

A Week in Leicester Royal Infirmary (LRI)

The Patient Perspective



Foreword



Healthwatch Leicestershire is committed to improving patient experiences of local health and care services. The Leicester Royal Infirmary (LRI) is one of the largest hospitals for residents of Leicestershire and Leicester.

In June 2014, a team of Healthwatch Leicestershire staff and volunteers spent 12 hours in the Accident & Emergency (A&E) Department at LRI. We committed to revisiting A&E in January 2015.

In January 2015 Healthwatch Leicestershire staff, board members and volunteers supported by Healthwatch Leicester staff and volunteers spent 'Four Days at LRI' listening to 262 patients and talking to staff in:

- **A&E on 30 January**
- **Discharge Lounge on 29 January**
- **Ophthalmology Eye Clinic and Eye Casualty on 28 January**
- **Ears, Nose and Throat Department on 27 January**

We are grateful to John Adler, CEO of University Hospitals of Leicester (UHL) NHS Trust who ensured Healthwatch staff and volunteers were given unlimited access to patients and staff so that we could capture honest and unbiased experiences.



How we'll use this report

This report and recommendations will be shared with the UHL Board and Healthwatch Leicestershire staff have offered to meet individual departments to discuss the emerging findings. These findings will also be presented at the Leicestershire Health and Wellbeing Board and to the three local Clinical Commissioning Group (CCG) boards as well as to other stakeholders.

In addition, our report will be shared with MPs, NHS England, Healthwatch England, neighbouring Local Healthwatch and respective local authorities. We look forward to working closely with these groups to help implement our recommendations and improve health services.

Our staff and volunteers are grateful to the patients and LRI staff for sharing their stories and insights.

Gillian Adams, Vice Chair



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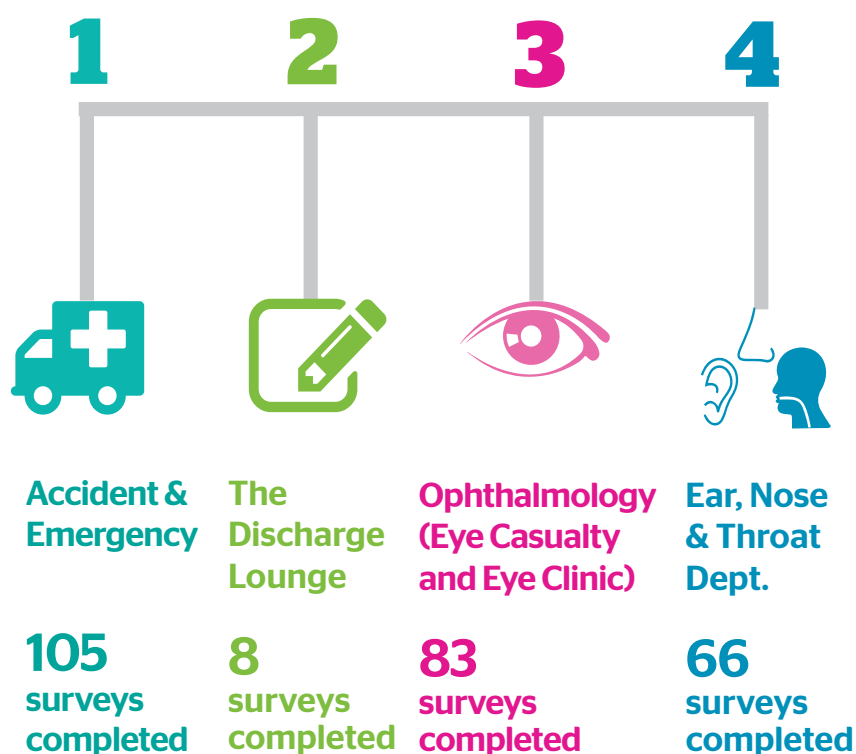


Executive Summary

We spent a week at LRI between 27 and 30 January 2015.

Our aim was to collect evidence and insight by listening to patients across four departments. We wanted to understand what changes they would make to improve their experience of using services at LRI.

This is where we went and who we spoke to:



"From the minute I came into Children's A&E, I was greeted with a caring and kind receptionist."

Oadby and Wigston patient

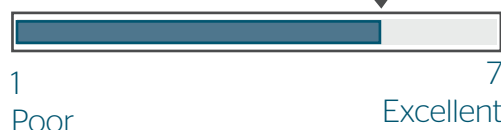
WE SPOKE TO

262

PATIENTS

Patients rated their experience as:

5.81



In September 2014 Healthwatch Leicestershire produced a report called 'Patient Views on Quality of Services' that looked at the perception of a quality service and at what makes a patient experience meet their expectations. This report identified five key attributes that patients looked for in a service. These were: trained and qualified staff, knowledgeable staff, helpful staff, caring staff and friendly staff.

