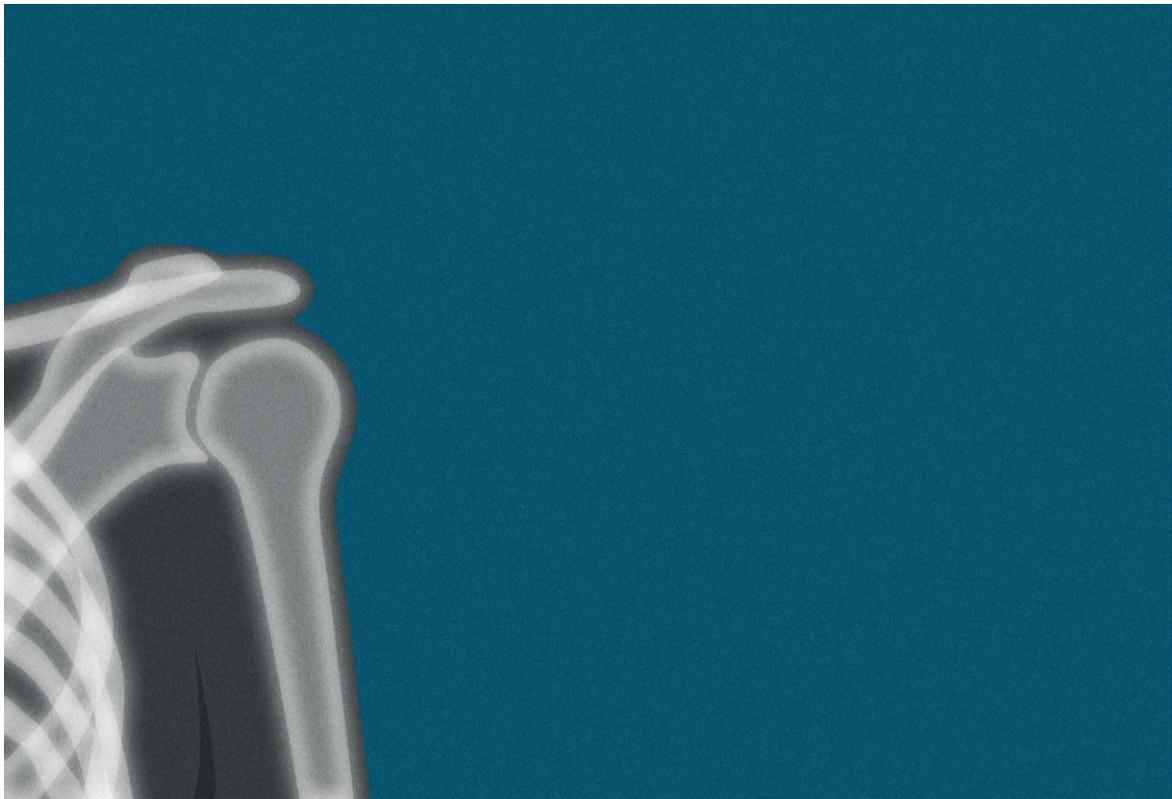


Fractures

inBarnet

A Report on Patient Experience at the Fracture Clinic at Barnet Hospital



March 2017

Healthwatch Barnet is an independent local organisation, and part of the national network led by Healthwatch England. Healthwatch aims to help local people get the best out of their health and social care services, to enable residents to contribute to the development of quality health and social care services, and to provide information on local services in Barnet. It was formed in April 2013.

Healthwatch Barnet visited the Fracture Clinic at Barnet Hospital in November 2016. This followed receipt of a number of comments from patients over a period of time that clinics were overcrowded, with some patients forced to stand and that the waiting time at clinics was excessive. However, this report highlights a positive outcome as a result of the Virtual Fracture Clinic.

BACKGROUND INFORMATION



Prior to 2016, all patients presenting at Barnet Accident & Emergency (A&E) and Chase Farm Urgent Care Centre (UCC) with musculoskeletal problems were, as a matter of course, given appointments at the fracture clinic. This led to unnecessary visits and an inefficient use of clinics. This is because typically 30% of patients had stable injuries and could immediately be discharged with no further treatment, and because some patients who did need further treatment would have to return to a clinic led by a consultant of the right specialty.

