	Seeing the GP (primary care)		Getting an Appointment at the hospital		Getting tests done and getting your results		Seeing the consultant / diagnosis		Waiting for a procedure		Admission		Treatment / Care		Discharge		Social Community Care
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	Positive Comments		**Positive Comments**		**Positive Comments**		**Positive Comments**		**Positive Comments**		**Positive Comments**		**Positive Comments**		**Positive Comments**		**Positive Comments**
	-In an 'emergency' will be seen quicker, often within 24 hours -Can usually see any GP if necessary -Young people happy to engage in technology - Depends on the surgery - Telephone consultation - Nurse practitioner opportunities - Many patients report difficulties in getting appointments, except in real emergencies - In emergencies - often told to call 999 - Can have appointment if contact early and if urgent		-When you ring the Trust to speak to someone directly the service is good - Depends on type of appointment - Choose and Book - Cancer 2-week referral - Depends on availability of individual departments - GP referral important - esp. detail for guidance		-Hot Doc System works well -Varied outcomes depending on the surgery - Consultants amiable to discuss with patients - If a 2-week appointment - then very good - Generally works well - Results from GP usually smooth - GP tests and results good - hospital less so		When ringing the hospital to speak directly, the service is good - Good clinicians at QEH -As a staff member always been able to access consultants for advice - Occupational Health - quick access for staff to see consultant - With serious illnesses very good - Process generally works well - some specialties better than others - Someone to talk - Some specialties better than others (ENT and Cardiology)		Emergency procedures good - One needs someone to talk to - this has become much more difficult - Arthur Levin appointments usually quick - With some cancers this is good		Smooth and efficient system - it moves well - Process good - A&E generally good - exceptions being busy days, nights and staffing levels - Excellent personal recent experience - Variable - Arthur Levin - good clear arrival times - welcomed explanations		-Generally very good - Staff are caring - Good areas of care across the Trust - Dedicated and committed staff who want to help - Some wards well-managed - Patient experience variable - Critical Care and A&E the best - outreach teams excellent - Good compliments - Food OK - Staff very caring		Having community input (CCG) during Safe Week worked very well to help length of stay and ease stranded patient numbers - Some efforts to bring discharge time earlier in the day - Surgical / routine ops usually reasonably well-organised - Advice on post-op progress - Majority goes smoothly		Good joined up working with the Rapid Access Team etc. - Having community input (CCG) during Safe Week worked very well to help length of stay and stranded patients - Some good connections with care homes - Red bag system - is it working - Can it work well? - some good examples nation-wide - Care plans help - Red bag scheme
	Negative Comments		**Negative Comments**		**Negative Comments**		**Negative Comments**		**Negative Comments**		**Negative Comments**		**Negative Comments**		**Negative Comments**		**Negative Comments**
	Elderly patients prefer to see own GP and do not like advice over the phone - Waiting time e.g. 3 weeks for 'standard' appointment - Lack of continuity having to see different GPs and repeat symptoms - Unclear what happens next following GP appointment - lack of explanation - depends on which GP you see - Need a consistent approach - Seeing different GP each time leads to lack of continuity - GP & QEH medical records are not linked - Delays in seeing GP of choice (6-7 weeks) - Variable access to GPs - DNAs		Choose & Book (e-referral) does not work well - No organised queuing system - patient can drop out of the queue - Must be an easily accessed facility for GPs to discuss issues with consultant prior to appointment which would reduce A&E attendance - Antiquated system with letters / duplicates arriving, often late - Contradictory letters with poor details - System does not appear fit for 21st century - Wastage to environment using postal system - 36 week wait for cardiology appointment		Difficult to get hospital investigation results - easier at GPs - Lack of secretarial delegated authority to enable results to be given out to patient - Problem of non-action from GP - Problem with GP letters going to patients in an insensitive way - Poor links between QEH New (ERA) and GP services - Delays in X-ray process at present -Too many appointments - need to develop more-one-stop-shop services - Delays with results to GPs - Are patients given the options?		