

Patient Experience of Outpatient Services at The James Cook University Hospital

September 2017





What is Healthwatch?

There is a local Healthwatch in every area of England. We are the independent champion for people using local health and social care services. We listen to what people like about services and what could be improved and share their views with those with the power to make change happen. We also share them with Healthwatch England, the national body, to help improve the quality of services across the country. People can also speak to us to find information about health and social care services available locally.

Our sole purpose is to help make care better for people.

In summary - local Healthwatch is here to:

- Help people find out about local health and social care services.
- Listen to what people think of services.
- Help improve the quality of services by letting those running services and the government know what people want from care.

As of 1 April 2017 Healthwatch Middlesbrough and Healthwatch Redcar and Cleveland are working together to deliver Healthwatch activities across South Tees.

Outpatient services have been identified as a priority for NHS South Tees Clinical Commissioning Group. Healthwatch were approached by NHS South Tees Clinical Commissioning Group to support them to complete this piece of work.

Rationale

Outpatient services are often the first point of contact that most planned care patients have with secondary care. Getting things right at this point in the pathway can have significant benefits for patient safety, outcomes, quality and cost. As a result of population changes demand for planned care will continue to increase. At a national level, outpatient activity has been increasing steadily over the past years (8.6% since 2010/11, growing by 3.6% between 2013/14 and 2014/15) and numbers are forecast to continue increasing. Commissioners need to consider how they manage demand across the healthcare system, whilst ensuring patients receive access to treatment in line with their constitutional right.

Transforming the way that outpatient consultations are delivered can improve patient and clinician experience, as well as allowing better management and reduction in demand. Each year in the NHS there are follow up appointments where patients return to hospital to have their progress checked, to undergo tests or to receive test results. Whilst some of these appointments are clinically required there is evidence to suggest that a significant proportion are

unnecessary. Follow up does not have to mean that a patient is physically present at a hospital or clinic setting with a healthcare professional. Additionally there is evidence that patients who are active participants in managing their health and health care have better outcomes than patients who are passive recipients of care and make different choices about treatment. Embedding the principles of Shared Decision Making within patient pathways recognises a patient's right to make decisions about their care, ensuring they are fully informed about the options they face.

Aim

Our aim was to gather the views and experiences of patients, family members and carers within a number of outpatient clinics at The James Cook University Hospital. This feedback will then be shared with NHS South Tees Clinical Commissioning Group to help inform plans to improve quality and productivity within planned care specifically in relation to progressing areas of work on shared decision making and outpatient appointments.

Method

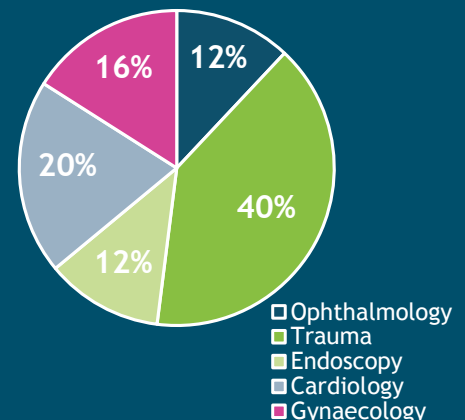
A questionnaire was used to gather patient feedback, the questions were provided by South Tees Clinical Commissioning Group. Healthwatch staff and volunteers visited a number of outpatient departments over the course of a two week period beginning Tuesday 29 August 2017. We spoke to patients, family members and carers and asked them to complete a questionnaire giving their feedback on their care and treatment following their outpatient appointment that day.

