

## Enter and View Report



## Weston General Hospital

Outpatient Departments:

Main, Quantock Unit, Physiotherapy & Orthopaedics

7<sup>th</sup> December 2016



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# Visit Overview

**Service Name and Address:** Weston General Hospital Outpatient  
Departments: Main, Quantock Unit, Physiotherapy & Orthopaedics,

**Registered Provider:** Weston Area NHS Health Trust

**Type of Service:** Hospital Outpatient Departments

**Specialisms:** Outpatient Departments

**Registered Manager:** James Rimmer, Chief Executive, Weston Area  
NHS Health Trust

**Date and Time of Visit:** 7<sup>th</sup> December 2016, 10am - 4.30pm

**Enter and View Team:** Anne Skinner, Bob Skinner, Vicky Marriott,  
Karen MacVean, Sophia Jones.

## About Healthwatch North Somerset

Healthwatch North Somerset is the local independent voice for health and social care services. We work with local people to improve services for people who live, or access services in North Somerset, gathering local views and experiences and acting on them to make local services better, now and in the future.

Healthwatch North Somerset's statutory function and remit, which is laid out in The Health and Social Care Act 2012, is to provide a voice for people who use health and adult social care services, by:

### Influencing

- Giving people an opportunity to have a say about their local health and social care services, including those whose voice isn't usually heard
- Taking public views to the people who make decisions - including having a representative on the Health and Wellbeing Board (People and Communities Board in North Somerset)
- Feeding issues back to government via Healthwatch England and the Care Quality Commission (CQC).

### Signposting

- Providing information about health and social care services in the local area
- Advising people on where to go for specialist help or information (signposting)
- Helping people make choices and decisions about their care
- Working closely with other groups and organisations in the local area.

## Enter & View

In order to enable Healthwatch North Somerset to gather the information it needs about services, there are times when it is appropriate for Healthwatch North Somerset staff and volunteers to see and hear for themselves how those services are provided. That is why the government has introduced duties on commissioners and providers of health and social care services (with some exceptions) to allow authorised Healthwatch North Somerset representatives to enter premises that service providers own or control to observe the nature and quality of those services.

Healthwatch North Somerset Enter and Views are not part of a formal inspection process, neither are they any form of audit. Rather, they are a way for Healthwatch North Somerset to gain a better understanding of local health and social care services by seeing them in operation. Healthwatch North Somerset Enter and View Authorised Representatives are not required to have any prior in-depth knowledge about a service before they visit. Their role is to observe the service, talk to service users and staff if appropriate, and make comments and recommendations based on their subjective observations and impressions in the form of a report.

This Enter and View report is aimed at outlining what Healthwatch North Somerset Enter and View Authorised Representatives saw and based on observations, making any suitable suggestions for improvement to the service concerned. The report may also make

recommendations for commissioners, regulators or for Healthwatch North Somerset to explore particular issues in more detail. Unless stated otherwise, Enter and View visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies. Any serious issues that are identified during a Healthwatch Enter and View visit are referred to the service provider and appropriate regulatory agencies for their rectification.

Legislation allows 'Enter and View' activity to be undertaken with regard to the following organisations or persons:

- NHS Trusts
- NHS Foundation Trusts
- Local Authorities
- a person providing primary medical services (e.g. GPs)
- a person providing primary dental services (i.e. dentists)
- a person providing primary ophthalmic services (i.e. opticians)
- a person providing pharmaceutical services (e.g. community pharmacists)
- a person who owns or controls premises where ophthalmic and pharmaceutical services are provided
- Bodies or institutions which are contracted by Local Authorities or the NHS to provide health or care services (e.g. adult social care homes and day-care centres).

## Key Benefits of Enter & View

To encourage, support, recommend and influence service improvement by:

- Capturing and reflecting the views of service users who often go unheard, e.g. care home residents
- Offering service users an independent, trusted party (lay person) with whom they feel comfortable sharing experiences
- Engaging carers and relatives
- Identifying and sharing 'best practice', e.g. activities that work well
- Keeping 'quality of life' matters firmly on the agenda
- Encouraging providers to engage with local Healthwatch as a 'critical friend', outside of formal inspection
- Gathering evidence at the point of service delivery, to add to a wider understanding of how services are delivered to local people
- Supporting the local Healthwatch remit to help ensure that the views and feedback from service users and carers play an integral part in local commissioning

## Purpose of the Enter and View Visit

Healthwatch North Somerset carries out a series of visits to Social Care and NHS funded accommodation and services in North Somerset to ascertain the quality of life and experience and opinions of service users and patients. Weston General Hospital Outpatients was selected by Healthwatch North Somerset Prioritisation Panel as a result of feedback received from the local public. The focus of this visit was on service users' and patients' experiences of 'communication' within the Hospital.

