

Enter & View Report

Details of visit

Service Provider:	Ophthalmology Department, Bishop Auckland Hospital
Service Address:	Cockton Hill Road, Bishop Auckland DL14 6AD
Date and Time:	Thursday 16 th October 2014 at 9am
Authorised Representatives:	Jean Lamb, Reg Davison, Sandra Cottrell
Contact details:	Healthwatch County Durham 01325 375960

Acknowledgments

Healthwatch County Durham would like to thank the service provider, service users and staff for their contribution to the Enter and View Visit.

Disclaimer

Please note that this report relates to findings observed on the above mentioned date. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives 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 local Healthwatch Authorised Representatives to observe service delivery and talk to service users, 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 observes anything that they feel uncomfortable about they need to inform their lead who will inform the Service Manager, ending the visit.

Purpose of the visit

The purpose of the visit to Bishop Auckland Hospital Ophthalmology Department was to gather views of service users and staff at the eye clinic as well as make observations of accessibility and waiting areas.



Strategic drivers

Healthwatch County Durham had received several negative comments from patients attending the eye clinic. Common themes had emerged concerning the attitude of staff, poor patient experience, waiting area issues and waiting times.

The visit was pre-planned, arranged and agreed with the Department Manager.

Methodology

Enter and View Authorised Representatives met with a Healthwatch staff member two weeks before arranging a date to visit. This meeting allowed for discussion and agreement on the purpose of the visit, how it would be carried out, and to devise a format for recording the findings. Observation and semi-structured interview questions were decided upon. Observation sheets were prepared by the staff member for use on the day of the visit.

The staff member met with the Authorised Representatives on the day of the visit for a briefing before the observations took place. A staff nurse who was aware of the visit and purpose showed the team around the department and explained the clinic procedures. She also addressed those in the waiting area so they knew we would like to speak with them but only if they agreed.

The Authorised Representatives approached waiting patients and those accompanying them, explained why they were there and sought their agreement before further questioning took place. Healthwatch explanatory leaflets were given out.

The team spoke to two staff members and 13 patients, with people accompanying them. A total of 18 observation sheets were completed, copies of which are available on request.

The team discussed its findings with the staff nurse prior to leaving the department.



Summary of findings

- Patients were generally happy with the service they received from the staff at the clinic.
 - The waiting room appeared adequate apart from: the environment was too hot, TVs were not switched on, and there was a lack of reading material and no drinking water available.
 - Patients reported that the waiting room is usually very crowded and sometimes people have to stand as there are insufficient chairs.
 - Treatment clinics for laser treatment and surgery tended to cause more problems than the out-patient clinics due to arrival times and length of time waiting to be seen.
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Results of Visit

Description of Service

The department provides ophthalmology in-patient and out-patient services to the population of County Durham and Darlington for patients with eye conditions.

Patients requiring ophthalmic surgery are treated on a day case basis at Bishop Auckland Hospital in the recently opened Cataract Centre.

The department provides a range of consultant and nurse services such as nurse-led minor operations eg cyst removal.

The department also acts as a resource for those seeking support from 'Action for the Blind'.

Findings

The observations carried out and reported upon were from a Thursday morning visit to the out-patient ophthalmology clinic.

a) Department

It was difficult to find the Ophthalmology department as direction signs were not obvious.

Once in the department, the reception desk was easy to find and the department was clean and organised.

The toilets are near to the reception desk with clear signs on the doors. However there are no direction signs, in the corridor or waiting area, pointing to the toilets. A member of staff advised that the toilets are only checked by the cleaner in the morning. The men's toilet was in need of cleaning.

There was a notice in the reception area stating there had been 415 DNAs (did not attend) in a month. This gave the impression of that number applying just to the eye clinic; however when queried with the staff nurse the team was told it was

out-of-date but also that the figures applied across the whole Trust. The team felt that this was misleading.

b) Waiting Room

On observation the waiting room seemed adequate in size, with sufficient seating and space allowing for easy movement for wheelchairs. However, we were told that it was particularly quiet that morning: that usually there are lots more people waiting and some have to stand. This would make it difficult for wheelchair users to move around or get into the waiting room.

The room was extremely hot and there were no drinks or refreshments in the waiting area.

There were no magazines to read and the television was turned off.

c) Patient Experience

Of the 13 patients spoken to only two were there for their first visit to the clinic.

Five patients had seen the same consultant each time they had attended. Two of those who had seen different doctors at each visit would have preferred to see the same consultant.

Nurses and Reception staff were seen as helpful, friendly, good and patient with those attending the clinic. One patient commented that there is the “odd member of staff that can be less helpful than others”.

Generally people were happy and stated the service they received was good.

No-one had waited for more than 20 minutes after their allotted appointment time; most had been seen within 5-10 minutes of the appointment time.

Negative comments heard were about the slow process through assessment – eye drops – treatment – tests. Patients also reported that there were usually many more people waiting and they would not normally be seen as quickly as they had been on this occasion.

Additional findings

Although not observed, as this was a day when ophthalmic surgery was not being carried out, the majority of concerns raised were about the day surgery.

There are two time slots when patients are asked to arrive - 8am and 12.30pm. Patients have to arrive at the same time as the whole list of patients are addressed by the doctor before he prepares for surgery. Patients can wait for several hours before they are seen. Reports from patients were of two, three, four and five hours waits. One patient, who is diabetic, waited three hours and was then

advised that the appointment was cancelled. Another diabetic patient waited four hours and was not offered anything to eat.

The staff nurse informed us that patients would be given refreshments if requested. Patients are given a drink and biscuit after surgery. Staff in the department are in the process of producing information to send out to patients prior to their surgery appointment. The intention is to inform them about what to expect and help them be better prepared when they attend for surgery.

Recommendations

- Consider comfort for those in the waiting room by checking room temperature, providing reading material and putting on TVs with sound and subtitles.
- Review signage for toilets and to the department, especially taking into consideration those who are visually impaired.
- Ensure patients receive information prior to their appointment for surgery so that they, and any person accompanying them, can be prepared eg how long they are likely to be there and how they can get a drink and food if needed.
- Review the surgery times so that people are not waiting for such long periods after their arrival. Ideally, have more specific appointment times rather than general 'morning' and 'afternoon' appointment times, with a nurse giving the preliminary talk to patients instead of the doctor.

Service Providers response

Consider comfort for those in the waiting room by checking room temperature, providing reading material and use of TV with sound and subtitles.

The environmental temperature will be monitored in line with Trust policy. The TV is on at patient request, but we do find that quite often the elderly people prefer this to be on silent. This is to be managed on an individual basis as appropriate. The use of reading materials will be addressed.

Review signage for toilets and to the department, especially taking into consideration those who are visually impaired.

The public toilets on Ward 9 are being upgraded to be more accessible and will include additional signage. The signage issue will be raised with the Facilities Department for their input.

Ensure patients receive information prior to their appointment for surgery so that they, and any person accompanying them, can be prepared e.g. how long they are likely to be there and how they can get a drink and food if needed.

We are currently in the process of updating the information given to the patient during their pre-op assessment appointment. This is to include not only the expected waiting time, but also the reasoning behind this as well as the availability of food and drink whilst they wait.

Review the surgery times so that people are not waiting for such long periods after their arrival. Ideally, have more specific appointment times rather than general 'morning' and 'afternoon' appointment times, with a nurse giving the preliminary talk to patients instead of the doctor.

Patients are asked to arrive at the same time to ensure the consultant has the opportunity to speak to each patient, give the patient ample time to ask questions and allay any fears which they may have about their surgery before entering the sterile theatre environment. This also gives the nursing team the opportunity to prepare patients for theatre which ensures the theatre session runs smoothly.

