

# Outpatients

## Investigation Report



Views from the waiting room

March 2018

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## **Disclaimer**

Please note: This report is based upon feedback provided to Healthwatch North Lincolnshire and Healthwatch North East Lincolnshire from members of the public. The findings are based upon patients' perceptions, which are not verified for factual accuracy.

# *What is Healthwatch?*

We are the independent champion for people who use health and social care services. We exist to make sure that people are at the heart of care. We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen. We also help people find the information they need about services in their area.

We have the power to make sure that people's voices are heard by the government and those running services. As well as seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them. Our sole purpose is to help make care better for people.

In summary Healthwatch is here to:

- Help people find out about local care
- Listen to what people think of services
- Help improve the quality of services by letting those running services and the government know what people want from care
- Encourage people running services to involve people in changes to care

## *Why this subject?*

Reports in the local media have highlighted issues regarding outpatient appointments in North Lincolnshire. In March 2017, the media picked up on problems with a new referral system which resulted in some GP requests for hospital consultations at the Trust not being recorded. <sup>1</sup>.

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<sup>1</sup> <http://www.bbc.co.uk/news/uk-england-humber-39280049>

In April 2017 the Care Quality Commission (CQC) published a report of the findings of follow-up inspections conducted between October - December 2016 on services provided by Northern Lincolnshire and Goole NHS Foundation Trust (NLaG).

The report highlighted that outpatient and diagnostic imaging services at both Scunthorpe General Hospital (SGH) and Diana Princess of Wales Hospital (DPoW) were “inadequate”<sup>2</sup>. The key actions identified for NLaG included: decreasing the number of cancelled clinics, reducing patient non-attendance, assessing those patients who are waiting based on clinical need and prioritising accordingly, working “...with partners to address referral to treatment times and improve capacity and demand planning...” (CQC, 2017, p672) and improving the “...monitoring and management of outpatient bookings and waiting lists...” (CQC, 2017, p67<sup>2</sup>).

Due to the failings identified within the CQC report, NLaG was put into special measures for the second time; the only Trust at the time to have experienced this.

In addition to the issues reported in the media and the findings of the CQC report, Healthwatch North Lincolnshire (HWNL) also received increased feedback from the public about the outpatient appointment process. Examples include:

***“I phoned SGH as I had not heard anything regarding [my] appointment. Given appointment for 2<sup>nd</sup> March. If I had not phoned I would possibly still be waiting.”***

***“Waited 1.5 hours to be called into see the doctor. Another person was waiting 3 hours to be called”***

***“It has been one year, no follow up appointment. Several phone calls to be told I am on the waiting list and if I was worried to go back to my GP to get re-referred. My GP said they cannot do anything about it.”***

The latter quote was from a patient who had been told their condition required regular monitoring to check for changes in cells.

Another patient heard nothing about their urgent referral for seven months and then followed it up with the hospital’s Patient Advice and Liaison Service (PALS). They had also been to their GP twice to ask why they had not had an appointment. The patient

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<sup>2</sup> [http://www.cqc.org.uk/sites/default/files/new\\_reports/AAAG0101.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/AAAG0101.pdf)

was worried that others might not be as empowered and may not speak up to get the treatment they need.

Bearing in mind the pressures on the service due to the backlog of outstanding outpatient appointments, the focus of our investigation was the information and communication that patients received before and during outpatient appointments and consideration of the impact that this has on the patient experience.

# *Introduction*

## *Demand for Outpatient Services*

The most up to date information, published by NHS Digital (2016-17), shows that in 2016-17, 79.2% of outpatients' appointments were attended (NHS Digital, 2017a, p13<sup>3</sup>); a reduction from 2006-07 when attendances were at 82.2% (Ibid, p13<sup>3</sup>).

Across England, in 2016-17, on the whole 6.7% of appointments were not attended; and for NLAG the rate of non-attendance was 7.1% (NHS Digital, 2017b, pMPDP 2016-17<sup>3</sup>). NLaG have attempted to reduce the number of patients who do not attend by sending out text message reminders where mobile numbers are known, and telephoning people whose mobile numbers are not known (NLaG, 2018a, p9<sup>4</sup>).

## *NLaG Waiting Times*

Information published in September 2017, highlighted that six of NLaG's specialities had waiting times of over 18 weeks, these included:

- Cardiology
- Colorectal Surgery
- Neurology
- Ophthalmology
- Oral Surgery
- Rheumatology

(NLaG, 2017a<sup>5</sup>).

Six diagnostic tests had waiting times over six weeks and included:

- Cardiology - Echocardiogram,

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<sup>3</sup> <http://digital.nhs.uk/catalogue/PUB30154>

<sup>4</sup> <https://www.nlg.nhs.uk/content/uploads/2018/01/NLG18008-Progress-report-on-CQC-actions.pdf>

<sup>5</sup> <https://www.nlg.nhs.uk/about/how-we-are-doing/waiting-times/>

- Cardiology - Other Activity,
- Endoscopy - Colonoscopy,
- Endoscopy - Flexible Sigmoidoscopy,
- Endoscopy - Cystoscopy,
- Endoscopy - Gastroscopy

(Ibid<sup>5</sup>).

Waiting times for NLaG also increased in December 2017 for those expecting planned care (NLaG, 2018, p2<sup>6</sup>). Factors that have impacted on this include: staffing issues from sickness and vacant posts (Ibid, p3<sup>6</sup>), ongoing problems with the MRI scanner at DPoW (Ibid, p2<sup>6</sup>) and the implementation of the “Winter Pressures Protocol” (Ibid<sup>6</sup>), that saw NHS Trusts nationally postpone non-urgent procedures in order to deal with increased winter demand.

## *Patient Experience - 2011 National Comparison*

The CQC undertook a national Outpatients Survey in 2011, which received over 72,000 responses<sup>7</sup>; 532 of those were about NLaG<sup>8</sup>. The results were analysed and displayed on the CQC website, showing how Trusts performed against others.

In some areas NLaG scores were low, but nevertheless similar to other Trusts, for example, appointments beginning on time (6.4 out of 10<sup>8</sup>) and communication to patients regarding the expected time of their appointment if they had waited over 15 minutes (3.0 out of 10<sup>8</sup>). Positively, NLaG received an above average score of 9.1 out of 10 for how long people waited for an appointment at that time<sup>8</sup>. This appears to conflict with the CQC 2016 inspection findings and the recent feedback gathered by HWNL, which suggests a decline in waiting time performance since 2011.

