



10,000 Voices
Hospital Eye Care Services

Western Health and Social Care Trust

December 2017

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Section 1: Introduction and strategic context

1.1 Introduction

The 10,000 Voices initiative was commissioned and funded by the Health and Social Care Board and Public Health Agency to introduce a more patient focused approach to improving the way health and social care services are shaped and delivered. This initiative asks people to tell us what was important to them in their experience and to describe their overall feelings by “telling their story in their way” using Sense maker Methodology ®. Having collected more than 10,000 stories, this initiative was launched as 10,000 More voices in June 2016 with the aim to continue to use this as a regional indicator of the quality of patient/ client experience. Incidentally the 10,000th Story was attributed to the Western Trust during collection of eye care stories.

One of the key principles and successes underlying the 10,000 more voices is the partnership approach between those who use health and social care services and those who deliver them in seeking ways to improve the overall patient and client experience. All projects to be included in to 10,000 voices work plan are agreed by the regional Patient Client Experience Steering Group.

This report represents the findings from information received from patients/ family members/ carers and staff who participated in the 10,000 Voices Hospital Eye cares Services Project from August 2017- May 2017 within the Western Health and Social Care Trust.

1.2 Strategic context

Patient and Client experience is central to many key strategic drivers for health and social care improvement and innovation. The patient and client focus element of Quality 2020 Strategy (DOH, 2012), highlights that all patients and clients are to be treated with dignity and respect and should be fully involved in decisions affecting their treatment and support. Furthermore through 10,000 Voices evidence is provided of the standard and quality of care from the patients’ perspective.

The “Developing Eye care Partnerships: Improving the Commissioning and Provision of Eye care Services Strategy in Northern Ireland” was launched by DHSS in October 2012,,It set out the strategic direction for eyes care services in Northern Ireland over a 5 year period. The strategy is consistent with transforming your Care principles for services to be delivered as locally as possible with reduced requirements on acute or hospital services.

Principles of service change for Eye care services were contained within the strategy. Services must be outcome focused including a reduction in health inequalities and success should be measured by improvement in health outcomes and the patient experience.

Section 2: Methodology

2.1 The Survey

The Hospital Eye care Services Survey, which uses Sense maker, was designed with public engagement through two workshops in Belfast and Western Trust at

which patients, families, cares and Health care staff participated and co- designed the tool. Following analysis of the pilot the main story collection commenced in December 2016. Those completing the story are asked to respond to a series of questions which are in a triangle format known as signifiers. In each of the questions there are 3 statements and respondent places a dot nearest the statement that reflects their experience. In some cases their choice may be between choices, indicating their response is a combination of two factors. If all three factors apply equally, then the dot is placed in the Centre of the triangle. Respondents are asked not to give their name or name any staff who provided their care, they are advised not to worry about spelling or grammar and to write as much or as little as they wish.

2.2 Accessibility

The survey was promoted throughout the Trust areas including outpatients' areas, eye clinic, and day surgery and eye casualty. Regionally the project team worked collaboratively with RNIB to ensure there were a Variety of formats available, including large print and Braille. Paper copies of the survey were available for completion including eye clinics. Also available were on line version as well as option of telephone completion and an alternative short form survey. In addition to the usual promotion of the survey throughout the Trust and media, the survey was also promoted through RNIB and talking newspapers.

Section 3: Findings

This section presents the results of the information received from December 2016- May 2017 from those who used Eye care services within the WHSCT. Returns per Trust areas are shown below.

WHSCT	99
SHSCT	86
SEHSCT	101
NHSCT	63
BHSCT	176

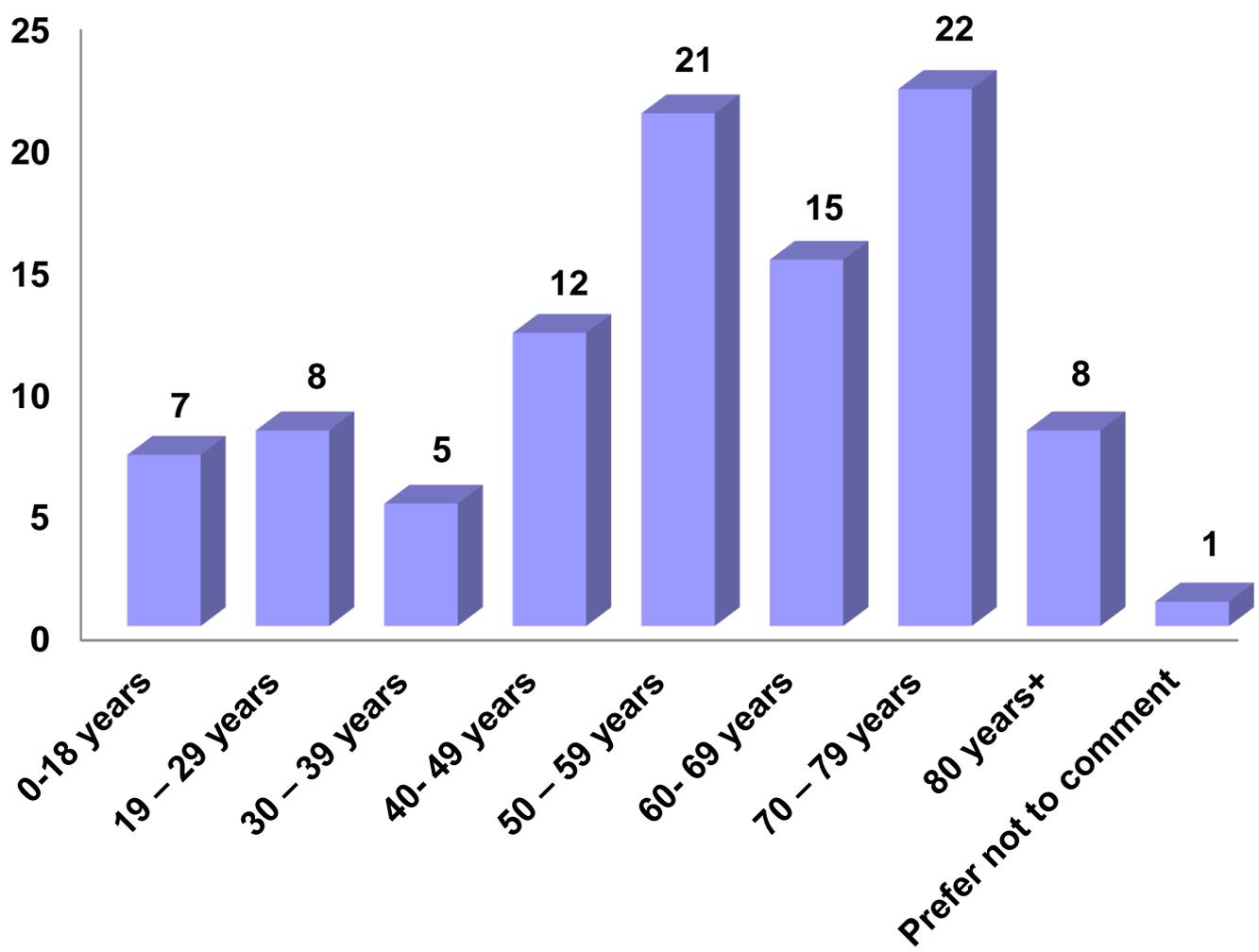
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3.1: Findings from main period of story collection

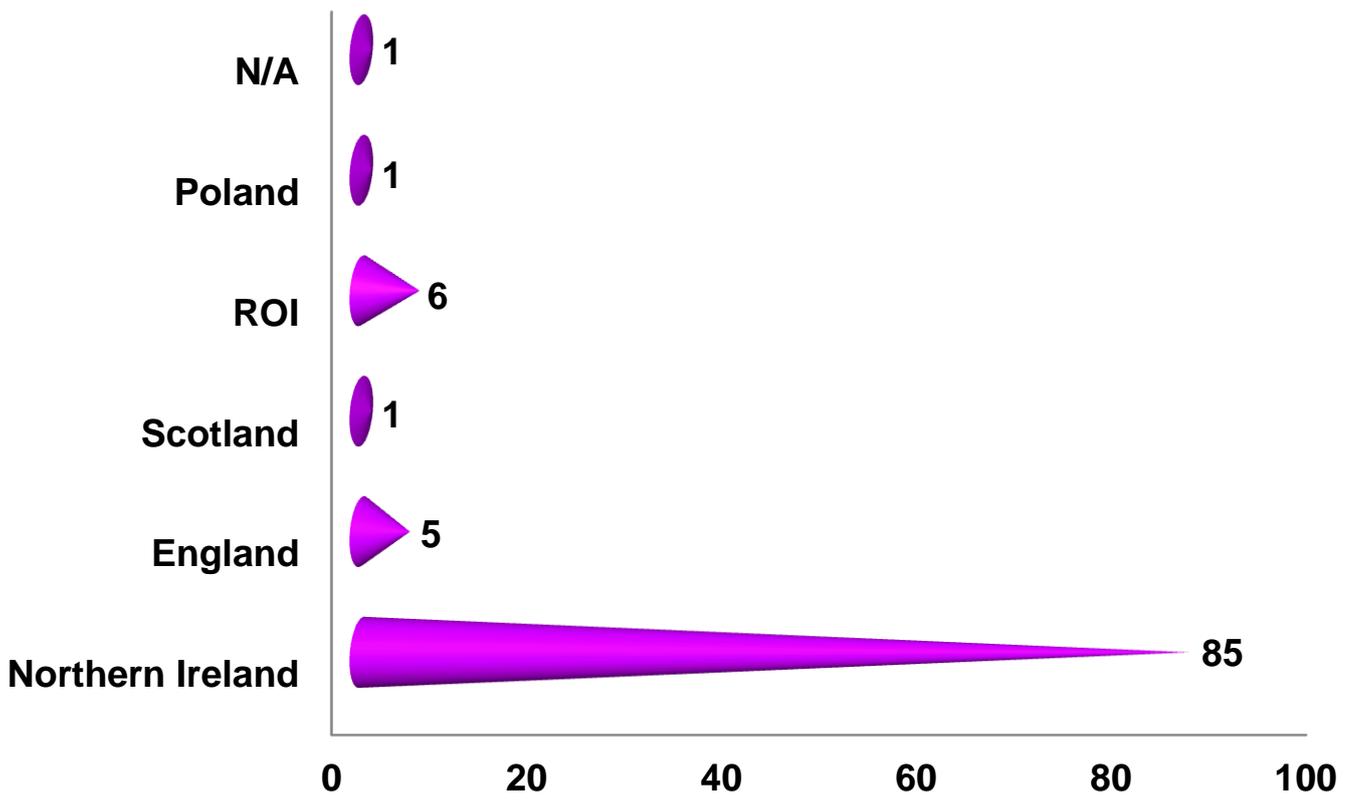
Returns per Trust area are shown below:

3.2 Demographic information:

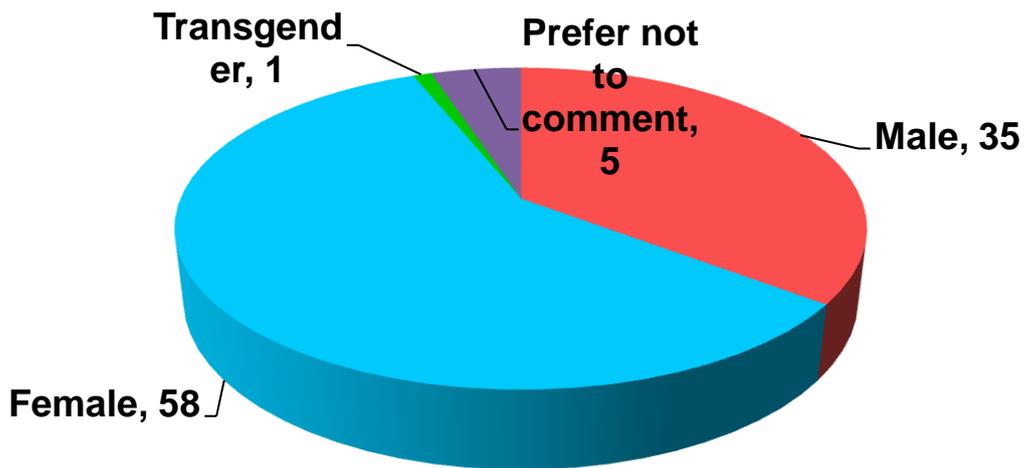
Returns by age group:



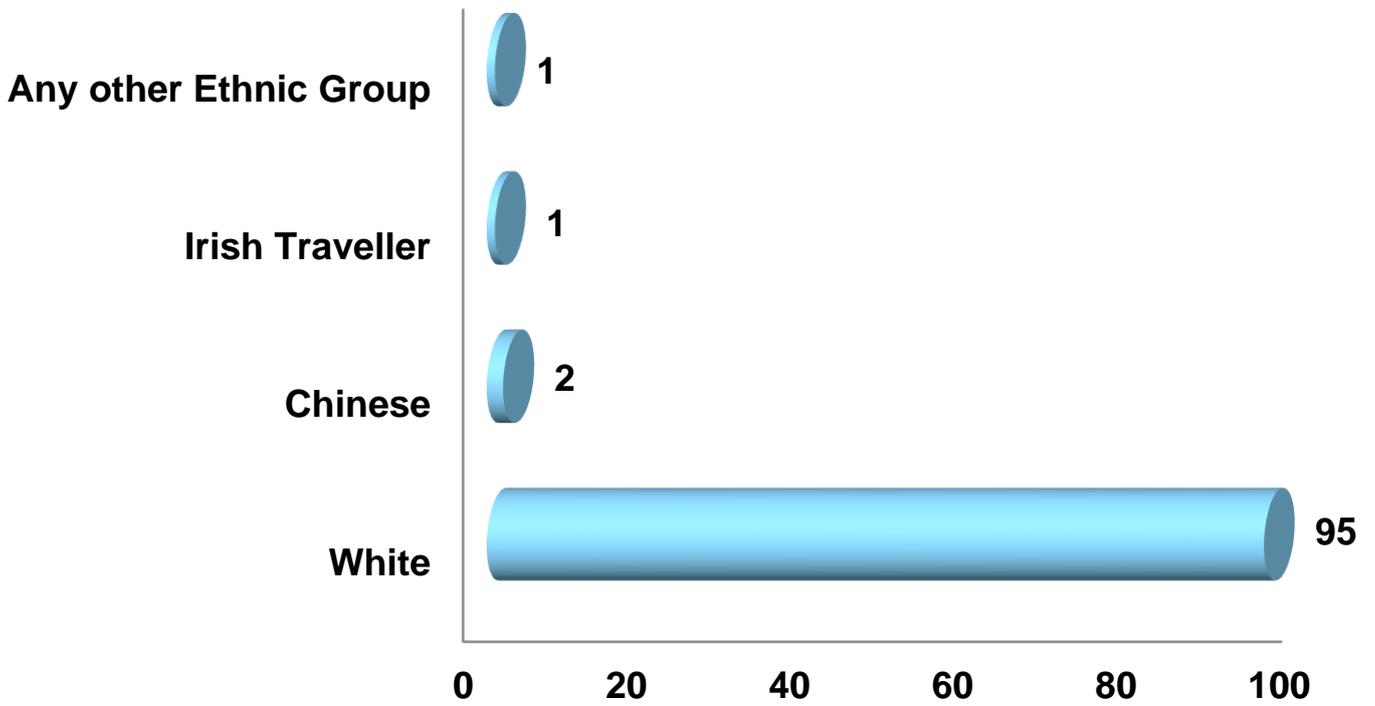
Returns by Country of Birth



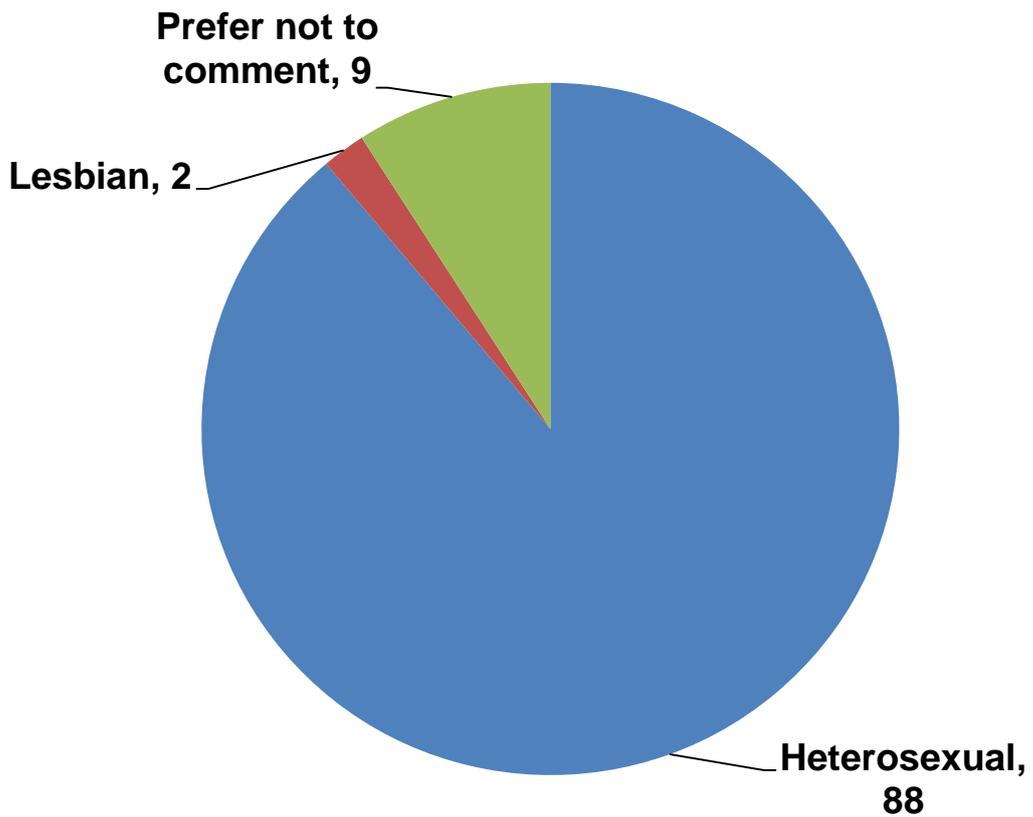
Returns by Gender



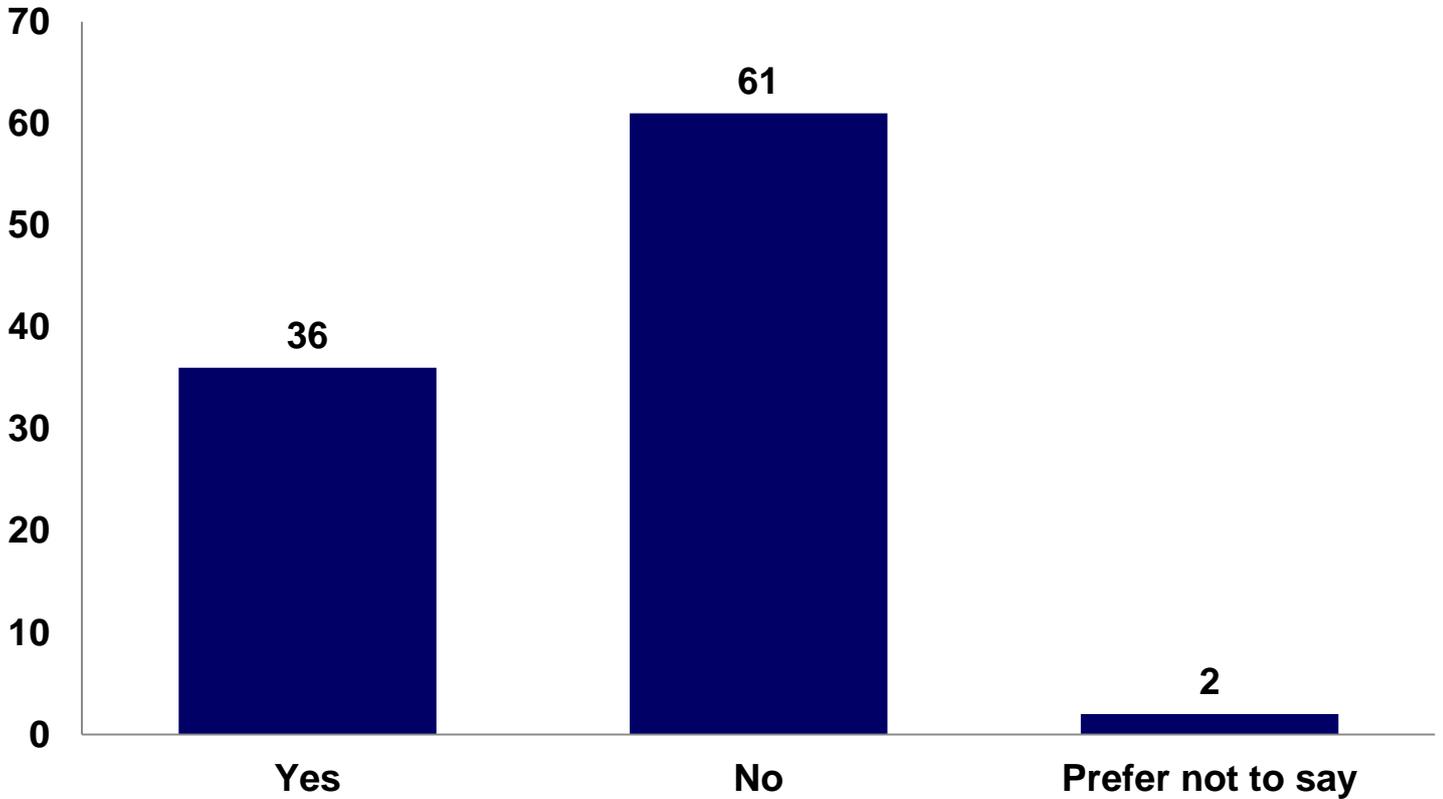
Returns by Ethnic Group



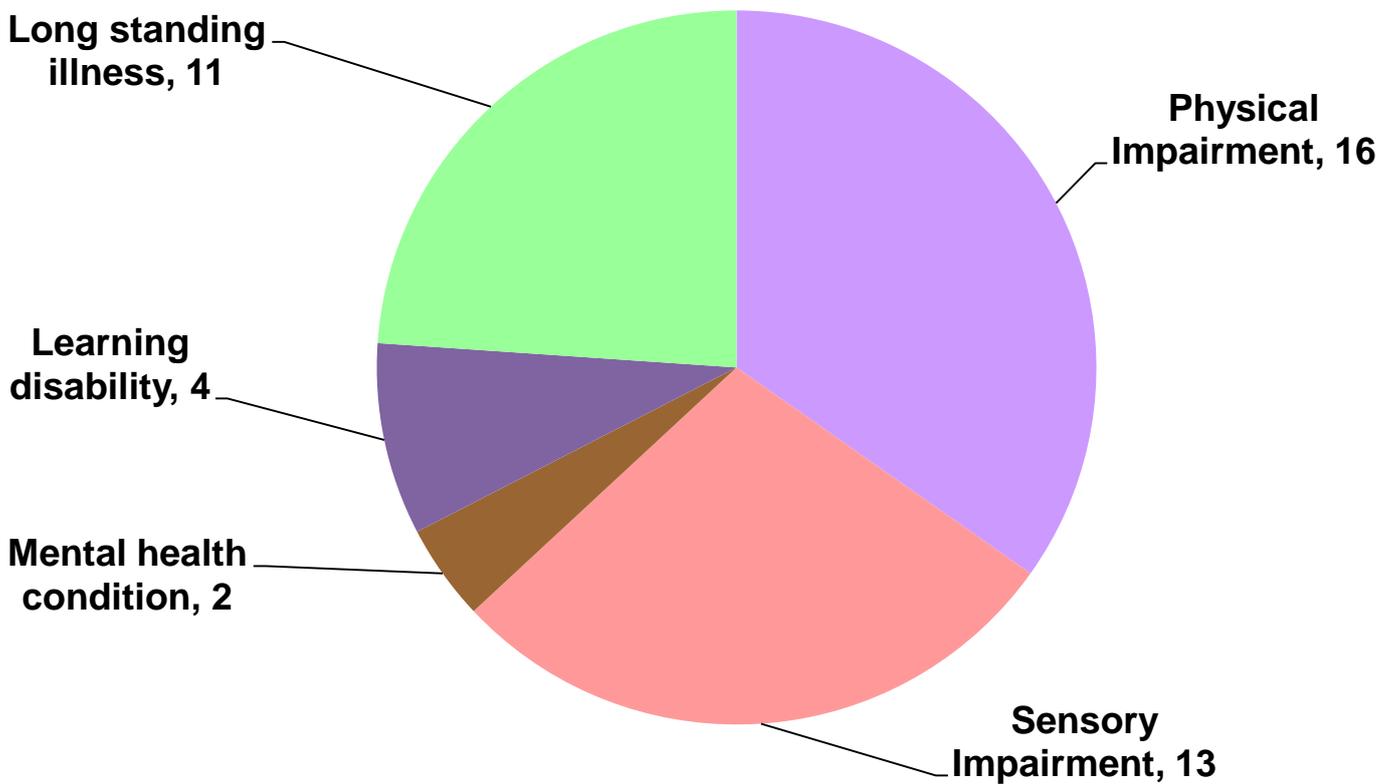
Returns by Sexual Orientation



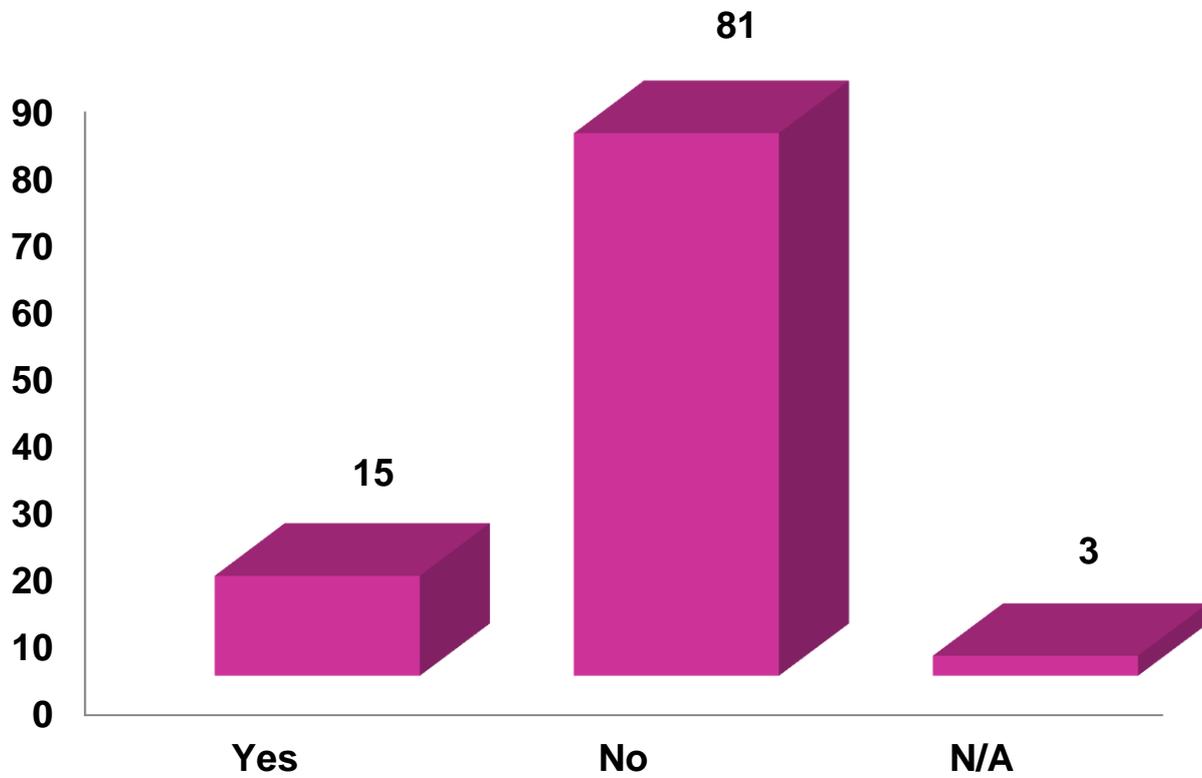
Returns by Disability



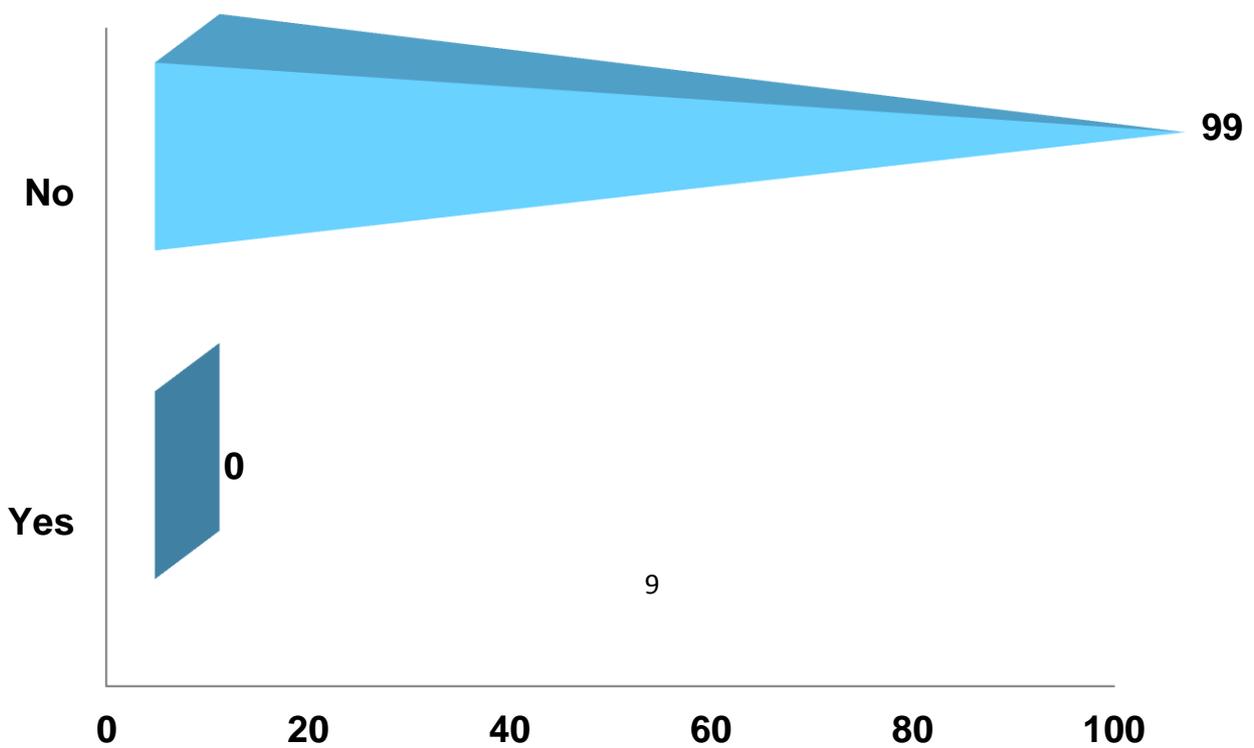