This report relates only to this specific visit and feedback received by Healthwatch North Somerset during the same time period. It is not representative of all service users, only those who contributed within the restricted time available through interviews or other feedback.

## How was the Visit Conducted?

The Healthwatch North Somerset Enter and View (E&V) visit was an announced visit, Weston Area Health NHS Trust were given four weeks' notice of the intended visit. We sent out letters, posters and leaflets to the Hospital to inform patients, relatives, carers and staff about the visit and about the role of Healthwatch North Somerset. We also attended a site visit with Gill Hoskins, Associate Director of Governance & Patient Experience two weeks preceding the E&V visit.

The Healthwatch North Somerset Enter and View representatives worked in pairs. In the morning, one team went to the Main and Orthopaedics Outpatients waiting rooms and the other team went to the Quantock Unit and Physiotherapy Outpatients waiting rooms (there was no one waiting in the Physiotherapy Outpatients waiting room at the time of the morning visit and the team decided to return in the afternoon). In the afternoon one E&V team visited all four Outpatients Department waiting rooms again (there was no one waiting in Orthopaedics Outpatients waiting room at the time of the afternoon visit).

Throughout the visit, the E&V teams observed the environment and systems in the four different Outpatients' Department waiting rooms and also the interactions between staff and service users.

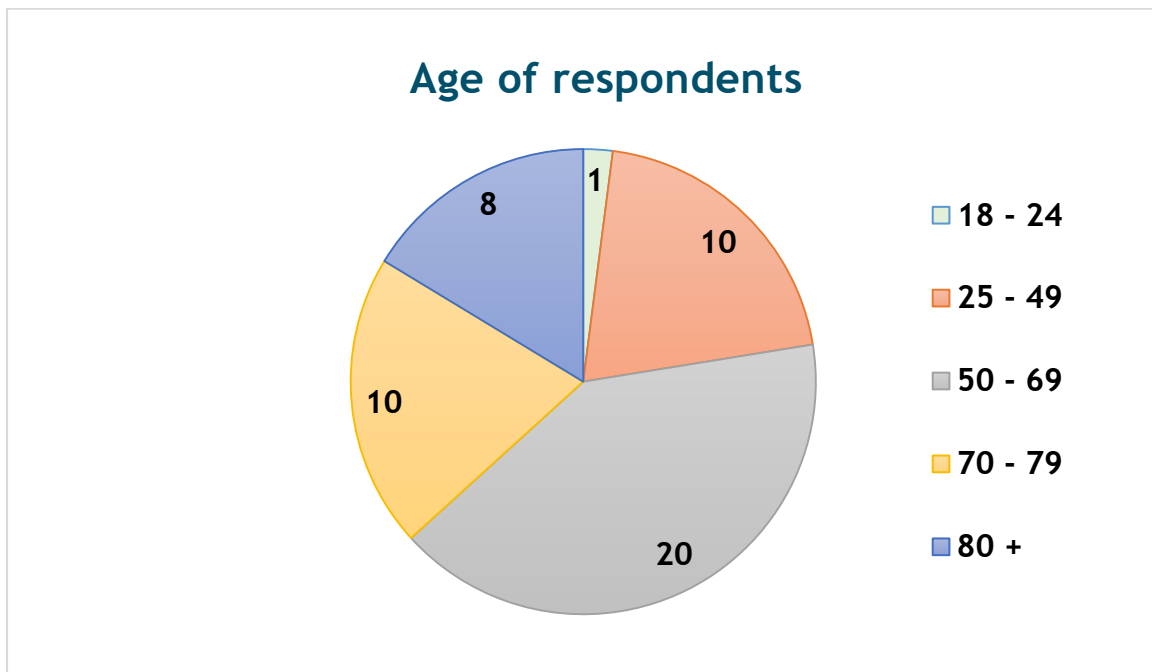
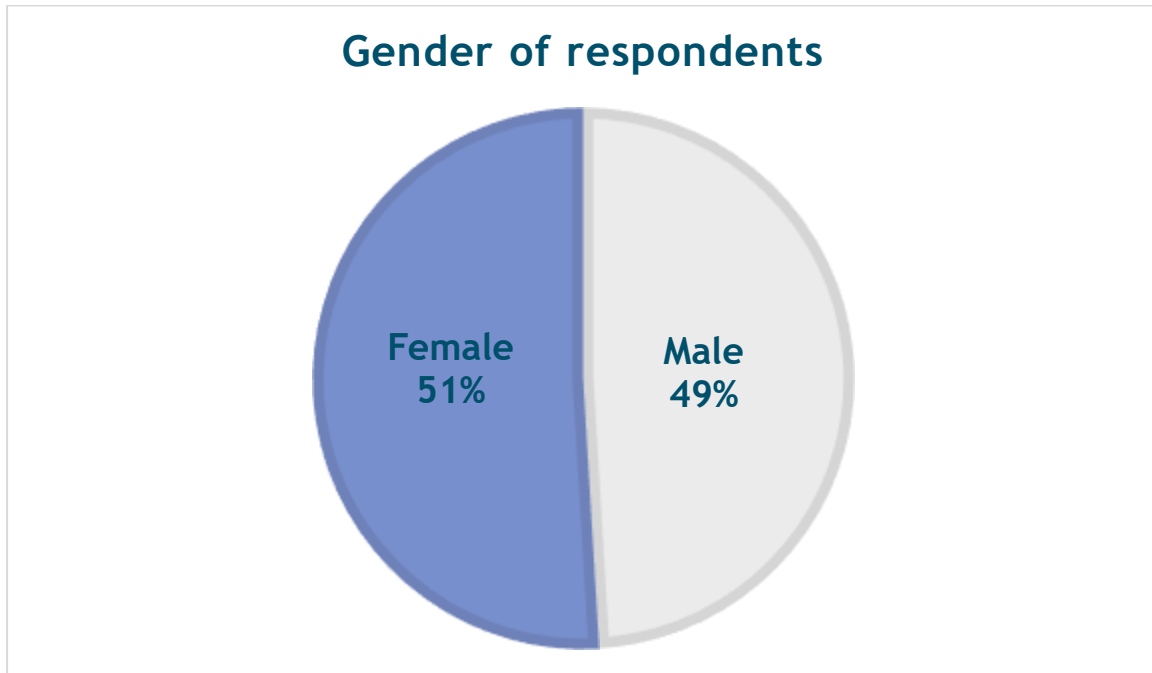
We approached approximately 54 patients and service users, family members and carers who were waiting for appointments in the different outpatient areas. Of these, 49 people agreed to share some of their experiences with the E&V teams.

