A Clearer View

Transforming Ophthalmology Services in North and North East Lincolnshire

Report

NHS North and North East Lincolnshire Clinical Commissioning Groups

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1. Introduction

The number of people who require ophthalmology services in the North and North East Lincolnshire areas is expected to increase sharply over the next 15 years. Pressure is already being felt within local services and many patients experience long waiting times for eye treatment and follow-up appointments.

North and North East Lincolnshire CCGs wanted to carry out an engagement programme to inform and involve patients, the public and other stakeholders in relation to improving ophthalmology services in the area.

The CCGs are currently drafting a new service specification that will be informed by what patients, carers, staff and members of the public say is important to them.

The Ophthalmology Service is currently a single service with additional day case support provided by an external provider. North and North East Lincolnshire CCGs proposed to split the service into two parts – a Clinical Assessment and Treatment (CAT) Service and a hospital based service (HES). The CAT Service will see the vast majority of patients as day cases and the hospital based service will be available for the small number of patients who require admission to hospital or need complex day case treatment outside of the CAT Service. This will enable a safe, high quality hospital service to continue to be provided within the available funding for North and North East Lincolnshire patients into the future.

The CCGs undertook to carry out engagement with patients, the public and other stakeholders across North and North East Lincolnshire to understand their views, perceptions and attitudes in regards to ophthalmology services. To support this engagement the CCGs commissioned Enventure Research, an independent research agency.

The engagement survey was hosted online and people could alternatively complete a paper copy if they wished. The engagement was promoted by the CCGs using information leaflets and was promoted on the CCGs' websites and social media pages. With the help of Healthwatch North Lincolnshire and Healthwatch North East Lincolnshire, the engagement was also promoted in outpatient clinics at Scunthorpe General Hospital and the Diana Princess of Wales Hospital in Grimsby.

In addition, the CCGs held focus groups with members of the public and meetings with stakeholder groups in the North and North East Lincolnshire area to understand views and perceptions in depth.

The data from the online and paper surveys was collated by Enventure Research to analyse and produce this independent report commenting on the results and feedback provided. In total **148 responses** were received. The CCGs also provided Enventure Research with the feedback from the focus groups and meetings to analyse alongside the findings from the survey.

The findings from the engagement will help the CCGs design more efficient ophthalmology services and reduce the amount of hospital based appointments in the future through the provision of some community based services.

2. Key findings

2.1 Outpatient care

Respondents were asked to rate what was most important to them in relation to accessing appointments, their experience of appointments and their experience of care and communication. They were able to rank their choices for each.

Getting to appointments
The most important factor in relation to accessing appointments was a 'suitable facility with all the required equipment' and quality of care was also mentioned in 31% of the comments provided in relation to the question.

'Easy to get to using public transport' was the next most important, closely followed by 'accessible building which is easy to find your way around' and 'ease of parking'. These were all mentioned in the focus groups and meetings facilitated by the CCGs. In regards to the location of clinics, participants in the focus groups and meetings proposed ideas such as the provision of mobile units and satellite clinics, and appointments taking place in GP practices instead of a hospital to make it easier for people to attend. However, some stressed that it is important that parking and ease of access using public transport are taken into account when planning the location of clinics.

'Cost of parking' was less important for survey respondents, but was highlighted as being important in the focus groups and meetings, with some suggesting that the cost of parking at hospitals in the area is too high. Three in ten (31%) survey respondents suggested that cheap or free parking should be available for patients when they were asked to comment about accessing appointments.

'Pleasant environment' was least important for survey respondents and this was not mentioned in the focus groups and meetings.

At the appointment
'Coordination of tests and consultations resulting in each appointment being no longer than it needs to be' was the most important factor in relation to the appointment itself.

'Having a choice of appointment times to meet my needs (or the person I care for)' was the second most important factor. Of the comments provided in the survey regarding experiences of appointments, 40% mentioned waiting times for appointments or having to be in hospital for a long time.

'Having a choice of appointment times to meet my needs (or the person I care for)' was closely followed by 'being kept informed throughout the visit about what to expect' and 'the information I receive before my appointment is clear and enables me to plan my visit'. These were not widely discussed in the focus groups and meetings however, with participants focusing more on the accessibility of appointments, parking, waiting times and communication.

Experience of care
In regards to experience of care, survey respondents ranked 'confidence in the skills of the staff' as the most important. This was reflected in the comments provided by respondents in relation to their experience of care (28%). Focus group and meeting participants also concluded that this was most important for patients.

'Being listened to and involved in decisions about my care (or the person I care for)' was the second most important and this was closely followed by 'the service is prepared for my (our) visit; they are ready for me (us) with notes / test results etc.'. The former was mentioned in 28% of the comments provided by survey respondents.

'Being treated with dignity and respect' and 'a service that runs on time with minimal cancellations' were seen as the least important. However, these were widely discussed in the focus groups and meetings. Participants highlighted that it is important that clinicians always introduce themselves to patients and explain their role, as this helps put patients at ease.

There was also much discussion in relation to waiting for appointments and delays. Although many thought that appointments on the whole seemed to mostly run on time, some had experienced block bookings at hospitals such as the Diana Princess of Wales Hospital, whereby more than one patient is given the same appointment time. This results in delays, cancellations and overcrowded waiting rooms. Participants also mentioned they would like to be informed of waiting times when they arrive at clinics. For some this could be communicated via signage, but for others, particularly those with visual impairments, waiting times would need to be communicated verbally.

In the comments that followed the question in the survey, 25% said that all of the experience of care factors were of equal importance and should be equally prioritised. In addition, it is important to note that 30 respondents who completed a paper version of the engagement felt unable to assign an importance ranking to the options and ticked all of the boxes. These respondents therefore indicated that all of the options were of some degree of importance to them.

Communication

In relation to communication, 'being given information about my condition (or of the person I care for) and treatment / medication in an easy to understand way' was the most important. This was very closely followed by 'leaving the clinic with a clear understanding of what I should do if I (or we) have any questions or feel the condition is getting worse'. Survey respondents were asked to comment in the survey in regards to communication. A quarter of the comments (26%) mentioned the need to communicate clear information to patients.

Some participants in the focus groups and meetings mentioned that sometimes letters related to appointments, conditions and treatments were difficult to read and understand, particularly for patients who have visual impairments. They stressed that letters should be in large print format and should explain reasons for appointments and what patients can expect during them in an easy to understand way.

Some participants had had serious eye conditions diagnosed when attending eye clinics and thought there had been inadequate emotional support from the service to help them come to terms with the bad news they had received, and that this could be improved. Some also suggested information leaflets could be provided to patients about how to effectively manage their condition.

'Good communication between the service and others e.g. GP practice' was seen as slightly less important than the aforementioned others. Communication was mentioned in 19% of the comments related to the question. Some focus group and meeting participants discussed that letters are not always automatically sent by the Ophthalmology Service and that sometimes they had had to chase letters themselves.

'Good communication between the service and others e.g. GP practice' was very closely followed by 'being able to contact the service easily to change, cancel or make enquiries

about appointment(s)', which was seen as being the least important. This was not discussed during the focus groups and meetings.

A quarter of the comments (26%) provided by survey respondents mentioned that all of the factors listed in relation to communication were of equal importance and should all be prioritised.

2.2 Inpatient care

Respondents were presented with the following information in relation to inpatient care:

Most ophthalmology procedures are done on a single day-case visit. Very few patients need a general anaesthetic and / or overnight stay in hospital. Complex procedures already take place at neighbouring hospitals such as Hull or Sheffield.

We think that it is important that inpatient care for more complex procedures is provided in a specialist environment where staff have the right skills to ensure good outcomes. To ensure this is possible within the available funding, this may mean a small number of people need to travel. We estimate this to be about 100 patients each for North and North East Lincolnshire.

Our priorities for the inpatient ophthalmology service are that services must be:

- *Safe*
- *Of high quality*
- *Can be provided within the available funding*

Survey respondents were asked to what extent they agreed with the approach outlined. Six in ten (61%) said they strongly agreed and 28% somewhat agreed. Only 2% said they disagreed (1% somewhat and 1% strongly). A further 8% neither agreed nor disagreed. Respondents were asked to provide their comments to help explain their answer. A quarter (26%) reiterated their agreement with the approach or said it was to be expected. A further 22% acknowledged that funding for NHS services was an issue.

Survey respondents were also asked what the CCGs need to consider if the proposed service changes mean that some patients need to travel for inpatient care. Four in ten (44%) suggested patient transport and assistance for those who need it should be considered and 20% thought the CCGs should consider covering the cost of patients' travel.

3. Engagement overview

3.1 Engagement objectives

The aim of the engagement was to inform and involve patients, the public and other stakeholders in regards to the re-commissioning of ophthalmology services across North and North East Lincolnshire. Within this overall aim, the objectives were to:

- Communicate the 'case for changes' to services
- Identify patients' and stakeholders' priorities for ophthalmology services to inform the specification for the Clinical Assessment and Treatment (CAT) Service and the inpatient (HES) service
- Evaluate patients' and stakeholders' opinions in regards to the proposed changes

3.2 Survey

The survey was designed by North and North East Lincolnshire CCGs, and Enventure Research. A copy of the survey leaflet can be found in **Appendix A**.

3.3 Methodology

The engagement survey was administered in paper and online formats. People were able to pick up the survey form from an outpatient clinic, and, once completed, either return it in the clinic or post it back using a pre-paid postage envelope.

The engagement survey was also available for patients to complete online, with access available through the CCGs' websites and social media. In addition, the survey was promoted via an information leaflet handed out to patients and to public at stakeholder meetings.

In total **148 responses** were collected – 85 responses (57%) came from the online survey and 63 responses (43%) came from the paper survey.

Qualitative consultation feedback was also collected from a number of focus groups and meetings held by the CCGs across North and North East Lincolnshire, where members of the public and other stakeholders had their feedback recorded. For these discussions, the same core questions and topics from the survey were used to elicit feedback.

Qualitative feedback was collected and recorded from the groups and meetings below.

Figure 1 – Focus group and meeting feedback

Group	CCG	Date	Number of attendees
Ophthalmology Focus Group 1	North East Lincs.	1 Nov 2017	10
Experts by Experience	North Lincolnshire	8 Nov 2017	9
Public Ophthalmology Meeting	North Lincolnshire	14 Nov 2017	7
Macular Support Group	North Lincolnshire	20 Nov 2017	6
Diabetes Support Group	North East Lincs.	20 Nov 2017	7
Ophthalmology Focus Group 2	North East Lincs.	28 Nov 2017	5
Carers' Group, Brigg	North Lincolnshire	30 Nov 2017	16

3.4 Interpretation of the engagement feedback

3.4.1 Interpreting data from the survey

This report contains tables and charts that present survey results. In some instances, the responses may not add up to 100%. There are several reasons why this might happen:

- The question may have allowed each respondent to give more than one answer
- Only the most common responses may be shown in the table or chart
- Individual percentages are rounded to the nearest whole number so the total may come to 99% or 101%
- A response of between 0% and 1% will be shown as <1%.

Throughout this report, those who took part in the survey are referred to as 'respondents'.

As the survey was completed by a sample of people, and not the entire North and North East Lincolnshire population, all results are subject to sampling tolerances.

As a self-completion survey was used, not all respondents have answered all questions. Therefore, the base size (number of people answering) varies for each question.

