



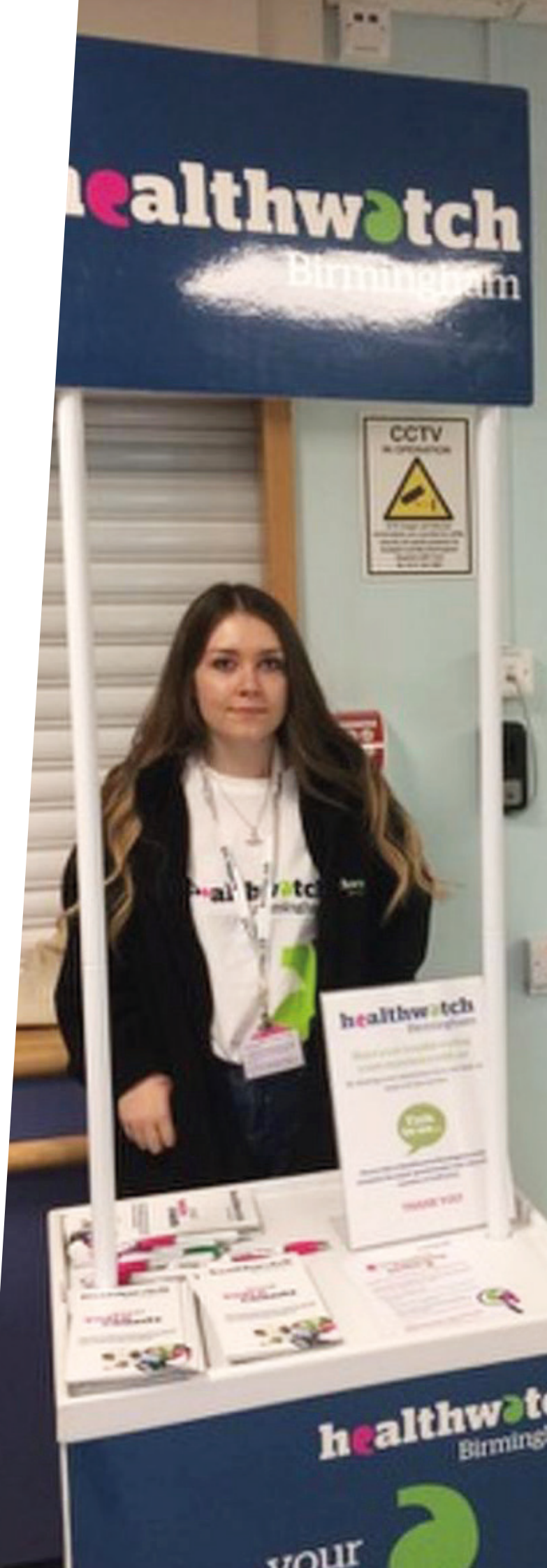
What's it like being in a hospital waiting room?

People's views: Birmingham and Midland Eye Centre



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Birmingham and Midland Eye Centre

Key findings



Two-thirds of people taking part in our study stated that waiting times are too long



Poor standards of cleanliness were identified throughout the clinic, particularly relating to the toilets



People told us that more seating is needed in the Accident and Emergency and Outpatients departments



People who use a wheelchair said that the waiting areas for the Outpatient and Ophthalmology departments are overcrowded



Patients with hearing impairments said that they were unable to take full part in their care planning because of the lack of interpreters, or interpreters having to leave before the consultation had ended.



Several patients, including people with visual and hearing impairments, said that they could not hear their name being called, especially at busy times, or could not find the consultation room



Patients said they wanted to be kept informed about why delays occur, and when they will be seen



Patients struggle to contact the clinic by telephone. They said that information about appointments is unreliable, and there are long delays, for example in obtaining medical notes



Patients are generally happy with the quality of care being delivered by the clinic



People said that clinical staff are generally professional, helpful and friendly



Introduction

In 2018, Healthwatch Birmingham asked members of the public across the City to share their views about what NHS or social care topics we should investigate next. People voted on five key health and care issues, and 71% of them asked us to evaluate the quality of service in waiting rooms in Birmingham's hospitals. This report, one of a series of nine for the hospital trusts we looked at, presents the results of that work for Birmingham and Midland Eye Centre.