Returns by Nature of Disability



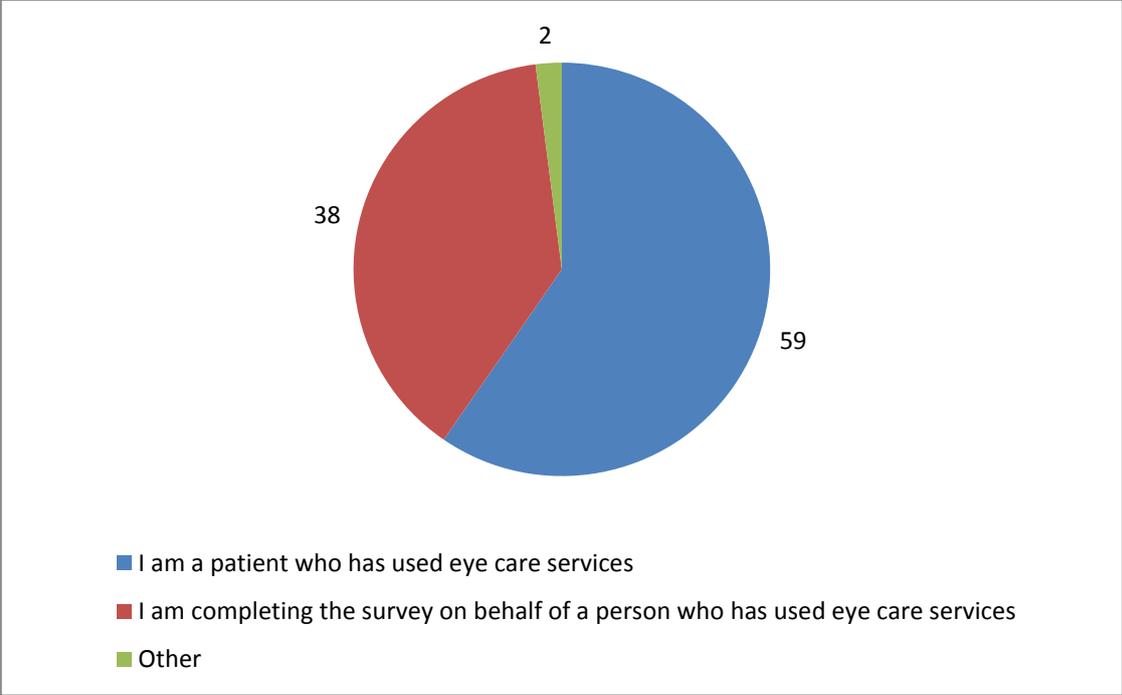
Returns by: Are you registered with a sight impairment?



Returns by: Do you have a rare disease?

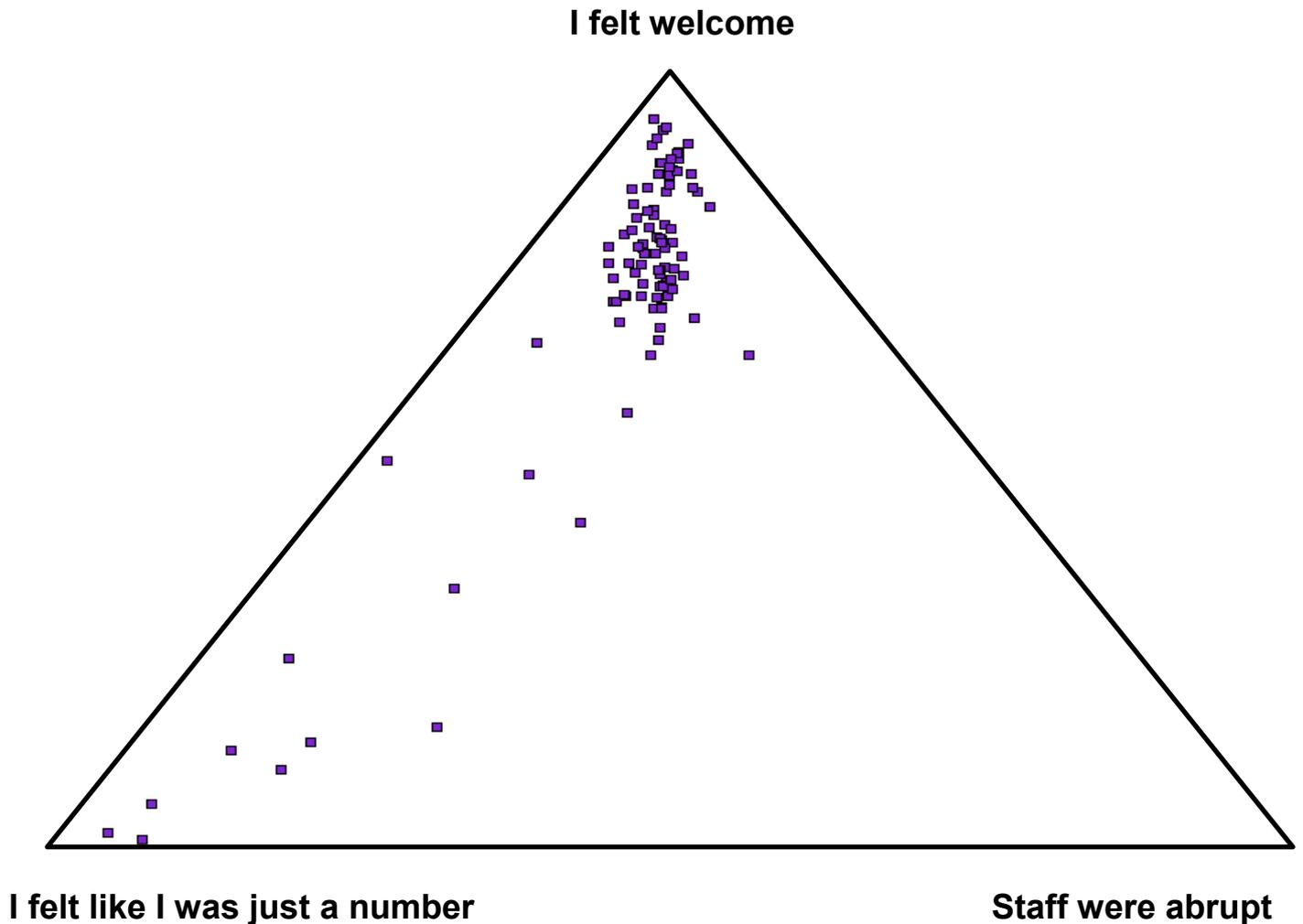


Returns by who participated in the survey



Responses to signifiers

Q1. When you arrived at the department what was your first impression?



