

ENTER & VIEW VISIT REPORT

**Chesterfield Royal
Hospital NHS
Foundation Trust**

**Chesterfield Eye Centre -
Eye Clinic**

Visit conducted by:
Healthwatch Derbyshire Enter & View Authorised Representatives

Enter and View Visit Report

Chesterfield Eye Centre - Eye Clinic, Chesterfield Royal Hospital NHS Foundation Trust

1. What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about, and share, examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager at the end of the visit.

2. Visit Details

Service visited:

Chesterfield Eye Centre - Eye Clinic
Chesterfield Royal Hospital NHS Foundation Trust
Calow
Chesterfield
Derbyshire
S44 5BL

3. Purpose of the Service

Serving North Derbyshire's population and beyond - a catchment population of around 375,000 - Chesterfield Royal Hospital NHS Foundation Trust provides a full range of acute services - plus 24-hour accident and emergency care and specialist children's services.

'The Chesterfield Eye Centre opened in June 2012, a £2million, purpose built centre that has transformed an area previously reserved for private care into a state-of-the-art Ophthalmic facility.'

Source: Trust website

4. Date and time of visit

Visits were held between 0830-1300 and 1300-1700 on Tuesday 3rd and Thursday 5th March 2015.

5. Authorised Representatives

David Armin, Brian Cavanagh, Bob Clemson, Jane Fulham, Eileen Hinch, David Mines, Anne Walker, Grace Wood

6. Contact Details

Healthwatch Derbyshire, Suite 14, Riverside Business Centre, Foundry Lane, Milford, Derbyshire DE56 0RN Telephone: 01773 880786

7. Acknowledgements

Healthwatch Derbyshire would like to thank staff at the Eye Clinic for fully supporting and facilitating this observation.

8. Disclaimer

Please note that this report relates to findings on the specific date specified above. It is not representative of all service users and staff, only those who contributed within the time available.

9. Purpose of the Visit

Healthwatch Derbyshire wants to ensure that people living in Derbyshire have the opportunity to engage with Healthwatch, and have their say about the health and social care services they are receiving.

For the purpose of this visit, Healthwatch Derbyshire wanted to carry out an observation during a range of clinics operating at the Eye Clinic.

This Enter and View was conducted as a result of public and patient feedback collected by both Healthwatch Derbyshire, and by North Derbyshire Clinical Commissioning Group (NDCCG). Relevant senior clinical staff at Chesterfield Royal NHS Foundation Trust also suggested areas to be built-in to the observation based on their own feedback and knowledge about the clinic.

Healthwatch Derbyshire met with Chesterfield Royal Hospital (CRH) in late 2014 to discuss the public and patient feedback received, and to explore the best way to conduct an observation. The option to conduct an Enter and View visit to explore patient experience at the eye clinic in more detail was developed very much in partnership with the provider. They have been thoroughly engaged with this process and wholeheartedly welcomed the visit. The date for the observation was agreed to fit in with and complement other pieces of development work going on at the clinic.

At the same time, NDCCG as commissioners of the service have been kept informed of the development of plans and have been given the opportunity to input to the development of the visit.

10. Methodology

This observation was conducted by teams of two or three Authorised Representatives attending both AM and PM clinics on Tuesday 3rd and Thursday 5th March 2015. During these sessions, many different types of clinics were running for adults and children, including retinopathy screening. Authorised Representatives were encouraged to move between areas flexibly, as appropriate, to ensure that the observation was as fruitful as possible, and worked around the running of the clinic at all times. This approach was agreed through dialogue with the provider as being a practical and appropriate way to give a wide range of patient perspectives.

As well as making observations, Authorised Representatives spoke to staff, patients, and carers when they had the opportunity during the observation. Prompt sheets were prepared to assist with the collection of information.

Authorised Representatives worked alone or in pairs during the visit as necessary and appropriate for the observation.

11. Findings

11.1 Appointment Systems

Appointment Letters

- Many patients were largely complimentary about the appointment letters received.
- One patient was positive about the text message reminder system.
- A few patients reported that appointment letters were not clear. One example given was that letters did not explain the need for a follow-up appointment. Another example was that a cancellation letter did not take in to account the knock on effects to other appointments which would require the results of the previous examination to be available.

Cancellations

- Many patients spoke about previous experience of appointments being cancelled by the hospital and then rescheduled. On many occasions, patients were quite happy with the new arrangements and any explanation given if the cancellation came by telephone. A few patients were not happy about the delay created to their consultation.
- Some patients recounted having to chase the hospital for appointments to be seen after cancellations. Other patients mentioned times during the course of their treatment when they seemed to have 'dropped out' of the system and needed to either chase the hospital, revisit their GP or optician to get 'back in'.

- Two people spoke about their experience of a number of cancellations at the children's clinic. These cancellations had a knock on effect on other clinics which also then had to be postponed because of trying to minimise use of public transport and time off school.
- Occasionally some cancellations had been very short notice, on one occasion on arrival at the clinic.