Background

We started our investigation into NHS hospital waiting rooms in Birmingham in autumn 2018. Our main focus was on people's experiences of waiting times, the environment, communication, accessibility, and dignity and respect.

To capture a representative sample of patients' views across Birmingham, our investigation consisted of two stages.

Stage 1

We collected feedback directly from patients who were in hospital waiting rooms, so that we would have information on the experience of patients in real time.

Stage 2

Based on initial feedback that led to the study and the experiences we heard in stage one, we worked closely with third-sector organisations (including Birmingham Focus, BID Services and deafPLUS) and interpreters to host focus groups to collect the experiences of people who have a visual and/or hearing impairment. Focus groups were held in four districts of Birmingham.

Healthwatch Birmingham also developed an online questionnaire to collect feedback from people with a visual and/or hearing impairment. This questionnaire included the same questions that were asked during our visits to waiting rooms and at focus group meetings. It was shared with the support of third-sector groups (including Birmingham's Disability Resource Centre, Action on Hearing Loss, Thomas Pocklington Trust and the National Deaf Children's Society) and extensive use of social media. The online questionnaire was available from 25 January to 8 February 2019.

Patients could choose to remain anonymous, or provide their contact details. A selection of patients who chose the latter were contacted again to participate in more in-depth interviews. We wrote these up as case studies.

We also looked at research on the effect of the experience of waiting on patient well-being. Poorly designed, uncomfortable waiting rooms and long waiting times have been found to contribute to a patient's stress and anxiety, perhaps because in addition to physical discomfort or accessibility problems, these spaces send a negative message that patients are a lower priority than the overall hospital system.^{1,2} Other issues, such as anxiety, insecurity, thirst and hunger, are not always easily detected by busy healthcare professionals, leading to a failure to offer appropriate and timely patient care.³ The quality of the waiting experience can also affect recovery times and mental well-being: a therapeutic waiting area design is associated with improved mood and greater satisfaction with healthcare services.⁴

Patients come into contact with the NHS at their most vulnerable, so emotions and negative feelings are heightened. The government's best practice guidance notes that it is important for NHS organisations to ensure that patients' emotional and physical needs are met at all stages of their journey:

For example, a patient kept waiting for an appointment ... may have a good emotional experience if they feel someone cares about them (that is, they are given regular information about why they are being kept waiting and an update on how long they will have to wait). The same patient left to wait without any information is likely to have a negative experience because they feel abandoned and neglected. Improving patients' emotional experience is about treating people as we would want to be treated - with dignity and respect.⁵

The Disability Discrimination Act 1995 states that hospitals must provide 'reasonable adjustments' for disabled people to enable them to access services more effectively. The more recent Accessibility and Information Standard (AIS) further emphasises the need to ensure that providers are identifying, recording, flagging, sharing and meeting the information and communication needs of service users, for example to support people who have aphasia, autism or a mental health condition that affects their ability to communicate.⁶



Welcome to
**Birmingham & Midland
Eye Centre**

Birmingham and Midland Eye Centre

Birmingham and Midland Eye Centre is one of the biggest tertiary-level eye hospitals in Europe. It is based in Soho and Jewellery Quarter ward, Ladywood in Birmingham and is managed by Sandwell and West Birmingham NHS Trust.

As part of this study Healthwatch Birmingham heard 488 pieces of feedback from people across Birmingham, of which we heard 71 pieces of feedback from people about their experiences of the Birmingham and Midland Eye Centre. Feedback was heard through our online Feedback Centre, Information and Signposting Service and through our community engagement activities. This included waiting areas in the Accident and Emergency, Outpatients and Ophthalmology departments.

From the 21 people who completed the online survey, 28% had a hearing impairment, 62% had a visual impairment and 10% had both a hearing and visual impairment.

What people said

Waiting times

For those who mentioned waiting times, most people said that they had experienced long waiting times. Patients confirmed that many outpatient clinics did not run to time. People attending the Accident and Emergency Department reported waits of up to five hours.

Been waiting for 4.5 hours - no information given re wait. Only two counter staff available and long queue to speak to them. (Accident and Emergency Department)

Set against that, approximately one-third of people said that they were satisfied with waiting times.

