

The Top Ten research priorities for outpatient service delivery

A South West London Outpatient Transformation group and JLA Priority Setting partnership

‘Forming a partnership between patients, clinicians, allied health professionals and administrative teams to shape the future direction of research into the delivery of outpatient services’



Executive summary



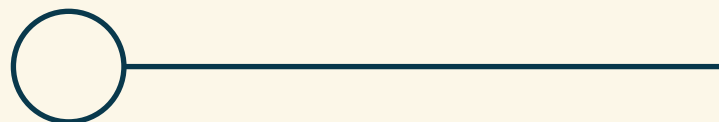
Everyone has experienced an outpatient appointment at some point in their life, either as a patient or as a carer for a relative. Most of us have first-hand experience of trying to book an appointment to see a GP, receiving appointment letters, needing to reschedule appointments, attending hospital appointments and trying to understand the information sent to us with a treatment plan. We all have experience of what worked well and what we felt could be improved.

A priority setting partnership (PSP) with the James Lind Alliance (JLA) is a well-recognised way to ensure the voices of patients, carers, clinicians, healthcare professionals, managerial and administrative staff are all heard across primary care (GPs) and secondary care (hospitals) contributing to this PSP on outpatient service delivery.

Through the PSP process 1,575 questions for research on the delivery of outpatient services were submitted and prioritised. The distribution of submissions reflected the varied population of the UK and were submitted from a variety of different locations across the United Kingdom (UK) over a year. Eight themes over 34 questions were developed. This was reduced to 32 questions after screening and evidence checking. These 32 questions were then taken to a second survey for ranking. The resulting 21 questions were then presented at a workshop involving patients, carers, healthcare professionals and administrative staff to inform the final prioritisation of the top ten questions.

The top ten research priorities for outpatient service delivery were identified at the final workshop of the Outpatient Service Delivery Priority Setting Partnership (PSP) held at the Royal College of Surgeons on the 13th December 2023. The group consisted of five patients, five carers, seven clinicians and one member of an outpatient's management team who were presented with and who discussed a final, agreed twenty-one prioritised questions. These questions had been identified by patients, carers, healthcare professionals and outpatient administrative teams during two nationwide surveys from November 2022 to September 2023.

The final questions reflected the patient journey in outpatients from initial appointment with a GP (general practitioner), referral to hospital, letters, appointments, investigations and final treatment plan.



The top ten research priorities



1. How could all necessary tests and relevant medical history be identified and completed before the outpatient appointment?
2. What are the most effective ways to decrease the time gap between an investigation (e.g. a biopsy) and sharing the results/next steps with patients?
3. How can patients be more involved in decisions regarding their care and treatment and be empowered to ask questions during consultations and ensure they understand and give their opinion?
4. What are the best ways of deciding which types of health conditions and patients can safely and effectively be managed virtually versus face-to-face?
5. How can technology be best used to support patients, carers, managerial/administrative staff, and healthcare professionals in improving the patients' care pathway and capacity of outpatient services?
6. What are the best ways to deliver information to patients about their conditions, management plans, tests to be done and results: verbal and/or written methods?
7. What are the best ways to improve the outpatient experience and outcomes for patients with specific needs (e.g. autistic patients, prisoners and homeless people)?
8. What are the best ways to create a comfortable and less stressful environment in outpatient clinics for patients, carers, and their families while waiting for their appointments
9. Can hub models improve waiting time and accessibility for diagnostic procedures and how? Is it better to have tests done in one place, same day?
10. For patients with multiple health conditions that are connected to each other, should these be separate appointments, or all appointments combined?

Foreword

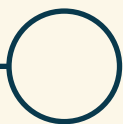


Everyone has experienced an outpatient appointment at some point in their life, either as a patient or as a carer for a relative. Most of us have first-hand experience of trying to book an appointment to see a GP, receiving appointment letters, needing to reschedule appointments, attending hospital appointments and trying to understand the information sent to us with a treatment plan. We all have lived experience of what worked well and what we felt could be improved. For context, the NHS completes over 100 million outpatient appointments every year. Approximately 65 million of these are follow-up appointments. In April 2023, 24.8 million GP (general practice) appointments took place [1].

The COVID-19 pandemic also saw a shift in how outpatient appointments were delivered with more reliance on technology and more recently, with government initiatives to clear the waiting list backlogs, focus on outpatient service transformation has continued. As an example, outpatient care since the COVID-19 pandemic has seen more use of virtual appointments such as video or telephone become routine [2].

With economic constraints in place, smarter technological solutions have been championed to ensure that the outpatient process is as efficient as possible. Healthcare inequalities highlighted during the COVID-19 pandemic have also brought attention to the digitally disadvantaged who may not be able to access Apps and websites to book their appointments and may struggle with virtual appointments [3].

Initiatives such as Getting It Right First Time (GIRFT) working closely with the Outpatient Recovery and Transformation (OPRT) team have also highlighted actions specialties can take to tackle conditions with long waits and focus support on common themes and challenges within outpatient delivery [4]. Patient initiated follow up (PIFU), reducing did not attend (DNA) rates, increasing remote consultation rates and reducing routine follow up appointments for disease monitoring have all been launched in recent years to better manage demand and capacity [4].





A priority setting partnership (PSP) with the James Lind Alliance (JLA) is a well-recognised way to ensure the voices of patients, carers, clinicians, healthcare professionals, managerial and administrative staff are all heard across primary care (GPs) and secondary care (hospitals) contributing to this PSP on outpatient service delivery.

Together the PSP submitted and prioritised 1,575 potential research questions on outpatient service delivery to the steering group. The distribution of submissions reflected the varied population of the UK and were submitted from a variety of different locations across the United Kingdom (UK) over a year. Eight themes over 34 questions were developed after screening and evidence checking reduced this to 32 questions taken to a second survey for ranking. The resulting 21 questions were then presented at a workshop involving patients, carers, healthcare professionals and managerial staff to inform the final prioritisation of the top ten questions.

We hope that this process will inform future national research strategies and funding to ensure that outpatient transformation addresses the themes highlighted from the PSP. This work could not have been completed without the steering group and everyone who contributed to the PSP and shared their views.

Caroline Hing
Clinical Director



Corporate outpatients
St George's Hospital

Suzannah Kinsella
James Lind Alliance Adviser



On behalf of St George's Hospital Corporate Outpatients and the South West London Outpatient Transformation team



"My experiences in outpatients as a patient and a carer really helped me contribute to the priority setting partnership"

Margaret Ogden, patient representative



"Transforming the experience of patients accessing outpatient assessment, treatment and care is a critical opportunity to help accelerate people back to their expected quality of life and to help make the right thing to do for patients be the easiest thing to be done by the clinician. This true partnership working to identify what really matters to patients, carers and clinicians – without assumption or predetermination, represents a ground breaking data insight into what NHS organisations need to prioritise for transformations to deliver value to patients, staff and taxpayers alike. A massive thank you to all the team."

James Friend
Director of Digital Strategy
NHS England – London Region



"There was a wonderful mix of patients, carers and clinicians in the workshop. Everyone felt involved and felt able to share their experiences and priorities in the workshop."

Rashmi Kumar, patient representative



"I am proud to have been involved in this priority setting partnership as the inclusive nature ensured that diverse perspectives were considered in shaping the top 10 priorities relating to outpatient services."

