



## **Enter and View Report**

**Out-patients at Diana Princess of Wales  
Hospital, Grimsby**

**12 & 18 August 2016**

# healthwatch

## North East Lincolnshire

### Contents

Enter and View Report	1
Report Details	2
What is Enter and View	4
Methodology	5
Details of Visit	6
Recommendations	14
Service Response	15
Distribution	18
Appendices	19

## Report Details

<b>Address</b>	Out-patients Diana Princess of Wales Hospital Scartho Road Grimsby
<b>Service Provider</b>	Northern Lincolnshire & Goole Foundation Trust
<b>Date of Visits</b>	12 & 18 August 2016
<b>Type of Visit</b>	Announced / Unannounced (See methodology on page 5)
<b>Representatives</b>	12.8.16: Carol Watkinson & Paul Glazebrook 18.8.16: Carol Watkinson, Paul Glazebrook & Elaine Flower

### Acknowledgements

Healthwatch North East Lincolnshire would like to thank the service provider, staff and out-patients for their contribution to the Enter & View Programme.

### Disclaimer

Please note that this report related to findings observed on the dates listed above. Our report relates to these specific visits to this service and is not representative of the experiences of all patients and staff, only an account of what was observed and contributed at the time.

This report is compiled by Enter and View Authorised Representatives who carried out the visit on behalf of Healthwatch North East Lincolnshire.

## What is Enter and View

Part of the local Healthwatch Programme is to carry out Enter and View visits.

Enter and View visits are conducted by a small team of trained volunteers and staff, who are prepared as “Authorised Representatives” to conduct visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement.

Enter and View is an opportunity for Healthwatch North East Lincolnshire to:

- Enter publicly funded health and social care premises to see and hear consumer experiences about the service
- Observe how the service is delivered, often by using a themed approach
- Collect the views of service users (patients and residents) at the point of service delivery
- Collect the views of carers and relatives
- Observe the nature and quality of services
- Collect evidence-based feedback
- Report to providers, the Care Quality Commission (CQC), Local Authorities, Commissioners, Healthwatch England and other relevant partners

Enter and View visits are carried out as “announced visits,” where arrangements are made between the Healthwatch team and the service provider, or if certain circumstances dictate as “unannounced visits.”

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 services first-hand.

### Purpose of the Visit

- To engage with patients/users of the named service and understand how dignity is being respected
- To observe the care provided in this setting, looking at a number of key themes where applicable; Food & Drink, Safeguarding, Staffing, Personal Care and Medication
- To observe patient engagement with the staff and their surroundings
- To capture patient experience and any ideas they may have for improvement or change.

## Methodology

### These Enter & View visits were announced

An announced hospital visit is where we have agreed a date or dates to visit and have ensured that key personnel are present. This was done because of our previous visit to out-patients and follow-up of those first recommendations.

The appended questionnaire was used in interviewing patients and in making observations. This was drawn up taking account of previous findings and recommendations made following our visit to out-patients on 19 October 2015. At that time we recommended:

1. Unless the practitioner is confident that they have met the patient before, doctors and nurses should introduce themselves especially in the consulting room setting.
2. Reasons for length of waits on the day and timings of appointments especially in Zone 1 (ophthalmology) are examined to see if these could be reduced.
3. Acoustics in Zones 2 and 3 are checked for background noise and staff reminded to try and raise their voices when calling patients.
4. Notice boards on wait times are maintained and kept up to date in all out-patient areas and that accessibility of this information to patients waiting in the long corridor in Zone 4 be addressed.
5. That availability of magazines in waiting areas is reviewed and that, where it is known that young children are likely to be present, toy provision is made in all areas.
6. While we recognise the conflict between adequate seating space and standing room only, the waiting areas in Zone 4 be reviewed so that, if possible, the main wait area feels less claustrophobic for patients.

In addition to these previous concerns, we were asked by the Trust to include a question about access to disabled toilets.

