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BEING AN OUTPATIENT

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BEING AN OUTPATIENT

by

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CONTENTS

Page

TABLES

APPENDICES

PURPOSE OF ENQUIRY

In any hospital a survey of patients' opinions forms a valuable supplement to the knowledge already possessed by the staff. This is because it gives the views of a group of patients large enough to be statistically reliable and includes those who might hesitate to volunteer these views for fear of being thought a grumbler or of trying to curry favour. Of course the chief purpose of a survey is to stimulate action and to give information on priorities if there has to be a choice. Other advantages are that patients appreciate the opportunity for participation and staff value the praise that is usually expressed about them. The King's Fund Centre has already devised surveys for hospitals to apply themselves to find the views of inpatients in general hospitals[1], in psychiatric hospitals[2] and in psychiatric units in general hospitals.[3] These have been widely used. It has also prepared a summary of 173 patients' opinion surveys.[4]

This report concerns the design of a questionnaire for hospitals to assess the views of their own outpatients. In the past some hospitals tended to think of outpatients as if they were stepchildren - to be cared for adequately, but not with the close interest given to inpatients. The present trend in the Health Service is to depend increasingly on outpatient departments, whether for diagnosis, treatment, minor operations or aftercare, and so to reduce both the number of inpatients and the length of their stay. A number of hospitals are concerned to improve their outpatient departments. Many have already installed an efficient appointment system and some have transformed the waiting area from being a forbidding hall with rows of benches into a pleasantly decorated place with armchairs - indeed some patients said they were more like hotel lounges. Appreciative comments were made such as 'the only thing missing is a cocktail bar'. But in many outpatient departments there were still difficulties, the chief of which,the patients said, was the long wait after the appointment time. This was considered not only inconvenient and boring but in a sense insulting, as if to say, 'your time is of no value'. The problems of keeping to an appointment system are well known and many enquiries have been made into their causes.[5,6,7] Therefore the steering committee responsible for this survey decided to limit questions concerned with waiting time to finding its effect on the patients.

METHOD USED AND PATIENTS INCLUDED

The survey was conducted between 1974 and 1976. At the outset the King's Fund Centre issued an invitation to participate in a circular to hospitals. A number of hospitals requested a survey and some preliminary visits were made. Unfortunately the survey was planned to start just when some medical staff decided to register a protest about their conditions by limiting their services. This meant that most of the hospitals that had wanted surveys were forced to cancel the arrangements as conditions in their outpatient departments were abnormal. However, surveys were held in nine general hospitals not affected by limitation of medical services. In addition supplementary surveys in one or more specialties were held in three small hospitals (also not affected by limitation of medical services) attached to one of the large general hospitals. The hospitals were widely spread from Scotland to the south and west of England. They were self-selected and therefore possibly had better conditions than average.

The survey was based on a short questionnaire answered anonymously in writing by the patients. The hospital selected not more than ten specialties to be included (but not choosing obstetrics or psychiatric departments where regular attendance made conditions difficult). The registration clerks gave out questionnaires to 30 consecutive patients for each specialty, excluding only those who could not write English. This generally meant including two or more clinics for each specialty. (Thirty was considered a minimum number to give reliable results.) Note was kept of the very few refusing to participate - a negligible number. Patients were asked to place the completed questionnaire in a box at the exit, or if they had not finished it to take a stamped envelope addressed to the King's Fund Centre. In some hospitals the clerks, by mistake, included more or less than 30 patients for a specialty. Some questionnaires were returned incomplete.

When devising a questionnaire it is necessary to experiment with one or more 'pilot' versions that can be tried out and modified, until a satisfactory one is achieved. The first pilot questionnaire was tried in four hospitals, A, B, C and D, answered by 1107 patients and was very fully analysed. This questionnaire was found to need some revision partly because questions were asked about both a central and a clinic waiting area and this division was found irrelevant, and partly because a few questions

TABLE 1 PATIENTS INCLUDED IN THE SURVEY

HOSPITAL	A	B	C	D	Total 4 hospitals	E	F	G	H	I	Total 9 hospitals
Patients answering	357	250	248	252	1107	149	156	52	175	261	1900
Specialties included	8	10	10	8		9	7	3	7	9	71
Clinics included	22	30	15	7		15	11	9	24	49	192
Percentages					Median						Median
Male	38	43	39	43		38	54	45	50	56	43
Age 0-12 years	11	14	21	17		19	2	6	13	26	14
13-64 years	71	77	68	71		61	82	69	75	69	74
65 + years	18	9	11	12		20	13	25	12	5	12
First visit	33	17	28	18		20	19	17	11	30	19
Friend accompanying	33	50	45	43	44						

were almost always answered favourably and others were sometimes misunderstood. A shorter revised pilot questionnaire was then tried at five hospitals, E, F, G, H and I, answered by 793 patients. It was also given at three small hospitals attached to one of the big ones, but as the total number of patients answering was only 51 these have not been included though some of the comments are quoted. This second pilot questionnaire was again revised and the final form is shown in Appendix A. It is very like the second pilot, except that a few questions have been omitted or slightly altered and, as in the first questionnaire, four instead of three grades offered for expressing overall satisfaction.

In hospitals A, B, C, D and E, one of the survey organisers visited and assisted with the organisation of the survey; the remaining four hospitals carried out the survey themselves from written instructions.

Of course the distribution of the factors shown in Table 1 depended on the specialties selected for survey. It was interesting that for only 19 per cent of the patients was the present visit the first one for that complaint. The fact that nearly half of the patients were accompanied by one or more friends had an important effect on the amount of waiting space required.

OVERALL SATISFACTION

The patients in the first four hospitals, A, B, C and D, were asked how satisfactory they found their visit to outpatients and were offered a choice of four replies.

TABLE 2 LEVELS OF SATISFACTION Hospitals A, B, C and D. Percentages

HOSPITAL	A	B	C	D	Median 4 hospitals
Very satisfactory	43	43	39	53	43
Satisfactory in most ways	46	50	45	39	46
Only fairly satisfactory	9	5	13	8	9
Unsatisfactory	2	2	3	0	2

Thus 89 per cent of outpatients found their visit either 'very satisfactory' or 'satisfactory in most ways'.

