

NHS Outpatient Appointments

**Healthwatch Isle of Wight Report
May 2015**



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1. Acknowledgements

Healthwatch Isle of Wight would like to thank all those who contributed to this piece of work, in particular the following:

- All members of the public who shared information on their experiences of outpatient services through the Healthwatch survey
- The nine authorised Healthwatch volunteers who contributed their time and their listening skills to carry out structured conversations in outpatient waiting areas
- Healthwatch research & report-writing volunteer Mariam Rezk for assisting with data entry, analysis and writing up
- Colleagues from the Isle of Wight NHS Trust and other providers for helping arrange structured conversations and supplying background information
- Healthwatch West Sussex for sharing ideas on how best to provide participant information and record informed consent of participants

Healthwatch Isle of Wight looks forward to continuing dialogue with relevant local partners on achieving progress on the recommendations contained in this report.



2. Summary

The theme of outpatient services became part of Healthwatch Isle of Wight's workplan for 2014-15 following public engagement. Cancellation of appointments was adopted as the focus of the work, in particular the effects experienced by patients.

Healthwatch I.W. worked closely with the Isle of Wight NHS Trust, who had also decided this topic needs attention.

In December 2014 and January 2015 a survey on patient experience was conducted to which there were 202 responses.

Overall, patients expressed satisfaction with services, with the majority not experiencing any appointment cancellations over the previous year.

A concern was identified over occasions where patients had arrived at clinics to find their appointment cancelled. Of those who had experienced cancellations over the previous year, 23% of respondents reported at least one of these un-notified cancellations.

The impact described by patients of cancellations ranged from incurring unnecessary travel expense or changes to caring arrangements (for un-notified cancellations) to anxiety about delayed diagnoses or feeling that medical conditions had worsened, with more intense treatment required.

Where cancellations occurred, most patients reported between one and three cancellations for each "care episode" (the number of times a specific visit had been postponed).

Patients experienced inconsistent levels of information on reasons for cancellation. Broader issues around communication and record-keeping were also identified.

Healthwatch I.W. looks forward to keeping in close touch with the Isle of Wight NHS Trust in meeting the recommendations in this report.



3. Background

Healthwatch Isle of Wight is the “consumer champion” for local health and social care services. It was created in April 2013 through legislation bringing in a Healthwatch organisation in each local authority area of England. Feedback on services is received from local residents, and a number of topics identified each year through public engagement for further consideration. Healthwatch works with service providers to explore these topics in detail, helping uphold what works well and identifying improvements that may be needed. Healthwatch I.W. is supported by a team of paid staff, and an enthusiastic group of volunteers.

Healthwatch I.W. relates to all health and social care services funded for Isle of Wight residents; this report therefore relates to outpatient services provided by more than one NHS Trust. The principal focus is on services provided by the Isle of Wight NHS Trust, as the largest provider.

Amongst Healthwatch I.W. topics for 2014-15 was patient experience of outpatient clinics, in particular the impact of appointment cancellations. This had been identified separately by the I.W. NHS Trust and included as *Priority for Improvement 5* in its 2013-14 Quality Account ¹. The Care Quality Commission (CQC) in its St Mary’s Hospital Quality Report ² reports a 16% rate of appointments “cancelled by the hospital” (with a 7.4% rate of patients not attending) but it should be noted that the I.W. NHS Trust’s figures do not differentiate between postponements affecting patients, and changes of clinician or room that do not result in a delay.

The I.W. NHS Trust has two “key indicators” of reducing cancellations by 10% and reducing the percentage of patients experiencing over three cancellations in one “episode of care”. Trust written reports continue to highlight this area. The Outpatient Appointment & Records Unit prompted the greatest number of complaints and concerns for any service area in each of the last four months of 2014³. Healthwatch has liaised with the I.W. NHS Trust, so that its own explorations complement their work.

Each NHS provider in England is expected to keep a statistical record of outpatient cancellations, but there is no common national system to record reasons for cancellation. In Northern Ireland there is a common list of headings across all NHS providers, giving the facility for comparisons to be made across NHS providers. However, it has been noted there⁴ that the highest number of cancellations are recorded under a generalised “consultant unavailable” heading, reducing the potential to find meaningful patterns. Similarly, the Isle of Wight NHS Trust, in its own list of recording headings has a generic “hospital cancelled appointment” accounting for the majority of recorded cancellations. Work is underway in the I.W. NHS Trust to increase use of other existing headings, and devise extra headings if these are useful. The I.W. NHS Trust’s 2013-14 Quality Account specifies the setting up of a working group to “help understand the reasons for why cancellations are taking place and to collectively put measures in place which will result in their reduction”¹.

A decision was made in autumn 2014 by Healthwatch I.W. that the most useful focus for its own activity would be to hear from patients about the impact cancellations had on them.



4. Methodology

Healthwatch I.W. has a flourishing group of trained volunteers who are authorised to undertake “Enter and View” visits under relevant legislation. As well as having undertaken required screening checks, they are chosen for excellent interpersonal skills and levels of empathy. They also take part in activities that are not part of the formal “Enter and View” role, utilising their skills to contribute to Healthwatch’s examination of topics.

For this workplan, members of the volunteer group were invited to take part in a series of structured conversations with patients in outpatient waiting areas. A script (see Appendix E) was devised for the volunteer use, which could also be handed to patients for self-completion if any preferred to take part in that way. A preparation meeting was held for the

volunteers, prior to the conversations taking place, and all visits were conducted in pairs. Volunteers were clear that they would be finding out about patient experience, and not about detailed medical issues.

Conversations covered the following, all relating to 2014:

- Number of cancellations experienced, and for which specialties
- Reason given, if any, for cancellations
- Amount of notice given each cancellation
- Month of cancellation
- Impact of cancellation on individuals
- Information on age, gender and disability (for respondent profile)

There were 202 responses. Of these 140 were completed through the structured conversations (or self-completion). An electronic version of the survey was also made available to broaden the survey's scope. It was advertised on the Healthwatch I.W. website and through social media. The electronic version of the survey yielded the remaining 62 responses.

The volunteers made four visits during December 2014 to the main outpatient department at St Mary's Hospital. From this, it was realised how important it would be to talk to patients using specialised clinic areas. Conversations were arranged in ophthalmology, ear nose and throat, audiology and the maxillofacial and fracture clinics. The last-named also accommodates other specialities.

Conversations were held in the specialised clinic areas in January 2015. The maxillofacial clinic did not take place on the day the volunteers arrived, so there were no patient conversations in the department. Data was received from a small number of users of the maxillofacial clinic through conversations in other clinic areas and via the electronic survey.

Not all the clinics at St Mary's are provided by the I.W. NHS Trust. Those included in the survey provided by other organisations are as follows:

Lighthouse Medical Ltd. (Beacon)	Dermatology
Portsmouth Hospitals NHS Trust	Audiology and Renal
University Hospital Southampton NHS Foundation Trust	Neurology, Clinical oncology and Vascular surgery



5. Findings

a) General satisfaction levels

The volunteers conducting the structured conversations found the overall tone of comments predominantly positive. Patients were typically very pleased with the service and the process around it. In the electronic survey, two respondents noted they had completed it with the express intention of giving good feedback about their own experience.

"...have never had a problem with any appointments being cancelled at St. Mary's, and I have been going there for nearly 50 years!!"

The Care Quality Commission (CQC) Quality Report on St Mary's Hospital⁵ (September 2014) rates outpatient services as good for six of its seven criteria. Conversations with twelve patients were conducted as part of the inspection on which their report was based.

It is within this context that the remaining findings should be understood. The recommendations are made to help identify areas where improvements might be made, to increase further the number of patients having a good experience.

