

## Issue for consideration of Priorities Panel

**For official use only:**

Issue ID Number: 039

Date received by Operational Director

: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date to Priorities Panel

11/08/10

**Office use:**

Name:

(JJ, RA, KT, All)

Date completed and initials:

Date of referral to LINK	June/July 2010
Date issue arose	Various
Title (Headline/short title of issue)	Issues relating to outpatient appointments
Nature of interest/standing of person in relation to issue:	
Recipient of service <input checked="" type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Advocate/Campaigner <input type="checkbox"/> Other <input type="checkbox"/>	
If other, please state what their standing is in relation to the issue:	
Is the person raising the issue a:	
LINK participant?	<input checked="" type="checkbox"/>
Member of the public?	<input type="checkbox"/>
Priorities Panel Member?	<input type="checkbox"/>
Governor Group Member	<input type="checkbox"/>
LINK Development Worker	<input type="checkbox"/>
Part of an organisation	<input type="checkbox"/>
If raising issue on behalf of	

<p>an organisation, state name and brief details of what they do</p>	
<p>Summarise issue (no more than 100 words). If necessary, a more detailed account may be submitted on page three with additional pages attached if necessary</p>	<p>Several LINK participants have raised issues concerned with logistics of outpatient clinics, booking systems and communications. These problems can cause unnecessary inconvenience and distress through delayed or cancelled appointments which ultimately impacts on both patients and clinical staff. The issue was first raised with the LINK in July 2010 by a carer who had problems taking a relative to an appointment due to confusion caused by the appointment letter. Two further LINK participants came forward in July with similar outpatient clinic issues whereby clinics were running late or appointments cancelled without adequate communication between clinicians and patients.</p>
<p>Please use this space to give a detailed account of the issue to be raised with the Priorities Panel. (N.B: Form will expand to accommodate additional text – other documentation can be appended, as necessary)</p> <p>There appears to be a multitude of problems patients face when they attend outpatient clinics.</p> <p>For example; a patient requiring a cataract operation at William Harvey Hospital received a confirmation letter but on the day was not on the surgeon's list. Another patient had an eye appointment at Buckland Hospital but the appointment was cancelled without notifying the patient prior to appointment date. Although a cancellation letter was sent it was dated after the appointment and was received later. Another patient whose initial appointment was in June 2009, received notification that her appointment with the consultant would be in September 2010. The following are the issues raised by three LINK participants:</p> <ul style="list-style-type: none"> <li>• Communication between patients and hospital staff, and between those working within the service, needs to improve. Cancellation letters should include a rescheduled date and be sent out in timely fashion. Procedures should be in place to ensure that patients are informed in time should changes to their appointments be necessary.</li> <li>• Consideration needs to be given to the status of the patient, for example, elderly patients may not be able to attend clinics early or late in the day if they are dependent on the bus service or if they need hospital transport which needs to be available to pick them up at appropriate times on account of the locations of their homes. Working patients may prefer early or late appointments to avoid loss of working time.</li> <li>• Block booking of clinics should be avoided as it creates parking problems and</li> </ul>	

- Outpatient appointments being made for the same person over different sites may contribute to poor communication between departments with patients and can lead to consultants not always having all the patient's records when making a diagnosis.
- Patients have to wait too long between an initial appointment and an appointment for diagnosis (e.g. 15 months)
- The need for procedures in place to ensure that consultants have the necessary information for making a diagnosis, for example test results and equipment.

Is the issue currently under investigation, via a complaint or inquiry or being dealt with by somebody else (this includes being part of a wider campaign on the issue)?

Yes

No

If yes, give details of actions already taken including contact details of others dealing with the issue:

Following the raising of the initial issue in July a letter was sent to East Kent Hospitals University Foundation Trust (EKHUFT) raising the issue directly with them. Consequently a response was received from the Trust which is copied onto the bottom of this form but states that the Trust has come up with a way of customising the way appointment letters are generated, especially at Queen Elizabeth Queen Mother Hospital, to rectify the confusion caused to the initial issue raised with the LINK.

A letter sent to Stuart Bain resulted in an earlier appointment for an ophthalmology patient. Another letter, sent when a clinic at the William Harvey was over an hour and a half late, and the nurse announcing this said it happened regularly, plus at the same clinic, the consultant did not have test results, resulted in a less satisfactory outcome, but the patient was told a better system of passing information between hospitals was in the process of being installed.

Is there a timescale/deadline/circumstance affecting this issue which may mean the LINK will have to act quickly, e.g. closure of a unit, change of service, a particular urgency?

Yes

No

If yes, what is that circumstance and what is the timescale by which action has to be taken?

A patient could suffer avoidable permanent damage on account of too long a period between an initial appointment and the diagnosis of a health issue, so the sooner evidence can be collected to stimulate the improvement of outpatients'

clinics, the better.

