

healthwatch

Brighton and Hove

Patients' Perspectives of the Royal Sussex County Hospital Outpatients' Departments, July 2016

Overview Report



Introduction

In June 2016 Healthwatch Brighton and Hove agreed with the Chief Executive Officer of the Brighton and Sussex University Hospital Trust (BSUH) to conduct a review of some of the outpatient departments (OPD) at the Royal Sussex County Hospital (RSCH). This was to be the first project in a provisional agreement to collaborate in a programme of Enter of View activities in the hospital. The focus on the OPD was prompted by preliminary feedback to the BSUH from a Care Quality Commission (CQC) inspection when the concerns about hospital services had included a number of issues related to OPD.¹

The hospital wished to follow up these concerns which chimed with Healthwatch's interest in the impact on patients of long waits for hospital appointments and treatment (Referral to Treatment Times - RTTs). Healthwatch had also been hearing the problems people were experiencing with the newly contracted Patient Transport Service (PTS) to Coperforma which was affecting people's ability to keep appointments. The review of OPDs therefore gave us an opportunity to talk to patients about their experience of patient transport.

This report, therefore, addresses issues raised in preliminary CQC findings and Healthwatch concerns.

Background

Subsequent to Healthwatch fieldwork, the CQC identified the following problems in OPD in its published report:

Confidentiality

- Inadequate storage of medical records. Notes not always stored securely and around 4,500 records going missing each month.
- Breaches of confidentiality were observed in waiting areas when individual circumstances were discussed within earshot of patients.

Cleanliness

- Required standards of cleanliness were not consistently met. Stained curtains and dust and debris were visible in some areas.
- Cleaning checklists were not visible in a number of treatment rooms.
- Hand hygiene audit scores were below the required standard.

Patient relations

- Inconsistent levels of caring and compassionate care delivered by staff. Patients not always treated with dignity and respect.
- Staff did not always consider the privacy of patients.
- Staff did not always introduce themselves to patients.

¹ CQC Section 29A Warning Notice issued on 6th June 2016.

Waiting times and handling of enquiries

- Failure to meet England standard for referral to treatment times (RTT) and also failed to meet cancer waiting and treatment times.
- Higher than national average of cancellation of operations.
- Call centre data indicated almost half of all calls made by patients had been abandoned and unanswered.

The Healthwatch review is different from a CQC inspection with neither the clinical insight nor the reach of an inspection. However, by extensive observation in public areas in the OPD and gathering detailed feedback from patients, Healthwatch's review provides insight into the key issues raised by the CQC from the patient perspective and experience.

Data gathered by Healthwatch included the following:

- Patient views on their appointment: its appropriateness and their worries
- Accessibility of the clinic and transport used
- Waiting for appointments and difficulties experienced with referrals
- Cancellation of appointments
- Customer relations at clinic, especially at reception
- Waiting room environment
- Cleanliness of facilities and hand sanitisers
- Medical record confidentiality and privacy afforded patients in waiting areas
- Timeliness of the consultation on the day
- Quality of care during consultation; availability of notes/information, opportunity to ask questions, choices of treatment offered
- Accommodation of special needs at clinic

Visits to the hospital took place throughout July 2016. Our volunteers completed questionnaires with patients and made observations in the Main OPD, the Gynaecological Clinic, the Fracture Clinic, the Ear Nose and Throat (ENT) Clinic, the Audiology Clinic, the Physiotherapy Clinic, the Rheumatology Clinic, the Eye Clinic and the Cancer Centre.

The OPDs were proposed by the BSUH, with the exception of the Eye Hospital, which Healthwatch asked to visit. A general timeframe for undertaking the visits was agreed but the hospital was not informed of the actual dates of visits. Each department was visited more than once by representatives.

The visits and analysis by Healthwatch was undertaken prior to the publication of the CQC Brighton and Sussex University Hospitals inspection report in August 2016.²

The report includes an executive summary and this overall report. Reports for each individual department visited are also available as separate documents.

² [Brighton and Sussex University Hospitals NHS Trust Quality Report 17/08/2016](#)

Healthwatch Brighton and Hove would like to thank all the managers and staff at RSCH who participated and welcomed Healthwatch and cooperated fully. All departments had preliminary feedback on findings of the review prior to the writing of final reports.

