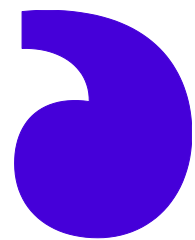




What do patients think about the Fracture Clinics at the Worcestershire Acute Hospitals NHS Trust? Survey Report

JULY 2019



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Acknowledgments

HWW acknowledge the support and co-operation of the Trust's management and the Clinic staff throughout the visit programme.

Thank you to our volunteers who assisted with this work and to all the patients who took the time to stop and speak with us.

1. SUMMARY AND RECOMMENDATIONS

INTRODUCTION

Healthwatch Worcestershire (HWW) provides an independent voice for people who use publicly funded health and social care services. Our role is to ensure that people's views are listened to and fed back to service providers and commissioners in order to improve services.

Worcestershire Acute Hospitals NHS Trust (WAHT) is responsible for the provision of acute hospital services in the County. The Trust run Fracture Clinics at the three hospital sites, the Worcestershire Royal Hospital (WRH), the Alexandra Hospital (the Alex) and the Kidderminster Hospital & Treatment Centre (KH&TC). The Trust are developing an Action Plan to address delays and overruns at the Clinics caused by the nature of the injuries dealt with, the clinical requirement to see patients to specific timeframes and the numbers attending. The Trust invited Healthwatch Worcestershire (HWW) to assist them to understand patient experience at the Fracture Clinics so that this could also inform the Action Plan.

WHAT WE DID

Healthwatch Worcestershire completed **25 visits across the three hospital sites** between 5th March 2019 - 9th April 2019. The Trust were aware that we would be carrying out visits between these dates. However, hospital staff did not know when we would be visiting which clinic or on which site. 13 visits were to Worcestershire Royal Hospital (WRH); 7 to the Alexandra Hospital and 5 to the Kidderminster Hospital & Treatment Centre (KH&TC).

We developed a survey asking patients about their experience of the Fracture Clinic. We used the same survey at all 3 hospital sites. The Survey asked patients about referral to the clinic; reception; waiting at the clinic; clinic environment; hand hygiene; seeing the doctor and alternatives to face to face appointments. We also asked patients about what was positive about their visit and what could be improved.

WHO WE SPOKE WITH

A total of **375** surveys were completed.

- 232 at WRH
- 86 at the Alex
- 57 at KH&TC

We approached a total of 674 people to take part in the Survey, however 299 people declined. We found that people declined to take part more frequently when clinics were running over time and appointments were delayed. We do not know what impact this has had on our findings.

The Fracture Clinic survey and numbers responding to each question can be found at Appendix Two.

WHAT WE FOUND OUT

The information below is a short summary of our findings. The full details are available within this Report.

Referral to the Clinic

Most patients had been referred to the Fracture Clinic by hospital staff. 76% of patients did not know or only knew to some extent what would happen at their first Fracture Clinic appointment. This suggests that there may be opportunity to increase the information provided to patients about what to expect at the Clinic in the first appointment letter and in subsequent letters.

Arriving at the Clinic

Most patients (80%) told us that they were not given an opportunity to explain about any **particular needs** they might have (e.g. hearing or sight impairment, needing help with walking) when they booked in at reception. 82% of patients reported that it was not explained to them **how to ask for assistance** should they need it. We did observe staff offering help to patients. However, a more consistent approach would help staff and patients during clinic visits

Waiting Times

We asked patients how long after the stated appointment time their appointment started. 26% of patients we spoke with were seen on time or early, 38% reported waiting up to 30 minutes, 21% waited between 31 - 60 minutes, 13% waited between 1 - 2 hrs and 2% waited over 2 hours. The figures show that 49% of patients at the Alex, 40% of patients at WRH and 18% at Kidderminster are waiting longer than 30 minutes for their appointment. Patients attending for a follow up appointment waited over 30 minutes more frequently than patients making their first visit to the Clinics.

We asked the 122 patients who had waited longer than 30 minutes how long did they think it was reasonable to wait. Most (57%) told us up to 30 minutes was reasonable.

We asked patients who waited over 30 minutes at the Clinic if they were told by hospital staff about the delay to their appointment. Our findings show that staff at the WRH are more proactive than at other sites about informing patients of delays. Most (74%) were informed by reception or by hospital staff making an announcement. 81% of patients at the Alex and at Kidderminster said they found out about the delay to their appointment themselves or hadn't been informed of the delay. Most patients (74%) had not been given an explanation about why their appointment had been delayed. There is more that could be done to keep patients accurately informed about delays to appointment times.

We asked patients what two things would help them most whilst they were waiting. The most frequently identified options were reassurance that they had not been forgotten and knowing they could leave the clinic for a break without missing their appointment.

In respect of the length of wait it was reported to us by both staff and patients that there were often longer waits at the Clinics than we observed during our visits. We cannot know if our visits were typical of waits across the year, but this is something that the WAHT may wish to consider.

Clinic Environment

The Fracture Clinics are busy environments. Most patients (98%) told us that they easily found a seat at the Fracture Clinics. However, patients identified that the clinics needed more chairs with armrests; they could be a difficult environment for patients with leg injuries or who are in pain and that the seats were hard / uncomfortable.

Although notice boards are in use and there is a variety of information on display at the Clinics our findings show that many patients are missing practical information such as the availability of water dispensers and toilet facilities. It is particularly interesting to note that across the three sites more than 40% of patients had not seen information relating to clinic waiting times. Patients are also not aware of information about ways to provide feedback.

There is an opportunity to promote the use of hand gels more effectively to patients. The location of the hand gel dispenser at WRH should be reconsidered.

There is a designated children's waiting area at Kidderminster Hospital. Although children's waiting areas are available at the WRH & the Alex these are being used by adults and are not particularly child friendly. WAHT should consider how designated, child friendly waiting areas can be achieved within the limitations of the clinic environment.

Being accompanied to the Fracture Clinic

Due to crowding in the waiting areas the Trust are considering limiting the number of people who can wait in the Fracture Clinic with the patient. Most patients we spoke with had come to the Clinic on their own (34%) or with 1 other person (61%). Only 5% of patients had been accompanied by 2 or more people. Most patients thought 1 other person accompanying them to the Clinic was sufficient in order to provide transport, practical assistance or company. However, patients also made the point that if numbers are limited by the Trust, provision should be made for individual circumstances.

Seeing the Doctor

97% of our respondents had seen a doctor during their visit to the Fracture Clinic. Patients across the three hospital sites were overwhelmingly positive about their experience of seeing the doctor. Over 90% of respondents had confidence and trust in the doctor. Over 95% had time to discuss their problem with the doctor and felt that the doctor listened to what they had to say.

One area where patient experience could be improved is the provision of information to patients after they have left the hospital. Just under half of patients were not told who to contact if they were worried about their condition or treatment after they left the hospital.

Conducting Outpatient appointments in a different way

The NHS is looking at different ways of conducting hospital appointments. Consideration is being given to the use of alternatives to face to face appointments.

We asked patients if they felt that their appointment with hospital staff could have been conducted in a different way. 89% of patients felt that they needed to be seen in person. This finding is perhaps unsurprising given the nature of the Fracture Clinic. Of those who felt their appointment could have been conducted in a different way 3% felt that it could have taken place over the phone, and a further 3% felt that it could have taken place over a video link. 1% felt that it could have taken place over an email live chat. Only 1% of patients felt that their appointment was unnecessary.

We asked patients if they would be agreeable to being seen by an Advanced Physiotherapy Practitioner (APP) who is experienced in orthopaedic care rather than a doctor. The findings suggest that most patients would be agreeable to this, providing the APP had the right skills and training and it was appropriate to the person's injury. It could be that with further information about what an APP is and does and the level of training that they have this could be an agreeable option for more patients. Patients may be further reassured by having their first appointment with a doctor, followed by being seen by an APP.

We asked patients who had been booked for a follow up appointment if they had sufficient information about their condition, rather than being offered a follow up appointment would they prefer an "open" appointment so they could return within a fixed period if they experienced further symptoms. 55% of patients prefer the present system of being offered a fixed outpatient's appointment, whilst 38% of patients supported the option of an open appointment. A number of patients commented that they had been offered this anyway. Some patients reported that an appointment was booked for them at a follow up clinic, but they were told that they could cancel this if they felt it was not needed. Others noted that they had been told that they could ring the Clinic and come back within a three-month window if they needed to.

People's overall experience of the fracture clinic

The responses to this question were extremely positive. Overall 98% of patients felt that they were treated with dignity and respect all of the time and 92% felt that the main reason that they went to the Fracture Clinic was dealt with completely to their satisfaction,

The most positive things that patients reported about the Clinics were that staff were friendly and helpful and they were happy with the treatment received. The areas which most need improving were less waiting time and improved information and environment.

Conclusion

Overall patients were positive about their experience at the Fracture Clinic, in particular the staff, their experience of seeing the doctor and having the reason for their visit dealt with to their satisfaction. However, our work shows that the Trust could do more to find out the needs of patients visiting the Clinics, reduce waiting times, improve the information provided to patients and enhance the Fracture Clinic environment.

RECOMMENDATIONS

Referral to the Fracture Clinic

1. WAHT to review appointment letters, particularly for first appointments, in order to ensure that patients are better informed about:
 - location of the Clinic
 - what to expect during their appointment
 - notifying reception of any particular needs they may have
 - potential for delays at the Clinic
2. Consider how the WAHT website can be updated to reflect the recommendations about patient information above and reference this in the appointment letter

Arriving at the Fracture Clinic

3. WAHT to consider ways in which patients can be asked about their needs and informed how to ask for assistance. Consideration could be given to doing this verbally, through the “whiteboard” system, the use of the TV screen or through the provision of written information (e.g. appointment letter or through a Clinic specific information leaflet)

Waiting at the Fracture Clinic

4. WAHT produces an Action Plan setting out how waiting times at Fracture Clinics will be reduced. This could include through the introduction of afternoon clinics or 7-day operation.
5. The Action Plan to be reviewed at 6 monthly intervals to ensure that improvements are sustained
6. WAHT sets a target of waits of no longer than 30 minutes at the Fracture Clinic, in line with patients’ expectations
7. Waiting times are clearly written on the whiteboards at all sites
8. Written information about waiting times is updated at regular intervals throughout the clinic (we suggest every 30 minutes) to improve the accuracy of information available to patients
9. Hospital staff at all sites make regular verbal announcements (we suggest every 30 minutes) about delays to increase accuracy of information, reinforce the written information & reassure patients that they have not been forgotten
10. Patients are informed that they can leave the Clinic for a break and that their appointment will not be missed
11. Staff explain to patients the reason that their appointments are delayed
12. The whiteboard is used to inform patients that they can ask reception staff about parking concessions when Clinics are delayed
13. Hospital staff make regular verbal announcements about parking concessions to reinforce the written information
14. WAHT to consider whether, if Clinics are delayed for over 1 hr, a text message can be sent to patients informing them of this

Fracture Clinic Environment

15. Consider providing more high back chairs with arm rests at all Clinics and advise patients as to their preferred use at all sites
16. Look at the facilities available for children at WRH & the Alex and consider how these could be improved, bearing in mind safeguarding considerations
17. Clinic staff to promote hand hygiene by requesting patients to use hand gels
18. Review the location of the hand gel dispenser at WRH
19. Clearly identify and signpost to toilet facilities at WRH
20. Review, with patient representatives, information on display in clinic areas with a view to rationalising this to highlight and retain information most important to patients.
21. Consider how use could be made of TV screens to convey information to patients
22. Ensure that patients are aware of information about Comments & Complaints and Patient Advice and Liaison Service (PALS) and that this is available at all sites

Patients being accompanied to the Fracture Clinic

23. Any decision made by the WAHT to limit the number of people accompanying patients to the Fracture Clinic should provide flexibility to recognise individual circumstances such as special needs; additional help for frail / elderly people and people with children for whom alternative provision cannot be made.

Seeing the Doctor

24. Consistently provide information to patients about who to contact if they have concerns about their condition or treatment after they leave the hospital.

Alternatives to face to face appointments

25. When making decisions about alternatives to Face to Face appointments CCG's and the WAHT should consider:
 - Patient preferences
 - Patient ability to access alternative methods of communication
 - Patient ability to use alternative methods of communication
 - Patient ability to articulate their condition (other than face to face)

Seeing an Advanced Physiotherapy Practitioner

26. CCG's & WAHT could explore how the role of the Advanced Physiotherapy Practitioner (APP) could be used to enhance the delivery of Fracture Clinic Services
27. The APP role and the skills, knowledge and training required, should be explained to patients

2. ABOUT HEALTHWATCH WORCESTERSHIRE

Healthwatch Worcestershire (HWW) provides an independent voice for people who use publicly funded health and social care services. Our role is to ensure that people's views are listened to and fed back to service providers and commissioners in order to improve services.

3. WHY DID WE UNDERTAKE THE FRACTURE CLINIC SURVEYS?

Worcestershire Acute Hospitals NHS Trust (WAHT) is responsible for the provision of acute hospital services in the County. The Trust run Fracture Clinics at the three hospital sites, the Worcestershire Royal Hospital (WRH), the Alexandra Hospital (the Alex) and the Kidderminster Hospital & Treatment Centre (KH&TC).

The WAHT has identified the Fracture Clinics as a priority area for improvement. This is due to the numbers of people attending the Clinics. Given the nature of the injuries dealt with at the Clinics patients with a "new" fracture need to be seen as soon as possible for this to be assessed and treated. Patients may then require "follow up", to a time frame set by the clinicians, in order to assess any next steps required. This has meant that appointment slots available at the Clinics have been consistently "overbooked", due to the clinical requirement to see the patient. We were told by staff that it is not unusual for two, three or sometimes four patients to be booked for the same 5- or 10-minute appointment slot.

This situation can sometimes be managed if there are sufficient doctors (consultants, staff grade and registrars) and other clinical staff with the right level of experience available at the Clinics. However, if clinics are running with less staff at the right level than required, or if the clinicians are delayed resulting in a late start at the Clinic, the situation can be compounded.

The result can be that the Clinics overrun and patients experiencing lengthy delays past their allocated appointment time.

