

Kettering General Hospital Ophthalmology Enter and View

June 2024



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Introduction

Healthwatch aims to conduct regular evaluations of selected health and social care services within the community. Conducting these reviews helps us to directly support and give valuable feedback to services that have been identified as needing focus. Our visits result in our service making recommendations for ways that service providers can continue to provide effective and satisfactory care. Healthwatch North and West Northamptonshire's aim with this Ophthalmology Unit visit was to evaluate the services provided within Kettering General Hospital's Eye Unit, including Ophthalmology Outpatients and the Spencer ward.

Kettering General Hospital's recent rating from the CQC¹ – Care Quality Commission was noted as requiring improvement, and this was kept in mind during our visit to the various services. However, we recognise that this rating is representative of the whole hospital and not a specific rating for the Ophthalmology Department.

Summary

On the 20th of June 2024, Healthwatch Representatives which consisted of two volunteers and two staff members from Healthwatch North and West Northamptonshire visited Kettering General Hospital's Ophthalmology Department to carry out an "Enter and View". This visit aimed to view the services provided by the department from the perspective of the service users. The Healthwatch Representatives were joined by Amanda McQueenie the KGH's Patient Experience Manager and Sister Lisa Coleman in charge of Ophthalmology.

On the day of the visit, Healthwatch North and West Northamptonshire representatives went to the Ophthalmology Outpatients and Spencer Ward. The information gained from the visit was used to make some recommendations, and areas in which the service was providing quality care, were acknowledged.

¹ <https://www.cqc.org.uk/location/RNQ51>

Key Findings

Positives

- Staff within the department are very friendly and helpful. They have positive interactions with patients and work well together as a team.
- Patients felt that staff within the department were excellent and patients had positive experiences within the department.
- There was positive morale within the team and staff seemed satisfied within their roles.
- All facilities were very clean and well-maintained.
- Seating areas were clean and well organised.
- The facilities are accessible for those with physical disabilities, with wide corridors and foldable seats in the hallways.
- Signage was large and clear making it accessible for those with sight issues as well as dementia.
- Information posters were visible in a variety of languages.
- Display boards within the department were clear, uncluttered and relevant.
- A paediatric waiting area was available with safe and appropriate equipment.
- Patient information and materials were available in bold print and other languages.
- A quiet room is available for those who wish to utilise it. Signs displaying this are clearly visible in all waiting areas.
- Sign to say British Sign Language (BSL) offered was clearly displayed.

Challenges

- The print size on some of the display boards could be increased.
- The water fountain within outpatient waiting area 2 was not working.
- Socket covers need to be added to all sockets not in use within the waiting areas, especially within the children's area.
- The TV in the main waiting area could be fixed. Staff stated that they have put in a request to Estates concerning this. It was installed but never went online due to supplier closure.
- There were no wipes in the antibacterial wipe box in the children's waiting area.

- Ceiling tiles on outpatient waiting room 2 could be replaced.
- Blank notice board within waiting room 2 that could be utilised.
- Information was not available in Braille.

Recommendations

Environment

When visiting the children's waiting area, we noticed that the plug sockets on the wall were not covered. We recommend that the unused sockets within the waiting areas have plug covers placed on them, to ensure patient safety, especially in the children's waiting area.

We understand that the department faces high demand for patients, however, we recommend that the availability of antibacterial wipes be checked regularly, especially in lesser-used areas such as the outpatient waiting area 2.

We noticed that the water fountain in the outpatient waiting area 2 needs to be fixed, we recommend raising this with building maintenance, as this will improve the experience of patients attending the clinic.

Engaging Patients

In the main outpatient waiting room, we recommend that the large TV be connected to display notices or TV programmes for patients. We feel that this is something that makes a difference for patients who are experiencing long wait times in the department. The Sister on the ward did state that they had already placed a request for its connection, but that an issue with the supplier had meant that this was delayed while a new supplier was found.

Communication

Overall, we were impressed with the posted notice boards and information available for patients, however, we felt that the font on one or two of the notice boards could be increased. The larger font is supportive for those who are struggling with their vision and for those with learning disabilities. We noticed an unused display board in waiting area 2 and we recommend that it be utilised for patient information.

Regarding communication, we felt that it may be useful given the nature of the department for information to be available in Braille, for those with limited or no sight.

Hospital Facilities

Based on the feedback heard, we feel that better signage could be installed at the main hospital entrance to aid patients who arrive this way.

We understand that parking is a hospital-wide issue, and through our enquiries service, we frequently hear that patients accessing Kettering General Hospital face this problem. Therefore, we believe it is appropriate to recommend that upper management at the hospital address this issue.

