

Healthwatch Southend

Enter and View Report

at

Southend Hospital Eye Unit

Visit undertaken on Tuesday 9th June 2026

Listening to people's experiences to help improve local health and care services.

Prepared for Healthwatch Southend

Contents

1. Executive summary
 2. About Healthwatch and Enter and View
 3. Purpose and scope of the visit
 4. Methodology
 5. What we found
 6. What people told us
 7. Good practice
 8. Areas for improvement
 9. Recommendations
 10. Conclusion
- Appendix 1: Summary of evidence

1. Executive summary

Healthwatch Southend carried out an Enter and View visit to the Southend Hospital Eye Unit on 9 June 2026. The visit explored how people experienced the service, with particular attention to access, wayfinding, communication, accessibility and inclusion, waiting times, privacy and dignity, and opportunities to provide feedback.

Overall, the visit identified several positive features. Most people described staff as professional and well coordinated, privacy was generally maintained, seating and wheelchair space were available, and most of the recorded waiting-time responses indicated that patients were seen on time.

The strongest concerns related to the wider patient journey rather than the clinical consultation itself. People reported difficulty finding the Eye Unit, particularly when approaching from the main car park or when some hospital entrances were closed. Other recurring concerns included difficulty contacting the clinic directly, missed or cancelled appointments, limited updates about delays, language and communication barriers, and uncertainty about how to raise concerns or make a complaint.

At a glance

- Most patients were seen on time, although a small number of reported waits of more than 60 minutes.
- Privacy and dignity were generally maintained.
- Signage and navigation to the Eye Unit were not consistently clear.
- Communication about appointments, cancellations and delays needs improvement.
- Support information was available, but not always prominent or easy to find.
- Several patients were unsure how to provide feedback or raise a concern.

Priority recommendations

1. Review and strengthen wayfinding to the Eye Unit from hospital entrances and car parks, including weekend routes.
2. Provide clear and regular communication about appointment changes, cancellations and waiting-time delays.
3. Improve direct telephone or voicemail access to the Eye Clinic.
4. Routinely ask patients about communication, sensory and accessibility needs.
5. Make feedback, complaints and patient-support information more visible.

2. About Healthwatch and Enter and View

Healthwatch is the independent consumer champion for people who use health and social care services. Enter and View activity enables authorised representatives to visit services, observe how they are delivered, listen to the experiences of people using them and identify both good practice and opportunities for improvement.

This report is intended to provide a balanced account of what was observed and what people said during the visit. It is not a clinical inspection and does not replace the role of statutory regulators.

3. Purpose and scope of the visit

The visit aimed to:

- understand how easy it is for patients to find and access the Eye Unit;
- review the waiting environment and accessibility of facilities;
- explore patients' experiences of appointment information and communication;
- consider privacy, dignity and inclusion;
- identify how patients can provide feedback or raise concerns;
- highlight examples of good practice and make constructive recommendations.

4. Methodology

Healthwatch representatives used structured observation forms and spoke informally with patients and carers in the Eye Unit. Responses were recorded as anonymous tallies and written comments.

Representatives also reviewed signage, the waiting environment and publicly displayed information.

The findings in this report reflect the experiences and observations recorded during a single visit. They should therefore be understood as a snapshot rather than a comprehensive assessment of every patient's experience.

Limitations

Not every question was answered by every participant, and some handwritten tallies were not sufficiently clear to support precise numerical reporting. For this reason, the report uses cautious language such as 'most', 'several' and 'a small number' where exact counts could not be confirmed.

5. What we found

5.1 Arrival, access and wayfinding

Once inside the Eye Unit, patients could identify the reception and booking-in area. However, navigation to the unit was a recurring concern. Signage was described as unclear from some directions within the hospital, the walk from the main car park was considered long, and weekend access could

be difficult when some hospital doors were closed. First-time visitors appeared particularly likely to experience difficulty.

5.2 Waiting environment

The waiting area was generally suitable, with seating, wheelchair maneuvering space, water and lighting that appeared appropriate for people attending an eye service. At busier points, the area became more crowded, although one note recorded that congestion eased later in the morning. There was no separate waiting area for children, although this did not appear to be a significant concern for the people spoken with.

