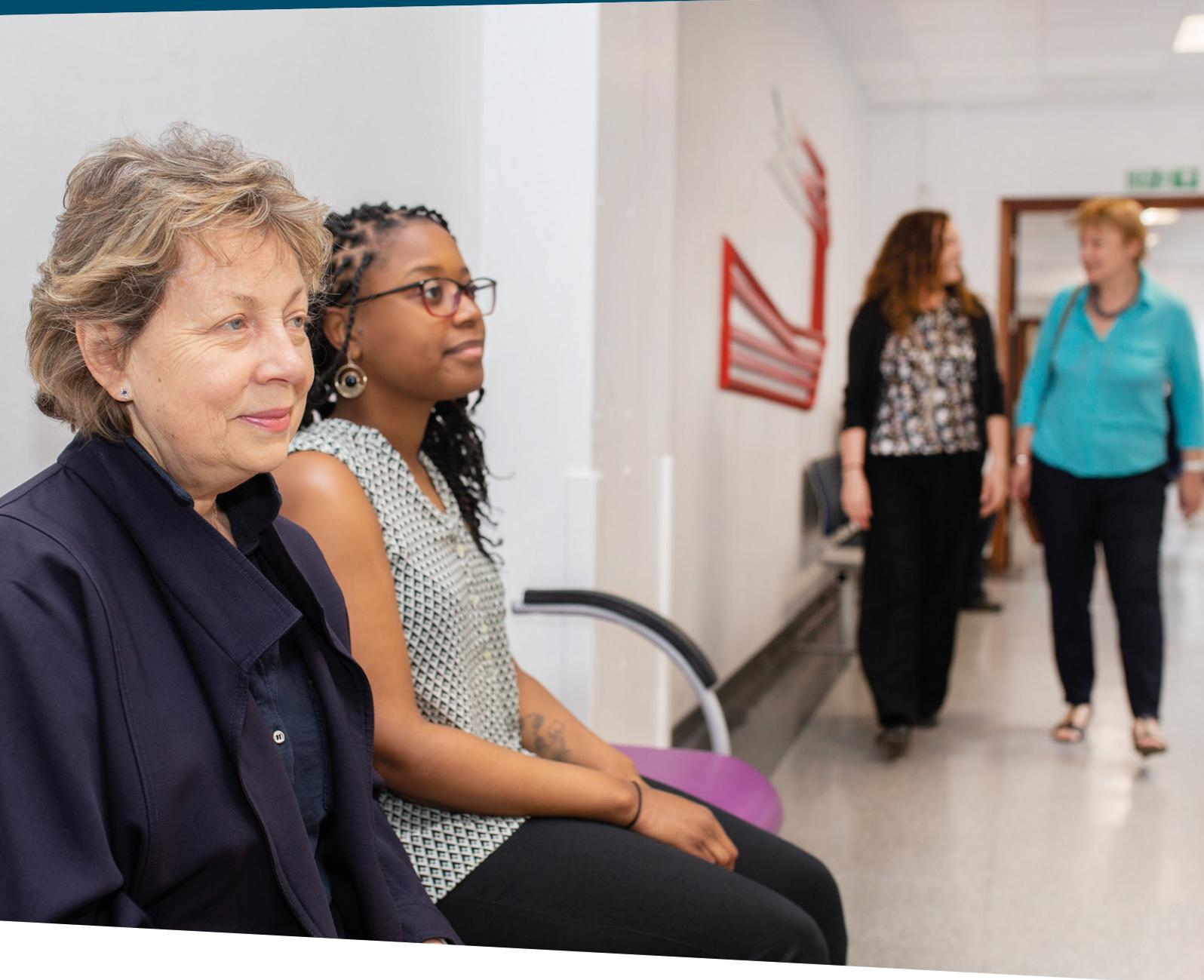


What's it like being in a hospital waiting room?

