



CPOC workforce 'Patient Charter':

Organisations will ensure that:

1. every member of the team is patient focused.
2. every patient feels listened to.
3. each patient's core values are included in decision-making about their care.
4. key information is recorded clearly, such as in accessible electronic systems, so that duplication or "re-clerking" patients is not required. (For example, ED clerking followed by Medicine clerking is a waste of doctors' time and is often a bugbear of patients being asked the same question repeatedly. However, new information may come to light relevant to a different team, so focussed questioning and discussion is encouraged. Also, rechecking even basic things such as name and date of birth repeatedly is important because it reduces the risk of operating on or transfusing incorrectly identified patients.)
5. each team works together with regular meetings, sharing results and plans and working to agreed protocols.
6. everyone in the team is well trained, for example that there is a minimum level of knowledge and skills (about preparation for surgery, good behaviour, simple post-operative activities and a general understanding of the pathway and points where it might need to be adjusted).
7. everyone in the team knows when to refer for a senior or specialist opinion e.g. a red flag or unusual result.
8. each team member will be identified by name and role, and it should be clear to patients who is a senior clinical specialist (including doctors), who is a nurse or allied health professional, who is a healthcare support worker (not making major decisions) and who is in an administrative or managerial role.
9. every patient should undergo a shared decision-making consultation, especially if there is 'equipoise' between different treatment options. This should be with a registered clinician who understands the Benefits, Risks, Alternatives and Non-operative (BRAN) options.
10. each team-member will be safe, but proactive (for example by aiming for early post-operative 'DrEaMing' drinking, eating and mobilising). Historically, staff would advise resting, whereas we know that activity is usually better.
11. each patient should be supported to prepare for surgery well.
12. each patient should be considered for day case surgery if the procedure and patient factors allow this.
13. the discharge planning process should be seamless, planned in advance and without excessive workload for the primary care team.
14. if there is a problem, there is a clear line of contact and responsibility.
15. unnecessary investigations should be avoided.

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16. there is a clear plan for acting on the results of any investigation.
17. patients should be offered information in a format they can use.
18. if a patient wishes to include their partner or another adult in discussions about their health, this is arranged.

A partnership between:

