

**University Hospital Plymouth NHS Trust  
Patient Experiences of Royal Eye Infirmary**



October  
2024

**Engagement Report**

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## Introduction

Healthwatch Devon, Plymouth & Torbay (HWDPT) are the three local independent consumer champions for people using health and care services across Devon. HWDPT listens to what people say about services – what works well and what could be improved and shares what we learn with those who have the power to make change happen.

As part of the National NHS Hospitals Improvement Programme (HIP), several workstreams are underway to improve services and capacity at Derriford Hospital. As such, patient views on this work are actively sought by University Hospitals Plymouth NHS Trust (UHP) before, during and on completion of activity.

## Background

In October 2023, the Royal Eye Infirmary (REI) service UHP moved from its location at Derriford Hospital to a new purpose-built building in the International Business Park near to the Derriford Hospital Site. The service provides Outpatient services, Day Case Unit, Theatres and Urgent Care. The majority of ophthalmology work is elective (outpatient, day case or inpatient) although Ophthalmology Urgent Care treats emergency cases.

In January 2024, Healthwatch Plymouth (HWP) were contacted by the Patient Experience and Patient Services Manager at UHP to discuss the new building and some concerns raised by patients to staff at the REI. It was agreed that HWP Volunteers would conduct visits to the REI to engage with patients around their experiences of the new facility and whether additional improvements were needed to make the facility work better for patients. A guided conversation questionnaire was co-produced with UHP and visits to the REI were undertaken by HWP in March 2024.

The conversation centred around 4 areas:

- Experience of attending the facility (including access, parking, infrastructure).
- Travel to the REI site.
- Experience of the appointment/consultation process.

- Standard of appointment letter (including clarity of information, format and design, and accessible standards for those with impaired site).

Some demographic data was also collected and is available in Appendix 1.

## Key findings

This Healthwatch Plymouth summary report draws on the experiences that we recorded during conversations with patients or relatives who had recently attended the REI service at University Hospitals Plymouth NHS Trust. These conversations took place during March 2024 at the REI facility and also with a Sight Loss support group run by Improving Lives Plymouth in February 2024. A total of 31 patients were spoken with at the REI and we also talked to 5 individuals at the Sight Loss Group and another two patients at a community health discussion group at Stoke Village Hub. Whilst this is a relatively small number of interviews, the following key findings have been identified from this engagement activity:

- Overall, the majority of patient feedback gathered at the REI in March 2024 has been positive, both about the service and the staff.
- Patient feedback relating to the period of time when the building opened in October 2023 to January 2024 tends to raise more issues. Some patient comments reflect the understanding that the service has been making improvements in this timeframe.
- Main issues raised include parking and transport, interior and exterior signage, and waiting times for appointments and follow-up.

Further observations can be found on page 11.

## Our findings

The following sections provides details for each of the conversational areas for the 31 individuals spoken with at the REI the 5 individuals from the Sight Loss Group and 2 individuals at a community hub health & wellbeing drop-in group.

## Section 1 – Experience of attending the facility

Healthwatch observations:

- Conversations during our visits in March 2024, tended to be very positive about the experience of attending the facility.
- Where a conversation did raise an issue, there tended to also be positive feedback within the same conversation, which reflects that patients recognise that only certain aspects of the service have been problematic.
- Comments such as “Staff are pleasant and welcoming”, and “staff very helpful. Can’t fault them” were common themes throughout all of the conversations, spanning all the engagement through February to March 2024.

Patient comments include:

“Everything has worked well”; a carer attending with a patient said, “I appreciated that staff took the patient where they needed to go”.

