

**Patient
Experience
Report:**

healthwatch
Trafford

healthwatch
Manchester

**Manchester Royal
Eye Hospital**

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October 2015

Updated October 2016



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Acknowledgements

We were made to feel very welcome by the hospital staff and management throughout the planning and delivery of our joint drop-in sessions. Healthwatch Manchester and Healthwatch Trafford would like to extend special thanks to Claire Davies [Divisional Patient Experience & Quality Lead, Manchester Royal Eye Hospital] for supporting this work. Thanks go to Healthwatch Manchester volunteers Amir Alam, Victoria Moore and Patrick Rae for their contribution to the delivery of the drop-ins and this report.

Disclaimer

Please note that this report relates to findings observed on the specific dates of our visit. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time, and quotes are those of patients/carers/visitors who gave feedback - not the views of Healthwatch Manchester or Healthwatch Trafford.









Executive Summary





Healthwatch Manchester and Healthwatch Trafford held joint drop-in sessions in August 2015 at Manchester Royal Eye Hospital (MREH). Healthwatch staff and volunteers spoke to 170 patients / hospital visitors and 84 people gave feedback regarding their experiences of the service at MREH.

The majority of feedback received was positive.






The hospital received an average overall service rating of 'very good' and the following areas were highlighted for praise:

-  Quality of care received
-  Staff attitudes
-  Treatment explanations
-  Cleanliness

Respondents commented negatively on the following areas:

-  Waiting times
-  Quality of food
-  Accessibility issues
-  Cleanliness of toilets in the hospital atrium

Our recommendations included:

-  Length of waiting times to be addressed and minimised where possible and improvements to waiting experience to be made in waiting areas.
-  Cleanliness of toilets in atrium to be monitored by CMFT staff on regular basis and improvements made where necessary.
-  Accessibility issues to be addressed and the recommendations set out in Healthwatch Trafford report, *Getting it Right for Deaf People in Trafford (May 2015)*¹ to be implemented.
-  Hospital to ensure that medical prescriptions to the outpatients' pharmacy within a set amount of time of patient completing their medical appointment.
-  Hospital to gather patient views on food provided on ward to build on the views gathered during the Healthwatch drop-ins and respond accordingly.

MREH has responded to these recommendations with a detailed action plan¹ - both local Healthwatch feel the Hospital has demonstrated that the concerns of the public have been listened to - and that adequate measures are being taken to address each recommendation made in our report.





Introduction

This report gives the results from four joint drop-in sessions carried out over four days in August 2015 by Healthwatch Manchester and Healthwatch Trafford. The following areas of work are shared by both organisations:

- 📌 **Listening to local people:** gathering patient & service user experiences
- 📌 **Influencing services:** using what local people tell us about their experiences to support health & social care services to make positive changes so that residents can get the best out of them
- 📌 **Providing an information signposting service:** providing information to help people make informed choices about the services they access

Healthwatch aims to help residents get the best out of local health and social care services by representing the patient voice and to support services to design and deliver services that are shaped by local needs and experience.



Comments from a visually impaired Trafford resident about perceived inaccessible signage for visually impaired patients / visitors inside the Eye Hospital atrium (foyer) were the initial driver behind the drop-ins:

"The Eye Hospital is badly designed. I'm visually impaired and the signage is too high up, posters are too high up and the text is too small to read. It's too noisy when it rains because of the glass ceiling and when the sun comes out it's really dazzling, especially if you've just had an eye operation. Sometimes they put blinds up but it's not much better. There's a café in the foyer but it doesn't say café on the door. I've mentioned these things to the Customer Manager. Nothing has happened. They should have consulted with patients before they designed it."





Our visits were carried out with the following aims:

- to obtain and collate qualitative patient experience data regarding Manchester Royal Eye Hospital (MREH);
- to identify areas where MREH is performing well and where service improvements can be made;
- to work with MREH management and staff to encourage improvement to service design and delivery where areas for development are identified;
- to share and promote examples of good practice locally, regionally and nationally;
- to raise the profile of Healthwatch Manchester and Healthwatch Trafford, increasing public awareness of both services.

Over the four drop-in sessions, Healthwatch staff and volunteers spoke to 170 patients' / hospital visitors and 84 people gave feedback regarding their experiences of the service at MREH.

In addition, a case study is included from a Deaf patient reporting their experiences of using Manchester Royal Eye Hospital services to Healthwatch Trafford during a face to face visit the patient made to the Healthwatch offices in October 2015.





Key Findings & Our Recommendations

Quantitative data

The majority of quantitative feedback received was positive. The hospital received an average overall service rating of 'very good' and the following areas were highlighted for praise:

-  Quality of care received
-  Staff attitudes
-  Treatment explanations
-  Cleanliness

Respondents gave lower ratings for:

-  Waiting times
-  Quality of food

Qualitative data

Overall, patients seem very happy with medical staff and there are many positive comments. However, comments regarding problems with long waiting times, with booking appointments and with facilities, e.g. parking, accessibility and food, indicate improvements can be made to increase patient satisfaction.



Long waiting times for hospital appointments

The majority of negative comments centred on long waiting times at the hospital (difficult, in particular, for visitors with children and carers of / patients with dementia). Patient dissatisfaction with waiting times was found to correlate with lower overall patient satisfaction with the hospital.


Long waiting times and lack of availability of medication at Lloyds (hospital) outpatients' pharmacy

Accessibility issues



For visually impaired patients including:

-  poor lighting outside around bus stop areas;
-  signage inside the hospital atrium & café being too small.

Communication with hearing impaired or Deaf patients:

-  staff calling out names in waiting areas, causing difficulties for hard of hearing, elderly, hearing impaired or Deaf residents.

Issues with BSL Interpreters (see case study Appendix 2):

-  Incorrect booking procedures resulting in Interpreter not arriving at appointment.
-  Interpreter arriving late for appointment.





