Transforming Outpatient Care

Delivering high-quality, person-centred outpatient care

Update for Kirklees Scrutiny Committee Meeting

September 2019

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

Transforming Outpatient Care

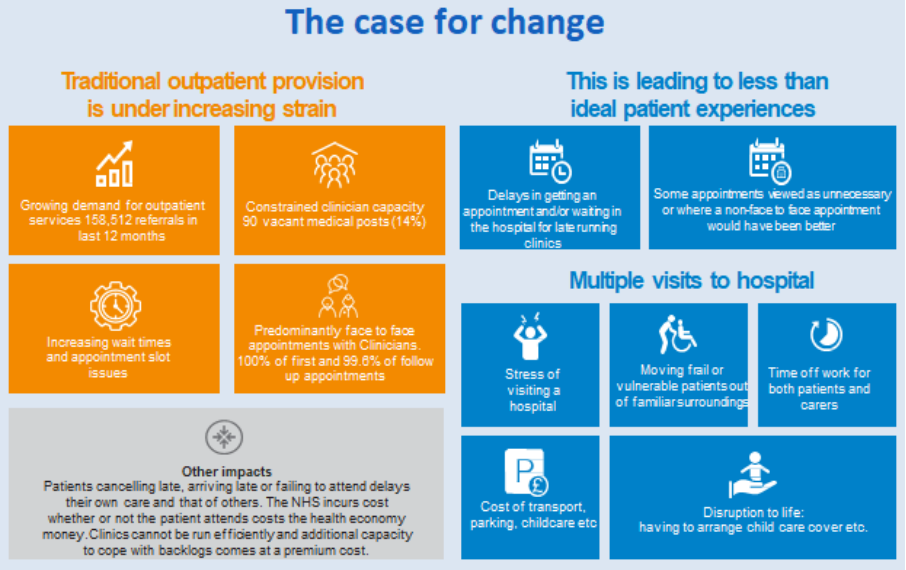
1. Purpose of the Paper

The purpose of this paper is to provide an update to the Scrutiny Committee on the Calderdale and Greater Huddersfield Outpatient Transformation Programme, and describe the work undertaken in the first year of the project.

2. Background

Calderdale and Huddersfield NHS Foundation Trust (CHFT) records circa 350,000 attendances at outpatient clinics across the two hospital sites per year, a third of which are 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.

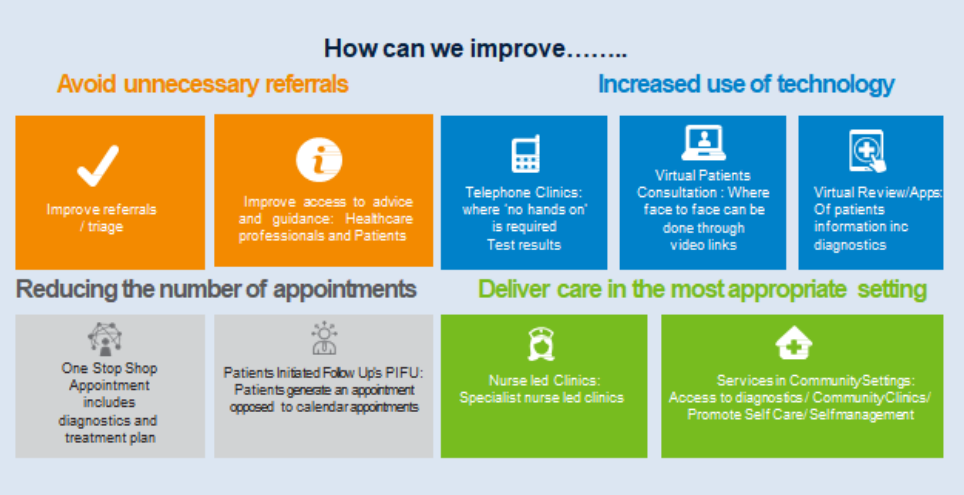


The project builds upon the system hosting one of the most advanced digital infrastructures in the country, integrating the live primary and secondary care record, and enabling an exciting platform for shared pathways and innovative technical alternatives for patients to access care. Our clinicians are working together to break through organisational boundaries to create a community of care for patients when they need it.

The programme is changing the outpatient service from a traditional approach where patients are referred into hospital with 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.

