



# **Enter and View Visit Report**

## **Royal Shrewsbury Hospital**

### **Clinic 4 - Head and Neck**

Visit date: 17<sup>th</sup> May & 11<sup>th</sup> June 2018

Publication date: 22<sup>nd</sup> August 2018

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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

<b>Service</b>	Royal Shrewsbury Hospital - Clinic 4 Head and Neck
<b>Provider</b>	The Shrewsbury & Telford Hospital NHS Trust (SaTH)
<b>Date / time of visit</b>	Thursday 17 <sup>th</sup> May (PM) and Monday 11 <sup>th</sup> June (PM) 2018
<b>Visit team</b>	Three Healthwatch Shropshire Enter and View Authorised Representatives (ARs)

## Purpose of the Visit

To understand the way this combined clinic works (doctors in different specialties work on the same afternoon, to meet the various needs of cancer patients in particular), the pressures on the clinic and its impact on patients.

### 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

During an engagement event with cancer patients using Clinic 4 at the Royal Shrewsbury Hospital, some patients told HWS that they did not feel their voices were being heard and they didn't know how to give feedback to the hospital about their experiences. At the same event, HWS learned of a very busy Clinic 4 session when three consultants from different specialties run a combined clinic for patients with cancers of the head and neck.

HWS ARs visited a single specialty (Ear, Nose and Throat - ENT) session in Clinic 4 to find out about the clinic and observe the layout, before visiting again on the afternoon of the combined clinic.

## What we were looking at

We planned to:

- Speak to as many patients as possible, giving them the option of completing a questionnaire privately if they chose. See Appendix for a copy of the questionnaire.
- Observe the layout of the clinic including the waiting area.

## What we did

On our first visit, we were given a 'tour' of the Clinic 4 facilities and we visited the audiology department, which uses the same waiting area. We spoke to eight patients who were attending either the ENT clinic or the audiology department.

On our second visit we spoke to 25 patients, who each completed the questionnaire we had developed. Some patients chose to complete it by themselves, especially when there were several other patients close by.



## What we found out

### The environment

The reception desk for both Clinic 4 (Head and Neck) and the audiology department is on an outpatient department corridor on the ground floor, with the open waiting area opposite it. It is near the main hospital corridor where there are the League of Friends cafe and toilet facilities. The bright yellow sign to these facilities could not be seen from the waiting area.

We were told at our first visit that there is a hearing loop serving the waiting area.

There are 23 seats in the waiting area. Most are arranged as rows of about four seats joined together, all the same height, without arms and not widely spaced. There was one armchair with a higher seat. Many small children attend the audiology and ENT clinics and there is a small table with appropriate games and models in one part of the waiting area.

There are four consulting rooms of different sizes, two in each corridor leading off the waiting area. Staff told us these are all well equipped for the different types of clinics that are held in the department. On our first visit only one consulting room in Clinic 4 was in use for an Ear, Nose and Throat clinic. There is a nurse's treatment room directly off the waiting area.

The audiology department is in a corridor that leads off the reception area. As well as the rooms for testing adults' hearing, there is a larger room for children of all ages with a range of appropriately sized equipment.

Staff told us there is no room for private discussions of a sensitive nature with patients. Although there were spare consulting rooms during our first visit, on the second afternoon three different clinics were being held. If all consulting rooms are busy, staff told us Clinic 4 can usually 'borrow' a consulting room from another outpatient clinic when necessary. Staff phone to find a vacant room.

One of the patients who completed the questionnaire said: "The waiting room is much too small. I often have to stand and it can be very cold and uncomfortable (although today is warm and sunny). At the time I was told the 'bad news' there was no privacy at all." When we asked staff about this they told us there is a specialist nurse who attends the consultation and then takes the patient somewhere else while the Doctor sees the next patient.

There were a number of notice boards on the walls in the corridor and the waiting area. They were all neat, uncluttered and easy to read. For example, there were boards headed:

- Cancer Support;
- Patient Feedback;
- Tinnitus;
- Audiology;
- ENT and Ear Care.

In addition there is an electronic screen on the wall in the waiting area. This had a rolling series of messages, both about matters of interest to patients attending audiology or Clinic 4 (e.g. how best to hold the telephone when you have a hearing aid), and some about more general 'quality initiatives' in the hospital. These were mostly well illustrated, brightly coloured, with text in large letters. There was not enough time to read some messages.