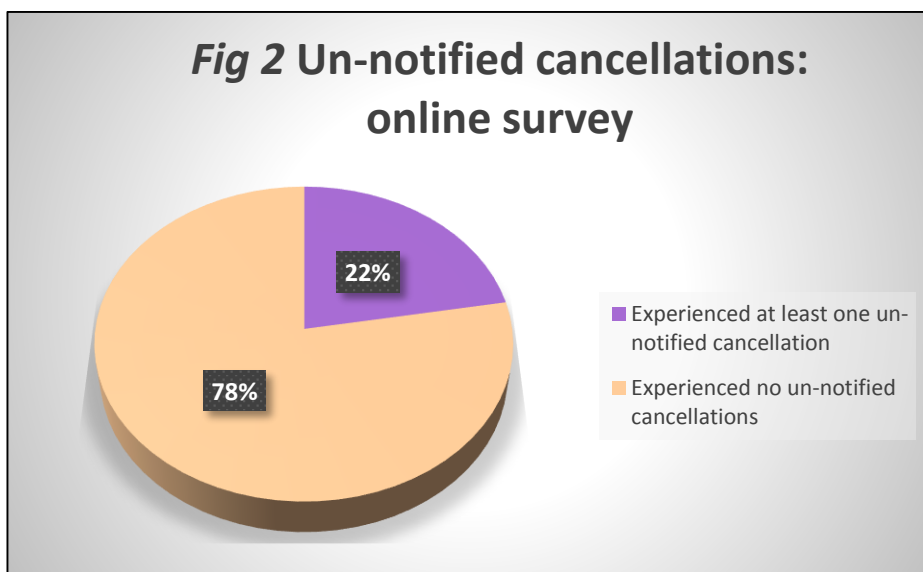
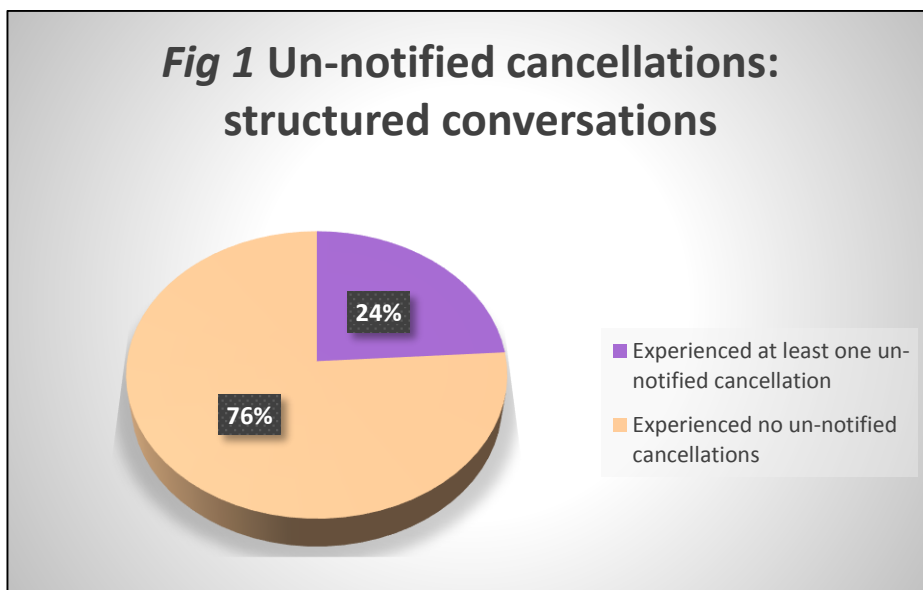
b) Notice given of cancellations

The most immediately striking finding related to the number of patients who told us they were unaware of a cancelled appointment until they arrived at the clinic expecting to be seen.

It was not anticipated this might be an area of concern, no statistics having been shared by the NHS Trust on this. We were told during fact-finding conversations with staff that such attendances would be recorded on the patient record, but not on the appointment-booking system, making it difficult to track overall levels.

The tables that follow show the percentage of patients who had arrived for a cancelled appointment, within the overall total of those patients who have experienced any cancellation. Overall, nearly one in four had experienced a cancellation they were not aware of until arriving.

Percentages from the on-line survey are given separately. Given that the structured conversations were undertaken on a randomly-timed day, it is worth noting the slightly higher percentage for those surveyed in this way. It is likely that this snapshot indicates a considerable generalised issue that has thus far been little-acknowledged.



Fact-finding conversations with staff indicated a procedure for patients to be telephoned immediately it is realised a cancellation will be necessary; if no answer is received a letter will be sent first class. For cancellations less than 5 days before the planned appointment, we were told a phone call would be made, rather than a letter being sent. The caller would leave a message asking for a return call, without disclosing details of the clinic being attended, to maintain confidentiality.

It was clear from survey responses that this process is not always working effectively. It is realised that in some instances, for example clinician sickness, it may not be known until the day of the appointment that it cannot go ahead. However, some responses stated that a letter was received, but after the day of the appointment. This suggests the cancellation was known of at least five days beforehand, but some kind of delay occurred with the letter. Several respondents were told a telephone call had been made, but were sure that no call had been received.

We were told that keeping a combined record of attendances for a cancelled appointment would not be straightforward in the current recording system. However, that is not to say another method could not be found. Recording this could help investigate and address causes.

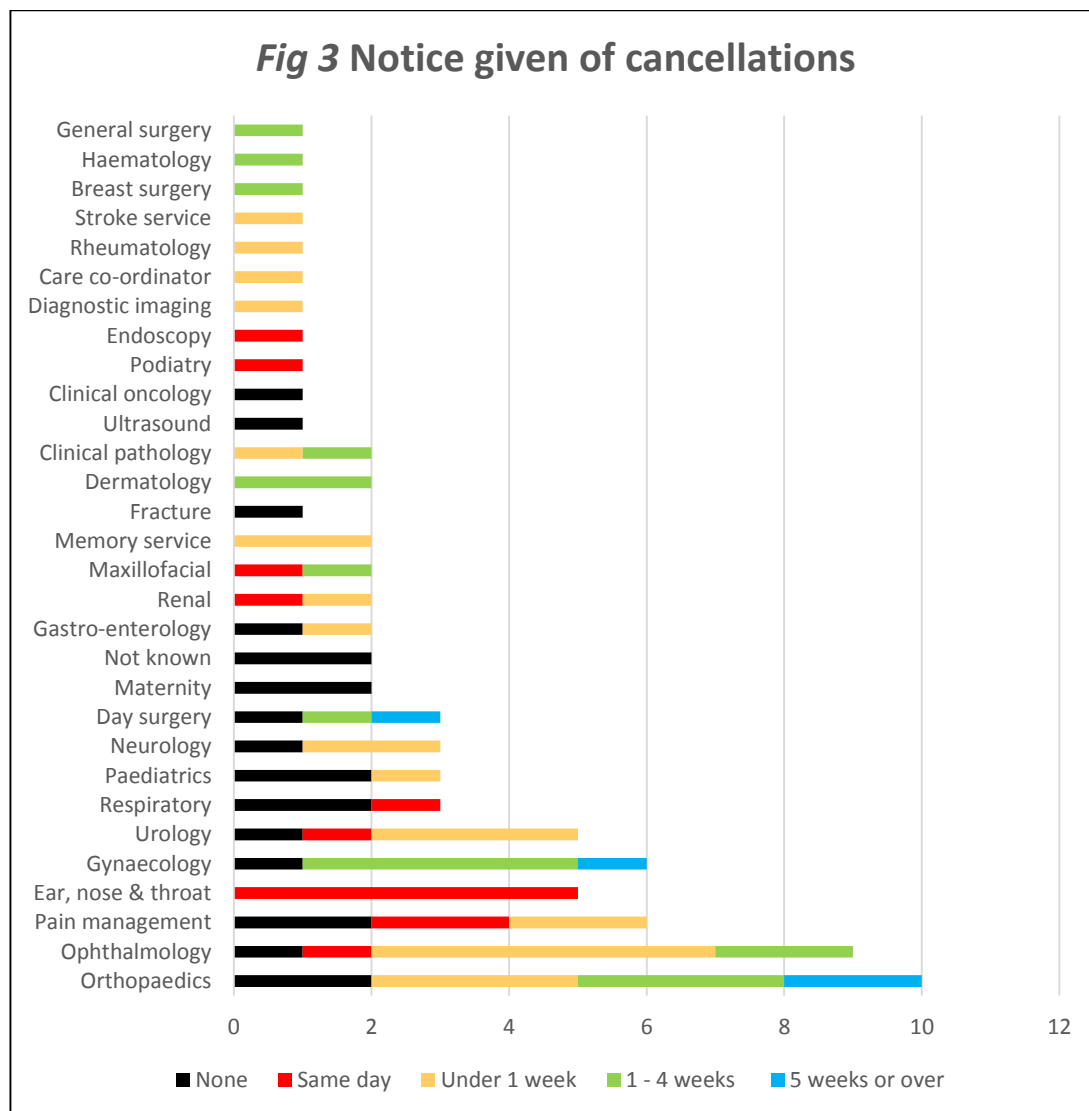
All respondents were asked about the impact cancellations had on them as individuals, and on people close to them. Given the added impact of making an unnecessary journey to an appointment that turns out to be cancelled, Table 1 below separates the responses of those who had experienced this.

Effects on those with caring commitments figured largely, as did financial implications of taking time off work, travel and parking.

“...Arrangements had to be made for someone to sit with my partner whilst I went to the hospital. When I arrived, a staff member said that someone had made a previous phone call to notify me of the cancellation. Since I have to sit at home with my partner all the time, I am certain there was no phone-call”

Table 1 Summary of reported impact on patients: Un-notified cancellations			
Emotions		Travel issues	
Frustration	2	Paying for taxi	5
Frustration for friends	1	Time wasted on travel	3
Anger	1	Travel expenses	3
Feeling hospital doesn't care	1	Wasted petrol	2
Family issues		Paying for hospital car park	2
Looking after disabled family member	2	Difficult to use transportation	1
Family member/s who require 24-hour care and require arrangements	1	No available public transportation at the time	1
		Relying on friends	1
Looking after very young children	1	Organisational issues	
Work issues		Failure of hospital to communicate	2
Closed own business for the day	1	Waiting 6 months or more to be seen	1
Time off work/loss of holidays	1	Other worries or concerns	
Examples of worsened conditions		Wrong or false information	2
Delay meant patient required major surgery	1	Facilities not available at local NHS	1
		Concern that condition may have worsened	1

Fig 3 shows the amount of notice by specialty – black portions of the chart show where patients unambiguously stated they had arrived for a cancelled appointment, the red portions show other appointments cancelled on the same day. It will be seen that ear, nose & throat has the largest number of reported same-day cancellations; this reflects a known issue with clinician sickness around the time of the structured conversations.



c) Number of cancellations

Patients were asked how many cancellations they had experienced during each care episode. This means the number of times a specific visit to the hospital or clinic had been postponed via a change of date.

