Welcome to the 09th NHS Outpatient Conference!

08th October 2025
Leonardo Hotel, Milton Keynes,
Midsummer Boulevard Milton
Keynes, MK9 2HP

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HESUK

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Join the Healthcare Engagement Society (HES)

- **What it is** – A secure, year-round platform bringing NHS professionals together across six specialist communities.
- **Why it matters** – Stay connected beyond today's event, share challenges, and learn from peers facing the same priorities.
- **Your benefits** – Exclusive access to interviews, insights, best practice, and real-time discussion threads with colleagues nationwide.
- **How to join** – Simply scan the QR code, choose your community, and start connecting today.

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Chair Opening Address

Mr Anil Vara, Bsc (Hons), Msc, MBA, CMgr, FCMI
Director of Elective Recovery (Ex) and Clinical Technologist in Nuclear Medicine
University Hospitals Sussex NHS Foundation Trust

Keynote Presentation

Becky Gate
Digital Lead| Elective Care
NHS England – East of England Region

Ramesh Rajah
Assistant Director of Programmes for Digital Elective
NHS England – East of England Region

NHS England
East of England

Scaling Digital, Driving Elective Recovery on a regional footprint

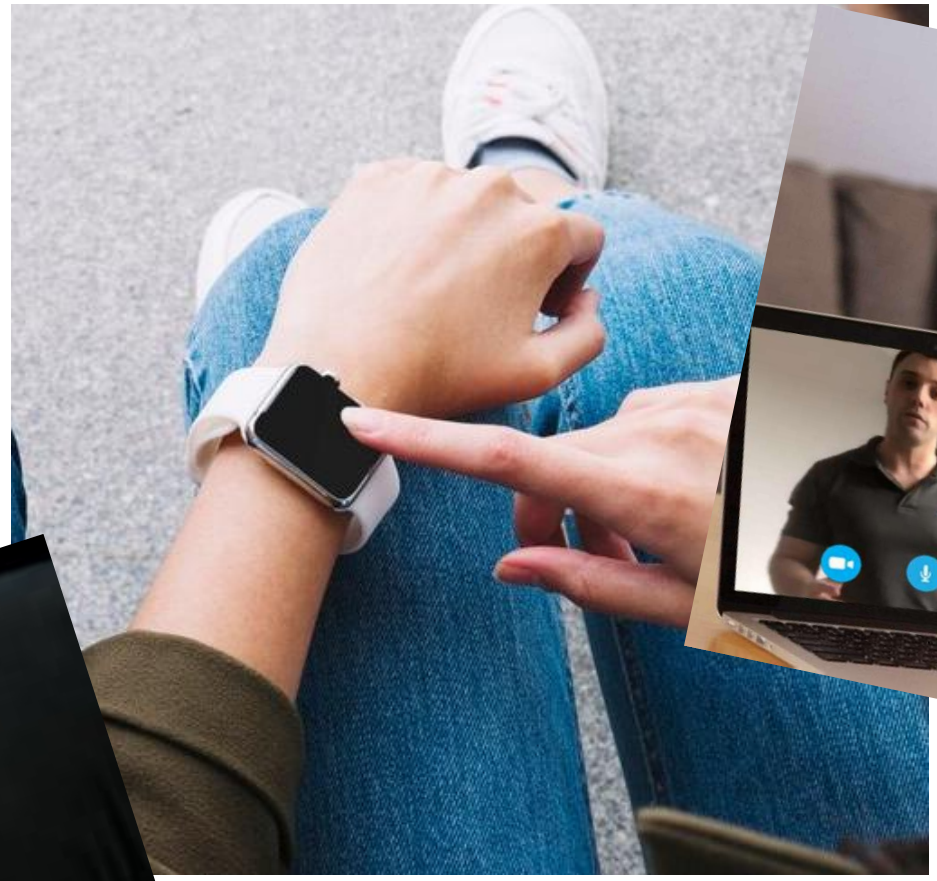
Ramesh Rajah
AD for Programmes (Digital Elective)
Becky Gate
Digital Lead| Elective Care
East of England Elective Care Improvement Team

Today:

- The East of England context
- How digital is transforming outpatient services
- Scaling on a regional footprint

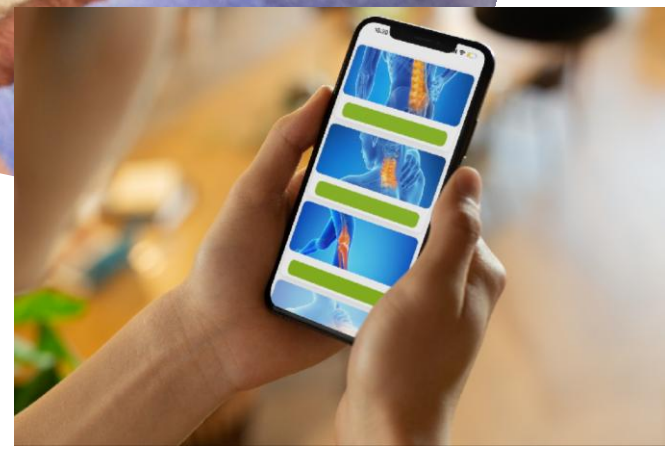
The future is here... for the user

Wearables and remote monitoring



Communication platforms

Patient Engagement Portals & NHS App

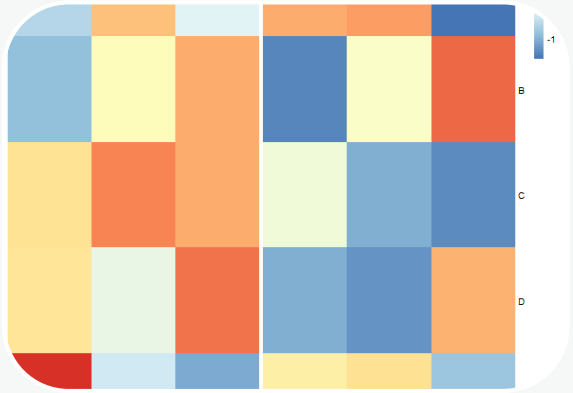


Curated self-management tools

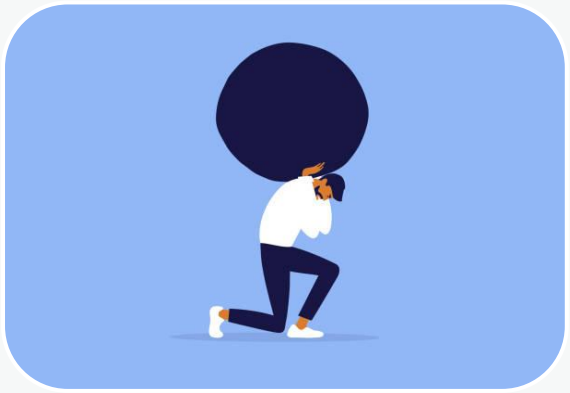
… for the clinician and service

- **Patient Administration Systems (PAS)** and **Electronic Patient Records**– scheduling, shared clinical view, capacity management
- **Clinical Decision Support** & **Workflow Tools** – AI driven decision support, digital triaging and predictive analytics
- **Operational and Collaborative Tools**– task automation to reduce admin burden, virtual MDT platforms
- **National Federated Data Platform** – unified access to data to enable a more cross organisational care coordination
- **Artificial Intelligence (AI)** and **other analytical tools -** to make predictions, automate simple tasks or generate new information e.g. trends, optimise resource allocation

but not for all and there are significant challenges to scaling…



Highest level of digital variation nationally



Resourcing challenges

Siloed working

Multiple asks

Can we use improvement methodology to make the most of what we have?

Applying improvement to scaling digital technology:

Defining the problem based on clinical and user need

- User-centred approach
- Listening to system needs
- Understanding the pathway e.g. using process mapping

Shaping a “regional” approach to common problems

- Economies of scale
- Sharing what works

Using continuous improvement methods to optimise existing tech

Underpinned by a MDT team

- Embedding a regional digital elective team with close links to digital
- Strengthening “MDT” culture and leadership
- Working towards shared workplans at an ICB and regional level

Step 1: Defining the “real” problem

- Fostering a “team of teams” to define the problem and outcomes
- Offering joint regional support e.g. delivery partners, simplifying asks
- Remembering digital is just an enabler not “solutions”
  - process mapping
  - user research
  - clinician led

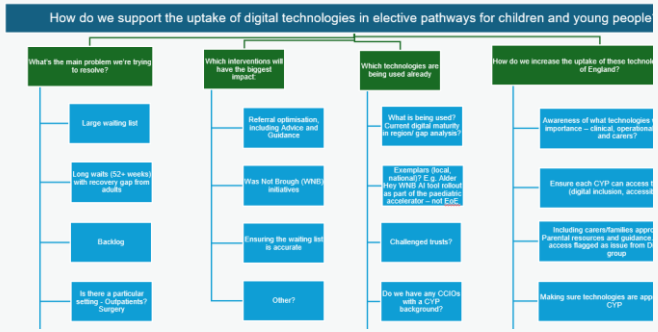
Step 2: Shaping a regional response to help us get from A to B

Bespoke support

Communities of Practice

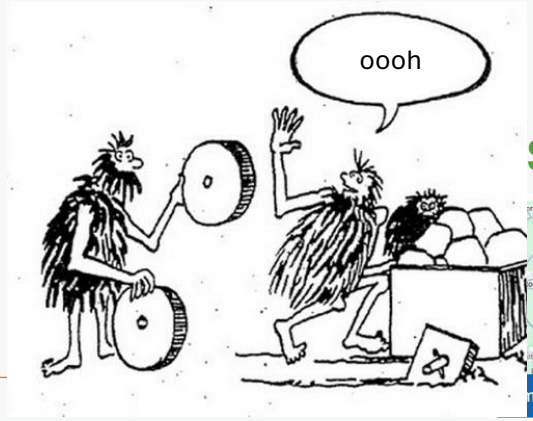
Step 3: Getting the most from people and technology through continuous improvement

Our problem



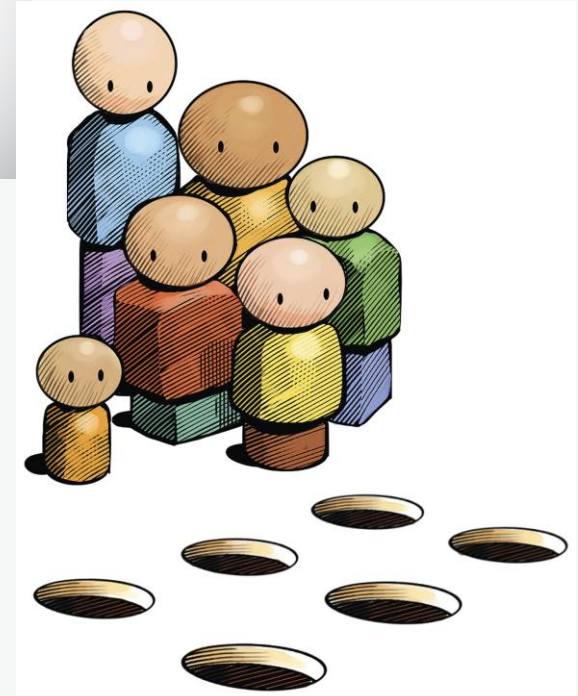
ICB	Providers	Demand: % Specialist Advice Utilised (Month: Jun 25) %	Change since 1 month ago	Demand: % Specialist Advice Diverted (Month: Jun 25) %	Change since 1 month ago	
BLMK	Bedfordshire	22.4%	-0.4%	22.1%	-0.8%	59
	Milton Keynes	32.4%	+1.5%	20.0%	+0.7%	50
C&P	Cambridge	10.9%	-0.7%	54.9%	-4.6%	58
	North West Anglia	22.3%	-3.0%	21.9%	+1.4%	56
	Royal Papworth	22.5%	+2.3%	11.5%	+0.4%	69
	East & North Herts	20.4%	-0.8%	19.5%	-2.1%	62

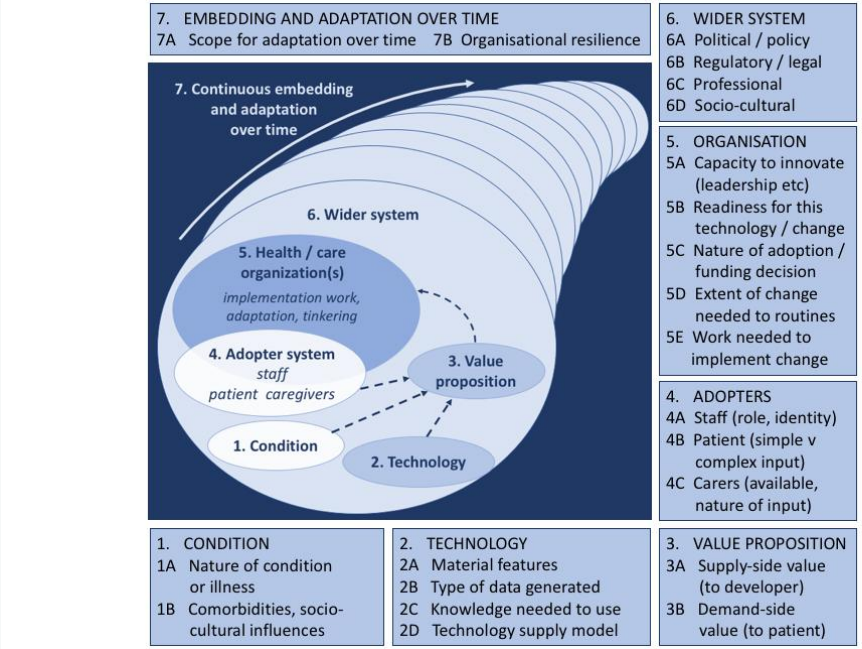
Unexplained variation and improvement opportunity



Sharing lessons learnt

...and remembering one size doesn't fit all:



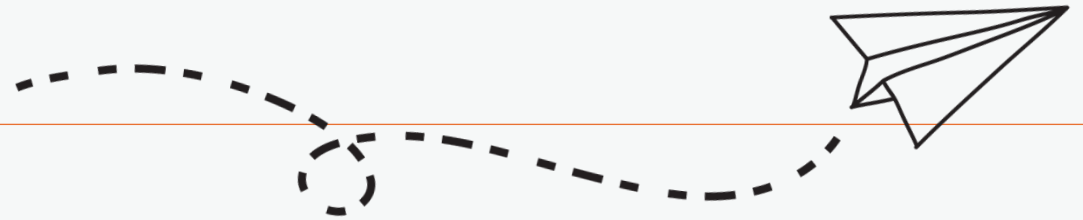


Nonadoption, Abandonment and Challenges to Scale-Up, Spread and Sustainability (NASSS) framework.

Greenhalgh et al, 2017

Successes and where's next

- Support scaling patient engagement portals through the monthly PEP Delivery Group
- More joined up regional team – shared deliverables and directorate days
- More joined up responses, including collaborative bids
- MDT approach for waiting list validation
- Addressing the waiting list in Children and Young People (including proxy)
- Promoting accessibility and digital inclusion
- Scaling current pilot sites




THANK YOU!

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Panel Discussion

Breege Gilbride
Deputy Divisional Director of Nursing for Outpatients and Patient Access
Imperial College Healthcare NHS Trust

Mr Henry St Aubyn Bilton
Urology Specialty Doctor
Harrogate District Foundation Trust

Becky O'Shaughnessy
Deputy Operations Manager
Cambridge University Hospitals

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Partners in endoscopy

Paul Whittle
Market Access & Communications Manager

paul.whittle@pentaxmedical.com

NHS Endoscopy Landscape

Population challenge

- The population is aging
- Cancer prevalence is increasing at all ages
- Diagnosis is expected/directed to be achieved earlier

Workforce challenge

- Existing workforce pressures due to insufficient Gastroenterologist/Endoscopist numbers
- Predicted further decline in workforce numbers due to imminent retirements & poor recruitment

Endoscopy Transformation

- There has been a BIG focus separating Diagnostics from the Acute setting
- Significant resource allocated to low-risk procedures to free up resource in the Acute setting
- CDC's taking Endoscopy back into the Community
- Extra Endoscopy activity in Outpatient & Clinic settings
- Was the released capacity used strategically?

Endoscopy Pathways

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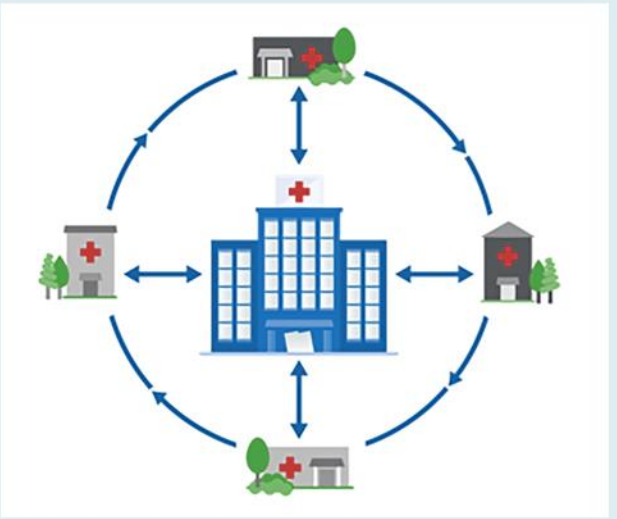
- Full system pathways must be prioritised
- These pathways will inevitably mean certain stakeholders such as GPs or Nurse Endoscopists need more/different skills as they see more patient groups/more pathologies
- Regional Networks will need to create their own solutions, such as:
  - Expanded CDCs
  - Stand alone community endoscopy (including GP practices)
- Critical diagnostic aspects of biopsy/pathology will phase out, replaced by AI (as the technology comes around)

What does that look like on the front line?


