



Enter & View Visit

Leicester Royal Infirmary (LRI)
Ophthalmology Department
November 2024

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List of acronyms

LRI	Leicester Royal Infirmary
UHL	University Hospitals of Leicester NHS Trust
HWLL	Healthwatch Leicester and Healthwatch Leicestershire
HWR	Healthwatch Rutland
ED	Emergency Department

Introduction

Details of the visits	
Service Address	Ophthalmology Department Leicester Royal Infirmary Leicester LE1 5WW
Service Provider	University Hospitals of Leicester NHS Trust
Key Staff Members	Zack Sentance – General Manager Jess Cadden – Service Manager
Dates and timings of visits	Wednesday 20 th November 1pm-3pm Thursday 28 th November 10am-1pm
Healthwatch Authorised Representatives	Andrew Nebel David Bartlett Kim Marshall-Nichols Dulna Shahid (staff) Riyaadh Mussa (staff) Tracey Allan-Jones (staff) Hollie Hughes (staff)

Acknowledgments

Healthwatch Leicester, Healthwatch Leicestershire and Healthwatch Rutland would like to thank staff, volunteers and the University Hospitals of Leicester NHS Trust (UHL) for accommodating the visit to the Ophthalmology Department. We would also like to thank the public for providing feedback as well as volunteers and the staff team from Healthwatch Leicester, Healthwatch Leicestershire and Healthwatch Rutland who gathered experiences of patients at the LRI Ophthalmology Department.

Disclaimer

Please note that this report relates to findings observed on the specific dates set out above. All comments included in this report are written verbatim to capture the tone and authenticity of the experience, therefore no editing of comments has taken place. This report is not representative of the experience of all service users.

What is Enter and View?

Healthwatch Leicester, Healthwatch Leicestershire (HWLL) and Healthwatch Rutland (HWR) have the statutory right under the Health and Social Care Act 2012 to carry out 'Enter and View' visits to NHS health and adult social care services.

Healthwatch volunteers and staff (Authorised Representatives) work together to carry out these visits.

The aim of these visits is to primarily listen to the feedback of service users, their families, carers and staff and to observe service delivery and the facilities available for patients. The feedback and observations are then collated into a report, including any suggested recommendations. The service has the opportunity to comment on the report before it is published.

A service visit may be initiated for several reasons such as:

- The public has provided feedback about the provision and more insight is sought.
- It is part of a rolling program of visits to similar services.
- A service is running well and good practice could be implemented in other places.

Purpose of the visit

Our visit to the Ophthalmology Department was initiated following wide variation in instances of feedback from patients – some very good and some very poor. The Enter and View approach was selected as a suitable means for Healthwatch to engage with more patients and hear a wide range of views.

Objectives

- To observe the service and how it runs.
- To understand the experiences of patients, family members, carers using the service and to hear staff views.
- To identify good practice and areas of concern.
- To provide a report, including recommendations to be made available to the service provider, commissioners and the public.

Method

- The visit was announced; we had contacted the management team in advance and had access to communal areas during our visit.
- The visit comprised of two-person teams made up of at least one Healthwatch staff member with volunteer Authorised Representatives.

- The areas attended during the Enter and View visits were; Eye Casualty, 2 Eye Clinics and the Orthoptic Clinic.
- We spoke to patients about their experiences using a structured questionnaire to guide the conversation.
- Throughout the visits, the teams observed the environment and interactions between staff and patients.

Section 1: Findings from the visits

We attended the Ophthalmology Department on two dates. Both visits were prearranged with the management team. We arrived at 1pm on the 20th November and had to queue for approximately 45 minutes to enter the Leicester Royal Infirmary car park. On the 28th November we entered at 9.15am and were able to drive straight onto the parking site. Almost all parking spaces were already taken at this time. One of the two lifts in the multistorey care park was out of order on both dates that we visited.

Shortly after arriving on the 28th November, General Manager, Zack Sentence, gave us a tour of each area of the departments. The following information was shared with us:

Ophthalmology Suite

- This is the area for post operation support. There are no beds but there is trolley space and chairs for patients.
- This is also the area for operation preparation. There is a separate male and female room.
- Most people will go straight home for recovery but they may stay in the suite for observations before discharge.
- Every 15 minutes there are eye injection appointments within the department.
- Children are operated on within the suite and then recover on the children's ward.
- There are 2 consultation rooms and there are 150 operations per week.
- There are 10 cataract patients each Saturday.



