

Engagement Report:
Patient Experience of using the Royal
Eye Infirmary, University Hospital
Plymouth NHS Trust

September 2025

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Executive Summary

This Healthwatch Plymouth report presents findings based on feedback gathered from 59 patients and relatives who had recent experiences with the Royal Eye Infirmary (REI) service at University Hospitals Plymouth NHS Trust (UHP). Conversations took place in July 2025 at the REI facility, and in May 2025 with members of the Sensory Solutions group run by Improving Lives Plymouth. Additional surveys were filled out independently by the Saltash Cornwall Macular Society Support Groups.

Overall Summary of Key Themes

- Patients generally reported that the staff and consultants were both helpful and pleasant.
- Patients with sight loss, visual impairments, the vulnerable and very elderly continued to struggle with most aspects of attending the REI, in contrast to those with good visual ability.
- Travel to the REI continues to be a challenge for many patients, largely due to limited bus services and inadequate parking. Additionally, travel costs were a concern for many patients.
- Long, uncertain waits in clinic without updates cause anxiety about missing names, overstaying parking, or lacking food and water.
- The majority of patients reported that the format of the letters they received was satisfactory, although some experienced difficulties with phone communication and delays in receiving correspondence from the REI.

Brief Summary of Recommendations

Healthwatch Plymouth have the following recommendations:

- **Travel/Journey to the REI:**
 1. Alert users of the REI to the free orange bus pass wallet for patients eligible to an enhanced bus pass for sight loss. The wallet can suggest to bus drivers within Plymouth that an individual may need extra help with their journey, and in particular to announce arrival at the REI.

- **Booking appointment and letters:**
 2. Review and refresh all patient letters, communications, and the REI website to ensure accuracy, clarity, and accessibility, paying particular attention to instructions regarding attendance with a support person and the process for emergency appointments
- **Experience of attending the REI:**
 3. The REI makes use of the large volunteer cohort at UHP to provide extra assistance to patients both upon arrival, and in waiting areas.
 4. The REI engages with the Sensory Solutions group at Improving Lives Plymouth and the on site RNIB Eye Care Liaison Officer to review and improve contrast, signage, and wayfinding across the site for visually impaired users.
 5. The REI consider developing staff training that builds understanding of how patients with vision loss experience and navigate the REI.

Healthwatch is keen to work alongside the REI to support these improvements, offering assistance with reviewing patient communications for clarity and accessibility, and helping to strengthen understanding of the needs of people using the service.

About Us

Healthwatch in Devon, Plymouth, and Torbay (HWDPT) are the three local independent consumer champions for people using health and social care services across Devon.

Local Healthwatch organisations were established as independent bodies run by local people, for local people. They are part of a national network of Local Healthwatch in England that was set up under the Health and Social Care Act 2012.

Healthwatch engages with the local community effectively and gives residents of Devon, Plymouth & Torbay a stronger voice to influence and challenge how health and social care services are provided for them.

Introduction

This Healthwatch Plymouth (HWP) report presents findings based on feedback gathered from patients and relatives who had recent experiences with the Royal Eye Infirmary (REI) service at University Hospitals Plymouth NHS Trust (UHP). Conversations took place in July 2025 at the REI facility, and in May 2025 with members of the Sensory Solutions group run by Improving Lives Plymouth. Additional surveys were filled out independently by the Saltash Cornwall Macular Society Support Groups.

In total, HWP spoke with 41 patients at the REI, 14 individuals attending the Insight Extra meeting of the Sensory Solutions Group, and 4 patients from Macular Society Support Groups. Although the number of participants is relatively small, the insights shared during these discussions have highlighted several key themes and issues*, which are summarised in this report.

*Please Note:

All highlighted themes, trends or Healthwatch observations are based on the feedback of the 59 people who engaged with this project, and therefore may not be fully representative of all REI patients.

Background

In October 2023, UHP moved the REI service from its location at Derriford Hospital to a new purpose-built building in the International Business Park near the Derriford Hospital Site. The service provides Outpatient services, Day Case Unit, Theatres and Urgent Care. The majority of ophthalmology work is elective (outpatient, day case or inpatient), although Ophthalmology Urgent Care treats emergency cases.

