

Enter & View of the Eye Clinic, Royal Berkshire Hospital, 2015

About this report

This is the full report of Enter and View visits carried out by Healthwatch Reading to the Eye Clinic at Royal Berkshire Hospital, in January and February 2015.

A shorter, patient-friendly, two-page summary report, is available at <http://healthwatchreading.org.uk/reports/>.

What is Enter and View?

Enter and View is a legal power granted to local Healthwatch under the Health and Social Care Act (2012), to allow them to visit NHS and adult social care services to find out how they are being run, what patients and service users think about those services, and to make recommendations if there are areas for improvement. The legislation requires services to respond to recommendations.

Enter and View can be carried out unannounced, but the normal Healthwatch Reading approach is to pre-agree a visit with staff beforehand, to ensure there are no service issues (such as a ward closure due to an infection outbreak) that would hinder the visit and also to allow staff to ask us any questions about how the visit will be carried out.

The visits must be carried out by 'authorised representatives'. These people are Healthwatch staff or volunteers that have undergone Enter and View training. This covers the need to be courteous and respectful to people we interview, to protect patient confidentiality, and to ensure we do not obstruct staff from carrying out their roles. This training also covers safeguarding, which means that we know how to refer any suspected cases of people being (or at risk of being) abused.

Local Healthwatch must say why they have chosen to carry out an Enter and View. It might be because the public have reported concerns about a particular provider to Healthwatch, but equally, we could choose to visit services that have a good reputation, so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

People who read Enter and View reports should note that the findings are only a 'snap-shot' of a service on a particular date and time. Enter and View is not an inspection or a comprehensive judgement on the quality of the service - that role is undertaken by the Care Quality Commission and people can search their provider's latest inspection report at www.cqc.co.uk.

The benefits of Enter and View

Healthwatch Reading believes the value of Enter and View is the time we spend holding in-depth conversations with people about their experiences. This offers opportunities to:

- identify previously unknown service issues that could be remedied quickly, often by following patients' own simple suggestions;
- collect praise about what staff and services do well;
- explain what rights patients have;
- make people feel valued, when our reports highlight how their concerns have been addressed by services;
- publicise other ways patients can get involved, such as by joining their practice's Patient Participation Group;
- signpost people seeking non-medical help or advice, to other statutory services, or local organisations and charities we know;
- identify any systemic issues that Healthwatch Reading can raise in local decision making and scrutiny forums, such as at the Reading Health and Wellbeing Board.

Why we did an Enter and View of the Royal Berkshire Hospital Eye Clinic

There were two main reasons for our visits:

1. Eye clinic patients had been reporting concerns to Healthwatch Reading about the way the clinic was run, including members of the ex-Gurkha community, who raised concerns during a separate Healthwatch Reading project.
2. Healthwatch Reading's ongoing partnership working with RBFT's outpatients experience programme

How we did this work

Two authorised Enter and View representatives (Healthwatch Reading staff member Catherine Greaves, and board member Helena Turner) visited the clinics, after pre-agreeing dates with RBFT, on Wednesday 28 January 2015, 9.15am-1.30pm, and Wednesday 11 February 2015, 9.15am-12.30pm. These times were chosen as they mostly covered appointments for people with macular degeneration - the most common cause of vision loss in older people, which requires people to attend regular outpatient appointments.

Each person was asked the same set of 10 questions (Appendix 1) and leaflets were also given out to explain the role of Healthwatch Reading. We gave every person an opportunity to raise any issues they felt we had not covered. All views collected were anonymous.

Our findings

Summary

- We spoke to 34 patients, relatives or carers over the two visits. More than half were aged over 75.
- People gave very positive feedback about treatment and care received at the clinic - particularly from nurses and doctors - which helped them to improve or maintain their vision, which in turn helped them remain independent and have a good quality of life.
- 18 out of 34 people were unhappy with the administration of the clinic - such as the clinic cancelling appointments at short notice, making errors when booking follow-up appointments, and difficulty getting through to the clinic on the phone.
- 17 people said they were unhappy with the wait from referral to appointment, or to follow-up appointments.
- Eight people said that staff had difficulty finding, or did not have, their hospital notes for at least one of the appointments they had had in the eye clinic.
- Some people said the eye clinic often ran late, with three saying they had been waiting for more than two hours to be seen on days when Healthwatch Reading visited.