I attend the clinic for injections and have been attending for three years. Over the years, the waiting times have reduced and I have recently being seen much nearer to the time of my appointment. (Outpatients Department)

Some people said delays occurred when receiving their medication from the Pharmacy Department, after their appointment.

I have had a quick service, however have had to wait an hour for prescription from pharmacy. The hospital was not busy! (Accident and Emergency and Pharmacy departments)

Environment

Many patients highlighted poor standards of cleanliness. These concerns were raised about all parts of the clinic, but particularly the toilets.

Not enough toilets and not very clean. (Accident and Emergency Department)

Filthy seats had not been wiped down. The children's toys were filthy and should be kept clean. (Outpatients Department)

For those who mentioned seating, the majority said that waiting areas are overcrowded with insufficient seating, particularly in the Outpatients and Accident and Emergency departments. They also said that there appeared to be no designated seating for vulnerable people, such as the elderly and those with mobility problems and pregnant mothers.

This situation is of particular concern as waiting times are long and people visiting the Accident and Emergency Department stated that they are being forced stand for long periods.

There wasn't a seat so we just sat at the café. (Outpatients Department)

We came to Accident and Emergency at 11am and we have been told that our appointment will be 2pm. There are not enough seats and some people are having to stand.

(Accident and Emergency Department)

They need better A&E and Pharmacy waiting areas as people are standing around and blocking the entrance. (Accident and Emergency Department)

People also told us that refreshments were not always easy to obtain: the vending machine in the Accident and Emergency Department was not always fully stocked, for example. With some patients experiencing long waiting times, this was a particular difficulty as not everyone came prepared for a long wait.



Waiting room always overcrowded. A blind person could not work their way round it themselves. They say, 'go and sit on the coloured seats'?

(Outpatient Department)

Accessibility

Access for disabled people was described as poor by many of the people taking part in the study. People who use wheelchairs are unable to move around freely in the Outpatients and Ophthalmology departments because waiting rooms are congested.

Waiting area overcrowded with no space for wheelchair users, and wheelchair-friendly double door was reduced to a single door. Signage too small, better ventilation needed.

(Ophthalmology Department)

Some patients with visual impairments agreed that access was difficult, partly due to the lack of space and partly because of problems with the self-check-in system.

Waiting room always overcrowded. A blind person could not work their way round it themselves. They say, 'go and sit on the coloured seats'? (Outpatient Department)

Case study 1

A male patient, in the 25-49 age range and with a severe visual impairment, attended the outpatient clinic. He did not feel that the waiting room met his needs, and described the seating as uncomfortable, the layout as cramped, and the signage as poor. He highlighted problems with **“self-check-in which is inaccessible to the visually impaired IN AN EYE CLINIC!!!!”** He felt that nothing was particularly good about the design of the waiting room.



He added that the staff in the waiting room were not knowledgeable and supportive of his needs. He wished that staff would **“wait for the patient and walk with them to the consulting room, instead of disappearing down the corridor out of sight and leaving me to guess where they had gone.”**

He did feel that the consultation was acceptable. He suggested how his experience could be improved.

Staff need to undertake Sighted Guide Training to understand what is expected of them when interacting with patients with a visual impairment.

Case study 2



During our study, we also heard feedback from a patient with a hearing impairment. This patient confirmed that British Sign Language (BSL) interpreters are regularly booked by the clinic. However, interpreters are frequently not booked for long enough and often have to leave before the end of the consultation. This situation significantly affects this patient's ability to take part in planning her care and treatment, as well as causing anxiety.

A BSL interpreter is booked for two-hour session. Time frequently runs out, forcing the interpreter to remind and hurry nurses and consultants. Last time my interpreter was booked for less than one hour and had to leave on time for the next appointment. When I was with the consultant, I felt under pressure to rush through - thus not satisfied afterwards. Not fair as the consultancy was the most important of all appointments.

Similarly, crowded, noisy waiting areas present particular difficulties for people with hearing impairment or conditions such as autism. Many patients also said the system of calling out patients' names for their appointment caused problems.

When they call your name out, it's never loud enough. They do not come over and get people, there are so many people. It would be helpful if staff collected patients from their seats.

For some patients, this caused anxiety and stress, and made them feel more isolated.

