

East Kent Hospitals University Foundation Trust Outpatients Enter and View Programme 2014-2015

Healthwatch Kent undertook a series of visits to East Kent Hospitals University Foundation Trust (EKHUFT) Outpatient clinics. This is part of our work to support the EKUFT Improvement Plan following their recent CQC report.

The nominated sites and clinics were:

1. Mr Sharp's clinic, Kent and Canterbury Hospital, visited on 16th December 2014
2. Mr Sharp's clinic, Royal Victoria Hospital, Folkestone, visited on 5th January 2015
3. Miss Robinson's & Mr Nixon's clinic, Buckland Hospital Dover, visited on 6th January 2015

About Healthwatch Kent

Healthwatch gives people a powerful voice locally and nationally. In Kent, Healthwatch works to help people get the best out of their local health and social care services. Whether it's improving them today or helping to shape them for tomorrow. Healthwatch Kent is all about local voices being able to influence the delivery and design of local services. Not just people who use them, but anyone who might need to in future.

What is Enter and View?

Part of Healthwatch Kent's remit is to carry out Enter and View visits. Trained volunteers carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows Healthwatch Kent authorised representatives to observe services and talk to service users, patients, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services 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.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observed anything that they felt uncomfortable about they would inform their lead who would then inform the service manager, ending the visit.

In addition, if any member of staff wanted to raise a safeguarding issue during our visit, we would direct them to the CQC where they are protected by legislation if they raise a concern.



Acknowledgements

Healthwatch Kent would like to thank the service providers, patients, visitors and staff for their contribution to this Enter and View programme.

Disclaimer

Please note that this report only relates to what we observed during our visits. Our report is not a representative portrayal of the experiences of all patients and staff, only an account of what was observed and contributed at the time.

Purpose of the visits

Healthwatch Kent undertook a series of visits to East Kent Hospitals University Foundation Trust (EKHUFT) Outpatient clinics, as part of our work to support the Trust's Improvement Plan following their CQC report. East Kent Hospitals University Foundation Trust is currently implementing a significant development plan to address areas highlighted by the Care Quality Commission (CQC). These visits were designed to take a baseline snapshot across the Trust. The visits will be repeated in the Spring, in order to ascertain if the Trust's development plan has resulted in improvements noticed and reported by patients, family and staff in terms of patient experience, dignity or choice.

Ear Nose and Throat (ENT) Outpatient clinics were selected in order to be able to draw some comparisons across the various sites that they are delivered. The three nominated sites and clinics were:

Mr Sharp's clinic, Kent and Canterbury Hospital, visited on 16th December 2014
Mr Sharp's clinic, Royal Victoria Hospital, Folkestone, visited on 5th January 2015
Miss Robinson's / Mr Nixon's clinic, Buckland Hospital Dover, visited on 6th January 2015

The focus of this series of Enter and View visits was on the flow of patients through the clinics. Areas of special interest were:

- **Making appointments, cancellations, double booking and clinic delays.**

EKHUFT are investing in improving the appointment booking system as an area highlighted by recent CQC reports. These visits aimed to take a baseline snapshot of patient's feedback and experiences.

- **The patient's opportunity to book their follow up appointment direct.**

EKHUFT are promoting the use of self booking systems to enable people to select the most convenient time for follow up appointments. These visits sought patient's feedback and experience on this subject.

- **Support to patients if appointments are delayed**

EKHUFT's policy asks staff to approach people with delayed appointments and offer support, which can be as flexible as using a hospital phone to call a school to notify them of a parents delay, or making sure the patient has access to refreshments.

The visits aimed to;

- Gather views from patients, carers, family and staff about their experiences in outpatients on the day we attended,
- Explore patients' views on the areas highlighted above and the facilities provided in the named clinics and the administration processes supporting attendance at the clinic.



Methodology

This programme was based on a schedule of announced Enter and View visits. Contact was made with the Senior Matron and Manager with responsibility for Outpatients services before the visit and information was given about the role of Healthwatch. The dates for the visits were agreed with the Senior Matron.

