Consultation Report:

Diagnostic centre in the Windrush development – Witney

<table>
<thead>
<tr>
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<th>Annika Howard, Communications and Engagement Coordinator</th>
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<tr>
<td>Status</td>
<td>Final</td>
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<tr>
<td>Date</td>
<td>October 2010</td>
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About NHS Oxfordshire

NHS Oxfordshire is a Primary Care Trust (PCT) and serves a population of around 630,000.

We are ambitious about improving the health and wellbeing of local people. NHS Oxfordshire intends that, by 2013, the people of Oxfordshire will:

- be healthier, particularly if they are vulnerable or live in our most deprived communities
- be working with NHS Oxfordshire to promote physical and mental wellbeing and prevent ill health
- be actively supported to manage their health and care needs at home when this is appropriate
- have access to high quality, personalised, safe and appropriate health services
- get excellent value from their local health services
- have a PCT which is a high performing organisation.

Oxfordshire is the most rural county in south east England and has a large geographical area to cover as well as a diverse population to serve. The population of Oxfordshire ranges from a predominantly older, white population in the rural areas to very ethnically diverse populations in Banbury and Oxford city where one third of the population are students.

NHS Oxfordshire works with our communities and our partners to improve health in the area and to make sure that local people’s needs are being met. We also work with organisations from the voluntary, private and community sectors so that we can make sure that the organisations providing health and social care services are working effectively.

[Area covered by NHS Oxfordshire map]

Oxfordshire PCT serves a population of approximately 630,000 and covers the areas of Cherwell Vale District Council, Oxford City, South Oxfordshire, Vale of White Horse District Council and West Oxfordshire District Council.
Executive summary

Purpose of the public engagement

As part of the development of new primary care facilities in Witney, NHS Oxfordshire will be commissioning a community based endoscopy service for patients from West Oxfordshire and surrounds, aged 18 and over who consult their GP about specific gastro-intestinal, urinary or gynaecological symptoms.

The new purpose built facilities will also provide treatment and waiting areas that are separated from other services in the Community Hospital and the GP practice, providing a modern and comfortable experience for patients and staff. This will help support NHS Oxfordshire’s strategy core aim for patients to ‘have access to high quality, personalised, safe and appropriate health services’.

As part of this we wanted to involve people, who had undergone the procedure in the past, in the redesign of the patient pathway and the development of the service – how it will look and feel. We carried out a period of engagement from 24 August – 01 October. The feedback gathered and results from this report will be used to inform and determine the look and feel of the community based endoscopy unit.

Process and methodology

The Oxford Radcliffe Hospitals NHS Trust (ORH) supported this piece of work by contacting patients, on behalf of NHS Oxfordshire, who had been for an endoscopy inviting them to get involved and help shape the service.

We developed an online questionnaire asking people about their experiences, people were invited to complete this online or request a hardcopy version. We also held an event in Witney for those people who completed the questionnaire and said they wanted to get more involved.

At this stage it needs to be recorded that this targeted a specific group of people who had experience of undergoing an endoscopy at the ORH. Therefore the sample size is not as large as with some of our other consultations however we had a good return rate on the questionnaires.

Key findings

Analysis of the consultation findings from the written responses and people who attended the workshop in Witney revealed some similar themes. These included:

- The importance of understanding the process and the procedure in terms of: how long it will take, what it will involve, why it is necessary and the options for sedation and anaesthesia.
- The necessity to give patients a full explanation and information about what will happen beforehand. This should be provided in written form but they should also receive a verbal explanation from the person referring them as well as the clinician carrying out the procedure.
- The majority of patients reported that they were happy with the procedure, although there were areas they felt could be improved to make their
experience better. These need to be addressed in developing the new service.

- If people were able to choose where to go for an endoscopy, then proximity to home was the most important factor in their decision making process.

**Conclusion**

The report recommends that the participants’ concerns from this consultation are fully considered and as many of their comments and suggestions regarding Witney diagnostic centre are incorporated wherever possible into the design of the new service for community based endoscopy.
Background

Why do we need a new diagnostic centre in Witney?

In April 2010 NHS Oxfordshire’s Enhanced Clinical Executive approved the business case for a new diagnostic centre in Witney, a direct access primary care service for endoscopy, cystoscopy and hysteroscopy for patients aged over 18 years of West Oxfordshire and surrounds, who consult their GP regarding specified gastrointestinal, urinary or gynaecological symptoms.

