

**Notes
For
Appointment Concerns Meeting**

Monday 13th April 2015 10:30-12:30

Newcomen 1 Meeting Room, STH, South Wing, D Block

Present:

Dr Owen Miller	Head of Service, Fetal and Paediatric Cardiology
Peter Wathen	Service Manager, Paediatric Cardiology and PICU
Christopher Potts	Senior Patient Access Officer
	Paediatric outpatient and Thoracic New Patient
Samantha Johnson	ECHO Director of Operations
James Pincus	ECHO Trustee and parent volunteer
Amelia	Parent and ECHO volunteer
Rachel Davy	Parent and ECHO volunteer
Nicky Duggan	Parent and ECHO volunteer
Vicky Lovell	Parent and ECHO volunteer

Items Discussed:

1. Introductions

Owen Miller introduced himself and provided a brief rationale for the meeting. It was explained that both families and staff at Evelina are not happy with the current appointments system. Each attendee at the meeting introduced themselves.

Samantha Johnson: ECHO members reporting issues and dissatisfaction via social media. Some issues include

- Staff changes impacting on waiting times
- Rising cost for families to make travel arrangements if not enough notice provided
- Anxiety increased when awaiting details of the next appointment
- Who to contact for all queries

2. Background on appointment system and the introduction of the Horizon System

Previous system

Once a new patient had been seen at the Evelina, an advance appointment was made whilst they were still on site. Confirmation of this appointment would be sent by letter.

Advantages	Disadvantages
Patient would know proposed date/time of next appointment providing reassurance it had been made before they left the hospital. This allowed much time to prepare for advance appointments (e.g yearly) with regards to travel, accommodation and childcare arrangements as	No additional reminders were sent after the initial confirmation letter possibly leading to missed appointments

well as notice for any time off work	
	Did not take into account any consultant absences (on service, annual leave, conference, audit days) and would book in clinics for the entire year. Appointments would inevitably need to be cancelled/rearranged
	If a clinic is cancelled, this pushes all appointments after this date back to retain position in queue for current patient to be maintained

New Horizon/Partial booking system

A new trust wide appointments booking system was introduced and currently in place

- Parents are notified 6 weeks before the appointment date

Advantages	Disadvantages
Allows flexibility for consultant absences to be entered into system	Parents feel anxious that next appointment was confirmed well in advance.
Booking 6 weeks in advance guarantees consultant would be present for appointment	Some felt that 6 weeks prior to an appointment was not enough time to make arrangements and impacted most on those that have to travel from further afield.
Parent should receive an appointment letter followed by a text message reminder nearer the time	Some parents do not like the idea of being on a 'waiting list' without a firm appointment

3. Concerns from ECHO members

Individual experiences

Each parent volunteer spoke of their own experiences with the appointments system. From these, the following was noted:

- A letter specifying advance (12 month) appointment was received but was not notified of its cancellation until their arrival at the hospital.
- More notice is required before appointments to allow the best possible travel arrangements etc can be made.
- Given the description of the Horizon system provided by Owen Miller, most understand how it works but believes that in practice there are issues that need to be addressed
- A recent post-op appointment letter was not received 6 weeks prior to date and was given only 2 weeks notice. Not enough time for some to organise necessary arrangements. Concerns for those with very sick children causing anxiety and stress.
- Cost is a big concern for those living further afield. Some parents prefer to come with partner/other family members for support but lack of notice does not give enough time to organise cost-effective travel and therefore often travels without family to reduce associated costs.

- Parent was clearly shown on screen in consultant's office, that next appointment was in 2 months but subsequently told this was actually 3 months. Concern that if appointment had been required for 4 months, this could be delayed to 6 months etc. For those with very sick children, their health could deteriorate dramatically in this time.

4. Looking at ways forward – open discussion on 'ideal appointment system'

Points raised

Possibility of visiting clinic in a local hospital

Evelina has been working with many hospitals in SE England. These are referred to as Joint Cardiac Clinics (JCCs). A patient can be seen locally **IF** it can be guaranteed that they receive the same level of service as they do at the Evelina. It is preferred that the first post-op appointment should take place at the Evelina.

It should be possible to allow parents to state their preference for being seen locally for future appointments **if** this is appropriate for their child. Not all JCCs run the same level of service and not all parents want to be seen at a local clinic.

Can parents be given the choice to choose an alternative clinician if their current consultant is unavailable?

This is personal preference for the parent as much as it is a decision for their consultant. Some parents are happy for their child to be seen by a specialist registrar linked with their regular consultant, others are not. Similarly, some consultants prefer to maintain their relationship with the patient and not involve another consultant. Parents could discuss options with their consultant.

Appointments

It is the Trust standard that parents should be notified by letter no less than 6 weeks before the appointment date. A reminder will also be sent via text message 1 week prior to the appointment. In order for this to be working effectively, it is imperative that all contact details are up to date. All parents need to notify the hospital of any changes and hospital staff must enforce this by confirming details when in contact with families.

Peter Wathen stated that due to Information Governance at the Trust, only restricted information can be provided in the text message. However, this message could be more informative by stating the clinician to be seen in addition to date and time of appointment. This was welcomed by the attendees.

One attendee suggested that a text message be sent at least 6-8 weeks prior to the appointment with a further text sent one week prior and that they would be happy with as many reminders as possible. It would be more reassuring to extend notification period to 8-10 weeks. Also, sending a text message when an appointment is due even if no slot is available would also be helpful.