### On the day

Before interviewing patients on 12 August 2016, a tour of the four Zones was conducted with Linda Wigg, Out-patients Nurse Manager and Jo Loughborough, Patient Experience Practitioner. This tour highlighted:

- plans to create a further clinical examination room in Zone 1

- the limitations of the two disabled toilets in Zone 1 because of their 'dog leg' layout. We also note that there is no pull cord facility which puts patients using them at risk.
- Plans to create a new waiting bay off the waiting corridor in Zone 4.

On our second visit, we reported to Giselle Lowe, Deputy Out-patients Nurse Manager. On both occasions a room for pre-meeting and debrief was made available. The visits were facilitated by Jo Loughborough.

When speaking to patients, an explanation of the aims and purpose of our visit was made. Enter and view cards and leaflets about Healthwatch including advocacy support for complaints were also made available to patients on request.

We interviewed a total of 32 out-patients across the four out-patient zones on the two visits. On 12 August 2016 we interviewed 14 patients: 5 in Zone 1 (Ophthalmology), 3 in Zone 2 (ENT), 4 in Zone 3 (Elderly Medicine/Diabetes) and 2 in Zone 4 (Gastroenterology). On 18 August 2016 we interviewed 18 patients: 7 in Zone 1 (Ophthalmology), 5 in Zone 3 (Respiratory/Elderly Medicine) and 6 in Zone 4 (Gastroenterology). There were no patients waiting in Zone 2 (ENT) at the time of our second visit.

## Summary of Findings

Staff were friendly and co-operative and we saw some signs of improvements since our visit in October 2015, but we believe that further actions are needed to improve the patient experience.

## Details of Visit

### General observations

The décor and hygiene/cleanliness in all four out-patient areas appeared good with sanitizer dispensers available for use. The layout of these areas was generally good but in Zone 1 patient concerns were raised about it feeling crowded and in Zone 4 repeated comments were made about heat/stuffiness and how it felt in the waiting corridor (see observations below). No trip hazards were evident in any area. All staff appeared smart and all wore ID badges. We particularly note speaking to a member of staff who had managed to fix her broken yellow badge to her ID badge while awaiting its replacement. Privacy is maintained in all zones through the use of individual consulting rooms. We would particularly want to thank staff for their pleasantry throughout these visits both to ourselves and to patients.

### Safeguarding

No safeguarding issues emerged on these visits.

### Additional findings

We noted that while provision is made for children in Zone 2 with a play area, there is nothing similar in other zones with, for example, no magazines or books suitable for children in Zone 1.

A particular additional concern arose about access to bleepers. We were told on our visit on 12 August 2016 that these were available in all four zones. However, checks of at least 10 of those interviewed on our second visit indicated that they were unaware of their existence. One patient went to ask for the bleep to be told 'you don't need it'. A member of our team intervened and the bleep was provided. On checking with the Deputy Out-patients Nurse Manager, Giselle Lowe, it was clarified that bleeps are only made available if clinics are running 45 minutes or more late and that staff have to take account of the ability of the individual to get to and return to from the café area (so as not to unduly delay any clinic).

### Patient Interviews

A total of 32 patients were interviewed in out-patients over the two days but at least 3 interviews were only part completed because the patient was called in. In addition some patients did not or could not answer all questions meaning that not all responses logged add up to 32 (see Appendix 2).

### Staff introducing themselves

22 out of 31 said that nurses always introduced themselves to them with a further 4 saying this happened sometimes and four saying they did not. For the same categories for doctors, 20 always introduced themselves, 6 did so sometimes and 2 did not. One patient was not sure with nurses and two not sure with doctors but this mainly related to first time patients who had not yet been seen. These responses do represent some improvement on those given in October 2015 when, out of 31 patients interviewed, 15 said doctors and nurses do introduce themselves, 11 said some do, 3 said they do not, and 2 feeling unable to comment.

### Attendances at out-patients and wait experiences

When asked how many times they had been to out-patients in the last year, 8 indicated it was their first time, 8 their second, 5 their third visit with 11 saying they had been there more than three times. In view of our previous concerns about wait times on the day, we first asked patients about the shortest time they had had to wait. 14 indicated this was less than 30 minutes with 2 first timers saying 'less than 30 minutes so far'. 6 indicated that their shortest wait was 30

minutes to 1 hour, 2 said 1 - 2 hours, 1 said 2-3 hours and 2 said 3-4 hours with 3 indicating it was not applicable, mainly because this was their first visit. When asked about their longest wait time on the day, 2 said this was less than 30 minutes, 6 said 30 minutes to 1 hour, 7 said 1-2 hours, 4 said 3-4 hours with 5 indicating waits of 3-4 hours and 6 saying not applicable.

