

## **PATIENT AND PUBLIC INVOLVEMENT FORUM (RUH BATH)**

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### **MINUTES OF A MEETING IN PRIVATE: Tuesday 13th June 2006 at New Oriel Hall, Bath**

#### **1 Attendance**

- 1.1 Forum members present: Jill Tompkins, Veronica Parker, Peter Dix, Jetta Found, Sylvia Humphries, David John, Jeff Rattle, Brenda Tabley, Patricia West.
- 1.2 Royal United Hospital NHS Trust staff present: Penny Brown [item 9 only]
- 1.3 Health Advocacy Partnership staff present: Paul Howard
- 1.4 Apologies: Jeff Rattle [lateness].

#### **2 Declarations of Interest**

- 2.1 There were none

#### **3 Minutes of the meeting in public of 16 May 2006**

- 3.1 These were agreed.

#### **4 Matters arising**

- 4.1 Members thought Diane Fuller was very competent and informative. Peter Dix wrote to her privately on 25 May about his own experience and that of two others and so far had no response.
- 4.2 re 4.20 Jetta Found had heard that withdrawal had been a shock to Social Services, who are cutting their spending as a result. Jill Tompkins thought this should not have been a shock as it had been widely advertised in the press.

#### **5 NICE Rule of Rescue consultation**

- 5.1 NICE have agreed to extend the date to take account of this Forum's response.
- 5.2 Responses were agreed as follows:

1 No

2

- a) important
- b) important
- c) important
- d) very important
- e) very important
- f) important
- g) very important
- h) no importance
- i) important
- j) important
- k) very important
- l) very important

3 None of the questions actually relates to a matter of choice or priority. Cost of drugs and treatments should be in the public domain.

## **6 PAT Centre Consultation**

6.1 Sylvia Humphries and Jill Tompkins went to the meeting for Forums and MPs. No apologies or comments had been received from MPs. The Royal United Hospital (RUH) has agreed to Sylvia Humphries, Patricia West and Jill Tompkins visiting the centre prior to the end of the consultation. The Forum agreed to write to Mark Davies and Edwina Lloyd asking how many of the parents attend the consultation meetings.

## **7 Publicity Group**

7.1 The Forum agreed to wind up the committee and refer the issue of joint publicity to the BMW Group.

## **8 Response to letter about Forums in *The Standard***

8.1 The Forum agreed it would be more appropriate to comment after the future of Forums was clear.

## **9 Hospital Appointments**

9.1 Jill Tompkins welcomed Penny Brown. The Forum has been hearing from the public about problems around hospital appointments, and needs clarification about how the system works from the time the GP writes a referral letter. She commented that she had not seen managers in the RUH on the wards and listening to what goes on.

9.2 Penny Brown explained that patient letters are currently on a system called TDS. The hospital had hoped a new system called Millennium would be up and running in

April, but it was not. Its installation might be in September, and then there would be a great improvement. Efforts were being concentrated on the new system [IT people did not want task of changing the old system when they were starting the new one - the way the letters are stored makes it hard and complicated to change the existing letters]. The Trust is minimising the impact of the old letters.

- 9.3 Two streams of work are going on for processing appointments. One was historical and worked as follows: A GP writes a referral letter. This gets logged on the RUH system on the day it is received. The letter goes then to a consultant who reviews and prioritises it according to what the GP has said. Then, if it is not urgent, the letter goes to the outpatient booking team, who write and invite the patient to phone in for an appointment in 13 weeks' time. If it is urgent, the patient is sent an appointment immediately, and a letter of confirmation is sent six weeks before the appointment date. There is a partial booking system so patients have some choice of the time of appointment.
- 9.4 The second stream of work is the new system of Choose and Book. The GP gives a patient a unique reference booking number. The patient phones up and claims an appointment. This should happen in two weeks.
- 9.5 All acknowledgements of referrals should be sent within two weeks. Getting through to the Hospital by telephone is acknowledged as a problem. It took 15 minutes to make a Choose and Book phone call because of the information which had to be gathered.
- 9.6 There were issues with GPs having IT systems which were compatible with Choose and Book. The RUH is getting more Choose and Book calls than other local hospitals. They now have their own switchboard with a queuing system for outpatients. Penny Brown would check on whether the system says where you are in the queue and how long; she believes a new piece of the software would do this.