In our visit to the LRI in January 2015, we asked respondents to prioritise from these five key attributes. Patients' top three priorities were:

- 1. Trained and qualified staff**
- 2. Knowledgeable staff**
- 3. Caring staff**



1. ACCIDENT & EMERGENCY (A&E)

33%



of patients came straight to A&E without seeking alternative care. Some of these patients were unaware of alternative services.

35%



of patients tried to get a GP appointment before turning up at A&E. 1 in 3 were unsuccessful and 1 in 7 would have preferred to be treated locally.

44%



of patients had visited A&E more than once in the previous 12 months.

2. THE DISCHARGE LOUNGE



6 out of 8 patients felt that they were not told what would happen when they arrived at the discharge lounge or how long they would have to wait.



2 out of 5 patients did not feel well enough to be discharged. They said they would like to be taken to another hospital setting, but not home.



3 out of 6 patients were unsure or did not know where to get support services once they left hospital.

3. OPHTHALMOLOGY

64%



of patients tried to get help somewhere else before attending Eye Casualty. Half of the respondents told us that they contacted their GP. Others mentioned opticians and A&E services.

58%



of patients had experienced cancellation of previous appointments at the Eye Clinic. The notice they were given ranged from a few hours (same day notice) to five months.

80%



of the patients had attended Eye Clinic more than once in the previous 12 months.

4. EAR, NOSE AND THROAT

1 in 3



patients said they seldom or never see their designated consultant. 33% said they always do.

37%



of patients had experienced cancellation of previous appointments. Repeat patients expected to have an appointment cancelled.

75%



of patients had been to the department before.

Emerging Themes



During our conversations with patients at the LRI, the following themes were identified as common issues across all departments.

Waiting times

Waiting time was the first point that many patients expressed frustration with when telling us about their experiences within the LRI departments that we visited. The underlying goodwill of patients means they accept lengthy waiting times, but their frustration was evident.

Patients were concerned about the length of time that they had to wait on a regular basis and did not understand why this was the case. There was a sense from patients that no one was trying to resolve this issue.

waiting on location, it was highlighted that the appointment letter that is sent out to patients could better describe the location of the appointment.

There is also a need for a better process to call patients into their appointments from the waiting areas. Patients with poor sight or hearing had difficulty seeing appointment boards and hearing their names called.



Information

The information that was displayed on the walls of various departments was not in a clear and appropriate format for patients to read and understand. This was an issue that was highlighted by patients, Healthwatch and LRI staff. Improvements in this area would better inform patients on specific issues in each department.

For example, in the **Ophthalmology Clinic 45% of the patients we spoke to were 75 or over**. This group may possibly benefit from larger concise information that they could read whilst seated.

Communication

Patients would like to receive prior notice of delays so that they could be better informed as to how long they may have to wait. As well as being kept informed whilst

 The staff are fine, it's the systems that are not very good. Processes are not fit for purpose. Appointment letters need to give information clearly that is easy to read. This service seems overwhelmed and waiting times are excessive. 

Ophthalmology Patient



Recommendations

UHL NHS Trust

1. To better utilise the spaces allocated for patient information, and re-design the layout of waiting areas for improved patient communication and flow. For example, using wall space to help promote alternatives to A&E services.
2. To involve East Midlands Ambulance Service (EMAS) in the design of the ambulance hand over station for the new Emergency Department.
3. To review practical solutions that can be introduced to improve waiting times and improve the current scheduling system.
 - a. Patients are often unclear why they are waiting for such lengths of time especially when they have an appointment with an allocated time slot.
 - b. The process of calling patients to their appointments from the waiting areas needs improving, particularly in departments where patients may have poor sight or be hard of hearing.
 - c. The information that is sent to patients with their appointment letter should provide better location details, an understanding of clinic processes and an indication of typical waiting times. The latter will allow patients to plan meals and when to take their medication.

Clinical Commissioning Groups (CCGs)

4. All GP Practices to adopt an appointments system that allows flexible, pre-bookable appointments as well as on the day appointments (or a drop-in service). Patients report that whilst some GP practices have an appointments system that works well, others do not. This leads to patients being unable to access GPs when they need them.

5. When assessing and awarding the tender for the Urgent Care Centre contract at the LRI, we urge local CCGs to include the patient experience as a decision making factor. A&E and the Urgent Care Centre should ideally provide seamless pathways from arrival to triage to treatment for patients.
6. To continue campaigns, such as Choose Better and Feeling Under the Weather, and to promote the different healthcare services available across the County, so that the public are clear where to go if they need advice for various conditions.

