



# WELCOME TO

**The Convenzis Outpatient Transformation Conference 2022**



Check Out Our  
Agenda Here...



SCAN ME

14th September 2022- 08:00am – 15:30pm – Leonardo Tower Bridge

Conference hosted by Convenzis Group Limited





**Her Majesty Queen Elizabeth II**  
**1926 - 2022**





Outpatient  
Transformation  
Conference  
2022

# The Convenzis Outpatient Transformation Conference 2022



## Event Chair – Opening Address



# Adrian Byrne

Director of Informatics  
University Hospitals  
Southampton Foundation Trust



# Introducing Slido



Scan the QR code, Enter in your details its that simple :)

Link - <https://wall.sli.do/event/9RTWimAqJqhacusAqWTXw?section=cef5f15f-0a61-4b6c-b707-7583c3ffb9cf>



## The Convenzis Outpatient Transformation Conference 2022



# SPEAKING NOW



Adrian Byrne

Director of Informatics  
University Hospitals Southampton Foundation Trust

I will be discussing...

“My Medical Record - 8  
years experience of  
PIFU. What works, what  
doesn't?”



# A History of PIFU at UHS

Adrian Byrne CIO





# What is Patient Initiated Follow-Up?

## Level 1

Discharge SOS – not expected to come back but can

## Level 2

PIFU – patient may trigger a follow up within a timeframe < 5 Yrs

## Level 3

Long term/life long conditions

UHS has been using  
Patient Triggered Follow Up (PTFU)  
for a few years



# Level 1 PIFU

## What is required?



Discharged

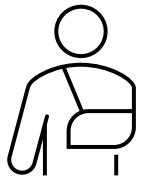
Point of contact  
Access to history  
Fast track to outpatients  
Continuity of record  
Continuity of care

Episodic



## Level 3 PIFU

What is required?



Long term

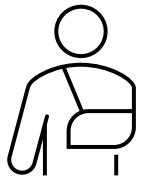
Messaging service  
Access to history  
Continuous update  
Fast track to outpatients  
Continuity of care  
Multiple comorbidities

Requires a record ← Life-long



## Level 2 PIFU

What is required?



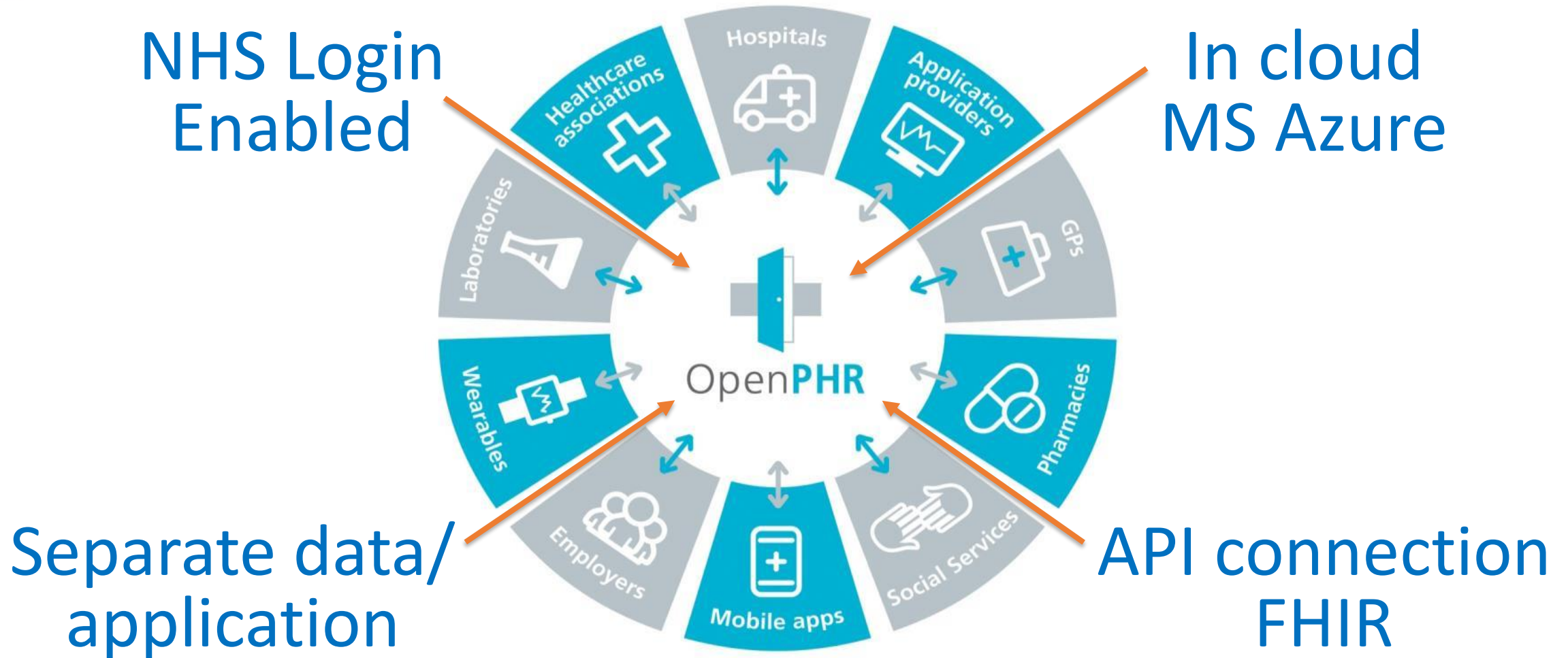
Long term

Messaging service  
Access to history  
Continuous update  
Fast track to outpatients  
Continuity of care  
Multiple comorbidities

Requires a record ← Mix of case terms



# An Open Personal Health Record





# My Medical Record



## WELCOME

My Medical Record is a service provided by  
University Hospital Southampton

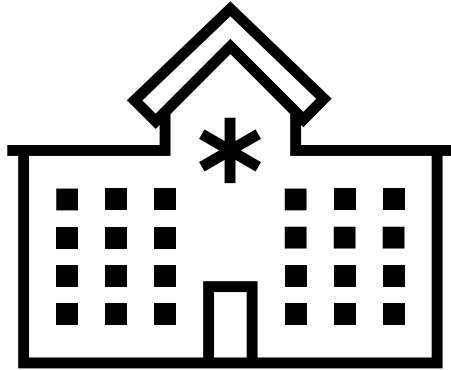
Click the **SIGN IN** button below to  
sign in to My Medical Record

**SIGN IN**

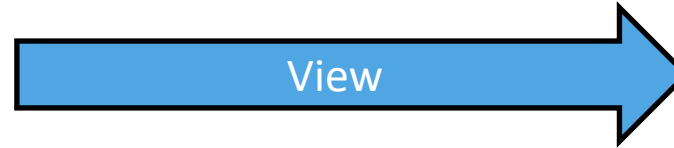
Forgotten your password? Click the **SIGN IN**  
button above and then click 'FORGOT  
PASSWORD?' on the next screen



# Basic use – access to data



Any locked  
in system



Appointments, documents, Lab results & Radiology  
result messages, secure messaging



Patient

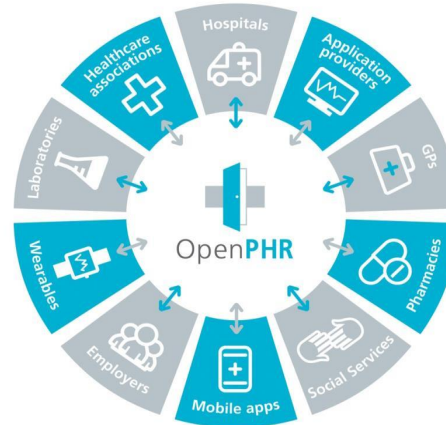


# Advanced use - transactional

Appointments, documents, Lab results & Radiology result messages, secure messaging



UHSFT



Patient

Appointment cancellations, updated demographics, allergies, medications etc.  
Journals and surveys, secure messaging



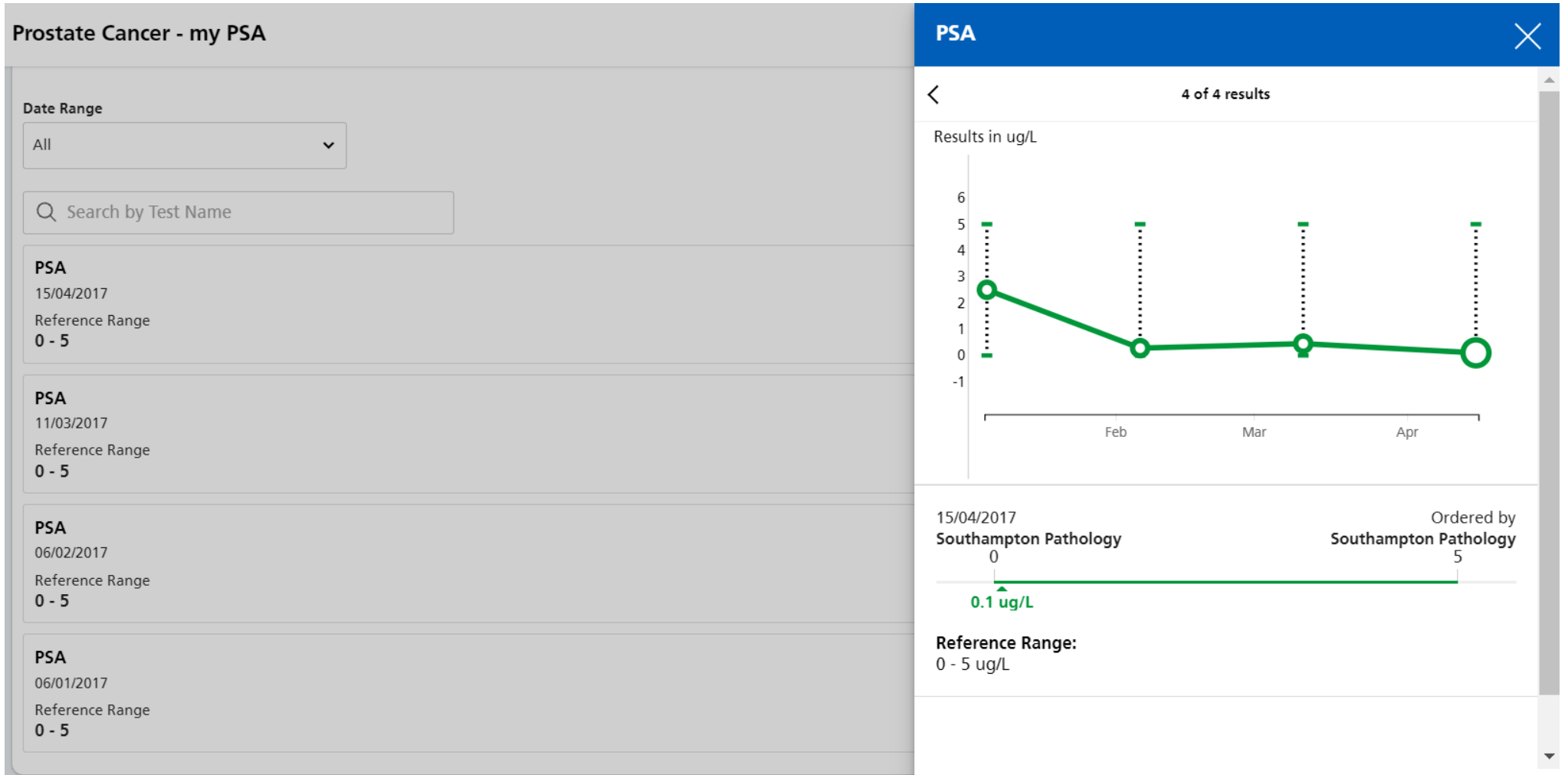
# Supported Self Management

- Removal of follow-up OP appointments for post treatment stable patients
- They are never discharged
  - Continual monitoring of patients at set time based on protocol
  - Patients encouraged to self-manage
  - Only seen in clinic if disease progresses (based on recall criteria)





# Build Site Specific Views





# Condition specific tools, support and information

## Prostate cancer - patient information - finding support

[Prostate cancer](#) [Messages](#) [My PSA](#) [My schedule](#) [Patient information](#) [Health MOT](#) [Clinical trials](#)

[Finding support](#) [Self management](#) [Managing side effects](#) [Healthier lifestyle](#) [Computer | IT skills](#)

### Prostate Cancer

Information and support from Prostate Cancer UK  
[PC UK](#)

Tackle - the national federation of prostate cancer support groups  
[Tackle Prostate Cancer](#)

Information and support from Macmillan  
[Macmillan](#)

Support from male cancer awareness  
[Malecancer.org](#)

Information and support form Movember  
[Movember](#)

Support from the Macmillan centre based at UHS  
[UHS Macmillan](#)

Information and support from Wessex Cancer Trust  
[Wessex Cancer Trust](#)

Support from the Hampshire PCaSO Prostate Cancer Network  
[PCaSO](#)

Prostate cancer support for gay and bi-sexual men  
[Out with Prostate cancer](#)

### Other Support

Support from Age UK  
[Age UK & Age UK Southampton](#)

Information on travel insurance  
[Travel insurance \(from MacMillan\)](#)

Help and support with alcohol issues  
[Alcoholics Anonymous](#)

Quit smoking services:  
<https://www.nhs.uk/live-well/quit-smoking/>  
<https://www.southampton.gov.uk/health-social-care/health/stopping-smoking/>  
Quitting smoking in Southampton (023 8051 5221) (txt "well" to 88020)

Psychological therapy  
[iTalk](#)

Support for unpaid carers in Hampshire  
[Carers together](#)


Relationship counselling, support and information  
[Relate – Hampshire & Isle of Wight](#)


Support from the Lesbian & Gay Foundation  
[LGBT foundation](#)



# Supporting the clinician - Tracker



 Clinical tracker

 Patients

 Messages

 Useful resources

 Support Chester Prostate











## Clinical tracker

Page size: 10

IT Users: All

Patient Status: Active

Consultant: All

Name	Birth Date	Hospital Number	NHS Number	Result Due	Reminder Sent	
Cropper, Dennis	22/03/1942	CC00960197		07/05/2021		
Welsh, Robert	18/11/1960	CC00805759		18/06/2021		
Finch, Harry	08/03/1936	CC00581444		06/10/2021	15/11/2021	
Howard, Kenneth	26/08/1936	CC00367408		15/10/2021	15/11/2021	
Aspinall, David	01/02/1946	CC00064560		18/10/2021		
Burlingham, Roy	19/01/1947	CC00794770		25/10/2021		
ERRINGTON, ANDREW	09/05/1954	CC1029101		19/11/2021		
Collens, Malcolm	19/03/1948	CC00872715		25/11/2021		
Bower, Richard	25/04/1955	CC00688466		02/12/2021		
Dunne, John	06/04/1953	CC00743192		02/12/2021		

Page 1 of 13

1 2 3 4 5 6 7 8 9 10 ... Last

### Action Counts

Patients enrolled: 164

Action: 81

### Letter Counts

Introduction letters sent: 49

Test overdue letters sent: 21

### Key

**Result Due:** Set (showing the test's due date) when an incomplete test in the patient's assigned protocol is on or before today. The alert is also set (with no date) when th



# Heart Failure Pilot – With BHF

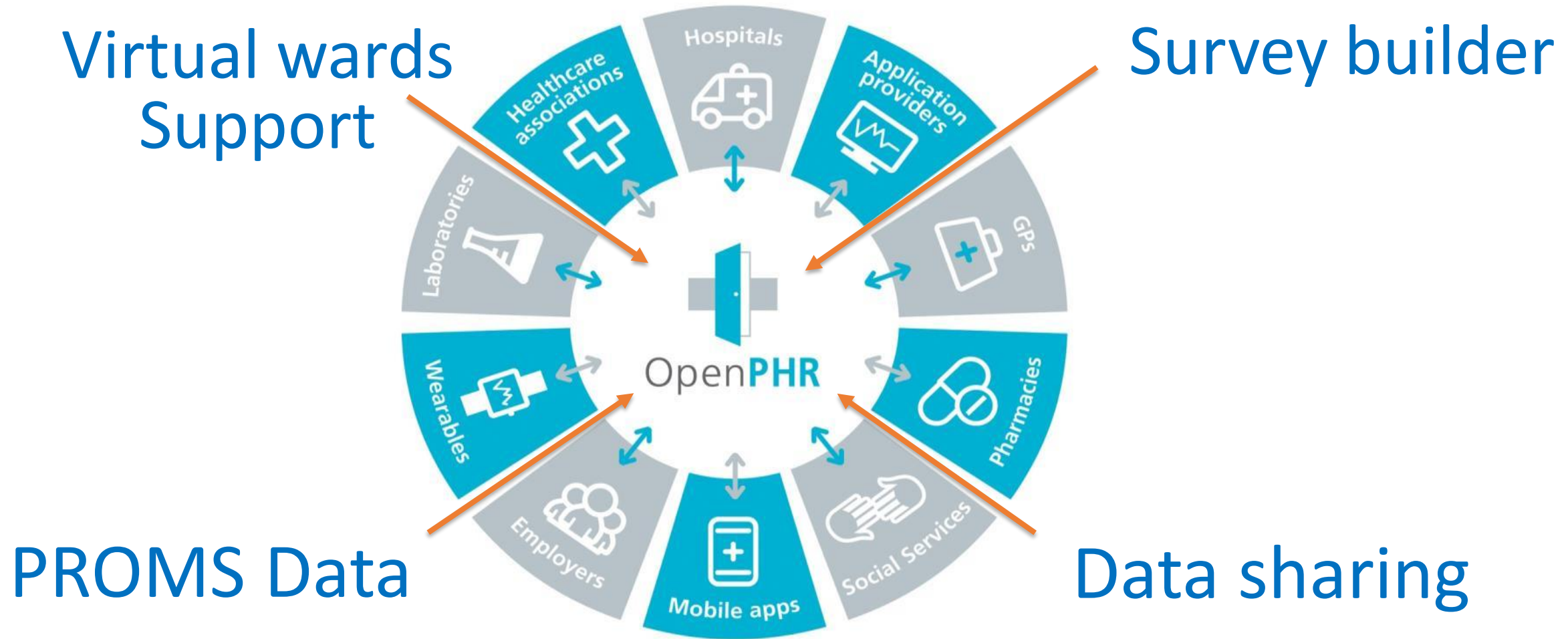
## Aim to see if long-term remote management will help

### In relation to our pilot goals

- We have gained insight into patient needs
  - **Figures** indicate high rates of engagement, performing very well versus industry standards
  - **Survey data** indicates regular usage, along with strongly favourable views towards MyMR's features and the majority of users finding what they needed
  - **Inbox and call logs** have small but equal demand (each averages 1 query per week)
- We have found self-monitoring via MyMR is safe for HF patients
  - No reported examples of unsafe practice reported (by either the patients or clinical team)

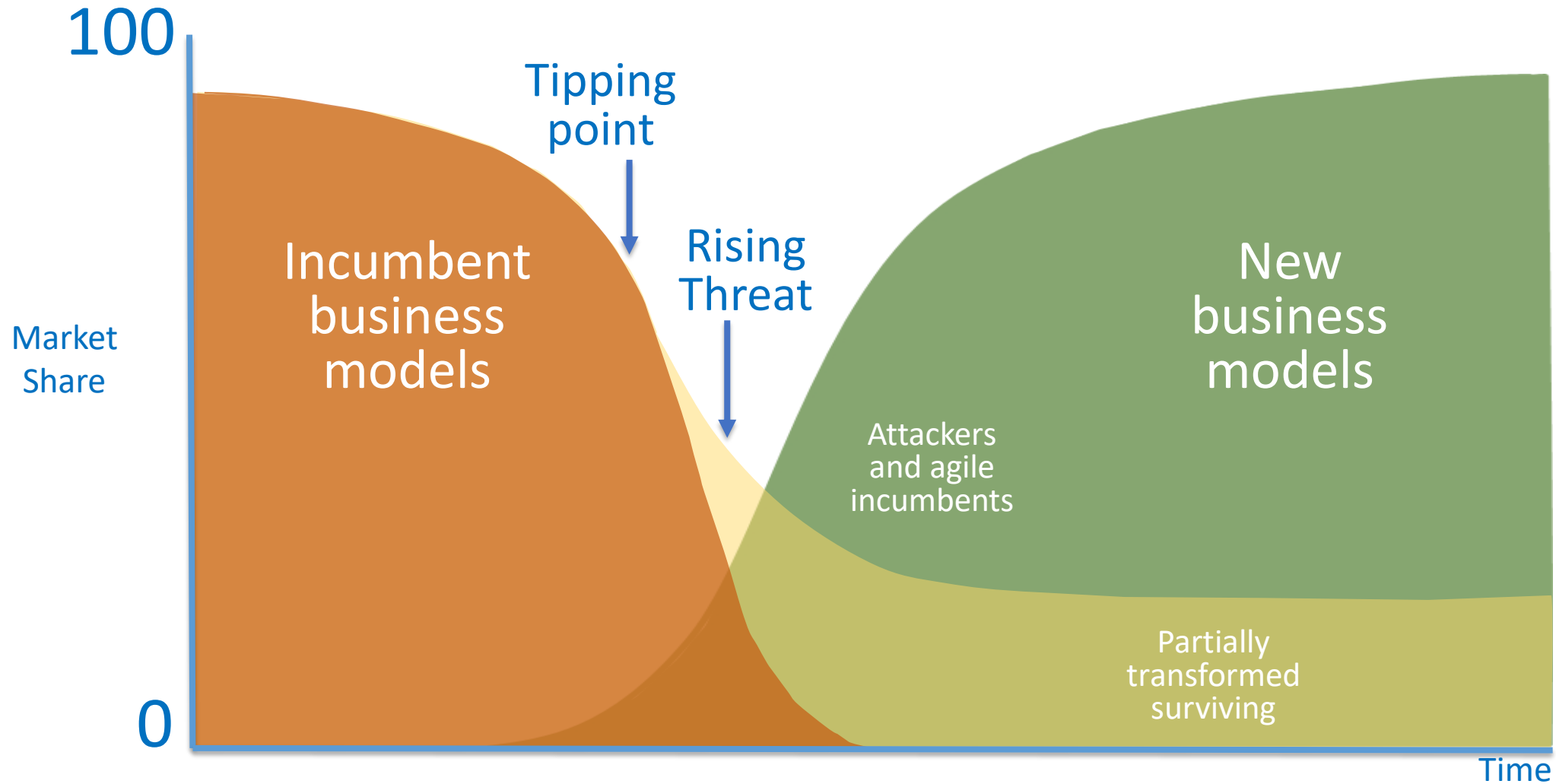


# A Platform Approach



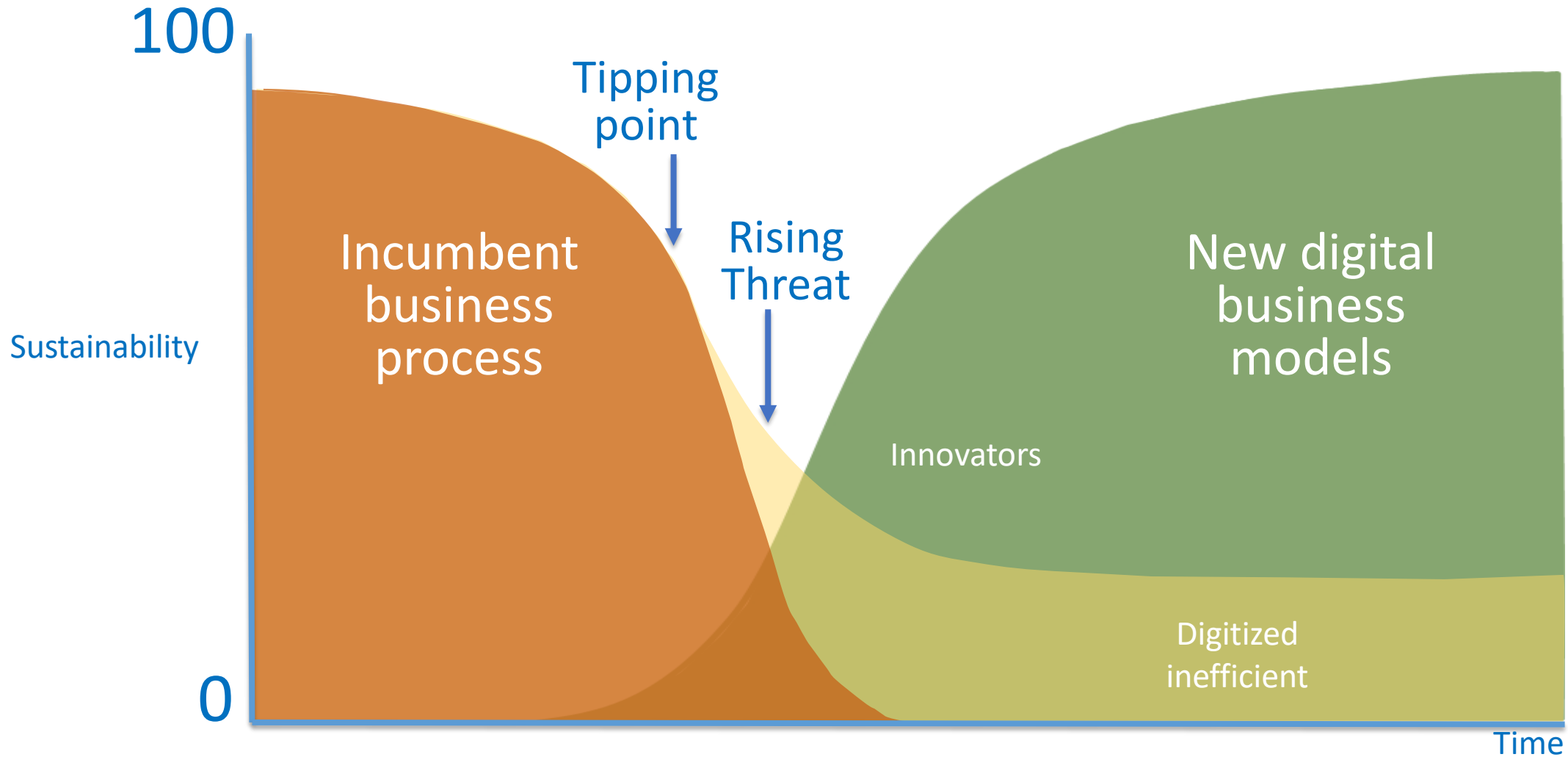


# Change the Business





# Don't Just Digitize





# Thank-you

Email: [mymrenquiries@uhs.nhs.uk](mailto:mymrenquiries@uhs.nhs.uk)

Twitter: @adebyrne  
@mymedrec  
@UHSDigital







Outpatient  
Transformation  
Conference  
2022

## The Convenzis Outpatient Transformation Conference 2022



# SPEAKING NOW

We will be discussing...

“Outpatients – Hospital or  
Community?”



