healthwatch Sandwell

Learning Disability Perspective: A Walkthrough at Midland Metropolitan University Hospital

September 2025

Introduction

Healthwatch Sandwell (HWS) is the independent voice of the public in health and social care in Sandwell. Healthwatch Sandwell collect feedback from the public in Sandwell about their experiences of using health and social care services and use that feedback to work with service providers and commissioners to find ways to improve services. One of the ways that we collect feedback is to carry out projects that reflect the priorities of the public and that focus on particular services, conditions, or parts of the community.

Context

The Midland Metropolitan University Hospital (MMUH) opened on 6 October 2024. With such a huge change in patient service delivery locations, there are challenges for patients, visitors, and staff wayfinding around the hospital. The usefulness and effectiveness of hospital signage is a key part of the experience people receive.

The term **wayfinding** describes the processes people go through to find their way round an environment. The wayfinding process is fundamentally problem-solving and is affected by many factors, people's perception of the environment, the wayfinding information available, their ability to orientate themselves spatially, and the cognitive and decision-making processes they go through, all affect how successfully they find their way."

Through our work programme 2025/26 listening tour we found that people were dissatisfied with services and care received at the Midland Metropolitan University Hospital, including **wayfinding** to appointments and when visiting people who were receiving treatment.

In March 2023 HWS produced a report Accessibility: **Are health and social care services meeting information and communication needs?** The finding provided insight and detail to highlight that overall services are not sufficiently, or

consistently, meeting the Accessible Information Standard. Therefore, Sandwell residents with disabilities, sensory loss, or impairments there is inequity in access and receipt of health and care services and inequalities in health and mental wellbeing.
https://www.healthwatchsandwell.co.uk/sites/healthwatchsandwell.co.uk/files/A.%20Accessibility%20final%20report%20PDF.pdf

Sandwell and West Birmingham Hospital Trust (SWBHT) also recognised that there were challenges with **wayfinding** especially for people who had semantic barriers, physical disabilities or who were frail.

Aim and Objectives

This project is looking at the experiences of people from vulnerable and marginalised groups who reside in Sandwell **wayfinding** around the hospital. This will include:

- Communication from SWBHT about "appointment" details
- Preparation for the visit
- Getting to the site
- Getting around the site
- Arriving for their "appointment"

Target population and recruitment

- People with sensory impairments
- People with physical disabilities
- People with learning disabilities
- People with Autism
- People who have poor mental health
- People who are frail
- People who do not speak English.

Participants have been recruited through networks, social media platforms, and our website. We will work closely with other organisations who will collaborate with HWS to support in the **Wayfinder** experience.

Wayfinding Experiences of people with Learning Disabilities and Physical Disabilities

Voyage Care provide specialist care and support for over 3,500 people with learning disabilities, autism, brain injuries, and complex needs across the UK.
https://www.voyagecare.com/
We arranged for residents from a Voyage Care small residential home in Smethwick to join us on a visit to MMUH on the 8th of September 2025. The group consisted of three residents with a learning disability and one resident with complex needs. Two members of staff accompanied them.
We met the group at Voyage Care where it was agreed that we would use public transport to get to the hospital.

Ideal for All is a user-led charity and social enterprise working to make life better for disabled, elderly and vulnerable people and their carers.
https://www.idealforall.co.uk/
We arranged to visit MMUH with five service users with learning disabilities, a service user using an electric wheelchair and two support staff. This visit took place on Wednesday, 10th September in the morning.

Appointment Scenario Letters

SWBHT supplied a scenario letters for members of the groups to wayfind. The groups decided on the appointments made to see the following departments:

- Respiratory
- Gynaecology
- Paediatrics – Outpatient Appointment

The groups decided that they would also visit the A&E dept from floor five and the Urgent Treatment Centre.

Comments Regarding Appointment Letters

We understand that these were scenario letters and that SWBHT are revising patient letters. However these were the key points from participants regarding the letters that we used:

- Correspondence from hospitals should be personalised to people with disabilities – the type of disability should be recorded on personal files.
- Information about using public transport, including the nearest stop point for MMUH
- More information relating to appointment time – "plan to be early" for example
- All letters should state the floor and colour marking.
- Letter was in small font with no options stated for large print, audio, or other languages.
- It also seems like the same letter is printed and sent via post as the one available on the online portal, however there is links that cannot be clicked on in printed letter. For example, the letter said click to rebook.
- Letter does not tell you to go to level 5 or welcome area first. It also stated that the appointment is in Paediatric Immunology and Allergy, but this is not a clinic listed on the limited sign board.
- Letter gives a lot of confusing information and large paragraphs should be broken down to make it easier to read and process. The paragraph states you should arrive 15mins before the given appointment time for pre-screening. This is confusing as the appointment time stated should be the start of when a patient needs to be at the clinic. The paragraph also talks about medication and bringing a prescription to the appointment. We thought that with joined up medical records any prescribed medication would be on the NHS system. A person may find it hard to get a list or prescription from the pharmacy or GP, causing them stress.

