

**SWANSEA BAY UNIVERSITY HEALTH BOARD
RESPONSES TO ISSUES RAISED WITHIN THE**

Recommendations received from the CHC Outpatients Report – February, 2023

Action suggested by CHC	Comment	For the attention of:
<p>Some patients report contacting outpatient departments by telephone difficult and feel that 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</p> <p>a. Where voice messages are left by patients, departments need to ensure these are regularly monitored and responded to in a timely manner</p> <p>b. Systems need to be improved to allow patients who call to rearrange or cancel their appointments</p>	<p><u>Children & Young People (CYP) Divison</u> In Children & Young People (CYP) Divison, several steps have been taken to improve the experience for patients by implementing telephone systems with automated greetings for telephone lines we know are very busy.</p> <p><u>Dermatology Clinic Main Outpatients</u> Unfortunately, Dermatology Clinic is experiencing difficulties in admin/secretarial staff currently and the service is trying its best to deal with the work and calls that are received. There were 3 members of staff, two have left the department and the other member of staff has had periods of sickness. The service have employed a number of staff from the agencies but these have not worked out. Therefore, there are limited staff in post at the moment</p> <p><u>Haematology</u> In haematology, most patients prefer to contact the haematology admin team directly and avoid any automated service as they worry that the message won't be received or actioned. Many patients are lifelong patients and over the years have built up a good rapport with the admin team. Consultants also encourage patients and their relatives to contact their secretaries.</p>	<p>Gareth Evans Matt John</p> <p>Ceri Gimblett Kate Hannam Janet Williams Brian Owens Deb Lewis</p>

If secretaries are away from the desk then voicemail is in operation or colleagues take the calls. Messages for patients are clearly communicated.

We action such requests on WPAS ourselves. As appointment slots are very few and far between, we would action cancellations immediately in order to free up the slot for another patient.

Oncology

Appointment letters have the telephone number of the 2 appointment clerks who work solely for Oncology.

There is no automated service with the phone lines being manned throughout the working day with phone lines being redirected between staff to cover breaks/ leave.

Outside of normal working hours answerphone message clearly explains who they are calling, what times the lines are open and what information is required. Voice messages left outside of working hours are picked up and responded to within 24 hours

Oncology appointment clerks are able to respond to requests to cancel/reschedule appointments

Patients also have contact details for their Consultant Medical secretary and if secretary is absent arrangement are in place for these to be covered by another Secretary unless this is a non- working day for the Medical Secretary which the answerphone message clearly states providing the working pattern for the patient

	<p><u>Lymphoedema</u></p> <p>There is a direct line to the Lymphoedema Clinic; this is to the Lymphoedema reception. We also have a Lymphoedema garment line which patients are directed to if they have issues with their garments.</p> <p>There is a full time receptionist within the clinic, so most phone calls are answered straight away.</p> <p>The answerphone clearly informs patients what is required from them when leaving an answerphone message. The answerphone is checked regularly throughout the day and the answerphone stipulates responses will be within three working days (As guided by National Lymphoedema Team, which are the instructions on all Lymphoedema clinics across Wales)</p> <p>Patients can call or email the clinic to cancel/re-arrange appointments.</p>	
<p>We heard examples of people struggling to find their way around hospitals and to locate clinics due to poor signage.</p>	<p><u>Signage (phlebotomy)</u></p> <p>Following feedback gathered by the phlebotomy patient survey, discussion with the CHC and feedback from patients via the PTR process the Service Group is undertaking a review of the signage in place directing patients to blood testing services across our sites. The CHC have advised us that the term Blood tests/Profion Gwaed is preferable to the word Phlebotomy when directing patients. New signage has already been installed at the Gorseinon Hospital site. Updated signage has been ordered for the Port Talbot Resource Centre clinic. Singleton Hospital will be the next site reviewed.</p> <p><u>Neath Port Talbot Hospital</u></p>	<p>Ceri Gimblett Kate Hannam Janet Williams Brian Owens Deb Lewis Mark Parsons</p> <p>Jayne Hopkins Suzanne Holloway</p>

<p>a. Ensure consistency when sharing information about the appointment including what it will involve and clear instructions for where the appointment takes place. This is particularly important for people with a Sensory/Physical Disability or Mental Health condition</p> <p>b. This should include providing additional support and clearer instructions to help people with a sensory disability find their appointment when onsite at the hospital</p>	<p>New signage to Rheumatology Infusion unit and Out Patient Department 2 is now in place.</p> <p><u>Oncology</u> Radiotherapy and Chemotherapy Day Unit Outpatient areas are clearly signposted across the site</p> <p>Appointment letters clearly state which of these clinics patients need to attend.</p> <p><u>Neath Port Talbot Hospital</u> Hearing loops and melophones in situ at reception desks. Drop off boxes for hearing aid repairs at main reception.</p> <p><u>Lymphoedema</u> It is felt that additional signage is required for the Lymphoedema clinic. Estates have been contacted for further info/costing</p> <p>All new patients to the clinic are sent a map of where the clinic is situated at Singleton Hospital and our clinic is highlighted on the map with a descriptor of where we are situated.</p>	
<p>Some patients reported delays with test results or follow-up contact. We encourage the Health Board to improve the quality and consistency of</p>	<p><u>Delays with test results(Cellular Pathology)</u> There is an ongoing issue with demand and capacity within Cellular Pathology, which has led to a backlog in processing</p>	<p>Ceri Gimblett Kate Hannam Janet Williams Brian Owens</p>

