



WELCOME TO

The Outpatient Transformation Conference 2022



**Outpatient
Transformation
Conference
2022**

Check Out Our
Agenda Here...



Thursday 24th November 2022- 10:50am – 15:00pm – GoTo Webinar

Please remain logged in the conference will begin shortly.

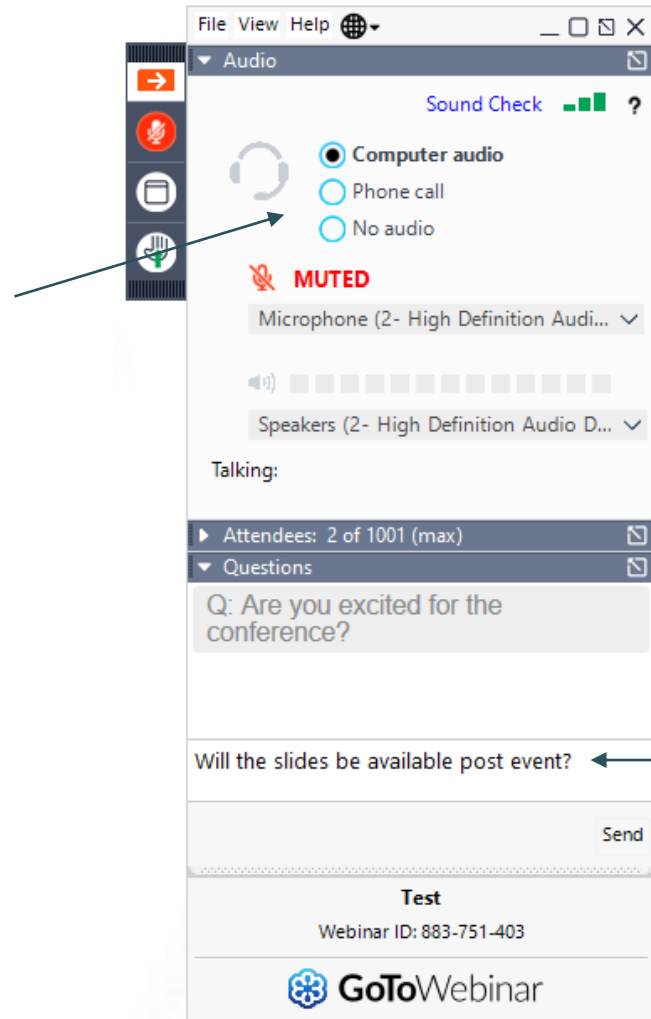


**Outpatient
Transformation
Conference
2022**

The Outpatient Transformation Conference 2022



Make sure you are connected via Computer Audio for the conference. You can test your audio via the 'Sound Check' tab.



If you have any questions or comments for Speakers across the day, please expand the Questions Section on the GoToWebinar panel. You will not be able to see each others questions.



**Outpatient
Transformation
Conference
2022**

The Outpatient Transformation Conference 2022



Now viewing Rhea Okine's screen

Talking:

QUICKPOLL

Would you be interested in attending the next conference in this series?

Please select one:

- Yes
- No

Submit

Click on **one** of the multiple choice options, then press 'Submit'

Now viewing Rhea Okine's screen

Talking:

QUICKPOLL

Would you be interested in attending the next conference in this series?

Please select one:

- Yes
- No

Your poll answers have been submitted.

Once **Submitted** your screen will look like this



**Outpatient
Transformation
Conference
2022**

The Outpatient Transformation Conference 2022



OUR SPONSORS



Human
Conversations,
Automated



**Outpatient
Transformation
Conference
2022**

Expand the Handouts tab, and click on the Hyperlinked PDF. That will then open a document where you can view all of the Sponsor stands. Click on the Sponsor Logo to open their stand. There you will find free demos, downloadable assets and promotional material. You can also arrange meetings with the sponsors.

The screenshot shows the GoToWebinar interface. At the top, there is a menu with 'File', 'View', and 'Help'. Below the menu is the 'Audio' panel, which includes a 'Sound Check' indicator, radio buttons for 'Computer audio' (selected), 'Phone call', and 'No audio', a 'MUTED' status, and dropdown menus for 'Microphone (2- High Definition Audi...)' and 'Speakers (2- High Definition Audio D...'. Below the audio panel is the 'Talking:' section. The 'Handouts: 1' tab is expanded, showing a PDF document titled 'Convenzis Example Handout.pdf'. Below the handouts is the 'Questions' section, which contains a text input field with the placeholder text '[Enter a question for staff]' and a 'Send' button. At the bottom of the interface, there is a 'Test Event' section with the 'Webinar ID: 540-069-299' and the 'GoToWebinar' logo.



Outpatient
Transformation
Conference
2022

The Outpatient Transformation Conference 2022



SPEAKING NOW



Sue Moore

Director for Outpatient Recovery and Transformation
NHS England

I will be discussing...

“How can we help you? Co-Producing the Solutions to Transform Outpatient Services”

Sue Moore

Director of Outpatient Recovery & Transformation

NHS England



Where are we: outpatient waiting lists

- In 2021/22, the NHS delivered **95 million outpatient appointments**
- **6.79 million** patients waiting with an active RTT pathway:
 - **5.74 million** on a non-admitted pathway

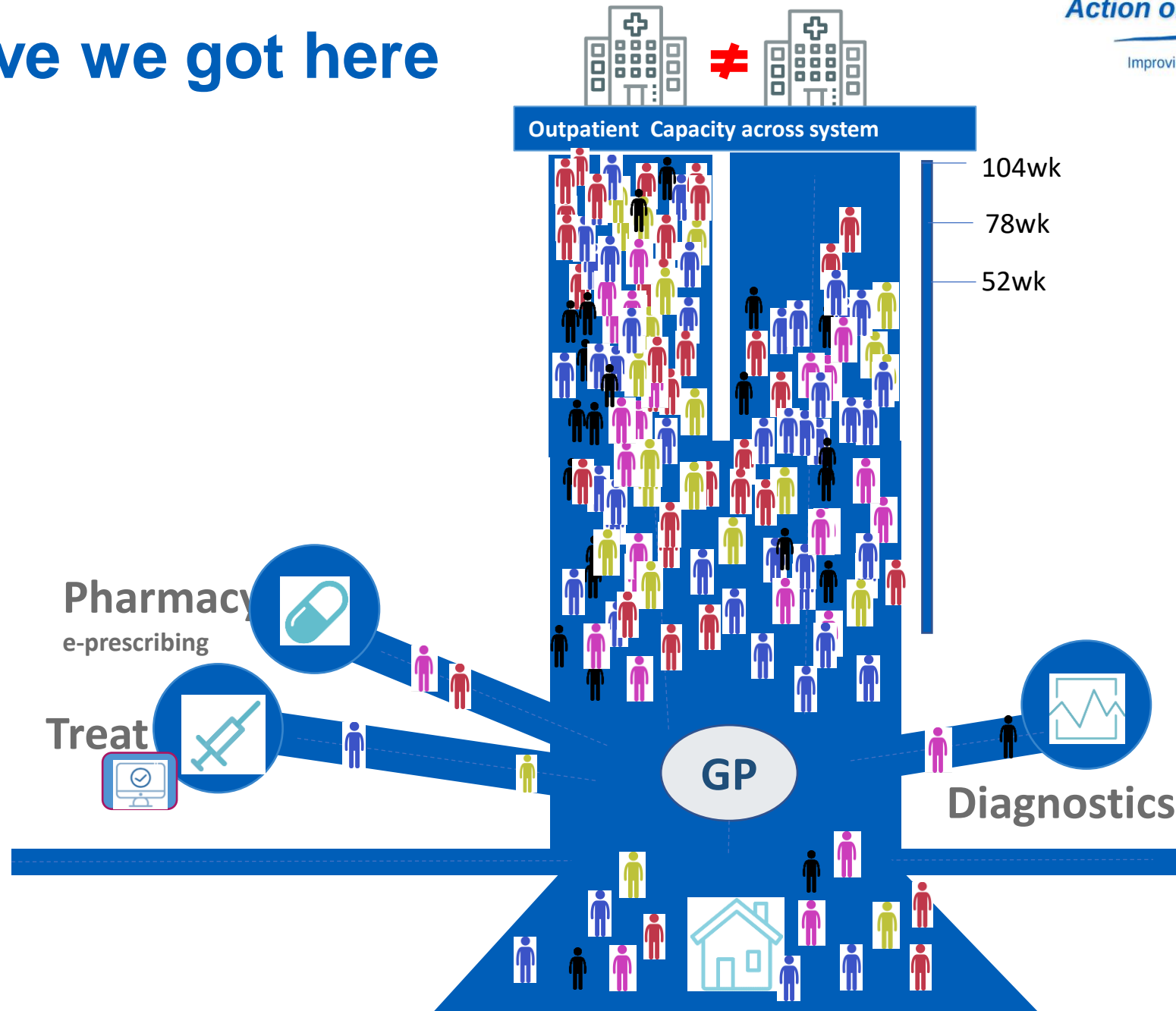
- **7.8 million** DNAs in 2021/22
- A **25% reduction** in these DNAs would release the equivalent of almost **2 million appointments** – potentially enough to clear the entire +78 and +40 week non-admitted RTT backlog.

Standardising non-RTT follow-ups and increasing levels of safe discharge will:

- Free up more appointments which will improve patient flows for new and follow-up patients
- Improve the clinic experience for clinicians, nursing staff and all allied health professionals
- Improve training experience for trainees
- Free up valuable diagnostics
- Free up surgical time and expertise for theatre sessions



How have we got here



The opportunity for outpatient care

The pandemic has shown us that it is possible to work differently and mobilise quickly, eg through the move to using remote consultations.

Embracing technology



Remote consultations, over the phone or video, provide a **safe and effective** means of delivering patient care...



they save patients **time, money and stress** and provide **greater flexibility** to clinicians.

Personalising follow up



Tailoring a patients care to their individual clinical needs, circumstances and preferences through models such as PIFU and remote monitoring...



empowers patients and helps **free up clinical time** for patients with the most complex needs.

Optimising referrals



Supporting **patient self-care**, enabling **early assessment** and providing **specialist advice and guidance for GPs...**

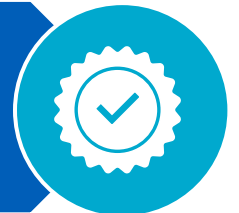


means patients see the **right person, at the right time, in the right place** and can ensure **expert care** without the need for onward referral.

These models can be used **on their own, or in combination**, depending on the needs of the patient.



These can be used with patients with **long or short-term conditions** in a **broad range of specialties** including dermatology, rheumatology and cardiology.



Further opportunities

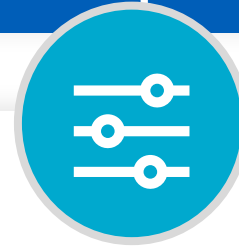
We will need to explore new and innovative approaches to help reach the target set out in the 2022/23 operational planning guidance....



Reducing DNAs

Improving booking/admin processes can improve patient experience and reduce DNAs to **help free up clinical time.**

Trusts who have focussed on DNA reduction have seen huge reductions within months.



Standardising Discharge

There is variation in discharge rates at both trust and specialty levels.

Standardising discharge processes can **help increase discharge rates** where clinically appropriate.



Remote forms

Secure, confidential remote forms offer patients another way to access outpatient care.

They can be effective in **reducing and prioritising waiting lists** when used to deliver first outpatient appointments, PIFU and referral optimisation models.

Remote consultations

Remote consultations played an important role in the NHS' response to the COVID-19 pandemic, helping hospitals and clinics reduce the number of physical attendances at their sites.



"Being able to use [video consultations] has already proven invaluable to our team as it has assisted us in our endeavour to triage patients appropriately and provide the best care possible...without the need for the patient to leave their home." – **Dental Clinical Director, Torbay and South Devon NHS trust**



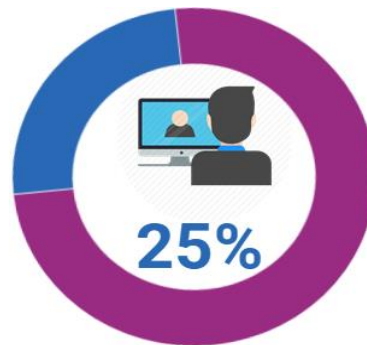
"I really can't see any disadvantages to video consultations. It's totally the next best thing to them coming out to you. I hope it gets extended to other services". **Mrs L. Patient at Dorset**



"Pandora is out of the box – there is no going back from this – patients have said, why would I drive miles, pay £8 for parking and sit outside a waiting area for hours to be seen for 15 minutes when I could do this in the comfort of my living room". **Clinician, Somerset Partnership NHS Trust**



The video appointment was very good...I would highly recommend this for future appointments where a visit is not really necessary." **Patient, Rotherham NHS Foundation Trust**



Benefits of remote consultations:



- Improves patient's experiences of care, improving access through increased flexibility in how they interact with healthcare, saving them time and money and reducing the stress of travelling to their appointments.
- Patients are less likely to cancel or not attend their appointments.
- Remote consultations also offer benefits for healthcare professionals, reducing travel time and stress, and enabling more flexible working, meaning more time to spend with patients

Patient initiated follow-up

Patient initiated follow-up (PIFU) describes when a patient, or carer, can initiate follow-up appointments when they need one. This can be a change in symptoms or circumstances.

This helps patients be seen quickly when they need to, while avoiding the inconvenience of appointments they don't need.

Most patients come back less often when using PIFU. This creates capacity to see other patients, eg off the waiting list.

Shared decision making between a patient and clinician means PIFU is used for those who are suited to it.

Safety nets should be used to ensure:

- appropriate review still takes place, if required
- DNA processes are put in place for those on PIFU
- relevant diagnostics still occur at the right intervals

PIFU can be used

- ✓ After treatment
- ✓ After surgery
- ✓ With people with long term conditions
- ✓ Alongside timed appointments e.g. for tests
- ✓ Alongside remote consultations
- ✓ Patients can share responsibility with a carer or guardian



Going to the hospital, it can be a real pain at the best of times

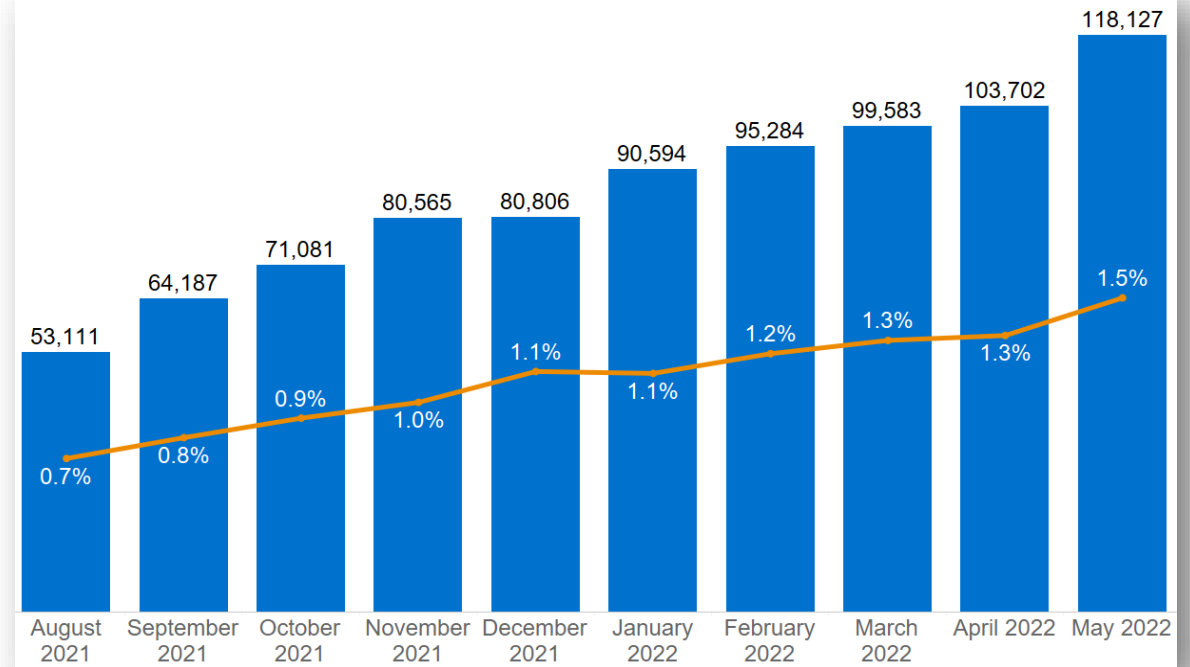
I understood...that he [my doctor] wouldn't think, 'oh, she is just having a bit of a whinge' – she is contacting me because she needs me, because there is something not working.



PIFU: national picture

The NHS Planning Guidance sets a target for 5% of patients to be put on a PIFU pathway by March 2023

- Prior to the pandemic many trusts were using a form of PIFU in some of their services. (Often not called PIFU!)
- Most places were using this informally, with limited protocols in place for recording, safety netting and managing patient contact.
- **We are seeing increased uptake in formalised PIFU models across a huge range of services**
 - Between August 2021 and May 2022, use of PIFU more than doubled; the majority is true PIFU growth rather than improved data capture
 - Only 3.5% patients on a PIFU pathway tend to initiate an appointment each month.



■ The episodes moved or discharged to PIFU as an outcome of their attendance

■ The above, as a percentage of the total outpatient appointments that month

More detail can be found in 9 month review of EROC data

<https://future.nhs.uk/OutpatientTransformation/view?objectId=143754661>

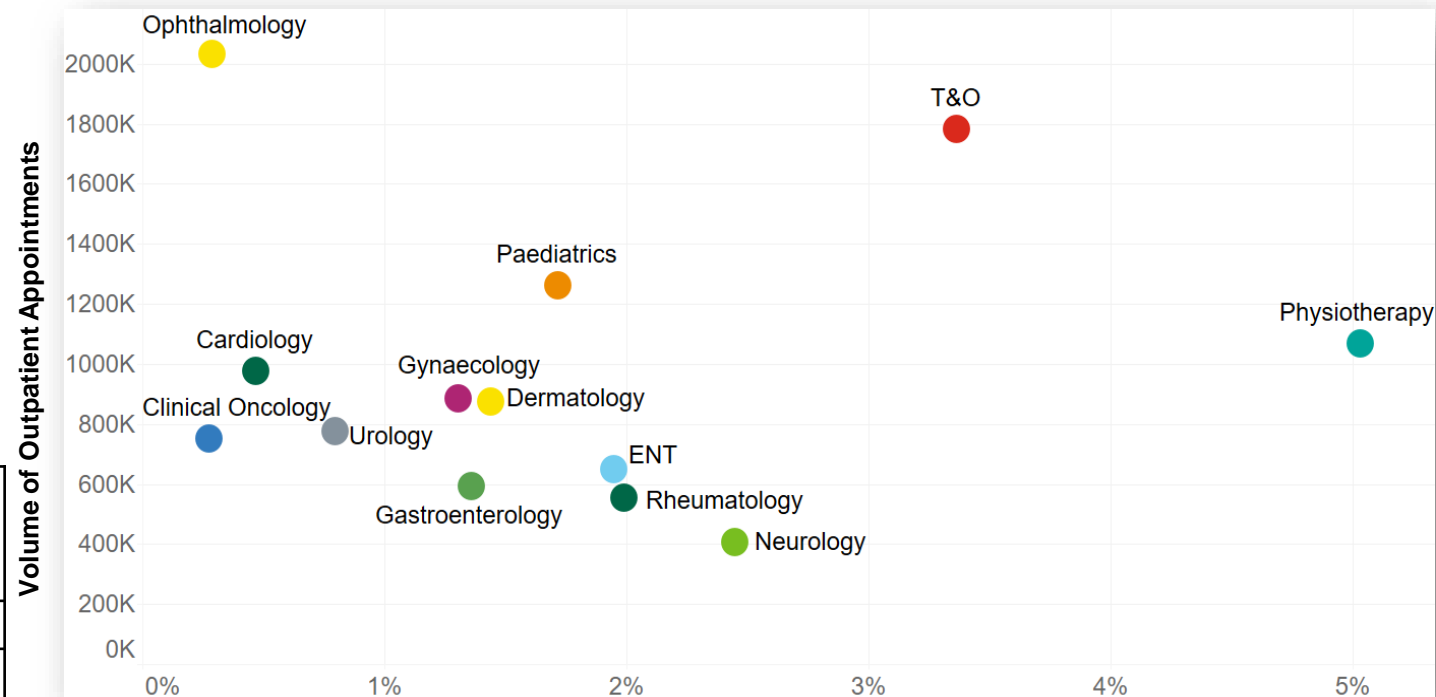
PIFU further opportunity

Key findings from the Outpatient Recovery and Transformation Programme’s review of the first 9 months of PIFU data (available on [FutureNHS](#))

- Still opportunity to improve uptake in key outpatient specialties
 - variation between providers in PIFU uptake for the same specialty,
 - some high volume specialties still have lower uptake of PIFU.

Specialty	Annual number of outpatient appointments	Median % episodes moved or discharged to PIFU	Upper quartile % episodes moved or discharged to PIFU
Ophthalmology	8 million	0.2%	0.7%
Trauma & Orthopaedics	7 million	2.4%	7.1%
Paediatrics	5 million	0.9%	3.1%

PIFU uptake in specialties - March to May 2022



The episodes moved or discharged to PIFU as an outcome of their attendance

An umbrella term for a range of models that facilitate a clinical dialogue between a specialist and referrer prior to, instead of, or about a referral to support the management of patient care.

This can be:

- **Pre-Referral (e.g. Advice & Guidance):** prior to or instead of referral the referring clinician seeks advice from a specialist through synchronous or asynchronous methods
- **Post Referral (e.g. Referral Triage models that offer Specialist Advice):** where a referral has already been made, the specialist reviews the information, and can either return the referral with guidance or direct the onward referral to the most appropriate clinician, clinic and/or diagnostic pathway

Reasons for seeking specialist advice

- ✓ Advice on a treatment plan and/or the ongoing management of a patient
- ✓ Clarification (or advice) regarding a patient's test results
- ✓ Advice on the appropriateness of a referral for a patient

Who can provide specialist advice?

- ✓ Trained and commissioned clinical specialists / experts
- ✓ Consultants
- ✓ Other healthcare professionals in secondary, community or primary care providers, interface or intermediate services, and referral management systems

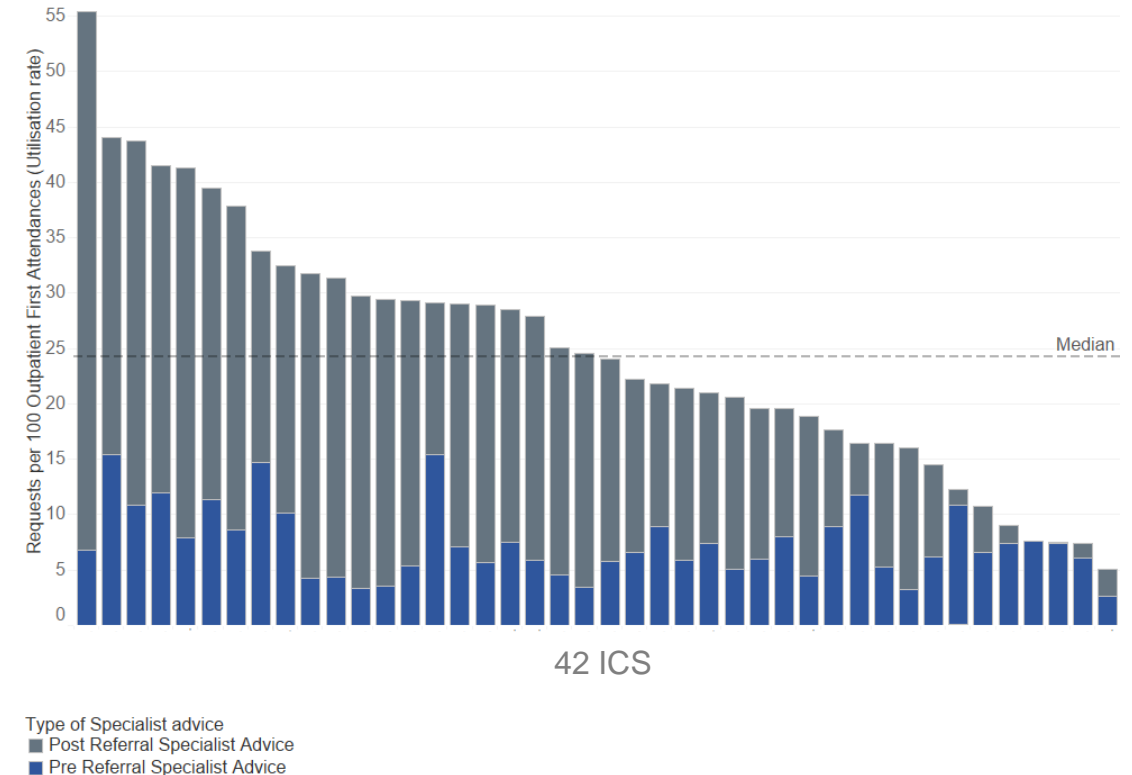
Benefits of specialist advice

- ✓ Improved patient experience
- ✓ Care closer to home
- ✓ Right care, right place, right time
- ✓ Supports Shared – decision making
- ✓ Collaborative working
- ✓ Sustainable model of care
- ✓ Efficient use of resources

Specialist advice: national picture

- Historically, use of specialist advice was variable across England so planning guidance target was set for each system to reach **16 advice and guidance requests or equivalent models per 100 OPFA by March 2023**.
- This was with the aim of **avoiding 1.8 million RTT clock starts in 2023** and is incentivised by Elective Recovery Fund payments.
- Specialist advice utilisation has grown nationally with **75% of systems** now reaching the planning target of 16 per 100 OPFA . Pre referral services (A&G type services) account for a third of requests.
- The proportion of requests resulting in an **avoided referral** (diversion rate) differs greatly between pre referral type services (50%) and post referral type services (15%).

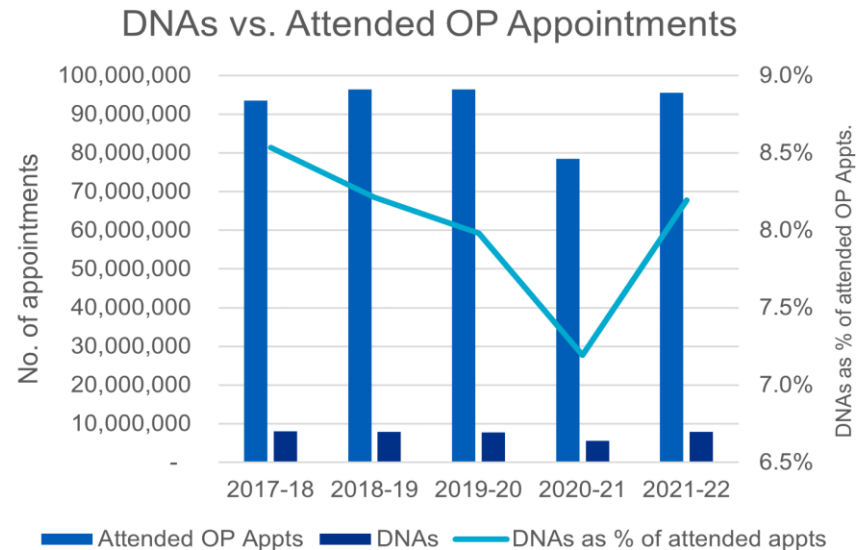
Variation across systems in utilisation of pre and post referral SA services – June 2022



There were 7.8 million DNAs in 2021/22. This equates to an average of around 650,000 monthly appointment slots being lost due to missed appointments.

- **Some of the key actions providers can take to help with DNAs are:**

- Improve **communication** material and access for cancellations and re-booking
- Support services to understand and address **inequalities** in their area and share best practice
- Improve **booking processes** – standardising considering offering evening/weekend appointments
- DNA **audits** to identify potential causes



A 25% reduction in these DNAs would release the equivalent of almost **2 million appointments** – potentially enough to clear the entire +78 and +40 week non-admitted RTT backlog



How we work

Our objectives

1. To deliver targeted service transformation that **enables** the recovery of elective activity and improve waiting times
2. To **align the resources** within the team to deliver the transformation portfolio
3. To ensure that there is a clear link to performance improvement with **measurable outcomes** that can be tracked via the Outpatient data dashboard

Our focus

- Achieving and accelerating the delivery of PIFU and supporting the overall reduction of follow-up activity to increase the reduction to the 25% target by March 23, e.g by using the Action On series.
- Making every appointment count by ensuring pathway redesign includes diagnostic optimisation, e.g by linking with the Diagnostics programme and redesign of pathways with GIRFT colleagues
- Reducing the number of referrals added to the secondary care waiting list through extending the use of advice and guidance, e.g building on the principle of advice and refer, reconfiguration of e-RS etc.
- Piloting the usage of digital solutions to support reduction in waiting times, adoption of PIFU and increasing the use of virtual where appropriate, e.g eForms

Action on outpatients

The roadmap to recovery & transformation

Action on Outpatients

Improving access to care



Continuous activity
through 2022/23

End goal



Eliminate longest waits and transform outpatient services for the benefit of patients.

January 2022



The next 'Action on Outpatients', focus to be determined based on earlier feedback and learnings.

November 2022



The next 'Action on Outpatients' with a focus on Referral Optimisation, followed by opportunity to feedback and share learnings.

October 2022



Learnings, feedback and case studies collated to measure impact, share learnings and inform future 'actions on outpatients' initiatives.

September 2022



Super September begins.

A new national initiative in which providers and systems will accelerate new and existing outpatient initiatives for a period of 2 weeks, from 26 September.

Summer 2022



There are currently more than **6 million people waiting** for NHS care in England; this list is growing. Around **80%** of those will be treated as outpatients.



Action on OP: Super September

National team supporting regions, systems and providers to create enthusiasm and focus on locally driven and clinically led initiatives, which would impact the longest waiting non admitted pathways.

Ways of working impact

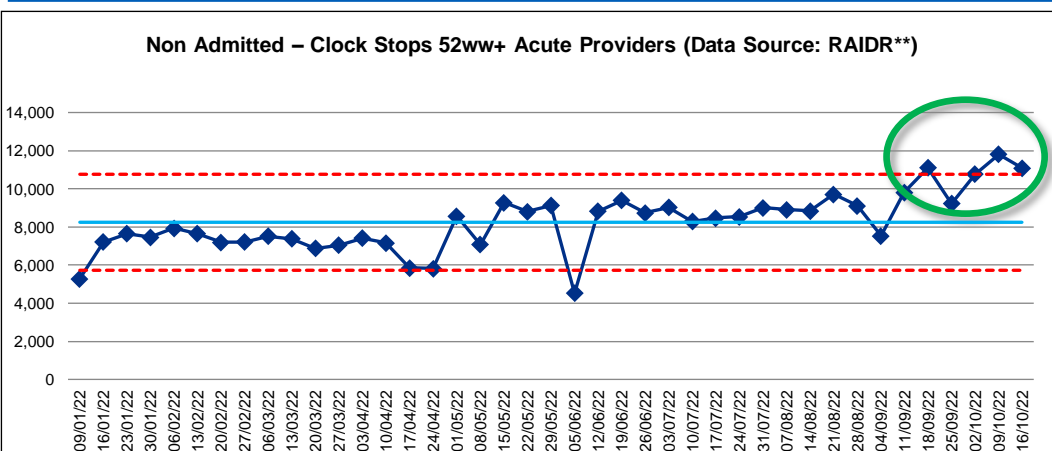
- Galvanised **support** and **focus** for outpatient pathways
- Whilst maintaining a focus on impact, generated **positive** and **innovative** local efforts
- Iterative** nature of Super September has created a **constructive learning** approach.

Quantitative impact

Local examples – targeted SPC analysis (Sussex ICB):

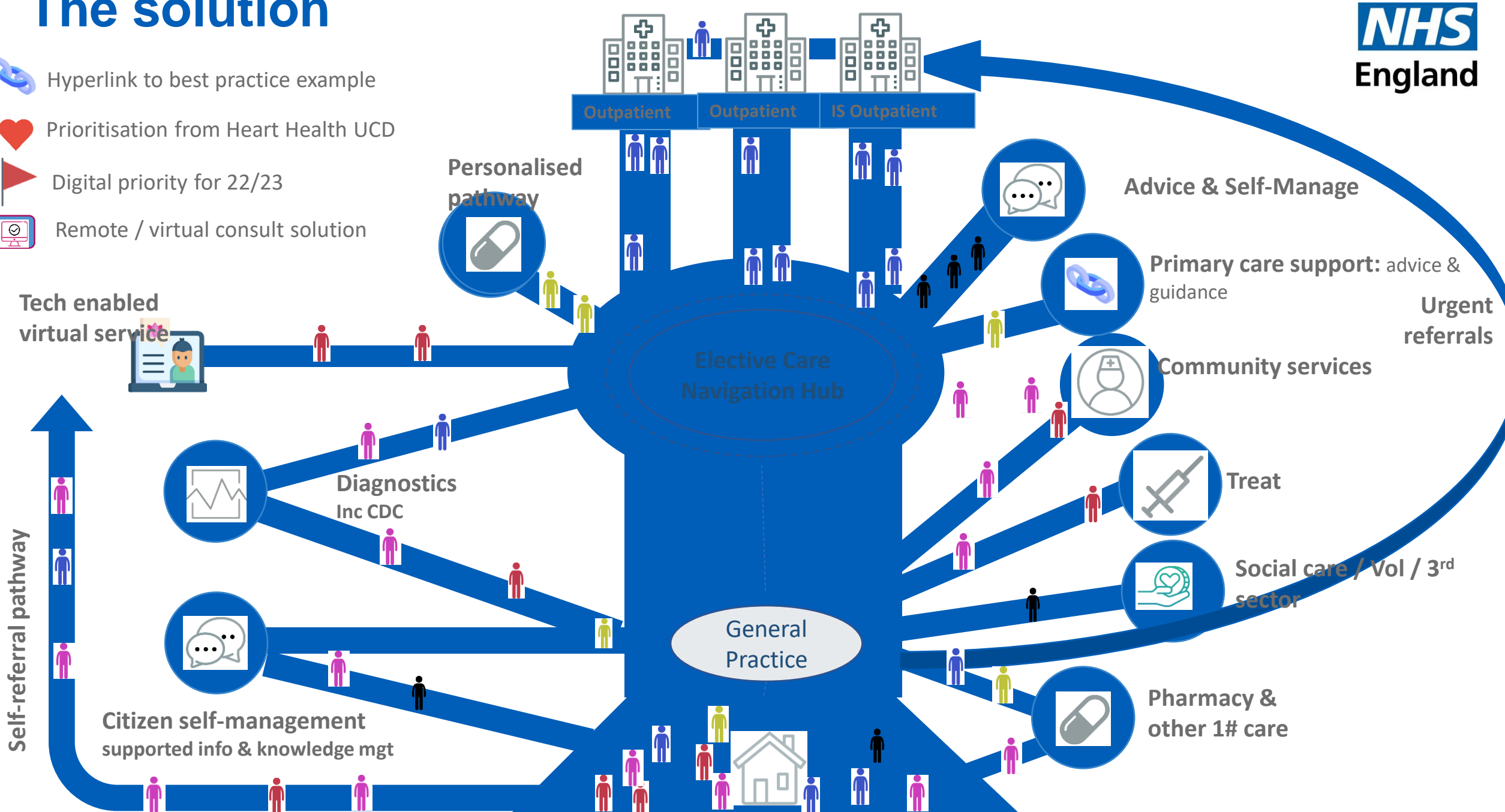
- EHST’s work with an external company on Rheumatology follow-up validation is associated with a **significant reduction** in their Rheumatology RTT non-admitted waiting list during week ending 9th October. The reduction by 143 pathways (547 to 404) was **three times larger** than any weekly change in the last 20 weeks.
- QVH’s three stage approach to validating their Plastics waiting list is associated with significantly improved control of their admitted patient RTT waiting list over last 7 weeks, with a **net reduction by 107 pathways** (1977 to 1868). This contrasts with net gains of 27 and 552 in the two preceding 7 week periods.

