



Patient perspectives of the Ear Nose and Throat (ENT) OPD, including Audiometry, at the Royal Sussex County Hospital

1 Introduction

The Ear Nose and Throat (ENT) clinic is within the main Barry Building on the second floor. In addition, some elements of the Audiometry Department are situated within the ENT Department, including children's services. A report on the Audiology Department is included at the end of this report.

Healthwatch Brighton and Hove made three observation visits to the ENT clinic and interviewed 24 patients. 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. Researchers 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. Percentages are used for comparisons with other outpatient departments.

We returned to the ENT clinic on the 19th August and reported initial findings to management. These findings were well received and led to changes which are referred to in the report.

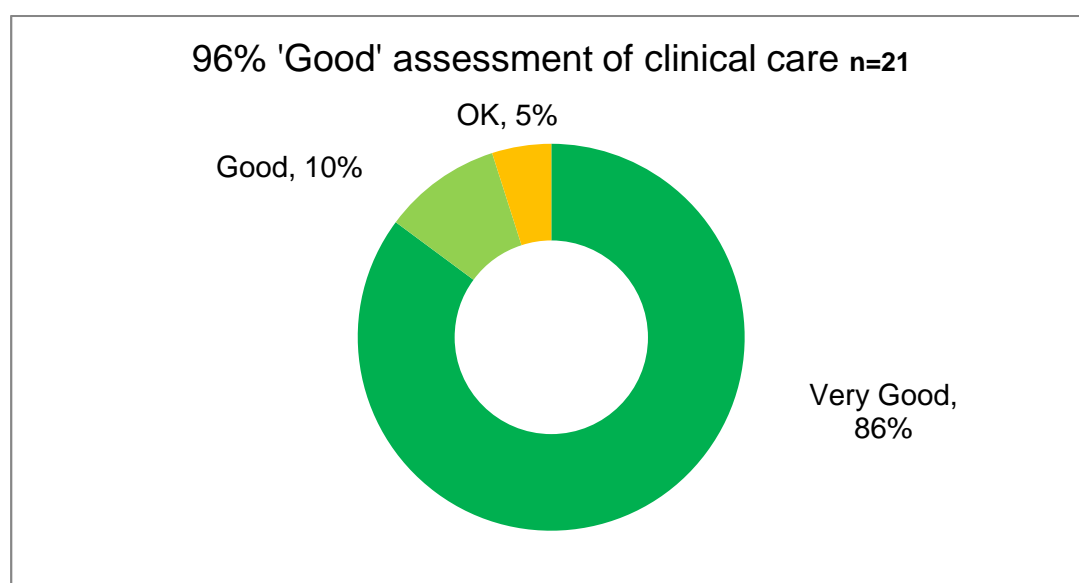
2 Summary findings

The review found patients positive about the quality of care provided in consultations in ENT. Most patients had experienced a smooth referral process but a quarter had experienced delays. Fewer than average patients had experienced cancellations. Problems were experienced on the day of appointment, however, with half of patients reporting they had not been seen on time.