The order of satisfaction for those specialties that were included by seven or more of the nine hospitals, starting with the highest, was: surgical, ENT, orthopaedic, paediatric, gynaecological, medical, but as there were considerable variations between hospitals this order cannot be taken as reliable.

Many patients warmly praised their hospital and indeed expressed proud identification with it: 'Hospital is superb', 'the nicest hospital I've ever attended', 'OPD is tops', 'everyone in this town should be proud of this hospital', and even, 'best hospital in the world'. One man wrote, 'My first visit to hospital for 43 years, when I was five. I am very impressed with the high standards of care and concern; if this is typical of the NHS, there has been a great deal of unfair comment in the news media.' In some cases this enthusiasm seemed due to a low level of expectation, possibly due to trying experience in the past. Overall criticism was rare: 'I felt like a pickle jar on a conveyor belt', 'all very impersonal as if I were just a name on a bit of paper'. But is must be remembered that many people do not feel generally critical, but find certain specific aspects of outpatient care unsatisfactory. The relation between overall satisfaction and waiting time is described in the section on waiting time on page 21.

WAITING AREAS

In most hospitals outpatients went first to a central area where they registered and then, together with any accompanying friend, went to one of various small waiting areas attached to one or more clinics. These generally had a receptionist in charge who called people in turn for their medical examination. Sometimes several patients due to see the doctor next were asked to sit in a small queue just outside the examination room. Amenities such as the tea bar, the telephones and the toilets were generally concentrated in the central area.

TABLE 3 WAITING AREAS Percentage Dissatisfied

HOSPITAL	A	B	C	D	E	F	G	H	I	Median
Not comfortable	3	9	9	11	0	1	1	3	2	3
Not enough room					0	5	9	13	7	7
Seats uncomfortable	5	3	8	7	0	5	19	7	11	7
Poor changing arrangements	11	6	4	10	3	6	7	12	4	6
Not enough privacy	10	17	16	19						16
Call to doctor unsatisfactory					0	4	1	6	6	4

COMFORT AND ROOM

The waiting areas were liked by most people: 'warm, comfortable, light and airy', 'nice, bright colours, not dull like old Victorian type of hospital'. Some had been built or reconditioned recently and were charmingly furnished with attractive colour schemes, carpets, chairs arranged in groups, pictures and potted plants. Others were hygienic but impersonal: 'very drab, wish there was more to look at - pictures or flowering plants', and one (about to be reconditioned) was described as 'having the appearance of a Victorian workhouse'. Several people said they would like 'colourful posters on health education to alleviate the boredom of waiting', and a few requested, 'soft piped music to help patients relax'.

There were many more complaints about the waiting area being too warm than too cold: 'slightly suffocating', 'it is so hot I could pass out'. This may have been due to people remaining in their outdoor clothes and several people wished for a coat rack, 'so that we don't have to sit in wet clothes', 'so warm, need indoor clothing only', 'it is difficult to carry outdoor clothes about as well as a baby'. In one waiting area with coat racks, they said there had been no cause for complaint as the racks were placed in full view of the whole department. Umbrella stands were also requested: 'Awkward to take a damp umbrella to the clinic, to X-ray and back to the clinic.'

Waiting areas became very uncomfortable when they were overcrowded, and it was not unusual for a room planned, say, for 15 people to have to accommodate double that number. Sometimes this was due to a specially large clinic or, more often, because the appointment system had been upset by unexpected (or even usual) delays. Then extra chairs had to be brought in or placed in corridors and some patients even had to remain standing, and this discomfort happened just when waiting time was particularly long. Complaints about waiting areas tended to increase with length of waiting, even apart from overcrowding, presumably because there was more time to notice any defects.

Special problems concerned those with small children, whether the child himself was a patient or was accompanying his mother. To keep a child quiet for a long period in a crowded room was a difficult task and often he became fractious, cried, or ran up and down the corridor to the annoyance of other patients. A few departments had a special room for children furnished with large toys, such as a rocking horse, but these rooms sometimes remained locked even for paediatric clinics, presumably because of staff shortages. Some mothers regretted that there was nowhere for them to breastfeed or change their babies, except the toilets. The provision for amenities for children is discussed in the section on toys.

Although most waiting rooms were easy to find, in some departments there was said to be a need for more direction signs and labels on doors: 'one can get lost in such

a large place'. Where the department was on two floors, gratitude was expressed for a lift: 'good when you have to bring a baby in a carrycot, and other children'. When there was no lift it was suggested that heartand chest clinics should be on the ground floor: 'the stairs are awful for old people'.

SEATS

Although most people found the chairs comfortable, there was a critical minority including the elderly and arthritic, who found rising from a low seat difficult: 'need higher seats with arms for old people', 'no good seats for backaches'. One patient wished that the chair in the doctor's room 'could have arms to grip when anticipating pain as in a dentist's chair'. One hospital still had benches instead of individual seats and in several the seats were said to be too small and close together with nowhere to put clothes or bags. Small chairs for children and high chairs for babies were appreciated in the few waiting areas that had them. In some hospitals the seats were arranged informally in groups round low tables and this was preferred to straight rows but, of course, could only be done where there was enough space.

CHANGING ARRANGEMENTS

Most patients were satisfied with the changing cubicles, but a few found them too small and stuffy - a child became terrified when left alone in one. Others found the curtains did not meet well. Suggestions were given for the provision of mirrors and coat hangers. The most serious complaints concerned overhearing conversations in the examination room: 'you can hear every word'; this was said especially by gynaecology patients and is discussed further under "Privacy - Presence of Students". Some people disliked wearing dressing gowns that had been used by other people: 'the dressing gown was really grubby'; others found the dressing gowns too small.