Difficulty finding blue badge car parking spaces at the hospital

🌸 **Cleanliness of toilets in the hospital atrium**

🌸 **Food provided on wards**

Areas of concern

Some patient experiences gathered at the drop-ins highlighted specific areas for concern. These include:

🌸 **Patient notes being lost -**

“Lost all notes, not just once. Had conflicting information, can have lack of confidence in diagnosis etc. as a result”

🌸 **Red sticker on patient notes not being noticed by staff -**

“... resulting in him... being put to last appointment and missing his lunch/carers and medication.” [Patient’s son]

🌸 **Mix up of appointment dates and communication with patient -**

see patient case study, **Appendix 2**, regarding problems by a Deaf patient who experienced with appointment booking / administration procedures. Further patient comments regarding problems with appointment procedures can be found on page 17.





Recommendations

1. The length of waiting times to be addressed and minimised where possible.
2. Improvements to waiting experience to be made in waiting areas. Patient / Healthwatch suggestions include:
 - 🌱 playing the radio;
 - 🌱 colouring and toys provided for children;
 - 🌱 interactive games stimulating different senses;
 - 🌱 free, limited use of tablet pc's (obviously secured down) in waiting areas;
 - 🌱 gestures of goodwill including parking/free hot drink in the cafe for patients who are waiting over a certain amount of time.
3. Explore the possibility of volunteer/band 2 workers working as 'buddies' in the clinics, (something that Salford Royal has done in their A&E department which has proved successful in their feedback), to improve waiting experience and put more vulnerable patients at ease.
4. Accessibility issues to be addressed by involving diverse patient groups (including hearing impaired, Deaf & visually impaired) in all areas of hospital design and service delivery. Specifically, the following areas (highlighted to us by patients) should be addressed:
 - 🌱 Lighting outside the hospital (in particular the bus stop areas) to be improved for safety of visually impaired patients & visitors
 - 🌱 Signage inside the hospital to be revised to ensure accessibility for visually impaired people
 - 🌱 Alternative, accessible methods of alerting patients in clinic waiting areas to their appointment for hard of hearing, elderly, hearing impaired and Deaf patients
5. Cleanliness of toilets in atrium to be monitored by CMFT staff on regular basis and improvements made where necessary
6. Disability awareness training to be delivered to all CMFT staff and volunteers to improve work with patients with a wide range of disabilities. Deaf awareness training is offered free of cost by Genie Networks, Trafford.
7. Recommendations set out in Healthwatch Trafford report, Getting it Right for Deaf People in Trafford (May 2015) to be implemented:
<http://healthwatchtrafford.co.uk/about-us/our-reports/>
8. Administrative procedures to be reviewed to determine why and where issues with patient appointments are arising and can be addressed appropriately.
9. Hospital staff to review arrangements to ensure that medical prescriptions for Lloyds pharmacy in outpatients are sent from hospital to pharmacy within a set amount of time of patient completing their medical appointment.
10. Hospital to gather patient views on food provided on ward to build on the views gathered during the Healthwatch drop-ins and respond accordingly.
11. Areas for concern to be addressed with staff during regular meetings.





Response from provider

Healthwatch Trafford and Healthwatch Manchester jointly presented a summary of this report to a group of hospital management staff on 20 October 2015. Following delivery of the full report, the Divisional Director of the Manchester Royal Eye Hospital wrote to both local Healthwatch on 12 April 2016:

“Initially, please accept our thanks for working with our team at Manchester Royal Eye Hospital to identify areas of good practice and areas of improvement that ensures we have patient opinion to support our service design and delivery to our patients.

Following the receipt of the report the Senior Management team within Manchester Royal Eye Hospital has met with colleagues from Estates and Facilities and the Pharmacy Department to review and respond to the recommendations contained within the report. The response is detailed in the attached progress report and is a combination of information about on-going and future improvement programme.

...we look forward to working with you in the future”

The hospital’s detailed progress report can be found at [Appendix 3](#). Follow-up questions and the hospital’s response to these can be found at [Appendix 4](#).

In summary, both local Healthwatch feel the hospital was very good although some areas for improvement were identified and MREH has demonstrated that the concerns of the public have been listened to - and that adequate measures are being taken to address each recommendation made in our report.












Methodology

Joint Healthwatch Trafford and Manchester drop-ins at the Eye Hospital took place over four days (17 to 20 August 2015). Patients, carers and family members were asked about their experiences of the hospital by Healthwatch staff and volunteers from a Healthwatch stand in the hospital atrium and during visits made to patients on ward 55.

Using our Patient Feedback form, patients, carers and family members were asked to rate the service overall using the scale below. It was optional for them to rate aspects of the service such as cleanliness and staff attitudes (again using the scale below). They were also asked to comment on what had been positive about the care and treatment received and what could be better. The patient feedback form can be found in [Appendix 1](#).

The star rating scale:

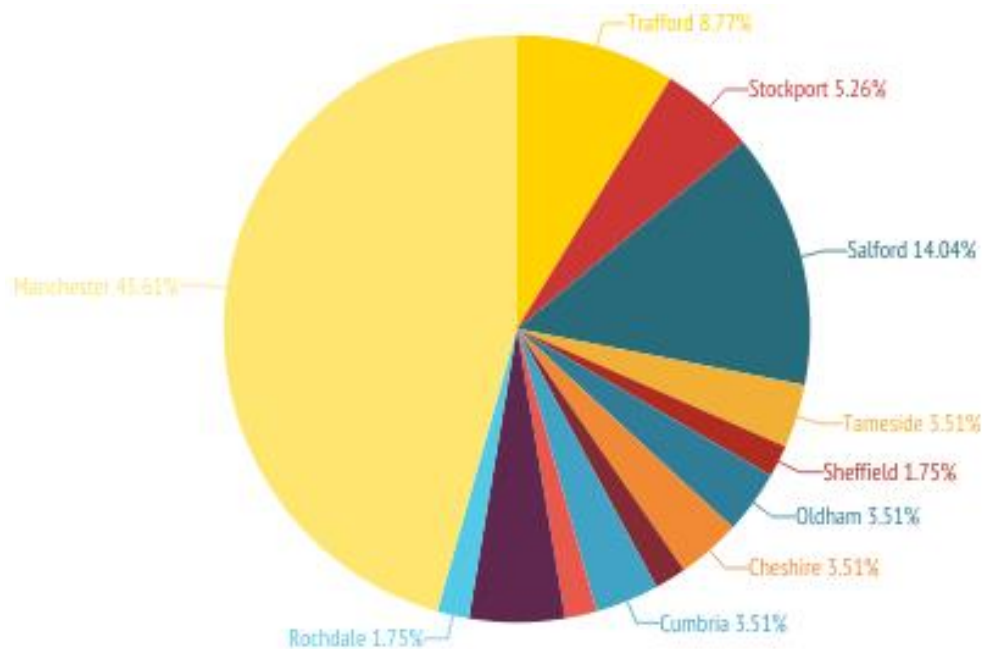
				
Poor	Ok	Good	Very Good	Excellent

	170
	people were engaged by Healthwatch representatives
	84
	patient feedback forms were completed