“We are classed as an Orbital Centre and are doing what we can to support the system”.

Service Manager



Rapid Access Clinic

This clinic is for patients who visit eye casualty with symptoms which are not deemed as an emergency on the day. They will be sent an appointment to be seen in the Rapid Access Clinic within 72 hours.



Eye Clinic (Balmoral Building)

This area includes 7 clinic rooms and a minor operations room. Optometry is located in this area, specialising in contact lenses and prescription of lenses that are not offered by high street opticians. There is also a glaucoma patient area, a vision room for pressure checks and a laser clinic.



Whilst in this area we observed a member of staff from the VISTA support team¹. They are on hand to give same day counselling to people who have been diagnosed with serious eye conditions.

Eye Casualty

- There are 6 treatment areas within Eye Casualty.
- Both adults and children are treated within this area.
- During triage, each patient will be told if they are an emergency case, to be treated on the day or referred to the Rapid Access Clinic.
- Within Eye Casualty there is a 4-hour target to be treated and discharged, the clinic currently has a 94% success rate.
- If there are no bed spaces and a patient is acutely unwell, a clinician would go to the Emergency Department (ED) to treat.
- Every member of staff within the Ophthalmology Department rotates through each area. So all staff spend time in Eye Casualty.

Eye Clinic (Windsor Building)

- There are 3 laser treatment rooms within this clinic area.
- VISTA, the local charity which supports people with sight loss have an office in this part of the department. We were told that if there wasn't a member of the VISTA team on hand then a specialist nurse would support patients.



¹ <https://www.vistablind.org.uk/>

Orthoptic Eye Clinic

- The majority of children's appointments are held here.
- There is play equipment and a television screen. There was children's TV playing at the time we visited, on mute with subtitles.
- We heard conflicting information about the availability of a play specialist to support children when needed (during the 20th November visit a member of staff advised that a specialist could be called upon and on 28th November we were told that the availability of a play specialist would be an enhancement to patient experience).
- There are 3 paediatric consultants within this department.

Section 2: Eye Casualty

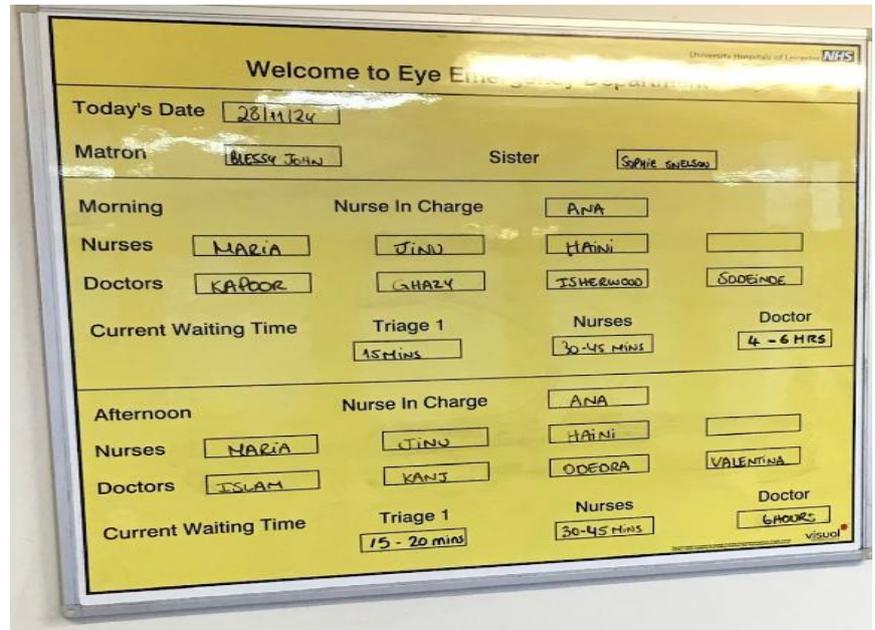
Findings from the visits

On the 28th November, two members of the HWLL and HWR team were based in the Eye Casualty department between 10am and 1pm. As well as speaking to patients, they observed the surroundings.

The Eye Casualty area is based within the Windsor Building on the first floor and can be accessed by stairs or a lift. The Eye Casualty reception is situated in the same room as one of the Eye Clinic receptions. The Eye Casualty treatment area has individual bays. Three bays are used by nurses or clinicians and two bays are used by consultants. Authorised Representatives were told that approximately 100 patients can be seen a day within Eye Casualty, with around 40-50 patients being discharged by lunchtime.