People's views: Birmingham Women's Hospital



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Birmingham Women's Hospital

Key findings



People described staff on the whole as caring and helpful, although some people reported that reception staff were unhelpful or unfriendly, and other patients were concerned that staff ignored them or were not respectful



Some patients found the gynaecology outpatient waiting area too hot and uncomfortable



More than half of the people who took part in our study said that they waited a long time to be seen



Difficulty in accessing refreshments while waiting was raised by some patients



Most people described the waiting areas as generally clean



One patient with a hearing impairment stated that BSL interpreters were booked however regularly left before the appointment was completed





Introduction

In 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. This report, one of a series of nine for the hospital trusts we looked at, presents the results of that work for Birmingham Women's Hospital.



Background

We started our investigation into NHS hospital waiting rooms in Birmingham in autumn 2018. Our main focus was on people's experiences of waiting times, the environment, communication, accessibility, and dignity and respect.

To capture a representative sample of patients' views across Birmingham, our investigation consisted of two stages.

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.

Stage 2

Based on initial feedback that led to the study and the experiences we heard in stage one, 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.

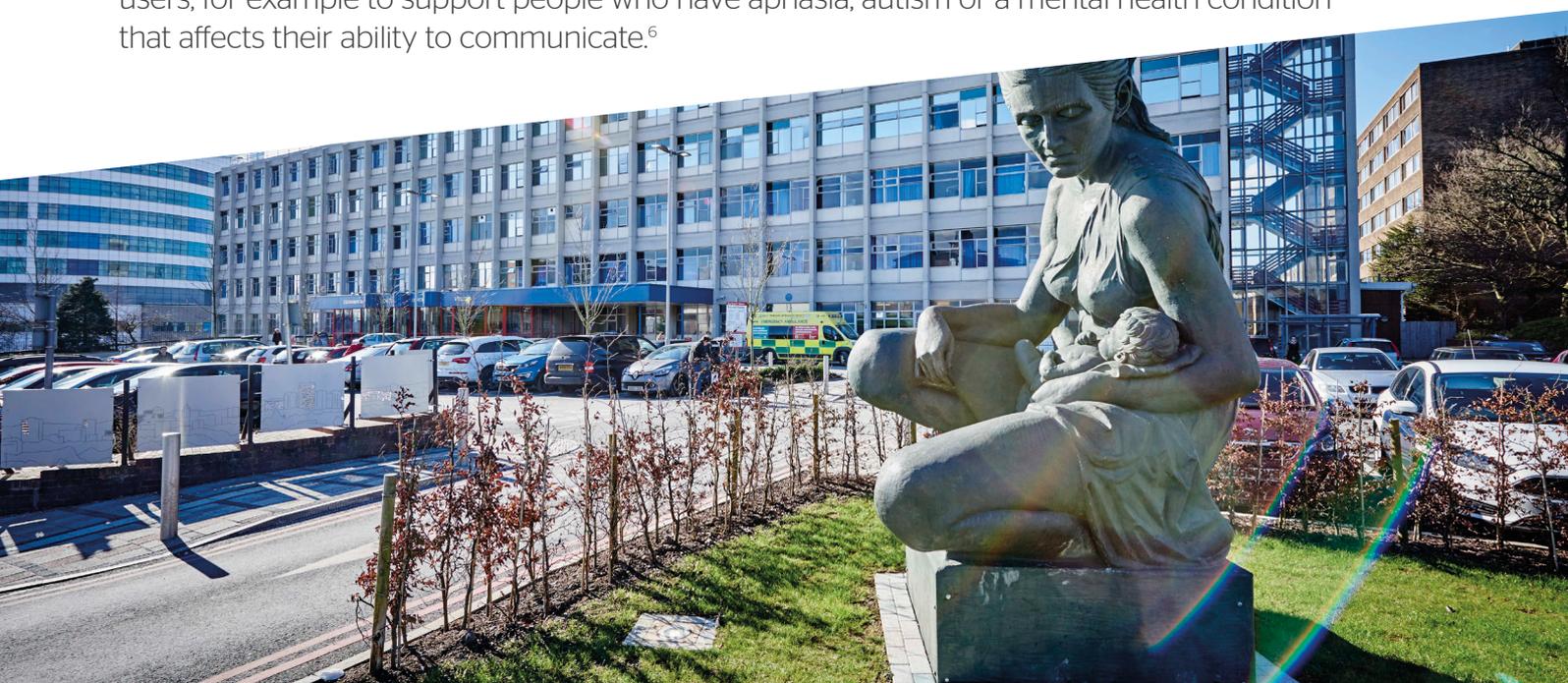
Patients could choose to remain anonymous, or provide their contact details. A selection of patients who chose the latter were contacted again to participate in more in-depth interviews. We wrote these up as case studies.

