healthwatch Brighton and Hove

Patient perspectives of the Eye Hospital OPD at the Royal Sussex County Hospital

1 Introduction

The visit to the Eye Hospital was conducted by authorised Healthwatch Enter and View Representatives.[1] The Healthwatch representatives carried out three visits and interviewed a total of 14 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. 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 for comparisons with other OPDs.

We revisited on 18th August and fed back our findings to management and we have further plans to do some walk around visits to improve the patient pathway within the clinic.

2 Summary findings

The review found patients very positive about the quality of care they received. However, delays were experienced on the day of appointment with about half of patients (54%) not seen on time. Almost a quarter of patients (23%) also reported problems in the referral process with appointment cancellations.

[1] Enter and View authorised representatives.

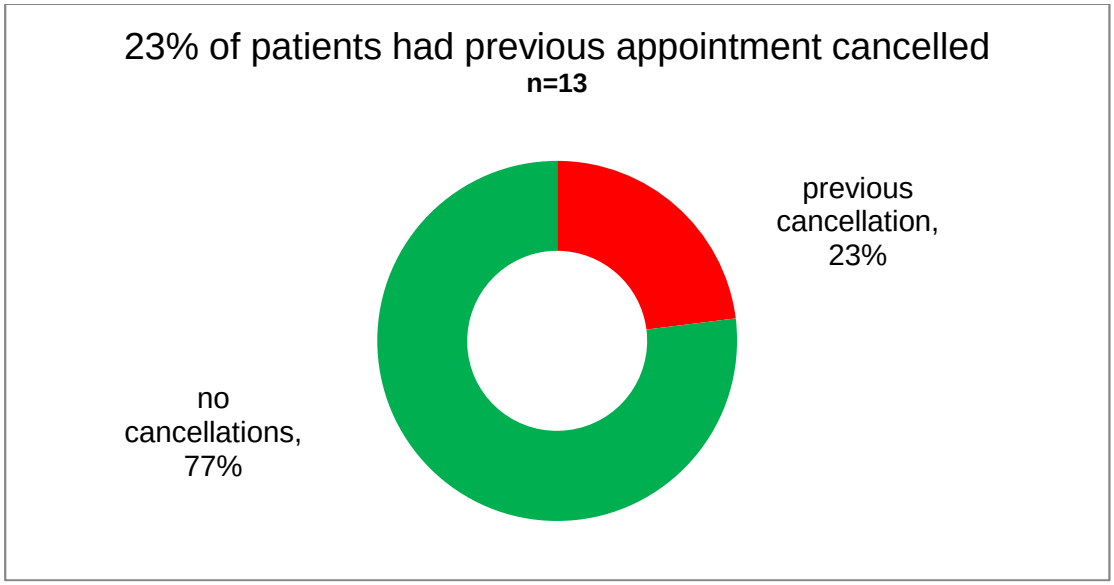
Key findings

good clinical care

The review found patients using the Eye Hospital were very complimentary about the quality of care provided at their consultation. All patients reported that their overall experience at the consultation had been ‘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.