Marie-Claire Rebeiz, Research Associate



"It is important that we shape our outpatient services to provide the best service and experience for our patients which was why I wanted to be involved in this priority setting partnership"

Caroline Knox, Deputy General Manager
Corporate Outpatient Services, St George's Hospital



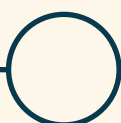
"I valued the opportunity to influence research into the broad area of outpatient service delivery, and hopefully improve the process for patients, carers and healthcare professionals in the future"

Saba Raza-Knight, specialty trainee in neurosurgery

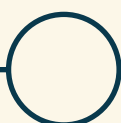
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Abbreviations



AI	Artificial Intelligence
COVID-19	Coronavirus disease 2019
DNA	Did Not Attend
eRS	electronic referral system
F2F	Face to face
GIRFT	Getting it Right First Time
GP	General practice
HCP	Healthcare professional
IT	Information technology
JLA	James Lind Alliance
LTC	Long Term conditions
OPRT	Outpatient Recovery and Transformation
OSD	Outpatient services delivery
PIFU	Patient Initiated Follow Up
PSP	Priority Setting Partnership
NHS	National Health Service

Background



Outpatient care is defined as care that can be provided without the need to be admitted to a hospital. Some examples of outpatient care include visits to primary care (e.g. GP surgeries) and hospital outpatient clinics, imaging and diagnostic procedures, routine and annual follow up appointments. Outpatient appointments account for 85% of hospital activity and are fundamental to the running of the NHS.

The NHS long-term plan published in 2019 outlined a plan to redesign patient care to ensure sustainability of the NHS for the ensuing decade [5]. One of its objectives was to restructure current outpatient services, as part of an outpatient transformation initiative [5].

Outpatient service delivery was further affected by the restrictions and lockdowns of the COVID-19 pandemic accelerating a digital transformation and new pathways such as conversion of face-to-face appointments to virtual, use of Apps in physiotherapy and booking appointments through portals [6]. Further improvements may be required to ensure that outpatient service delivery meets all the needs and expectations of patients and carers, to ensure equality of access irrespective of socioeconomic group, ethnicity, gender or disability [7].

Ambulatory or face-to-face encounters still accounted for a significant proportion of patient contact in the NHS, with 122.3 million total outpatient appointments in 2021-22, a 20% increase from the previous year [8]. The NHS Long-Term Plan outlined redesigning hospital support services aiming for a reduction of 30 million encounters per year with a potential £1 billion saving of expenditure [5]. technologies such as artificial intelligence [5].

The plan also proposed a programme to upgrade technology and ensure digitally enabled care across the NHS, with clinicians interacting with patient records regardless of location facilitated by new technologies such as artificial intelligence [5].

Despite digital transformation, the NHS still requires human interaction between patients and clinicians, health care professionals and technology. With any long-term plan the changes should be based on sound evidence and provide an outpatient experience that is convenient for patients, does not disadvantage the disabled or lower socio-economic groups, is adaptive and easy to use for administrative teams and provides support for clinical staff to deliver good care. Combining all of these stakeholders in a priority setting partnership with the James Lind Alliance (JLA) aimed to allow a top ten list of research priorities to be developed and disseminated to research funders and key policy stakeholders.

The JLA aims at bringing together patients, carers and healthcare professionals in a priority setting partnership (PSP) to identify and prioritise ten questions that hold uncertainties in a specific area in healthcare [9,10]. The PSP described in this paper was a national project focusing on outpatient service delivery in England. This PSP's objective was to determine the ten unanswered priority questions about outpatient service delivery in England that can be the focus of future research studies and funding targeting outpatient service delivery.

Acknowledgements



The steering group

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Outline of the process

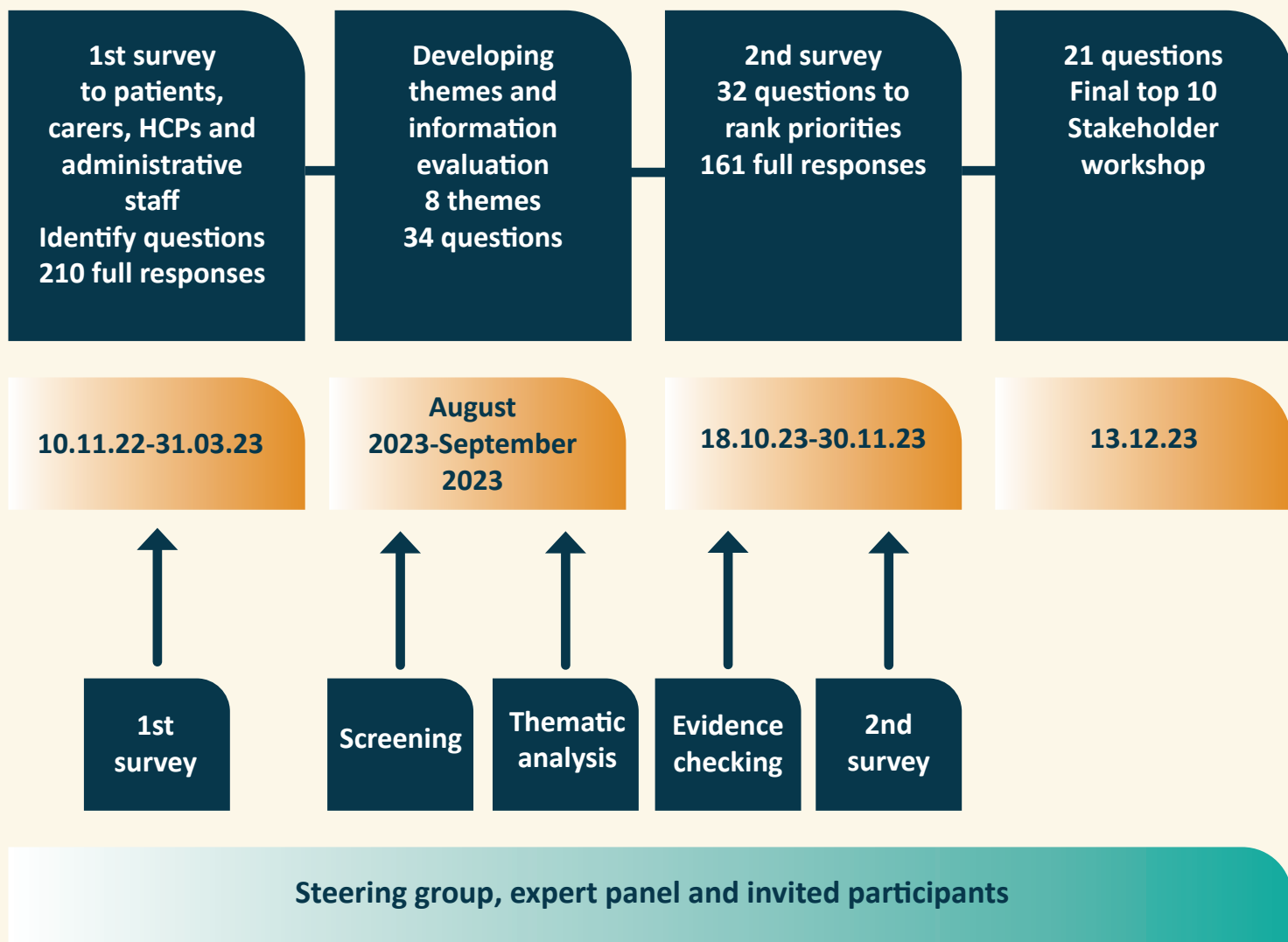


Figure 1: Flow chart of JLA PSP process



The James Lind Alliance (JLA) has a well-established process for establishing priorities within research (**Figure 1**). A Steering Group was first established before designing a questionnaire to identify research questions. Patients, carers, healthcare professionals and administrative staff were all invited to complete the survey to identify any questions they may have regarding research into outpatient service delivery.