Liam Southern Matron OPD Alder Hey Childrens NHS  
Foundation Trust & Carol Rowlands Head of Nursing Alder  
Hey Children's NHS Foundation Trust



# Outpatients – Acute or Community setting?

Liam Southern  
Carol Rowlands



# Why ask the question – Hospital vs Community?

To meet the needs of our patients and their families

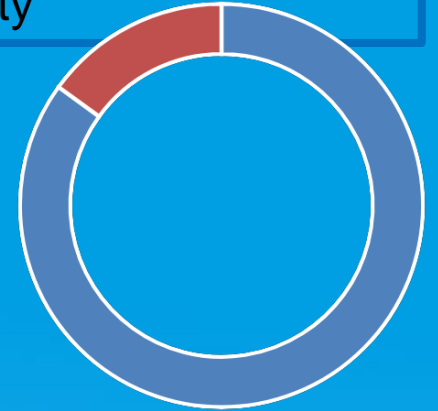
To improve patient experience and their journey

Long term plan 2019



# What do the patients and families really think about clinics in the community?

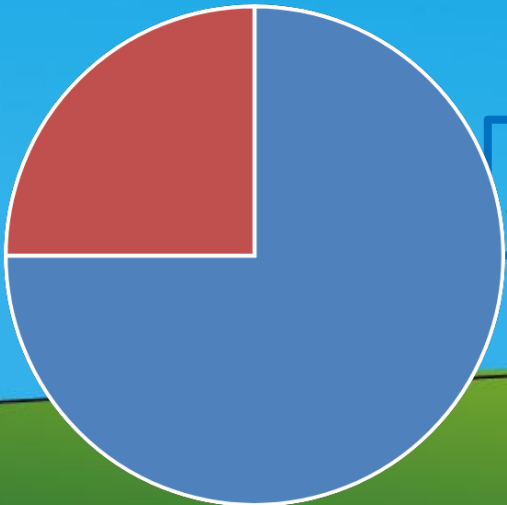
85% stated they would have no concerns attending a clinic in the community



55% of the respondents stated they would choose to attend a clinic closer to home



75% felt there were no disadvantages to attending a community clinic



The following areas were identified as the top benefits to community clinics :-

- Closer to home (29%)
- Easier to travel (22%)
- More convenient (20%)
- Clinical area not as busy (20%)





*“..... it's more specialised here”*

*“ ....it's a good hospital”*

*“Lack of specialists, depends what the issue is”*

**Identified areas to be carefully considered when reviewing/designing community based clinics :-**

- Parent and Family communication
- The appropriateness of the Clinical speciality e.g additional test required, overall clinical need
  - A robust EPR system
    - Location
    - Staff education

*“Everything is in one place”*

*“ Would it be the same Drs”*

*“ worry notes could get lost”*

*“...more facilities here”*

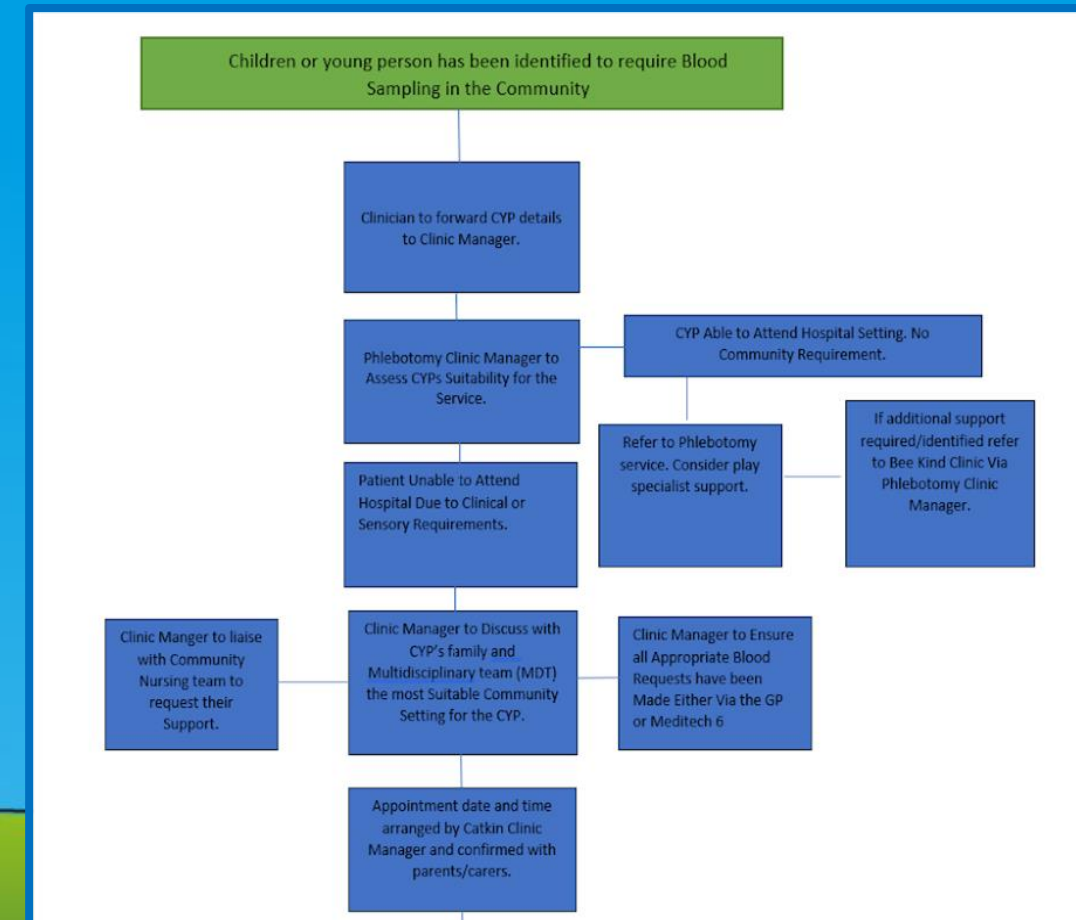
*“Wouldn't trust it as much”*



# Paediatric Phlebotomy in the Community

We have recently piloted a new pathway to support patients with Learning disability and/ or sensory needs have blood test in the community, to date we have been able to support a number of patients have their bloods taken either at home or school.

*“Due to the work that (Staff Name) has been doing we have managed to obtain blood tests for children/YP who would have really struggled in a mainstream 'acute' environment.”*





# WORKING EXAMPLES

- Transition clinics in school
- Infant feeding Specialist
- Dressings clinic from ED/Observation Clinic from MDU
- Respiratory Hubs set up with Primary Care



# Workforce Development - Values Based Learning

The introduction of a values based learning framework has,

- Improved patient safety, clinical effectiveness
- Improved patient, family and staff experience
- Developed and increased the teams clinical skills, knowledge and understanding

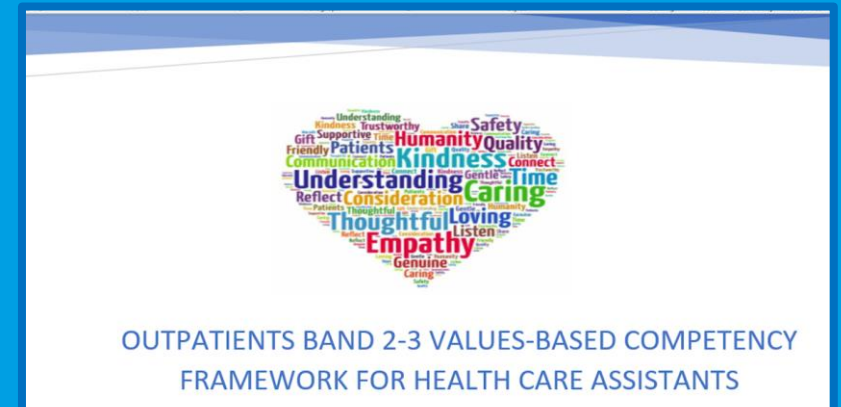
Overall, the framework has allowed staff to develop their skills, knowledge and professionalism to work independently.

Feedback :-

*“Really helpful and fills a required training gap”*

*“ I think it is an excellent tool for new starters as it gives a structured way of learning and completing their competencies”*

*Acknowledgement : This work has been developed and introduced by Nurse Manager Andrea Williams*



OUTPATIENTS BAND 2-3 VALUES-BASED COMPETENCY FRAMEWORK FOR HEALTH CARE ASSISTANTS

Daily care and management of patients and families in Outpatients:							
Competency Criteria	1	2	3	4	5	6	Comments/Recommendations:
<b>Patient &amp; family experience:</b>							
Ensure principles of common courtesy are applied when addressing patients and families.							
Can verbalise ways to be creative with time and appropriate play/distraction during their visit							
Understands the importance of comfort rounds and demonstrates active participation							
Demonstrates careful listening to patient/parental concerns and actions to take – quiet area, diffuse, escalate if appropriate, find out & feedback.							
Awareness of internal process of calling 3705/manager to assist – PALS if still not happy							
Can identify ways to promote a happy and friendly environment & displays kindness towards colleagues							
Understands the value of Family & friends' feedback and encourages completion.							
Can verbalise knowledge from equality training and can suggest ways to promote within the workplace							
Knows the importance of recognising and							

Alder Hey Children's NHS  
NHS Foundation Trust

#### Learner Contract:

- ❖ I will arrange to meet my mentor monthly – week 1, week 8 and week 12, or more frequently if required
- ❖ I will keep my competency framework easily accessible and store it safely
- ❖ I will actively seek out learning opportunities to promote completion within the identified timeframe
- ❖ I will seek guidance and support whenever necessary

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

#### Mentor/Practice Educator Contract:

- ❖ I will provide help and support
- ❖ I will share my knowledge and skills & seek further guidance if required
- ❖ I will make time to meet with you at the identified weeks
- ❖ I will be honest and fair
- ❖ I will escalate any issues relating to patient or staff safety, including safeguarding to senior nurse/manager

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

#### Manager Contract:

- ❖ I will provide guidance and support, where required



# Next steps

- Work with local partners ie One Liverpool Vision
- Promoting pathway to support deteriorating patients within the community
- Actively promoting self care – de-medicalising
- Paed Phlebotomy community based team
- Continue to use Alder Hey brand
- Actively work with local commissioners to promote place based strategies.





To bravely move forward.....





Outpatient  
Transformation  
Conference  
2022

## The Convenzis Outpatient Transformation Conference 2022



# SPEAKING NOW



Mari Carmen Portillo (She/Her)

Professor of Long Term Conditions  
School Of Health Sciences. University Of Southampton

I will be discussing...

“Better living with long  
term conditions through  
personalised, integrated  
and multiagency plans”



# Better Living with long term conditions through personalised, integrated and multiagency plans.

**Prof Mari Carmen Portillo**  
**Professor of Long Term Conditions**  
**University of Southampton**

**The Outpatient Transformation Conference**  
**London, September 2022**



# Background

- **The numbers:** 15.4 million people in UK live with long term conditions (LTCs) (18 million by 2025), accounting for 70% of health/social care expenditure in England.
- **The impact and needs:** Complex needs like frailty, mobility problems, comorbidities, multiple long term conditions, sickness work absence, lengthier hospital stays and their consequent costs to the NHS, more impactful needs are non-biomedical and lead to re-admissions and worse quality of life.
- **The response:** Existing NHS personalised self-care pathways or digital tools for LTCs usually target medication management, acute care, consultation and self-monitoring biomedical aspects of the disease or how to support professionals for self-care.
- **The gap:** Social support, mobilisation of resources, involvement of other agencies and networks, sustainable integrated care plans, disadvantaged populations, connections between health and social care.



# NHS model for Personalised Care



Supported self-management



Care and support planning



Choice and shared decision making



Social prescribing



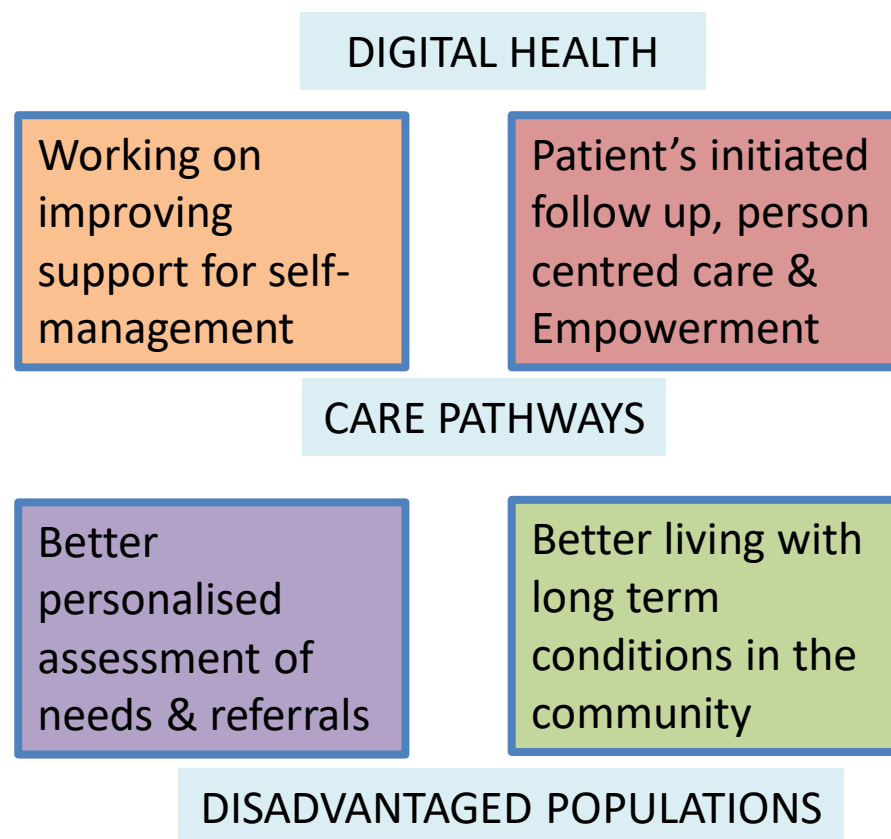
Individual budgets



Particularly relevant to multimorbidity



# NHS Outpatient Transformation Programme



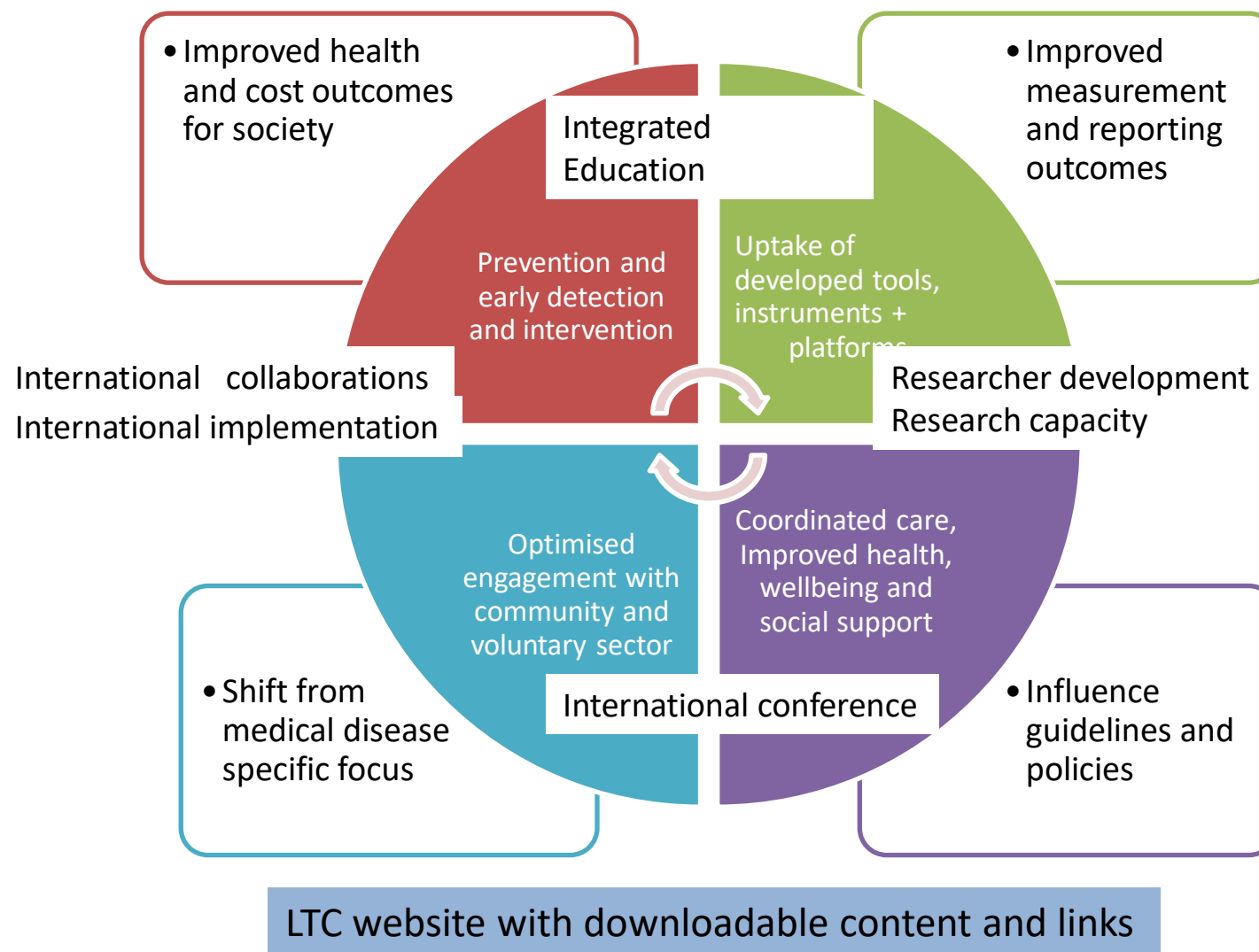


# Aim of the presentation

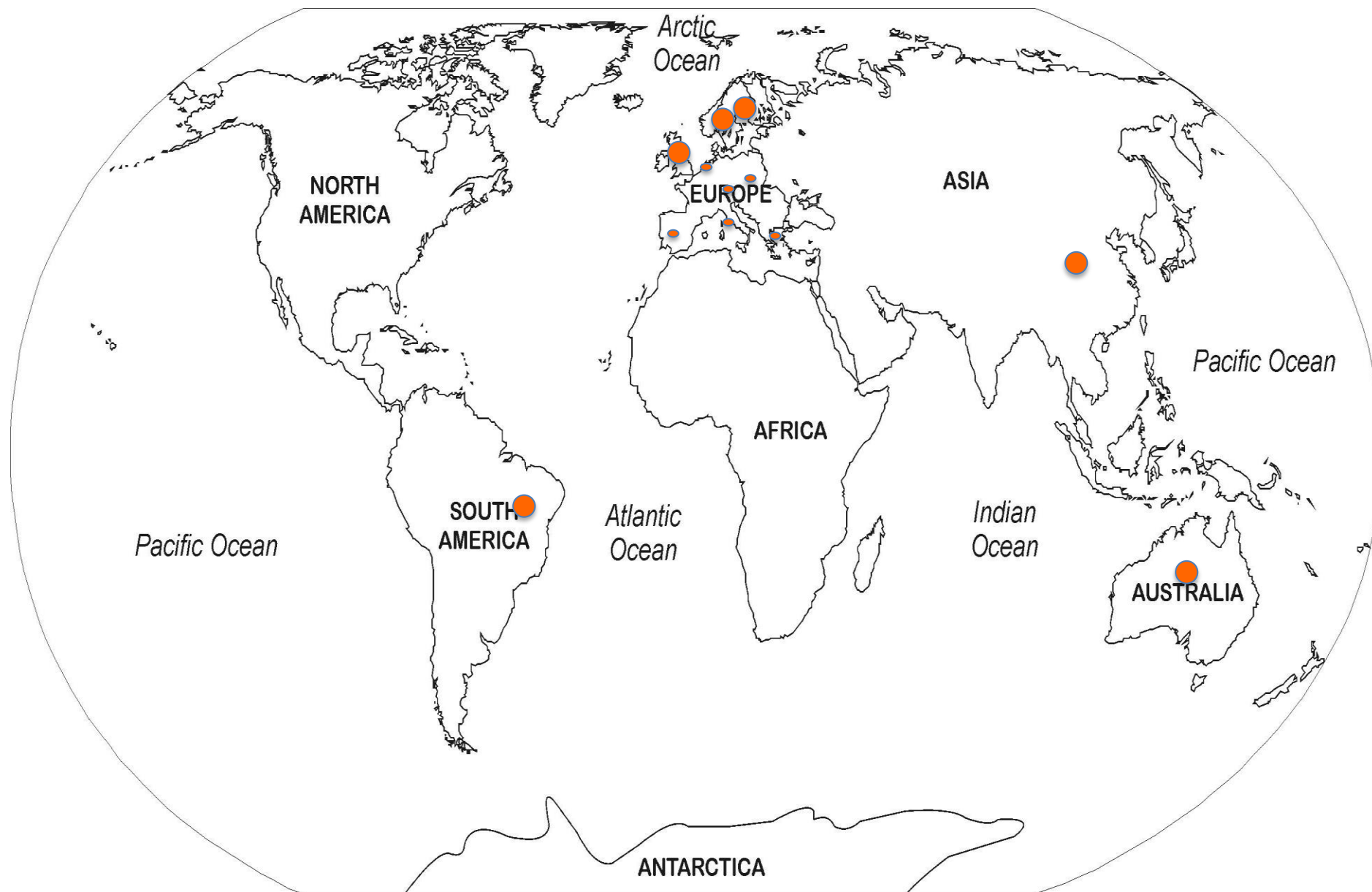
To provide an overview of the research and implementation projects we are developing in Health Sciences at the University of Southampton to ensure more personalised assessments of needs, better coordination of services and access to resources in the community for people living with long term conditions.



# Main impact: Living well with LTCs









# National Institute of Health Research NIHR

## Applied Research Collaboration ARC Wessex



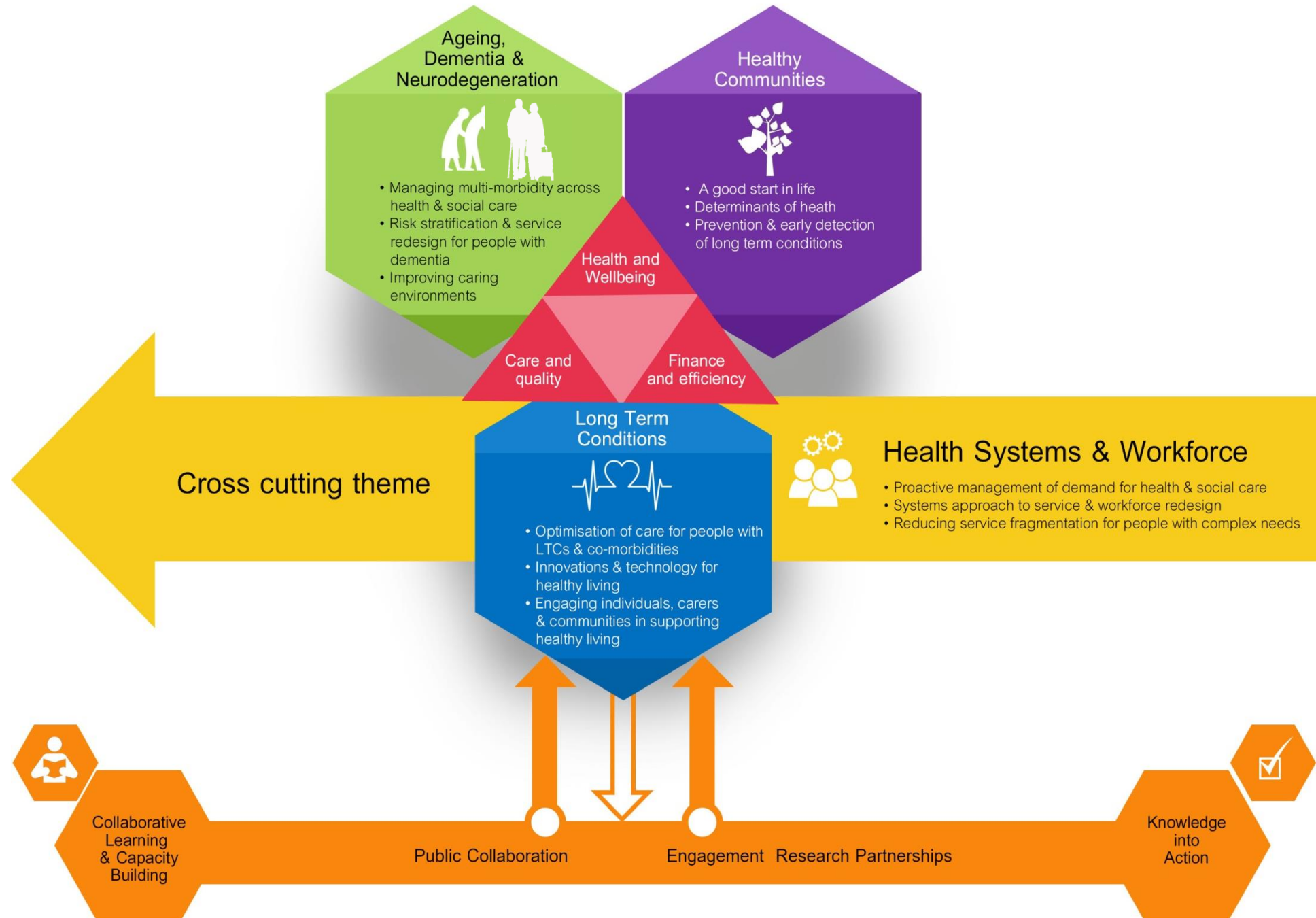
Wessex  
Inclusion in Service  
Research and Design  
(WiSeRD)



Wessex  
Academic Health  
Science Network



# Overview of ARC Wessex Programme





Some projects ...





## IMPROVED SUPPORT FOR SELF-MANAGEMENT OF LONG TERM CONDITIONS

**Adoption** and **integration** of self-management support requires fundamentally new ways of working and healthcare services to be **ready** for those accessing their services to take on an enhanced role in the management of their condition (**readiness**)

**Wessex Activation and Self-Management (WASPP) Tool to design and implement self-management system support for people with long-term conditions.**

### QUALITATIVE STUDY

**Programme:** Wessex support programme for self-management support

**WASPP** Self-Assessment tool: Patients, front line staff, managers & commissioners



## PERSONALISED CARE, ASSESSMENT OF NEEDS & REFERRAL

### Validation of the Living with Chronic Illness Scale in an English speaking population with Long Term Conditions

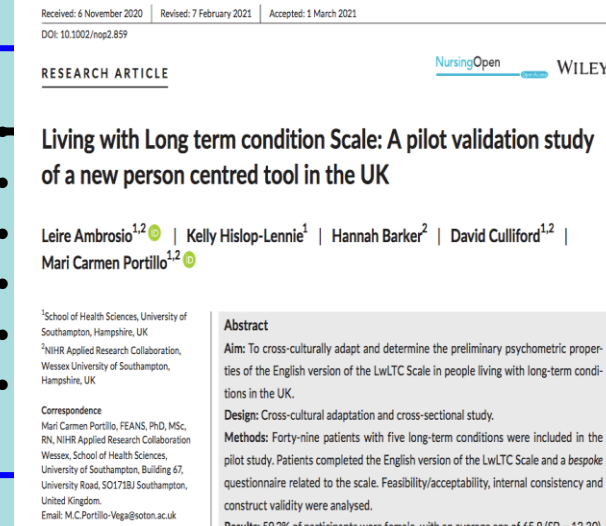
#### OBJECTIVES

- To develop and validate an English-language version of the “Living with chronic illness” scale and determine influencing factors.
- To explore how useful the scale could be for people’s daily living and also for clinical practice.