A flow co-ordinator works in the department. They manage the flow of patients within the area and oversee which patients need to be seen and which patients need assessments. Minor procedures are done within eye casualty. 2-3 clinicians are always available. One member of staff said that they "would like to move the eye casualty to a larger area in the trust" to gain more space.

A wall mounted white board showed details of the Eye Casualty activity, showing its waiting times.



What patients told us

Access

We asked patients whether it was easy to access and locate the department and their responses varied. The majority had found it easy to navigate, especially those familiar with the facility. However, approximately a quarter of the patients expressed difficulty in finding their way.

When it came to commuting, most patients (58%) drove to their appointments, while a smaller portion (25%) relied on public transport. Travel times also differed; for more than half (58%), the journey took less than 30 minutes, whereas a third (33%) spent between 30 minutes to an hour travelling. A small group (8%) faced longer commutes, travelling for over an hour to reach their destination.

Experience

Everyone we spoke with reported a positive experience at the reception. The welcoming environment set a reassuring tone for their appointment.

When asked about their comfort while waiting for their appointment, most found the waiting area to be adequate:

"Seats are soft enough."

"Reasonable."

When asked about the strengths of the service, patients highlighted efficiency, professionalism and the overall smooth flow of operations:

"It all works well. Quicker than expected."

"Seen quickly. Professional talk-through."

"All of it, it's very fluid."

However, they also pointed out areas for improvement, with suggestions centred around convenience and accessibility:

"More refreshments."

"Waiting times."

"Parking."

Overall patients expressed appreciation for the staff and the overall efficiency of the service:

"Everyone has been helpful and friendly."

"Seems to be quick here."

Section 3: Eye Clinics

Findings from the visit

On the 28th of November, two members of the Healthwatch Leicester, Healthwatch Leicestershire and Healthwatch Rutland team were based in the Ophthalmology Eye Clinics between 10am and 1pm. As well as speaking to patients, they observed the surroundings.

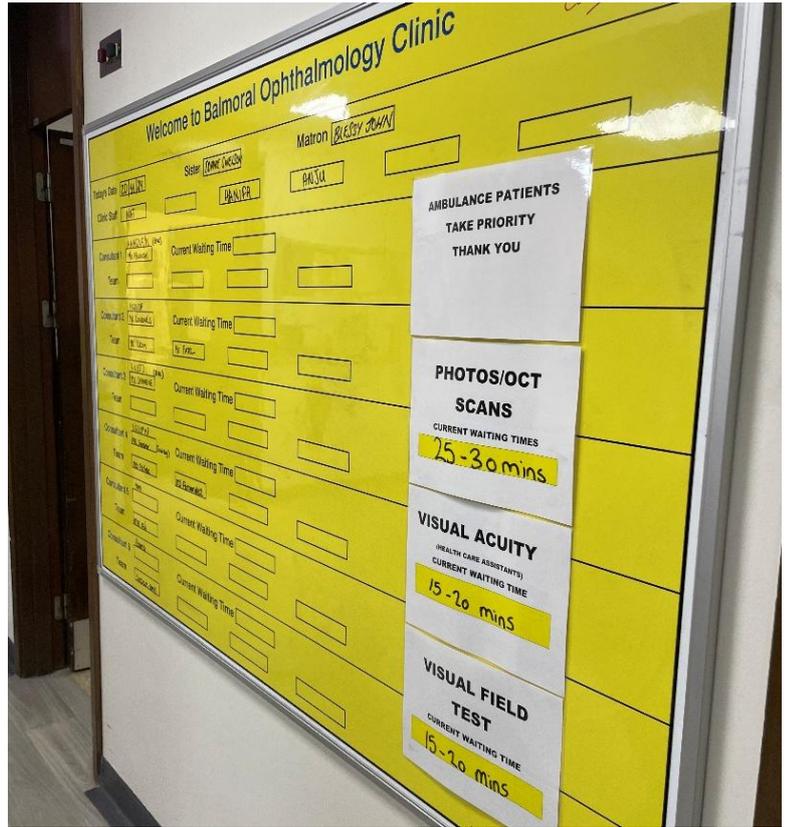
There are 2 separate clinic areas within the hospital, one based in the Balmoral building and the other in the Windsor building, both on the first floor. Authorised Representatives visited both clinics.