## Questionnaire results

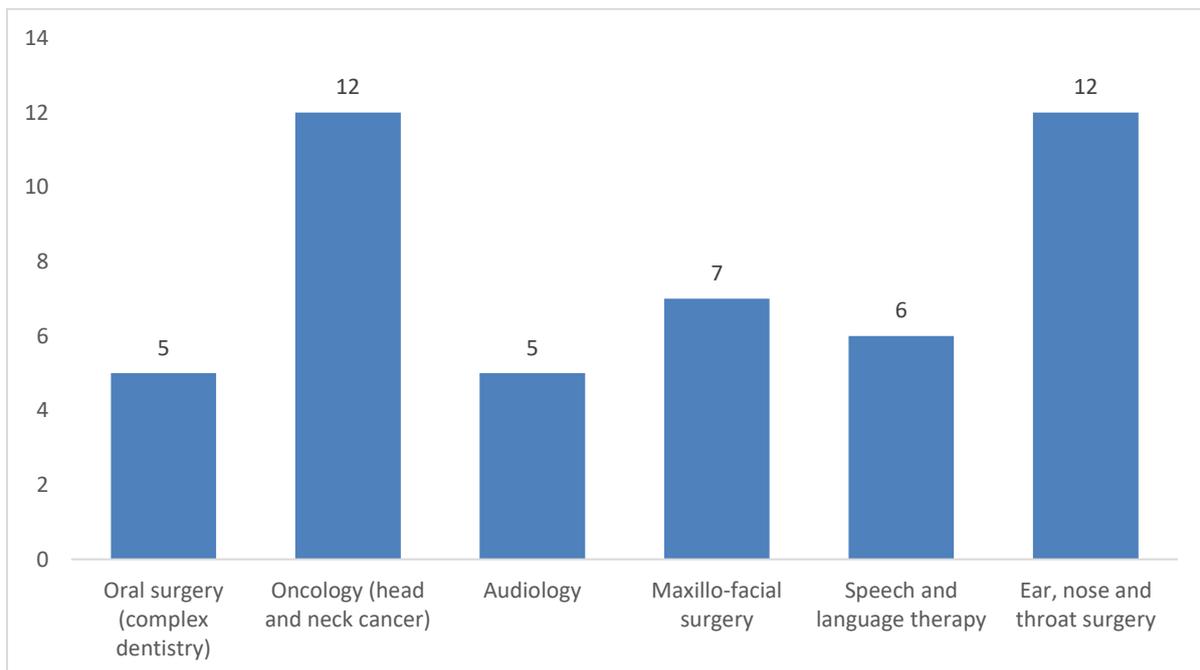
### Length of time patients had been attending Clinic 4 and audiology

Of the 25 patients we spoke to during our second visit, two were attending for their first appointment. Eight had been regular attenders for more than three years and most (11 patients) had been attending for less than a year.

### Clinical services needed by patients

Most patients (13) required more than one of the different specialties available in the clinic, as shown in table 1.