#### LIVING WITH CHRONIC ILLNESS

- **ACCEPTANCE**
- **COPING**
- **MANAGEMENT**
- **INTEGRATION**
- **ADJUSTMENT**

26 items



Translation &  
cultural  
adjustment of  
scale

Patient & public  
involvement  
& testing

Main  
Study

Focus  
Groups

Ready  
for use?  
NHS



## PERSONALISED CARE, ASSESSMENT OF NEEDS & REFERRAL

Personalised Primary care for Patients with Multimorbidity (PP4M) – a primary care service improvement initiative

- To explore the most effective strategies to implement a template to promote personalised care in patients with multimorbidity
- To examine under what circumstances, for which patients and in what ways the template leads to benefits for patients and/or practice staff

Offer whole person  
longer reviews  
designed around  
the person, not the  
diseases

Provide information  
so the person can  
prepare for their  
review

Elicit the person's  
agenda, priorities  
and preferences

Promote continuity  
of care to support  
the patient/clinician  
relationship

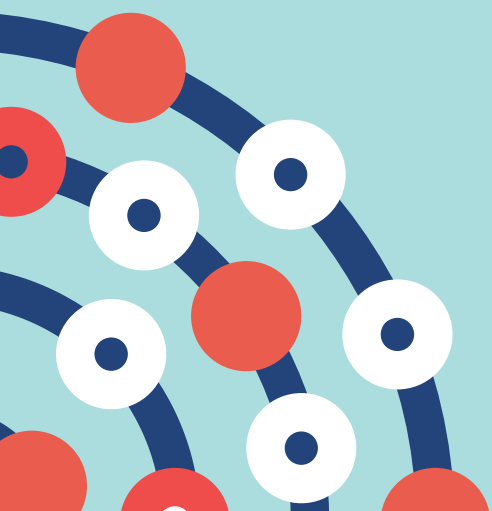
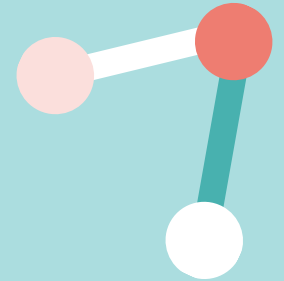
Include all aspects  
of health in  
reviews: physical,  
mental and quality  
of life

Personalise  
treatment to take  
account of all  
conditions and  
optimise clinical  
care

Reduce  
unnecessary tests,  
prescriptions and  
appointments

Support self-  
management  
through use of non-  
medical resources  
(e.g. social  
prescribing)

Arrive at decisions  
and plans in  
collaboration and  
share them in  
writing

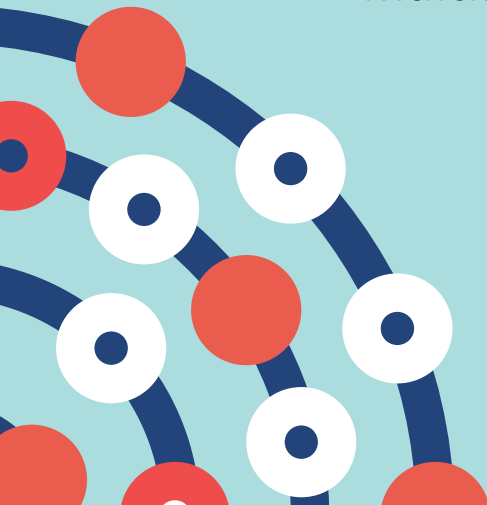
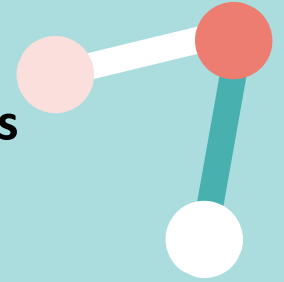




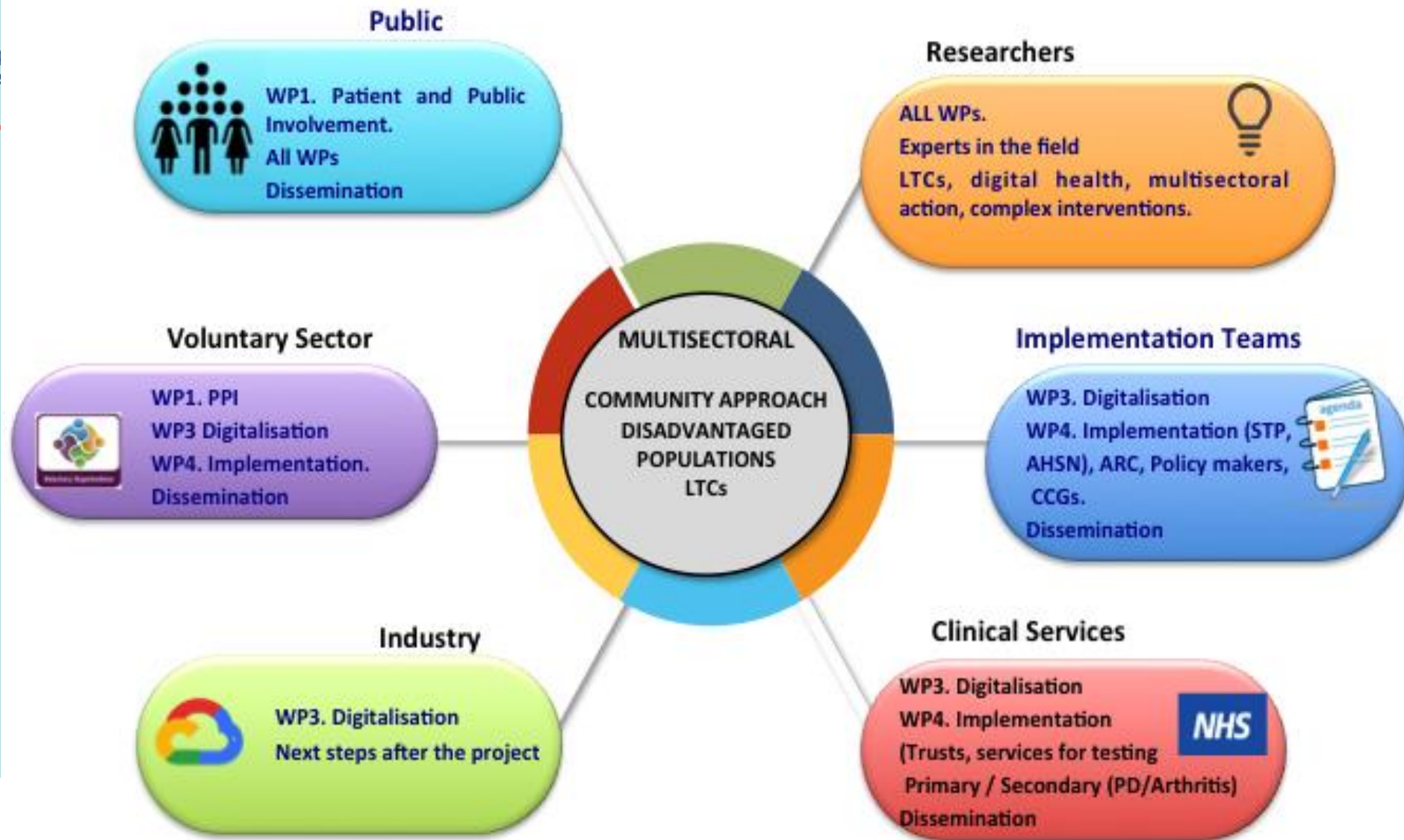
## MULTIAGENCY AND INTEGRATED CARE PATHWAYS/MODELS

1. **Optim Park Project**. JPND. Optimisation of community resources and systems of support to enhance the process of living with Parkinson's Disease: a multi-sectoral intervention
2. Development of an **integrated care model** for patients and families living with neurological long term conditions
3. **PARTNERS Project**. Development and implementation of a digital tool for multisectoral support and management of long term conditions

**Period: 2018-2024**







*Disadvantaged populations/areas:* related to low education (poor health literacy), migration status, and social problems (social isolation) and/or limited access to healthcare or digital tools, BAME populations.

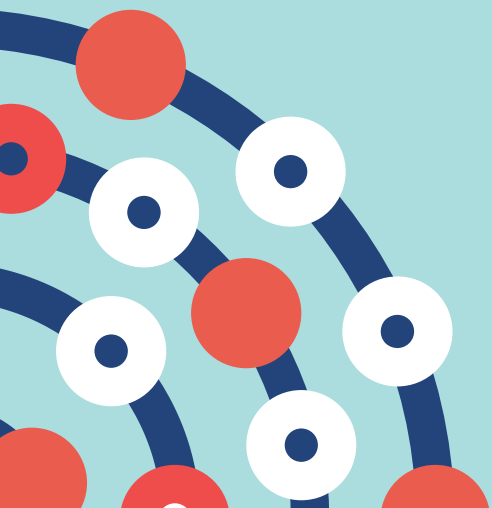
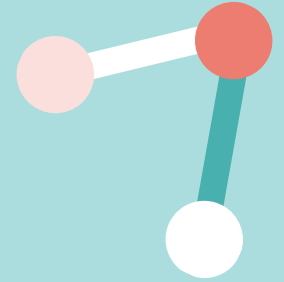


## **SOCIAL PRESCRIBING LINK WORKERS FOR PEOPLE LIVING WITH PHYSICAL & MENTAL HEALTH LTCS**

To determine enablers/barriers to successful implementation of the SPLW role intervention in primary care for people living with physical and mental health long term conditions

**Setting** – Primary care areas and local organisations (Anxiety UK, Oxfordshire Mind) in Oxfordshire, Hampshire and the Isle of Wight.

**Period: 2023-2025**





# QUESTIONS

## Thanks!

Professor **Mari Carmen Portillo**  
[M.C.Portillo-Vega@soton.ac.uk](mailto:M.C.Portillo-Vega@soton.ac.uk)  
Twitter: @mcportillov





## List of references

- National Health Services. The NHS Long Term Plan (2019). <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf> [accessed 13<sup>th</sup> Sept 2022]
- Regional Office for Europe. World Health Organisation. Multisectoral and intersectoral action for improved health and wellbeing for all: mapping of the WHO European Region Governance for a sustainable future: improving health and well-being for all. 2018; World Health Organisation. Denmark.
- Chaplin K, Bower P, Man MS, et al. Understanding usual care for patients with multimorbidity: baseline data from a cluster-randomised trial of the 3D intervention in primary care. *Bmj Open* 2018; **8**(8): e019845.
- Salisbury C, Man MS, Bower P, et al. Management of multimorbidity using a patient-centred care model: a pragmatic cluster-randomised trial of the 3D approach. *Lancet* 2018; **392**(10141): 41-50.
- Curtis L, Burns A. Unit Costs of Health and Social Care 2020. 2020.
- The Academy of Medical Sciences. Multimorbidity: a priority for global health research. 2018.





**Outpatient  
Transformation  
Conference  
2022**

# **The Convenzis Outpatient Transformation Conference 2022**



## **UP NEXT...**







**Outpatient  
Transformation  
Conference  
2022**

## **The Convenzis Outpatient Transformation Conference 2022**



# **SPEAKING NOW**



**Dr Debashish Das**

**I will be discussing...**

**“Elective Care and  
Outpatient  
Transformation”**



# **Elective Care and Outpatient Transformation**

**Dr Debashish Das**  
**Consultant Cardiologist**  
Barts Heart Centre &  
CEO of Ortus iHealth







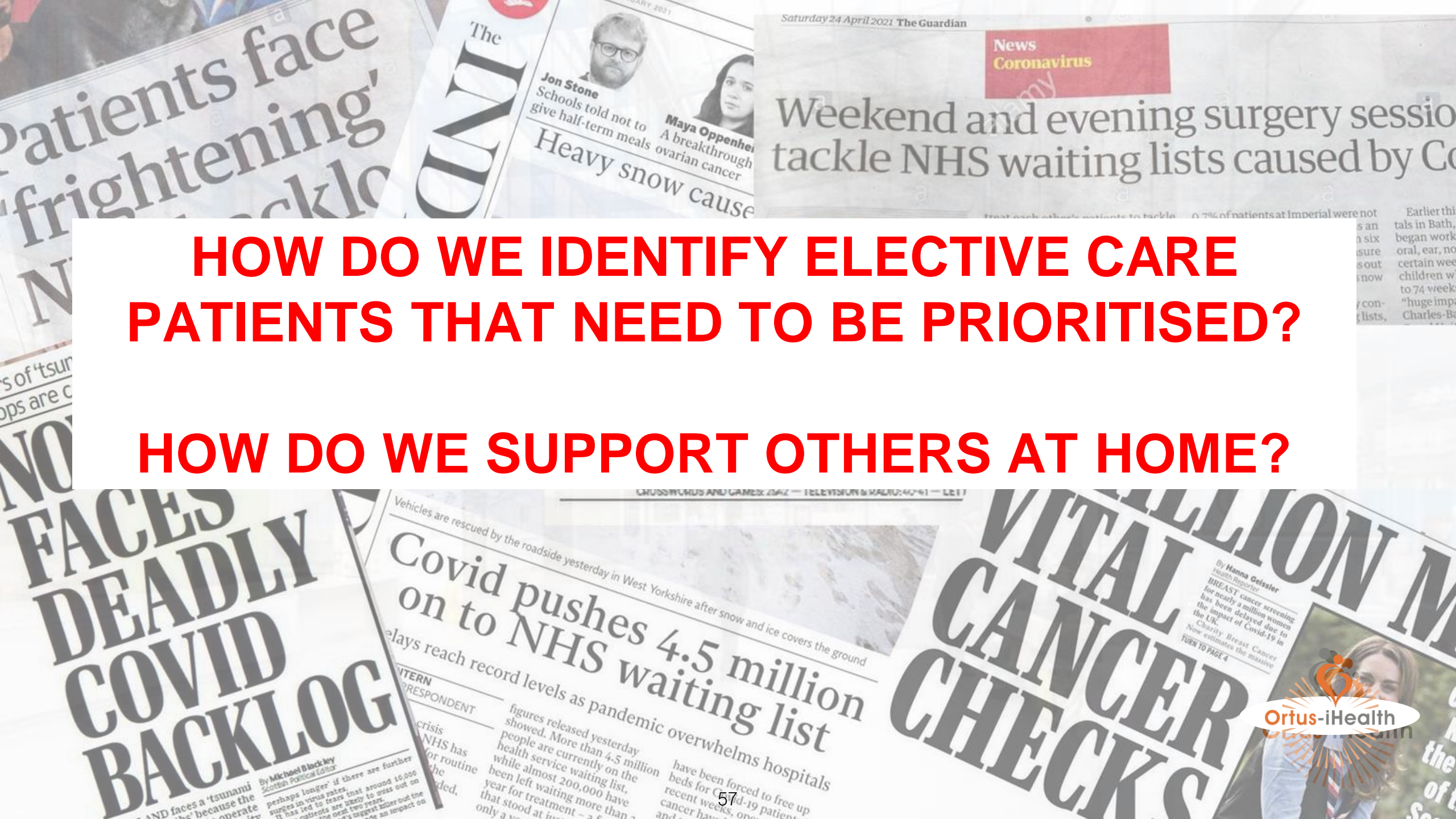
**We are moving on at a pace..**





**HOW DO WE IDENTIFY ELECTIVE CARE PATIENTS THAT NEED TO BE PRIORITISED?**

**HOW DO WE SUPPORT OTHERS AT HOME?**





## 1. The Challenges

*And finding the patients at risk in the crowd*

## 2. The Transformation Reviews

*What's reviewed, considered and actionable.*

## 3. What are the results and futures?

*What do outcomes look like and what 3 things should we focus on?*





# The Challenges



- Growing waiting list and backlog of elective care procedures.



- Need for an efficient pre-operative phase, enhancing patients' experience and reducing avoidable cancellations.



- Early discharge for patients post-procedure.

- Need for effective patient prioritisation.

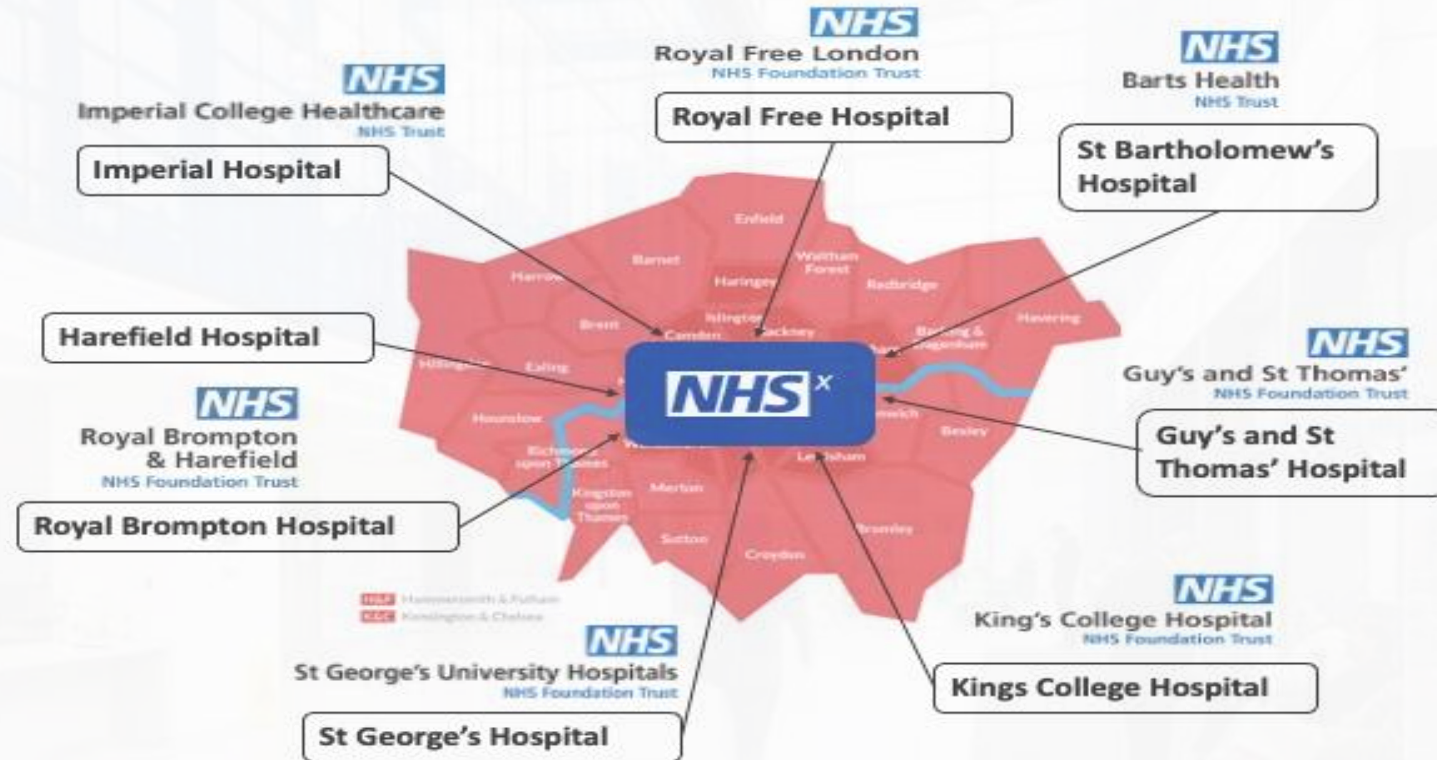


- Siloed approach to delivering care across disciplines and regions.





# Pan London Cardiac Elective List Risk Mitigation





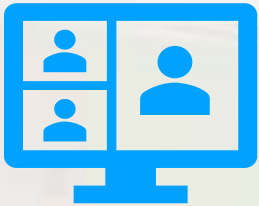
# The Approach



- Regional deployment – of a Scalable and flexible platform, supporting Pathways, Specialties, ICSs and Regions.



- Risk mitigation through configurable virtual ward dashboards, enabling patient prioritisation and early discharge



- Automated pre-operative care plans, with pre-assessment forms, e-consent, nudge behaviour and reminders.



- An Integrated approach sharing clinically relevant data between Community, Primary and Secondary Care



- Remote monitoring of patients, with 2-way communication for deteriorating patients or PIFU re-engagement.



# Elective list risk mitigation & Virtual Wards Dashboards

## Elective list risk mitigation & Virtual Wards Dashboards

- Ortus provides configurable Virtual Ward Dashboards to monitor those on an elective waiting list, enabling patient prioritisation.
- Virtual Ward Dashboards also support and facilitate early discharge, with remote monitoring to identify deteriorating patients early.
- Dashboards provide a central hub to communicate with patients, with integrated telehealth functionality, including Video Conferencing, and Asynchronous Messaging on for individuals and groups.



Private and Confidential





# View Dynamic Dashboards For Assessment and Prioritisation

- The dashboards provide the window into the pathway population's health and trends, as well as that of the individual.
- Data rich dashboards enable reviews efficiently identify priority patients and take immediate action for optimum responsiveness.
- Patients with lower clinical need can be equally supported in a timely and effective manner, providing peace of mind for the patients and giving the clinician more time to focus on more challenging patients.
- Data collection using Bluetooth connected devices or entered by patients for legacy devices

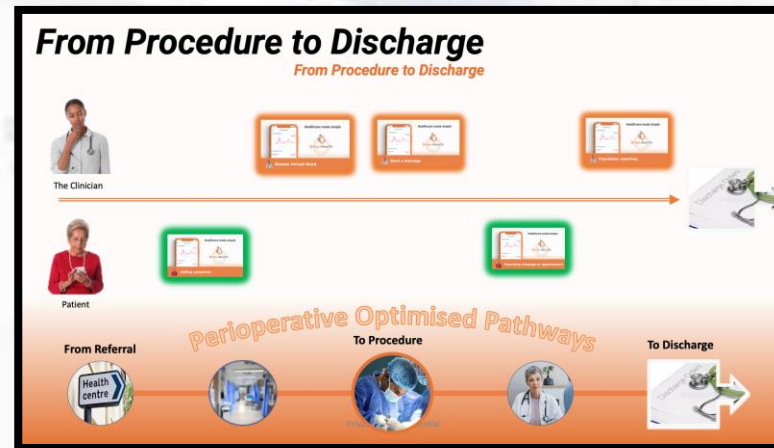
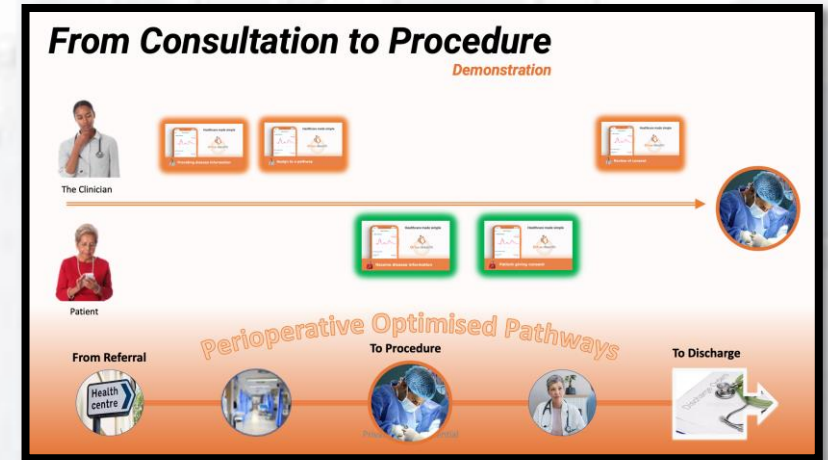
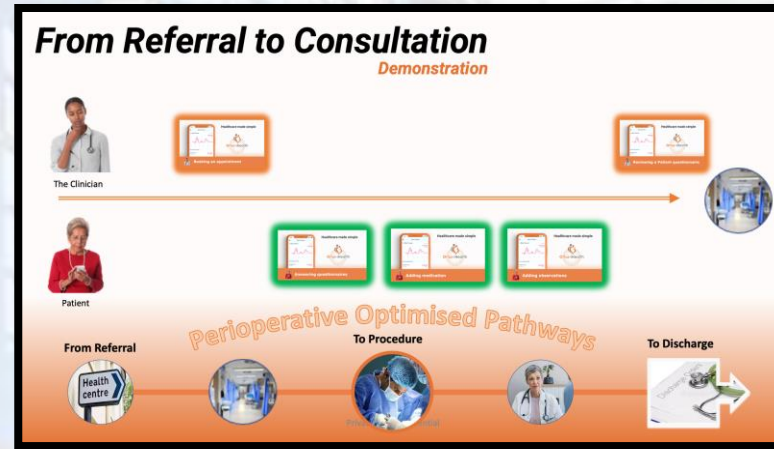




## Structured And Automated Pathways

- Support higher levels of compliance,
- Supports scalability
- Reduce manual labour once implemented
- Freeing teams time to support patients with higher levels of need
- Increasing the ability to extend remote monitoring and diagnostics
- Increase patient engagement, through providing structure, ease of access, and as a result convenience
- Improve the ability to monitor and follow through pro-actively

# Structured, Automated Pathways

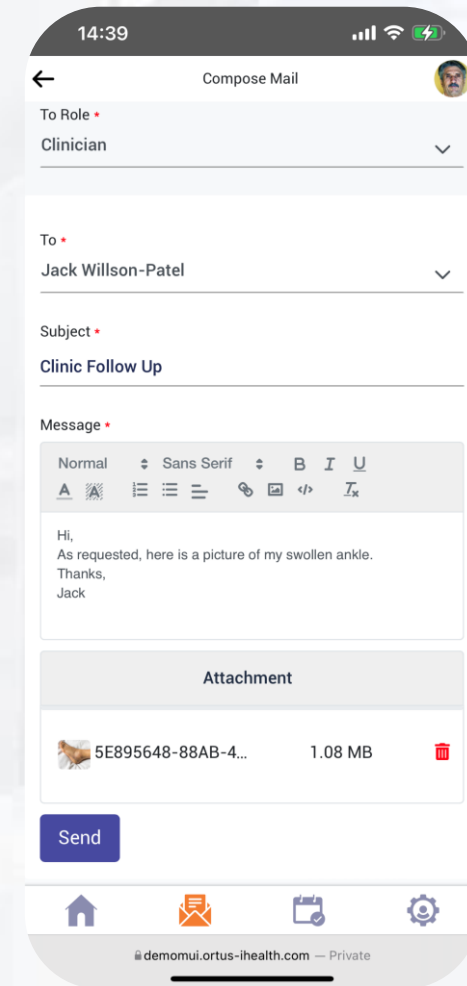
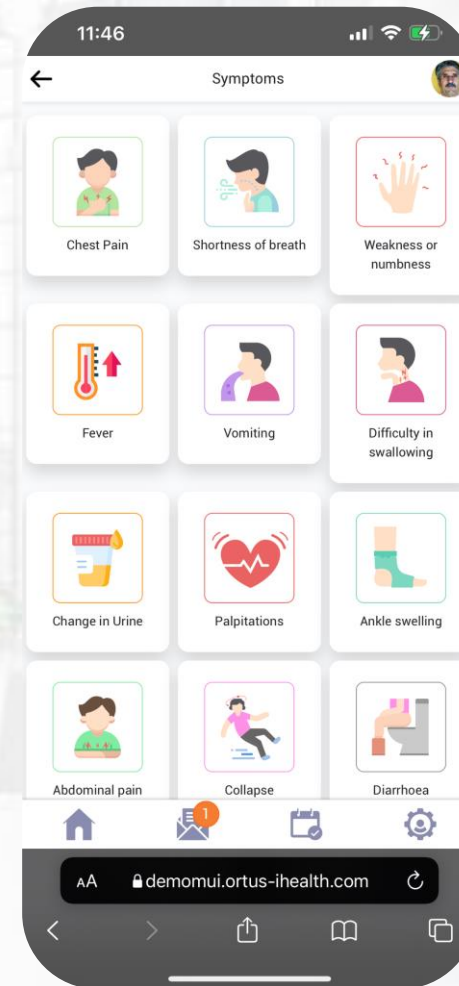




## View Dynamic Dashboards For Assessment and Prioritisation

- The Ortus platform provides a toolkit to enhance the current outpatient journey and increase efficiency
- Care Plan pathways are configured to automate questionnaires, PROMs, and symptom reporting from patients and two-way messaging - Support intime or asynchronous reviews
- Condition-specific content libraries and useful documents are configured and provided to promote patient self-management.
- Ortus improves efficiencies in standard outpatient practices, providing a centralised hub for both patients and hospital teams.
- Appointment management patient portal to support PIFU

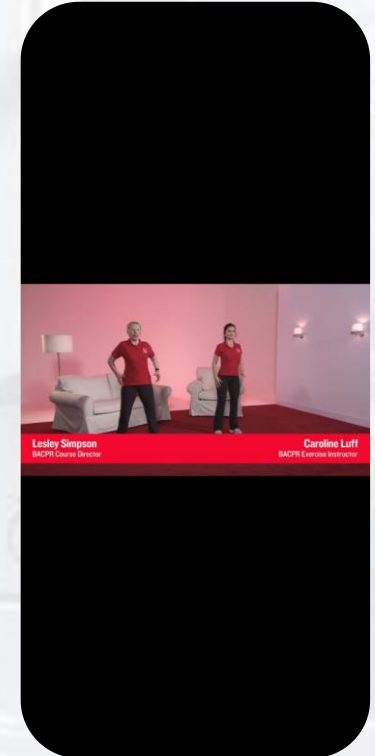
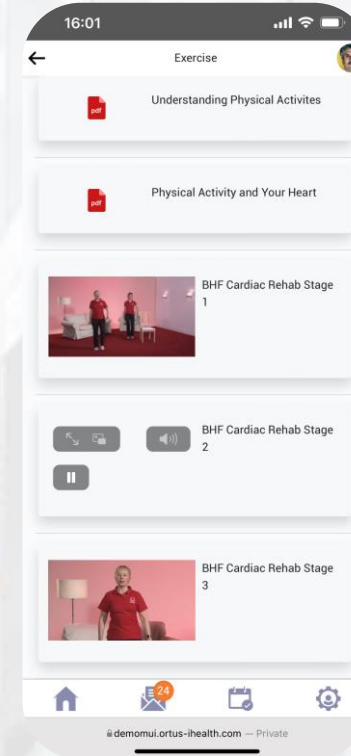
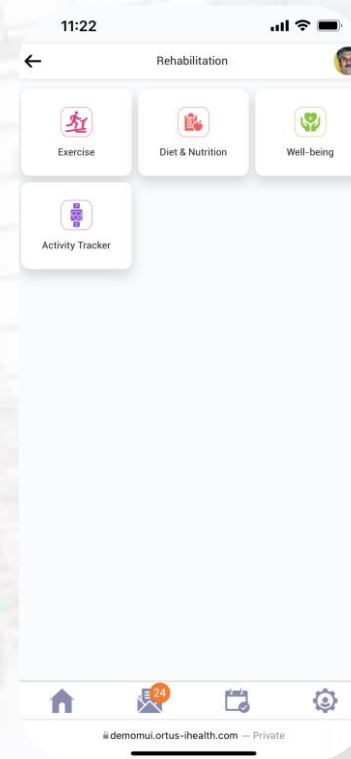
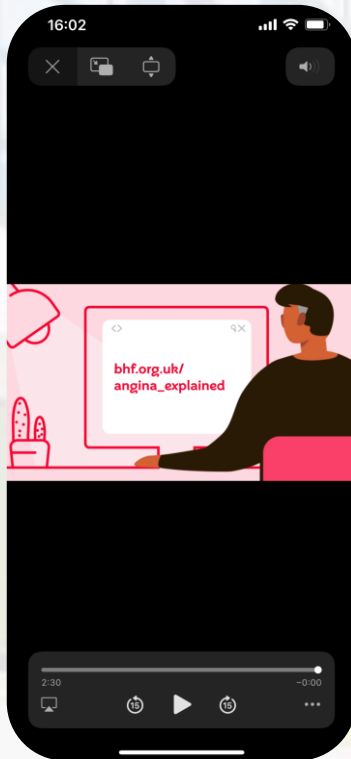
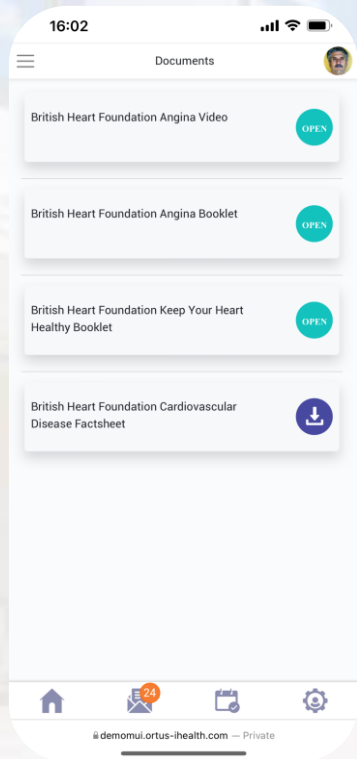
# Pre and post operative support and self management



Private and Confidential



# Peri and post operative support and self management



Customisable Patient Education Libraries

Condition-focused Rehabilitation Documents

Private and Confidential





# Integrated Toolset, Data and Engagement

- Flexibility and opportunity to collect and share essential information.
- This improves diagnosis and access to support.
- Support both patients and clinicians across the disciplines, techniques and practices that constitute the elements of their treatment.
- EHR and PAS interoperability enabling data sharing and flow between elements and care systems

# Integrated Toolset, Data Integration and Engagement





# Transformative Reviews

The team carried out pathway and resources reviews across the sites and networks, facilitated and including task & finish groups in each site. The outcome was unified patient pathway & SOPs agreed across sites addressing:

- Clinical risk, operational management and escalation protocols
- Virtual ward dashboards enabling patient list segmentation
- Patient service levels and engagement
- Patient support information, content, communication letters and onboarding standardised
- Standardisation across pathway elements included: digital pre-assessment form, patient digital library (pdfs/video), eConsent and proms/prems





# What About The Results?





# Clinical Benefits:

*Improved Outcomes, Increased Capacity and Time Savings*



**58%**

Increase in patients  
seen in clinics

Post-operative Discharge  
Lead time Reduced from  
From



**3 to 5 Days**

Down to

**1 or 2 Days**

**85%** of

Patients moved to  
Optimal medication  
from

**11%**



**75%**

Reduction in  
Do Not Attends  
appointments



**12-to-6 week  
Reduction**

First Outpatient appointment  
lead time



**7,000+**

Users





# Patient Benefits:

*Increased access, reduced cost, better informed and higher satisfaction levels*

**81%**



Questionnaire's  
completion rate  
From 44% NHS  
average

**50%**



Would  
otherwise have  
had to take time  
off work

**95%**

Satisfied or very  
Satisfied with the new  
Care model

**75%**

Saved more  
than an hour  
from travel and  
waiting

**94**

The oldest patient  
using the platform



Different disease pathways  
In use from Cardiology to  
Cancer





# Further Transformation Opportunities

1. With the virtual ward and hospital at home capabilities come the ability to further segment patients into increasingly specific groups creating up the opportunity, if appropriate, to provide more personalised care
2. Consistent SOPs and Pathways create potential for the establishment of regional monitoring hubs including potentially extended monitoring hours



# Feedback...

**Stephen Edmondson, NHSE Cardiac Network clinical director, London Region, said:**

"We have a responsibility to keep our patients as safe as possible whilst they wait longer for life saving cardiac surgery due to the impact of the pandemic. This means we have to identify those patients who are deteriorating and offer earlier intervention when needed."

