

Outpatients Report

Patient Experience at the Royal Stoke University Hospital Outpatients Departments

Amended - June 2016

“Dr was so friendly I actually left laughing and smiling. Very pleased with my experience today”



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Important

Download the Data

As part of this survey a considerable amount of qualitative data was collected. This is available via [this link](#)¹. At the same link there is also a downloadable A3 poster of touchpoints and elements of the appendix.

Clinic Attending	Survey	Comment	Theme	Sub theme	Pos Neg
Antenatal	Tell us about your referral?	Sometimes 2. This is why referred and babies g have numbnes in leg	General Comment		pn
Antenatal	Tell us about your referral?	First apt was with leighton missed appts and scans as got address wrong changed hospitals	Administration		n
Antenatal	Tell us about your referral?	Referral was really quick. Phoned almost immediately after scan to come here first seen at stafford then immediately referred here. First appointment here today but had previous appts at stafford	Referral	Prompt	pn
Antenatal	Tell us about your referral?	Midwife rang up for me to make app	Referral		pn
Cardiology	Tell us about your referral?	A long time ago coming for years	General Comment		pn
Cardiology	Tell us about your referral?	Originally sent to neuro took 5 yrs to get to card	Waiting		n
Cardiology	Tell us about your referral?	Excellent gp	General Comment		p
Cardiology	Tell us about your referral?	Ref by diabetic nurse	Referral		pn

Data Screenshot

Copyright

Healthwatch Stoke-on-Trent’s intention is to share the data gathered as part of this survey solely to improve patient experience. Therefore it is intended to be public and Healthwatch Stoke-on-Trent is determined to preserve free access to it.

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¹ <http://bit.ly/216tPvC> or contact us at Healthwatch Stoke - 01782 683080

Important	2
Download the Data.....	2
Copyright	2
Response from University Hospitals of North Staffordshire.....	4
Chair’s Foreword.....	5
Executive Summary	6
What We Found.....	7
Recommendations.....	9
What We Did.....	10
Scope	10
Methodology	10
Qualitative Data - Analysing the Comments -	11
Royal Stoke University Hospital	12
Patient Experience of Outpatient Departments	13
Data Narrative - Patient Journey	14
Referral	14
Appointment	15
Getting to your Appointment	16
Theme Focus - Parking and Pregnancy	17
Parking - Signs of Improvement?	19
Getting to your appointment continued	20
Waiting.....	20
Clinic focus - Urology (comments from all questions).....	21
The Consultation	22
Receptionist.....	26
Appendix.....	27
Patient Comments	27
Patient Responses - Pre-Consultation	28
Patient Responses - Post-Consultation	34
Receptionist.....	42
Questionnaires -	47

Response from University Hospitals of North Staffordshire

"I would like to thank Healthwatch Stoke-on-Trent for this comprehensive Outpatient report which was made possible by the dedication and commitment of their volunteers. This is an excellent example of partnership working to improve the patient experience by identification of what really matters to our patients. It is reassuring to know that the great majority of patients are happy with the service they receive at Royal Stoke University Hospital.

It is good news that 81.9% of visitors can now access parking within 10 minutes, however sufficient parking near to specific areas remains a concern. We continue to review all forms of transport and will take forward the suggestion regarding specific car parking areas, however, we need to balance this carefully to ensure reserved parking does not reduce overall capacity, and access for the majority of patients/visitors. We have recently surveyed over 200 disabled visitors, and the overriding concern was the availability of wheelchairs within the car parking areas. The Trust is currently looking at increasing the number of wheelchairs available, and creating covered wheelchair parking areas within the car parks, to reduce the distance travelled to the point of care.

This report will be shared with the out-patient team who will consider ways to improve signage, calling systems and seating. Our aim is to provide timely, clear communication in a way that our patients can understand and in an environment where they are confident to ask questions. We recognise that part a good patient involvement is to learn from the patient themselves how much information they would like to receive and the way they would like to receive it. A number of communication initiatives are underway to improve the quality and consistency of interactions between clinical staff and patients/relatives/carers".

Trish Rowson, Director of Nursing, Quality and Safety

Chair's Foreword

Healthwatch Stoke-on-Trent is pleased to publish this report which has collected the views of over 1,000 patients visiting the out-patients department at University Hospital North Midlands Trust, Royal Stoke site.

Healthwatch's role is to seek the views of patients and users of services in the health and social care sector and use those views to inform and influence the way that services are provided. We are very fortunate indeed to have, not just a team of volunteers who conducted the interviews for us, but in this case, a Board member who offered to lead on the development and management of this particular piece of work. Our sincere thanks go to volunteers, who led the project and liaised with the Trust staff to make this happen. Healthwatch Stoke-on-Trent is very much a volunteer led organisation and this project is an example of how this can work well.

The results are detailed within this report and Healthwatch Stoke-on-Trent found that broadly speaking, the majority of patients who took part in the survey were content with the service they received but as ever, there is always room to develop services in a positive way.

Readers will appreciate that the volume of data collected in the production of this project is significant and we believe, will have merit outside the direct objectives of this piece of work. With this in mind, Healthwatch Stoke-on-Trent hopes that the recipients of this report will note the recommendations and that we will be kept informed of any changes made as a result of it, and look forward to working with the Trust to support this.

Lloyd Cooke
Chair, Healthwatch Stoke-on-Trent

Executive Summary

This report records the planning, execution, and findings of a project, undertaken by Healthwatch Stoke-on-Trent aimed at improving the experience of people in Stoke-on-Trent when they are referred to the Outpatient Clinics operated by the Royal Stoke University Hospital.

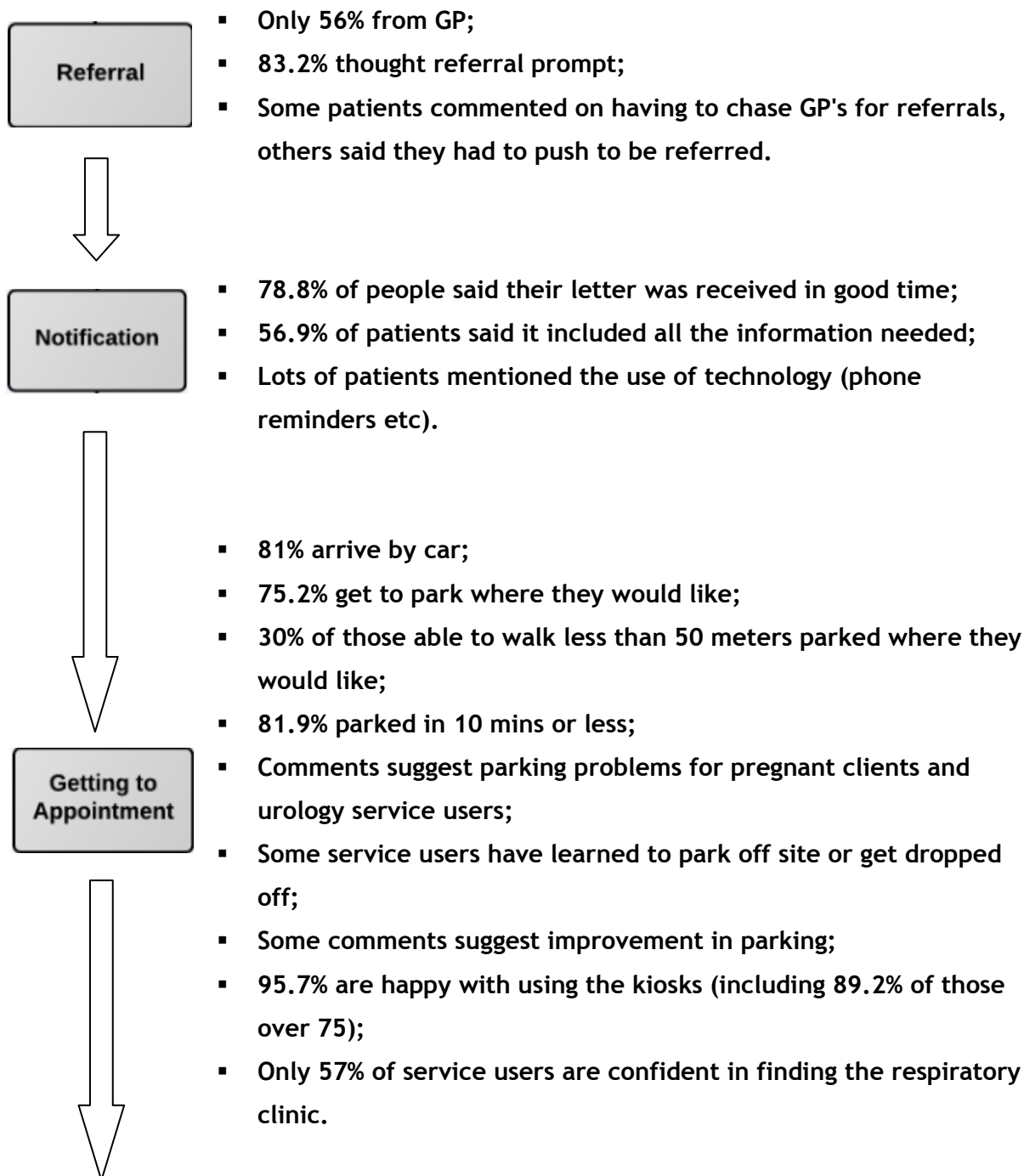
The project was led by a Task & Finish team that consisted of and was led by volunteers, supported as necessary by members of the staff of Healthwatch Stoke-on-Trent. The project was conceived by lay people, understanding from the perspective of the patient. The project was conceived from the outset as being undertaken in collaboration with the Royal Stoke University Hospital and the T & F team's meetings with the Royal Stoke's nominated representatives were both encouraging and helpful throughout.

Volunteers visited numerous clinics and gathered over 1000 responses to questionnaires as service users were referred for and attended appointments. They also spoke to staff at the hospital, specifically reception staff about their experiences.

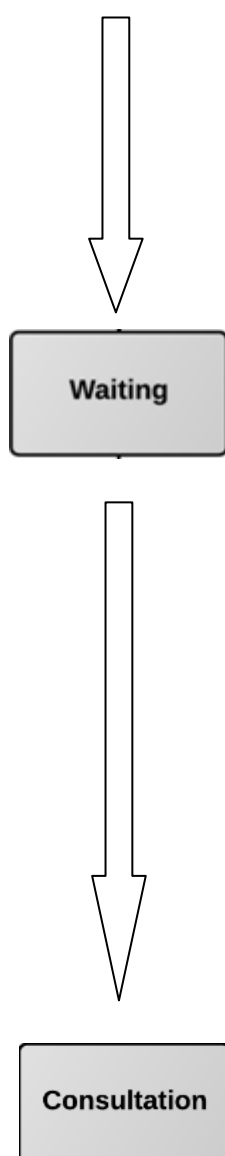
The results show that for the great majority, patients are happy with the service they receive at the Royal Stoke. There are lingering issues around car parking, especially concerning particular patient groups although encouraging signs of improvement can be seen in the feedback received. There is also a suggestion that more work could be done to better understand communication between the hospital and patients, from calling systems and notification letters, to interactions between staff and patient. This can only help improve patient activation, self-care and ownership and may even improve 'did not attend' rates.

Healthwatch Stoke-on-Trent continues to work closely in partnership with the Royal Stoke University Hospital to ensure that the patient voice is heard in a way that contributes towards ongoing improvement in patient experience.

What We Found²



² This is available as an A3 poster from - <http://bit.ly/216tPvC>



- Overall 93.8% thought calling systems were good;
- A few patients mentioned struggling with calling systems in fracture, maternity and scanning;
- 84.5% found the receptionist helpful;
- Haematology (75,4% said enough seating) and Urology (77.3% said enough seating) are flagged as perhaps needing attention to seating arrangements;
- Patients reported being called in to appointments late 55.2% of the time, 36.4% on time;
- Average wait time is 56 minutes and 51.9% called in after 30 mins or less;
- 44.6% of those called late had the reason explained to them;

- 84.1% of patients said staff introduced themselves (42.6% said other people in the room were introduced);
- 92% of patients felt at ease and were given enough privacy;
- 92.5% felt listened to and got their questions answered;
- 91% thought there was enough time for their appointment;
- Only 4.5% indicated a negative response when asked if they felt involved in the decisions taken about their care;
- 95.45% said they were treated with dignity and respect;
- Of those who had an investigatory procedure, 67.9% had the process and 75.47% the purpose explained to them. Although this is a small cohort (n=53) these results are reflected to some extent in those who had treatment (n=32) with 75% having the process explained to them.

Recommendations

- A number of respondents stated they had pushed or chased for referrals. It may be useful to undertake some work to better understand the true extent of this, especially amongst GP's, and why this is the case;
- With only 56.9% of respondents saying that the letter they received contained all of the information they needed, it may be helpful to build on the good work done around communication (particularly the use of technology) by better understanding what information people would like to see in their notifications;
- With 81.9% of respondents reporting being able to park in 10 minutes or less, the situation may not be as bad as 'hear-say' suggests. However, patients reported issues around particular clinics, namely those catering for pregnant women and urology patients. It may be useful to investigate further the need for priority parking for these groups;
- Priority parking should be reviewed again with only 30% of those less able to walk a long distance (less than 50m) able to park where they like. Perhaps some sort of shuttle service could be investigated?
- Respondent's comments suggest that signage for the respiratory clinic could be reviewed as some are not confident in being able to find it;
- Some respondents said they struggled with the calling systems, particularly in fracture, maternity and scanning. The effectiveness of these systems could be revisited;
- Respondents told Healthwatch that Haematology and Urology sometimes were short on seating. This could be reviewed;
- More work could be done to understand the interactions between clinical staff and patients in consultations. Although the number of responses was low, the evidence is suggesting a variation in the quality of communication at this critical time.

What We Did



Scope

The patient journey for a service user attending outpatients begins with the referral, which may come from a variety of sources and ideally ends with a return home. This report aimed to understand this journey and what aspects of it can be improved.

Methodology

A task and finish group was organised to guide the project. Membership was volunteers supported by Healthwatch Stoke-on-Trent staff. It was decided that the aim of the project was to improve the experience of people in Stoke-on-Trent when they are referred to the Outpatient Clinics.

To begin with, secondary evidence was gathered to better understand the outpatient departments, how it operates, what local people are already saying about it and the national situation. This evidence came from a variety of sources including stories shared with Healthwatch Stoke-on-Trent and reports written by various bodies including the Care Quality Commission and Kings Fund. Healthwatch also met with staff from the Royal Stoke who helped to identify areas of focus? and Stoke-on-Trent CCG provided several month's data which was used to identify which areas had been busiest during that period and vice versa. Questionnaires were then orientated around the findings of this research.

Three separate questionnaires were designed, the first covering the patient's referral path, exploring any appointments prior to that on the day of the interview and the patient's journey to the RSUH that day, which became entitled the Pre-Consultation Questionnaire. The second - the Post-Consultation Questionnaire - recorded the patient's

experiences on the day of the interview, and, amongst other things, covered their consultation. A third, The Clinic Receptionist Questionnaire was designed to understand what happens in an outpatients department from their perspective, as well as helping Healthwatch to understand any systems in place.

Sixteen (about two-thirds) of the OP Clinics operated by the RSUH were selected for inclusion in the survey, including: some of those which are attended by the greatest numbers of patients; some which are much less busy; and others which were known to be problematic, and vice versa. (All Paediatric Clinics, and others where the patients and/or their accompanying relatives or friends might already be distressed were excluded.) Most of the target clinics were visited on four separate occasions and, as far as possible, at different times and by different volunteers.

These surveys were then carried out by volunteers on-site, some utilising survey software on tablets and others on paper.

Over a thousand responses to the survey Questionnaires were received: 839 to the Pre-Consultation Questionnaire, 151 to the Post-Consultation Questionnaire and 27 to the Clinic Receptionist Questionnaire. This data was then analysed using statistical software IBM SPSS and Microsoft office applications.

Over 1300 additional free text comments were collected. These were analysed thematically to draw out their meaning (see qualitative data).

