

# Follow-up appointments

## Engagement report

April 2017

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## 1. Introduction

Across West Yorkshire and Harrogate, the NHS is looking at improving how services are delivered. Each year in the NHS there are ‘follow-up’ outpatient appointments where patients are asked to return to hospital to have their progress checked, to undergo tests, or to get test results. Whilst some of these appointments are clinically required, a large proportion could be done differently.

The idea is that for some patients, follow-up appointments wouldn’t have to mean a traditional face to face visit to the hospital, and that telephone calls, online services or an appointment at their GP practice could be used instead.

This would free up resources for the treatment of new patients, and would save people time and money by not having to attend the hospital when they don’t really need to.

Healthwatch wanted to explore whether people agreed with this approach, and how they would like to access follow-up outpatient appointments. This work has been completed independently by Healthwatch organisations as part of our role in informing the work of the West Yorkshire and Harrogate STP.

A survey was designed to gain feedback from patients and this was shared via Healthwatch communication channels. We used Facebook, Instagram and third party website advertising to promote the survey. To encourage people to respond we offered a prize draw of a fitbit. The engagement ran for three weeks, commencing 6<sup>th</sup> March 2017.

The advert generated the following engagement:

**75,342** people saw the advert

**1,641** people clicked to find out more about the advert

**502** people completed the survey

The survey results show us:

**94.6% (470)** of respondents agreed or strongly agreed that the NHS should offer people different ways to access a follow-up outpatient appointment, if appropriate for their condition.

**87.4% (424)** of respondents agreed or strongly agreed that they would be happy to have a follow-up outpatient appointment **by telephone** rather than visit the hospital.

**83.5% (403)** of respondents agreed or strongly agreed that they would be happy to have a follow-up outpatient appointment by **attending their GP practice** rather than visit the hospital.

**68.1% (323)** of respondents agreed or strongly agreed that they would be happy to have a follow-up appointment **by Skype or similar online tool** where the consultant is able to see them, rather than visit the hospital.

**51.5% (243)** of respondents agreed or strongly agreed that they would be happy to have a follow-up outpatient appointment **by email** rather than visit the hospital.

**39.2% (183)** of respondents agreed or strongly agreed that they would be happy to have a follow-up outpatient appointment **by text message** rather than visit the hospital.

**12.4% (56)** of respondents agreed or strongly agreed that they would be happy to have a follow-up outpatient appointment **by fax or Typetalk** rather than visit the hospital.

The main themes raised were:

Overall, people were very supportive of the proposal to be able to access their follow-up appointments in a different way, and most wanted these to be done face-to-face so they were able to ask questions. It was felt that text messages and email were only appropriate to use when letting people know that their test results were normal and no further tests or treatment was required.

### Benefits

Many commented on the positive benefits for them and the NHS. The main benefits for patients were seen to be:

- A reduction in their travel time if they didn't have to travel to hospital.
- Not having the stress and cost of parking at the hospital.
- Not having to sit for long periods of time in the hospital waiting room.
- Not having to take time off work or arrange childcare.

The benefits for the NHS were seen to be the time and money that could be saved, that could be used to diagnose and treat other patients.

A few people talked about how they had already been offered different ways to access their follow-up appointments and that it had worked well.

### Concerns

Whilst people could see the benefits of being offered an alternative way of accessing a follow-up appointment they did express some concerns. These were:

- GP practices were seen to be already running at capacity with many patients finding it difficult to access routine GP appointments. People were concerned that if they were able to access their follow-up appointment at the GP practice it would place added pressure on GP practices, and accessing an appointment would be difficult.

- That they wouldn't be given the choice of where / how to access their follow-up appointment.
- They wanted continuity of care and were concerned that their follow-up appointment may be with someone who didn't have the knowledge or experience to provide the care they required.

### Suggestions

A few people made suggestions on how it could work, these were:

- To not automatically offer a follow-up appointment when no further treatment or monitoring is required. Instead let the patient decide if they need one.
- If people choose to have a telephone appointment, patients should be offered an actual appointment time. One person mentioned that they had been offered a telephone appointment but had only been offered a morning slot, so had to wait around all morning for the call.
- Enable patients to access their records, results and book follow-up appointments online.
- Hold clinics in community venues, and have the consultant travel to the local venues rather than patients having to travel to the hospital. This would reduce the problems with parking at the hospital and would be better for the environment.

