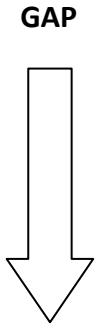
Programme: Long Term Conditions Commissioning Strategy	Period: Sept '12 – May '13	Updated: 20/09/13	Version: 3.0

Current situation:	GAP	Desired situation:
People do not differentiate between inpatient and outpatient care - it is all ' the hospital' to them. This has significant reputation management implications for NLAG. Visiting outpatients is a frustrating experience. It is a poor environment. It is difficult to get something to eat or drink. People wait for a long time. When they do see a doctor, often staff say no decision is taken about their care e.g. discharge as the doctor does not know them. Getting to the hospital is difficult - especially for people with mobility problems. Parking is difficult and there is a long walk to clinic, with a further long walk if they need to attend the cashier's office. The time period to get back to the car is too short for people who walk slowly. People wait a long time for an ambulance home - sometimes hours. Those attending for the first time find it difficult to find clinics (poor signposting; no one to guide them). Staff cannot order transport and that frustrates them. People who use outpatients and staff view it as the 'poor relation' and dumping ground. Staff are deeply frustrated. They feel they are over burdened with paperwork and have too little time to spend with patients. People find telephone contact with both clinics and transport services difficult. Both staff and people are frustrated by cancelled appointments. Patients said they don't always recognise a clinical benefit from attending outpatients. Feedback from staff would suggest that this perception is sometimes valid. No one tells them why they are waiting or how long they will be waiting for. This makes it impossible to plan. Currently there are pockets of good practice - diabetes team; and very poor practice (eye clinic), which was described as		People want the experience of outpatients to be designed from their perspective. This work has clearly articulated a good experience for people (PATH); where it feels easy to reach the clinic, people are greeted by volunteers who show them the way. It is easy to ring the hospital on a 'bat phone' answered by a person. Thought goes into how appointments are managed from an individual's perspective i.e. afternoon if they live a long way away; all on the same day if they live with multiple conditions. People also want tests done before they attend (at GP surgery) to reduce waits and so clinicians have all the information they need to act. People want decisions made - including discharge. People want someone they can talk to if they have a query in between visits. They want visiting outpatients to be a learning experience - where they can meet people like them and experts e.g. voluntary sector organisations, welfare advisors etc who can help and support them to manage their LTC better and live life to the full. They want food and drink readily available and potentially a beeper system in place so they can go to another part of the hospital and get back in time for their appointment. Staff want less paperwork and to be able to order transport for people. They want an area to be developed as a comfy place where people can relax, wait and learn about their condition. Everyone wants NLAG senior managers to recognise and address the issues within outpatients now. They want them to realise that Outpatients is NLAG's shop window. What happens there impacts on NLAG's reputation within the community - and colours peoples' expectations of inpatient care. They want to see NLAG invest in a new environment and in

'chaos'. People felt that the social platform created by a long wait in outpatients was underutilised.		developing outpatients as a learning environment. This need not be expensive. Volunteering will be key. NLAG needs to invest in human resource to co-ordinate and build volunteering capacity. People also want to explore how more Outpatient care can happen in the community and only attend when doing so adds value. A specific focus on frequent users is needed.
Key indicators current situation		**Objectives at desired state**
1. People don't understand or feel there is any benefit/ value to them of their outpatient appointment		1. People can describe the benefit they get and the value attending Outpatients adds to their care. Services are designed so that people only attend hospital if really necessary and all their tests results are available in advance.
2. People are frustrated by the journey to Outpatients and it is especially difficult for those with mobility issues. Clinic staff cannot book transport.		2. People perceive the journey to Outpatients as easy and smooth; especially those with mobility issues. Clinic staff can book transport. The cashier's desk is close to Outpatients. There are options around parking, park and ride etc
3. People have long waits with no reason for the waits communicated. Clinics start late because doctors arrive late.		3. People are told why they are waiting and when they can expect to be seen so they can plan. Doctors who arrive late apologise for keeping people waiting and explain why they are late. .
4. Staff feel frustrated by the amount of paperwork and lack of time they have to spend with patients. Staff feel disempowered and frustrated that they cannot deliver the level of care that they feel they want to		4. Staff feel there is a proportionate amount of paperwork and it adds value to clinical care. They have more time to spend with patients and feel empowered to improve Outpatient care and the level of quality care that they feel they want to
5. People cannot get food and drink easily in Outpatients. The environment is uncomfortable and people learn nothing whilst they are in Outpatients to help them manage their condition		5. People can easily get food and drink in Outpatients and enjoy doing so. The environment is comfortable. Outpatients is a social place where people meet other like them, organisations who can help them and they learn a lot to help them manage their condition
6. NLAG senior managers do understand the impact of Outpatients on NLAG's reputation. They do not invest in Outpatients. There is plan or intentional volunteering strategy in place. There is no description of the experience of		6. . NLAG can demonstrate clear engagement in this work and that it is working on improvements in response. NLAG senior managers are taking seriously the impact of Outpatients on NLAG's community reputation and are responding to

Outpatient care that NLAG intends to deliver.		the findings of this work. They have an improvement and investment plan for Outpatients in place including a volunteering strategy. There is a clear description of the experience of Outpatient care that NLAG intends to deliver based on this work. The PATH is displayed in Outpatients and NLAG is asking for comments and feedback
7. NLAG is not building on good practice and there is variation in the quality of Outpatient care experience across departments. No specific attention is paid to people who are frequent users.		3. NLAG is building on good practice and there is reducing variation in the quality of Outpatient care experience across departments. There is s system in place so that specific attention is paid to people who are frequent users, with integrated care and single day appointments for all healthcare problems rather than multiple appointments with different specialties.

ACTIONS TO FILL GAPS

1. NLAG develops an improvement plan, including a volunteering strategy to provide additional support to patients	By end August 2013
2. PATH plan posted in Outpatients. NLAG to share project outputs with people and staff to demonstrate their support of the improvement work and their commitment to listen to the voices of people who use services and staff. NLAG to collate and respond to feedback generated to support continuous improvement and learning in Outpatients. NLAG to publish a summary of changes made in the outpatients department.	End September 2013
2. In line with findings, physical environment and journey to Outpatients improved – decoration; relocation of cashiers office to near outpatients; guidance to patients on most appropriate car park or use of park and ride; bat phone etc.	Plans by end October 2013. Actions phased
3. Review and prototyping of new service models so that most activity is delivered in the community- including tests prior to attending Outpatients and community based clinics	Plans by end March 2014. Implementation in 2014/15
4. Development of a different model and process for those living with multiple long term conditions with their care managed by a single 'generalist' clinician rather than disease specific pathways - and a care co-ordinator ensuring they get all care same day	Plans by end March 2014. Implementation in 2014/15
5. Development of Outpatients as a learning and education hub with provision of information, advice and education for patients and families so they can self manage their condition and live life to the full e.g. carer support, disability support, benefits advice	Plans by end October 2013. Implementation phased

6. Deliver services which address the patient identified benefits in terms of addressing social isolation. Build social/community support to address patients' needs for social interaction. Provision of opportunity for patients to engage with other patients with similar conditions to support self-management.	Agree plan by March 2013
ADDITIONAL GOALS	
1. Publication of this work as a case study in good commissioning practice	By December 2013
2. Assess how this work can be incorporated into N Lincolnshire CCG commissioning intentions with NLAG as a CQUIN	By December 2013