The improved patient pathways for diagnostics will support NHS Oxfordshire’s strategic outcome measure with respect to self reported experience of patients and users by:

- Reducing (or eliminating) the need for patients to travel to attend appointments in the acute hospitals.
- Providing early reassurance to worried patients.

The new purpose built facilities will also provide treatment and waiting areas that are separated from other services in the Community Hospital and the GP practice. This will help support NHS Oxfordshire’s strategy core aim for patients to ‘have access to high quality, personalised, safe and appropriate health services’.

Whilst it is envisaged that the majority of patients will be living in West Oxfordshire, GPs in surrounding areas will be encouraged to refer patients to the community endoscopy service if this is more convenient for the patient. In particular, GPs in North Oxfordshire Clinical Consortium and Vale GP consortium will be encouraged to discuss this with the patient. The recent White Paper states that patients will have choice of diagnostic provider in the future, and therefore patients will be able to choose where to go.

The vision for the diagnostic centre

The aim of the service is to reduce or eliminate the need for patients to travel to attend appointments in the acute hospitals, for example the ORH, and to provide early reassurance to worried patients. By being based in the community there will be less need to travel and patients will be able to be seen quicker in purpose built, modern facilities.

What was the purpose of this consultation?

We wanted to find out from people who had undergone an endoscopy about their experience of the service to make sure patients undergoing the procedure feel informed and confident about having an endoscopy. We also want to make sure that the new treatment rooms are set up in a way that our patients would prefer. One of the other aims was to identify service users, people who have had an endoscopy, who would be willing to take part in the procurement process, when we buy the service, to help choose the best provider for the job.
**How will the feedback be used?**

All the information gathered from the questionnaires, face to face discussions at the face to face event in Witney and feedback from people who called or wrote in about the service will be used to help shape the service.

**Stakeholders**

The stakeholders¹ for the diagnostic centre are patients with experience of endoscopy living in Oxfordshire, GPs in West Oxfordshire, clinical staff working in the endoscopy unit at the ORH, other health professionals and the Windrush Health Centre.

The key stakeholders identified for this consultation were:

**Patients with experience of endoscopy**

This was the primary target group and provides an opportunity for those people who have undergone an endoscopy to give their feedback about their experiences. As well as telling us what information would have helped them to better understand the procedure and how they would like the new service to look. We contacted people who have experience of endoscopy with the support of the ORH and asked them to complete a short, online questionnaire through Talking Health, our public involvement system.

**Health**

People employed by the NHS in Oxfordshire, and those people working in secondary care providers such as the ORH, Royal Berks Foundation Trust and the Great Western Foundation Trust who provide endoscopy services. GPs in West Oxfordshire and the surrounding area as well as local clinical commissioning consortium - West Oxfordshire Locality Group.

**Engagement process**

The consultation process ran from 24 August – 01 October 2010, efforts were made to engage with and encourage feedback from people who had experience of undergoing an endoscopy. We contacted them by letter directing them to the Talking Health section of the website to complete the questionnaire. In total 15 people actively engaged with NHS Oxfordshire as part of this consultation this includes those who completed the questionnaire. Of those people who responded to the questionnaire, seven attended the face to face event in Witney Community Hospital to talk about their experience and feedback on the proposed design of the new service.

¹ A person or group with a direct interest, involvement, or investment in something. Stakeholders are individuals or organisations that have a direct interest in a service being provided.
Engagement findings

The questionnaire asked about people’s experience of having been for an endoscopy, how we could make changes to improve patient experience and what information would have helped them better understand the procedure.

The comments and feedback gathered at the event in Witney, which focused on four key questions, are included at the end of the engagement section.

Questionnaire responses

Question 1 – Have you had an endoscopy before?

<table>
<thead>
<tr>
<th>Option</th>
<th>Results</th>
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<tbody>
<tr>
<td>Yes</td>
<td>88% (15)</td>
</tr>
<tr>
<td>No</td>
<td>12% (2)</td>
</tr>
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</table>

This questionnaire was intended only to be answered by people who had undergone an endoscopy before. Routing was built in to the questionnaire so that those people who answered no, were directed to the end of the questionnaire with the explanation that we were looking for the experience of service users.

Question 2 – How long ago was your last endoscopy?

