WELCOME TO
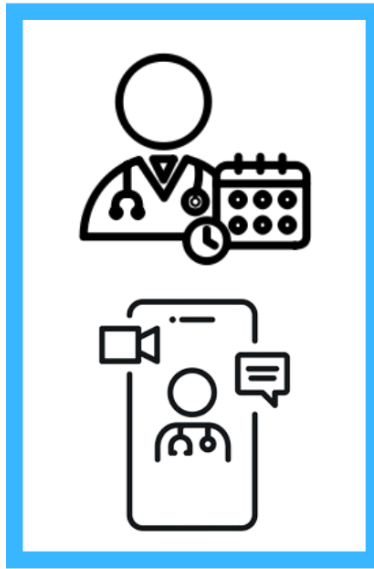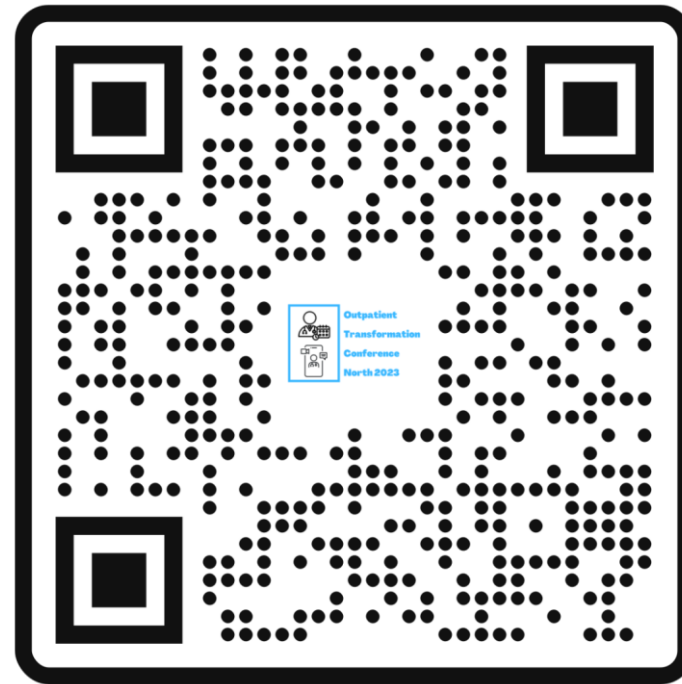
Outpatient Transformation Conference North

Outpatient Transformation Conference North 2023

7th June 2023 - 8:00am – 2:30pm – Manchester

Conference hosted by Convenzis Group Limited

Outpatient Transformation Conference North 2023

NHS Outpatient Conference North

CONVENZIS

OUR SPONSORS

Embedding behaviour change in the outpatient journey

7 June 2023

OPRT delivery roadmap

NHS England

End goal — **Eliminate longest waits and transform** outpatient services for the benefit of patients.

April 2023

Action on Outpatients: Equity of Access, exploring how services can be recovered inclusively, without exacerbating health inequalities.

January 2023

Action on Outpatients with a focus on reducing **missed appointments (DNAs).**

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.

Continuous activity through 2022/23

Action on Outpatients

Behavioural insight project: phase 1

In summary, the commissioned scope for this workstream was:

- To explore the perspectives of secondary care consultants on barriers and drivers to reducing OPFUs

- To focus on the follow-up part of the pathway only

Behavioural insight project: phase 1

Pathway of focus

There was a four-step process to identify the pathways for inclusion in this analysis. To be included:

1. They should have a significant waiting list of follow-up appointments
2. They should have a high ratio of follow-up appointments
3. There should be appropriate alternatives to follow-up appointments with a secondary care consultant
4. The pathways should have a mixture of surgical, medical, complex and paediatric services

Based on these criteria, five pathways were chosen for analysis. They are not the only pathways which contribute to follow-ups but represent a cross-section of secondary care that should tell us a lot about follow-up appointments and how clinicians can be supported to reduce them.

1. Inflammatory bowel disease
2. Endometriosis
3. Total knee replacement
4. Lower urinary tract symptoms (LUTS)
5. Asthma (paediatric)

Behavioural insight project: phase 1

## There were commonalities in patient journeys across all five services.

We mapped a patient's potential 'journey' from primary to secondary care into five simplified stages, visualised below.
This journey is not universal - particularly as many referrals are made from outside of primary care - but it highlights common elements of the journey experienced by many patients. In this section, we outline the key factors contributing to 'avoidable' follow-ups as they apply to each stage of a patient's 'journey'.
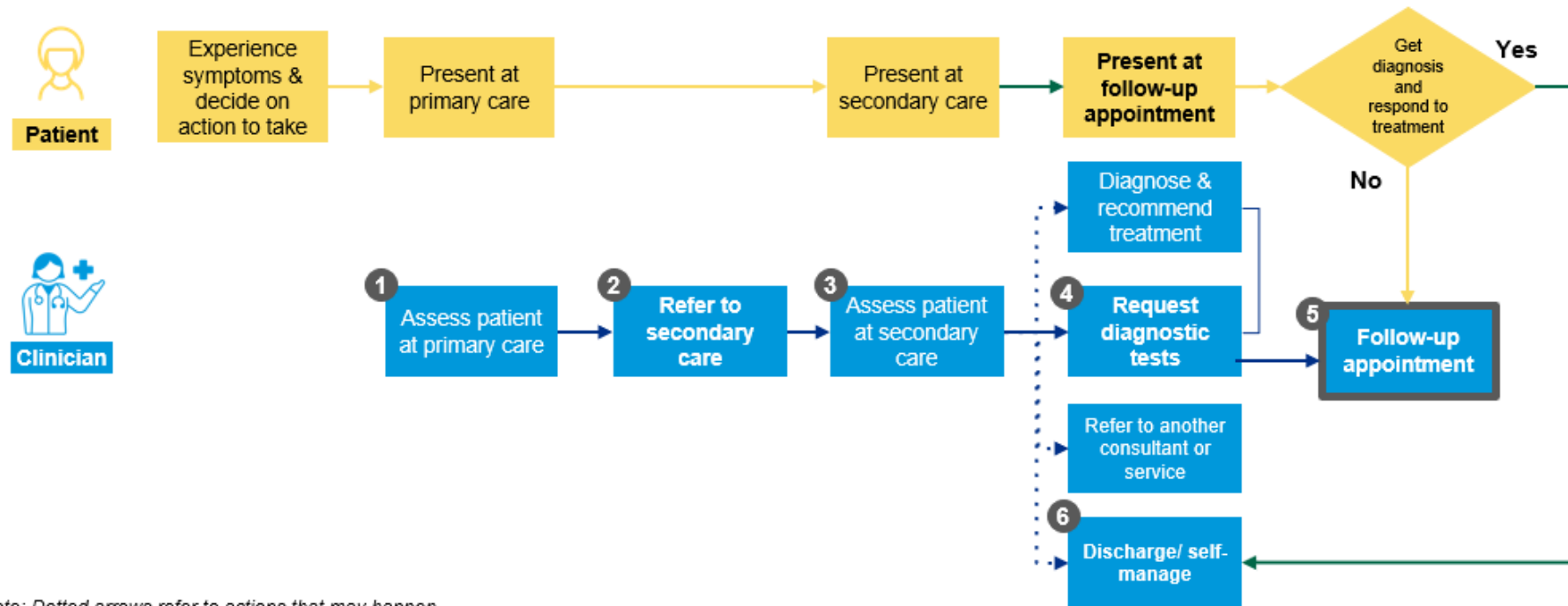
Note: Dotted arrows refer to actions that may happen.

Behavioural insight project: phase 1

Overstretched referrers do not have enough time to do a thorough assessment when patients present at primary care.
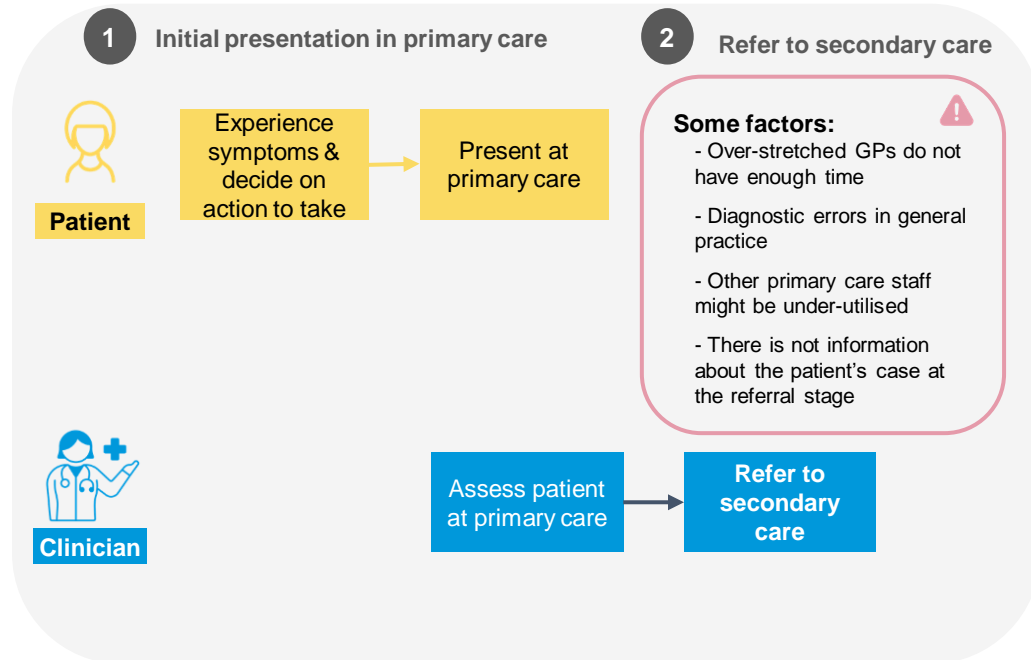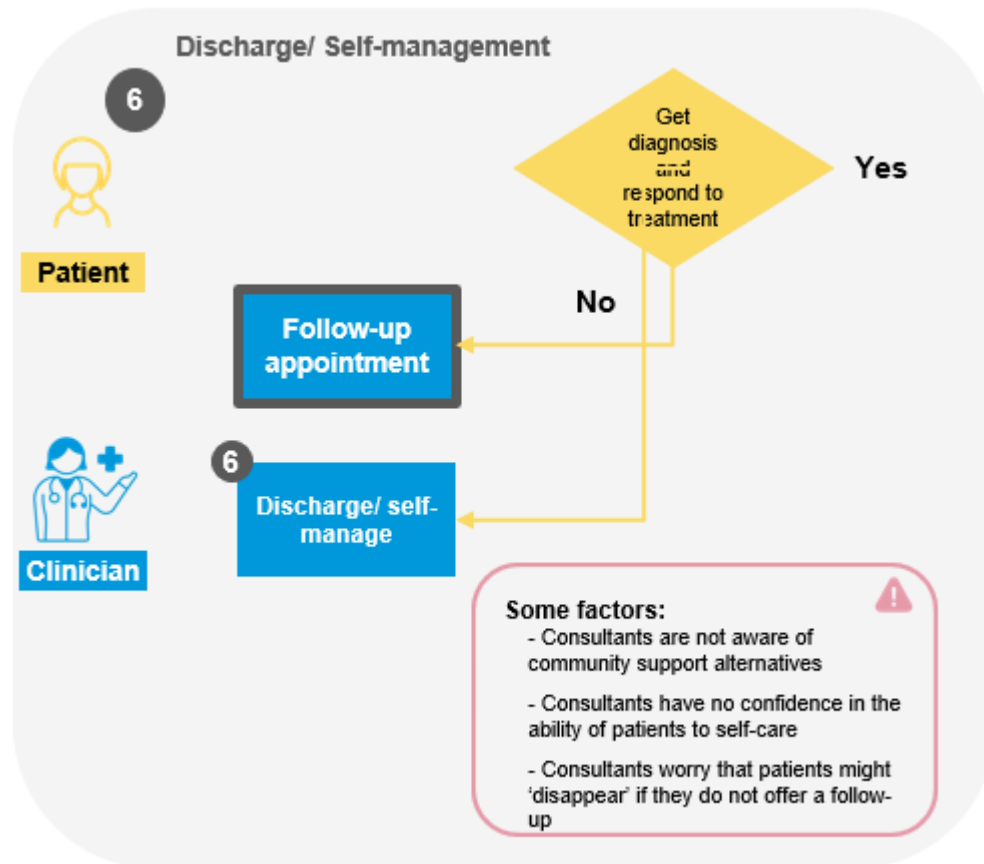

The first two stages of the patient's journey involve **presenting at primary care and being referred to secondary care**. Based on the survey and interview findings, the most important factors contributing to 'avoidable' follow-ups are:

- Over-stretched GPs (and other referrers) **do not have enough time** do a thorough assessment.

- Patients are **unable to get an appointment or sufficient appointments with their GP**, so more severe cases end up presenting at secondary care.

- Some **diagnostic errors** happen during initial consultations.

- GPs and other referrers are sometimes **unsure whether patients need to be referred or not** (e.g. lack of confidence in their assessments).

- Patients **do not have enough information about self-care.**

- There's **not enough information about the patient's case at the referral stage.**

Behavioural insight project: phase 1

Some consultants have no confidence in the decision to discharge and the ability of patients to self-care.

Discharge/ Self-management

6

Patient

Clinician

6

Get diagnosis and respond to treatment — Yes / No

Follow-up appointment

Discharge/ self-manage

Some factors:
- Consultants are not aware of community support alternatives
- Consultants have no confidence in the ability of patients to self-care
- Consultants worry that patients might 'disappear' if they do not offer a follow-up

The final stage of the journey is the discharging process. The most important factors contributing to 'avoidable' follow-ups might be that:

- Consultants are **not aware of the community support that is available.**

- Consultants **have reduced confidence in the ability of patients to self-care.**

- Patients with **long term conditions are difficult to discharge**.

- Consultants **worry that patients might 'disappear'** if they do not offer a follow-up and **have reduced confidence in patients to initiate follow-ups.**

- Patients with **anxiety and mental health issues require more reassurance** and tend to be slower to discharge.

- **Junior consultants have lower confidence** to discharge.

Summary

This report summarises findings from a survey and focus group interviews with NHS consultant and frontline representatives in five secondary care pathways, with the aim of understanding consultant opinions to inform approaches to improve patient treatment and reduce the elective backlog in secondary care. Our key findings are that:

1. Poor integration between primary, secondary, and community care mean that some patients are "bounced" between services.

2. Patients are sometimes referred to secondary care without the appropriate or adequate diagnostic tests being carried out, meaning time is wasted in triage and initial appointments in secondary care.

3. Community support to help patients manage their conditions better varies across regions but even when these are available, consultants are not always aware of them.

4. Consultants do not have the confidence in the ability of some patients to self-care and feel a sense of duty to continue seeing patients whose symptoms haven't fully improved.

Recommendations

- Provide clearer guidance to primary care on standard assessments, questions and preliminary checks to rule in/out certain conditions prior to referring to secondary care.

- Improve patient confidence and ability to self-care by developing pain management plans and self-care factsheets, with support from other services.

- Provide replacement triage function by specialist community clinics to free up senior consultant time for more initial appointments and follow-ups with priority patients.

- Increase the use of patient-initiated follow up appointments (PIFUs) and virtual/telephone to reduce face-to-face appointments, where this is deemed appropriate, wanted and preferred by patients.

Dr Graham Jackson, National Clinical Advisor, Elective Programmes, NHS England:

"Follow up in secondary care is not just a secondary care issue. Current and future strategies are designed to contribute to a reduction in hospital-based activity and aimed at driving down unwarranted variation. However, they may lead to unintended consequences in other parts of the system.

"Elective 'recovery' will only be successful if we can attenuate the persisting feed into the extended elective pathway and we need to achieve this without diminishing quality of care, within the resources available.

"Therefore, we must have a system approach; elective care should be viewed as a continuum that stretches between self-care and high-end complex intervention.

"This report is a snapshot, but it clearly demonstrates why behavioural change support is required alongside performance management, commissioning levers and the use of evidence to drive quality of care. Silo working and misconceptions of other professionals rings out from this report, we would all do well to remember that from a service delivery perspective we are all doing the same job!"

Equity of access – where are we?

NHS England

Process	People	Perspective

Key messages so far:

- The social context of patients is just as relevant as direct patient care

- Health inequalities and health inequity as terms are used interchangeably- do we really understand the difference?

- Pathway redesign should not increase inequity in access

- Partnership working, collaboration and co-production/co-design are key

- Good data tells us where to start but needs to be fully understood by everyone who is using it to ensure it informs action

- Digital exclusion is real and needs to be addressed and acknowledged

Action on Outpatients

Next steps: behavioural insight

Phase 1 had proven to be a highly valuable exercise to inform potential elective recovery interventions in one part of the pathway.

To ensure full impact and mitigate any risk of acting on only one perspective, it has demonstrated the necessity to gather further insights in Phase 2, including:

- From the **wider clinical, clerical, management and operational community**, to understand changes required to enable delivery, including: primary care, community care, commissioners, other secondary care clinicians, hospital-based key roles, e.g. finance, booking clerks, managers, facilities, etc
- From **patients, carers and advocates, and citizens** (who may be future patients)
- From the **pre- and post-follow up components** of pathways
- To understand the impact of these behavioural changes on **Health Inequalities**

Action on Outpatients

Next steps: behavioural insight

Phase 2 of the project focusses on gathering further insights from a wider audience, and the identification and development of the solutions that these insights demonstrate are needed.

- Repeat the **insight gathering** from phase 1, to review selected pathways end-to-end and to incorporate primary, community, tertiary care, public etc. and iteratively pilot and evaluate the development of simple-to-follow optimal pathways as a means of encouraging frontline behaviour change

- Explore how to use this workstream as a platform to **encourage uptake of wider behaviours that benefit recovery**, e.g. self-care, building on the successful behaviour change achieved in COVID, such as in the use of pulse oximeters and other self-management improvements

- Map risks of **Health Inequalities-exacerbation**, along with opportunities for Health Inequalities-reduction

- **Identify unintended consequences and mitigations** (e.g. there is anecdotal evidence that some OP clinics, such as menopause, may become loss makers due to the new payment models for recovery, and that this creates a perverse incentive to close beneficial services down)

- Explore the **knowledge transfer** findings for other pathways

These steps will support delivery of the aims of Recovery by increasing the number of interventions and people adopting them. This behavioural approach is proven to enhance impact significantly.

Next steps: behavioural insight

Specialty/Sub-Specialty	Regions
ENT - Tonsillectomy	Midlands and NW
Gynae - Endometriosis	London and NEY
T&O - Shoulder pain	EoE, SE and SW

Next steps: equity of access

- Acknowledge and address the issues raised across the webinars in planning, delivery and support

- Utilise the OPRT Equity of Access tool kit

- Support regions and organisations across equity of access initiatives

- Revisit to embed impact.

