

# healthwatch

Brighton and Hove

## Patient perspectives on the Cancer Centre at the Royal Sussex County Hospital 2016



# 1 Introduction

The visit to the Cancer Centre was conducted by authorised Healthwatch Enter and View Representatives.<sup>1</sup> The Healthwatch representatives carried out three visits and interviewed a total of 14 patients at the Cancer Centre. We used a semi-structured questionnaire which covered patients' experience with their appointment, the referral process to the clinic and their consultation with the specialist. Representatives asked about the hospital environment, privacy and confidentiality, the reception areas, and the quality of their experience. We sometimes found it difficult to get responses about experiences in consultations as patients often did not want to be delayed after the appointment. We also carried out 'Sit and See' observations. Percentages are used to make comparisons with other OPDs.

We revisited on the 18<sup>th</sup> August and fed back our findings to management.

## 2 Summary findings

The review found patients extremely positive about the quality of care. Appointments appeared to be well managed. However, delays were experienced on the day of appointment in the Chemotherapy department with almost a third of patients (30%) not seen on time. Patients also reported delays in appointments earlier in the referral pathway prior to reaching the Cancer Centre.

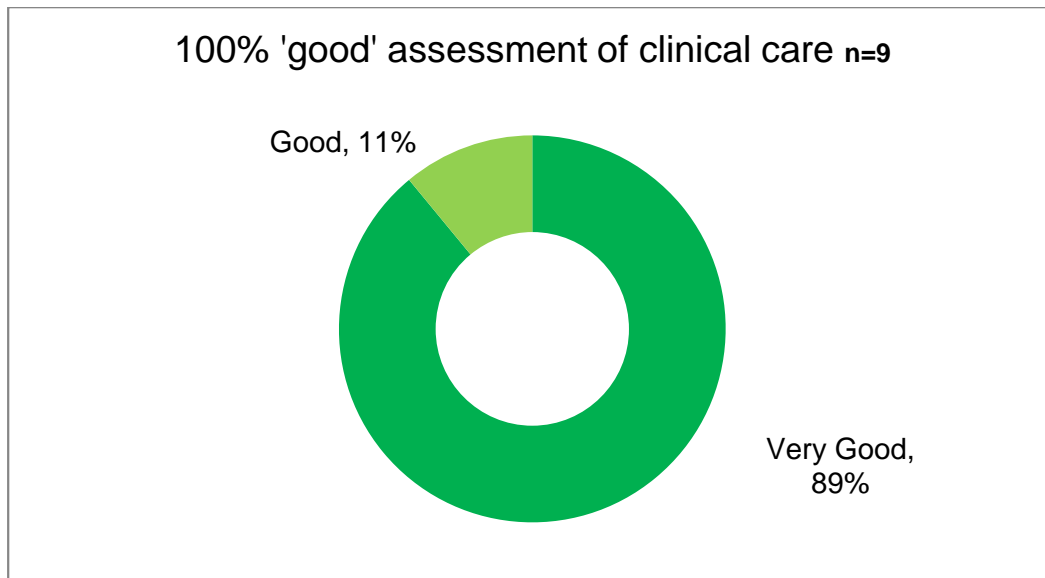
---

<sup>1</sup> Enter and View authorised representatives.