Extracts from stories:

Busy but dedicated staff .Each member of staff introduced themselves and explained what they were going to do

The clinic can be cramped at times and people are climbing over trying to get chairs which are too close together

I don't like using the check in service and I feel that a receptionist should be at the desk for more personal touch

I am disappointed I did not get a card for disabled to help me get parked (my driver) a little closer

Q2. Overall did you feel the staff were..?



Extracts from stories:

Very pleased, would like choice of times for appointments not all staff do introduce themselves but I know most of them now so it is not important

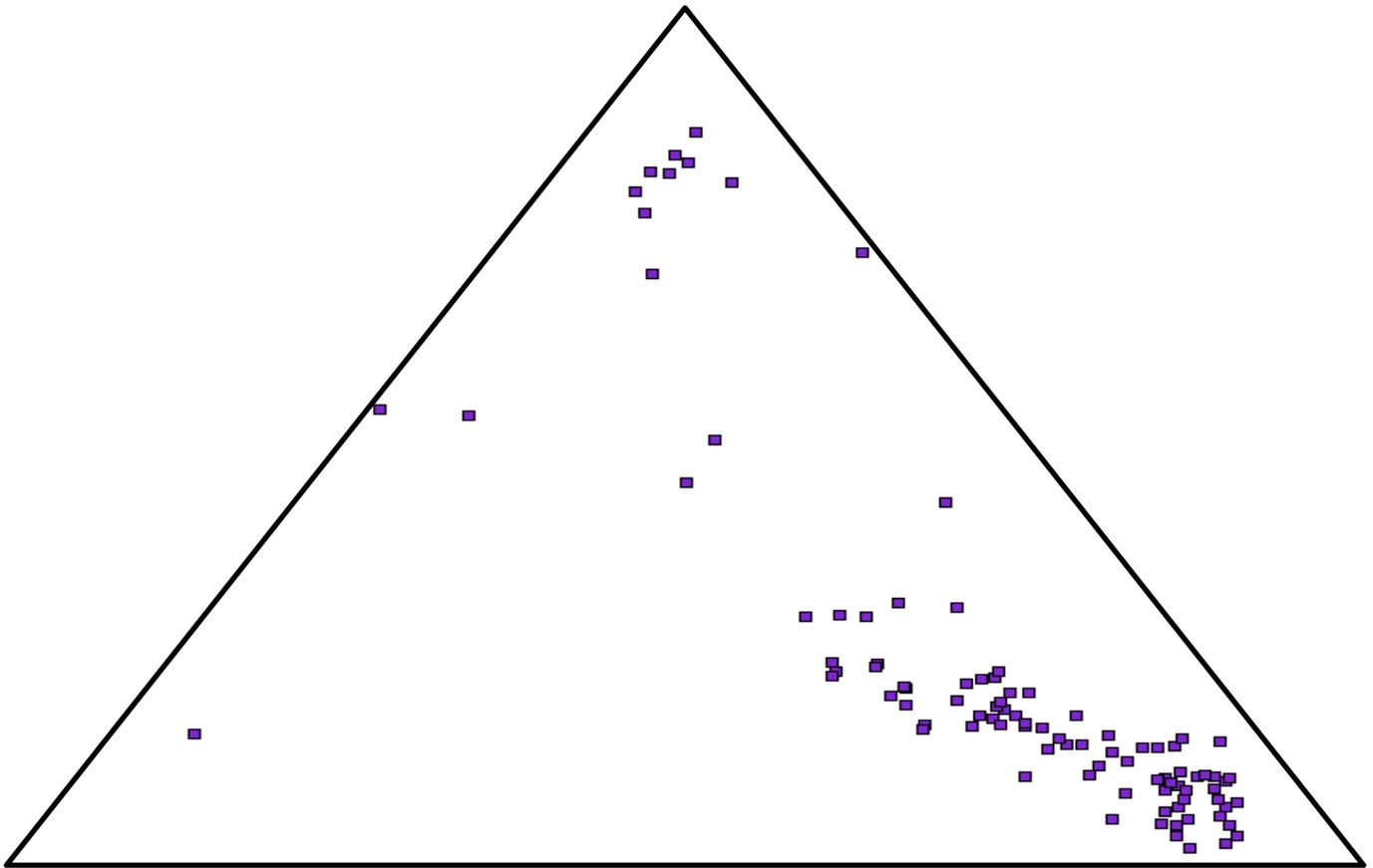
I have been attending here 2 years. I am an insulin dependent diabetic and the staff here have always been respectful and treat me with dignity

Consultant very abrupt and staff not interested

I attend my GP in Mid Ulster and Altnagelvin. I had good experience in both. Received good information to help ease my symptoms. Staff very approachable and knowledgeable.

Q3. Did staff ensure your privacy and dignity were protected?

I felt that others could hear my personal information



Staff talked about me as if I wasn't there

Staff were very respectful and aware of my need for privacy

Extracts from stories:

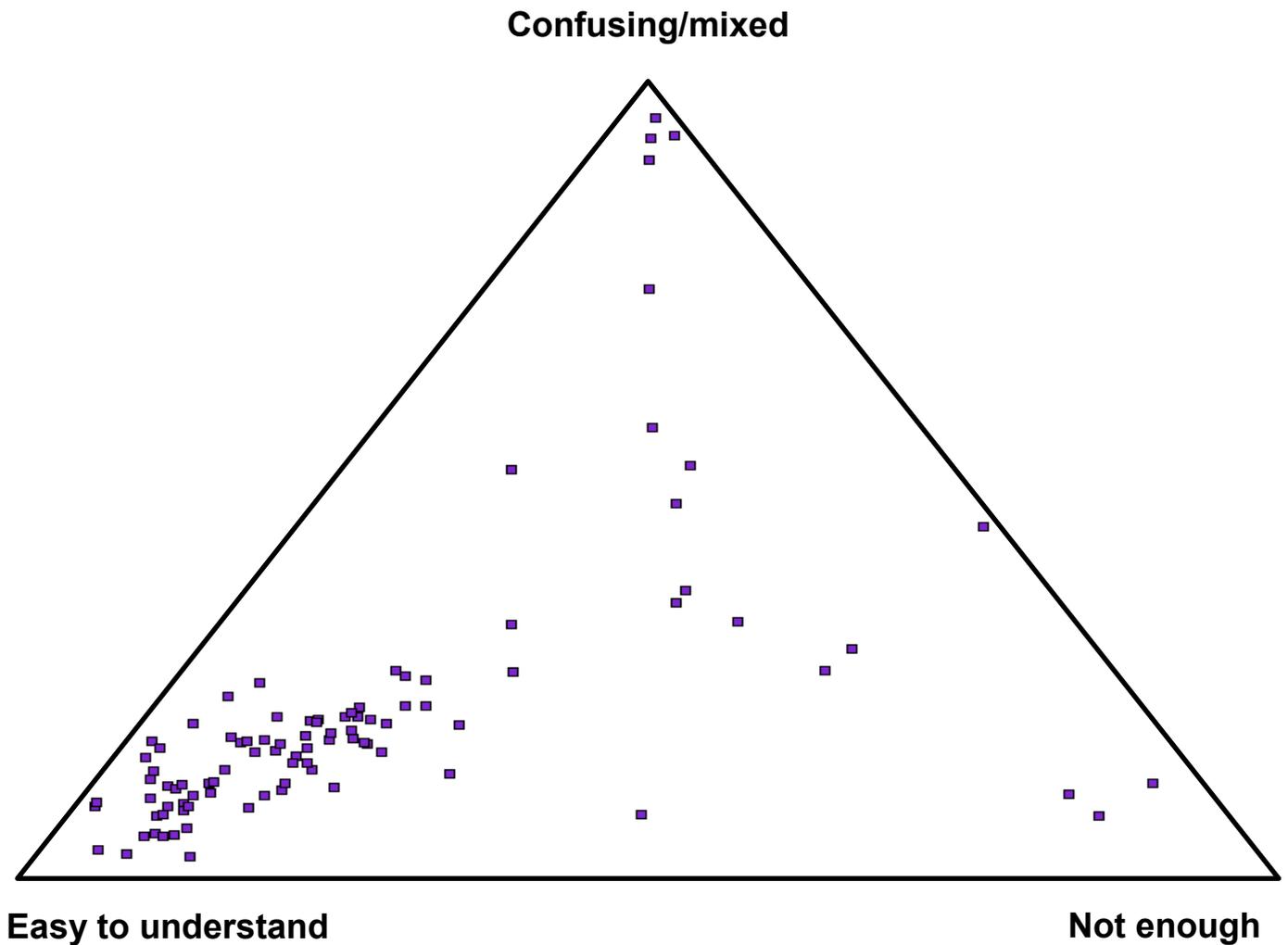
Glad to see that the reception open it makes such a difference to see a friendly face. I had an emergency appointment

awareness training should be compulsory

I don't understand why they do not ask me the questions as it is my vision that is impaired not my memory or hearing

I had many visits as a carer excellent every time. Excellent clinical care

Q4. Did you find the information about your treatment was..?



Extracts from stories:

Appointment times are satisfactory but would prefer to have a choice in future

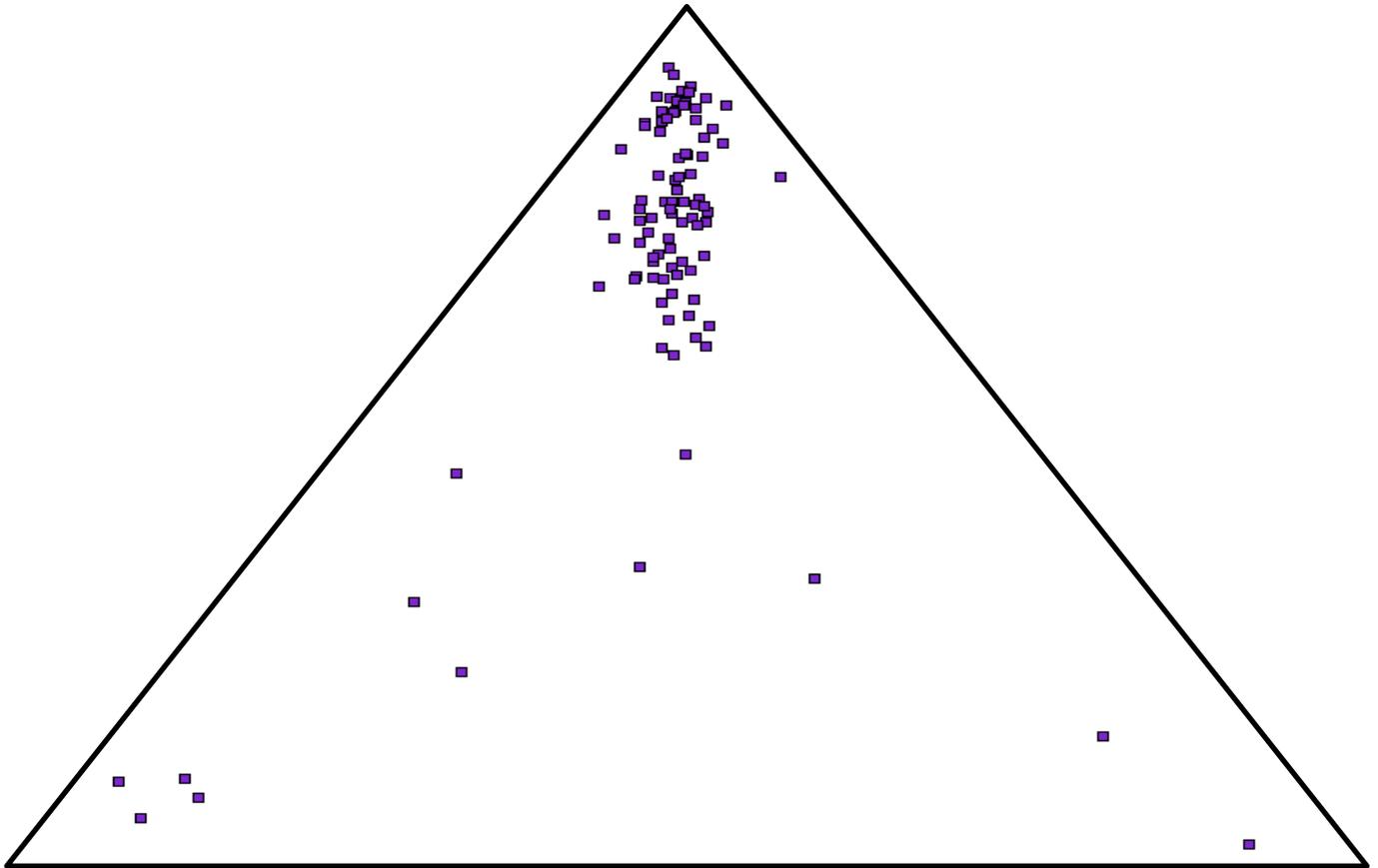
For my second appointment I have been here for over an hour already and nobody has told me why

I actually got a phone call as there had been a cancellation so I am delighted to be here

sometimes I feel like I am wasting their time as my symptoms are not serious enough as other eye problems but it affects me and my quality of life

Q5. When you left the clinic/department were you clear about what would happen next?

