

Enter & View report on the Outpatients
Department at University Hospital of
North Tees
November 2017



Introduction

Local Healthwatches have been set up across England to create a strong, independent consumer champion with the aim to:

- Strengthen the collective voice of citizens and communities in influencing local health and social care services to better meet their needs.
- Support people to find the right health and social care services for them by providing appropriate information, advice and signposting.

Healthwatch Stockton-on-Tees works with local people, patients, service users, carers, community groups, organisations, service providers and commissioners to get the best out of local health and social care services. This doesn't just mean improving services today but influencing and shaping services to meet the needs of the local communities tomorrow.

Healthwatch Stockton-on-Tees is steered by a Board of volunteers, commissioned by the Local Authority and accountable to the public. Healthwatch Stockton-on-Tees are the only non-statutory body whose sole purpose is to understand the needs, experiences and concerns of people who use health and social care services and to speak-out on their behalf.

Healthwatch has:

- The statutory right to be listened to; Providers and Commissioners must respond to Healthwatch within 20 days of submission of requests for information or reports.
- The statutory power to Enter & View publicly funded health and social care services.

A statutory seat on the Health and Wellbeing Board.

What is an Enter & View?

Enter & View visits are conducted by a small team of trained volunteers, mainly accompanied by trained staff. The 'Authorised Representatives' conduct visits to any identified publicly-funded health or social care premises, to see and hear how people experience the service, and to observe the quality the service being provided. These visits enable Healthwatch to develop an understanding about the service and make recommendations for improvement. The visit also provides the opportunity to identify ways in which "best" practice can be shared.

An Enter & View is an opportunity for any Local Healthwatch to:

- Enter publicly-funded health and social care premises to see and hear first-hand experiences about the service.
- Observe how the service is delivered, often by using a themed approach.

- Collect the views of service users (patients and residents) at the point of service delivery.
- Collect the views of carers, relatives and staff.
- Observe the nature and quality of services.
- Collect evidence-based feedback.
- Report to providers, the Care Quality Commission (CQC), Local Authorities, Clinical Commissioners, Healthwatch England and other relevant partners.

Enter & View is not an inspection, it offers an independent layperson's perspective.

Enter & View visits are normally carried out as 'announced visits' where arrangements are made between the Healthwatch team and the service provider. However, if circumstances dictate, an 'unannounced' visit can take place.

Enter & View visits are carried out if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation; therefore allowing us to learn about and share examples of what they do well, from the perspective of people who experience the services first hand.

Rationale

Healthwatch Stockton-on-Tees (HWS) visited the Orthopaedic Outpatients Department (the Department) at the University Hospital of North Tees to gather feedback on how service users found their experience.

Objectives

- To gather feedback on the Department.
- To gather feedback on the checking in process.
- To gather evidence and patient feedback on appointment waiting times.
- To gather feedback from staff and patients regarding the implementation of more reception staff.

Methodology

1. HWS visited The University Hospital of North Tees to make observations in the Department. We ensured we visited at various points of the day so we could gain a fair picture.
2. HWS talked to staff, family and patients in the Department.
3. HWS distributed two surveys; one to patients and one to staff. The patient survey was also placed on social media and in the HWS newsletter.

This engagement work has been the primary source for gathering service user feedback.

HWS received a total of 48 responses; 39¹ patient surveys and 9² staff surveys.

(Quotes in pink are taken directly from patients who were surveyed. Quotes in green are taken directly from staff members who spoke to HWS).

Feedback

HWS observed the Department on 3 separate occasions. 1 morning and 2 afternoons. This was in order to gain a full and fair picture of the Department.

HWS observed that there were no queues at reception regarding patients checking in.³ HWS received a warm welcome. The staff were open and honest; as is reflected in their feedback later in the report.

HWS found that there was adequate information for patients displayed on the walls. Patients were informed of delays and how many patients were in each clinic; along with how many staff members were on shift.

Feedback from patients

100% of patients surveyed said that there was enough time between receiving the appointment letter and the appointment date.

100% of patients surveyed said that their personal details contained in the appointment letter were correct.

HWS were interested to see how well the electronic checking in system was working. 80% of patients surveyed used the electronic check in system, with patients noting it was “good” and “very quick”.

Only 7% of the patients surveyed said they had issues checking in. This was mainly due to not being able to use the electronic check in system. This was due to a lack of confidence with electronic systems. However, the reception desk is also available for patients to check in.

47% of patients waited 0-15 minutes, 32% 15-30 minutes, 5% 30-45 minutes, 3% 45-60 minutes and 13% 60 minutes. Patients noted “excellent service” and “I was seen 10 minutes early”. HWS noted there was a delay, with one of the clinics, on one afternoon. Patients were informed of the delay and of the expected waiting time; this may explain why collectively, 16% of patients surveyed waited for 45 minutes or longer for an appointment. There was also information in the waiting room on staffing levels for that particular day; HWS found on all 3 visits, staff levels were as expected.

Regarding the time patients spent waiting for their appointment, 39% said their appointment was ‘on time’, 47% said their appointment was ‘not on time’ but the wait was acceptable and 14% said their wait was ‘not acceptable’.

¹ See appendix one

² See appendix two

³ This was across all three visits.

The overall conclusion from patients regarding the service:



92% of patients surveyed rated the services as 'good' or 'higher'; "polite and efficient service." The only negative theme being the waiting times. With 1 patient stating the experience was "good but it could be slightly quicker."

