

Patient experiences of Walsall Urology Services Report



February 2025



Engaging
Communities
Solutions

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Introduction

Our mission is to ensure that the voices of local people are heard and acted upon when it comes to health and social care services. As the independent champion for service users, we gather feedback directly from the public to influence and improve the quality of care provided in Walsall. Our work empowers people to share their experiences, both positive and negative, so that we can work with service providers to create meaningful change.

For this project, we aimed to understand the patient experience of urology services in Walsall. By listening to patient stories, we gained insight into what is working well and where improvements could be made.

What we did

The aim of the Healthwatch Walsall project was to gain an understanding of patient experience of urology services at Walsall Manor Hospital, following the transfer of emergency urology services to New Cross Hospital, Wolverhampton. We wanted to find out whether service users were satisfied with the treatment and care they received

To gather patient experiences, we conducted a survey. The survey could be accessed online or filled in via hard copy. During our project we visited the urology wards at Walsall Manor Hospital to speak with patients who had recent urology experiences.

Who took part

Our project was aimed at anyone who had accessed services within the last 18 months. We spoke with **91** people in total.

A demographic breakdown of who took part can be found on page 20.

***questions were not mandatory, leaving participants the choice to not answer resulting in misalignment between the numbers shown and the questions answered.**

Findings

Participants were asked a series of questions, giving them the opportunity to share detailed insights about experiences with urology services. All questions were optional, allowing participants to skip any they chose not to answer. As a result, the total number of responses may vary across different questions.

The findings presented below reflect insights gathered from surveys, supported by patient comments and feedback. To ensure clarity, the findings are shown as key findings. Each section begins with a summary of the findings, followed by responses to the questions we asked. The sections are listed below.

- Access and referral
- Appointments and Waiting Times
- Diagnosis
- Treatment and Care
- Information
- Communication
- Ratings

Access and Referral

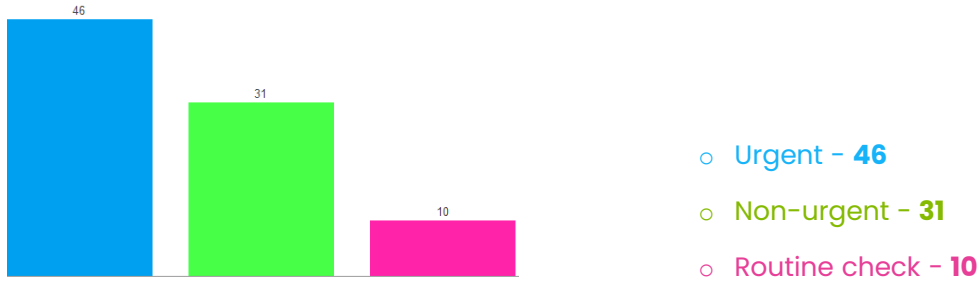
Key Findings

The findings highlight key insights into patient experiences accessing urology services. **48** patients felt they were given clear and sufficient information about next steps; however, **27** patients told us they did not know what the next steps would be. Some concerns were raised about feeling lost in the system, long waiting times, and a lack of clarity regarding treatments, with some patients receiving only appointment letters or texts with minimal explanation.

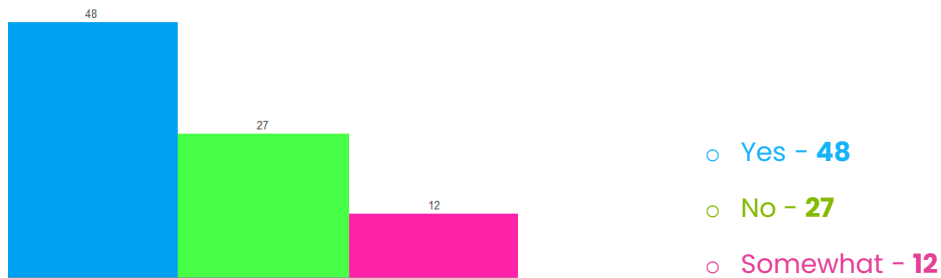
Q. How was your need to access Urology services identified?



