
healthwatch
Bedford Borough

Enter & View Report



Moorfields Eye Clinic at Bedford Hospital Report

Name and address of service provider	Bedford Hospital NHS Trust (South Wing), Kempston Road Bedford, MK42 9DJ
Description of care /service provided	Comprehensive outpatient and diagnostic care for a wide range of eye conditions, as well as more complex eye surgery.
Names of Authorised Representatives	Linda Hiscott and Kamila Naseova
Date of visit	11 th February 2015

Purpose of this visit

“I can tell what kind of care my daughter is going to get within 15 steps of walking on to a ward”

This is an actual quote from a parent.

The 15 Steps Challenge

What did you think when you first arrived on this ward?

The 15 Steps Challenge, designed by the NHS Institution for Innovation and Improvement is to help staff, patients and others to work together to identify improvements that can be made to enhance the patient experience.

Healthwatch Bedford Borough understands that there are lots of important elements to excellent care, and we believe that first impressions often count. The purpose of this visit is to gather information in terms of the quality and nature of what you see and experience. This report is based on ‘The 15 step challenge - what to look out for.’

Background

Moorfields at Bedford Hospital was visited by two authorised representatives who carried out an announced Enter and View (E&V) visit. Prior to the visit Healthwatch Bedford Borough had requested and received the following documents: ‘Referral of patients Attending Eye Theatre for Ophthalmic (including Cataract) Surgery at Moorfields Bedford’ and ‘Referral of patients to the Acute Eye Clinic’. These documents are the current ones that the department are working to but we were made aware that the ‘Referral of patients to the acute service’ is being reviewed.

The team did not visited the service delivery area at the Bedford health village.

Welcoming

The team were expected and made to feel welcomed when they arrived at the clinic. The reception area was busy and the team was asked to sign in upon arrival. We were then met by Mary Masih, the clinic Matron. We were escorted to an office to be joined by Kelly Pollard, the Service Manager and Tim Withers, manager of patient experience from Moorfields London, to discuss how the clinic works and have an overview of the services provided.

The team also visited the reception area of the day surgery ward, where again the team was greeted by all the staff, who were happy to meet and discuss issues with us. A team member asked us to excuse her when she noticed a patient was in need of support. This reception area is quite small and busy and every available chair was taken.

Safe

Overall the clinical / treatment areas of the clinic looked clean and tidy.

The meeting took place at 1.30 and this time is at the end of the morning clinics and the beginning of the afternoon. It has been commented on that at times the reception is crowded and quite noisy.

The space is very limited and this is particularly difficult for patients using wheelchairs or walking frames. Due to the nature of the clinic most people who attend are accompanied by relatives, friends or carers, which results in a very full waiting area. This can lead to insufficient seating during busy times. Wheelchair users have to sit in the space in-between the lines of waiting room chairs which can limit access to and from the seating, or have to be “parked” at the side of the waiting area. This is not appropriate. Staff have recognised that the nature and environment of the clinic is particularly difficult for some people and have introduced a “sticker scheme - Helping hands” which results in people being supported through the clinic as quickly as possible to reduce their distress. Staff have also stated that there has been a 39% increase in referrals, which has affected the running of the clinic and the space available.

Furthermore, due to the lack of space, administrative staff need to use the reception area to perform their duties. Patients’ records are therefore within easy reach of the general public, resulting in patient confidentiality possibly being breached.

This service is commissioned by and based in Bedford hospital but is provided by Moorfields hospital, the team were clear about how the relationship with both these organisations worked, and how they interacted with both. When appropriate

they will link into both systems such as for governance committees and learning and training opportunities, on occasions they deal with just one.

DBS - checks on staff are done by the HR staff in London Moorfields. Checks on bank staff are performed by Pulse Bank (agency of choice). The clinic has grown their own bank staff base with the agency performing all the DBS checks and Bedford Hospital Moorfields interviews. This system is very well developed and this way all the bank staff are known to the service, increasing patient safety. Administrative staff are checked by the agency and introduced to all staff when commencing work.