**Table 1: Distribution of services received in clinic 4 over the course of their treatment by 25 patients**



**Facilities within the clinic waiting area**

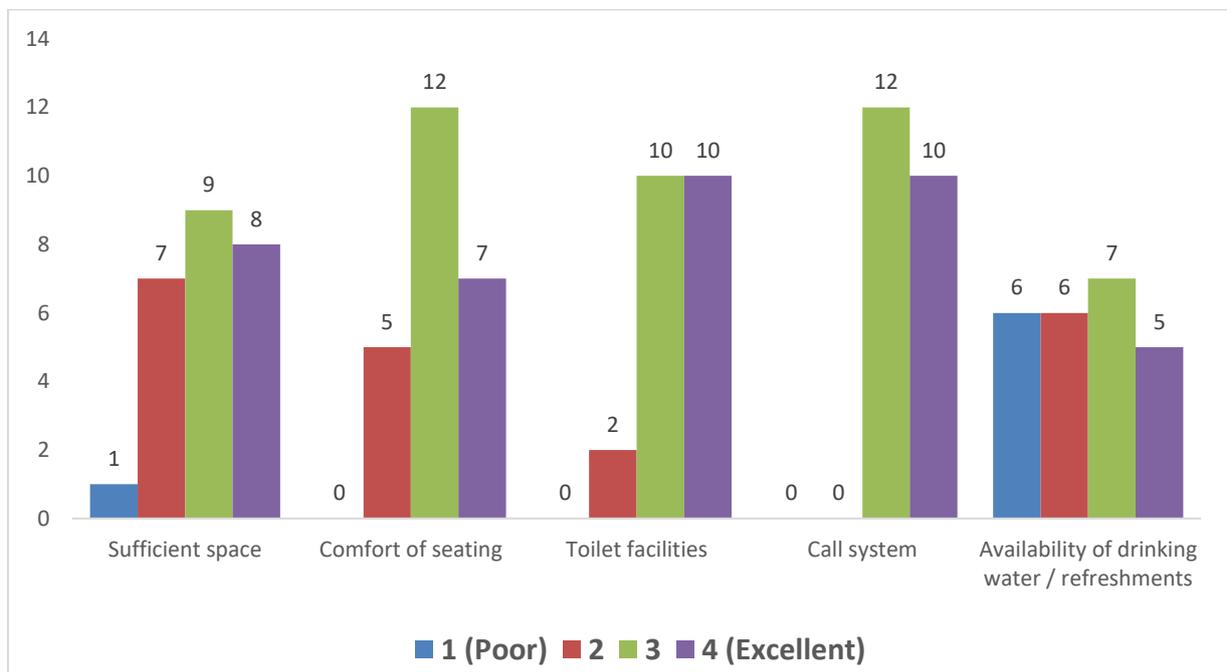
For the first half hour of the clinic there were 10-12 people in the waiting area and everyone could sit down. No one waited very long to be called. By the end of an hour there were more than 25 people waiting, with four standing in the corridor until a seat became available.

Comments from patients:

- “The waiting room isn’t usually this busy.”
- “It needs more space and comfort really.”
- “Space in the waiting area can be a bit tight.”

Patients were asked to rate the facilities in the waiting room on a scale of 1 to 4 with 1 being poor and 4 being excellent.

**Table 2: Patient ratings of facilities in the clinic**



Additional comments made by patients:

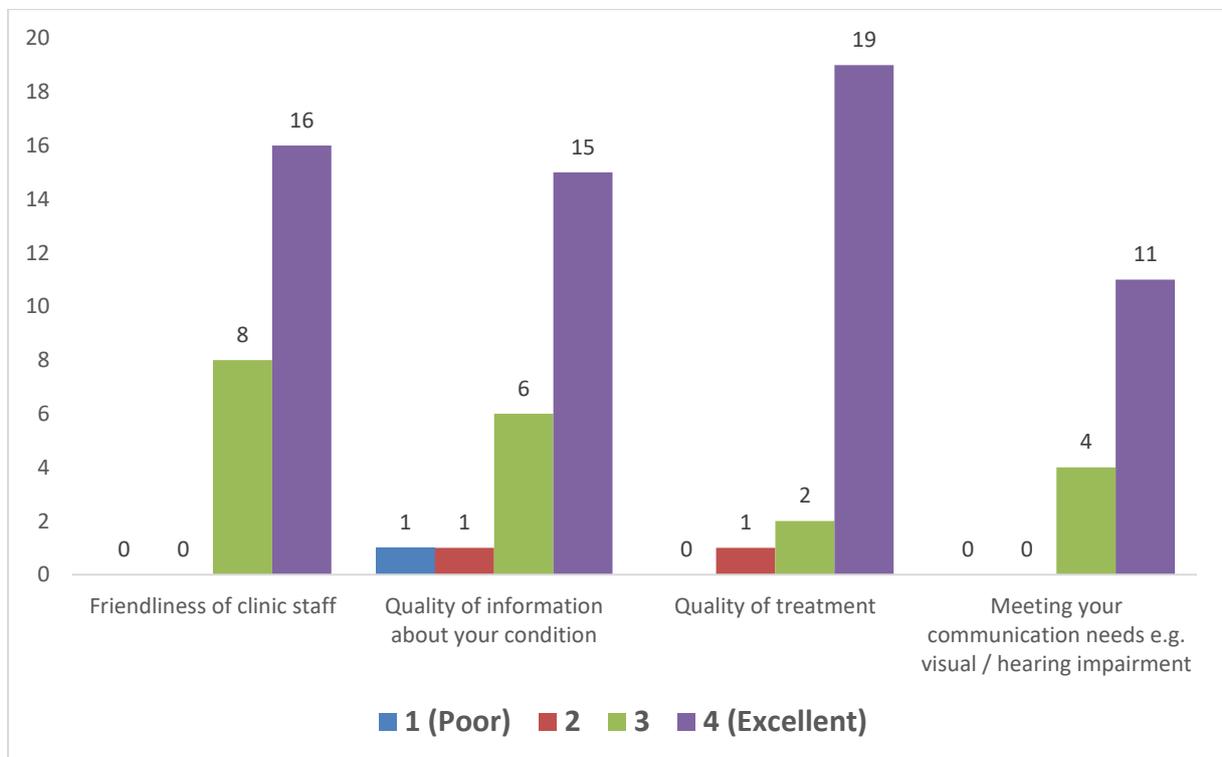
- “There is no water dispenser. I always bring a drink for (my young child) so I don’t have to leave the waiting room.”