<table>
<thead>
<tr>
<th>Option</th>
<th>Results</th>
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</thead>
<tbody>
<tr>
<td>Less than a month</td>
<td>21% (3)</td>
</tr>
<tr>
<td>1 - 2 months</td>
<td>71% (10)</td>
</tr>
<tr>
<td>3 - 4 months</td>
<td>7% (1)</td>
</tr>
<tr>
<td>5 - 6 months</td>
<td>0% (0)</td>
</tr>
<tr>
<td>Over 6 months</td>
<td>0% (0)</td>
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</tbody>
</table>

The majority of people, 13, who responded had been for an endoscopy within the last two months.

Question 3 – Where did you go for the endoscopy?

<table>
<thead>
<tr>
<th>Option</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>The John Radcliffe Hospital</td>
<td>93% (13)</td>
</tr>
<tr>
<td>The Horton General Hospital in Banbury</td>
<td>7% (1)</td>
</tr>
<tr>
<td>The Great Western Hospitals NHS Foundation Trust</td>
<td>0% (0)</td>
</tr>
<tr>
<td>The Royal Berkshire Hospital</td>
<td>0% (0)</td>
</tr>
<tr>
<td>Other - please specify</td>
<td>0% (0)</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>0% (0)</td>
</tr>
</tbody>
</table>

The majority of people, 13, had been to the John Radcliffe Hospital for their endoscopy, which is to be expected because we directly contacted patients with the help of the ORH.
Question 4 – When you arrived in the waiting room – how long did you have to wait to be seen?

<table>
<thead>
<tr>
<th>Option</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>I arrived pretty much on time and went straight in</td>
<td>21% (3)</td>
</tr>
<tr>
<td>Up to 15 minutes</td>
<td>43% (6)</td>
</tr>
<tr>
<td>Up to 30 minutes</td>
<td>7% (1)</td>
</tr>
<tr>
<td>More than 30 minutes</td>
<td>29% (4)</td>
</tr>
</tbody>
</table>

The amount of time people had to wait varies, with three people not having to wait very long after arriving on time for the appointment. Four people responded to say they had to wait more than 30 minutes. This could be because they arrived early for their appointment or it may have been because appointments were running late. A long wait can cause nervous patients to worry, this is something that was mentioned in response to one of the later questions, and should be taken into account when scheduling appointment times.

Question 5 – Before your appointment did you understand what the process would involve?

<table>
<thead>
<tr>
<th>Option</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>85% (11)</td>
</tr>
<tr>
<td>No</td>
<td>15% (2)</td>
</tr>
</tbody>
</table>

Although the majority, 11, people said they did understand what the process would involve it is important to note that two did not and that this should be taken in to account when looking at the information given to patients before the procedure. People who answered yes were directed to question six, and people who answered no were directed to question seven.

Question 6 – What helped you better understand the process before your appointment? Please tick all that apply.

<table>
<thead>
<tr>
<th>Option</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explanation by the person carrying out the procedure</td>
<td>47% (8)</td>
</tr>
<tr>
<td>Written information before your appointment</td>
<td>41% (7)</td>
</tr>
<tr>
<td>An online video clip of the procedure</td>
<td>0% (0)</td>
</tr>
<tr>
<td>Talking to other people</td>
<td>6% (1)</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>8% (1)</td>
</tr>
</tbody>
</table>

This information will be used to inform the development of patient information for those people referred to the new service. An explanation of the procedure sent to patients before the appointment and an verbal explanation of the process by the person doing it were listed as some of the best ways to better understand the procedure. The person who responded ‘other’ had previously had an endoscopy so knew, from direct experience, what to expect.
Five people said that the clinician carrying out the procedure should explain to patients what will happen. Written information, an online video clip and other means were also listed as something that would have helped people to better understand the process other things listed by people who selected ‘other’ were:

‘Very satisfied, met the consultant beforehand who explained as did nursing staff. Also, written information sent beforehand very informative.’

‘Urgent referrals need to ensure that the person phoning to arrange an appointment spends time going through stage by stage what will happen and how long it will take place. This did not happen with me. They also need to inform the person what to bring. I was told that the procedure would only take 20 minutes and that I would be free after that. The reality was that I was at the hospital for nearly three hours and unaware that I could have opted for sedation. If I had known this, I would have asked someone to drive me to the hospital. There was also no information or advise about what to bring - (dressing gown, slippers etc) so I had to suffer the indignity of wearing two hospital gowns - one back to front to keep me decent! Bringing my own things would have made me more relaxed.’

‘I felt well prepared from the information I received.’