## Key findings

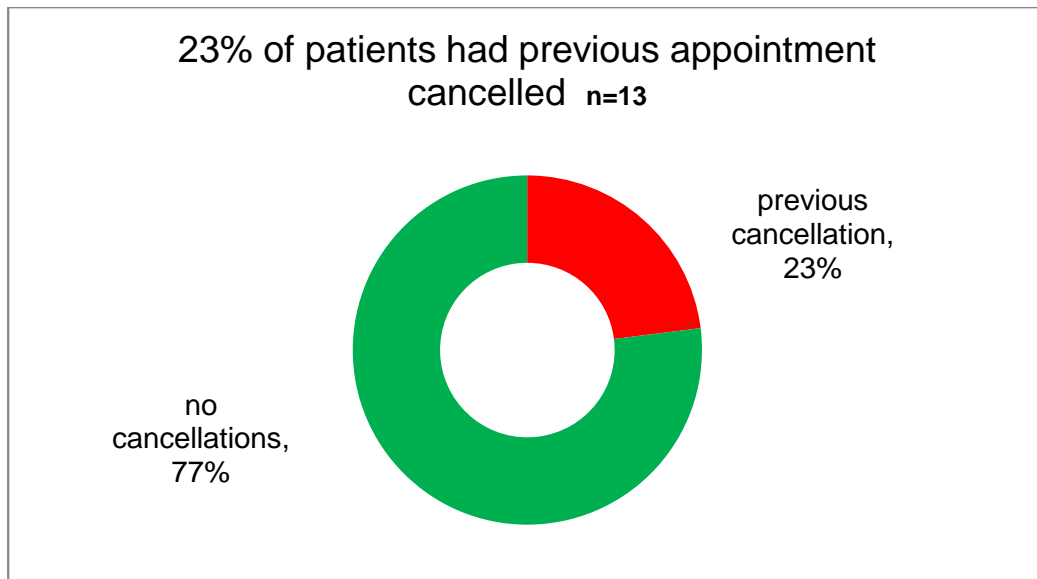
### *good clinical care*

The review found patients using the Cancer Centre were extremely complimentary about the quality of care provided at their consultation. All patients reported that their overall experience at the consultation had been 'good' or 'very good' and positive assessments were made about various aspects of the consultation (personal notes and relevant information available, opportunity to ask questions, and choices of treatment offered and explained). Patients often warmly praised the quality of care provided by clinical staff.



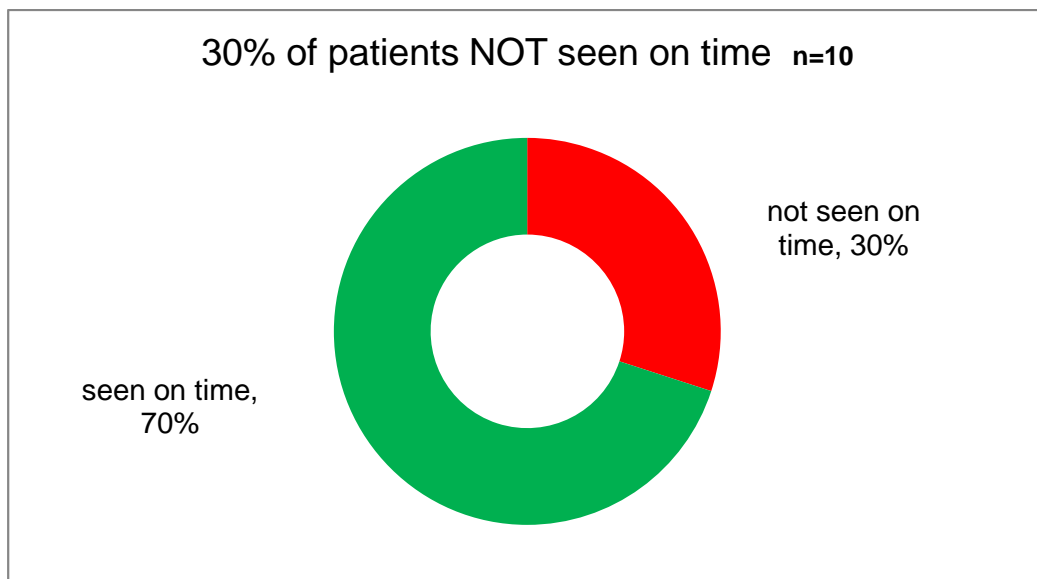
### *referral process*

Almost a quarter of patients (23%) reported that a previous appointment for their condition had been cancelled, very similar to the OPD average of 22%. Most of these cancellations were experienced in other OPD departments prior to reaching the Cancer Centre.