Senior staff co-ordinating these visits with us were:

Janice Biffen - Senior Matron for Outpatients

Julia Bournes - General Manager with over sight of Outpatients

A team of two Healthwatch Kent Authorised Enter and View volunteers visited each Outpatient clinic. A set of questions and areas for observation were used by teams, as the framework for conversations during each visit (Appendix A).

At each Outpatient clinic, Healthwatch Kent volunteers checked with the staff working in the department if there were individuals who should not be approached or spoken to on the day.

All observations have been shared with the provider and this report is accompanied by a statement from each provider.

Each clinic was asked to provide the following data to support our reports:

- The number of people booked in for the clinic during the time we are present (to ascertain booked appointment versus number of patients attending)
- The number of people who were registered in the clinic during the time we were present
- The average duration of patients time in clinic for the day we were present



ENT Outpatient Clinic, K&C

Name and address of Clinic visited	Mr Sharp's Clinic Kent and Canterbury Hospital, Ethelbert Road, Canterbury, Kent, CT1 3NG
Lead contact	Janice Biffen and Julia Bourne
Date and time of visits	Clinic runs from 2-5pm 16 th December 2014
Authorised representatives	Theresa Oliver and Mike McKenzie

Background Information

The following information has been supplied by the hospital as a snap shot of activity on the day of the authorised visit.

There were 27 patients booked in to Mr Sharp's and Registrar clinic. Of these, 23 patients were seen in clinic that day, 14 on the Consultant list and nine on the Registrar List. There were two patients who did not attend.

The consultant arrived around 20 minutes late. The first patient was booked for 14:00hrs and the last for 16:40hrs. The Consultants template has appointments every 10 minutes for news and follow ups, the Registrars list is 10 minutes for follow up appointments and 15 minutes for new patients.

The clinic finished on time, which means the Consultant saw 14 patients in 2 hours 40 minutes, giving an approximate average of 11 minutes per patient.

The Registrar (who helped with the Consultant list) saw 9 patients in 3 hours, giving an approximate average of 20 minutes per patient.

Healthwatch Kent's authorised visitors spoke with 14 patients, four of whom were waiting for the nurse and ten who were waiting for investigation. Two of these patients did not fully complete the questionnaire as they had to go into their appointments with the consultant.

The majority (7) of patients spoken to were between 18 - 65 years of age, three patients were under 18 years, one was between 65-76 years and one was over 76 years.

Nine of the 14 patients had been referred by a GP, two from other health professionals and two had been referred direct from A&E.



What we saw : Summary of our observations

- Signage both inside and outside the clinic was a source of concern for most of the patients we spoke to and we personally had difficulty locating Outpatients.
- Patients reported experience of long delays in re-booking, if an appointment had to be cancelled even if the cancellation was down to the Trust. No priority was given to patients who had been affected.
- The booking system appears to be inefficient as it allows double/triple bookings. There seems to be a big backlog of appointments and messages are not transferred to the individuals concerned.
- Communications both prior to the appointment and on the day could be improved so that patients are kept informed.
- Some patients indicated that the distance they had to travel was an issue.

Observations

Patients' experience of the journey through the clinic

We attended the beginning of the clinic and spoke to patients as they arrived. Therefore the majority (13) of patients had waited less than 30 minutes. However, within this group of patients, eight had experienced a delay in their appointment of between 20 minutes and half an hour. Five of these patients were initially not approached and told about the delay.

Three people were not seen on their allotted appointment time but were informed that there would be a delay of about 30 minutes. We observed one patient having to request information about the delay. When informed about the delay, only one patient was told the reason. No other support was offered.

Patients' view on what could be improved in the environment

Poor signage was mentioned by four people. One person sat in the main clinic waiting area for 20 minutes before being directed to a waiting area outside the treatment rooms.

Three people suggested a water dispenser as the clinic is hot and drinks from the shop are expensive.

Three people mentioned the décor as 'shabby', 'outdated', 'neglected' and 'needing some cosmetic updates'. One person added that the chairs were uncomfortable.