57 of the 84 people completing feedback forms identified as being residents of the following areas:



The patient feedback form was the only tool used to gather quantitative and qualitative data at the drop-ins. The form was available in accessible formats such as large font for people with visual impairments, additional languages (such as Polish and Urdu) and Easy Read format. Written or verbal consent was sought from individuals to publish their patient experiences on the Healthwatch Trafford website (which 90% of respondents opted to do).





Full results

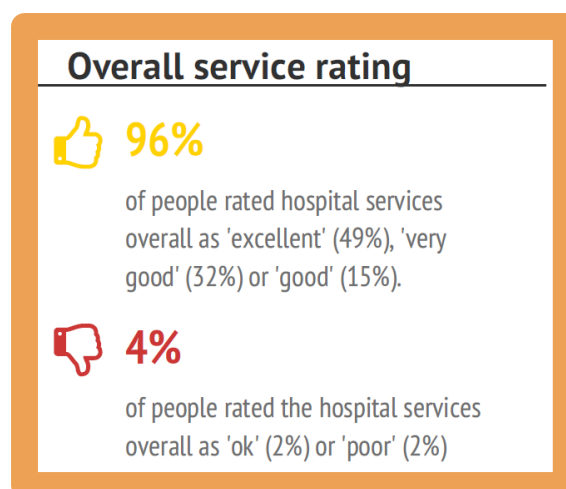
Data analysis was carried out manually using Microsoft Excel and electronically using the informatics platform of the website. It should be noted that there appear to be discrepancies between the total number of comments received regarding specific areas, such as 'staff', and the number of comments categorised within that area. For example, on page 14, there are 18 total patient comments focussing on staff; when these are categorised into 'attitudes', 'capacity' and 'general', there are a total of 5 comments. This is due to the fact that not all comments fit individual categories, and some fit more than one. So comments might just be categorised as general but not assigned to specifics (such as if a comment merely said 'staff were good'). Not all comments could be categorised and have therefore not all been included in the tables identifying specific themes.

(a) Quantitative results

Manchester Royal Eye Hospital
Manchester Royal Eye Hospital,, Oxford Road, Manchester, M13 9WL
(0)161 276 123
www.cmft.nhs.uk/royal-eye
NHS Patients accepted

★★★★☆
Based on 76 reviews

The image above is taken directly from the Healthwatch Trafford website and indicates that the hospital received an **overall average rating of four stars** from patients, indicating a **very good** service.





The table below shows patient / visitor ratings for specific areas of the Eye Hospital service.

Average individual Healthwatch ratings	
Cleanliness	★★★★☆
Staff Attitude	★★★★☆
Waiting Time	★★★★☆
Treatment explanation	★★★★☆
Quality of care	★★★★☆
Quality of food	★★★★☆

Patients / visitors were required to give an overall service rating, but specific ratings around cleanliness, staff attitudes etc., (listed above), were optional to complete.

Respondents overall gave the most positive average rating (4 star) regarding:

- Quality of care received
- Staff attitudes
- Treatment explanations
- Cleanliness

Respondents overall gave lower average ratings (3 star) for:

- Waiting times
- Quality of food

Of respondents rating overall service provision and waiting times:

44%

thought waiting times were 'good', 'very good' or 'excellent'.

56%

thought waiting times were 'ok' or 'poor'. Of these 56%, 34% gave an overall service provision rating of 'very good'.

We found a correlation between negative views of waiting times and lower overall hospital service ratings



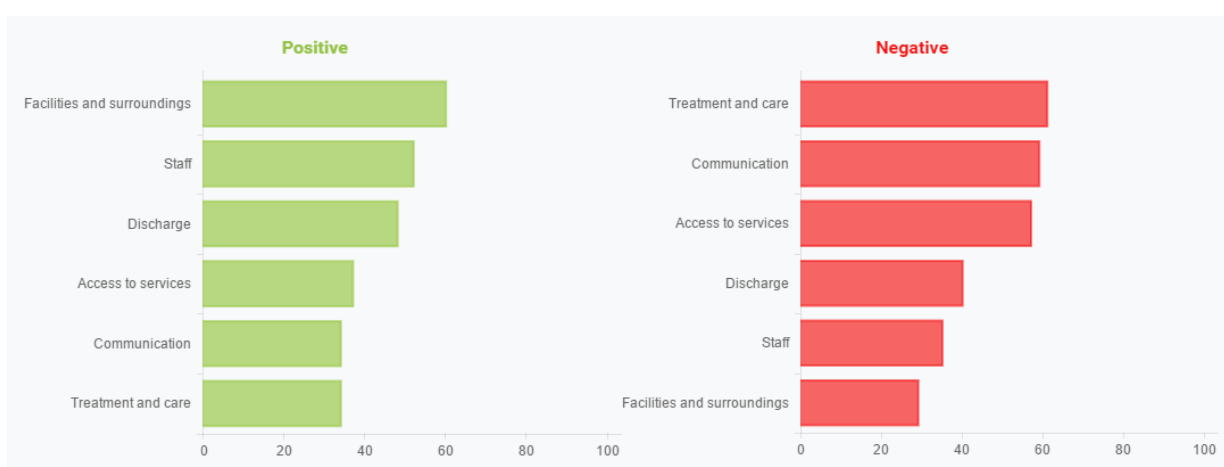


(b) Qualitative Results

In addition to the star rating system, people were asked to give general comments on what was good about the service received and what, if anything, could be improved. Overall, 44% of comments were analysed through the website informatics system as positive, 43% as negative and 13% as neutral.