<table>
<thead>
<tr>
<th>Option</th>
<th>Results</th>
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<tbody>
<tr>
<td>Verbal explanation by your GP</td>
<td>0% (0)</td>
</tr>
<tr>
<td>Explanation by the person carrying out the procedure</td>
<td>36% (5)</td>
</tr>
<tr>
<td>Written information before your appointment</td>
<td>21% (3)</td>
</tr>
<tr>
<td>An online video clip of the procedure</td>
<td>21% (3)</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>21% (3)</td>
</tr>
</tbody>
</table>
Question 8 – Thinking about your endoscopy what do you think must be included in the information given to patients? Please rate what you think are the top five things in order of where one is most important and five is least important.

<table>
<thead>
<tr>
<th>Option</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>How long the procedure will take</td>
<td>14% (28)</td>
</tr>
<tr>
<td>What it will involve</td>
<td>11% (21)</td>
</tr>
<tr>
<td>Any preparations you may be required to undertake beforehand</td>
<td>11% (21)</td>
</tr>
<tr>
<td>Potential adverse reactions</td>
<td>10% (19)</td>
</tr>
<tr>
<td>Advice for after the procedure</td>
<td>7% (14)</td>
</tr>
<tr>
<td>Options for sedation and local anaesthesia</td>
<td>11% (21)</td>
</tr>
<tr>
<td>Why endoscopy is the best diagnostic tool - as opposed to an x-ray or magnetic resonance imaging (MRI)</td>
<td>9% (17)</td>
</tr>
<tr>
<td>How the endoscopy works</td>
<td>11% (21)</td>
</tr>
<tr>
<td>Whether it is safe to drive after the procedure</td>
<td>5% (9)</td>
</tr>
<tr>
<td>Whether you should have someone accompany you</td>
<td>15% (29)</td>
</tr>
</tbody>
</table>

The most important thing picked by those people responding to the questionnaire was, whether or someone should accompany you to your appointment, followed by how long the procedure will take. Least important to people was whether it is safe to drive afterwards and advice for after the procedure.

Question 9 – When you went for your endoscopy how comfortable did you feel with your surroundings?

People were asked to rate how comfortable they felt with their surroundings, with one being very uncomfortable and five being very comfortable. The majority of people felt comfortable with their surroundings. However, five people felt uncomfortable or very uncomfortable. This is something that may need further investigation to understand why so that it can be used to inform the look and feel of the new service.
Question 10 – Thinking about your experience what do you feel was done particularly well?

This question invited people to give a narrative response – some of which are recorded below. The main themes of feedback were around the supportiveness of and approachability of staff and clear explanation of the procedure and process.

‘Not much waiting time. Excellent nursing staff.’

‘The conversation with the doctor carrying out the procedure and the aftercare.’

‘The person carrying out the procedure explained things fully from beginning to end and also printed a copy of the report for me.’

‘The speed with which the doctor came to a conclusion (probably because it was a straightforward diagnosis), his explanation and production of paperwork to take to my GP.’

‘People were very caring and I had immediate results explained which was reassuring’.

‘Support, both verbal and physical during the procedure. On going explanation of the progress of the endoscopy.’

‘Procedure was explained thoroughly to me by the nurse before I was seen by the doctor who also explained the procedure. They were very professional but made me feel at ease and that I wasn’t mad by being alone and not opting to be sedated!’

‘The reassurance from all staff and the help received after the procedure.’

Question 11 - Thinking about your experience what do you feel could have been improved to make it better?

Although some people who responded felt there was nothing that could be improved the majority felt there were things that could be done, that would improve their experience as a patient. These need to be taken into account when developing the new service.

‘Lockers. I had to take my belongings into the operating room. Sedation does not kick in until after the event! I think this should be given 10-15 minutes beforehand, before going into the theatre.’

‘More information, care from people who can speak English, better Doctor.’

‘I waited nearly two hours in the waiting room and was nervous as this was my first colonoscopy.’

‘Immediate post procedural care.’

‘More detailed explanation by the person contacting me to make the appointment.’

‘Very little. I was horrified by the indignity of it but I cannot see how that could be changed. I thought the procedure was carried out very efficiently.’

‘Sufficient materials to clean up afterwards.’
‘My appointment was at 11am and I was not seen until 12:45. Had I known this I would have taken a good book to read!’