Using Public Transport

The group from Voyage Care used public transport from Stone Cross to West Bromwich and changed buses. We used the number 4. We then got the number 3 from West Bromwich bus station to Oldbury as we were told that there was a direct bus to MMUH. However, the bus that we got took us through Smethwick and Cape Hill and dropped us off on the other side of the road from the hospital. We should have been advised to use the number 87. By the time that we arrived at the Hospital we would have missed our appointments as it took us over one hour and twenty minutes to reach the hospital from Stone Cross.

Members of the group recommended the following improvements that would make a journey to MMUH better.

The group from Ideal for All who visited on the 10th of September made their own way to the hospital.

Accessing MMUH First Initial Thoughts – Combined Views from both visits

- Arriving via public transport through the main entrance we saw the digital bus timetable in real time. This was really helpful.
- Both groups thought that the scale and fabric of the hospital was impressive but felt it did not feel like a hospital.
- The groups thought it was unusual not to have a reception in the main entrance; however, the volunteers were very helpful in explaining that visitors need to get to the fifth floor.
- Volunteers on the fifth floor were attentive and asked if the group needed any help.
- The winter garden areas were warm and spacious.

Scenario 1: Respiratory

Wayfinder scenario respiratory

Once we were on level 5, we were given scenario appointments for us to use in order to gather our views on the ease of finding our appointment. The welcome desk staff were helpful and explained how the navigation system worked, explaining each department had a letter and number code e.g., C3 (respiratory). After advice we followed the coloured line to the C lift and pressed the button for level 3. Once we got to floor C3 we left the lift and didn't know which way to turn – we reached some double doors and decided to try them – we entered a white corridor that looked very clinical.

We noted that an automatic door would have been helpful, the door was very heavy and a person with a physical disability or who used a wheelchair would have been challenged to use the door independently.

We wandered about for a while and found C2 but not C3. We asked a member of staff for help, who pointed us to C3, we realised we'd gone straight past it as the signage wasn't obvious at first. Eventually we found C3 Ward. The sign explaining it was the respiratory ward was on a laminated piece of paper and not a permanent sign.

We buzzed the intercom and were allowed into the ward. We approached the welcome desk and explained we were on a wayfinding trip – staff were welcoming and confirmed we were in the correct place.

As we left the department it was difficult to leave the ward. We accidentally switched all the ward lights off as thought it was the button to exit the ward.
Finding our way back was straightforward, we retraced our steps and got back in the lift back to level 5, to the welcome center floor.

What would Improve this experience

- A sign on the wall as soon as you get out of the lift explaining directions to C1/C2/C3.
- Automatic doors – doors were heavy to open for people who had disabilities or who are frail.
- Permanent signage not made-up paper signage.
- Exit buttons to be clearly labeled.

Scenario 2: Medical Emergency Day Unit – Gynecology

Wayfinder scenario Gynecology

One of the group navigated us on this trip. We walked through the welcome hub looking for signs that explained the hospital layout, we found the sign that said Emergency Gynecology Assessment Unit and decided that it was the closest department to what our letter said.

We followed the line to the lift and pressed button 6. Once we found the department door we were slightly confused as our letter said Gynecology, and this was the GEAU (Gynae Emergency Assessment Unit). We asked the participants what they would do next – and they said they would ask a member of hospital staff. We buzzed into the ward and looked for a reception desk, there was no desk, only a patient waiting area. A medical student saw us and asked if we needed help, they found their supervisor who chatted to us. They were clear and helpful.

Staff explained this area was for inpatients and there was no outpatient reception desk. They explained a bit more about the Gynae floor. We explained we were on a wayfinding task, and they shared some of their struggles with navigation around the hospital when they were asked to find departments etc.

We were then shown round other parts of the ward – we think to outpatients (we weren't sure) then, headed back to the main level 5 area. On the way back we got quite lost – as all the corridors looked similar, we headed to the first lifts we saw, happened to be the hospital bed lifts. One of the group wanted to try it, so we did and reached level 5. However, the bed lifts need a staff pass to exit the floor – so we were stuck in the lift area.

We went back into the lift thinking if we went back to floor 6, we could find the visitors lifts and exit. However, we wandered the corridors and couldn't find this. We went back to the bed lift, and a member of staff let us out on floor 5. This added an extra 10 minutes to our trip back to the welcome center.

On the visit on the 10th of September the participants informed us that only one of the lifts went to floor 6 and the only signs were in the lift itself.