“Nobody seems frantic. I found the coffee machine & snacks. Nice reception & receptionist. I was directed to the lift. They were speedy, efficient & straight to the point” (REI March 2024)

In answer to the questions regarding their overall experience and the feel of the building, a number of patients spoken to in March 2024 in the REI expressed dissatisfaction relating to **signage and orientation around building**:

“Signage not very good. Toilet sign too small. Floor lines would help”

“Poor signage – unclear which floor to go to”

“A sign to say it is Level 1 would help”

“This building feels a little clinical”

However, some feedback reflects both mixed opinions and ongoing improvements to signage:

“First visit was good and good signage. The whole visit has worked well and very happy with experience” (REI March 2024)

“First visit of week of opening and the experience was confusing. Signage was poor and getting around difficult. Now much improved” (REI March 2024)

A number of conversations raised the issue of **waiting times** in relation to letters and treatment timelines. Patients waiting for follow-up appointments expressed concern about the progression of their eye condition due to (perceived) lack of timely treatment. This was mentioned in 13 of the 37 conversations recorded between February and March 2024. Comments include:

"A very long time waiting for my appointment. Last appt was 14 months before. Stitches due to come out from last time" (REI March 2024)
"No indication of where one is on the waiting list. This patient just wanted to be told if there were, say, number 20 in the referral queue but could not get any helpful information from reception. This patient had not received any written correspondence. Patient said that they now rely on the Low Vision Advisor at Improving Lives Plymouth to contact the REI and to relay information" (Sight Loss Group - relates to January - February 2024)
"3-year-old long term patient. Original appt. Aug '23. Child has time critical condition. Mother concerned in delay of appt" (HWP volunteer feedback - REI March 2024)
"The long wait for a letter was stressful for my wife who is my carer" (Sight Loss Group - relates to January 2024)
"Nearly 2 years since my last appt. I am supposed to be seen every year. Delayed service" (REI March 2024)
"Long delay 18 months before review. Would have been good to be able to contact them when first procedure failed within 1-2 weeks" (REI March 2024)

One patient from the Sight Loss group described a positive, timely service:

"First visit to new building was when I had a bleed in my eye and called 111 and was sent to REI. I called 111 in the morning and had a call back within 2hrs and a same day urgent care appt. After this I received a follow-up appt letter in 4 days" (relates to January 2024)
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Finally, when Healthwatch Plymouth spoke with the Sight Loss focus group, a discussion formed regarding the emotional and mental health impacts of sight loss. Group members stated that when they attend an appointment, they are likely to not be feeling their best, may have just made a difficult journey, and therefore 'bedside manner', clarity of information given, and tone of voice are especially important to them. Group members described feeling confused and disoriented as well as experiencing stress regarding their condition.

## Section 2 – Travel to the REI Site

Healthwatch observations:

- The most commonly raised issues include not knowing the length of an appointment makes it difficult to know how much parking to pay for.
- Some patients expressed feeling unsafe or unconfident to make their way to the REI by public transport and when on foot outside the REI.
- Three conversations referenced the map included in the appointment letter as "helpful".

The majority of the patients we spoke to either drove to the REI or were driven by a relative. Two patients used the **Age UK volunteer driver service** and had come from outside of Plymouth.

"It felt a long way, it is 44 miles...I had no help with driving today. Normally I have a volunteer from Age Concern to help me as I have drops and an injection. I will have to wait a long time before I drive home because of today's treatment" (REI March 2024)

"I live in Liskeard. It is a 3hr bus journey, so Age Concern supply a volunteer's car...£25 or sometimes more" (REI March 2024)

For those that travelled by **public transport**, issues included the location of the bus stop and feeling unsafe when walking in an unfamiliar area with a busy main road to cross. Comments include:

"Coming on public transport, exit on Tavistock Rd, walk to REI, past Future Inn & The Range. No zebra crossing. Traffic can be heavy and will get worse when outlets open. Feel very unsafe walking down to REI" (REI March 2024)

"If I'd come by bus there would have been a problem. The building is not obvious to find" (REI March 2024)

The person said they used 2 buses so they could get across the road. It was very heavy rain and was a 'nightmare' to get across the road (Sight Loss Group – relates to October 2023)

Issues relating to **parking at the REI** were mainly focussed on patients being unclear about the length of their appointment visit which made it difficult to know how much parking time to pay for. This was raised in 6 of the 12 times parking was mentioned, with some of the following comments:

"No problem with travel but I paid for parking upfront and paid for longer due to not knowing how long appt will be. But parking is better" (REI March 2024)

"Arrived early - parking available (not always) paid for 4hrs parking - unsure how long appt will be" (REI March 2024)