<p>information relating to test results or follow-up contact</p>	<p>routine samples. This is a risk on the Health Board risk register and the service is taking mitigating action where possible to address turn-around times for sample processing.</p> <p><u>Delays with test results(DXA scans)</u> There have been ongoing delays with reporting a backlog of DXA scans due to a mismatch in the scanning capacity and the reporting capacity. The team in Nuclear Medicine have implemented mitigations by training additional staff in Clinical Scientist roles to report scans, however this training takes time due to the level of technical skill required. Performance is monitored and reported monthly and the reporting backlog is steadily decreasing while capacity is maintained.</p> <p><u>Haematology</u> Delays in reporting of bone marrows is problematic and the wait is distressing for patients. This is being looked at.</p> <p><u>Oncology</u> All follow up appointments are strict around the pathway treatment protocol.</p>	<p>Deb Lewis</p>
<p>Variation was found in waiting times in clinics. Some people were frustrated over waiting times at appointments and to a lack of notification and explanation for delays while waiting. We encourage SB UHB to:</p>	<p><u>Haematology</u> Historically haematology clinics have overrun with large clinics booked, but more recently and particularly due to Covid, clinic templates have been reduced and there has been the introduction of more virtual clinics as well as many more nurse-led clinics. When there has been delays in clinic, we have found the OPD nurses have always</p>	<p>Ceri Gimblett Kate Hannam Janet Williams Brian Owens Deb Lewis</p> <p>Jayne Hopkins Suzanne Holloway</p>

<p>a. Consistently communicate patients for them to understand why clinics may be running late</p> <p>b. Review and learn from instances where appointments run behind schedule</p>	<p>communication this to the patients waiting. Some years ago we introduced a buzzer system where patients who were waiting a long time to be seen were given a buzzer to take to the coffee shop and be buzzed when the doctor was ready to see them.</p> <p>Over the years there have been very few complaints from haematology patients waiting in clinic as many are lifelong.</p> <p><u>Oncology</u> Within outpatients there is a digital display board which indicates which clinics are running on time and which are delayed – giving an estimate of how far behind the clinic is running</p> <p><u>Neath Port Talbot Hospital</u> If clinics are running late, it is expected that the nurse running the clinic or the receptionist staff will keep the patients informed.</p> <p><u>Lymphoedema</u> If a clinician is delayed with a patient in clinic, the waiting patient is informed. The maximum a patient has waited in our clinic for their appointment has been 10mins</p>	
<p>A small number of people raised specific concerns about the way changes to their care was communicated, for example being informed their appointment was cancelled, often at short notice and with no explanation. Cancellations, especially when they are last minute, can cause inconvenience and disruption to people’s lives:</p>	<p><u>Children & Young People (CYP) Divison</u> Assistant Divisional Manager, CYP with assistance of the support manager for CYP is exploring the introduction of a dedicated cancellation line as they consider this may be helpful for patients wishing to re-arrange an appointment.</p> <p><u>Haematology</u> Wherever possible a cancelled appointment will be rescheduled there and then. If the patients are running out</p>	<p>Ceri Gimblett Kate Hannam Janet Williams Brian Owens Deb Lewis</p>

<p>a. When contacting patients regarding a delay or cancellation to their appointment, ensure patients are provided with a clear reason and information about what happens next</p> <p>b. Be open and honest with patients and provide a realistic timescale when they should expect to hear from services again</p> <p>c. Consider offering further support where appropriate, to help the patient manage their condition whilst waiting for care, such as information about or access to other health and care services, or access to pain relief.</p>	<p>of medication before their rescheduled appointment then the admin team contact the consultant and haem pharmacists to make them aware so they can write a prescription for the patient.</p> <p>The patients are encouraged to contact their CNS if they have any concerns in the meantime.</p> <p><u>Oncology</u> Due to the nature of the service cancelling appointments is only done in exceptional circumstances. If a staff member calls in sick cover will be sought within the department. If a cancellation is necessary a new appointment is offered when informing the patient of the cancellation.</p> <p><u>Lymphoedema</u> On occasions appointments are cancelled as a last resort due to for example sickness within the team. Patients are contacted straight away in the morning and explained due to staff sickness we have to cancel their appointment and a new appointment is agreed with the patient on the phone. Patients are asked on the phone if there are any issues so that they can be addressed in a timely manner</p>	
<p>Despite higher numbers of people rating their overall satisfaction with services as 'good, very good or excellent', patient experience is inconsistent. Two people shared their patient story with us, with multiple negative experiences occurring throughout various stages of their outpatient experience (see pages 22, 25 and 28). We call on the Health Board to:</p>	<p><u>Haematology</u> Administration Manager has shared the report with staff members to highlight negative patient experiences to reduce the risk of happening within haematology clinics.</p> <p><u>Oncology</u> All patient feedback both positive and negative is acknowledged reflected on and where appropriate actions taken to improve.</p>	<p>Ceri Gimblett Kate Hannam Janet Williams Brian Owens Deb Lewis</p> <p>Gareth Howells Richard Evans</p>

<p>a. Review and learn from such instances where patient experience has fallen below the standards expected</p> <p>b. Use this information to learn about what services can do better and develop so that services are excellent from start to finish</p>	<p><u>Lymphoedema</u> The report has been shared with staff members to highlight negative patient experiences to reduce the risk of happening within the Lymphoedema clinic</p>	
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