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<sup>6</sup> <https://www.nlg.nhs.uk/content/uploads/2018/01/NLG18006-Integrated-Performance-Report-January-18.docx-1.pdf>

<sup>7</sup> <http://www.cqc.org.uk/publications/surveys/outpatient-survey-2011>

<sup>8</sup> <http://www.cqc.org.uk/provider/RJL/survey/7>

## Patient Experience - Local

As part of the preliminary research for North Lincolnshire, 51 patient comments of a negative nature were analysed to further identify where HWNL should focus its research. Feedback came from:

1. Information given to HWNL over the past 12 months
2. Care Opinion website<sup>9</sup>
3. NHS Choices website<sup>10</sup>

A third of the patients who experienced issues (33.3%) were dissatisfied with the amount of time they waited for either their first or follow up appointments and 22% (11) were also unhappy with the waiting time in clinic.

The table below shows the top six specialities with negative comments about the outpatient process:

Departments	Number of those experiencing issues
Ophthalmology	11
Orthopedics	8
Endoscopy	7
Pain Management	6
Cardiology	4
MRI	3

From this analysis HWNL deemed it appropriate to visit these six departments in addition to the departments that had waiting times exceeding 18 weeks, to speak to patients about their experiences.

<sup>9</sup> <https://www.careopinion.org.uk/opinions?nacs=RJL32#/?page=>

<sup>10</sup> <https://www.nhs.uk/Services/hospitals/ReviewsAndRatings/DefaultView.aspx?id=988>



# Approach

In order to understand the outpatient referral pathway, including what to expect in the clinics, a meeting was held between Healthwatch North Lincolnshire representatives and the Outpatient Manager for the Scunthorpe and Goole Hospital sites.

Following this meeting, a survey was designed which focused on the patients' journey, from referral to appointments (both first and follow-up), with focus on those clinics with long waiting lists and negative patient experiences.

To maximise the number of returns, information was gathered through face to face interviews at SGH and DPoW with patients waiting to be seen in clinics, as well as online and postal submissions.

The survey ran from 20<sup>th</sup> November to 15<sup>th</sup> December 2017 and during this time, 381 surveys were completed; 91% (346) were received by HWNL and 9% (35) were received by HWNEL. The survey was a joint approach by both Healthwatch with HWNL taking the lead for designing the research and collating the survey findings.

The Trust's third hospital, Goole and District Hospital, obtained a CQC rating of 'good' following the October 2015 inspection and was therefore not re-inspected at the same time as SGH and DPoW. Furthermore, no patients in North Lincolnshire had raised any concerns about attending appointments at Goole Hospital and so it was not included within the scope of this investigation.

# *Local Services / Pathway*

Patients who need to go to hospital for a consultation or specialist treatment will usually be referred by a primary care practitioner such as a GP, Dentist or Optician, or by another hospital service such as A&E.

From March 2018, it is anticipated that NLaG will be using the e-referrals system for all outpatients departments. Patients will either book an appointment directly with the person who is referring them or later through either online or telephone booking. This system should allow patients more flexibility.

The waiting times for appointments depend upon urgency, for example, if cancer is a possibility then the appointment should be within two weeks of the referral being received or from the electronic booking. For most non-urgent conditions the waiting time from referral to treatment should be up to 18 weeks (NHS Choices<sup>11</sup>).

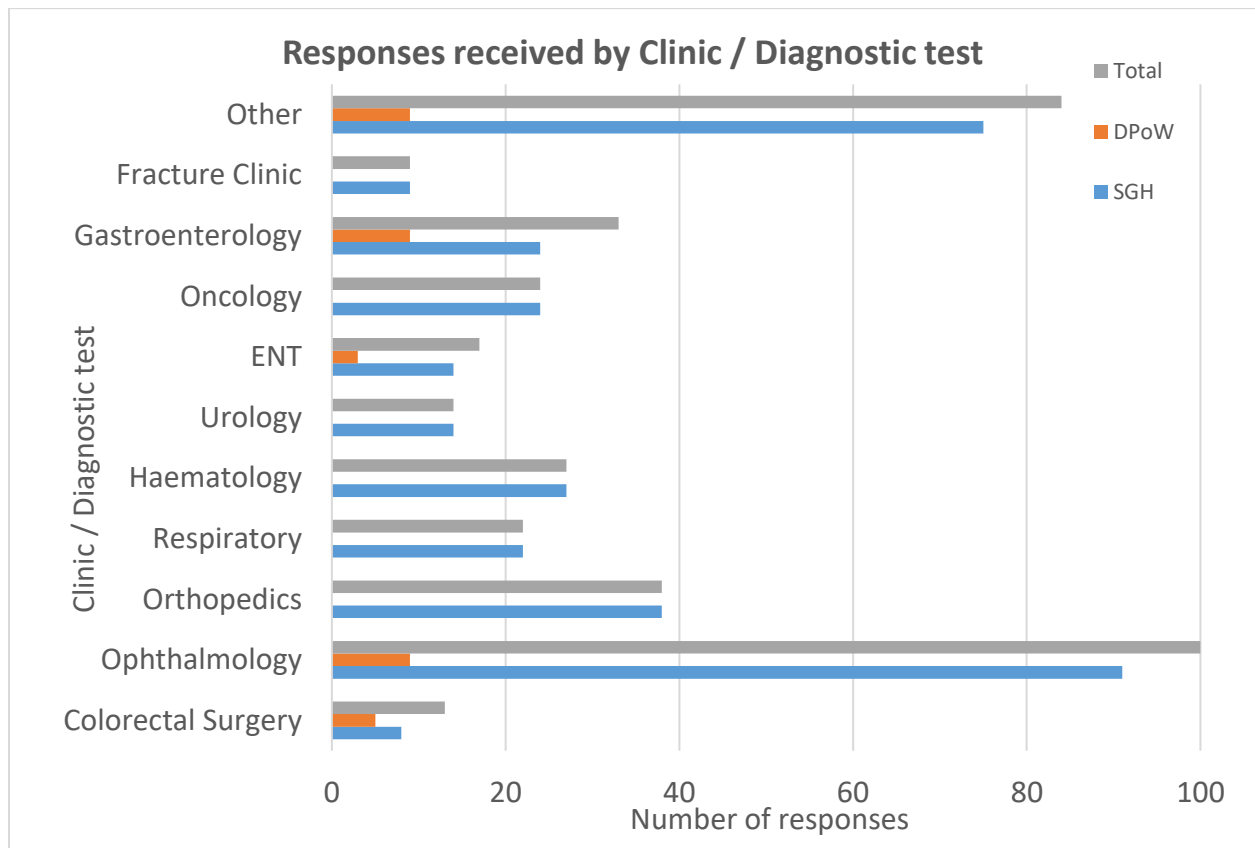
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<sup>11</sup> <https://www.nhs.uk/NHSEngland/appointment-booking/Pages/nhs-waiting-times.aspx>

# Patient Feedback

## About our sample

381 responses were received. Of those 273 were face to face interviews at SGH outpatient clinics; 35 were face to face interviews at DPoW outpatient clinics; and 73 were completed online or returned in the post.



