



Bucks Healthcare NHS Trust

‘On the spot’ project

Trauma & orthopaedics service

September 2020



Why did we do the project?

We asked people how Buckinghamshire Healthcare NHS Trust’s (BHT) Trauma and Orthopaedics service (T&O) could be improved. BHT wanted to get views on some ideas to:

- save people trips to the hospital
- reduce the time they wait for an appointment.

They wanted to know how people would like to receive information about their condition and how to live better with it in the future.

We have also looked at people’s experiences of First Contact Practitioners and the Bucks Musculoskeletal Integrated Care Service (MusIC).

What did we do?

We visited 10 clinics in October 2019 (Table 1). Appendix 1 gives the full details. The number of visits to each was based on the size and frequency of each sub-specialty clinic.

Sub-specialty clinic	Number of visits
Hip and knee	4
Back and neck	2
Shoulder and elbow	2
Hand and wrist	1
Foot and ankle	1

Table 1 - Clinics visited

We followed our ‘Enter and View’ procedures. Appendix 1 explains the process. It also lists our authorised representatives who took part in the visits.

We talked to people using a semi-structured interview approach (a personal interview survey). This included some ‘about you’ questions. We also explained how:

- we would use their anonymised feedback
- they could withdraw their consent later (see Appendix 2).

Who we spoke to

We talked to 101 people. We excluded two responses where we only had time to ask the first few ('about you') questions. Of the remaining 99, we talked to:

- 85 patients
- 12 relatives, carers or friends
- details for two people were not recorded.

Appendix 2 gives the full 'about you' details of everyone we spoke to. When we heard feedback from both a patient and their relative, we recorded the details of the patient.

The waiting areas were normally used for more than one clinic. We aimed to talk to people waiting for the clinic identified in Table 1 but sometimes they were waiting for a different clinic. The number of people we spoke for each clinic is shown in Table 2.

Clinic	Number
Back/neck	11
Elbow/shoulder	15
Foot/ankle	24
Hip/knee	29
Other (fracture clinic)	1
Wrist/hand	16
Not known/not answered	3
TOTAL	99

Table 2 - Number of people we spoke to by clinic

For various reasons some people didn't answer all the questions. Some were called for their appointment while we were talking to them. This means that questions have a different number of responses.

What did we find out?

Your appointment today

Question 1 - Is this the first time you've visited this clinic?

In response to this question:

- 31 people said it was the first time they'd visited the clinic
- 68 said it wasn't their first visit.

Question 2 - Who referred you for this appointment today?

We didn't ask people for full details of their referral pathway. We just recorded the last place a patient had visited. Figure 1 shows that most people (38) were waiting for a follow up appointment at the same clinic. But after that people had come from a range of different places.

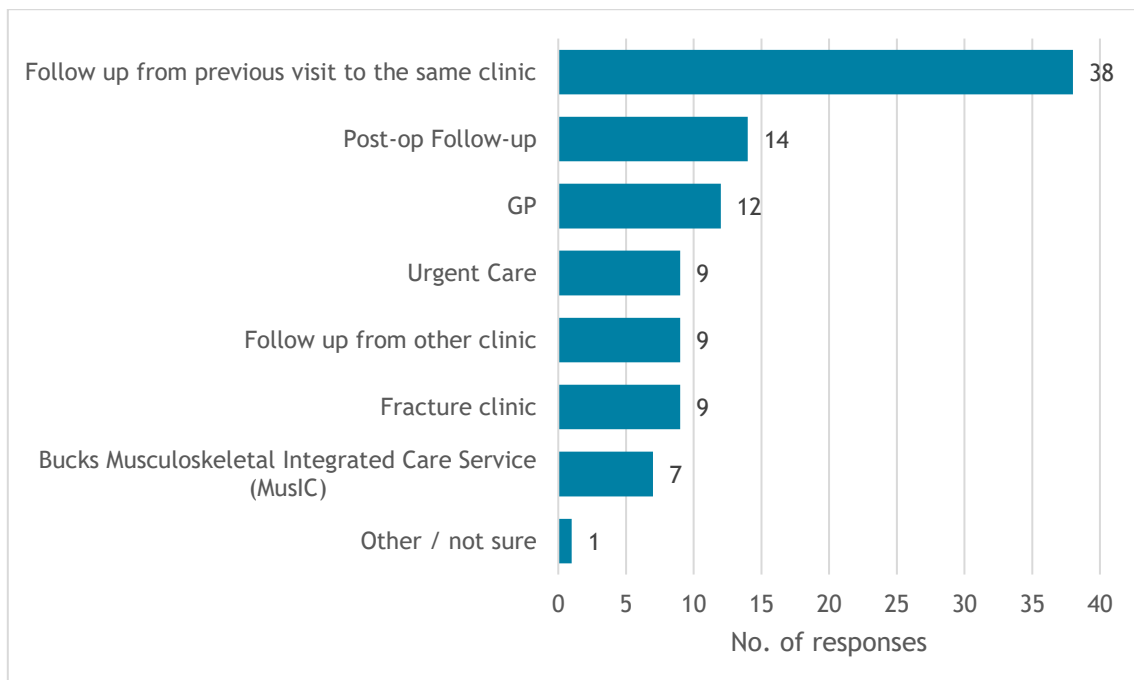


Figure 1 - Who referred you for this appointment today? (the last place visited)

Question 3 - Has anyone you've seen explained what will happen during your appointment today?

Table 3 shows that about a third of those who answered this question said that someone had explained what would happen during their appointment.

Some of those who said 'no' commented that they knew or guessed based on previous experience or didn't need it explained.

A number of people whose response was 'yes' said they knew from previous experience.

We looked to see if the responses changed depending on the clinic but there wasn't any difference.

Has anyone you've seen explained what will happen during your appointment today?	Number of responses
No	62
Yes	33
Not sure	2
Not known/not answered	2
TOTAL	99

Table 3 - Has anyone you've seen explained what will happen during your appointment today?

Question 4 - How did you get the details about your appointment today?

The responses to this question are shown in Table 4.

A letter (by post) was the most common response (36), followed by a digital appointment letter (30).

Some people said they had letters to confirm their appointment made over the phone.

How did you get the details about your appointment today?	Number of responses
Letter (by post)	36
Digital appointment letter (text message with link to a letter)	30
Phone call	24
Previous Appointment	4
Other - digital referral letter/discharge letter/made by Wycombe hospital/given paper with time and date by doctor/urgent appointment arranged by GP.	5
TOTAL	99

Table 4 - How did you get the details about your appointment today?

The 'phone call' appointments included:

- people who rang the hospital themselves
- those who had been contacted by the hospital (sometimes to cancel an appointment). For example, one person said that they had a letter to confirm their fracture clinic appointment and then a phone call to rearrange.

Question 5 - If digital appointment letter, what did you think about getting an appointment this way?

30 people said they'd received a digital appointment letter. Of these:

- 26 said they were happy with this approach
- One (1) said they would prefer a letter through the post
- Three (3) - not answered/not known.

"It was brilliant."

We heard a range of positive feedback about the digital appointment letter. These included views that it:

- saves paper
- is easier and quicker (it gives options to accept, rebook or cancel and this can be done at a convenient time)
- was very useful as their address had changed
- can be uploaded to a phone and put straight into a calendar.

Other comments are highlighted below.

- + One person said they had a digital appointment letter but didn't log on so got a letter.
- + One patient raised a frustration about the digital e-referral letter process. They needed to phone a premium number (£1.50 for two calls) because an issue couldn't be sorted out online. They were left not knowing whether they had an appointment.

Question 6 - Were you given any written information about what would happen during your appointment today? (eg a letter or a leaflet)

Most people (75/99) said that they hadn't been given any written information about what would happen during their appointment (Table 5).