These findings support the feedback gained from previous engagement.

## 2. Engagement approach

Healthwatch wanted to explore whether the public agreed with giving patients the option to have their follow-up appointments in a different way, and how they would like to access follow-up outpatient appointments.

A survey was designed to gain feedback from patients and this was shared via Healthwatch communication channels. We used Facebook, Instagram and third party website advertising to promote the survey. To encourage people to respond we offered a prize draw of a fitbit. The engagement ran for three weeks, commencing 6<sup>th</sup> March 2017.

The advert generated the following engagement:

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**502** people completed the survey

### 3. Analysis of existing engagement

West Yorkshire and Harrogate STP have produced a report that pulls together all relevant engagement activity that has taken place during April 2012 to February 2017 across West Yorkshire and Harrogate. The report can be viewed here:

[https://www.wakefieldccg.nhs.uk/fileadmin/STP/Publications/Engagement\\_and\\_consultation\\_mapping\\_document\\_-\\_March\\_2017\\_final.pdf](https://www.wakefieldccg.nhs.uk/fileadmin/STP/Publications/Engagement_and_consultation_mapping_document_-_March_2017_final.pdf)

The report was reviewed to see if any previous engagement had taken place looking at outpatient appointments. Reference to acute care and acute reconfiguration was made in a number of the reports reviewed. These covered Calderdale, Kirklees, Wakefield, Leeds and Bradford. A key theme around outpatient appointments was:

- Where clinically appropriate people would prefer to see a specialist in a community based setting as opposed to a traditional hospital outpatient setting. The most common reasons given by respondents for preferring a community based setting was that it was quicker and easier for them to get to. Public transport, particularly to major hospitals, is a challenge to many people. People could neither afford the time to travel; the cost, or find suitable parking on premises.

In addition to the STP engagement report, North Kirklees and Wakefield CCGs carried out engagement on Primary Care services in their areas. The engagement took place in 2015, and as part of the engagement they asked people about alternatives to face to face consultations, the findings were:

**North Kirklees CCG** - 66% (271) of respondents would be happy to have a telephone appointment rather than visit the practice. 30% (118) would be happy to use email and 33% (126) would be willing to use Skype.

**Wakefield CCG** - The majority of people who answered the survey would use phone consultations (83%), with this being the most popular alternative method of communication with GPs. There was less interest in using Skype, video conferencing, text, fax or Typetalk to communicate with practices (54% would not use Skype and video conferencing, and 49% would not use text, fax or Typetalk).

## 4. Analysis of the patient surveys

We received **502** completed surveys. In summary the respondents were:

- **73.1% (353)** were female and **25.5% (123)** were male
- Respondents were aged between **13 and 93**, with an average age of **55**
- The majority of respondents, **90.5% (440)** described themselves as White, **4.1% (20)** as Asian or Asian British, **1.4% (7)** as Black or Black British, and **1.4% (7)** as mixed or multiple ethnic groups.
- **11.9% (58)** described themselves as having a disability. With the majority having a long term condition and / or a disability that was physical or mobility or a mental health condition.

**Q1. Do you agree that the NHS should offer people different ways to access a follow-up outpatient appointment, if appropriate for their condition?**

Answer Options	Response Percent	Response Count
Strongly agree	60.0%	298
Agree	34.6%	172
Neither agree or disagree	2.8%	14
Disagree	1.4%	7
Strongly disagree	1.2%	6
<b><i>answered question</i></b>		<b>497</b>
<b><i>skipped question</i></b>		<b>5</b>

**Q2. Would you be happy to access a follow-up outpatient appointment in a different way, if appropriate for your condition?**

a. I would be happy to have a follow-up outpatient appointment by telephone rather than visit the hospital

Answer Options	Response Percent	Response Count
Strongly agree	44.7%	217
Agree	42.7%	207
Neither agree or disagree	3.9%	19
Disagree	5.4%	26
Strongly disagree	3.3%	16
<b><i>answered question</i></b>		<b>485</b>
<b><i>skipped question</i></b>		<b>17</b>

b. I would be happy to have a follow-up outpatient appointment by email rather than visit the hospital

