

The Experience of Outpatients

A report by Healthwatch Lewisham, Greenwich and Bexley



January 2023

healthwatch
Lewisham

healthwatch
Greenwich

healthwatch
Bexley

“I felt very comfortable, all staff communicated brilliantly and professionally. I was very impressed and this was encouraging.”
Outpatient

“Being deaf makes understanding speech via a masked person difficult. Use of transparent shields would help.”
Outpatient

Contents

	Page
1. Introduction	4
2. Background	5
3. Methodology	6
4. Strengths & Limitations	7
5. Executive Summary	8
6. Analysis of Feedback	11
7. Focus Groups and Case Studies	52
8. Recommendations	53
9. Glossary of Terms	54
10. Distribution and Comment	54
Demographics	Appendix 1

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1. Introduction

In 2022, Lewisham and Greenwich NHS Trust (LGT) commissioned Healthwatch Bexley, Healthwatch Greenwich and Healthwatch Lewisham to jointly deliver an extensive engagement programme over six weeks to understand the experience of patients when using LGT outpatient services with a particular focus on access and communication.

Local Healthwatch are the independent champion for people who use health and social care services. We exist to make sure that people are at the heart of care. We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen. We also help people find the information they need about services in their area.

Healthwatch have the power to make sure that people's voices are heard by the government and those running services. As well as seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them. Our sole purpose is to help make care better for people.

In summary - Healthwatch is here to:

- Help people find out about local care.
- 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.
- Encourage people running services to involve people in changes to care.

Healthwatch commenced the planned Patient engagement Programme across Lewisham and Greenwich NHS Trust on the 6th October 2022 and completed on 30th November 2022.

Patient Engagement Methods included: Face to face in clinic; A survey (online and paper format); Focus groups and Case studies across the three boroughs of Bexley, Greenwich and Lewisham.

998 patients engaged with Healthwatch to give their feedback, 52 of these engaged via focus groups and case studies and included patient carers.

This report presents the analysis, findings and recommendations.

2. Background

The Vision Statement that guides Lewisham and Greenwich NHS Trust in their service provision is **“High quality care for every patient, every day”**.

In June 2022, the Trust commissioned Healthwatch to deliver this independent engagement project with patients, so that the Trust can use the patient feedback to help inform service improvement within the Outpatients departments, in their efforts to deliver High quality care for every patient every day.

Project Objectives

1. Capture feedback from adults and Children and Young People (CYP) who have used LGT Outpatient services within the last six months to improve patient experience and outcomes.
2. Understand the challenges faced by patients in accessing outpatient services.
3. Understand any communication issues/barriers that patients experience.
4. Encourage patients to have further involvement with LGT Outpatient services through participation on a user group which will support the reshaping of outpatient services to meet patient needs.

Project Outcomes

1. Provision of timely and accessible findings and recommendations which will support LGT in developing the Outpatient services, based on patient feedback.
2. A list of patients who have expressed interest in joining the Outpatient User group for LGT to follow up with, once the mechanism has been established.
3. Communication with patients outlining LGT's response and intended actions to the feedback.

3. Methodology

For our six-week engagement programme spanning across October and November 2022, the primary method of capturing patient experience was a survey, available online and in paper formats. The paper format of the survey was used when carrying out face-to-face engagement and ensured accessibility for digitally excluded residents (the vast majority of responses were gathered this way). Survey questions were developed in partnership with LGT, therefore key focus areas for the Trust were covered by the engagement.

The survey utilised a mixed methodology which enabled us to reach a wide and diverse audience. The 13-question survey used a mixture of qualitative (open) and quantitative (closed) questions.

Face-to-face engagement was held at different Outpatient departments within the Trusts' Hospitals. Patients were also given the option to share feedback via telephone and email. Additionally, each borough hosted a listening event or captured individual case studies which focused on identifying key issues around access and communication.

4. Strengths & Limitations

Healthwatch Bexley, Healthwatch Greenwich and Healthwatch Lewisham are separate organisations with differing workplans and capacity. Each Healthwatch was responsible for carrying out individual engagement in their boroughs and meant the number of responses was varied.

To encourage a high response rate, the number of questions was kept below 15 (excluding demographic data). The use of qualitative questions gave respondents the opportunity to provide in-depth answers which helped us better identify good practice and areas of improvement within the service.

Each Healthwatch carried out extensive face-to-face engagement at each Trust site to encourage detailed conversation and enable high quality feedback.

Most patients were approached whilst waiting for their appointments. This meant that some patients did not complete the surveys before being called in for their appointments. To mitigate this, we state the number of respondents for each question.

5. Executive Summary of Findings

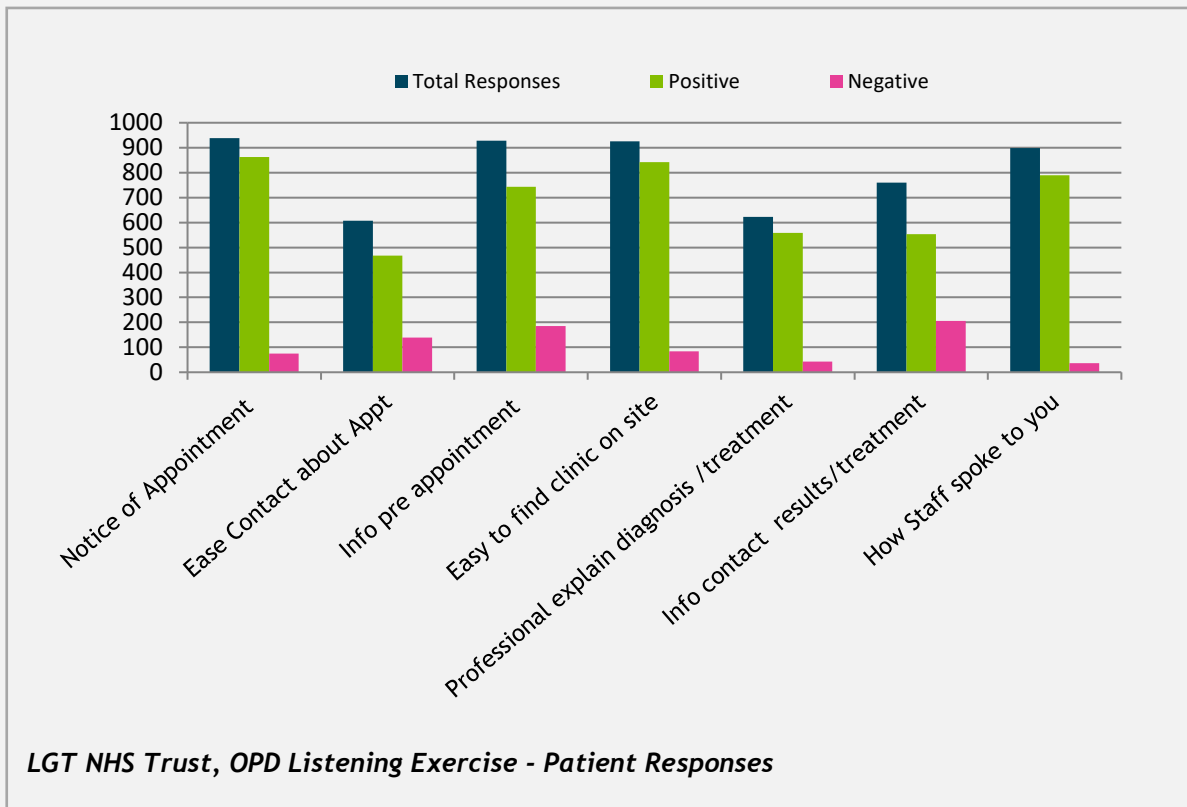
During October – November 2022, 946 people completed our survey on their experience of the Outpatient services provided by Lewisham and Greenwich NHS Trust.

This section summarises the key findings – see sections 6-7 for findings in full.

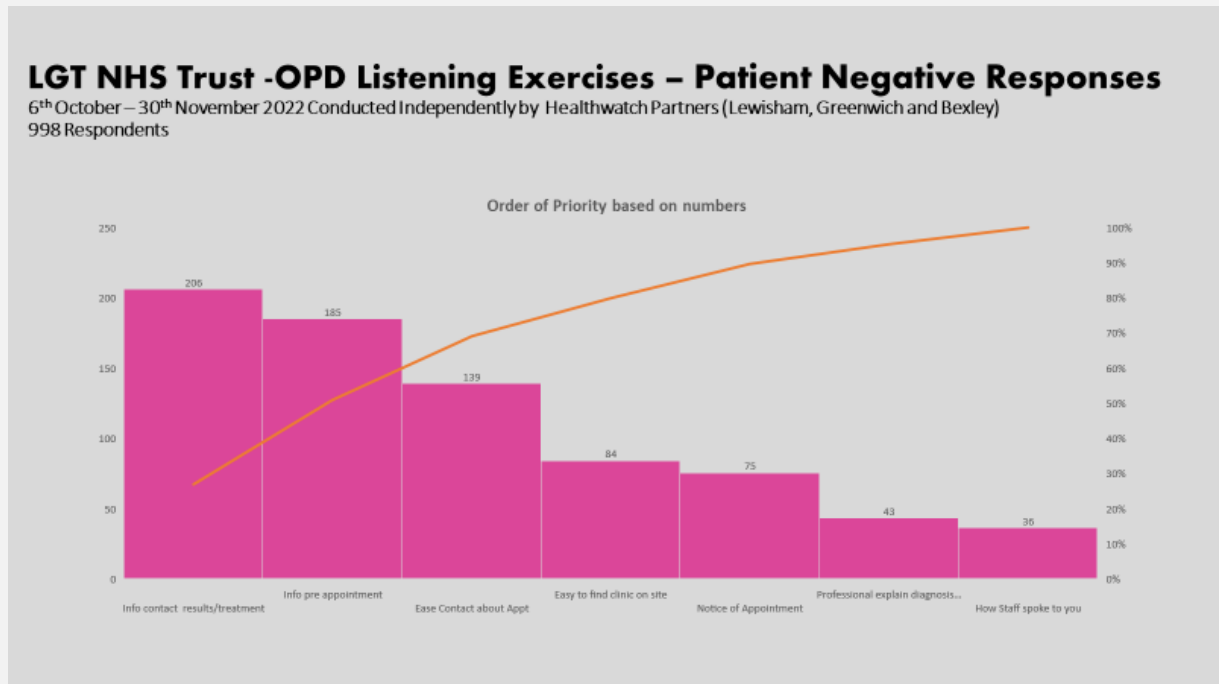
Survey Response – In Summary

Over two thirds of respondents (69%) were on-site at Queen Elizabeth Hospital, while around a third (31%) were at University Hospital Lewisham.

Overview:



Patient Negative Responses Prioritised by Number:



Q5 - Preferred Contact Method

- 905 Respondents
- Text messaging, at 35% is the most preferred method of primary contact overall,
- Letters (27%)
- Emails (24%) also popular.
- 12% Noticeably fewer respondents prefer the phone,
- 1% Would like online booking.

Equality related to preferred contact method

Email, Letters and Text are the 3 primary preferences which indicate equality of access.

Q6 - Notice of Appointment

- 938 Respondents
- A clear majority of respondents 92% (863 patients) report that they were given enough notice of their appointment.
- 8% (75 patients) report some difficulties mixed as follows: -
 - 'very last minute' with letters and phone calls received within 24 or 48 hours of the appointment.
 - Letters are sometimes received after the appointment date.
 - While late notice is criticised, Gratitude for appointment is also expressed.

Equality Related to Notice of Appointments

- Late notice problematic for working patients.
- White Other backgrounds are most likely to complain of late notice.

Q7 - Making Contact

- 607 Respondents
- 77% (468 patients) found it easy to make contact about their appointment.
- 23% (139 patients) report some difficulties mixed as follows:
 - Many complain of poor telephone access, including through automated systems, with some faults reported.
 - Phone numbers given have sometimes been incorrect or generic, adding to inconvenience - we received accounts of patients being 'passed around departments'.
 - Messages left on the phone are not always responded to, with delays causing anxiety.

Equality related to Making Contact

- Respondents of prime working age (25 to 44 and 55 to 64) have found it most difficult to make contact compared with other age groups.
- Those with a Sensory Disability are by some margin least able to make contact, compared with others with a support need.

Q8 - Appointment Information

- 928 Respondents
- 80% (743 patients) received information about the appointment and on what to expect.
- 20% (185 patients) do not feel adequately informed, mixed as follows:
 - Notifications that contain only a date and time,
 - Not knowing who they will see at the appointment, what it will involve, or how long it will take.

Equality related to appointment information

- The youngest respondents (18 to 24) feel significantly better informed about the appointment than the oldest (85 and older).
- White Other respondents feel least informed, compared with other ethnicities.
- Those with a Sensory/Physical Disability or Mental Health Condition feel less informed than others with a support need.
- Respondents with a Learning Disability reported very well informed about their appointment.

Q9 - Finding the Appointment On-Site

- 925 Respondents
- 91% (842 patients) easily found their appointment venue.
- 9% (84 patients) experienced some difficulty, mixed as follows:
 - Instructions were unclear (37 patients)
 - Issues with directions and signage. (32 patients)
 - Information received in letters or text messages has been insufficient, or inaccurate.
 - The website reported to be lacking detail.

Equality Related to Finding appointment on-site

Respondents with a Sensory Disability are significantly least able to navigate the hospital without difficulty, compared with others with a support need.

Q10 - Explanation of Treatment or Diagnosis

- 623 Respondents
- 80% (498 patients) reported that explanation of treatment or diagnosis has been sufficient.
- 13% (90 patients) were somewhat satisfied.
- 7% (43 patients) reported explanations insufficient mixed as follows:-
 - More detail on their condition, treatment and follow-up,
 - Greater levels of involvement and encouragement to ask questions,
 - More specific leafleting before and after appointments.
 - Clarity- Simple, Concise and in layman's terms
 - Continuity to minimise mixed messages and confusion

Equality Related to Explanation of Treatment and Diagnosis

- Retirees (75 to 84) feel significantly best informed.
- Ethnicity- those from a Black background are the only ethnic grouping to score lower than the average.

Q11 - Follow-On Contact

- 760 Respondents
- 73% (554 patients) reported being informed about their results or follow-on contact,
- 27% (206 patients) reported not being informed.

Equality related to Follow on Contact

- The oldest respondents (85 and over) reports suggest, notably least informed about results or further contact.
- White Other backgrounds reports suggest significantly least informed.
- Sensory or Physical Disability reports suggest least informed.
- Asian respondents reported best informed.
- Respondents with a Learning Disability reports suggest, noticeably best informed,

Q12 - Staff Attitude

- 898 Respondents
- 88% (790 patients) feel positive about the staff,
- 8% (72 patients) Neutral
- 4% (36 patients) Reporting negatively overall.

Equality related to staff attitude

- Age 85 and over most critical of staff attitude
- Age 75 – 84 most complimentary

Focus Groups and Case Studies - Key Themes

In addition to the main survey, we conducted focus groups and recorded case studies, engaging with 52 local people in total which included 19 case studies. The Groups included representatives from Carer's support and Age UK. Case studies were conducted at Greenwich.

Booking and Information

- Notification by written letter is preferred as it serves as a useful reference.
- The majority of attendees feel that the information in the letters is insufficient and, in some cases, inaccurate – such as regarding directions.
- Many are waiting for confirmation of initial or follow-on appointments.
- Those making contact to book, re-arrange or cancel their appointments cite poor telephone access and administrative errors – due to systems or staffing. Some have experienced significant difficulty in resolving booking issues.
- Patients and carers have received bookings for days or times they have stated they cannot make.

Appointments

- Face-to-face appointments are preferred by most attendees.
- Waiting times in excess of 3 hours are experienced for booked appointments, with some not happening at all on the day.
- Patients comment on understaffing and at times a 'chaotic environment' with concerns for staff welfare expressed.
- While some feel that clinical and diagnostic information has been good, a majority would like more detail, and greater opportunity to ask questions.
- Older people complain that care is not holistic. One partially deaf patient was inappropriately booked for a telephone consultation.

Staffing

- Staff are generally commented to be kind and helpful.

