

healthwatch

Brighton and Hove

Patients' Perspectives of the Royal Sussex County Hospital
Outpatients' Departments, July 2016
Executive Summary, 11 September 2016



Executive Summary

Healthwatch Brighton and Hove visited selected Outpatients Departments (OPD): the Main OPD, Gynaecology, ENT, Audiology, Fracture, Physiotherapy, Rheumatology, Eye Hospital and the Cancer Centre. Eight volunteers trained in Enter and View and Sit and See techniques spent 85 person hours in the OPDs in waiting areas. We interviewed 117 people and carried out extensive observations. We recorded patient's experiences of the clinic appointment: confidentiality, waiting, care, the environment and the referral processes.

The choice of OPD was prompted by the preliminary feedback to the hospital by the Care Quality Commission (CQC) on an inspection of the BSUH, which coincided with Healthwatch concerns that patients were experiencing long waits for hospital OPD appointments after they had been referred by their GP and problems with the Patient Transport Service (PTS).

The review of OPD was carried out independently by Healthwatch but the approach was in collaboration with BSUH and the overall findings have been fed back to senior management and departmental managers prior to producing the final report.

The main findings

Patients were very positive about the care they received (95% of 81 patients who responded) and the attitude of staff.

The positive experience was sometimes marred by the delays patients experienced at the clinic. Two fifths of patients were not seen on their appointment time at the OPD (41% of 88 patients). The delays varied in different clinics. All patients were seen punctually in the Fracture Clinic but delays were experienced in all other clinics. Queues of people standing in the Phlebotomy Clinic were a particular problem.

A significant minority (22% of 88 patients who responded) had had cancellations of previous appointments for the same clinic. Cancellations occurred across all OPDs. Many patients had had other negative experiences with administration of the referral service. These included appointment letters that gave unclear, incomplete and contradictory information and being unable to speak to someone when wanting to confirm or alter appointments. 21% of 100 patients who responded said they had had to alter an appointment for legitimate reasons (like holidays or a clash with another hospital appointment).

On number of visits, the clinic had been cancelled or had started late, apparently because of unavailability or delays by doctors. Building works and changes in location also affected continuity of clinics (e.g. Audiology).

Despite the condition of most of the OPDs, 75% of the patients we spoke to said they thought the environment was good, though many said this assessment took into account the age of the buildings. However, there were significant variations in assessment of the environment of the OPDs. The Cancer Centre and the Ear Nose and Throat Department were rated highly but the Eye Hospital OPD, Rheumatology and the main OPD more poorly. In these departments, ventilation was a serious problem and as was the comfort and sufficiency of seating.

Inconsistent signage across the hospital was mentioned by many patients and we observed some confusing signage in departments (e.g. Eye department).

Many reception areas were close to waiting areas and we observed reception staff trying to be discreet. 10% of people we interviewed thought that confidential information might be heard, rising to 29% for the Eye Department. Some departments were particularly noisy with people using mobile phones.

Patients reported ongoing problems with the PTS.

Hand sanitisers were often not in obvious places and we did not see them used.

Patients Voice material was variously located. We did not see a proactive approach to handing out leaflets.

Main recommendations

Access to booking appointment staff must be simplified. The work that is underway on abandoned calls, DNAs and improved booking systems needs to be tested to ensure it addresses the problems identified and improves the patient experience. Texting reminder systems were favoured by patients.

A review of signage needs to be carried out across the hospital: for its clarity, appearance and locations. A sign is needed in the front of the Barry Building indicating that it is the main entrance. A sign needs to be placed at the front of the hospital for the Fracture Clinic. A navigation App should be considered to assist patients.

Waiting to be seen in the clinic needs to be improved. The causes may need an in-depth review as they appear to be multifaceted, some due to systems and others late arrival or absence of clinical staff. At a minimum, patients should be routinely informed of waits. Real time electronic methods to inform patients should be considered. The reasons for clinic cancellations need to be understood.

Patients Voice should be actively promoted.

Many of the recommendations we make in our departmental reports can be done at little or no cost or modest investment within departments (e.g. signage, decluttering information, reviewing internal processes). Some recommendations require a more patient-centred approach to systems and appointments. Others will need greater finance where building or more significant fabric improvement is required. The major problems with the referral and booking system is already receiving attention but ensuring plans and improvements impact on the ground for patients will need ongoing vigilance to ensure the changes are sustainable. Understandably, staff in OPDs concentrate on clinical issues, but the changes we are proposing could release time for staff and make their job more satisfying as well as improving the patient experience.

Healthwatch is willing to assist in improvement programmes.