sustainability when tenants change; refurbishment schedules in any building should not be the time schedule for changes to 'signing' nor a limitation to provide for changes for new tenants. In effect there is a urgent need to create the missing wayfinding strategy and a wayfinding system.

The **NHS guidance: Wayfinding** assumes that a **business case** will have to be made wayfinding whether it is needed in a new building or changes made to an existing system. A business case for a wayfinding will detail **the background** to the current situation including the problems and opportunities **the evidence** including findings, observations and data to support the case, **the option/solution** as appropriate; **the costs** can then be detailed, **benefits and savings, level of funding required** – proposal for achieving funding, **project plan** – outline of timetable for implementation.

The PPG can not produce a whole business case but it can provide compelling background detail which is required in producing the business case.

The PPG summary visual presentation included some suggested solutions within a structured wayfinding 'strategy'. The solutions should be as viewed in the context of whole strategy; all the solutions provided within the presentation followed NHS guidance: Wayfinding.

KTHC 2008: Architect's publicity images

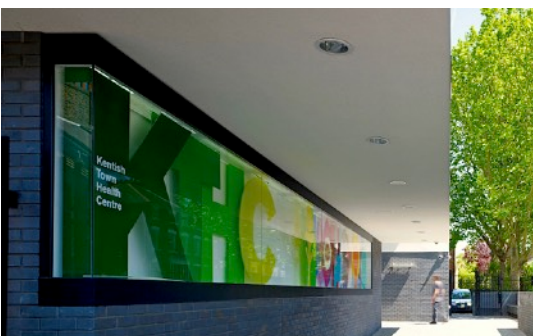


Images taken before the KTHC building was handed over.

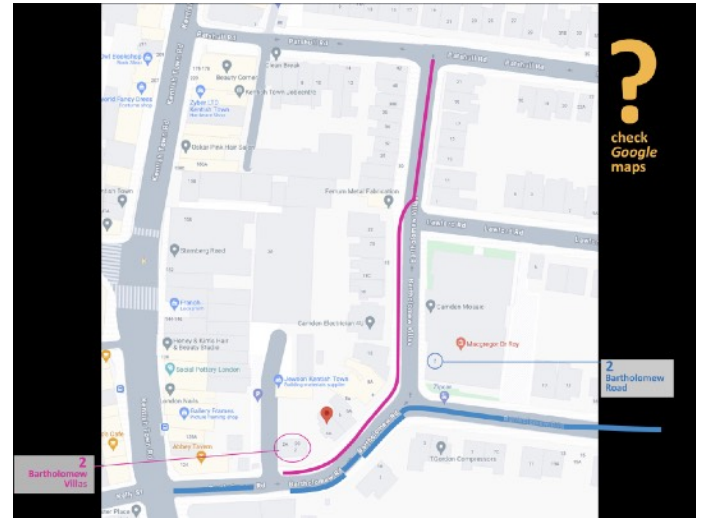
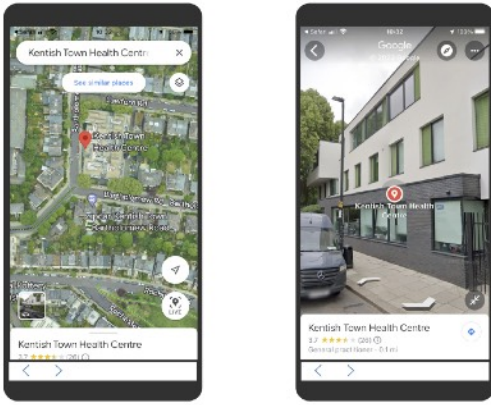
There are 'no signs' on the ground floor not a directory.



No external site location signs or street number



KTHC no street identification of any entrance



Identification 'address entrance' with number

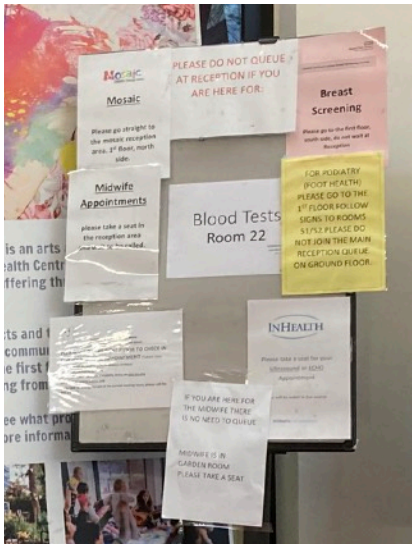


KTHC 2023: tenant's solution to no direction signs



'mobile' signs that can be weaponised by angry frustrated people, for example

- A-frame advertisements
- mobile notice boards
- printed roller banners



well meaning solutions like notices with embedded instructions cause visitors more frustration