The Trust are developing an Action Plan to address delay and overruns at the Clinics. The Trust invited Healthwatch Worcestershire (HWW) to assist them to understand patient experience at the Fracture Clinics so that this could also inform the Action Plan.

HWW had already agreed a piece of work to look at patient experience of a range of Outpatient services provided by the Trust. Outpatients is included in HWW business plan based on: patient experience of Outpatients services; performance monitoring information which shows that national targets relating to Outpatients are not always being met and developments across the NHS in how Outpatient appointments may be managed in future, including options to develop alternatives

to face to face consultations. Trauma and Orthopaedics had been identified as one of the areas that we would look at. Therefore, although as an independent organisation we would not usually undertake work on behalf of the Trust, on this occasion the request was timely and fitted with our wider work programme.

4. HOW DID WE UNDERTAKE THE SURVEY?

4.1 Fracture Clinic Visits

Healthwatch Worcestershire completed **25 visits across the three hospital sites** between 5th March 2019 - 9th April 2019.

- 13 visits to Worcestershire Royal Hospital (WRH) during which there were 13 New Fracture clinics and 20 Follow Up Fracture Clinics running
- 7 to the Alexandra Hospital
- 5 to the Kidderminster Hospital & Treatment Centre.

The Trust were aware that we would be carrying out visits between these dates. However, hospital staff did not know when we would be visiting which clinic or on which site. At the Worcestershire Royal Hospital (WRH) separate clinics are held for patients with a “New” fracture and patients who are having a “Follow Up” appointment. These Clinics are run by different consultants but take place simultaneously.

We decided to visit the WRH more frequently than the Alexandra & Kidderminster Hospitals as more Clinics are run at the site and the WAHT indicated that waits were more frequent at the WRH.

4.2 The Fracture Clinic Areas

A full description of the Fracture Clinic environments can be found at **Appendix One**

Worcestershire Royal Hospital

The Fracture Clinics are held in the Larkspur Suite at the hospital. Fracture Clinics are held every weekday morning from 9 a.m. to 12 noon. “New” Fracture and “Follow Up” Clinics, led by different consultants, run simultaneously.

Patients book in at reception and then take a seat to wait for their appointment. A “whiteboard” to the left of the reception informs patients which Fracture clinic/s are running, and the name of the consultant responsible for the Clinic. The Board gives the names of doctors, nurses and plaster technicians who are working at the clinics. We observed that this Board is also used to inform patients of delays.

Alexandra Hospital

The Fracture Clinics are held in the Orthopaedic Suite at the hospital. Fracture Clinics are held every weekday morning from 9 a.m. to 12 noon. Patients with a “New” fracture and those requiring “Follow Up” are seen as part of the same clinic.

Patients take a number on arrival and then book in at reception when their number is called. This system was introduced to avoid long queues at the reception desk. Once booked in patients take a seat to wait for their appointment. A “whiteboard” on the wall of the reception area informs patients of the name of the consultant responsible for the Clinic. The Board has a laminated A4 notice saying, “Waiting Times” and text saying “from your appointment time” with room for waiting time information to be added if there are delays.

Kidderminster Hospital & Treatment Centre

The Fracture Clinics are held in Area 4 of the Consulting Suite located on the first floor of the hospital. The Consulting Suite is signed from downstairs and on the wall notices, however it is not clear that the Consulting Suite is where Fracture Clinics are located. We noted laminated A4 notices at the top of the stairs and by the lifts directing patients to Outpatients.

Fracture Clinics are held every Tuesday & Friday morning from 9 a.m. to 12 noon. Patients with a “New” fracture and those requiring “Follow Up” are seen as part of the same clinic.

Patients book in downstairs at the main hospital reception area. Once booked in patients go upstairs and take a seat to wait for their appointment. A “whiteboard” on the wall of the reception area informs patients of the names of the consultant responsible for the Clinic. The Board gives the names of doctors, nurses and plaster technicians who are working at the clinics. The Board has a permanent notice stating: “Due to the nature of this clinic appointment times may overrun. We endeavour to keep disruption to a minimum”. We observed that this Board is also used to inform patients of delays.

4.3 The Survey and Observations

We developed a survey asking patients about their experience of the Fracture Clinic. We used the same survey at all 3 hospital sites. Some of the questions were based on the CQC National Outpatient Questionnaire. We piloted the Survey with patients at both the Alexander and WRH and made some revisions based on the pilot.

The Survey asked patients about: referral to the clinic; reception; waiting at the clinic; clinic environment; hand hygiene; seeing the doctor and alternatives to face to face appointments. The Survey and numbers of respondents to each question can be found at **Appendix Two**.

Where we have received comments from patients these have been themed. Themes identified are presented in order of frequency. Anonymised quotes from patients are also used to highlight issues within the Report.

We also carried out observations and recorded what we saw during our visits using prompt sheets. Findings drawn from observations are reported where relevant in the Commentary sections below.

4.4 Who We Spoke With

a. Total Number of Respondents and by Hospital Site

A total of **375** surveys were completed

- 232 at Worcestershire Royal Hospital
- 86 at the Alexander Hospital
- 57 at Kidderminster Hospital and Treatment Centre.

We approached a total of 674 people to take part in the Survey, however **299** people declined to take part.

We found that people declined to take part more frequently when clinics were running over time and appointments were delayed.

We do not know what impact this has had on our findings.

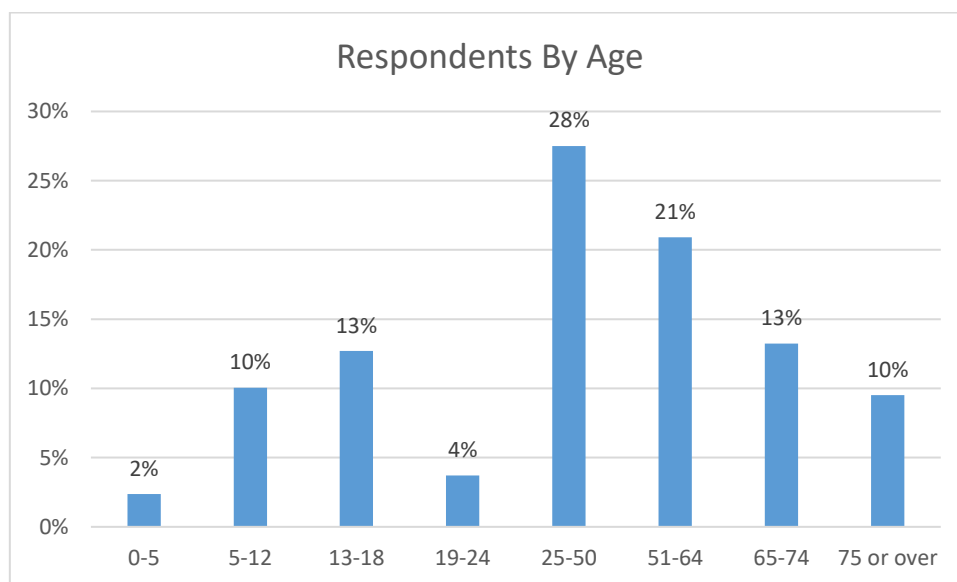
b. Respondents by Clinic Visit

- 173 respondents were attending Fracture Clinic for the First Time
- 202 respondents were attending Fracture Clinic for a Follow Up appointment

c. Respondents by gender

- 193 respondents are female
- 182 respondents are male

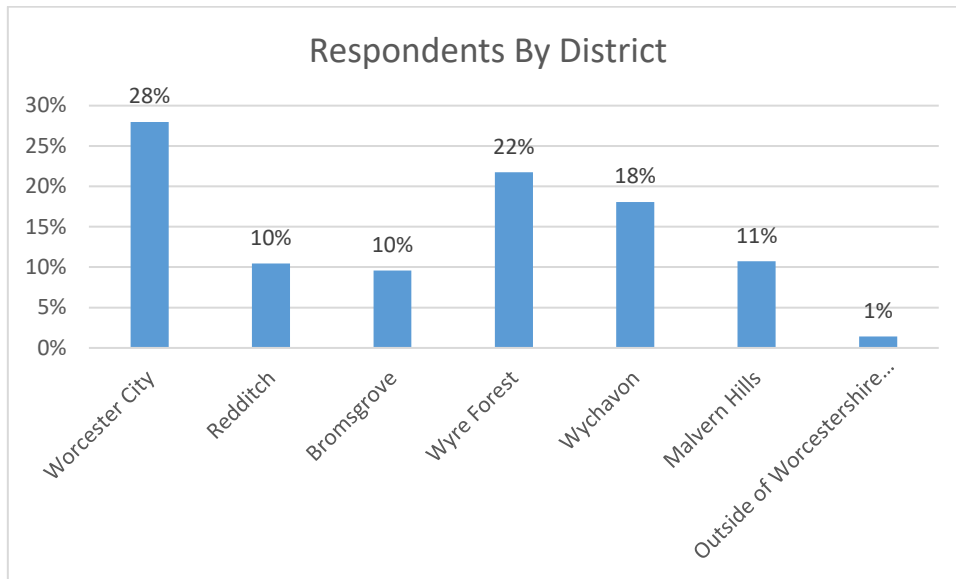
d. Respondents by Age



e. Respondents by Ethnicity

95% of the people who answered this question identified themselves as White British. Other responses are Irish (1%), White Other (1%), White & Caribbean (1%) and Pakistani (1%)

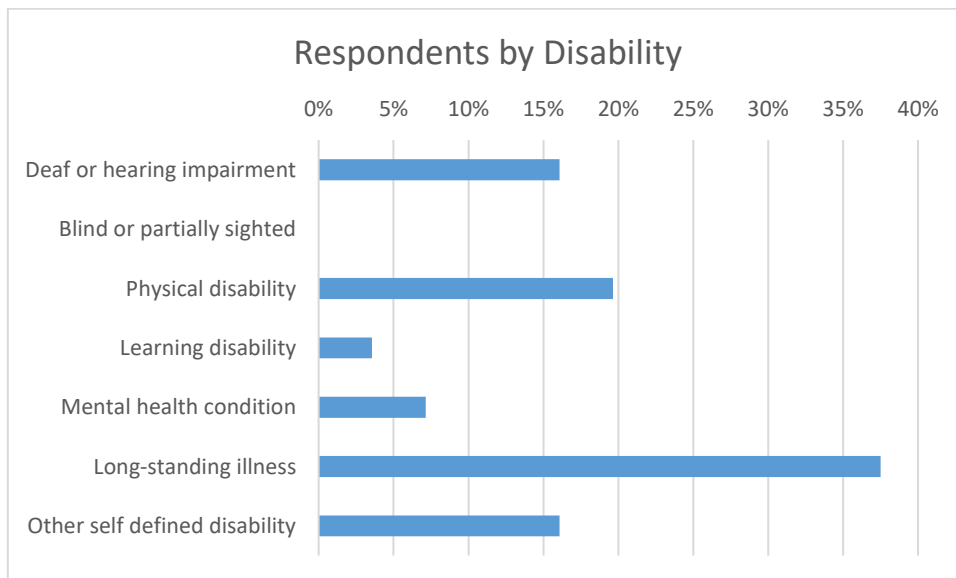
f. Respondents by District



g. Respondents by Disability

Most respondents (83%) did not identify themselves as having a disability or long-term condition, however 17% defined themselves in this way.

The graph below shows how these respondents described their disability or long-term condition.



NOTE

Not all questions were answered by all respondents. When non-response is present, percentages are reported based on the numbers answering the question. The numbers of respondents to each question can be found at Appendix Two.

Results have been rounded to the nearest whole number, therefore will not always sum to 100%.

5. SURVEY RESULTS

5.1 REFERAL TO THE FRACTURE CLINIC

5.1. a. Who referred patients to the Fracture Clinic

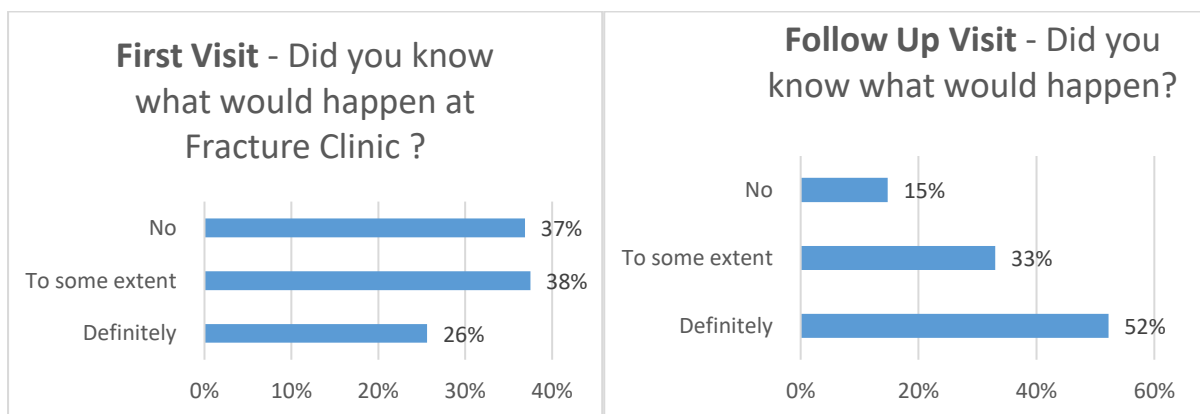
Most patients had been referred to the Fracture Clinic by hospital staff.

Unsurprisingly 84% of patients attending Fracture Clinic for the first time had been referred by staff from Accident & Emergency (A&E) or Minor Injuries Unit (MIU), a further 8% had been referred by staff from another Hospital Department and 7% by their GP.

For patients making follow up visits to Fracture Clinic 75% had been referred by Fracture Clinic staff, 18% reported they had been referred by staff from A&E or the MIU, a further 3% had been referred by staff from another Hospital Department and 4% by their GP.

5.1.b. Patients knowledge of what would happen at the Fracture Clinic

We asked patients before they arrived at the Clinic did they know what would happen to them during their appointment at the Fracture Clinic



76% of patients did not know or only knew to some extent what would happen at their first Fracture Clinic appointment. There was only a small variation in this finding across the hospital sites. At Kidderminster Hospital 79% of patients reported this, compared with 74% at the WRH and 73% at the Alex.

