



Enter and View Visit Report

27 June 2011

Michael Dalton, Syd Duggan, Joan Taylor, Sheila Grant

Service Visited

Outpatients Department
University Hospital North Durham
North Road
Durham
DH1 5TW

Date of Visit: Wednesday 4 May 2011



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Outpatients Department at University Hospital North Durham

1. Purpose of Visit

This visit was arranged for the Enter and View group to get the views of patients attending the outpatients department, the staff that work in the department and to observe an average day in the department.

2. Limitations of Visit

The representatives focussed their attention on the overall quality of the service. No judgement was made in relation to the clinical effectiveness of this service.

Method

3. Data Collection

The group put together a questionnaire for the patients to fill in and one for the staff on duty. We also observed for ourselves how the department operated.

The information contained in this report was collected by

- Patient Experience survey
- Semi structured interview with staff
- Observations made by visiting reps
- Pre visit pack relating to the service. This included:
 - Complaints Leaflet
 - Trust's Complaint Procedure
 - Background information relating to the unit
 - A tour of the unit by Susan Hoare, Matron.

Copies of the survey and interview questions are available upon request.

5. Sample

- 5.1 A total of 77 Patient Experience surveys were handed out. 19 were returned giving a return rate of 24.7%.
- 5.2 7 members of staff were interviewed.

6. Collation and Report development

The completed questionnaires and handwritten general observations were handed to one Enter and View representative for collation and development of the first draft report. It has then been refined with the contribution of the other two representatives. Finally the Service provider was asked for comments relating to accuracy.

Findings

On arrival outside the main entrance to the hospital a sign directs patients away from the main entrance to the main outpatients department. The reception area for the outpatients department is situated on the first floor of this block, and is accessed via an external ramp to the right of the main entrance. We found that this ramp was excessively steep and very difficult for people with mobility problems, especially those in a wheelchair, to negotiate. Patients can also gain access to the reception area of the outpatients department via the lifts in the main entrance. However outside the entrance there is no sign to say this, so most people take the ramp option.

Once inside the main outpatient's reception we observed that it is quite spacious with a variety of seating. It is very airy and bright with plenty of natural light from large windows. The overall impression is very welcoming. The reception desk covers one corner of the waiting room with several check-in stations including lowered counter points for patients in wheelchairs. In the waiting area there is a coffee shop for refreshments while patients are waiting to go to their clinic. There is a play area for children, several racks for leaflets, though no LINK leaflets were visible. A public telephone is situated on one wall but is too high up for wheelchair users. The various signs are quite visible though there didn't seem to be a sign for the public toilets. The majority of patient and staff opinion of this area was positive, and confirmed our observations.

The various clinics are situated either on various floors, which may cause some people to get lost particularly as the lifts that need to be used to get to these other floors are used by a lot of people using the

rest of the hospital, and patients going to the outpatients on these other floors could end up on the wrong floor and get lost.

The waiting areas in the clinics are obviously somewhat smaller and the seating is of the fixed variety with very little space for wheelchairs between them. There seemed to be quite a few hand gel dispensers available, however upon inspection most of them were empty. Neither Whiteboards on the walls in the clinic waiting areas listed the consultants on that day, though they didn't show the numbers of patients for that clinic on that day, nor the length of delays expected. We later found out that they only put the length of delay on the board if it exceeds 30 minutes. Some patients felt that these areas were on the small side.

The one outpatient clinic that caused us most concern was the orthopaedic clinic which is situated away from the outpatient's reception area, next to the A&E department. This is reached via either the external ramp, or via the internal corridor system. Either of these routes involves a long walk either inside or outside the building depending on which way you choose to go. It is our opinion that this distance is totally inappropriate for patients who will be suffering with broken limbs or other conditions that affect their mobility. Our major concern with this situation is that when you arrive at the main entrance either by own transport, public transport or by any other means, there are no signs to direct you to the orthopaedic outpatients department meaning that patient make their way to the main outpatients reception only to be redirected downstairs and that is a long walk as mentioned earlier. We were told by a member of the reception staff that they have mentioned several times over a number of years about this situation to no avail.

We found all the staff we met were very helpful and helped us with our questions with professionalism and a pleasant attitude.

Although we had hoped to pick an average day in the department, it became clear that this was in a week following a Bank Holiday and as such some consultants were still on holiday and their clinics were closed on the day of our visit. This did mean that the number of patients and staff we spoke to was reduced from an average day. However we feel that we still had a sufficiently large enough sample of patients to speak to in order to make this visit viable. One worrying outcome of this visit was that very few of either staff or patients knew anything about the LINK, this despite the great lengths that the LINK host staff have gone to since it was set up, to inform patients and professionals of the work of the LINK.

The overall view of the patients we surveyed was very happy with the department in general and in particular the whole experience on their visit. They were happy with the way they were treated throughout their appointment, particularly in terms of dignity and being given the information about their condition and subsequent treatment that they needed or wanted to know. The majority were happy with the length of time they had to wait for their appointments. 47% of the patients waited less than a month for their appointment and 10% waited 6 weeks. In most cases patients who waited longer than 6 weeks were attending a follow up appointment. If there was a delay with their appointment very little information was given regarding any length of delay or the reasons for the delay. 53% stated that their appointment did not start on time. Delays ranged from 5 – 105 minutes and 75% of the patients were seen in less than 60 minutes. Worryingly 90% of these patients stated that they were not told how long they would have to wait or the reason for the

delay; this included those patients that waited the longest. Some of the patients stated that this had an adverse effect on their wellbeing. One stated that they were worried about accruing parking charges. Most of the patients arrived by their own transport and there was a general feeling of concern over the parking charges and in some cases the lack of disabled parking facilities. 53% of patients told us that staff did not tell them who to contact if they were concerned about their condition.

10. Conclusion

This department is well run, and as the building is relatively new it has a very welcoming atmosphere at the first point of contact for the patient. The staff are very professional, caring and helpful in their attitude. There are a number of concerns that we feel need to be addressed, some more urgently than others. Our recommendations are detailed below.



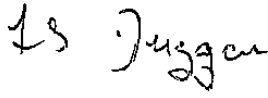

11. Recommendations

- 11.1 The most urgent situation is with regards to the external ramp from the outside of the main entrance to the reception area of the main outpatients department. This ramp's gradient is far too steep for a continuous ramp and causes patients with mobility problems particularly those in wheelchairs, very serious problems. We therefore recommend that the gradient is reduced as soon as possible.
- 11.2 Hand gel dispensers need filling up and kept topped up on a regular basis.
- 11.3 The payphone in the main outpatients waiting area needs lowering to a level that can be reached by people in wheelchairs.
- 11.4 More information about County Durham LINK needs to be given to all staff in the department.
- 11.5 At intervals in the very long internal corridors there are resting places with no seating on which patients can actually rest, this seating needs replacing as a matter of urgency.
- 11.6 In clinic waiting areas more space needs to be made for patients who use wheelchairs.
- 11.7 Signage directing patients to the orthopaedic outpatients department needs to be installed immediately to prevent them going to the main outpatient's reception first.

12. Acknowledgements

The Enter and View representatives wish to thank all those involved in setting up and participating in this visit. The culture of being open to scrutiny and working together with others benefits us all.

13. Signatures of Authors

Signed:		Date:	27 June 2011
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