The following positive and negative themes were identified from patient / hospital visitor comments via the informatics platform of the website:



(bi) Positive comments Access to services

23 patients / hospital visitors remarked on access to services, in particular, waiting times.

Theme name	Reviews	Positive	Negative
● Waiting times	20	47%	41%
● Convenience/Distance to travel	3	31%	64%





Comments recorded on the patient feedback forms included:

“Sent here from Preston Royal Hospital because the operation I needed was a bit too complicated for the surgeon - they didn't have the right equipment. I came here on Tuesday, 18 August 2015 at 9am and was seen within 2 minutes, was out of surgery at 10pm on the same day after a 3 hour operation”

“Staff will show you around the hospital. They know your details and phone to remind you about the appointment. I arrived at 9.40 and got seen at around 11ish. They've done so much in the time I've seen them.”

Staff

18 comments focused on hospital staff, 55% of which were positive and 33% were negative overall. In particular, comments were made regarding staff attitudes and staff capacity. For further explanation of figures see page 11 (Results).

Theme name	Reviews ▾	Positive	Negative
Attitudes	1	50%	25%
Capacity	1	69%	23%
General	3	53%	35%

Comments included:

“Very helpful staff - 100% - nurses and doctors. Been here 2 weeks - always been excellent. Very kind staff.”

“I think the staff try to demystify the treatment”

“Staff are friendly and very professional. They explained all the procedures and what would happen next. They talked me through the processes and made me feel like a partner and not just another patient. The reception staff were very helpful and courteous and the healthcare professionals were excellent. All round a fantastic experience and all the staff are a credit to this hospital. I would highly recommend it to family and friends”

“Glaucoma check which is now annual over last 4 years and the care and continuity is first class. Have provided a watchful check as required.”
[Clinic C]

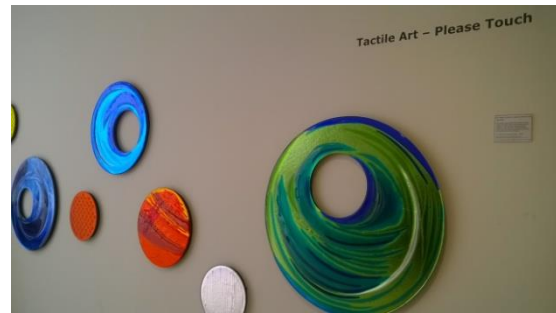
“Nursing staff excellent.”





Facilities & Surroundings

15 comments were made concerning facilities and surroundings. 60% were positive and 29% were negative. Analysis of these remarks reveals that people commented on facilities and surroundings in general, food and hydration, cleanliness, buildings and infrastructure. A breakdown of each of these areas is given overleaf.



Theme name	Reviews	Positive	Negative
Buildings and Infrastructure	3	27%	53%
Cleanliness (Environment)	2	50%	37%
Disability Access	1	33%	48%
Food & Hydration	8	63%	29%
General	2	50%	48%

Food & Hydration

“dinner great”

“The food is better than other hospitals”

Communication

4 comments focused on communication.

“The **consultant** explained all very nicely. She explained to me what she is doing next for me”

“The staff are generally good with explaining everything”





Treatment and care

“Excellent care, very pleasant. Staff can communicate.”

“Care received has been excellent overall”

7 comments were recorded about quality of treatment and care. 36% of these were positive and 63% were negative.





(bii) Negative comments

Access to services

Comments revealing problems with booking appointments and procedures include:

“Appointments are over booked thus leading to waiting about and even more expense with food and drinks needed parking spaces & prices etc. Although the staff are helpful as can be perhaps weekend appointments would ease the congestion - I have been coming to the eye hospital twice a year for the past 17 years and have never had to wait with my grandchildren for any longer than 1 hr - now I find it's nearer to 3 hours - which adds to stress.”

“Appointment system is a mess. Waited 3 hours last time. By the time finally saw doctor, the scan clinic was shut and had to come back 2 months later; actually ended up being 4 months later just to finish off first appointment.”

“Appointment coordination is bad. Different appointments coming for different days. Should be talking to each other, have to come regularly and keep coming at different times. Feel expert as here every 2-3 weeks.”
[Children's Clinic]

“Difficult to get here from Timperley, a £17 taxi each way... Can't fault consultant, it's the administration and appointment system which are the problems - and the waiting time even when the consultant wants you in sooner. Wonder if it's an age thing when you're over 70.”

“Doctors - great, admin staff - not so great. If you need paperwork doing expect a long wait, struggles for appointments, prescriptions messed up and rude staff who don't take responsibility for their actions.”

The patient case study ([Appendix 2](#)) also reveals problems with appointments.

Hospital Waiting times

“The waiting time is inevitable due to the high demand but there is nothing to pass the time while waiting after laser eye surgery. The waiting area in Clinic C could use some student volunteers to come in and juggle.”

“Have to wait for ages. Some days just awful. 4-5 hours on a bad day... Nothing provided for children to do. Used to be colouring in but now that's gone too. Need to provide things if you're going to keep people waiting this long!” [Children's Clinic]





“Attended on 19.8.15. Waiting time horrendous. Told overlapping 45 min. Still waiting 70 minutes for field test.”

“Looks after you well [consultant]. Only downside is that he is so popular you can wait 3 hrs to see him so tea or coffee would be nice.”

“Nice to have radio in ward waiting areas passes the time could do with toys for the kids”

“Long waiting times. Diabetic and can't sit a long time.”

“Too many patients at the same time. Came in January waited 9 hours [emergency appointment].”

“Can be anything up to 90mins late being seen. No consideration to commuters”

“In emergencies, the waiting times are too long and horrendous. When you come for follow-up appointments, waiting time is too long”


Hospital Lloyds pharmacy waiting times

“Pharmacy at eye hospital took 45 mins to wait for medicine”.

