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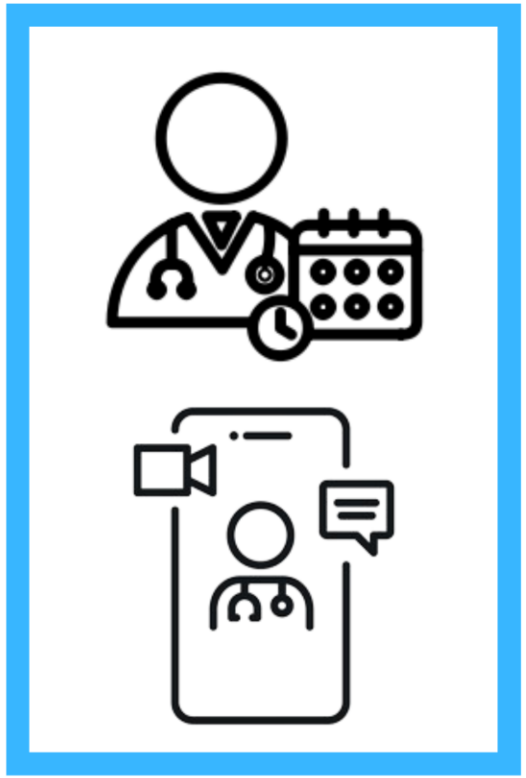

Outpatient Transformation Conference South 2023

Agenda for today

Wednesday 4th October | 15Hatfields, London

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Outpatient Transformation Conference South 2023

Welcome to the Outpatient Transformation Conference South 2023!

4th October 2023
8am – 4pm
15Hatfields, London

Outpatient Transformation Conference South 2023

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Outpatient Transformation Conference South 2023

Chair Opening Address

Katrina Davies
Outpatient Transformation Programme Director - Barts Health

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Outpatient Transformation Conference South 2023

Speaking Now…

Sarah Tilsed
Head of Patient Partnershi - Patients Association

Teena Chowdhury
Deputy Director, Care Quality Improvement Directorat - Royal College of Physicians

Royal College of Physicians

Future of outpatient care - strategy

- Teena Chowdhury, Deputy Director, Care Quality Improvement Department, Royal College of Physicians
- Sarah Tilsed, Head of Patient Partnership, The Patient Association

NHS England

What are we trying to achieve?

- Reducing health inequalities
- Safer care
- Integrated care
- Personalised care (evidence based)
- Better outcomes

Royal College of Physicians

NHS England

Dr Vin Diwakar, Medical Director National Transformation and Medical Directorates in NHS England, said at the first summit -

''We are ready to hear ideas, old and new, and to work through what changes can be made and how they can be implemented by working with those who deliver services and those who will be most impacted by any change''

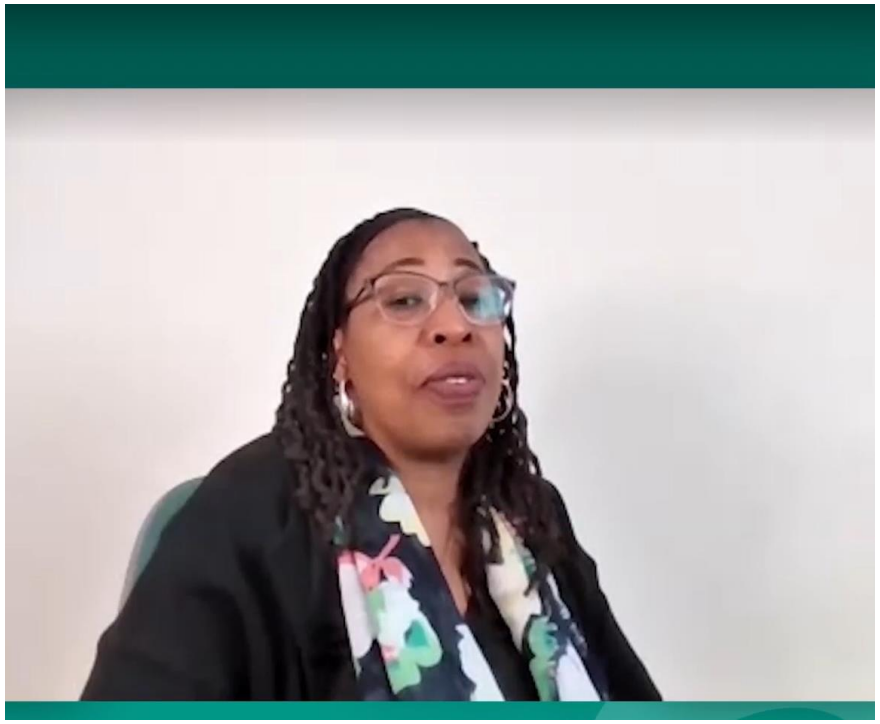
A message from Dr John Dean, Clinical Vice President, RCP

"There are many examples of excellent and innovative practice that we can share, learn from, spread and adapt and we must do that"

“We have a tremendous opportunity to make things better for patients, their families and staff”

Patient Panel

Irene



Georgina

"There was some great discussion. I feel it was great to have the opportunity for us as patients to at least have a seat at the table when processes and procedures that directly affect us are being looked at. I really enjoyed the summits"

the patients association

Workstreams

- Patient engagement and involvement
  - Patient survey
  - Focus groups and reports
- Literature review
- Case studies, best practice, blog series – *Medical Care – driving change*
- Stakeholder engagement
  - Meetings
  - Survey
  - Social media

How we worked with patients

- Focus groups
  - Reports
- Steering Group
- Summits
- Survey

the patients association

Who have we engaged with?

- Clinicians from multiple specialties and disciplines
- Clinicians at different career grades
- Clinicians in different regions working in local and regional roles
- Clinical leaders in national roles
- Policy and strategy development colleagues in national roles
- Members of provider teams with expertise in patient safety, transformation, quality improvement, digital transformation and implementation

Summits

Summit 1
25 May 2023
Stakeholder engagement

Summit 2
21 June 2023
Accessing quality care

Summit 3
6 July 2023
Future models of care

Summit 4
14 Sept 2023
Delivering care fit for now and the future

Themes (wider context)
Patient experience
Digital health
Health inequalities
Implementation of change

Royal College of Physicians

NHS England

Early questions

- What is the purpose and value of outpatient care?
- What are the enablers for good care?
- What do we need to transform care?
- What does access to outpatients mean to you?

What is the value and purpose of outpatient care?

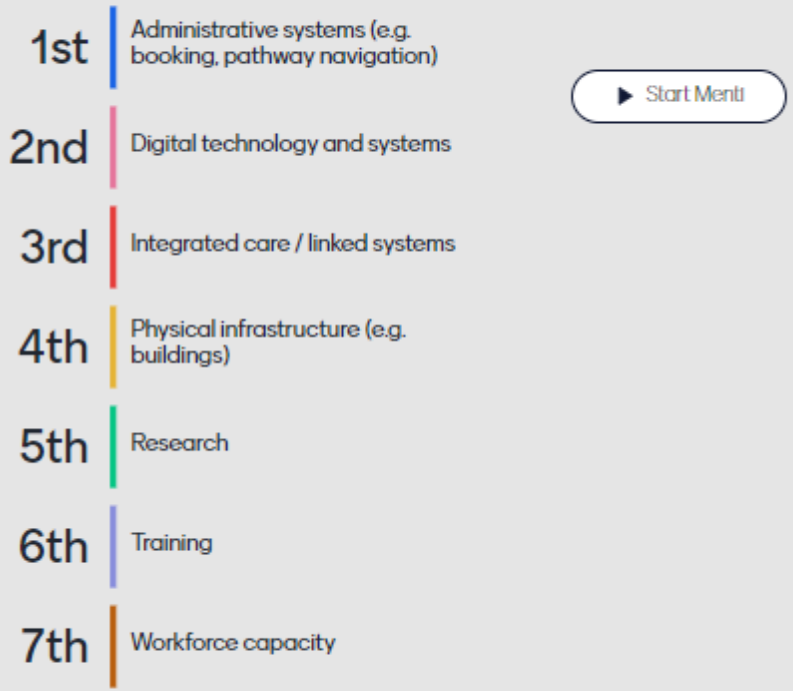
Waiting for responses ...

What is the purpose and value of outpatient care?
(responses from summit participants)

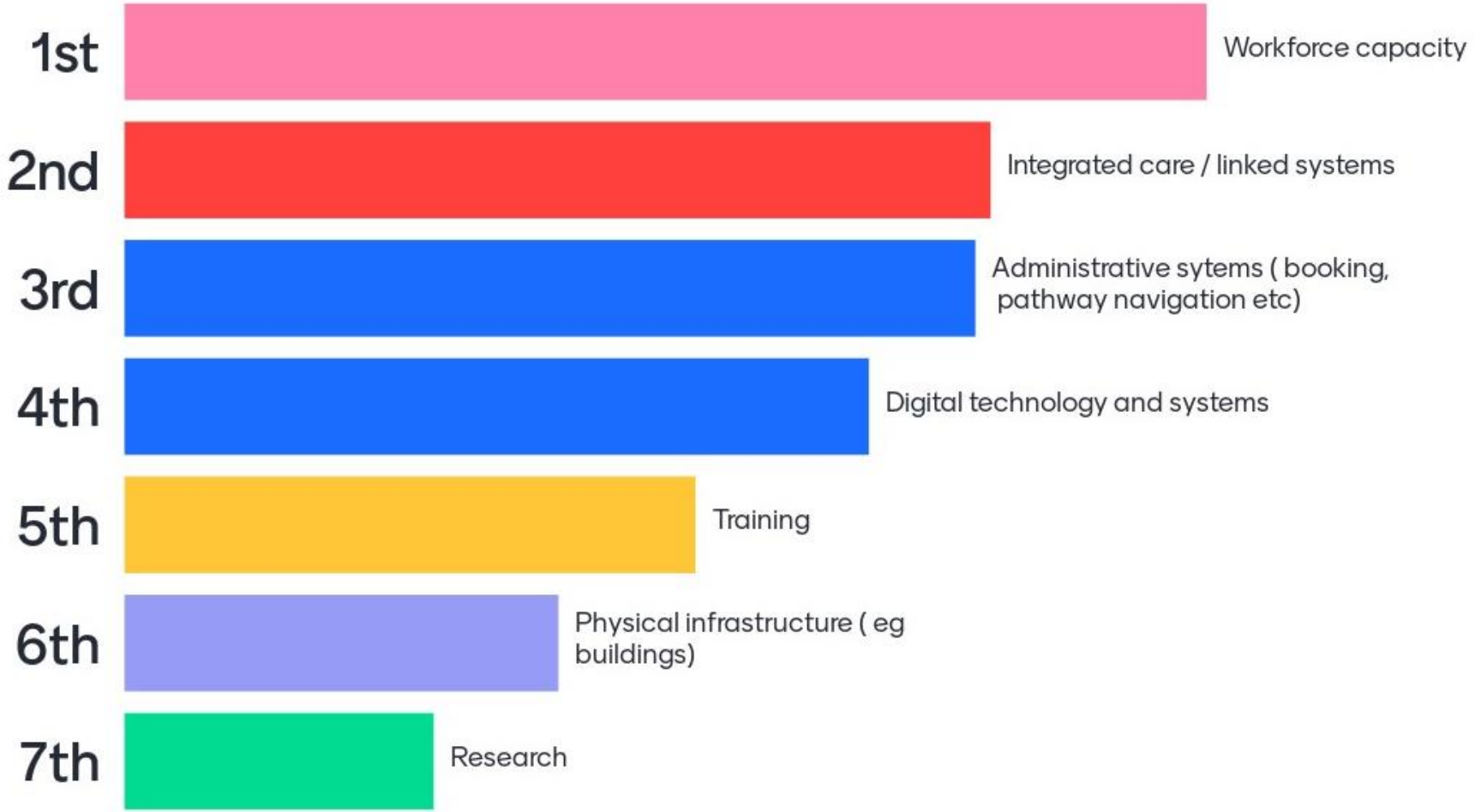
Join at menti.com use code 3477 7161

Mentimeter

What are the enablers for good care?



What are the enablers for good care? (responses from summit participants)



Join at menti.com use code 3477 7161

Mentimeter

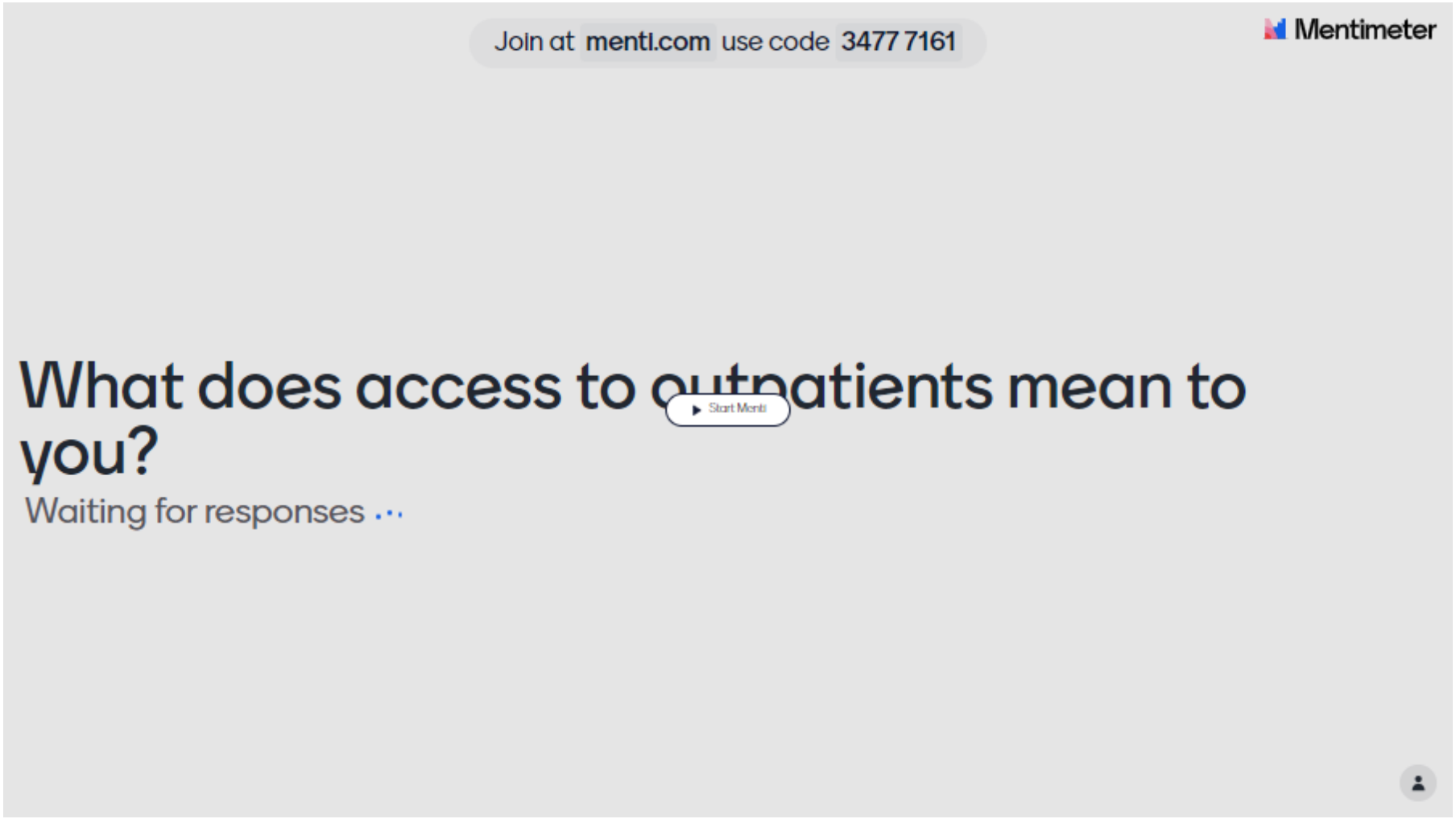
What do we need to transform care?

Start Menti

Waiting for responses ...

What do we need to transform care? (responses from summit participants)

What does access to outpatients mean to you?



What does access to outpatients mean to you? (response from patient panel)

10 key themes from the summits

Royal College of Physicians

NHS England

Patient centred

- Patient choice and empowerment
- Personalised care
- Whole person care/holistic care

Whole pathway

- Integrated care
- Communication

Accessing quality care

- Health inequalities
- Coordination of care

Enablers to deliver good care

- Digital health
- Education and training
- Workforce capacity

Next steps

- Final stage of the listening and engagement exercise
- Reflecting on the work so far to draft the strategy
- Strategy to be published in December 2023

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Outpatient Transformation Conference South 2023

Speaking Now…

Mr Daniel de Rozarieux
Director of Elective Care - NHS Sussex

NHS Sussex

Introducing... My Health and Care+

Improving Lives Together

What is My Health and Care+ ?

Across Sussex, all health and care partners are working to reduce waiting lists and the length of time that people are waiting for care.

This month a new initiative goes live in Sussex that will improve patient choice and reduce waiting times.

My Health and Care+ (MHC+) provides patients with greater visibility of their referral through the NHS App, and support providers to streamline contact and communication with patients, which in turn is expected to speed up pathway processes.

Sussex is one of three systems in the country to be selected to implement the new initiative that will be available through the NHS App and through a voice call system for those who are not digitally enabled.

MHC+ will integrate with our internal systems and will work to support our booking processes, patient communications and validation of waiting lists.

The Sussex implementation process is expected to run from September 2023 to March 2024 with a formal evaluation to follow.

What will this mean for patients?

The functionality will enable patients to:

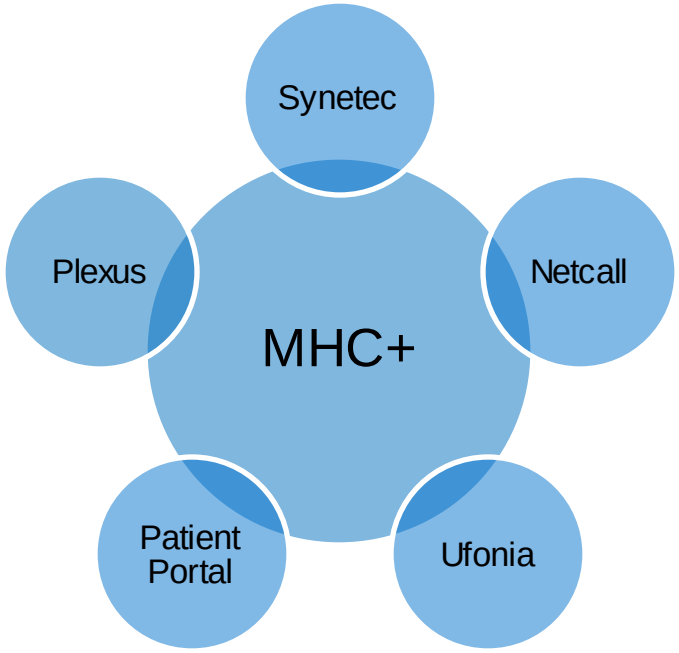
- Know when their referral has been triaged and accepted;
- Receive appointment reminders;
- Have improved patient choice and opt to travel further for a shorter waiting time;
- View and change their appointments;
- Be validated every 12 weeks;
- Be engaged in shared decision making;
- Receive more resources and information as they wait; and
- Receive early health screening questionnaire.

What are the benefits to us?

- There are currently large numbers of people waiting too long for diagnostic services and planned care, which can cause a deterioration in their condition, impact on their day-to-day lifestyle, and affect their general health and wellbeing.
- Across Sussex, health and care partners have agreed that reducing the length of time people are waiting for diagnostic and elective care is one of the four key immediate improvements for the system this year.
- My Health and Care+ will provide patients with increased choice and enable patients to be more involved and engaged in their pathway.
- My Health and Care+ will help system partners in Sussex to reduce waiting times for patients through regular validation of patients' needs and improved patient choice.
- Ultimately, My Health and Care+ is a key initiative to support our system work to reduce the length of time that people waiting for elective care in Sussex.

How will this work with our systems?

The functionality of MHC+ will be delivered through integration with suppliers:



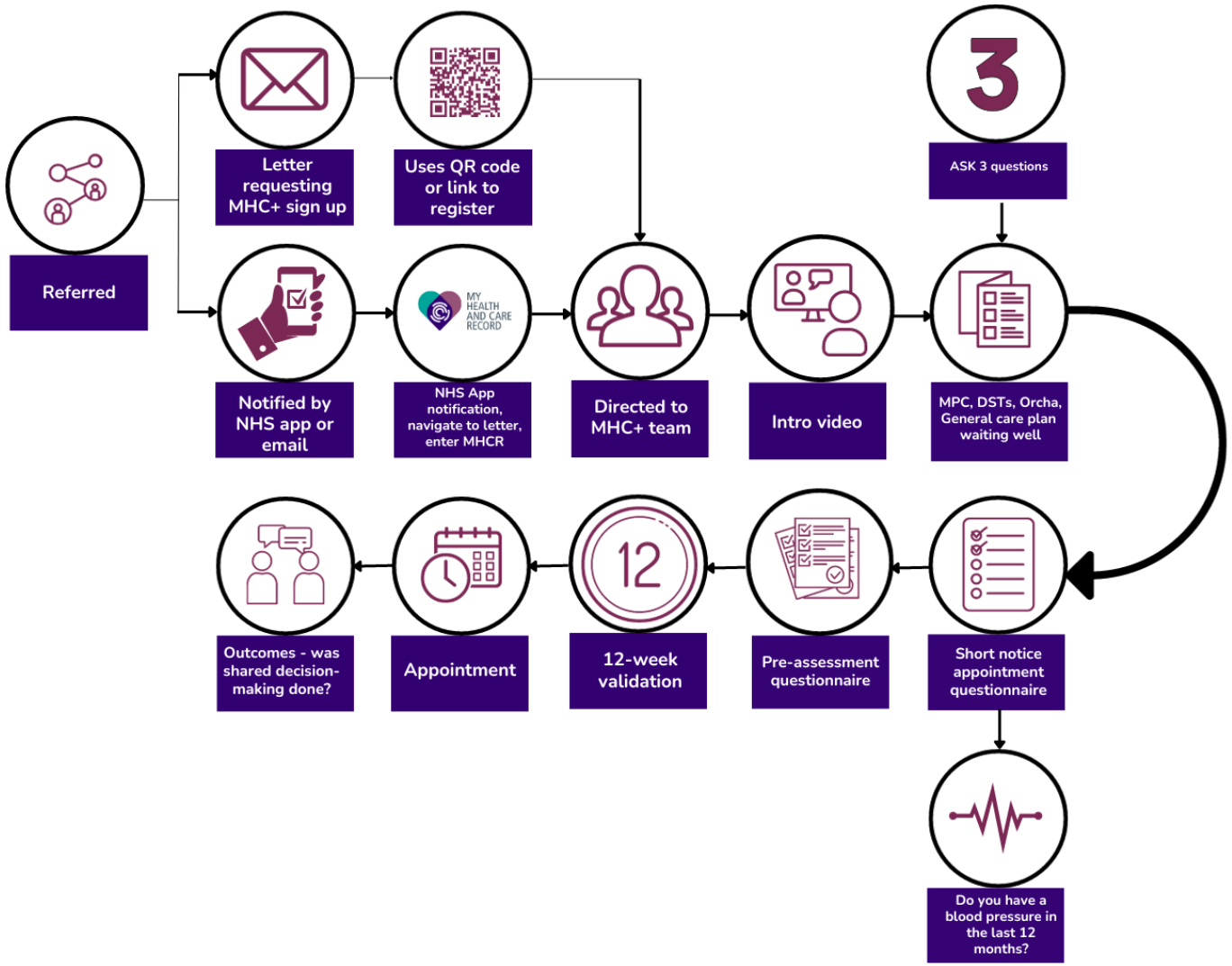
Patients across Sussex will experience MHC+ in one of two ways:

The Patient Portal (MHCR)/ NHS App

Natural voice language calls where patients are not able to engage via the Patient Portal

Improving Lives Together

How will it work for patients?