The Ortus digital platform which has been procured on behalf of all the major London cardiac centres creates a patient and clinician user friendly digital ward environment to continuously monitor and reprioritise our patients."



**Gary McAllister, Chief Technology Officer at OneLondon, said:**

"Remote monitoring and virtual wards are a fundamental enabler for sustainable and transformed clinical pathways. The procurement of Ortus will deliver a baseline capability for London, providing cardiac and other services with the tools to develop innovative, new ways of working."





# Questions & Answers

## Contact:

Email: [debashish.das@Ortus-ihealth.com](mailto:debashish.das@Ortus-ihealth.com)

Twitter: [@Ortus\\_ihealth](https://twitter.com/Ortus_ihealth)

Web: [www.Ortus-iHealth.com](http://www.Ortus-iHealth.com)







# The Convenzis Outpatient Transformation Conference 2022



## Q&A PANEL



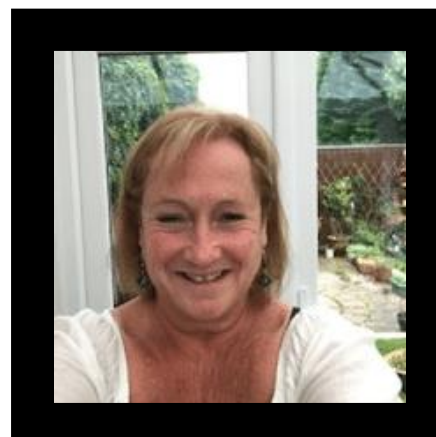
**Adrian Byrne**

Director of Informatics  
University Hospitals  
Southampton Foundation  
Trust



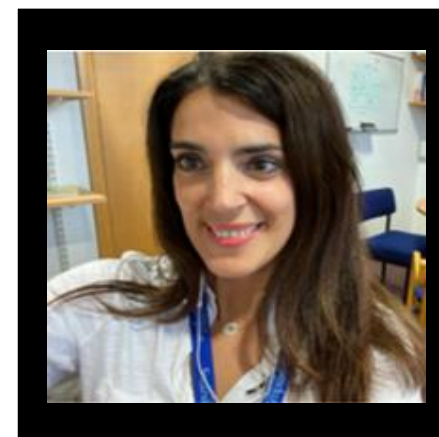
**Liam Southern**

Matron OPD  
Alder Hey Childrens NHS  
Foundation Trust



**Carol Rowlands**

Head of Nursing  
Alder Hey Children's NHS  
Foundation Trust



**Mari Carmen  
Portillo (She/Her)**

Professor of Long Term  
Conditions  
School Of Health Sciences.  
University Of Southampton



**Dr Debashish Das**

CEO at Ortus iHealth





Outpatient  
Transformation  
Conference  
2022

## The Convenzis Outpatient Transformation Conference 2022



# MORNING BREAK, NETWORKING & REFRESHMENTS





**Outpatient  
Transformation  
Conference  
2022**

## **The Convenzis Outpatient Transformation Conference 2022**



# **Chair Morning Reflection**



## **Adrian Byrne**

Director of Informatics  
University Hospitals  
Southampton Foundation Trust





**Outpatient  
Transformation  
Conference  
2022**

## **The Convenzis Outpatient Transformation Conference 2022**



# **UP NEXT...**







Outpatient  
Transformation  
Conference  
2022

## THE INTEGRATING HEALTH AND SOCIAL CARE CONFERENCE 2022



# SPEAKING NOW



I will be discussing...

“The deployment of AI  
dermatology solutions  
within the NHS”

Dr Rachel Jenkins (WSFT) and Dr Dan Mullarkey (Skin  
Analytics) will host this case study session





**West Suffolk**  
NHS Foundation Trust

**AI for skin cancer: A case study in the NHS**



## Speaker

### **Dr Dan Mullarkey**

- Medical Director @ Skin Analytics
- Salaried GP in South London
- 5 years working with AlaMD/DHT



**Disclosures - SA employee**

### **Dr Rachel Jenkins**

- Consultant Dermatologist at West Suffolk Hospital for 25 years

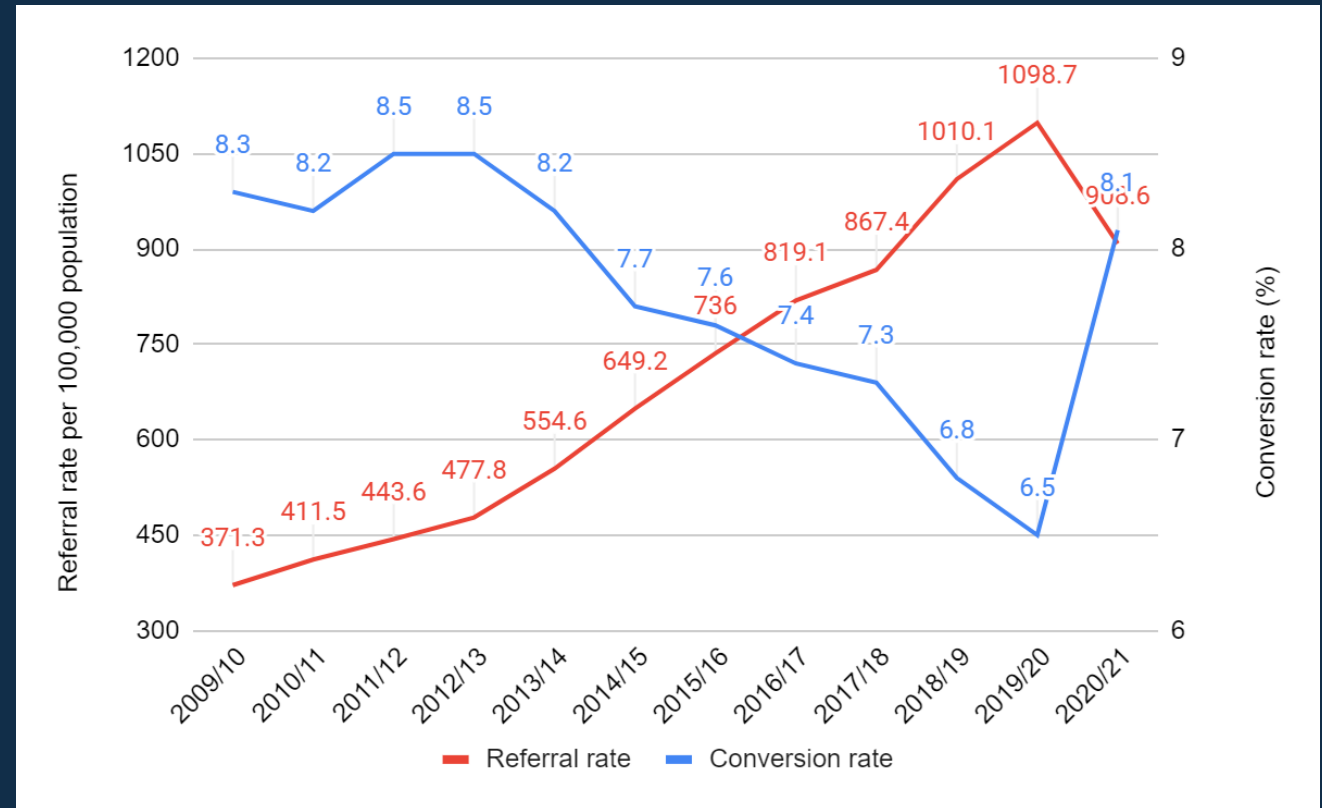


**Disclosures - Nil**



## Problem | Demand is outpacing supply

**Skin cancer referral** rates continue to **rise**, and the current healthcare ecosystem is **not prepared** to meet the demand





# All skin cancer can be found at Stage I or II but it will be challenging

1

It is hard to get patients to present early

- >> *Patients don't seek help when they spot a changing lesion (mean delay 684 days, median 180 days)<sup>1</sup>*
- >> *25% of patients who avoided GP appointments reported it was too hard to get an appointment<sup>2</sup>*
- >> *Anecdotally, in our experience many patients present changing skin lesions as a secondary GP query*

2

Finding melanoma and choosing the right pathway is very challenging in primary care

- >> *The majority of GPs receive no post-grad dermatology training*
- >> *GPs typically have a 80% sensitivity for melanoma<sup>3</sup>, meaning some melanoma will missed until re-presented*
- >> *Skin cancer is the largest referring cancer specialty<sup>4</sup>*
- >> *Yet 27% of melanoma are found in RTT referrals<sup>5</sup>*

3

Our specialist pathways are severely congested

- >> *Skin cancer is the largest referring cancer specialty<sup>2</sup>*
- >> *24% of Consultant Dermatologist posts are unfilled<sup>6</sup>*
- >> *Only 35% of Trusts are seeing suspected skin cancer referrals within 14 days<sup>7</sup>*
- >> *40% of RTT referrals are not seen within 18 weeks<sup>8</sup> (\*27% of MM are found in RTT)*



# Melanoma is the 5th most common cancer in the UK<sup>1</sup> and it needs attention

1

The incidence of melanoma is increasing  
>> *Melanoma skin cancer incidence rates have<sup>1</sup>*  
- *more than doubled (140%) in the UK since 1990*  
- *increased by around a third (32%) in the past decade alone*

2

We are already seeing more late stage (Stage III/IV) melanoma  
>> *We're seeing a reduction from ~90%<sup>2</sup> → ~60% Stage I and II<sup>2</sup>*  
>> *Melanoma is recognised as an aggressive cancer*

	2020 (n=55)	2021 (n=109)	Overall
Stage I	41.82%	43.12%	62%
Stage II	21.82%	17.43%	
Stage III	18.18%	15.60%	29%
Stage IV	10.26%	11.19%	

Skin Analytics data from UHB (4th April 2020 to 1st July 2021)

1-<https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/melanoma-skin-cancer>

2- <https://www.cancerdata.nhs.uk/owt/conversion-and-detection>



## Problem | Alternative solutions

Other strategies have been attempted but without the necessary impact



Dermoscopy  
training for GPs



Outsourcing/  
Insourcing



Teledermatology





# About Skin Analytics



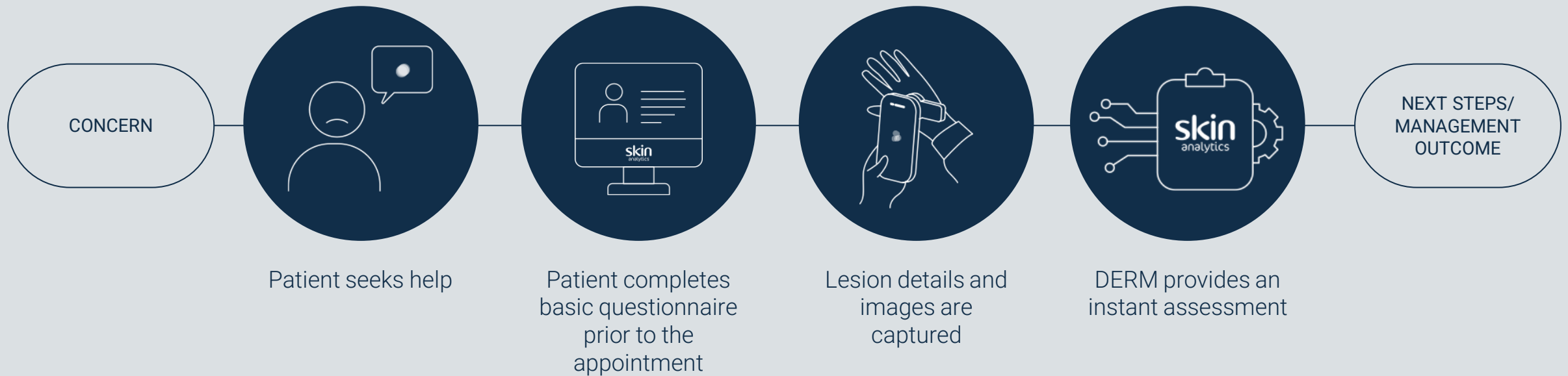


# Our solutions are powered by our AI as a medical device: DERM

Improving capacity and reducing urgent referral waitlists

DERM analyses dermoscopic images of a skin lesion to help find cancers

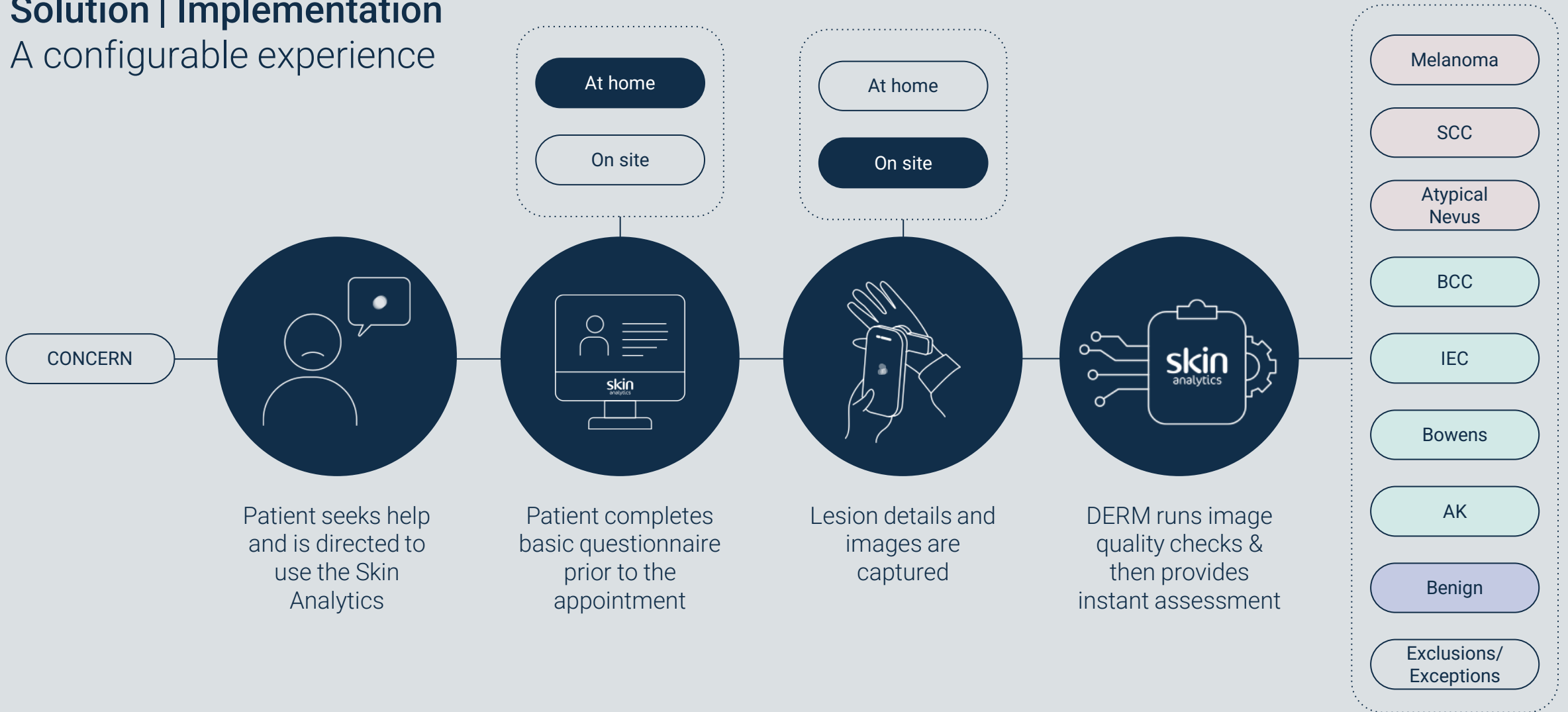
*DERM is the only AI for dermatology that is a UKCA*  
**Class IIa Medical Device**





# Solution | Implementation

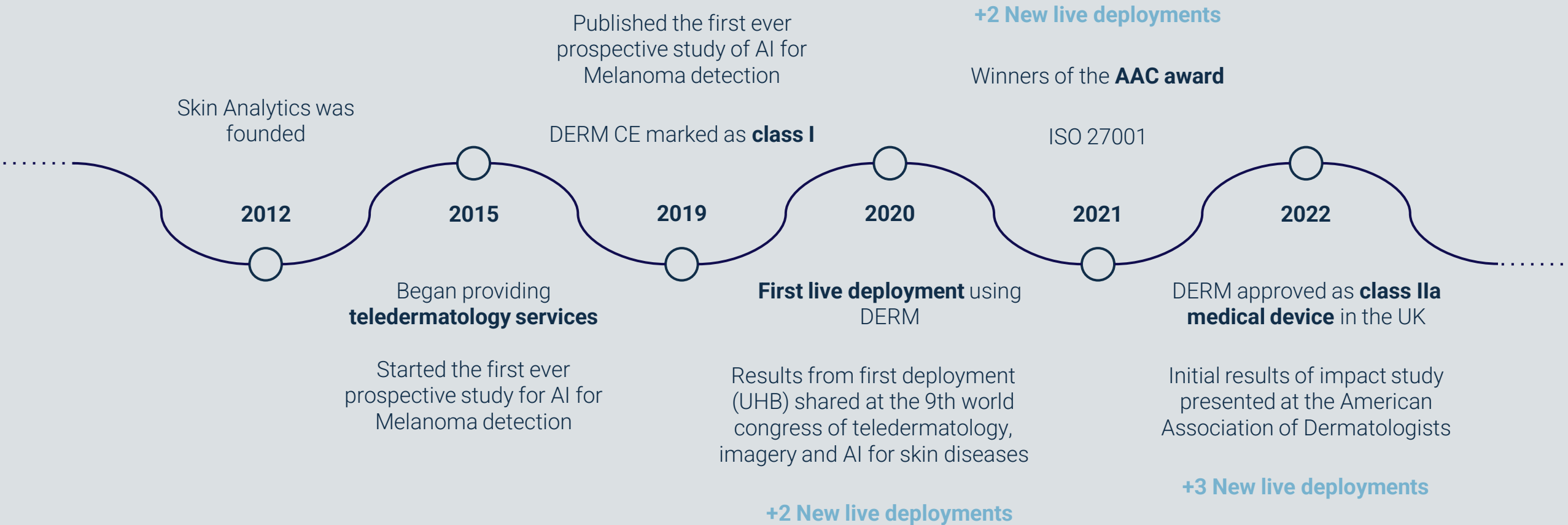
A configurable experience





# We have spent a decade applying AI to skin cancer

## And have been deploying clinical services for 7 years





# Strong foundations

Our technology has been built on foundations of

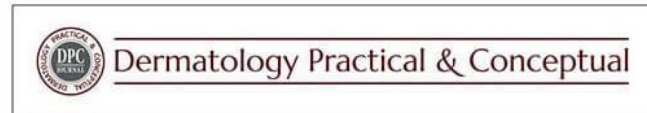
**Purpose built algorithm**  
with focus on data quality

Industry leading **clinical validation and regulatory compliance**

**Deep understanding of the clinical pathways**  
through more than 5 years of work in skin cancer pathways before introducing AI

## Assessment of Accuracy of an Artificial Intelligence Algorithm to Detect Melanoma in Images of Skin Lesions

Michael Phillips, MMedSci; Helen Marsden, PhD; Wayne Jaffe, MB, ChB, FRCS; Rubeta N. Matin, PhD, MBBS, MRCP; Gorav N. Wali, MA, BMBCh, MRCP; Jack Greenhalgh, PhD; Emily McGrath, BMBS, MRCP; Rob James, BSc, RGN; Evmorfia Ladoyanni, PGCE, DTM&H, FRCP; Anthony Bewley, MB ChB, FRCP; Giuseppe Argenziano, MD, PhD; Ioullos Palamaras, MD, PhD



*Dermatol Pract Concept*. 2020; 10(1): e2020011.

PMCID: PMC6936633

Published online 2019 Dec 31. doi: [10.5826/dpc.1001a11](https://doi.org/10.5826/dpc.1001a11)

PMID: [31921498](https://pubmed.ncbi.nlm.nih.gov/31921498/)

### Detection of Malignant Melanoma Using Artificial Intelligence: An Observational Study of Diagnostic Accuracy

[Michael Phillips](#),<sup>1</sup> [Jack Greenhalgh](#),<sup>2</sup> [Helen Marsden](#),<sup>2</sup> and [Ioullos Palamaras](#)<sup>3</sup>

• Author information • Article notes • Copyright and License information [Disclaimer](#)

Abstract

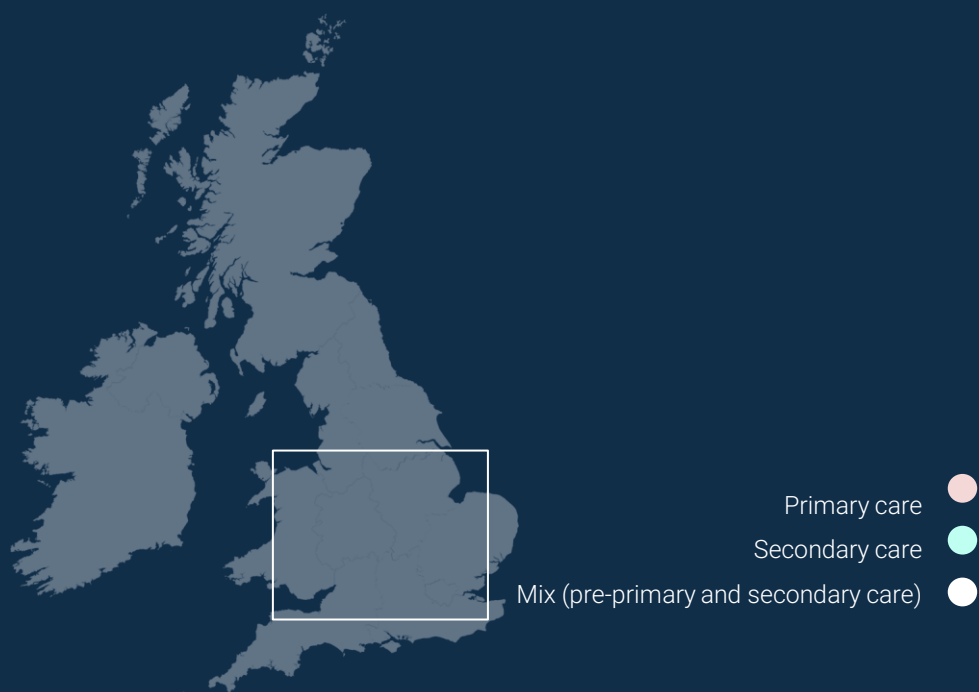
Go to:





## Since 2020

We've worked with NHS partners to co-design innovative skin cancer pathways using DERM



**NHS**  
University Hospitals  
Birmingham  
NHS Foundation Trust

Chelsea and  
Westminster Hospital  
**NHS**  
NHS Foundation Trust

**NHS**  
West Suffolk  
NHS Foundation Trust

**NHS**  
Ashford and St. Peter's Hospitals  
NHS Foundation Trust

**NHS**  
University Hospitals of Leicester  
NHS Trust

**NHS**  
University Hospitals  
Bristol and Weston  
NHS Foundation Trust

 Mid and South Essex  
Health and Care  
Partnership



**We have helped more than**  
30,000 NHS patients

## Impact

---

**>2000**

Cancers found<sup>1</sup>

**68%**

2WW F2F appointments avoided with Trusts on average<sup>2</sup>

**+44.5%**

Improvement in 2WW target performance at WSFT  
since launch in Nov 2021<sup>3</sup>

## Performance

---

**98.5%** (764/776)

All Cancer Sensitivity<sup>1</sup>

**98.4-99.5%**

Negative Predictive Value (NPV) for skin cancer<sup>1</sup>

**40.9-46.5%**

Benign Specificity<sup>1</sup>

**Up to 25%**

Conversion rate vs. national average 8.1%<sup>1</sup>





# WSFT Case Study





## Case Study *West Suffolk NHS Foundation Trust*

### Background

- 7 Dermatologists serving a local population of 280,000
  - Large agricultural workforce and ageing population
  - High incidence of skin cancer
- Good relationship with local CCG
- Previous efforts unsuccessful in addressing demand
  - Upskilling GPs and teledermatology for RTT
- Resulting in numerous additional 2ww clinics regularly booked at expense of RTT
- Situation exacerbated by pandemic & >30% increase in 2ww referral volume
  - In Sept 2021 2ww performance only ~20% (vs. target >93%)



## Case Study *West Suffolk NHS Foundation Trust*

### Aims

*Working in **collaboration as an ICS**, the team were looking for a solution which could support them to **address the backlog** and to **reduce delays in skin cancer detection and treatment** with no extra face to face clinics*

---

### High pathway sensitivity

Target sensitivity for DERM of 95% for melanoma and SCC and 90% for BCC

---

### Perform against national targets

14-day & 28-day target

---

### Better patient experience

Reduce delays for diagnosis + treatment of skin cancer and offer earlier reassurance for the majority of referrals



# Case Study *West Suffolk NHS Foundation Trust*

## Pathway





# Case Study *West Suffolk NHS Foundation Trust*

## Outcomes- Since November 2021

### Impact

---

**138**

Cancers found<sup>1</sup>

**68%**

Avoid 2WW Dermatology F2F appointments<sup>2</sup> instead booked with other specialties/timelines

**~20% → 95%**

Improvement in 2WW target performance<sup>3</sup> (Sept 2021 → April 2022)

### DERM Performance

---

**99.2%** (129/130)

All Cancer Sensitivity<sup>1</sup>

**99.5%** (185/186)

Negative Predictive Value (NPV) for skin cancer<sup>1</sup>

**40.9%** (152/372)

Benign Specificity<sup>1</sup>

**25.2%** (129/513)

Conversion rate vs. 9.9% in local CCG<sup>1</sup>



## A case study in the NHS *West Suffolk NHS Foundation Trust*

### Aims

---



#### High pathway sensitivity

Target sensitivity for DERM of 95% for melanoma and SCC and 90% for BCC

---



#### Perform against national targets

14-day & 28-day target

---

Evaluation  
in progress

#### Better patient experience

Reduce delays for diagnosis + treatment of skin cancer and offer earlier reassurance for the majority of referrals



Thank you and we look  
forward to your questions





**Outpatient  
Transformation  
Conference  
2022**

# Ortus I-Health



**skin**  
analytics





**Outpatient  
Transformation  
Conference  
2022**

# **The Convenzis Outpatient Transformation Conference 2022**



# **UP NEXT...**







Outpatient  
Transformation  
Conference  
2022

# The Convenzis Outpatient Transformation Conference 2022



## **SPEAKING NOW**



**Dr Chris Whittle**

Chief Innovation Officer  
eConsult Health

**I will be discussing...**

“Virtual Outpatients;  
clearing the Covid backlog”





August 2022

Dr Chris Whittle

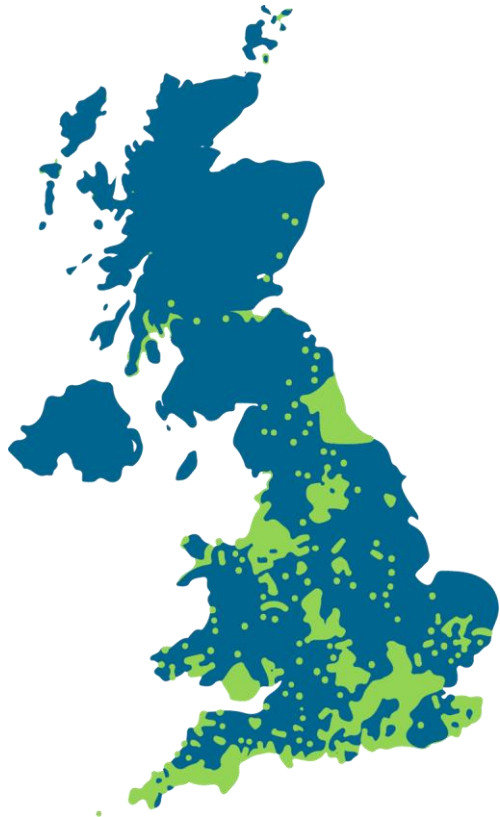
Chief Innovation Officer





# eConsult: Trusted across the NHS

Trusts, Primary Care & ICS



Born of the NHS, made by NHS  
clinicians for NHS clinicians

---

Proven in Primary Care...