What we did

The research was conducted by a team of eight volunteers, authorised as Healthwatch Enter and View Representatives.³ The volunteers worked in pairs spending approximately a total 35 hours in the OPD (over 85 person hours). Volunteers used a semi-structured questionnaire to interview patients. They covered patient's experience with their appointment, the referral process to the OPD, and their consultation with the specialist. Volunteers asked patients 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 their consultations as patients did not want to be delayed after their appointment. Nevertheless, we were able to gather detailed accounts of experiences by interviewing 117 patients. We also carried out extensive 'Sit and See' observations covering the same issues.

1 Overall findings from all OPDs

The review found that patients were very positive about the quality of care provided in consultations. Patients were less positive about the referral process leading to an appointment and waiting times in the clinic on the day of their appointment. Patients commented on the mixed performance of booking systems used to make appointments and poor communication around bookings. A significant number of patients reported long waits for appointments and had experienced cancellations.

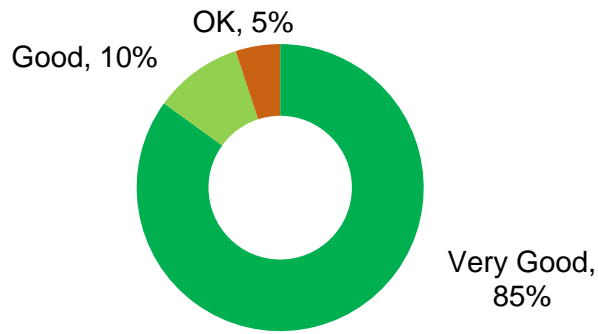
Key findings

high quality clinical care

Nearly all (95%) patients reported that their overall experience at the consultation had been 'good' and positive assessments were made about various aspects of the consultation (personal notes and relevant information being available, opportunity to ask questions, and choices of treatment offered and explained). Patients often warmly praised the quality of care provided by clinical staff.

³ Enter and View authorised representatives.

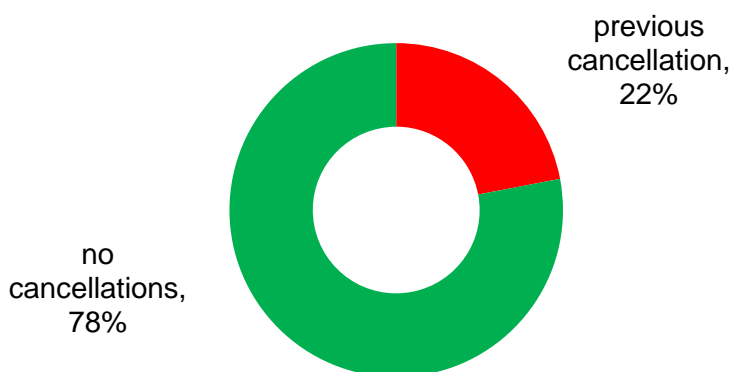
95% 'good' assessment of clinical care n=81



referral process

Patients complained of long waiting times to receive an appointment for the clinic. A fifth of patients (22%) reported that a previous appointment for their condition had been cancelled. Cancellations were particularly high for the Ear, Nose and Throat (ENT) clinic (28%) and the Main OPD (41%) clinic.

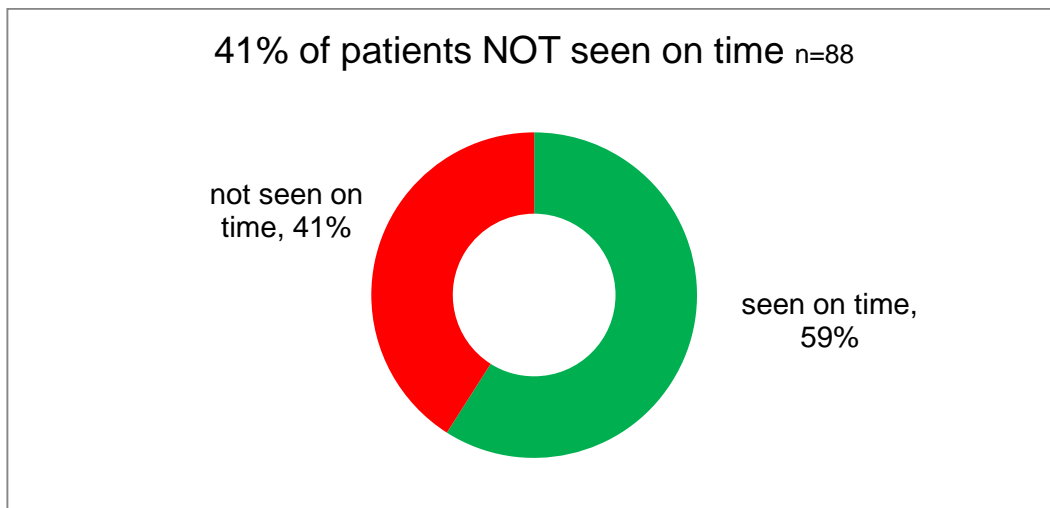
22% of patients had previous appointment cancelled n=88