Answer Options	Response Percent	Response Count
Strongly agree	28.0%	132
Agree	23.5%	111
Neither agree or disagree	13.1%	62
Disagree	25.2%	119
Strongly disagree	10.2%	48
<i>answered question</i>		<b>472</b>
<i>skipped question</i>		<b>30</b>

c. I would be happy to have a follow-up outpatient appointment by Skype or similar online tool where the consultant is able to see me, rather than visit the hospital

Answer Options	Response Percent	Response Count
Strongly agree	33.5%	159
Agree	34.6%	164
Neither agree or disagree	12.2%	58
Disagree	13.5%	64
Strongly disagree	6.1%	29
<i>answered question</i>		<b>474</b>
<i>skipped question</i>		<b>28</b>

d. I would be happy to have a follow-up outpatient appointment by text

Answer Options	Response Percent	Response Count
Strongly agree	20.8%	97
Agree	18.4%	86
Neither agree or disagree	13.1%	61
Disagree	31.9%	149
Strongly disagree	15.8%	74
<i>answered question</i>		<b>467</b>
<i>skipped question</i>		<b>35</b>



e. I would be happy to have a follow-up outpatient appointment by fax or Typetalk

Answer Options	Response Percent	Response Count
Strongly agree	6.2%	28
Agree	6.2%	28
Neither agree or disagree	20.4%	93
Disagree	37.4%	170
Strongly disagree	29.9%	136
<i>answered question</i>		<b>455</b>
<i>skipped question</i>		<b>47</b>

f. I would be happy to have a follow-up outpatient appointment by attending my GP practice instead of the hospital

Answer Options	Response Percent	Response Count
Strongly agree	49.1%	237
Agree	34.4%	166
Neither agree or disagree	8.1%	39
Disagree	5.4%	26
Strongly disagree	3.1%	15
<i>answered question</i>		<b>483</b>
<i>skipped question</i>		<b>19</b>

**157 (31.3%)** people provided additional comments on how people could access follow-up outpatient appointments. The main themes raised were:

Overall, people were very supportive of the proposal to be able to access their follow-up appointments in a different way, and most wanted these to be done face-to-face so they were able to ask questions. It was felt that text messages and email were only appropriate methods to use to let people know that their test results were normal and no further tests or treatment was required.

### Benefits

Many commented on the positive benefits for them and the NHS. The main benefits for patients were seen to be:

- A reduction in their travel time if they didn't have to travel to hospital.
- Not having the stress and cost of parking at the hospital.
- Not having to sit for long periods of time in the hospital waiting room.
- Not having to take time off work or arrange childcare.

The benefits for the NHS were seen to be the time and money that could be saved, that could be used to diagnose and treat other patients.

A few people talked about how they had already been offered different ways to access their follow-up appointments and that it had worked well.

### Concerns

Whilst people could see the benefits of being offered an alternative way of accessing a follow-up appointment they did express some concerns. These were:

- GP practices were seen to be already running at capacity with many patients finding it difficult to access routine GP appointments. People were concerned that if they were able to access their follow-up appointment at the GP practice it would place added pressure on GP practices, and accessing an appointment would be difficult.
- That they wouldn't be given the choice of where / how to access their follow-up appointment.
- They wanted continuity of care and were concerned that their follow-up appointment may be with someone who didn't have the knowledge or experience to provide the care they required.

### Suggestions

A few people made suggestions on how it could work, these were:

- To not automatically offer a follow-up appointment when no further treatment or monitoring is required. Instead let the patient decide if they need one.
- If people choose to have a telephone appointment, patients should be offered an actual appointment time. One person mentioned that they had been offered a telephone appointment but had only been offered a morning slot, so had to wait around all morning for the call.
- Enable patients to access their records, results and book follow-up appointments online.
- Hold clinics in community venues, and have the consultant travel to the local venues rather than patients having to travel to the hospital. This would reduce the problems with parking at the hospital and would be better for the environment.

## 5. Conclusion

This engagement process has provided a snapshot of the views of the public, from across West Yorkshire and the Harrogate District on alternative ways to provide follow-up appointments.

The report will be shared with the NHS who are interested in looking at different ways in providing follow-up appointments. This report will also be made publically available and feedback provided to those respondents who have requested it.

