

St Paul's Eye Unit (Royal Liverpool Hospital) Listening Event Report

14 January 2025

St. Paul's Eye Emergency Department



Bare below the elbows
All staff at all times in clinical areas

Wash for 20 seconds
No wrist watches, rings or jewellery
No nail polish or artificial nails
Only use clean hand-drying

No needles, syringes or sharps are allowed to be taken to clinical areas

St Paul's Emergency Eye Department
opens between the hours of 8am - 8pm

If you have an urgent eye condition outside of these hours, please book into the Main Emergency Department - on Level 1 (access via external entrance)

TOILETS IN THIS DEPARTMENT ARE FOR PATIENTS ONLY. PLEASE USE THE PUBLIC TOILET LOCATED ON THE CORRIDOR NEAR THE BREAST UNIT
THANK YOU

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Introduction

We were pleased to have this opportunity to visit the St Paul's Eye Unit as we had not visited the service since the move to the new Royal Hospital site, and we were keen to see how it compared to the previous site, and how people were responding to the new facilities and treatment – whether they were new or longstanding patients.

Prior to the visit, we agreed survey questions with the Patient Experience team and St Paul's staff, and it was also agreed that the survey would be available online for a week before and after the visit to allow additional feedback from patients.

Overall, we received feedback from 31 people; 24 of whom we spoke with on the day and 7 of whom completed the survey online.

On the day of our visit we were met by Mark McKenna (Head of Patient & Family Experience) and Paula Hall (Matron for Ophthalmology) and given a tour of the whole Unit before speaking with patients and family members across a number of areas, including the main Outpatients Reception area, A1, A2, B2, and the Emergency Eye Department.

We were given a copy of the 'Ophthalmology Wayfinding and Accessibility Action/Improvement Plan' (Nov 2024) which details how the Trust is already working hard to respond to patient feedback about e.g. signage, floor markers, the car park shuttle, and the challenges presented by the limitations of the available space.

Later in the day we met with Paula Hall and Alison Germain-Martin (Patient Experience & Engagement Manager) to give an initial summary of the patient feedback we'd heard and to highlight any issues arising.

Observations

We noticed that although work has been done to make St Paul's signage around the hospital more visible and easier to pick out, due to the colours used (yellow and black), the main St Paul's logo at the Reception area is difficult to read and doesn't stand out clearly. The Reception desk itself is also not easy to distinguish from the café area, and the Emergency Eye Department is hidden away almost out of sight (even for people with good vision) behind the café area and some distance from the main St Paul's Reception desk. The sign immediately outside the department is grey on white and difficult to see. The waiting area here is small but we were told the aim is to triage, treat and discharge in as short a time as possible.

The horseshoe design of the clinic areas might also make it difficult to navigate when being called to different areas, and we did receive some feedback about this. Although staff were generally felt to be very helpful in directing patients, or taking them to specific areas, it could still sometimes be confusing even with a relative, friend or partner to assist.

We noticed some apparently contradictory messaging on the walls about who was allowed to accompany patients into the clinic areas, and whether they should have anyone with them at all. Whilst we recognise that space is very limited in the unit, many patients require assistance and support and may feel less inclined to attend if they feel they are being discouraged from bringing family, friends or support workers with them.

We also noticed that some corridors had white handrails against white walls, which may make them difficult to distinguish, but we were told that there are plans to get the rails painted black to address this concern.

Plans are also in place to get bigger numbers put on doors, and bigger graphic illustrations to indicate the purposes of rooms.

The A2 waiting area was particularly crowded on the day we visited, with many patients having to stand. We were told that re-modelling the area had been discussed but would involve building work and there were no firm plans or timeframe for this.

The B3 waiting area (Corneal Services) was especially small and, again, staff are considering how to improve flow. We were told that patients for this clinic are often younger than elsewhere in the Unit.

We were also informed that all Outpatient areas have had air filters installed as they do not currently comply with distancing rules for seating otherwise.

We observed staff in the Emergency Eye Department providing updates on waiting times, offering sandwiches and drinks, checking whether anyone was diabetic, and giving reassurances to patients that they could go to the toilet without losing their place in the queue. A nurse specifically asked to speak to someone who had been brought in by ambulance, to check whether they had eaten. This was all very welcome to observe.

It was explained that wherever possible pre-op appointments are made on the day of the operation, to avoid additional journeys.

The whole Unit appeared to be clean and hygienic, and we noticed a 5 Star cleanliness rating on a wall.

There were no TVs in most waiting areas to provide an activity whilst waiting for appointments, but we were told that staff were awaiting the installation of TV points. The TV in the emergency area was not working but staff and patients said they would like it to work.

It was not clear whether, or where, patients could charge their telephones – which was a particular concern in the Emergency waiting room but would also be helpful throughout the Unit.

Survey Feedback

1) Survey participants

1) We spoke to 31 people of whom 27 (87%) were patients. The remaining four responses were from relatives/other visitors.

2) What is the first part of your postcode?

As patients visit St Paul's from a wide area, we asked people for the first part of their postcode to get a sense of the geographical distribution of the people we spoke to. 30 people answered this question, of whom just over half (53%) were from Liverpool, and a further 37% were from elsewhere in Merseyside. The remainder were from Cheshire and Greater Manchester.

3) Name of ward or outpatient department

We recorded the areas within the Unit where 30 people were attending, although unfortunately there was no standard way of recording answers to this question, so the information below gives only a partial indication.

Name of ward or outpatient department	Respondents
A1	3
A2	2
Clinic A	2
B2	2
Emergency Department	8
Ophthalmology	1
St Paul's	6
Main Reception	1
Outpatients	5

4) Rate the following aspects of St Paul's Eye Unit and the wider Royal Liverpool Hospital site

Accessibility is a key issue for St Paul's patients, and also a key concern for staff who want to ensure the best possible experience for their patients. We therefore asked a series of questions looking at different aspects of accessibility.

The chart below shows the highest scoring answers highlighted in green and the second highest scoring responses in amber. These responses indicate that accessibility is generally viewed as 'Good' across all the areas listed below, with the exception of Car Parking, which a third of respondents found to be 'Very Poor'; and Waiting Times for Appointments were found to be 'Neither Poor nor Good' by almost half of respondents (48%).