Were you given any written information about what would happen during your appointment today?	Number of responses
No	75
Not sure	2
Yes	21
Not known/not answered	1
TOTAL	99

Table 5 - Were you given any written information about what would happen during your appointment today?

We have summarised comments below.

- + Eight (8) people mentioned the letter.
- + Seven (7) said the information had been given at a different time or it wasn't needed.
- + Two (2) people said they had emergency appointments and one (1) a post op check.
- + Three (3) mentioned the sort of information they'd received. Others mentioned they were just given a time and place, a piece of paper, or didn't know the name of the consultant.

Question 7 - If yes to Question 6 - How clear was the information?

21 people said they had received information. Of these:

- 14 said the information was very clear
- five (5) said the information was quite clear
- two (2) - not answered/not known.

Question 8 - Any additional comments on what the patient is expecting to happen today or about text appointments/reminders

“Lovely NHS staff. Very dedicated.”

We heard a mix of further views when we asked this question.

- + A couple of people said the system was very efficient. Another said they were very unsure about the check-in procedure and commented that there was no sign information.
- + One person said the information provided left more questions and another that it was quite clear but not completely. Another felt that no useful information was given prior to their appointment.

One person said that the service had been good up to today's appointment. [Note: the clinic was running late that day].

Question 9 - Did you get a reminder about your appointment today?

78% of those who answered this question said they had received a reminder (Table 6).

Did you get a reminder about your appointment today?	Number of responses
Yes	76
No	18
Not sure	4
TOTAL	98

Table 6 - Did you get a reminder about your appointment today?

For those who said ‘yes’ to Question 9, we looked to see if getting a reminder depended on how the appointment was made (using the responses to Question 4). The results are shown in Figure 2 . There seemed to be a difference between people who had a digital appointment letter and those whose appointment was sent by letter in the post. The results showed:

- 93% (28/30) of those who had a digital appointment letter said they had a reminder
- 67% (24/36) of those who had a letter said they had a reminder.

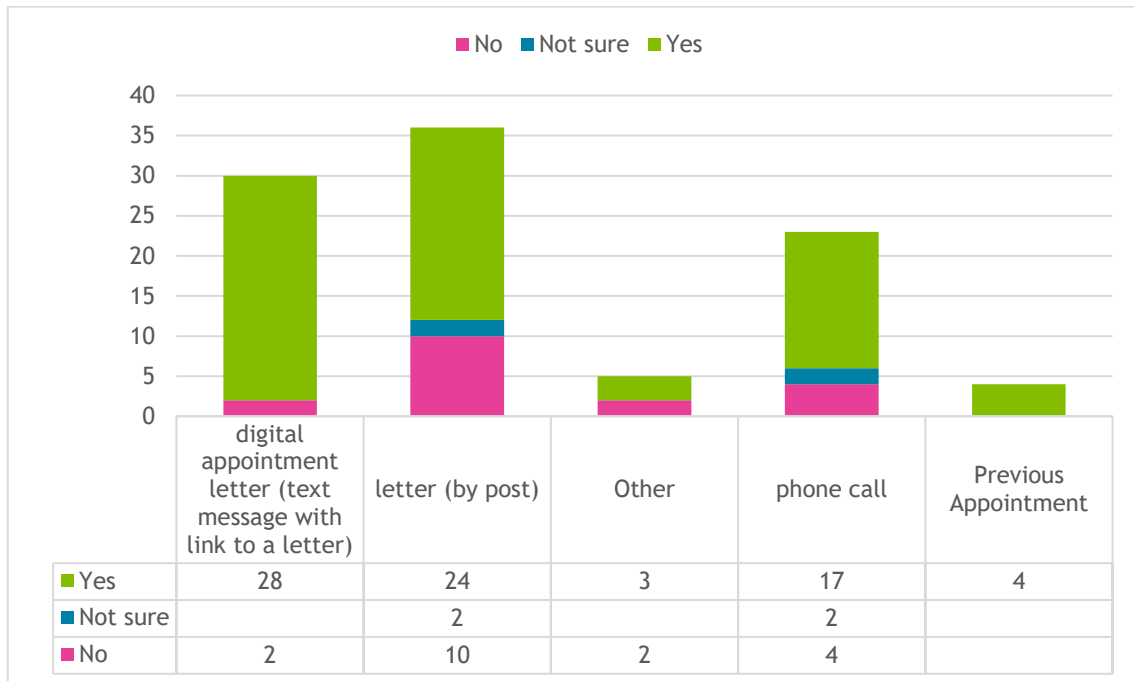


Figure 2 - Whether people had a reminder (Q9) by how the appointment was made (Q4)

Question 10 - If yes to Question 9 - What sort of reminder was it?

Table 7 shows that, of the 76 people who said they had a reminder, most (59) had a text reminder and 11 had an automated phone call.

What sort of reminder was it?	Number of responses
Text	59
Phone call	11
Letter and text	2
Other (email)	1
Not known/not answered	3
TOTAL	76

Table 7 - What sort of reminder was it?

We compared the **type of reminder** with how the appointment was made (Figure 3). Almost all of the people that got a digital appointment letter had a text reminder. Of those who had an appointment letter about a third had a phone reminder and the rest had a text. Nearly 70% of those whose appointment was made by phone had a text reminder.

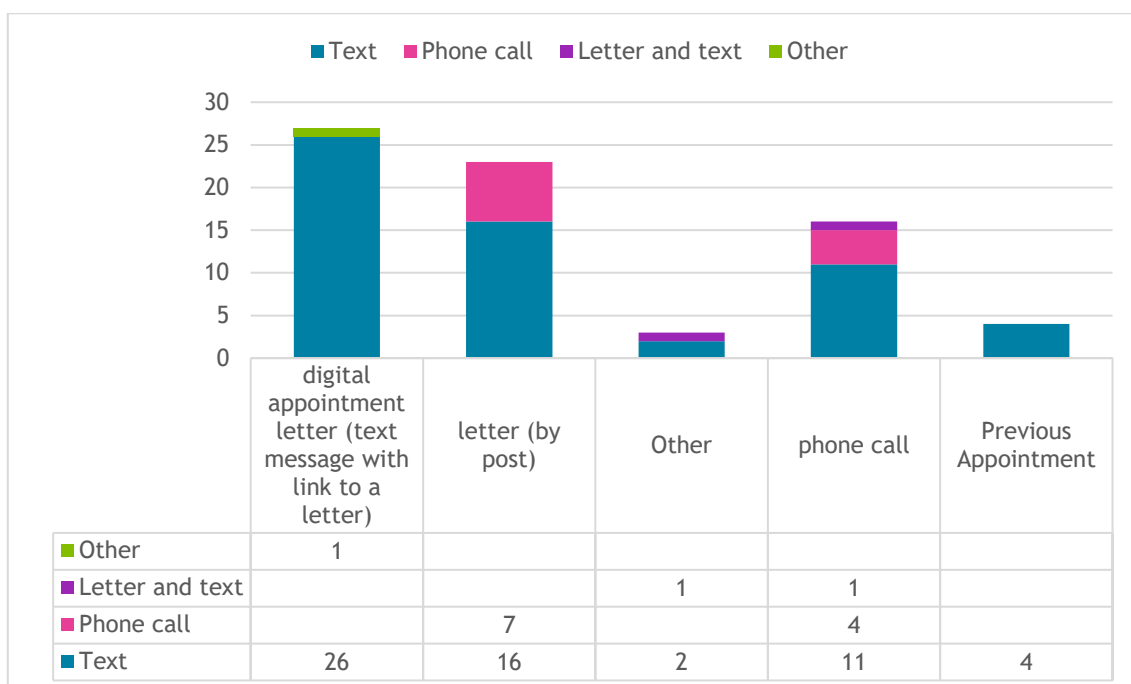


Figure 3 - Type of reminder compared to how the appointment was made

Question 11 - If yes to Question 9 - How helpful did you find the reminder?