All Stakeholders

Leicester Partnership NHS Trust (LPT)

UHL NHS Trust

CCGs

Leicestershire County Council (LCC)

7. To continue collaboration between all stakeholders. We observed great partnership working in the A&E department - LPT and LCC housing staff working alongside local GP's and UHL to reduce hospital admissions and discharge patients. This is testament to some of the excellent work that is taking place to ease hospital pressures and improve patient care and experience.

Healthwatch Leicestershire

8. To work with UHL to share patient experiences and this report with staff and members via meetings, newsletters and publications.
9. To conduct an Enter & View visit of the handover process from ambulance to A&E Department at LRI.

Introduction to the Main Findings



Healthwatch Leicestershire understands the strategic overview of initiatives such as Better Care Together¹, a programme to reform health and social care across Leicester, Leicestershire and Rutland, and how patients' experiences can be used to develop better outcomes for those that use services.

We listened to 262 patients across four departments and the majority that we spoke to had a positive experience at LRI. We heard from patients across all the departments who wanted to see improved waiting times, information that is easy to read and understand and better communication processes implemented.

Many of the issues we heard about are reflected in the Care Standards for staff, Caring at its Best², a promise to patients that UHL has developed to measure their service.

The departments that we visited were as follows:

- The A&E Department
- Discharge Lounge
- Ophthalmology Eye Casualty & Eye Clinic
- The ENT Department

The findings are reported by department in order to provide a clear understanding of what patients told us in each department.

¹ <http://www.bettercareleicester.nhs.uk/>

² <https://www.euhl.nhs.uk/docs/CaringAtItsBest.pdf>





Methodology



To capture patient feedback we carried out a two part survey. Part A was completed face to face with the patient prior to their treatment/appointment and Part B was left with the patient to complete after they had been seen by a health professional.

Parts A and B were conducted in the following departments:

- A&E Department – 105 surveys
- Ophthalmology Eye Casualty – 27 surveys
- Ophthalmology Eye Clinic – 56 surveys
- ENT Department – 66 surveys

Part A only of the survey was also conducted in:

- The Discharge Lounge – 8 surveys. The patient journey in this department is very different from the other departments that were surveyed, therefore part B was not completed.

Part A of the survey was completed with the patient and gathered the majority of the data. Each survey was designed specifically for the intended department but also contained standard, cross-cutting questions for consistency.

We retrieved part Bs on 48% (122) of surveys conducted. Part B of the survey was developed to capture the patients overall satisfaction of the service they received on the day and were left with the patient for them to complete after their treatment.

In all departments where the survey was conducted, LRI staff members were given an opportunity to anonymously tell us their views regarding any improvements which could be introduced that would benefit patients and their experience of using that department.

As part of a holistic process of learning lessons, Healthwatch staff scheduled a de-brief after the visit to understand what worked well and what could be improved for future engagement. This process also included meeting with the patient experience manager at UHL prior to the visit in order to build relationships, liaise with the various departments both before and after the visit and discuss next steps.

We listened to
and surveyed
262 patients

Adult and Children's Accident & Emergency Dept



The A&E department at LRI provides emergency care for adults and children 24 hours a day, seven days a week. We listened to patients across Minors, Majors and Children's A&E to better understand what matters most to patients using the service.



105 Part A surveys completed



39 Part B surveys completed



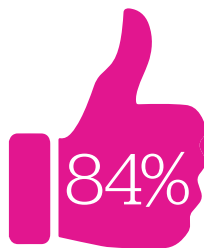
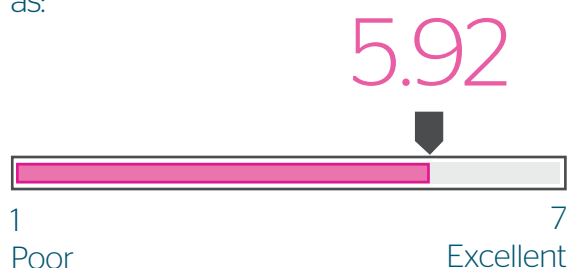
50



52

3 people did not state their gender

Patients rated their experience of A&E as:



84%

of patients said that their expectations of A&E were met 'very much' or 'extremely'.



16%

of patients said that their expectations of the service were met 'moderately', 'slightly' or 'not at all'.



60

Leicestershire Residents

40

Leicester Residents

0

Rutland Residents

5 people did not state where they live



What patients told us:

1 **44%** of patients had attended A&E more than once in the last 12 months. The number of times they had attended ranged from 1 to 12 times. Of those patients that had attended before, 70% did not try to book a GP appointment.



2 **35%** of patients tried to make a GP appointment before attending A&E. 1 in 3 were unable to obtain an appointment.