***29 million patients***

***>29 million consultations***

Now in Urgent and Secondary care settings nationwide...

***11 years experience***

***100,000+ patients red-flagged***

*to more appropriate pathways monthly.*

---

Clinical content devised with a Governance  
Board of clinical experts.



# eConsult Specialist

Reducing waiting lists by improving patient pathways

The image displays three overlapping screenshots of the eConsult Specialist app interface, illustrating the patient pathway. The first screenshot (left) shows a lock screen with a clock at 9:41 and a message from Urology. The second screenshot (middle) is a consultation form for Cardiology at Basildon Hospital, asking about chest pain symptoms with 'Yes' and 'No' buttons. The third screenshot (right) is a consultation form for the Acne Dermatology Team, asking about mood changes with 'Once' and 'More than once' buttons, followed by a text input field and a 'Next step' button. All screenshots show the eConsult logo and copyright information at the bottom.



Outpatient triage and waiting list reduction solution

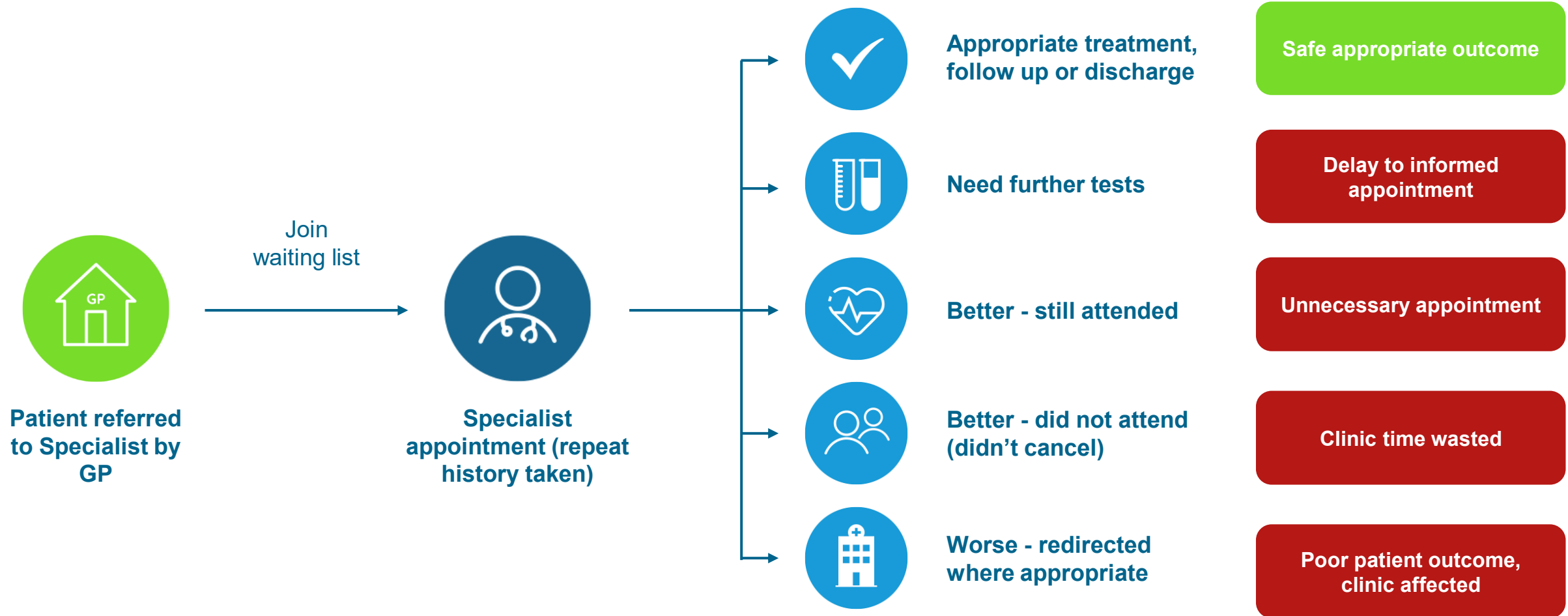
## Benefits

- 1 Identification and removal of unnecessary or inappropriate appointments (referral triage, pre-appointment, PIFU)
- 2 Optimisation of clinics themselves (DNA rate reduction, gathering history up front)
- 3 Enabling workforce delivery across geographies (remote consultation, networks)

Significant waiting list and DNA reduction

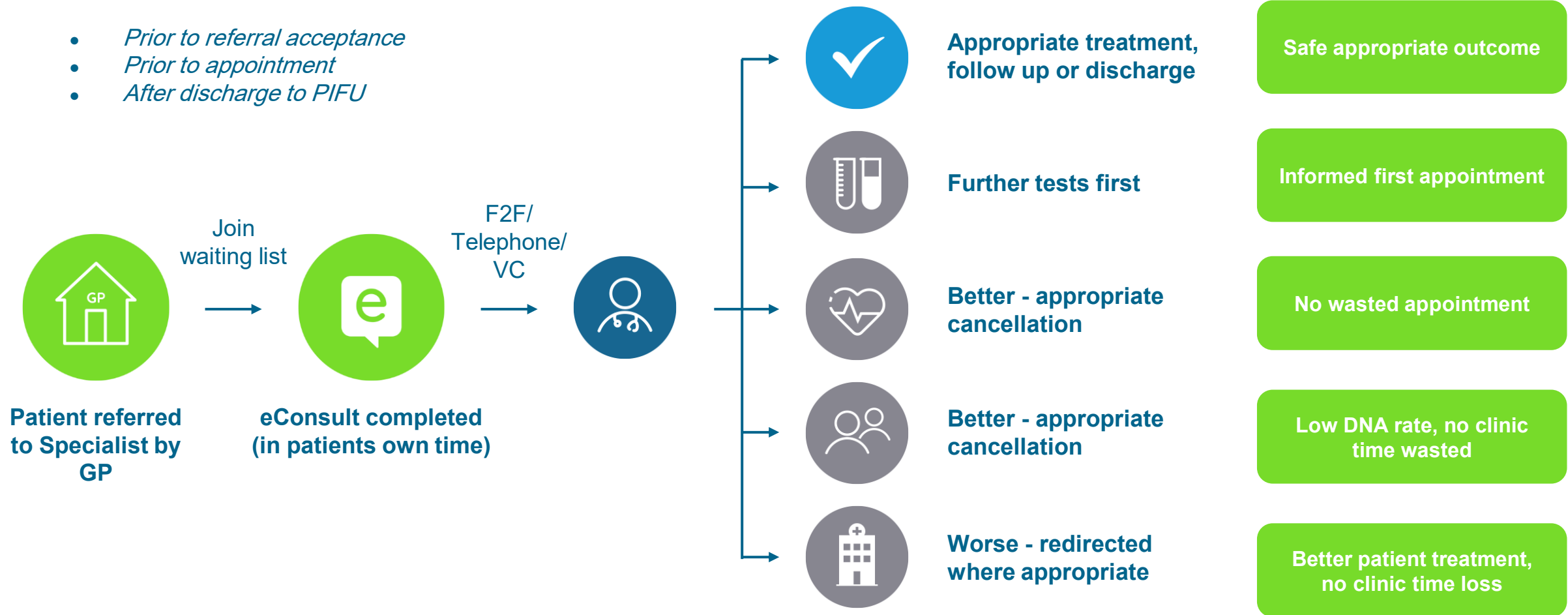


# Traditional patient flow





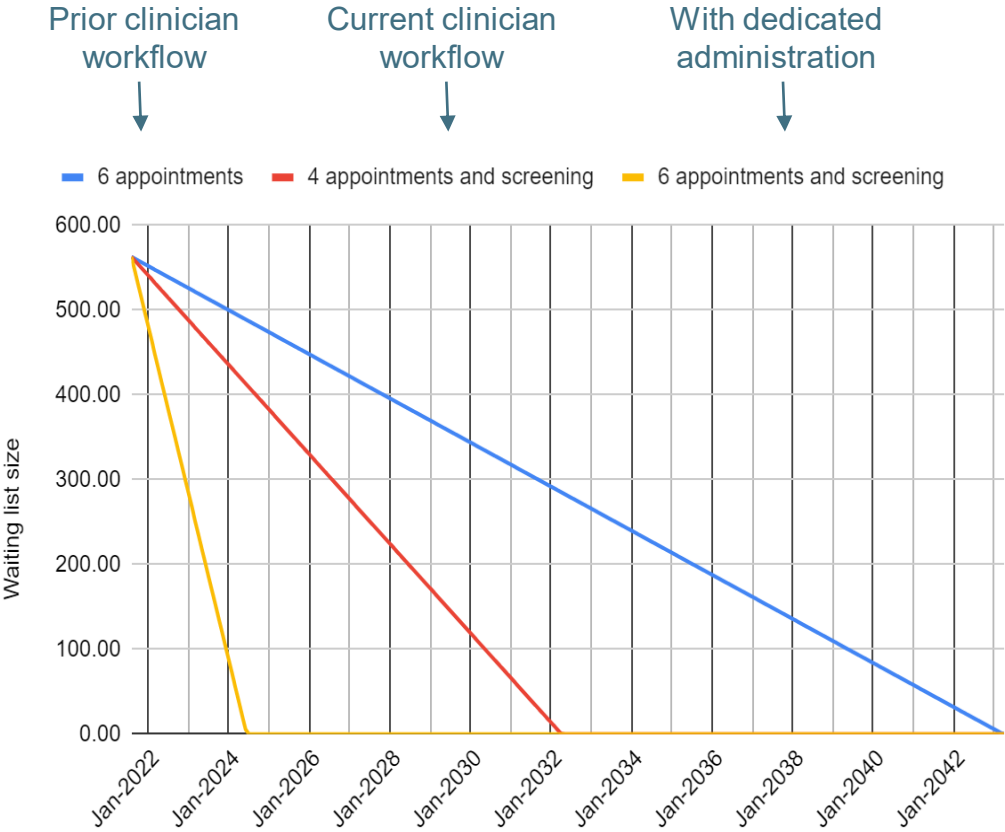
# eConsult enhanced patient flow





# University Hospital of Wales

## Acne Clinic Pre-screening questionnaires



*DNA rate **40%** to near **zero***  
*Waiting list **22 yrs** down to **10***  
***yrs***



“

*I'm not aware of any other quality improvement implementation to date in our Health Board that yields such marked efficiency savings.*

”

Dr K Alden



# Built to fit your needs

- Pathways built with NHS Trusts but adaptable to local settings
- For a broad range of use cases:
  - Enhancing PIFU uptake
  - Reducing the number of long waiters
  - Reducing overall follow ups
  - Enhancing remote consultation uptake
  - Supporting Advice and Guidance / Advice and Refer
  - Reducing DNAs
- Supported by team of experts in NHS organisational change management and successful delivery to KPIs



# Delivery into NHSmail Inbox

Cardiology at Basildon Hospital

In the last 48 hours, have you had any episodes of chest pain like a very tight heavy weight or squeezing in the centre of your chest lasting longer than 10 minutes?

Yes

No

Previous step

Privacy policy, Terms and conditions  
Copyright © eConsult Health Ltd 2021

Cardiology at Basildon Hospital

How many times have you lost consciousness?

Once

More than once

Previous step

Privacy policy, Terms and conditions  
Copyright © eConsult Health Ltd 2021

Acne Dermatology Team, Cardiff and Vale UHB

Please tell us what change(s) you have noticed about your mood.

You have 500 characters remaining

Next step

Previous step

Privacy policy, Terms and conditions  
Copyright © eConsult Health Ltd 2021

Practice Message ID: GSZFZJCBVB

eConsult ID: testspecialist

Demo Hospital

The patient edited some of their personal details while filling in their request. Check the details against the patient's record.

Online consultation request for Christopher Whittle (Male, Age 35, NHS Number: 4687231500) Rash follow up

Some answers may need close attention

Submitted on 20-06-2022 at 13:37:09  
eConsult reference number for this request: B44CA53E

Contact phone: +447704765536

Contact email: chriswhittle1@gmail.com

Patient's date of birth: 20-11-1986

CLINICAL QUESTIONS:

The first four questions we ask will help us check that you're not having an emergency.	Okay, I understand
Is more than 90% of your entire body covered in a red warm rash?	No
If you have eczema, do you currently have groups of fluid-filled blisters that break open and leave small, shallow open sores on your skin?	No
Do you have areas of painful eczema that are quickly getting worse?	No
Do you have multiple and persistent blisters or sores in your mouth, on your skin, eyelids or genital area?	No
Thank you for verifying that you're not having an emergency. We'll now ask you about your skin condition.	Okay, I understand
Before we ask you detailed questions about your skin condition, please tell us what you would like to get from your consultation with the dermatology specialist.	The patient said "No test"
How much is this bothering you?	The patient said "Via test"
What diagnosis were you given at your initial dermatology appointment?	Eczema
Over the last week, how much has your eczema affected your sleep?	Quite a lot
Over the last week, how much has your eczema affected your family life?	Quite a lot
Over the last week, how much have you had to dedicate your time to the treatment of your eczema?	Not at all





# Smart Inbox

The screenshot displays the eConsult Smart Inbox interface. On the left, a sidebar shows a list of referrals under the 'Dermatology Inbox' tab. The main area displays a detailed view of a referral for 'Antonia Rossi (Female, 37)' with the subject 'Re: Acne Isotretinoin final review'. The referral was submitted on 11-01-2022 at 07:59. The interface includes a 'Signpost' section on the right with a 'Time elapsed since referral: 5 weeks' indicator and a 'Logbook' section at the bottom right. The central area contains 'Clinical questions' with input fields for answers.

**Referral List (Left Sidebar):**

- Antonia Rossi (F, 37) - New response  
Re: Acne Isotretinoin final review  
My acne is clear but my skin has scarring...  
11/01/2021 at 07:59 - Dermatology
- Antonia Rossi (F, 37)  
Re: Acne Isotretinoin final review
- Dr Ibrahim Ibrahim  
Acne Isotretinoin final review
- Jakub Wojcik (M, 24) - Waiting  
Referral: Psoriasis  
I'd like to refer this patient to your clinic...  
11/01/2021 at 07:59 - Dermatology
- Jasleen Rai (F, 53) - Waiting  
Referral: Urticaria  
I am referring this patient to your clinic...  
11/01/2021 at 07:59 - Dermatology
- Hugo Martin (M, 47) - New response  
Re: Rosacea  
My skin is really flushed on my face and...  
2 - Dermatology

**Referral Details (Center):**

eSpecialist Reference ID: 71639BEE Submitted: 11-01-2022, 07:59

Antonia Rossi (Female, 37)  
UBRN: 12345678 NHS No.: 678 098

**Re: Acne Isotretinoin final review**

☒ View All (63) ☐ Free text (6) ☐ Flagged answers (3) ☐ Images (2)

**Clinical questions**

- When did your treatment finish? 5 weeks ago or more
- Did you have any side effects while taking the treatment? Yes
- Have all the side effects you were experiencing now settled? Yes
- Did you notice any significant change(s) in your mood through the last part of your treatment? No
- Which statement best describes your skin? My acne is clear but my skin has scarring, redness or pigmentary (colour changes) still visible
- Do you have any questions for your dermatologist? No
- Would you like to upload a photo(s) of your skin related to your condition? Yes

Message Antonia Rossi... Send

**Signpost (Right):**

Discard changes Save changes

Time elapsed since referral: 5 weeks

Team Empty...  
Urgency Empty...  
Mode Empty...  
Type Clinical  
Status Waiting  
Labels Scan Blood test

**Logbook (Right):**

Show: All Activity Comments

NL Leave a comment...

Floats on top of Clinical Systems

Select, view and action a consultation

Sort, filter, tag, assign

Writing back to relevant EHR/PAS/portal

Pulling in eRS referrals

Same inbox sits across Primary Care



# Christian Tam

Trauma & Orthopaedics/MSK - Senior physiotherapist

“

*I was super impressed by how easy it is to send questions to patients and how easy it is for them to respond. The fact that their response is sent to us immediately with [Start Back for Spine] risk scores calculated and an indication of high/medium/low is brilliant.*

*...this will save minutes from each referral which really adds up. It might seem minor, but I'm so pleased with this ability and the difference it will make for us.*

”



# Sarah Fairclough

## Hepatology Clinical Nurse Specialist

“

*We are expecting to see an Improvement in the patient's initial assessment ...the aim is that they attend with all of the required tests and bloods that were arranged prior to their appointment. This will allow us make an immediate diagnosis and to offer a treatment plan or discharge.*

*By adding in the additional pre clinic questionnaire, this will allow the patient thinking time as to why they are coming to the clinic, the symptoms they have and have an up-to-date prescription list available, as well as talk to relatives about their family history.*

*The overall aim is to reduce our waiting times, improve the quality of the consultation and also review the time taken during a consultation.*

”



# Be part of the solution

At Mid and South Essex so far...

## Specialities with live content:

Hepatology / T&O / Pain / Urology

Cardiology / Gastroenterology / Rheumatology

Gynaecology / Dermatology / ENT

---

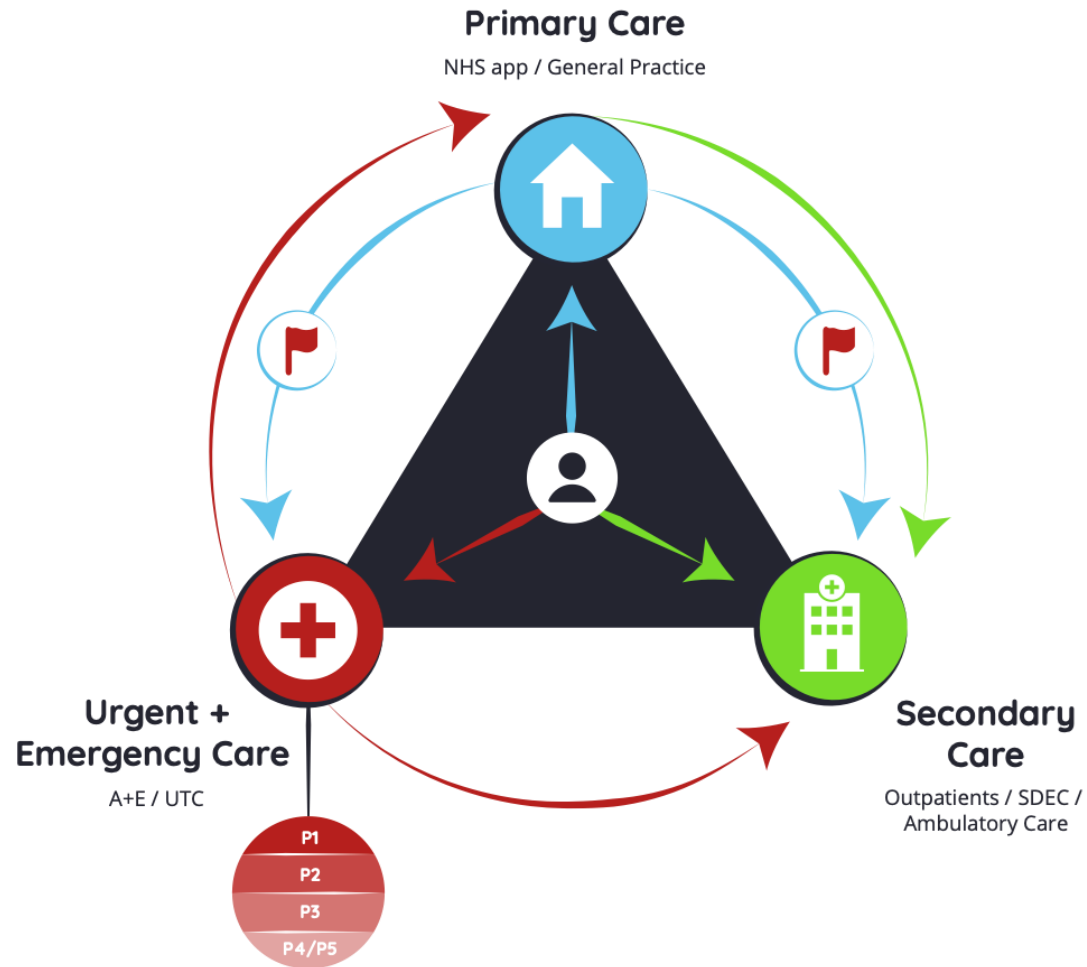
**40** *specialities*

commissioned across England and Wales.





# Joining up the system



- **eConsult Primary Care coverage allows for joined up systems: a Smart Inbox that breaks down information silos**
- **Complements Patient Portals (e.g. Patients Know Best) - procured together in Mid and South Essex**



# Any questions?



[chris.whittle@econsult.health](mailto:chris.whittle@econsult.health)





Outpatient  
Transformation  
Conference  
2022

# Ortus I-Health





## The Convenzis Outpatient Transformation Conference 2022



# SPEAKING NOW



Lisa Williams

Assistant Director of Transformation/ OPT Programme Lead  
Calderdale and Huddersfield NHS Foundation Trust

I will be discussing...

“Digitizing Patient  
Services”



Outpatient Reception

Ground Floor

Lift Blocks 1 & 2

Lift Block 3

Welcome to Huddersfield Royal Infirmary

Outpatient Appointment

# Back to the future - our journey into the pandemic

Lisa Williams

Assistant Director of Transformation & Partnerships

14th September 2022

Your appointment  
letter straight to  
your mobile

It's so simple

How it works



Make sure our team has your current  
mobile to receive your digital letter.  
If you prefer post, you will still  
receive your letter as normal













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# Case for Change

## Traditional outdated service

  
Growing demand for outpatient services 158,512 referrals in last 12 months

  
Constrained clinician capacity 90 vacant medical posts (14%)

  
Increasing wait times and appointment slot issues

  
Predominantly face to face appointments with Clinicians. 100% of first and 99.6% of follow up appointments

  
350,000 patient attendances per year


  
Primary & secondary care working in silos

  
**Healthwatch  
h Survey  
2017**

  
Climate emergency

## Poor patient experience

  
Delays in getting an appointment and/or waiting in the hospital for late running clinics

  
Some appointments viewed as unnecessary or where a non-face to face appointment would have been better

## Multiple visits to hospital

  
Stress of visiting a hospital

  
Moving frail or vulnerable patients out of familiar surroundings

  
Time off work for both patients and carers

  
Cost of transport, parking, childcare etc

  
Disruption to life: having to arrange child care cover etc.



Health & Social Care System

Clinical Leaders



Working with Communities



## New Models

How can we improve.....

Avoid unnecessary referrals

Increased use of technology



Improve referrals  
/ triage



Improve access to advice and  
guidance: Healthcare professionals and  
Patients



Telephone Clinics: where 'no  
hands on' is required  
Test results



Virtual Patients Consultation :  
Where face to face can be  
done through  
video links



Virtual Review/Apps: Of  
patients information inc  
diagnostics

Reducing the number of appointments



One Stop Shop Appointment  
includes  
diagnostics and  
treatment plan



Patients Initiated Follow Up's PIFU: Patients  
generate an appointment opposed to calendar  
appointments

Deliver care in the most appropriate setting



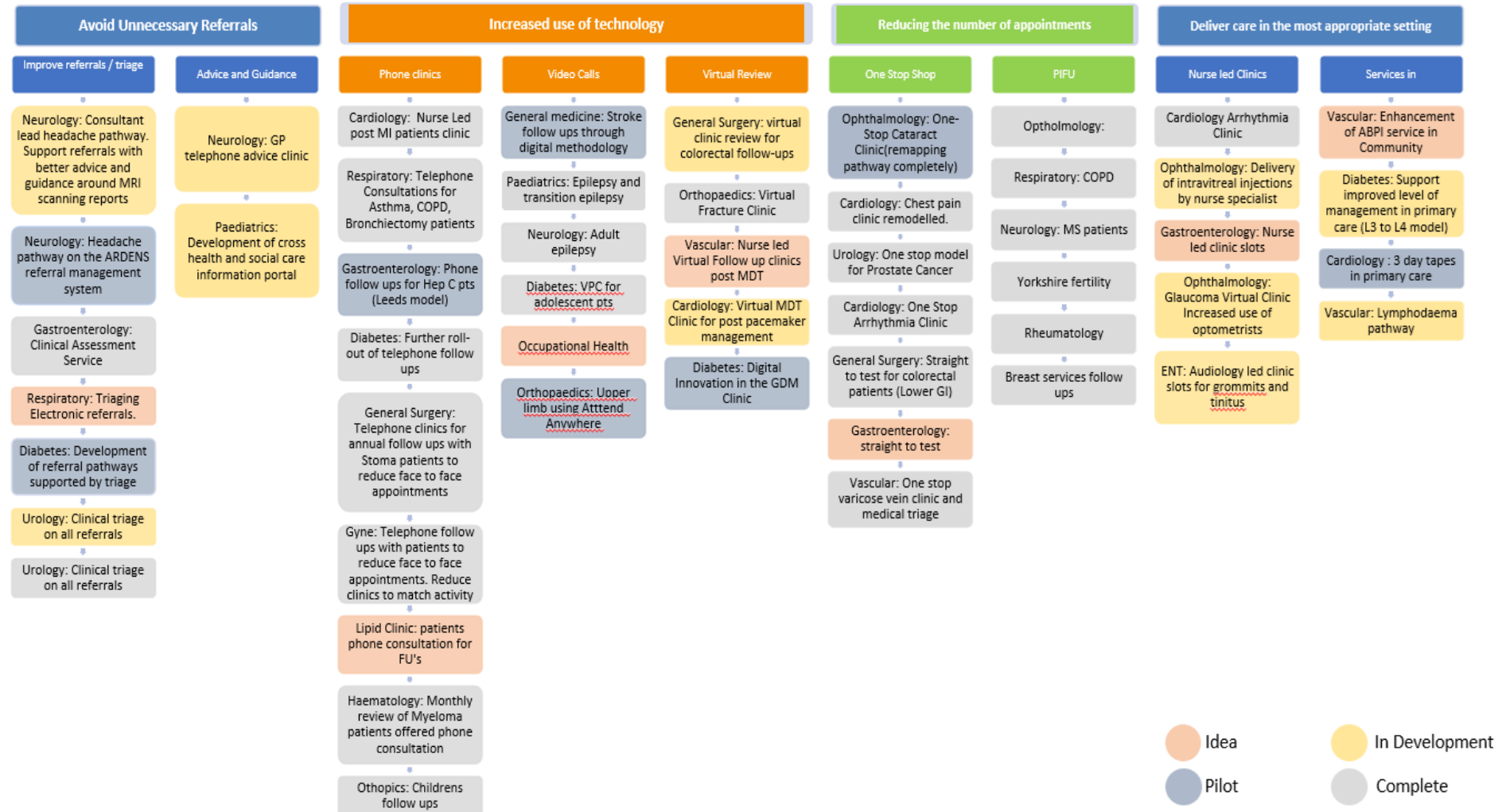
Nurse led Clinics: Specialist  
nurse led clinics