Table 8 gives the responses to this question for those who said they had a reminder. Overall:

- 78% (59/76) said it was 'very helpful' or 'quite helpful'
- 13% (10/76) said it was 'not very helpful' or 'not at all helpful'.

If yes - How helpful did you find the reminder?	Number of responses
Very helpful	41
Quite helpful	18
Not very helpful	7
Not at all helpful	3
Not known/not answered	7
TOTAL	76

Table 8 - How helpful did you find the reminder?

We looked at how helpful people found the reminders by the type of reminder they received. Figure 4 shows that:

- people's views of the phone call reminder were more mixed than for text reminders (although the numbers were small)
- most people said text reminders were 'quite helpful' or 'very helpful'.

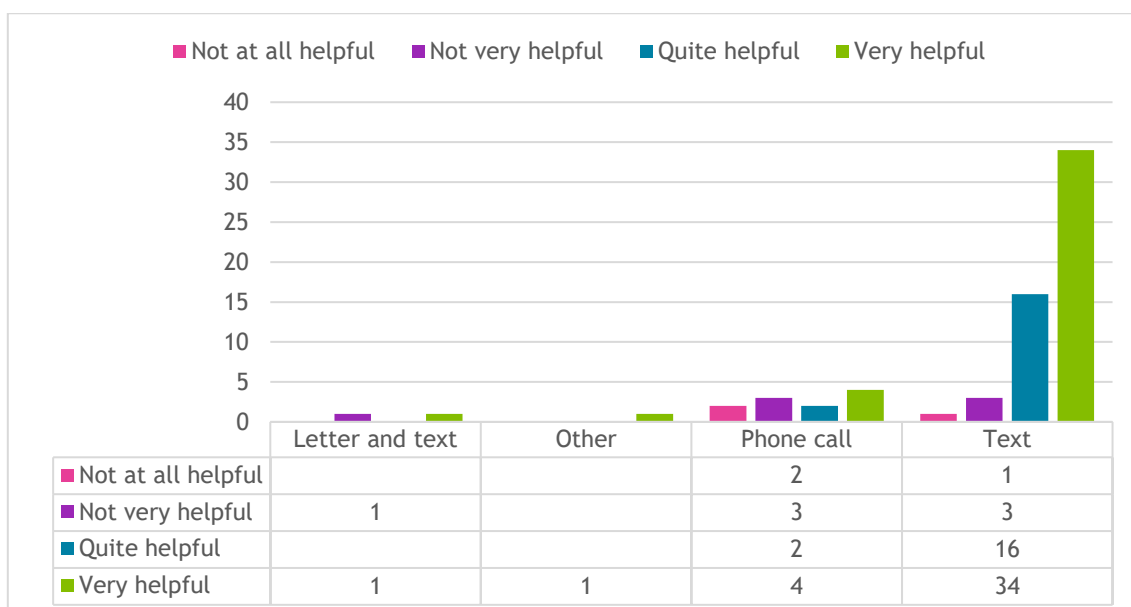


Figure 4 - How helpful did you find the reminder (Q11)? By the type of reminder(Q10)

We heard a wide range of views about the reminder system. These are summarised below.

Automated phone call reminder

“Anything to confirm, given frequency of cancellation, is good.”

One person said they had several letters and an automated phone call and another mentioned that the automated voices had improved.

Some negative views, from those who said a reminder wasn’t helpful, are below.

- + A couple of people had concerns about the automated reminders in case they were scams or fraudulent calls. One person said the phone number came up as potentially fraudulent number and came up on Google as a possible phishing text. A couple of people also found the calls annoying or a nuisance (one was enough). One said there was no way of asking questions.
- + Someone said they had difficulties getting to the phone in time and got two calls. Another said they had three reminders.

Text reminder

“Reassurance they know I’m coming and reminder to me.”

People who said the reminder was ‘quite helpful’ or ‘very helpful’ had positive comments. These are summarised below.

A number (11) gave reasons why text reminders were helpful. People mentioned that they were:

- easy
- a good idea (particularly when appointments were made a while ago)
- helpful and reassuring to know the clinic was expecting them
- clear about which clinic to attend (particularly for one person who had lots of different appointments).

Other pieces of individual feedback are highlighted below.

- + One person found it helpful but explained that the appointment had changed from Wycombe to Stoke Mandeville. They had a letter with the change of date and time but reminder was for the previous appointment.
- + Another had a text reminder but it was for a clinic that they weren't expecting to attend.
- + Some (3) said they didn't really need a reminder and another didn't get a reminder (possibly because it was too close to the appointment).

Negative comments from people who said the text reminder was 'not very helpful' or 'not at all helpful' included:

- it wasn't helpful because it was soon after making appointment. But for other appointments, which are further apart, they're helpful
- can understand why it's done but they said they were capable of cancelling themselves
- a couple of people said they had a letter and a text. One said they had the automated service and the text. They said the reminder was too close to the appointment so wasn't helpful at all.

"I have a lot of appointments so it can be confusing because it's not clear which appointment is where. So I have to check which clinic I need to go to."

In the future - telephone and video appointments

Question 12 - In the future, if you didn't need an examination or tests - would you like the option of having an appointment over the phone?

About the same number of people said they would like the option of having an appointment over the phone as said they would not (Table 9).

A further 12 people gave a qualified 'yes' response. They said, 'yes if', for example, it was clinically appropriate or depending on the nature of the condition.

In the future, if you didn't need an examination or tests - would you like the option of having an appointment over the phone?	Number of responses
No	42
Yes	41
Yes - depends / if clinically appropriate	12
Not sure	3
Not known/not answered	1
TOTAL	99

Table 9 - In the future, if you didn't need an examination or tests - would you like the option of having an appointment over the phone?

When we looked more closely at these results, we found a very strong difference of opinion based on age (Figure 5). Appendix 3 shows our statistical analysis.

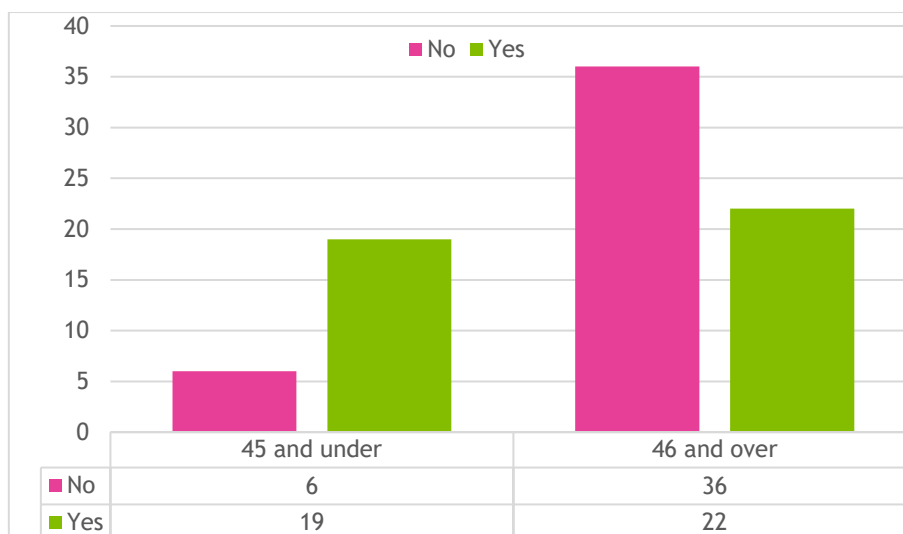


Figure 5 - In the future, if you didn't need an examination or tests - would you like the option of having an appointment over the phone? By age

We heard comments expressing reservations from those who said they wouldn't like this option.

