



Enter and View Visit Report

Royal Shrewsbury Hospital

Ophthalmology Department

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About Healthwatch Shropshire



Healthwatch Shropshire is the independent health and social care champion for local people.

We work to ensure your voice counts when it comes to shaping and improving services. We address inequalities in health and social care, to help make sure everyone gets the services they need. We are a charity.

There are local Healthwatch across the country as well as a national body, Healthwatch England.

What is Enter & View?

Healthwatch Shropshire gathers 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 provided. These visits are called 'Enter and View', and can be 'announced', 'semi-announced' or 'unannounced'. For 'semi-announced' visits the service provider is told we will visit but not the date or time of the visit.



The responsibility to carry out Enter and View visits was given to Healthwatch in the **Health and Social Care Act 2012**.



Enter and View visits are carried out by a team of specially trained and DBS checked volunteers called Authorised Representatives. They make observations, collect people's views and opinions anonymously and produce a report.

Enter & View visits are not inspections and always have a 'purpose'.



Details of the Visit

Service	Royal Shrewsbury Hospital - Ophthalmology Department
Provider	The Shrewsbury & Telford Hospital NHS Trust (SaTH)
Date / time of visit	Wednesday 1 st November 2017, 9.45am to 12noon
Visit team	Three Healthwatch Shropshire Enter and View Authorised Representatives

Purpose of the Visit

To understand whether the new location of the Eye Clinic has improved the quality of patient care, both clinically and in terms of the environment.

To explore the arrangements for implementing the Accessible Information Standard for the visually impaired.

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.

The Context of the Visit

Healthwatch Shropshire (HWS) was involved in a workshop in early Spring 2017 about the future arrangements for eye (ophthalmology) services provided by the Shrewsbury and Telford Hospital NHS Trust (SaTH), including the location of services. Since then outpatient eye services, including the Urgent Eye Clinic, have moved into the refurbished Copthorne building on the Royal Shrewsbury Hospital (RSH) site which was previously the Maternity and Children's Unit.

In 2015 Healthwatch Shropshire completed an Enter and View visit to the ophthalmology department in its previous location, Clinic 10, in the main Outpatient building. Several patients expressed concerns about long waiting times and the appointments system.

We decided to visit the service again to see for ourselves what the new facility is like and find out how it is working, by talking to patients, relatives and staff.

This visit was announced and the Ward Manager and Matron were told the date of the visit.

What we were looking at

On this visit we looked at:

- The environment: including how easy it is to find the new clinic e.g. signage, as well as comfort and facilities within the clinic.
- Communication with patients: to include how people are told about their appointment and the information they are given on the day. This also included exploring with staff their understanding of the requirements of the Accessible Information Standard (AIS).
- The appointments system and how it is tailored to meet individual needs.

What we did

The three members of the visit team (ARs) made their way separately to the Eye Department, to see how easy it is to find it. On arrival we asked at Reception to speak to the Senior Sister in charge who then showed us around the department although she had a full clinical workload that morning.

We spoke to:

- eight patients at length about their experiences
- four relatives or carers who had come with them
- the three reception staff on duty that morning.



One AR observed the staff-patient interactions in the various waiting areas and in the corridors connecting the consulting and clinical rooms.

What we found out

The environment

When you arrive at the Royal Shrewsbury Hospital (RSH) site there is one sign to the Eye Department on the main signpost after the roundabout and two other blue signs with arrows for pedestrians coming from the main Outpatients building.

At the time of our visit the map on the SaTH website had not been updated, and the Copthorne building was still labelled as the Maternity and Children's Unit (right).

On the website there is an additional diagram showing the various departments. However the font size (for departments listed A-Z) is small, so although the Eye Department is listed, it was very difficult to work out where to go.



The Eye Department is a short walk from one of the main patient car parks. There is space for dropping patients off in front of the Copthorne Building and one disabled parking space.

Two patients told us it was difficult to find the clinic at their first visit, but another said they were told it was the old maternity building so it was easy for them to find it.