"When you come in you have pre-guess how long your appt will be you are worried you will go over the time" (REI March 2024)

The second most common theme relating to parking was patients expressing difficulty with **disabled parking spaces**:

"Parking - very little signage. Paid even though had Blue Badge for daughter, needs better Blue Badge parking signage" (REI March 2024)

"Not enough Blue Badge spaces in car park, and this is needed due to mobility issues" (REI March 2024)

Additionally, patients struggled with **outdoor signage** for both for the building & carpark:

"It was hard to work out where to go from the car park after I parked. Big sign can't be seen in certain areas when you're parking" (REI March 2024)

"Road signage getting here would be helpful. The first time we drove here, we struggled. A large sign on the building near the of it so it could see from a distance on the main road might help" (REI March 2024)



## Section 3 – Experience of the appointment/consultation process

Healthwatch observations:

- The survey question relating to the consultation experience received the least detailed feedback. The majority of patients indicated that that this was not an issue for them.
- Healthwatch Plymouth volunteer observations relating to the waiting area are included on page 11.

Most patients described “staff who explain things well” (REI March 2024), with comments such as: “I was put at my ease.” “Spoke to me, down to earth.”

“Explained everything” (REI March 2024). Others expressed finding **staff manner and tone of voice** more difficult:

“Some are really good clinically but lack bedside manner” This person said they felt there wasn’t the space to ask questions...They said, “I can appreciate how busy they are and appreciate this can affect tone of voice” (Sight Loss Group - relates to January 2024)

“During the consultation, I felt that the Dr was looking at the screen rather than at me and I found this off-putting” (Community Health & Wellbeing group February 2024)

One patient spoken to at the REI described having a minor accident when in the consulting room:

“In the actual consulting room, I fell off a slippery chair - I was wearing my coat. I was alright. The chair wheels had not been locked. The staff member was very concerned and nice, and I was alright (REI March 2024).

This comment was made by an elderly patient who had attended the REI alone, having been dropped off to the appointment by Age UK. Further Healthwatch Volunteer comments on this are recorded in the Observations section below.

## Section 4 – Standard of the Appointment Letter

Healthwatch observations:

- The majority of conversations revealed that patients are happy with both the **format and content of letters** sent by the REI.

Patient comments include:

“Letters clear & instructions clear” (REI March 2024)

“All instructions clear, with a map of where to go. Able to telephone and staff always know answer” (REI March 2024)

The majority of patients who commented on the design & format of letter indicated that that they were unaware whether **large print** or other formatting options are available.

“Well laid out. It could do with a big print option...It was not available that we knew of, and no-one mentioned it” (REI March 2024)

Some feedback indicated that people found the **reason for the appointment** provided confusing:

“The letter was fine but not quite sure what she is in for today and assumes it's a yearly check-up” (REI March 2024)

Another patient stated that that a **delay** in receiving correspondence was a concern to them:

“The long wait for a letter was stressful for my wife who is my carer” (Sight Loss Group February 2024)

## Additional Feedback

In addition to those patients that we spoke with at the REI and the Sight Loss Group, we received one further piece of feedback who has recently used the service and commented upon the check-in procedure:

On my last visit (in mid-March 2024), I would suggest serious consideration be given to how patients check-in; how reception staff deal with those patients who chat enthusiastically whilst others are queuing beyond the entrance doors – for some standing for 5–10 minutes is very painful and there's nowhere to sit if you are on your own. There's also the issue of patients trying to exit the building! When the REI was at Derriford it was possible to sign in electronically. One possible way forward would be for some form of barrier to be installed, filtering incoming patients around to the right, where there are seats, hopefully that would remove the risk of the queue extending beyond the main door. Hopefully, electronic signing-in could be tried again.

## Healthwatch Plymouth Observations

In addition to the Healthwatch observations at the start of each section, the following additional observations are made:

- The range of feedback relating to patients' first visit between October 2023 and March 2024 suggests improvements to the building are reflected in patient experience.
- Healthwatch recognise that issues raised relating to signage may have already been addressed. However, delay in provision and installation of signage could mean the issue is still being raised by patients.
- Consistent positive patient experience feedback from our site visits in March 2024 has been received.
- Difficulty in travelling to appointments from patients outside of Plymouth were raised, especially when reliant on voluntary sector transport support. If not already included in the appointment letter, patients should be given a direct line of communication in case of transport issues.