- + A few people (4) said they'd prefer a face to face approach.
- + Three (3) said no because they described themselves as 'hard of hearing'.
- + A couple of people noted that (based on their experience) the approach may not be appropriate for some who had English as a second language.
- + Two (2) comments mentioned that body language is important or didn't think it would work over the phone.
- + One person wanted to know how you would get medication if you needed it.

Comments from those who said they would like this option are summarised below.

- + One said this would be much better and another "definitely".
- + A couple of people said it would save travelling. One explained they had come from High Wycombe for a different appointment. It was a 2-minute check-up. They felt they could have saved the drive and someone else could have had the appointment.
- + Two (2) mentioned this was already happening with GP appointments.

12 people gave a qualified 'yes' response. They gave reasons such as: if it was suitable; depends on situation or medical condition. Some added comments such as:

- they would prefer a professional view
- it would be nice to speak to someone
- it depends on the nature of the problem (ie if routine then yes, but if needed attend in person).

One person said they were not sure there were too many 'depends on'.

Question 13 - Do you have access to a mobile phone, computer or tablet that could be used for video calls (eg Skype/Facetime/Whatsapp)?

81% of those who answered this question had access to technology that could be used for video calls (Table 10).

Do you have access to a mobile phone, computer or tablet that could be used for video calls?	Number of responses
Yes	79
No	17
Not sure	2
TOTAL	98

Table 10 - Do you have access to a mobile phone, computer or tablet that could be used for video calls?

We looked at the responses by age (Figure 6). This showed that the younger age groups have good access to technology that would allow video appointments but the proportion declines with increasing age group.

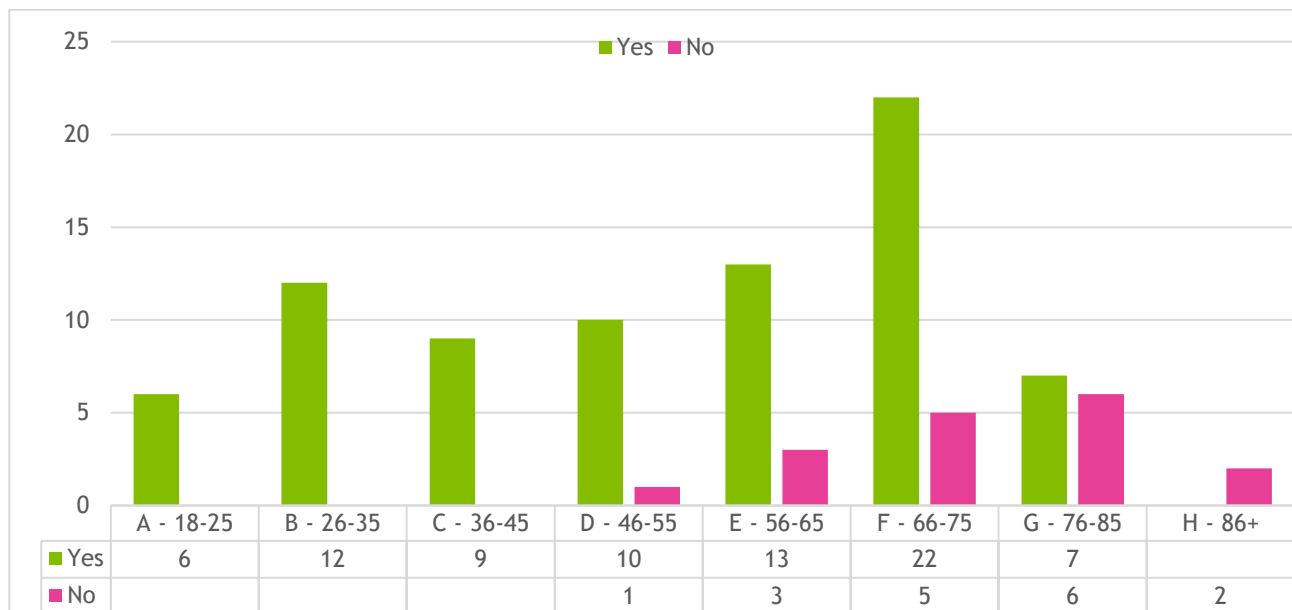


Figure 6 - Question 13 Do you have access to a mobile phone, computer or tablet that could be used for video calls. By age

Question 14 - If yes to Question 13 - Do you already do video calls for other things (eg for work meetings or keeping in touch with family and friends)?

79% (62/78) said they already do video calls -of those who answered the question and said they had access to the necessary equipment (Table 11). (There was one not answered/ not known response.)

If yes - Do you already do video calls for other things?	Number of responses
Yes	62
No	16
TOTAL	78

Table 11 - If yes to Question 13 - Do you already do video calls for other things (eg for work meetings or keeping in touch with family and friends)?

Question 15 - If yes to Question 13 - In the future, if you didn't need an examination or tests - would you like the option of having an appointment over a video call?

50% (38/76) who answered the question (and had the equipment) said they'd like the option of having an appointment over a video call (Table 12).

As with Question 12, a further 14% (11/76) said 'yes if' certain conditions were met. The reasons mentioned included if it was:

- clinically appropriate for the condition or circumstances
- for check-ups
- if no x-ray were needed
- if it was with a consultant.

One person commented that a video call if medically appropriate would allow someone to see a visual symptom.

If yes - In the future, if you didn't need an examination or tests - would you like the option of having an appointment over a video call?	Number of responses
Yes	38
No	20
Yes - depending / if clinically appropriate	11
Not sure	7
TOTAL	76

Table 12 - If yes to Question 13 - In the future, if you didn't need an examination or tests - would you like the option of having an appointment over a video call?

We looked to see if the age of the person made a difference to their response. The results suggest that the older age group were less sure about the approach. This was more apparent when we pooled the responses into two age groups '55 and under' and '56 and over' (Figure 7).

