

Outpatient Engagement Workshop

1st December 2015

Agenda

09.30	Registration, coffee and informal networking	
10.00	Welcome, Introductions and Housekeeping	Jennie Gammack Assistant Director Redesign Wigan Borough CCG
10.20	Current arrangements and the need for change	Wigan Wrightington Leigh NHS Foundation Trust and Wigan Borough CCG Teams
10.35	Ideas for redesign and opportunities for change	
11:15	Refreshments	
11:30	Opportunities to shape the new models	All
12:15	Opportunities to share experiences	All
12:45	Next Steps	Jennie Gammack Assistant Director Redesign Wigan Borough CCG
12.55	Summary & Close	Jennie Gammack Assistant Director Redesign Wigan Borough CCG

Welcome

- House keeping – Toilets, Fire alarms, Mobile phones & Blackberries, refreshments
- Introductions



Workshop objectives

- Share ideas for change for the 6 outpatient models including:
 - Cardiology
 - Urology
 - Rheumatology
 - Ear, Nose and Throat (ENT)
 - Pain Management
 - Ophthalmology
- Facilitated discussions to inform how the new models should be shaped
- Identify opportunities to get involved further

Format of the day

- How are we going to work together?

- Parking boards

Outpatient definition

- Outpatient services are those where patients attend a hospital or clinic but do not stay overnight.
- These services may include a consultation with a healthcare professional, tests and images (such as X-rays or scans) being taken, a treatment plan being agreed, or treatment being given.

Context

- Wigan Borough Clinical Commissioning Group (WBCCG) oversee healthcare in the Wigan Borough and buy outpatient services for local people from a number of organisations. The majority of these are local to the area and others – which may offer the patient more choice or more specialist care – are further afield.
- WBCCG know that most people's experience of hospital care starts in an outpatient department and it is vital that this provides;
 - accessible
 - attractive
 - friendly
 - efficient access to their care journey.

- It is our aim to develop this through taking your views of patients, their families and carers into consideration
- As commissioners we are very interested in hearing local people's opinion on our ideas for change
- We will be going to formal consultation in the future to allow members of the public to provide formal response to the options for how we may change the services

Objectives of the Outpatient Redesign

- Reduce Primary Care referrals to secondary care
- Streamline patient pathways
- Improve referral protocols
- Deliver more appropriate care in the community
- Increase direct access diagnostics – with a view to speeding up the process