***appointment timeliness on day of consultation***

Almost a third of patients (30%) reported they were not seen on time on the day of their consultation. This figure, which relates to the chemotherapy ward, is of concern even though it was lower than the 41% average for OPD overall.



***good waiting environment***

All respondents rated the overall environment as ‘very good’ or ‘good’ compared to the OPD average of 75%. Patients gave very positive assessments of various aspects of the waiting environment at the Cancer Centre. Over 85% of patients

surveyed rated five of the environmental features (seating comfort, sufficient seating, drink availability, signposted toilets and lighting) as 'very good'.

### ***good customer relations***

All of the patients surveyed reported they had been made to feel welcome when arriving at reception. This figure is higher than the OPD average of 95%.

## **3 Observations**

The Cancer Centre is a unique service. Patients are all under great strain and may be ill and under stress. They usually have complex care plans returning to the centre over time for intensive treatment programmes.

Unlike other OPD departments, the centre has its own booking system which gives it more direct responsibility and control over managing appointments.

The centre has a proactive approach to customer service which is apparent in the attention given to patients at reception. Staff show interest in patients and demonstrate empathy in their dealings with them.

Most of these features were not the focus of our visit which was focused on patients' experience. But it is evident that person-centred systems and processes make for a good experience for patients and staff.

We were taken around the centre and shown the chemotherapy area, the radiotherapy waiting area and the general waiting room. Our interviews were carried out in all of these areas.

### **First Impressions**

The Cancer Centre is a purpose built department. It was light and airy and had a friendly businesslike feel as we entered. On two occasions we were greeted by members of staff who asked if they could help us.

There was no hand sanitiser at the front of the hospital. We were told that they were being replaced. There were many sanitisers elsewhere in the centre. All patients interviewed found it very easy to find the clinic. Patients reported that they appreciated the dedicated parking area.

### **The Reception Area**

The reception staff were 'warm and welcoming' and listened to patients carefully. All patients interviewed felt that they had been treated well when they had arrived at reception. Notes were in a covered cupboard out of sight of patients.

When we revisited on the 18th August, we noticed that the notes could be seen but were well out of reach of patients. The reception area is very small and so complete confidentiality is difficult but there are rooms nearby for privacy if needed.

Some patients (14%) reported that confidential information discussed at reception could be overheard. When we visited a woman arrived in a distressed state but she was quickly taken into a private room.

Seating in the reception area is limited to two chairs which we thought could be a problem. But the main waiting room is nearby. When we revisited on the 18th August we noticed that chairs had been moved to the foyer rather than on the reception area.

### **Waiting to be seen in the clinic**

The main waiting area was light and sunny and chairs were arranged in groupings. The clinic had its own cafe. There was a garden but it was currently closed due to building works. Patients appreciated the situation but said they wished they could still use it.

The numbers of patients in the waiting rooms fluctuated and it could be quite busy. A man with learning difficulties said that the waiting room “seemed small when crowded”. Special attention may need to be given to this group of patients. The environment was scored as ‘good’ or ‘very good’ by all patients on all aspects, the only OPD that we visited where this occurred.

There were waiting times on screens in the radiotherapy area but not in the main waiting room and some patients thought that providing this information would be an improvement.

## Patient experience

Most patients reported a good experience and were very complimentary about the service provided. The chemotherapy area was an open-plan area, but that did not appear to be a problem. One woman said she has never been asked to divulge anything she would not be happy about. There was plenty of room between chairs which were big and comfortable.

Stephen was provided with a DVD about what to expect from the treatment processes. He was very positive about this.

He was on the “Red Card” system and could call in out of hours if he was anxious. He knew who to contact and had phone numbers. On one occasion, he had stayed in the Cancer Centre overnight.

Another patient wanted patients to know he had had wonderful care at the centre. “Staff are busy but always very kind and humorous. They know me and are like friends”. There were some comments about the continuity of care in the Chemotherapy centre.