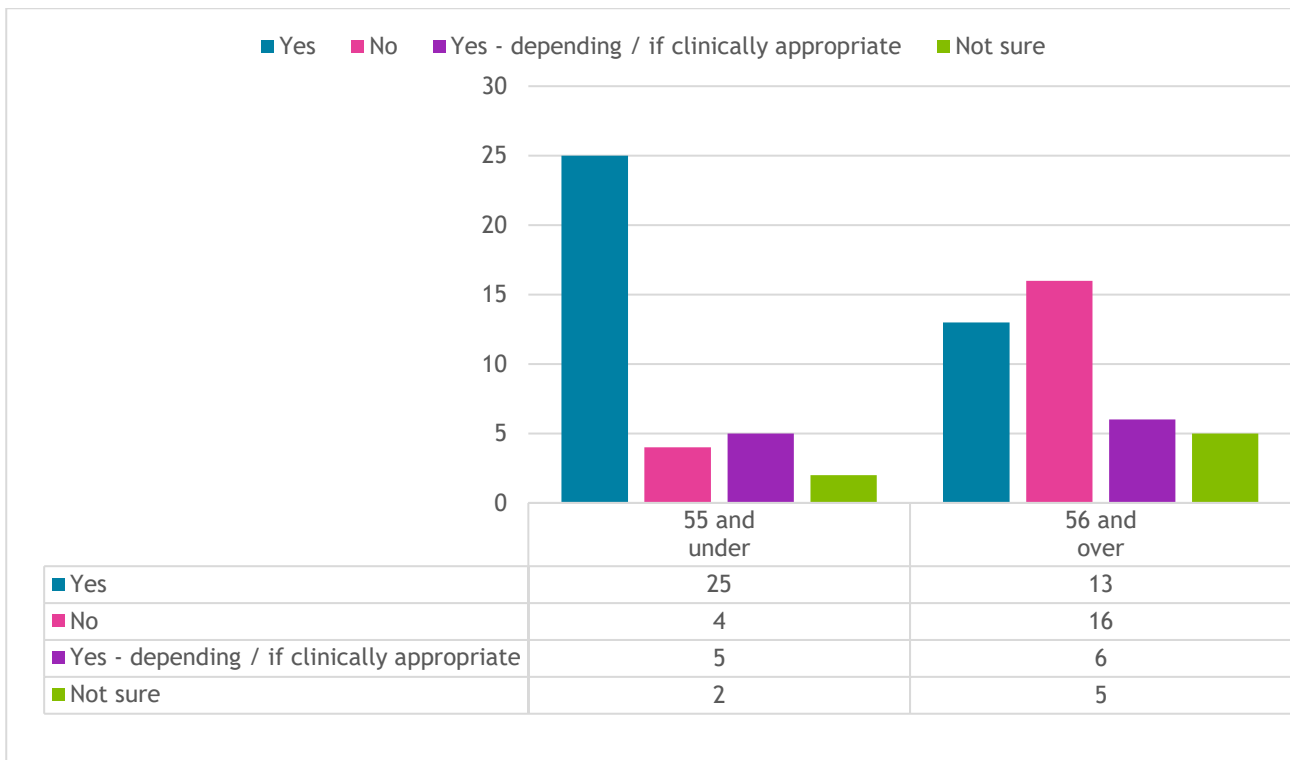


Figure 7 - If yes to Question 13 - In the future, if you didn't need an examination or tests - would you like the option of having an appointment over a video call? By age

People who would like the option of a video call also said:

- especially if it meant being seen more quickly and it's quicker and easier (2)
- it wouldn't be their first choice and another said they'd prefer face to face (2)
- it would be good to check doing exercises for those who are housebound.

Some of the comments from those who weren't sure included:

- one person who didn't have the technology at the moment said, "If I had the equipment it might be better than the phone"
- would prefer face to face
- it depends (on a variety of issues mentioned) (3).

Those that said 'no' mentioned:

- preferring face to face contact or would rather come in (5)
- it was OK with the GP but not the consultant
- they were happy with a phone call
- possibly further down the line
- that they don't use video calls enough.

Other individual comments are below.

- + One person said they were concerned about phone hacking and that the information could be intercepted so would only agree if it was secure.
- + Another (who didn't answer after Question 13) said they would worry about technology working.

In the future - appointments with other healthcare professionals

Question 16 - In the future - if it meant a shorter wait for an appointment date - would you like the option of seeing a specialist nurse or physiotherapist?

47% (46/97) of those who answered the question said they would like the option of seeing a specialist nurse or physiotherapist (Table 13).

A further 26% (25/97) gave a qualified 'yes if' response. The reasons people gave for their qualified 'yes' included:

- if medically/clinically appropriate
- depending on the condition
- if they can refer to a different specialist if necessary
- if they have the training and knowledge
- would prefer doctor first/ only for follow up (not first appointment).

In the future - if it meant a shorter wait for an appointment date - would you like the option of seeing a specialist nurse or physiotherapist?	Number of responses
Yes	46
Yes - if they could refer / arrange the necessary treatment/had the right training/if appropriate etc	25
No	16
Not sure	10
TOTAL	97

Table 13 - In the future - if it meant a shorter wait for an appointment date - would you like the option of seeing a specialist nurse or physiotherapist?

Again, we looked to see if there was a difference depending on the age of the person who responded. As with Question 15, the responses in the '56 and over' age group were more mixed than the younger group (Figure 8 and Table 14).

Age Group	Yes	Yes - if they could refer / arrange the necessary treatment/had the right training	No
55 and under	21	10	4
56 and over	25	15	12

Table 14 - In the future - if it meant a shorter wait for an appointment date - would you like the option of seeing a specialist nurse or physiotherapist? By age

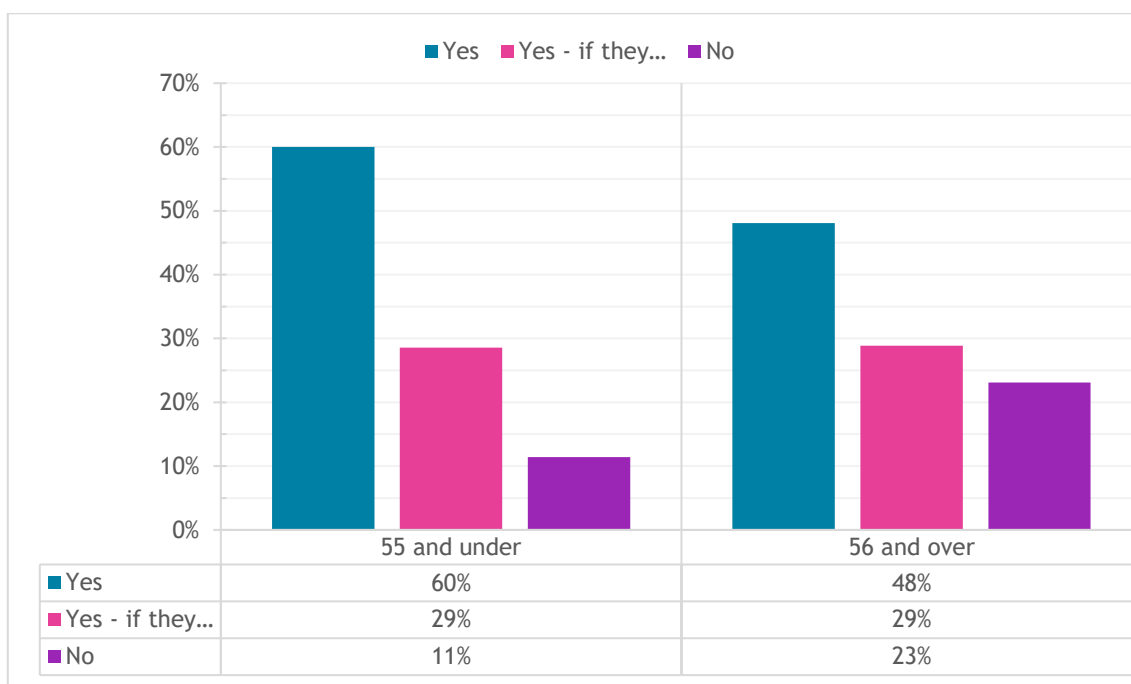


Figure 8 - In the future - if it meant a shorter wait for an appointment - would you like the option of seeing a specialist nurse or physiotherapist? By age group

“Already happening for another condition and works really well.”

Some people offered additional views.

- + A couple of people said that they were familiar with the approach elsewhere.
- + A few people explained that they had said ‘no’ because they wanted to see the person who had done their operation or that they would prefer to see a doctor.
- + A few people who said ‘no’ or ‘not sure’ made comments that suggested they would be happy with this approach under certain circumstances.

Getting advice about your condition and how to manage it

Question 17 - Have you been given any advice or information about your condition and how to manage it?

Table 15 shows that about 70% (69/98) of those who answered this question said that they had been given advice or information about their condition and how to manage it.

Have you been given any advice or information about your condition and how to manage it?	Number of responses
Yes	69
No	20
Not applicable	6
No - but I looked it up myself	1
Not known/not answered	3
TOTAL	98

Table 15 - Have you been given any advice or information about your condition and how to manage it?

People who said ‘yes’ added comments about:

- who had given the advice or the type of advice (7)
- the fact that they’d had advice previously (3)
- the level of information (eg basic, vague and variable).

A number (3) said ‘no’ or ‘not sure’ because they knew from previous experience.

Question 18 - If yes to Question 17 - Where did you get the advice or information?

