

Ambulatory Care

Patient Understandings and Experiences of Ambulatory Care

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This work was carried out at the Royal Bolton Hospital Ambulatory Care Unit
by Healthwatch Bolton

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Introduction

Healthwatch Bolton is the local consumer champion for health and care services. Its core function is that of gathering comment from its resident and transient populations, aiming to influence local health and care services.

‘Ambulatory Care’ (literally - *‘care of those able to walk about’*) is a term used within the NHS to cover non emergency, urgent care, given within an acute hospital setting without admitting patients to beds. Ambulatory Care Units are springing up all over the country as a way of reducing unnecessary admissions to hospital and taking some of the pressure off Accident and Emergency Departments. Bolton Foundation Trust opened its Ambulatory Care in 2012, though at this time it was called GP admissions unit. Since 2015 it has been known as ‘Ambulatory Care’.

At the same time the term ‘Ambulatory Care’ is being used to describe key components of the forth coming ‘sector’ based general surgery service, which is the first stage of acute sector transformation in Greater Manchester. Ambulatory Care is also likely to be present within other specialist services, which will be delivered on a sector level in future.

This group have been able to develop an understanding of the ‘Ambulatory Care’ model and have identified that wider engagement with the public on this subject would be useful.

Purpose of the Research

To address the following questions:

- Do people understand the term 'Ambulatory Care'?
- How should we describe this type of set up to help people understand what it is and how it works?
- What do patients think of the idea of having a home-ward/virtual ward option.
- What do people see as the Pros and Cons of Ambulatory Care
- What specific features would people like to see in a home-ward/virtual ward service - what would they expect from this and need to support them?

Methodology

The research was conducted over several visits made by Healthwatch Bolton staff to the Bolton Royal Hospital Ambulatory Care Unit. The research was conducted on the 24th and 27th July, 2017. Engagement officers spent all day in the Unit.

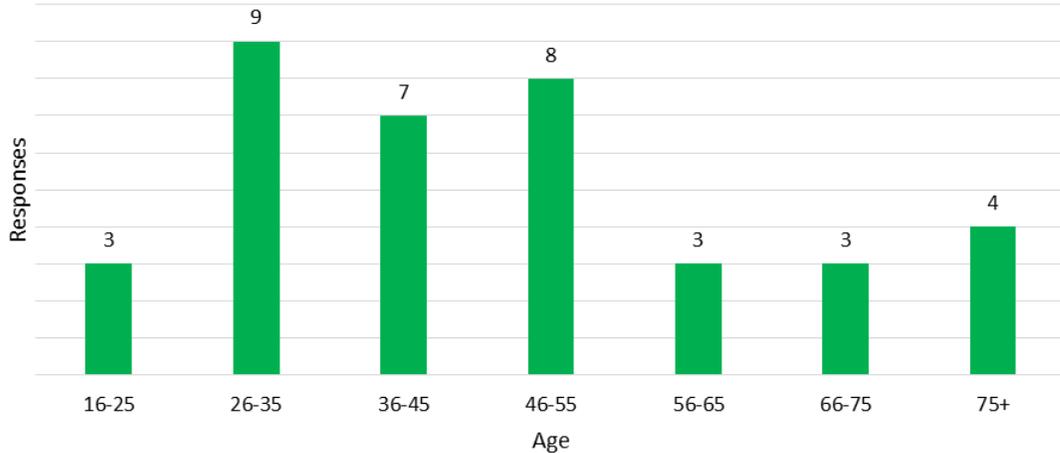
A set of semi-structured interview questions were used to engage patients waiting in the Ambulatory Care Unit. When available, staff were also asked their thoughts on how the Unit was working.

Engagement officers also took notes on what they observed whilst at the Ambulatory Care Unit. These comments are included in this report.

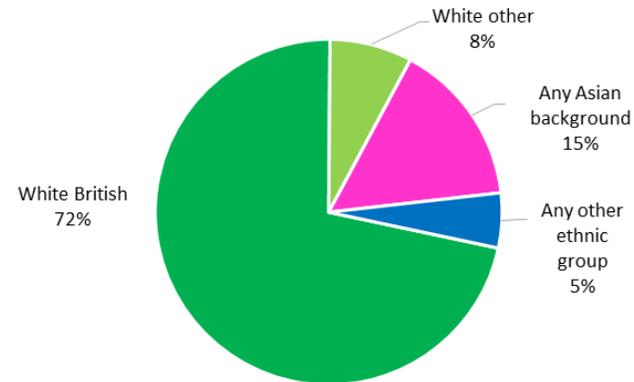
All the comments were analysed for common experiences/common threads. Any significant individual opinions are also highlighted in the final report.