More patients (52%) knew what would happen at follow up visits, although 48% reported that they did not know or only knew to some extent what would happen at their follow up appointment.

This suggests that there may be opportunity to increase the information provided to patients about what to expect at the Clinic in the first appointment letter and in subsequent letters.

5.1.c Seeing the Consultant

We asked patients if they had been told by hospital staff if they would be seeing the consultant during their appointment.

57% of patients attending Fracture Clinic for the first time reported that they were told they would be seeing the consultant, 40% were not told this and 4% were unsure. Of patients who expected to see the consultant on their first visit 90% reported that they had done so, 6% had not and 4% did not know.

For follow up visits 67% reported that they were told they would be seeing the consultant, 30% were not told this and 3% were unsure. Of patients who expected to see the consultant on their follow up visit 78% reported that they had done so, 18% had not and 4% did not know.

Recommendations - Referral to the Fracture Clinic

- i. WAHT to review appointment letters, particularly for first appointments, in order to ensure that patients are better informed about:
 - location of the Clinic
 - what to expect during their appointment
 - notifying reception of any particular needs they may have
 - potential for delays at the Clinic
- ii. Consider how the WAHT website can be updated to reflect the recommendations about patient information above and reference this in the appointment letter

5.2 ARRIVING AT THE CLINIC

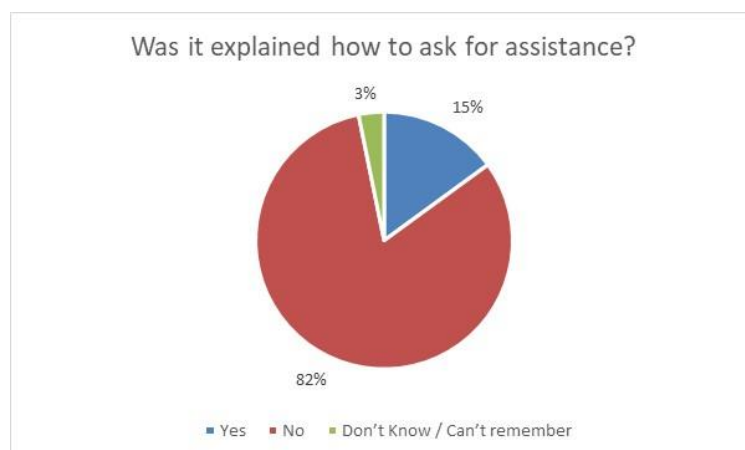
5.2.a. Getting help at the Clinic

Most patients (80%) told us that they were not given an opportunity to explain about any **particular needs** they might have (e.g. hearing or sight impairment, needing help with walking) when they booked in at reception.

This was the case for 82% of patients who were attending clinic for the first time. For follow up visits 79% reported that they were not given an opportunity to explain about any particular needs.

There was some variation in this finding across the hospital sites. At the Alex 88% of patients reported this, compared with 84% at Kidderminster Hospital and 77% at the WRH.

We also asked patients if it was explained to them at reception how to **ask for assistance** should they need it during their visit to the Clinic.



82% of patients reported that this was not explained to them.

This was the case for 87% of patients who were attending clinic for the first time. For follow up visits 78% reported that they were not told how to ask for assistance.

There was some variation in this finding across the hospital sites. At the Alex 85% of patients reported this, compared with 82% at Kidderminster Hospital and 81% at the WRH.

We would have expected that more people would have been given information about getting help at the Clinic at their first visit, rather than at a follow up visit.

Commentary

We appreciate that Fracture Clinics are very busy environments and that reception staff can be under pressure to process people queueing to book into the Clinic.

We did observe during our visits reception and nursing staff providing assistance to patients, for example providing footstalls for people with leg injuries and assisting people with standing and walking.

Given the nature of the clinic, where patients may be using crutches or wheelchairs and struggling to walk, stand or lift, asking people what their needs are and informing them how to ask for assistance is important and will help staff and patients during clinic visits.

Patients Said:

“Needs should be identified on checking in. They do call out for patients, but I’m hearing impaired, so maybe a screen as well.” Patient at WRH

Recommendations - Arriving at the Fracture Clinic

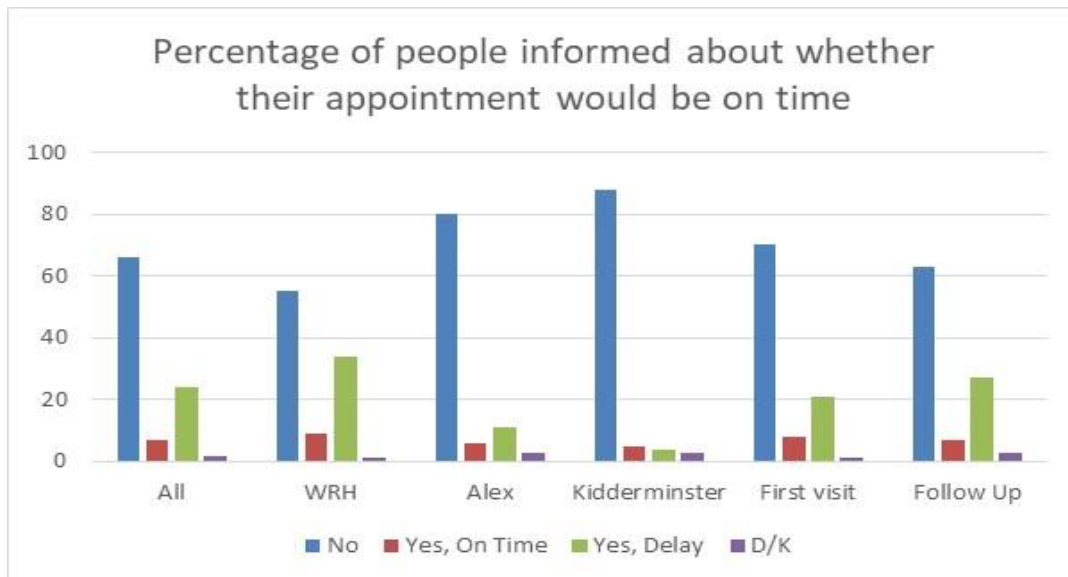
- i. WAHT to consider ways in which patients can be asked about their needs and informed how to ask for assistance. Consideration could be given to doing this verbally, through the “whiteboard system”, the use of the TV screen or through the provision of written information (e.g. appointment letter or through a Clinic specific information leaflet)

5.3. WAITING AT THE FRACTURE CLINIC

The WAHT are aware that patients may experience lengthy waits at the Fracture Clinic. Patient’s experience of waiting at the Clinic was therefore one that we wanted to explore in some depth.

5.3.a. Reception informing patients about delays

We asked patients were they given any information about whether their appointment would be on time when they booked in at reception.



The chart shows that across all settings & clinic types most patients reported that they were not given any information about whether their appointment would be on time. More people were told that their appointment would be delayed at the WRH than at other settings.

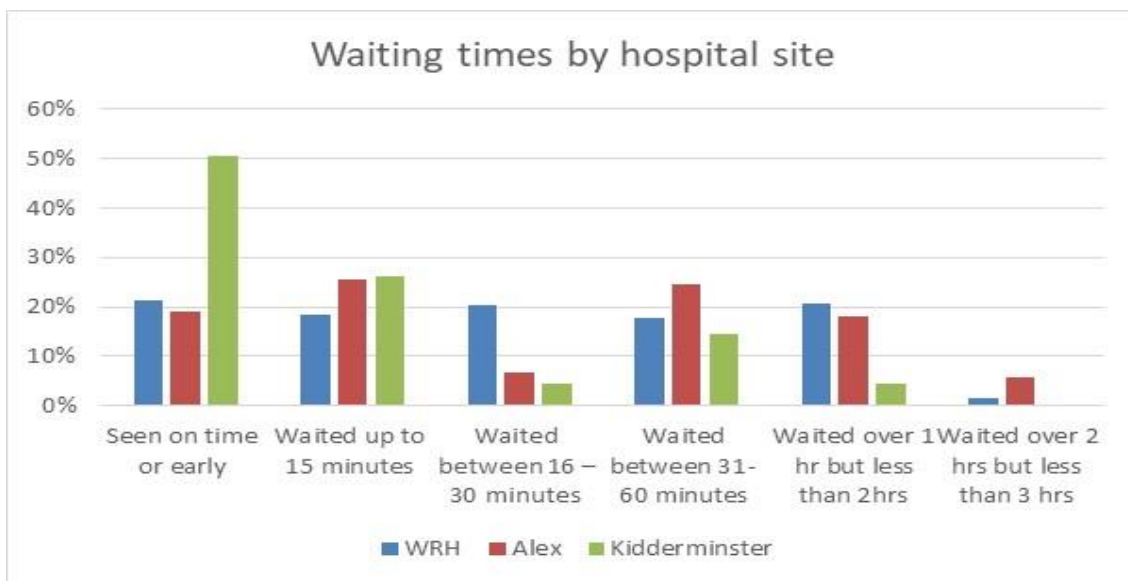
5.3.b How long did patients we spoke with wait?

We asked patients how long after the stated appointment time did their appointment start?



26% of patients we spoke with were seen on time or early, 38% reported waiting up to 30 minutes, 21% waited between 31 - 60 minutes, 13% waited between 1 - 2 hrs and 2% waited over 2 hours.

The chart below shows how long patients waited at each of the hospital sites



The table below provides further explanation:

	WRH	Alex	Kidderminster
Seen on time or early	21%	19%	51%
Waited up to 30 minutes	39%	32%	30%
Waited between 31 and 60 mins	18%	25%	14%
Waited over an hour	22%	24%	4%
Waited over 2 hours	1%	5%	0%

It shows that patients were seen on time / early more often at Kidderminster (51%) than at WRH (21%) or the Alex (19%)

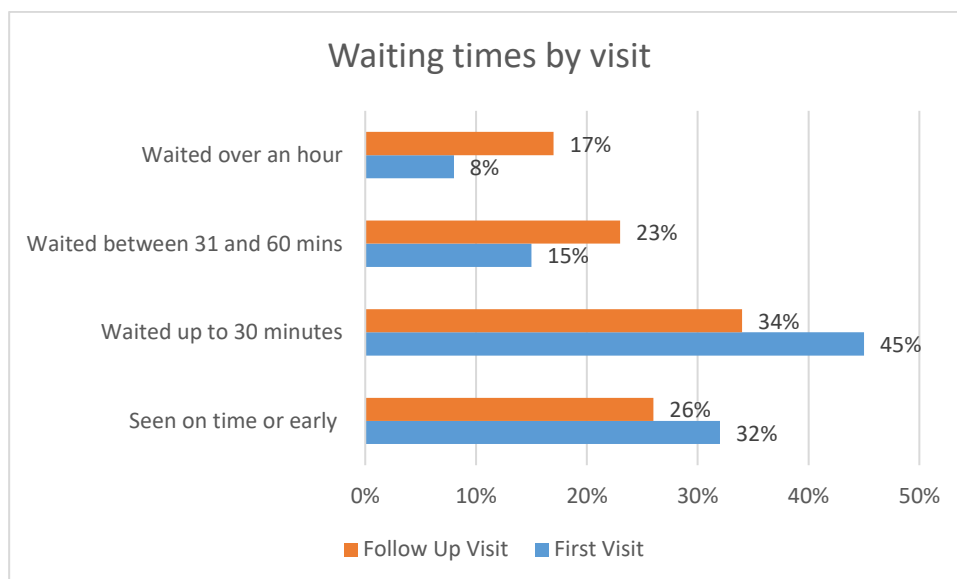
Patients are waiting up to 30 minutes more often at WRH (39%) than the Alex (32%) or Kidderminster (30%).

Waits of between 31 - 60 minutes were most often at the Alex (25%), compared to WRH (18%) and Kidderminster (14%).

During our visit's patients waited over an hour more frequently at the Alex (24%) than WRH (22%) or Kidderminster (4%).

Waits of over 2 hours were most frequently experienced at the Alex (5%) compared with WRH (1%) or Kidderminster where no one waited over 2 hours when we were visiting.

We looked at waiting times for patients who were visiting the Clinic for the first time compared with patients who were attending for a follow up appointment.



The chart shows that patients attending for a follow up visit waited over 30 minutes more frequently than patients who were attending the Clinic for the first time. It should be noted that at the WRH Clinics are differentiated between New and Follow Up Clinics, but this is not the case at the Alex or at KHTC.

5.4 PATIENTS WHO WAITED OVER 30 MINUTES AT THE CLINIC

We asked the questions below to the 122 patients who waited over 30 minutes for their appointment.

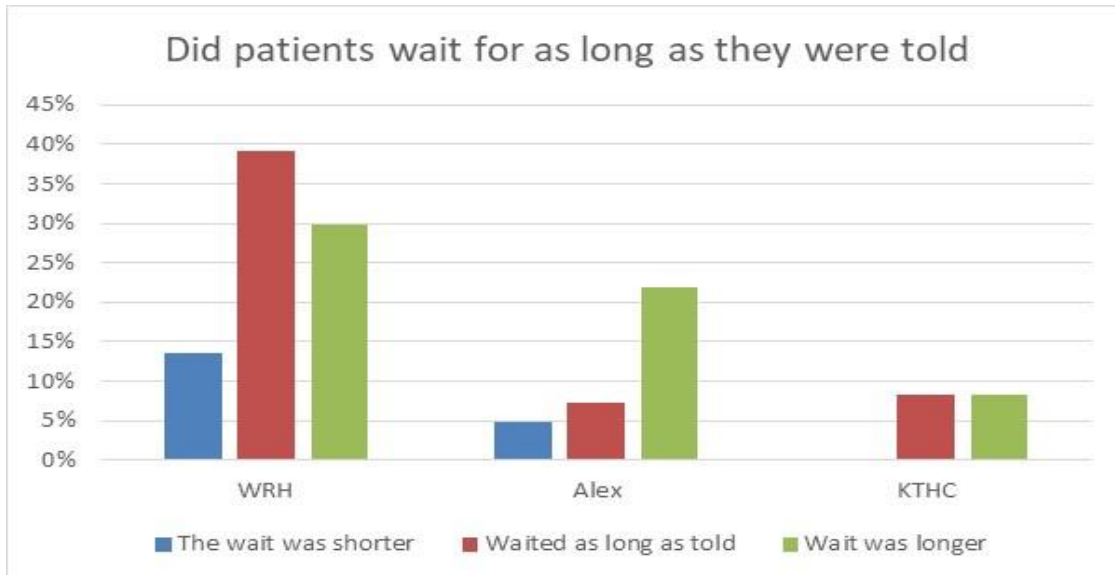
5.4.a Information about delays

We asked patients who waited over 30 minutes at the Clinic if they were **told by hospital staff** about the delay to their appointment.