CALL TO DOCTOR

A number of patients feared that they would fail to hear their name when it was called and so miss their turn to be examined by the doctor: 'calling of names tends to be

inaudible', 'nurse just calls through the wall', 'all names should be called twice', 'you get that forgotten feeling'. Elderly people tend to be hard of hearing and often people nearby were chattering, or children crying. Even for those with acute hearing it was difficult to keep alert for perhaps an hour, or even two. Suggestions were made that a loudspeaker should be installed, but at one hospital that used such a system, the names were said still to be difficult to catch mainly because the staff had not been trained to use it properly. Others experienced the fear of missing their turn if they left the waiting area to visit the tea bar, the toilet, or to telephone. They wished that they could know where they came in the list order, or the probable time of being called so that they could visit these places without anxiety. Some said that if they had been told more about their probable wait or given a more definite order for seeing the doctor they 'would have been less nervous and more able to profit from his advice'.

AMENITIES

Some patients enjoyed their visits to the clinic. These were mostly the 'old hands' with friends among the staff and their fellow patients,who liked the opportunity to discuss their ailments with someone who seemed really interested. But there were others for whom the visit to outpatients was an ordeal - a long wait, embarrassment at undressing or at the examination and, above all, the fear and sometimes the realisation of bad news about their condition. Therefore the environment, human and physical, and the amenities were important to overcome the worry felt by many people. The attitude of the staff was the most important factor and this is discussed in the section on additional comments, but 'a nice hot cup of tea', an interesting magazine, toys for a child, and an opportunity to telephone urgent information all helped to make people feel less tense.

TABLE 4 AMENITIES Percentage Dissatisfied

HOSPITAL	A	B	C	D	E	F	G	H	I	Median
Refreshments	15	3	33	6	11	22	0	4	16	11
Toilets	6	2	22	1	5	5	0	0	7	5
Magazines	13	30	23	33	13	22	6	21	10	21
Toys	46	72	70	30	18	64	-	39	11	43
Telephones	14	1	2	0						(2)

REFRESHMENTS

Most of the hospitals had a tea bar and the others had a vending machine. The tea bars were well used and much appreciation was expressed about those who organised them - often a voluntary body such as the WRVS or the Red Cross. Tributes were paid to the comforting value of a cup of tea or coffee, or of a soft drink or sweets for a

child. However, there were some problems; occasionally patients did not even realise that refreshments were available. This was generally due to clinic waiting areas being wide ly spread, some far from the tea bar, with no notice up saying that a tea bar was available. In one hospital the tea bar was very central but behind a screen and several patients had not noticed it. Even when they knew of the tea bar, patients in distant clinics or on a different floor were 'afraid to go for a "cuppa" in case one's name is called'. The following suggestions were made in various hospitals:

a Provide tea trolleys morning and mid afternoon, or vending machines for waiting areas far from the tea bar. Soft drinks for children should be included.

b The tea bar should not be closed (as many are) at lunch time and at 4 pm. These are just the times that refreshments are needed specially to soothe those who have had a long wait.

c Provide some more substantial food such as sandwiches.

d Have some food available for diabetics.

e Post up a list of what is on sale, with prices: 'always have to ask'.

TOILETS

To the credit of the cleaning staff very few complaints were made about the condition of the toilets; less than half as many complaints as those found in inpatient surveys.[1, 2] However, criticisms were made of the difficulty of finding the toilets due to poor signposting and coy labelling: 'toilets should be conspicuously marked'.

MAGAZINES

Boredom is reduced if people can read during their waiting period. All of the hospitals provided magazines, but 21 per cent of the patients said they found these unsatisfactory in some ways. Nearly half of the outpatients were men, but most of the magazines were light magazines for women and the men wished more could be concerned with their interests, perhaps on motoring, sports or hobbies. In some hospitals the

magazines provided were considered 'too high brow', 'only establishment magazines such as Country Life'. Often the magazines were very old and tatty and those who had to visit a clinic regularly got bored with them as they were seldom renewed. Although magazines tend to get taken away there need be no difficulty or expense in maintaining a constant supply of fairly up to date ones by posting a notice asking patients to bring some from home, organising a collection from the 'friends of the hospital' or from inpatients who are generally well provided. One person should be made responsible for organising the collection and disposal of magazines. Magazines remain tidier if they are kept on special shelves or racks, rather than just left on seats or tables.

TOYS

Most paediatric clinics were well supplied with toys and books for very young children, but little was provided for older children. Small toys and books tended to get taken home, so that larger toys and expendable 'comics' were best. In one otherwise very pleasant paediatric clinic the toys were firmly put away at 4 30 pm while children were still waiting to see the doctor. This caused children to become distressed at a time when they should have been calm for their examination. A voluntary worker at one hospital maintained the supply of books and comics by asking children reading them to bring some of their own discarded ones the next time they came - the same request could be posted up. These comments refer to paediatric clinics, but many children attend other clinics, either as patients or accompanying their mother, and here there was seldom any provision for keeping them entertained, which explains why 43 per cent of parents bringing children expressed dissatisfaction about it.

TELEPHONES

Telephones are important as an amenity in outpatient departments, especially for occasions when waiting times are unexpectedly long and arrangements at work or home have to be altered. In one hospital the telephones were hidden behind a screen and were useless because the cash containers had been broken into. Otherwise there were so few complaints that the question on telephones was dropped for the second pilot version of the questionnaire.

WAITING TIME

EFFECT ON OVERALL SATISFACTION

It is well known that the long wait many patients experience after their appointment time is a potent source of complaint. The causes and cures for this delay have been frequently analysed[5,6,7]; therefore the steering committee for this enquiry decided to exclude these aspects of the problem. However, it was agreed to study the effect of waiting time on overall satisfaction, the limit of time considered reasonable, and possible ways of ameliorating the situation such as giving explanations both of the appointment system and of reason for delay .

Not surprisingly, there was a close relationship between overall satisfaction and the length of waiting time. A detailed analysis was made with some 1100 patients from the first four hospitals investigated.

Of those who waited under half an hour about 60 per cent found their visit 'very satisfactory'; of those who waited over three quarters of an hour less than a quarter found it 'very satisfactory'. Of course, criticism did not only cover annoyance at the delay, but the long wait allowed dissatisfaction to focus on crowded, stuffy waiting areas, lack of amenities and the feeling of being neglected.