About the Eye Clinic

The Eye Clinic is the name given to the main eye outpatients department run by Royal Berkshire NHS Foundation Trust (RBFT), from the Eye Block, situated in the middle of the Royal Berkshire Hospital site. The clinic offers a range of general, specialist and paediatric clinics, and is adjacent to the walk-in Eye Casualty.

The RBFT also runs ophthalmology outpatient clinics from four other sites in Berkshire, including Thatcham and Windsor. Some NHS eye appointments are also provided by the independent Circle and Dunedin hospitals in Reading.

The Eye Clinic is one of the busiest clinics at the hospital, seeing around 60,000 people per year. Patient numbers are increasing due to: a growing elderly population, as eye conditions are more common in this group; increased numbers of people being diagnosed with diabetes, which can also lead to eye problems; and more therapies such as laser treatment being available on the NHS.

In their own words

Patient views on quality of care

- All of the people who spoke with Healthwatch Reading gave positive feedback about the care received at the Eye Clinic.

Patients very much appreciated the care and treatments, such as laser therapy, they had received in the clinic. This had helped them maintain or improve their independence and quality of life.

“The nurses are one in a million. The doctors are good.”

“I am very, very impressed with the care that I receive here.”

“The RBH Eye Clinic is a first-class service when you get it.”

“I am grateful to the NHS for being there for me. The staff are very nice and helpful. The doctor is very thoughtful.”

“As a frequent user of the clinic, I am very pleased, as I have had 10 extra years of having vision.”

- Eight people said that for at least one appointment they had had at the clinic, staff had difficulty finding, or did not have, their notes.

This can mean patients have to wait in the clinic for their notes to be found, or their appointment has to be rebooked for a future date. One affected patient wondered why the clinic was not using electronic records.

- Four patients were unsure what was going to happen in their appointment.

“I would like to be better informed what my appointment is for and what will happen.”

- Two relatives were going to act as informal interpreters for patients.

The relatives said they were satisfied with this situation, but Healthwatch Reading was unable to independently check with the patients themselves if they were happy with this. (In other Healthwatch projects, some people have said that using a relative as an interpreter can prevent them bringing up some issues with clinicians).

Patient views on the appointment system

- 17 people said they were unhappy with the waiting time from referral to first appointment, or waits for follow-up appointments; 15 of these people said they had to wait longer than the time recommended by their doctor or community optician.

“I was very, very worried about my eye sight. I didn’t want to wait. I asked if I could pay to get the treatment sooner.”

“I am very concerned about my [relative’s] sight. I called the clinic and asked for an earlier appointment, but couldn’t get one.”

“I had floaters in my eye after my operation. I had to wait longer than I expected for my follow-up appointment, even though I called the clinic and said I had floaters.”

“A deplorable situation. I had to wait twice as long for my appointment, compared to what my GP told me.”

- Three people said the clinic had arranged an emergency appointment within 24 hours of being referred by their GP or optician and they appreciated being seen so quickly.
- One adult using the NHS Choose and Book system to make their first outpatient appointment had been booked into the wrong clinic, meaning a wasted trip and a wait of several more weeks for the appointment.
- 18 out of 34 people said that they were dissatisfied with the administration of the Eye Clinic, mostly around appointment handling.

“Treatment is extremely good. The problem is with administration and management.”

- Five patients described difficulties getting through on the phone to talk to staff, usually about booking or rescheduling an appointment.

“I was asked to call to book my [relative’s] appointment. I made about 20 phone calls before I got to book the appointment. Once the voicemail box was full so I couldn’t leave a message. I tried another number and they said the voicemail would be cleared. But it took three to four days. Another time I called and the person said they couldn’t book appointments, just cancel them.”

“After my operation, my eye sight got worse. I called the clinic. I was told the doctor would call me back. They didn’t call back, I couldn’t get through on the phone. My [relative] came to the hospital twice to ask the clinic staff when my appointment would be.”

“I was trying to reschedule my [relative’s] appointment. I spent two hours trying to get through on the phone. I called lots of different phone numbers. When I got through to speak to someone, the clinic staff said they would call back. They didn’t, so I drove to the hospital and went in to talk to the clinic staff.”