Local examples of quantitative impact



The solution

- Hyperlink to best practice example
- Prioritisation from Heart Health UCD
- Digital priority for 22/23
- Remote / virtual consult solution



A range of implementation guidance, support and best practice is available from the Outpatient Recovery and Transformation Future NHS workspace: <https://future.nhs.uk/OutpatientTransformation>



PIFU

Implementing PIFU guidance:
<https://www.england.nhs.uk/publication/implementing-patient-initiated-follow-up-guidance-for-local-health-and-care-systems/>

PIFU implementation plan and checklist:
<https://future.nhs.uk/OutpatientTransformation/view?objectID=79092709>



Specialist advice

Introduction to specialist advice:
<https://future.nhs.uk/OutpatientTransformation/viewdocument?docid=116337797>

Specialist advice FAQs:
<https://future.nhs.uk/OutpatientTransformation/viewdocument?docid=110912197>



DNAs

Reducing DNAs in outpatient services guidance:
<https://future.nhs.uk/OutpatientTransformation/view?objectId=36257584>



Remote consultations

Visit the remote consultations in secondary care workspace on Future NHS:
<https://future.nhs.uk/providerVC>

Case studies – remote consultations

Action on Outpatients

Improving access to care



Cancer Therapy - Velindre University NHS Trust

CANCER THERAPY SERVICE OVERVIEW

The Cancer Therapy department at Velindre University NHS Trust is a non-surgical cancer treatment centre.

Therapy services cover in-patient, outpatient, radiotherapy review clinics and chemotherapy units within Velindre Cancer Centre. Sub-areas of the service include Occupational Therapy (OT), Physiotherapy, Speech and Language therapy, and Dietetics. The service also runs an award winning Neuro-Oncology clinic.

Patients are provided support pre, during, and post treatment i.e. patients may be at the start of their pathway or may have started their treatment. The therapies service provides a significant amount of educational information to patients and suggests ways in which patients can manage any side effects relating to their treatment e.g. fatigue, mobility issues, nutritional intake.

Predominant pre-pandemic consultation medium



Face to face

Current % usage of RC

46%

NHS England & NHS Improvement

HOW WERE REMOTE CONSULTATIONS (RCs) INTRODUCED?

The Cancer Therapy service started using remote consultations during pandemic when COVID made face to face consultations unfeasible for many. During this period the Trust wanted to ensure all services used same platform, with the trust developing IG policy and guidance to support this.

There is a hybrid approach in offering patients the choice of whether they would prefer face to face or remote consultations, some service provision lends itself better to F2F clinics while other areas are able to offer a choice as to the best option for the patient. The service has a preference for clinicians being on site, derived from the fact that it allows clinicians to be available to cross cover, as well as reducing the risk of any confidentiality issues with consultations being run at home. Clinics can still be done from home if required with a small number of staff members delivering consultations from home based on individual needs. As much of the service's workload surrounds education and advice, the team feels that these types of consultations lend themselves well to remote consultations.

WHY WAS THIS SUCCESSFUL?

The department is close knit, with lots of sharing of information and open communication in the team. The Service Manager holds huddle meetings which are held every week, as well as monthly therapy whole team meetings. These allow the team to look at quality of care being provided, raise any key issues/ challenges, and provide support to each other.

To accommodate for remote consultations, the service turned a rehab suite into virtual hub. The room contains an extra large interactive screen, which allows the service to effectively run MDTs, where multiple clinicians are all in the room simultaneously while the patient dials in remotely. Historically patients would have seen CNS, consultants, therapists in up to 4 separate face to face appointments, so the use of remote MDTs has dramatically streamlined the process for all involved.

The service also sees many immunocompromised patients and the use of remote consultations allows them to avoid bringing such patients into the hospital unless absolutely necessary, reducing the risk of infection.

For further case studies and resources visit:
<https://future.nhs.uk/providerVC>



Recovering & Transforming Outpatient Care

Get in touch



Email:
[england.outpatient-
transformation@nhs.net](mailto:england.outpatient-transformation@nhs.net)



Web:
[https://www.england.nhs.uk/outpatient-
transformation-programme/](https://www.england.nhs.uk/outpatient-transformation-programme/)



LinkedIn:
[https://www.linkedin.com/showcase/ou
tpatient-transformation-programme](https://www.linkedin.com/showcase/outpatient-transformation-programme)



FutureNHS:
[https://future.nhs.uk/OutpatientTransfo
rmation](https://future.nhs.uk/OutpatientTransformation)



**Outpatient
Transformation
Conference
2022**

The Outpatient Transformation Conference 2022



UP NEXT...



consult



Outpatient
Transformation
Conference
2022

The Outpatient Transformation Conference 2022



SPEAKING NOW



Dr Chris Whittle

Chief Innovation Officer
eConsult

I will be discussing...

“Virtual Outpatients:
Clearing the Covid Backlog”



consult

specialist

November 2022

Dr Chris Whittle

Chief Medical Officer



What is eConsult?



Number one online consultation provider for the NHS



Patient history upfront - enables **safe digital triage**



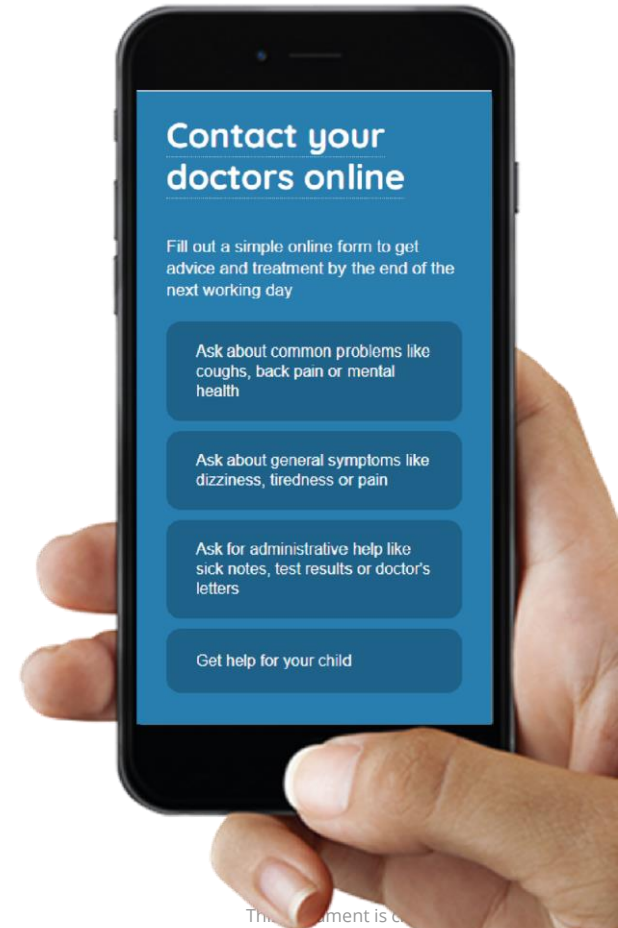
Manage patient demand and improve **efficiency**



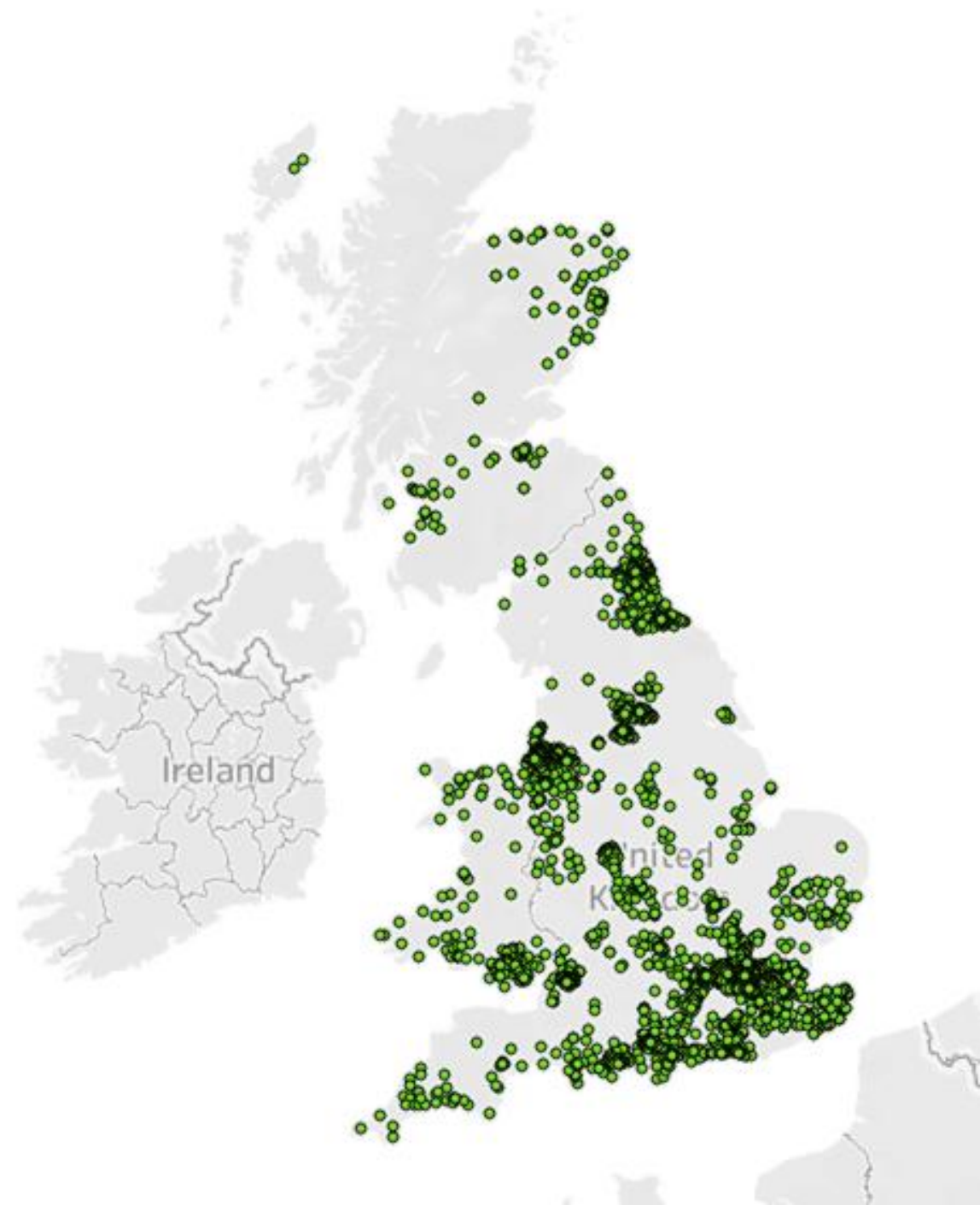
Built by NHS clinicians **for** NHS clinicians



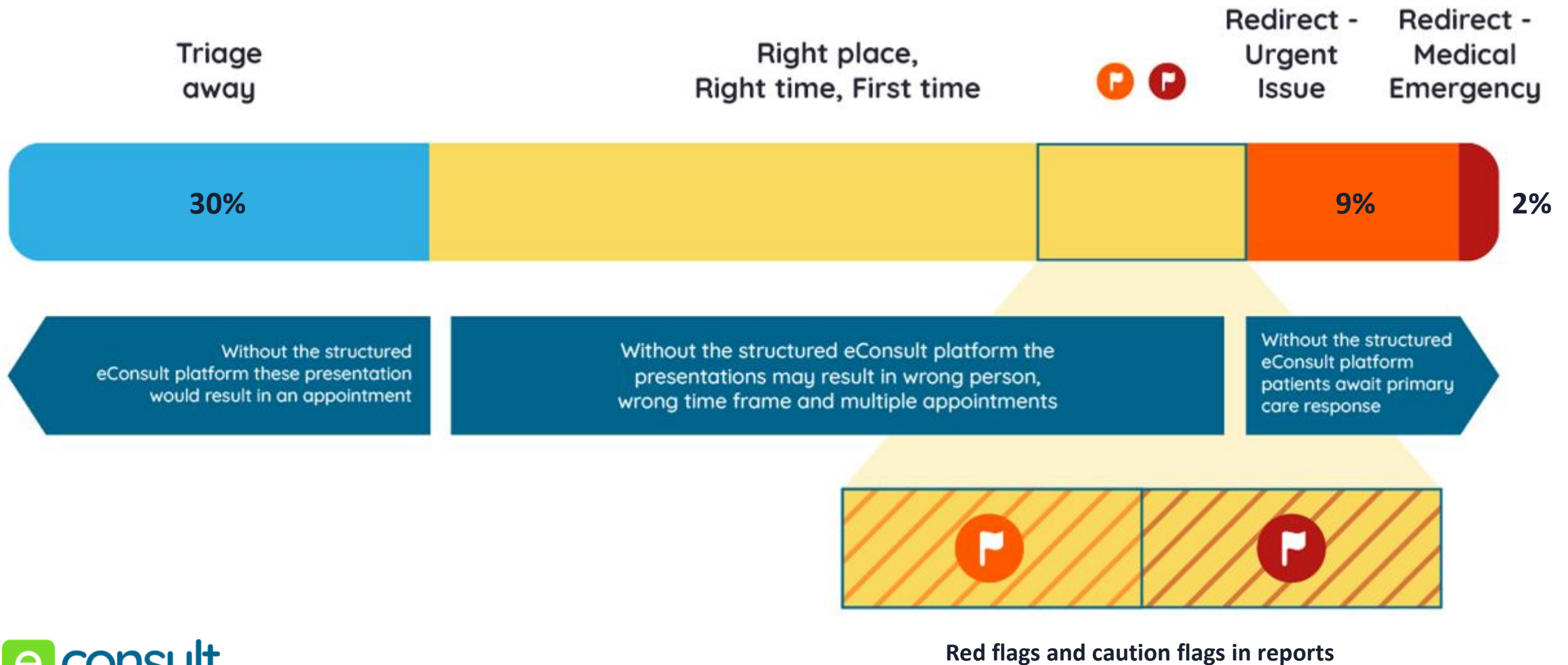
Aligned to the NHS 10 year plan



25 million patients
3,000 practices
30 million+ eConsults
completed



Clinically led and designed for safety



eConsult Health

Experts in digital triage

Primary Care

3,000 practices

25m patients

30m+ eConsults

Urgent and Emergency Care

11 sites

460,000+ eTriages

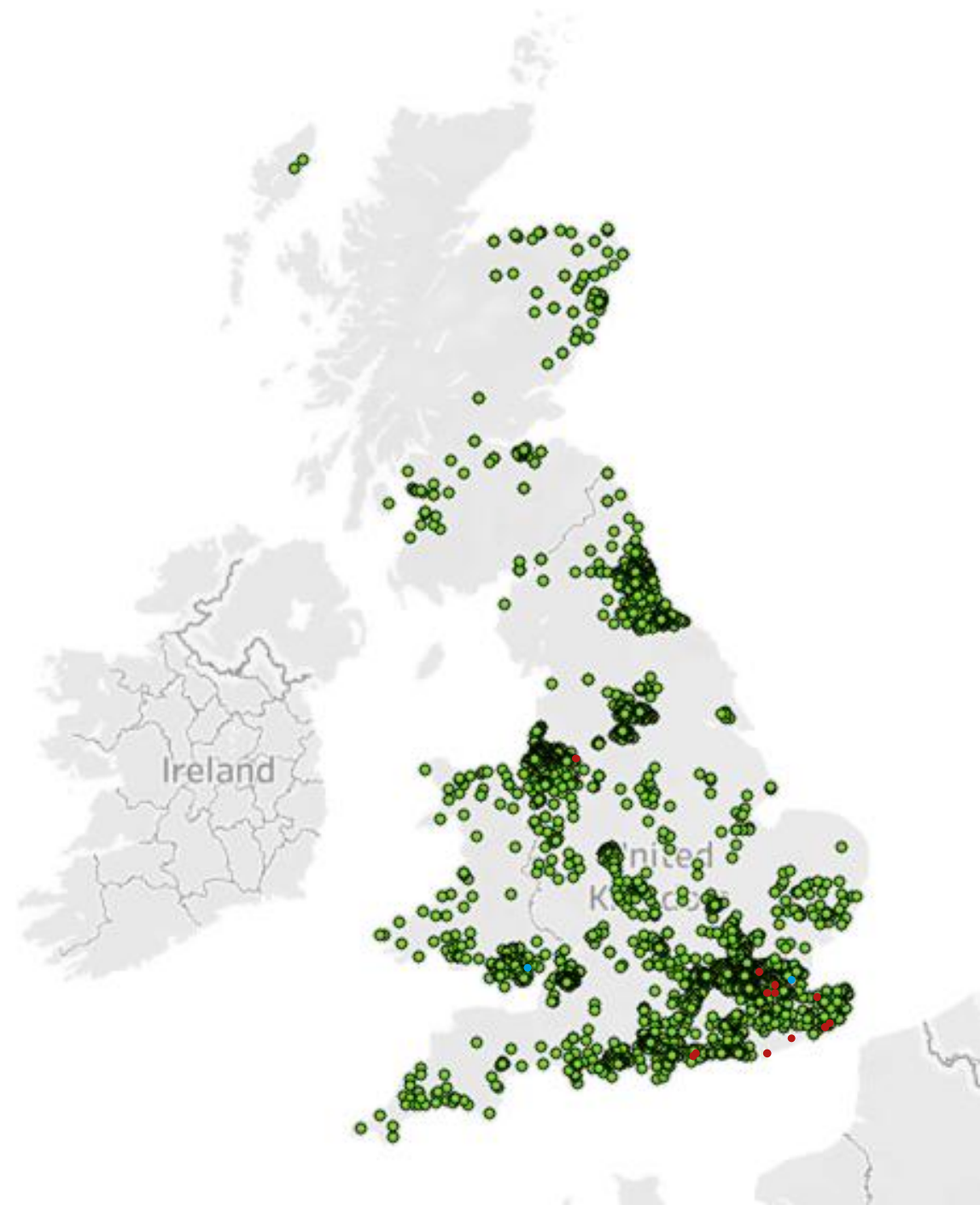
Live in 5 more by Q2 2022/2023

Outpatients

4 sites

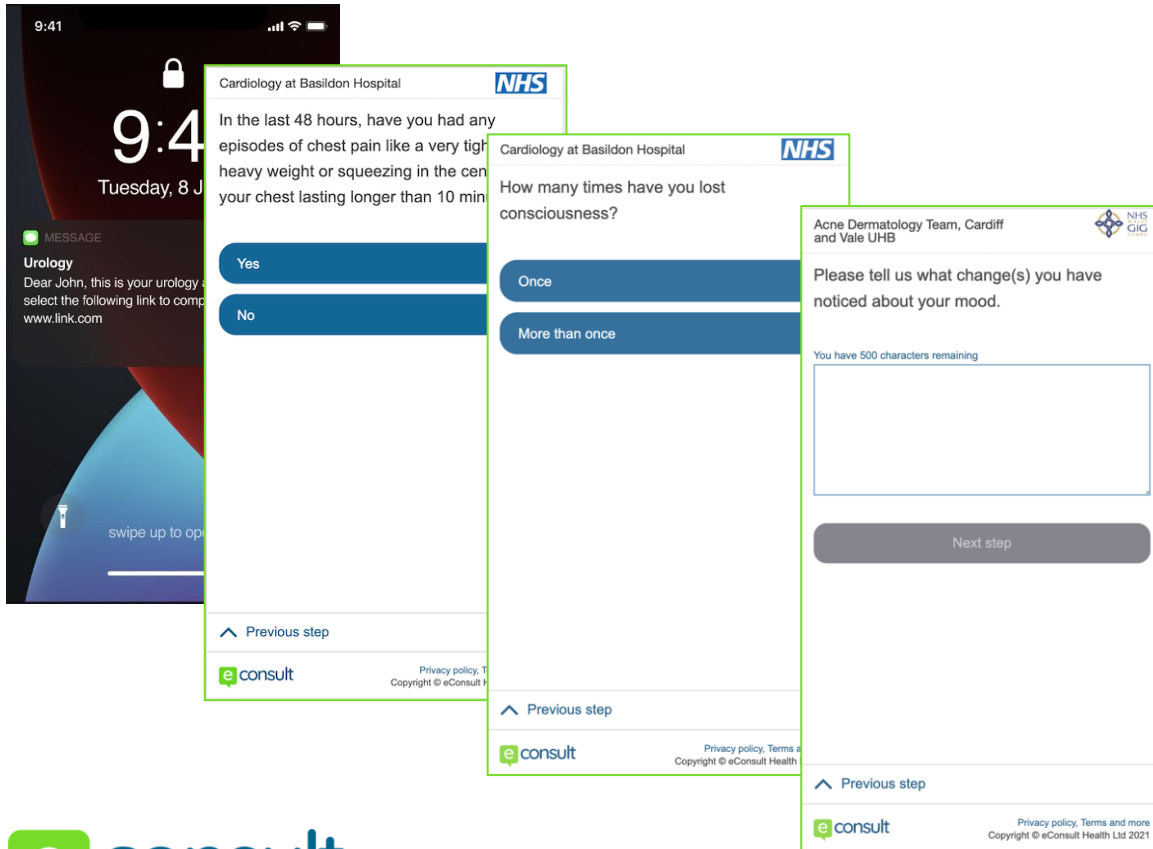
Developed with MSE NHSFT

40 specialties live by April 2023



eConsult Specialist

Reducing waiting lists by improving patient pathways



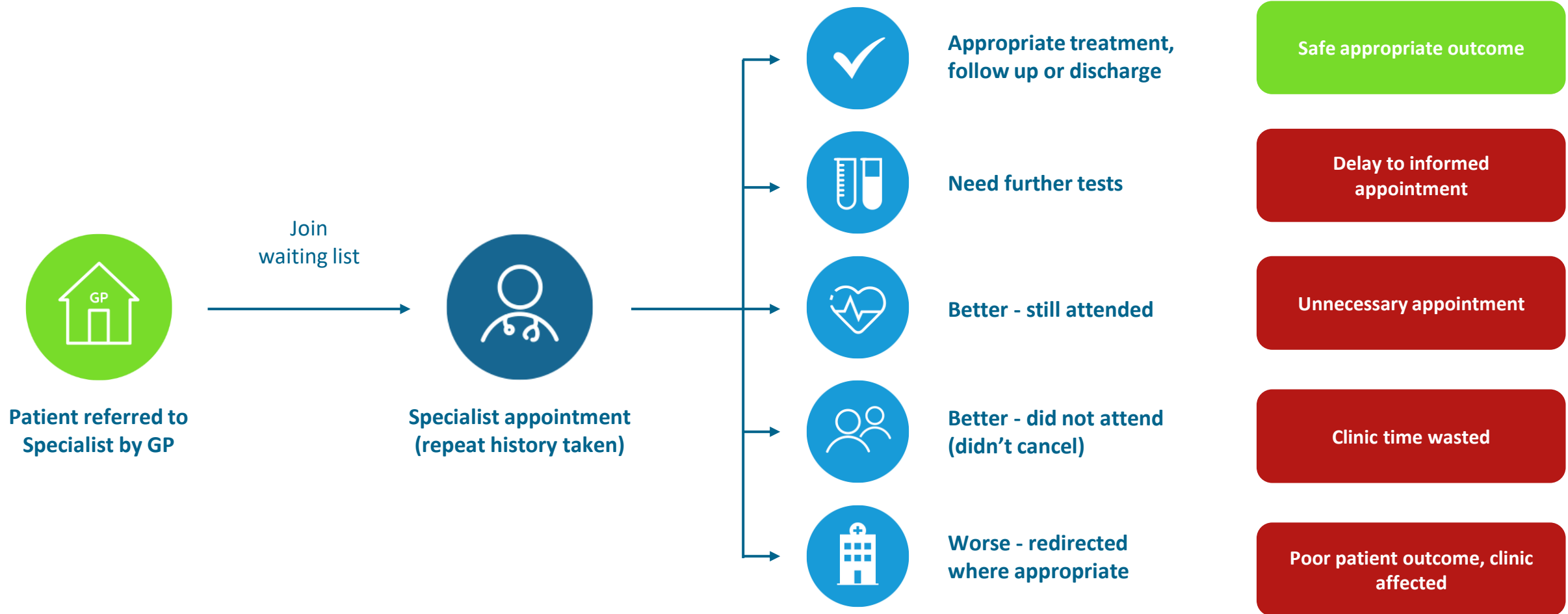
Outpatient triage and waiting list reduction solution

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)

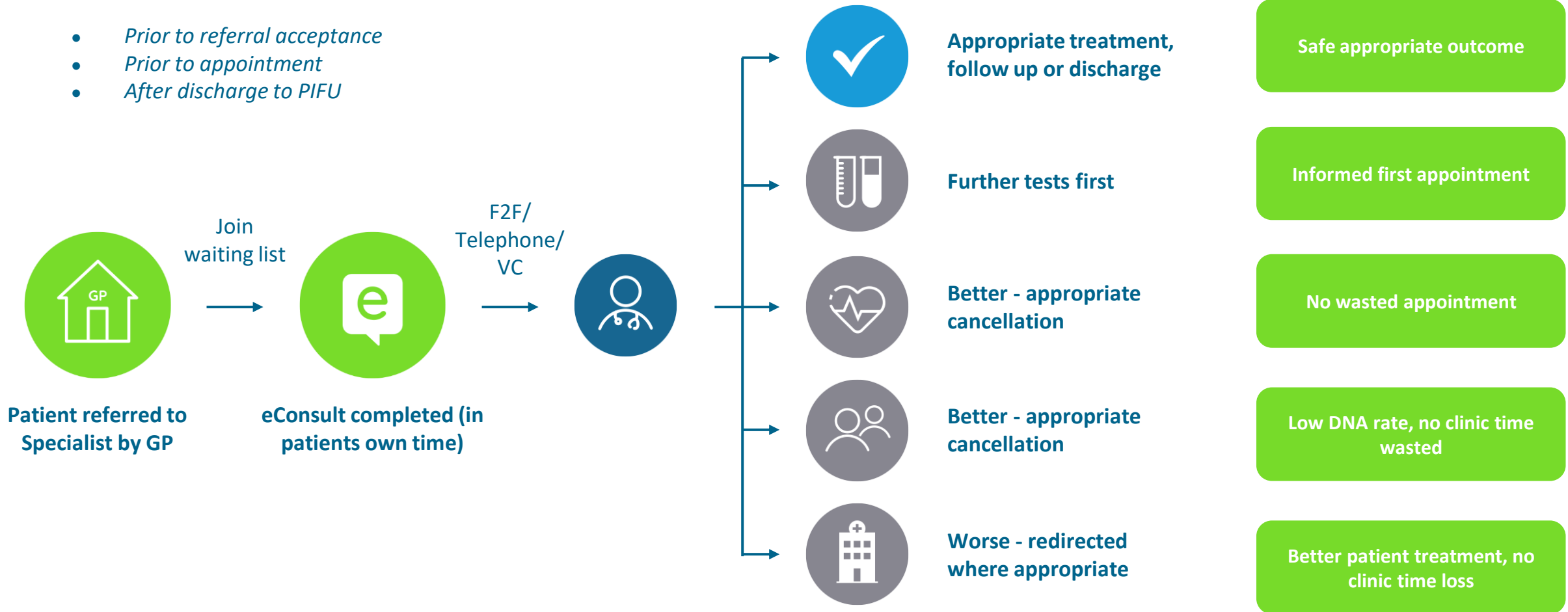
Significant **waiting list** and **DNA** reduction

Traditional patient flow



eConsult enhanced patient flow

- *Prior to referral acceptance*
- *Prior to appointment*
- *After discharge to PIFU*



Broad range of applications

- 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 / “Specialist advice”
 - Reducing DNAs
- Supported by team of experts in NHS organisational change management and successful delivery to KPIs

Delivery into NHSmail Inbox

The screenshots show the following content:

- 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?" (Buttons: Yes, No)
- Cardiology at Basildon Hospital:** "How many times have you lost consciousness?" (Buttons: Once, More than once)
- Acne Dermatology Team, Cardiff and Vale UHB:** "Please tell us what change(s) you have noticed about your mood." (Text input field with 500 characters remaining, Next step button)

Practice Message ID: GSFZJCBVB **eConsult ID:** testespecialist

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

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 Smart Inbox interface. On the left, a sidebar shows a list of consultations under 'All Open' (3 of 3). The list includes:

- Josh Testing (M, 38) - Arthritis annual review - 30/09/2022 at 15:09 - Clinical - Waiting (2)
- Christopher... (M, 35) - Rash follow up - 30/09/2022 at 15:27 - Clinical - Waiting (5)
- Christopher... (M, 35) - Musculoskeletal spine - 30/09/2022 at 15:35 - Clinical - Waiting

The main view shows a detailed consultation for Christopher Whittle (Male, 35) with Reference ID: 3AC9F8FA, submitted on 30-09-2022 at 15:35. The consultation title is 'Musculoskeletal spine'. A STarT Back Score is shown as Medium (6 Total, 3 Subscore). A message is expected by 18:30 on Monday 3rd October. A response is expected by 18:30 on Monday 3rd October. A same day response is best. To message this patient go to <https://testspecialist.webgp.com/pcm/GSZFZJCBVB> and enter this consultation PIN: S6FPVD (The PIN for this consultation will expire on Monday, 17th of October). Below the message, there is a 'Clinical questions' section with a response box containing 'Okay, I understand'. At the bottom, there is a 'Respond to Christopher Whittle...' field and a 'Send' button.

On the right, a 'Signpost' panel shows the following details:

- Team: Unassigned
- Urgency: Unassigned
- Mode: Unassigned
- Type: Clinical
- Status: Waiting

Below the signpost, there is a 'Comments & Activity Log' section with a 'Show: All Activity Comments' filter and a 'No comments to display' message. A 'Feedback' button is visible on the right side of the signpost panel.

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

Waiting List Validation

- ❖ Use eConsult batch SMS messaging portal OR any existing SMS system
- ❖ Send:
 - Link to simple Y/N form
 - Link to enhanced triage / specialty specific digital pathways
- ❖ Patient responses populate NHSmail inbox OR Smart Inbox for triage/administration

The screenshot shows the 'Send a message' interface in the eConsult system. At the top, there are navigation tabs: 'Send', 'Messages', 'Schedule', 'Contacts', and 'Keywords'. The main form includes a 'Send to:' field with the example number '07712345678', a 'From:' field set to 'NHSNoReply', and an 'Allow Replies:' toggle set to 'OFF'. A 'Message:' dropdown menu is open, showing options like 'Urology Stones', 'PIFU Stones', and 'LUTS'. To the right of the message field are buttons for 'Personalise', 'Track URL', and 'Templates'. A 'SEND NOW' button is at the bottom, with an option to 'Schedule for later'. A preview window on the right shows a message titled 'A Little Help' with the text 'Get in touch'.

This screenshot displays the NHSmail interface. On the left is a list of messages, including one from 'Christopher... (M, 35)' regarding 'Musculoskeletal spine'. The main area shows the patient's record for Christopher Whittle (Male, 35), with a 'Musculoskeletal spine' condition highlighted. A message from the patient is visible, stating: 'A response is expected by 18:30 on Monday 3rd October. A same day response is best. To message this patient go to https://bestspecialist.webgp.com/pcm/G5FZJCBVB and enter this consultation PIN: 54FPVD (The PIN for this consultation will expire on Monday, 17th of October)'. The right-hand side shows a 'Signpost' panel with fields for Team, Urgency, Mode, Type, and Status, all currently set to 'Unassigned' or 'Waiting'. There are also buttons for 'Discard changes' and 'Save changes'.



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.*

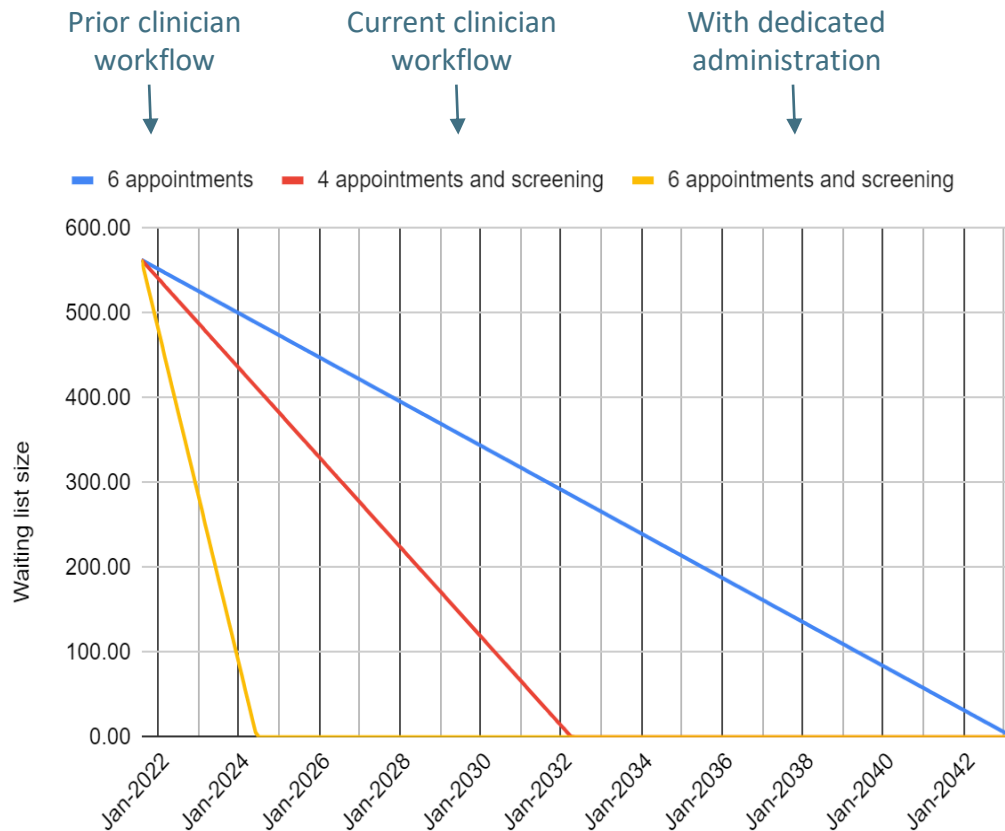
*By adding in the additional pre clinic questionnaire, this will **allow the patient thinking time** as to why they are coming to the clinic, the **symptoms they have** and have an up-to-date prescription list available, as well as **talk to relatives about their family history**.*

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



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.

”

Gastroenterology Benefits

Inflammatory Bowel Disease service

- *Clinical Nurse Specialists report saving **5 minutes per appointment** following an eConsult*
- *Additional **10-15 minute saving** reported per eConsult in administration time, compared to previous questionnaire process in the IBD helpline service (currently processed by clinicians)*

33 clinical hours saved since go live in late September

Additional, currently in measurement: Faster time to triage
Improved decision making
Reduced follow ups

Specialty roll out

At Mid and South Essex so far...

