



NHS Orkney Patient Feedback

Annual Report
2020-2021

Foreword

The 2020/21 Patient Feedback Annual Report details how NHS Orkney has received, responded to and acted upon feedback, complaints and engagement to help improve and develop our services. In order to ensure patients, carers and families receive the best possible care across our services, we need to continually review, learn and improve, ensuring we embed and maintain a person centred care approach focussed on:

- respect and holism
- power and empowerment
- choice and autonomy
- empathy and compassion

NHS Orkney is committed to ensuring our patients, their families and their carers are at the centre of everything we do. We are also committed to listening to and learning from our patients, those who support them and our staff to help us continue to learn and improve thus providing the best possible health care to the population of Orkney.

2020/21 has been a challenging year mainly attributed to the COVID-19 pandemic, but one that has significantly changed the way we work and deliver care to our patients, in turn making many of our services more accessible, particularly for those in the outer islands. Throughout this changing, and on occasion complex landscape, we have continued to engage and learn as we adapt to ensure our services remain patient centred, whilst in many cases delivered in a very different way.

We have seen an increase in the number of overall complaints, however the majority have been addressed at stage 1, indicating that we continue to perform well in addressing these complaints in a timely manner and despite the challenges, our services continue to focus on providing high quality care that has the patient, their families and carers at the heart.

Julie Colquhoun
Head of Corporate Administration
NHS Orkney

Section 1

Encouraging and Gathering Feedback

1.1 NHS Orkney collects feedback in the form of complaints, comments, concerns and compliments. We welcome, encourage and value all feedback and use this to learn from people's experience and to inform improvements and change. We know from the compliments and positive feedback we get throughout the year that generally our patients and their carers or families are very pleased with the care they receive. But we are also very aware that we could sometimes do better and therefore the feedback we gather is invaluable in letting us know where improvements can be made.

Covid-19 has had a significant impact on how we gather feedback, limiting our use of young volunteers, availability of leaflets and literature and face to face contact with staff responding to complaints. We have however been able to look at complaints quickly and respond at Stage 1 where at all possible. We want to ensure our patients are listened to quickly and efficiently and this has worked very well.

1.2 The following methods are means by which our patients and their families can provide us with feedback on our services:

- Complaints – Early Resolution and Investigation stages. These can be made in writing, by email or over the telephone to the Patient Experience Officer or any other member of staff at the point of care. We will also arrange to meet face to face with anyone who wishes to discuss their complaint with us. This has been somewhat limited in 2020/21 due to the Covid-19 pandemic but a number of meetings have been held virtually using Near Me;
- Our website has a section on feedback and involvement which allows for leaving suggestions, compliments, feedback or a separate link to make a complaint or to express an interest in becoming involved.
- Whilst we would normally have Feedback Leaflets available throughout our health care locations on our Welcome Boards, we reviewed this method, again due to Covid-19. We replaced leaflets with posters with details of how to contact us electronically so that patients could still provide feedback on their experiences whilst in the hospital.
- Patient Satisfaction Surveys are also undertaken locally at a service level and also as part of national survey activity.
- We also post on NHS Orkney's Facebook and Twitter pages to encourage patients to tell us of their experiences and we continue to publicise the use of Care Opinion.
- Electronic tablets can be used by any member of staff to gather feedback using the Survey Monkey tool.
- Our Young Volunteers Project for gathering real-time feedback has been postponed this year due to Covid-19 and the difficulty with accessing wards and areas by our young volunteers.

1.4 All feedback, whether good or bad, is acknowledged and responded to. Patients have taken the time to provide us with information on their experiences and we ensure they know we are very thankful for this. Since the introduction of the new Complaints Handling Procedure (CHP), staff are encouraged to resolve issues at point of contact whenever possible.

1.5 Information on advice and support from the Patient Advice and Support Service (PASS) at the Citizens Advice Bureau is available throughout our hospital and healthcare services. A link is available in the information we provide to patients during the initial complaint stages and also on our website. We also include a statement in our acknowledgement letters which provides information on how to contact PASS.

1.6 **Complaint process experience**

Regrettably, evaluation of the Complaint process experience in 2020/21 has not taken place. Each year short surveys are sent out to a random selection of complainants at year end however due to the Covid-19 pandemic this has not yet been undertaken. However this year, with the pressures of Covid-19 and not being able to review the process to ensure more engagement, this has not happened.

This process has been acknowledged as a challenge in other Boards and there is an understandable lack of engagement from complainants once a complaint is finalised, particularly when the response is not their expected outcome. This has been raised for consideration as part of the forthcoming national review of the Model Complaints Handling Procedure.

Section 2

2.1 Hospital and Community Services:

Our Complaints Handling Procedure (CHP) aims to provide a quick, simple and streamlined process for resolving complaints early and locally by capable, well-trained staff.