Several people said that the area could be improved by having some reading material and putting some displays on the blank wall facing the waiting area. One person pointed out that as there were no rubbish bins, cups and debris were being left on the floor. At the start of the clinic the area was clean and uncluttered but as more people came in rubbish started accumulating.

One person thought that the staff were poorly presented but two people thought that the clinic was fine.



Patients' experience of the appointment system

The appointment system was a major cause of patient dissatisfaction. Six out of the seven patients who were attending follow up appointments, had experienced previous follow up or initial appointments cancelled, sometimes several times. This was a particular source of annoyance as patients often were not notified and turned up at the clinic for their appointment. Patients then had to take responsibility for rebooking and were not given any priority and had to wait months (in one case a year) for next available appointments.

One under 18 patient had attended the clinic in Margate. Out of four appointments, they were told on arrival at the third appointment that it had been cancelled. They waited nine months for a re-booked appointment date at Margate, but were then told that Mr Sharp no longer had a clinic at Margate and they would have to rebook at Kent and Canterbury.

One patient had waited so long for rebooked appointments they had gone to PALS to try and resolve the issue and had to resort to having some private treatment.

Two people mentioned travelling long distances to the clinic as they lived on the south coast. One person living on the coast had to travel to Ashford one day to pick up equipment and then return the next day which as they were on disability benefits caused financial problems. Another patient had traveled some distance to Kent and Canterbury specifically to see the consultant but had then been seen by someone else.

The majority (10) of people we spoke to said they were given a choice about the time of their appointment but some said that they accepted times that weren't convenient to avoid waiting months for another appointment. All of the people surveyed knew how to change their appointment.

Patients' experience of the self booking appointment system

Although some patients had experienced the self booking system at other health services, the system was not in place at Kent and Canterbury at this time and we were therefore unable to record patients' experiences.

Privacy, Dignity and Respect.

Patients reported a wide variety of responses when asked about the clarity of information they had been given since arrival at the clinic. With such a range of responses it is difficult to draw any conclusion about this element of the patients' experience.

One person suggested that the queuing system at reception meant that privacy wasn't respected, whilst others thought that privacy was respected as the nursing staff took patients into a separate room to check their details.

One patient felt that the receptionist could have been more attentive although most were happy with the service from reception. There were a few comments highlighting that they would have liked more guidance as to directions within the clinic and to waiting rooms.

Patients suggestion for improvements in outpatients

In addition to the previous comments about water dispenser, reading material, décor and interior signage; exterior signage was an issue especially for first appointments. It took the Enter & View team over quarter of an hour to find Outpatients and we finally asked at

reception in another building and were directed up a steep flight of steps which could have been an issue for people with limited mobility.

Several patients did not have any comments, but two patients said better communication was needed especially about waiting times. One commented that there were 'too many middle men' and explained that they felt information didn't always get passed on to the patient.

Follow up after Outpatients

As we were in the waiting area of the clinic we did not speak to patients after their appointment and therefore have no comment to make on the patients experience of follow up after the outpatients appointment.

Discussions with Staff

Discussions with staff raised the following issues:

Reception Staff

Reception staff acknowledged issues with staffing levels but were pro-active about ways to relieve the pressure and flow through reception. They made the following suggestions;

- The problems they encounter on a daily basis include double or triple bookings, a big appointment back log, patients not being informed if their appointment/clinic has been cancelled and the fact that patients cannot contact Outpatients directly if they need to cancel an appointment. The system for internal communication does not seem to be working effectively. This is a particular problem if an interpreter is involved as messages don't get to all parties concerned.
- Even on quieter days the flow through reception is difficult. This is due somewhat to the position and shape of reception which curves backwards away from the entrance. On busy times the queue can go back towards the entrance doors. The queue is at the front end and it is not obvious when other receptionists are free and so causes a blockage. It was suggested that perhaps a light system indicating when a receptionist was free might help.
- One major problem which frequently takes staff away from reception is that the patient's letter has 'Outpatients' at the top but may actually require them to go to an Outpatients department within a different hospital area. The patient turns up at central Outpatients, waits for their turn at reception only to be told they need to go to another area of the hospital. Frequently the reception staff have to escort the patient to the correct Outpatients area as the maps provided are complicated and difficult to read and signage is poor. We observed this happening to the patient behind us in reception. It was suggested that colour coding on a simplified map may help to resolve this. The map could link with colours on the outside and inside of buildings and indicate the appropriate car park.
- Some of the forms that receptionists have to complete are complicated and difficult to complete.