Compounding the distress of delays and cancellations was poor communication to patients regarding appointments. A significant number of patients voiced dissatisfaction with appointment letters saying they gave unclear, incomplete and contradictory information (examples are provided in the departmental reports). There was also dissatisfaction with the handling of telephone enquiries about appointments. Patients reported difficulties in getting through to speak to someone and the lack of an email address to send messages to.

appointment timeliness on day of consultation

Two fifths of patients (41%) reported they were not seen on time on the day of their consultation, but this figure varied between departments. The fracture clinic saw people on time for their appointment. Whilst most patients were sanguine about delays and understood delays were sometimes inevitable, not being adequately informed about delays was a commonly voiced complaint.



waiting environments in clinics

Royal Sussex County Hospital is an old building which is in a state of disrepair in many areas. Waiting areas in OPDs are sometimes small making it difficult for conversations at reception not to be overheard. Confidentiality was an area of concern for BSUH. The lack of confidentiality at reception was mentioned as an issue at the Gynaecology and Cancer clinics and at the Eye clinic where 29% of patients reported that private or confidential information could be overheard. We found reception staff and departmental managers were very aware of the potential for confidential information to be overheard as individual reports show.

Patients thought that most clinics provided adequate waiting environments in respect of specific features: seating (sufficiency and comfort), drinks, toilet signposting, lighting and ventilation. The Rheumatology and Eye clinics, however, received poorer ratings. Ventilation was a problem in the Eye Clinic, the Main OPD and the Rheumatology Department. Overall, less than half of patients rated the Main OPD as 'good', 30% of patients in the Eye Department, and none in the Rheumatology Department. Cancer was rated good or very good by everyone. The average for patients across OPD departments was 75%.

2 Examples of good practice

Visiting a number of OPD clinics gave our team an opportunity to observe how different departments managed similar challenges. We used the observations to identify examples of good practice where we felt patient needs were being met effectively.

Informative appointment letters

- Patients welcomed clear and informative appointment letters where the time, date and location were clearly presented and helpful information was included. For example, a letter from one clinic suggested that the patient be accompanied for the appointments (Fracture Clinic). This information was welcomed by patients. Text reminders were also appreciated by patients where they were used.

Proactive encouragement of use of hand sanitisers

- Hand sanitisers were widely available in OPD clinics but none were observed being used by patients. The Eye clinic had an excellent display to encourage the use of sanitisers.

Personal handling of appointment delays

- Patients were generally understanding that delays in appointment times at clinics can occur. Patients welcomed being informed about delays, and, where the delay could be estimated, appreciated the opportunity to use the time productively without worrying they would miss their appointment. The ENT clinic, for example, approached patients individually to notify of delays and this was welcomed by patients.

Provision of leaflets on patient's condition

- Patients appreciated being given information on their condition. Most clinics provided information about relevant conditions in large displays in waiting areas but it is questionable how much this is used. Patients particularly welcomed when clinics provided personalised information. For example, the ENT clinic gave specific information leaflets to their patients according to their condition. The provision of Patient Voice information was not consistent and not obviously promoted.

Personalised approach to patient care

- Patients welcomed a more personalised approach to their care where relevant information about care pathways and conditions was provided on an individual basis. The Cancer Centre was exemplary in this respect, working proactively to ensure systems were aligned and patient needs were fully met. The Centre had a culture of personal service but also seemed to have more control than other clinics over systems to support their approach.