However, people did mention delays in getting their chemotherapy treatments. There seemed to be problem waiting for the results of blood tests prior to chemotherapy and/or waiting for the chemotherapy to be prescribed when they were ready. One third of the people who responded to us said they did not start their treatment on time and nearly half said they were not told about what the delays might be. The numbers were small, but it is known this is a problem area as the prescription of the chemotherapy is complex and needs special safeguards. Nevertheless, any improvement in giving patients some idea of how long they would need to wait would be welcomed by patients.

David had had problems four times out of six when his blood results prior to chemotherapy were not ready. This resulted in delay on the day, and on one occasion, the postponement, of his treatment. The nurses were very apologetic but he found the whole situation very stressful. David thought there might be a systems problem and queried whether blood tests could be taken by the GP.

## Referral process and follow up

Most of patients had been seen expediently after referral from their GP and within the two week target. Nevertheless, three people said they had had an appointment cancelled. We acknowledge this was probably not for therapy at the Cancer Centre but an appointment with a specialist prior to treatment. Over the previous months, there had been problems achieving the two week target, but we were told that it had improved over the last couple of weeks. Some delays were personal or due to the GP referral.

Adrian was discharged with a tracheostomy, but there was considerable confusion about his access to medical supplies and responsibility for the prescription which caused considerable frustration to the patient. He and his wife had great difficulties navigating the systems. He was discharged from the ward without advice on how to look after his tracheostomy. Eventually he found an excellent booklet 'Tracheostomy Care at Home' by Capital Health Care, 2014. He was concerned that the support he needed should be routinely provided on discharge and that not everyone has the means to source the information.

Susan said she had been very cold when she had chemo with a cold cap and stressed the need to make sure patients had a blanket when having chemo with a cold cap.

Rajan had gone abroad as he considered the lapse of time for an urgent referral was too great. Once diagnosed he returned to the UK for treatment at the Cancer Centre and it had gone well. "My fears and anxieties have been dealt with". He commented that there were a lot of staff changes on the chemo ward, but also regular faces, so this did not worry him. He also felt that sometimes the consultants were rushed because staff were overworked.



Nick had been to his GP on a number of occasions with a sore throat, persistent cough, hoarse voice and coughing up blood. But because he was not a smoker, he was told he did not 'meet the criteria' for the urgent cancer pathway. He went to A&E and was diagnosed with a mass in the throat.

### **Patient Transport Service**

Staff told us that the problems with the new Patient Transport Service (PTS) had created great difficulties for them with patient treatments being compromised. They had recently introduced a system of charging taxis to the service provider, Coperforma, which improved the situation, but was an extra administrative burden on hospital staff. They also now had a staff member working as a transport arranger which they had found indispensable. However, the staff member has to cover a number of other departments and it was uncertain whether it would be a permanent post.

David said the PTS had been "Atrocious! Late, late, late or too early! Completely unpredictable!" He showed his mobile phone which displayed his attempts to reach the call centre when they had not turned up. This had been four times on the day we visited; and twice a couple of days before. He reported it had always been difficult to get through to the call centre and when he had he had received no reply. One time he had been two hours late for his radiotherapy and it had been very stressful.

A PTS driver who was subcontracted, had been sent to a lady in a block of flats without the flat number. When he eventually found her by ringing all the bells, her appointment had been changed until the end of the day. She had informed PTS but they had not changed the transport arrangements. The driver tried to phone the call centre himself and could not get through.

## 4 Conclusion

The Cancer Centre exhibits good practice through its holistic approach to care which embraces all staff and systems. From our discussions with patients and our observations it does appear that the customer-focus culture that has been developed in the Centre works well. The Cancer team also has the advantage of having a particular therapeutic task in an environment that is fit for purpose.

The Cancer Centre has scored highly on all criteria by patients. Our representatives were also impressed by the atmosphere and culture. We have mentioned some cases where there were problems but they may have been isolated incidents as numbers were small and some problems were not related directly to the Cancer Centre. Nevertheless, attention to discharge arrangements, the cold cap process, timeliness of blood tests and delays and continuity of staff in the chemotherapy department, and information for GPs about signs for referrals for cancer assessment are issues that merit attention.