Poor Experiences on initial appointments - lack of triangulation - Problems not always picked up - Staff shortages and operational pressures variable across departments - Language spoken? - Breaching the mandatory targets - Difficult because of cancellations - No mental health consultants - Notes travelling with patients necessary - Generally takes too long - Subject to cancellations - Not enough flexibility - Diagnosis needs further appointments; unless urgent		Beware hiatus between 2nd and 3rd care - where does clinical responsibility lie? - Many 'follow-ups' could be done electronically / virtually (Skype consultation) - Pts. need to take more control of their pathway - Costs of 'did not attends' (DNA) / text system - A system should be in place to fill appointments at short notice - Communication issues - Concerns about delays and cancellations of procedures - Concerned that Cancer waits are too long - Many serious illnesses treated elsewhere - very poor patient experience		Confusion regarding 'living wills' - Advanced care plans- - Appropriate investigation for patient - when end of life - Value of pre-admission clinics - Timing issues for day surgery patients - Lack of bed availability - Repeating of personal history repeatedly - Pre-admission clinic do not always function well - lack of medical input - Pre-admission clinics inefficient - Confusion about living wills - Not enough information sent		-Treatment very good - it's all the peripheries that cause issues - Issue of mental health patients - Staff don't always know 'how to care' - staffing shortages in all specialties, which affects quality of care. Not enough staff to do all that is required - High dependency on senior staff and their competencies - Ability to identify the whole condition - Time for personal care not always available - Order of operation list and time of admission - Caring individual doctors and nurses - obstructive systems - Occasional problems - falls / infections		- Consultant should be responsible for discharge letter - Communication between 1st and 2nd care v. important but the discharge letter always seems low priority yet essential piece of information - Insufficient use of hand-outs - advice of post-operative activity - Discharge process can be very prolonged - Takes too long - Is enough notice given? - Query follow-up appointments - Issue of mental health patients - Pts are sometimes discharged too quickly and as result, things are forgotten / missed - resulting in readmissions		- Issue of mental health patients - Lack of joined-up care - QE and community priorities different - Gaps in service provision impacting on QE ability to discharge - Patients wait weeks for care/treatment after discharge - Lack of community beds - Slow reaction to help discharge - Poor mental heath service - Too many assumptions made that patients are better off at home - Clearer integration with community / social services needed - for effective patient care at home

Seeing the GP (primary care)	Getting an Appointment at the hospital	Getting tests done and getting your results	Seeing the consultant / diagnosis	Waiting for a procedure	Admission	Treatment / Care	Discharge	Social Community Care
- Availability of weekend timeslots - Is electronic or postal referral used? - Depends on practice - some are good and some are less willing to take cases - call 999 - Communication - use of video? - Use of feedback - Capacity? - How to avoid DNAs - Non-urgent appointments may take weeks - No evening or weekend appointments	- IT systems do not communicate with each other - Variable access to GPs - High number of DNAs - Lack of availability of weekend timeslots - Is IT used to refer or the postal system? - Work around information governance to move with the times - Keeping patients up-to-date with waiting times- especially when 14 weeks and longer - Very problematic - depends on the department to some extent - Waiting times in many instances are outrageous - Choose and book not working - ASIs / patients left in the dark - Initial appointment appears to take ages - Better use of technology to book	- length of time to get the appointment - poor communications, appointment letter does not always given reasons for appointment - DNAs - availability of weekend timeslots staff shortages can cause issues - laboratory timescale - results not always shared efficiently - especially GPs - getting results is poor. They belong to the patients (in particular getting hospital results in the GP surgery) - hospital results more difficult than GP - some QE tests take ages - Need appointment to get results		- Waiting lists issues in some departments - Many specialties very poor - especially for patients in pain - E-referral system not always efficient - Needs updates / better communication - Support during the waiting time - Subject to cancellations on the same day			- Pts are discharged without medication, equipment - Significant investment of time in discharge but lack of coordination - Waiting for medication and discharge letters - Poor communication - Poor discharge lounge - Patients sent to care home in hospital gown - Poor / no information sent to care homes with pts - Discussed packages etc. are not always in place - pts left high-and-dry - Too many pts have to wait for the TTO and discharge letters - need to start process on arrival - Pressure to discharge too early - Discharge lounge is depressing - TTOs and discharge letters - Discharge letter should be a consultant responsibility - as in Sandringham - Need full notes for after-care	- Insufficient care in the community - Lack of joined-up care - No step-down
Ideas	**Ideas**	**Ideas**	**Ideas**	**Ideas**	**Ideas**	**Ideas**	**Ideas**	**Ideas**
IT integration required between all GPs and Acute Trusts	Better use of technology	One stop shop' required	Reduce DNAs and costs with texts as opposed to phone calls	Important that we align surgery / treatment 'One Stop Shop' and inform patients of waiting times - system to fill vacant appointments	Patients to be their own advocate - and carry their own history and notes	Patients should be their own advocate - and carry their own history and notes	- Improved coordination between all agencies - Improved communication - Improved discharge lounge	- Need for closer integration between primary, community, social services and the QE - Work around IG to move with the times - Needs communication both ways - advanced care plans and family agreement