Action on Outpatients

Recovering & Transforming Outpatient Care

Get in touch

Email:
england.outpatient-transformation@nhs.net

Web:
https://www.england.nhs.uk/outpatient-transformation-programme/

LinkedIn:
https://www.linkedin.com/showcase/outpatient-transformation-programme

FutureNHS:
https://future.nhs.uk/OutpatientTransformation

Remote Monitoring & Virtual Wards to help the "out" patient

A series of case studies helping patients wait at home.

Presented by:
Dr Debashish Das
CEO Ortus Solutions Limited

The Convenzis Outpatient Transformation Conference North 2023

History:

1. V1 Created in 2017-2018

2. Cardiac Virtual Clinic & Remote monitoring

3. Rapid Expansion during Covid

    1. Oncology

    2. Respiratory

    3. Endocrinology

Virtual clinic app underway at St Bartholomew's Hospital

Posted Tuesday, 7 August 2018 by Anwen Gardner

...ned missed appointments by providing

...where appropriate, to connect
...than face-to-face. It aims to make it

NHS 75 England

About us | Key tools and info | COVID-19 response | News archive | Blog archive | Contact us

Home › Key tools and information › Digital playbooks › Cardiology digital playbook

NHS England - Transformation Directorate

Virtual outpatient clinic for remote follow-ups post-acute myocardial infarction

The Barts Heart Centre is the largest cardiac centre in the UK, with 3,500 outpatient appointments and diagnostics weekly. Timely follow-up of patients post-acute myocardial infarction enables identification of symptomatic recurrences or late complications in patients.

Ortus-iHealth

Barts Health NHS Trust

Guy's and St Thomas' NHS Foundation Trust

Royal Brompton and Harefield hospitals

Imperial College Healthcare NHS Trust

King's College Hospital NHS Foundation Trust

St George's University Hospitals NHS Foundation Trust
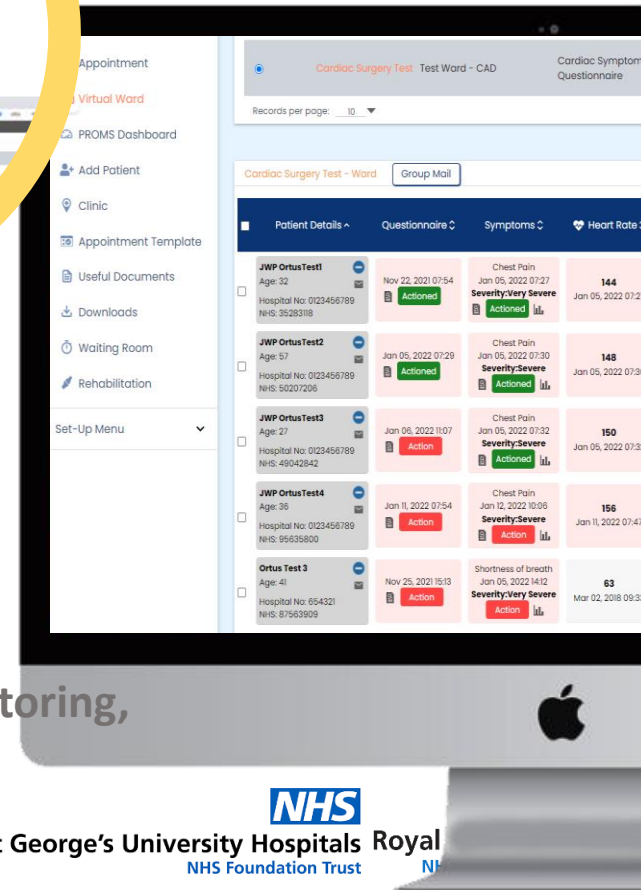
Build Your Patient Journey

NHS

Build Your Service Pathways

- Pre clinic Questionnaire

- PIFU: Prioritise Patients

- Remote monitoring

- Vital Observations

- Symptoms tracking

- Deteriorating patient alerts

- Asynchronous messaging

- Health education & Rehab

- Medication updates & advice

Patients in the Community

The Patient receives automated and timed contact:
1. Prompts and reminders for taking measures
2. Health education info
3. Review notifications
4. Medication updates

Ward round questionnaires Symptoms & Vitals monitoring . Ongoing review on the dashboard. The option to provide feedback as appropriate

Patients can communicate back with care provider through asynchronous Messaging and using device

Medications & messages can be reviewed. Care adjusted and escalations managed

Connecting Systems and Platforms

Send to Cerner

iHealth

64 bpm
Lock iPhone

Barts Health NHS Trust **Guy's and St Thomas'** NHS Foundation Trust Royal Brompton and Harefield hospitals **Imperial College Healthcare** NHS Trust **King's Coll** NH

Private and Confidential

Case 1: Mitigating the Elective Wait

- Currently 1,800 patients are on the Elective Cardiac Surgery waiting list, as part of a total of 7,000 patients who receive surgery annually.

- Waiting times are steadily increasing with the large majority of patients facing P2 clearance times in excess of 12 weeks

- There are substantial and increasing risks of morbidity and mortality whilst waiting for cardiac operations.

- An end-to-end Elective Cardiac Surgery pathway transformation is needed to enable _operationally_ efficient and _clinically_ safe, effective, high quality care

The North London and South London Cardiac ODNs acquired £750k

Ortus-iHealth

Barts Health NHS Trust

Guy's and St Thomas' NHS Foundation Trust

Royal Brompton and Harefield hospitals

Imperial College Healthcare NHS Trust
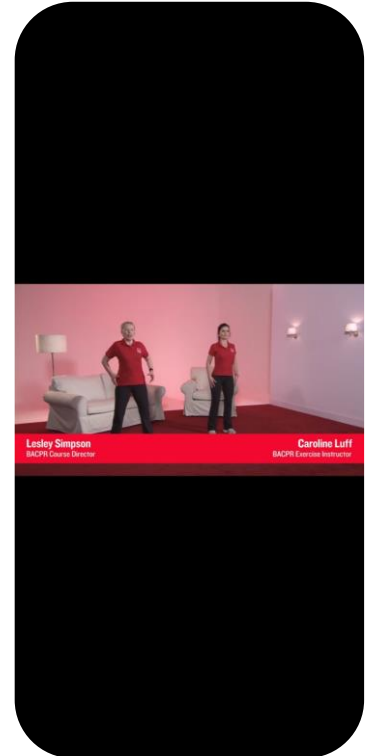
King's College Hospital NHS Foundation Trust
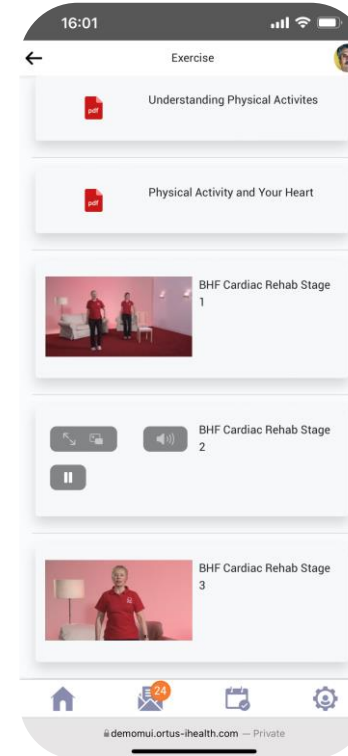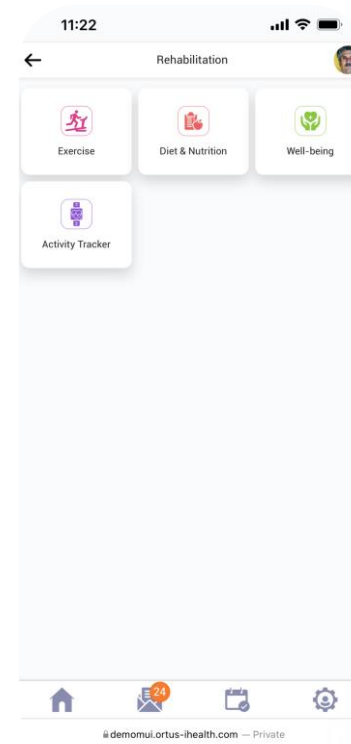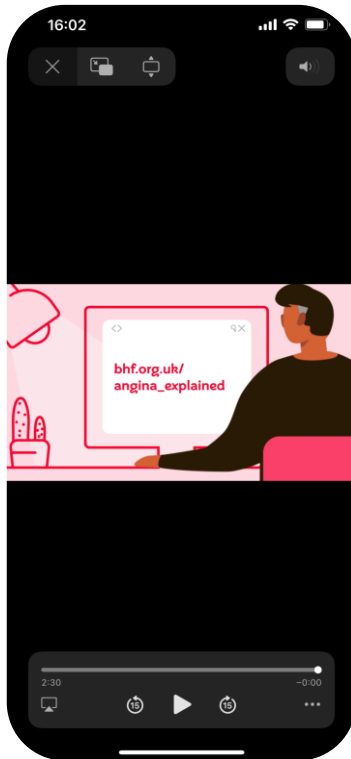
St George's University Hospitals NHS Foundation Trust

Royal Free London NHS Foundation Trust

From Acquisition to Live

Aims: To risk mitigate against the large and growing cardiac surgical wait across London

Procurement: November 2021-March 2022

Deployment: April 2022 - March 2023

Pathways: Perioperative Surgical Pathways first but with expansion to other cardiac pathways

Technology: Ortus Clinician, Patient Portal and virtual ward solution

Transformation: Large body of transformation work has taken place incl: Standardisation of local and regional Pathways, SOPs, Libraries, Consent, Reporting and workforce practices

Integration: OneLondon – go live March 2023
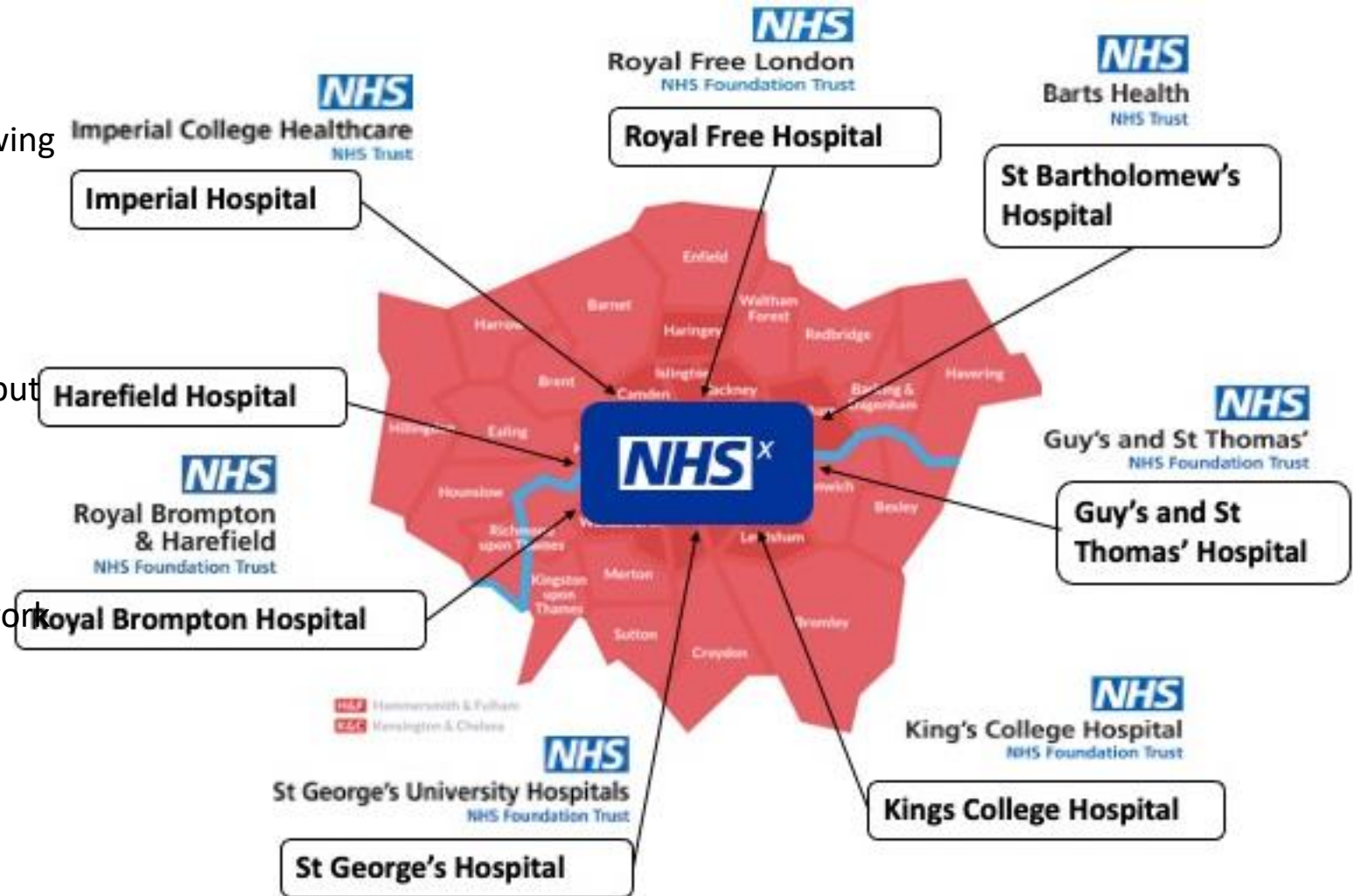
Digitally Enhanced Pathways
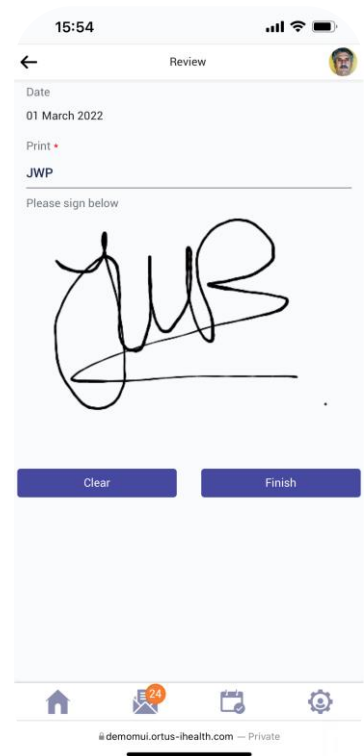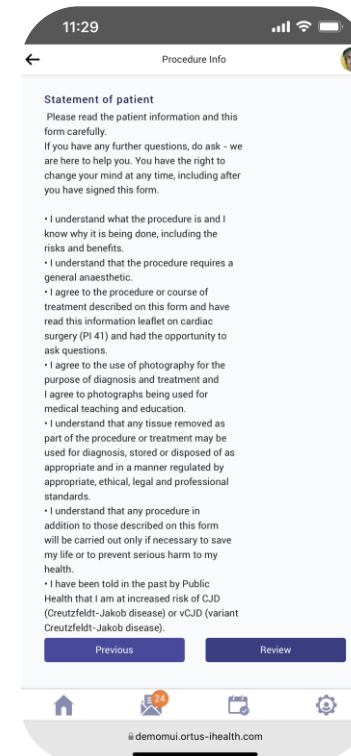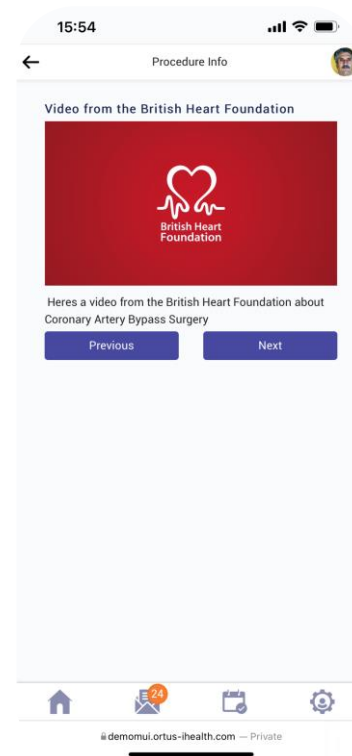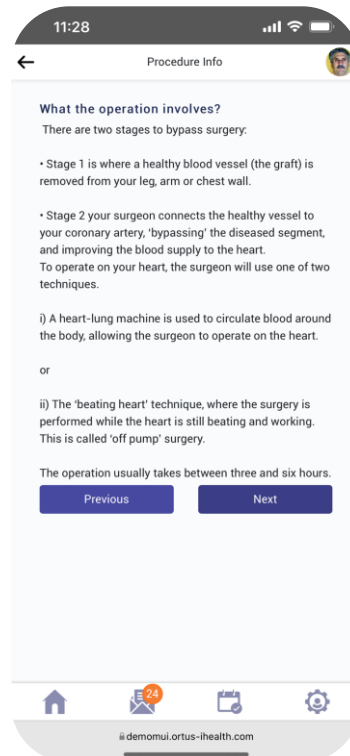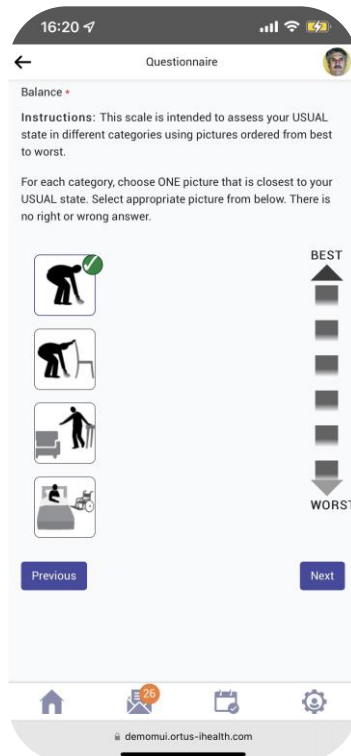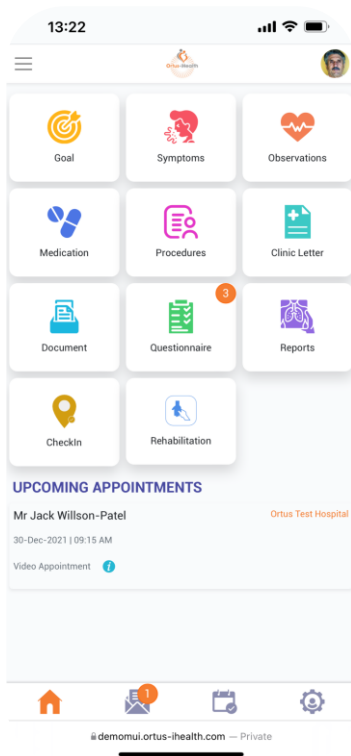
Questionnaires