We asked a series of open-ended questions to ascertain patients overall experience of communication with the hospital before and during, and in some cases after their outpatient appointment (the questions can be seen in Appendix 1). We also spoke briefly to three members of staff who were on duty at the time. Forty nine people agreed to share some of their experiences with us.

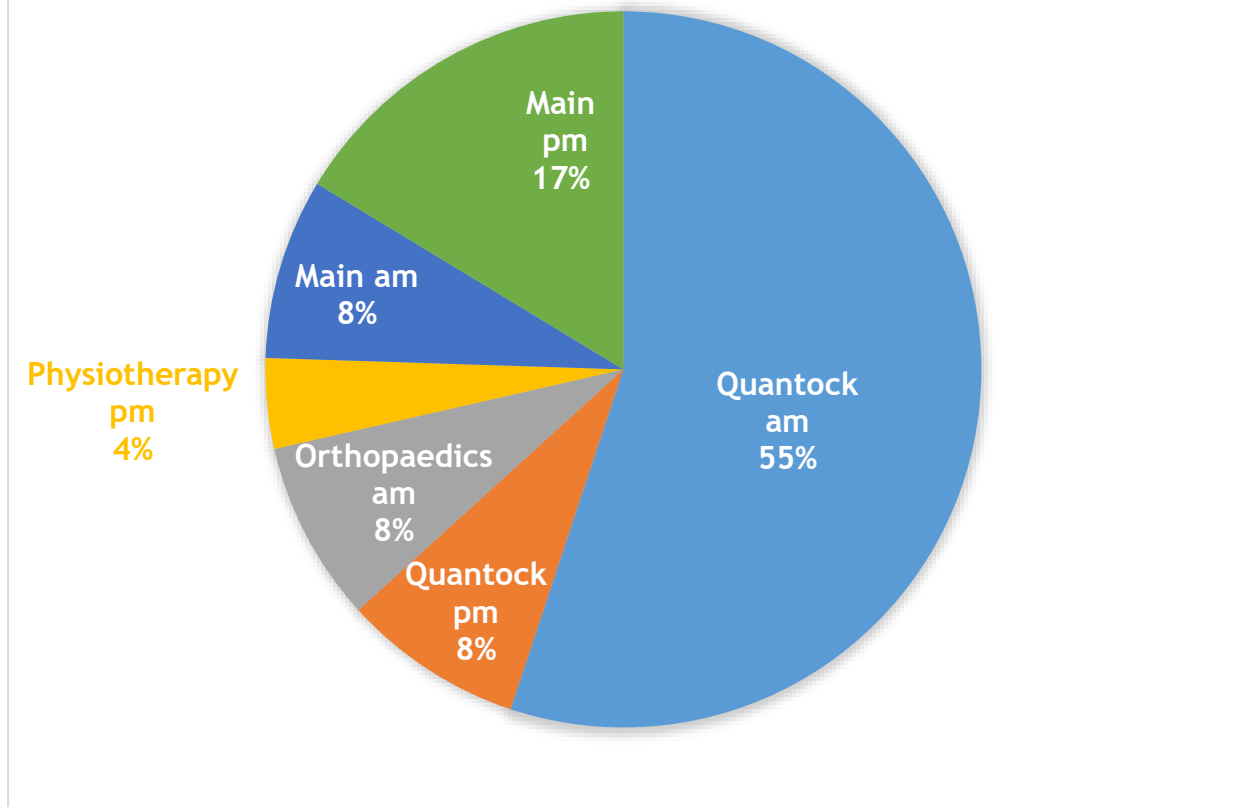
At the end of the visit we met with the hospital management team consisting of Nick Lyons, Medical Director; Gill Hoskins, Associate Director of Governance & Patient Experience, and Julie Stroud the Associate Director of Nursing to provide initial informal feedback about the key issues identified during the visit and to clarify any questions or queries that had been raised.