A minority of respondents (33%) said they had experienced one or more cancellations over the past year. This fell to 24% of those who were approached randomly through the structured conversations.

There was a higher percentage of those completing the on-line survey reporting cancellations (54%); this form of the survey may have been more likely to attract the attention of patients with a negative experience.

Fig 4 Number of cancellations per specialty

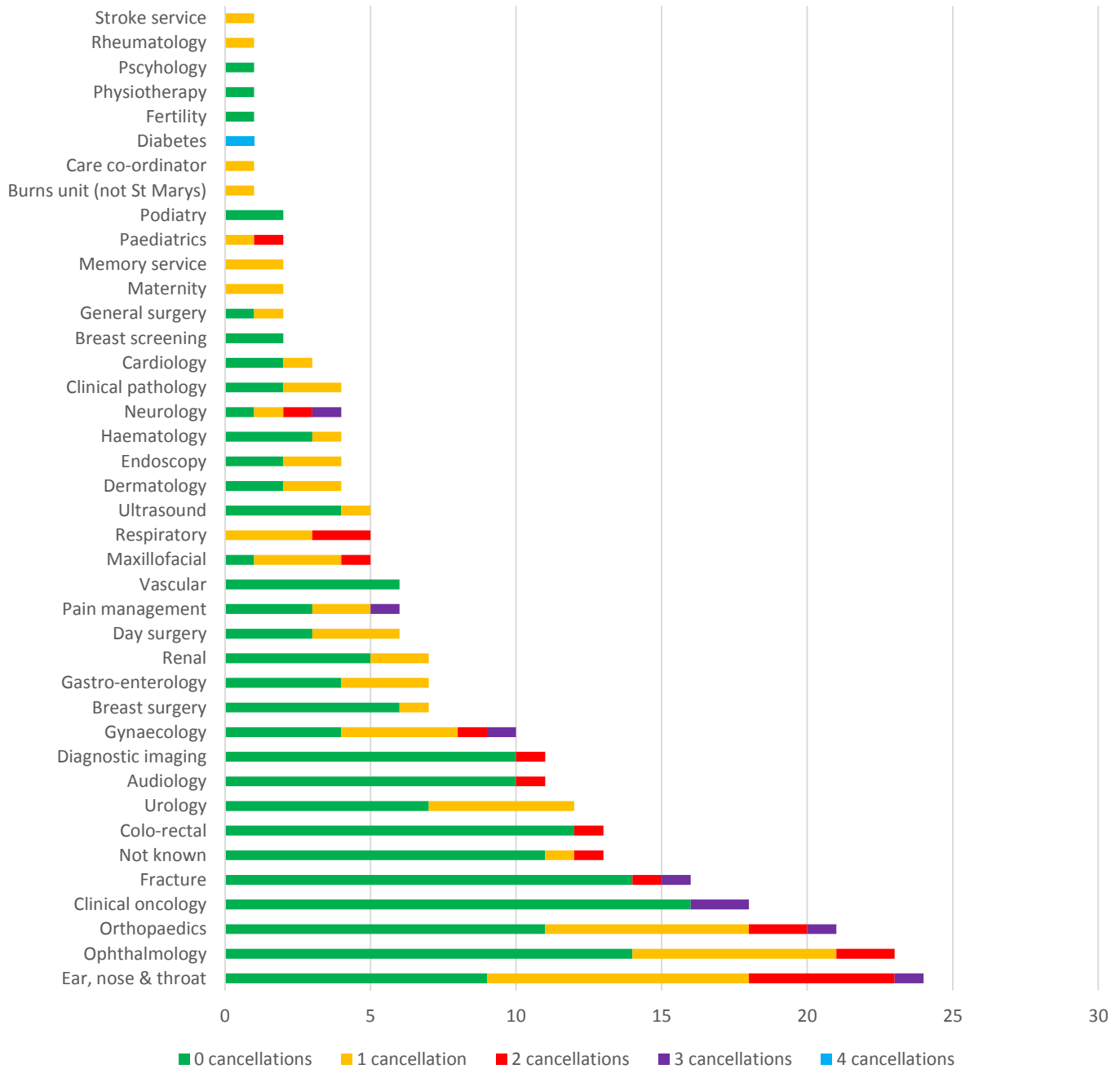
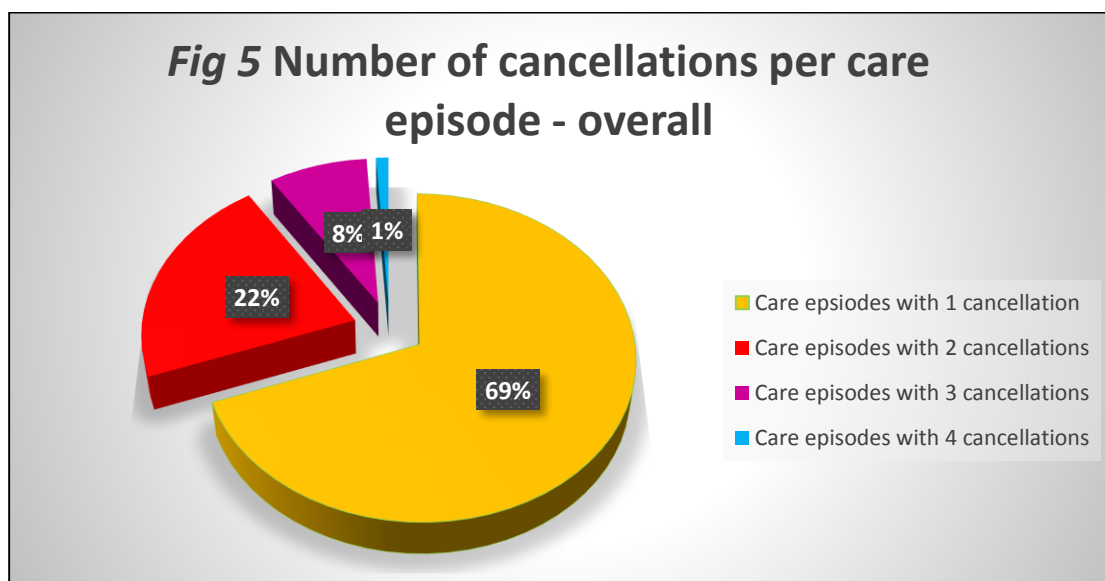


Fig 4 summarises the number of cancellations reported for each care episode by medical specialty. The green portions of the chart show care episodes with no cancellation.

Of the five most frequently-mentioned specialties, following ear, nose & throat (63%, sickness issue noted on p.12) the next highest percentages in the survey were gynaecology (60%), orthopaedics (48%), urology (42%) and ophthalmology (39%).

Of the specialities with lower numbers of responses, respiratory services (100%) and the maxillofacial clinic (80%) stand out. However, with smaller numbers (five responses for each of these specialities) it becomes progressively more difficult to suggest a generalised trend.

Fig 5 gives the numbers of cancellations per care episode across all specialities. Patients most frequently reported a single cancellation (69%). Percentages fell progressively for each higher number of cancellations, with just 1% reporting four cancellations per care episode.



It should be noted that during analysis, coding of responses was done cautiously. For example where a respondent reported an unspecified large number of cancellations it was categorised as 3, because there was no evidence of a specific higher number.

The NHS Trust's 2014 Quality Account¹, includes a Key Performance Indicator on the reduction in the number of patients who experience more than three "hospital-led" cancellations during a care episode.

From our snapshot, there is no evidence that significant numbers experience four or more cancellations in one care episode. However, where any cancellation occurs, the experiences which patients described in this survey underline the impact on individuals, especially those living with intense or multiple conditions.

Given the impact of cancellations on patients, it is clear that there is further scope to reduce their occurrence, and that this should continue to be an important focus of activity.