Aspect of St Paul's Eye Unit/Royal Liverpool Hospital	Very Poor	Poor	Neither Poor nor Good	Good	Very Good
Waiting times for getting appointments	3 (10%)	1 (3%)	9 (30%)	11 (37%)	6 (20%)
Waiting times at appointments	3 (10%)	4 (14%)	14 (48%)	5 (17%)	3 (10%)
Accessibility	2 (7%)	2 (7%)	6 (21%)	11 (39%)	7 (25%)
Car parking	7 (33%)	1 (5%)	7 (33%)	5 (24%)	1 (5%)

Aspect of St Paul's Eye Unit/Royal Liverpool Hospital	Very Poor	Poor	Neither Poor nor Good	Good	Very Good
The Royal building	2 (7%)	1 (4%)	6 (22%)	9 (33%)	9 (33%)
Signage colour	2 (7%)	0	5 (19%)	15 (56%)	5 (19%)
Signage font	2 (7%)	0	6 (22%)	15 (56%)	4 (15%)
Signage placement	2 (7%)	0	4 (14%)	17 (61%)	5 (18%)
Appointment letter format (font size, background colour?)	1 (4%)	0	5 (19%)	12 (46%)	8 (31%)
Reception desk positioning (noise levels?)	1 (3%)	0	6 (21%)	16 (55%)	6 (21%)
Waiting area (busyness, space?)	2 (8%)	4 (15%)	8 (31%)	10 (38%)	2 (8%)
Being called into appointments (verbal, visual?)	2 (7%)	2 (7%)	6 (21%)	14 (50%)	4 (14%)
Lighting levels	1 (3%)	2 (7%)	8 (28%)	14 (48%)	4 (14%)

20 people elaborated on their answers, as follows:

"I followed the signs from the main Reception down the escalator and it pointed me to an empty Reception desk in the main plaza of the hospital. I looked for a staff member, there wasn't one. I then found a St Paul's sign pointing to the back of the building, I went there and the doors were locked closed. I then thought as it was a Saturday that the A&E was closed and my Dr had got it wrong. I went up the escalator to the volunteer desk by the main entrance and told them my experience. They told me it was open, but the door wasn't obvious. I then found it, under the escalator behind a Starbucks on the opposite side to the main desk. The signage was light green and I didn't see it (I was there with loss of sight). This signage should be bright yellow and black so people with sight issues can recognise it. The main St Paul's Reception should also have very clear signage on a weekend pointing to that A&E. I nearly wasn't seen. I had been waiting in another A&E for 13 hours by the point I reached this A&E. I was exhausted and had symptoms of a stroke, loss of sight and sensation in left side. The person on Reception there seemed to have no time for me at all. She was sharp and made me feel stupid. I had never heard of this department and had no idea it existed so needed help understanding where I was and what happens there, and she did not like having to do that. I was given drops to dilate my pupils, this set off my symptoms and my face became numb. I asked for a side room to be in the dark. They put me in one at the end of the corridor and turned down the lights. This was good as I got to sit in a more comfortable chair. It seems they forgot about me there though as I waited ~3 hours in that room. I left to buy pain killers (by the way, WHSmith doesn't sell those, and the pharmacy was closed, so I went without). As soon as I came back, she said "She's just called your name." Coincidence? My eye Dr was good and thorough. She advised I go back to A&E so they could check me over again, but I asked did I have to and told her (now 14:30) I

had been in the building 17.5 hours. She then said no, but to come back if there were symptoms.”

“Waiting areas can become overly crowded so there are no seats available. This makes them very noisy making it difficult to hear staff when they call you.”

“Communication is very good. The referral for the initial appointment took a long time, but afterwards it was good, I had the appointment and then a choice of waiting up to 21 weeks on the NHS or having a private procedure one week later. I’m having the procedure privately today.”

“Re: the new Royal: it’s hard to find your way around. Re: appointment letter: we had a message on the NHS app. Re: waiting area: the Clinic A waiting room was packed. I would have liked to go into the appointment with my husband but the waiting area was too packed, and there is a sign about people accompanying patients.”

“Sometimes when people are called by staff their voices are very quiet and it’s hard to hear what name they’re calling. The call could come from in front of you or behind you, so you’re always tense in case you miss it. Where’s it going to come from? And sometimes staff are unsure about how to pronounce names so that can make them tentative too. I can sometimes only see the names displayed on the screen if I get very close. It’s the same with some of the signs. The Receptionist I need to speak to isn’t on duty at the moment because it’s lunch time, but the other Receptionist was very helpful. Sometimes it’s hard to find a seat in the waiting areas, and there’s nowhere in this area (Main Reception) to dispose of my coffee cup. You need to keep the place tidy.

“It’s changed from how it was at the old hospital. Here, when you move between sections you don’t wait as long. It’s more organised. It’s better than the old hospital.”

“Re: the building: I preferred the old Royal. Re: waiting area (by the main Reception desk): there is plenty of space here. Re: appointment letters: I normally get a phone message and a reminder which is good.”

“I waited 3 years for my first appointment but things have been easier since then.”

“The lighting isn’t good for my eyes. Strip lighting isn’t helpful.”

“My husband was referred by our local hospital (we live in Sandbach) and he didn’t get a letter – it was all done by text.”

“The building is chaotic. It feels like all the space is in the middle of the building. But, in terms of signage and finding your way around, there are plenty of people to ask and they will approach you. They are lovely. I have been coming for a number of years. It’s my first time using the emergency department as my clinic has been cancelled without notice even though I called last week to confirm. It’s been playing on my mind as it’s been cancelled till next May and my eye is sore. I was not given any further information. The waiting room can be chaotic because it’s compact. I don’t want them to feel like I’m criticising, but it could be bigger. I would love a coffee, but I wouldn’t go and get one as I’m worried about missing my name being called out. The road outside the hospital is horrendous because of traffic. That many pedestrians crossing it can be dangerous. The waiting room could be improved with music or getting the telly to work.”

"I attended a booked an appointment today at 10:20 at a clinic at St Paul's and had a 15-20-minute wait. After that I was asked to go to the emergency department but was not given much information on what is happening. I have been to an appointment at St Paul's before and got lost the first time as I was told to go down the escalator and to the right. I don't think the Reception is well signed. At the moment I wouldn't say I'm struggling but the waiting room is leaving me on edge. There is no sign for the toilet and I don't feel like I can leave because I don't want to miss my appointment. Staff are helpful and you get pointed to where you need. Drop-offs and pick-ups are difficult at the Royal."

"I have been waiting for one hour and ten minutes. The building is better than the older one. I have found the appointments come fine in the post. The waiting area is clean and tidy. Initial assessment was excellent it was really quick and they put drops in."

"It can be difficult as people shout for you and then just disappear and there are 3 or 4 different clinics. It can be difficult to navigate as some areas feel like different pockets of the same place. Coming in here Reception is always good and they are always friendly and courteous. The waiting area is smaller than the last one and is not as spacious. When people have to bring in prams and wheelchairs there is not as much free space. The TV screens are no good for me for appointments. Waiting times can be variable on the day although the initial meeting is fine; the consultant wait takes much longer. I have had scheduled surgery cancelled with no notification and turned up to find out. I normally get both a letter and a text message but neither came through. The appointments are sent to be in text message and my phone can enlarge this."

"There was always a long wait at appointments even at the old hospital. You see a nurse first but the consultation isn't until a few hours later. I haven't been for 2 years."