In January 2024, HWP were contacted by the Patient Experience and Patient Services Manager at UHP to discuss the new building and some concerns raised by patients to staff at the REI. It was agreed that HWP volunteers would conduct visits to the REI to engage with patients around their experiences of the new facility and whether additional improvements were needed to make the facility work better for patients. A guided conversation questionnaire was co-produced with UHP, and visits to the REI were undertaken by HWP in March 2024.

Following HWP's visit to the REI in March 2024, several amendments were made to improve the patient experience. These included the installation of a pedestrian crossing, improved signage, and the introduction of a new bus route with a stop directly outside the REI.

Following on from the initial visit, HWP were invited by the Patient Experience and Patient Services Manager at UHP to revisit the REI in July 2025 to assess whether the improvements implemented earlier had positively impacted the overall patient experience. Using a guided conversation questionnaire, HWP conducted visits on three separate occasions throughout the month to gather patient feedback, as well as engaging with sight loss groups in Plymouth and Saltash, to determine whether noticeable improvements had improved overall patient experience when attending the REI.

Methodology

Between May and July 2025, HWP engaged with individuals who had recent experience attending the REI, using a guided conversation questionnaire (see Appendix) to gather feedback on their experience and the impact of recent service improvements.

In July 2025, HWP staff and two volunteers visited the REI on three separate occasions. During each visit, patients were randomly selected from the waiting area by an HWP representative and invited to participate in the guided conversation. In total, 41 patients took part in these conversations. The aim was to understand their experience of attending the REI and to determine whether recent service changes had made a positive difference to their overall experience of attending the REI.

In May 2025, HWP also attended the Insight Extra meeting, part of the Sensory Solutions group at Improving Lives Plymouth. Fourteen members of the group were interviewed using the same guided conversation questionnaire. Of those, six had visited the REI within the past 12 months. This session was conducted in a group setting, with input from participants recorded individually.

Additionally, the questionnaire was distributed to members of the Saltash, Cornwall Macular Society Support Group. Four responses were received from individuals who had recently attended the REI.

In total, 59 individuals contributed to this engagement work. Participants shared their views on the following aspects of their experience:

- Their journey to and from the REI
- The clarity and usefulness of appointment letters and communication from the REI
- Their experience of attending the REI and the care and service provided.

No demographic data was collected, but responses included input from both male and female participants.

Key Findings

The following is an overall summary of the key themes that were observed, based on the views of the 59 individuals contributed to this engagement work:

- Patients generally reported that the staff and consultants were both helpful and pleasant.
- Patients with sight loss, visual impairments, the vulnerable and very elderly continued to struggle with most aspects of attending the REI, in contrast to those with good visual ability.
- Travel to the REI continues to be a challenge for many patients, largely due to limited bus services and inadequate parking. Additionally, travel costs were a concern for many patients.
- Long, uncertain waits in clinic without updates cause anxiety about missing names, overstaying parking, or lacking food and water.
- The majority of patients reported that the format of the letters they received was satisfactory, although some experienced difficulties with phone communication and delays in receiving correspondence from the REI.

Detailed Findings

This HWP report presents findings based on feedback gathered from the 59 patients and relatives who had recent experiences with the REI service at UHP. Participants shared their views on the following aspects of their experience:

- Their journey to and from the REI
- The clarity and usefulness of appointment letters and communication from the REI
- Their experience of attending the REI and the care and service provided.

Conversations with the REI users we spoke to revealed a divide in experiences, largely shaped by patients' level of vision. Those who did not require additional visual support described their visits as highly satisfactory.

In contrast, the patients we spoke to with sight loss and vision difficulties consistently faced significant challenges and barriers throughout their visit at the REI.