Nursing Staff

In discussions with Nursing Staff the following issues were raised;

- Generally staffing levels are acceptable but things get somewhat strained or rushed when staff are sick or on leave.
- There is good access to training courses although staff moral and motivation would be improved if there was more recognition of good service.

Senior Matron and General Manager for Outpatients

We were given an initial tour of the clinic and Janice explained the patients' journey through the clinic. We were introduced to staff and were told that we could speak to any staff member. We were also shown the new clinic D which, although not yet in use, will provide a 'One stop' facility where patients will receive consultation, investigation and treatment. This has a water dispenser, the décor is bright and clean and there is a TV monitor for providing health messages, so hopefully this will address some of the issues raised by patients today. This may also alleviate some of the appointment and travel issues. This will also have the self-checkin facility. It is hoped to have similar clinics at all the outpatient sites.

At the end of the visit we discussed our findings with both Jance and Julia. They felt that there were things that they could do fairly easily to tackle some of the issues raised like internal signage and tightening up the guidelines for keeping patients informed about delays. There has already been a programme to recover waiting room chairs to make them cleaner and more acceptable and there is a Wayfinder project being undertaken to improve access around the hospital.

Our Recommendations

Following our visit, Healthwatch Kent would make the following recommendations

- To review internal and external signage making it easier for patients to access the appropriate Outpatients department, including changing location of the sign by the entrance from the left to the right hand side so that it is obvious when accessing from the car parks.
- To address the efficiency and use of the booking system.
- To produce a simplified map so that patients can access different areas without having to ask staff for help.
- To produce an action plan for reducing the appointment back log.
- To look at low cost, simple measures of improving the waiting area.
- To review communication with patients during the clinic informing them about time and reasons for delay.
- To provide a water dispenser, rubbish bins and reading material to the clinic waiting area to improve the immediate environment and enhance the patients experience.

Response from ENT Outpatient Clinic, K&C

ENT Outpatients Clinic, Kent & Canterbury Hospital

Response to Observations

Environment

“Three people suggested a water dispenser as the clinic is hot and drinks from the shop are expensive”. We do have a water dispenser adjacent to central reception where patients book in for their appointments; we will put up signage to identify its location for our patients.

“One person mentioned there were no rubbish bins”. We have rubbish bins in the main waiting areas and will put up signage to identify their location for our patients. Due to health and safety issue we are unable to locate bins within the corridors.

Signage

We have highlighted the signage issues our patients and visitors are experiencing to our site manager to see if anything can be put in place ahead of the Wayfinding project being implemented. In the interim we have utilised our laminated cards that are colour coded and have the area the patient is required to attend for their appointment. These are provided to each patient as they book in at central reception we have now placed each one of these where the clinic is located at the entrance to the waiting areas so patients may see this is the right area for their clinic.

In addition we now have whiteboards in place within the clinic areas which also provide information on the clinics that are running in the area such as Consultant and nursing staff names, if the clinic is running late, how late it is running and the reason why if we have been informed. This information should also be relayed verbally to ensure our patients are supported throughout their outpatient visit.

Late running clinics

When clinics run more than 30 minutes late as witnessed at RVHF & BHD our policy is that staff provide patients with refreshments and if longer periods are involved snack boxes should be requested from catering to support those patients.

These measures are included in our Meet & Greet competency for all nursing staff to support patients attending our clinics.

Appointments

The appointment booking system is currently being reviewed and introduction of partial booking and one stop clinics will assist with the capacity issues being experienced by our patients and reduce the amount of cancelled clinics at short notice.



Name and address of Clinic visited	Mr Sharp's Clinic Royal Victoria Hospital, Radnor Park Avenue, Folkestone. CT18 5BN
Lead contact	Janice Biffen and Julia Bourne
Date and time of visits	Clinic runs from 2-5pm 5 January 2015
Authorised representatives	Theresa Oliver and Paul Burchett

Background Information

The following information has been supplied by the hospital as a snap shot of activity on the day of the authorised visit.