Specialities with content:

Gastroenterology / Cardiology / Urology

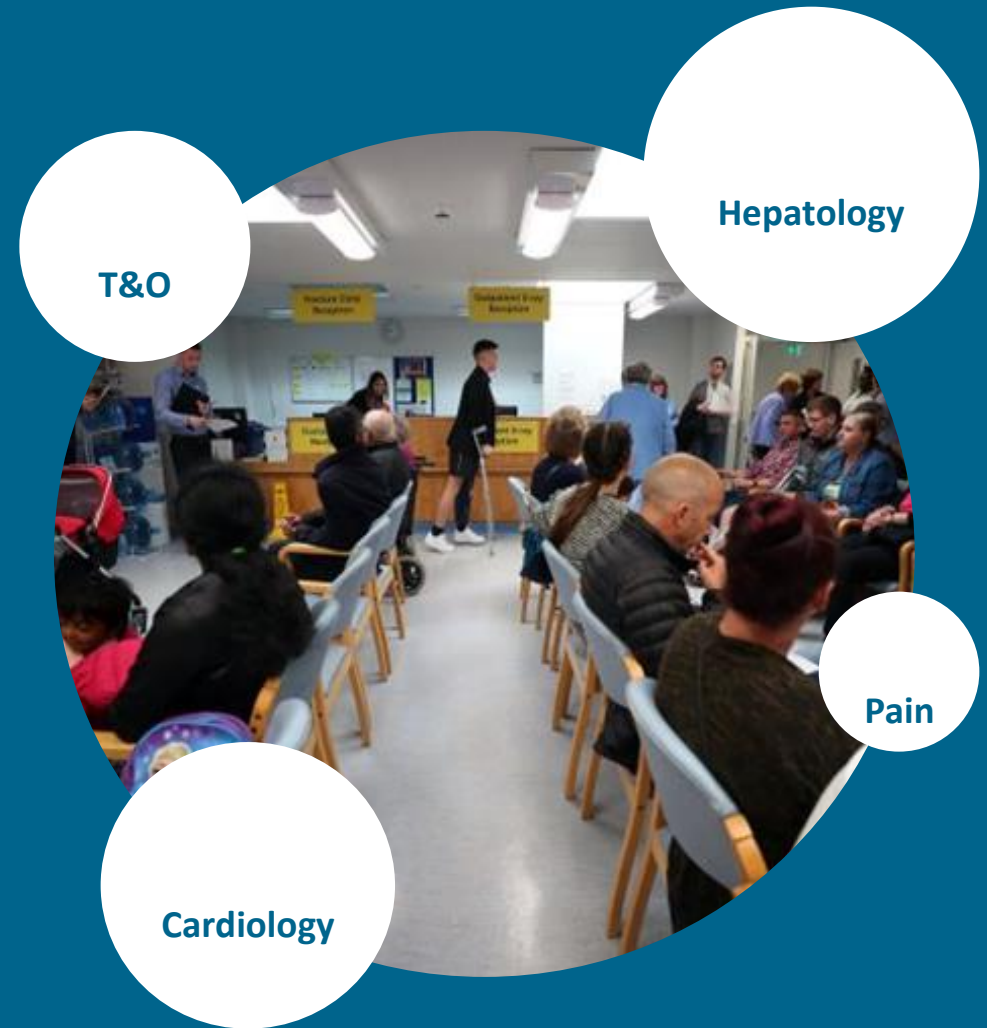
Trauma and Orthopaedics / MSK

Pain / Hepatology / Rheumatology

ENT / DOME / Neurology / Fracture Liaison Service

General surgery / Endocrinology / Renal

**40 specialities
commissioned**

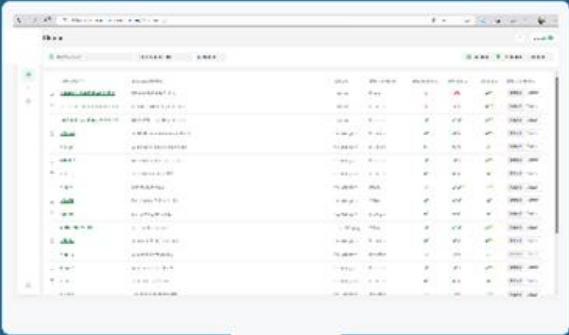


User Experience

Patient Portal/Comms

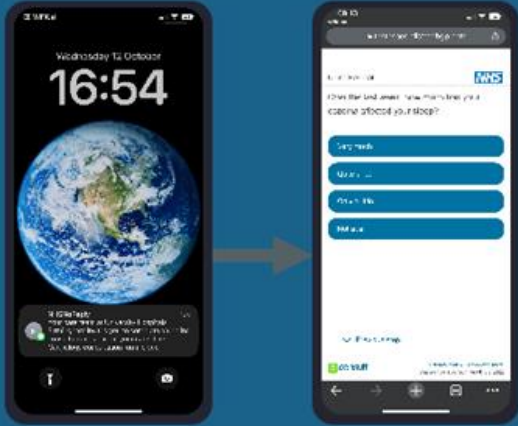
eConsult

Admin experience



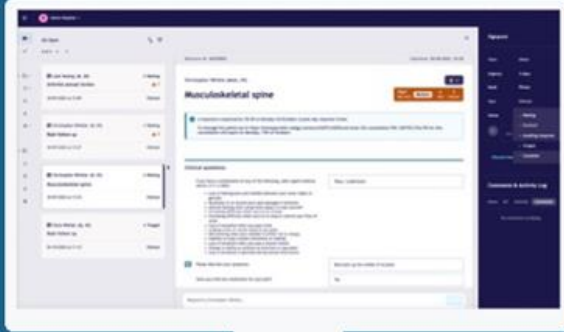
Patient Portal triggers eConsults to patients, via patient lists that track the workflow through Secondary care

Patient experience



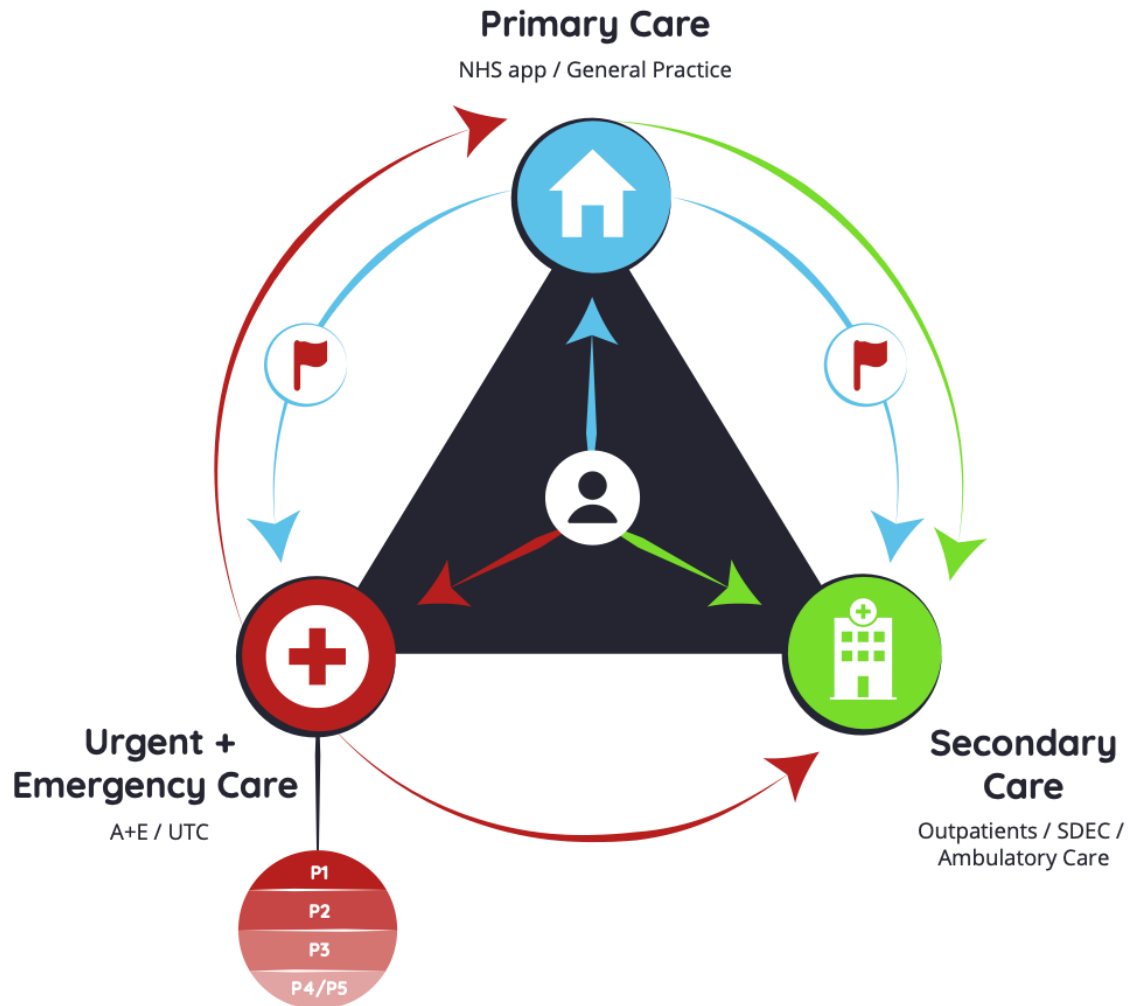
Patient receives a text message from Patient Portal inviting them to complete an online eConsult

Clinical experience



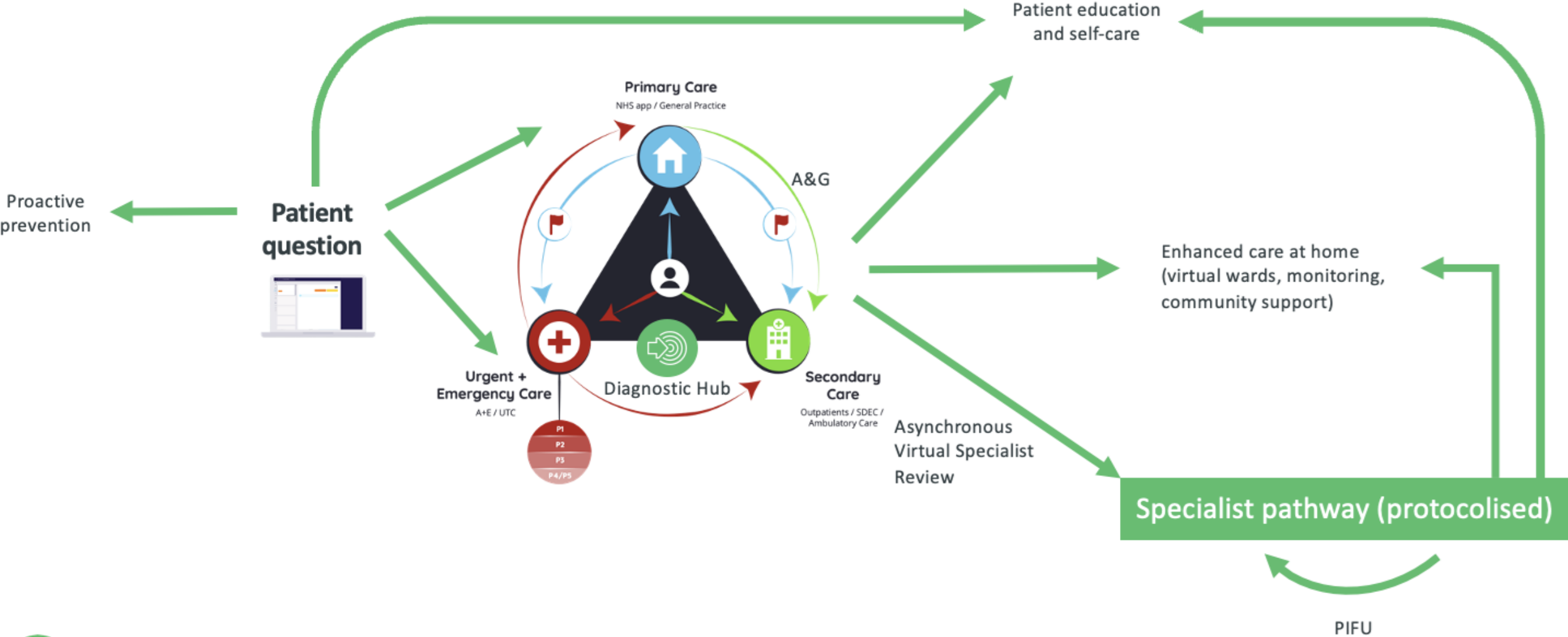
Every eConsult lands in the Inbox for triage and next steps, matched to the right patient

Joining up the system



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

The End Goal – single front door into care



Any questions?



chris.whittle@econsult.health



**Outpatient
Transformation
Conference
2022**

The Outpatient Transformation Conference 2022



SPEAKING NOW



Chris McAuley

Programme Delivery Manager
NHS Benchmarking Network

I will be discussing...

Findings from the 2022
Outpatients Benchmarking
Project”



Findings from the 2022 Outpatients Benchmarking Project

Chris McAuley
Programme Delivery Manager

Welcome and introduction



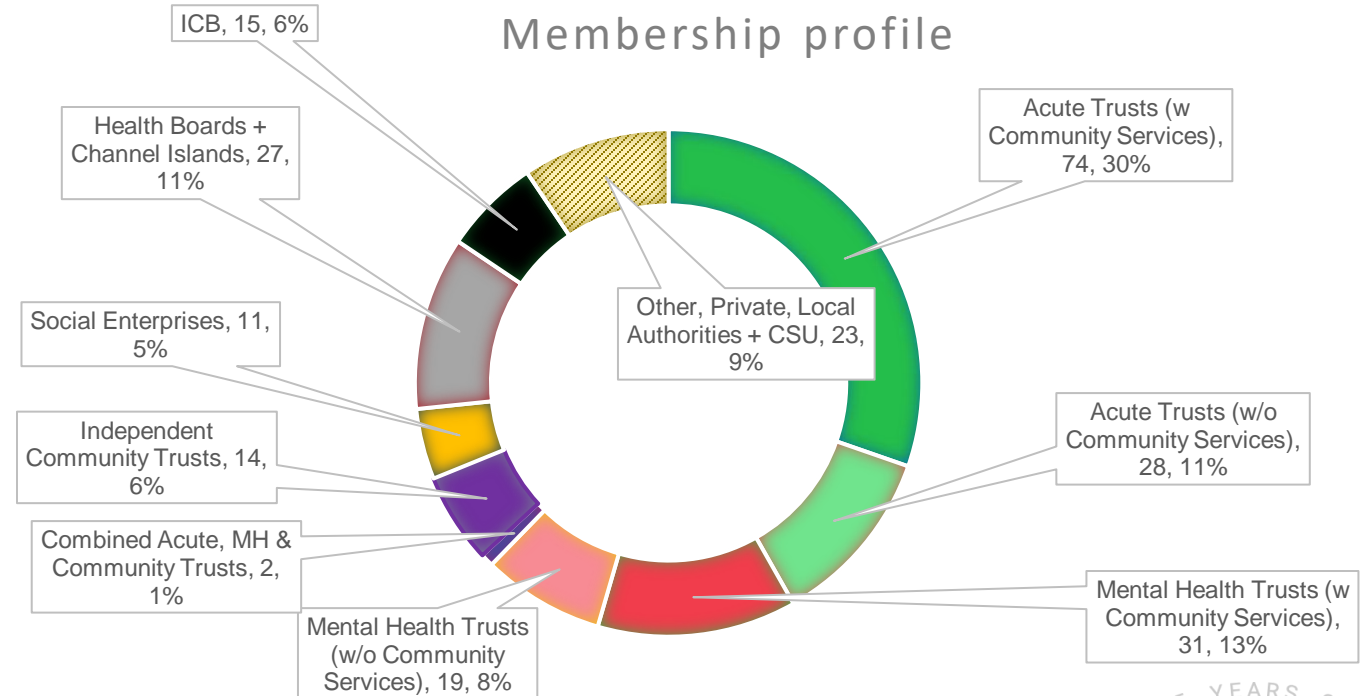
Network membership

240+ member organisations and c.10,000 clinicians and managers using the service

In England:

- 75% of acute providers
- 87% of NHS Trusts providing community services, plus 11 Social Enterprises
- 100% of mental health trusts
- 31% of ICBs by population covered
- 100% coverage in Wales Health Boards
- 100% coverage in Northern Ireland HSCTs
- 100% coverage of Scottish Health Boards, plus the Scottish Government

Membership profile



2022/23 work programme

Core Network projects



Acute Sector

- Acute Transformation Dashboard
- Acute Therapies
- Emergency Care
- Managing Frailty in Acute Settings
- Operating Theatres
- Outpatients
- Pharmacy & Medicines Optimisation (Provider)

Community Sector

- Community Indicators (monthly)
- Community Services
- Community Hospital Bed Survey
- Intermediate Care



Mental Health Sector

- Adults & Older Adults Mental Health
- Children & Young People's Mental Health Services (CYP MH)
- Learning Disabilities
- Mental Health & Learning Disabilities Covid-19 Dashboard (monthly)



Whole System

- Cost Collection Analysis
- Integrated Care System Benchmark
- ICS Pilots and Whole System Events
- Summary Opportunity Reports
- Whole Systems Beds

To view the 2022/23 work programme calendar,
[click here.](#)



Project timetable

Period	Project Stage
January to April	Project consultation and development
May to August	Data collection
16 th June	Elective Care Share Learning Webinar
August to September	Data validation and analysis
August	Draft online analysis toolkit
September	Draft reports released
13 th October	Findings Webinar
October	Outputs released

2022 is the sixth iteration of the Outpatients project.

Within each Benchmarking project, we produce a range of network resources:



Online project toolkits



ICS Benchmarker



Summary Report



Knowledge Exchange Forum



Shared learning & good practice



Webinar presentations and recordings

The Network's Acute team



Nick Westmoreland
Senior Project
Manager



Freddie Girling
Assistant Project
Manager



Niamh Stimpson
Graduate Project
Coordinator



Chris McAuley
Programme Delivery
Manager



Stan Fleming
Graduate Project
Coordinator



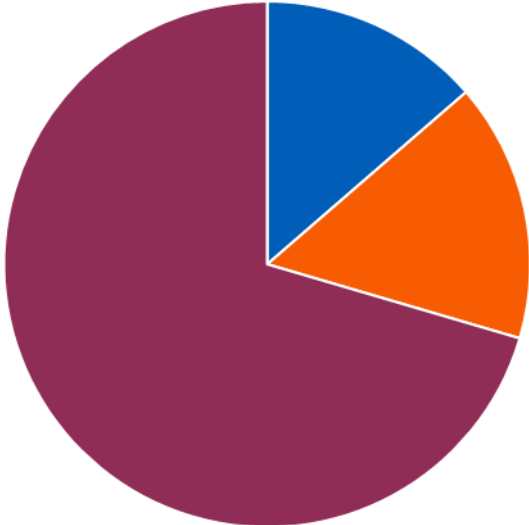
Lillie Phillips
Graduate Project
Coordinator

Outpatients Benchmarking findings

Key themes: Elective care backlog

Management structure of outpatients

How are outpatient services managed?



Shared management function overseeing all specialities	14%
Separate management of different specialities	16%
Mix of shared and separately managed models	70%

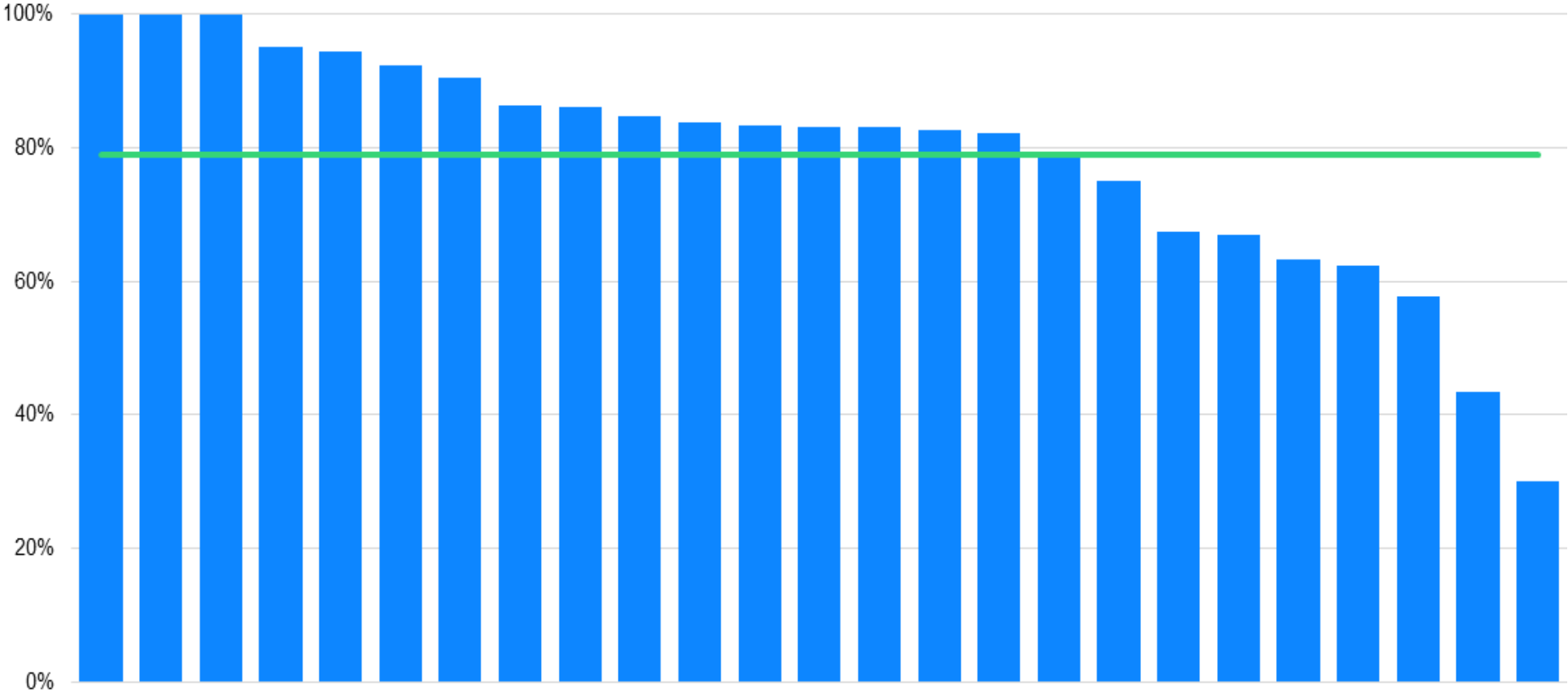
Did the management structure of outpatients become more centralised during COVID-19 and will changes be retained?



% Yes	12%
% Yes (2021)	17%

Clinic delivery

Percentage of scheduled clinics delivered in 2021/22

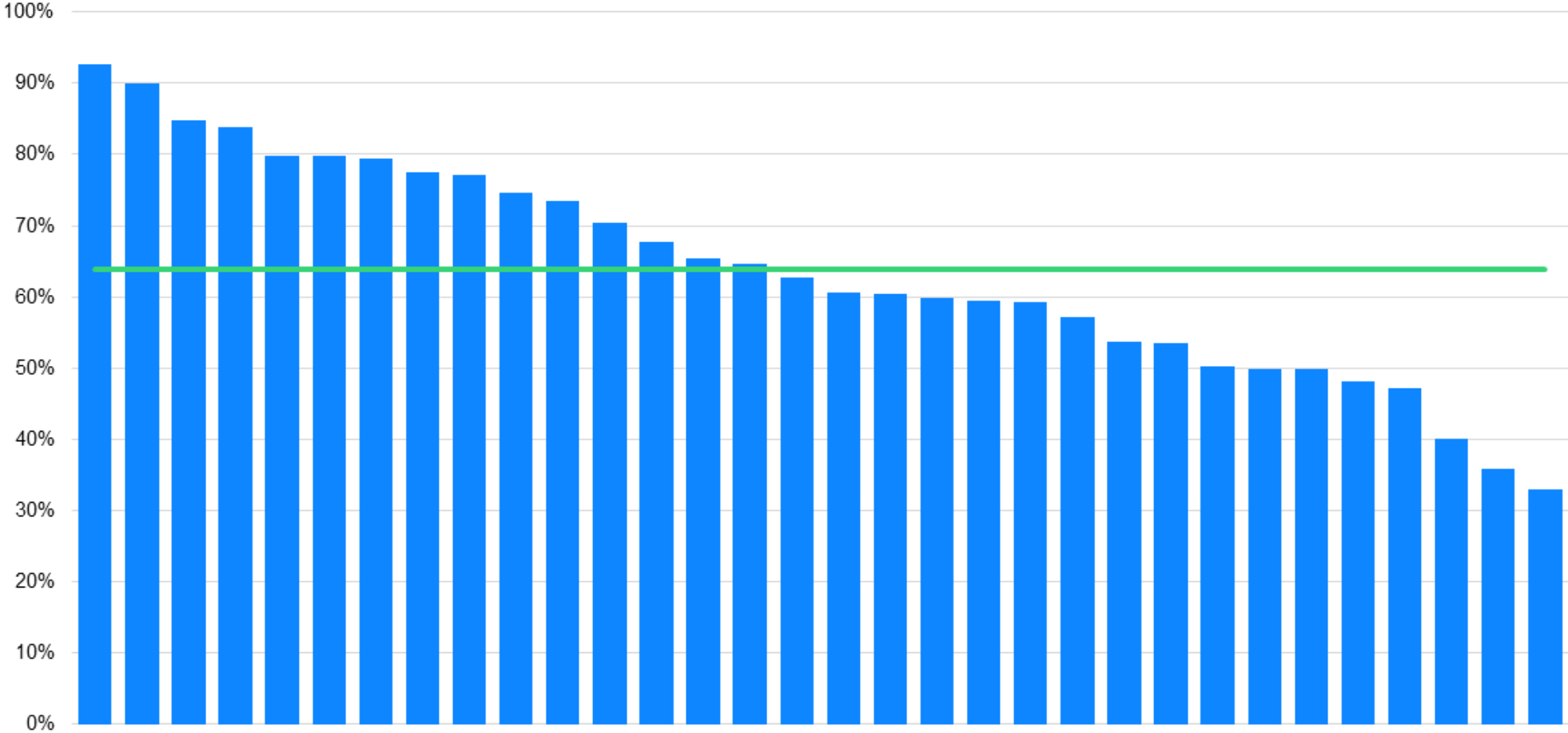


Year	Mean
2022	79%
2021	76%
2020	86%
2019	85%



Clinic delivery

Percentage of clinics delivered that were Consultant led in 2021/22

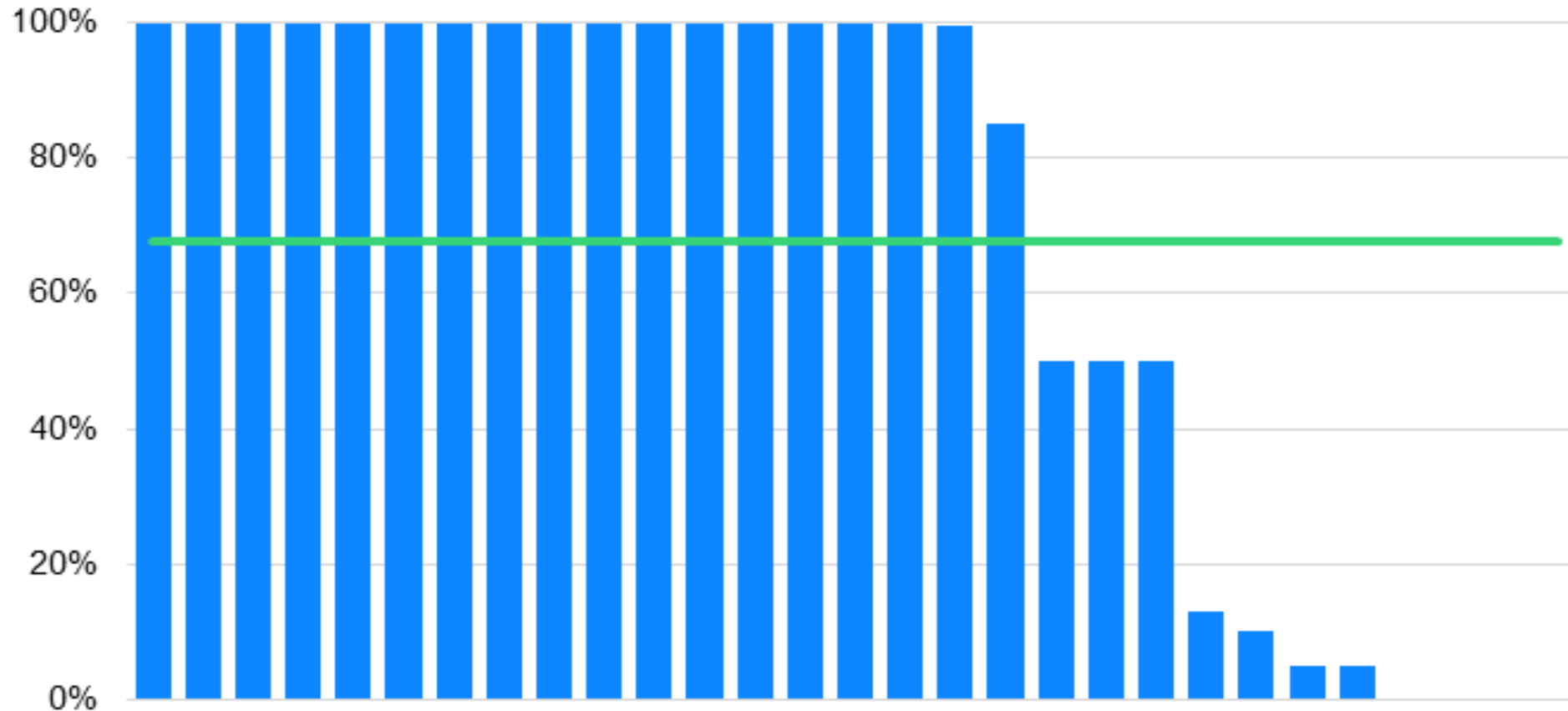


Year	Mean
2022	64%
2021	69%



Electronic/paper

Percentage of patient healthcare records for appointments that are electronic, as opposed to handwritten (%)

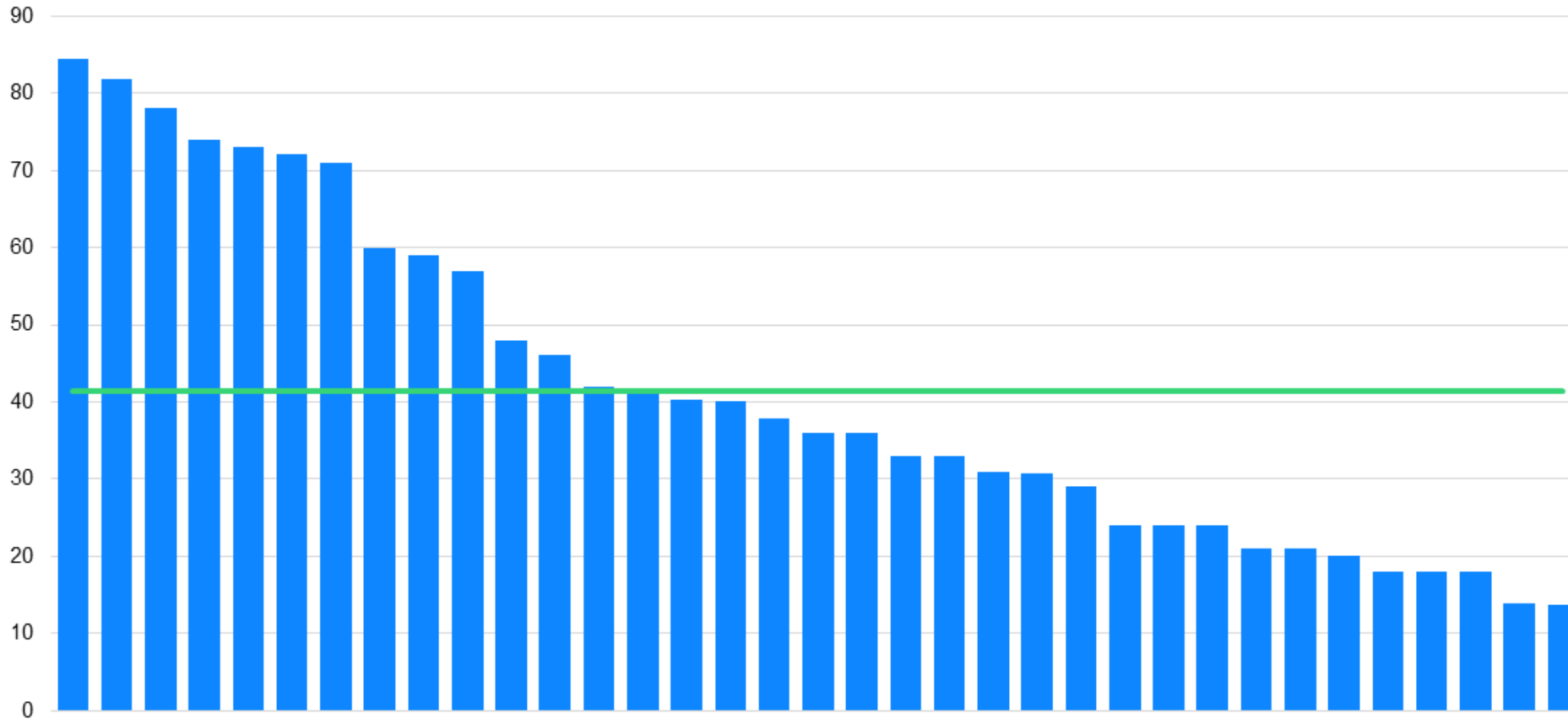


Year	Mean
2022	68%
2021	47%



Attendances

Median wait in calendar days for first outpatients attendance in 2021/22 (all specialities)



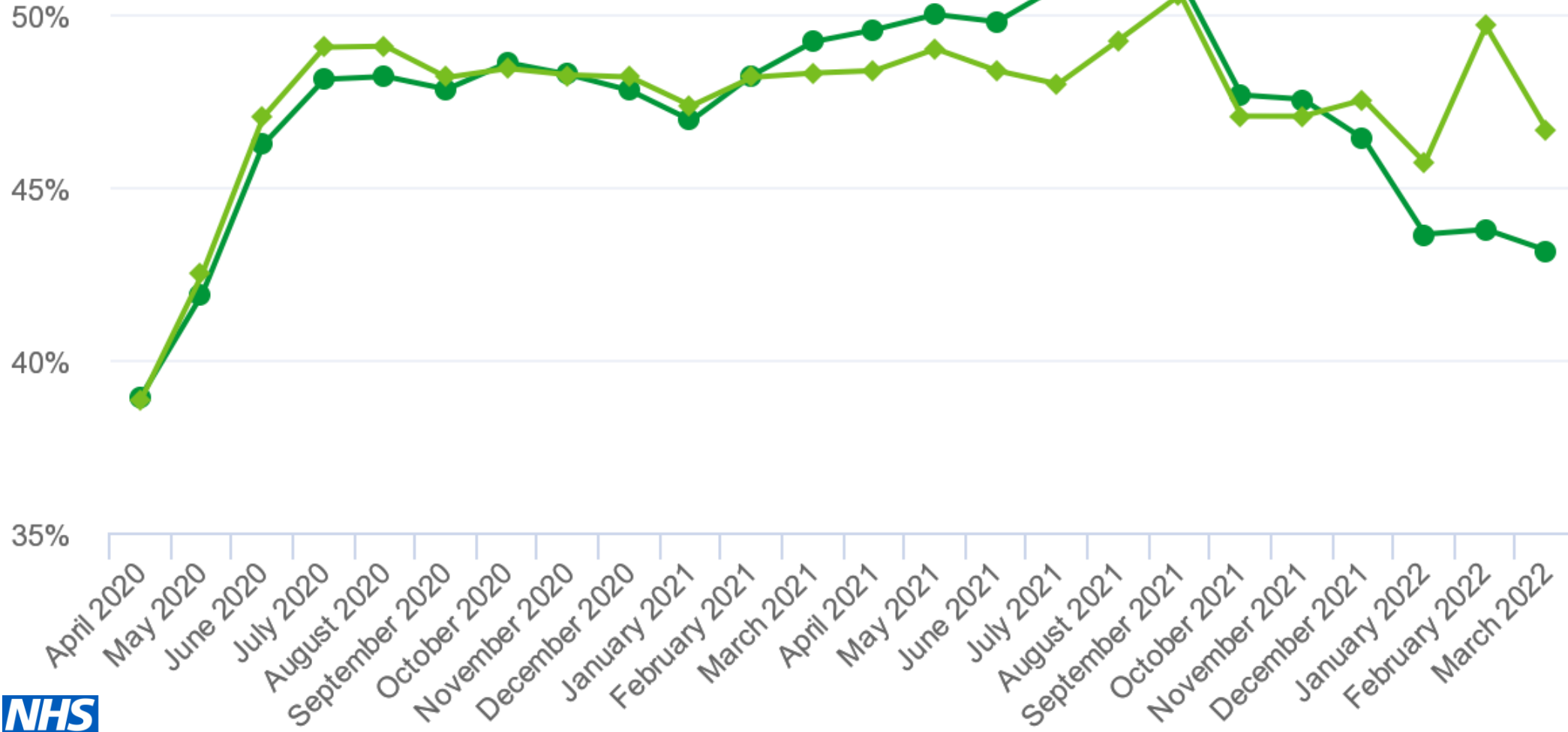
Year	Mean
2022	40



Key themes: Referral Streaming

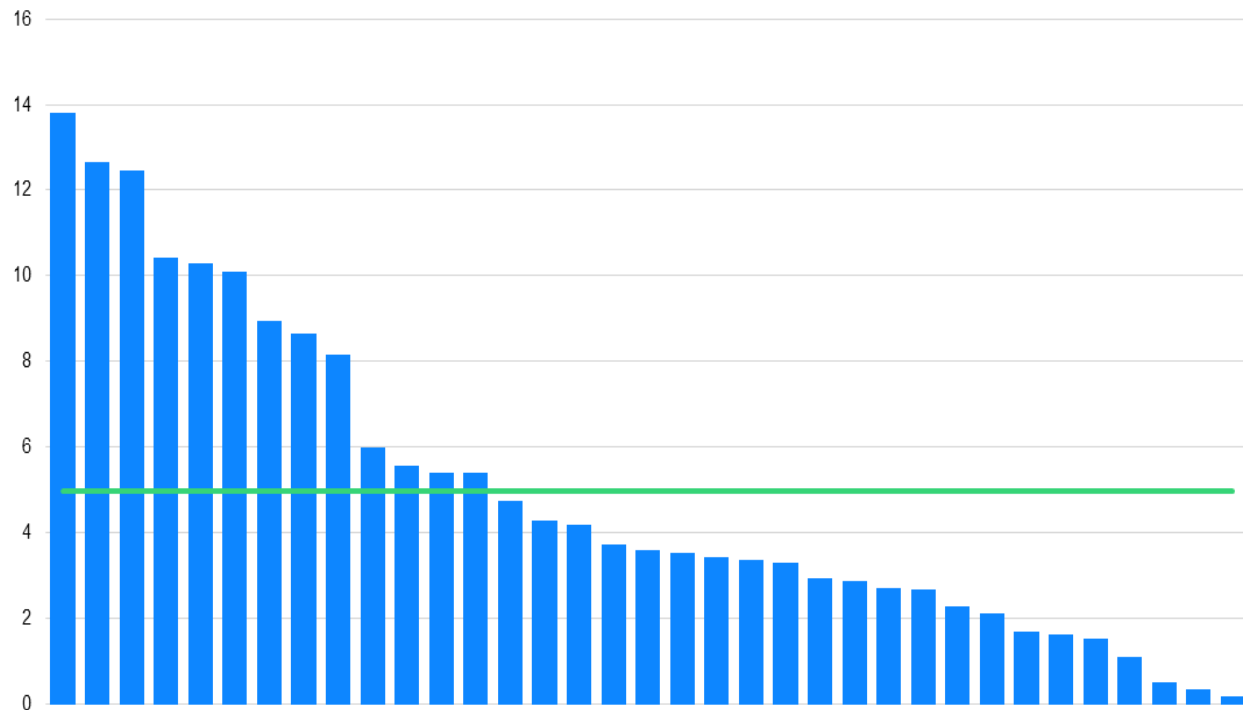
Referrals

Percentage of all referrals received from GPs in 2021/22 (all specialities)



