



**Patient, Visitor and Staff
Feedback Collected at the
Royal United Hospitals Bath
NHS Foundation Trust**

**An
independent voice
for the people
of Wiltshire and
B&NES**

Healthwatch Bath & North East Somerset (HWB) and Healthwatch Wiltshire (HWW) held a joint information stand in the Atrium of the Royal United Hospitals Bath NHS Foundation Trust (RUH) in Bath during the week of the 23rd-27th March 2015. They shared information about Healthwatch and asked people about their experiences of care. This report summarises what we were told by local people using the services at the RUH.

Who we are

Local Healthwatch are independent organisations set up to listen to the views of health and social care service users in their areas. We tell the local decision makers what people have said about the services they provide. Local Healthwatch organisations also provide a signposting service, helping members of the public find out the information they need about health and social care services. Since the Royal United Hospital serves patients from across Bath, North Somerset, Wiltshire and further afield, HWB and HWW arranged a joint engagement visit to gather the experiences of patients. This feedback will then be passed on to the RUH and the commissioners who buy services at the RUH.

Why we visited the RUH

The RUH is a large hospital serving many members of the public from the areas covered by HWW and HWB. As such, we wanted to gather the experiences of people who were using or visiting the RUH. The visit was not as a result of any concerns raised, only as a way of gathering patient and carer views and experiences of the hospital and to help raise awareness of local Healthwatch.

What we did

We held an information stall in the Atrium of the RUH during the week of the 23rd - 27th March 2015, with literature and promotional materials from both local Healthwatch organisations. We gave out information to passing members of the public, patients, visitors and staff. We also placed leaflets and feedback forms on the café tables. We did not approach people while they were using the café, though did stop to talk if they were interested.

Through speaking to people, we recorded their experiences of using the hospital and other health and social care services. These ranged from short comments to in depth feedback about a number of services and experiences.


Who we spoke to

Staff and volunteers spoke to a number of patients, visitors and staff. Detailed feedback was received from fourteen patients/visitors, while many more gave shorter comments which were also recorded.

What we found

Clinical Feedback

Many people were happy with the care they were receiving at the RUH, with some staff being described as “excellent” and patients saying they were impressed with, and proud of, the hospital. Areas which were specifically praised included the Breast Care Centre, dermatology, day surgery, radiotherapy, urology and kidney clinics, the eye out-patient clinic, intensive care, orthopaedics, cardiology, cardiac rehab, the Medical Therapies Unit and the pre-op clinic. Forrester Brown ward, the children’s ward and the older peoples’ ward were also praised. Assistance from hospital volunteers, such as to assist in borrowing a wheelchair, was appreciated.



“Very good, didn’t have to wait long today.... wonderful treatment”

Radstock patient

Some less positive experiences were recounted to Healthwatch representatives. The A&E department being described as impersonal, dismal and “*looking like a warehouse*”. One patient recounted a stay on Pultney Ward where there were delays in getting assistance off a bedpan which were only resolved by family intervention, and call buzzers being left out of reach.

A couple of patients reported long waits (up to 2 hours) when arriving for their appointments, which could have a knock-on effect on later appointments. One patient told us about missing a later appointment at the Bath Clinic due to waiting over an hour in clinic for a height/weight measurement and MRSA swab, despite having seen a nurse quickly on arriving. The wait at the pharmacy was also an issue for some patients. One reported finding herself 67th in the pharmacy queue, and having to return the next day to collect her prescription.

While the quality of care was praised by patients, the move of the Medical Therapies Unit to a location less accessible to patients with mobility difficulties seemed counterintuitive. Patients reported needing assistance from clinical staff or volunteers as porters were not able to assist. Patients thought that this unit ought to be situated near the disabled car park and pharmacy.


Some patients had come to the RUH from further afield, such as Cornwall and Dorset. One patient would have been isolated in their local hospital, but was able to be treated in Bath close to a family member, with whom they could stay with to recover before returning home. The patient and their family were grateful this could happen.