3 **28%** of patients were advised to attend A&E by their GP practice (including GP receptionists and out of hours GP's) and 33% made the decision themselves. Of the patients that made the decision themselves, 42% were from Leicester City.



4 **22** patients were sent to A&E from the onsite Urgent Care Centre.



5 **1 in 7** people were unsure or felt that they did not need to attend A&E. Patients told us that they would have preferred to have attended their GP or that they wanted reassurance.



6 **50%** of patients arrived at A&E by car.



7 Patients that arrived by ambulance:



- **38%** tried to make a GP appointment before they called an ambulance. These patients mentioned the need for shorter waiting times for ambulance staff to book patients into A&E and a need for quicker pain relief.
- **29%** of ambulance patients were from Charnwood.
- **44%** of ambulance patients were 65 years of age or older.

8 **15%** of patients had a problem locating the department. They told us that it is difficult to find A&E from the car park and that the lines on the floor were a little confusing.



"My dad had everything done to make him comfortable and to investigate his problems and all in good time."

Charnwood patient

What patients told us:

It is a nightmare to make an appointment at the GP especially when you work. GP also has different doctors every time we go.

City patient

The GP is not helpful. 8am is always busy and when I go down there, they are not happy. My daughter had temperature for three days and the GP kept advising to go to the pharmacy instead.

City patient

GP could have dealt with issue. I rang the GP they said to go to A&E. This was just before closing time as they had no appointments left.

City patient

I didn't even bother with the GP as you need to ring before 8am or you can't get in.

A&E patient

I phoned the GP and got no help, only a promise to phone back and half the time even that does not happen.

North West Leicestershire patient

Porter who transported me would not allow me to use toilet. She then stormed off and then refused to take me into A&E.

Oadby & Wigston patient

"Could be more attentive. I don't feel that they are helping enough."

City patient

"I asked for A&E and was told to go to level 1 and follow the red line, then the Urgent Care Centre directed me here. It would be nice if there were clear signs for A&E."













Hinckley & Bosworth patient

"The mental health care is rubbish. They're not interested unless you are suicidal - not urgent enough."

City patient



The table below, shows the breakdown of patients by Clinical Commissioning Group areas:

East Leicestershire	West Leicestershire	Leicester City
Arrived by ambulance  37%	Arrived by ambulance  48%	Arrived by ambulance  20%
Visited A&E in 12 months  13/27	Visited A&E in 12 months  15/33	Visited A&E in 12 months  15/40
Tried to book a GP appointment  1 in 3	Tried to book a GP appointment  1 in 3	Tried to book a GP appointment  1 in 3
GP advised to attend A&E  19%	GP advised to attend A&E  27%	GP advised to attend A&E  23%



We found that some parents were frustrated with their GP practice regarding their experience.

They also spoke about car parking and complimented the waiting area and staff.
The following comments are from parents:

 Fantastic experience, can't fault anything. 
Hinckley & Bosworth patient

 Happy with this department, it's great 9 out of 10. 
City patient

 Staff have been really helpful. 
Charnwood patient

 When coming alone for first time signage for A&E centre could be better. Once on the hospital site, not sure where to go and where to park. 
Harborough patient

Patient views and Healthwatch observations

Waiting times - Patients commented about waiting times although during the time that we spent in the department patients were initially seen in good time. However, we did notice that patients were seen by a consultant or nurse and then asked to wait to be seen by someone else. This is where some of the concerns were directed.

Assistance - Patients on the day told us that attention to detail specifically around care could be slightly improved. One patient in majors said, "There is no call bell - how do I call for help?"

Pain relief - Patients spoke about the frustration of waiting for pain relief before being treated, as this can often be a few hours.

X-ray - It was noticeable over our two visits to A&E how frequently the x-ray department was being utilised. One patient commented that it would be useful to have more x-ray facilities located in other places to avoid having to go to A&E.

93 year old lady left with no pillow on the trolley and had a pain in her head as a result.

Charnwood patient

999 service could have been more helpful. I rang at 7.20am - no ambulance until 9am. Rang three times. No oxygen left so had to give me morphine instead.

City patient

Ambulance - We observed an extremely busy period of ambulance arrivals resulting in a build up of ambulances. This added to the pressure on the department and created delays in admitting the patients in the ambulances.

Good practice - We were encouraged by the joint working of LPT, UHL and GPs in the A&E department to reduce hospital admissions.

Car parking - Patients spoke about the distance from the car park to the A&E department. This caused difficulties in navigating and transporting a sick child or elderly person from the car park through the hospital building and into A&E.

Things could be made clearer and you should be reassured about what is going on.

City patient

Any way of accessing x-ray without visiting A&E would be helpful. Otherwise I wouldn't come to A&E.