## Healthwatch Engagement Volunteers' Impressions

- Volunteer impressions reflect the overall positive feedback of patients, with some areas of concern around decor, travel, and support for more vulnerable patients.
- Building observations include a 'sameness of decor in all areas and sections' when at the REI in March 2024 and need for clear signage.
- Areas to address include exit signage not being clear, and differentiating between areas inside the building, perhaps by using coloured lines on the floors.
- HWP volunteers felt that the safety of those coming by public transport is a priority and observed a lack of safe crossing places from bus stop, along with hearing this in conversations with patients.
- "Most of the patients I met today were very positive about their experience" (HWP Volunteer REI March 2024)
- A volunteer observed that not all toilets had hand soap and said it was unclear whether there are toilets on floors above ground floor.
- A Healthwatch Plymouth volunteer raised concerns from observations that some more elderly and frail patients may be waiting alone for long periods of time:
  - "Patients taken to the waiting area and thereafter left to own devices after consultation. A lot of elderly patients seem to wait a long time; the area could do with some volunteers to support vulnerable patients on their own and confused – or a receptionist aware of these people"
  - "Being called into the consultation rooms can be problematic for several patients. Name would be called (not in very loud voice) with the chatter and hubbub and half the seating facing away from the caller, patients were finding it difficult to know if they were being called. Elderly patients with hearing as well as visual deficiencies"
  - "Letters I saw were impressive in their clarity, well laid out and orderly...gave step-by-step information clearly"

## Our Recommendations

Healthwatch have the following recommendations:

1. There is scope for UHP to work directly with the sight loss group, part of the Sensory Solutions service at the Improving Lives Plymouth Mannamead community hub. This could provide opportunity to better understand needs and concerns of patients and increase patient confidence in being heard.
2. The issue of a safe pedestrian crossing outside the REI needs to be prioritised with the Local Authority.
3. The new building would benefit from a mini-Patient Led Assessment of the Care Environment (PLACE) undertaken by Patient Council and Healthwatch Plymouth assessors to assess areas such as Disability Access (including Hearing Loops), Signage and Privacy and Dignity.

## Response from University Hospitals Plymouth

Thank you to Healthwatch for conducting this engagement and providing valuable insights into the experiences of patients attending the Royal Eye Infirmary (REI). We are pleased to hear that the majority of feedback from March 2024 has been positive, and we are encouraged by comments praising our staff's professionalism and quality improvement efforts. The areas highlighted for improvement, particularly those relating to parking, signage, and waiting times, are important to us, and we are committed to addressing them.

We acknowledge that feedback from the initial period after the REI's opening raised more concerns, and we value the understanding shown by patients regarding the improvements we have made since then. We hope this demonstrates our commitment to listening, learning and responding to the patient and carer voice.

With this in mind, we have responded to each of improvement area in turn below.

**Signage and Wayfinding:** Patient feedback identified signage as a key issue, particularly in terms of clarity and orientation. Since the feedback has been received, a large external building identification sign has been placed on the top of the REI building (June 2024). Road sign provision has also been improved.

Additional dementia friendly signage including popouts have also been placed over toilet facilities (June 2024). Furthermore, Braille has also been added to the lift directory boards and toilets to further aid signage and wayfinding. We will also discuss the possibility of implementing floor lines or color-coded pathways to help patients navigate the building with ease.

**Waiting Times for Appointments and Follow-up:** We take concerns around waiting times and follow-up treatment very seriously and do not wish to underestimate the additional stress and anxiety this can cause patients and their families. Our clinical teams are working to optimise appointment scheduling and improve communication with patients regarding follow-up timelines. We are also reviewing our administrative processes to reduce delays in sending appointment letters and to ensure patients are kept informed at each stage of their treatment pathway. This includes how we stay in touch with patients on a regular basis and providing helpful signposting information. We have also sought additional resources from our colleagues in Exeter, increasing our ability to see patients in a quicker timeframe.