The waiting areas

On entering the Department, the Reception area is on the right of the doors, and there is a large waiting area 'A'. There were sufficient seats for the many people we saw when we arrived. There were fewer than a third of this number of patients in this waiting area when we

WAITING ROOM



left at midday and it appeared to us that the flow of patients was well-managed. This waiting area is mainly for people attending the Urgent Eye Clinic, for patients who need tests or eye drops before their clinic appointment and for those waiting for transport after their appointment.

There are two other waiting areas for adults, serving the consulting and clinical rooms for the two specialist clinics being held that morning. These were reached by following waist-high lines of large coloured circles, about the size of side plates, in yellow or green on the corridor walls to the two different areas.

Seating is basic but looked new, clean and comfortable. The chairs were all the same height and some had arms. The colour of the chairs matched the clinic identifiers (the large coloured discs on the walls).

There were clear signs to toilets (using symbols and words) and other doors each door had a label to indicate its purpose e.g. Assessment room, Laser room. We did not see any signs in Braille.



There were no posters or notice boards on the walls. We were told that there are plans for these. The one wall-mounted leaflet holder in waiting area A cannot be seen from all seating positions. In another waiting area some leaflets had been left on seats for patients to pick up. Large red boxes for 'Friends and Family' responses are placed around waiting area A. Some magazines, including one designed for people with visual impairments, were scattered on small tables between the seats. Newspapers and puzzle books were on sale at the kiosk in waiting area A.

The small cafe kiosk opens into the main waiting area and is open from 9am until 2pm although clinics continue to late afternoon. There is also a vending machine but the receptionists told us it is sometimes out of order and often does not give change. We saw a water cooler behind a pillar in the 'sub' (smaller) waiting area. This could not easily be seen and there were no signs to say drinking water is available.

The clinic

Staff told us that they moved into the new clinic space in July 2017. Not all the rooms are in use yet and, although there isn't a lot of new equipment, some has been transferred from Telford, so that they can undertake a fuller range of investigations and treatments than before.

The clinic does assessments and pre-op preparation of patients for cataract surgery. It does not yet have the facilities to do day case cataract surgery in Shrewsbury. However some patients requiring a general anaesthetic have the procedure in the RSH operating theatres.

The Copthorne Building is in the process of refurbishment, with some areas still to be redecorated. Where redecoration has taken place the corridors, waiting areas and consulting rooms are bright and fresh. The toilets for the main waiting area have yet to be updated; for example, there are cracked tiles in the Ladies toilet. We did not go into the male toilets. There were still signs to the previous maternity clinics on some walls in waiting area A (the main waiting room).

Staff said that the department is far busier in its new location. The significant increase in the number of clinical rooms available means that privacy has much improved. We were told that more than 200 patients were seen on the previous day. Clinics are held on weekends to help reduce waiting times for appointments.

The Urgent Eye Clinic is in a number of rooms on a corridor off the main waiting area. Staff told us that almost all 'urgent' patients are referred by their GP or other clinician, such as an Optician. 'Walk-in' patients with eye injuries are seen in A&E. Twenty five urgent patients were seen on the previous day. Sometimes more than 30 are seen in a day.



We were also shown the general Children's Outpatient Department which can be reached through the Eye Department. This includes specialist facilities for children attending the Urgent Eye Clinic. There were old, faded orange paw-prints on the floor to guide families to this department. In the Children's Outpatients waiting room, where the decoration has still to be completed, there is a safe enclosed space for small children which has toys in it. Whiteboards have welcome notices handwritten on them.

Communication with patients

Appointments start at 8.30am. We were told by the staff that almost all patients need to have some tests done, or eye drops given, before they see the doctor. We were shown the standard letter sent out which explained this. Patients we spoke to said they have no idea how long they may have to wait after these tests before they are called to see the doctor. Two told us they didn't dare to go to the toilet or for a drink in case they missed their turn.

There were two receptionists on duty when we first arrived in the department at 9.45am. They were welcoming and business-like, and responded pleasantly to comments and banter with patients and visitors. When asked for directions or for other information they gave it clearly. A patient referred for urgent care who was a little confused was given an explanation of the treatment they would be receiving, and advised they would have to wait for a while until the eye-drops took effect.

RECEPTION

When patients were called for tests or for their consultation they were greeted pleasantly. The clinicians we observed identified themselves and chatted to the patients as they led them in to the consulting rooms.