Responsiveness

- Several patients were at the clinic as they needed to be seen as an urgent case. These patients were very complimentary and grateful for the swift speed of service they had received.
- Although many patients were happy with how long they had waited for their initial appointment or follow up, a few people talked about lengthy waits of up to 5 months to be seen.

11.2 Arriving at the Clinic

Car parking

- Patients reported that the availability of car parking spaces varied depending on time of day and day of the week, and can be straight forward - or can be highly problematic.
- Some people highlighted the need for more spaces near the centre for those with mobility problems in addition to the few exclusive disabled spaces provided.
- Several patients commented on the lack of a parking pay machine at the clinic.
- Views on parking were split, with many accepting the charges applied, some feeling that charges too high and a few objecting to paying for parking at all.

Signage

- Patients reported that the clinic is hard to navigate from main reception, but has clear signage from the car park.

Getting to the Clinic

- There is a patient escort service in the main hospital reception to get to the clinic, but one patient was not aware of this and had struggled to get his wife in a wheelchair to the clinic.

11.3 At the Clinic

Environment

- The main reception features information on how to make a complaint, feedback cards and a 'letter box' for returns, and a 'you said we did' board illustrating service change based on feedback.
- Authorised Representatives noted that three of the waiting areas are out of line of sight of the main reception desk and so it is not always apparent to staff members if patients need help.
- The pharmacy is a long walk from the eye clinic, and patients reported that this can cause difficulties for collecting medication.
- An Authorised Representative observed one patient with a visual impairment who struggled to find the toilets from the main waiting room.
- One patient commented that the lights are too bright for people once given dilation drops.
- Authorised Representatives observed that there is reading material in some, but not all, waiting areas.
- Several patients commented that in one waiting room, the seating provided does not face the TV. Patients also commented that subtitles could be added with the sound being off.
- Authorised Representatives noticed the provision of water, but the absence of a sign to make it clear that this is drinking water.
- Patients commented that the clinic lacked provision to buy hot and/or cold drinks.
- Authorised Representatives noted and patients commented that the main reception area was sometimes cold and draughty, due to the frequent use of the automatic doors.
- Parents and carers were positive about the environment and range of toys and playthings in the children's play area, and the Authorised Representatives observed children enjoying playing in this area.

Staff

- Patients described eye clinic staff as 'busy', 'calm', 'organised', 'smiling', 'professional', 'friendly' and 'helpful'.
- Patients felt that although the clinic appears to be very busy, it appears to run smoothly and efficiently.

Delays

- Some patients experienced, or had previously experienced, delays going in to, or between, different elements of their consultation. However, patients generally felt

that waiting times were not excessive. Patients said that they would appreciate knowing on arrival if clinics were on time or were given an estimate of how long they might have to wait. Authorised Representatives noted that this sometimes happened, but not always. Authorised Representatives noted a board showing staff clinics in session, staff allocated and if the clinic was running on time, but patients did not seem to be aware of or use this board.

- As well as information, patients fed back that delays could be made better by an explanation and apology from staff. Some Authorised Representatives observed that on occasions there was an explanation, apology and/or time estimate given, but this was not always the case and did not seem to be embedded or systematic.

Patient information

- Several patients commented that they could have been better informed about the next steps in their treatment, or why a particular test or treatment was no longer required. One example of this came from a patient who was attending for a diabetic retinopathy check, but had been told she no longer had diabetes.

11.4 In the Consultation

Staff

- Patients reported that the overwhelming majority of the time, they were treated with respect and dignity.
- Patients reported that on the whole, staff introduced themselves and explained their designation.
- Most patients could hear and understand staff. One person commented that they found the accent of a consultant difficult to understand 'but the nurse helped'.
- A patient reported that one consultant could be 'abrupt'.
- The overwhelming majority of patients said that staff had a very positive attitude.
- Patients spoke positively about the level of information, support and involvement in their treatment and care.
- One patient particularly complimented staff for speaking to them as the patient, and not the family member accompanying them.
- Consistency between clinicians was highlighted as an issue by several patients, although all acknowledged that this had not been detrimental.

Systems

- One carer praised the fact that during their appointment, they had been given a choice of where to have their next annual diabetic retinopathy check. This could be at a range of centres in Derbyshire, and so gave flexibility and choice.

- Patients reported that making further appointments worked well once they had left the consultation room, which involved reporting back to reception to begin the process of triggering a follow on appointment.

12. Summary of Findings

This Enter and View visit highlighted many examples of good practice as well as highlighting some practice that does not appear to work so well. Based on the observations of Authorised Representatives and as reported by patients, staff and carers the main areas of good practice identified were:

- The attitude of staff, who were overwhelmingly reported as being professional, dedicated, friendly and helpful.
- The excellent children's waiting area.
- The board showing staff clinics in session, staff allocated and clinic running times seemed a useful resource (but was not used by patients).
- Text reminders useful when received.
- The ability of the service to cope with such busy clinics and respond to accommodate urgent cases.