Who we Spoke to

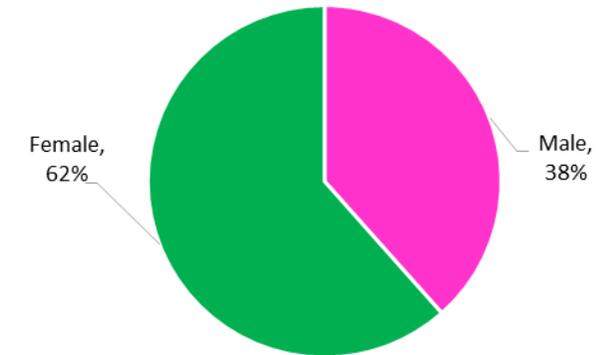
Patient Age



Ethnicity



Gender



Spoke to **32 patients**, some accompanied by carers - 11 surgical patients, 19 medical patients, 2 not answered.

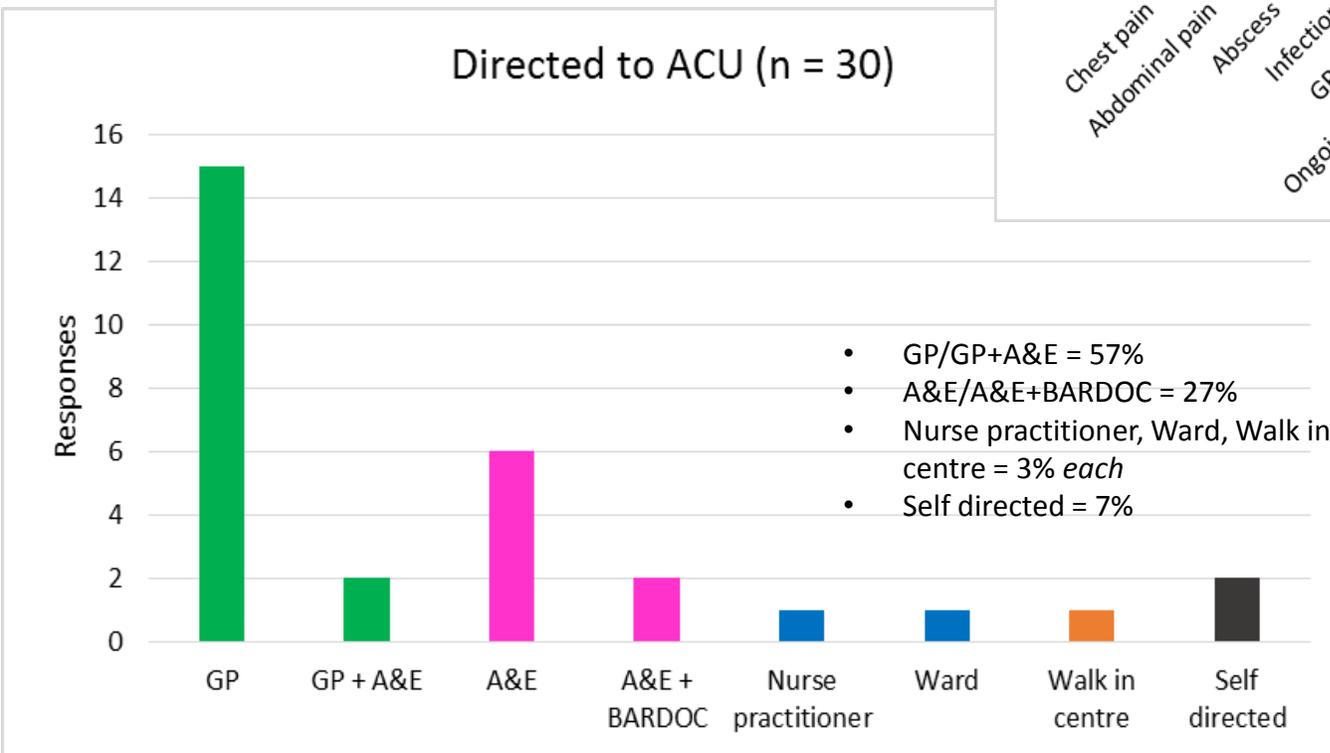
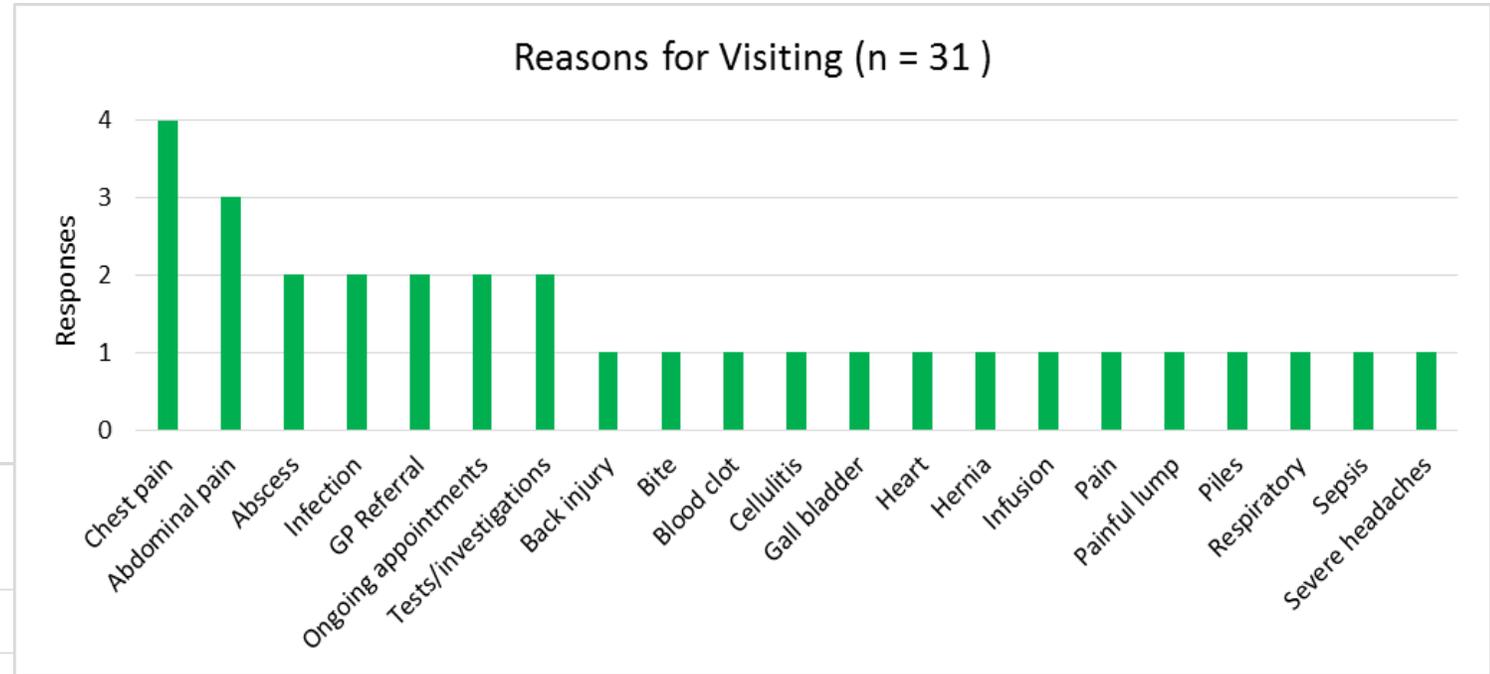
Regarding **ethnicity** the majority identified as 'White British' (72%) - also interviewed 'White other' (8%), 'Any Asian background' (15%), 'Any other ethnic group' (5%).

Gender split - 63% Female, 38% Male.

**At times the views of patient carers have also been included in opinion statements within the report.*

Who we Spoke to

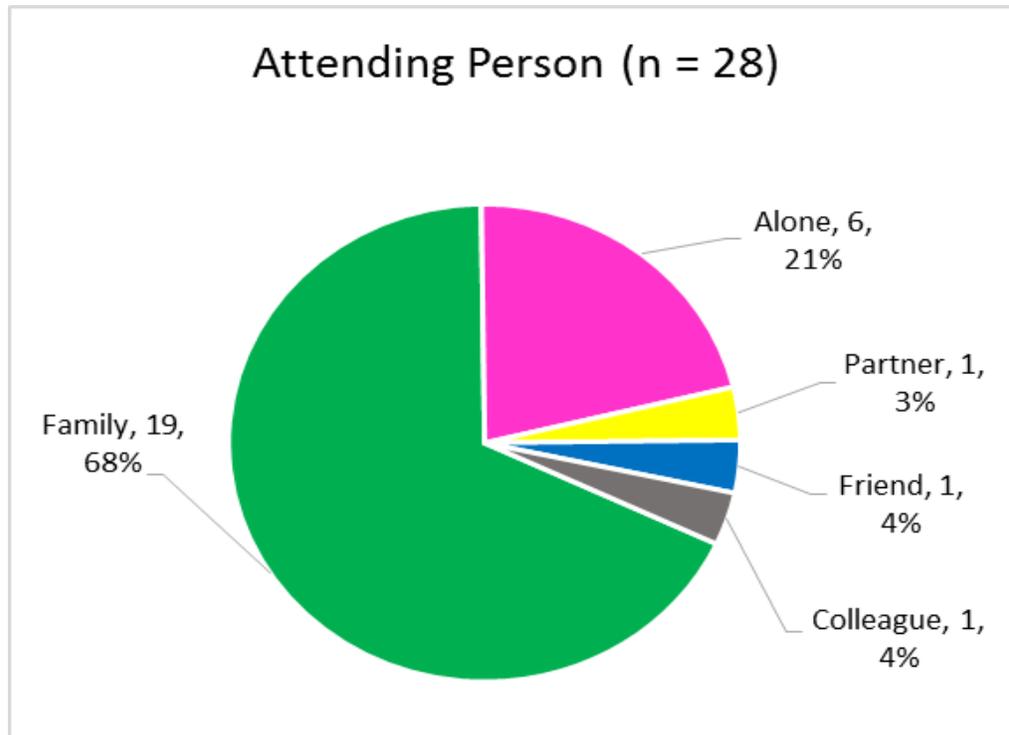
The people we spoke to described a wide range of health problems, as is consistent with a general ambulatory care unit.



The vast majority of people we spoke to (93%) had been directed to the ambulatory care unit via another health professional/health site.

- 57 % were directed to the Unit by a GP
- 27% were directed by A and E

Who we Spoke to



- Most people arrived with a family member (68%).
- However a significant proportion arrived alone (21%).
- Other options included partner, friend, and colleague.

What is an 'Ambulatory' Care Unit ?

- Do people know what the Unit does?
- Do people understand the name?
- Do people have any better suggestions about how to describe the Unit?

What is Ambulatory Care?

- The vast majority of respondents do not understand what the word 'Ambulatory' means.
- Quite a few people stated they did not really understand what happened at the Unit.
- Staff also noted that the name did not help them to explain the concept or manage patient (and other staff) expectations.
- There appears to be a lack of clarity *within* the health system as to what the ambulatory care unit is for and who should be referred there.
- Popular suggestions for alternative names included the words 'assessment' and 'out - patient'.
- Those that did understand the purpose of the unit seemed to have previous experience (either having been several times or from elsewhere).
- It should be noted that Ambulatory Care Units are different in different places, so people's expectations of what happens there may be based on what they have seen or experienced elsewhere.

What is Ambulatory Care?

I don't know what ambulatory care means

"We don't know. Ambulatory to us means 'walking wounded'."

"We have no suggestions because even after a couple of visits we don't really know what happens here for every patient."

"I didn't know the name Ambulatory Care - I didn't know that's where I was."

"We've just been trying to figure the name out; does it mean people coming in by Ambulance?"

Other professionals don't always seem to understand what the Unit is for

The staff nurse holds the surgical bleep and the conversations with GPs can be difficult in that if the GP insists or puts pressure on for a particular patient to be reviewed then the nurse can find that conversation challenging. Whereas if the bleep was held by a doctor there may be a different outcome to those conversations." (staff comment)

"Patients awaiting medical beds are often sent to wait here as there may be pressures in A&E." (staff comment)

"A&E think we should have all the GP patients and some of those patients can be quite poorly. We do find sometimes that inappropriate patients come to us and we can find that four rooms are not enough. There can be pressure on staffing levels too at those times. Sometimes the balance between staffing levels on A&E and here can seem to be in favour of A&E." (staff comment)

What is Ambulatory Care?

“We need a name for the unit which reflects the activity here and helps manage patient expectation.” (staff comment)

“The name is confusing. What about ‘out-patient ward’.”

“Intermediate care or Patient Assessment Unit.”

“‘Acute Care Unit’ seems to describe it best.”

“Use of the word ‘Assessment’ - basically that’s what they are doing.”

“Accident Care Unit?” (alternative name)

“Google says it’s an out-patient area where you are treated as an in-patient so I don’t know what you would call it.”

“No (I can’t think of another name) it seems self-explanatory.”

“It would be hard to find a new name that would fit the umbrella of services this unit covers.”

“Yes (I understand the term ‘ambulatory’) I work at another hospital and we have an ACU but it runs quite different to this. An Advanced Nurse Practitioner runs it and there is no divide between medical and surgical patients.”

“I see it as an in between of A&E and in patient stay. A step-up from GP and step-below admission.”

‘Sometimes we feel used as a ‘Planned Investigation Unit’ and there is a definite need for a unit like that here.’ (staff comment)

Suggestions from patients and staff for naming and describing the ambulatory care unit

Communication About and With the Unit

- Were people prepared and informed about what would happen at the ACU?
- Do people feel well informed about what to do after a visit or between visits?
- Do people feel that their individual circumstances were taken into account when they were referred to the ACU?

Communication About and With the Unit

Everyone we spoke to knew why they were at the ACU and what intervention they were waiting for.