This outline shows how patients will be to use the new functionality, and how this will support at each part of the referral pathway.

Improving Lives Together

Benefits of MHC+

What will this mean for patients?

Patients will know when their referral has been triaged and accepted

15 – 30% reduction in admin time in primary and secondary care

Patients will receive appointment reminders

Reduced DNAs

Patients can opt to travel further for a shorter waiting time

Improved patient choice and reduced waiting times

Patients will be able to view and change their appointments

Reduced late patient-initiated cancellations

Patients will be validated every 12-weeks

10% of patients removed from the waiting list following validation

Patients will be engaged in shared decision making

Patients are more engaged in their care

Patients will have more resources/ information available to them

Patients gain education and insight

Patients will receive early health screening questionnaires

Ability of optimise patients and appropriate use of recourses

Improving the way we work

- Reducing time spent responding to patient queries by hospital booking teams and GP practices;
- Validation will enable trusts to keep up to date waiting lists with trusted updates directly from the patient;
- Hospital administrative staff can manage their access duties to carry out other tasks;
- Scaling of shared decision-making leads to avoidable progression to surgery. Estimate between 1,000 – 2,500 fewer procedures;
- Enable adjustment and equity of waiting lists by identifying patients willing to travel to alternative providers;
- Clinicians will have more information available before the first appointment through the contact with the patient through the NHS App;
- Reduced length of stay and reduced complications associated with enhanced pre-habilitation support;
- Live information on patients who are ready for elective care and therefore this can help with consideration of short notice changes to surgery schedules;
- PALS expected to receive fewer patient contacts, concerns and complaints.

What we could see in numbers…

- Increase the number of people on HVLC pathways engaged in a meet and greet pathway under use case 2 – over 1000 patients a month
- Onboard existing patients on the non-admitted waiting list – 30-50%
- Increase the number of people using the NHS App in Sussex to 65%
- Freeing up administrative time in primary care/ community care/ secondary care by reducing the volume of expedites and duplicate referrals patients enquiring about the status of their referral
- Freeing up administrative time in hospitals from responding to e-mails from patients enquiring about the status of their referral by 15-30%
- Reduction in DNAs resulting from patients unaware that they have been referred to secondary care and not attending*

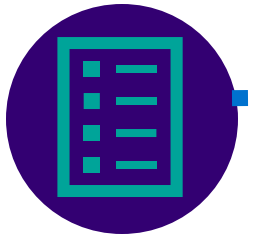
Timeline for implementation

What will this mean for patients?

Phase 1: Sept
Initial implementation

The initial phase will be to test the implementation in ophthalmology.

Phase 2: Oct - Nov
Increase functionality



Then every fortnight there will be new specialities being added.

Phase 3: Dec
Full go-live

By December it is expected all specialities will be using MHC+ for elective care.

Improving Lives Together

Outpatient Transformation Conference South 2023

Q&A Panel

Outpatient Transformation Conference South 2023

Morning Break

Outpatient Transformation Conference South 2023

Chair Morning Reflection

Katrina Davies
Outpatient Transformation
Programme Director - Barts Health

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Up Next…

Outpatient Transformation Conference South 2023

LHR People.Health.Care.

Outpatient Transformation Conference South 2023

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Outpatient Transformation Conference South 2023

Speaking Now…

Ellie McLeod-Barker
Regional Commercial Manager - L&R UK

People.Health.Care.

Workforce and clinical transformation through partnership working

Ellie McLeod-Barker, Commercial Manager, L&R

The burden of wound care is escalating…

£8.3 billion

Annual estimated healthcare cost associated with wounds

49%

of chronic wounds healed within 12 months

3.8 million patients

managed by the NHS with a Wound

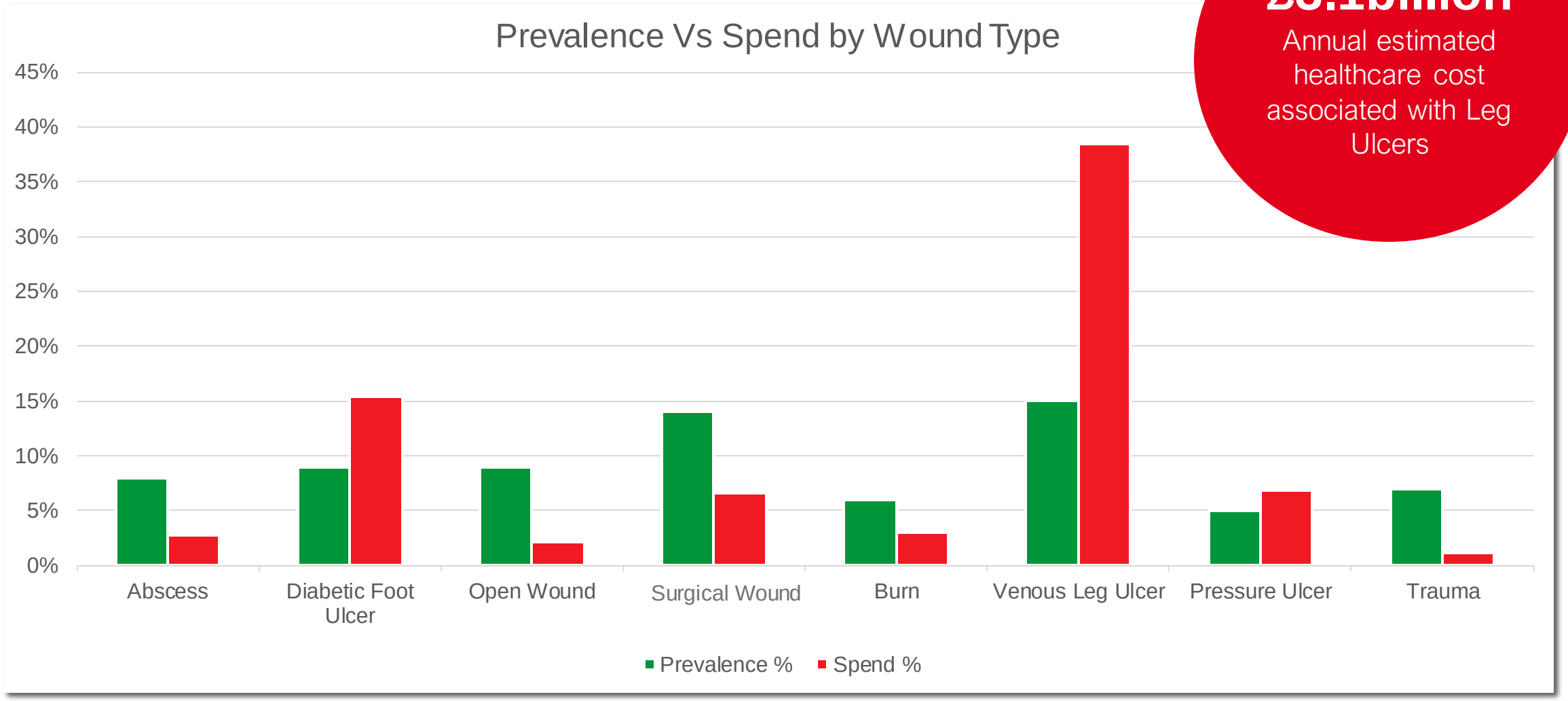
71%

Increase in the prevalence of wounds

1. Guest et al. 2020
2. NWCSP, 2020

The burden of wound care is escalating

£3.1billion
Annual estimated healthcare cost associated with Leg Ulcers



Guest et al. 2020

The community workforce challenge

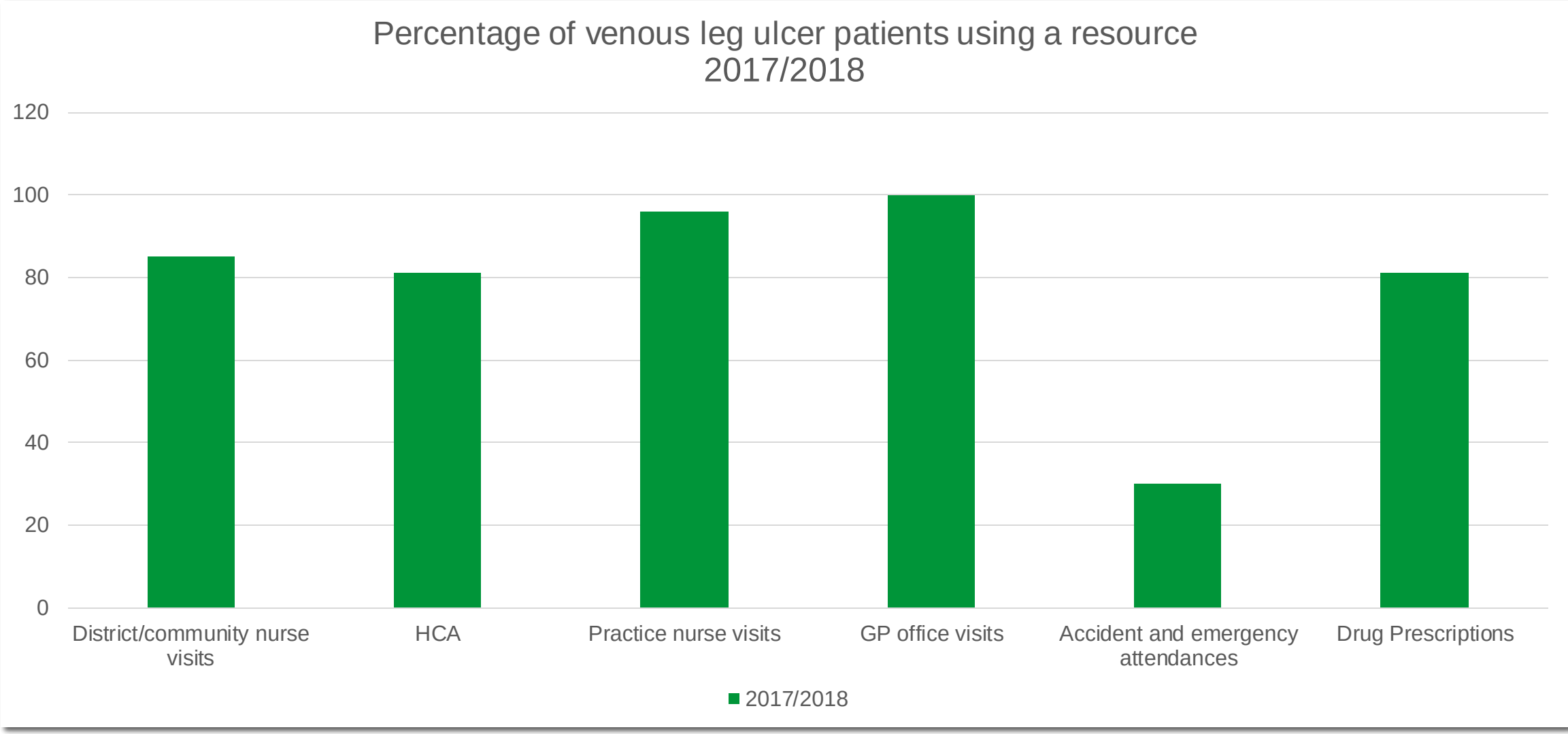
"There are less nurses to care and more patients needing care"

The following comments were heard by the RCN during a community nursing forum:

- "Minimum staffing requirements aren't being met within my team"
- "I am making at least 20 patient visits per day – I don't have enough time"
- "My experienced colleagues are leaving and not being replaced - this impacts on my patients"
- "My wellbeing is suffering, and I don't have support"

RCN District and Community Nursing Forum from 492 nurses surveyed between November and December 2020

The burden of wound care is escalating



Guest et al. 2020

Betty's Story

January 2017

NHS RightCare

NHS RightCare scenario:
The variation between standard and optimal pathways

Betty's story: Wound care

January 2017

https://www.england.nhs.uk/rightcare/wp-content/uploads/sites/40/2017/02/nhs-rightcare-bettys-story-app1.pdf

NHS RightCare

Financial information

Analysis by provider	Sub-optimal	Optimal
Acute	£1,703	£0
Ambulance service	£466	£0
Community teams	£2,167	£12
Primary care	£1,334	£346
Pharmacist	£3	£3
Leg ulcer pathway	£0	£144
Grand total	**£5,673**	**£505**

In the suboptimal scenario:
- Dressings represent £1,353 (24%) of the total costs versus £88 in the optimal pathway.
- Clinical time represents £2,139 (38%) of the total costs versus £195 in the optimal pathway.

Action needed for patients

"The thing I found hardest was how difficult it was to get around. Especially when my doctors were insisting on having my dressings changed **three times a week"**

"It feels like there's **little tiny people inside your leg with knives stabbing you** or **hot acid** is being poured down your shin"

"I have dealt with the same problems since I was 20 years old. I'm now 43 and **I am about to give up**. This battle has been horrendous **it's taken everything from me**."

"**After 5 years,** this was the first time I'd been told that what I had was a leg ulcer. I didn't know what a leg ulcer was or what it looked like. I'd spent months being told it was an infection and being given antibiotics rather than compression"

"The last one was the most severe and I think the results from that and everything else that occurred as a result of it, **has terrified me**."

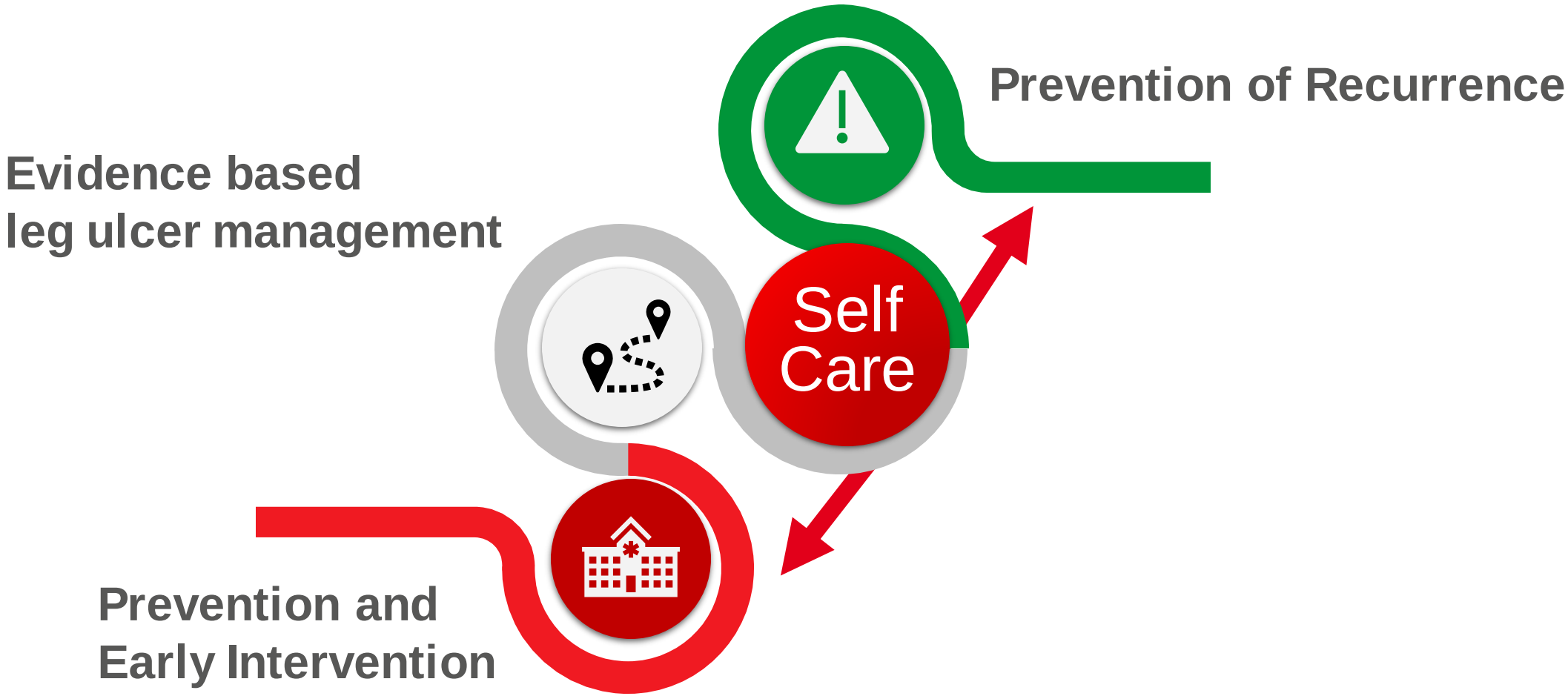
The need to optimise the patient pathway is evident:

1. NHS Long Term Plan

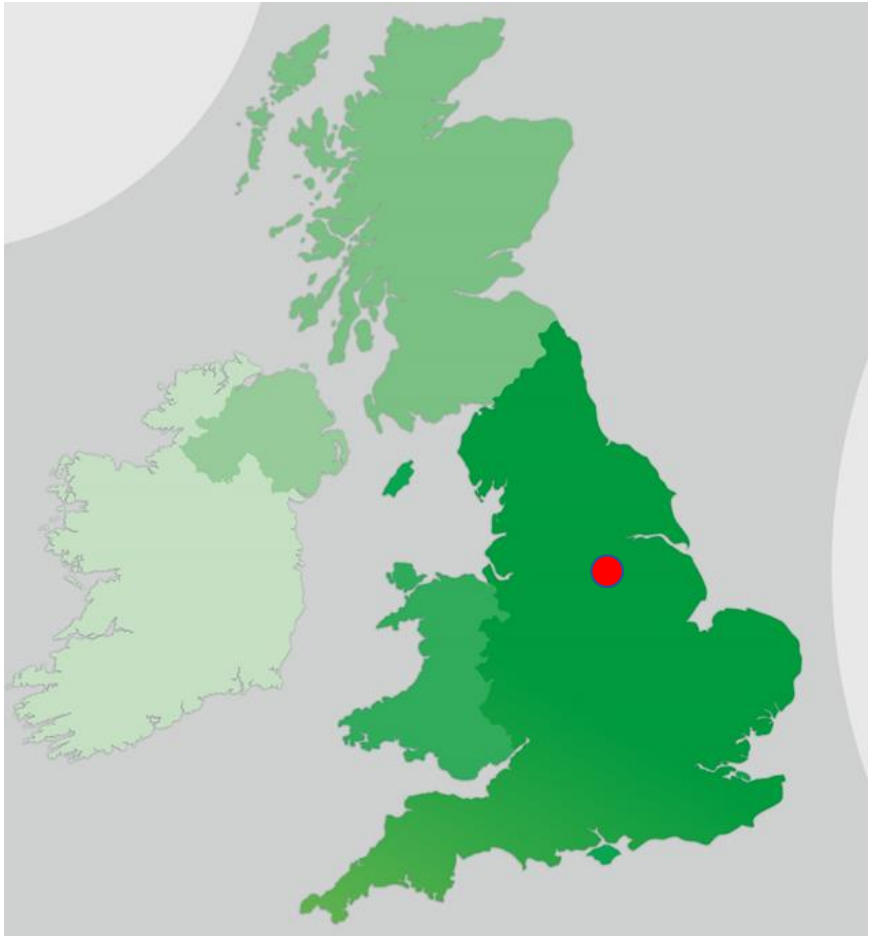
2. NHS White Paper: Integration and Innovation

3. National Wound Care Strategy Programme (NWCSP) Lower Limb recommendations for clinical care

A solution for the whole patient journey



South West Yorkshire Partnership Trust



2,000
The approximate number of new patients presenting with leg ulcers at South West Yorkshire Partnership Foundation Trust in a 12-month period (2019)

Up to **1,380** may re-present to South West Yorkshire Partnership Foundation Trust with a recurring leg ulcer annually

£4.3 million
The annual approximated cost associated with treating patients with leg ulcers in South West Yorkshire Partnership Foundation Trust

Implementing a 3 step approach…

1

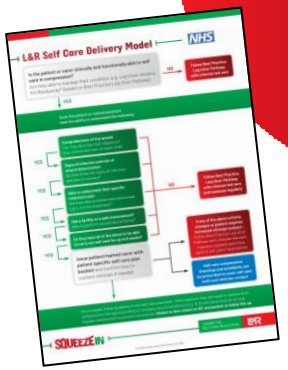
CLINICAL TRANSFORMATON

Atkin and Tickle (2019)

2

SERVICE EFFICIENCIES

SELF-CARE DELIVERY MODEL



Halls Hoyes (2021)

3

EDUCATION AND COACHING

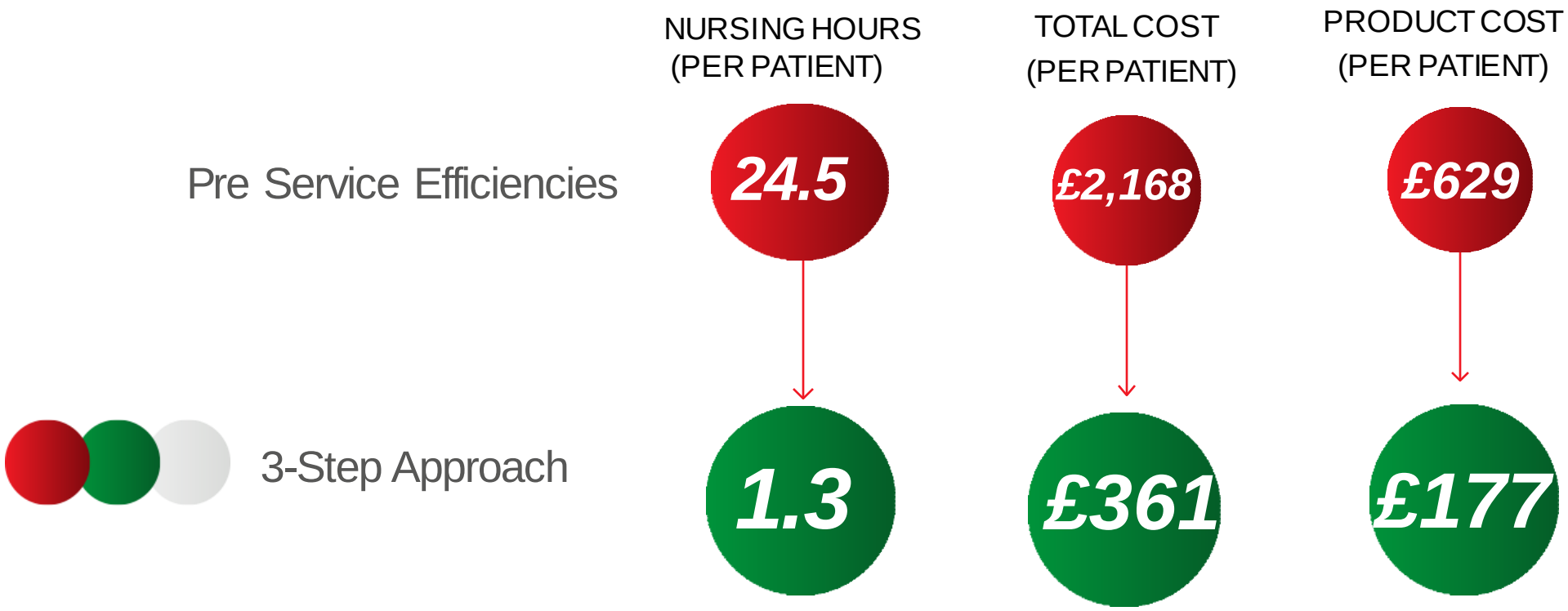
SQUEEZE IN

NHS
South West Yorkshire Partnership
NHS Foundation Trust

Based on:
1. Atkin & Tickle 2019
2. Hallas Hoyes et al 2021

The results from service model transformation

South West Yorkshire Partnership NHS Foundation Trust



Achieved along with 72% healing at 18 weeks and 99% healing at 42 weeks

1.Hallas-Hoyes et al. (2021).