TIME
COST
QUALITY



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REDUCE ENDOSCOPE DRYING AND STORAGE TO JUST 1–3 MINUTES

carbon neutral
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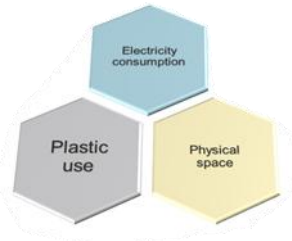
BLUE ANGEL THE GERMAN ECOLABEL

PLASMATYPHOON+
POWERED BY PENTAX MEDICAL

AUTOMATED BRUSHLESS CHANNELS PRE-CLEANING IN JUST 2–7 MINUTES

AQUATYPHOON
POWERED BY PENTAX MEDICAL

Health Innovation Wessex



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Independent Real-World Evaluation of PlasmaTYPHOON+ & PlasmaBAG

Comparison to Surestore & storage cabinet

22 times less kWh than the cabinet

64% less single-use plastic waste was generated

approximately **2,628kg less** waste per year

Actual savings to the decontamination unit in FY23-24 was **£107,856.59**

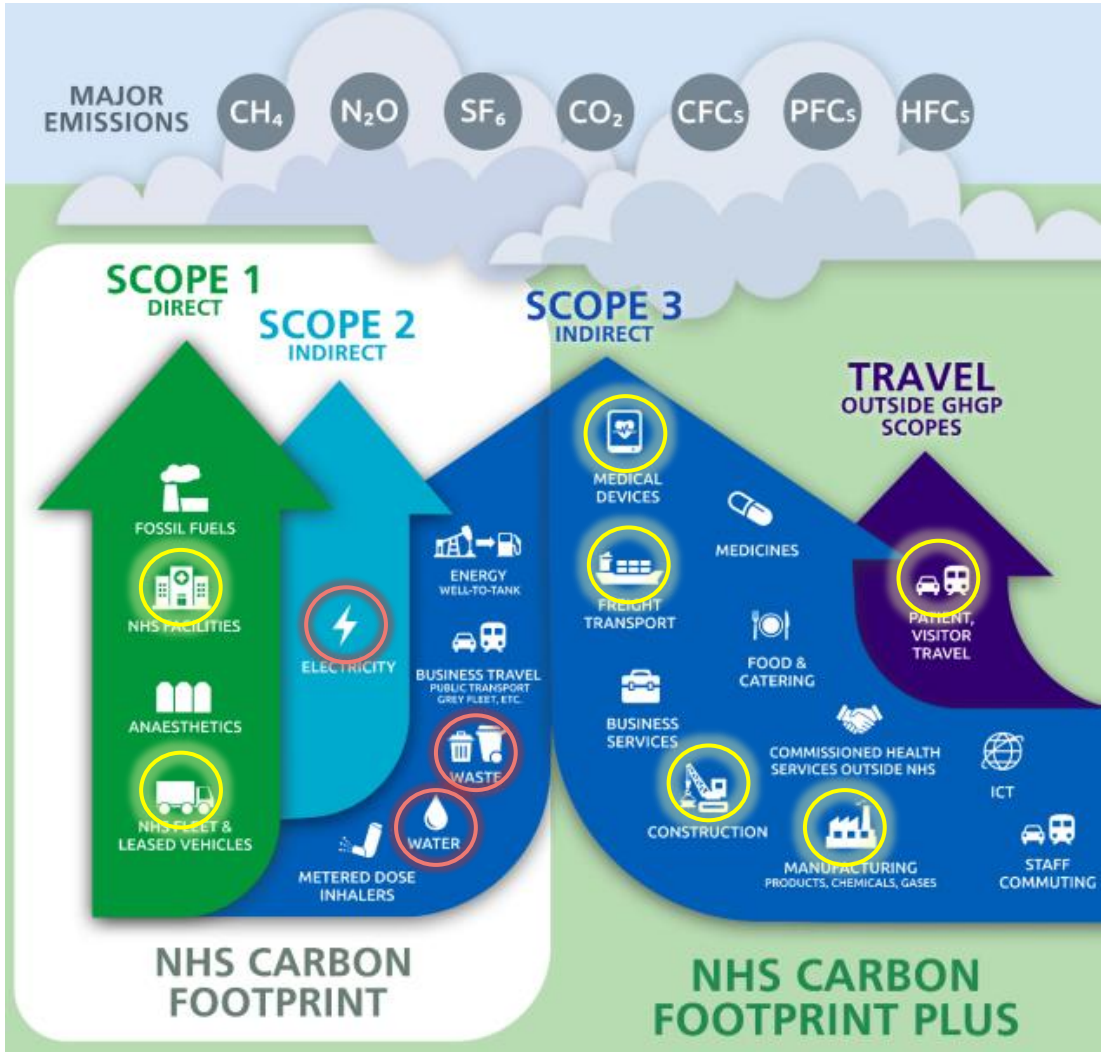
"There is a need for a coordinating force to drive and manage the various stakeholders required to update / create guidance for drying cabinet replacement systems like PlasmaTYPHOON+"

Suppliers or Partners

APRIL 2023 — All contracts above £5 million will require suppliers to publish a CRP for their UK Scope 1 and 2 emissions as a minimum (building on PPN 06/21).

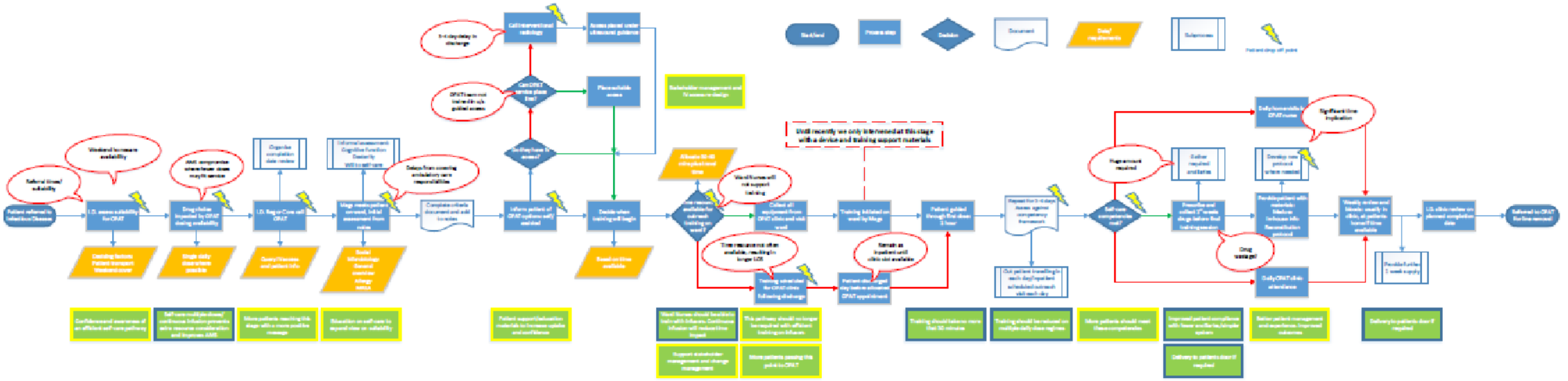
APRIL 2024 — All suppliers will be required to publish a CRP, irrespective of contract value. Suppliers will need to include their UK Scope 1 and 2 as a minimum.

APRIL 2027 — All suppliers will be required to publicly report targets and publish a CRP aligned to the NHS net zero target, for Scope 1, 2 and 3 emissions.



Pathway consultancy

- In-depth analysis of the patient flow through the Hospital
- Engage a wide range of stakeholders
- Uncover genuine opportunity and need for change
- Deliver real change within an organisation



Blackbox Innovations

powered by PENTAX Medical

Blackbox Innovation workshops

Small group of advisor are host in our R&D sites to assess to the latest research in a specific fields

Blackbox Innovation room

Products in an early stage of development are demonstrating in a closed environment to gather clinical input prior to the market introduction

IMPROVE CLINICAL OUTCOMES

ENHANCE EXPERIENCE AND SATISFACTION

MAXIMIZE VALUE

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Artificial Intelligence

PENTAX Medical Discovery™

- Powerful Panel-PC for seamless integration
- 4k touch screen for intuitive interaction
- Customizable profiles adjustable to your preferences

Video Processor

INSPIRA

- Most advanced platform for GI, ERCP, EUS and Pulmonology
- Resolutions up to 4K
- Powerful 5 LED light source
- Broadest range of image enhancement functions with i-scan SE, TE and OE 1&2
- Smartphone-like touchscreen for intuitive usability

Duodenoscopes

DEC Duodenoscopes

- HD+ image ERCP procedures
- Fewer reprocessing steps for faster cleaning
- Disposable elevator cap
- Reduces cross contamination

Balloon for Cryoablation

C2 CryoBalloon

- Treatment for Barrett's esophagus
- Offers flexible ablation options
- Suitable for a wide range of patients
- Less post-procedure pain

Thank you!

Paul Whittle
Market Access & Communications Manager

paul.whittle@pentaxmedical.com

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Refreshments & Networking

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Chair Morning Reflection

Mr Anil Vara, Bsc (Hons), Msc, MBA, CMgr, FCMI
Director of Elective Recovery (Ex) and Clinical Technologist in Nuclear Medicine
University Hospitals Sussex NHS Foundation Trust

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Case Study

NEC

Case Study

David East
Director, NEC Rego
NEC Software Solutions

Dr N. Tony. Ahmed
Chair, Local Dental Network
Shropshire and Staffordshire
NHS Birmingham and Solihull ICB

Unblock the dental care pathway

David East
Director, NEC Rego

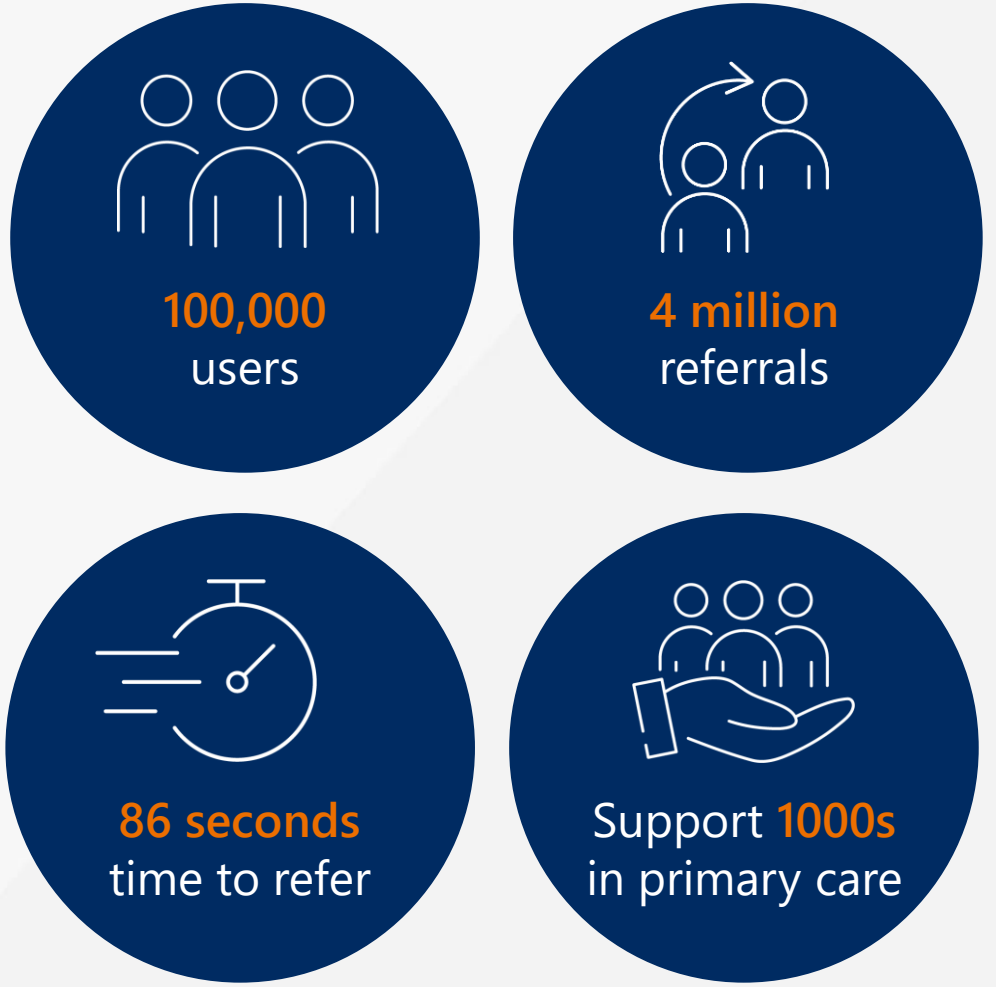
Dr N. Tony Ahmed
Chair, Local Dental Network Shropshire and Staffordshire

\Orchestrating a brighter world

What is NEC Rego?

An integrated referral management solution that supports the NHS to optimise the end-to-end referral process and improve patient outcomes.

Used by thousands of Dentists, GPs and Ophthalmologists, adopting algorithms and intelligent workflow it guides primary care clinicians to the correct clinical pathway in as little as 86 seconds, making every referral easier, clinically compliant and to the correct service first time.



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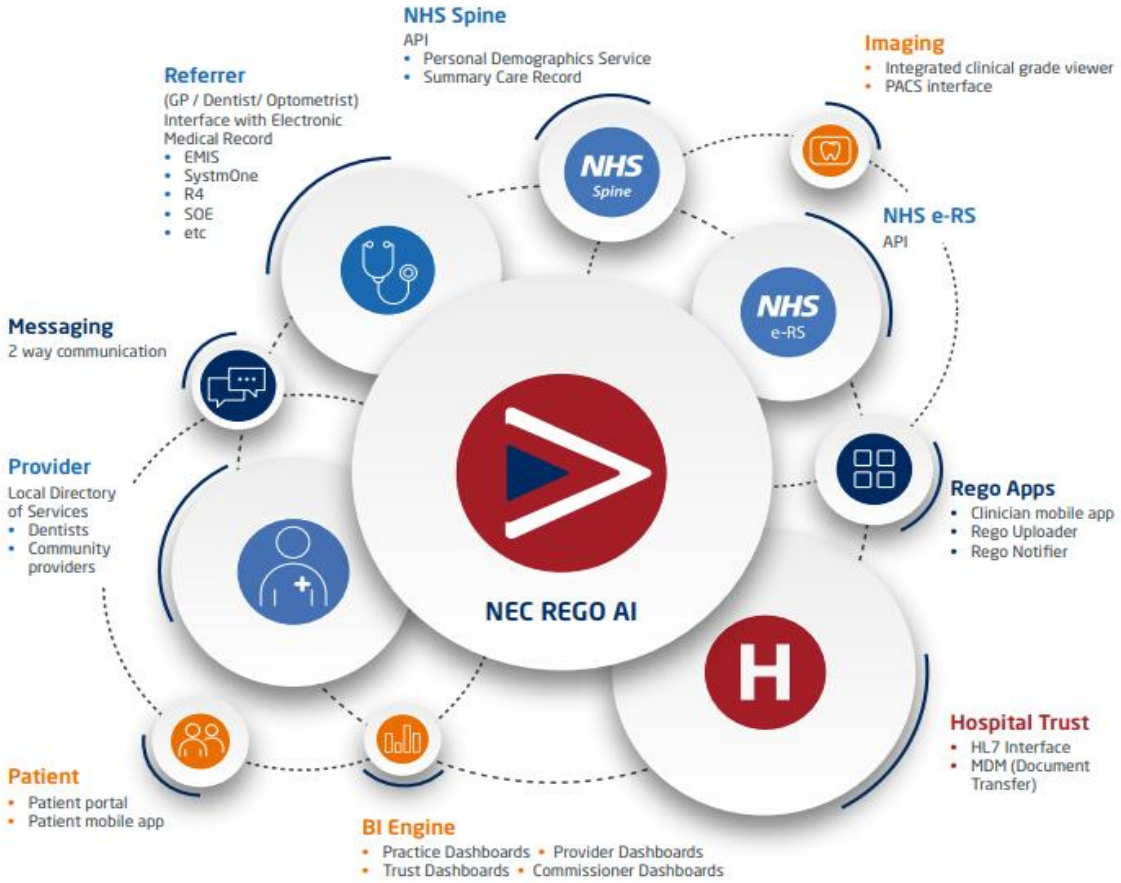

System integration

NEC Rego brings information from all relevant primary and secondary care systems together in one place, providing clinicians with a single, accurate view of each patient's referral, demographic information and medical history. By removing the need to search multiple systems and incorporating intelligent workflow, the platform significantly reduces the time it takes to triage each patient.

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Dental Electronic Referral Solution

Since 2015 NEC Rego has provided a Dental Electronic Referral Solution (DeRS) that supports the bi-directional flow of images, data and messages to support electronic referrals, advice and guidance, and other clinical communications.

Through the use of algorithms, integration, and smart workflow, Rego manages all current and evolving dental pathways from referral to discharge in accordance with local requirements.

Rego has been commissioned to deliver a Dental Electronic Referral Service (DeRS) across several NHS England Regions, and is proven to improve patient outcomes, optimise resources, deliver significant financial benefits and is currently in use by over 5000 Dentists across the UK.

- Referral optimisation
- Screening
- Auto triage due to smart workflows
- Locally designed pathways
- Patient choice
- Patient information & discharge
- Dynamic referral templates
- Reporting & dashboards
- Importing documents & images
- Clinical audits

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Extraction of tooth/teeth and root	Apicectomy
Orthodontic / Orthognathic	Assessment and management of developmental complexity
Suspected Cancer (2 week wait / rapid access)	Surgical exposure / extraction (as part of orthodontic treatment plan)
Filling / Fillings	Endodontic Care (root canal treatment)
Trauma	Periodontal Care (Gingival care / gum disease)
Temporomandibular Joint Disorder (TMJ)	Prosthodontic Care (tooth ware, occlusal problems, dentures, crowns, bridges)
Frenectomy	Advice on possible care and treatment

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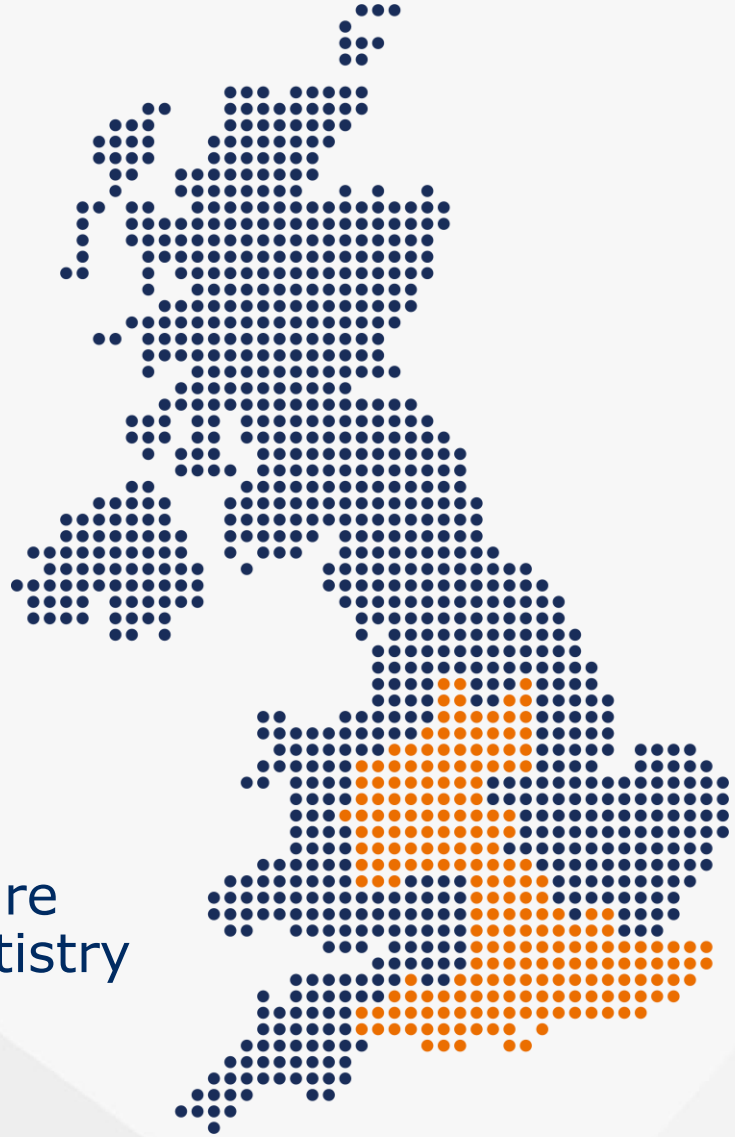