**Question 12 - If someone you knew was going for an endoscopy and asked you about it what are the crucial pieces of information you would tell them?**

There were commonalities amongst the answers people gave to this question. These included making sure people read the information so they fully understand what the procedure will involve and what they, as the patient, may need to do in preparation. One of the other themes was around reassurance that the anticipation is worse than the actual event which is over quite quickly.

‘Read the literature sent from the Unit and follow the advice given. Be prepared to have products to make the journey home comfortable. Try to avoid public transport if at all possible.’

‘That it was uncomfortable but it was all over quickly (approx 10 mins) and I was able to walk out as normal, so I would encourage them not to be sedated. Also to follow the guidelines about not eating and drinking beforehand.’

‘That it is over very quickly and that I did not suffer any ill effects as a result.’

‘I would tell them to be sure to take dressing gown and slippers and to be aware that there was an option for sedation as the procedure can be painful. This would allow them to make decisions about whether to drive or to have someone else accompany them. (I was unable to choose because I was unaware of it and had driven. If I had chosen sedation I would have needed to wait at the hospital after the procedure until safe to go) people need to be fully informed to make the right choice for themselves.’

‘It really doesn't hurt! But you will feel sleepy for a long time afterwards, including the next day.’

‘Take someone with you who understands the procedure and requirement to be present when debriefed on discharge.’

‘That it is not a painful procedure but is uncomfortable and I would recommend sedation. I have tried both ways and sedation far outweighs being totally conscious (which was a very unpleasant experience that I do not want to repeat). To try and relax and listen to what the staff tell you. There is an instinct to raise your hands and pull the endoscopy out of your throat but if you really try to relax it makes it easier for the surgeon and the quicker he/she can conduct the procedure.’

‘You will have a sore throat afterwards and if you've had the sedation will not be able to drive for 24 hours and will feel very tired!’

‘All in all, I have to have one regularly and it really doesn't get any better but it's quickly forgotten about!’
Question 13 - When you were undergoing the endoscopy procedure where would you be happy leaving your personal belongings? Please tick all that apply.

<table>
<thead>
<tr>
<th>Option</th>
<th>Results</th>
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</thead>
<tbody>
<tr>
<td>Keep possessions with me as I’m not getting undressed</td>
<td>40% (8)</td>
</tr>
<tr>
<td>In the consulting room</td>
<td>20% (4)</td>
</tr>
<tr>
<td>In a secure staff room</td>
<td>5% (1)</td>
</tr>
<tr>
<td>In a secure locker</td>
<td>30% (6)</td>
</tr>
<tr>
<td>With a member of staff</td>
<td>5% (1)</td>
</tr>
</tbody>
</table>

The majority of people said they would like to keep their belongings with them because they were not getting undressed. However, a secure locker was also a popular choice, with six people saying that is where they would like to put their belongings. Only one person would be happy to leave them with a member of staff.

Question 14 - If you had the choice of where to go for your endoscopy, and waiting times were the same, what would influence your decision about where to go? Please tick all that apply.

<table>
<thead>
<tr>
<th>Option</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Close to home</td>
<td>38% (11)</td>
</tr>
<tr>
<td>Ease of parking</td>
<td>24% (7)</td>
</tr>
<tr>
<td>Cost of parking</td>
<td>10% (3)</td>
</tr>
<tr>
<td>Easy to get to on public transport</td>
<td>0% (0)</td>
</tr>
<tr>
<td>Familiar with the location/site</td>
<td>10% (3)</td>
</tr>
<tr>
<td>Convenient for family/friends</td>
<td>17% (5)</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>0% (0)</td>
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</table>

Proximity to home was the most important factor in making a choice about where to go for an endoscopy, followed by ease of parking. Although familiarity with the site, convenience for friends and family and cost of parking also played a part in the decision making process.

Feedback from the workshop in Witney

What would you tell someone who has been offered an endoscopy?

‘Go and have it straight away — don’t delay if you’re offered endoscopy.’

‘Having an upper GI (via throat) endoscopy is fine - it’s uncomfortable but quick procedure and you’re well looked after.’

What would make having an endoscopy the best experience it could be?

Information:

‘Give patient adequate time before procedure to read and understand information.’
‘Check you’ve got all/enough information before the procedure.’

‘Maybe helpful if patients understand that there may be some pain (but some patients may prefer not to know in advance) - however expectation of level of pain may not be same as level experienced.’

‘If an appointment is offered quickly still need to ensure patient gets all information in advance - not necessarily written format as may not be received in post in time.’.