To compare results by area, gender, age group and disability, statistical analysis has been undertaken. This allows us to be confident that any difference between scores is real and is not due to chance. These analyses have only been carried out where the sample sizes are seen to be sufficient for comment. Where sample sizes were not large enough, subgroups have been combined to create a larger group. Results between subgroups have been tested at the 90% and 95% confidence levels.

Some of the questions asked respondents to rank choices in order of importance to them by assigning a number ranging from 1 for the most important to 4, 5 or 6 (depending on the number of choices in the list) for the least important. A mean (average) score has then been calculated for each choice, where 1 is the best possible score.

There were a few open-end questions in the survey which allowed respondents to write their own responses rather than tick a box. To analyse these answers and present them in an understandable way, responses to the open-end questions have been sorted into a number of categories and themes, allowing them to be visually presented as charts. A few quotes from survey respondents have been included to illustrate these categories and themes.

3.4.2 Interpreting feedback from focus groups and meetings

When interpreting qualitative research feedback, which for this consultation has been collected via focus groups and meetings, it is important to remember that these findings differ to those collected via a quantitative survey methodology. Qualitative findings are collected by speaking in much greater depth to a select number of participants. Notes were made from these focus groups and meetings to draw out common themes.

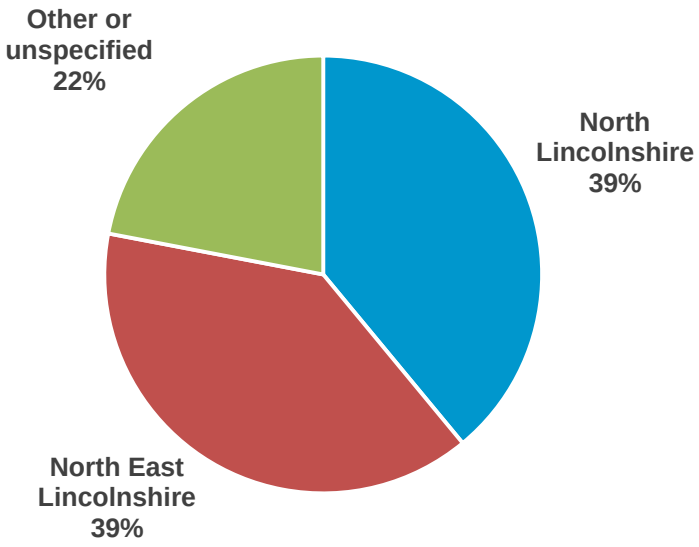
Qualitative findings are not meant to be statistically accurate, but instead are collected to provide additional insight and greater understanding based on in depth discussion and deliberation, something not possible to achieve via a quantitative survey. For example, if the majority of participants in a group hold a certain opinion, this does not necessarily apply to the majority of the population. Throughout this report, those who took part in the focus groups and meetings are referred to as ‘participants’.

4. Detailed Findings

4.1 Respondent profile

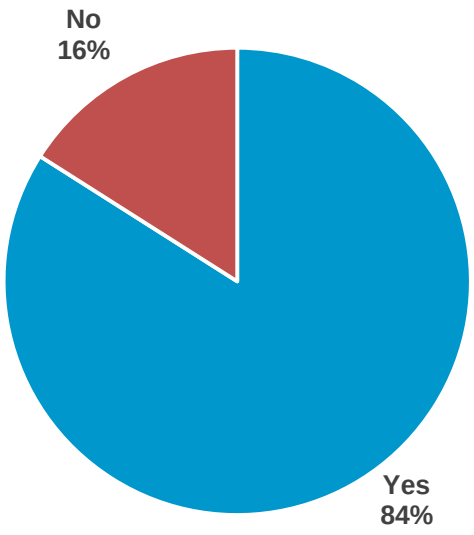
The engagement programme asked respondents to provide the first half of their postcode. Postcodes were used to map responses to the North Lincolnshire area and the North East Lincolnshire area. There was an even split, with 39% of respondents living in the North Lincolnshire area and 39% in the North East Lincolnshire area. One in five (22%) lived outside of these areas or did not provide their postcode.

Figure 2 – Area
Base: All (148)



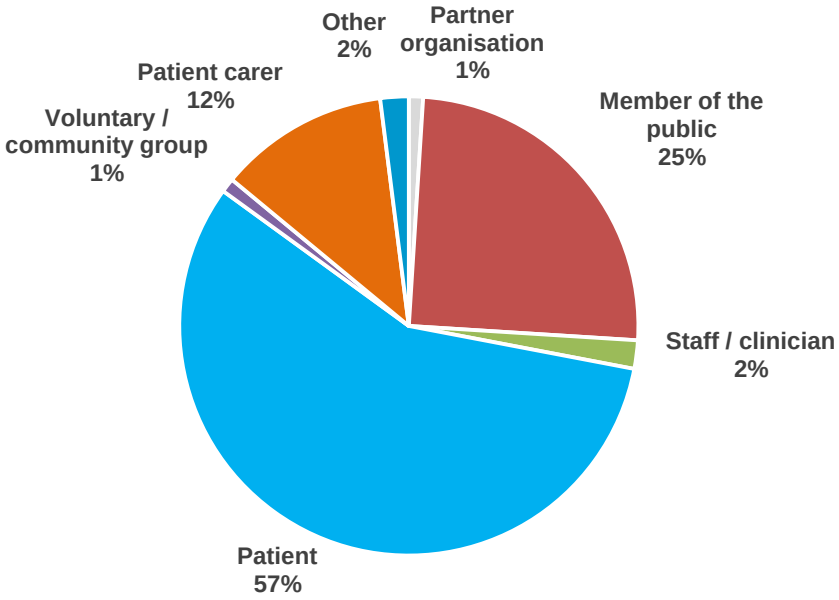
Respondents were asked if they had experience of hospital based eye services. Eight in ten (84%) said they had and 16% had not.

Figure 3 – Experienced hospital based eye services
Base: All (144)



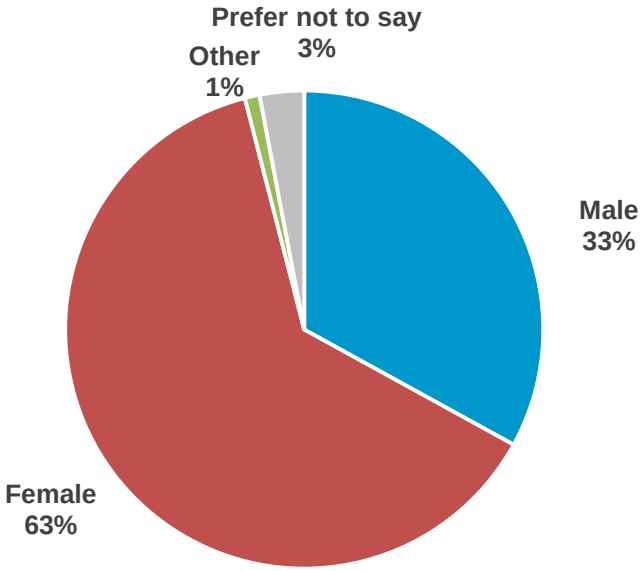
Almost three in five respondents said they were a patient (57%) and a quarter (25%) said they were a member of the public. A further 12% said they were a patient carer, 1% were from a voluntary or community group and 1% were from a partner organisation. Only 2% said they were a member of staff or a clinician.

Figure 4 – Capacity responding
Base: All (146)



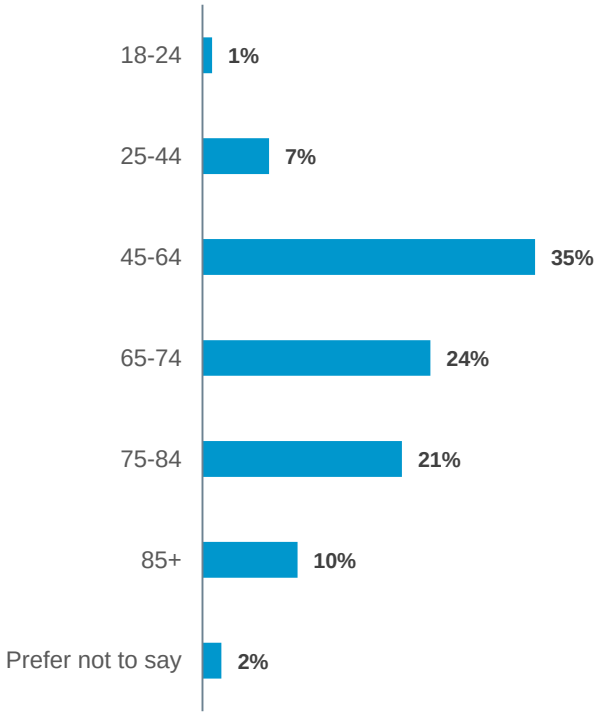
Six in ten respondents were female (63%) and a third were male (33%).

Figure 5 – Gender
Base: All (126)



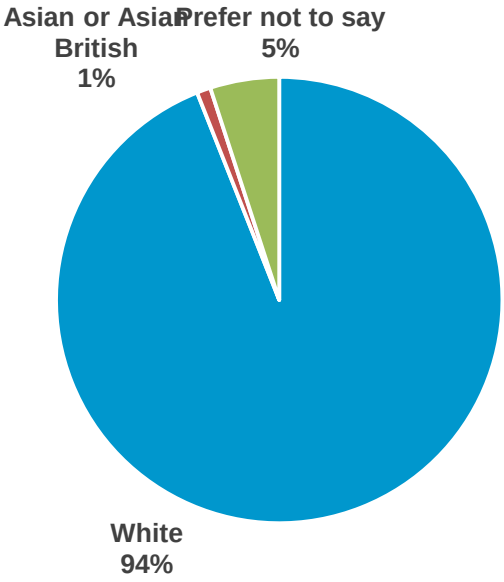
One in twelve respondents (8%) were aged 44 or under, 35% were between 45 and 64, and 55% were aged 65 or above.

Figure 6 – Age
Base: All (127)



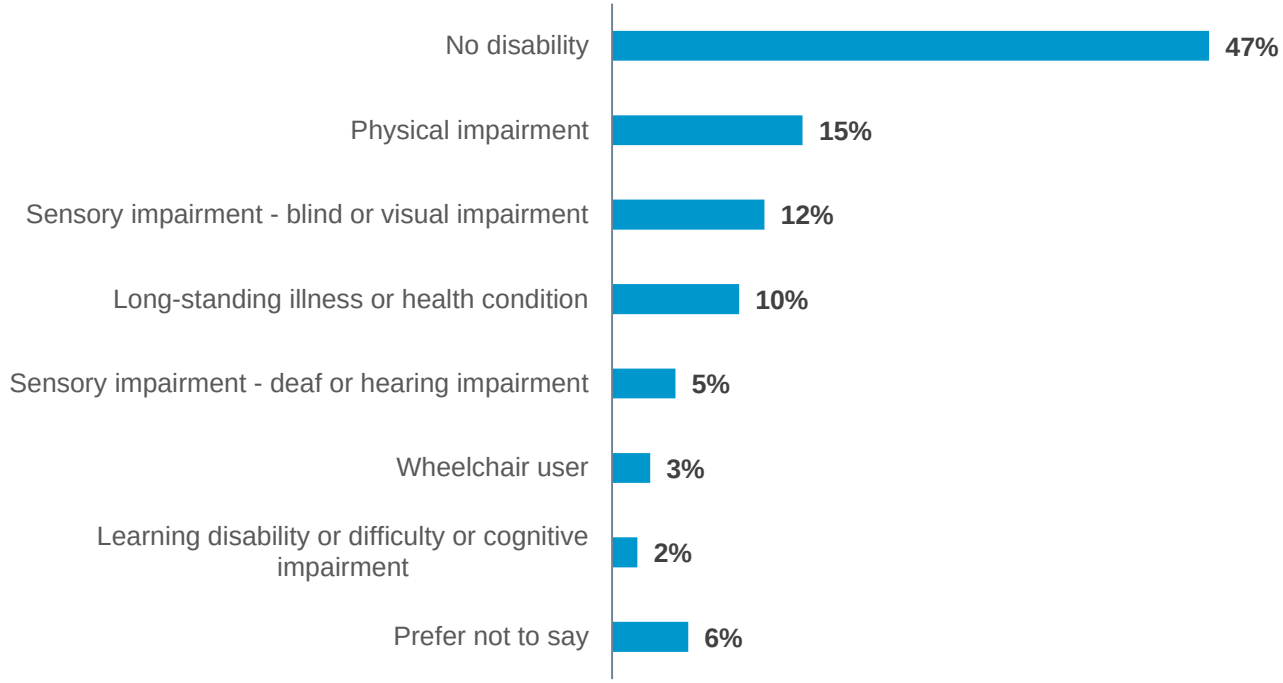
The majority of respondents said they were from a White ethnic background (94%).

