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**The Consumer's View**  
(A review of CHC surveys on outpatients  
departments)  
**June 1986**

Association of Community Health Councils for England and Wales

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quality of service offered by the department and very appreciative of the efforts of staff. Caution should be exercised in interpreting results such as these however. Taken at face value they could suggest that there is little room for improvement. Without doubt there are outpatients departments that offer an excellent service in all respects. It would be implausible to suppose that such high standards are to be found everywhere however. Many people make allowances for deficiencies in the way the service is administered - particularly if they feel that the actual medical care they receive is good. Appreciation of the efforts of staff, as well as timidity, could serve to disguise real sources of discontent.

#### WAITING TIMES

The length of time that someone has to wait to see a doctor is perhaps the most important measure of the administrative efficiency of an outpatients department. There are NHS guidelines on what should be regarded as minimum standards of efficiency - for instance, no-one should have to wait for more than two hours. Such measures were explicitly used as a yardstick in a recent survey by Cambridge CHC. It is clear that sometimes these standards are not met. From the patient's point of view, waiting times are the most frequent as well as the most serious cause of discontent.

"It was decided to carry out the survey because of the complaints received about the waiting times in the OPD."  
(N.E.YORKS CHC 1983)

"During the early months of 1984 CHC members received individual complaints about the length of time some patients spent sitting in the OPD at Chorley District Hospital waiting to see a doctor.....The CHC decided to investigate."  
(CHORLEY & S.RIBBLE CHC 1984)

"Waiting times in outpatients is a national problem. Most NHS patients in all parts of the country appear to take it for granted that when you have a hospital outpatients appointment, you will have to wait a long time before being seen."  
(CITY & HACKNEY CHC 1982)

"When the topic of waiting in an outpatients clinic is introduced, almost everyone can produce an anecdote about the inordinate length of time they, or a relative, had to wait before seeing the doctor. This survey was an attempt to grasp the reality of the problem.....  
(CAMBRIDGE CHC 1985)

Nevertheless it has to be said that when a CHC has asked "What do you think of the wait?" a surprisingly large number of people say that they thought it reasonable.

"Many people thought that a wait of a couple of hours was

reasonable.....Most people complain if they have to wait in shop queue for more than a few minutes, so there's obviously something special about NHS health care."

(CHORLEY & S.RIBBLE CHC)

People don't like to complain:

"What struck many of the observers was the general reluctance to complain at all. In several clinics there were patients who refused to fill in the forms because "I'm just too angry", or who tore up the form as a way of expressing their anger at the hospital."

(CITY & HACKNEY)

Whether they complain or not, most people don't like being kept waiting:

"Only a few patients thought their wait unreasonable if it was under half an hour, but 26% considered it unreasonable to wait half to three quarters of an hour. Indeed, 45 minutes seems a turning point, a further 50% thought it unreasonable if it was more. A few were so patient that they thought a wait of over two hours to be reasonable."

(SOUTH CLYWD 1983)

What would YOU say?

"Last time I attended I waited three and a quarter hours only to be told to come back in three months."

"I am sick of having to wait for an appointment - sometimes for hours. What is the point of making an appointment if you have to wait hours."

"The system of appointments is hilarious. Surely a 2 hour wait could be cut down even by amateurs with no experience of this sort of thing."

(N.E.YORKS)

It would be easy to multiply the number of such comments tenfold, taking just 2 or 3 surveys as a source. Expectations and judgements of what is reasonable obviously vary. Some people may make unreasonable demands. Most do not. It seems, on the contrary, that there are some users of the health service whose expectations are disturbingly low.

WHY THE DELAY?

An investigation into the causes of unacceptably long waiting times is, in the first instance, the responsibility of management. Nevertheless, 2 CHCs have recently turned their attention to this question. The results were similar in both cases:

1. The length of time allocated to each patient is often unrealistically short - or more generally, not well-planned.

2. Block-booking arrangements often run into difficulties as the day wears on.

3. There is all too often a lack of communication between the doctors taking the clinics and the reception and nursing staff responsible for running them. Who do they notify if they're late or cannot come?

4. A large number of doctors arrive late for their own clinics.

5. A significant proportion of patients either fail to turn up for their appointment or arrive late.

Both these surveys support similar conclusions about the attitudes of the doctors themselves. Writing to the Journal of the Society of Operational Research, one of the team involved in the Cambridge survey says:

"We surveyed 21 clinics and the performance of individual clinics varied considerably. The clear conclusion which I came to was that a proportion of the consultants simply do not care about patient waiting times. Significant improvements in the system can only be achieved by changing the attitudes of this group."