The Balmoral Eye Clinic

The Balmoral Eye Clinic has a large, clear sign upon entrance. Being on the first floor, patients access the clinic via stairs or a lift. All areas are well lit, warm and of reasonable décor. The closest toilet for the Balmoral Eye Clinic is situated outside the clinic, in a nearby corridor. One Authorised Representative reported that in comparison to the nearby Windsor Building Eye Clinic, the Balmoral Clinic seemed more spacious and less busy.

Information booklets were available for patients to access in the waiting room. They are currently positioned behind the seating area and could be positioned near the notice board at the front to be more obvious to patients waiting for their appointments.

There is a notice board in front of the waiting seats which has details of clinicians and predicted wait times. During our tour on the 20th of November, the general manager told us that these wait times are refreshed each hour. Above the wait times, there is a sign which says 'ambulance patients take priority, thank you'.



The Windsor Building Eye Clinic

The Windsor Building Eye Clinic is also positioned on the first floor. When asked what challenges the department faces, one member of staff reported that time management and cancelled clinics are the most common challenges. This can lead to unhappy patients who have struggled to travel to the hospital and haven't been alerted to a change or cancellation for their appointment. Another member of staff spoke about the increase in clinics and feeling that the areas were becoming overcrowded.

The Eye Clinic reception desk has 2 heights making it accessible to wheelchair users. However, the waiting area has very limited space for manoeuvring a wheelchair to co-locate the user with a carer who wants to sit with them. One Authorised Representative accompanied a gentleman with a walking stick to find a seat and observed that it was quite difficult for him to negotiate the space between rows of seats safely with a stick.

The water machine was out of order during our visits and Authorised Representatives noticed that the water jugs were empty during both our visits. A member of staff offered to replenish the jugs when this was highlighted.

The Windsor Building Eye Clinic is located in the same area as Eye Casualty. This is a long rectangular room with a reception desk at either end, one for Eye Casualty and one for the Eye Clinics. A clearer separation of the 2 service areas could be considered.

One Authorised Representative highlighted that improved signage would be beneficial to patients in relation to refreshments, toilets and emergency exits. With patients often being present within the department for hours at a time, it would also be beneficial for them to see what they need to do if they leave the department for refreshments etc.

Patient seating is provided in 4 rows of seats running the length of the space and facing the entrances to the consulting rooms.

There are male and female toilets situated next to the Eye Casualty reception desk.



“The seating is quite closely spaced and during the visit appeared to be over 80% occupied and still appeared full at 12.35pm It had a cramped, overcrowded feeling”.



Authorised Representative

One of the Authorised Representatives felt that visual display systems for calling in patients in such a busy environment would be effective so that they do not miss their turn.



“On occasions, different staff were calling out multiple names at the same time making it difficult for patients to hear if they were being summoned.”

“On one occasion 3 technicians from the imaging unit stood calling out different patient names at the same time.”



Authorised Representative

What patients told us

Patients generally reported positive experiences with the care they received. One patient described their visits over the past year as good overall, acknowledging that waiting times can sometimes be long but are expected. Another, who attends every three months, indicated familiarity with the process, reflecting the clinic’s role in ongoing patient management.

However, experiences varied. While some patients stated that *“everything’s fine,”* others highlighted areas where improvements could be made. Waiting times were mentioned as a concern, with one patient specifically noting the frustration of travelling from Melton for an appointment, only to be sent home due to a cancellation they were unaware of. They later

found out that a letter had been sent, but it never arrived—highlighting the impact of communication gaps on patient experiences.

For some, this visit marked their first time receiving care at the clinic, representing a new journey into eye health services.

These varied experiences underline the importance of efficient scheduling, clear communication, and managing waiting times to enhance patient satisfaction while maintaining the high standard of care that many patients appreciate.

Communication

For most patients, communication from the hospital before their appointment was clear and effective. Many reported receiving letters with details about their appointment, including the date, time, and location, which helped them prepare for their visit. Some also appreciated receiving text messages and constant reminders, ensuring they stayed informed and did not miss their scheduled time.

One patient simply stated, *"I got a letter, I came to the appointment,"* reflecting a smooth and straightforward process. Others highlighted the convenience of receiving both letters and text notifications, reinforcing the hospital's commitment to keeping patients updated through multiple channels.

While communication was generally well-received, one patient referenced a previous experience where they faced an issue, suggesting that occasional gaps in information delivery can impact the overall experience.

Overall, the responses indicate that the hospital's multi-channel approach—using both letters and digital reminders—is working well, ensuring that most patients feel informed and prepared ahead of their appointments.