Qualitative Data - Analysing the Comments -

As mentioned previously, a lot of comments were gathered as part of this project. These were gathered over five different questions asked at different parts of the survey and need an alternative methodology to get the most out of them. Throughout this document you will see reference to these comments set into boxes as below. The boxes are used to indicate to the reader that this is sourced from the comments data. This dataset is downloadable³.

<p><i>In endocrinology, 33.8% of comment boxes were populated with positive comments (11.3% negative, the rest not leaving a comment).</i></p>
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Context

Royal Stoke University Hospital

The recently re-named Royal Stoke University Hospital (formerly the University Hospital of North Staffordshire (UHNS) is a major referral hospital, delivering acute services to approximately half a million people living in and around North Staffordshire. It also has important teaching and research roles and is home to one of the country's top-ranking Major Trauma Centres, providing tertiary care to a population of three million people across the North West Midlands and North Wales. Since November 2014 it has also had growing links with the likewise re-named County Hospital in Stafford, under a single University Hospitals of North Midlands (UHNM) NHS Trust.

Having undergone a massive rebuilding programme over the period 2009 - 2015 the former UHNS's dispersed Departments are now consolidated in a single location, about a mile to the south-west of the centre of Stoke-on-Trent, on the site of the former City General Hospital. Most of the RSUH's Departments now enjoy modern, light and airy facilities linked by a state-of-the-art IT system and other services.



Royal Stoke University Hospital

With a few exceptions, the OP Clinics are housed in the RSUH's Main Building, located within the easterly segment of the site and with its principal entrance leading off a 300-space car park completed in July 2015. Based on the most recent statistics published for what is now the RSUH alone⁴ as many as 670,000 patients could attend its OP Clinics during the 12 months to 30 April 2016; split roughly 2:1 between follow-up and initial appointments. This equates to almost 2600 patients each a day, Monday to Friday, week in week out.

Patient Experience of Outpatient Departments

There has already been an amount of work done concerning patient experience in outpatient departments. The national picture is mixed and somewhat inconsistent. On the one hand the Care Quality Commission (CQC)'s fourth and then most recent (national) survey of OP Services⁵ recorded many improvements since 2009, but there were areas that needed improvement from simple things like being informed of changes to appointments to more important, intrinsic things such as having confidence in clinical staff. Others, such as the Patient Satisfaction Survey⁶ figures for the decade to 2014 reported increases in satisfaction.

Although not great in number, Healthwatch Stoke-on-Trent already had "Patient Stories" related to outpatients as well as noting some on the website, Patient Opinion⁷. Stories held are a mix of both positive and negative themes, including waiting times, car parking and wheelchair transfers. Notably raised by the Stoke-on-Trent Area Network for Disability⁸.

Indeed, the car park at the Royal Stoke has become the focus of much discussion locally with articles appearing in the local press⁹ illustrating concerns about price rises and the charging of those with blue badges. This particular article even draws comment from local residents associations, presumably affected by overspill.

⁴ UHNS Review of the Year 2013/14, (un-dated), UNHS NHS Trust

⁵ National Survey of Adult Outpatient Services, (.....), CQC

⁶ Patient Satisfaction Surveys, (.....),

⁷ <https://www.patientopinion.org.uk/>

⁸ Extract from <http://www.stand-stoke.org.uk/> - November 2015

⁹ For example - <http://www.stokesentinel.co.uk/Parking-charges-rise-Royal-Stoke-University/story-26261788-detail/story.html>

Data Narrative¹⁰ – Patient Journey

Referral

Patients were referred to the outpatients department from far and wide with only 55.6% reporting that they had come via their GP. Patients reported being referred from as far as Bristol and Skegness, but apart from those sent from their GP, the other notable sources were Maternity/Midwife, Opticians, Accident and Emergency and other internal clinics at the Royal Stoke.

“As a Cheshire resident I had a choice of hospital and preferred RSUH over stepping hill (it has a good a reputation), and used “choose & book”. However no appointments on line”

83.2% of this cohort felt that they had been referred promptly with 62.3% of people saying it had taken place after 1-4 visits

(from the referrer). Interestingly a third of people reported having had over 5 visits before being referred.

This is reflected also in some of the comments left by patients who described feeling the need to chase up appointments. Indeed, 63,8%

agreed when asked if they felt they should have been referred sooner.

“Relative had to push for progress with doctors with referral”

“Had new Dr following operation, he did not refer me quickly. Had to chase”

“Patient believes choosing to go to private Dr speeded up referral. Had previously seen gp who just prescribed painkillers”

“7 months before app came”

When asked to comment about their experiences, 28.7% of comments gathered offered positive sentiment about the promptness of their referral. A small number of individuals also mentioned the ability to choose, both positively and negatively. See data for more.

“Patient lives in Southport, but was able to have surgery for heart condition much more quickly by coming to rsuh.”

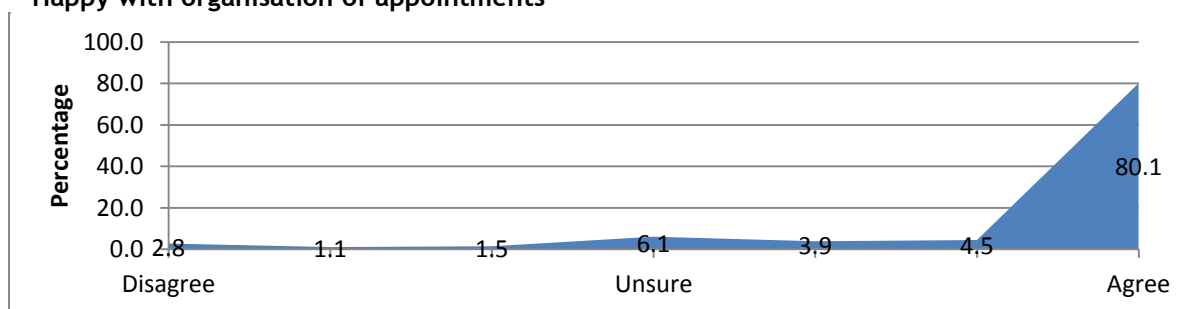
¹⁰ This survey took place in September/October2015. For detailed figures refer to appendix (p25)

Appointment

Only 7.2% reported having to wait more than 12 weeks and 62.3% up to four weeks for their first appointment but there was great variation across clinics. For example, X-ray was very quick with 90.7% within 4 weeks whilst others, Respiratory (39.3%), Stroke (40.5%) and Neurology (40%) were less so. 18.8% (three patients) reported waiting more than 12 weeks for an appointment for the Gastro clinic.

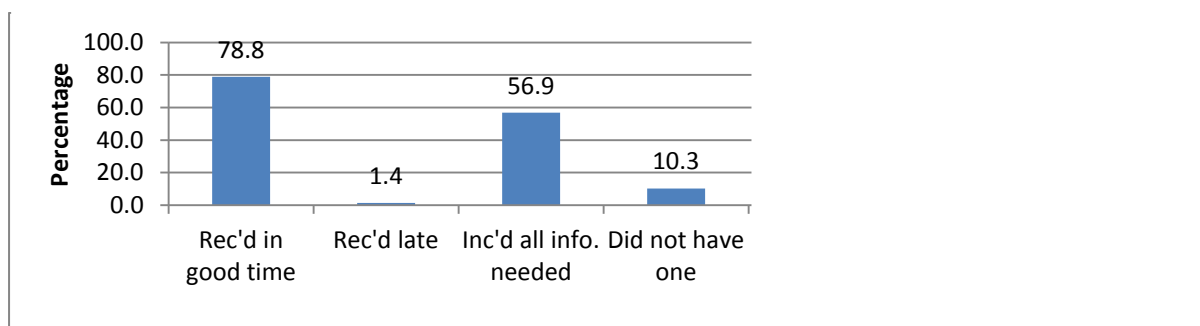
Once they had an appointment, 9.4% found that this was then changed but this doesn't necessarily mean a further delay with 44.9% being brought forward indicating a flexible approach. Some patients had follow up appointments and nearly 85% indicated they were happy with the organisation of them.

Happy with organisation of appointments



Patients were asked about their appointment letters. Although in a large number of cases, it appears that letters were received in good time, the content of them may need to be re-examined as only 56.9% of patients felt they contained the information needed.

Appointment Letters - %



Patients were asked if they wanted to share anything else about their appointment and over 370 responded. 50.4% of these were positive (30% neg), referring to the ease of arrangement and promptness of their appointments as well as the technology employed such as phone reminders.

Of the negative comments about appointment arrangements, themes included waiting times, some describing having to chase up appointments and others describing having multiple appointments. Download the data for more detail.

Getting to your Appointment

“Mobility is affected by pregnancy and had to use crutches today for first time as unable to park nearby”

Nearly 81% of people that responded arrived by car (including those dropped off). This represents a huge majority, other notable methods being 8.5% by taxi and a small 6.6% by bus.

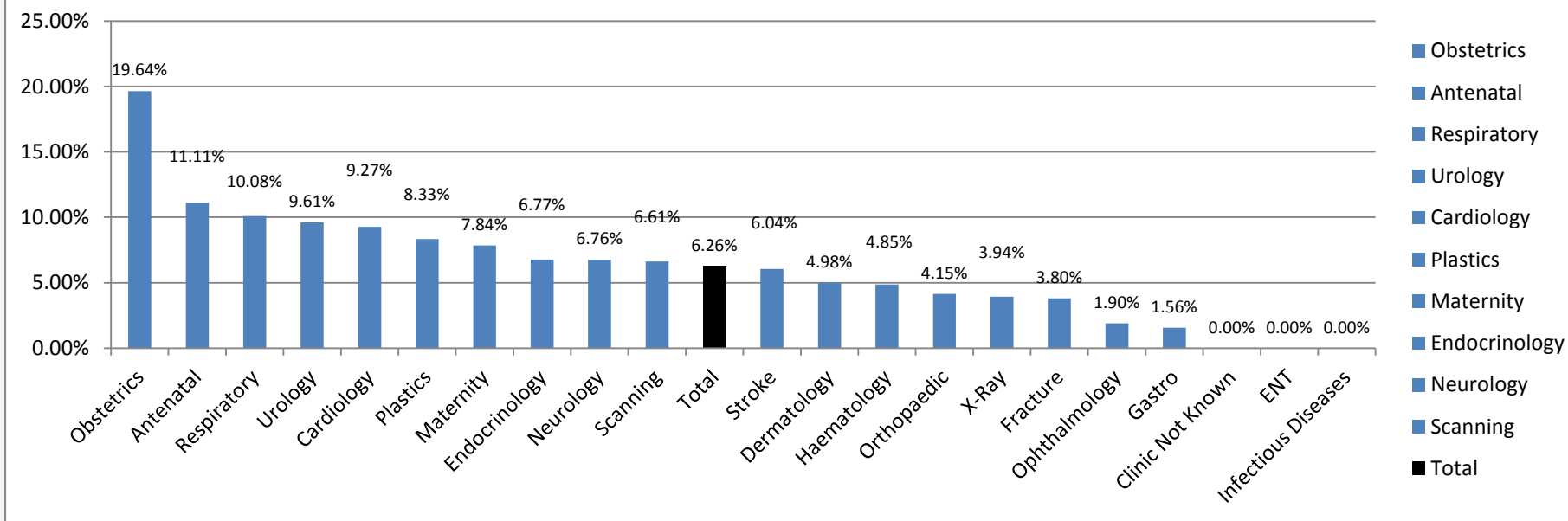
Of the respondents who answered this question, 81.9% reported being able to park in 10 minutes or less. Of these, 75.3% (61% of all) got to park where they wanted but this figure varies according to the final destination of the patient, for example, those going to maternity (48.1%), antenatal (58.3%) and urology (57.9%). Of those who couldn't park where they wanted, 27.5% reported being able to walk 50 yards or less (52.2% able to walk only 100 yards or less).

“Main reason I get a taxi is due to poor parking. I had to get taken to my clinic as I couldn't find it”

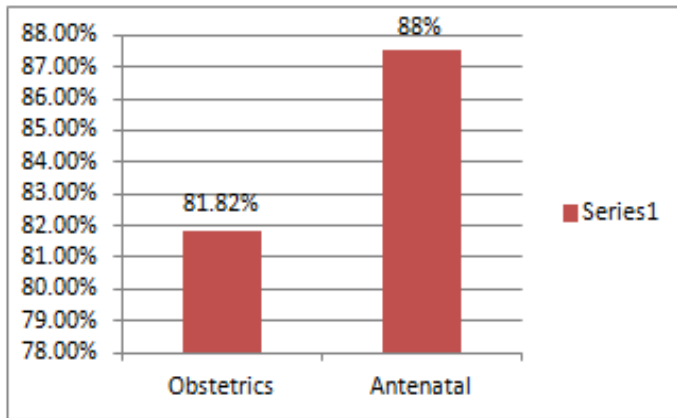
People had a lot to say about parking. In fact, a nearly third (29%) of those offering additional comments did so regarding the car park. Issues here varied but it seemed apparent that people are aware of problems with parking, be they current or historic. For example, within this group many decided to turn up early (n11) and others arranged to be dropped off (n27 comments from all survey questions), others parked off site (n17 comments from all survey questions). This means that of those commenting about parking, some had developed some sort of strategy to deal with issues they perceive to be apparent. Please see the comments data and document for more information.

Theme Focus – Parking and Pregnancy

Fig 4 - Mentioned Parking - Origin (from all questions)

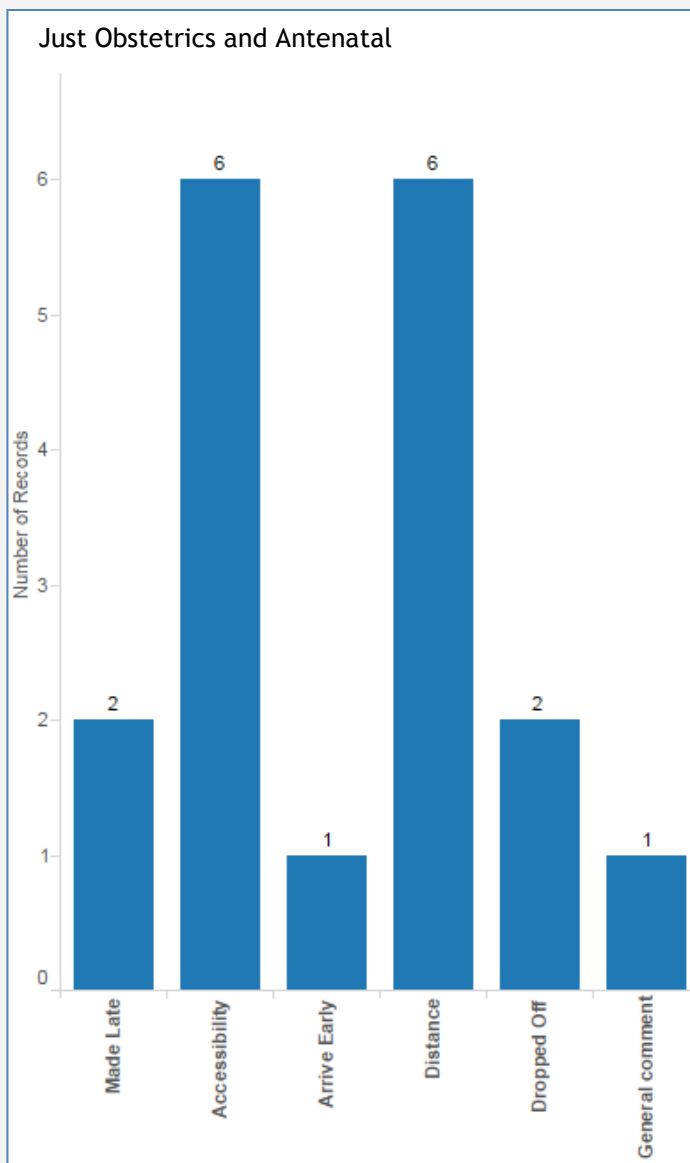


Overall, 6.26% of the comment boxes were populated with comments that mention the parking (all surveys). When considering this as a **baseline**, it makes the appearance of Obstetrics and Antenatal above even more pronounced.