National Scalability

Per 100,000 population:
(total cost release or cost avoidance)

£903,500

If up to 25% of patients with leg ulcers were supported by the self care delivery model nationally

Per 100,000 population:
(product cost release or cost avoidance)

£226,000

If up to 25% of patients with leg ulcers were supported by the self care delivery model nationally

Per 100,000 population:
(nursing hours)

6 FTE

If up to 25% of patients with leg ulcers were supported by the self care delivery model nationally

System wide improvements:

South West Yorkshire Partnership NHS Foundation Trust

Staff Health and Wellbeing Improvements:

100% *of staff reported an* ***increased level of motivation*** *to support patients to self-care*

80% *of staff said they could* ***spend more time*** *with patients who cannot self-care and on other care duties*

67% *of staff believe that using a self care model has* ***reduced their workplace stress levels***

Sustainability:

60% *reduction in miles driven (where patients are treated on the Self Care Model)*

£535 *saving in fuel costs per 100 patients*

1,471kg *saving in CO2 per 100 patients*

1.Hallas-Hoyes et al. (2021).

Improved patient outcomes

South West Yorkshire Partnership NHS Foundation Trust

- Enabling patients to stay in employment while receiving treatment
- Patients preferred not being confined to set appointments
- Reduced financial impact due to travel
- Increased empowerment to take ownership of their care
- **Friends and Family Test: 100% rated the Leg Ulcer Service outstanding with no negative comments (1,481 respondents)**

100%
Outstanding friends and family test

Comments from patients on the self care delivery model in South West Yorkshire Partnership Trust

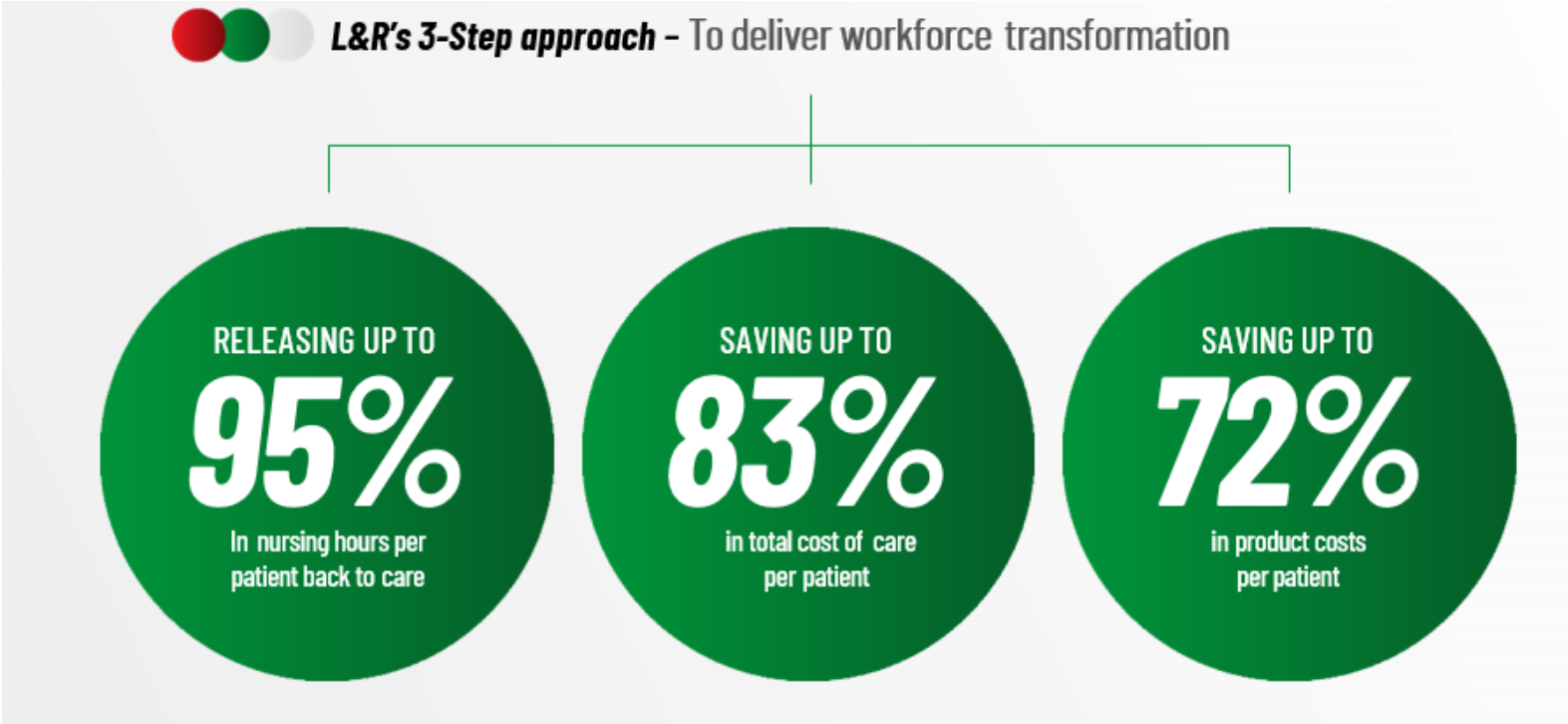
Award winning approach

HSJ Partnership Award March 2022
Most effective contribution to clinical redesign L&R Medical and SWYPT

"The project achieved impressive results with regards to the impact on workforce utilisation and patient empowerment while ensuring high standards of clinical outcomes. There is considerable potential for the approach to be rolled out rapidly and at scale across the country which is likely to result in significant savings of care hours needed as well as costs, while allowing patients to have more flexibility with regards to their care."

Summary

- The burden of wounds is growing, placing a significant impact on the patient population and the NHS
- This is compounded by the community workforce challenge that is more prevalent than ever before
- Working together we can achieve workforce transformation by implementing a self care programme, reducing the demand on workforce capacity, improve service efficiencies and deliver wider benefits for both patients and the clinical team.



Hallas-Hoyes et al. (2021)

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4. Hallas-Hoyes et al. (2021). An advanced self-care delivery model for leg ulcer management: a service evaluation. JWC

5. Atkin, L. et al. (2019) Updated leg ulcer pathway: improving healing times and reducing costs. British Journal of Nursing, Vol 28. (20) Suppl.

6. COVID 19 - Advice in relation to Wound Care in Community Services.

7. HSJ Partnership Award 2022
   Most effective contribution to clinical redesign
   L&R Medical and South West Yorkshire Partnership NHS Trust, Tissue Viability Service

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Outpatient Transformation Conference South 2023

Speaking Now…

Katrina Davies
Outpatient Transformation Programme Director - Barts Health

Outpatient Transformation at Barts Health

Our Journey So Far and Ophthalmology Case Study

Katrina Davies, Outpatient Transformation Programme Director
George Patnelli, Service Manager – Ophthalmology, Royal London Hospital

Outpatient Transformation Programme

Project Aim:	To support Barts Health to reduce outpatient follow-up activity by 25% and deliver 106% of outpatient activity against the 2019/20 baseline by March 24.		
Sites in Scope:	All	**Specialties in Scope:**	Orthopaedics, Respiratory/Sleep Medicine, ENT, Gynaecology, Dermatology, Diabetes, Cardiology, Urology, Gastroenterology and Ophthalmology

Improvement &Transformation contribution

- Using GIRFT, Royal College & other national guidance/best practice to benchmark and identify potential improvements in:
  - Follow-up appointment pathways
  - Follow-up capacity on clinic templates
  - Patient Initiated follow-up appointments
  - Specialist advice (A&G, A&R)
  - Remote consultation offer
  - DNA rate
- Implementation of the Patient Portal - Patient Knows Best - and opportunities for added value

Supporting Trust's Priorities

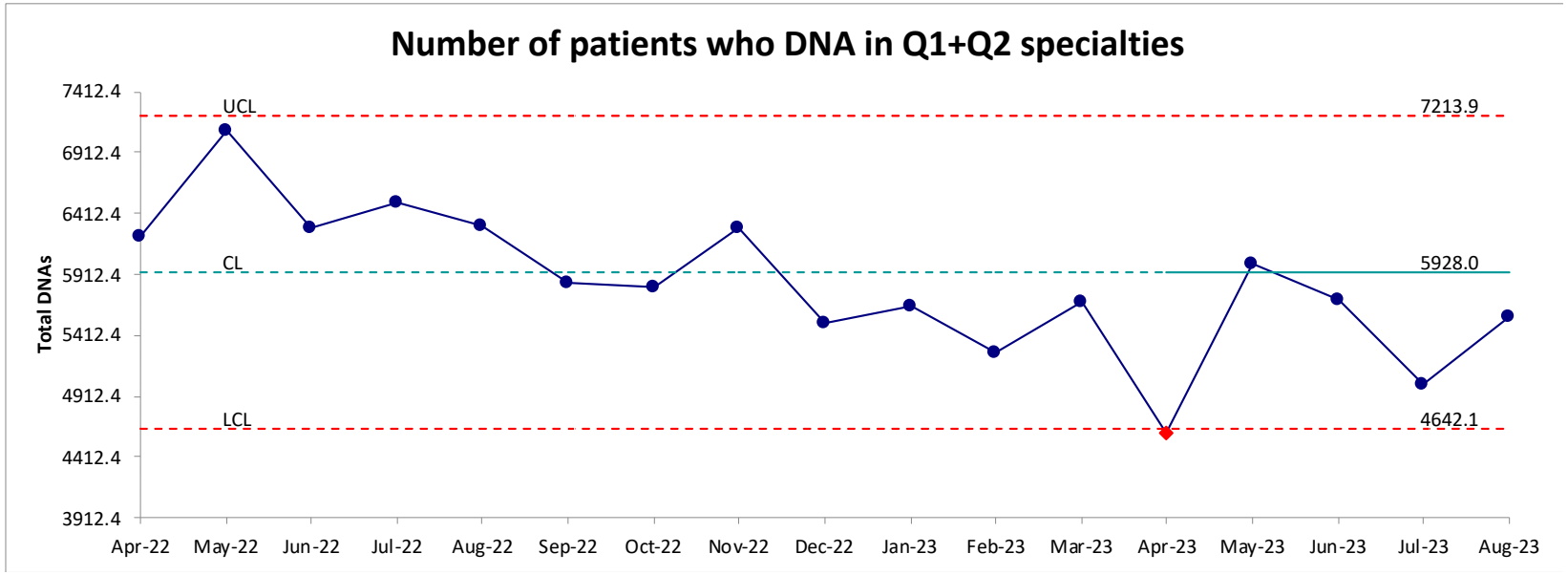
- Reduce follow-up appointments by 25% against the 19/20 baseline
- Deliver 106% outpatient activity against the 19/20 baseline
- Diverting 2.3% of appointments through specialist advice
- Offer meaningful choice at point of referral and at subsequent points in the pathway
- Productivity objectives:
  - Reducing first and follow up outpatient appointment DNA rate against 22/23 baseline (site/speciality specific)
  - Reduction in outpatient new / follow-up ratio (site/speciality specific)
  - 25% of appointments via remote consultation

Supporting Strategic Priorities

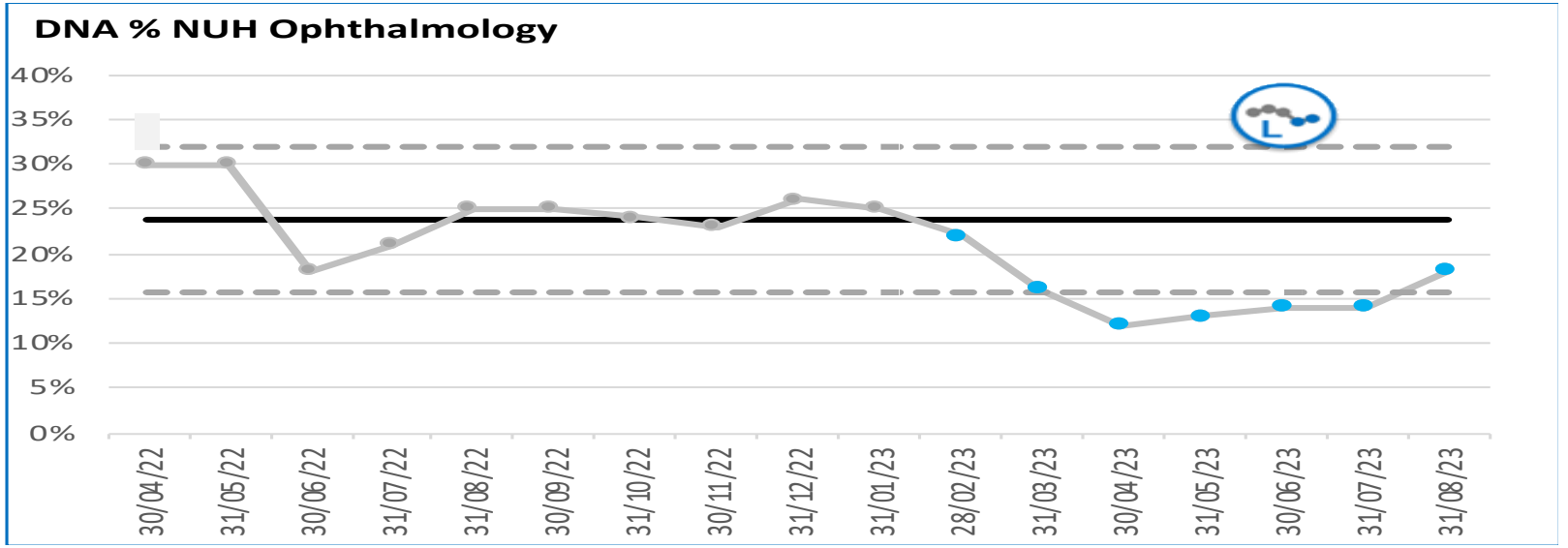
- APC, NEL and Regional Outpatient priorities
- 23/24 NHSE Operations Planning Guidance,
- Trust Operating Plan Submission
- 4th August Elective Recovery Letter
- Further, Faster Clinical Transformation Programme

23/24 Achievements & Benefits Realisation

- There has been a **17% (5529) decrease in the number of patients who DNA their appointment** in programme Q1 and Q2 specialties (Urology, Ortho, Ophthalmology, Gynae, ENT, Dermatology) when comparing April – August 2023 to the same period in 2022.

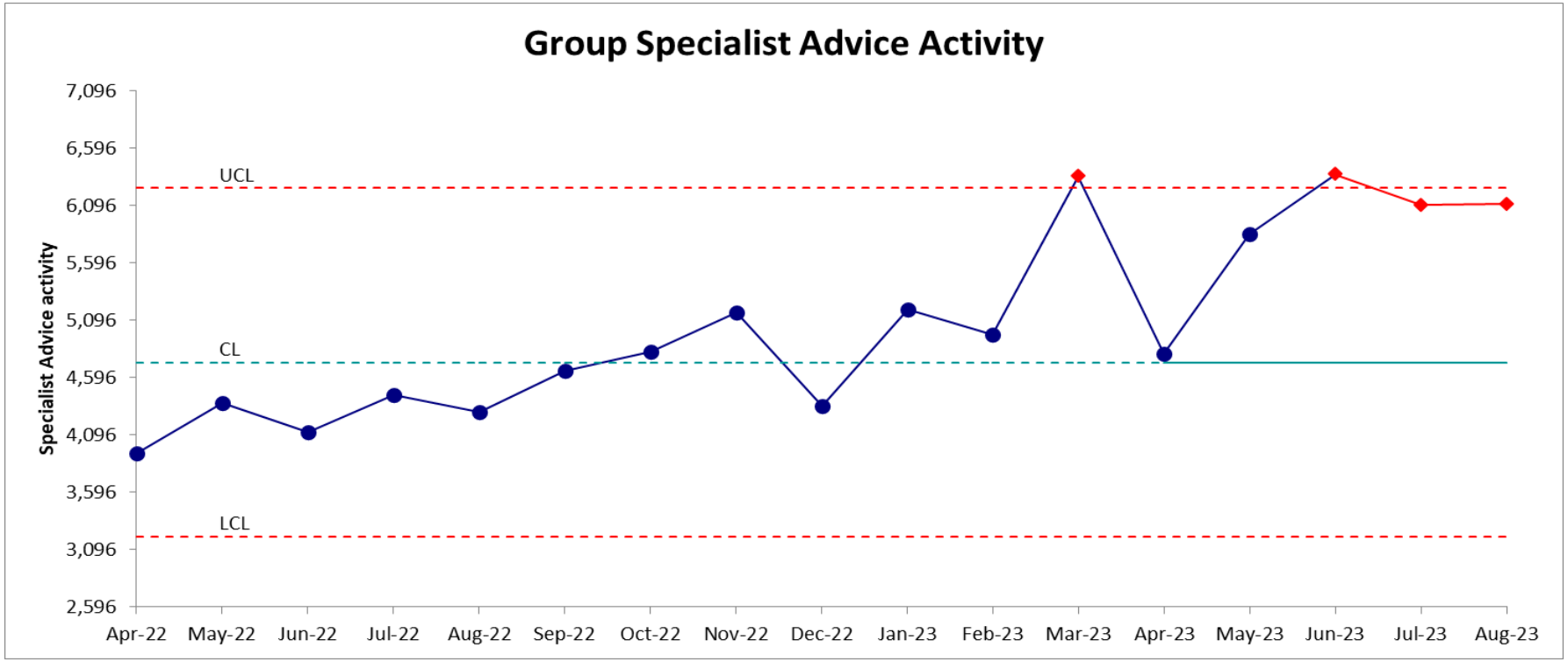


- Through the programme we are working with specialties to test different interventions for reducing DNAs and cascading that across the group. 2-way text messaging has been highlighted as the most significant intervention, as evidenced in Ophthalmology at NUH.



23/24 Achievements & Benefits Realisation

- There has been a **38% (1611) increase in specialist advice (A&G and A&R) activity across the Trust** when comparing April – August 2023 to the same period in 2022.
- Income opportunity of **c.£2m**
- Capacity opportunity of **c.17,884** new appointments



Royal London Hospital Ophthalmology Outpatient Transformation 2023

Session objectives

Insight into service delivery of a multi-site, large acute trust with a diverse population

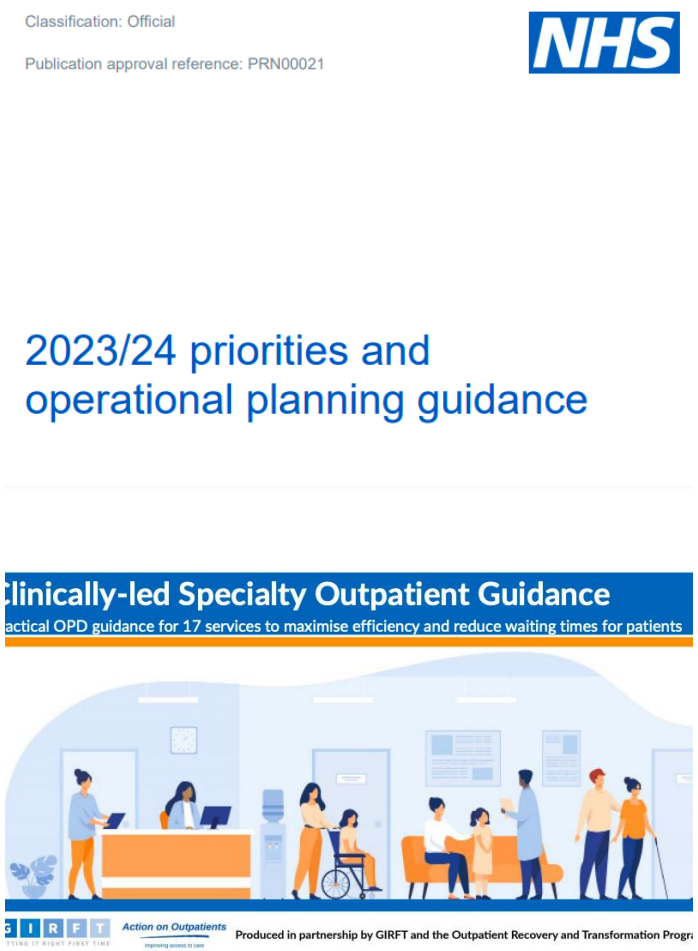
National and local context for improvements in ophthalmology

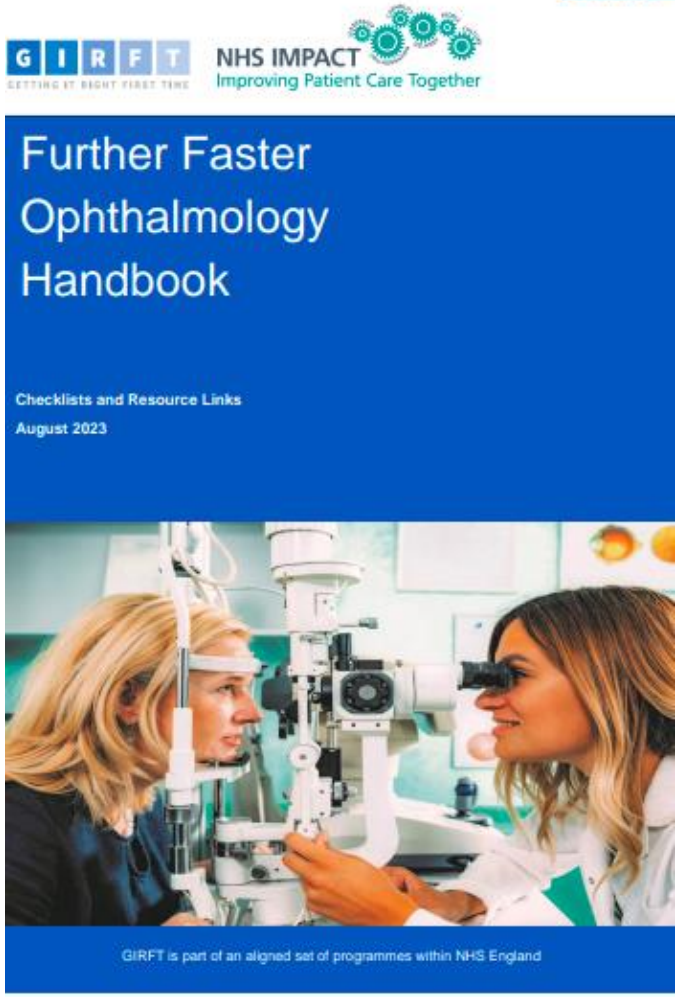
Application of improvement science to identify and deliver service improvements

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.