Methods

Healthwatch North and West Northamptonshire have a statutory right to enter Adult Health and Social Care Services to view the premises and to speak with both patients and staff members. We used our ability to enter services and review through a format called Enter and View. This methodology is a tool originally created by Healthwatch England, and our visit was conducted alongside their guidelines and our Enter and View Policy². This ability to Enter and View services offers a way for Healthwatch to meet some of its statutory functions and allows for the ability to identify what is working well with services and where they could be improved³.

We preplanned and arranged this visit with the team at KGH, allowing time for staff and patients to have notice. Prior to our visit, Healthwatch North and West Northamptonshire (HWNW) posters were distributed and displayed within the Ophthalmology Department, informing patients about what HWNW does as an organisation.

Upon arriving at the department, the review aimed to ensure that the perspective of the patient was captured, therefore Healthwatch Representatives (staff and volunteers) focused on seeing things through the “eyes of the patient”. Healthwatch representatives used an Enter and View template to guide them through the visit and walked around and reviewed the department. By walking around, observing the surroundings of the Ophthalmology Department, speaking and asking questions to both staff and patients, Healthwatch was able to gather a thorough understanding of how the service was functioning.

² <https://www.healthwatchnorthamptonshire.co.uk/report/2023-01-17/our-enter-and-view-policy>

³ https://network.healthwatch.co.uk/guidance/2019-04-23/guide-to-enter-and-view?gad_source=1&gclid=Cj0KCQjwncWvBhD_ARIsAEb2HW9oQ_19jklyXM7W8hblfMPSyK7rDPcjiGChi25TLBnBvIFr7ar9XH8aAgIHEALw_wcB

Our team of Healthwatch Representatives used elements of the Patient-led Assessments of the Care Environment (PLACE) framework as a part of the Enter and View, so that we could assess whether the environment would be considered accessible and dementia-friendly⁴. This allowed our organisation to highlight the positives and the elements of the service that are effective, as well as looking to reflect on what can be improved. These findings were documented and summarised by our Healthwatch representatives, which were then expanded and reported on within this report. After the report is finalised, a copy of the report is sent to the Directorate Manager of Ophthalmology services, who will be given the opportunity to respond and is asked to formulate an action plan for the points which we created recommendations for.



⁴ <https://digital.nhs.uk/data-and-information/areas-of-interest/estates-and-facilities/patient-led-assessments-of-the-care-environment-place/dementia-friendly-environments-guidance-for-assessors>

Findings from the Ophthalmology Department

The Ophthalmology Department sits on a single floor within area A of the hospital. Within the Ophthalmology Department, there is the Ophthalmology Outpatients and Spencer Ward. Our findings from the department are detailed below.

Ophthalmology Outpatients

Environment

When first arriving at the Ophthalmology Outpatients Department, the atmosphere was calm and quiet. The department smelt clean and fresh and gave a welcoming first impression. The department was well-lit, uncluttered and well-maintained. Patients were seen booking in and some were already seated in the waiting areas. All staff were wearing name badges that were clearly visible and those staff seen interacting with patients were doing so in a friendly and respectful manner.

A sign offering a quiet room was available for those who might need it, such as neurodivergent patients, was clearly displayed on the reception desk. The waiting room was modest in size and at the time of the visit a few patients were waiting, but there was still seating available. The seating area was clean with moveable chairs allowing space to be made for patients in wheelchairs if needed.

There were infection measures in place with hand gels and wipes available around the waiting area as well as facemasks available for anyone who wished to use them. There are other waiting areas within the department and information was displayed to explain to patients how to find the areas.

A water dispenser was available to patients and due to the warm weather on the day of the visit, multiple high fans were running which meant the department was kept relatively cool for all waiting patients. There was a large TV mounted in the waiting area but this was not working at the time of our visit.

There was information including pictures to inform patients who clinical team members were and their roles were displayed on boards within the waiting area. This information is also verbally reinforced by staff introducing themselves and giving patients their job role before asking the patient to accompany the staff member.

The display boards within the department contained relevant, up-to-date information for patients. Most of the display boards used large print and contained information in languages other than English. All the notice boards within the department were utilised and each had a particular topic focus. This gave the department a welcoming and well-cared-for feel. Display boards showing information on safeguarding within the department were also clearly visible.

There were many opportunities for patients to share their experiences across the department including comment cards and QR codes for feedback, all prominently displayed. There is also a private room available for patients who wish to discuss personal issues or concerns in private.

