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**Speaking to Outpatients – What did we learn?**

Calderdale Royal Hospital and Huddersfield Royal Infirmary

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# Our work at a glance

Healthwatch Calderdale was asked by Calderdale and Huddersfield NHS Foundation Trust to find out more about patients’ experiences of booking appointments for, and attending, outpatient clinics following the introduction of the new Electronic Patient Record (EPR) system.

Healthwatch in Calderdale and Kirklees had also received comments from people who had been kept waiting a long time on the phone when trying to book an outpatient appointment, as well as some from people who attended outpatient appointments to find they had been cancelled or that their medical notes were not available.

Staff and volunteers from the two local Healthwatch visited outpatient clinics at Calderdale Royal Hospital and at Acre Mills at Huddersfield Royal Infirmary to talk to patients about their experiences, and over 2 weeks 94 surveys were completed.

What is working well:

* There was a lot of positive feedback from patients about the staff in outpatient clinics, who were seen as very helpful. Also most patients felt listened to, and felt they had enough time to ask questions in their consultations.

**What people told us:**

What needs attention:

* Several patients are still having difficulties booking appointments, with some reporting having difficulties booking follow-on appointments within the timescale advised by their consultant.
* If appointments are changed this can have a knock on effect leading to appointments being cancelled without the patient’s knowledge, or consultants not having patient’s medical records available for consultations.

# Why did we speak to people in outpatients?

Healthwatch in Calderdale and Kirklees had received comments from a number of people about the systems for booking appointments for outpatient clinics in Calderdale and Huddersfield, which included:

* The appointment centre free phone number not being available.
* People calling the appointment centre and being told they were up to 50th in the queue, and even *‘Being held in the appointment centre queue for over 90mins then been cut off when 2nd in the queue because the centre closed at 7pm.’*
* Text messages and letters being sent in error, either to ask people to arrange appointments that had already been booked, or to attend appointments that had been cancelled.
* Difficulties booking follow up appointments in the timescales requested by the consultant, leading to delays in people’s treatment.
* Also some people attended outpatient appointments to find that their medical notes were not available when they attended the consultations.

Healthwatch Calderdale was also asked by Calderdale and Huddersfield NHS Foundation Trust (CHFT) to find out more about patients’ experiences of booking appointments for, and attending, outpatient clinics following the introduction of the new Electronic Patient Record (EPR) system to the hospitals in both boroughs.

**The Electronic Patient Record (EPR) system**

The EPR system has been designed to give a more joined-up record of patient care, as it is all documented electronically in one place. This offers a continuous record so that people should not have to keep repeating information. It also contains data about the medicines they are taking, any allergies they might have, and the results of any tests they have had.

More information about EPR can be found here: <http://epr.this.nhs.uk/home/>

The EPR system was initially implemented by CHFT in May 2017, and in the early stages there were a few difficulties, which is one of the reasons why local Healthwatch was invited to do this piece of patient engagement.

# What did we do to find out more?

We devised a survey asking patients about their experiences of booking appointments and attending outpatient clinics. We asked about what worked well and what didn’t.

The survey was promoted via social media, and staff and volunteers from the two local Healthwatch visited outpatient clinics at Calderdale Royal Hospital and at Acre Mills at Huddersfield Royal Infirmary to talk to patients about their experiences, and to ask them, or their parents or carers, to complete either electronic or paper copies of the survey.

Patients that gave feedback had attended the following clinics:

Audiology

Cardiology

Dermatology

Diabetes

Dietetics

Ear, nose & throat

Endocrinology

Gastroenterology

General Medicine

General Surgery

Geriatric Medicine

Gynaecology

Maternity

Neurology

Oncology

Ophthalmology

Oral and Maxillofacial Surgery

Orthopaedic & Muscular Skeletal

Paediatrics

Pain Management

Physiotherapy

Plastic Surgery

Pre Assessment

Rheumatology

Urology

# Who responded:

* 94 surveys were completed in total, 56 by Calderdale residents, 36 by Kirklees residents, and 2 by Bradford residents.
* 52 of the patients visited Calderdale Royal Hospital, and 37 visited Huddersfield Royal Infirmary.
* Of the 64 patients that responded 68% were female, with patients ages ranging from 3 ½ to 102.
* Of the 58 patients that responded, all were born in the UK or Northern Ireland, except for two people who were born in China.
* 20 of the respondents considered themselves to be disabled, and 16 said they were carers.