Background and context





Background and context

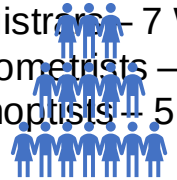
Royal London Hospital Ophthalmology Oct 22-Sept 23

19,819	• Outpatient attendances
14,261	• GP referrals
7,664	• Consultant to Consultant referrals
1,297	• Referrals via A+E
7,027	• Outpatient procedures

Background and context

Ophthalmology Establishment:

Consultants – 6.5 WTE
Registrars – 7 WTE
Optometrists – 4.2 WTE
Orthoptists – 5.2 WTE



Services:

- Cataracts
- Cornea/External disease, incl lesions on iris + conjunctiva
- Keratoconus
- Contact Lens
- Medical Retina Including retinal lesions eg: naevi
- Retinoblastoma
- Glaucoma
- Low Vision
- Neuro-ophthalmology
- Occular immunology
- General
- Oculoplastics/orbits/lacrimal/adnexal Incl. suspect eyelid oncology
- Orthoptics – adult
- Orthoptics- paeds
- Squint/Ocular motility
- Paediatrics
- Wet AMD

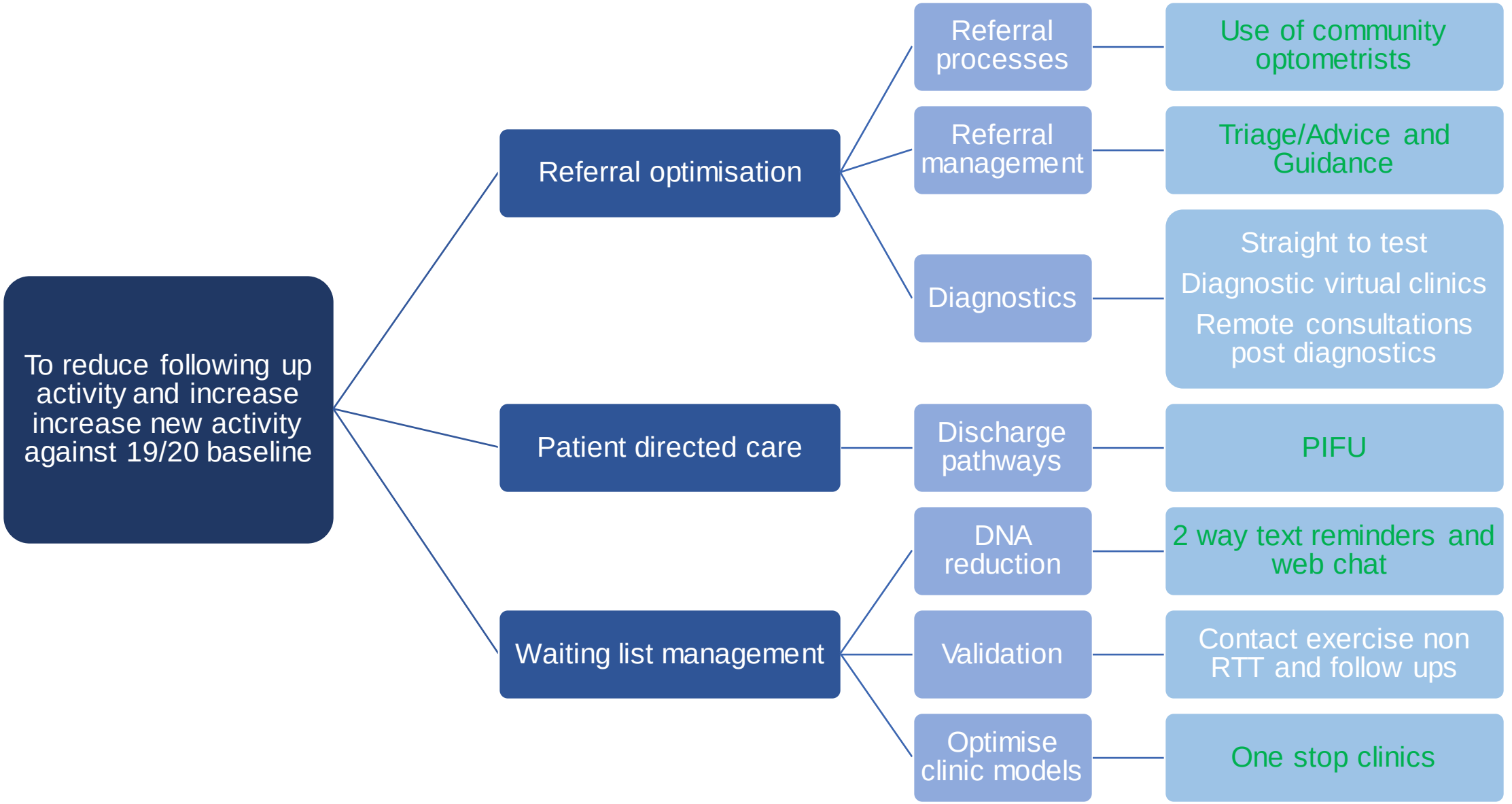
Diagnostic Phase

Pathway mapping of services:

- Cataracts
- Neuro
- Occuloplastics
- Paediatrics
- Glaucoma

Gap analysis of service delivery against national aspirations in GIRFT guidance and Further Faster Handbook

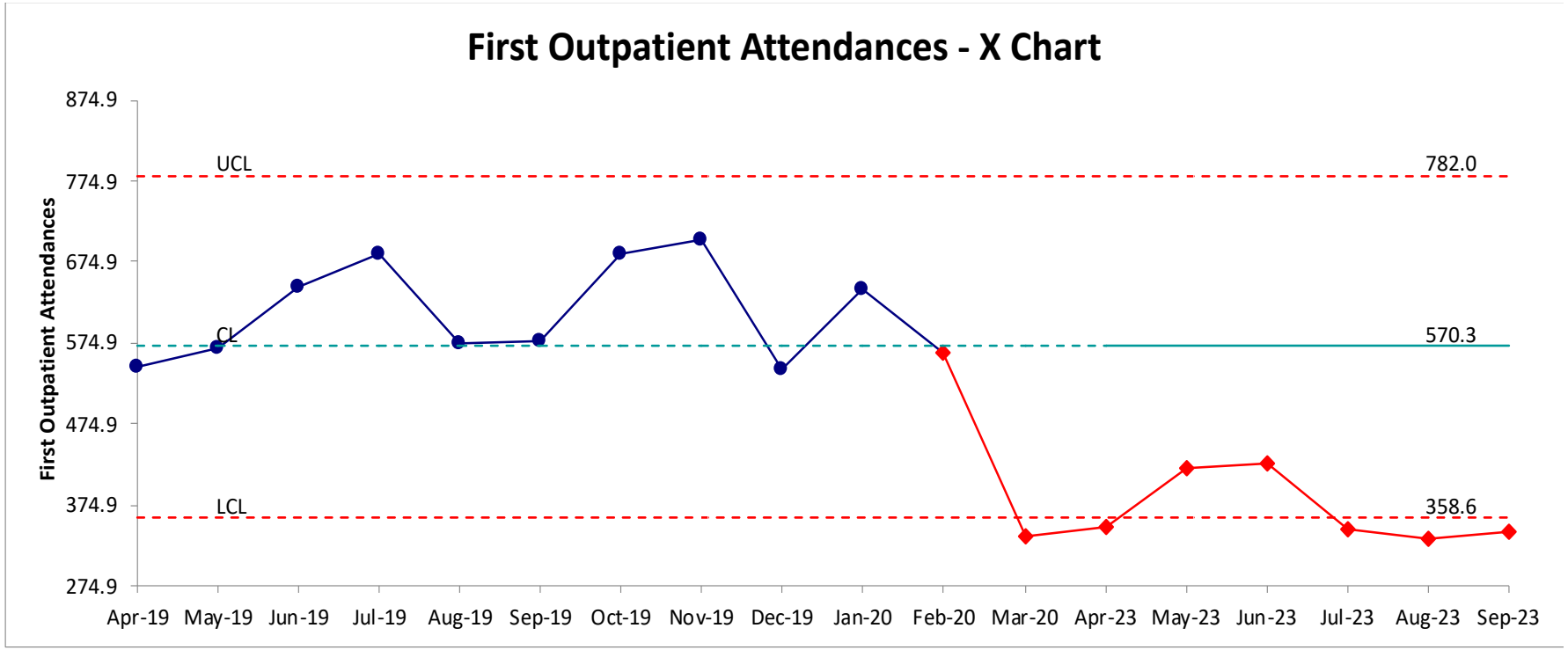
Opportunities for improvement



Tested opportunities for improvement

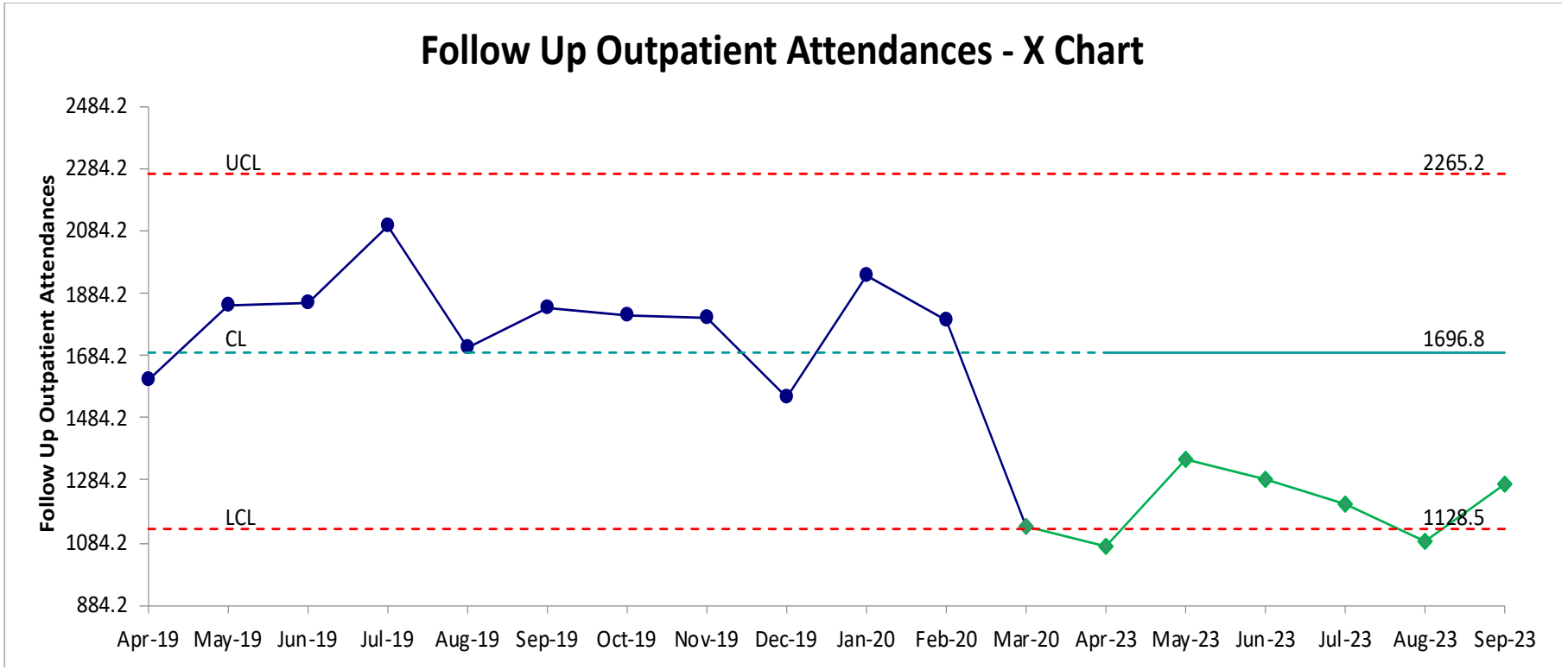
	Change idea	Impact
1	Advice and Guidance	Improved clinic productivity – only seeing those who truly need secondary care review, increase in new activity, reduction in follow ups, improved income generation, improved patient experience
2	PIFU	Improved patient experience, reduction in follow ups
3	One stop clinics in cataracts with increased pre assessment slots. Stopping telephone new appointments	Reduction in follow ups Improved patient experience
4	Two way texts and web chat enabling patients to cancel/reschedule for DNA reduction	Reduction in follow ups, improved productivity and efficiency

What does the data say?



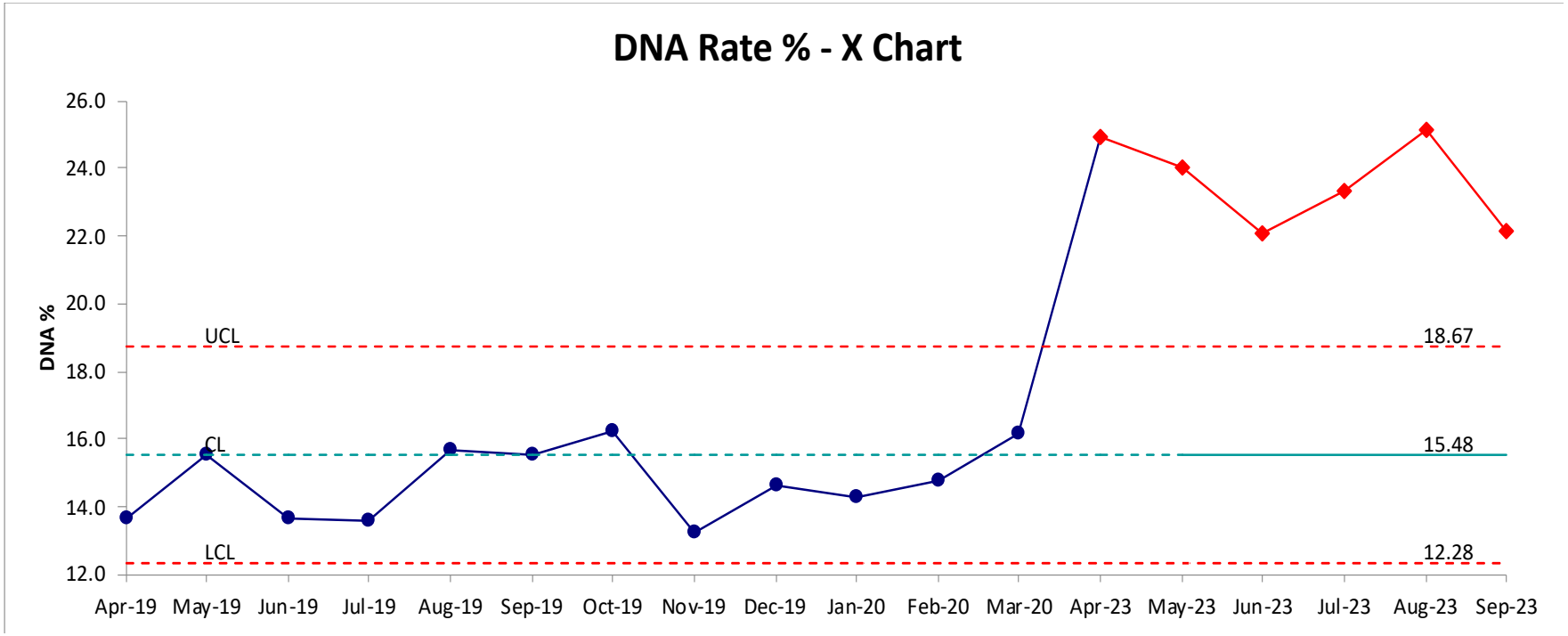
Our new patient activity is down against 19/20 baseline: Advice and Guidance should increase this

What does the data say?



Our follow up activity is down against 19/20 baseline: PIFU and Cataract one stop clinics should decrease this further and free up space for new patient activity

What does the data say?



Our DNA rate is significantly elevated against 19/20 baseline. Two-way text/web chat reminders should reduce this.

Advice and Guidance

•Allows two-way digital dialogue

•The provider can convert an authorised A&G request to an appointment and provide interim advice to GP teams to help support the patient on a waiting list

Royal London Hospital A+G pathways launched:

- Paediatrics
- Occuloplastics
- Glaucoma
- Retina
- Cornea and anterior segment

- Future plans for adult neuro

Benefits of Advice and Guidance

Benefits to Service Users and System Partners			
1 Patients	**2 Requesting Clinicians**	**3 Consultants & Service provider clinicians**	**4 Systems**
• Patients see the right person, in the right place, first time • Reduced waiting times and a reduced risk of unnecessary hospital appointments • Improved patient experience • Improved shared decision making • Improved access to services with tests and treatments undertaken at the most appropriate point in the pathway • Reduced patient journeys, transport costs and pressure on hospital car parks and a positive impact on the environment	• Rapid access to specialist advice to support the care of individual patients • Secure two-way communication between primary and secondary care • Reduced risk of re-directed or rejected referrals • Improved knowledge and expertise to support future management of patients • Increased opportunities to inform continued learning and professional development • Opportunities to improve pathways of care	• More effective use of clinician time and expertise directed to patients who need it the most • Improved integration / relationships between primary and secondary care • Opportunity to improve pathways of care	• Supports elective recovery across the system • Drives system response to ensuring best use of resources • Increases collaborative working between GPs and providers • Contribution to meeting the commitment in the NHS Long Term Plan to avoid up to a third of face-to-face outpatient appointments over the next five years

£ **Income generation: each A+G diverted back to the GP is the equivalent of a new patient tariff**

Advice and Guidance: financial benefit

Investing in switching to advice and guidance in the aforementioned pathways should generate **£84,656 of income per annum.**

This is based on referral activity via eRS over the past 12 months (1480 referrals), with an average diversion rate of 52% (national average, trust achieving 60% currently).

Calculated based on an average new patient tariff of £110

PIFU:

Enabling patients to book an appointment with a clinician as and when needed, rather than at routine intervals

Main benefits

- Potential for fewer appointments/trips to hospital
- Reduction in unnecessary appointments:
- Patients have greater control over care, seen when they need to be rather than pre-defined times
- Direct contact with service avoiding re-referral by GP

For clinicians: see patients who most need their support quickly, manage waiting lists

For patients: Easier, convenient to receive care when they need it, avoiding unnecessary trips saving time, money and stress.

Early findings (NHSE analysis)

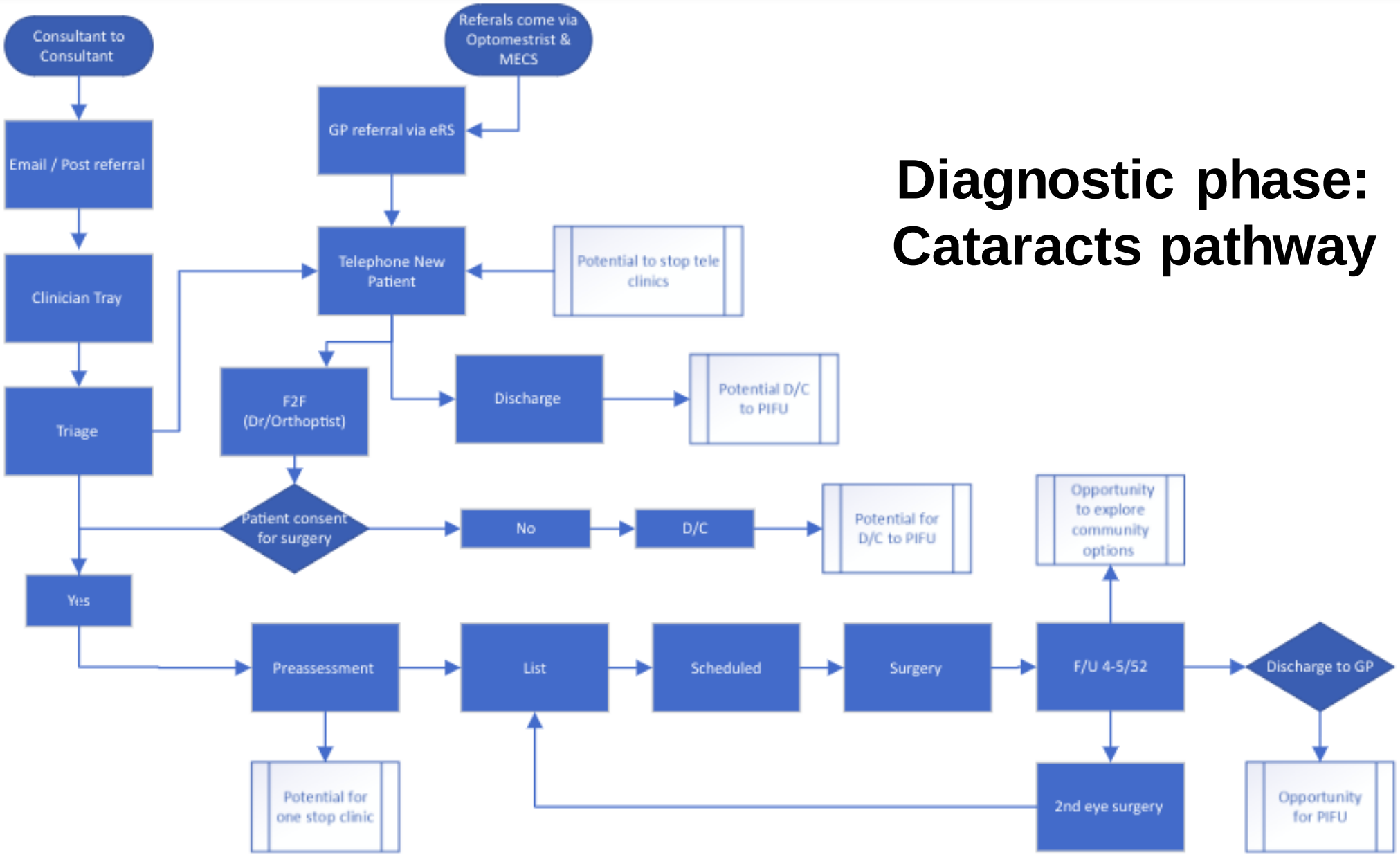
- 3.5% patients call back from 13 specialities and 34 trusts
- Less likely to DNA than traditional OPA.