	WRH	Alex	KHTC
Yes, by reception staff when I booked in	30%	8%	0%
Yes, by hospital staff making an announcement	44%	10%	9%
Yes, hospital staff approached me and told me	4%	3%	9%
No, I found out about the delay myself (e.g. from notice board or by asking)	17%	53%	36%
No, I was not told about the delay to my appointment	3%	28%	45%

All % relate to the 122 patients who waited over 30 minutes

Our findings show that staff at the WRH are more proactive than at other sites about informing patients of delays. Most, (74%) were informed by reception or by hospital staff making an announcement. 81% of patients at the Alex and at Kidderminster said they found out about the delay to their appointment themselves or hadn't been informed of the delay. It is noticeable that no patients at Kidderminster, where patients book in at the main hospital reception rather than at the clinic area, had been informed about the delay by reception staff.



The chart shows whether patients who had been informed by hospital staff about the delay to their appointment waited for as long as they were told.

The most accurate information was given at WRH, despite this 30% of patients at WRH told us that they waited longer than staff had told them for their appointment. At the Alex this applied to 22% of patients and to 8% of patients at Kidderminster.

Most patients (71%) did not report any particular consequences to them due to the delay to their appointment. However, 29% were impacted by the delay. The three most frequent consequence reported to us were:

- patients had missed work
- children had missed nursery, school or college
- the delay had caused anxiety, distress or anger

5.4.b Explanation given to patients for delays to their appointment

We asked patients whether it was explained to them **WHY** they were waiting longer than their appointment time.

10% of patients felt that it had been completely explained to them why they were waiting past their appointment time. A further 13% felt that this had been explained to them to some extent. However, most patients, (74%) had not been given an explanation for why they were waiting.

5.4.c Concessions offered to patients

We were told by the WAHT that patients who had experienced lengthy delays at the Clinic could get a **reduction on parking costs** incurred due to the longer wait.

Patients pay on exit at both the WRH and the Alex. At the WRH this concession would mean that patients paid the minimum charge (£2.50), and at the Alex that patients pay a flat rate of £1. At Kidderminster patients have to “Pay & Display” in advance of their appointment. We were told that patients are rarely issued with tickets if they exceed their displayed time.

We asked patients who had waited over 30 minutes if they were offered a reduction of parking costs.

	WRH	ALEX	KHTC
Yes	43%	22%	0%
No	52%	76%	100%
Don't Know	4%	3%	0%

The majority of patients at each site were not offered this reduction, however the WRH was again more proactive in offering this to patients than the other sites. No one at Kidderminster was offered a reduction in parking costs, which may be due to the “Pay & Display” system in use at the site.

We heard a number of comments from patients about parking, particularly on the WRH site. These are reported in 5.10 - Comments about the Hospital.

5.4.d. What would help patients most while they are waiting

We asked patients what two things would help them most whilst they were waiting.

The options identified are set out below in order of frequency:

- Reassurance that I have not been forgotten
- Knowing I could leave the clinic for a break without missing my appointment
- Being offered a reduction in parking costs
- More information about the length of the wait
- More information about the cause of the delay

The implementation of HWW recommendations set out in this Report should provide patients with the help they identified.

5.4.e. How long do patients think it is reasonable to wait?

We asked patients who had waited longer than 30 minutes how long did they think it was reasonable to wait.



Most patients (57%) told us up to 30 minutes wait was reasonable.

The figures show that 49% of patients at the Alex, 40% of patients at WRH and 18% at Kidderminster are waiting longer than 30 minutes for their appointment.

Commentary

We approached a total of 674 people to take part in the Survey, however 299 people declined to take part. We found that people declined to take part more frequently when Clinics were running over time and appointments were delayed. We do not know what impact this has had on our findings about waiting times and the consequences for patients.

In respect of the length of wait it was reported to us by both staff and patients that there were often longer waits at the Clinics than we observed during our visits. We cannot know if our visits were typical of waits across the year, but this is something that the WAHT may wish to consider.

Worcestershire Royal Hospital

We noted that there were delays to the Clinics as follows:

- New Fracture Clinics - 10 out of 13 clinics
- Follow Up Fracture Clinics - 16 out of 20 clinics¹

On 12 of our 13 visits we noted that information on waiting times was written on the Board.

We also heard staff making a verbal announcement about delays to appointments. However, on at least 7 of our visits these announcements were made once and not repeated. Patients not in the waiting area when the announcement was made would therefore not have heard this.

Whilst we heard verbal announcements being made, we only heard hospital staff offer an explanation as to the reason for the delay on 2 occasions.

We noted that on 2 of our visits consultants arrived late at the clinic or left early, which may have impacted on waiting times.

On 6 of our visits we heard staff making announcements about parking concessions being available. However, if patients arrived just after the verbal announcement, they will not have heard the information conveyed. We did not observe the noticeboards being used to inform patients that they could ask about parking concessions.

We were also told that when Clinics are running very late refreshments may be offered. We observed sandwiches, fruit and yoghurt being offered on one occasion at the WRH when the Clinic was delayed by over 2 hours.

¹ We did not record this information on our visit on 4/4/2019 as the information on waiting times was not displayed on the whiteboard

Patients Said:

<p><i>“Very quick and smooth process”</i></p> <p><i>“Staff happy and helpful and informative, clinic running on time was brilliant”</i></p> <p><i>“Seen on time, the information given was accurate, overall excellent service”</i></p> <p><i>“Seen early! Very pleasant and professional staff”</i></p> <p><i>“Reception staff very good and keep you informed, previous visit they told us how to get reduced parking”</i></p>	<p><i>“My appointment was overrunning by hours and I had to leave to go to work before I had been seen, so I’ll have to come back again”</i></p> <p><i>“Can’t hear the announcements if you have a hearing impairment, the environment is noisy, the room is noisy!”</i></p> <p><i>“The care was good, but waiting times should be improved and more staff are needed”</i></p> <p><i>“Waiting time. Another patient complained about the wait and was then seen before me, even though they had a later appointment”</i></p> <p><i>“Clinics to start on time!”</i></p>
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Alexandra Hospital

We noted that there were delays to the Clinic on 4 of our 7 visits

We noted that on each of these occasions information on waiting times was written on the Board and was frequently updated

We heard staff making an announcement about delays to appointments on one of our visits, however this announcement was made at 11:55 a.m. and the Clinic is scheduled to finish at 12 noon. No explanation for the delay was offered.

We did not record evidence of parking concessions or refreshments being offered.

Patients Said:

<p><i>“Quick appointment. Staff polite”</i></p> <p><i>“Seen promptly, thorough assessment and explained well”</i></p> <p><i>“Good service, polite & quick”</i></p> <p><i>“It was efficient. I was expecting to wait hours”</i></p>	<p><i>“Reduce waiting times! Been several times, it’s a very busy clinic”</i></p> <p><i>“Long waiting times and not knowing what is going on”</i></p> <p><i>“More & earlier information about the wait”</i></p> <p><i>“Keep you up to date on waiting times, perhaps through an announcement rather than just writing it on the whiteboard”</i></p>
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Kidderminster Hospital

We noted that there were delays to the Clinic on 2 of our 5 visits

The whiteboard has a permanent notice stating that clinic appointments may overrun. The delays were written on the Board and kept updated on both occasions, however the writing was faint and not easy to see.

Staff made one verbal announcements about the delay on both occasions, however we also observed staff talking to patients about the wait on a one to one basis. We did not hear an explanation for the delay being offered. We did not record evidence of parking concessions or refreshments being offered.

On one of our visits the flow of patients returning to the Clinic from the X-Ray department was interrupted as patients had not been told to return directly to the Clinic area and were returning to the waiting area.

<i>“Seen quickly. Very professional and friendly”</i>	<i>“Waiting time - keeping to scheduled appointment”</i>
<i>“On time. Friendly staff. Treated well”</i>	<i>“Being told about why there was a delay and updated on how long it would be”</i>
<i>“Efficient, quick, thorough, informative and reassuring”</i>	<i>“Staff calling out names could speak more loudly and clearly for people who don’t hear well”</i>
<i>“Quick, ran smoothly and staff were pleasant”</i>	<i>“Staff explain or say the appointment is running over, at a previous visit it was a four to four and a half hour wait”</i>

Recommendations - Waiting at the Fracture Clinic

- i. WAHT produces an Action Plan setting out how waiting times at Fracture Clinics will be reduced. This could include through the introduction of afternoon clinics or 7-day operation.
- ii. The Action Plan to be reviewed at 6 monthly intervals to ensure that improvements are sustained
- iii. WAHT sets a target of waits of no longer than 30 minutes at the Fracture Clinic, in line with patients’ expectations
- iv. Waiting times are clearly written on the whiteboards at all sites
- v. Written information about waiting times is updated at regular intervals throughout the clinic (we suggest every 30 minutes) to improve the accuracy of information available to patients
- vi. Hospital staff at all sites make regular verbal announcements (we suggest every 30 minutes) about delays to increase accuracy of information, reinforce the written information & reassure patients that they have not been forgotten

- vii. Patients are informed that they can leave the Clinic for a break and that their appointment will not be missed
- viii. Staff explain to patients the reason that their appointments are delayed.
- ix. The whiteboard is used to inform patients that they can ask reception staff about parking concessions when Clinics are delayed
- x. Hospital staff make regular verbal announcements about parking concessions to reinforce the written information
- xi. WAHT to consider whether, if Clinics are delayed for over 1 hr, a text message can be sent to patients informing them of this

5.5. FRACTURE CLINIC ENVIRONMENT

The Fracture Clinics are busy and often crowded environments. A fuller description of the environment at each of the Clinics can be found at Appendix 1.

All the Clinics are located at some distance from the hospital entrance. At the Worcestershire Royal Hospital on a couple of occasions patients using crutches commented that they had walked to the Clinic as wheelchairs were not available at the Clinic entrance.

A few patients told us that they were not clear where the Clinics were located and that signage could be improved.

Patients said:

“Corridor to trauma clinic is far too long for those hobbling!” Patient at WRH

“Availability of wheelchairs, none available. Fracture Clinic is a long way from the front door!” Patient at WRH

“I didn’t know where to go. The appointment from Kidderminster just said the Doctor’s name, not where to go” Patient at WRH

“Better signage, it’s easy to get lost, everywhere looks the same - could make the corridors different colours or something” Patient at WRH

“Signage to clinic is unclear. I was looking for the Fracture Clinic and couldn’t find one. I had to go to the next reception and ask. My letter said Fracture Clinic not Orthopaedic Centre, maybe signs to the Fracture Clinic or the appointment letter to say Orthopaedic Centre” Patient at the Alex

“I have trouble walking. It would have helped to know I can be picked up and dropped off at exits that are at the Clinic rather than struggling from the main entrance” Patient at the Alex

“Signage. Not sure where to wait. Poor directions from X-ray” Patient at KHTC

5.5.a. Waiting Area

At all of the Clinics the seats are in fixed rows. These seats are bolted to the floor, and so cannot be moved by patients. A few free-standing chairs with high seats and arm rests are available at the Clinics. In Redditch there is a notice above these advising that they are intended for less able people and asking patients to be mindful when using them.

Most patients (98%) told us that they easily found a seat at the Fracture Clinics. This figure was consistent across the hospital sites.

At the Worcestershire Royal Hospital we observed that on four of our visits patients were seated in the corridor area. We observed that on at least one visit patients in wheelchairs waited in the corridor due to lack of space in the Clinic. On three occasions at times there were people standing in the corridor due to lack of space in the Clinic waiting area.

On a couple of occasions patients opted to wait in the corridor area as it was a quieter environment than the Clinic waiting area.

We asked patients if they had any comments about seating. Patients identified the following issues

- Need more chairs with armrests
- Difficult environment for patients with leg injuries
- Seats were hard / uncomfortable

Patients Said:

“Waiting room unbearable, so busy and cramped” Patient at WRH

“No suitable area for wheelchairs or pushchairs” Patient at WRH

“I waited in corridor with my leg sticking out, I felt vulnerable in the waiting room” Patient at WRH

“The seats are low, need more high-chairs with arms” Patient at WRH

“It’s really busy in the waiting room” Patient at the Alex

“It would be nice if the seats had arms!” Patient at the Alex

“Bring stools for people with leg injuries” Patient at the Alex

5.5.b. - Children’s Waiting Area

There is a purpose designed waiting area for children and parents at Kidderminster that serves all of the Outpatient Clinic areas.

At the Alex there is a small, set back area. There is a laminated A4 notice on the wall saying: “Children’s Waiting Area Only”. There are 8 adult seats and a small table with two chairs for children. There are some books suitable for children of different ages, but no toys. The area is not screened from the main clinic area.

On at least 3 of our visits we observed adults, who appeared to be unrelated to the children present, sitting in this waiting area or obstructing access to it.

At WRH there is a recessed area with 10 adult sized seats that is aimed at children and families, but not specifically designated for them. There are photo stories & quizzes aimed at children on the wall. There is also a box with a limited number of toys available, mostly aimed at younger children. On at least 2 of our visits we observed adults, who appeared to be unrelated to the children present, sitting in this waiting area or obstructing access to it.

WAHT should consider how designated, child friendly waiting areas can be achieved within the limitations of the clinic environment.