Automated Care plans

Configurable and sharable E-Consent

Patient Support and Self-Management

Ortus-iHealth
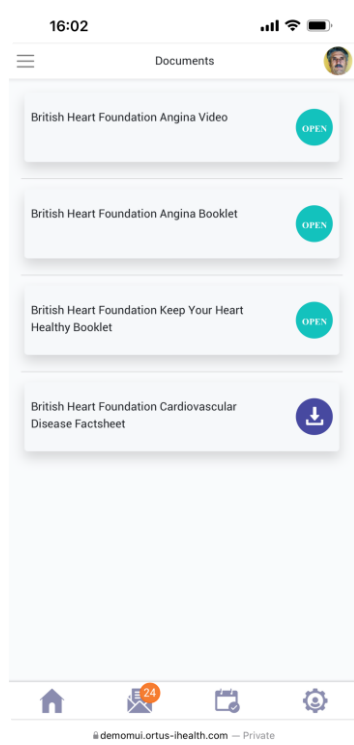
Customisable Patient Education Libraries

Condition-focussed Rehabilitation Documents

Configurable & Scalable Virtual Ward Dashboards

1. Observations Tracking

2. Symptoms Monitoring

3. Deteriorating patient questionnaire

4. Templated Individual and Group Messaging

5. Prioritise Patients and Take Action

Pan-London Deployment – Onboarding and Activation

NHS

	Deployment Site	Go-Live Date	Total Patients Onboarded	Total Patients activated	Total Patients Activated %	Total Questionnaires completed	Total Patients Escalated (incl. Treatments Brought Forward)
Phase I	St Bartholomew's Hospital	16-Sep-22	953	811	85%	3332	101
	Harefield Hospital	07-Sep-22	799	681	85%	4002	114
	Royal Brompton Hospital	22-Sep-22	575	480	83%	3207	75
	St Thomas' Hospital	07-Oct-22	251	193	77%	677	4
Phase 2	King's College Hospital	23-Nov-22	164	133	81%	486	0
	Imperial College Hospital	28-Dec-22	152	129	85%	670	3
Phase 3	Royal Free Hospital	01-Feb-23	25	24	96%	172	n/a
	St George's Hospital	Mar-23	135	104	77%	162	No Return
	Totals		3054	2555	84%	12,708	297

Ortus-iHealth

Key Successes

- >2000+ patients put through pathway

- >1600+ currently actively being monitored

- High levels of patient activation and engagement >80%

- 184 escalations of treatment for deteriorating patients in 6 month

- Enhanced two way comms with teams and their patients

- Reducing unplanned admissions and cancellations, thus helping elective recovery

- Digitisation of pathways increasing efficiency
  - Automated Care Plans
  - Pre-assessment questionnaires
  - eConsent
  - PROMs collection

3,000+
enrolled patients

1,600+
routinely monitored

80%+
activation and engagement

Ortus-iHealth

Barts Health NHS Trust

Guy's and St Thomas' NHS Foundation Trust

Royal Brompton and Harefield hospitals

Imperial College Healthcare NHS Trust

King's College Hospital NHS Foundation Trust

St George's University Hospitals NHS Foundation Trust

Royal Free London NHS Foundation Trust

Case 2: Heart Failure Rapid Uptitration Clinic

New diagnosis of HFREF
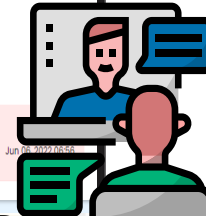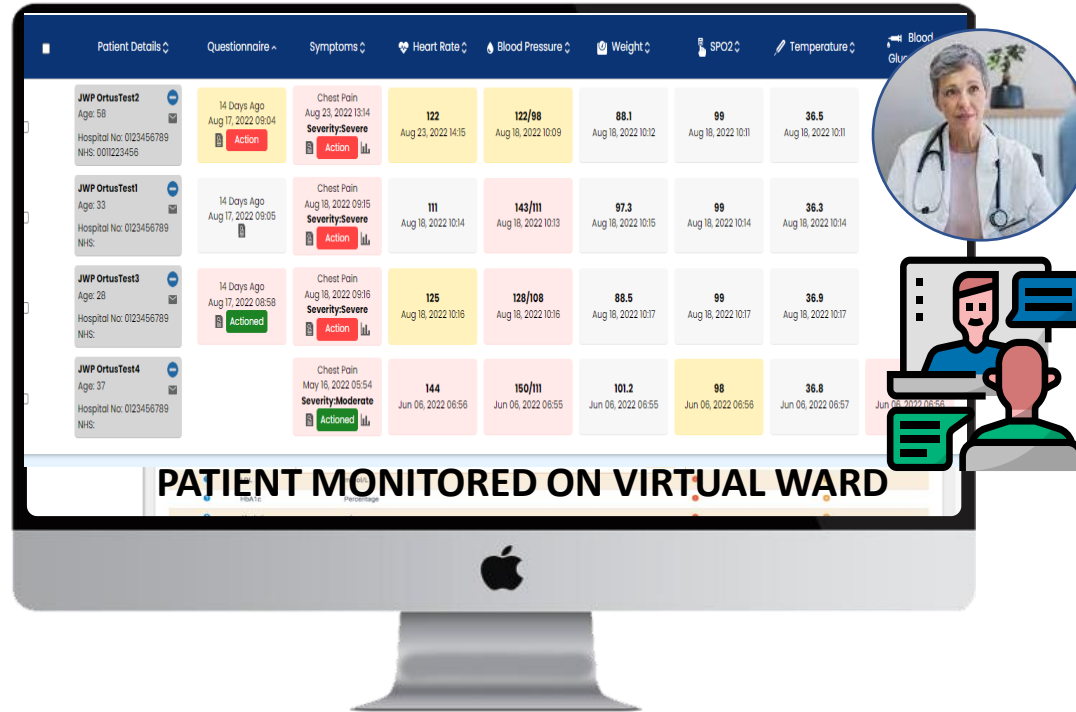
Patient is assessed and becomes in-patient

Patient offloaded (IV Diuretics) Medicine optimisation begins.

Patient moved to oral Diuretics.

PATIENT MONITORED ON VIRTUAL WARD

- **Early discharge**
  - Up titration at home
- **2 telephone appointments on boarding and off boarding**
- **6 Asynchronous appointments**
- **Rapid up-titration of 5 pillar medications**
- **First 50 patients:**
  - **All successfully uptitrated**
  - **Total clinic time 30 mins vs 170 mins**

Patient discharged to Virtual Ward and sent home with BP Cuff and scales

Week 1   Week 2   Week 3   Week 4

Ortus-iHealth

NHS Barts Health NHS Trust   NHS Guy's and St Thomas' NHS Foundation Trust   Royal Brompton and Harefield hospitals   NHS Imperial College Healthcare NHS Trust   NHS King's College Hospital NHS Foundation Trust   St George's University Hospitals NHS Foundation Trust   NHS Royal Free London NHS Foundation Trust

NHS

1,200 Bed Days Saved-**£480K** in 6 Months

£750,000 additional income from non elective to elective

ATLAS Pathway

Ortus-iHealth

Barts Health NHS Trust

Guy's and St Thomas' NHS Foundation Trust

Royal Brompton and Harefield hospitals

Imperial College Healthcare NHS Trust

King's College Hospital NHS Foundation Trust

St George's University Hospitals NHS Foundation Trust

Royal Free London NHS Foundation Trust

The Atlas Pathway Criteria

Presentation

- Medical management and outpatient angiography for low-risk NSTEMI patients

- In patients presenting with non-st-elevation acute coronary syndromes (NSTEACS)

- Digital virtual ward monitored

Guidelines

- Current guidelines recommend routine invasive coronary angiography for high-risk patients.

- However, in lower-risk patients the benefit-to-risk ratio of early invasive procedures is less clear and has been re-adjusted.

- Opportunity to risk assess NSTEMIs

  - providing early/expedited procedures in the high and very high risk

  - Early discharge with OP angiography in the low risk

Inclusion Criteria

- Grace score (<140)

- Pain-free>48 hours

- Minimal or no ST segment change

- Moderate biomarker rise

- Haemodynamically stable with no ventricular arrhythmias

- No evidence of new heart failure

- Discharged on optimal medical therapy

- Angiogram date set (within 1 week)

ATLAS: Patient Pathway

Patient has NSTEMI
And awaiting
angiogram

Patient meets
early discharge
Criteria

PATIENT MONITORED ON VIRTUAL WARD

Angiogram

Patient on Virtual Ward
Until Angiogram

Fills out daily
Cardiac Symptoms
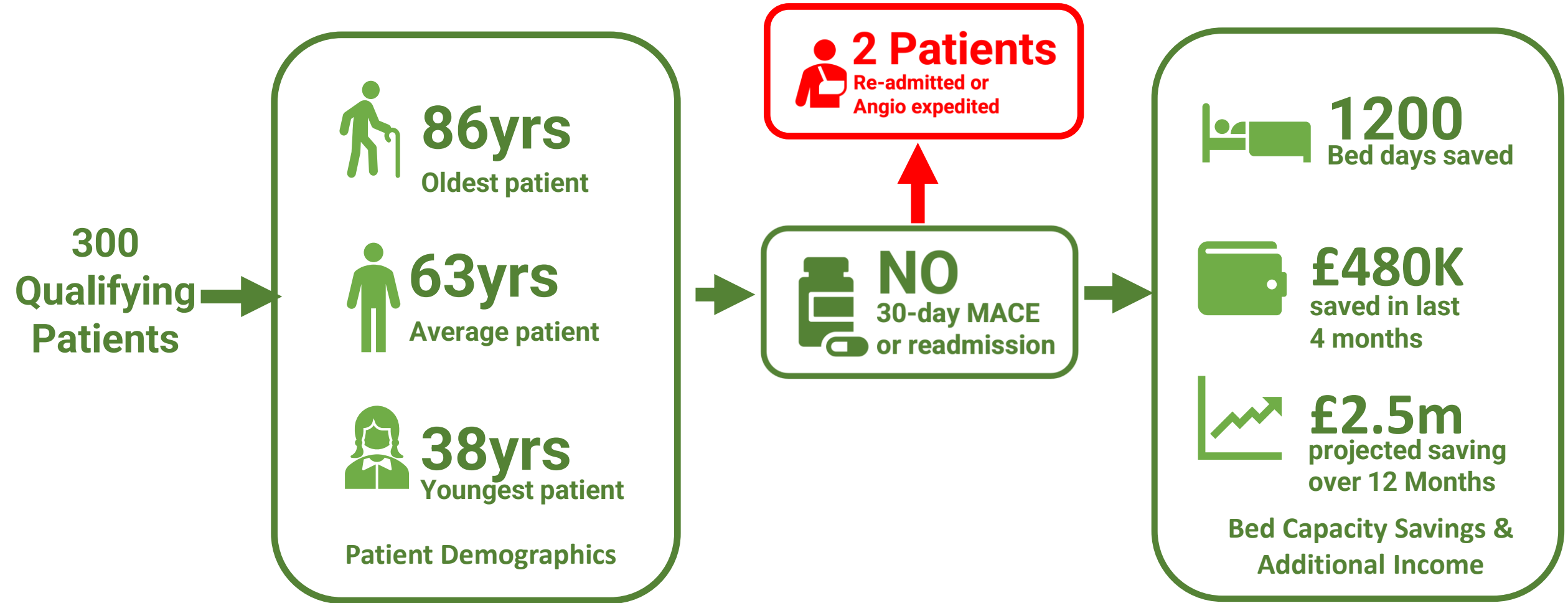Checker

Daily Reviews by ANP

Alerts are Actioned And Escalated

Ortus-iHealth

Summary

- How we manage patients in outpatients has to change

- More burden on outpatients with the drive for care at home

- More with less: enhancing patient care and focusing on deteriorating and high-acuity patients

- Identifying patients at risk, hidden in the list

- Digitally enabled with increased low impact touch points – asynchronous messaging.

- Achieving high levels of engagement with both patients and clinical teams

Early Discharge (+ Post-discharge monitoring)

Pre and Post-operative care

Frailty

Chronic disease management (hypertension, diabetes, HF...)

Medication Management

Respiratory @ Home

Elderly care Residential care

Ortus-iHealth

Questions
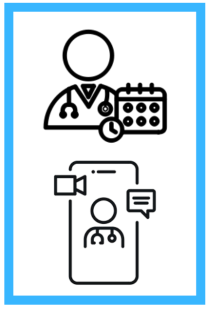
NHS Outpatient Conference North

Q&A PANEL

Dr. Debashish Das

Consultant Cardiologist & CEO
Ortus Solutions Limited

Richard Whittington

Deputy Director – Delivery &
Implementation, Outpatient Recovery &
Transformation Programme - NHS England

Outpatient
Transformation
Conference
North 2023

NHS Outpatient Conference North

CONVENZIS

Morning Break, Networking & Refreshments

Outpatient Transformation Conference North 2023

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UP NEXT...

NHS Outpatient Conference North

CONVENZIS

SPEAKING NOW

Paul Boland

Healthcare Director
EBO.ai

I will be discussing...

"Outpatients Transformation & Automation – How to Deliver Personalised Care Whilst Delivering Transformation"

Outpatients Transformation & Automation

ebo

Outpatients is outdated. Capacity can't meet demand. We need a re-think.

What patients say.

" Don't like it if appointments are cancelled...makes me feel down"

" I want to know how to manage my health better whilst I'm waiting for my appointment"

" I got a letter with an appointment at the hospital. I wasn't sure what it was about so I

" I don't know how to get to the hospital or where to park"

ebo

Elective Recovery.

7.2m waiting patients

As of Dec 2022.
85% in Outpatients.

88m Outpatients Attendances
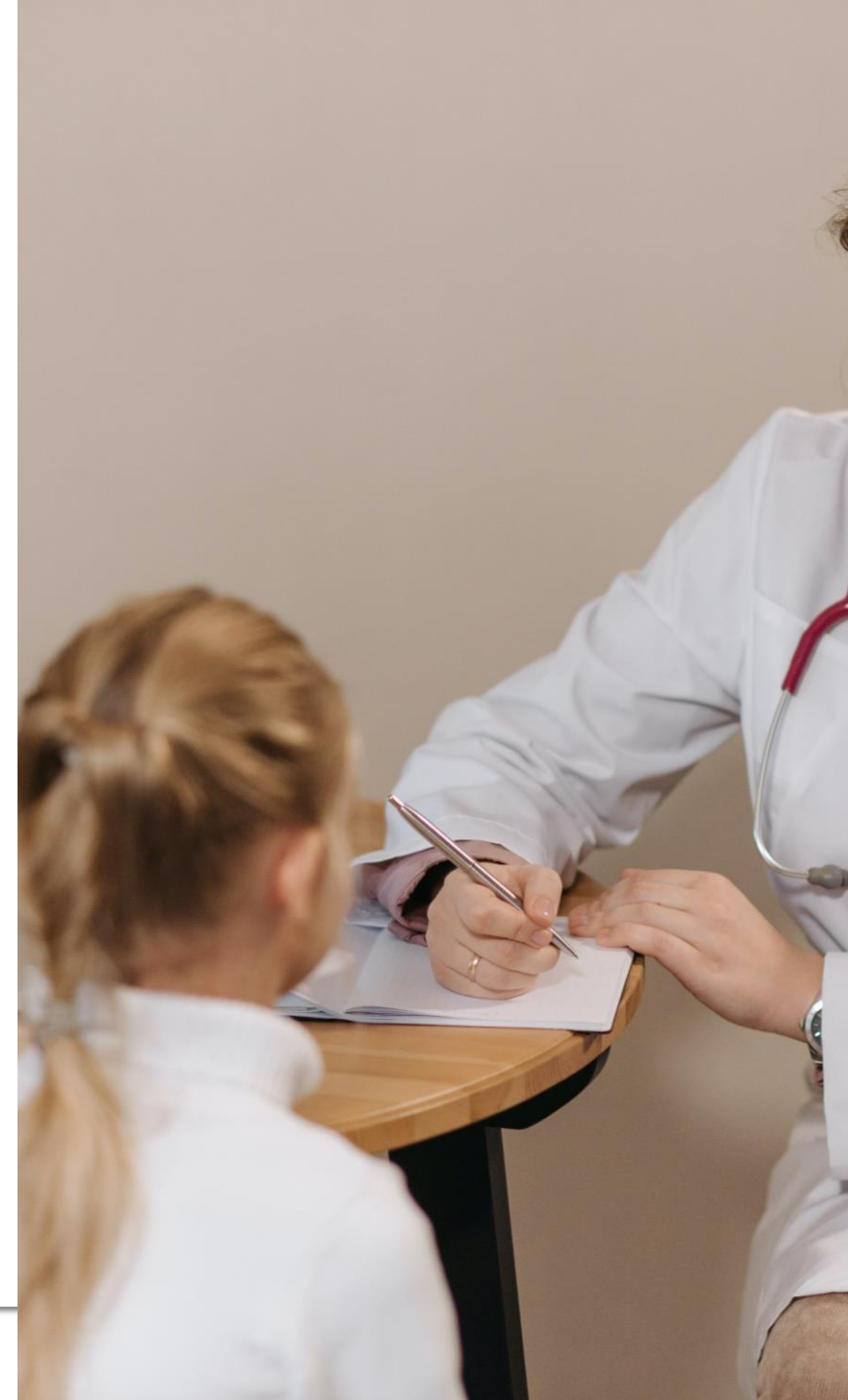
27m first attendances. 61m follow ups.

7.3m DNA's in 2022

Heading for 10m DNA's in 2023 (8m of which are for reviews)

69% are follow ups

A 25% reduction in follow ups could release 11.5m appointments per year.

ebo

We help NHS providers automate patient conversations - increasing capacity & reducing cost.