- “The waiting area is very crowded - needs more space and seats for so many patients. I can't leave to get water or refreshments in case I miss being called.”

**Interaction with staff**

Other questions asked patients to rate the clinical service they received from staff on the same scale of 1 to 4.

**Table 3: Patient ratings of their interaction with staff**



Interactions with staff scored consistently higher than the physical facilities in the clinic area.

Comments included:

- “I moved from (the south coast) 8 months ago. The service here is far superior.”
- “I used to need to see several doctors/have various tests first. It was always very well organised. The consultants are always very flexible and will pop out to see you when you are here.”

- “The speech therapist and dietician work around the doctor appointment time.”

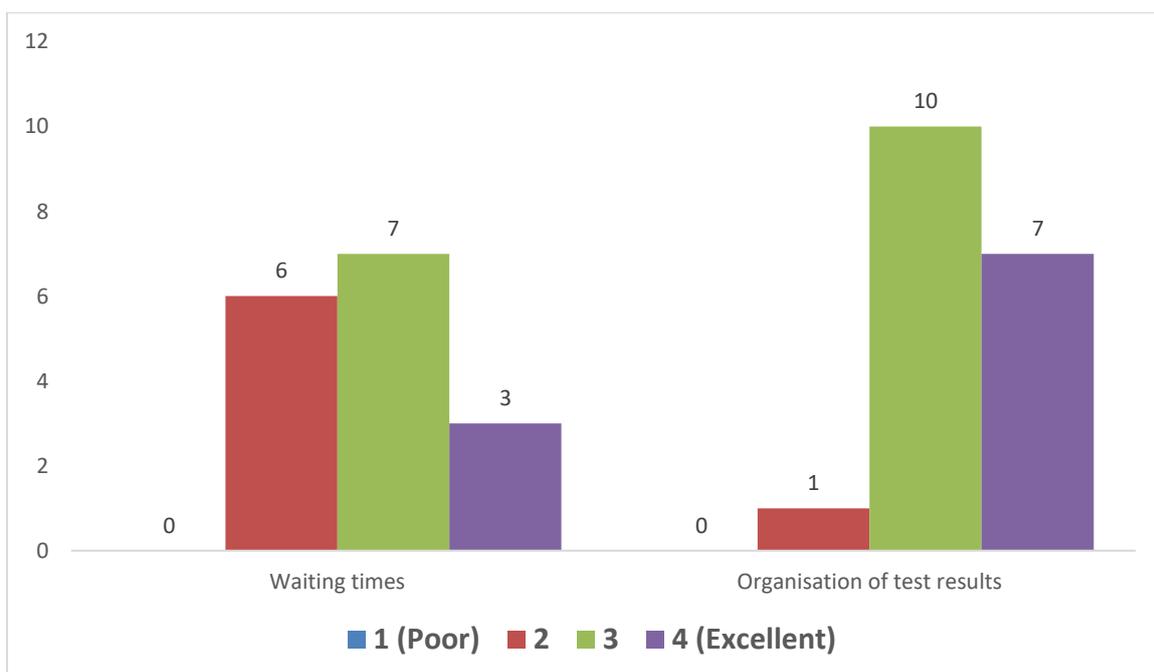
Two different patients commented that different reception staff support audiology and Clinic 4 and often one is away from the desk. For one patient, this was their first appointment. They were confused and concerned that they could not check in and were given no information.

One patient had had a poor experience in several different hospitals around the diagnosis of the primary cancer. When the site was eventually identified and operated on, the patient said “the information we were given was inadequate e.g. about the after effects like the loss of taste. Apparently 70% of people experience this, but no one told us. Also there was a very swollen neck which we weren't prepared for.”

### Waiting times and organisation of tests

Patients we asked to rate how long they had to wait in the clinic and how well tests were organised to ensure results were available for their appointment with the specialist on the same scale of 1 to 4.