Our complaints process provides two opportunities to resolve complaints internally:

- Early resolution - aims to resolve straightforward complaints that require little or no investigation at the earliest opportunity. This should be as close to the point of service delivery as possible.
- Investigation - not all complaints are suitable for early resolution and not all complaints will be satisfactorily resolved at that stage. Complaints handled at the investigation stage of the complaints handling procedure are typically serious or complex, and require a detailed examination before we can state our position.

2.1.1 Early Resolution and Investigation Complaints

Performance Indicator Four

Number of complaints received by the NHS Orkney Complaints and Feedback Team	137
Number of complaints received by NHS Orkney Primary Care Service Contractors	42
Total number of complaints received	179

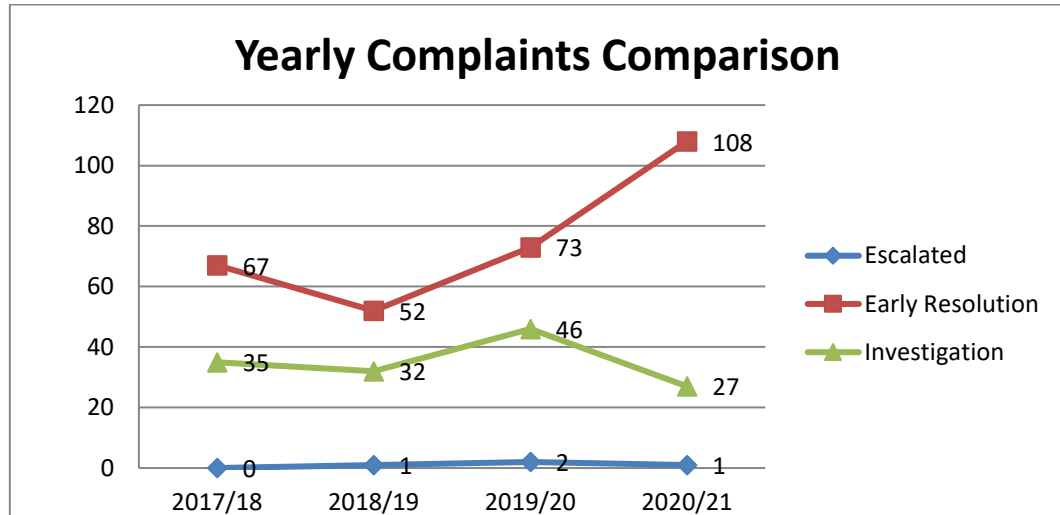
NHS Board Managed Primary Care services;	
General Practitioner	8
Dental	n/a
Ophthalmic	n/a
Pharmacy	n/a
Independent Contractors - Primary Care services;	
General Practitioner	30
Dental	9*
Ophthalmic	0
Pharmacy	0
Total of Primary Care Services complaints	47

Performance Indicator Five

Number of complaints closed at each stage	Number	As a % of all Board complaints closed (not contractors)
5a. Stage One	108	79%
5b. Stage two – non escalated	27	20%
5c. Stage two - escalated	1	1%
5d. Total complaints closed by NHS Orkney	136	100%

*1 complaint was withdrawn or consent has not been received and thus, in line with Scottish Government guidance, is not included in the Key Performance Indicator figures which follow.

The following chart shows comparisons between our complaints over the last four years. There has been a 12.3% increase in complaints in 2020/21. Complaints are increasing yearly, and in particular Early Resolution complaints which have more than doubled in two years and have seen a 48% increase since last year. Stage 2 complaints have decreased by 41% in 20/21. This is mainly due to our attempts to handle complaints at Stage 1.



In the year previously, 2019/20, we investigated 73 Early Resolution complaints, two Escalated stage complaints and 46 Investigation Stage complaints, 121 in total. In 2020/21, this total is 136.

Complaints are reviewed as part of the Weekly Incident Review Group meeting allowing correlation of incidents and complaints where appropriate. In line with the Learning from Clinical Incidents Policy, members of the group in some instances give consideration to complaints being a Significant Adverse Event and a full SAE investigation is undertaken and formally reported. In other cases, complaint investigation follows standard practice and the meeting is used to share improvement outcomes with clinical leads and heads of service.

2.1.2 Outcome Decision - Complaints upheld, partially upheld and not upheld:

Performance Indicator Six

Early Resolution complaints

	Number	As a % of all complaints closed at stage one
Number of complaints upheld at stage one	27	25%
Number of complaints not upheld at stage one	45	42%
Number of complaints partially upheld at stage one	36	33%
Total stage one complaints outcomes	108	100%

Investigation complaints

	Number	As a % of all complaints closed at stage two
Non-escalated complaints		
Number of non-escalated complaints upheld at stage two	4	15%
Number of non-escalated complaints not upheld at stage two	7	26%
Number of non-escalated complaints partially upheld at stage two	16	59%
Total stage two, non-escalated complaints outcomes	27	100%