Q. Was your urology need urgent or non-urgent?

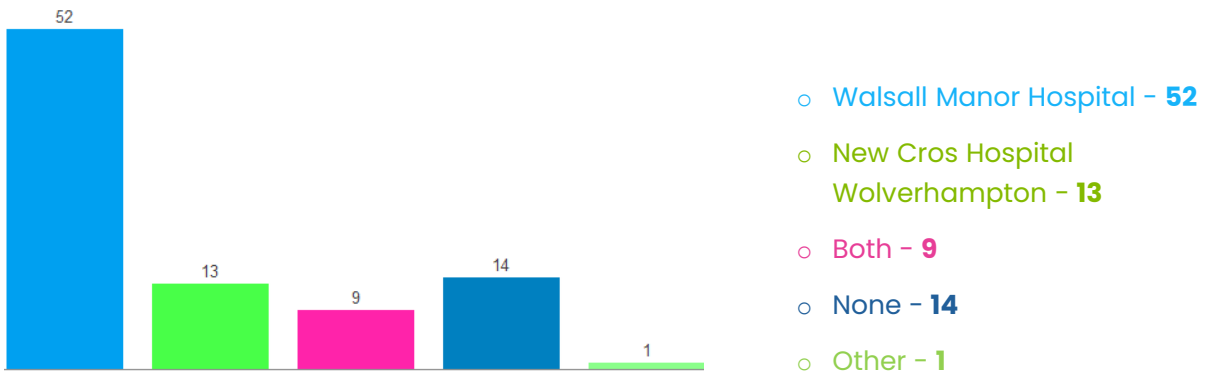


Q. Were you clear and sufficient information about what would happen next?

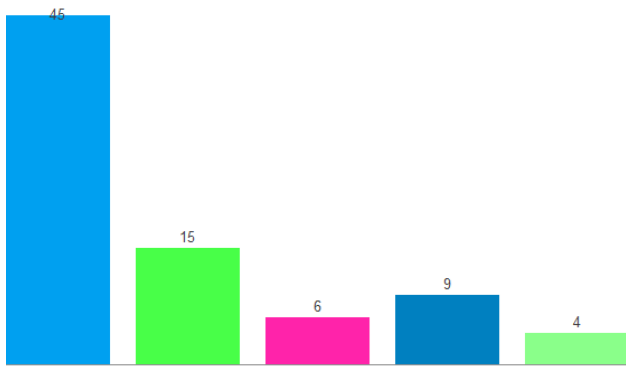


Q. People were asked where they had been seen for each stage of their urology experience.

Referral

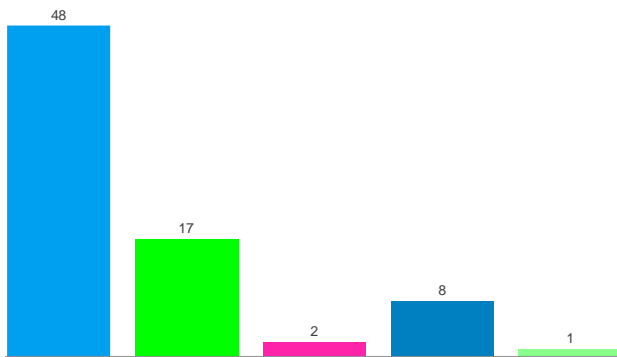


Investigations/tests



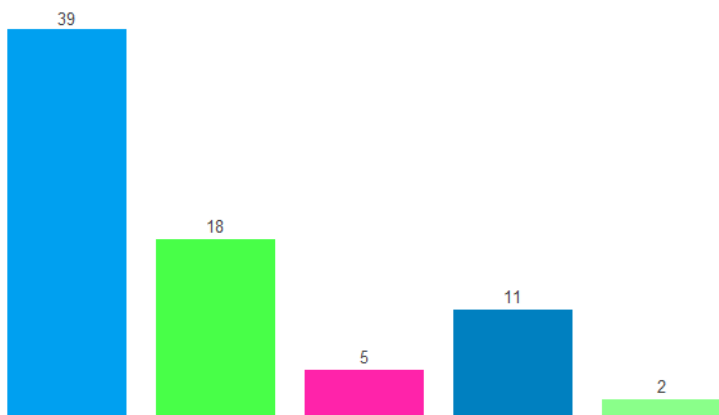
- Walsall Manor Hospital - **45**
- New Cros Hospital Wolverhampton - **15**
- Both - **6**
- None - **9**
- Other - **4**

Diagnosis



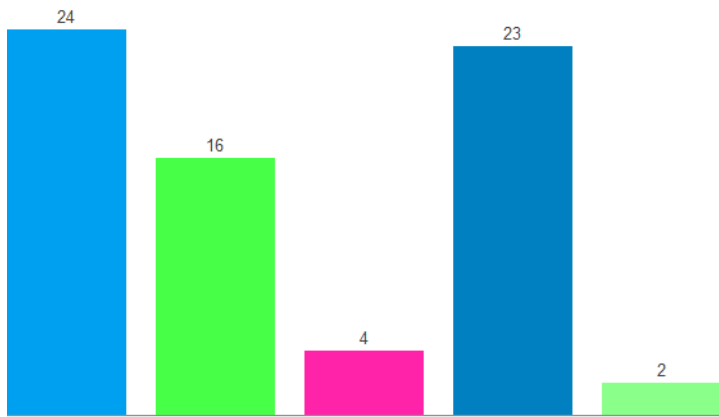
- Walsall Manor Hospital - **48**
- New Cros Hospital Wolverhampton - **17**
- Both - **2**
- None - **8**
- Other - **1**

Imaging



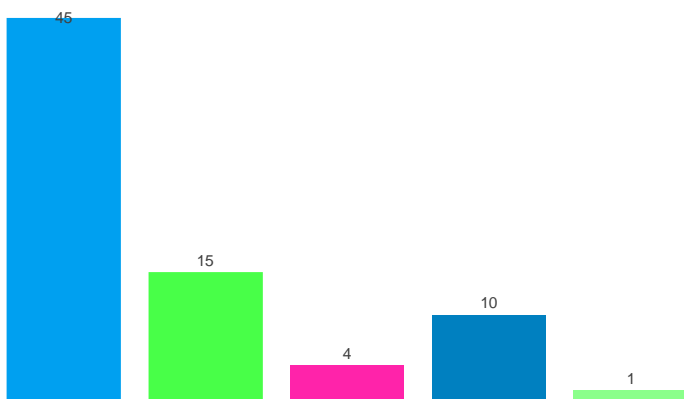
- Walsall Manor Hospital - **39**
- New Cros Hospital Wolverhampton - **18**
- Both - **5**
- None - **11**
- Other - **2**

Surgery



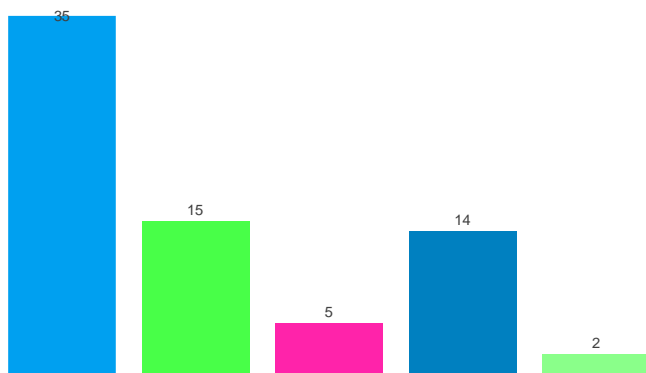
- Walsall Manor Hospital - **24**
- New Cross Hospital Wolverhampton - **16**
- Both - **4**
- None - **23**
- Other - **2**

Ongoing treatment and care



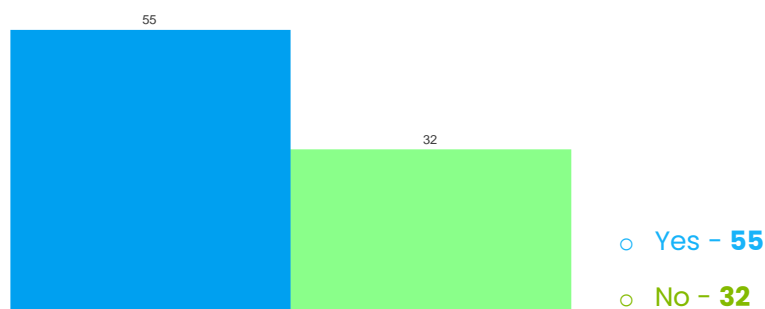
- Walsall Manor Hospital - **45**
- New Cross Hospital Wolverhampton - **15**
- Both - **4**
- None - **10**
- Other - **1**