We asked people who said they had been given any advice where they had got it from and how clear it was. The results are shown in Figure 9. Most people said ‘another part of the hospital’. This included healthcare professionals (physiotherapists or consultants), A&E or after an operation.

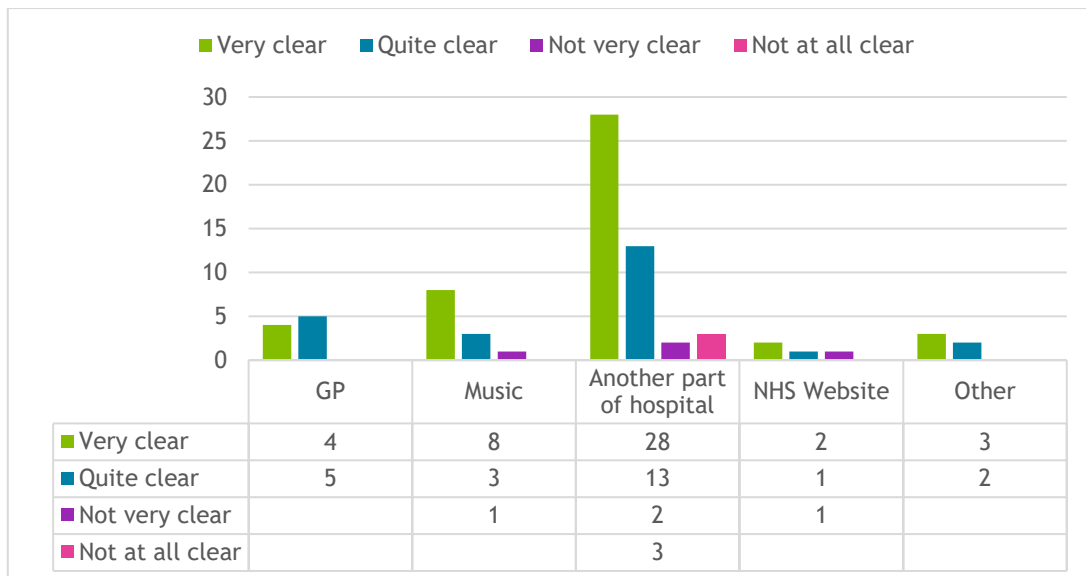


Figure 9 - Where did you get the advice or information?

Question 19 - Would you like more advice about your condition and how to live better with it?

Almost 40% of those who answered the question wanted more advice (Table 16).

Would you like more advice about your condition and how to live better with it?	Number of responses
No	45
Yes	33
Not sure	5
TOTAL	83

Table 16 - Would you like more advice about your condition and how to live better with it?

We looked at the responses depending on the clinic people were attending. Figure 10 shows some differences (although the numbers are small).

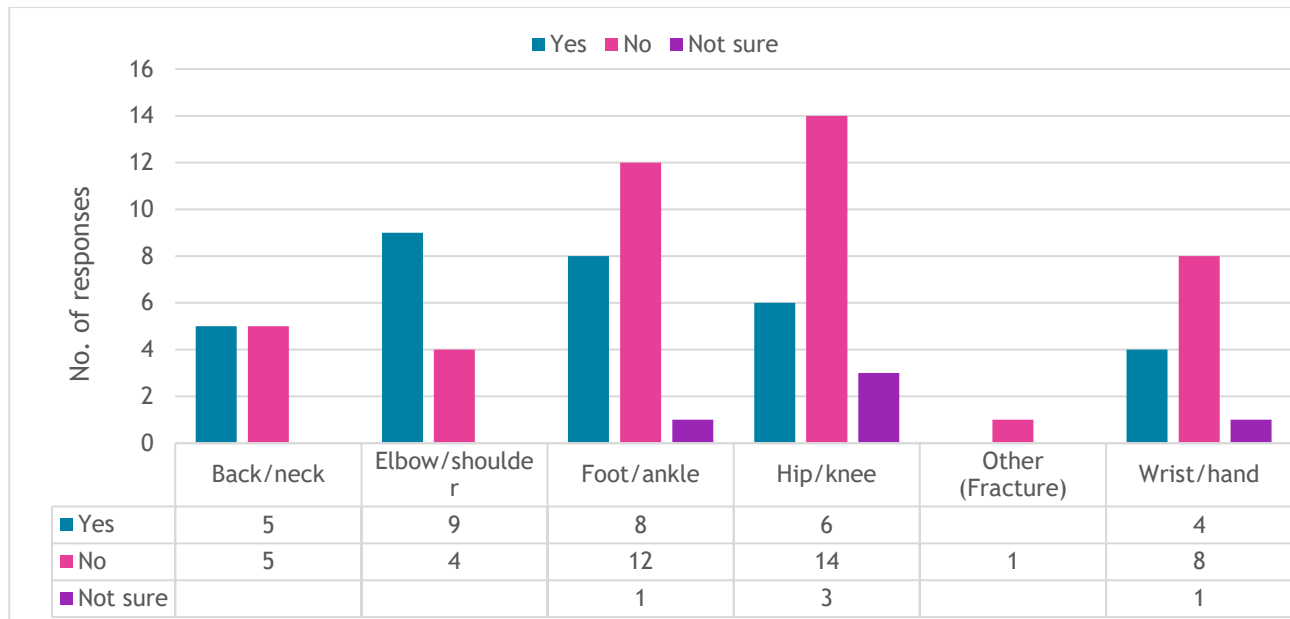


Figure 10 - Would you like more advice about your condition and how to live better with it? By clinic

Note that two of the 83 people that answered Question 19 didn't tell us which clinic they used. Therefore Figure 10 only includes 81 responses.

Those who said 'yes' to this question mentioned:

- wanting advice on specific issues or what to look out for (3)
- that they hadn't had any advice yet or did not know what was happening (3)
- wanting to be able to have a copy of their x-ray (1).

A few people who didn't want further information or weren't sure said it was because they knew what needs to be done, felt there wasn't much more advice they could be given or had already had information. Another said that there wasn't enough time given to 'physio' They only came for one day and there was no continuity.

Question 20A - If yes to Question 19 - In the future, would you like to receive advice by attending a group session with others who have your condition - if it was at a convenient time?

55% (18/33) people would like to receive advice by attending a group session (Table 17).

If yes In the future, would you like to receive advice by attending a group session with others who have your condition - if it was at a convenient time?	Number of responses
Yes	18
No	12
Not sure	2
Not applicable	1
TOTAL	33

Table 17 - If yes, In the future, would you like to receive advice by attending a group session with others who have your condition - if it was at a convenient time?

We looked at all the feedback regardless of whether people said they wanted more advice about their condition (ie 'yes' to question 19).

Feedback from people who said yes to question 19 and yes to question 20A is below.

- + A number said this was a good idea or they were open to the idea for relevant conditions.
- + Two (2) had some positive experience of other groups and another said it would provide reassurance.
- + One person said they were happy to get information from family members and pass it onto other friends.

“Yes - sometimes helpful to have that support from people who know about what it's like.”

No/not sure

A few said 'No' or 'Not sure' because it wasn't applicable for their condition. Other reasons for saying 'no' were: personal preference (2), accessibility issues (2) and not wanting any more appointments.

Question 20B - If yes to Question 19 - In the future, would you like online access to NHS-approved information and advice?

74% (23/31) who answered the question said they'd like online access to NHS-approved information (Table 18).

If yes, In the future, would you like online access to NHS-approved information and advice?	Number of responses
Yes	23
No	7
Not sure	1
TOTAL	31

Table 18 - If yes, In the future, would you like online access to NHS-approved information and advice?

A few people explained why they said yes to this question. Their answers are summarised below.