Coverage across 16 Integrated Care Systems for Dentistry

NHS Board Name

- Birmingham & Solihull Integrated Care Board
- Black Country Integrated Care Board
- Buckinghamshire, Oxfordshire & Berkshire West Integrated Care Board
- Coventry & Warwickshire Integrated Care Board
- Derby & Derbyshire Integrated Care Board
- Dorset Integrated Care Board
- Frimley Integrated Care Board
- Hampshire & Isle of Wight Integrated Care Board
- Herefordshire & Worcestershire Integrated Care Board
- Kent & Medway Integrated Care Board
- Nottingham & Nottinghamshire Integrated Care Board
- North West London Integrated Care Board
- Shropshire, Telford & Wrekin Integrated Care Board
- Staffordshire & Stoke-on-Trent Integrated Care Board
- Surrey Heartlands Integrated Care Board
- Sussex Integrated Care Board

NEC

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

Staffordshire and Stoke-on-Trent
Integrated Care System

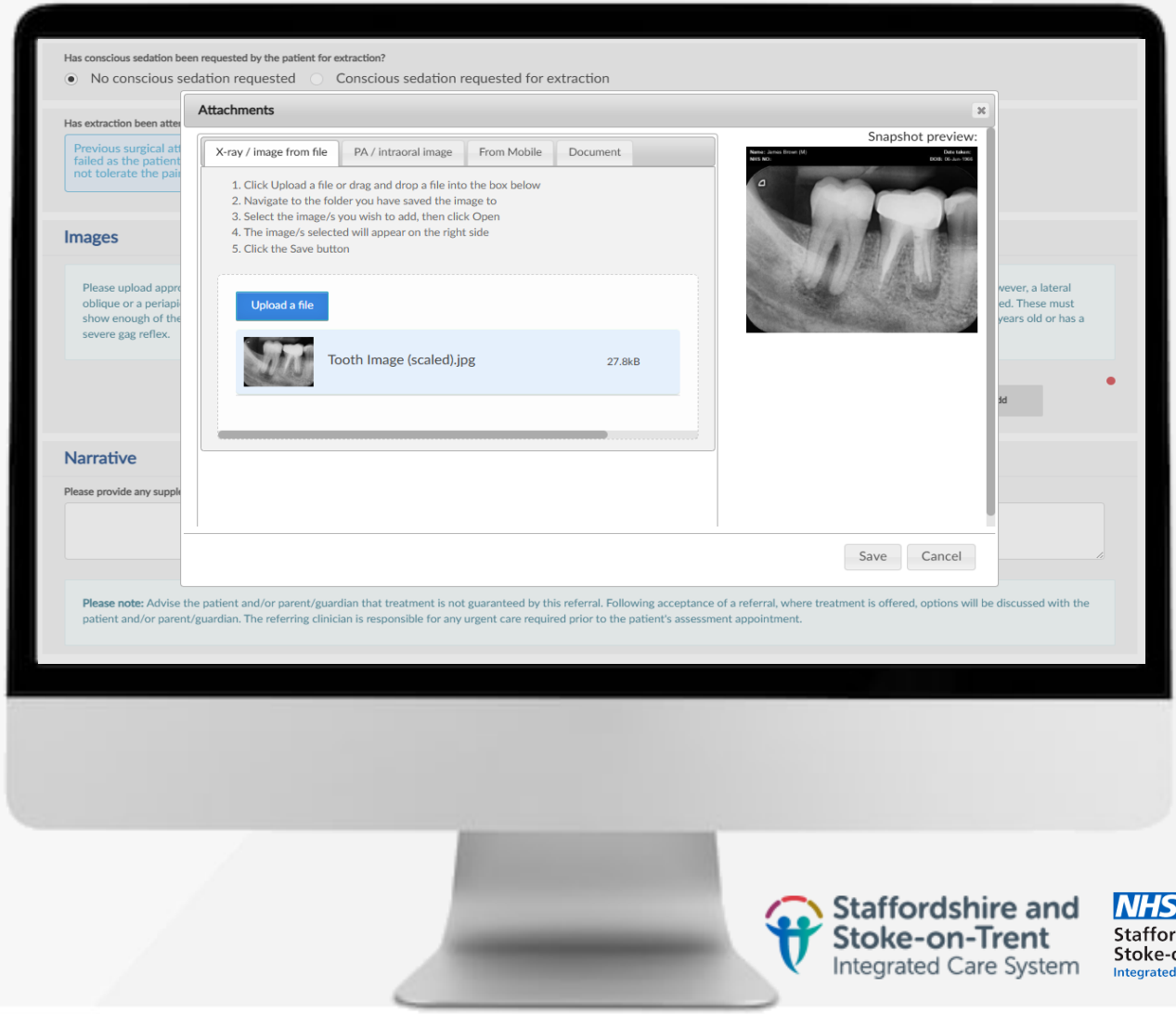
LDN

Dr. N. Tony Ahmed
BDS, MFGDP, PgCert. Orth.
PgCert. Med. Ed. FCGDent

Staffordshire and Stoke-on-Trent Integrated Care Board
Local Dental Network: Shropshire and Staffordshire

Challenges in Implementation

- Transitioning from historic referral processes to digital platforms
- Resistance to change among dental teams
- Lost paperwork and delays in traditional systems
- Interoperability issues between different dental software
- Need for training and support to ensure smooth transition



Staffordshire and Stoke-on-Trent Integrated Care System

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

How NEC REGO overcame challenges

1. Provided training and support during the transition
2. Seamless integration with existing dental software
3. User-friendly platform reducing administrative burden
4. Streamlined access to electronic referrals

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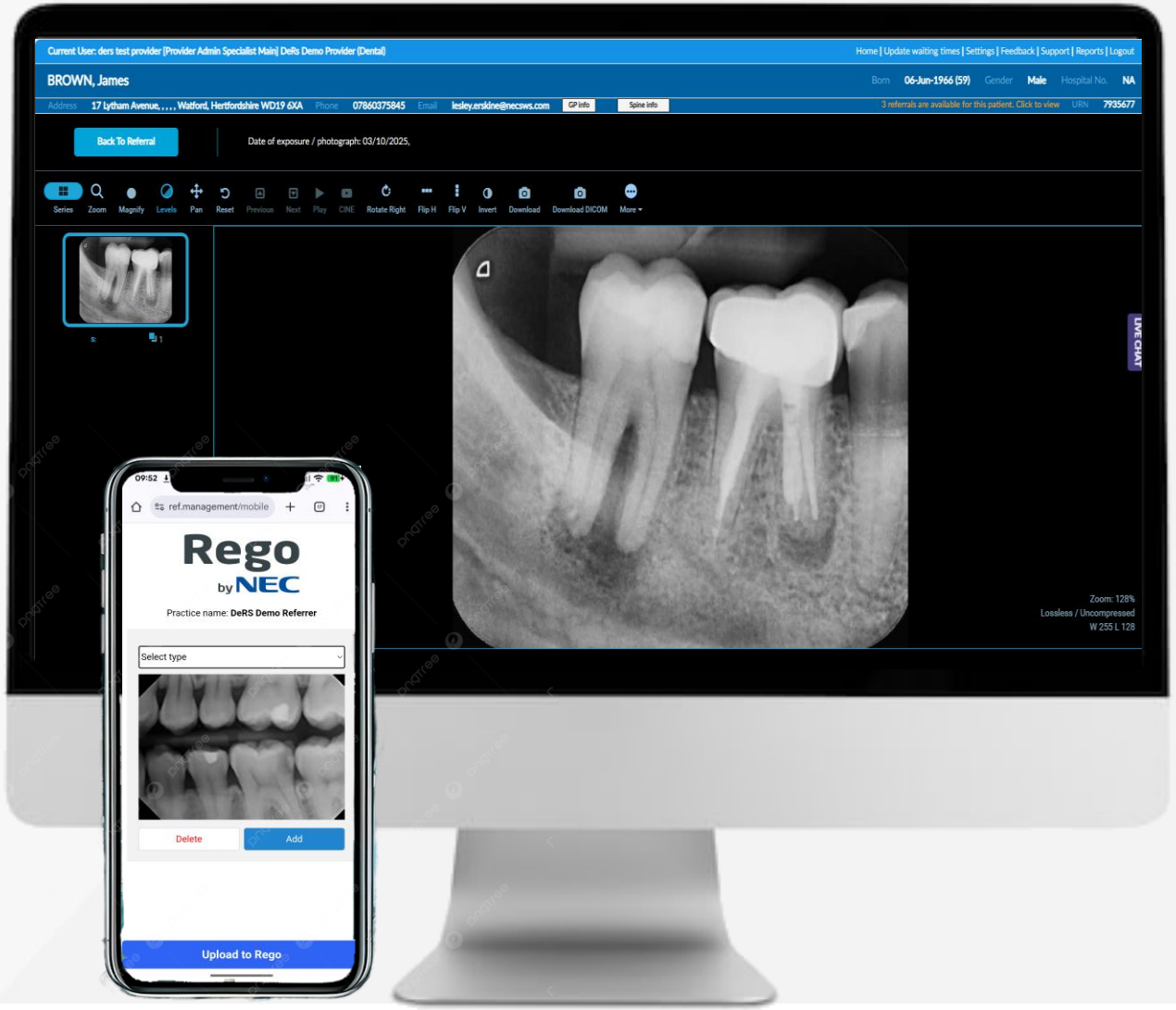
Benefits of Rego in dentistry

- Enhanced communication and collaboration between dentists and specialists
- Secure messaging and real-time updates for patient care
- Streamlined workflow and reduced administrative burden
- Faster access to specialist care and reduced patient wait times
- Data analytics to support evidence-based decisions and planning
- Mobile technology enabling secure upload of patient photos and radiographic images



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Data analytics with Rego

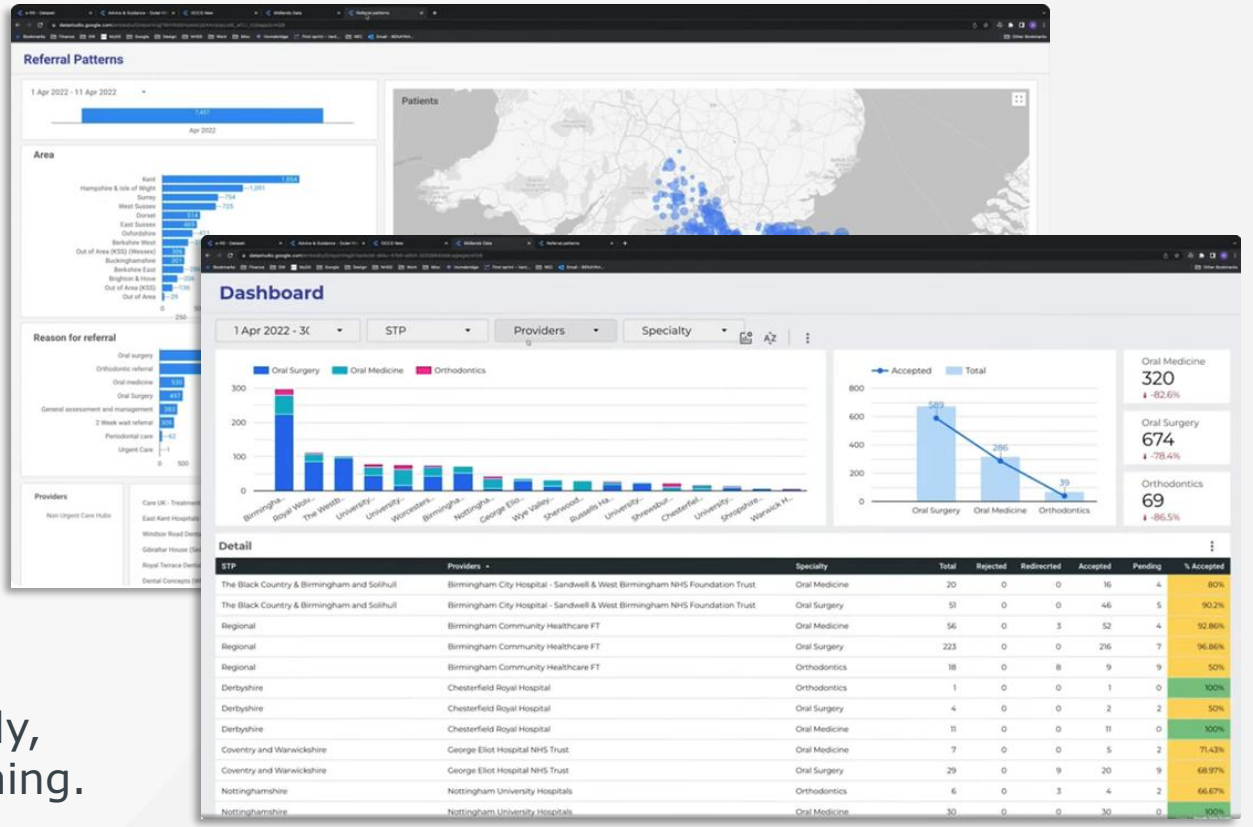
REGO provides insights into:

- Referral patterns by practice and condition

- Treatment outcomes

- Resource allocation and capacity planning

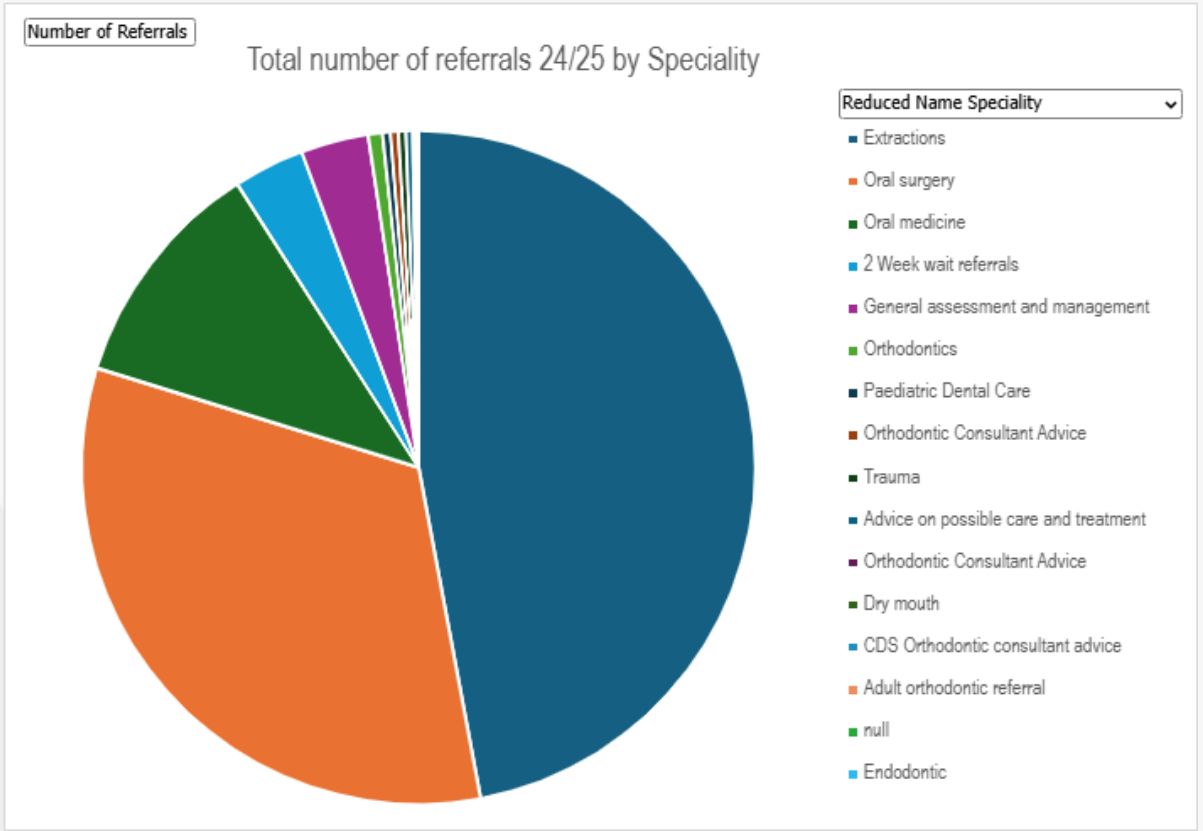
Example:
Identifying rising cases of oral cancer referrals early, allowing for timely intervention and resource planning.

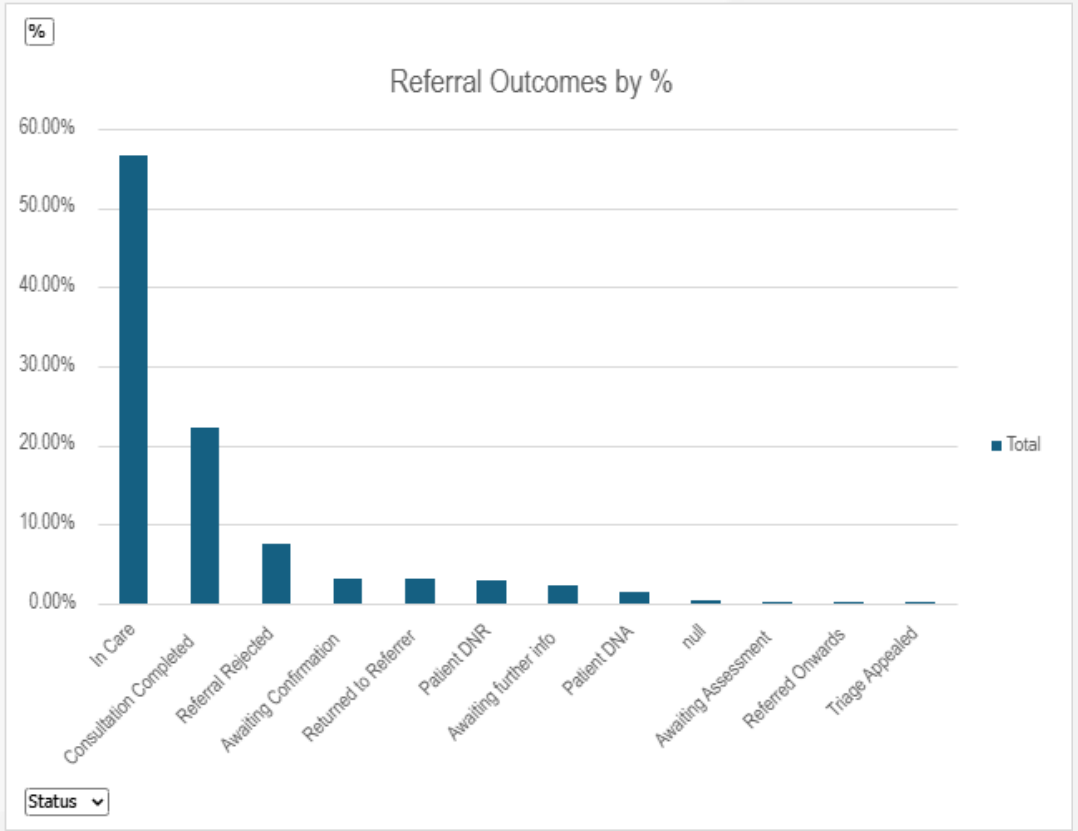


The adoption of REGO in dentistry is transforming referrals by:

Enhancing efficiency and collaboration → Reducing admin workload → Improving patient outcomes

"Electronic referrals are the future of dental care, benefitting both patients and providers."