6. Our Survey – Analysis of Feedback

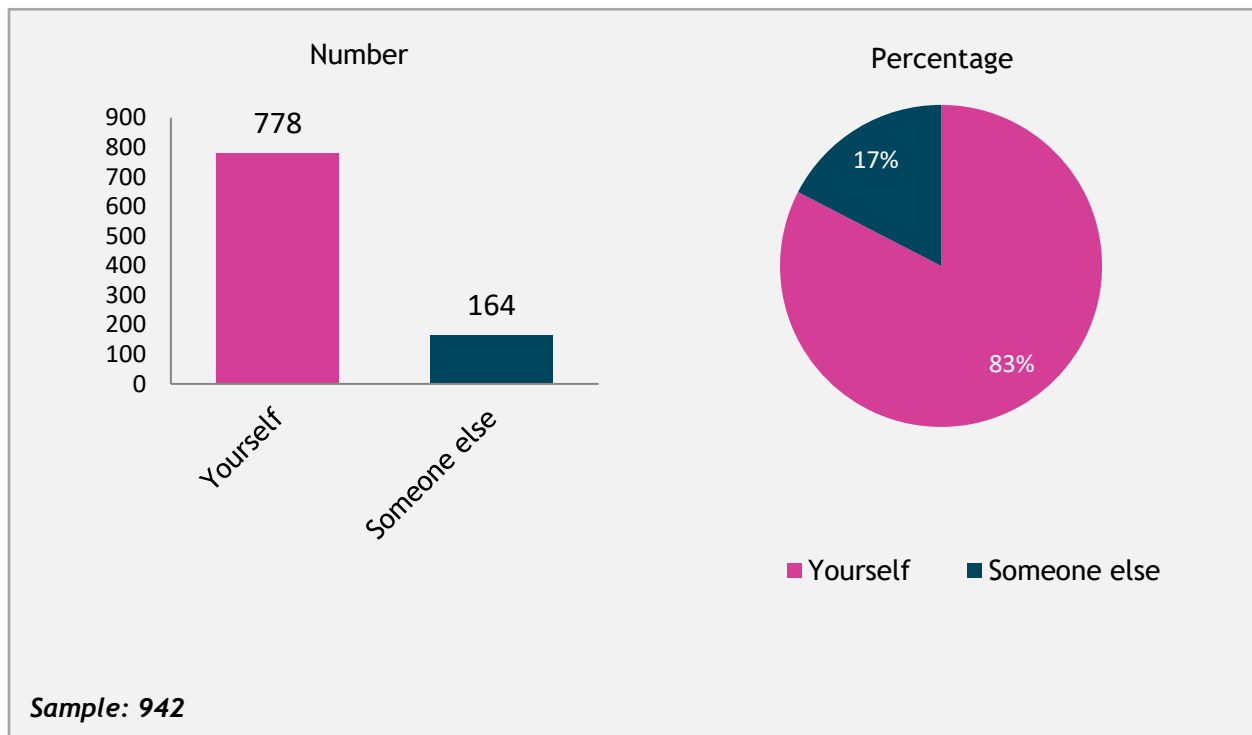
During October – November 2022, 946 people completed our survey on their experience of the Outpatients services.

We asked questions on contact method preferences, levels of information and communication about - and at - the appointment, getting to the right place on-site, explanation of any diagnosis, treatment and follow-on, and staff empathy.

The majority of questions had a free-text option, enabling participants to describe their views and experiences.

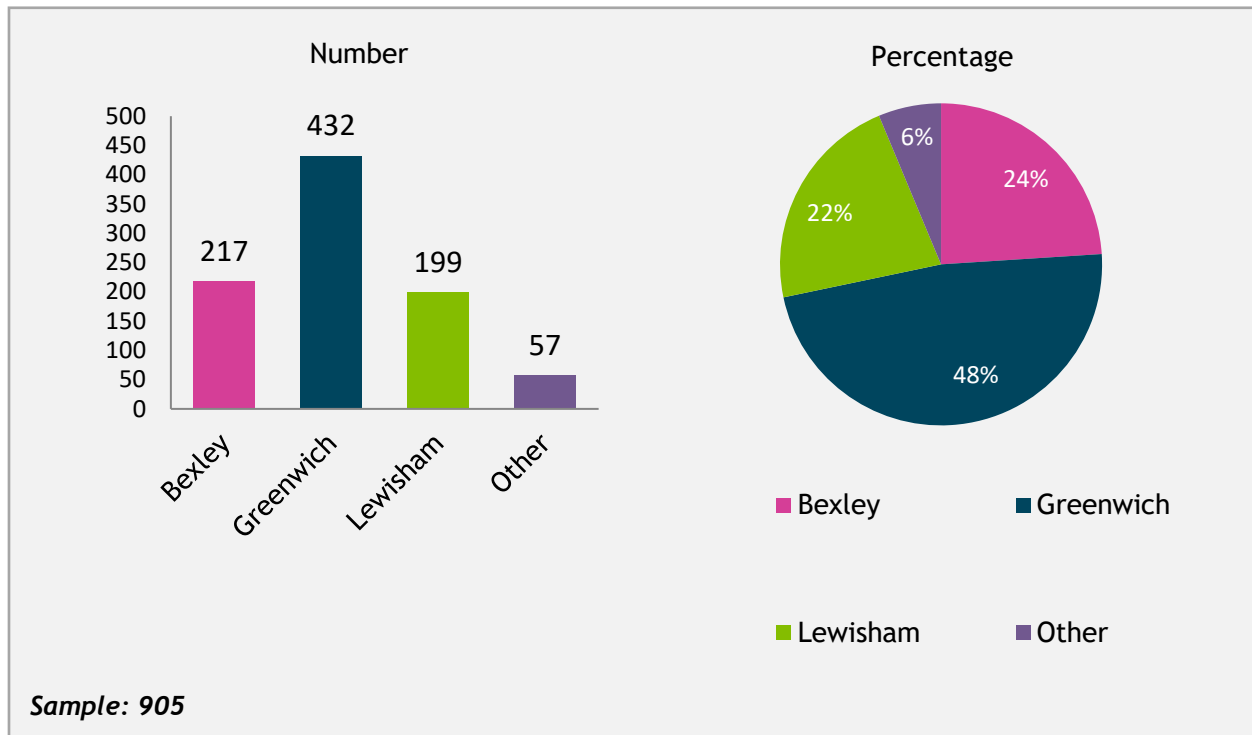
In this analysis we examine feedback as a whole, and look closely at age, gender, ethnic background and existing conditions, to establish any findings that may be especially relevant to certain groups.

6.1 Survey completed by Patient or someone else



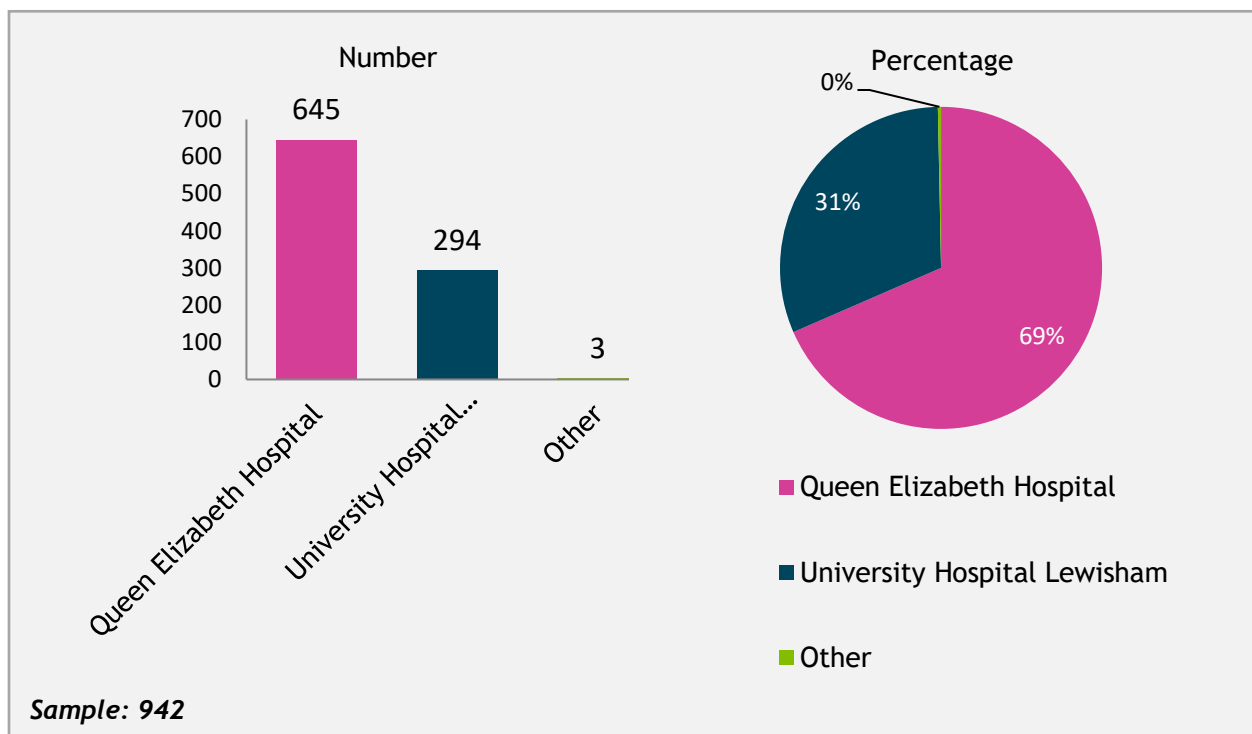
A broad majority of respondents 83% (785 patients) completed the survey themselves, while 17% (161) were aided by accompanying family, friends or carers.

6.2 Which borough do you live in?



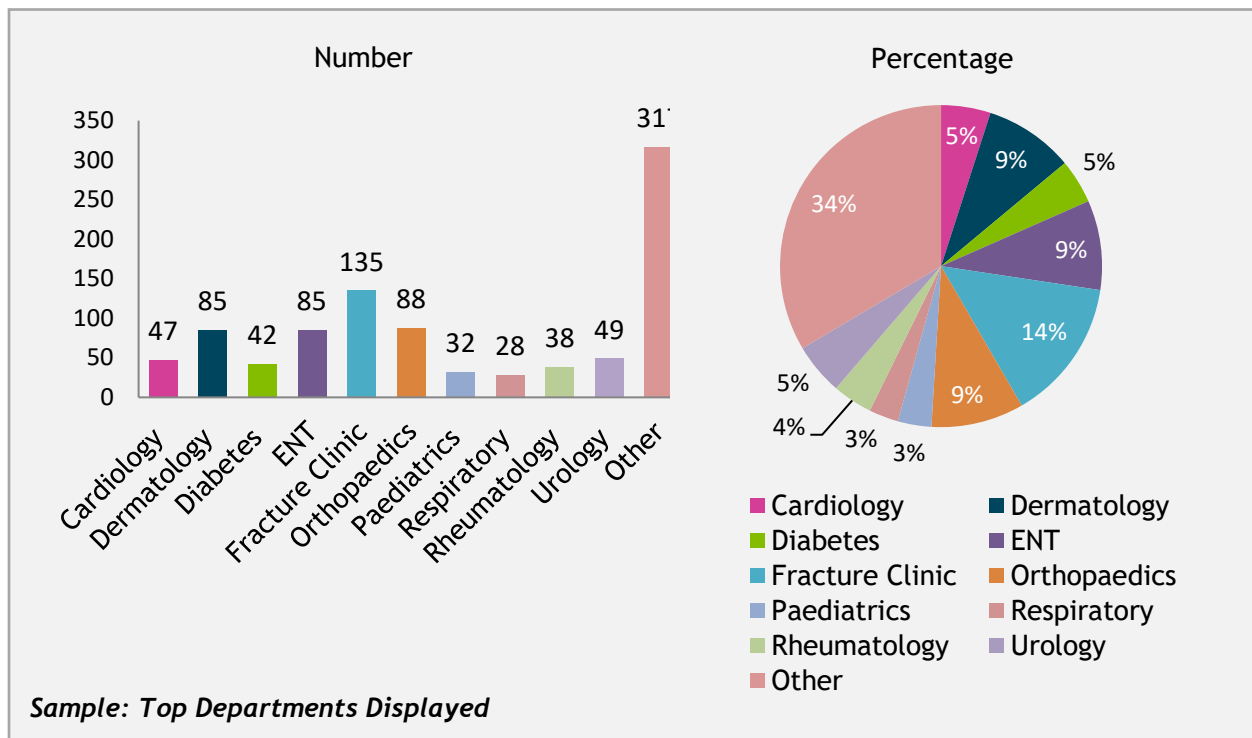
Around half of respondents 48% (434 patients) reside in Greenwich, with 24% (217 patients) from Bexley and 22% (199 patients) from Lewisham. The majority of those stating 'other' live in Bromley.

6.3 Which hospital is your appointment at today (or in the last 6 months)?



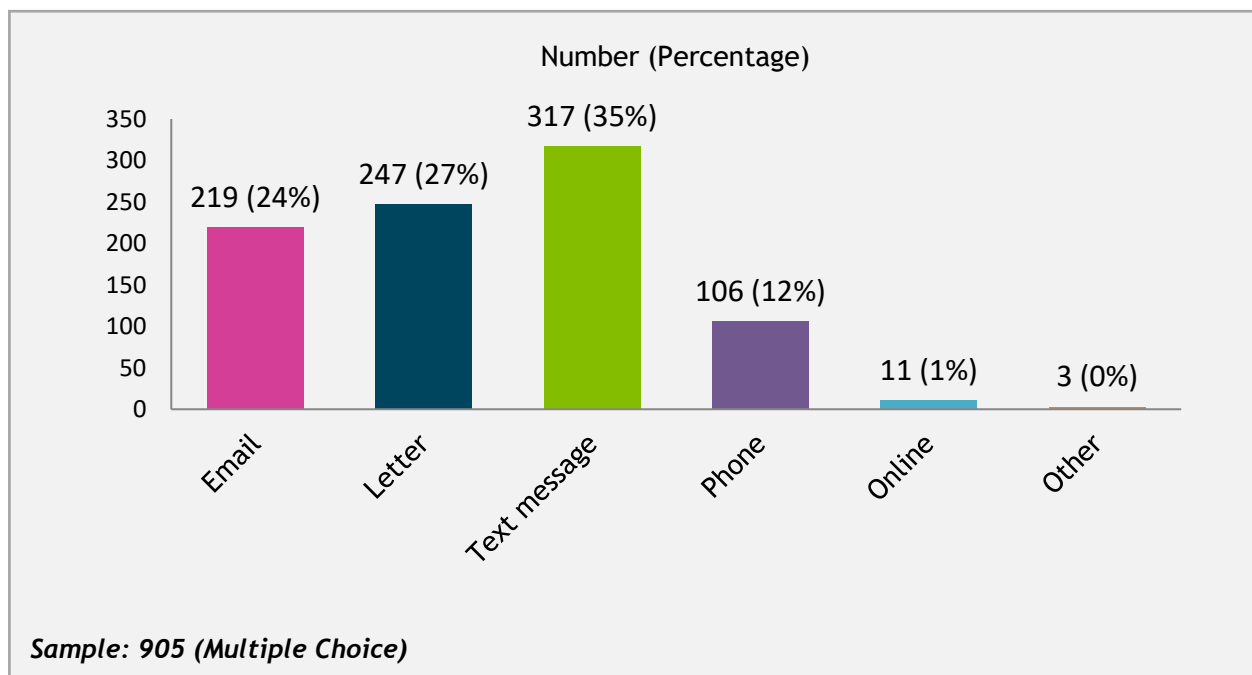
Over two thirds of respondents (69%) were on-site at Queen Elizabeth Hospital, while around a third (31%) were at University Hospital Lewisham.