Outpatient/follow-up support

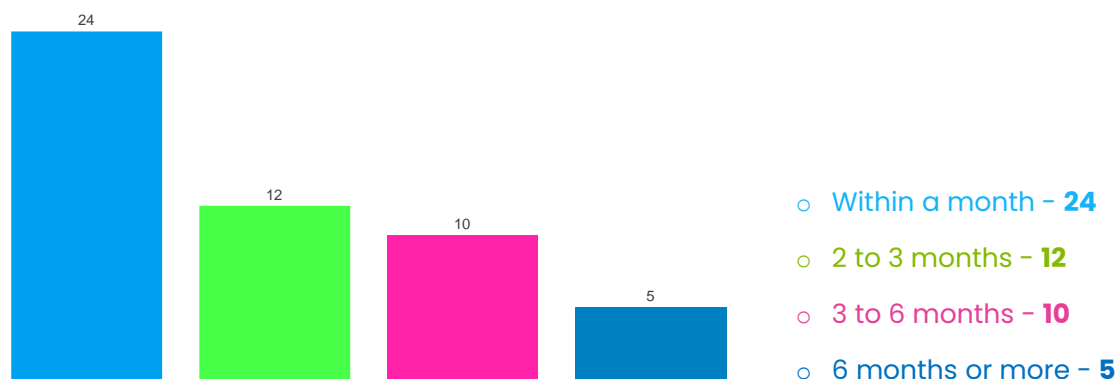


- Walsall Manor Hospital - **35**
- New Cross Hospital Wolverhampton - **15**
- Both - **5**
- None - **14**
- Other - **2**

Q. Were you given a timescale of when you would be seen by the urology service at the hospital?



Q. What was that timescale?



Appointments and Waiting Times

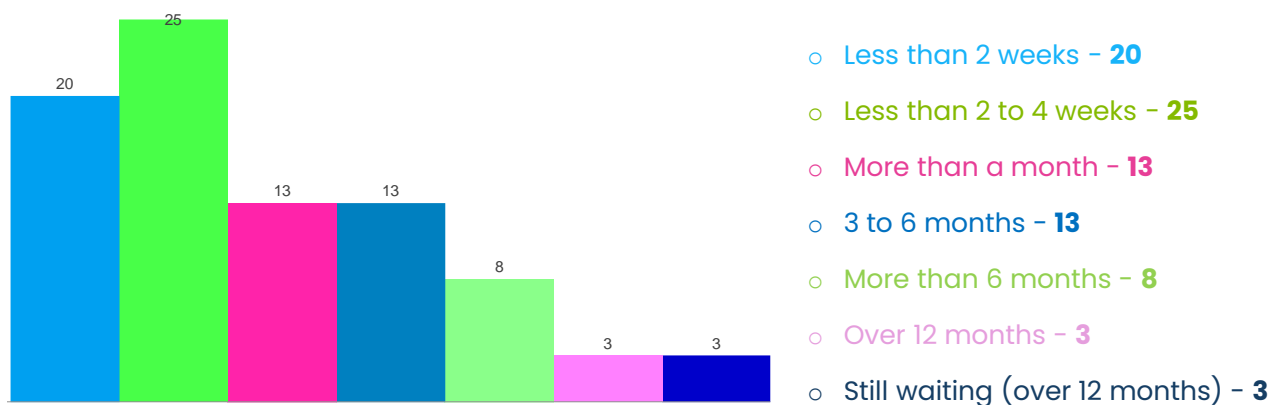
Key Findings

While **55** people were given a timescale for being seen, **32** were not, with Walsall Manor patients slightly less likely to receive one than those at New Cross Hospital. Waiting times for the first appointment varied, with **45** people seen within four weeks but **14** waiting over six months, including **6** who had waited more than a year.

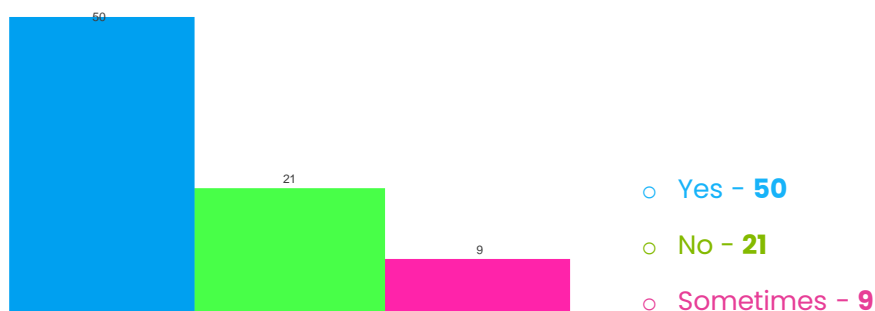
Most appointments took place as scheduled, but **21** people experienced delays, particularly at Walsall Manor. While **60** people had no cancellations, **23** did, and **14** were not given a reason. One patient said that they were told that *"they were busy"* and another said that the *"consultant was on annual leave."* Among those who faced delays on the day, waiting times ranged from 20 minutes to an hour, with one telephone appointment delayed by a full day.

Diagnosis times also varied, with **38** people receiving one within a month, **17** waiting 6-12 months and **13** still undiagnosed. These findings indicate both positive experiences and areas for improvement in communication, scheduling, and wait times.

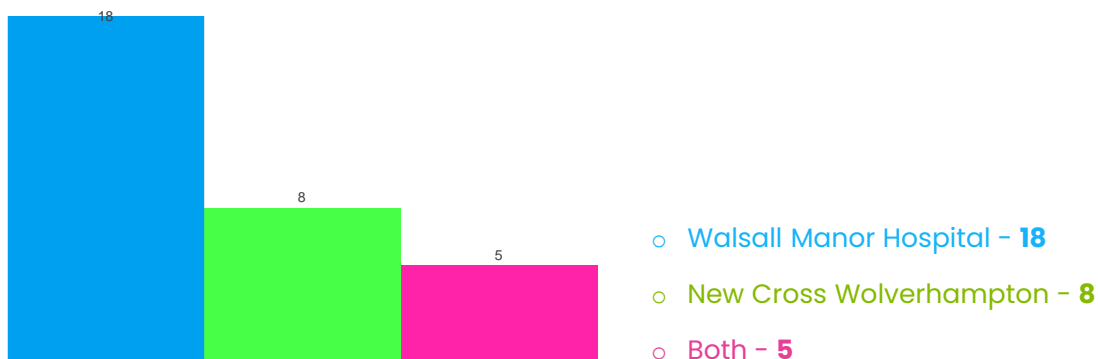
Q. How long did you have to wait for your first hospital appointment in the urology services?