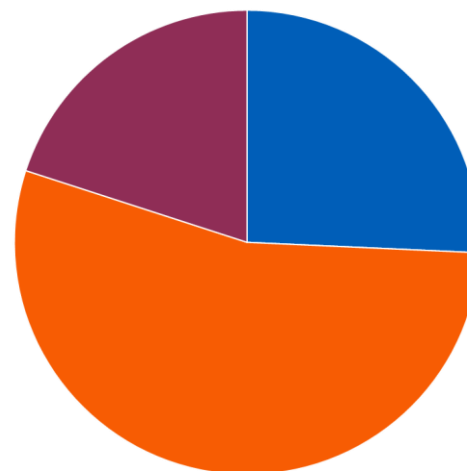
Advice & Guidance

Advice & Guidance requests per 100 new appointments in 2021/22 (all specialities)



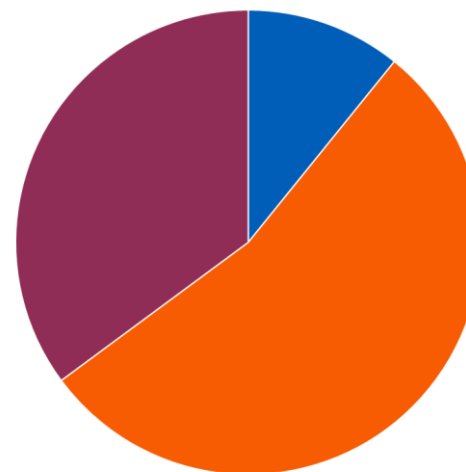
Year	Mean
2022	4.7

Confidence in achieving the target of delivering 16 specialist advice requests per 100 OP first attendances by March 2023



Very confident	26%
Somewhat confident	54%
Not confident	20%

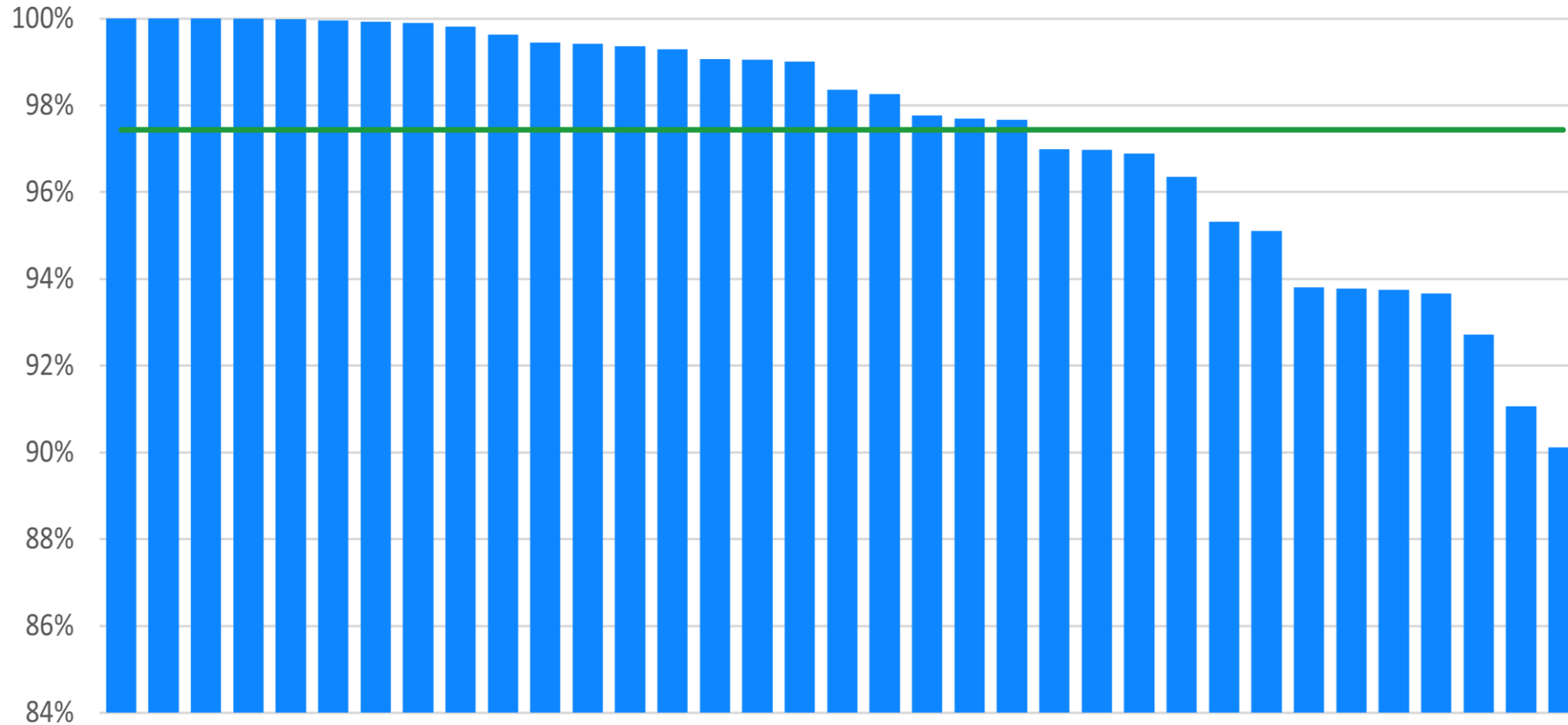
Extent to which the local commissioning body was involved in the development/delivery of Advice & Guidance in the local area



Not involved	11%
Somewhat involved	54%
Heavily involved	35%

Referrals

Referral acceptance rate



Year	Mean
2022	97%
2021	93%
2020	97%
2019	93%



Advice and guidance

Please outline any good practice you wish to share with your implementation of Advice & Guidance – Your responses

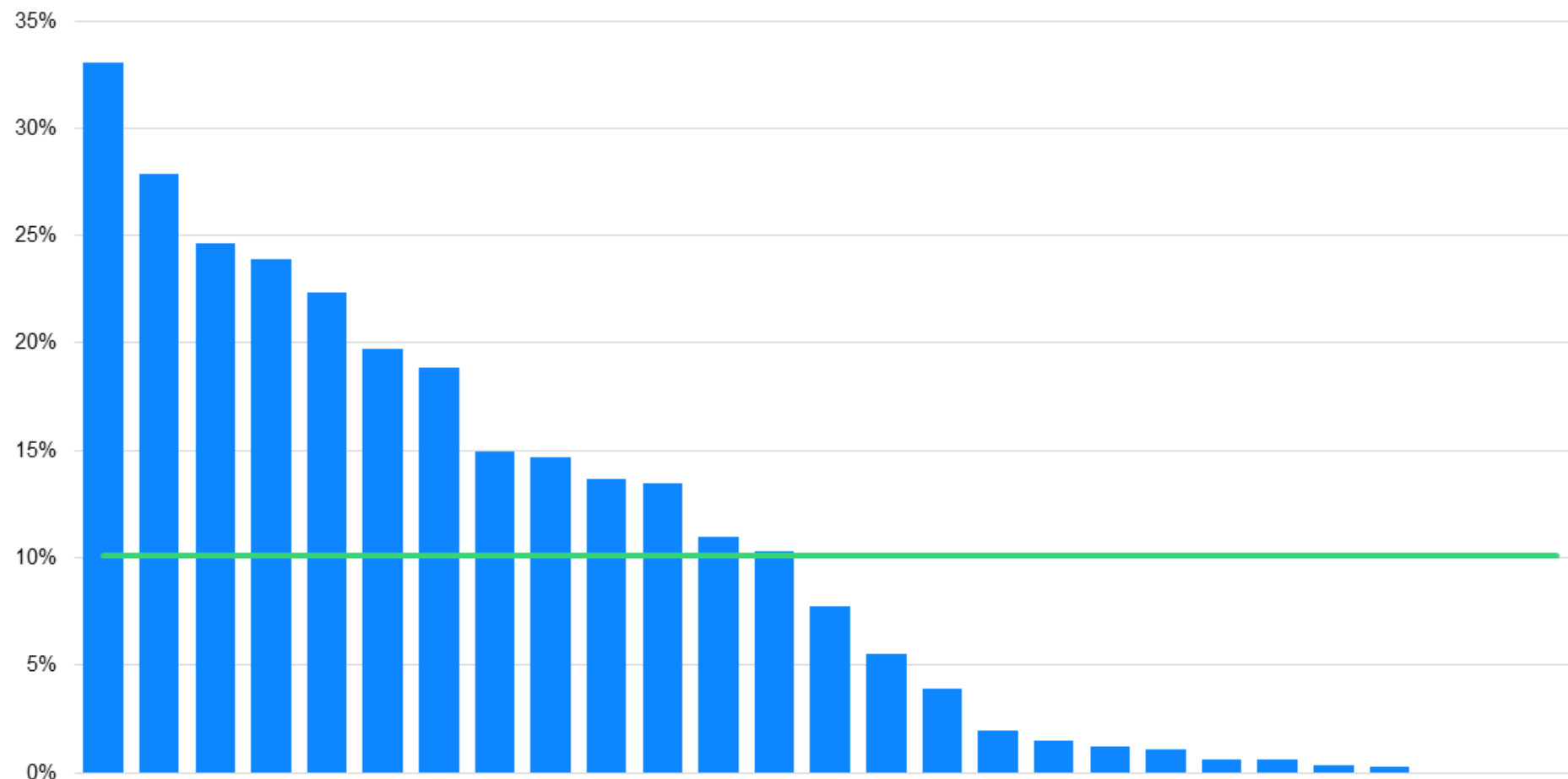
*“To maximise the effectiveness of A&G it is important clinicians are **given job planned time** to deliver this service.”*

*“A **supporting and embedded dashboard** that allows operational teams to manage their cohort of A&G requests and monitor trends and outcomes. Monthly place-based A&G steering group with representation from primary/secondary care.”*

*“**We have setup a designated virtual hub**, which includes 9 rooms.”*

Appointment slot issues

ASIs recorded as a percentage of new appointments in 2021/22

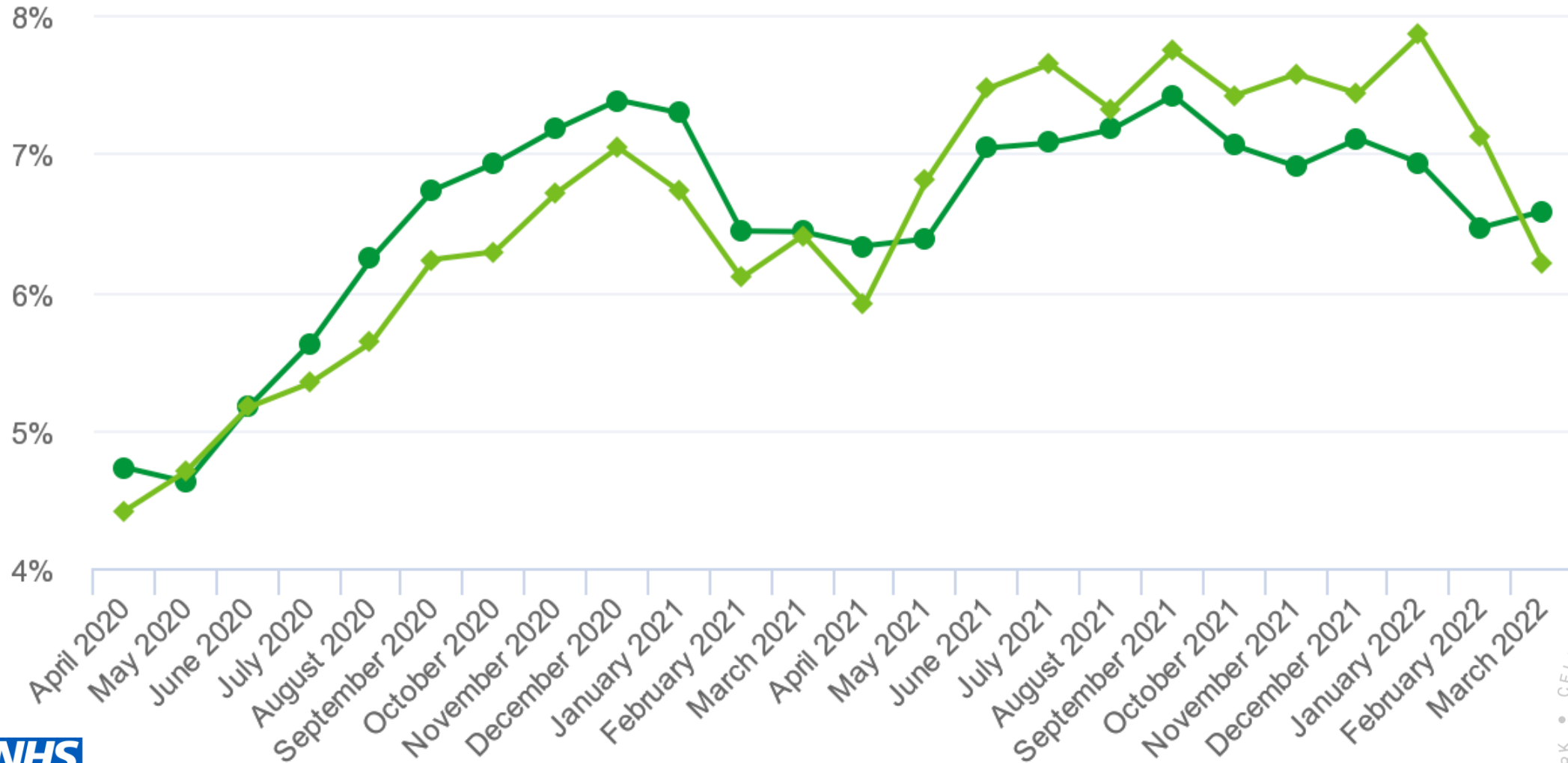


Year	Mean
2022	10%
2021	12%
2020	6%
2019	7%



DNA Rates

Average DNA rates across all specialities in 2021/22 (%)

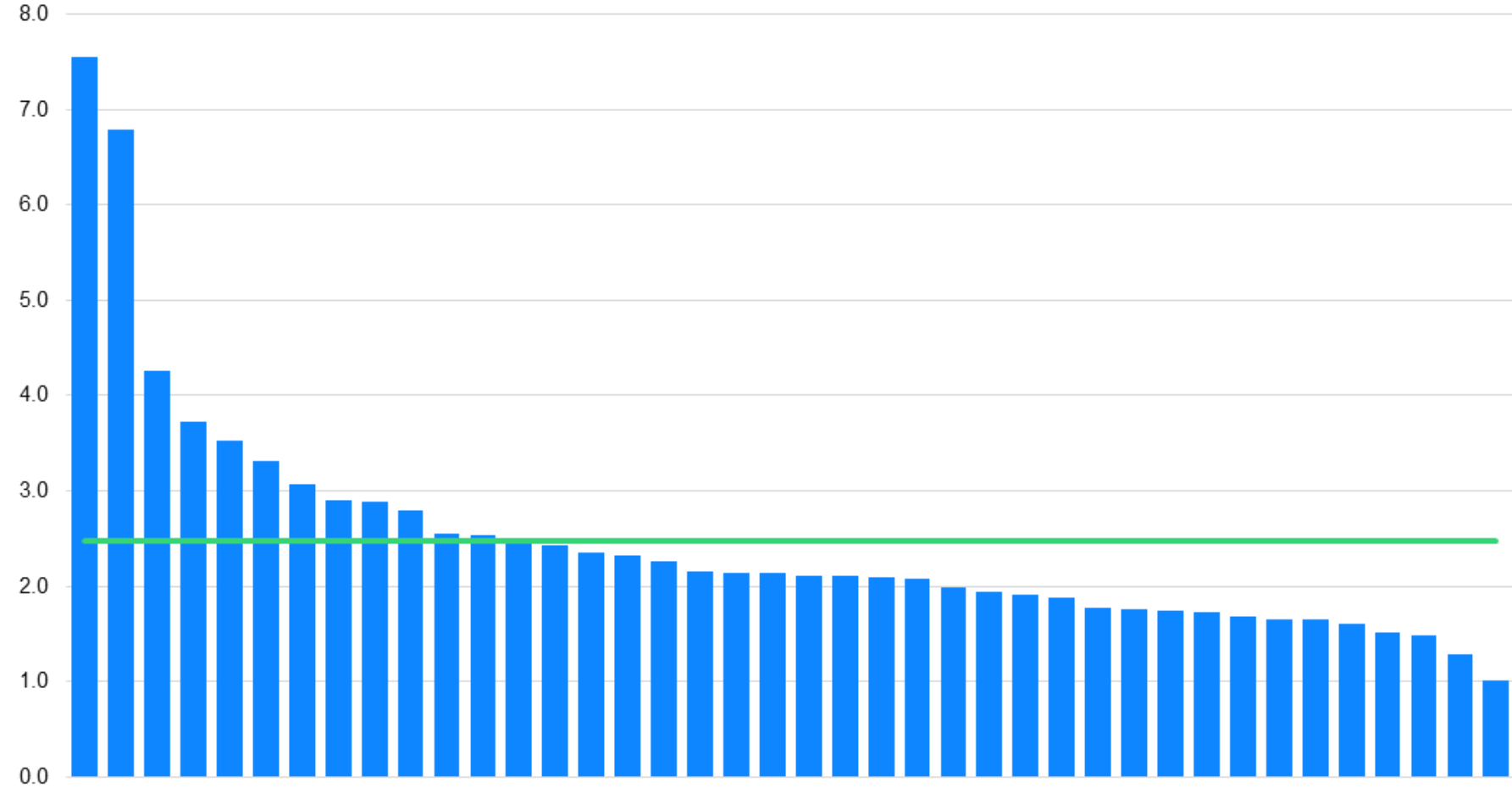


Key themes: Outpatient Follow-up



Attendances

Follow-up to first attendance ratio

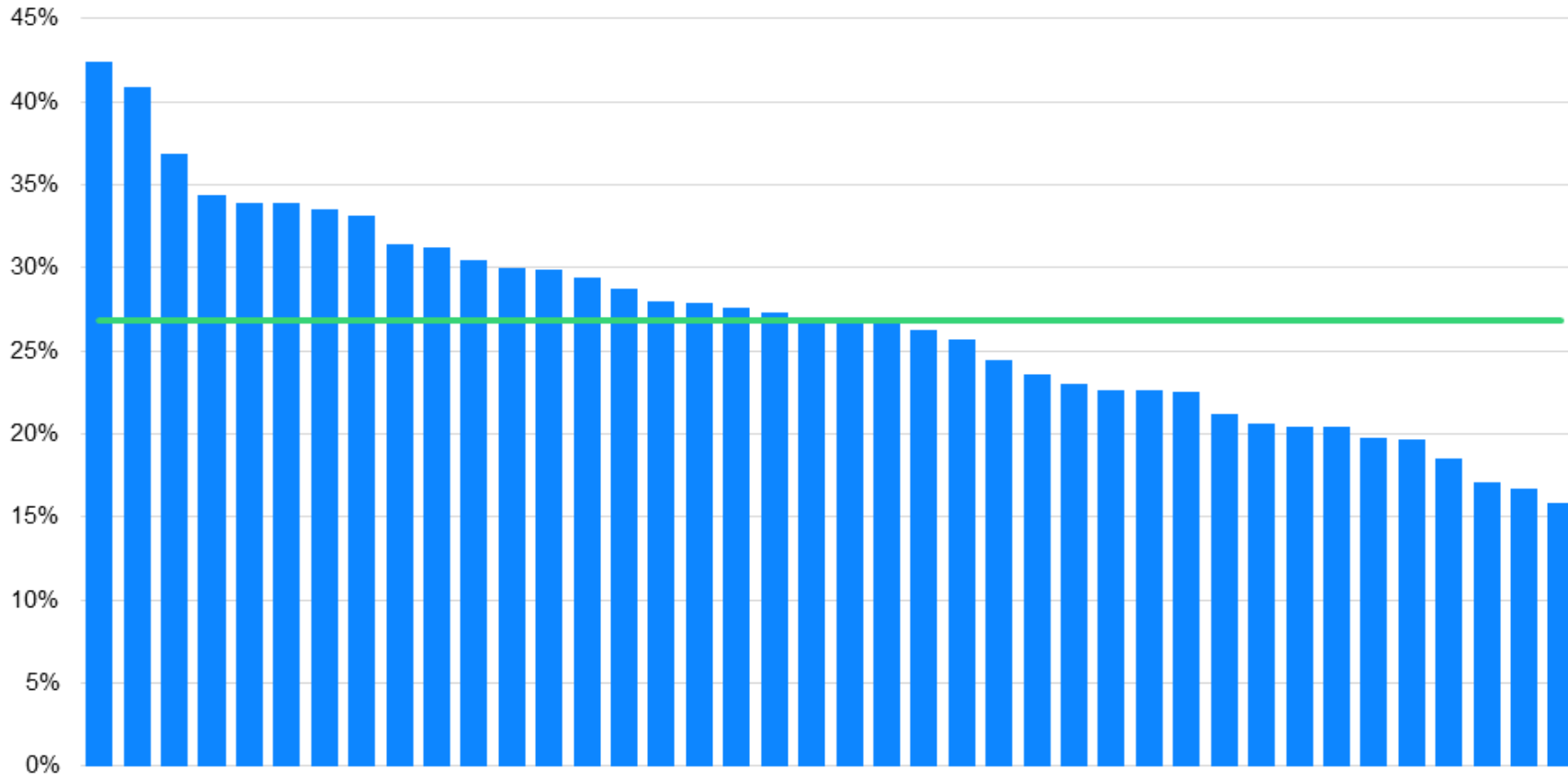


Year	Mean
2022	2.5
2021	2.5
2020	2.3
2019	2.1

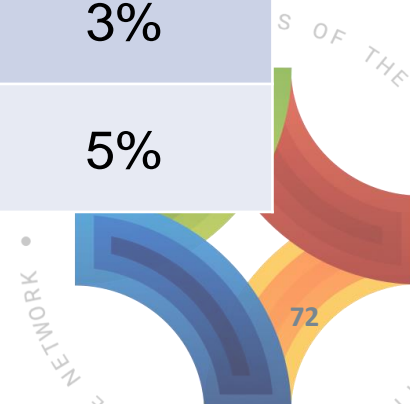


Remote attendances

Percentage of all attendances delivered remotely in 2021/22 (all specialities)

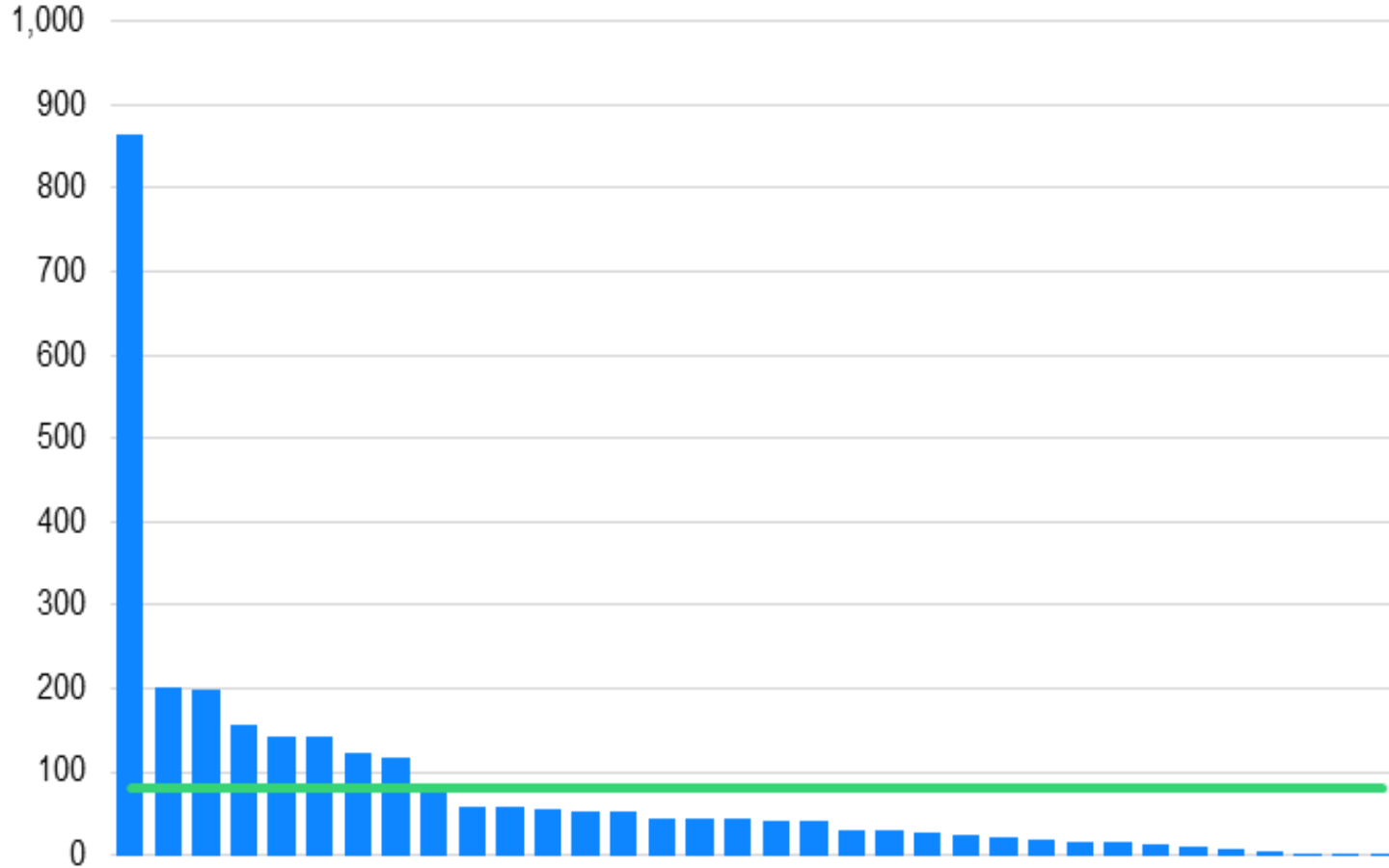


Year	Mean
2022	27%
2021	41%
2020 (first)	3%
2020 (follow-up)	5%



PIFU activity

Patients on a PIFU pathway at 31st March 2022 per 10,000 outpatient attendances

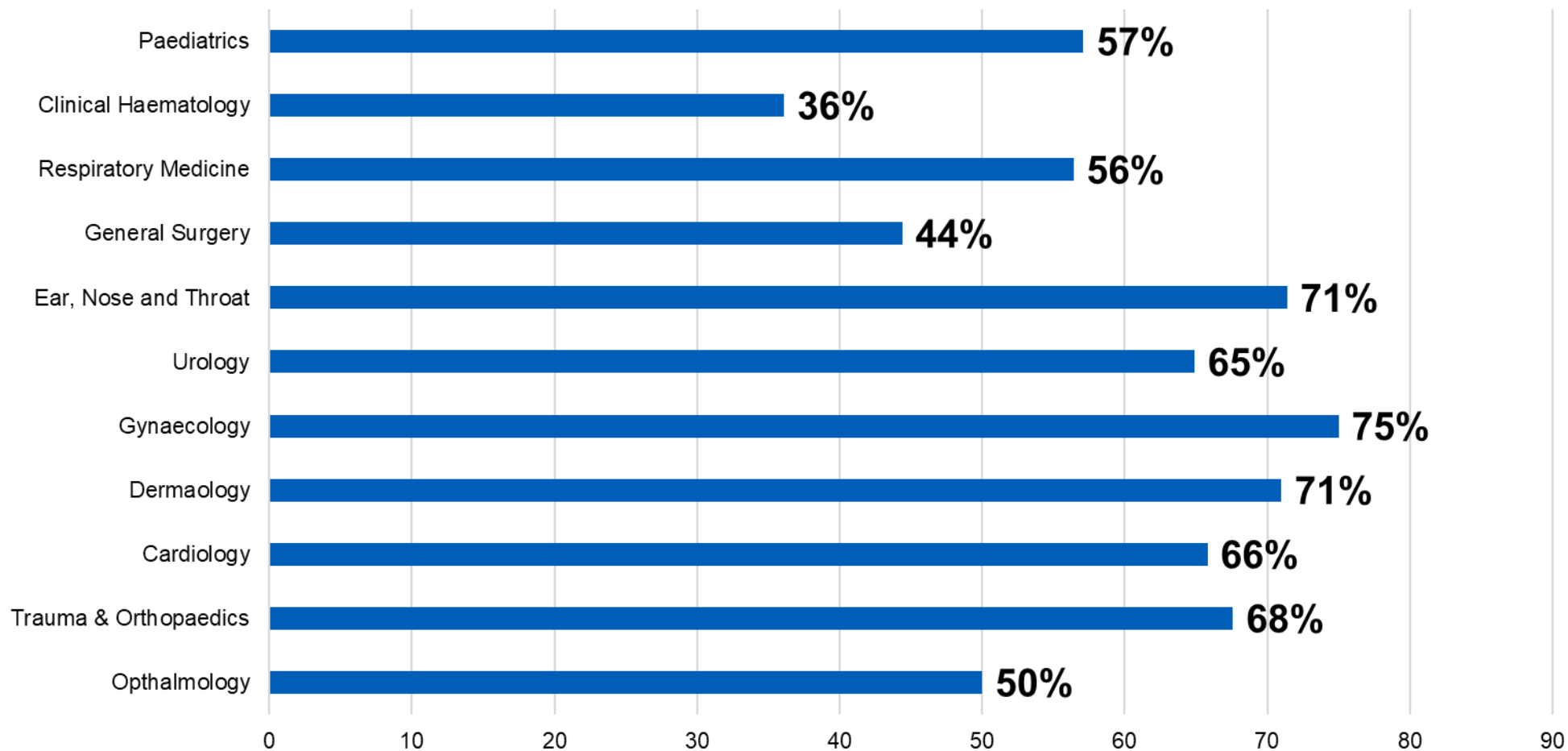


Year	Mean	Median
2022	80	43
2021	51	14



PIFU speciality provision

Specialities providing PIFU pathways

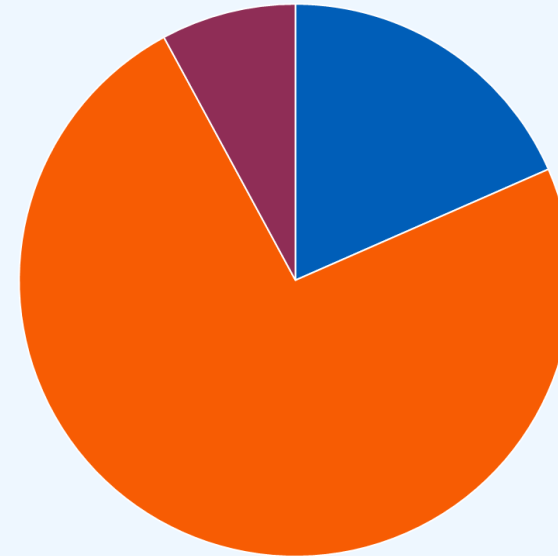


Implementing PIFU

Please describe any innovative practice in the implementation of PIFU within your organisation

- “An understanding that PIFU is not to compensate for a failure in Outpatient capacity to deliver essential follow-up but is instead an opportunity to *give capacity to patients who need support at a time when they most need it.*”
- “We produced bespoke information leaflets for each speciality and implemented a process within the PAS System.”
- “We pulled together a *PIFU Implementation Team* ... produced *bespoke information leaflets for each speciality* and implemented a *process within the PAS System* to be able to easily identify the patients on a PIFU pathway.”

How confident are you that you will achieve the target of 5% of patients to PIFU pathways by March 2023?