We would like to thank all respondents who have given their time to share their views.

## Appendix A - Engagement Timeline

Activity	Week	Week	Week	Week	Week	Week	Week	Week	Week	Week
	13/2	20/2	27/2	6/3	13/3	20/3	27/3	3/4	10/4	17/4
Develop video animation survey to gather patient views										
Provide STP leads with animation and survey documents for sign off, make additional changes										
Commence engagement across West Yorkshire and Harrogate via social media										
Survey and information to be uploaded to LHW websites.										
Analysis of both existing and data from current engagement.										
Production of engagement report.										
Present the report to STP leads and Clinical Commissioning Groups.										
Feedback to the public on the outcome of the engagement and next steps.										



## Follow-up outpatient appointments

Each year in the NHS, patients are asked to return to hospital to have their progress checked, to undergo tests, or to get test results. Whilst some of these appointments are clinically required, a lot of these could be done differently.

The NHS are looking at whether some of these appointments could be done differently. The idea is that for some patients, follow-up appointments wouldn't have to mean a traditional face to face visit to the hospital, and that telephone calls, online services or an appointment at your GP practice could be used instead.

This would free up resources for the treatment of new patients, and would save people time and money by not having to attend the hospital when they don't really need to.

We want to know what you think about this idea, and what different ways you would be happy to access a follow-up outpatient appointment.

Healthwatch Kirklees are pulling together all the feedback that people have shared with Healthwatch across West Yorkshire and Harrogate, and they will be sharing it with the West Yorkshire and Harrogate health services. Please note that any views you share will remain confidential, and no personal identifiable information will be shared when reporting on the findings of the engagement.

Q1. Which area do you live in?	
<input type="checkbox"/>	Bradford
<input type="checkbox"/>	Calderdale
<input type="checkbox"/>	Craven
<input type="checkbox"/>	Kirklees
<input type="checkbox"/>	Leeds
<input type="checkbox"/>	Wakefield
<input type="checkbox"/>	Harrogate
Other (please say)	

<b>Q2. Do you agree that the NHS should offer people different ways to access a follow-up outpatient appointment, if appropriate for their condition?</b>	
<input type="checkbox"/>	Strongly agree
<input type="checkbox"/>	Agree
<input type="checkbox"/>	Neither Agree or disagree
<input type="checkbox"/>	Disagree
<input type="checkbox"/>	Strongly disagree

<b>Q3. Would you be happy to access a follow-up outpatient appointment in a different way, if appropriate for your condition? For each of the statements below, please tick the box that most closely matches your views.</b>					
<b>I would be happy to have a follow-up outpatient appointment...</b>	<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
By telephone rather than visit the hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By email rather than visit the hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By Skype or similar online tool where the consultant is able to see me, rather than visit the hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By fax or Typetalk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By attending my GP practice instead of the hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Q4. Please use this space to provide any additional comments you may have about how people could access follow-up outpatient appointments.</b>

## Equality monitoring

It's really important to the Healthwatch in West Yorkshire and Harrogate that we ask a diverse group of people for their views about these initiatives. To make sure that we do this, we ask people to give us some information about themselves, and we review this regularly to check we are not discriminating against any group of people by not asking for their views. If you can, please take the time to give us this information.

<p><b>1. What sex are you?</b></p> <p><input type="checkbox"/> Male   <input type="checkbox"/> Female</p> <p><input type="checkbox"/> Prefer not to say</p> <p><b>2. How old are you?</b></p> <table border="1"> <tr> <td>Example</td> <td>42</td> </tr> <tr> <td>Yours</td> <td></td> </tr> </table> <p><input type="checkbox"/> Prefer not to say</p> <p><b>3. What is your ethnic group?</b></p> <p><b>Asian or Asian British:</b></p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Other Asian background</p> <p><b>Black or Black British:</b></p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Other Black background</p> <p><b>Mixed or multiple ethnic groups:</b></p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Other mixed background</p> <p><b>White:</b></p> <p><input type="checkbox"/> English/Welsh/Scottish/Northern Irish/British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Gypsy or Irish Traveller</p> <p><input type="checkbox"/> Other White background</p>	Example	42	Yours		<p><b>Other ethnic groups:</b></p> <p><input type="checkbox"/> Arab</p> <p><input type="checkbox"/> Any other ethnic group (please specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><input type="checkbox"/> Prefer not to say</p> <p><b>4. Do you consider yourself to be disabled?</b></p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><input type="checkbox"/> Prefer not to say</p> <p><b>Type of impairment:</b> Please tick all that apply</p> <p><input type="checkbox"/> <b>Physical or mobility impairment</b> (such as using a wheelchair to get around and / or difficulty using their arms)</p> <p><input type="checkbox"/> <b>Sensory impairment</b> (such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)</p> <p><input type="checkbox"/> <b>Mental health condition</b> (such as depression or schizophrenia)</p> <p><input type="checkbox"/> <b>Learning disability</b> (such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)</p> <p><input type="checkbox"/> <b>Long term condition</b> (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)</p> <p><input type="checkbox"/> Prefer not to say</p>
Example	42				
Yours					