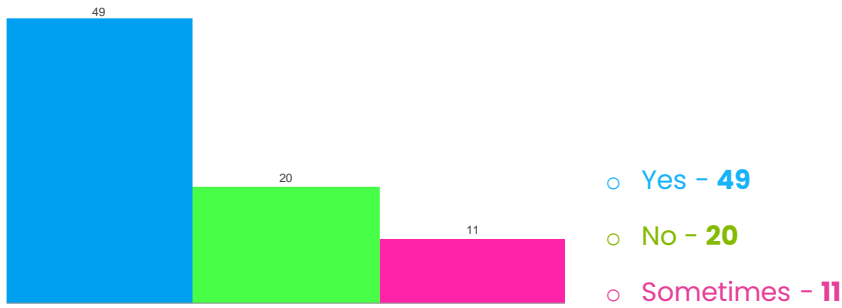
Q. Did the appointments you were given take place on the dates and times notified to you?



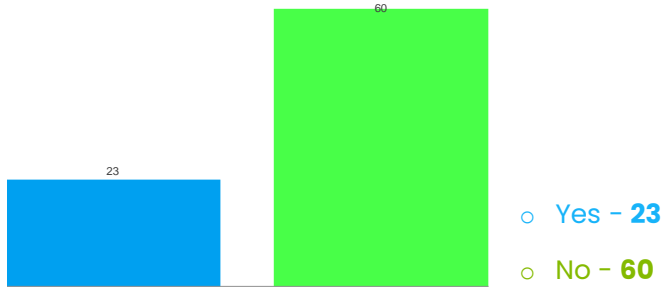
Q. If you answered no or sometimes, which location were they due to take place?



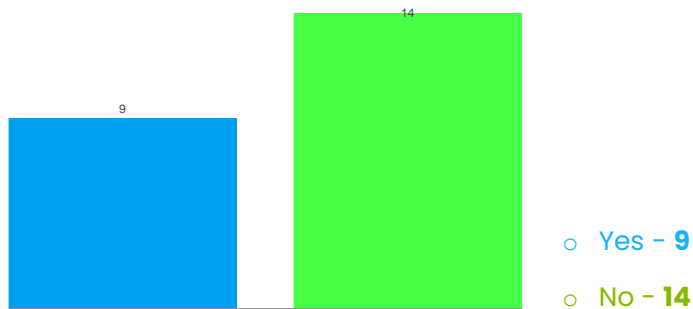
Q. If you attended your appointment(s) were you seen at the time of your appointments?



Q. Were any of your appointments cancelled?



Q. Were you informed why your appointment(s) were cancelled?



Q. How were you informed about any cancellations or rescheduled appointments?



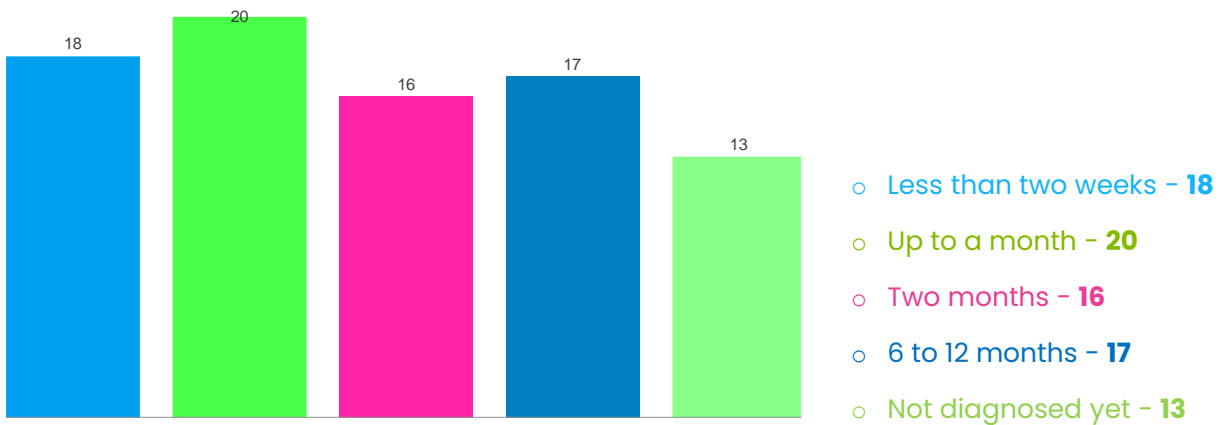
Diagnosis

Key Findings

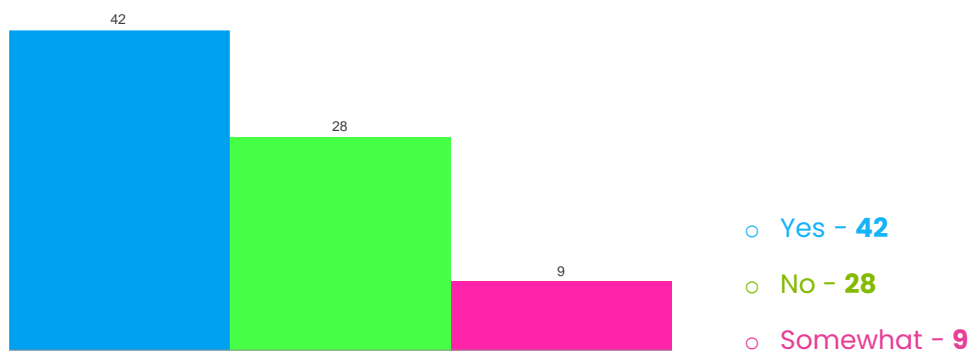
The findings highlight significant variations in the time taken to receive a diagnosis after being referred to the urology service. While **18** people received a diagnosis within two weeks and **20** within a month, **16** waited up to two months, **17** waited 6–12 months, and **13** had yet to receive a diagnosis.

Communication and information-sharing also varied, with **42** patients able to ask questions about their diagnosis and next steps, while **28** felt they were not able to do so. One patient told us *“communication was not the best and didn’t feel communicated with and involved. The attitude of the consultant when asked questions was not patient engaging.”*

Q. From your referral, how long did it take to get a diagnosis?



Q. Were you able to ask questions about your diagnosis and next steps?



Treatment and Care

Key Findings

The key findings highlight significant gaps in communication and patient involvement in treatment pathways. While **43** people felt informed about their treatment, **23** reported receiving no information at all.