Outpatient services for the purposes of the JLA priority setting partnership (PSP) referred to healthcare services where any procedure or treatment could be received without an overnight stay in the hospital. Some examples include imaging procedures, diagnostic tests, annual check-ups, routine follow ups, coming to see a health professional in a hospital or General Practitioner's (GP) practice (**Figure 2**).

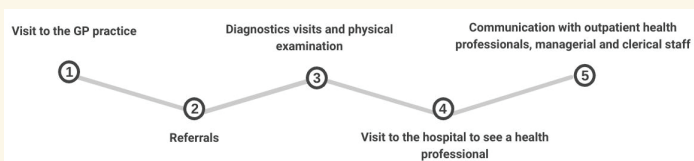


Figure 2: Patient pathway from appointment with GP

Both adults and children were included, primary and secondary care with participants invited from England, but excluding Scotland and Wales. Once the questionnaires had identified the questions for research, an information expert grouped the questions into themes and performed evidence checking to exclude those questions that had already been answered by research. A second survey was then sent out to rank the priorities into a long list before the final face-to-face stakeholder workshop to rank the top ten from the long list.

Establishing the partnership

The PSP was funded by the South West London Outpatient Transformation Group, Corporate Outpatients St George's Hospital and the Trauma and Orthopaedics research fund at St George's Hospital. The funds provided administrative support for the PSP and travel costs for participants in the Steering Group and final workshop. The partnership co-ordinated delivery of the PSP to final completion.

Steering group

The management team together with the JLA identified a group of health professionals who were involved in delivering outpatient care in both a primary (GP surgery) and secondary care (hospital appointment) setting. Key policy makers from health innovation networks and NHS digital were also invited to take part. Administrative teams involved in managing outpatient service delivery also participated as key stakeholders and patients were approached to take part identified through the JLA and patient groups. Perhaps slightly unusually for a JLA all Steering Group members had at some point been patients in an outpatient environment or were carers for relatives who had used outpatient services. The Steering Group met once a month to ensure that the JLA PSP was delivered within the time scale of 18 months.

The **OPD PSP** was led and managed by a Steering Group involving the following:

PSP leads:

Caroline Hing

Suzannah Kinsella

(JLA adviser and chair of the steering group)

Information specialist:

Marie-Claire Rebeiz

Patient and carer representatives:

Clive Moore-Ceaton

Margaret Ogden

Rashmi Kumar

Saba Raza-Knight

Clinical representatives:

Caroline Knox Corporate OPD SGH

James Friend

Digital Strategy

London Region NHS England

Natasha Curran

Health Innovation Network South London

Naz Jivani General Practice Kingston Borough SWL

Sarbinder Sandhu Kingston Hospital

Simon Clayton Corporate OPD SGH

Toby Smith Patient Groups and AHPs

Involving patients

Patient involvement was assured within our steering group by including patients and carers from different geographical locations with lived experiences of chronic or acute illnesses to ensure the patient voice was heard. Steering Group meetings were held virtually as this ensured patients could still take part despite geographical distance or mobility issues.

The scope

- The steering group decided to focus the PSP on NHS outpatient services for adults and children in England and included (**Figure 3**):
- Referral management systems from first referral by primary care (triage services)
- Choose and book services (NHS and NHS hosted in Private sector)
- Advice and guidance to primary care
- Mode of communication before appointment (apps, portals, text messages)
- Questionnaires before appointment
- Information (patient leaflets, letters, text messages, emails)
- Environment of delivery (location, facilities and space)
- Sign posting
- Virtual versus face-to-face
- Digital appointment booking
- Digital checking in
- Experience of booking systems (booking appointment, loss to follow up and continuity of outpatient care)
- Information after appointment (including self-management)
- Patient Initiated Follow Up (PIFU)
- Both primary and secondary care appointments
- Support services (such as pharmacy, phlebotomy, physiotherapy, community-based appointments including pain clinic appointments)
- Local delivery of appointments or care in prisons and care homes
- Intra-operability of digital systems (communication between different digital management systems)
- Definition of procedures (standard operating procedures [SOPs], service level agreements [SLAs])

The PSP excluded from its scope questions about:

- Scotland, Wales and Northern Ireland NHS Service delivery
- Non-UK service delivery
- Private healthcare delivery
- Interventional procedures such as day case procedures in hospital trusts
- Clinical management of conditions
- Dentistry
- Pharmacy services in the community
- Excluding community nursing (previous PSP 2021)

Awareness raising

Awareness of the PSP was raised among patient, carer and health professional communities to secure support and participation. This was achieved by using the professional networks of the Steering Group as well as patient participation networks, patient involvement networks and communications sent out to GPs and health professionals as well as using Twitter and social media posts, the JLA website and a trust webpage. Awareness raising had several key objectives:

Outpatient care services included for our survey	Outpatient care services excluded for our survey
GP visits Referral letters Communication about outpatient care (e.g. letters, texts etc.) Visit to clinics (in person or virtual) Clinic location Patient follow up e.g. patients with long-term conditions who contact when needed such as rheumatoid flare-up, follow-up visits to clinics or treatment when patient comes back if there is a problem Diagnostics visits content (e.g. physical examination, taking a history, blood test visits etc.)	Day surgery Private healthcare services Dentistry Community nursing services Community pharmacy services How to cure certain diseases or condition (e.g. cancer, cardiovascular disease) Car parking

Figure 3: Inclusion and exclusion criteria

Partners

Organisations representing patients were also approached to support the JLA and advocate for patient groups. Specifically, groups were approached which represented harder to reach vulnerable patients that use outpatient services such as those with disabilities, learning disorders, mental health issues, prisoners and the homeless (**Appendix 1**).

The process

Who participated?

Potential partner organisations were identified through a process of peer knowledge and consultation, through the Steering Group members' networks. Potential partners were contacted and informed of the establishment and aims of the OSD PSP.

- to present the proposed plan for the PSP
- to generate support for the process
- to encourage participation in the process
- to initiate discussion, answer questions and address concerns

Stage 1 initial survey and evidence gathering

Gathering questions

The OSD PSP sought to gather uncertainties from patients, carers and health professionals. A survey was designed with the Steering Group and launched on the 10th November 2022 remaining open until the 31st March 2023. The Steering Group recognised that some groups may require additional consideration such as prisoners, care home residents and the homeless. Efforts were therefore made to use a variety of methods such as social media posts, online surveys, paper surveys, virtual workshops, membership emails and patient groups to reach as

as many patients, carers, health professionals and administrative teams as possible in different types of clinics across the country.

Initial survey results

The PSP process produced 210 fully completed surveys and 1,575 'raw' questions and comments indicating patients', carers' and health professionals' areas of uncertainty. The questions in the survey were open ended to allow respondents to write down their questions or suggestions. Information on the demographics of the survey respondents was also gathered to inform if there were higher or lower numbers of responses from particular groups. The survey was open for 4.5 months and 551 people accessed the survey with 210 fully completed surveys, 1,575 submitted questions submitted in 24 themes.

Of those that responded, 80 (38%) were male and 124 (59%) were female with 6 (3%) not stating their gender. Respondent role consisted of 47% patients, 34% healthcare professionals, 13% carers and 6% administrative teams (**Figure 4**). The age of respondents reflected the patient population (**Figure 5**) with ethnicity reflecting the general UK population (**Figure 6**). The geographical spread of respondents included all regions of England (**Figure 7**) with a variation in levels of education (**Figure 8**). Of healthcare professionals that answered the survey, there was an even distribution of professional roles and responsibilities (**Figure 9**).