Waiting times

One patient had received eye drops immediately after they arrived but had been waiting one and a half hours beyond their appointment time, and they were called in just after we'd talked to them. Another had waited 30 minutes beyond their appointment time but hadn't been called yet, although they told us this did not concern them at all.



Two patients, who were attending the Urgent Eye clinic as a follow up appointment, had been seen before their appointment time.

One patient, attending as a regular review patient, said their initial wait was never very long and they would often be seen before their appointment time. There was only one time they had a long wait; this was due to their patient notes being at a different hospital and the hospital had had to courier them across to the clinic.

One Urgent Eye Clinic patient said they had been seen before their initial appointment time but had to return the next day for follow up. They had been given information and their treatment had been fully explained to them “all the way”. The nurses had introduced themselves during treatment. On leaving, they were given a contact number in case of problems.

The relative of a follow up patient attending the Urgent Eye Clinic told how the patient had received their appointment details through the post, including an explanation of the procedure that the patient would be receiving today.

One disabled patient was heard to ask the receptionists how long the wait was likely to be. When we asked the patient what the receptionists had said we were told that they couldn't give an answer and suggested that the patient ask the person giving them their eye test. For this patient, not knowing how long the wait would be was a problem. They are unable to sit for any length of time but were worried about going for a walk in case they were called. They pointed out that having some idea of waiting times was important for many reasons: letting carers or drivers know, arranging hospital or taxi transport, being on time for other appointments, knowing if they had time for a hot drink or a toilet visit. This patient felt it should be possible for the receptionists to give patients some idea of waiting times, as those at other clinics they attended were able to do. They said that even information such as ‘You are the next one in/third in the queue’ would be useful.



All patients we spoke to who had attended the Eye Department for a year or more commented on how much better the facilities are in the new location and all said the waiting times to see the doctor were shorter than in its former location. One person, who had been a patient for 10 years and attended clinics in both Shrewsbury and Telford, said that they are seen more quickly in the new RSH department. They said there is much more space and the level of service seems to have improved. Another, who has been attending the Eye Department for 20 years, said “It is much better here. Before the clinics were all mixed up. It is really nice that the staff are all the same. They are always friendly.” This person also said “I got here early today and the drops were given immediately. I usually see the doctor on time, which is very different from before where I sometimes thought they'd forgotten about me.”

All the patients we spoke to praised the clinical staff and were pleased to see so many familiar faces. **The NHS Accessible Information Standard**

In July 2015 NHS England said all NHS organisations must develop a ‘consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss’. This was accompanied by detailed guidance with the requirement to introduce the Accessible Information Standard by July 2016.



When we asked them none of the reception or nursing staff were aware of this requirement. Reception staff told us their electronic systems ‘flag’ up any patient with dementia, but no record is made of communication needs. We observed that there were several piles of card folders of patients notes in the reception area and were told that, although the hospital does have an electronic system specifically for recording Ophthalmology clinical information, it has never been implemented. Without an electronic system it would be very difficult to record people’s communication needs. Staff told us that the appointments system, which is electronic, does not record this information either.

We saw an information rack with different large-print leaflets about various eye conditions. Patients told us that most of the information was given verbally at the consultation appointment, and that they felt they were kept well-informed about their condition and treatment.

The appointments system

Reception staff told us they only book follow-up appointments for those attending the Urgent Eye Clinic if they need to return within two weeks. They always try to take account of the age of the patient and the distance they have to travel in arranging the appointment time.

NOVEMBER 2017						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

All other appointments are made through the hospital appointments service. One patient, in their late 80s, had been referred for the first time about six months before. They were given an appointment in Telford for December. However they

were contacted by phone to say a cancellation meant they could be seen in Shrewsbury earlier. This phone call was followed by three separate letters confirming this new date and time, which they thought was excessive. They attended for the first appointment 10 days ago. At that first visit they were told to return within a week, but they could not book the appointment direct. However they were pleased that this second appointment had been made within the required timescale .

Other patients told us that, although the doctor had told them he wanted to see them in a certain number of weeks, there had in the past been long delays before an appointment was issued. Another patient said they should be seen every six weeks, but they never relied on the booking office appointments service and always phoned in to make their own appointment. However their last appointment had been over three months ago, and they hadn't been able to arrange anything earlier than today.