The practices that did not appear to work so well were:

- The main waiting room could be cold and draughty.
- The appointment system can work well but can be prone to cancellations and glitches, which can then rely on the patients to identify and rectify the problems.
- Appointment letters can be confusing.
- Response to the needs of patients with limited mobility - e.g. lack of awareness of the escort service, lack of available parking in close proximity to the building, no parking pay machine and a long walk to the hospital pharmacy.
- Information not systematically passed on to patients about any delays to the clinic, along with an explanation and apology.

13. Recommendations

- Maximise use of text message reminders, as did not appear to be used systematically.
- Sign to indicate 'drinking water' in waiting area.
- Improve signage to clinic from main reception.
- TV/seating in one waiting area would benefit from being reorganised and subtitles added.
- Monitoring temperature in waiting areas and regulating as far as reasonably possible.
- Review appointment letters to make them more user friendly and clear including when follow up appointments might be needed and other consequences of cancellations.
- Work to tackle causes of cancellation.
- Consider value of hospital volunteer to keep an eye on elderly/vulnerable patients in waiting areas out of sight of main reception.
- Consider scope to sell refreshments.
- Review and address needs of patients with limited mobility: i.e. promote escort service, review parking/pay for parking arrangements and access to pharmacy.
- Further develop board to be designed for and used by patients showing clinic information, timings, delays etc.

14. Response from Chesterfield Royal NHS Foundation Trust

Chesterfield Royal Hospital NHS Foundation Trust Healthwatch Derbyshire Enter and View - Eye Centre Actions Report

1. Maximise the use of Text message reminders

At the time of the Enter and View visit the SMS system was experiencing technical issues; as such not all patients were receiving text reminders. This was not the normal service that the Ophthalmology patients would experience. This was reported to IT department and was subsequently resolved.

2. Signage to indicate drinking water in waiting area

This recommendation was actioned in May 2015 and signage is now in place.

3. Improve signage to clinic from main reception

We have already improved the signage within the eye centre and from the car parks. The Trust accepts this recommendation and has already started conversation at the Patient and Public Involvement group to scope how best to navigate our patients and visitors once they are within the main building.

4. TV seating in one waiting area would benefit from being re-organised and subtitles added

Subtitles have been added to the TV in June 2015. The Ophthalmology team have reviewed the seating arrangements and unfortunately although not ideal, the current configuration is the most appropriate. Future plans are to consider adding a conservatory to the front of the eye centre which will enable the doors to be open without impacting on patient comfort.

5. Monitoring of temperature in waiting area

We accept this recommendation and improved the temperature immediately following the review. The ventilation system was not working efficiently at the time of the visit, this work has now been undertaken and the heat curtain at the front doors is now in working order. There have been no further complaints regarding the temperature.

6. Review appointment letters to make sure they are user friendly and clear including when follow up appointments might be needed and other consequences of cancellations

The speciality manager has reviewed the ophthalmology letters and these have been refined to ensure that they are more clear. However due to the complexity of the patient pathways the Patient Administration System (Medway) is unable to marry up some of the linked appointments. We are hopeful that with the upgrade of Medway, in the autumn, this issue may be resolved or improved. Further training has been undertaken by the administration staff to ensure that the correct letters are selected on Medway for appointments.

7. Work to tackle causes of cancellation

The performance team have been reviewing the capacity of patient slots to ensure that there are enough appointments in the system to match demand. There is also ongoing recruitment of Medical staff. The administration staff have undertaken training and are now aware that when cancelling linked appointments they need to be re-instated in the same manner.

8. Volunteer usage in waiting area to keep an eye on elderly/vulnerable patients

We accept this recommendation and have already put in place a number of actions to ensure that vulnerable people are assisted and this function forms part of the volunteer's role. The Trust has also provided awareness training to ensure that volunteers are able to identify vulnerable people and assist them where necessary or escalate to the clinic nurses as appropriate. The volunteers receive safeguarding training upon induction to the Trust and we are about to introduce annual safeguarding updates.

9. Selling of refreshments

We have reviewed this recommendation and unfortunately due to limited space within the eye centre it is not feasible to situate a cold drinks vending machine and to do so would impact on seating. We have available a cold water fountain and have snack boxes for those patients who have had to wait for their appointment. We have also sign posts to other amenities.

10. Review and address needs of patients with limited mobility

We have utilised our volunteers within the eye centre to assist patients in obtaining their prescription. We are considering the possibility of installing a satellite pharmacy nearer to the eye centre when the urgent care village is built. The Trust is also looking at its car parking solution and accepts that additional pay machines are required across the Trust including the eye centre.

11. Patient information board displaying clinic times to be developed further

We accept this recommendation and additional signage has been added to the board to explain waiting times.