Priority PIFU pathways

Condition
Acute anterior uveitis
Toxin injections for strabismus, blepharospasm and hemifacial spasm
Allergic or blepharitic conjunctivitis children
Allergic conjunctivitis adults
Stable AMD
Paediatric congenital nasolacrimal duct obstruction

However, the clinician can include any other patient who they feel has a condition which can be appropriately and safely managed by PIFU.

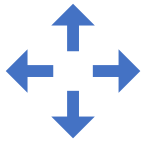
Diagnostic phase: Cataracts pathway



Cataract one stop clinic

Pre-existing model:

- Upfront telephone triage, which was an additional unnecessary step and led to patients changing their mind between that appointment and a face to face appointment
- Duplication of appointments ahead of decision making for surgery
- No pre assessment available on the day of decision to proceed to surgery
- COVID pathway, which was no longer relevant
- Inefficient, poor patient experience



Changes

- Removal of upfront telephone triage appointment
- Consultation, consenting and pre assessment done on the same day

Benefits

- Saves pathway time, improved RTT
- Improved capacity through better slot utilisation
- Improvement patient experience

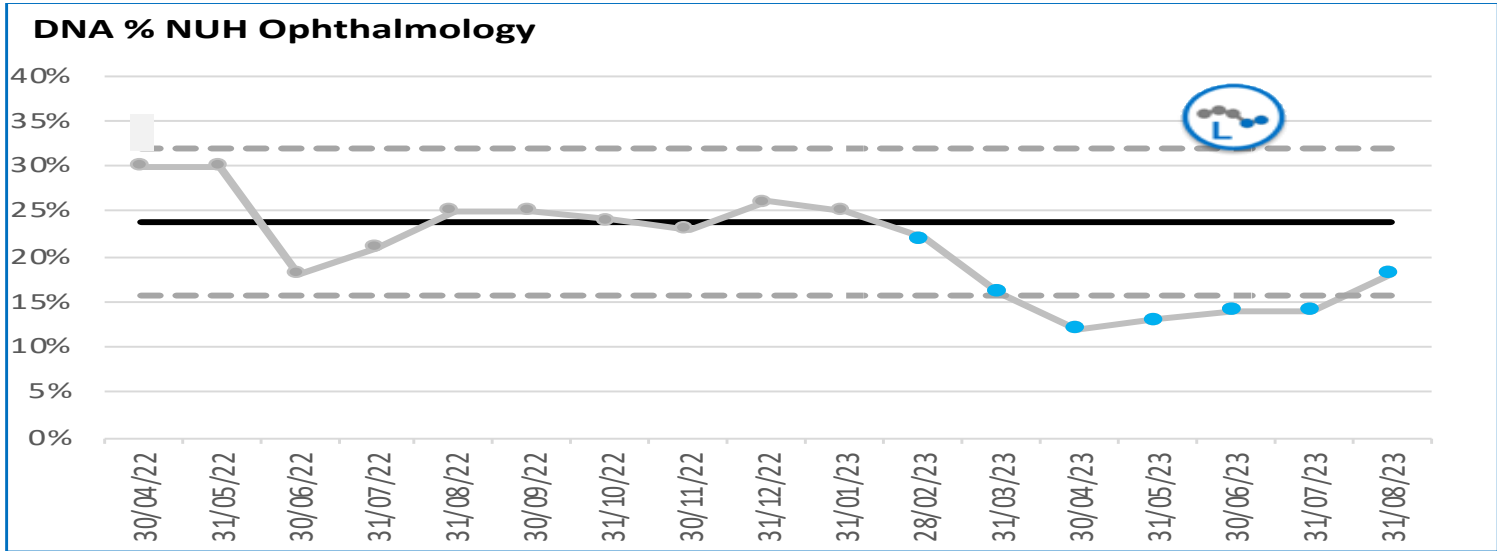
Challenges

- Nursing capacity for pre assessment
- Room capacity

DNA reduction

Newham Hospital approach

- Introduced two-way text reminders
- Significant and sustained reduction in DNAs since

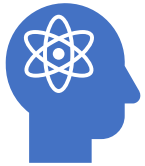


- Two-way webchat has been introduced for all appointment queries, however this alone has not impacted our DNA rate
- Addition of text reminders with hyperlink to two web chat due to launch this month

Summary

- Multifaceted approach from the point of referral to discharge
- Multiple opportunities which collectively will lead to greater gains

- No increase in workload for staff, just more effective use of time
- No increase in establishment for bookings teams re: webchat approach, restructuring teams to deliver new initiative



- Use of improvement science to identify opportunities, working with trust improvement team to deliver
- Early on in journey, with plans to test other suggested change ideas in months to come

George Patnelli, Service Manager Ophthalmology, Royal London Hospital.
G.patnelli1@nhs.net

CONVENZIS

Outpatient Transformation Conference South 2023

Speaking Now…

Scott Deacon
Clinical Lead Continuous Improvement & Clinical Director Outpatients - University Hospitals Bristol and Weston NHS Foundation Trust

Communication is key

Mr Scott Deacon

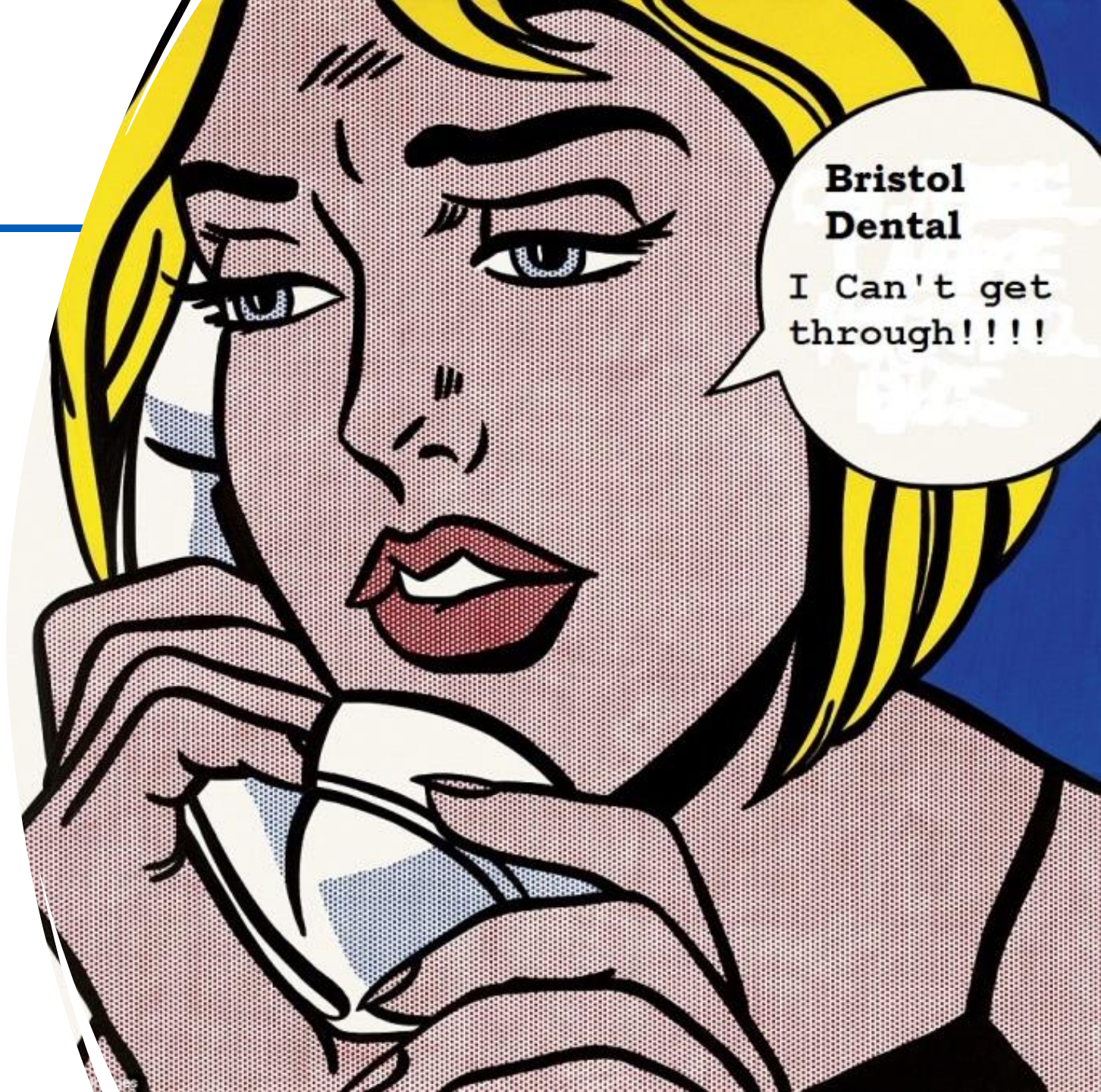
Clinical Lead for Continuous Improvement and Innovation

Clinical Director for Outpatients

NHS Outpatients Conference 2023

Start 2017

- Longstanding issue
- Lots of informal complaints
- Problems with answerphones
- Lack of senior or clinical engagement



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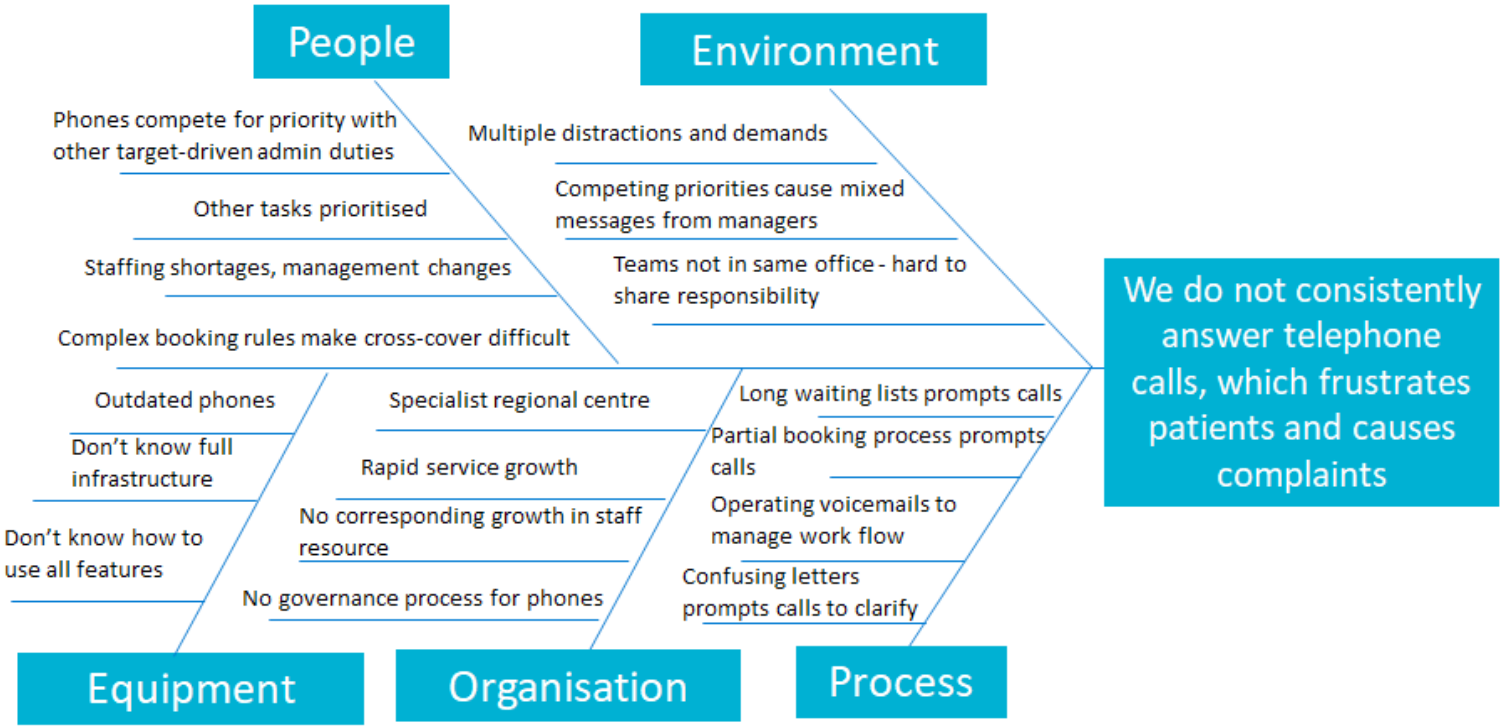
#Takephonership

It's everyone's job to pick up the phone

Worried you might not know the answer? Don't worry, find someone who can help!

We aim to answer the phone promptly



"We've made improvements by sharing the problem together, and coming up with ideas. We haven't done anything magic. Sometimes the idea is so simple, we wonder why we didn't do it in the first place. There are some things that are harder to fix, but if we can get the basic things right by solving things as a team, we're in a much better position to address the rest."

Mr Scott Deacon

Clinical director for South West Cleft Service & lead consultant orthodontist

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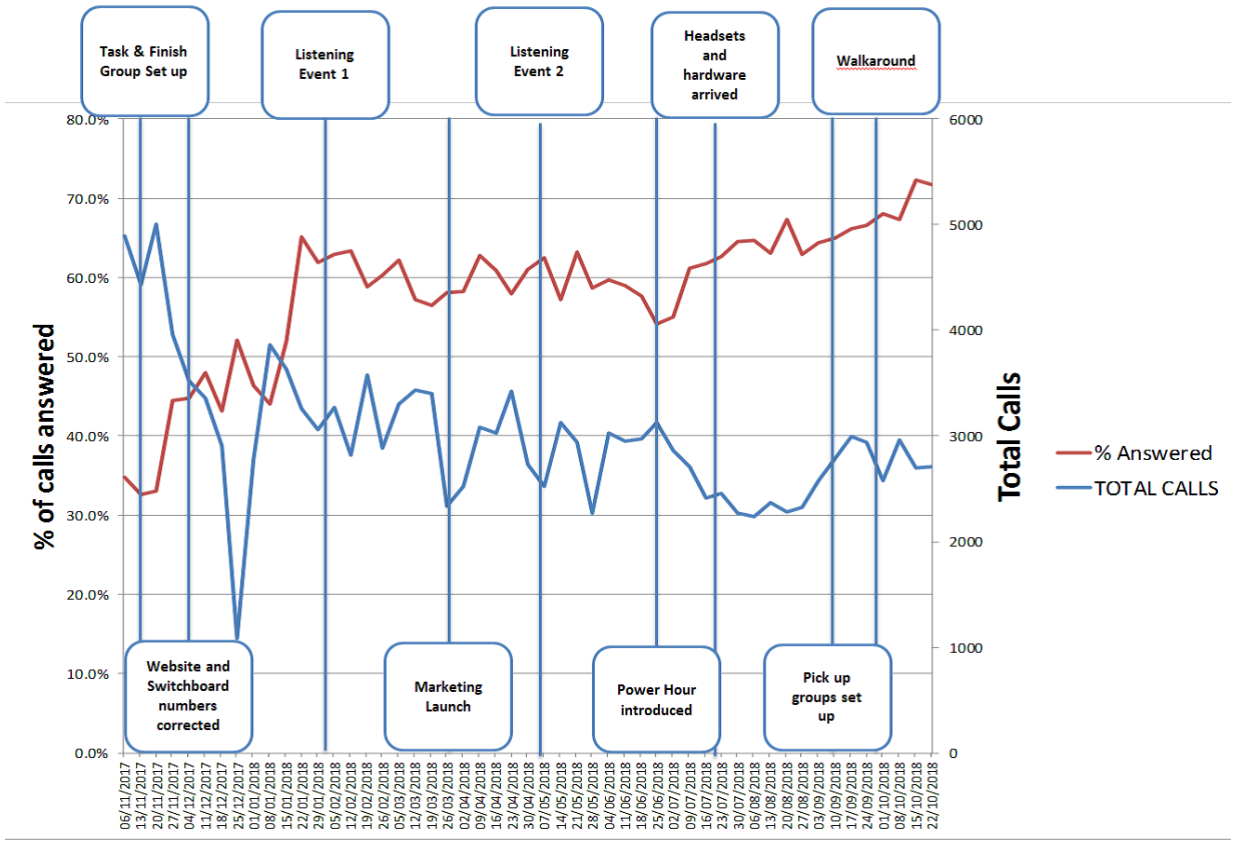
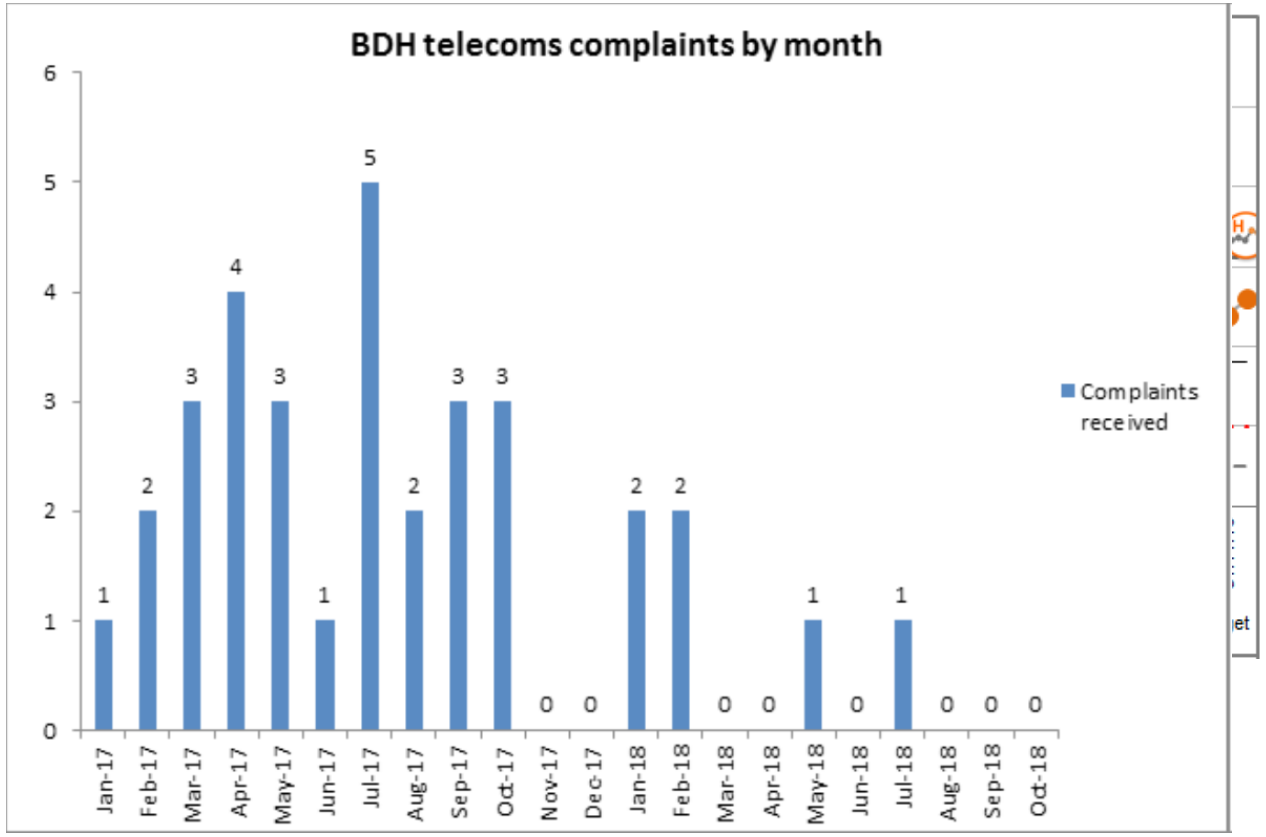
Inspected and rated
Good
CareQuality Commission

Effective?

University Hospitals Bristol and Weston NHS Foundation Trust





Effective?