Charnwood patient

"More communication about what is happening to you - i.e. not told why seeing doctor or what some tests were for. The doctor we saw was informative."

Charnwood patient

Discharge Lounge

Hospital discharge can at times be a challenging process that impacts on families, carers and health professionals.

The lack of consistent coordination between health and care services is clearly being felt by patients, especially those with more complex needs. The benefits of involving family members and carers in a patient's discharge planning are evident, however this good practice is not always upheld in a consistent way.

The discharge lounge is a fairly new and welcome initiative that aims to provide a comfortable and welcoming environment to accommodate patients while they wait to be discharged to their usual place of residence.

Our hope is that this lounge will ultimately help to better the patient experience and will support the hospital to address wider issues, such as delayed discharge³.

 It's pointless staying but I don't feel well enough to go home. 

Hinckley & Bosworth patient



8

Surveys completed



2

Leicestershire Residents

4

Leicester Residents

0

Rutland Residents

2 people did not state if they were residents of the city or county.

"I was informed that I would be going to the discharge lounge just moments before I was moved from the ward. My bed was then stripped around me while I waited in the armchair next to the bed for someone to take me to the lounge."

Discharge Lounge Patient

³ Improving the urgent care system in Leicester, Leicestershire and Rutland: Focus on hospital discharge <http://alturl.com/rcs42>

What patients told us:

- 1 **5 out of 7** patients waited between 2 – 4 hours before being discharged.
●●●●●●●

- 2 **6 out of 8** patients felt they were not told what would happen when they arrived at the discharge lounge or how long they would be waiting.
●●●●●●●●

- 3 **3 out of 6** patients said their treatment by healthcare staff at the hospital was 'Excellent'.
●●●●●●

- 4 **4 out of 7** patients had more than one health condition. Of these, 2 out of 4 were unsure if all their conditions were considered in their discharge planning.
●●●●●●●

- 5 **3 out of 6** patients said 'no' when they were asked if staff involved family members or carers when deciding to discharge them.
●●●●●●

- 6 **3 out of 7** patients felt involved in the decision to be discharged.
●●●●●●●

- 7 **2 out of 5** patients did not feel well enough to be discharged. When asked what they would have liked to have happen, they said they would like to be taken to another hospital setting but not home.
●●●●●

- 8 **3 out of 6** patients were unsure or did not know where to get support services once they left hospital.
●●●●●●

Staff feedback

Staff are well placed to identify areas of improvements to the department that would benefit patients. We asked the staff if they could change one thing that would allow them to give better care to patients and support them as a professional to improve the experience of patients, what would it be? They told us the following:

- More activities for patients including those with dementia. There are arts and crafts available, however there is not a member of staff allocated to carry out these activities.
- Earlier discharge planning on wards, especially regarding writing prescriptions (TTOs - To Take Out), so that patients can be transferred to the discharge lounge earlier. This in turn would help to plan the patient's departure/ transport from the department.

Healthwatch observations

- The staff were very good at communicating with patients and took time to explain medication arrangements for patients to follow post-discharge.
- Staff were very accommodating when looking after patients needs and explained how long they would need to wait for transport.
- Staff ensured that contact was made with a relative, neighbour or carer before the patient was discharged.
- We found that information signs needed to be more visible and larger.



Ophthalmology Dept. - Clinic



Visiting the department highlighted that demand for the services had outgrown the physical space allocated for the department, more so in the Windsor sections. Waiting time is by far the main issue that patients raised with us on the day and many did not understand why appointments consistently ran late.

Patients rated their experience as:

5.74



56

Part A surveys completed



39

Part B surveys completed



of patients said that their expectations of the service were met 'very much' or 'extremely'.



9 people did not state their gender



of patients said that their expectations of the service were met 'moderately', 'slightly' or 'not at all'.



34

Leicestershire Residents

16

Leicester Residents

1

Out of Area

0

Rutland Residents

5 people did not state where they lived

What patients told us:

1 80%



of the patients we spoke to had attended the eye clinic more than once in the last 12 months.

2 58%



of patients had experienced cancellation of previous appointments. 76% of those patients were 65 years of age or over. When asked how much notice they were given, it ranged from as little as a few hours (same day notice) to five months.

3 83%



of cancelled appointments were rescheduled.

4 6.11



was the rating out of seven given for being helpful. Patients from the City rated the helpfulness of reception desk 6.34. Those from the County gave a rating of 5.90.

5 7%

of patients struggled to find the department on their first visit.

6

5.80



Patients rated how easy it was to get an appointment.

7 1 in 2



patients arrived by car.

8 45%



of the patients we spoke to were 75 or over.





Patient views and Healthwatch observations

Space - Many patients spoke about the lack of space. This was particularly acute for wheelchair users, especially if multiple users were present at the same time as occurred on the day we visited. There were also comments about the general lack of space in the department.