Figure 7 – Ethnic Group
Base: All (126)



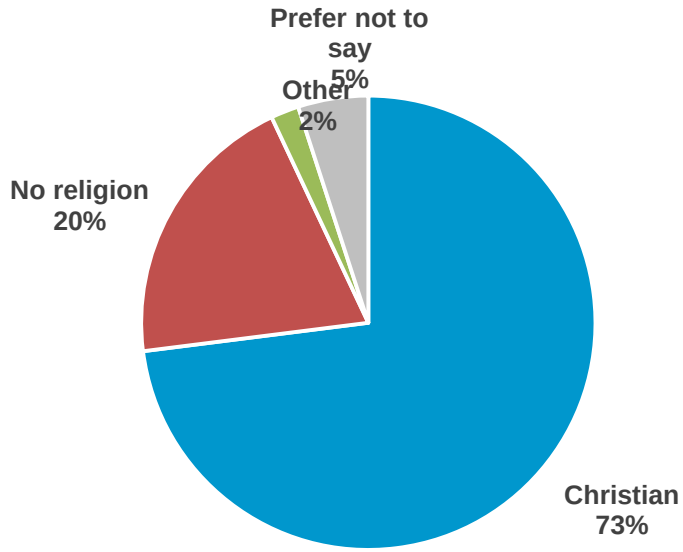
Just under half of respondents (47%) said they had a disability or impairment. One in seven (15%) said this was a physical impairment, 12% had a sensory impairment (blind or visual) and one in ten (10%) had a long-standing illness or health condition.

Figure 8 – Disability
Base: All (129)



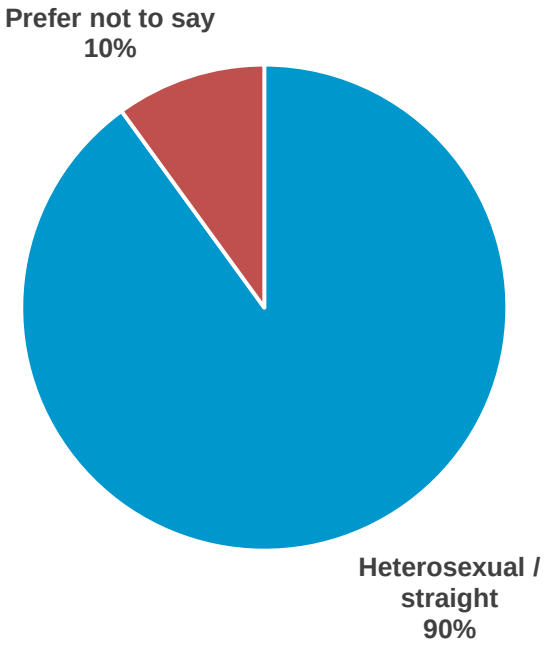
Three-quarters of respondents (73%) said they were Christian and a fifth (20%) said they were not religious.

Figure 9 – Religion or belief
Base: All (124)



Nine in ten (90%) said they were heterosexual or straight and 10% said they preferred not to specify their sexual orientation.

Figure 10 – Sexual orientation
Base: All (118)



4.2 Outpatient care

4.2.1 Getting to appointments

Respondents were first asked to think about what is important to them in regards to accessing ophthalmology outpatient appointments. Respondents were shown a list of choices and asked to rank them from 1 being the most important to 6 being the least. A mean ranking score was then calculated for each that could range from 1 (if all respondents thought the same choice was the most important) to 6 (if all respondents chose it as the least important). It is important to note that the lower the mean ranking score, the more important respondents thought it was.

The lowest (most important) was a 'suitable facility with all the required equipment', with a mean ranking score of 2.1. This was followed by 'easy to get to using public transport' (3.1) and an 'accessible building which is easy to find your way around' (3.1). 'Ease of parking' scored 3.2 and 'cost of parking' scored 3.7. The least important was 'pleasant environment', with a mean ranking score of 4.1.

Figure 11 – Getting to your appointment (mean score)
Base: All (140)

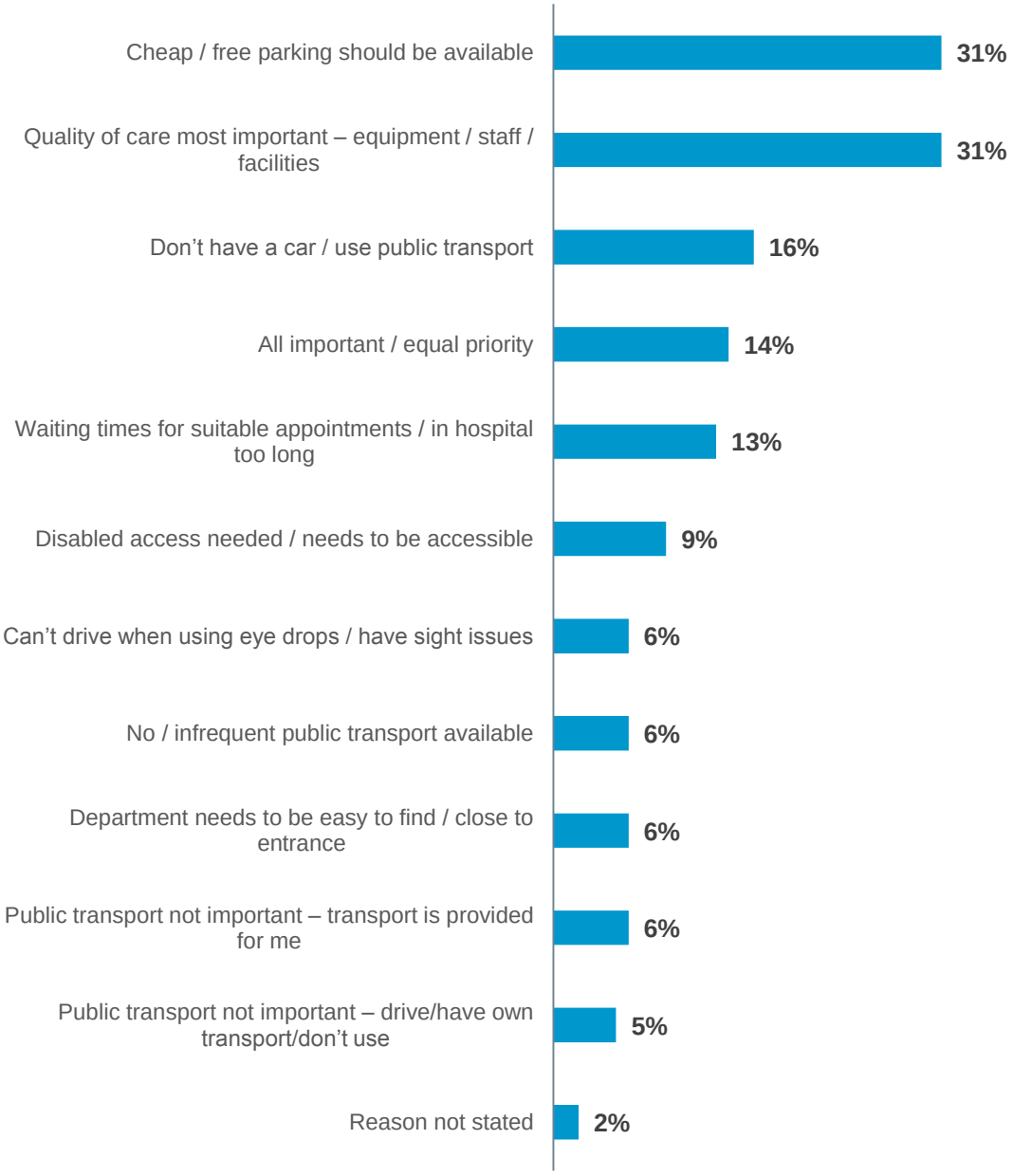
Subgroup analysis

Subgroups more likely to choose **'easy to get to using public transport'** as their **first choice** (12% overall) included those who had a disability (17%) compared to those that did not (5%)

Subgroups more likely to choose an **'accessible building which is easy to find your way around'** as their **first choice** (12% overall) included those who had a disability (17%) compared to those that did not (5%)

Respondents were asked if they had any comments in relation to accessing appointments. Sixty-four respondents (43%) provided a comment. These were grouped together and themed. Of the comments, 31% related to cheap or free parking and 31% mentioned that the quality of care was most important in regards to equipment, staff and facilities. The range of themes can be seen in the figure below.

Figure 12 – Please comment to help us understand your answer
Base: All (64)



Having little funds, any price reduction [for parking] is most welcome.

Survey respondent

Good facilities coupled with competent practitioners and the availability are the most important.