Patients Said:

“Need activities or toys for children. Most of the toys are for a 1 or 2-year-old. A bit of colouring would be good!” Patient at WRH

“An activity pack for children, you need more things for children to do given the length of wait” Patient at WRH

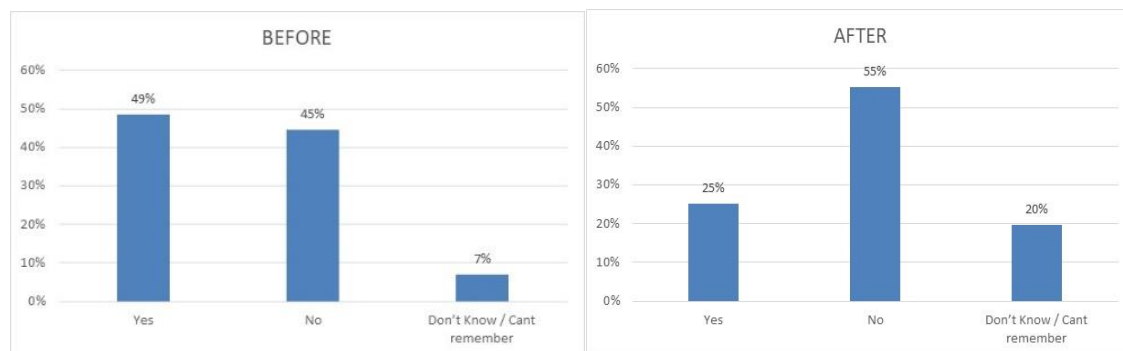
“Adults are sitting in the children’s waiting area!” Patient at the Alex

“More things to do for kids” Patient at the Alex

5.5.c. Infection Control

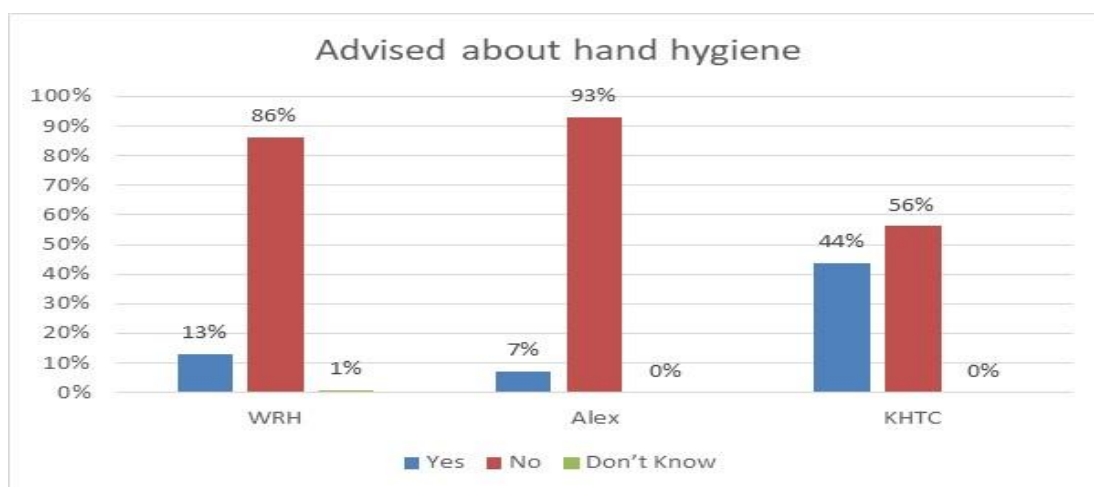
During our observations we usually described the Clinic environment as clean.

Hand hygiene is important in preventing the spread of infection. We asked patients if they had observed members of hospital staff washing their hands / using hand gels before or after they examined / treated them.



We recognise that staff may have washed their hands / used hand gels but had not been observed by patients doing so.

We asked if hospital staff had directed patients to or advised them about the use of hand gels.



The chart shows that most patients at the Alex (93%) and WRH (86%) were not advised about hand hygiene, at Kidderminster 56% of patients had not received this advice.

The findings suggest there is an opportunity to promote the use of hand gels more effectively to patients

Commentary

There are gel dispensers for patient use located just outside or within each of the Clinic areas.

At the Alex these are located just outside the clinic areas and red signs and arrows on the floor & by the dispenser direct patients to its use.

On a number of our visits to Kidderminster we heard staff directing patients to the hand gel dispenser located immediately outside the treatment area. One nurse asked patients “have you had an opportunity to use hand gels today?”

In the WRH waiting area there is a hand gel dispenser located by the water dispenser, near to the entrance to the clinic treatment area. As this is placed above patient seats access to it is obstructed when the clinic is busy. On one occasion we noted that a patient sitting under the dispenser had gel fall on them when the dispenser was used by another patient.

5.5.d Toilet facilities

At Kidderminster and the Alex there are toilet facilities for patients located within and signed from the Clinic waiting areas.

At WRH there are toilet facilities located opposite the entrance to the Larkspur Suite. However, there are no signs/labels on the doors identifying these. There is a labelled toilet (which is adapted for disabled people) in the clinic treatment area corridor, however toilets are not signed from the Clinic waiting area.

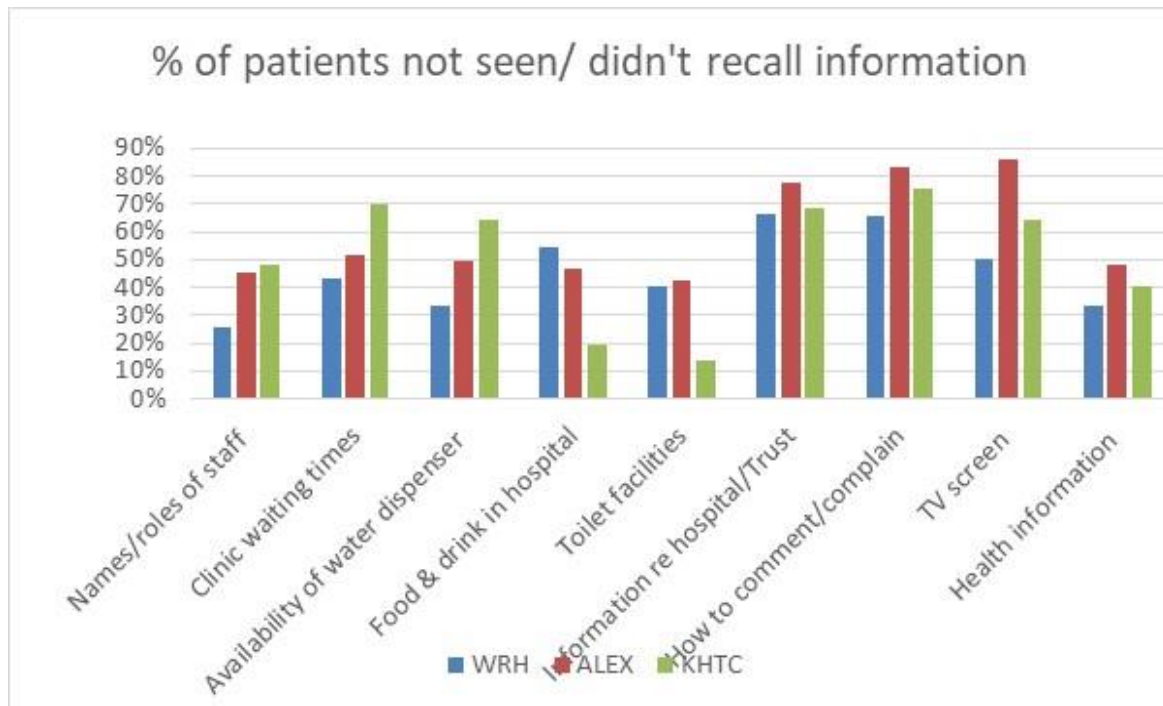
Patients said:

“They need notices identifying the toilets outside the Fracture Clinic. Also, more water dispensers” Patient at WRH

5.5.e Information on display at the Clinics

There is a wide variety of information for patients displayed in the Clinic waiting areas. However, our work shows that patients may not have seen or noticed it.

The table below identifies information that is on display in the waiting areas, but which patients reported they had not seen, or couldn’t recall if they had seen it or not.



It is particularly interesting to note that across the three sites more than 40% of patients had not seen information relating to clinic waiting times, in the WRH 44% of patients, in the Alex 52% and at Kidderminster 70% of patients hadn't seen this information.

Many are also missing practical information such as the availability of water dispensers and toilet facilities. Patients are also not registering opportunities to provide feedback or information about how to do this.

There are TV screens located in the Clinic waiting area at all 3 sites, although on occasions these were not in use. The information on the screens does not appear to be customised to the Clinic environment. At the Alex the TV screen is located in the Children's Waiting area, so staff need to be mindful of the suitability of programmes for children. The TV screens may be an underused resource for conveying information to patients.

Patients said:

“The waiting room could have had more magazines or something to take your mind off” Patient at the Alex

“You could have a TV or radio on, it felt flat, still” Patient at the Alex

Recommendations - Fracture Clinic Environment

- i. Consider providing more high back chairs with arm rests at all Clinics and advise patients as to their preferred use at all sites
- ii. Look at the facilities available for children at WRH & the Alex and consider how these could be improved, bearing in mind safeguarding considerations
- iii. Clinic staff to promote hand hygiene by requesting patients to use hand gels
- iv. Review the location of the hand gel dispenser at WRH
- v. Clearly identify and signpost to toilet facilities at WRH

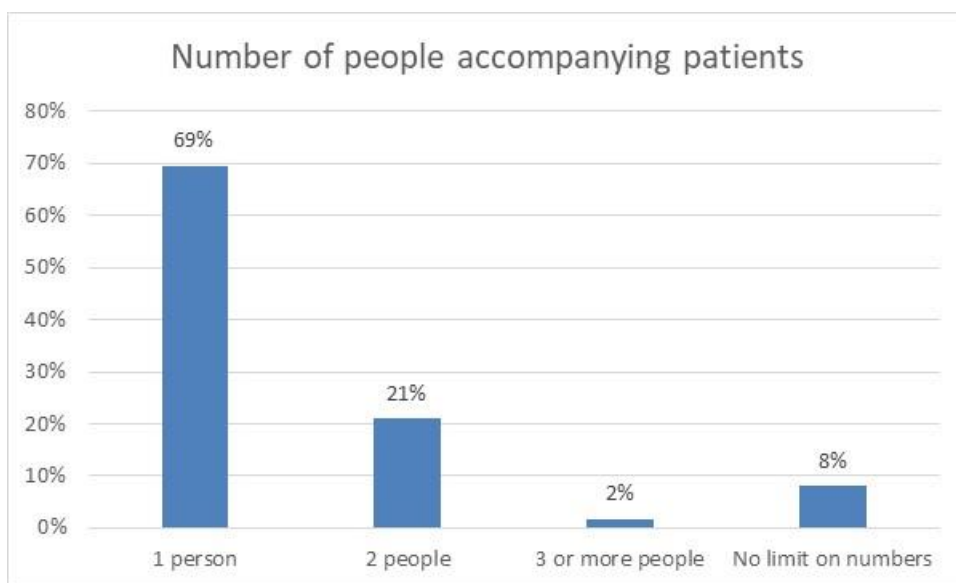
- vi. Review, with patient representatives, information on display in clinic areas with a view to rationalising this to highlight and retain information most important to patients.
- vii. Consider how use could be made of TV screens to convey information to patients
- viii. Ensure that patients are aware of information about Comments & Complaints and Patient Advice and Liaison Service (PALS) and that this is available at all sites

5.6 PATIENTS BEING ACCOMPANIED TO THE FRACTURE CLINIC

Due to crowding in the Fracture Clinic waiting area the WAHT are considering limiting the number of people who can wait in the Clinic waiting area with the patient.

Most patients we spoke with had come to the Clinic on their own (34%) or with 1 other person (61%). Only 5% of patients had been accompanied by 2 or more people.

We asked patients how many people they thought should be able to sit in the clinic waiting area with them.



The chart shows that 69% of patients think 1 other person should be allowed to accompany them. 21% of people think no more than 2. However, 8% of respondents did not agree with limiting the numbers.

The table below shows the variation across the hospital sites.

	WRH	Alex	KHTC
1 person	71%	70%	65%
2 people	22%	16%	19%
3 or more people	0%	4%	5%
No limit on numbers	7%	10%	11%

Most patients thought 1 other person accompanying them to the Clinic was sufficient in order to provide transport, practical assistance or company.

However, patients also made the point that if numbers are limited provision should be made for individual circumstances including:

- People with special needs
- Frail / elderly - help with mobility or with a wheelchair
- People with children for whom alternative provision could not be made.

We received 270 comments about this.

Patients Said:

“You do need to limit the number of people in the room” Patient at WRH

“One, but with provision for special circumstances” Patient at WRH

“Patients with children and the elderly may need two” Patient at WRH

“I needed two people to help me to get out of the wheelchair” Patient at the Alex

“I think for most people one is enough, but there must be flexibility” Patient at the Alex

“Depends if you are a child, or struggling to walk” Patient at KHTC

“As a child you could have two parents with you, and then if one needs to go to like the toilet or something, you are not left on your own” Patient at KHTC

Overall patients supported limiting the number of people waiting with patients in the Clinic waiting area to one additional person.