Waiting Times and Impact on Vision

Patients reported varying waiting times for treatment in the Ophthalmology Department, with experiences ranging from less than a month to over a year.

Several patients who waited less than a month or 1-3 months reported no worsening of their eyesight. However, there were instances where delays had an impact—patients who experienced longer waits of 4-6 months or more were more likely to report vision deterioration.

One patient, in particular, received their invitation letter in June but had to wait until November 28th for their appointment, raising concerns about how prolonged waiting times could affect patient outcomes.

While many patients did not experience worsening vision, the responses highlight the importance of timely access to ophthalmic care to prevent further deterioration, particularly for those facing longer wait times.

Patient Awareness and Expectations before the Appointment

Many patients felt well-informed about what to expect from their appointment before attending. Those familiar with the clinic routine, particularly returning patients, expressed

confidence in knowing the steps involved. One patient described the process as *“like a mass production line”*, highlighting the structured nature of the appointments, where staff efficiently guide patients from one stage to the next.

However, not all patients shared this experience. Some mentioned that they only received basic appointment details without specifics about procedures, such as scans or eye drops. This lack of clarity led to some unexpected experiences on the day of their visit.

For most patients, especially those who regularly visit the clinic, expectations were clear, and they knew what tests and procedures they would undergo. But for those less familiar, providing more detailed pre-appointment communication could help improve their experience and allow for better preparation:

“I knew the routine as to what to expect during the appointment”

“I know what to expect and that I will be here for several hours – my son drives me and we use the Park and Ride. My first appointment is with a nurse who checks my eyes and puts in drops. (I’ve had my drops today, that’s why I can’t see very well!). I have a scan and then wait to see the doctor.”

“I wasn’t aware I had to have drops, photography. I am waiting to see the doctor but generally quite good.”

Patients generally had positive interactions with reception staff, often describing them as kind and welcoming, which helped ease their hospital experience.

“All very good, all very kind here”

“It’s often the same lady who always has a friendly smile – that’s valuable because coming to hospital can be an ordeal.”

Opinions on the waiting area were mixed. While some found it reasonable, others felt it was overcrowded and overwhelming, with limited personal space:

“OK, but it’s crowded and people are seated too close to each other”

“A little overwhelming with the amount of people here. It can be intimidating.”

Access to refreshments was a common issue, with most patients reporting that they couldn’t get food or drinks:

“They are available but if I walk out to get a drink they may call my name and I’ll miss it.”

“It’s difficult if you’re here and you need a cup of tea, in case you lose your spot.”

To enhance patient experience, addressing waiting area crowding and improving access to refreshments could be beneficial.

Most patients found the signage directing them to the department to be adequate, however, some patients had difficulty navigating and had to rely on staff at the main entrance for guidance:

“The signs are OK, I know where to go.”

“Had to ask at the main entrance for directions as no map was included in the appointment letter.”

Providing clearer signage and including directional maps in appointment letters could help new patients navigate the department more easily and reduce reliance on staff for directions.

Positive Aspects of the Service

Patients generally found the clinic well-organised and efficient, with noticeable improvements in reducing wait times compared with the past. The professionalism and respect shown by staff were consistently praised, along with the helpfulness of clinicians and reception staff. While the appointment scheduling system was seen as effective, some patients experienced delays in routine appointments, highlighting an area for potential improvement.

“It all works well.”

“Generally, visits go well—well sequenced and organised. The clinic has improved, as the previous history was 3-hour waits, which is now down to 1.5 hours.”

“Overall treated well—clinicians are helpful and generally good.”

“If you have an immediate situation, it’s dealt with very well. Routine appointments, not so good. For example, today I’m currently 20 minutes past my appointment time and haven’t been seen.”

While the staff’s approach and overall service structure were positively received, further efforts to minimise wait times for routine appointments would enhance patient experience.

Areas for improvement

While patients appreciated the overall efficiency of the clinic, many highlighted waiting times as a key area for improvement. Several patients felt that appointments often ran later than expected, leading to extended waiting periods. The busy nature of the clinic was also noted, with some patients finding it difficult to hear their names being called due to noise levels.

“If I could be seen quicker, it would be better. Most of the time is spent waiting.”

Parking and accessibility were also concerns, with patients reporting long queues for parking and, in some cases, having to park far from the clinic and walk a considerable distance. Some suggested having check-ups available at local clinics to avoid frequent, lengthy travel to central Leicester.

“Parking was difficult—after unsuccessfully queuing, I found on-street parking in Newarke Street and walked about a mile.”