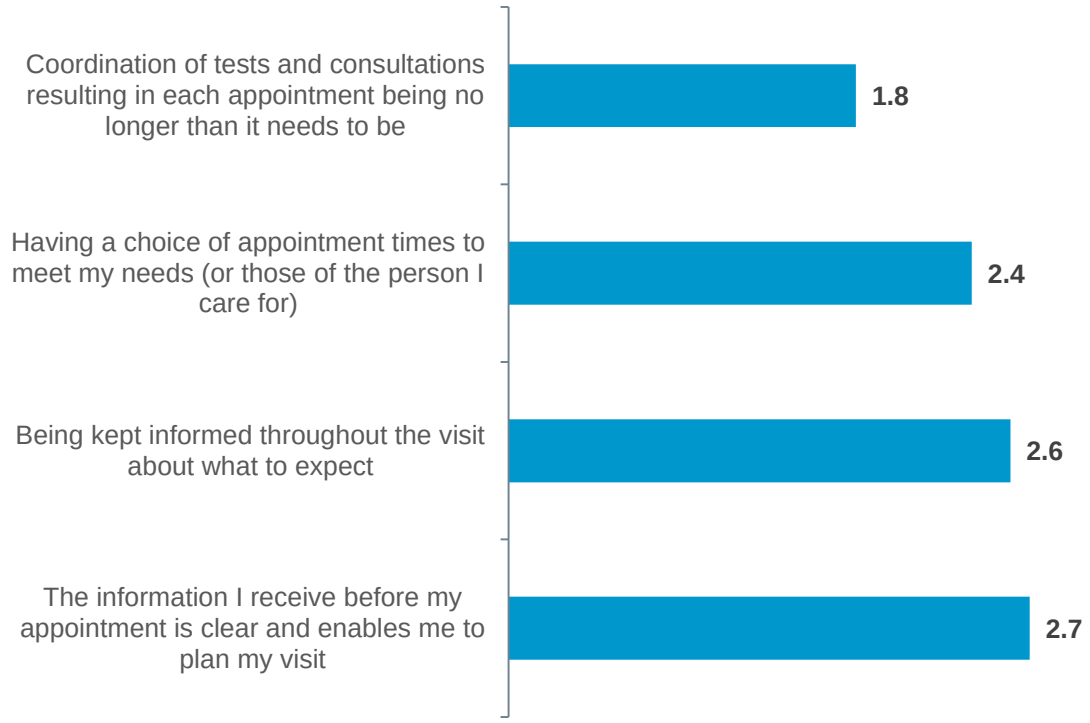
Survey respondent

4.2.2 At the appointment

Next, respondents were asked to think about what was important to them in regards to the appointment itself. This time respondents were presented with four choices and asked to rank them. Again, it is important to note that the lower the mean ranking score, the more important respondents thought it was.

'Coordination of tests and consultations resulting in each appointment being no longer than it needs to be' saw the lowest (most important) mean ranking score (1.8). This was followed by 'having a choice of appointment times to meet my needs (or those of the person I care for)', with a score of 2.4 and 'being kept informed throughout the visit about what to expect' (mean ranking score of 2.6). The least important was 'the information I receive before my appointment is clear and enables me to plan my visit', with a score of 2.7.

Figure 13 – At your appointment (mean score)
Base: All (141)



Subgroup analysis

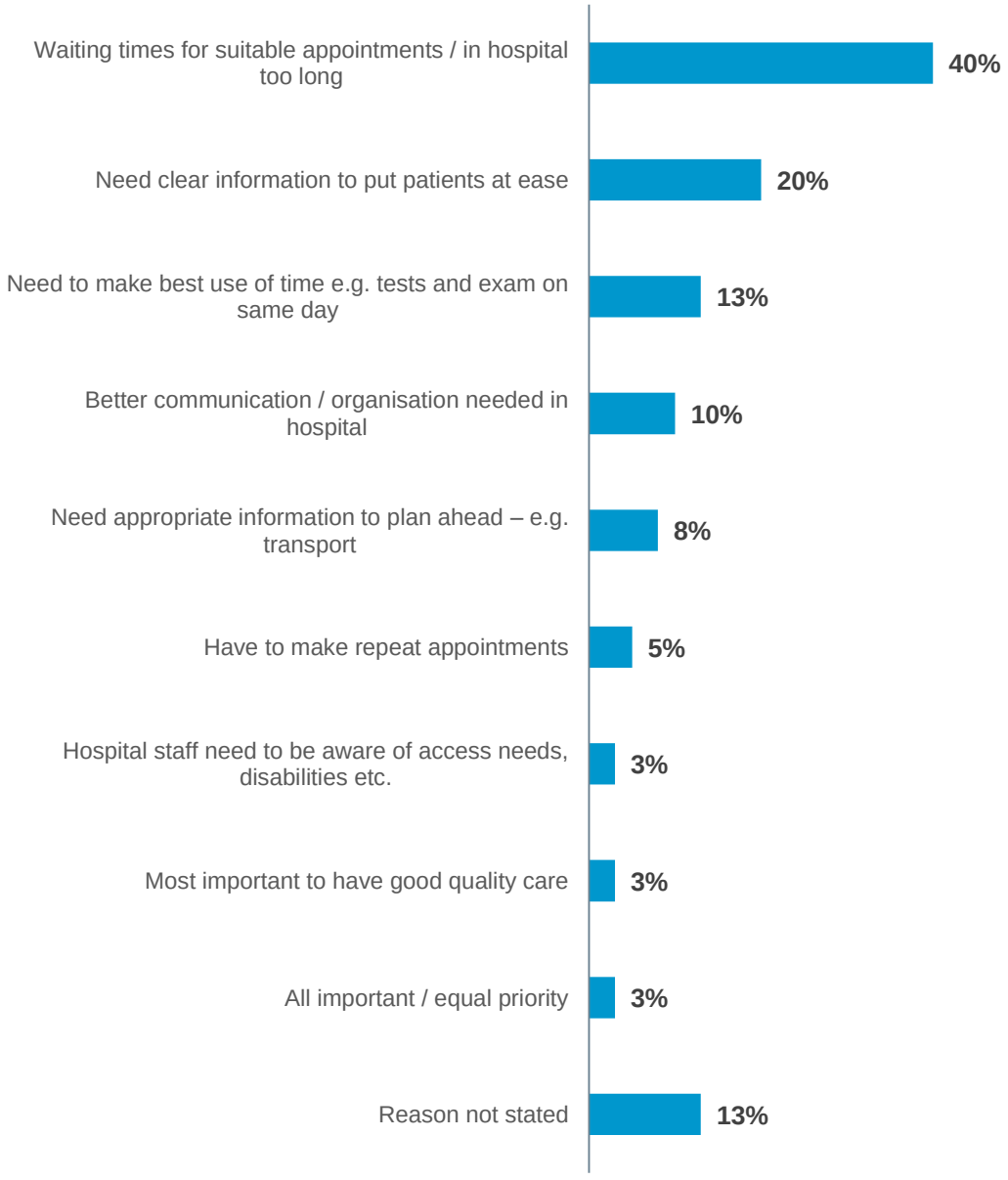
Subgroups more likely to choose **'coordination of tests and consultations resulting in each appointment being no longer than it needs to be'** as their **first choice** (45% overall) included those who were male (58%) compared to female (38%)

Subgroups more likely to choose **'the information I receive before my appointment is clear and enables me to plan my visit'** as their **first choice** (18% overall) included those who were aged 65+ (29%), particularly compared to those aged 45-64 (9%)

Subgroups more likely to choose **'being kept informed throughout the visit about what to expect'** as their **first choice** (22% overall) included those who were disabled (35%) compared to those who were not (10%)

Respondents were again asked to comment in relation to their answer. Forty patients (27%) provided a comment. Of these, four in ten (40%) were related to waiting times for appointments or stays in hospitals being too long and 20% mentioned the need for clear information to put patients at ease. The range of themes is presented below.

Figure 14 – Please comment to help us understand your answer
Base: All (40)



It is important that patients spend as little time as possible in the clinics so co-coordinating appointments is a priority. I work full time so it is sometimes difficult to attend appointments at a suitable time.

Survey respondent

I have often had to allow a minimum of two hours and often nearer three hours for appointment times.

Survey respondent

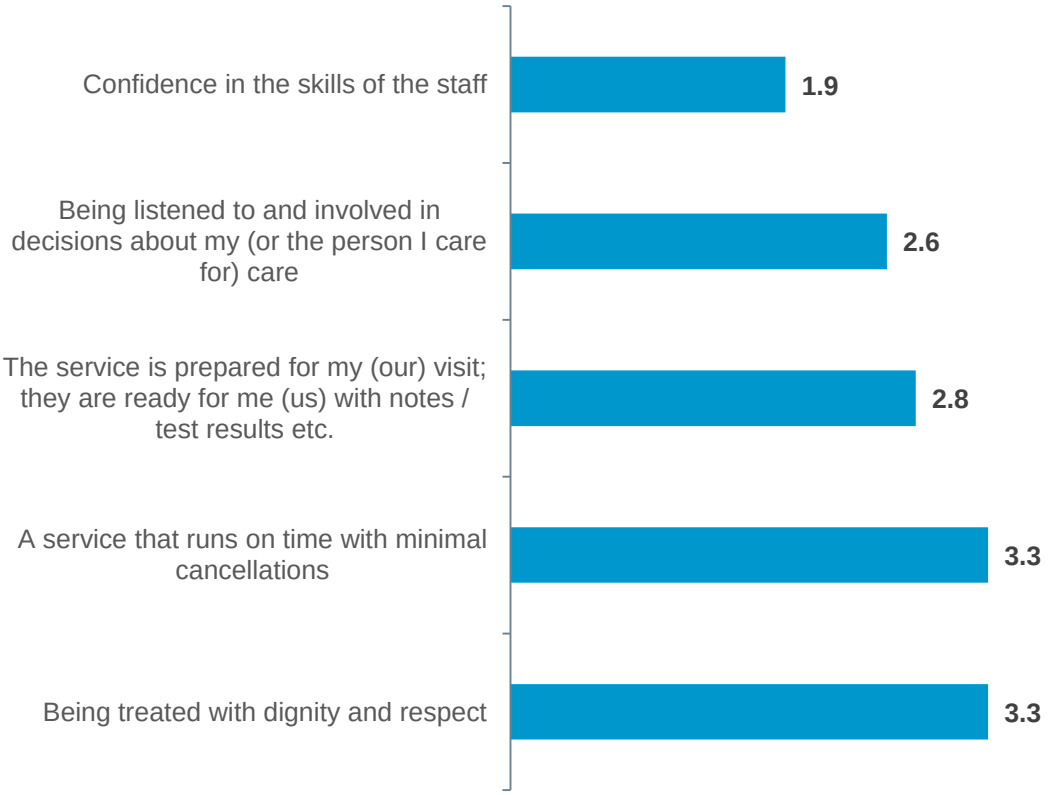
4.2.3 Experience of care

Next respondents were asked to think about what was important to them in regards to their experience of care. This time respondents were presented with five choices and asked to rank them. Again, it is important to note that the lower the mean ranking score, the more important respondents thought it was.

The mean ranking score for 'confidence in the skills of the staff' was the lowest (1.9) (most important). This was followed by 'being listened to and involved in decisions about my care (or the person I care for), with a score of 2.6 and 'the service is prepared for my (our) visit; they are ready for me (us) with notes / test results etc.', with a score of 2.8.

The least important were 'being treated with dignity and respect' (3.3) and 'a service that runs on time with minimal cancellations' (3.3).