Patient Pathways we're Automating

NHS Somerset NHS Foundation Trust
NHS East London NHS Foundation Trust

- Requests for **rescheduling & cancellations**
- Automated **cancellations & notifications**
- **E-Referral** and **PROMs**

NHS Lincolnshire Partnership NHS Foundation Trust

- Memory assessment & management service **Pre-Assessment Form**
- **Referral** completion

NHS Shropshire Community Health NHS Trust

- **eConsent** for school-age **vaccinations**
- Automated **appointment management**

NHS Gloucestershire Health and Care NHS Foundation Trust

- **eConsent** for children's school **immunisations**
- **PROMs & PREMs**
- Patient **demographic** information updates
- Trust-wide automated **appointment management**
- **PIFU**

NHS Midlands Partnership NHS Foundation Trust
A Keele University Teaching Trust

- Automated **appointment management**
- Steroid injection **e-consent** for MSK
- **PIFU**

GIG CYMRU NHS WALES — Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

- Automated **Waiting List Validation**
- Trust-wide automated **appointment management**

ebo

Automated Waiting List Validation

- Broadcasts to patients to validate they still need to be on the waiting list
- Answers patient queries
- Completes conversational assessments
- Notifies staff of call-back requests
- Records directly into EPR

Smart booking of cancelled slots

- Offers slots freed up through cancellations immediately to suitable patients
- Automated booking of appointments and theatre slots
- 24/7/365 booking process promptly rebooks late cancellations
- Notifies key administrative and clinical staff

Two-way Communication for PIFU/ SOS pathways

- Provides self-help information and resources
- Conversational remote assessments
- Automated appointment booking
- Notifies key administrative and clinical staff of changes and scores
- Notifies staff of call-back requests
- Records directly into patient's EPR

AI driven patient engagement

Betsi Cadwaladr University Health board

Use Case: Waiting List Validation

Provides Health Services in North Wales

Deployed
- ✓ Phase 1- Patient Validation for ENT Waiting List.
- ✓ Phase 2 with real-time dashboard
- ✓ Welsh & English automated conversations.

Planned
- ✓ Phase 3 - Full rollout across all Specialty WLs.
- ✓ Phase 3 - Full integration with WPAS (Welsh Govt EPR).

Waiting List Validation Demo

Waiting List Validation Dashboard

100% Conversion

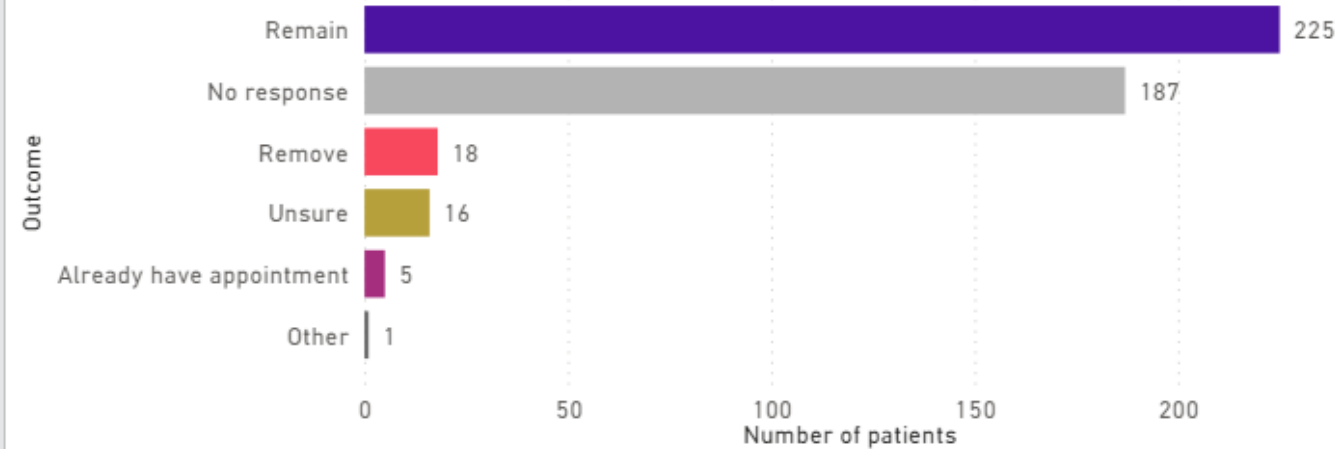| Urgent / Routine	Area	Specialty	Subspecialty	List Upload Date	6/6/2023 3:03:25 PM
All ⌄	All ⌄	All ⌄	All ⌄	5/17/2023 📅 5/17/2023 📅	Last Refresh Date

Number of patients by outcomes

Outcome	Number of patients
Remain	225
No response	187
Remove	18
Unsure	16
Already have appointment	5
Other	1

X-axis: Number of patients (0, 50, 100, 150, 200)

Total patients: 452

Total responses: 265

Total outcomes: 265

Response rate

58.6%

70.0%

0% ... 100%
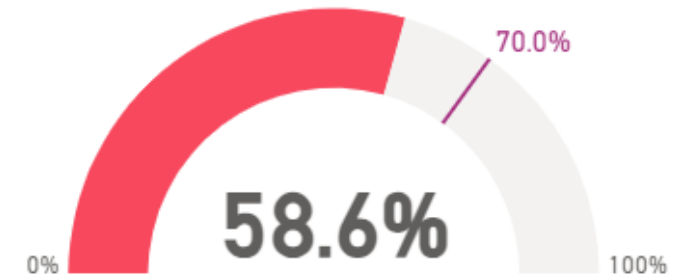
Number of patients by waiting time

Y-axis: 0, 20, 40, 60
X-axis: Waiting time (weeks) — 25, 30, 35, 40, 45, 50, 55
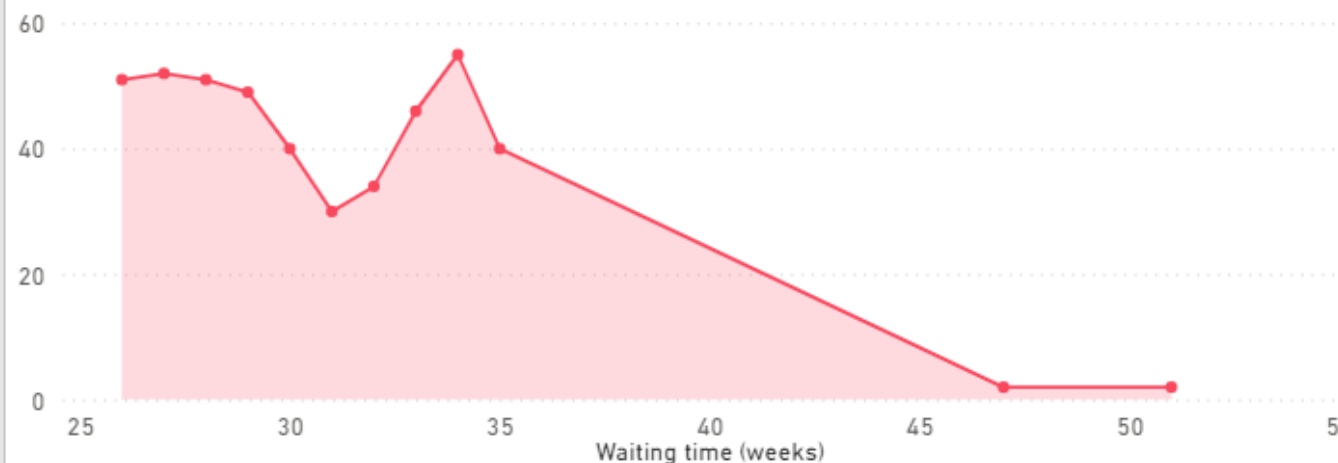
Number of responses by the number of communications

Number of communications	Number of responses
1	164
2	64
3	37

Y-axis: 0, 50, 150
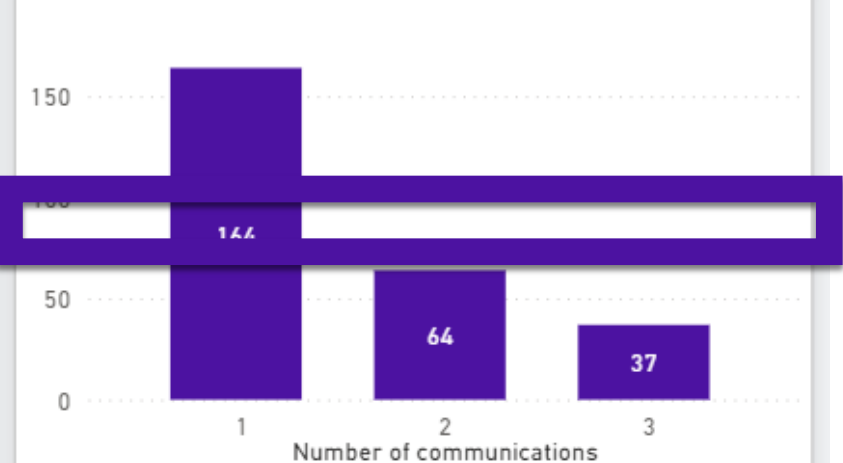
Do patients welcome automation?

AI-enabled Appointment Management

99.2%

Of statements understood by the Virtual Assistant

9,258

Conversations in the last year
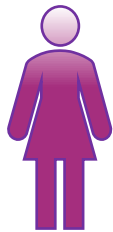
NHS
Somerset
NHS Foundation Trust

89%

Of patients satisfied with the experience

20%

Adoption Rate

ebo

Patient-led Bookings Demo

Estimated Time Savings

**Pilot Services:
MSK, Podiatry and OASIS**

All Outpatient Services

0.63
WTE
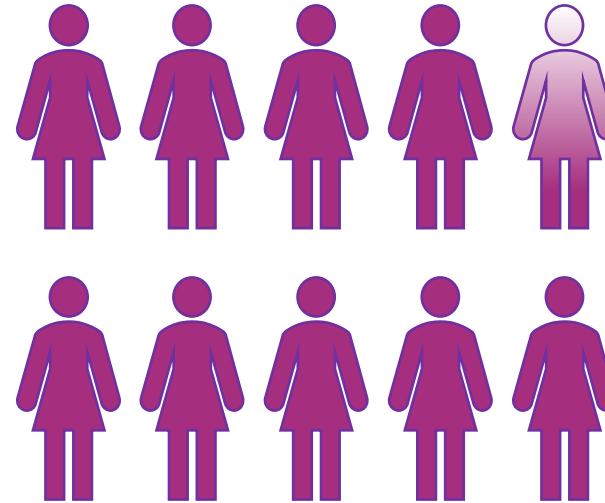
11.16
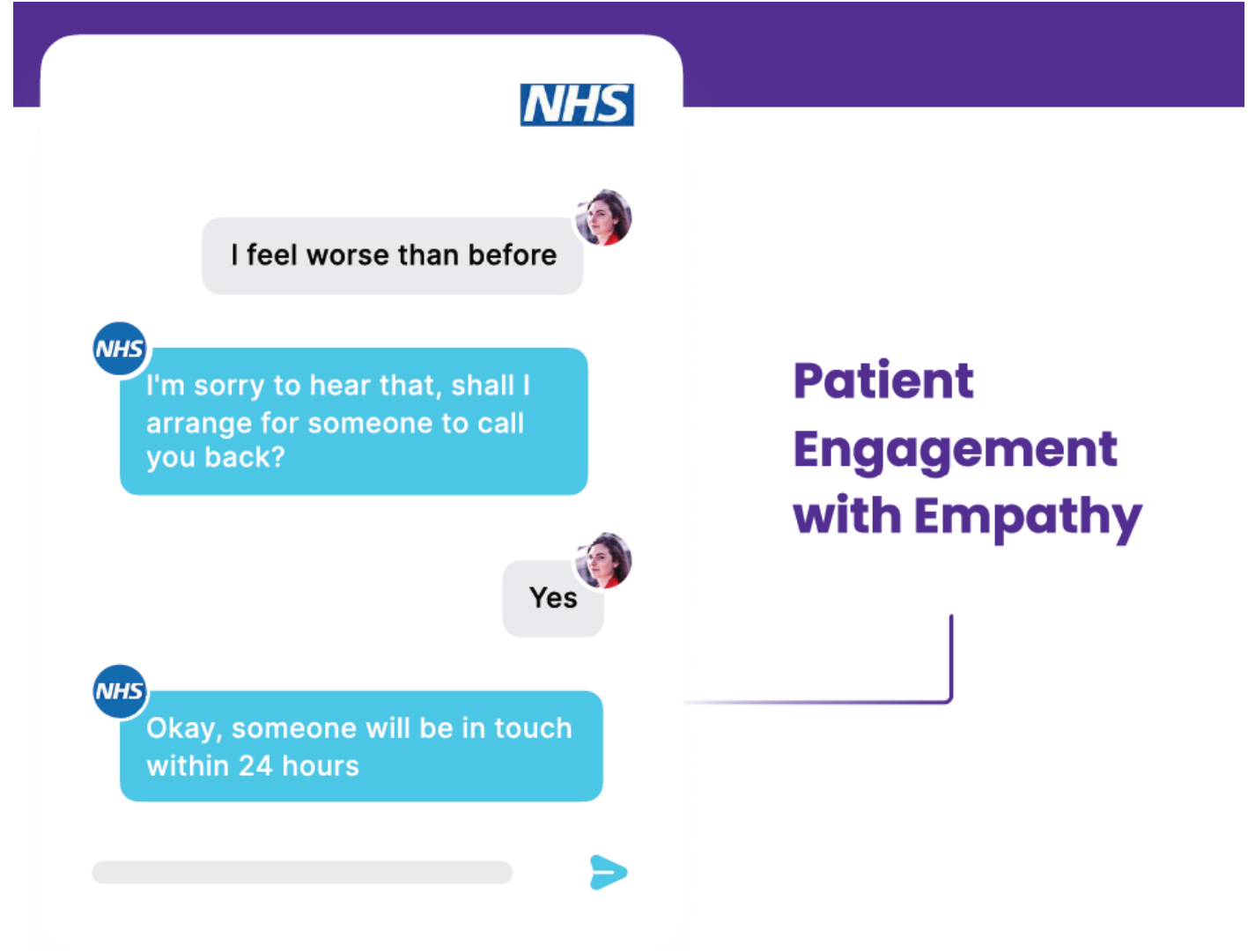WTE

Full-year estimates based on the first 6 months

How is EBO different?

- **Natural, 2-way conversation**

- **Engagement with empathy**

- **Better outcomes for patients**

NHS

I feel worse than before

NHS I'm sorry to hear that, shall I arrange for someone to call you back?

Yes

NHS Okay, someone will be in touch within 24 hours

Patient Engagement with Empathy

EBO's Innovation Fund
Super-charge your patient validation

- ✓ Just £1,000 set-up fee
- ✓ Results based pricing- £1.50 per validated conversation
- ✓ No charge for 'no replies'
- ✓ Just 2 weeks to set-up
- ✓ No integration required

ebo

ebo

Human Conversation
Automated

Outpatient Transformation at Barts Health

Our Journey So Far

Katrina Davies, Outpatient Transformation Programme Director

About Barts Health

- Our hospitals serve a core population of about one million people.

- Outpatient services spread across all five sites.
    - Approx. 1.46m OP appts in 2019/20

- Across the three boroughs 60% belong to an ethnic group other than White British, compared to 20% nationally.

- Significant health inequality challenge.

Our Team

- Outpatient Transformation is one of the key programmes of work for the Trust's Improvement & Transformation Team that reports to the COO

- Strong clinical leadership from a mix of medical and surgical specialities = 9 PAs
  - 1 Clinical Director (4 Pas per week)
  - 5 Clinical Leads (1 PA each per week)

- Programme team mix of quality improvement and project management =c.4 WTE

- Aligned Primary Care clinical leads and close engagement with ICS planned care team

Our Approach in 22/23

- Key workstreams:
    - **Specialist Advice** – piloting using the eRS A&G portal as a single point of access for advice AND referrals, branded locally as Advice & Refer (A&R) in 13 pathfinder specialities
    - **PIFU** – rollout of PIFU pathways across the Trust
    - **Virtual Appointments** – Attend Anywhere deployed across Trust, supporting infrastructure available
    - **Care in the community** - working with partners across the ICS to redesign outpatient pathways e.g. tele-derm, women's health hub
    - **Blood tests and diagnostics** – community phlebotomy clinics put in place across all three Boroughs
    - **Clinic Template re-design** – building new outpatient clinic templates to support cross-site working, improved patient experience, efficiency and productivity
    - **Governance** – embedded a Trust-wide meeting structure for outpatients transformation incl., identification of sentinel metrics

Specialist Advice

Objectives:

- Optimise referrals to avoid asking patients to attend outpatient services unnecessarily
- Scale up A&R to ensure care is delivered in the most appropriate care setting for patients as early as possible in their pathway
- A&R to become the route through which clinical conversations take place between primary and secondary care and referrals are made

Approach

- 13 pathfinder specialities identified (mainly medical) where the opportunity to optimise referrals through A&R were significant based on national data. Services were:
  - already delivering significant A&G volumes
  - triaging a high proportion of referrals
  - not encumbered with a significant backlog as a result of the pandemic

Management advice

1. GP, AHP or consultant raises & authorises A&G request
2. Encounter created in Cerner, provider arranges diagnostic
3. Provider either offers advice & discharge, streams to admitted PTL or brings to OPD for further assessment

- Funding secured to support the additional clinical time required to deliver this ambition in both primary and secondary care
- Clinical consortia involving speciality consultants, and primary care set up to evaluate and continually improve A&R service
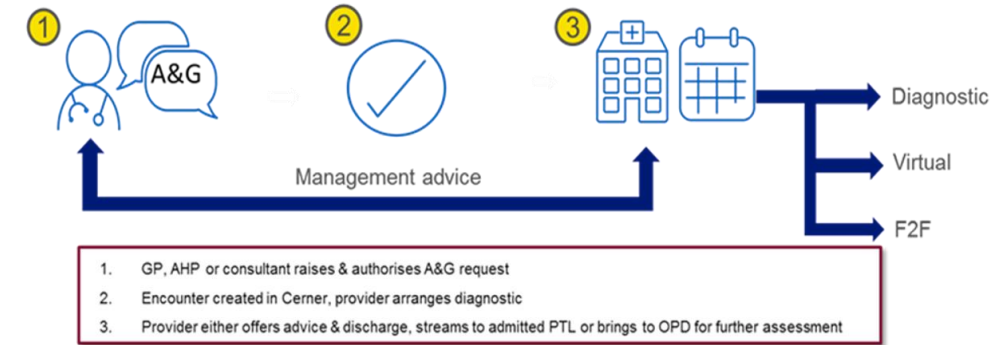
Advice & Guidance number have increased >405% against pre-pandemic baseline, numbers continue to rise and TATs show an improving trend