Number of Referrals
Total number of referrals 24/25 by Speciality
Reduced Name Speciality
Extractions
Oral surgery
Oral medicine
2 Week wait referrals
General assessment and management
Orthodontics
Paediatric Dental Care
Orthodontic Consultant Advice
Trauma
Advice on possible care and treatment
Orthodontic Consultant Advice
Dry mouth
CDS Orthodontic consultant advice
Adult orthodontic referral
null
Endodontic


%
Referral Outcomes by %
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
In Care
Consultation Completed
Referral Rejected
Awaiting Confirmation
Returned to Referrer
Patient DNR
Awaiting further info
Patient DNA
null
Awaiting Assessment
Referred Onwards
Triage Appealed
Total
Status

Tier Referral Level	Number of Referrals	%
Tier 2	29071	72.46%
Tier 3	11051	27.54%
Grand Total	**40122**	**100.00%**

Reason for Referrals - Rejected	Number of Rejections
Extractions	1167
Oral surgery	766
Oral medicine	467
General assessment and management	305
2 Week wait referrals	74
Trauma	54
Orthodontic Consultant Advice	53
Orthodontic Consultant Advice	34
Advice on possible care and treatment	27
Orthodontics	22
Paediatric Dental Care	21
Dry mouth	6
CDS Orthodontic consultant advice	3
Adult orthodontic referral	1
Endodontic	1
Grand Total	**3001**

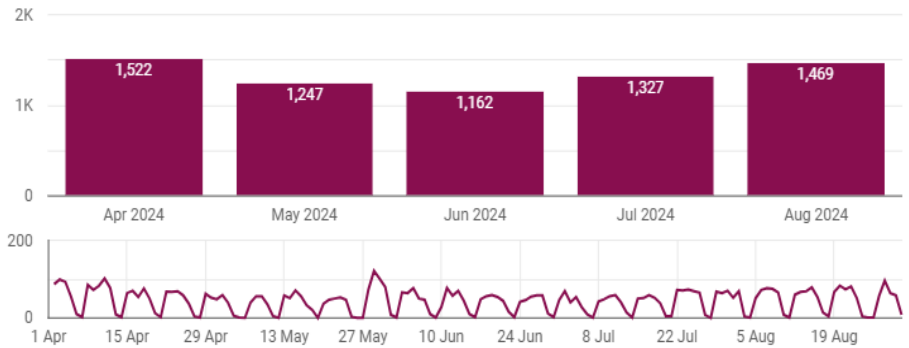
Current Status	%
In Care	56.70%
Consultation Completed	22.13%
Referral Rejected	7.48%
Awaiting Confirmation	3.22%
Returned to Referrer	3.13%
Patient DNR	3.02%
Awaiting further info	2.24%
Patient DNA	1.37%
null	0.49%
Awaiting Assessment	0.11%
Referred Onwards	0.10%
Triage Appealed	0.02%
Grand Total	**100.00%**

NEC

1 Apr 2024 - 31 Aug 2024 | Search URN | Speciality | Referral Reason: O... (11) | Status | ICB: BOB (1) | CCG | Care Type | Referrers | Provider

Total

Total Referrals
6,727

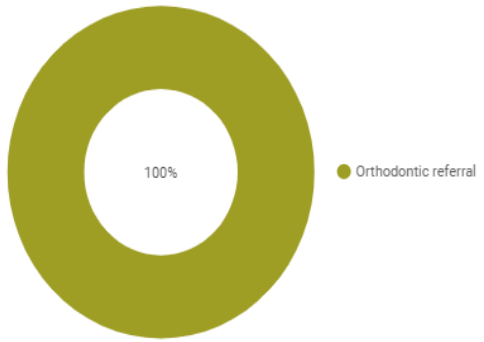


Per area

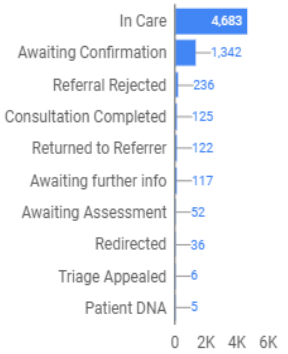
Oxfordshire	2,288
Buckinghamshire	1,992
Berkshire West	1,846
Berkshire East	239
Out of Area (KSS)	230
Out of Area (KSS) (Thames ...	45
Out of Area (KSS) (Wessex)	31
Hampshire & Isle of Wight	21
Dorset	17

1 - 13 / 13

Speciality



Statuses



Detail

URN	Referr...	Referrer	Specialty	Referral Reason	Provider	Patient CCG	ICB	Patient GP	Status
6159...	15 Aug ...	Dental Art Practice	Orthodontic ...	Orthodontic referral (Tham...	Newbury Orthodontics Limite...	NHS Berkshire ...	BOB	BURDWOOD...	In Care
5984...	4 Jul 20...	Buttercross Dent...	Orthodontic ...	Orthodontic referral (Tham...	Witney Brace Place (P)	NHS Oxfordshir...	BOB	WINDRUSH ...	In Care
6012...	11 Jul 2...	Damira Dental St...	Orthodontic ...	Orthodontic referral (Tham...	Portman Healthcare Limited ...	NHS Oxfordshir...	BOB	MONTGOM...	In Care
6069...	25 Jul 2...	Broken Acre Dent...	Orthodontic ...	Orthodontic referral (Tham...	Mr MY Cheung (P)	NHS Buckingha...	BOB	BURNHAM ...	In Care
5849...	31 May ...	Eastgate Dental ...	Orthodontic ...	Orthodontic referral (Tham...	Belur Orthodontics (P)	NHS Buckingha...	BOB	POPLAR GR...	In Care
5749...	8 May 2...	Ock Street Dental...	Orthodontic ...	Orthodontic referral (Tham...	Peachcroft Orthodontics (P)	NHS Oxfordshir...	BOB	THE ABING...	In Care
5893...	12 Jun ...	My Dentist Tilehu...	Orthodontic ...	Orthodontic referral (Tham...	The Orthodontic Centre (Rea...	NHS Berkshire ...	BOB	TILEHURST ...	Awaiting Confi...
5801...	20 May ...	Riverside Dental ...	Orthodontic ...	Orthodontic referral (Tham...	The Orthodontic Centre (Rea...	NHS Berkshire ...	BOB	RALMORE P...	Awaiting Confi...

Referrers

Inspire Dental Practice (Reading)	199
Westbridge Dental Practice	170
Eastgate Dental Centre	151
Busby House Dental Centre	146
Loddon Bridge Road Dental Practice	116
Cambridge Street Dental Practice	103

1 - 375 / 375

Providers

The Orthodontic Centre (Reading) ...	1,238
Oxford Orthodontics Practice (P)	767
Making Smiles Orthodontics (High...	574
Belur Orthodontics (P)	407
Peachcroft Orthodontics (P)	378
The Orthodontic Centre (Wokingh...	343

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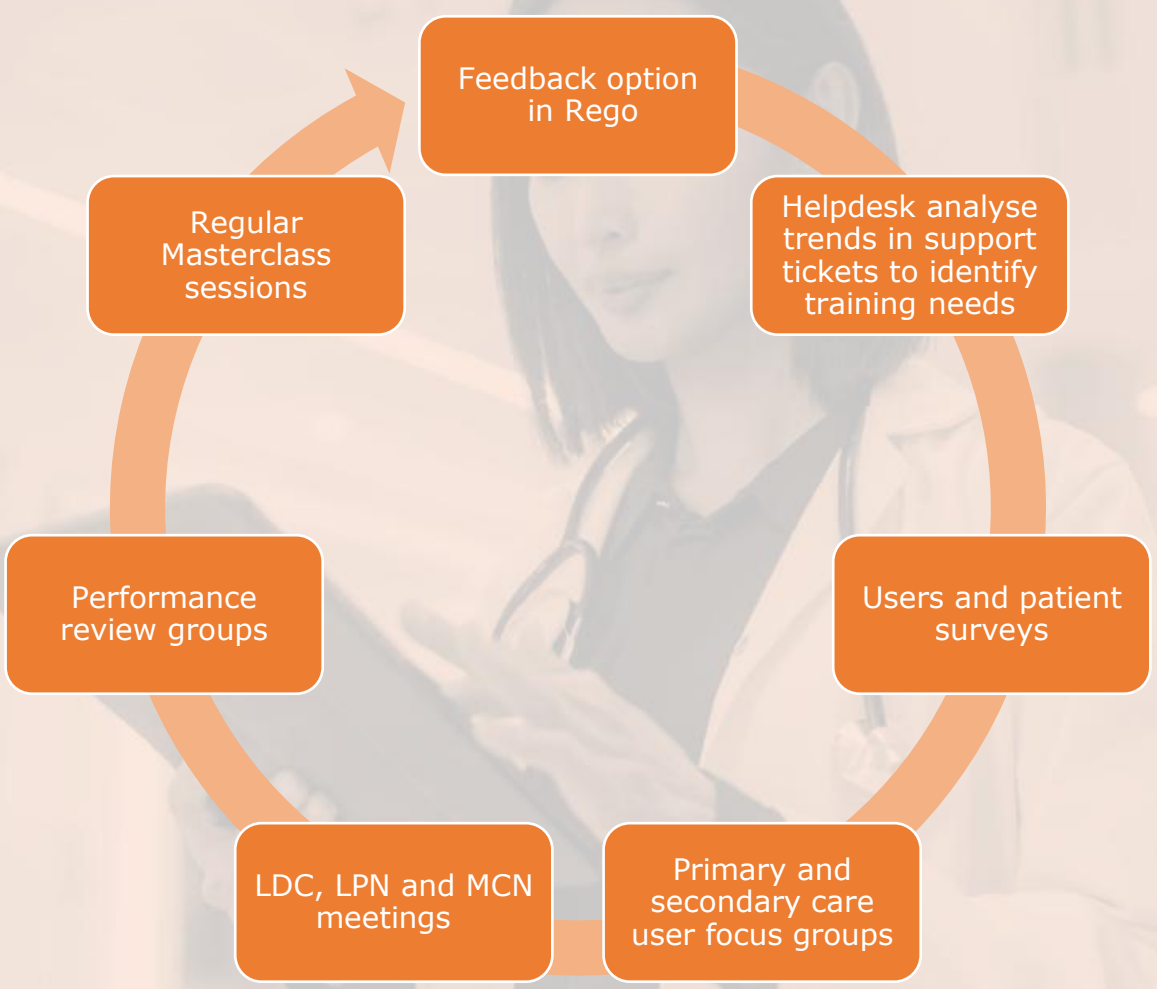
COMMERCIAL IN CONFIDENCE



Continuous improvement

Through routine audits, user feedback and engagement with the Pathway Review Groups, we have robust mechanisms to identify areas for improvement to help maintain the highest quality of referral.

Working with your pathway review groups we have developed and continuously configure a suite of pathways across all dental specialties. incorporating local rules and thresholds.

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Speciality portfolio

ENT	MSK	Urology
Gynaecology	General surgery	Dentistry
Ophthalmology	Dermatology	Advice & Guidance

Over 100 clinical pathways in development, which include:
Gastroenterology, Cardiology, Paediatrics, Haematology

Q&A

Thank you for your time

\Orchestrating a brighter world

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Case Study

Markus Gwiggner PhD MRCP
Consultant Gastroenterologist
University Hospital Southampton NHS Foundation Trust

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Keynote Presentation

Tracey Magowan
Senior Business Support Manager – Outpatient Modernisation
Belfast Health & Social Care Trust

Belfast Health & Social Care Trust

Outpatient Modernisation Journey

Mrs Clare Lundy – Co Director
Imaging, Medical Physics and Outpatient Services

Hello from Northern Ireland

Outpatients Modernisation
Inspiring Better Healthcare

What are we also know for?

Outpatients Modernisation
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Northern Ireland's Health and Social Care Structure

- Northern Ireland population of approximately 1.91 million
- Belfast population approximately 350,500

Department of Health
www.health-ni.gov.uk

Northern Ireland Executive Department – policies and legislation for hospitals

HSC Health and Social Care

Includes **Strategic Planning and Performance Group (SPPG)** Responsible for commissioning services, managing resources and performance improvement

HSC Northern Health and Social Care Trust

HSC South Eastern Health and Social Care Trust

HSC Belfast Health and Social Care Trust
caring supporting improving together

HSC Southern Health and Social Care Trust
TOGETHER, IMPROVING CARE, TRANSFORMING LIVES

HSC Western Health and Social Care Trust

The 5 Trusts of Northern Ireland. Each Trust manages its own staff and services, and controls its own budget
Belfast Trust – Regional Hospital and Trauma Centre

Belfast Health and Social Care Trust

caring supporting improving together

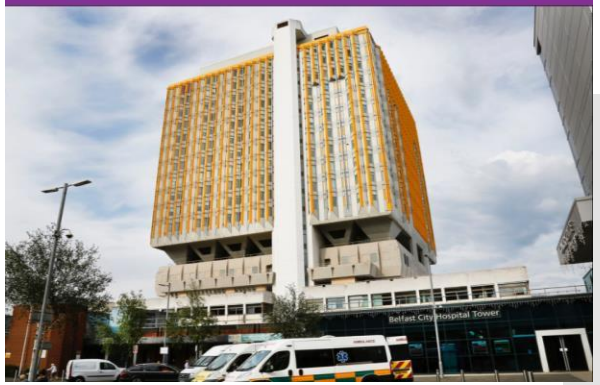
Welcome to Belfast Trust

Wellbeing Centres X6
Breast Screening Service

Royal Victoria Hospital

Children's Hospital

Belfast City Hospital



Maternity Hospital

Mater Hospital

Musgrave Park Hospital

Knockbracken

Muckamore Abbey Hospital

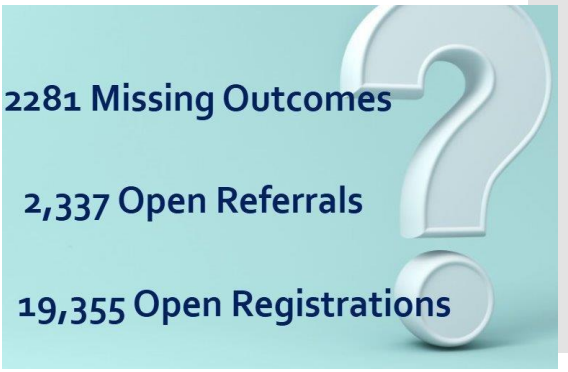
Iveagh Centre

Beechcroft

Why do we need to modernise our Outpatient Services?

50% of Outpatient referrals are for patients who live in other Trust areas

Statistics taken from Year 2023/24



Outpatients Modernisation
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Our Outpatient Modernisation Journey So Far.....

Biggest Regional Modernisation Project

Epic

Digital revolution for NI patient records

Department of Health

encompass

- SEHSCT • 9 November 2023
- BHSCT • 6 June 2024
- NHSCT • 7 November 2024
- SHSCT & WHSCT • 8 May 2025

A clinically and operationally-led integrated care record system, allowing for a single digital care record for every citizen in Northern Ireland who receives health and social care.

One Person
One Record
One System

encompass Phases

Readiness → Stabilisation → Optimisation

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Outpatient Modernisation Workshops

- First workshop held in November 2023
- 12 workshops so far
- Over 400 colleagues (senior clinical leaders/ managers/ admin/ GP and Patient representatives) invited to each workshop
- Agreed themes to focus on: Enhanced Triage, Enhanced Admin Validation, Patient Initiated Follow-up (PIFU), alternative pathways and improved communication with patients
- Driver diagram developed
- Proposed targets and measures identified, and determined change ideas
- Special guest speakers from organisations such as NIPSO, GIRFT, primary care and other Trusts
- Regular feedback, highlighting success and shared learning

Outpatients Modernisation
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Outpatient Modernisation Vision & Strategic Priorities

OUTPATIENT MODERNISATION DRIVER DIAGRAM

Our Vision

To deliver safe, effective & compassionate care with the right care, at the right time, in the right place and by the right team

AIM	PRIMARY DRIVERS	SECONDARY DRIVERS	CHANGE IDEAS
Meet 22/23 Outturn & deliver 5% increase on 22/23 NEW activity by March 2026. Decrease Routine Review patient activity by 10% by March 2026. Achieve at least 25% improvement across all KPIs by March 2026	Enhanced triage	Standardised system and processes of making and recording OP appts and outcomes	Administrative validation of open referrals / open registrations / longest waiting Patients
	Enhanced validation	Digitisation of paper referrals for all healthcare professionals	Enhanced / clinical validation of NEW and REVIEW waiting lists
	Patient Initiated Follow-up (PIFU)	Data dashboards readily available and accessible	Regular analysis of meaningful digital data to inform planning
	Development of alternative pathways of care for Patients	Development of alternative Rapid Access Services	Agreed clinic templates (N:R) / job plans incl face to face and virtual model
	Improved communication with Patients	Alternatives to face-to-face consultant appointment with timely access for patients required	Standardised pathways for PIFU
		Consistent process for follow up communication with Patients and Primary care / referrers	Agreed governance arrangement for alternative Patient pathways
		Enhanced Patient education & self-management	Improved communication & pathways between primary & secondary care e.g. RFA/ shared education
			SMS/ digital solutions for patient communication/ appt reminders/ PROMs/ remote monitoring

Increase Outpatient New Patient Activity

- Support Services with enhanced triage and enhanced validation

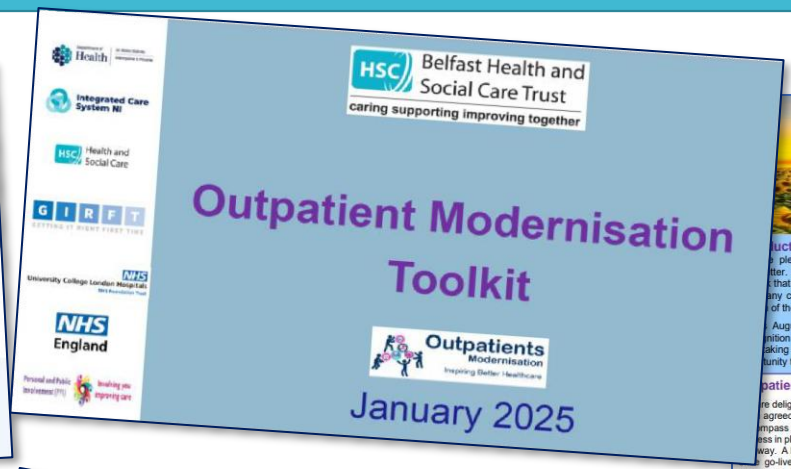
Decrease Outpatient Review Activity

- Support services with PIFU and develop alternate pathways of care

Achieve Improvement across all Outpatient KPIs

- Improved communication/ partnership with patients alongside faster access to healthcare

Outpatient Modernisation



GETTING IT RIGHT FIRST TIME

- Dermatology
- Diabetes/Endocrinology
- Fractures
- Gastroenterology
- General Surgery
- Genetics
- Gynaecology
- Hepatology
- Immunology
- Neurology
- Ophthalmology
- Orthopaedics
- Rehabilitation
- Respiratory
- Neurovascular/stroke
- School of Dentistry
- Paediatric Cardiology
- Rheumatology
- Oncology
- Pain Service
- Urology
- Vascular

Outpatient Modernisation Speciality Meetings

Outpatient Modernisation Projects Underway

- ✓ Request for Advice
- ✓ Discharge with Advice
- ✓ Enhanced Triage
- ✓ Patient SMS Communications
- ✓ Admin Validation
- ✓ Enhanced Validation
- ✓ Clinical Validation
- ✓ Admin housekeeping
- ✓ 6-week Appointment Scheduling
- ✓ Patient Initiated Follow-Up
- ✓ Launch of My Care App
- ✓ DNA Reduction
- ✓ Personal and Public Involvement Programme Focus Group

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How are we doing?