- Four patients reported that errors had recently been made in the booking of their appointment.

“The clinic gave me the wrong date for my appointment. So I had a wasted trip to the hospital.”

“I have just been told my [relative] does not have an appointment today.”

- Three people said in recent months, their Eye Clinic appointment had been cancelled on the day of their appointment.

“My appointment was cancelled on the day three times in the past few months.”

“Why is this such a problem in the Eye Clinic and not in the other clinics I regularly attend - audiology or dermatology?”

- Two patients said they were unhappy they had received a letter from the Eye Clinic stating they had missed appointments, when this was not true.

In one case the clinic had cancelled the appointment and in the other case the patient was given the wrong appointment date.

- Two patients said that previous systems for making follow-up appointments worked better

“You used to leave the doctor and went to reception to book your next appointment. Now you have to phone and make the appointment.”

- Seven patients highlighted the long waits in clinic to be seen, with three patients saying they had been waiting more than two hours after their scheduled appointment time, to be called in.

“I am not happy with the long wait here in the waiting room. I have not been told why.”

“Having eye injection is a very worrying treatment. It can be difficult to have to sit here waiting for so long.”

“The clinic has tried all sorts of ways to reduce waiting times in the clinic, since I started coming here five years ago.”

“Sometimes I wait two hours or more. Sometimes I wait for just a few minutes.”

- One patient said they were very satisfied with the appointment system.

The Eye Clinic environment

- Healthwatch Reading observed that the waiting areas were clean and tidy, although some areas appeared to need redecoration.
- The noticeboards provided clear and well-presented information, such as how the clinic was meeting hospital targets for patient safety.
- Two carers said they were disappointed about the closure of a volunteer-run tea bar in the clinic, as it meant they missed the chance of having hot drinks, especially during long waits to be seen.
- Healthwatch Reading observed that some receptionists appeared not to make eye contact or smile at patients.

Other feedback volunteered by patients and relatives outside of set questions

- *“We always choose an 8.30am appointment because of parking issues. But it is difficult for my [relative] to get ready early in the morning as [they have] dementia.”*

Information supplied by staff to Healthwatch Reading during the visits

Staff who met with Healthwatch Reading during the visits explained that people waited around 8-10 weeks for a first outpatient appointment, which was around the national average. Waits could depend on the availability of specialist doctors.

Around five per cent of Eye Clinic patients had their appointments cancelled by the hospital's centralised booking system. When this happened, patients had to wait another six-eight weeks for the rescheduled appointment, because of limits to the hospital's booking system.

Staff in the paediatric clinic had started to review all appointments made via Choose and Book, to check that the referring GP had included enough information to ensure the child saw the most appropriate clinician.

Staff knew how to book an interpreter for patients who needed one. However this was dependent on GPs or opticians informing the clinic of the need for an interpreter in their referral letters, and this did not always happen. Clinical staff had access to a 'communications toolkit' to use in these cases. Leaflets could also be translated. The most frequently requested interpreters were for people who speak Polish, Punjabi and Nepalese.

Eye Clinic staff were due to meet with a GP representative, on the day of one of the Enter and View visits, to explain the range of general and specialist services available at the clinic, so that local GPs would provide more information in referral letters to ensure patients were seen by the right clinicians.

There were difficulties obtaining medical notes for around 20 per cent of paediatric appointments. The issue of missing patient notes was hospital-wide, and a project was underway to address this. Eye Clinic managers were applying for funding so they could use only electronic notes.

The Eye Clinic was one of a number of departments taking part in a hospital project to reorganise administration staff, to ensure a better patient experience. Whilst this took place, there was no permanent recruitment, only use of temporary staff. Administrative staff will now be organised into clinical teams.

A national NHS regulator - Monitor - recently discovered that up to 1,000 eye patients across Berkshire might have not had a follow-up appointment to check their eye condition, due to capacity issues, particularly a lack of specialist medical staff. Staff, including doctors, were working hard to review the care of affected patients.

The tea bar in the clinic waiting area had been shut permanently because the space was needed for an additional treatment room.

