

Reading LINK

Local Involvement Network

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Final Report on Review of the Appointment System at the Eye Clinic at Royal Berkshire NHS Foundation Trust

Completed by the Reading LINK
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THE REFERRAL

The Appointment System for the Eye Clinic at the Royal Berkshire Hospital Trust(RBHT) was raised with the Reading LINK by the Reading Association for the Blind as being most unsatisfactory and causing great concern to their members. There was evidence of frequent cancellation of eye appointments without explanation, and the call back system to reschedule appointments was not working efficiently. There was evidence that the frequency of postponing/cancelling appointments for the elderly and partially sighted was adversely affecting their treatment. Other independent anecdotal comments were received by LINK members confirming this position.

THE INVESTIGATION AND RESPONSE

The Reading LINK appointed a Task and Finish Group to review the experience of the many local residents who were expressing their concern at the quality of the service they were currently receiving from the eye clinic. A representative of the Reading Association for the Blind joined this group.

The first request for information from the RBHT to be responded to in the statutory 20 working days was:

- **A list of appointments that have been cancelled by the Royal Berkshire Hospital Eye Clinic Out Patient Department between August 2009 and February 2010.**
Information on length of time taken to re-schedule cancelled appointments.

The response from the RBHT provided information on the cancelled appointments and acknowledged that the Reading LINK had identified that there was indeed a problem in the department, which was now being investigated.

The LINK Task and Finish Group met again having received evidence of further concerns from those currently attending the Eye Clinic. The additional concerns detailed below were also sent to the RBHT for comment:

- **Although the Consultant may request you have a follow up appointment in 3 months, through cancellations this can on occasions extend to 6 months causing concern to patients**
- **Clinic staff are not always sensitive to the needs of the partially sighted i.e. poor customer care by reception staff and clinical staff failing to escort patients to out patient rooms**
- **Problems encountered when trying to make an appointment – examples of not being able to make appointments over the telephone, patients experiencing difficulties with automated call response system**
- **The clinic appears to be understaffed and waiting times are long**
- **The department is physically too small – are there plans to move to a new location in the near future.**
- **When appointments are cancelled, those using hospital transport have to cancel arrangements. For the elderly this can cause much anxiety.**

The response from RBHT stating that the LINK request for information had brought to the attention of the RBHT how serious and complex the problems identified were proving to be and the importance of addressing these in detail.

In view of this it was agreed with the LINK that the issues raised could not be responded to within the 20 working days time frame if a meaningful investigation was to take place, but a full report was promised in due course which would comprehensively address the issue raised.

However, in addition to RBHT undertaking to review and address the problems identified, it became clear, from LINK attendance on the Trust's Clinical Governance Board, that the problems identified by the LINK investigation were not new and were already known to the Trust.

The Trust operates a Trust Memory Check system to remind itself of issues that have occurred in the past with the aim of ensuring that lessons are learnt and are not repeated. Trust Memory Checks for 2008 and 2009 submitted to the Clinical Governance Board in the autumn of 2010 both refer to problems with long outpatient waiting lists in surgery and it has been confirmed that ophthalmology was the major area identified with such issues. This was not only at the Royal Berkshire Hospital but at another Trust facility, the Prince

Charles Eye unit at the King Edward VII Hospital in Windsor. In the LINK's view this provided added impetus to address the LINK's concerns.

The Trust review of arrangements in ophthalmology was received by the LINK in August 2010. It contained a full and frank outline of the problems that had been experienced by the RBHT, including the number of complaints received together with an actions checklist with deadlines to improve and address the concerns raised. The checklist identified that significant resources were required for implementation of improvements

To summarise, the issues raised by the LINK were the result of a chronic imbalance between the number of outpatient appointments required and the capacity of the Ophthalmology service to provide those appointments exacerbated by:

1. Shortage of Consultants
2. Shortage of middle grade doctors resulting from difficulty replacing staff leaving. These doctors have historically been largely recruited from the Indian sub-continent, no longer available due to government employment rule changes.
3. Restriction in number of hours worked by junior doctors as part of the European working Time directive.
4. Loss of numbers of junior doctors with the abolition of the SHO grade
5. Year on year increase in referrals despite development of independent sector providers, who in fact have become a significant source of referral.
6. Increased medical retinal workload; diabetic eye disease incidence increasing.
7. Increasing age-related macular degeneration treatment and necessary follow up.
8. Increased glaucoma referrals as a result of restrictive NICE guidance.
9. Severe problems with the numbers of nursing staff in clinic due to a number of simultaneous long term illnesses.
- 10 Lack of physical space in the department

All these factors have led to:

- A high level of rescheduled and cancelled appointments. Analysis has shown that of all the new appointments 19% were cancelled by patients and 16% by the hospital. Follow-ups, 12% were cancelled by patients and 14% by the hospital. This high level of rescheduling has been a major contributor to patient dissatisfaction.
- Lack of space within clinic both waiting areas and consultation rooms. There have been 42 complaints about customer care at the reception desk over the last year.

RECOMMENDATIONS BY THE LINK

The LINK welcomes the actions to be taken by the Trust and fully supports the implementation of the following recommendation to improve the services to be provided to patients in Ophthalmology

1. With the pressure on the clinics more medical staff are required

Response: Since this issue has been raised approval has been made for the recruitment of 2 more Consultants by January 2011. Additional appointment of 3 mid grade speciality doctors is currently behind schedule as retention is causing a delay in ensuring these posts are filled

2. The way clinics are scheduled needs to be improved

Response: Nurse led clinics are being introduced for post-operative cataract check up and Virtual clinics for macular degeneration and diabetes are on track for November 2011

3. Increase required in Nursing Staff

Response: There has been an improvement in the staffing of nurses by recruitment into 2 vacant posts by October 2010

4. A reduction in the rescheduling of Eye Clinic appointments requires urgent attention

Response: A new system will be in place which accurately reflects clinic capacity to ensure improvements by November 2011

5. Improved Training is required for Reception Staff

Response: Recruitment process is currently underway for a receptionist, after which the team will be the first to go through the patient experience training

6. The physical design of the department requires improvement.

Response: Plans for additional space for ophthalmology and increasing clinic space are in the process of being drawn up. These will be included in the Trusts estate plan.

7. The Reading Association for the Blind to work with the RBHT in providing volunteers from the Association to be available in the clinic at peak times to support improving the patient experience.

The Reading Association for the Blind have now met with the Berkshire County Blind Society and in future these two organisations will be working in partnership to provide volunteers at the clinic to assist in improving patient care.

CONCLUSION

In its view, Reading LINK through the Task and Finish Group have successfully addressed the poor quality of the Ophthalmology Out Patient Service at the RBH (and potentially in other areas) through the issues brought to its attention by the Reading Association for the Blind.

The RBHT has accepted that the clinics are of a poor standard and have responded with a comprehensive plan for improvement. These improvements exceed the recommendations made by the Reading LINK, but will only benefit patients if implemented in full. The Reading LINK have demonstrated through their work on this issue that they are able to make a significant difference to service delivery and use of resources for the benefit of the local population and they will continue to monitor this.

Reading LINK applauds the firm action taken by RBFT in understanding all the issues and taking the actions proposed with the aim of improving services for patients.

The Reading LINK will review the patient experience and action checklist in May 2011 to ensure that the improvements the RBH have committed to have been completed or are underway.

January 2011