As of January 2016, on a pilot basis, all these referrals go to the Virtual Fracture Clinic (VFC). Each VFC comprises a consultant, a physiotherapist and an administrator; each sitting in front of a screen. They review online the patient's notes and X-rays and decide on further action if any (based on standard treatment protocols for particular problems). The physiotherapist will then telephone the patient to tell them the outcome of the review and, if required, to give them an appointment date and time at the appropriate Fracture Clinic. The VFC review is usually done the following day but certainly, allowing for weekends, within 72 hours.

The Virtual Fracture Clinic reviews some 100 – 150 patients per week. This has enabled a 40% reduction in attendances at fracture clinics, now running at around 60 per day

Fracture clinics are held Monday to Friday, in the morning and afternoon, each led by a consultant from a specific orthopaedic specialty: foot/ankle, knee, hip, back, shoulder. We observed three clinics chosen at random during November 2016. In addition to pure observation, we talked to patients while they waited, about their experiences.

We were well-received by all grades of staff from receptionist to consultant. We are particularly grateful to Derek Park, consultant orthopaedic surgeon, who took the time to explain the workings of the department to us.

FINDINGS

Numbers Waiting in Reception Area

	NO. WAITING AT START OF CLINIC	MAX. NO. WAITING DURING CLINIC
10 November 2016 pm	16	16
15 November 2016 am	Visit aborted - too few patients	
15 November 2016 pm	8	12

The waiting area has seating for 44, albeit some seats difficult to access by people in plaster. With the number of patients in the area as indicated there was ample space and seating for everyone.

Clinic staff told us that there could be overcrowding on occasions depending, primarily, on numbers presenting at A&E, urgent care centres and walk-in centres. This had been a major problem prior to 2016 but that the introduction of virtual fractures clinics (see below) from January 2016 had improved matters significantly, such that overcrowding was now very much the exception.

Observed Waiting Time in Clinic



Patients arriving at clinic first report to reception where they are logged in. Their progress then is something of a journey. Every patient will see a doctor, usually a consultant, but before doing so will, typically, be reviewed by a senior nurse, sent for X-ray in the co-located X-ray room and/or, as appropriate, attended to in the co-located plaster room. Some degree of waiting inevitably occurs at each of these stages. The waiting area will contain patients at various points in their journey.

We chose a number of patients at random and simply noted how long they waited from arrival to their first call.

NO. OF PATIENTS	WAITING TIME FROM ARRIVAL UNTIL FIRST CALLED
3	less than 15 min
2	15 to 30 min
4	30 min to 1 hr
0	longer than 1 hr

General Comments on Clinic Observations

All the clinics we observed were conducted in a calm, orderly manner. Patients were called by nurse, radiographer or doctor in person. The nurse in charge made announcements to keep patients informed: on one occasion to apologise for a 30-minute delay in starting clinic and there being only three doctors on duty instead of four (but no explanations why).

Some patients were not aware of what a virtual clinic was, when we asked them.

Findings from Patient Questionnaires

- All patients had appointments; 15 received an appointment within 1 week of referral, 3 between 1 and 2 weeks, 3 within between 2 and 3 weeks
- Of the 24 patients questioned, 12 had first presented at A&E or Chase Farm UGC, 8 had been referred from a local walk-in centre, 2 had been referred by their GP, 2 from elsewhere (unspecified)The only significant adverse comments received were to the question how long typically the patient had to wait to see a doctor/consultant.



We note patients' adverse comments about total time spent in fracture clinic from arrival to being called to see the consultant, almost 60% reporting a waiting time greater than 45 minutes. But given that a visit to the fracture clinic is a multiple stage process typically involving having an X-ray and/or treatment in the plaster room.

The other significant comment has nothing to do with the fracture clinic. We noticed that some people arrived well before their appointment. On questioning, they told us it was because of their fear of being late because of the difficulty parking.

We noted that a number of patients had arrived in clinic significantly earlier than their appointment time, perhaps a half hour early. Thus, ultimately taking up a car park space for a longer period of time.

CONCLUSIONS AND RECOMMENDATIONS

From discussions with clinical staff, the introduction of virtual clinics appears to have avoided patients making unnecessary visits to actual fracture clinics and almost eradicated overcrowding. We recommend the following:

- To ensure that patients are aware of the referral process, and what to expect, including whom to call for information if needed
- To extend the pilot to other departments from which the service can receive referrals, such as walk-in centres, GPs, and other relevant services
- To ensure that patients are seen at the allocated appointment slot, and an explanation is provided when delays are expected

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