Outpatient Redesign Specialties

ENT

Pain Management

Rheumatology

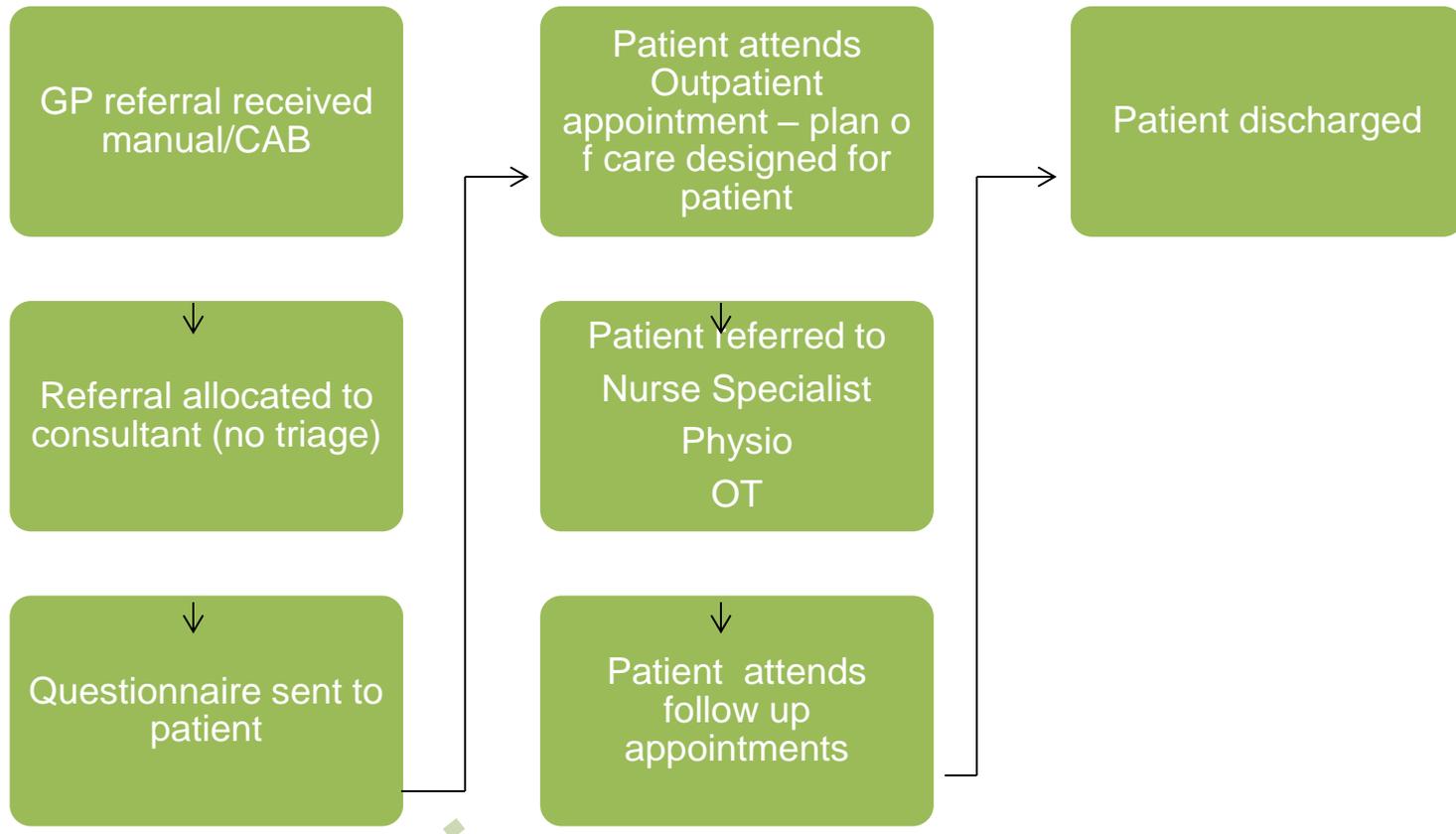
Urology

Ophthalmology

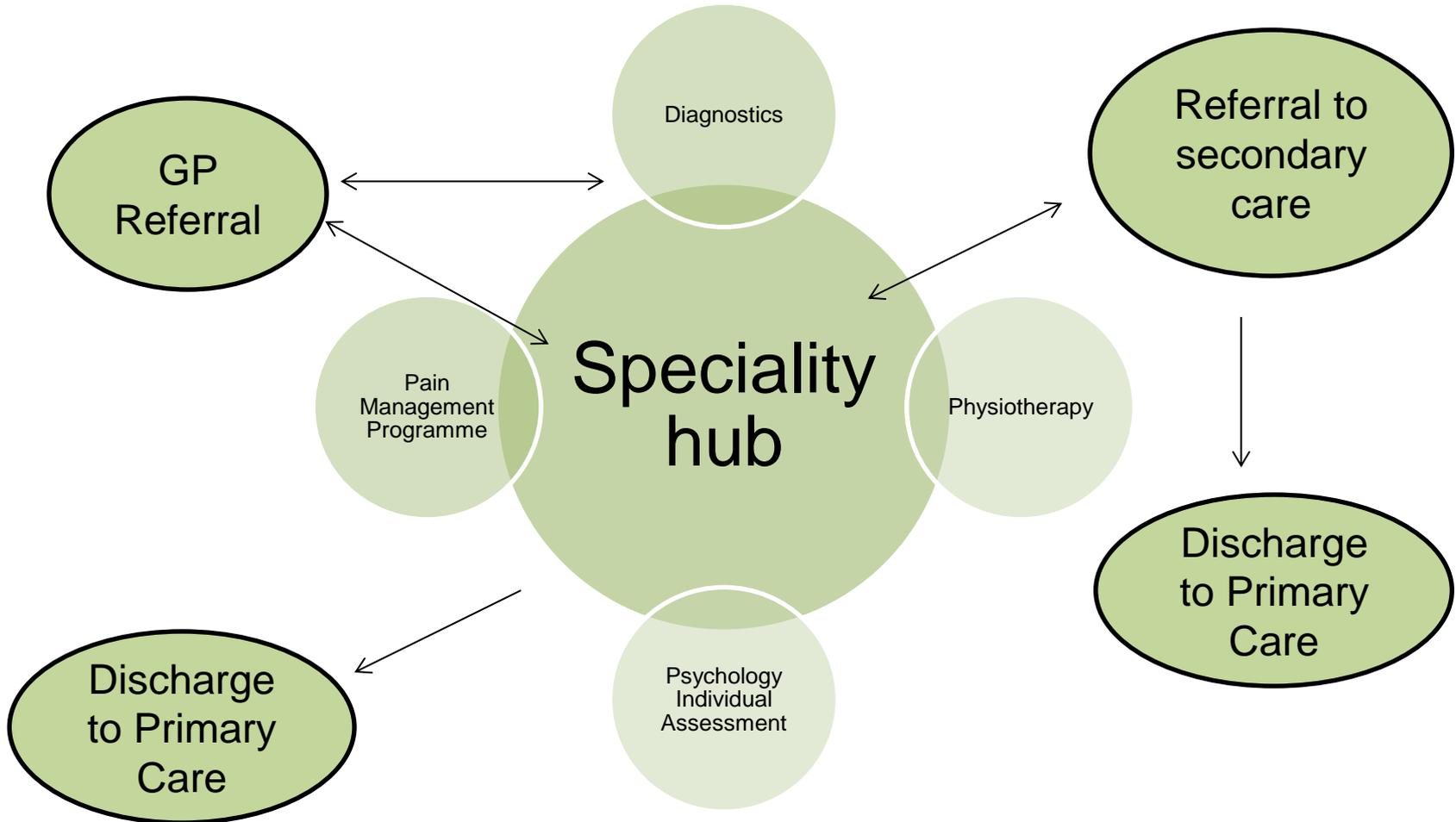
Cardiology

Pain Management

Pain Management Existing pathway

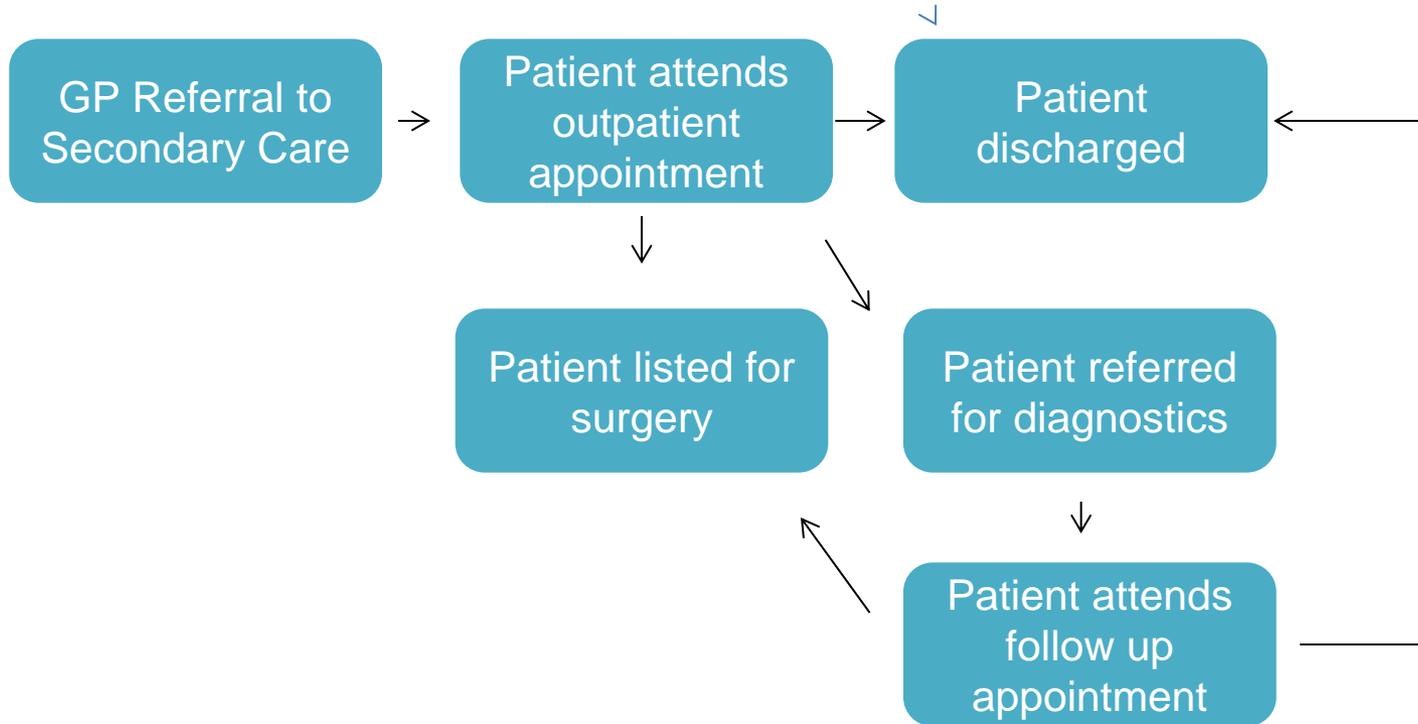


Pain Management proposed pathway