Modernisation - Modernising the waiting room was an issue for many patients. This included brightening up the room and the need for more comfortable seating, especially as the waiting times are quite lengthy and there were many elderly patients that would benefit from armchairs. Wi-Fi and TVs were also mentioned to help entertain patients and the temperature of the room was often very warm with no ventilation or water machine.

Communication - Many of the comments that we received were based around communication. Patients told us that they would like improved information, especially if appointments are running late. They also thought that reception staff should communicate important information and not just write it on a board, as some people are visually impaired. Other comments that were made included:

- More doctors are needed as the clinic felt understaffed.
- A speaker service to call patients would be helpful.

Why do we have to have same sex waiting/treatment areas? I was given no option to accompany my wife who was in a wheelchair and who became quite upset to be left without me for two hours.

Ophthalmology Carer

I have been coming for over a year and cannot fault the service everyone gives.

Harborough patient

Reception - Needs better customer service. No eye contact, treated as a number.

City patient



Staff feedback

We recognise that staff are well placed to identify areas of improvement to the department that would benefit patients.

We asked the staff, if they could change one thing that would allow them to give better care to patients and support them as a professional to improve the experience of patients, what would it be?

Key issues they raised included:

Better signage was something that came out very strongly not only in the staff feedback but also in our own observations. The signs and information that were displayed in the department were often unclear, unreadable from the patient's seat and very text heavy.

There were various pieces of information on the walls and around the room, however they were not in a format that engaged patients and therefore were not often read.

A better queuing system that does not obstruct doorways or patients entering the department was needed. Seating arrangements that allow for better use by wheelchair users and additional seating were also needed. This should include wider doorways for better all-round access.

Cutting down the walk between the Balmoral clinic and the Windsor clinic would be of benefit for patients who often voiced their frustration about going back and forth from one clinic to the other.

An advisor or nurse that was available to help people understand their condition, show patients how to put drops in their

eyes correctly and guide the less able patients through the clinic process would be helpful.

Clinics not overbooked so that doctors can spend time with the patient.

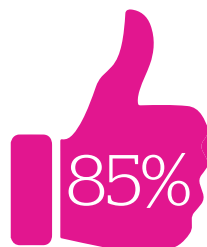
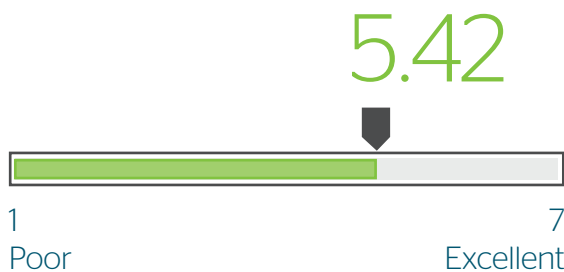


Ophthalmology - Casualty



As this department is directly linked to the clinic and shares the same waiting room, many of the logistical comments may match those that were mentioned in the clinic survey. Visiting the department highlighted that demand for the services had outgrown the physical space allocated for the department.

Patients rated their experience as:



of patients said that their expectations of the service were met 'very much' or 'extremely'.



of patients said that their expectations of the service were met 'moderately', 'slightly' or 'not at all'.



27

Part A surveys completed



13

Part B surveys completed



3 people did not state their gender



12

Leicestershire Residents

11


Leicester Residents

1

Rutland Resident

4 people did not state where they lived

What patients told us:

1  of patients had attended eye casualty more than once in the last 12 months. Of those patients, 4 out of 10 tried to book a GP appointment.

42%


2  of patients tried to get help somewhere else before attending eye casualty. 56% of them told us that they contacted their GP.

64%

3  35% of patients were advised to attend eye casualty by their GP and 27% made the decision themselves.

4  patients arrived by car.

1 in 3

5  **21 out of 25** had no problem locating the department.

6 Patients rated the reception desk at 5.76.

5.76



More doctors so
you can cut down
waiting time.

**Charnwood
patient**



Patient views and Healthwatch observations

There should be clearer signage for patients explaining that they need to take a number when they walk in to the department, as some patients didn't realise. There should also be some way of showing where you are in the queue.

Rutland patient

The examination area is not very private.

North West Leicestershire patient

My GP told us that they thought it was a 24-hour walk-in for eye casualty.

Rutland patient

I came down yesterday and my appointment was cancelled. I knew nothing about it, the clinic thought I had cancelled it.

Blaby patient

There was mud all over the floor during the time I was waiting, which no-one came to clear up at all.

Hinckley & Bosworth patient

Would like to see more places for wheelchairs and push chairs.

City patient

The information board could be clearer and better used.