Table 2 is a summary of the reported impacts of cancellations upon patients. Content is omitted from those who had arrived on the day to find an appointment cancelled. (already given in Table 1)

Table 2 Summary of reported impact on patients: Notified cancellations			
Emotions		Other organisational issues	
Annoyance	7	Hardly any notice given	2
Anger	2	No re-scheduled appointment	2
Disappointment	2	Wait of 6 months or more to be seen	2
Sadness/upset	2	Having to see a different doctor	1
Frustration	2	Patient decides to go private	1
Traumatised	2	Dealing with other arrangements	1
Anxiety	1	Other delays in being seen	1
Desperation & continued pain	1	Disabilities	
Continued discomfort & pain	1	Hearing difficulties as left without treatment	1
Feeling hospital doesn't care	1	Travel issues	
Inconvenience	1	Reliance on friends to make arrangements	1
Stress	1	Time-consuming arranging for travel	1
Work issues		Other worries/concerns	
Loss of wages	4	Anticipation e.g. is it cancer? Is it worsening?	5
Time off work/loss of holidays	4	Delay in diagnosis	2
Difficulty getting time off work	1	Interruption to treatment	1
Effects on health		Longer waiting time for operation	1
Effects on mental health, e.g. depression	2	Very poor contact service	1
Effects on physical health	1	Wrong or false information	1
Private issues		Positive/neutral comments	
Changing home circumstances	1	Appointment brought forward	3
Impact on private time	1	No effect	3
Change of leisure arrangements	1	"Better for me this way"	1
Arranging day care	1	Plenty of notice given	1

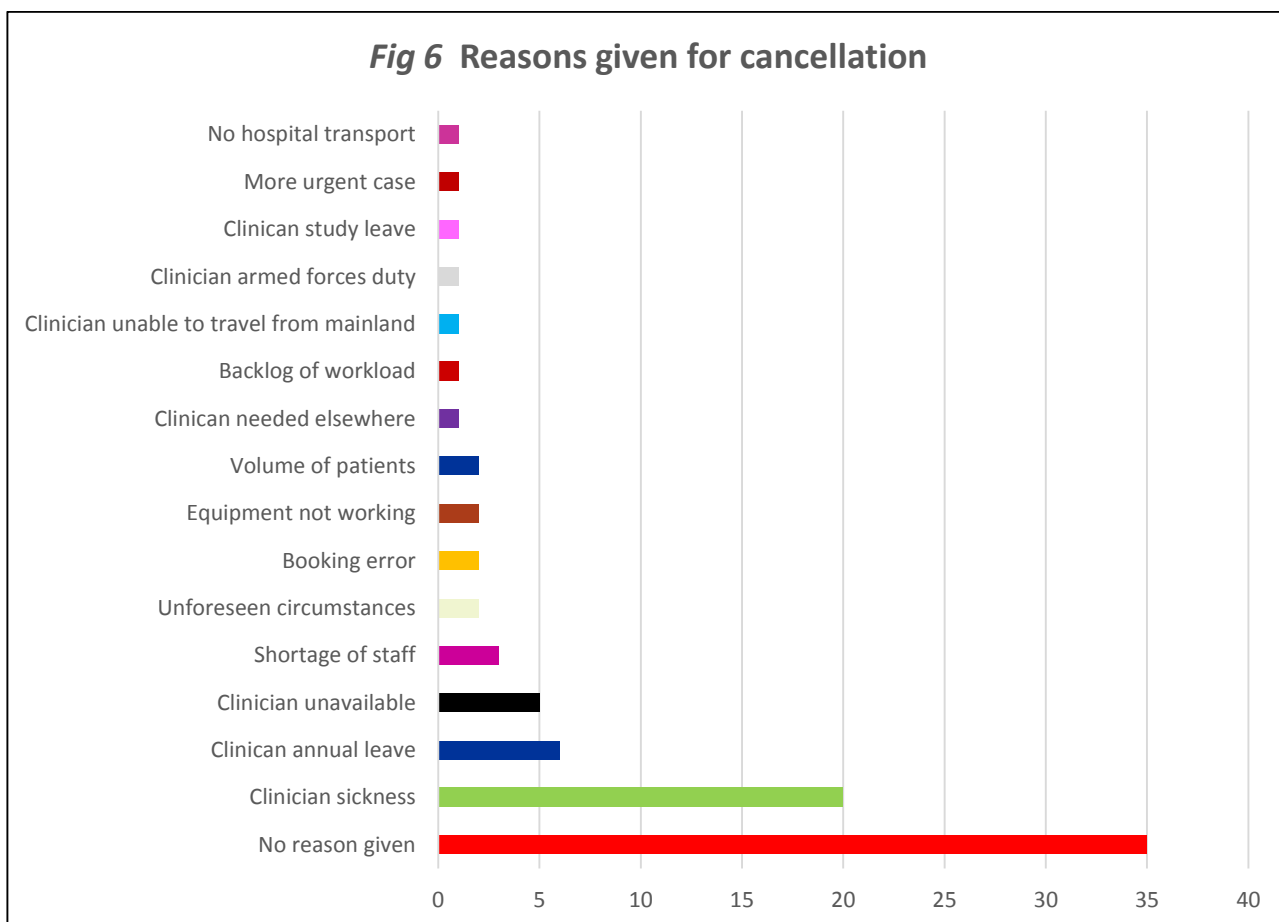
As with the un-notified cancellations, several patients mentioned effects on employment through loss of wages or unnecessary booking of paid holiday. Even though notice was given, with 43% being informed on the day, and 84% with a week or less notice (see Appendix D), this is likely to be too late to avert such effects.

Other patients mentioned worry occasioned by delays to diagnosis, an actual worsening of their condition, or more intensive treatment needed due to a delay in being seen. One patient reported intermittent deafness because of interruptions to treatment. Others mentioned not being offered replacement appointments, causing gaps in sequences of regular six-monthly checks on the progression of long-term conditions.

“It was frustrating due to the nature of the investigation I was having. I was feeling nervous anyway, and the prolonged wait increased my anxiety. However, I do understand that these things do happen, and that unfortunately not everything can be foreseen and that cancellations are to be expected sometimes”

d) Reasons given for cancellation

Patients reported a variety of experience when asked what reason they were given for a cancellation.



Where a reason was given, clinician sickness cropped up most often. It was mentioned 20 times (41% of occasions where a reason was given). Next came clinician annual leave, quoted 6 times (12%).

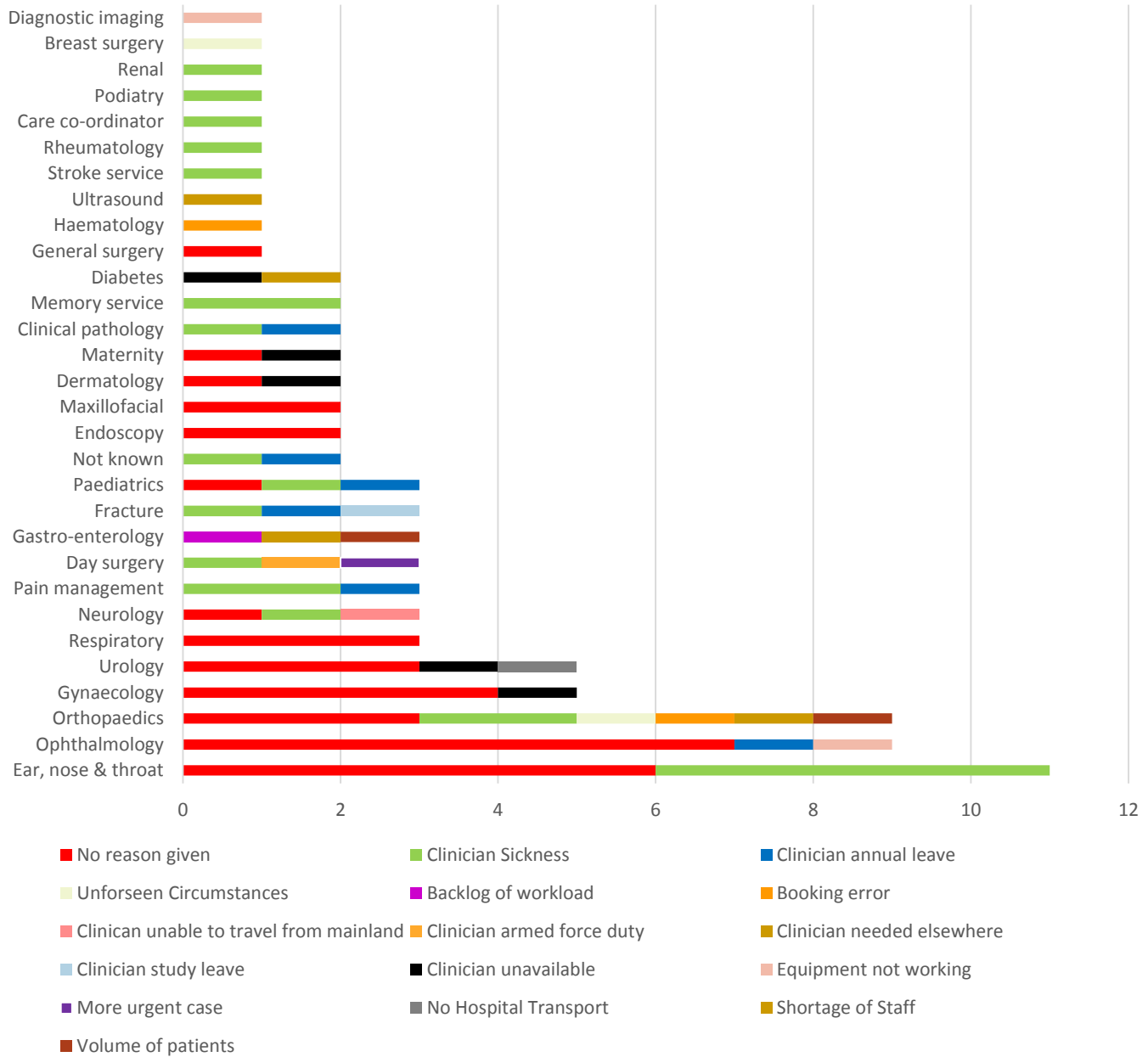
The 2014 Care Quality Commission (CQC) quality report on St Mary's Hospital² gives the most frequent reason for cancellations as "staff being on annual leave without giving sufficient notice". Any generalisation from the Healthwatch I.W. survey would need to be approached with caution, but the fact that patients have mentioned clinician sickness to us more than any other reason is certainly worthy of note.

