



Waiting Room Study

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Introduction

In August 2018, Healthwatch Birmingham asked members of the public across the City to share their views about what NHS or social care topics we should investigate next.

People voted on five key health and care issues, and 71% of them asked us to evaluate the quality of service in waiting rooms in Birmingham's hospitals.



Background - Why is this important?

Patients come into contact with the NHS at their most vulnerable, so emotions and negative feelings are heightened. The government's best practice guidance notes that it is important for NHS organisations to ensure that patients' emotional and physical needs are met at all stages of their journey:

For example, a patient kept waiting for an appointment ... may have a good emotional experience if they feel someone cares about them. The same patient left to wait without any information is likely to have a negative experience because they feel abandoned and neglected. Improving patients' emotional experience is about treating people as we would want to be treated – with dignity and respect.

We also looked at research on the effect of the experience of waiting on patient well-being. Poorly designed, uncomfortable waiting rooms and long waiting times have been found to contribute to a patient's stress and anxiety, perhaps because in addition to physical discomfort or accessibility problems, these spaces send a negative message that patients are a lower priority than the overall hospital system. The quality of the waiting experience can also affect recovery times and mental well-being: a therapeutic waiting area design is associated with improved mood and greater satisfaction with healthcare services.



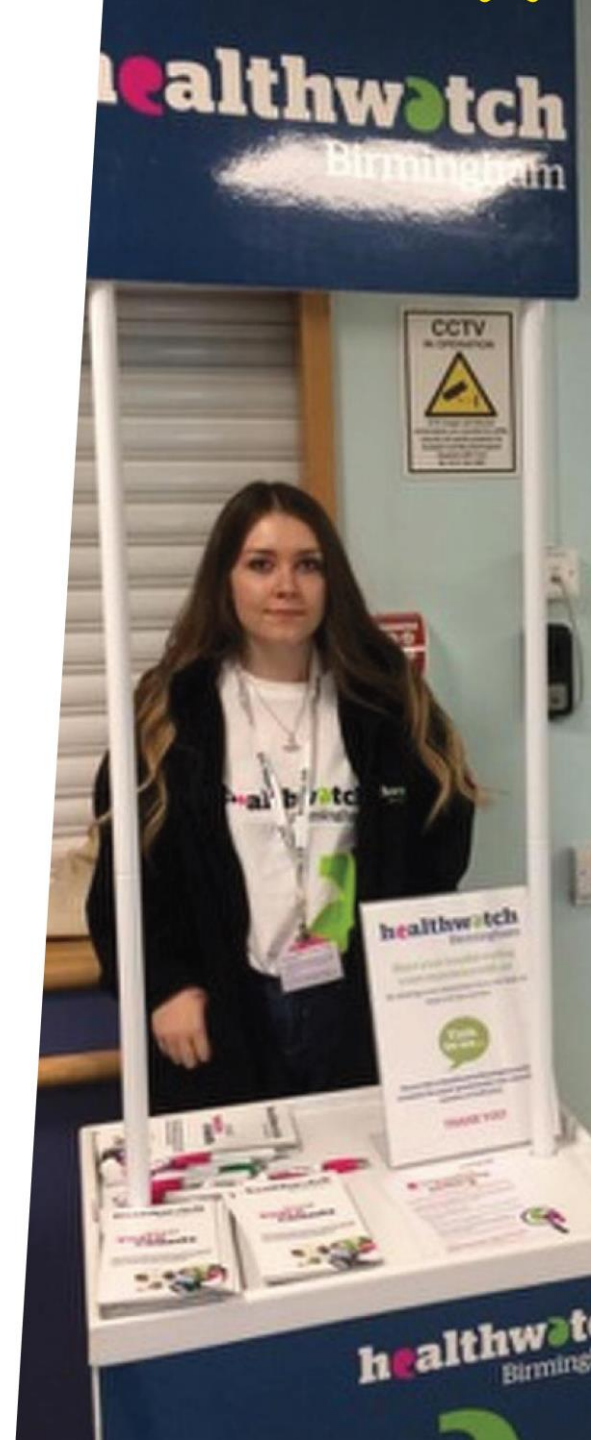
Investigation process

As part of this study Healthwatch Birmingham heard **480 pieces of feedback** from people across Birmingham.

Stage 1

We collected feedback directly from patients who were in hospital waiting rooms, so that we would have information on the experience of patients in real time.