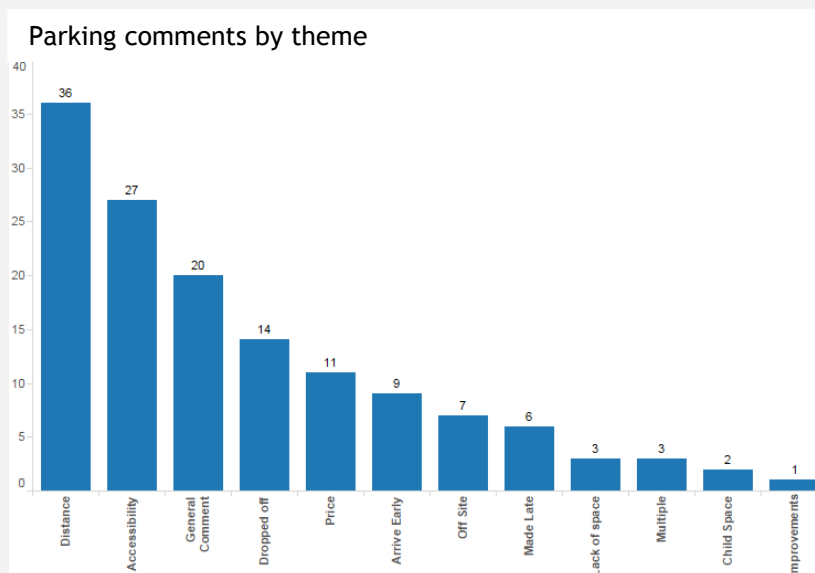
Obstetrics and Antenatal comments about parking are in the main, negative, 81.8% and 88% respectively.

Within this cohort, people mentioned different aspects of their experience as shown in fig 6. These patients shared comments about Parking, but primarily offered concerns about accessibility and distance (in terms of walking from the car park to the clinic).

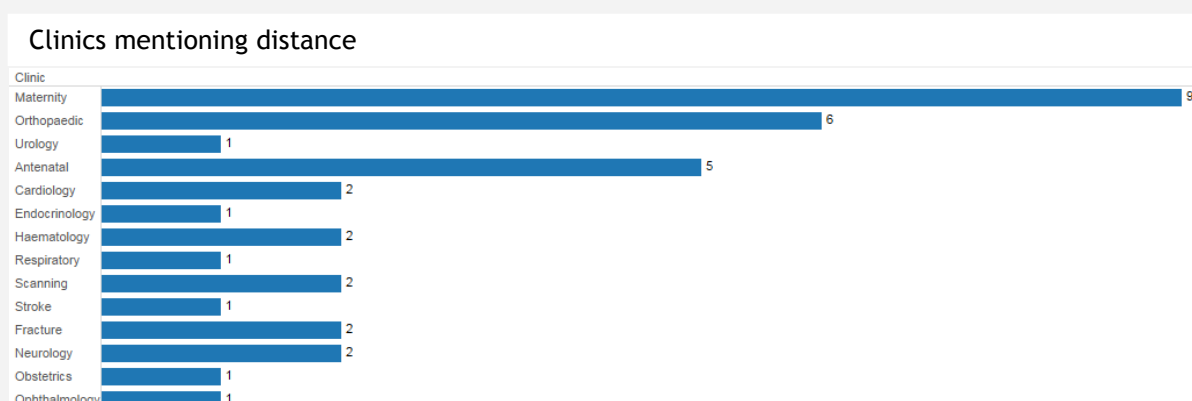


- “Mobility affected by pregnancy and had to use crutches today for first time as unable to park nearby”
- “Took 40 mins to find space so late for appt need to park close too because mobility problems through pregnancy far too many empty disabled spaces”
- “No parking spaces and running late so have to park on end of row and not in proper space this normal as do not yet need to park nearby but getting bigger”
- “Parking useless even though mother has disabled badge particularly difficult for maternity”
- “Never a free space nr maternity, I have to park at the Multi story which is quite a distance”

Examples of Comments - See [dataset](#) for full list



The above diagram shows the distribution of negative comments about parking by theme. Distance is mentioned on 36 occasions and within it below, Maternity is well represented along with orthopaedic and antenatal. A clear theme here. (see below graph).



Parking – Signs of Improvement?

There were 17 positive comments about parking received, perhaps indicating an improving situation. See more detail in the data-set.

“Need to bring two pushchairs and insufficient space parking better today than previously”

“Car parking brilliant nowadays”

“Patient uses disabled parking and had no problem finding a space close enough to entrance”

“For a change car parking very good”

Examples of Comments - See [dataset](#) for full list

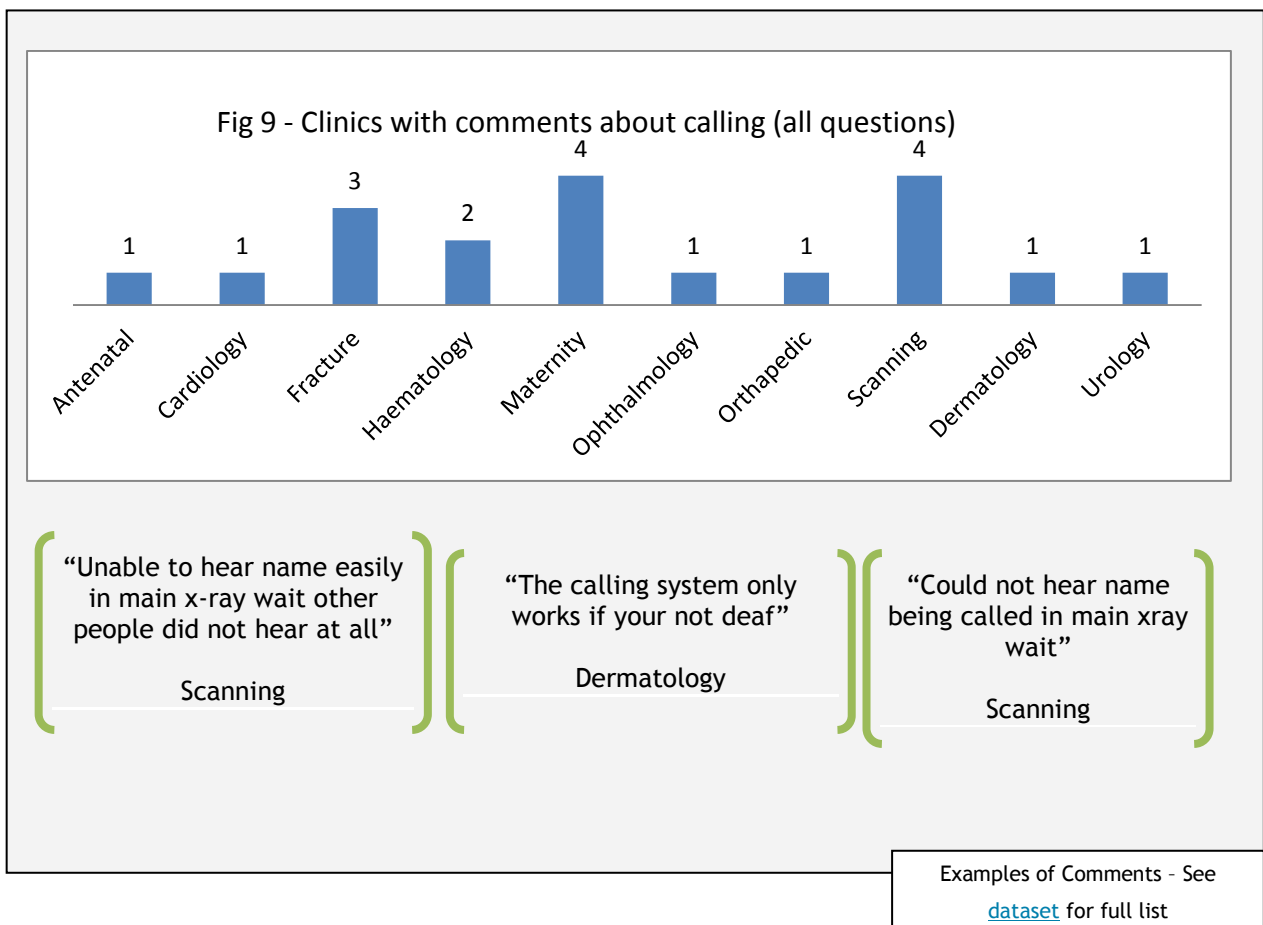
Getting to your appointment continued

Once in the building it was a matter of checking in and finding the clinic. On using the kiosk, 95.7% understood how to do this (89.2% of those 75+ years could do also). Most patients felt positive about being able to make their way to the clinic (94% positive), but there was one which people reported as being difficult. Of the 28 people volunteers spoke to in Respiratory clinic, only 57.1% felt positive overall about being able to find it.

84.3% of our respondents reported making it to the clinic early, with 4.5% reporting being late citing various reasons for this, from patient transport to trouble with parking.

Waiting

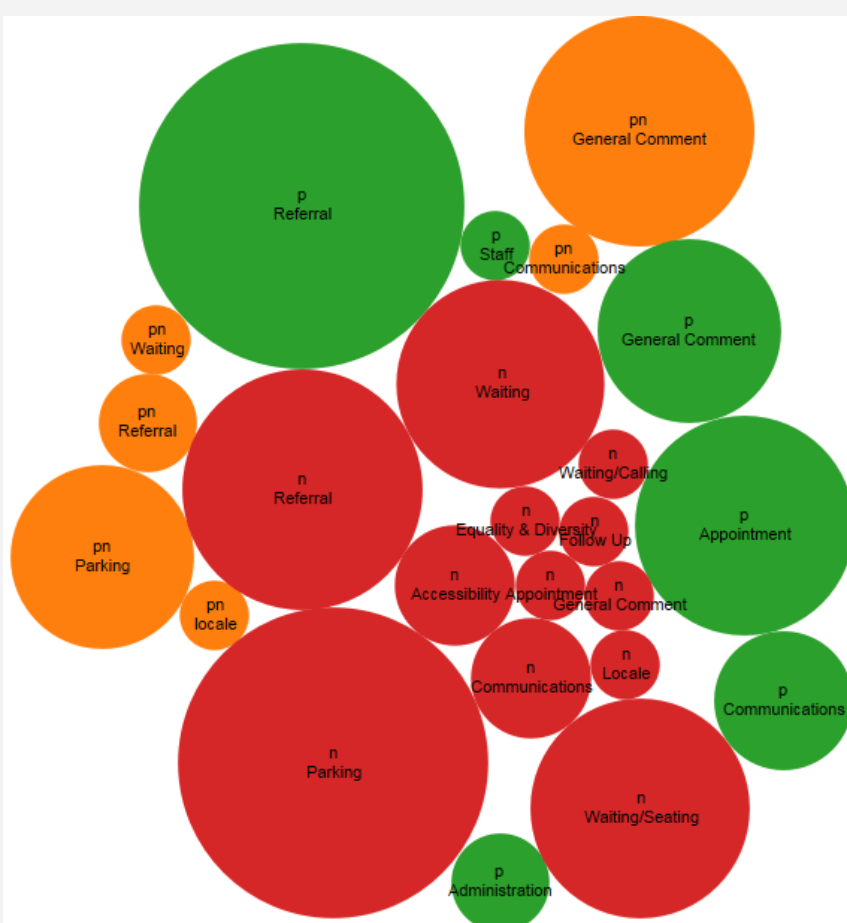
93.5% of respondents thought that the calling system was adequate but there are some caveats to this. For example, this falls to 83.3% in Fracture and 85.1% in Maternity.



Overall the respondents reported that the waiting areas were clean and tidy (99.2%) and this varies little across all clinics visited. Toilet facilities were clean too (only 2.1% disagreed with this). 84.5% found the receptionist helpful and 49.4% courteous.

Volunteers found that in most cases patients reported there being adequate seating, apart from in Haematology (75.4%) and Urology (77.3% note a particular mention for sub wait three) where less people agreed that this was the case.

Clinic focus – Urology (comments from all questions)



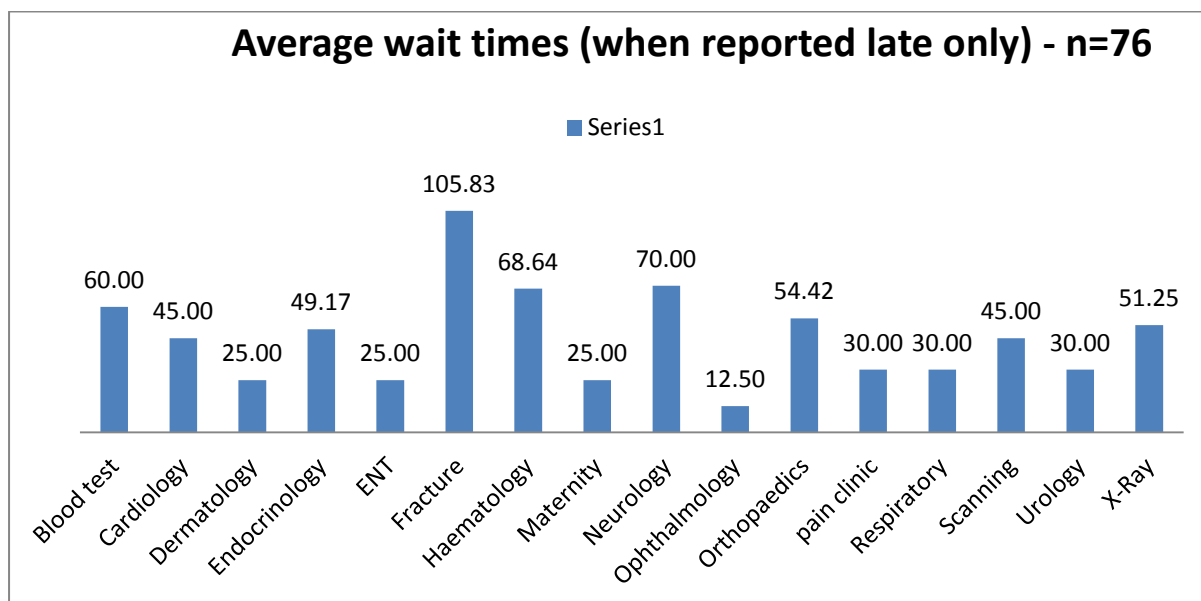
- “Had to drive round twice to be able to park near clinic couldn't find clinic easily when first attended not always enough seating daughter able to translate and reads up on condition and always available”
- “Waited 4 and half hrs in A&E in agony with kidney stones because name not shouted loud enough”
- “Enough seats in main wait not enough in sub wait 3”
- “Waiting area too small and cramped”
- “Sub wait very small”
- “Not enough seats in sub wait 3”
- “(appointment) Changed 3 or 4 times”
- “Considering hospital referral very slow”
- “Had to chase gp for results and information”
- “Do not like sub waits too cramped and like Clapham junction”

In Urology, the largest number of positive comments received (n18) referred to the patients referral with them mentioning promptness and simplicity, similar themes related to the arrangement of their appointments. Negatively, people mentioned parking (n8) but specific mention was made of the sub waiting room (they could be referring to sub wait three) which is reported as being too small.

Examples of Comments - See [dataset](#) for full list

The Consultation

Patients reported being called in for appointments late 55.2% of the time and 36.4% on time (8.4% early). On average, they waited 56 minutes to be called in although 51.9% were called in after waiting 30 minutes or less. This of course varied by clinic with the longest reported as being Fracture, with an average of 105.8 minutes although only a low number of people answered this question.