‘The information provided at Horton Hospital was a poor photocopy – didn’t give a good impression! I would prefer something more professionally produced.

‘Information could be available on website but also needs to ensure patient can get it verbally before attending – either when the appointment is booked with the use of a checklist for admin staff to ensure that patient has received all information, or offer telephone conversation with clinician so they can talk through it before they attend.’

‘Awareness that patient may be anxious/distressed so may not be able to recall/process information given verbally.’

‘Maybe, GP practices could have information to give out to fast-track patients.’

‘Information is still useful to read, even though I have endoscopy every 2 years – helps prepare me and reminds me of the key points to remember’.

‘Need to be made aware if enema will be required so the patient is prepared.’

‘A virtual tour might be helpful to show what the theatre looks like, so people are more prepared when they go in – as it can be quite daunting when you see the surgical lighting, equipment and gowned staff. Also seeing how small the endoscopy equipment is (size of your little finger) helps alleviate some concerns.’

‘Routine referrals – general agreement that the information booklet provided by ORH was excellent, it is received in the post with the appointment confirmation.’

Procedure:

‘Patient who chose sedation would do so again after hearing others who’d opted for throat-spray coughing near by.’

‘Patients liked getting report of what was found/results before they left the building.

‘People felt that the ORH was generally good about explaining the procedure to patients in advance.’

‘Patients were happy with the ORH service but would prefer it to be provided more locally than Oxford (as long as standard of care was same).’

‘Need to make sure that enough time has elapsed so sedation has worked before start procedure’

‘Some patients felt it was helpful to see the procedure happening on the screen, as a distraction from what they were feeling and it helped them understand what was the problem or treatment. But, others would not want to see it ; agreement that patients should be given option to view it or not.’
'A running commentary would be helpful to explain what’s happening at every stage, and help patient know what they should expect’.

'I always choose sedation rather than throat spray after my first experience’

Staff:

‘All staff need to be constantly aware that patients may be anxious, distressed, stressed and/or in pain – therefore caring, sympathetic approach is required at all times.’

‘Problems with understanding staff with strong accents or poor English language skills may be exacerbated when patient is in this environment - also use of colloquialisms such as ‘need to spend a penny’ may not be understood by all staff.’

‘Need to ensure all staff are properly trained - any doctor doing endoscopy must be appropriately trained, not just those in hospitals.’

‘Smiling staff would help put you at ease, and being greeted on arrival by staff who appear sympathetic would be good. Consultants who are not so brusque/abrupt would be nice’.

‘Need to ensure staff are available and can be called or found easily by patients.’

Discharge process:

‘One patient experienced problems - returned to cubicle in pain, was not given any painkillers and there was no-one around to ask. Had been told that they might not feel ‘one hundred per cent’ but felt that they were discharged too soon as there was quick turnaround. They would have liked opportunity to stay in recovery area longer once dressed. Not necessarily in bed, but seating somewhere near toilet – perhaps having hot drink and biscuit and allow time to prepare for leaving.’

‘Not provided with enough towels and hot water to clean up after the procedure.’

‘Staff should check that patient feels ready to go home – not just assume that they are if they are dressed and mobile.’

Patient consent to treatment:

‘Need to have information in advance about risk factors because the patient may know more about their own medical history than their GP or than is recorded in their medical records.’

‘Patients would prefer to have the consent form in advance of attending the appointment so they had time to discuss the implications and seek advice if necessary.’

‘They asked for my consent once I was in the cubicle just before going into the theatre’

‘Patient should have opportunity to make decision on informed consent in their own time – before they are wearing hospital gown, been given sedation, are in a bed or in the procedure room.’
‘Staff should ensure patient has opportunity to get answers to questions before being asked to sign consent form.’

‘Consent form should be explained to patients – not just ‘sign here’ request.’

Premises and surroundings:

‘The surroundings at Horton were scruffy, with torn curtains. It was a mixed sex session, and you could hear other patients in the adjacent cubicles. I would have felt more comfortable answering personal questions if I felt that others couldn’t overhear. I would have preferred a single sex session’

What are the most important things?

Essentials:

‘Suitable space to sit and time to prepare to leave - not being rushed to discharge.’

‘Access to drinking water, toilet and washing facilities.’

‘Communication – patient must be informed of what is planned and happening.’

‘Best staff that can be trusted and are experienced’

‘Opportunity to see procedure on screen.’

‘Written information – it does not need to be glossy booklet; printed A4 sheets would suffice, and would allow for easy updating.’