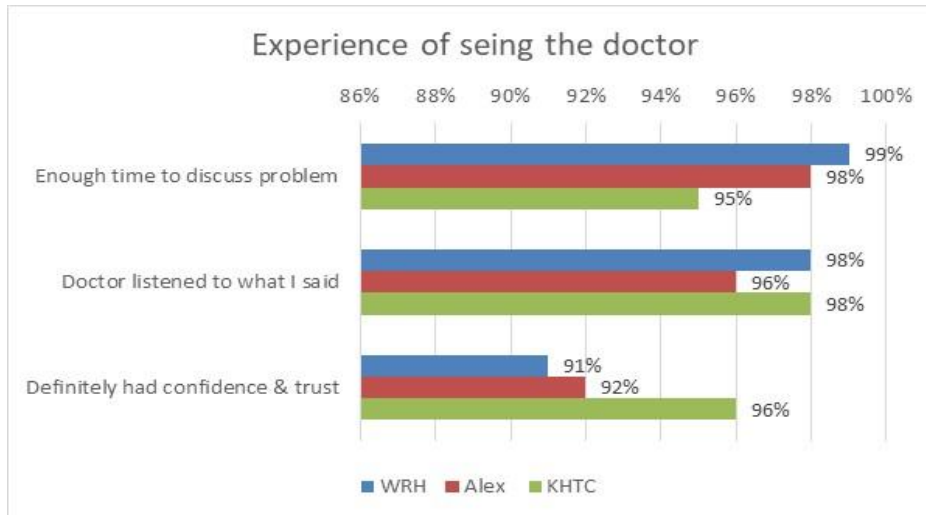
Recommendations - Patients being accompanied to the Fracture Clinic

- i. Any decision made by the WAHT to limit the number of people accompanying patients to the Fracture Clinic should provide flexibility to recognise individual circumstances such as special needs; additional help for frail / elderly people and people with children for whom alternative provision cannot be made.

5.7 SEEING THE DOCTOR

97% of our respondents had seen a doctor during their visit to the Fracture Clinic.

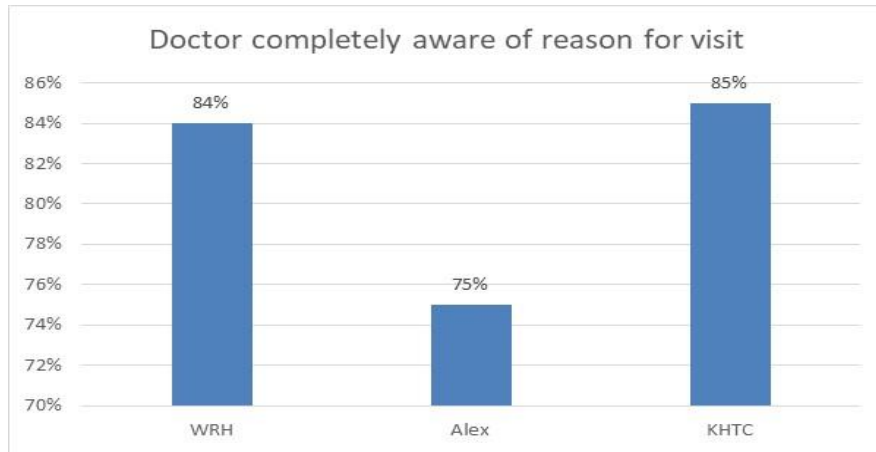
Patients across the three hospital sites were overwhelmingly positive about their experience of seeing the doctor. The majority of patients (99%) had enough time to discuss their problem with the doctor, felt that the doctor listened to what they had to say (98%) and definitely had confidence and trust in the doctor (96%).



We heard lots of positive comments from patients about staff at the Clinics across the three hospital sites.

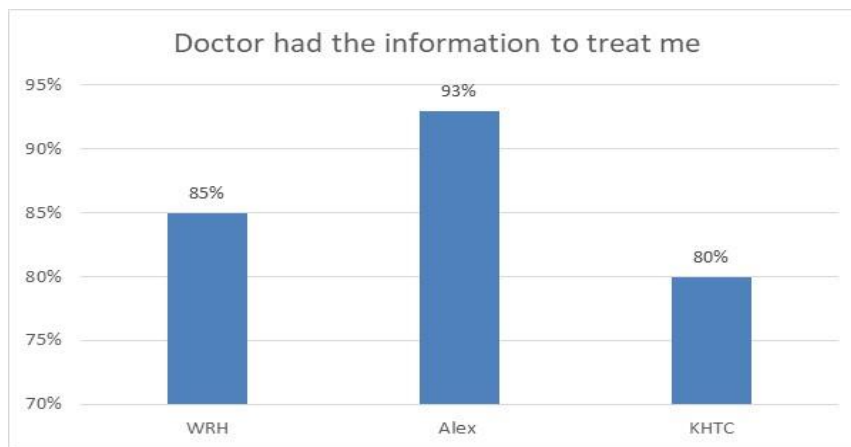
- “Staff were friendly, respectful & knowledgeable” Patient at WRH*
- “Doctor was lovely, calm & polite despite being very busy” Patient at WRH*
- “All staff are lovely, especially the plaster room, listened, really caring” Patient at WRH*
- “Reception friendly, kind, efficient and you can have a laugh with them. The doctor was extremely efficient, easy going, very thorough in answering questions” Patient at the Alex*
- “Quiet and quick. Friendly staff, especially plaster techs” Patient at the Alex*
- “Nurses and support staff friendly” Patient at the Alex*
- “Staff very helpful and pleasant” Patient at KHTC*
- “Staff were wonderful” Patient at KHTC*
- “Quick, ran smoothly and staff were pleasant” Patient at KHTC*

There was also a positive response to our question about whether the doctor seemed aware of the reason for the patients visit. However, the chart below shows that there is some variation across the hospital sites which the WAHT may wish to explore.

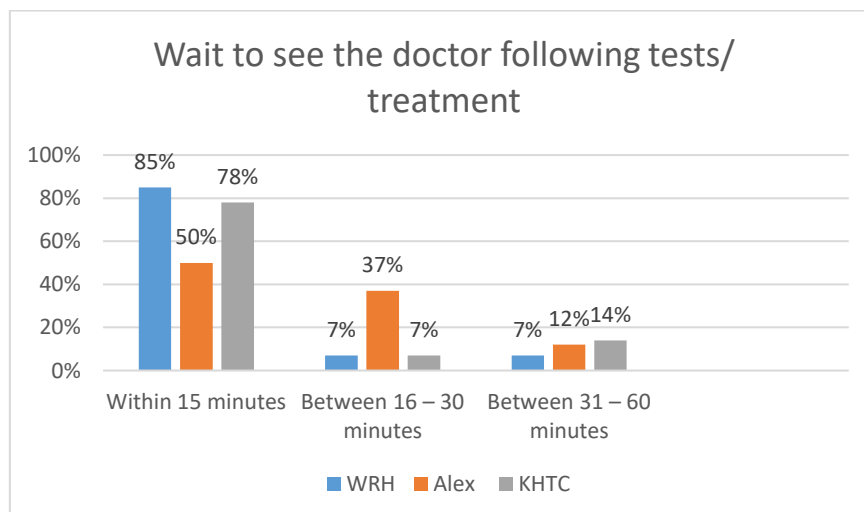


We also asked patients if, when they first saw the doctor, they had the information that they needed to treat them straight away. This question was designed to look at flow in the Clinics, and if there was opportunity to streamline the process.

The chart below shows that this was the case for most patients, but there is some variation across the sites which the WAHT may wish to explore.

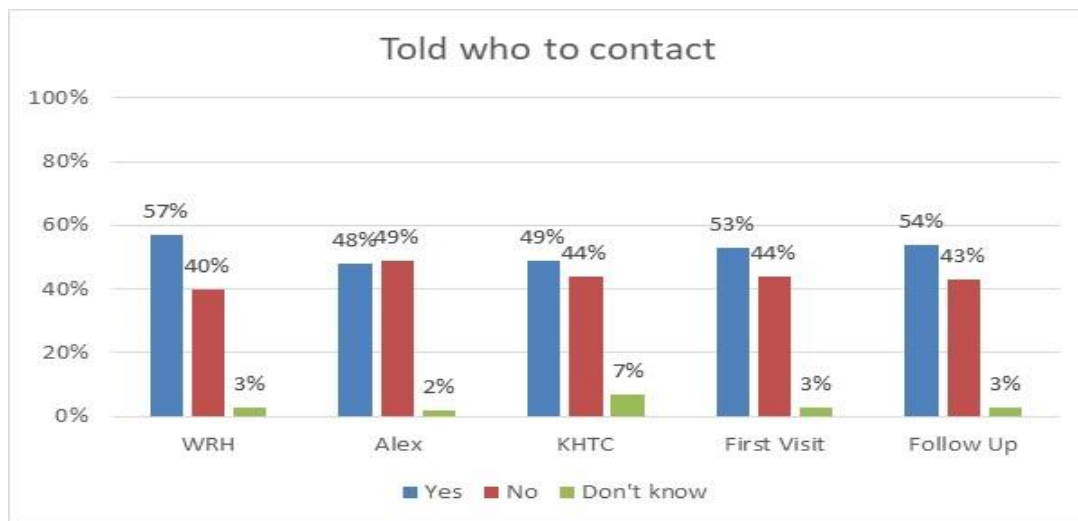


When a minority of patients were referred by the doctor for further tests or treatment most saw the doctor again afterwards. The chart below shows how long patients waited to see the doctor once the tests / treatment were complete.



Patients at the Alex were waiting longer to see the doctor than at other sites, which the WAHT may wish to explore.

One area where patient experience could be improved is the provision of information to patients after they have left the hospital.



The chart shows that just under half of patients were not told who to contact if they were worried about their condition or treatment after they left the hospital.

Recommendations - Seeing the Doctor

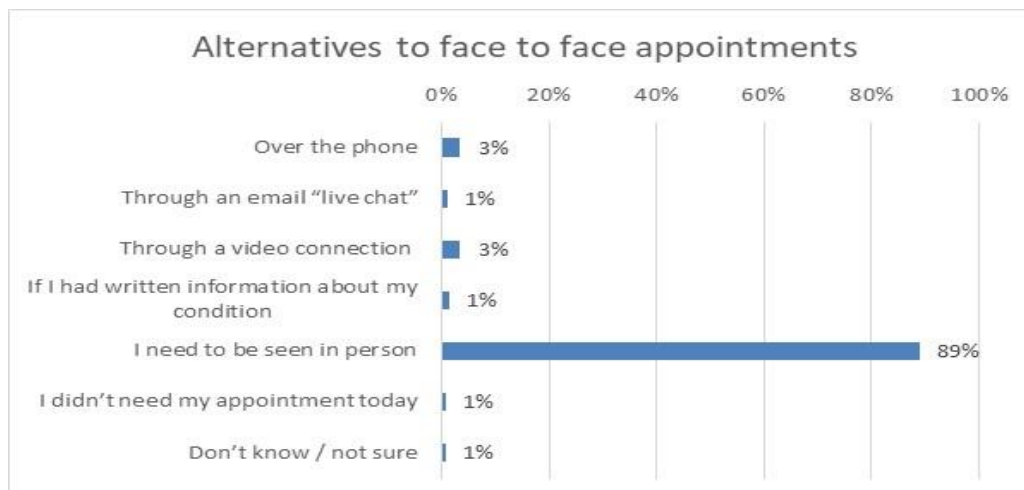
- i. Consistently provide information to patients about who to contact if they have concerns about their condition or treatment after they leave the hospital.

5.8. CONDUCTING OUTPATIENT APPOINTMENTS IN A DIFFERENT WAY

5.8.1. Alternatives to face to face appointments

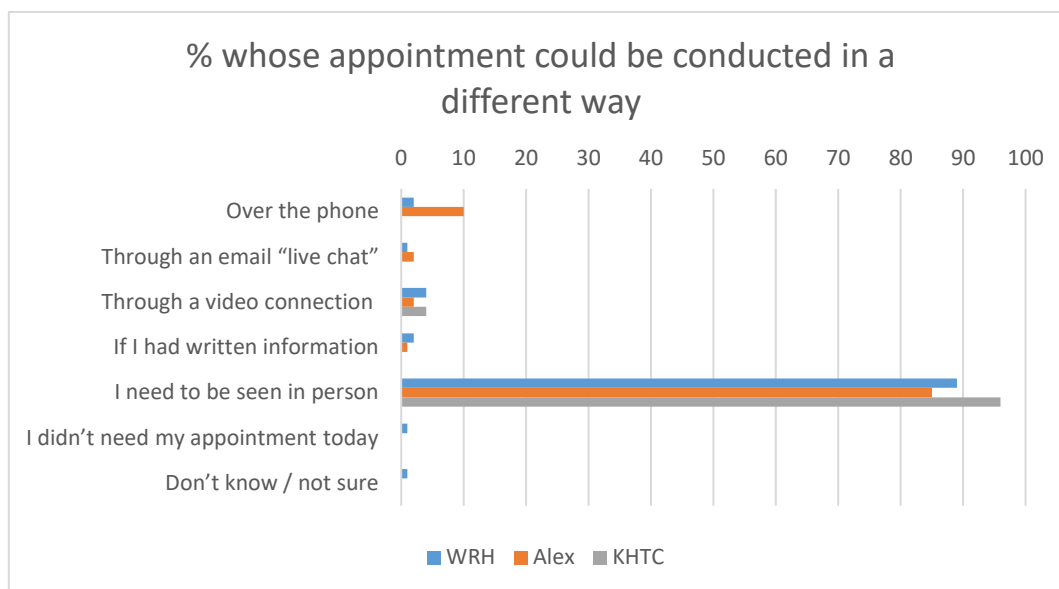
The NHS is looking at different ways of conducting hospital appointments. Consideration is being given to the use of alternatives to face to face appointments.

We asked patients if they felt that their appointment with hospital staff could have been conducted in a different way.



Overall 89% of patients thought that they needed to be seen in person. This finding is perhaps unsurprising given the nature of the Fracture Clinic. Of those who thought their appointment could have been conducted in a different way 3% thought that it could have taken place over the phone, and a further 3% thought that it could have taken place over a video link. 1% thought that it could have taken place over an email live chat. Only 1% of patients thought that their appointment was unnecessary.

The chart below shows the breakdown across the hospital sites



The chart shows that 10% of patients at the Alex thought that their appointment could have been conducted over the phone, compared to 2% at the WRH and 0% at KHTC.

4% of patients at the WRH and at Kidderminster thought that their appointments could have taken place through a video connection compared to 2% at the Alex.

However, at each site the majority of patients thought that they needed to be seen in person.

In terms of clinic type slightly more patients for whom it was their first visit to the Clinic thought they needed to be seen in person (90%) compared to at Follow Up clinics (88%). Those having a follow up appointment had a slightly higher preference for having their appointment over a video connection (5%) compared to those having a first appointment. 4% of these patients thought the appointment could have taken place over the phone.