- Birmingham Children's Hospital (Birmingham Women's and Children's NHS Foundation Trust)
- Birmingham City Hospital (Sandwell and West Birmingham NHS Trust)
- Birmingham Dental Hospital (Birmingham Community Healthcare NHS Foundation Trust)
- Birmingham and Midland Eye Centre (Sandwell and West Birmingham NHS Trust)
- Birmingham Women's Hospital (Birmingham Woman and Children's NHS Foundation Trust)
- Good Hope Hospital (University Hospitals Birmingham NHS Foundation Trust)
- Heartlands Hospital (University Hospitals Birmingham NHS Foundation Trust)
- The Queen Elizabeth Hospital Birmingham (University Hospitals Birmingham NHS Foundation Trust)
- The Royal Orthopaedic Hospital NHS Hospital Foundation Trust.



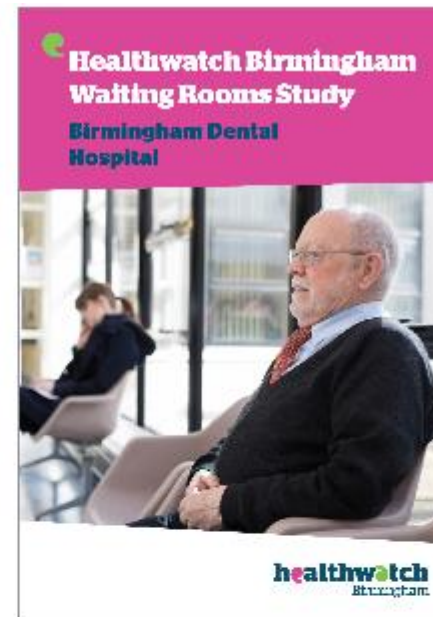
Investigation process

Stage 2

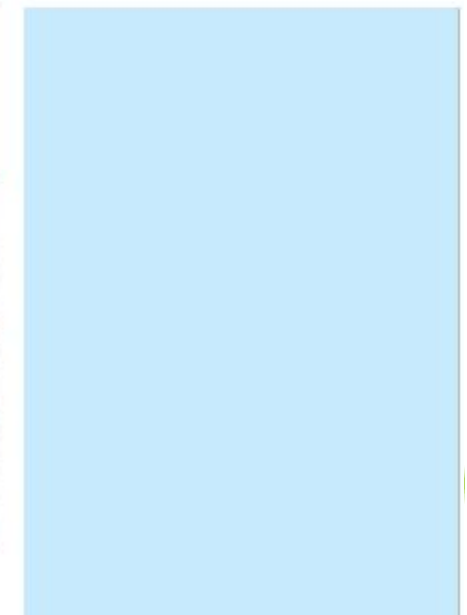
We worked closely with third-sector organisations (including Birmingham Focus, BID Services and deafPLUS) and interpreters to host focus groups to collect the experiences of people who have a visual and/or hearing impairment. Focus groups were held in four districts of Birmingham.

Healthwatch Birmingham also developed an online questionnaire to collect feedback from people with a visual and/or hearing impairment. This questionnaire included the same questions that were asked during our visits to waiting rooms and at focus group meetings. It was shared with the support of third-sector groups (including Birmingham's Disability Resource Centre, Action on Hearing Loss, Thomas Pocklington Trust and the National Deaf Children's Society) and extensive use of social media. The online questionnaire was available from 25 January to 8 February 2019.





Aim: To produce 1 report for every hospital in Birmingham



Overview of findings

Our main focus was on people's experiences of:

- waiting times
- the environment
- communication
- Accessibility
- dignity and respect.





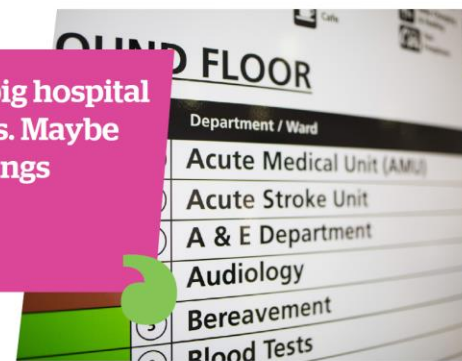
Waited approx. 1 hour in A&E without any pain relief. Once taken in we waited another 50 minutes to actually have an x ray. She was in agony. Waiting room was packed - no seating, even with a broken arm - no seats were offered
(Accident and Emergency Department)

Staff are very helpful and caring. We would definitely recommend.