‘Safe practice - checking that it is correct patient and procedure being undertaken properly.’

‘Information on the risks and the consent form should be included in information given out before the day of the procedure.’

‘Somewhere to put my personal belongings whilst having procedure’

Non-essentials:

‘Coffee, tea and biscuits – available once discharged either at the hospital or a local café.’

‘Web pages for information that can be downloaded – this would be useful for some patients but should not the only way of getting information’.

How can we tell if a service is ‘good or bad’?

‘Use of appropriate patient surveys – but need to realise that patients who don’t respond may have good or bad experiences to relate too!’

‘Feedback from complaints received – but this is not full reflection on service.’
‘Ask patients to fill in survey form at discharge or within a few days of procedure to get their early feedback, as patients asked a few months later may have different recollections over time, or not recall what happened at all.’

‘People prefer short and simple questionnaire – quick and easy to complete including tick boxes, 1-10 scoring and some free text boxes to encourage completion. Questions to include could ask ‘how are you feeling as you leave the service – relaxed, upset, cross etc.’

‘Asking patients to complete survey – I was asked to fill one in before I left the hospital after the procedure. It might be better to let patients take it home so they have time to reflect (and get over any sedation or trauma following the endoscopy). Could also do telephone surveys with patients a short while after they’ve had their procedure. Asking staff about things that cause them problems at work e.g. with facilities, equipment or processes, is another way of finding out about a service’.
Key recommendations
The findings from the consultation on the community based endoscopy service, in Witney, has highlighted:

- The importance of understanding the process and the procedure in terms of: how long it will take, what it will involve, why it is necessary and the options for sedation and anaesthesia.

People need to understand what the process will involve, from where they need to go in the building, to what they need to bring with them and information for after care. For example, people need to understand the pros and cons of choosing anaesthesia over sedation and whether it is safe to drive afterwards.

It would also be helpful to provide them with a timeline so that they know how long the whole process is likely to take and step by step timings so that people know how long they will have to wait between having an enema and having the endoscopy itself.

The amount of time that people have to spend in the waiting room should be kept to a minimum so that people do not have time to sit and worry about the procedure. Having something like a TV in the waiting room could act as a distraction if patients do arrive early or appointments are delayed and they have to wait.

- The need to give patients a full explanation and information about what will happen beforehand. This should be provided in written form but they should also receive a verbal explanation from the person referring them as well as the clinician carrying out the procedure.

Information provided to patients should be in both written and verbal forms, some time before the procedure, so that they have time to think about any questions they may want to ask. It would be good to include space in the written information for people to write down their own questions to bring with them on the day of their appointment.

Staff, should be familiar with colloquialisms so they can respond to patients, they need to understand and be aware that most people are apprehensive about the procedure. They should support patients before and after to make sure they understand, are as calm as possible and do not feel rushed to leave before they feel they are ready.

Drawing up a list of people who have had an endoscopy and would be willing to talk to people who have been referred would help people to better understand the process from someone who has had it. This could also help to allay people’s fears.

- The majority of patients reported that they were happy with the procedure, although there were areas they felt could be improved to make their experience better. These need to be addressed in developing the new service.

More work needs to be done to understand what made it a bad experience for those people who were not comfortable with their surroundings so that this can be addressed in the design of the new service. Although, it should be
noted that on the whole people were comfortable with their surroundings and the process itself even though it was felt to be inherently unpleasant.

**Next steps**

A copy of this consultation report will be made available to all those who participated in the consultation on the Talking Health section of the NHS Oxfordshire website.

This report will be used by NHS Oxfordshire (the commissioners) to inform the development of the endoscopy service in Witney.

**Thanks**

Thanks to all those individuals who responded to this consultation and to those organisations and individuals who promoted it and encouraged people to have their say.
Appendices

Appendix 1: Letter to endoscopy patients

PRIVATE

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Jubilee House
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Website: www.oxfordshirepct.nhs.uk
Email: chris.wilkinson@oxfordshirepct.nhs.uk

August 2010

Dear Patient

Please help us shape the planned community endoscopy service

Your local NHS services are working together to bring a Community Endoscopy service to Witney. This new service will mean that many patients will no longer have to travel into Oxford for their endoscopy, but instead can be referred by their GP to a local purpose-built facility.

We are keen to hear people’s views, particularly from those who have recently had an endoscopy in hospital. This will help us to make the experience of an endoscopy the best we can for patients.