We visited the following outpatient departments:

- Cardiology
- Endoscopy
- Gynaecology
- Ophthalmology
- Trauma

Results

A total of 209 questionnaires were completed over a two-week period in the five outpatient departments. 116 females completed the questionnaire and 87 males (six people did not wish to disclose). The chart below shows the percentage of questionnaires completed in each department:



The age range of the participants can be found in the table below:

Age range	No of patients	Percentage
Under 16	17	8%
17 - 24	12	6%
25 - 34	19	9%
35 - 44	15	7%
45 - 54	20	10%
55 - 64	32	15%
65 - 74	42	20%
Over 75	37	18%
Did not wish to disclose	15	7%






The table below shows which areas the patients we spoke to travelled from:

Postcode Area	Number of patients
Middlesbrough	72
Redcar & Cleveland	48
Stockton-on-Tees	24
Hartlepool	7
County Durham	4
Darlington	22
Yorkshire	13
Carlisle	3
Harrogate	1
Hull	1

We spoke to over 200 members of the public about the Outpatient Services at The James Cook University Hospital

A total of 70% of patients were attending a follow up appointment and 30% were attending their first appointment at The James Cook University Hospital. Of those we spoke to who were attending a follow up appointment, 96% of patients felt their appointment that day was necessary.

Patients were asked: **Following your appointment today, how would you rate the following?** (1 = Strongly Disagree, 5 = Strongly Agree)', the feedback is detailed in the table below:

					
I felt involved in decisions about my care and treatment.	5.37%	0.49%	4.39%	17.56%	72.20%
Side effects from my treatment were fully explained to me.	8.89%	1.67%	5.56%	11.11%	72.78%
I was given options available regarding my care and treatment.	6.29%	1.14%	9.14%	12.00%	71.43%

When asked if they felt that the need for any treatment was fully explained to them e.g. medication / tests, 97% of patients responded 'Yes'.

96% of patients felt that following their appointment today, they understood the next steps in their care and treatment plan.

90% of patients said they had been provided with information about how to manage their condition. Of these patients, 64% said this information was given to them verbally, 6% said they were given written information and 29% were given both verbal and written information.

When asked: **If you needed an outpatient follow up appointment, which of the following options would be convenient to you and which would be your most preferred and least preferred option?** The following responses were received:

	Yes	No	Most preferred	Least preferred
Face to Face	131	1	116	4
Telephone	46	17	33	21
Online / Skype	13	39	7	50
Group (e.g. patients who have the same condition and require the same management plan)	8	36	0	54

Figure indicates number of responses



When asked: **Where would you prefer to be seen for your outpatient follow up appointment and which is the most convenient for you?**

The following responses were received:

	Prefer	Most Convenient
Main Hospital (James Cook)	130	61
Local Community Clinic or Health Centre (e.g. Redcar Primary Care Hospital, North Ormesby Health Village)	25	32
GP Practice	26	38
Other options suggested by patients included: care home, university or local hospital closer to home	6	5

Figure indicates number of responses

The majority of patients stated that although sometimes it would not be the most convenient option, they would much prefer to come to The James Cook University Hospital for a face to face appointment.

'This is not the most convenient option but I would rather come here to see the consultant.'

'Closer would have been better.'

'I would prefer my local hospital.'

We received varying responses to the question: **If you needed any further advice, information or support to manage your condition or to maintain good health and wellbeing, how would you access this?**

- 35% of people said they would seek advice from their GP.
- 32% of people would ring up the hospital department or speak to the consultant's secretary to get advice if it was regarding their current medical condition.
- 13% of people said they would search the internet to find out information.

Other avenues for advice which patients informed us they would explore include:

- Speaking to family and friends
- Ring NHS 111 helpline
- Refer to leaflets given about their medical condition
- Ask community/district nurse
- Speak to optician
- Ask local pharmacist
- Ask dietician
- Ask a member of their support group
- Wait to ask for advice at their next hospital appointment
- Speak to care home staff

When asked what could be done to help improve their experience at the hospital, 73 people who answered this question said 'Nothing' and were quite satisfied with their visit to the hospital that day.

Some patients voiced their frustrations with the length of time they had to wait for their appointment, with a number of people experiencing lengthy delays due to clinics running behind schedule. There was also a number of comments received about the cost of parking at the hospital.

Other suggestions for improvement included:

- Free tea / coffee whilst waiting for appointment.
- Improved patient transport, picking patients up on time and preventing patients being late for their appointment.
- Better design of waiting areas to allow space for wheelchairs and pushchairs.
- Use of a monitor, giving electronic updates of appointment schedule and length of delay.
- Provide more information about aftercare.
- Improved accuracy on letters sent out confirming appointments.
- Better privacy at reception desks.