- + Some commented that they already accessed information online (4) (eg Ask NHS or not specifically NHS). Another used 111 to see if there was a need to go to A&E.
- + Two (2) people wanted information that was specific to them and their condition. One felt that someone could get the wrong advice based on wrong input.
- + Another comment was that different areas had differing views on their condition and some were conflicting.
- + One person explained they had said no because they didn't have a computer.

Question 20C - Please tell us if there are other ways you'd like to receive advice.

We didn't ask everyone this question but 18 people offered their views. In summary their comments included:

- preferring to receive face to face or one-to-one advice (6)
- being given information:
 - over the phone (4)
 - by email (3)
 - by text messages (2)
 - on-line (2)/video clips (2), electronic leaflets/booklets, apps
 - as paper leaflets (1)
 - appropriate group meeting for people with the same issues.

One person suggested video advice in different languages for technical terms would be helpful.

A couple of people said it would be helpful to have a phone point of contact ('hotline') to call if they were concerned or wanted to get advice about what you should /shouldn't expect.

Views after an appointment

We spoke to 12 people after their appointment. They were all happy with their appointment (one person said they were very happy).

- + 11 said someone explained what will happen next.
- + Five (5) people said they knew who to contact for advice and help once they'd left hospital. Of these, three (3) told us they would contact the consultant, the consultant's secretary or the clinic.
- + Five (5) said they didn't know who to contact. One person said they were waiting for a phone number and had been told to contact the medical secretary. Other suggestions were: the team on the original letter; the GP or the out of hours doctor/A&E.

Other views

"Service received generally has been excellent and extraordinary."

We asked people two general questions:

- question 21 - If you could change one thing about the service you've received for this condition, what would it be?
- question 22 - Is there anything else you'd like to tell us?

"This is a super hospital. We were really delighted."

We have reported all the feedback together because the same themes were raised by people under both questions. Some people commented on more than one theme.

- 75 people offered comments in answer to Question 21.
- 41 people offered views in response to Question 22.

"Very grateful for NHS. NHS need better funding."

"Rheumatology brilliant". Can't sing their praises enough."

General comments

"NHS is brilliant".

There were 26 general comments. Overall there were 24 positive comments about the clinic, another part of the hospital or the NHS in general.

"Excellent service. Got an appointment straight away when phoned. Patient already in the system."

One person said that they had enjoyed food as inpatient and another two people had good things to say about their experience of A&E though a couple of others commented on the length of the wait in A&E

"A&E absolutely brilliant. In and out within 1.5 hours".

“Treatment at Wycombe was amazing...”

There was only one negative general comment about the NHS.

“Understand NHS are struggling - doing the best they can. Has gone downhill sadly.”

Making the appointment

People highlighted aspects of the appointment process they'd like to change. These were:

- shorter waiting times for getting an appointment (8). We heard a further comment under Question 22 about the long wait for an appointment
- understanding the length of time to wait for an appointment (3). One person was waiting for treatment for two procedures and needed advice about the timing of the other one
- appointments being cancelled and having to wait longer (3). One said no reason was given
- appointments at a hospital closer to home. (3). One comment was about an eye appointment in Amersham. The person explained this meant that they couldn't drive afterwards and public transport was limited (buses 4 times a day). A taxi cost £27 each way.

Other comments were that:

- appointment times should have regard for a patient's age and ailment. One person said that sometimes they're given a date that's too early [because of their condition]
- sometimes appointments clash with other ones or it would help if appointments in other clinics could be closer together.

One person said they would like less delay in having an appointment. However in this case they said they would prefer to wait to see a specific consultant who they trust.

On the day of the appointment

Some comments were about getting better information about how the appointment process works and what to expect. These were:

- a more efficient way of handling appointments and people. One mentioned the apparent lack of joined up thinking about the patient's experience and the prolonged timetable of events within the hospital. One felt that “nothing is linked” and described the journey from reception to clinic to x-ray to clinic and the need for a system that flows to prevent a backlog. One person said they had to wait for a doctor to agree an x-ray was needed and this wasted 15 minutes
- understanding how the timing of appointments work at the clinic (eg. is it “first come first served”?) and how long the wait will be. Note: during some of our visits we heard staff announcing how long the wait would be when a clinic was busy / running late
- clear instructions on what to do when arriving at clinic. For example one person said they weren't aware they needed a ticket. Another suggestion was that there should be a way of reassuring each patient that they were in the queue (as you don't check in anywhere)
- shorter wait to be seen at the clinic (6) or information about the length of the wait. A couple of people said there wasn't “too long to wait once you're here”. Note: We observed that some

clinics were busier than others and some were running late so the comments may vary depending on the session.

One person had an appointment time but they weren't expected because the details were not on the system but they had been told that they were going to be seen .

Better communications between the service and patients

The comments we heard included the following.

+ Two (2) people said they would like to be able to phone someone in between appointments.

A few comments related to surgery. These included:

- one person felt that that they didn't have enough advice after surgery
- another wanted more information about how long the wait would be for day surgery (on the day)
- one comment (under Question 22) was that it was good have a 'pre-op' to get information about the operation. Another said it would have been nice to see a doctor before discharge and that they didn't get the advice they needed.

Better communications between different parts of the NHS/hospitals/departments/service

A number of comments related to the need for better communications between services or the need for better links between them and the patient to join up care. These were about:

- why there couldn't be a digital link between a hospital attended for an injury and local follow up hospital
- wanting the NHS to receive information (eg medical forms, and scans) from services in other countries
- communication from GP to the consultant. One person explained this took 18 months but once in the system they had someone to talk to and got information
- a lack of communication between two clinics/departments. One patient mentioned this because they arrived expecting something which they they discovered wasn't going to happen.

We heard from one patient who was referred from out of county that:

"Inability of the NHS to share information is terrible. I've had to have so many x-rays again. I would like to be the owner of the info but I don't know what to ask for and why. Had to redo everything again when I was referred to this specialist - out of county. Waste of money and everyone's time."

One comment was about the transition from paediatrics to adult services. They had to go to the doctor for each referral. What about people who don't have parents to help?

"Paediatrics was fantastic, really helpful but as soon as you get to 18 you feel abandoned - nowhere to go."

Diagnosis and treatment

A number of different themes were raised and outlined below.

- + **MUSIC service** - Overall four (4) people questioned the need to go through the MUSIC service or to see a physiotherapist before being referred for an operation. Another person said that they would have liked someone to decide that 'physio' isn't working sooner (than 18 months).
- + **Continuity of care** - Three (3) wanted more continuity of care. One person said that "you're never quite sure who you're seeing" which means having to repeat the story and answer questions that should be recorded on the notes. One person commented that they don't always see the same person and wanted to see the consultant sometimes while recognising there is a training element.
- + **Consistency of advice** - This was mentioned by four (4) people. One mentioned this in relation to their diagnosis (that had taken a while). Two others said they wanted consistency of advice from physiotherapists with one saying they had received conflicting advice. Another felt they had been bounced between the hospital and GP with conflicting post-operation advice.
- + **Physiotherapy** - Four (4) people mentioned aspects of their physiotherapy treatment. Three (3) wanted more 'physio' and two (2) of these mentioned wanting more 'hands on' physio. One explained that "At the moment... you only go on machines". Other people said that:
 - they would have liked physio sessions after the operation to go on for longer.
 - the hospital physio group needed more helpers to demonstrate what to do.
- + Two (2) comments were about the long waiting time at A&E.
- + One person commented on the delay in access to their GP for a change of dressing. They said that if it got really bad they would have to go to A&E and that there was friction between the GP and A&E. Another said their discharge was delayed by problems getting medications but the treatment was fine.

Hospital facilities

Overall parking was mentioned by 10 people in total.

Four (4) commented on the cost of parking and three (3) felt that more spaces were required.

Additional comments are about:

- clarity about the percentage of the charge that goes to the hospital
- a lack of parking for disabled badge holders.
- A further point was that:

"parking was needed with extra space for those who don't have blue badges but can't get in/out of car in narrow "usual" bays."