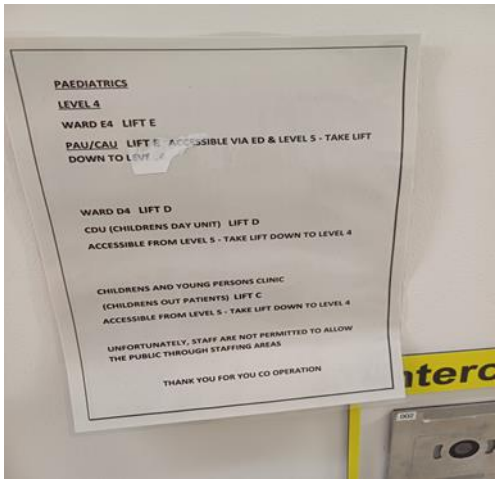
What would Improve this experience

- Signage to appointment destination at the MMUH to match what is on the letter.
- Information available as to next steps once at the dept. There was no reception in the waiting area.
- Clearer signage for lift destination and who the lift is designed for.

Scenario 3 Paediatric Clinical Immunology and Allergy outpatient appointment.

Wayfinder Scenario letter Children's

Following our scenario letter, it was clear that all children outpatient appointments were located on C4. The letter told us to go to clinical immunology and allergy department. We came out of the lift and saw some instruction signage on ordinary paper, we were confused as did not know if this was for staff or patients/visitors. The same instructions were also on the wall outside the lift. The writing on both was small.



We had to use a buzzer to access the department, but we were told we were in the wrong place!

When we arrived at the correct department there were no staff on the reception desk. This was due to there being no appointments until the afternoon.

The waiting area was very neutral – we thought not welcoming for children. It would have been better if there were murals or paintings on the walls.

There were hardly any toys about for children to play with while they waited.
There was a TV in the waiting area but was playing a repeated slide show about various health conditions, one being menopause. We did not think this had any relevance for children.
There was a room available for children who required a quiet or time out space. This was set up like an office with desk and PC and the sign on the outside of the door said interview room.

The way out of the department was not clearly signposted other than a made up laminated sign.

What would Improve this experience

- Brighter décor.
- Child friendly furniture.
- Toys etc to be available.
- Children's TV.
- A sensory type of space for children who require a quiet or time out space.
- Clear permanent signage.

Accident and Emergency (A&E)

We went back to floor 5 and we found directions to A&E – we found it was Lift E, so we followed the green line to the lift. However, the green line stopped as we went through the doors. There was only one door that had paper signs saying public lifts and the other sign was placed high up, out of eye level.

We would recommend that a sign is placed above the E in the picture on the right that states departments to which the lift takes people, including directions, to A&E.

Once we arrived at A&E we saw a check-in desk, so we waited in the queue to speak to someone. They explained how you check in via the desk and will then get directed to the appropriate waiting zone. We noted the wait time was 9 hours. Once we spoke to the member of staff we headed back to the main waiting area.

There were lots of printed laminated signs pointing to lifts, check-in areas, and the waiting area and these were confusing.

What would Improve this experience

- Permanent and clear signage.

Urgent Treatment Centre

For this navigation we decided to ask at the welcome desk in the welcome center. We noted it wasn't obvious that it was open at first. We asked how to get to the Urgent Treatment Center (UTC) the staff member explained it was next to A&E and to follow the E line to the lift.

We went back to the E line and found A&E. From there we saw no signs for the UTC so were slightly confused. A member of the group decided to ask staff. They said there were no navigators available to take us there so we should follow the red line out of A&E to the UTC.

We exited the revolving doors (with much effort). Because there were a few people using the revolving doors, we kept knocking the door which caused the revolving doors to stop and beep.

We found the red line and followed it. The walk to UTC was around the outside of the hospital, there was no signs to indicate we were heading in the right direction.

The red line ended at the Ambulance Bay, and we were all very confused. We found some metal gates which were open and then a small metal building, so we opened the gate and tried the door.

The first member of staff asked us to leave the queue if we weren't checking in, so we headed to a different desk. At that desk we were asked to speak to the navigators. The navigators could have been more clearly labelled as they looked a bit like security guards. We approached a person and explained that we were looking for The UTC – they said they could take us.

They navigated us through the staff corridors which patients don't have access to. They explained staff are not supposed to ask people to use the red lines etc. They explained there are two navigators on shift - one at A&E and one at UTC -to guide people back to the hospital after their UTC appointment.
They showed us the mobile units which are the UTC. The layout was clean, welcoming, and well labelled. We left the mobile unit, and they led us back to the A&E entrance.

What would Improve this experience

- Clearer instruction to find the Urgent Treatment Centre.
- Navigators/volunteers to be more distinguishable .

Review

Participants from both groups highlighted that they had found the visits useful.

"Our participants all wanted to feedback how they have felt empowered to be part of this to make improvements for all people with a learning disability and autism"

Jayne Blakemore – Manager Voyage Care, Central England, and Wales

"Thank you for arranging our visit. I know Cath and Jim especially valued the opportunity as they have struggled with the lack of accessibility in the hospital previously. I know our service users really value being able to share their voice and opinions!"

Lydia Addison – Ideal for All

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