6.4 In which Outpatient clinic is your appointment?



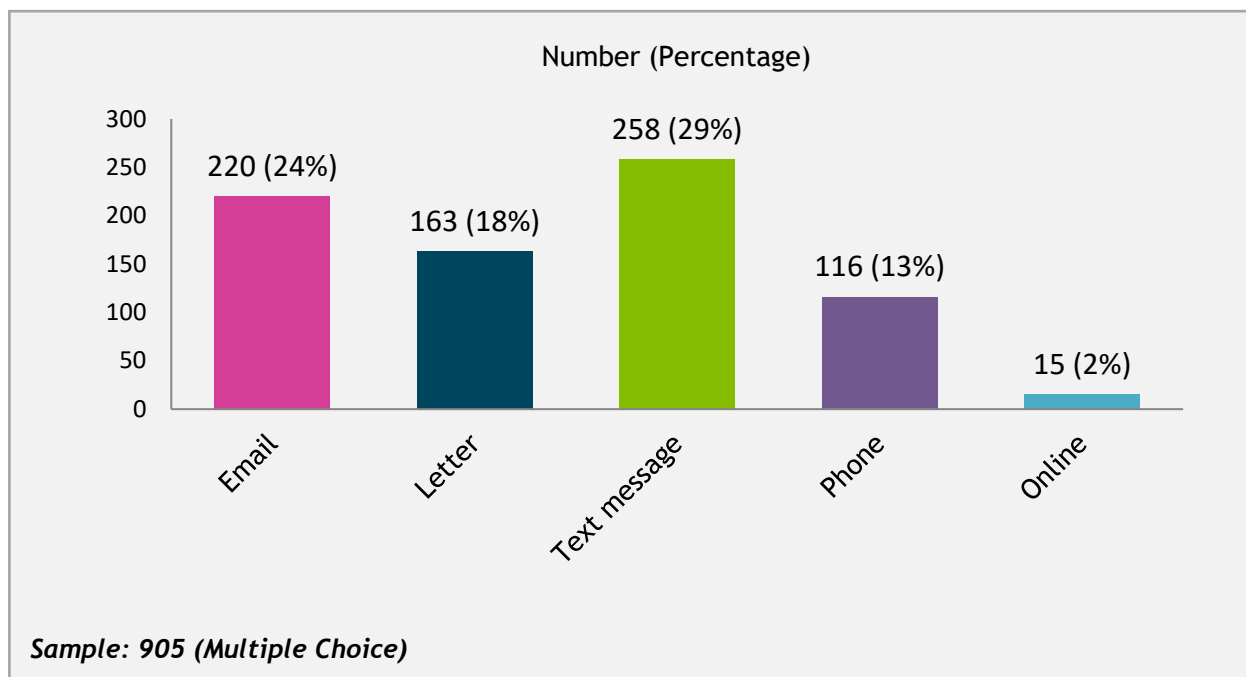
The most common departments are listed above.

6.5.1 What is your first preference for method of contact?



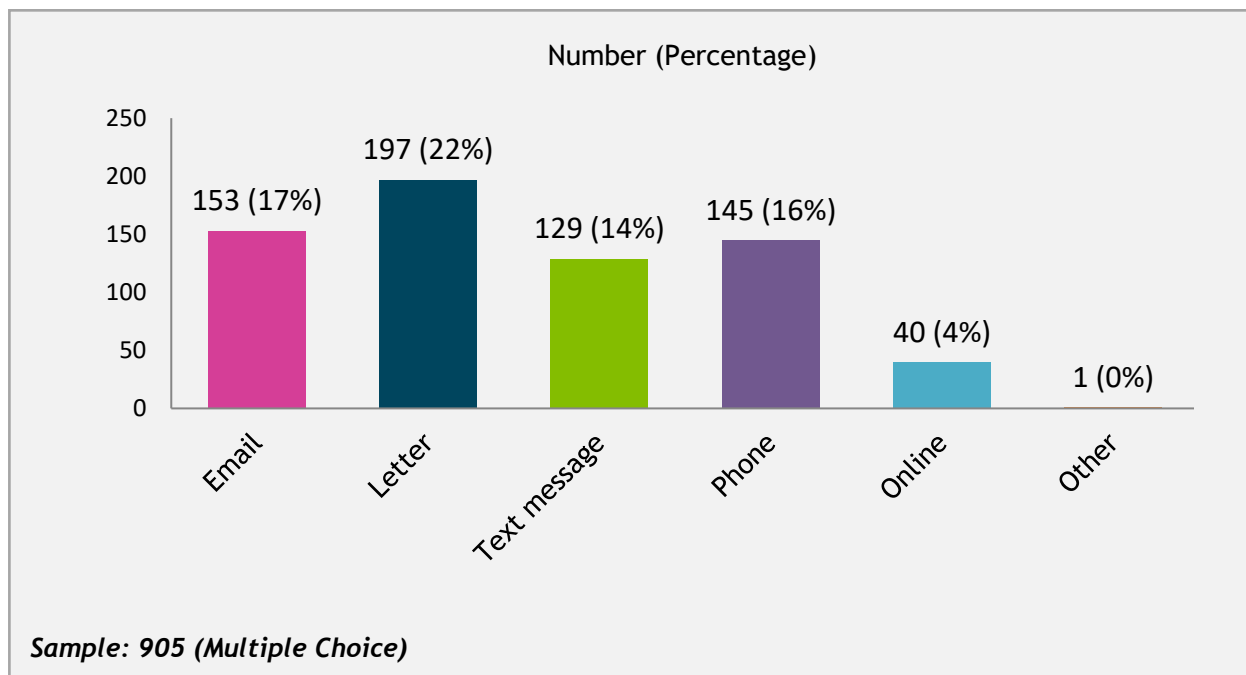
Text messaging, at 35% is the most preferred method of primary contact, with letters (27%) and emails (24%) also popular. Noticeably fewer respondents prefer the phone (12%), while just 1% would like online booking.

6.5.2 What is your second preference for method of contact?



On second preferences, text messaging remains the most popular method overall (29%) with email at 24% and letters at 18%. Again, the phone (13%) is notably less popular.

6.5.3 What is your third preference for method of contact?



Letters (at 22%) are the most preferred third option, with email (17%), phone (16%) and text messaging (14%) also popular.

With text messaging, letters and emails clearly most popular as a first preference, we explored the findings further for these mediums.

6.5a Impact Scale: First Preference Email

	% First Preference
Aged 35 – 44	35%
Aged 55 - 64	31%
Aged 45 - 54	27%
Aged 65 - 74	27%
Aged 25 - 34	25%
All Respondents (Baseline)	24%
Aged 75 - 84	13%
Aged 18 - 24	10%
Aged 85+	7%

Those aged 25 to 74 are notably more likely to prefer email contact than younger (aged 18 to 24) and older (over 75) respondents.

	% First Preference
Male Respondents	26%
All Respondents (Baseline)	24%
Female Respondents	24%

Men are marginally more likely (2%) to prefer email contact compared with women.

	% First Preference
Asian Respondents	32%
White Other Respondents	29%
White British/Irish Respondents	25%
All Respondents (Baseline)	24%
Black Respondents	23%

Black respondents are least likely to prefer email contact, compared with other ethnicities.

	% First Preference
Carers	32%
Sensory Disabilities	25%
All Respondents (Baseline)	24%
Learning Disabilities	22%
Mental Health Conditions	21%
Long Term Conditions	20%
Physical Disabilities	19%

Carers are significantly most likely to prefer email contact, compared with others with support needs.

Email contact is the most preferred overall method for middle aged respondents (35 to 44), those from Asian backgrounds (joint-first preference) and Carers (also joint-first preference).

6.5b Impact Scale: First Preference Letter

	% First Preference
Aged 85+	46%
Aged 75 - 84	42%
Aged 65 - 74	38%
Aged 55 - 64	30%
All Respondents (Baseline)	27%
Aged 45 - 54	20%
Aged 18 - 24	20%
Aged 25 - 34	18%
Aged 35 - 44	14%

Older respondents (55 and over) are considerably most likely to prefer letters.

	% First Preference
Female Respondents	29%
All Respondents (Baseline)	27%
Male Respondents	25%

Women are 4% more likely to prefer letters compared with men.

	% First Preference
Asian Respondents	32%
White British/Irish Respondents	30%
All Respondents (Baseline)	27%
White Other Respondents	23%
Black Respondents	17%

Black and White Other respondents are notably less likely to prefer letters, compared with those from Asian or White British/Irish backgrounds.

	% First Preference
Long Term Conditions	36%
Physical Disabilities	32%
Mental Health Conditions	31%
Learning Disabilities	30%
All Respondents (Baseline)	27%
Sensory Disabilities	25%
Carers	24%

Those with long term conditions are most likely to prefer letters, compared with others with support needs.

Letters are the most preferred overall method for older respondents (65 and over), those from Asian backgrounds (joint-first preference) and for most groups with a support need (Learning Disability, Long-Term or Mental Health Condition, Physical Disability).

6.5c Impact Scale: First Preference Text Message

	% First Preference
Aged 18 - 24	68%
Aged 25 - 34	44%
Aged 45 - 54	40%
All Respondents (Baseline)	35%
Aged 35 - 44	34%
Aged 55 - 64	32%
Aged 65 - 74	26%
Aged 75 - 84	24%
Aged 85+	18%

Younger respondents (18 to 34, and 45 to 54) are noticeably most likely to prefer text messaging contact.

	% First Preference
Female Respondents	36%
All Respondents (Baseline)	35%
Male Respondents	33%

Women are 3% more likely to prefer text messaging compared with men.

	% First Preference
White Other Respondents	42%
Black Respondents	40%
All Respondents (Baseline)	35%
White British/Irish Respondents	32%
Asian Respondents	26%

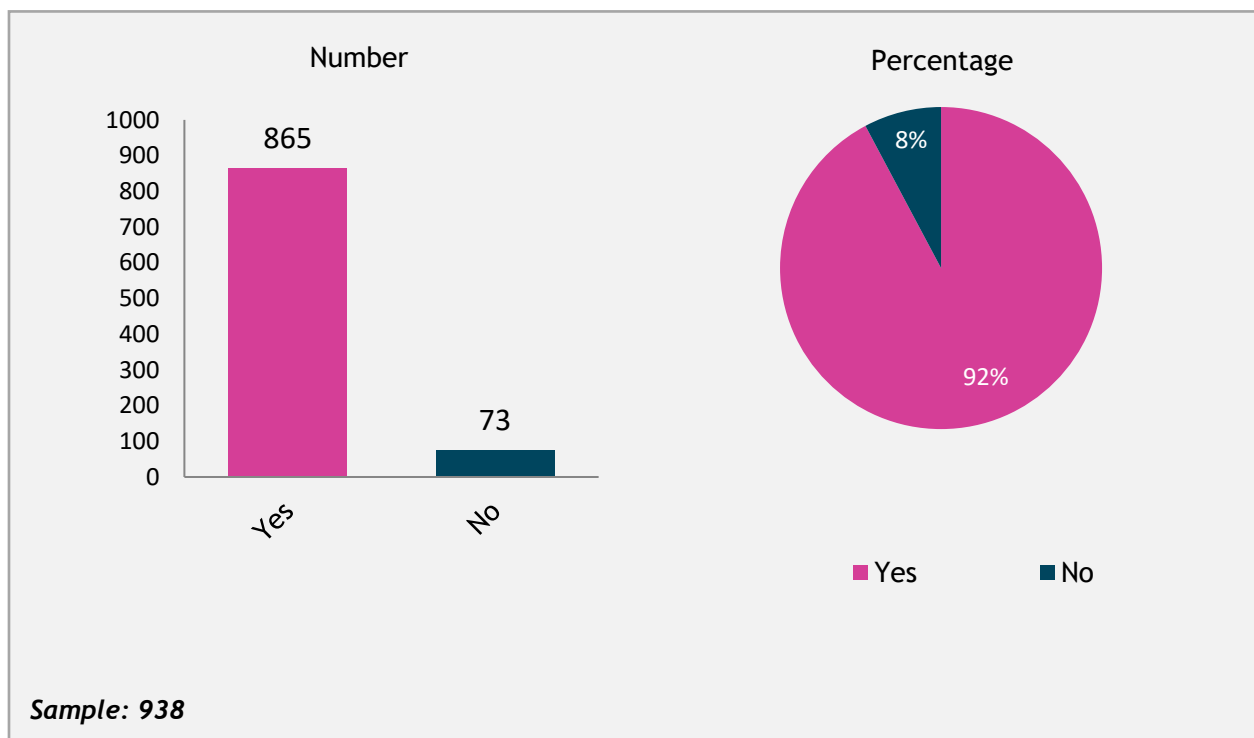
Those from White Other and Black backgrounds are significantly more likely to prefer text messaging, compared with White British/Irish and Asian respondents.

	% First Preference
Sensory Disabilities	42%
All Respondents (Baseline)	35%
Carers	32%
Long Term Conditions	32%
Physical Disabilities	29%
Learning Disabilities	26%
Mental Health Conditions	24%

Those with sensory disabilities are most likely to prefer text messaging, compared with others with a support need.

Text messaging is the most preferred overall method for younger respondents (18 to 34), those in post-middle age (45 to 64), all ethnic groups (with the exception of Asian respondents), those with Sensory Impairments & Carers (joint-first preference).

6.6 Do you feel that you were given enough notice about your appointment date and time?



A clear majority of respondents 92% report they were given enough notice of their appointment.

When asking about any difficulties, patients report that notification for some has been 'very last minute' with letters and phone calls commonly received within 24 or 48 hours of the appointment. Letters are observed to arrive late, in some cases after the appointment date.

One person received a call two hours before the appointment, while others received no notification at all.

While late notice is criticised by most, gratitude for appointment availability is also expressed.

Selected Feedback

"It was very last minute."

"No, was sent a letter on Thursday for a Friday appointment."

"Received a phone call yesterday about the appointment this afternoon."

"Only had 2 days' notice."

"The letter was very late."

"Letter was sent 2 months in advance but only arrived a week before the appointment."

"The letter arrived after the appointment date twice."

"I received a phone call 2 hours before my appointment slot."

"Communication was bad and I had to chase Lewisham hospital. I was not contacted after appointment was booked."

"I did not receive a reminder."

"I was called last night but I am glad I got an appointment."

Late notice has been problematic for working patients and those that are unable to change their schedules, have had to move their appointments to later dates.

Selected Feedback

"Not given enough notice."

"Very short notice and doesn't allow time to plan."

"Only given a week's notice. Hard to change my schedule for it."

"I had to change my appointment several times because I am a teacher, each time it took 6 phone calls to get through and then they sent a letter, so you had to wait to find out if you could make the next one."

"Two days' notice - if I had gone back to work this is not enough time."

"3 days' notice and when unable to attend, another appointment given over 2 weeks later."

Cancellations are reported, with notification received shortly before the appointment, or not at all. Rescheduling has left some patients 'confused' and cancelled bookings have been reinstated without adequate explanation.

Selected Feedback

"They keep postponing the appointments."

"They changed it twice with less than 24 hours' notice."

"Appointments cancelled without notice or being informed."

"My last 2 visits were cancelled when I got to the hospital."

"Many cancellations and not enough time to plan for rescheduled appointment."

"Confusion over a rearranged appointment."

"Appointment was cancelled months ago and then I suddenly received a text 1 week ago reminding me about the appointment."

Administrative errors are also cited – with appointments not entered into systems resulting in delays and inconvenience.

Selected Feedback

"According to my appointment card, I had an appointment today, but it is not in their system."

"Appointment wasn't put in system so now I have to wait to be squeezed in."

"I was told I don't have an appointment when I called this morning, I am being seen 3 hours late."

"We waited for an appointment that was supposed to be that day but wasn't, we wasted time and then they took 7 days to get in contact with us. There was no clear phone number to contact them on."

6.6a Impact Scale: Given enough notice about appointment date and time?

	% Yes
Aged 65 - 74	96%
Aged 55 - 64	94%
Aged 45 - 54	94%
Aged 18 - 24	93%
Aged 35 - 44	92%
All Respondents (Baseline)	92%
Aged 75 - 84	91%
Aged 25 - 34	91%
Aged 85+	87%

Most age groupings score around the average of 92%, with the oldest respondents (85 and over) most likely to want more notice.

	% Yes
Female Respondents	94%
Male Respondents	92%
All Respondents (Baseline)	92%

Compared with women, men are marginally more likely (2%) to want more notice.

	% Yes
Asian Respondents	94%
Black Respondents	94%
White British/Irish Respondents	94%
All Respondents (Baseline)	92%
White Other Respondents	84%

Those from White Other backgrounds are noticeably most likely to want more notice, compared with respondents from other ethnicities.