I was given clear instructions



I was confused about what would happen next

I was not given any information

Extracts from stories:

Follow up care has been good also. Everything is explained slowly and carefully by the consultant

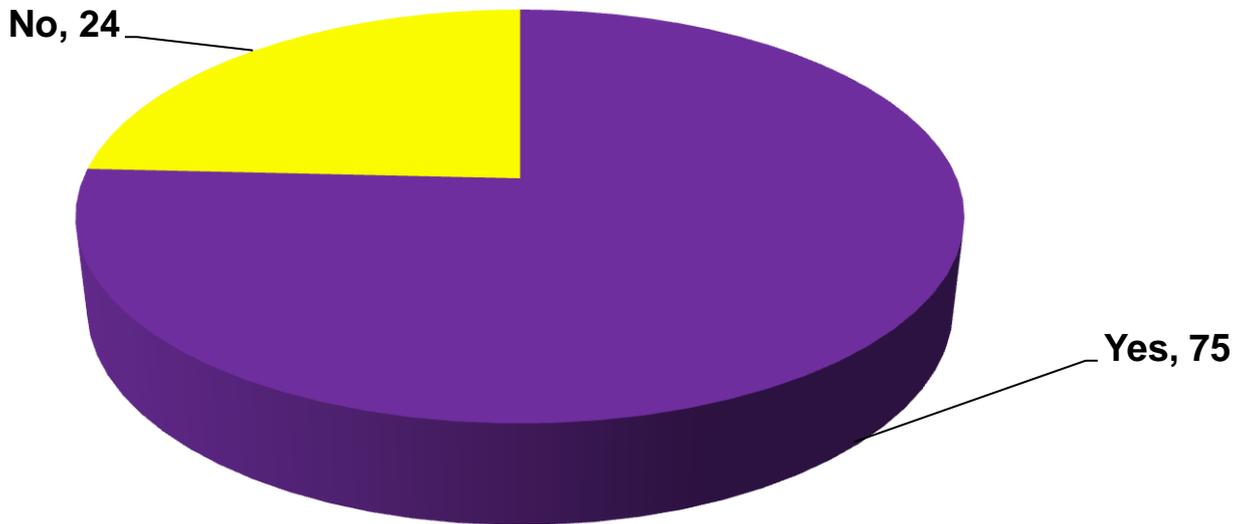
Given appointment for clinic in 2 months and reviewed by Dr. All clear

Having the assessment appointment in November then surgery in Jan

Told I would get a follow up appointment in 3 months. Was slightly longer than 3 months for appointment

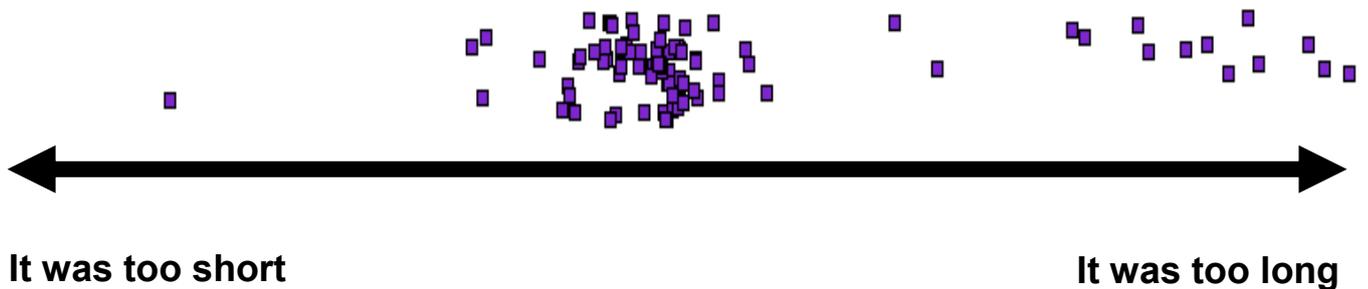
Responses to multiple choice questions

Q6. In general do staff introduce themselves to you?

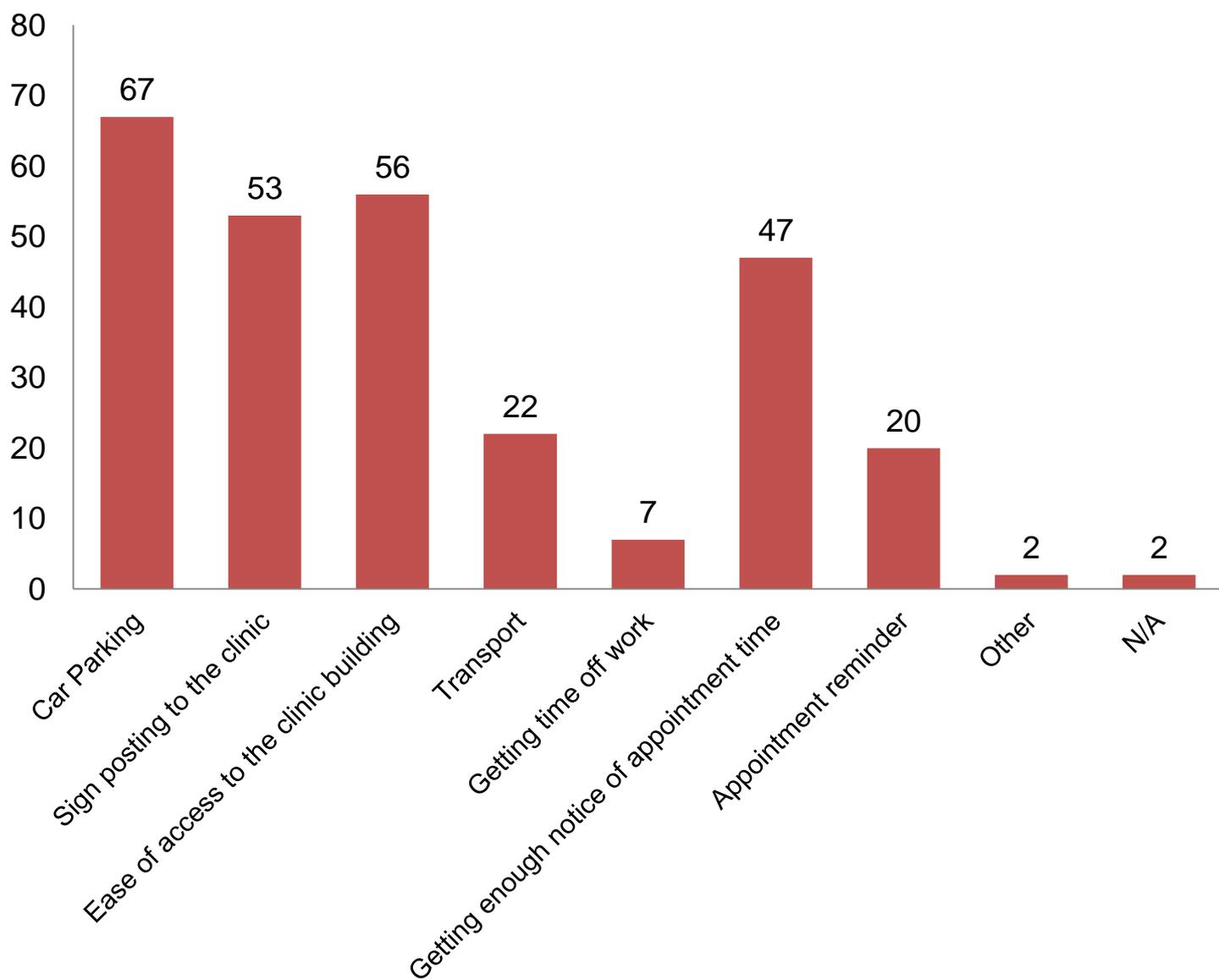


Example of comments

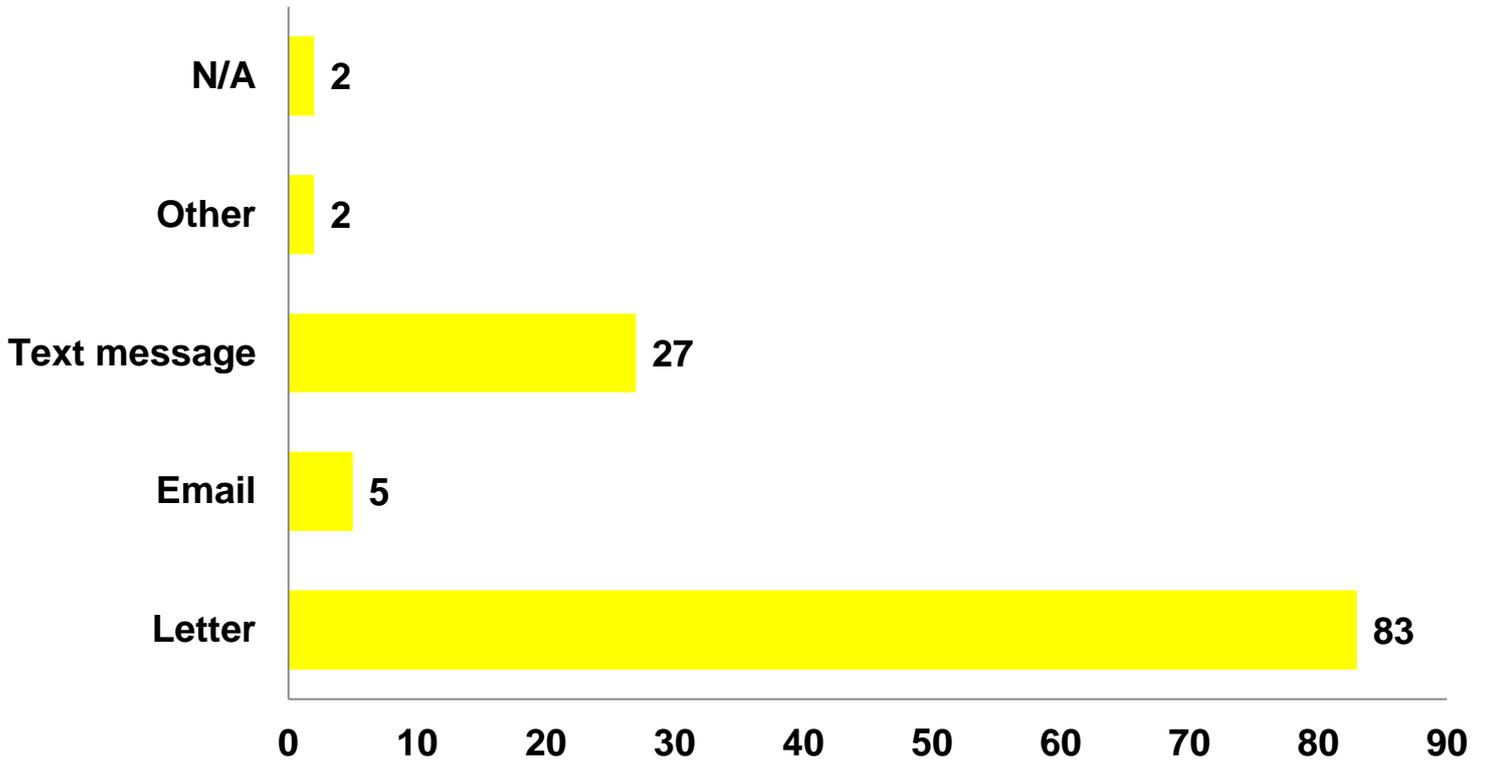
Q7. How did you feel about the appointment length?