Training of staff - both Bedford Hospital and Moorfields training opportunities are utilised. Induction training is attended at Moorfields London. Administrative staff can link into both training programmes and they self-manage this process. However, if any training expires, supervisors do get alerted. The learning and development team are also very proactive and there is a wide selection of development courses available.

Medicine management - all medicines required for patients attending the day surgery unit are pre-ordered so that they are available for patients to take home upon discharge. They are clearly labelled with patients' names and stored safely in wall cabinets. However, in the outpatient department patients need to access the pharmacy which closes at 5.00pm. If the clinic is running late and the staff anticipate a problem with the pharmacy being closed the patient is given a FP10 prescription to obtain their medicines from any local pharmacy.

Near misses - a procedure is in place to learn from these occurrences where Moorfields London investigates the causes using a root cause analysis approach. Findings from these incidents are then shared with the whole team so that lessons can be learned. The Matron shared the findings and lessons with the E&V team and was very open about them.

Additional space is used by the clinic in a Portakabin outside the main building. This space is however unsuitable as there is no clear signage, toilet facilities or emergency access. The team were made aware of an incident where the crash team was called but the trolley needed to take the patient out of the Portakabin for further treatment and could not be got up the ramp. Access was gained via an emergency exit which meant pushing through a flower bed.

Caring and Involving

Patient satisfaction and 'Friends & Family' test are routinely undertaken. The Picker institute survey is evaluated as part of Moorfields London. Waiting times are routinely reported as lengthy due to the procedures undertaken at the clinic. As a result, Moorfields Bedford Hospital (BH) offer 2 choices of appointments either in two parts on two separate days or as one with all procedures done on the same day. Also Moorfields BH are developing a new information leaflet for patients to better understand the process and the time scale of procedures.

Information booklet on accessing services at Moorfields London is being updated at the moment for patients accessing services there. This booklet also includes a map for Moorfields London and Addenbrooke's Hospital, which is used by some patients.

If a referral is made out of hours or if a patient has been identified by the staff as being in need of help with getting to another venue then transport assistance can be arranged. Additionally a taxi can be booked in some instances.

All the patients the team spoke to throughout the visit were very complementary about the level of clinical care they had received or were receiving and felt they had been kept informed throughout the process.

The team observed one patient who was anxious and worried within the day surgery unit and was pleased to note the professional and kind way which both she and her carer were being supported by the staff.

The eyes services work actively with the wider sight services and have regular network meetings and training opportunities.

The team were impressed by the level of engagement of all staff, who appeared confident and were able to answer questions and tell the team about the services they offered.

Children's surgery is currently being provided at Hinchingsbrooke hospital but the service is planning to bring this back to Bedford in April 2015. This will mean services are nearer to home and more easily accessible for most patients and their families. Patients will be admitted as day patients to Riverbank ward.

The team have been piloting a triage system run by an optometrist and a nurse which aims to improve the patient journey by allocating the referrals to the most appropriate clinic, stopping referrals having to go through the acute pathway.

Well organised and calm

The nature of the outpatient clinic results in it looking quite disorganised as people are coming and going and moving from one treatment area to another. Because patients are being seen for a variety of conditions the patient journey is not the same for each person, there are notices explaining this to patients. Those patients we spoke to whilst they were waiting for treatment seemed to be aware that the waiting times would or could be quite long. However, they felt they were being kept involved in what was going on.

One family the team spoke to, who had been seen at the Bedford health village previously were unhappy that they had now had to come to the clinic held at the Bedford hospital site as the photograph required could not be taken at the health village. They felt that as the lady was not a new patient and her physical condition had not changed it should have been possible for the appropriate appointment to be made. They were however, happy with the care they had received that day.

The people waiting in the day service unit raised the issue that the information they were sent prior to the surgery, whilst comprehensive, was difficult to read due to their sight issues.

A carer was worried about the car parking, as they were unsure exactly how long they would be there and so couldn't judge the amount of money they would need to put in the parking meter. The health care assistant was able to support and advice the patient and carer as to what action they should take.

