KINGS FUND RESEARCH PROJECT

A TALE OF TWO CLINICS

A study of the clinical and administrative management of medical and gynaecological out-patient clinics.

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1 Introduction

There has long been considerable dissatisfaction about the clinical and administrative organisation of hospital out-patient clinics. In 1979 the research teams of the Royal Commission on the National Health Service (1) found more complaints relating to services in out-patient clinics than in any other section of the health service. These complaints ranged from concern about long waiting lists for appointments, and transport arrangements involving long delays, to overcrowded, drab waiting accommodation. Out-patient appointments systems have been the subject of many adverse comments, both in letters to the Press, and as a result of previous reports on patient satisfaction and hospital efficiency. Gregory (2), investigating patients' attitudes to the hospital service, reported that more than 10 per cent of patients were dissatisfied with the following aspects of the service:

Waiting for a first appointment
Length of time spent at the hospital
Length of wait before seeing the doctor

Dissatisfaction is also apparent with the more clinical aspects of out-patient organisation, with several studies highlighting the problems of excessive numbers of follow-up visits. Loudown (3) suggested that many follow-up appointments were given 'routinely', while Marsh (4) concluded that General Practitioners learned nothing new about their patients' conditions in a majority of follow-up consultations.

Even in clinics which do attempt to reduce the number of follow-up consultations per patient, staff are often extremely busy and hard pressed. In order to cope efficiently with out-patients in such busy clinics, it is important that the organisation of the clinics is as smooth and trouble free as possible. It is perhaps worth emphasising

that work in out-patients can be very rewarding for staff of all grades; however problems with the organisation of the clinic and the physical constraints within which the clinic operates can erode the job satisfaction, which in turn affects patient care.

2. Aims of this study

This research project was established to examine a gynaecology and a general medicine/gastroenterology out-patient clinic in two different hospitals to attempt to highlight operational difficulties, and to identify ways in which improvements to the administrative and clinical management of the clinics could be made, bearing in mind the current strenuous efforts to ensure value for money in the NHS, and the prevailing shortage of financial resources.

3 A profile on the two clinics selected for the study

The gynaecology clinic is situated at the Middlesex Hospital, a multi-specialty Teaching Hospital in the centre of the West End of London. The clinic is located on the top floor of the Out-Patient Department which is a converted workhouse, built in 1871. The accommodation has not been the subject of any major upgradings since that time and thus the clinic layout is out-dated, with very poor basic facilities such as heating, seating and ventilation.

The clinic, which operates on Monday mornings, is entirely self-contained, with its own clerical staff (other than central registry and appointments staff), waiting accommodation and nursing staff. An analysis of patient attendance is shown at Figure 1. The current waiting time for a first appointment to this clinic is 10 weeks for routine referrals and 1 week for urgent referrals

Figure 1

Patient attendance figures - The Middlesex Clinic

	New Patients	Total Attendances
1975	550	1310
1976	630	1333
1977	607	1360
1978	573	1550
1979	614	1906
1980	680	1934
1981	681	1993
1982	739	1908
1983	744	1167

Source: Hospital Statistics Department.

(These are derived data; the only original data available were for all three gynaecology clinics at the Middlesex, thus these figures represent one-third of all gynaecology clinic attendances.)

The General Medicine/Gastro-enterology Clinic is situated at the West Middlesex University Hospital in Isleworth, Middlesex. The clinic is located on the ground floor of the Out-Patient Department, which was purpose-built in 1952.

The Clinic, which operates on Tuesday afternoons and Thursday mornings, shares a communal waiting area with three other out-patient clinics. However all the staff providing services for the clinic work solely for that clinic, which is run jointly by two consultants. An analysis of patient attendance is shown at Figure 2. The current waiting time for a first appointment to the clinic is 7 weeks for routine referrals and 1 week for urgent referrals.

4. Research Methods

In order to identify administrative or managerial problems in the organisation of clinics, two surveys were carried out to:

(a) identify those problems which staff consider to be most pressing;
(b) identify those problems which cause patients most concern.

(a) Staff attitude survey

Every member of staff working in the clinics, medical, nursing and clerical was asked to complete a confidential questionnaire (see Appendix 1) seeking their views on the organisation of the clinics and asking for any suggestions on possible improvements.

(b) Patient attitude survey

All patients attending the clinics in June and July 1983 were given a

Figure 2

Patient attendance figures - The West Middlesex Clinic

	New Patients	Total Attendances
1976	1099	3598
1977	1124	3564
1978	1048	3287
1979	1026	3188
1980	1080	2486
1981	1141	2400
1982	1078	2786
1983	1112	3820

Source : Hospital Statistics

detailed questionnaire (see Appendix 2) as they arrived at the clinic. They were asked to complete the questionnaire during their visit to the clinic and place it in the collection box provided. A pilot survey was carried out first to ensure that the questionnaire was appropriately worded and to test which collection method yielded the most satisfactory results (see Section c) below).

(c) Pilot Survey

The method for conducting the patient survey was tested during a pilot survey of both hospitals in February and March 1983. During the pilot, the following elements of the survey were tested:

(i) the layout of the questionnaire; this was slightly modified as a result of the pilot;

(ii) collection methods for the questionnaire. Some patients were asked to complete their questionnaires at home and post them to the hospital in a pre-paid envelope, whilst others were asked to complete their forms during their visit to the clinic and post them in a collecting box provided in the clinic. The response rate for the latter collection rate was 74% whilst collection by postal method yielded only 49% response rate. It was therefore agreed that the in-clinic collection method should be used for the main survey, although it was recognised that some patients would attempt to complete the questionnaire before they saw the doctor, or would rush through the questionnaire after their consultation and, in their haste, not complete it properly.

(d) Preparation of Hypotheses

The results of these staff and patient surveys were used to prepare a number of hypotheses about the clinical and administrative management of the out-patient clinics and these hypotheses were then tested in the clinics.

(e) Evaluation of Data

Those hypotheses which were substantiated by measurement within the clinic (see Section 8) will form the basis of an evaluation exercise carried out at both hospitals by:

The Research Team
Medical Records Administrator
Nursing Officer/Sister in Charge of Out-Patients

These evaluation groups will establish whether the inefficiencies are possible to rectify, and how. Where possible, the evaluation groups' solutions will be introduced on a trial basis in the appropriate clinic, and their success monitored. It is recognised that some of the solutions might have resource implications which could preclude their implementation.

(f) Discussions with Senior Staff

A number of informal discussions have been held with senior staff from medical, nursing and administrative disciplines on the problems concerning the management of out-patient clinics. In addition, the consultants in charge of both clinics have kept records of problems as they have occurred. These problems, together with the outcome of discussions with other officers are outlined below (see Section 6)

THE WEST MIDDLESEX HOSPITAL

		Absolute numbers
Less than 3 months	= -	0
3-6 months	= 17%	2
7-12 months	= -	0
More than 1 year	= 33%	5
More than 5 years	= 50%	7

N.B. The percentiles have been rounded to the nearest whole number

Numbers of patients dealt with by each member of staff

THE MIDDLESEX HOSPITAL

		Absolute numbers
Five to ten	= -	0
Eleven to Twenty	= 71%	5
More than Twenty	= 29%	2

THE WEST MIDDLESEX HOSPITAL

		Absolute numbers
Five to ten	= 17%	2
Eleven to Twenty	= 33%	5
More than Twenty	= 50%	7

(iii) The problems causing the most difficulties

Figure three shows, in the form of a histogram, the problems which staff at the Middlesex felt occurred very frequently and/or caused considerable disruption. In summary, this histogram shows that 71% of staff felt that results of tests and x-rays were "very frequently" not available; this problem was felt to be "very disruptive" by 86% of staff. 71% of staff also felt that patients "very frequently had to wait for long

periods, with 43% of staff feeling that this caused major distruption to the clinic. 57% of staff thought that the teaching commitments of the clinic were "very frequently" not reflected in the appointments system, and 43% felt that this was "very disruptive". 43% also felt that consultations were "very frequently" interrupted by telephone or bleep and 57% felt that such interruptions were "very disruptive". Finally, there were a number of problems which were considered to be "very disruptive" by many staff, but which fortunately did not happen "very frequently" (e.g. 71% felt that investigations which had not been completed were "very disruptive", but no-one thought that this was a problem which happened very regularly; similarly 57% thought that inadequate information in the medical records was a "very disruptive" problem, but again no-one felt that this problem occurred "very frequently". In addition, 43% of staff thought that appointments which were timed wrongly (e.g. too soon after an operation) were "very disruptive" but only 14% felt that this happened "very frequently").

Figure Four is a histogram showing similar information for the West Middlesex Hospital. In summary, the histogram shows that less of the staff at the West Middlesex thought that problems happened as frequently, or caused as much disruption as the Middlesex. For example, 50% of the staff felt that patients "very frequently" lacked privacy during their weighing, although no-one felt that this caused major disruption in the clinic. In fact very few problems were considered to be "very disruptive" by many staff - with the highest percentage (42%) feeling that the lack of medical records was "very disruptive" and 17% thinking that this problem happened "very frequently". A slightly lower but nonetheless significant number of staff (33%) felt that the lack of test results of x-rays was "very disruptive" and 25% felt that this problem occurred "very frequently."

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Figure 4

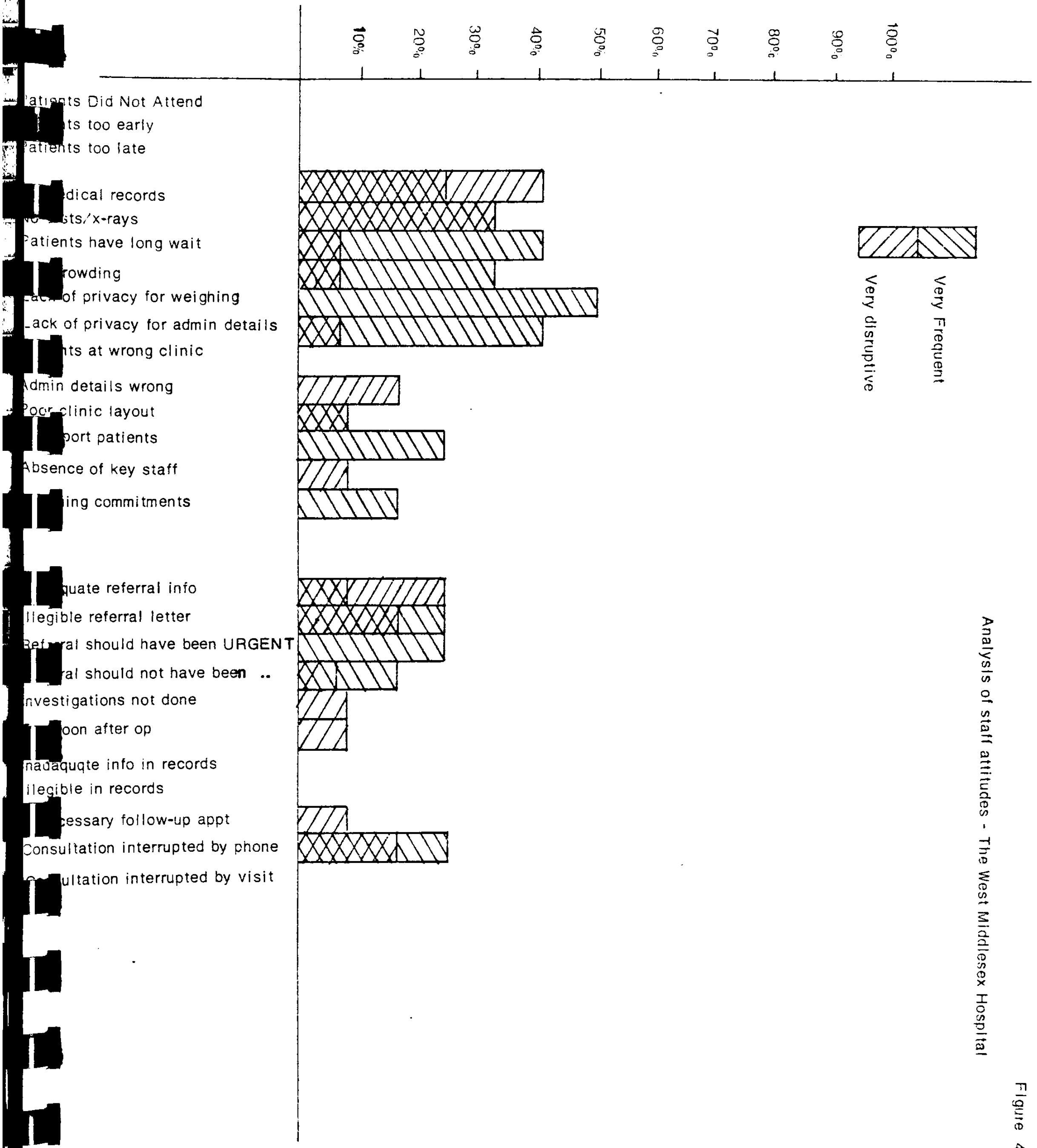


Figure 4

Analysis of staff attitudes - The West Middlesex Hospital

Hospital felt that some sort of communication problem happened very frequently or quite frequently (see Appendix 3).