What expectation does the person raising the issue have of the LINK, i.e. what does that person want the LINK to do/what action does it want it to take?

A project could be set up to look at outpatients' journeys through secondary care from booking of appointments, correspondence, access, timing of clinics, waiting times, cancellations and rebooking of appointments across Kent.

The objective would be to improve the outpatient clinic process by encouraging a more efficient way of organising outpatient clinics to ensure they meet the needs of patients and staff preventing such cost inefficiencies as hospital transport turning up to collect patients that have cancelled their appointments. It could also identify whether or not there are any well run clinics which could be used as examples of best practice to help others to improve.

Fuller details of the project would be worked up once approval has been given to move forward but could include the use of LINK authorised visitors.

What would be a good outcome from the perspective of the person raising the issue?

The improvement of outpatient clinics across Kent to ensure they better meet the needs of patients and staff and to help ensure that NHS resources are used efficiently e.g. less occurrences of 'did not attend'.

What evidence does the person raising the issue have to support the case they are putting for the LINK to take action? List or attach evidence and sources, if available.

Personal experience of two patients and one carer brought to the LINK with regard to problems with outpatient clinics at different sites across Kent.

Also observed at the William Harvey was the distress of an elderly patient who was denied a meeting with a consultant because of arriving late on account of being unable to get to the hospital in time.

At an ophthalmology clinic at the William Harvey Hospital, two small children were kept waiting over an hour and a half, which distressed them and made life difficult for their mothers.

How widely does this issue affect other people?

Problems have been reported with outpatient clinics across Kent so there is the potential for many people to be affected by these issues but most seem to assume poor service has to be accepted and are reluctant to complain.

In what ways are other people affected by this issue.

Outpatients and their carers using services and facilities across Kent are either travelling unnecessarily to cancelled appointments, being left waiting due to clinics running late or missing appointments completely due to lack of or mis-communication. The Hospitals do not appear to be running to maximum efficiency if the through-put of patients is not effectively managed. This is an unnecessary cost for the Trust and is not effective use of personnel.

Signed Louise Murrell

Date 28 07 10

RECEIVED  
26 JUL 2010

East Kent Hospitals University **NHS**  
NHS Foundation Trust

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**Directorate of Clinical Quality and Patient Safety**

22 July 2010

Graham Hills  
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Dear Graham

Thank you for your letter received 2 July; regarding appointment letters. May I begin by offering an apology to the patient/family concerned for the added stress the confusing information about the QEQM (Queen Elizabeth the Queen Mother Hospital) entrances may have caused. The concerns raised as well as the helpful suggestion are very much appreciated, as these allow us to provide improved services and enhance our patients' experience.

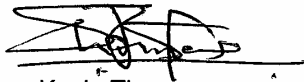
Appointment letters, for the most part, are automatically generated by the Patient Administration System (PAS). The PAS automatically draws the official hospital address into the patient's appointment letter. At QEQM, this is the St Peters Road address. However, as QEQM has two main entrances there is also a 'rider' in the body of the letter which can say if the appointment location is at the Ramsgate Road entrance. The Patient Service Centre (with the exception of human error) will ensure this rider is selected for appointments at the Monkton Suite (the outpatient area at Ramsgate Road end of the hospital). However, there are many other departments making appointments and it is often in these other areas that the 'rider' tends not to be selected.

We have come up with a way of customising appointment letters according to the clinic code assigned on PAS; the implementation of this is ongoing. Appointment letters for pre-assessment for surgery do not fall within Patient Access Services. This is being addressed by Theatres and/or the surgical directorates. In addition, we have been working with Access Governance on improving and standardising appointment letters.



I hope we can continue to work closely together, to ensure our patients and the larger public have a positive experience of our services, and can confidently use our Patient Experience service for their complaints, concerns, comments and compliments.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Kunle Thomas', written over a horizontal line.

Kunle Thomas  
Head of Patient Experience

Recommendations Proforma – ID 039

No	Recommended action	Please tick	If additional information required, please specify	Additional comments, if any
1.	No further action			
2.	Watching brief			
3.	Letter to Trust/Social Care calling for comment before taking any further			
4.	Urgent action as issue concerns patient/client safety			
5.	Further information required, please specify			
6.	Consult/ survey participants to check level of interest/concern before proceeding to any other action			
7.	Start discussion on LINK web site/through LINK Bulletin			
8.	Question to Citizen Jury			
9.	Topic for local meeting			
10.	Urgent unscheduled visit –specify purpose of visit in comments column			
11	Refer to regulator, e.g. Care Quality Commission, Ofsted, Health and Safety Executive, Royal Colleges, etc –please specify			
12	Potential to develop as possible LINK project			
13	Any other recommended actions			