A lack of facilities for people with mobility issues was mentioned. The points made were:

- a lack of wheelchairs at the main entrance and at the side entrance (2). Seats at the side entrance for people who can't walk unaided were needed. Another mentioned that if they really needed a wheelchair, they would have been very late for their appt
- all wheelchairs with elevated leg extensions were 'broken' in A&E
- no seating of appropriate height in other waiting areas
- some disabled toilets don't have a raised seat (others have portable seats that can be used to adapt toilets)
- eye inpatients department was not equipped for orthopaedic patients
- it was a long way from bus stop.

Other comments were that:

- better signposting / directions to the clinic was needed (2). One mentioned they had come from the 'back' of the hospital and didn't see the main reception
- the waiting area was depressing with very poor light levels, white walls, no pictures and not designed with patients in mind
- the food in hospital wasn't good for coelics.

Other comments

- More education for Asian women about vitamin D.
- There was a drug mix-up with overdose of angina drugs prescribed. This had been reported and an apology received.

Our conclusions

This report summarises feedback from patients on a range of issues related to their clinic visit.

Our approach gives qualitative information that can be used as a starting point for more detailed consultations as the new services are developed.

Where appropriate we looked at the responses by demographic group (where there were large enough numbers). The report only discusses results that showed a notable difference. In most cases the number of responses was too small to undertake a statistical analysis. The results of the statistical tests we could do are shown in Appendix 3.

We know people visited the clinics for a range of reasons. This might have affected the responses. For example those attending as a follow up to a fracture may have different views to those with a long-term condition. Our approach wasn't designed to look at this.

Our recommendations

Our recommendations, based on people's responses, are presented in two sections below.

How the service could be improved in the future

We asked if people would like the **option** of being offered a range of alternatives to face-to-face appointments or getting advice. The results suggest that patient choice will be important and personal preference will be key in the take up of these options.

We recommend BHT:

- provide clear information to reassure patients that the type of appointment offered is suitable for that point in their treatment and that any phone or video system is secure
- use the appointments system to flag people who had 'opted in' to the new approaches or to show those who do not want the option for accessibility (or other) reasons
- consider offering advice and information in video form (or links to recommended videos).

Overall, we would recommend that BHT use the views offered by patients and their relatives to:

- inform the development of new services
- identify specific groups that should be involved in the scoping and testing of services to check accessibility.

How the current service could be improved

Information and advice

We recommend that BHT:

- provide clear information about:
 - who benefits from the parking charges
 - what to do on arrival
 - who patients should contact if they have concerns and/or need to talk to someone between appointments
 - reasons for cancellations / moving appointments from one hospital site to another.

Scheduling appointments and reminders

We recommend that BHT consider:

- how co-ordination could be improved to schedule appointments more conveniently for people who have to attend multiple clinics
- whether there is a way for text reminders to identify which clinic the appointment is for (recognising confidentiality and character limit constraints)
- how the automated phone calls could be improved to reduce the risk that they cause concern to patients (recognising confidentiality constraints).

Hospital facilities

We recommend that BHT:

- consider whether there could be:
 - more spaces for blue badge holders
 - some wider car parking spaces
 - a 'dropping off' area close to the entrance for people who can't walk far.
- review the range of facilities (eg wheelchairs) available for those with limited mobility.

Service Provide response

The [full response from Buckinghamshire Healthcare NHS Trust](#) can be found on our website.

Acknowledgements

Healthwatch Bucks would like to thank all the staff at BHT who helped us organise the visit and supported us while we were in the clinics.

We are also grateful to all the patients, relatives and carers for their contributions.

Disclaimer

Please note this report relates to comments offered on the dates we visited. It does not necessarily reflect the experiences of all service users.

Appendix 1

Enter and View background

Enter and View visits are carried out by local Healthwatch to find out how health and social care services are being run. They make recommendations where there are areas for improvement.

The law allows local Healthwatch to see how a service is delivered. We can visit hospitals, care homes, GP practices, dental surgeries, optometrists and pharmacies. We talk to the people who use the service and their families and carers. In care homes we also talk to visitors and often staff too. We talk to these people to help us understand what is done well and what could be done better. We then share this learning with others.

We do not look for issues around the safety of people (safeguarding) during our Enter and View visits. We report any concerns as set out in our policy. We tell members of staff who want to raise an issue about where they work to talk to the CQC. This way they are protected by legislation if they raise a concern.

Visit Details

Details of visit:		
Service Provider	Buckinghamshire Healthcare NHS Trust	
Service Addresses	Stoke Mandeville Hospital, Mandeville Road Aylesbury, Buckinghamshire, HP21 8AL	
Dates of visits and approximate times in October 2019.	Date	Clinic
<p>All visits took place in Stoke Mandeville Hospital except one visit to the outpatients at Wycombe Hospital on the afternoon of Monday 14th October.</p> <p>All the Stoke Mandeville visits were in Corridor 5 - except one response that was collected from Corridor 3.</p>	Monday 14 th (10-12)	Back and Neck
	Monday 14 th (2-4)	Foot and Ankle
	Tuesday 15 th (2-4)	Hand & Wrist
	Wednesday 16 th (10-12)	Hip and Knee
	Wednesday 16 th (2-4)	Shoulder & Elbow
	Thursday 17 th (10-12)	Hip and Knee
	Monday 21 st (10-12)	Back and Neck
	Wednesday 23 rd (10-12)	Hip and Knee
	Wednesday 23 rd (2-4)	Shoulder & Elbow
	Thursday 24 th (10-12)	Hip and Knee
Authorised Representatives	Liz Baker Jo Binder Belinda Burke Jean Button Janice Campbell Sheila Cotton	Alison Holloway Susan de Kersaint-Seal Deborah Sanders Helen Smith Kaye Walsh

Appendix 2

We spoke to....

For equalities purposes we recorded information about the person we spoke to. It didn't inform the recommendations.

At the start of each survey we explained how we would use people's anonymous feedback. We told people that they could withdraw their consent later. We gave everyone a numbered leaflet (that matched the number on our record of their responses). We explained that if they changed their mind, they could contact us within the next seven days, giving the number, and we would delete their information.

Gender

Female	60
Male	39
TOTAL	99

Age

18-25	6
26-35	12
36-45	9
46-55	11
56-65	17
66-75	28
76-85	14
86+	2
TOTAL	99

Ethnicity

Asian/British Indian	3
Asian/British Pakistani	5
Black/British Caribbean	2
Chinese	1
Other Ethnic Group	1
White British	82
White Irish	2
White Other	3
TOTAL	99

Appendix 3

Statistical analysis

Question 12

Null Hypothesis			
There is no difference in response based on age group			
Observed Frequencies			
Group	Response		Total
	Yes	No	
45 and under	19	6	25
46 and over	22	36	58
Total	41	42	83

Expected Frequencies			
Group	Response		Total
	Yes	No	
45 and under	12.3494	12.6506	25
46 and over	28.6506	29.3494	58
Total	41	42	83

Parameters			
Level of Significance	0.01	0.05	0.1
Number of Rows	2	2	2
Number of Columns	2	2	2
Degrees of Freedom	1	1	1



Results			
Critical Value	6.6349	3.8415	2.7055
Chi-Square Test Statistic	10.1287	10.1287	10.1287
p -Value	0.0015	0.0015	0.0015
	Significant difference at 1% level	Significant difference at 5% level	Significant difference at 10% level

Assumptions

Each observation is independent of all the others (i.e., one observation per subject)*

All expected counts should be 10 or greater

Expected frequency assumption is met.

If you require this report in an alternative format, please contact us.

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This work was funded by Buckinghamshire Healthcare NHS Trust.

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