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.^{1,2} Other issues, such as anxiety, insecurity, thirst and hunger, are not always easily detected by busy healthcare professionals, leading to a failure to offer appropriate and timely patient care.³ 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.⁴

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 (that is, they are given regular information about why they are being kept waiting and an update on how long they will have to wait). 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.⁵

The Disability Discrimination Act 1995 states that hospitals must provide 'reasonable adjustments' for disabled people to enable them to access services more effectively. The more recent Accessibility and Information Standard (AIS) further emphasises the need to ensure that providers are identifying, recording, flagging, sharing and meeting the information and communication needs of service users, for example to support people who have aphasia, autism or a mental health condition that affects their ability to communicate.⁶



Birmingham Women's Hospital

Birmingham Women's Hospital is based in Edgbaston in Birmingham. It provides specialist gynaecological, maternity and neonatal services to people across the West Midlands. It is managed by Birmingham Women's and Children's NHS Foundation Trust.

As part of this study Healthwatch Birmingham heard pieces of feedback from 488 people across Birmingham, of which we heard 18 pieces of feedback from people about their experiences of Birmingham Women's Hospital. Feedback was heard through our online Feedback Centre, Information and Signposting Service and through our community engagement activities. This included feedback on waiting areas in the Gynaecology and Antenatal departments.

What people said

Waiting times

More than half the people who gave us feedback mentioned long waiting times for appointments. This included several reports of waits longer than an hour in both the Antenatal and Gynaecology departments. One person said she had received a fine in the past for parking longer than the one hour her blue badge allowed her to.

Appointment 6 minutes late so far. Parking is a problem / blue badge holders limited to one hour and appointments frequently over run and I have been fined in the past. One occasion surgeon did not turn up and wasted journey. (Gynaecology Outpatients)

Had an outpatients appointment and had been in extreme pain for weeks before it. Waited for over two hours to even be seen, and had been very uncomfortable in the waiting area, and was reduced to tears. (Gynaecology Outpatients)

Shocking service in regards to taking bloods. ... I was advised that they will see me in 10 mins but after 45 mins still waiting. Unbelievable!! (Phlebotomy Service)

Only one of the people who spoke to us said that their appointment was running on time.

A particular problem was highlighted among pregnant women, who were obliged to wait for long periods with a full bladder because this was needed for their scan.

... the waiting times were unbearable, and I ended up spending most day in the hospital waiting room, just waiting to be seen. It was very uncomfortable being pregnant and suffering from extreme morning sickness. For the scan I had to drink a lot of water but as the waiting time was so long, I had to use the toilet in between and then drink again a lot of water so that the scan could be successful. (Antenatal)

Environment

All the waiting rooms areas were described as clean, although one patient told us the toilets were not to the same standard.

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

Some people said that getting access to refreshments was difficult, particularly because people felt they would miss their appointment if they left to go to the café.