"If I did not know the hospital already I think I would struggle. My mother was in the hospital for a week and staff could not assist me in finding my way around, staff I asked did not know where the resus ward was. In an emergency it is difficult to park at the hospital and there is a lack of taxis. Last time in an emergency I had to park at the front and it was horrendous as I had to worry about my car being towed while we were waiting to be seen. I only get letters for appointments, but I would like a text as well. The waiting room is very busy and could be bigger."

"I got here at 08.20 and I have been seen twice so far. I come early because I know what it's like. I have had a six and half hour wait before. The waiting room is horrendous. I am always wary of going to the toilets in case I miss the appointment."

"Appointments are never on time. Today my appointment was 1:30 it is now 3:20 and I am still waiting to be seen. The waiting area is at full capacity, people are all standing up in the 2 waiting areas. This is not a one off, it happens every appointment."

"I've been waiting 2 hours 25 minutes for an appointment. It is not acceptable. Everyone in the waiting room is coming and going and I'm still sat here. Not good enough."

"Staff so pleasant and knowledgeable. All helpful. Thank you"

5) What is good about the unit?

We asked people what they thought was good about the Unit and received 23 responses. Several were unspecific, including: "All good", "It's excellent".

Others focused on:

Staff and standards of care:

"The staff are lovely"; "The staff are helpful"; "It was functioning well, the medical staff were professional, they let me have a side room"; "The nurses and doctors are excellent. Everything is spot on"; "I have always been treated well and looked after"; "The treatment is excellent"; "They have great staff and the standard of care is second to none"; "The treatment, staff attitude, they're very supportive. The eye doctor gives me options for my treatment but I am very much in control of what they do, I have the information to make decisions"; "The staff are always compassionate and respectful. They are caring and always make sure to look after me during my visits"; "Moving between areas is smooth and staff make double and triple checks that you know where you are. It's explained if doctors are delayed, or why. Staff will step in to make re-appointments quickly if an appointment has to be cancelled."

Speed of appointments:

"Quite quick"; "I had to come on New Years Eve and it was good and felt quick it was only about 2 hours"; "You are straight in to get looked at for your initial assessment"; "The fact that you can just walk in and there is always someone to help you"; "The waiting times I think they overbook the clinics and it impacts your appointment time"; "You get in here easier than at your GP".

Improvements on previous hospital:

"It's really modern and up-to-date"; "The changes from the old hospital are good. Waiting times have been cut and it's not usually as busy."

Cleanliness and environment:

"The toilets were very clean"; "It's clean and not too noisy"; "It's nice and bright and seems to be run quite efficiently"

Miscellaneous:

"It is handy to have the bus stop outside; the bus gets me right here"; "The coffee!".

6) What could be improved about the unit?

We then asked what could be improved. We received 21 responses. Some of these were unspecific, e.g. "It's fine"; "Can't think of anything"; "Nothing".

Others related to:

Building design and restrictions on family/friends attending appointments:

The squash in the waiting area, and being able to go into the appointment (with husband); "It would help if the main reception area was more distinct from the café area. The open plan arrangement of this floor makes it difficult to be sure where you are and where you should sit"; "There's not always room for everyone and people who come in with patients sometimes use seats that mean patients have to stand. Usually, the people who accompany patients are in relatively good health and should give up their seats for patients. It should say in appointment letters that patients have priority over others when it comes to available seating"; "Seating area"

(this person was standing in a corridor – waiting for their son’s appointment – as there were no available seats); “More space. Seems cramped”; “The waiting areas”; “I am familiar with the building, but some people might struggle (finding their way around). I don’t feel comfortable that I can go the toilet or for a coffee as I might lose my seat in the waiting room”; “A bigger waiting room because everyone is on top of each other. It’s worrying with all the infections going on. The hospital was recently in the news due to a flu epidemic”; “I preferred the old Royal. My husband is blind and has been an inpatient over 2 Christmas’s in the new building. He can only hear the TV. He likes listening to audiobooks etc. but the Wi-Fi didn’t work with his Alexa. In the old hospital, on the wards, he’d have people to talk to and people who would look out for him, for example another patient would help him to cut his food up and explain what it was. In the single room he was really bored and more isolated. And I worry about him more.”

Waiting times:

“The waiting times; but it’s a small price to pay for treatment”; “Nothing I can think of except shorter waiting times”; “The waiting time is not acceptable.”

Signage and phone charging:

“Signage”; “There is no signage for the toilet”; “I think the signage and somewhere to charge your phone. The first time I was here on New Years Eve I had no charger and I felt panicked.”

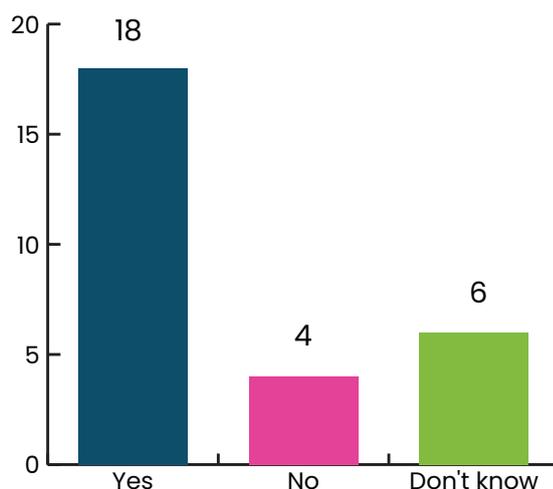
Staff attitude:

“Reception staff being rude”; “Staff could communicate with all patients & let them know the waiting times”; “In the new building there were some nurses who were ‘sharp’ (in attitude), asking my husband ‘why can’t you do this?’, for example with his food, not noticing he was blind even though it was written by his bed.”

Miscellaneous:

“The parking!”; “I am quite happy, but they could have the telly on the wall working”; “Everything’s run smoothly. It’s busy this morning but not too bad.”

7) Do you feel that staff have enough time to spend with you and other patients?



We asked whether patients/family members thought that staff have enough time to spend with them. A clear majority (64%) felt that staff did have enough time for them.

9 people made additional comments:

"Even when it is busy staff will take their time and spend their time with you. They care about make sure each patient has the time they need, even if they are busy or behind."

"You get your own time slot. The patients are many."

"I'm not sure. Staff are always good and polite, but they can take you through to different areas and clinics and then you're not clear who they are and where you are. It can be confusing and feel a bit rushed."

"Here (at St Paul's) it's ok, on the wards it varies."

"Not always. It's a very busy clinic."

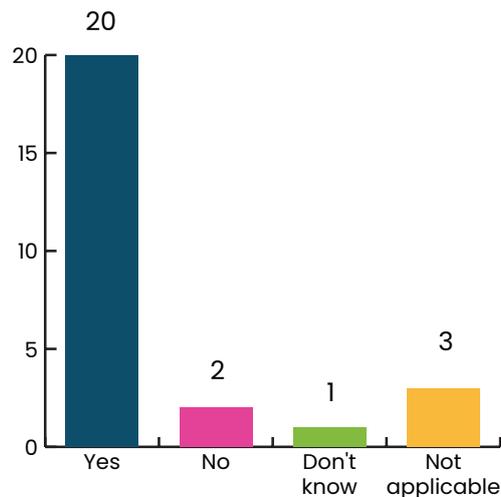
"It's good they are very friendly."