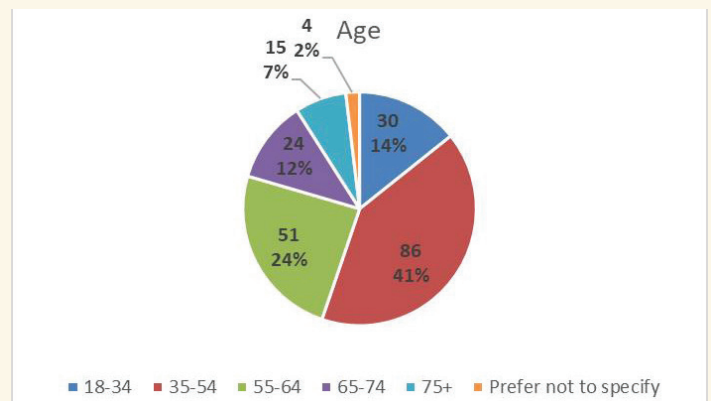


Figure 5: First survey respondent age

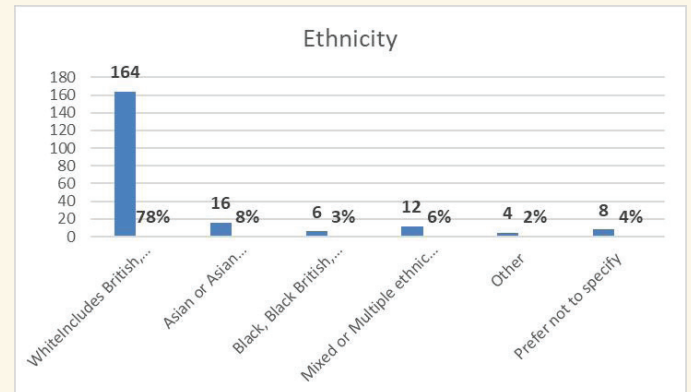


Figure 6: First survey respondent ethnicity

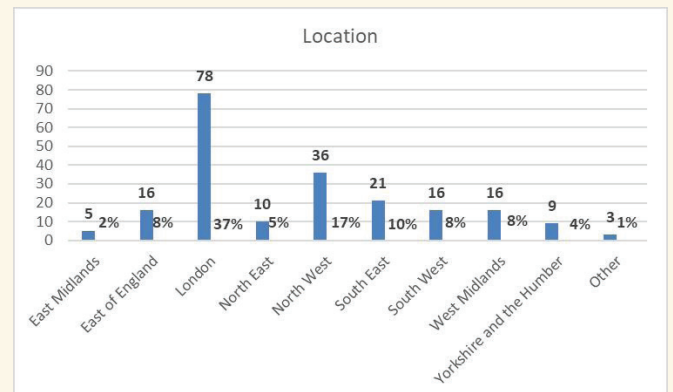


Figure 7: First survey respondent location

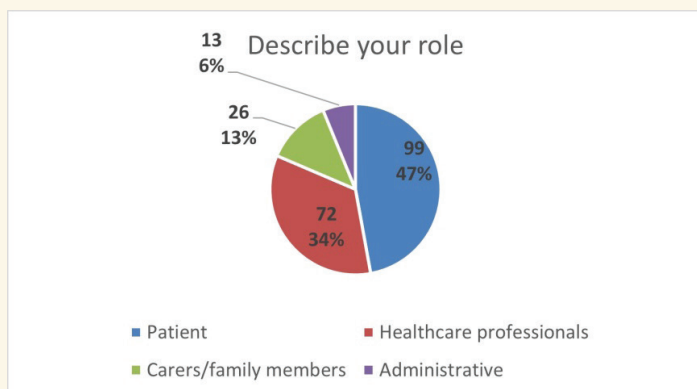


Figure 4: First survey breakdown of respondent role

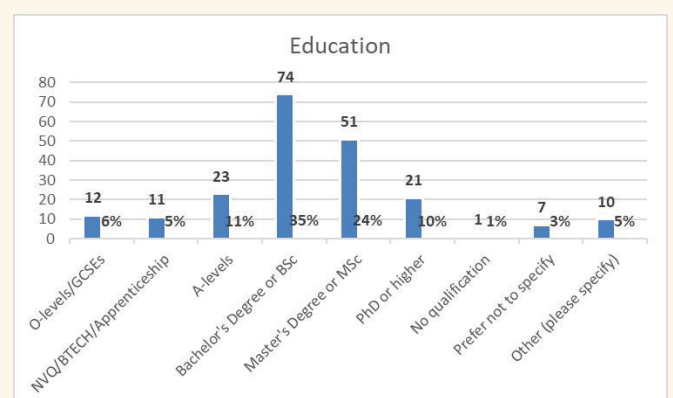


Figure 8: First survey respondent level of education

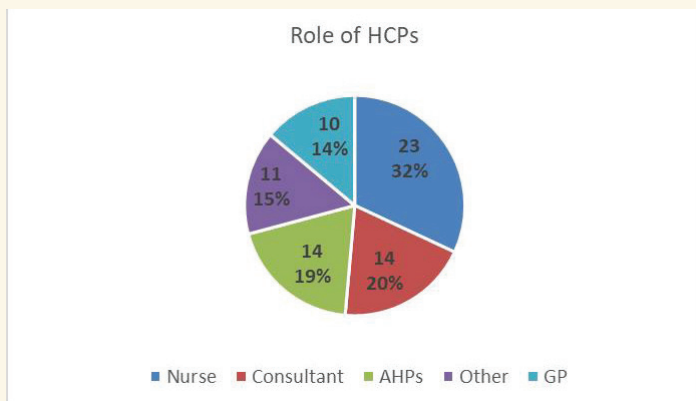


Figure 9: First survey healthcare professional role

The 1,575 questions submitted to the first survey were all categorised and refined by the Steering Group into 1,271 (80.7%) in scope summary questions which were deemed clear, addressable by research, and understandable to all. Some submissions were clearly defined as questions, others were comments of what was important to them (which were interpreted as a question to try to retain the sense of what the respondent was trying to ask) or a theme of research.

Similar or duplicate questions were combined where appropriate resulting in 304 (19.3%) questions were considered to be out-of-scope (**Figure 10**).

Out-of-scope questions were defined as:

- Ambiguous questions e.g. what are the obstacles to better pain clinics.
- Questions seeking information e.g. is data available about continuity of secretarial support for individual specialists?
- Questions specific to a disease or illness rather than outpatient delivery e.g. how could aphasia patients be better cared for.
- Statements or complaints e.g. all staff should still wear masks if the patient is asked to.

The Steering Group had oversight of this process to ensure that the raw data was interpreted appropriately and that the summary questions were worded in a way that was understandable to all audiences.