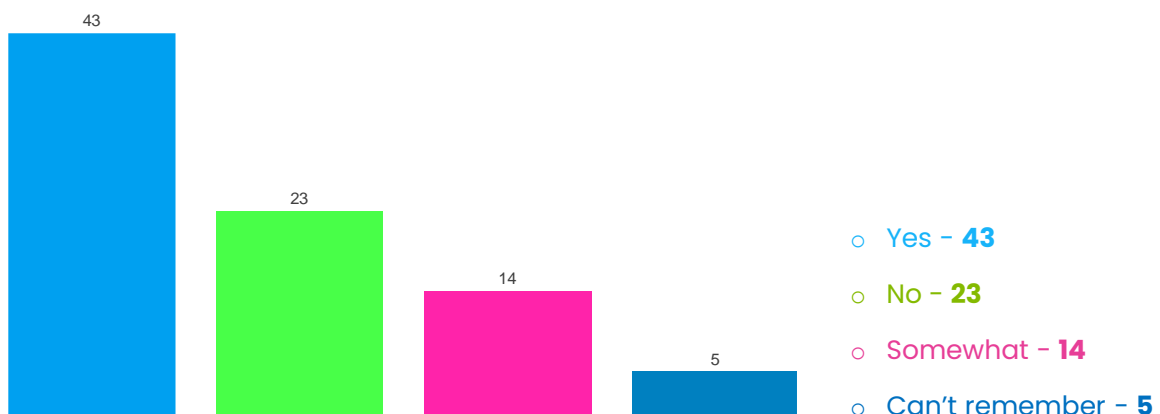
50 individuals were informed about where their treatment would take place, but **32** were not. Regarding involvement in care, **49** people felt listened to, while **27** did not.

1 patient said that they were *“a very anxious patient, I am not sure that my fears and concerns were taken seriously enough.”* Another patient said that *“the doctor doesn’t listen” and that they were told that “they only prioritise cancer patients.”* Another said that they were *“not asked but told. Not involved around my treatment. Staff, medical professionals did not treat me with dignity and respect.”*

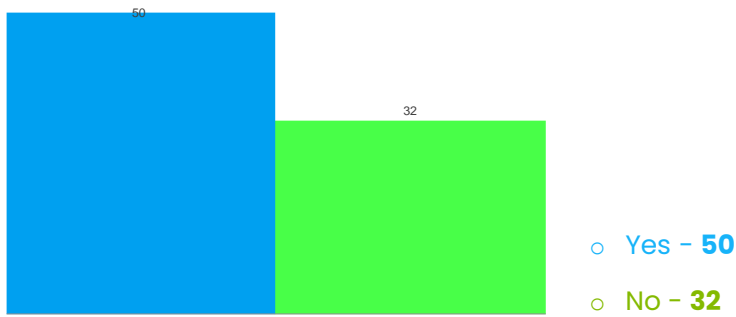
Comments from dissatisfied patients suggest issues with being heard, lack of respect from medical professionals, and inadequate communication, with some patients feeling uninformed about their diagnosis or having to research treatment options themselves. One patient told us *“didn’t know I had been diagnosed with something until I visited my doctor 10 months later, who had received a letter to tell him, but they didn’t send me the letter.”* Another patient raised issues with diagnosis and treatment and said that *“it was pretty useless really. It was me bringing in articles from medical journals and suggesting treatments not urology.”*

These findings suggest a need for better patient engagement, clearer communication, and improved respect for patients concerns.

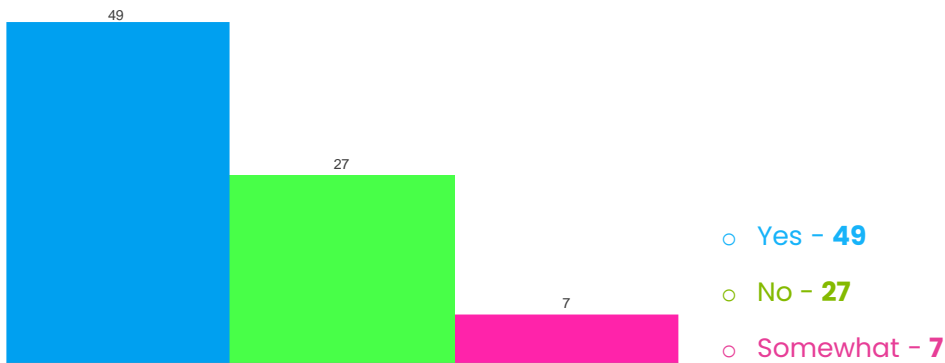
Q. Were you given information about your treatment pathway?



Q. Were you informed of where you would have elements or parts of your treatment?



Q. Did you feel you were involved and listened to around your treatment and care?



Communication

Key Findings

25 patients reported that they did not meet their needs, with concerns about inconsistent methods and lack of clarity in appointment details. Although the majority understood the information provided, a few struggled due to missing letters, incorrect information, or lack of clear guidance. One patient told us *"text had been received 10 days earlier reminding of appointment time and date but no mention of where and what department and no letter received either."* Other patients told us *"Didn't receive the letter"* *"Because I still don't know what to do"* and *"I was given the wrong information."*

While **55** said they were able to ask questions, **22** did not, expressing difficulties with appointment access, unresponsive staff, rushed consultations, and language barriers. One patient said that they were unable to ask questions because they *"needed an interpreter"* another patient told us they were *"a very anxious patient, I am not sure that my fears and concerns were taken seriously enough."*

Another patient said *"I only had one telephone consultation with the consultant who rushed me off the phone and didn't answer any of my concerns."*

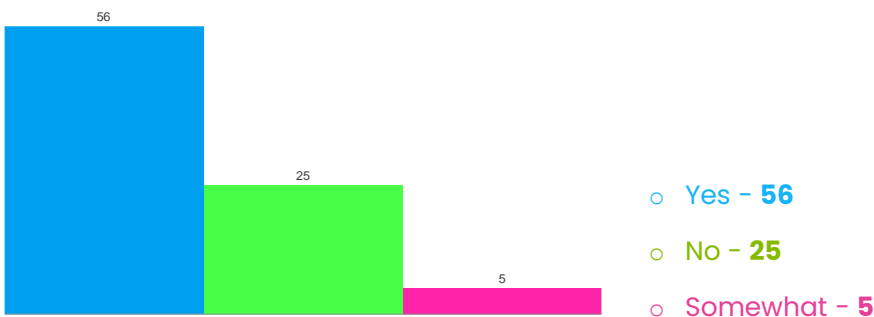
Additionally, **33** people reported not receiving regular updates on their care, often having to chase the department themselves or dealing with lost records, with one person saying that their *"records were lost for two years."* Concerns about being listened to and involved in communication continued with some patients experiencing conflicting information or poor communication. A patient told us *"no call backs after leaving messages for next treatment"* and another said that *"initial letter gave a six-week timescale for an appointment to be provided. Only if I had not received one after this time should I contact the department. Upon doing so I was told that the waiting time for a first appointment was 48 weeks."*

18 patients said they did not feel treated with dignity and respect, describing experiences of being *"ignored, ridiculed by staff and left untreated."* Others felt excluded from decisions about their care.