From patients' comments there seemed to be three main centres of annoyance at a long wait.

a Frustation and boredom felt both by adults and children

'I find waiting most irksome', 'Time is endless when kept waiting', 'If the wait was shorter we wouldn't have had a yelling baby - bad for doctor, mother and baby'.

b Inconvenience at work or home

'Time is money', 'I would have saved by going to a private consultant', 'Infuriating to return to work after wasting most of the morning', 'If I had been warned I could have arranged for a baby sitter'.

c Feeling of injustice and lack of organisation

'People with later appointments are apparently taken out of turn',
'Patients should be booked further apart - many booked for same time',
'Doctor comes late', 'Doctor should start clinic on time'.
(These three comments were each made by several people.)

It is only fair to report that a few patients realised the hospitals' difficulties and made such remarks as: 'it is understandably difficult to predict the time a patient needs', 'it shows the doctor is being thorough', 'one expects to wait', 'doctors are not on piece work'. Some clinics had excellent records for punctuality: 'it is most unusual for my clinic to be late', 'the short wait was good as I have to take time off work'.

WAITING TIME CONSIDERED REASONABLE

The question, 'How long did you wait today to see the doctor after the time on your appointment card?' was followed by two others, 'Did you consider this a reasonable time to wait? and, 'If you waited long, was an explanation given?' Answers were only recorded for this second question if the wait had been over 30 minutes.

Only a few patients thought their wait unreasonable if it was under half an hour, but almost a third considered it unreasonable to wait half to threequarters of an hour. Indeed 45 minutes seems a turning point, and most thought it unreasonable if it was more. A few were so patient that they even thought a wait of two hours or more reasonable.

It is interesting to compare these figures for waiting time with those suggested by the DHSS.[5] '... it ought to be possible to achieve a standard of efficiency which enables at least 75 per cent of the patients to be seen by the doctor within 30 minutes of their appointment, and the majority of these within 15 minutes, and causes no more than 5 per cent to wait over one hour.'

TABLE 5 WAITING TIME AND OVERALL SATISFACTION Hospitals A, B, C and D

Percentages expressing various degrees of satisfaction

Waiting Time	Percentage in Group	Very satisfactory	Satisfactory in most ways	Only fairly satisfactory or unsatisfactory	
0-14 minutes	21	65	35	0	= 100
15-29	23	56	36	8	= 100
30-44	24	46	49	5	= 100
45-49	9	24	60	16	= 100
60-89	13	24	53	23	= 100
90-195	10	16	41	43	= 100
Total Group	100	43	46	11	= 100

TABLE 6 WAITING TIME CONSIDERED UNREASONABLE - EXPLANATION

Hospitals A, B, C and D Percentages

Waiting Time	Percentage in Group	Considered Unreasonable	Explanation given
0-14 minutes	21	1	-
15-29	23	10	-
30-44	24	31	(8)
45-59	9	63	13
60-89	13	70	16
90-119	5	86	16
120-195	5	83	20
Total	100	32	16

EXPLANATION GIVEN

Explanations of the reason for delay were seldom given by the receptionist or nurse even when the wait was very long. Possibly they felt there was no adequate excuse, that it was due to a late start or to overbooking. However, when an adequate reason was given it greatly ameliorated the situation: 'An assurance from the staff as to why there is a hold up would stop people from getting worried.' 'No explanation - it is presumed to be a doctor's privilege to be late', 'I've waited three hours - I would like to know the reason for waiting so long' and, pathetically, 'No-one seems interested'. Even when no adequate reason can be given, an expression of sympathy or apology helps to smooth the situation, such as, 'I am so sorry the clinic is running late today'. It is particularly helpful if some indication is given of the probable length of wait, 'I'm afraid your turn won't come up till after 12 o'clock.' Then patients can visit the tea bar, telephone their home or place of business or even go out and do their shopping. It was the constant waiting, tense to hear if your name is called, that was so wearing: 'Patients should be advised how long they will have to wait', 'couldn't they give us numbers so we would know when our turn will come?'.

A number of people did not understand the appointment system and could not see how the rota system worked. Perhaps they arrived early for their appointment and resented the fact that others who came later were called to see the doctor before them, for they expected 'first come, first seen'. An explanation of the system by poster, leaflet or by word of mouth would stop these people from sitting there in a state of indignation.

DIFFERENCE BETWEEN SPECIALTIES

Even in the same hospital the various specialties had very different records of punctuality. Patients would say of one, 'It is most unusual for this clinic to be late', and of another, 'It is pointless to have an appointment system here: it is never kept.' An attempt has been made to compare the waiting time of those specialties that were

included by six or more of the nine hospitals in terms of the percentage of patients that waited one hour or more. The figures are given below, although they cannot be taken as reliable as there were considerable differences in the relative order of specialties in the various hospitals.

TABLE 7 PATIENTS WAITING ONE HOUR OR MORE, BY SPECIALTY Percentages

Specialty	Median Percentage waiting one hour or more	Extremes of Different Hospitals
ENT	7	0-16
Surgical	7	0-50
Gynaecology	14	7-31
Paediatrics	18	0-62
Orthopaedics	19	7-35
Medical	22	0-66

There are two mottoes applicable to any outpatient department:

'Calling order, like justice, should not only be fair, but should be seen to be fair.'

'If you want your patients to be happy don't keep them waiting long.'

EXAMINATION BY DOCTOR

Purposely no specific questions about treatment were included, but patients at all nine hospitals were asked, 'Had you time to ask all that you wanted to?'. At the first four hospitals they were also asked, 'Was your examination sufficiently private?' and, if medical students had been present, 'Were you willing to have them there?' and 'Were you asked if you were willing to have them there?'. Answers about students were confused because patients did not know if those present were students or not, therefore questions about them were dropped in the second version of the questionnaire. Patients frequently used the question inviting general comment to write about the doctors - usually praise but occasionally criticism.