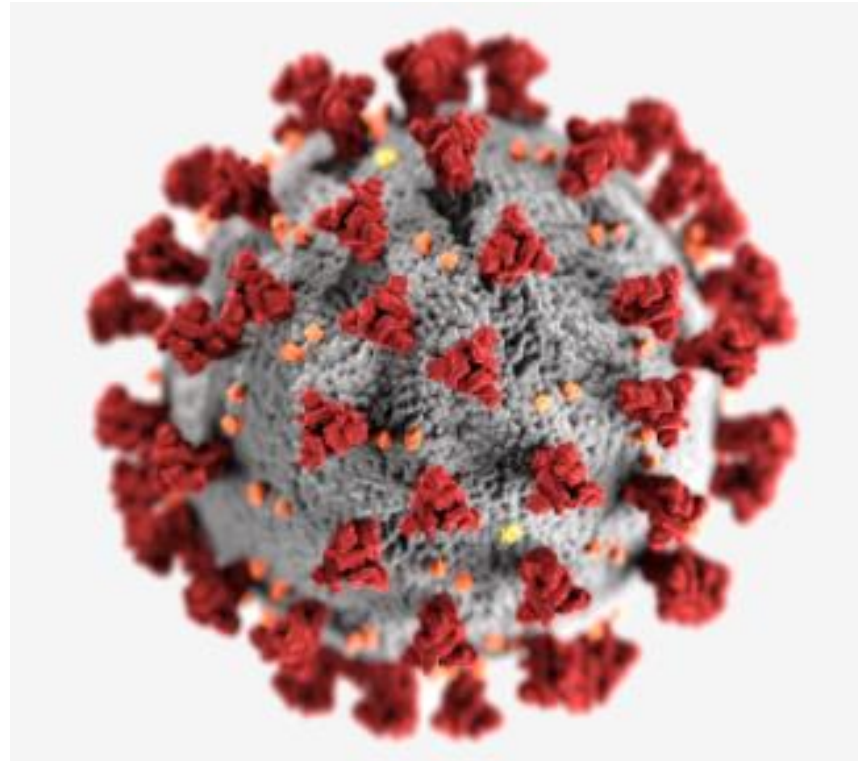
Services in Community Settings: Access to  
diagnostics / Community Clinics / Promote Self Care/ Self  
management



## Early Scheme Outcomes











## Remote Accessibility

- First patient facing MS Teams service in WY&H
- National pilot site of MS Booking App
  - Testing >100 patient volunteers
  - 300+ people from protected characteristic groups
  - Working with Learning disabilities teams and safeguarding
  - Patient survey reach circa 33k
  - Feedback on all video appointments
  - Remote appointment instructions translated into 6 most requested languages & tailored for the service
  - Carers, relatives and interpreters dialled into remote appointments inc BSL
  - Demo films for patients
  - Our Health Heroes – Digital Innovation Team of the Year
- **We walked in their shoes**



## Optimising Technology/ Flexing our Offer



TytoCare Medical Exam Kit

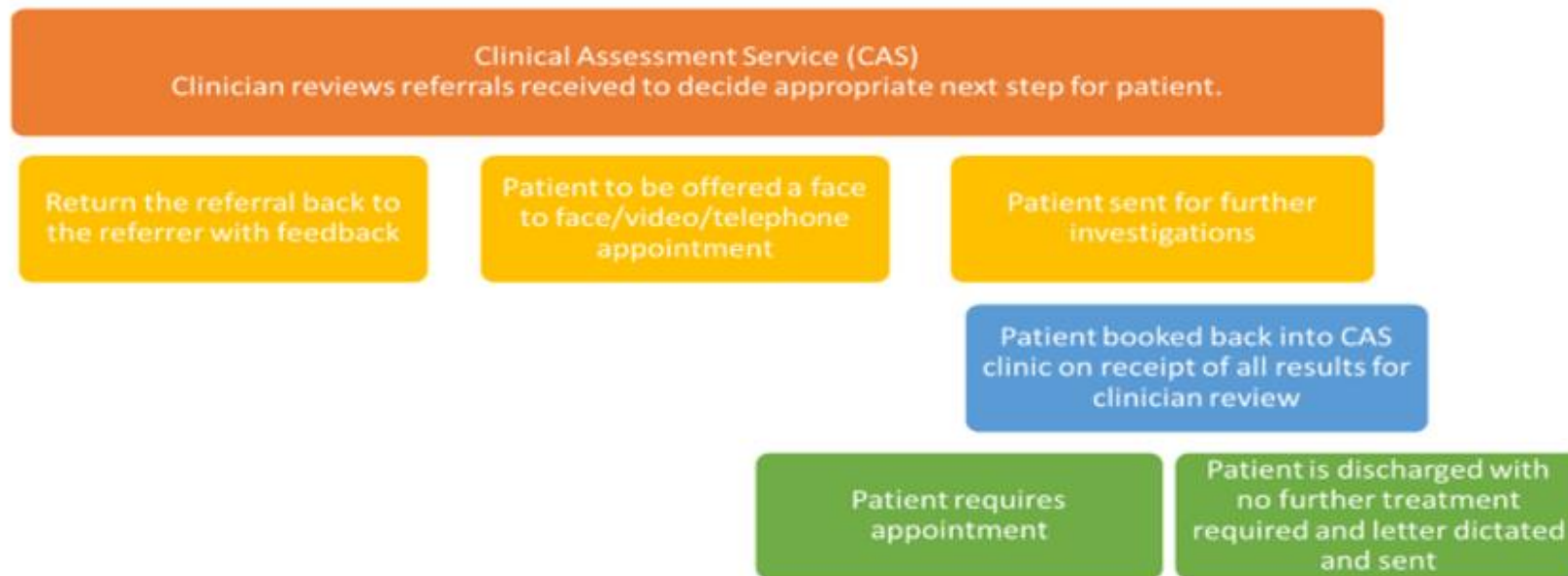


- In reach palliative care to ward
- ED to ED reverse consultation
- Ward based video appointments
- Video clip upload
- Integrating Teams and EPR – Andor
- Remote patient assessment – Tyto Care Pilot
- GDM for pregnant women
- Patient Portal – remote care/ personalised care
- Joint primary/ secondary care reviews
- Joint clinical interface sessions
- Optimising use of Advice & Guidance/ RAS
- **14** Clinical Assessment Services (CAS) supported by speciality based co-ordinators



## Clinical Assessment Service (CAS)

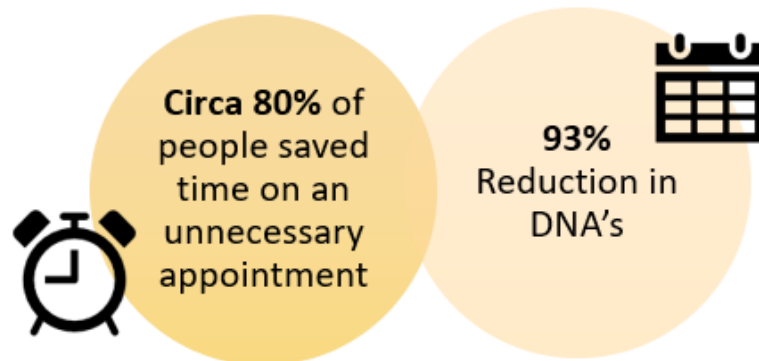
### Operating Model



- Piloted in 14 Specialties
- Ave 1500 referrals per month plus FU's
- Investment in specialty dedicated CAS Co-ordinators
- Job planned clinical activity
- Doesn't work for all specialities



## CAS Outcomes



- **21%** of patients discharged without being seen



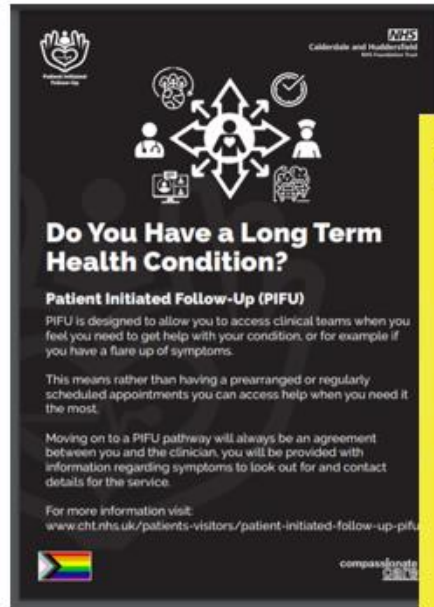
- **70%** of patients go straight to test/ further investigation



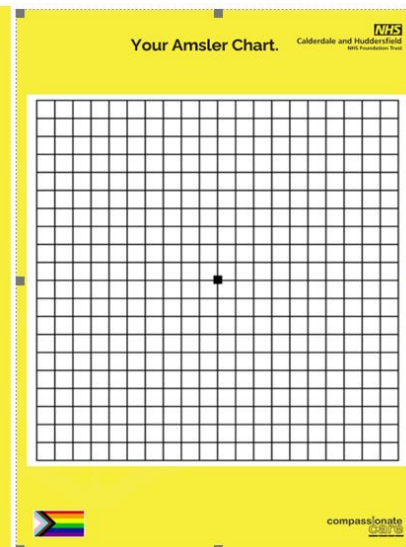
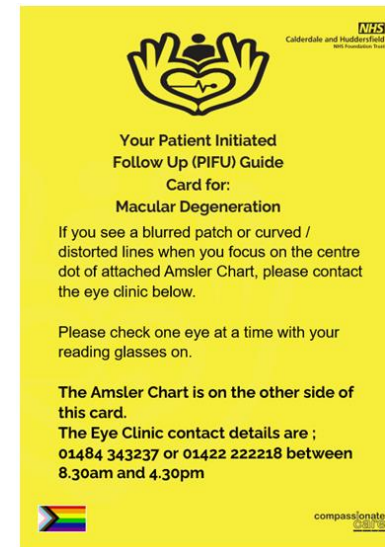
- **Less than 10%** of patients are offered an appointment on first review



## Patient Initiated Follow-up (PIFU)



- 2 pathways
- **Co-produced** with patients and primary care
- Patient Reference Groups
- Survey/ Focus Groups
  - BAME engagement group
  - Healthwatch
  - Practice Managers group
  - Cloverleaf Advocacy
  - Lead the way organisation
  - Blind Society
  - LGBTQ+




- Motion activated screens in 3 patient areas showing PIFU instructions
- Film clips
- Case studies
- PIFU Game




# PIFU Screen Savers


Calderdale and Huddersfield  
NHS Foundation Trust



## PIFU (Patient Initiated Follow Up) is happening now




Lots of our departments have started work on patient initiated follow up (PIFU)



A range of pathways and specialities, such as Rheumatology, Ophthalmology, Physiotherapy are also being transformed.

For more information contact Transformation Team, Project Manager: [Clare.Ledgard@cht.nhs.uk](mailto:Clare.Ledgard@cht.nhs.uk)

CHFT intranet  For all the latest news visit: [intranet.cht.nhs.uk](http://intranet.cht.nhs.uk)

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## Patient Initiated Follow up (PIFU)

### Giving patients greater control over their hospital follow-up care


Visit: [www.cht.nhs.uk/patients-visitors/patient-initiated-follow-up-pifu](http://www.cht.nhs.uk/patients-visitors/patient-initiated-follow-up-pifu)  
For more information contact Transformation Team, Project Manager: [Clare.Ledgard@cht.nhs.uk](mailto:Clare.Ledgard@cht.nhs.uk)



CHFT intranet  For all the latest news visit: [intranet.cht.nhs.uk](http://intranet.cht.nhs.uk)

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## What is Patient Initiated Follow Up?

"Patient initiated follow-up" (PIFU) describes when a patient (or carer) can initiate follow-up appointments as and when required, e.g. when symptoms or circumstances change.

Typically for people who are going into appointments in a hospital setting  
Sometimes known by other names, e.g open-access follow up.

<b>Benefits:</b> <ul style="list-style-type: none"> <li>• Helps avoid unnecessary trips to hospital</li> <li>• Helps people take control of their healthcare</li> <li>• Gives people an option to have appointments when they need it e.g. during a flare up</li> <li>• Helps reduce pressure on services</li> </ul>	<b>Can be used:</b> <ul style="list-style-type: none"> <li>• After treatment</li> <li>• After surgery</li> <li>• For patients with long-term conditions</li> <li>• Alongside video or telephone appointments</li> <li>• Patients can share responsibility with a carer or guardian</li> </ul>
--	---


Visit: [www.cht.nhs.uk/patients-visitors/patient-initiated-follow-up-pifu](http://www.cht.nhs.uk/patients-visitors/patient-initiated-follow-up-pifu)  
For more information contact Transformation Team, Project Manager: [Clare.Ledgard@cht.nhs.uk](mailto:Clare.Ledgard@cht.nhs.uk)

CHFT intranet  For all the latest news visit: [intranet.cht.nhs.uk](http://intranet.cht.nhs.uk)

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care

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NHS Foundation Trust




## Patient Initiated Follow Up (PIFU)

### Giving patients more control over their follow-up care



- Check out Graham Walsh's short video by scanning the QR code.
- Coming to your audit meetings soon!



Find out more: search PIFU on the intranet

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## Digital Inclusion

- Member of digital inclusion networks in Calderdale and Kirklees
- Local groups who want to work with us to support remote patient appointments:
  - Huddersfield Methodist Mission
  - The Jo Cox Foundation
  - Age UK
  - Local services 2 you
  - Kirklees Council – Digital Programme team
  - Kirklees Council – Employment and Skills team (Focus on Adult learning)
  - Dementia Café
- Local knowledge:
  - Digital Poverty v Digital Literacy
  - Existing schemes





## Reasonable Adjustments/Patient Preferences

- Work with the Learning Disabilities forum and case studies highlighted a gap in patient information that impacts delivery of PIFU and appointments
- Piloting use of SNOMED code within a Primary Care Network and creating a local solution to ensure relevant patient information is shared and used to support patient communications and care
- Facilitating wider discussions with NHS Digital, NHS e-Referral team, Registration Authority and other interested Trusts to develop a longer term plan
- Device testing days in place to gather feedback from patients and volunteers with a Learning Disability about barriers to accessing remote services



# Outpatients Transformation Programme

## Remote Appointments

- Collate feedback & lessons learn from experience
- Increase spread
- Optimise patient numbers
- Maximise access & inclusion

## PIFU

- Implement live pathways in 6 key specialities
- Monitor experience internally & externally
- Provide tools to ensure patients feel supported
- Ensure accessible

## Patient Portal

- Develop a fit for purpose portal specification
- Optimise access & uptake
- Optimise functionality
- Support digital element of PIFU

## Remote Care

- Seek out & maximise opportunities for remote care
- Tyto pilot
- Remote monitoring
- Link with AHSN for AI opportunities & funding grants

## Website

- Develop an interactive/ inclusive website
- Reflect diversity of our organisations & communities
- Reflect the trusts digital journey

## CAS Development

- Monitor progress
- Evaluate existing services
- Identify opportunities for further implementation

## Electronic Prescribing

- Support engagement
- Ensure communication reaches everyone
- Evaluate impact on patients, clinicians & wider stakeholders

## Digital Inclusion

- Continue to work with community groups/ LA's to maximise digital inclusion
- Patient/ user engagement
- Identify opportunities
- Apply across OPT

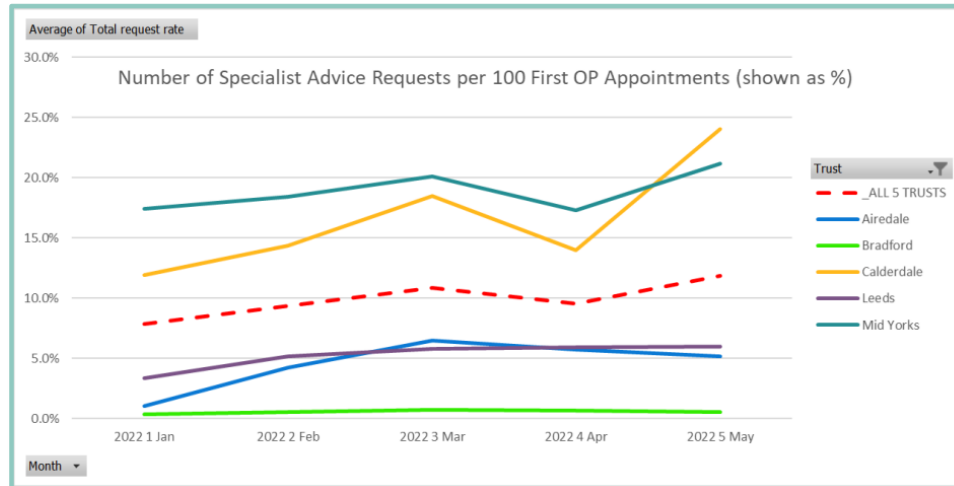
## Joint Development of Primary & Secondary Care Guidelines

- Work together to develop future pathways
- Continue to engage with all partners
- Support the national/ regional Advice & Guidance ambition

## EPR & MS Teams Integration

- Support the pilot projects to source a tool for MS and EPR integration
- Evaluation of the Andor Pilot
- Reduce wasted clinical & admin time





Submissions include A&G and RAS data (CAS excluded)

80% returned to GP with advice therefore avoiding a first attendance

14 services have Clinical Assessment Services (CAS) operational with over 1500 referrals assessed per month. The average discharge rate from a first triage review is 21%

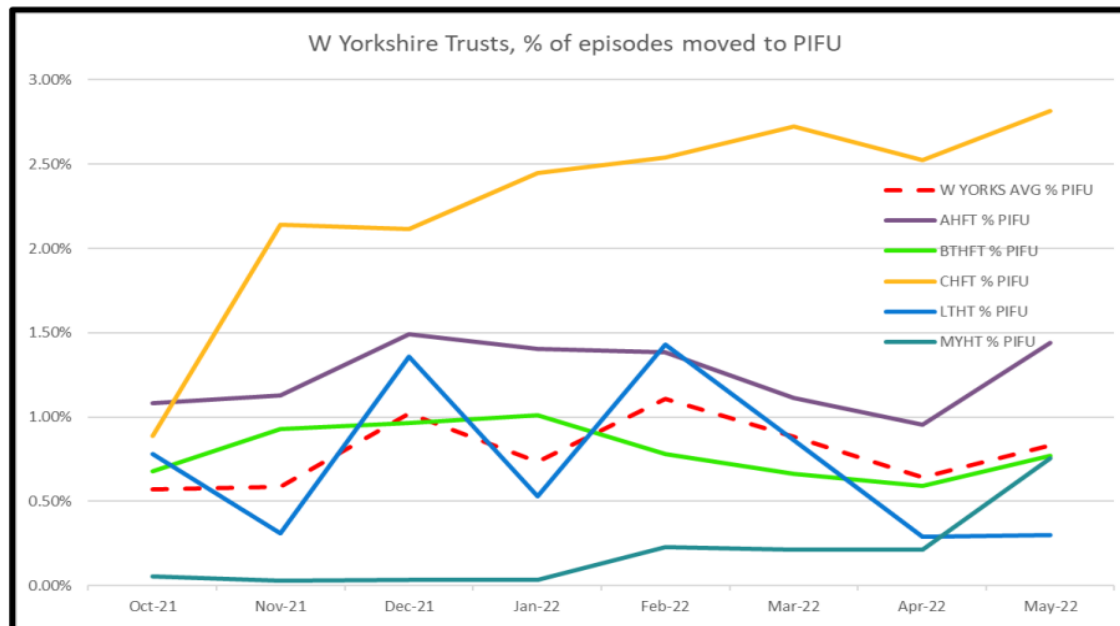
April 2022	May 2022	June 2022	July 2022	August 2022	September 2022	October 2022	November 2022	December 2022	January 2023	February 2023	March 2023
1194	1211	1229	1246	1264	1281	1299	1316	1334	1351	1369	1386
331	348	366	383	401	418	436	453	471	488	506	523

## Further Developments

- New Gynae 2 week wait pathway utilising a RAS.
- Referral template agreed
- Incentive scheme (commissioner led)



## Patient Initiated Follow-up (PIFU)



Data	December	January	February	March	April	May	June
Actual PIFU Target	1.50%	1.50%	1.50%	2.00%	2.00%	2.00%	2.00%
Actual CHFT PIFU Activity	2.04%	2.35%	2.47%	2.71%	2.53%	2.75%	2.44%

Month	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
PIFU Projection	881	979	1077	1175	1273	1371	1469	1567	1665	1763	1861	1959
Total Attendances (Estimated)	39134	39134	39134	39134	39134	39134	39134	39134	39134	39134	39134	39134
% PIFU	2.25%	2.50%	2.75%	3.00%	3.25%	3.50%	3.75%	4.00%	4.25%	4.51%	4.76%	5.01%



## Next Steps

- Access to specialist advice, virtual consultations, remote monitoring & PIFU to be built into all pathways
- Contacting all patients
- End to end pathway development starting with the referral
- Looking at specialities with high waiting lists/backlogs – maximum opportunity
- Patient Portal – developing a digital pathway
- Future operating model for OP



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Lisa.Williams@cht.nhs.uk





**Outpatient  
Transformation  
Conference  
2022**

# **The Convenzis Outpatient Transformation Conference 2022**



## **UP NEXT...**

**zoom**



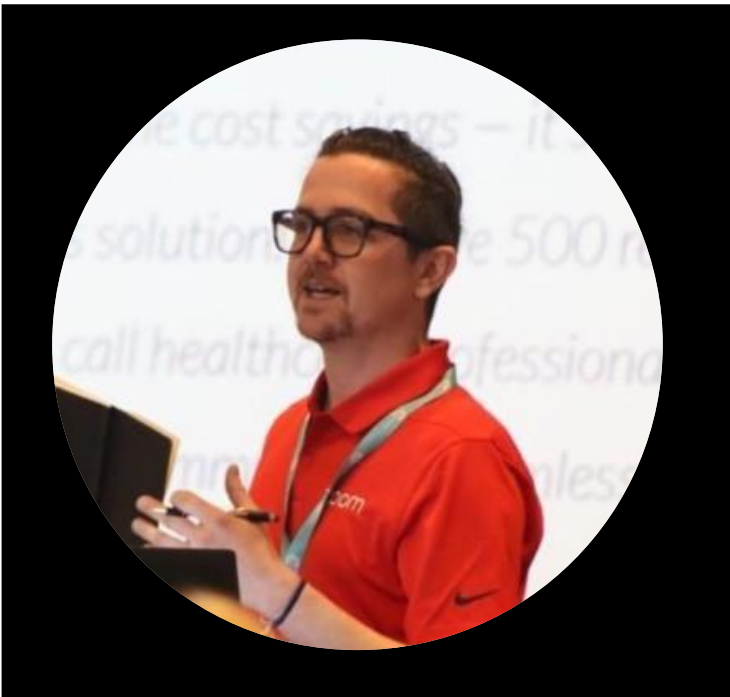


Outpatient  
Transformation  
Conference  
2022

## The Convenzis Outpatient Transformation Conference 2022



# SPEAKING NOW



I will be discussing...

“Virtual Outpatients;  
clearing the Covid backlog”

Ash Thornley-Davies, Account  
Executive - UK Healthcare at Zoom



# Ash Thornley-Davies

Account Executive - UK  
Healthcare



## Zoom in Healthcare

Why NHS organisations are deploying Zoom, integrating into their clinical systems & achieving improved patient outcomes

- Security/NHS Compliance
- EPR Integrations
- Healthcare features
- Looking ahead



# Zoom usage in the NHS



## 2/3rds of the NHS

More than 2/3rds of the NHS use Zoom



## 2.1 million meetings

Over 2.1 million meetings were held over the last 12 months



## Clinically Secure

DCB0129,  
DSP Toolkit, DTAC,  
Cyber Essentials Plus,  
ISO27001



## Frameworks

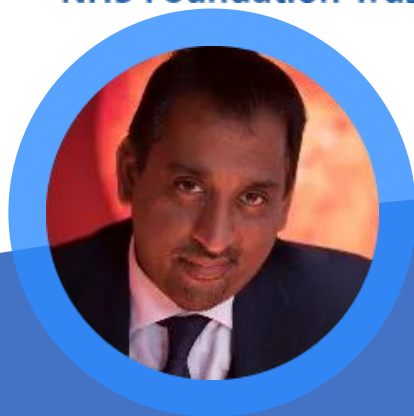
GCloud 12,  
DFOCVC



# Why did you deploy Zoom?



**Great Ormond Street  
Hospital for Children**  
NHS Foundation Trust



Dr Shankar Shridharan - CCIO

*"In eight days, GOSH was able to deploy video-visit capabilities to 5,000 hospital staff and fully integrate Zoom into its electronic patient record (EPR) system...Zoom's user experience is seamless. It's built into our workflow so the doctor knows when the patient is there and vice versa. It's easy to use and the patient can contact us on any device".*

North Staffordshire  
Combined Healthcare



NHS Trust



Daniel Crick - Deputy CIO

*"The Zoom platform has a very intuitive configuration interface making deployments simple and speedy. Combined with the excellent support from the team at Zoom it makes for a great addition to our suite of communication tools."*



**Midlands Partnership**  
NHS Foundation Trust

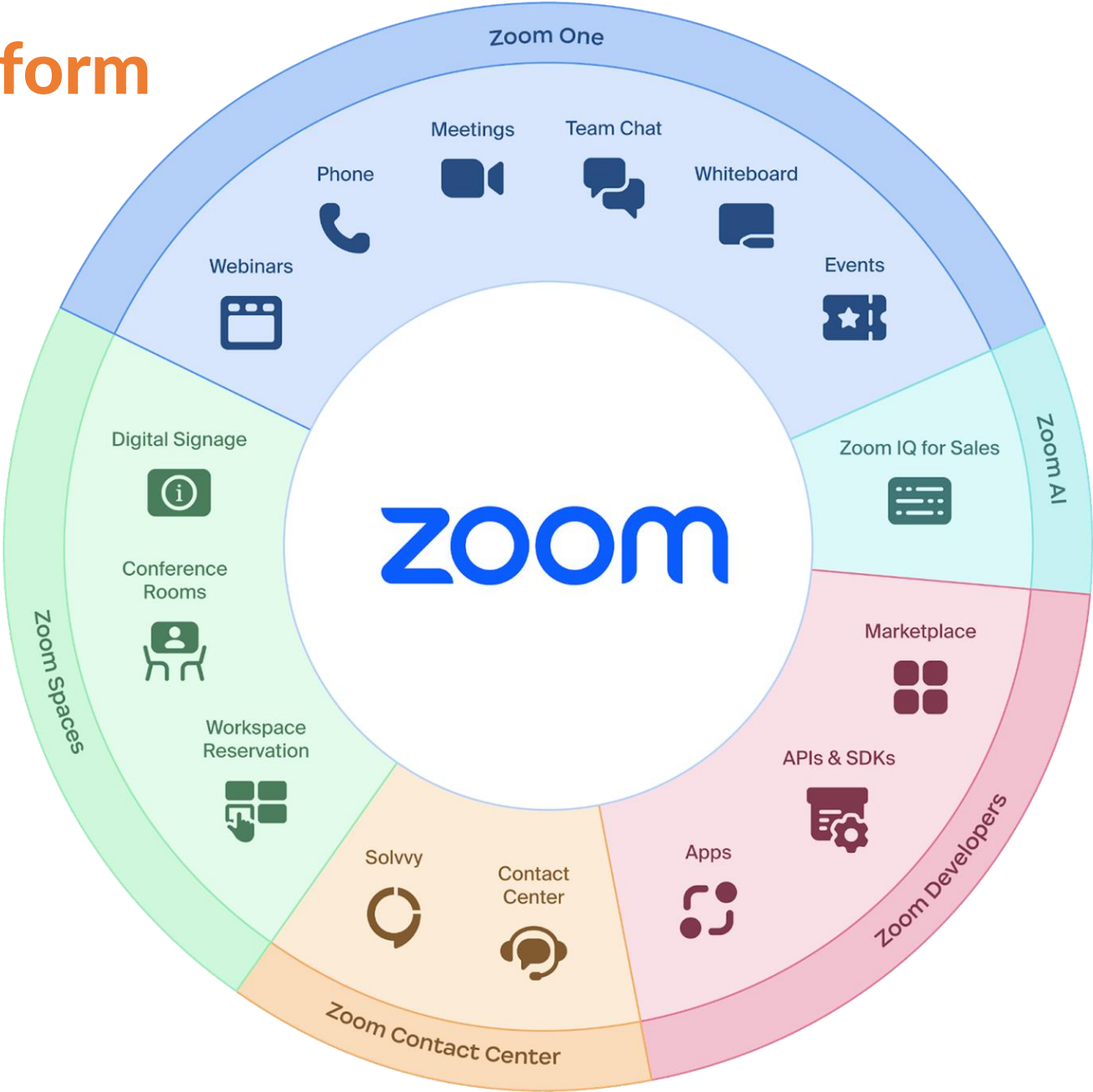


Martyn Perry - Associate Director of IM&T  
Transformation

*"MPFT NHS used Zoom extensively throughout the pandemic as the tool for our engagement, wellbeing and large scale digital events. We used the platform to host our MPFT Big Shout Out and have used the breakout room functionality for many collaborative workshops".*



# Zoom Platform









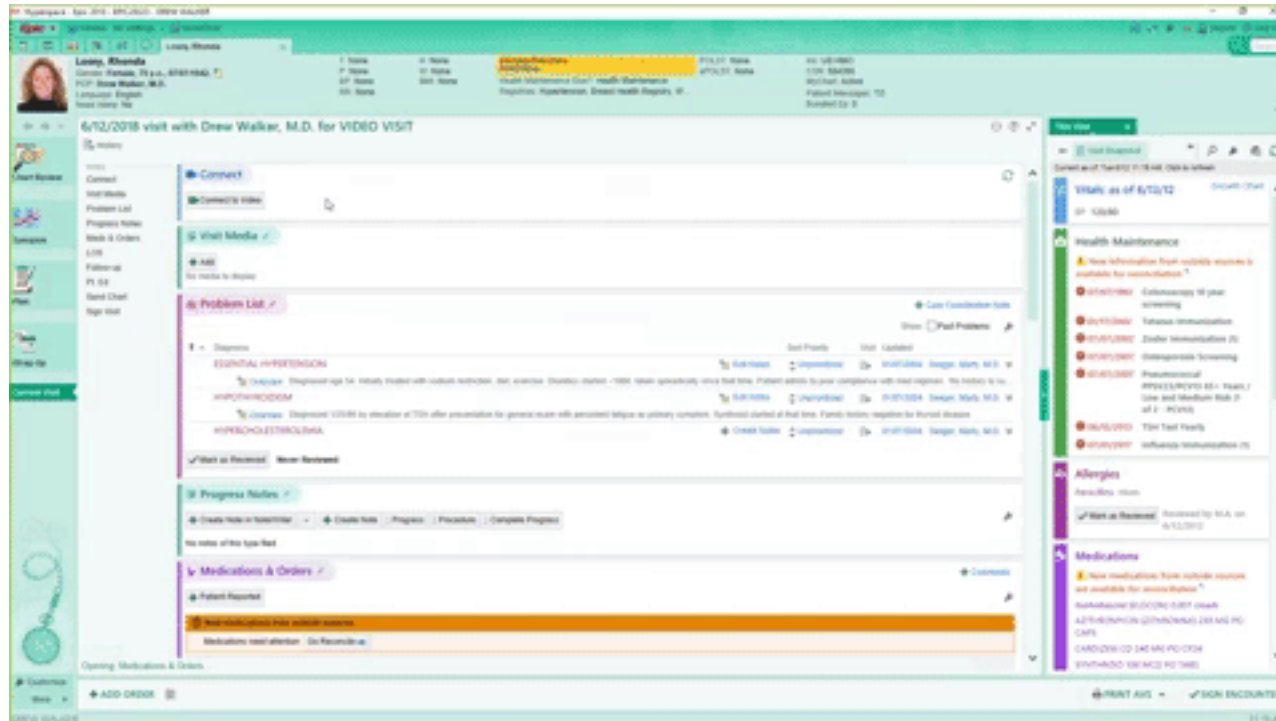
# Great Ormond Street Hospital

- Complete rollout within an 8 day period
- Integrated Zoom into their EPR system
  - Enabled patients and relatives to connect via video
  - Full access to their clinical records
- 95% of clinicians surveyed are likely to continue using video clinics post Covid.