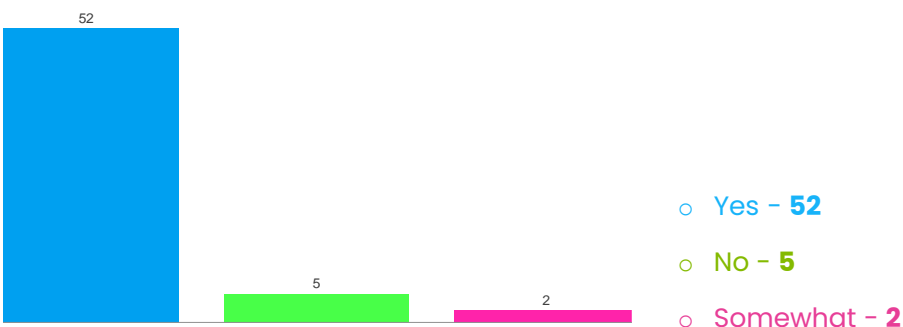
Other patients shared feedback with us, saying *"the doctor doesn't listen"* and that they were told that *"they only prioritise cancer patients."* Another said that they were *"not asked but told. Not involved around my treatment. Staff, medical professionals did not treat me with dignity and respect."*

These findings suggest a need for improved consistency in communication, better access to information, and a stronger focus on patient involvement and respect.

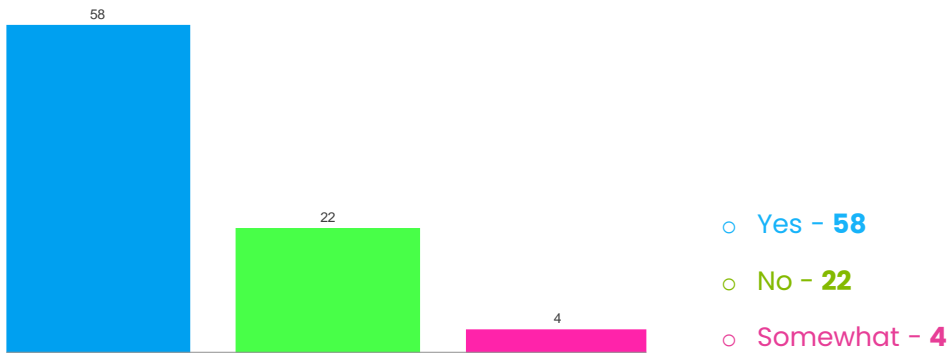
Q. Did the methods of communication suit your needs?



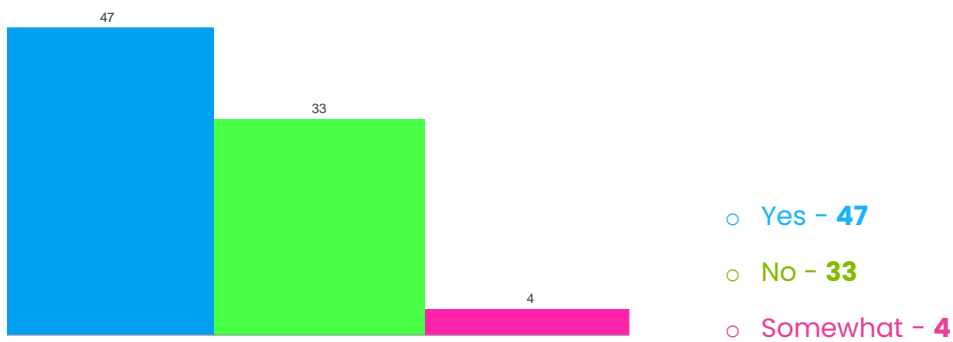
Q. Did you understand what was being communicated to you?



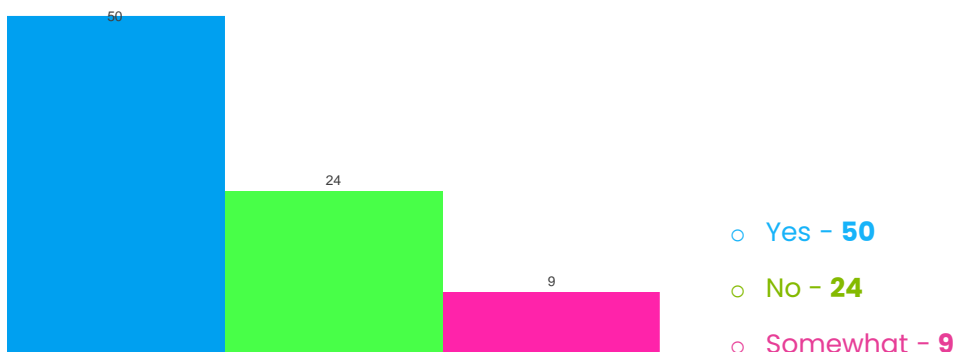
Q. Were you able to ask questions if you felt you needed to?



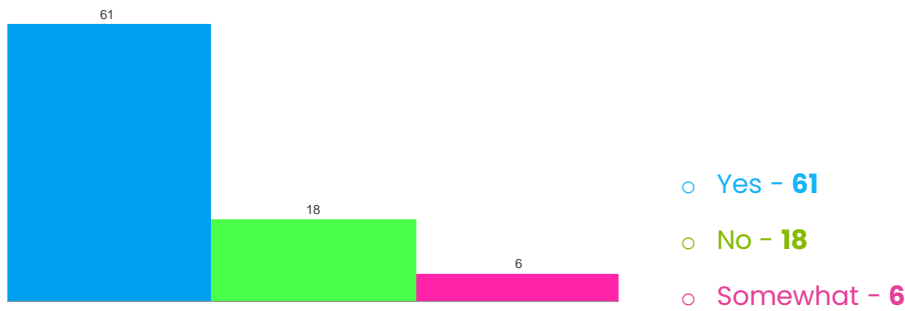
Q. Were you given updates from medical staff about your urology care and progress regularly?



Q. Did you feel involved and listened to when you had communication with professionals?



Q. Do you feel that staff, medical professionals treated you with dignity and respect?



Ratings

Key Findings

The findings indicate a mixed patient experience with urology services at both Walsall Manor Hospital and New Cross Hospital. At Walsall Manor Hospital, **47** people rated their experience as very good or good, while **23** rated it as poor or very poor, and **15** gave a neutral response.

At New Cross Hospital **32** people rating their experience as very good or good, **10** people giving a poor or very poor rating, and another **10** providing a neutral response.