Patients told us that they thought that the hospital was understaffed and underfunded, but generally that the majority of staff do the best they can. Some communication difficulties with staff were noted, partly due to some language barriers, and some patients had experienced poor or non-existent communication between the hospital and their GPs, or between specialists within the hospital.

Choose and book

A patient reported that they were supposed to be able to choose where they would have treatment under “Choose and Book”, but had actually been told they could only go to the RUH. They would have preferred to go to the Great Western Hospital in Swindon.

Another patient recounted her experience of using Choose and Book, resulting in non-NHS service providers not knowing her access needs and not appearing to have access to her notes. When using independent providers, the patient reported having to repeat her medical history and being expected to be able to stand for lengths of time, despite being a wheelchair user. Because of these issues, she prefers to go to the RUH. On researching this situation, the Health and Social Care Information Centre (who manage the Choose and Book system) confirmed that it is the referring GP’s responsibility to ensure that access needs and all relevant clinical information are included on the referral, whether to NHS or independent providers.



“In spite of the pressure they’re under, I think they do jolly well”

Bath resident

Transport and parking

The difficulties of accessing the hospital concerned many of the patients and relatives who spoke to us. Visitors recounted stories of long waits to be able to find a parking space, including of up to ninety minutes. Another patient said he had to get to the hospital two hours before his appointment to be sure of getting a parking space. The number of disabled parking spaces was felt to be insufficient by some patients, with queues often developing with people waiting. Others reported usually being able to find a disabled space. Some patients suggested that they would be happy to pay for disabled parking if more was available, with sufficient space to get wheelchairs around the cars. Parking costs were also considered high by patients, especially when people may be on restricted income. This difficulty was added to by having to guess at how long to pay in some car parks, given that appointments may be late or overrun, causing the time to run out on the parking. Some patients park ‘off-site’ because parking is so difficult. Another patient had taken a taxi from Keynsham to avoid parking problems; however, this had also incurred a significant cost. Taxis may also be less available at certain times of day, for example patients told us they have struggled trying to travel by taxi for a 9am appointment as many taxis are being used for school journeys. Road works on the A36 were also causing problems for some patients trying to access the hospital.

Public transport ideally could ease the parking congestion at the RUH, but problems with this were also raised. Since bus passes are only valid after a certain time, accessing early appointments by public transport has a financial impact on pensioners and disabled people. The Park and Ride from Odd Down was well regarded, but it finishes before visiting time ends. Wiltshire patients may also find using the Park and Ride from Odd Down problematic, as they have to travel through/around Bath to reach the Odd Down site. Patients suggested that a Park and Ride service to the RUH from the Lansdown Park & Ride site or Bradford on Avon would be beneficial for Wiltshire patients. There was also great concern about the possibility that the Hopper (Connect2Wiltshire) service might be withdrawn, which patients believe will increase the difficulty of accessing the RUH¹. Keynsham patients reported no direct bus to either the RUH or St Martins. Good service from the number 5 and 14 services were reported by patients.

Non-emergency patient transport

Non-emergency patient transport to the RUH is provided by a couple of different companies, Arriva and NSL. Some patients reported booked transport failing to turn up, arriving up to 2 hours late for appointments, going to an incorrect address and long waits, some in excess of 6 hours, for return transport. When patients are not aware that the wait for return transport can be so long, they may not have sufficient medication with them. One patient suggested that their driver “*was like a rally driver*”.

One case of problems with the system was demonstrated by the experience of a couple, one of whom had an appointment in the morning and the other in the afternoon. They reported it would be useful if they were able to travel together, but apparently as patients they had to travel according to their appointment times. As a result of this policy, one partner with multiple disabilities had needed to pay a significant amount for a carer to assist her when her husband would have been able to do so if he had been allowed to travel with her.

Food at the hospital

Positive feedback was received about the quality of the food at the hospital. Some visitors come to the café while waiting for appointments in an area of Bath close to the hospital. While the Atrium coffee bar was thought to be of a good quality, some patients thought it was expensive, especially as they have a ‘*captive audience*’ of people visiting, or awaiting transport home.