Figure 15 – Experience of care (mean ranking score)
Base: All (141)



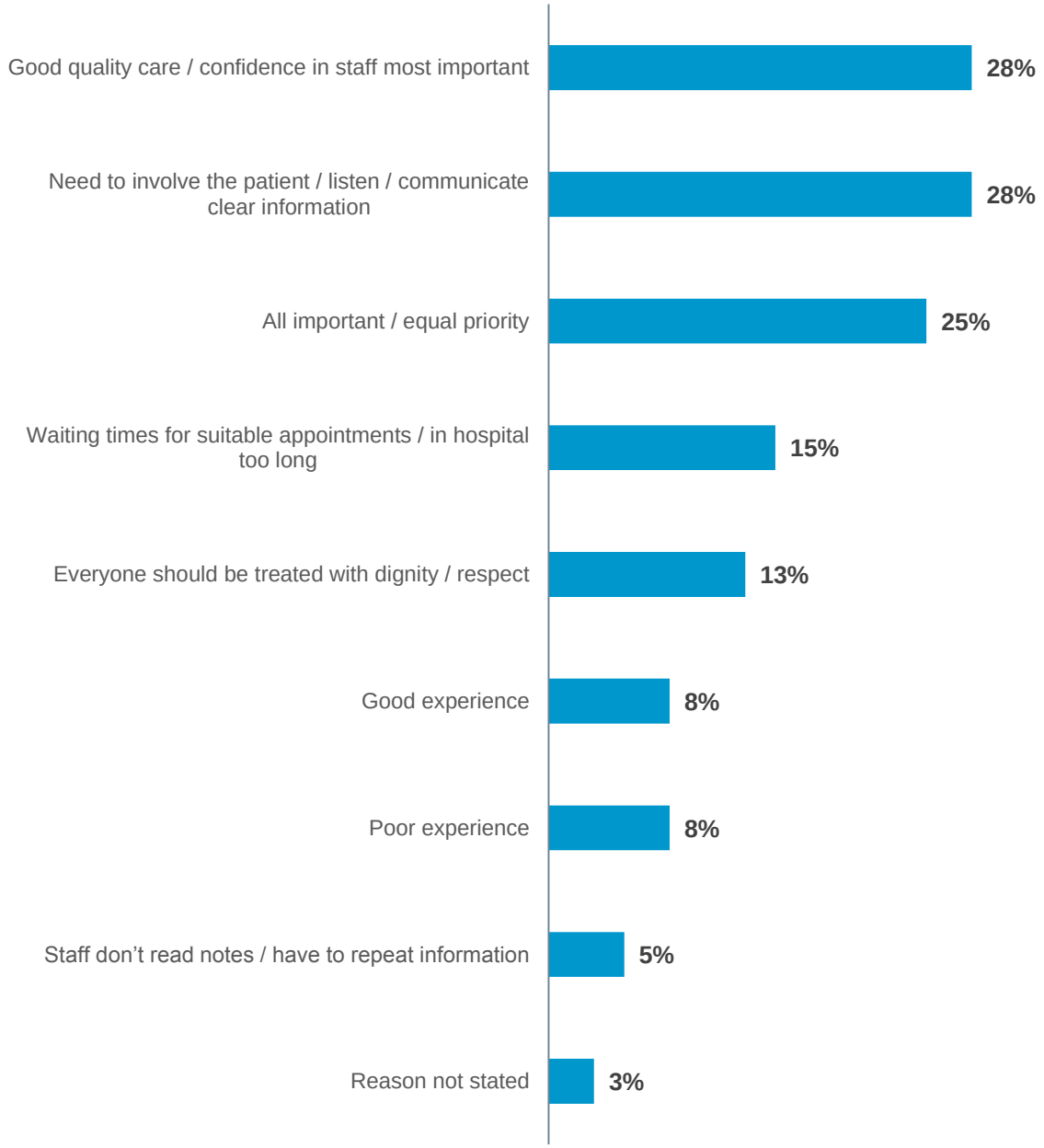
Subgroup analysis

Subgroups more likely to choose **'being listened to and involved in decisions about my care (or the person I care for)'** as their **first choice** (25% overall) included those who:

- Were aged 65+ (33%), particularly compared to those aged 45-64 (12%)
- Had a disability (34%) compared to those who did not (10%)

When asked to leave a comment related to their experience of care, 40 respondents (27%) chose to do so. Of these, 28% mentioned that good quality care and confidence in staff were most important. A further 28% said there is a need to involve the patient in their care and treatment and communicate information clearly. A further quarter of the comments (25%) suggested that all of the factors shown in the question were of equal importance. The range of themes is presented below.

Figure 16 – Please comment to help us understand your answer
Base: All (40)



It is more important to me that the staff are skilled in understanding my eye condition so I get the correct treatment.

Survey respondent

Often I feel as I am being talked about and not to. The patient needs to be involved.

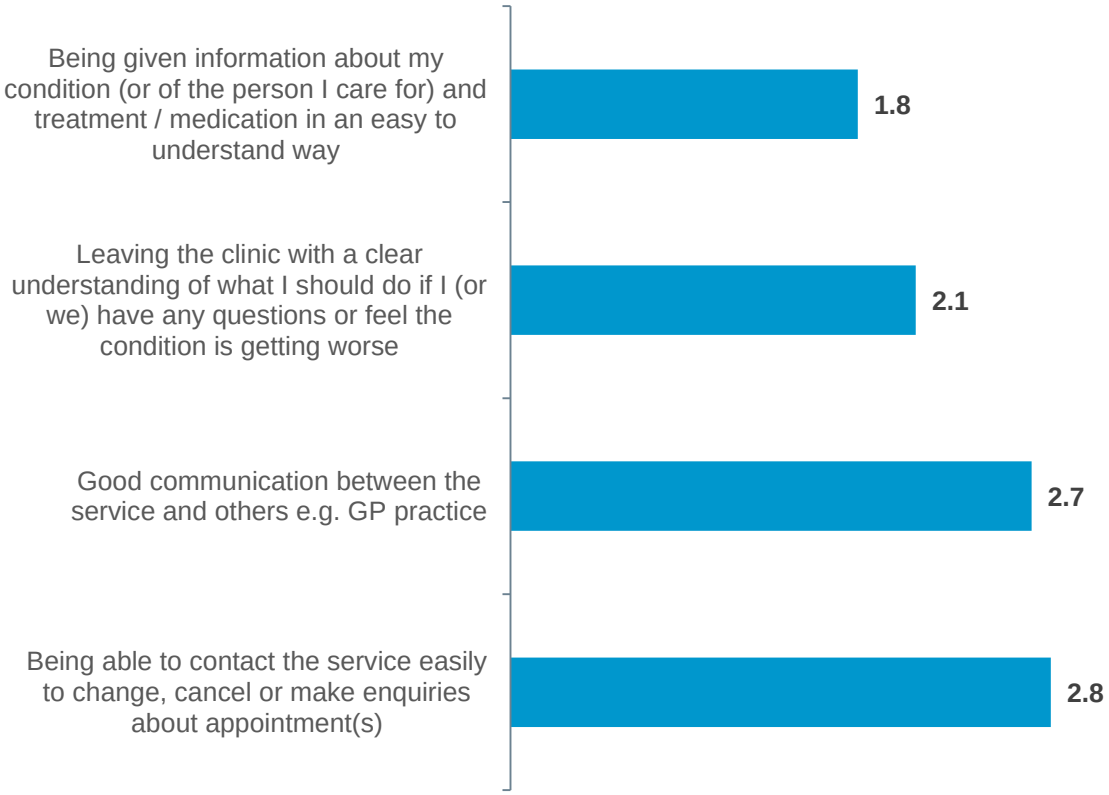
Survey respondent

4.2.4 Communication

Respondents were then asked to think about what was important to them in regards to communication. This time respondents were presented with four choices and asked to rank them. Again, it is important to note that the lower the mean ranking score, the more important respondents thought it was.

'Being given information about my condition (or of the person I care for) and treatment / medication in an easy to understand way' had the lowest mean ranking score (1.8) (most important). This was followed by 'leaving the clinic with a clear understanding of what I should do if I (or we) have any questions or feel the condition is getting worse' (2.1). 'Good communication between the service and others e.g. GP practice' received a score of 2.7, but this was very closely followed by 'being able to contact the service easily to change, cancel or make enquiries about appointment(s)', with a score of 2.8.

Figure 17 – Communication (mean ranking score)
Base: All (140)



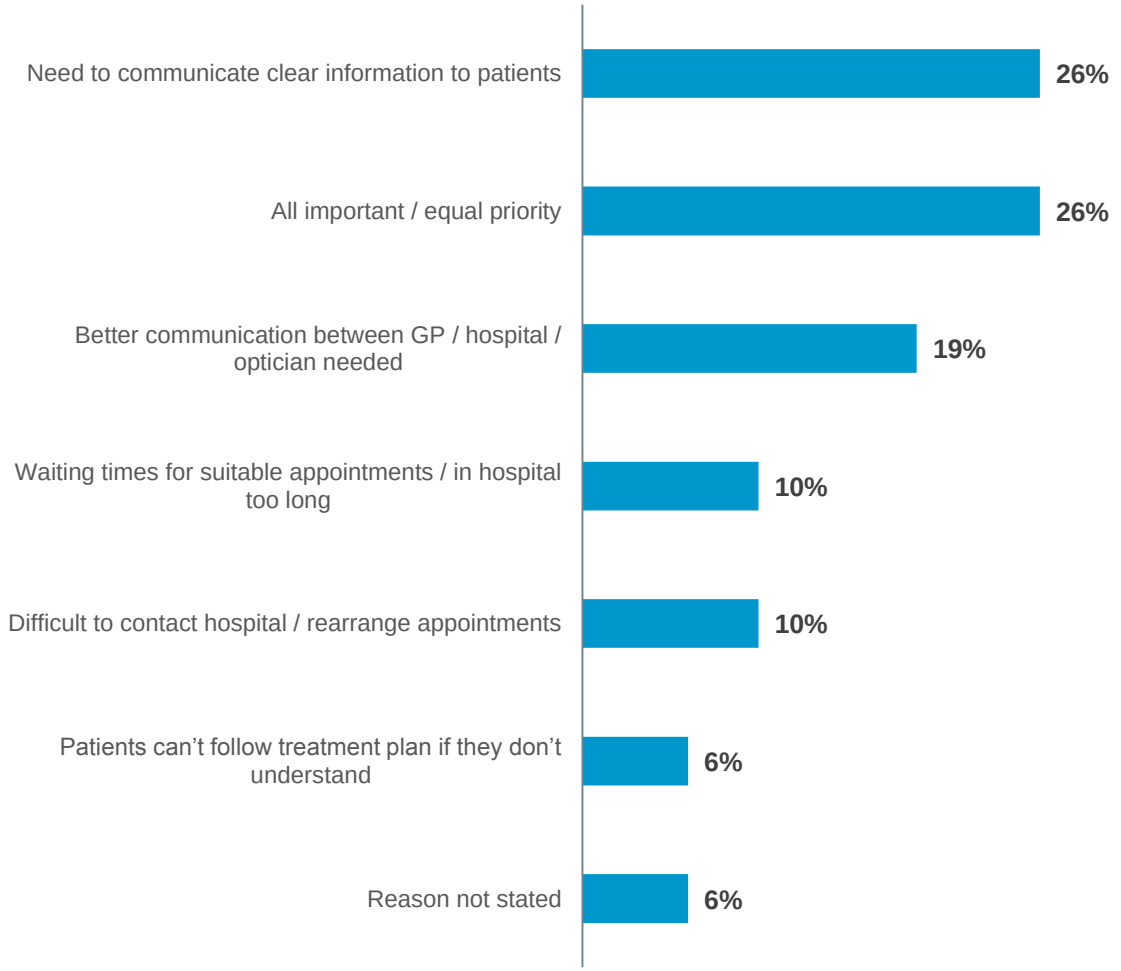
Subgroup analysis

Subgroups more likely to choose **'being able to contact the service easily to change, cancel or make enquiries about appointment(s)'** as their **first choice** (21% overall) included those who lived in North Lincolnshire (30%) compared to those that lived in North East Lincolnshire (14%)

Subgroups more likely to choose **'being given information about my condition (or of the person I care for) and treatment / medication in an easy to understand way'** as their **first choice** (52% overall) included those who were aged 65+ (61%), particularly compared to those aged 45-64 (41%)

Thirty-one respondents (21%) provided a comment in relation to communication. Of these, a quarter (26%) mentioned the need to communicate clear information to patients and a further 26% said that all factors were of equal importance or priority. A fifth (19%) suggested there could be better communication between GPs, hospitals and opticians. The range of themes is presented below.