## Key Characteristics

The key characteristics of the 49 people who spoke to the Healthwatch North Somerset Enter and View Authorised Representatives are shown below:



## Outpatients Location



### Feedback received

The Healthwatch North Somerset Enter and View Authorised Representatives gathered 154 pieces of feedback from patients, their families and staff during the E&V visit to Outpatients at Weston General Hospital.

### Before the Appointment

Apart from three patients, each of the 46 patients who spoke to the Healthwatch North Somerset Enter and View Authorised Representatives said that from the referral stage onwards, the communication before they came into the hospital Outpatients Department was good; and in some cases people said the communication was excellent. This communication included the referral process to the hospital outpatient clinic from either their GP, another Specialist or the A&E Department.



## Appointment letters

All the patients spoken to, apart from one person, told us they received appointment letters with clear information about how to get to the hospital, where to go when they got to the hospital and what to expect at their appointment.

In some cases patients told the E&V teams they received clear instructions on what they needed to do prior to attending their outpatient clinic.

One woman we spoke to in the morning informed us that her outpatient appointment letter advised her to go to her GP and get bloods done prior to attending her appointment. However, when she arrived at the hospital appointment, her consultant informed her that he had not received her blood test results. The woman was not sure if it was her GP or the hospital at fault, she then needed to have her bloods redone during her visit, necessitating a long wait for the results at the hospital before she could then see the Consultant.

## Referral and waiting times

Overall the E&V teams were given very positive comments about the referral and waiting times for appointments i.e. one woman told us she had Parkinson's and had previously needed an emergency appointment which was dealt with rapidly and she was able to see a Specialist Nurse very quickly.

We were also told by a man attending a morning Quantock Unit Clinic that he was very impressed with the system. He had to cancel a previous appointment by phone, and was sent another appointment within two weeks and this was followed up by an appointment confirmation letter.

A woman attending a Quantock Unit appointment in the afternoon, informed the E&V team that her original appointment was due in two months but the hospital had rung her the previous day and had offered her an appointment for that day, she was very happy about this.

A few women waiting in the Quantock Unit waiting room in the afternoon informed the team that they had been referred by their GP's to the Gynaecology Clinic and that their expected appointment would be a two week wait, but appointments were given in less than two weeks.

Two people shared negative experiences about waiting times for appointments: one woman informed the E&V team she had to chase up an Orthopaedics appointment and a man explained that he was disappointed to have to wait five months for a Rheumatology appointment.

## Reminder calls and texts

Most of the people that the E&V team spoke to in the Quantock Unit and Physiotherapy Outpatients had received a text or automated phone message to remind them of their appointment and they were very happy with this system.

However, a woman in the Eye Clinic advised she found the telephone reminder message system 'awkward' as it showed no caller ID and she considered it could be mistaken for a nuisance call. This woman told us she had a mobile phone but had never been asked for the number and would much prefer receiving a reminder text.