"It felt like the Reception staff were a bit rushed and robotic."

"The experience with my mother's treatment (in another part of the hospital) did put me off."

"Not rushed at all."

8. Have you been given enough information about your care and treatment by the unit?



We also asked whether patients felt that staff kept them well-enough informed about their care and treatment. Again, a very clear majority (77%) said they were kept well-informed.

We received 12 additional comments:

"I did ring up afterwards to get a bit more information."

"I've not asked, but the last doctor I saw was very informative."

"I was given all the leaflets."

"To a certain point. But today I've got questions to ask. I'll ask if I'm not clear, but not everyone will. Some people don't have the confidence."

"Verbal and written. Who to contact."

"They're marvellous with me, and great with giving information."

"I'm kept well informed."

"Yes, we've had a leaflet and verbal information."

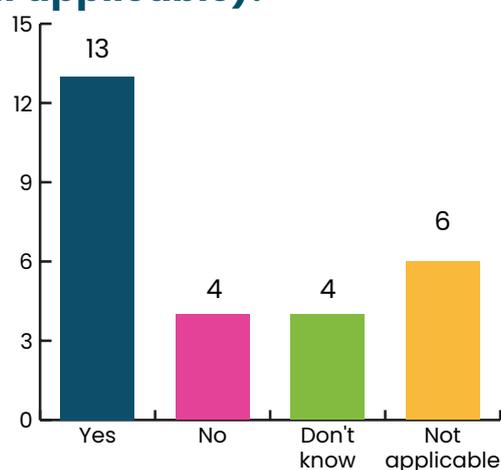
"I'm still waiting for the letter about appointment cancellation and did not get a text. I don't use E-mail."

"The first time I came it was fine but this second time I have not been given as much information."

"They told me what they were doing as they went along."

"You get everything you need through the post I have never known anything like it."

9) Have staff talked to you about what happens following your treatment/discharge (if applicable)?



We asked whether patients felt they had been given information about what would happen after their treatment/discharge (if this was relevant). Although 22% said this didn't apply in their case, almost half (48%) felt well informed.

10 people made additional comments:

"My husband is finding out today what, if any, treatment he will get."

"I'll be put on a waiting list for cataracts."

"Yes, I was told at the time of my operation. This is the follow up appointment."

"Sometimes it's in technical terms which not everyone can understand. It would be helpful to have more everyday language."

"Both on the phone and in person."

"I had to tell them it's deteriorated. I was given a stronger dose of the medication/injection but it didn't work, so today I need to see what they can do."

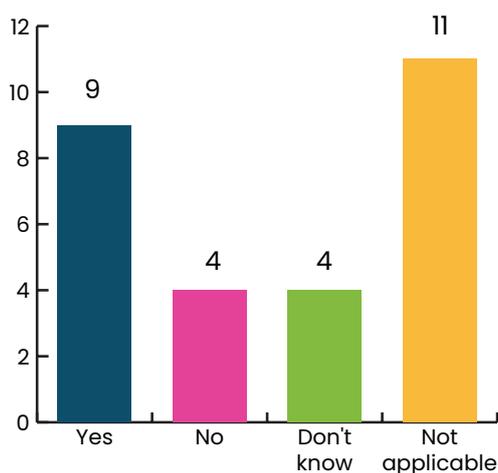
“Not yet.”

“We should know more after today.”

“Haven’t had treatment yet.”

“The yearly appointments are brilliant but there was a time when I drove in and was given eye drops that meant I could not drive home.”

10. Are you happy with the standard and quantity of the food and drinks in the hospital?



We asked what patients and family members felt about the food and drinks options available at The Royal. The largest group (39%) had not tried the food or drinks options – presumably because they were day patients. However, almost a third (32%) were satisfied with the quality and standard of the catering.

8 people provided additional comments, with the biggest negative issue being the cost of the catering on offer:

“The vending machines are expensive and difficult to use. People who come to hospital often aren’t prepared and are there for a very long time so the food and drink shouldn’t be at high street prices.”

“There is a significant improvement from the old Royal. However, I do believe that a better supplier than Starbucks could be chosen.”

“When I was an in-patient it was the poorest of the poorest. The food was not satisfying, and they didn’t think about the health of patients, giving white bread to sick people! They need to give good, healthy, food to patients to get better. And not tempt people, for example those with diabetes with sweet things. But the medical care is good.”

“You can get snacks if you need them. There’s cafés and shops.”

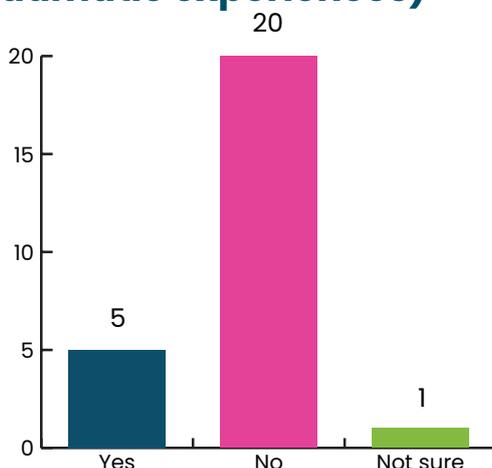
“It would be nice to have a drinks trolley or something come around. I feel like I can’t move because I’m worrying about missing my appointment.”

“The sandwiches and tea are fine.”

“The coffee at the kiosk outside the Emergency Department is lovely but the shop is very expensive.”

“I don’t like to go out of the waiting room in case I miss my appointment. But the staff do go out and shout in the communal area.”

11) Do you have any additional support needs? (e.g. Learning Disability/ Neurodiversity/language/sensory impairment/mobility/physical health/mental health/traumatic experiences)



We were interested to know how well people with additional support needs felt supported within the Unit. This is something we’re asking across a range of health and social care services as part of our wider work. 5 people (19%) told us they had additional support needs, relating to e.g. learning disability, neurodiversity, language, sensory impairment, mobility, physical or mental health, or trauma that they had experienced.

4 additional comments were:

“All of the above.”

“I have problems with my mobility.”

“I have mobility problems, but I have a stick and I can walk. If you’re not familiar with the hospital layout and you’re on your own, it would help to have a Volunteer Kiosk to contact for support getting to the area you need to reach. I know there are volunteers but it’s not always easy to identify them.”

“All helpful.”