“Being able to have simpler, more regular check-ups closer to home in Market Harborough to avoid travelling into Leicester.”

Additionally, refreshment availability, signage for toilets and emergency exits, and communication with the clinic were identified as areas needing attention. One patient mentioned that they attempted to call the clinic before their appointment but received no response.

While the clinic runs efficiently overall, addressing waiting times, communication, accessibility, and comfort would further improve the patient experience.

Section 4: Orthoptic Eye Clinic

Arriving at the Orthoptic Eye Clinic

On the 28th November two members of the HWLL and HWR team were based in the Orthoptic Eye Clinic between 10am and 1pm. As well as speaking to patients, they observed the surroundings.

The Orthoptic Eye Clinic is situated on the ground floor of the Windsor Building and is predominately used for children's appointments. The adults who use this department are often those with double vision or strabismus. This department also has the equipment available to look at the back of the eye for diabetes checks.

Signage to the department in the Windsor Building corridors reads 'children's eye clinic and Orthoptic department' however it doesn't read 'children's eye clinic' upon entrance to the department. It would be helpful to have consistent signage.



The signage to the department and within the Windsor Building corridors use yellow and black for high contrast (high contrast colourway that's good for people with vision impairments). This is repeated in all areas of the Ophthalmology Department.

Entrance

There are automatic doors leading into the Orthoptic Eye Clinic. This leads to a corridor area with male and female toilets and a row of chairs before another set of automatic doors which lead through to the clinic reception area. There is a hand sanitiser station fitted to the wall in the entrance area.

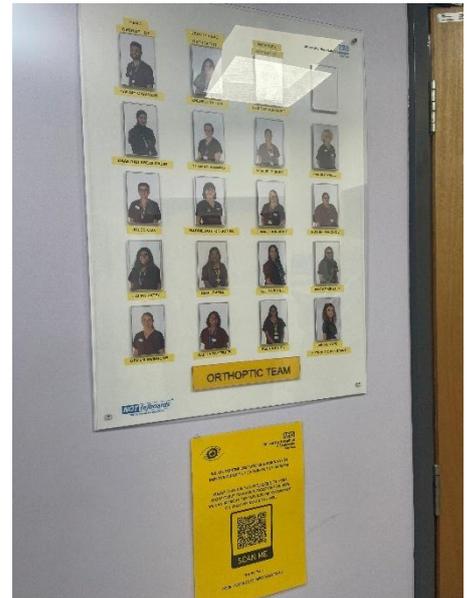
Reception and waiting areas

There are approximately 30 chairs for patients to use in the waiting area. For children, there is an area with a television on mute playing a children's programme and a table with crayons and paper. There is also an interactive wall board for children to play with. There was no queue at the reception desk which is situated behind the children's area. At the time of our visit this area was dark, with the lighting above the desk turned off. When later asked, the receptionist confirmed that this was through choice due to a medical condition. However, one of the patients, when entering the clinic for the first

time, wasn't able to see where the reception desk was and asked the Authorised Representatives for guidance. There is a screen fitted around the reception desk which was installed during the COVID-19 pandemic.

To the side of the reception desk, there is a Matron feedback box with just one card available to use. However, patients can scan a QR code to give feedback. Clinicians come into the waiting area and call out for the next patient by name.

A wall board displays staff photographs and names, with a poster below offering a QR code for patient feedback.



Within the reception area there are information boards. One was titled 'what will happen at my appointment'. There is an outdated poster on the wall stating that 'This is a mask wearing area'. However we did not observe any patients or staff wearing masks during our visit. Posters are printed in A4, and would be much clearer for patients to read if they were bigger.



Facilities

There are 13 treatment rooms in the Orthoptic Eye Clinic. Rooms 1-7 are for the orthoptic clinicians and 8-13 are for doctors. Virtual clinics are also held within the department.

An accessible toilet is located in the reception waiting area, this also has baby change facilities. There were no cleaning checklists visible in any of the toilets however they did appear to be clean. One member of staff reported that there is often a strong drainage smell in the clinic which is not through lack of cleaning.

In all 3 toilets, the emergency cord was wrapped around a toilet support aid and would be out of reach for a wheelchair user. There is an emergency button across the room on the opposite wall which would be unreachable if a person was in an emergency situation whilst using the toilet.

There is a breastfeeding room within the reception area with a comfortable chair. The room would benefit from fresh pictures on the walls as current ones are sparse or have been taken off leaving the putty adhesive behind. There is modern, attractive artwork in the corridor from the reception area to the clinic rooms.