The department also includes four treatment rooms and an injection suite. These areas were clean, organised and well-ventilated. The injection suite had a small waiting area displaying relevant information for patients and a radio for patients to listen to while waiting.

The outpatients' second waiting area contained a dedicated children's waiting area. During our visit, there were no children using this area.

There were puzzle games attached to the walls of the waiting area and toys in a container for children to use. All the toys were clean and in good condition, as were the puzzle games on the wall. There was also a TV and a variety of films that children and families could use while waiting. The area was bright, clean and well-lit throughout. It was found that the plug sockets within the children's waiting area did not have covers, which could pose a risk to children. There were hand gels available in this area but the antibacterial wipes were empty.

Accessibility and Communication

The Outpatient's Department is accessible for those who have a disability or impairment and there are no obstructions within the facility that limit movement.

The signage in the department which directs patients where to go is clear, bold and easy to read. The information boards around the department were excellent, with information primarily displayed in large font. It was obvious that thought and effort had gone into each one. The board displaying information on dementia could be in a larger font but did contain information in a variety of languages.

The signage was accessible to those who have learning disabilities as well as to those with English as a second language. The boards displaying waiting time and clinic times were up to date and were updated during our visit.

Spencer Ward

Environment

The reception for Spencer Ward was clearly marked and there was a reception desk at the entrance with a small waiting area. The ward was clean and bright with a calm and friendly atmosphere. The reception staff were welcoming, efficient and friendly when checking in patients. On the day of our visit, there were some patients waiting but there was still ample seating available.

Patient notes were stored in a central position on the staff desk, allowing easy access for staff to make notes while maintaining confidentiality.

The toilets were easily visible, with a disabled toilet available for those on the ward. These toilets were clean and well-kept. Hand sanitisers were available across the ward and these were all full and working to ensure health and safety measures were observed.

All the corridors and waiting areas were well-kept and free of obstructions.

Food is made available to patients who are on the ward at mealtimes as well as to those who may experience an extra-long wait in the outpatient department.

Accessibility and Communication

Spencer Ward is accessible to those with disabilities. The ward is on ground level and has wide corridors, doors and walkways to allow for ease of movement. The chairs in the waiting area were not fixed allowing them to be moved to accommodate those using wheelchairs or other disability aid. During our visit, a patient in a wheelchair checked in. The reception staff came to move the chairs to allow the patient to wait next to his family members without waiting for the patient to ask.

The signage within the ward was easily read and used contrasting colours. Information was also available in languages other than English.

What People Told Us

We spoke with staff and patients within the Ophthalmology Department at KGH to ensure that we gathered a comprehensive understanding of their experiences and feedback both from working in and being patients of the department. When speaking to patients and staff we informed them at the beginning of the interviews that their identity would be kept anonymous. We were able to speak with a total of 5 patients and 3 staff members, this is what we found.

Service User Feedback

Communication

We spoke with patients about communication and asked them how they found the communication from KGH leading up to their appointment. The overall experience from patients was excellent, with the majority of patients experiencing excellent communication from KGH. Patients stated that they found getting an initial letter which was then followed up by a text nearer to the appointment very useful. One patient did feel that texting would also be easier than phoning, saying:

Service user: "Text message would be easier than phoning when English is not your first language. Easier to translate texts when language is a barrier."

Access

We asked patients whether it was easy to access and find their appointment's location and this question received a mostly positive response, with one patient noting that the signage to the department from the main hospital entrance could be improved.

Experience

We asked patients about how their interactions with staff members were during their visit to the Ophthalmology Department. All patients said that their experiences had been very good and that the staff had been polite.

Service user: "Interactions with staff have been excellent. Staff are great and I couldn't fault them in any way."

Service user: "Staff very polite and helpful."

Service user: "Really good. I have been 4 or 5 times so far."

Patients were asked if there was anything that they wanted to highlight as a good experience regarding their appointment. Patients mentioned the relaxed atmosphere within the department and the staff's ability to help them manage their anxiety around their visit.

Patients were asked if there was anything that could be improved about their appointment. Only one patient could think of an improvement and that was related to the difficulty in finding parking on the hospital site.

Staff Comments

We spoke to staff about their experience of working within the department, we asked about the best part of the department as well as what they think could be improved and asked about support and training.

Training and Support

All the members of staff we spoke to felt adequately trained to handle and understand the services within the department.

We asked the staff if there had been any training that had benefited them since working at the clinic. One member of staff stated:

Staff member: "The ability to learn on the job and gather skills as you work has been helpful."