(Rehabilitation Department)

Only thing was, it's a very big hospital with so many waiting areas. Maybe manned help can make things easier for people like me.

(Outpatients)

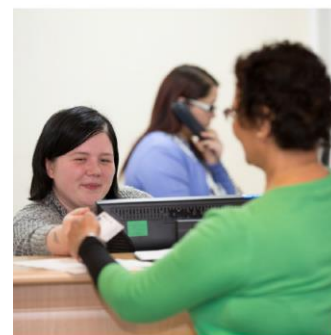


The toilets are a bit dirty. Especially because pregnant women have to do urine tests, they should be cleaned very regularly. (Antenatal)



They seem to be ok, but waiting from 2pm to be seen, otherwise ok, good and helpful staff. Very poor and uncomfortable seating.

(Accident and Emergency Department)



I was refused an interpreter as they said I was only hard of hearing. I can only communicate by using BSL. It was awful as I was very isolated and couldn't communicate with anyone. Left without seeing anyone and not planning on going that there again because of this experience. (Gynaecology Department)



90 minutes wait for appointment with no explanation. Lost notes. Total lack of organisation and no compassion shown.

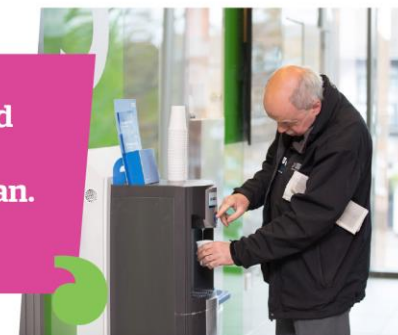
(Gynaecology Outpatients)

The waiting area seemed to be the place where all broken and odd chairs in the hospital came to retire.

(Immunology Department)

Waiting rooms are overcrowded and lack basic things such as drinking water. It's not very clean.

(Outpatients Department)



Waiting room always overcrowded. A blind person could not work their way round it themselves. They say, 'go and sit on the coloured seats'?

(Outpatient Department)



This is a good service, but calling patients should be done both by display screen and in a loud voice.

A mother, in the 25-49 age range and who is registered blind, attended the Ophthalmology Department for an appointment with her son. She felt that the design of the waiting area was good and supported her needs, but found the lighting inadequate and said there was no access to refreshments.

She added that the staff were not knowledgeable and supportive of her needs. When it was her son's turn to be seen, the staff called out names:

As a person who is registered blind, I am unable to see who is calling me, so I stand with my son looking like an idiot until they come to collect us on our name being called a couple of times.

She said staff could have managed her needs better by being able to sight guide.



A male patient, in the 25-49 age range and with a severe visual impairment, attended the outpatient clinic. He did not feel that the waiting room met his needs, and described the seating as uncomfortable, the layout as cramped, and the signage as poor. He highlighted problems with ***“self-check-in which is inaccessible to the visually impaired IN AN EYE CLINIC!!!!”*** He felt that nothing was particularly good about the design of the waiting room.

He added that the staff in the waiting room were not knowledgeable and supportive of his needs. He wished that staff would ***“wait for the patient and walk with them to the consulting room, instead of disappearing down the corridor out of sight and leaving me to guess where they had gone.”***

He did feel that the consultation was acceptable. He suggested how his experience could be improved.

Staff need to undertake Sighted Guide Training to understand what is expected of them when interacting with patients with a visual impairment.



A woman, 50-64 years old, and who is hearing impaired, attended a Neurology clinic. She didn't feel that the waiting room met her needs. Although she said it was clean and the seats were comfortable, it had poor signage and there were not enough chairs.

I had to sit on a chair which faced away from reception desk and wasn't able to see the nurse who called my name. I was very anxious as I was held in a waiting area surrounded by people. ... This really stressed me out as I was worried about what my diagnosis was going to be. It would be good if there was a separate waiting area for new patients awaiting a diagnosis.

She did also experienced problems in getting help from a BSL interpreter, who left before her appointment was finished.

On the day I arrived at the hospital, the interpreter was not there and the receptionist was very unhelpful and rude. There was only one receptionist at the desk and the hospital could have made things easier with more staff being available.

My interpreter, booked by the hospital, arrived late and was only booked for an hour and had to leave 15 minutes before the end of my appointment, which was extremely distressing as I was unable to understand what my diagnosis and treatment plan was. The consultant was very rough and was unsympathetic when my interpreter left early, leaving me without any information.