5.3 Communication and appointment information

Most people appeared able to understand appointment letters and information. However, several concerns were recorded about appointments being cancelled without clear notification, letters not always being received, and difficulty contacting the clinic directly. One patient described receiving a voicemail stating only that the call related to Southend Hospital, without enough information to understand the purpose of the call.

5.4 Accessibility and inclusion

Clinic hours were considered suitable by most respondents. Information about learning disability support was present, including a liaison nurse, Hospital Passport, electronic alerts and communication resources. However, the material was not prominently displayed. A concern was also recorded that staff may assume a person has no sensory or communication needs unless these are explicitly raised, rather than asking routinely.

5.5 Waiting times

Most recorded responses indicated that patients were seen on time. A small number waited less than 30 minutes or more than 30 minutes, and some responses indicated waits of more than 60 minutes. The main concern was not simply the delay itself, but the lack of clear information about how long the wait would be or why a delay had occurred.

5.6 Privacy and dignity

Most patients felt that personal information was handled confidentially and that consultation rooms provided adequate privacy. One observation suggested that reception areas may present occasional confidentiality risks, but this did not emerge as a widespread concern.

5.7 Feedback and raising concerns

Feedback forms were available on a desk and Patient Experience information was present. Nevertheless, several people were unsure who to approach with concern or complaint. The availability of the process was therefore not the same as patients being aware of, or confident in using, it.



Figure 1. Information displayed about learning disability support and accessible communication.

6. What people told us

The comments recorded during the visit centred on the following themes:

Finding the service: Difficulty finding the Eye Unit, especially for first-time visitors and at weekends.

Appointments: Appointments could be difficult to obtain, particularly for some long-term patients, and booking arrangements were not always clear.

Communication: Patients wanted clearer information when appointments were changed or when clinics were running late.

Contacting the clinic: Some people found it difficult to speak directly with the Eye Clinic.

Accessibility: Language barriers and unrecognised communication or sensory needs could affect a patient's experience.

Raising concerns: Some patients did not know who to speak to if they had a concern or wished to complain.

These comments have been paraphrased to protect anonymity and improve readability while retaining the meaning of the feedback.

7. Good practice

- Staff were generally described as professional, supported and well coordinated.
- Privacy and dignity were maintained during consultations.
- The physical waiting environment included seating, wheelchair space, water and suitable lighting.
- Most recorded patients were seen on time.
- Resources for people with learning disabilities were available, including liaison support and Hospital Passport information.
- Feedback forms and Patient Experience information were available within the unit.

8. Areas for improvement

Wayfinding

Patients should be able to follow a clear route from each main entrance and car park to the Eye Unit, including during weekend access arrangements.

Appointment communication

Patients need timely, specific and accessible information about bookings, cancellations and changes.

Communication during delays

Visible or verbal updates would help patients understand expected waiting times and reduce uncertainty.

Direct access to the clinic

Telephone and voicemail arrangements should help patients reach the correct team or obtain clear next steps.

Accessible communication

Communication and sensory needs should be routinely identified and recorded.

Feedback and complaints

Information about how to raise concerns should be more prominent and explained in plain language.

9. Recommendations

No.	Recommendation	Rationale	Priority
1	Review and improve directional signage to the Eye Unit from entrances and car parks, including weekend routes.	Wayfinding difficulties were repeatedly reported, especially by first-time visitors.	High
2	Provide patients with clear and regular updates when clinics are delayed.	Some patients waited for extended periods without knowing how long the delay would be.	High
3	Review communication processes for appointment letters, cancellations and changes.	Patients reported missed letters and cancellations that were not always clearly communicated.	High
4	Improve telephone and voicemail access to the Eye Clinic, with clear messages and routes to the correct team.	Patients described difficulty contacting the service directly.	High
5	Introduce a routine prompt to ask about communication, sensory and accessibility needs.	Needs may be missed when staff rely on patients to disclose them without being asked.	High
6	Make learning disability, Patient Experience, feedback and complaints information more prominent.	Information was available but not consistently visible or understood.	Medium
7	Review appointment-booking arrangements for regular and long-term patients.	Some long-term patients reported repeated booking difficulties.	Medium

10. Conclusion

The visit found that the Southend Hospital Eye Unit provided a generally respectful and professional experience. Patients valued the privacy of consultations, the suitability of the physical environment and the conduct of staff.

The most important opportunities for improvement concern the wider patient journey: finding the service, receiving timely appointment information, understanding delays, contacting the clinic and knowing how to request support or raise concerns. Addressing these issues would strengthen accessibility, reduce anxiety and support a more consistent, person-centred experience.