First survey on line and on paper (face-to-face approach)	Number	%
Total respondents (across all methods)	210	100
Total patients and carers	125	59.5
Total healthcare professionals	72	34.2
Total administrative and managerial staff	13	6.2
Total number of original uncertainties submitted	1575	100
Original uncertainties in scope	1271	80.7
Original uncertainties out of scope	304	19.3

Figure 10: Summary of question screening process

A long list of 1303 in-scope summary questions were then grouped into 28 themes by Marie-Claire Rebeiz the information specialist with assistance from the Steering Group. Some questions were applicable to more than one category, questions were grouped as much as possible into themes (for the full list of themes and summary questions, **Appendix 2**):

1. Medical staff knowledge information
2. Type of consultations
3. Communication / IT
4. Appointments
5. Timing of appointments
6. Referral processes
7. Diagnostic visits and physical examination
8. Infrastructure
9. NHS versus private or other healthcare provider
10. Electronic technological improvements
11. Access to services
12. Resource allocation and service provision
13. Location of services
14. Continuity vs pooled provision
15. How information is delivered
16. Multiple comorbidities, long-term conditions and single conditions
17. Patient involvement in services
18. Health inequalities
19. Records
20. Quality of care, type of care
21. Self-management
22. Pre-visit preparation
23. Outpatient services demographics
24. Workforce planning
25. Did not attend (DNAs)
26. COVID-19 pandemic
27. Finance and funding
28. Support

The 28 themes were then further reduced to a list of 34 questions in 8 themes by the information specialist (Marie-Claire Rebeiz) and the Steering Group by reviewing the questions and also with small group discussions:

Theme 1: Appointments

1. What are the best ways of deciding which types of health conditions and patients can safely and effectively be managed virtually vs face-to-face?
2. Should repeat appointments for the same condition be with the same GP?
3. For patients with multiple health conditions that are connected, should these be separate appointments, or all appointments combined?
4. Should patients have the choice to have outpatient appointments outside their geographical area?
5. What are the impacts on staff and patients of appointments being available out of office hours?
6. Should outpatient clinics and GP practices follow rigid time slots (set time) or flexible system (options provided) to book appointments?
7. What are the most effective ways to decrease the time gap between an investigation (e.g. a biopsy) and sharing the results/next steps with patients?
8. What are the best ways to make clear how long it will take to be given an appointment?
9. Should the duration of GP and outpatient appointments be based on patients' conditions?
10. What methods can be used to reduce did not attend rates?

Theme 2: Communication

1. Are virtual communication methods (emails, text messages, phone calls) effective to replace physical letters sent by post?
2. How can information in outpatient letters be made easier to understand? For example, who you are seeing, where you have to go. The letter following the appointment is what you discussed and what is the next plan.
3. How do you best keep patients and carers updated about any changes to their appointments?
4. What are the best ways to keep patients updated on waiting times while in the waiting areas to see the GP or healthcare professionals in outpatient clinics?
5. What are the best ways to deliver information to patients about their conditions, management plans, and tests to be done and results: verbal and/or written methods?

Theme 3: Referrals

1. What are the advantages & disadvantages of different approaches to referral such as GP referral and self-referral?
2. Management of self-referrals: What are the most effective screening systems and good filtering techniques (e.g., with an online questionnaire, or with a non-GP healthcare professional or through a telephone consultation to screen patients or other methods)?
3. Is information for healthcare professionals, patients and carers shared more effectively via paper letter or digital means?
4. What is the minimum information to include in a referral?

Theme 4: Medical history and tests

1. What are the best ways to help a patient or carer prepare for an outpatient appointment and get the most out of it?
2. How could all necessary tests and relevant medical history be identified and completed before the outpatient appointment?
3. Can hub models improve waiting time and accessibility for diagnostic procedures and how? Is it better to have tests done in one place, same day, and when?
4. How can physical access to diagnostic visits be improved for vulnerable groups and make sure more support services are available and utilized (such as communication and language barriers)?

Theme 5: Environment, Technology and Location

1. How can we provide patients, carers, and their families a comfortable and less stressful environment in outpatient clinics while waiting for their appointments?
2. How can we make it easier for patients, carers, and their families to find their way to their designated clinic?
3. Where can outpatient services be relocated to better meet patients' needs? E.g. location suitable for patients, in community closer to them, tests done locally.
4. How can technology be best used to support patients, carers, managerial or clerical staff, and healthcare professionals in improving the patients' care pathway and capacity of clinics and outpatient services?

Theme 6: Patient involvement and self-management

1. How can patients and carers give more feedback about the care they received through outpatient services? How can they be more involved in decisions regarding their care, treatment, and choosing their appointments (first visit, follow ups, referrals, tests and diagnostics appointments)?
2. How can patients be empowered to ask questions about their care and treatment during consultations and ensure they understand and give their opinion?
3. What type and education of self-management (e.g. digital self-management) can improve delivery of care, access to the most suitable services and support health outcomes (by patients to take more ownership for their own health)?

Theme 7: Vulnerable patients

1. What types of training or skills do GPs and other healthcare professionals need to have to support patients with long-term conditions or multiple comorbidities?
2. What are the best ways to improve the outpatient experience and outcomes for patients with specific needs (e.g. autistic patients, prisoners and homeless and patients for whom English is not their first language)?

Theme 8: Other

1. What delivers better outpatient care: NHS or private care?
2. How are outpatient services adapting after the pandemic and what have we learnt?

Stage 2 evidence checking

The 34 questions in eight themes were then checked against evidence to determine whether they had already been answered by research by the information specialists Marie-Claire Rebeiz and Diego Abelleira Latoria. The information specialist Marie-Claire Rebeiz and Steering Group verified the uncertainty of the questions, before starting prioritisation recording the details of the types and sources of evidence used to check the uncertainty (**Appendix 3** outlines the question verification methodology and **Appendix 4** lists the unanswered questions).

The search strategy used was agreed with the Steering Group and limited to evidence published in the last five years (from 2018 to 2023) pertaining to outpatient services in the United Kingdom (UK). The Steering Group agreed by consensus whether the research question had been adequately answered by current research in the area (**Figure 11**). Where evidence had been published not in the UK, the Steering Group discussed applicability of the research findings to the NHS outpatient service delivery before deciding whether the question had sufficient evidence to provide an answer.

Questions that were not adequately addressed by previous research were collated and recorded. On completion of the evidence checking, two questions were felt to have been answered by current research and 32 remained unanswered (**Figure 11**).

	Number	%
Total number of indicative questions (answered and unanswered)	34	100
Number of verified answered questions	2	5.8
Number of verified unanswered questions	32	94.2
Number of verified unanswered questions included in the interim prioritization	32	
Total respondents (across all methods)	161	100
Total patients and carers	83	51.6
Total healthcare professionals	62	38.5
Total administrative and managerial staff	16	9.9
Number of questions taken to the final workshop	21	

Figure 11: Summary of interim prioritisation to questions presented at final workshop

Stage 3 interim prioritisation

Thirty-two questions reached the interim prioritisation stage of the priority setting process in the form of a short-listing survey with respondents approached and asked to select 10 of these questions (**Appendix 6**). The survey was distributed in electronic and paper versions (similar to the methodology used to distribute the first survey) in order to reach as many respondents as possible across England. The short-listing survey was launched on 18th October 2023 and closed on the 13th November 2023. 161 respondents completed the survey (51.6% patients and carers, 38.5% administrative and 9.9% managerial staff) resulting in 21 questions prioritised to be taken to the final workshop

Stage 4 the final workshop

The final workshop took place in person at the Royal College of Surgeons in London hosted by the British Orthopaedic Association on the 13th December 2023 facilitated by the JLA representatives (Suzannah Kinsella, Toto Gronlund, Tricia Ellis). Sixteen participants took part consisting of five patients, five carers, seven clinicians and one administrative/management representative.

The workshop began with an introduction from Suzannah Kinsella and Caroline Hing explaining the history of the JLA, the process of gathering the initial 1,575 questions and how the themes had been developed and evidence checked to reduce the questions to 21 with the aim of the day to prioritise the final top ten (**Figure 12**).



Figure 12: Introduction to the final workshop

The participants were then divided into groups to discuss prioritising the 21 questions according to importance. This led to lively discussions facilitated by the JLA team to allow the group to learn from each other and listen to different opinions on the ranking of the questions (**Figure 13**).



Figure 13: Initial group discussions to prioritise the top ten

Once the initial prioritisation had been completed, Suzannah Kinsella summarised the results from the groups (**Figure 14**).