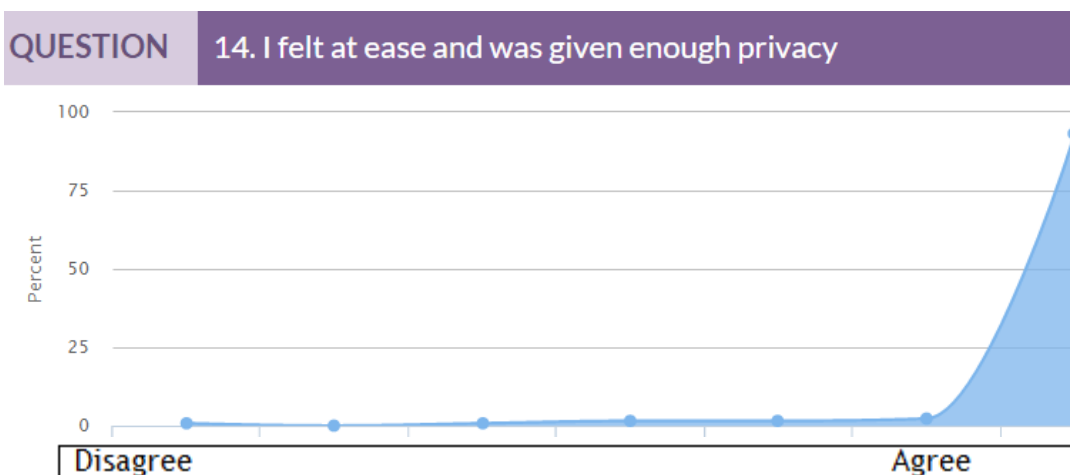


Of those that were called in late, about 44.6% had the reason for the delay explained to them.

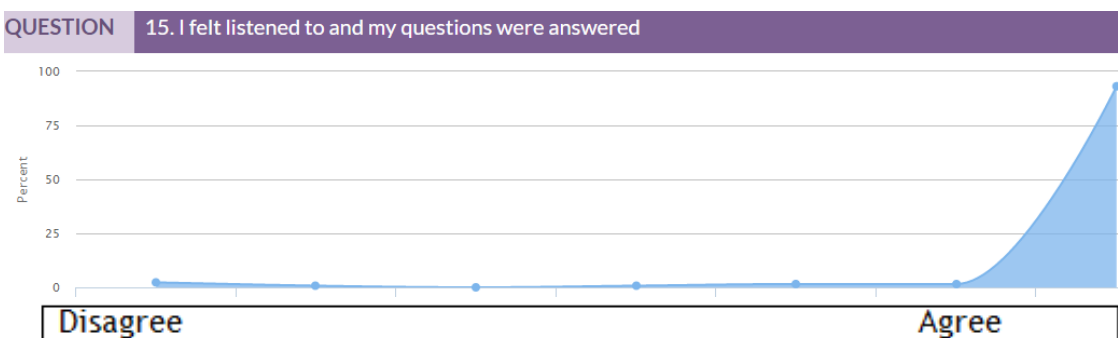
Once in the appointment, 84.1% of staff introduced themselves. When there were other people in the room, these were introduced 42.6% of the time.

“(There was no explanation as to what they were looking for during the scan. I was told that my son’s hips were ok/fine after I asked and that I would receive a letter saying so. Staff were lively and considered the feelings of my older son who was present, showing him the fibre optic lights to put him at ease which I thought was very good of them. Personally I would have just liked to have had a little knowledge about what they were looking for.”

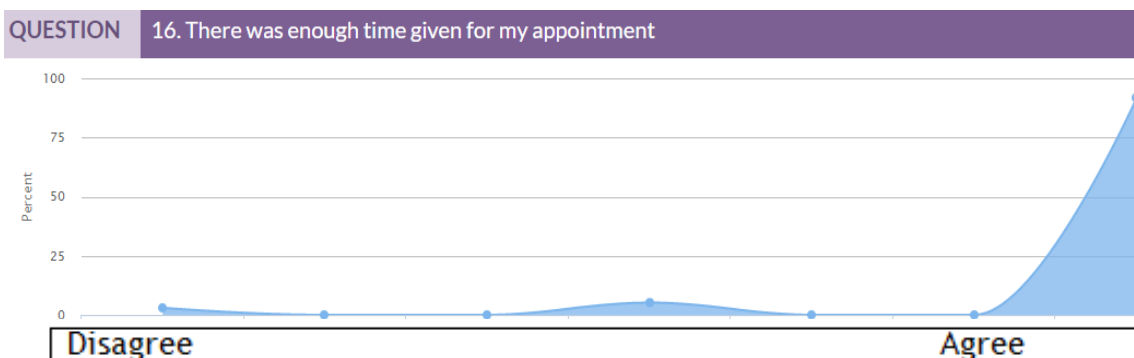
The patients felt at ease and were given enough privacy (92.5% strongly agree).



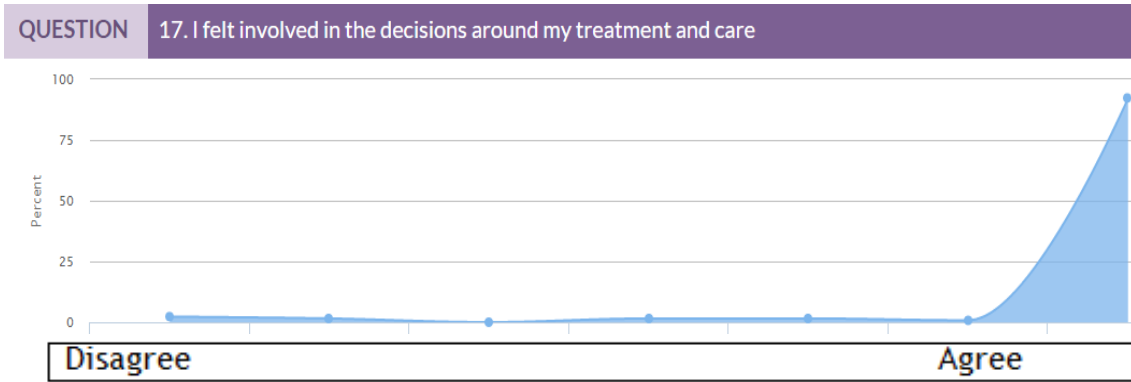
They also felt listened to and their questions were answered (92.5% strongly agree).



This all took place in a period of time that the majority of patients determined to be long enough (91.2% strongly agree).

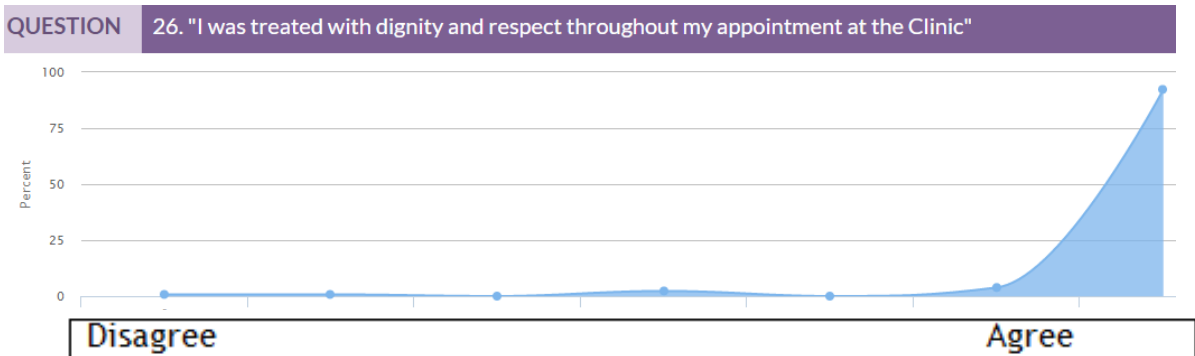


Only 4.5% of patients indicated a negative response when asked if they felt involved in the decisions taken about their care.

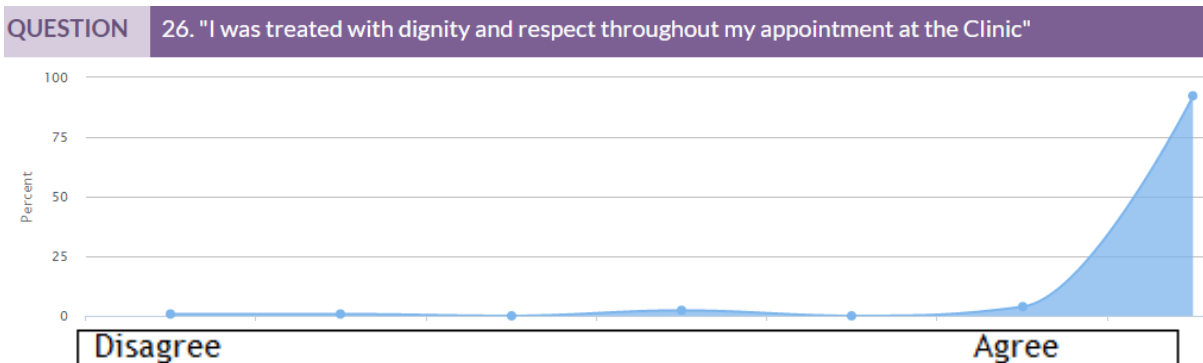


88.6% strongly agreed that they felt confident in their diagnosis and treatment plan.

Of those that were prescribed new medication, 73.1% strongly agreed that side effects were explained to them leaving some room for improvement, however 15.4% offered up a neutral response to this question. For those who felt it was relevant, 22.5% were not advised of any danger signs to be looking out for at home.



95.45% of people agreed that they were treated with dignity and respect in appointments, this seems consistent across all clinics.



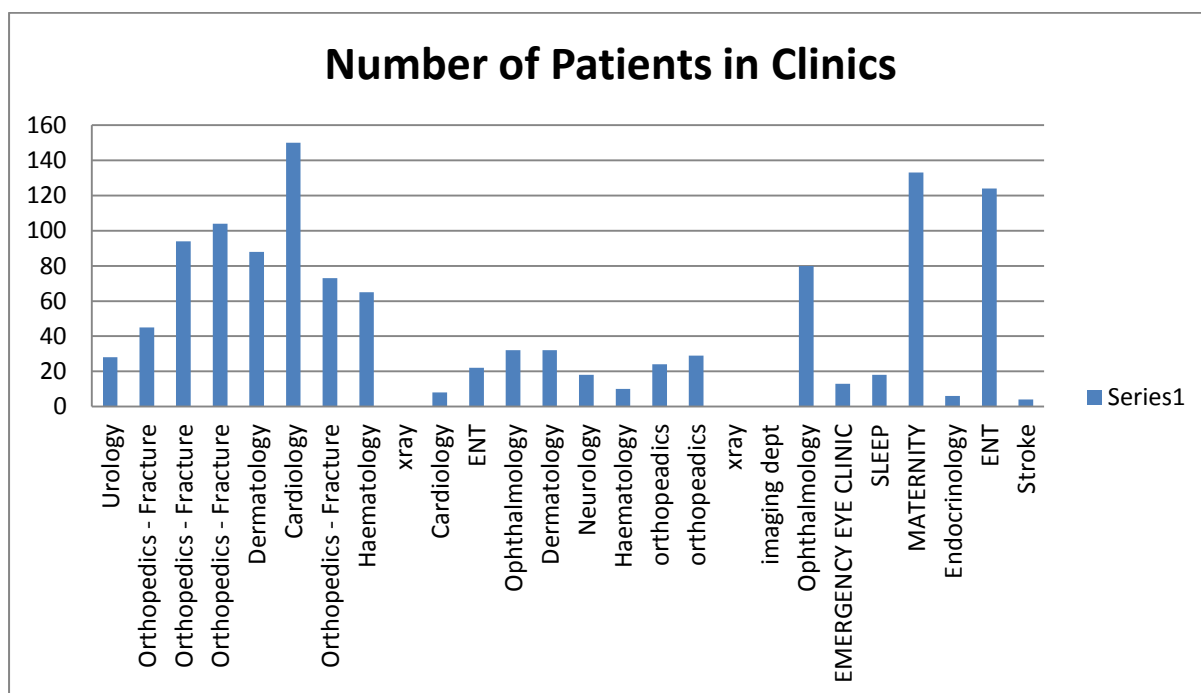
Although numbers were quite low (n54), it is still worthwhile reporting that of those who had an investigative procedure 79.6% of people said that staff introduced themselves with 77.8% having the purpose and 70.4% the process of the procedure explained to them. 87% of people reported being satisfied with the conduct of the staff undertaking the procedure.

Similarly, the numbers of those who had treatment were low (n34) but it is still worthwhile reporting that of those who had an investigative procedure 73.5% of people said that staff introduced themselves with 79.4% having the purpose and 70.5% the process of the procedure explained to them. 79.4% of people reported being satisfied with the conduct of the staff undertaking the procedure.

Receptionist

This project spoke to 27 receptionists, all female, the majority aged 35 - 54.

These were spread over all of the clinics, these having to cater for varying numbers of patients.



To give added context for the above graph, some clinics operate a block booking system - orthopaedics and ENT.

Staff reported 11% of clinics starting late, citing different reasons from doctors late arriving or stuck in traffic whilst another was still doing the ward round. 78% of those who responded reported all clinicians in place for clinic commencement.

58% of clinics finished late (two respondents reported finishing an hour late). Of the clinics held, one for Endocrinology (16.67%) had the highest rate followed by one for Orthopaedics (14.42%). Receptionists reported that 100% of patients behaved in an acceptable manner.

“IT IS RARE WE HAVE PROBLEMS WITH PATIENTS IN CLINIC, WE TRY TO DEAL SYMPATHETICALLY WITH PTS WITH A GRIEVENCE”
 Receptionist
“(I was) Treated pleasantly by staff. Results of tests explained clearly and further treatment arranged.”

Appendix

Patient Comments

After collecting so many usable comments as part of this survey, this rich qualitative dataset needs some forethought before analysis.

The data is of most use if it can be broken down into themes as well as to what extent the comments are of a positive or negative character. An attempt was made to identify the sentiment.

‘Sentiment Analysis’ is a relatively new development and typically employs technology. It attempts to attribute positive or negative features to a comment, either through identifying individual words or trying to determine context by examining a whole sentence. Most analysts agree¹¹ that even the best systems can only achieve 80% accuracy.

For this report comments have been analysed manually, by Healthwatch staff. This means that subjectivity is a factor, not only in the respondent, but also in the staff member responsible. Every attempt has been made to approach this task in an objective fashion; however, there is no escaping the influence of subjectivity here. Therefore comments data should only be taken to be an indication and not absolute.