When parents have been informed they are due to receive an appointment/update/call at a given time but do not receive this it causes worry. Rather than an exact time, it would be better to provide a timeframe. E.g rather than in 6 weeks time this could be 6-8 weeks time OR rather than in 10 months this could be 10-12 months. This would lower the expectations of receiving news at a given time.

One attendee enquired after a 'choose and book' system, currently used with many GP practices. Peter Wathen stated that due to technology constraints, this would unfortunately not be possible.

Appointment time requests

Within the current Horizon system, a comment field can be used to store information regarding preferred appointment times for the patient. There is no guarantee that this will always be met but we endeavour to meet this as much as possible. Parents need to be made aware that this information can be provided to the Evelina and be noted on the system.

Flexibility with times

Owen Miller asked whether weekend or evening appointments would appeal. For this to move forward, the entire clinical team would need to be in agreement and on board. Samantha Johnson suggested a survey could be carried out to determine feedback.

Staff Changes

Following the departure of Gerald Greil recently, Owen Miller has confirmed that this post is to be filled shortly with the possibility of employing at least one another. All current patients of Gerald Greil to be reallocated to another consultant (as per explanatory letter)

Do Not Attend (DNAs)

Owen Miller mentioned 10% of patients simply do not attend scheduled appointments. This is wasted capacity when it is already a struggle to fit all patients in and recognised as a problem. Some patients may have visited their local hospital/GP then decide not to attend here without notifying us. In these cases, the available slot cannot be offered to another.

Duplication of appointment bookings

In some cases, a patient may have been seen before the date of a previously scheduled appointment. This appointment is no longer necessary but the patient has kept the original appointment when again, it could have been offered to another.

Communication

This was discussed at great length during the meeting. It is widely known that one cannot always rely on the postal service and it is vital that patient contact details are up to date. Similarly with text messages, it was stated that many people choose to use Pay As You Go SIM cards that are changed on a regular basis so any text message sent would not be received.

Email

There was a suggestion to include an email address as another form of communication between hospital and patient. Chris Potts stated that he has been using email with approx 30 parents, in addition to sending letters.

Cancellations and Notifications

If an appointment has been cancelled by the hospital, a letter or a text message notification will not suffice. The parent must also be informed by phone. It was confirmed by both Peter Wathen and Chris Potts that this is the process we currently adopt. However, there is frustration when parents cannot be contacted e.g due to contact details out of date. This can then become a very time consuming exercise.

Evelina could provide reassurance by informing parents of the reason behind the appointment change/cancellation. For example, 'Your appointment has been cancelled' could be changed to 'Your appointment was cancelled due to consultant X due on urgent ward service'. It would help parents understand reasons.

Terminology

Some of the terminology currently used could be re-phrased

Some parents do not like being told they are on a **waiting list** but would be happy to know they are on a **clinic list** to be sent in a particular month/timeframe.

Who to Contact

All attendees agreed that there was difficulty in knowing who to call regarding any queries. Evelina is currently working on a telephone tree system accessed via a single telephone number then providing a recorded message listing available options.

A good response was received by all. There was concern that none of the options from the list provided would lead to a dead end. However, a recorded message stating that any voicemail messages left would be dealt with within a specified time was acceptable.

When Patient Access Officer not available

Currently with only one patient access officer to handle appointments, no progress can be made if he/she is either taking annual leave or off due to sickness. This needs to be addressed as a priority. On return from absence, the backlog of issues must be dealt with before proceeding with current tasks. This causes additional delay to any parent awaiting news of appointment and wasted capacity due to any cancellations that could have been re-directed.

Medication/Prescriptions

GPs do not want to use their budget to prescribe medicines that they feel can be borne by the issuing hospital and therefore refuse to prescribe. The local pharmacies also do not want to issue any medicine that cannot be sold from the shelf. The difference in price between tablets and solutions can be huge. The problem is recognised but not easy to solve and nothing we can do, however it was suggested that maybe some campaigning could help promote this issue.

Conveyor Belt System

Lots of parents are finding that the time they spend in hospital for a 15 minute appointment, is far longer once waiting times are taken into account.

It may be possible to move to a more efficient system where patients see/perform tests prior to seeing consultant.

For example, height/weight and general concerns noted by nurse, followed by ECG then Echo. The final step of the visit would be meeting with the consultant to discuss all the results from preceding steps.

This would reduce waiting time especially for those with very sick or very young children but thought and planning would need to be considered with respect to room flow and any other logistical considerations.

5. Next steps

Evelina	ECHO
Create a checklist of steps to follow when any change/cancellation is made to an appointment	Reassure members on website that ECHO has met with Evelina and looking to resolve issues with appointments
Ensure all staff check up to date contact details are stored whilst parents are in the hospital	Stress that members are responsible for informing the hospital of their up to date contact details and any subsequent changes
Consider whether appointment notification periods can be increased from 6 weeks to 8-10 weeks	Inform members to let hospital know of preferred appointment times but stress that although we endeavour to satisfy this, it cannot be guaranteed

Create a Who to Contact and When factsheet and circulate at the hospital and with ECHO	Research other hospitals where appointment system is working well with low DNA rate
Work on installing the single phone number with telephone tree	Add Who to Contact and When factsheet to website/newsletters and spread the word
Work on solution to cover for times when Access Officer is on annual leave/off sick	Survey on weekend/evening appointments and whether this would appeal
Produce a checklist on patient arrival	