Transforming Outpatient Care

Delivering high-quality, person-centred outpatient care

Update for Kirklees and Calderdale Scrutiny Committee Meetings

September 2018

Working in partnership:
Calderdale CCG
Greater Huddersfield CCG
Calderdale and Huddersfield NHS Foundation Trust

Transforming Outpatient Care

1. Purpose of the Paper

The purpose of this paper is to describe the work being undertaken to transform the delivery of outpatient care in Calderdale and Huddersfield. The paper provides an overview of the national and local intention to develop new models of outpatient care, enabled by the use of digital technology, that will improve the experience and convenience for patients in accessing outpatient services and offer a more efficient use of NHS resources.

2. Background

In 2017/18 Calderdale and Huddersfield NHS Foundation Trust (CHFT) recorded 351,400 attendances at outpatient clinics across the two hospital sites, a third of which were new patients and two thirds patients returning for one or more follow up appointments.

A survey undertaken by Kirklees Healthwatch in 2017 found that 95% of people that responded agreed the NHS should offer different ways to access outpatient services. People agreed that whilst some outpatient appointments are clinically required, a large proportion could be delivered differently and for some patients, follow-up appointments don't have to mean a traditional face to face visit to the hospital. For example, using telephone and visual on-line technology to have conversations with clinical staff, rather than having lots of unnecessary visits to the hospital or having appointments at their GP practice. This would be more convenient (reducing the need for time off work, school or arranging child care) and save people time and money by not having to attend the hospital when they don't really need to.

Clinical staff have also described the opportunity to improve outpatient services. For example by providing direct access models that allow a GP to directly refer patients to a hospital diagnostic test without the patient first attending a consultant out-patient appointment. This could avoid patients having to attend unnecessary appointments and improve the time to receive a diagnosis and any subsequent treatment. . Staff have also identified how changes in their roles and ways of working (including the use of digital technology) could enable the delivery of outpatient services in new ways with staff such as nurses and physiotherapists able to meet the needs of patients. These types of changes in the way outpatient services are delivered could release the time of staff previously spent in clinics and enable a reduction in waiting times, a reduction in the need for bank and agency staff use, or release staff time to be used for other clinical activities such as inpatient care and operating.

The out-patient transformation programme described in this paper is working with individual services, engaging service users and clinical colleagues to agree the best way to redesign outpatient services and agree the benefits it will deliver for patients, how this impacts on staff roles and the improved use of NHS resources.

3. National Context

NHSI has launched an Outpatients Improvement Programme with over 100 Trusts benchmarking at specialty level enabling Trusts to work together regionally and nationally to optimise digital solutions as an alternative. CHFT is participating in this programme.

The approach is also supported by the CQC who have reported from their inspections nationally, that outpatient care is one of the main areas that need improvement.

Further to this, NHS Improvement and NHS England are exploring options to reduce tariff payments for systems operating traditional hospital based models.

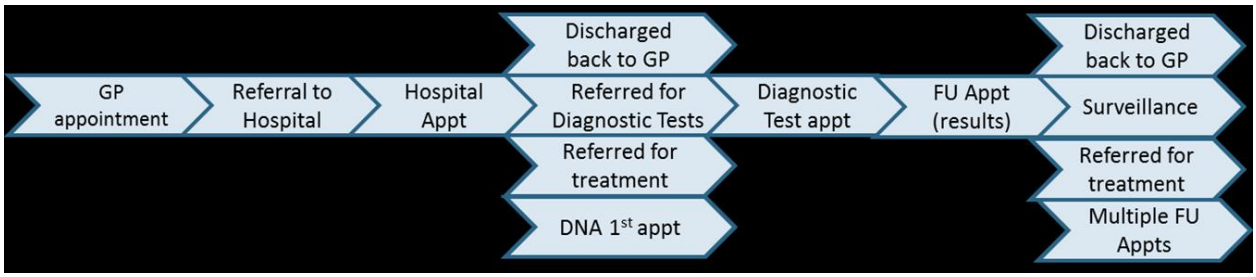
4. West Yorkshire Context

The West Yorkshire and Harrogate Health Care Partnership (WYHCP) has clearly stated their ambition to reduce unnecessary hospital follow-up appointments by 20%, by ensuring a 'needs based' approach and embracing new technologies. The view of the CCG Joint Committee is that face-to-face follow-ups will no longer be the norm, and the concept of the traditional outpatient model is outdated.