3 Referral for Appointments

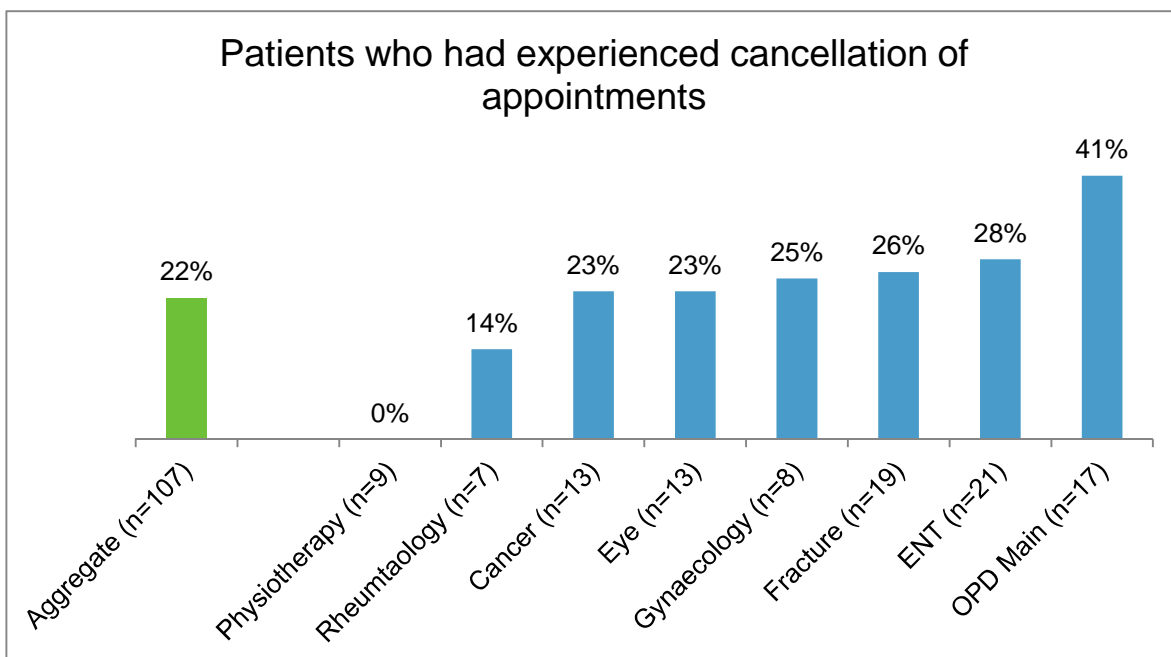
Referral for an appointment was a key area of concern for patients. Patients reported long waits after a referral from their GP for a specialist appointment and difficulties managing appointments once they were arranged. These issues placed considerable stress on the patient experience.

In general, patients arrived prepared for their consultation and feeling that an appointment at the hospital was needed. Three quarters (73%) of patients interviewed said that they were not worried about the appointment. And almost all (93%) patients felt that a hospital appointment was the right approach for their problem.

Long waits and cancellations

Appointment cancellations compounded long waits. A fifth of patients (22%) had had a recent appointment cancelled for the issue they were at the clinic for on that day. Cancellations were particularly high for Main OPD patients, 41% of whom said they had experienced them.

Cancellations worried patients by adding uncertainty to an often already stressful situation. Our questionnaire results showed that 18% of these patients who had had a significant wait had experienced personal difficulties, including 'worry' and 'pain', as a result.



Patients also commonly reported appointment administration errors and last minute cancellations. Errors included patients not receiving appointment letters and double appointments. A number of patients reported having their appointment postponed for a week at the last minute and multiple cancellations over several months. One patient reported having being told they would not get an appointment for some time, and then received two appointments within two weeks for different dates. More detailed accounts of these situations are provided in case studies in the individual departmental reports.

Patients also received appointments unexpectedly and were not able to identify the health issue the consultation was about. This problem was particularly likely to occur when a patient had more than one condition. This caused particular stress as patients thought the appointment must be for something urgent.

A number of patients said they had not received an appointment and were then sent a letter saying they 'Did Not Attend' and in one case they were told they would have to go back to their GP.

These problems were voiced by patients across all departments that we visited.

Appointment handling

A consistently reported issue for patients was difficulty communicating with clinics to make changes with appointments. When patients had tried to phone to query or change an appointment they consistently reported they had not been able to get through. Alternative methods of contacting clinics were also unreliable with many clinics not providing an email address to contact. Patients resorted to writing or going back to their GP and one man had gone to the ENT Department personally.

Difficulty in communicating with clinics about appointments is a serious issue for patient care and is likely to lead to unanticipated Did Not Attends (DNA). A fifth of patients (21%) reported they were unable to attend a previous appointment for legitimate reasons. A failure to communicate these changes is therefore likely to have a significant impact on appointment scheduling.

Despite these widely reported difficulties there was evidence of good practice in some clinics. For example, patients appreciated text reminders of appointments and requested that more detailed information be included in the message sent.

Recommendation

A system should be implemented that allows department managers to review appointment attendances and reasons for non-attendances. This performance can be benchmarked against targets with remedial action taken where needed.

