

Health Watch Worcestershire Recommendations: Fracture Clinics at Worcester and Alexandra Hospitals

ID	Subject Area	Recommendation	Actions	Time Scale	Status ( as at 13/09/2019)
1	Communicating with patients/carers	Patients letters do not consistently include : 1. The location of the clinic room i.e. Larkspur Suite 2. The expected duration the appointment 3. The option of notifying reception staff of any needs 4. The potential for delays in clinic	1. Undertake review of all appointment letters 2. Include statement to alert patients to a possible delay 3. Receptionists to ask the patients when presenting if they have any additional needs	Aug-19	1. Completed 2. Completed 3. Completed Six monthly audits will be undertaken for assurance
2	Update website with information to reflect above recommendation	Review use of Trust website and agree how this platform can be used to shared information pertaining to fracture clinics	1.Statement to be agreed and published on Trust Website	Oct-19	1. In progress
3	Consider how patients could be asked about their needs and how to ask for assistance	Consideration to be given on how patients could be asked about their needs and how to ask for assistance	Discussions needs to take place with clinic and out patient staff to find a way forward. Staff are asking patients if they have any special needs as a temporary measure	Sep-19	1. In progress
4	Action plan for waiting time reduction	To explore options of reducing the number of patients attending fracture clinic, therefore reducing delays	1. Scope alternative model of care i.e. introduction of virtual clinics 2. Develop alternative pathways which will be supported by a training programme for multi disciplinary team 3. Reduce the number of patient scheduled. Only schedule those patients that require the intervention of T&O.	Dec-19	1. In progress 2. In progress 3. In progress
5	Action plan to be reviewed	Directorate to review action plan	Action plan to be reviewed and discussed every 2 months at the: 1. Directorate Meeting 2. Divisional Board	on going	1. ongoing 2. ongoing
6	Target wait of no longer than 30 minutes	Waiting times in clinic	1. Review appointment slots (Links in with action point 4). There is a likelihood that many patients will be in the department more than 30 minutes due to nature of clinic. A large proportion of patients are sent for test and need to be seen more than once	Dec-19	1. Complete

7	Waiting times clearly written on the whiteboards at all sites	Patients need to be aware of the waiting times in the clinic	Clinic managers to arrange for (in all clinics) 1. Waiting times to be announced 2. Written up on the board	Aug-19	1. Complete 2. Complete
8	Written information about waiting times updated every 30 minutes	Patients need to be aware of the waiting times in the clinic	Clinic managers to arrange for: 1. Waiting times to be announced 2. Waiting time to be written up	Aug-19	1. Complete 2. Complete
9	Verbal information about waiting times updated every 30 minutes	Patients need to be aware of the waiting times in the clinic	1. Clinic managers to arrange for times to be announced	Aug-19	1. Complete
10	Patients are informed they can leave the clinic for a break	Patients need to be aware that they can take a refreshment/toilet break from clinic	1. Clinic managers to arrange for noticeboard entry to be made	Aug-19	1. Complete
11	Staff explain to patients why their appointment is delayed	Reception staff to inform patients that there may be a delay in clinic due to patients being sent for tests, then the necessary to see the doctor again	1. Discussion to take place as to who is best placed to inform patients that there may be delays in clinic	Aug-19	1. Complete
12 and 13	Use whiteboard to inform patients that they can ask reception staff about car parking concessions. Staff to verbalise car parking concessions	This needs to be considered as all patients will expect a parking concession	Discussion needs to take place with clinic staff and operational staff	Aug-19	1. Complete
14	Consider a text message to patients if clinics are over running by more than an hour	If the clinic is over running and we are able to send an extra doctor to the clinic then patients may miss their appointment if they receive a text to let them know the clinic is over running and they then turn up late	No further actions to be carried out	Oct-19	1. Complete
15	Consider providing more high back chairs with arm rests and advise patients of preferred use	Check cost and space for more high back chairs	1. Costings to be checked for chairs 2. look at available space in clinic	Sep-19	1. In Progress 2. In Progress

16	Look at facilities available for children	Children's out patient facilities are currently under review	1. Use outputs from the existing review as opposed to duplicate action	Dec-19	1. This is being dealt with by the Young Peoples and Children's Board.
17	Promotion of hand hygiene by staff to patients	Clinic staff to promote hand hygiene	1. Promotion of hand hygiene in the clinic area - monthly audit undertaken	Jul-19	1. Complete
18	Review hand gel dispenser location	Limited amount of room to move due to the amount of seating in the area	1. Clinic staff to review area to see if hand gel could be moved	Oct-19	1. In progress
19	Clearly signpost toilet facilities at WRH	Toilet signage not obvious	1. Review if further signage can be erected	Oct-19	1. In progress
20	Review information on display in clinics with patient representative	Some information in clinics may not be relevant and could be removed	1. Meet with a patient to discuss if they are happy with information available in clinic.	Oct-19	1. In progress
21	Consider how use of TV screens could be used to convey information to patients	Need to review if TV screens are active and fully working	1. Contact IT re TV screens and messages	Oct-19	1. In progress
22	Ensure that patients are aware of information about Comments & Complaints and Patient Advice and Liaison Service (PALS) and that this is available at all sites	Patients need to be aware of how to raise concerns and make complaints/compliments	1. Clinic manager to ensure that leaflets are available and displayed	Jul-19	1. Complete

23	Any decision made by the hospital to limit the number of people accompanying patients to the Fracture Clinic should provide flexibility to recognise individual circumstances such as special needs; additional help for frail / elderly people and people with children for whom alternative provision cannot be made	The decision has not yet been made to limit the number of patients attending clinics this is being reviewed	1. A discussion needs to take place with clinic staff and operational staff	Jul-19	1. Complete
24	Consistently provide information to patients about who to contact if they have concerns about their condition or treatment after they leave the hospital.	Patients to be informed by clinicians in clinic who to contact if any issues	1. Clinicians to be reminded to inform patients who to contact if they have concerns.	Jul-19	1. Complete
25	When making decisions about alternatives to Face to Face appointments CCG's and Worcestershire Acute Trust should consider: – Patient preferences – Patient ability to access alternative methods of communication – Patient ability to use alternative methods of communication – Patient ability to articulate their condition (other than face to face.	Other than piloting of virtual clinics to review patient status, no agreement has been made at this current time to deviate from face to face consultations. However, if the Trust and CCG do decide to take this route then patients will be consulted and their individual requirements met to the best of the Trusts ability	1. Virtual clinics to be considered for some fractures.	Dec-19	1. In Progress
26	CCG's & WAHT could explore how the role of the Advanced Physiotherapy Practitioner (APP) could be used to enhance the delivery of Fracture Clinic Services	Will be scoped with CCG colleagues and Physiotherapy Lead. May support / assist in providing additional capacity which will be identified as part of the demand and capacity review, see point 4.	1. Meet with therapy lead and commence scoping exercise. 2. Discuss with CCG as part of 20/21 contracting round	Dec-20	1. In progress
27	The APP role and the skills, knowledge and training required, should be explained to patients	If the decision to develop the APP role is taken by the trust then patients will be made aware of their skills and knowledge	Meet with therapy lead and commence scoping exercise. Discuss with CCG as part of 20/21 contracting round	Dec-20	1. In progress

last updated 11th November