

Transforming outpatient care: Learning together

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*A connected community working
together to improve health and care
quality across the UK*

Aims of the session

- Understand the size and scope for transformation of “outpatients”
- Share our understanding of the challenges for transformational change in this areas
- Highlight early solutions, design concepts, successes
- Work collaboratively to share learning and break down key challenges to progress
- Create a community of change in this area

Digital enablement

Co-production

Patient initiated follow up

Speciality input to
population health
management



Referral received



New patient consultation



Preliminary investigations



Follow-up consultation



Structured review process at regular intervals...



Discharge

RCP approach to quality

- The RCP approach to quality takes a population, system and individual perspective.
- When approaching quality, we need to create, maintain and improve the best possible balance between population health and wellbeing, individual care, and sustainability.
- This balance requires a system-level approach to quality involving multiple partners and other agencies. The concept of value is the best balance we can achieve between these three domains.



OUTPATIENTS: WHAT IS IT?



Aim of outpatients : To deliver a specialist opinion to support the diagnosis and management of conditions, or oversee management in more complex patients, preventing admissions.

- Diagnosis and management plan
- LTC Follow up
- Multimorbidity

- Referral and booking management
- Facilities management
- Payment systems
- Records systems
- Skills of staff

Functions of outpatient care



New patient appointment

- > Specialist opinion
- > Diagnosis
- > Examination
- > Initiate investigations
- > Review following discharge or prevent admission



Initial follow-up

- > Discuss investigation results
- > Perform a procedure
- > Promote healthier lifestyle
- > Safety net to ensure results reviewed



Routine follow-up

- > Monitor treatment
- > Detect deterioration
- > Prevent admission
- > Meet patient expectations
- > Maintain patient access to secondary services

Outpatient activity in the UK²



Total outpatient
appointments per year



'Did not attend' rate



Northern Ireland
1.5 million



8.1%



Wales
3.1 million



9.4%



9.4%

Scotland
4.2 million



England
118.6 million



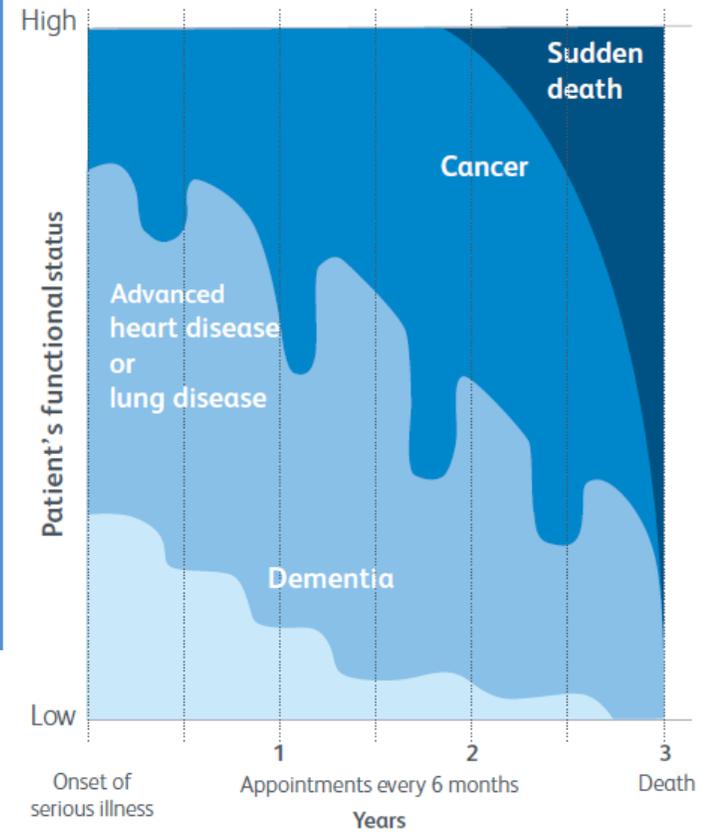
6.7%





One in five potential appointments in England, and **one in four** appointments in Wales, are cancelled or reported as DNA.