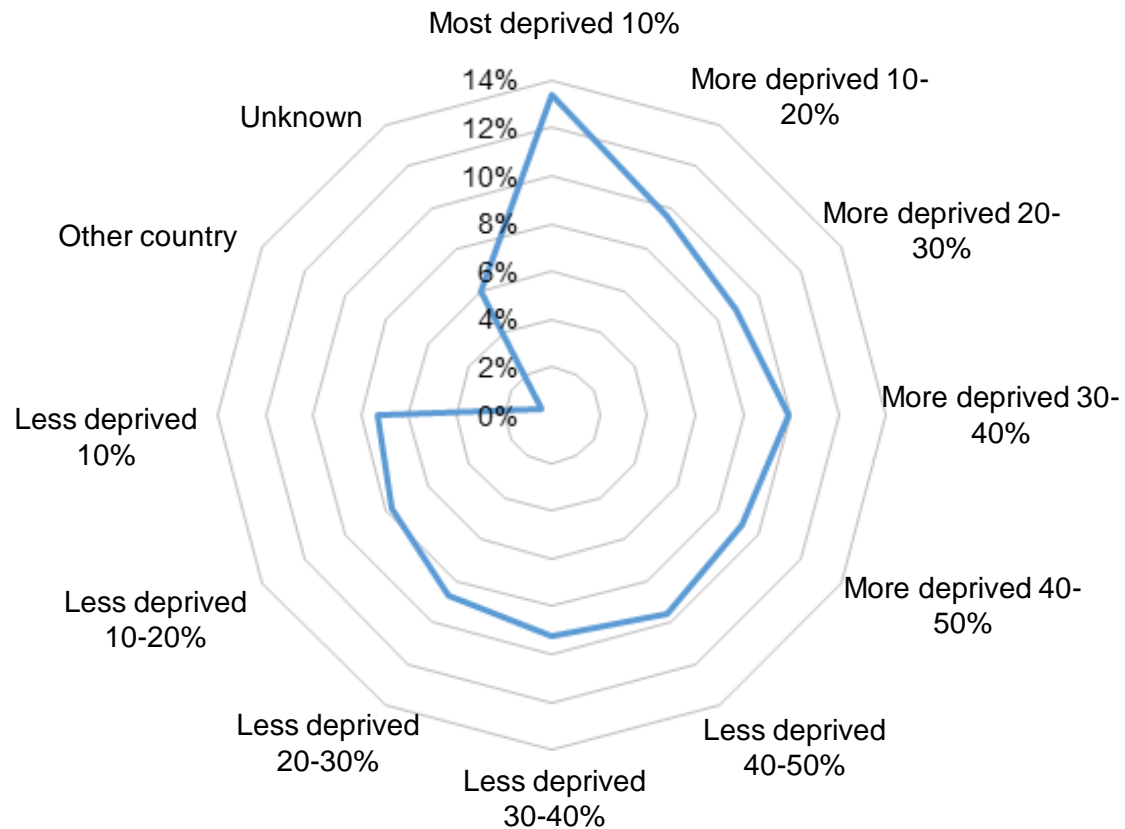
Very confident	18%
Somewhat confident	74%
Not confident	8%

Key themes: Healthcare Inequalities

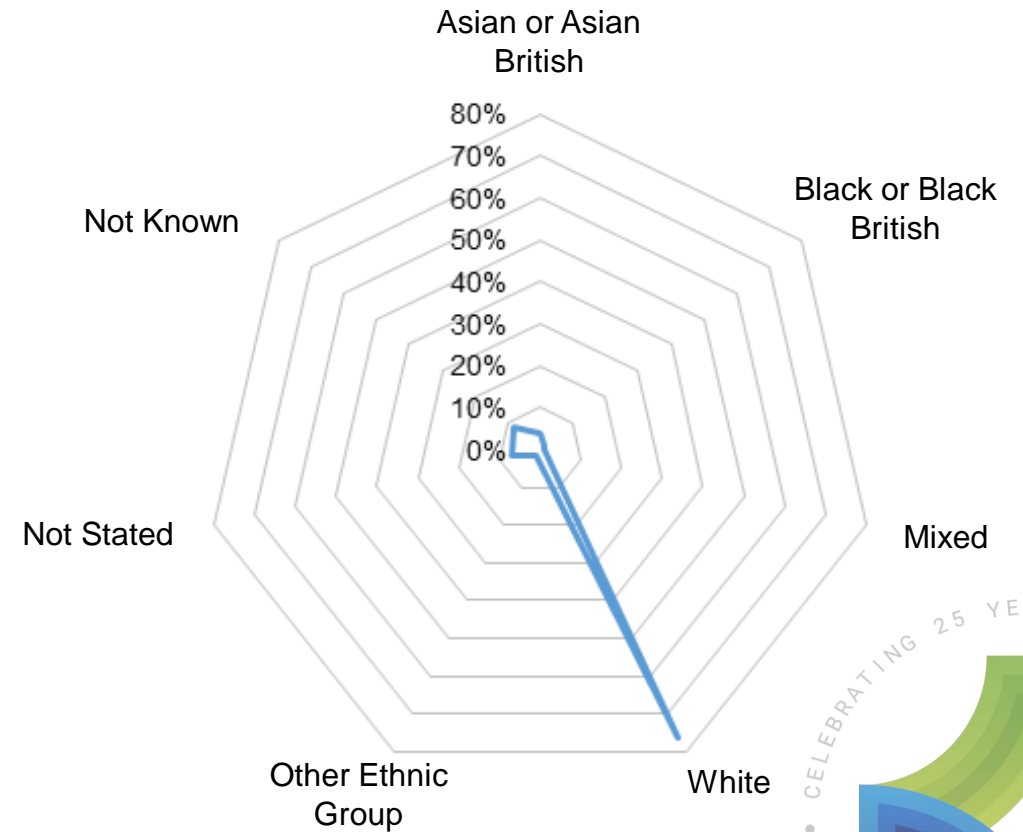


Profile of first outpatient attendances

First outpatient attendances by IMD decile



First outpatient attendances by Ethnicity



Wider equality initiatives




Please describe any work that has been undertaken by the organisation to investigate how DNA rates are affected by ethnicity and/or deprivation, and any work that has been done to combat this.

“We have mapped DNA rates to deprivation quintiles and understand by speciality what proportion of DNAs come from quintile 1. We are working with GP federation and primary care to implement a social prescribing model to proactively contact patients who are 4-5x more likely to DNA their appointment.”

“Trust has been developing an EDI Dashboard which contains live patient and workforce diversity data. This will be used to undertake analysis in relation to patient profile and workforce profile. This data is also matched to deprivation index enabling analysis to also take account of this.”

Learning disabilities

Reasonable adjustments

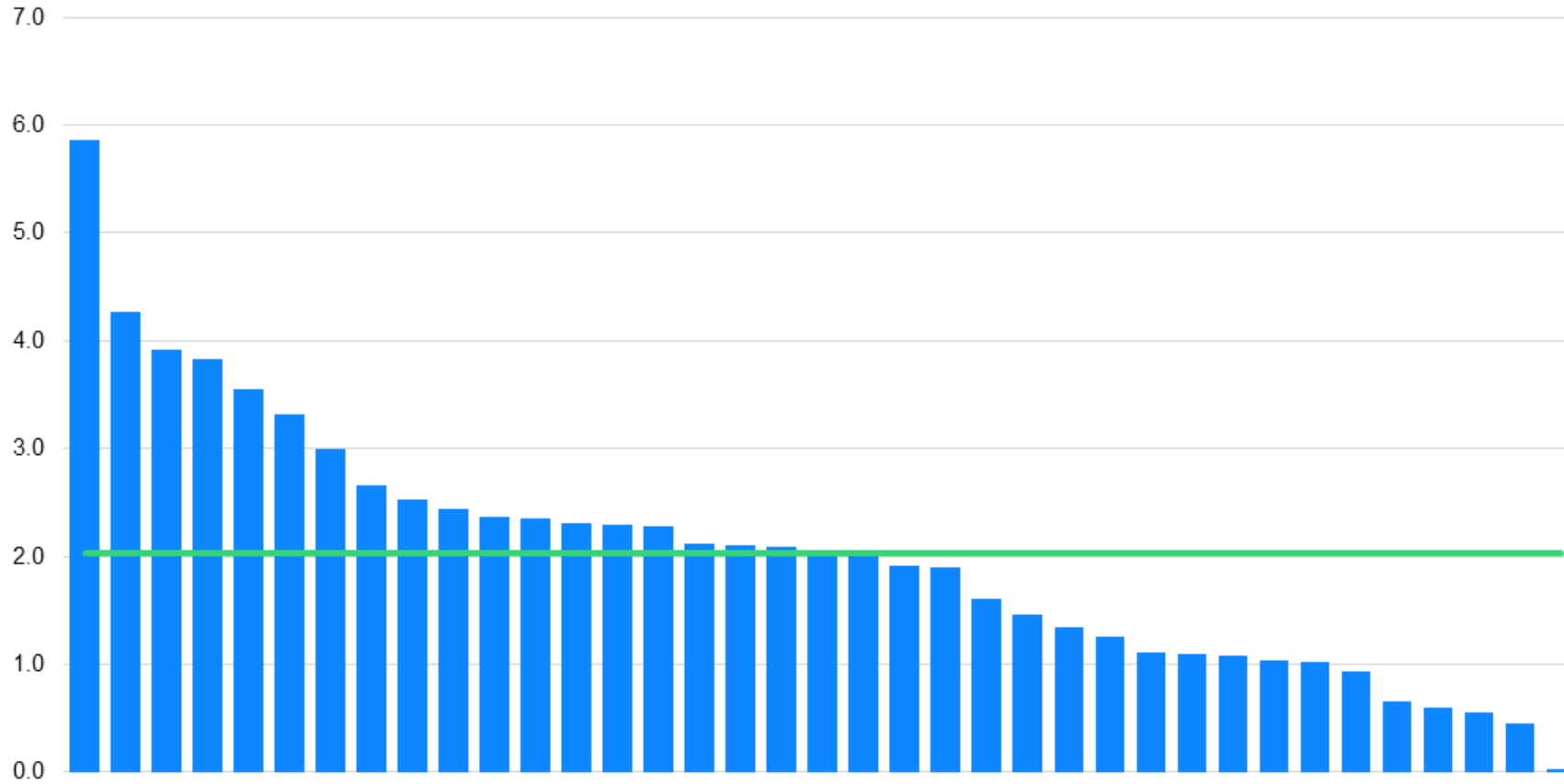
		% Yes – all specialities
Is there a designated lead for learning disabilities/autism in outpatient service?		55%
Does your organisation have a policy on reasonable adjustments for patients with learning disabilities/autism in outpatients?		63%
Do you provide increase length of appointment time for patients with learning disabilities/autism?		71%

Key themes: Workforce challenges



Nursing workforce staffing levels

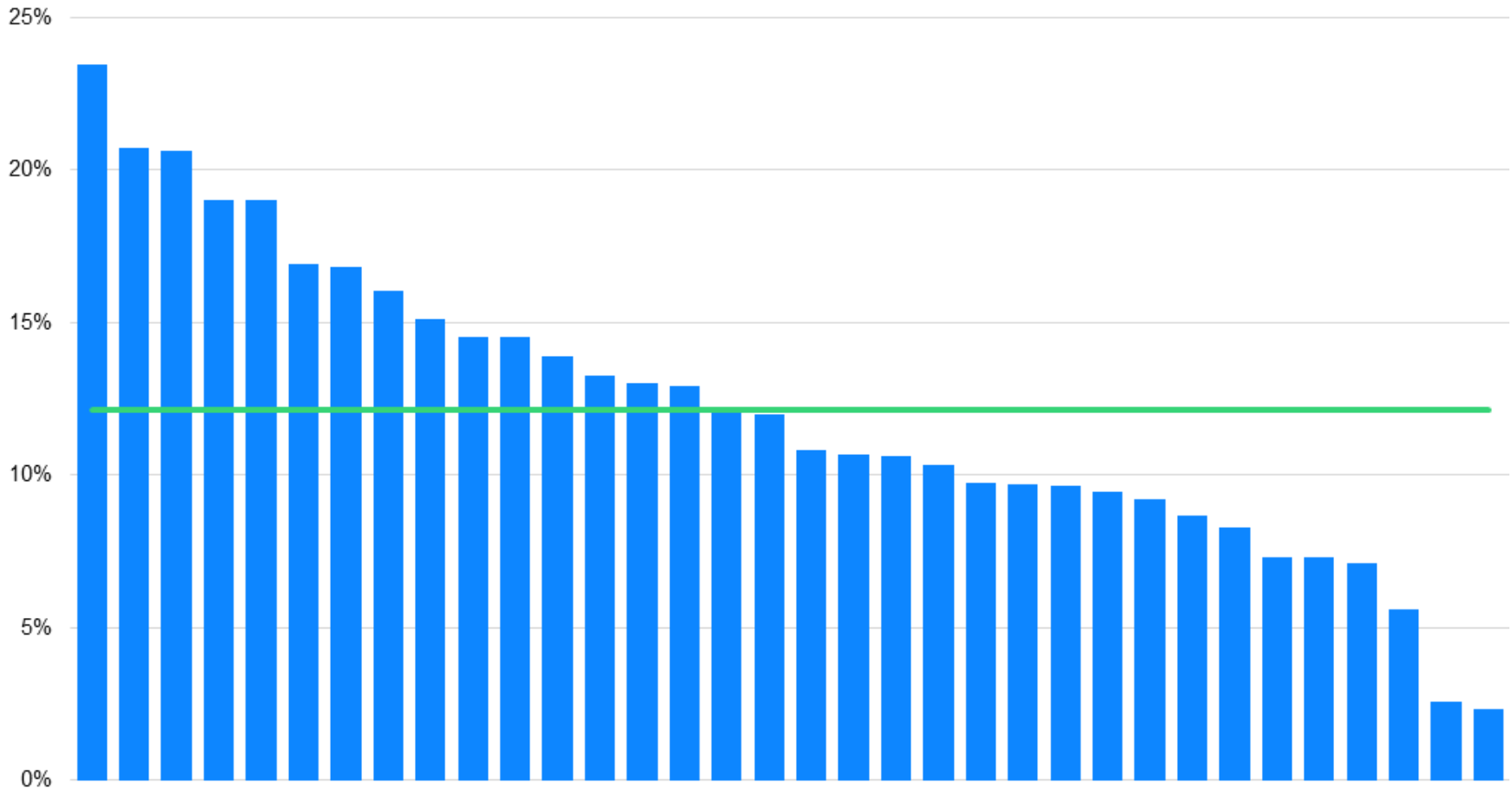
Total outpatient nursing team in establishment (as at 31st March 2022) per 10,000 outpatient attendances in 2021/22



Year	Mean
2022	2.0
2021	2.4
2020	2.2
2019	2.0

Nursing workforce turnover rate

Turnover rate for outpatients nursing team in 2021/22 (%)

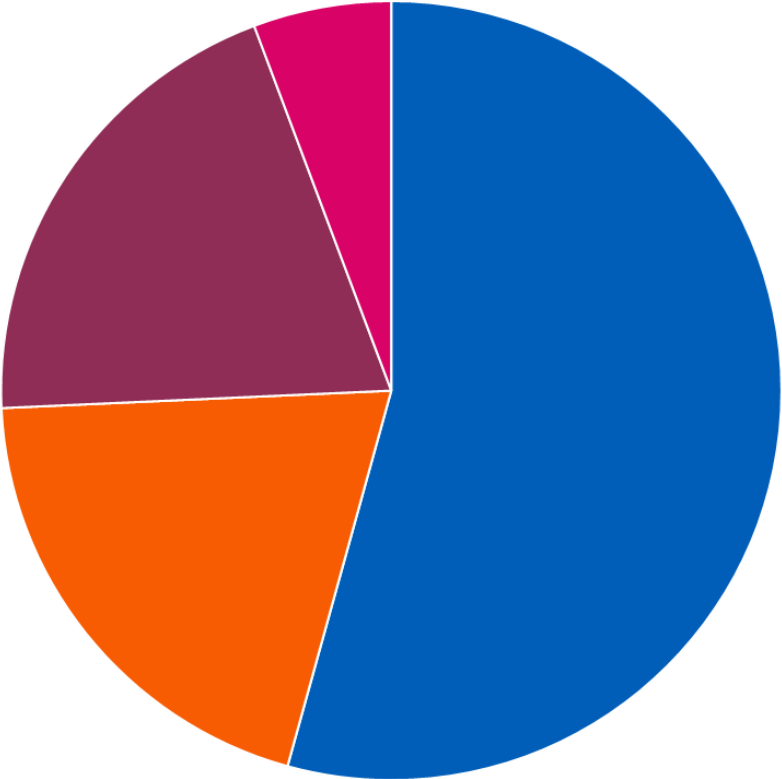


Year	Mean
2022	12%
2021	11%
2020	10%
2019	12%



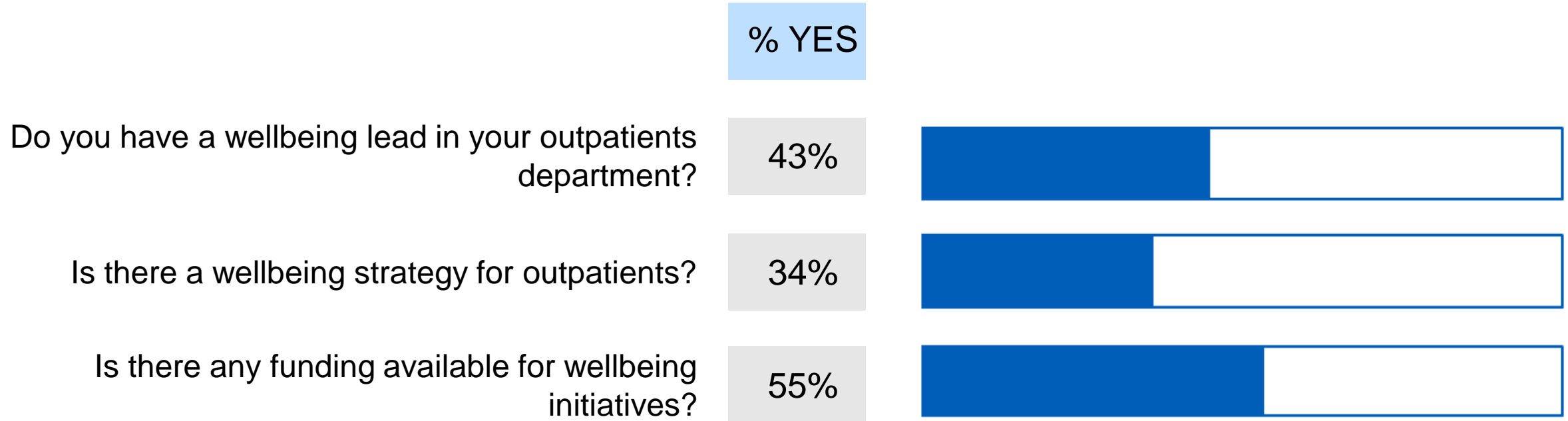
Workforce challenges

Have workforce challenges caused clinics to be cancelled?



Rarely	54%
Monthly	20%
Weekly	20%
Daily	6%

Wellbeing Initiatives





Thank you for listening



**Outpatient
Transformation
Conference
2022**

The Outpatient Transformation Conference 2022



SPEAKING NOW



Rob Child

Programme Manager
Leeds Teaching Hospitals
NHS Trust



Paul Griffiths

Head of Delivery | Digital
Care Models, NHS
Transformation Directorate
- NHS England

We will discuss...

“Transforming
Outpatients through
Patient Portals”

Transforming Outpatient Care through technology

Rob Child, The Leeds Teaching Hospital NHS Foundation Trust
Paul Griffiths, NHS England

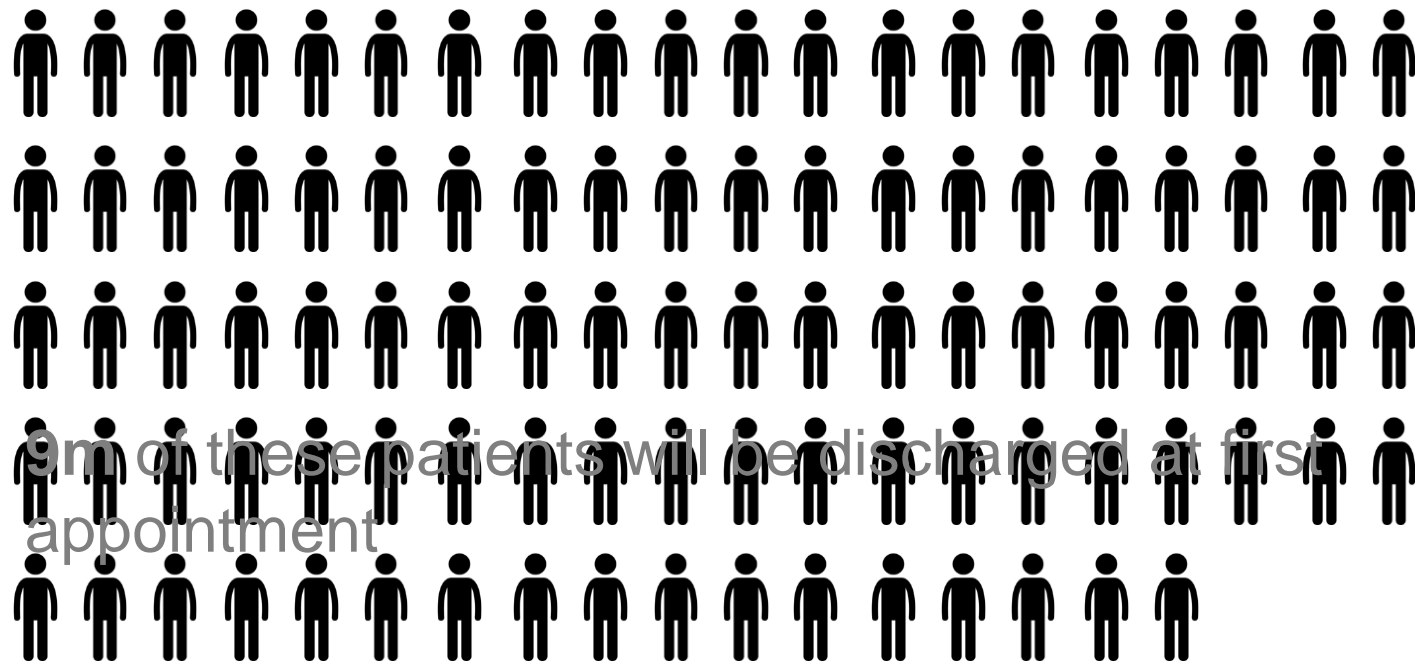
131m hospital outpatient appointments scheduled each year



13m appointments are cancelled ahead of time by the hospital. A quarter of all outpatient attendances are subject to administrative time-consuming and disruptive change which impacts on productivity and effectiveness. 10m patients do not attend, giving no notice.

Of the 97m Outpatient Appointments that go ahead...

Of the 31m first outpatient appointments.....



9m of these patients will be discharged at first appointment

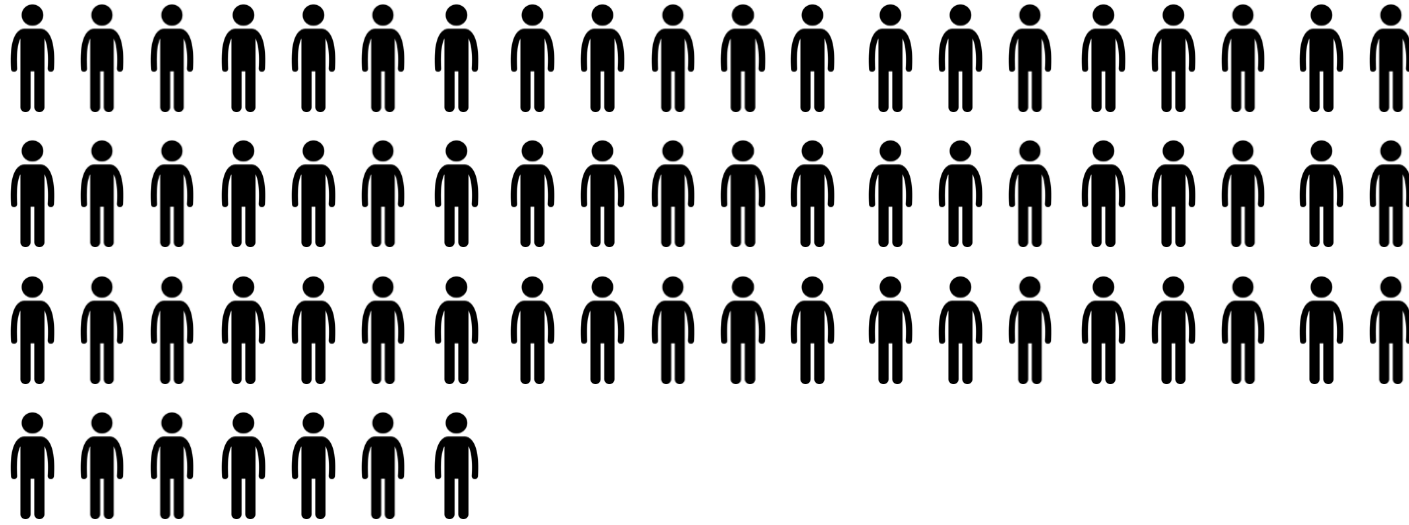
18.3m of these first appointments will prove to be non-urgent, non-admitted and completed without a procedure

31m are first OP appointments

3m of these are not suitable referrals or referred to the wrong specialty

1m of these neither the clinician or the patient have any idea why they are in the room

66m Follow Up Outpatient Appointments



10m will be virtual

42m patients said they would value access to virtual

2m won't have the required diagnostic or pathology results available when the patient attends clinic



Totally pointless visit to the hospital this morning.

Thought I was going in for a scan. Turns out it was for a chat to discuss results of a follow-up scan that still hasn't taken place.

Waste of my time. Waste of the consultant's time. Waste of the NHS's resources.

12m of these appointments could be clinician or patient initiated follow up as opposed to routine follow up

Cost of the current approach

Predominate focus on the costs incurred by the NHS for unproductive care. As we enter into a cost of living crisis we need to also recognise the economic and societal impact of the current outpatient model:

- People spend on average **2hrs 25mins** to attend an OP appointment and will spend an average of **£5.70** in travel costs
- The productivity loss of working age adults in England attending OP as either a patient or carer is **~£1.5bn**
- The cost burden and changing employment models (e.g. zero hours contracts) increase the risk that people will be less likely to attend OP care
- **258m** kg CO2 produced in travel to and from Hospital

Creating #OutstandingOutpatients @ Leeds Teaching Hospitals NHS Trust

Rob Child



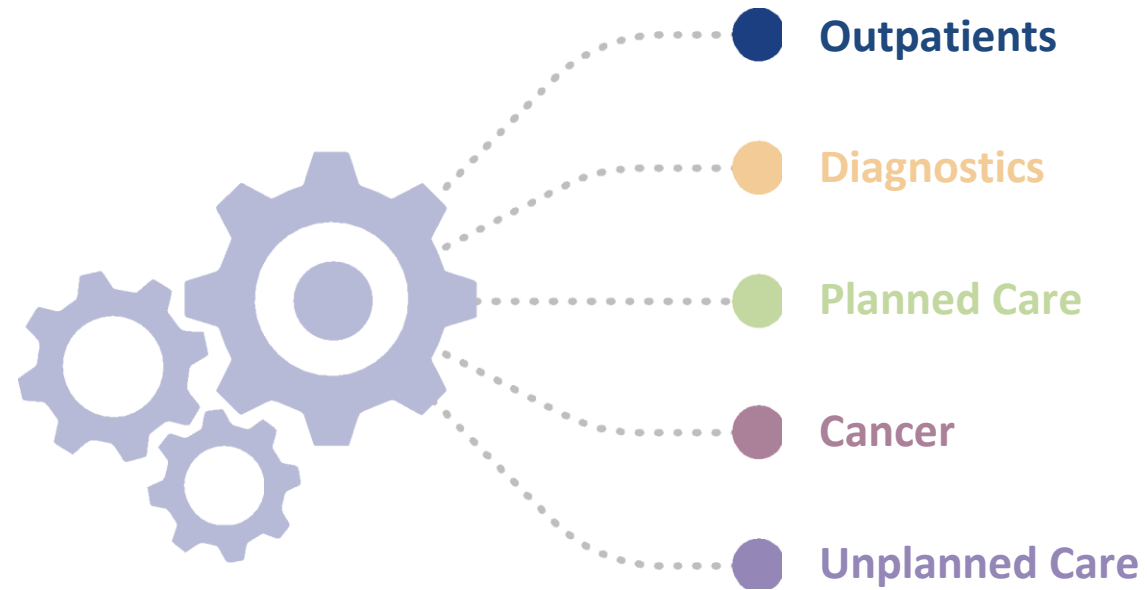
Outpatients

Agenda

- Transformation programmes
 - what, why, where and how
- Our Patient Hub journey
- Key results so far
- Lessons learnt and what's next



The Transformation Programmes

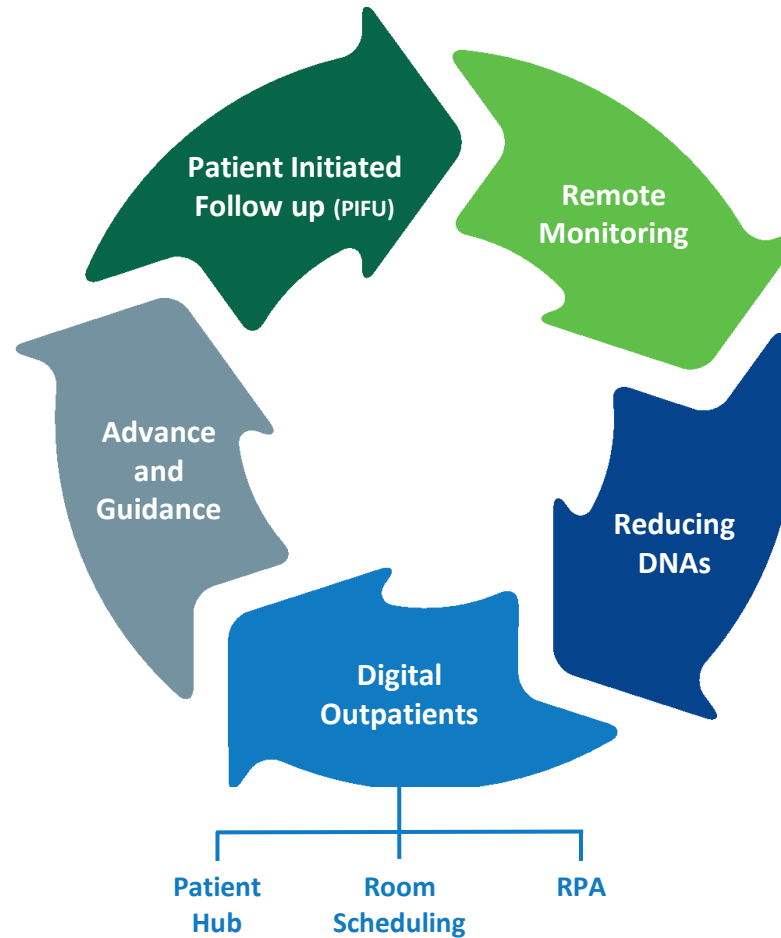


Operational Transformation Strategy 2022-2027 • Leeds Teaching Hospitals

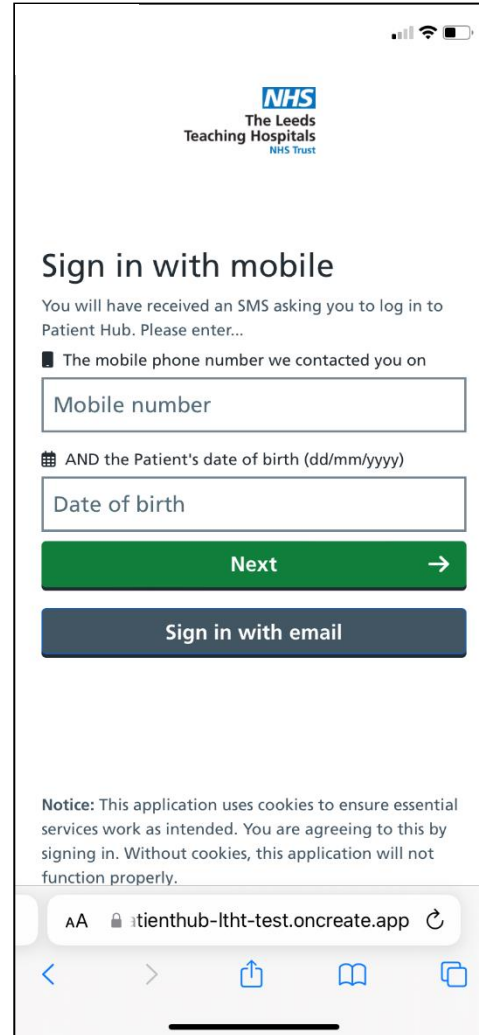


Outpatients

Outpatient Transformation Programme



Patient Hub Journey



The screenshot shows a mobile application interface for NHS The Leeds Teaching Hospitals. At the top, the NHS logo and hospital name are displayed. The main heading is "Sign in with mobile". Below this, a message states: "You will have received an SMS asking you to log in to Patient Hub. Please enter...". There are two input fields: "Mobile number" and "Date of birth (dd/mm/yyyy)". A green "Next" button with a right-pointing arrow is positioned below the date of birth field. A dark grey "Sign in with email" button is located further down. At the bottom, a notice reads: "Notice: This application uses cookies to ensure essential services work as intended. You are agreeing to this by signing in. Without cookies, this application will not function properly." The browser address bar shows "AA patienthub-ltht-test.oncreate.app".

NHS
The Leeds
Teaching Hospitals
NHS Trust

Sign in with mobile

You will have received an SMS asking you to log in to Patient Hub. Please enter...

■ The mobile phone number we contacted you on

📅 AND the Patient's date of birth (dd/mm/yyyy)

Next →

Sign in with email

Notice: This application uses cookies to ensure essential services work as intended. You are agreeing to this by signing in. Without cookies, this application will not function properly.

AA patienthub-ltht-test.oncreate.app



Outpatients

Time for some stats!

50% Business Units Live

60% overall with new BUs

75k appts surfaced via Patient Hub

100k Logins from 40k Patients

All CSUs engaged

Measures of Success – DNA, Cancellations & Utilisation

Comms, Comms, Comms!



Lessons learnt

- Engage your operational teams upfront
- This is NOT a tech project
- Make it a seamless patient journey
- Dispel the myths!



Thank you!



HEALTH TECH AWARDS 2022



Creating #OutstandingOutpatients



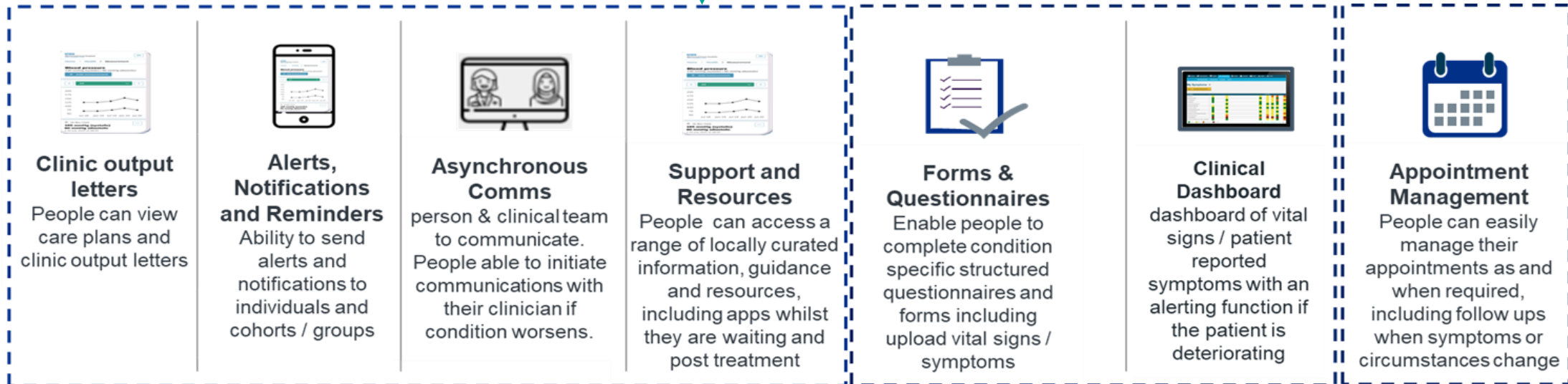
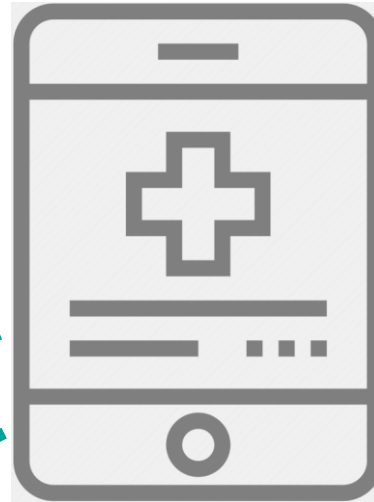
What Patient Portals can do

National aims

Increase patient engagement portal coverage enabling patients to access digital functionality that will empower them during the care journey.

Connecting to NHS App

The project will ensure PEPs are connected to the NHS App so that patients can use the NHS App to manage their pathway



Leading change

‘Improvement in health care is
20% technical and 80% human’



Marjorie Godfrey, MS, RN

*The Dartmouth Institute For Health Policy and
Clinical Practice*

- Patient portals can play a key role in transforming outpatient pathways but only if:
 - They act in support of a well designed clinically owned transformation;
 - They are thoughtfully designed and deployed in a way that is user centred and so designed to make people’s lives easier;
 - We are relentless in identifying opportunities to relieve the burden of repetitive process from our staff and make the right thing to do for patients be the easiest thing to be done by the clinical and administrative team
 - We value data quality and integrity and consider functionality above product

More Information

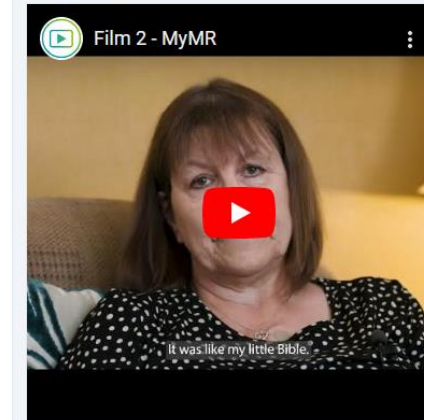
Digital Outpatients - Innovation Collaborative - Digital Health - FutureNHS Collaboration Platform

Patient Stories

Bill Madden's Story



Debra Jupe's Story



Eric's Story



Useful documents

The Department of Health & Social Care Memorandum of Understanding

Background information

Health and Social Care, the NHS, and the NHS Foundation Trusts are committed to working together to improve the health and well-being of the people of England. This Memorandum of Understanding (MoU) sets out the principles and objectives of the partnership between the Department of Health and Social Care (DHSC) and the NHS Foundation Trusts (NFTs) in relation to the deployment of Patient Engagement Portals (PEPs).