The West Yorkshire wide emerging ideas are based on a principle that outpatient's attendances at secondary care centres should be preserved for those for whom clinical need relies on the technology or skill of the secondary care environment. Adoption of communication technology and sharing of information and images will be a critical success factor.

6. Current Outpatient Model

CHFT and local private providers, operate a traditional model of outpatient services delivered in a secondary care setting as shown below. This model means that currently patients are referred to attend a first outpatient appointment at hospital and then may need to attend for separate diagnostic tests and multiple follow up appointments at hospital.



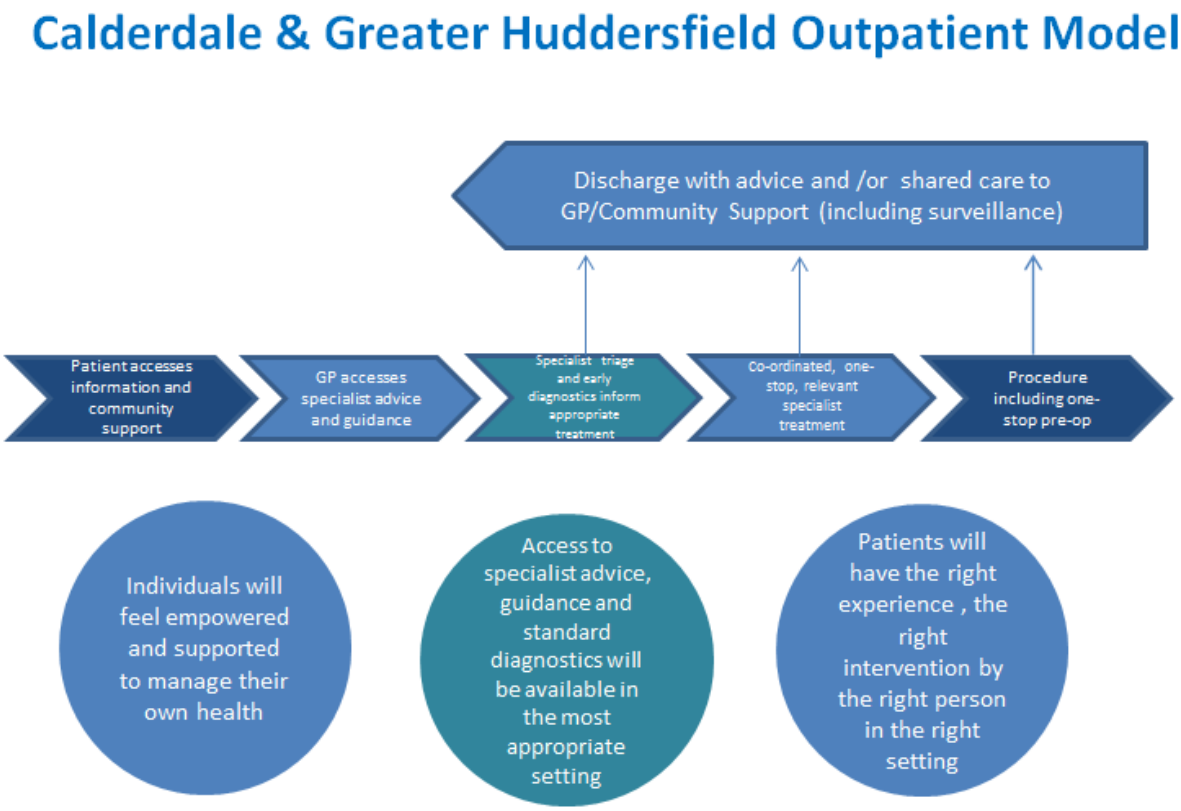
7. Proposed Model

In 2017/18 several service specialties at CHFT undertook pilot/ trial periods of new ways of working to test different concepts, and provide data to determine the quality and cost benefits associated with a change in pathway. This included testing redesign opportunities such as clinical triage of referrals, one stop clinics, straight to test guidelines, discharge at diagnostics, and alternative models for follow-up care.

Learning from these pilots and trials has informed the future ambition for change with an aim agreed to reduce 20% of outpatient attendances within a secondary care setting by 2020.

The aim of the programme is to change the outpatient offer from a traditional approach where patients are referred into secondary care and follow up through a consultant pathway or hospital based surveillance programme, to one where individuals are empowered with fast access to advice and support, self-management information, and where needed are able to see the right clinician as quickly as possible.