- 21.6% of outpatient appointments were not attended (25.9 million) roughly split into thirds of DNA 's, Hospital cancellations and patient cancellations.
- Hospital Cancellations have increased by 172% in the last 10 years
- 25% of doctors say 10–20% of their new patients didn't need to come to an outpatient clinic at all



20% of pensioners who attended an outpatient appointment reported feeling worse afterwards because of the stress involved in the journey alone.

“I get the care I want and need, when and where I want and need it.”



Car Parking Charges		
Up to	1 Hour	£3.50
	2 Hours	£5.00
	3 Hours	£6.00
	4 Hours	£7.00
	5 Hours	£8.00
	9 Hours	£12.00
	24 Hours	£15.00
Lost tickets charged at daily rate		

Independent Taxi Receipt

Date: Car:

From:

To:

Fare: £

RECEIVED WITH THANKS



The Modern Outpatient: A Collaborative Approach

2017-2020



A NATIONAL CLINICAL STRATEGY FOR SCOTLAND



1000 LIVES i O FYWYDAU

Vacancy – come work with us! Fin
<https://t.co/F7y3v46fxC> <https://t.co/>

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Applying quality improvement and prudent healthcare in national programmes

National Planned Care Programme

Outpatient Improvement Programme

Compendium of Outpatient Improvement

Guide to Good Practice - Outpatients

Quality Improvement in Primary Care

Home > About us > Applying quality improvement and prudent healthcare in national programmes : Programme

Outpatient Improvement Programme

1000 Lives Improvement is supporting NHS Wales to improve the way that outpatient care is delivered, in order to transform outpatient services in the future.



Hospital outpatient services are often the first point of contact for elective care patients. The management and delivery of outpatient services can be complex.

The NHS Long Term Plan



#NHSLongTermPlan
www.longtermplan.nhs.uk

By March 2019, 50% of patients should wait no longer than 9 weeks for a first outpatient appointment, and no patient should wait longer than 52 weeks.

Total number of patients waiting at 31st March 2019

There were
288,754 patients
waiting for a first outpatient
appointment in Northern
Ireland



An **increase of 2.5%**
on the previous quarter



An **increase of 7.0%**
on the same quarter last year

Source: CH3 Return

Patients waiting more than 9 weeks at 31st March 2019

By March 2019, 50% of patients should wait no longer than 9 weeks for a first outpatient appointment