Cancellations due to clinician sickness are not itemised in the lists included in the N.H.S. Trust's monthly quality reports as it is felt that such cancellations cannot be "planned for in advance". This is open to question. Whilst unforeseen and isolated absences due to sickness are unlikely to be eliminated, sustained absences do invite a response of some kind. Adequate cover needs to be in place to sustain services, and it may be that underlying reasons need to be examined around certain patterns of staff sickness.

In the Healthwatch I.W. survey, particularly vivid feedback was given by the small number of patients spoken to who had experienced cancelled appointments for pain management. One in particular spoke of repeated cancellations, though as no precise figure was mentioned this was coded cautiously as a total of three. These patients spoke of the further-protracted waiting having both a physical and psychological impact. This could prompt a disenchantment with the information being given, in one patient's words "doctors did not turn up, either sick or on holiday and many other excuses". Such accounts tallied with figures for cancellations due to clinician sickness that were requested and sent to Healthwatch I.W. by the NHS Trust. Cancellations due to sickness were especially marked for pain management between April and October 2014.

Patients spoke of additional stress being caused to them when no "valid reason" (in the word of one respondent) was given for cancellation. Conversely, patients who arrived without notification of a cancellation could be told the precise nature of leisure activities engaged in by clinicians whilst on leave, which some found particularly galling.

Fig 7 Reasons given for cancellation by specialty



Recent Isle of Wight NHS Trust monthly quality reports⁶ give a commentary on cancellations due to clinician annual leave. Clinicians may apply for leave with a minimum of six weeks advance notice; where appointments are fixed some months in advance, appointment changes are very likely to result. Fact-finding conversations with staff indicated that if annual leave would lead to the cancellation of a clinic, the leave request must be put specifically to the general management team for approval.

Responses to the Healthwatch I.W. survey suggest flaws in the current approach, given the accounts of patients arriving at appointments to discover a cancellation apparently due to a clinician taking recreational leave. The Isle of Wight NHS Trust has assured us the minimum six-week notice of leave is an “absolute requirement”, pointing to breakdowns in the communication process about the cancellations.

Fact-finding conversations indicated that some specialties, for instance ophthalmology, do not book appointments months in advance. Instead, the patient is phoned a few weeks before an appointment is due, with a date and time agreed at that point.

The 2014 Care Quality Commission (CQC) quality report on St Mary’s Hospital² quotes a “hospital-led” cancellation rate for outpatient appointment of around 16% for 2013-14, more than double the rate for patient DNA (did not attend) totals (7.4%). However, due to the way information is recorded, the actual level of occurrences the patient would be aware of as a “cancellation” must be lower than this, but currently difficult to determine.

At present, all changes to an arranged appointment are noted on the NHS Trust’s recording systems as a cancellation, even if there is no postponement to the date. Thus, a change of location or of clinician would be noted as a “cancellation” even though this would not be experienced as such by the patient.

It appears the only way of gaining an accurate reflection of occasions on which an appointment date was postponed, would be to make changes to the recording system. This would involve discussions between the Isle of Wight NHS Trust and the Portsmouth Hospitals NHS Trust as the two trusts operate a shared system. There is a strong case for keeping or reducing the current range of headings for cancellation reason, but creating two separate columns for each heading to record instances where a postponement has or has not occurred. Aggregated figures could then be collected, to gauge the level of cancellations which have an impact on patient experience.

e) General communication issues

As noted above, lack of notification of cancelled appointments was a repeated theme in the survey. Alongside these were other comments about communication, which are outlined below.

Several patients were pleased to be contacted with opportunities to attend appointments sooner than initially planned. However, others were dismayed not to receive a replacement appointment following a cancellation. Patients commented that their health condition left them with diminished capacity to follow such things up, and that contacting departments by telephone was not always straightforward.

“...was extremely frustrated about not being notified about the cancellation of the most recent appointment. Tried several times to contact the appointments department but couldn't get through to them and still can't. The phone rings for several minutes with no answer – very poor service”

One patient spoke of having been left a phone message on a landline on the morning of a cancelled appointment, but had not been at home at the time. Only by coincidence had the patient called back at mid-day, and would otherwise have attended. Another patient suggested notification by text for same-day cancellations.

One response referred to an out-of-date location being given, leading to the patient arriving too late to be seen.

“I was desperate for this appointment (I suffer from severe pain) but thought I could wait until day of appointment. Upon arrival I was traumatised to know that appointment had been cancelled. Staff said they were very sorry and that they should have notified me. A new appointment was sent, however I was told to go to the wrong department. There was no receptionist at the time and I was told to take a seat. After waiting for hours I was told I had been sent to the wrong place and that the clinic I was supposed to attend had finished. That clinic noted me as a DNA (did not attend)”

Good two-way communication between patient and outpatient service is of critical importance. Most administration of appointments is now under one umbrella – OPARU (Outpatient Appointment & Records Unit). Within OPARU each clinic has specific appointment clerks, with separate direct line contact numbers for each specialty department. A few departments operate outside the OPARU umbrella, particularly those away from the main hospital building. However, all share use of the Patient Administration System (PAS) for record-keeping and correspondence.

The specialty contact number would be mentioned on the appointment letter, but if the letter is mislaid, tracing contact details would be less than easy for the patient. As part of the preparation for this report, the website of the Isle of Wight NHS Trust was visited to assess how readily it could be navigated. Five different locations were found with information on outpatient appointments, some without contact information and others with only partial information. Table 3 outlines the navigation route to find the five relevant locations. The fullest information is in the “Contact us” section, but that could be easy to miss, and gives contact numbers for only four clinics, which is a far from complete list.

Table 3 Outpatient contact information, Isle of Wight NHS Trust website			
I.W. NHS Trust -Website Homepage	Our services →	Planned care →	Outpatient bookings: <i>Main hospital number</i>
	Our services →	Planned care →	Your outpatient visit: <i>No contact information</i>
	Our services →	Planned care →	Outpatient department & fracture clinic: <i>No contact information</i>
	Our services →	Patients and visitors → Outpatient appointments: <i>Links to 3 department pages, one with contact number Link to Your outpatient visit (see above) & 2009 site map</i>	
	Contact us: Cancelling or changing an appointment <i>4 clinics' direct line number</i>		

This contrasts somewhat to the website for Kings College Hospital, London, which has a clearly visible heading on its homepage giving access to an outpatient zone; one further click leads to a page with a single outpatient telephone number and on-line contact form.



Whilst advantages are recognised of having specific staff covering appointments for particular specialty clinics, there is also benefit in having a streamlined method for communication. A minimum for improving communication would be a mechanism for allowing telephones to be diverted when there is an interruption to cover in a specific department. Whilst specialties have their own particular staff, there is at the same time a shared appointment-booking system.

NOTE: Appendices B and C outline the month in which cancellations were reported. The majority of conversations related to the most recent appointment, without the month being specified.



6. Conclusions

Patients valued, and were largely satisfied with outpatient services. The majority of those surveyed had no experience of a cancellation within the previous year. However, 33% of the 202 respondents had experienced at least one cancellation during that time.

The numerous accounts of patients arriving for appointments without prior notification of their cancellation, are a cause of concern. This should be further examined with a sense of urgency. The process for telephone calls and letters ought to be minimising this, but survey responses suggest the process is not working effectively in many instances.

The NHS Trust's Key Action of reducing the occurrence of four cancellations per care episode is supported, but should go further. Avoidable cancellations need to be further reduced, through a systematic look at underlying reasons.

Statistics need to be available specifically on cancellations that have had an impact on the patient experience, in order to isolate and address the reasons behind these. Modifying the recording process would involve co-operation between the I.W. NHS Trust and the Portsmouth Hospitals NHS Trust, as they use a shared system. There needs to be a more consistent approach to informing patients of the reason for cancellation. It seems both reasonable and courteous to disclose at least a broad category of reason to the patient.