Recommendation

The systems for bookings, cancelations, and cross referencing appointments needs urgent attention as it is causing real problems for patients and causing reputational damage to the hospital. Access to appointment staff must be made simple. An early timescale needs to be put in place on phoning or texting all patients about appointments.

Recommendation

The reasons for patients not attending an appointment should to be analysed and consideration should be given to publicising DNAs in departments and to the public.

Waiting times on day of appointment

A frequent complaint was that there were delays in clinic appointment punctuality. Only 59% of patients (n= 88) reported they were seen on time. Whilst many patients were sanguine about delays, others had made plans around the appointment time. Being accurately informed when there were delays was one of the most prevalent requests from patients. Only 32% of patients reported that they were given information on waiting times.

Where clinics did try to keep patients updated about appointment times there was a variety of ways which they did so. Approaches included advertising whether the clinic was running to time using noticeboards to communicate this information to patients. Many patients suggested electronic systems would be better for keeping them up to date with clinic times. A suggestion was that local patients could be texted if there was a significant delay in their appointment (an hour or more) so they could rearrange their day and attend their appointment later.

Electronic booking-in systems, such as touch screens, might reduce the need for queuing at reception and be more efficient. Other methods such as patients information provided on a bar code and scanned-in may work in some clinics.

Recommendation

Accurate information should be available at all times in all clinics as a matter of course. Good practice should be for patients to be informed when booking-in at reception and accurate details on how long patients need to wait should be available thereafter.

Cancellation of clinic and late starts

On a number of occasions we observed clinics starting late usually because the doctor had not arrived and some clinics cancelled. This occurred in ENT, Audiology and Gynaecology. Although there were explanations (which are outlined in individual reports) this does represent significant down time and highlights the fragility of the OPD

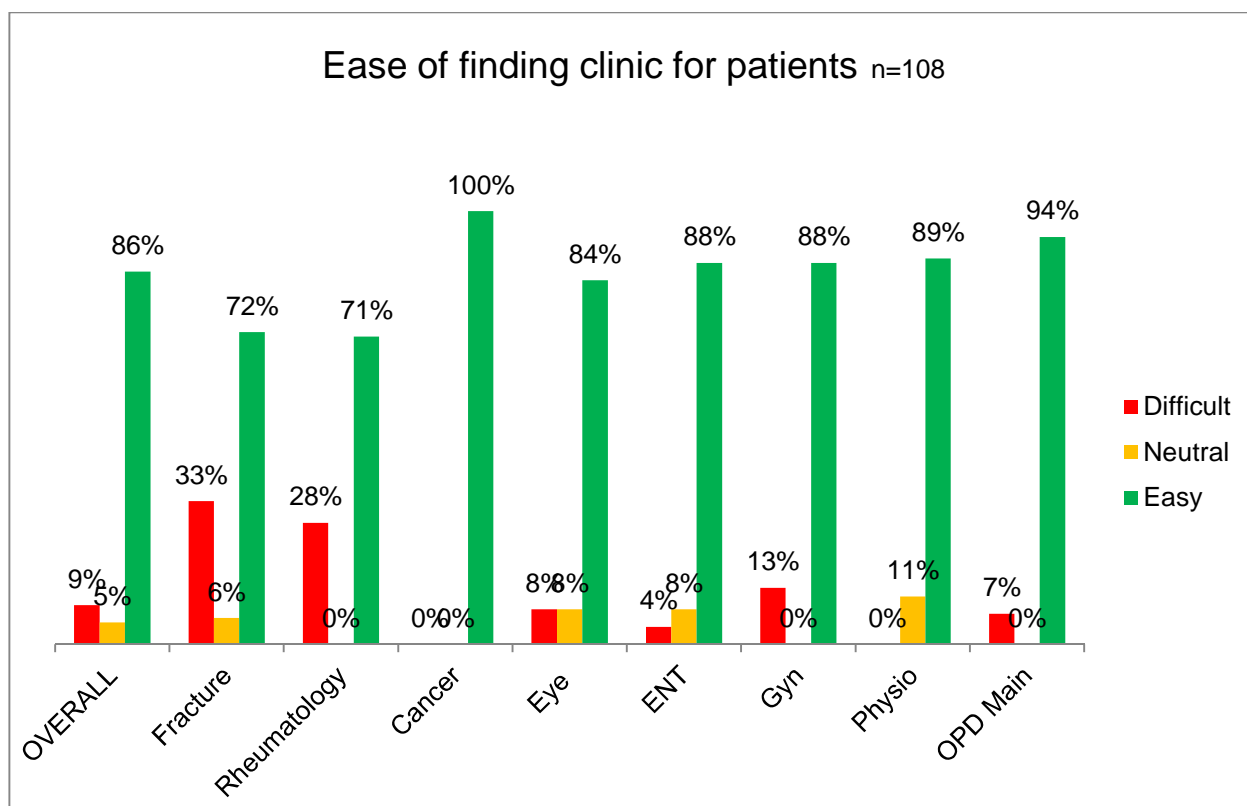
system when clinical staff are unavailable, especially at short notice and disruption of lists when location and building changes are underway. This is a prevalent and ongoing problem.

