

healthwatch

Brighton and Hove

Patient perspectives of the Fracture Clinic Outpatients Department at the Royal Sussex County Hospital



1 Introduction

The visit to the Fracture clinic was conducted by authorised Healthwatch Enter and View Representatives who worked in teams of two. We carried out three visits and interviewed 20 Patients. Representatives used a semi-structured questionnaire which covered patient's 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 visited again on the 19th August to feed back to management, who had already made some changes or were planning some. For instance, notices had been put on doors to ensure that no-one entered whilst consultations were taking place and the fire door had been upgraded.

2 Summary findings

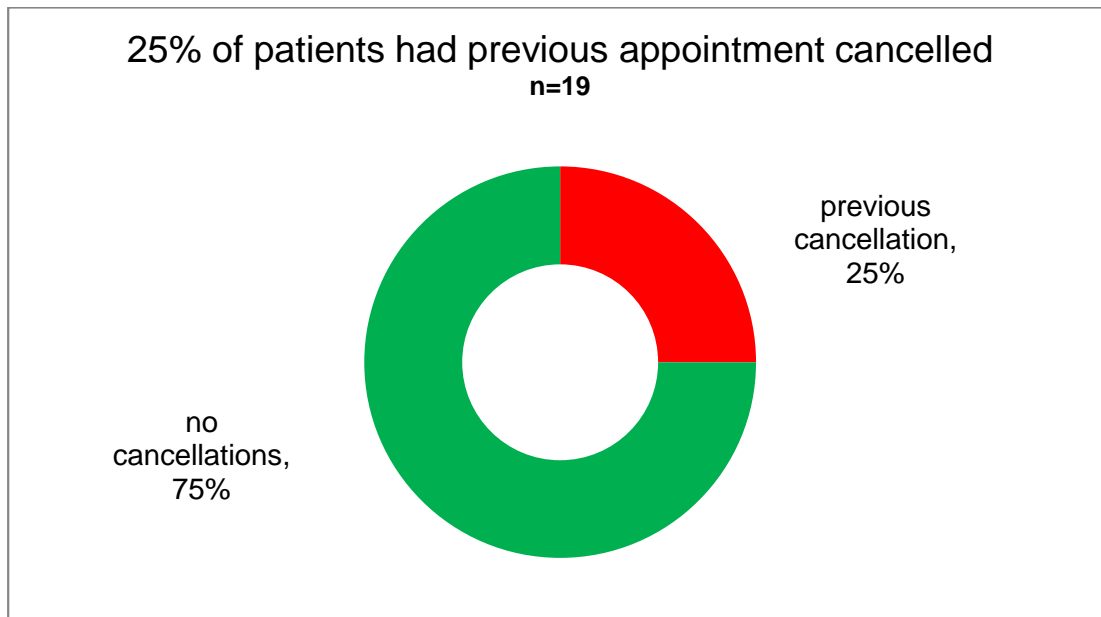
The review found patients generally positive about the quality of care provided in consultations. Some patients, however, had experienced delays in the referral process and a quarter had experienced appointment cancellations. All patients interviewed had been seen on time on the day of appointment.

Key findings

clinical care

The review found patients using the Fracture clinic were generally favourable about the quality of care provided at their consultation. Most (85%) patients reported that their overall experience at the consultation had been 'good' or 'very good' slightly lower than the OPD average of 95%. Positive assessments were generally 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 praised the quality of care provided by clinical staff.

referral process



A quarter of patients (25%) reported that a previous appointment for their condition had been cancelled, slightly higher than the OPD average of 22%.

Appointment timeliness on day of consultation

Both of the patients spoken to reported they were seen on time on the day of their consultation.

good waiting environment

Patients gave very positive assessments of various aspects of the waiting environment at the Fracture clinic. Over 80% of patients surveyed rated all of the environmental features (seating comfort, sufficient seating, drink availability, signposted toilets, lighting and ventilation) as 'good' or 'very good'.

A large majority (89%) of patients rated the overall environment as 'very good' or 'good' compared to the OPD average of 75%.

good customer relations

Almost all (95%) of the patients surveyed reported they had been made to feel welcome when arriving at reception. This figure is the same as the OPD average.