# What did we find out?

**We asked patients about booking appointments:**

* **How was your appointment originally booked?**

The majority of patients had a routine follow-up appointment or had one booked by their GP.

2 booked online and 13 by phone via the NHS e-Referral Service line.

* **How easy was it to book the appointment?**

The majority of patients found booking their appointment easy, but 14 respondents found it difficult, their issues included:

* + Appointments lost due to changes in the computer system
	+ Long waits for ‘urgent’ referrals
	+ Difficulties getting through on the phone and long waits
	+ Having to rebook appointments due to multiple cancellations
* *Whilst the care I receive at my outpatient appointments is excellent, actually trying to make the appointment is a complete joke. The old system where you could make an appointment with a person on the desk was much better. Now I get a letter and have to wait on the phone for up to 40mins to get through to someone. Once I do get through I’m told that there are no bookable appointments for my consultant and I have to wait. They never got back to me so I rang again.*

**We asked what happened when appointments were changed:**

* **Was the appointment changed after it was first booked?**

Of the 82 patients who responded 31 had had their appointment changed;

* + 21 appointments were changed by the hospital,
	+ 8 were changed by the patient,
	+ and 1 was changed by the patient’s GP.
* **We asked the 31 patients who had appointments changed what the process was like for them.**

50% of patients who had changes to their appointments reported having a poor experience due to:

* + Problems with the IT system leading to lost appointments
	+ Multiple cancellations by the hospital
	+ Short notice of cancellations
	+ Rearranged appointments not in line with their needs e.g. told they needed an appointment in a specific timeframe by the consultant but than getting one a couple of months later than that.

**We asked patients what reason was given for changing the appointment?**

17 patients responded, with 10 (58%) reporting that they were not given a reason for the cancellation.

Those who were given a reason for the cancellation were told:

* The doctor or staff were not available
* It was due to changes with the IT system
* There were too few people booked in for the clinic

*‘On one occasion we turned up for the appointment to be told there was no longer a clinic on that day!’*

**How was the change communicated to you?**

The majority of patients (13) were notified of the cancellation by letter.

*‘I was notified about the cancellations by letter and by text and I am satisfied by this as I may have missed a call.’*

**We asked what happened when patients arrived at the clinic:**

* **How did you register your arrival at the outpatient clinic?**

46% of patients registered with the self-check-in and 50% registered with the receptionist.

Patients had a number of problems with the self-check-in:

* It didn’t work
* It didn’t have my details
* Due to double letter in my surname it wouldn’t register me
* It was out of order and wouldn't scan the bar code
* The appointment was not recognised.

*‘I was going to use the self-check-in machine but I didn’t have a letter - there should be another way to get on it. Also there needs to be someone there to help people use the machine, especially older people.’*

*‘I tried to book in via the self-check in but I was not on the system, so I booked in via the receptionist. Then I was forgotten about for 3/4 hour.’*

* **When you registered your arrival were all your personal details correct?**

Most patients’ details were correct when they registered (84%), but there were a few patients who reported incorrect data or missing details. Only one patient reported having difficulties getting their details corrected.

‘*Able to amend my telephone contact details - but not possible to update to include my current GP's name - GP named on the system had retired.’*

**We asked if the consultation ran smoothly:**

* **Did you feel the clinicians had all the information they needed during your appointment?**

80% of the patients that responded to this were happy that the consultants had all the information they needed, and only 4% (3 patients) said they didn’t.

Overall this led to a positive experience for most patients, although there were a few issues:

*‘Able to access bloods done by Kirklees GP so avoided undue stress of having to do again.’*

*‘My consultant could not find details, he said that the computer system had been changed.’*

**We also asked if patients had to visit another outpatient clinic as part of their appointment, were the staff there easily access the information they needed about them?**

Again the response was generally positive, 15 patients were happy with this and only 2 had a poor experience.

*‘Again saved time not having to repeat things.’*

**We then asked for people’s general feedback about their visit to outpatients:**

Patients were asked to give an overall star rating for their outpatient experience. Out of 71 responses, 48 gave it a 4 or 5-star rating, the average being a 3.8 approval rate out of 5.

Only 6 patients gave a low rating of 1 or 2 stars.