This element was **not achieved** by Northern Ireland as a whole

74.0%
of patients
were waiting longer
than 9 weeks

Belfast
72.4%

Northern
71.8%

South
Eastern
80.1%

Southern
72.2%

Western
71.3%

Percentage waiting over 9 weeks

Source: CH3 Return

Q Insight Survey: Improving outpatient care Q

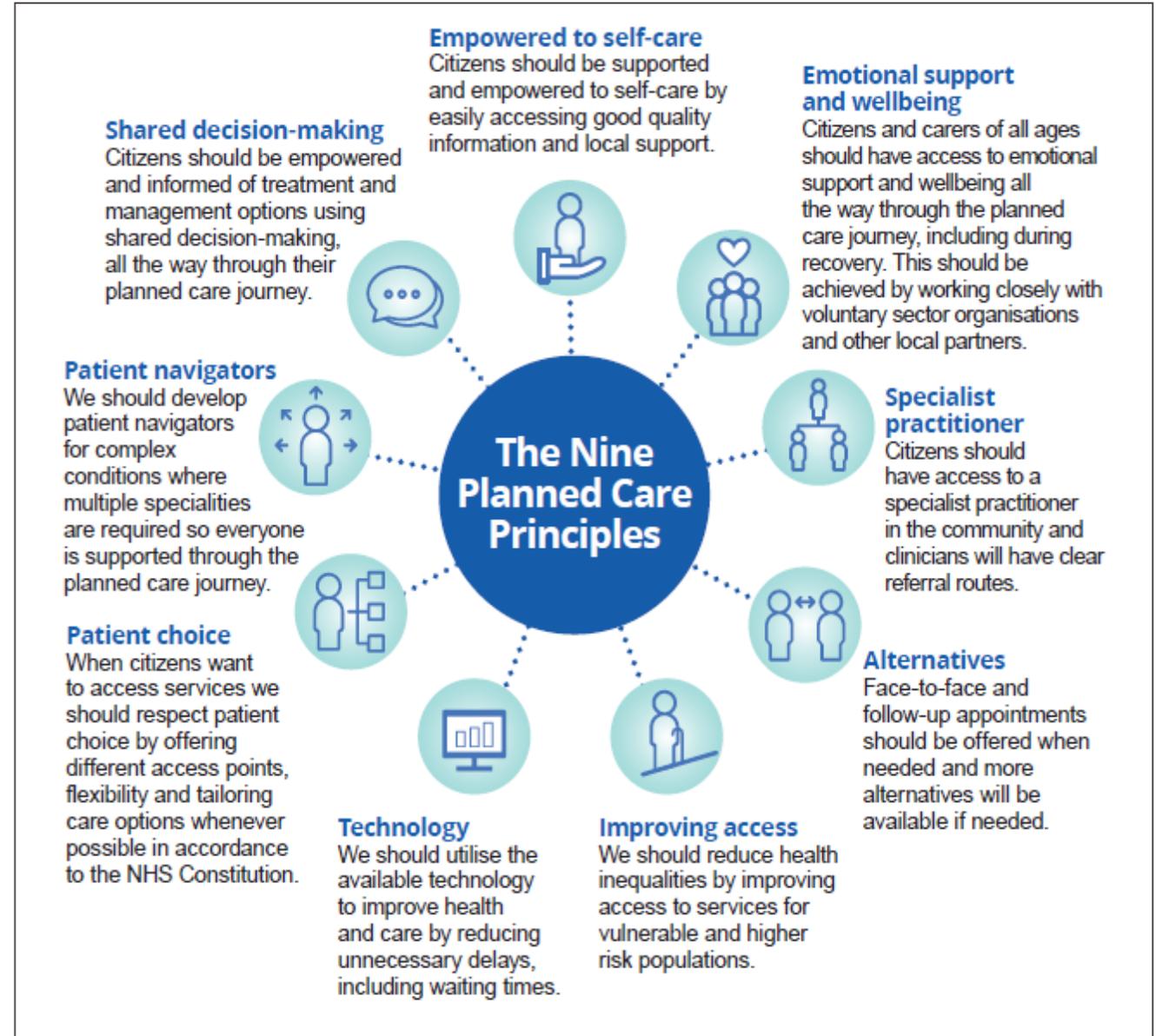
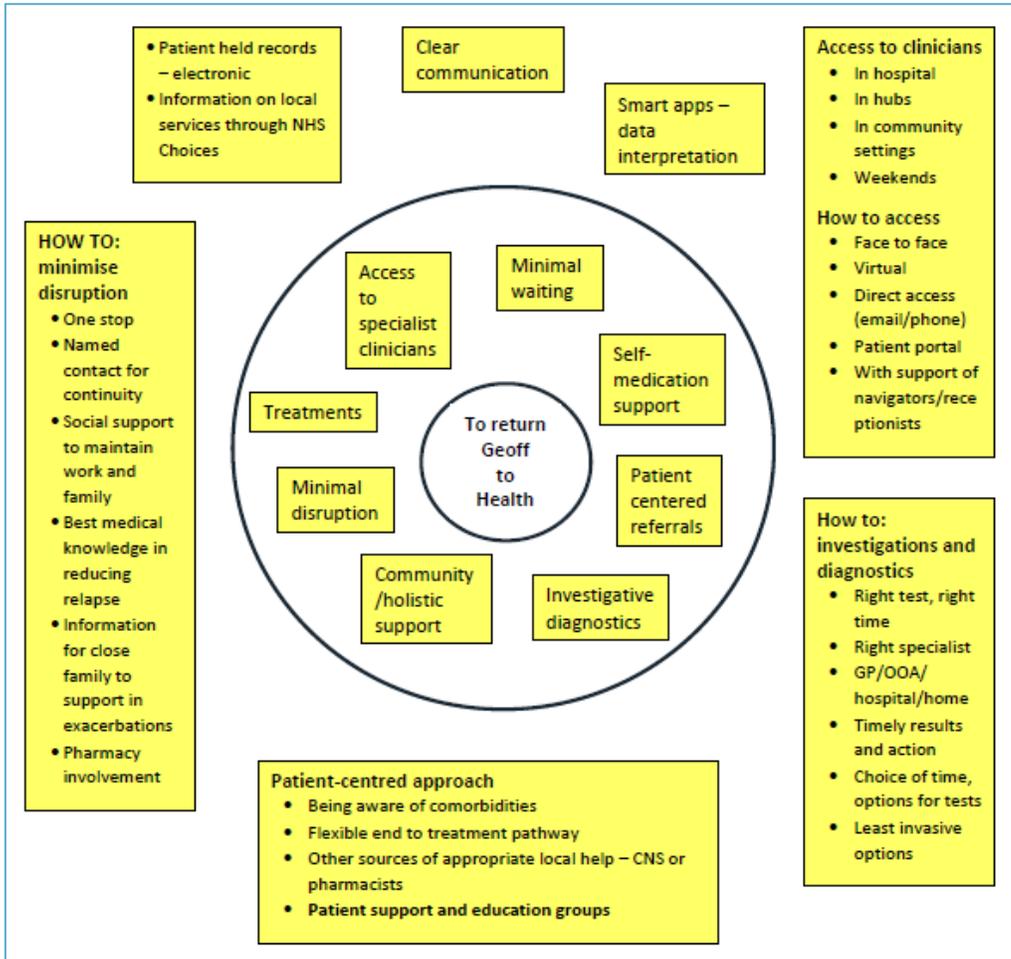
Great importance, little progress