# EPR Integration



**Epic**

**CernerEPR**

**REDOX**



# EPR Integrations - EPIC (Provider View)

The screenshot displays the EPIC EPR interface for a provider view. The patient is **Losley, Rhonda**, a 75-year-old female, with a primary care physician of **Drew Walker, M.D.**. The interface shows a visit history for 6/12/2018. A red circle highlights the **Connect** button in the **Visit Media** section, with a **Connect to Video** button below it. The **Problem List** includes **ESSENTIAL HYPERTENSION**, **HYPOTHYROIDISM**, and **HYPERCHOLESTEROLEMIA**. The **Vitals** section shows a blood pressure of 120/80. The **Health Maintenance** section lists several upcoming and past due screenings and immunizations. The **Allergies** section shows a reaction to **Penicillins** (Hives). The **Medications** section lists **mometasone (ELOCON) 0.001 cream**, **AZITHROMYCIN (ZITHROMAX) 250 MG PO CAPS**, and **CARDIZEM CD 240 MG PO CAPS**. A **Zoom** window is open on the right, showing a video call with a man identified as **Hayden@epic.com**. The video player at the bottom shows a timestamp of 00:01:38.

Zoom Epic Demo - Not For Distribution



# EPR Integrations - Cerner - Provider View

The screenshot displays the Cerner EPR Provider View interface. The top navigation bar includes tabs for Task, Edit, View, Patient, Chart, Links, Notifications, and Navigation. The main content area is divided into several sections: a left sidebar with navigation links (Menu, Provider View, Results Review, Orders, Documentation, Outside Records, Allergies, Clinical Media, Diagnoses and Problems, Form Browser, Growth Chart, Medications, Interactive View and ISO, MAR Summary, Medication List, Patient Information, Recommendations, Zoom, SAMET APP VALIDATOR), a central patient information panel (ABTEST, CODE - 0000015624, DOB: 6/15/1990, Age: 30 years, Sex: Female, Race: White, Ethnicity: Non-Hispanic, Insurance: Medicare, Clinical Trial: No Data Available), and a main content area with tabs for Non-Session, Consultation, Patient has arrived, and others. The main content area displays various clinical data points, including Chief Complaint, Meaningful Use, Care Pathways, Subjective/History of Present Illness, Review of Systems, Home Medications, and Outside Records. A Zoom meeting window is overlaid on the right side of the screen, showing a video feed of a man in an orange shirt. The Zoom window title is 'Zoom Meeting' and it includes a status bar at the bottom indicating 'ABTEST, CODE connected to audio'. The bottom of the screen shows a video player interface with a timestamp of 00:00:28 and a duration of 00:01:14.

Cerner Users Demo

00:00:28

00:01:14



# Additional EPR System workflow's

- 1) Create 'persistent clinic' link in Zoom
- 2) Select 'zoom clinic' from drop down list
- 3) Schedule patient in 'zoom clinic'
- 4) Send patient joining details for 'zoom clinic'
- 5) A

Customize Waiting Room

Title

Thanks for joining.  
I'll be with you soon


Participants in waiting room will see:

☐ The default screen

☐ A logo and description

☒ A video ☒

Video

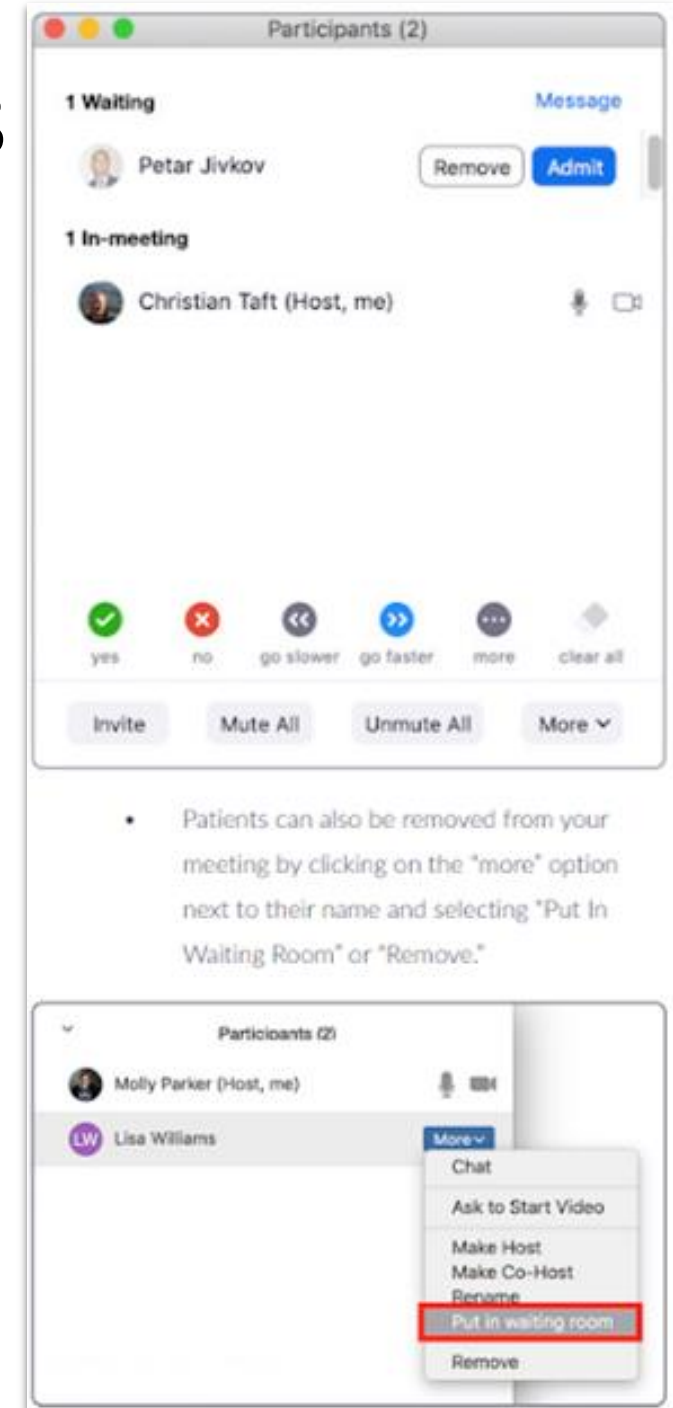
 00:00:00 / 00:01:00

Thank You for Keep... X

• Up to 30 MB of MP4, MOV, or M4V files  
• By uploading content, you acknowledge that you agree to Zoom's [Terms of Service](#) and [Community Standards](#). Please be sure not to violate others' copyright or privacy rights. [Learn more](#)

Save Cancel

Thanks for joining.  
I'll be with you soon  
{Meeting Topic}







# UDG Healthcare Ireland



UDG Healthcare uses Zoom in conjunction with Microsoft Teams, and Zoom Phone to give a flexible softphone solution.



*“Zoom Phone was a great, innovative financial solution, but it wasn’t just about the cost savings – it’s a unified communications solution. We have 500 representatives using Zoom Phone to call healthcare professionals from their iPads. We have the ability to communicate seamlessly at the drop of*

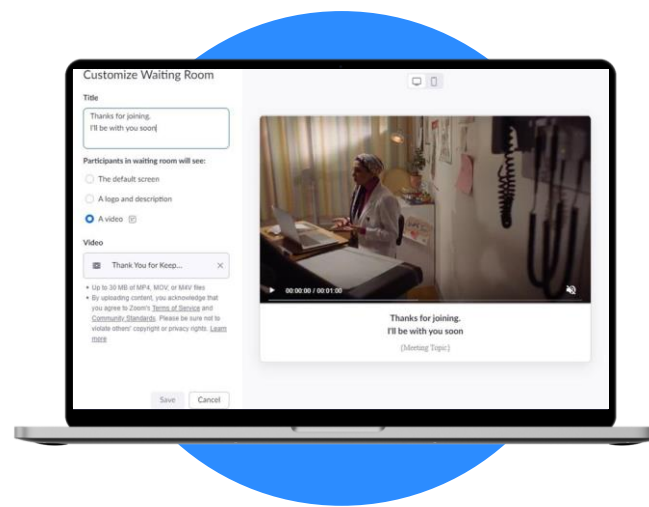


# Healthcare Specific Features



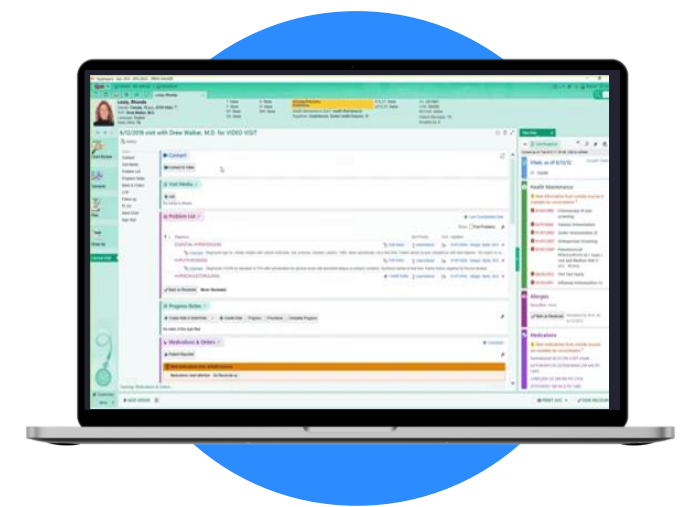
## Making navigation easier

Simplified browser based experience for patients joining sessions



## Virtual Waiting Room

Share video content with patients ahead of them joining the session.  
Chat with patients before they enter the session.



## Healthcare App integrations

Over 100 healthcare specific applications integrate into Zoom



# Live Translated Captions

Supported languages currently include:

- French
- German
- Spanish
- Italian
- Chinese (Simplified)(Beta)
- Russian
- Japanese (Beta)
- Korean (Beta)
- Dutch
- Ukrainian

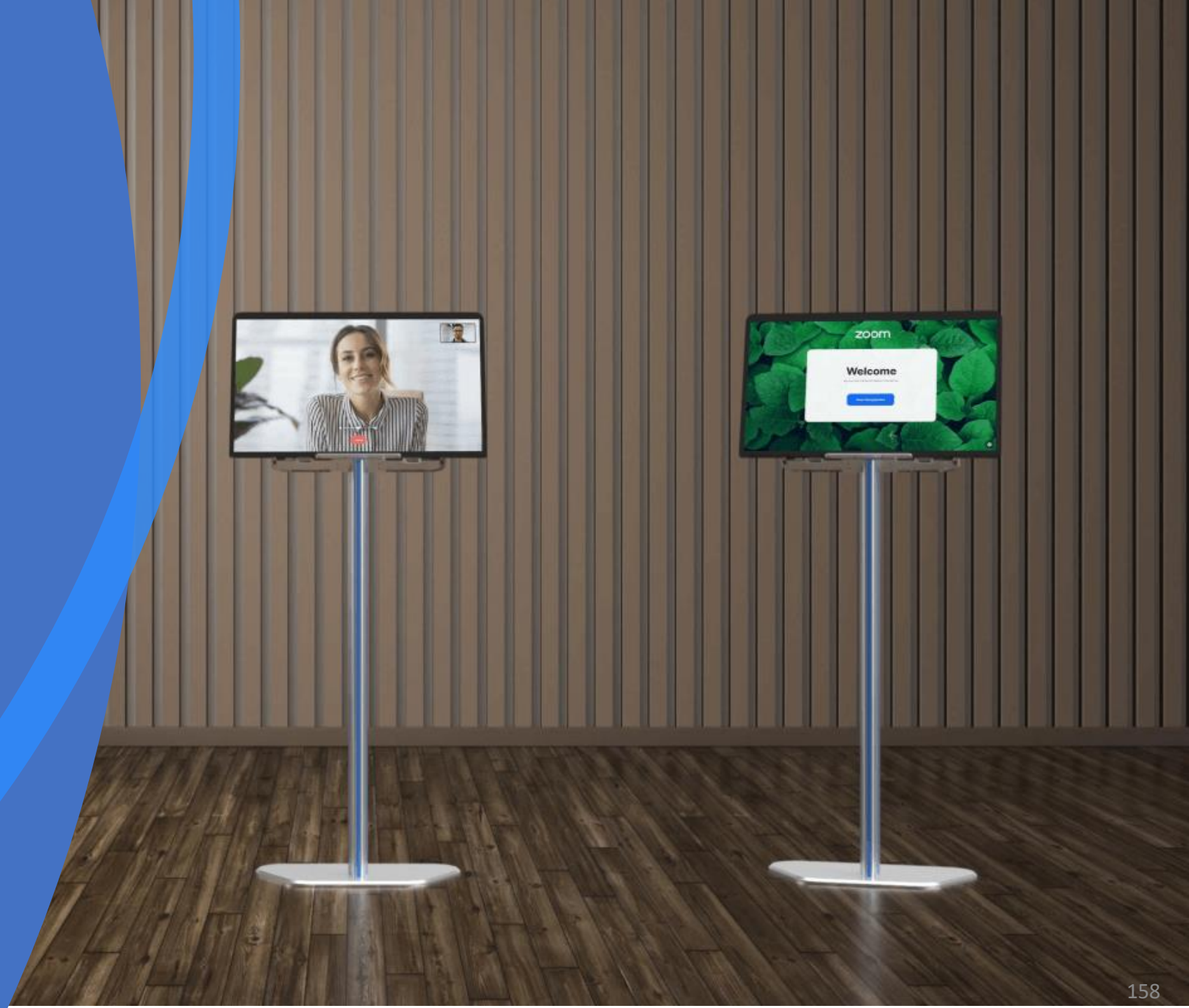


\*Zoom One Business Plus or Zoom One Enterprise Plus account required for use



# Kiosk Mode Virtual Consultation

With Zoom Rooms Kiosk mode, engage face to face with a virtual receptionist anywhere an in-person receptionist could be - surgery, triage, outpatients... Brand the display and customize the message to match the environment and purpose.



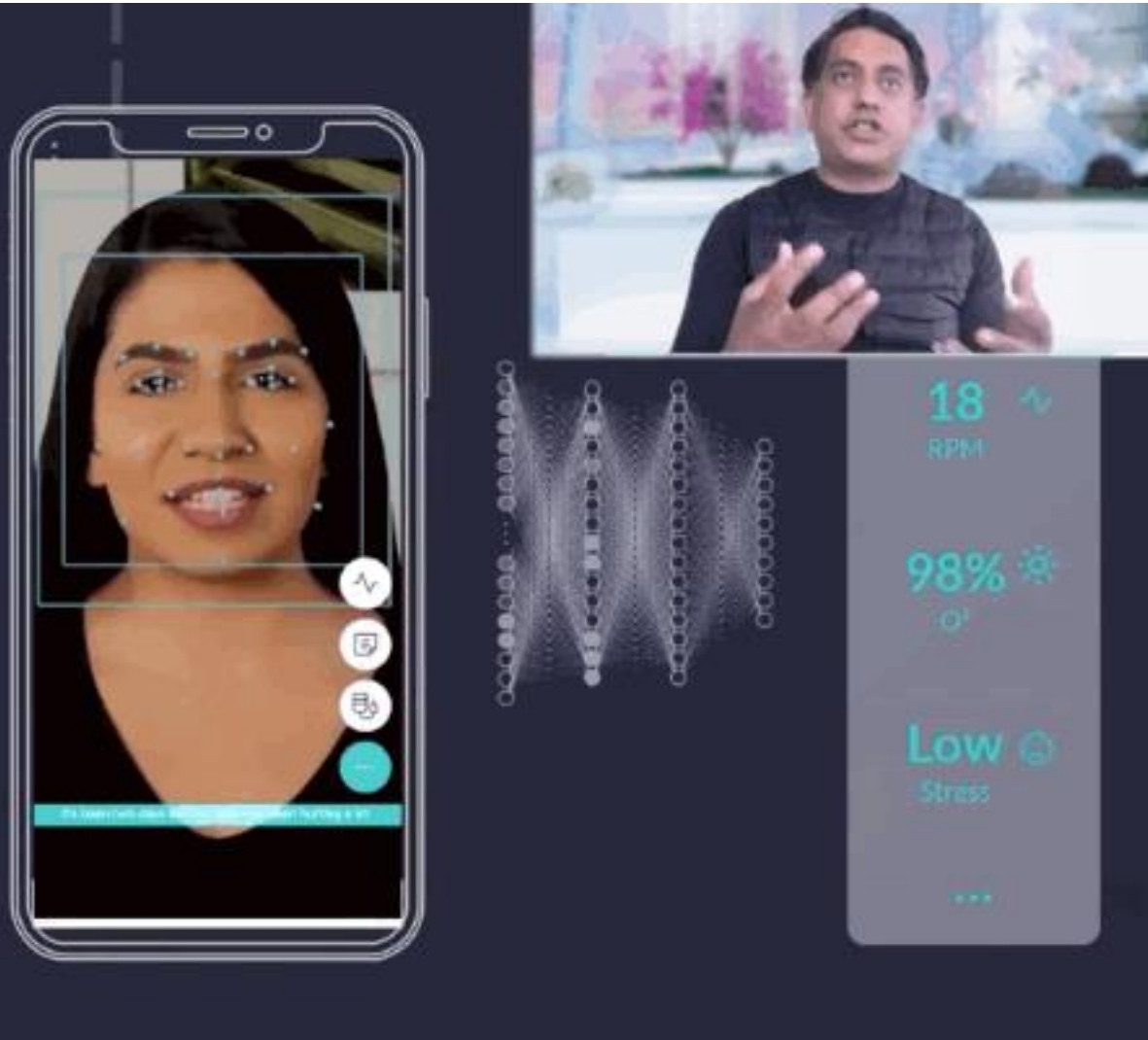


# Looking ahead:

ZOOMTOPIA

**Imagine:**  
pre-visit logistics

**Deviceless Screening  
Through Video & Audio**



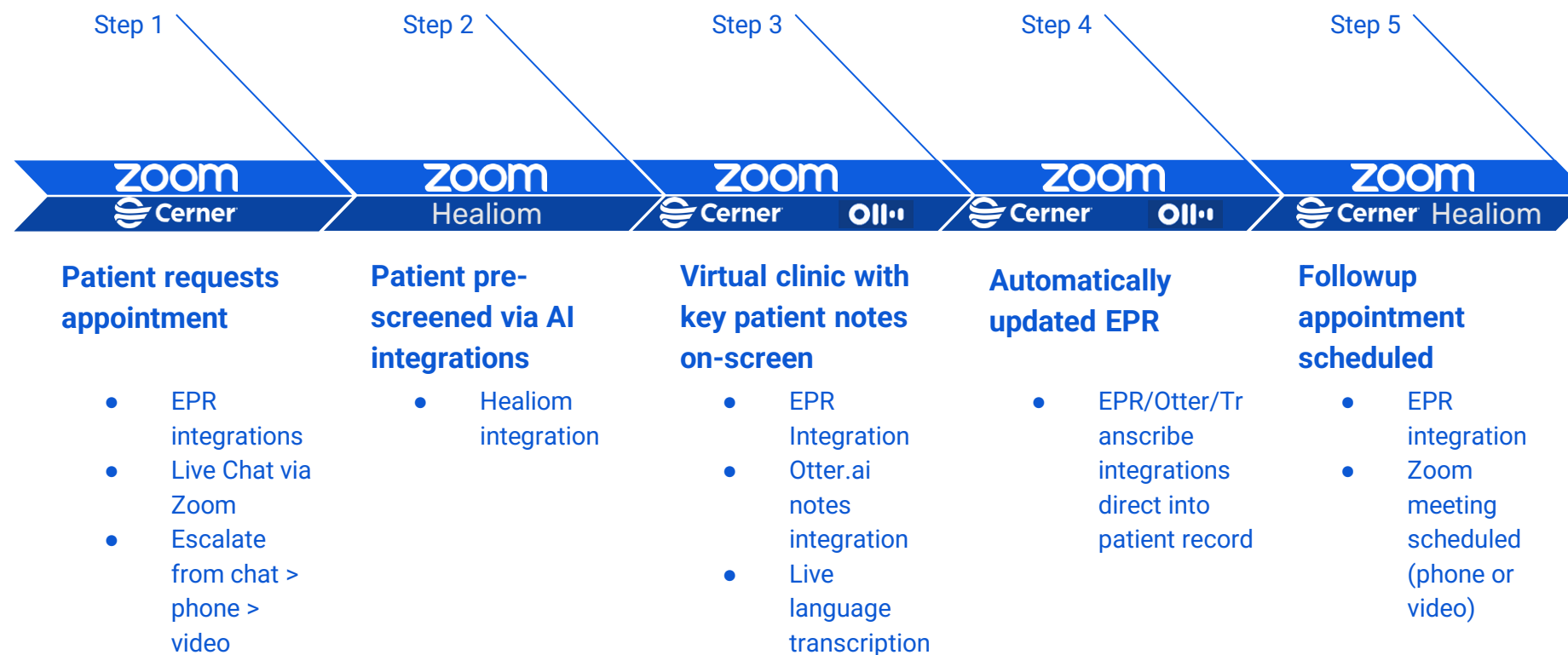
The image is a composite graphic illustrating a digital health screening process. On the left, a smartphone screen displays a woman's face with several white tracking points on her forehead, nose, and chin, suggesting facial recognition or expression analysis. To the right of the phone, a man is shown in a video call window, gesturing with his hands. Below the video call, a digital health dashboard displays three key metrics: a heart rate of 18 RPM, an oxygen saturation level of 98%, and a stress level labeled 'Low'. The dashboard also features a small waveform icon and a 'He' logo at the bottom left.

**He**  
Healiom

Ash Damle, founder and CEO of Healiom, a Zoom partner, showed how Healiom uses video and audio to assist with pre-visit screening.



# Looking ahead: The streamlined patient journey?









Thank You!





**Outpatient  
Transformation  
Conference  
2022**

# Ortus I-Health

zoom







# **The NHS Patient Safety Conference 2022: Breaking a culture of defensiveness**



## **Q&A PANEL**







**Outpatient  
Transformation  
Conference  
2022**

## **The Convenzis Outpatient Transformation Conference 2022**



# **Networking and Lunch**

**Please head downstairs**





Outpatient  
Transformation  
Conference  
2022

## The Convenzis Outpatient Transformation Conference 2022



# Chair Afternoon Reflection



## Adrian Byrne

Director of Informatics  
University Hospitals  
Southampton Foundation Trust

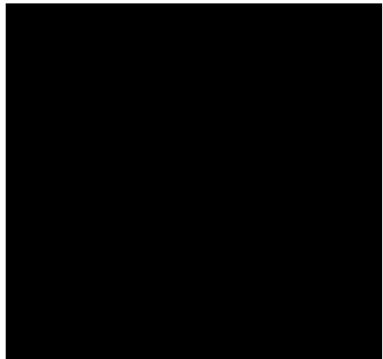




## The Convenzis Outpatient Transformation Conference 2022

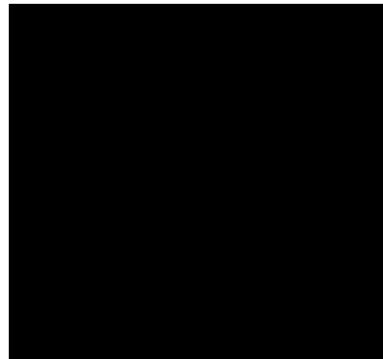


# SPEAKING NOW



**Anna Burhouse**

Director of Quality  
Development  
Northumbria  
Healthcare NHS  
Foundation Trust



**Michael Zebrowski**

Operational  
Services Manager  
Northumbria  
Healthcare NHS  
Foundation Trust

I will be discussing...