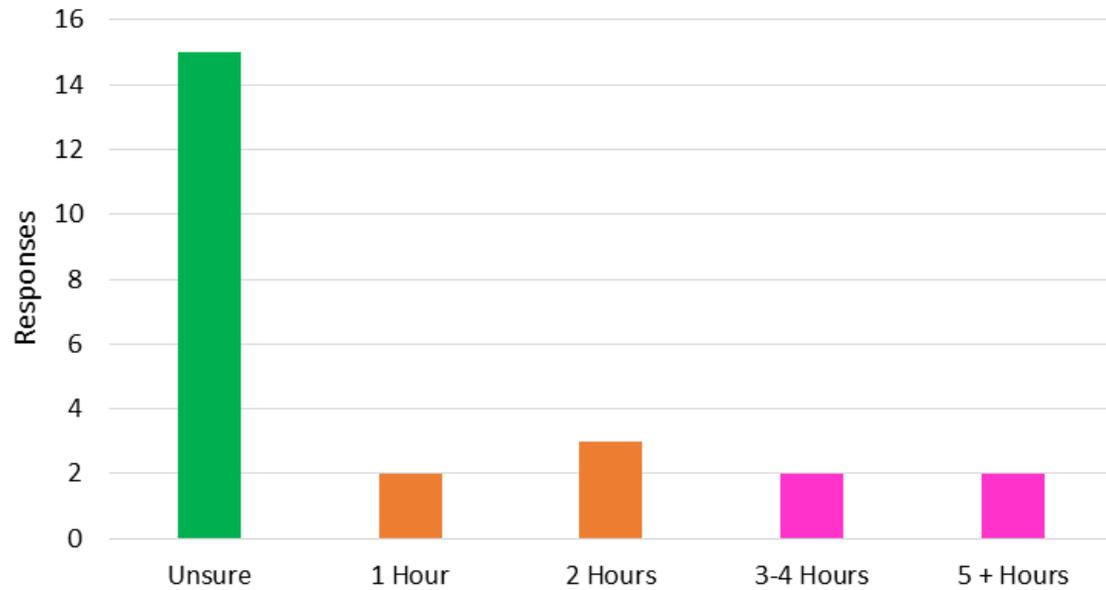
- By comparison almost half (47%) of the respondents were not clear about how long they would be waiting.
- In general people did not feel well informed about the ACU process before they arrived.
- Most felt that their personal circumstances had not been considered when making the referral, this was especially problematic when:
 - Repeat visits over multiple days were necessary
 - People had caring responsibilities at home
 - People needed family or friends to bring them in/stay with them
 - People did not know how long they would be waiting
- Not being able to get a mobile phone signal made it difficult for people to make arrangements / update their loved ones.
- People were generally not clear about what they would do if they had problems after leaving the ACU. If contact was not arranged by ACU, patients stated that they would contact the GP or return through A&E.
- People would like any contact with the unit between sessions or after discharge to be by telephone (78%).

Do You Feel Well Informed About What is Happening?

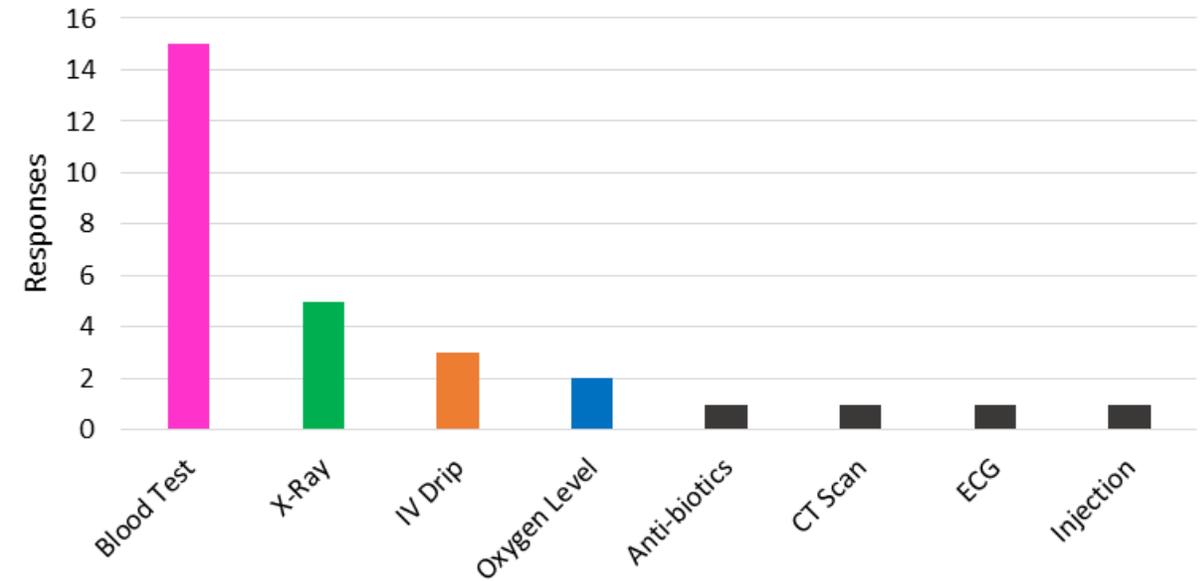
I don't know how long I'm going to be here

I know why I'm here

Expected Waiting Times (n = 24)



Expected or Performed Procedure (n = 29)



Where You Prepared / Informed?

“I don’t feel confident in my care; I feel passed from pillar to post. I’ve been given the wrong time to come and have been told I need a 5 day treatment and then a 3 day treatment. The staff seem confused about what to tell me. Today they told me to come for 9am but as I had treatment at 9pm yesterday it’s too soon for it again now. They told me to come at 9am but they don’t come till 11am; I’m told just to wander around in-between.”

“I don’t live here so have come to stay for a few days to help out. I don’t mind (coming) for my brother but no-one took that into consideration when arranging daily visits here.”

“It’s stressful as I’ve got the baby. We had to wait till 8pm and with having to take her home afterwards it’s been 10.00pm when I’ve been getting home with the baby and now my other child is on holiday from school so I’ve been having to bring both of them. I’m doing it to make sure she’s getting what she needs.”

‘No, nobody asked about my circumstances.’

“No I wasn’t asked anything (about my circumstances) just told to come here.”

“I can’t get a mobile signal to get in touch with anyone.”

**My circumstances
weren’t taken into
account**

Communication After the Visit

I am not clear who I would contact if I had problems after the visit

"I'm hoping if I go home today I don't have to come back. I would hope to get a leaflet or number to ring if I am concerned."