One patient who had been attending the Eye Department for over two years, said they had only just found out they could get hospital transport. Previously they had found it difficult getting to appointments as they could not drive. They preferred appointments at Princess Royal Hospital, as it was closer to home but their appointments were 'all over the place' - Telford, Shrewsbury or Euston House.



Another patient who had attended the Eye Department over many years had often been sent appointments for Princess Royal Hospital or Euston House as well as to Shrewsbury. They understood this was because some specialist equipment was not available at all sites. We were told "a letter arrives with the place, date and time of the appointment". Their spouse said a text is sent to their phone a couple of days before the appointment, for them to confirm they will attend.

Another patient, who was wearing a hearing aid as well as having impaired sight, said they always received a letter about appointments which they need someone to read to them. They said their spouse was blind but their hearing was OK. When they contact the appointments service by phone, they can press different buttons to indicate yes or no and between them the couple can understand the arrangements. The appointments service does not ask them whether they need transport to the hospital, or appear to take such matters into account in setting the time of the appointment. This patient always has to ask a friend or member of the family to drive them to their appointments.

Additional Findings

Hand gel dispensers are freely available in all areas. We only saw one patient use it on their way out during our visit. There are also waste bins in all areas.

The waiting areas and corridors were clean and free of any kind of clutter. There is space in all waiting areas for wheelchairs to manoeuvre and park.

Summary of Findings

- Although some signs have been put up on paths to direct patients to the new Eye Department, they are not easily seen and the main site map on the Trust website had not been updated at the time of our visit.
- Both staff and patients say that the new facilities are a significant improvement.
- The Eye Department facilities are spacious, clean and bright, though the upgrading and redecoration are not yet complete.
- The receptionists on duty during our visit were friendly and helpful, and identified and directed patients efficiently.
- There are many more clinical rooms than previously and enough space in the waiting areas to accommodate the increased number of patients and improve the patient flow through the department.
- All the patients we spoke to praised the clinical staff and were pleased to see so many familiar faces in the new location.
- Children are seen in specialist eye facilities in the main Children's Outpatient Department next door.
- Patients often spend long periods in the waiting areas, both before their consultation with the doctor or waiting for patient transport afterwards.
- There are facilities for buying drinks from a kiosk and vending machine, but these are not always available while the clinics are operating. There is a water dispenser, but it is not easy to find and there are no signs to it.
- Patients told us they are given no indication of how long they may have to wait to see the doctor. They are reluctant to go to the toilet or get a drink in case they miss their turn.
- None of the staff we spoke to in the Eye Department were aware of the Accessible Information Standard that requires NHS services to identify and record the communication needs of patients with sensory loss.

- Staff told us that the hospital appointment system does not capture patient/carer communication needs.
- Most of the patients we spoke to had arranged personal transport to attend their appointment on the day of our visit. They said they were not normally offered any choice in the location or date/time of their appointment although they knew they could change it by contacting the appointments service by phone.
- One patient, who has difficulty getting to clinic appointments, had only just learned they were eligible for NHS funded transport after two years.



Recommendations

We recommend that

- The hospital site map is updated to indicate where the Eye Department is located.
- It is made clear that it is possible to zoom-in on the website, e.g. to increase the font size of the A-Z list.
- When patients are first given eye drops or other tests they are told how long they are likely to have to wait before the consultation with the doctor (so they feel able to get a drink, etc.).
- A drinking water dispenser is put in the main waiting area A.
- Rules about eligibility for non-emergency NHS transport are displayed in the waiting area and discussed with patients by the Appointment Booking Service or by the Eye Clinic staff.
- Trust management consider how best to meet the national requirements of the Accessible Information Standard.

Service Provider Response

The draft report was shared with the Trust on 27th November 2017 for fact checking and comment.

Healthwatch Shropshire had not received a response from the Trust by 20th February 2018 so decided to continue with the publication of the report.

Get in Touch

Please contact Healthwatch Shropshire to share your views and experiences of this service or any other health and social care service in Shropshire. We gather comments anonymously and share them with service commissioners and providers to highlight areas of good practice and identify areas for improvement.



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