4 Physical environment and getting around

The hospital is severely challenged by its age and the ongoing modernisation programme. Completion of the modernisation programme is not expected for a number of years but there are a number of modest improvements that could be implemented that would significantly benefit current patients. Patients were mostly sanguine about the environment and had found ways to navigate it: 86% reported finding it easy to find the clinic they were attending. The only clinics with significantly lower ratings were Rheumatology at 71% and the Fracture clinic at 72%.

Recommendation

A clear and large sign needs to be put outside the Barry Building identifying it as the main reception. A map should also be placed outside the building indicating where departments are.



Despite overall positive ratings of navigation issues, a number of patients told us they had got lost or had not been able to find a department. This was especially the case if

they had parked at the back of the hospital. Over half the patients we interviewed (53%) came to their appointment by car. Better signage both outside the hospital and within departments was a common suggestion patients offered to us. In many clinics, disability bay parking was also an issue. Details are provided in individual reports.

Recommendation

A review needs to be made of all the signage. Signage needs to be systematic and consistent throughout the hospital to assist patients, in terms of its appearance, usability and where it is placed.

Recommendation

A sign needs to be placed on the front of the hospital for the Fracture Clinic and the Out of Hours Service.



The main RSUH entrance, the Barry Building

Recommendation

A map of the hospital and good signage to all departments should be available in the hospital car park.

Recommendation

A sign needs to be put on the Vanguard unit stating clearly that it is the Audiology Unit.

Recommendation

We understand that the Latilla Building is relocating in September. In the meantime to assist patients a simple sign needs to be placed on the front of the Latilla Building indicating that it is in use and welcoming patients.



The Latilla Building

Recommendation

Maps should be available with appointments letters about where disability bays are located at the hospital and nearby. Consideration should be given to development of an App. We are concerned that there should not be a reduction in bays when the relocation of the Latilla Building takes place.

Recommendation

Consideration might be given to providing an App of the hospital that can help patients navigate the building, the departments and car parking, particularly to help patient locate disability bays.

Recommendation

Healthwatch volunteers and other patients' representatives should be invited to do 'walk arounds' at the hospital to advise on signage and access from a patients' perspective on a regular basis.

Main Outpatients

Despite endeavours to make the Main OPD reception more welcoming, some aspects remain incoherent for patients. For example, having two reception desks (one for clinics and the other for patient transport and phlebotomy) was commented on as confusing by patients. For large periods of the day, on the number of occasions when we visited, one desk remained unstaffed.

Recommendation

Consideration might be given to one desk facing the front door, to which all patients report. This would improve patients experience and might take up less space, for which there is a premium.

Phlebotomy Clinic

The Phlebotomy Clinic did not have anyone clerking when we visited which meant that patients were queuing and waits were up to one and a half hours. This seemed to be a long term problem and was not acceptable for patients. The patients we talked to seemed to be a mix of patients coming in from the community for regular blood checks, including warfarin, and patients being referred from other hospital clinics. Some poorly patients seem to be asked to stand in a queue for a fairly simple procedure.

Recommendation

Given the shortage of space in the Main OPD, consideration should be given as to whether patients can have their blood taken in the hospital clinic where they are being assessed or treated and as many tests as possible done in GP surgeries or community facilities.

Recommendation

The shortage of clerking staff in Phlebotomy needs urgent resolution as it means clinical staff are being drawn into administration and unacceptable delays are being experienced by patients. Consideration should be given to patients being able to take an appointment ticket for themselves when they attend the clinic so they do not have to stand and wait.

5 General environment

Patients were generally positive about the waiting environment with high levels of satisfaction overall on all criteria. Overall, 75% of patients we spoke to thought the internal environment at the clinic they attended was 'good' or 'very good'. But many patients prefaced their comments by taking into account the limitations of the buildings.

Rheumatology was the only clinic to register consistently poor ratings in the questionnaire on a number of environmental features: 57% highlighting insufficient amount of seating, 72% poor signposting for toilets, and 43% poor ventilation.