"If I have any questions I'm not too shy to ask so if I need any information I'll ask for it."

"We have had no information about what to do if symptoms return."

"Yes (I'm confident in the care) but I'm not sure where to turn if I have any problems. I got no information on discharge and no information on the do's and don'ts or where to go for information. I haven't been told what to do if symptoms occur again."

"If I had some concerns (when I leave here) I would probably contact my GP."

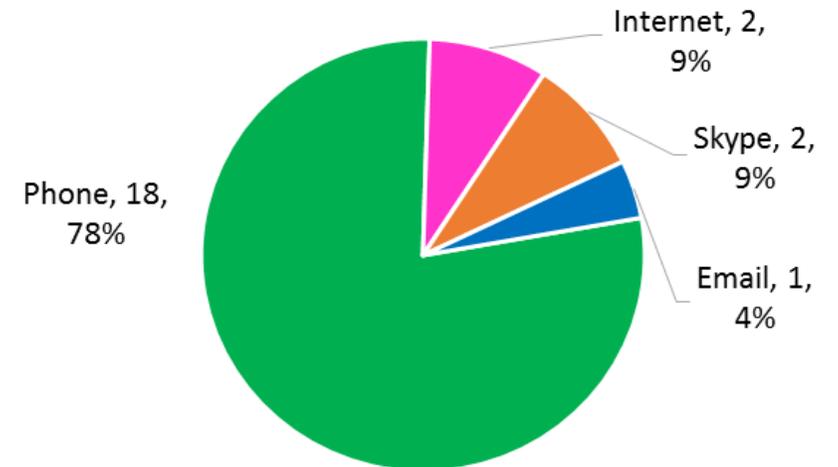
"Hopefully (I will have) contact with my GP (when I leave here); I try to see the same GP all the time who has all the information I need."

"(If I have problems when I leave here) I would bring (the patient) back here through A&E."

I am clear...

"I have been coming for five weeks and know who to contact if I need anyone but for the first two weeks of my treatment the District Nurse came out to give me medication by IV drip."

Preferred Contact Method (n= 23)



I would like follow up contact with the unit by phone.

The Pros and Cons of Ambulatory Care

- Thoughts on the Unit (home-ward/virtual ward)
- Recognised benefits of Ambulatory Care
- Exploring concerns

What Are the Pros of Ambulatory Care?

The perceived benefits of the ACU include:

- A quicker relatively efficient process, compared to multiple out patient appointments, or in patient stays.
- Obtaining results/forward plan on the day.
- Reduced impact on other responsibilities as a result of speed.
- Avoiding Admission.
- Less stressful than A&E.
- Convenient Location.

What Are the Pros of Ambulatory Care?

“They did a full assessment on me and asked me lots of things.”

“The benefits are getting things sorted and not waiting at home for a letter’

Everything gets sorted out relatively quickly

“If we had gone to A&E the process would have been much longer but coming here then everything is seen to in one go without much waiting other than the blood results.”

“I suppose if there’s something wrong I’ll find out. GP time is limited and they don’t really have the facilities to do tests.”

“It’s been great. I’d rather sit and wait for the results than have to come back. The speed within which I have been seen has been brilliant.”

“If I could have got into see my GP I think he would have referred me here anyway and it would have taken longer. It’s cutting out the middleman what’s happened today.”

“I have been told that I was sent to the best department to deal with my condition as if we had been sent to A&E the process would have been much longer.”

“It’s much easier for me - I have 3 disabled children - this way I’ve been able to make all the arrangements I need.”

“I’m not sure (of the benefits) other than we get the scan, results and consultation in one appointment rather than be backwards and forwards.”

“I was seen in A&E within 5 minutes and it looks like it’s going to be sorted here today. It’s been great care.”

What Are the Pros of Ambulatory Care?

This is much less stressful than the alternatives

“Yes it’s quick and efficient and is avoiding the infection risk as my Dad has COPD; he’s avoiding the stress of A&E.”

This service is conveniently located for me

“I live in Farnworth so it’s convenient and it fits in with my day to day life.”

I prefer this than being admitted to hospital

“I prefer to come here as the ward is noisy and I can’t sleep and I’d rather come here than go to the GP.”

‘There would be no alternative other than, like the previous time, a general anaesthetic and a hospital admittance as a day case and be in all day.’

What Are the Cons of Ambulatory Care?

The perceived benefits of the ACU include:

- Some people didn't see any benefit of being in the ACU over being treated in A&E.
- Some people felt that the ACU was not connected to their normal clinicians and would have rather have been seen by them.
- Some people felt being admitted as an in patient would have been more practical/comfortable.
- The transport and logistics of repeat visits to the ACU was difficult for some people.

What Are the Cons of Ambulatory Care?

The transport element is difficult

“Transport has been difficult coming here twice a day.”

“My partner can’t always come with me; my daughter has two young children and for her to bring me, especially at night, is difficult. My treatment today might have been missed today due to her not being able to bring me.”