There is a water machine in the reception area for patients to use.

A hearing loop is available upon request and there is an A4 poster making people aware that the clinic has this facility. A member of staff informed us that there are information leaflets available in various languages and that they are situated in the corridor.

Staff feedback

Whilst visiting the Orthoptic Eye Clinic we were given a tour by the Matron on duty. When asked what works well within the department, they responded by saying “we have a good, large team, we engage with each other really well”.

We asked ‘if there’s anything you could change about the department, what would it be?’ They said;

“Space, both for practicality and to get waiting lists down”.

“Ambulance drop off and taxi services are often late. This has a knock on to the staff. At times we have to use taxi’s rather than ambulances due to availability but that has to come from our budget”.

“We would love to have access to a play specialist, especially for children with additional needs”.

When asked about the challenges they face, the Matron said that letters often arrive late to patients, but they do send out text messages to support this.



“We’ve supported a 6-week-old baby all the way up to a 99 year old man in this department”.

Duty Matron



The matron told us that most appointments for the Orthoptic Eye Clinic are made in advance however they do also take some patients from Eye Casualty. An example of this is when people are experiencing double vision.

What patients told us

Most patients we spoke to in this clinic found the communication from the hospital to be good, with appointment details clearly provided through letters and reminders. However, a few patients experienced challenges with directions and appointment scheduling, leading to confusion and inconvenience.

Some patients reported that appointment letters lacked clear directions, causing difficulties in locating the department upon arrival. Others mentioned instances where their appointment details had changed, but they were not informed until they proactively called the hospital to check.

“I was dropped by taxi, walked all around as I didn’t know where to go. The letter was as clear as mud with directions.”

“Called to check the time and they told me my appointment had changed, and the letter must have got lost in the post. It’s a good job I called.”

While the hospital's communication was generally effective, improving clarity in directions and ensuring timely updates on appointment changes would enhance the patient experience.

Patients reported varying waiting times before receiving treatment, ranging from 1-3 months to 4-6 months. While most patients did not experience any deterioration in their vision during the waiting period, others noticed changes, highlighting the impact of delays in care.

While some patients managed well during the wait, those who experienced vision decline emphasise the importance of timely appointments and prioritising urgent cases to prevent further deterioration.

Most patients felt well-informed about what to expect from their appointment, with clear communication regarding the use of eye drops and preparation instructions. One patient mentioned receiving a text reminder about not driving the day before the appointment, which was helpful. Those who had visited the clinic before indicated they were already familiar with the process. In one case, a parent appreciated the understanding and assistance given to their child with autism, indicating that the hospital had provided adequate support.

“As we had been before we did know what to expect.”

“..told about eye drops on the letter and the hospital sent a text yesterday. It said please do not drive tomorrow.”

“Yes, we’ve been already with my other child. I told the reception staff that my son is autistic and they were brilliant.”

While most patients felt well-prepared for their visit, clear communication about expectations, especially around specific treatments like eye drops, was appreciated by those who had not attended before.

Patients generally rated their experience with reception as very good, appreciating the helpful and friendly staff. In particular, those with additional needs or young children felt well supported, highlighting the reception team's helpfulness. However, there were some concerns raised about the waiting area. While it was considered comfortable, a few patients mentioned aspects that could improve the experience, particularly with the lack of play options for children. Some also expressed frustration with parking difficulties.

"We have been coming for 2 years and it used to be a lot better; there is no play."

"Comfortable, waiting room is fine, parking is not!"

"It's fine, although wall toys would be nice, like they have in children's ED. Also some books."

While the reception experience was praised across the board, there was a noticeable desire for more amenities for children and improvements in parking to enhance the overall comfort and experience for patients.

What Works Well

Patients generally felt satisfied with the service, with comments highlighting that everything works well overall. The frequency of appointments was also praised, as well as the staff's interactions with children. Despite the common complaints about waiting times, many patients appreciated the efforts of the clinic, understanding the volume of patients they handle daily.

What Could Be Improved

However, there were suggestions for improvement in certain areas. One patient mentioned the lack of a taxi rank, which can be confusing for those unfamiliar with the area, especially for older people. Additionally, signage was noted as an area for improvement to make navigation easier for visitors. Another suggestion was to have a separate waiting area for adults without children to create a more comfortable and less chaotic environment.

"Everything is ok, nothing [needs improving]. Frequency of appointment is good."