Figure 18 – Please comment to help us understand your answer
Base: All (31)



Clear information, which is easy to understand, is important.

Survey respondent

All important again. I'd call these necessary basics rather than preferences to be ranked.

Survey respondent

4.3 Inpatient care

Respondents were then presented with the following information:

Most ophthalmology procedures are done on a single day-case visit. Very few patients need a general anaesthetic and / or overnight stay in hospital. Complex procedures already take place at neighbouring hospitals such as Hull or Sheffield.

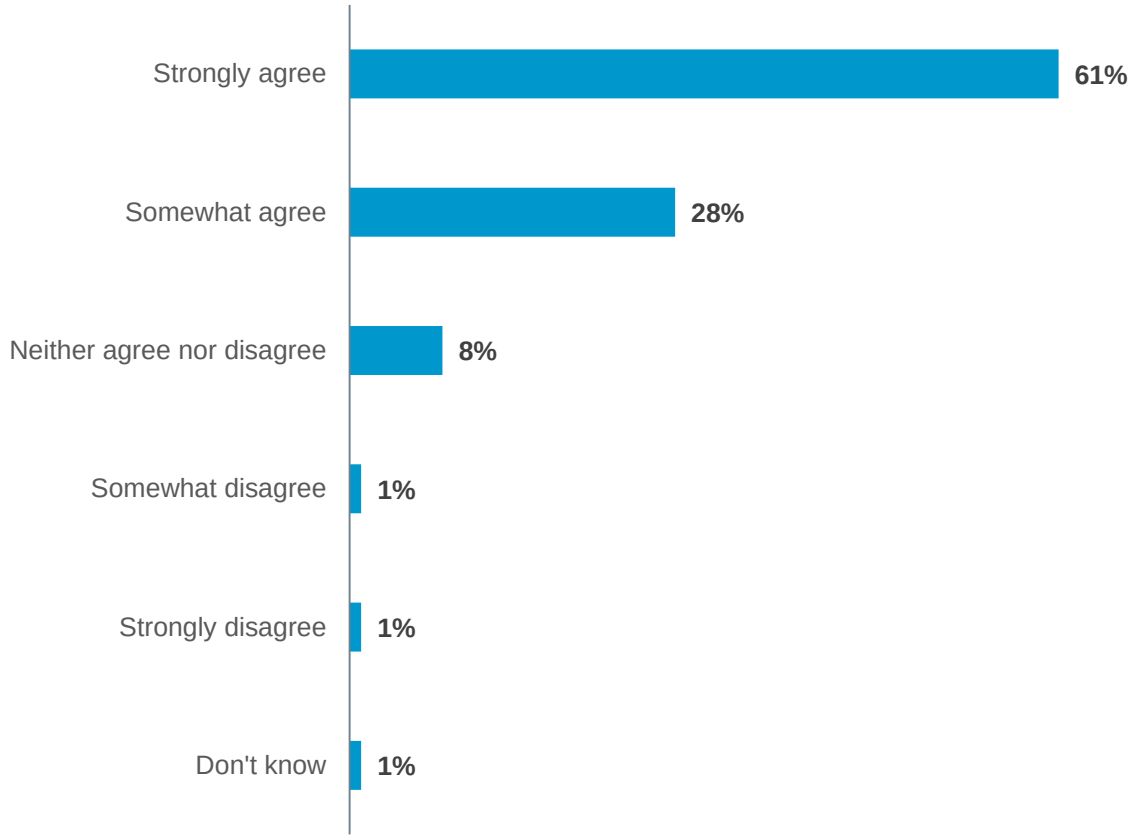
We think that it is important that inpatient care for more complex procedures is provided in a specialist environment where staff have the right skills to ensure good outcomes. To ensure this is possible within the available funding, this may mean a small number of people need to travel. We estimate this to be about 100 patients each for North and North East Lincolnshire.

Our priorities for the inpatient ophthalmology service are that services must be:

- *Safe*
- *Of high quality*
- *Can be provided within the available funding*

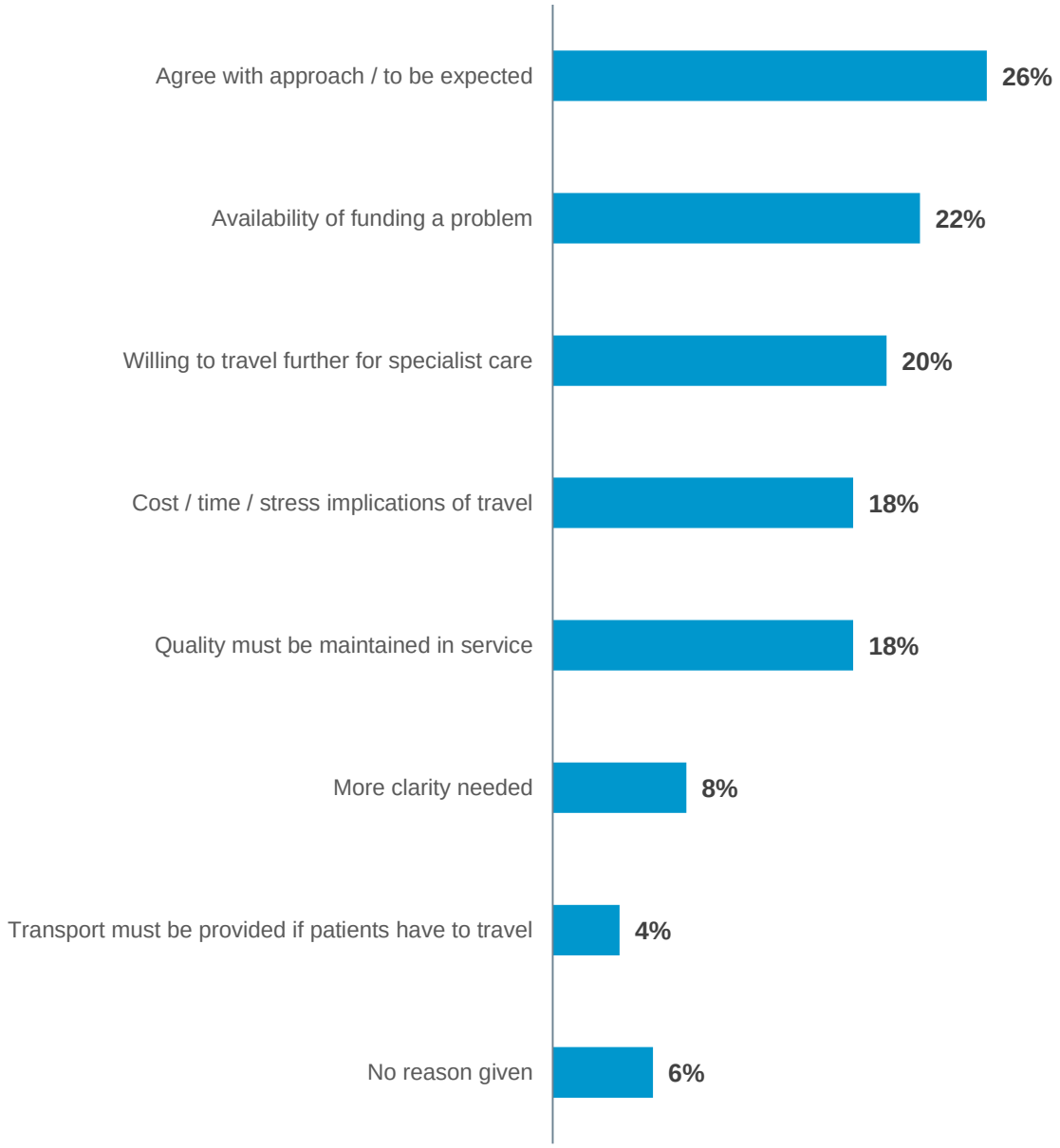
Respondents were asked to what extent they agreed with the approach outlined. Six in ten (61%) respondents said they strongly agreed with the approach and more than a quarter (28%) said they somewhat agreed. Only 2% said they disagreed (1% somewhat and 1% strongly) and 8% said they neither agreed nor disagreed.

Figure 19 – Do you agree with our approach?
Base: All (137)



Respondents were asked if they had any comments regarding the CCGs' approach to ophthalmology services as outlined. Fifty respondents (34%) provided a comment. Of these, 26% reiterated agreement with the approach and 22% mentioned that funding was an issue. A further 20% suggested a willingness to travel further for specialist care. The range of themes is presented below.

Figure 20 – Please comment to help us understand your answer
Base: All (50)



Our nation does not have a bottomless pit of money and expectations need to be reasonable.

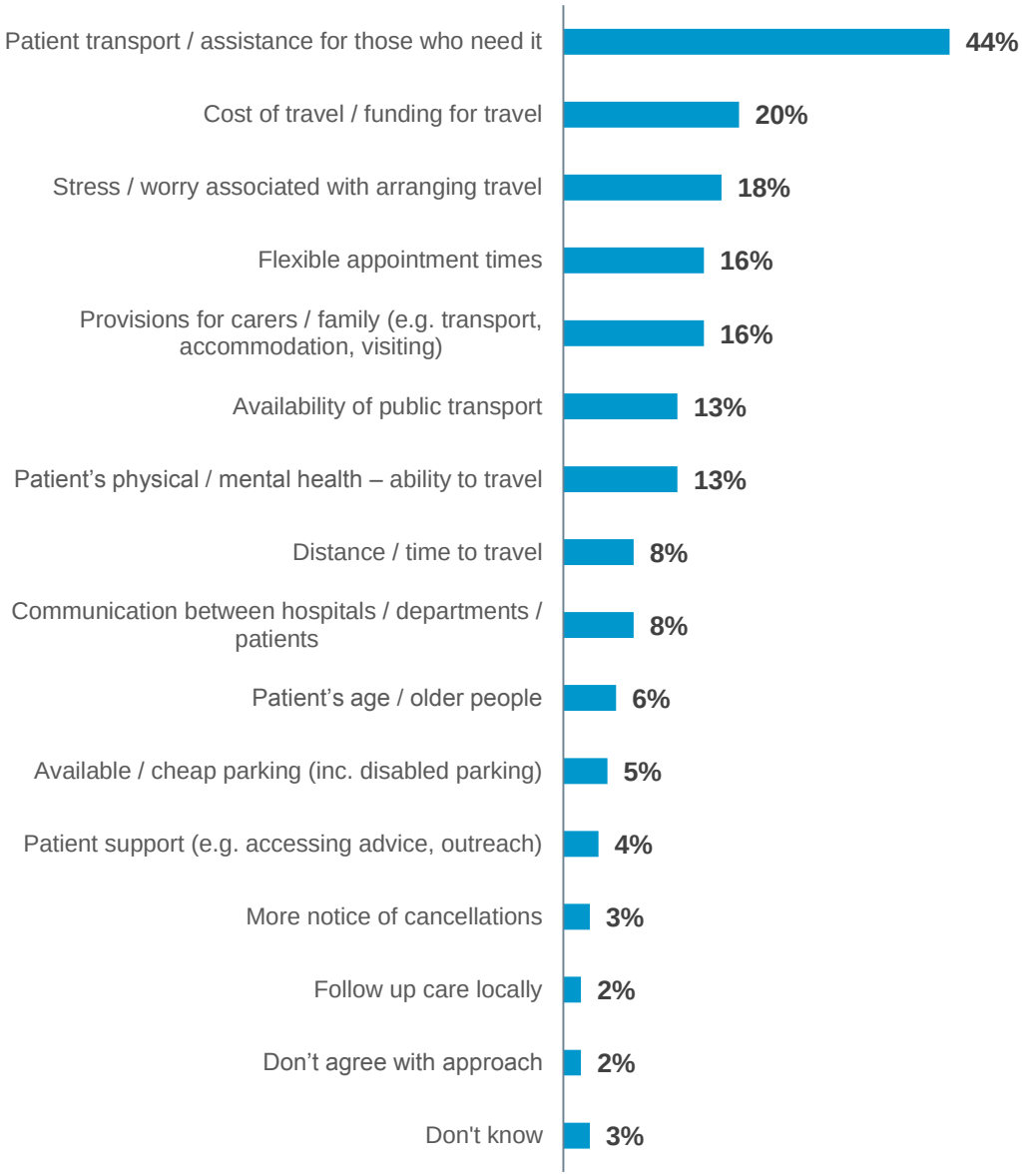
Survey respondent

I absolutely agree. A service should not be offered to patients in the local area if the service is not safe or effective.