Escalated complaints

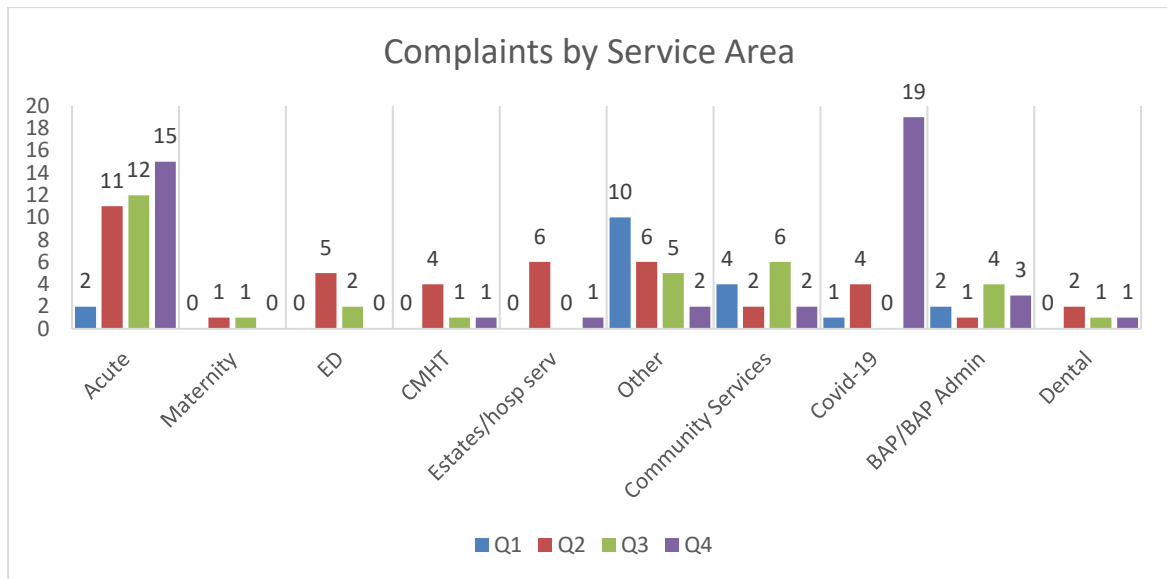
	Number	As a % of all escalated complaints closed at stage two
Escalated complaints		
Number of escalated complaints upheld at stage two	0	-
Number of escalated complaints not upheld at stage two	0	-
Number of escalated complaints partially upheld at stage two	1	100%
Total stage two escalated complaints outcomes	1	100%

2.1.3 Service Areas:

NHS Orkney's complaints cross many areas within the organisation but are predominately within our Acute Services. Acute Services includes inpatient, outpatient, waiting times, hospital clinical and non-clinical complaints. GP/Primary Care complaints reported represent the number of complaints received within the Board Administered Practices. Community services include areas such as community nursing, specialist nursing services, mental health services, podiatry, etc.

This year, the addition of complaints recorded under the heading of Covid-19 also appear in our figures. Some complaints relate wholly to issues with the pandemic for example, vaccination programme, testing or results. Other complaints, reported under different service areas may have an element connected to Covid-19. The 24 complaints recorded over the year under Covid-19 in the chart below are those where the main issue was Covid-19 related.

The high number of Covid-19 related complaints in the last quarter of 2020/21 were due mostly to the introduction nationally of the vaccine. Our complainants raised concerns around the mass vaccination clinics, access to information, busy telephone lines at the centre and some staffing issues. All these complaints were dealt with very quickly at Stage 1 to ensure a quick response was given to those who raised concerns.



2.1.4 Response Times:

Early Resolution complaints must be responded to within 5 working days, Investigation stage complaints have response timescales of 20 working days. Boards are required to report on the following information as one of the key performance indicators of the CHP.

Performance Indicator Eight

	Number	As a % of complaints closed at each stage
Number of complaints closed at stage one within 5 working days.	87	81%
Number of non-escalated complaints closed at stage two within 20 working days	19	70%
Number of escalated complaints closed at stage two within 20 working days	1	100%
Total number of complaints closed within timescales	107	

Performance Indicator Nine

	Number	As a % of complaints closed at each stage
Number of complaints closed at stage one where extension was authorised	14	13%
Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	6	22%
Total number of extensions authorised	20	

The 70% response rate to Stage 2 complaints is a very welcome improvement on the 36% of last year. Those which were not responded to in time were a number of complex complaints and delays were experienced at investigation stage, within the sign off process and also where Investigating Officers were unable to investigate complaints in a timely manner. Additionally a number of the complaints were subject to delays due to staff focus being redirected to support services in managing the Covid-19 Pandemic. The 81% response rate to Stage 1 complaints is a slight decrease from the 87% last year but it should be recognised that many more complaints were investigated at Stage 1 and managers, who were managing a pandemic alongside their day to day duties, were very responsive and quick to manage the concerns at this level.