One patients indicated satisfaction with wait times:

- I was seen straight away

Other patients mainly expressed concerns about perceived delays:

- already been waiting 40 minutes past appointment time
- already been waiting 45 minutes today
- urology waits can be 1-1.5 hours

A suggestion was made:

- if you know early on that you are running late, why not text patients scheduled for later appointments about likely delays?

When asked whether out-patients kept them informed on the day of the likely length of wait, 16 of those responding agreed that they did, with a further 3 saying this happened sometimes. 6 said they were not kept informed while 2 were not sure. The figure of 6 not informed should be treated with caution as at least 2 of these admitted to being unaware of the display board when it was pointed out to them (in Zone 1). We saw that each zone displayed times for waits either generally or by doctor. However patients again raised queries about the accuracy of this information:

- It says 45 mins and I have already been waiting 1.5hrs
- Board states 30 minutes (Zone 3) but already been waiting an hour
- Already over 20 minutes past stated wait time
- A wait of 55 minutes is not acceptable
- I had to wait 1hr 20m last week and board was not updated during that period
- Board is inaccurate
- Board is not being updated - states 45 minutes but already waited 55 minutes
- Wait states 55 minutes but already been waiting over an hour



- Waiting time has been 2hrs 20 minutes and I was not told that I would not be seeing the person named on my letter.

In particular, for Zone 1, at least 3 commented that the board was blank when they came in on 18 August and had only recently indicated a wait of 55 minutes e.g. 'wait time of 55 minutes only put up 10 minutes ago and nothing prior'. Another observed that the board is usually blank and does not differentiate on waits by doctor. We are therefore not assured that information to patients on length of wait in this area is satisfactorily maintained.

We were informed that the ophthalmology letter clearly states that the full staged process can take up to two hours. We queried whether the letter should include advice to diabetics when waits can be long but were advised that patients should take personal responsibility for any medication or dietary support during their session. We do remain concerned that ophthalmology remains a 'pinch point' for the Trust and that further steps are needed to address this.

#### Time from referral from GP to appointment

We were aware from our previous logged cases of instances of significant waits from referral to first appointment especially in ophthalmology. Some patients interviewed indicated that their referral was not via GP but came either on discharge or via A/E. 14 said that they were seen within a month with 1 of these indicating it was straight away. 5 said it took 1-3 months, 4 said 3-6 months with 2 saying over a year (another was not sure and it was not applicable for 4 others).

We would additionally note the comment from 2 people that their appointment letter came with a first class franking even though their appointment was some time ahead; they felt this was not required or cost effective. In addition, these letters via an external contractor arrive in envelopes that do not identify them as emanating from anywhere within the NHS so importance is not immediately obvious.

On cancellation of planned appointments, 16 (half) indicated this had never happened, four said it had happened once, 5 said twice with 4 indicating more than 3 times (not applicable for 1 other). When asked about longest waits beyond what had been expected, 11 indicated this was no more than a month but 5 said 1-3 months, 2 indicated 3-6 months, 2 said 7-12 months with 2 saying over a year (not applicable for 7).

When asked whether they had had cause to chase up a promised appointment, more than half (17) said they had not with a further 3 saying this was not applicable. Of the 10 that said they had, 1 said they had done so twice and another 'often' i.e. 'I have to ring regularly because of cancellations and one wait between appointments was 18 months' (Zone 3) .

We asked what reasons were given for the delays and whether they were able to secure an appointment in reasonable time. Reasons for delay included:

- No reason/explanation given x 7
- Rang about CT scan to be told I had not got one booked
- Told would be seen within a year but no appointment made and had to chase and waited a further month
- Victim of incompetence - not informed of diagnosis and GP only confirmed of it some time later.
- Cancelled about 4 days before because doctor was off
- Doctor on holiday
- Consultant travelling some distance
- There was an internal delay in referral of 4 weeks

Comments on securing an appointment were:

- rang after 7 months because should have been seen after six and was given an appointment straight away
- told to come back after 6 weeks but rang to check after six months to be told 'you'll be lucky' (to get an early appointment)
- why not text message beforehand?