Appendix 1: Summary of evidence

Theme	Evidence recorded	Interpretation
Wayfinding	Unclear signage from some directions; long walk from the main car park; weekend doors closed; first-time visitors struggled.	Navigation should be reviewed across the full patient route.
Environment	Seating, wheelchair space, water and suitable lighting observed; area busier at some points.	The physical environment was broadly suitable.
Communication	Appointment letters generally understood, but missed letters, unclear calls and cancellation concerns were recorded.	Communication systems require greater reliability and clarity.
Accessibility	Learning disability support information available but not prominent; sensory needs not always actively explored.	Support exists, but visibility and proactive identification should improve.
Waiting	Most seen on time; some waits over 60 minutes; limited information about delays.	Updates during delays are needed.
Privacy	Most responses were positive regarding confidentiality and consultation-room privacy.	Privacy and dignity were generally maintained.
Feedback	Forms and Patient Experience information available, but some patients did not know how to complain.	Processes should be made more visible and easier to understand.

End of report

Response from Southend Eye Unit:

Firstly, I would like to thank Healthwatch Southend for the recent Enter & View visit to the Eye Clinic and for providing valuable feedback and recommendations. I appreciate the recognition of my staff's professionalism, the suitability of the waiting environment, and the efforts to maintain patient privacy and dignity. I do however acknowledge the areas identified for improvement and are committed to addressing them to enhance patient experience.

1. Wayfinding and Signage

Recommendation: Review and improve directional signage to the Eye Unit from entrances and car parks, including weekend routes.

Actions Taken:

- We have initiated a review of all signage leading to the Eye Clinic, with particular attention to routes from the main car park and alternative entrances used during weekends.
- Maps and directions are included in appointment letters for first-time visitors.
-

2. Communication About Appointments and Delays

Recommendation: Provide clear, timely, and regular communication about appointment changes, cancellations, and waiting time delays.

Actions Taken:

- Appointment letters and notifications have been updated to include clearer information about what to expect on arrival and how to contact the hospital if there are questions.
- Staff have been instructed to provide verbal updates to patients in the waiting area if clinics are running late.
- A telephone number for ORC has been included in all clinic communication sent to the patient

3. Telephone and Voicemail Access

Recommendation: Improve direct telephone or voicemail access to the Eye Clinic.

Actions Taken:

- AMD & laser service has a dedicated telephone number for patients to contact if required
- Telephone numbers for post operative queries are included in clinic correspondence
- General queries are directed to the ORC service who manage bookings for all MSE Ophthalmology
- Any general inquiries that cannot be resolved by ORC are forwarded to a dedicated ophthalmology inbox which is reviewed daily by our administrative staff however this is not given to the public for direct access

4. Accessibility and Inclusion

Recommendation: Routinely ask patients about communication, sensory, and accessibility needs.

Actions Taken:

- Information about available support (such as interpreters or large print materials) is now more prominently displayed in the waiting area.
- Relationship has been established with the trust learning disability team to ensure additional needs are identified for patients prior to admission and supportive processes put in place where needed
- Link nurses identified for each site ensuring clear communication between the learning disability team and all front-line staff

5. Feedback and Complaints

Recommendation: Make feedback, complaints, and patient support information more visible.

Actions Taken:

- Feedback forms and information about how to raise concerns are now displayed at multiple points in the Eye Clinic, including the reception desk and waiting area.
- Staff have been briefed to proactively inform patients about how to provide feedback or make a complaint.
- More robust processes for reviewing PAL's & complaints as they arise in real time to avoid delay in responding in place across the service
- Staff have been encouraged to try and resolve PAL's locally to avoid escalation and improve patient experience

6. Appointment Booking for Long-Term Patients

Recommendation: Review appointment-booking arrangements for regular and long-term patients.

Actions Taken:

- We have moved to the ORC team booking all Ophthalmology appointments which is outside of our control. There are a list of exceptions, and these are booked directly by on site Ophthalmology teams.

We are committed to ongoing improvement and will continue to work with Healthwatch Southend and our patients to monitor progress and address any further concerns. Thank you for your constructive feedback and support.

Anna-Marie Raymond, Interim Associate Director of Nursing

Mid and South Essex NHS Foundation Trust