Our researchers observed issues with ventilation in the Eye clinic. A majority of patients at the clinic (62%) gave a 'neutral' rating which corroborates this finding. High temperatures caused staff to leave doors open which also compromised the confidentiality of conversations.

Patients in all of the clinics talked about the need for diversion while they were waiting. Patients said they would welcome being able to watch TV (e.g. a news channel), low level music, up to date magazines, access to the internet and a phone signal.

Recommendation

Consideration should be given to the provision of TV screens and reading and other material in all clinics.

Recommendation

There did not seem to be a consistent approach to the use of mobile phones for telephone calls, internet access and information and notices for patients about what was available and what was acceptable use. This should be addressed with a hospital-wide policy.

6 Patient records and confidentiality

The Main OPD, including the Gynaecological Clinic, the Fracture Clinic, the Rheumatology Clinic, the ENT and Audiology Clinics and the Cancer Centre all have the potential for confidential information being overheard at reception as patient waiting areas are very close to the desks. We found that staff were very aware of this and did their best to be discreet. From our interviews 10% of patients overall thought that confidential information could be overheard in the reception area with a particularly high figure of 29% for the Eye clinic. Some departments were noisy with people using mobile phones.

In the Eye clinic we occasionally saw records and equipment unattended and one patient raised concerns about this. At one nurse's station there was a potential risk of patient records being left unattended if staff were called away. These issues have been raised with staff and, we believe, have now been remedied.

7 Patient Transport

Since the transfer of the Patient Transport System (PTS) to Coperforma there have been well documented problems with transport vehicles failing to arrive in time to get patients to and from hospital appointments. When we visited, we found there were still some significant problems. For example, a cancer patient reported that he regularly had late transport for his radiotherapy. When he tried to phone the call centre he could not get through. This picture was confirmed by other patients and a PTS driver, who was also unable to reach the call centre.

There seemed to be particular problems for patients who needed specialist transport, such as a bariatric ambulance or stretcher.

There were two PTS coordinators in the hospital when we visited but these staff members were not able to cover all the hospital sites needed.

Whilst there is an opportunity to use touch screen technology for patients to book appointments themselves (Main OPD), we saw no evidence of its use.

Recommendation

The hospital needs to continue to press for an improved service to get patients to and from the hospital and to retain transport arrangers.

Healthwatch has already raised the issue at the HOSC using evidence from visits to OPD and has been given assurances that the PTS coordinators will be retained. We will continue to raise the issue at all other opportunities.

8. Hygiene and hand sanitisers

Although sanitisers were commonly available in the OPDs, some were not in the most accessible or obvious places. Also, at no time did we see any of them being used by patients or staff.

Recommendation

The location of sanitisers needs reviewing and renewed emphasis needs to be made to the public about their use. The approach used in the Eye Hospital is good. We welcome the refresh programme of the use of hand sanitisers as a response to the CQC report.

9. Conclusion

Patients were complimentary about clinical care in OPDs but in a significant number of cases had experienced problems with the referral process to the clinic and long delays in seeing the specialist when they arrived for an appointment. The environments were generally challenging and the overall rating that patients gave was as much a reflection of their tolerance of often less than ideal situations as an objective assessment of the state of the clinic.

The individual reports show that many of Healthwatch's recommendations can be done at low cost within the OPD (e.g. improving internal signage). Other improvements will require more significant expenditure to upgrade facilities. The big issues to do with referral processes and delays and cancellations of clinics are complex and attributable to a variety of factors. We believe there is a plan to tackle them all, but the range and complexity of issues makes this a major task.

Healthwatch is also willing to assist with these improvements. We have already fed back key findings from this review to management and individual reports to departments and we are willing to engage further in feedback. We have also actively taken up the issues about the PTS at the Health Overview and Scrutiny Committee using the case histories in this report and we intend to continue this scrutiny.

We look forward to greater collaboration with BSUH, reporting the experience of patients using their services and feeding back the findings to make improvements in services.

Appendix

Methodology

During their visits to the OPD departments Healthwatch researchers gathered detailed information from patients and made structured observation of the clinic environment:

Patient feedback

Patients completed a questionnaire (provided below) that asked detailed questions on:

- Patient views on appointment: appropriateness and worries
- Accessibility of clinic and transport used
- Difficulties experienced as a result of waiting for appointment
- Cancellation of appointments
- Customer relations at clinic
- Waiting room environment
- Timeliness of consultation on day
- Quality of care during consultation; availability of notes/information, opportunity to ask questions, choices of treatment offered.
- Accommodation of special needs at clinic

Patients were also invited to share their experiences at the clinic. Selected stories were published as case studies in the department reports.