### Improvements since last year

We asked regular out-patients whether they had seen any improvements over the last year either over getting regular appointments or their wait on the day. The results for each category were virtually identical with 3 indicating an improvement and 10 saying not. 2 were not sure and the rest were not applicable, mainly because they had not been attending long enough to comment.

A few and varying comments were made about this situation:

- Never been a problem
- It is what it is
- It varies
- About the same on getting appointments and wait times vary
- Always a problem - once seen are very good (emergencies add to delays)

- Send text reminders beforehand.

We concluded that while there may have been some improvements they do not appear significant and that there remain significant issues in some specialties where current resources struggle in the face of persistently high demands.

### Magazines

Most out-patients interviewed (19) were aware there were magazines in the waiting areas with just 2 not aware. A further 8 felt that while there were magazines these were insufficient. Comments included:

- Not of interest and out of date
- Very limited
- Not suitable for a child
- Not enough variety with well-thumbed magazines
- Seem to be aimed at older people or about assisted living = depressing (2 people)

### Seating and waiting areas

Most of those interviewed (18) felt that the seating was good, 5 indicating poor and 2 not sure. Positive comment was made about the various types of chairs available e.g. high and low-back. However, another felt there were insufficient high backed chairs.

Views on waiting areas varied. Zone 1 was described as usually crowded/cramped with insufficient space for the numbers being dealt with. It was however, generally felt to be airy. Zone 2/3 was described as too hot/stuffy and airless with the vents only giving cool air to the seats directly beneath them. Some patients were unhappy with the corridor waits in Zone 4 and again felt that they were stuffy/airless and uninspiring with just blank walls to stare at while the public/staff walked by and stared at you!

We asked what might make the waiting time better and the most popular suggestions were:

- TV x 7 (except another said 'no TV please')
- Tea/coffee/vending machine x 5
- Radio/music x 3
- Better clinic planning x 3
- Newspapers/greater variety of reading matter x 2

- Better air conditioning x 2
- Water cooler x 2 (both said in Zone 4 where there is one in place!)

Other suggestions included:

- More space/less crowded
- Brighter rooms
- Pictures/prints in waiting areas
- Children's books /activities (not just Zone 2)
- Explain reasons for delays

### Wheelchair users and access to toilets

We agreed to include an additional question about access to disabled toilets and were shown those in Zone 1. In the event, only 2 people interviewed were wheelchair users and 1 was a first-timer who had not used them on the day. However, we do agree that these are not fit for purpose in their current configuration. A 'dog-leg' presents access difficulties for most wheelchair users plus there is insufficient space to manoeuvre safely or for someone to assist in transfer. The lack of any call for assistance cord adds to the risks for disabled users and we do feel these shortfalls should be addressed especially as these toilets also service out-patients in Zones 2 and 3.

### Other comments

We received a range of other comments. A number of positives emerged:

- 100% care through system
- Today was good
- Doctors all excellent - informative and trust judgment
- Happy to come to OP here even though now moved to N Yorks
- Staff do well and are wonderful - they have a lot of problems to contend with
- Too much bureaucracy in NHS but no complaints about care received
- Steadily improving
- Other than waiting times, everything is satisfactory
- Generally happy - they do their best

- Satisfactory.