The diagram below provides an overview of the proposed future outpatient offer for Calderdale and Huddersfield across the system.

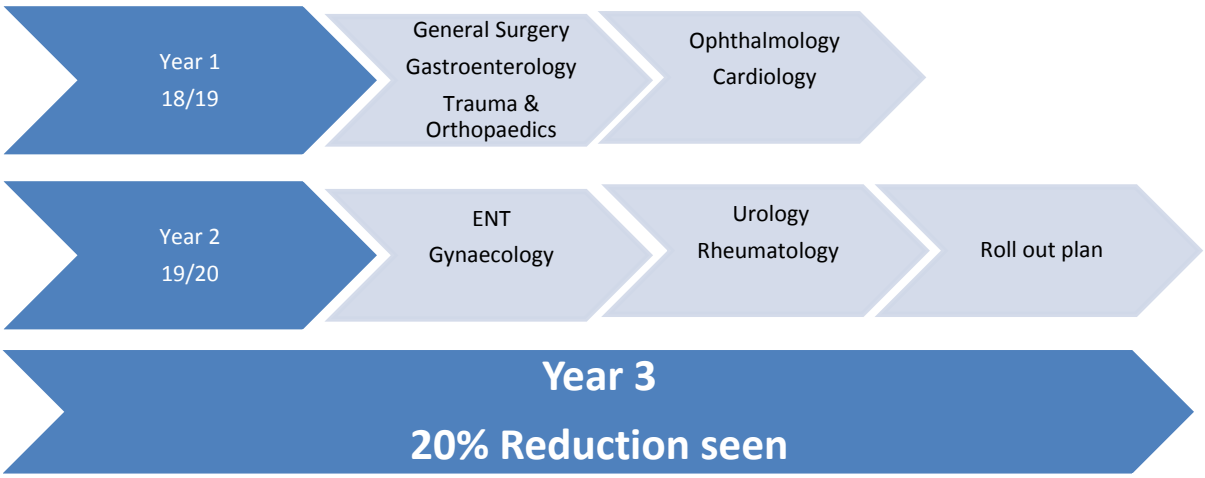


Visits to learn from other areas have been undertaken such as Wales, Stockport, Morecambe Bay, Airedale, and learning from programmes evaluated by the Nuffield Institute in both England and the USA. Appendix 1 provides a suite of principles and interventions developed from this learning and also ideas generated internally from our clinical teams.

9. Governance of the Programme

A system wide governance structure and project team has been established. This includes an Outpatient Transformation Board with representation from CHFT clinicians, managers and governors, Greater Huddersfield and Calderdale CCGs, My Health Huddersfield and Pennine GP Alliance (GP Federations) and Healthwatch. The Programme Board is responsible for overseeing the programme of change and reports to the Calderdale and Huddersfield Partnership Transformation Board. The aim is to achieve a 20% reduction in outpatient attendances at hospital by 2020.

The Outpatient Transformation Board had identified an initial view of priority service areas to explore as shown below.



However increasing interest in this programme has generated expressions of interest and the Programme Board is actively seeking to support all service areas where there is appetite for change in the way outpatient services are delivered that will deliver patient experience benefit.

The Board is utilising a rigorous programme management approach that includes full quality and equality impact assessment prior to approval of a scheme to progress.