Because of the long waiting time and being worried that I would miss my appointment if I left, I was unable to leave the waiting room to get food, so I ended up not eating anything all day. By the time I got to the blood test at the end of the day the nurses had difficulty getting blood as they said I was so dehydrated by that point. They also told me that I wasn't the only patient struggling with this as they book so many pregnant women it is difficult for them to deal with the demand and as a result patients are left waiting for hours. Being pregnant, feeling sick and not being able to eat, was extremely uncomfortable. (Antenatal)

The Gynaecology outpatient waiting room is split into two areas, which may account for the mixed reports we received about the environment in this department.

Good privacy and waiting area clean. A drinks machine would be good.
(Gynaecology Outpatients)

The waiting room is clean and an uplifting environment. (Gynaecology Outpatients)

Waiting room needs brightening up and some pictures or art work would be nice rather than having to look at blank walls. Clean waiting areas and toilets but the disabled ladies toilet needs a mirror. (Gynaecology Outpatients)

Some seats are uncomfortable if you need to sit for too long. Clean waiting room and toilets and staff helpful. (Gynaecology Outpatients)

Some people described the environment as crowded and noisy: this was a particular problem for people with conditions such as autism.

There aren't enough chairs when it's busy, and it can be overwhelming with people calling out from several directions, the radio blaring out and some people being noisy when waiting. No one asks them to be quiet. None of the staff check on the patients in the waiting area.
(Gynaecology Outpatients)

Son has autism, and delays are difficult as nothing to occupy or distract him. (Gynaecology Outpatients)

Several patients found the waiting area in the Gynaecology Department to be far too hot:

Came for an appointment with the nurse. The waiting area was so hot, I honestly thought I was going to pass out. It triggered multiple hot flushes and there is nowhere cooler to sit, or even to get a drink of water. I wanted to stand outside for a bit, but was scared I'd miss being called for my appointment. (Gynaecology Outpatients)

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



Accessibility

The main feedback we received on accessibility related to the provision of British Sign Language (BSL) interpreters. A patient who is profoundly deaf explained that the long delays in getting to see the doctor meant that the interpreter was not able to stay for the whole appointment. This left her feeling that she could not communicate with staff in the way she wanted to. Her experience and its later effects are described in the following case study.

Case study

A woman in the 25–49 age range and who is profoundly deaf attended several antenatal appointments. Although she found the environment pleasant, she did not feel that the waiting room fully met her needs, because it lacked privacy and the signage was inadequate:



I want to see my name come up on the board rather than having someone to collect me after they have noticed I didn't hear them call me. I feel like everyone is looking at me when I am collected. That's the worst bit. When I discuss my special needs with the receptionist I would prefer to have more privacy as I feel that everyone is looking at me.

She told us that staff could have managed her needs better:

I would like to have much more reassurance that everything is in hand and that they are aware of my hearing loss. I feel that their attitude should be better. It feels as if they are moody, and it's made me feel an inconvenience when I have had to ask anything... It just feels awkward asking for help from them. They don't have awareness of deaf people's needs.

She explained how she was confused about the arrangements for booking an interpreter because it was never clear how it needed to be done. This had a knock-on effect on any anxieties she already had, and so she felt less confident about other aspects of her care.

I'm confused about this as sometimes it's booked but I am never sure from the appointment letter they send me. At the bottom of the letter it says that: "If you need an interpreter please call this number". So I always call with text relay just in case and they tell me that oh it's already been booked. It would be really helpful if I didn't need to call to double check and the letter would clearly state that the interpreter is booked, and for how long time it's booked for. It would be helpful to have reassurance that I have enough time to speak to the doctors and midwives, and have the chance to ask some questions. I have so many questions but I am unable to ask those face-to-face from people looking after me. I don't want to google answers to my questions. This is my first baby, I don't know what to expect and I would like to be relaxed about it. I look at others in the waiting room and they seem calm, but every time I have an appointment I am really nervous and stressed and try to remember all questions I need to ask in a rush.

She added that the interpreter sometimes has to leave early, if her appointment is running late.