‘The ambulance was late picking me up therefore I was late for my appointment.’

‘This is an excellent service, lovely Doctor’

‘I have no complaints other than car parking.’

‘Better time management of appointments.’

‘I would like more privacy at front desk, everyone can hear.’

‘The staff in this department are absolutely wonderful.’

‘Install a visual tracker to see where you are in the queue, if an emergency comes in then patients are aware.’

‘It would be good to see the same consultant at each visit.’



Healthwatch comments

The objectives of this engagement were to determine if patients were being involved in their care and treatment and if their appointments were in the most appropriate setting.

Questionnaire design

The questions involving decision-making were easy to understand and gave clear indication of how patients were being involved. We do feel however that the remaining questions lacked flow and were somewhat confusing to patients.

Some patients completed the questionnaire on their own and some were supported by a Healthwatch staff member or volunteer. Talking to patients we found that question six and seven were confusing and not fully understood. This was further clarified as patients who completed the questionnaire independently often missed the second part of the question.

Patients informed us that they would have liked more information on questions six and seven to answer them more accurately. For question six for example, the feedback received highlighted that patients felt this was dependent on the purpose of the appointment. The question did not give enough information about the plans for the future delivery of appointments e.g. if a patient was to be seen at their GP surgery, would the appointment be with their registered GP or another specialist member of staff.

Timing/Setting

We found asking patients to complete the questionnaire after their appointment had its challenges. In some departments,



Working for you, across South Tees

patients were waiting a long time to be seen and once they had been seen were often reluctant to stay to complete the questionnaire or it had slipped their mind.

We also found that in some departments chosen for this project, patients were being treated for sensitive and often upsetting conditions. We did not feel that this was an appropriate setting to be asking these patients about their experiences of outpatient appointments, at that particular time.

Time restriction

We had a limited amount of time to complete this project and had more time been available we would have liked to explore different methods of engaging with patients.

Overview

For any future patient engagement at The James Cook University Hospital, we recommend that the NHS South Tees Clinical Commissioning Group (CCG) develop more effective mechanisms for collecting feedback and allow sufficient timescales for doing so. Closer working relationships with clinical staff could be developed to help facilitate a more meaningful response. For example, if patients were given the questionnaire during their appointment then this could be used to ensure the patients fully understood the reasons for their appointment. This would also give them the opportunity to ask further questions with regards to the options available regarding the future location and delivery of outpatient appointments.

We feel that this would be welcomed by staff as during the project they were

extremely supportive and keen to gather patient feedback to improve patient experience.

We also recommend that sufficient information is provided to patients, especially when there may be a change in delivery of a service, so that they can make an informed decision.

Conclusion

The results of the questionnaire indicate that over 90% of the patients we spoke to felt that the need for any treatment was fully explained to them, they understood the next steps of their treatment and had been provided with information about how to manage their condition. The majority of patients also confirmed that they were satisfied with where their appointments are currently being held however, a proportion may be willing to consider alternative locations and methods of consultation.

Following this piece of work, we met with representatives from NHS South Tees Clinical Commissioning Group to discuss these findings and next steps. A decision has been made that any future consultation will include pilot questionnaires to address any issues including clarity, understanding and interpretation of questions. We will be strengthening our relationship with NHS South Tees Clinical Commissioning Group to ensure a continued joined up approach to public engagement.

Appendix

Link to questionnaire:

<https://www.surveymonkey.co.uk/r/GZVLN5R>



Acknowledgements

We gratefully acknowledge the generous support and assistance of The James Cook University Hospital staff in helping us to complete this piece of work in the five outpatient departments. We would also like to thank the Ophthalmology Department for giving us a designated space to carry out this engagement and supporting us by facilitating patient participation. In addition, we would like to thank the members of the public who completed our questionnaires and our volunteers who helped us to gather this feedback.

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