Key findings

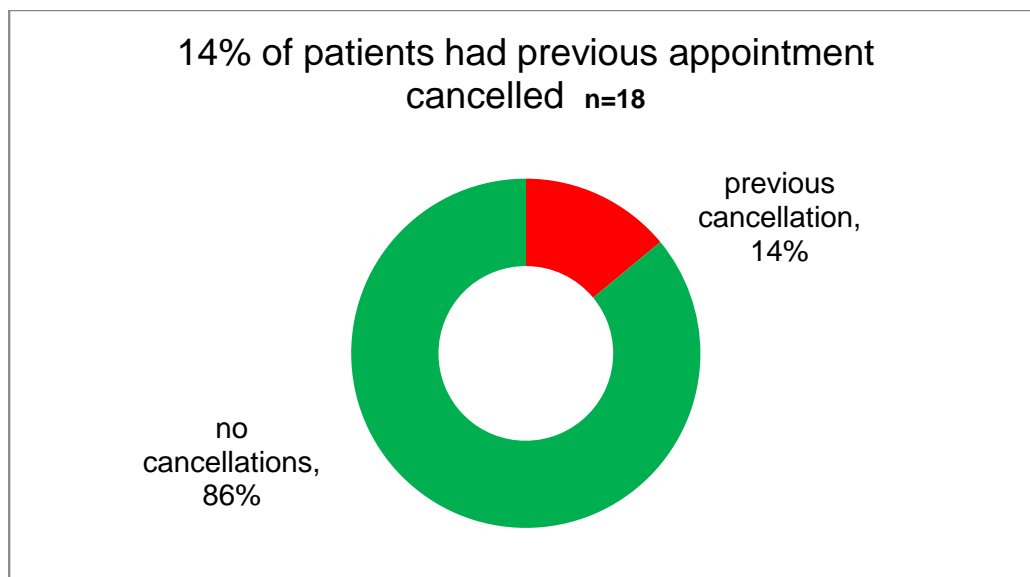
good clinical care

The review found patients using the ENT clinic were favourable about the quality of care provided at their consultation. Nearly all (96%) 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 praised the quality of care provided by clinical staff.



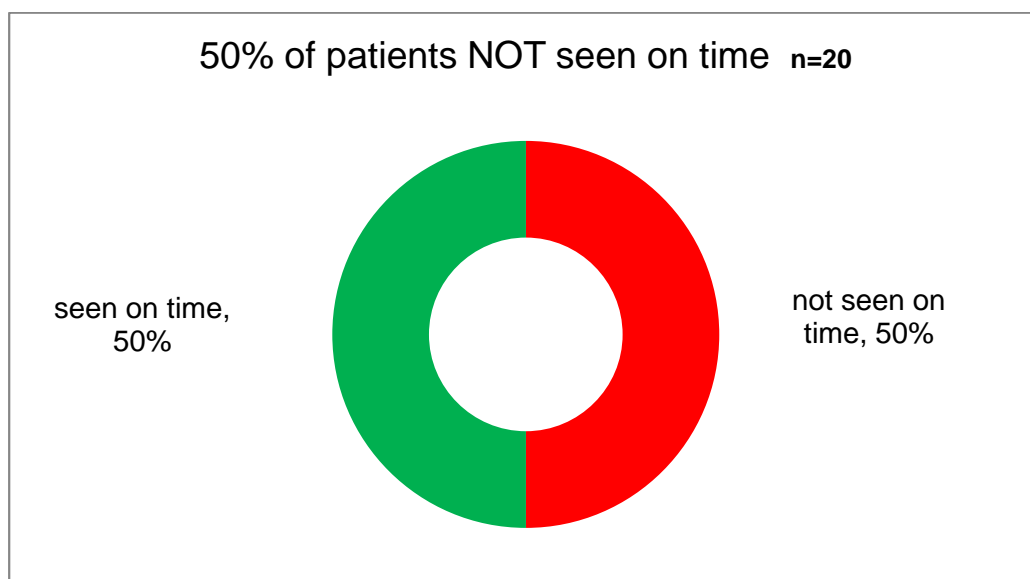
referral process

14% of patients reported that a previous appointment for their condition had been cancelled, lower than the OPD average of 22%.



appointment timeliness on day of consultation

Half of patients reported they were not seen on time on the day of their consultation. This figure is of concern as it is higher than the 41% average for OPD overall.



good waiting environment

Patients generally gave positive assessments of the waiting environment at the ENT clinic: 95% of respondents rated the overall environment as 'very good' or 'good' compared to the OPD average of 75%. Patients surveyed rated five of the environmental features (seating comfort, sufficient seating, drink availability, ventilation and lighting) as 'good' or 'very good'. 'Toilet signposting' received a negative rating with nearly half of patients (48%) rating it as 'poor' or 'very poor'.

good customer relations

Most (92%) patients surveyed reported they had been made to feel welcome when arriving at reception. This figure is similar to the OPD average of 95%.