Thank you for taking the time to complete this survey.

## Appendix C - Equality monitoring data

Which area do you live in?

Answer Options	Response Percent	Response Count
Bradford Metropolitan District	6.2%	31
Calderdale	8.7%	43
Harrogate	5.2%	26
Kirklees	56.1%	279
Leeds	12.9%	64
Wakefield	5.6%	28
Other (please say)	5.2%	26
<b><i>answered question</i></b>		<b>497</b>
<b><i>skipped question</i></b>		<b>5</b>

Other included:

- Barnsley
- Devon
- Doncaster
- East Riding
- Manchester
- Motherwell
- North Humberside
- North Yorkshire
- Oldham
- Pendle Lancashire
- Pennine
- Perteborough
- Rochdale
- Rossendale
- Stalybridge
- Warrington
- York
- Yorkshire

What sex are you?

Answer Options	Response Percent	Response Count
Male	25.5%	123
Female	73.1%	353
Prefer not to say	1.4%	7
<b><i>answered question</i></b>		<b>483</b>
<b><i>skipped question</i></b>		<b>19</b>

### How old are you?

Answer Options	%	No.
16 and under	0.71%	3
17-25	2.61%	11
26-35	6.18%	26
36-45	14.73%	62
46-55	22.57%	95
56-65	29.45%	124
66-75	20.19%	85
76-85	3.09%	13
86 and over	0.48%	2
<b>Answered question</b>		<b>421</b>
<b>Skipped question</b>		<b>81</b>

### What is your ethnic group?

Answer Options	Response Percent	Response Count
Asian or Asian British: Indian	2.5%	12
Asian or Asian British: Pakistani	1.2%	6
Asian or Asian British: Bangladeshi	0.0%	0
Asian or Asian British: Chinese	0.4%	2
Other Asian	0.0%	0
Black or Black British: Caribbean	1.2%	6
Black or Black British: African	0.2%	1
Other black background	0.0%	0
Mixed or multiple ethnic groups: White and Black Caribbean	0.4%	2
Mixed or multiple ethnic groups: White and Black African	0.2%	1
Mixed or multiple ethnic groups: White and Asian	0.6%	3
Other mixed	0.2%	1
White: English, Welsh, Scottish, Northern Irish, British	88.7%	431
White: Irish	0.6%	3
White: Gypsy or Irish Traveller	0.0%	0
Other White	1.2%	6
Other ethnic groups: Arab	0.2%	1
Prefer not to say	1.9%	9
Any other ethnic group	0.4%	2
<b>answered question</b>		<b>486</b>
<b>skipped question</b>		<b>15</b>



## Do you consider yourself to be disabled?

Answer Options	Response Percent	Response Count
Yes	11.9%	58
No	84.6%	412
Prefer not to say	3.5%	17
<b><i>answered question</i></b>		<b>487</b>
<b><i>skipped question</i></b>		<b>15</b>

## Types of impairment

Answer Options	Response Percent	Response Count
Physical or mobility impairment (such as using a wheelchair to get around and / or difficulty using your arms)	29.4%	37
Sensory impairment (such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)	11.9%	15
Mental health condition (such as depression or schizophrenia)	21.4%	27
Learning disability (such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)	5.6%	7
Long term condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)	51.6%	65
Prefer not to say	15.1%	19
<b><i>answered question</i></b>		<b>126</b>
<b><i>skipped question</i></b>		<b>376</b>

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