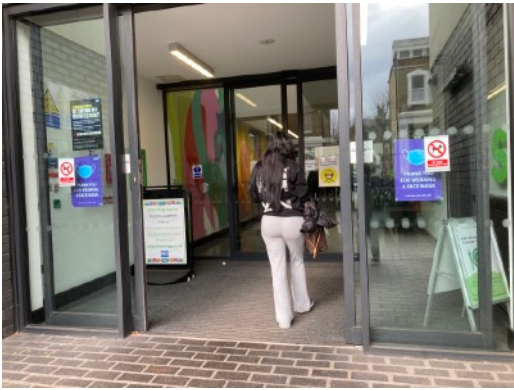


equally instructions embedded in advertising may not be seen or recognised

KTHC no building identity on all entrances

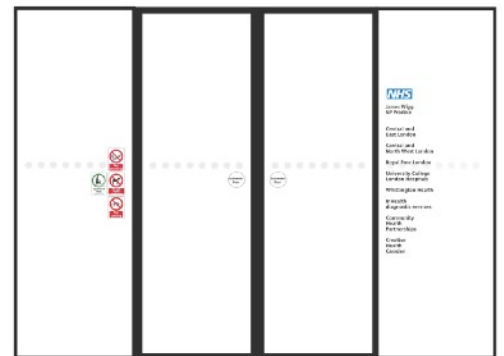


add building identify at each entrance

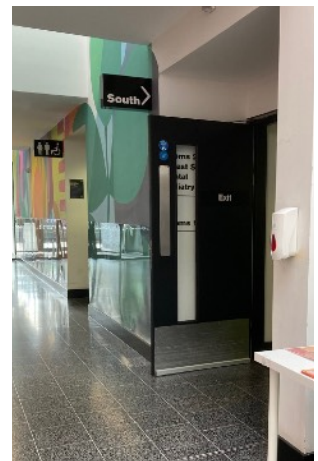


List NHS tenant organisations on entrance doors (not on west side office windows).

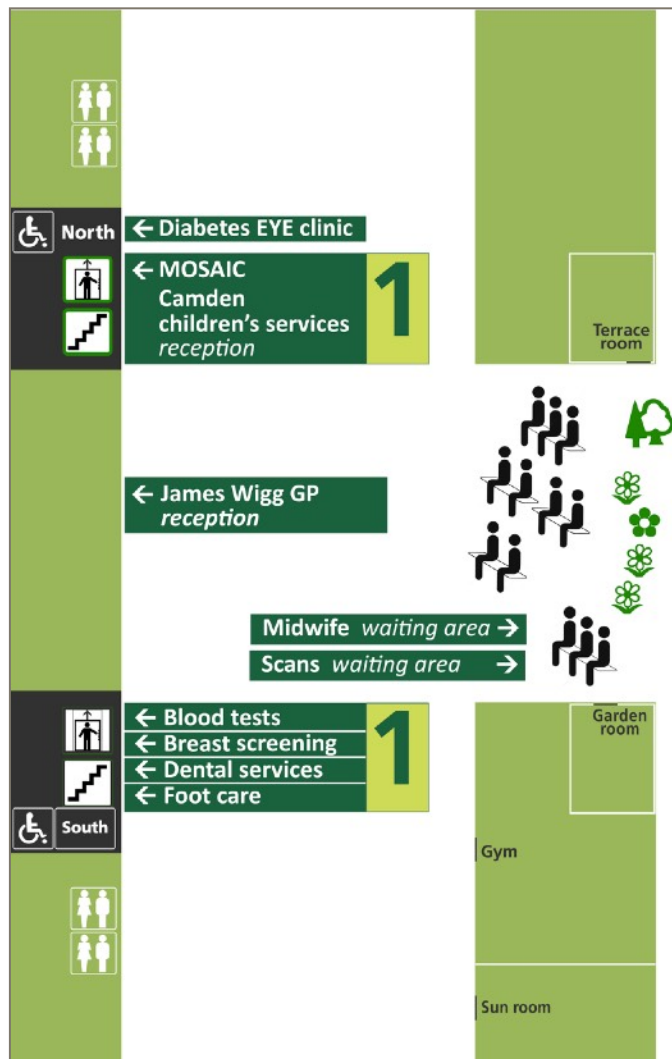
site restrictive signs on each entrance door, (add unrestrictive eg assistance dogs)