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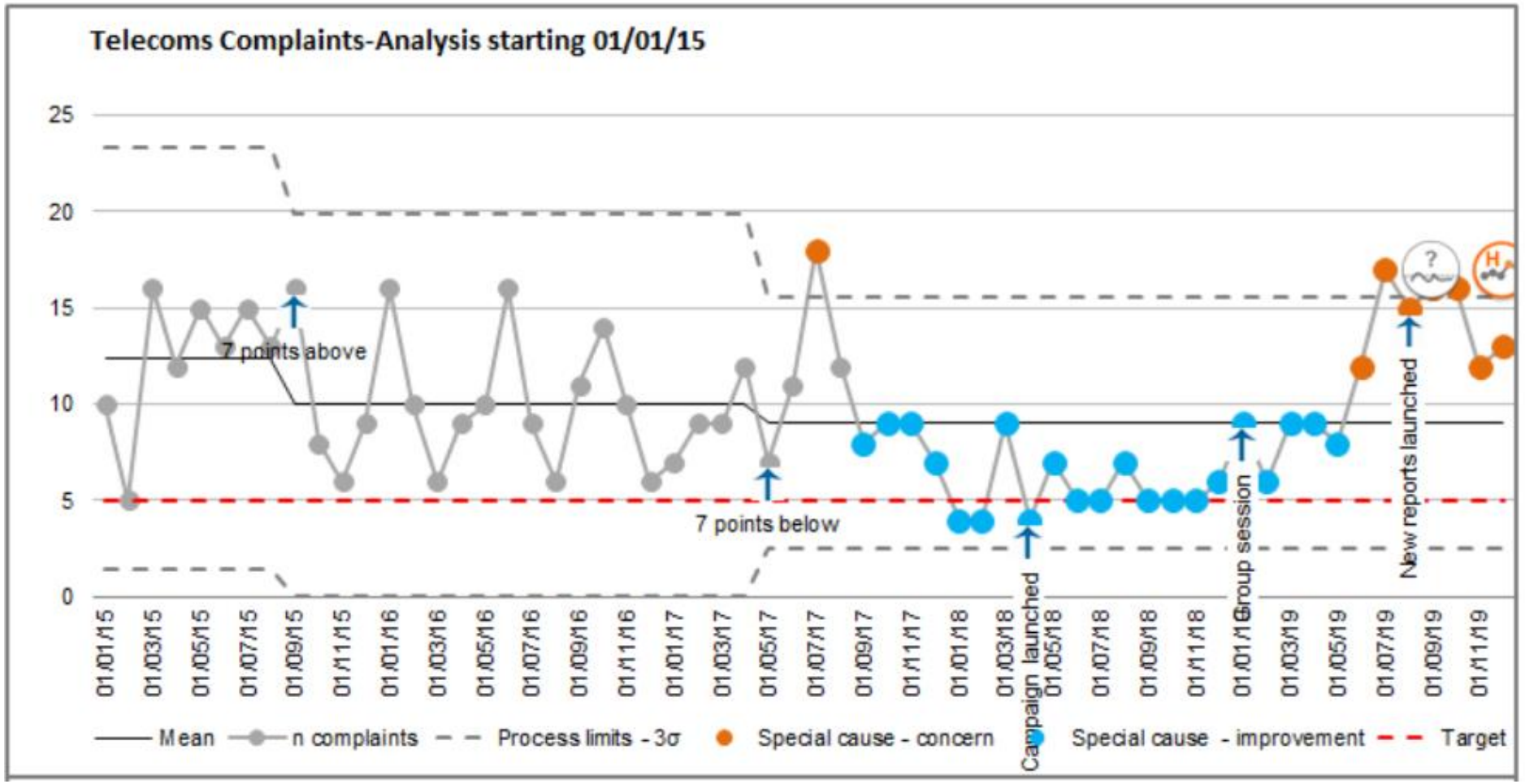


Factors influencing

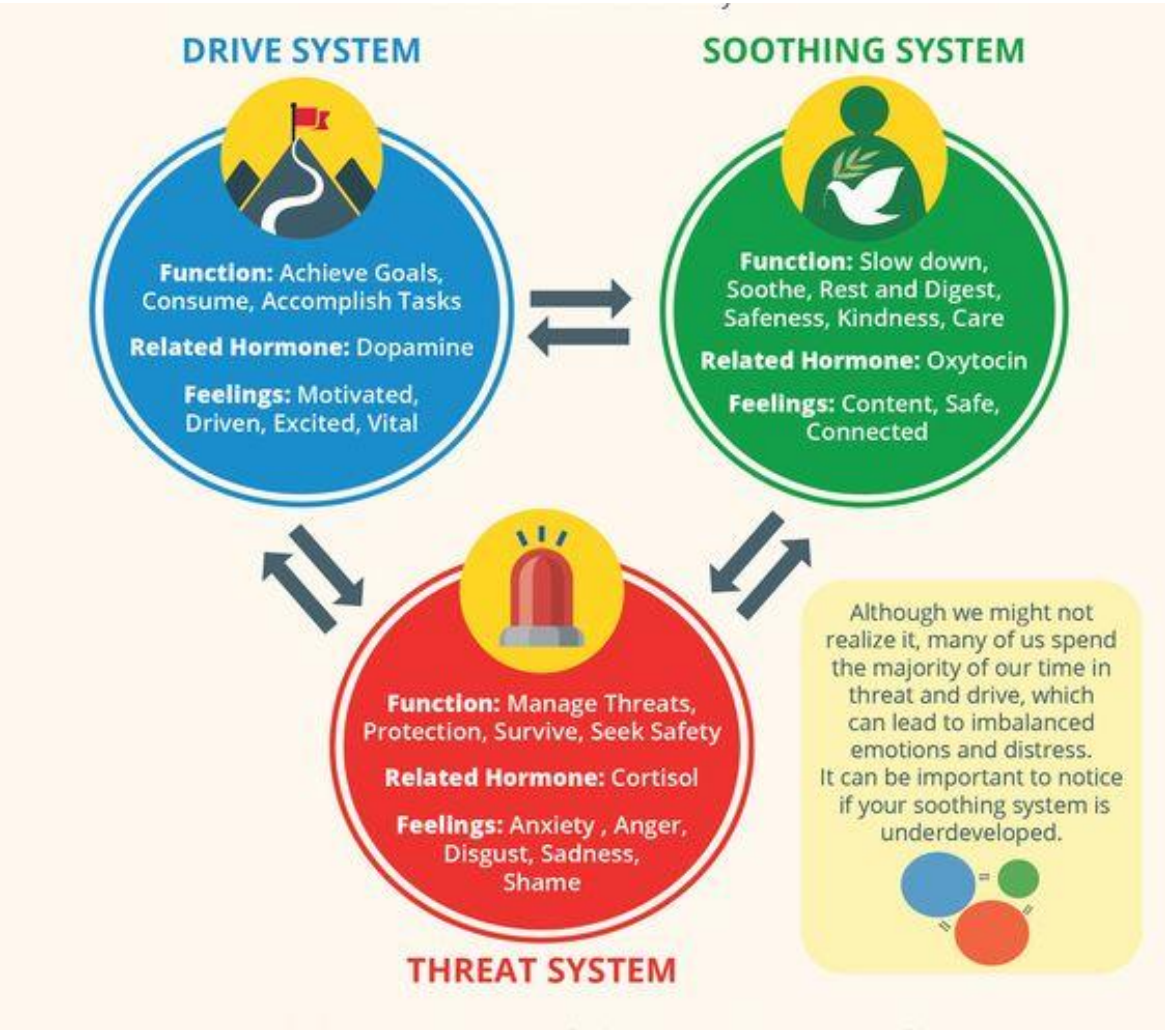
University Hospitals Bristol and Weston NHS Foundation Trust

81% of patients reported having an appointment when their communication needs were unmet

77% of people with accessible information needs reported rarely or never receiving information in alternative formats

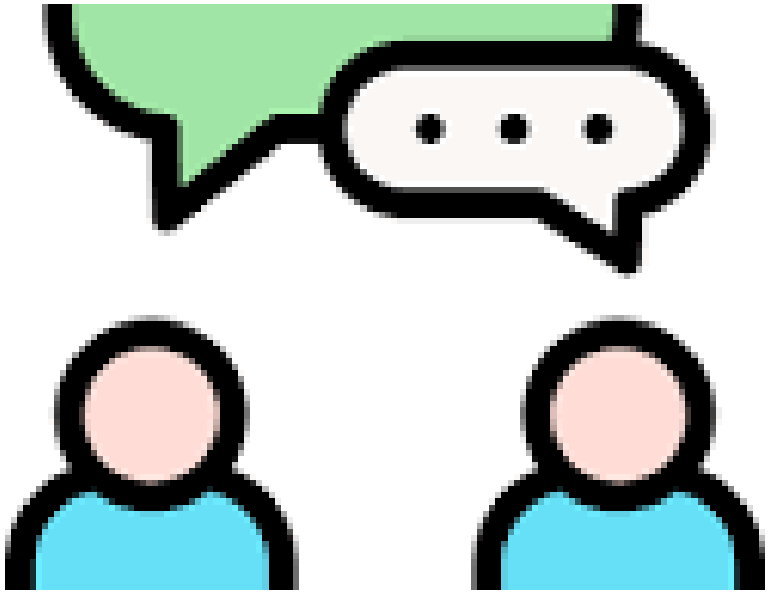
- NHS staff morale low
  - Attending when unwell
  - Considering leaving
  - Less satisfied with pay

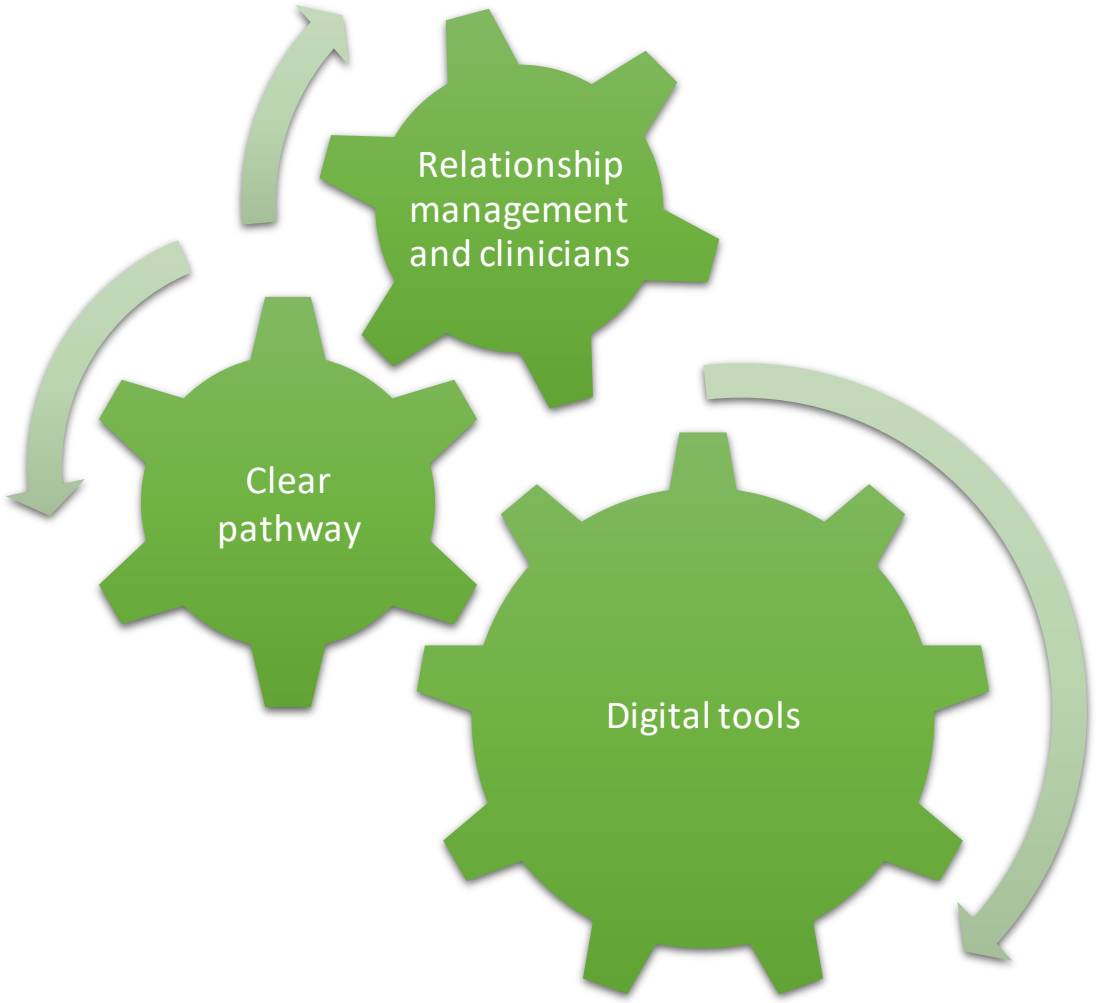
3 Circles model of emotion



Factors influencing

University Hospitals Bristol and Weston NHS Foundation Trust



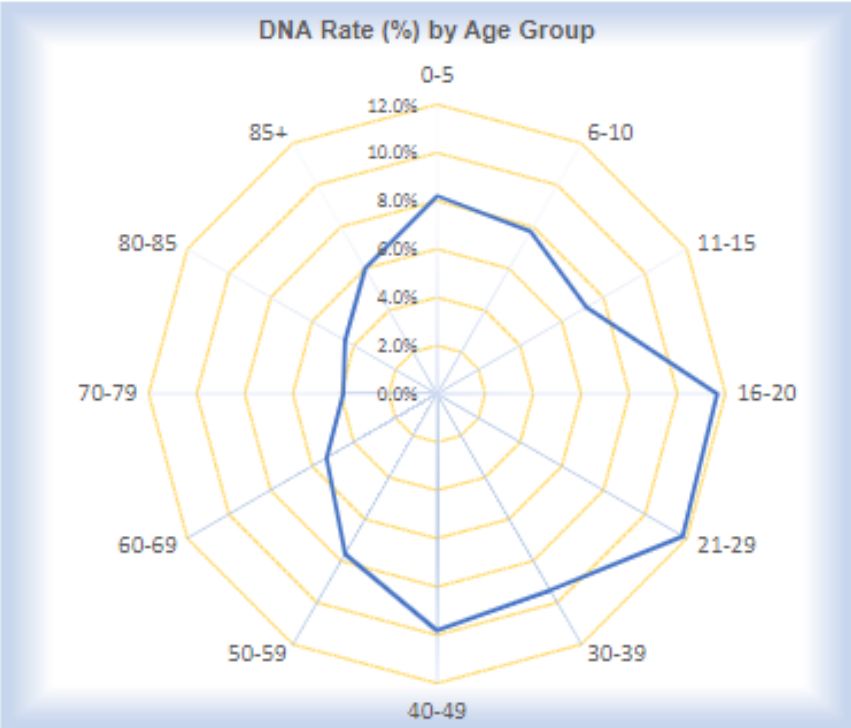


NHS Digital

- 124.5 million outpatient appointments 2022-23
- an increase of 1.7% from the previous year
- 8.0 million outpatient appointments were DNAs 22-23 (6.4%)
- This is an increase of 2.3% from the previous year

https://digital.nhs.uk/data-and-information/publications/statistical/hospital-outpatient-activity/2022-23

DNA rate trends



Patients aged 16-29 most likely to DNA

Patients of working age more likely DNA

BAME or disabilities more likely to DNA

DNA Project Background

Data from the Bristol North Somerset and South Gloucestershire (BNSSG) Elective Recovery Inequalities Working Group shows that:

- Residents of BNSSG who live in **more deprived areas, on average, attend fewer outpatient services than those who live in less deprived areas.**
- The Did Not Attend **(DNA) rate is higher for those who live in the most deprived areas**
- The **DNA rate for patients from ethnic minority groups is 59% higher than non-ethnic** minority groups.
- The Elective Recovery Inequalities Steering Group proposed focusing on Cardiology as both UHBW and NBT have a high volume of Cardiology appointments, with high DNA rates, and **there is a strong link between poor heart health and health inequalities.**

Stakeholder Engagement

In total the project has gathered views from:

- 266 patients
- 22 community groups/champions
- 20+ members of staff
- 8+ GP colleagues across BNSSG
- Local communities by attending high footfall community events and community groups.

Top themes

Communication

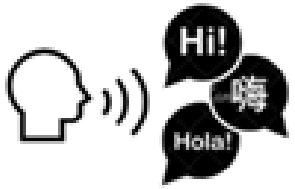
Patients not receiving letters

Patients forgetting about their appointment

Patients not understanding what the appointment is for

Patients calling to cancel but not being inputted through the system.

Difficulty navigating the hospital (UHBW)



Language & trust barrier

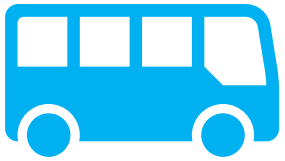
Poor prior experience

Not knowing how to navigate the system – anxiety

No hospital recorded language therefore no provision of language support – awareness of dialect differences

Preference for F2F interpreter – difficulties understanding interpreter over the phone

Illiteracy in the spoken language



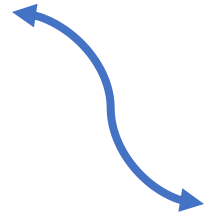
Transport

Poverty - Cost of travel – bus fare, car parking, taxi

Time taken to travel by bus

Insufficient parking nearby

Insufficient direct bus services to hospital e.g. especially Weston/rural areas



Flexibility

Shift workers, low-income workers etc. struggle to take time off work.

Reliance on another person to take them to an appointment.

Caring responsibilities

Difficulties in cancelling/amending

Outpatient strategic ambitions

University Hospitals Bristol and Weston NHS Foundation Trust

Patient Centred Care

Integrated Healthcare

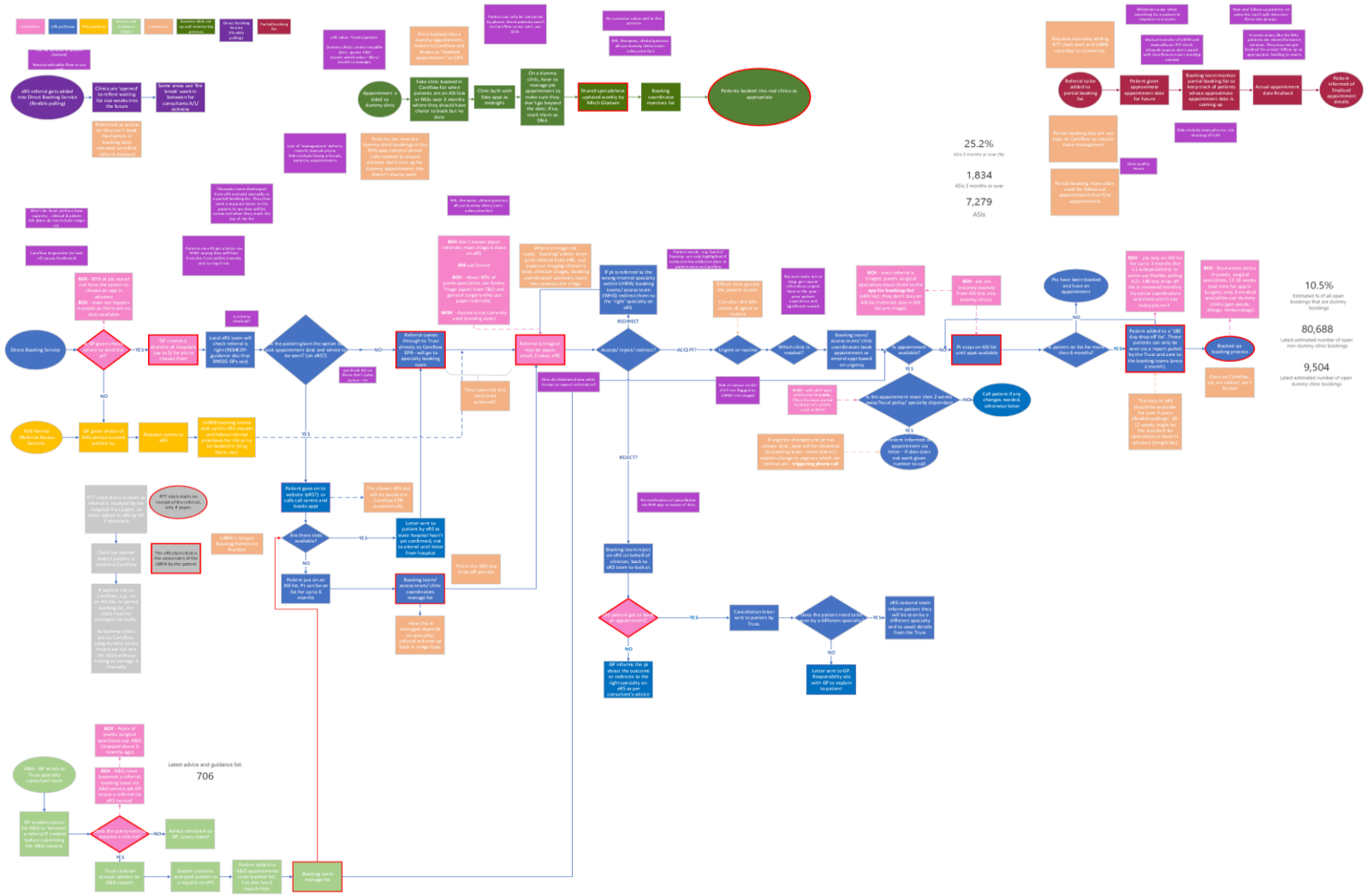
Digital healthcare

True North

Our strategic priorities	Vision	Our strategic goals	Our 3-5 year targets	Our 12 month breakthrough objectives	Our 12-18 month corporate projects	Our strategic initiatives Year 1
Experience of care *Exceptional patient experience*	Together, we will deliver person -centred, compassionate and inclusive care every time, for everyone.	We will be in the top 10% of NHS organisations for providing an outstanding experience for all our patients as reported by them and as recognised by our staff.	98% or more of inpatients will rate their care as good or above. Feedback will be representative of the patients we care for. We will be in the top 10% of non - specialist acute trusts: for staff recommending our organisation for treatment of a friend or relative.	Improve experience of care through better communication.	No corporate project in 2023/24.	• Develop and implement our Experience of Care Strategy.
Patient safety *Excellent care, every time*	Together, we will consistently deliver the highest quality, safe and effective care to all our patients.	Building on the many things we do well to keep our patients safe, we will reduce avoidable patient harm events - aspiring for zero avoidable harm, and further developing a "no blame" and "just culture."	10% reduction in avoidable harm events year on year.	Consistency in the early recognition of sepsis. *(Paused to review data and release divisional capacity to focus on Fire Safety breakthrough objective).*	**Mission critical corporate projects:** • Implementing Careflow Medicines Management. **Important corporate services projects:** • Delivering the NHS Patient Safety Strategy. • Delivering our Deteriorating Patient Programme.	• Development of a joint clinical strategy with North Bristol NHS Trust. • Delivering Healthy Weston 2. • UHBW clinical strategy developed.
Our people *Proud to be #TeamUHBW*	Together, we will make UHBW the best place to work.	We will improve the employment experience of all our colleagues to retain our valuable people.	We will be in the top 10% of NHS organisations for staff recommending us as a place to work, a 5% improvement year on year.	Staff turnover is no more than 14% in 2023/24 and our Divisions meet the staff group targets set.	**Mission critical corporate projects:** • Funded Retention Strategy developed. **Important corporate services projects:** • Optimising Medical Workforce .	• Eliminate violence & aggression & bullying and harassment. • Embedding Respecting Everyone principles. • Delivering education pathways • Embedding our leadership & management offer.
Timely care *Timely access to care for all*	Together, we will provide timely access to care for all patients, meeting their individual needs.	By streamlining flow & reducing variation, we will eliminate avoidable delays across access pathways.	A 10% year on year improvement in ambulance handover times as a measure of improved patient flow through our hospitals	33% of our patients who are ready for discharge leave by 12 midday.	**Mission critical corporate projects:** • Proactive Hospital (patient flow). **Important corporate services projects:** • Improve Theatres productivity & efficiency . • Improve outpatients productivity & efficiency .	• New Trust website. • New Trust intranet. • Channel review and implementation. • Brand project delivered.
Innovate & improve *Unlocking our potential*	Together, we will drive improvement every day, engaging our staff and patients in research and innovative ways of working to unlock our full potential.	We will be in the top 10% of NHS organisations for our staff stating they can easily make improvements in their area of work.	A 2% improvement year on year in staff reporting they are able to make improvements.	Consistency in undertaking weekly fire evacuation checks in every division and department.	**Mission critical corporate projects:** • Fire Safety Programme. **Important corporate services projects:** • Scoping and developing our Business Intelligence function.	• Patient First deployment. • Development of a Joint Digital Strategy with North Bristol NHS Trust.
Our resources *Making the most of all our resources*	Together, we will reduce waste and increase productivity to be in a strong financial position to release resources and reinvest in our staff, our services and our environment.	To achieve a 1% income and expenditure surplus from 2025/26 onwards, creating a recurrent source of funding for strategic investment.	Year -on-year improvement to deliver a circa £10 million Income & Expenditure surplus. We will treat more patients with elective care needs, exceeding 2019/20 activity levels.	No breakthrough objective in 2023/24.	**Mission critical corporate projects:** • Reduce premium workforce costs. **Important corporate services projects:** • Space review. • Digital procurement, stores and materials management transformation.	• Develop the Marlborough Hill business cases. (*Paused to be informed by the clinical strategy*).