An elderly couple told the E&V team they found the phone reminder difficult because they often had more than one appointment on the same day, for example on that day the man had four different appointments booked. The automatic phone reminder did not distinguish which appointment the reminder was related to so the couple told us they found this really confusing. The couple also said they couldn't always understand the message straight away and didn't have time to respond by pressing the correct button to confirm their attendance. Sometimes they had pressed the wrong button or they were not sure if they had pressed the right button, but there was no way of replaying or correcting any mistakes. They had to ring the hospital but never knew exactly which appointment their mistake related to and sometimes when they rang they only got an automated message saying they would get a call back within 24 hours. However, this couple said that getting same day multiple appointments at the different outpatient's clinics they needed to attend was really helpful, especially regarding organising their hospital transport.

At the E&V teams meeting with the Hospital Managers at the end of the day the team asked if booking multiple same day appointments was standard practice by the hospital and were informed it was. The hospitals Access Team tried to co-ordinate patient's multi-appointments for the same day with good success.

### Being kept informed

Everyone the E&V team spoke with, apart from one woman, informed the team that they knew why they had come to the hospital and knew exactly what procedures or examination they were going to undergo at their appointment. One woman said the information about her appointment was not good and she was not sure why she was seeing the Consultant.

## Coming into the Hospital Outpatient Departments

Nobody that the E&V team spoke to said they had any difficulty in locating the relevant outpatient clinic for their appointment. Most patients said it was very easy to find where they needed to go. Some patients said that they asked at the reception situated just inside the hospital main doors and the staff there were very helpful. Quite a few patients said that the signs were easy to follow.

### Parking

The E&V team were informed by some people who arrived by car that they thought that car parking was expensive. Some patients with afternoon appointments said they had found it difficult to find a car parking space.

One man who had brought his wife to an appointment, told us he had dropped her off first and spent 25 minutes driving around the car park before being able to find a parking space.

One person told the E&V team they felt that there was not enough disabled parking spaces.

### Signing in for an appointment

No one identified any difficulties with signing in for their appointment at the Outpatients.

There were three negative comments about the electronic sign-in touch screen which patients needed to use when they arrived in outpatients. One woman considered that there was a lack of privacy when she had to put her date of birth in because it was visible to others.

Two people said that because of potential infection risks, they couldn't understand why there weren't any hand sanitiser dispensers next to the touch screens and as a result they did not like using it. One woman would not use the screen and told reception staff instead when she arrived for her appointment.

### Staff

Most of the patients the E&V team spoke to, told us that they found the reception staff, along with all the other staff they dealt with, 'helpful', 'polite' and 'nice'. The E&V team did not receive any negative comments about staff.

## In the Outpatients Waiting Room

The E&V team observed that all the waiting rooms were clean. Apart from main Outpatient Eye Clinic, all had information boards that were reasonably visible in the waiting rooms with consistency of information about who was the Nurse in Charge and the Consultant or Specialist taking the clinic.

### Information Boards

The information boards in each Outpatients provided general information i.e. asking for a chaperone, PALS, 'You said, We did' column, the number of appointments missed in the previous month, and an indication of waiting times for clinics if there were delays.

The E&V team noted that nurses changed the information about clinic waiting times in Quantock Unit in the morning and in Main Rheumatology Clinic waiting area in the afternoon.

The E&V team were informed by staff in the Main Outpatients that there was a traffic light system in place which indicated how the clinics were running timewise. There was however, no evidence of the traffic light discs being used in any of the clinics running on that day.

The team did see basic written information regarding waiting times on the board when a clinic was running late.

### Waiting rooms

The E&V team observed some differences between the Outpatient waiting rooms. For instance the Quantock Unit Outpatients and the Physiotherapy waiting rooms have recently been updated (we had been advised of the update on our pre-visit) and the waiting areas were pleasant and comfortable.

Drinking water available in Quantock Unit Outpatients waiting area and there was clear sight of the information boards from different points in the room. Most of the people the E&V team spoke with said they were happy with the Quantock Unit and Physiotherapy waiting rooms. Comments received about Quantock Unit Outpatients included 'quite comfortable' and 'lovely'.

The Main Outpatients did not have drinking water available and the décor was not as aesthetically pleasing as in Quantock Unit Outpatients.

A man in the Physiotherapy waiting room told the E&V team the waiting area was 'a massive improvement' since it had been updated.