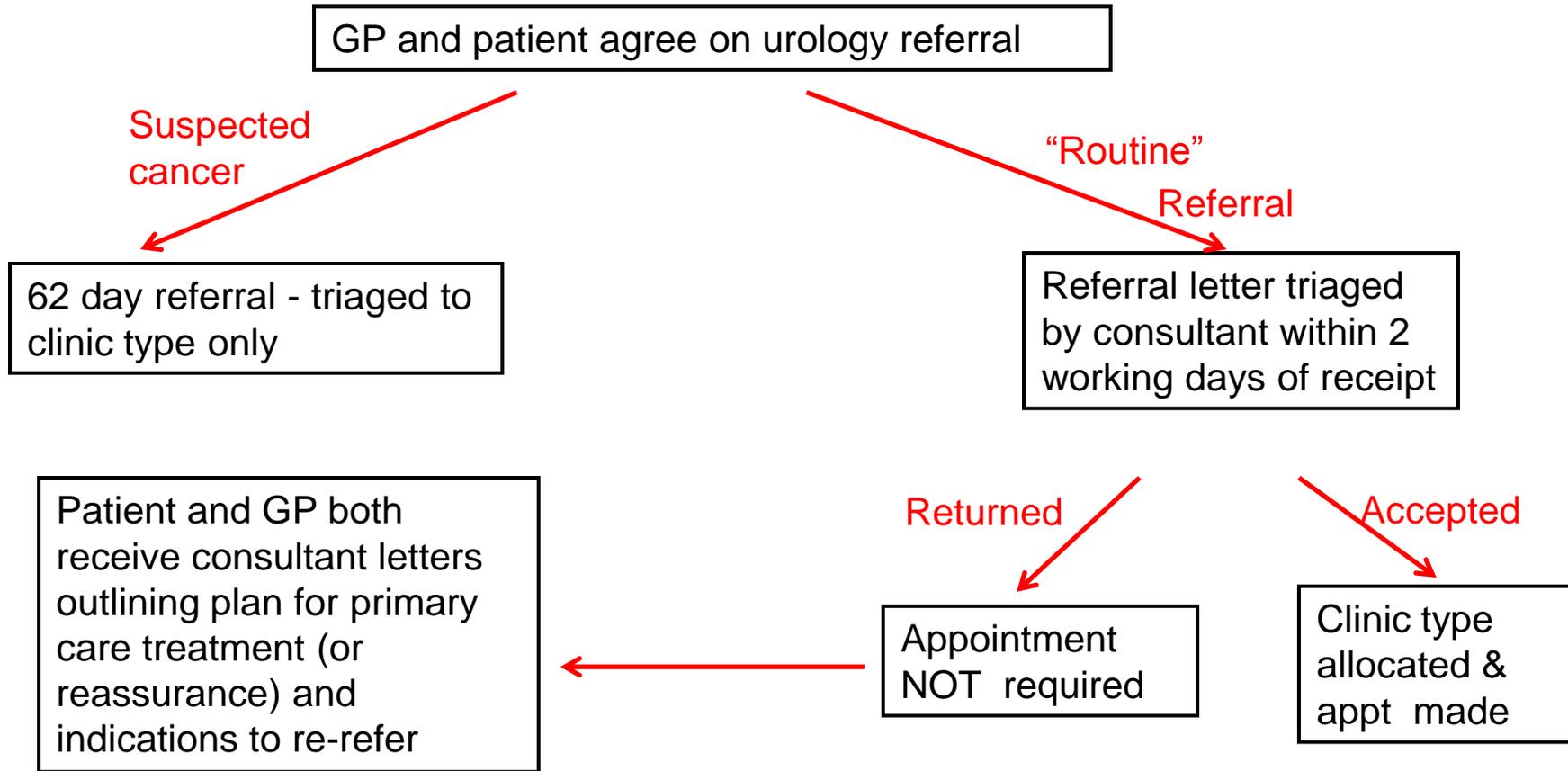


Urology

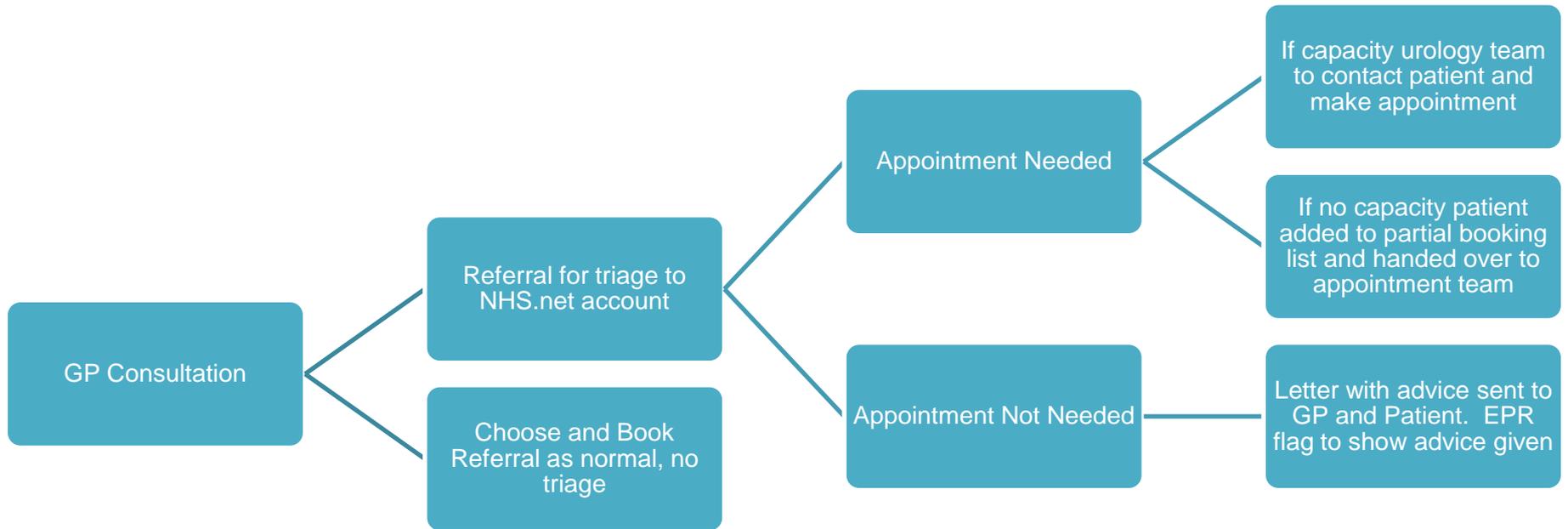
Urology Existing Pathway



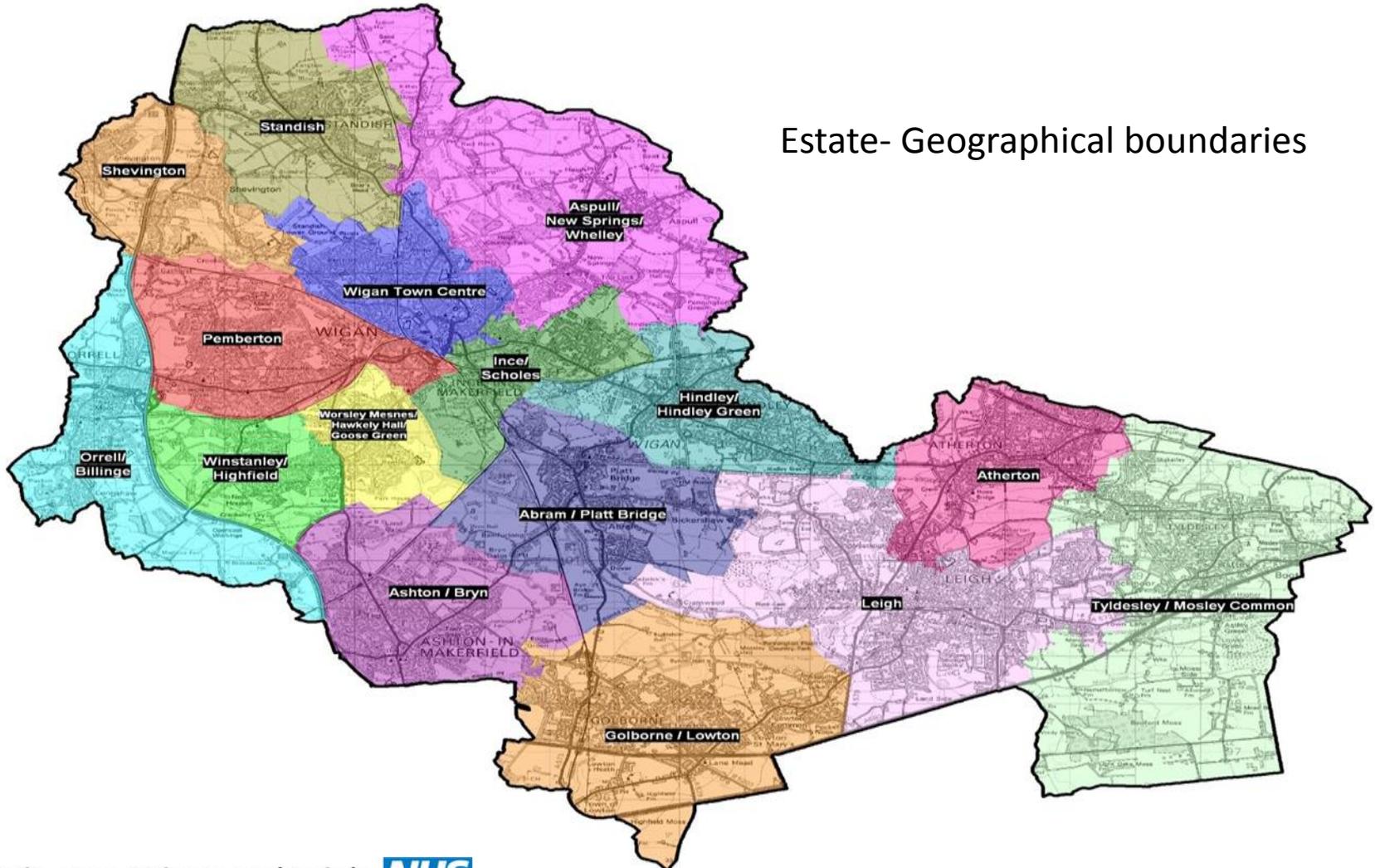
Proposed pathway



Urology triage updated pathway

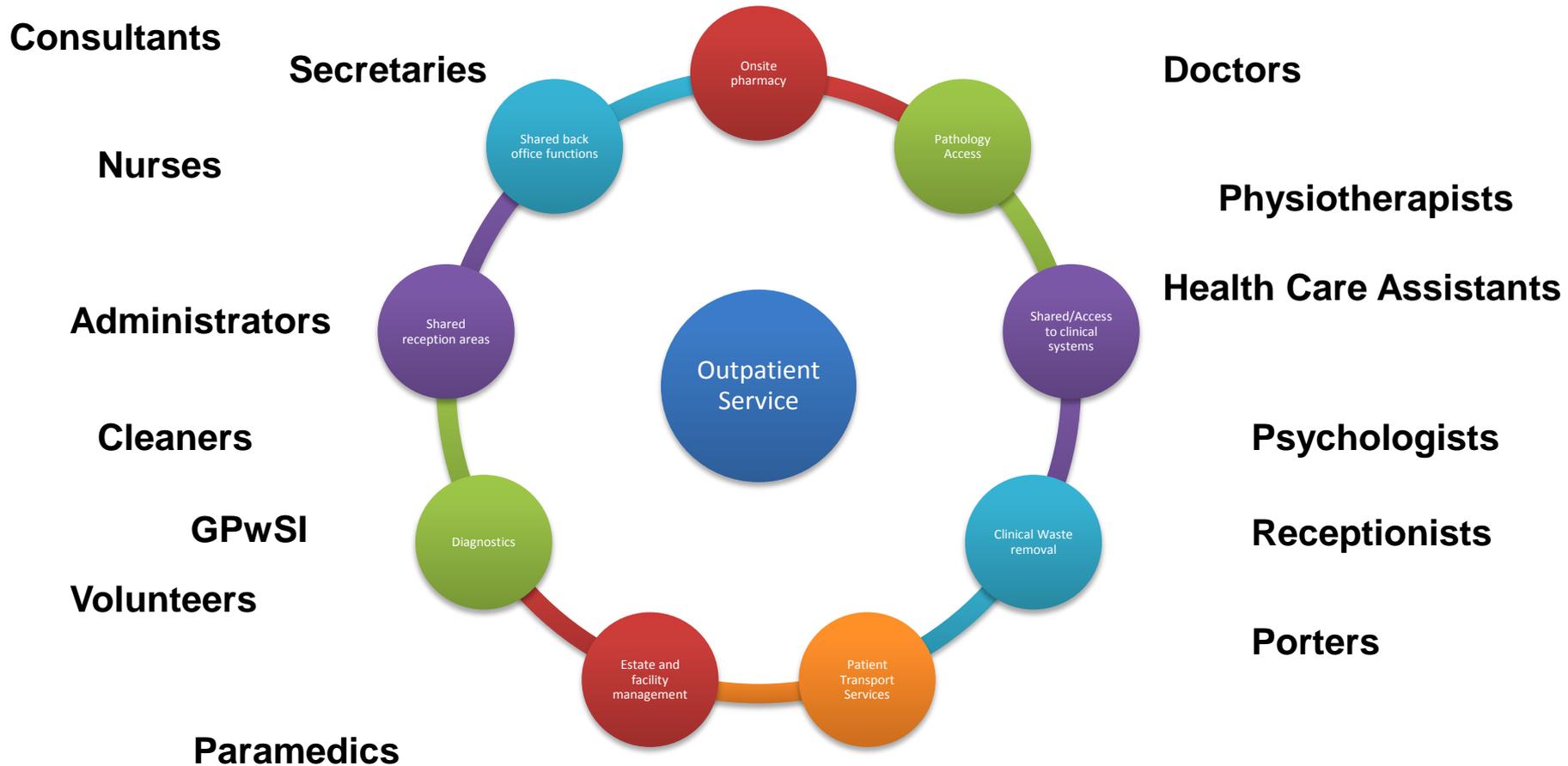


Areas for consideration



Estate- Geographical boundaries

What will the staffing mix look like to deliver the model?



Outpatient 'Experience Based Design' Event

- Back in May Wigan Wrightington and Leigh NHS Foundation Trust undertook a session with recent patients to understand their experiences of outpatients
- Session looked at the patients experience before appointment and then during the appointment
- People involved at the event:
 - Received hospital care between January and March 2015
 - 32 patients and carers and 22 members of staff attended the event

Learning from Outpatient Experience Based Design Event

- Choice of appointments and place to attend
- Improvements required to the booking system
- Reduce appointment waiting times
- Condition related contacts
- Shared decision making across all areas
- Improve communication – letters, travel information
- Customer services training
- More noticed for cancelled appointments

Your role today

- Provide feedback on the ideas that have been outlined
- Share experiences
- Let us know what interests you so we can explore how we involve you further in this area of work

Table discussions

1. What are your thoughts on what you have heard?
2. What 3 things would you want to see in a changed outpatient service for the six specialities?
3. Do you have any ideas of how we could improve the models further?