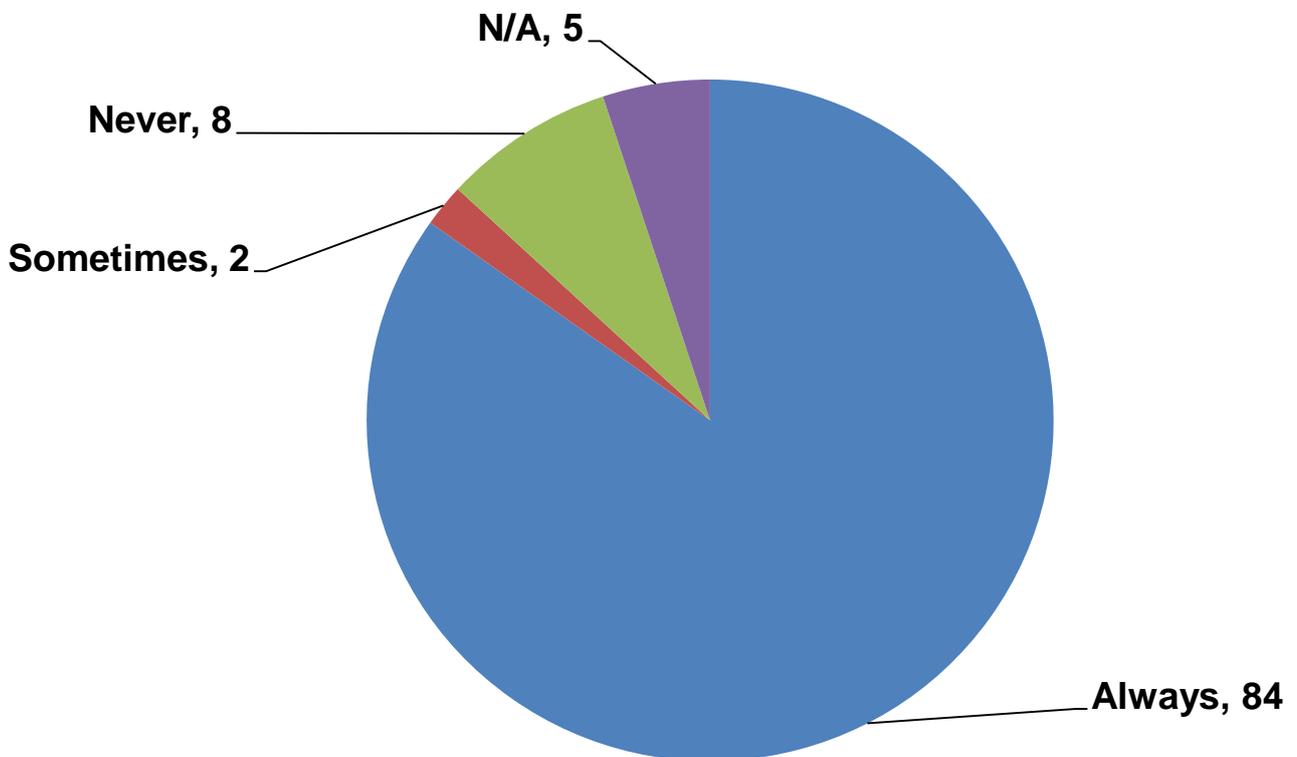
Q8. What 3 factors were most important to you in getting to the clinic?



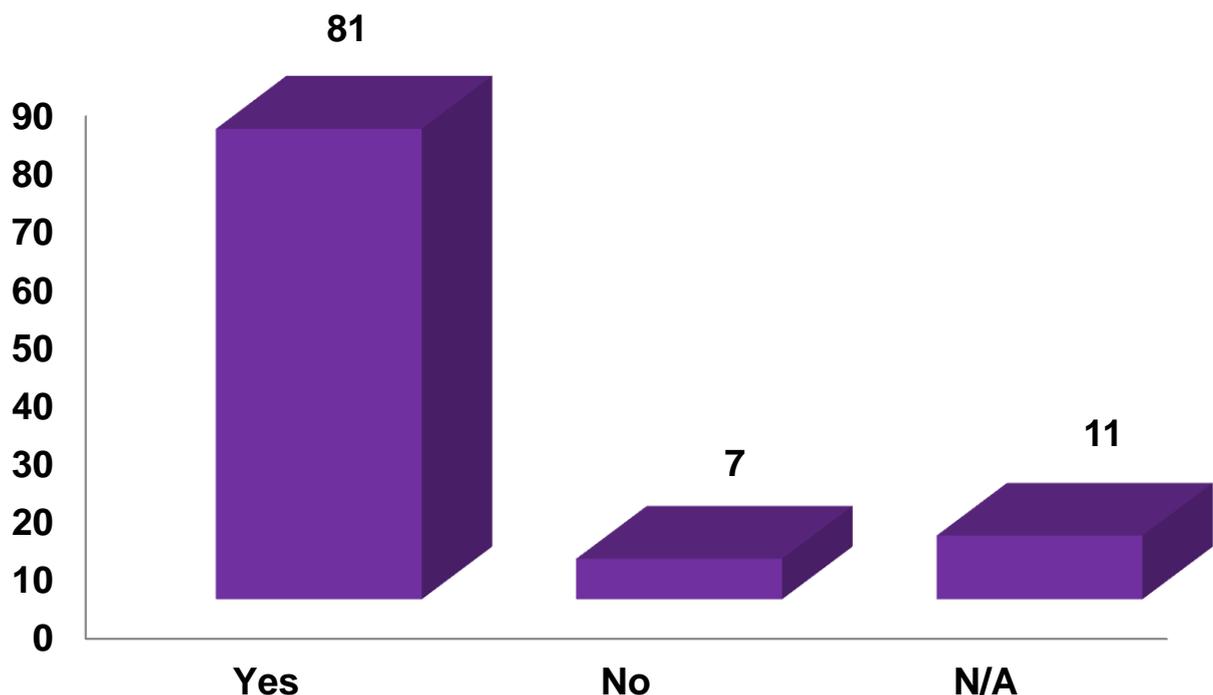
Q9a. What is your preferred format for correspondence?



Q9b. Do you receive appointment correspondence in your preferred format?

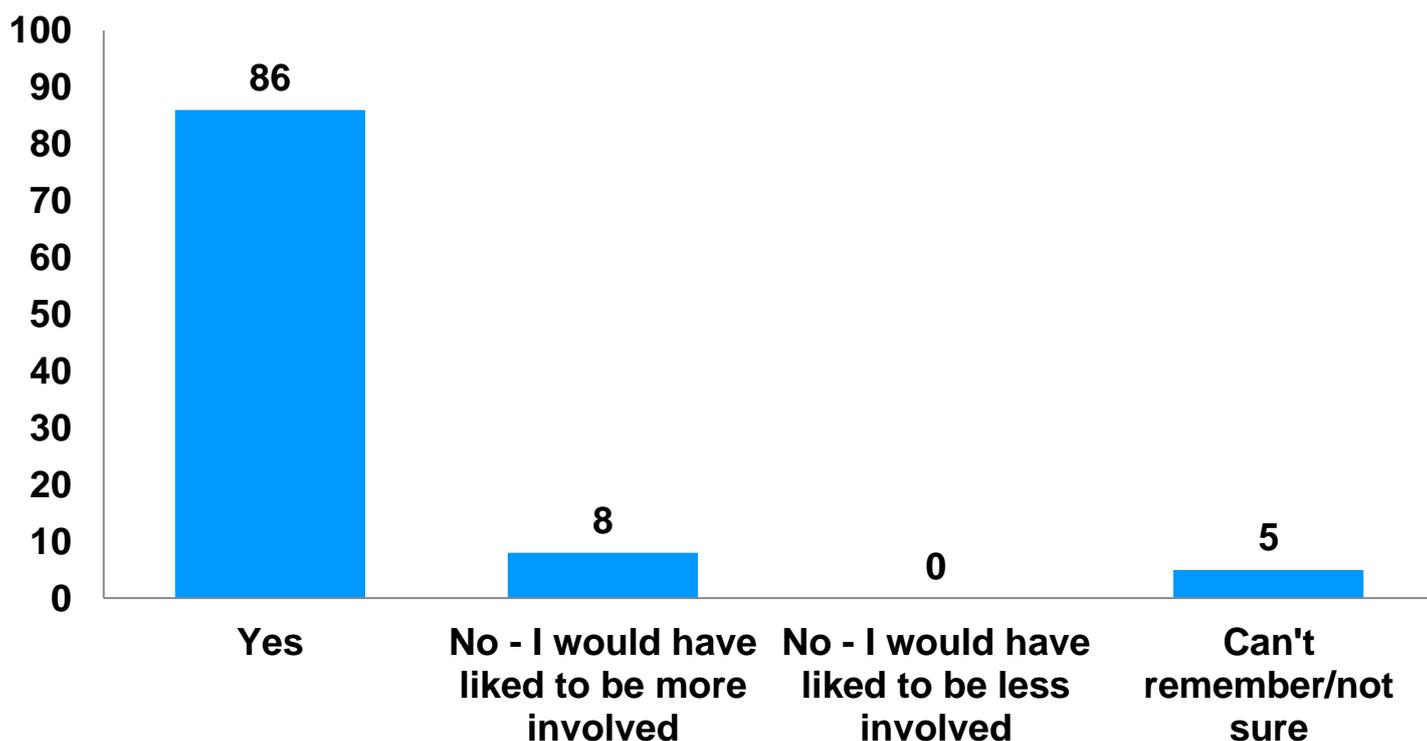


Q10. After you had been referred to eye care services were you satisfied with the waiting time before you received your first appointment?

