HEALTHWATCH HAVERING ENTER & VIEW QUEEN'S HOSPITAL ROMFORD: OPHTHALMOLOGY UNIT OUTPATIENTS DEPARTMENT 24TH NOVEMBER 2015

1 INTRODUCTION

Healthwatch Havering is the local consumer champion for both health and social care. Their aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally. Under Section 221 of the Local Government and Public Involvement in Health Act 2007, Healthwatch Havering has statutory powers to carry out Enter and View visits to publicly funded health and social care services in the borough, such as hospitals, GP practices, care homes and dental surgeries, to observe how a service is being run and make any necessary recommendations for improvement.

2 HEALTHWATCH HAVERING REPORT OF OPHTHALMOLOGY UNIT ON 24 NOVEMBER 2015

Healthwatch Havering (HWH) undertook an Enter and View of Queen's Hospital Ophthalmology Outpatients Unit on the 24th November 2015 as part of their planned objective to visit all health and social care facilities in the borough.
HWH took the decision to undertake an Enter and View (E&V) inspection of the Ophthalmology Unit at Queen's Hospital on 24 November 2016. This was based on feedback from patients regarding the service provided at the Ophthalmology clinics and Eye Casualty at Queen's Hospital

- Some concerns centred on patients being evaluated at Queens but sent to Moorfield's for surgery rather than receiving treatment at Queens, despite Queen's Ophthalmology being one of the largest units in the country. Also there were concerns for patients having to travel to Moorfield's, which is over 15 miles away, using public transport.

- There were also statements in the Care Quality Commission (CQC) reports suggesting that the Ophthalmology Unit had improved the efficiencies in clinics, with few short notice cancellations of appointments, compared with 60 per cent of appointment being cancelled at the beginning of 2014. Despite this statement HWH received a number of complaints suggesting that there were still issues with the cancellation of appointments.

- Another concern was that the unit suffered from space issues as there are a large number of patients attending several eye clinics and Eye Casualty (EC) each weekday. This posed issues concerning space for patients presenting with infections and areas to accommodate paediatric patients and patients with learning disabilities.

3 QUEEN'S HOSPITAL OPHTHALMOLOGY UNIT OUTPATIENTS BACKGROUND

The Ophthalmology Department is open Monday to Friday 08.00 to 18.00. Within the department there are specialised clinics that run under specific consultants supported by the medical photography team, orthoptist clinics, optometrist's clinics and various nurse led clinics. There is also a walk in Accident and Emergency service that has Primary Care and review clinics running alongside it. The department sees both adults and children on a daily basis as both planned appointments and emergency cases. The service provides 'one stop' clinics for

patients such as pre-assessment and the macular service. It also completes the vast majority of diagnostic tests on the day during the patient's episode for both planned and emergency attendances.

Ophthalmology shares the reception and main waiting area with Ears Nose and Throat (ENT), Maxillary Facial, orthodontics and audiology services. There are 'sub' waiting areas for the various specialities where patients are transferred for additional tests, if required. The ophthalmology is also supported by a voluntary service called Sight Support which provides invaluable advice and support for the patients attending the department.

4 BHRUT RESPONSE TO HWH RECOMMENDATIONS

4.1 There is a need for more space in a number of areas of the Ophthalmology Unit – the reception area and waiting area get congested really quickly when a number of patients present at EC.

The reception and waiting area in Team 2 is used by multiple specialities such as ENT, Maxillary Facial, and Audiology
and Orthodontics. The teams work closely to move patients to the appropriate sub-waits (areas) but on occasions there is a high number of attendances; this is usually at the beginning of each session to facilitate the multiple specialities and also the number of patients attending the A&E service which is unpredictable. Patients are advised that there is an additional seating area outside of the department and also held buzzers are used to give to patients if they wish to go and get refreshments. The templates of the clinics are also being reviewed to try and stream line attendances

4.2 **The triage room for EC is very small and is not very private it is recommended that the triage room is larger and more private.**

The Eye Casualty Service is currently under review, we are aware of the limitations of the current environment and will explore all possibilities of improving the service through the review. We will ensure that patient partners are involved in reviewing the service.

4.3 It is recommended that there are at least two more slit lamp vision lanes for visual assessment, which would reduce the delays in waiting for assessments.

The space available in the department is fully utilised, the room allocation has been reviewed by the service manager and currently there is no availability of other rooms to increase the vision lanes. However if there are any rooms free due to clinics not running these rooms are used to help the patient flow through the department. To ensure that we have fully explored every option we will request that the Estates Department undertake a further review.

4.4 Setting up a telephone line for EC patients would help with potentially reducing the number of patients presenting at EC who do not need emergency treatment and also improve the communication between GPs and EC staff.

Communication between GPs, opticians, patients and the department is being reviewed as part of the department review of the Eye Casualty Service. We are happy to update HWH following the review with planned actions and updates.

4.5 Having rooms which don't double up as laser treatment rooms and eye support area would be better for patients and staff.

The benefit of having the Sight Support in the department is invaluable because as volunteers they have knowledge of services for patients within the community and at present this is the room available on the days the Sight Support volunteers attend the department. However we are constantly reviewing the service as stated above and if another area becomes available we will consider space allocation.

4.6 An audit of all patients attending the five clinics and laser clinics each day for a period of time would be a valuable exercise to see what are the main hold ups, in the dealing with patients and identify what changes could be made to improve the experience and the times.

Ophthalmology is currently undertaking a Pathway Mapping Project which is reviewing the whole ophthalmology outpatient service and in this process various audits will be undertaken to drive improvements forward. The pathway mapping with follow the patient's pathway and identify any gaps or opportunities to be more patient friendly and efficient. Patient Partners are involved in this exercise and we would be happy to share the results of the mapping.

4.7 Providing a darkened room for patients to sit if they have ulcers or other painful and light sensitive conditions while they wait for treatment would be recommended.

There is a treatment room which can be darkened where patients' can sit, if clinically required.

5 CONCLUSION

We would like to take the opportunity to thank HWH for undertaking this Enter and View visit and for the feedback provided in this report. We are aware of some of the issues identified and are managing these as part of the on-going review and through our patient pathway project. We will be more than happy to meet with HWH at a later date following the review to give our update on changes and improvements.

25th April 2016