“Could be improved because patients/visitors have paid parking etc.”

“Pharmacy should link to hospital. Stuff that I need to go away from the hospital with should be ready. I have a 4 - 5 hour wait at the hospital pharmacy every time.”



 October 2016: Richard Hey (Director of Pharmacy at CMFT) has advised that 100% of prescriptions are now dispensed in less than 30 minutes and there is an average wait time for all prescriptions of 15 minutes over recent months.

Staff

“Orthoptics appointment - girl on front desk filing her nails, bad attitude.”

“Not up to the expectation that is promoted by the NHS. Lack of communication. I did not encounter any of the 6 Cs or core values.”





Facilities & Surroundings

Food

Food [in café] too expensive and all the bananas are rotten.”

“Food is terrible and this needs to be improved. Put catering back in the hospital and stop tendering everything out.” [Ward 55]

“Food portions could be bigger” [Ward 55]

“I've not tried the food yet but it doesn't look too appetising.” [Ward 55]

“Food is ok if you're in for a day or two, but if you're in for a week, it's far from nutritious. Sandwiches or soup is ok but the cooked meals are microwaved with plastic lid” [Ward 55]

“In general, the food could be better. My partner has to eat fresh food for his health condition. It's just lots of sloppy food here, like casseroles and cottage pie.” [Ward 55]

“Could be tastier; enough choice. Quality over quantity of choice.”

Cleanliness

“Bedding needs to be changed more frequently” [ward 55]

“Toilets are not very clean”

Disability access

“More disabled parking needed. I did find blue badge parking difficult. I had to wait for someone to leave.”

“Blue badge parking poor.”

“Ideally if ambulance was called at the final stage of appointment instead of waiting until after final stage that would save my father extra 3 hours waiting for Arriva transport home.”

[Clinic J]





Buildings & infrastructure

“Foyer can be blinding if you've had eye drops and can affect perception and disorient.”

“Poor lighting at night outside or evening/winter”

“It's been a bit of a farce trying to get sorted. My partner came for a pre-op. He's on dialysis overnight so I asked if I needed to bring his dialysis in to the hospital for his stay. I was told I did. When I checked with our CAPD nurse is this was true she said no. I was confused so I asked the Eye Hospital again. They said yes, I needed to bring the dialysis equipment. When I arrived at the Eye Hospital I was told they couldn't plug in the equipment.”

“Coffee shop: can't read the signs, unhelpful staff. Majority in queue had vision problems and restricted mobility. Asked for help was met with a shrug.”

Communication

“1st time I came, treatment wasn't explained properly”

“Staff need a different system to notify patients the appointment is ready. Staff stand at one end of the room and call patient's names out. It's difficult to hear names being called out.”

“One niggle - eye clinic 'c' - couldn't hear patients' names being called”
[Outpatients Clinic]

Treatment and Care

Treatment Explanation

“Lost all notes, not just once. Had conflicting information, can have lack of confidence in diagnosis etc. as a result”

Sometimes doctors don't have enough time to sit and explain things. Nurses don't have enough time to nurse.”

“Eye hospital for 5-year-old child. Would like more interaction with children with basic explanations to them.”





Appendix 1: Patient feedback form

Service feedback form

Service Name & location (eg. Trafford Health Centre, Davyhulme)

Rate this service provider overall

☆☆☆☆☆

Cleanliness
☆☆☆☆☆

Staff Attitude
☆☆☆☆☆

Waiting Time
☆☆☆☆☆

Treatment explanation
☆☆☆☆☆

Quality of care
☆☆☆☆☆

Quality of food
☆☆☆☆☆

healthwatch Trafford **healthwatch Manchester**

Summary of your experience (45 characters max)

Tell us more about your experience*

Where do you live? (Town & borough eg. Sale, Trafford)

About you
Name

Leave feedback anonymously? Yes

Email* (Your email will be kept private and you will not be sent any marketing material)

I accept the Terms and conditions: Yes

Subscribe to the newsletter? Yes No

Can these views go on the **Healthwatch Trafford** website?
Yes, with my name Yes, without my name No

Only your overall rating, comment and name (if disclosed) will be visible online.

Front of A4 document (above) and back (below).

Service feedback form

healthwatch Trafford **healthwatch Manchester**

Tell us about your experience continued...

Only your overall rating, comment and name (if disclosed) will be visible c





Appendix 2: Patient Case Study (October 2015)

Patient experiences were given verbally during face to face meeting at Healthwatch Trafford offices. Patient is Deaf

“It started in 2015. I went to the opticians, (Eye Care, Timperley Village), had my eyes tested and got some glasses. I wasn’t happy with the glasses, they were useless so I said to the receptionist that I wasn’t sure they were right. She said they would be ok, go home and you’ll get used to them. They were terrible so I went back. They [the optician] said you can only go so far with the magnification and you’re at the maximum. I thought, well, why give them to me in the first place?

I was referred for cataracts. I waited about one or two months for an examination and was told I had cataracts in both eyes. I had an appointment at the Community Hospital in Withington for my left eye, which was my worst eye. The operation was a success, no problem. A few months after, the operation for my right eye was arranged. I had a British Sign Language Interpreter (BSL) with me. During the operation, I was told by the Interpreter that something went wrong. When the Doctor put the new lens in... it collapsed so they had to fish the bit they inserted out and put a new one in again. The operation normally takes half an hour. I was under local anaesthetic. He took one and a half hours and because of all the problems, the anaesthetic was wearing off and I could feel everything. But I didn’t want to interrupt the operation. At the end, the Doctor said we need to keep an eye on you. He ordered a taxi to pick me up and then another one to bring me back in the morning. I have no problems with the hospital and how they organise everything. I was given some drops for my eye and went back about 14 days later for a check-up. There were regular check-ups after that.