Figure 14: Discussing the summary of initial group prioritisation

Further discussions followed over lunch as the participants shared personal experiences. The participants were then allocated to different groups in the afternoon for a further round of priority setting. The groups were notable in that all opinions from different groups were heard and valued making it a truthful and personal collaborative experience (**Figure 15**).



Figure 15: Second group prioritisation of the workshop questions

The JLA representatives collated together the results and the group finally reconvened with a sense of excitement and anticipation to hear the final top ten result and culmination of a year and a half of hard work (**Figure 16**).



Figure 16: The workshop final top ten prioritisation revealed

The Final Top ten



1. How could all necessary tests and relevant medical history be identified and completed before the outpatient appointment?
2. What are the most effective ways to decrease the time gap between an investigation (e.g. a biopsy) and sharing the results/next steps with patients?
3. How can patients be more involved in decisions regarding their care and treatment and be empowered to ask questions during consultations and ensure they understand and give their opinion?
4. What are the best ways of deciding which types of health conditions and patients can safely and effectively be managed virtually versus face-to-face?
5. How can technology be best used to support patients, carers, managerial/administrative staff, and healthcare professionals in improving the patients' care pathway and capacity of outpatient services?
6. What are the best ways to deliver information to patients about their conditions, management plans, tests to be done and results: verbal and/or written methods?
7. What are the best ways to improve the outpatient experience and outcomes for patients with specific needs (e.g. autistic patients, prisoners and homeless people)?
8. What are the best ways to create a comfortable and less stressful environment in outpatient clinics for patients, carers, and their families while waiting for their appointments?
9. Can hub models improve waiting time and accessibility for diagnostic procedures and how? Is it better to have tests done in one place, same day?
10. For patients with multiple health conditions that are connected to each other, should these be separate appointments, or all appointments combined?

Impact and next steps

The top ten list generated by the respondents for this priority setting partnership on outpatient service delivery generated questions important for further research to ensure that outpatient service transformation is based on sound evidence. The questions reflect the patients, clinicians and administrative teams that took part and reflect delivery of care, information, technology and ensuring that vulnerable patient groups are all considered in future research driving evidence-based improvements in outpatient service delivery.

The Steering Group will ensure the results are disseminated to research funding bodies, outpatient transformation groups, NHS digital and policy makers to ensure patients and carers that use outpatient services as well as clinical teams and administrative teams that deliver care are heard. We will publish our findings in a peer-reviewed journal, present at congresses and meetings as well as promote the results through our networks.

Caroline Hing

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Acknowledgements

This Priority Setting Partnership originated from discussions within the South West London Outpatient Transformation group as to how best to improve outpatient services for patients. It would not have been possible without the funding and help from National organisations and the James Lind Alliance team's expert organisational skills.

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Sam Dickens

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References

1. NHS England Monthly operational statistics June 2023. www.england.nhs.uk/long-read/monthly-operational-statistics/#:~:text=65%20week%20waits&text=Instead%2C%20they%20require%20some%20combination,of%20which%20are%20follow%20ups.
2. What does the future of outpatients look like? www.england.nhs.uk/blog/what-does-the-future-of-outpatients-look-like/
3. Delivering outpatient appointments through video consultations www.england.nhs.uk/publication/case-study-delivering-outpatient-appointments-through-video-consultations/
4. GIRFT and OPRT: tackling demand for outpatient appointments www.england.nhs.uk/publication/case-study-delivering-outpatient-appointments-through-video-consultations/
5. National Health Service. The NHS Long Term Plan. Published January 7, 2019. www.longtermplan.nhs.uk/publication/nhs-long-term-plan/.
6. Royal College of Physicians. Modern Outpatient Care – Principles and practice for patient-centred outpatient care. Report. 27 April 2023. www.rcplondon.ac.uk/projects/outputs/modern-outpatient-care-principles-and-practice-patient-centred-outpatient-care.
7. NHS England. Outpatient Recovery and Transformation Programme. www.england.nhs.uk/outpatient-transformation-programme/
8. National Health Service. Hospital outpatient activity 2021-2022. Published September 29, 2022. www.digital.nhs.uk/data-and-information/publications/statistical/hospital-outpatient-activity
9. Petit-Zeman S, Firkins L, Scadding JW. The James Lind Alliance: tackling research mismatches. *The Lancet*. 2010;376(9742):667-9.
10. The James Lind Alliance. 2023. www.jla.nihr.ac.uk/.

Appendix

Appendix 1: Partners

Organisations representing patients were also approached to support the JLA and advocate for patient groups:

Protected characteristics patient groups

MIND

NHS practitioner health

SCOPE (disabled children)

British Doctors and Dentists group

Alzheimer's association

Diabetes association

Sickle cell association

Royal College of Surgeons

Royal College of Medicine

British Pain Society

Faculty of Pain Medicine

Royal College of Psychiatrists

British Psychological Society

Cancer Research UK

Versus Arthritis

British Heart Foundation

Carers UK

Healthwatch

Patient Participation Groups (allied to primary care networks)

Chartered Society of Physiotherapists

National Voices

Royal College of Child Health

Royal College of Pharmacy

RCGP

RCPCH

Paediatrics and Child Health

Diabetes UK

Paediatrics and Child Health

Primary Care Support England

Appendix 2: First survey question themes and summary questions

Medical staff knowledge information

- What information should HCPs know about patients before seeing them?
- Which nonclinical staff can deliver what types of patient care?

Type of consultations

- How to choose the appropriate appointment type (virtual or face-to-face) and the appropriate location to the appropriate patient? Who should have which type of consultation and how and when should the choice be offered and discussed?
- Should patients choose what type of appointment is right/best for them instead of letting the system choose for them?
- What interaction is best for the clinician and patient and what gets the best patient outcomes?
- What is the impact of non-face to face consultation on care?
- Which health conditions can safely and effectively be managed virtually, and which are best managed face-to-face?
- What is the best communication media for virtual appointments, video, or telephone?
- What is the most cost-effective appointment type, virtual or face to face?
- Should the type of appointment be chosen based on the speciality or the concern of the patient?
- When are face-to-face appointments more convenient and would give maximum health benefits to patients?

Communication / IT

- How to have a better coordination between tests and appointments?
- How should communication be managed after test results?
- How to improve the use of virtual communication methods (text messages, telephone calls) to reduce non-attendance rate?
- Can virtual communication methods (emails, text messages, phone calls) effectively replace physical letters sent by post?
- How can an easier electronic system be made to contact patients and notify them about their appointments and follow ups?
- How can patients better manage their appointments based on their preferences?
- How to make information in patient letters easier to understand, what needs to be in the letter?
- What are the effects of health inequalities on communication and what is the best form of communication for all different types of groups?
- How do you best keep patients and carers updated about any changes to their treatment?
- How to make sure that patients are communicated all the information needed regarding their care (next appointments, next steps in the treatment, instructions before undergoing a future procedure or test, test results)? The outpatient management process after a visit: how can patients and carers receive information about the next steps after a visit? Is it better electronically or by letters?
- How can follow ups be streamlined and accessible? What are the best methods to maintain a two-way dialogue between patients/ carers and HCPs about information for follow ups after an appointment? Is it possible for patients and carers to reach a HCP post appointment to answer their questions and provide them with the information they need?
- What are the best communication methods that can be used to support patients during outpatient service delivery?
- What are the best ways to promote patient decision-making and involvement in their care?
- What are the best ways to ensure information communication is consistent in all departments regardless of their size and resources?
- How can patients be empowered to ask questions about their care and treatment during consultations and ensure they share their feedback?
- How to keep patients updated on waiting times while being in the waiting areas to see the GP or HCPs in outpatient clinics?
- How the time on waiting lists can be recorded and communicated to patients and between HCPs?