12) Support for those with additional needs

We then offered patients an opportunity to say more about how they’d been supported with additional needs. We had 3 further answers:

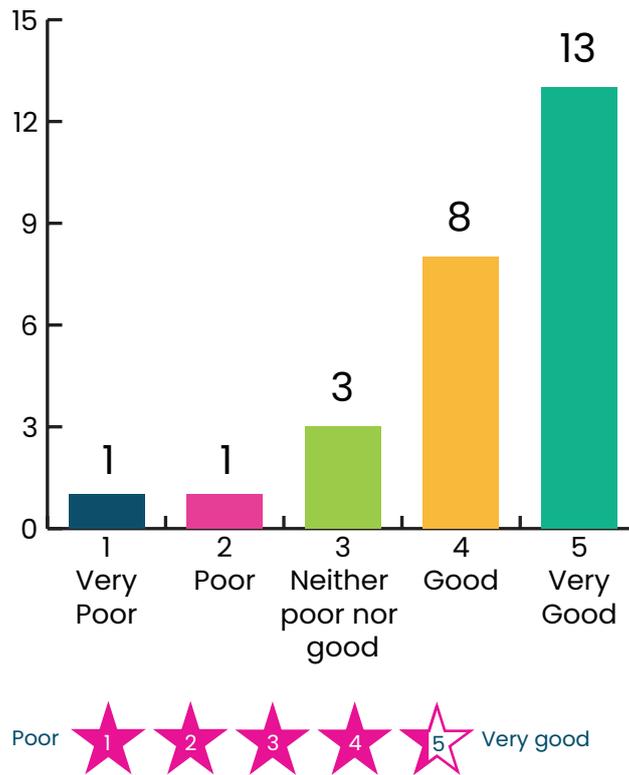
“They did not.”

“The staff always make sure to take extra time when walking with me between areas or sorting my things out.”

“I don’t need support really, I have good days and bad days.”

13) Overall rating

When asked to give the service an overall rating from 1 (very poor) to 5 (very good), patients were overwhelmingly positive, with half (50%) rating St Paul's 'Very Good' and a further 31% rating it 'Good'. The mean average rating was 4.19 out of 5.



6 people made further comments:

"St Pauls medical staff were good. Reception staff were stressed and being rude."

"They're really helpful."

"They're trying, aren't they?"

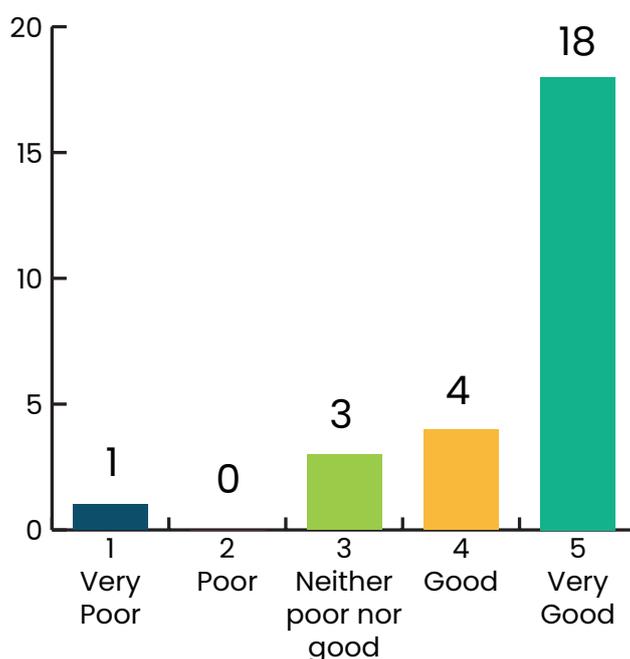
"The service is fine, but I'd make the changes I've mentioned to make it a 4 or a 5." (N.B. These changes include the suggestions to make the Reception area more distinct from the café, and to have a Volunteer Kiosk).

"There's always room for improvement."

"There are some long waits, and the waiting areas aren't big enough. You initially get seen very quickly but there is standing room only waiting for scans."

14) Staff and staff attitude rating

When asked specifically to rate the Unit's staff and staff attitude, the response was again extremely positive, with 69% rating staff/staff attitude as 'Very Good' and 15% 'Good'. The mean average rating was 4.46 out of 5.



There were 7 further comments. These were broadly positive:

"The volunteers are really helpful too, in helping us find our way."

"They have been kind to everybody."

"They are very efficient and take the time to explain and provide a listening ear."

"Everyone is lovely."

"Staff are lovely."

"Again, medical good, Reception bad."

The most concerning feedback was in fact not about St Paul's at all but related to the Royal more generally. It is not clear why the patient was asked about their race in relation to a blood test. Whilst there may potentially have been a genetic reason for this, it was not made clear to the patient, if so. Otherwise, this question should not have been asked.

"Some staff were a bit robotic so far. I have worked for 40 years in the NHS so I know they are busy. I have not really had much dealings with the New Royal. This did not happen here but while calling to try and book a blood test I was asked what colour I was which I found inappropriate for the language."

15) Additional comments

Finally, we asked patients and family members whether they had any additional comments about their experiences at St Paul's. We received 14 further answers:

"I am glad this service exists. I didn't know there was an A&E just for eyes, I am happy there is one."

"I have been being seen at St Paul's for 3 years now and the staff have always worked tirelessly and are the friendliest staff in the hospital. I particularly want to thank Vikki in Ophthalmology for always going above and beyond. She has always been so compassionate and cares about me as a whole patient, it makes my care so much better and I really thank her for it."

"Considering how busy it is, it is really good."

"I am happy with the hospital. I am grateful, I owe this hospital a big chunk of thanks after I had an accident years ago."

"The instructions on the screens aren't always easy to follow. I'm sitting here in the main Reception, but I see an instruction on the screen for someone to go to 'Outpatients 1, Room 24'. I don't know how I'd find that."

"Aside from parking, picking up patients is difficult too. You have to drive around, my wife has to, and the patient has to wait outside. A pick-up point would be good."

"The service is very good and helpful."

"I've been here 90 minutes. Sometimes I wait 3 hours, but it's what I expect."

"Great service. He was seen very quickly. Our local hospital made a referral and I was seen here the next day."

"There is a lack of access for wheelchair users at the Royal. Our daughter is a wheelchair user who has to attend for appointments sometimes. There are also very few disabled parking spaces in the local area."

"The last time I came on New Years Eve they could not fill the green prescription in the hospital and I had to drive around loads of different chemists in pain trying to get it filled as it was New Years Day. I was not guided to any specific pharmacies by the Royal. It would be nice if they could ring and ask chemists or have some way of contacting people to assist."

"When you are sitting in Reception with the big screens that ping with your appointments it feels like you are sitting in the wrong direction. It's like the seats are in the wrong place."