Activities	Total
Admin Validation of New Patient Waiting List	**3,524** patients no longer require an appointment = reduction of **18%** for services validated
Clinical Validation of New Patient Waiting List	**42%** reduction for Hepatology Service **28%** reduction for Dermatology Service
Appointment Text Reminders	**51,449** per month **979** Interactive voice messages per month
Referral Acknowledgement Text	**9,778** per month
Digital Waiting List Validation Text	**4,270** per month
PIFU Pathways	**18**

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Patient Initiated Follow-Up

Patient Initiated Follow-up (PIFU) = approximately *5,797 patients on PIFU pathways

- Immunology Allergic Rhinitis
- Immunology Urticaria
- Immunology Dust-mite
- Immunology Stable Hypogamma
- Gynaecology Endometriosis
- Uro-Gynaecology
- Ophthalmology Macular
- Ophthalmology General
- Ophthalmology Paediatrics
- ENT – Adult Microsuction
- ENT – Paediatrics
- Dermatology General
- Orthopaedic ICATs
- Orthopaedic Fractures
- Orthotics
- Rehabilitation – Prosthetics
- Hepatology – Nurse Led
- Gynae-Oncology

Services Preparing

Gastroenterology
Urology – Bladder Botox
Endocrinology
Oral Surgery
Oral Medicine
Haemophilia
Psychology
Paediatric Psychology
Breast

*ongoing manual data migration underway

Outpatients Modernisation
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Outpatients Modernisation

Inspiring Better Healthcare

Belfast Health and Social Care Trust

encompass DELIVERING CARE TOGETHER

Key Performance Indicators

Contents

BHSCT Monthly Summary

Target Achieved | Improved | Area for Development

KPIs	FY 22/23	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	FY25/26 Apr-25	May-25	Jun-25	Jul-25	Aug-25	RAG Status
All open referrals will be triaged within 72 hrs	29%	653	635	1224	685	1180	1074	1162	1496	1320	1759	1418	Can't present number of triage within 72 hours, but can present current number of untriaged referrals
50% patients to be waiting no more than 9 wks	21% at 31st March 23	17%	17%	15%	15%	15%	16%	16%	15%	16%	15%	15%	
No patients to be waiting over 52 wks	55,042 at 31st March 23	73,179	74,986	76,825	77,432	78,799	78,331	80,269	81,319	81,384	81,403	81,433	
Decrease Trust Hospital Cancellations by 10%*	125,107	74,108	86,600	97,773	111,830	122,986	133,606	7,896	15,953	24,722	32,931	40,535	
Decrease Patient Cancellations by 10%*	95,870	55,252	65,510	75,228	86,623	95,995	105,392	6,231	13,165	21,470	28,582	34,680	
Decrease New Patient DNA rates to a maximum of 5%	7.8%	7.3%	7.4%	8.0%	7.9%	7.0%	6.5%	8.3%	8.1%	8.6%	8.1%	7.5%	
Decrease Review Patient DNA rates to a maximum of 8%	8.8%	7.8%	8.2%	8.3%	8.1%	7.1%	6.9%	9.6%	9.8%	9.1%	9.0%	8.3%	
Decrease missing outcomes by 10%	0.4%	1.0%	0.8%	0.9%	0.9%	1.2%	1.4%	0.3%	0.4%	0.3%	0.3%	0.5%	
Decrease open registrations until non greater than 4 wks		N/A	5,319	6,608	7,810	8,151	9,423	24,422	23,825	23,672	22,358	19,646	Not Available. Can report on total number only
Increase Phlebotomy activity by 10%*	20,910 Attendances	14,215	16,887	19,170	21,592	23,612	25,950	2,610	5,248	7,928	9,818	11,544	
Decrease Phlebotomy DNA rate until a maximum of 5%	7.6%	12.8%	11.1%	10.0%	9.1%	8.6%	6.4%	17.7%	22.7%	10.1%	15.3%	9.3%	
All Services to send Patients a copy of their clinic consultation letter													No data available at present - verbal feedback is that clinic letters are being sent to patients for most

*Cummulative

Our Current Outpatient Waiting Lists (Aug 2025)

Number of Patients waiting for a **New Patient** Appointment

154,554 (longest patient waiting 10 years)

Number of Patients waiting for a **Review (follow-up)** Appointment

200,392 (longest patient waiting 10 years)

Total Number of Patients requiring an Outpatient Appointment = 354,976

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Outpatient Modernisation Team

2024-2025

Validated 27,269 patient records ensuring patients on the correct pathway

Supported development of PIFU

Supported enhanced validation

Supported admin validation

MyCare promotion

DNA support

Led Outpatient Modernisation PPI Focus Group

Support validation of potential duplicate outpatient waiting lists

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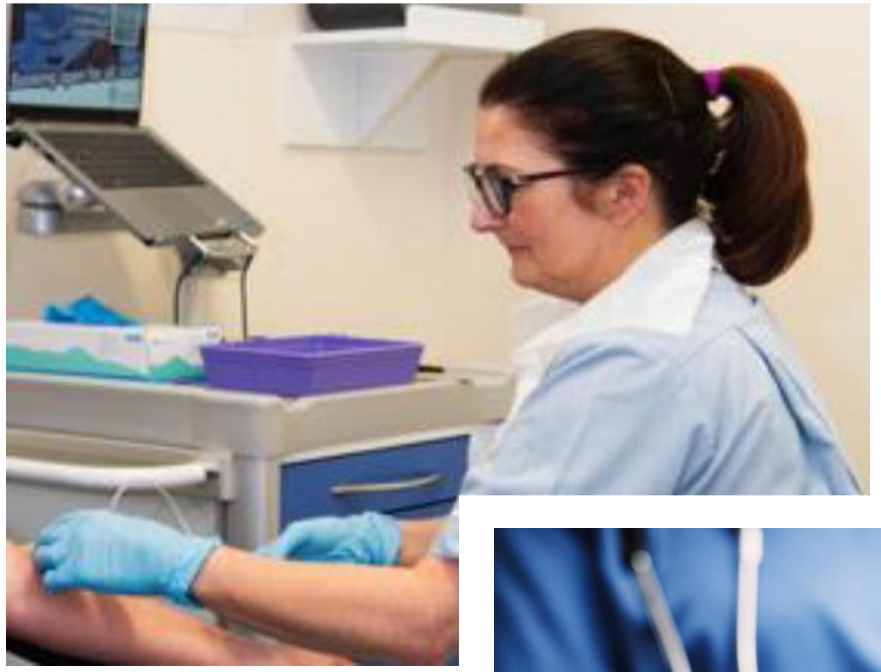
Outpatients Nursing Workforce



Why Modernisation the Outpatients Nursing Workforce?

- No definitive guidance for Outpatient Departments (OPD) – local or regional
- Delivering Care (2014) applies to inpatient and ED settings. OPD have own specific needs for consideration and different or adjusted approach
- Clarification of roles and responsibilities of different staff within the nursing family and OPD setting
- Support nursing structure and career progression within OPD, across Bands
- Development of a suitable tool for safe staffing level calculation for OPD nursing, dependent on clinic type, patient volume, acuity and nursing interventions required

A huge **THANK YOU** to Breege Gilbride for sharing her advice and knowledge with us!

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Outpatient Nursing Workforce Plan

Phase 1

Key Improvement Areas

- Skill Mix
- Clinic Types & Staffing
- OPD Staffing Tool

Phase 2

Key Improvement Areas

- Review Shift Patterns & Rotas

Phase 3

Key Improvement Areas

- Roles and Responsibilities across Bands
- Improve Promotion of Outpatient Nursing
- Career Progression

Phase 4

Key Improvement Areas

- Clinical Nurse Specialists Staff Support for OPD Clinics

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Phase 1

Task and Finish Group with Chair set up

Agreed Terms of Reference

Staff engagement to 'allay fears'

Clinic observational audits underway (not all clinics)

Data collation and analysis underway

1st Feedback clinics commenced last week

Future Plans 2025/26

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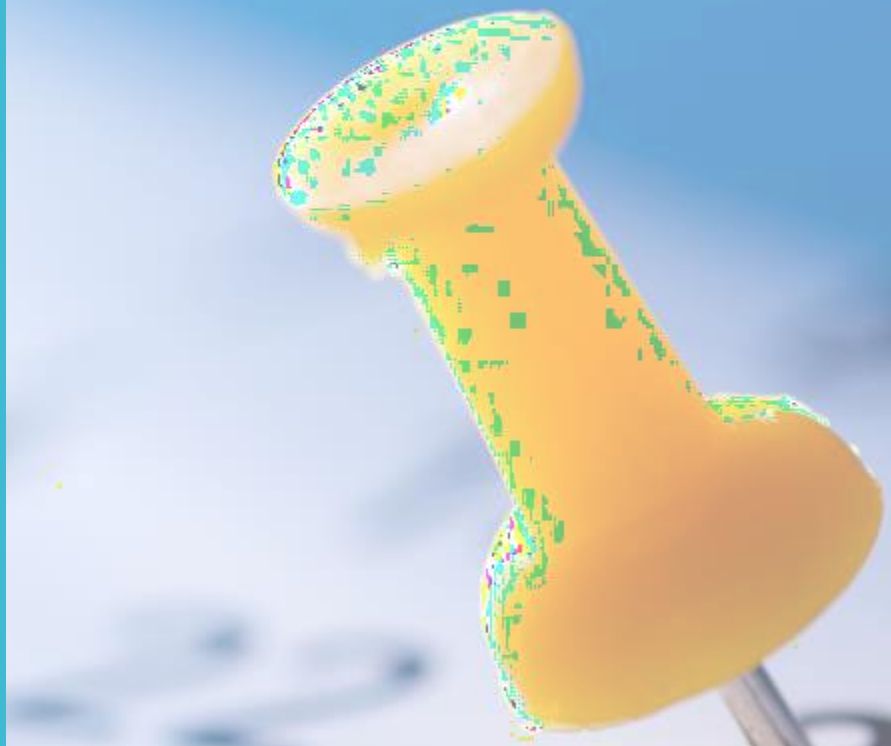
- Daycase appointment reminders
- Referral acknowledgements for Community Services
- Digitial Waiting List Validation for Community Services
- Remote monitoring for CF patients through MyCare, enabling patients to self-manage their condition
- Further Outpatient Modernisation Workshops
- Recommencement of Speciality Meetings
- Ongoing Validation work
- Creation of further PIFU pathways
- Outpatient Nursing Workforce
- KPIs and Strategic Outcome Targets
- Optimisation of Epic/ Encompass



Any Questions

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Case Study

HBS UK

Case Study

Prof. Ted Adams
Chief Medical Officer
HBSUK

Ben Naylor
Digital Implementation Manager
HBSUK

HBSUK
NHS Outpatients Conference

Case studies – 12.55 – 13.15
Prof. Ted Adams
Ben Naylor

8th October 2025

Making Healthcare Better

What makes us **different?**

12+ years' experience as leading NHS provider

Worked with over **50 NHS Trusts**

Only provider of **blended pathways**

Over 500,000 digital outpatient appointments delivered

Selected by MIT Judges
InterSystems
IMPACT AWARDEE WINNER
HBS UK

Minimal clinical exclusions

Trustpilot

Every speciality covered

Fully compliant with NHSE guidance

Renowned **Medical Advisory Board**

Over 2,600 clinicians performing over 120,000 procedures

Subsidiary of AXA Health

Scope of services

HBSUK's digital outpatients platform streamlines the outpatient journey with a digital pathway covering triage, specialist assessment, and follow-up, ensuring continuity and efficiency.

Regional and Global Winners in HealthTech, HealthTech, selected by MIT judges!

HBS UK

Scope of services –

No 1: Triage

Patient history

Patients begin their journey by completing **a clinically validated, specialty-specific online questionnaire** that **captures their health story** in detail, including symptoms, history, and red-flag indicators.

Triage

Using structured data, **the platform accurately triages patients to the right specialist from the start**, with **92% first-time referral accuracy** that reduces misdirected appointments and wasted resources.

Urgent cases

Triage also allows for **urgent cases to be flagged and fast-tracked**, ensuring patient safety is not compromised.

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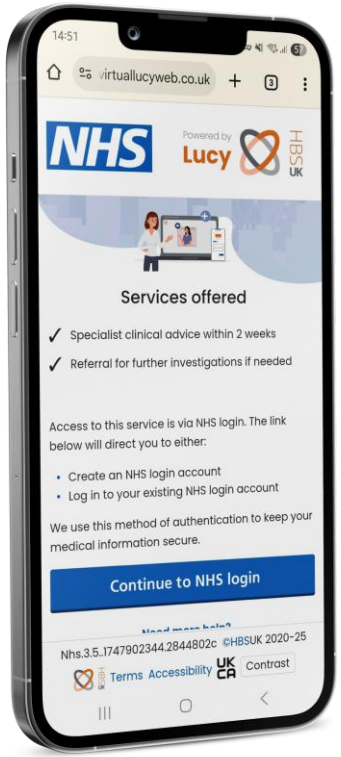
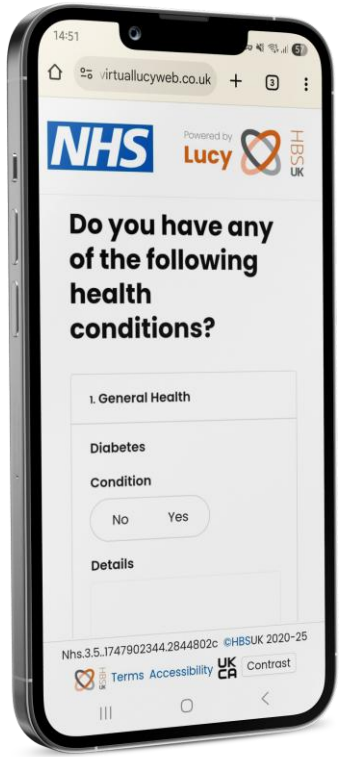
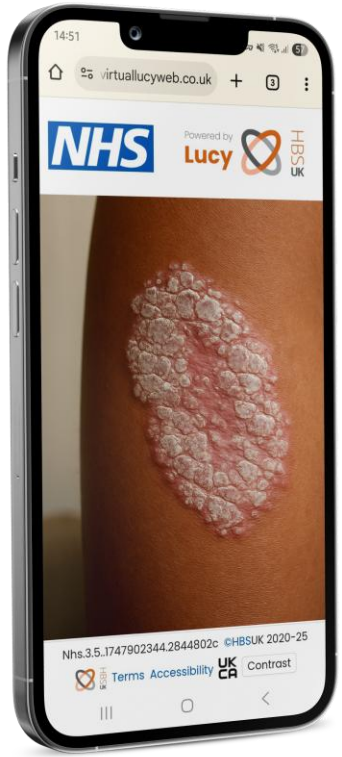
The patient experience



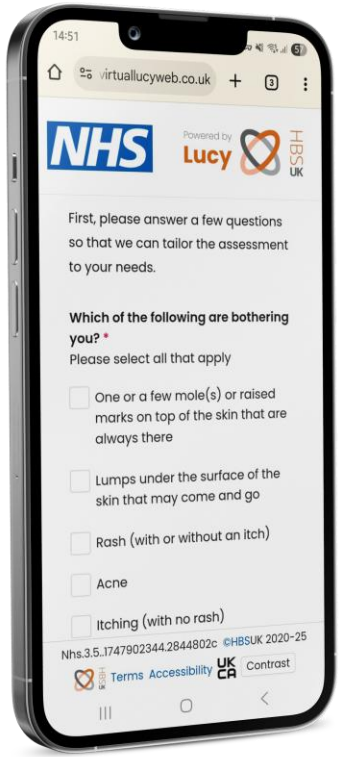
Access



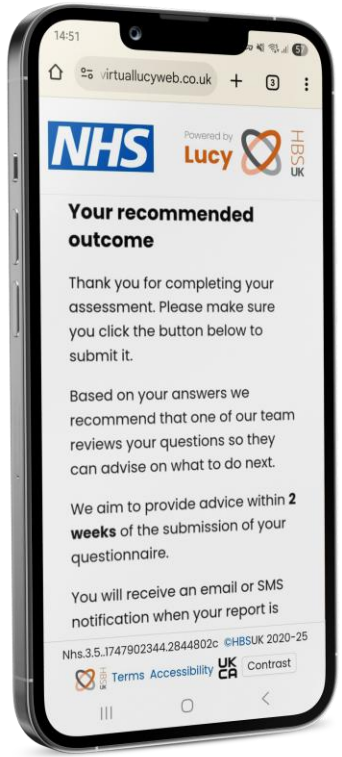
Prepare



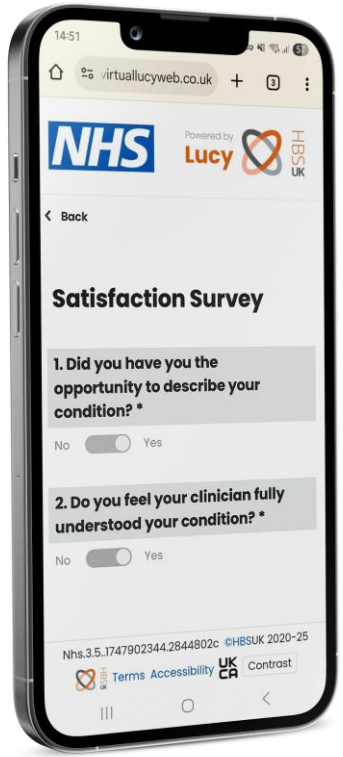
Investigate



Assess



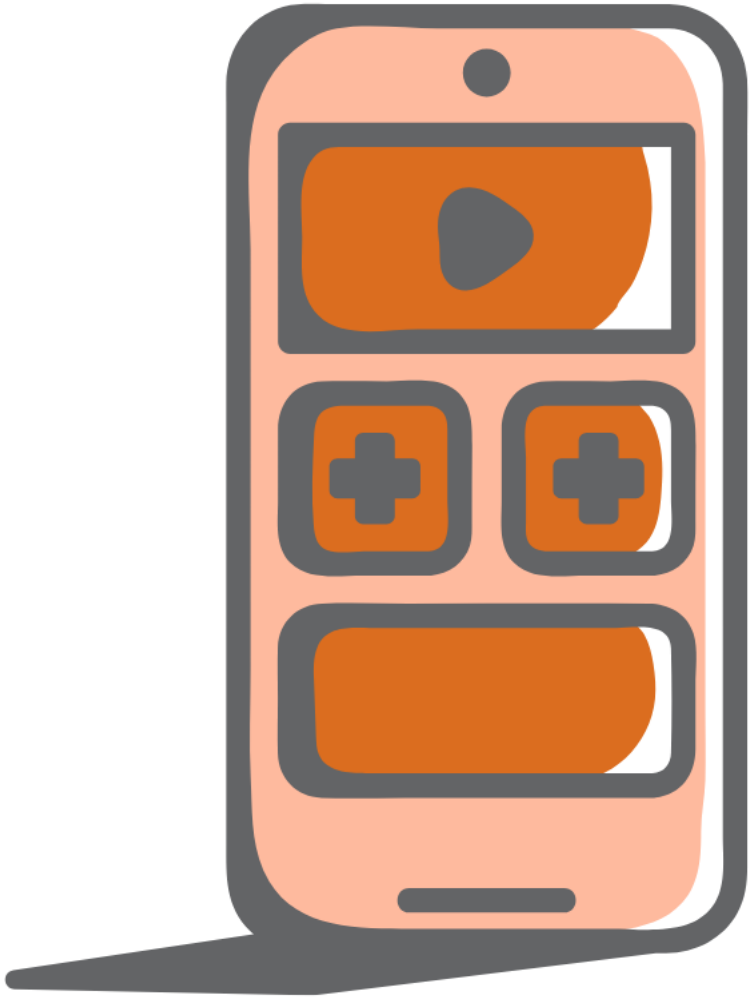
Act



Measure

Scope of services –

No 2: Specialist assessment



Access

Case is reviewed asynchronously by the **most suitable clinician** after triage.