Communication

Most people commenting on the attitudes of clinical staff said communication was good, and the team professional, helpful and friendly. However, a few patients attending the Outpatient Department said that higher ranking staff were not always empathic.

Sometimes doctors are a bit standoffish, but on the whole very good. (Outpatients Department)

Communication about delays was a problem for many patients. They said that they had no idea why delays had occurred, or when they would be seen. Some participants had suggestions for improvement.

Would be greatly beneficial to have a monitor on the wall that provided information relating to wait times or a ticket system. (Accident and Emergency Department)

Communication with administrative staff also received some negative feedback. Patients said they had great difficulty contacting the clinic by telephone because phones are not answered or are permanently engaged. This means changes to appointments get lost in the system. Patients also said delays were caused when medical records were not ready.

They have issues handling the volume of telephone calls as it took us ages to get through as the lines are always engaged. (Outpatients Department)

Record-keeping is very bad – always have to wait for medical records to be transferred from one service to another. Even the hospital triage nurse doesn't have access to patient records. (Accident and Emergency Department)

Appointment system does not work as I need an appointment normally every 12 months, but this never ever comes through. I always have to chase it. They always blame the computer – ongoing for three years. (Outpatients Department)

Dignity and respect

Although staff attitudes were generally described as positive, participants with severe visual impairments raised concerns that staff were not responsive to their specific needs. They said that staff working in the Outpatients Department regularly tell patients to sit in specific coloured areas and call patients for appointments, but walk away before people have time to respond. This is creating significant issues for this vulnerable group as they are unable to find the appropriate seating areas or consultation rooms without help.

Would be greatly beneficial to have a monitor on the wall that provided information relating to wait times or a ticket system.

(Accident and Emergency Department)



Summary

The majority of people we spoke to as part of this study said that they were happy with the quality of care at the Birmingham and Midland Eye Centre.

I have been using the service for the last 20 years and they have been supportive all the way through. The doctors have involved and supported me and provided me with extra help at each stage. (Outpatients Department)

Hugely busy department, organised very well considering the pressures.
(Accident and Emergency Department)

However, other aspects of their overall experience were less positive. Long waiting times, overcrowding, cleanliness and access for people with disabilities or specific problems that make it harder for them to participate in their own care are all areas that were highlighted by respondents as needing improvement. Our recommendations below attempt to re-dress the balance.



Recommendations

Based on the feedback from service users, Healthwatch Birmingham recommends that the Trust:



Reviews the management of appointments for clinics that have consistently long running times, to make improvements to ensure they are being run in the most efficient manner possible



Ensures that staff undertake specialist disability awareness training annually, and that this is reviewed regularly to ensure staff have specialist knowledge to manage the specific needs of their particular patient population



Undertakes a review of electronic signage across the hospital and considers using similar electronic system as used in The Royal Orthopaedic Hospital to keep patients up to date with waiting times and which room they need to go to



Ensures that staff collect patients who are visually impaired in order to guide them to their appointments



Reviews the efficiency and response times of call handling and produces an action plan to address issues identified



Ensures actions are put in place to improve cleanliness and react quickly to patient and staff feedback where this is an issue



Identify, record, flag, share and meet the information and / or communication needs of their patients and service users - and where appropriate their carers or parents - in line with the Accessible Information Standard



Ensures all waiting rooms should have allocated wheelchair zones and priority seating systems are in place



Should work directly with people with hearing impairments to develop an information card that can be used to support Trust staff to identify peoples specific needs ⁷



Ensures that all patients who need a BSL interpreter are given priority so that they attend their appointments on time, meaning that booked BSL interpreters can support patients for the whole consultation, even if clinics over run



Provides fresh drinking water which is readily available to all patients

NHS trusts should work with service user organisations, those with disabilities and impairment or sensory loss to understand what actions need to be taken to improve people's experience of waiting areas. Working in collaboration will ensure actions are patient-centred and effect positive improvements.

In six months' time, Healthwatch Birmingham will track the progress of these improvements, requesting an update from the Trust which evaluates the specific changes made to improve patient's experiences of waiting rooms.

Trust's Response

Sandwell and West Birmingham Hospitals (S&WB) NHS Trust Response

Detailed in the table is the response we received to the individual recommendations in our report for the two S&WB NHS Trust hospital sites in Birmingham. Outlined in the table is the evidence Healthwatch Birmingham is requesting from the Trust for inclusion in our six-month follow-up report.