We also asked staff if there was any training they wished to have, with one staff member saying they would like to see diploma and other extra training running more often.

We asked staff about the support they receive from the team and all members of staff said they felt supported.

Staff member: "Yes, very much so."

Staff member: "Yes, if I ever need support I can find support."

The Good and the Bad

We spoke with staff and asked them what the best part is about working within the Ophthalmology Department. Staff said the following:

Staff member: "The team, working with the other members of staff."

Staff member: "We know our roles and our strengths. We all support each other."

Staff member: "Getting to meet all the new patients."

Overall staff seemed to enjoy working within the department and felt supported by the other members of the team.

We asked staff members if there was anything that could be improved within the Ophthalmology Department. Staff said the following:

Staff member: "We need a whole new department due to the volume of clinics and patients. It's difficult having so many services in one department."

Staff member: "More space in the waiting area for patients."

The area of improvement that staff identified was around the physical space and environment within the department. Some staff felt that the department required renovation or that the space in the older part of the hospital made managing the volume of clinics challenging.



Commissioner and Provider Responses

We were delighted to welcome Healthwatch to our hospital to give a patient perspective insight to our Ophthalmology Services. Their observations and feedback will help us to understand how we can further improve the experience that service users have whilst using our services.

The visit covered both our inpatient and outpatient areas within Eye Care, which gave Healthwatch an insight to the patient journey when referred to these areas.

We note the recommendations from Healthwatch and will ensure that an action plan is in place to monitor the progress of these actions.

By working in a collaborative way, we can drive forward improvements with the focus on the experiences of patients and their carers being at the heart of our service, which is important to us. This report encapsulates very valid recommendations provided during the visit as well as helping us celebrate aspects that the team, and patients felt were positive.

Acknowledgements

Healthwatch North and West Northamptonshire is grateful for the time, efforts, and cooperation of Northampton Kettering General Hospital's Ophthalmology team and Patient Experience team. We appreciate the ability to be allowed into the Ophthalmology Facilities to evaluate and assess the premises, as well as being able to speak with staff and patients to better understand their experiences. Thank you for our volunteers for their hard work and time dedicated to gathering the data and valuable information needed for this Enter and View. Special thanks to Helen Mills, the Quality and Compliance Manager and Lucy Jones the Head of Patient Experience and Engagement, and Sarah Robinson from Ophthalmology at KGH.

Healthwatch North and West Northamptonshire's volunteers Sheila White and Mark Vincent.

About Healthwatch North and West Northamptonshire

Healthwatch North and West Northamptonshire is the local independent consumer champion for health and social care. We are part of a national network of local Healthwatch organisations. Our central role is to be a voice for local people to influence better health and wellbeing and improve the quality of services to meet people's needs. This involves us visiting local services and talking to people about their views and experiences. We share our reports with the NHS and social care, and the Care Quality Commission (CQC) (the inspector and regulator for health and social care), with recommendations for improvement, where required.

Our rights and responsibilities include:

- We have the power to monitor (known as "Enter and View") health and social care services (with one or two exceptions). Our primary purpose is to find out what patients, service users, carers and the wider public think of health and social care.
- We report our findings of local views and experiences to health and social care decision-makers and make the case for improved services where we find there is a need for improvement.
- We strive to be a strong and powerful voice for local people, and to influence how services are planned, organised and delivered.
- We aim to be an effective voice rooted in the community. To be that voice, we find out what local people think about health and social care. We research patient, user and carer opinions using many different ways to discover views and experiences. We do this to give local people a voice. We provide information and advice about health and social care services.

Where we feel that the views and voices of Healthwatch North and West Northamptonshire and the people whom we strive to speak on behalf of are not being heard, we have the option to escalate our concerns and report our evidence to national organisations including Healthwatch England, NHS England and the Care Quality Commission.

Find out more at www.healthwatchnorthamptonshire.co.uk

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About Connected Together

Connected Together Community Interest Company (CIC) is the legal entity and governing body for Healthwatch North and West Northamptonshire.

The remit of the Connected Together CIC includes:

- Contract compliance
- Legal requirements
- Financial and risk management
- Sustainability and growth
- Agreeing strategy and operations
- Agreeing policies and procedures

Connected Together CIC is a social enterprise. It aims to be first for community engagement across the county of Northamptonshire and beyond.

By using our expertise and experience, we can help you in delivering community engagement programmes including workshops, research, surveys, training and more. Contact us to find out how we can help your community.

We welcome ideas and suggestions for projects that benefit Northamptonshire and its community.

Find out more at www.connectedtogether.co.uk



Connected Together
First for Community Engagement

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