Investigate

Clinicians review patient info, supported by images, test results, or diagnostics if provided.

Act

Following assessment, patients are either reassured and discharged with self-management advice (in **approx 50% of cases**), given a personalised treatment plan with referrals for diagnostics or therapy, or referred to secondary care for specialised intervention.

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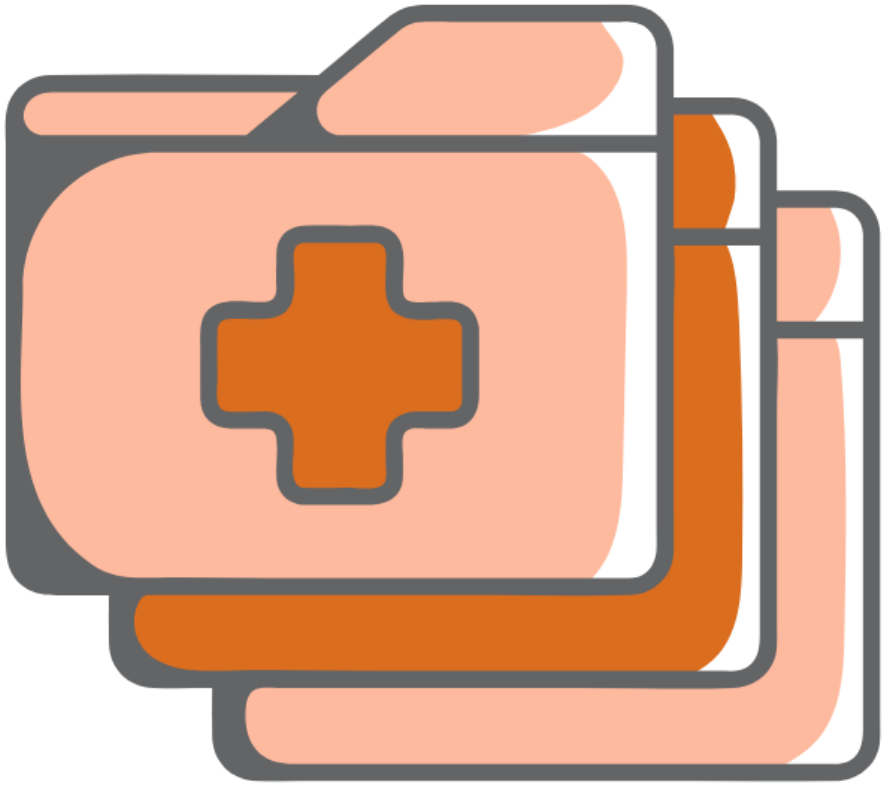
Scope of services –

No 3: Follow up



Patient progress

Where appropriate, the platform **supports follow-up reviews**, enabling **clinicians to monitor patient progress** or review new results without requiring in-person visits.

Audit

Follow-up cases are securely logged and **managed through the platform**, ensuring continuity and auditability.

Monitor

This ensures patients are not lost in the system and that care decisions are **appropriately monitored** and updated.

Through this structured pathway, **the platform enables a single point of access** to assessment and treatment, reducing delays and ensuring clarity for both patients and clinicians.

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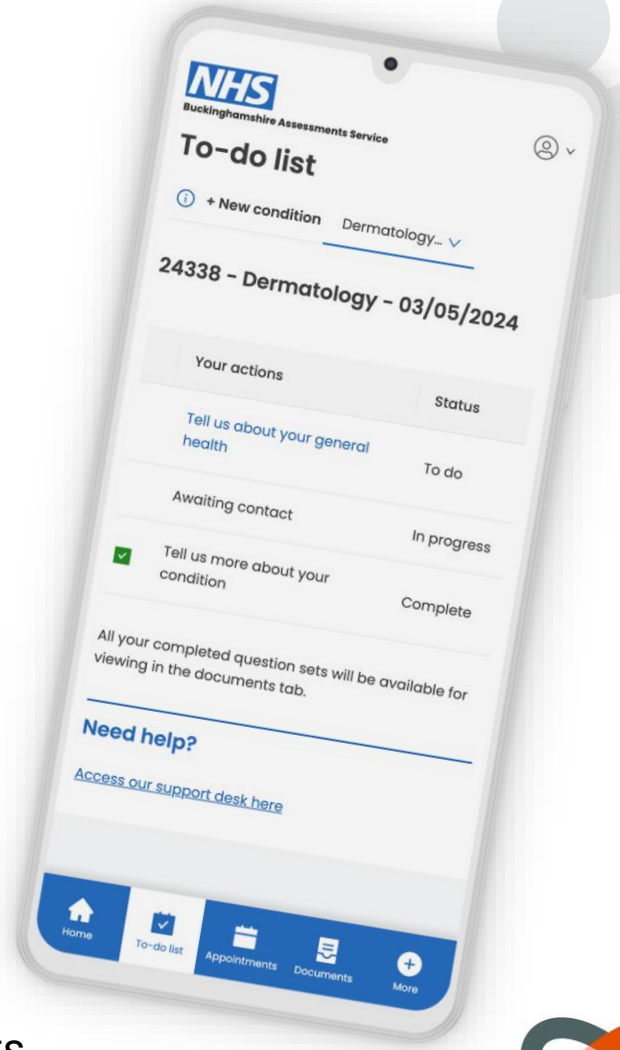
Benefits

- **Identifies patients** sitting on routine lists
- Provides **efficient assessments**, by experienced consultants
- **CQC registered**
- **Around 30-50% of patients** are typically removed from waiting lists depending on speciality
- Reduces **demands on existing capacity**
- Shortens **treatment pathways and reduces the number of touchpoints the patient has** (if needed). Patient reassured or signposted
- **Net Promoter Score of +61*,** as well as **patient experience** (PREMS) **consistently scoring 4.6*/5 overall**
- **NHS clinicians** onboarded to deliver digital outpatients appointments (Including Trust clinicians)



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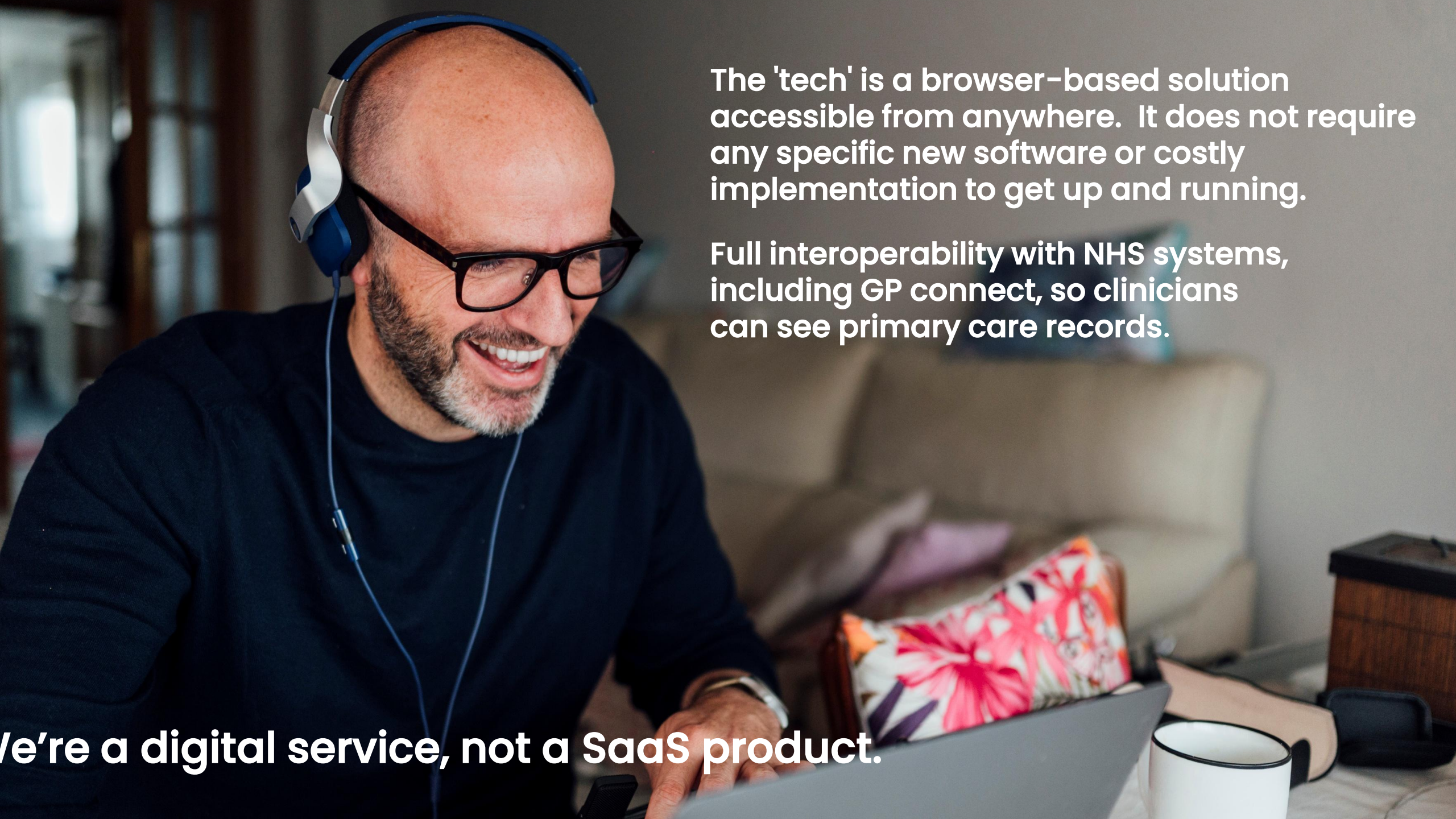


The 'tech' is a browser-based solution accessible from anywhere. It does not require any specific new software or costly implementation to get up and running.

Full interoperability with NHS systems, including GP connect, so clinicians can see primary care records.

We're a digital service, not a SaaS product.

Rigorous vetting & onboarding

Every clinician deployed by HBSUK undergoes a comprehensive vetting process aligned with NHS Employment Check Standards, including:

- Enhanced DBS check (current and validated).
- Professional verification registration (GMC, NMC, HCPC, etc).
- Occupational health checks.
- Full reference and experience verification.

This ensures only fully compliant, qualified, and experienced clinicians deliver patient care.

HBS UK

Digital outpatient specialities are configurable to your services and clinical pathways

Live* specialities available for the NHS:

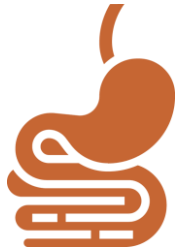
Dermatology

Urology

Neurology

**Live specialties – 4- 6 weeks mobilisation*

New**specialities that are available:



Gastroenterology

Cardiology

MSK

***New specialties – 6- 8 weeks mobilisation*

HBS UK

How online assessments drove a 35% reduction in urology waiting lists

HBS UK

Background

- North Cumbria Integrated Care NHS Trust (NCIC) asked HBSUK for help **with assessing and treating 1279 long waiting urology patients.**
- Patients had been **waiting between 32 and 65 weeks** for assessment

Impact

454 (35%)
patients with a
clock stop outcome

354 (28%)
patients **discharged**
without the need for further investigation

4.33/5
positive **PREMS rating**

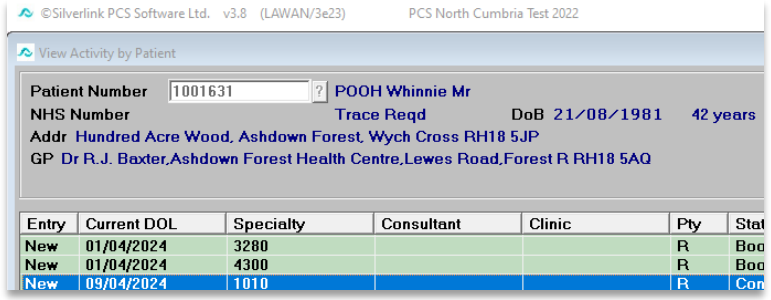
Also working with NCIC's
Neurology and Dermatology
patients

13
suspected **cancer referrals identified**
Urgent Suspected Cancer pathway

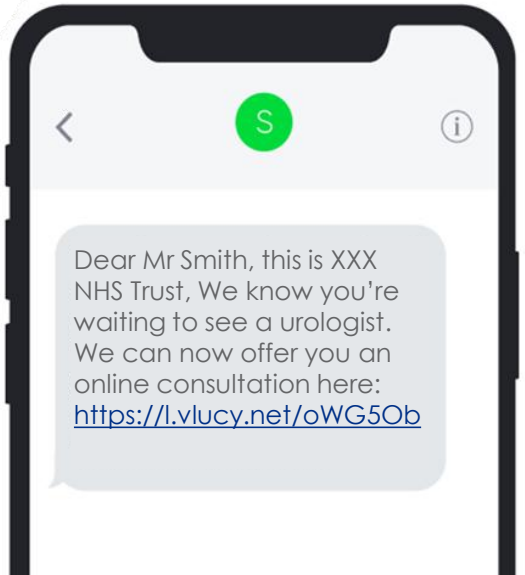
Extended contract for a further
500
Urology patients
In early 2025

Example integration overview

1. Trust admin books patient into virtual clinic in PAS.

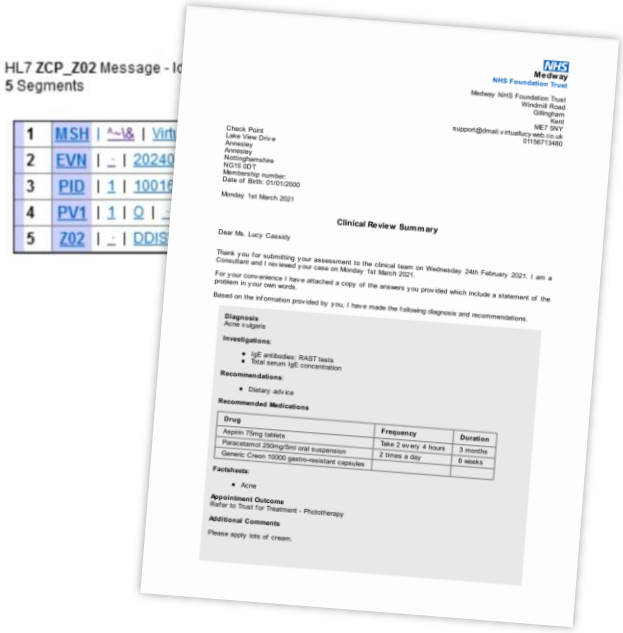


2. PAS refers the patient to the platform over HL7 triggering an SMS invite with a secure link.



3. Patient enters DOB and NHS number to confirm identity.

4. After HBSUK have assessed the patient, the outcome RTT code and clinical letter are sent back to PAS via HL7.



HBS UK
Making Healthcare Better

Benefits of System Integration into NHS

WITHOUT HL7 INTEGRATION	WITH HL7 INTEGRATION
Manual Waiting List Extraction and Upload onto the platform.	**Automated** Platform on-boarding for patients given an appointment via trust PAS system
Patient Validation required before patient list transfer via CSV file.	Patient information extracted directly from Trust's PAS system.
Heavy admin workload for trust-capacity required to update PAS once clinical assessment has been completed.	**Automated** RTT updates from HL7 messaging within 24 hours of case review completion.
Clinical assessment documents sent to trust via automated email.	**Automated** upload of clinical documents onto CHUB (Trust Documentation system)
Manually Discharge/Cancel appointments on trust Pas system following platform outcome.	**Automated** appointment cancellation for patients that no longer require an appointment or discharged.

NHSE national initiative cuts dermatology long wait times by 47%

HBS UK

Background

- HBSUK partnered with NHSE to **rapidly reduce long-wait dermatology patients (>52 weeks**) at University Hospitals Sussex NHS Foundation Trust (UHSx).
- UHSx is one of the largest Trusts in the country serving more than 1 million patients.