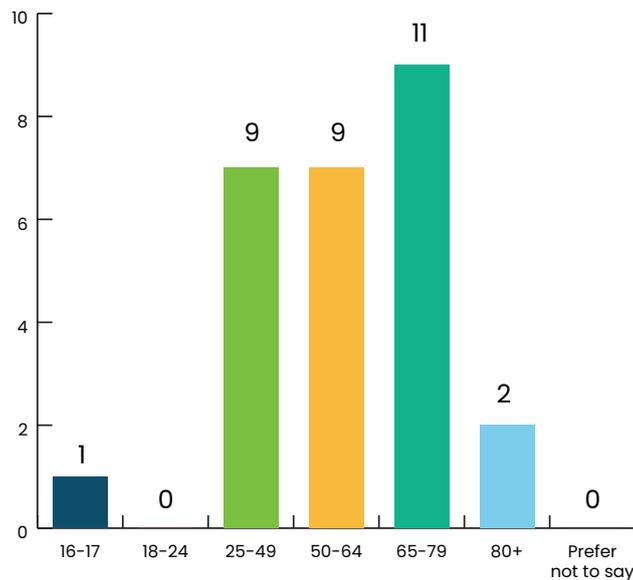
"Excellent."

"I have an annual treatment for an eye condition that was cancelled without notice even though I chased it up on the phone and was told it was going ahead. My condition has worsened without the treatment and this has forced me to attend the emergency department."

Who we spoke to

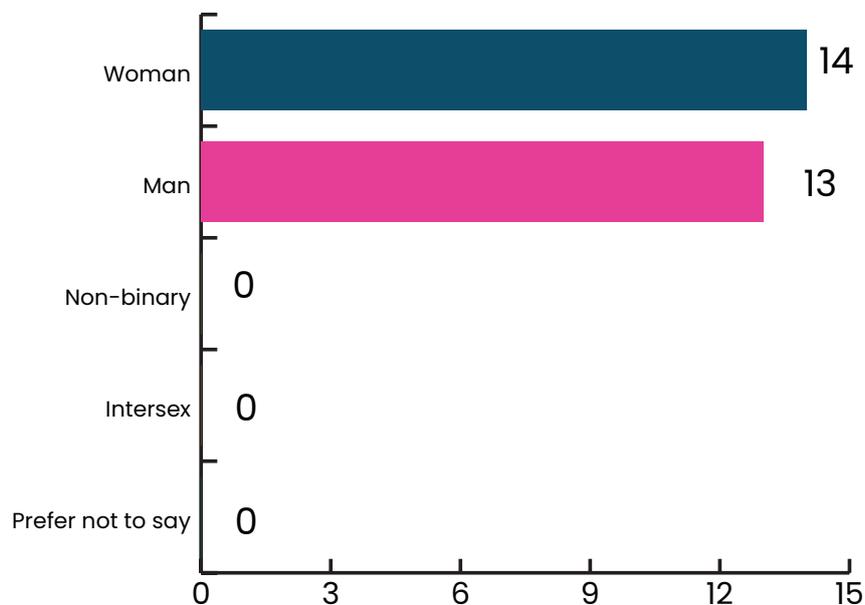
We asked some additional questions about people which they could choose to answer or not. These questions are aimed at building up a picture of the people who shared their information with us.

Age



As might be expected, the majority of respondents were adults aged between 25 and 79.

Gender

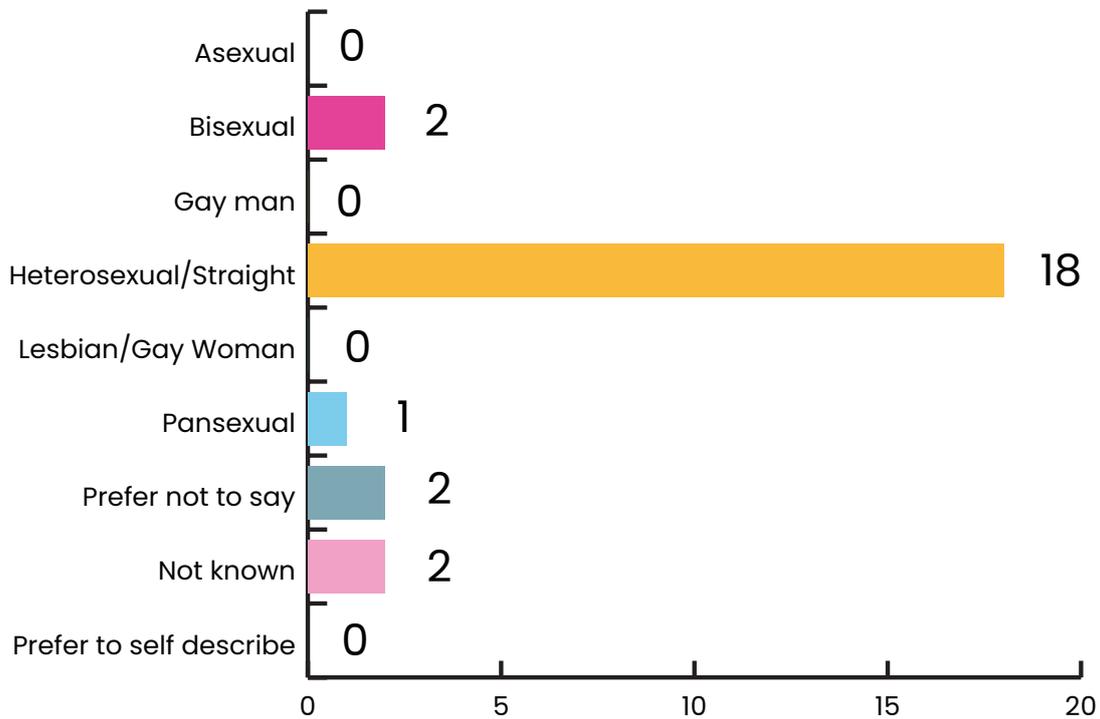


There was a fairly even split between women and men.

Is your gender identity the same as your sex recorded at birth?

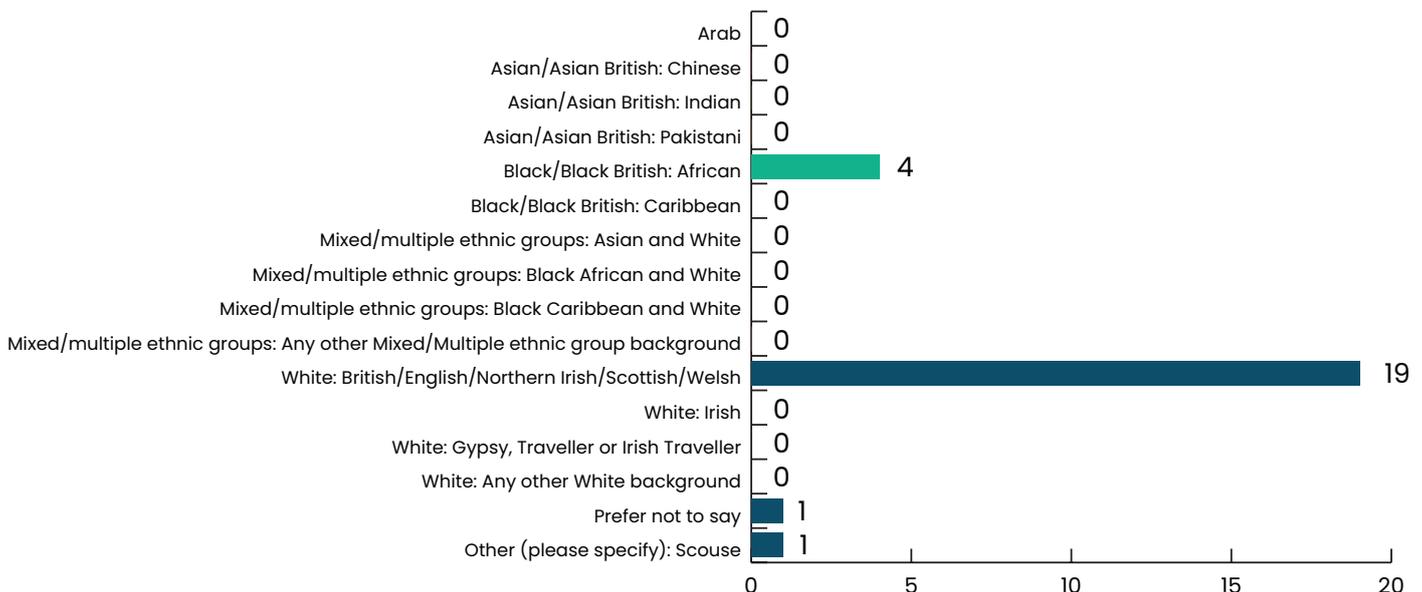
Of the people who responded, 100% told us their gender identity was the same as that recorded at birth.