An analysis of patients' attendance at clinics shows that significant numbers (44% at both hospitals) were accompanied to the clinics, either by their spouse or by another member of their family. This clearly has space and service implications which will be discussed in Section 6.

Figures 5 and 6 show the appointment times given to patients at the Middlesex and the West Middlesex Hospitals respectively. The most important points which arose from the survey were:

(a) at the Middlesex, far more patients appeared to be allocated appointments on the hour or half-hour than on the appointment intervals between them; and

(b) nearly half (46%) of the patients at the West Middlesex gave no answer to the question asking "What time was your appointment?", thus suggesting that large numbers of patients did not know their appointment times. Although the questionnaire design might have been a contributing factor to this high non-response rate, the same question asked to patients at the Middlesex Hospital elicited a non-response rate of 18% thus leaving 27% more non-responsive patients at the West Middlesex.

Arrival times were predictably clustered around the actual appointment time (see figure 7), although more patients came early to clinic at the West Middlesex, where 55% said that they were in the clinic more than 15 minutes early. At the Middlesex only 38% claimed that they were more than 15 minutes early for their appointment.

Figure 5

Appointment times given to patients - The Middlesex

(during the period of the survey)

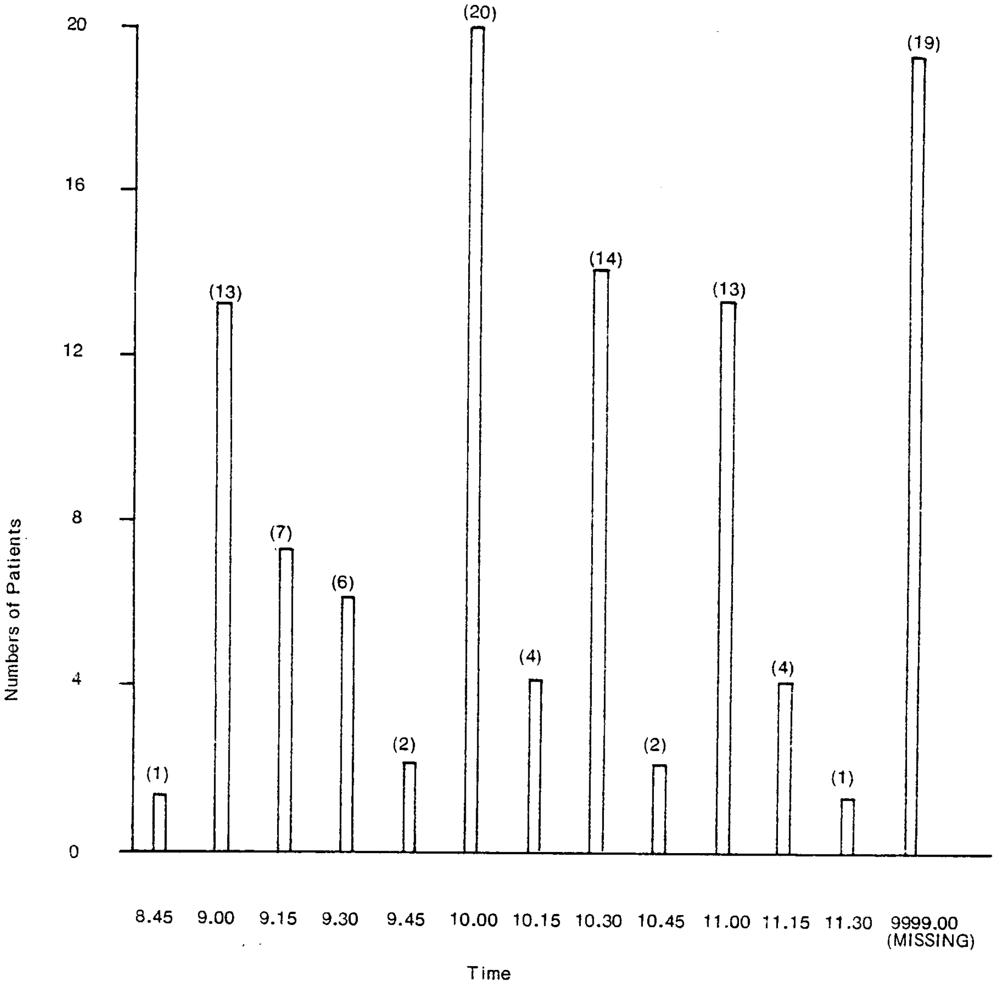
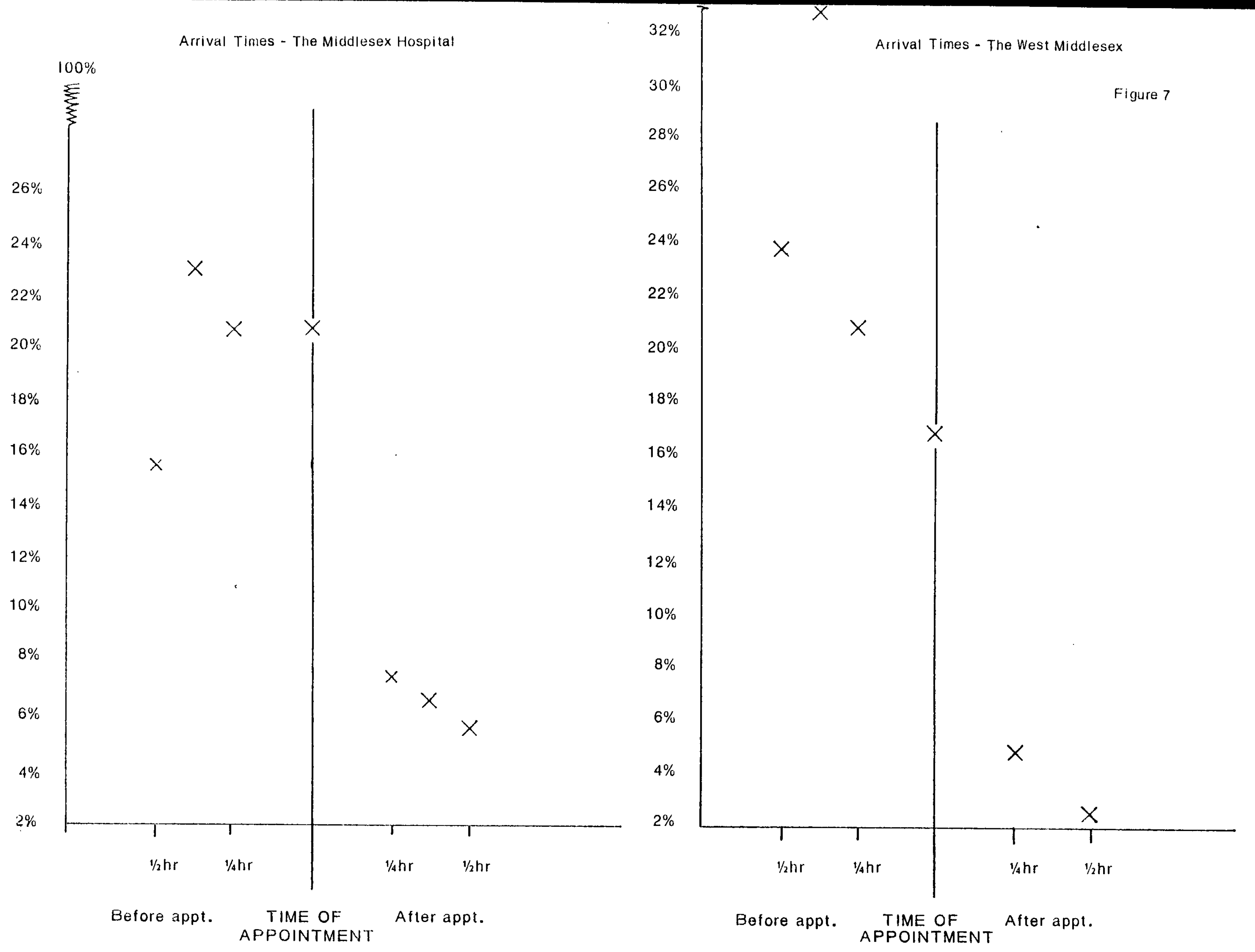


Figure 5

Figure 7



Arrival Times - The Middlesex Hospital

Arrival Times - The West Middlesex

Figure 7

5. Analysis of Surveys

(a) Staff Attitude Survey

The staff survey was designed to identify the frequency and degree of disruption caused by problems, both administrative and clinical, in the two clinics under review.

The results of the survey are shown in Appendix 3, and maybe analysed as follows:

(i) Professional status of staff working in the clinic

THE MIDDLESEX HOSPITAL

7 staff (i.e. all the staff working in the clinic) responded to the survey; 3 were doctors, 3 were nurses and the seventh was a clerk.

WEST MIDDLESEX HOSPITAL

14 staff (i.e. all the clinic staff, plus 3 clerical staff who work very closely with the clinic) responded to the survey. 6 were doctors, 3 were nurses, 4 were clerks, and 1 was a messenger.

(ii) Length of time working in the clinic

THE MIDDLESEX HOSPITAL

		Absolute numbers
Less than 3 months	= 14%	1
3-6 months	= 14%	1
7-12 months	= 14%	1
More than 1 year	= 29%	2
More than 5 years	= 29%	2

