



Enter & View Visit Report

Details of Visit

Service Name and Address	Ophthalmology outpatient clinics, Royal Shrewsbury Hospital
Service Provider	The Shrewsbury and Telford Hospital NHS Trust
Day, Date and Time	Monday 12 th January 2015. 14:00 - 16:00
Visit Team (Enter & View Authorised Representatives from Healthwatch Shropshire)	Vanessa Barrett Jane Randall-Smith

Purpose of the Visit

In response to comments received, we sought to explore the experiences of people attending the ophthalmology (eye) out-patient clinic, including the period between referral and appointment, the appropriateness of facilities for waiting, and the quality of communications from the hospital.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experience of all service users and staff, only an account of what was observed and contributed at the time.

Context of Visit

Healthwatch Shropshire has received a number of comments about ophthalmology clinic services over several months.

This visit was unannounced.

What we were looking at

- The length of time patients report as waiting between referral and outpatient appointment
- Whether patients were offered choice of where to have their appointment and treatment
- To explore the quality of the communication patients received from the hospital about their appointment
- Whether patients were satisfied with the information and support provided after diagnosis and treatment
- Patients' experiences of the waiting area in the clinic

What we did

As this visit was unannounced we first presented ourselves at reception. We were then met by the senior sister and were shown the layout of the clinic accommodation. We were told that when the Eye Hospital had been closed over 10 years ago, the clinics had been held in this same area ever since, although the senior sister informed us numbers attending had increased significantly since then. There were three consultants holding clinics that afternoon.

Patients check in at the reception desk on the left of the main entrance and then are seated in the general waiting area until they are directed through to the corridor between the rows of consulting rooms on the other side of the main entrance. We were told all patients have a visual fields assessment before their appointment with the clinician. This is a test using specialist equipment so any change in the patient's eyesight can be recorded. It is undertaken in rooms on the same corridor as the consultations. Patients may be asked to sit on chairs in this corridor while waiting for the test and return to the same waiting room before going in to see the doctor.

The visit team spoke to patients waiting in both the general waiting area and the corridor. 19 patients were willing to share their experiences with us. For six patients it was their first attendance at the eye clinic, but all the others had attended at least once before.

What we found out

Time between referral and appointment

Three patients said there had been delays between their Optometrist's referral to the GP and the GP's referral to the hospital: they had had to prompt the GP. Another patient explained they had suffered two separate delays. After their first (delayed) attendance, the clinic told them they'd be contacted by the hospital within six weeks. They weren't, and in contacting the hospital directly found their record wasn't flagged for a follow-up appointment. If they hadn't taken the initiative to telephone the hospital they were concerned they would have been 'lost' to the system. However, all the patients we spoke to were very complimentary about the promptness of contact from the hospital once the referral had been received, or problem flagged. All patients we spoke to expressed satisfaction with the short time they had waited for that day's appointment, and no-one reported cancellations or re-scheduling of appointments for that day's appointment.

One patient, who had been attending regularly over two years, reported that during that time one appointment had been cancelled because the Consultant was ill and they had had to chase for a replacement appointment. They had required urgent medication after the missed appointment which had not been picked up by the clinic staff. Another patient had waited 10 months since the initial GP referral until the appointment for an operation was made. Although the wait for today's follow-up appointment was very acceptable, the patient felt the original 10 month delay was excessive.

Staff told us that a nurse had been appointed to follow up referrals to ensure delays in setting first and follow-up appointments, or the risks of 'losing' a patient within the appointments system, were eliminated.

Offer of choice in venue for appointment and treatment

13 of the 19 patients spoken to reported they had been offered choice in the venue for their original outpatient consultations and treatment. One had initially been referred to Stoke, but they said the waiting times for appointments there were excessive. Most patients had preferred to attend at Shrewsbury, even if it meant longer waits, although in the event, no-one felt there had been a long wait. Two patients had attended clinics in Telford but had subsequently requested to be treated at the Shrewsbury hospital because they were concerned about the distance to drive for the person helping them attend the appointment. Few of the patients had been able to drive themselves today, because of their impaired vision.

Quality of hospital communication about appointment arrangements

16 patients had received notification of the appointment by letter, and three by phone only. Four had received follow-up phonecalls. For one patient a letter was followed by a reminder call on their mobile. One patient said the letter they received gave an appointment date as the previous Friday but later received a phonecall quoting today's date. This patient needed to make a further phonecall to sort out the actual date. Another patient explained the machine-generated letter was unclear and only referred to on-line contact for more information: the patient has no computer and is hearing-impaired, so phonecalls are difficult.

Information and support provided for patients after diagnosis and treatment

Nine patients reported the quality of support and information throughout their course of treatment as excellent or very good. A further seven patients had not yet seen the clinician about their current problem and were unable to assess the quality of information they had received. One other patient said they had been experiencing unexpected problems since the operation that clinicians hadn't yet explained. Another said they were confused about the purpose of this visit: they had expected an operation today, but the appointment letter had not been explicit, and they had not received any information yet. Only one patient mentioned they had received a useful booklet about their condition.

Patients' experiences of the waiting area for the clinic

Eight patients made a comment about how busy the clinic waiting area space was. Patients preferred the general waiting area, since the corridor, with chairs down both sides, was very congested. One patient spoke of how people would bump into those who were seated. Another was surprised that the clinic was still in such a congested area, when the re-location had been a long time ago. Several patients commented that the waiting areas were less than optimal but they accepted this as unavoidable in the layout of the clinic.