For all analysis, comments have been broken down to be of either (these are colour coded in the [data file](#) also);

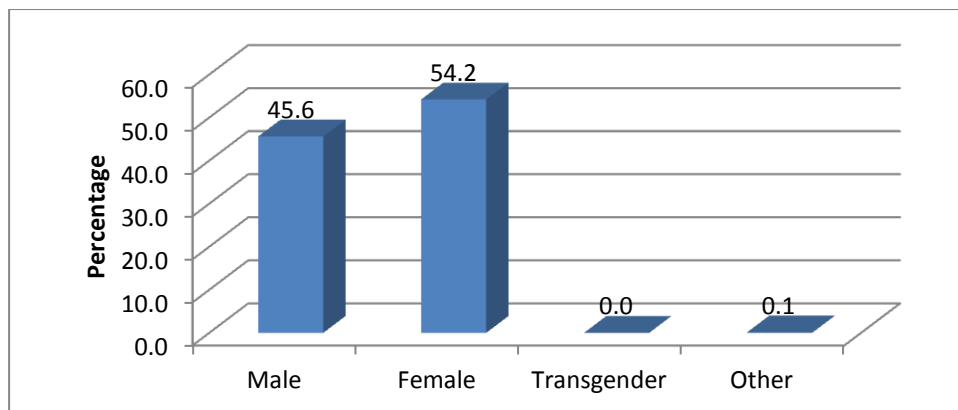
P	Indicates Positive Sentiment
N	Indicates Negative Sentiment
PN	Difficult to determine or neutral (Positive and Negative)

After being analysed, these comments have been attributed a theme. Only one person carried out the analysis for themes to maximise consistency,

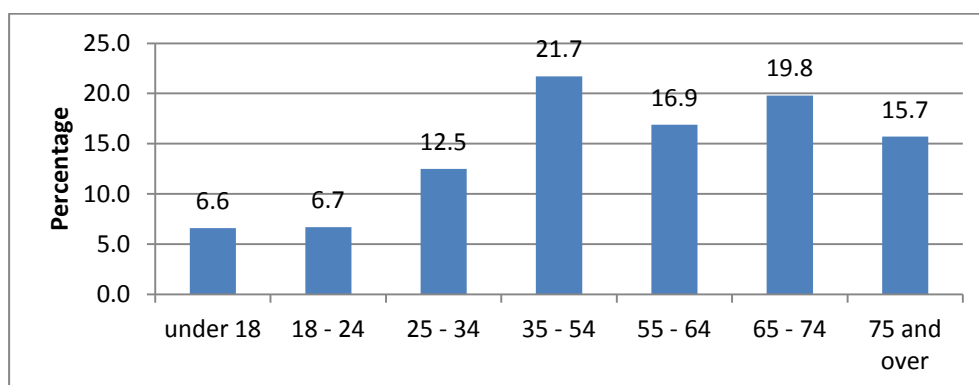
¹¹ See <http://sentdex.com/sentiment-analysis/> for an example

Patient Responses - Pre-Consultation

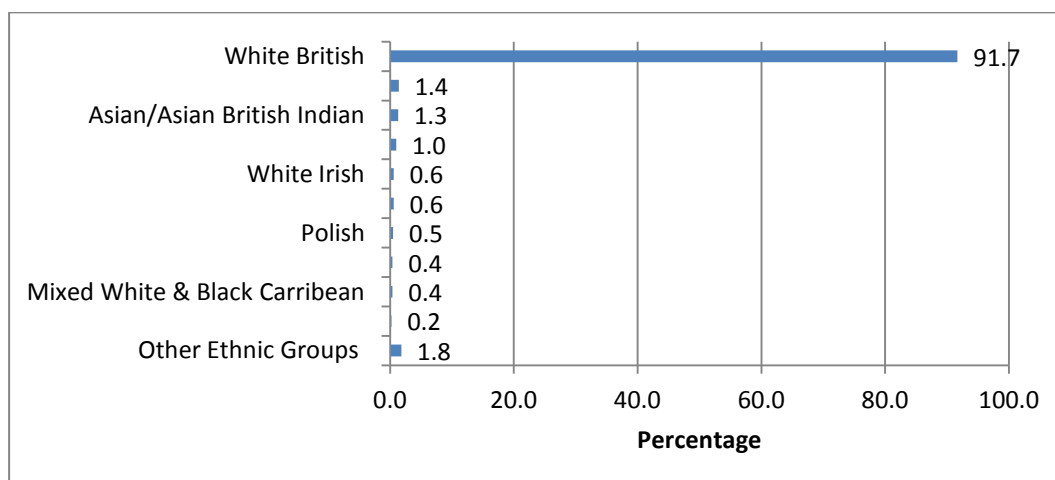
Q.1: Gender (%)



Q.2: Age (%)



Q.3: Ethnicity (%)

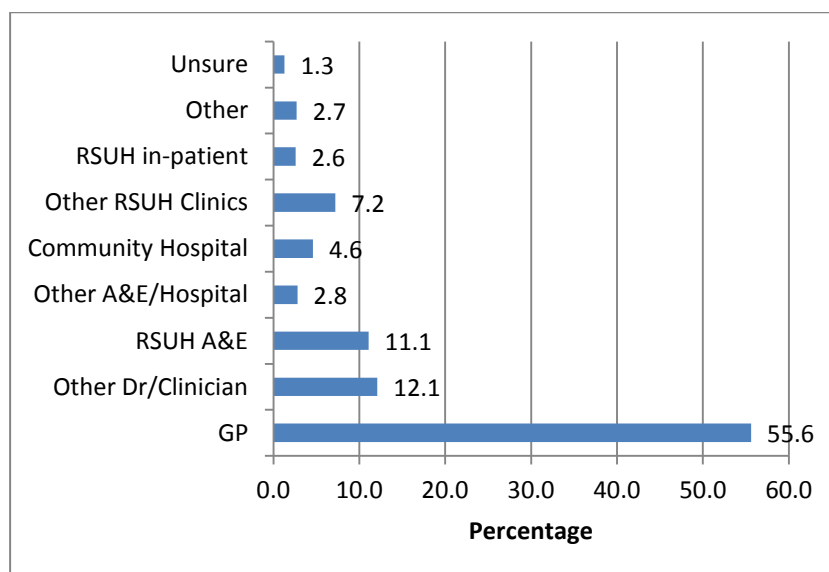


Q.4: If difficulty walking, max distance able to walk (yards)?

Max. Distance	Nil	20 or less	25 - 50	55 - 100	140 - 200	250 - 500	800	1500
No. of Responses (Total: 225)	35	49	75	24	18	21	2	1

Referral Process

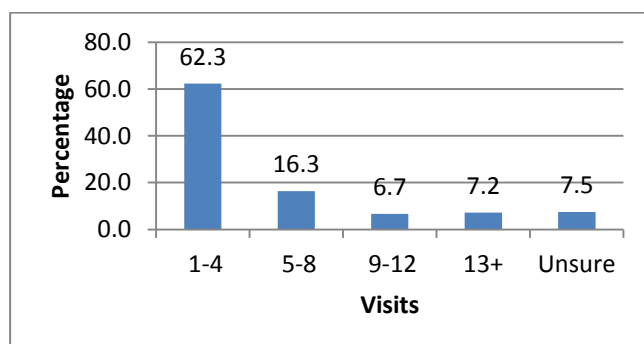
Q.8: Who were you referred by? (%)



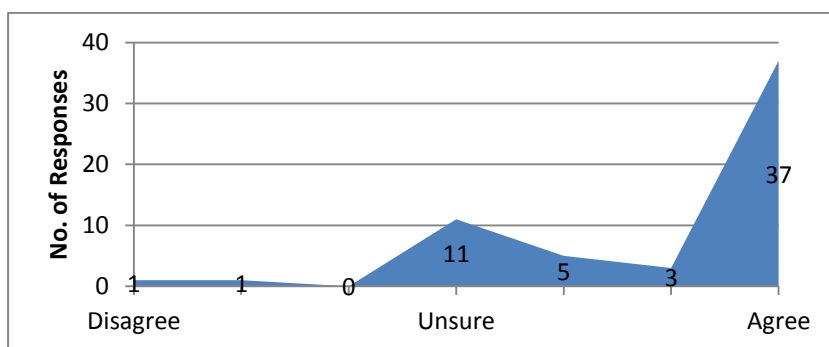
Q.9: Were you referred promptly?

Yes: 83.2% No: 10.5% Unsure: 6.3%

Q.10: How many more visits before referred? (%)

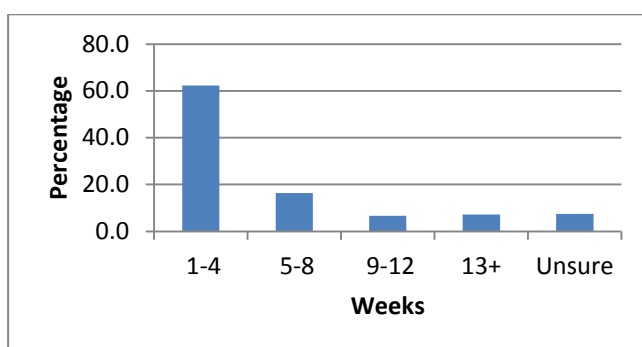


Q11. "I feel I should have been referred sooner"



Appointments

Q.13: How long did you wait for your first appointment? (%)



Q.14: Was this first appointment changed by the Hospital? (%)

Yes: 10% No: 85.9% Unsure: 4.2%

Qs.15, 16 & 17: Where "Yes" (79 No. patients), was it brought forward or delayed, and by how

many weeks?

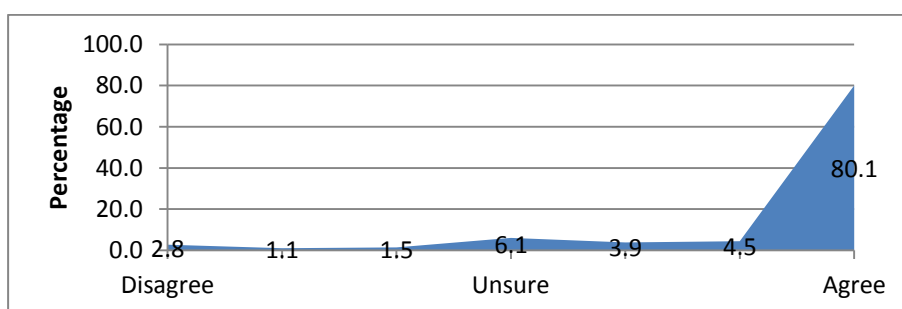
Forward: 44.9%	Weeks	1 - 3	4 - 6	7 - 9	12			
	No. of patients	12	7	5	1			
Delayed: 55.1%	Weeks	1 - 3	4 - 6	7 - 9	13	20	24	32
	No. of patients	19	6	4	1	2	2	1

Q.18: How many follow-up appointments have you had?

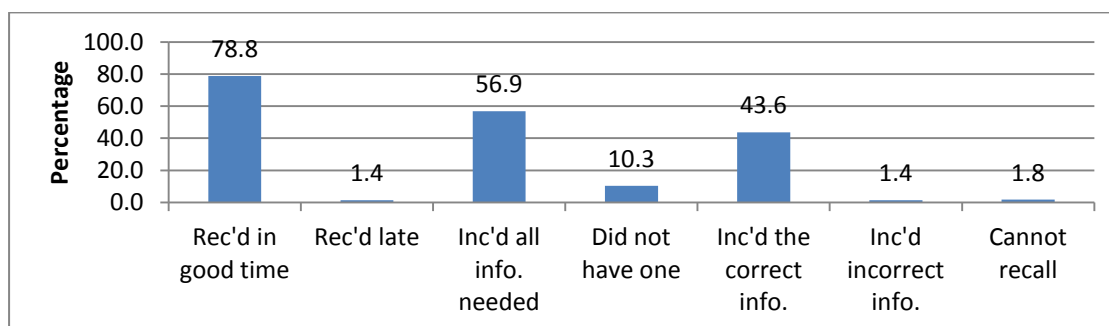
No.	1	2	3	4	5	6 - 10	11 - 50	60 - 160	300
500/600									
No. of patients	123	98	71	31	29	71	47	11	2

each

Q.19: "I am happy with the organisation of my follow-up appointments" (%)

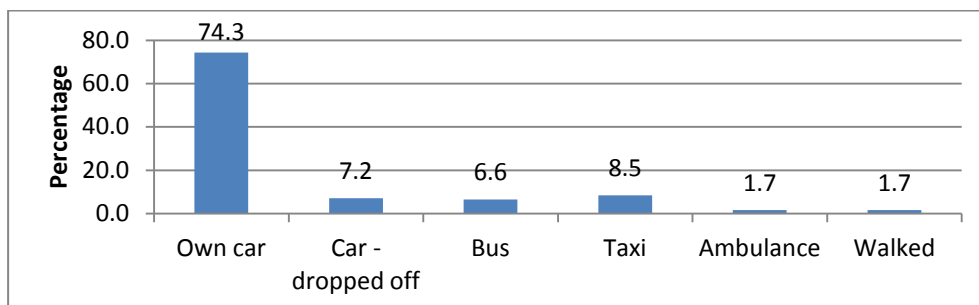


Q.20: Was your appointment letter?



Getting to your appointment

Q.23: How did you travel to your appointment today?



Q.24: For “Own Car” (576 No.), how long did it take to find a parking place (mins.)?

Time (Mins)	Nil	1 - 5	6 - 10	11 - 15	20 - 30	35 - 55
No. of patients	41	309	81	36	47	12

Q. 25: Were you able to park it where you wanted?

Yes: 75.2% No: 24.8%

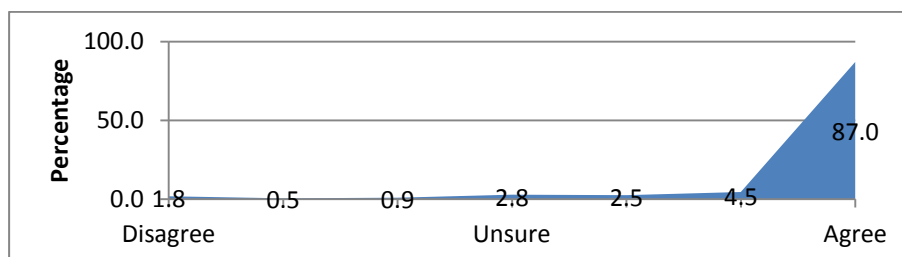
Q.27: Did you understand how to use the Check-in Kiosk?

Yes: 75.5% No: 3.4% Not applicable: 21.2%

Q.28: Where “No” (26 No.), was there help available?

Yes: 100%

Q.29: “I could locate my OP Clinic easily”



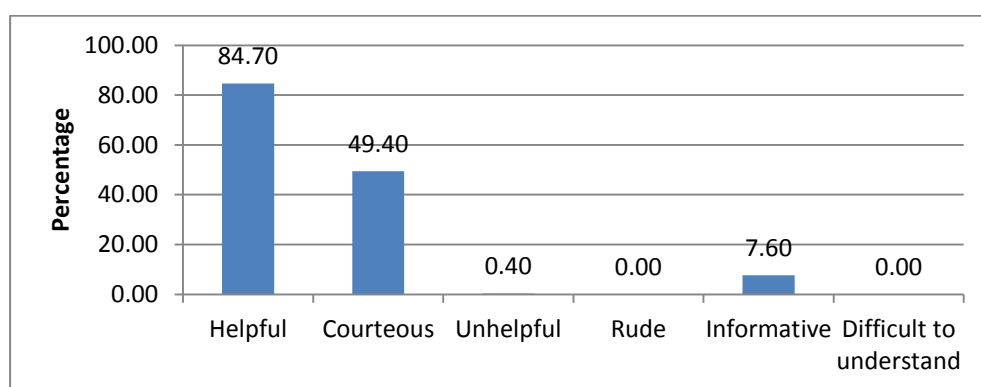
Q.31: Did you arrive early, on time or late for your appointments?

Arrival:	Early	On time	Late
% of patients:	84.3	11.3	4.5

Q.32: Did you notice other patients with the same appointment time?

Yes: 7.5% No: 69.4% Unsure: 23.0%

Q.33: Was the Clinic Receptionist?



Q.34: Is the system for calling you to the consulting room clear and understandable?

Yes: 93.5% No: 2.5% Unsure: 4.0%

Q.35: Where “No” (19 No.), was there help readily available?

Yes: 8 No. No: 4 No. Unsure: 6 No.

Q.36: Was the waiting area clean and tidy?

Yes: 99.2% No: 0.5% Unsure: 0.3%

Q.37: Was there enough seating in the waiting area?