**Parking and Transport:** We understand that parking and transport are ongoing challenges for many patients. In response to patient and carer feedback received, we have successfully advocated for a new bus stop to be placed closer to the REI to improve accessibility. There is now a new bus route (Stagecoach1A) ensuring easier access for patients traveling by public transport. We are also increasing our efforts to communicate via our appointment letters existing transport options, such as public transport routes, voluntary sector transport support and possible appointment length to help address concerns linked to parking and transport.

We share the public's frustrations regarding the absence of a zebra crossing. Our Patient Environment Manager requested a zebra crossing from Local Authority which was unfortunately rejected due to no perceived requirements. We would however welcome Healthwatch's support in continuing to advocate for this, given the perceived demand from patients and their families.

**Appointment letters:** We are pleased to hear that the majority of patients are satisfied with the clarity and format of our letters, and that many found the instructions and information provided easy to follow. However, we also acknowledge the areas for improvement that have been highlighted and are committed to addressing them.

### **Large Print and Accessible Formats:**

We appreciate the feedback that some patients were unaware of the availability of large print or other accessible formatting options. To address this, we will ensure that all patients are clearly informed of the available options for receiving correspondence in large print or other accessible formats. This information is included in appointment letters and will also be made available on our website.

### **Clarity on Appointment Purpose:**

We understand that some patients have found the reason for their appointment unclear, which can cause confusion and anxiety. We will review our letter templates to ensure that appointment letters clearly state the purpose of the visit and any necessary preparations.

**Healthwatch Recommendations:** While some improvements have already been made, we recognise that there is still work to be done. Please see our response to Healthwatch's recommendations below:

1. There is scope for UHP to work directly with the sight loss group, part of the Sensory Solutions service at the Improving Lives Plymouth Mannamead community hub. This could provide opportunity to better understand needs and concerns of patients and increase patient confidence in being heard.

*We would like to invite members of the sight loss group and Improving Lives Plymouth to become part of our Patient Council. This will help to ensure the voices and concerns of patients, and their families are at the heart of everything we do.*

2. The issue of a safe pedestrian crossing outside the REI needs to be prioritised with the Local Authority.

*Our Patient Environments Manager has previously requested a pedestrian crossing with the Local Authority that was unfortunately rejected. We would welcome Healthwatch's support in continuing to advocate for the need of such a crossing.*

3. The new building would benefit from a mini-Patient Led Assessment of the Care Environment (PLACE) undertaken by Patient Council and Healthwatch

Plymouth assessors to assess areas such as Disability Access (including Hearing Loops), Signage and Privacy and Dignity.

*A full PLACE assessment is due to be completed in October 2024. A full access and disability survey will also be completed by September 2024, with [AccessAble](#) guides of the REI and all related services due to be made publicly available in January 2025.*

Once again, we thank Healthwatch for their observations, and we look forward to working together to ensure the highest standard of care for all patients at the REI.

Darryn Allcorn

Chief Nurse

UHP Trust

## **Thank You**

Healthwatch Plymouth would like to thank all those who agreed to be involved in these conversations.



# Appendix 1

## Demographic Data

29 of the 31 people spoken to at the REI completed some or all of the demographic questionnaire. No demographic data was collected from conversations at the Sight Loss Group or the Community Health & Wellbeing Group.

## Ethnicity

Of the 24 who answered this question, all respondents identified as White British.

## Age

All 29 respondents answered this question.

Under 18 – 4

18-25 – 0

26-35 – 1

36-45 – 1

46-55 – 2

56-65 – 2

66-75 – 9

76-85 – 9

86+ – 1

## Gender

Of the 29 respondents, 15 were male and 14 female.

## Postcode

19 respondents left postcode information as follows:

EX23 - 1

PL1 - 1

PL4 - 2

PL5 - 1

PL6 - 2

PL7 - 1

PL9 - 1

PL11 - 1

PL14 - 4

PL15 - 1

PL17 - 1

PL20 - 1

PL21 - 1

TQ7 - 1

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