Some patients said that there were long delays beyond the designated appointment time. Many patients said they expected there to be at least 45 minutes delay in their appointment time before seeing the doctor.

The visit team observed the congestion of the corridor for themselves. One or two patients were standing in the corridor at any one time, because insufficient chairs were available.

Additional Findings

There are no additional findings for this report.

Summary of Findings

- All patients were complimentary about the hospital ophthalmology outpatient service they received.
- Most patients had been offered choice in the venue for their consultation, but everyone we spoke to preferred to use the Shrewsbury hospital. Two patients related this to travel difficulties to other locations.
- Most hospital contacts with patients to arrange appointments were satisfactory. There were two comments about failure of the system to coordinate consultant appointments with required tests. One patient had difficulty in understanding the standard generated letter, and could not use the internet or telephone (because of hearing impairment).
- The hospital used a variety of methods to contact patients about their appointments. There did not appear to be a standard method of contacting and confirming appointments with patients. The majority had received only one letter. Four had received a further phonecall.
- One patient had waited 10 months for their first appointment after referral, which the patient felt was less than satisfactory.
- One patient could have been 'lost' to follow up if they hadn't taken the initiative.
- Nine patients reported the quality of the support and information they received as part of their diagnosis and treatment as excellent or very good. Only two were less than satisfied with the information they had received during their present course of treatment. Other patients had not yet seen a consultant and could not comment on the quality of support and information available.
- Almost everyone who made a comment about the waiting area spoke of how busy the clinic space was, and no one found the facilities in the consultation room corridor adequate.
- A number of patients commented on having to spend a long time in the waiting area before being called for their appointment because the clinic was often running behind.

Recommendations

1. The Eye Clinic should consider a consistent approach to contacting patients to confirm appointments. For example, asking patients whether they wish for a further phonecall or text after the initial standardised letter.

2. Patients explained the clinic was often running late but they would not be kept informed of this whilst waiting. The Hospital Trust should look to keeping patients better informed of delays on the day.
3. For people with impaired sight the congestion in the waiting area outside the clinic area causes a hazard. The hospital should review how many people are accommodated in this area at any one time to improve the safety and comfort of patients.

Service Provider Response

The provider was given the opportunity to comment on the report. The responses to the recommendations are:

The contents of your report have been shared with the Clinic staff, their Matron and the Patient Access Manager who will pick up and be accountable for following through the key findings and recommendations.

1. Whilst the majority of patients experienced good communication with the trust about their appointments we acknowledge that we need to provide our patient letters in a variety of formats such as Easy Read or large print. We also provide a telephone number on all our appointment letters if a patient has a question about their appointment. We will ask our Patient Representatives to review our standard letters to see if they can be improved. We do have the facility currently to provide letters in 18 size fonts if required. We do try to communicate with our patients in a consistent way about their appointments, with a letter being sent initially, then a landline or mobile call voicemail reminder made to the patient seven days prior to the appointment date. If the patient has provided a mobile number, a text SMS reminder will also be sent. The introduction of the partial booking system for appointments will also allow the patient to determine how they wish to be reminded of their appointment.

You found that some patients thought the coordination of tests and consultant appointments could be improved. We do try to accommodate this wherever possible, however some diagnostic tests are of a specialist nature and require the appropriate healthcare worker to undertake them; this may require an additional appointment.

2. Some patients commented on the length of time they had to wait to be seen after their booked appointment slot, with many patients experiencing a delay in excess of 45 minutes. We appreciate that this is unacceptable. In an effort to prevent any delay we have altered the Doctors' clinic timetable so that they spend all day on one site thus reducing the chance of late starts

to clinic because of delays in the Doctor arriving. When a Doctor is late for the clinic, this is being addressed by the Clinical Lead Consultant and Centre Manager. To better inform patients of any delays to the running of the clinic we will install a notice board in the clinic waiting area to display the current waiting time to be seen. A member of clinic staff is now allocated a role each shift to ensure that clinic patients are better informed of any delays.

3. The majority of the patients spoken to commented on how busy the clinic was. They also commented that there was congestion within the clinic corridor. Currently patients move from the main waiting area to the clinic corridor after they have had their visual acuity tested. We acknowledge that the area is cramped and we are exploring different seating arrangements to see if they reduce the congestion in the clinic whilst maintaining the safe flow of patients in the clinic. We will also ask our patient engagement panel to conduct an observation in the clinic to determine if there are other ways we can improve the clinic facilities for partially sighted patients.

Acknowledgements

Healthwatch Shropshire would like to thank the service provider, service users, visitors and staff for the contribution to this Enter & View.

Who are Healthwatch Shropshire?

Healthwatch Shropshire is the voice for people in Shropshire about the health and social care services delivered in their area. We are an independent body providing a way for people to share their experiences to help people get the best out of their health and social care services. As one of a network of Local Healthwatch across England we are supported by the national body Healthwatch England, and our data is fed to the Care Quality Commission (CQC).

What is Enter & View?

Healthwatch Shropshire gather information on people's experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are being delivered: these visits are called 'Enter & View', they are not inspections.

Teams of specially trained volunteers carry out visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows Healthwatch authorised representatives to observe service delivery and talk to services users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Get in Touch!

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