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Figure 3

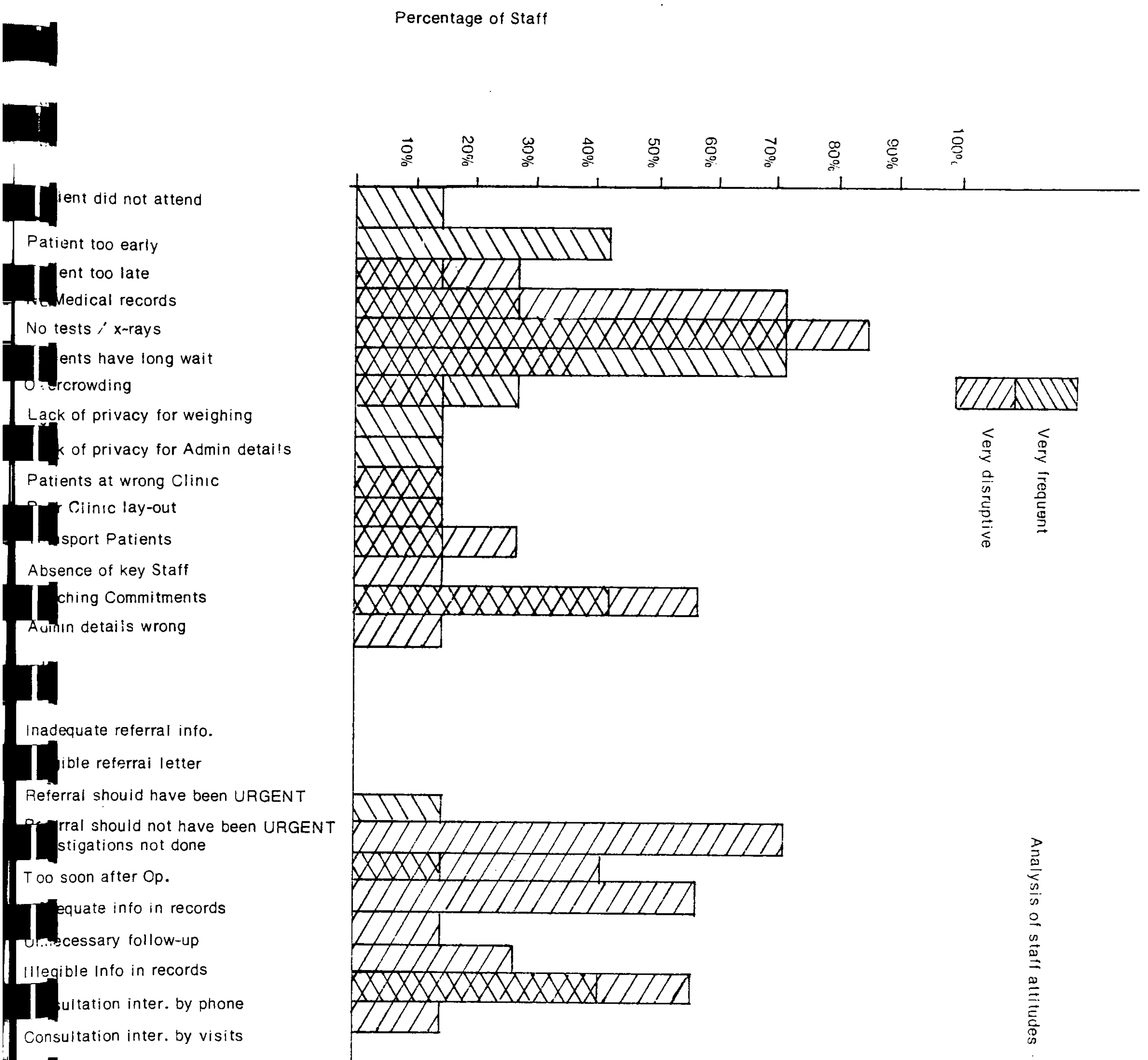


Figure 3
Analysis of staff attitudes · The Middlesex Hospital

(iv) Comments made by staff

At the end of the questionnaire, staff were invited to add any comments they wished to make on aspects of their work in the out-patient clinic. A summary of their comments is included in Appendix 3, but a brief analysis shows that most of the comments from the Middlesex staff referred to the organisation of the appointments system, whilst the majority of comments from the West Middlesex staff related to facilities which staff would like to see available in the out-patient clinic (ranging from a phlebotomy service to a telephone in each consulting room.)

(b) Patient Attitude Survey

With the help of the Computer Services Department at the Middlesex Hospital Medical School, the data collected on the patient survey forms (see Appendix 2) were collated by computer and a detailed analysis is shown at Appendix 4. In summary, the following points were deduced from the survey data:

At the Middlesex Hospital almost one-half (42%) of patients interviewed were on their first visit to the clinic, whilst one-fifth (21%) had been to the clinic 5 times or more. At the West Middlesex Hospital, the figures were quite different with nearly one-fifth (19%) on their first visit, and 36% on their fifth or subsequent visit; this indicated the essential difference between a surgical and a medical specialty.

The referral patterns were also different for the two clinics, although in both cases the overwhelming majority of patients had been referred by their General Practitioner (73% at the Middlesex and 64% at the West Middlesex). This illustrates the importance of a good relationship between primary care and secondary care clinicians, particularly as 44% of the staff at the West Middlesex and 54% of the staff at the Middlesex

Naturally, the length of time patients waited from arriving in the clinic until seeing the doctor would be affected by the tendency :: demonstrated above to arrive early. Nevertheless, it would seem that patients in both clinics had to wait for a considerable length of time before being seen, with 48% of patients waiting 40 minutes or more at the Middlesex, and 46% having a similar wait at the West Middlesex.

Given these long waits it is surprising that at both hospitals 66% of patients felt that the wait was satisfactory or acceptable, and only 2% of patients at the Middlesex and 8% at the West Middlesex felt the wait was not acceptable.

The very poor physical condition of the clinic at the Middlesex Hospital prompted theresearchers to expect a very high level of dissatisfaction with the waiting accommodation at the hospital, but once again the British public's considerable tolerence was evident as 77% of the patients felt that waiting accommodation was at least acceptable. The higher figure (87%) at the West Middlesex reflects the higher standards of waiting accommodation in that hospital's out-patient department generally.

Figure 8 shows the length of time patients spent with the doctor at each clinic. As would be expected, the medical clinic had slightly longer consultations on average than the gynaecological clinic. In the former, the largest group of patients spent 10-15 minutes with the doctor, whilst in the latter, the largest group spent 5 - 10 minutes with the doctor.

Approximately half the patients from each clinic had an investigation arranged for them following their consultation with 58% of patients having a test at the West Middlesex and 50% having a test at the Middlesex. The type of investigations reflected tha nature of the clinics, with

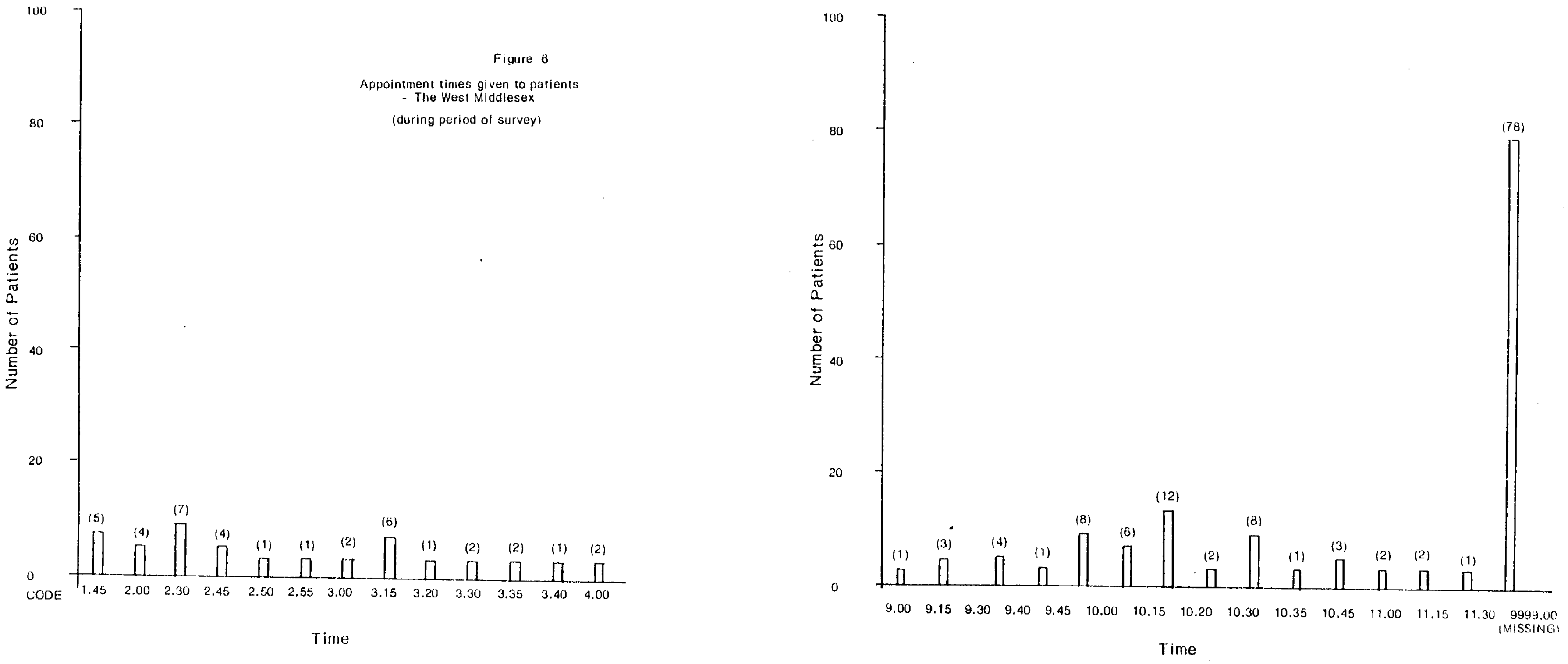


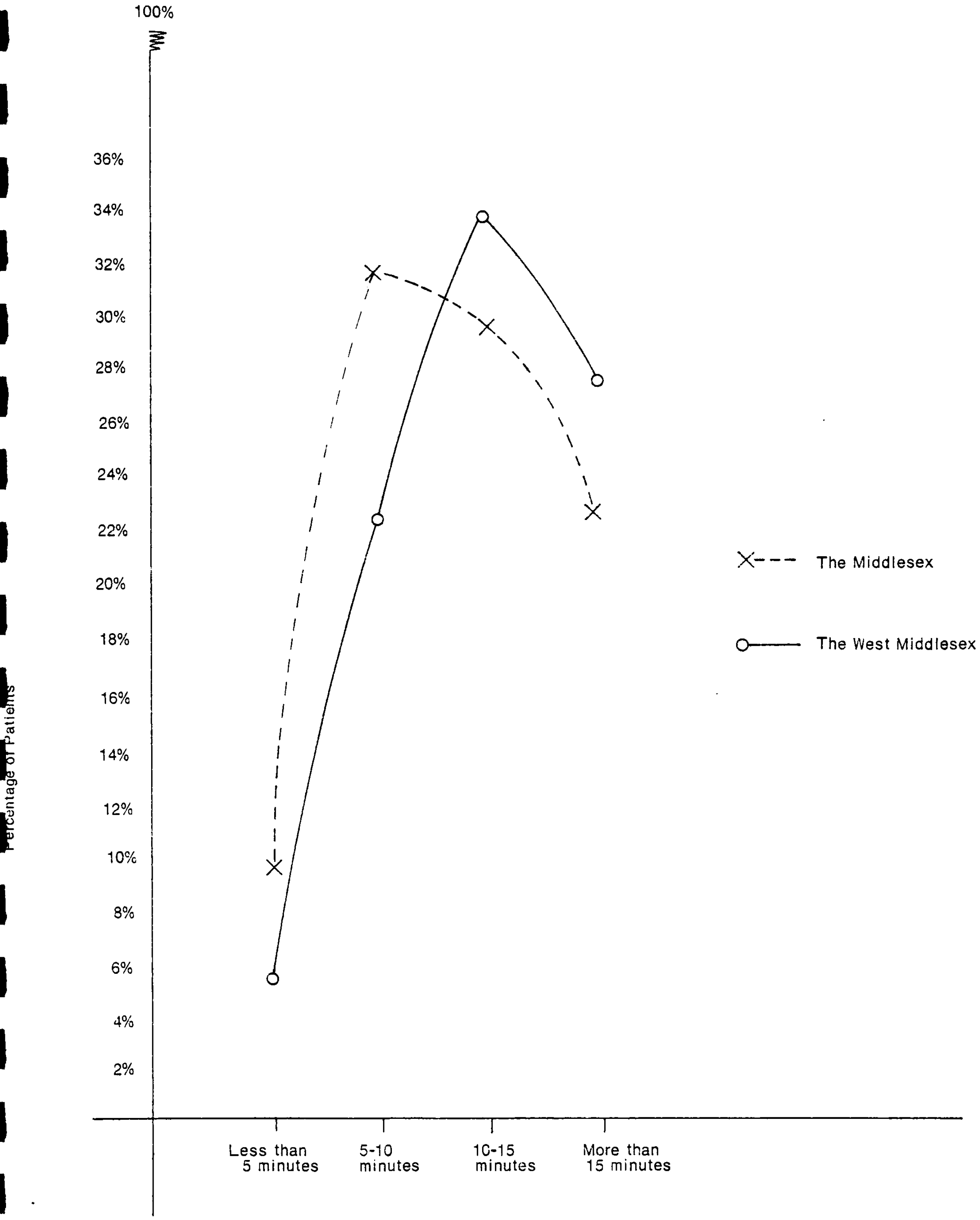
Figure 6

Appointment times given to patients
- The West Middlesex

(during period of survey)

Figure 8

Length of time patients spent with the doctor



nearly half of all patients who had an investigation at the West Middlesex (44%) having a blood test, and 22% having a 'special x-ray'. The types of investigations were more equally spread out at the Middlesex clinic, with 18% of patients having investigations other than those specifically listed. 14% of patients having investigations at the Middlesex had blood tests and 14% had exploratory operations. It should be noted that cervical cytology, which is carried out in about 40% of all consultations at the Middlesex clinic, was not regarded as a separate investigation for the purpose of this survey.