There were 25 patients booked in to Mr Sharp's clinic for the day of the Enter and View visit. Of these, 22 patients were seen in clinic that day, there were 3 patients who did not attend.

The first patient was booked for 14:00hrs and the last for 16:10hrs. The Consultants template has appointments of 15 minutes for new patients and 5-10 minutes for follow up appointments.

The clinic finished on time, which means 22 patients were seen in in 2 hours 20 minutes, giving an approximate average of 10 minutes per patient.

Healthwatch Kent's authorised visitors spoke with 13 patients, of whom 11 were waiting for the nurse and two were waiting for an investigation.

There was a wide range in ages, with five patients being under 18 years, four being 18-65 years and four being over 65 years.

All 13 patients had been in the clinic for less than 30 minutes when we spoke to them and the majority 11, were booked in waiting for the nurse. Two were post nurse, awaiting investigation.

The majority of patients (10) had been referred by a GP, two came via other health professionals and one from an A&E referral.

What we saw : Summary of observations

- The clinic was clean, light and uncluttered with a water dispenser and rubbish bins available.
- There was reading material provided and some toys in a box for children. Generally patients were happy with the facilities provided.
- Staff were friendly and efficient, kept patients informed about delays and offered appropriate support.
- There was a good team spirit amongst the staff who supported each other well.



- The lack of a central reception and poor signage to the clinic was confusing and it was unclear whether one had to go to the reception in the Walk In Centre first.
- Most parking was in the surrounding roads which could involve walking some distance.
- Overall people felt that their dignity and privacy had been respected and that they were treated respectfully.
- There did not seem to be any major difficulties with the appointment system.

Observations

Patients' experience of the journey through the clinic

From the total sample of patients, the majority (9) were delayed. We observed eight of these patients being informed personally by staff and being offered drinks and support.

One patient, whom we spoke to before, and after, his appointment with the consultant, suggested that if the consultant had access to the IT system they would be able to book times for required treatment and or specialists. The patient was given information on a slip of paper which he then took to the receptionist who couldn't book it as it needed a specific code which she didn't have. This required going back to the consultant, who didn't have the code, so the patient had to wait until someone was free to sort this out and he was still waiting when we left at the end of our visit.

Patients' view on what could be improved in the environment

The majority (10) of the patients spoken to on the day were quite happy with the environment of the clinic and had nothing to add, one patient commenting that "*it was clean and tidy*". Two people thought that a vending machine would be a good addition and one patient said that during busy period more chairs would be helpful.

Patients' experience of the appointment system

Of the 13 patients we spoke to, eight had first time appointments. Of the five that had had previous appointments, only one had experienced an appointment being cancelled. There were no reported problems with the appointment system

There was a fairly even split between people who felt they had a choice (7) or had not had a choice (6) about their appointment time, although the majority (11) said that the time was convenient for them and all bar one person knew how to change the appointment time if necessary. Everyone had received a letter and only six people (two by request) did not get a text.

Patients' experience of the self booking appointment

Most patients had not heard of the self -booking system and the self checkin was not yet in use at Royal Victoria. We were therefore unable to record patients' experiences.



Privacy, Dignity and Respect.

All but one person felt that they had been given clear information since arrival in the clinic and that the staff had given them their full attention and that their privacy had not been respected.

Patients suggestion for improvements in outpatients

During discussions with patients the following suggested areas for improvement were made;

- Three people highlighted parking as an issue, with insufficient parking on site.
- Four people said that signage needed to be clearer. They had experienced confusion between reception in the Walk-In centre and the clinics. One person said that signage to the hospital from Folkestone was poor and could be confusing if you didn't have a GPS system.

Follow up after Outpatients

As we were in the waiting area of the clinic we did not speak to patients after their appointment and therefore have no comment to make on the patients experience of follow up after the outpatients appointment.