**We also asked patients to compare their most recent appointment to previous ones.**

The majority of patients said it was about the same or better, 56 out of 77 respondents:

*‘Just as smooth, staff are incredibly good.’*

*‘I arrived early at Calderdale Hospital and was seen well before my appointment time and the biopsy service was excellent’*

But 11 patients felt their experience had been worse:

*‘Long waiting time, two hours, arrived at 10.20 for 10.40 appointment and seen at 12.20.’*

*‘The staff are good, but the organisation of clinic appointments is disgusting’.*

*‘The department was very busy and we missed being called due to waiting in the wrong area’*

*‘Appointment too late in day as use public transport and have to travel a considerable distance’*

**Other feedback patients gave us:**

* 73 out of 77patients said that staff were very helpful
* 47 out of 75 patients said they were not kept waiting a long time, but 22 patients said they were.
* When asked if they were notified about delays, 19 out of 49 patients said they were, but 24 said they were not notified about delays.
* When asked if they had enough time to ask questions, 64 out of 72 patients agreed that they did, and only 4 said that they didn’t.
* 65 out of 72 patients reported that they felt listened to, with only 4 patients saying that they didn’t feel listened to.

**Patients also gave us general feedback on a range of issues:**

**What is working well:**

* *‘I was impressed with the efficiency of the system’*
* *‘I think the service is incredibly good. I was annoyed that they expected me to have an appointment 6 months later than the original one, but getting it rearranged again went well as I was able to get a cancellation.’*
* *‘The doctor was excellent, discussed options for further tests and asked me what my preference was. I felt safe and had been listened to.’*
* *‘Such lovely, kind and understanding staff to help my autistic son have bloods taken – honestly we felt so well cared for and speedy service helped reduce anxiety’*

**What wasn’t working well:**

* *‘Previously when I have used the self-check in the personal information comes up on the screen in very large writing, which I think is totally against data protection, as people behind you can read it all.’*
* *‘I wish we didn't have to all sit and wait so long, as I already have a long trip from Barkisland.’*
* *‘I am deaf so a BSL interpreter needs to be booked and sent to the right place to support me. Previously I have turned up to an appointment at HRI only to be told that I should have gone to CRH, but when I got there, there was no interpreter booked so I had write everything down which was very stressful. This morning when I got here for my appointment I found out the interpreter had been sent to the wrong hospital, CRH not Acre Mills, so I have had to wait for her to get here, and she has another appointment after mine so can't wait long herself’*
* *‘The ticker on the screen in outpatients about delays is not big enough for people to see – it needs to be in bigger print.’*
* *‘The fault is with the appointment system getting confused, my appointment had been changed by my GP to make it sooner, but when I arrived at the clinic they had no knowledge of me and no notes/medical records.’*
* *‘The outpatient departments need to be more organised. I have had three letters from gynae asking me to go for a test I have already had, someone else should have had those time slots.’*
* *‘The doctor had no knowledge or understanding of Autism and we felt he thought we had wasted his time’*
* *‘The electronic system for checking into Acre Mill did not work for me. In fact, it never has. The receptionist was able to do this. With delays the seating was at capacity by the end of the afternoon. Very bad for those who had to stand.’*
* *‘Communication about follow up appointment was non-existent and I had to chase this via my GP.’*
* *‘The system had now cancelled every appointment even an urgent MRI scan I'm complaining via PALS’*
* *‘After re booking appointment because original was unsuitable, the system failed to register the new date and time so I had to book again and had a wasted and costly trip to the hospital.’*

**Changes patients would like:**

* *‘It would be helpful if the procedures could be explained, such as may have drops put in eyes and then sit and wait for a few minutes. Understanding what will happen and the order of those things gives reassurance, promotes understanding, and reduces anxiety.’*
* *‘They need to look into the problem with letters not getting through to the GP or the patient – this has happened twice recently, but was not a problem before. The hospital computer systems seem to be incompatible with the ones in the GP practices. Even the postal system is faster than the new electronic system.’*
* *‘It’s better to be able to book a follow-up appointment before leaving the clinic, especially if you need to coordinate with a carer.’*
* *‘It would be useful if changes to NICE guidelines were passed in during appointments, even if only in written format i.e. vaccination guidelines for coeliac changing’*
* *‘People who have to travel some distance by public transport should be able to get appointments earlier in the day not last thing.’*
* *‘Can the letter be more specific about the exact location of the clinic?’*
* *‘I received a dermatology outpatient clinic follow up appointment for late January 2018. This caused me some anxiety - as I had been told that if the biopsy showed "nothing abnormal detected", I would not need to attend a further appointment. I appreciate that the appointments for outpatient clinics are issued by a different team - but it would have been far better to have received the biopsy result letter first - with the outpatient clinic appointment letter reaching me several days later.’*

# Conclusion

We heard more positive than negative feedback about outpatient appointments in general, with 68% of the patients who took part in the survey giving their last experience of visiting outpatients 4 or 5 stars out of a maximum of 5, and the majority felt the experience was about the same or better than previous visits.