3 Observations

Reception Area and waiting area

There is a dedicated reception desk, offering partial confidentiality. Nearly all patients (92%) reported that they had been made to feel welcome when they arrived at the reception. The records are out of reach of the public.

Some patients were checking in at reception in ENT and were then being redirected to Sussex House, the Audiology Department, some distance from the Barry Building. This usually occurred for support with batteries or tubes for hearing aids. We understood this had been 20-30 patients a day, but it was now 4-5 people. These items used to be provided by the Audiology reception which had previously been based in ENT but had since moved to the Vanguard Unit next to Sussex House.

Recommendation

Supplies need to be available to patients where they turn up and the administrative arrangements need to be reviewed accordingly.

The department's environment was scored very well by patients: 95% thought it was good and none thought it was poor. This compares well with the average across all OPD departments we visited where 75% of patients rated them as good. Seating was said to be good and adequate. Nevertheless, the chairs were set out in threes and we thought they might be better in fours as most patients come in pairs and may not want to be split up.

The toilets were clean and very close to the waiting room. Toilet signage was the only main criticism of patients: 48% said it was poor. A number of patients mentioned that it might be useful to have signage on the wall immediately outside the waiting area directing patients respectively to the disability toilet and main toilet.

Recommendation

Put up signage for toilets. When we visited on the 19th August, it was agreed that signage would be improved shortly.

Waiting to be seen in the clinic

This is a complex clinic dealing with many specialities. On one occasion when we visited the appointment list had been cancelled as there was a patient who needed emergency surgery and the consultant had been called elsewhere and other doctors were on leave. The administration of the situation had worked well as no one came in by error. But given the pressure on appointments, the loss of a clinic session makes backlogs greater.

On one visit there was a delay of about 30 minutes at the beginning of the ENT clinic and patients were told about this when they arrived. The delay was said to be due to a consultant being delayed on the ward. When we talked to management about this, we were told this was not infrequent as sometimes consultants had been called out during the night and had had ward rounds before their OPD. Some delays were also caused by more patients than were on the 'template' for clinics being seen, either because they were on the urgent care pathway or there was an attempt to catch up with backlogs in appointments.

The receptionist kept patients up to date. There were whiteboards and the delays were only put up once they were confirmed. On one occasion, the boards were updated to show a delay of 60 minutes.

Half of patients (50%) reported that they were not seen on time. Two thirds said they had been informed about delays.

Staff also raised concerns about children coming in to appointments in the ENT adult clinic. We observed that children were being seen quickly but we did not think it was acceptable for children to be seen in an adult area. As many of the children have other needs such as autism, the busy environment of the ENT clinic is not conducive to care. Healthwatch has just undertaken research in collaboration with Impetus which concluded that children and young patients with autism find noise and stimulus a deterrent to staying for the appointment or getting the best from it.¹

In addition, it seems that because of capacity, children have to check into reception in the Children's Hospital in another building, then attend the Audiology Department in the Barry Building and return to the Children's Hospital for booking follow up appointments. We understand there have been plans for many years to locate the children's audiology department within the Children's Hospital.

Recommendation

A separate audiology clinic for children within a children's environment needs urgent resolution.

Patient experiences

The clinic rooms were soundproofed and no one could hear what was being said to patients.

The staff in ENT were observed being empathetic with patients in distress and upset because of their condition. One patient was feeling unwell and the receptionist alerted the clinical staff member who responded quickly and with kindness. Another patient was distressed and the nurse acted immediately and with discretion.

There were plenty of leaflets around on conditions and they were handed to patients when needed in a way that was personal to their needs.

A Patient's Voice leaflets box was available but no forms.

¹ Barriers to health and social care facing adults with Asperger's and High Functioning Autism in Brighton and Hove

Recommendation

Forms need to be replenished in the Patients Voice box. When we visited on the 19th August we were told that this was because they were being reprinted and had since been replaced.