One woman in the Eye Clinic said that the information board was placed in a dark corner which made it very difficult to see, she also told us she generally didn't like the layout of the chairs.

### Waiting times

Patients had mixed comments about waiting times. In Quantock Unit Outpatients, the E&V team were told that the waiting time varied and appeared to depend on which clinic was being attended, e.g. patients attending Haematology considered they often had a longer wait for their appointments than other clinic patients. A couple of patients in the Diabetic Clinic said that they thought the clinics ran pretty much to time with only short delays.

The E&V team received feedback from a couple waiting in Quantock Unit Outpatients that the board informing people of waiting times was not always kept up to date.

A woman in Quantock Unit Outpatients told the team that her appointment had been at 9.30am; she had been sent for a scan at 10.30am but was still waiting to be seen by Doctor at 12.00 noon. Though she was aware her scan had not shown up anything too bad, she said it would be awful if someone had received bad news and then had to sit in the waiting room for so long.

The majority of patients however, told the E&V team the waiting times were not 'too bad' and they were 'kept well informed'. One man said he felt the staff "were very organised though they were always very busy".

The E&V team were told by a few people that they had been advised by their Hospital Doctor at a previous appointment, or in their appointment confirmation letter, to get their bloods done before attending their appointment and this had really speeded up waiting times. The patients had been told to either ask their GP's to do the blood tests or to come and have them done at the hospital the day before they attended their appointment.

A man waiting for an appointment at the Eye Clinic who was accompanying his wife, told us that on their last visit to the Eye Clinic his wife's appointment had been really delayed. The person who had the appointment before them required an interpreter who hadn't turned up on time. The man suggested it would have been better to have moved to the next patient on the list if they were there waiting and then come back to the previous person when the interpreter had arrived even though it put the list out of sequence, it could have saved a long wait for everyone attending the clinic.

### Whilst waiting

In the Main Outpatients Eye Clinic in the afternoon, the E&V team observed and spoke to a volunteer from Vision North Somerset who told us she came to the clinic every Wednesday to offer support and information to patients.

A couple of people waiting for a Rheumatology appointment advised they would like some books or magazines to look at and to have access to water or refreshments. One man informed the team that when he previously waited for a clinic appointment in Churchill Ward water was available, this man also informed us there was a 'TV' but it was never switched on.

When the E&V team queried these issues with the Management Team at the end of the visit, they were advised there were no books or magazines available because of infection control and the TV was a hospital information screen.

The E&V team did not observe any breaches of patient confidentiality during the visit.

### **After Outpatient Appointments**

All the people that the E&V team spoke with about communication during their appointment rated it as either ok, good, very good, excellent and/or informative. There was no negative feedback about communication between the hospital and patients.

A woman in Quantock Unit Outpatients told the E&V team that the hospital had organised her appointments in a “one day hit” attending a couple of appointments at different clinics on the same day and that her Consultant was very informative, took time to explain and she did not feel rushed.

Some patients in Quantock Unit Outpatients waiting to see a Haematologist, informed the E&V team that the Consultants changed a lot which meant they kept seeing different Consultants which they didn't like, preferring continuity with one Consultant.

One couple informed the E&V team “there is no consistency, we see a different Doctor every time and sometimes you badly need the consistency”. One man told us there was no longer a full-time Specialist in Haematology. A man in the Physiotherapy Department told us that the Physiotherapist he saw was “very knowledgeable and explained everything”.

Some of the other comments we received from patients included:

“Very happy with service”; “Staff helpful and confident”; People and staff explain well, polite and helpful” (Quantock Unit).

“Helpful staff” (Rheumatology ).

“I can't complain, they look after me”; “Very happy with the service” (Haematology).

“Everything explained well” (Diabetes Clinic).

### **Staff Behaviour and Attitudes**

Everyone the E&V team spoke with had positive things to say about the staff including staff in the main reception volunteers, clinic reception staff, nurses and consultants/specialists. Feedback included ‘polite’, ‘helpful’, ‘friendly’ and ‘nice’.

One patient told the E&V team the nurses were ‘always fairly cheerful’ and ‘gave you a smile’. Another patient told us that the staff were ‘fantastic’.

Patients told us that staff took the time to explain everything very clearly so they knew what was happening. One man told us “communication is very good they always keep me aware of what is happening”.

When asked whether they were confident with the treatment they had received in Outpatients that day or on previous visits, patients said yes they were confident and happy with their treatment.

Some staff members in particular were named as being ‘very good’ including the Consultant in Haematology and the Oncology Doctor who we were told was ‘excellent’.