Table 1

- Changes in terminology – ‘Hubs’ centre of excellence
- Language – What want, needs to mean something
- Need to redefine the term discharge
- Fast track back into the system if been discharged and don’t have to be referred
- Self management – Education, point of contact, advice line, support, drop in clinics
- Benefits – Stress from being discharged, discharge from consultant not from treatment, transfer of care/outcome resolution
- One size fits all solution will not work. Each component service needs to be considered on its own merit
- Pain management:
 - Questionnaire can it be more user friendly and rationalised
- Urology:
 - Copy of the letter is a good idea
 - Referrals – tests done prior to referral sent e.g. Please cut down on caffeine intake
 - Improve the standards of referrals from GP to Consultants and summary back to GP
 - Communication
 - Pre appointment investigations e.g. Ensure bloods taken are recent, urine test
- Rheumatology:
 - Advice line – drop in clinic for those that may be discharged (St Helens and Knowsley model)
 - Health Care Assistants monitoring of blood
- Ears Nose and Throat
 - Medications available for GPs to prescribe
 - Need pathways in place – Education around appropriate referrals having a tick list prior to referral

Table 2

- Separate models – Need to be broken down to have events for specific specialities
- ENT – one stop model and diagnostics on same day
- Self referral for appropriate conditions – concerns regarding primary care workforce needed for this?
- Appropriate referrals – Education , not blocking or delaying referrals, diagnostics can these be worked up before secondary care?
- Diagnostics – can't have in every community location
- If follow up appointment could this be in the community?
- May be part suitable for community – specialist nurses
- Long term condition – Patient experts – self management if easy access to clinical staff/nurse. Patients voiced concerns taken on board
- Specialist Nurses are a lifeline
- Appointment on time (reasonably) patient and doctor responsibility. GPs should be able to refer straight to hospital if necessary. GPs can't refer direct for scans at moment (discussion regarding reasons). Patient responsibility for health records.
- Information to patients important so they can make right decision
- Review of facilities is important i.e. parking, bus routes

Table 3

- Timescales – indication of when changes may take place
- Transport links across the borough with new model
- Long term conditions would like a consistent clinical contact with the same team
- Mixed opinions on the table about the location of services, some would multiple hubs across the borough, some would prefer one specialist hub and are prepared to travel
- Communicating what we are doing with the local population – A challenge from the group how will we keep people living in the borough informed during the redesign process
- Concern – Will the hub suggested in Pain Management and ENT create an extra step in the process?
- How do we build the specialist nurse and therapy pool?
- Could we have patient buddies in out patients to could provide support and help with knowing what questions to ask

Parking issues

Issue/Question	Response
How do we build the GP with specialist interests workforce?	
Primary care has an ageing workforce, what is happening across the borough to address this?	
The pain management questionnaire, doesn't feel user friendly? Could the questionnaire be improved and made electronic? Also what is the purpose of the questionnaire?	
How are we going to engage with the wider general public?	
Clearer information needs to be given on discharge from the hospital about what is free and what must be paid for from a health and social perspective.	
To support self management for people with an existing diagnosis can the Desmond programme be made available?	

Activity: Using the Kano Tool

We want to use the Kano tool to help understand what features you think a quality outpatient service would have

On the tables, with your facilitators help, use the tool and come up with some points

Summary & next steps

Attendance list:

Adele Markland

Adrian Wilmott

Ann Heaton

Colin K Edward

Dave Suddell

David Gregson

Deirdre O'Brien

Dena McManus

Fred Lever

Ernie Rothwell

Gillian Watson

Graham Lowton

Jackie C

Jackie Brookes

Jean Peet

Jean Fieldhouse

Jenni Gammack

Joanne Bark

John Gallagher

Kay Berry

Keith Brookes

Lilian Dolan

Marian Edward

Margaret Hughes

Rachel Richardson

Victoria Allen