Stage 1 complaints are still the most effective way to respond to complaints for our patients. A quick reply from the staff involved at the point of contact has the best outcome for all involved.

2.1.5 Trends and Emerging Themes:

NHS Orkney complaints are wide ranging and relatively small in number across a diverse range of services, making it difficult to identify trends. However, as in 2019/20, similar themes of waiting times and care experience make up a number of the Early Resolution complaints whilst communication, clinical care quality and experience are identified as the main themes within Investigation complaints. Covid-19 issues such as delays, access to testing and communication concerns have also been raised in many of our complaints.

2.1.6 Alternative Dispute Resolution:

There were no complaints during the year which met the need for Alternative Dispute Resolution. NHS Orkney is aware of the services provided by the Scottish Mediation Service and has used it in the past.

2.2 Family Health Services (not including salaried GPs/Dentists):

NHS Board Managed Primary Care services;	
General Practitioner	8
Dental	n/a
Ophthalmic	n/a
Pharmacy	n/a
Independent Contractors - Primary Care services;	
General Practitioner	30
Dental	9 *Q1/2 figs only – no return received for Q3/Q4
Ophthalmic	0
Pharmacy	0
Total of Primary Care Services complaints	47

GP Practices routinely contact the Patient Experience Officer for help and support in dealing with complaints.

Most, but not all, Primary Care service providers are independent contractors who are contracted by the NHS Board to provide NHS health services. However, Boards are required by law to ensure that each of their service providers have adequate arrangements in place for handling and responding to patient feedback and comments, concerns and complaints.

NHS Orkney handle complaints made about the Salaried GP's and Board Administered Practices. Our figures show 8 complaints were made during the year relating to this service which accounts for 21% of the total family Health Services complaints.

2.3 Other NHS Organisations:

NHS Grampian provided NHS Orkney with information on feedback received from Orkney patients. A total of 15 complaints or concerns had been received, compared to 23 from 2019/20. Complaints relate to a number of different areas including clinical care, waiting times and communication which were the main themes.

NHS Orkney also receive and pass on complaints to Scottish Ambulance Service and NHS24.

2.4 MSP / MP - Constituents' Concerns Raised:

There are occasions when patients contact their MSP/MP in the first instance to make a complaint, raise a concern or enquiry. During the period 1st April 2020 – 31st March 2021, the Chief Executive received many written expressions of concern or complaint which sought address through a MSP. Patients are more frequently raising issues through their MSP. The following table offers a few examples of the issues raised and the outcome.

Issue	Outcome
Waiting Times for a patient to receive Treatment at Golden Jubilee National Hospital	We were able to contact the Waiting Times Team and resolve the issue for the patient.
Requests for C-19 testing of individuals who do not have C-19 symptoms	Scottish Government guidance shared with MSP and constituents to allay concerns
Lack of Parkinson's Disease Specialty Nurse	During 2020/21, NHS Orkney advertised and appointed to this role and we now have a specialist nurse in post.

2.5 Patient Advice and Support Service (PASS):



PASS offer advice and support for all NHS users and can help patients if they have any comments or complaints about any aspect of the health service. The Patient Experience Officer provides information on the service to complainants so that they may use the service if they feel unable to raise concerns themselves.

During the year 2020/21, PASS provided advice and support to 34 clients who made a complaint, raised a concern or an enquiry about the NHS. This is slight decrease from last year when the number of clients utilising this service to seek support on making a complaint or raising a concern were 43.

2.6 Scottish Public Services Ombudsman (SPSO):

During the year 2020/21, we are pleased to report that the Ombudsman did not independently investigate any complaints from patients who were unhappy with the response they had received from NHS Orkney through the complaints procedure. Two complaints were investigated by the SPSO in the previous year.

One of these was concluded in November 2020 and the findings are detailed below.

Complaint	Outcome	SPSO Recommendation and Action Taken
Unreasonable delay in treating injuries and not identifying an injury.	Closed – NOT UPHELD	<p>a) There was unreasonable delay in providing treatment for A's injuries – NOT UPHELD</p> <p>b) The Board unreasonably failed to treat A's head injury – NOT UPHELD</p> <p>c) The Board's communication with A was unreasonable – NOT UPHELD</p>

2.7 Compliments

As with previous years, NHS Orkney receives a significant number of compliments. These are predominantly sent to our wards and departments in the forms of letters, cards, flowers, chocolates and biscuits.

NHS Orkney do receive a number of compliments directly which we record and send on to the relevant staff members or area.

Here is a selection of what our patients have told us:

Just to quick note to thank all the team at the Balfour for such a friendly, safe and professional cataract operation last Wednesday.

My thanks goes right from the gentleman on switchboard who helped me (as reception wasn't open at my arrival time) through to the nursing staff and the surgeon. I'm sorry I can't thank you all personally, as I'm so proud to call the Balfour my local hospital due to all that you did for me.