Recommendations based on issues heard	S&WB NHS Trust Response	Healthwatch Birmingham will request the following information, for inclusion in our six-month follow-up report.
<p>Reviews the management of appointments for clinics that have consistently long running times, to make sure they are being run in the most efficient manner possible.</p>	<p>We continue to review how best to ensure our clinics run to time and ensure we apologise to patients if they are unavoidably delayed.</p> <p>All clinic areas at BMEC have boards, which are updated throughout the clinic session with expected waiting times.</p> <p>Letters for certain clinics at BMEC (e.g. glaucoma and medical retinal clinics) note that patients may be here for 3 hours as we often undertake investigations at the same clinic visit.</p> <p>Our Group Directors of Nursing will monitor clinic running times.</p>	<p>Findings of review undertaken as a result of this recommendation, detailing any changes made by the Trust.</p> <p>Current patient feedback heard by the Trust that demonstrates that the issue of consistently long clinic running times has been resolved.</p>
<p>Provides fresh drinking water which is readily available to all patients, and displays clear signposting to refreshments and toilets.</p>	<p>We are in the process of reviewing our patient experience in BMEC and as part of that we will scope the introduction of refreshments available to our patients.</p> <p>Signage at BMEC has been reviewed and £5k of charitable funds has been utilised in the past year to upgrade the signage to black on yellow as per RNIB guidelines for visually impaired people.</p>	<p>Findings of review undertaken as a result of this recommendation, detailing any changes made by the Trust.</p> <p>Current patient feedback heard by the Trust that demonstrates that the issue of directing patients to refreshments and toilets has been resolved.</p>

<p>Ensures actions are put in place to improve cleanliness and react quickly to patient and staff feedback where this is an issue.</p>	<p>We have dedicated service officers for all areas of the Trust. We will reinforce the message to staff to raise issues where they see anything that needs attention, and to follow up when a patient raises a concern. Our Group Directors of Nursing will monitor this.</p> <p>A walk round with facilities has been arranged for 05.04.19 to review the standards of cleanliness at BMEC OPD.</p>	<p>Findings of the Walk Around (5.4.19), together with actions taken as a result.</p> <p>Current patient feedback heard by the Trust that demonstrates that the issue of cleanliness has been resolved.</p>
<p>Undertakes a review of electronic signage across the hospital and considers using a similar electronic system as used in The Royal Orthopaedic Hospital to keep patients up to date with waiting times and which room they need to go to.</p>	<p>Due to the large number of clinics held within BMEC OPD area electronic signage is not felt to be helpful.</p>	<p>Current patient feedback heard by the Trust that demonstrates that systems enable patients to clearly see waiting times and where they need to be when called.</p>
<p>Ensure that all patients who need a BSL interpreter are given priority so that they attend their appointments on time, meaning that booked BSL interpreters can support patients for the whole consultation, even if clinics over run.</p>	<p>We continue to review how best to ensure our clinics run to time and ensure we apologise to patients if they are unavoidably delayed. Our Group Directors of Nursing will monitor clinic running times. BLS interpreters are booked for patients who need them.</p>	<p>Findings of review undertaken as a result of this recommendation, detailing any changes made by the Trust.</p> <p>Current patient feedback heard by the Trust that demonstrates that the issues relating to BSL interpreters have been resolved, including their availability for full consultations even when clinics overrun.</p>
<p>Ensure that staff undertake specialist disability awareness training annually, and that this is reviewed regularly to ensure staff have appropriate support and training to meet patients' needs and rights (ensuring that BSL interpreters are promoted to all who require them).</p>	<p>Our staff are required to undertake equality and diversity training as part of our mandatory training programme. We run a BSL programme for staff to attend.</p> <p>Staff within BMEC are provided with training on how to guide visually impaired people run by our Eye Clinic Liaison Officers.</p>	<p>Current patient feedback heard by the Trust that demonstrates that the issue that patients with hearing or sight impairments do not feel adequately supported has been resolved.</p>
<p>Identify, record, flag, share and meet the information and / or communication needs of patients and service users - and where appropriate their carers or parents - in line with the Accessible Information Standard.</p>	<p>This is in place.</p>	<p>Current patient feedback heard by the Trust that demonstrates that patients with communication needs are identified and are communicated with appropriately.</p>