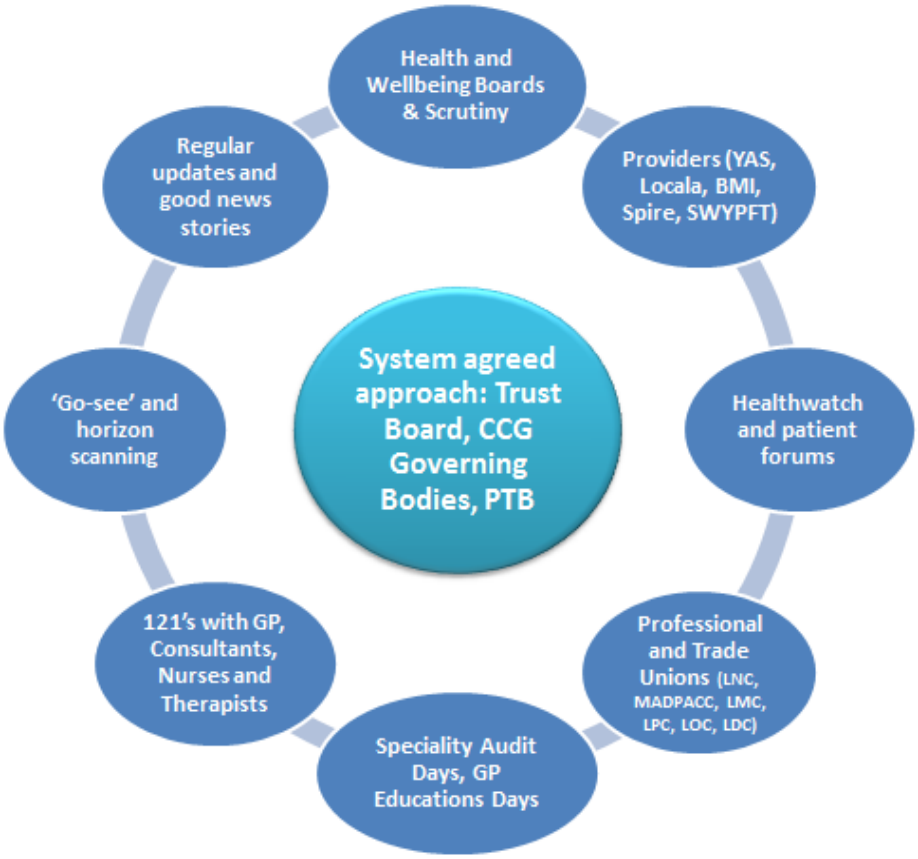
This includes ensuring that the needs of vulnerable patients are addressed and if they need a face to face appointment this would still be provided. It is likely that a number of vulnerable patients and their carers will benefit from the redesign of pathways that mean they do not need to travel to hospital. The use of digital technology and on-line appointments at home could mean that relatives unable to attend an appointment with a member of their family could participate in the clinical consultation. For children being able to receive advice at home with their family is likely to be preferable to attending hospital.

10. System Stakeholder Engagement

Significant change across the system requires engagement with a broad and diverse range of stakeholders, employing a combination of processes both formal and informal. The team has therefore commenced a system wide engagement plan with the aim of working with partners to enable:

- High quality patient safety and outcomes
- Services wrapped around the patient and not the organisation
- Improved patient experience
- Improved working lives
- Efficiency and value for money
- Optimised use of digital technology

The programme of engagement includes:



*Please note:
PTB - Partnership Transformation Board
MADPACC – Medical and Dental Pay and Conditions Committee
LMC – Local Medical Committee
LNC – Local Negotiating Committee
LOC – Local Optical Committee
LDC – Local Dental Committee

The key deliverables of the engagement plan are:

- Target stakeholders and use variety of engagement methods (121s, groups etc.)
- Identify and agree opportunity and case for change by service (3Rs – Reality, Response & Result methodology)
- Co-produce new pathways
- Joint clinical and management leadership to implement
- Joint governance, monitoring and stakeholder feedback

A series of clinical forums and events have been undertaken within the Trust and are continuing.

The transformation of outpatient services has the potential to impact on capacity in primary care. The programme is therefore working closely with the CCGs, LMCs and GP Federations to understand this and to agree any service changes. Where there is a need for a shift of resources from secondary to primary care to enable change this will be understood and agreed prior to any service change.

10. Progress on Developing Schemes

To date the following service developments are being progressed in 18/19 to improve the delivery of outpatient services:

Outpatient Transformation
Urology - One-stop model for Prostate Cancer
Cardiology - One Stop Arrhythmia Clinic and Virtual MDT for post-pacemaker patients
Ophthalmology - implementation of triage process for all new referrals
Ophthalmology - roll-out of advice and guidance for opticians, cataract one-stop clinic
General Surgery - Colorectal Straight to Test
Trauma and Orthopaedics - Virtual Fracture clinics
Vascular - One Stop Varicose Vein Clinics, review of referral criteria
Respiratory - implementation of virtual MDT for Nodule clinic patients,
Respiratory - telephone consultations
Paediatrics – virtual patient consultations

A pipeline of schemes that are currently in development has also been identified and this is shown at appendix 2. The pipeline of schemes is colour coded to show the various stages of development of each scheme i.e.:

- Idea
- Outline scope of scheme
- Gateway 1 plan (GW1) - *an outline plan*
- Gateway 2 plan (GW2) - *full project plan (including approved QIA and EQIA)*

11. Recommendation

The Scrutiny Committee is asked to:

1. Note the contents of this report and support the next steps

Appendix 1

Driver	Intervention
A service that our patients want	- Increased use of technology - Ease of access when needed - No unnecessary appointments - No delays – quick tests - More control/ empowerment - Rapid response
Changing behaviours	- Clinical engagement - Strong clinical leaders in each speciality - Secondary/ primary care clinical collaboration - Support and drive - Clinical champions - Proof of concept
Avoid unnecessary referrals	- Increase advice & guidance use (digital capability) - Review of legacy patients/ waiting list - Clinical triage Advice & guidance Straight to test Telephone triage OPD - Straight to test Direct access for GPs Clinical pathways (colonoscopy) - Telephone triage

	Consultant Nurse led/ middle grade - Retrospective referral peer review
Deliver care in the most appropriate setting	- Maximise the use of multi-disciplinary skills - Clear pathways of care - Shared care - Peer support and review
Reducing the number of appointments	- One stop clinics (cardiology, urology, breast) - Discharge at diagnostics (results by letter) - Nurse led follow up - Telephone follow up - Digital consultant to consultant referrals - Virtual clinics Virtual MDT Telephone/ skype - Community pathway (headaches) - Patient initiated follow up (PIFU)
Increased use of technology	- Maximise opportunities for virtual care - Shared records - Remote MDT's - Work with THIS to identify the 'art of the possible'

Appendix 2

Outcomes	Avoid unnecessary referrals		Increased use of technology			Reducing the number of appointments		Deliver care in the most appropriate setting	
Key	Improve referrals / triage	Advice and Guidance	Phone clinics	Virtual Patients Consultation	Virtual Review	One Stop Shop	PIFU	Nurse led Clinics	Services in primary care
IDEA	Cardiology: Review of Choose & Book referrals -	Neurology: Consultant lead headache pathway. Support referrals with better advice and guidance around MRI scanning reports	Cardiology: Nurse Led post MI patients clinic	General medicine: Stroke follow ups through digital methodology	General Surgery: virtual clinic review for colorectal follow-ups	Ophthalmology: One-Stop Cataract Clinic(remapping pathway completely)	Dermatology: Patients initiated follow up appointments (resolution to Open appts)	Cardiology Arrhythmia Clinic	Vascular: Enhancement of ABPI service in Community
Scoping	Ophthalmology: Paediatric, orthoptist and optometry triage & Emergency Triage	Diabetes: Improved Advice and Guidance to primary care to support referrals and patient management in primary care/ self management	Respiratory: Telephone Consultations for Asthma, COPD, Bronchiectomy patients	Paediatrics: virtual patient consultation inc epilepsy	Respiratory: Review by MDT of Nodule patients Telephone follow up.	Cardiology: Chest pain clinic remodelled.	Diabetes: Patients initiated follow ups	Cardiology: Further expansion of the Arrhythmia service	Diabetes: Support improved level of management in primary care
GW1	Ophthalmology: Expand triage into all other areas	Paediatrics: Development of cross health and social care information portal	Gastroenterology: Phone follow ups for Hep C pts (Leeds model)		Vascular: Nurse led Virtual Follow up clinics post MDT	Urology: One stop model for Prostate Cancer		ENT: Advanced Nurse Practitioner Nurse led T2 Clinic (currently on hold due to recruitment problems)	Cardiology : 7 day tapes in primary care
GW2	Respiratory: Triaging Electronic referrals.		Diabetes: Further roll-out of telephone follow ups		Diabetes: Virtual review of patients follow up (post diagnostics)	Cardiology: One Stop Arrhythmia Clinic /		Ophthalmology: Delivery of intravitreal injections by nurse specialist	Vascular: Lymphodaema pathway
	Diabetes: Development of referral pathways supported by triage		General Surgery: Telephone clinics for annual follow ups with Stoma patients to reduce face to face appointments		Cardiology: Virtual MDT Clinic for post pacemaker management	General Surgery: Straight to test for colorectal patients (Lower GI)		Gastroenterology: Nurse led clinic slots	
	Dermatology: Digital imaging of referrals for triage		Gyne: Telephone follow ups with patients to reduce face to face appointments. Reduce clinics to match activity			Gastroenterology: straight to test		Ophthalmology: Glaucoma Virtual Clinic Increased use of optometrists	
	Urology: Clinical triage on all referrals					Vascular: One stop varicose vein clinic and medical triage		ENT: Audiology led clinic slots for grommits and tinitus	
	Vascular: Developing referral pathways into vascular services/ leg pain								