Yes: 94.8% No: 5.2%

Patient Responses - Post-Consultation

Demographics

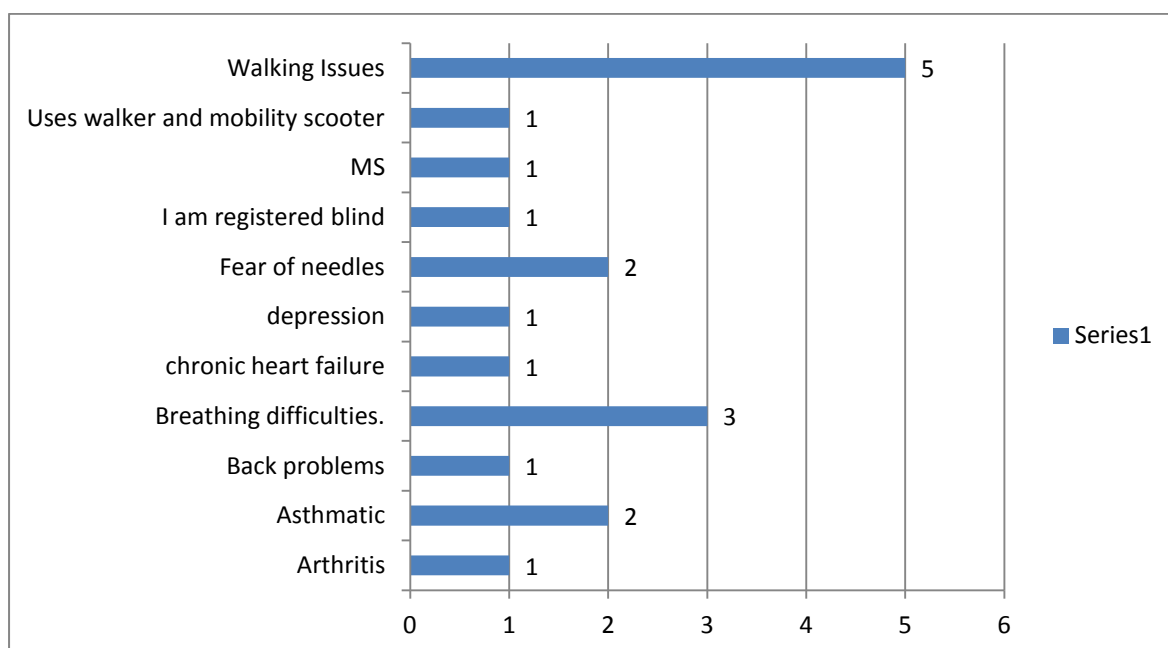
Q.1 : Q.2 and Q.3 are taken to be a proportion of those reported in Pre Consultation

Appendix

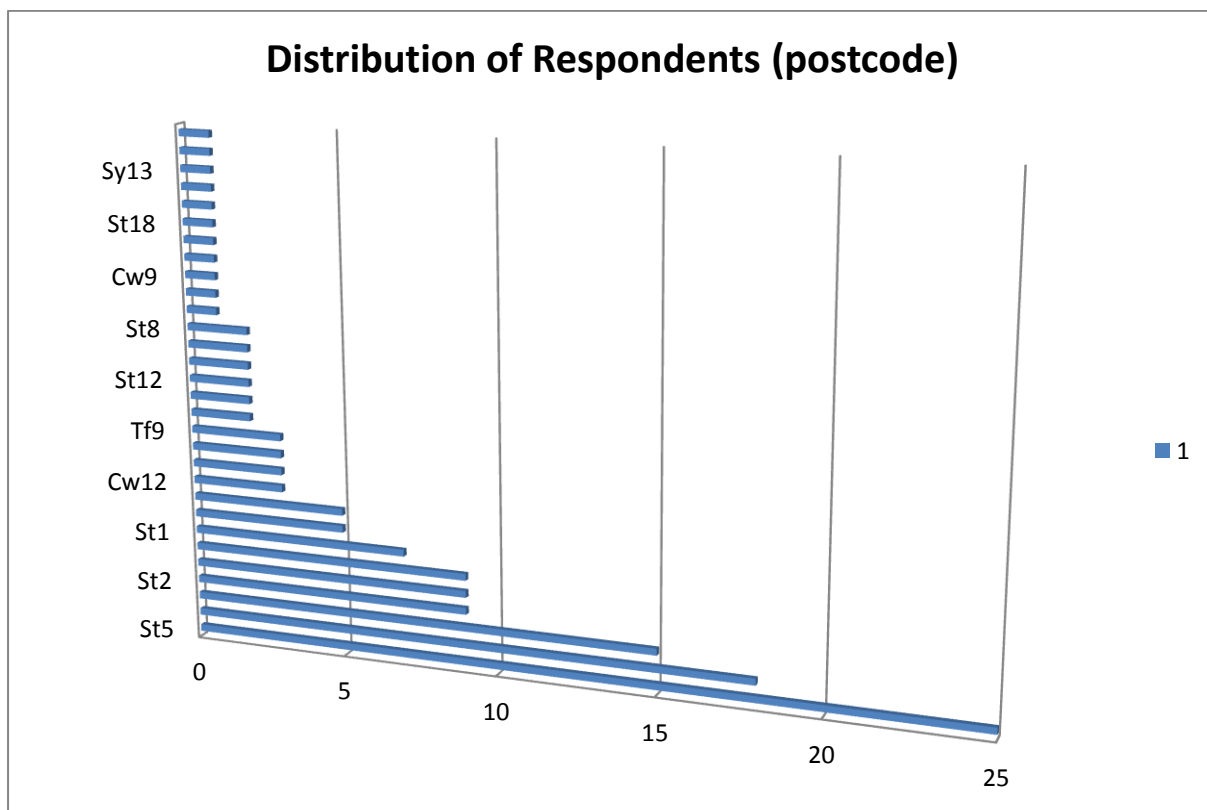
Q.4: Total Distance able to walk (yards)?

Max Distance	n/a	20 or less	20 - 50	Over 50
Total Responses 151	117.0	8	13	13

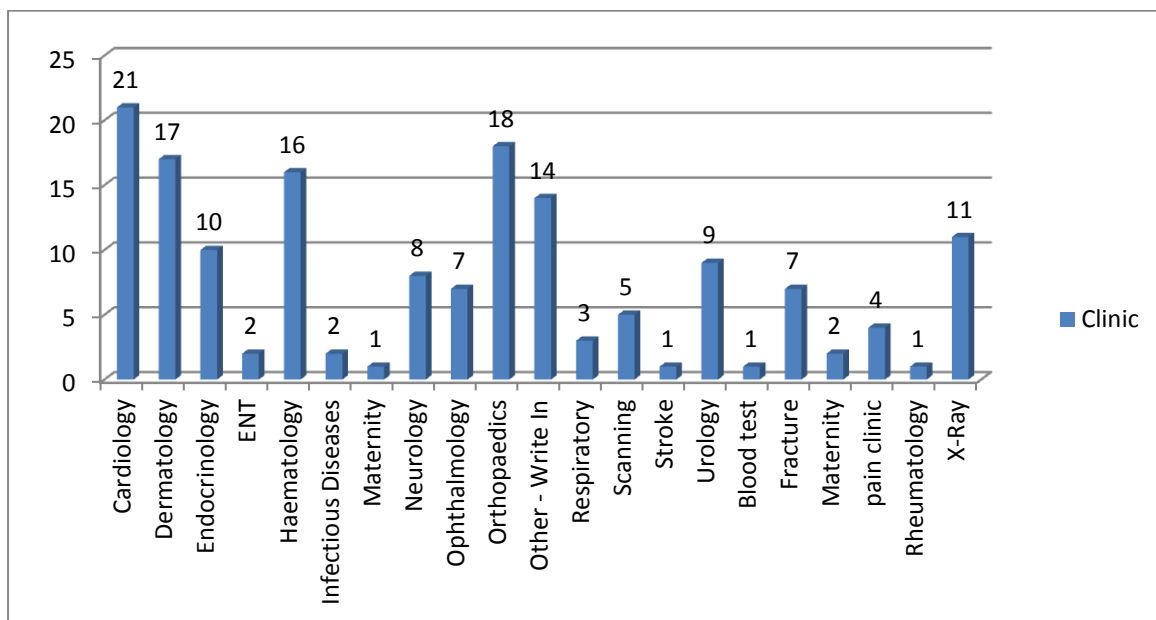
Q. 5: If any other disability which affects your ability to attend an out patients clinic, what and how?



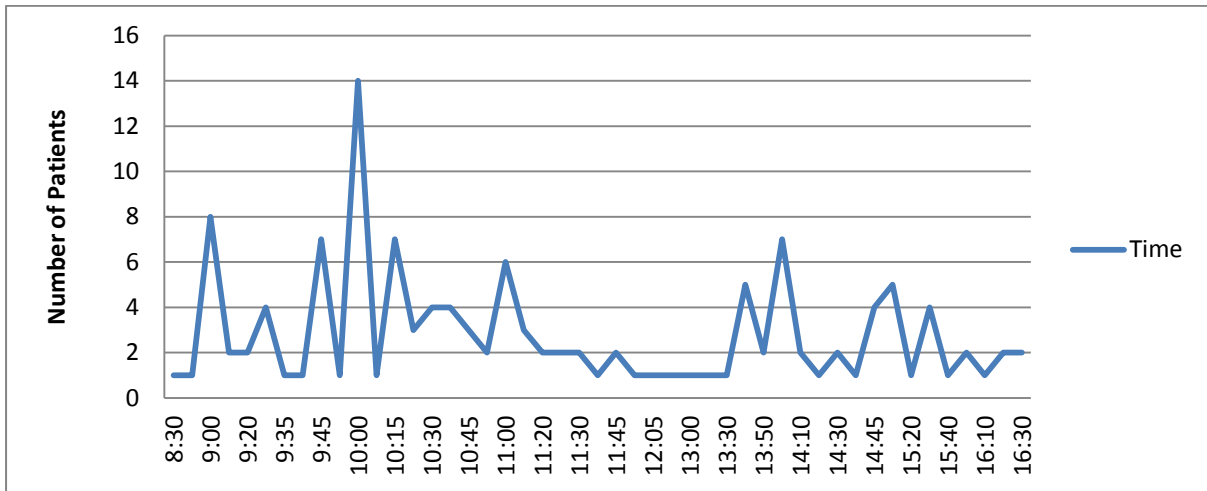
Q.6: First Part of Postcode



Q.7: Which clinic have you visited?



Q.8: What was your appointment time?



Q.9: I was seen:

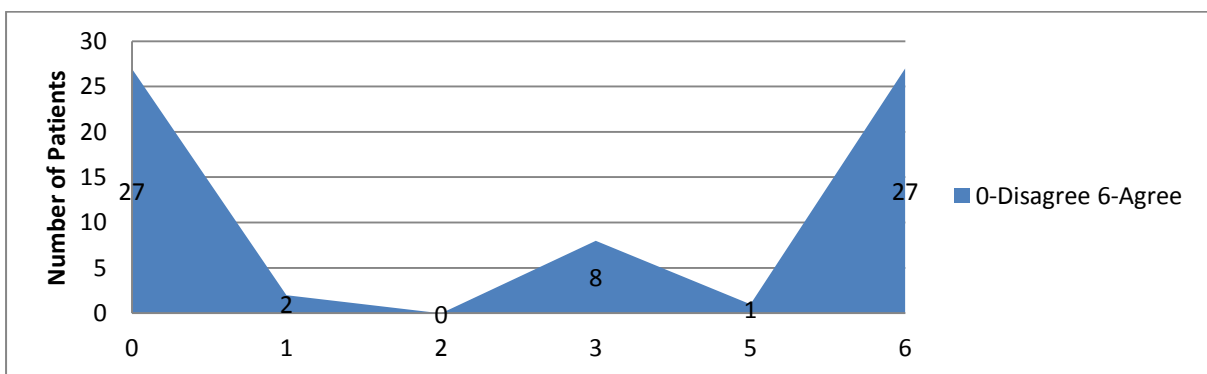
(Of those that answered this question.)

On Time - 36.4% Late - 52.2% Early - 8.4%

Q.10: How Late?

15 mins or less	15 - 30 mins	30 mins - 1hr	1 - 2 hrs	Over 2 hrs
15	15	23	16	1
21.43%	21.43%	32.86%	22.86%	1.43%

Q.11: The reason for the delay was explained to me.



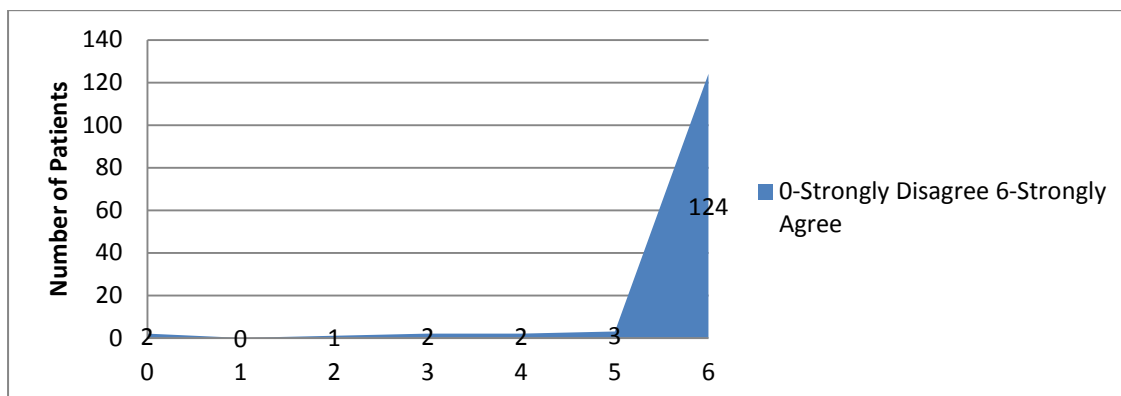
Q.12: Did the Doctor/Nurse introduce themselves at the start of the appointment %?

No	Not Sure	Yes
10.3	5.5	84.1

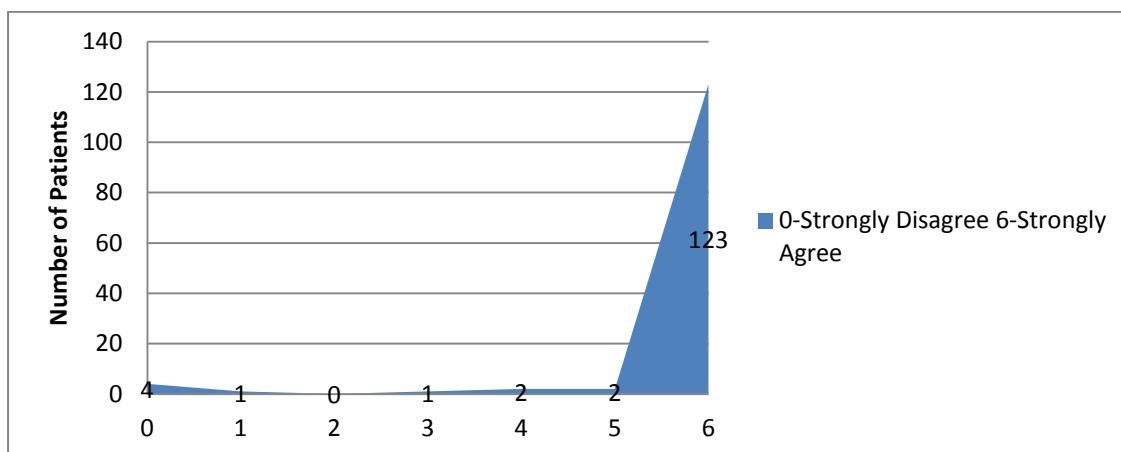
Q.13: Did the Doctor/Nurse introduce other persons present at the start of the appointment %?

No	Not Sure	Yes	Not applicable
15.4	5.1	36.8	42.6

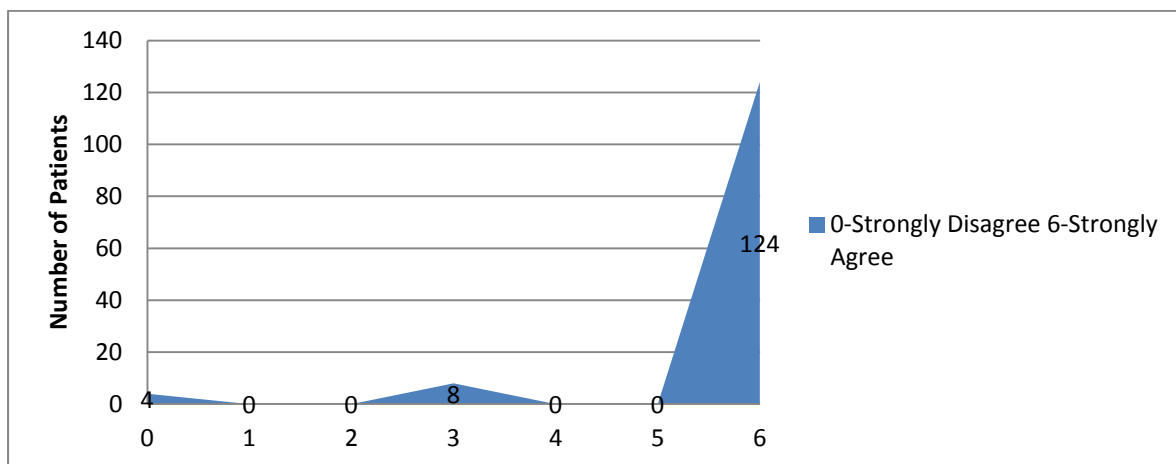
Q.14: I felt at ease and was given enough privacy.