Feedback from patients requiring interpreters that the system for booking interpreters meet these patient's needs, and action taken by the hospitals where improvements are identified.	We will consider this.	Findings of review undertaken as a result of this recommendation, detailing any changes made by the Trust. Current patient feedback heard by the Trust that demonstrates that the issues relating to interpreter booking systems have been resolved.
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Birmingham Midland Eye Centre

Recommendations based on issues heard	S&WB NHS Trust Response	Healthwatch Birmingham will request the following information, for inclusion in our six-month follow-up report.
Ensures all waiting rooms should have allocated wheelchair zones and priority-seating systems are in place.	We have zoned seating areas for clinics and emergency patients. We have increased our wheelchair availability. We provide support to patients / relatives in wheelchairs. Replacement colour coded seating has been ordered for BMEC ED to support the patients with navigating around the department.	Findings of review undertaken as a result of this recommendation, detailing any changes made by the Trust. Current patient feedback heard by the Trust that demonstrates that the issues relating to wheelchair zones and priority seating arrangements have been resolved.
Ensures that staff collect patients who are visually impaired in order to guide them to their appointments.	We agree and will reinforce this important message and ensure that this is monitored. Staff within BMEC are provided training on how to guide visually impaired people run by our Eye Clinic Liaison Officers.	Current patient feedback heard by the Trust that demonstrates that the issue of not guiding patients with visual impairments to appointments has been resolved.
Reviews the efficiency and response times of call handling and produces an action plan to address issues identified.	We have done this to ensure that calls are answered at all times.	Findings of review undertaken as a result of this recommendation, detailing any changes made by the Trust. Current patient feedback heard by the Trust that demonstrates that the issues relating to call handling have been resolved.

References and Endnotes

- ¹Leather, P., Beale, D., Santos, A., Watts, J. and Lee, L. (2003). Outcomes of environmental appraisal of different hospital waiting areas. *Environment and Behavior* 35(6), pp. 842-869.
- ²Ortega-Andeane, P. and Estrada-Rodriguez, C. (2008). 'Environmental evaluation of hospital waiting rooms: Relationships of psychoenvironmental variables'. Proceedings of the Environmental Design Research Association (EDRA) 39, 28 May-1 June 2008, Veracruz, Mexico.
- ³Yoon, J. and Sonneveld, M. (2010). 'Anxiety of patients in the waiting room of the emergency department'. Proceedings of the fourth international conference on tangible, embedded, and embodied interaction, 24-27 January 2010, Cambridge, Massachusetts.
- ⁴Leather, P., Beale, D., Santos, A., Watts, J. and Lee, L. (2003). Outcomes of environmental appraisal of different hospital waiting areas. *Environment and Behavior* 35(6), pp. 842-869.
- ⁵Department of Health (2005). 'Now I feel tall' *What a patient-led NHS feels like: Best Practice Guidance*, p. 5. London: Department of Health. At https://webarchive.nationalarchives.gov.uk/20130123205405/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4124475
- ⁶Accessible Information Standard: Overview 2017/18. At www.england.nhs.uk/publication/accessible-information-standard-overview-20172018/
- ⁷A focus group member told us: In Gloucester they have a card which you show to the hospital that explains that you are deaf and living with a hearing disability (deafPLUS focus group member).
- The deaf communication card is a result of partnership working between a local deaf charity, Gloucestershire Deaf Association (GDA) and Gloucestershire Hospitals NHS Foundation Trust to create the cards for deaf patients whose first language is British Sign Language (BSL). The plastic cards help identify patients immediately as deaf and that communication support is needed. It also includes details for the GDA 24-hour-a-day contact line, to help medical staff know how to book a BSL interpreter.
- Within these focus groups Healthwatch Birmingham heard first-hand how beneficial deaf people would find such a system as this. They were passionate about the benefits of NHS services investing in awareness and training to ensure staff are disability aware and can communicate effectively with those with a visual or sight impairment.

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Healthwatch Birmingham would like to thank the Trusts, patients and community and voluntary organisations for their participation and involvement in this investigation.

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