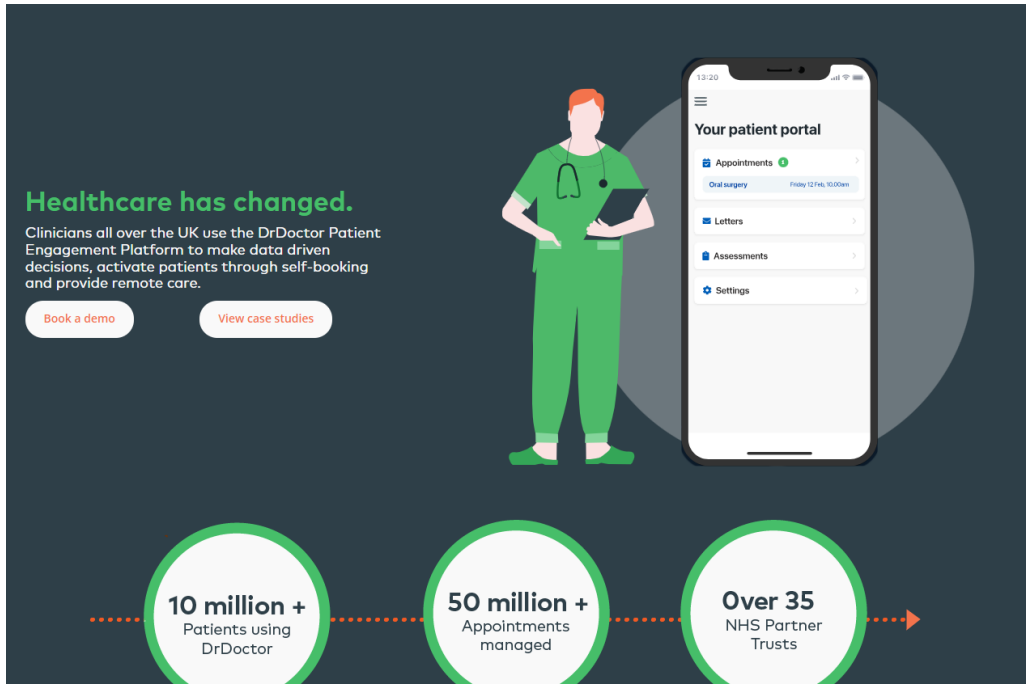
Booking process eRS

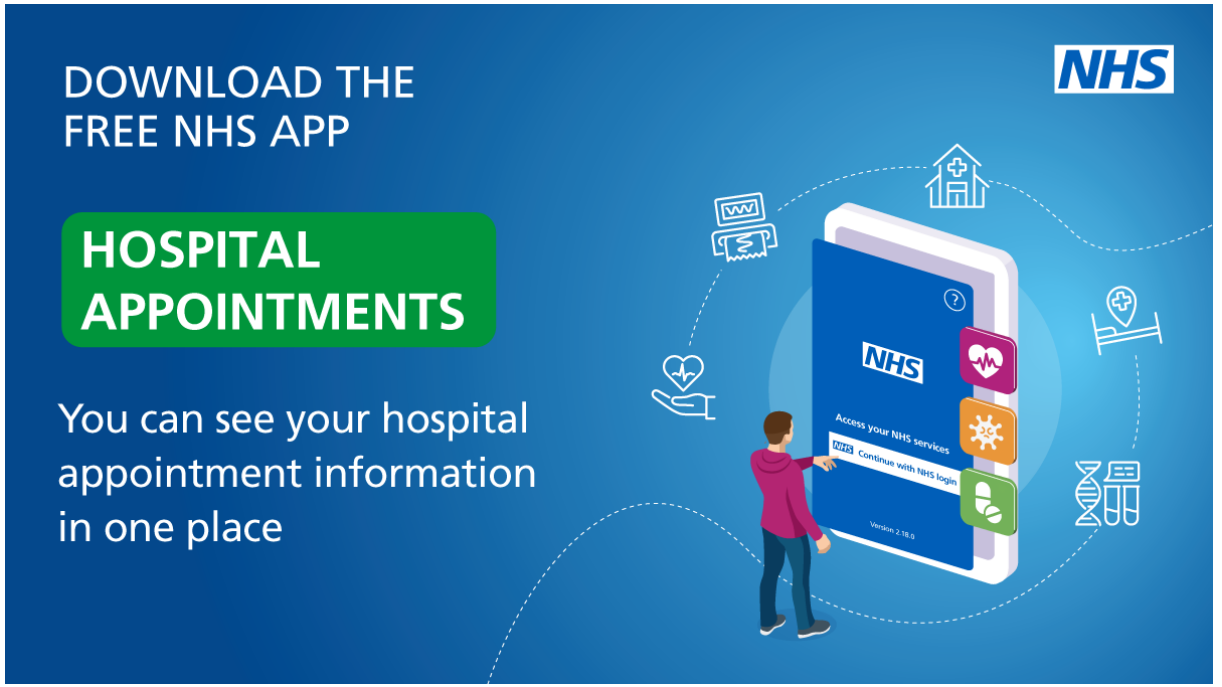
University Hospitals Bristol and Weston NHS Foundation Trust



Digital Patient Portal

University Hospitals Bristol and Weston NHS Foundation Trust





NHS Wayfinders – NHS App

NHS eMeet and Greet – eRS interface

Digital Patient Portal

University Hospitals Bristol and Weston NHS Foundation Trust

Patient Portal
Easy-to-navigate interface with appointment information and guidance.

Notifications
Configurable appointment confirmations / reminders to reduce DNA rates.

Quick Question
Fast and easy survey tool to validate patient needs. Non-integrated.

Broadcast Message
Rapid communication to individuals or cohorts. Non-integrated, customizable messaging.

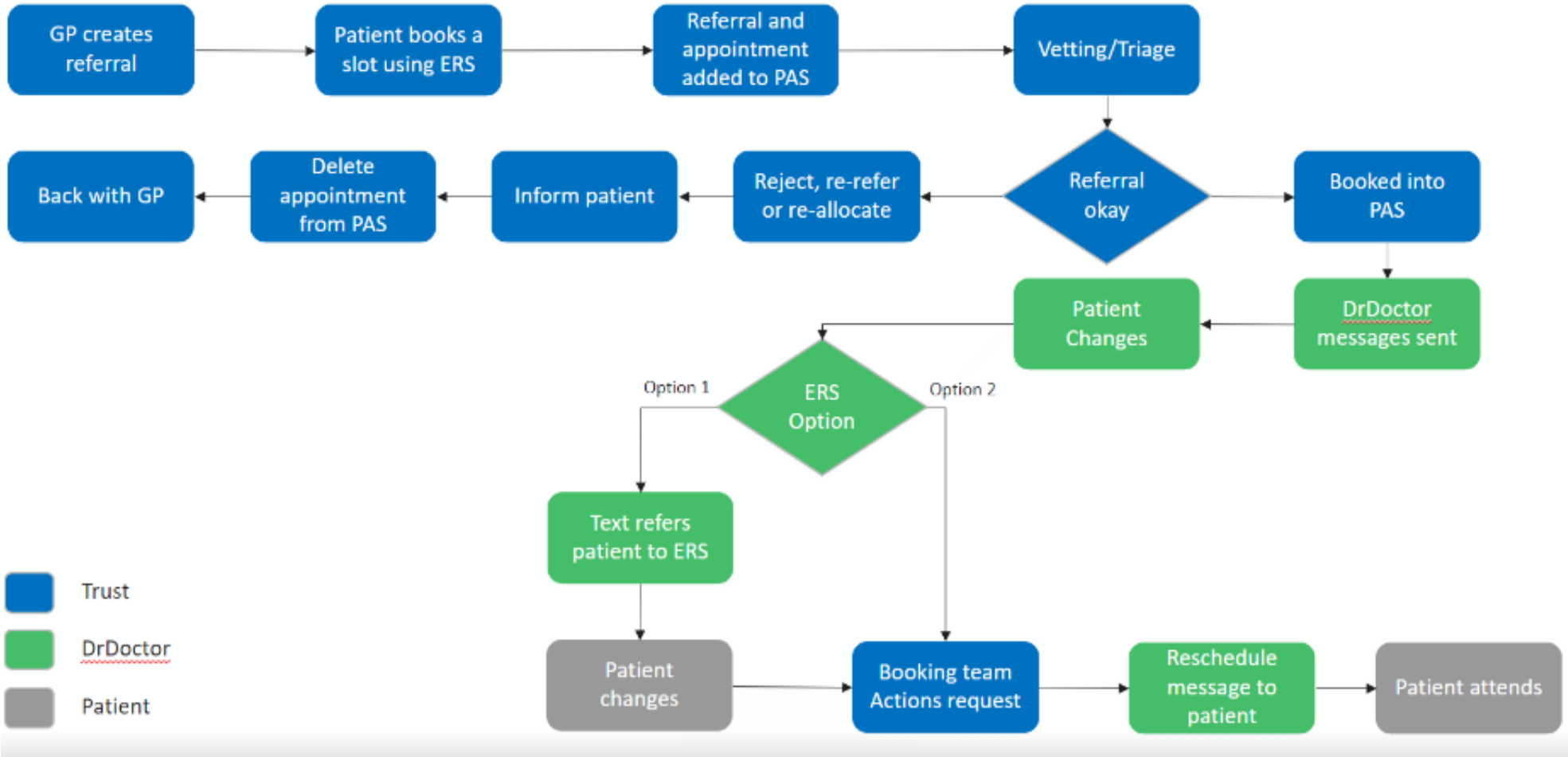
Video Consultations
Configurable appointment confirmations / reminders to reduce DNA rates.

Assessments
Save time, money and space by offering customisable forms online. Consultancy package contracted for 20 assessments

Digital Letters
Fully integrated hybrid mail system to unlock cost savings and ensure accessible information.

Basic / slot Rescheduling
Digital self-service solution for patients to manage appointments.

E-Referral Service (e-RS) Patient Flow



DNA

University Hospitals Bristol and Weston NHS Foundation Trust

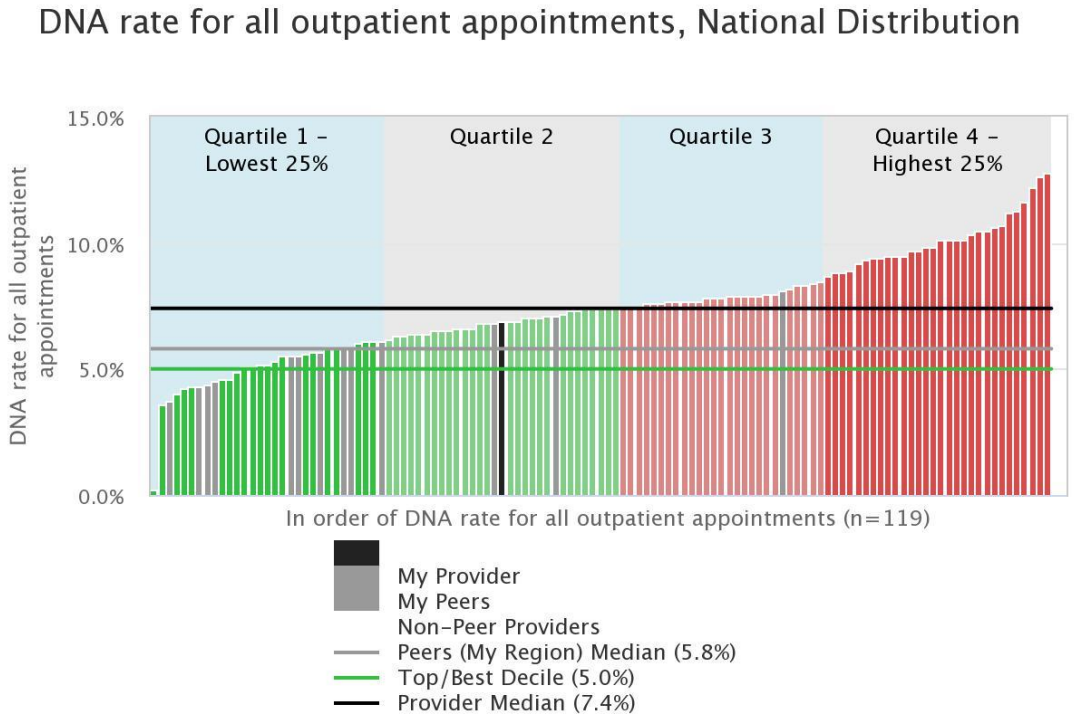
Message reminders deployment date July 2022 DNA rate 8%

DNA now 6.5% - same as average DNA rate for 2019/20

13,500 appointments per year

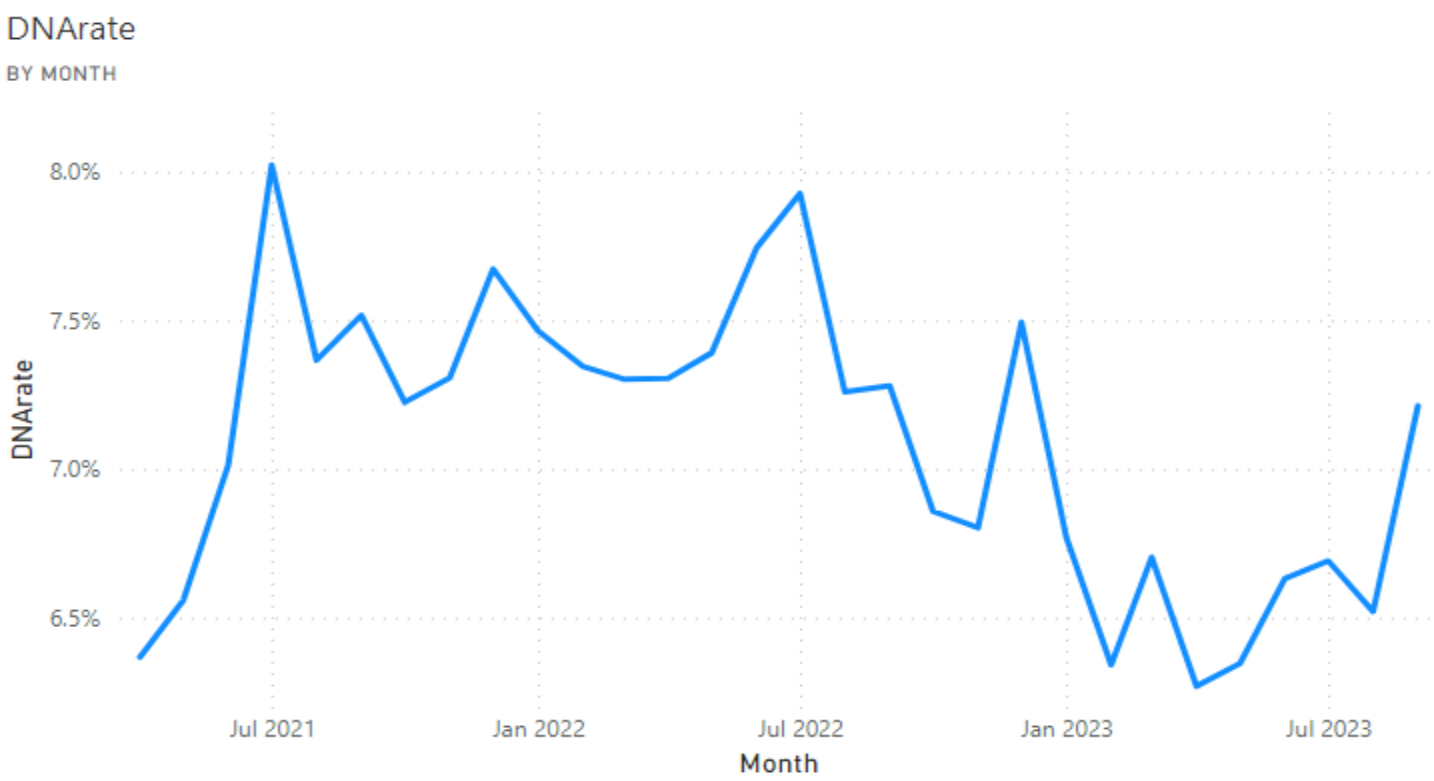
Stretch target 5%

March 2023 Model Health System Data



DNA

University Hospitals Bristol and Weston NHS Foundation Trust



- Target 5%
- August 6.5%
- DNA assessment surveys to understand reason for DNA
- Roll out of digital patient letters
- Pilot patient led booking
- Improve data quality

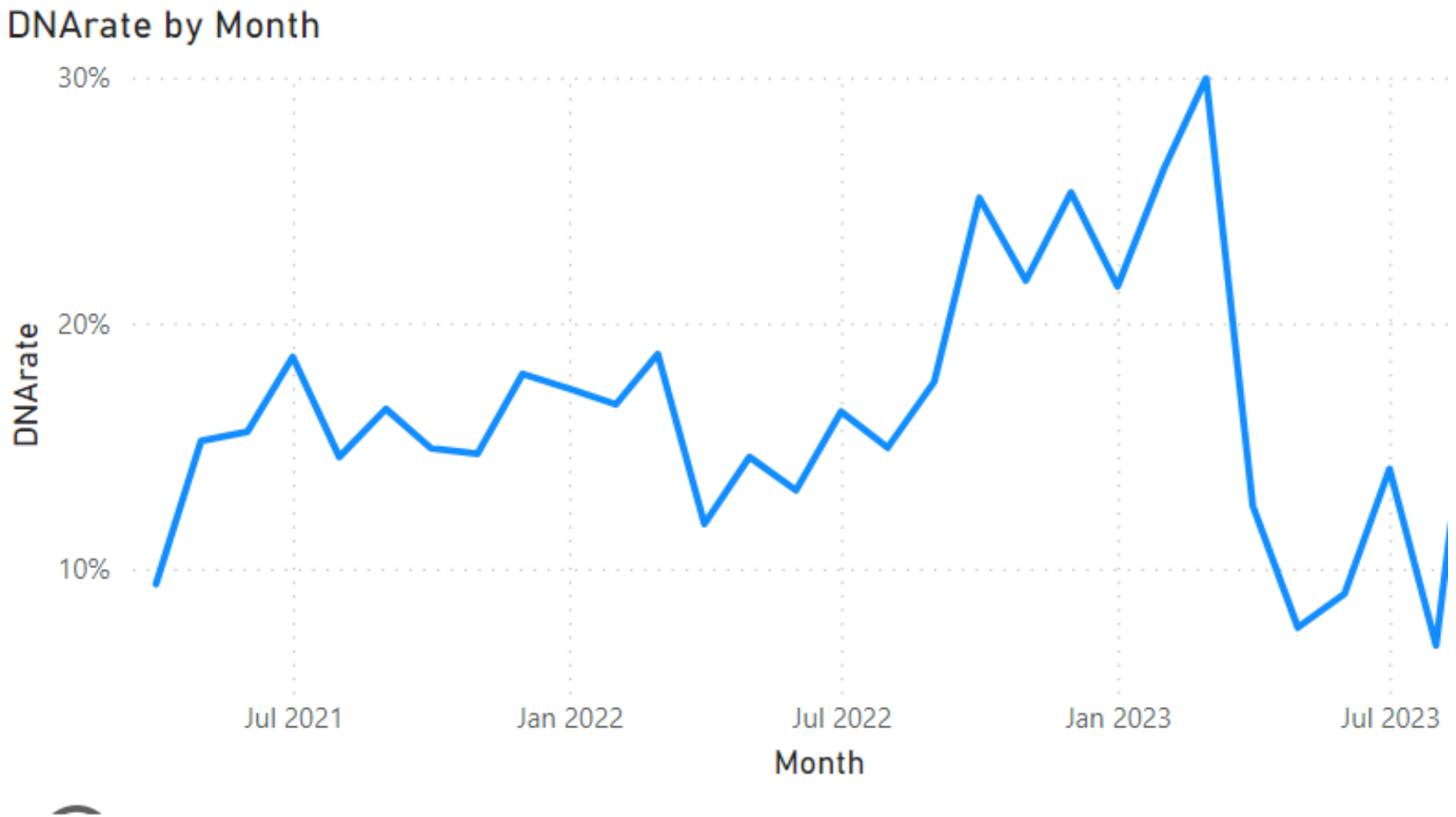
DNA – diagnostic pathway

University Hospitals Bristol and Weston NHS Foundation Trust

- 30% recent DNA rate
- Feedback from pt
- Data on pathway
- Patient platform actively – reminders
- Prioritised cancellations and rebooking