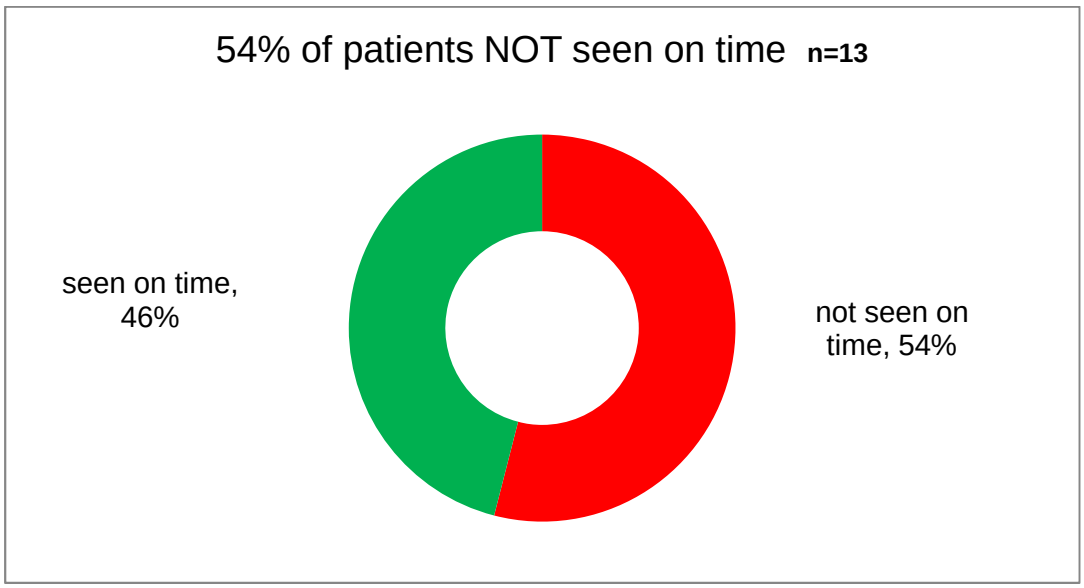
referral process

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%.



appointment timeliness on day of consultation

Over half of patients (54%) reported they were not seen on time on the day of their consultation, higher than the 41% average for OPD overall. Delay was the most common complaint made by patients.



good waiting environment

Only 30% rated the overall environment as 'very good' or 'good' significantly lower than the OPD average of 75%. Patients were more likely to give neutral assessments of the waiting environment at the Eye Hospital, 70% in comparison to the 22% average across all OPDs. 'Chair comfort', 'sufficient seating' and 'lighting' were positively rated by around 50% of patients, lower than other OPDs. 'Availability of drinks' and 'ventilation' received a majority of neutral ratings. Only 30% and 38% respectively thought availability of drinks and ventilation was good, which is significantly less than the 87% and 80% average for all OPDs.

Though there were sufficient seats available at the time we visited, on subsequent visits the waiting area was severely overcrowded.

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

First impressions

In April 2014, Healthwatch carried out a PLACE visit in the Eye Hospital. The conditions were so poor that a letter was written to the CEO who instituted a multimillion pound programme of works. This included 'essential fire precaution and fire safety containment works; replacement of the roof and windows, plus repairs and decoration to the external masonry and brickwork; a full reconfiguration and refurbishment of the Ophthalmic Outpatients, A&E and Orthoptics Departments to provide appropriately sized and equipped accommodation that is fit for purpose; and replacement of signage, curtains and blinds, equipment and furniture'.

The major works were almost completed at the time of the recent visits but there was still some snagging visible and ventilation was still a problem. The outside of the hospital looked fresh and welcoming and the new windows made the appearance much improved. The entrance from Eastern Road had signage which is very clear, which was new since the visit in 2014. The main entrance is welcoming, though some people were not aware of where it is located. Half the people we spoke to said it was difficult to find.

There is one parking bay for disabled people at the entrance. There are a number of bays outside the Latilla Building on the far side of Eastern Road, but this is not within easy reach of the main Eye Hospital Entrance for a person with mobility

problems; and there are more bays in adjacent roads. Notices outside the hospital might let patients know where disability bays are located.

In the foyer, there was a good display about hand sanitising and hygiene -the best we have seen in OPDs- and hand sanitisers were widely available in the building. However, in common with other OPDs, we did not see anyone using them.

When we visited, there were three wheelchairs in the foyer. They did not obstruct the way but as there were six in another corridor, there are questions about whether they are best located here and whether there is a need for so many as fewer people had mobility problems in this department than others. When we revisited on the 18th August, we raised this issue to management.

The Reception area

The reception is facing the main entrance and is in a good position to greet people. However, the fascia was very high so that staff might not be seen if sitting. We understood the fascia was to be lowered and when we visited on the 18th August, this work had been done. A number of staff were on duty and seemed welcoming. The desk had a lowered 'easy access' area for people with wheelchairs to sign in. The reception was open but it was some distance from the waiting area so this seemed not to compromise privacy.