I could have been treated in A&E

“I don’t see any benefit.”

“I could have stayed in A&E.”

“I don’t see any benefit. I had the tests in A&E and could have seen a consultant in there. This is just another department.”

I would prefer to see my consultant

“I feel distanced from my consultant I was seeing in hospital. I have no contact with him at all and feel that coming to ACU there is nothing being fed back to him and no-one knows my history.”

“Ideally an out patient appointment with my consultant I was seeing in hospital. If the problem had gone away it would be fine but this problem is not going away so I don’t feel anyone here really knows my case.”

I would prefer to have been an inpatient

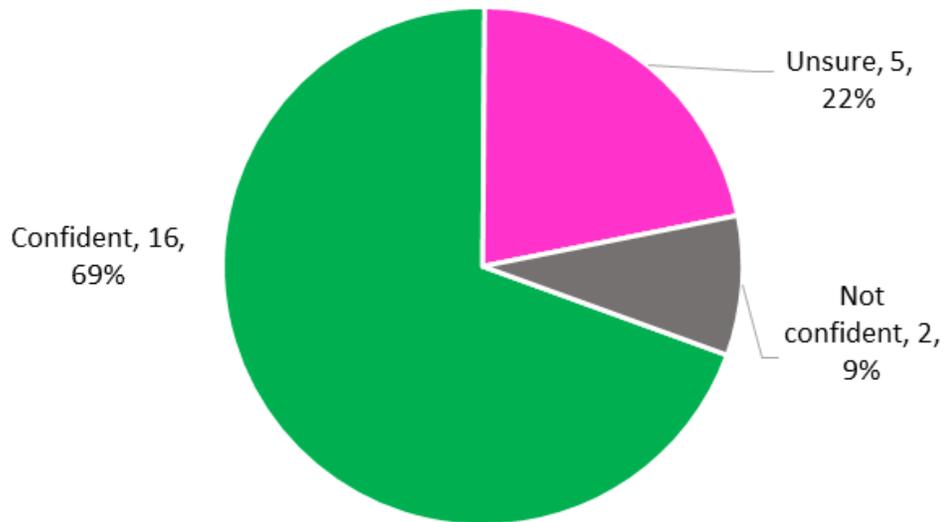
“A ward with a bed which is what I thought was happening (would have been better). I could have rested quietly and laid down which would have been more comfortable for me.”

“A&E and possible be admitted as an in patient.”

Overall Experiences

Most people (69%) were happy with their care, felt confident and reassured by their experience, and were complimentary to the staff.

Confident about care? (n = 23)



“I am 100% confident in the care I am receiving.”

“Yes. I was very ill last year so I feel very good that they’re taking precautions and checking on me.”

“I’m confident in the care but the process is slow.”

“It’s a fantastic service. We can’t fault the care and communication is good.”

“Nothing. I think they’ve done everything to the best.”

“Nothing. The staff have been great and offered refreshments and the consultant has been lovely and reassuring.”

“Nothing. Everyone has been brilliant and answered my questions, providing clear information and offering refreshments.”

“Staff have been reassuring.”

“It’s really good care and they’ve brought a few people to check so I feel reassured.”

Suggestions for Improvement

- The environment was considered to be quite basic.
- Better chairs, a TV, some reading material, a space for children, and food and drink options that allowed people to be more independent (drinks machine, kiosk), would improve the experience for everyone.
- People need to be able to update their loved ones and sort out the practicalities of their lives, the lack of a mobile phone signal is a major barrier to this.
- Staff would like to have a medical officer based in their team.

“Magazines.”

“A TV would have helped.”

“Better signposting to the Ambulatory Care Unit.”

“I’ve got a bad back and couldn’t find a comfy chair on that side (medical waiting area) of the waiting area so I’ve come to sit here in these taller chairs (surgical side) but now I can’t see the TV. If I could I would have gone home and come back at 2pm. There are no books or magazines.”

“There is also no mobile signal in here so if you are trying to reach family or work you have to leave the unit.”

“I am offered a drink and a sandwich or biscuit but if I am not hungry at the time and don’t take anything they don’t come back to me and I have to wait until I get home. You get offered a biscuit with a drink sometimes but no healthy options like a piece of fruit.”

‘It would be useful to have a senior medical staff member based down here.’ (staff comment)

Observations – by Engagement Officers

The unit:

- Medical side - all reception style chairs. Not very comfortable when sitting for long periods; in the case of some patients 8-10 hours.
- Surgical side - has a variety of seating. Reception style chairs and some high back comfortable chairs.

Provision:

- Medical side are offered hot drinks and sandwiches or biscuits at lunchtime; surgical patients are occasionally offered a hot drink but nothing to eat. Some patients sit on the surgical side even though they are medical patients simply because of the more comfortable seating.
- Medical side has a TV on the wall, surgical side has nothing.
- Not much reading material.

Suggestions:

- Missed opportunity for information leaflets and public health information, considering some patients are attending with chest pain, hypertension etc.
- No vending machine for drinks/snacks, considering length of time some people are sat around and unable to leave the area in case they are called.
- Difficult for patients contacting anyone as there is a poor mobile phone signal and no Wi-Fi. Although there is a payphone on the surgical side, it is doubtful those on the medical side are aware of it due to its location.
- Bad lighting when sat for long periods and not feeling well.