One other was more non-committal:

- It is what I have come to expect

Others had concerns including the impact of coming to out-patients:

- Underfunded
- Noticeboard not convenient
- Doors bang constantly
- Escort (driver) had to take time of work to accompany
- Extended waiting times increase car park charges
- There are never any wheelchairs for disabled/frail patients who cannot walk far and it is a long way from car park to O/P
- prescription can only be dispensed here and waiting time can be long;
- concern that latest morning appointment (Zone 3 respiratory) is 11.00 a.m. and when dependent on carers to get up and help to get ready, this is anxiety-provoking

### Conclusions

We would want to thank staff for their co-operation and friendliness during these two visits which was in some contrast to the more stressed situation we faced in October 2015 occurring as it did straight after the CQC inspection. We had focussed heavily on the appointment and wait experience in out-patients this time but comments are in a similar vein to last year with some good and some poor experiences. It is evident that the Trust has sought to respond to concerns that we previously raised but also areas that need addressing:

- Some improvement in staff introducing themselves to patients
- We now know that our concerns about delays are shared by CQC and understand that an independent external report has examined resourcing and addressing of particular difficulties in some specialties.
- Informed that no patients have raised concerns about the background ventilation noise in Zones 2/3 but clear from patient comments that this air conditioning is not working as effectively as it ought to.
- There are improvements in declaring wait times on the day but some queries about consistency in Zone 1.

- Magazines are available in all waiting areas but sufficiency/suitability needs review.
- The main wait area in Zone 4 feels more roomy but there are issues about the corridor waiting area that need addressing

## Recommendations

We would recommend that:

1. Staff adopt a consistent approach over the circumstances in which out-patients can access and use bleepers.
2. The Trust consider addition of text messaging patients when there are known significant delays e.g. over 45 minutes.
3. That the Trust reviews the practice of sending out non-urgent appointment letters by first class post.
4. We would urge that all staff give honest reasons for current delays in securing appointments and that, where there are persistent problems in a particular area, that the Trust considers informing all patients of the reasons for delay and what actions they are taking to address this.
5. That staff in Zone 1 are encouraged to adopt a consistent approach in informing patients of wait times on a daily basis.
6. That proposals to introduce additional clinic space in Zone 1 (Ophthalmology) is prioritised to tackle demand in this area.
7. The Trust reviews the diversity of magazines and other literature in waiting areas and addresses the needs of children where it can.
8. The ventilation concerns in Zones 2/3 and the corridor in Zone 4 be addressed and that plans to create a new waiting zone off the corridor in Zone 4 are prioritised.
9. Consideration is given to introducing artwork in all waiting areas.
10. That the lack of emergency pull cords in the disabled toilets in Zone 1 is addressed as a matter of priority.

## Service Provider Response

Northern Lincolnshire and Goole NHS Foundation Trust welcome the continued support of our partner Healthwatch and acknowledge the value their visits offer. The detail contained within report reflects the time and commitment by the team to ensuring a wide sample of patients and staff were spoken to.

There were some good examples of great practice from members of staff around informing patients of delays, to all staff being welcoming, using #hellomynameis and wearing yellow name badges. There was passionate engagement from the manager of the outpatients throughout.

A detailed action plan has been drawn up from the recommendations, which will be implemented and monitored through the team. To note with this plan that many of the action planning will commence in October 2016 and will be monitored via the Senior Management Team for Outpatients. They acknowledge there is a range of work to be done and will provide update to Healthwatch via the Patient Experience Group. However, our partners Healthwatch are welcome to ask for any additional updates at any point or revisit the area for clarity at any point. This action plan is shown on page 16.

It is hoped that through this piece of work the outpatient department at Diana, Princess of Wales Hospital will provide an improved service and experience for its patients.

Action Number	Recommendation	Action to be Taken (how the changes will be made)	Lead (for ensuring each action happens)	Action Commencement date	Update/Progress Comments
1.	Consistent approach to be taken which enables out-patients to access and use bleepers.	Agenda item on staff meeting to remind staff that this facility is available and should be offered to out-patients.  Monitor offers and take up of bleepers for clinics running 45 minutes or more late.	Linda Wigg, Outpatients Manager DPoW  Linda Wigg, Outpatients Manager DPoW	Start October 2016  Qrtly Report to Governance	Update 6 months  Review 3 months with 6 monthly report
2.	Explore the use of text messaging patients when there are known significant delays	Working group tasked with reviewing outpatient appointment processes through to confirmation incorporate this recommendation into the project scope.	Julie Taylor, Head of Outpatients & Health Records	Start October 2016	Update 6 months
3.	Review the practice of sending non-urgent appointment letters by first class post.	Working group tasked with reviewing outpatient appointment processes through to confirmation incorporate this recommendation into the project scope.	Julie Taylor, Head of Outpatients and Health Records	Start October 2016	Update 6 months
4.	Patients to be provided with honest reasons for current delays in securing appointments.	Receptionists to provide patients with written information to take away which explains the current appointment process.	Health Records Managers	Ongoing	Ongoing