- The vast majority (89%) of respondents saw improving outpatient care as either extremely or very important even in comparison to all other challenges currently facing the NHS.
- 51% felt there had been little or no progress within their area over the last decade.
- 5% had a great deal of confidence and 59% had moderate confidence that the scale of improvement that is needed in outpatient care will be achieved in their area over the next decade.

Keys to Success

- Ensuring patient involvement
- Ensuring staff buy-in
- Taking a system-wide perspective
- Get the basics right
- Learning from others
- Testing and learning

Understanding



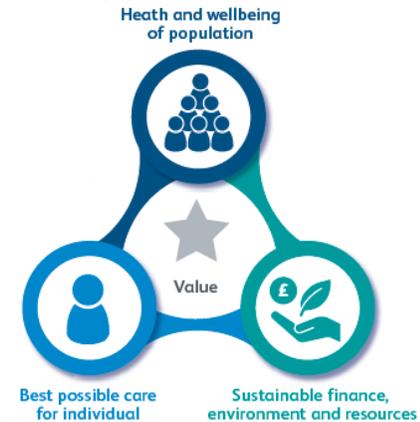
Findings from Surrey (phase 1)

1. Fully understand the **multiple purposes** of outpatients and ensure that any redesign meets the needs of patients, staff and the system
2. Services need **appropriate and consistent infrastructure** for real-time patient and practitioner access to advice and information, coordination of care, ongoing demand and capacity management
3. New models of care will demand **new skills** of staff and patients
4. All improvement programmes relating to outpatients should be **coordinated** to get maximum benefit
5. Measuring improvement will need **wide data sets** on population needs, outcomes, experience, efficiency and effectiveness, not simply activity.



Finding the value balance

1. Redefine the metrics for success
2. **Population health** approach uses aggregated data to direct resources at initiatives that will be of most benefit (eg. Right Care)
3. **Individual health outcomes** defined by the IOM domains of quality
4. **Sustainability** most simply measured by miles travelled and associated carbon emissions but in future should include missed time from work/social activities, loss of income, and financial cost of attending an appointment
5. All quality improvement projects should measure value as well as quality, recognising the population and system effects of change as well as individual clinical outcomes.





‘The future is already here – it’s just not evenly distributed’