The E&V team observed staff talking to patients warmly and with respect and consideration. They observed nurses patiently helping patients with mobility issues to get to and from their clinical appointments. We did not see any member of staff rushing a patient. Patients were informed of the name of the person they were seeing at their appointment by the information boards. We observed that the admin staff wore lanyards with their names on and nursing staff had visible identification badges.

The E&V team found staff at all levels were very helpful and accommodating, including before, during and after the E&V visit. The E&V team were provided with a private, secure, meet up room with refreshments and lunch provided.

## Staff Satisfaction

The E&V team observed that the staff they saw or spoke to (mainly receptionists and nurses), all appeared confident and happy to talk to the E&V team and answer any questions that arose.

## General Impressions

The general impression the E&V team got from talking to people in the four Weston General Hospital Outpatients Departments and from their own observations, was that the level of communication at the hospital outpatients was very good in all areas and if there were any problems they had been sorted out very quickly.

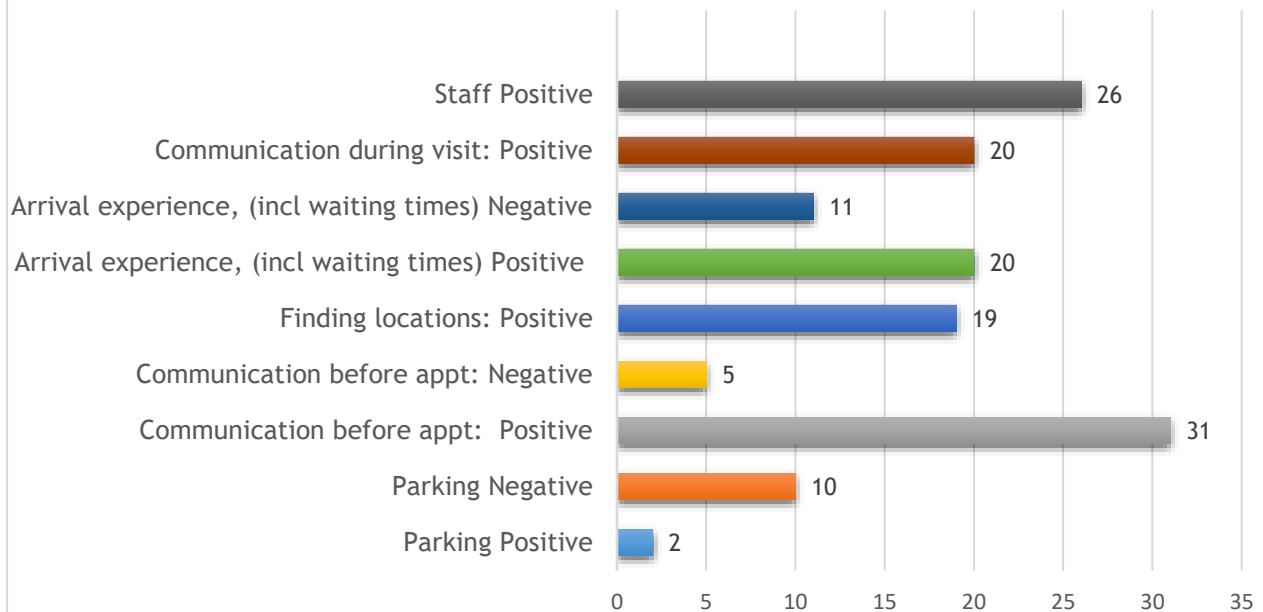
The only issues raised were the automated appointment reminder system which caused a few problems for a small number of patients and a general inconsistency in informing people about waiting times. The E&V team also considered that the traffic light system was not used effectively and could lead to confusion for patients.

Additional general feedback received was that people liked having the Costa coffee bar on site and also the hospital café Rafters was mentioned as being good.

The E&V team considered they were given open access to the patients and staff in Outpatients. The Weston Area NHS Health Trust Management team were supportive of the Healthwatch North Somerset E&V visit, making themselves available to answer any queries that had come up through the visit.

We are pleased to note that as a result of the key findings of the E&V team, which were verbally fed back to the Senior Management Team immediately after the E&V visit, Vision North Somerset was contacted by Weston Area NHS Health Trust and asked to undertake a more detailed review of the Main Ward Eye Clinic facilities.

## Summary of Feedback



\*There was no negative feedback on finding locations, communication during visit or staff.

