

West Hampshire Clinical Commissioning Group

Ophthalmology Patient Engagement August 2019

Quality services, better health

Thank you

WHCCG would like to thank
you for your participation in
the future Community
Ophthalmology service focus
group

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You said...

You asked us to consider the following points whilst developing the community service to ensure it is the right fit for it's service users

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QUALITY

- Clinic appointments could be more streamlined and efficient.
- Better information and follow up
- Some preliminary work could have been completed by an assistant or admin staff. I.e. questionnaires
- Treat patients as individuals and not as a nuisance
- Patient choice and consent
- Support services for relatives of people who have long stays (i.e. parking cost)
- More information about support groups
- Additional private payments for treatment: eg. ENT pathway charging extra payments for ear syringing
- Future performance review with Patients
- Courteous reception staff to inform staff about delays

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SERVICES

- For some tests patients are seen intermittently book them in as a double appointment. Currently they are in and out of clinics 2 -3 times. Because this process is considered one appointment it causes delays for other patients.
- Clinic locations: Consider – Parking, Phone lines and Public transport
- Eye conditions not explained enough, I had no understanding why pressure behind one eye was a problem.
- Clear patient information about the pathway.
- Direct referral from optician to ophthalmology (GP appt. a waste of time).
- Make cancelling appointments easier (will reduce DNAs)
- Well maintained equipment
- Good access to services, portable equipment for local clinics, (care closer to home)

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SERVICES CONT...

- Community services and Trusts don't communicate with each other; patient had two appointments on the same day that clashed.
- GPs need to be better informed about what to do and where to refer patients. Better decision making.
- Continuity, joined up records and information between services on pt. pathways
- Conditions that can affect eyes are not recognised by GP, i.e. skin complaint GP thought insignificant was urgent and had an impact on vision.
- More GP led activity, First level at GP surgeries
- GP's do not receive letters
- My medication record, roll out across the whole service
- Appropriate hub and spoke model
- Realistic clinic templates

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ACCESSABILITY

- Good access to services
- New Forest buses only run: Tues, Thurs and Saturdays
- Take public transport information into account
- Private shuttle buses
- Review scheduling appointments and clinic letters to ensure they fit the necessary clinic and location
- Car drop off and pick up points
- Volunteers at ophthalmology reception to offer guidance and help with questionnaires
- More portable equipment for local clinics, (care closer to home)
- Out of ours and urgent and emergency phone numbers / sign posting

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EQUALITY

- Service for elderly and vulnerable people who are unable to attend
- Ask patients about special requirements, physical and sensory disabilities and support needs.
- Alternate ways to conduct non Face to face appointments
- New forest & Test valley have limited access to phone coverage so please take into consideration when enhancing/relying on digital capabilities
- Recognise pts who do not use the internet.
- Early and late clinic appointments should be held for full time workers.

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What next...

WHCCG will now start to develop an Ophthalmology community service taking all your views and points into consideration.

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Contact Details

For further information or to be a part of the future specification evaluation panel please contact:

Email: whccg.communications@nhs.net



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Support Groups & Charities

- The royal College of Ophthalmologists recommended charities:

<https://www.rcophth.ac.uk/patients/links-to-charities/>

- Comprehensive directory of services and information aimed at helping blind or partially sighted people at Sight Line Directory

<https://www.sightlinedirectory.org.uk/>