A&G Requests Volumes and Turnaround Times
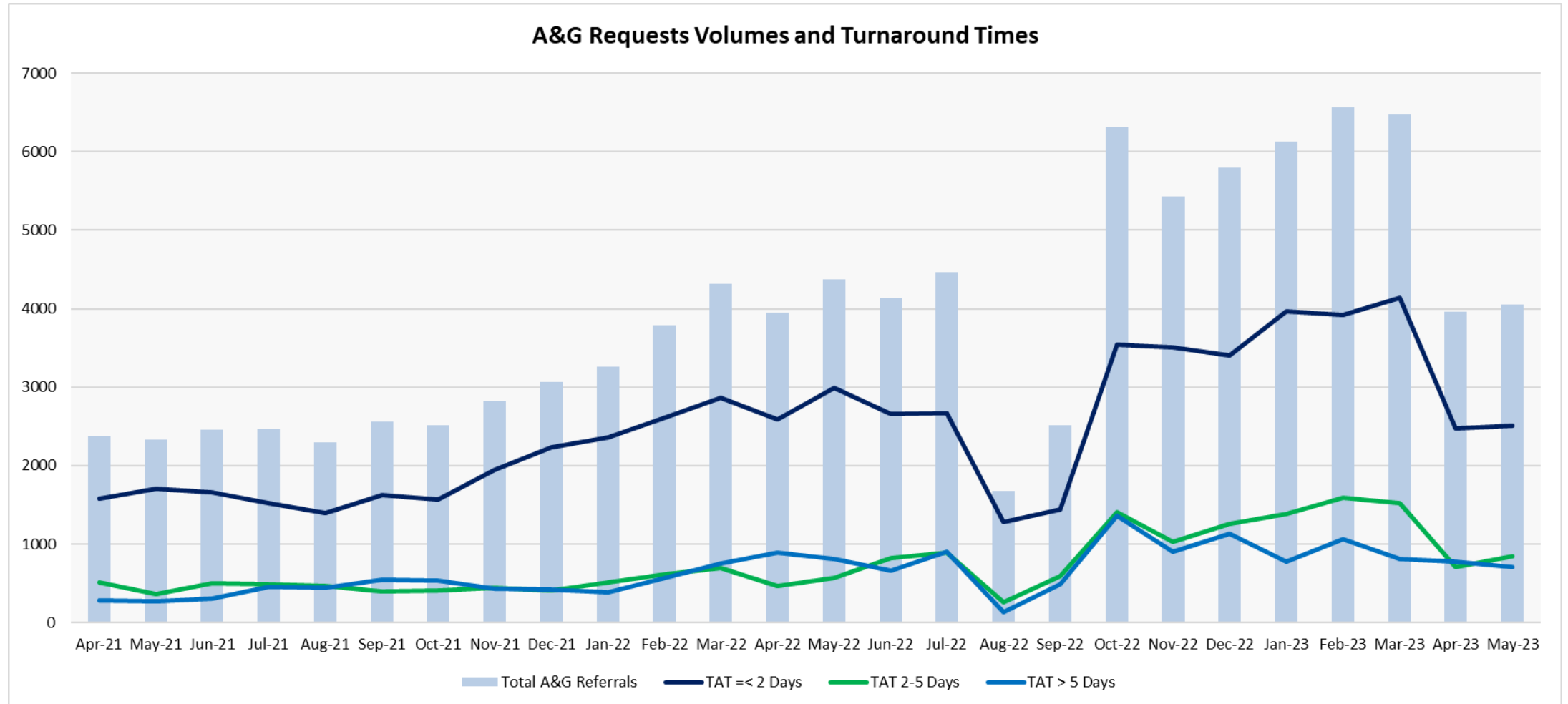
Key Learning

Communication and Engagement

- Incremental approach
- Hospital/borough based
- Collaborative working across primary and secondary care with and with CCG colleagues
- Continuous communication through multiple media channels
- Working with patients to determine the best methods and timing for patient communication
- Developing feedback mechanisms for patients following the implementation of new process

Data Capture – Our 7 KPIs

- Patient experience
- Staff experience
- No. of unplanned admissions post A&G
- No. of repeat A&G within given time period
- Reduced outpatient demand
- Waiting times for appointments
- Time from A&G to 1st appointment

# Patient Initiated Follow-up

Objectives:

- Reach 5% of patients moved or discharged to PIFU by March 23

Approach

- PIFU added to Cerner Millennium but not as an outcome
- Auto report identifies patients who have been placed on PIFU pathway
- Dedicated clinical leads.
- Working with interested specialties
- Focused on move to PIFU pathways

Key Learning

- Needs operational buy-in and grip
- Must talk about data regularly
- Reassurance re: safety netting key
- Focus on quick wins / national guidance

% episodes moved or discharged to PIFU
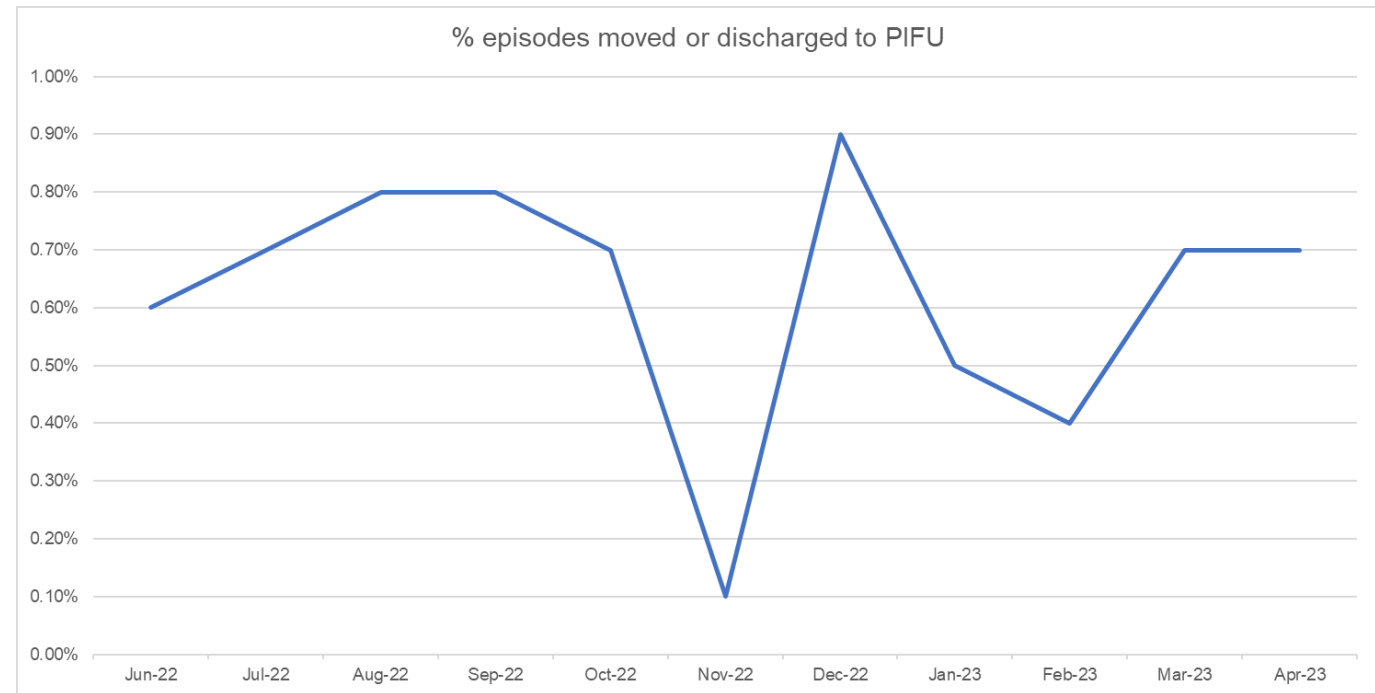
Our Approach in 23/24

Key workstreams

- **Governance** – embedded outpatient sentinel metrics in performance and board reporting
- **Specialty Focus in 10 GIRFT areas:**
  - Embedding specialist advice incl. A&G and A&R
  - Creating move to PIFU pathways alongside discharge to
  - Review FU ratios and templates alongside push for more remote consultations
  - Pathway mapping and opportunity identification
- **DNA Reduction**
  - User Centred Design collaboration on letters
  - WNB Focus
- **National Further, Faster Clinical Transformation Pilot**
- **National Action on Outpatients Improving Access to PIFU Sprint**
- **Patient Portal**
  - Appointment details launched in May 23
  - Letters and results expected in Q2
  - Two-way comms ambition for Q4

Questions?

NHSBN Outpatients Benchmarking Findings

Jennifer Cooke, Project Manager

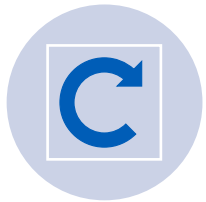## NHS Benchmarking Network

Agenda

Introduction to the NHS Benchmarking Network

Main topics and data sources

Key findings from our Outpatients Core project

What's next for Outpatients 22/23 project cycle

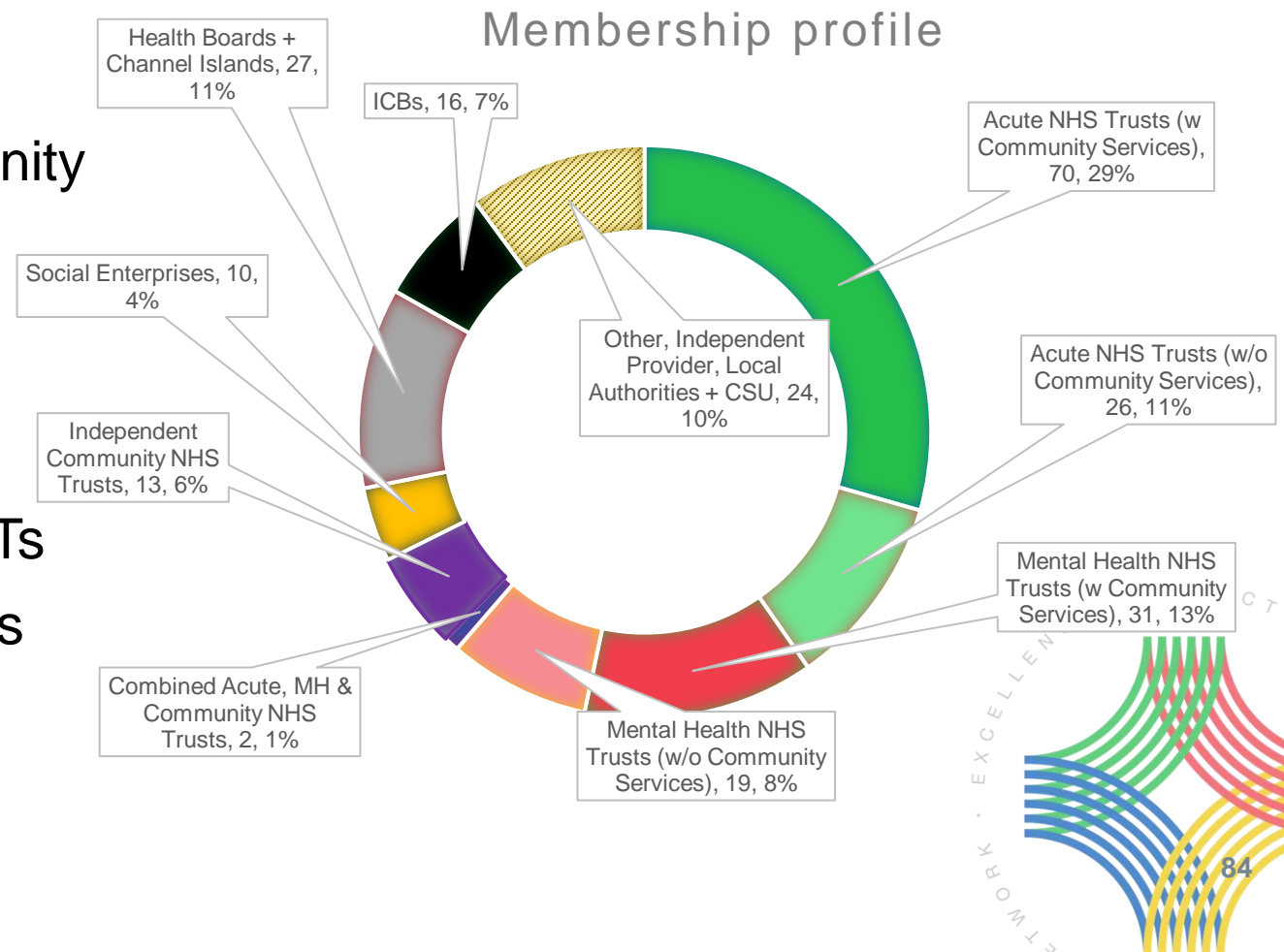**Contact details for further enquires**

Questions

Network Vision 2023

To enable members to improve patient outcomes, raise health standards, and deliver quality health and care services through data excellence, benchmarking, and the sharing of innovation.

Network membership

Vibrant member community covering all sectors of the NHS, is well as National Bodies, Professional Bodies and Independent Providers.

- In England:
  - 71% of Acute NHS Trusts
  - 84% of NHS Trusts providing community services, plus 10 Social Enterprises
  - 100% of Mental Health NHS Trusts
  - 28% of ICBs by population covered

- 100% coverage in Wales Health Boards

- 100% coverage in Northern Ireland HSCTs

- 100% coverage of Scottish Health Boards

as of 30th April 2023

Membership profile

Health Boards + Channel Islands, 27, 11%

ICBs, 16, 7%

Acute NHS Trusts (w Community Services), 70, 29%

Social Enterprises, 10, 4%

Other, Independent Provider, Local Authorities + CSU, 24, 10%

Acute NHS Trusts (w/o Community Services), 26, 11%

Independent Community NHS Trusts, 13, 6%

Mental Health NHS Trusts (w Community Services), 31, 13%

Combined Acute, MH & Community NHS Trusts, 2, 1%

Mental Health NHS Trusts (w/o Community Services), 19, 8%

NHS Benchmarking Network

84

2023/24 work programme

Core Network Projects

Acute Sector

- Outpatients

- Acute Pharmacy and Medicines Optimisation

- Emergency Care

- Managing Frailty in the Acute Setting

- Acute Transformation Dashboard (monthly)

Community Sector

- Intermediate Care

- District Nursing

- Healthy Child Programme

- Community Indicators (monthly)

Acute and Community Sector

- Therapies

- Virtual Wards

Mental Health Sector

- Adults & Older Adults Mental Health

- Children & Young People's (CYP) Mental Health Services

- Learning Disabilities/ASD Services

- MHLDA Services Tracker (Quarterly)

Integrated Care System

- Integrated Care Benchmarker

- Whole Systems Beds

- National Cost Collection

- ICB Themed Reports/Stories

- Whole System Events

NHS
Benchmarking Network

Participation and data sources

2021/22 Project participation:

- 55 organisations submitted

Outpatients core project data from 21/22 project cycle:

- Currently in the validation process for the 22/23 project data.

Specialties and Topics covered

Outpatient specialties:

- Trauma and Orthopaedics
- Cardiology
- Dermatology
- Gynaecology
- Urology
- Ear, Nose and Throat (ENT)
- General Surgery
- Respiratory Medicine
- Clinical Haematology
- Paediatrics

- Referral Optimisation
- Tackling Did Not Attend rates
- Video Consultations
- Personalised Follow-up

NHS
Benchmarking Network

Referral Optimisation

Utilising technology to access expert clinical advice

Optimising time spent in appointments

Ensuring referrals are appropriate for the support needed

Giving patients confidence to manage their own treatment

Reducing unnecessary referrals to hospital

Referral Optimisation
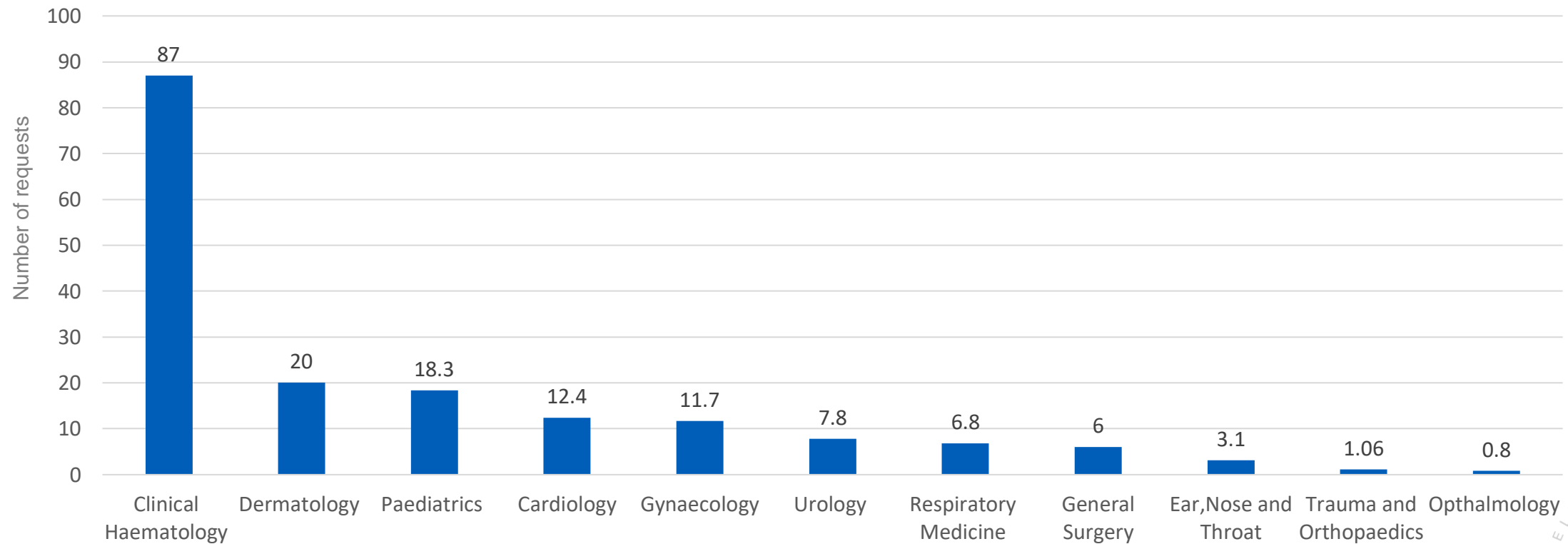
Total number of new referrals received 2021/22

Lower quartile	Mean 21/22	Mean 19/20	Median	Upper Quartile
------------------	————————	————————		------------------
97,430	173,553	179,463	160,920	217,337