Recommendations and responses

Healthwatch Reading recommendations:

- Ensure that the current reorganisation of administrative staff addresses patients concerns, including difficulties getting through on the phone.
- Reduce avoidable factors that lengthen appointment wait times - such as the rebooking of cancelled appointments and information in referral letters.
- Improve communication with GPs and opticians about wait times for first appointments so patients are given more accurate information on waits.
- Review why some appointments are being cancelled at very short notice.
- Review how patients are told what will happen in the next appointment.
- Review how people in waiting areas are told appointments are running late.

Response from Jean O’Callaghan, chief executive of Royal Berkshire NHS Foundation Trust, 2 June 2015

‘Thank you for forwarding the Enter and View report. The trust welcomes the report and has taken all of the findings and recommendations very seriously with immediate review and implemented actions to address the concerns raised. This reply provides an overview of the work undertaken to deliver high quality and patient-centred care to improve outcomes and patient experience.

All of the positive comments have been communicated back to the teams regarding the good practices highlighted and for the majority of the patients their experience was positive, caring and supportive.

The key area of concern from your visits is that our patients are unhappy with the administration of the clinics, particularly the cancellation and rescheduling of appointments at short notice, and difficulty getting through on our phones.

The trust had already identified this as an area of concern and we have now implemented our new Patient Pathway Model. This pathway has been designed to improve communication both within the hospital department, and between patients and the department. Rather than the traditional structure of separate booking offices, patient schedulers and medical secretaries, the patient’s pathway through the hospital from referral to treatment is now managed by a team of Patient Pathway Coordinators.

This team is responsible for coordinating all hospital visits and associated administration including obtaining medical notes. This will eliminate the potential for messages to be delayed, or lost, whilst being passed between different teams, while also providing the patient with a sole point of contact for all their queries and concerns whilst under our care. The team, is overseen by a Patient Pathway Manager who ensures patients are seen and treated in a chronological and timely fashion. Within this, customer service training is also being provided for each staff member.

The Ophthalmology Department has also commenced an Improvement Programme which focuses on operational and service improvements across all sites where we provide ophthalmology treatment and care. Within this project we will incorporate Healthwatch recommendations in regards to capacity and demand.

The department Sister has been working closely with the multidisciplinary team to ensure that patients are provided with high quality information on care and treatment. This standard is monitored by our patient information team and reported monthly through governance. The department has achieved 100% compliance in ensuring that all information given to patients is up to date and evidence based. The Sister is also working with the team to ensure that patients are updated regularly during their clinic appointments.

I would like to assure you that we will continue to monitor the overall performance of the Ophthalmology Department through monthly reports provided by the Ophthalmology Management team and the project management team supporting the Improvement Programme. We will also observe the quality of care provided in the department through patient safety and experience walkabouts. These are undertaken by the Executive and Non-Executive Board members, Senior Nurses and Managers. Each team receive feedback following these walkabouts and if changes to practice are required, these are discussed with the teams and actions developed.

Matron, Tristram Mills is leading on the implementation of all agreed changes within this service and provides updates to the Trust Board via our Quality Assurance and Learning Committee and Ophthalmology Clinical Governance.

If you require any further information or clarity, please do not hesitate to get in touch.'

Acknowledgements

Healthwatch Reading would like to thank all the patients, relatives and carers who shared their views, and Eye Clinic staff for information and assistance give before and during the visits.

Appendix 1

Question prompts used in the Enter and View visits

1) Are you the patient or carer/parent

2) What is the patient's age?

0-17		45-54	
18-24		55-64	
25-34		65-74	
35-44		75+	

3) Who are you here to see today?

Doctor Optometrist Other

4) Have you ever used the Choose and Book system to book your appointment at the Eye clinic?

Y N

5) If yes, were there any issues with the Eye clinic appointment you made through Choose & Book?

6)

7) How long have you been waiting for this appointment at the Eye Clinic?

Weeks	
Months	

8) How satisfied are you with this wait?

9) Have you ever had an appointment at the Eye Clinic and the clinic staff had difficulty finding your hospital notes?

Y N

If yes, did this affect your appointment at all?

10) Do you have any other feedback (positive or negative) about your experience of the Eye Clinic that you would like to tell Healthwatch Reading?

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