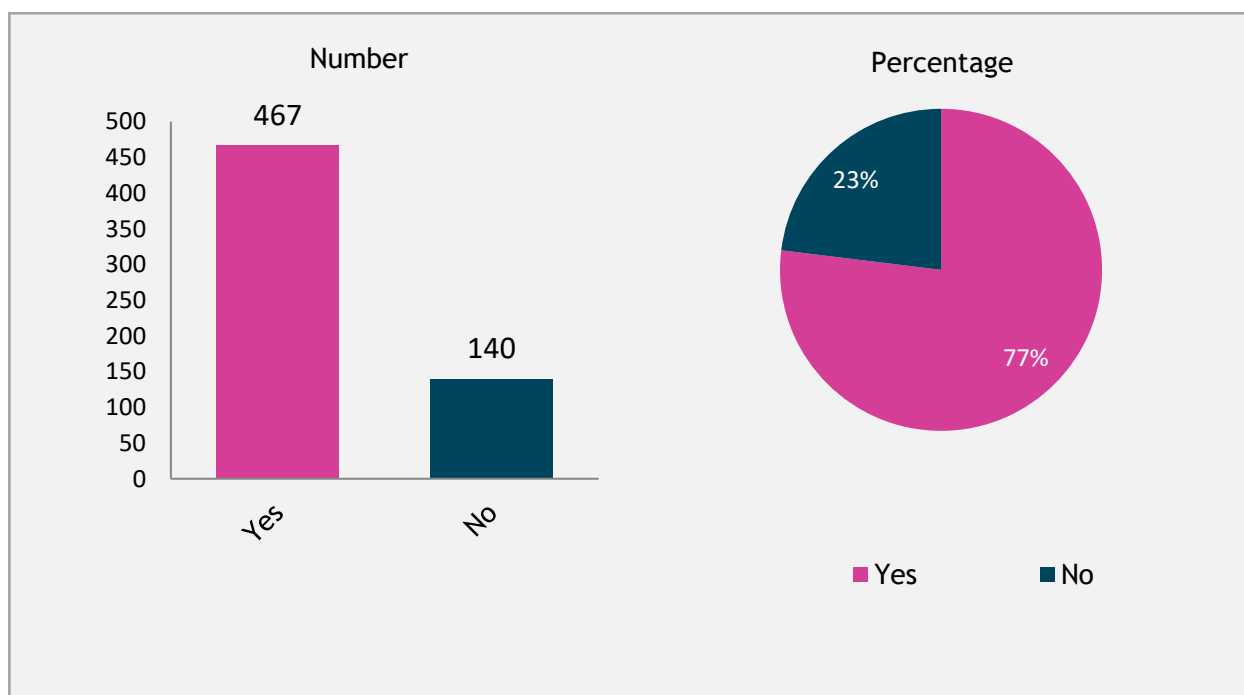
	% Yes
Learning Disabilities	96%
Physical Disabilities	95%
Mental Health Conditions	93%
Carers	93%
Long Term Conditions	92%
Sensory Disabilities	92%
All Respondents (Baseline)	92%

Most respondents with a support need score around the average of 92%.

	% Yes
Queen Elizabeth Hospital (QEH)	94%
All Respondents (Baseline)	92%
University Hospital Lewisham (UHL)	88%

Those at UHL are 6% more likely to want more notice, compared with QEH respondents.

6.7 Did you find it easy to contact someone regarding your appointment?



Around three quarters of respondents (77%) have found it easy to make contact about their appointment, with a sizeable minority (23%) experiencing difficulty.

Many patients complain of poor telephone access, with some, who are frustrated after several contact attempts (sometimes over many days) having to visit the hospital in person.

Faulty lines are reported, with some patients being cut-off after lengthy periods on hold.

One deaf person questions the requirement for them to phone.

Selected Feedback

"Too long for them to answer the phone."

"Long wait times, I was on hold for over an hour."

"Very hard to get through on phone, keeps ringing with no answer. Impossible to get through to appointments."

"It took 3 days to get the appointment sorted."

"I came to reception to clarify the type of appointment, telephone never answered."

"Needed to change appointment, had to go in person to get appointment changed."

"Got a letter telling me to phone to make an appointment, could not get through to book, tried for 2 weeks (various times) and had to come to hospital."

"Very long waiting times on the phone, you just get cut off before someone answers."

"Constantly hung up on when calling through to the department."

"I am deaf and would have preferred not to have phoned to make the appointment."

Phone numbers given have sometimes been incorrect or generic, adding to inconvenience - we received accounts of patients being 'passed around departments'.

It is commented that the automated system, which does not cover all departments (such as Cardiology) has been difficult to navigate.

Selected Feedback

"Nobody answered the phone, when they did it was the wrong number. Transferred several times."

"Kept being put through to different departments from switchboard."

"The contact number was for an admin department who could provide no detailed information or help."

"I had to call different numbers before I was transferred to the right place."

"Called several times and was given 3 different numbers!"

"I spent 30 minutes on the phone being passed on to other departments until someone found out what has happened."

"The automated system is a nightmare - it took me 30 minutes after redialling several times to connect to a human."

"The automated phone system does not recognise Cardiology, had to use the switchboard which takes longer."

We hear that phone messages left are not always responded to, with delays causing anxiety.

Selected Feedback

"The person was away - left a voice message and I didn't hear back."

"Wrong information given. Messages left were not answered. 2 days and many calls later I was directed to King's College and got the information I required."

"The doctor's secretary phone always goes to voice message. I left a message but was contacted days later, I was left worried when waiting for a response."

In some cases, information has been lacking, or incorrect.

Selected Feedback

"Not sure who to contact."

"Contacting and finding the right person to speak to was a bit difficult."

"No explanation for what's going to happen."

"Lack of knowledge concerning arrangements for blood tests."

"Text messages don't mention any phone number and I didn't get a letter."

"There was confusion as to if it was in-person or a telephone appointment. I was given the wrong information."

6.7a Impact Scale: Found it easy to contact someone regarding the appointment?

	% Yes
Aged 18 - 24	95%
Aged 85+	85%
Aged 65 - 74	84%
Aged 45 - 54	83%
Aged 75 - 84	82%
All Respondents (Baseline)	77%
Aged 35 - 44	76%
Aged 25 - 34	72%
Aged 55 - 64	70%

Respondents of prime working age (25 to 44 and 55 to 64) have found it most difficult to make contact.

	% Yes
Male Respondents	84%
All Respondents (Baseline)	77%
Female Respondents	75%

Women are 9% more likely to experience difficulty, compared with men.

	% Yes
Black Respondents	84%
White Other Respondents	82%
White British/Irish Respondents	79%
Asian Respondents	77%
All Respondents (Baseline)	77%

Compared with other ethnicities, Black and White Other respondents have been the most successful at making contact.

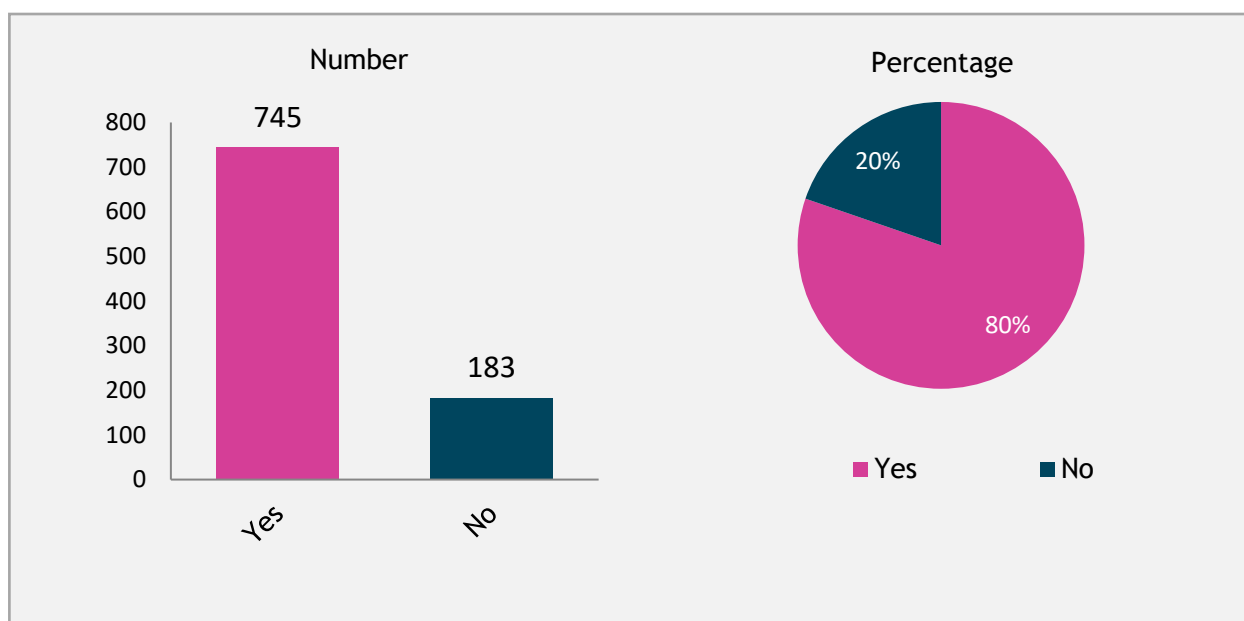
	% Yes
Physical Disabilities	86%
Mental Health Conditions	84%
Carers	79%
Learning Disabilities	78%
All Respondents (Baseline)	77%
Long Term Conditions	75%
Sensory Disabilities	65%

Those with a Sensory Disability are by some margin the least able to make contact, compared with others with a support need.

	% Yes
Queen Elizabeth Hospital (QEH)	80%
All Respondents (Baseline)	77%
University Hospital Lewisham (UHL)	71%

Respondents at QEH are noticeably more likely to make successful contact, compared with those at UHL.

6.8 Did you get information about the purpose of this appointment and what to expect?



A broad majority of respondents (80%) received information about the appointment and on what to expect, while a sizeable 20% do not feel adequately informed.

It is commonly reported that notifications contain only a date and time, with many patients not knowing who they will see at the appointment, what it will involve, or how long it will take. Some have had to make contact to acquire additional details.

Selected Feedback

"I would have liked more details."

"They didn't tell me anything other than date and time of appointment. An idea of what they might do might be helpful to reassure my son."

"No information on what to expect, who to see or length of time required. I don't know what my appointment will involve."

"No information other than the time. We don't even know if we are waiting in the right department."

"I thought that I will have an ultrasound but the doctor commented that this was a consultation and examination of the situation before the scan."

"Had to call nurses to see what the appointment would entail."

"I was just told the doctor's name and a date. I had to phone to get further details and a time."

Those who have arrived unprepared, due to a lack of information, give varied examples of resulting inconvenience - including insufficient childcare arrangements, wearing inappropriate clothing, having to wait additional hours in order to drink water, or having to cancel a longer than expected appointment to catch a train.

Selected Feedback

"An appointment a few weeks back, I didn't get childcare because I thought it would be a short appointment but then waited 3 hours. I didn't know I would need childcare for my appointment."

"I was referred but not told about the procedure that would take place. Would have liked more information about what to wear."

“Although I asked about the procedure before, it was not explained to us. I needed to drink a large amount of water and I should have been told to do so beforehand before arrival at hospital. Now I have to wait 1-2 hours before I can start my procedure.”

“I thought I was only seeing the Consultant, was not told I would require another x-ray. I allowed 1 hour for the appointment and have a train booked - may have to leave before the actual consultant because of the surprise x-ray.”

6.8a Impact Scale: Got adequate information about the purpose of the appointment and what to expect?

	% Yes
Aged 18 - 24	90%
Aged 55 - 64	86%
Aged 75 - 84	86%
Aged 65 - 74	82%
All Respondents (Baseline)	80%
Aged 25 - 34	77%
Aged 35 - 44	76%
Aged 45 - 54	76%
Aged 85+	60%

The youngest respondents (18 to 24) feel significantly better informed about the appointment than the oldest (85 and older).

Interestingly, those in later age generally (55 to 84) feel better informed than younger respondents (25 to 54).

	% Yes
Male Respondents	84%
All Respondents (Baseline)	80%
Female Respondents	79%

Men feel 5% better informed about the appointment than women.

	% Yes
Asian Respondents	85%
White British/Irish Respondents	82%
Black Respondents	81%
All Respondents (Baseline)	80%
White Other Respondents	75%

White Other respondents feel least informed about the appointment, compared with other ethnicities.

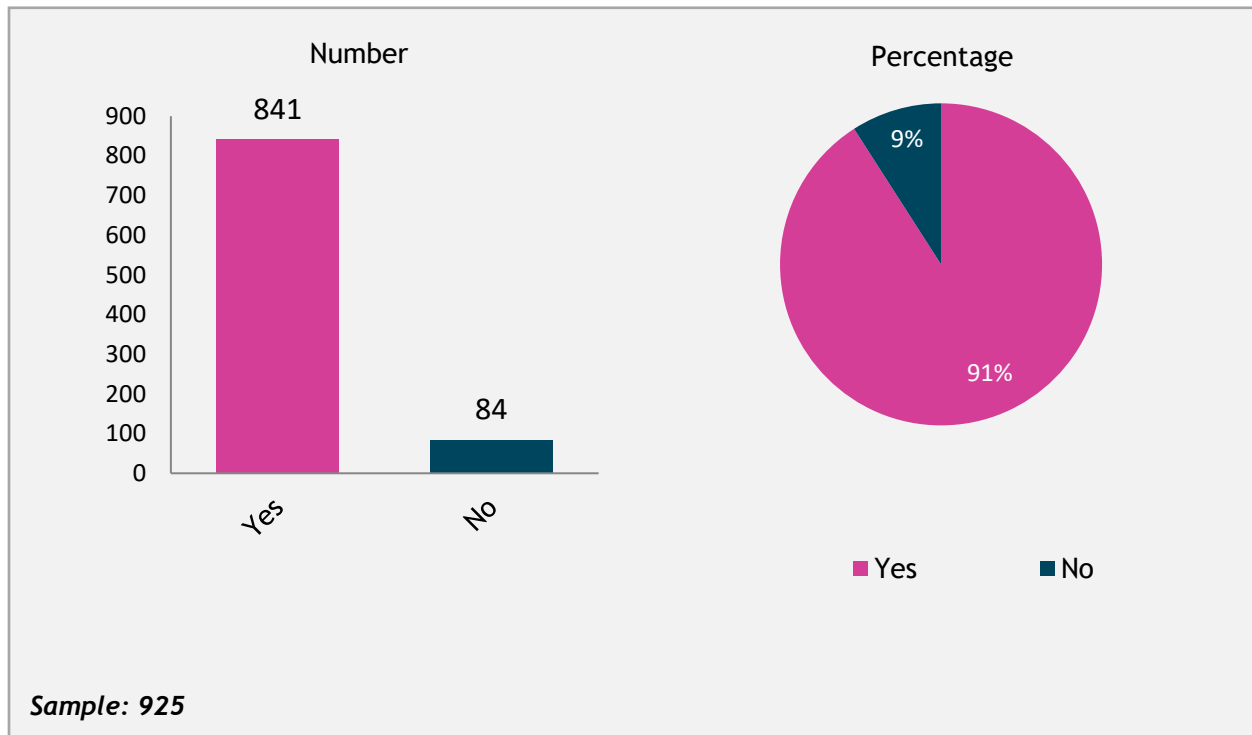
	% Yes
Learning Disabilities	92%
Carers	82%
Long Term Conditions	81%
All Respondents (Baseline)	80%
Physical Disabilities	79%
Mental Health Conditions	77%
Sensory Disabilities	73%

Those with a Sensory/Physical Disability or Mental Health Condition feel less informed than others with a support need. Respondents with a Learning Disability, on the whole, feel very well informed about their appointment.

	% Yes
Queen Elizabeth Hospital (QEH)	84%
All Respondents (Baseline)	80%
University Hospital Lewisham (UHL)	72%

Respondents at QEH feel much better informed generally than their UHL peers.

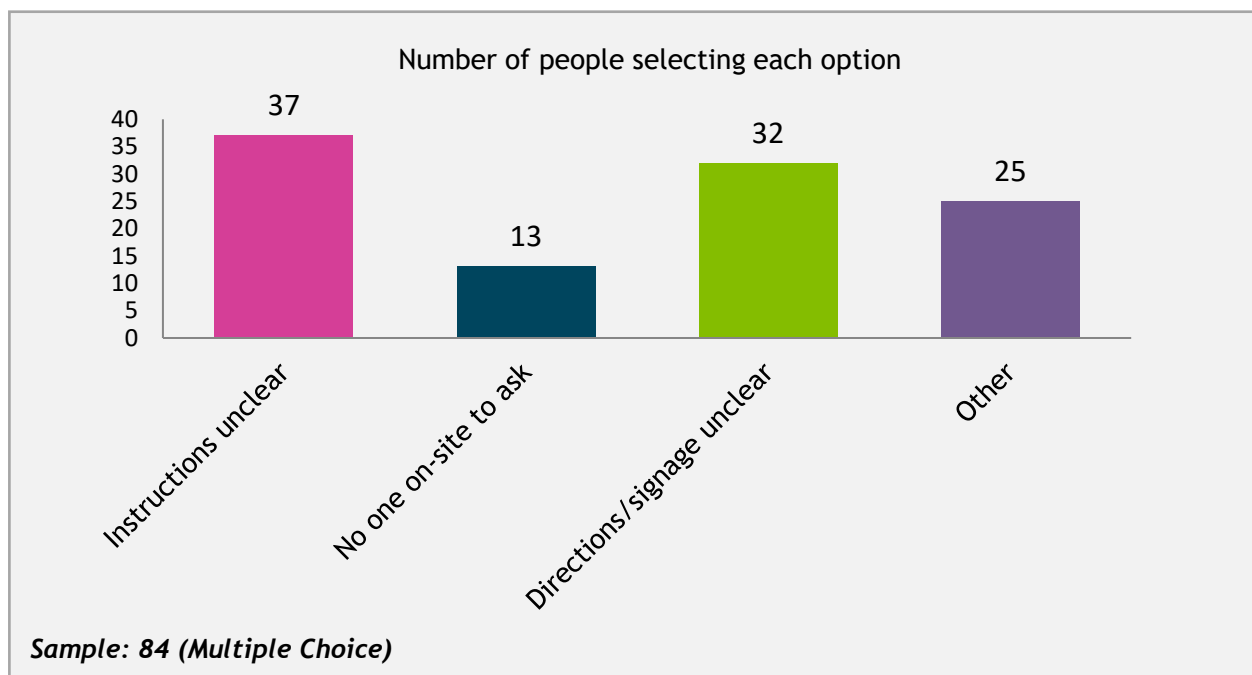
6.9 Was it easy to find where your appointment was on site?