Environment observation

Researchers used the 'Sit and See' methodology to observe and make a judgement on environmental features of the clinic including the physical environment (cleanliness, waiting room comfort, signposting), safety (fire risks, risk of slipping), records and paperwork (management of patient records, confidentiality and security) and customer relations provided by reception and clinical staff.

Outpatient Department Patient Questionnaire

Date interview completed (DD/MM/YY)

Your referral to the clinic

Q2 Please briefly describe why you are coming to the clinic today?

Q3 What do you want from this appointment?

Q4 Please describe how you are feeling about the appointment today

1. Not Worried
at all

2.

3.

4.

5. Very Worried

Q5 Do you think you need a hospital appointment or do you think your problem could be dealt with differently?

Hospital appointment needed

- Could be dealt with outside of hospital e.g. GP
- Don't know*

Please give details

Q7 Who referred you to this clinic?

- your GP
- A&E
- Other*

Please give details

Q9 Approximate date that you were you referred? DD/MM/YY

Q10 Has the wait for your appointment caused you difficulties?

- Yes - please answer Q12
- No - please go to Q13

Q11 Please select the difficulties experienced as a result of your wait

- Worry
- Pain
- Immobility
- Couldn't work/loss of earnings
- Difficulty of managing family responsibilities
- Not being able to make plans
- Other* - please explain below

Q12 While waiting for your appointment, did anyone keep you informed about how long the wait was likely to be?

- Yes
- No

Q13 Have any previous hospital appointments for this issue been cancelled?

- Yes
- No

Q14 Have you been unable to attend an appointment previously?

Yes

No

Q15 How would you assess the wait for your appointment today?

1. Very Bad

2.

3.

4.

5. Very Good

Q16 How would you improve the referral process?

Getting to the clinic

Q17 How did you get to the clinic today?

Bus

Taxi

Car

Patient transport

Walk

Q18 How easy was it to find the clinic?

1. Very Difficult

2.

3.

4.

5. Very Easy

Q19 Would anything make the clinic easier to find?

At the reception

Q20 When you arrived at the reception today how welcomed did you feel?

1. Treated very poorly

2.

3.

4.

5. Treated very well

Q21 Could any private/confidential information about you or your problem be overheard?

Yes

No

Don't know

Q22 Were you given information on how long you would have to wait?

Yes

No

Q23 How was the environment you waited in?

	1. very poor	2.	3.	4.	5. very good
comfortable chairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sufficient amount of seating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
availability of drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
toilets clearly signposted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q24 How could the waiting experience be made better?

To be completed AFTER seeing medical staff

Q25 What staff member did you see?

- Doctor
- Nurse
- Therapist
- Other* - please explain below

Q27 Were you seen on time?

- Yes
- No - please provide length of delay below (minutes)

Q29 Please assess your experience during the consultation

	Yes	No
Personal notes available	<input type="checkbox"/>	<input type="checkbox"/>

- Relevant information available

- Opportunity to ask questions

- Choices of treatment/offered offered and explained

Q30 Please assess your overall experience at the consultation?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. very poor | 2. | 3. | 4. | 5. very good |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Leaving your appointment

Q31 What is happening to you now?

- Another hospital appointment

- Discharge

- Further non-hospital treatment

Q32 How confident are you about what will happen next?

- | | | | | |
|------------------------|----|----|----|------------------|
| 1. very
unconfident | 2. | 3. | 4. | 5. very confiden |
|------------------------|----|----|----|------------------|



Q33 How are you getting home?

- Bus
- Taxi
- Car
- Patient transport
- Walking

Q34 Any further comments about the service you received at this hospital?

Demographic profile

Q35 What is your gender

- Male
- Female

- Transgender

Q36 What is your age band?

- 18-24
- 25-32
- 33-45
- 46-55
- 56-65
- 66-75
- 76+
- under 18

Q37 Do have any special needs, e.g. hearing problems or mobility?

- Yes
- No

Q38 Please specify your special needs

Q39 Have your special needs been met today?

- Yes
- No

Please explain

Q41 What is your postcode

Q42 Which department?

- Gynaecology
- OPD - Main
- Fracture clinic
- Cancer clinic
- Ear, Nose and Throat (ENT)
- Physiotherapy
- Rheumatology
- Eye hospital