Conclusions

Language, Communication, and Patient Expectations

- Nobody knows what Ambulatory Care means. Staff and patients agree that a better name that describes what the unit does is desirable, as a way of explaining the process and managing patient expectations.
- When people arrive at the unit they are often clear that they are there for assessment or follow-up, so 'Patient Assessment Unit', or 'Urgent Care Outpatients' seem like the best of the suggested alternative names.
- People were quite well informed about what would happen (test etc.) whilst at the Unit, but were not very well informed about how long they should expect to be at the Unit.
- People generally felt their personal circumstances had not been explored /considered on referral to the ACU and this causes them logistical problems. This problem is exacerbated by not being clear how long they will have to stay at the Unit, and not being able to get a mobile phone signal (allowing them to make arrangements) from within the Unit.
- Most people did not have a clear idea what to do between visits or after their visit, with most saying they would contact their GP, or go to A&E if they had problems.

Conclusions

Benefits of ACU approach are seen to be:

- People were generally happy with the care they received and the process, seeing the benefits as 'getting everything sorted out in one place'.
- Some people found the ACU a less stressful option; than either hospital admission or A&E attendance.
- One person understood the risks of hospital admission included infection.

Concerns about an ACU approach centred around:

- Continuity of care (in particular disassociation from consultants).
- Problems with arranging travel, someone to accompany the patient, domestic arrangement etc.
- Not appreciating the difference between ACU, A&E, or a ward admission.

Recommendations: These recommendations are to any service or site that has or uses an Ambulatory Care Unit and to the CCG and North West Sector information /communication specialists

1) Communication. If ambulatory care is to be extended as a method, much more effort needs to be made to communicate with patients and the public about the purpose, processes, and benefits of an ambulatory care approach. This communication needs to happen at all levels (campaigns through to referral/deflection leaflets).

Communication should:

- Focus on the benefits of ambulatory care for the patients (relative speed and safety, all in one place, avoid admission, and therefore risk of infection etc.).
- Explain what the Unit is and does.
- Be honest about the realities of the ACU process (information about waiting, potential need to make repeat visits, the limitations of the particular environment) so that people feel prepared, and can make appropriate arrangements.
- Give information that will help the patient mitigate against any problems (e.g. Bus numbers, Patient transport information, information about parking, information about baby and children's facilities etc.).
- Give an indication of what might happen for patients after the ACU visit (for example, may be referred to a specialist, may be cleared of any problem, may leave with treatment package to be followed up by GP etc.).

2) Name. The term 'Ambulatory Care' means nothing to most members of the public – consideration should be given to finding a name for ACUs that describes their purpose and function.

3) Post contact follow-up. Patients should be given a card clearly stating who they should contact with regards to follow up .

Conclusions and Recommendations for BFT

- People were generally confident about the care they received in the ACU and complimented the staff of the unit.
- There were lots of problems with the space, which is not well adapted or equipped for people waiting in the ACU for long periods. Problems included, bad lighting, uncomfortable seating, lack of TV, reading material etc. ***Better Seating and lighting, more TV's, some reading material (including health promotion literature) and something to occupy children should be provided.***
- A lack of self-managing options for eating and drinking adds unnecessarily to the discomfort of waiting round. ***The ACU should at least have a vending machine for food and drinks.***
- The Unit needs to come up with a system for ***keeping patients better informed*** about how long they can expect to wait between interventions – at least this allows patients to go for a walk/go to the shop/cafeteria without worrying they will miss their slot.
- Patients in these situations need to be able to contact the outside world. ***Resolving the issues around mobile phone signals would significantly reduce patient stress and improve patient experience.***
- Some attention needs to be given to ensuring patients are ***well informed about post ACU follow-up.***

The Questions

- How long have you been here? Do you know how long you will be here?
- Who have you seen so far and what's going to happen next?
- How did you get here? Who is/are you here with? Do they plan on staying with you?
- As a patient what do you see or anticipate as the benefits or difficulties in being seen here rather than the GP, A&E or out patient department? Do you feel there is an alternative to your care today? What would that be? Are there any circumstances you feel haven't been taken into account?
- As a carer/supporter what do you see or anticipate as the benefits or difficulties in being seen here rather than the GP, A&E or out patient department? Do you feel there is an alternative to the care today? What would that be?
- At this moment in time do you feel your responsibilities as a carer/supporter are manageable? What do you feel you will be doing as a carer during this time that is different?
- If you were sent home today and told to come back tomorrow who would you wish or expect to be able to have contact with in that time?
- Under what circumstances would you expect contact with the clinical team? How would you wish to be able to contact that person/department?
- The name of the 'Ambulatory Unit' - What does the name of this unit mean to you? Being a patient here could you think of something more appropriate or simple?
- How confident do you feel in your care? What would have made your care better today? What has reassured you today?

The Comments

*Please see separate full comments list.