Sexuality



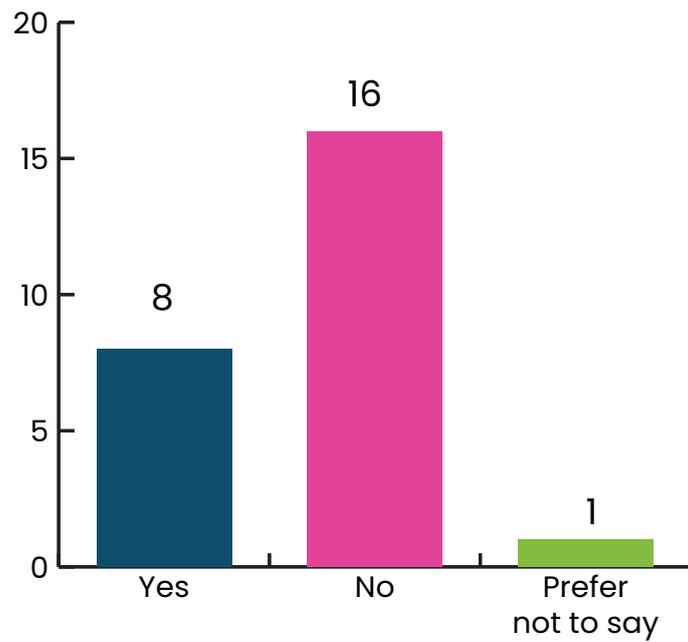
Almost three-quarters (72%) of those who answered this question were heterosexual/straight.

Ethnicity



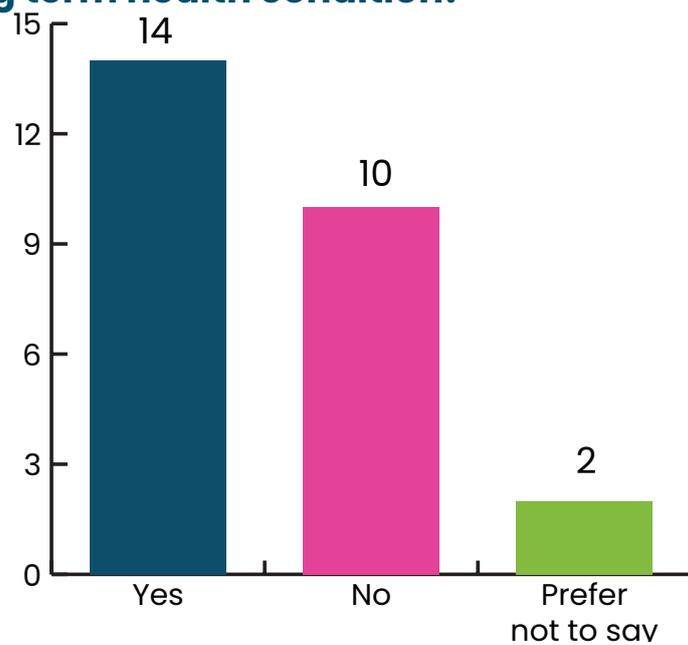
Just over three-quarters (76%) described themselves as White: British / English / Northern Irish / Scottish / Welsh.

Do you have a disability



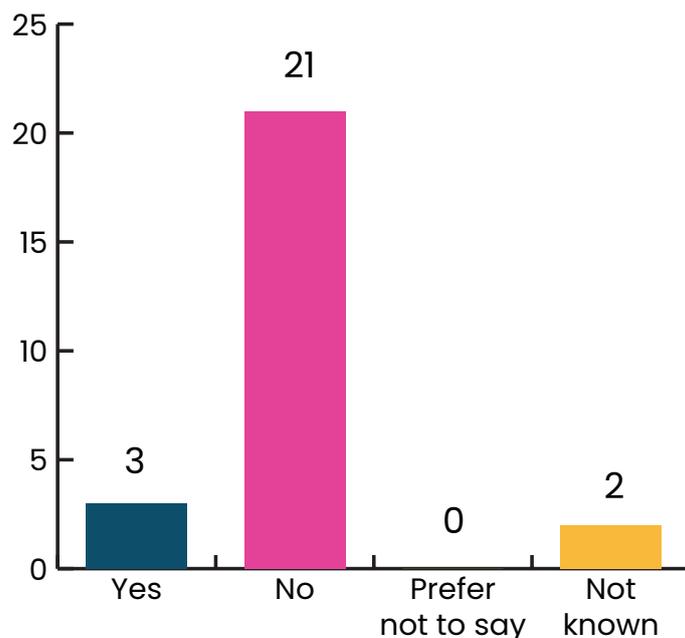
Almost a third (32%) of respondents said they had a disability.

Do you have a long term health condition?



Over half (54%) told us they had a long-term health condition.

Do you consider yourself to be a carer?



The majority (81%) were not carers, but approximately 12% did have caring responsibilities.

Additional Feedback

In addition to the Listening Event held on site at The Royal, and the information submitted online, we also checked our Healthwatch Liverpool Data Store for other feedback submitted about St Paul's over the past 12 months. We received two relevant pieces of feedback via our online 'Have Your Say' facility during this time. These are anonymous and are summarised below.

Case One primarily relates to an experience at the main A&E at The Royal but also relates to a referral from A&E to the Emergency Eye Department:

"My symptoms started 8pm on Friday evening. I was sent by 111 to the waiting room of the A&E from 9pm on a Friday evening and was seen at 10:30am Saturday morning by the Dr, 13 hours. Once seen I was told to go to another A&E, St Paul's where I waited another 3 hours.