PURPOSE OF AWARD

The purpose of the award is to support the procurement of a Patient Engagement Portal (PEP) for the Department of Health and Social Care (DHSC) and the NHS Foundation Trusts (NFTs) in relation to the deployment of Patient Engagement Portals (PEPs).

Patient Portal Technical Specification

Background information

The Patient Portal Technical Specification (PPTS) sets out the technical requirements for the deployment of Patient Engagement Portals (PEPs) for the Department of Health and Social Care (DHSC) and the NHS Foundation Trusts (NFTs).

Insert ICB / Provider title

Model Business Case for the deployment of a Patient Engagement Portal (PEP)

Version: 1.08 September 2020 September 2020

Model Business Case for the deployment of a Patient Engagement Portal (PEP)

Insert ICB / Provider title

Model Business Case for the deployment of a Patient Engagement Portal (PEP)

Version: 1.08 September 2020 September 2020

Patient Portal procurement

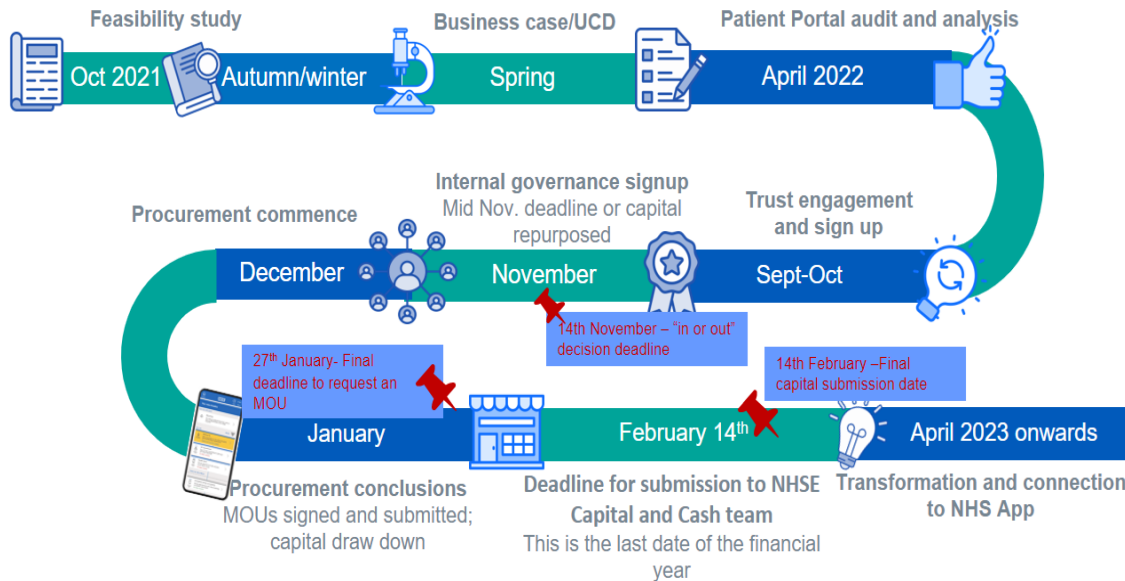
SUPPORT OFFER TO TRUSTS FOR THE PROCUREMENT OF PATIENT PORTALS

The NHS is committed to supporting the deployment of Patient Engagement Portals (PEPs) for the Department of Health and Social Care (DHSC) and the NHS Foundation Trusts (NFTs).

Support Offer

The support offer includes the following:

- 1. A dedicated PEP team to support the procurement process.
- 2. A dedicated PEP team to support the deployment process.
- 3. A dedicated PEP team to support the ongoing operation of the PEP.





**Outpatient
Transformation
Conference
2022**

The Outpatient Transformation Conference 2022



UP NEXT...



Human
Conversations,
Automated



Outpatient
Transformation
Conference
2022

The Outpatient Transformation Conference 2022



SPEAKING NOW



Dr. Gege Gatt
CEO - EBO

I will be discussing...

“Conversational Forms: A Digital
Answer to NHS Impact at Pace”



Outpatient
Transformation
Conference
2022

The Outpatient Transformation Conference 2022



SPEAKING NOW



Rob Child

Principle Project
Manager - University
Hospitals Southampton



Kelly Kent

Trust Outpatient
Manager - University
Hospitals Southampton

We will discuss...

“Building UHS Outpatient
Vision Strategy”



Building Our UHS Outpatients Vision Strategy

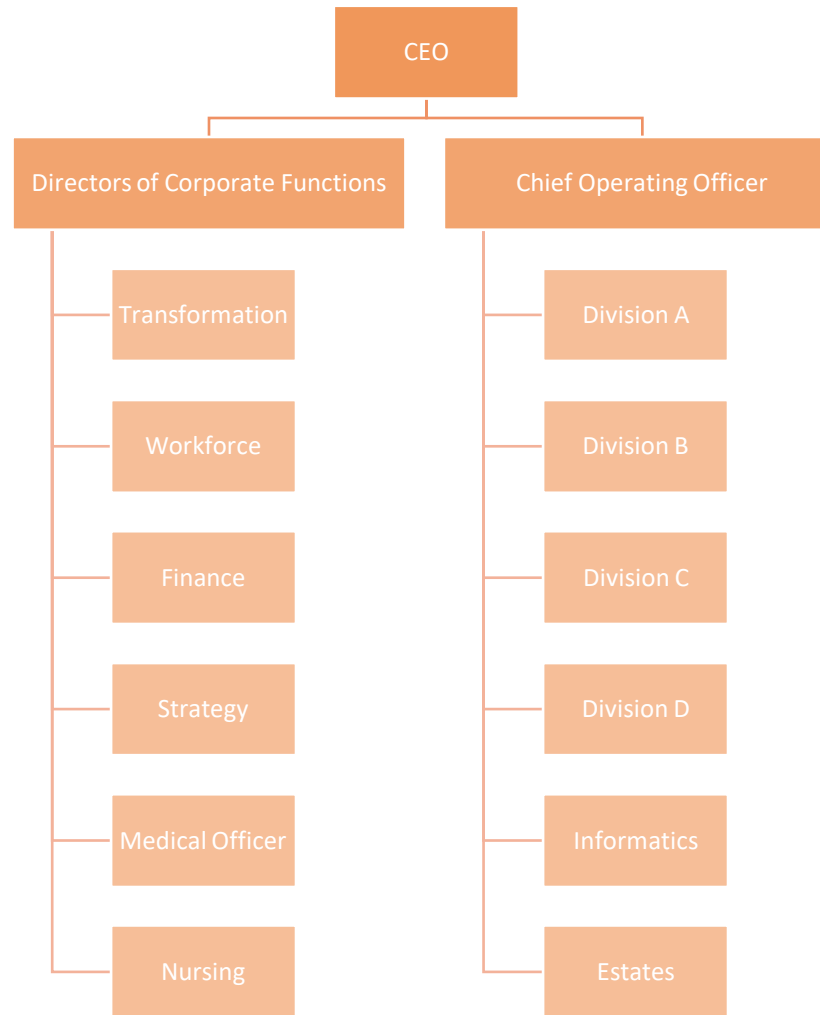
Kelly Kent – Trust Outpatient Manager

About me...

- Over 20 years NHS experience
 - Currently Trust Outpatient Manager at UHS
 - Soon to be Head of Strategy and Partnerships in the New Year
 - Previously worked as Senior Operations Manager for Welsh Blood Service
 - Midwifery Manager and Matron for many years prior
-
- Masters in Business Administration
 - Post Graduate Diploma in Healthcare Planning
 - BSc Hons in Midwifery Leadership
 - Advanced Diploma in Midwifery
 - Currently training to be a coach



UHS Organisational Chart



What did we want to achieve.....

A shared vision is what you and the other members want to create or accomplish as part of the organisation. A shared vision is not imposed by one or a few people as an organisational mandate. Rather, it is derived from the members of the organisation, creating common interests and a sense of shared purpose for all organisational activities.



WHY ARE WE DOING THIS?

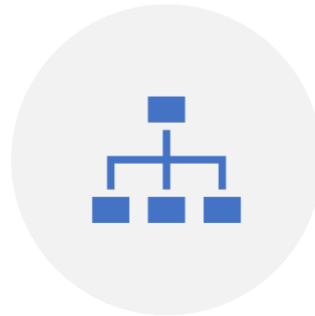


HOW ARE WE DOING THIS?

What did we want to agree...



SHARED
UNDERSTANDING



DEVELOPING
CULTURE



GAINING
COMMITMENT

How did we do this..... A Series of Workshops

Firstly stakeholder analysis was imperative



Then for the first workshop we looked collectively agreeing a shared vision.

To do this I used a number of team tasks, one of which was to:-

Take two minutes to each design and sketch 'THE PERFECT HOUSE'

Results....

As you can imagine we got a huge variation in what was seen as the perfect house!



UHS will deliver a state-of-the-art outpatient service designed around the patient, ensuring that every contact matters and empowering the patient to take control of their care through a seamless, consistent, and flexible experience.



Part 2 – Patient Ambitions

In the second workshop we took the opportunity to consider 3-4 patient aims which we felt represented what patients want based on patient feedback and experiences but also tied in with national guidance.

1) Every Contact Counts



2) Accessible For All



3) Seamless Patient Experience



4) Shared Decision Making



5) Timely Care



Part 3 – Programme Aims and Objectives

1) Aim



Operational



Transformational

2) What this means?



Digital

3) What we will do to achieve this?



Estates



AIM 1

OPERATIONAL OUTPATIENT DELIVERY

Our aim is to provide consistent operational leadership across all Trust outpatient services ensuring optimisation of processes, robust governance, effective utilisation of the outpatient's estates, complemented by a skilled and supported workforce.

WHAT THIS MEANS?

- Provide oversight in the delivery of outpatient services and develop a workforce which is prudent, resilient, flexible, and highly trained.
- We will develop processes and admin functions which can provide a seamless and consistent approach to delivering outpatient services to our patient population in a timely and convenient manner ensuring patients and clinicians have all the information they require.
- Assess the outpatient estate, fully utilise the physical resources available and manage expansion of outpatient capacity to meet demand.
- Ensure robust governance and sharing of lessons learnt.



WHAT WE WILL DO TO ACHIEVE THIS?

- We will create an outpatient's structure and culture that encourages and enables leadership at every level to deliver the outpatient vision collaboratively by ensuring openness, transparency and equity.
- By developing an outpatient workforce toolkit which provides a consistent approach to training, support and education of outpatient staff.
- We will process, map and redesign outpatient pathways so that they reduce unnecessary administrative tasks and duplication by increasing standardisation and developing cohesive partnerships between all functions of the outpatient journey.
- We will develop a centralised planning/booking team who will collaborate with care groups to provide a centralised delivery plan of outpatient's services ensuring optimisation of available outpatient estates and effective reporting on capacity vs demand.
- We will develop a centralised resourcing team capable of ensuring effective use of our outpatient staff in our future centralised outpatient services.
- We will embed an outpatient's governance structure and culture which will empower staff and patients to report concerns, escalate risk and establish the opportunities for shared learning.



Operational Aim...

Our aim is to provide consistent operational leadership across all Trust outpatient services ensuring optimisation of processes, robust governance, effective utilisation of the outpatient's estates, complemented by a skilled and supported workforce.



WHAT THIS MEANS?

- Provide oversight in the delivery of outpatient services and develop a workforce which is prudent, resilient, flexible, and highly trained.
- We will develop processes and admin functions which can provide a seamless and consistent approach to delivering outpatient services to our patient population in a timely and convenient manner ensuring patients and clinicians have all the information they require.
- Assess the outpatient estate, fully utilise the physical resources available and manage expansion of outpatient capacity to meet demand.
- Ensure robust governance and sharing of lessons learnt.





WHAT WE WILL DO TO ACHIEVE THIS?

- We will create an outpatient's structure and culture that encourages and enables leadership at every level to deliver the outpatient vision collaboratively by ensuring openness, transparency and equity.
- By developing an outpatient workforce toolkit which provides a consistent approach to training, support and education of outpatient staff.
- We will process, map and redesign outpatient pathways so that they reduce unnecessary administrative tasks and duplication by increasing standardisation and developing cohesive partnerships between all functions of the outpatient journey.
- We will develop a centralised planning/booking team who will collaborate with care groups to provide a centralised delivery plan of outpatient's services ensuring optimisation of available outpatient estates and effective reporting on capacity vs demand.
- We will develop a centralised resourcing team capable of ensuring effective use of our outpatient staff in our future centralised outpatient services.
- We will embed an outpatient's governance structure and culture which will empower staff and patients to report concerns, escalate risk and establish the opportunities for shared learning.



Next steps:- Engagement, Implementation and Oversight



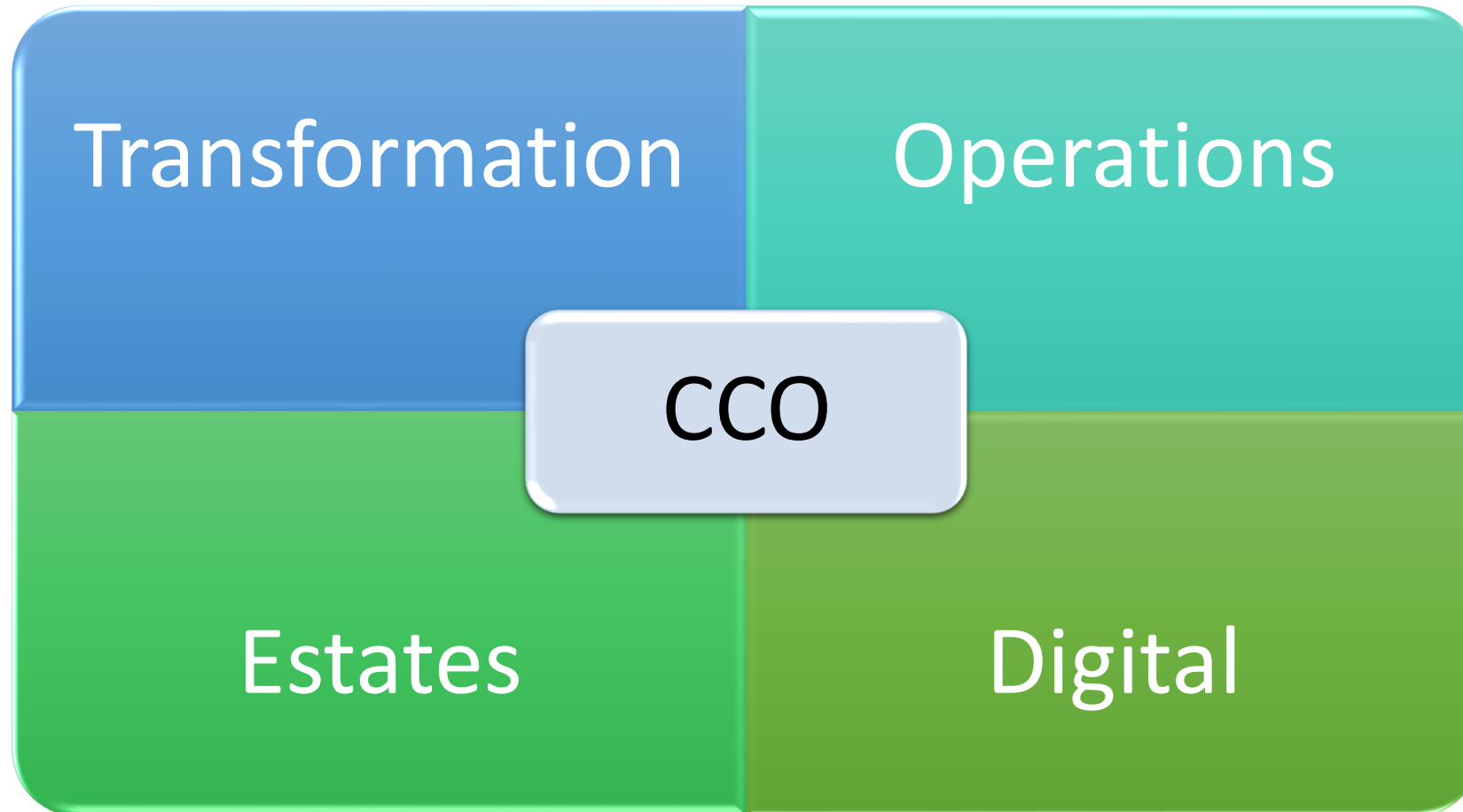
- Sharing with colleagues
- Inspiring and gaining understanding
- Publication and media support

- Working together to realise the aims
- Prioritisation of scope of work
- Consistency in approach
- Investment in resources



- Setup of an OP Steering board
- Strategic direction
- Oversight and accountability
- Governance

Outpatients Programme Steering Board



Any Questions





Outpatient
Transformation
Conference
2022

The Outpatient Transformation Conference 2022



SPEAKING NOW



Chris McAuley

Programme Delivery Manager
NHS Benchmarking Network

I will be discussing...

“Findings from the 2022
Outpatients and Operating
Theatres Benchmarking
Projects”



Findings from the 2022 Outpatients Benchmarking Project

Chris McAuley
Programme Delivery Manager

Welcome and introduction



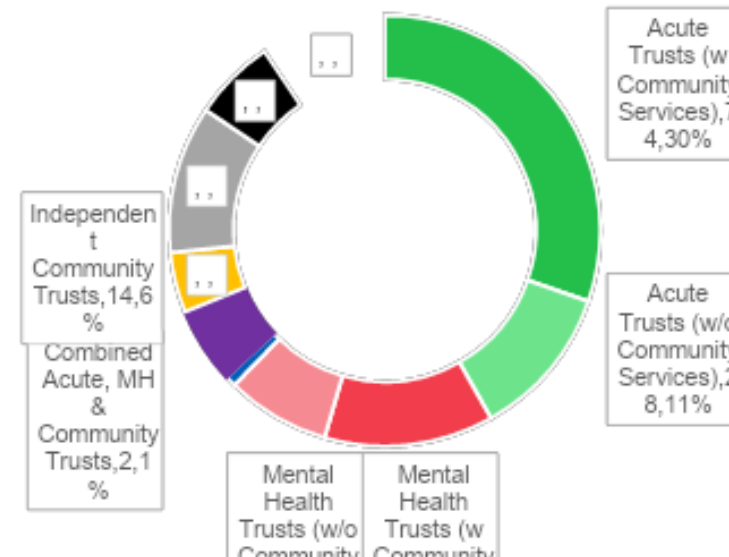
Network membership

240+ member organisations and c.10,000 clinicians and managers using the service

In England:

- 75% of acute providers
- 87% of NHS Trusts providing community services, plus 11 Social Enterprises
- 100% of mental health trusts
- 31% of ICBs by population covered
- 100% coverage in Wales Health Boards
- 100% coverage in Northern Ireland HSCTs
- 100% coverage of Scottish Health Boards, plus the Scottish Government

Membership profile



2022/23 work programme

Core Network projects



Acute Sector

- Acute Transformation Dashboard
- Acute Therapies
- Emergency Care
- Managing Frailty in Acute Settings
- Operating Theatres
- Outpatients
- Pharmacy & Medicines Optimisation (Provider)

Community Sector

- Community Indicators (monthly)
- Community Services
- Community Hospital Bed Survey
- Intermediate Care



Mental Health Sector

- Adults & Older Adults Mental Health
- Children & Young People's Mental Health Services (CYP MH)
- Learning Disabilities
- Mental Health & Learning Disabilities Covid-19 Dashboard (monthly)



Whole System

- Cost Collection Analysis
- Integrated Care System Benchmarker
- ICS Pilots and Whole System Events
- Summary Opportunity Reports
- Whole Systems Beds

To view the 2022/23 work programme calendar,

[click here.](#)

NHS

Benchmarking Network



Project timetable

Period	Project Stage
January to April	Project consultation and development
May to August	Data collection
16 th June	Elective Care Share Learning Webinar
August to September	Data validation and analysis
August	Draft online analysis toolkit
September	Draft reports released
13 th October	Findings Webinar
October	Outputs released

2022 is the sixth iteration of the Outpatients project.

Within each Benchmarking project, we produce a range of network resources:



Online project toolkits



ICS Benchmarker



Summary Report



Knowledge Exchange Forum



Shared learning & good practice



Webinar presentations and recordings

The Network's Acute team



Nick Westmoreland
Senior Project
Manager



Freddie Girling
Assistant Project
Manager



Niamh Stimpson
Graduate Project
Coordinator



Chris McAuley
Programme Delivery
Manager



Stan Fleming
Graduate Project
Coordinator



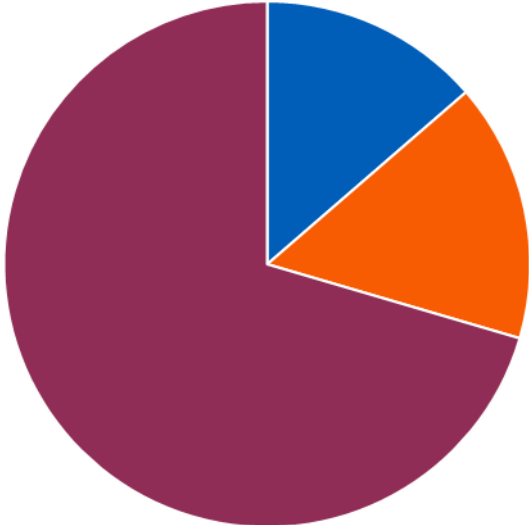
Lillie Phillips
Graduate Project
Coordinator

Outpatients Benchmarking findings

Key themes: Elective care backlog

Management structure of outpatients

How are outpatient services managed?



Shared management function overseeing all specialities	14%
Separate management of different specialities	16%
Mix of shared and separately managed models	70%

Did the management structure of outpatients become more centralised during COVID-19 and will changes be retained?

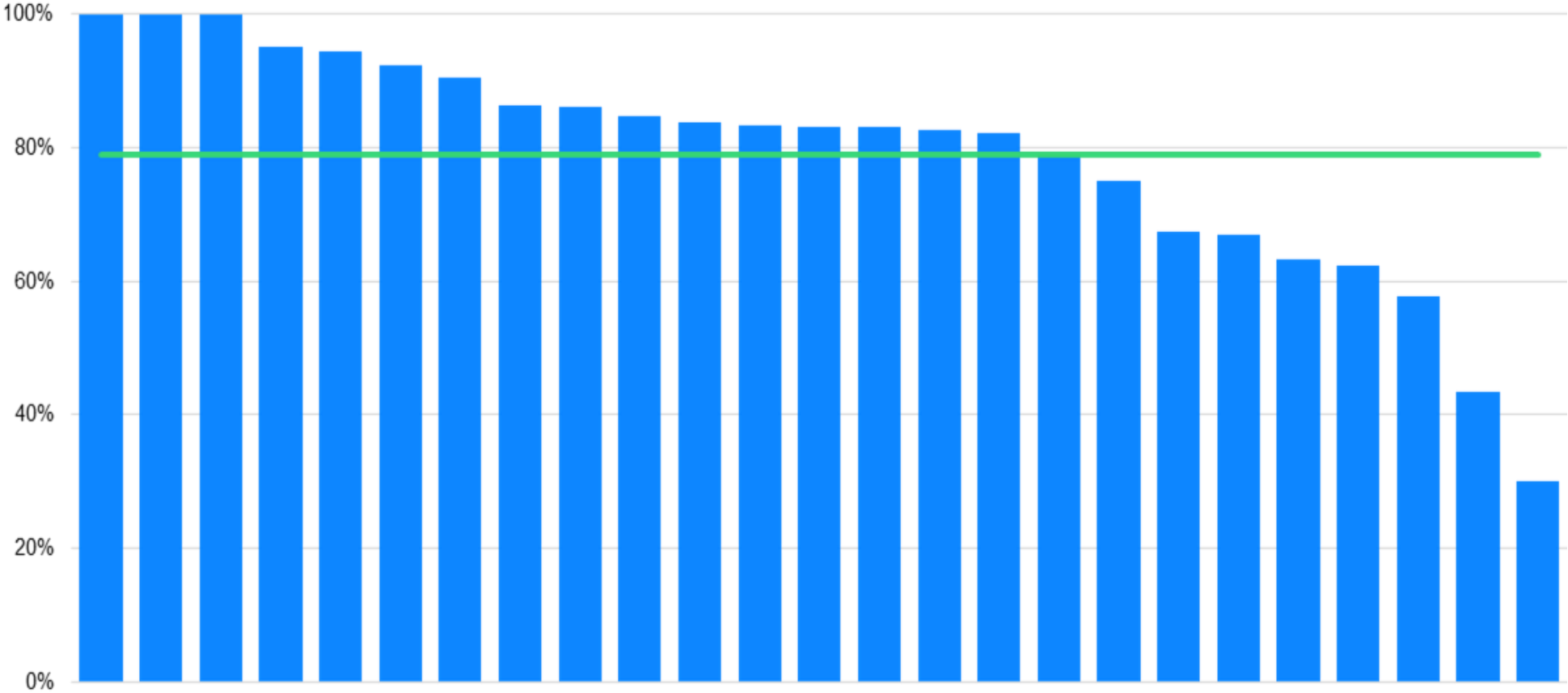


% Yes	12%
% Yes (2021)	17%



Clinic delivery

Percentage of scheduled clinics delivered in 2021/22

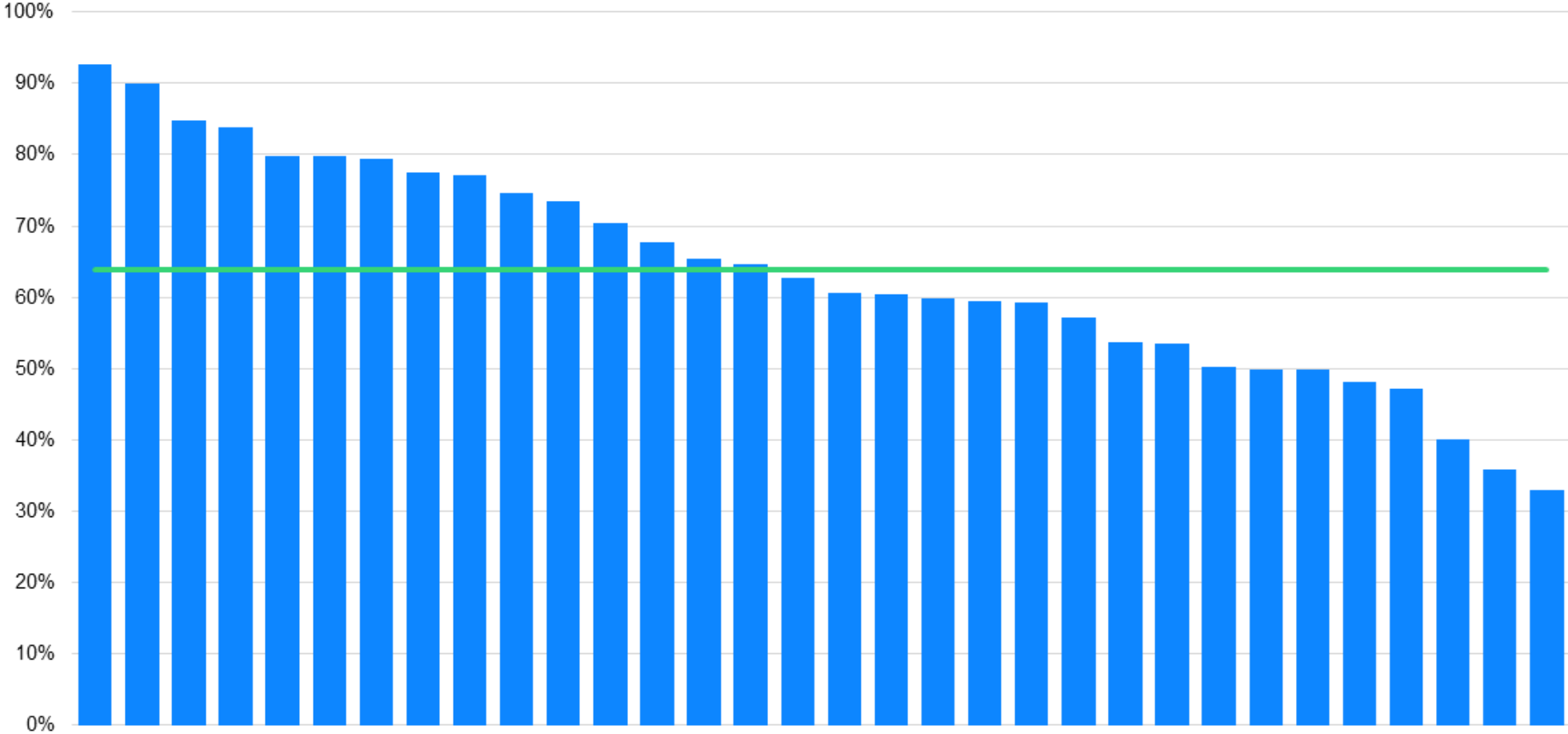


Year	Mean
2022	79%
2021	76%
2020	86%
2019	85%



Clinic delivery

Percentage of clinics delivered that were Consultant led in 2021/22

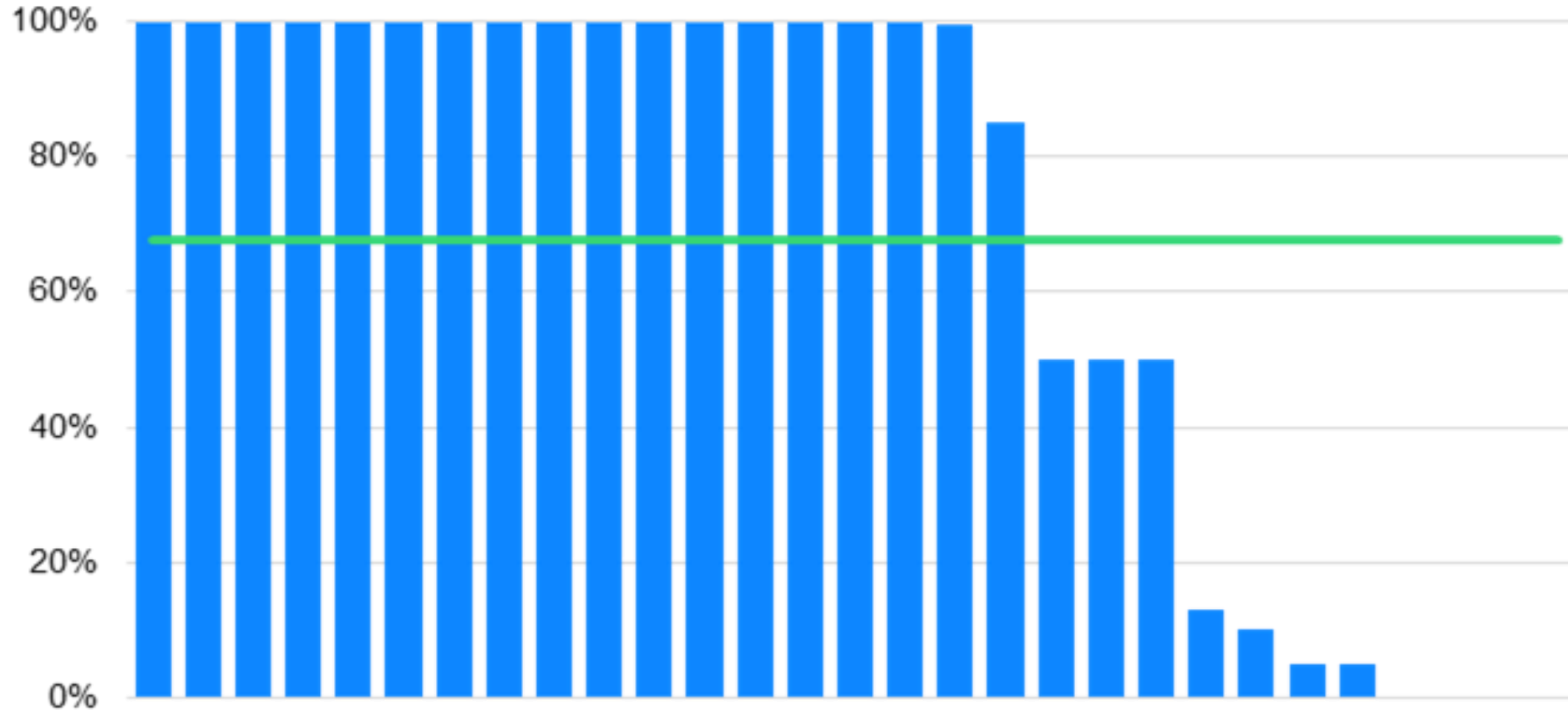


Year	Mean
2022	64%
2021	69%



Electronic/paper

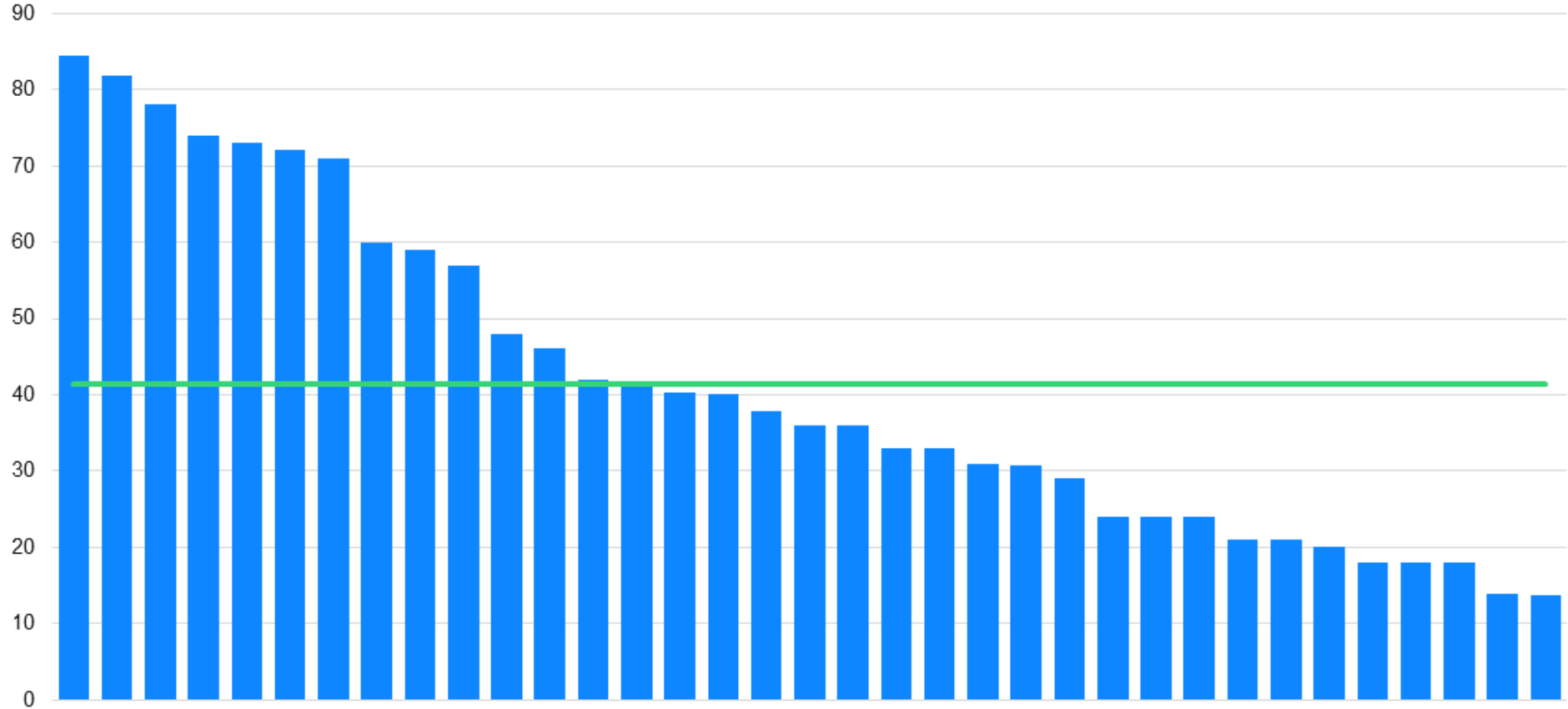
Percentage of patient healthcare records for appointments that are electronic, as opposed to handwritten (%)



Year	Mean
2022	68%
2021	47%

Attendances

Median wait in calendar days for first outpatients attendance in 2021/22 (all specialities)