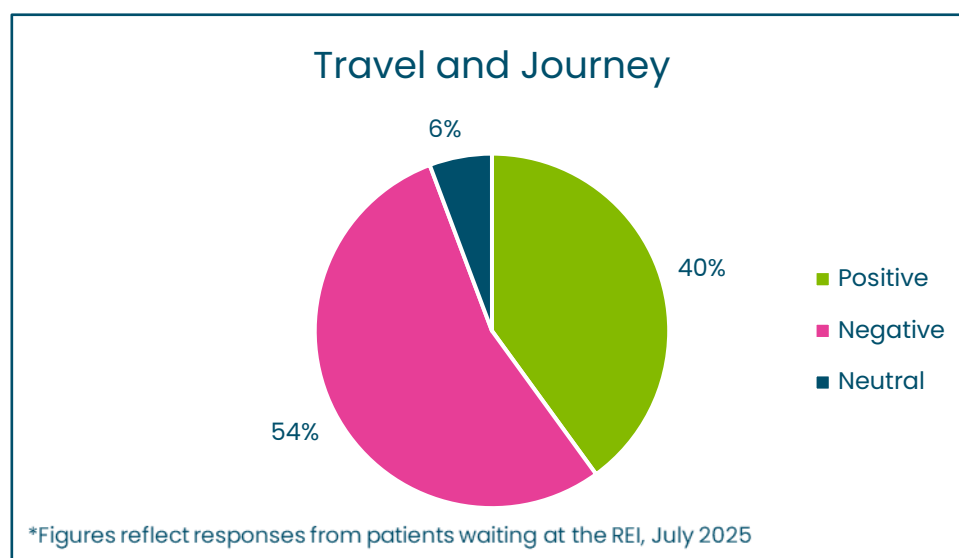
Please Note:

- *All commentary featured in this report is included as verbatim to illustrate the themes identified from the data analysis. Not all comments are included in this report and some comments relate to more than one theme.*
- *For clarity, positive comments are highlighted in green, with any negative comments highlighted in pink.*

Section 1 – Travel/Journey to the REI

Healthwatch observations

- The majority of the patients we spoke to arrived by vehicle. Most were driven by a relative or a friend, or came via taxi.
- The most commonly raised issue was the limitation in the availability of bus services to and from the REI.
- Concerns were raised about the limited availability of disabled parking spots and a lack of signage regarding blue badges.
- Patients expressed frustrations with issues around the costs of having to rely on a taxi service due to limitations with bus services, as well as availabilities of taxis during the morning school run.



Public Transport and Taxis

Patients who rely on public transport to attend the REI expressed frustration with travel-related challenges. Many found taxi services costly and, at times, inconvenient, particularly when appointment times did not align well with availability such as during the morning school run when taxis are occupied with school transport.

Additionally, several patients highlighted limitations in the local bus service, often requiring them to take multiple buses and endure long, uncomfortable journeys. For those with visual impairments, the lack of clear announcements or visibility meant they were sometimes unable to tell when they had reached the REI stop.

Patient comments include:

"The bus was a nightmare because of the change on Royal Parade. Took from 10 past 8 arrived at 5 to 10." (REI, July 2025)

"My local bus (once an hour) only goes to Derriford (over a mile to REI), there is now a bus from Derriford, but times don't coincide (too far to walk). So must pay for transport now." (Macular Society Support Groups July 2025)

"Not quite sure where to get off the bus – can't see the bus stop. An announcement on the bus itself would be useful." (Sensory Solutions Group, May 2025)

"Easier now that the shopping area has been opened as you can walk through to the shopping area to the other bus stop – don't have walk the longer way back onto the main road." (REI, July 2025)

Parking at the REI

Parking-related issues at the REI were linked to uncertainty around appointment durations, making it difficult for patients to judge how much time to pay for. Others commented on parking being difficult as everyone has appointments scheduled at the same time. Many patients also expressed concern over rising parking costs, which added further frustration to their visit.

Patient comments include:

"Parking payable, inconvenient and no clear signage." (REI, July 2025)

"Issues with parking costs because the appointment letter gives no indication of duration of appointment." (REI, July 2025)

"Everyone getting appointments at the same time – car park is full." (REI, July 2025)

Disabled Parking

The second most common theme relating to parking was patients expressing difficulty with limited disabled parking spaces.