Survey respondent

Respondents were asked what the CCGs need to consider if the proposed changes to the ophthalmology services mean that some patients need to travel for their inpatient care. Four in ten (44%) suggested patient transport provision and assistance for those who need it should be considered. A further 20% suggested the CCGs could consider covering the cost of patients' travel and 18% said the need to arrange travel may cause patients undue stress and worry. The range of themes is presented below.

Figure 21 – If this means that some patients may need to travel for their inpatient care, what things do we need to consider?
Base: All (104)



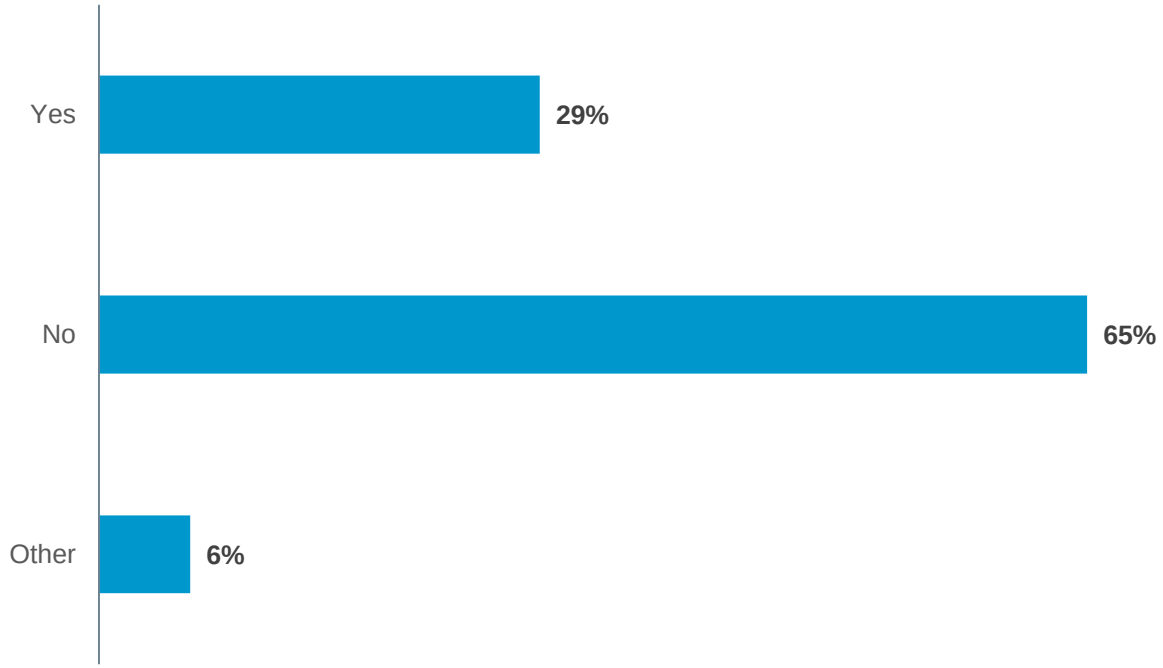
Providing transport for people who have no means of transporting themselves.
Survey respondent

Transport is the main problem. It is unlikely that a patient will drive themselves, so it is important that transport is laid on in an efficient manner. This may be more important for the return journey, if their sight still needs time to recover.
Survey respondent

4.4 Diverse needs of local people

Respondents were asked if they thought the CCGs needed to consider anything in relation to the diverse needs of local people. Three in ten (29%) said there was and 65% said there was not.

Figure 22 – Is there anything you think we need to consider in relation to the diverse needs of local people?
Base: All (107)



Subgroup analysis

Subgroups more likely to say the CCGs **need to consider something in relation to the diverse needs of local people** (29% overall) included those who were disabled (45%) compared to those were not (21%)

Respondents were asked to provide their comments in relation to considering the diverse needs of local people. In total, 27 respondents provided a comment and three mentioned providing communications in large print or alternative formats, or clearer signage for patients.

> *Consider patients with vision problems may need large print or other methods of communications such as a phone call to follow up a letter if sight is very impaired.*
>
> Survey respondent

> *Easy to understand instruction in various languages and in clear print.*
>
> Survey respondent

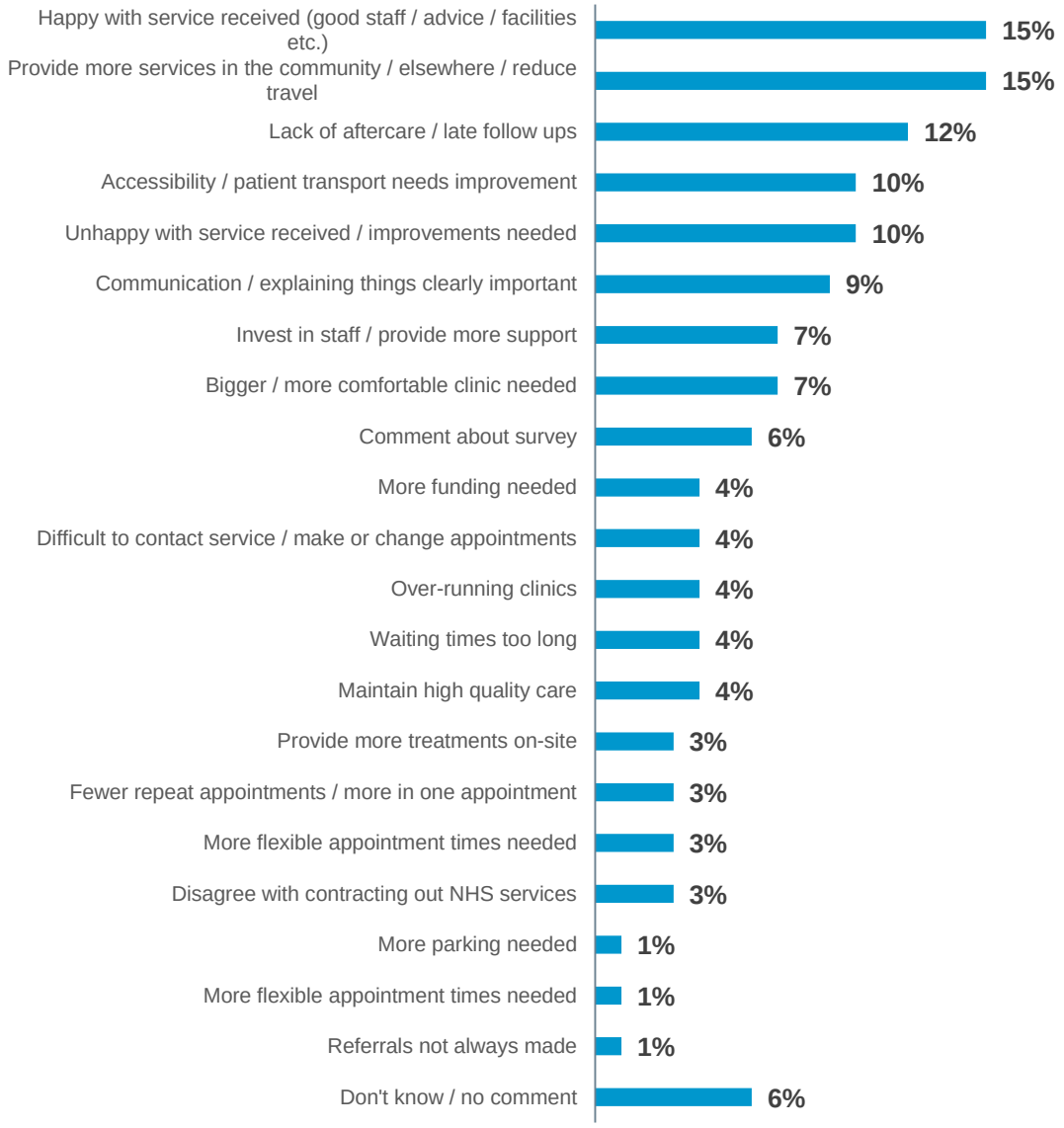
> *People with visual issues - ease of public transport, clear signs.*
>
> Survey respondent

4.5 Qualitative feedback

4.5.1 Additional feedback from survey respondents

At the end of the survey respondents were asked if they had any additional comments. These were grouped together and themed. Sixty-eight respondents (46%) provided comments. Of these, 15% said they were happy with the service received in terms of staff, advice, facilities etc. and a further 15% suggested more services could be provided in the community to reduce travel for patients. One in eight (12%) mentioned a lack of aftercare or that they had experienced late follow-ups.

Figure 23 – Please tell us any other comments you would like to share with us
Base: All (68)



We think the service is great, staff are lovely.

Survey respondent

Using some of the local super surgeries to facilitate eye clinics.

Survey respondent

4.5.2 Focus group and meeting feedback

This section of the report details qualitative feedback received in the focus groups and meetings.

Positive experiences
Some focus group and meeting participants shared their positive experiences of ophthalmology services. They highlighted quick appointments, short waiting times, good experiences of care, being treated with respect and dignity, and good communication from the hospital in relation to their appointments. A few mentioned that they had been called if a cancellation had meant there was an earlier appointment and they were satisfied with this.

> *I had an appointment on a Saturday and it was the fastest I had ever been seen.*
> Experts by Experience group, 8 November 2017

> *The positive thing is the clinic are calling you and making sure you have an appointment booked and you are able to attend. The texts are also good.*
> Experts by Experience group, 8 November 2017

> *The staff and the care at Scunthorpe General Hospital were really good when I had a cataract operated on in August.*
> Macular Support Group, 20 November 2017

> *The other positive thing is them ringing and offering cancellations. That is going on and is going to improve efficiency.*
> Experts by Experience group, 8 November 2017

Experience of clinicians
Focus group and meeting participants concluded that the biggest priority for patients in terms of accessing appointments was ensuring that they saw a clinician who was fully qualified to treat them. Some participants also discussed that it was important that clinicians always introduced themselves to patients and explained their role when they met with them for the first time. This makes the service feel personalised and puts patients at ease.

> *It would be good to know who clinicians are and their roles.*
> Public Ophthalmology Meeting, 14 November 2017

Some participants felt that hospital staff might benefit from further training in how to help patients who have visual impairments. They said that sometimes nurses and reception staff do not notice and help patients who have difficulty finding their way to waiting rooms or consultation rooms.