TABLE 8 EXAMINATION BY DOCTOR Percentage Dissatisfied

HOSPITAL	A	B	C	D	Median 4 hospitals	E	F	G	H	I	Median 9 hospitals
Insufficient time for questions	11	15	13	9		7	5	4	2	6	7
Not sufficiently private (If had students present)	6	3	8	5	5						
Not willing to have them	11	7	19	14	12						
Not asked if willing	70	77	97	88	82						

TREATMENT AND RELATIONSHIPS

Very many appreciative comments were written about the actual treatment: 'treatment first class', 'very thorough and gives one lots of confidence', 'very beneficial', 'great confidence in excellent doctor'. However, some patients were unhappy at being treated by a variety of doctors: 'My own doctor was not available and the doctor I saw knew less about the case than I did', 'I have had three different doctors for my son - I found this disconcerting', 'Never see the same doctor twice, this breaks the continuity of the visit', 'I have only seen the consultant twice in eighteen months, though my eye condition has not improved'. Obviously there is need for some explanation, in an outpatient brochure or elsewhere, of the fact that a consultant has other doctors working under his direction, and that there is a system of patients' notes that allows information to be passed on.

With many patients what counts most is the feeling that the doctor is sympathetic and understanding. They wrote such remarks as: 'Doctor considerate and reassuring', 'Doctor was very kind and calming', 'Doctor's examination was marked by courtesy as well as efficiency and meticulous care'. In a large organisation, such as a hospital, some people fear they will not count as individuals but will be treated impersonally. Their relief when they found this was not the case was expressed in such remarks as: 'The doctor seemed to know my child as a person, not a number, putting him at ease', 'The doctor was very thorough and interested in each case', 'I was treated with great sensibility and understanding'. Only a few were less happy: 'impersonal but efficient', 'the doctor couldn't care less', 'brusque'

TIME FOR QUESTIONS

Clinics are busy places and it is impressive that only seven per cent of the patients said there was insufficient time to ask questions: 'not hurried during consultation', 'both doctor and nurse put my mind at ease'. But perhaps the situation is not quite

so satisfactory as this figure implies for many people are too shy to ask questions and others found the replies difficult to understand. It is sad to realise the amount of fear which could have been prevented : 'Wish they would explain fully what they have found out', 'I wish I could have a few minutes with the consultant to discuss my case - I have never come away satisfied', 'Explained only when I asked'.

Only one person complained about difficulty in understanding information : 'They do not tell you enough about your case in laymen's language.' But a number had language difficulties in communicating with doctors from overseas : 'The overseas doctor was so difficult to understand that I was scared to follow his advice', 'He was very patient and helpful but I wish he could speak more clearly', 'Very satisfactory today as the doctor could speak and understand our language', 'I wish more doctors could understand our language - or look as if they did'.

PRIVACY - PRESENCE OF STUDENTS

The need for privacy in changing rooms has already been discussed on page 16. Many other adverse comments were made on lack of privacy : 'My name and age were shouted out in the waiting room for anyone to hear', 'I suggest no one waits just outside the consulting room where they can overhear', 'The consulting room should be more private ; it appears more like a corridor'. Gynaecological patients were particularly sensitive to lack of privacy. The reason is obvious ; they sometimes need to discuss marital relations, abortions and other personal matters. In one hospital they were one of the few specialties where a significant proportion objected to the presence of students. Otherwise few patients minded having individual students though some disliked having several. 'Don't mind the odd student, but not classes', 'One student is all right but not more than one'. However, one patient cheerfully wrote, 'The more the better if we are to have trained personnel.' It can be seen from Table 8 that permission to have students presents was seldom asked. One patient's response was, 'They have to learn, but it is nice to be asked.'

SUPPLEMENTARY DEPARTMENTS

As well as being examined by the doctor many patients had to visit supplementary departments. At the first four hospitals, A, B, C and D, visits for X-rays were made by 30 per cent of the patients, to the pathology laboratory by 16 per cent and to the pharmacy by 11 per cent. With a few exceptions these departments were easy to find, though there was sometimes confusion over pathology which was variously known as the 'path. lab.' and the 'blood testing department'. In all 9 hospitals in these departments waiting conditions were usually good and the record for waiting time was excellent - generally two thirds of the patients were seen within quarter of an hour and 90 per cent within half an hour. The only serious delays occurred when the department was closed for lunch. This practice caused understandable annoyance, especially with those who had been delayed by waiting for the doctor's examination. 'It is a sad story; I waited two hours to see the doctor and then the path. lab. was closed, and I had to return next day.' 'Left doctor's examination at 12; pharmacy closed for lunch and I had to wait till 1 pm.' 'Blood test unit closed at 1, had to come next day.' 'Pharmacy closed at midday for an hour; with two dispensers their lunch time should be staggered.'

Praise was often given about the staff. 'X-ray department and pharmacy staff all very helpful and courteous.' 'Great care taken to verify the plates.' A few suggestions were made about organisation: 'Chest patients should go for X-ray before the doctor's examination to save time.' 'Should have a machine in pharmacy to give change; some hospitals have them.' 'Wish we had quicker results from X-rays to stop people worrying.'

ADDITIONAL COMMENTS FROM PATIENTS

Answers to the general question, 'What else do you think was satisfactory about the Outpatient Department?', were mainly appreciative remarks about the staff. Throughout the survey it was clear that the kindness and understanding of the staff had a far greater effect on the patients' contentment than the physical surroundings. For example, one clinic had an overcrowded corridor as an additional waiting area, with the nearest lavatory two floors away, but yet was a happy place because of an exceptionally welcoming nurse-receptionist. There were so many enthusiastic tributes to the staff that it is difficult to select which to quote. Some referred to all categories of staff: 'Bouquets deserved right from receptionist to consultant', 'Doctors, nurses and staff do a wonderful job', 'Full marks to all concerned, reception room to doctors', 'The way patients were given confidence and the unhurried efficient way of all the staff'. Other comments specified particular occupations. The nurses were especially praised: 'The nurses do their excellent best with a smile and kind word', 'Nursing staff are efficient, warm and kind, which is of great benefit to new and old patients alike.' Reception staff were also praised: 'The personal attitude of the reception staff', 'Very impressed with the outpatients' hostess who goes out of her way to be pleasant'. Special care given to children was appreciated: 'My child was shown the ward he would go to and talked to the staff', 'Grateful for the way children are cared for while mother was with the doctor'.

