

PATIENT ENGAGEMENT SESSION – TRANSFORMATION OF OUTPATIENTS SERVICES – 8 MAY 2019

1. INTRODUCTION

On 8 May 2019, Healthwatch Doncaster facilitated a workshop with Sarah Lever, Programme Lead, working on behalf of NHS Doncaster Clinical Commissioning Group and Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust to look at the proposals to transform outpatient follow up care. This included the introduction of patient initiated follow ups following treatment across a number of specialities at the Trust.

The following report identifies the main themes from the feedback.

2. MAIN FINDINGS

2.1 Overview of the Transformation arrangements

An overview on the work which had taken place to date across several specialities including, Trauma and Orthopaedics; Urology; Gynaecology; General Medicine; Ear Nose and Throat; Ophthalmology; Cardiology; General Surgery, Rheumatology and Dermatology was provided.

A set of draft principles had been developed with clinicians to support clinically appropriate follow up as close to home as possible. Clinical guidelines and protocols have been developed on a specialty by specialty basis and the implementation of patient initiated follow up is planned. Patient/service user feedback was requested regarding whether the overarching principles made sense, whether they were the right ones and identify any barriers to implementation.

Several case studies were shared and participants were also introduced to the concept of documents which would support information given to patients offered Patient Initiated Follow ups with a view to bringing the ideas to life.

24 evaluation sheets were completed at the end of the session and 35 people attended the full workshop. Representative groups at the meeting were Patient Participation Groups (PPGs) working with GP practices, Choice for All Doncaster (representing people with learning disabilities); health ambassadors (representing some hard to reach groups in Doncaster including transgender service users); service users who have been involved in the 100 day service improvement programmes of work and other interested participants who work with Healthwatch Doncaster and its partners.

2.2 Feedback on the Overarching Principles

Overall the group was supportive of the transformation arrangements for follow up appointments, including the principles under development for patient initiated follow up.

Some of the questions which participants had concerning the patient initiated follow up principles were:

- The overarching principle is that the clinician is trusted to make the right decision regarding whether a patient is suitable for patient initiated follow up and the patient needs to trust the clinician in terms of information provided and that they are suitable for this type of follow up.
- Could it be a “patient led follow up” rather than “patient initiated” so that it means what it says – this was repeated on a number of occasions as most participants did not feel the word initiated meant much.
- Whether the issue of safeguarding should be part of the overarching principles. It is a given that clinicians will always consider the safety, welfare and competence of a patient when discussing after care but it was felt this should be written into the principles.
- Use of Plain English should be paramount when talking to patients and their carers about follow up appointments and production of documentation. Participants accepted that clinical terminology must be used when providing feedback to patients on the outcome of their treatment and next steps but wherever possible this should be using Plain English.
- Support systems within the Hospital need to be in place to ensure that if patients have a question on follow up that all staff are aware of the protocols and follow them, which will assist patients being seen and spoken to by the right person.
- There needs to be reference to joining up systems so that Social Care and other services may be aware that a patient has been discharged as part of the new scheme so that GP and others can be aware of any issues which may arise.

2.3 Feedback on the Patient Initiated Information Sheet

Some of the feedback on the patient-initiated information sheet were not dissimilar to the feedback referenced elsewhere in this report but they included:

- Use of Plain English and less words – given the low average reading age of the population of Doncaster, it was felt that all information leaflets and letters should use Plain English (with options for production of letters and leaflets in the main languages present in Doncaster); that fewer words should be used so that the information is short (and direct)
- The information does not explain what “Patient Initiated Follow Up” means. Patients often forget what has been said to them in a clinical setting and therefore, reiteration of what the scheme is about would be useful
- Text size is too small, Arial 12 should be used on all documents
- For some patients would like printed leaflets on yellow paper with black font – this is preferable as it is easy to read especially for patients with eye conditions.
- Could a direct telephone number be included in the information. Patients referenced a lot of problems with the existing arrangements regarding telephony and delays in getting through a) to the hospital and then b) to the right clinic. This was an ongoing concern.