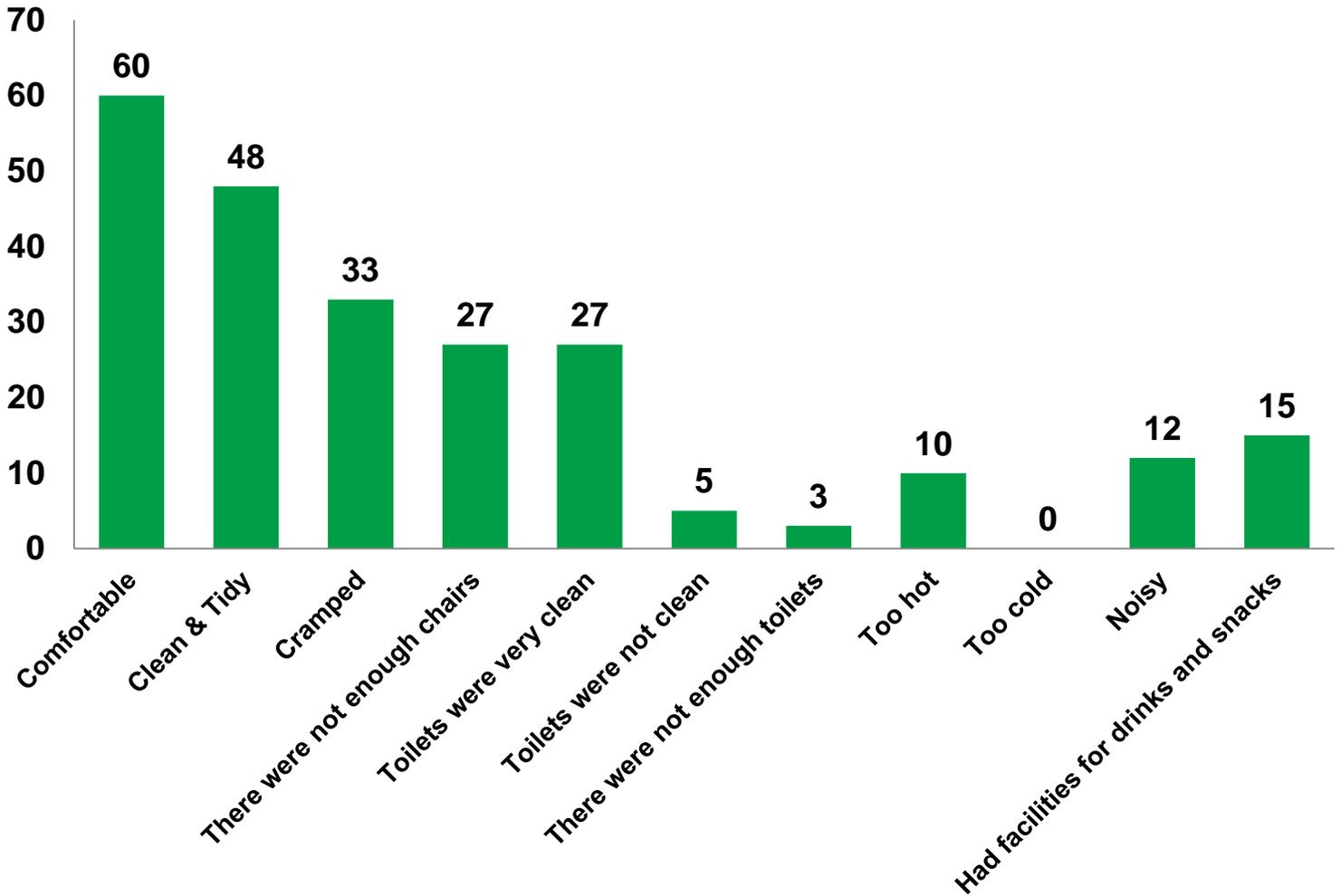


Area for action

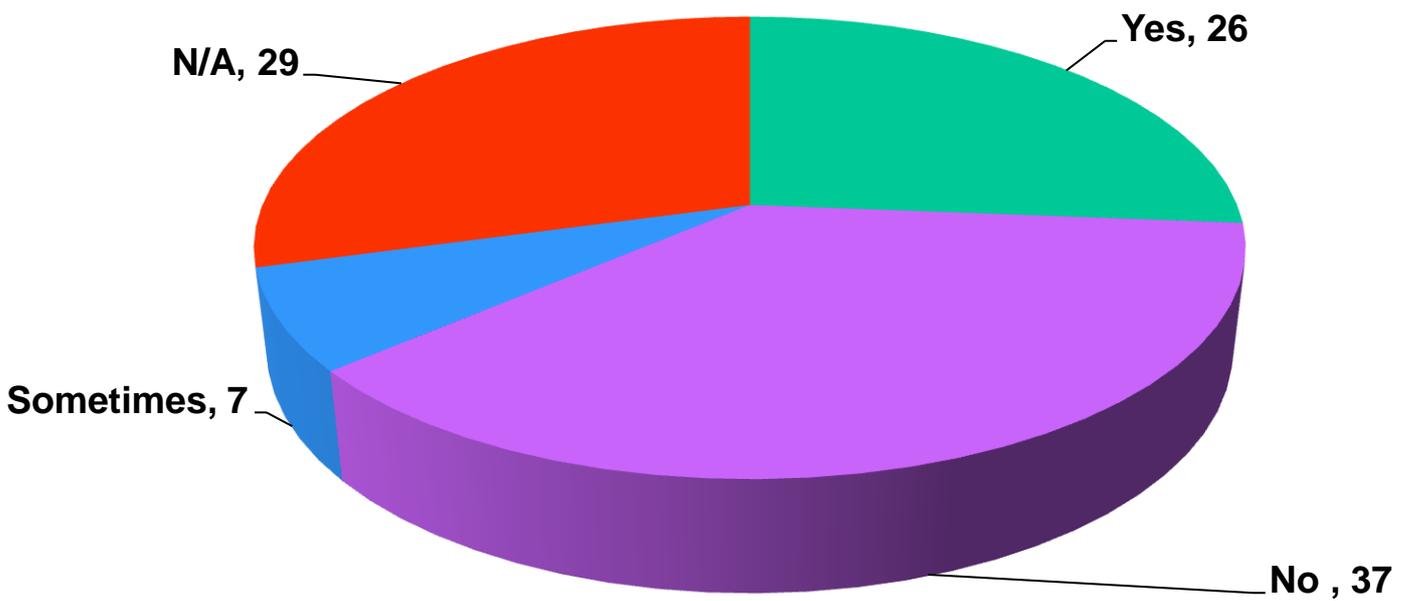
Q11. Were you involved in decisions about your treatment/care as much as you would have liked?



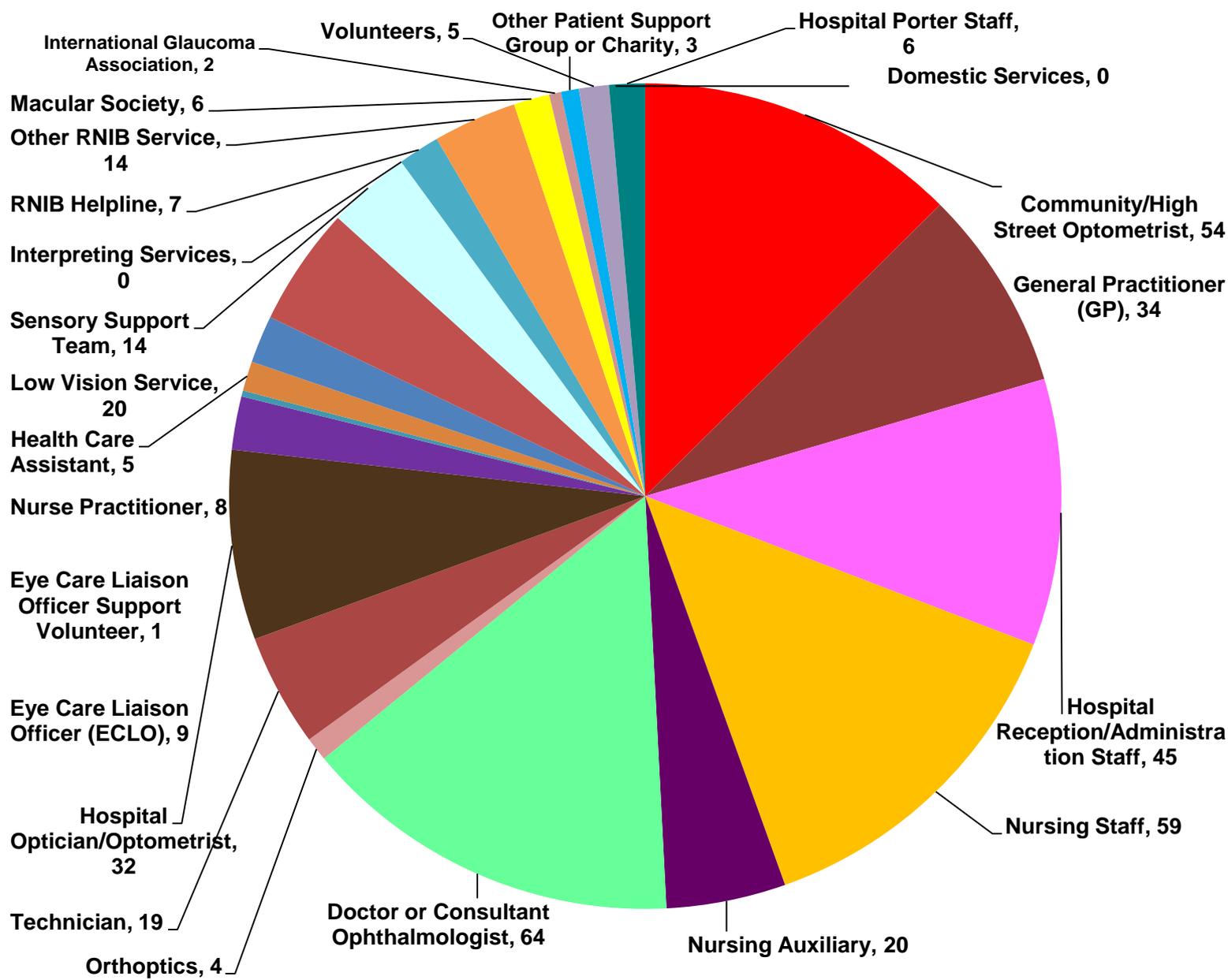
Q12. While you were waiting did you find the facilities..?



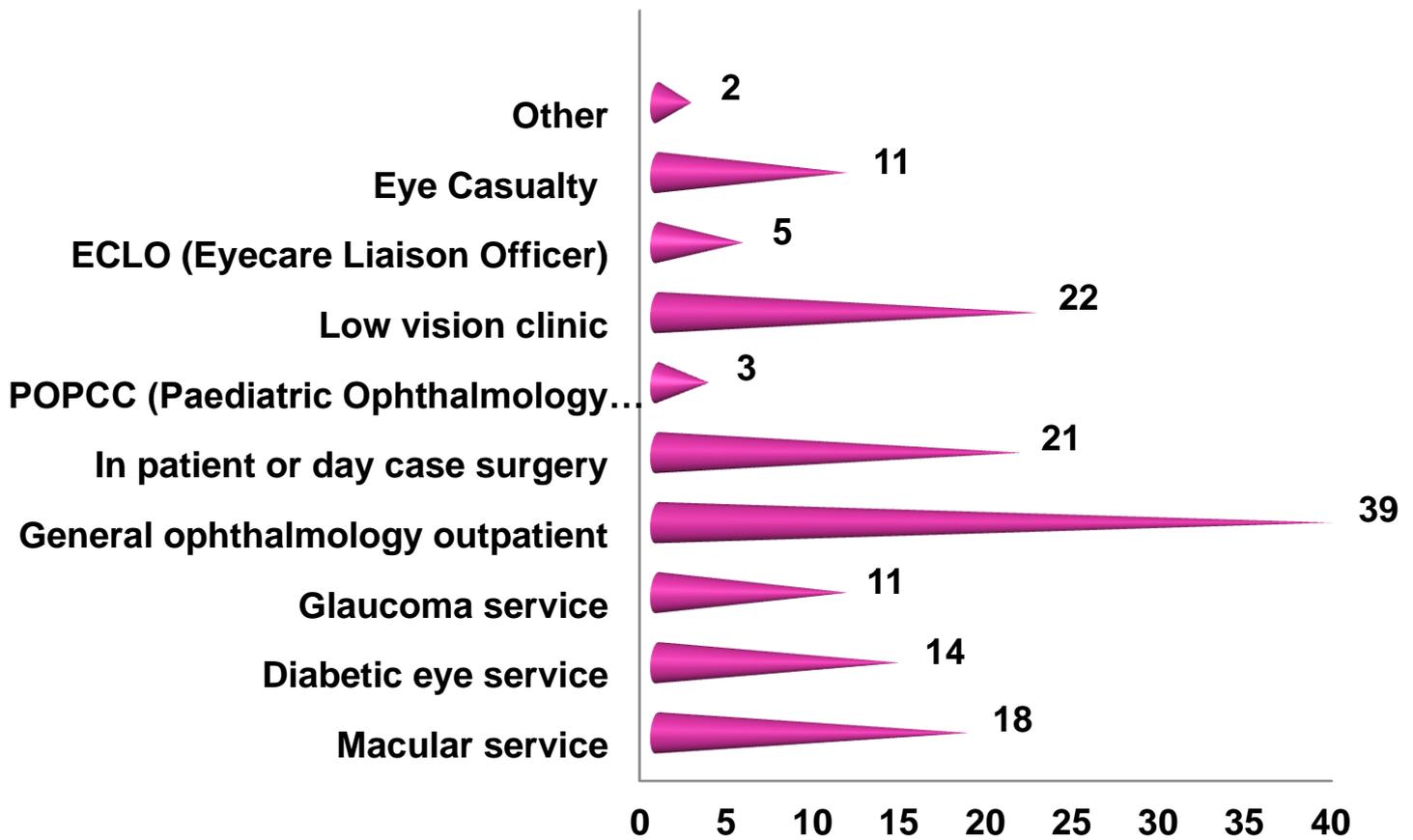
Q13. When you visit an eye clinic do you receive information about other professional & support services available to you?