Feedback from staff

HWS identified that there were a number of adjustments made if a patient had special requirements. This is evidenced through staff feedback (quotes are taken directly from the staff survey):

- "There is an advocacy service available if required and staff can contact the safeguarding team if concerned about welfare of patient. Additional needs are outlined on Trackcare so staff are aware of the need prior to patient arriving."
- "Alerts show on Trackcare so we can help patients who require additional needs. For example, if a patient is autistic we place the patient in an examination room."
- "Patients who speak another language- arrange interpreter. Deaf patients- arrange sign language interpreter. Shuttle service- patients who struggle with transport from NTH to HP or NTH to HP- notify patient how to book shuttle bus."
- "Patients can have start or end of clinic appointments, we have a buzzer system similar to that used in restaurants so patients can leave the department and be buzzed when the clinician is due to see them."

Staff were asked how many calls go onto the answer phone service and what the procedure is for returning these calls. Staff feedback was uniform on this:

- "20-30, query written in communication book and nurse in charge rings patient back after clinic and patients."
- "Around 30, voicemail is checked regularly and calls returned on the same day."

- “The answerphone is usually checked on a morning and on an afternoon. The phone has a red light that flashes when we have messages waiting.”

Staff were asked what the 3 most common complaints are. Upon analysis of the findings HWS found the top 3 complaints were:

1. Waiting times.
2. Communication between staff and patients.
3. Appointment changes.

Below are ways in which these issues have been addressed by the Trust.

All staff agreed there had been an increase in staffing levels since January 2017. “Yes, the department has got extra admin and clinical staff.” 89% of staff were aware of the Outpatient Transformation Programme. With staff commenting:

“The induction of self-check in helps to alleviate waiting times, plus lockable cabinets ensures patient information is kept confidential. Also there are plans for satellite clinics, so patients can have outpatient appointments closer to their own home. Lessening pressure on acute hospital sites.”

“Patients are able to book in for their appointments themselves using the check in machines. This helps as patients are booked in quicker and this helps to keep waiting times to a minimum.”

“It is really effective.”

“Lots of work done regarding issues in reception with the introduction of the self-check in kiosks, and lockable notes trolleys.”

Staff were then asked to provide any further information if they wished to do so.

“Many new computer systems have been introduced to enable staff to carry out duties more effectively. Contingency plans are set out to ensure clinic runs smoothly when systems are down.”

“Our new self-check-in system helps keep our ques down and helps everything to run more smoothly. We no longer keep patient notes on reception now which allows us to be more organised on reception.”

“New systems have made a big difference to the department making things run more smoothly.”

“A clinic roster clerk has been appointed to reduce complaints and reduce capacity. This has led to a major reduction in complaints & outstanding appointments. Clinic roster clerk overseas reception and all issues.”

Conclusion

Overall, HWS concludes that patient and staff feedback is largely positive, with 92% (of those patients surveyed) describing the service as good or higher.

The main issue identified by HWS was the time the patient spent waiting after checking in. Staff do inform patients of delays as they occur. The nature of the Trust being split over two sites, North Tees and Hartlepool, does mean that delays are inevitable. However, staff did acknowledge that waiting times were improving with the recent appointment of a 'Clinic Roster Clerk' and other additional staff.

The new electronic checking in system appears to be a success and is helping to alleviate the time spent waiting to check in.

Recommendations

HWS has no recommendations as we are pleased with the progress the Department is making.

Acknowledgements

HWS would like to thank all of the staff in the Department for their support and cooperation.

HWS would like to thank the patients, along with their friends & family, who took the time to complete the survey.

Appendix one

healthwatch Healthwatch Stockton-on-Tees Outpatients survey

1. Outpatients survey

1. Was there enough time between receiving your appointment letter and your appointment date?

Yes

No

Please provide us with any extra comments you may have:

2. Were your personal details, contained in the appointment letter, correct?

Yes

No

Please provide us with any extra comments you may have:

3. Upon arrival how did you check-in?

Via a member of the reception team.

Via the electronic check in system.

4. Did you have any issues checking in for your appointment?

Yes

No

If you ticked yes please expand:

1

5. After checking in, how long did you wait for your appointment?

- 0-15minutes 45-60 minutes
 15-30 minutes 60 minutes +
 30-45 minutes

Please provide us with any extra comments you may have:

6. Regarding the time spent waiting for your appointment (after checking in) tick the box which applies to you.

- My appointment was on time.
 My appointment was not on time but the wait was acceptable.
 My appointment was not on time and the wait was unacceptable

Please provide us with any extra comments you may have:

7. How would you rate your overall experience today?

- Very poor Very good
 Poor Excellent
 Good

Please provide us with any extra comments you may have:

Appendix two

Outpatients Enter and View- staff feedback survey

1. What is the process for supporting patients with additional needs? please detail your answer below.

2. How many calls a day go onto the answer phone service and what is the procedure for returning these calls?

3. What are the 3 most common topics of complaint?

4. Has there been changes to the track care system to meet extra capacity?

5. Are patients still being misdirected to the outpatients booking system?

6. Have staffing levels increased since January 2017?

7. Are you aware of the outpatient transformation programme?

Yes

No

1

8. If you answered yes to question 7, how effective has it been?

9. Are you giving review appointments on the same day to patients?

Yes

No

10. Please use the space below to provide any further information you may have.

2