

## Benefits realisation – Lung Function & Sleep Services

Desired benefit	Stakeholders impacted	Enablers required to realise benefit	Outcomes displayed if benefits realised	Current baseline measure	Who is responsible?	Target date
Dedicated support for inpatients	Inpatients Carers Other inpatient specialties	Spoke site at GRH designed for inpatient support	Seen in a timelier manner, reduced risk of delayed discharges and delays to treatment	Inpatients are currently fitted around outpatient work	Bev Gray (Principal Clinical Physiologist and Service Manager)	November 2022
Enhance the Lung Cancer patient pathway	Patients on the lung cancer pathway	Spoke site at GRH to create capacity at GRH for these patients	Allowing for multiple tests in one visit	These patients currently must visit the site multiple times within 2 weeks to receive tests required for diagnosis	Bev Gray	November 2022
Improve service resilience	Staff All Lung Function and Sleep patients	The centralisation of majority of staff onto one 'hub'	Improve management of rotas and staff cover for absences	Staff are currently thinly distributed across both sites	Bev Gray	November 2022
Ensure service sustainability	Staff Future patients	The centralisation of majority of staff onto one 'hub'	Cross-training staff into all areas, especially the G.I service and better provide support to junior members of staff with a continuous staffing mix onsite	Staff are relying heavily on telephone and email communication for support	Bev Gray	November 2022
Multi-disciplinary clinics for the 'ventilation' or 'complex airways' appointments.	Ventilation and complex airway patients Carers	Additional space available at CGH to incorporate these clinics on the Lung Function and Sleep footprint	Negating these patients to navigate multiple departments in one-visit or attend multiple separate Reduce the risk of patients being exposed to infection by	These patients are currently required to visit multiple times and departments for their testing	Bev Gray	November 2022

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			reducing the number of times they visit site.			
Negate the requirement for patients to return to site to pick up equipment	Sleep patients	Centralisation of Sleep equipment on one site, rather than distributed across two	Reduced likelihood of negative patient experience when starting treatments and reduce the number of times patients have to travel to site	If equipment is not available, patients are fitted with the 'next best' fit and will later return to pick up optimum equipment for treatment	Bev Gray	November 2022
Reduce the likelihood of Gloucestershire G.I. patients being referred to Bristol or Bath	G.I Patients	The centralisation of majority of staff onto one 'hub' and CGH where G.I is based	Allow for G.I cross training in house	Only 3 patients can be seen per week, meaning that some patients are waiting 30 weeks to be seen for treatment	Bev Gray	November 2022
Benefit patients with co-morbidities, such as obesity, which is a risk factor for Sleep Apnoea,	All Lung Function and Sleep Patients	The centralisation of specialist services onto one site	Patients can access specialist services in one place.	Patients may be required to attend site multiple times to see different specialist departments who are involved in their care	Bev Gray	November 2022
Accessibility for Impromptu Patient Queries	Staff Sleep Patients	Spoke site at GRH which can be used to support patient queries with a clear separation of work	Increase the accessibility of the service for patients and the likelihood of successful treatment	It can take the service a number of days to respond to patient queries, for example queries around their CPAP)/ BiPAP equipment	Bev Gray	November 2022

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Sleep follow ups which will now primarily be conducted remotely	Staff Sleep patients	Use of technology to support the sleep patient pathway	Reduction in the number of times patients are required to visit site and reduction in the time spent per appointment	Patients may have to visit site multiple times to collect their equipment and also for their follow up appointments	Bev Gray	November 2022
Financial benefit as less equipment is wasted	Lung Function and Sleep Service Sleep patients	The centralisation of equipment onto a main hub at CGH	Reduction in equipment wasted as patients can be fitted with optimum equipment first time	If equipment is unavailable patients are fitted with the 'next best fit' until optimum equipment is available for them to collect	Bev Gray	November 2022
Enable the IGIS hub to be implemented	Details presented in FFTF Phase 1 documentation but include: Improved access to interventional radiology for patients on an emergency pathway, Improved recruitment and retention, Workforce deployment efficiencies, Improved patient pathway and patient experience for emergency patients requiring cardiac input, Improved patient pathway for patients requiring urgent vascular input, los reduction resulting from new IR procedures replacing open surgery, Reduction in expired IR inventory resulting from consolidated IR locations, Reduction in patient travel resulting from repatriated activity, Reduction in inter-site transfers resulting from same site location of vascular and dialysis services, Improved robustness of OOH interventional radiology service resulting from radiologist vacancies, and Improved mortality and morbidity rates within interventional cardiology.					