It was interesting that a few people expressed gratitude for the opportunity of answering the questionnaire: 'I was glad to be given this questionnaire and would like one each time', 'Grateful for the questionnaire to occupy my time'.

The other general question, 'What else do you think could be improved about Outpatient Department?', mostly stimulated suggestions already quoted under their respective headings. In addition several comments were made about transport, both the difficulty of parking, especially with a lame patient, and the unpunctuality of the ambulances. Should the following comment count as a criticism? 'The organisation is excellent and the only thing missing is a double brandy.'

ACTION TAKEN

The results of a survey are always of interest but are only useful if they stimulate action. The survey organisers sent each hospital a report on its own results and also the completed questionnaires (which were unsigned) for detailed information of the results of different clinics. At four of the hospitals the organisers were invited to attend meetings to discuss the results - the other hospitals were too distant. After a period, all of the hospitals were asked for information on the action they had taken.

As an illustration of the replies, one particularly systematic account is reproduced below with permission from the hospital:

" I am writing ... to submit the following report on action taken as a result of your survey:

Procedural

1 Notice in Outpatient Department thanking patients and staff.

2 Report widely circulated among staff and discussed generally at Medical Committee and separately with individual Consultants.

3 Publicity given in local press to report and its aims.

4 Small working party established.

To Secure Indicated Improvements

a Overcrowding - additional staff/time introduced to facilitate 'decanting' patients between separate waiting areas.

b Decoration - additional posters and pictures provided, comment regarding paint will be borne in mind when redecoration is programmed.

c Magazines - revised arrangements made for supply.

d Toys - additional supply arranged including larger variety.

e Refreshments - beverage vending machine now available at main entrance, provided by League of Friends, and a notice about its availability is being provided for display at the Outpatient Tea Bar when closed.

f Parking space - additional signposting now in hand to draw attention to availability of secondary car parking areas in hope of better use being made of existing facilities.

Waiting Time accepted as the most important feature of the report and showing an unfortunate proportion of clinics with times outside the acceptable standard. Discussion and experimental re-timings have been and continue to be undertaken and follow-up surveys done of waiting periods. There has been some success in certain clinics, but further improvements are still looked for. This is regarded as an on-going process. "

The action reported by most hospitals came under three main headings:

1 Waiting Time

All of the follow up reports emphasised this as the most serious problem, but some were hopeful of improvement following discussion with the medical staff,some of whom had not realised the length of waiting time even in their own clinics. One hospital wrote, 'The report of the survey aroused quite a lot of interest especially among members of the Consultant medical staff. As a direct result ... the surgeons have revised the basis of their clinic bookings ...' Another hospital indicated: '...Waiting time is currently to be reviewed by the outpatient committee.' Many delays were due to a late start, others to insufficient time between appointments. One hospital reported: 'Arrangements have been made that when a doctor is late in arriving an announcement will be made.'

2 Structure and Equipment

Action on these topics often had to be delayed because of lack of funds, but something had been done in improving seating and providing pictures and posters.

3 Amenities

Most hospitals had taken action to improve the supply of magazines and toys, and several had introduced better refreshment arrangements.

APPLICATION BY OTHER HOSPITALS

The findings from this enquiry are in no way surprising or sensational; people concerned with outpatient departments could have guessed many of them without the need for a survey. However, the hospitals that experienced them reported that they found them useful. One wrote, 'The value of the survey is illustrated by the local administrative group's intention to carry out periodic surveys based on the King's Fund Questionnaire.' It is hoped that other hospitals will follow this example

a to enable them to compare their results with those of other hospitals, to make inter-specialty comparisons in their own hospital and to assess the effect of alterations

b to decide on priorities for action especially when improvements need finance

c to assist those building or upgrading an outpatient department.

The King's Fund is happy for hospitals to duplicate for their own use the questionnaire shown in Appendix A, and to evaluate the results according to the instructions given in Appendix B.

Those hospitals that, for some reason, cannot undertake a survey may find it useful to use the check list shown in Appendix C, which can also be duplicated by hospitals for their own use. This should be completed by various people concerned with the outpatient department, including doctors, nurses, medical records staff etc, and be shown in summarised form to the senior staff for consideration of action.

TABLE 9 MEDIAN PERCENTAGE OF DISSATISFIED OUTPATIENTS

Based on nine (or sometimes four) hospitals

Question (abbreviated)		
Waiting Areas		
3	Comfort: room	7
4	Seats	7
5	Call to doctor	4
6	Changing arrangements	6
Amenities		
7	Refreshments	11
8	Toilets	5
9	Magazines	21
10	Toys	43
Doctor's Examination		
11	Wait 0-14 minutes	21
	15-29	23
	30-44	24
	45-59	9
	60-89	13
	90 +	10
12	Unreasonable	32
13	Explanation 45+	16
14	Time for questions	7
15	Privacy	5
Overall Satisfaction		
16	Very satisfactory	43
	Satisfactory in most ways	46
	Not very satisfactory	9
	Unsatisfactory	2

REFERENCES

1 RAPHAEL, W. Patients and their hospitals. Third edition, London, King Edward's Hospital Fund for London, 1977.

2 RAPHAEL, W. Psychiatric hospitals viewed by their patients. Second edition, London, King Edward's Hospital Fund for London, 1977.

3 RAPHAEL, W. Just an ordinary patient. London, King Edward's Hospital Fund for London, 1974.

4 RAPHAEL, W. A survey of patients' opinion surveys in hospital. King's Fund Project Paper Number 9, 1974.

5 HMSO, DHSS Management Services (NHS). Guide to good practices in Hospital Administration, 1970.

6 HMSO, National Health Service, HM (64)102. Management Problems in Out-Patient Departments, 1964.

7 HMSO, Hospital O and M Service Dept. Out-patient Waiting Time, 1965.

QUESTIONNAIRE OUTPATIENTS' VIEWS CONFIDENTIAL

Will you kindly help this Outpatient Department by writing what you liked about it today and what you thought could be improved? We do not want to know your name so that your answers will be confidential.