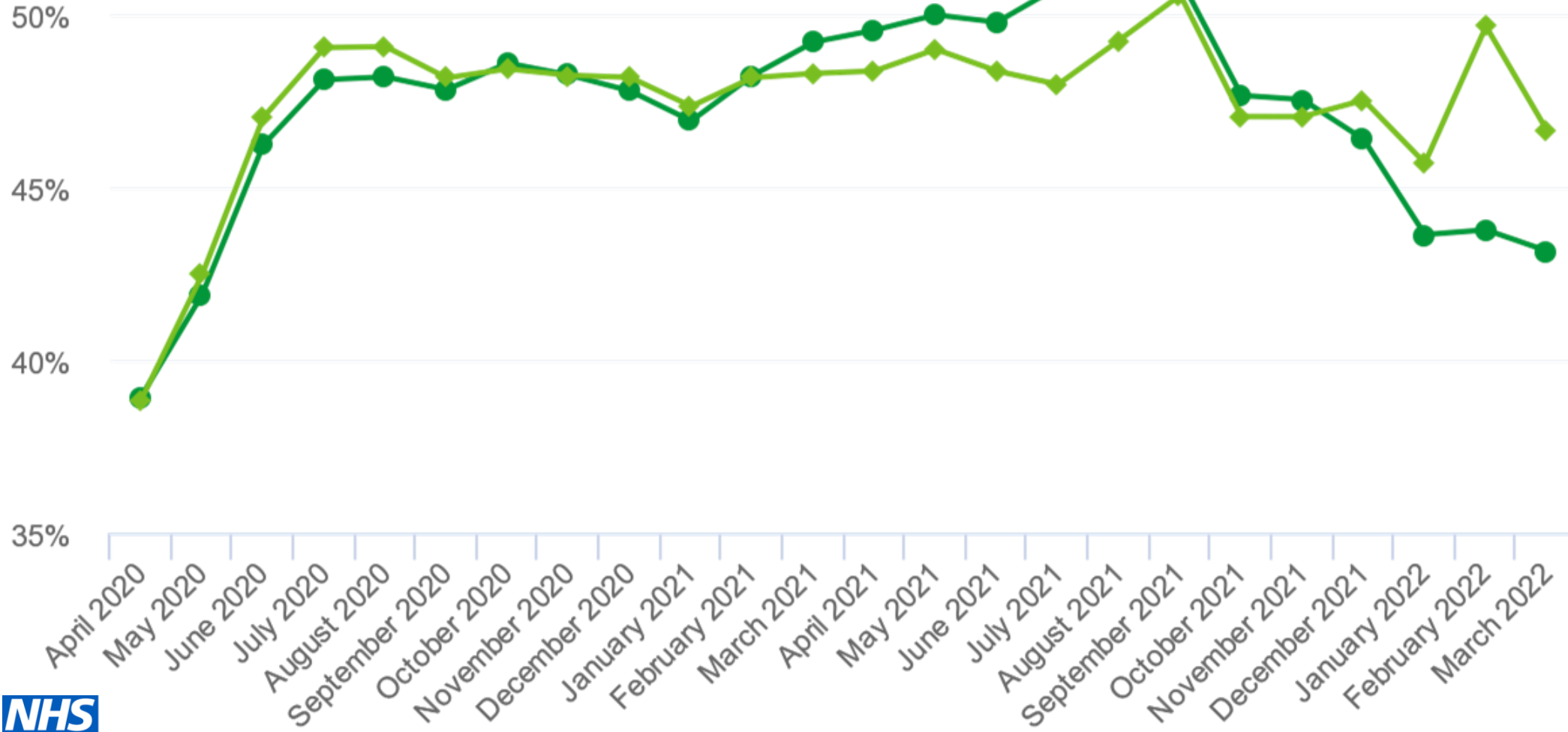
Year	Mean
2022	40



Key themes: Referral Streaming

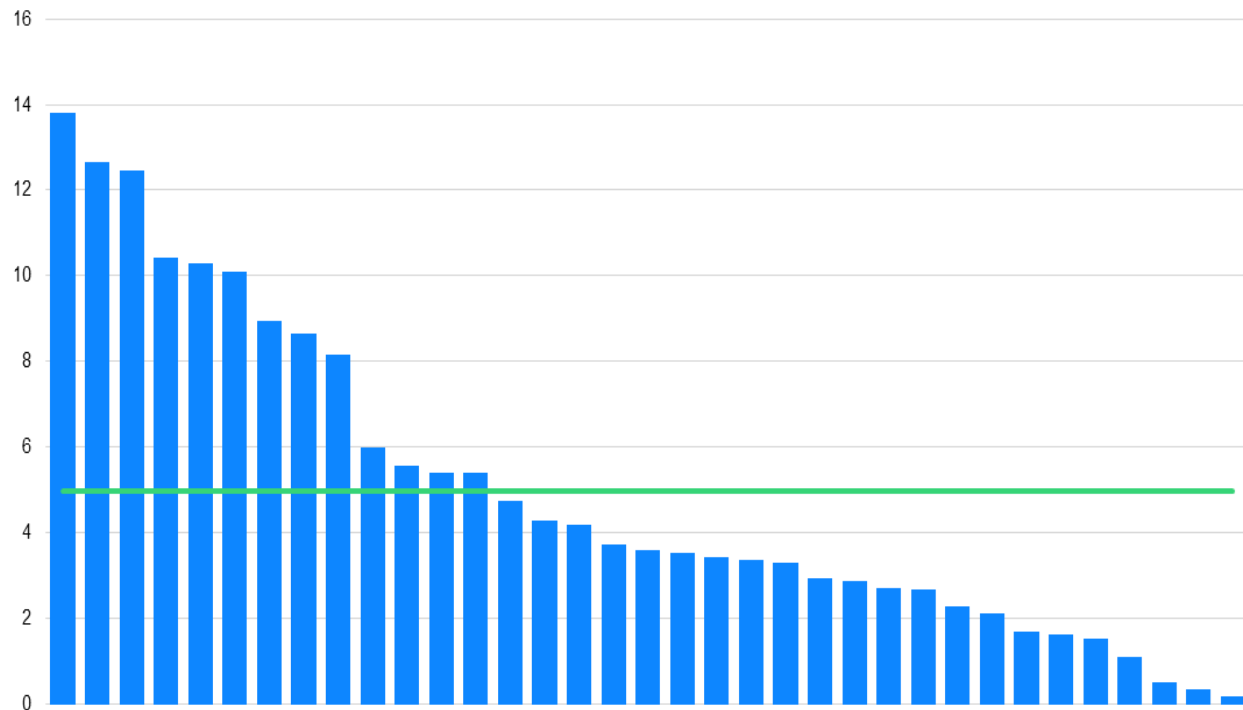
Referrals

Percentage of all referrals received from GPs in 2021/22 (all specialities)



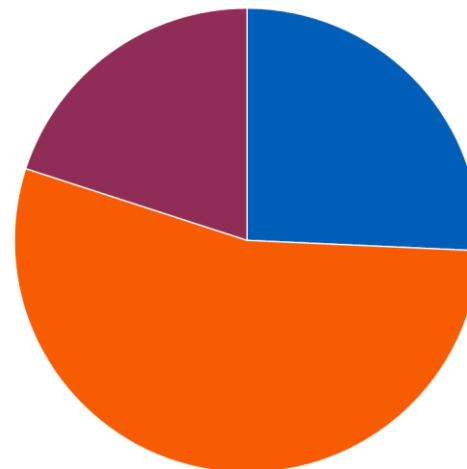
Advice & Guidance

Advice & Guidance requests per 100 new appointments in 2021/22 (all specialities)



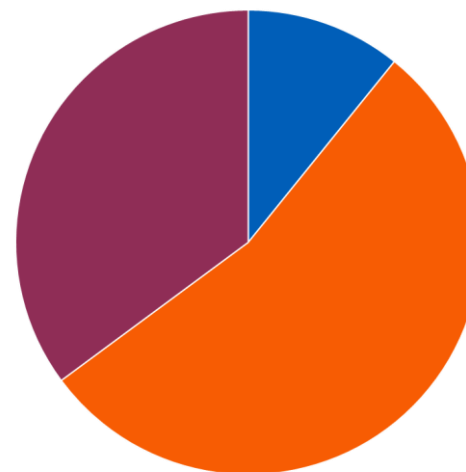
Year	Mean
2022	4.7

Confidence in achieving the target of delivering 16 specialist advice requests per 100 OP first attendances by March 2023



Very confident	26%
Somewhat confident	54%
Not confident	20%

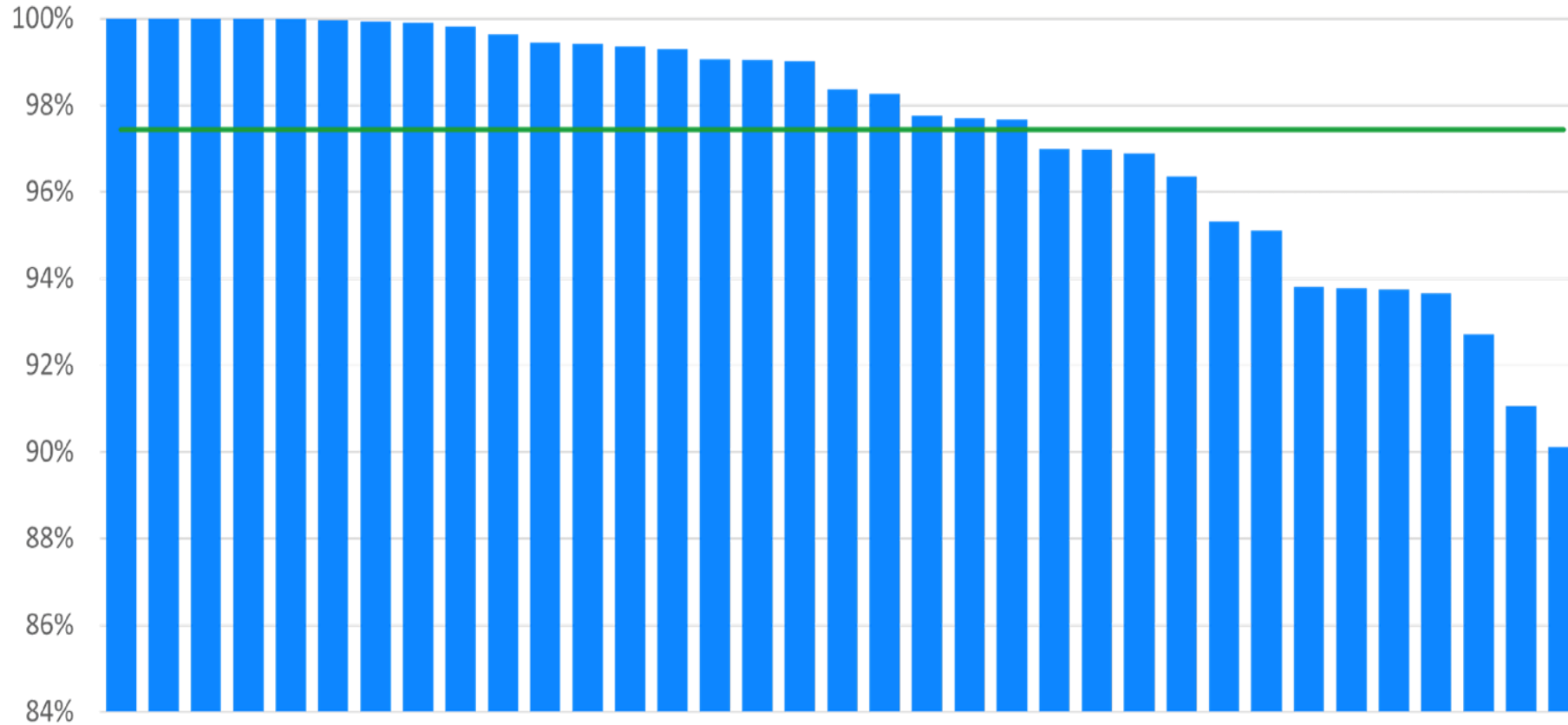
Extent to which the local commissioning body was involved in the development/delivery of Advice & Guidance in the local area



Not involved	11%
Somewhat involved	54%
Heavily involved	35%

Referrals

Referral acceptance rate



Year	Mean
2022	97%
2021	93%
2020	97%
2019	93%



Advice and guidance

Please outline any good practice you wish to share with your implementation of Advice & Guidance – Your responses

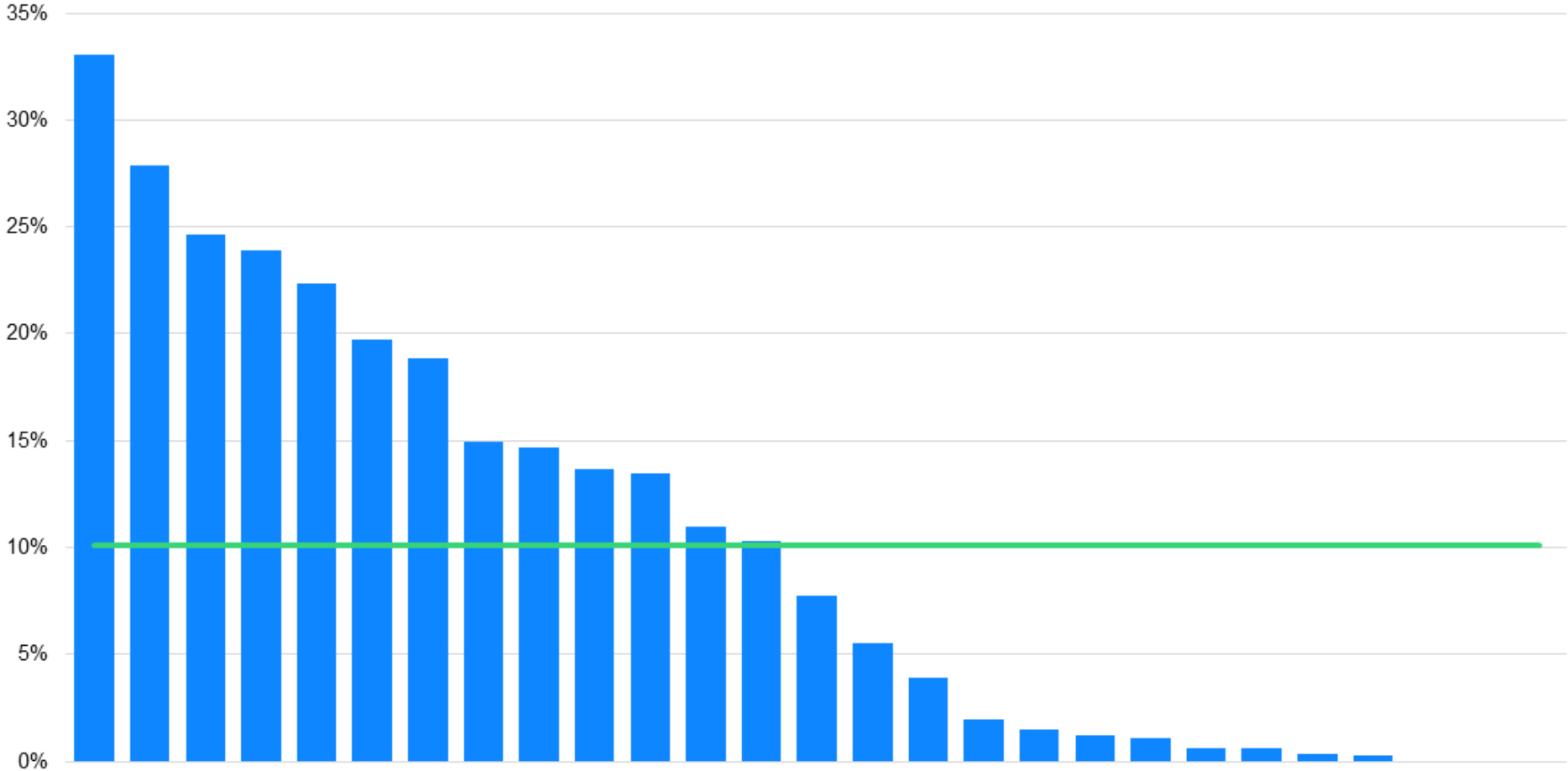
*“To maximise the effectiveness of A&G it is important clinicians are **given job planned time** to deliver this service.”*

*“A **supporting and embedded dashboard** that allows operational teams to manage their cohort of A&G requests and monitor trends and outcomes. Monthly place-based A&G steering group with representation from primary/secondary care.”*

*“**We have setup a designated virtual hub**, which includes 9 rooms.”*

Appointment slot issues

ASIs recorded as a percentage of new appointments in 2021/22

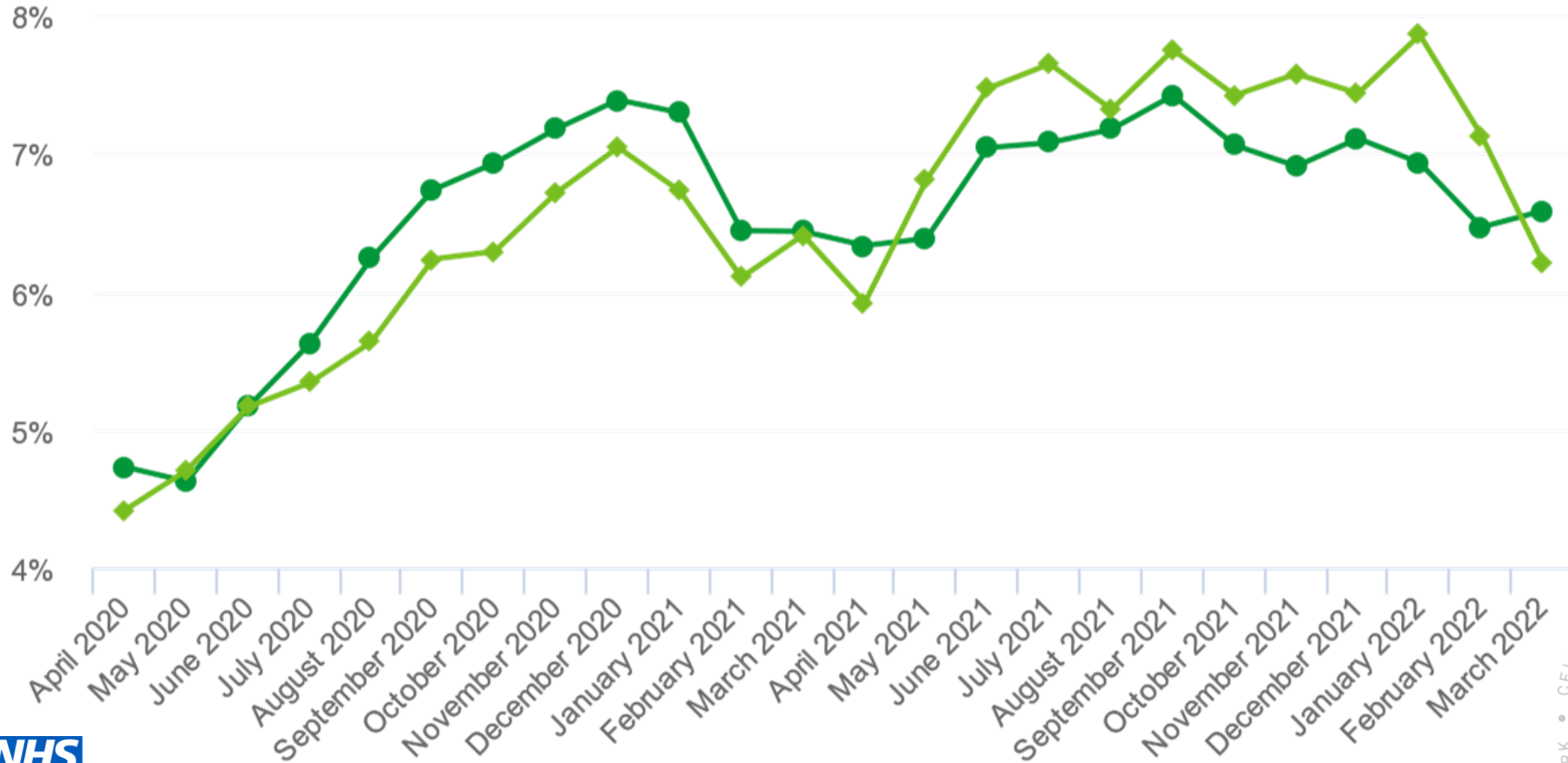


Year	Mean
2022	10%
2021	12%
2020	6%
2019	7%



DNA Rates

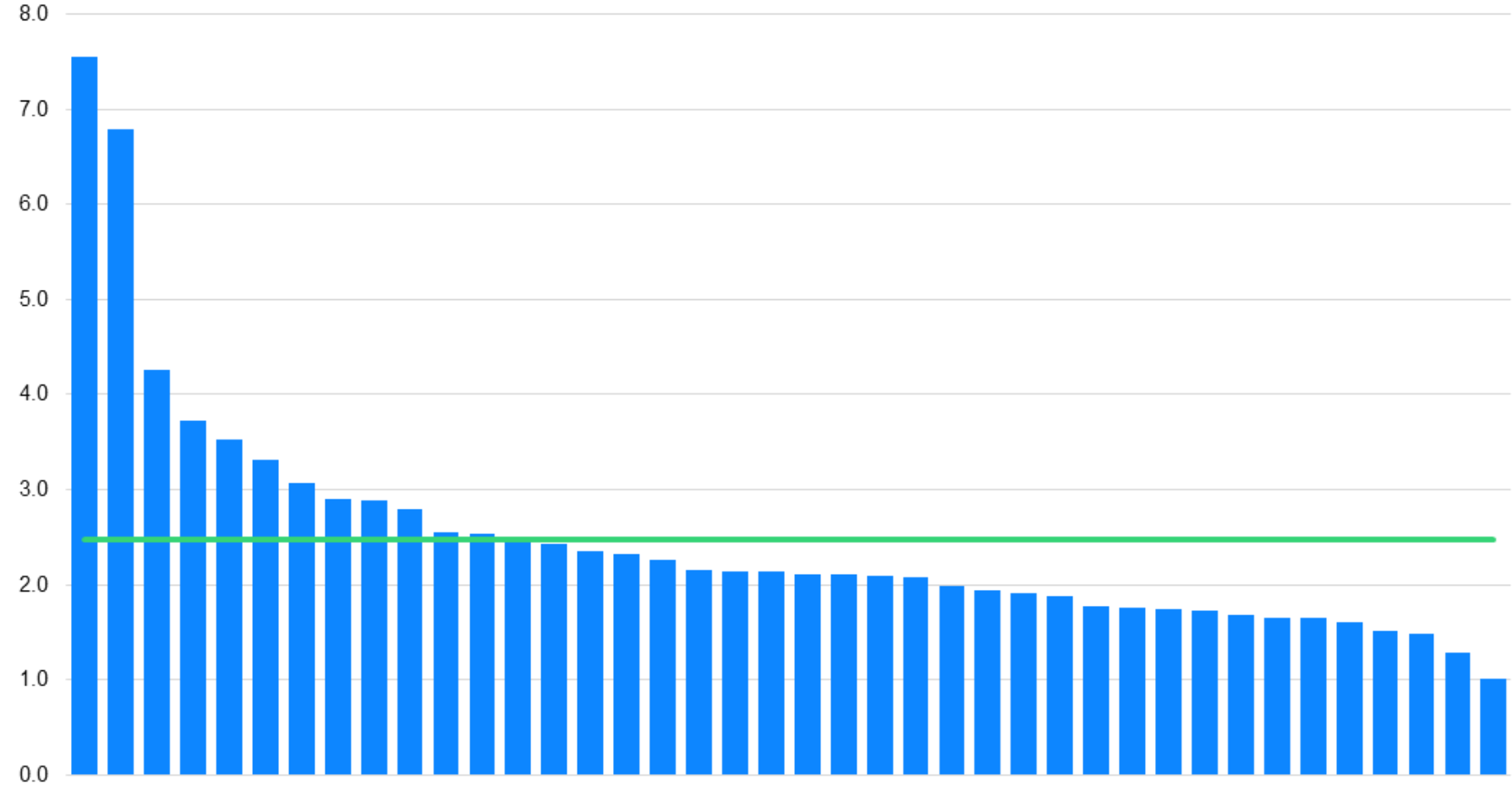
Average DNA rates across all specialities in 2021/22 (%)



Key themes: Outpatient Follow-up

Attendances

Follow-up to first attendance ratio

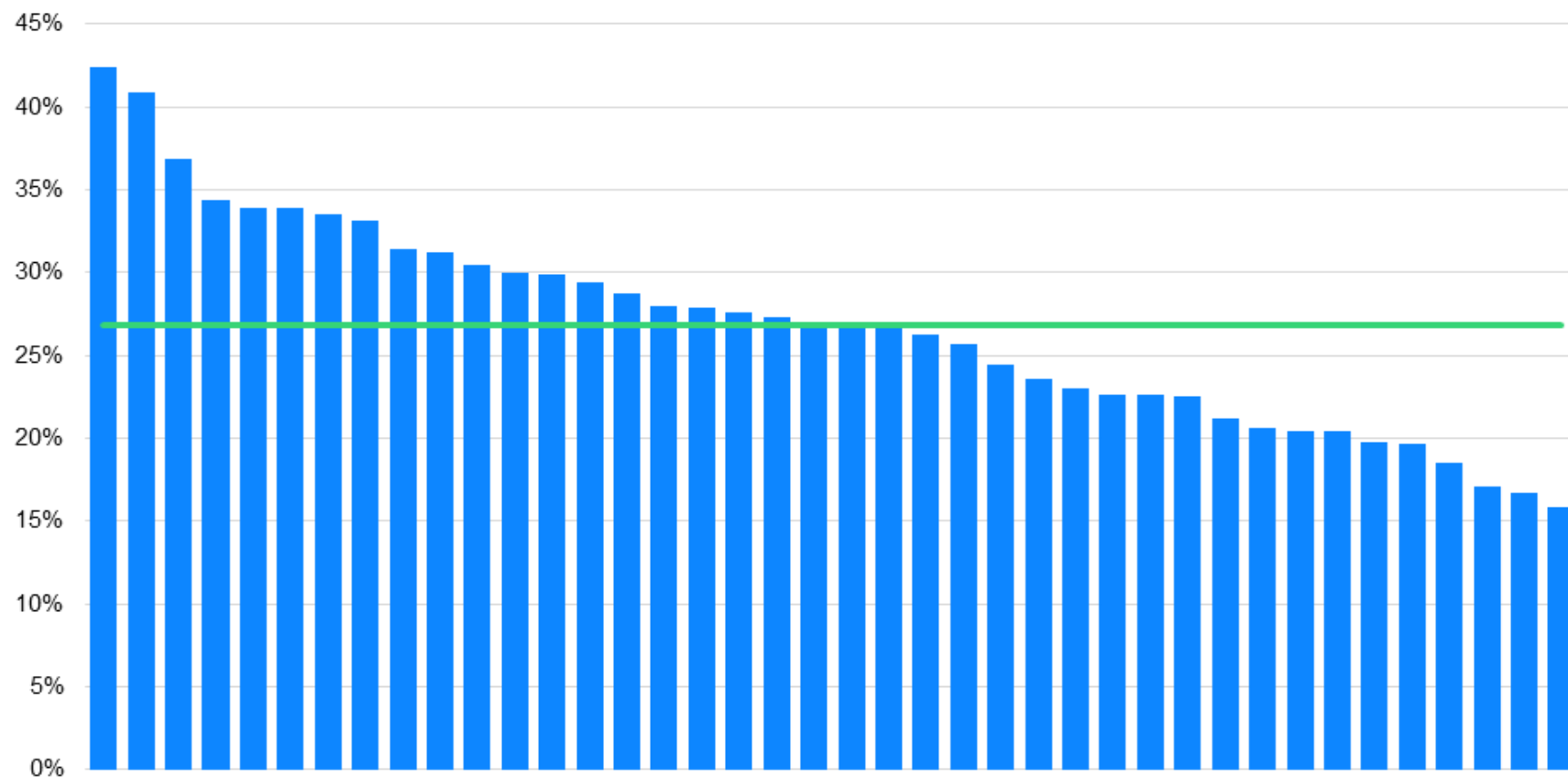


Year	Mean
2022	2.5
2021	2.5
2020	2.3
2019	2.1

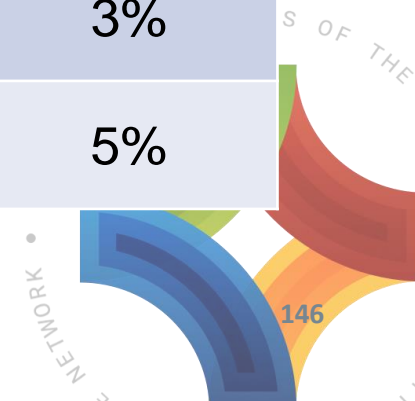


Remote attendances

Percentage of all attendances delivered remotely in 2021/22 (all specialities)

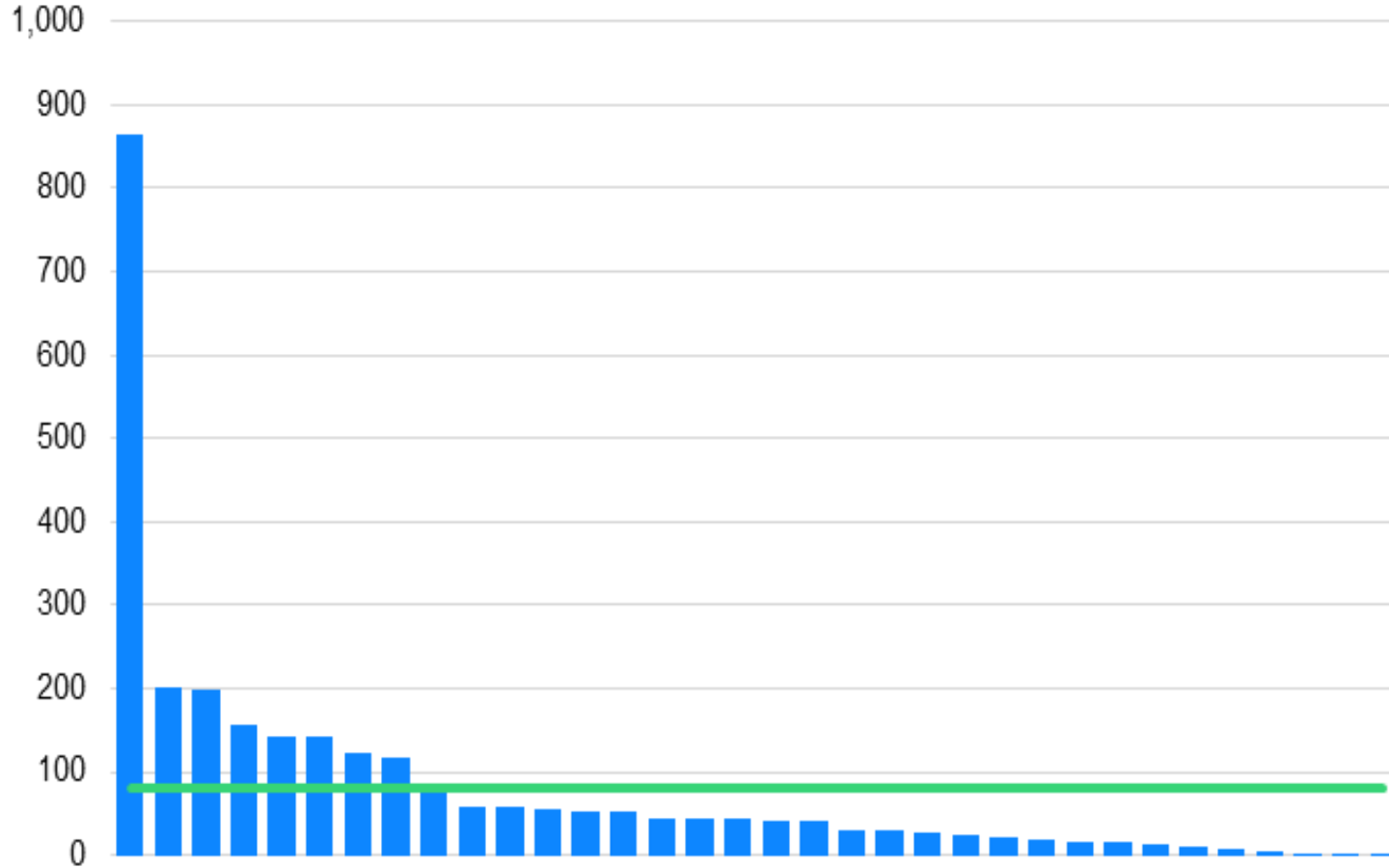


Year	Mean
2022	27%
2021	41%
2020 (first)	3%
2020 (follow-up)	5%



PIFU activity

Patients on a PIFU pathway at 31st March 2022 per 10,000 outpatient attendances

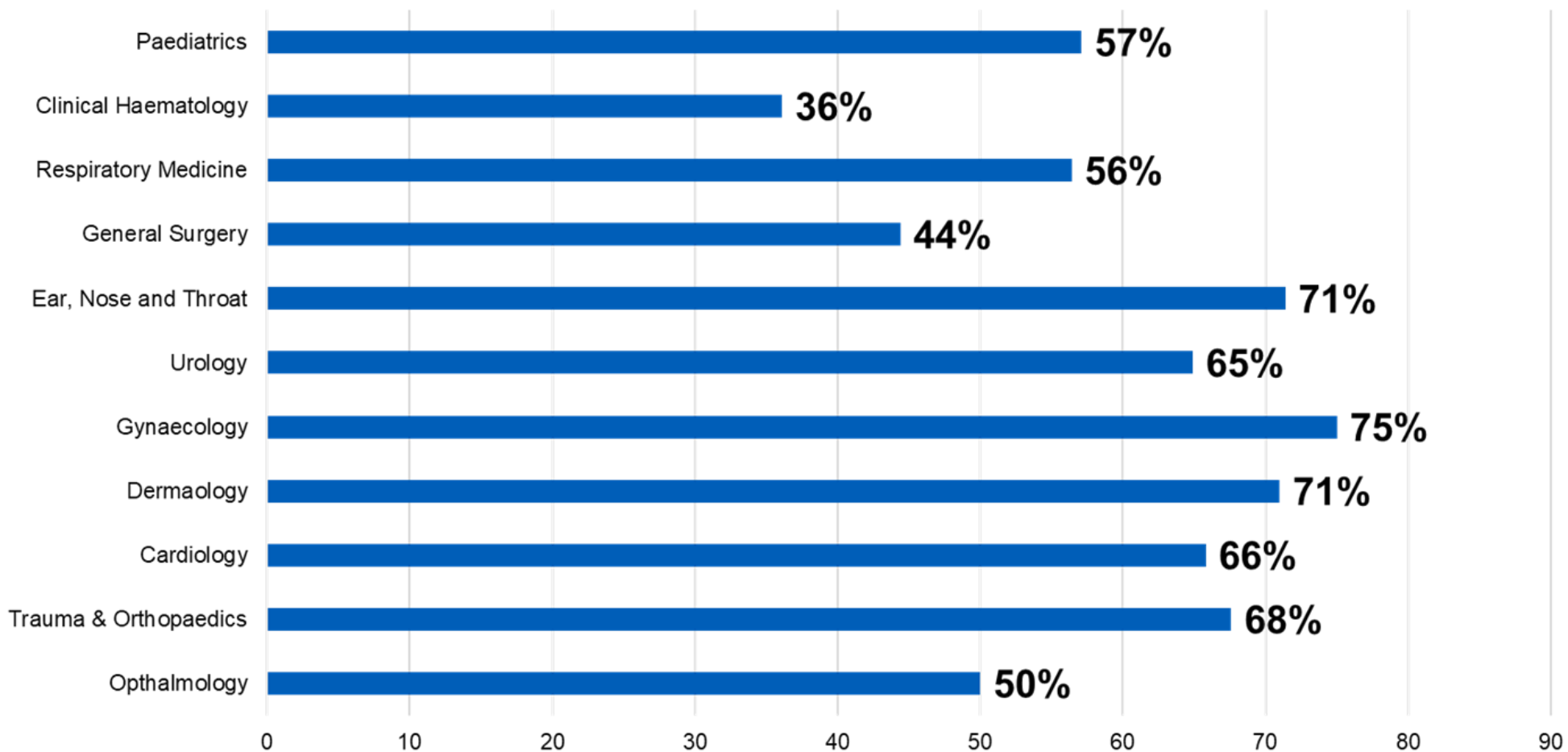


Year	Mean	Median
2022	80	43
2021	51	14



PIFU speciality provision

Specialities providing PIFU pathways

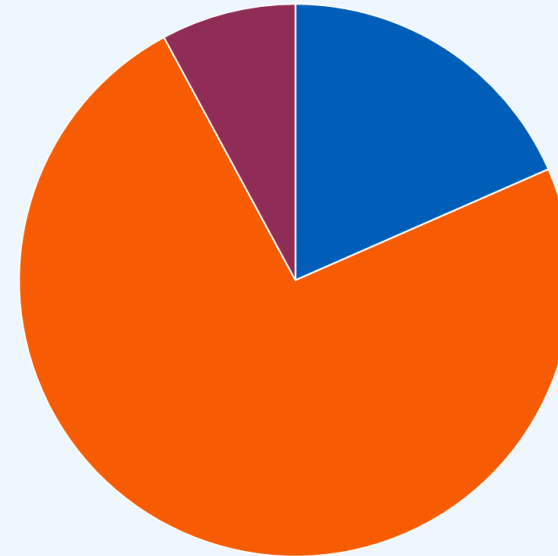


Implementing PIFU

Please describe any innovative practice in the implementation of PIFU within your organisation

- *“An understanding that PIFU is not to compensate for a failure in Outpatient capacity to deliver essential follow-up but is instead an opportunity to **give capacity to patients** who need support at a time **when they most need it.**”*
- *“We produced bespoke information leaflets for each speciality and implemented a process within the PAS System.”*
- *“We pulled together a **PIFU Implementation Team** ... produced **bespoke information leaflets for each speciality** and implemented a **process within the PAS System** to be able to easily identify the patients on a PIFU pathway.”*

How confident are you that you will achieve the target of 5% of patients to PIFU pathways by March 2023?