She suggested some improvements she would like to see.

Provide chairs facing the examination rooms, so you can see nurses coming out to call your name. It is essential to ensure interpreters are there on time for people with a hearing impairment, otherwise they have no way of knowing when it is their turn. We need a visual sign, with doctors' and patients' names displayed, along with the room number you need to go to.





During our study, we also heard feedback from a patient with a hearing impairment. This patient confirmed that British Sign Language (BSL) interpreters are regularly booked by the clinic. However, interpreters are frequently not booked for long enough and often have to leave before the end of the consultation. This situation significantly affects this patient's ability to take part in planning her care and treatment, as well as causing anxiety.

A BSL interpreter is booked for two-hour session. Time frequently runs out, forcing the interpreter to remind and hurry nurses and consultants. Last time my interpreter was booked for less than one hour and had to leave on time for the next appointment. When I was with the consultant, I felt under pressure to rush through – thus not satisfied afterwards. Not fair as the consultancy was the most important of all appointments.

Similarly, crowded, noisy waiting areas present particular difficulties for people with hearing impairment or conditions such as autism. Many patients also said the system of calling out patients' names for their appointment caused problems.

When they call your name out, it's never loud enough. They do not come over and get people, there are so many people. It would be helpful if staff collected patients from their seats.

For some patients, this caused anxiety and stress, and made them feel more isolated.

Spent 12 hours in A&E on a Monday night. There were over 100 people waiting to be seen. Took 2 hours to be triaged, as there were only 2 Triage Nurses working, and after being there for over 6 hours I asked how long it would be before I was seen. Receptionist sent me to speak to the co-ordinator who advised that it would be at least another 6 hours as I was 38th on the list because I had been referred by my doctor and I would need to see a medical doctor! I was in pain and the co-ordinator supplied me with pain killers.



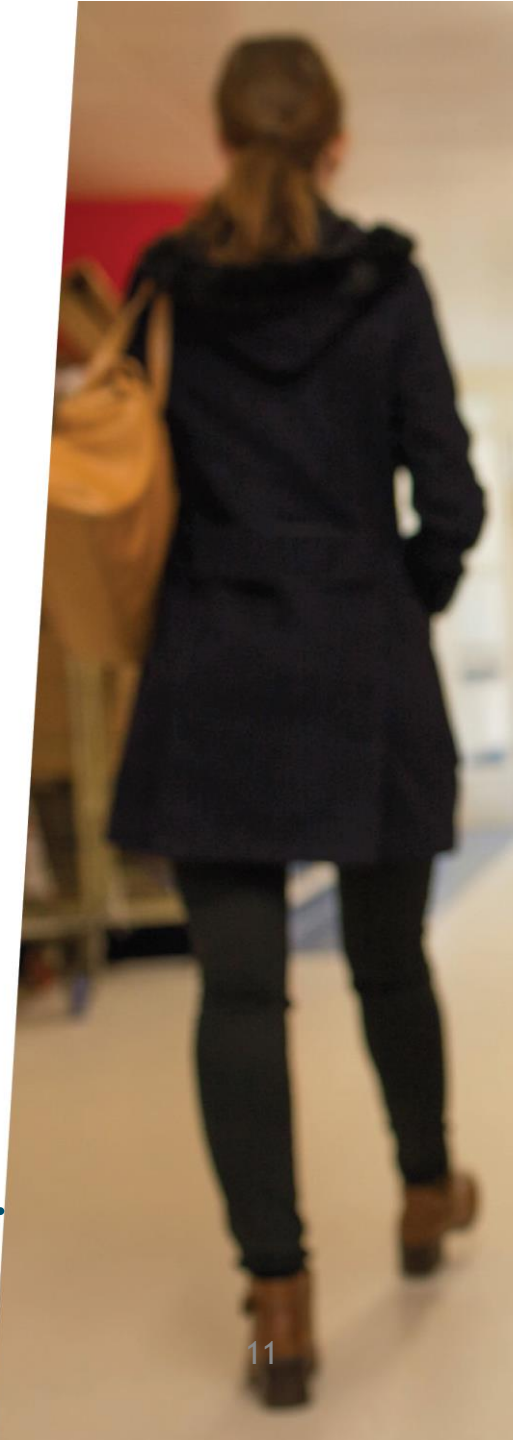
I was eventually seen by a doctor and medication prescribed. The waiting room was full and the receptionists had to keep asking for family and friends to stand and let patients sit down. Another lady was bought in by ambulance, she was in a really bad way screaming and crying and was made to sit in the general waiting room which was very distressing for everyone.

