

University College London Hospitals NHS Foundation Trust
Listening Event September 2018

On Monday 24th September 2018, the Trust held and Listening Event which was attended by thirteen patients and members.

The event focussed on finding out what a good **waiting experience** looks like and understanding what minimum standard our patients and members expect to see when in a waiting area.

The Head of Patient Experience gave an outline of the Electronic Healthcare Record System (EHRS). An electronic health record system (EHRS) is a single, integrated, digital health record that is kept up-to-date in real time and can be accessed by anyone in a patient's care team. It will allow our clinicians to have access to a complete patient record in one place. Our EHRS will further improve safety through accessible, clear, records, including drug and allergy information, treatments, test results with alerts, and decision support.

Our current IT systems need replacing and updating them will improve the EHRS transition process for all staff with additional expected benefits over the coming years for both patients and staff.

The Access and Patient Administration (APA) was presented by Programme Lead, Henry Wilson. Patient administration refers to the patient-facing, but non-clinical element of patient care.

The APA programme aims to transform patient administration through better training for staff and improvements to processes. Progress this year has included a review of all patient facing numbers and better quality and detail of appointment letters. Over 80% of routine referrals from GPs are now being sent electronically, making booking appointments easier. A new system for producing clinic outcome letters is now generating letters twice as quickly as before. Over 900 staff members have received advanced training for a new programme for admin staff. The programme is now assessing and planning further areas for improvement.

You identified three key themes at the event:

- Information
- Environment
- Communication.

Communication

- Several comments reflected staff attitudes including showing kindness, attentiveness and welcoming patients with smile. Being treated with respect is important and attendees expressed concern when this is not the case. Some comments suggested poor attitudes from some reception staff leads to a poor patient experience and highlights extra training needs.
- Communication from patients to the hospital and vice versa via phone and speaking to admin staff was noted as being important to patients but also a source of frustration.
- Visibility of staff such as 'welcoming guides' were suggested as beneficial to help getting to appointments.

Environment

- Aesthetics of the waiting area was remarked to be important to patients; suggestions included art and photography on the walls, careful use of colours, a calming area and plants.
- Access to entertainment in a waiting area is seen as a positive addition to help with distraction. Entertainment included TV, Radio, the UCLH magazine, daily newspapers and the ability to charge a mobile phone.
- The design of the environment was particularly significant; the layout, spacing and variety of chair height were important for accommodating different patients' needs. Patients commented on the need for a comfortable chair whilst waiting and enough chairs for all patients. In addition, configuration of seats is also a significant consideration, for example not having seating which is back to back.
- Comments highlighted the need for clear signage at eye level and in colour to clinics, amenities such as refreshments and nearest toilets.
- Other comments included access to clean toilet facilities, access to the lifts and reducing overcrowding in waiting areas.

Information

- The necessity for improved communication of information between the hospital and its patients was a key theme throughout the event. Keeping patients updated pre, during and post an appointment is vital for patients. For example, receiving letters by post in a timely manner, knowing about pre-appointment tests/procedures and when to expect a follow up appointment.
- Hospital letters can be outdated and difficult to understand, with inaccuracies and jargon words. There can be a delay in receiving information and results; poor communication between healthcare professionals and clinical departments; and frustration over the telephone system
- Visual information in the waiting area was suggested, for example, if a clinic is running more than 30 minutes late, every patient should be able to leave the waiting area and have an appropriate option for being called back for their appointment. We recognise there needs to be options as patients have differing technology requirements i.e. not everyone will be able to receive a text message.

Minimum Standard

The event allowed UCLH to collect a large amount of positive and constructive feedback. We understood common themes of communication environment, facilities, and information are important to your waiting experience.

We discussed creating a minimum waiting experience standard based on the comments we have received. We value all contributions made at this event and sharing your views helps us to understand what is happening already and where the gaps are in the waiting experience.

Many thanks for your attendance and active discussions. Please contact us with any feedback on the patient portal My Care UCLH or otherwise.

Email: Uclh.ppi@nhs.net or **phone:** 020 3447 2672