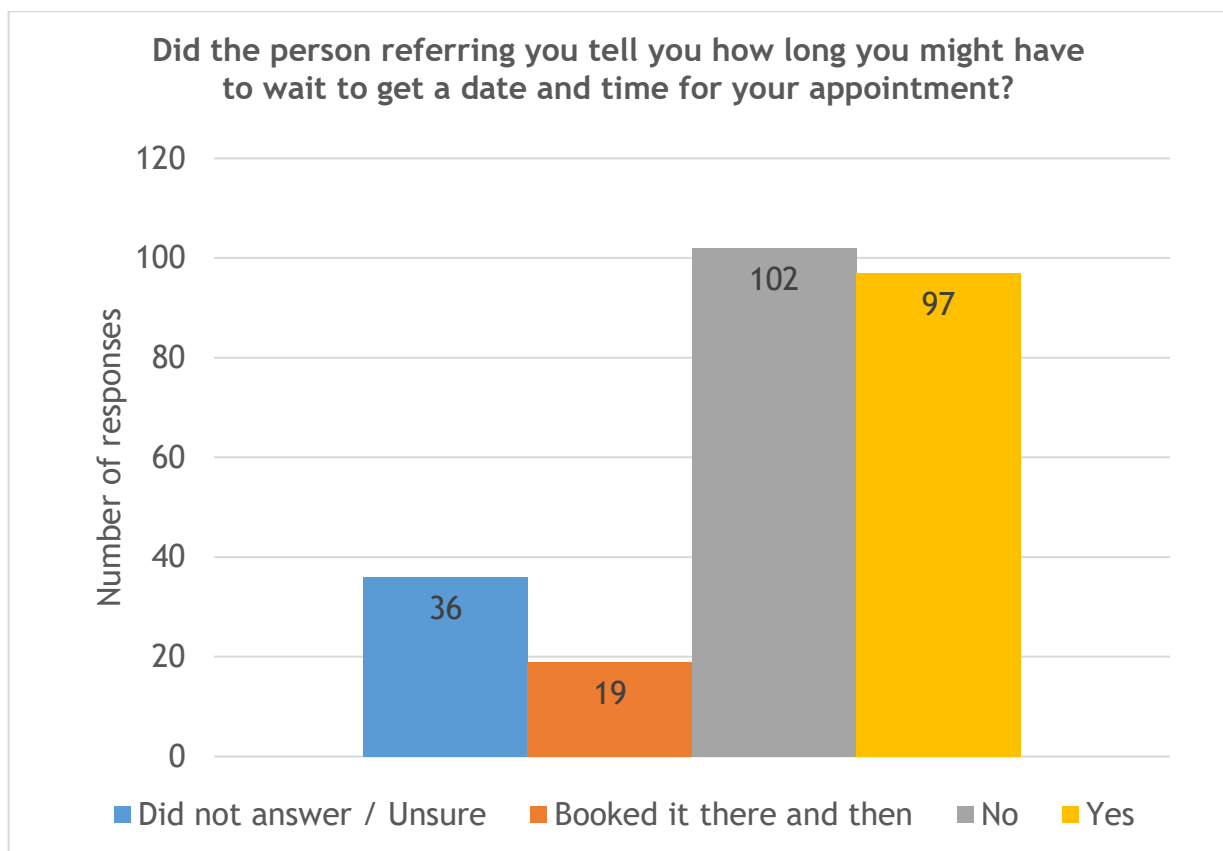
The chart above illustrates the number of responses by clinic or diagnostic test. The majority of responses were about Ophthalmology, Orthopedics and Gastroenterology.

## Information Provided at Referral

Due to the possibility of inaccurate recollection, respondents were asked only to report on their experiences of the referral process if this took place within the past twelve months.

254 out of 381 respondents were able to tell us about their initial referral.

72% (184) of respondents said that they definitely knew the reason for their outpatient appointments. The rest knew to some extent or did not know the reason.



The chart shows that only 7% (19) of appointments had been booked at the point of referral. A significant number of people (40% / 102) knew they would have to wait for an appointment date and time to arrive, but were not advised how long it might take to get this information. 38% (97) were given an idea by the referrer as to how long they may have to wait. Some gave further details regarding the information received:

- Seven said they were given quick timescales, for example, *“Straight away”* and *“Fast track, 2 weeks”*
- Although three were given long estimates, two of these received their information earlier than expected.
- Two were told that their appointments were urgent but their appointment details took longer than expected to arrive.

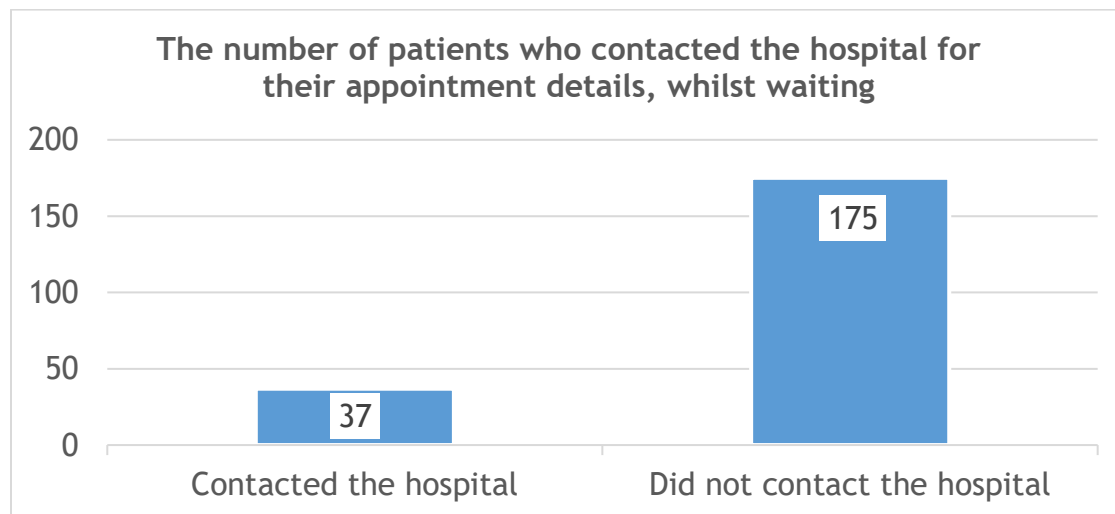
*“said urgent, within 2 days need to be seen, appointment letter said April (5 months later)”*

*“Should be urgent but took four months”*

*“Told rushing through, but didn’t hear anything for a year.”*

The April 2017 CQC report highlighted the work that NLaG needed to do around assessing people who were waiting based on their clinical need and prioritising accordingly (CQC, 2017, p67<sup>12</sup>). However, at the time of our survey these comments indicate that some of our respondents were still experiencing waits that were longer than expected.

Some patients contacted the hospital for more information on the date and time of their appointment, whereas others did not:



<sup>12</sup> [http://www.cqc.org.uk/sites/default/files/new\\_reports/AAAG0101.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/AAAG0101.pdf)

Those whose appointments were booked at referral seemed less likely to feel the need to contact the hospital to query the wait.

Only 16% (15) of those patients not informed at referral about when to expect a date and time for their appointment, subsequently contacted the hospital. This suggests these patients were comfortable not knowing when to expect the appointment letter. Of those who contacted the hospital whilst waiting, one person received their appointment details, one received an explanation on the delay, two respondents got information on waiting times and five respondents could not be given any further information.

***“I was told I was in the next batch of letters. One month later I rang again and got a cancellation appointment. I had asked about going to a different hospital, but was told that would put me at the bottom of their list.”***

***“Could not find records. They would ring me back. They never did.”***

20% (18) of respondents were advised of how long referrals would take, but still contacted the hospital. Most said they rang for an update as to what was happening and were then given information, or got their appointment details.

20% of respondents went back to ask the person who referred them to find out when they would be likely to get their appointment details.

***“Was told two to three months, so rang the optician and they told me to ring the hospital.”***

***“The GP referred again straight away.”***

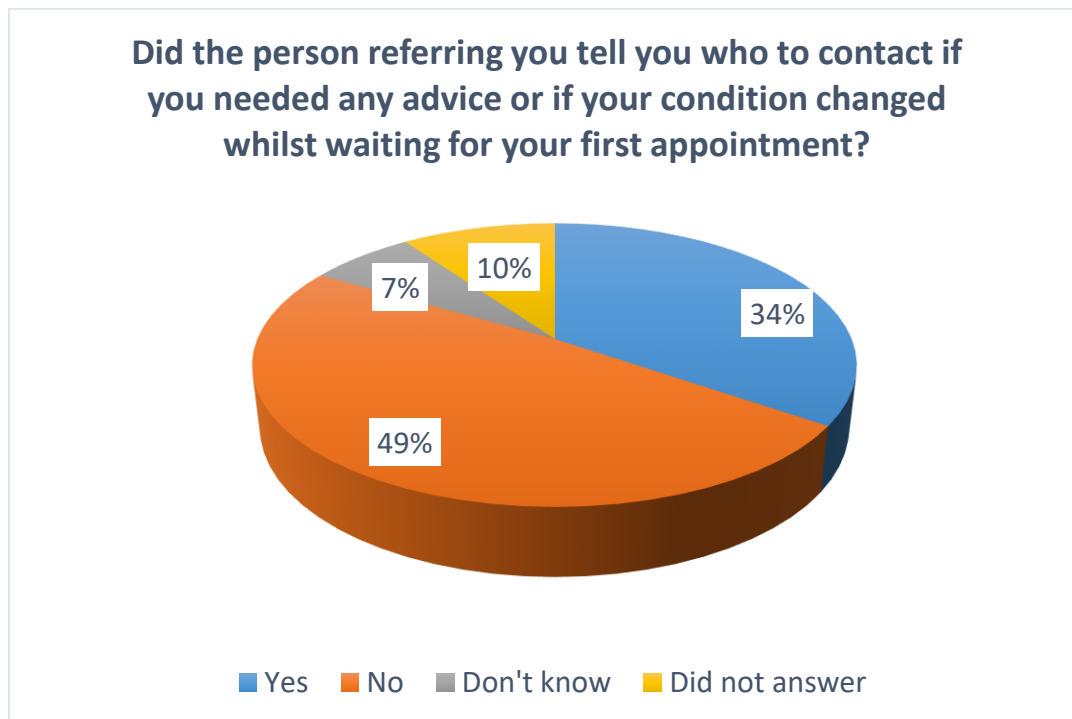
***“GP clearly annoyed as I was caught in the lost appointments.”***

The comment above highlights the frustration felt by referrers when appointments go missing. It is not known if the patient was one of those affected by the new referral system which resulted in some GP requests for hospital consultations not being recorded<sup>13</sup> but it does re-emphasise a need for NLaG to carry out the CQC’s required

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<sup>13</sup> <http://www.bbc.co.uk/news/uk-england-humber-39280049>

improvements to the “monitoring and management of outpatient bookings and waiting lists” (CQC, 2017, p67<sup>14</sup>).



49% of patients were not told who to contact if they needed any advice of if their condition changed whilst waiting for their first appointment. Of those who were told who to contact: six were told to go to their GP, one was told to go to A&E and another was advised to speak to the department they had been referred to.

<sup>14</sup> [http://www.cqc.org.uk/sites/default/files/new\\_reports/AAAG0101.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/AAAG0101.pdf)

## Patient Choice

The handbook to the NHS Constitution states that:

**“You have the right to access certain services commissioned by NHS bodies within maximum waiting times, or for the NHS to take all reasonable steps to offer you a range of suitable alternative providers if this is not possible...”** (Department of Health, 2015a, p6<sup>15</sup>).

For non-urgent conditions the maximum waiting time is 18 weeks or two weeks if cancer is suspected (Department of Health, 2015b, p31<sup>16</sup>).

In most cases patients can choose, at the point of referral, where they are referred to for their treatment (NHS Choices<sup>17</sup>), but 76% (176 out of 232 who answered) said they were not offered a choice of provider for their appointments. The comments made about being offered a choice were:

- Not bothered or required
- Sent to closest / easiest
- Should have been sent somewhere else but was not or would have liked to have been sent somewhere else
- Under SGH already
- Sent to the hospital that had the PET scan equipment

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<sup>15</sup>

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/480482/NHS\\_Constitution\\_WEB.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/480482/NHS_Constitution_WEB.pdf)

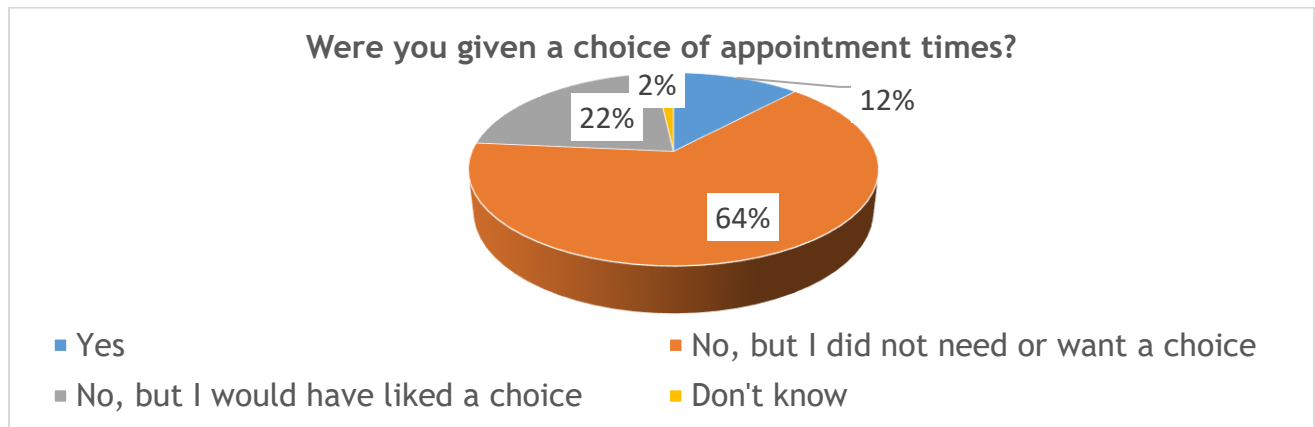
<sup>16</sup>

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/474450/NHS\\_Constitution\\_Handbook\\_v2.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/474450/NHS_Constitution_Handbook_v2.pdf)

<sup>17</sup> <https://www.nhs.uk/NHSEngland/patient-choice/Pages/your-rights-to-choice.aspx>



With regards to the actual time of their appointment, 86% (225) patients said they were not given a choice. However 64% (145) also advised that they neither needed nor wanted a choice.



## Waiting Lists

### Follow up appointments

58% (222) of our respondents said that they had attended further follow-up appointments. Of those 70.3% (156) said that they received the date and time of their follow-up appointment when they expected it. 24.3% (54) did not receive their follow up appointment when expected.

***“Nurse rang and said was fine to wait five months overdue.”***

***“My appointments should be every three months, but it is six or nine months.”***

***“I was called back to consultant too early (2 weeks instead of 12).”***

The main clinics across both SGH and DPoW where patients reported not receiving their follow up appointment when expected were:

- Ophthalmology (15)
- Gastroenterology (9)
- Orthopedics (7)
- Colorectal Surgery (4)
- Cardiology (3)

13 respondents receiving treatment at SGH provided additional comments specifically relating to ophthalmology follow-up appointments; five of which were around appointment waiting times taking longer than expected:

***“Letter from consultant said 12 weeks follow up. It has now been 10 months and still no appointment.”***

***“Took longer than expected. Hospital phoned 3 days before the appointment - took appointment”***

***“Told to make an appointment for 6 weeks by consultant on the last 3 occasions, girls on the desk can't do this so have to have one for 4 weeks to make sure we get one at all”***

Ophthalmology patients also reported the need to chase appointments:

***“Sometimes yes, sometimes no [received appointments], sometimes the date when I should have received an appointment passed and I had to ring them to remind them”***

***“Always have to ring up for follow up appointment. Even after a letter of complaint sent after years of coming to eye clinic”***

Different approaches appear to be used by the clinic in communicating information about follow up appointments; whether this is through the post, over the telephone or at the previous appointment. Conversations with staff at Ophthalmology confirmed that follow up appointments can only be booked straight away if they are needed within the next four weeks. If follow up appointments are needed after four weeks then these will be sent through the post or booked with patients over the telephone. Comments received about orthopedics were:

***“Had to ring up to prompt them”***

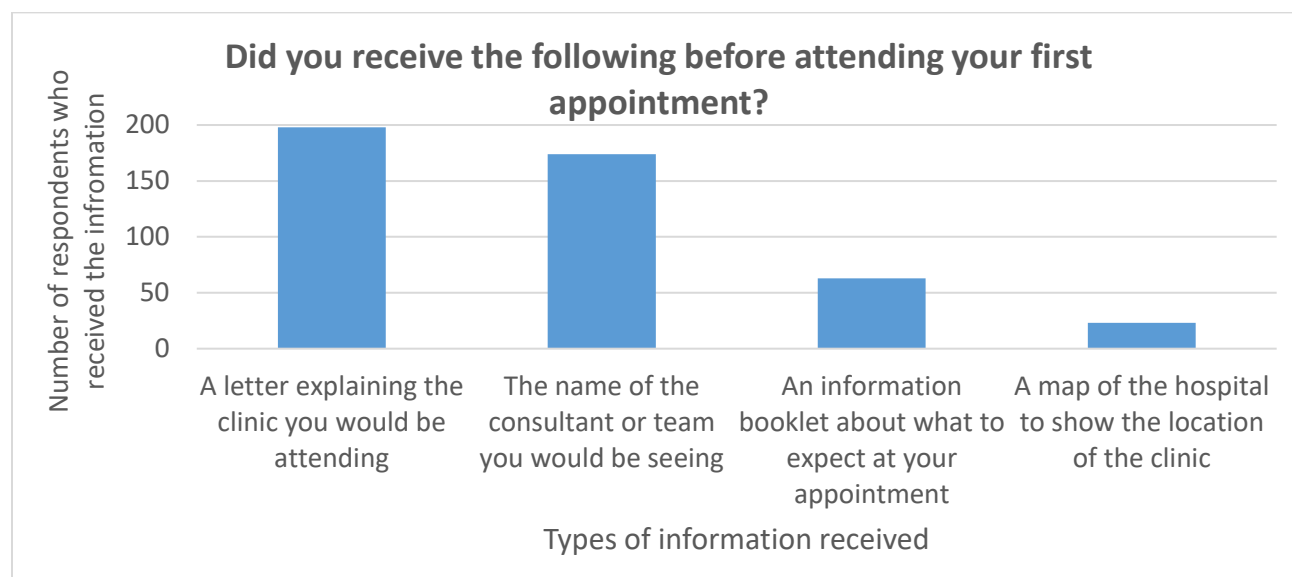
***“Had to ring up to request an appointment when I didn't hear anything”***

***“Physio asked for surgeon to see me but didn't get appointment, she had to chase him”***

# Hospital Administration and Communication

## Before appointments

We asked patients about the types of information that they received before their appointments.



Most respondents had received a letter explaining the clinic they would be attending and the name of the consultant or team they would be seeing. Fewer patients received information about what to expect or a hospital map.

Some commented on other pieces of information or communication they would have liked:

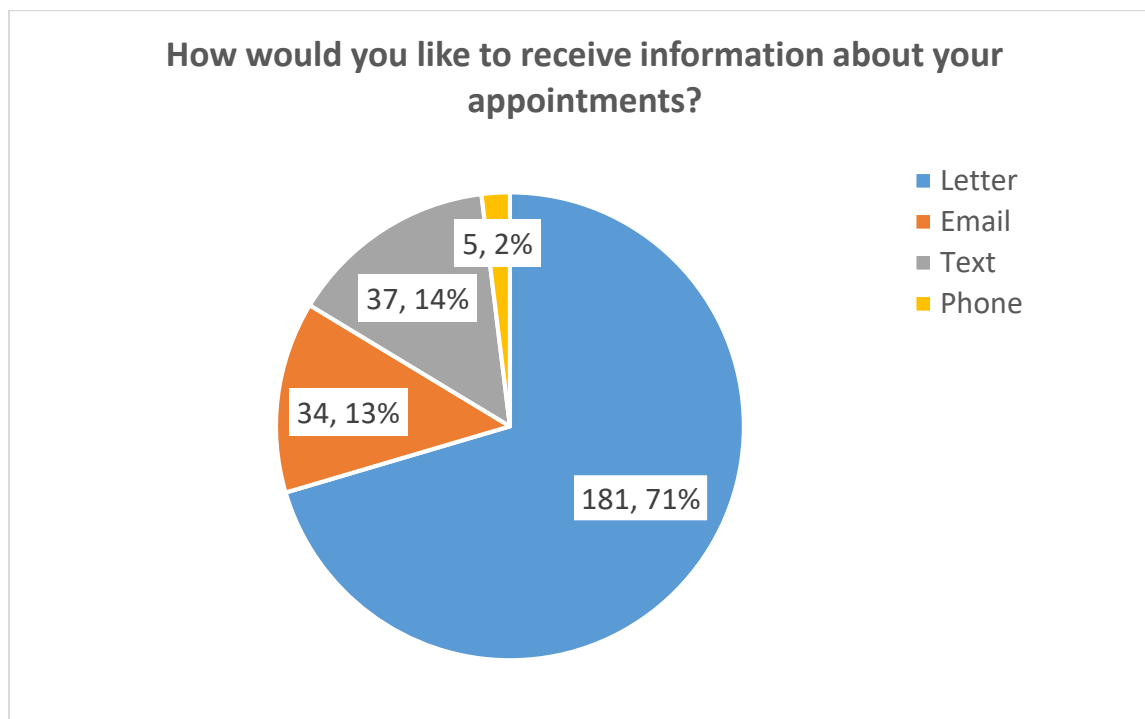
- Communication about medical condition / purpose of appointment (5)
- Better signage in the hospital site (6)
- Information on transport and parking (5)

***“[It would] have been helpful to understand the effect the condition had on general health.”***

***“A map would have been good, showing department and car parks.”***

***“Letter said enclosed leaflet, but there wasn’t one.”***

Respondents were asked how they would like to receive their appointment information. The following chart reveals that a significant number preferred to receive their information in a letter. Some people chose more than one mode of communication.



Reasons for preferring letters were:

- Not having access to online facilities
- Not being able to hear the phone
- They can provide more details
- They can be referred back to
- Two carers, supporting their clients, both said that letters are better for care homes because:

***“[they are] easy to keep on file”***

***“emails can get lost [and] can be missed”***

## Experience in Clinic

### Checking details

Nearly all patients said that staff had checked their contact details upon arrival at the clinic (98%).

### Staff

Respondents were asked whether there was anything particularly good about their visit. 80 patients gave positive comments about staff. The comments centered around helpfulness, friendliness, professionalism and attitude. Examples include:

***“I was kept fully informed about the delay which was beyond the department's control. All the nurses with whom I came into contact were pleasant, respectful and ushered me through the process with care and attention to detail. The doctor gave me an OCT scan, explained my present position and suggested a four monthly check up. I consider the service I received was first class.”***

***“Doctor and nurse were very respectful, I was put at ease. The doctor had read my notes and checked over with me what tests I had had through my GP prior to this appointment. He explained what tests I would be having with this department.”***

***“Because I know the staff, they are always helpful even though under pressure. They are very clear about what is happening and the next steps.”***

One comment highlighted staff's consideration for those with specific needs:

***“Appointment was for my son who is autistic. I rang in advance to ask what he should expect to happen and to let them know that he was very anxious. They explained we could attend early and they would allow him time in the room to look at the equipment, see it working on a 'test mode', ask any questions etc. I was also told there would be no pressure on him to have the x-ray at that time and that once he had looked around we could make a further appointment to do the x-ray. On arriving, a member of staff came and greeted us and explained that we would be next to be seen and that we could take as long as my son required. The radiographer talked him through everything, was very patient and***

***let him see the x-ray at the end. I felt we were very well looked after and they had a great understanding of my son's needs."***

## ***Communication***

Five positive comments were regarding the information given to patients about their treatment / investigations, including:

***"The consultant explained what they were possibly looking for and the reason for the referral."***

***"explained process constantly, concise results etc., gave time for questions."***

However, eleven comments were made about communication in clinics being an area for improvement; themes included:

- General communication / keeping patients informed
- Information on the procedure being undertaken
- Improved record transfers between hospitals
- Keeping communication boards up to date
- Consistency on information given about patient's condition
- Giving reasons for delays to the clinic
- Information on use of injection pen
- Rehabilitation advice

One of the suggestions for improvement, highlighted above, was around providing information on delays. In total 104 respondents indicated that they experienced a long wait in clinic and of those 38% (40) said that they had been informed of the delay but 62% (64) had not. NLaG have said that announcements should be made in waiting areas when clinics are running late and that receptionists have been asked to tell those who are just arriving. Waiting times should also be displayed on notice boards if there are delays.

Three patients (two from orthopedics and one from oncology) mentioned that information on delays was present on notice boards. Another patient mentioned that a nurse from the Haematology clinic had informed those in the waiting area.

NLaG acknowledge that the duration of an appointment will vary depending upon the needs of patients who are being seen during the clinic. Some appointment letters say that staff will endeavor to see patients within a particular timescale. One patient commented on receiving such a letter:

***“They tell you in the letter that it could take up to two hours, which is very good”***

Some NLaG clinics have beepers for patients to take so that they can leave the waiting area, but the range for these is limited and may not extend to the dining room. Only seven respondents mentioned being offered a beeper so that they could leave the clinic and still know when it was their turn.

Four patients had noticed signs in ophthalmology advertising the beeper system, and another mentioned that a sign was present in oncology. When asked what could be improved, one respondent visiting the respiratory clinic said that a beeper would help and one person said that people waiting in haematology were allowed to go home when the clinic was running late and were contacted when they needed to come back.

During the ophthalmology clinic visit HWNL, representatives noticed that some information displayed may not be appropriate for those attending an Ophthalmology appointment. Notice boards were observed as having information on that may be more difficult to read, with text in a small font and black text on a grey background, and therefore potentially presenting problems for those with a visual impairment.



*(Noticeboard in eye clinic SGH - February 2018)*

Guidance suggests that “Creating documents and images which contain high contrast between text and background will make documents more accessible” (UKAAF, 2012, p21<sup>18</sup>). The guidance suggests to “avoid placing achromatic colours (black, white, grey) against colours of similar lightness or darkness, for example dark grey against black” (Ibid, p22<sup>18</sup>).

One patient had found information displayed in the outpatients waiting area to be concerning;

***“Sat in Waiting Area 4 to get results. Saw Macmillan sign/info and instantly worried about why the sign was there. Was this area for cancer patients?”***

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<https://www.rnib.org.uk/sites/default/files/UKAAF%20creating%20clear%20print%20and%20large%20print%20documents.pdf>



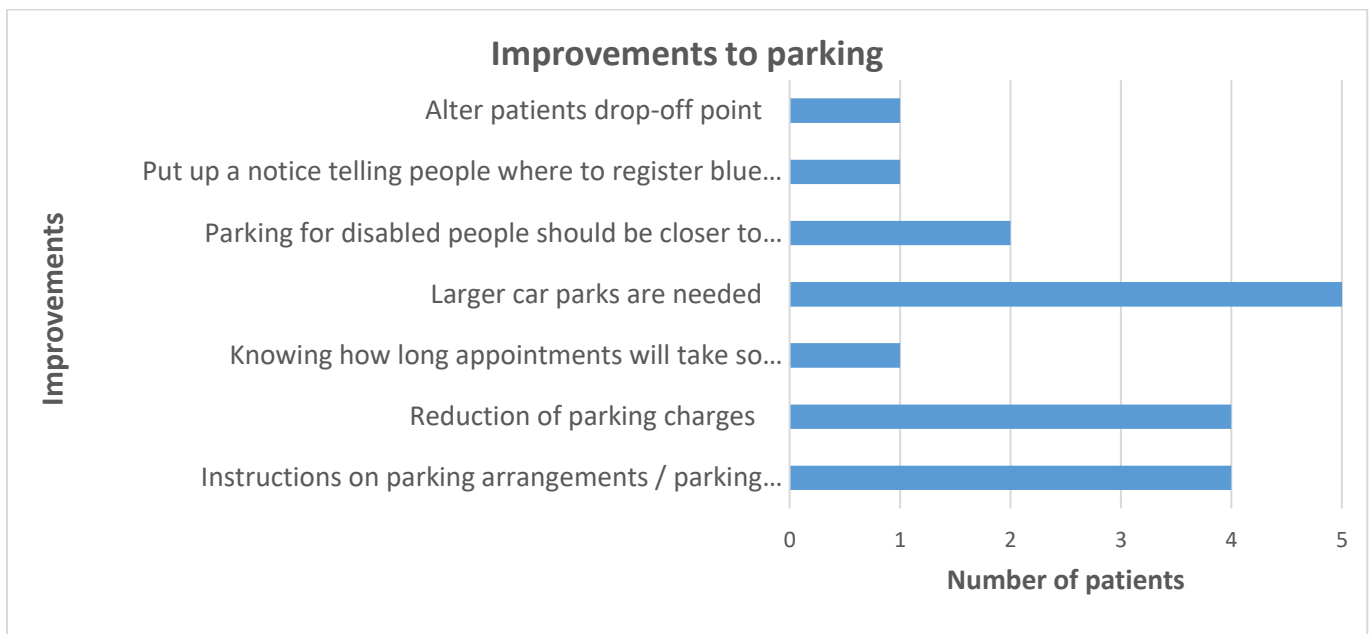
## Patient comfort

NLaG endeavor to advise patients waiting over 45 minutes where they can get a drink. Seven respondents said they had been provided with this information. Some clinic areas have drinking fountains and there is a hot drinks machine at the end of one of the outpatient corridors, however patients will need to know it is there as it is not visible from the other end of the corridor. Patients' suggestions for improvement included:

- Entertainment for patients / carers (for example, magazines, TV and bigger play area) (20% / 4)
- More seating and comfier chairs (15% / 3)
- Access to drinks machines / water fountains (10% / 2)

## Getting to and from appointments

### Parking



Although not specifically asked for views on parking, 33 respondents made negative comments about the parking arrangements at SGH. 18 highlighted where improvements could be made:

***“Improve parking, more parking”.***

***“...we never use it because it is expensive and the queues are so long you would be late for your appointment”***

***“...Better directions and details about parking. I notice it is now ANPR but would have like instructions about this beforehand”***

***“the car park, new system, doesn't tell you if its full”***

There was mixed opinion about the provision of parking for those with disabled badges, for example:

***“I have a disabled badge & find parking good”***

***“There is not enough parking with a disabled badge and ten minutes is not long enough to go and move your car after you have taken the patient in from the dropping off area”***

The NLAG website confirms that people can only park in the drop-off areas for 10 minutes<sup>19</sup>.

## ***Transport***

12 patients said that they used the hospital patient transport to attend their appointment; of those 7 said that they were picked up at the correct time, others were picked up earlier, later or did not know.

One patient in the ophthalmology clinic told us she had been ready to leave since 12pm. A member of staff rang at 1pm to chase the transport. At 1.20pm the survey was completed, however, there was still no news on her transport. The lady had been told that she couldn't go for anything to eat as she needed to stay in the clinic.

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<sup>19</sup> <https://www.nlg.nhs.uk/hospitals/goole/getting-here/>

# Conclusion

- There were many positive aspects of the outpatient experience, where staff are said to be working hard under pressure and are described as caring, professional and with a helpful attitude towards patients. However, there are also examples where feedback indicates that improvements in the outpatient process are needed.
- From feedback, it was apparent that few appointments were booked at the point of referral such as in a GP surgery. Most patients are told they will be referred for treatment and then wait to receive an appointment letter or phone call with the details.
- Just over a third of our respondents had been told when to expect their appointment details to arrive; others would not know how long they might wait. Just over half of our respondents were not told how long the waiting time was for attending an appointment for that specialty, although waiting times are regularly published on the NLaG website. Without knowing how long waiting times are, patients do not know when a reasonable time has elapsed or when to query the appointment.
- If people are clearly informed about expected waiting times, then they will not unnecessarily contact services for an update. Likewise if people know expected times and a greater onus is put on encouraging patients to chase appointments at that point, it could help prevent or reduce instances of people being lost in the system. There also should be some level of consistency of who patients should contact regarding appointments, it is anticipated that, in most cases, this would be the service that referred them.
- Some of the patient's comments highlighted that NLaG need to ensure they are doing enough to target the issues raised by the CQC including: reviewing waiting lists, working on referral to treatment times and prioritising patients based on clinical need. One example would be to ensure appropriate prioritisation is put in place if appointments are lost, as patients should not be disadvantaged due to system or admin errors.

- A significant proportion of our respondents were not offered a choice of where to have their treatment. This choice may be of benefit to those patients being referred for a first appointment at a clinic that has a lengthy wait time.
- Patients should know who to contact if their condition deteriorates whilst waiting for their appointment and this should be applied consistently. When information is given, the referrer should consider the most appropriate referral route for the patient's condition, and not default to A&E if this is not likely to be necessary.
- A quarter of our respondents who had a follow up appointment did not get appointment details when they expected them. The booking of a follow up appointments seemed to vary by clinic; some clinics were able to book an appointment while the patient was there, but only if it was required within four weeks' time; and other clinics made bookings at a later date, either via phone call or by issuing a letter.
- Many patients do not receive any information about what to expect at the clinic. There are leaflets available on the NLaG website about different procedures and clinics, but information is not routinely provided with an appointment letter. Some information, such as instructions not to drive if attending an eye clinic to have dilating drops administered, is important to ensure the appointment can go ahead as planned. Likewise information about how long an appointment might take can help patients to plan where to park their car, or a map to help find the clinic may ease any concerns and make the visit to hospital run more smoothly. During our survey some respondents mentioned that they either did not have the internet, had problems using technology or did not have emails. Therefore for some individuals, having to rely on the internet is not always suitable.
- If patients are given greater information about the reason and importance of their referral then it may reduce the number of patients who do not attend. When appointment information is sent out all patients should be made aware how to cancel appointments, for example, if appointments are sent out by letter then information on how to cancel should be clearly marked on the letter and if by phone the patient should be told what to do if they can no longer attend.

- Information displayed in SGH’s Ophthalmology clinic could be difficult to read, especially for those with sight difficulties.
- Written information about an appointment is preferred by post. A letter is considered to be official and can be kept somewhere safe and referred to when the time comes, and care providers can keep letters on file easily.
- Clinics do sometimes experience delays. Although some patients seem to be made aware that there is a delay, others are not. Being told where to go and get a drink, or offered a bleeper so that you can leave the waiting area is said to be useful. These can make the wait more comfortable, however some clinics do make these offers to patients and others do not.
- Parking at the hospital is a common issue that is raised with Healthwatch. As with other feedback received by Healthwatch, an increased number of parking spaces and reduced charge would be desirable. However, our respondents made useful points about the provision of drop off points for patients with limited mobility and the ten minute time limit for moving your vehicle. They also wanted to see an increased number of disabled parking bays near to the entrances, although for all parking “The allocation of spaces is based on expected demand, taking into account the geography of the site and the need to provide patient car parks close to clinical areas” (NLaG, 2017b, p26<sup>20</sup>). More instructions with the appointment letter about the new ANPR parking system were suggested.

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<sup>20</sup> <https://www.nlg.nhs.uk/content/uploads/2017/06/Parking-policy-updated.pdf>

# Recommendations

**Healthwatch North Lincolnshire and Healthwatch North East Lincolnshire make the following recommendations to North Lincolnshire Clinical Commissioning Group and North East Lincolnshire Clinical Commissioning Group regarding those making a referral to the hospital (such as GPs, opticians, dentists):**

- 1.1 Advise patients what to do if their condition worsens whilst they are waiting for their appointment (e.g. make an appointment with the GP to review the urgency of the referral). This advice should be provided consistently and with due regard for the patient's condition.
- 1.2 Clearly inform patients about expected waiting times in order to reduce the number of contacts made to hospital services and attempt to decrease the chance of patients getting lost in the system.
- 1.3 Primary care and other referring practitioners should make every effort where applicable, to ensure that patients are aware that they have a choice of provider for first appointments.

**Healthwatch North Lincolnshire and Healthwatch North East Lincolnshire make the following recommendations to Northern Lincolnshire and Goole Hospitals NHS Foundation Trust (NLaG):**

- 2.1 NLaG (and the CCG) to prominently display speciality waiting time information on their website. Although NLaG already has this information under the performance section a link to waiting times direct from the front page is recommended. Patients should be told this is an estimate based on the current data. GPs can then signpost patients to these websites.
- 2.2 For patients in clinic where a follow up appointment is advised, the process for booking this is made clear to the patient at the time. Patients should know when to expect the next appointment letter or phone call and what to do if this does not arrive.
- 2.3 Patient's anxiety about attending a hospital appointment often begins with the appointment letter. Patients should be signposted in their appointment letter to any available supporting information about the clinic or procedure that is accessible on the NLaG website. Consideration should be given to including these leaflets in the initial appointment letter to ensure those without internet access have access to relevant information.

- 2.4 If patients are given more information about the reason for their referral then the number of people who do not attend may decrease. When giving out appointment information patients should be clearly informed as to how they should cancel their appointment if necessary, for example, making sure all letters contain this information or telling people over the phone.
- 2.5 Information about the expected length of time the patient may spend in the clinic should be included as standard in the appointment letter, acknowledging that this may be longer should a delay occur.
- 2.6 Ophthalmology should review the information displayed on notice boards, making sure that this is accessible for those with visual impairments.
- 2.7 Information about how the new ANPR parking system works should be included in the appointment letter, to include options for payment and where pay stations are located. It should be made clear that patients no longer receive a ticket at the entrance barrier and that it is useful to note down your number plate to refer to making payment.
- 2.8 When patients are booking in, reception staff in clinics should make them aware of where drinks are available. Patients should be advised that they can request a bleeper should they need to leave the waiting area for a short period of time. This should be consistent across all clinics.
- 2.9 An increase in the waiting limit of ten minutes for dropping off a patient should be considered to allow carers time to book the patient in and leave them in the appropriate location before they return to move the vehicle. This is especially important when clinics are busy and queues occur at the reception.

## *Next Steps*

**HWNL and HWNEL will be taking the following steps.**

The report will be distributed to the following:

North Lincolnshire Clinical Commissioning Group (CCG)

North East Lincolnshire Clinical Commissioning Group (CCG)

Care Quality Commission (CQC)

Healthwatch England (HWE)

NHS England (NHSE)

Northern Lincolnshire & Goole NHS Foundation Trust (NLaG)

Under Healthwatch powers to produce reports and recommendations, services will have 20 working days from receipt to respond. Healthwatch North Lincolnshire and Healthwatch North East Lincolnshire will monitor responses to our recommendations and keep members of the public and stakeholders informed of progress and actions to deliver improved services. When published, the report will be made available as a PDF download via the Healthwatch North Lincolnshire and Healthwatch North East Lincolnshire websites. The report will also be available as a hard copy upon request.

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