“Prescribing warmth”





***Learning from experience: using patient and staff experience as part of outpatient transformation***

*Michael Zebrowski, Operational Services Manager*  
*Anna Burhouse, Director of Quality Development*



*“Each day we will have the privilege of meeting people at critical moments in their lives – many will be worried, frightened, sick and suffering - they will share their stories with us and allow us to work with them to help. The gifts of confidence, hope, knowledge and safety can only come from a workforce that feels confident, hopeful, competent and safe themselves”*

**Professor Michael West**



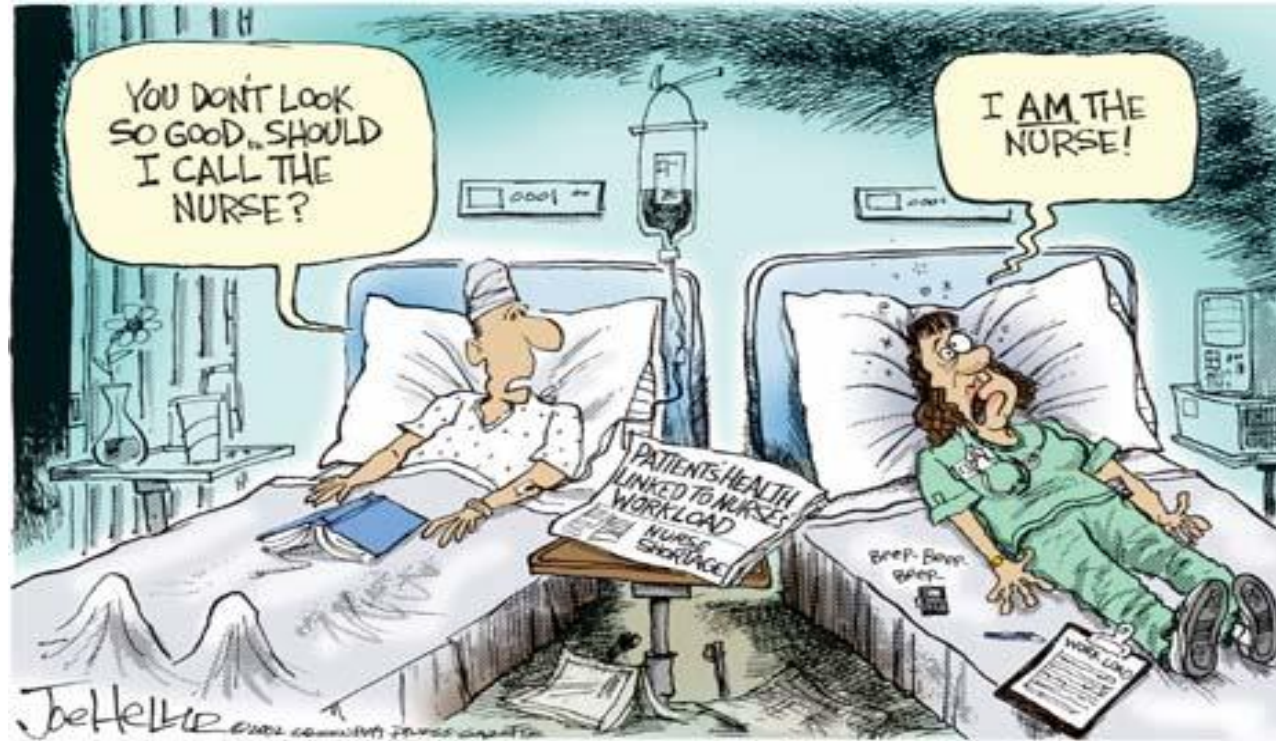




*“Staff engagement trumps all other measures for predicting the quality of organisational outcomes”*

**Michael West**





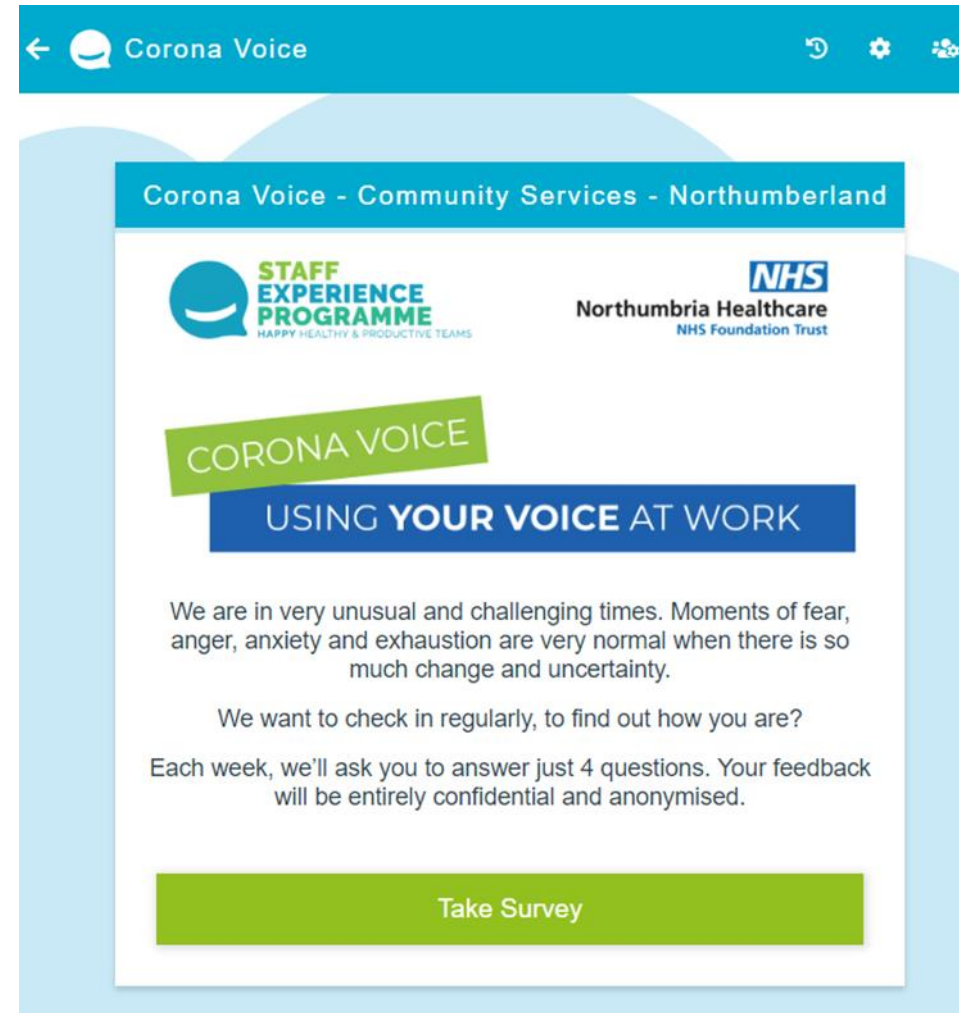
*“It can’t be right that a sector focused on promoting the health and well being of our population is putting at risk the health and wellbeing of 1 in 20 of its national workforce”*

**- Kings Fund 2020.**



# Corona Voice

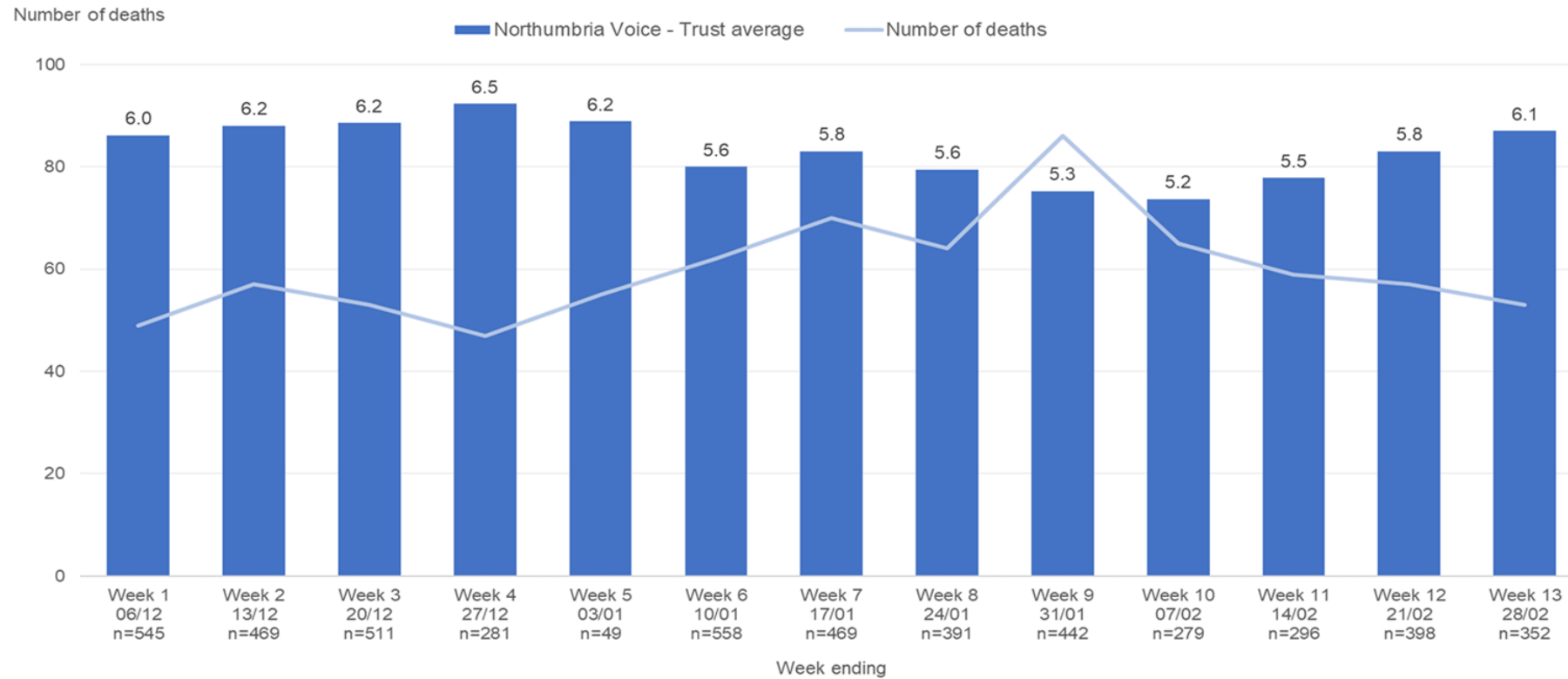
- The real time staff experience platform was available to staff from 6th April to 5th July 2020.
- Good engagement with 10,043 responses.
- Allowed us to gather real time staff feedback
- We chose motivation at work for our single indicator of staff engagement
- Acted as a thermometer gauge across a range of sites, including those at home





# Changes in scores over time

Northumbria Voice - Trust Average - Week on Week





## 2 sides of the same coin

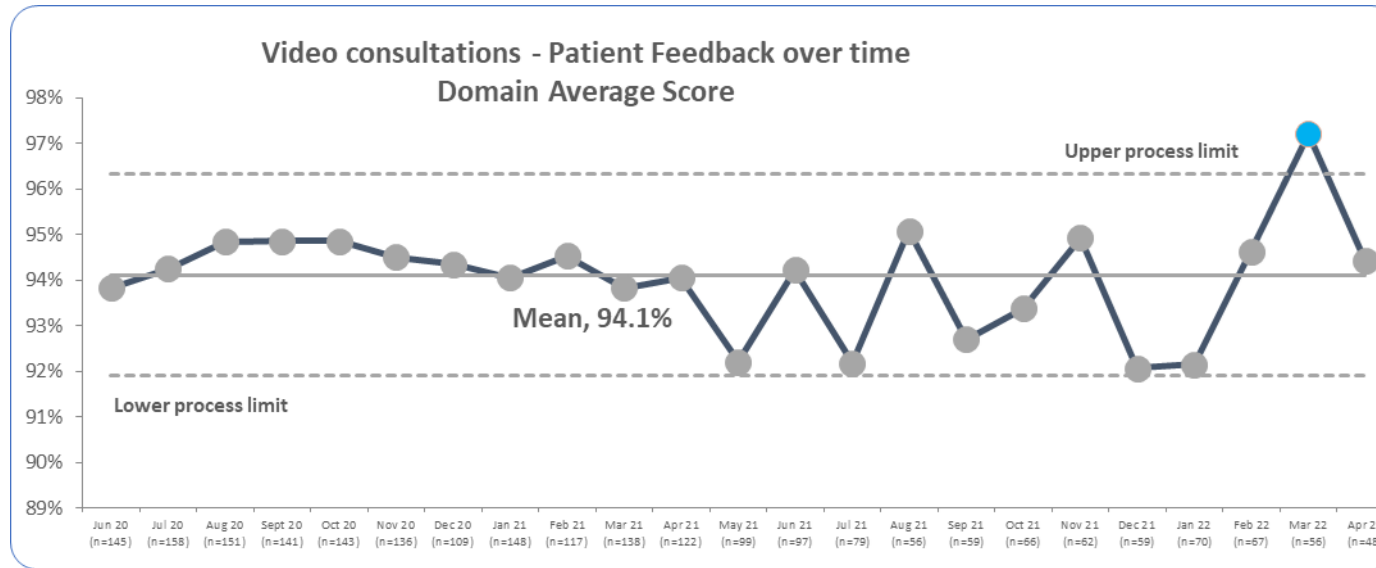




# Comparative Paired Outcomes of Remote Consultation



# Over 2 years of data



On average patients saved **1.3** hours of their time and **£6.40** per person in travel costs to and from their outpatient's appointment.

To date as a Trust we calculate there have been **5,858, 655** miles less travelled from April 2020 to August 2022. Circa 2 million kilos of CO2 saved.



## Paired Outcomes Work

- Designed to get a sense of the different perceptions of remote consultation (video and telephone) from clinician and patient perspective.
- Used to help us make pragmatic improvements and to know where the challenges lie.



## Paired outcomes showed differences in staff perceptions and experiences in CARE

94.1% of patients rated their experience of care as good/excellent compared to 74% of staff



## Paired outcomes showed differences in staff perceptions and experiences of **RESPECT**

98% of patients reported feeling treated with respect whereas only

45% of staff either strongly agreed or agreed that patients have the same respect/trust/confidence in them as when offering care face to face care



# Paired outcomes showed differences in staff perceptions and experiences of INVOLVEMENT

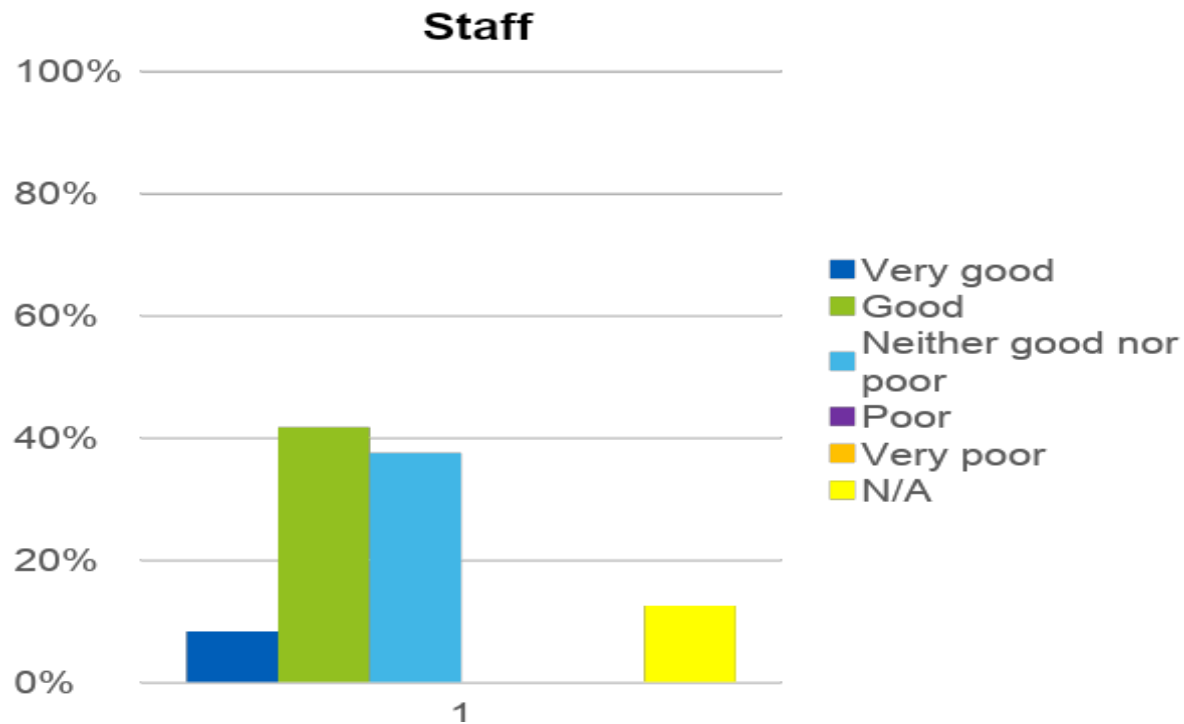
96% of patients reported feeling involved as much as they wanted to be in the decisions about their care and treatment compared to

32% of clinicians, who felt patients were not involved as much as they would have liked

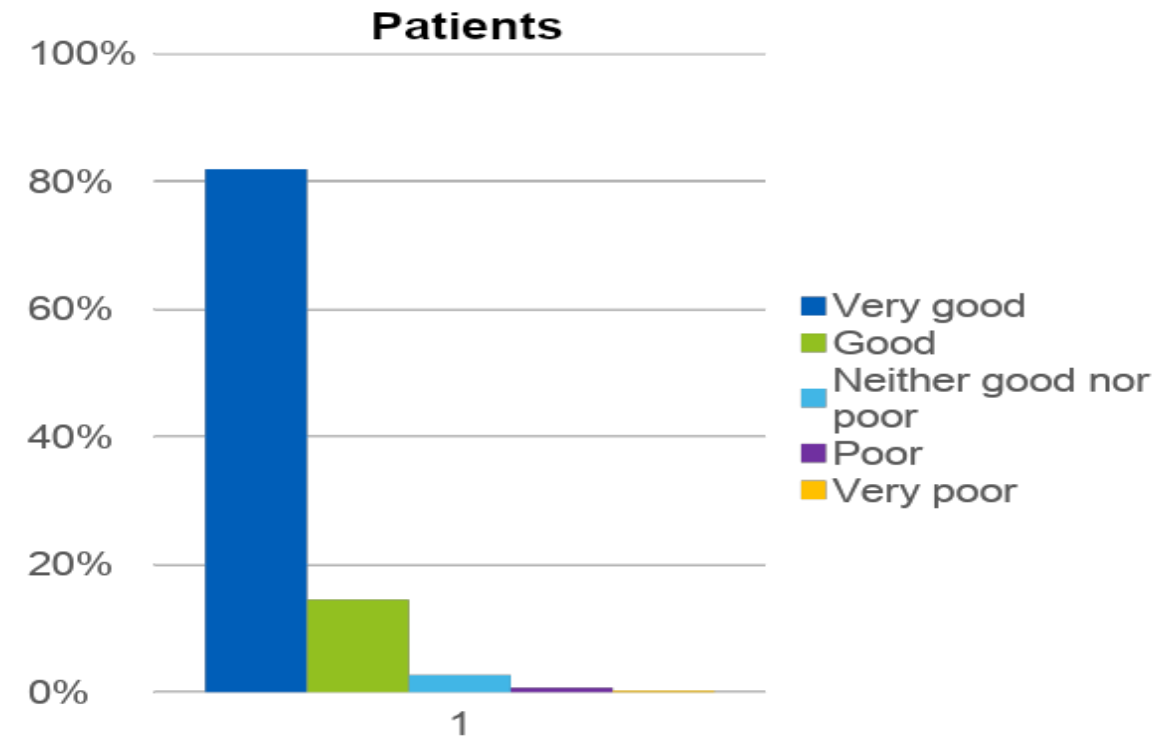


# Even the experience of the booking process was different...

The process of booking and joining a telephone consultation?



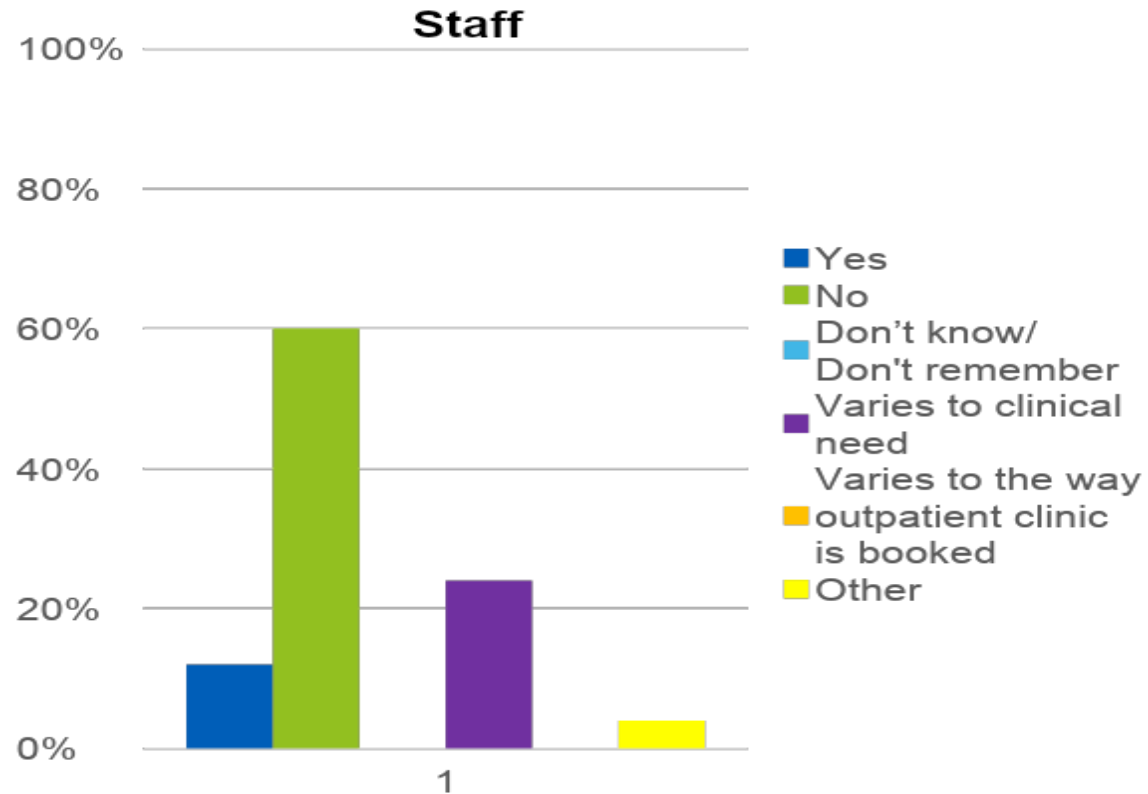
The process of booking and joining your telephone consultation?



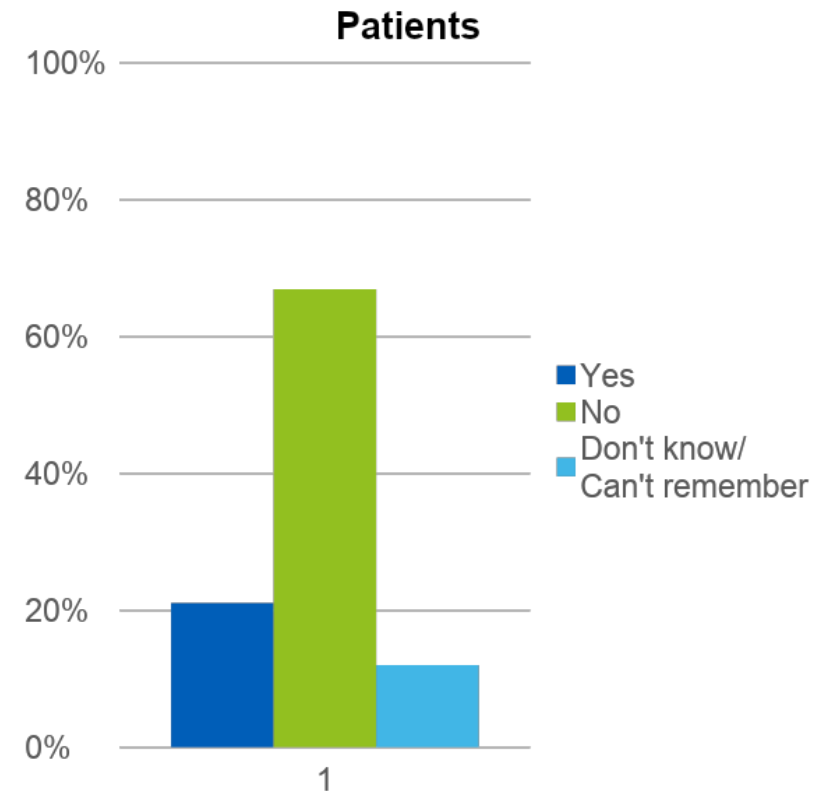


# Choice of method of consultation (telephone or video)

When you offer remote consultation do you routinely offer patients the choice of either a telephone or video interview?



Were you given the choice of either a telephone or video interview?



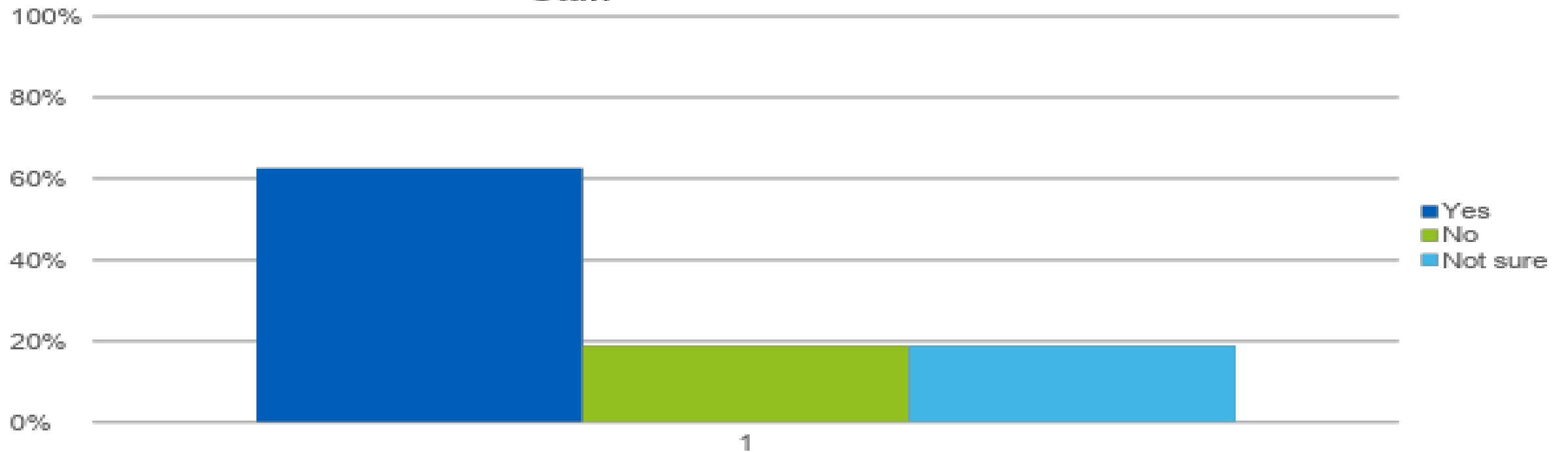


# Staff Personal Preferences

*Staff only*

Do you have a preferred method of consultation?

Staff

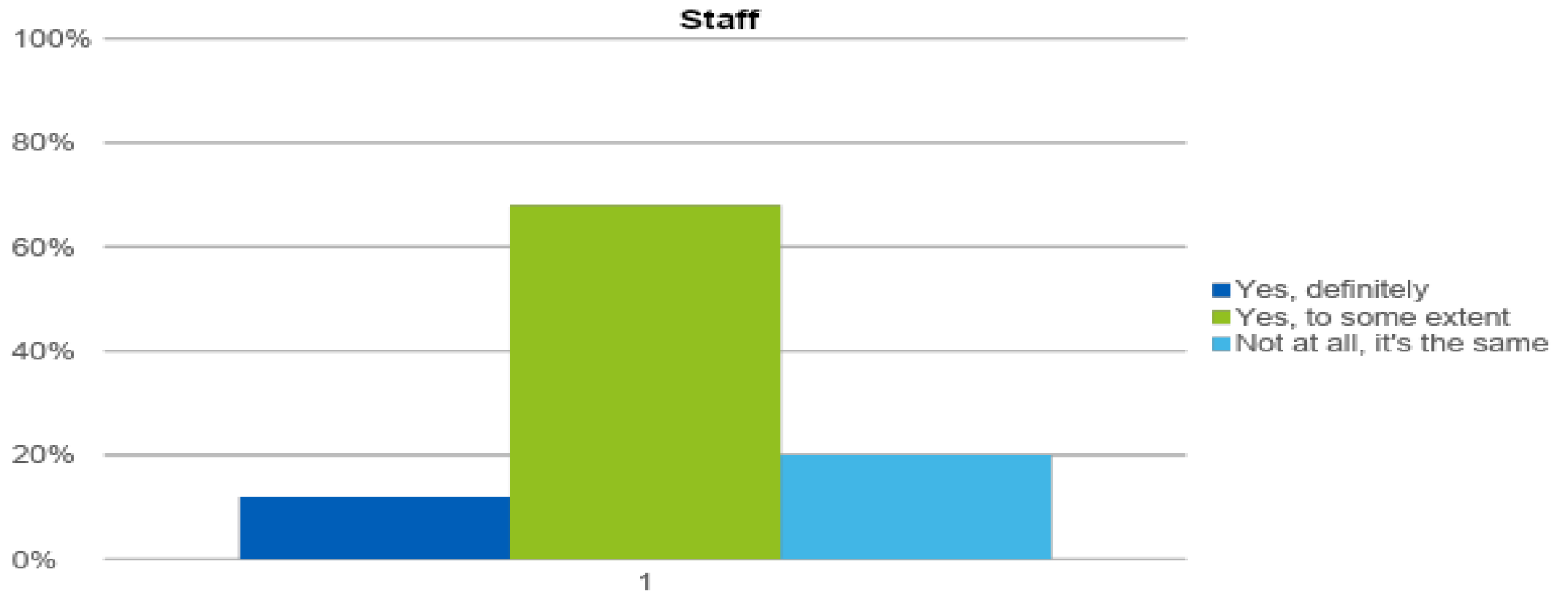




# Clinical Practice

## Staff only

Does using remote consultation (telephone or video) alter your clinical practice compared with face to face?





## Areas for Improvement

- Patient choice not routinely offered where clinically appropriate. How do we build this in to current systems?
- How can the technology be as easy to use as possible for patients and staff.
- How do we raise awareness and educate people about remote consultation.



## What the data led to...

- On boarding quality improvements
- Video platform procurement
- Development of patient portal
- Public health deeper dives for health inequality
- Redesign of patient letters
- Development of training remote consultation package and principles for practice



# ‘Onboarding’

- Making video and telephone appointments as easy to do as face to face, for both patients and clinicians, is a priority
- Reminders and access to help with technology useful for patients
- Both patients and clinicians raised the issue of NHS ‘withheld numbers’ as a block to use for telephone consults
- Tested use of a HCA/consultant virtual clinic model : Winner of Health Care Support Worker Technology Award



## 3 forms of education/training



Digital Self Service

Virtual Workshop  
Lunch & Learn

Bespoke Team  
Based



# What's next on our journey?





The background features a light blue sky with two stylized blue birds in the upper left. The bottom of the slide is a green field with rolling hills. On the left, there is a cluster of green trees. On the right, there are three stylized houses in teal, blue, and light blue. Large, soft white clouds are scattered across the horizon.

# Thank you





# THANKS FOR ATTENDING



**The Convenzis Outpatient  
Transformation Conference 2022**





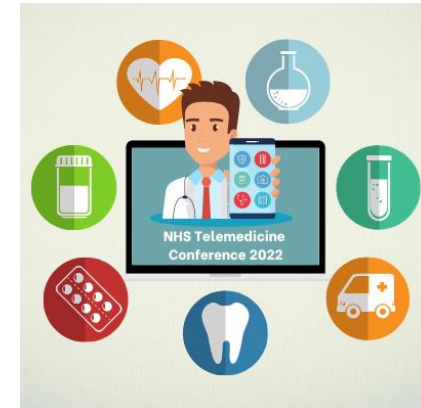
# REGISTER FOR OUR UPCOMING EVENTS!



Sign Up Here...



Sign Up Here...



Sign Up Here...