Please read each question and give the answer that expresses your views about your visit today. Generally this means putting a tick in the correct brackets like this (✓). It is very helpful if you can add explanations and suggestions especially if you have answered 'no' to any question.

If you cannot finish the questionnaire before you leave, please ask for a reply-paid envelope and return it within three days.

Name of Hospital _____ Name of Clinic _____ Date _____

1	What is the patient's sex?	Male ( )	Female ( )	
2	What is the patient's age?	Under 12 ( )	13 to 64 ( )	65 or more ( )

	QUESTIONS	ANSWERS	COMMENTS
	WAITING AREAS		
3	Were the waiting areas comfortable with enough room?	Yes ( ) No ( )	
4	Were there enough comfortable seats?	Yes ( ) No ( )	
5	Were the arrangements for being called to the doctor satisfactory?	Yes ( ) No ( )	
6	(Only answer if you had to undress) Were the changing arrangements satisfactory?	Yes ( ) No ( ) Did not undress ( )	
	AMENITIES		
7	Were the refreshment arrangements good?	Yes ( ) No ( ) Did not use ( )	
8	Were the toilets satisfactory?	Yes ( ) No ( ) Did not use ( )	
9	Were the magazines provided satisfactory?	Yes ( ) No ( ) Did not use ( )	
10	(Only answer if you had a child with you) Were there toys and good arrangements for children?	Yes ( ) No ( ) No child with me ( )	
	EXAMINATION BY DOCTOR		
11	How long did you wait today to see the doctor after the time on your appointment card?	..... minutes	
12	Did you consider this a reasonable time to wait?	Yes ( ) No ( )	
13	If you waited long was an explanation given?	Yes ( ) No ( )	
14	Had you time to ask all that you wanted to?	Yes ( ) No ( )	
15	Did you have enough privacy?	Yes ( ) No ( )	

cont'd...

Appendix A.....(ii)

GENERAL OPINION ON OUTPATIENT DEPARTMENT

16 Did you find your visit to Outpatient Department today:

Very satisfactory( ) Satisfactory in most ways( ) Only fairly satisfactory( ) Unsatisfactory(

Comments:

OTHER DEPARTMENTS

17 Did you visit any other departments today, such as X-rays, Pathology Laboratory, Pharmacy, Social Worker, etc? Yes( ) No( )

If so did you find it easily, not have to wait long, or have any difficulties?

Department	Comment
1	
2	
3	

ADDITIONAL COMMENTS

18 What else do you think was satisfactory about the Outpatient Department?

19 What else do you think could be improved in the Outpatient Department?

Please send in this form as soon as possible.

Thank you for your help.

INSTRUCTIONS FOR APPLYING AND EVALUATING THE QUESTIONNAIRE

1 Promoting Interest

One person should be appointed as survey organiser, possibly an assistant administrator or a management trainee. From the start it is essential to gain the interest and cooperation of the staff - medical, nursing and administrative - and preferably also that of the local CHC. Staff meetings should be held, supplemented by notices, and the following points emphasised.

a The aim is to study the views, satisfactions, as well as complaints of a typical group of outpatients. Although many of the views will be known already, the survey will help to decide priorities for action and will facilitate inter-hospital comparisons.

b The results will be reported to the staff and CHC so that action will be taken when desirable and practicable.

2 Preparation

a Decide on not more than ten outpatient specialties to be included. Do not include psychiatric or maternity clinics as regular attendance makes conditions different.

b Duplicate sufficient numbers of questionnaires and about 15 copies of the summary form attached. (These pages have been designed so that it is possible to photo-copy them easily if required. It is unnecessary to apply to the King's Fund for permission to do this.)

c Prepare: 1) a pile of exactly 30 questionnaires for each specialty: with name of hospital and specialty

2) a number of sharpened pencils (short as some will be taken away)

3) a small pile of envelopes with stamps available addressed to the Survey Organiser

4) a carton with a posting slit, or a large envelope clearly labelled, to leave by each exit for returning completed questionnaire.

3 Distribution of Questionnaires

a The registration clerks, or an outpatient hostess, should give a questionnaire to 30 consecutive patients attending for each specialty - this usually means including several consecutive clinics for that specialty. Each patient should be asked to help and to fill in the back of the form as well as the front and encouraged to add comments.

b The questionnaire should be given to every patient unless he/she cannot write in English. With children it could be given to the person accompanying them. Note should be kept of any refusing - generally very few.

c Wherever possible it is important to have answers from 30 patients from each specialty - no more and no less.

4 Collection of Questionnaires

If possible a staff member should be near the collection box or envelope, to remind each patient before posting that the back needs filling in as well as the front, that comments are very helpful, that if pressed for time the questionnaire can be completed at home and to offer a stamped, addressed envelope. They should be asked to return the questionnaire if they do not want to answer it, and then it should be offered to the next patient from the same specialty. The pencil should be returned.

5 Summation of Results

a By Specialty. One copy of the form 'Outpatients' Survey Summary by Specialty' (attached) should be used for each specialty (not each clinic). Enter in the details at the top. Then enter a stroke for each positive answer, that is for y (yes), n (no), or details in questions 1, 2, 11 and 16. Do not enter a stroke for 'Did not use' or where both answers are ticked. Some people find it convenient to group the strokes in five - four vertical and one diagonally across them - for ease in counting. In the column headed 'Answers Included', give the number

of strokes - that is, yes plus no, male plus female and so on, but again omit 'Did not use'. In the column on the left calculate the percentage dissatisfied, that is, $\frac{n}{y+n}$. The only exceptions are question 1 (give the percentage male), and questions 2, 11 and 16,(where the percentage is given for each grouping) - the percentages for each question should add up to 100. For question 17, enter the number of patients who attended each supplementary department.