Harborough patient

The process whereby my GP faxed my health concerns didn't appear to have worked. No one had a copy or seemed to be interested. I waited for one day after my GP appointment to hear from the Ophthalmology department. No one telephoned me, so I rang them but it just rang and rang. We came to the department on the speculation of being seen. This process needs addressing.

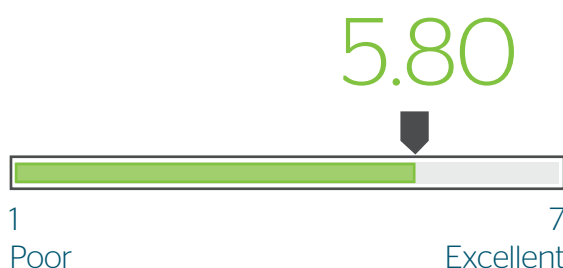
Hinckley and Bosworth patient

Ears, Nose and Throat (ENT) Department



The ENT department aims to improve the quality of life for individuals with ear, nose and throat disorders and provide timely and accurate advice and information. Speaking to the 66 patients, it was very interesting to hear their experiences and to listen to their suggestions to make their overall experience even better.

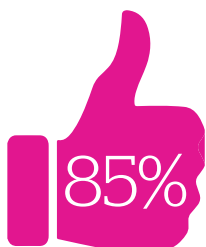
Patients rated their experience as:



66 Part A surveys completed



40 Part B surveys completed



85% of patients said that their expectations of the service were met 'very much' or 'extremely'.



3 people did not state their gender



15% of patients said that their expectations of the service were met 'moderately', 'slightly' or 'not at all'.



30 Leicestershire Residents

11 Leicester Residents

4 Out of Area

1 Rutland Resident

20 people did not state where they lived



What patients told us:

1 **4.3** was the average rating out of 7 for how easy it was to get an appointment.




2 **75%** of patients had been to the department before.

3 **1 in 3** patients said they seldom or never see their designated consultant and **33%** said they always do.



4 **37%** of patients had experienced cancellation of previous appointments. When asked how much notice they were given, it ranged from as little as the same or one day's notice up to a few months.




5 **79%** of cancelled appointments were rescheduled.

6 Patients rated the reception desk 6.15 out of 7 and gave a rating of 4.85 out of 7 for the environment in the waiting room.


6.15



7 **71%** of patients arrived at the hospital by car. 83% of patients from the County arrived by car as opposed to 59% from the City.



8 **28%** of patients from Leicestershire that attended the department were 65 years of age or over as oppose to 17% from the City. 7% of patients from Leicestershire that attended the department were 75 years of age or over as opposed to 0% from the City.



9 **18%** of patients struggle to find the department on their first visit.



Patient views and Healthwatch observations

Noise - Patients commented that the level of background noise can be quite loud and when the receptionists call a patient for their appointment it can be difficult to hear. Comments suggested that it might be useful to have a screen showing the patient's name as well as staff calling out to patients who is next.

Layout - The seating area is quite confusing with seating facing in many different directions. Some seating is side facing to the reception desk and often the doctors call patients from this point of the room which may be out of the peripheral vision of the patient. One patient told us that the department should not solely rely on calling patients verbally, especially when patients who may be hard of hearing are being treated.

Information - Current posters and information displays are not large enough to read from a distance. Utilising the space on the walls with information that is visible to the seated patients would be of benefit.

On entering the waiting area there was a small table with a jug of water and some plastic cups placed on top of a cabinet. This was apparently an offering of water to patients but many patients did not know it was there. Water would be better provided in a water cooler, as the current method felt slightly out-dated.

Patients aged 45 years to 74 years wanted better reading material, Wi-Fi and a drinks/ coffee machine.

Patients aged 75 years and over (23 patients) wanted comfortable seats and armchairs, more wheelchair space and a brighter room.

Other comments that were made:

- Loud speakers for calling out patients names would be helpful
- A bit brighter and more cheerful waiting room would improve the clinic as the room felt a bit dark
- More information on delays should be provided
- Medical information should be shown on a TV

Patients aged 75 years and over wanted comfy seats and armchairs, more wheel chair space and a brighter room.



Notice board - Patients told us that the daily waiting notice board information was not correct. They requested more information on delays and waiting times.

They also said that if a long appointment is needed it should be planned to reduce the knock on effect of delays.

In addition, patients also told us that emergency patients wait too long, treatment should be given much more quickly and that sometimes you have to wait from 10am until 2pm.

Discharge - Patients told us that they are often discharged and soon after require treatment again as an outpatient. If reappointment is needed, it means starting the process again.

They also said that appointments are being rescheduled with no reasons given and that

a better appointment system should be in place.