	% New	% Follow Up
Over the phone	4	3
Through an email "live chat"	1	1
Through a video connection	2	5
If I had written information	2	1
I need to be seen in person	90	88
I didn't need my appointment today	1	1
Don't know / not sure	1	0

We asked people the reason for their answer. The reasons given are ranked in order of frequency below.

Reasons people thought they needed to be seen in person (in order of frequency):

- Had to be examined or assessed by the doctor face to face
- Had an X-ray or other test
- Due to the nature of my injury
- Had plaster fitted / removed
- Doctor /health professional could not have obtained the information they needed through alternative method
- Patient could not have asked the questions they wanted using alternative method
- Patient doesn't think these methods should ever replace face to face appointments
- Patient has difficulty in using alternative method because of a disability or health condition

Patients said:

“Physical examination, MRI and possible op” Patient at the Alex

“Needed an X-ray and specialist plaster” Patient at KHTC

“I had lots of questions and had to be examined. A & E had missed one of the fractures and staff at the Clinic picked it up” Patient at WRH

“I feel more confident seeing someone face to face, they have time to listen to me and I can speak to them” Patient at WRH

“I would want to speak face to face. I'm not good at talking over the phone or on Skype” Patient at WRH

“I am not a fan of all these computers. It's good for them but not for the patient. A lot of old people cannot use the computer.” Patient at WRH

“Not into technology. I have a hearing impairment that would make the communication difficult over the phone or video” Patient at the Alex

Reasons why people thought they could have had an alternative to a face to face appointment:

- Information could have been provided differently, didn't need to come to the hospital
- Didn't need to see the doctor face to face
- Could have saved time - didn't need to come to the hospital
- No tests or treatments today

Patients said:

“When the consultant looked at the X-ray results, he said no action was needed. I could have been told that over the phone” Patient at WRH

“I don’t feel I needed to come and speak to someone. Could have been signed off over the telephone” Patient at WRH

“I was only in for two minutes; it could have been Skyped and money saved this way” Patient at the Alex

“I have access to FaceTime and the computer; it would have saved time” Patient at WRH

“The consultation with the doctor could have been done over the phone, but I did have an X-ray” Patient at KHTC

“It saves a visit to the hospital if you don’t need treatment” Patient at WRH

Overall patients attending Fracture Clinics had a strong preference for face to face appointments.

Recommendations - Alternatives to face to face appointments

- i. When making decisions about alternatives to face to face appointments CCG’s and the WAHT should consider:
 - Patient preferences
 - Patient ability to access alternative methods of communication
 - Patient ability to use alternative methods of communication
 - Patient ability to articulate their condition (other than face to face)

5.8.2 Seeing an Advanced Physiotherapy Practitioner

We asked patients whether in future they would be agreeable to being seen by an Advanced Physiotherapy Practitioner (APP), who is experienced in orthopaedic care instead of a doctor.

Most patients (65%) would be agreeable to seeing an APP, 22% would not and 13% did not know.

We asked people the reason for their answer. The reasons given are ranked in order of frequency below

Reasons why patients WOULD be agreeable to seeing an Advanced Physiotherapy Practitioner:

- If they have the necessary skills and knowledge
- If it’s appropriate to the injury
- May be more expert than the doctor
- May be quicker to see the APP
- May avoid having to come to the hospital
- Only once I have had the initial consultation with the doctor
- Would see the APP, but would prefer to see a doctor

Patients Said:

“As long as they had the knowledge and experience applicable to my injury”
Patient at WRH

“If they are experienced and know their job. They would refer you to a consultant if that was needed” Patient at WRH

“If it reduces waiting times to see a doctor. Saves the doctor for those with problems” Patient at KHTC

“I would like to see the doctor first for a diagnosis” Patient at the Alex

“If the doctor has seen me and diagnosed and then refers me to the physio that’s OK” Patient at WRH

“If they are experienced. I trust the NHS allocates the right person for the job”
Patient at the Alex

Reasons why patients WOULD NOT be agreeable to seeing an Advanced Physiotherapy Practitioner:

- Would prefer to see a doctor, as they have more expertise
- Would prefer to see a doctor for my first appointment and a physio afterwards
- My condition is not suitable for seeing an APP
- Would trust a doctor more than a physio
- Don’t understand what an Advanced Physio Practitioner is

Patients said:

“I would rather be seen by a specialist doctor for my own peace of mind” Patient at WRH

“You would want a doctor wouldn’t you? Maybe at the end of your treatment then the physiotherapist would be OK” Patient at WRH

“It might waste time and you end up having to see someone else anyway. Always initial consultations should be with a doctor” Patient at WRH

“I would rather be seen by a doctor because sometimes a physio doesn’t do anything for you” Patient at the Alex

“It’s not applicable to my injury” Patient at KHTC

“Not sure what the difference is, or what the role is” Patient at the Alex

Reasons why patients DID NOT KNOW whether they would be agreeable to seeing an Advanced Physiotherapy Practitioner:

- Would need more information before I could decide
- Don’t know what an Advanced Physio Practitioner does or is
- Have not had an opportunity to think about it
- Possibly, if they have the same skills

Patients said:

“I don’t know enough about them” Patient at WRH

“I need to know more about their qualifications” Patient at the Alex

“After first consultation. Not for diagnosis” Patient at KHTC

“It would depend on the condition. Not sure what the role is” Patient at KHTC

“I don’t know what it is but suppose if they knew enough about my injury” Patient at WRH

“I’m not sure what knowledge they have. If APP had similar experience, knowledge and training as a doctor. I would see either” Patient at WRH

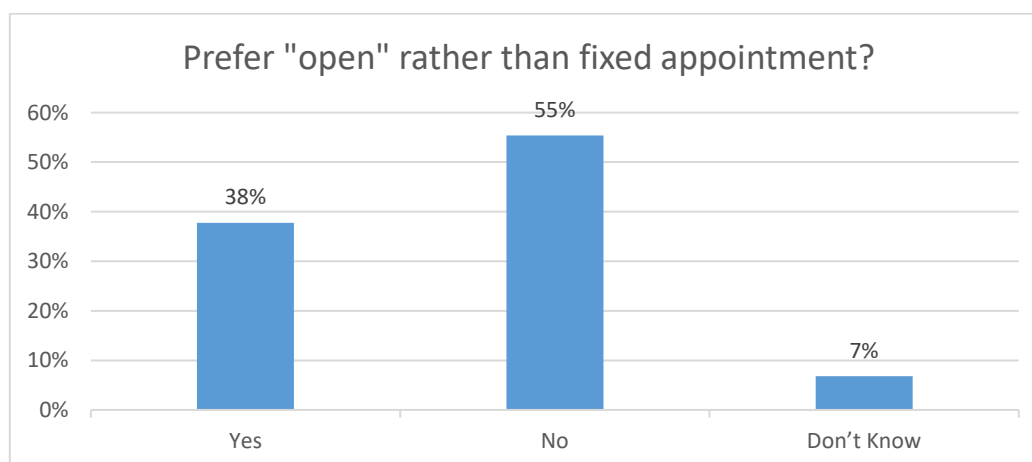
The findings suggest that most patients would be agreeable to seeing an Advanced Physiotherapy Practitioner, providing that they had the right skills and training and it was appropriate to the person’s injury. It could be that with further information about the role of an APP and the level of training that they have, this could be an agreeable option for more patients. Patients may be further reassured by having their first appointment with a doctor, followed by being seen by an APP.

Recommendations - Seeing an Advanced Physiotherapy Practitioner

- i. CCG’s & WAHT could explore how the role of the APP could be used to enhance the delivery of Fracture Clinic services
- ii. The APP role and the skills, knowledge and training required, should be explained to patients

5.8.3 Open rather than fixed follow up appointments

We asked patients who had been booked for a follow up appointment if they had sufficient information about their condition, rather than being offered a follow up appointment would they prefer an “open” appointment so they could return within a fixed period if they experienced further symptoms.



The majority of respondents (55%) were not in favour of this, whilst 38% were and 7% were unsure.

There was some variation in responses across the hospital sites, with more patients preferring this option (49%) at the Alex than elsewhere, and more people in the WRH against this (59%) than elsewhere.

We asked people the reason for their answer. The reasons given are ranked in order of frequency below

Reasons why patients WOULD NOT prefer an “open” appointment:

- Have been booked in for treatment / test at next appointment
- Prefer to have a fixed appointment so I can make suitable arrangements
- Told by doctor to come back in a set time
- Medical staff know better than me when they need to see me again

Patients said:

“I like fixed appointments because of work and school” Patient at WRH

“I prefer the appointment. You know you will be seen. It would be chaos if you had to keep ringing for an appointment” Patient at KHTC

“The doctor has asked to see me in 3 weeks, and I trust his judgement over mine” Patient at WRH

“I trust their judgement that I need a follow up rather than my wasting NHS time on something that is not important” Patient at WRH

“I might forget or think “I’m fine”, it would lead to self-diagnosis” Patient at KHTC

Reasons why patients WOULD prefer an “open” appointment:

- I would be able to make an appointment that is more convenient to me
- Could come back to the Clinic sooner if necessary, rather than wait for fixed appointment
- Would avoid an unnecessary hospital appointment if all was well

Patients said:

“This would be more convenient as I have small children” Patient at the Alex

“You could make your own judgement about whether things are improving, otherwise you could be waiting in misery for a follow up appointment that’s weeks away” Patient at WRH

“You may be able to be seen earlier if you needed to come back” Patient at WRH

“If I’d had this option available after our last visit it would have avoided me going to A&E last night. I had developed problems, which meant going to A&E to get access to the Clinic” Patient at KHTC

“I would prefer not to come back as I know when things are working, but the doctor has said to come back” Patient at KHTC

Reasons why patients DID NOT KNOW if they would prefer an “open” appointment:

- Not sure how this would work in practice
- Would need to think about it

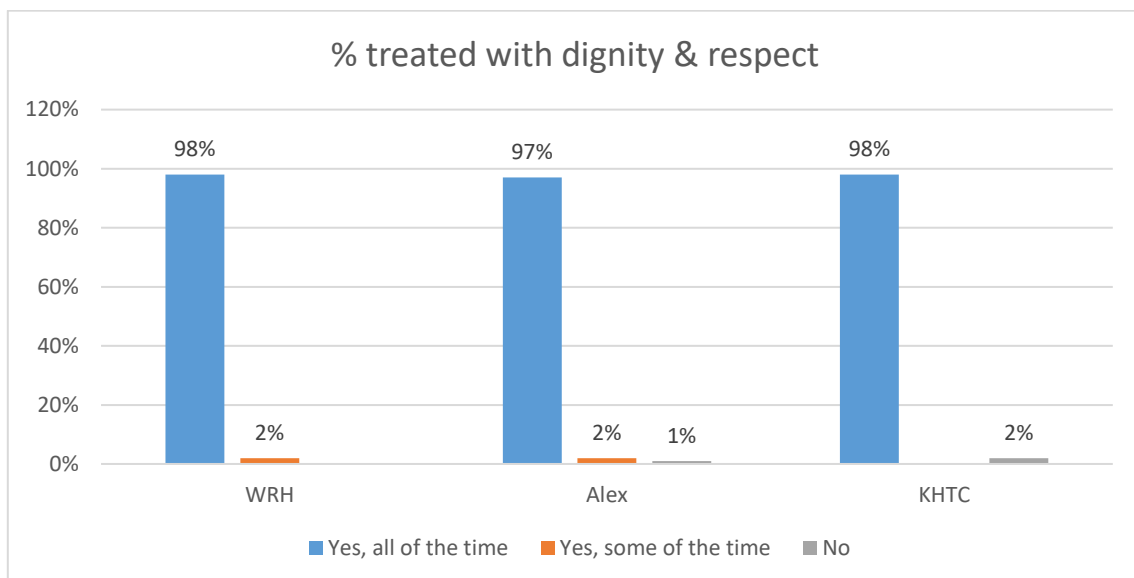
A number of patients (15) commented that they had been offered this anyway. Some patients reported that an appointment was booked for them at a follow up clinic, but they were told that they could cancel this if they felt it was not needed. Others noted that they had been told that they could ring the Clinic and come back within a three-month window if they needed to.

5.9. PEOPLE’S OVERALL EXPERIENCE OF THE FRACTURE CLINICS

5.9.1 Treated with dignity and respect

The responses to this question were extremely positive. Overall 98% of patients felt that they were treated with dignity and respect all of the time and 2% some of the time.

The result by hospital site is shown on the chart below.

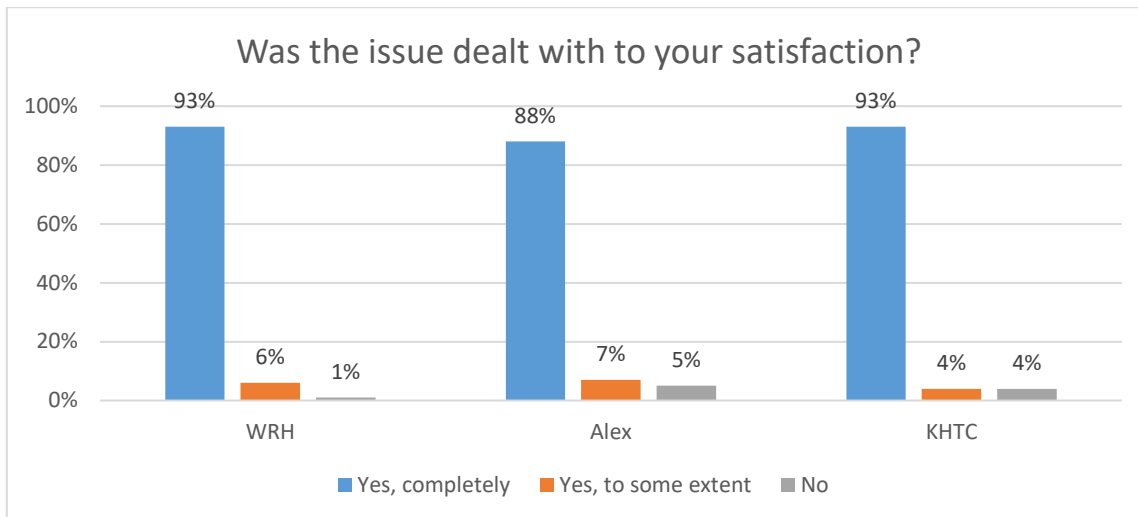


5.9.2 Main reason dealt with to patient’s satisfaction

We asked patients whether the main reason they went to the Fracture Clinic was dealt with to their satisfaction.