Discussions with Staff

Reception Staff

In discussions with reception staff the following issues were raised;

- If the reception is short staffed due to sickness, or leave, then not all the clinic receptions are manned and sometimes patients queue in the wrong clinic.
- Poor signage tends to aggravate the problem.
- The fact that Audiology use the clinic rooms but are totally separate to Outpatients clinics causes flow problems and patient distress. Reception is a battery replacement centre for hearing aids, but has no access to Audiology patients appointments, they are therefore unable to let a patient know if there are delays, neither can they approach the audiologists if a patient comes in with a simple repair. Reception can only refer patients to the central Audiology booking centre at Canterbury which patients say is difficult to get hold of, phones are not answered, calls are put on hold and patients often experience being cut off.
- Generally as patient numbers are not too high, the clinic doesn't have much of a problem with double bookings and if clinics are cancelled new appointments can be fitted in quite quickly.

Nursing Staff

In discussions with reception staff the following issues were raised;

- Clinic usually runs smoothly. The staff rotate around the roles so anyone can fill in if there are staff shortages.
- There is a low turnover of staff and they work well as a team even when they have 3 doctors or it is very busy.

- Staff weren't aware of the self booking system and there was not a self checkin system at Royal Victoria.

Senior Staff

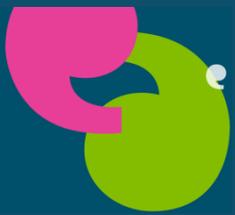
The Authorised Visitors discussed their observations and patients comments with the senior staff and were told that plans are underway to address some of the major issues such as signage and a central reception and access to Audiology booking system.

The clinic does a monthly 30 minute audit to ensure that patients are kept informed if there are delays and this was done the day of our visit.

Recommendations

Following our visit, Healthwatch Kent would make the following recommendations

- Some short term signage be put in place until the central reception is operational.
- Clear instructions given to patients who are attending clinics where there is no receptionist as to what they should be doing and where they should be waiting.
- A sign for Audiology patients in the entrance stating clearly what services they can expect and explaining alternative pathways, to avoid unnecessary queuing at clinic reception.
- To review access to the information system to improve communications and avoid patient information being relayed on pieces of paper.
- Deployment of the self -booking and self -check in system.



Response from ENT Outpatient Clinic, RVH

ENT Outpatients Clinic, Royal Victoria Hospital, Folkestone

Response to Observations

Page 11 - The lack of central reception and poor signage at RVHF.

We have contacted the site manager to see if there is an interim measure to put in place to support our patients attending the facilities available at RVHF, ahead of the way finding project.

An initial meeting is planned for the 9th February involving all services to look at a fully centralised reception



ENT Outpatient Clinic, BHD

Name and address of Clinic visited	Mr Hurst's clinic, Buckland Hospital, Coombe Valley Road, Dover. CT17 0HD
Lead contact	Janice Biffen and Julia Bourne
Date and time of visits	Clinic runs from 2-5pm 6 January 2015
Authorised representatives	Theresa Oliver and Paul Burchett

Background Information

The following information has been supplied by the hospital as a snap shot of activity on the day of the authorised visit.

Miss Robinson offers appointments for vertigo patients and had seven patients booked in. The first appointment was at 14.00hrs and the last at 16.00hrs. There were four new appointments, who had 30 minutes and three follow ups who had 10 minutes.

Mr Hurst's late clinic appointments are urgent cancer patients and have 20 minute appointments. He had 13 patients booked in.

Five patients were referred by their GP and two by other health professionals

The small number of patients booked into the clinic and the rapid flow through, accounted for the small number of patients we managed to survey. Healthwatch Kent's authorised visitors spoke with a total of seven patients. Six of whom were waiting for the nurse, one person was post consultant and one was waiting for a further investigative procedure.

What we saw : Summary of observations

- The clinic was clean and uncluttered with a water dispenser, magazines and rubbish bins available.
- The overall appearance was dark and shabby but this will be addressed in the imminent move to the new hospital. No patients remarked about this.
- Access to the unit was difficult for wheelchair users as the access ramp was steep and the doors had to be opened by manually pushing a button.
- Patients were generally informed personally if there was a delay to their appointment and offered support.
- Patients did not report any significant problems with the appointment system.
- Some patients would like additional signage in the waiting area to direct them to the right clinic although staff appeared to be giving patients appropriate information.