"My symptoms were similar to a stroke, loss of sensation in my left side, and loss of eyesight. When I arrived there was a 5-hour wait on the TV screen. I was triaged and advised to wait. When it got to 5 hours, the screen suddenly changed to read 11 hours. I asked at Reception to move to another room as I had just reached 5 hours in that one. She said they no longer move people to side rooms (I was taken to one on my last visit after 4 hours).

"I have other physical and neuro conditions that mean waiting in that room is very difficult, I understood I would wait, but not for 13 hours. There were 70 people in the room that didn't have enough seats, I didn't get to sit for about 1.5 hours. There were 3 toilets all of which were dirty and were not sanitised during the 13 hours I was there. I don't understand why this newly built space isn't ready for the sick people who will be there for hours. I understand they can't make it too comfortable as they want people to leave if they can and reduce wait times, but this new space is not fit for

purpose for those who must be seen and wait overnight. There wasn't enough space for wheelchairs to fit smoothly between the seat lines either, I saw one wheelchair blocking a row of seats as it was the only space for the companion of the wheelchair user to also sit with them. This meant others needed to walk further around the room to get to where they needed to be.

"I was advised my blood pressure was low, and to drink. There was a water fountain with no cups. To buy a drink it cost £2.00 for a 7-ounce hot drink. A packet of crisps was £1.70, and I saw many people unsure how to use the digital vending machines and go without. Vulnerable people wait here, why is this so expensive and difficult to use? There was a cafe a walk away in the other part of the building, but I couldn't leave to use it as my name may come up. I watched this happen to others there alone.

"The chairs chosen for this new A&E space are 2 or 3-seater metal individual seats linked together. They are shaped so that you cannot lay down on them to sleep easily, though I saw a few people trying in the early hours. The backs of these chairs are curved and <1cm thick, meaning you can't lay your head on them to try and rest. It is impossible to prop an arm over the back to rest on your arm as it cuts into your arm. They are cold and very hard. The only way I found a comfortable position for a short time was to put my elbow on my knee and prop up my chin, then I had microsleeps with my head bobbing up and down for a few moments, so I gave up. There was no rest to be found in this room while waiting. At this point (3.30 am?) a staff member did a roll call, and checked everyone was still there, she got rid of about 50% of the folders in her hand. I understood why this was done, but I felt like having my full name shouted out, for me to put my hand up was a bit of an invasion of privacy as I was tired and feeling vulnerable alone there.

"There were also people vaping in there, with no one to ask them to stop, when security came on duty nothing was said.

"The nature of the room also meant there were people being sick around me, shouting, swearing and some having fast food brought in. The person who brought up that pizza later filled 3+ sick bowls with vomit in they stayed by the front door full, from about 3am, until at least when I left the space at 10.30am. Another roll call happened about 8am and she got rid of 2 thirds of the names, and still at this point when I was close to my 11 hours, the notice board was increased to 12.5 hours.

"When I was seen, my Dr was very good and thorough, giving me lots of tests and a best guess on what had happened. He sent me on to another A&E [St Paul's] and gave advice on what to take to my GP for a referral to neurology."

Case Two relates to what the patient refers to as "Corneal and serum drops departments."

"Actual appointments have been ok although notes do not seem to be properly updated, and this has caused confusion and delays with treatment. Wait times are extremely long. Usually at least 2 hours. Very difficult to get hold of if issues with treatment."

Recommendations

Based on the feedback detailed above, we would recommend:

1. Improved signage to the St Paul's Reception, Emergency Department and clinics.
2. Improved messaging about who is allowed to accompany patients into clinic waiting areas, and who has priority seating in these areas.
3. Clearly signposted mobile telephone charging points throughout the Unit, with a particular focus on the Emergency Eye Department.
4. Improved signposting to toilets and refreshments, and improved messaging about how not to lose your place on the clinic lists if you need to leave waiting areas briefly to use these facilities.

Response from St Paul's Eye Unit

Include any response received once the final draft report has been shared for comment.

1. Improved signage to St Paul's Reception, Emergency Department and clinics.

Following the Healthwatch visit and extensive engagement with patients with a range of visual impairments, an improvement plan has been developed to enhance wayfinding and signage across St Paul's Eye Unit. The improvement plan includes:

- Signage throughout the Department aligned to RNIB recommended fonts and formatting
- Revised lighting
- Amendments to appointment letters
- Amendments to enhance wayfinding through the department.

The improvement plan has been presented and approved through the Royal Liverpool University Hospital Wayfinding & Accessibility Group, the St Paul's Division Quality & Safety Group and Site Governance meetings.

Installation of new black on yellow signage has commenced for the main reception area, Eye Emergency Department and clinic areas. In addition, the installation of floor markings is to be scheduled outside of clinic times. Please see examples on the following page of the improved signage that has been implemented.

This work will be completed by September 2025.



2. Improved messaging about who is allowed to accompany patients into clinic waiting areas, and who has priority seating in these areas.

Our Reprographics Department are currently developing new signage with improved messaging for patients that will clearly state the arrangements for carers and relatives who accompany patients into the waiting areas.

This work will be completed by September 2025.

3. Clearly signposted mobile telephone charging points throughout the Unit, with a particular focus on the Eye Emergency Department.

There are plans to install a Mobile charging unit for St Paul's Eye Emergency Department and we are currently reviewing suppliers.

This work will be completed by October 2025.

4. Improved signposting to toilets and refreshments, and improved messaging about how not to lose your place on the clinic lists if you need to leave waiting areas briefly to use these facilities.

Signposting to the toilets is included in new development plans for improved signage in the St Paul's waiting room areas, with the installation of large signs that face outwards from the toilets, to ensure that they are more visible and accessible for patients and visitors.

In addition, our Reprographics Department will support in the development of clear and accessible signage to inform patients of the process to follow if they need to use facilities or leave the department to purchase refreshments without fear of missing their appointment.

This work will be completed by September 2025.

Acknowledgements

Thanks to all the staff who took the time to welcome and speak with us. Particular thanks to Mark McKenna, Alison German-Martin, Paula Hall, and all the staff who facilitated our visit.

A short video filmed on the day is available at:

YouTube: www.youtube.com/watch?v=IhllloUCPbIs

Facebook: www.facebook.com/share/v/15jNuiibdNZ/

Webpage Transcript: www.healthwatchliverpool.co.uk/videoat-transcripts-2

About Healthwatch

Healthwatch is the independent champion for people who use health and social care services. We're here to make sure that those running services put people at the heart of care.

One of our main purposes is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.

As part of a national network made up of local Healthwatch organisations in every local authority area of England (and Healthwatch England, the national body) our work contributes to a nationwide perspective on health and social care services.

At Healthwatch we also provide an information and signposting service which helps to put people in touch with services and activities that can help maintain and improve their health and wellbeing.

If you require a copy of this report in another format or language, please contact us and we will provide it.

April 2025



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