The general quality of contact information available to patients needs to be made clearer and more readily accessible. A greater variety of communication options need to be examined to ensure timely communication when there is a change to an appointment. The NHS Trust website requires changes, to make sure information for outpatients is readily navigable, and makes sense from a patient perspective, rather than an organisational one.



7. Recommendations

- A) That a way be found to record occasions where patients arrive at outpatient appointments without having been informed of their cancellation. To trace and keep track of reasons why this has happened, to address the reasons, and reduce the occurrence.
- B) That relevant organisations work together to amend processes, so that cancellations involving a delay to the date of attendance are recorded in a way that can be separated from changes to appointments which do entail a postponement. These more specific figures should be the ones utilised in future in the NHS Trust's monthly quality reports, to reflect the impact on patient experience.
- C) That figures for cancellations due to clinician sickness be listed alongside other cancellation reasons in the NHS Trust monthly quality report. To scrutinise patterns of sustained sickness, and trace how effectively impact on appointment cancellation is being minimised.
- D) That a consistent approach be taken on giving information to patients on the reasons why an appointment has been cancelled. Patients should also be given sufficient level of detail regarding the reasons for cancellation.
- E) That a smoother and more reliable route be introduced for telephone calls about outpatient appointments.
- F) That changes be made to the Isle of Wight N.H.S. Trust website to provide one easily-found section for outpatient information and all relevant contact details.



8. References

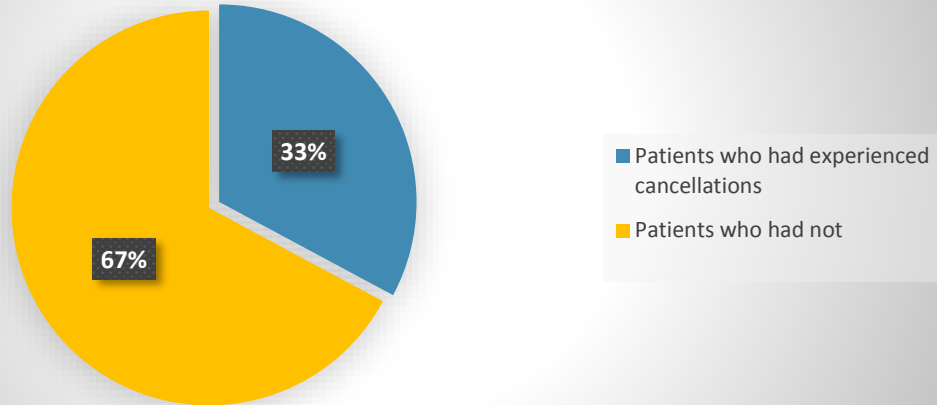
1. *“Quality Account 2013-14”*: Isle of Wight NHS Trust p.9
2. *“St Mary’s Hospital Quality Report”*: Care Quality Commission, September 2014 p.105
3. *“Complaints Reports, Quarters 2 & 3 2014-15”*: Isle of Wight NHS Trust pp. 4
4. *“Consultant-led Outpatient Appointments”*: Dr Lesley-Anne Black, Northern Ireland Assembly, Research & Information Service 2013 p.14
5. *“St Mary’s Hospital Quality Report”*: Care Quality Commission, September 2014 p.100
6. *“Isle of Wight NHS Trust Quality Report”*: I.W. NHS Trust December 2014 (example of monthly report) p.26



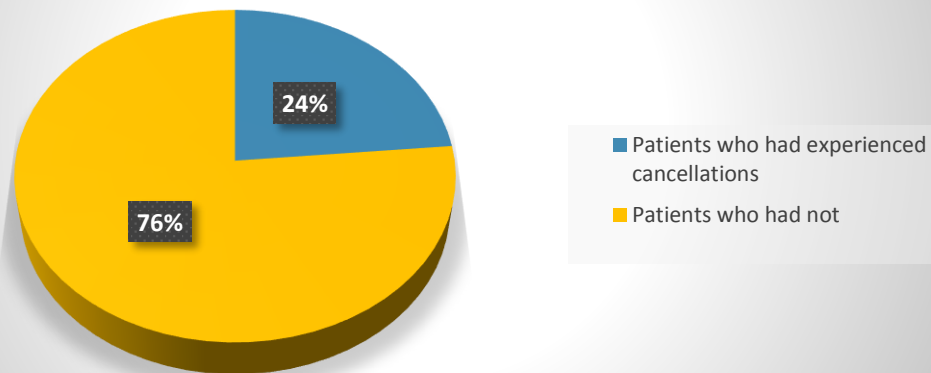
9. Appendices

Appendix A - Number of cancellations

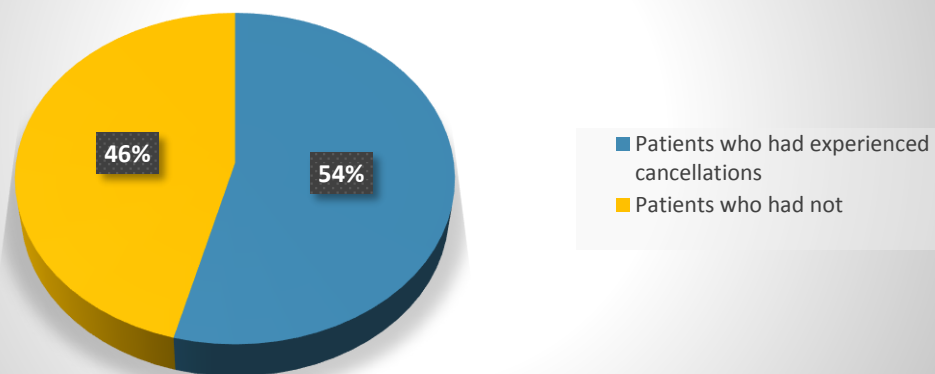
Patients experiencing cancellations - all



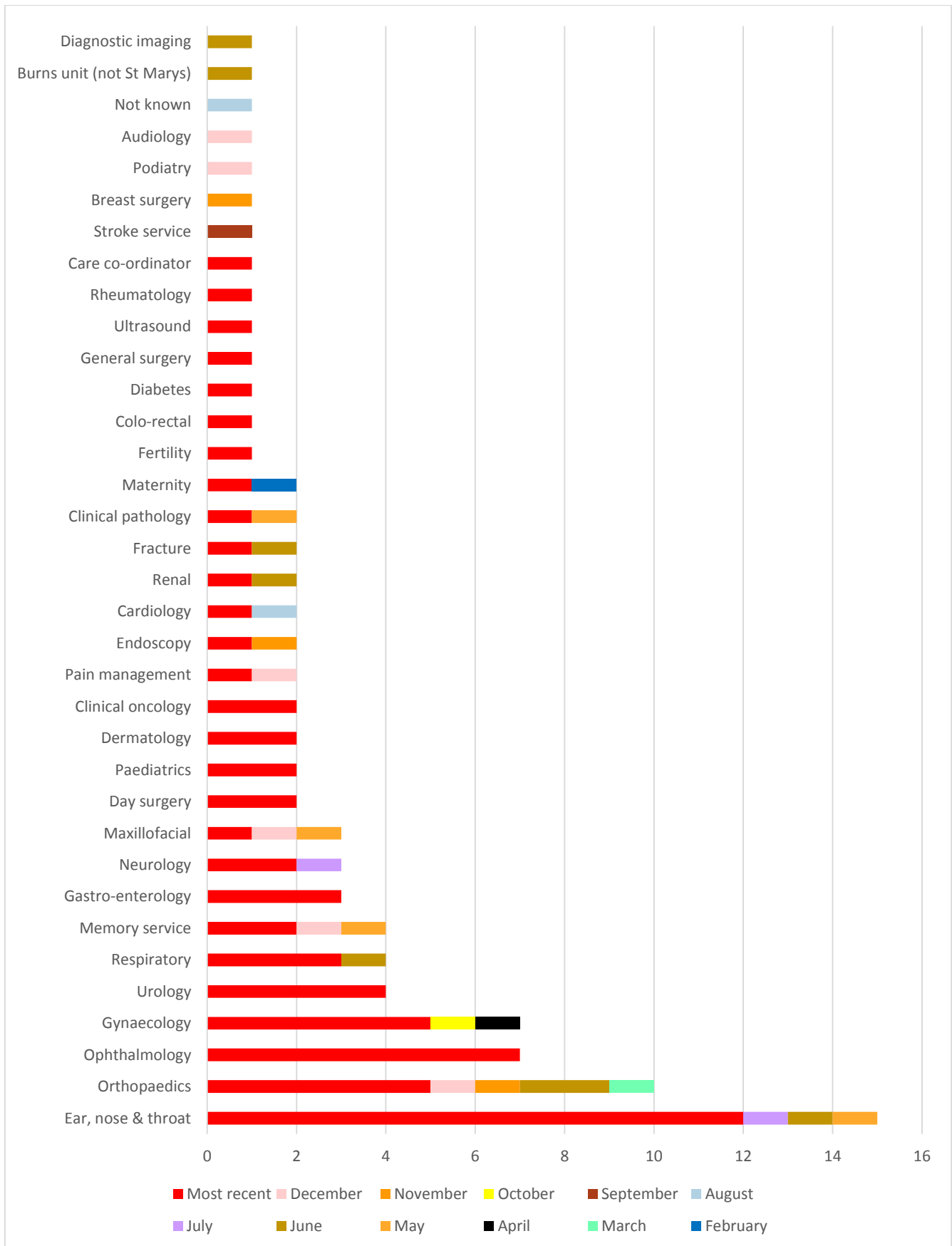
Patients experiencing cancellations - structured conversations