Other comments that were made:

👤 Difficult hearing when your name is called. Would be useful to have a screen showing your name as well as staff calling out. 🗣️

Oadby & Wigston patient

👤 Car parking, signage, communication between hospital and GP surgery needs improving. I was lost out of the system and then my GP eventually was able to sort it out. 🗣️

City patient

👤 Continuity of doctors. 🗣️

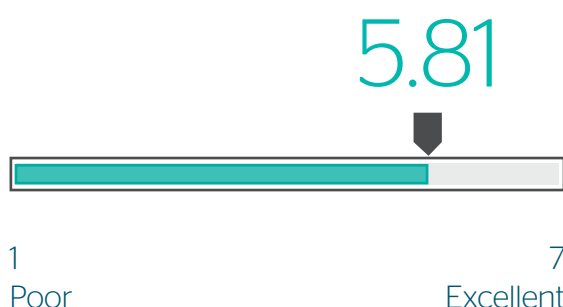
Blaby patient

Patients' Overall Experience



Overwhelmingly the patients we spoke to had a positive experience at LRI.

Over all departments, patients gave a rating of their experience at LRI as:



I was reassured and helped by a fantastic nurse and doctor. The care my daughter received was fantastic. Thank you.

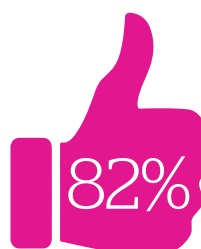
Oadby and Wigston patient

We are lucky to have a great A&E Department in Leicester.

Oadby and Wigston patient

The staff try their best and do a good job.

Melton patient



of patients said that their expectations of the service were met 'very much' or 'extremely'.

This is a breakdown of how people rated their overall treatment at LRI. When asked if the service met their expectations patients responded:

29% Extremely

53% Very much

13% Moderately

2% Slightly

3% Not at all

Although the overall experience of patients was positive, patients that were not satisfied by their experience gave the following reasons:



of patients said that their expectations of the service were met 'moderately', 'slightly' or 'not at all'.

4 patients told us that the service they received did not meet their expectations at all.

It is very difficult to park outside and get my 90 year old mother into the hospital in a wheelchair.

City patient

The department was short of space for wheelchairs, especially if multiple wheelchair users arrived.

City patient

The amount of time to wait is unbelievable, This clinic is not manned sufficiently for the volume of patients.

Hinckley & Bosworth patient

Waited for hours on previous appointment. Receptionist staff never included notes on consultant pile so did not get called.

Harborough patient

Once diagnosed with Glaucoma, it became increasingly difficult to get an appointment. Only got one upon opticians referral.

Blaby patient

"It's not good having to wait when in pain. I find it very annoying".

Charnwood patient

What's Next?



This report highlights ways the UHL NHS Trust can improve the overall patient experience. The people we spoke to continue to be positive about their medical treatment and care received, but reflect less well on communication, information and waiting times.

As the local health watchdog for residents of Leicestershire, we provide authoritative, evidence-based feedback to organisations responsible for commissioning or delivering local health and social care services.

Healthwatch Leicestershire will continue to support local NHS Trusts' campaigns and initiatives such as the Better Care Together Programme, a partnership of NHS organisations and local authorities working together to transform local NHS and social care services over the next five years.

From April 2015, we will be working with Loughborough University and Leicestershire County Council on an exciting project that will support the development of patient-centric integrated services to reduce emergency hospital admissions and improve the user experience. We hope the project outcomes will play a crucial role in alleviating the pressures on the health economy and will contribute towards providing the right support and care people need, in the most appropriate setting.

Healthwatch Leicestershire will continue to gather evidence and insights from the public and patients and champion their voice at every opportunity.



Acknowledgements



We would like to acknowledge the continued commitment of University Hospitals of Leicester NHS Trust to work closely with Healthwatch Leicestershire to share and listen to the patient voices of residents living in Leicester and Leicestershire.

We would also like to thank the volunteers and the staff team from both Healthwatch Leicestershire and Healthwatch Leicester that helped to gather so many vital experiences of patients at the Leicester Royal Infirmary:

- Alastair Wood - Healthwatch Leicestershire Board member
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- Véronique Yonge - Healthwatch Leicestershire member

Finally, the support of our stakeholders is valued to strengthen our consumer voice. Working better together, Healthwatch aims to improve the overall patient experience of health and care services.

The following Healthwatch Leicestershire reports can be downloaded from:

www.healthwatchleicestershire.co.uk/resources

Peaker Park Care Village Enter & View - April 2014

12 hours at A&E - June 2014

Lutterworth Country house Care Home Enter & View - July 2014

My Voice Counts Tour - July - Sept 2014

Patient Views on Quality of Services - Sept 2014

Glenfield Surgery Enter & View - January 2015



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