Patient comments include:

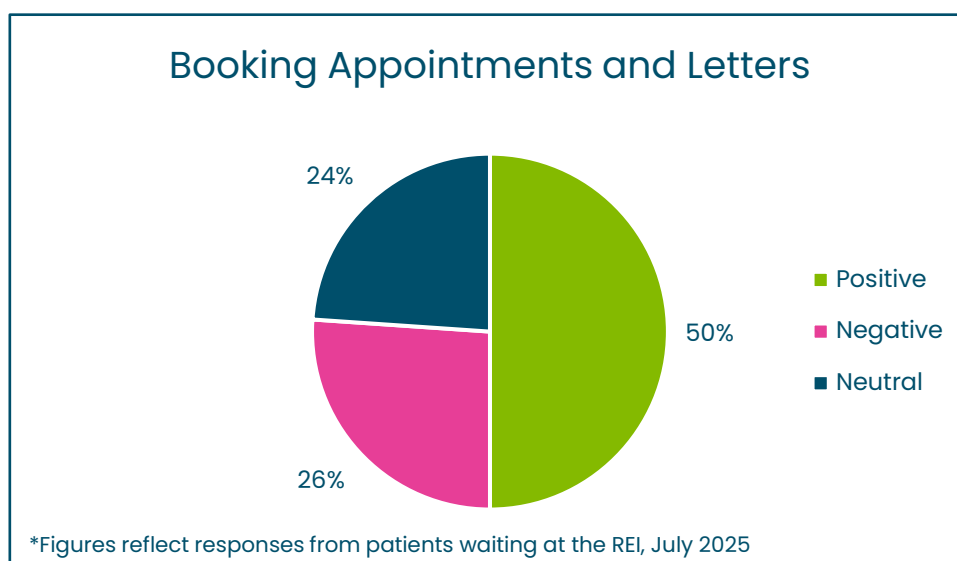
“A lack of information around paying for disabled parking and if electric car spaces can be used by ordinary cars – when patient spoke with reception in the REI, they were also unsure. The price of parking has also increased too much. Too many electric car spaces and not enough disabled parking.” (REI July 2025)

“My driver has to drop me off and ride around to find a place. Disabled parking almost non-existent.” (Macular Society Support Groups July 2025)

Section 2 –Booking Appointments and Letters

Healthwatch observations:

- During conversation at the REI in July 2025, most patients indicated that the formation of the letter they received was “ok” and was “suitable for the communication need”.
- Some patients voiced concerns regarding correspondence arriving late or after the date of their appointments, resulting in missed appointments.
- Some patients expressed frustration that they were unable to communicate with the REI via the phone, noting that calls often went unanswered or were directed to voicemail. In a few instances, this led to patients travelling to the REI in person to have their queries addressed.
- Some patients expressed concern over bringing a support person to their appointments as appointment letters state to come alone if possible. This conflicted with the needs of some patients who rely on a support person to navigate their visit.
- A majority of patients expressed they were satisfied with the information in the letter they received. Some patients highlighted that due to accessibility requirements they were unable to read the received correspondence themselves and were reliant on a family member or carer to relay the information in the letters.



Patient comments include:

"Pleased with the letters, consults are good, explain what happens, where you are at with your eyesight." (REI July 2025)

"Yes, really clear." (REI July 2025)

"REI contact is good. They contact daughter about appointments followed by letter." (REI July 2025)

"Changed the date of appointment when telephoned but letter arrived after the date." (REI July 2025)

"Received a call no letter. Told they would receive an email, not received." (REI July 2025)

"They said appointment was missed but never received a letter." (REI July 2025)

"They ask you to come on your own but most people need someone with them." (REI July 2025)

"Telephone calls not being answered. Call back requests get ignored." (Macular Society Support Groups July 2025)

Waiting times

Patients generally feel they have been seen quickly but there have been few issues with waiting times upon initial referral to the REI. Some patients remain frustrated about waiting times in relation to letters and treatment timelines, although some patients noted they have seen a slight improvement. Patients waiting for follow-up appointments expressed concern about the progression of their eye condition due to (perceived) lack of timely treatment.