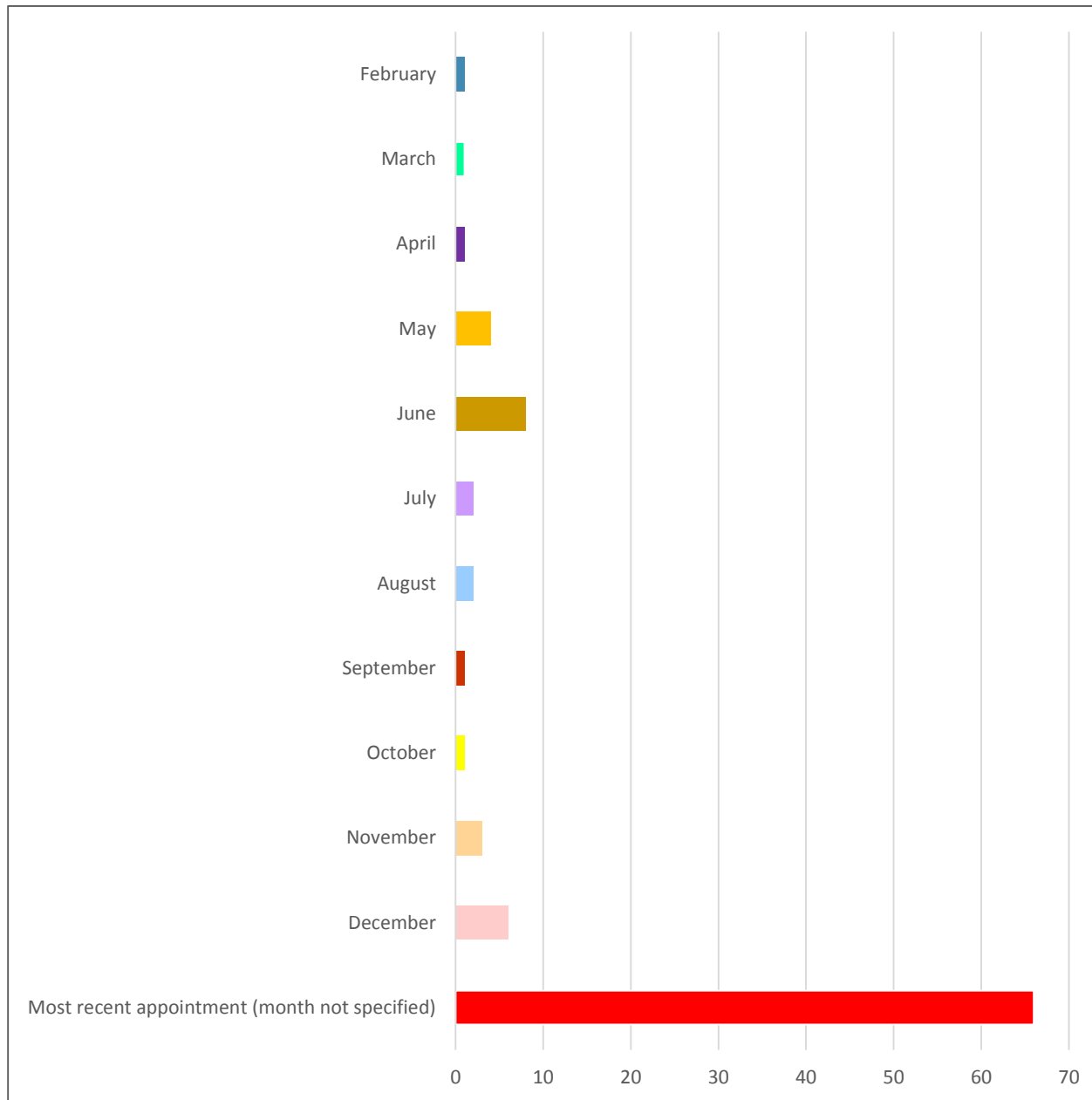
Patients experiencing cancellations - online survey



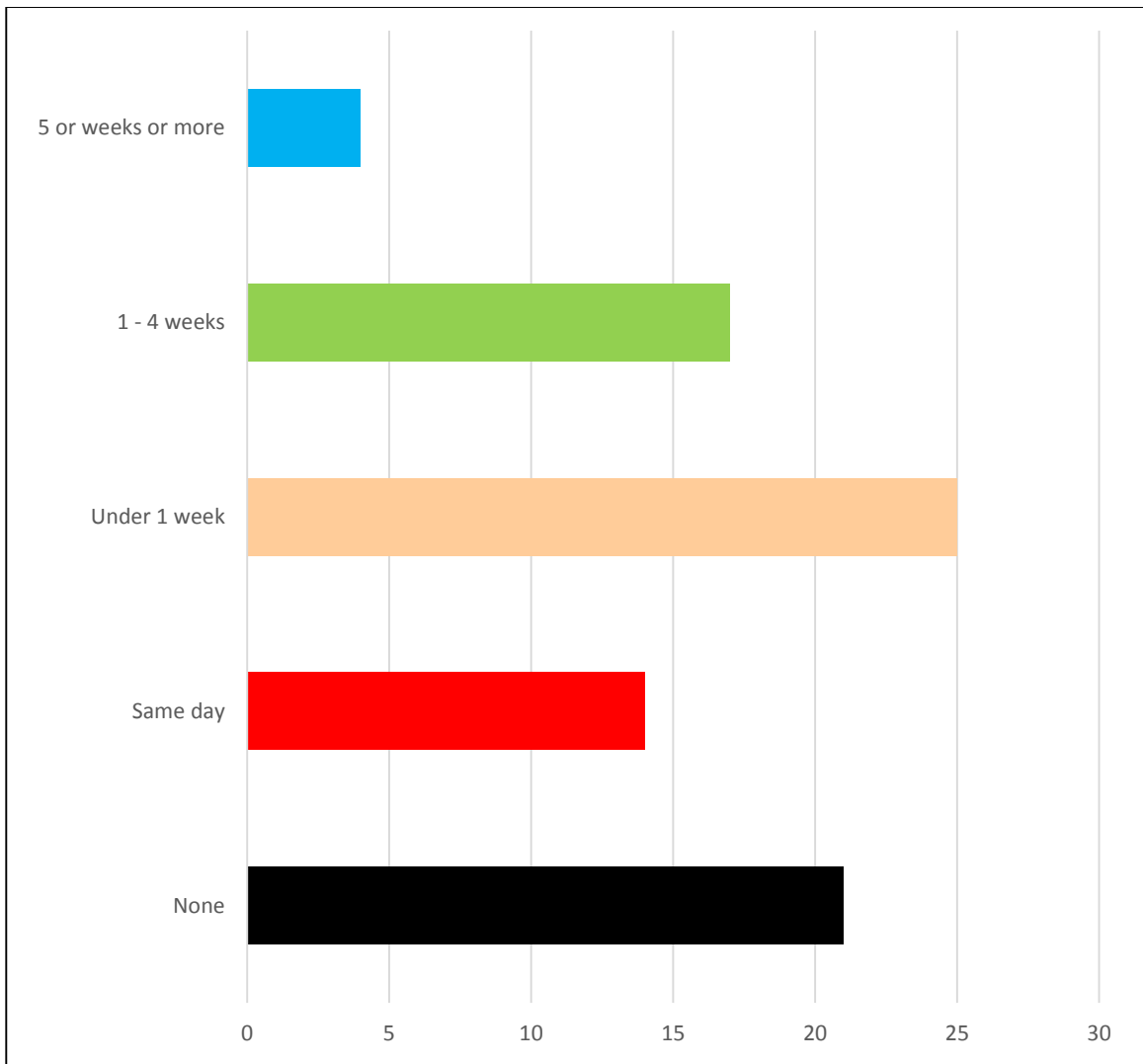
Appendix B – Month of cancellations by specialty