"We will always moan but I think they do well considering the amount of people they see on a daily basis."

"Waiting time and how the staff are with the children."

"There is no taxi rank at the hospital, it makes it confusing to know and difficult for older people. Signage could be better too to make it easier to get here."

"Separate waiting area for adults without children."

So, while many patients were generally satisfied, there were clear areas for improvement regarding accessibility and comfort.

Conclusion

In a hugely busy and at times crowded department, people were complimentary about their interactions with staff, both clinical and at reception, describing them as kind, caring and efficient.

Many feel that their overall experience in the department is good, despite some challenges and suggestions for improvement.

Patient suggestions span from parking and navigating to and within the department, communications and advice about appointments through to the environment and wait times when attending casualty and routine appointments.

We hope that UHL finds this report useful for informing how the Ophthalmology Department can improve the service offer to enhance patient experience.

Most importantly, we would like to thank patients and staff for giving their time to talk to us and share their views and experiences.

Recommendations

1. To reduce wait times, alleviate overcrowding and enhance patient flow through the department we recommend:
 - a) Expanding clinic hours to provide more appointments
 - b) Utilising additional spaces within the facility to create a more comfortable and accessible environment
 - c) Clearly separating the Eye Casualty area from the Eye Clinics area.
2. Implement a more efficient appointment notification system informing patients promptly of any changes or cancellations to reduce unnecessary travel and frustration, and help to manage footfall in the department.
3. Regarding signage and patient information we recommend:
 - a) Enhance internal signage to differentiate service areas in the clinic, particularly between Eye Casualty and the Eye Clinics.
 - b) Install more visible signage for toilets and refreshment areas.
 - c) Investigation of electronic options for calling in patients to reduce the noise in the department.
 - d) Enhance signage at the entrance doors to the Orthoptic Eye Clinic to include the Children's Eye Clinic for consistency with the signage beyond that point.

- e) Include detailed directions/maps with appointment letters to help new patients navigate to the department.
4. As patients have reported some long waits, we recommend improvements to the availability of refreshments:
- a) Maintain a consistent supply of drinking water by repairing the water machine and in the meantime, regularly checking and replenishing water jugs.
 - b) Provide a self-service refreshment station within the department.
 - c) Implement a system allowing patients to step out of the department for refreshments without missing their turn.
5. Regarding toilets we recommend:
- a) Cleaning checklists are implemented in all toilets to ensure regular monitoring and maintenance while reinforcing cleanliness standards.
 - b) A thorough inspection of the plumbing system should be conducted to identify and resolve the underlying causes of the unpleasant smell.
 - c) Emergency pull cords in toilets should be properly positioned so they remain within easy reach for wheelchair users - wrapping them around support aids can render them inaccessible.
6. With regard to the Orthoptic Eye Clinic we recommend:
- a) Introduction of more engaging play activities for children in the waiting room.
 - b) Separation of waiting space for adults without children to create a more comfortable environment to meet all needs.
 - c) Repositioning the information booklets from the back of the waiting room to a more prominent location near the notice board at the front to make them more visible and accessible.
 - d) Refresh the wall displays/posters in the breastfeeding room to make it a more appealing and relaxing space.
 - e) Ensure that paper copy feedback cards are replenished and available to patients who may not use QR codes to give feedback.
7. Provide details in appointment letters for patients to plan extra time for parking at the LRI.

Response from UHL

Awaiting response

Distribution list

The report is for distribution to the following:

- University Hospitals of Leicester NHS Trust (UHL)
- LLR Integrated Care Board (ICB)
- Care Quality Commission (CQC)
- Rutland County Council (RCC)
- Leicestershire County Council (LCC)
- Leicester City Council (LC)
- Healthwatch England

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About Healthwatch

Healthwatch Leicester, Healthwatch Leicestershire and Healthwatch Rutland are your health and social care champions. We make sure NHS leaders and other decision-makers hear your voice and use your feedback to improve care. We are part of a national network of 152 local Healthwatch in England. We have three main areas of work:

- Listening to people's experiences and seeking out feedback on health and social care services. Healthwatch has legal powers to undertake Enter and View visits to NHS and social care settings to observe and hear how users are experiencing the services. We also spend time building relationships and attending meetings within the local health and care system so that the patient's voice can be heard in the right places, at the right time.
- We provide information, advice and guidance to help people to navigate health and care services.

Your experiences matter, we strive to be a strong voice for local people to help shape how services are planned, organised and delivered.

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