Patient comments include:

"There is a walk-in waiting area – Patients can go and sit in there. I have been seen by the nurse very quickly. You can get seen that day."
(Sensory Solutions Group July 2025)

"Normal long wait times but have improved." (REI July 2025)

"I need regular injections for AMD which should be every 6 weeks but in March had to wait 11 weeks. (resulted in me losing 10 letters on the visibility chart- once vision is lost with AMD it cannot usually be retrieved) This is very concerning and causes me a lot of worry." (Macular Society Support Groups July 2025)

"Told appointment would be 10 weeks but was 16 weeks." (REI July 2025)

"It was indicated wait times were 6 weeks but waited 9 months for appointment. My first appointment was cancelled with a few hours notice." (REI July 2025).

Section 3 – Experience of attending the REI

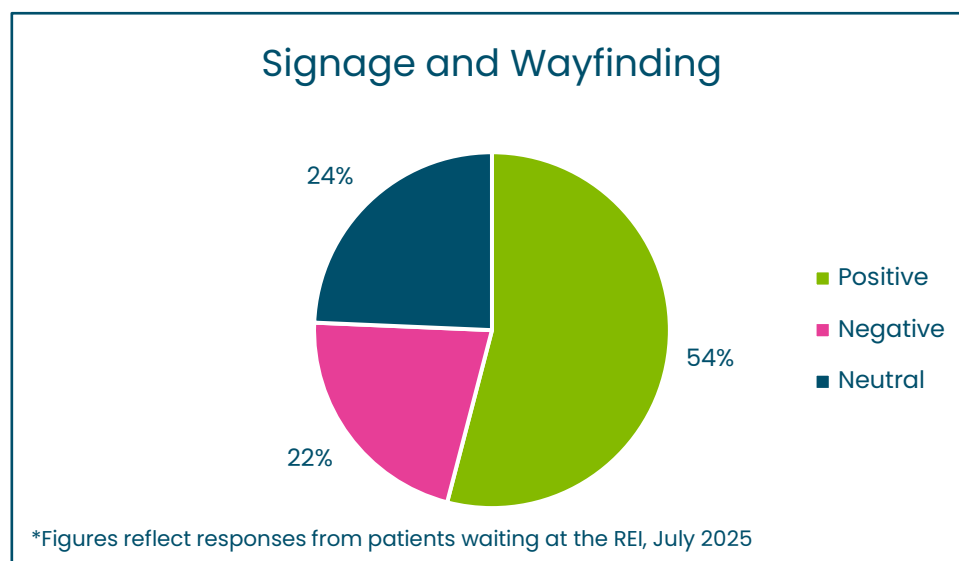
Healthwatch Observations:

- Conversations during our July 2025 visits were generally positive; however, satisfaction levels varied significantly based on the patients' levels of vision, vulnerability, and age. Patients who did not require additional support reported a high level of satisfaction with their experience at the REI. In contrast, individuals with sight loss, the vulnerable or the very elderly, found their experience more challenging and encountered multiple issues during their visit.
- Children, young people and parents waiting in the Children's waiting area all positively commented on their experience, and in particular they loved the animals and other images on the walls of the children's area.
- A recurring theme throughout our conversations at the REI was that the patients were highly satisfied with the staff and their consultation when attending. Comments such as **"Staff are brilliant. I've never had problems", "Amazing – 10/10, can't fault them,"** and **"Very good, explained everything well"** were frequently repeated across conversations, reflecting a constant pattern of positive feedback throughout the engagement period from May to July 2025.
- During HWP visits, several patients identified that they were dissatisfied and confused with the 10-minute check-in window before their appointment, in particular being turned away from waiting when arriving early due to public transport, parking and traffic considerations.