[Jeff Rattle arrived at this point]

- 9.7 All patients are seen within 13 weeks. This meant 13 weeks to see the consultant, not to get the treatment done. The time-frame from consultant meeting to treatment is 6 months. The Department of Health is working towards a total time of 18 weeks.
- 9.8 There are always urgent slots for cancer patients. The Hospital does not like to cancel appointments to fit in urgent cases. Usually the RUH asks consultants to start their clinic earlier in order to fit them in. Consultants now have to give 13 weeks' notice of annual leave.
- 9.9 If the Hospital cancels an appointment within the 13 weeks, patients do not go back to the end of the queue. Patients should still get an appointment within 13 weeks [of the original referral]. Peter Dix said this does not happen. Penny Brown said that during

the transition period leading to Choose and Book, there could have been delays due to required changes in the clinic rota system.

- 9.10 There is a tracking system to find out what outcome patients have had 13 weeks after their referral was received.
- 9.11 The Primary Care Trust was managing the Orthopaedics waiting list. This had not been very satisfactory. From July 1<sup>st</sup> the Royal United Hospital would take back the management of that waiting list.
- 9.12 Normally patients are given a time slot for appointments [not all asked to turn up at the clinic start time]. Patients who are late might have to wait to the end of the clinic before being seen.
- 9.13 The Forum requested a copy of the waiting list policy. Penny Brown agreed to send one.
- 9.14 The hospital had put in capital bid for an X-ray machine so that orthopaedics could have its own. They had trialled having slots for a shared X-ray with Accident and Emergency, but they found the times they needed X-ray coincided with busiest Accident and Emergency times. They had also found that patients did not like having to come in for an extra visit for an X-ray. Nor did they like evening X-ray sessions.
- 9.15 The Royal United Hospital could not guarantee that patients would always see the person named on their appointment letter. They have a team approach, which is needed to manage the system.
- 9.16 Peter Dix asked whether the problems were due to centrally imposed requirements or poor implementation. Penny Brown said that the hospital's information system did them no favours, and some government targets were challenging.
- 9.17 David John suggested having a timetable sent to each patient saying what would happen when on the day of their appointment. Penny Brown would check whether this was the intention of the hospital.
- 9.18 Patricia West asked what happened when the computers were down. Penny Brown replied that there are backups.
- 9.19 Jetta Found asked whether a patient's transport need was in the system for follow-up appointments. Penny Brown said it should be. There was a lot of debate around transport systems.
- 9.20 Peter Dix asked if the system showed how many appointments were cancelled by the Hospital. Penny Brown said it did. The Forum would like that information. She is working hard on cancellation data.
- 9.21 It was not true that complainants go to the back of the waiting list.
- 9.22 There had been a drive for patients to know their responsibilities.

9.23 Penny Brown was very happy for the Forum to look at a leaflet she was planning to produce.

## **10 Project Group reports and Member Reports**

10.1 Appointments. Sylvia Humphries and Peter Dix had met and agreed a draft letter. In view of the discussion with Penny Brown, Sylvia Humphries thought the Forum should delay work until the new system was in place. It was agreed that the project group would fill in a project form to bring to the Forum.

10.2 B&NES Forum had proposed a working group whereby both Forums would do unannounced visits around quality of care and customer satisfaction. It was agreed in principle to work with the B&NES Forum. Jetta Found, Brenda Tabley, Veronica Parker, Sylvia Humphries, Pat West and Jill Tompkins would arrange a meeting with B&NES to agree aims and criteria for the project.

10.3 Essence of Care. No further activity. This project might fit in with the B&NES project.

10.4 Discharge. The Forum agreed to write again saying they were disappointed not to have received a response to their previous letter.

10.5 Smoking. Nothing had been heard from the hospital.

10.6 PALS. David John and Brenda Tabley would attend a meeting at the University of the West of England on 14 June.

10.7 PEAG/PEAT. Members noted the report circulated by Jeff Rattle. Members had various questions which it was agreed would be forwarded to Jeff to take to the next PEAG meeting.

10.8 Strategic Improvement Committee. Jeff Rattle supplied a copy of the minutes of the April meeting.

## **11 Next meetings**

11.1 Public meeting 25 July. The Forum agreed to meet in the evening if possible, to attract more members of the public. HAP would put fliers up in Manvers Street Baptist Church.

11.2 Future meetings were agreed as follows: 12 September private, maybe Trowbridge. 10 October public & private. 14 November private.