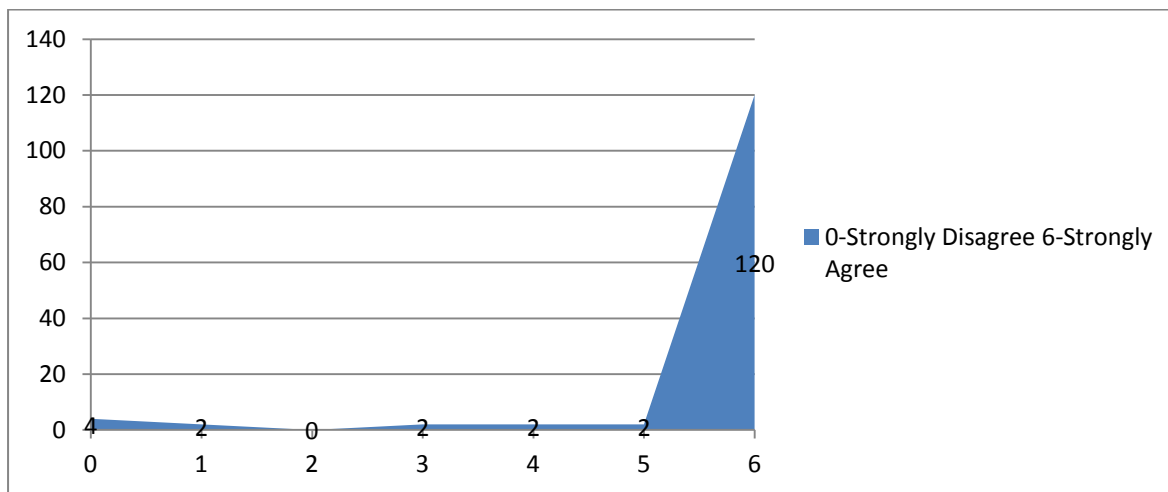
Q.15: I felt listened to and my questions were answered.



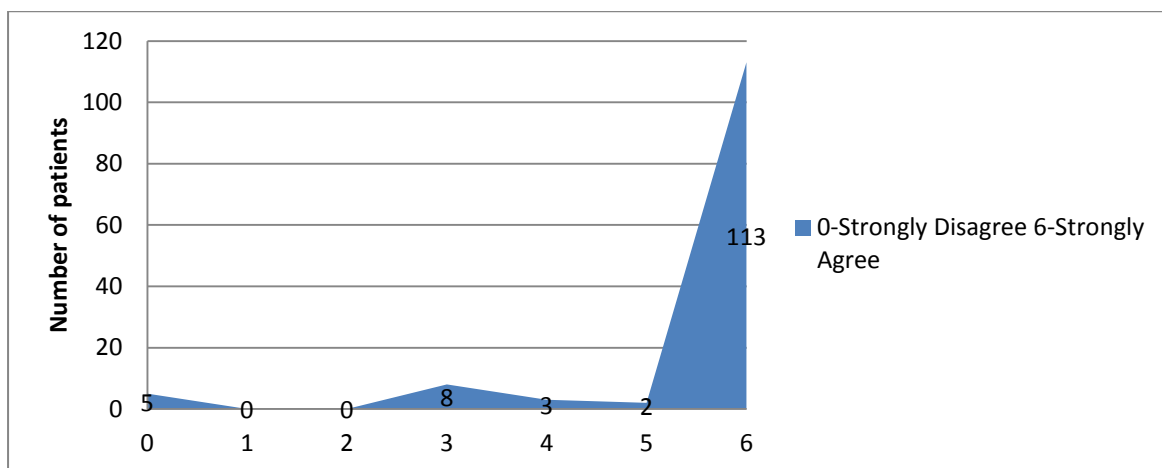
Q.16: There was enough time given for my appointment.



Q.17: I felt involved in the decisions around my treatment and care.



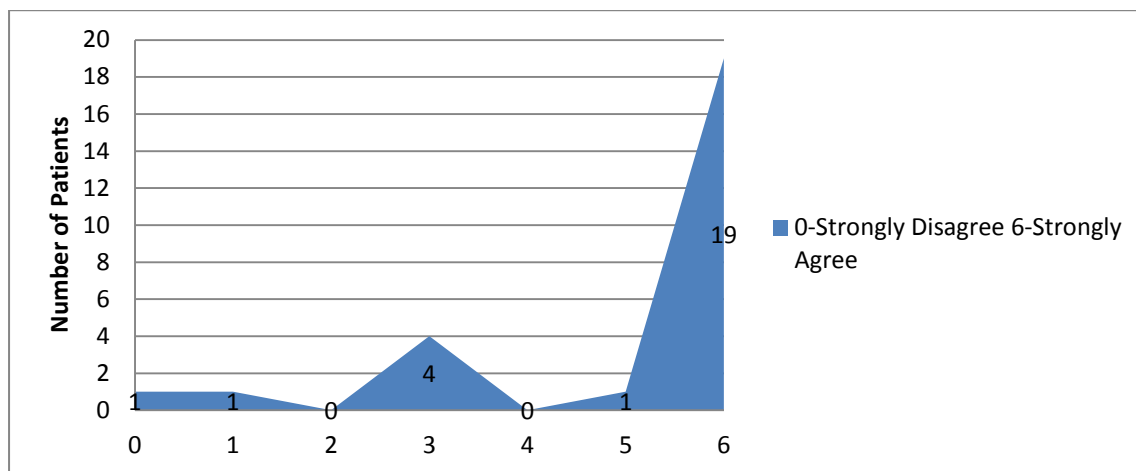
Q.18: I felt confident in my diagnosis and treatment plan.



Q.19: Were you prescribed new medication?

	Frequency	Percent
No	109	79.0
Yes	29	21.0
Total	138	100.0

Q.20: The side effects were explained to me.



Q.21: Did you have an investigatory procedure?

	Frequency	Valid Percent
No	82	60.3
Yes	54	39.7
Total	136	100.0

Q.22: Please tick all of the following that apply regarding your investigatory procedure

	Frequency	Percentage (of those that answered YES Q21)
Staff Introduced themselves	43	79.6%
The purpose was explained to me	42	77.8%
The process was explained to me	38	70.4%
The risks were explained to me	25	46.2%
There were no risks	23	42.6%
I was satisfied with the conduct of the staff undertaking it	47	87%
I was informed of what was revealed	31	57.4%

Q.23: Did you have any treatment?

	Frequency	Valid Percent
No	98	73.1
Not Sure	2	1.5
Yes	34	25.4
Total	134	100.0

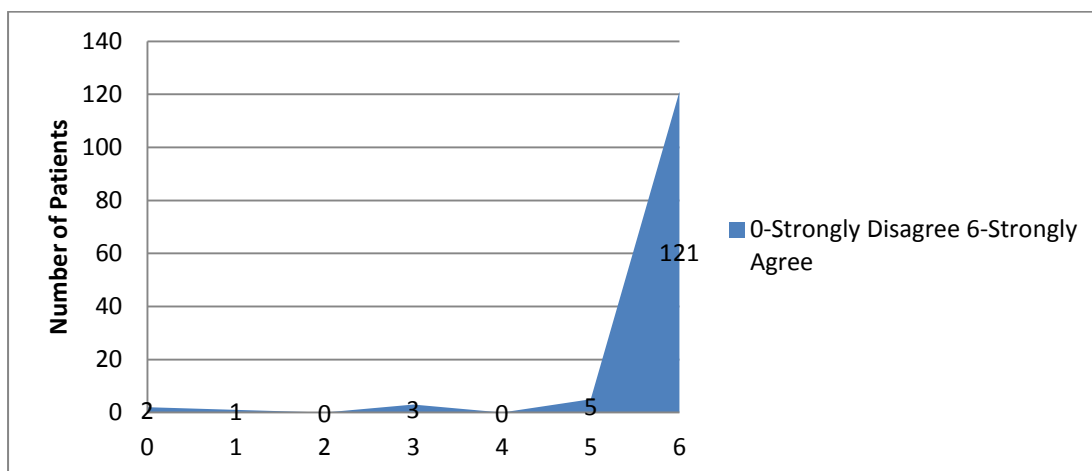
Q.24: Please tick all the following that applies to your treatment.

	Frequency	Percentage (of those that answered YES Q23)
Staff introduced themselves	25	73.5%
The purpose was explained to me	27	79.4%
The process was explained to me	24	70.5%
The risks were explained to me	16	47%
There were no risks to explain	12	35%
I was satisfied with the conduct of the staff undertaking it	27	79.4%
It eased my condition	15	44.1%

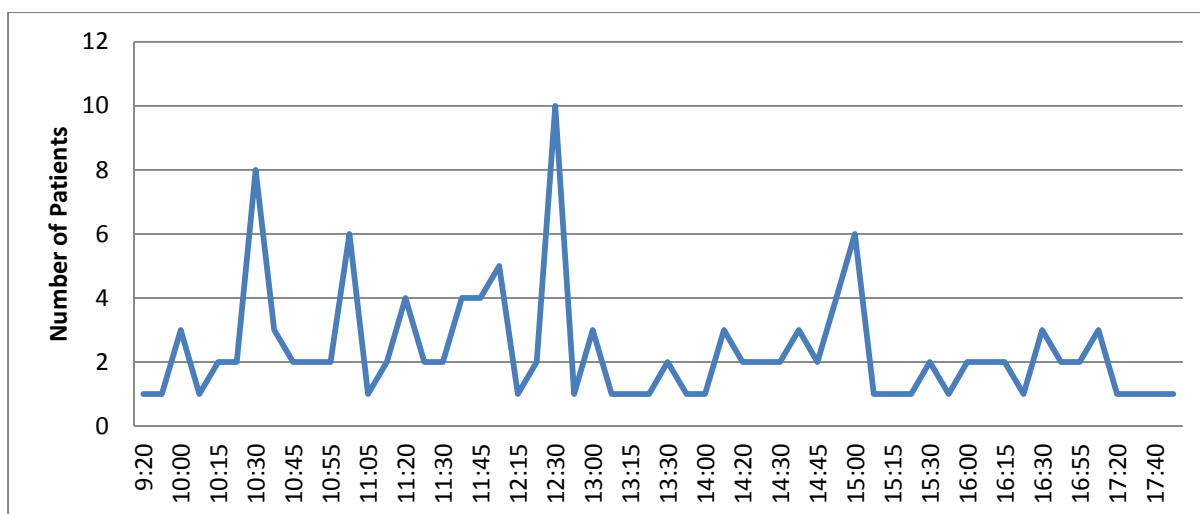
Q.25: I was made aware of any danger signals I needed to be aware of at home following my appointment.

	Frequency	Valid Percent
No	14	10.7
Not applicable	69	52.7
Yes	48	36.6
Total	131	100.0

Q.26: I was treated with dignity and respect throughout my appointment at the clinic.



Q.27: What time did you leave the clinic?



Q.28: If you visited the toilets were they clean and tidy?

	Frequency	Valid Percent
No	2	1.5
Not applicable	44	32.1
Yes	91	66.4
Total	137	100.0

Q.29: Do you wish to tell us anything else about your current or most recent appointment?

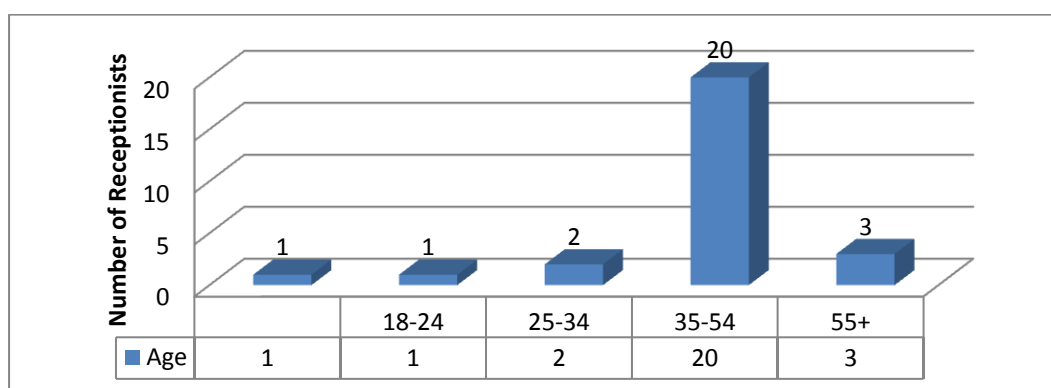
See dataset

Receptionist

Demographics

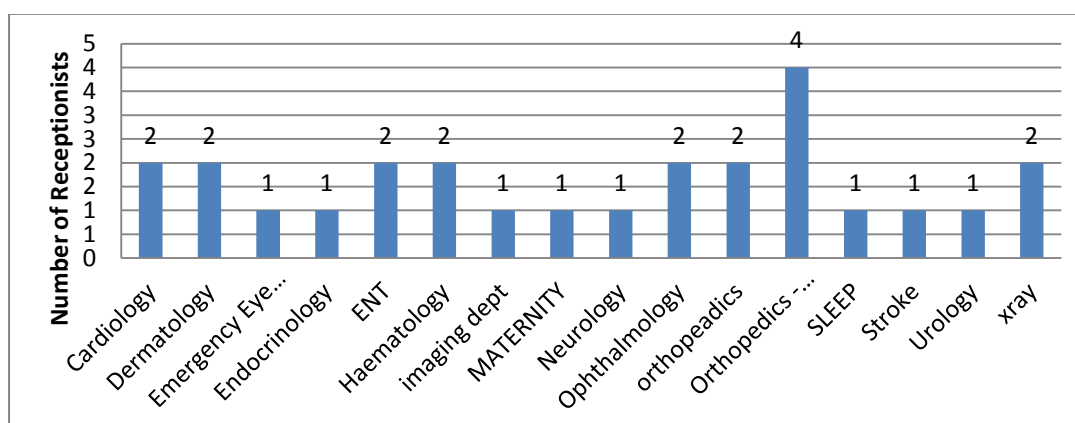
Q.1 : All the respondents (n27) are female

Q.2 : One receptionist declined to share her age.

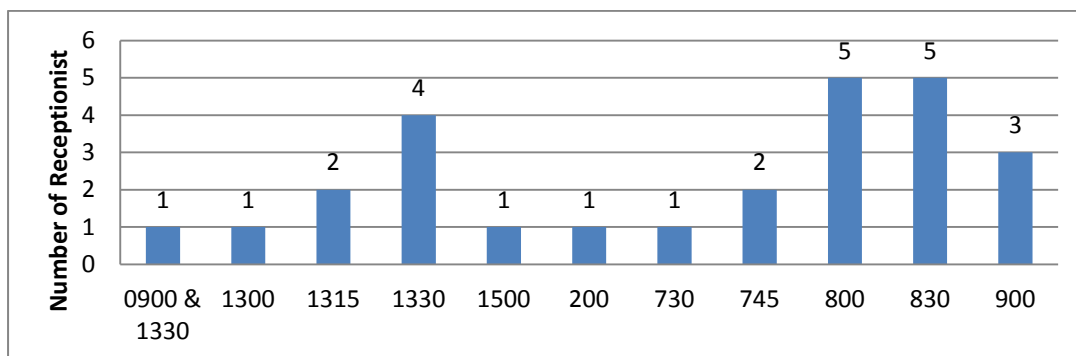


Q.3: All respondents consider themselves to be White British apart from one who is White Irish.