Signage and Wayfinding

In response to questions about signage and wayfinding, patients visiting the REI in July 2025 largely reported improvements.

However, as noted above, experiences varied significantly depending on patients' visual abilities. Feedback from the Sensory Solutions group and the Saltash Cornwall Macular Society Support Groups highlighted signage and wayfinding for those with visual impairments as being poor.



Comments from those with good vision and without additional requirements included:

"Yes, the signage is good." (REI July 2025)
"Signage much improved and fits needs." (REI July 2025)
"Yes fine, it is easy to find your way." (REI July 2025)

The comments below from visually impaired, vulnerable and elderly patients display how patients' experiences differ depending on their requirements:

"Impossible, after drops/injection you don't know where you are." (REI July 2025)
"A maze the first few times. Every room/ corridor looks similar." (REI July 2025)
"Not designed as an eye infirmary. No, consultation with the blind community. Lack of contrast, lighting not effective. Ventilation and air condition, air very dry for eyes." (REI July 2025)
"Colour scheme – grey everywhere." (Sensory Solutions Group May 2025)
"The signage isn't much good, and it needs to be thought through – need people there who can help. Life is hard enough as it is." (Sensory Solutions Group May 2025)
"On the first visit it is hard to navigate and find your way around, especially when anxious. Could do with bigger signs, more obvious signage for the lifts, waiting area, toilets and way out." (Sensory Solutions Group May 2025)

Waiting during the appointment

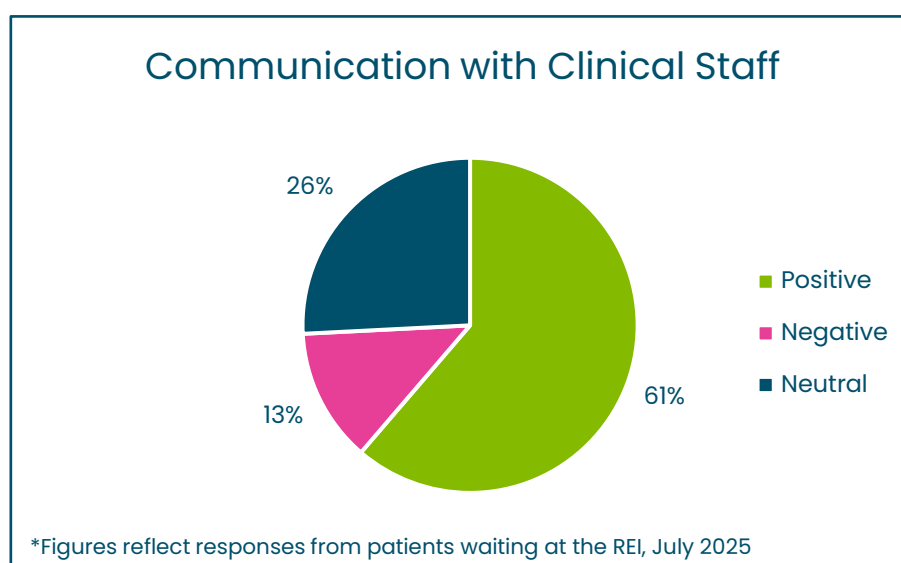
Many patients described enduring long, uncertain waits in the waiting rooms. They were rarely told how long they might have to wait, which created anxiety about missing their name being called and added stress during an already important appointment. Some felt they were not given enough information to prepare—such as bringing adequate food, drinks, or arranging sufficient parking time.

In one case, a patient was directed to the wrong waiting area and waited two hours before speaking to a nurse, who promised to check if they were in the right place, but never returned. When eventually sent to the correct waiting area, the patient was told it was too late to be seen.

Communication with Consultants and Staff

A recurring theme throughout our conversations regarding the REI was that patients were highly satisfied with the staff and their consultation when attending. Comments such as ***“Staff are brilliant. I’ve never had problems”***, ***“Amazing – 10/10, can’t fault them”***, and ***“Very good, explained everything well”*** were frequently repeated across conversations, reflecting a constant pattern of positive feedback throughout the engagement period from May to July 2025.