The last time I went, the Doctor said it’s all going ok but there seems to be jelly in the back of your eye which will need to be removed. An appointment was made for me to go to Manchester Royal Eye Hospital for a procedure to remove the jelly by laser. It was for one eye and then they would see if my other eye needed any removal afterwards. I got an appointment for August 2015 and about a week later I got another appointment for further down the line. I thought the second appointment was for the other eye.

I went to the first appointment and was told it was cancelled. I said why didn’t you tell me? The receptionist said she didn’t know. The second letter had a new date but no





mention of 'cancellation'. At that time, my eyesight wasn't too bad. The next appointment was 5 weeks down the line.

My wife and I went on holiday and there she noticed a shadow on my eye (the bad one). The next day it was further up and it continued to move up. I thought it was strange and I could only see things out of the corner of my eye. We went home early and got home on Thursday night.

On Friday, I went to the Manchester Royal Eye Hospital Emergency Unit. I was waiting hours and hours. The Doctor said I had a detached retina in the back of my eye. I asked what caused it. The nurses admitted that the jelly had built up at the back of the eye and pushed it out of place. If my first appointment hadn't been cancelled I'm of the opinion that the retina wouldn't have become detached.

They made arrangements for me to come into the Eye Hospital the following Monday, first thing. I told them there and then that I need a BSL Interpreter. I saw the receptionist phone one up.

On Monday, I arrived on time and waited and waited for the Interpreter to come. No-one arrived so I proceeded on my own (I can lip read). The Doctor was Asian and I communicated alright but I found it difficult to lip read him. The Doctor asked if I understood everything and said if I didn't that it would be better to wait for the Interpreter. I agreed with this. I went into the waiting room again. I sat down. The receptionist called Signed Solutions [the BSL Interpreter Agency]. The Agency said nobody was available because they hadn't received the hospital telephone message on Friday night because they don't work weekends. Apparently, there is a special telephone number for out of hours - that's what the Interpreter told me later.

They couldn't get an Interpreter. I went outside for a cup of coffee and bumped into an Interpreter that I know who was there translating for someone else. She phoned her agency and they allowed her to take over (in about 20-40 minutes) after she had finished her original appointment. So, I went back to my appointment again and the Doctor explained through the Interpreter. The consent forms were signed but by that time it was too late for the operation to take place and it was cancelled. The Doctor asked me for my mobile number. He said it was possible to do the operation the next morning [Tuesday].

It transpired it would be a Wednesday morning. So, I went on Wednesday and had a problem with the Interpreter again. The Interpreter had been booked but she arrived late, from Chester. In the operation they said there was a change of plan: I would be given general





anaesthetic, not local. They said it would be better for them and for me. I suppose because I am Deaf. I had no clothes, no toothbrush or gown, nothing! I proceeded to the ward with the Interpreter, changed into the gown and went into theatre. The Interpreter was there till I passed out and then when I woke up a different Interpreter was there.

They said the operation went ok, no problems. I went back to the ward. I had to lie on my stomach with my head in a frame all night. After the operation I couldn't see anything but was told I would see improvement in four to six weeks...

“The Doctors and nurses don't seem to be working with the people who make the appointments. The administration staff don't seem to know the urgency of eye problems. Changing the date could have serious consequences. I'm annoyed about the cancellation. I feel it caused all the problems I've had afterwards.”

I went back last Tuesday. The retina is back in place but there was pressure at the back of the eye. They told me I couldn't go home until that had gone. I was referred back to the Emergency Department. There, they gave me tablets and drops and told me to sit somewhere and wait at least two hours. After two hours, they said they would call me back to see if the pressure had dropped. The pressure did drop and I was given drops to take and told I could go home. From 5:00 - 9:00pm I was at the hospital and got home at 11pm.

Everything is distorted in that eye at the moment. It's very annoying.”



Appendix 3: Provider response - action plan

HealthWatch Recommendation Progress Report – MREH 2015-16

As at 12th April 2016

Indicator / Issue	Action	Responsibility	Timescale	Progress
<p>1. MREH</p> <p>i. Issues relating to long waiting times at the hospital (difficult in particular, for visitors with children and carers of / patients with dementia) resulting with lower overall patient satisfaction. ii. Access to services and issues relating to booking of appointments and procedures.</p> <p>iii. Staff attitude and communication issues. iv. Disability access: Ambulance patients - issues relating to long waits and method of identification.</p> <p>v. Treatment and Care: availability of case notes and treatment explanation.</p>	<p>Development of an electronic screen so patients are able to see their position in the clinic schedule and expected waiting times and staff can see what the patient is waiting for (e.g. Waiting for doctor or transport)</p>	<p>Stephen Dickson, Divisional Director. Outpatient Improvement Programme Board, MREH</p>	<p>February 2017</p>	<p>Installation costs of screens has been sought and we are currently exploring how to ensure the waiting times are updated throughout the clinic to guarantee accurate and confidential information is displayed which is visible to patients.</p>
	<p>We will extend our existing use of volunteer services to engage with patients and visitors and communicate clinic times.</p>	<p>Stephen Dickson, Divisional Director. Outpatient Improvement Programme Board, MREH</p>	<p>April 2016</p>	<p>Having successfully trialled an enhanced volunteer service in MTC we will discuss a sustained commitment with the volunteer manager and discuss roll out to other clinics.</p>
	<p>We will review our booking processes to detect and rebook appointments that are identified as having long waits between appointments on the same day.</p>	<p>Stephen Dickson, Divisional Director. Outpatient Improvement Programme Board, MREH</p>	<p>February 2018</p>	<p>There are many ideas for improving flow during clinic, which are dependent on many processes being established. Some of these ideas are already being trialled and if successful roll out plans will be developed. Patient Experience Score for Outpatients Department - How well organised are we (92.9%), January 2016 reflects the impact of the continuing commitment to improve clinic processes.</p>