Approximately half of the investigations arranged at both hospitals took place on the same visit to the hospital as the out-patient appointment, and the other half were arranged to take place on a subsequent visit.

Figure 9 shows how the two clinics differed in their treatment of patients at the end of the consultation, with a majority of patients at the West Middlesex (66%) being asked to come again, whilst just over a third of patients (38%) at the Middlesex were given a further appointment. This difference again highlights the differing needs of medical and surgical patients, as does the fact that nearly one third (31%) of patients at the gynaecology clinic were asked to come into hospital for some form of treatment, whilst only 7% of patients from the general medical clinic were asked to come into hospital.

In both clinics the overwhelming majority (over 75%) found that all categories of staff; doctors, nurses, and clerical staff had been helpful, and similar satisfaction was expressed about the degree of privacy, comfort and warmth offered to patients. (It should however be noted that the survey was conducted during a particularly warm period of a notably good summer; any adverse comments about the temperature in the clinic related to too much heat, although in the winter patient and staff regularly complain about the coldness of the clinic at the Middlesex.

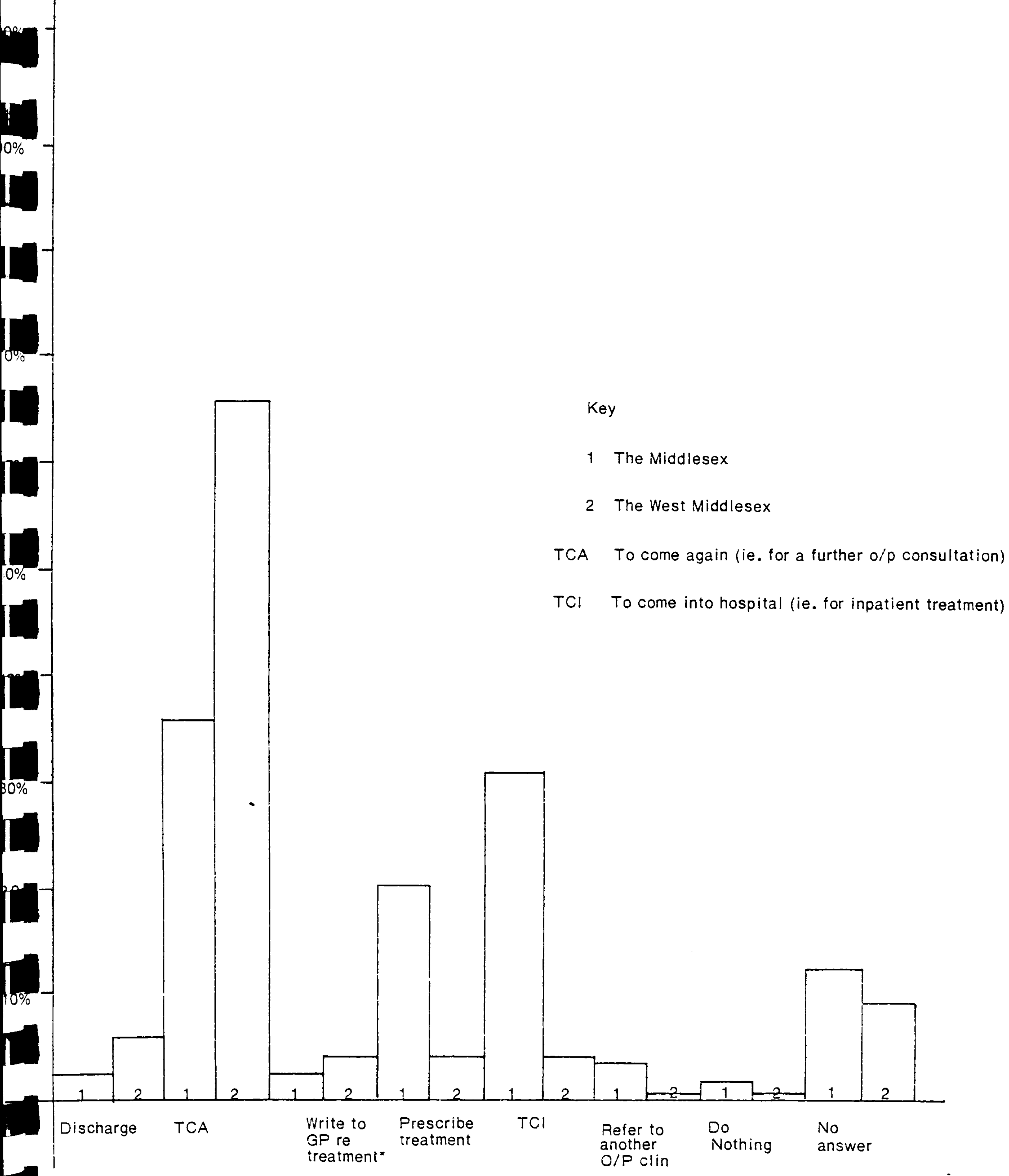


Figure 9

Action taken at the end of the consultation

*see commentary on page 26

A list of patients'comments is included in Appendix 4. The majority of comments from patients attending the Middlesex clinic related to the poor standard of accommodation, with almost a quarter of patients who made a comment complaining that the accommodation was cramped. The comments made by patients at the West Middlesex ranged more widely, with 15% of patients noting that the waiting times in all departments were too long and a number commenting that they could not hear their names being called. On the whole, only about one-fifth of patients actually made any comments about the service, although they were specifically invited to do so on the questionnaire.

(c) Discussions with Senior Members of Staff

During the course of the research, records were kept of problems which arose. These records re-inforce the message of the staff and patient surveys which is that basically the systems function adequately, but are not sufficiently robust to be unaffected by external pressures or staff mistakes. Particular problems related to adapting the number of appointments offered by the clerical staff to reflect the numbers of doctors who expected to be present at a clinic, and even minor difficulties such as the mistaken use of a new insert into the medical records folder for every visit a patient made, rather than for each new episode, wasted time and caused frustration and stress as staff in the clinic attempted to find their way about an unnecessarily bulky folder. An analysis of the type of problems recorded during the survey is presented at Appendix 5.

6. Observations on the Survey Results

In terms of meeting expectations, the results of the survey were in some cases quite surprising and in others entirely predictable. For example, the distribution of patient appointment times at the Middlesex Hospital was not expected, neither was the high number of patients who appeared

not to know their appointment times at the West Middlesex. However, the high degree of satisfaction with the treatment standards at both hospitals was in line with previous surveys, although it might be said that NHS patients are often too tolerant for their own good; if they complained more about such things as the very poor accommodation offered in some hospitals, more might be done to try to improve conditions, even on a temporary basis.

On the whole, the results of the surveys were relatively reassuring, in that no major problem was identified in either clinic. However, the area around which most of the difficulties which were recognised was centred - for patients at least- was their arrival/appointment time and their subsequent wait to see a doctor. In particular the following points merit further discussion:

-The high numbers (over 40%) of patients who were accompanied to the clinic. Naturally this could have a significant impact on the overcrowding in the waiting areas, particularly if the clinic is for some reason running late, and large numbers of patients are waiting. Indeed one patient at the West Middlesex suggested that waiting areas should be restricted for the use of patients only, an impractical suggestion which nontheless demonstrates the difficulties caused by additional people in the clinic. On the whole patients were accompanied by other adults who were there to provide 'moral support'. There were however a number of children accompanying their mothers at the gynaecology clinic and consideration should perhaps be given to making special arrangements for them, both to reduce the strain on their mothers and on other patients waiting in the clinic.

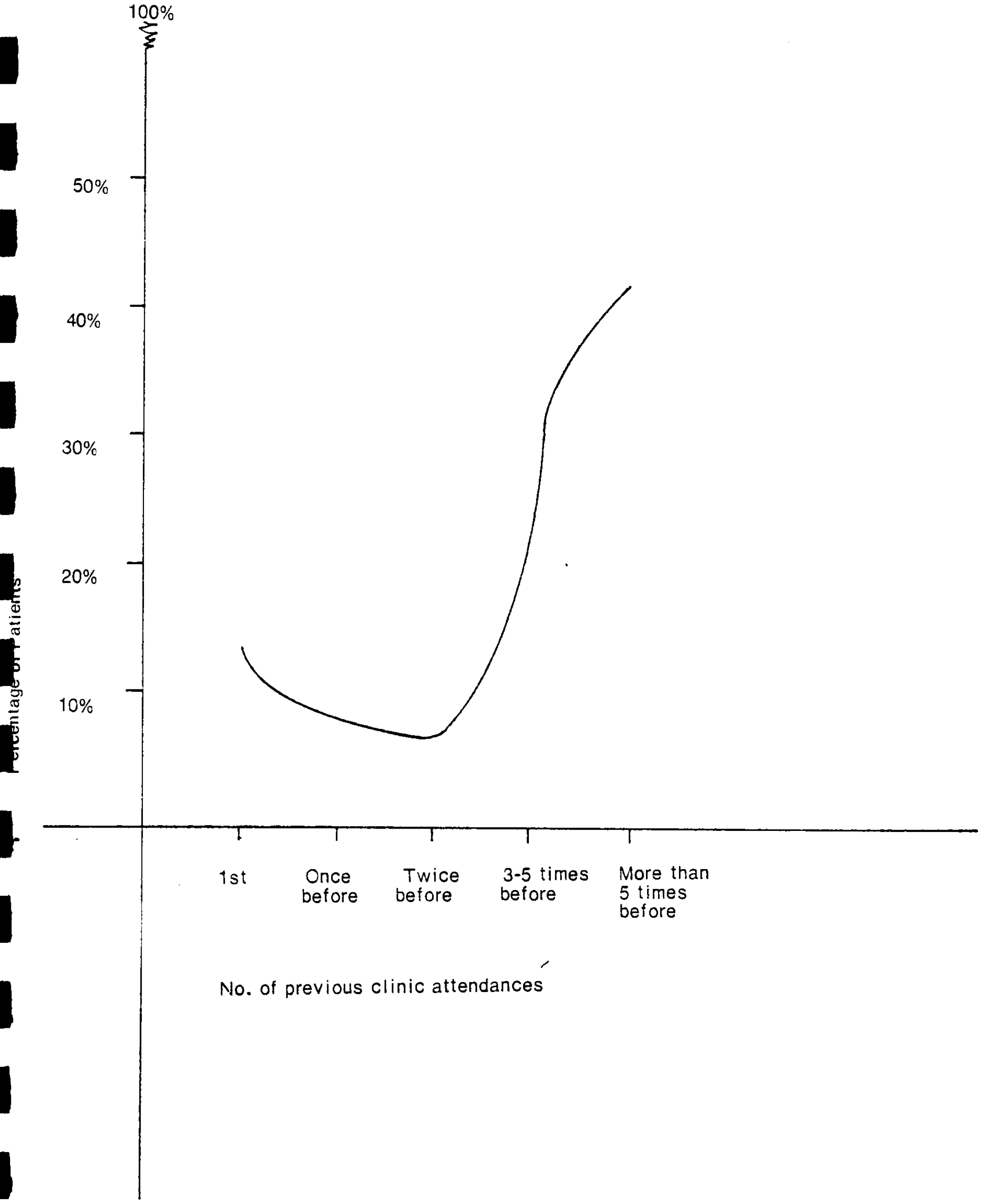
-Over 50% of patients at the Middlesex stated that their appointment was at one of the following times - 09.00, 10.00, 10.30 or 11.00. This could be due to a number of factors - patients being misinformed about their appointment time, patients misunderstanding the information given to them, or simply that these times are in fact being given to patients with greater frequency.

-At the West Middlesex 46% of patients did not give their appointment time. This could be due to the fact that they did not know their appointment time, but felt if they turned up in the clinic sometime during the session they would be seen. Not knowing the appointment time could be due to poor communication between the appointments staff and the patient (although the appointments card which is either given or sent to patients quite clearly shows the time as well as the date of their appointment). It could also be due to the fact that a proportion of patients attend the clinic many times, and therefore never check their appointment times, as they know they will be seen in order of arrival, not appointment. This assumption is supported by a secondary analysis of the data collected from the patient survey (see Figure 10) which shows that patients coming for follow-up visits are more likely to disregard appointments times than new patients.