NHS Benchmarking Network

89
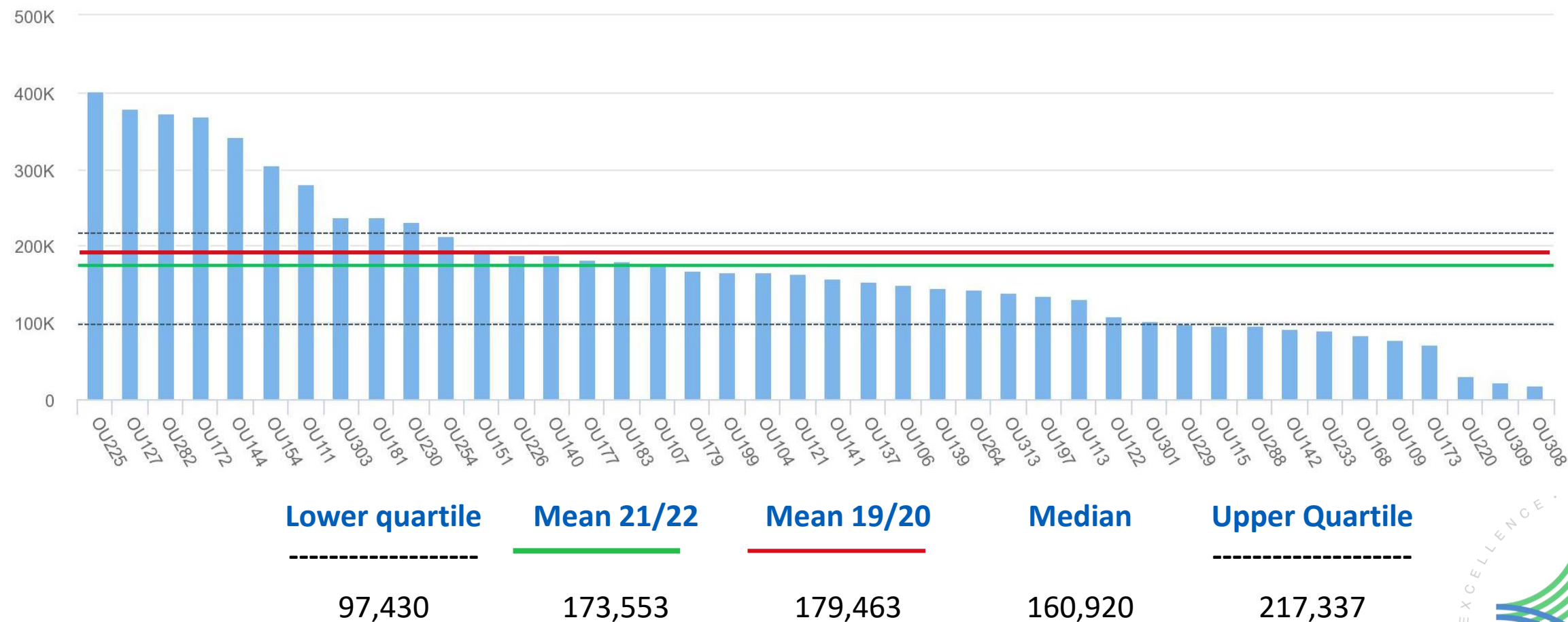
Referral Optimisation

## Number of Advice and Guidance requests 2021/22 per 100 Outpatient attendances (Total for all specialties)

Lower quartile	Mean 21/22	Median	Upper Quartile
------------------	——————		--------------------
2.28	4.99	3.60	8.14
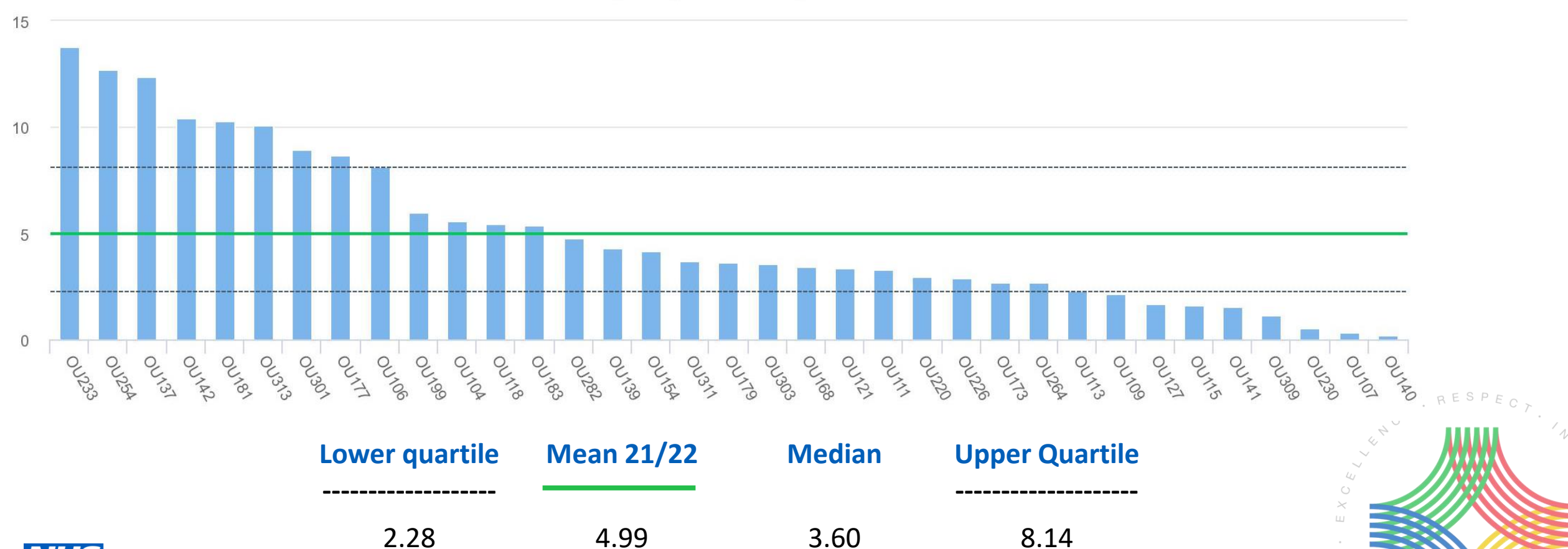
Referral Optimisation

Number of Advice and Guidance requests 21/22 per 100 Outpatient attendances (by specialty)

Bar chart — Number of requests by specialty:

Specialty	Number of requests
Clinical Haematology	87
Dermatology	20
Paediatrics	18.3
Cardiology	12.4
Gynaecology	11.7
Urology	7.8
Respiratory Medicine	6.8
General Surgery	6
Ear, Nose and Throat	3.1
Trauma and Orthopaedics	1.06
Opthalmology	0.8

91

Referral Optimisation

Confidence in achieving the target of delivering 16 Advice and Guidance requests by 31st March 2023
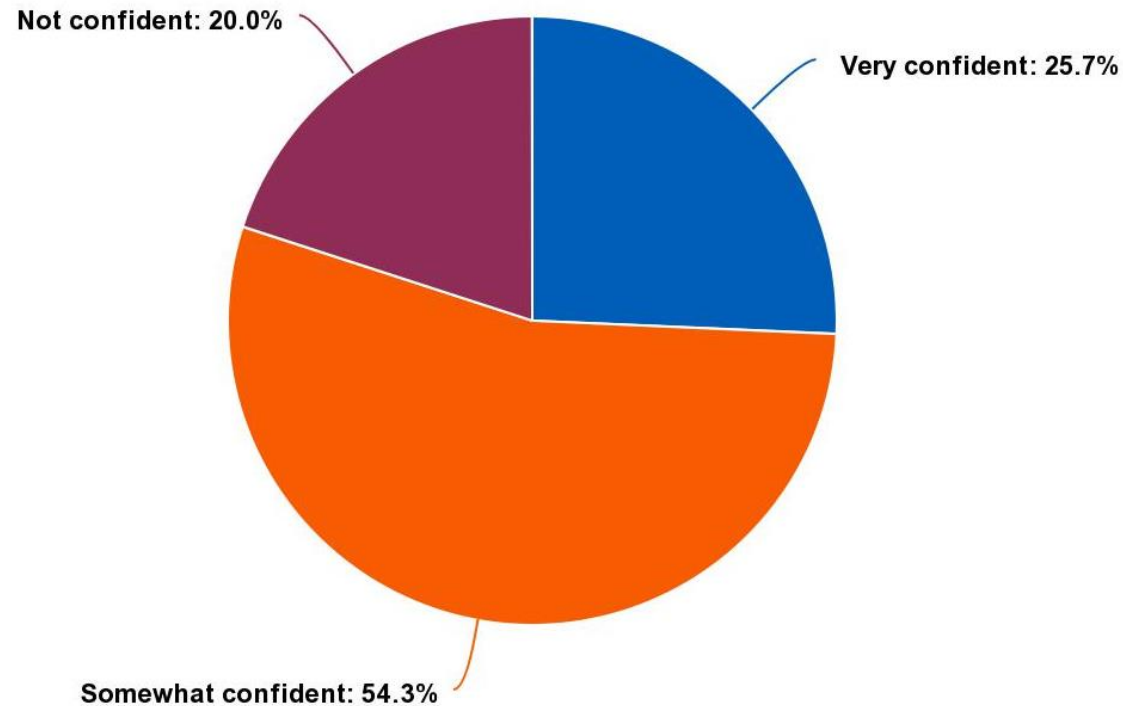
Not confident: 20.0%

Very confident: 25.7%

Somewhat confident: 54.3%

Data for this target has been collected and will be reported as part of our Outpatients 22/23 project

NHS
Benchmarking Network

Referral Optimisation

Appointment Slot Issues recorded as percentage of new appointments in 2021/22

Lower quartile	Mean 21/22	Median	Upper Quartile
------------------	—————		------------------
0.60	10.1	7.76	18.8
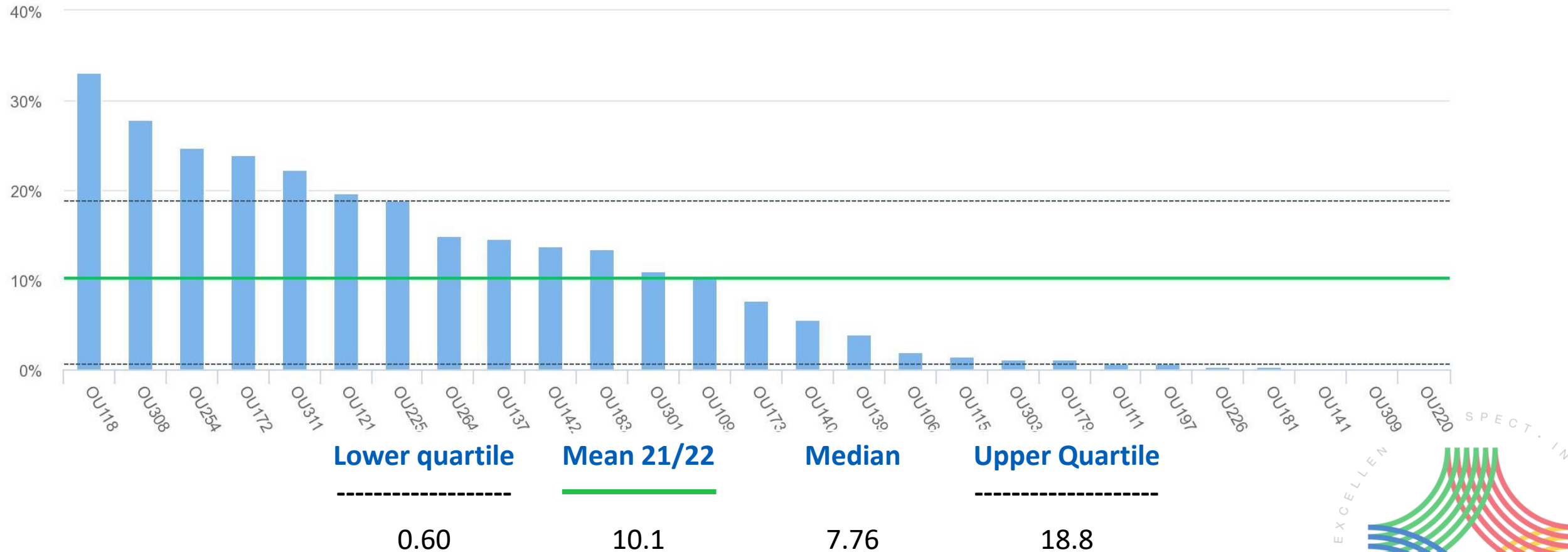
Reducing Did Not Attend (DNA) rates

Effective use of clinical time

Tackling waiting lists

Free up capacity with service

Providing equal opportunities to patients

Reduce healthcare inequalities

Did Not Attend

DNA rate (%) of first and follow-up appointments
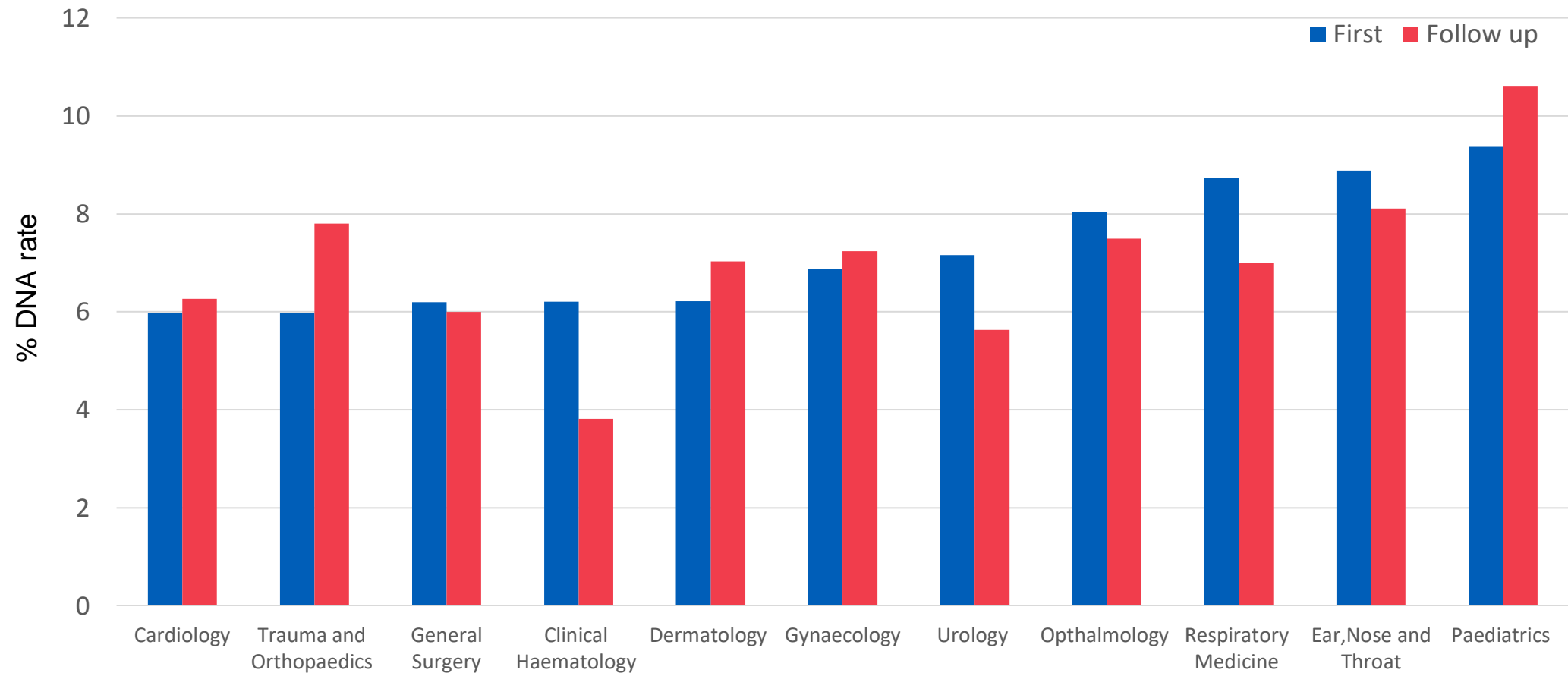
	Average DNA % (first)	Average DNA % (FU)
	7.1%	7%

Video Consultation

Convenient for patients meaning less likely to cancel

Reduce pollution from not travelling to and from hospital

Flexible working for healthcare professionals

Reducing stress for patients and healthcare professionals

Video consultations
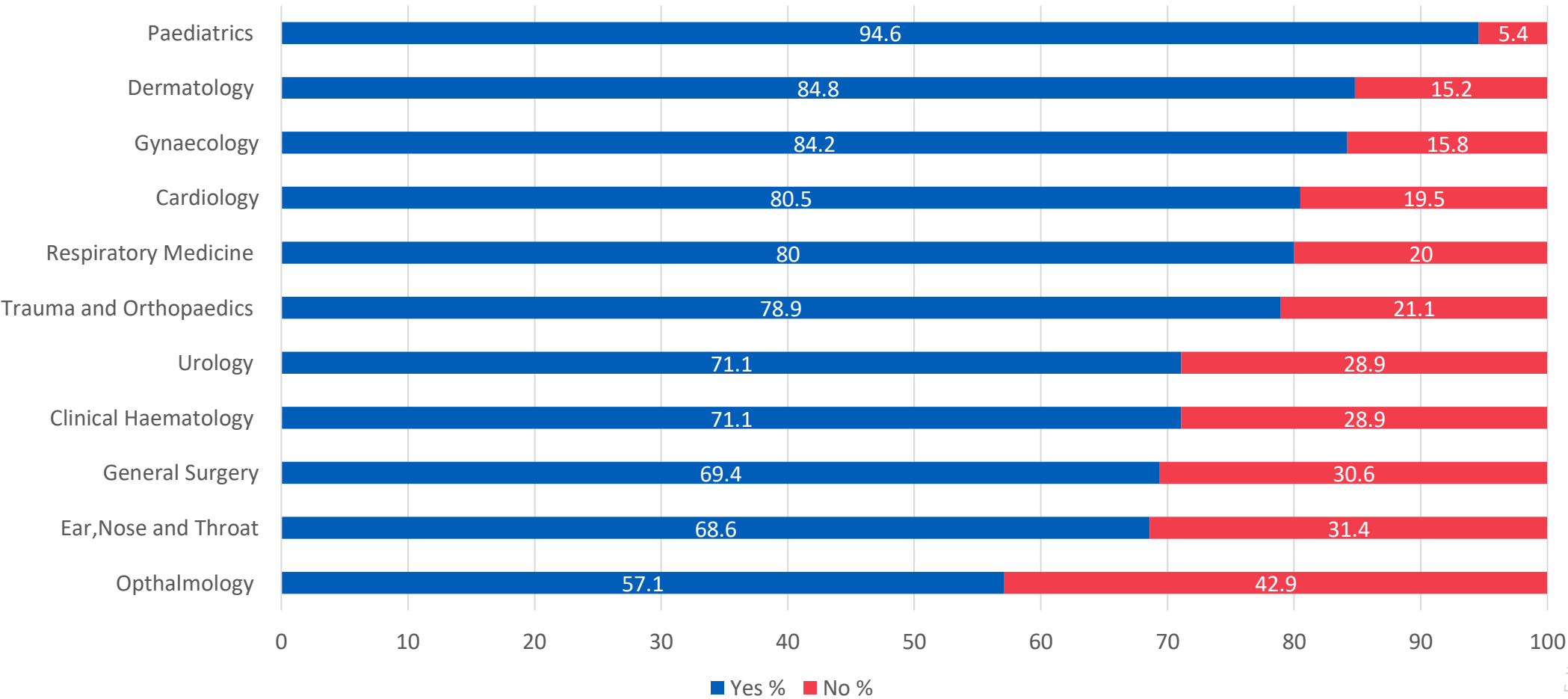
Video consultation provision vs Telephone consultation provision (%)