Negative feedback across both hospitals primarily focused on long waiting times, cancelled appointments, and poor communication. Several patients expressed frustration over delays in diagnosis and treatment, with some experiencing significant impacts on their health as a result.

Comments highlighted concerns such as months-long waits for initial appointments, excessive delays in receiving test results, and appointments being cancelled or not followed up. **2** patients shared the following comments *"I have been informed that I must now wait for another nine months before even my first appointment is provided."* and *"109 days to wait to be told if I have bladder cancer or not. Shocking!"*

1 individual shared how delayed diagnosis led to the need for extensive surgery, emphasising the potential consequences of prolonged waiting times, they told us *"the care from the Manor was terrible. I was left waiting and waiting... I have now been told that I have cancer and have had it a long time due to never being examined by a consultant or actually seen by anyone. I have now got to have extensive surgery. Had this been picked up sooner I may have been able to have treatment."*

Others mentioned the difficulty in getting clear information from staff, particularly regarding appointment scheduling and results.

Despite these concerns, positive feedback centred on the quality of care provided by staff and the speed of treatment in certain cases. Some patients reported feeling well cared for by compassionate and competent healthcare professionals. Others appreciated the efficiency of the treatment process, noting that they were satisfied with how quickly their surgery and follow-ups were arranged. Patients said, *“from the start of my cancer journey I have felt cared for by competent people who genuinely care about myself and others, who listen to you.”* and *“from the very start of visiting the GP and then the hospital we were pleased with the speed of surgery and all ongoing follow ups. Happy to be able to visit Walsall Hospital and not New Cross.”*

When asked about potential improvements, several key themes emerged. Patients highlighted the need for better communication between Walsall Manor and New Cross Hospitals, particularly regarding referrals, to avoid unnecessary delays. One person said that they *“would have chosen New Cross as they are the main hub for Urology instead of all of this back and forth with phone calls as New Cross can’t do anything until Manor send referral. Manor forget to send them, so better communication between both would be good.”*

Waiting times were also a major concern, with some suggesting more transparency around appointment timelines. Additionally, there were calls for clearer information on appointment locations, as some patients found the details on their letters confusing. A patient shared the following feedback *“an honest appointment timescale should be given at the outset, especially when this exceeds a supposed maximum wait of 18 weeks provided by the NHS, and without the hospital giving a reason why a wait of a year is deemed to be appropriate.”*

Lastly, a need for greater empathy from staff was raised, with patients expressing a desire for more understanding and support in dealing with the anxiety surrounding their medical conditions.

Conclusion

While many patients appreciated the quality of care and felt supported by compassionate healthcare professionals, significant concerns were raised around communication, appointment scheduling, and waiting times. Key issues included inconsistent information-sharing, lack of clarity on next steps, and long delays for appointments and diagnoses, with some patients reporting serious impacts on their health as a result.

The discrepancies between patient experiences at the two hospitals, along with the recurrent themes of feeling unheard, disrespected, or inadequately informed, suggest a need for targeted improvements. Enhanced communication, better management of appointment systems, and a stronger focus on patient engagement and respect are critical steps to addressing these concerns.

Overall, this report highlights the importance of delivering a more consistent, transparent, and empathetic approach to urology care, ensuring all patients feel informed, involved, and valued throughout their treatment journey.

Recommendations

Communication and Information-Sharing:

- Provide clear and detailed information about next steps, treatment plans, and appointment locations in all communications, including appointment letters and texts.

Appointment Management and Waiting Times:

- Improve transparency around expected waiting times for appointments and diagnoses.
- Ensure patients are informed of cancellations promptly and provided with a clear reason.
- Reduce waiting times by reviewing referral processes between Walsall Manor and New Cross Hospital to avoid unnecessary delays.

Patient Involvement and Respect:

- Increase efforts to involve patients in treatment decisions, ensuring they feel heard, respected, and valued.
- Provide staff training on treating patients with dignity and empathy, particularly for those who are anxious or have specific needs (e.g., needing an interpreter).

Accessibility and Clarity:

- Review appointment letters and communication materials to ensure they are clear, accurate, and provide all necessary information (e.g., department location, appointment purpose).
- Ensure all patients receive letters and information in a timely manner, with follow-ups for lost or delayed communications.

Service Co-ordination and Efficiency:

- Enhance communication and co-ordination between Walsall Manor and New Cross Hospitals to streamline the referral process and reduce delays.
- Establish clear referral pathways and set accountability measures to avoid lost or delayed referrals.

Acknowledgements

Thank you to the patients who took their time to participate in this project and survey.

Demographics

As the number of responses is lower than 100 the data has been presented as counts rather than percentages.

Ethnic background

51 White British background – 51
 White Irish – 1
 Another White background – 3
 Asian background – 20
 Indian background – 9
 Pakistani – 4
 Bangladeshi – 2
 Chinese – 2.
 Another Asian background – 3
 Black African background – 6
 Black Caribbean background – 1
 Another Black background – 1
 Arab – 3 background
 Mixed ethnic background – 1

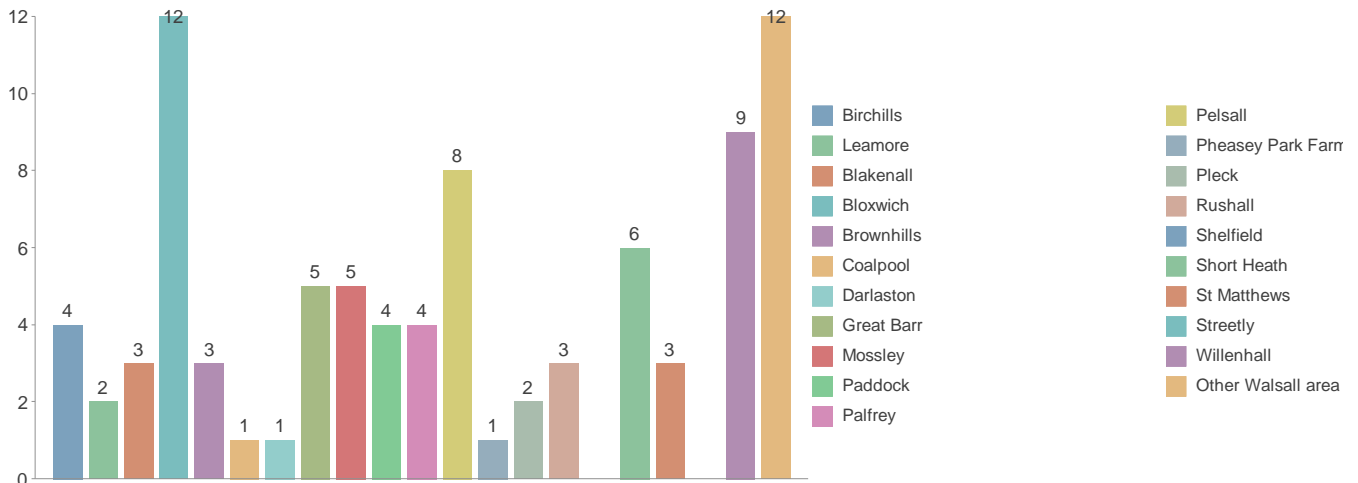
Age

Under 16 years – 1
 18 to 24 years – 3
 25 to 49 years – 10
 50 to 64 years – 26
 65 to 79 years old – 27
 80 years and over – 18