Accessibility of clinics
Participants discussed that outpatient clinics needed to be accessible for all patients and that their locations should take local bus routes into account. This is particularly important for ophthalmology services, as many patients are elderly and have sight problems and so are reliant on public transport. They should also be located in the community so patients can access them conveniently. Some participants thought that patients might not attend appointments if they were too far away.

> *There has to be a lot of thought put into where things will be.*
> Experts by Experience group, 8 November 2017

If you devolve it closer to the community, the chances of people not attending is going to decrease isn't it?

Experts by Experience group, 8 November 2017

Treatment needs to be closer to home. Not everyone drives.

Public Ophthalmology Meeting, 14 November 2017

We would like something in Gainsborough to make it easier for us to get to, as not everyone can drive.

Macular Support Group, 20 November 2017

A few participants suggested that the CCGs could consider providing a mobile unit for ophthalmology services so that some procedures and treatments could be provided in more convenient places for patients than where clinics are currently located. Others suggested that satellite clinics could take place in GP practices outside of their normal practice hours. Participants largely felt that it might put patients at ease if they were treated in a community setting, rather than in a hospital, as long as it was appropriate and clinicians had access to the required equipment. All participants in the Public Ophthalmology meeting on 14 November 2017 said they would be willing to attend a GP practice for an appointment if it was appropriate and participants from the Carers' Group in Brigg also thought it was a good idea.

A few participants pointed out if clinics were to take place in the community, locations for them would have to be carefully considered so they are easily accessible using public transport and should have adequate parking facilities. It is also important that patients are able to choose where they receive their treatment.

Could you not have a mobile unit to carry out some ophthalmology procedures in the local community?

Experts by Experience group, 8 November 2017

In some places, practices are closed for a few days every week, so you have a building that is not being used. It could be used as a satellite clinic. It would cut a lot of travelling times for people as they could attend closer to home.

Experts by Experience group, 8 November 2017

It can be a scary environment going to the hospital, so it isn't always the best option. Sometimes in the community it's better if you can be treated there appropriately.

Public Ophthalmology Meeting, 14 November 2017

Some of the participants who drove to their appointments spoke about their experience in relation to the ease and cost of parking. These participants largely felt that parking was too expensive and it was often difficult to find a space. This could sometimes mean that patients might give up trying to find a space and miss their appointment. Car parking facilities that are far away from clinics might also be difficult for patients who have a mobility problem. Many participants highlighted that clinics and waiting rooms should be easily accessible, particularly for wheelchair users and that this should be taken into consideration.

I avoid Scunthorpe General Hospital like the plague because of the logistics of parking and then paying to park! We all have to accept that we have to pay but it's those little things like not finding a space that make the experience either horrible or OK. If people can't find a space, they may just give up and miss their appointment altogether.

Experts by Experience group, 8 November 2017

Some participants mentioned that they were carers for friends or relatives or they care for someone who uses the Ophthalmology Service. A few felt that accessibility of appointments did not always take the needs of carers into account, particularly when booking block appointments, which may result in not being seen on the day. If the carer is an ophthalmology patient, this results in having to pay for cover. This could also be costly if the person who is being cared for is also a patient. There was a suggestion that those who provide care for someone or are in receipt of care should be prioritised if block bookings have been made.

> *I was booked in as a block booking and I didn't get seen at all because they didn't have time so I had to go back the next day and pay for someone to look after my mum again which totalled £100 over the 2 days. These are things that need to be considered when they don't see you on time. Shouldn't something special be done for a carer? They ask you if you are a carer and then they don't do anything with that information.*
>
> Experts by Experience group, 8 November 2017

> *When clinics run late, it is not just the patient it disrupts, it is everyone around them. Just as important as the patient are the people around them like carers and supporters.*
>
> Experts by Experience group, 8 November 2017

Patient transport

At a few of the focus groups and meetings patient transport was discussed to ensure that patients could attend outpatient appointments or hospital if they are required to stay overnight for their care. Patients at the first Ophthalmology Focus Group on 1 November 2017 discussed the following ideas:

- Provision should be made for family members to travel with patients
- A Freephone number for patient transport could be implemented
- A list of local places for family members and carers to stay near hospitals would be useful
- Financial support for family members and carers could be provided so they are able to stay close to where the patient is receiving treatment

At a few of the meetings and focus groups it was apparent that awareness of the Patient Transport Reimbursement Scheme was very low. This could be further promoted by the CCGs and the local Healthwatchs to increase awareness amongst patients, their families and carers.

Some participants also said they were unaware of the criteria for accessing patient transport. This could be made clearer to patients and their carers so they know when and how they can use it.

Waiting for appointments

Participants discussed waiting for appointments. Many think that appointments on the whole seem to mostly run on time. However, participants said that often patients at the Diana Princess of Wales Hospital are provided with the same appointment time (block bookings). This results in waiting rooms becoming overcrowded and patients having to wait a long time for their appointments. Although sometimes the need to wait for an appointment is inevitable due to delays, participants discussed the expectation that they are informed of these on arrival for appointments. Participants who had visited clinics based at locations such as Scunthorpe, Hull and Grimsby mentioned that these used signage for this purpose.

I don't mind waiting, but it would be nice if staff would put up the expected waiting time on the board.

Experts by Experience group, 8 November 2017

People need to know what to expect around waiting times.

Public Ophthalmology Meeting, 14 November 2017

However, participants highlighted that patients who have visual impairments are not always able to read current signs and noticeboards. For these patients alternative means of communicating waiting times should be provided, such as being told verbally by reception staff.

A few participants also mentioned the waiting room facilities at some of the clinics and how they are sometimes uncomfortable for people who have a disability or impairment.

The ophthalmology department at Scunthorpe General Hospital is not the comfiest place and if you have a disability, it's not very comfy at all.

Experts by Experience group, 8 November 2017

Communication

Some participants discussed communication from outpatient ophthalmology services in relation to appointments. These participants said that sometimes letters could be difficult to read for patients who have visual impairments. All letters should be presented and written in large print format so they are easy to read for patients who have visual impairments. They should also clearly explain the reason for appointments and what patients can expect to happen during their appointments.

Some participants also discussed their expectation that letters related to their appointment and information about their condition and treatment should be automatically sent to them and their GP. Some highlighted that this was not always the case and had had experience of having to chase letters themselves. A few participants who had attended an initial appointment at the Diana Princess of Wales Hospital spoke of having to arrange their own follow-up appointments. Their expectation was that the hospital should contact them to organise follow-up appointments and not the other way round.

Some participants have had serious eye conditions diagnosed when attending eye clinics. They felt that there could have been better emotional support from the service to help them come to terms with bad news and information leaflets provided to them about how to effectively manage their condition. Some said they had to do their own research and they felt they could have been provided with more information. Others said they would like to be provided with more information about support providers and groups.

It would be good to get some advice about macular degeneration, about vitamins and things you can do to slow progression. I have done all my own research.

Macular Support Group, 20 November 2017

One participant mentioned that when they had recently attended an eye clinic at Scunthorpe General Hospital they had asked nurses there about the proposed changes to the service. They said that the nurses there had not been informed, but thought that staff should be consulted.

I went there last week and the eye clinic nurses didn't know about this, nobody had told them. Have the staff at Scunthorpe been told about the proposed changes?

Public Ophthalmology Meeting, 14 November 2017

5. Conclusions

People prioritise access to a suitable facility with all the required equipment over parking, ease of access by public transport and a building that is easy to navigate around

A 'suitable facility with all the required equipment' received the lowest mean ranking score (most important) in terms of getting to appointments. This was also mentioned in 31% of the comments provided in relation to the question.

However, ease of access using public transport, and ease and cost of parking remain important issues

Although 'easy to get to using public transport', 'ease of parking' and 'cost of parking' received higher mean scores (and were therefore seen as less important) than a 'suitable facility with all the required equipment', they were all mentioned in many of the comments provided in the survey and highlighted as being important by focus group and meeting participants. Participants suggested that the CCGs could consider mobile units, satellite clinics and appointments taking place in GP practices, as long as parking and ease of access using public transport is taken into account.

In relation to appointments, people think that having coordinated tests and consultations so their appointments are no longer than they need to be is most important

'Coordination of tests and consultations resulting in each appointment being no longer than it needs to be' received the lowest mean ranking score (most important) in relation to the appointment itself.

People think that having a choice of appointment times, being kept informed about what to expect and receiving clear information to help plan visits are also important

'Having a choice of appointment times to meet my needs (or the person I care for)', 'being kept informed throughout the visit about what to expect' and 'the information I receive before my appointment is clear and enables me to plan my visit' all received very similar mean ranking scores.

Regarding experience of care, people prioritise having confidence in the skills of staff

Survey respondents ranked 'confidence in the skills of the staff' the lowest (most important) in relation to the experience of care. This was also mentioned in 28% of the comments provided in relation to the question. Focus group and meeting participants also concluded that this was most important for patients.

Being listened to and being involved in decisions, and a service that is fully prepared for visits are also important to patients

'Being listened to and involved in decisions about my care (or the person I care for)' and 'the service is prepared for my (our) visit; they are ready for me (us) with notes / test results etc.' received similar mean ranking scores. The former was also mentioned in 28% of the comments provided by survey respondents.

People prioritise being given information about their condition, treatment and medication in an easy to understand way, as well being able to leave a clinic with a clear understanding of what do if they have any questions or their condition gets worse

In relation to communication, 'being given information about my condition (or of the person I care for) and treatment / medication in an easy to understand way' received the lowest mean ranking score (most important). This was very closely followed by 'leaving the clinic with a clear understanding of what I should do if I (or we) have any questions or feel the condition is getting worse'. A quarter of the comments (26%) provided in relation to communication mentioned the need to communicate clear information to patients.

However, clear communication between the service and other services, such as GP practices and being able to easily contact the service to change, cancel or enquire about appointments are also all important

'Good communication between the service and others e.g. GP practice' and 'being able to contact the service easily to change, cancel or make enquiries about appointment(s)', received similar mean ranking scores. The former was mentioned in 19% of the comments related to communication.

Many people feel that all of the factors related to care and communication that were listed in the survey are of equal importance

A quarter (65%) of the comments provided in relation to the experience of care suggested that all of the factors listed were of equal importance and should be equally prioritised and 26% of the comments said the same in relation to communication.

In addition, it is important to note that 30 respondents who completed a paper version of the engagement felt unable to assign an importance ranking to the options and ticked all of the boxes. These respondents therefore indicated that all of the options were of some degree of importance to them.

The majority of people agree with the CCGs' proposed approach to the reconfiguration of the inpatient service, with many acknowledging the funding issues for NHS services

Nine in ten (89%) respondents said they agreed with the approach outlined; six in ten (61%) said they strongly agreed and 28% somewhat agreed. Only 2% said they disagreed. When asked to explain their answer, 26% reiterated their agreement with the approach or said it was to be expected and a further 22% acknowledged that funding for NHS services was an issue.

People think that the CCGs should consider providing patient transport and assistance for those who cannot travel to appointments by themselves

Survey respondents were also asked what the CCGs need to consider if the proposed service changes mean that some patients need to travel for inpatient care. Four in ten (44%) suggested that they should consider providing patient transport and assistance for those who need it and a fifth (20%) thought the CCGs should consider covering the cost of patients' travel.