HBS UK

Impact

The **program supported**
3,799 patients

The project was successfully completed in just **four months**

Alleviated **pressure on existing capacity** & **streamlined treatment pathways**

4 week
mobilisation time

47%
reduction in dermatology long waits*

141
suspected **cancer referrals identified**
for Two Week Wait pathway

7.2%
discharged **back to GP**

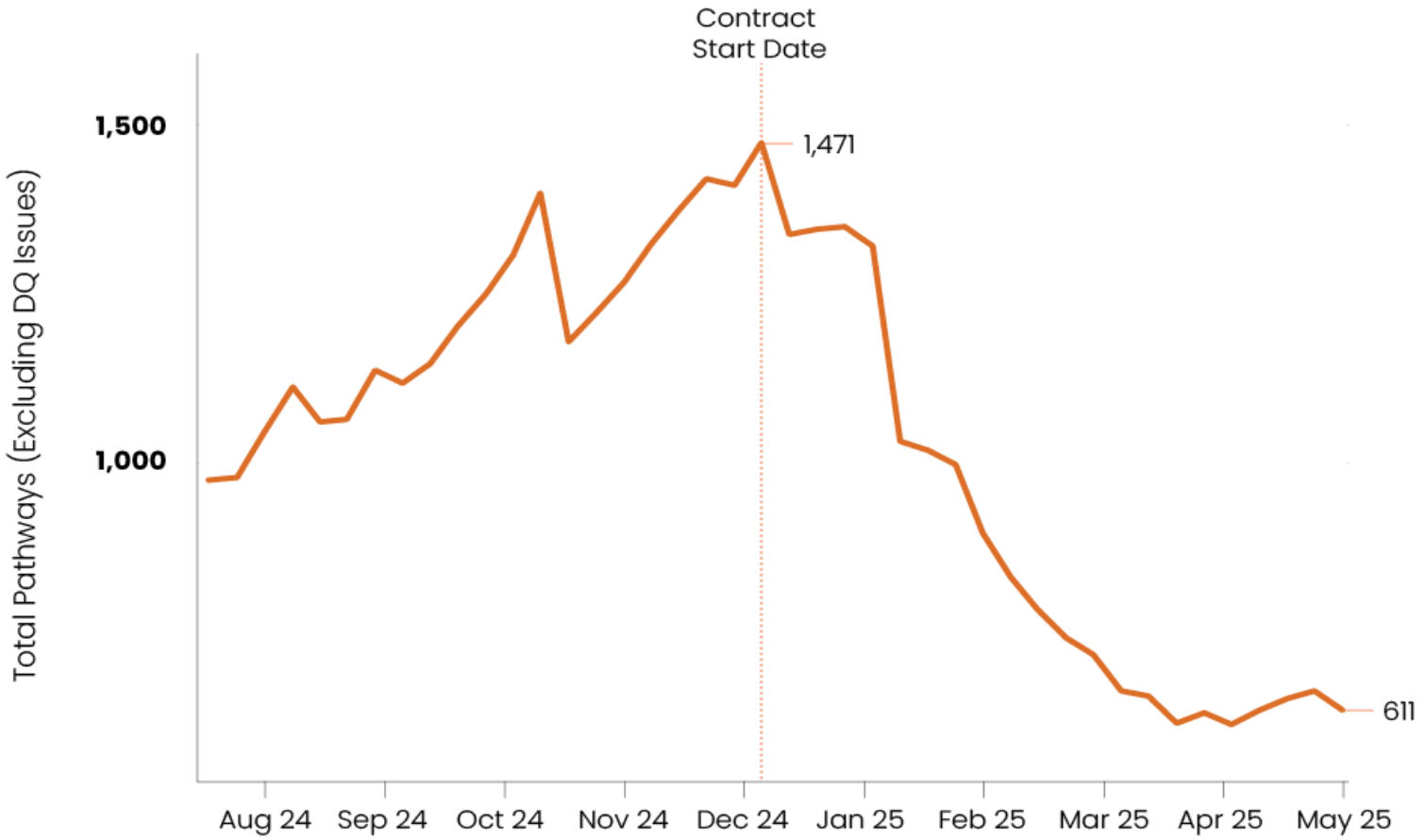
All patients received an outcome within
72 hours

11%
required **face-to-face appointment**

10.4%
reduction in 52+ week wait dermatology patients†

Impact

The graph illustrates the number of long-wait Dermatology patients at UHSX, **which peaked at 1,471 in December 2024**. Over the course of the **four-month project**, this number was successfully **reduced to 611 patients.**



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Lunch & Networking

Chair Afternoon Reflection

Mr Anil Vara, Bsc (Hons), Msc, MBA, CMgr, FCMI
Director of Elective Recovery (Ex) and Clinical Technologist in Nuclear Medicine
University Hospitals Sussex NHS Foundation Trust

Keynote Presentation

Erica White
Programme Director, Digital Enablement for Outpatient Transformation
Mid and South Essex NHSFT

From Missed Appointments to Maximised Capacity:

Using AI to Reduce Outpatient DNAs and Improve Equity

Erica White

Programme Director, Digital Enablement, Outpatient Transformation

Mid and South Essex NHS Trust

The Current Climate

6 million on wait list

8 million DNA

119

4 million Short Notice Cancellations

10 years life expectancy difference between the richest and poorest 20%

110,000

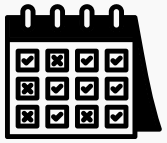
75,000

52,000

NHS
Mid and South Essex

Our Goals

Mid and South Essex NHS Foundation Trust



Help patients attend

Cut waits and backlog

Improve productivity

120

Address inequalities

DNA targets: 6% of 2025, 4% by 2026

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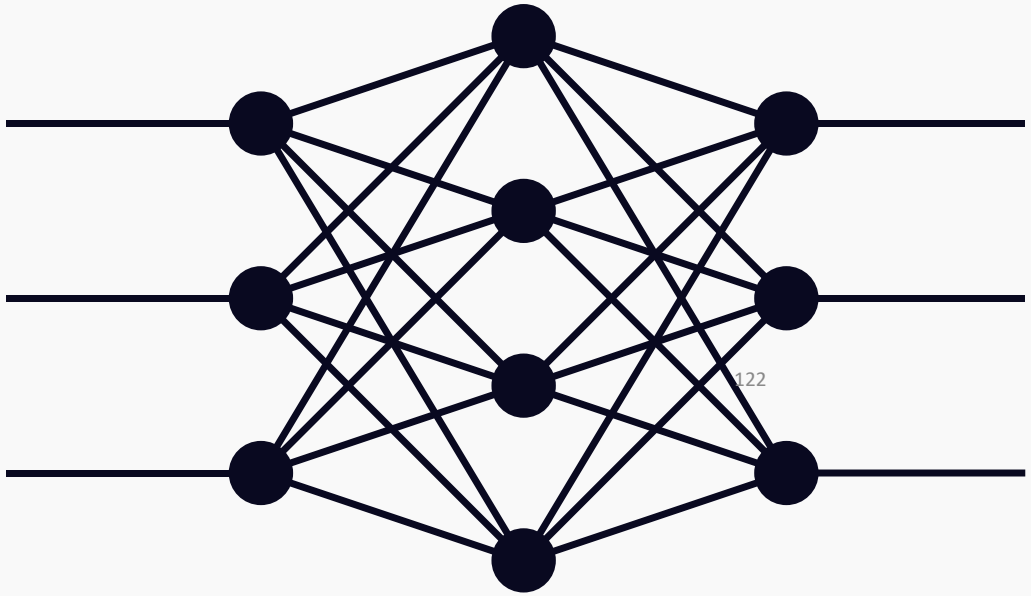
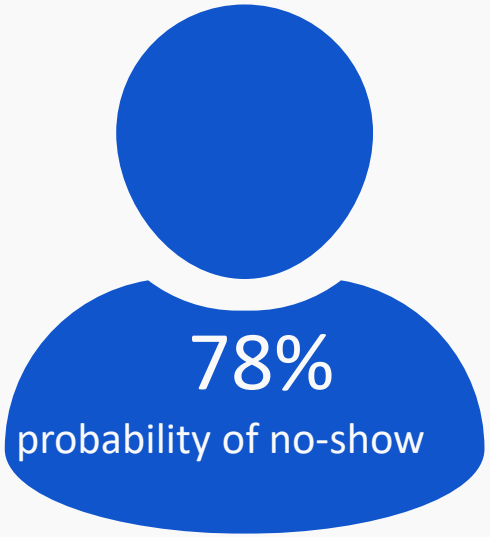
Using AI to understand patient engagement

Mid and South Essex NHS Foundation Trust

- Take over 650m+ behavioural/environmental data points from multiple sources
- Predict No Show and Short Notice Cancellations (<48 hours notice)
- Understand patient engagement to tailor outreach

We use the AI to predict a patient's probability of no-show...



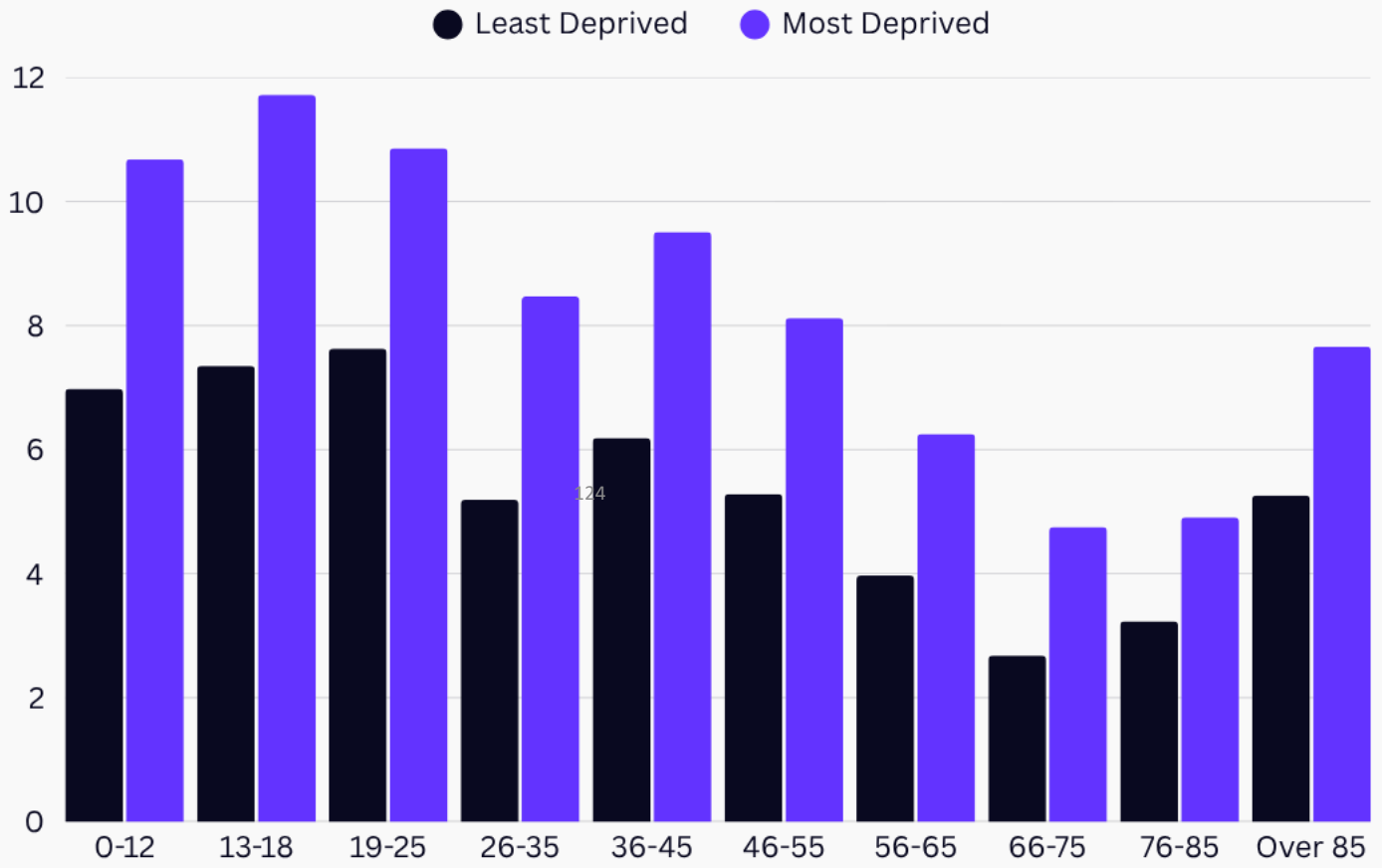


Pilot & Learnings (2023)

Mid and South Essex NHS Foundation Trust

- Pilot in Dermatology, Urology, Pain
- AI trained on 12 years' data + 200 factors
- Outreach calls → 30–50% fewer DNAs
- Key insight: patients not answering calls rarely attend
- Heavy admin burden – not scalable

Challenging health inequalities



Mid and South Essex NHS Foundation Trust

Missed appointments costs lives

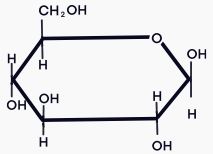
2 No Shows a year

3x increase in all cause mortality

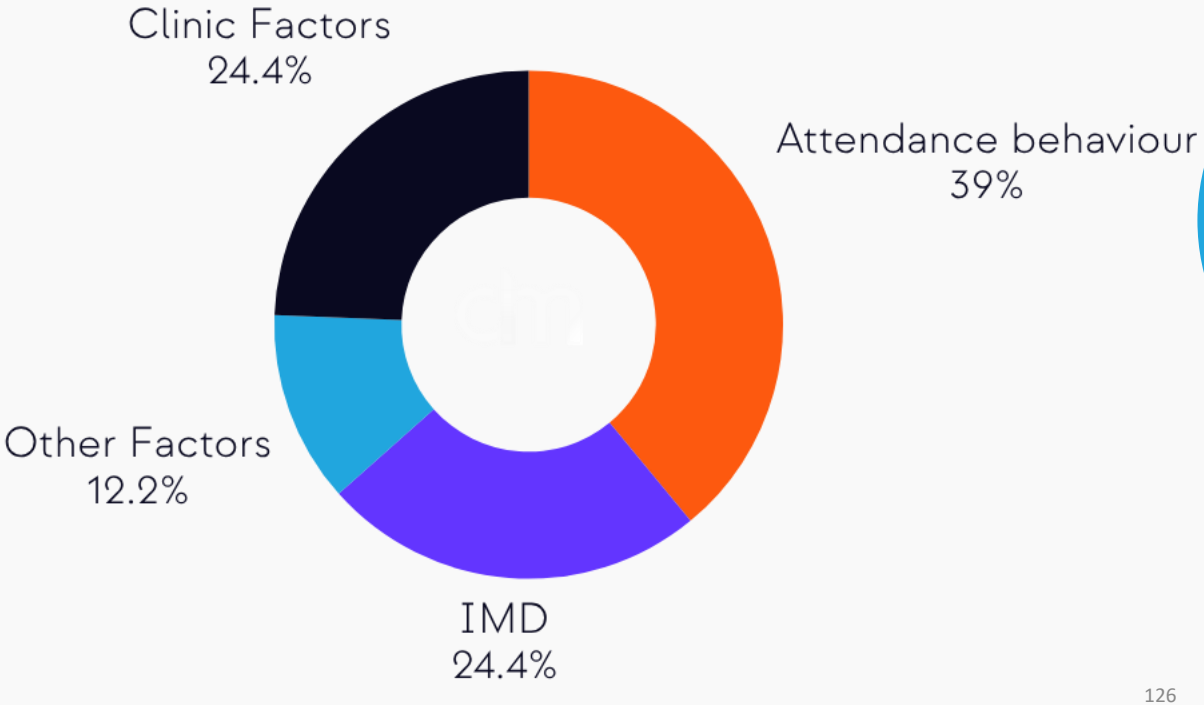
125

Last 5 UK Maternal Mortality reports demonstrate **significant risk of maternal death**

2.5x higher likelihood of psychiatric admission



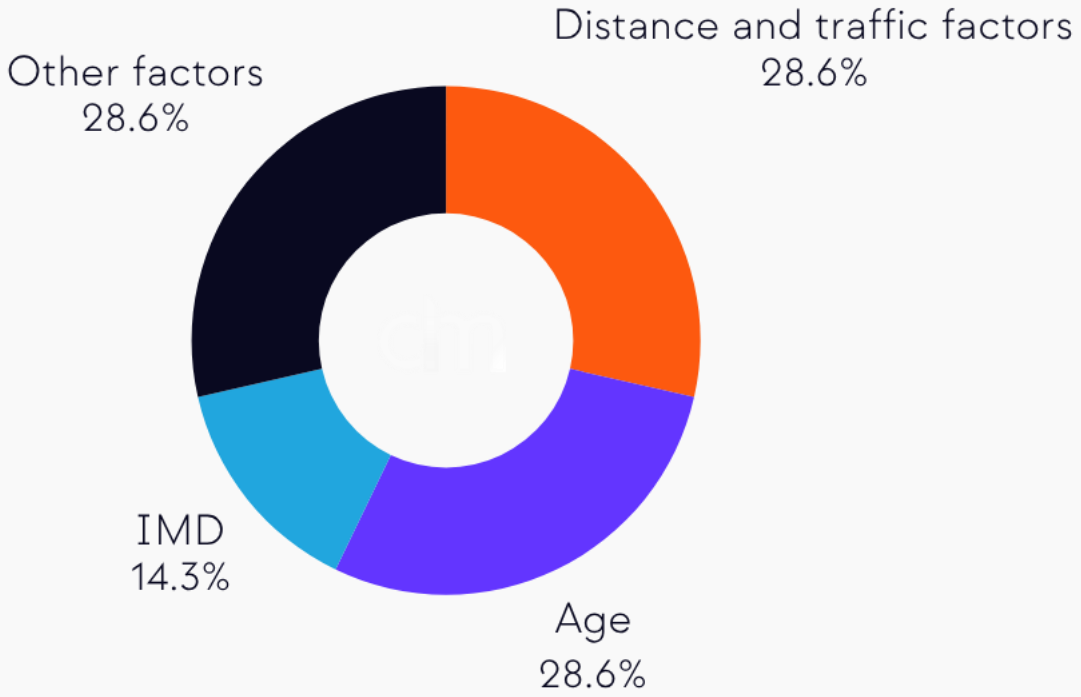
7mmol/L increase in HBA1C



126

Khadija,
26

"I have visual impairment and I can't see the messages or letters you're sending me"



127

Nigel,
82

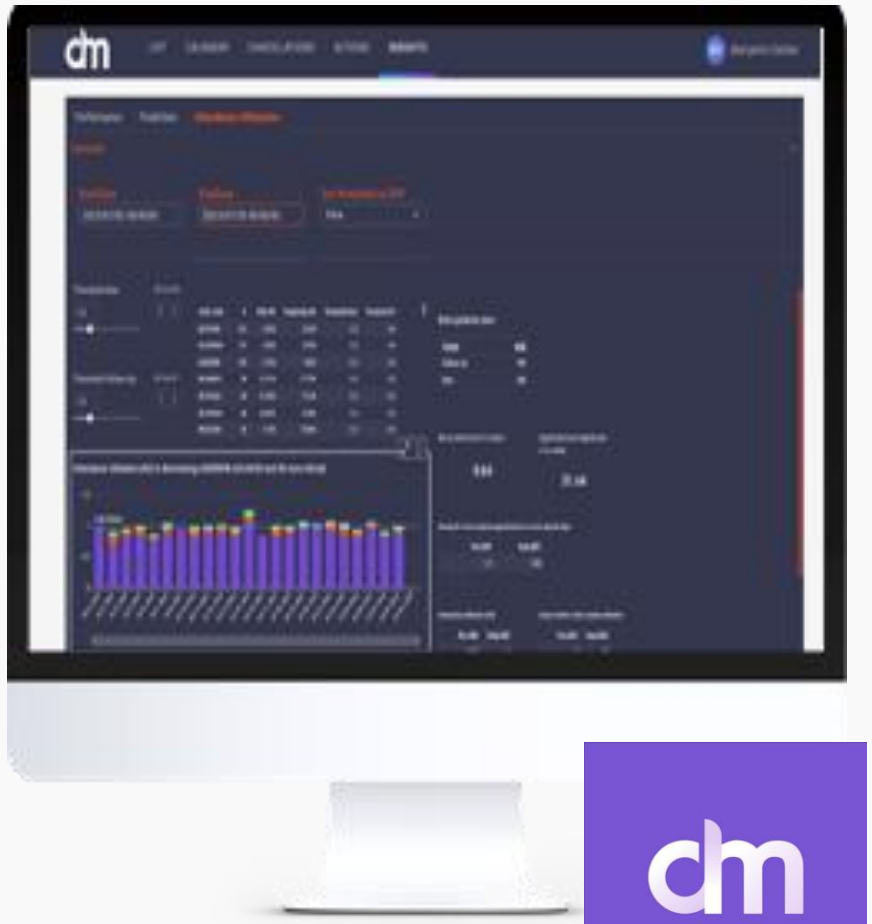
"I can't get through to the transport line"

Scaling Up (2024)

- Dept of Health adoption funding
- Full rollout: DM Connects (AI reminders)
- DM Schedules: cancellations & backup booking
- Mandated dynamic scheduling (Clinical Design Authority & Trust Leadership Group)
- Cisco Webex integration