If you are interested in getting involved in any way – either by coming along to a workshop/group session in Witney, or perhaps reading and making comments on documents and processes (either by telephone, email or letter), we would be very pleased to hear from you.

Have your say at:
https://consult.oxfordshirepct.nhs.uk/consult.ti/Endoscopy/consultationHome

We are able to reimburse your travel costs and any other expenses, in line with the NHS Oxfordshire and Oxfordshire County Council Social and Community Services: Joint User and Carers Expenses and Remuneration Policy, details available on request, or at: http://bit.ly/aGl7jV

Please contact me if you would like to help us shape the community endoscopy service – your views are important, and we would really appreciate your comments and suggestions as we design it.
If you have any questions at this stage, please get in touch – I work on Mondays and Wednesdays, and will respond to any messages on my next working day.

This letter has been sent out by the hospital where you had your endoscopy, as NHS Oxfordshire does not hold any personal or health information about you.

I look forward to hearing from you.
Yours sincerely,

Chris Wilkinson
Locality Commissioning Manager
Service Redesign Directorate
Appendix 2: Questionnaire Community based endoscopy unit

NHS Oxfordshire is looking to commission a new community based endoscopy service based in Witney in a new primary care facility being built by the West Oxfordshire GP Consortia.

We will be going out to tender later this year to invite potential service providers to bid to run the service. We want to hear from you, as someone who has had an endoscopy, about your experience of the service to make sure patients who go for an endoscopy feel informed and confident about the procedure they will undergo. We also want to make sure that the new treatment rooms are set up in a way that our patients would prefer.

1. How long ago was your last endoscopy?
   - Less than a month
   - 1 – 2 months
   - 3 – 4 months
   - 5 – 6 months
   - Over 6 months

2. Where did you go for the endoscopy?
   - The John Radcliffe Hospital
   - The Horton General Hospital in Banbury
   - The Great Western Hospitals NHS Foundation Trust
   - The Royal Berkshire Hospital
   - Other – please specify

3. When you arrived in the waiting room – how long did you have to wait to be seen?
   - I arrived pretty much on time and went straight in
   - Up to 15 minutes
   - Up to 30 minutes
   - More than 30 minutes

4. Before your appointment did you understand what the process would involve?
   - Yes – please go to question 5
   - No – please go to question 6

5. What helped you better understand the process before your appointment? Please tick all that apply.
   - Explanation by the person carrying out the procedure
   - Written information before your appointment
   - An online video clip of the procedure
   - Talking to other people
   - Other – please specify

6. What would have helped you to better understand the process? Please tick all that apply.
   - Verbal explanation by your GP
   - Explanation by the person carrying out the procedure
   - Written information before your appointment
An online video clip of the procedure
Other – please specify

7. Thinking about your endoscopy what do you think must be included in the information given to patients? Please rate what you think are the top five things in order of where 1 is most important and five is least important.

- How long the procedure will take
- What it will involve
- Any preparations you may be required to undertake beforehand
- Potential adverse reactions
- Advice for after the procedure
- Options for sedation and local anaesthesia
- Why endoscopy is the best diagnostic tool – as opposed to an x-ray or magnetic resonance imaging (MRI)
- How the endoscopy works
- Whether it is safe to drive after the procedure
- Whether you should have someone accompany you

8. When you went for your endoscopy how comfortable did you feel with your surroundings?

- 1 very uncomfortable
- 2
- 3
- 4
- 5 very comfortable

9. Thinking about your experience what do you feel was done particularly well?


10. Thinking about your experience what do you feel could have been improved to make it better?


11. If someone you knew was going for an endoscopy and asked you about it what are the crucial pieces of information you would tell them?


12. When you were undergoing the endoscopy procedure where would you be happy leaving your personal belongings? Please tick all that apply.

- Keep possessions with me as I’m not getting undressed
- In the consulting room
- In a secure staff room
- In a secure locker
- With a member of staff

13. If you had the choice of where to go for your endoscopy, and waiting times were the same, what would influence your decision about where to go? Please tick all that apply.

- Close to home
□ Ease of parking
□ Cost of parking
□ Easy to get to on public transport
□ Familiar with the location/site
□ Convenient for family/friends
□ Other – please state

14. NHS Oxfordshire is looking for a small group of patients to get involved with the procurement (buying) process for the Community based service to help decide which provider we buy the service from. If this is something you would be interested in being involved with please provide your details below.