**Table 4: Patient ratings of waiting times and organisation of tests**



Most patients said the time they had to wait for their consultation was OK (score 3).

Comments included:

- “I often have to wait (there’s no point in arriving early!) but we can’t fault the service we get”.
- “I usually don’t have long to wait at all.”
- “It’s acceptable.”
- “Waiting times vary.”

### 📍 Appointments

All but two patients had received a letter informing them of the date and time for their appointment. This was sent in good time. Several said they had also received recent text reminders. One patient said he now attends only for an annual check-up and today’s appointment has been in his diary for 50 weeks.



One patient told us: “The hospital sends me a letter about my appointment, because my hearing is not good.” Another patient said they had requested not to be contacted by phone, and the hospital always respected that.

### Additional Findings

One audiology patient moved to Shropshire just under a year ago. They said “I am hugely impressed by the volunteers who support patients using hearing aids. As ‘experts by experience’ they can tell you things and give you hints you wouldn’t get from a clinician.”

One cancer patient told us that car parking costs are too high. He told us the total he has spent over 7 years in attending for treatment of two different cancers. He said “Parking is free only for chemotherapy or radiotherapy patients”. Another patient also mentioned the high cost of parking for frequent attenders at Outpatient clinics.



## Summary of Findings

- The waiting area is small for the number of patients who attend the clinic.
- At times we saw several patients standing in the corridor until a seat became available.
- The seats are functional and were not rated highly for comfort.
- Patients had mixed experiences of how long they had to wait before being called to their consultation.
- Two patients told us they did not like to leave the waiting area to get drinks or go to the toilet in case they missed being called.
- The sign to the toilets cannot be seen from the waiting area.
- Reception staff did not cover for each other, leaving some patients confused and without information.
- The consulting rooms are well equipped, but there is no room for privacy or for confidential advice when the clinic is busy.
- The notice boards give a lot of useful information, and are well laid out.
- The electronic screen changes too quickly for some notices to be read in full (e.g. about earwax removal).
- Just over half the patients (13) we spoke to had been attending the clinic for less than one year. Two were attending for their first appointment.
- Over half the patients (13) we spoke to required more than one clinical speciality during their course of treatment. Several of these made comments about how well organised their visits were to include all the necessary elements. They were very appreciative of the flexibility of the staff to fit in all that was needed on these occasions.
- Generally both the quality of information about their condition and the treatment itself were highly rated by patients. However one patient said they would have appreciated more guidance on what to expect after their surgery.
- Patients praised the support offered by volunteers for people attending audiology.
- Almost all patients we spoke to had received notification of their appointment time and date by letter. This was sent in good time.

## Recommendations

- Review the suitability of the waiting area for the number of patients attending the clinic at times, e.g. the Monday afternoon clinic.
- Ensure that a room is available at all times for confidential discussions with patients of Clinic 4.
- Engage with patients about how they would like to receive information about their condition / prognosis when a private space is not available.
- Consideration to be given to adjusting the speed of changing screens on the electronic display panel so that people have time to read the information.
- Consideration to be given to relocating the sign to the toilets so that it can be seen from the waiting area.
- Ensure that Reception staff are available for audiology and clinic 4 at all times.

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## Service Provider Response

Healthwatch Shropshire received the following response to the report and recommendations from the Patient Experience Lead for the Trust on 21<sup>st</sup> August 2018:

Thank you for the feedback provided within the report which will be used to help make improvements for patients within the Clinic.

Please find below the service providers response to the recent Enter and View Visit that took place on the 17<sup>th</sup> May and 11<sup>th</sup> June. Representatives from Healthwatch Shropshire visited ENT Clinic 4 at the Royal Shrewsbury Hospital. The purpose of the visit was to understand the way the combined clinic works in order to meet the various needs of Cancer patients, the pressures on the clinic and the impact it has on the patient's experience.

After reading the above report of the visit as well as identifying areas of good practice, several recommendations have been made to the service provider. Below is a response to their findings and what actions have been implemented by the Trust in order to provide an improved patient experience.