City and Hackney CHC included the views of the consultants in their survey and came to this conclusion:

"Most of the consultants seemed to feel that the booking system was working well in that there were usually enough patients waiting for them and there were rare gaps when there were none. The impression they gave was that most of them were not aware of waiting times as a problem. None of them had ever monitored the time he or she spends per patient."

#### PROPOSALS ON WAITING TIMES

- Management should ensure the co-operation of doctors and other staff in their efforts to reduce average waiting times. Doctors should make it a standard practice to regularly check the times of appointments against their actual consultation times.

- An appointments system must be seen to be working well and fairly. It is frustrating for patients to find the system occasionally collapsing into "first come, first served" or even worse "last come, first served."

- Clear explanations for delays should be given as a matter of course. A particular member of staff should have the responsibility for informing patients after a certain time has elapsed, say 30 minutes, why there is a delay and how much longer they may have to wait.

- It should be clear to both patients and staff when a clinic

starts. Patients should know what an appointment time means. Is it when they are to see the doctor? Or is it when they should come to the clinic for preliminary tests?

#### WAITING AND WORRYING

"Elderly people tend to be hard of hearing and it is difficult to keep alert for perhaps an hour or more. Others experienced the fear of missing their turn if they left the waiting area to visit the tea bar, toilet or telephone."

(SOUTH CLWYD)

Most CHCs in their surveys recommended the installation of a tannoy system if one wasn't already present. Patients should be reassured that a short absence from the waiting area won't affect the order of appointments. If need be, someone will be sent to fetch them.

"In this connection we would ask if individual clinic staff are aware of those patients who had checked in and must therefore be present. Does on-going liaison take place between the main Out-patient Reception desk and individual clinics as there did not appear in some cases to be co-ordination between these posts?"

(AYLESBURY VALE CHC 1983)

#### THE CONSULTATION

When conducting outpatient surveys, CHCs often ask about the consultation itself: was the treatment explained satisfactorily? Was there time and opportunity to ask questions? Was there enough privacy?

In the Scunthorpe survey only 36% of those interviewed claimed to have received an explanation of their treatment. At Warrington it was 55%, at Chorley 92% (a figure considered suspiciously high by the District Medical Officer).

Occasionally comments such as these are received:

"The doctor's clinic always has several people in it and I have never been asked if there is anything I wish to ask in private."

"Not sufficient explanation given - just "carry on with the drops and come again in ..... 4 months time!"."

(SOUTH CLWYD)

- Doctors should treat patients with courtesy and with respect both for their understanding and their anxieties. An explanation should be offered of any treatment given or proposed, and time allowed for patients to ask questions - in private if need be.

It may be impossible to eliminate all sense of impersonality in a busy OPD. Much clearly depends on the courtesy and helpfulness of staff - and these are frequently praised. Still, further steps could be taken in this direction:

- Patients should know the name of the doctor they are going to see.
- Patients making repeat visits should, wherever possible, see the same doctor.

"Since starting to attend this clinic, of the past 5 visits, I have seen someone different every time and I would rather see just one person."

(N.E.YORKS)

This shouldn't happen. Nor need it happen.

#### OUTPATIENT TRANSPORT

Only a minority of those who attend OPDs are taken there by ambulance - under 10% in all those surveys which asked about means of transport. Clearly, it is not possible to arrange things so that none of these people will arrive early for their appointment. However problems of co-ordination between the appointments system and the ambulance service seem fairly common. Lengthy waits at the OPD are also aggravated by waiting for an ambulance to be taken home.

"I was 45 minutes late due to the ambulance."

"I was early due to the ambulance - and then waited 2 hours for an ambulance home."

(CHORLEY)

At City & Hackney two-thirds of ambulance patients arrived late for their appointment. Also:

"In nearly every clinic the observers noted patients who had been waiting more than an hour for an ambulance to take them home."

(CITY & HACKNEY)

Richmond, Twickenham & Roehampton CHC have recently expressed concern to the RHA about the non-emergency ambulance services:

"The effect of the shortage of ambulance staff has included: increased cancellation of outpatient journeys, outpatients being brought in and picked up, up to 3 hours late (resulting in homeward journeys as late as 7.30p.m.)."

- Every effort should be made by management to ensure that the ambulance service and the appointments' times of patients are co-ordinated as effectively as possible. Similarly every effort should be made to reduce as far as possible the amount

of time people have to wait in order to be taken home.

