

ONE BROMLEY

OUTPATIENT TRANSFORMATION

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Contents

1. INTRODUCTION	1
2. CONTEXT	2
3. QUESTIONS AND RESPONSES	2
4. WHAT WE LEARNT	7
5. NEXT STEPS	8
6. ACKNOWLEDGEMENTS	8
7. EQUALITY DATA	9

1. INTRODUCTION

This report provides the outcome of a survey undertaken with Bromley CCG patient advisory group (PAG) members to get their initial views on plans to redesign outpatient services. It was very much designed as an opportunity to test early thoughts about the programme. A much wider engagement process will be undertaken to capture more views and explore some of the proposals in more detail.

The report sets out the questions and responses, together with the main themes captured through additional constructive comments.

The survey was open for three weeks and 32 PAG members responded.

The outcome of this survey will be used to inform the development of plans for wider engagement with patients and the public on outpatient redesign for the following speciality areas:

- Rheumatology
- Cardiology

- General Paediatrics
- Haematology

2. CONTEXT

The NHS Long Term Plan highlights the need to take a fresh look at how outpatient services are delivered, recognising that patient demand has increased, while clinical practice and technology have both developed. The ambition is that over the next five years there will be a reduction in traditional face to face outpatient consultation; replaced by other alternatives such as virtual and online consultations.

The One Bromley integrated partnership offers the opportunity to cross traditional organisational boundaries. A joint team will work with clinicians and patients to redesign and implement outpatient pathways in the four speciality areas. The learning gathered will be used to move to more specialities in 2020/21.

3. QUESTIONS AND RESPONSES

Q1: Have you ever had an outpatient appointment?

ANSWER CHOICES	RESPONSES	
Yes	93.55%	29
No	6.45%	2
TOTAL		31

Q2: In general, what has your outpatient experience been like?

ANSWER CHOICES	RESPONSES	
Generally positive	46.88%	15
Generally negative	6.25%	2
Mixed experiences	40.63%	13
I have never had an outpatient appointment	6.25%	2
TOTAL		32

Q3: Can you tell us what went well (tick all that apply)

ANSWER CHOICES	RESPONSES	
Initial GP appointment and referral to outpatient clinic	53.13%	17
Waiting time for an appointment	31.25%	10
Waiting time in the outpatient clinic before you were seen	43.75%	14
Communication from hospital about your appointment and what would happen	43.75%	14
Access to the outpatient clinic (was it easy to get to)	50.00%	16
Clinical knowledge and expertise of the people who treated you	65.63%	21
Attitude and compassion of staff you saw	46.88%	15
Follow up information you received after your appointment (where relevant)	28.13%	9
Follow up from your GP after your treatment was finished in hospital	18.75%	6
N/A	12.50%	4
Any other comments?	Responses 12.50%	4
Total Respondents: 32		

Additional comments:

- Positive comments about a particular GP.
- In general my GP surgery is excellent. Referral to outpatient clinics was mixed. At one clinic all staff (including clinical and non-clinical) are excellent, supportive, helpful and informative. In another the whole process has been tortuous and lengthy.

Q4: Can you tell us what could have been improved?

ANSWER CHOICES	RESPONSES	
Initial GP appointment and referral to outpatient clinic	15.63%	5
Waiting time for an appointment	56.25%	18
Waiting time in the outpatient clinic before you were seen	40.63%	13
Communication from hospital about your appointment and what would happen	31.25%	10
Access to the outpatient clinic (was it easy to get to)	12.50%	4
Clinical knowledge and expertise of the people who treated you	9.38%	3
Attitude and compassion of staff you saw	18.75%	6
Follow up information you received after your appointment (where relevant)	37.50%	12
Follow up from your GP after your treatment was seen in hospital	31.25%	10
N/A	9.38%	3
Any other comments?	Responses 12.50%	4
Total Respondents: 32		

Additional comments:

- No automatic follow up from GP/other clinicians after surgery.

- Needed to speak to someone about the referral and follow up but telephones were not answered and answerphone messages not responded to.
- Constant changing of appointments. Never seen by the same doctor. Fracture clinic is appalling.
- Cancelled appointments
- Appointment at the PRUH for abdominal pain and had no information about when the colonoscopy would happen. Had to keep on at them to find out.
- Relating to children's outpatients - Waiting time for an appointment often very long. When an appointment was cancelled due to doctor's availability we were automatically given the next available appointment which was three months down the line. Had to call the hospital and complain in order to get into a sooner clinic even though my daughter should be seen quarterly as a matter of course. Communication of changes in dose in medication often very slow to be communicated to GP surgery causing confusion for us, the surgery and the pharmacy. Communication of test results often very slow to be communicated which has an adverse effect on my daughter's health.

Q5: We are considering improvements to outpatients care. Can you let us know what you think of the following?

	STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE	TOTAL	WEIGHTED AVERAGE
Providing expert clinical advice to GPs or other health professionals so that patients can be seen in the community	37.50% 12	31.25% 10	18.75% 6	6.25% 2	6.25% 2	32	2.13
Access to outpatient services in the community to reduce waiting times for appointments and follow ups	50.00% 16	31.25% 10	12.50% 4	0.00% 0	6.25% 2	32	1.81
Where clinically appropriate, providing telephone consultations	25.81% 8	35.48% 11	19.35% 6	16.13% 5	3.23% 1	31	2.35
Patients to arrange their own follow up appointments, rather than needing a referral	31.25% 10	25.00% 8	28.13% 9	9.38% 3	6.25% 2	32	2.34
Having the results of any diagnostic tests communicated to you over the phone or in a letter/email	68.75% 22	18.75% 6	3.13% 1	0.00% 0	9.38% 3	32	1.63

Q6: Our next few questions delve a little deeper into some of the proposals we are considering. The NHS is moving towards more 'virtual clinics' which means you don't have to attend a face to face appointment and instead will have a telephone call or online consultation with your clinician where this is appropriate. Do you have any opinions about this approach?

- Many positive about this approach.
- Concerns included:
 - Is technology up to date to enable this.
 - Telephone would be better for some and online for others
 - Some patients may not be as articulate over the phone.
 - Need for a face to face when a physical examination is required.
 - Not the right approach for all patients.
 - Need to have the right level of expertise available to treat patients.
- Ok in limited applications.

Q7: Many outpatient clinics can now be carried out in the community, for example at your GP practice or at a health and wellbeing centre. This can help to reduce waiting times and improve access to services. Would you like to access more outpatient clinics in the community?

ANSWER CHOICES	RESPONSES	
▼ Yes	93.75%	30
▼ No	6.25%	2
TOTAL		32

Additional comments:

- Only acceptable if there is no dilution of the consultant commitment and presence in such clinics.
- Non-functional GP.
- Parking at the surgery is a nightmare. Children and adults with contagious or infectious diseases are everywhere and the surgeries are all packed now. There is neither the staff nor the room for more people or appointments. If we have to go to a so called health and wellbeing centre, we might as well go to a hospital; at least a hospital is better equipped.
- Not sure. It is not clear where the appointment would be and we currently do not have a health and wellbeing centre in Bromley and there is no clear date when this will happen.

Q8: Have you ever had any diagnostic tests done in hospital?

ANSWER CHOICES	RESPONSES	
▼ Yes	87.50%	28
▼ No	0.00%	0
▼ If no, what is your reason?	Responses	12.50%
TOTAL		32

Q9: If you answered yes, how long did you have to wait for results?

ANSWER CHOICES	RESPONSES
▼ Less than a week	23.33% 7
▼ 7 - 10 days	20.00% 6
▼ 10 to 14 days	20.00% 6
▼ 2 to 4 weeks	16.67% 5
▼ 4 to 6 weeks	6.67% 2
▼ Longer than 6 weeks	3.33% 1
▼ Any comments? Responses	10.00% 3

Q10: If your clinician feels s/he doesn't need to see you face to face to share the results of diagnostic tests, how would you prefer to receive this information?

ANSWER CHOICES	RESPONSES
▼ I would still like a face to face appointment	15.63% 5
▼ Telephone call from the clinician who is treating me	56.25% 18
▼ Email	43.75% 14
▼ Letter	21.88% 7
Total Respondents: 32	

Q11: How far do you agree with having more diagnostic tests performed outside of hospital so that these can be done quicker and results sent straight to your consultant or GP?

ANSWER CHOICES	RESPONSES
▼ Strongly agree	43.75% 14
▼ Agree	34.38% 11
▼ Neither agree or disagree	12.50% 4
▼ Disagree	0.00% 0
▼ Strongly disagree	0.00% 0
▼ If you disagree, please could you say why? Responses	9.38% 3
TOTAL	32

Additional comments:

- I don't disagree but want to know where this diagnostic test would take place.
- Lots more scanners are not going to magically appear so the same number of patients would be waiting for the same number of scanners.
- Fine but communication is key.

Q12. Do you have any comments or questions?

The themes that came through were:

- Concern about putting additional pressure on GPs when services are already stretched.
- Preference for local facilities – need to ensure though that this is not at the expense of quality of care and that these facilities are accessible.
- Questions around additional workforce and additional diagnostic equipment to make these improvements happen.
- Patients still need a choice. Who would make the decision about face to face or virtual and using what criteria?
- Communications are very important – consider the communication and access needs of the patients.
- More serious concerns or physical examinations will require a face to face consultation.
- Make services run more efficiently.
- Positive and means patients will wait less time for appointments.

Q13: We want to engage local people in our plans to redesign outpatient care in Bromley. Do you have any thoughts or ideas of how should reach the wider community, including those groups who are harder to reach / seldom heard.

- Surveys in places that people go – day centres, children's centres, supermarkets, libraries, community halls, public areas, train stations, schools, shops, newspaper, information through the door and medical facilities.
- Use practice participation groups to get information from practice populations.
- Community networks and groups (faith groups, voluntary organisations etc)
- Those already using outpatient services
- Homeless shelters, pubs etc.
- Pop up information stands
- Make information accessible.