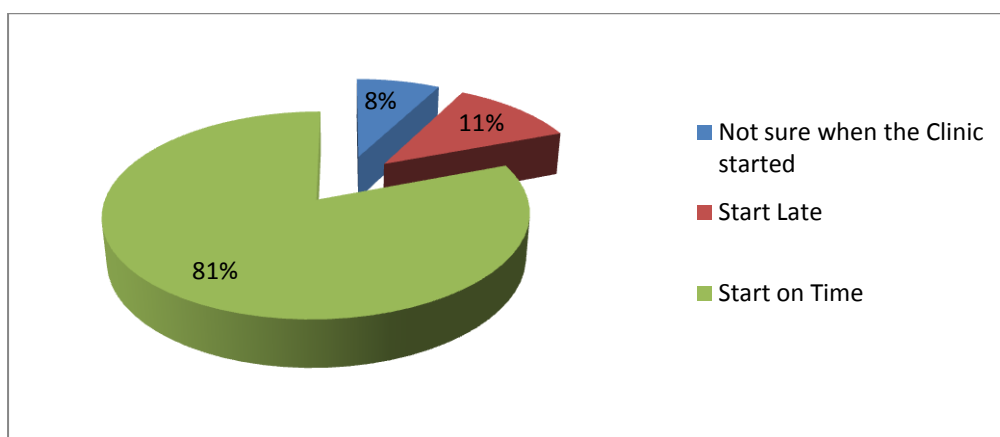
Q.4: The respondents were staffing the following clinics (one declined).



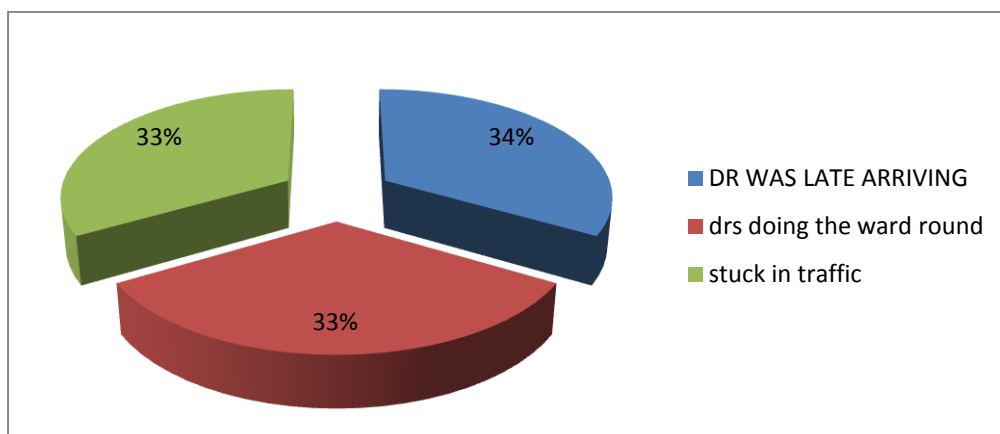
Q.5: What time does the clinic start?



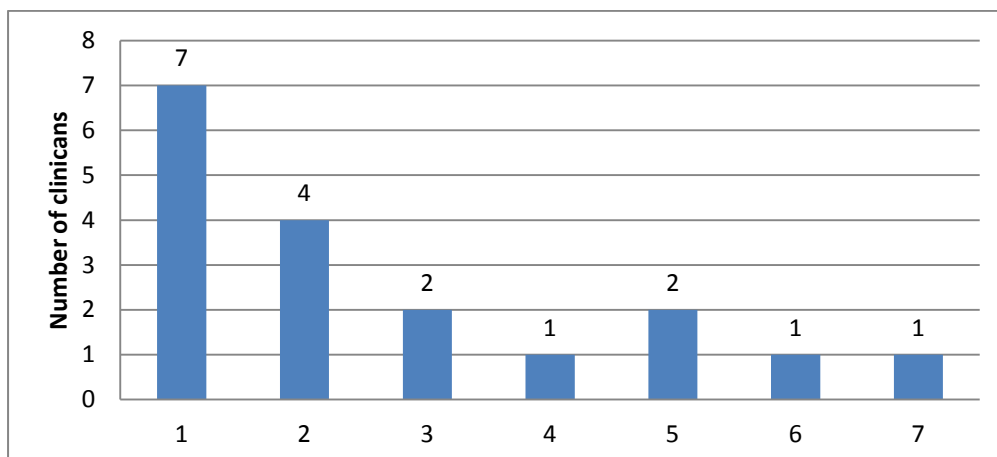
Q.6: Did the clinic today n26 (%)



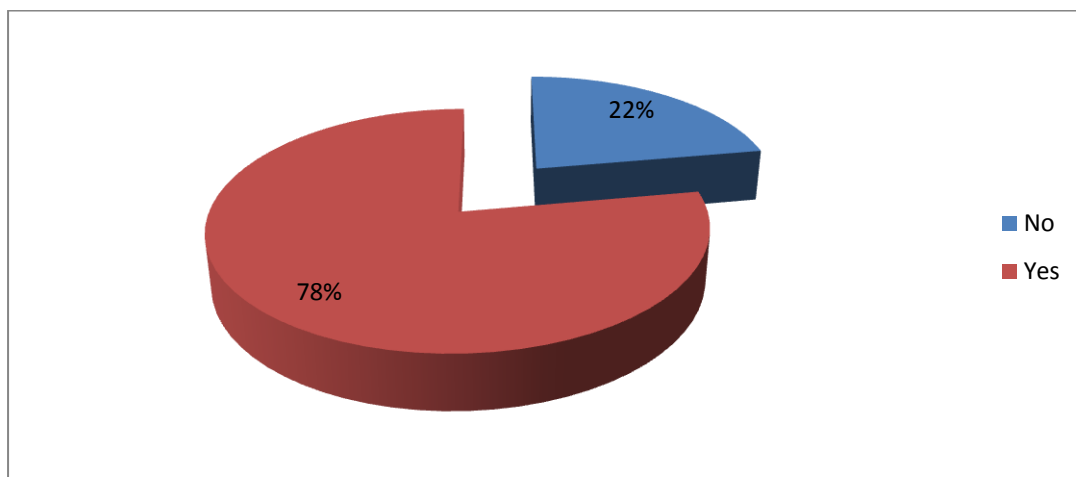
Q.7: Why was this? n3 (%)



Q.8: How many clinicians are listed for today's clinic?



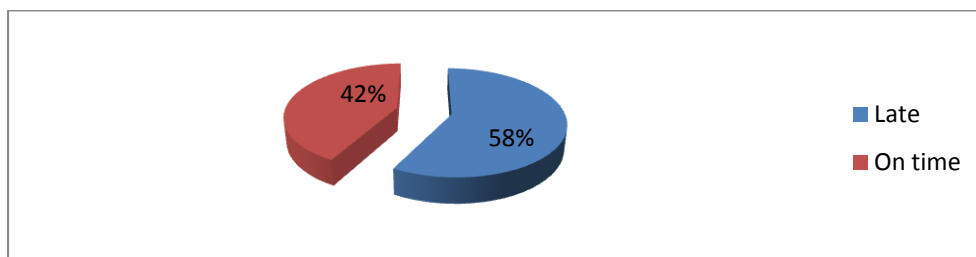
Q.9: Had all of the clinicians arrived at the clinic for commencement?



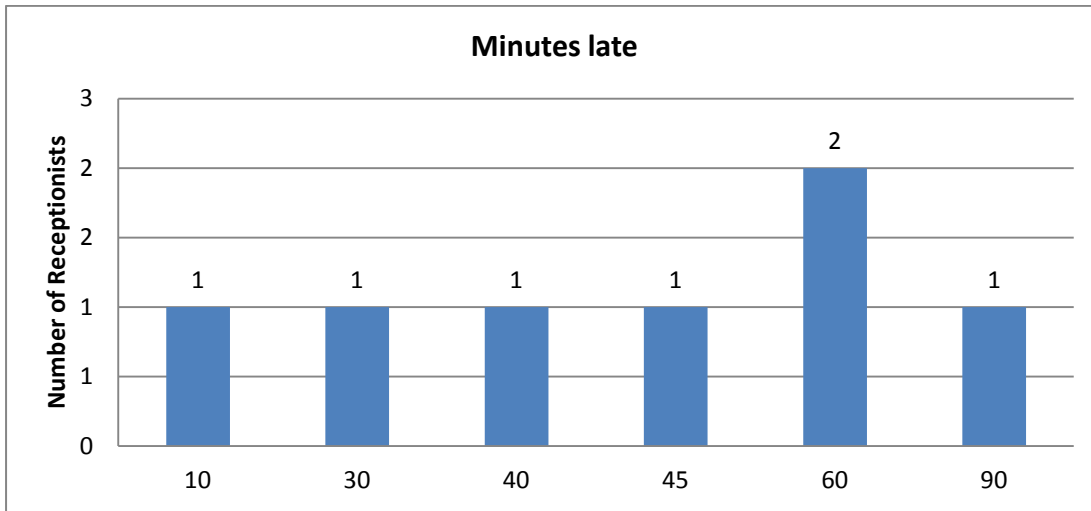
Q.10: Can you tell us why clinicians arrived late?

- Car broke down
- Doing the ward round
- Traffic
- Traffic problems coming from Manchester

Q.11: Did the clinic finish? n19.



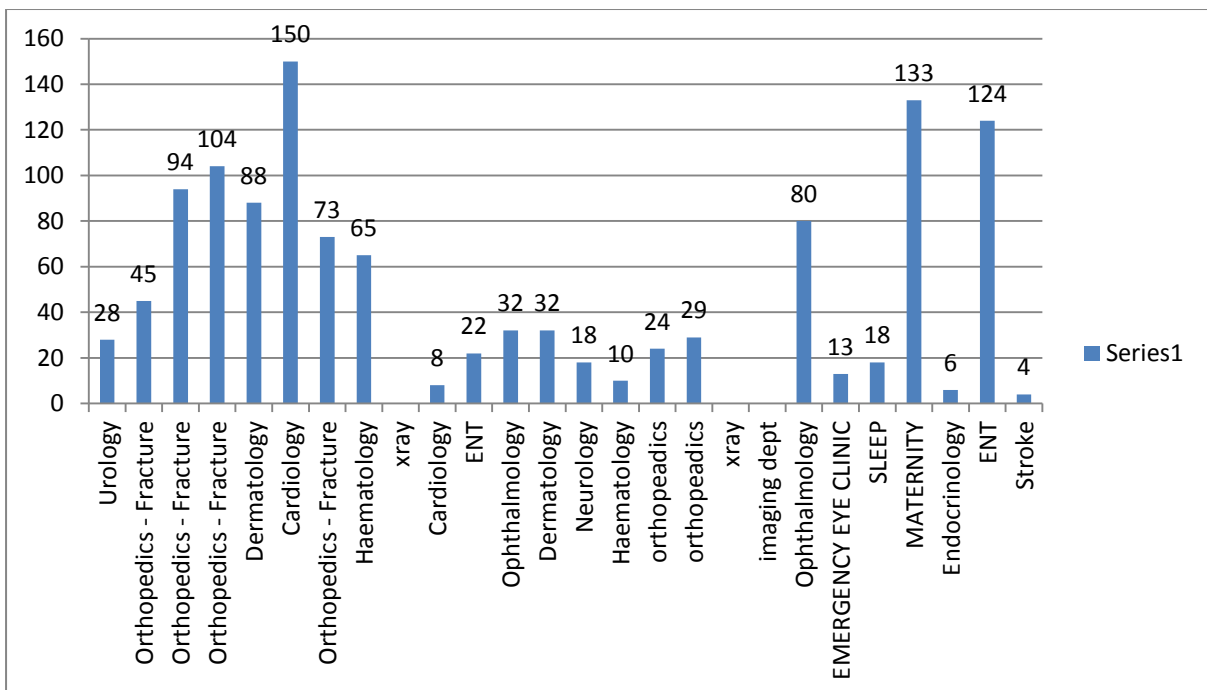
Q.12: How late?



Q.13: Do you wish to tell us anything else regarding the operating of this clinic?

105 pts for an AM clinic is ridiculous for one receptionist
 clinic finished after 1700
 parking for patients
 we carry out tests here and pt are not seen by consultants

Q.14: How many patients are scheduled for this clinic?



Q.15: Does this clinic operate a block booking process (reporting staff member)?

Orthopedics - Fracture	Yes
Orthopedics - Fracture	Yes
Orthopedics - Fracture	Yes
Orthopedics - Fracture	Yes
orthopeedics	Yes
orthopeedics	Yes
Ophthalmology	Yes
ENT	Yes

Urology	No
Dermatology	No
Cardiology	No
Haematology	No
Cardiology	No
ENT	No
Dermatology	No
Neurology	No
Haematology	No
xray	No
EMERGENCY EYE CLINIC	No
SLEEP	No
Endocrinology	No
Stroke	No

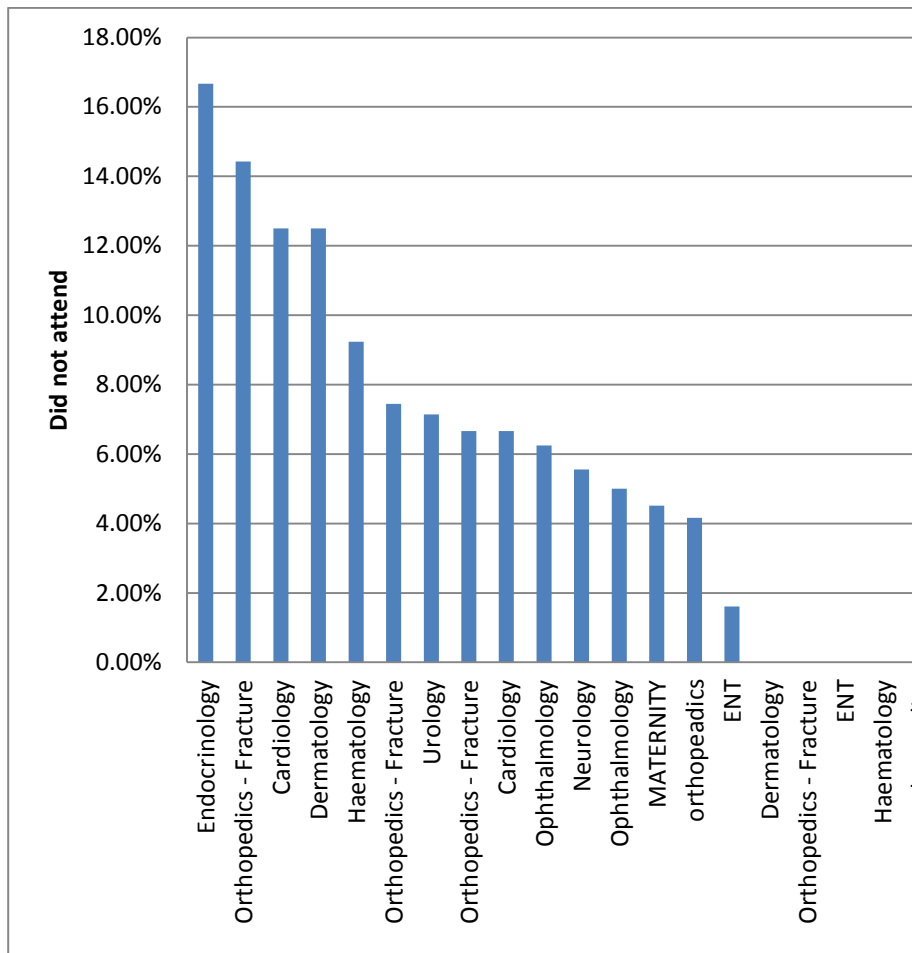
Q.16: What number of patients block booked?

Orthopedics - Fracture	12
Orthopedics - Fracture	94
orthopeedics	19
orthopeedics	11

Q.17: Over what time period?

0800-1000
0830 - 1030
0830 - 1140
0830 - 12
0910 - 1110

Q.18: Today how many appointments were classed as 'did not attend'?



Q.19: Today, have you felt that some patients behaviour is unacceptable?

100% no

Q.20: Do you wish to tell us anything else regarding patient attendance and behaviour.

(BD Comment)- Snr Nurse Assistant who completed this survey told BD that a male pt was aggressive today and made threatening motions

IT IS RARE WE HAVE PROBLEMS WITH PATIENTS IN CLINIC, WE TRY TO DEAL SYMPATHETICALLY WITH PTS WITH A GRIEVENCE

Questionnaires -

Please Visit - <http://bit.ly/216tPvC> to access the questionnaires and other items relating to this survey. (or contact Healthwatch Stoke).