It was felt from observation that the waiting area was unsuitable for the number of patients that attend the clinics at certain times. After spending some time in the clinic area it has been identified that we are on average the clinic is short of about

4-6 chairs at our busiest times. We have therefore requested the purchase of 6 chairs. We have identified a location for the chairs which will be alongside the Out-patients main corridor directly opposite the Audiology entrance. Once the patient has booked in at reception the patients for Audiology will be asked whenever possible to take a seat in this area. This will ensure that the patient is closer to their clinic, reducing their walking distance and assist in hearing their names being called. In extreme pressures we have also discussed the use of clinic 2's waiting area with the Out-patients manager should the need arise.

After talking to staff it was identified that there is no allocated room for private discussions of a sensitive nature with patients. This has been an on-going issue for some time especially during busy clinics. We have now implemented a process where the Clinical Nurse specialist will determine the need for a room in advance. They will then liaise with the out-patients manager on a weekly basis who will allocate a room for use in Clinic 2. We are also currently looking at changing the use of another room in the clinic area which is currently used by the speech and Language team. Their requirements of this room have decreased and as a result we will be able to share this room which will also increase our capacity to talk to patients privately. Patients will no longer receive information regarding their condition or prognosis in a public or unsuitable area. Therefore it is felt that asking patients about how they would like to receive information regarding their prognosis or condition is no longer required.

During the visit to clinic 4 it was noted that the clinic had an electronic system that provides relevant and useful information for varying ENT conditions. This was found to be very beneficial to our patients. However it was noted that the electronic screen changed too quickly for patients to finish reading. We have liaised with our IT department regarding the rate at which the screen changes and are currently awaiting a response from them.

It was also reported during the visit that when patients are sitting in the waiting area there are currently no signs directing patients to the patient toilets. New large signs have now been ordered and are awaiting their delivery. These signs will be fitted so that they are visible for all patients to see from the waiting room.

Two patients commented during the visit that the reception staff did not cover each other and that reception desk was not always manned. After spending some time in the clinic it was identified that the reception staff often left the desk to have to go to use the printer in clinic 2. When a patient books in at reception, the receptionist has to leave the desk to go and fetch patient identity labels from the

printer as they do not have one in their own area. We are currently liaising with our IT department to discuss the options of having their own printer behind reception so that they do not have to leave the desk. We have also labelled each side of the desk to identify clearly to patients where and who to book into relating to their speciality. We have also discussed with the receptionist to improve communication with the patients to ensure patients are informed what is happening.

The service providers would hope that the actions mentioned above will provide Healthwatch Shropshire and our service users some reassurance that our patients experience is of paramount importance to us. Receiving feedback from external agencies promotes a culture of learning and development for our service and will help drive forward improvements for our overall patient experience, their families and carers.

We have also received a completed action plan naming the member of staff responsible for overseeing each action. It is expected that all actions will be completed by December 2018.

## Appendix - The questionnaire

Please return this questionnaire when you have finished. The information you provide will be anonymous and handled confidentially in line with the Data Protection Act 1998. You will not be identifiable in the final report. The findings will be used to contribute to the discussions on improving the outpatient clinic arrangements in the hospital.

Please tick appropriate answers

<b>1. How long have you been a patient attending Clinic 4?</b>					
This is my first visit <input type="checkbox"/>		Less than a year <input type="checkbox"/>		One to three years <input type="checkbox"/>	
				More than 3 years <input type="checkbox"/>	
<b>2. Various specialties work together in Clinic 4 to meet the often complex needs of their patients.</b> Please indicate (v) which of the following clinical services you have needed.					
Oral surgery (complex dentistry)	Oncology (head and neck cancer)	Audiology	Maxillo-facial surgery	Speech and language therapy	Ear, nose and throat surgery (E.N.T.)
<b>3. We want to know what you think about your experience of being seen in Clinic 4</b>					
Please rate the following 1 to 4, where 1 is poor and 4 is excellent:					
Sufficient space		Comfort of seating		Toilet facilities	
Call system, to know where to go within the clinic		Friendliness of clinic staff		Organisation of tests in advance of seeing the specialist	
Availability of drinking water and refreshments		Quality of information about your condition		Quality of treatment	
Meeting your communication needs, e.g. visual / hearing impairment		Waiting times			
<b>4. Appointments</b>					
How were you told about your appointment? E.g. letter, phone					
Is your appointment arranged so that you can see more than one specialist at the same visit if necessary?					
<b>5. Comments/feedback on your visit today:</b> e.g. Is there anything that could improve your experience in this out-patient clinic?					

*Thank you for your time*

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## Acknowledgements

Healthwatch Shropshire would like to thank the Trust, patients, visitors and staff for their contribution to this Enter & View.

## 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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