KTHC no direction signs to tenant/services on the ground floor



ground floor
 4 identity signs
 indicate toilets
 and South/North
 of 4 directory signs
 all give incomplete
 information
 2 are permanently
 obscured

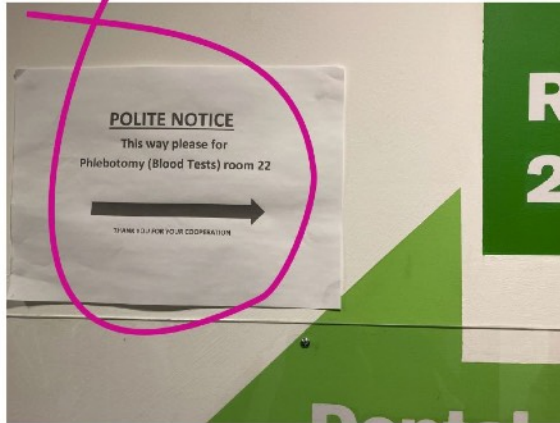
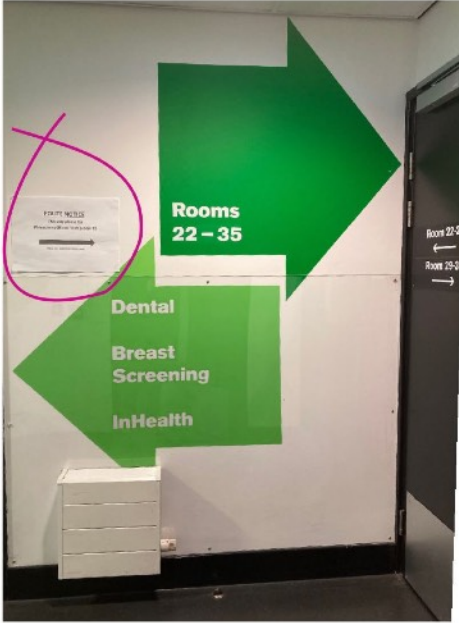


Identify direction
 to access each tenant
 (in building)

position each directory
 near to each
 entrance to the building
 on ground floor

Almost all signs inside KTHC are in the four lobby areas:
 lobby signs are intended to direct to all tenants for the benefit of visitors:
 some tenant services are missing
 some services have never existed
 use inappropriate language
 few are at the appropriate reading height
 all are in an inappropriate alphabet

view on entry from stairs



view on entry from lift



KTHC all tenant clinics need direction in lobbies and lifts



①
MOSAIC reception
Please ring buzzer

③ inside lift

North side
1
MOSAIC Camden Children's Services
G
James Wigg GP reception
Waiting area
Rooms 10-17

② outside lift

North side
1
MOSAIC Camden Children's Services
G
James Wigg GP reception
Waiting area
Rooms 10-17

⑥ outside stairs door

North side
1
MOSAIC Camden Children's Services
G
James Wigg GP reception
Waiting area
Rooms 10-17