Gender

Female – 26
 Male – 50
 Prefer to self identify – 7
 Intersex – 3
 Non-binary – 1

Please select the general area of Walsall you live.



The single largest area was Bloxwich (n12), 9 were from Willenhall and 8 were from Pelsall.

Patient experiences of Walsall Urology Services Report



Patient Case Study 1

Patient was originally admitted to hospital on 20/10/23 after a long wait in the ED on that day. They had been sent there by the GP as they were in acute distress with bladder pain.

The patient was eventually catheterised at 8pm on Friday evening in AMU, almost 12 hours after attending ED. Patient passed 980 mls of urine.

A consultant, (not working in AMU or urology), came up from surgery to look at the patient when first in AMU and requested bloods and CT scan to be undertaken on Friday night. However, bloods were not taken until 3am Saturday 21/10/23 and CT scan not until 3pm Sunday 22/10/23.

On Saturday 21/10/23 the patient passed another 1500 mls urine. They then had to wait until 24/10/23 before a Urology Consultant saw them and they were later discharged at 6.00 p.m. that day after removal of the catheter.

The follow up clinic appointment eventually came through for 27/3/2024, 5 months later. This was cancelled by the Trust as were 2 other scheduled appointments. The patient was eventually seen in June 2024, 8 months after admission.

The upshot from this experience is that there are insufficient urology staff for emergencies and also delays for follow-up clinics.

Communication as to why the appointments were cancelled was also poor.

Patient Case Study 2

A patient was referred by their GP after checking their prostate, the patient was referred for an MRI scan at New Cross Hospital, which showed patches on their bladder. The patient had been waiting for over 12 months. The patient was diagnosed with gall stones. They had a series of texts asking if still wanted an appointment, the texts said 'do not reply if yes. If no text back. The patient wanted an appointment so did not reply (Yes).

The patient was offered an operation date around Christmas 2023 but declined and asked for another appointment. They received a letter to say they had an appointment but there was no indication what the appointment was for (turned out to be a pre-op appointment). They called Walsall Manor Hospital to clarify what the appointment was for but was told to call New Cross Hospital. They did, and New Cross Hospital told them to call Walsall Manor Hospital. After that they had many ID checks.

The patient was then sent a Pre-Op form, which they completed but they noticed the form had someone else's surname on it. The patient called the issuing department and told them. The person apologised and asked them to return the document. They told the patient that they had 'so many to get through'.

The patient had surgery and was told that their catheter would be removed the next day. They returned to the department, and they were told to go downstairs. At this point they had enough and asked staff to sort.

They felt their treatment was good. But the main issue was around communication. Being told to contact one hospital to be told to ring the other. And lack of information about what the appointment was about in letter and text.

The patient has no further follow ups and has been prescribed tablets. They have been told if their conditions comes back, they may need further surgery.

Patient Case Study 3

A patient was asked by their GP to have a blood test in 2022. Then in early 2023 the patient went for scans which showed up a tumour in their bladder. A few weeks later they had an operation which went well. Absolutely no issues on response and treatment.

The aftercare was an issue. There was poor communication between New Cross Hospital and Walsall Manor Hospital and didn't know why? Just felt not communicated with.

The patient was then required to have another surgical operation on their prostate which was planned for July 2024. But literally 5 minutes before the planned operation, it was aborted due to the surgical consultant noting that the medication the patient was on could cause surgical complications, so it was cancelled. The operation took place in August 2024. That was a success.

They had a catheter fitted for well over 12 months. During the latter days of being fitted they felt that they had a catheter that was too big, as they were having leakage.

Summary of patient's opinion

"Received quick and good care. Communication was not the best and didn't feel communicated with and involved. The attitude of the consultant when asked questions was not patient engaging".

Patient Case Study 4

A patient was referred to Urology for various scans but did not receive any results. They then received a letter saying they were going to be discharged from Urology. So, the patient contacted their GP who did another referral request. The patient contacted Walsall Urology Department and when they could speak to them, the contact at the hospital apologised.

The patient received treatment in spring 2023. They were told that they would be seen again and may need a further operation. They waited till mid-year 2024 and heard nothing so they decided to contact the department, contacting the secretary. But found it difficult to speak to them. After many attempts, they did speak and was given an appointment Autumn 2024.

They felt that communication is poor and that they have had to chase up their care and follow up appointments.

The patient keeps having infections which cannot be treated ongoing with antibiotics, so a resolution from Urology treatment is important. They find it difficult to plan life and have additional stress having to chase appointments and care at the hospital.

Patient Case Study 5

A patient had kidney stones but was not operated on due to the size. They kept getting infections and having antibiotics. Due to continuous use of medication, they then had to cancel an eye operation, which they had been waiting for a number of years.

Their GP sent a letter/referral to the Hospital. A period of some months past and the patients partner tried to contact the Urology department but could not speak to anyone. When they finally got to speak to the department secretary, they were told that it appeared that the GP letter sent prior had not been opened/read.

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Link: <https://tinyurl.com/3778j3ps>

Find us and our reports on our Social Media platforms

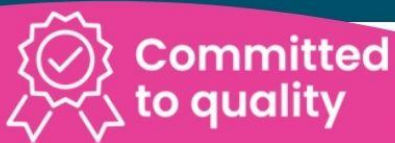


Facebook: @HealthwatchWSL

X (Twitter): @HWWalsall

Instagram: healthwatchwsl

YouTube: Healthwatch Walsall 2020



We are committed to the quality of our information. Every three years we perform an in depth audit so that we can be certain of this.



How to contact us

Office:

Blakenall Village Centre

79 Thames Road

Blakenall

Walsall

WS3 1LZ

Tel: 0800 470 1660

Email: info@healthwatchwalsall.co.uk