Some visually impaired and vulnerable patients reported difficulties with how they were called into consultation rooms. Names were often announced from the doorway without regard for individual accessibility needs. If a patient did not respond immediately, their name was simply repeated, with little thought given to whether hearing, sight, mobility, or age might be a factor. In some cases, staff even walked away after calling a name, without checking whether the individual was vision impaired or able to follow. Some patients also noted an overuse of jargon in communication with consultants.



Comments from patients include:

“Staff always pleasant and work with a smile on their face.” (REI July 2025)

“Communicate, appointments and reception are good.” (REI July 2025)

"They come out, call your name and then disappear." "The patient is left to navigate where to go – all the doors look the same". "Could be that patient didn't hear and then couldn't see where the staff member had gone." (Group discussion – Sensory Solutions Group May 2025)

"Some issues with name being called for appointment and not hearing or understanding." (REI July 2025)

"More communication with the consultants and better language skills as they use jargon." (REI July 2025)

Section 4 – Healthwatch Plymouth Observations

In addition to the Healthwatch observations at the start of each section, the following observations were made by HWP staff and volunteers:

- There seems to be some confusion over who to contact and where to go in an emergency. Patients report ringing the REI to be redirected to 111, who then redirect back to the REI:

"Bleeding started, phoned REI, they said to call 111, called 111 and they said to phone REI." (Sensory Solutions Group, May 2025)

"111 sent a client to A&E who turned her away. Never received the phone back. Waited 48hrs for appt." (Sensory Solutions Group, May 2025)

- There is a lack of visible volunteers in the REI to help support the more vulnerable patients. During our three visits to the REI on different weekdays no hospital volunteers were observed.
- Limited signage to indicate where refreshments are, with no water machines in two of the waiting rooms.
- Patients are often required to travel to the Derriford site to collect prescriptions, which many with sight loss find difficult to navigate and are not always made aware of in advance. It would be preferable if prescriptions could be fulfilled at alternative community pharmacies, or through a dedicated pharmacy located at the REI site.

Recommendations

Based on the feedback gathered by HWP, we were able to make the recommendations below.

- **Travel/Journey to the REI:**

1. Alert users of the REI to the free orange bus pass wallet for patients eligible to an enhanced bus pass for sight loss. The wallet can suggest to bus drivers within Plymouth that an individual may need extra help with their journey, and in particular to announce arrival at the REI.

- **Booking appointments and letters:**

2. Review and refresh all patient letters, communications, and the REI website to ensure accuracy, clarity, and accessibility, paying particular attention to instructions regarding attendance with a support person and the process for emergency appointments.

- **Experience of attending the REI:**

3. The REI makes use of the large volunteer cohort at UHP to provide extra assistance to patients both upon arrival, and in waiting areas.
4. The REI engages with the Sensory Solutions group at Improving Lives Plymouth and the on site RNIB Eye Care Liaison Officer to review and improve contrast, signage, and wayfinding across the site for visually impaired users.
5. The REI considers developing staff training that builds understanding of how patients with vision loss experience and navigate the REI.

Healthwatch is keen to work alongside the REI to support these improvements, offering assistance with reviewing patient communications for clarity and accessibility, and helping to strengthen understanding of the needs of people using the service.

Stakeholder Response from University Hospitals Plymouth NHS Trust

“We would like to extend our sincere thanks to Healthwatch Plymouth for their continued partnership, engagement, and for compiling this valuable report on patient and carer experiences within the Royal Eye Infirmary (REI). We are grateful to the 59 individuals and groups who took the time to share their feedback, helping us to better understand what is working well and where improvements can be made.

We are pleased to note that many patients and relatives described our staff and consultants as helpful, pleasant, and caring, reflecting the compassion and professionalism of our REI teams. It's also encouraging to hear that children, young people and parents spoke positively about their experiences, particularly enjoying the animals and artwork displayed, improvements we have made in response to previous patient feedback.