## Examples of Good Practice

We found the following examples of good practice:

- Information Boards, especially those showing up-to-date waiting times for clinics.
- The 'you said we did' notices.
- Advising patients of the names of staff in the clinics.
- Co-ordination of patient's multiple and various clinic appointments for the same day to avoid patients having to come back on different dates by the Hospital Access Team
- Recommending that patients get their blood tests done before coming to appointments to cut down on waiting times.
- Text appointment reminders.
- Vision North Somerset attendance, information and support at Eye Clinic Outpatients.

## Recommendations

Healthwatch regulations stipulate that service providers and commissioners have a duty to respond to local Healthwatch reports and recommendations within 20 working days, in writing, to acknowledge receipt and to explain what action they intend to take or, if they do not intend to take action they must explain why. (*Health and Social Care Act 2012: Addendum to summary report: issues relating to local Healthwatch regulations*).

Healthwatch North Somerset recommends the following, based on the information received from patients during the Enter and View visit. We believe these recommendations to be achievable, affordable and evidence based.

1. Drinking water to be made available in all Outpatient waiting rooms.
2. Hand sanitiser and or wipes to be made available next to Outpatient waiting room touch screens.
3. To place the information board in a visibly accessible position in the Eye Clinic Outpatient waiting room.
4. To develop consistent use of the traffic light system across Outpatient Clinics.
5. To inform patients in their confirmation of appointment letters that reading materials will not be available and to bring their own reading material.
6. Review of parking including costs including availability of sufficient spaces for disabled and non-disabled patients.



## Additional Feedback

“Hospital too small for the population covered”.

“Hospital takes knocks but personal experience is positive”.

“Is the board showing waiting times in the best location?”

“Car parking cost irritating but understandable”.

“Referral got the edge over Southmead, last year I had an appointment at Southmead at 9am, I was seen at quarter to five”.

“Staff always very helpful”.

“Think Weston gets a hard knock from the Mercury and we mustn’t forget the good things”.

“Staff polite and helpful”.

“Staff charge about, it’s a bit disconcerting”.

“All it needs is for someone from reception to come and tell everyone what is happening as there is a lot of elderly people waiting and it would make such a difference” (*Re. waiting times*).

“I have not got any complaints, very good staff they look after me”.

“Very happy with the service”.

“Everything’s good here”.

“Can’t fault the staff but would like to see the same Doctor every time”.

“I just asked at the front desk and they told me how to get here” (*Re. finding the Outpatient Clinic*).

“The waiting room and the toilets are very clean”.

## Acknowledgements

Healthwatch North Somerset would like to thank the patients and their families attending Outpatient appointments at Weston General Hospital for their feedback during this Enter and View visit. We would also like to thank the staff of Weston General Hospital for their assistance in responding to the E&V team’s enquiries and the Weston Area NHS Health Trust management for their support in planning the visit.

## Appendix 1: Questions asked by the Enter and View team

### 1. Before the appointment

Can you tell us what the communication was like before you came into the Hospital Outpatients Department?

### 2. Coming into the Hospital Outpatient Departments

Can you tell us how easy was it to locate the Outpatients Department you needed to be in?

### 3. In the Outpatients waiting Room

Can you tell us about your experience once you arrived in the waiting room of the Outpatients Department?

### 4. Post Outpatient Appointment

What was your experience of communication during your appointment?

### 5. Staff Behaviour and Attitudes

Do you think the staff members make an effort to be polite, informative and helpful?

### 6. Staff Satisfaction

Do you think the staff seem confident, comfortable and happy in their role?

### 7. General and questions

The team made a note of any other observations or comments from service users, patients and their families

## Appendix 2: Responses from Weston Area NHS Health Trust

Weston Area NHS Trust have provided responses to individual items in the reports as below:

- Page 9

The Trust responded to a Patients comment on page 9, about the length of time they had to wait to be seen by the Rheumatology Clinic, saying;

“15 weeks is the approximate time that patients referred to us for rheumatology services wait to start their treatment. Newly referred patients may be seen within 2 or 3 weeks, but their treatment may not start at that time due to investigations. The Trust agrees that the length of wait for some patients is unacceptable and has plans in place to reduce this”.

- Page 10

In response to the patient comments on page 10, the Trust have advised Healthwatch North Somerset by email that hand sanitisers are now being installed by the electronic patient registering boards in all Outpatient Clinic

- Page 10

Regarding a patient’s comments on page 10, about the placing of the information board and the general layout of the Eye Clinic. The Trust advised us that they had approached Vision North Somerset and asked them to do a separate assessment of the Eye Clinic. We have seen evidence that this assessment has now been completed and that Vision North Somerset have made recommendations to the Trust.

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