-A large proportion of patients at both clinics arrive early for their appointment. This could cause a number of problems within the clinic - e.g. waiting space could be restricted unnecessarily and patients could become impatient about their 'long' wait, even though a proportion of it was caused by their decision to arrive early. It is also important to establish why patients are arriving so early - is it because

Figure 10

Patients giving no appointment time - The West Middlesex



they feel they will be seen more quickly? Are they seen more quickly?

-Nearly half the patients in both clinics had to wait for 40 minutes or more before being seen by the doctor. This could be due to a number of factors: the appointments system not accurately reflecting the clinic's activities (i.e. patients being allocated too short a consultation time), too many patients being booked at the same time, patients arriving too early for their appointment, patients arriving without an appointment and having to be fitted in, doctors arriving late for clinic, or leaving early, or having to cope with interruptions during the clinic session.

-The very small numbers of patients who said that their consultation ended with the doctor telling them that he/she would write to their GP (see Figure 9) does not accurately reflect the actual practice at both clinics where letters are almost always written to GPs following a consultation; however it is likely that, as this is such a routine practice, patients were probably not always told that it would happen.

-The lack of test and x-ray results is clearly a very disruptive element in both clinics as the patient's condition cannot be fully appreciated and appropriate treatment initiated or continued. The problems of getting test results back to the doctor for his next consultation with the patient causes difficulties both on the in-patient and out-patient sides of a hospital. In particular, the out-patient difficulties could stem from one of the following problems: the test request and sample not having reached the pathology laboratory; the necessary testing having been done, but not reported; the report having been prepared, but not communicated back to the out-patient

department for filing in the patient's medical records; the filing not having been done; the results having been sent to the wrong clinic. Any one of these problems could cause the lack of the necessary test results at the time of consultation, but if the problem is only discovered as the patient is seated in front of the doctor who is searching in vain for the test results, then the problem is exacerbated and causes extra stress for the patient and doctor alike.

-The absence of patients' medical records caused particular concern at the West Middlesex Hospital (although staff at the Middlesex considered the absence of records to be very disruptive, they did not feel that it was a problem which happened very frequently). Enquiries have been put in hand to ascertain whether the incidence of missing records is particularly high in this clinic.

-In both clinics a proportion of the staff found the very frequent interruptions by bleep or telephone to be very disruptive and ways in which such disruption could be minimised have been considered in the section on recommendations (see Section 10).

-Both clinics appeared to suffer from the fact that their appointments systems did not fully reflect their teaching commitments. This problem could be due to: unplanned teaching opportunities being taken whenever possible; the effect of using a consultation for teaching purposes being underestimated in terms of additional time required; or too many teaching consultations being slotted into one clinic.

-Finally, the Middlesex clinic had a particular problem in that it is scheduled to take place on a Monday, thus losing up to 7 clinic sessions per year as a result of Bank Holidays.

7. Hypotheses for Further Testing

The following hypotheses have been developed from the results of the patient and staff surveys:

(i) In relation to the patients' survey

A. More than one-third of patients are accompanied to both the clinics.

B. A large proportion of patients arrive early for their out-patient appointments.

C. Almost half the patients at both clinics have to wait for 40 minutes or more before being seen.

D. At the West Middlesex almost half the patients do not know their appointment time.

E. At the Middlesex more than one-half of appointments given are for 09.00, 10.00, 10.30 or 11.00.

(ii) In relation to the staff survey

F. Significant numbers of test and x-ray results are not available in clinic when required.

G. Consultations are regularly interrupted by the telephone or bleep.

H. At the West Middlesex significant numbers of medical records are missing when required in clinic.

8. Results of the Hypotheses Testing

A. More than one-third of patients are accompanied to both clinics.

Both clinics were monitored during November and December 1983, when it was found that the high level of patients being accompanied to clinic during the period of the patient survey was not repeated. During the monitoring period, an average of 25% of patients were accompanied.

B. A large proportion of patients arrive early for their out-patient appointments.

This hypothesis was confirmed at the West Middlesex Hospital where approximately 80% of patients arrived early in the hope that they would be seen more quickly. However, detailed analysis of one clinic at the Middlesex Hospital does not support the hypothesis (see Figure 11.) This could be due to a number of factors, primarily the fact that the clinic at which the monitoring exercise took place was atypical in that it was a small clinic (bookings were deliberately kept low because neither the Consultant nor the Senior Registrar were available) with a very high percentage of booked patients not attending; thus out of a total of 29 expected patients, 12 did not attend.

The gynaecology clinic operates a two week rolling programme with week 1 of the fortnight being devoted primarily to new patients, and week 2 mainly attended by follow-up patients. The clinic under review was a new patients' clinic which might explain the high percentage of patients (75%) who arrived in the clinic late for their appointment (i.e. the very opposite of the hypothesis!) At the Middlesex, new patients have to present themselves in the Registry Department so that their administrative details, etc can be completed. They are then sent (with their medical record) up to the clinic for which they have an appointment. Thus waiting in the Registry Department could have contributed to patients' late arrival in clinic.

In both clinics, the patients are seen in order of arrival, rather than by appointment time, thus supporting and encouraging patients who choose to arrive early.

Figure 11

Patient arrival times - 5th December 1983, The Middlesex Hospital

Patient No.	Time of Appointment	Time of Arrival in Clinic
1	09.00	09.05
2	09.00	09.10
3	09.00	09.10
4	09.00	09.10
5	09.15	09.15
6	09.15	09.20
7	09.15	09.30
8	09.15	09.35
9	09.15	09.50
10	10.00	09.55
11	10.00	10.20
12	10.30	10.35
13	10.30	10.40
14	10.30	10.45
15	11.00	10.45
16	11.15	11.10

C. Almost half the patients at both clinics have to wait for 40 minutes or more before being seen.

This hypothesis was confirmed at the West Middlesex but was not supported at the Middlesex Hospital (but see the comments above about the atypical nature of the clinic under review). It is considered that the problem arises for a number of reasons:

(i) The appointments system is deliberately designed so that most patients are booked into the early part of the clinic session. This ensures that, even if several patients do not attend, the doctors are not left waiting for patients to see (see Figure 11). However, it also means that there is almost a guaranteed wait for some of the patients. Thus the system is efficient in terms of trained medical staff time, but will, almost inevitably, cause long waits for patients.

(ii) The time slots allocated per doctor are inadequate. At the Middlesex Hospital 15 minutes are allocated on average to each new patient attending the gynaecology clinic, and approximately 10 minutes per old patient, and new patients attending the general medical clinic at the West Middlesex are allocated 20 minutes, with old patients allocated 15 minutes.

(iii) Some of this waiting time is due to the fact that patients deliberately arrive early because they feel that they will be seen in order of arrival (see B. above).

(iv) The original figures on which the hypothesis was fomulated were taken from a patient attitude survey - even if subsequently measurement has shown that patients do not have to wait for the length of time they thought they had to,

their initial comments could indicate that the poor physical conditions in which they wait at the Middlesex could make their waiting time seem much longer than it actually is.

D. At the Middlesex more than one-half of appointments given are for 09.00, 10.00, 10.30 or 11.00.

This hypothesis is substantiated by the data collected, and relates to the clinic booking principles outlined in C.i and demonstrated in Figure 12.

E. At the West Middlesex, nearly half the patients did not know their appointment time.

Patients at the West Middlesex were questioned about the time of their appointment during the monitoring of the clinic. Most patients knew their appointment time, but their arrival at clinic bore no resemblence to this time as they felt that the earlier they arrived, the more quickly they would be seen. Thus the basic hypothesis was not substantiated, but the premise on which it was based - i.e. the allocation of appointment times is seen by patients as a mere administrative exercise, rather than a meaningful time at which to arrive in clinic - is reinforced.

F. Significant numbers of test and x-ray reports are not available in clinic when the patient returns for his/her next consultation.

Clinicians in both clinics were asked to record the numbers of missing tests and x-ray reports during all clinics held in April 1984. The results are shown in Figure 13 and indicate that there does appear to be a problem, particularly at the Middlesex Hospital, concerning missing investigations and x-ray reports. In both clinics, staff were successful in locating some of the missing reports, but the searches for such

Figure 12

Booking times - The Middlesex Hospital

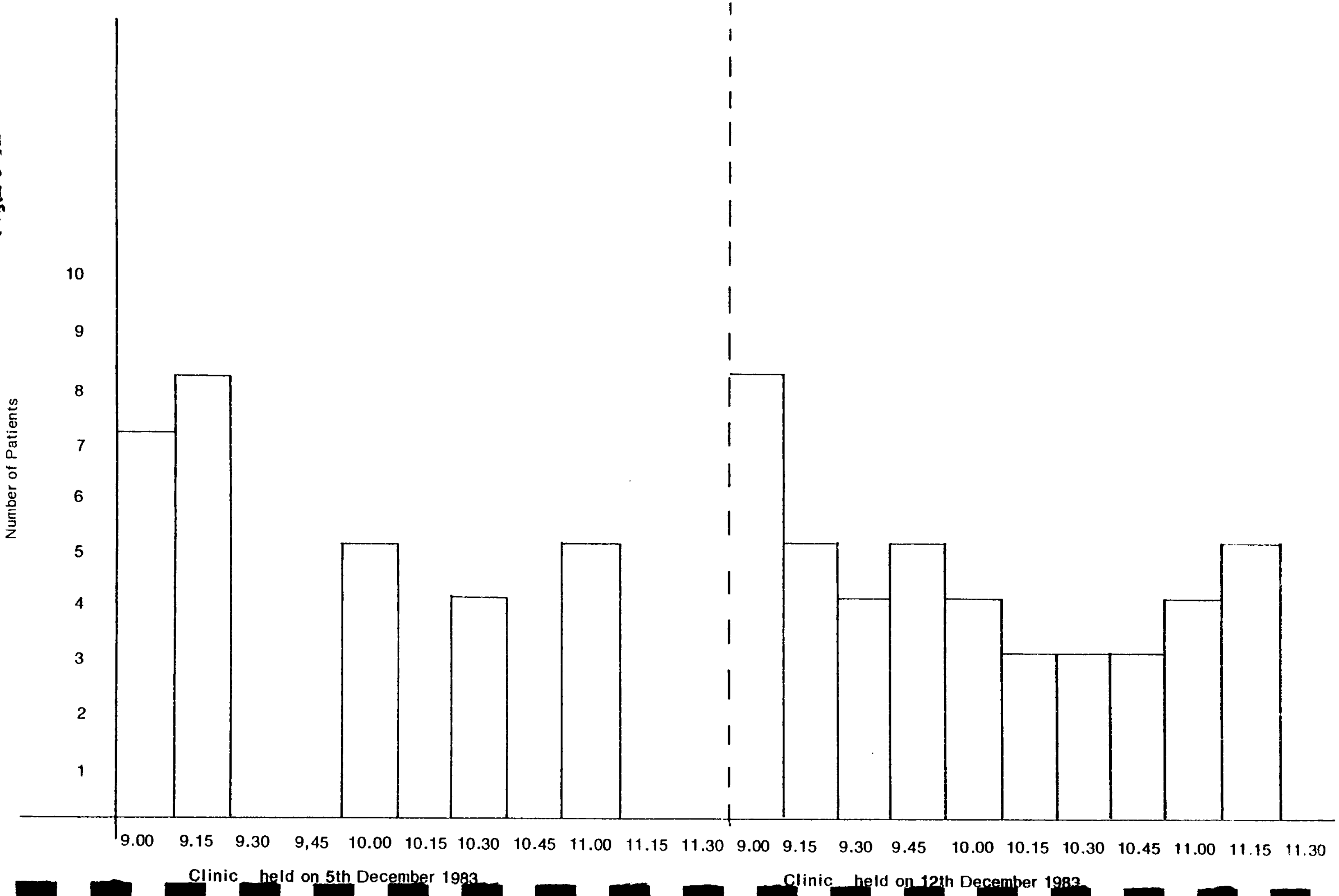


Figure 13

Record of missing results - April 1984

	Middlesex	West Middlesex
Total number of clinics held	4	6
Missing results		
x-ray	12	6 + (1)
Histology/Serology	4 + (3)	3 + (2)
Haematology	-	6 + (1)
Biochemistry	-	5 + (2)
Letters/Notes	8 + (4)	2
Total number of patients seen (approx)	150	260
Ratio of missing test results : No. of patients seen	1:5	1:9

Note: Figures in brackets denote results which were missing at the beginning of the clinic, but were subsequently located by clinic staff

documentation can be time consuming and frustrating and cause disruption to the organisation of the clinic as patients have to wait until their results are available before their consultation can proceed.