3 Observations

First Impressions

The Fracture clinic is at the side of the main hospital Barry Building. It is prefabricated. The building is in need of cleaning and painting. There are no signs at the front of the hospital to indicate where it is. We spoke to 20 patients and carried out a number of observation visits on different days.

One third of the people we spoke to found it difficult to locate the clinic, compared with an average for all the OPDs we visited of 9%. The signage was referred to by a number of patients as 'very poor'. Colour flow lines were suggested to find the way around the hospital as many people arrived by car at the back of the hospital and had to traverse the hospital. People attending the fracture clinic were likely to attend by car, 67% compared with an average of 48% of all OPDs we visited.

On the other hand, one patient had driven from Worthing and used the hospital car park. He thought the cost was fair. He commented, "the hospital is large and confusing but staff have been really helpful when asked for directions. Some staff have been pro-active and approached us when we have looked lost on previous visits."

In common with a number of other OPD, some patients remarked that there were not enough disability bays.

Recommendation

Signage at the front of the Fracture Clinic at the entrance of the hospital needs addressing urgently. The signage from the car park through the Barry Building also need reviewing. There are a number of disability bays in the hospital and nearby. A map of the disability bays needs to be available and signs to redirect patients to disability bays need to be in front of the Fracture Clinic.

Reception and waiting areas

Once inside the building there is a large waiting area with a number of uniform seats in closely knotted rows. There are clinical areas off a corridor.

Though there was hand cleaner at the entrance of the building, no one was seen using it.

Reception staff were warm and friendly towards patients and did their best to talk to patients in a way that recognised the need for confidentiality. The reception clerk is about 1.5 metres away from the patient waiting area. The physical environment makes it impossible for staff to interact in a completely confidential and private way and they were fully aware of how privacy was compromised. Only two patients we spoke to said that they thought conversations could be overheard. Nearly half did not know whether they could be overheard, higher than other departments, suggesting the arrangements at reception need constant surveillance.

When the clinic is not busy the reception flow is good but sometimes long queues arise. When a patient query is more challenging, difficulties can arise. For instance, one man wanted to change his GP on the patient record and the queue built up. A Patient Transport (PTS) driver waited eight minutes before being attended to.

The medical records were on a trolley behind the receptionist, and they were transferred to a wooden box on the reception desk which was where patients were queuing. With the layout of the place it was difficult to see how this unsatisfactory situation could be radically changed. However, in the Cancer Centre there is a roll-down cabinet for confidential records in a small reception area. When we visited on the 19th August, we were told there was a plan to clear the desk of patient notes and keep them in the clinical areas.

Recommendation

A separate booking-in system for PTS drivers, preferably electronic, should be explored.

There can be great variations in the number of patients attending the clinic. There was frustration by reception and nursing staff that the area was often overcrowded. At times the noise in the waiting area became so bad that staff needed to raise their voice for patients with hearing problems and patients also remarked on the noise.

On the days we visited, the biggest group had been referred from A&E, so that could make planning more difficult. This is different from other clinics where the prevalence was for patients to have been referred by their GP. Only one person was referred from their GP, compared with half in general; 38% were referred through A&E, four times greater than average across all departments we visited. When we checked this with Management on August 19th, we were told that usually there were more people referred from their GP. It is evident that a lot of change is going on in the clinic, with some clinics being relocated and others being developed. Some of the congestion in waiting areas could be resolved in the plan for these changes.

The seats were all the same and most people said they were sufficient in number and were comfortable. Some with back problems indicated that chairs with a higher back would be more comfortable. A low stool at the side of a set of chairs was an obstacle. There was very little distraction in the department and a number of people suggested a TV screen with news programmes.

The toilets were satisfactory and clearly marked, though hand basins were low and good for someone in a wheelchair but difficult for someone with a bad back. The toilet door was rattling in the wind.