Behind the desk, towards the A&E side, there was a notice about who was on duty but it looked as if it might have been there for some time and had not been changed recently (it indicated that the Registrar was on duty and 'the wait is 4 hours'). There was another notice which referred to the business of the department and appointment waits but it also looked old. Because the notice was tucked behind some filing trays it was not possible to read properly. There was a cupboard behind the desk which had clutter on it.

We found some of the signage good but others confusing. The reception served both people coming into Eye Hospital A&E and to the OPD. It was obvious that attempts have been made to direct people to the right or left, depending on what sort of patients they were. There were numerous signs indicating A&E in red, which were clear. The signs for the OPD were more confusing and seemed to be a mixture of old and new. The newer signs were smaller and seemed not so distinct for someone with sight problems. They also had a lot of information on them and were in different sizes to the A&E signs. At the reception desk and elsewhere, there appeared to be signs related to previous eras.

Recommendation

It would be useful to check whether the term 'Easy Access desk' attracts people in wheelchairs to use the space. The signage and artefacts behind the desk need reviewing.

Recommendation

The signage for OPD in the waiting room needs reviewing and, if possible, simplifying.

The main OPD Waiting area

The OPD waiting room is a spacious area with big windows so it was nice and airy on the day we visited. However, of the patients we talked to, only 30% rated the overall environment as good and 70% as neutral. This was worse than the OPD average, where the environment was rated as good by 75%. On the other hand, apart from refreshment facilities, no one thought the environment was poor. The reasons for this are explored below.

The chairs in the waiting room on the days we visited appeared generally adequate, but some need repair or replacement. Given their age some consideration might be given to a full replacement. There was sufficient seating on the day we visited. There was one high back chair and a bariatric chair, an improvement from our last visit, but given the age of some of the patients and the amount of time they needed to wait, further high back chairs should be considered. Only just over half of the patients we spoke to rated the seating good or sufficient. This score on sufficiency might have been due to patients having to wait in corridors and use bench seats, which they did not find comfortable; and the numbers of patients in the main waiting could vary and at times there could be crowding, as we observed on the 6th September when we visited. Only 50% of the patients said signage for toilets was good compared with 71% OPD average.

There was a water machine and coffee available in the waiting area but many people were not sure whether they could use it because of its location and lack of signage. This was reflected in patient scores where only 30% said drinks facilities were good, compared with the average for all OPDs of 87%. The cafe was open when we visited on the 18th August and appeared to be dealing with this issue.

There was a lot of reading material around, including books, more than in other departments, but some of the notice boards seemed cluttered. There was a big notice about the Patients Voice feedback at the reception desk, but leaflets and information about the Patient Advocacy and Liaison Service and so on were in a different part of the waiting area. Locating this material at the patient information together may assist patients.

Recommendation

Patients may benefit from a reorganization of notice boards and the availability of leaflets.

Wifi access was available, but at a cost. There was a notice asking patients not to use mobile phones but there were people using them. The notices for both were not in the most prominent places. The issue about wifi access and use of mobile phones has occurred in most OPDs we visited.

Recommendation

BSUH needs a Trust wide policy on the use of mobile phones for telephone calls and internet access and have a consistent approach across all OPDs which is clearly identified to patients.

There was a whiteboard with specific doctors on duty and waiting times and information on which clinics were on time or running late. Although the whiteboard indicated that delays were around 30 minutes, we observed that actual delays seemed about 45 minutes. Over half the patients were not seen on time and only four were told about delays. This is a complex clinic and patients often need to have at least two processes before they see the consultant. This meant they were in and out of different rooms and waiting in different spaces. Patients talked about their first contact with a nurse being timely, but long waits for other tests or to see the consultant, making the whole consultation process prolonged. It would be better if patients remained in one room and staff came to them, but we recognise that some equipment is not moveable. An elderly lady said she was left 1.5 hours in an extra waiting area next to the field test room and no one had told her what was happening and as result she was quite agitated.