← 1
MOSAIC Camden Children's Services

→ 1
MOSAIC Camden Children's Services

①
Blood tests
Breast screening
Dental care
Foot care

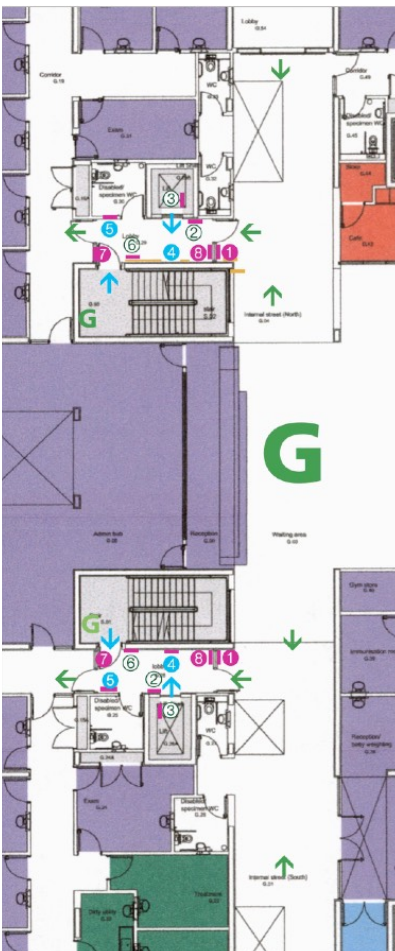
⑦
Rooms 22-35

← 1
Blood tests
Breast screening
Dental care
Foot care

⑤
1
Rooms 22-35

← 1
Rooms 22-35

④
1
Blood tests
Breast screening
Dental care
Foot care



⑧
Maternity eye screening
Prescriptions, foot care

③ inside lift

North side
1
MOSAIC Camden Children's Services
G
James Wigg GP reception
Waiting area
Rooms 10-17

② outside lift

North side
1
MOSAIC Camden Children's Services
G
James Wigg GP reception
Waiting area
Rooms 10-17

⑥ outside stairs door

North side
1
MOSAIC Camden Children's Services
G
James Wigg GP reception
Waiting area
Rooms 10-17

⑤
← G →
Rooms 10-17
James Wigg GP Reception
Waiting area
Way out

④
← G →
James Wigg GP Reception
Waiting area
Way out
Rooms 10-17

⑤
← G →
James Wigg GP Reception
Waiting area
Way out
Rooms 1-9

④
← G →
Rooms 1-9
James Wigg GP Reception
Waiting area
Way out

③ inside lift

South side
1
Rooms 22-35
Blood tests
Breast screening
Dental care
Foot care
G
James Wigg GP reception

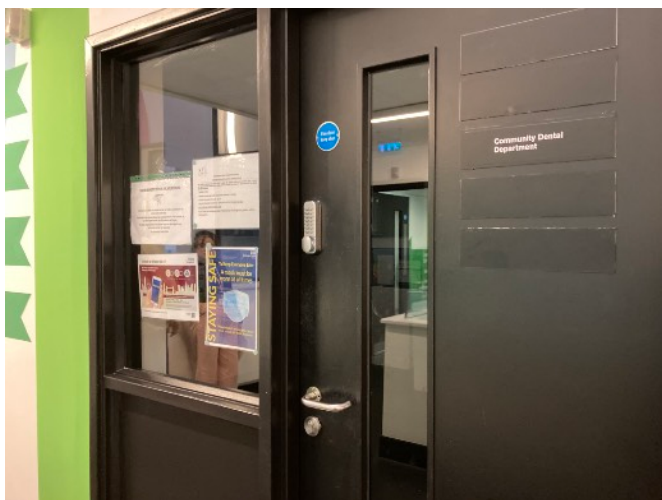
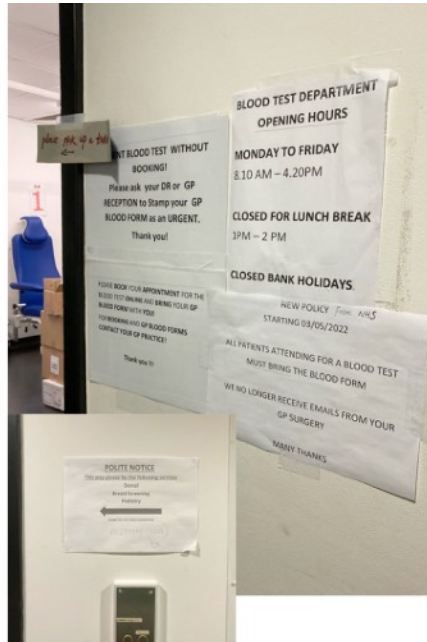
② outside lift

South side
1
Rooms 22-35
Blood tests
Breast screening
Dental care
Foot care
G
James Wigg GP reception

⑥ outside stairs door

South side
1
Rooms 22-35
Blood tests
Breast screening
Dental care
Foot care
G
James Wigg GP reception

Not all KTHC tenant clinics have identification (on arrival at clinic)



Create wayfinding strategy including: identifying all tenant clinics that are not nested