Appointments

- What is the best clinic model/set-up/design: is it first come first serve or by slots?
- What is the best model to co-ordinate outpatient bookings
- How to keep patients informed about any changes in their appointments? (change in date or time, cancellation)
- Is patient-initiated follow up better than a scheduled follow up by staff?
- Should repeat appointments be with the same GP?
- With multiple health conditions which are better separate appointments or all together?
- Should patients have investigations before or after having an appointment?
- Should patients have their appointments in their region or be able to choose where they go?
- What are the impacts of appointments being available out of office hours?

Timing of appointments

- What are the best mechanisms to communicate and manage long waiting times in the waiting areas of clinics before being seen by HCPs? Best mechanism to notify patients while waiting for their appointments in clinics?
- With multiple health conditions, which are better separate appointments or all appointments together?
- Should outpatient clinics and GP practices follow rigid time slots (set time) or flexible system (options provided) to book appointments?
- How to decrease the time between investigation and follow up?
- What are the best ways to explain or make clear how long it will take to get an appointment?
- Should the duration of GP and outpatient appointments be based on patient's conditions?
- What is the best way to communicate how long the outpatient visit will be?

Referral processes

- What are other ways of referring patients without going through the GP?
- What is the impact of electronic referrals on quality of referrals?
- What are the methods that can be used to speed up the referral processes?
- How can referrals be managed in a way that reflects the urgency of the patient's health status?
- What are the advantages & disadvantages of different approaches to referral such as GP referral and self-referral?
- What are the benefits of self-referral? Does self-referral help in decreasing waiting time to see a specialist by bypassing the GP, decrease workload to GPs, avoid inappropriate referrals to tertiary care?
- What are the most effective screening systems for self-referral systems? Can good filtering be done with an online questionnaire, or with a non-GP healthcare professional or through a telephone consultation to screen patients? screening pts?
- Should certain patients with long-term conditions be prioritized in the self-referral system? Should self-referral happen based on health conditions or complaints?
- Does self-referral lead to better patient outcomes?
- What are the best ways for GPs to access specialists' advice? What advice can be given to any primary care professional without the need to make a formal referral? What information do GPs need to refer a patient to the appropriate service?
- How much and how information sharing should be done during referrals? Are there effective ways to keep all parties updated on the health conditions and management? Is it better to have all the information shared electronically rather than letters?

- How can we screen out hospital appointments done inappropriately? How to improve the current triage systems and allocation of services after referring and before the appointment?

Diagnostic visits and physical examination

- How to have better hub model to have investigations done? Do diagnostic hubs improve waiting time and accessibility for diagnostic procedures? When is it better to have tests and diagnostics done in one place, same day?
- Ensuring test results are available ahead of clinic: how can patient's flow through the diagnostic process be improved rather than going to the appointment and return whenever the test is available? How do we consistently move through the process and to know what happens next, ensuring clear information is given for what will happen next after the diagnostic visit?
- How can physical access to diagnostic visits be improved for vulnerable groups? How can vulnerable people be more prepared for their physical examinations and diagnostic visits? How to improve support access and whether support services are available (and utility of these services) (communication, language barriers) to vulnerable people during their visits to see a specialist?
- What measures will improve reporting and delivering of results to patients?
- Is AI better than humans at diagnosing patients?

Infrastructure

- How can we make patients feel more comfortable in outpatient clinics while waiting for their appointments?
- How can we make it easier for patients and families to find their way to their designated clinic?

NHS versus private or other healthcare provider

- What delivers better care the NHS or Private healthcare

Electronic technological improvements

- Do the computers system make the right thing/ tasks for the patient?
- How technology works in the best interest of the patient?
- How technology works in the best interest for clinicians?
- How can new technology help in improving the flow and capacity to reduce delays?
- How can technology be best used to support staff and patients in the running of clinics? e.g. running to time, access to pertinent medical information, reducing delays?
- Are digital apps or wearable technology effective in monitoring patients?

Access to services

- How can access to outpatient clinics and GP practices be made easier for patients, especially for those who face transport issues?
- How to increase time availabilities in the GP practices? e.g. more availability in the weekends or evenings?

Resource allocation and service provision

- How to calculate service provision based on population numbers?
- Does service provision vary geographically?

Location of services

- How to reduce travel time and distance for patients to reach their outpatient clinics or GP practices?
- Where can outpatient services be relocated to meet patients' needs? e.g. location suitable for patients, in community closer to them, tests and diagnostics done locally
- Should GPs concentrate on chronic conditions and hospitals on acute conditions?

Continuity vs pooled Provision

- how can continuity of care provision be more beneficial in giving specialists care to patients?
- Are prevention programmes effective?

How information is delivered

- What are the best ways to deliver information to patients about their conditions, treatments and tests to be done and results?
- Verbal or written way to delivery information to patients about their management plans, tests and results?

Multiple co-morbidities, long-term conditions and single conditions

- What types of training or skills GPs and other HCPs need to have support more patients with LTCs or multiple co-morbidities? e.g. give them more time in clinics when seen, reducing number of visits, have tests and diagnostics done in one visit or one location
- Can outpatient departments give patients more time in clinic to discuss multiple concerns, especially if they have LTCs or multiple co-morbidities?

Patient involvement in service

- If patients and carers can give more their feedback about the care they received through outpatient services, can they be more involved in decisions regarding their care, treatment, and choosing their appointments (first visit, follow ups, referrals, tests and diagnostics appointments)?

Health inequalities

- How to improve outpatient experience for vulnerable patients (e.g. disabilities)?
- What are the best methods to support patients with mental health conditions in outpatient clinics and practices?
- What is the best method to reduce health inequalities during an appointment?
- What are the barriers for autistic adults?
- How to improve outpatient experience for prisoners and homeless?

Records

- What digital/electronic method can be used to give patients access or copies of their test results, appointment bookings, referrals, scans?

Quality of care, type of care

- Is health promotion effective in outpatient appointments?

Self-management

- How can self-management best support patients in their care during their outpatient experience?
- What type of self-management can improve delivery of care and health outcomes?

Pre-visit preparation

- What are the best ways to help a patient prepare for an outpatient appointment and get the most of it?
- How all necessary tests and checks are identified and completed before the appointment?

Outpatient services demographics

- How to improve healthcare for women in outpatient clinics

Workforce planning

- What kinds of support, training or advice can be given to HCPs to improve access and provision of care in outpatient departments and practices?
- How best to plan workforce of the future?

Did not attend (DNAs)

- What methods can be used to manage DNAs?
- How do we reduce DNA rates in the lower socioeconomic groups?

COVID-19 pandemic

- How are outpatient services adapting after the pandemic and lockdowns and what to learn in case of another future pandemic?

Finance and funding

- How can the NHS be better funded to reduce waiting times to get an appointment and have better access to appointments to see a GP or HCP in outpatient clinics?
- Can funding prevention reduce outpatient burden?

Support

- How to best support patients' well-being when seeing a HCP and after their visit when need to take care of themselves at home?

Appendix 3: Question verification methodology

To find the top 10 questions on how best to deliver care through outpatient services.

Outpatient services refer to healthcare services where you can receive any procedure or treatment without an overnight stay at the hospital. Some examples of outpatient care include imaging procedures, diagnostic tests, GP and hospital appointments, annual check-ups, routine follow-ups, and coming to the hospital to see your health professional.

Overview of approach to checking whether the questions were unanswered

From the summary questions the key terms were identified. For each key term, synonyms and alternative words were identified, separated by Boolean operators such as AND, OR, NOT. Truncations were used (* ; \$)

These modified/adapted searched terms were then searched within the databases after which restrictions were introduced (time limit, non-UK, non-English, non-human).