Recommendation

The whiteboards on delays need to be kept up to date. Given the complexity of the clinic, consideration needs to be given to real time electronic systems, though we acknowledge the cost of such a system may be prohibitive. A tracking system needs to be in place, especially for older people who are less sighted. The movement of patients and patient flows needs urgent attention. When we visited on the 18th August, we were told that an organisation called " Four Eyes" was to be commissioned to review patient flows. In the meantime, Healthwatch has agreed to assist the Eye Hospital in a walk around to identify improvements from the patient perspective.

Recommendation

Patients seem to think that the appointment time is to see the doctor, so experience the pre-tests as delays. Consideration needs to be given to letters and information to patients clearly telling them that their appointment will be a process and the time they are allocated is the beginning.

However, when there are delays in clinics, patients should be told at booking-in at reception and kept informed in the most personal way possible.

The clinical area in OPD

The OPD is in two parts, the old clinical area and the newly modernised wing.

In each corridor of the older area, there were people waiting outside clinic rooms, sometimes in poorly lit areas. Only 54% of patients we spoke to said the lighting was good, compared with the 84% average in all OPDs we visited. Given the nature of people's illness in the Eye Hospital, lighting is a key issue.

The corridors were not as congested as on previous visits suggesting that some efforts had been made with systems to reduce waiting. Chairs were still mixed in corridors, some of which were very narrow, especially when people were in

wheelchairs. There were a number of yellow bench chairs in situ but few people sitting on them. Patients did not seem to like them and neither did staff. We were told that these had been put in as a health and safety measure as they folded up and would help evacuation of the corridors in an emergency. We noted that in an evacuation the fixed chairs could restrict movement of patients, and this remains a matter of concern.

When we visited on the 18th August, we discussed this issue. The aim of the Department is to reduce to two people waiting for clinical attention in these corridors. This would be dependent on the flow of work referred to above.

There were also five wheelchairs in front of the fire exit door space, again potentially restricting the evacuation of the department. Part of the problem is the lack of space for wheelchairs, an issue we have found in a number of departments.

There are some pictures on walls, but they did not seem to have any common pattern. When we visited on the 18th August, we were pleased to hear that the Blind Veterans Association is working with the Eye Hospital on a comprehensive spread of artwork with wipeable mosaics and we look forward to seeing a greatly improved appearance in many areas.

At a previous visit we noted that eye tests were being carried out in common areas rather than in consulting rooms. On this visit we were told that no eye tests were taking place in corridors and we did not see any being done. We were told that for people on scooters or large mobility devices, access to testing rooms is difficult, and occasionally tests needed to take place in common areas. This issue needs attention as numbers of people use these devices is likely to increase.

There was little natural light and a paucity of windows in the core clinical areas in the older part of the OPD, and even in some of the modernised rooms. But by far the most serious issue in the older area was the ventilation. We visited on a relatively warm and sunny day, and it was noticeable that the clinical areas were uncomfortably warm and stuffy. The lack of ventilation in a cramped area is not good for patients or staff. It leads to doors being left open to cool them down which could cause security problems with equipment and has led to doors being left open during consultations. Only 38% of the patents we spoke to said the ventilation was good, compared with the average in all OPDs of 80%.

We saw lots of doors open with equipment in them, because they got too hot to use if closed. Notes were visible in some circumstances and on a couple of occasions notes and equipment could be seen unattended in the clinical areas. One man we interviewed said he had seen notes unattended. He worked in a bank and was conscious of the risk of theft and remarked that people could walk around and steal notes.

One area of potential risk was the nurse station in the corridor beyond the waiting room. It was tucked away and nurses were around, but if nurses were called away, confidential information could be left unattended. We were pleased to hear when

we visited on the 18th August that the use of this area had been changed to remove this risk.