... when I have had to ask anything, especially to do with my interpreter and for how long it's booked for, which I am always nervous about.When I query this with the receptionists they are rude with the interpreter and blame them for not having enough time whereas it's the hospital who has booked the interpreter for insufficient time. They should book interpreter for longer, or allow me to have my appointments earlier so interpreter time is not wasted on waiting. It just feels awkward asking for help from them. They don't have awareness of deaf people's needs.

All this anxiety has had an effect on this patient's overall experience of pregnancy, and her worries about giving birth.

It's sad as I should be excited, not stressed, anxious and nervous. The care would be good if only they would ensure I have an interpreter with me during all the appointments. I am really worried how I will cope in labour and how am I going to be able to communicate with staff then if they can't manage my communication needs with pre-booked appointments.

She also described how she could not be sure when their appointment was being called.

An electronic screen would be much better as it would make me feel like I am equal to everyone else in the room. I really rely on the interpreters as there are so many antenatal appointments with so many different staff. The hospital is also massive. I'd be truly lost without the interpreters so they should ensure that I have the interpreter for sufficient time.

Communication

Although many people experienced delays, if these delays were explained to them, they reported a more positive experience than if they were not kept informed about why they had to wait.

I have had to wait about 45 minutes for appointment however the staff have kept me informed of situation. When the clinics are running late they cannot do anything about it - they just apologise. Staff are always polite. (Gynaecology Outpatients)

This is my second visit and staff are good. Delays in appointments but early for appointment today so can't say if will be delayed today. Privacy good and waiting rooms and toilets clean. Communication could be better as not informed why last appointment was delayed by over an hour. (Gynaecology Outpatients)



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

(Gynaecology Outpatients)

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

Several people told us how they appreciated the good service provided by caring members of staff.

..all staff were fantastic and the quality of care was excellent. (Antenatal)

Very good service. Caring staff who know your needs and listen to your concerns.
(Gynaecology Outpatients)

Dignity and respect

We heard from some people who were upset that some members of staff in the waiting area appeared to ignore them:

Nurses Just hanging away, discussing what they want for lunch. (Phlebotomy Services)

Three healthcare assistants were doing online training and not looking after patients.
(Gynaecology Outpatients)

Summary

The feedback from Birmingham Women's Hospital was quite mixed. More patients had longer waiting times than those who were seen promptly, but most people said waiting areas were of an acceptable standard in terms of cleanliness, although one waiting area was felt to be over heated, and some people felt they needed better access to refreshments. A major problem for patients with hearing impairments was gaining access to an interpreter for the full extent of their appointment, to ensure they understood everything about their care plan and had opportunities to ask questions.



Recommendations

Based on the feedback from service users, Healthwatch Birmingham recommends that the Trust:



Reviews the management of appointments for clinics that have consistently long running times, to make sure they are being run in the most efficient manner possible



Makes fresh drinking water readily available to all patients, and puts up clear signposting to food and facilities such as toilets



Addresses the concerns about the room temperature in Gynaecology Outpatients, and monitors any adjustments by seeking patients' views



Undertakes a review of electronic signage across the hospital and considers using similar electronic system as used in The Royal Orthopaedic Hospital to keep patients up to date with waiting times and which room they need to go to



Offers patients with a hearing impairment a buzzer, or equivalent mechanism, so that they know when it is their turn to be seen



Should provide appropriate, understandable and accessible ways for people to independently book interpreters, including BSL interpreters, relay speakers or lip speakers. When communication needs are identified, this is recorded on patient's notes and automatically booked for subsequent visits (dependent on communication preferences)



Ensures that 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



Ensures that staff collect patients who are visually impaired in order to guide them to their appointments



Ensure that 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



Should work directly with people with hearing impairments to develop an information card that can be used to support Trust staff to identify peoples specific needs⁷

NHS trusts should work with community and service user organisations, and directly with those with disabilities, impairment or sensory loss, to understand what actions need to be taken to improve people's experience of waiting areas. Working in collaboration in this way will ensure actions are patient-centred and meaningful, and will make a difference.