If only a minority are being taken to OPDs by ambulance, an increasingly large majority use private cars. Complaints about about car-parking facilities are not uncommon:

"No parking facilities close to hospital entrance for bringing elderly patients by car."

"Parking for disabled inadequate. Disabled badges mean nothing to car park attendants."

"The main car park is a long way to walk for people with injuries. The staff should use the main car park and leave other spaces for patients for whom the hospital was built."  
(WARRINGTON CHC 1985)

- Wherever possible, parking facilities close to the clinic should be arranged for those who would find it difficult to cover longer distances.

#### FINDING MY WAY AROUND

During their visit to an OPD, many patients are referred to other hospital departments such as X-ray or Pathology. They shouldn't have problems in finding their way:

"It would appear that when patients are sent from the OPD to other departments....., no directions are given and the signs are not positioned in a manner that assists unsure patients. On numerous occasions members of the survey team were asked by patients how to get to these other departments."  
(SCUNTHORPE CHC 1984)

An even more elementary need is to find the OPD itself.

"Whilst four out of five patients said they could follow the directions signs to the clinic, there was one in eight who said they could not."  
(MACCLESFIELD CHC 1985)

- Signposting should be easy to follow and cover all likely needs:- clinics, other departments people may have to visit, toilets, refreshments, telephone etc.

#### AMENITIES & COMFORT

- Waiting areas should be comfortable and pleasant places to wait in.

The surveys are peppered with comments which suggest where improvements could be made.



Your general impression?

"The waiting room [was painted in] extremely dull colours no mags, not a single poster. Waiting very, very boring. It was also fairly dark. I know all clinics aren't like this one, but the one by Oral Surgery is horrid."

(NORTH BEDFORDSHIRE 1983)

"The Ophthalmic Dept. waiting room ...is much more pleasant - no regimental rows of chairs here, but some tables with chairs around, or chairs in groups"

(OLDHAM CHC 1983)

"We noted that the waiting area was not cleaned or tidied between the morning and afternoon clinics. It would be quite a small task to clear away the coffee cups and litter from the tables, and would create a far better impression for patients arriving for the afternoon clinics."

(WARRINGTON)

What's the seating like? Is there enough?

"The seating is unsuitable for elderly and infirm patients - they need chairs with high backs and arms."

(MACCLESFIELD)

"Seating arrangements most inadequate. I had to stand in the waiting area for 30 minutes."

(WARRINGTON)

"There was no clear notice as to which chairs were reserved for admissions."

(OLDHAM)

Too hot or too cold?

"The lack of adequate ventilation throughout the OPD was noted and this, coupled with the seating arrangements in long corridors, causes a claustrophobic environment. One lady became quite ill and eventually required assistance to be taken outside for some fresh air."

(SCUNTHORPE)

Is there anything there you'd want to read?

"All the clinics provided magazines, but of those who found them unsatisfactory, the majority were men. Most of the magazines were for ladies or were comics..... One gent suggested that, "In order to maintain a constant supply of up-to-date ones, a notice could be displayed asking patients to bring some from home."

(SOUTH CLWYD)

And what about a cup of tea?

"Refreshment facilities are too far away, might miss your name being called."

"A tea machine would be useful as if you leave the department you run the risk of losing your turn."  
(SCUNTHORPE)

Have you thought about children?

"No play area for children. I attended with two children, one mentally handicapped and waited for 2 hours to see the Consultant. It is such an ordeal to make them sit still for a long time. Please do something for them."  
(WARRINGTON)

"It was noticeable that there was seldom any provision for mothers to keep their children amused and entertained."  
(SOUTH CLWYD)

Are the changing facilities adequate?

"The waiting between undressing and actually seeing the doctor was 35 minutes in cramped and stifling cubicals and insufficient hard chairs."  
(N.E.YORKS)

#### A FINAL WORD

The organisational, physical and medical arrangements that make up an outpatients department should be shaped primarily by the needs and desires of the people who use them - the patients.

Management should have before it the ideal of ensuring that no-one comes away with this sort of impression:

"The way in which Outpatients is arranged and run closely resembles a cattle market. I found the whole experience humiliating and impersonal."  
(N.E.YORKS)

"I always have the impression that the hospital is a world of its own where no regard is given to the patient's other responsibilities - the hospital attaches no importance to other people's time."  
(WARRINGTON)

K.HOWSE     June 1986