G. Consultations are regularly interrupted by telephone, bleep or personal caller.

Records were kept in both clinics during April 1984 of the number of times consultations were interrupted (see Figure 14). Most of the interruptions related to the organisation of the clinic or to the management of individual patients, and are considered to be an integral part of out-patient activity. It could therefore be argued that time should be allowed in the development of a clinic appointments system for such interruptions; however, it would be extremely difficult to determine a rational time for these activities which would acurately reflect the real time spent on them which varies widely from session to session.

H. At the West Middlesex, significant numbers of medical records are missing or not available when required in clinic.

On the clinics under review, approximately 16% of records were missing at the start of the clinic, although all of these were found during the course of the clinic. Records kept at the West Middlesex indicate that, on average, the missing records level has improved over the past year.

9. Areas within the study which warrant Further Investigation

This project has demonstrated a number of interesting points about the organisation of two very different out-patient clinics. One of the most interesting factors has been the number of problems common to both clinics. This would suggest that whatever the specialty, the organisation of out-patient clinics is approached in a similar manner, creating similar

Figure 14

Analysis of interruptions to clinical activities - April 1984

	Middlesex	West Middlesex
No. of clinics	4	6
Telephone calls	36	19
Bleep	5	8
Leave clinic	not known	7*
Interruptions by other staff	not known	22+

* This related either to on-call activities or urgent administrative work.

\+ All these interruptions were related to the work of the clinic (i.e. medical and nursing staff seeking second opinion).

difficulties. Certain matters which cause problems have arisen in both clinics and should perhaps be highlighted as areas which would benefit from more detailed study. These areas may be summarised in a series of questions:

(i) Why do patients bring a friend or relative with them to clinic? Could the service offered to these 'supporters' be improved?

(ii) What impact, both in terms of patient/doctor relationships, and clinic management does the use of out-patient consultations forteaching have on an out-patient clinic?

(iii) How many patients being referred to an out-patient clinic by a G.P really need specialist advice or treatment? If G.P.s had better access to diagnostic facilities, could they manage more of their patients' treatments themselves?

(iv) How many patients who are asked to come back again to clinic, find their subsequent visit useful?

(v) Is it possible to devise a workable appointments system which meets the needs of doctors and patients?

(vi) Why are patients on the whole so tolerant of the inadequacies identified in the organisation and provision of out-patient services?

(vii) What is the effect on traditional clinical activities such as out-patient clinics of the constantly developing diagnostic and treatment skills that are now expected of medical staff?

(viii) Similarly, what is the effect on clinical activities such as out-patient clinics of the impetus to involve, partic-

ularly senior medical staff, in the management of their units and the health service in general?

10. Conclusions and Recommendations

This study has shown that, although there are many difficulties to overcome in successfully organising out-patient clinics, patients on the whole are satisfied with the standards of service provided, although staff are inevitably aware of the deficiencies and are very keen to suggest and implement ways of improving the service they offer. There are many areas which could be improved, and the list of recommendations below covers some of these areas.

The major difficulty in providing an effective and efficient out-patient service is the sheer volume of patients passing through the clinic. As has already been demonstrated (see Figures 1 and 2), both of the clinics studied are very busy and standards of communication and courtesy inevitably suffer when staff are under pressure. As medical technology improves and the demand for specialist intervention grows, together with a rise in the levels of patient expectation, usually without commensurate growth in resources, it is inevitable that the pressures faced in out-patient clinics will grow and the problems highlighted in this study will increase, thus creating even greater difficulties for patients and staff alike. It is therefore important that every way of improving out-patient services be explored and managers remain receptive to new suggestions and innovative ways of tackling old problems.

It is in a bid to be innovative that some of the recommendations have been made below. Naturally any major new ideas will need careful testing before implementation, but it is suggested that, only by experimentation and a willingness to try new ideas can the old problems of out-patient clinic management - which are older than the NHS itself - be resolved.

Recommendations

1. The appointments system

Communications should be improved between the appointments desk staff and medical staff to:

- Provide medical staff with a "forward look" at future clinics to show how many appointments are already booked. This will help medical staff to even out the distribution of appointments when arranging for patients to come to clinic again. (This practice is already in operation at the West Middlesex Hospital).
- Alert appointments staff as quickly as possible to any planned changes in staffing levels in clinic (e.g. staff annual leave) so that appropriate amendments can be made to availability of appointments.
- Ensure bookings systems are kept under review and changed if there are problems in the clinic.
- Assist clerical staff in allocating appointments to new patients to ensure - as far as possible - that patients receive an appointment as quickly as their condition demands.

The appointment system at both hospitals should be reviewed to redistribute the times allocated so that the numbers of patients asked to attend the early part of the session will drop.

Appointment times should form the basis of the criteria on which patients waiting to see the doctor are queued; not arrival time. Arrangements could be made for a certain amount of time to be reserved every half hour or so for latecomers to be slotted in, but the system must be strictly operated, with plenty of advance warning to old patients, and

clear instructions to new patients. It is important that all staff working in the clinic are committed to the idea; it will then be accepted by patients who will come to realise that there really is no point in arriving early for their appointment. This should ease the congestion and length of waiting in the clinics. If the computer module designed to assist out-patient management were available (see recommendation 6 below), this could be used to manage the queues and identify which patient should be seen next. However, whatever adjustments are made, there is a significant group of patients comprising those who are particularly ill, those with small children and those requiring ambulance transport, who need to be seen as quickly as possible, regardless of their appointment time. No appointment system can effectively accommodate these patients, or those who require significantly longer consultations than the time allocated.

2. Numbers of follow-up patients:

High numbers of patients attending general medical clinics on more than five occasions should be monitored very carefully to ensure that all patients do really need to return to clinic. The following practices might help this monitoring process:

-At a patient's fifth attendance (and at every fifth subsequent attendance), his/her medical records should be reviewed by the senior doctor in the clinic (usually the consultant) to check that the patient really does need to keep returning to the clinic. Again, the existence of computerised records would relieve much of the clerical effort of such a monitoring exercise.

-Attempts should be made to ensure that, for every new patient seen in the clinic, one or possibly two follow-up patients are discharged.

3. Checking on availability of test results, etc.

A 'flash' should be designed to be attached to the front of each set of medical records for which a test result is awaited. The 'flash' which should be attached to the records at the time when the request for a test or x-ray is initiated, would remind the clerk or nurse to check that the test results are available in the records before the patient sees the doctor.

4. Reducing the numbers of interruptions to consultations

In order to reduce the numbers of interruptions during consultations by telephone or bleep, clerks or medical secretaries should operate a 'holding' service so that all calls coming into the doctor could be routed via them and callers could be told that the doctor was in consultation with a patient, and would deal with the call as soon as possible.

5. Referral information

Consideration should be given to establishing a G.P. information service in each out-patient department. The service, which would have its own telephone number available only to G.P.s could provide advice on waiting lists, follow-up rates, inpatient waiting lists, etc., and could also give current information on such matters as staff shortages, short term clinic closures (for maintenance, etc.) which might effect waiting lists.

6. Using a computer to assist in the organisation of the clinics

Current discussions concerning the development of a computerised out-patient module should be encouraged as this will aid the resolution of many of the problems identified in this study, as communication links between different groups of staff, and between staff and patients will be strengthened and many routine activities (e.g. booking tests, ambulance

transport, follow-up appointments) will be able to be carried out quickly and effectively in the clinic itself.

7. Improving physical conditions at The Middlesex Hospital

Further attempts should be made to persuade Bloomsbury Health Authority to improve conditions in the Middlesex Hospital Out-patient Department.

8. Sorting notes before the clinic

The senior clinician responsible for the clinic (usually the consultant) should sort the notes of all patients who are to be seen before the clinic takes place to ensure that the most difficult cases are reviewed by appropriately senior staff.

9. Maintaining continuity

Where possible (having regard to recommendation 8) every effort should be made to ensure that patients always see the same doctor when they make a visit to an out-patient clinic. This ensures that valuable time is not wasted by doctors having to review a patient's medical history in detail at every consultation, and also enables the doctor to develop a relationship with the patients he/she sees; a development which is much appreciated by patient and doctor alike.

10. Teaching medical students in out-patient clinics

Discussions should take place at an appropriate senior level between the medical schools and consultants to enable the teaching of medical students during out-patient consultations to be organised in a way that will more closely meet the needs not only of the students, but also of the staff involved in the clinics and the patients.

11. Recruitment and training of clerical staff

The clerical staff who work in an out-patient clinic are fundamentally important to the organisation of the clinic: without good quality, well trained staff it is impossible to achieve maximum efficiency within the clinic. It is therefore essential to ensure that administrative staff of all levels who are involved in the organisation of out-patients (particularly reception staff) are integrated into the out-patient team and are fully conversant with all aspects of the clinic organisation. Newly recruited staff should be fully trained in their job <u>before</u> they are expected to carry out their work unsupervised and more senior members of the out-patient team should ensure that clerical staff are involved in all team discussions and activities related to the organisation of the clinic.

The recommendations outlined above are practical suggestions about the ways in which the Research Team feel that out-patient services could be improved within the context of their present organisation.

However, the team feels that a more radical approach might be required in order to cope with the more fundamental problems of out-patient organisation - those of escalating patient demand, and ever improving medical technology. The following suggestions would require a complete review of the way in which out-patients are cared for in the NHS:

11. Integrating out-patients with in-patients

As so many of the gynaecology patients who attend the out-patient clinic are subsequently admitted to hospital for in-patient treatment, consideration should be given to changing the traditional out-patient attendance for these (and indeed most general surgical out-patients). The changes envisaged would centre on the use made of the ward accommodation for

seeing out-patients, rather than setting up special out-patient clinics. As the ward would not be suitable for accommodating the large numbers of patients who attend the weekly out-patient clinics, it is suggested that the patients should be sub-divided into five groups and then arrangements made for each of the groups to attend the ward at a certain time on a particular day of the week. Thus instead of having one long clinic session, doctors would be seeing patients every day, and combining out-patient consultations with their in-patient activities. The nursing and clerical staffing levels of the wards could be enhanced (by staff freed from the out-patient department) so as to deal with the additional patients on the ward, and patients themselves would develop a sense of continuity.

13. Integrating out-patients with day-patients

A fundamental review of the provision of out-patient services for the future should be undertaken to examine the possibility of providing a more integrated approach for all services provided for patients who are not actually admitted to hospital for inpatient treatment. Thus, instead of a separate out-patient department, a more modular approach might be adopted, with facilities for initial examination, diagnosis and treatment of the patient being provided in one suite. For example, in addition to consulting facilities, a general medical non-in-patient suite could have a treatment area and diagnostic facilities providing some of the more sophisticated forms of diagnosis which are now available (e.g. gastro-intestinal endoscopy), whilst a gynaecological suite could have a treatment area for such diagnosis/treatment as cone biopsies. It is recogniseed that such suites are developing on an as hoc basis in many hospitals and it is therefore suggested that, in order to maximise the efficiency of the existing suites, and to develop the idea of such integration further, a feasibility study should be set up to examine the whole future of non-inpatient services.

REFERENCES

(1) Royal Commission on the National Health Service Research Paper No. 5. (HMSO) (1979)

(2) GREGORY, J. Patients' attitudes to the Hospital Service (1978)

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(4) MARSH, G.N. Are follow-up consultations at medical out-patient departments futile? BMJ, 1176 (1982)

LIST OF APPENDICES

Appendix No.

APPENDIX 1

Out-patient audit: staff attitude survey

This survey is being carried out to identify the problems of organising the out-patient clinic which you, as a member of staff working within the clinic consider to be the most pressing. Your answers will be treated in the strictest confidence and any additional comments which you care to add, either about the survey, or any aspect of your work in the out-patient clinic would be most welcome.

Thank you for your co-operation.