On the back of the form enter comments under the appropriate question numbers. It will generally be found that the top third will be needed for questions 1 to 15, and the rest for questions 16 to 19. If several people make very similar comments add a "+" sign for each addition.

b Total Results. One copy of the same form should be used to obtain a total for the department containing the results of all the specialties included in the survey. The numerical results for each specialty should be entered (instead of strokes)omitting 'Did not use', etc. For example, for question 7 on refreshments, if there were four specialties, the line might run:
y 15.20.21.12 = 68. n 5.4.3.0 = 12 /80/ $\frac{12}{80}$ = 15 per cent.
The entries are clearer if alternate specialties are entered in red and in black ink. Comments combined from the various specialties can be entered on the back of the form if there is room, otherwise use a separate sheet.

6 Report

The report should be kept fairly brief. A convenient order of headings is: Aim of Survey, Method and Participants, Overall Satisfaction, Waiting Areas, Amenities, Doctor's Examination, Supplementary Departments, General Comments, Action to be Taken, Acknowledgments, Appendix : Questionnaire.

Where appropriate a section should start with a table of numerical results, both by specialty and for the total department. It may be of interest to compare the total with Table 9 given on page 34 for the median (or middle) results from a number of hospitals. The text for each section should be freely illustrated by patients' comments.

The King's Fund Centre will be grateful for copies of the report so that in future it can base the table of results on a greater number of hospitals.

7 Stimulating Action

A first step is to post notices thanking all those who participated, both staff and patients,and saying that suggestions are being considered. The report should be circulated widely among the staff and possibly a summary given to the local press. The completed questionnaires should be returned to each clinic for more detailed study, but ensuring that they remain anonymous. A useful method for deciding on action and stimulating its introduction, is to form a small working party of representatives of the various staff concerned and preferably including one or two members of the local community health council. The survey organiser should act as secretary and follow up recommendations for action. When changes have been made it is sometimes useful to repeat the survey to assess the extent of improvement.

OUTPATIENTS' SURVEY SUMMARY BY SPECIALTY

Hospital _____ Specialty _____ Number of Clinics _____ Dates _____

Question	Total replies m + f + no answer			Answers Included (usually y+n)	Percentage of 'no' etc			
1 Sex	m	f			% male	m/m + f		
2 Age	0-12	13-64			% 0-12	13-64	65+	(total 100)
Waiting Areas								
3 Comfort. Room	y				n/y + n			
4 Seats	y				n/y + n			
5 Call to Dr	y				n/y + n			
6 Changing	y	n	did not use		n/y + n			
Amenities								
7 Refresh.	y	n	did not use		n/y + n			
8 Toilets	y	n	did not use		n/y + n			
9 Mags.	y	n	did not use		n/y + n			
10 Child's	y	n	no child		n/y + n			
Examination								
11 Wait	0-14 45-59	15-29 60-89	30-44 90+(details)		% 0-14 45-59	15-29 60-89	30-44 90+	(total 100)
12 Reasonable	y	n(give times)			n/y + n			
13 Explain(30+)	y(give times)	n			n/y + n			
14 Questions	y		n		n/y + n			
15 Privacy	y		n		n/y + n			
16 Satisfaction	v.sat.	simw	nvs u		% v.sat.	simw	nvs	u (total 100)

17 Supplementary Departments — X-ray, Path lab., Pharmacy — Number attending

Comments overleaf

CHECK LIST HOW GOOD IS YOUR OUTPATIENT DEPARTMENT ?

Clinic _____ Name _____ Job _____ Date _____

			ACTION TO BE TAKEN
WAITING AREA			
1	Is the waiting area attractive with bright colours, pictures, plants etc?	Yes( ) No( )	
2	Are there coat racks and umbrella stands?	Yes( ) No( )	
3	Is there always room for all patients to sit?	Yes( ) No( )	
4	Are waiting areas for children and for lame people on the ground floor or, if not, is a lift available?	Yes( ) No( )	
5	Are the chairs comfortable and some high for elderly people?	Yes( ) No( )	
6	Changing cubicles - can you overhear conversation in examination room?	Yes( ) No( )	
7	Can the call to the doctor be clearly heard by all?	Yes( ) No( )	
8	Can patients tell if there is time to visit tea bar before being called?	Yes( ) No( )	
AMENITIES			
9	Tea bar - can this be easily reached from all waiting areas or, if not, is there a vending machine available?	Yes( ) No( )	
10	- is this open at lunch time and after 4 pm or, if not, is there a vending machine available?	Yes( ) No( )	
11	- is food, such as sandwiches, available?	Yes( ) No( )	
12	- is there a price list up?	Yes( ) No( )	
13	Toilets - are there clear signposting and door labels?	Yes( ) No( )	
14	Magazines - is the supply kept up to date and with some interest to men?	Yes( ) No( )	
15	Toys - are toys and books (for young and older children) available in all waiting areas where children come?	Yes( ) No( )	
16	Telephones - are these in an obvious position and frequently serviced ?	Yes( ) No( )	

Appendix C.....(ii)

		ACTION TO BE TAKEN
WAITING TIME		
17 Are at least half the patients seen within 30 minutes of their appointment time?	Yes( ) No( )	
18 If patients are not seen within half an hour is an explanation usually given?	Yes( ) No( )	
19 Is it usual for any patient to wait an hour or more after the appointment time?	Yes( ) No( )	
EXAMINATION BY DOCTOR		
20 Is the clinic so busy that patients are not encouraged to ask questions?	Yes( ) No( )	
21 Is the examination always sufficiently private - no overhearing or people entering the examination room,etc?	Yes( ) No( )	
22 Is the patient's permission always obtained before students attend?	Yes( ) No( )	
SUPPLEMENTARY DEPARTMENTS		
(X-rays, Pathology, Pharmacy, Plaster Room, Social Worker etc.) If any answer is 'no' indicate which department(s) this refers to.		
23 Is the signposting to the department clear from all relevant clinics?	Yes( ) No( )	
24 Is there a comfortable place to wait?	Yes( ) No( )	
25 Do the patients sometimes have a very long time to wait?	Yes( ) No( )	

ADDITIONAL SUGGESTIONS ON MATTERS ON WHICH ACTION SHOULD BE CONSIDERED