A clear majority of respondents (91%) easily found their appointment venue, while on-site.

6.10 If you answered no, then please tell us what made it hard to find?

This question was a multiple-choice and each respondent was able to select more than one answer.



9 % (84 patients) of respondents did not easily find the venue while on-site. The reasons for it were:

- 37 Patients said instructions were unclear.
- 32 Patients have experienced difficulty with directions and signage.
- Some Patients report that the information received in letters or text messages has been insufficient, or inaccurate.
- The website is also commented to be lacking detail.
- 13 patients said there was no one on site they could ask for help.

Selected Feedback

"Had to ask someone for help as the letter didn't have a clinic name."

"Given wrong location on the letter."

"The text I got directed me to the wrong place."

"No information on letter. No map and no signage. Complete stress to find it. No reason for that. Just bad management."

"Your map on the website didn't show the exact department location."

On the hospital environment, the changing of locations, use of zoning, and incorrect or unclear signage are among the issues cited. Limited parking and large distances to walk while on-site are also mentioned.

Selected Feedback

"Usual way has changed."

"It was changed. Told to go to Zone B but it's actually in Zone A."

"Zone areas can be very confusing."

"The name of the clinic doesn't match signage, so it was difficult to find."

"We found the hospital hard to navigate, the signs are okay but could be clearer."

"Parking lot too crowded."

"I was made to go from the car park to the pink zone (long distance) then back to x-ray then back to vascular. It is long and confusing for an older aged person."

On staffing, we hear that receptionists are not always available, and can be dismissive of enquiries. At least two patients were waiting in the wrong area.

Selected Feedback

"Needed someone to help with directions."

"Doesn't say on letter and no one to ask at reception."

"Was sent from area to area as no one knew where my dad was."

"Reception staff unable to say if this is the right department and uninterested when asked to clarify."

"The location changed without me knowing from area G to B, nobody told me I was waiting in the wrong area."

"Had to ask 3 staff for directions before I could find location."

"Security are very helpful with directions and so are the signs."

6.9a Impact Scale: Easy to find where the appointment was on site?

	% Yes
Aged 65 - 74	98%
Aged 18 - 24	95%
Aged 55 - 64	92%
Aged 75 - 84	91%
Aged 35 - 44	91%
All Respondents (Baseline)	91%
Aged 25 - 34	88%
Aged 45 - 54	88%
Aged 85+	87%

Most age groupings score around the average of 91%, with those aged 65 to 74 and 18 to 24 most able to navigate the hospital without difficulty.

	% Yes
Male Respondents	94%
All Respondents (Baseline)	91%
Female Respondents	90%

Women are 4% more likely to experience difficulty than men.

	% Yes
Asian Respondents	96%
White Other Respondents	92%
White British/Irish Respondents	92%
Black Respondents	91%
All Respondents (Baseline)	91%

All ethnic groupings score around the average, with Asian respondents most able to navigate the hospital without difficulty.

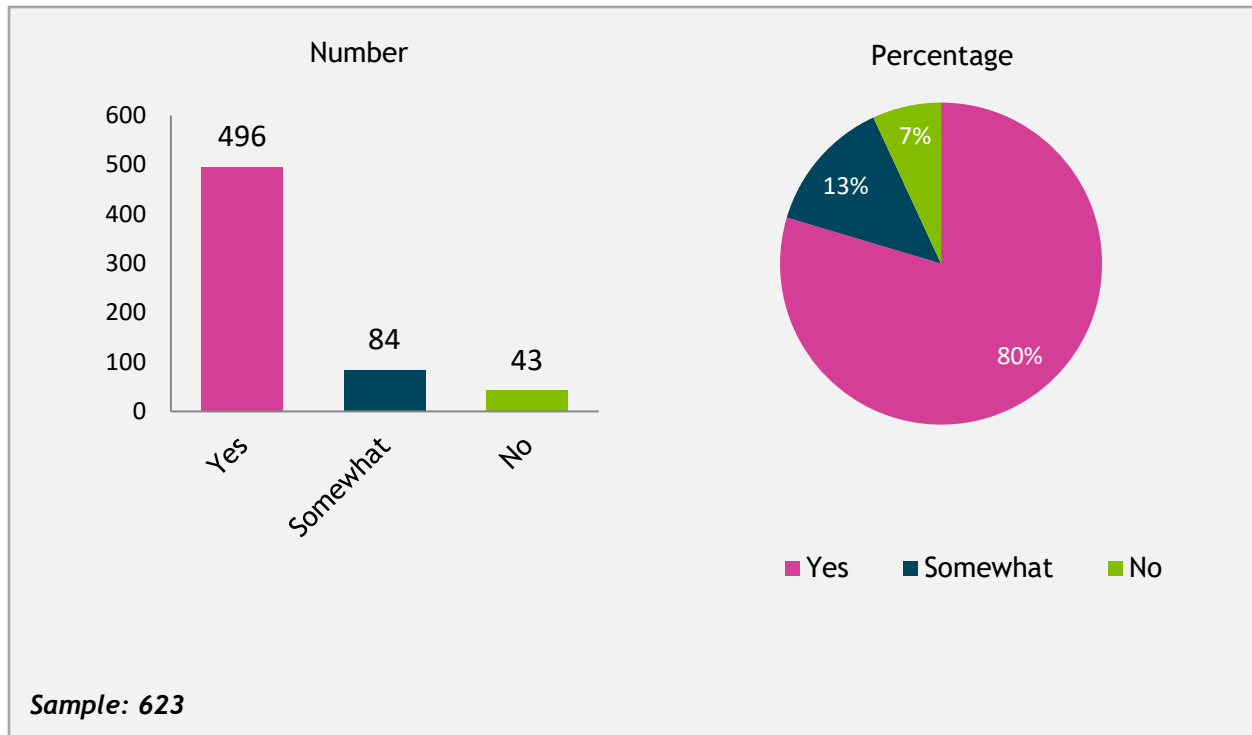
	% Yes
Learning Disabilities	92%
Long Term Conditions	92%
Physical Disabilities	92%
All Respondents (Baseline)	91%
Carers	88%
Mental Health Conditions	86%
Sensory Disabilities	77%

Respondents with a Sensory Disability are significantly least able to navigate the hospital without difficulty, compared with others with a support need.

	% Yes
Queen Elizabeth Hospital (QEH)	91%
All Respondents (Baseline)	91%
University Hospital Lewisham (UHL)	90%

Both hospital sites score around the average.

6.11 If you received a diagnosis or had treatment, did your healthcare professional explain it to you clearly?



A broad majority of respondents (80%) feel that explanation of treatment or diagnosis has been sufficient, while 20% would like more information.

When asking about difficulties, patients would like more information on their condition, treatment and follow-up, greater levels of involvement and encouragement to ask questions, and more specific leafletting before and after appointments.

Selected Feedback

"Lack of feedback at each check-up."

"Treatment could have been more explicit."

"Doctor told me to read up on it myself."

"The doctors did not clearly explain how the fracture works and did not explain main management and rest needed, my 13 year old was unaware of this information."

"No, I was told the doctor would explain. But I was very nervous and don't know much."

"Don't feel they are listening to me. They are not explaining well to me."

"Need explanation of each stage of what comes next."

"Confusion about if I was discharged from this clinic or not."

"There was no follow up email or letter with a patient information leaflet about what to expect. The admin did not have clinical knowledge."

Clarity is important – patients report that information should be simple and concise, in an appropriate language, and not missing essential details. One parent commented on the anxiety caused due to unclear messaging.

Selected Feedback

"Never been able to get clear answers about treatment. Need clarity."

"More layman terms needed to explain better, face to face preferred for this."

"Feels there was a language barrier."

"The doctor's secretary left me an unclear voice message and did not explain why my son needs another blood test. I am very anxious because I don't have information and no one to go to for it."

It is noted that continuity is important to minimise 'mixed messages and confusion'.

Some patients reported that staff have not always been supportive of requests.

Selected Feedback

"I have had 4 visits and never seen the same person. Every person I've seen has done things differently, and then I often come out with mixed messages and confusion."

"Every time I was sent to see a different doctor and they did not have much clinical information or history about my case."

"Staff unapproachable had to chase them repeatedly."

"They keep passing you on, there is no centralised information about individual needs."

6.11a Impact Scale: Healthcare professional explained diagnosis or treatment clearly?

	% Yes
Aged 75 - 84	93%
Aged 65 - 74	87%
Aged 18 - 24	86%
Aged 55 - 64	80%
Aged 85+	80%
All Respondents (Baseline)	80%
Aged 45 - 54	77%
Aged 25 - 34	73%
Aged 35 - 44	71%

Those of prime working age (25 to 54) feel least informed about diagnosis or treatment. Retirees (75 to 84) feel significantly best informed.

	% Yes
Male Respondents	85%
All Respondents (Baseline)	80%
Female Respondents	79%

Men feel better informed about diagnosis or treatment (85%), compared with women (79%).

	% Yes
White Other Respondents	87%
Asian Respondents	83%
White British/Irish Respondents	82%
All Respondents (Baseline)	80%
Black Respondents	78%

Those from a Black background are the only ethnic grouping to score lower than the average.

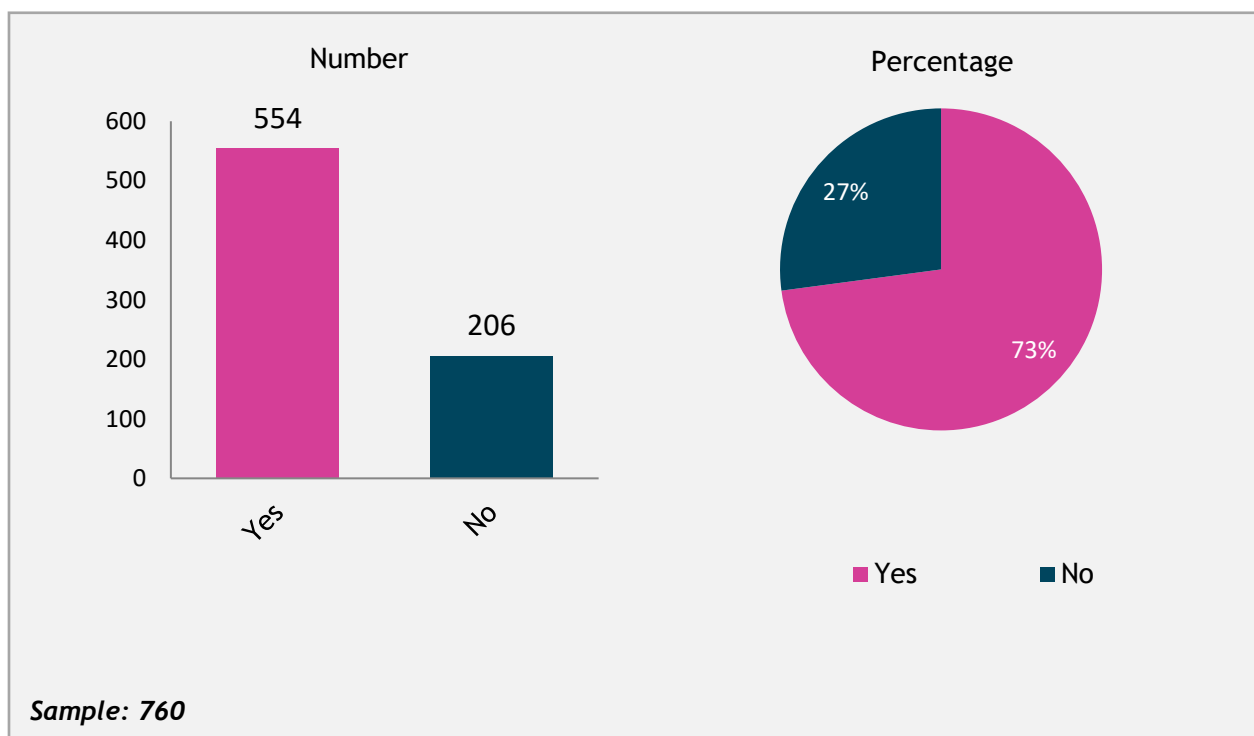
	% Yes
Carers	84%
Mental Health Conditions	82%
All Respondents (Baseline)	80%
Long Term Conditions	80%
Physical Disabilities	80%
Learning Disabilities	77%
Sensory Disabilities	76%

Most respondents with a support need score around the average of 80%. Those with a Disability or a Long Term Condition feel least informed generally about diagnosis or treatment.

	% Yes
Queen Elizabeth Hospital	82%
All Respondents (Baseline)	80%
University Hospital Lewisham (UHL)	75%

Those at QEH feel better informed (82%) than peers at UHL(75%) about their diagnosis or treatment.

6.12 Do you know how you will get your results or who will contact you about treatment?



Around three quarters of respondents (73%) feel adequately informed about their results or follow-on contact, while a significant minority (27%) do not.

6.12a Impact Scale: Know how to get results or who will be in contact about treatment?

	% Yes
Aged 45 - 54	76%
Aged 55 - 64	75%
Aged 35 - 44	75%
Aged 75 - 84	74%
Aged 65 - 74	74%
Aged 18 - 24	74%
All Respondents (Baseline)	73%
Aged 25 - 34	70%
Aged 85+	65%

The oldest respondents (85 and over) feel notably least informed about results or further contact.

	% Yes
Female Respondents	75%
All Respondents (Baseline)	73%
Male Respondents	70%

Women feel better informed about results or contact (75%) compared with men (70%).

	% Yes
Asian Respondents	83%
Black Respondents	74%
White British/Irish Respondents	73%
All Respondents (Baseline)	73%
White Other Respondents	62%

Asian respondents feel noticeably best informed about results or contact, while those from White Other backgrounds feel significantly least informed.

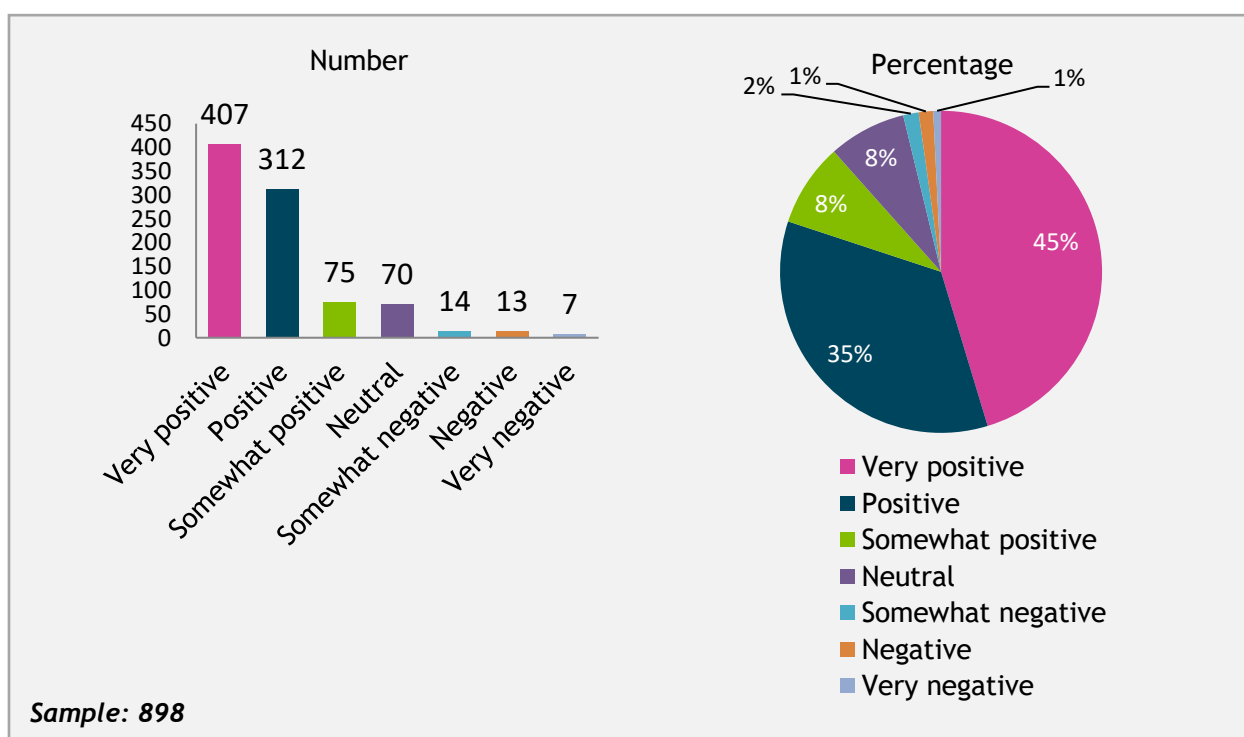
	% Yes
Learning Disabilities	83%
Mental Health Conditions	76%
Carers	75%
Long Term Conditions	73%
All Respondents (Baseline)	73%
Physical Disabilities	68%
Sensory Disabilities	63%

Respondents with a Learning Disability feel noticeably best informed, while those with a Sensory or Physical Disability feel notably least informed.