Unfortunately, there are also some patients whose experience was not so good, and in several cases one initial problem leads to more difficulties which can result in patients not getting the care they need when they need it. This can be very frustrating and stressful, and could also impact negatively on their treatment.

The biggest issues reported around EPR were difficulties patients sometimes face if their appointment is changed or cancelled, as this can create problems with sharing records, and may also lead to other appointments being cancelled unnecessarily. Also some patients are still having difficulties booking appointments, including follow-on appointments that should be scheduled within a specific timeframe.

Other issues that patients described included letters not being sent to themselves or their GPs as had been done previously before the changes to the system; being asked to attend outpatient clinic appointments before receiving biopsy results; long waits for urgent referrals; having multiple cancellations of appointments by the hospital, often with no specific reason given; plus, once they arrive at the clinic a significant number of patients have difficulties using the electronic sign-in screens to register their attendance.

Also while the key focus of the engagement was about the impact of the EPR system, people’s experience at outpatients is about far more than the EPR, and this is reflected in the feedback and suggestions that patients made.

# Appendix 1: Summary of patient feedback

|  |  |  |
| --- | --- | --- |
|  | **Issues** | **Suggestions** |
| **Booking appointments** | * Difficulties getting through to the appointment centre with some people experiencing long queues on the phone
* Difficulties booking follow-on appointments within the timeframe requested by the consultant
* Changes to appointments sometimes leading to further cancellations or to patient records being unavailable
* Long waits for ‘urgent’ referrals - in one case this was several months
 | * Some people prefer to make an appointment with a person on the desk
* Some people prefer to be able to book a follow-up appointment before leaving the clinic, especially if they need to coordinate with a carer.
 |
| **Cancelled appointments** | * Multiple cancellations by the hospital, sometimes without an explanation
* Cancellations at short notice, sometimes on the day of the appointment when the patient arrived at hospital
* Text messages and letters being sent in error e.g. reminder for an appointment that had already been cancelled
 |  |
| **Letters to patients and GPs** | * Some patients missed being called due to waiting in the wrong area - can the letter be more specific about the exact location of the clinic within the hospital?
* Receive the letters enclosing results from test before the clinic appointment letter
* They need to look into the problem with letters not getting through to the GP or the patient. The hospital computer systems seem to be incompatible with the ones in the GP practices, so emailed letters don’t always arrive
 |  |
| **Electronic sign-in screens** | * Some people do not like to use the electronic sign-in screens as they display their personal details so that people behind them can clearly see them, leading them to query whether this leads to data protection issues.
 | * If patients don’t have an appointment letter is there some way they can use the sign-in screen to register?
* Can there be people to help with the electronic sign-in screens, especially with older patients?
 |
| **Electronic Information screens** | * Some patients felt the electronic information screens in the outpatient clinics could be confusing and unclear.
* On the day we visited the screen said the clinic was running 60 minutes late, but patients were being called at the correct time – this was confusing for some people
* Patients names appear large on the screen but information about clinic delays is very small and hard to see.
 | * Some patients asked if electronic information screens could be made easier to see, especially in the ophthalmology outpatients’ clinic or where older people are attending?
 |
| **Accessibility** | Appointment times:* Appointment too late in day as use public transport and have to travel a considerable distance

Interpreters:* BSL interpreter needs to be booked for patients who need them and to be available at the right place at the right time
 | * Should patients who have to travel some distance by public transport be able to get appointments earlier in the day, so that they don’t end up waiting a long time for transport or having to travel in the dark?
 |
| **Patient information** | * Better information for patients was suggested by some patients, for instance explaining what the procedure would be if they need eye drops before an examination.
* It would be useful if changes to NICE guidelines were passed in during appointments, even if only in written format i.e. vaccination guidelines for coeliac changing
 | * It would be helpful if the procedures could be explained. Understanding what will happen and the order of those things gives reassurance, promotes understanding, and reduces anxiety.
 |