3. New Models of Care

Feedback from patient groups and system partners, focused our programme on the following themes



In 2018/19 the project positively impacted on over 8,000 patient attendances, delivering care in either a different way or removing the need for unnecessary appointments through a wide range of new outpatient models

Examples of these are:

- Cardiology One-Stop Arrhythmia Clinic
- Virtual MDTs for Post Pacemaker patients
- Cardiology Chest Pain Pathway
- Shift from consultant led to nurse led post-MI clinic
- Urology One Stop Model for Prostate Cancer
- Ophthalmology clinical triage
- Straight to test for colorectal patients
- Virtual Fracture Clinics
- One Stop Varicose Vein Clinic
- Day case knee replacement pathway using virtual/ remote monitoring

Based upon pilot evaluations including patient engagement and feedback, we developed our 2019/20 plans which aim to impact upon a further 10% of attendances (34,000). This will be achieved by services sharing their experience, learning and rolling out tested pathways across the Trust and Primary Care.

4. Examples of Current Pathway Pilots

- The straight to test colorectal model where referrals are reviewed by a clinician and where appropriate patients access their tests prior to their consultation. This has reduced number of patients attending clinic and fast tracked patients who required treatment for cancer. This is now being trialled in gastroenterology and cardiology.

- Pilot of ECG 48/ 72 hour continuous monitoring in primary care, where monitors are fitted by the GP practice, with recordings remotely uploaded and reported by the trust physiologists. All confirmed arrhythmias are then directed to the 'One-Stop Arrhythmia clinic' enabling fast access and treatment for patients with atrial fibrillation, or alternatively, negates the need for hospital referrals for patients where an arrhythmia is not detected.

- Roll out of the diabetes transformation programme including virtual consultations for adolescents, app remote monitoring, and collaborative management of renal issues with Leeds. Our adolescent diabetes clinics have experienced high numbers of patients not attending. This can seriously impact on their health in the future, and lead to an increased workload for primary care.

When asked following a virtual consultation, patients from the adolescent clinic confirmed that they would have skipped their appointment had they had to travel to hospital.

- Parents of children with epilepsy told us of the anxiety build up their children when attending hospital and the impact that has on the family. We have now trialled virtual consultation with families with outstanding results. Children are at ease and able to talk and express themselves to their clinician in a less stressful environment.

- Our prostate one stop clinic has reduced the pathway for this group of patients by up to 50% from referral to treatment at the specialist centre.

- 80% of patient with leg pain are discharged following their first outpatient appointment with conservative treatment. The new pathway removes the need for referral and provides clear guidance to GP's regarding appropriate assessment and management in primary care.

- Our teams are working with colleagues in customer facing companies to share learning on how to work with service users to enhance their experience of digital technology. We will be developing digital hubs in all our outpatient areas including Todmorden Health Centre to assist people in use of the Patient Portal, virtual consultations, and to explain some of the developments that we are undertaking.

- In specialities such as colorectal, we have removed the need for any consultation in circumstances where diagnostic tests are reviewed virtually and no further action is required.

5. Patient Engagement

In partnership with the CCG's and Healthwatch, we have re surveyed our patients to gain a richer perspective of how our service users wish to access care and ensure our engagement

is inclusive. With over 1500 responses, the team is currently collating and analysing feedback.

We realise that this is not a 'one size fits all' approach and have worked closely with Healthwatch Kirklees and Calderdale to engage with hard to reach groups and those with protected characteristics under the Equality act, to test our models to establish any barriers to enable reasonable adjustments to be made where appropriate.

6. Outcomes

Benefits to patients

Example of the impact on our patients includes:

- Virtual clinics and remote monitoring for adolescent diabetes has reduced the number of patients failing to attend their appointment (DNA's)
- Parents of children with epilepsy told us of the anxiety build up their children when attending hospital and the impact that has on the family. Virtual clinics has dramatically reduced their anxiety and enables more involved consultations where children feel at ease in their homes
- Patients with cancer receive treatment in significantly less time – 50% less in prostate pathways
- 100% of our patients said they would choose the rapid access arrhythmia pathway
- Patients feedback on the Virtual Fracture Clinic is 100% positive
- Ongoing work with Healthwatch continues to develop a full Equality Impact Assessment
- Reduction in the number of hospital visits for thousands of patients saving them time and money

System Benefits

As this is a system wide project, the impact can be measure across the health economy.

In the first year of the project we impacted on 8,000 patients' attendances by either removing the need for the appointment or delivering the care in a different way. This has enabled us to reduce our Waiting List Initiative payments, bank and agency spend, and allowed clinicians to refocus their clinical time in theatres, clinics and on the ward areas.

By co-designing pathways with both patients and primary care GP's, we can ensure that pathways are safe, accessible and the patients received the right level of support in the most appropriate way.

7. Recommendation

The Scrutiny Committee is asked to:

1. Note the contents of this report and support the ongoing work.