We do however also recognise and take seriously the difference in experience for patients with sight loss, visual impairments, or additional vulnerabilities, and we are committed to ensuring that our services are fully inclusive and accessible to all.

The feedback within this report aligns closely with our ongoing improvement priorities. In response to the findings and recommendations, the Royal Eye Infirmary will:

- Review and update patient communications in co-production with Healthwatch and local sight loss groups. This will include revising appointment letters, website information, and telephone processes to ensure all communications are accurate, accessible, and easy to understand. Particular attention will be given to clarifying guidance on attending with a support person, expected appointment and waiting times, the process for arranging emergency appointments, and information on the free orange bus pass wallet for patients eligible for an enhanced bus pass for sight loss. This initiative helps bus drivers provide additional assistance and announce arrival at the REI.
- Improve the responsiveness of telephone communication and related correspondence, implementing enhancements wherever possible. This includes working with the Trust to develop digital technology that supports improved communications specifically exploring the implementation of a NetCall (or similar) system to make it easier for patients' calls to be answered promptly and efficiently.

- Review the current 10-minute check-in window, exploring alternatives that prevent patients from being turned away when arriving early due to public transport, parking, or traffic considerations. At the same time, we will ensure that any changes maintain the safety of the site and appropriate staff-to-patient ratios.
- Enhance support for patients on arrival and during their visit, including collaboration with our voluntary services to offer additional assistance at reception and in waiting areas. Work on this improvement is already underway.
- Work in partnership with the Sensory Solutions group and the RNIB Eye Care Liaison Officer to review and improve signage, contrast, and wayfinding across the REI, ensuring that patients with visual impairments can navigate the site with greater ease and independence.
- Collaborate with Healthwatch to consider the development of staff training aimed at building confidence, awareness, and understanding of the specific needs and experiences of patients living with sight loss.
- Explore options for food and drink availability within waiting areas. While vending machines are currently available, we will consider additional ways to enhance comfort and convenience for patients and visitors.

We welcome the offer from Healthwatch Plymouth to support us in reviewing patient-facing materials for clarity and accessibility, and we look forward to working collaboratively to implement these recommendations.

Our goal remains clear: to provide care that is safe, compassionate, and person-centred for every patient, every time. The insights in this report will directly inform our ongoing improvement work and help ensure that the REI remains a service we can all be proud of.

Thank you once again to Healthwatch and all those involved.”



Darryn Allcorn

Chief Nurse & Director
of Integrated Professions



**University Hospitals
Plymouth**
NHS Trust

Recognition from Healthwatch

Healthwatch Plymouth would like to thank everyone who took the time to share their experience with a member of the Healthwatch visiting team. We would also like to thank the Healthwatch volunteers whose help and support made this project possible.

Healthwatch would also like to thank the staff of the Royal Eye Infirmary for their warm welcome and support.

Appendix

REI Patient Experience Conversation Guide

(In person engagement)

Travel/Journey to the REI

1. How did you get here today? (eg: car, public transport, taxi etc)
2. Have you noticed any improvements in getting here since it opened?
3. Have there been any challenges?

Booking appointments/letters

1. Have you had any issues booking appointments or with communications sent from the REI?
2. Have waiting times improved?
3. Has communication been tailored to your specific needs and accessible? Eg: Braille, large text, alternative communication options
4. Do you have any suggestions for improving the booking system or letters?

Experience of visiting the REI

1. What is working well at the REI?
2. How is the signage/wayfinding today?
3. What could be improved?
4. What was your experience of the consultation itself – positive and negative (If they have seen the consultant)?

If time:

1. Of everything we have discussed today that requires improvement, what would you prioritise?

healthwatch

Devon

www.hwdpt.org/devon

t: 0800 520 0640

e: info@hwdpt.org

 @healthwatchdevon

 @HwDevon

 @hwdevon

healthwatch

Plymouth

www.hwdpt.org/plymouth

t: 0800 520 0640

e: info@hwdpt.org

 @healthwatchplymouth

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Torbay

www.hwdpt.org/torbay

t: 0800 520 0640

e: info@hwdpt.org

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