Referral process and follow up

Most patients had had appointments in a timely way but a quarter experienced problems. For instance, one person was referred from Audiology to ENT and the appointment had taken four months despite them being located in the same department.

There was concern by staff that delays in appointments could have interfered with good practice referral pathways, where patients needed to return within specific timescales to ensure treatments were working and to ensure there was no reoccurrence of their problems.

We understood that there were a number of patients who did not attend appointments (DNA). An attempt has been made to improve attendance by, after the initial invitation letter, sending a reminder text or making a phone call. Even then, in one clinic, four out of 14 patients did not turn up, including two patients who had been directly spoken to.

Recommendation

Problems with cancellations and postponement of appointments were widespread across all OPDs that we visited and needs urgent attention. The number of DNAs should be displayed in clinics and in other public information from the BSUH.

4 Patient Transport Services

Most patients did not use Patient Transport Services (PTS). Nevertheless, we were told of one elderly patient who had needed transport the previous week and had waited over three hours. When the ENT department contacted the PTS, they were told, erroneously, that the man had already been picked up and he had been crossed off the list.

Healthwatch has taken up these issues about PTS at the Health Overview and Scrutiny Committee (HOCS) on July 20th 2016.

When we visited on the 19th August, we were told that there had been some improvements in the PTS, but it had deteriorated again over the previous week. One man had sat in a wheelchair for over six hours waiting to be picked up. Healthwatch is closely monitoring the PTS and will continue to raise problems directly with Coperforma.

5 Conclusion

Patients were very favourable about the service provided by the ENT department and it scored highly on the environment and privacy and welcoming at the reception. Attention needs to be paid to delays in clinic appointment times. There were problems with a significant minority of patient's referrals to the clinic and DNAs. The relationship between ENT and Audiology needs attention and the handing out of hearing aid equipment needs to be available where patients turn up. Attention needs to be given to children attending an adult clinic.

Audiology Department

We visited the Vanguard Audiology Unit when we saw that patients were attending the ENT department only to be redirected to the off-site Unit and staff member's observations that this was causing problems. These patients were usually attending for hearing aid equipment. They were said to frequently have complex needs and be older so this trek could be onerous. We picked up that some patients had arrived out of breath and annoyed having already been to the ENT department. The audiology department had taken steps to keep people informed of the change of location, but some people continued to attend the ENT department. Though texting could be used to redirect audiology patients to the correct building, the system being used did not have a text facility and the department was having to consider other methods. When we revisited on the 7th September we were told that a customised system had been deferred as the hospital was purchasing a comprehensive system for all departments.

The Vanguard Unit is a temporary building. There was no proper signage on it despite it having been in operation for some time. It was a warm day when we visited and this meant doors needed to be open for comfort. We understood it would be cold in winter. The rooms were not soundproofed. A new soundproof unit had just arrived the day we visited, which should help, but because some patients with hearing problems raised their voice or carers or staff do, it is difficult to see how privacy can be maintained. Noise could also be heard from the road, which in an Audiology Unit must be a distraction.

We visited the Vanguard Unit twice and there was only one patient, whom it was not appropriate to interview. We tried to visit on two other dates but no patients were booked in. When we revisited on 7th September, we looked into this issue and it appeared that because of the changes in location of the Audiology Clinic and the delays in securing a soundproof unit, patients had not been booked into clinics in normal numbers in July. This illustrates how facilities management and delays in building works can affect patient care.

Recommendation

Proper signage needs to be put in the Vanguard Unit.



Recommendation

There appears to be a plan to move all of Audiometry to Sussex House which may resolve some of the problems of audiometry services being in different places. It was not clear to us what the overall plan was, whether it was happening and when. We have been told that the date for this move is now the end of November and this should help to resolve the problems we observed.

Conclusion

When we visited, it appeared that the location and coherence of the Audiology Department required a firm timescale. It also appeared there may be problems with timetabling of appointments in the Audiology Department. However, follow up visits have assured us that the movement to Sussex House is imminent and that scheduling of appointments is under active management.