S.J. Steele
J.S. Stewart
S.D. James
RESEARCH TEAM

QUESTIONNAIRE

Please tick the appropriate box:

1. PROFESSIONAL STATUS

Consultant

Senior Registrar

Registrar

SHO

Clinical Assistant

Medical Student

Sister

Staff Nurse

Student Nurse

Nursing Auxilliary

Clerk

Volunteer

Other (please specify)

2. HOW LONG HAVE YOU WORKED ON <u>THIS</u> OUT-PATIENT CLINIC?

Less than three months

Three to six months

Six to twelve months

More than one year

More than five years

3. APPROXIMATELY HOW MANY PATIENTS, ON AVERAGE, DO YOU DEAL WITH AT EACH CLINIC SESSION?

Less than five

Five to ten

Ten to fifteen

Fifteen to twenty

More than twenty

4. PLEASE INDICATE THE FREQUENCY WITH WHICH YOU ENCOUNTER THE FOLLOWING PROBLEMS IN CLINIC

	Very Frequent	Quite Frequent	Occasional	Not a Problem
A) Administrative				
Patients failing to attend				
Patients arriving too early for their appointment				
Patients arriving too late for their appointment				
Medical records not available				
Results of tests and x-rays not available				
Patients having to wait for long periods				
Overcrowded waiting area				
Lack of privacy when weighing patients				
Lack of privacy when checking patients' administrative details				

	Very Frequent	Quite Frequent	Occasional	Not a Problem
Patients coming to the wrong clinic				
Administrative details (e.g. patient's name and address or GP details) inaccurate or incomplete				
Clinic lay-out causes problems				
Transport patients have to be seen as quickly as possible				
Absence of key members of staff				
Teaching requirements of clinic not reflected in appointments system				
Other (please specify)				
B) Clinical				
Referral letter gives inadequate information				
Referral letter illegible				
Referral should have been marked 'urgent'				
Necessary investigations Not completed				
Appointment timed wrongly (e.g. too soon after an operation)				
Information in medical records inadequate				
Information in medical records illegible				
Patient asked to attend for unnecessary follow-up visit				
Consultations interrupted by telephone/bleep				
Consultations interrupted by other member of staff				
Other (please specify)				

5. PLEASE INDICATE THE DEGREE OF DISRUPTION CAUSED TO THE EFFICIENCY OF THE CLINIC BY THE FOLLOWING PROBLEMS:

	Very Disruptive	Disruptive	Minor Irritation	Not Disruptive
A) Administrative				
Patients failing to attend				
Patients arriving too early for their appointment				
Patients arriving too late for their appointment				
Medical Records not available				
Results of tests and x-rays not available				
Patients having to wait for long periods				
Overcrowded waiting area				
Lack of privacy when weighing patients				
Lack of privacy when checking patients' administrative details				
Patients coming to the wrong clinic				
Administrative details (e.g. patients' name address or GP details) inaccurate or incomplete				
Clinic lay-out causes problems				
Transport patients have to be seen as quickly as possible				
Absence of key members of Staff				
Teaching requirements of clinic not reflected in appointments system.				
Other (please specify)				

B) Clinical	Very Disruptive	Disruptive	Minor Irritation	Not Disruptive
Referral letter gives inadequate information				
Referral letter illegible				
Referral letter should have been marked 'urgent' and was not				
Referral letter unnecessarily marked 'urgent'				
Necessary investigations not completed				
Appointment timed wrongly (e.g. too soon after an operation)				
Information in medical records inadequate				
Information in medical records illegible				
Patient asked to attend for unnecessary follow-up visit				
Consultation interrupted by telephone/bleep				
Consultation interrupted by another member of staff				
Other (please specify)				

6. COMMENTS OR CRITICISMS

Any additional comments you would like to make about the organisation of this clinic would be most welcome:

When you have completed this questionnaire, please place it in the envelope provided and return it via the internal mail system.

Out-patient Audit - Patient Survey

QUESTIONNAIRE

Please tick the appropriate box.

		FOR OFFICE USE ONLY
1.	How many times have you been to this clinic before	
	This is my first visit	1
	Once before	2
	Twice before	3
	Three to five times before	4
	More than five times before	5
2.	Who referred you to this clinic?	
	Your family doctor	1
	A doctor in the Accident and Emergency Department of this hospital	2
	A doctor in another department of this hospital	3
	The Ward Doctor, following a recent admission	4
	A doctor in another hospital	5
	Other (please specify	6
	Don't know	7
3.	Did you come to clinic:	
	By yourself	1
	With your husband/wife	2
	With your child/children	3
	With your mother/father	4
	With another relative or friend	5
	Other (please specify)	6
4.	What time was your appointment	
5.	Did you arrive at the clinic:	
	More than ½ hour early	1

		FOR OFFICE USE ONLY
	Less than ½ hour early, but more than fifteen minutes early	2
	Less than fifteen minutes early	3
	At the time of your appointment	4
	Less than fifteen minutes late	5
	Less than half an hour late	6
	More than half an hour late	7
6.	When you arrived at the clinic, how long did you have to wait before seeing the doctor?	
	Less than 10 minutes	1
	10 - 20 minutes	2
	20 - 30 minutes	3
	40 - 60 minutes	4
	More than one hour	5
7.	Do you think that this wait was:	
	Satisfactory	1
	Acceptable	2
	Not satisfactory	3
	Unacceptable	4
8.	Do you feel that the waiting accommodation was:	
	Satisfactory	1
	Acceptable	2
	Not satisfactory	3
	Unacceptable	4
9.	Have you any specific comments you would like to make about the waiting arrangements made for patients?	

FOR OFFICE
USE ONLY

10. Approximately how long did you spend with the doctor (i.e. actually with him or her, not merely waiting in the consulting room)?

Less than five minutes	1
5 - 10 minutes	2
10- 15 minutes	3
More than 15 minutes	4
Don't know	5

11. Did the doctor arrange for you to have an investigation

Yes	1
No	2

(If you answered yes, please go on to questions 13 and 14
If you answered no, please go straight to question 15)

12. What type of investigation did the doctor arrange for you?

Blood test	1
Plain x-ray	2
Special x-ray (e.g. barium meal/enema)	3
Ultrasound scan	4
Endoscopy (e.g. gastroscopy, sigmoidoscopy)	5
Exploratory operation	6
Other (please specify)	7
Don't know	8

13. Was the investigation arranged to take place:

At the same visit as your out-patient appointment	1
At a further visit to the hospital	2

14. At the end of your appointment, did the doctor:

Discharge you	1
Ask you to come to clinic again	2
Say that he/she would write to your family doctor suggesting treatment	3
Prescribe treatment	4
Ask you to come in to hospital for in-patient treatment	5

FOR OFFICE
USE ONLY

Refer you to another clinic for out-patient treatment	6
Do nothing	7
Don't know	8

15. Did you find the staff in the clinic helpful?

Doctor	yes	1
	no	2
Nurse	yes	3
	no	4
Clerk	yes	5
	no	6

16. Were you satisfied with the following aspects of your visit to clinic?

Privacy	yes	1
	no	2
Comfort	Yes	3
	no	4
Warmth	yes	5
	no	6

17. If you have any further comments which you would like to make about your visit to this clinic, please use the back of this questionnaire.

Thank you very much for your help.

APPENDIX 3

Staff attitude survey - results

		Middlesex	West Middlesex
1.	PROFESSIONAL STATUS		
	Consultant	1	2
	Senior Registrar	1	1
	Registrar	1	2
	SHO	-	-
	Clinical Assistant	-	1
	Medical Student	-	-
	Sister	1	-
	Staff Nurse	2	3
	Student Nurse	-	-
	Nursing Auxilliary	-	1
	Clerk	1	3
	Volunteer	-	-
	Other (please specify)		(messenger)
2.	HOW LONG HAVE YOU WORKED ON THIS OUT-PATIENT CLINIC?		
	Less than three months	1	-
	Three to six months	1	2
	Six to twelve months	1	-
	More than one year	2	5
	More than five years	2	6
3.	APPROXIMATELY HOW MANY PATIENTS, ON AVERAGE, DO YOU DEAL WITH AT EACH CLINIC SESSION?		
	Less than five	-	-
	Five to ten	-	2
	Ten to fifteen	5	4
	Fifteen to twenty	-	-
	More than twenty	2	7

4. PLEASE INDICATE THE FREQUENCY WITH WHICH YOU ENCOUNTER THE FOLLOWING PROBLEMS IN CLINIC:

	Very Frequent			Quite Frequently			Occasional			Not a problem		
A) Administrative	Mx	%	WM	Mx	%	WM	Mx	%	WM	Mx	%	WM
Patients failing to attend	14		-	71		75	14		25	-		-
Patients arriving too early for their appointment	43		-	14		25	29		50	14		33
Patients arriving too late for their appointment	14		-	43		8	43		50	-		50
Medical Records not available	29		25	43		42	29		42	-		-
Results of tests and x-rays not available	71		33	14		33	14		25	-		-
Patients having to wait for long periods	71		42	29		42	-		17	-		-
Overcrowded waiting area	29		33	57		8	14		33	14		25
Lack of privacy when weighing patients	14		50	-		-	14		-	57		42
Lack of privacy when checking patients' administrative details	14		42	14		-	14		8	29		42
Patients coming to the wrong clinic	14		-	14		8	43		42	29		50
Administrative details (e.g. patient's name and address or GP details)inaccurate or incomplete)	-		8	-		25	71		50	29		25
Clinic lay-out causes problems	14		8	43		-	29		17	14		67
Transport patients have to be seen as quickly as possible	14		25	14		17	57		25	14		33
Absence of key members of staff	-		-	57		8	43		50	_		42
Teaching requirements of clinic not reflected in appointments system	57		17	14		8	29		-	-		50
Other (please specify)												

B) Clinical	Very Frequent		Quite Frequently		Occasional		Not a problem	
Referral letter gives inadequate information	-	8	86	42	-	17	14	-
Referral letter illegible	-	25	57	33	29	8	14	-
Referral should have been marked 'urgent' and was not	-	25	14	8	43	25	29	17
Referral unnecessarily marked 'urgent'	14	17	43	17	14	8	29	17
Necessary investigations not completed	-	-	29	8	57	50	14	8
Appointment timed wrongly (e.g. too soon after an operation)	14	-	29	-	57	58	-	16
Information in medical records inadequate	-	-	43	8	43	50	14	16
Information in medical records illegible	-	8	29	-	43	33	29	25
Patient asked to attend for unnecessary follow-up visit	-	-	43	8	43	58	14	-
Consultations interrupted by telephone/bleep	43	25	29	8	29	25	-	16
Consultations interrupted by another member of staff	-	-	43	8	43	16	14	25
Other (please specify)								

5. PLEASE INDICATE THE DEGREE OF DISRUPTION CAUSED TO THE EFFICIENCY OF THE CLINIC BY THE FOLLOWING PROBLEMS

A) Administrative	Very Disruptive			Distruptive			Minor Irritation			Not Disruptive		
	Mx	%	WM	Mx	%	WM	Mx	%	WM	Mx	%	WM
Patients failing to attend	-		-	14		-	71		75	14		25
Patients arriving too early for their appointment	43		-	43		-	14		50	-		42
Patients arriving too late for their appointment	29		-	57		8	14		66	-		8
Medical Records not available	71		42	29		42	-		8	-		-
Results of tests and x-rays not available	86		33	14		50	-		-	-		-
Patients having to wait for long periods	43		8	57		75	-		8	-		-
Overcrowded waiting area	14		8	14		16	57		42	-		25
Lack of privacy when weighinh patients	-		-	-		8	29		8	57		42
Lack of privacy when checking patients' administrative details	-		8	14		16	29		33	29		42
Patients coming to the wrong clinic	8		-	29		16	43		42	14		33
Administrative details (e.g. patient's name, address or GP details) inaccurate or incomplete	14		16	14		25	57		42	14		8
Clinic lay-out causes problems	14		8	29		-	29		25	29		50
Transport patients have to be seen as quickly as possible	29		-	43		8	-		50	29		33
Absence of key members of staff	14		8	71		8	14		25	-		50
Teaching requirements of clinic not reflected in appointments system	43		16	14		8	14		-	-		50
Other (please specify)												

B) Clinical

	Very Disruptive		Disruptive		Minor Irritation		Not Disruptive	
	Mx	WM	Mx	WM	Mx	WM	Mx	WM
Referral letter gives inadequate	-	25	57	8	43	33	-	-
Referral letter illegible	-	16	57	33	43	8	-	-
Referral letter should have been marked 'urgent and was not	-	-	43	8	43	25	-	16
Referral letter unnecessarily marked 'urgent'	-	-	71	16	29	25	-	16
Necessary investigations not completed	71	8	29	42	-	-	-	8
Appointment timed wrongly (e.g. too soon after an operation)	43	8	43	-	14	33	-	16
Information in medical records inadequate	57	8	29	50	14	8	-	8
Information in medical records illegible	29	-	71	25	-	16	-	16
Patient asked to attend for unnecessary follow-up visit	14	8	57	8	29	50	-	-
Consultation interrupted by telephone/bleep	57	16	43	25	-	25	-	8
Consultation interrupted by another member of staff	14	-	57	-	14	42	14	16
Other (please specify)								

Comments made by staff:

1. The Middlesex

Clinic overcrowding leads to patients having to wait - needs additional resources to resolve the problem.
Patients who turn up without an appointment should merely be given the next available appointment, and not seen immediately, unless it is urgent.
DNAs waste clinic receptionist's time during the preparation of the clinic.
Appointments system is not kept.
Inadequate space for teaching.