A concern was raised that the cutlery in the café was provided with the usable end pointed up, so that people touch the parts connecting with food rather than the handles. While this was explained by staff as being to show which item was which, a visitor suggested that it was a hygiene risk, especially in a hospital that had recently had an outbreak of norovirus.

¹While it has been proposed that the budget for the Connect2 service be reduced, no decision has yet been made about the continued provision of this service. Wiltshire Council have said they will be consulting with the public before a final decision is made.

Feedback from staff

Hospital and ambulance staff were interested to learn more about local Healthwatch organisations, and what they can share with colleagues and patients. A couple of staff were particularly interested in learning more about our work, which would help them with courses they were taking.

Staff are also potential users of both hospital and primary care services. Some staff who spoke to us said that they would find it beneficial if they could access GP services within the hospital, as taking time off work for appointments is difficult when they are working long hours, and are unable to access their own GPs.

Feedback about other services

Positive feedback was received about a number of other services providing health or social care. These included the Air Ambulance, Englishcombe House nursing home, Paulton hospital, The Circle Bath, Care South domiciliary care agency, Eldene Surgery in Swindon (for their glaucoma treatment), Great Western Hospital (for their bunion treatment) and the PACE (Personal Achievement for Disabled People) day club in Shepton Mallett.

Patients from both Wiltshire and Bath and North East Somerset reported difficulties in accessing GP appointments, with waits of up to 4 weeks to see their own GP and only slightly shorter to see any GP at their practice. Patients found it difficult to get through to make an appointment, with one patient reporting telephoning 97 times in one morning (between 8am and 10.30am) but by the time they got through, all the routine appointments had gone. As a result of the difficulties, patients are choosing to use the Emergency Department instead of their GP and being told to do so by their surgery when they are unable to make an appointment.

Other points noted

As there had recently been outbreaks of Norovirus at the hospital, volunteers were surprised that there were not alcohol gel dispensers by the doors from the Atrium further into the hospital.

The Friends' shop was thought to be very useful by patients and visitors.

Patients suggested that it would be useful to have department numbers as well as department names on their appointment letters.

A Healthwatch volunteer noted that the pay phones in the Atrium have the instructions in small print and these were also partially obscured by mess on the cover. A patient had found the phone difficult to use and had asked the volunteer for assistance.

Healthwatch volunteers questioned the cost of the wifi access at the hospital, and wanted to know whether the hospital or NHS were generating income from this.

Practicalities of the visit

It was a useful exercise to work together with neighbouring Healthwatch colleagues, especially as patients at the RUH may come from the Bath and North East Somerset or Wiltshire areas, as well as from further afield.

It would have been useful if there had been more notice of the visit shared out to hospital departments, who may have been able to direct patients to the stall for any more information.

Key findings

- Healthwatch staff and volunteers were able to share information about the Healthwatch network and local Healthwatch organisations, and collect feedback about a number of different services from patients and visitors passing through the Atrium.
- Patients report high satisfaction with a large number of wards and departments and the RUH, and with the assistance available from volunteers in the hospital.
- There can be some delays with appointments, which may impact on patient care
- Patients generally believe that staff are doing their best, faced with shortages and funding limitations.
- Transport and parking problems cause stress for patients and visitors. People would like to be able to use public transport but the current provision is not always convenient and some existing services may be withdrawn.
- Patients reported problems with non-emergency patient transport failing to get them to hospital in time or experiencing long delays on their return.
- The quality of food was praised by patients and visitors.
- Problems accessing GP services may be leading patients to use emergency services at the RUH

Challenges

While we were able to talk to a number of patients, visitors and staff coming through the Atrium, it would have been useful if there had been more promotion that we were there to listen to peoples' experiences, as patients or visitors entering the hospital using different entrances may have been unaware of the stall. This may have also allowed staff to direct patients to us if they have known that people were there to listen to patient experiences.

The location of the stand in the Atrium also meant that patients who were staying on the wards for the duration of the visits may not have had the opportunity to pass on their experiences.

The findings in this report are based on the experiences of the patients, visitors and staff that we spoke to during this particular week, and is not representative of all service users, only those who contributed.

Acknowledgments

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