Indicator / Issue	Action	Responsibility	Timescale	Progress
	We will provide more options for patients to get in touch with us prior to appointment, e.g. online portal, text message, phone	Stephen Dickson, Divisional Director. Outpatient Improvement Programme Board, MREH	February 2017	We will first improve the clarity of the existing text messages and ensure all patients have the option of using this service. We are also discussing online portal options with a vendor.
	All staff are required to undertake the Trust 'Living the Values' training and display the trust values and behaviours.	Robert Webb, Education and Training Facilitator, MREH	On-going	Delivered to all new staff attending the monthly Divisional Induction alongside existing staff. Fortnightly sessions are delivered and to date 46% of staff within the division have received training.
	We will run simulation clinics and patient shadow projects, so staff are able to experience the patient journey from the patient perspective.	Stephen Dickson, Divisional Director. Outpatient Improvement Programme Board	On-going	This is a new idea and we will explore ways to implement this over the next 2 months as a regular commitment
	We will pursue the implementation of electronic patient records (EPRs) with suitable vendors.	Stephen Dickson, Divisional Director. Outpatient Improvement Programme Board, MREH	February 2017	Currently in discussion with two suppliers of ophthalmic EPRs, specifically for glaucoma patients who are the largest patient group
2. Estates & Facilities i. Accessibility Issues - for visually impaired patients - poor lighting outside around bus stop areas.	The Trust will review lighting levels around the external areas (including the bus stops) to determine what improvements are required.	David Furnival Director of Estates and Facilities. Estates & Facilities	June 2016	Survey to be undertaken by E&F Energy Team as part of next scheduled night audit





Indicator / Issue	Action	Responsibility	Timescale	Progress
<p>ii. Accessibility Issues - for visually impaired patients - signage inside the hospital atrium and café being too small.</p> <p>iii. Accessibility Issues - Difficulty finding blue badge car parking spaces at the hospital.</p>	<p>The Trust will ensure that visually impaired patients are included in the development of future way-finding / signage schemes.</p>	<p>David Furnival Director of Estates and Facilities. Estates & Facilities</p>	<p>To be addressed as part of the ongoing Trust Life Cycling programme</p>	<p>The Estates and Facilities Team will ensure that Healthwatch and representatives for visually impaired patients are included in the development of service improvements and projects (e.g. way-finding) as we progress in the future.</p>
<p>iv. Accessibility Issues - Alternative, accessible methods of alerting patients in clinic waiting areas to their appointment for hard of hearing, elderly, hearing impaired and Deaf patients.</p> <p>v. Cleanliness - Cleanliness of toilets in atrium to be monitored by CMFT staff on regular basis and</p>	<p>There are 268 spaces on the Central Site designated for blue badge holders and in the event that these are full, blue badge holders can utilise any of the 1,044 patient/visitor spaces at the Trust's multi-storey car parks without charge, provided that they ensure that their current blue badge is clearly on displayed in their vehicle.</p>	<p>David Furnival Director of Estates and Facilities. Estates & Facilities</p>	<p>On-going</p>	<p>Expansion of the Grafton Street car park has been recently completed and to assist in transporting patients and visitors with limited mobility from the multi storey car parks we have introduced a free transfer bus which operates from both car parks to each of the hospital entrances.</p>





Indicator / Issue	Action	Responsibility	Timescale	Progress
<p>improvements made where necessary.</p> <p>v. Food - Hospital to gather patient views on food provided on ward to build on the views gathered during the Healthwatch drop-ins and respond accordingly.</p>	<p>Manchester Royal Eye Hospital has looked at alternative methods of alerting patients.</p> <p>Manchester Royal Eye Hospital has introduced a Patient Pager system which allows the patients to leave the clinic environment without fear of missing their appointment.</p> <p>Trust has just started work on implementing the Accessible Information Standard - this should flag patients who have communication needs on the system.</p>	<p>Claire Davies, Patient Experience & Quality Lead.</p> <p>Manchester Royal Eye Hospital</p>	<p>Current Patient Pager system implemented across Emergency Eye Care Centre and 8 Outpatients modules.</p>	<p>Estates and Facilities to support the implementation if estates solutions are required.</p> <p>We have recognised the use of a pager system for patients with the visually impairment, diverse physical needs and language barriers may be challenging, therefore the pager flashes and vibrates for a period of two minutes and patients are advised they will be called back to clinic within adequate time without fear of missing their appointment. At times this is supported by clinic staff.</p>
	<p>The Trust is currently reviewing the frequency of cleaning and checking the cleanliness of the public toilets and hope that these changes will improve the standards to an acceptable level - these will be monitored regularly by both Estates & Facilities and Divisional staff.</p>	<p>David Furnival Director of Estates and Facilities. Estates and Facilities</p>	<p>On-going</p>	<p>Joint divisional and Sodexo monthly walk round meetings identify areas of concern and ensure that concerns are escalated appropriately.</p> <p>Areas of on-going concern and progress are fed back at the Sodexo and joint divisional monthly meetings.</p> <p>Patient Experience Score for MREH Outpatients Department - How clean is your environment (91.4%), January 2016.</p>





Indicator / Issue	Action	Responsibility	Timescale	Progress
	<p>The Trust has a system in place to capture patient views on food specifically for the inpatient ward at MREH this has included since April 2015-December 2015, 1086 individual Patient reports on the Patient Experience Electronic feedback system. Based on this information an improvement programme is already in place for nutrition and hydration.</p>	<p>Claire Davies, Patient Experience & Quality Lead. Patient and Carers Experience Group, MREH</p>	<p>On-going</p>	<p>The Trust has a Patient Dining Group which meets bi-monthly which is undertaking a number of initiatives including a review of how food is served and menu options by individual ward.</p> <p>Planning is underway to have a Perfect Dining Week in May 2016; a designated week in the year that is committed to providing the perfect dining experience. Lessons learnt from the week will form a detailed action plan.</p> <p>In January 2016 101 patients provided patient experience feedback; 91.4% of the patients surveyed reported that we were, 'Offering good nutrition and Hydration'.</p>