First appointments
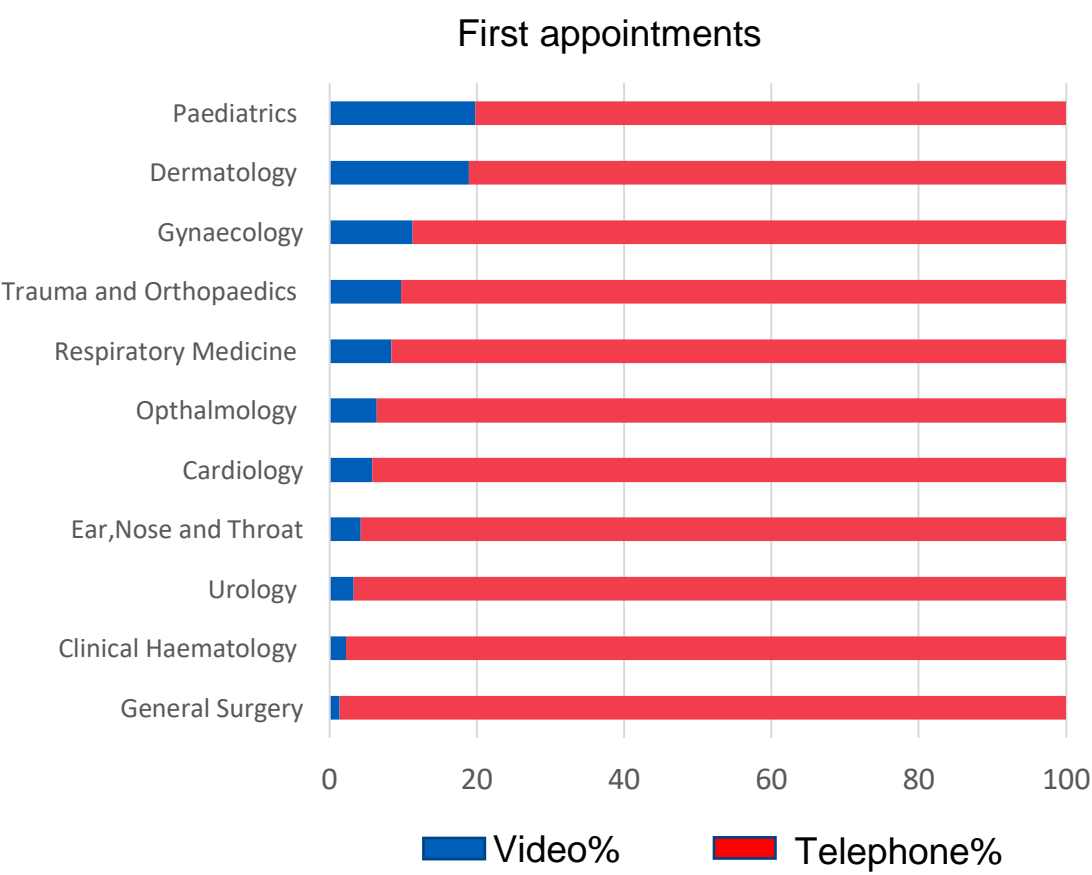
Specialty	Telephone (%)	Video (%)
Paediatrics	80.2	19.8
ENT	95.8	4.2
Respiratory Medicine	91.6	8.4
Ophthalmology	93.6	6.4
Urology	96.7	3.3
Gynaecology	88.7	11.3
Dermatology	81.1	18.9
Clinical Haematology	97.8	19
General Surgery	98.6	1.4
Trauma and Orthopaedics	90.3	9.7
Cardiology	94.2	5.8

Video consultations

Video consultation provision vs Telephone consultation provision (%)

Follow-up appointments
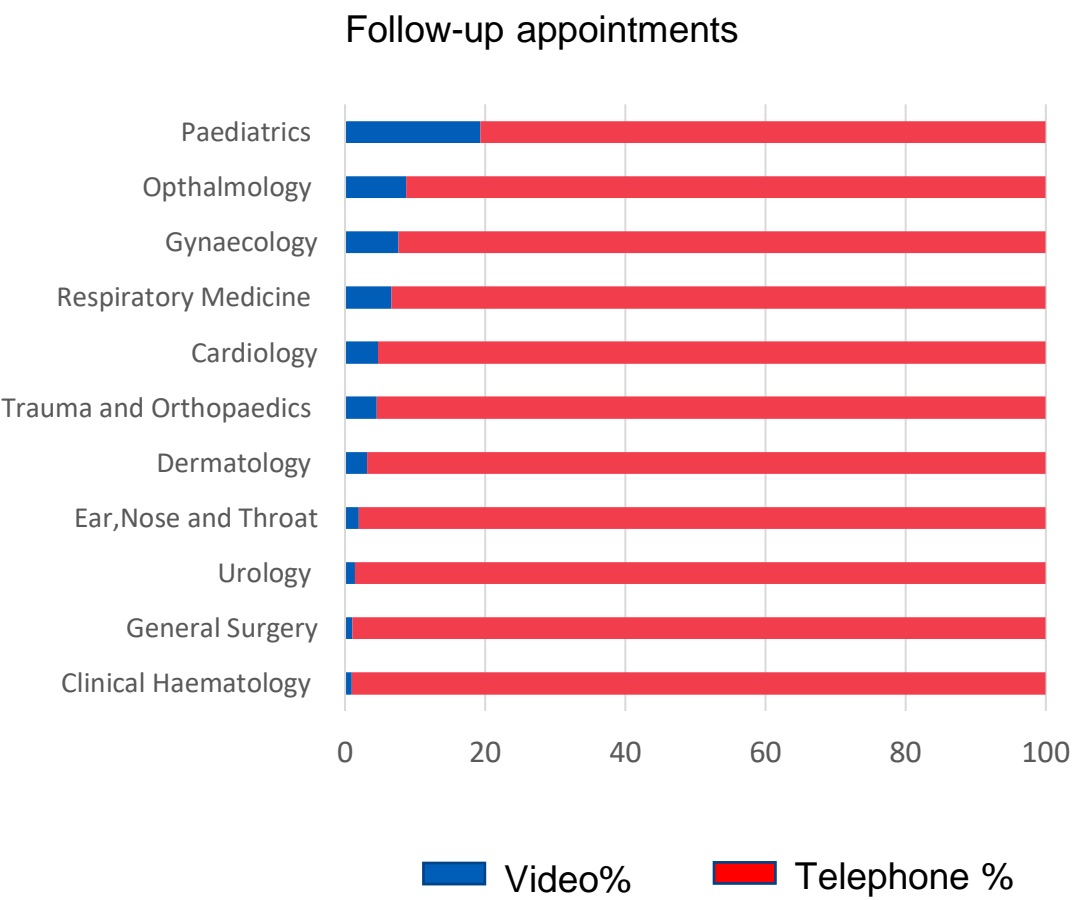
Specialty	Telephone (%)	Video (%)
Paediatrics	80.7	19.3
ENT	98.1	1.9
Respiratory Medicine	93.4	6.6
Ophthalmology	91.3	8.7
Urology	98.6	1.4
Gynaecology	92.4	7.6
Dermatology	96.9	3.1
Clinical Haematology	99.1	0.9
General Surgery	99	1
Trauma and Orthopaedics	95.5	4.5
Cardiology	95.3	4.7

Personalised Follow-up

Personalised approach for patients to receive care and support when they need it

Avoid unnecessary trips to hospital

Saves patients time, money and stress

Tailoring care to suit individual needs and circumstances

NHS Benchmarking Network

100

Personalised Follow-up

Follow-up attendance in 2021/22 as a percentage of follow-up attendance in 2019/20

Mean 21/22

116%

OU	%
OU177	194
OU111	175
OU220	130
OU144	129
OU197	128
OU109	124
OU113	122
OU118	108
OU168	106
OU172	103
OU179	102
OU151	102
OU226	98
OU106	95
OU301	90
OU140	88
OU303	85

NHS
Benchmarking Network
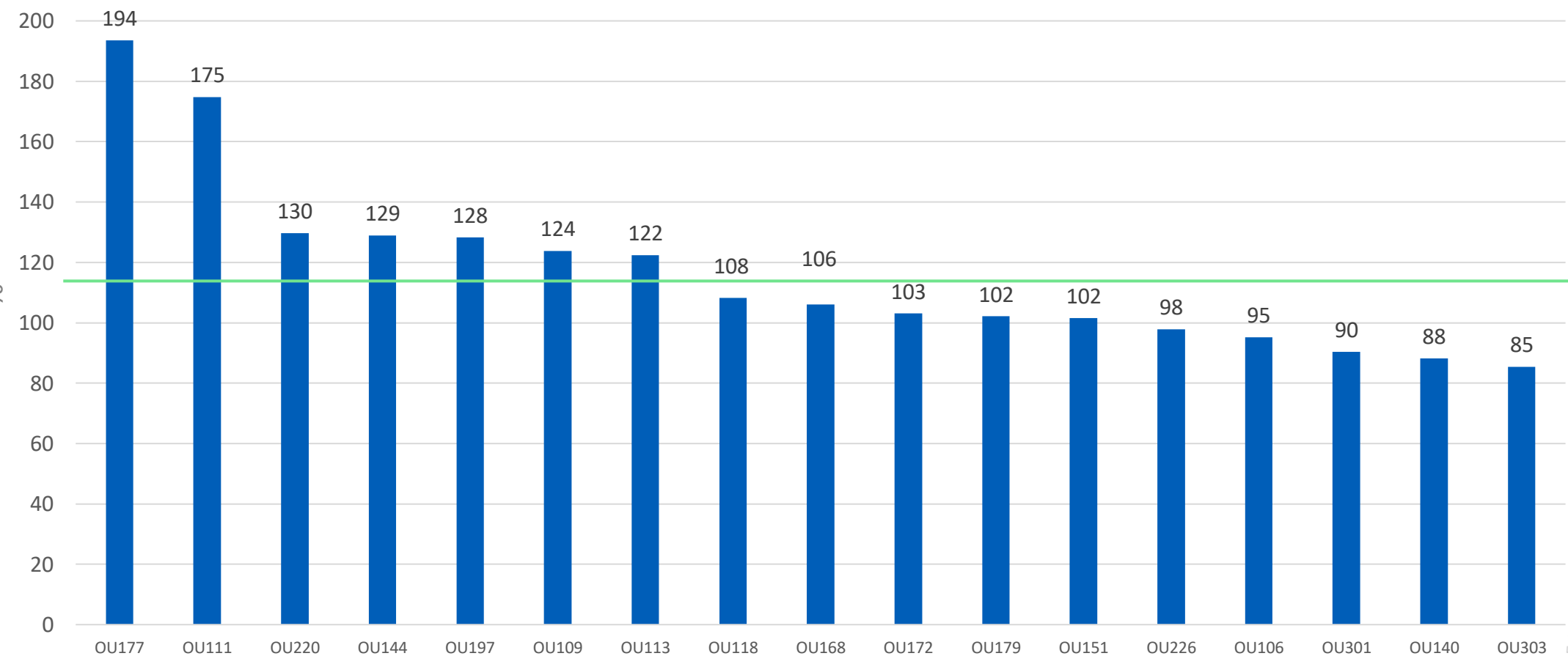
Personalised Follow-up

Patient Initiated Follow-up (PIFU) provision

Specialty	Yes	No
Clinical Haematology	36.1	63.9
General Surgery	44.4	55.6
Opthalmology	50	50
Respiratory Medicine	56.4	43.6
Paediatrics	57.1	42.9
Urology	64.9	35.1
Cardiology	65.8	34.2
Trauma and Orthopaedics	67.6	32.4
Dermatology	71	29
Ear,Nose and Throat	71.4	28.6
Gynaecology	75	25

% ■ Yes ■ No

NHS Benchmarking Network
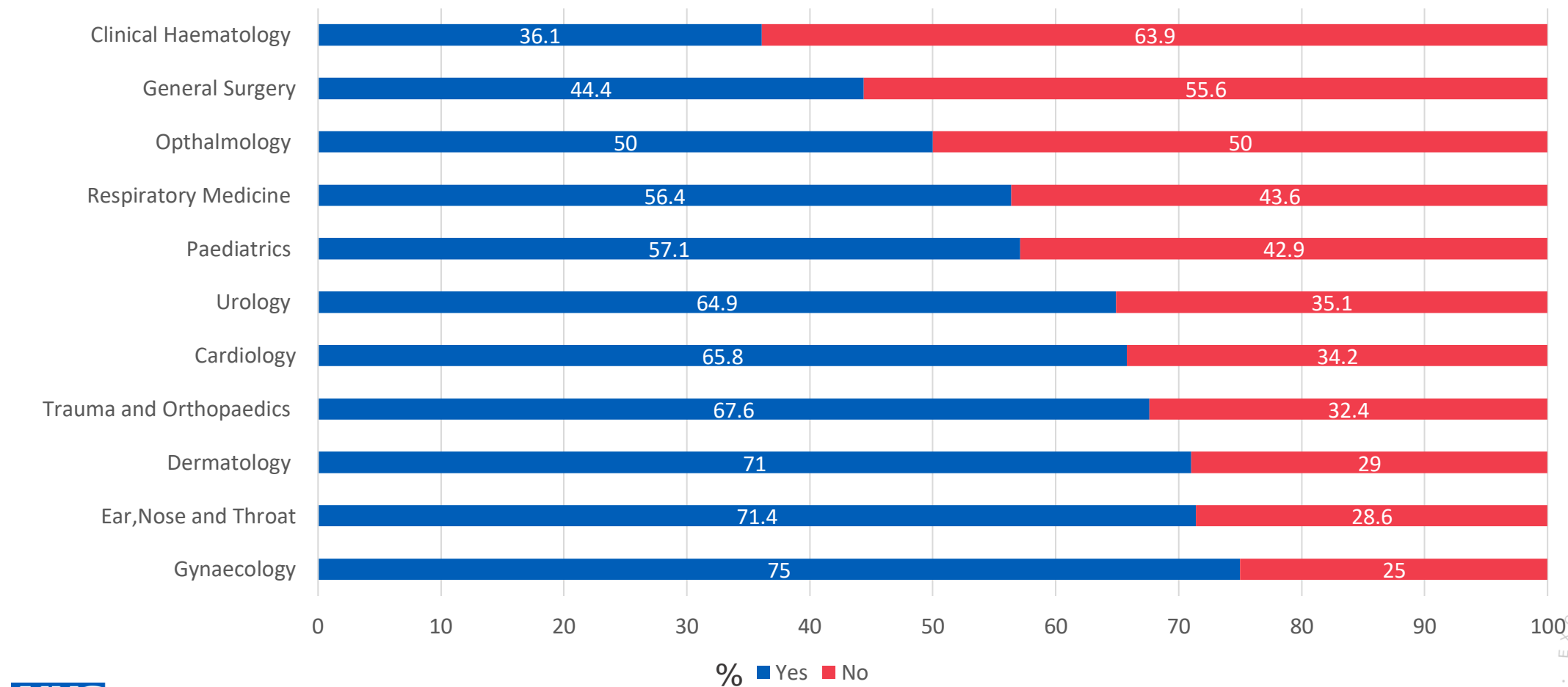
Personalised follow-up

Confidence in achieving the target of 5% of Outpatient attendances on a PIFU pathway by 31ˢᵗ March 2023
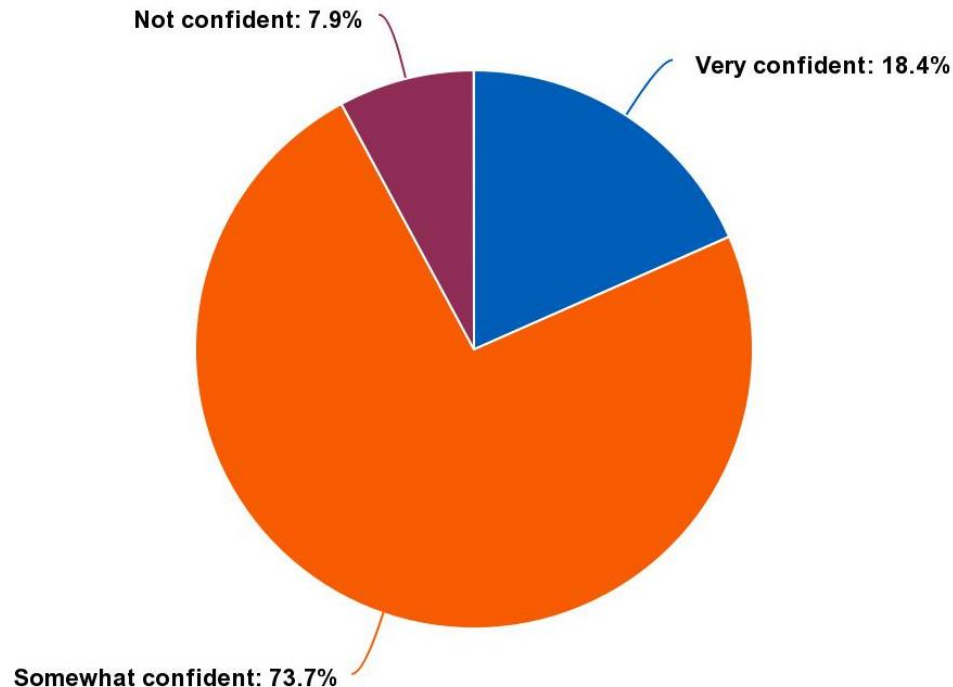
Not confident: 7.9%

Very confident: 18.4%

Somewhat confident: 73.7%

Data for this target has been collected and will be reported as part of our Outpatients 22/23 project

Key Insights

- Number of new referrals received to Outpatient services are comparable those of pre-pandemic levels

- Advice & Guidance implementation uneven between specialities/organisations.

- Number of Appointment Slot Issues have decreased since 2020 however 10% of patients are still experiencing an ASI when booking a new appointment

- Average DNA rate has increased from 6.6% to 7% since 2020

- No difference observed, on average, between DNA rates for first and follow-up appointments across Outpatient specialties

- Despite over 50% of participating organisations stating that they offered video consultation appointments, utilisation of video consultations is below 11% of all remote appointments across all specialties

- For a sample set of organisations, no change or increase in number of follow-ups

- PIFU provision varies across specialties

- **Any questions?**

Next steps

- Thank you for listening

- Data for 2022/23 project cycle is currently being validated.