	% Yes
Queen Elizabeth Hospital	73%
All Respondents (Baseline)	73%
Lewisham University Hospital	72%

Both hospitals score around the average.

6.13 How positive do you feel about the way staff spoke to you?



A clear majority of respondents (88%) feel positive about the staff, with just 4% feeling negative overall.

6.13a Impact Scale: Feel positive about the way staff spoke?

	% Yes
Aged 75 - 84	98%
Aged 55 - 64	91%
Aged 65 - 74	91%
Aged 18 - 24	90%
Aged 45 - 54	89%
Aged 35 - 44	88%
All Respondents (Baseline)	88%
Aged 25 - 34	85%
Aged 85+	83%

Most age groupings score around the average, with retirees (75 to 84) the most complimentary about staff attitude and the oldest respondents (85 and over) the most critical.

	% Yes
Male Respondents	92%
Female Respondents	88%
All Respondents (Baseline)	88%

Men are more likely than women to compliment staff attitude.

	% Yes
Asian Respondents	94%
Black Respondents	93%
White British/Irish Respondents	91%
All Respondents (Baseline)	88%
White Other Respondents	76%

White Other respondents are notably least likely to compliment staff attitude.

	% Yes
Mental Health Conditions	93%
Carers	92%
Long Term Conditions	90%
Sensory Disabilities	88%
All Respondents (Baseline)	88%
Physical Disabilities	85%
Learning Disabilities	81%

Respondents with a Learning or Physical Disability are least likely to compliment staff attitude.

	% Yes
Queen Elizabeth Hospital	90%
All Respondents (Baseline)	88%
Lewisham University Hospital	87%

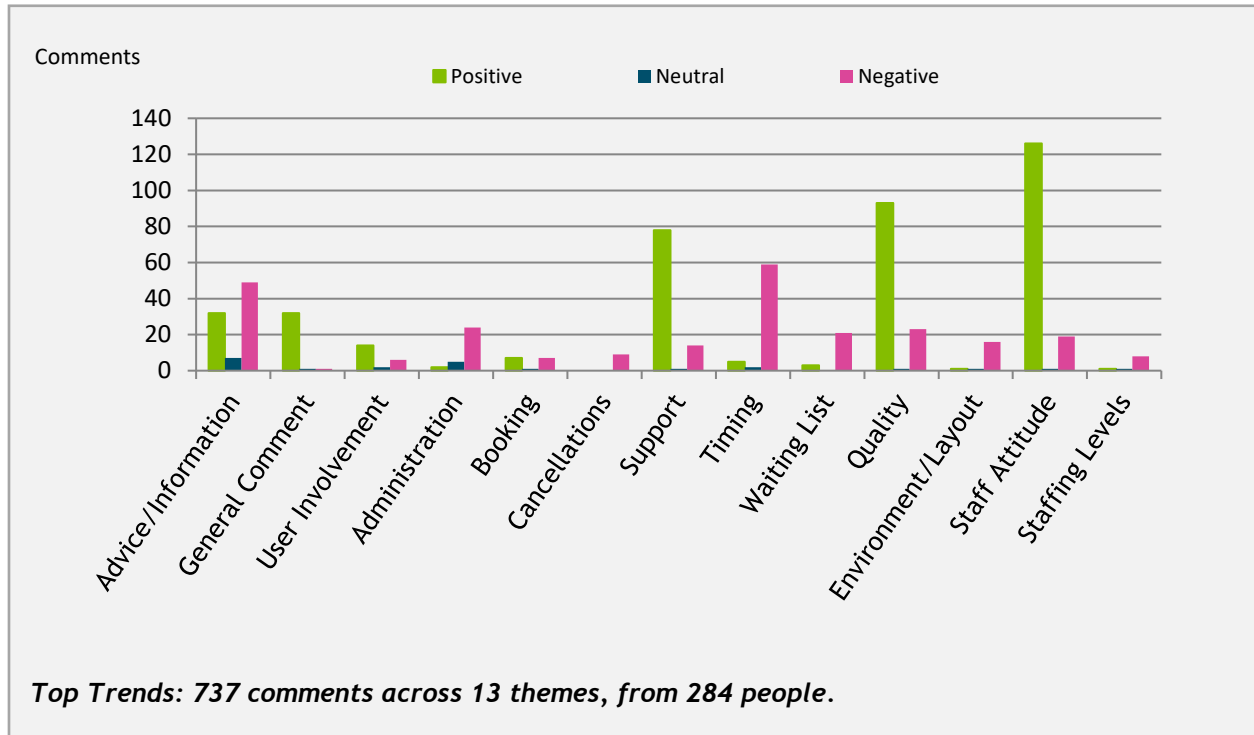
Those at QEH are more complimentary about staff than peers at UHL.

6.14 Any other comments

Finally, we asked people for any other feedback, such as what they feel has worked well, and what could have worked better.

284 comments were received and analysed to identify top themes and issues, along with sentiment (satisfaction levels).

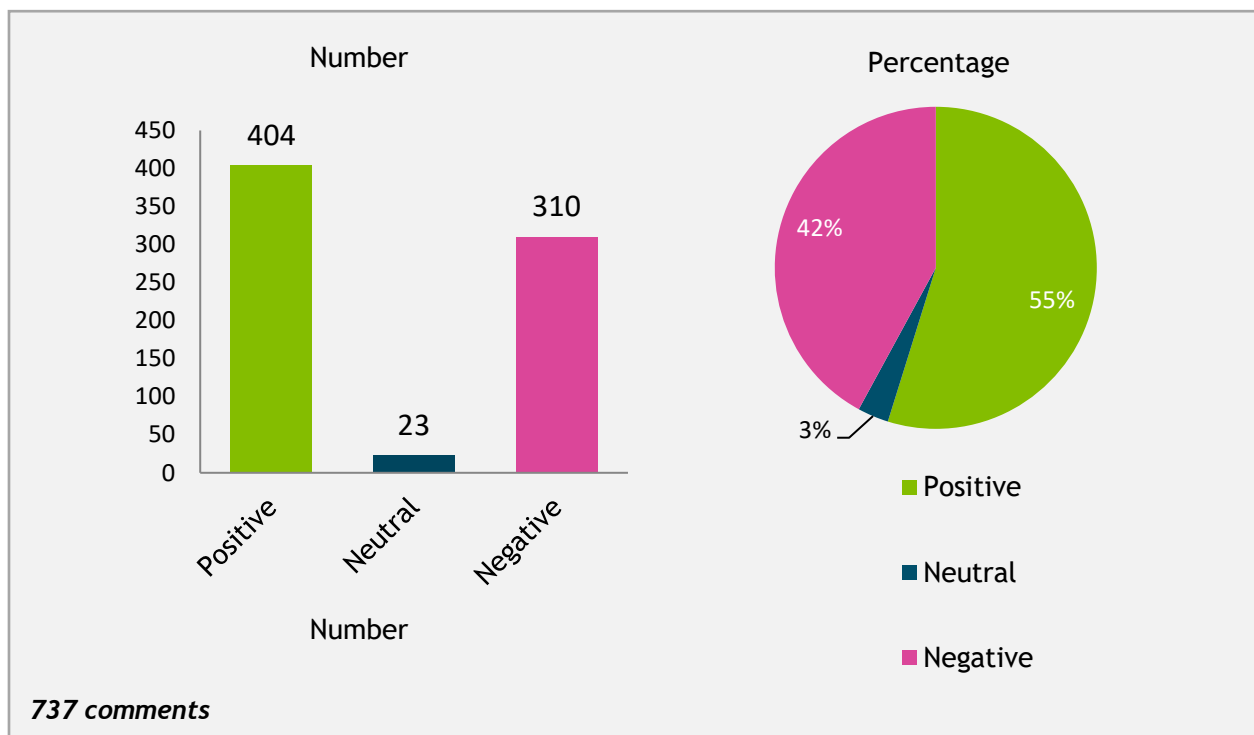
6.14.1 Top trends



Themes suggest that respondents are pleased with staffing, with very high satisfaction levels recorded on staff attitude, levels of support, and quality of treatment, care and customer service.

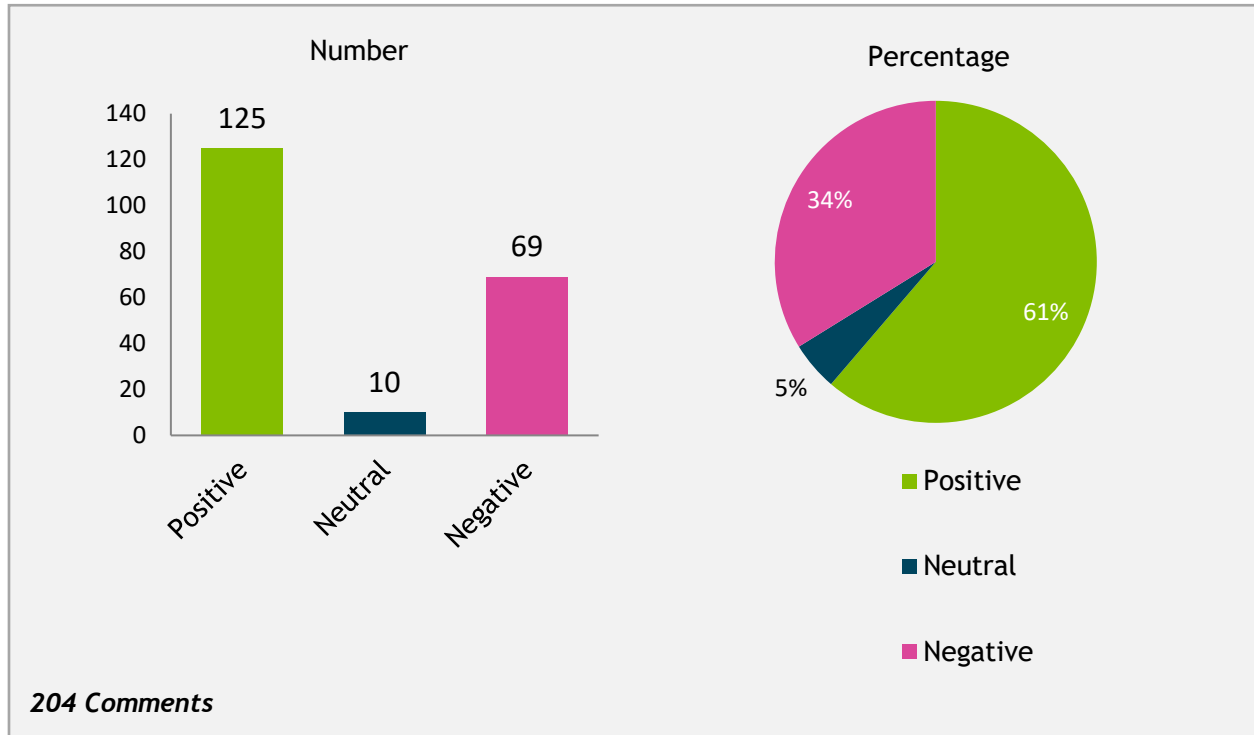
When looking at top negative themes, it is clear that patients would like shorter waiting times at appointments, greater levels of communication and improved administration.

6.14.2 Overall Satisfaction



Through analysing the comments, we find that 404 (55%) are of a positive nature and 310 (42%) are negative.

6.14.3 Communication, User Involvement and Support



When looking at comments relating to communication, user involvement and support we find that 125 comments (61%) are of a positive nature and 69 (34%) are negative.

Feedback covers a range of topics, including advance notice of appointments, signposting on-site, and administrative and clinical communication.

Selected Feedback

Positives:

"Great instructions in the letter about how to find where I needed to go."

"The people at the front were brilliant, well signposted and got my appointment next day."

"Doctor was very professional and explained why I was here and the way forward and what to expect."

"Receptionist kept me informed about my appointment."

"All my questions were answered, was given a phone number and I could call for information."

"Very useful to have someone at reception front desk to point us in right direction."

Negatives:

"Advance information in the letter would have meant I was better prepared."

"Appointment letter turned up after the appointment. Hard to get in touch via phone and didn't hear after our appointment."

"First visit. Receptionist didn't know the person I was meant to see. Very unsettling."

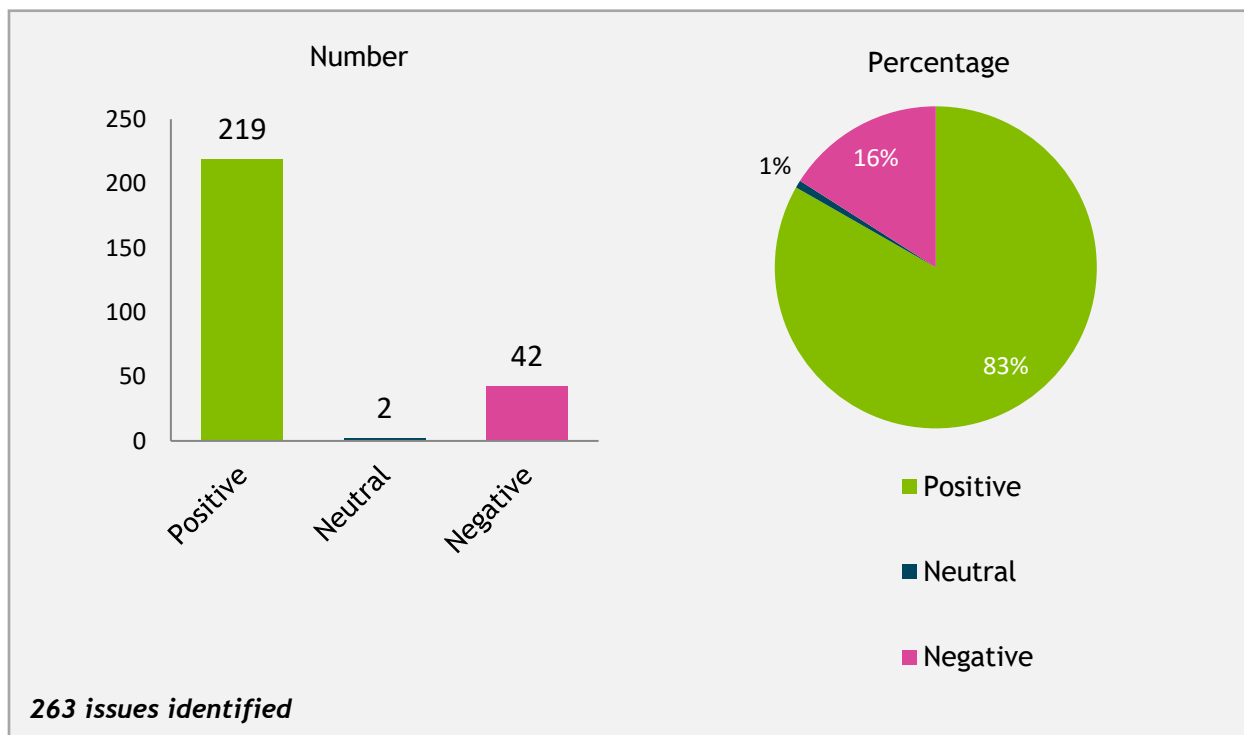
"Need to give more information about the result of the appointment."