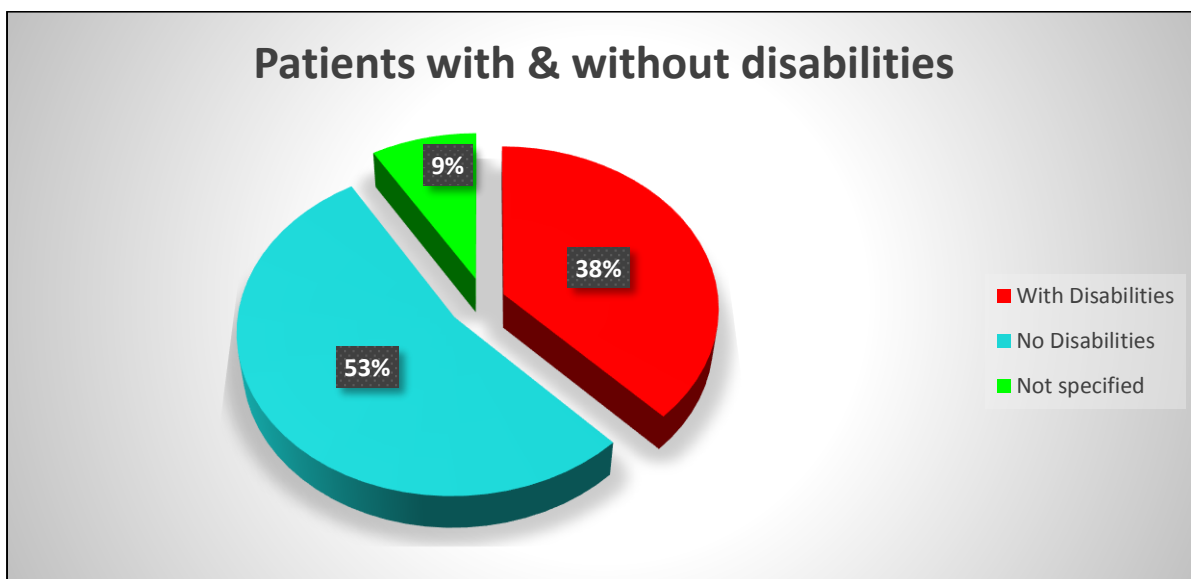
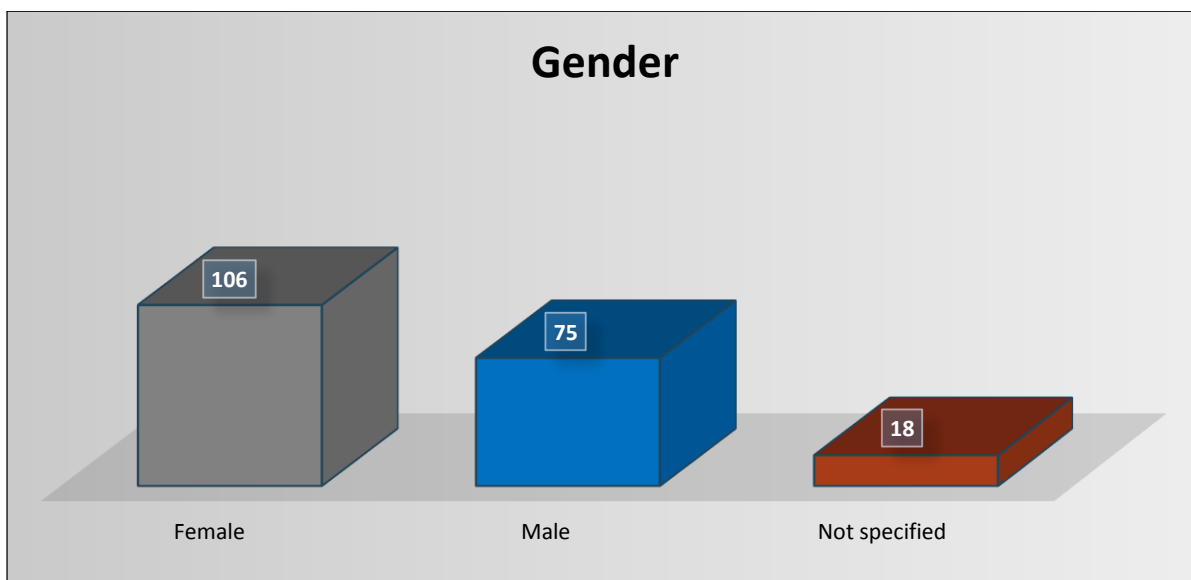
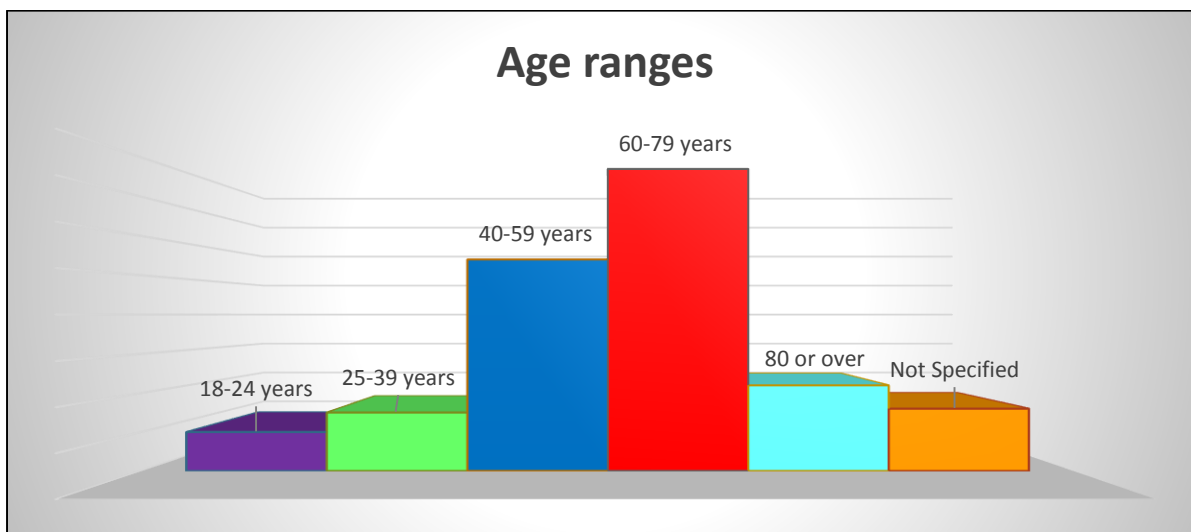
Appendix C – Month of cancellations, overall



Appendix D – Amount of notice given, overall



Appendix E - Demographic information



Appendix F – Script for structured conversations

Questionnaire no.....



Patient conversations – Outpatient Appointments

Healthwatch IOW is an independent local “watchdog” and signposting service. It works with decision-makers and service providers to help improve health and social care services on the Island. It is one of 152 local Healthwatch organisations in England.

“Postponement of Outpatient Appointments” is one of Healthwatch IOW’s priority themes for 2014-15.

Healthwatch IOW volunteers are visiting local outpatient clinics to talk to patients about their experience of being sent appointments – whether this has gone smoothly or whether there were any cancellations.

We are inviting patients to speak to the volunteers for a few minutes whilst waiting to be seen. We will be asking about your experience of the service, and will not be asking about any medical issues.

We are very grateful to all patients who agree to speak to the volunteers.

Part 1 – Your appointment today

1. Name of clinic attended.....

2. Is this the first time you have been called for this appointment, or have you had any cancellations before today?

First time

Previous cancellation

3. If so, how many times did this happen for this appointment?

Write in the number of times

4. If so, what reason was given to you for the cancellation(s)?

.....
.....

5. How much notice was given on each occasion?

.....
.....

Part 2 – Other appointments in 2014

6. If you have been for any other outpatient appointments this year, please tell us about any cancellations you experienced:

Name of clinic	Number of cancellations	Month
.....	<input type="text"/>
.....	<input type="text"/>
.....	<input type="text"/>
.....	<input type="text"/>

7. What reason was given to you for each cancellation?

.....

.....

8. How much notice was given for each cancellation?

.....

.....

Part 3 – Effects of any cancellations

9. In your own words, please say something about any effects these cancellations had on you, or those close to you.

.....

.....

.....

.....

.....

.....

.....

.....

.....

NOTE: If clarification is requested on what we want here, say it could be practical effects (e.g. transport, support) or medical effects, but stress we are not looking for detailed medical information.

If you would like to tell us more about your experiences of the Island’s NHS or social care services please take one of the “Your Voice Counts” leaflets which let you how to contact us.

Part 4 – About you

To help us understand who has talked to us we invite you to give us the following information:

Are you :	Female	<input type="checkbox"/>
	Male	<input type="checkbox"/>
	Other	<input type="checkbox"/>

Your age-group:	18 - 24	<input type="checkbox"/>
	25 – 39	<input type="checkbox"/>
	40 – 59	<input type="checkbox"/>
	60 – 79	<input type="checkbox"/>
	80 or over	<input type="checkbox"/>

Would you regard yourself as having a disability?

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>

If yes, please describe in a few words:

.....

Thankyou for speaking to us today

This is an anonymous survey – names of the people taking part will not be recorded.

NOTES:

