

Enter & View Queen's Hospital: Outpatients' Departments

1 October 2015

*One of a series of connected
Enter & View visits to Queen's Hospital in 2015*



What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care. Our aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally.

We are an independent organisation, established by the Health and Social Care Act 2012, and are able to employ our own staff and involve lay people/volunteers so that we can become the influential and effective voice of the public.

Healthwatch Havering is a Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary, supported by two part-time staff and a number of volunteers, both from professional health and social care backgrounds and people who have an interest in health or social care issues.

Why is this important to you and your family and friends?

Following the public inquiry into the failings at Mid-Staffordshire Hospital, the Francis report reinforced the importance of the voices of patients and their relatives within the health and social care system.

Healthwatch England is the national organisation which enables the collective views of the people who use NHS and social services to influence national policy, advice and guidance.

Healthwatch Havering is your local organisation, enabling you on behalf of yourself, your family and your friends to ensure views and concerns about the local health and social services are understood.

Your contribution is vital in helping to build a picture of where services are doing well and where they need to be improved. This will help and support the Clinical Commissioning Groups and the Local Authority to make sure their services really are designed to meet citizens' needs.

***‘You make a living by what you get,
but you make a life by what you give.’
Winston Churchill***

What is an Enter and View?

Under Section 221 of the Local Government and Public Involvement in Health Act 2007, Healthwatch Havering has statutory powers to carry out Enter and View visits to publicly funded health and social care services in the borough, such as hospitals, GP practices, care homes and dental surgeries, to observe how a service is being run and make any necessary recommendations for improvement.

These visits can be prompted not only by Healthwatch Havering becoming aware of specific issues about the service or after investigation, but also because a service has a good reputation and we would like to know what it is that makes it special.

Enter & View visits are undertaken by representatives of Healthwatch Havering who have been duly authorised by the Board to carry out visits. Prior to authorisation, representatives receive training in Enter and View, Safeguarding Adults, the Mental Capacity Act and Deprivation of Liberties. They also undergo Disclosure Barring Service checks.

Background and purpose of the visit:

Healthwatch Havering (HH) is aiming to visit all health and social care facilities in the borough. This is a way of ensuring that all services delivered are acceptable and the safety of the resident is not compromised in any way.

This particular Enter & View visit was undertaken as part of a series of visits to out-patient, discharged in-patient and visitors' facilities at Queen's Hospital to enable Healthwatch Havering volunteers to view how patients and visitors were dealt with. This report should be read in conjunction with the reports on the Ambulance Waiting Area, Discharge Lounge and Pharmacy.

This visit was concerned only with "meet and greet" issues - further Enter & View visits and reports will deal with issues specific to particular clinics.

Queen's Hospital has very large Out Patient departments, treating some 100,000 patients each year. Healthwatch is aware from various sources, not least patients themselves, that there are significant concerns about waiting times for appointments - for both first and follow-up appointments - as well as the time taken within some clinics before patients attending for appointments are actually seen on the day of their appointment.

Appointment procedures

When patients arrive at a clinic, the receptionist greets them, checks that the information on the system is accurate (address/GP/phone number) and then books them into the clinic and asks them to be seated.

The requesting clinician will review all reports from tests and investigatory procedures in order to determine what further actions should be taken. New patients are investigated as required by their conditions. Once instructions are received by reception staff, patients are contacted - usually by telephone - but if this is not possible a letter will be sent

It is not normal practice to telephone patients on the day requesting them to attend, but this may happen in the event of a booked patient cancelling at the last minute - particularly if there is a need for an urgent appointment. Occasionally, patients will telephone the clinic on the day of their appointment to advise that they are unable to attend

It is practice to contact patients by telephone if their appointments are cancelled within 7 days. This is confirmed by a letter. All other cancelled appointments are advised by letter. Problems arise when patients turn up for their appointments to find it has been cancelled. They are then dealt with by information desk volunteers, when they complain about this, who then refer them to PALS

When a clinician is unable to attend - e.g. through sickness - every effort is made to provide a locum, but where this is not possible patients are telephoned to advise them of the cancellation and to make new arrangements. It is not always possible to prevent patients turning up to clinic because of last minute cancellations but every effort is made to avoid this.

It is not usual for patients to be given follow-up appointments prior to tests, as there may be no need for them. However, it was confirmed that follow-up appointments subsequent to investigative procedures (scans etc.) are problematic. This is due to extreme pressure on capacity within the Trust. **Some follow-up appointments waits are as long as 7 months**

It was noted that some doctors are not in the areas they are “attached to” in the OPD area or where they have been located in appointment letters. This was believed to be as a result of geographical rearrangements and was being addressed. The team was told that staff were willing to investigate any particular issues.

Changes in signage at the hospital are not consistent, but the team was given to understand that this is being addressed. This needs also to be addressed in appointment letters which patients receive. Appointment letters are not always clear on the place of the appointment e.g. when a clinic is moved

The departments are generally open from 8.30 to 17.00 but there are some clinics that are open later and there are also some *ad hoc* clinics during the evenings and at weekends

In response to a question about the management of the emergency eye clinic (Team 2), DVT clinic and ECH clinics (Teams 3 and 4), it was confirmed that these were run by the specialties rather than through the main outpatients' department

The team was told that children's eye problems are dealt within the adult services rather than within children's OPD because of the need for specialist equipment. Efforts are currently being made to try to adapt a special children's area within the eye clinic

Translation services are provided by Language Line - usually by telephone but sometimes on a face-to-face basis. This service usually comprises a three-way conversation with the patient, the interpreter and the clinician

Learning Disability posters are displayed in the outpatient area and, where a patient or carer identifies a patient with LD, there is a LD liaison nurse to guide and assist where extra support is required. There are Easy Read information leaflets and pagers are offered to more vulnerable patients

In response to a question about staffing, it was confirmed that all reception staff are employed by BHRUT and are supported by bank staff. There are very few vacancies.

Training afforded to receptionists includes Customer Service, Conflict resolution, deafness awareness, the PAS system, PRIDE, infection prevention and control, manual handling, safeguarding adults and children, Equality, Diversity and Human Rights, Health Safety and welfare.

Team 2 area

The team then visited the Team 2 area, which provides comprehensive OPD eye services. The emergency eye unit is provided by BHRUT, not Moorfields Hospital, but there is a common misperception that it is a Moorfields unit.

The clinic is open between 8.00am and approximately 6.00pm but may continue later depending on patient numbers. Out of hours Emergency services are provided at Whipps Cross Hospital. Depending on the eye casualty problem when presented, some patients are referred on to Moorfields for urgent assessment.

The area was clean and tidy but it was noted that there was a lack of storage space, particular for dressings etc. The team was told that staff were concerned about the lack of storage in the department. Owing to the large number of patients coming into Team 2 for treatment, the seating area is often inadequate.

At the time of the visit, there were four receptionists on duty. They confirmed that they had all undertaken a wide range of training sessions covering all appropriate areas. Mandatory training is updated on a regular basis.

There is only one doctor in the emergency eye clinic and this means that there is limited capacity for patient numbers and the service is under severe pressure. At the time of the visit the waiting area was full to capacity.

There is a newly-appointed senior nurse, who has extensive experience and who has ambitions for improving the clinical areas. She confirmed that emergency patients who attend are triaged and that conditions to be treated include problems such as foreign objects, liquids, glaucoma and post-operative complications.

The sight support service is very pro-active and there is excellent response from patients.

The problem of children being treated in the adults' clinic is well recognised. The main issue is the requirement for very expensive specialist equipment that cannot be duplicated within the OPD. Plans are currently in hand to try to develop a specialist children's area within the adult clinic.

This team utilises the language line service by telephone. In response to a question about patients with learning difficulties, it was confirmed that they were usually well-supported and were often long-term patients who were well-known to staff.

Patients to whom the Healthwatch team spoke were happy with the service provided but had major concerns about the appointment system, which they considered very inadequate. Waiting times for appointments are very lengthy and a common experience is that, when contacting the department to make an appointment, patients find that information to enable appointments to be given out has not been updated and so they are told to ring back in a couple of days! It is obvious that the clinics cannot say when a doctor will be available to take an OPD clinic, some months down the line.

Recommendations

That:

- While Healthwatch Havering recognises that there are considerable difficulties with finance, recruitment and retention, nonetheless the sheer number of patients using the out patients' departments requires urgent review of staffing to ensure that demand is met and does not spiral out-of-control
- Effort be made to provide a custom-made storage area for clinical supplies
- The appointments system be reviewed, addressing issues raised by patients wherever possible is urgently required.
- Urgent consideration be given to follow up appointments, when investigative scans etc. have been carried out, as to leave patients waiting for 7 months or more for their results is not acceptable. For the number of patients, many of them elderly (Havering has the largest population of all the London Boroughs) the area is working at more than full capacity and more clinicians are needed to reduce waiting times. This must be addressed. In particular, Healthwatch would like to be

reassured that, following investigative procedures, patients' results are examined by an appropriately-qualified clinician in order to ensure that treatment is prioritised appropriately and no avoidable delay is experienced in arranging the required treatment(s)

The team would like to thank all staff and patients who were seen during the visit for their help and co-operation, which is much appreciated.

Disclaimer

This report relates to the visit on 1 October 2015 and is representative only of those patients, carers and staff who participated. It does not seek to be representative of all service users and/or staff.

Participation in Healthwatch Havering

Local people who have time to spare are welcome to join us as volunteers. We need both people who work in health or social care services, and those who are simply interested in getting the best possible health and social care services for the people of Havering.

Our aim is to develop wide, comprehensive and inclusive involvement in Healthwatch Havering, to allow every individual and organisation of the Havering Community to have a role and a voice at a level they feel appropriate to their personal circumstances.

We are looking for:

Members

This is the key working role. For some, this role will provide an opportunity to help improve an area of health and social care where they, their families or friends have experienced problems or difficulties. Very often a life experience has encouraged people to think about giving something back to the local community or simply personal circumstances now allow individuals to have time to develop themselves. This role will enable people to extend their networks, and can help prepare for college, university or a change in the working life. There is no need for any prior experience in health or social care for this role.

The role provides the face to face contact with the community, listening, helping, signposting, providing advice. It also is part of ensuring the most isolated people within our community have a voice.

Some Members may wish to become **Specialists**, developing and using expertise in a particular area of social care or health services.

Supporters

Participation as a Supporter is open to every citizen and organisation that lives or operates within the London Borough of Havering. Supporters ensure that Healthwatch is rooted in the community and acts with a view to ensure that Healthwatch Havering represents and promotes community involvement in the commissioning, provision and scrutiny of health and social services.

Interested? Want to know more?

Call us on **01708 303 300**; or email
enquiries@healthwatchhavering.co.uk



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