The newly modernised wing

The A&E leads into the refurbished wing. It seems this is part of the OPD rather than the A&E, but at present there is no signage to indicate this. The wing looks very nice and professional with good colour schemes.

There were no distractions in the small waiting room in the newly refurbished. It was very quiet and people could be heard talking. The chairs were comfortable and when we visited there was plenty of seating available for patients and their accompanying relatives.

The waiting room would benefit from a notice board indicating who is on duty and how long the waiting time is. The signage was temporary in all of the areas and needed to be made permanent and clear.

Though just completed, there appeared to be significant problems with the temperature of rooms and ventilation in this area. Workmen were on site and it was explained to us that some rooms had ventilation facilities with fresh air being drawn and circulated, and others had air conditioning. The majority of the rooms we saw were very warm and the cooling system did not seem sufficient. Rooms needed fans to be comfortable. Some of these issues may affect staff as much as or more than patients as they are in the rooms for greater parts of the day.

In contrast, the kitchen in the waiting room was very cold.

There seemed to be a serious problem with heating and ventilation in the building which was affecting the use of the building and risks compromising patient care as there will be a temptation to leave doors open to do consultations in comfort.

Recommendation

The problems with the ventilation in the Eye Hospital need to be remedied as a matter of priority. On the 18th August we were assured that work had been commissioned and we look forward to this serious problem being remedied.

Recommendation

Signage needs to be put in place in the new wing.

The A&E waiting room

The A&E (which operates during the day) is in front of the reception desk. When we visited it was busy but not hectic with about a dozen people waiting at any one time (including accompanying relatives). There were plenty of staff around at the reception and other clinical staff.

There was a table with toys and books for children in one corner. When we visited on the 18th August we were told there was a plan for a children area, but mostly children were seen straight away as they usually had injuries that needed urgent attention.

There was a notice board which could be better used.

There was limited natural light in the waiting area. A ceiling dome brought in light when it was sunny, but the area was a little bit dismal when it was not. The light might be better when a cafe opens. As there are few features in the waiting room, something with a light might be considered like a fish tank or lighted pictures.

The Orthoptics Department

The department has been totally refurbished. It bears no relationship to the department two years ago when Healthwatch wrote to the hospital about its poor condition. It has been changed completely, smaller rooms, more facilities, new lino, bright paintwork, new equipment, toilets and so on.

Staff members were happy with the new facilities and had been involved in the redesign. The chairs all matched, which is a real improvement as they were old, irregular and not fit for purpose previously.

The staff realised that the next step was to put pictures up.

The reception desk was secure. It had a glass hatch so staff could talk inside in privacy. It was opposite the adults waiting room but it did not seem to interfere with privacy.

The waiting rooms for children and adults were completely separate. There were toys in the children's waiting room that were being played with. It is good practice to have a notice saying they have been disinfected. We talked to parents of children who were regular attendees and they were very complimentary about the changes and about the being able to see the same clinical staff each time they visited. There were pictures on the walls. However, there were electricity sockets at hand height behind the back of a chair without safety protectors. The door to the room could be locked from the inside and had no stopper to protect closing on fingers. These problems were reported to the manager.

The children's waiting room was very airy. The waiting room for adults, which had no window, was warm and airless when we visited, which was a hot day and it was said that someone had had to go out because of the heat. Even though it was supposed to be ventilated, it did not seem to be making much difference.

4 Conclusion

The Eye Hospital environment has significantly improved over the last two years. There is an excellent hand sanitiser display in the main foyer.

Most of the patient interviews in the main OPD could be summarised by the statement that they appreciated the good patient care and clinical treatment but found the long waits tedious. In general, there was concern about the long waiting times once patients had registered at reception, in particular after the initial field tests, which was exacerbated by having to attend different waiting areas for different aspects of the appointment. The signage in the Eye Hospital also needs attention.

The environment is only just acceptable in many aspects but the biggest issue was the ventilation and heat control, which makes clinical areas hot and stuffy which could lead to doors being left open affecting security and confidentiality. This needed urgent remedy.