5.	Zone 1 staff to provide a consistent approach when informing patients of waits times.	Reinforce message via staff meeting of the importance of keeping notice boards up to date to include frequency.  Daily spot checks to be undertaken of information noted on white boards.	Linda Wigg, Outpatients Manager DPoW  Linda Wigg, Outpatients Manager DPoW	Start October 2016  Daily	Update 6 months  Ongoing
6.	Explore the introduction of additional clinic space in Zone 1 to tackle demand in this area.	Rooms available to be looked at with a view to providing additional clinic space.	Linda Wigg, Outpatients Manager DPoW	Start October 2016	Update 6 months
7.	Review the diversity of magazines/literature in waiting areas to include where possible addressing the needs of children.	Explore with the Health Tree Foundation resources available to provide appropriate reading material.	George Williams, Business Support Manager	Start October 2016	Update 6 months
8.	Ventilation concerns in Zones 2/3 and in the corridor of Zone 4 to be addressed.  Prioritise the plans for a new waiting zone off the corridor in Zone 4.	Contact to be made with Estates department to discuss the recommendation and establish the way forward with the concerns raised.  Works underway – ventilation in Zone 4 to be reviewed post the completion of the project.	George Williams, Business Support Manager  Linda Wigg, Outpatients Manager DPoW	Start October 2016  Start October 2016	Update 6 months  Update 6 months
9.	Consider introducing artwork in all waiting areas.	Contact to be made with local education establishments re locating local art displays.	Stacey Howard, Business Support Manager	Start October 2016	Update 6 months
10.	Emergency pull cords in the disabled toilets in Zone 1 are addressed as a matter of priority.	Issue to be raised with Facilities department.	Linda Wigg, Outpatients Manager DPoW	Start October 2016	Update 3 months

# Distribution

This report has been distributed to the following:

- Healthwatch England
- Care Quality Commission
- Caroline Barley (Contracts manager for HWNEL)
- Julia Wong (Quality Programme Officer CCG)
- Lydia Golby (Lead nurse-quality at the CCG)
- Brett Brown (Contracts manager CCG)
- Karen Knapton (Inspection Manager, CQC)
- [www.healthwatchnortheastlincolnshire.co.uk/enter-view](http://www.healthwatchnortheastlincolnshire.co.uk/enter-view)

### Enter & Review Representative Patient Interview

I am an Enter & View representative for Healthwatch North Lincolnshire which is an independent body that keeps an eye on health and social care services. We take views from local people to find out what works well and what doesn't and we use this to improve services. We are visiting today to follow up on concerns that we highlighted when we last visited out-patients in October last year. Once our interviews are completed we will compile a report that will be published. All the comments we receive will be kept anonymous, but we would look to include them in the report. We don't use people's names in our reports or when we discuss the findings. This will not affect your care in any way. Can we ask a few questions? If you want to stop the discussion at any point, just let me know. Tick which apply:

1.1. Do the <u>nurses</u> introduce themselves to you ('hello my name is...')?			
Yes	No	Sometimes	Not sure
1.2 Do the <u>doctors</u> introduce themselves to you ('hello my name is...')?			
Yes	No	Sometimes	Not sure

2.1 How many times have you been to this out-patients in the last year?				
First time	Second time	Third time	More than three	
2.2 If you have been before, what is the shortest time you have had to wait on the day? Seen within:				
Less than 30 mins	30 mins – 1hr	1-2 hours	2-3 hours	3-4 hours
2.3 If you have been before, what is the longest time you have had to wait on the day? Seen within:				
Less than 30 mins	30 mins – 1hr	1-2 hours	2-3 hours	3-4 hours
2.4 Does the out-patients clinic keep you informed on the day of the likely length of wait?				
Yes	Sometimes	No	Not sure	

3.1 Can you recall how long you had to wait between being referred by your GP and being seen at your first appointment:					
Less than a month	1-3 months	3-6 months	7-12 months	Over a year	Not sure
3.2 How often have planned appointments been cancelled by the hospital?					
Never	Once	Two times	Three times	More than 3 times	
3.3 What is the longest you have had to wait between appointments beyond what you had expected?					
Less than a month	1-3 months	3-6 months	7-12 months	Over a year	
3.4 Have you had cause to chase up promised appointments that have not been received?					