William Gibson

Remote consultation/advice

Patient portals and registries

Group visits

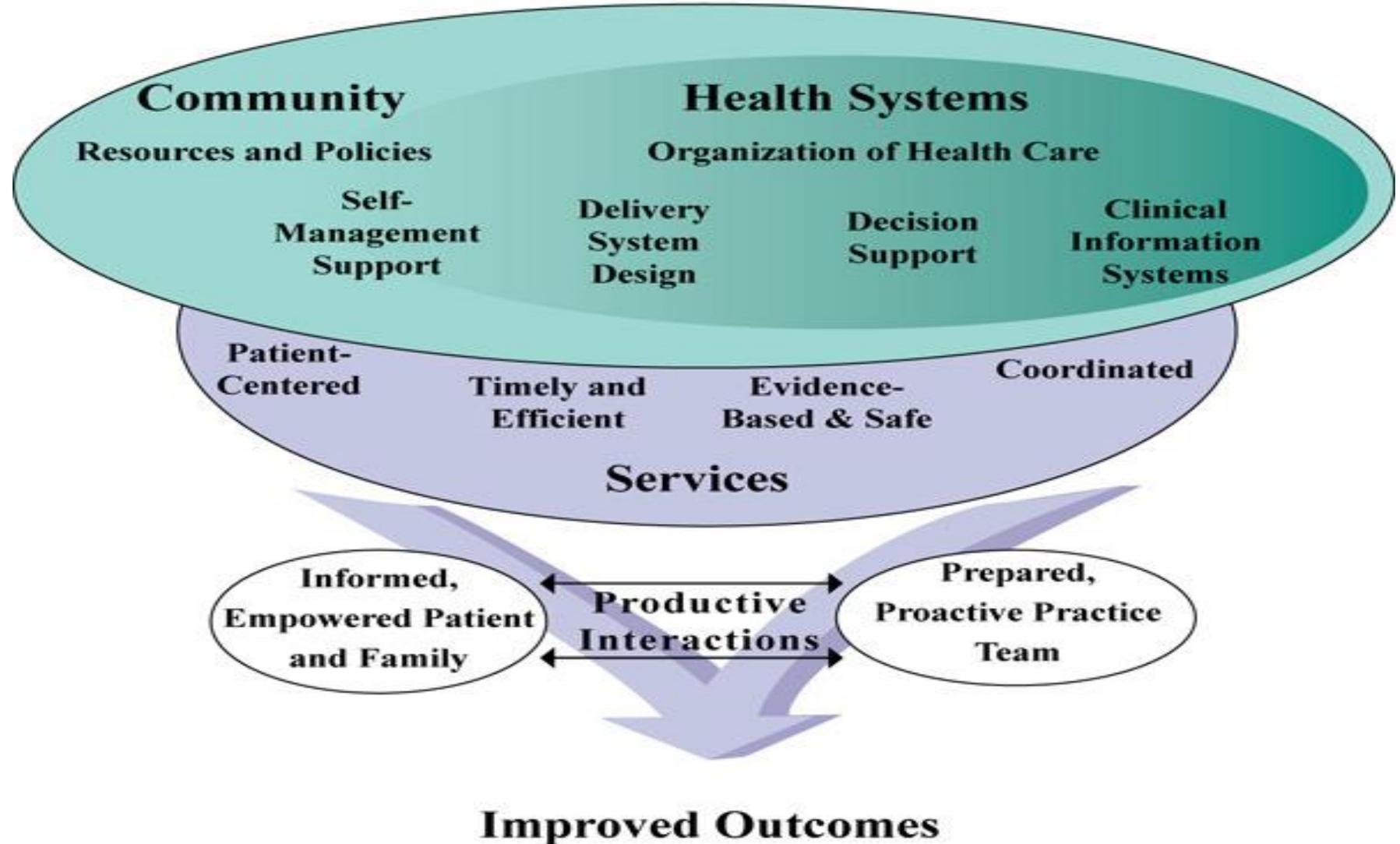
Primary care Home/Hub for multiple conditions

Joint sessions spec/primary care



The Care Model

*The
Care
Model*



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Digital enablement

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Speciality input to
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Breakout session

- **Digital enablement:** how do we move digital solutions in outpatients from fantastic small-scale pilots to being embedded as business as usual?
- **Co-production:** designing changes in collaboration with all stakeholders and particularly patients and carers.
- **Patient initiated follow up:** what does it take to implement effectively and why hasn't this become mainstream practice?
- **Speciality input to population health management:** what are the key components of these approaches, barriers that are preventing wider implementation, and how might these be overcome?

Breakout session

- In-depth work to break each problem down in to its constituent parts – producing a fishbone diagram (25 minutes)
 - Choose one group
 - 8-12 in each group
- 3 x 5 minute rotation to other groups to share synthesis and contribute further insights (15 minutes)
- Next steps