Indicator / Issue	Action	Responsibility	Timescale	Progress
<p>3. Outpatient (Lloyds)</p> <p>i. Long waiting times and lack of availability of medication at Lloyds (hospital) outpatients pharmacy.</p> <p>ii. Issue identified by pharmacy that patients are unclear that the Lloyds pharmacy dispense outpatient prescriptions for all CMFT patients attending the Central site and not just MREH patients.</p> <p>iii. Hospital staff to review arrangements to ensure that medical prescriptions for Lloyds pharmacy in outpatients are sent from hospital to pharmacy within asset amount of time of patient completing their medical appointment.</p>	<p>Current work streams are in place to address waiting times in the adult dispensary; installation of a television screen that shows patients the current average waiting time and where their prescription is currently in the queue.</p> <p>Service improvement work to explore the possibility of:</p> <ul style="list-style-type: none"> ▪ Delivery service to a Lloyds Pharmacy that is local to a patient where they can collect at their convenience ▪ To only dispense items that are required that day or are only available from the hospital pharmacy ▪ To use FP10 prescriptions that patients can take to a community pharmacy of their choice for dispensing 	<p>Richard Hey, Director of Pharmacy/Annette Adams, Principal Pharmacist Dispensary Services/ Lloyds Pharmacy</p>	<p>On-going</p>	<p>Lloyds Pharmacy have a contract with the Trust to provide an outpatient service and are monitored via key performance indicators which include waiting times and the percentage of items that they are unable to supply to patients.</p> <p>Plans in place to improve the flow of the work in and out of the pharmacy as this has been highlighted as an area where there are delays for patients.</p> <p>Building work should commence in the next 3-4 months</p> <p>A letter from the Medical Director has been circulated to all doctors in the Trust about reduction of outpatient prescribing.</p>
	<p>Pharmacy is currently developing a poster to communicate to patients the services that are provided.</p>	<p>Richard Hey, Director of Pharmacy/Annette Adams, Principal Pharmacist Dispensary Services/ Lloyds Pharmacy</p>	<p>May 2016</p>	





Indicator / Issue	Action	Responsibility	Timescale	Progress
	Currently prescriptions are handwritten by the doctor and given to the patient to take the Lloyds Pharmacy for dispensing. In the future as Pharmacy develop electronic prescribing systems in the Trust it is hoped that the prescription can be sent electronically from the clinic to Lloyds pharmacy.	Richard Hey, Director of Pharmacy/Annette Adams, Principal Pharmacist Dispensary Services/ Lloyds Pharmacy	TBC	N/A
4. Patient Services i. Issues with British Sign Language Interpreters provided by British Sign Solutions. ii. Incorrect booking procedures resulting in Interpreter not arriving at the appointment.	Patients have the ability to request a specific BSL interpreter if required. Wherever possible the identified person will be allocated. ITS to raise awareness of this facility with staff. Patients have the ability to request male or female interpreter. ITS to raise awareness of this facility with staff.	Stephen Hodges - Head of Patient Services. Stephen Hodges - Head of Patient Services.	On-going March 2016	Quarterly KPI meetings between British Sign Solutions and Patient Services. KPI's are based on complaint numbers and discussed in detail with the provider. This process is currently available. The person booking the interpreter can request M/F and a named interpreter can be requested.
	Correct booking procedures to be highlighted to staff via staff bulletin.	Stephen Hodges - Head of Patient Services.	March 2016	To be completed by end March 2016. Quarterly KPI monitoring via KPI meetings with agencies and within the interpretation team for in-house staff.





Indicator / Issue	Action	Responsibility	Timescale	Progress	
iii. Interpreter arriving late for appointments.	Issues with Interpreter services to be monitored i.e. lateness & quality.	Stephen Hodges - Head of Patient Services.	On-going		
	The Trust has just started work on implementing the Accessible Information Standard - this should flag patients who have communication needs on the system.	Equality, Diversity and Inclusion.	June 2016	Work has commenced within the Trust in January 2016 to implement this standard.	



Appendix 4: Follow-up questions & provider response

On 3rd May 2016, Healthwatch Manchester and Healthwatch Trafford acknowledged receipt of the action plan (Appendix 3) and asked for further detail:

“We would like to be able to go back to patients to demonstrate that their concerns have been listened to and there were a couple of points in the report that haven’t been included in the action plan. We would be grateful if you could provide some indication on whether these will be incorporated into the plan or looked at outside of it, specifically:

- 1. Recommendations regarding activities to keep patients occupied during their visit to improve the patient waiting experience.*
- 2. The recommendations set out in Healthwatch Trafford report, Getting it Right for Deaf People in Trafford (May 2015)¹. Does the hospital envisage that enough action will be taken through the implementation of the Accessible Information Standards (AIS) to address these?*

In addition the action plan mentions that staff are required to undertake the Trust ‘Living the Values’ training and display the trusts values and behaviours; could you elaborate on the content of this and does the content of this course for example include deaf awareness training as mentioned in our recommendations?”

On 1st July 2016, MREH wrote to address the queries, their response is summarised below:

- 1. Recommendations regarding activities to keep patients occupied during their visit to improve the patient waiting experience.*
 - MREH hosts series of lunchtime music concerts three times per week, which has received positive feedback.
 - Workstream dedicated to customer care as part of the MREH outpatient improvement programme - working group has met to establish an activities agenda, which in the first instance will look at provision of table top games.
- 2. Addressing the recommendations set out in Healthwatch Trafford report, Getting it Right for Deaf People in Trafford.*
 - 🌸 MREH has been approached to be an early adopter of the Accessible Information Standards. The working group set up to oversee the implementation of the Standards will introduce a communication needs assessment for patients and principle carers, as well as policy, guidance and training for all staff.

¹ <http://healthwatchtrafford.co.uk/wp-content/uploads/2015/03/Re-styled-Deaf-Health-Report-UPDATE-2016.pdf>



3. *The action plan mentions that staff are required to undertake the Trust 'Living the Values' training and display the trusts values and behaviours; could you elaborate on the content of this and does the content of this course for example include deaf awareness training as mentioned in our recommendations?*
- The training does not incorporate deaf awareness training but communication is a key part of the session, alongside recognition of patients' individual needs and that reasonable adjustments are taken into consideration.
 - The Trust is currently in negotiations with Genie Networks, a local charity, to deliver regular deaf awareness training sessions for staff.





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