Overall 92% of patients felt that the main reason that they went to the Fracture Clinic was dealt with completely to their satisfaction. 6% agreed felt this to some extent, whilst 2% felt that this was not the case.

The result by hospital site is shown on the chart below.



The chart shows that satisfaction rates were slightly lower at the Alex than elsewhere.

91% of patients attending a Fracture Clinic for the first time reported that the main reason that they attended the Clinic was completely dealt with to their satisfaction, compared with 93% attending for a Follow Up appointment.

5.9.3 Positives and areas for improvement

We asked people what the positive things about their visit to the Fracture Clinic were and was there anything about the visit that could have been improved.

Comments have been analysed and the responses are ranked in order of frequency.

i. Worcestershire Royal Hospital

Positive things about the visit (219 comments)

- Friendly, helpful staff
- Happy with treatment received / reassured
- Ran on time / smooth running

Other positives were being kept informed of what was happening; being able to book a follow up appointment straight away and staff were good with children.

Things that could be improved (118 comments)

- Less waiting time
- Improved environment for the clinic (incl. larger waiting area & improved seating)
- Improved communication between hospital departments & hospital and GP

Other comments included having more doctors / seeing the same doctor; improved / free parking; having more things to do for children whilst waiting; patient unhappy with treatment received; more information in clinic about waiting time and improved appointment booking process.

ii. Alexandra Hospital

Positive things about the visit (78 comments)

- Friendly, helpful staff
- Happy with treatment received / reassured
- Ran on time / smooth running

Other comments included patients not requiring further treatment; being able to book a follow up appointment straight away and being kept informed of what was happening.

Things that could be improved (51 comments)

- Less waiting time
- More information in clinic about waiting times
- More things to do whilst waiting (adults & children)
- Better environment / waiting area
- Improved signage / location of the fracture Clinic

Other comments included: better communication between hospital departments; patients unhappy with treatment received; better checking in system; more doctors.

iii. Kidderminster Hospital

Positive things about the visit (52 comments)

- Friendly, helpful staff
- Happy with treatment received / reassured
- Ran on time / quick / smooth / early

Other comments included: Being kept informed of what was happening; patients did not require further treatment and things for children to do.

Things that could be improved (26 comments)

- Less waiting time
- Unhappy with treatment received
- Attitude of staff

Other comments included: more information in clinic about waiting time; more hospital staff; better environment for the clinic; better checking in system and signage to the fracture clinic.

5.10 COMMENTS ABOUT THE HOSPITAL

We asked people if they had any comments about their visit to the hospital, rather than the Fracture Clinic.

Worcestershire Royal Hospital (79 comments)

Positive

- Staff - friendly, helpful professional staff
- Satisfied with experience
- Hospital clean & tidy

Negative

- Parking - lack of capacity, organisation and location
- Signage - to Fracture Clinic and around the hospital
- Location of clinic - distance from the entrance
- Busy & crowded hospital & site

Patients said about Parking:

“It took 45 minutes to find a [parking] space, flow is poor. If someone stops you can’t turn round or get out, it’s very frustrating”

“Ended up parking a long way from the main entrance, people are illegally parked and the cost is a disgrace”

“Always difficult and have to park some distance away, which is difficult with mobility”

Alexandra Hospital (28 comments)

Positive

- Satisfied with experience / service
- Positive experience at A&E
- Clean

Negative

- Parking - cost and capacity
- Signage
- Waiting times

Patients Said about Parking:

“Parking charges are high. We have been here over 2 hrs!”

“Parking is located too far away from the hospital entrance”

Had to park off the hospital site as no parking available”

Kidderminster Hospital (33 comments)

Positive

- Satisfied / happy with hospital
- Easy to find

Negative

- Parking - pay & display, capacity & cost
- Unhappy with treatment

Patients said about Parking:

“Parking always an issue”

“Parking costs, you don’t know how long you will be”

“Was late for appointment due to trying to find parking”

APPENDIX ONE - DESCRIPTION OF THE FRACTURE CLINIC ENVIRONMENTS

Worcestershire Royal Hospital

The Fracture Clinics are held in the Larkspur Suite at the hospital, which is clearly signed from the main hospital entrance.

Fracture Clinics are held to the left of the Suite, and orthopaedic clinics to the right. Fracture Clinics are held every weekday morning from 9 a.m. to 12 noon. Separate clinics are held for patients with a “New” fracture and patients who are having a “Follow Up”, however these clinics may run simultaneously.

Patients book in at reception and then take a seat to wait for their appointment. A “whiteboard” to the left of the reception area informs patients which Fracture clinics are running, and the name of the consultant responsible for the Clinic. The Board gives the names of doctors, nurses and plaster technicians who are working at the clinics. We observed that on occasions this Board is also used to inform patients of delays.

The waiting area is fitted with rows of seats which are bolted to the floor, and so cannot be moved by patients. We noted that due to space constraints, at the Fracture Clinic end of the Suite there are few high-backed chairs with armrests available for patients, although there are 5 of these available at the other end of the Suite mostly used by the orthopaedic clinic. There is little additional space for patients using wheelchairs.

There is a water dispenser available in the waiting area. There are 2 A4 size notices about the availability of food and drink at the hospital. There are also leaflets / information relating to health and / or support.

There is also a hand gel dispenser located by the water dispenser, near to the entrance to the clinic treatment area. This is placed above patient seats and access to it is obstructed when the clinic is busy.

There are toilet facilities located opposite the entrance to the Larkspur Suite. However, there are no signs on the doors identifying these. There is a toilet adapted for disabled people in the clinic treatment area corridor, but this is not signed from the waiting area.

There is a variety of information for patients on display at the clinic, including a box for friends and family responses.

There is a small, set back area with 10 adult sized seats that is aimed at children and families, but not specifically designated for them. There are photo stories on the wall in this area about children having a plaster fitted, and also some quizzes. There is also a box with a limited number of toys available, mostly aimed at younger children.

The Clinic waiting area can become crowded due to the numbers of patients and the people accompanying them.

Alexandra Hospital

The Fracture Clinics are held in the Orthopaedic Suite at the hospital, which is clearly signed from the main hospital entrance.

Fracture Clinics are held in Clinic Area 1. Fracture Clinics are held every weekday morning from 9 a.m. to 12 noon. Patients with a “New” fracture and those requiring “Follow Up” are seen as part of the same clinic.

Patients take a number on arrival and then book in at reception when their number is called. This system was introduced to avoid long queues at the reception desk. Once booked in patients take a seat to wait for their appointment. A “whiteboard” on the wall of the reception area informs patients of the name of the consultant responsible for the Clinic. The Board has a laminated A4 notice saying, “Waiting Times” and text saying “from your appointment time” with room for waiting time information to be added if there are delays.

The waiting area is fitted with 10 rows of 3 seats located either side of an aisle. These seats are bolted to the floor, and so cannot be moved by patients. We noted that 3 chairs with high seats and arms & 2 lower seated chairs are available at the rear of the Clinic. There is a notice above these advising that they are intended for less able people, so please be mindful when using them. There are a couple of wheeled chairs by the entrance to the Clinic.

There is a water dispenser available in the waiting area. There is 1 A4 size notice about the availability of food and drink at the hospital. There are also lots of leaflets / information relating to health and / or support available at the Clinic.

There is a hand gel dispenser located just outside the entrance to the clinic. This is indicated by red stickers on the floor advising: “Stop, clean your hands”.

There are toilet facilities located within the clinic waiting area, which are signed.

There is a wide variety of information for patients on display at the clinic, including information about the Patient Advice and Liaison Service.

There is a small, set back area. There is a laminated A4 notice on the wall saying: “Children’s Waiting Area Only”. There are 8 adult seats and a small table with two chairs for children. There are some books suitable for children of different ages, but no toys. There are two posters aimed at children on the wall and a notice about the Trust.

The Clinic waiting area can become crowded due to the numbers of patients and the people accompanying them.

Kidderminster Hospital & Treatment Centre

The Fracture Clinics are held in the Consulting Suite located on the first floor of the hospital. The Consulting Suite is signed from downstairs and on the wall notices, however it is not clear that the Consulting Suite is where Outpatient clinics are located. We noted laminated A4 notices at the top of the stairs and by the lifts directing patients to Outpatients.

Fracture Clinics are held in Clinic Area 4. Fracture Clinics are held every Tuesday & Friday morning from 9 a.m. to 12 noon. Patients with a “New” fracture and those requiring “Follow Up” are seen as part of the same clinic.

Patients book in downstairs at the main hospital reception area. Once booked in patients go upstairs and take a seat to wait for their appointment. A “whiteboard” on the wall of the reception area informs patients of the names of the consultant responsible for the Clinic. The Board gives the names of doctors, nurses and plaster technicians who are working at the clinics. The Board has a permanent notice stating: “Due to the nature of this clinic appointment times may overrun. We endeavour to keep disruption to a minimum” We observed that on occasions this Board is also used to inform patients of delays.

The waiting area is fitted with rows of seats which are bolted to the floor, and so cannot be moved by patients. We noted that 3 chairs with high seats and arms are available at the Clinic. There is not much space for patients using wheelchairs.

There is a smaller area located off the main clinic waiting area, where there are 5 additional seats available. Patients must come through this area to enter the clinic treatment area. There is a water dispenser and toilet facilities are located off this area. Both of these facilities are clearly signed from the main waiting area. There are lots of leaflets and information relating to health and or to support available to patients.

There is 1 A4 size notice about the availability of food and drink at the hospital located in this area, it is unlikely that this would be visible to patients in the main waiting area.

There is a hand gel dispenser located at the entrance to the clinic.

There is a separate, glass fronted area specifically designated for children and families at the opposite end of the Consulting Suite which can be used by patients attending any of the Clinics. This has seats for adults and a bright, colourful play area for children with lots of toys and activities. We observed staff from the Fracture Clinic directing patients with younger children to this area and collecting them from there.

The Clinic waiting area can become crowded due to the numbers of patients and the people accompanying them.

APPENDIX TWO - FRACTURE CLINIC SURVEY AND NUMBER OF RESPONDENTS (n =) TO EACH QUESTION

1. In the last 12 months, how many times (including today) have you visited the fracture clinic for any condition? n = 375
2. Who referred you to the Fracture Clinic today? n =375
3. Before you arrived at the clinic, did you know what would happen to you during your appointment today? n = 363
4. Were you told by a member of hospital staff that you would be seeing the consultant during your appointment today? n = 297
5. Did you see the consultant during your visit today? n = 233
6. If you arrived by car did you find parking on the hospital site today? n = 363
7. Were you given an opportunity to explain about any particular needs you might have (e.g. hearing or sight impairment, help with walking) when you booked in at reception today? n = 367
8. Was it explained to you at reception how to ask for assistance should you need it during your visit to the Fracture Clinic today? n =374
9. Were you given any information when you booked in at reception about whether your appointment would be on time today? n =374
10. How long after the stated appointment time did your appointment start? n = 374
11. Were you told by hospital staff about the delay to your appointment? n = 122
12. Were you told how long you would have to wait past your appointment time? n = 122
13. Was it explained to you why you were waiting longer than your appointment time? n = 122
14. Were you offered refreshments by hospital staff because of your wait at the clinic? n = 122
15. Were you offered a reduction in parking costs by hospital staff because of your wait at the clinic? n = 122
16. How long do you think it is reasonable to wait past your allotted appointment time? n = 121
17. Which 2 things do you think would help most while you are waiting? n = 122
18. Were there any consequences for you from the delay to your appointment today? n = 122
19. Were you able to find a seat when you arrived at the fracture clinic today? n = 370
20. Have you been accompanied to the fracture clinic by anyone else today? n = 375
21. Due to crowding in the fracture clinic waiting area the hospital are considering limiting the number of people who can wait in the clinic with you. How many people do you think should be able to sit in the clinic area with you? n = 363
22. Have you noticed information about / seen the following at the Clinic today? n =375

23. During your visit to the Clinic today did you observe members of hospital staff washing their hands/using hand gels before examining or treating you?
n = 375
24. During your visit to the Clinic today did you observe members of hospital staff washing their hands/using hand gels after examining or treating you?
n = 375
25. Did hospital staff direct you to or advise you about the use of hand gels? n = 375
26. Was all or part of your appointment at the Fracture Clinic today with a doctor? n = 375
27. Did the doctor seem aware of the reason for your visit to the Fracture Clinic today? n = 370
28. When you first saw the doctor did they have the information that they needed to treat you straight away? n = 364
29. If sent for further tests / treatments: Did you see the doctor again after your tests or treatments? n = 98
30. If yes, how soon after your tests / treatment were complete did you see the doctor again?
31. Did you have enough time to discuss your problem with the doctor? n = 64
32. Did the doctor listen to what you had to say? n = 371
33. Did you have confidence and trust in the doctor examining and treating you?
n = 371
34. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital n = 375
35. Do you think that your appointment today with hospital staff could have been conducted in a different way? n = 375
36. In future, would you be agreeable to being seen by an Advanced Physiotherapy Practitioner who is experienced in orthopaedic care instead of a doctor? n = 375
37. Were you told you would need a follow up appointment following your visit today? n = 366
38. If you had sufficient information about your condition, rather than being offered a follow up appointment would you prefer an "open" appointment so you could return within a fixed period if you experience further symptoms?
n = 278
39. Did you feel you were treated with respect and dignity at the Fracture Clinic? n = 375
40. Was the main reason you went to the Fracture Clinic dealt with to your satisfaction? n = 375
41. What were the positive things about your visit to the Fracture Clinic today?
n = 354
42. Was there anything about your visit to the Fracture Clinic today that could have been improved? n = 197
43. Is there anything else you would like to tell us about your visit to the HOSPITAL today? n = 143