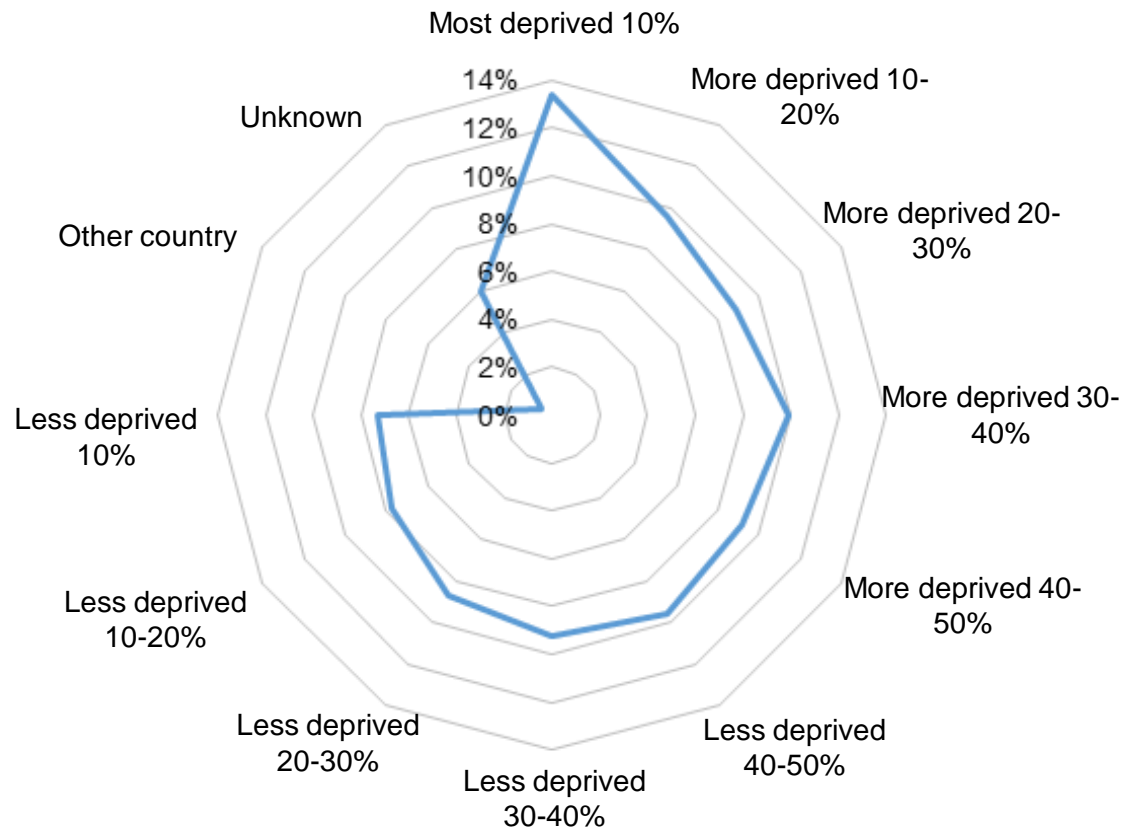
Very confident	18%
Somewhat confident	74%
Not confident	8%

Key themes: Healthcare Inequalities

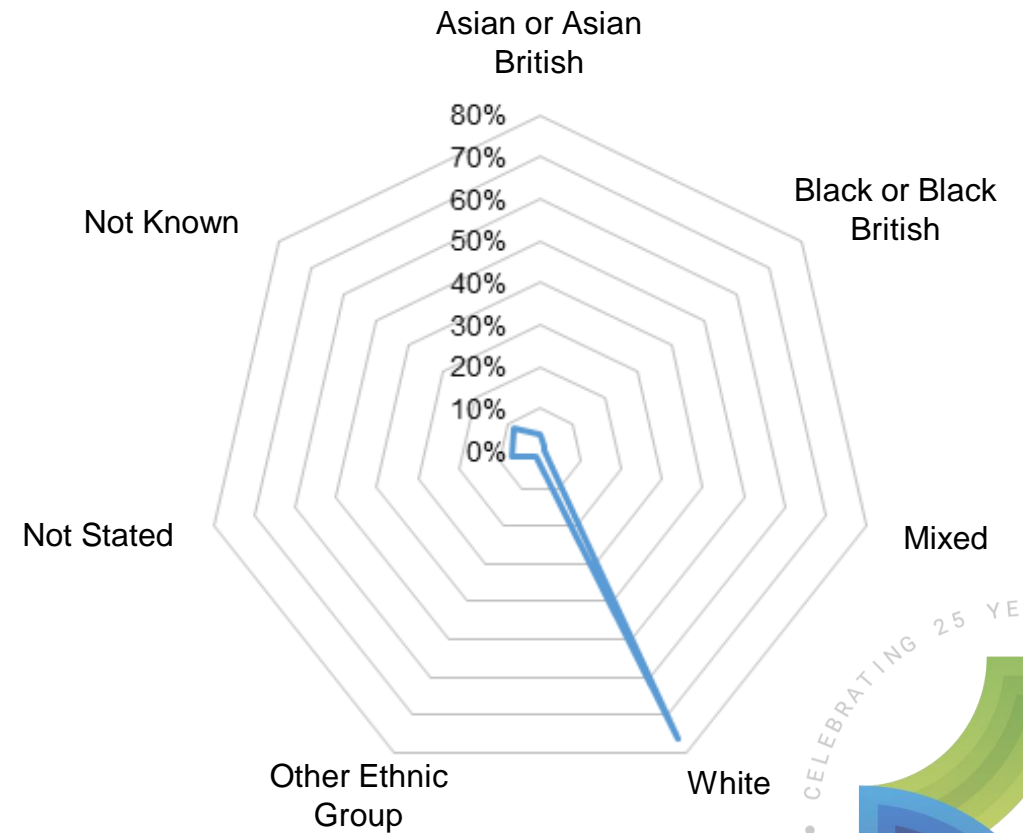


Profile of first outpatient attendances

First outpatient attendances by IMD decile



First outpatient attendances by Ethnicity



Wider equality initiatives




Please describe any work that has been undertaken by the organisation to investigate how DNA rates are affected by ethnicity and/or deprivation, and any work that has been done to combat this.

“We have mapped DNA rates to deprivation quintiles and understand by speciality what proportion of DNAs come from quintile 1. We are working with GP federation and primary care to implement a social prescribing model to proactively contact patients who are 4-5x more likely to DNA their appointment.”

“Trust has been developing an EDI Dashboard which contains live patient and workforce diversity data. This will be used to undertake analysis in relation to patient profile and workforce profile. This data is also matched to deprivation index enabling analysis to also take account of this.”

Learning disabilities

Reasonable adjustments

		% Yes – all specialities
Is there a designated lead for learning disabilities/autism in outpatient service?		55%
Does your organisation have a policy on reasonable adjustments for patients with learning disabilities/autism in outpatients?		63%
Do you provide increase length of appointment time for patients with learning disabilities/autism?		71%

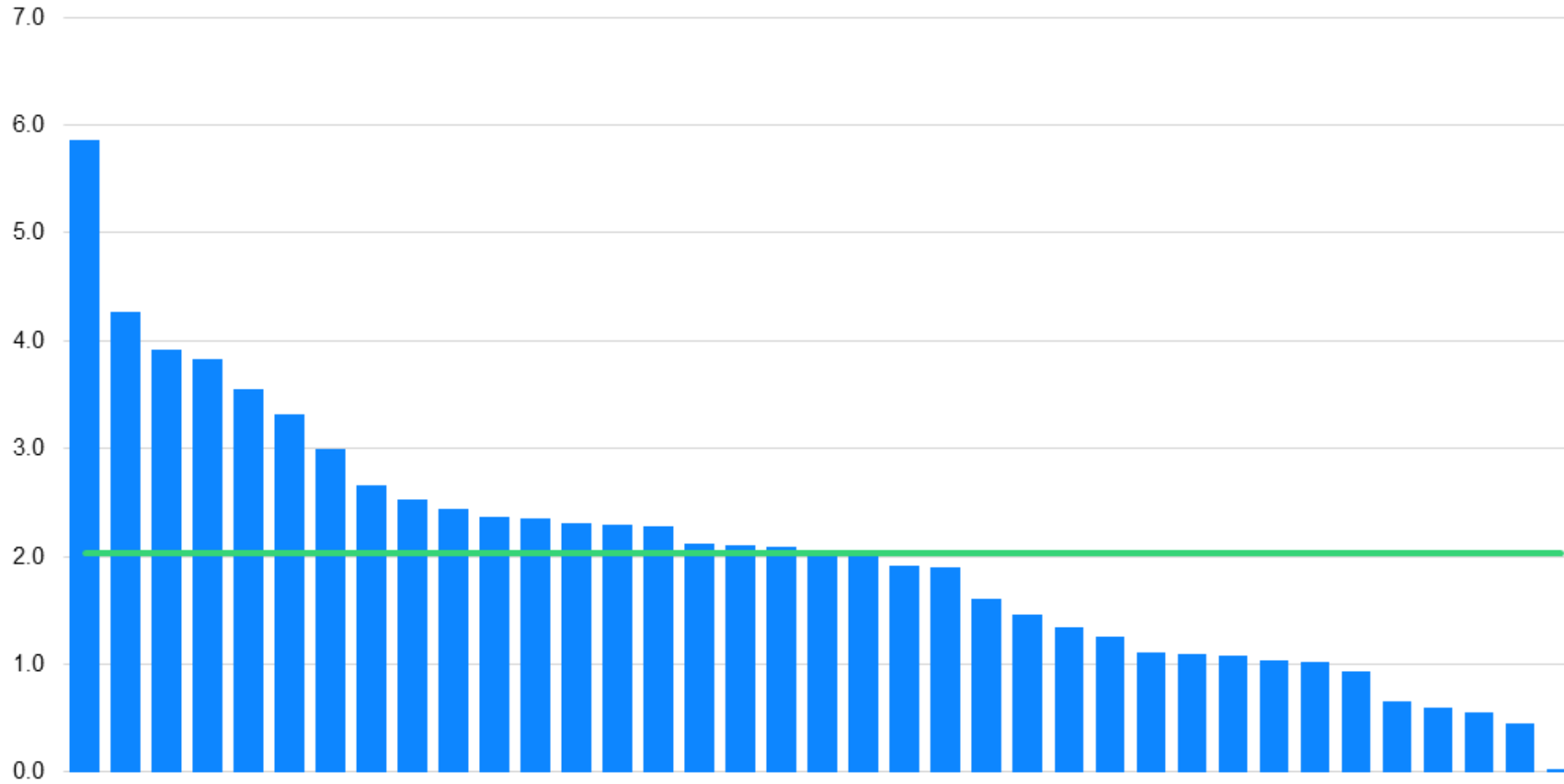


Key themes: Workforce challenges



Nursing workforce staffing levels

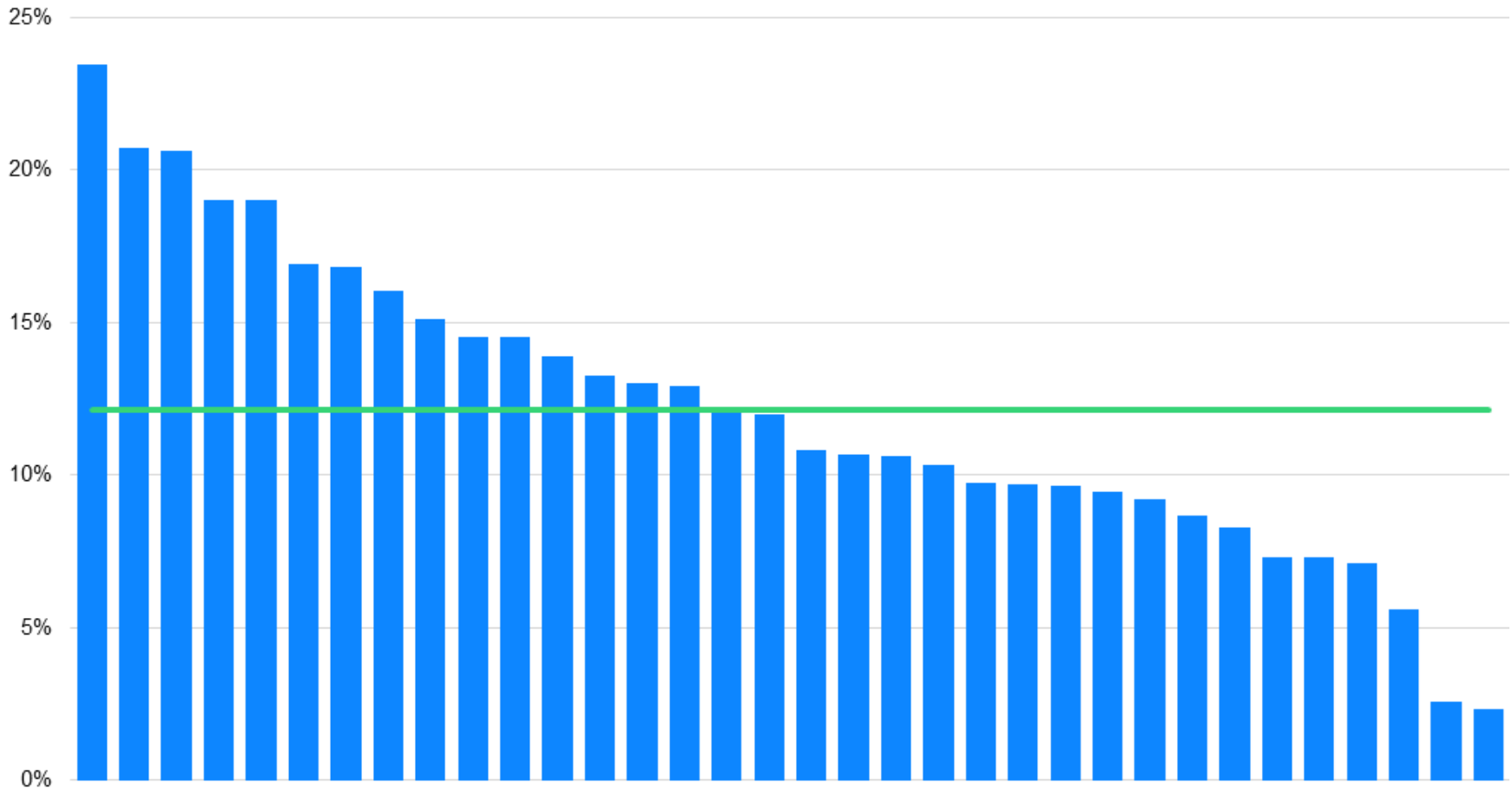
Total outpatient nursing team in establishment (as at 31st March 2022) per 10,000 outpatient attendances in 2021/22



Year	Mean
2022	2.0
2021	2.4
2020	2.2
2019	2.0

Nursing workforce turnover rate

Turnover rate for outpatients nursing team in 2021/22 (%)

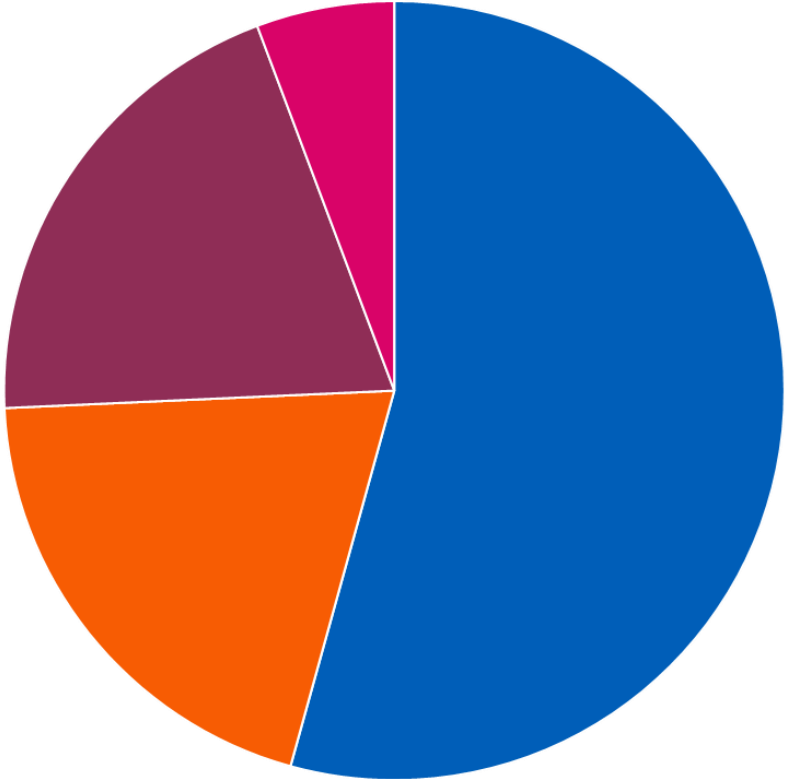


Year	Mean
2022	12%
2021	11%
2020	10%
2019	12%



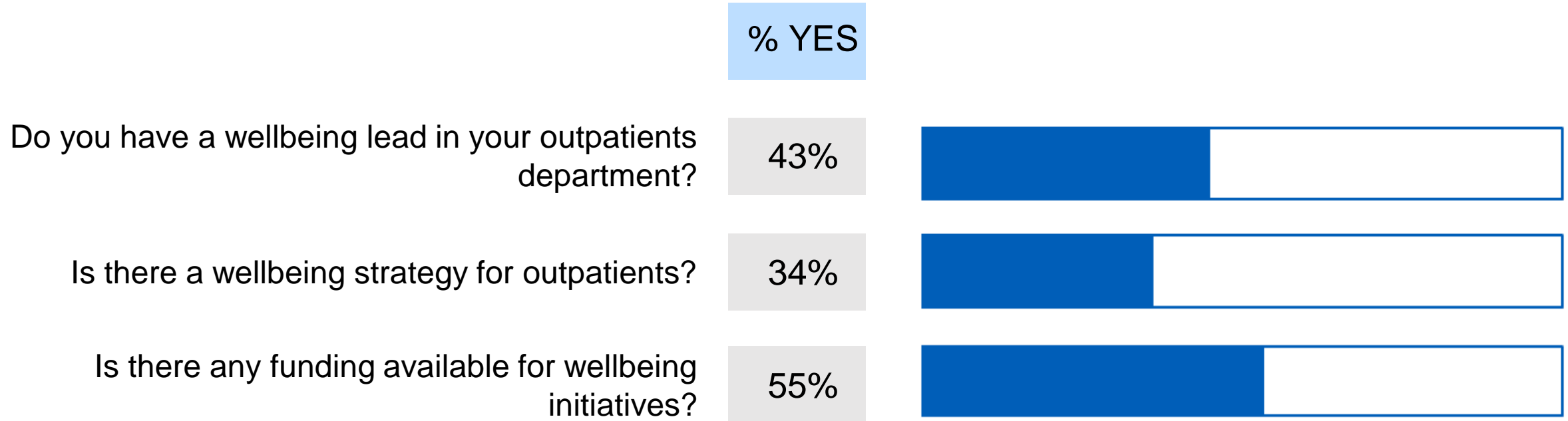
Workforce challenges

Have workforce challenges caused clinics to be cancelled?



Rarely	54%
Monthly	20%
Weekly	20%
Daily	6%

Wellbeing Initiatives





Thank you for listening



Outpatient
Transformation
Conference
2022

The Outpatient Transformation Conference 2022



SPEAKING NOW



Katrina Davies

Programme Director
Mid and South Essex Foundation Trust

I will be discussing...

“Mid & South Essex
Foundation Trust - Our
Journey So Far”

Mid and South Essex Foundation Trust - Reimagining Outpatients, our journey so far



Excellent



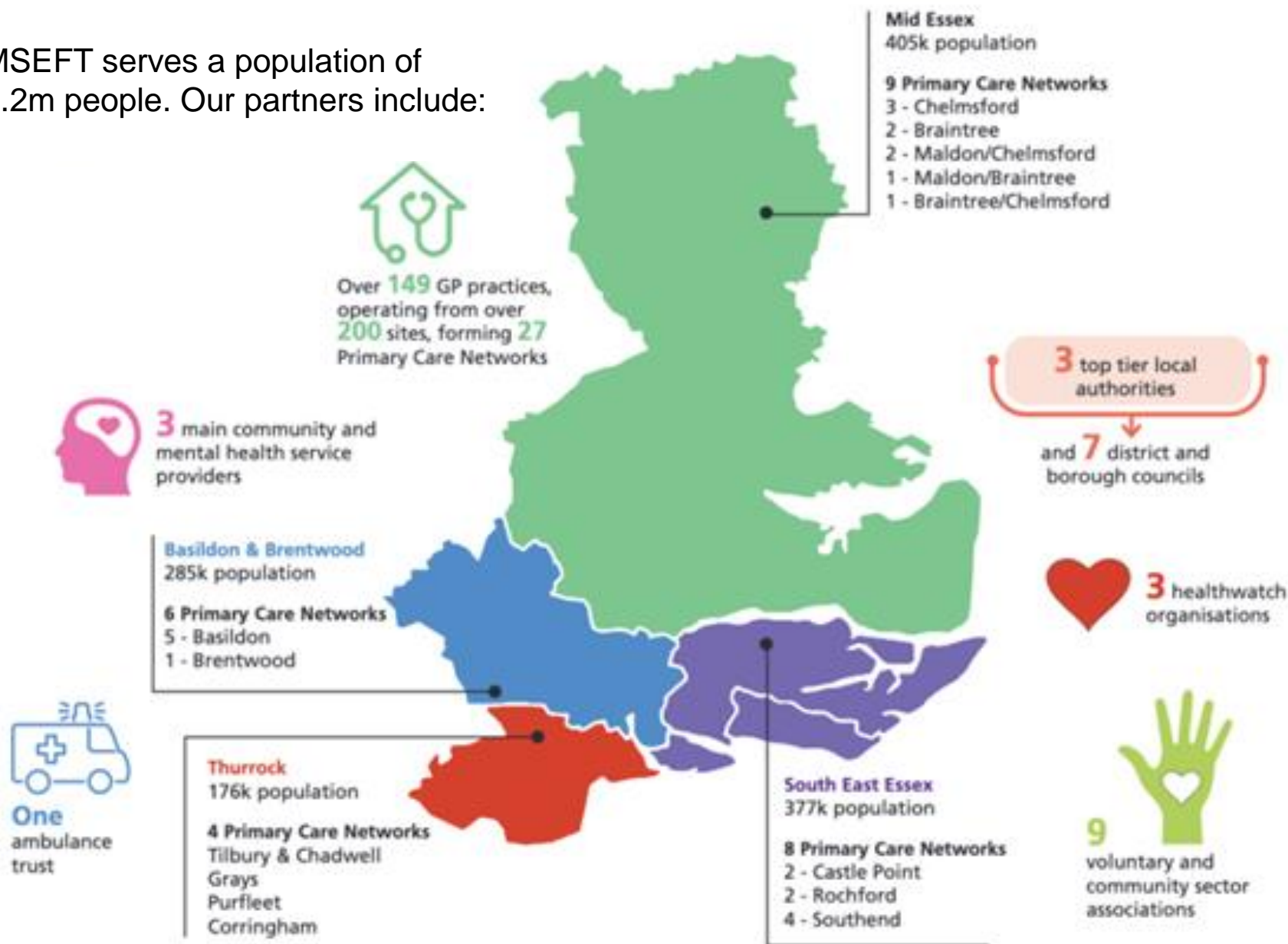
Compassionate



Respectful

Our Local Context

MSEFT serves a population of 1.2m people. Our partners include:



MSEFT has three main hospital sites at: Basildon, Broomfield and Southend.

Around 950,000 outpatient appointments per year

Drivers for Change

Improved
Patient
Care

Operations
Planning
Guidance

Improved
Patient
Experience

Trust
Merger

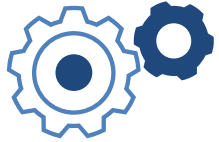
Waiting
List
Growth

Efficiency

COVID
Recovery

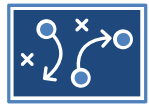
Programme Overview

Four key parallel workstreams that meet regularly to maintain alignment and report together into regular Trust and System monitoring meetings



Operational Excellence

Aim to improve basic metrics (e.g., N:FU, PIFU rates) with data driven discussion, looking at best practice within MSE and elsewhere. This will include the redesign of Trust pathways, for example PIFU implementation.



Operating model Redesign

Ensure operating models (e.g., admin booking and triaging systems) are sufficient to meet present and future demand



Digital and Technology Optimisation

Adopt new ways of working (e.g. asynchronous virtual review) and harness technologies (e.g. robotic process automation) to reduce FUs, increase effectiveness of triage, and reduce admin burden



System Pathway Redesign

Review pathways on a system level to ensure they are effective, efficient and improve the patient journey. This may include accessing care closer to home e.g. in the community or primary care.



Excellent



Compassionate

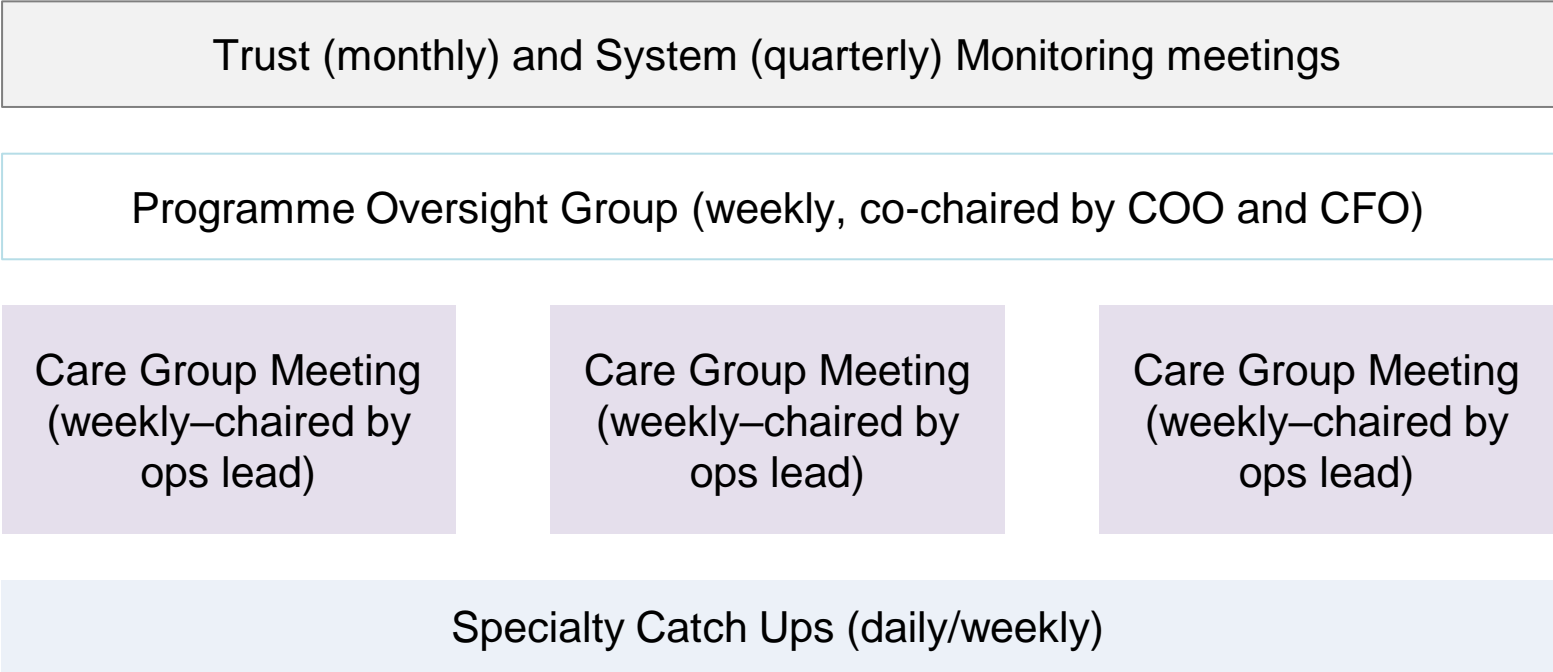


Respectful

Programme Governance



Enables clear accountability and continuous improvement through set cadence with room for frequent iteration across broad stakeholders



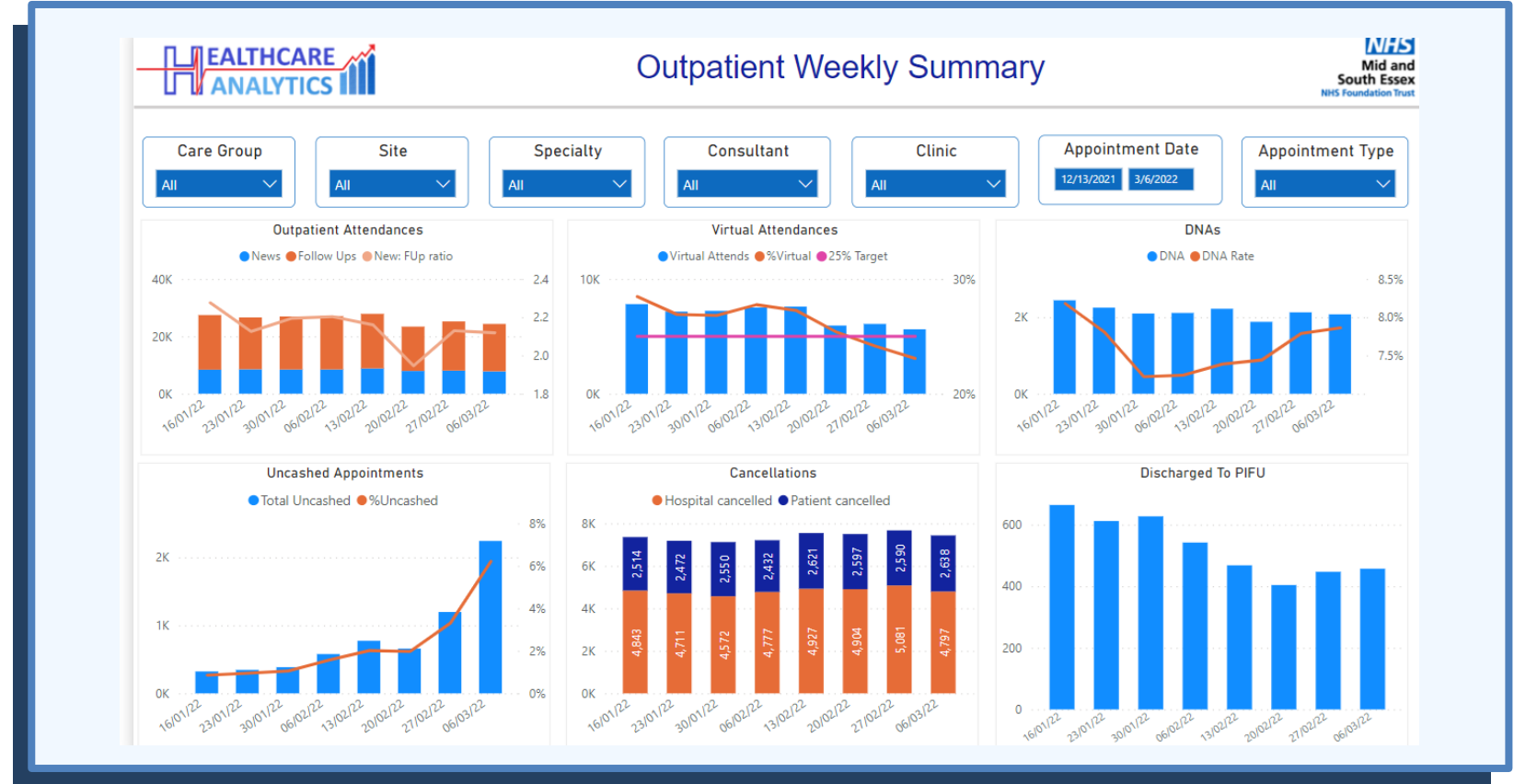
Measuring Success

Broad set of metrics used to identify individual issues early and give comprehensive view on potential opportunities. Owned by specialties.

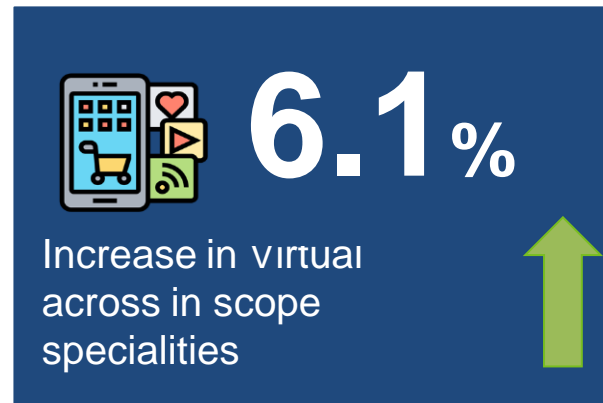
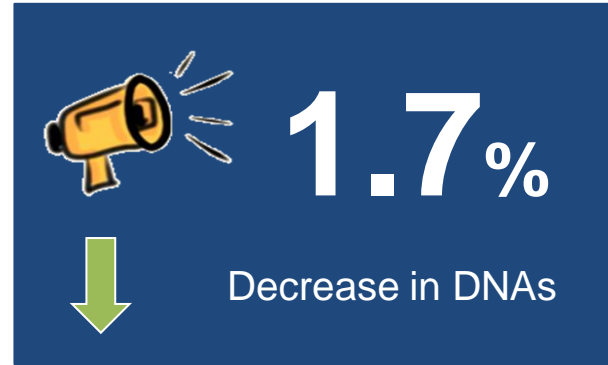
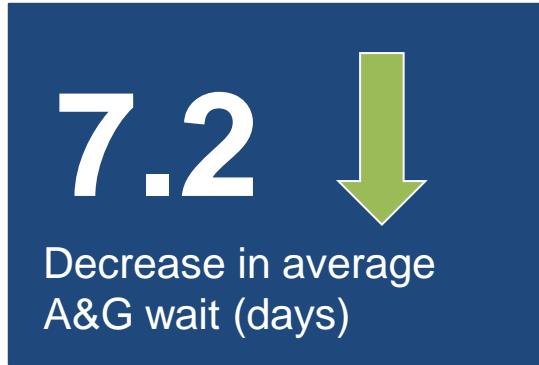
Agreed metrics:

- First : FU ratio
- Virtual appointments
- Rollout of PIFU
- Uncashed appointments
- Clinic utilisation
- DNA rate
- Hospital cancellations
- A&G turnround time
- # ASI
- # Undated referrals

Example dashboard for one speciality



What have we achieved?



What are we thinking about next

- Digital by default:
 - E-outcomes
 - Virtual appointments
 - Patient portal
- More user centred pathway design
- Getting it right first time





THANKS FOR ATTENDING



**Outpatient
Transformation
Conference
2022**

**The Outpatient Transformation
Conference 2022**



REGISTER FOR OUR UPCOMING EVENTS!



Sign Up Here...



Sign Up Here...



Sign Up Here...