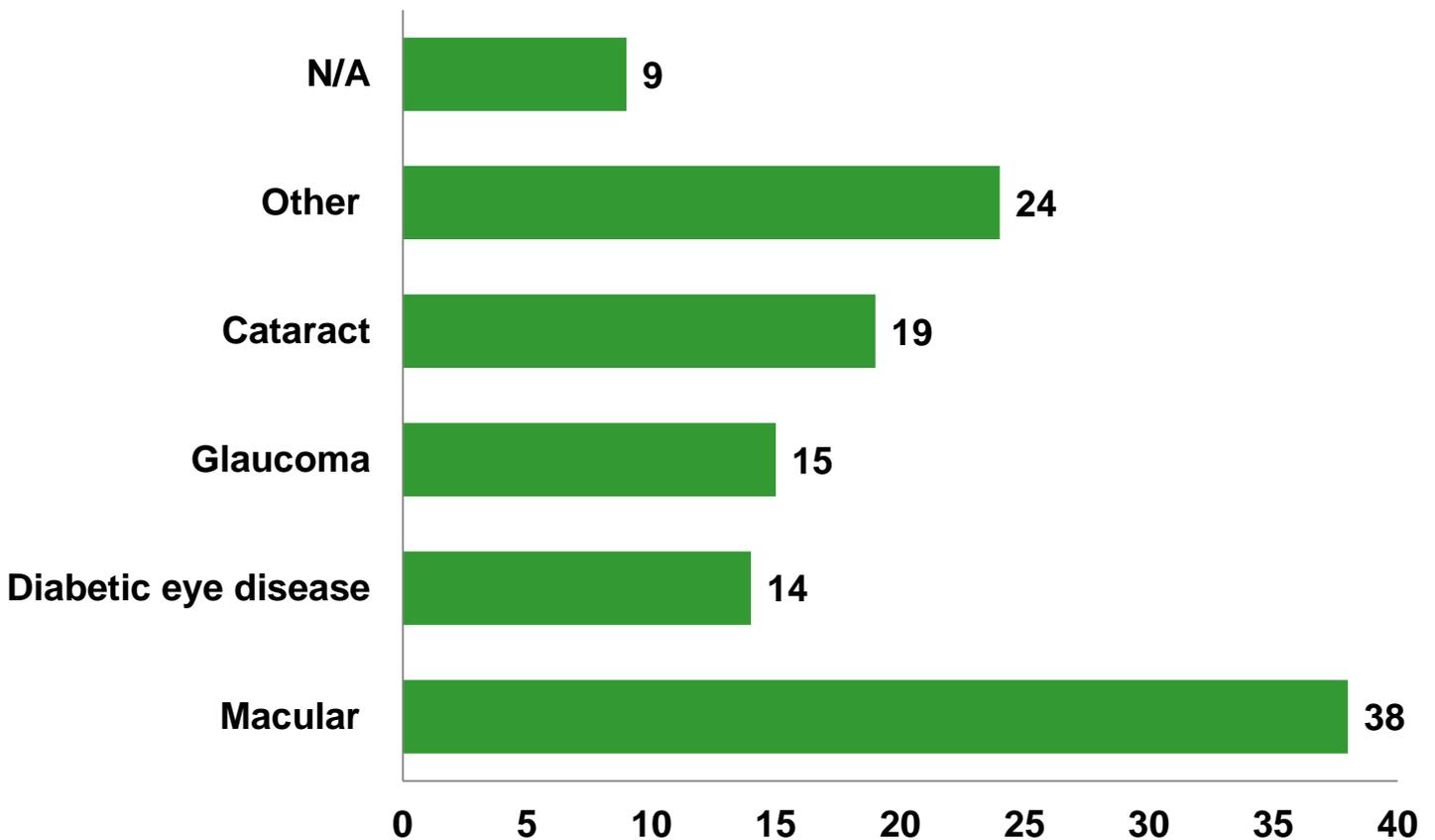
Q14. In your eye care experience, which of the following professional & support services were you involved with?



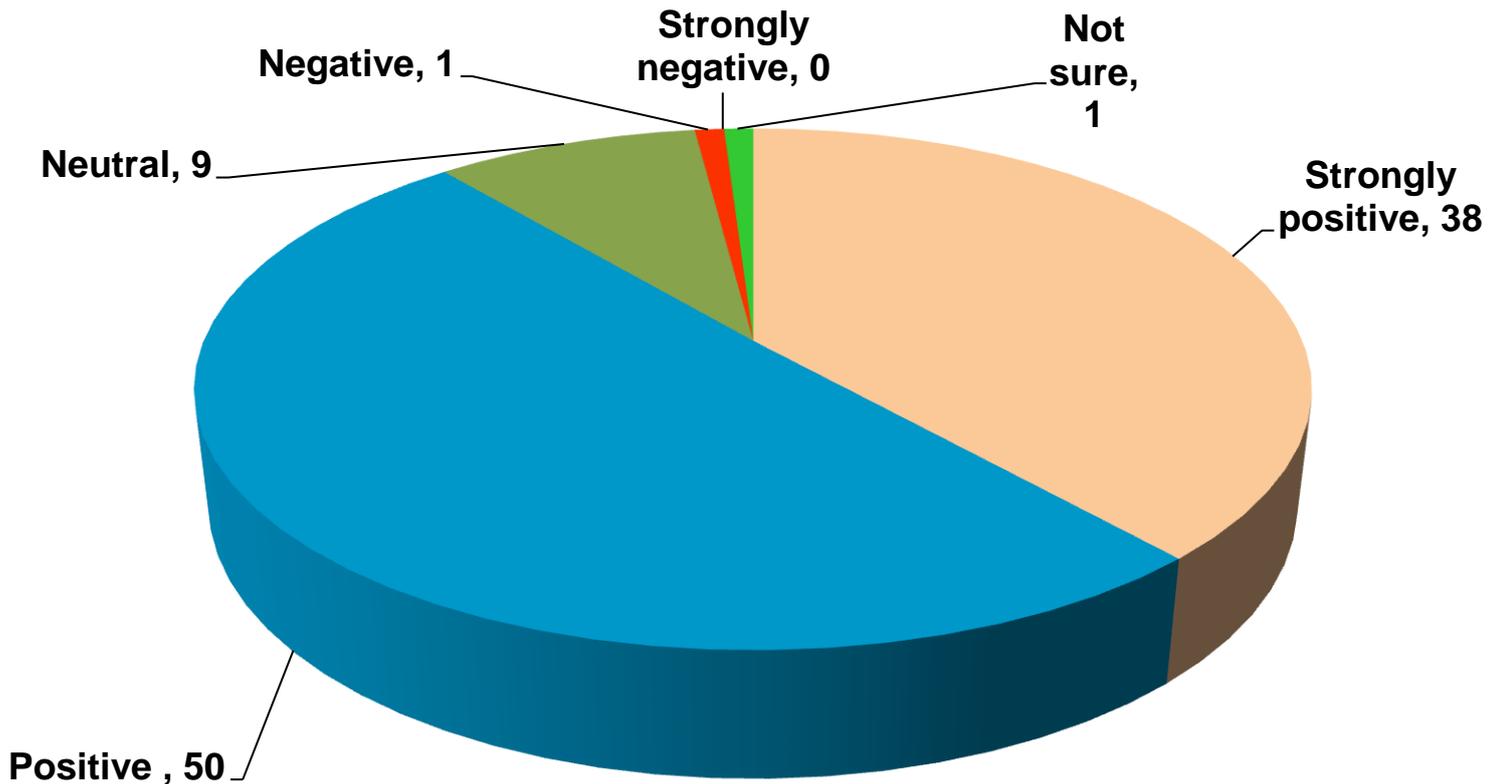
Q15. Did you attend any of the following services?



Q16. Did you attend the clinic/department because of any of the following conditions?



Q17. Overall how would you rate your experience?



Section 4: Key Messages

The learning points highlighted through the regional report and local stories provided useful insights into care experiences and enabled identification of key messages and areas for improvement both regionally and locally. The majority of people in the WHSCT rated their experience as positive or strongly positive, in these stories the key messages which appear to contribute to a positive experience are

1. Being treated with courtesy and respect and in a professional manner
2. Having access to local services
3. Receiving information about what will happen in their care journey and knowing what to expect at clinic appointments
4. Receiving effective treatment with good outcomes and successful treatments
5. Having consistency in care and being seen and treated by staff with which patients and their families have developed a relationship.

However there are stories which reflect areas for learning and reflection and are presented below.

1. Overall care of people who have visual impairments or registered blind. Particular challenges include the following

- Challenges using self-check in kiosks
- Some staff lack of awareness dealing with patients with visual impairments/ registered blind
- Difficulty in reading signs

Local actions- Areas for action have been shared with service leads and as a result of the information in the patients stories the following actions have been initiated

- Reception area re-opened in December 2016 as a result of information from patients indicating that they had difficulty with the self- service check in.
- Support from volunteers to assist with check in system
- The importance of staff introductions and first impressions, including staff attitude, has been reinforced with staff and the #Hello My Name is. Name badges have been ordered for all staff within the department
- A member of the RNIB has been invited and attends the Way finding/ Signage project set up specifically to look at signage within the hospital.

2 Receiving the right information and support at the right time in the right format

- Majority of respondents responded that they received correspondence in their preferred format, however some stories have shown that they would like larger print.

Local actions. Plan to review current patient information leaflets.

- RNIB have reviewed some patient information leaflets and provided some useful feedback for staff to consider
- Checking that information is clearly understood
- Larger print in appropriate formats

3 Access to services and waiting time .Number of stories describe long waiting times at the clinic which can lead to increased anxiety for the patient and their family. However, there was evidence of patients turning up earlier for their allocated appointment times in order to get parked.

Local actions-

- Reviewing the attendance pathways during clinic
- Increase in information given from nursing staff about delays
- A project has been undertaken regarding adherence to patient's appointment times.
- On-going monitoring and review of waiting times.

4 Environmental issues in clinics. Stories describe how people feel that the clinic is cramped and can consequently be uncomfortable with a lack of privacy while people are waiting to be seen.

Local actions

- Accommodation expansion for clinic 6 Altnagelvin Hospital in planning stages, to take into consideration patient feedback as part of the design process.

Section 5: Summary of Regional Recommendations

- Visual impairment awareness training for all staff, including accessing resources from RNIB
- Reception areas for eye clinics should be manned rather than relying solely on self-check in kiosks
- Assessment should be undertaken for environmental hazards

- Leaflet with key information/ maps/ directions/ instructions from the patients' postcode should usually be provided with first appointments and available on request.
- All Trusts should review their signage, being mindful of the needs of people with visual impairment
- Communication to the patient should be in a format appropriate to their need.
- Signs on charts to alert staff patient has visual/ hearing impairment
- Use of appointment reminders in appropriate formats should be promoted.
- Patients should be given clear information about their condition and where they can obtain information and support, for example through Eye Care Liaison Officer (ECLO)
- Checking that information is clearly understood
- Liaison with clinic and optometrist- possible letter to inform receipt of referral and approximate time scale. First referral to hospital eye care services-advice where to go if sight deteriorating whilst waiting for appointment GP/Optometrist direct link to specialist registrar for urgent referral. Greater awareness (GP) of direct link
- The adoption, by both optometrists and GPs, of e Referral via the Clinical Communications Gateway (CCG). Also allows e Triage (directing the patient to the most suitable clinic/ specialist) and referral- for advice functionality. Those who do not need to be seen by the hospital to be managed more appropriately in primary care, reducing anxiety and travel time, and freeing hospital clinic appointments.
- Access to the Northern Ireland Electronic Care Record (NIECR) will allow optometrists, like GPs (and ultimately service users) to be more involved in planning and decision making about care, including time to treatment.
- A planned suite of indicators around outcomes-based accountability should require providers to report on breaches to clinically- indicated review appointments. This would allow failsafe targeting of those at risk of breach.
- Need to continue to address waiting times
- Addressing waiting times is a key commitment of "Health and Well Being 2026- Delivering Together" and the resultant Elective Care Plan. HSC Board and PHA are planning system- wide changes to reduce demand/ capacity gaps, build capacity in primary care, and improve the interface between primary and secondary care, This interface should allow for fast- track referral should a managed condition deteriorate.
- Reminder to staff of their own personal and professional responsibility in relation to their Code of Conduct and the protection of patients information
- Future restructuring. Rebuilding needs to take account of the need to ensure the environment is conducive to ensuring privacy is protected
- Adequate and appropriate seating should be provided in clinic area
- Trusts should consider opportunities for eye related health promotion information in clinics.

Staff Stories stories have been received from staff who work in a range of roles within eye care services, including nursing staff, consultants, orthoptists,

medical technicians and clerical and administrative staff. Many of the staff indicates that they have been working in eye care services for a number of years and reflect positive working environments. Stories describe how staff feels that they can build up relationships with patients who attend their clinics on a regular basis.

Staff are keen to work with service leads to reduce waiting times for patients as they can see the effects on a person's eyesight if they have to wait for a long time to receive their care.

Extracts

"If we had more resources and a larger department we could provide a better service for the patient"

"Provide more information and education to improve patients compliance with treatment and acceptance of their disease"

"Patient arrive on wrong date but still request to be seen as they have "made the journey"some patients understand that the appointment can't go ahead. But others become quite aggressive to the reception staff."

"It is rewarding to be able to help people to see better especially surgical treatments.

"Frustrating when continuity is lost e.g. pooled waiting lists"

"

Section 6: Conclusions

Based on the information received, it is encouraging to note that for many people their experience of hospital eye care services has been a positive one. The analysis of the information helps to identify what really matters to people and to highlight reflection and improvement. The overall themes and messages will be integrated into and will help to inform future planning of hospital eye care services to ensure that they are patient centered.

For further information contact vi.gray@westerntrust.hscni.net

Section 7:References

- Delivering Together Health and Wellbeing 2016-2026: Department of Health (2016): Department of Health, Social Services and Public Safety.
- Developing Eyecare Partnerships: Improving the Commissioning and Provision of Eyecare Services in Northern.
- Elective Care Plan- Transformation and Reform of Elective Care Services Ireland Department of Health, Social Services and Public Safety. Belfast 2017
- Quality 2020: A 10 year strategy to protect and improve quality in health and social care in Northern Ireland
- Sensemaker Software produced by Cognitive Edge