Overall, the experience was dreadful. The staff were overstretched and the waiting room seats are not comfortable if you are waiting a long time.



Summary Findings

- In the majority of hospitals we studied, waiting times, particularly in accident and emergency departments, are too long, with some patients waiting for over four hours.
- In some instances, patients reported that waiting areas were overcrowded and seating was uncomfortable, factors made worse by long waiting times.
- The experiences of people with a disability were less positive than for those without. For example, cramped waiting rooms in one hospital made access in a wheelchair difficult, and problems with parking in another meant that patients with mobility problems had to walk long distances.
- In a majority of the hospitals we studied, patients had problems accessing refreshments, especially at busy times and in accident and emergency departments.
- Several patients said that a lack of consistent and accessible signage caused confusion and anxiety, especially for people with visual and/or hearing impairments. This even occurred in hospitals that were otherwise rated as good.



Summary Findings

- We found that in all but one hospital, systems for calling people for their appointments did not meet the needs of patients, particularly those with hearing and/or visual impairments. This made patients feel stressed or vulnerable, because they were anxious that they would miss their slot.
- The British Sign Language (BSL) interpreter booking system is not working for some patients. Although some reported good experiences, the majority of patients who used interpretation services, across most of the hospitals we studied, told us that interpretation services are difficult to arrange, unreliable and do not take into account appointment delays, meaning that interpreters sometimes leave part-way through an appointment.
- Some communication is good, but this is inconsistent across the hospitals, and it does not always take into account patients' needs or preferences.
- Some patients described instances of outstanding patient care and staff attitudes, but others experienced the opposite. Many patients recognised that hospitals were busy and sometimes understaffed, but these factors did affect the quality of their waiting experience. Patients generally report a better experience if the delays are explained to them, and staff make efforts to ensure their comfort while waiting.



Recommendations

Based on the feedback from service users, Healthwatch Birmingham recommends that all trusts in the study ensure that:

- appointments for clinics that have consistently long running times are reviewed to see whether they can be made more efficient
- where delays cannot be avoided, these are acknowledged and explained to patients
- standards of cleanliness are good, and responsive to patient and staff feedback, for example by implementing spot-checks of toilets and waiting areas
- fresh drinking water is readily available to all patients, and that clear signposting, and staff or volunteer assistance, are used to direct patients to food and toilet facilities
- a staff member or volunteer on each shift works with a specific brief to monitor the food and hydration needs of vulnerable people, such as elderly people, children and people with disabilities



Recommendations

- people who use a wheelchair can access the building, and that wheelchair-only space is available in every waiting area, with prominent signs stating that vulnerable people have priority seating
- the seating, light and noise levels, and temperature of waiting areas are comfortable for all patients
- the quality and visibility of signage meets a range of patient needs
- patients with visual and/or hearing impairments are able to access their appointments easily, for example through the use of electronic signage with audio and visual prompts to keep patients up to date with waiting times and which room they will be in
- patients are offered aids, such as a buzzer and sight guiding, so that they know when it is their turn to be seen
- all patients with a hearing impairment who have indicated that they require interpretation services are automatically booked by hospital staff before their visit, and that this is communicated to the patient in a way that is flexible and patient-centred, and preserves patient confidentiality



Recommendations

- all patients who need a BSL interpreter are given priority so that they attend their appointments on time, meaning that booked BSL interpreters can support patients for the whole consultation, even if clinics over run
- medical notes are up to date and reflect people's individual communication preferences
- the efficiency and response times of call handling are of a good standard
- the quality of interpreter provision is monitored and improved where necessary
- staff undertake customer service and disability awareness training annually, and that this is reviewed regularly to ensure staff have appropriate support and training to meet patients' needs and rights.



Next Steps

- All reports were presented to the five Birmingham NHS Trusts covering all nine hospitals in March.
- All trusts have the statutory 20 working days to respond to the report outlining how they will make changes based on our recommendations.
- Responses will be analysed in April 2019 and included in the final published report.
- Reports will be published mid May 2019
- A follow-up impact report will be produced late Autumn 2019, outlining the changes made as a result of the reports.