What We Implemented

- DNA/cancellation forecasts (~87% accuracy)
- Backup booking across all specialties
- Insights dashboards (template tracker, utilisation)
- Multichannel comms (SMS with failover to automated voice)
- Automation of patient cancellation requests (new)



Impact to date across Mid & South Essex

Mid and South Essex NHS Foundation Trust

23% reduction in DNA rate using AI targeted reminders after 2 way SMS

24% reduction in short notice cancellations

87% accuracy

4.5% **capacity released so far**

Projected release of £28m in funded capacity

40,000 extra appointments through automation of unfilled cancellations

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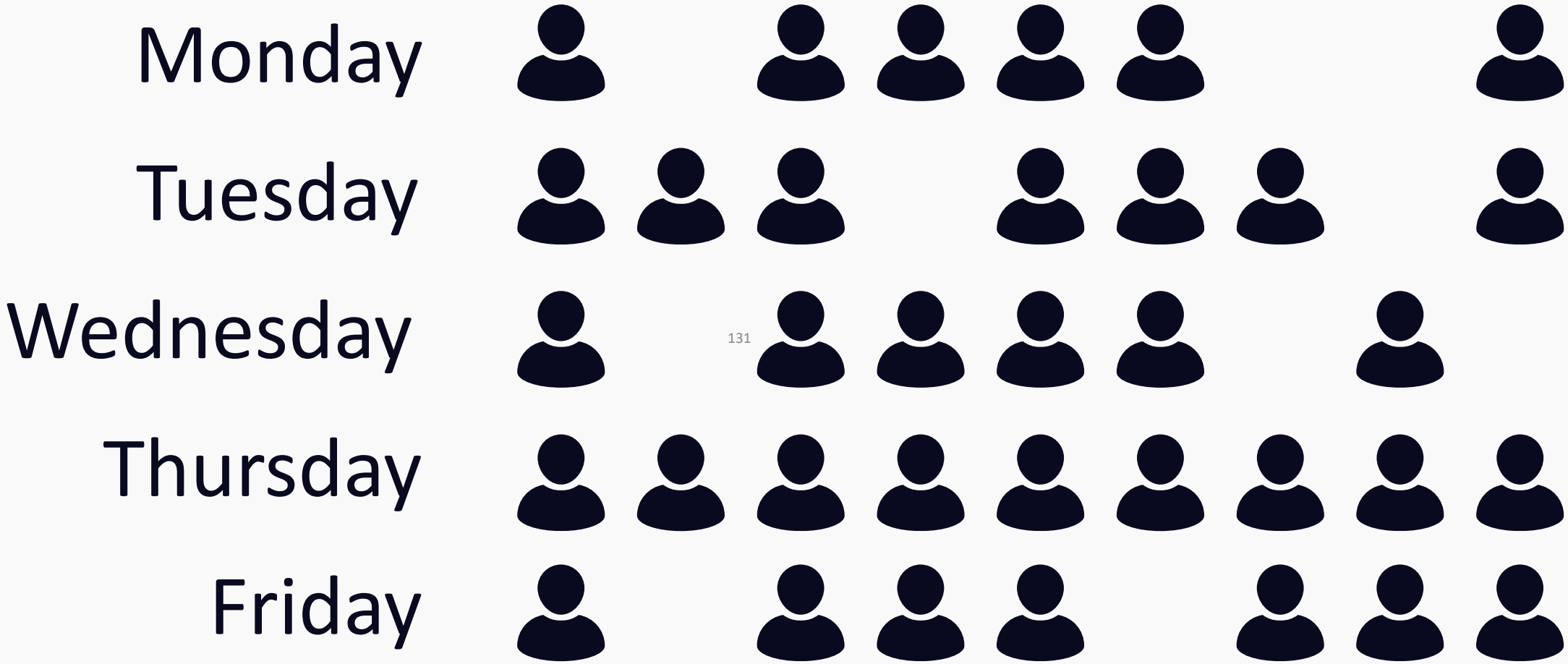
A clinic goes from looking like this...

Mid and South Essex NHS Foundation Trust

Patients seen = 35

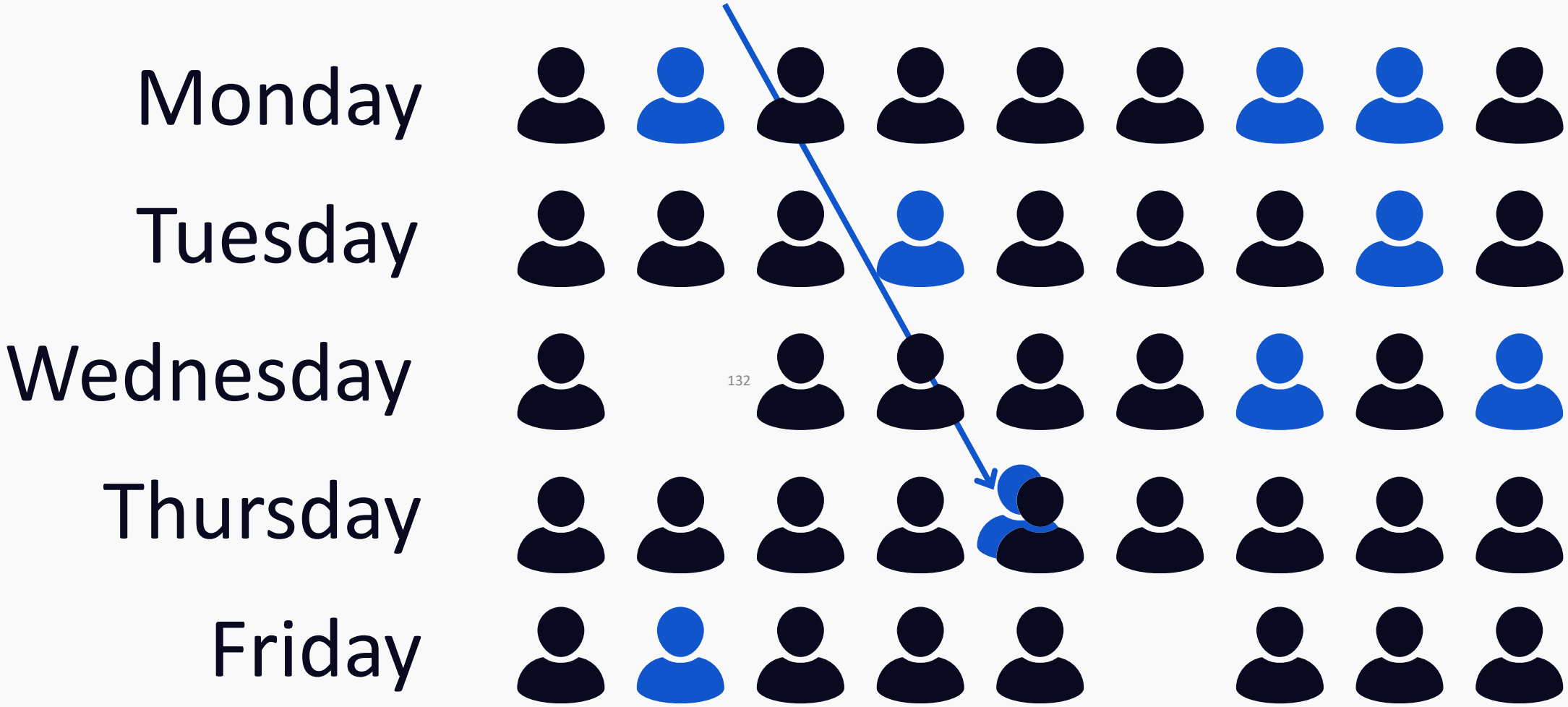


131

... to this

Clinician time off in lieu
if a clinic runs over

Patients seen = 44



Wider Benefits

- Equity: DNA gap (deprived vs affluent) reduced 8% → 5%
- Patient engagement ↑ 300% pre-cancellations
- Clinicians see scheduled patients[133]
- Improved patient experience & flexibility

Financial Case

- 3-year capital investment
- Forecast £8m productivity gain per year
- Avoids outsourcing/insourcing 134
- Supports NHSE 4% productivity target

What Next? Tackling Transport Poverty

Mid and South Essex NHS Foundation Trust

- 2% of appointments missed due to transport
- 7% of NEPTS journeys aborted (£1.5m waste)

Workshop outcomes:

- Explore vouchers/free travel integration
- Align clinic scheduling with free bus pass times
- Pilot Uber Health + NEPTS integration

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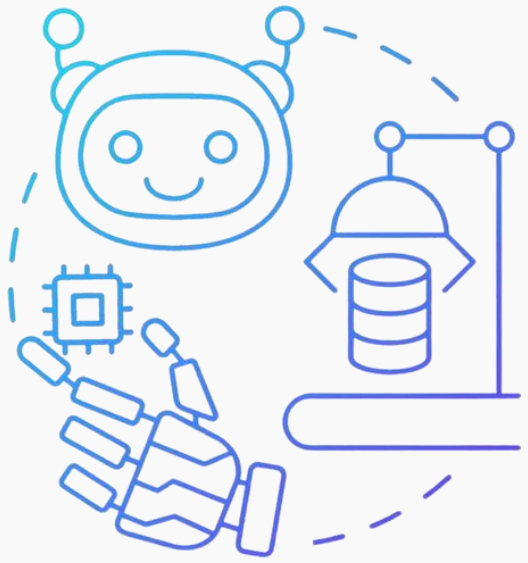
What Next? Innovation Exemplar

NHS Mid and South Essex NHS Foundation Trust

- Phase 1: automate fill of 70,000 DNAs/cancellations p.a. (£4m)
- Phase 2: fully automated booking (£3.2m saving)
- AI upgrade: doubles backup booking
- Transport integration: Uber Health + NEPTS (£1.5m)
- NIHR bid: to accelerate automation & scale



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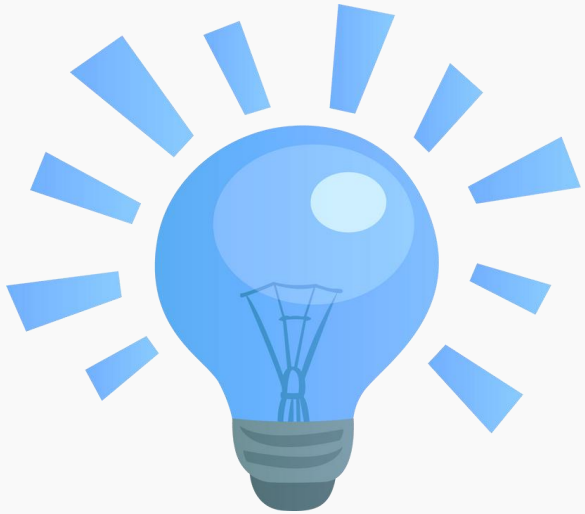
National Relevance

- Aligns with NHSE priorities: reduce waits, productivity, equity
- 8m DNAs nationally each year
- MSE = exemplar site

Learnings - Factors for Success

- Start with the problem, not the product
- Involve clinical and operational colleagues at every stage
- Pilot deeply, learn fast, scale confidently
- Governance and clinical assurance builds trust
- Data quality and integration matter
- Equity = design principle, not an output
- Communicate constantly & celebrate wins
- Collaborative partnership, not transactional
- Build for scalability and sustainability early
- Keep the human at the heart



Takeaways

- AI and automation can deliver measurable, real-world results now — not just future potential.
- Digital innovation can directly tackle health inequalities, not just efficiency.

139

- Sustained success depends on culture, leadership, and system collaboration.

Closing

Helping patients be seen sooner, supporting staff, building a more equitable, efficient NHS

140

For more information:

Erica White: erica.white4@nhs.net

Olivia Shea: olivia@deep-medical.ai

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Keynote Presentation

Dr Theresa Barnes
Clinical Lead for Outpatients
Royal College of Physicians

Royal College of Physicians

the patients association

Prescription for outpatients

reimagining planned specialist care

Royal College of Physicians

the patients association

Disclosures

> No disclosures related to this presentation

Prescription for outpatients

Outpatient Care Strategy: Summit themes and dates

Summit 1	Summit 2	Summit 3	Summit 4
25 May 2023	June 2023	July 2023	Sept 2023
Discovery workshop	**Accessing quality care**	**Future models of care**	**Commissioning, multimorbidity**

Themes (wider context)

Patient experience
Digital accessibility and literacy
Health inequalities
Behavioural change

Enablers

Digital tech and systems
Primary care integration
Workforce capacity and capability
Training
Research

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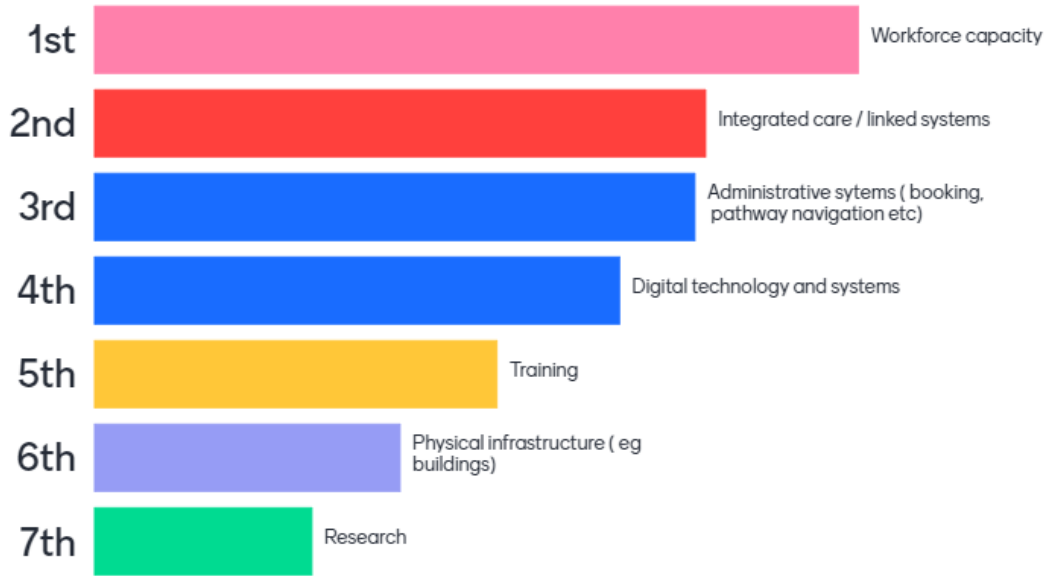
NHS England

Enablers of good care



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NHS England

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Prescription
for outpatients

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the patients association

Prescription for outpatients

reimagining planned specialist care

What is the purpose of planned specialist care?

Advice and prevention

Pre-assessment for procedures and surgery

Diagnosis

Treatment and monitoring

Personalised care decisions, including shared decision making

Ongoing condition management and support

Five ambitions for reform

1. Timely care, by the right person, in the right setting
2. Empowered, support patients, engaging in their own care
3. Seamless communication between patients and healthcare providers
4. Efficient, innovative care delivery, valuing patients' time
5. Use of data and technology to identify risk and reduce inequalities

Eight care shifts

1. From appointment-based care to a wide range of options for holistic care
2. From services that are difficult to access and navigate to simplified, timely pathways of care closer to home
3. From a 'one size fits all' approach to personalised care that meets a patient's individual needs
4. From diagnose and treat to predict and prevent
5. From teams working in silos to integrated pathways of care working across the healthcare system
6. From burnt out and disenfranchised healthcare workers to empowered and engaged teams
7. From counting activity to delivering the best possible health outcomes and patient experience
8. From inequalities within healthcare to consistent standards of care

Headline recommendations

For government

- Reform outpatient care as part of the 10 year plan.
- Deliver a robust, regularly refreshed NHS workforce strategy.
- Expand medical school places and specialty training.
- Invest in administrative support and digital infrastructure.

For clinicians

- Promote and implement new ways to deliver care outside a traditional appointment.
- Adopt a personalised care approach.
- Job plans must allow clinical time for activity associated with delivering modern outpatient care.

For healthcare providers

- Improve referral systems and self-referral options.
- Create easy-to-understand, accessible patient information.
- Adopt and implement digital tools (like patient engagement portals).
- Improve patient preparedness.

For system leaders

- Reform commissioning models to incentivise good practice and implement coding.
- Measure outpatient care value beyond activity numbers.
- Evaluate novel and innovative approaches so that unintended consequences can be measured and addressed.

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Integration is key

Patients told us that	Hospital to community shift

• Care is fragmented
• Communication was poor with patients and between clinical services
• Services were difficult to navigate
	• Integration of services is key
	  • Between primary/secondary/tertiary/community care providers
	  • Between different specialities

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Enablers for integration

Co-design of services

Patients
All clinical stakeholder

Interoperable digital systems

Commissioning mechanisms which move the funding to support integration

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Examples of integrated care pathways

- Breathlessness pathway

  Breathlessness Pathway for Rugby Coventry & Warwickshire – GP Gateway

- Integrated primary secondary care cardiac care

  https://youtu.be/eVR232lpbwM?si=hKnKdLQrnYH42vRV

- Chronic pain: working beyond our walls

  Benjamin Ellis: Chronic pain: working beyond our walls

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Patient empowerment

- Patients should be empowered through supported self management
  - PIFU
  - Patient education
  - Co design of services
  - Patient preparedness

  Getting the most out of your appointment | Patients Association
  - Time to focus on the blue dots

  'Time to focus on the blue dots': an RCP workshop discussion on the NHS shift from hospital to community | RCP

Prescription for outpatients

> Increasing patient activation and efficacy

High activation	
Characteristics	
√ Plays an active role in staying well	X Plays less active role in staying well
√ Self manages condition when not being treated	X Less likely to self manage when not being treated
√ Confident in managing own health	X Lacks confidence in managing own health
√ Seeks help when needs it	X Less good at seeking help when needs it
√ Actively considers health and makes more informed choices	X Experience of failure to manage health means they are less likely to think about it
Outcomes	
√ Have higher quality of life	X Have lower quality of life
√ More satisfied with the care they receive	X Less satisfied with the care they receive
√ Use less healthcare resources	X Use more healthcare resources

Hibbard and Greene 2013

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Examples of patient empowerment

- Diabetes essentials Diabetes Essentials | Live Well Cheshire West
- Pre appointment questionnaires Revolutionising diabetes care in England's most deprived communities | RCP
- "Welcome packs" for patients with newly diagnosed inflammatory arthritis

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Digital enablement

We need digital tools

That are intuitive to use

That decrease administrative burden on clinicians

That support and improve patient care and experience

That are interoperable

Digital enablement can enable

Integration

Communication with patients

Planning of services

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Examples of digital enablers

- AI digital validation support
- Patient experience portals
- Ambient voice technology
- AI risk stratification software

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Thank you

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Panel Discussion

Becky O'Shaughnessy
Deputy Operations Manager
Cambridge University Hospitals

Mr Henry St Aubyn Bilton
Urology Specialty Doctor
Harrogate District Foundation Trust

Alison Johnson
UK Health Lead
ORCHA

Breege Gilbride
Deputy Divisional Director of Nursing for Outpatients and Patient Access
Imperial College Healthcare NHS Trust

Erica White
Programme Director, Digital Enablement for Outpatient Transformation
Mid and South Essex NHSFT

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Food, Drinks & Networking