Yes	No
If yes, what reasons have you been given for the delay(s) and have you been able to secure an appointment in reasonable time?	

4. If you have been to out-patients in the last year, have you seen any improvements in:				
4.1 Getting regular appointments?	Yes	No	Not sure	N/A
4.2 Wait time on the day?	Yes	No	Not sure	N/A

5.1 Are there any magazines or other literature in this waiting area for you to read?		
Yes	Yes, but insufficient	No
5.2 How do you feel about the seating and waiting areas?		
Good	Poor	Not sure
If you wish, give reasons for your answer:		
5.2 What else, if anything, would help make the waiting time better?		

6.1 Do you use a wheelchair when coming for appointments?	Yes	No
6.2 If yes, are you able to clearly locate where the disabled toilets are?	Yes	No

7	Do you have any other comments about your experience(s) in out-patients?
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Thank you for your co-operation.

**Enter & Review Representative Patient Interview** (Tick which apply):

1.1. Do the nurses introduce themselves to you ('hello my name is...')?

Yes 22	No 4	Sometimes 4	Not sure 1
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1.2 Do the doctors introduce themselves to you ('hello my name is...')?

Yes 20	No 2	Sometimes 6	Not sure 2
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(If first time may not have spoken to nurse or doctor yet so not sure)

2.1 How many times have you been to this out-patients in the last year?

First time 8	Second time 8	Third time 5	More than three 11
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2.2 If you have been before, what is the shortest time you have had to wait on the day?  
Seen within:

Less than 30 mins: 14 (so far x 2)	30 mins-1hr 6	1-2 hours 2	2-3 hours 1	3-4 hours 2	N/A 3
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2.3 If you have been before, what is the longest time you have had to wait on the day?  
Seen within:

Less than 30 mins 2	30 mins-1hr 6	1-2 hours 7	2-3 hours 4	3-4 hours 5	N/A 6
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2.4 Does the out-patients clinic keep you informed on the day of the likely length of wait?

Yes 16	Sometimes 3	No 6	Not sure 2
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3.1 Can you recall how long you had to wait between being referred by your GP and being seen at your first appointment (some not referred by GP = via A/E or ward):

Less than a month + 1 prompt	1-3 months 5	3-6 months 4	7-12 months 0
Over a year 2	Not sure 1	N/A 4	

3.2 How often have planned appointments been cancelled by the hospital?

Never 16	Once 3 + 1 letter did not arrive	Two times 5	More than 3 times 4	N/A 1
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3.3 What is the longest you have had to wait between appointments beyond what you had expected?

Less than a month 11	1-3 months 5	3-6 months 2	7-12 months 2	Over a year 2	N/A 7
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3.4 Have you had cause to chase up promised appointments that have not been received?

Yes 8 +1(twice)+1 often	No 17	N/A 2
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4. If you have been to out-patients in the last year, have you seen any improvements in:

4.1 Getting regular appointments?

Yes 3	No 10	Not sure 2	N/A 10
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4.2 Wait time on the day?

Yes 3	No 10	Not sure 3	N/A 9
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5.1 Are there any magazines or other literature in this waiting area for you to read?

Yes 19	Yes, but insufficient (or of no interest) 9	No 2
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5.2 How do feel about the seating and waiting areas?

Good 17	Poor 5	Not sure 3
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5.2 What else, if anything, would help make the waiting time better? (see main text)

6.1 Do you use a wheelchair when coming for appointments?

Yes 2	No 11
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6.2 If yes, are you able to clearly locate where the disabled toilets are?

Yes 2
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7 Do you have any other comments about your experience(s) in out-patients? (see main text)