- The patient guide card needs to be smaller and shortened so that a patient can carry it with them and reference it if required.
- Do not assume that patients know what condition and treatment they have. Do not assume that at the end of the clinic the patient understands what is required – use follow up questions to check understanding.
- Can the contact points for urgent queries be a clinician rather than administrative/clerical person within the first few days of the patient initiation process being put into place. This may prevent patients becoming distressed early on in the process.
- Paragraphs 5 and 6 need rewording as too wordy and timescales need to be reviewed.

2.4 Case Studies

Participants were provided with a number of case studies to consider and provide feedback on. Several participants worked on the same case study so not all of the ones which have so far been produced were reviewed.

- When statements are referenced regarding “Pain” “Bleeding” “Weight Loss” for example an indication as to what is “normal” or “worrying” would be of assistance in the leaflets. Patients often worry and then use google or friends to “qualify” their views.
- What do “normal results” look like and what does it mean – can there be a better way of describing what results and tests a patient may need to consider when following up queries or those they have concerns about.
- There was a lot of concern about the idea that patients may have to wait 4 weeks for a follow up appointment if they were concerned. Some of the facilitators feedback that there are two elements which need to be addressed; how to make an urgent appointment and explain it is urgent and; how to ask for a routine appointment but explain it is not urgent. This would reduce the misunderstanding around it may take 4 weeks for the appointment to be made.
- Patients were keen to provide feedback on each of the information leaflets as they were produced for the specialty areas.
- PSA Case study specific
 - There needs to be consistency across GP practices within the Borough regarding tests and information provision
 - Will the hospital check that a patient has made contact within an agreed period of time so that they do not “fall through the cracks” as they may be worried about making a follow up appointment.
 - There needs to be some quality assurance process in place and case audit to ensure patients are appropriately followed up and changes made where necessary.
- IBD Case Study specific
 - What is the 18-week pathway – can it be explained in more detail so that there is not an assumption readers know what the pathway is
 - Concerns regarding availability of appointments – is the timescale a maximum or a minimum waiting time as patients need to be advised

2.5 General Feedback to support the overall transformation change programme

General comments which were also provided on the day included the following:

- There is an overall need for patient education in a lot of areas ie investment in ensuring that clinicians have time to explain a condition to a patient, what follow up care should look like and how it will be implemented.
- Patients need to take responsibility for their own actions and responsibilities and this needs to be included in the patient initiated follow up information. For example, attending physiotherapy sessions, making sure GP or other clinician knows of any changes to personal circumstances etc to assist in recovery.
- Assistance for patients to manage their conditions and more information made available about community support groups to be provided.
- There were quite a few comments about the current system of producing letters for appointments, duplication of letters, cancellation of appointments etc. Healthwatch provided an update on some of the actions taken as a result of last year's Missed Appointment Campaign.
- There was quite a lot of discussion as to whether it was helpful or not to mention the cost of missing an appointment (£160.00 per person per appointment) and whether this should be referenced or not. Some participants believed that this was important to reduce DNAs for hospital appointments whilst others were concerned this may put people off making an appointment when one was needed.

3. Evaluation of the Workshop

Most respondents confirmed at the end of the session they felt they understood the aims and objectives of the work which is currently taking place (20 out of 24 returned forms) the remainder felt they were partially informed.

When asked what additional information could have been provided a few participants felt it was important to acknowledge that safeguarding, mental capacity and ability of patients to understand changes was important in all correspondence and activities which take place.

20 participants shared their email or other contact details to be kept informed and involved in the project. This is an excellent turnout and demonstrates that patients and service users are interested in providing feedback on redesign projects.

4. Acknowledgements

Healthwatch Doncaster would like to thank participants for attending the event and to Sarah Lever for the work she has undertaken to date. Staff of Healthwatch Doncaster are also thanked for setting up the event; hiring the room and planning for the day.

Debbie Hilditch
Vice Chair Healthwatch Doncaster
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