Given the environmental constraints, staff did the best they could to preserve privacy and dignity in very difficult circumstances. This observation appears to be echoed by patients as 89% of the people we spoke to said the environment was good, compared with 75% average for all OPDs that we visited. The fracture clinic scored high in all areas and no one thought it was poor in any area (apart from one person who wanted better refreshments).

The clinics we saw were very busy and the majority of patients were seen on time, which is commendable given the fact that many came with last minute appointments through A&E. We saw nurses and health care assistants greeting patients warmly and with respect. In the waiting area, the approach was proactive and positive towards patients.

Recommendation

A TV screen should be considered.

Patient experiences and stories

Jack was happy with his experience post surgery. “The staff have all been brilliant. 10/10 “. The wait for this appointment was in-line with indicative timescales. “It has been good to receive text reminders” he said.

Raymond had had an accident and went to A&E. He was given choices about surgery. All was clearly explained and he felt involved and made an informed choice.

Referral process and follow up

Most patients had been told how long their appointment would take and were provided with one within the indicative referral time.

“The letter for today’s appointment was very clear about the time/date/location and suggested I be accompanied/supported. No complaints. Very good.”

However, there were some problems with referral processes in a significant minority of cases. 26% of the people we interviewed said the appointment for this consultation had been cancelled or postponed or treatment not followed up.

Kevin had waited seven months for an appointment after back surgery. On the 8th December he got a letter saying he would get a follow up appointment in six weeks. He did not receive an appointment so he phoned up. He had been waiting 31 weeks altogether not the six weeks he had expected. He had also had his operation cancelled three times at the very last minute.

Susan was 'puzzled' about what this appointment was for. She had had treatment at the pain clinic a couple of months previously. The clinic had said they would follow up in six weeks and had not, so she thought it might be this appointment. After her consultation she said this appointment had been for another condition where she had been referred to hospital from her GP over 12 months ago. The consultant did not even know about her visit to the pain clinic and no results were in her notes. Once she had seen the consultant she was pleased with her care.

Recommendation

For a significant minority of patients there were problems with the appointments systems. This tended to be more so with patients with complex needs and those who attended more than one clinic and follow up appointments where a few people had been waiting lengthy times. The system needs to be reviewed for these groups.

4 Patient Transport Services

Problems with the PTS have caused serious problems for patients and staff. We were told that if PTS did not arrive for two hours after an appointment time to take a patient home, staff were authorised to book a taxi which was paid for by Coperforma. In the previous week to the Healthwatch visit, all patients were picked up within 2 hours. When we visited, one patient was waiting for PTS and had experienced no problems in the past. However, we did pick up a number of stories about the impact the problems in the PTS service had had, and for some, these issues were continuing when we visited.

One patient said, "Four months ago I was given a 09103 number and could not get through on it all. I googled patient transport and got a completely different number, which I always get through on and they were helpful and polite."

When we visited on the 19th August, we were told problems persisted and given information about an incident.

Davina's hospital appointment was at 11.15, so should have been picked up at 10.15 to take her home. PTS arrived at 3pm.

Debbie was due to come for an appointment at 2pm and whilst we were visiting, she phoned in tears as her PTS had already been cancelled twice and was cancelled again that day. We were told that this often happened if the patient needed special transport- in this case a bariatric ambulance. She was booked again for the following week.

Recommendation

Although the PTS system seems to be improving when we visited, there were still problems for some patients and in particular those with complex needs. Healthwatch has raised these issues with Coperforma at the Health Overview Scrutiny Committee on the 20 July 2016. Healthwatch will continue to closely monitor the situation with PTS.

The consultation

Most patients were complimentary about their treatment and the staff: "The doctor was an inspiration". Another patient was very complimentary about the surgeon who performed the operation about a year ago. He had seen the same surgeon on a number of occasions since with good continuity of care. "The doctor has always explained everything clearly and treated me well." He could not think of anything that could be improved.

5 Conclusion

The clinical care and staff care was commended by patients we spoke to. The department ran a good ship in a difficult environment and was very successful keeping time for patients' appointments when we visited. The signage for the department needs urgent attention so patients can locate it easily.

A significant minority of patients had experienced problems with appointments being cancelled or postponed.