2. The West Middlesex

Staff handbook telling of diagnostic facilities and other clinics' hours would be most helpful.
Patients feel that the system of calling their name out when it is their turn is impersonal.
Lack of telephones in consulting room causes problems for Registrar when his firm is on take.
The provision of a phlebotomist for the Tuesday clinic would be helpful (Note this has since been provided)
Time lag between patients wastes time.
Information stored in the medical records is stored in a most haphazard way, causing it to be difficult to retrieve.
Consultant 'sorts' all GP letters, thus to some extent overcoming difficulties of GPs' assessment of urgency.
Waste of time to pull all old x-rays for each re-attender. Better to refer to re-attendance slip which indicates whether new x-rays are required or not.
The shortage of nursing staff causes the senior registrar to spend a great deal of time on the following non-clinical matters;

- Walking in and out of the room asking for patients to be called

- Waiting for patients to dress and undress

- Filling in forms

- Answering his bleep

Each doctor to have a nurse assigned to him/her for the whole clinic.
Calls to come through to telephone extension rather than bleep.
Cut down appointments to take into account teaching commitments.
Improve privacy for patients in consultation rooms by provision of decent curtains.
Patients sitting outside consultation rooms can hear all the goes on between doctor and previous patient.

APPENDIX 4

Results of Patient Attitude Survey

The Middlesex Hospital Gynaecology clinic survey was carried out during clinics held from 13th June 1983 until 18th July, 1983. 106 forms were completed during that time.

The West Middlesex Hospital General Medical Clinic survey was carried out during clinics held from 21st June 1983 until 21st July 1983. 170 forms were collected during that time.

	Middlesex %	West Middlesex %
1.. How many times visited clinic before?		
First visit	41.5	19.4
Once before	23.6	10.6
Twice before	9.4	11.8
3 - 5 times before	4.7	21.8
6 or more times	20.8	35.9
No answer	-	-
2. Referral source		
GP	72.6	64.1
A & E	0.9	2.9
Following in-patient treatment	7.5	17.6
Referred from another dept.	5.7	10.0
Referred from another hosp.	6.6	1.2
Other	4.7	1.2
Don't know	0.9	1.8
No answer	0.9	1.2
3. Did you come to clinic		
By yourself?	55.7	54.7
With spouse?	30.2	22.9
With child/ren	5.7	4.7
With parent?	-	4.7
With friend/other relative?	8.5	11.2
Other	-	1.2
No answer	-	0.6
4. Appointment times		
(see figures 5 and 6 in the main body of report)		
5. Arrival time at clinic		
More than half an hour early	15.1	22.4
Less than half and hour but more than fifteen minutes early	22.6	32.4
Less than fifteen minutes early	20.8	20.0
At time of appointment	20.8	16.5
Less than fifteen minutes late	7.5	4.1

More than fifteen minutes but less than half hour late	5.7	-
Half hour or more late	4.7	1.2
No answer	2.8	3.5

6. Wait before seeing doctor

Less than 10 minutes	9.4	2.4
10 - 10 minutes	12.3	15.3
21 - 40 minutes	20.8	27.1
41 - 60 minutes	24.5	22.4
More than one hour	23.6	23.5
No answer	10.4	9.4

7. Wait felt to be:

Satisfactory	31.1	30.0
Acceptable	34.9	32.4
Not satisfactory	21.7	18.8
Unacceptable	1.9	7.6
No answer	10.4	7.6

8. Waiting accommodation felt to be:

Satisfactory	28.3	54.7
Acceptable	49.1	32.4
Not satisfactory	14.2	5.9
Unacceptable	1.9	1.9
No answer	6.6	5.9

9. Length of time spent with doctor:

Less than 5 minutes	9.4	5.3
5 - 10 minutes	31.1	21.8
11 - 15 minutes	21.7	27.6
Don't know	-	2.9
No answer	8.5	10.0

10. Investigation arranged?

Yes	50.0	57.6
No	31.1	28.2
No answer	18.9	28.2

11. What type of investigation?

Blood test	14.2	44.1
x-ray	1.9	18.2
Special x-ray	2.8	21.8
Ultrasound scan	3.8	3.5
Endoscopy	0.9	11.8
Exploratory operation	14.2	1.8
Other	17.9	5.3
Don't know	-	5.3

12. Investigation took place:

On same visit as o/p appointment	26.4	28.8
At a further visit	26.4	27.6

13. At end of appointment, patient was:

Discharged	3.8	7.6
Asked to come again	37.3	65.9
Told Dr would write to GP	2.8	3.5
Prescribed treatment	19.8	4.1
Asked to come in for treatment	31.1	6.5
Referred to another O/P clinic	3.8	0.6
Nothing was done	1.9	0.6
Don't know	-	1.8
No answer	12.3	9.4

14. Were staff helpful?

Doctor	- yes	86.8	94.1
	- no	3.8	-
Nurse	- yes	87.7	86.5
	- no	-	2.9
Clerk	- yes	75.5	86.5
	- no	7.5	4.1

15. Was patient satisfied with:

Privacy?	- yes	79.9	77.6
	- no	8.5	7.6
Comfort?	- yes	65.1	80.6
	- no	15.1	7.1
Warmth ?	- yes	70.8	77.6
	- no	4.7	3.5

16. Patients' comments:

The Middlesex Hospital

Clinic too hot
Seating too hard
Appointment too early for long distance travelled
Arrangements for child care needed
Abrupt reception by clerk
Cannot find loo
Poor standard of cleanliness
Poor administration - long waits
Patients should be given a number on arrival so that they would know their place in the queue
Uninteresting decor in the waiting area
Accommodation cramped
Liked telling symptoms to 'unintimidating' medical student
Staff unfriendly
Didn't know how many patients were ahead in the queue
Clinic staff warm and sympathetic

The West Middlesex Hospital

If doctor is delayed, patients should be informed
Waiting area need better facilities for patients
Doctors should start on time
Very good treatment received
Time between seeing doctor for first time and second series of x-rays too long
Waiting time in all departments too long
Cannot understand non-English staff

Waiting area too congested
Questionnaire should be sent to patients' homes
Waiting area should be for patients only
Urgent appointments not seen quickly enough
Warm day - waiting room too hot
"Torture could not induce me to say one bad word about the West Middlesex"
Hard to hear name being called
Inadequate parking facilities
Too many administration staff
Doctor cold and intimidating
Long waiting time when telephoning clinic to change appointment
Interpreter needed for non-English speaking patients
Clinic very impersonal
Clerks non-co-operative

Appendix 5 (a)

Record of problems in the Middlesex Hospital Gynaecology Clinic during a period from December 1982 to December 1983

1. Problems Related to Medical Records

	PROBLEM	ANALYSIS OF CAUSE/SOLUTION
a)	Patients' medical records have a new insert for each visit. Wastes time and causes unnecessary bulk in the records folder.	Mistake by registry staff. The correct agreed procedure is for each patient to have a new insert for each new episode.
b)	'Old' patients notes have been microfilmed and can only be reconstituted if specifically requested.	Receptionists should check 'old' notes situation and see the doctor before the clinic to ask him/her if micro-filmed notes need to be re-constituted.
c)	The Middlesex Hospital 'shares' gynaecology patients with a small single specialty hospital in Soho (the Hospital for women, Soho), where most gynaecological in-patient treatment is carried out. The Hospital for Women is approximately 1 mile away from the Middlesex and medical records are very often in one place when required in the other.	Have a centralised medical records library with all notes stored in the same place when not actually in use; a common numbering system should be adopted to facilitate centralised storage.

2. Problems related to clinic organisation

a)	Doctors' referral letters not marked urgent, although they should be. Appointments staff therefore allocating a routine appointment anything up to three months ahead for patients who need to be seen as quickly as possible.	A senior doctor in the firm should look through all GP referral letters before appointments are allocated.
b)	Clinic booking is not taking into account doctors' planned absences or the prospect of an adjacent clinic being cancelled due to a Bank Holiday. Thus some clinics are heavily overbooked.	Appointments should be informed as soon as arrangements for leave, etc. are made. Advance booking lists showing numbers of patients already booked into sessions up to one year ahead should be made available to medical staff and clerical staff on the clinics, as a guide to allocating appointments.

c)	Patients come to the wrong clinic; either to another consultant's gynae clinic, or to this consultant's ante-natal clinic, or vice versa.	This could be due to: (i) Misunderstanding at the time when the appointment was made (ii) Lack of clear direction to the clinic for those arriving in out-patients.
d)	Clinics booked to full complement of doctors, one of whom has to attend an emergency during the clinic, thus other doctors have to absorb his/her workload and clinic runs late.	Only way to avoid this problem would be to change the booking rules of the clinic; this however, could lead to an under-utilisation of resources when there are no emergencies.
e)	Patients arrive much earlier than their appointment time to try and ensure that they do not have to wait too long. Thus a queue builds up and patients <u>do</u> have to wait, even if the appointments system is functioning properly.	Patients should be seen strictly in order of appointment only, and there should be clear notices to this effect throughout the clinic. (also see (f) below.)
f)	Patients arrive much later than their appointment time, and then complain that they have to wait.	Some method of recording patients' arrival time against their appointment time in their notes would provide a useful record.
3.	Problems relating to test or x-ray results	
a)	Patients asked to keep a temperature chart and either fail to do so, or forget to bring it with them.	Education of the patient!
b)	Patients' x-rays and test reports are not coming back to clinic for up to a week.	Identify source of problem - is the lab. delaying the test? Is the report being carried out immediately the test is complete? Is the test reported but the report is not delivered back to out-patients? Is it delivered to the wrong place? If it is possible to identify a particular bottleneck in the system, attempts should be made to free it.
c)	Receptionists are failing to check if patients have outstanding investigations and thus to chase those which do not appear in the medical record. Doctors then have to do this chasing during the consultation with the patient - inefficient and time consuming.	A marker should be devised to indicate that a test result is awaited. This could be attached to the outside of the medical record folder, and removed once the results are filed.

Appendix 5(b)

Record of problems in the West Middlesex Hospital General Medical Clinic from December 1982 to December 1983

1. Related to Medical Records

	PROBLEM	ANALYSIS OF CAUSE/SOLUTION
a)	Patients' documentation was often incomplete e.g. marital status, telephone no. GPs address omitted, all especially common in temporary notes being used while lost notes were being found.	More training on the new chronological notes system (but hospital Patient Services Officer has no deputy and a variable number of vacant posts frozen, three time of writing).
b)	Patients' medical records sometimes had a new insert for each visit especially when the folder was bulky and the last relevant note was hard to find. This made the notes even more bulky.	More training on the old notes system, still in use for "old" patients.
c)	The two Consultants running this clinic also saw patients in GP Community Units in the same district and transferred some of these patients to West Middlesex. Results of preliminary investigations carried out in those Units were sometimes missing.	Patient Services Department is aiming to have District based system in next two years.

2. Related to Clinic Organisation

	PROBLEM	ANALYSIS OF CAUSE/SOLUTION
a)	Some patients arrived much earlier than their appointment times to try to ensure that they did not have to wait too long. This tended to increase waiting times even when the appointments system was functioning properly.	Patients should normally be seen strictly in order of appointment and there should be clear notices to this effect in the waiting area.
b)	Some patients arrived later than their appointment times and then complained that they had to wait.	Some arrangement for writing late arrival times and corresponding appointment times in the notes would provide a useful record.