Dear A&E Balfour

I am writing to thank the staff at the Balfour A&E for the most excellent care which I received on 4-7th September.

I went to the A&E with <removed> while up on holiday in Orkney, and I found the personal care and attention of the very highest standard of excellence. They put me at ease in a difficult situation, and nothing was too much trouble. They exhibited a level of care which went that extra mile.....and for this I am extremely grateful..

I was incredibly impressed by the professionalism of all the NHS staff we encountered in A&E, in the surgical ward, and the surgical team who carried out operation.

“I just wanted to reach out and say thank you to all the Staff for doing what you can do help patients with Covid-19. Your work is amazing and I can’t thank you enough for what you all do.”



Section 3

The culture, including staff training and development

At NHS Orkney we pride ourselves in delivering high quality care and we will ensure all our patients are treated with dignity and respect whilst ensuring we deliver excellence and professionalism in all that we do.

Our patients can expect

- to be treated with dignity and respect
- for us to show compassion by taking the time to listen, to talk and do the things that matter to them
- to receive high quality patient care and when they don't, we will listen and act on feedback so we can learn, improve and do better next time
- for us to be consistent and reliable and do what we say we will
- us to work with patients and their family (carers) and our colleagues so that we put their needs first
- for us to communicate (as individuals, teams and as an organisation) effectively, keeping them informed and involved and providing explanation if something has not happened

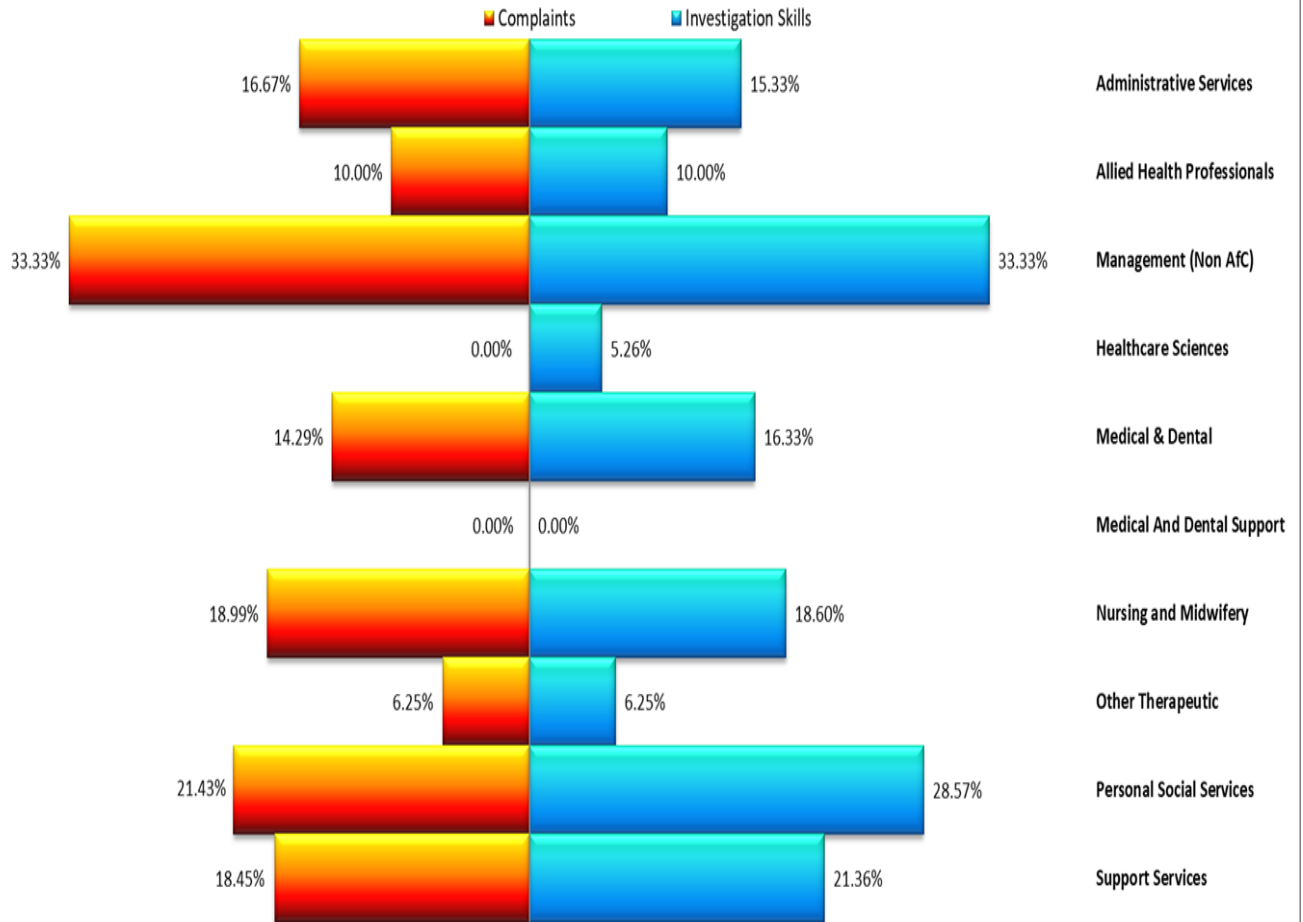
We also make a commitment to our staff and what they can expect:

- to be kept well informed
- to be appropriately trained and developed
- to be involved in decisions that affect them
- to be treated fairly and consistently with dignity and respect; in an environment where diversity is valued
- to be provided with a continuously improving and safe environment that promotes health and wellbeing

- 3.1 In practice we are using i-matter to further improve engagement with staff across our services and are building capacity and capability in the use of improvement methodology to ensure we are able to act on the feedback we receive and make measurable improvements in the quality of care provided.
- 3.2 It is considered the continuing good relationship between PASS and NHS Orkney is vital to ensuring patients are given as much advice and support as possible in a cohesive, co-ordinated fashion whilst remaining aware that PASS is an independent service.
- 3.3 Much of our internal and external training and opportunities were halted due to the Covid-19 pandemic. We hope to pick these up again as remobilisation continues and services begin to resume.
- 3.6 NHS Orkney staff continue to access the e-learning Complaints and Feedback and Investigation Skills modules. We believe this shows a commitment by staff to ensure they are able to acknowledge, address and respond to complaints and concerns raised by our patients.

Completion Rates for current staff are as follows –

Completions for 2020/21 (percentage by Job Family)



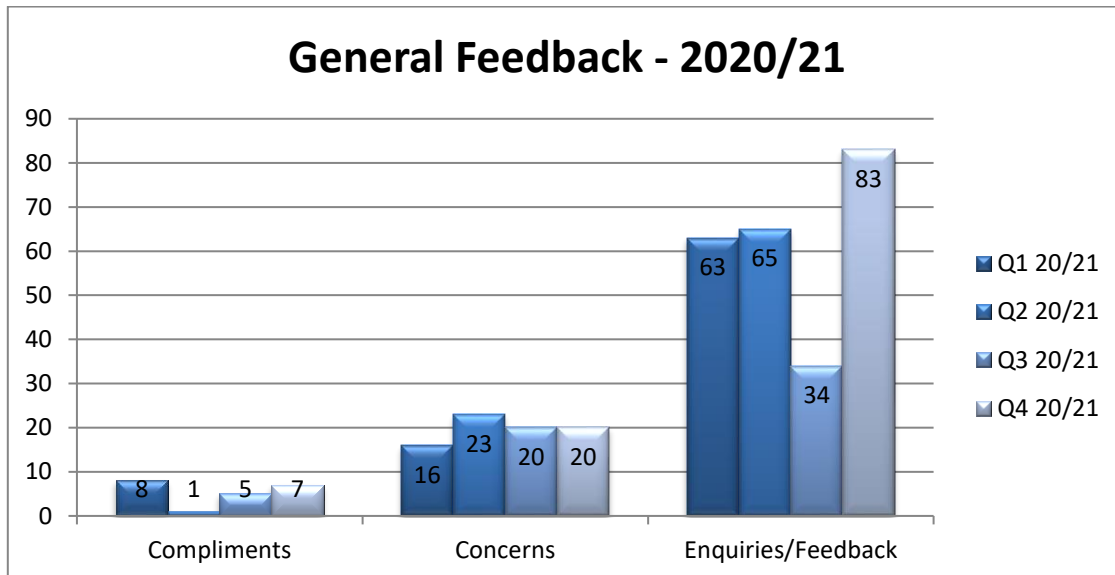
Section 4

Improvements to Services

- 4.1 When any aspect of a complaint is upheld, the service identifies what improvements can be made. We continue to use our Complaints Reporting Template which provides an opportunity for staff to clearly identify actions, improvements and recommendations.
- 4.2 The following are some examples of improvements made over the last year:

Issue Raised	Findings	Outcome
Patients travelling to Golden Jubilee National Hospital during the pandemic could not fly directly to Glasgow due to flight cancellations and had travel difficulties from Aberdeen to Glasgow.	Flights to Glasgow were cancelled part of the pandemic. Some patients were unable to secure safe onward travel from Aberdeen to Glasgow.	Travel team made arrangements with GJNH to pick up and transport patients safely from Aberdeen Airport to the hospital and return them post-op.
North Isles patients experienced difficulties in accessing podiatry care during the pandemic.	Visiting services to the north isles required to be ceased during the pandemic in line with national guidance.	Patients were supplied with nail clippers and nail files to help them manage their footcare.
Patient felt a request for a home birth was not responded to reasonably	Although there was confidence in the skills of the staff to manage care in any setting, working in unfamiliar environments can cause anxiety for the team and this had been unintentionally shared with the patient.	Senior Midwife agreed to work with the team to reinforce the evidence that Home Births are safe and to support the team in building confidence in management of care when they do not have immediate access to the equipment and emergency support normally available to them.
Patient's family raised a number of concerns regarding the supply and availability of medications during an inpatient stay	Meeting held with patient and family to discuss concerns which found that some communications between staff and patient/family had been poor.	Pharmacy Manager arranged to meet with ward staff and SCN to reinforce pharmacy guidelines and to reinstate training for nursing staff around access to medicines outwith pharmacy hours.
Patient's day surgery procedure was cancelled at very short notice whilst they were in the unit prepared and ready for theatre	Investigation showed that important information relating to number of day unit patients possibly requiring overnight stay had not been relayed to bed manager.	Clinical Nurse Manager and Theatre Senior Charge Nurse met and reviewed procedures for appointing day unit patients who may require overnight stay. Process now in place to mitigate this happening again.