In six months time, Healthwatch Birmingham will track the progress of these improvements, requesting an update from the Trust which evaluates the specific changes made to improve patient's experiences of waiting rooms.

Trust's Response

Birmingham Women's and Children's NHS Foundation Trust Response

We recognise the issues raised in the report and have plans in place to improve upon the experience in our waiting rooms. We are pleased that our efforts to ensure children, young people and their families wait for their appointments in a fun and relaxed environment were noted. We also appreciate that we have some improvements to make and these will be monitored by our Patient Experience Committee. We have plans to re-run the methodology with our YPAG or FPAC members to test out that the improvements have been sustained.

Healthwatch Birmingham's Response

Healthwatch Birmingham will request the following information, for inclusion in our six-month follow-up report.

In six months we will require the Birmingham Women's and Children's NHS Foundation Trust to provide evidence the following.

- Findings of any reviews undertaken due to recommendations, detailing any changes made by the Trust.
- Current patient feedback heard by the Trust that demonstrates that all the issues highlighted in our recommendations have been resolved.

References and Endnotes

¹Leather, P., Beale, D., Santos, A., Watts, J. and Lee, L. (2003). Outcomes of environmental appraisal of different hospital waiting areas. *Environment and Behavior* 35(6), pp. 842-869.

²Ortega-Andeane, P. and Estrada-Rodriguez, C. (2008). 'Environmental evaluation of hospital waiting rooms: Relationships of psychoenvironmental variables'. Proceedings of the Environmental Design Research Association (EDRA) 39, 28 May-1 June 2008, Veracruz, Mexico.

³Yoon, J. and Sonneveld, M. (2010). 'Anxiety of patients in the waiting room of the emergency department'. Proceedings of the fourth international conference on tangible, embedded, and embodied interaction, 24-27 January 2010, Cambridge, Massachusetts.

⁴Leather, P., Beale, D., Santos, A., Watts, J. and Lee, L. (2003). Outcomes of environmental appraisal of different hospital waiting areas. *Environment and Behavior* 35(6), pp. 842-869.

⁵Department of Health (2005). *'Now I feel tall' What a patient-led NHS feels like: Best Practice Guidance*,

p. 5. London: Department of Health. At https://webarchive.nationalarchives.gov.uk/20130123205405/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4124475

⁶ Accessible Information Standard: Overview 2017/18. At www.england.nhs.uk/publication/accessible-information-standard-overview-20172018/

⁷ A focus group member told us: In Gloucester they have a card which you show to the hospital that explains that you are deaf and living with a hearing disability (deafPLUS focus group member).

The deaf communication card is a result of partnership working between a local deaf charity, Gloucestershire Deaf Association (GDA) and Gloucestershire Hospitals NHS Foundation Trust to create the cards for deaf patients whose first language is British Sign Language (BSL). The plastic cards help identify patients immediately as deaf and that communication support is needed. It also includes details for the GDA 24-hour-a-day contact line, to help medical staff know how to book a BSL interpreter.

Within these focus groups Healthwatch Birmingham heard first-hand how beneficial deaf people would find such a system as this. They were passionate about the benefits of NHS services investing in awareness and training to ensure staff are disability aware and can communicate effectively with those with a visual or sight impairment.

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Healthwatch Birmingham would like to thank the Trusts, patients and community and voluntary organisations for their participation and involvement in this investigation.



healthwatch

Birmingham

Healthwatch Birmingham,
PO Box 16875,
Birmingham, B16 6TN

-  www.healthwatchbirmingham.co.uk
-  0800 652 5278
-  info@healthwatchbirmingham.co.uk
-  @HWBrum
-  facebook.com/HealthwatchBirmingham