Observations

Patients experience of the journey through the clinic

The majority of patients (5) had been waiting less than 30 minutes when we spoke to them. One patient had been waiting under an hour and the other patient we spoke to who had already seen the consultant, had been waiting between 1-2 hours.

Three people's appointments were delayed and two of these patients had been approached and informed.

Patients view on what could be improved in the environment

During discussions with patients the following suggested areas for improvement were made;

- Toys for children
- A facility to get food and drink
- More information to guide patients to the correct waiting area

Patients experience of the appointment system

For four patients, this was their first appointment at Buckland hospital. One of these patients had previously been going to follow up appointments in Folkestone, some of which had been cancelled. The remaining three patients who had follow up appointments had not experienced a cancellation of an appointment.

The majority (5) of patients said that they had had a choice about their appointment time and all seven patients said it was a convenient appointment time and all but one knew how to change it.

Six patients said that they had had an appointment letter, four had received a text reminder and one had had a phone call. The patient who didn't receive a letter had made an appointment over the phone as she had waited so long for an appointment following tests that her GP had advised her to follow it up herself. She had had considerable difficulty contacting Miss Robinsons' secretary and felt that her GP should be following this up not her.

Patients experience of the self booking appointment

Most patients had not heard of the self -booking system and the self checkin was not yet in use at Buckland. We were therefore unable to record patients' experiences.

Privacy, Dignity and Respect.

Six patients felt that the information they had been given since arriving in the clinic was clear and that staff had given them their full attention.

One patient was concerned that their privacy had not been respected as other patients could hear their conversation with staff at reception.

The majority (4) of patients felt they were very involved in their care.



Patients suggestion for improvements in outpatients

The majority of patients had no suggestions for improving the clinic but one person suggested the signage would benefit from improvement and a second mentioned parking.

Follow up after Outpatients

As we were in the waiting area of the clinic we did not speak to patients after their appointment and therefore have no comment to make on the patients experience of follow up after the outpatients appointment.

Discussions with Staff

Reception Staff/Nursing Staff

In discussions with reception and nursing staff the following issues were raised;

- The clinic usually runs smoothly. The staff rotate around the roles so anyone can fill in if there are staff shortages and they work well as a team.
- Double bookings are not usually a problem as with low patient numbers they can usually be accommodated.
- If Outpatients has to cancel a patients' appointment, they are rebooked within a short time period.
- Staff weren't aware of the self booking system and there was not a self checkin system currently at Buckland

Senior Staff

The Authorised Visitors discussed their observations and patients comments with the Senior Sister. There were no real areas of concern identified except for the one patient whose tests results had been delayed somewhere in the system. As the staff were generally long term employees they had a good rapport with the patients some of whom had been coming to the clinic over a long period.

Recommendations

Following our visit, Healthwatch Kent would make the following recommendations

- To ensure that the appointment system will be able to cope with the increased patient numbers possible at the new site so that the current level of patient care and efficiency can be maintained.
- To check the procedure for test results coming into the clinic pathway.
- To provide some play materials for children.
- To install some local signage in the clinic waiting area directing patients to the appropriate clinic.
- If the new hospital opening is delayed it would be a useful exercise to look at measures to improve access for people with limited mobility and wheelchair users.



Response of ENT Outpatient Clinic, BHD

ENT Outpatients Clinic, Buckland Hospital

Response to Observations

Page 15 - *“Access to the unit was difficult for wheelchair users as the access ramp was steep and the doors had to be opened by manually pushing a button”.*

This issue will be addressed in the new Dover Hospital as will all future renovations and builds, in addition we have a willing volunteer wheelchair user offering to support the Trust with information on wheelchair user access.

“Some patients would like additional signage in the waiting area to direct them to the right clinic”.

We have asked the site manager if anything more regarding signage can be implemented ahead of the new hospital opening in March and the way finding project that will be in place when it opens