4.3 Informal feedback and concerns are logged and recorded by the Patient Experience Officer and improvements and actions are reported quarterly to the Quality and Safety Group. Further developing the Board's processes for ensuring learning obtained through clinical incidents and complaints is acted upon and shared widely is a priority for the coming year.



A spike in the last quarter was mainly due to enquiries relating to the vaccination programme.

Some examples of groups of feedback and actions are detailed below:

Multiple enquires over the year regarding access to tests for travelling patients.	The Covid Assessment Centre staff have responded to many of these enquiries, directing them to the national guidance for testing.
A number of requests for information on how to make a donation to NHS Orkney staff during the pandemic.	NHS Orkney provide information on their website to assist members of the public or groups to make donations to the Endowment Fund.
Patient concerns regarding how staff should be wearing PPE during any treatments or vaccinations.	Information and advice given to reassure patients that staff were correctly wearing PPE.
A number of requests for information on services available to patients moving to Orkney.	Advice and information given.
A number of requests for information on how to access dental support during the pandemic.	Director of Dentistry responded to each request with information and support.

4.4 As mentioned earlier in this report all complaints are discussed at the Weekly Incident Review Group which ensures the Clinical Directors are sighted on incidents, complaints and emerging issues.

4.5 Any improvements, actions or changes that are identified through the complaints process, either formally or informally, are shared with the complainant in our response. An apology is given regardless of the outcome.

Section 5

Accountability and Governance

- 5.1 Feedback and Complaints are discussed weekly as part of the Weekly Incident Review Group and a quarterly report is submitted to the Clinical and Care Governance Committee. Complaints reports are also shared with the Quality Forum.

Non-Executive Directors, who attend the meeting, are encouraged to challenge the content of the report and regularly ask for assurances that changes or improvements have taken place to avoid recurrence of a similar complaint in future.

Minutes and Chairs reports from the Quality Forum are reported to the Clinical and Care Governance Committee who reports onwards to the NHS Board.

- 5.2 NHS Orkney Board members receive updates through the Clinical and Care Governance Chairs report and receive the Annual Report.
- 5.3 As mentioned above all feedback and complaints are reviewed as part of the Weekly Incident Review Group meeting. This group meets weekly and consists of the Medical Director, Director of Nursing and AHP's, Director of Acute Services, Head of Information and Clinical Governance, Head of Assurance & Improvement, Clinical Governance Support and Patient Experience Officer as well as representation from Acute Services and Orkney Health & Care. Complaints are triangulated with DATIX incidents and Significant Adverse Events to assist in the identification of themes and systemic issues for informing improvement.
- 5.4 Complaint investigations are undertaken by Lead Officers, supported by their direct manager on the Senior Management Team. Once complete, investigations are reviewed and signed off by the Medical Director or Director of Nursing and AHP's before being submitted to the Chief Executive for approval. Although this can add additional delays to our timescales, we have found this to be a significant improvement with a higher level of reassurance being obtained that investigations are undertaken thoroughly and issues are sighted at the highest level of the organisation.

Section 6

Person-Centred Health and Care

Person-Centred Health and Care is at the heart of all our services within NHS Orkney. It is recognised that, to achieve this, we need to work at many different levels and with the wider community in which we live. The following are some examples of different work that has been carried out with involvement of, or by, NHS Orkney staff.

6.1 Blether's

In December 2019, we supported the introduction of "Blether's" – a place for the Orkney community to come along for a friendly and confidential blether with professional advisors from a range of organisations. Blether's were introduced as part of the Community Led Support initiative to work with communities inclusively to co-produce solutions for what matters to them.

Unfortunately the "Blether's" were halted during the pandemic and have been unable to resume. The Community Led Support project has also currently been put on hold until a review of the project under the restrictions can be held.