Another patient had been brought to the clinic in the morning by transport from his care home. His appointment had been on time but although he was finished by 12.30 the patient and his carer were still waiting for transport at 2.30. The carer had asked reception to contact transport a number of times, which they had done but they were still waiting. The patient was elderly and frail.

The eye services have been piloting a triage system run by an optometrist and a nurse which aims to improve the patient journey by allocating the referrals to the most appropriate clinic. This stops referrals having to go through the acute pathway.

A hearing loop system is not currently installed in the eye clinic.

Summary

Moorfields at Bedford hospital provide the eye services for Bedford hospital, offering a range of services both at the hospital, at Bedford health village and at other sites, such as Moorfields in London, Hinchingsbrooke hospital and Addenbrooke's hospital.

The staff are operating in a complex environment with responsibilities to both organisations but appear to be clear about where and whom they need to be working with and reporting to.

Staff appear to work well as multi-disciplinary team both in the hospital setting and across the wider eye services and are motivated to work together to improve and develop services.

The outpatient clinic and day surgery are both busy services which are seeing an increase in the number of patients being referred, however the building constraints and environment have not increased in line with the patient numbers and this has resulted in a number of challenges in terms of service delivery. As a result of this, staff have developed a number of strategies to help patients improve the journey through services such as the 'Helping Hand' stickers in use for vulnerable patients that require more help and the piloting of a triage system through the hub.

Patients seem resigned to the long waiting times but would welcome an improvement in the environment.

Patients spoken to on that day were all pleased with the treatment they had received and the way they had been treated.

There is now information available for patients who need to have their care transferred to another clinical area in terms of where to go and what to expect.

There appears to be a positive attitude that welcomes the opportunity to learn and understands the need to share this learning across all levels of staff.

Recommendations.

- An urgent review takes places about the access to the Portakabin by the Crash team.
- The working environment for the administration team, based downstairs in the reception area needs to be looked at in terms both in terms of the suitability for the staff and the issue of patient confidentiality.

- The size of the print and the format of the information available for those patients having cataract surgery be reviewed and discussed with service users.
- The waiting area should be looked at to consider how it could be made more accessible for patients who need to use wheelchairs or walking frames.
- The introduction of a hearing loop should be explored as a matter of urgency.
- The 'Helping hand' sticker system should be shared across the hospital as good practice.
- Consideration needs to be given to how to support people who are waiting an unacceptably long period for transport home following an appointment.

About Healthwatch Bedford Borough (HBB)

HBB is the independent consumer champion for the local community, influencing all local health and social care services.

HBB seeks to ensure that the views of the public and people who use health and social care services are taken into account.

Our vision is that

Healthwatch Bedford Borough will be:

- *a critical friend in challenging service providers to ensure that their services are person-centred and responsive to local community needs.*
- *seeking to empower all patients with confidence to make an informed choice about their health and social care needs.*

Our Mission is that

Healthwatch Bedford Borough will consult, engage and empower the wider community in a fair, transparent and realistic way. It will:

- *provide positive influence and encourage improvements in local health and social care services, acting as a critical friend to service providers and establishing valid outcomes against which changes can be measured.*
- *act as the voice of the public, providing a bridge between the commissioners and providers of Statutory Health and Social Care.*

HBB is for everyone in the community - adults, young people and children. It is vital that HBB actively seeks the views from all sections of the community, particularly those who seldom have their voices heard to ensure that information gathered is representative of the local community that it serves.

HBB Board

This is the body responsible for overseeing the work of the organisation. Board members are:

- Anne Bustin (Chair).
- John Weetman (Finance Director).
- Linda Hiscott (Strategic Director).

There is also one non-executive Director - Lyz Hawkes.

The Board meets on a regular monthly basis.

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HBB Staff

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Important Note.

HBB is a Community Interest Company (CIC). It is registered with Companies House as Company No 8385413.

The three Directors (Board) have an important position of trust and general company law imposes on them a range of duties and in ensuring that the CIC meets its statutory and other obligations.

The HBB strapline is as follows:

“A strong voice for local people”