Type(s) of evidence you used to verify questions as unanswered

Systematic reviews

Sources searched in order to identify that evidence

Different databases:

- Prospero
- Ovid: Medline, Embase, Global Health, APA PsycInfo
- Cochrane Library
- CINAHL Plus/CINAHL (EBSCO) (Nursing and Allied Health) (CINAHL Plus AMED - The Allied and Complementary Medicine Database, MEDLINE)
- Citation Indexes & Conference Proceedings (Web of Science)
- GreyNet Results

Search terms used

Depends on each summary question what key terms were identified. For example:

Outpatient: (GP* OR general practitioner* OR outpatient OR primary care) NOT (hospital* or health* facility* or health* cent*)

Appointment: consultation* OR appointment* OR follow\$up* OR check\$up* OR visit*

Health condition: disease* OR disorder* OR sickness* OR ill* OR health condition* OR comorbidit* OR audio* OR cardi* OR infecti*disease* or gastro* or colorectal OR diabet* OR endocrin* OR dermatolog* OR endoscop* OR general medicine OR thrombosis OR ear nose throat OR otorhinolaryng* OR maxillofacial OR head neck surgery OR oral surgery OR epilep* OR general surgery OR breast surgery OR bariatric surgery OR upper gastro* OR genetic* OR geriatric* OR gyn\$eco* OR h\$emato* OR anticoagula* OR h\$emoglobinopath* OR h\$mophili* OR sickle cell OR myeloma OR hepat* OR pulmo* OR respi* OR pleural OR neuro* OR dementia OR movement disorder* OR onco* OR orthop\$edic* OR trauma OR fracture* OR obstetric* OR p\$ediatric* OR pain clinic OR physio* or plastic* OR radio* or renal OR nephro* OR rheumato* OR thoracic OR uro* OR vascular OR covid OR coronavirus

Outpatient letter: info* or letter* or communicat* or mail*

Parameters of the search (e.g. time limits, excluded sources, country/language) and the rationale for any limitations

Limited to 3 years and 10 years back. Excluded non-English papers, papers outside the UK, and non-human studies.

Names of individuals who undertook the evidence checking

Marie-Claire Rebeiz

Diego Abelleira Lastoria

On what date was the question verification process completed?

October 2023

Appendix 4: Unanswered questions included in the short survey

1. What are the best ways of deciding which types of health conditions and patients can safely and effectively be managed virtually versus face-to-face?
2. Should repeat appointments for the same condition be with the same GP?
3. For patients with multiple health conditions that are connected to each other, should these be separate appointments, or all appointments combined?
4. Should patients have the choice to have outpatient appointments outside their geographical area?
5. What are the impacts on staff and patients of appointments being available out of office hours?
6. Should hospital outpatient clinics and GP practices follow rigid time slots (set time) or flexible system (options provided) to book appointments?
7. What are the most effective ways to decrease the time gap between an investigation (e.g. a biopsy) and sharing the results/next steps with patients?
8. What are the best ways to make clear how long it will take to be given an appointment?
9. What methods can be used to reduce did not attend appointment rates?
10. Are other communication methods (emails, text messages, phone calls) effective to replace physical letters sent by post?
11. How can information in outpatient letters be made easier to understand? For example, which person you will be seeing, where you have to go; the letter following the appointment including what you discussed and what is the plan.
12. How do you best keep patients and carers updated about any changes to their appointments?

Appendix 4: Unanswered questions included in the short survey

11. What are the best ways to keep patients updated on waiting times while in the waiting areas to see the GP or healthcare professionals in outpatient clinics?
12. What are the best ways to deliver information to patients about their conditions, management plans, tests to be done and results: verbal and/or written methods?
13. What are the advantages and disadvantages of different approaches to referral such as GP referral and self-referral?
14. Management of self-referrals: What are the most effective screening systems and good filtering techniques (e.g., with an online questionnaire, or with a non-GP healthcare professional or through a telephone consultation to screen patients or other methods)?
15. Is information for healthcare professionals, patients and carers shared more effectively via paper letter or digital means?
16. What is the minimum information to include in a referral?
17. What are the best ways to help a patient or carer prepare for an outpatient appointment and get the most out of it?
18. How could all necessary tests and relevant medical history be identified and completed before the outpatient appointment?
19. Can hub models improve waiting time and accessibility for diagnostic procedures and how? Is it better to have tests done in one place, on the same day, and when in the day/week?
20. How can physical access to diagnostic visits be improved for vulnerable groups and make sure any required support services are available and utilized (such as communication and language barriers)?

23. What are the best ways to create a comfortable and less stressful environment in outpatient clinics for patients, carers and their families while waiting for their appointments?
24. What are the best ways to make it easier for patients, carers and their families to find their way to their designated clinic?
25. Where can outpatient services be relocated to better meet patients' needs? E.g. location suitable for patients, in community closer to them.
26. How can technology be best used to support patients, carers, managerial/administrative staff and healthcare professionals in improving the patient's care pathway and capacity of clinics and outpatient services?
27. How can patients and carers give more feedback about the care they received through outpatient services? (e.g. more involvement in choosing their appointments such as first visit, follow ups, referrals, tests and diagnostics appointments)?
28. How can patients be more involved in decisions regarding their care and treatment and be empowered to ask questions during consultations and ensure they understand and give their opinion?
29. What types of training or skills do GPs and other healthcare professionals need to have to support patients with long-term conditions or multiple comorbidities?
30. What are the best ways to improve the outpatient experience and outcomes for patients with specific needs (e.g. autistic patients, prisoners and homeless and patients for whom English is not their first language)?
31. What delivers better outpatient care: NHS or private care?
32. How are outpatient services adapting after the pandemic and what has been learned?

Appendix 5: Summary questions in the final workshop

1. How could all necessary tests and relevant medical history be identified and completed before the outpatient appointment?
2. What are the most effective ways to decrease the time gap between an investigation (e.g. a biopsy) and sharing the results/next steps with patients?
3. How can patients be more involved in decisions regarding their care and treatment and be empowered to ask questions during consultations and ensure they understand and give their opinion?
4. What are the best ways of deciding which types of health conditions and patients can safely and effectively be managed virtually versus face-to-face?
5. How can technology be best used to support patients, carers, managerial/administrative staff, and healthcare professionals in improving the patients' care pathway and capacity of outpatient services?
6. What are the best ways to deliver information to patients about their conditions,
7. management plans, tests to be done and results: verbal and/or written methods?
8. What are the best ways to improve the outpatient experience and outcomes for
9. patients with specific needs (e.g. autistic patients, prisoners and homeless)?
10. What are the best ways to create a comfortable and less stressful environment in
11. outpatient clinics for patients, carers, and their families while waiting for their appointment?
12. Can hub models improve waiting time and accessibility for diagnostic procedures and how? Is it better to have tests done in one place, same day?

13. Should hospital outpatient clinics and GP practices follow rigid time slots or flexible system of options to book appointments?
14. What methods can be used to reduce did not attend appointment rates?
15. Should repeat appointments for the same condition be with the same GP?
16. Should patients have the choice to have outpatient appointments outside their geographical area?
17. What are the impacts on staff and patients of appointments being available out of office hours?
18. How are outpatient services adapting after the pandemic and what has been learned?
19. What delivers better outpatient care: NHS or private care?
20. What are the best ways to make clear how long it will take to be given an appointment?
21. Are other communication methods (emails, text messages, phone calls) effective to replace physical letters sent by post?

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