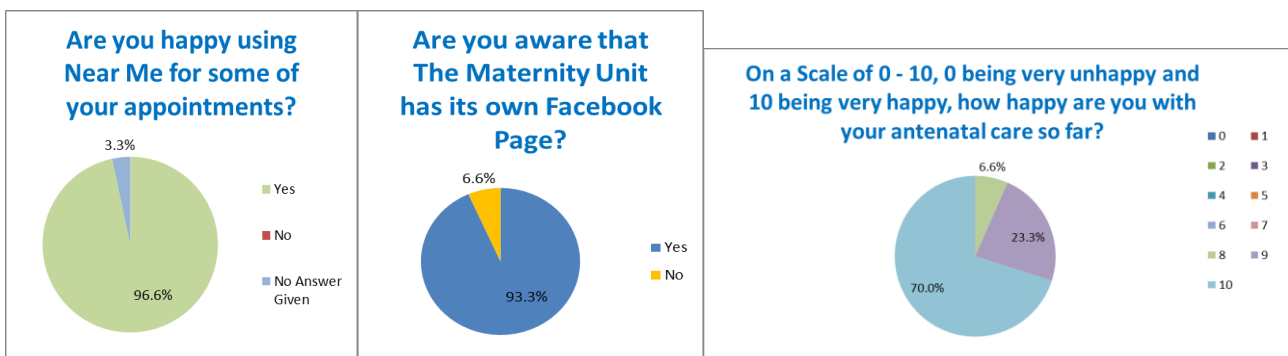
6.2 Young Volunteers

As mentioned earlier in the report, we have been unable to restart the Young Volunteer Gathering Feedback project due to restrictions for visitors in the hospital. We hope to resume these in the future.

6.3 Maternity Services

Maternity Services surveyed some of their patients about the services they provide. The responses was very positive.

Here are a few examples of the Questions and Responses:



6.4 Radiology Services

A Radiology Services in Scotland Patient and Carer Survey was distributed across Scotland for response over a four week period from December 2020 – January 2021.

The responses gathered nationally will help to define what is currently working well and where improvements can be made.

Survey response rate

470

Survey responses in total from patients (87%) and carers (13%).

Source of referral

Opinion of overall radiology service experiences

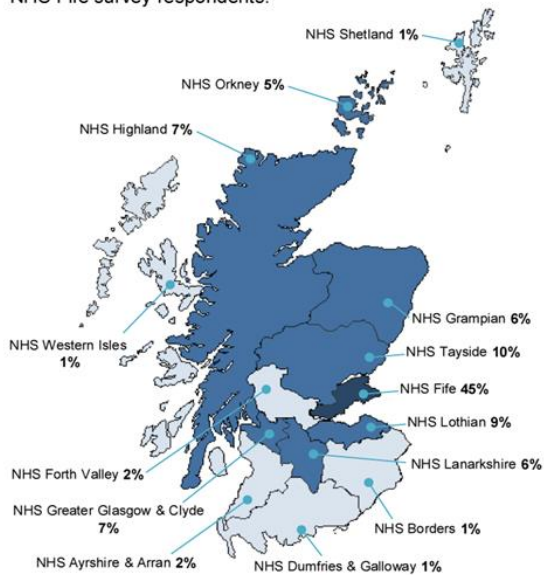
90% of patients and carers highlighted that their experience of radiology services was either 'Excellent' or 'Good'.

- Excellent – 61%
- Good – 29%
- Fair – 6%
- Poor – 3%
- Very Poor – 1%



Where did patients and carers engage from?

Surveys were received from all NHS boards and from a variety of settings (both rural and urban). Although NHS Fife had over 200 surveys returned, with the majority following experiences at the Queen Margaret and Victoria Hospitals, the analysis outlined there was no bias to the survey results despite the larger proportion of NHS Fife survey respondents.



What went well... 45% of comments

focused on the friendliness and helpfulness of staff being the key factor behind patient and carer experiences going well. Other important themes highlighted included the speed and efficiency of how long the appointment was (15%) and how comprehensive the full process was from start to finish (10%).



What could be improved... comments

focused on getting clearer communication on what the next steps were after the examination(19%) and the process and speed in obtaining results (18%) as the areas requiring most improvement. A number of themes followed these with the opportunity to book appointments via e-mail (9%) being the most common.



Patient and Carer comments

“ From getting the appointment to the results and having them explained to me, I felt confident in my doctor and why it needed done. ”

“ All the staff were very helpful and kind to my elderly mum. Only wait[ed] a few minutes and the facility was very well set up for COVID safety. We were very impressed. ”

“ The staff were lovely but it would be much clearer if I could have got information on how we will get results and how long this will take. ”

6.5 Neurology Team

During the February 2021, our Neurology Team undertook a Patient Feedback exercise. They asked the Orkney public, NHS Orkney staff and other stakeholders about their experiences of what information was available to them locally, online and generally relating to their condition.

The survey was very well received by our patients with 87 participants providing valuable responses on their views on how confident they felt that neurological conditions material was available, easy to access and find and their preferred methods of sourcing information and advice on their condition.

The information received is being used to assess how the team can improve the services they provide support their patients further in this area.