- Key dates for the 2022/23 project:
Data collection: Closed
Validation: **Jun – Jul 2023**
Reporting: Oct 2023
Findings webinar: 3rd Oct 2023

Contact details:

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Project Manager

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Niamh Stimpson

Project support

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Outpatient Transformation Conference North 2023

NHS Outpatient Conference North

Q&A Panel

CONVENZIS

Miss Jennifer Cooke

Project Manager
NHS Benchmarking Network

Paul Boland

Healthcare Director
EBO.ai

Katrina Davies

Outpatient Transformation
Programme Director – **Barts Health**

Nicola Ryall

eConsult Health Secondary Care
Implementation Lead - **eConsult**
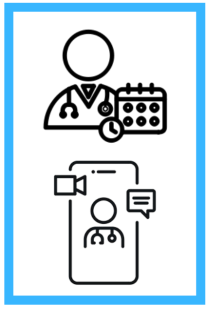
NHS Outpatient Conference North

Networking and Lunch

THE IDEAL OUTPATIENTS CLINIC LETTER – A GP'S VIEW

Dr Dawood Anwar

MB ChB MRCS MRCGP

Chief Accountable Officer

Importance of a clinic letter

Standardising outpatient letters will support improvements in patient safety and patient care by ensuring that the right information is shared with the right people at the right time.

– RCP Health Informatics Unit

What makes a good letter?

- We asked colleagues working in primary care – primarily based in the NW region

- Over 150 responses

- An opportunity for free text comments

- Majority really valued being asked and giving feedback

The feedback….

How you rate the overall quality of outpatient clinic letters?

Answered: 151   Skipped: 1
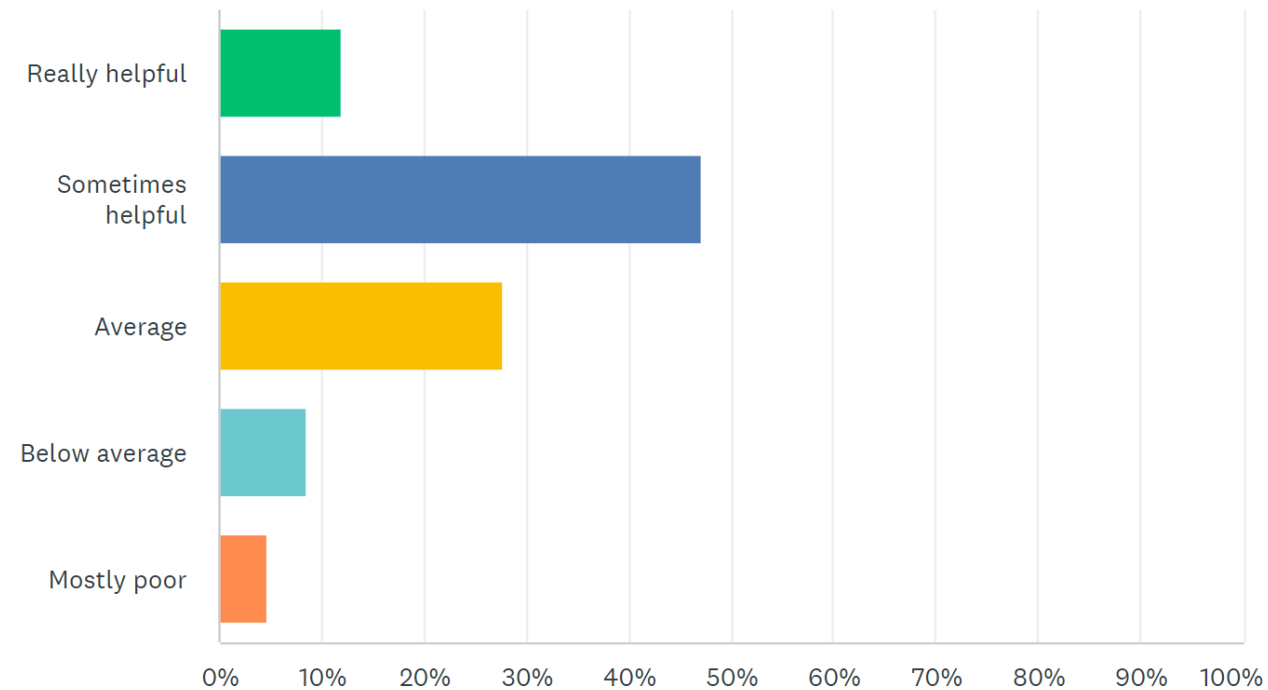
Dear Doctor….

Do you find that letters are addressed directly to the patient?

Answered: 152   Skipped: 0
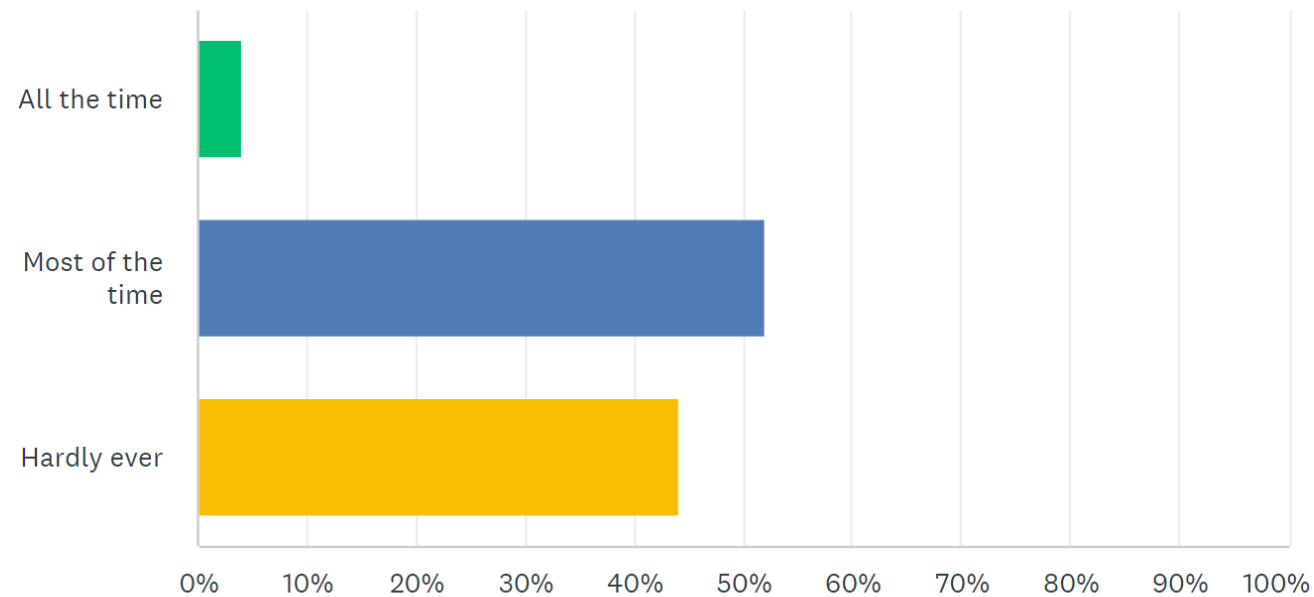
Clear and concise language

Do you find that the letters contain relevant facts about the patients health and well being and present information in an easy to understand manner?

Answered: 151   Skipped: 1
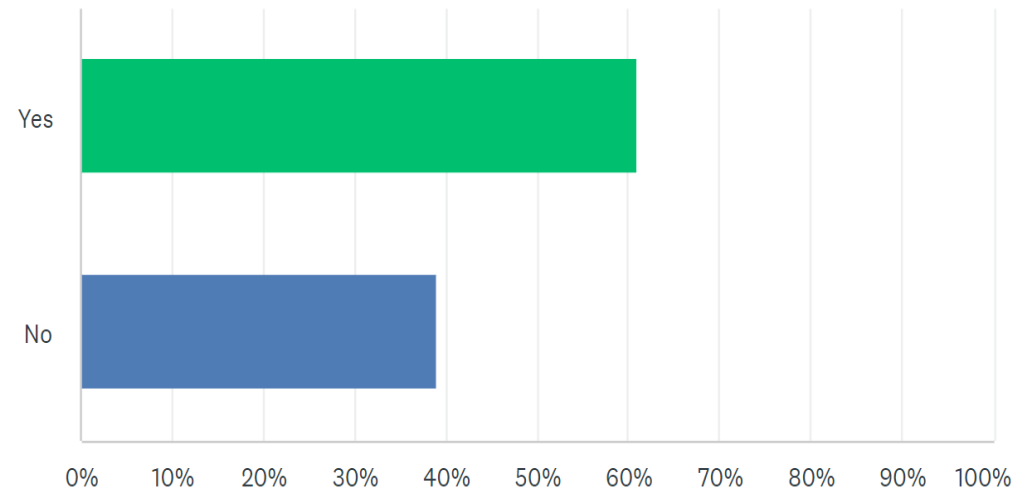
Problems / medication summary

Do you find the current problems / medication summary helpful and feel this should be included in all letters?

Answered: 152   Skipped: 0
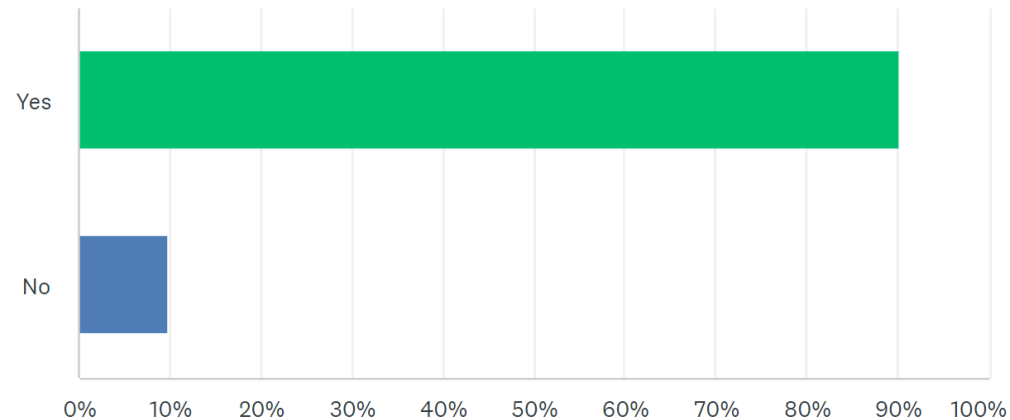
Coding

Do you feel that letters should have important information for coding highlighted to allow non clinical processing of the letters (read codes / medication changes etc)?

Answered: 152   Skipped: 0
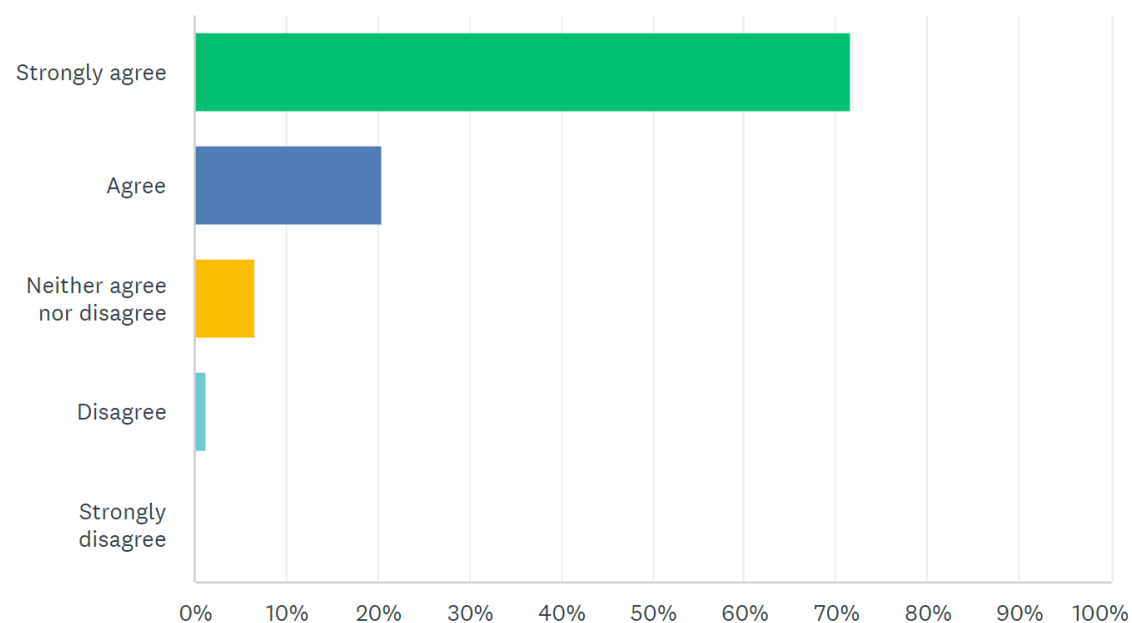
Closer to home

Do feel that there should be more pressure to have specialty clinics in the community?

Answered: 152   Skipped: 0
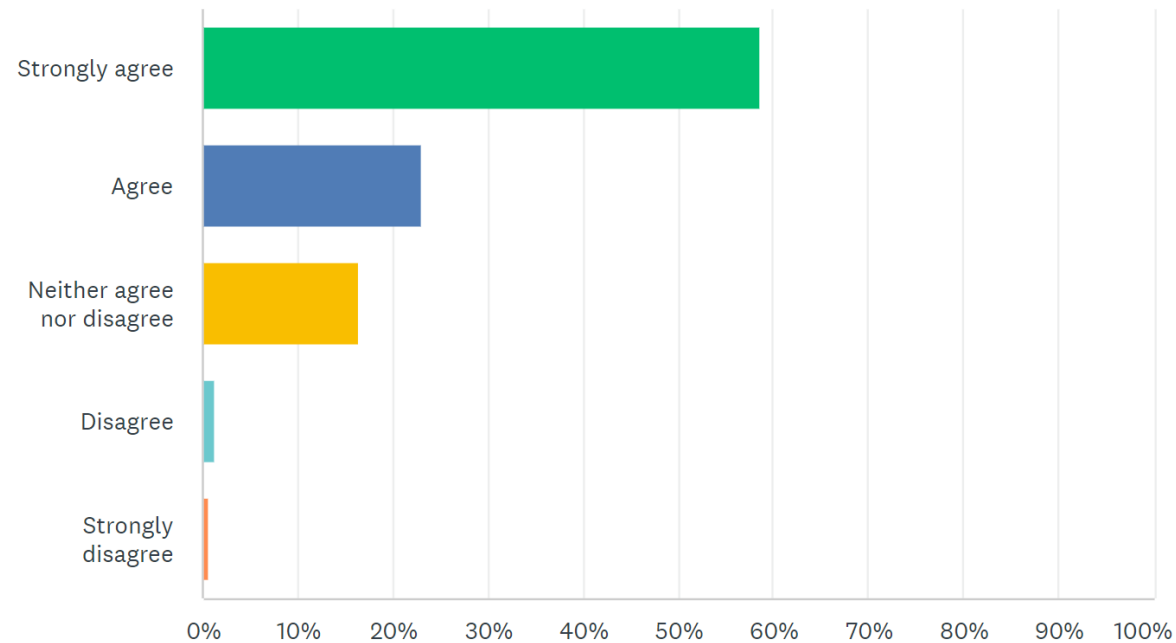
Referral optimisation

Would you prefer that any referrals required following the outpatient appointment are made by secondary care colleagues or that patients are referred back to primary care for this to be actioned?

Answered: 152   Skipped: 0
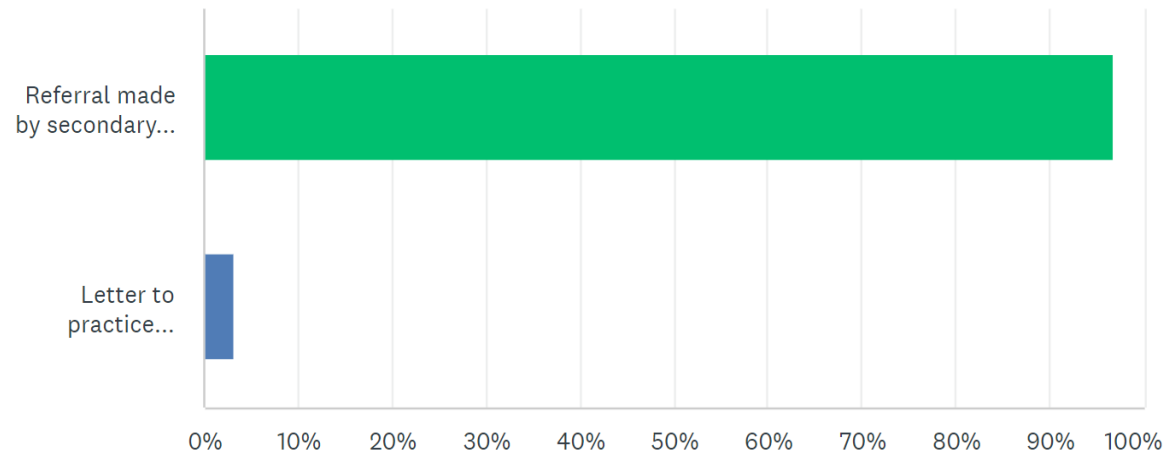
Feedback themes

Avoid abbreviations / jargon

Prescribing of acute drugs

Clear plan / follow up

Problems list / medication summary

Investigations and results

Actions for GP / coding

Referrals

Contact details

Workload to primary care

Audit letters as well as referrals

Timing of letter

References

- https://www.rcplondon.ac.uk/news/dear-doctor-importance-improving-outpatient-letters

- https://www.england.nhs.uk/professional-standards/medical-revalidation/ro/info-docs/roan-information-sheets/quality-improvement-best-practice-for-clinical-letters/

- https://www.myhsn.co.uk/top-tip/10-top-tips-for-writing-an-outpatient-clinic-letter

- https://www.aomrc.org.uk/wp-content/uploads/2018/09/Please_write_to_me_Guidance_010918.pdf

CONVENZIS

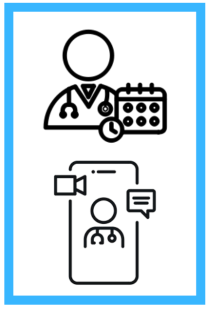# REGISTER FOR THE OUTPATIENT TRANSFORMATION CONFERENCE SOUTH HERE!
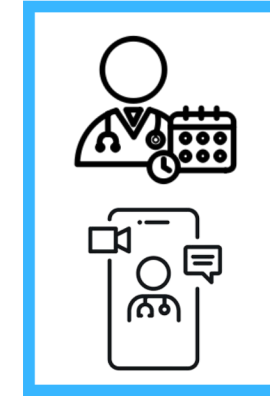
Outpatient Transformation Conference North 2023

Drinks Reception, Networking and End of Day