4. WHAT WE LEARNT

- **Mixed experiences** – the majority of respondents had had an outpatient appointment. Around half were positive about their experiences and a similar number had mixed or negative experiences. What came over as most positive was

the clinical expertise available and the referral process from the GP. Areas for improvement included waiting times (both for an appointment and in the clinic) and communication following treatment.

- **Support for the proposals** – Generally there was support for what is proposed and the majority were positive about having outpatient clinics in the community. A number did express caution – such as considering the different needs of patients and ensuring any changes did not compromise quality of care. A number said they would still want to be seen if a physical examination was required. Some people are not as confident when talking over the phone so may not get all their points across.
- **Communication needs to improve** – particularly about outpatient appointments and diagnostic testing appointments and results.
- **Diagnostic testing** – positive about having these done outside of hospital if results were available quicker; but questions asked about additional equipment to enable this to happen.
- **Workforce** – some concerns about additional pressure on GPs to deliver community based outpatient clinics and additional staff that may be required to run this new model of outpatient care.
- **Digital infrastructure** – Mixed views on whether the current digital systems were equipped to cope with these changes.

5. NEXT STEPS

This feedback will be considered by the One Bromley joint team leading on the outpatient transformation in Bromley. It will be used to plan a wider public engagement exercise that will test out these plans with:

- General public – ie those who may use outpatient services in the future as well as those who have lived experience.
- Those currently using outpatient services in those specialties that will go first.
- Seldom heard communities
- Parents (particularly for the general paediatric pathway)

Once the feedback is received from the wider engagement process, it will be assessed and tested for each of the four specialities in a workshop. Patient representatives will be sought to form part of a co-design group to work alongside hospital and community staff, GPs and commissioners to redesign new outpatient pathways for the four specialities.

6. ACKNOWLEDGEMENTS

Our thanks to members of the CCG's PAG, for giving up their time to complete the survey and sharing their views. The One Bromley integrated partnership is committed to meaningful patient engagement and ensuring that we seek opinions on proposals at an early stage so that patient and public voices are informing our plans.

7. EQUALITY DATA

This section provides the equality data of those who completed this section in the survey.

AGE

ANSWER CHOICES	RESPONSES	
Under 18	0.00%	0
18-24	0.00%	0
25-34	3.23%	1
35-44	6.45%	2
45-54	3.23%	1
55-64	25.81%	8
65+	61.29%	19
TOTAL		31

DISABILITY

ANSWER CHOICES	RESPONSES	
Yes	15.63%	5
No	81.25%	26
Prefer not to say	3.13%	1
TOTAL		32

RACE

ANSWER CHOICES	RESPONSES	
White - Welsh / English / Scottish / Northern Irish / British	90.63%	29
White Irish	3.13%	1
White - Gypsy or Irish Traveller	0.00%	0
Mixed - White and Black Caribbean	0.00%	0
Mixed - White and Black African	0.00%	0
Mixed - White and Asian	0.00%	0
Asian - British	0.00%	0
Asian - Indian	0.00%	0
Asian - Pakistani	0.00%	0
Asian - Bangladeshi	0.00%	0
Asian - Chinese	0.00%	0
Black - British	3.13%	1
Black - Caribbean	0.00%	0
Black - African	0.00%	0
Arab	0.00%	0
Other (please specify)	Responses 3.13%	1

GENDER

ANSWER CHOICES	RESPONSES
Female	68.75% 22
Male	28.13% 9
Intersex	0.00% 0
Prefer not to say	3.13% 1
TOTAL	32

TRANSGENDER

ANSWER CHOICES	RESPONSES
Yes	0.00% 0
No	96.88% 31
Prefer not to say	3.13% 1
TOTAL	32

MARITAL STATUS

ANSWER CHOICES	RESPONSES
Single	0.00% 0
Married	65.63% 21
Civil Partnership	0.00% 0
Divorced/Person whose Civil Partnership has been dissolved	15.63% 5
Widowed/Surviving Civil Partner	15.63% 5
Separated	0.00% 0
Prefer not to say	3.13% 1
TOTAL	32

PREGNANCY

ANSWER CHOICES	RESPONSES
Yes	3.13% 1
No	93.75% 30
Prefer not to say	3.13% 1
TOTAL	32

RELIGION

ANSWER CHOICES	RESPONSES	
▼ No religion	31.25%	10
▼ Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	65.63%	21
▼ Buddhist	0.00%	0
▼ Hindu	0.00%	0
▼ Jewish	0.00%	0
▼ Muslim	0.00%	0
▼ Sikh	0.00%	0
▼ Prefer not to say	3.13%	1
▼ Other (please specify) Responses	0.00%	0
TOTAL		32

SEXUALITY

ANSWER CHOICES	RESPONSES	
▼ Heterosexual/Straight	93.75%	30
▼ Lesbian	0.00%	0
▼ Gay	0.00%	0
▼ Bisexual	3.13%	1
▼ Prefer not to say	3.13%	1
▼ Other (please specify) Responses	0.00%	0
TOTAL		32

ENDS