"My appointment was cancelled two times without an email or call or text. Then made an appointment I was never told about. Lack of communication."

"Now not sure when I will get results as told it would be at next appointment which is not until August 2023."

"The communication between the consultant and my GP practice was poor and notes were lost. I would also prefer to receive a copy of the notes directly as well."

6.14.4 Quality and Staff Attitude



On quality and staff attitude, 219 comments (83%) are of a positive nature, while 42 (16%) are negative.

The vast majority of comments about staff attitude and support are complimentary, with some exceptions.

Selected Feedback

Positives:

"I don't fault the staff, and everyone is wonderful, from doctors to receptionists."

"Staff very helpful as usual."

"Nothing was too much trouble."

"Volunteers especially amazing. Very friendly and helpful nurse."

"I felt very comfortable, all staff communicated brilliantly and professionally. I was very impressed and this was encouraging."

"Hard to get through, but once I was able to speak to staff they were great."

"Received brilliant help to find her way."

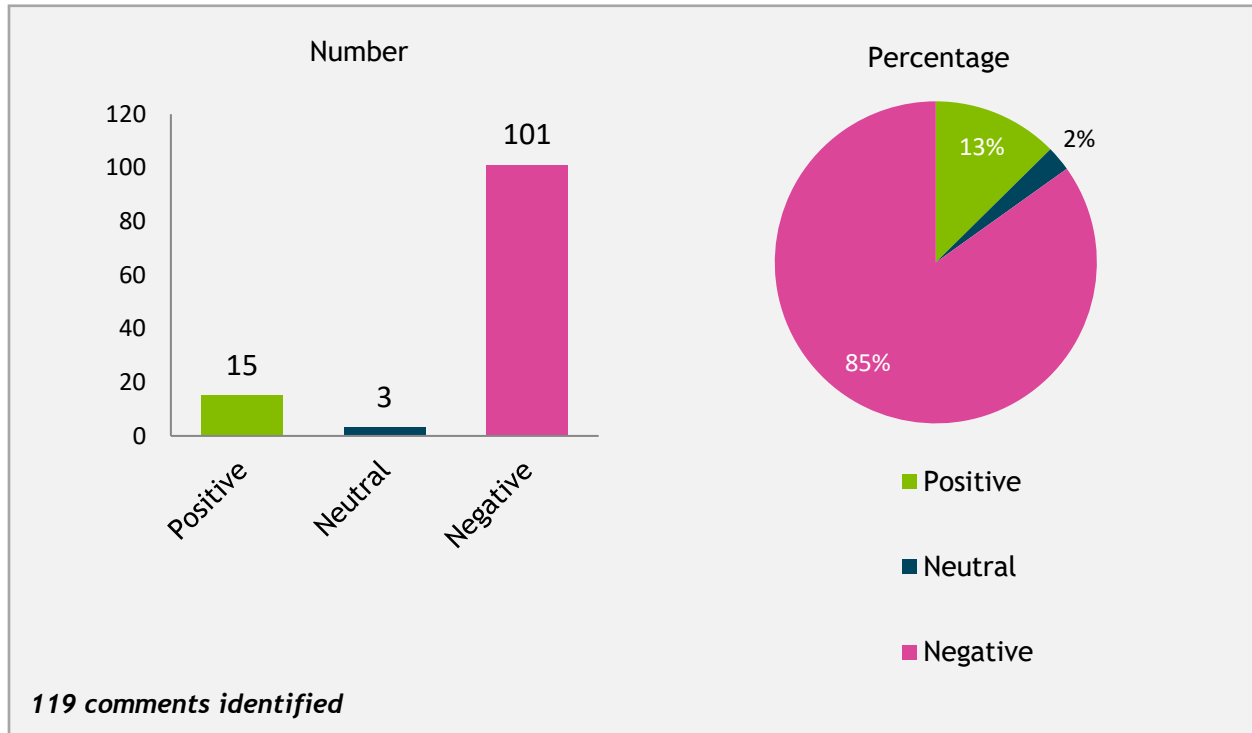
Negatives:

"Some staff have no interest and are very unhelpful."

"The customer service isn't very good. Reception seems like they don't want to see you. I know they are probably overworked or tired but being a patient the way they speak and greet doesn't seem welcoming."

"I have had different staff treat me on each visit. I feel as though sometimes information on my condition is not passed on or recorded well."

6.14.5 Service Access



On service access, which includes waiting times, 15 comments (13%) are of a positive nature while 101 (85%) are negative.

Comments are generally critical of waiting times at appointments (and to check-in), notification of delays while waiting, administration – such as being booked for two appointments in a day, or not at all-, telephone access and ability to obtain follow-up appointments.

Selected Feedback

Positives:

“Easy to get in contact.”

“Well organised, was well informed of delays, caring staff.”

“Being able to re-book appointment online was very helpful and has improved from previous years.”

“When I phoned I was able to book an appointment in the same call, the person on the phone was very accommodating and we felt welcomed when we came in for the appointment.”

“Very good service - I made a mistake with my appointment time and they managed to fit me in - excellent service.”

Negatives:

"Huge queue to check in, was standing in line for over 25 minutes."

"Appointment running behind time. As a teacher I am reluctant to miss work. Let alone sit and wait for almost an hour for a booked appointment."

"The waiting time has to improve and the staff need to inform us when a clinic has been delayed."

"Confusing arrangements of appointments. Two appointments in one day, reception staff are unclear why."

"There was a mix-up with my appointments because of a backlog. I've been sent three times to the hospital and turned away because of a mix-up with paperwork."

"No one answers the phone. Can't make follow up appointment after discharge because of this."

"Was difficult to get another appointment."

"I have had to have telephone appointments which is very disappointing."

We also received comments, observations and suggestions on the general environment.

Selected Feedback**General Environment:**

"Make check in computers work, if not place a sign (though a help volunteer was very useful today)."

"The pharmacy is always very hot, very slow and very loud."

"I felt very unsafe in the waiting area. There was a two-hour delay and some patients were angry and threatening."

"The toilet near the prayer room was flooded and I saw flies on the wall."

"It would be nice if there was an application on the phone with a map of the hospital so it is easier to see how to get to locations."

"The maps for the hospital need to be reassessed."

Parking:

"Parking is a joke, I got a parking ticket last visit when there was no information on what to do. Today's visit is just as bad."

"More parking spaces would be nice."

"Why are disabled people with a Blue Badge receiving parking fines for parking at QEH?"

Support:

"Provide enough wheelchairs for the elderly."

"Being deaf makes understanding speech via a masked person difficult. Use of transparent shields would help."

Covid-19:

"I thought people were going to masks, but it doesn't seem to be enforced."

"Patients are asked to wear masks yet staff don't."

6.14.6 Additional Comments by Department

	# Issues	% Positive
Rheumatology	34	88%
Respiratory Medicine	31	87%
Physiotherapy	13	85%
Cardiology	39	72%
Diabetic Medicine	35	71%
Radiography	15	67%
Maternity	20	55%
All Departments (Average)	737	55%
Ear, Nose and Throat	43	53%
Dermatology	77	52%
Paediatrics	22	50%
Urology	22	50%
Fracture Clinic	111	48%
Obstetrics and Gynaecology	30	47%
Orthopaedics	95	46%
Neurology	12	33%
Surgical Clinic	12	25%

When looking at departments receiving 10 issues or more, we find that 6 outperform the average satisfaction level (of 55%), while 9 underperform.

7. Focus Groups and Case Studies

In addition to the main survey we conducted focus groups and recorded case studies, engaging with 52 local people in total.

Engagement activity:

- In Bexley, we conducted a listening event at Blackfen Library (10th November 2022). At this event we engaged with 23 local people, with Carers Support Bexley and Age UK Bexley also in attendance.
- In Lewisham, we conducted a Carers Support Group at Carers Lewisham (15th November 2022) attended by 10 carers.
- In Greenwich, we gathered 19 case studies at QEH outpatients.

This section highlights key themes arising from discussion and provides selected feedback.

Focus Groups - Key Themes

Booking and Information

- Notification by written letter is preferred, as it serves as a useful reference.
- The majority of attendees feel that information in letters is insufficient and in some cases inaccurate – such as regarding directions.
- Many are waiting for confirmation of initial or follow-on appointments.
- Those making contact to book, re-arrange or cancel their appointments cite poor telephone access and administrative errors – due to systems or staffing. Some have experienced significant difficulty in resolving booking issues.
- Patients and carers have received bookings for days or times they have stated they cannot make.

Appointments

- Face-to-face appointments are preferred by most attendees.
- Waiting times in excess of 3 hours are experienced for booked appointments, with some not happening at all. Patients comment on understaffing and at times a 'chaotic environment' with concerns for staff welfare expressed.
- While some feel that clinical and diagnostic information has been good, a majority would like more detail, and greater opportunity to ask questions.
- Older people complain that care is not holistic. One partially deaf patient was inappropriately booked for a telephone consultation.

Staffing

- Staff are generally commented to be kind and helpful.

8. Recommendations

Based on the findings we developed the following recommendations:

1. We recommend that the Trust reviews the findings regarding the preferred method of contact to further develop the way outpatient departments communicate with patients. For example text message was the overall preferred method of contact for patients, however email was the most preferred overall method for middle aged respondents, those from Asian backgrounds and Carers.
2. Although we recognise that 92% of respondents felt they received enough notice for their appointment, it should be noted that 8% felt they received less than 48 hours' notice and therefore we recommend improvements to ensure consistency.
3. Improved telephone access to outpatient departments is needed, including improving the automated service as well as through providing clear information about how to reach relevant departments.
4. Ensure voice messages left by patients are regularly monitored and responded to in a timely manner.
5. Improve systems to allow patients who call to rearrange or cancel their appointments.
6. Review contact methods to ensure they are suitable for patients with sensory disabilities. This should be done in conjunction with the Trust's Accessible Information Standard policy and process.
7. Ensure consistency when sharing information about the appointment including who they will see at the appointment, what it will involve how long it will take and clear instructions for where the appointment takes place. This is particularly important for people with a Sensory/Physical Disability or Mental Health condition.
8. Provide additional support and clearer instructions to help people with a sensory disability find their appointment when onsite at the hospital.
9. Ensure treatment explanation is consistent and sufficient across all Outpatient clinics. Patients should be told details of their condition, treatment and follow-up steps. Good practice should encourage patients to become further involved with their treatment by asking questions. More specific leafleting before and after appointments would be valued by patients. This is particularly important for people from a Black background.
10. Improve the quality and consistency of information relating to test results or follow-up contact. This is especially important for people aged 85 and

over, those from White other backgrounds and people with a Sensory or Physical Disability.

11. Services should consider patient availability when offering appointments slots. For example, consideration should be given to unpaid carers who have caring responsibilities.
12. Review and learn from instances where appointments run behind schedule.

9. Glossary of Terms

QEH	Queen Elizabeth Hospital
UHL	University Hospital Lewisham
LGT	Lewisham and Greenwich NHS Trust

10. Distribution and Comment

This report is available to the general public, and is shared with our statutory and community partners. Accessible formats are available.

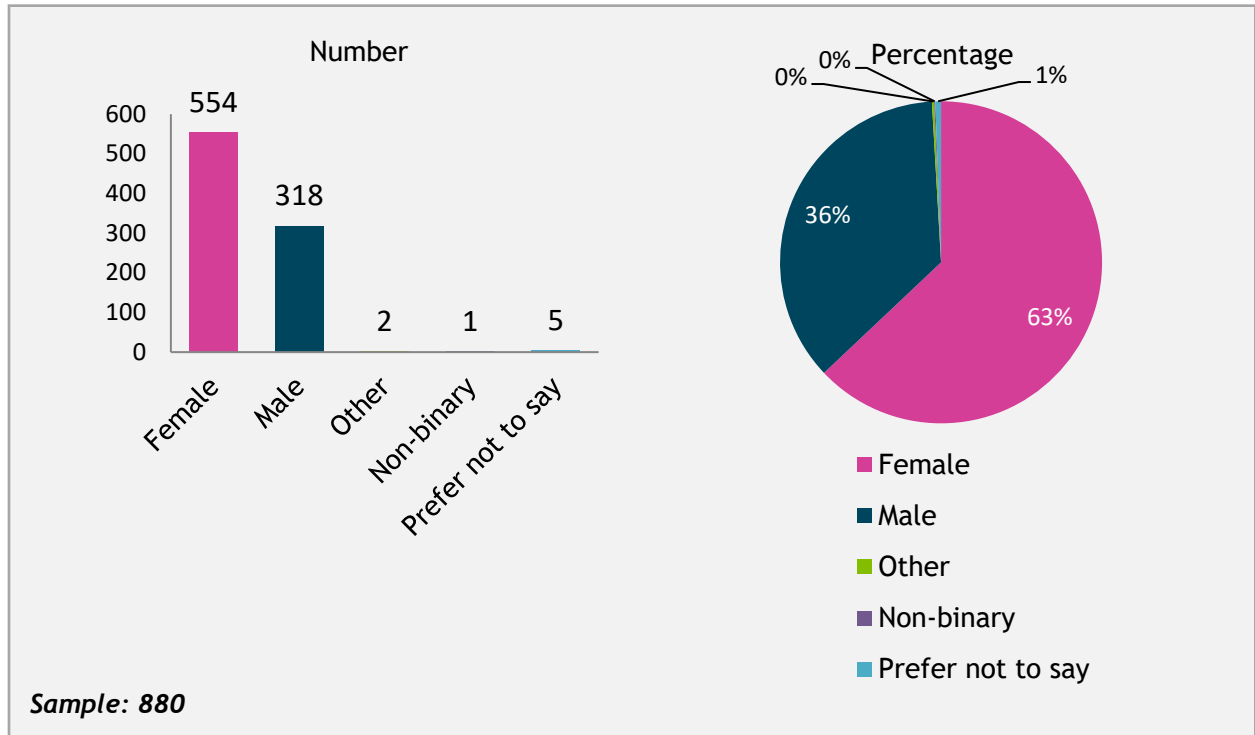
If you have any comments on this report or wish to share your views and experiences, please contact us.

info@healthwatchlewisham.co.uk

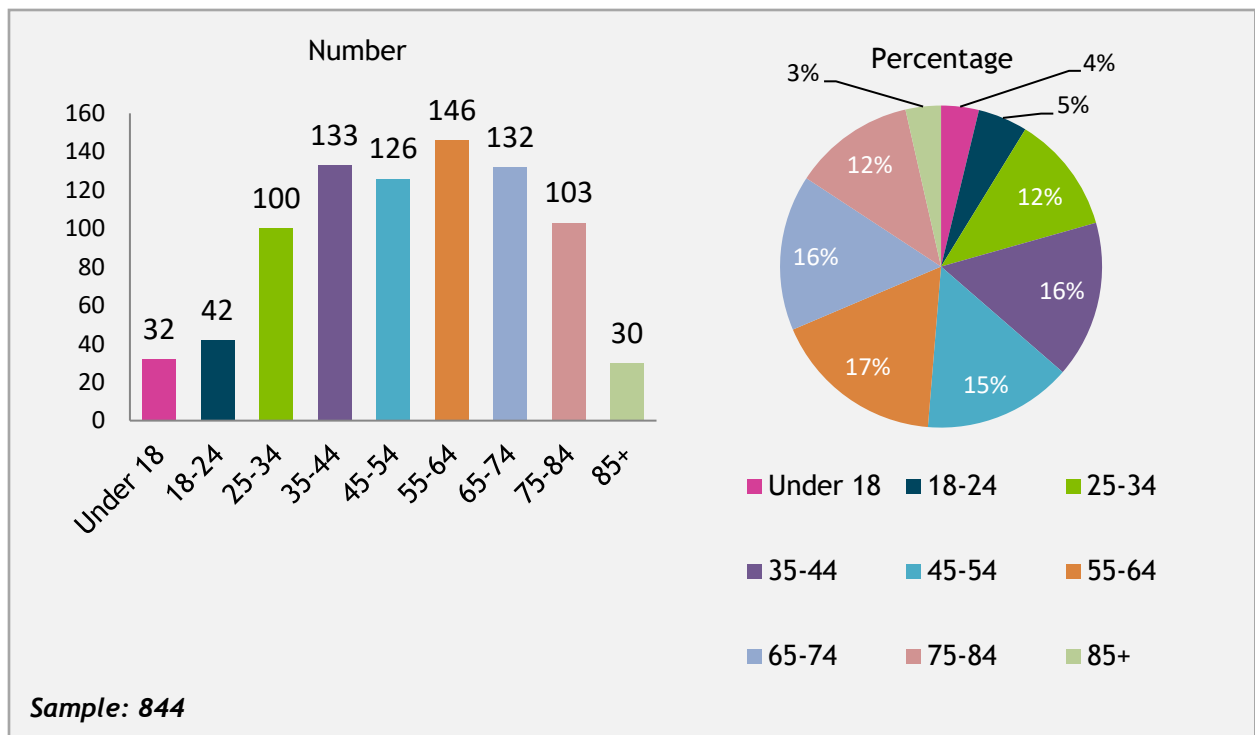
Appendix - Demographics

The demographics of participants are stated as follows:

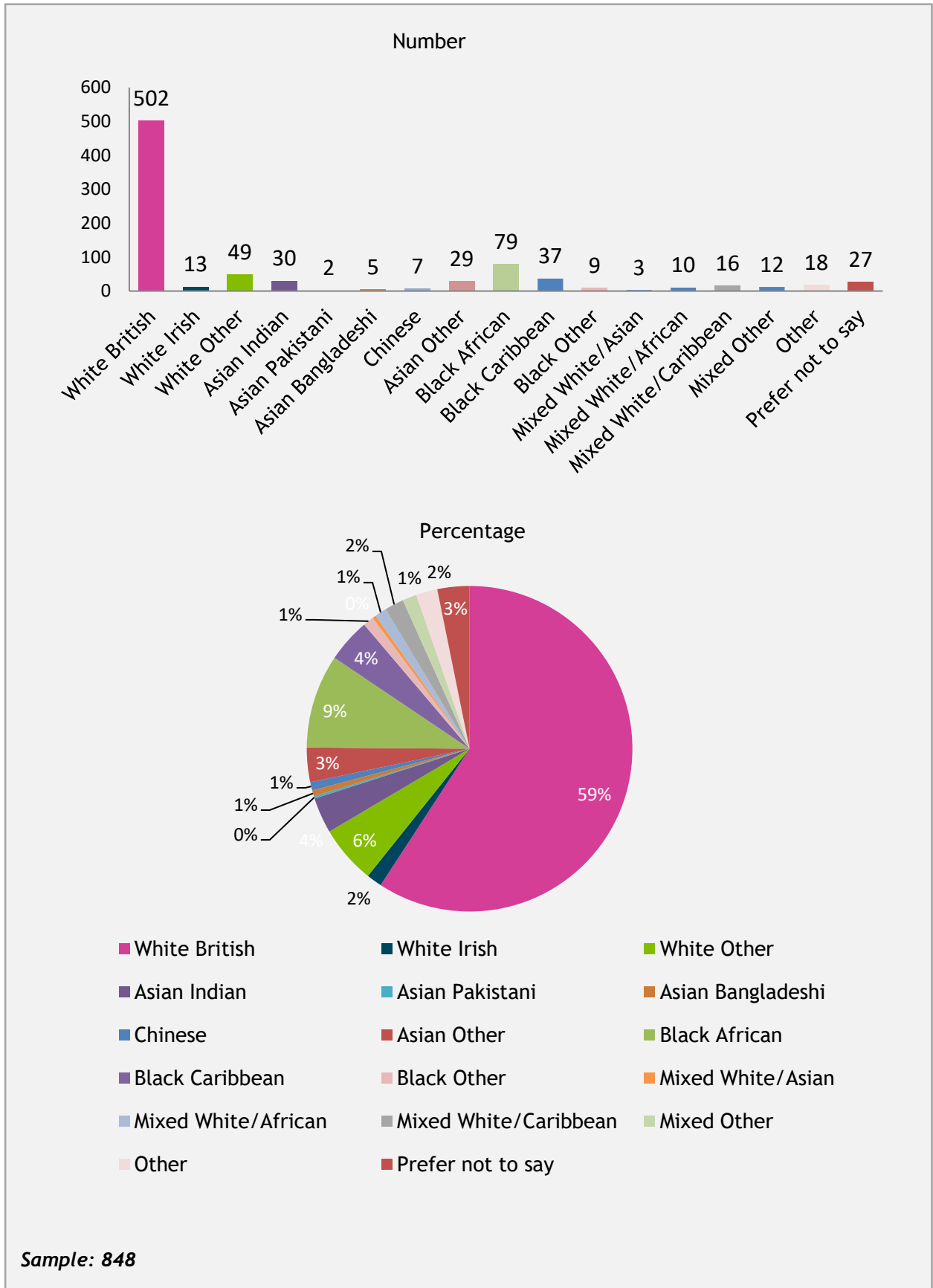
Gender



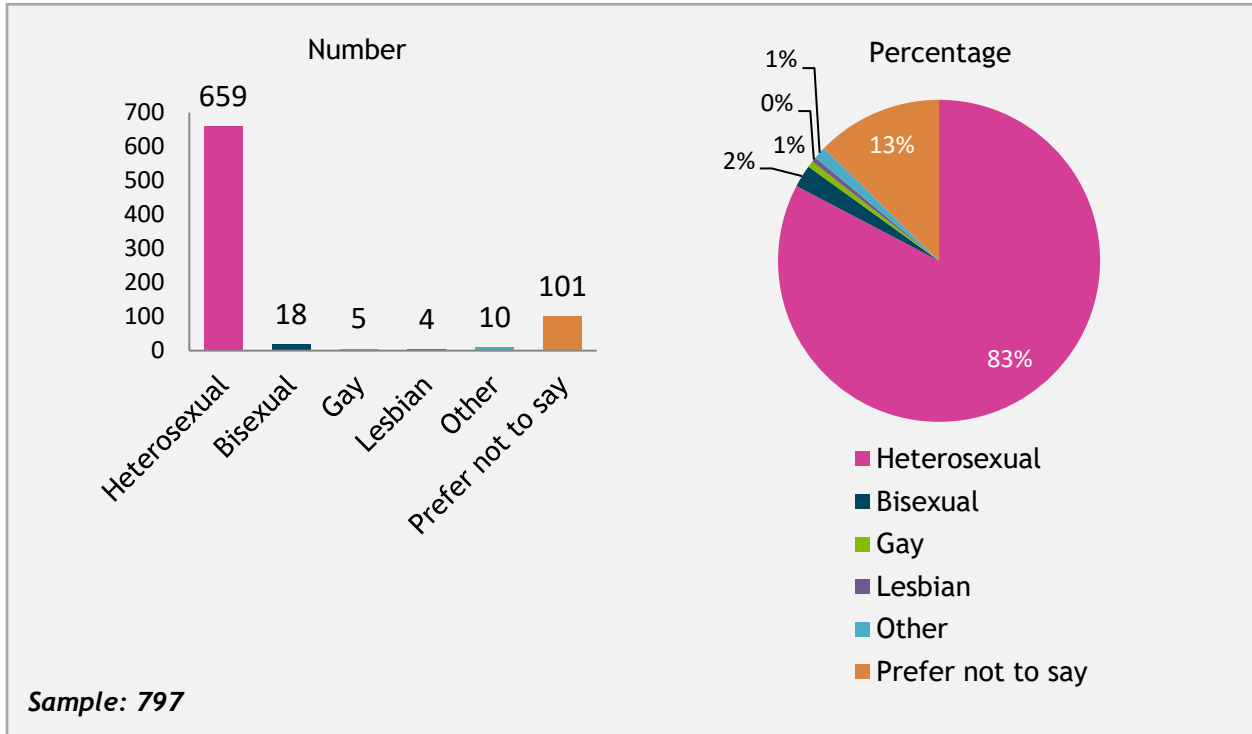
Age



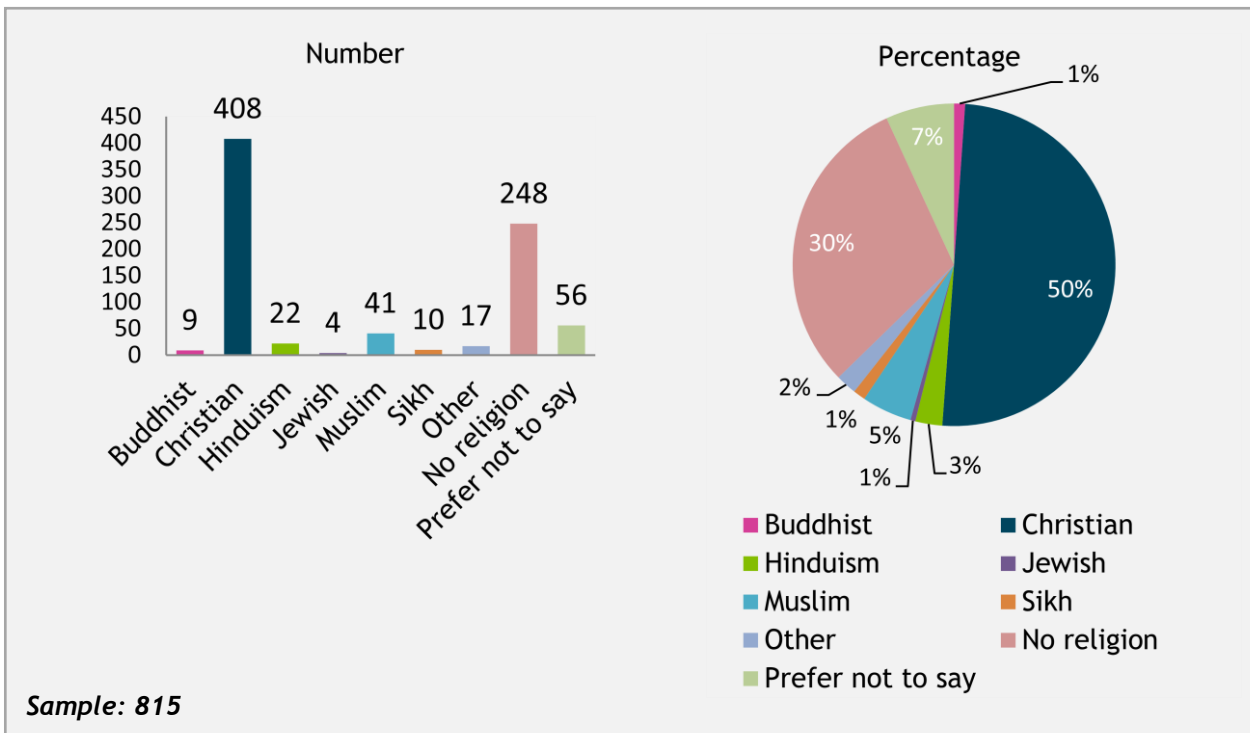
Ethnicity



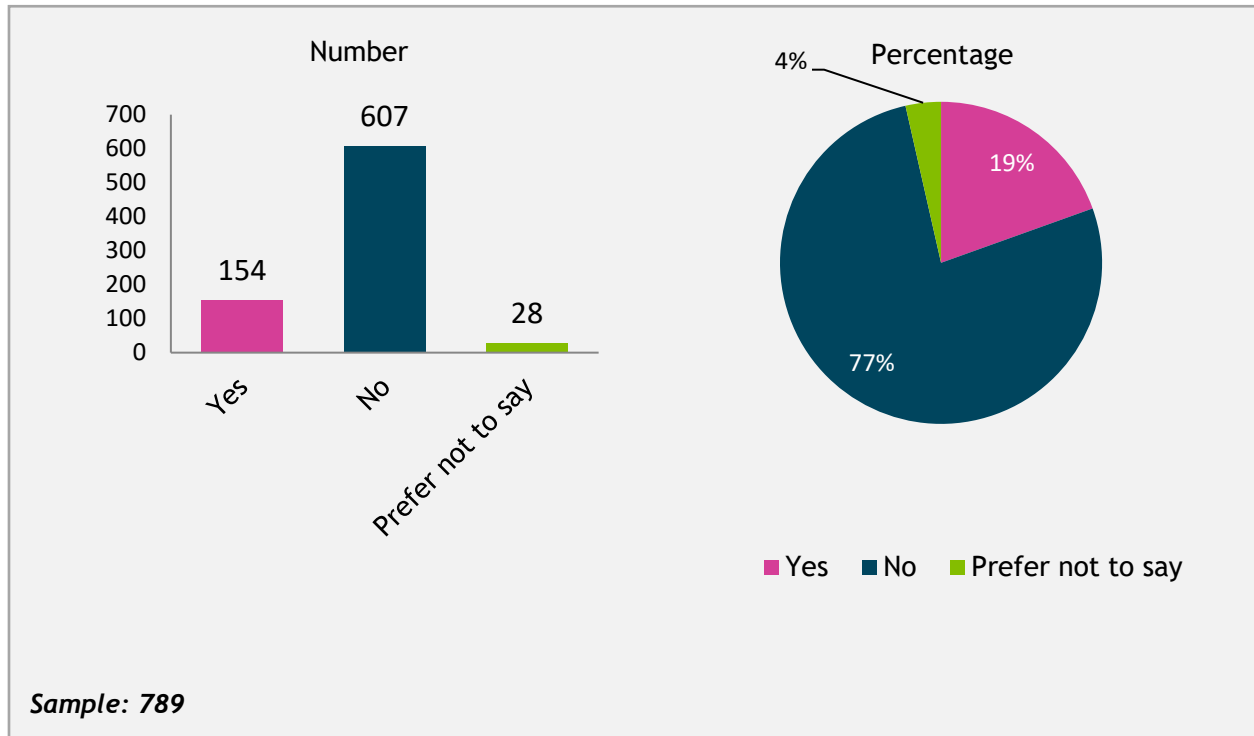
Sexual Orientation



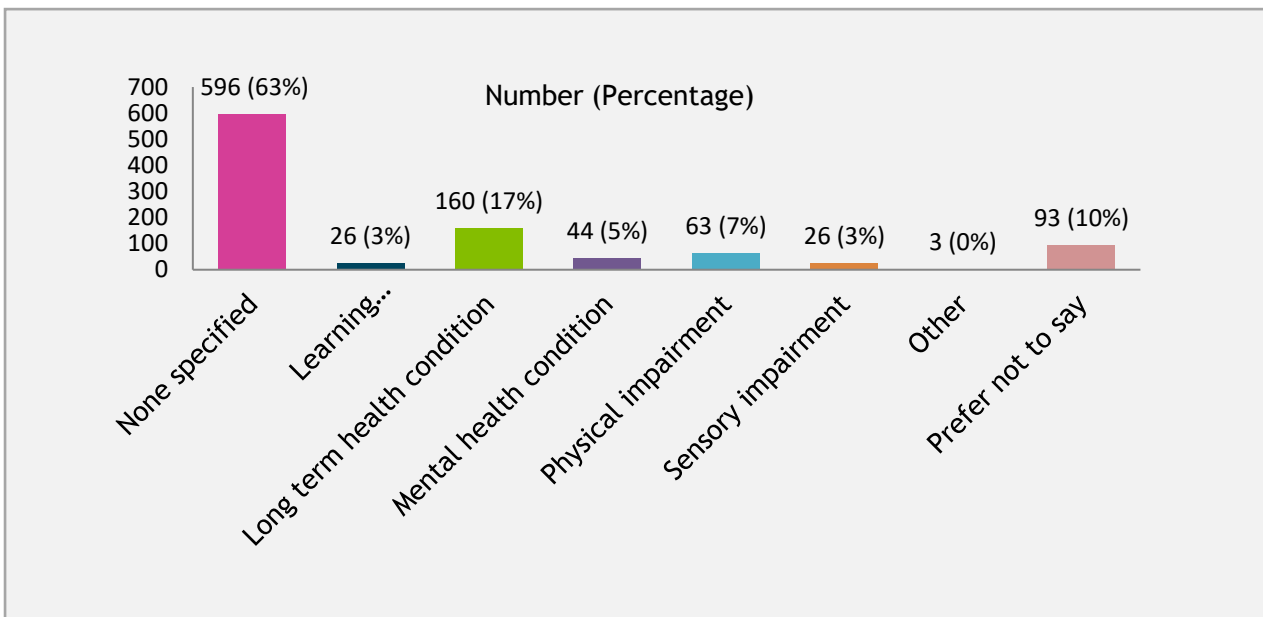
Religion



Are you a carer?



Stated disabilities or conditions



“Nobody answered the phone, when they did it was the wrong number.

Transferred several times.”

Outpatient

“Very good service - I made a mistake with my appointment time and they managed to fit me in - excellent service.”

Outpatient

“Volunteers especially amazing. Very friendly and helpful nurse.”

Outpatient