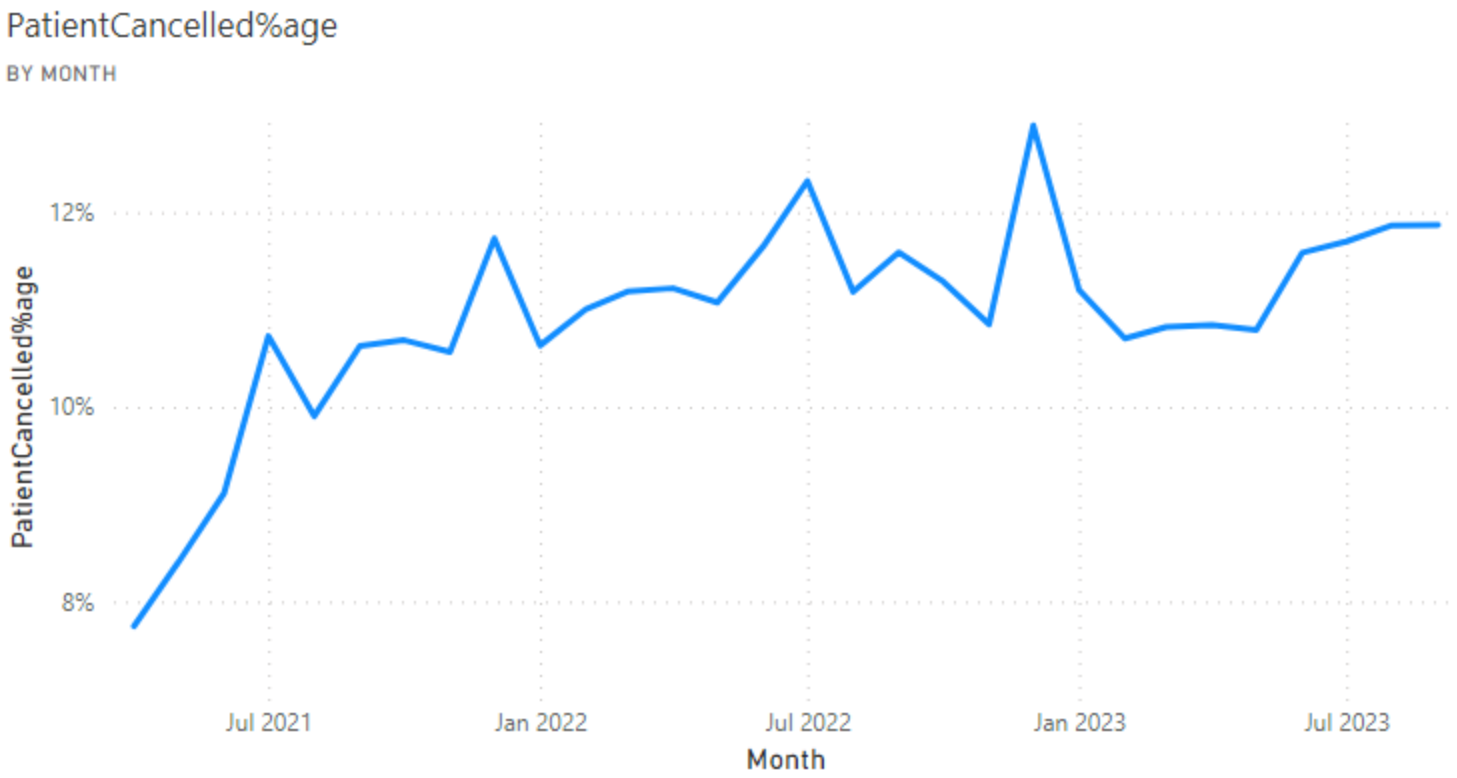
DNA – diagnostic pathway

University Hospitals Bristol and Weston NHS Foundation Trust



Patient cancellation rate

University Hospitals Bristol and Weston NHS Foundation Trust



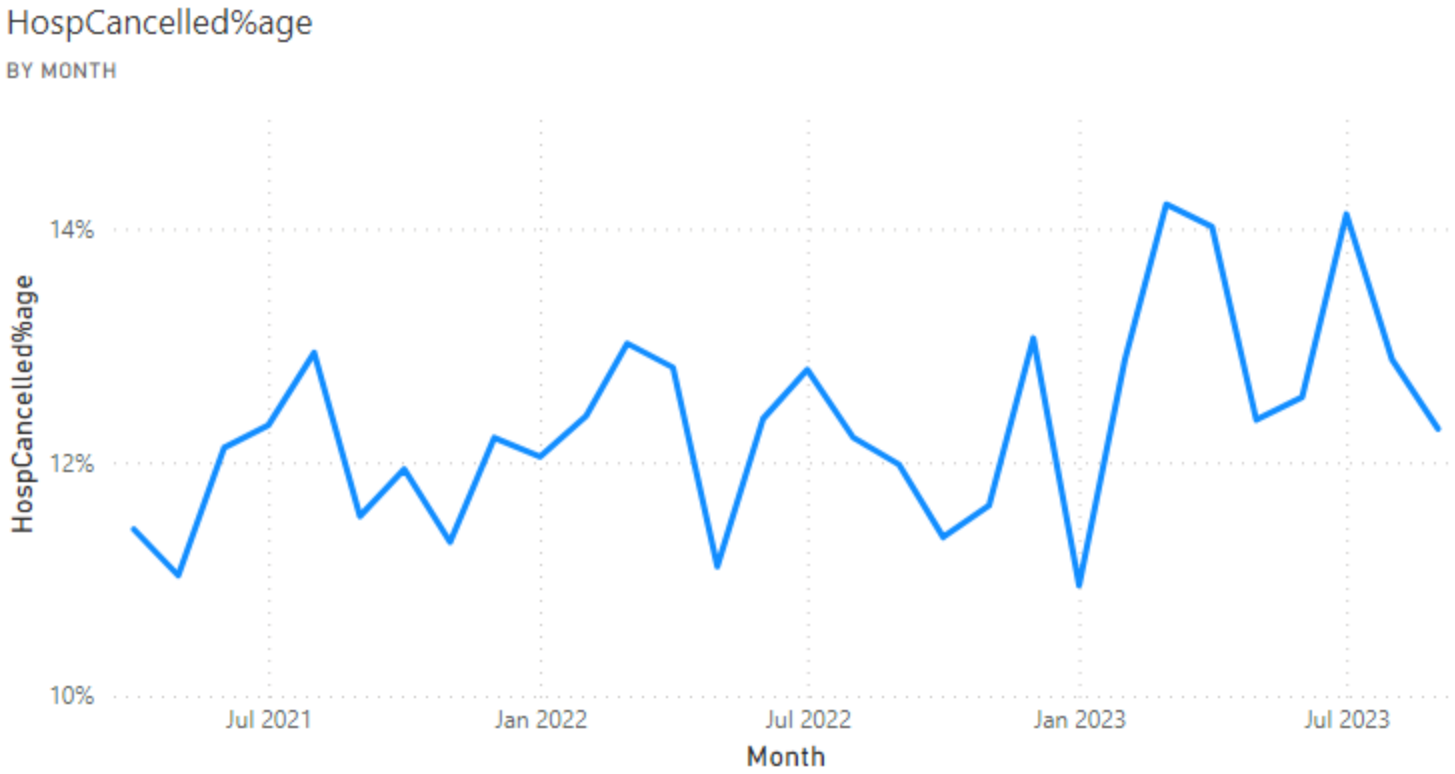
Target 10% Aug 11.9%

Pilot patient led booking

Pilot appointment rebooking

Hospital Cancellation

University Hospitals Bristol and Weston NHS Foundation Trust



- Target 10% Aug 12.9%
- Clinic capacity and demand planning
- Consultant job planning
- Impacted upon by IA

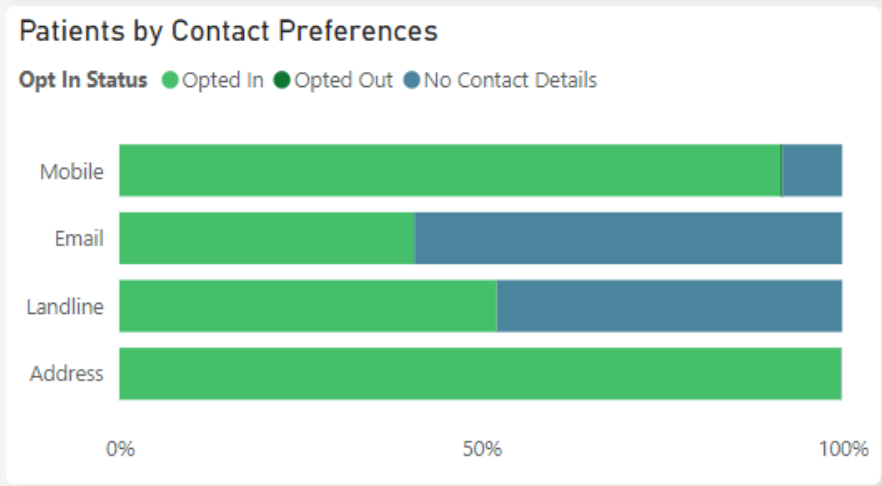
Patient portal digital letters

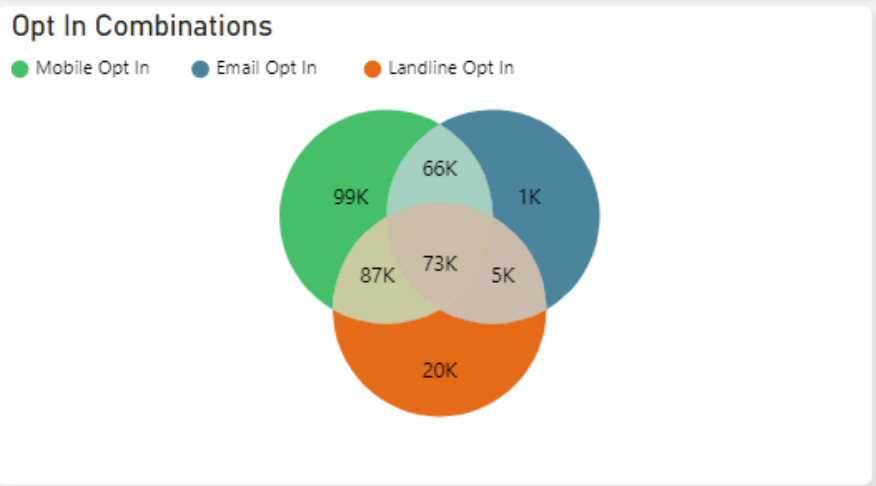
University Hospitals Bristol and Weston NHS Foundation Trust

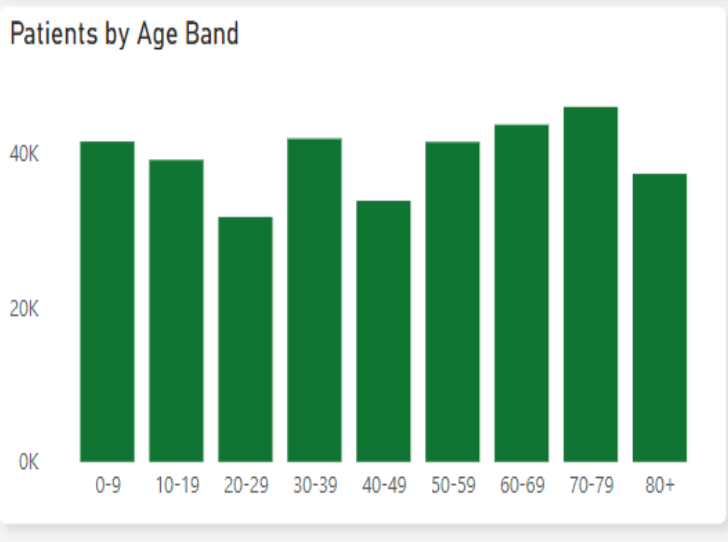
- Pilot of digital letters with Glaucoma service
- 16% of details in PAS have data quality issues
- 57% patients viewed letters in the portal
- 16% patients requested to receive paper communications
- Focus group – to test accessibility
- Large scale roll out planned – with patient communications

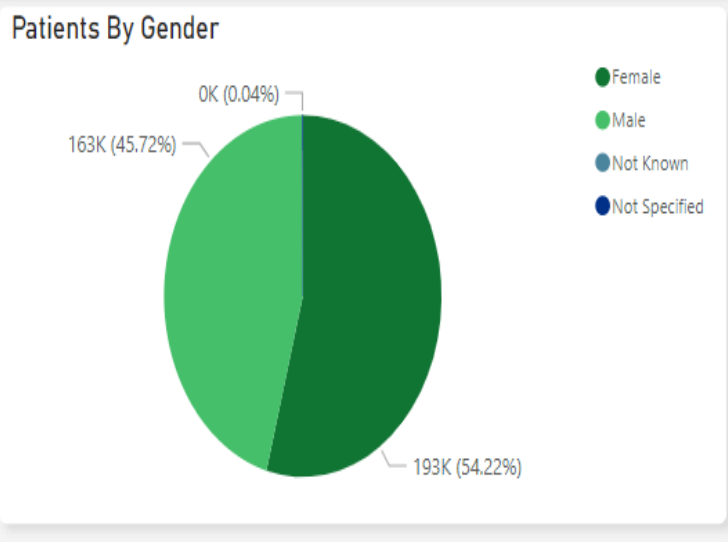
Patient contact preferences

University Hospitals Bristol and Weston NHS Foundation Trust





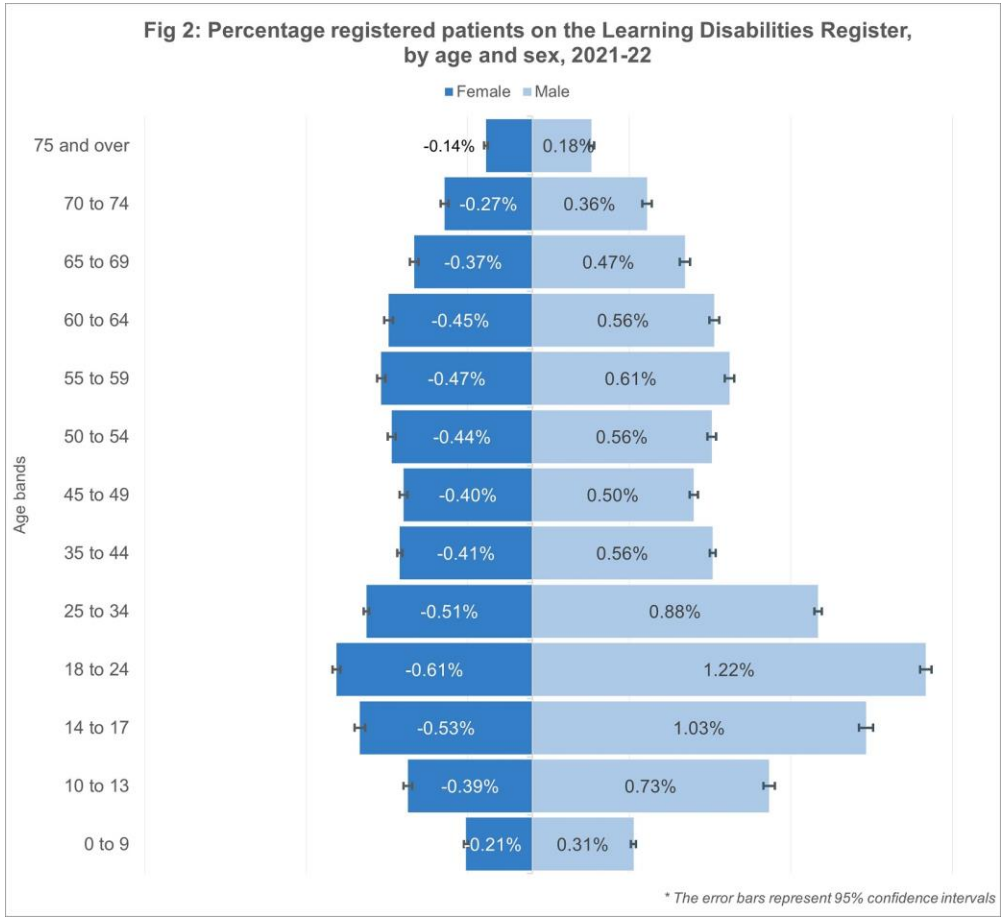




Patient Portal next steps

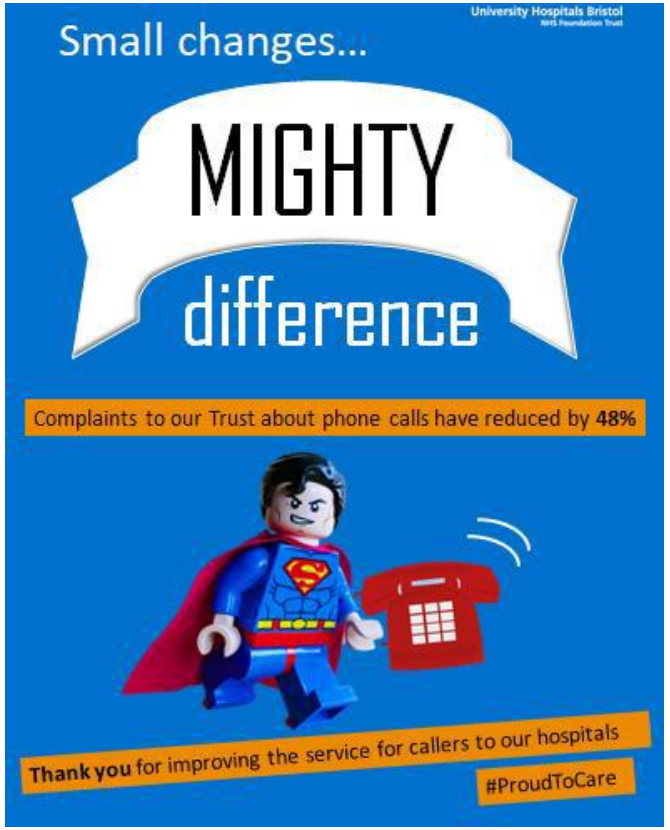
University Hospitals Bristol and Weston NHS Foundation Trust

Keep staff



Thank you

Remember Takephonership



Outpatient Transformation Conference South 2023

Up Next…

Communitas Clinics

Outpatient Transformation Conference South 2023

Slido

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Speaking Now…

Kieran McHugh
Head of Service Development - Communitas Clinics

NHS Outpatient Conference

Case Study: Community ENT in Tower Hamlets, Newham and Waltham Forest

Barts Health, TNW CCGs & Communitas Clinics

Kieran McHugh – Head of Service Development

What we will demonstrate in this presentation

- Process for ENT recovery
- The steps to implement a community ENT service
- Hurdles/barriers
- Background
- Benefits

Your challenges

Does this sound familiar?

- Significant backlog of patients waiting for a first appointment
- Wait times over 18 weeks
- 52+ week waits not reducing quickly enough
- GPs unable to refer to outpatient clinics
- Patients at risk of clinical harm
- Lack of capacity to address the issues

Solution?

Transform the service!

Transformation

You are not going to get the opportunity to transform your service unless and until you can:

- Explain why it's important
- Describe what you plan to do
- Demonstrate agreement from a range of colleagues
- Show how much it will cost
- Project the impact that your transformation will have

How are you able to do that?

Luckily…

There is a solution to that particular problem

Write a business case!

Business Case

Project Brief/Background:

- What are we planning to do?
- Give a brief outline of the problem we are trying to solve and how the problem has arisen
- Demonstrate why this is a problem that needs to be solved
- The Burning Platform

All organisations, inside and outside healthcare, have priorities and limited resources to meet those priorities.

Why should this business case be prioritised?

Business Case

Sponsors including acute/commissioner sponsor, clinical sponsor, finance lead:

- For each of the different domains covered name the subject matter expert that has been consulted and contributed to the business case.
- Depending on your specific organisation this could mean:
  - specialist consultants
  - general practitioners
  - nurses
  - pharmacists
  - accountants
  - quality leads
  - contract and procurement leads

Business Case

Options Analysis with recommended option:

- What options are available that meet the same need in a different way
- Each of these should be appraised and ruled out if they are not effective in meeting the identified need

Financials:

- How much will the proposed change cost
- Bear in mind things such as recurrent/non recurrent costs, full year effects and capital/revenue funding

Business Case

Impact Assessment:

- What are the desired outcomes and benefits to patient, what will happen as a result of the change in practice?
- Over what time period?
- Are there any knock on effects that need to be considered? Which metrics/KPIs will be used to measure success?
    - Waiting times, Did Not Attends, OPFA:OPFUP ratio, Patient Satisfaction…

Business Case

Contract management/Procurement strategy:

- How long is the intended contract period?
- Is the payment mechanism agreed and appropriate?
- Is there a clear route to a procurement?

Business Case

Proposed timeframes:

- How long will the whole process take?
  - Governance
  - Procurement
  - Awarding contract
  - Mobilisation

Risk register and mitigations:

- What are the risks to this proposal achieving its intended outcomes
- How can we reduce these risks?

Hurdles You Will Face

Consensus

- Find out about Clinical Reference Groups, (CRG), in your ICB
- CRGs will have representation from primary and secondary care as well as decision makers in commissioning and provider teams

Governance

- Clinical governance
  - Clinical Reference Group sign off
- Information governance
  - How will patient information be safely shared and stored?
  - Speak to your IG lead
- Financial governance
  - Speak to your finance lead about strategic planning
  - There will be a planning cycle to identify the various needs to be met and the total funding to meet those needs

Communications

- During any change project communication is vital across a range of stakeholders at all times in the process
- Engage with patient groups, speak to primary care teams and ensure communications go out regularly and in the right format to ensure everyone knows your plans and has a chance to comment on them
- Emails, leaflets, webinars…

Estates

- One of the benefits of a well run community ENT service is provision of service closer to home
- Good quality NHS estates may not be abundant in our local areas
- Dialogue between the various organisations is really important in identifying locations early

The outcomes of this project, the benefits, the reason why

It might sound like a lot of work.

It might sound like the process is difficult, lengthy and time consuming.

It can be done and it has been done.

The results demonstrate the reason why the community solution in ENT can sustainably improve services for your patients.

Evidence from the Case Study

Background to Barts Health/TNW CCGs ENT service

- In March 2021, the backlog had risen to ~6,000 adults
- The service was not meeting the 18 weeks referral to treatment, (RTT), standard even prior to the pandemic
- The backlog and RTT position only worsened as a result of the pandemic
- There was an increase in 52 week wait breaches
- There was significant variation in referral rates into the ENT service from different GP practices within TNW

Objectives

The main objectives set out in the Business Case were to:

- Sustainability
- Reduce the waiting list backlog and average wait time
- Standardised pathways across TNW
- Services closer to patients homes
- Patients seen in the most appropriate care setting and by the right clinician first time
- Reduce avoidable hospital appointments

The service

- Communitas Clinics was commissioned to provide a single point of access clinical triage for all routine ENT referrals
- The service was mobilised in 10 weeks from the issuing of a contract
- A joint working group was established drawing from the GPs, the CCGs, Barts Health, (ENT, audiology, radiology), and Communitas
- See and treat, non complex, non surgical cases, 5+ years
- Exclusion criteria agreed by clinical teams
- ENT outpatient procedures including diagnostic audiometry, excluding urgent and suspected cancers
- One stop clinics in each locality
- Weekly demand and capacity monitoring

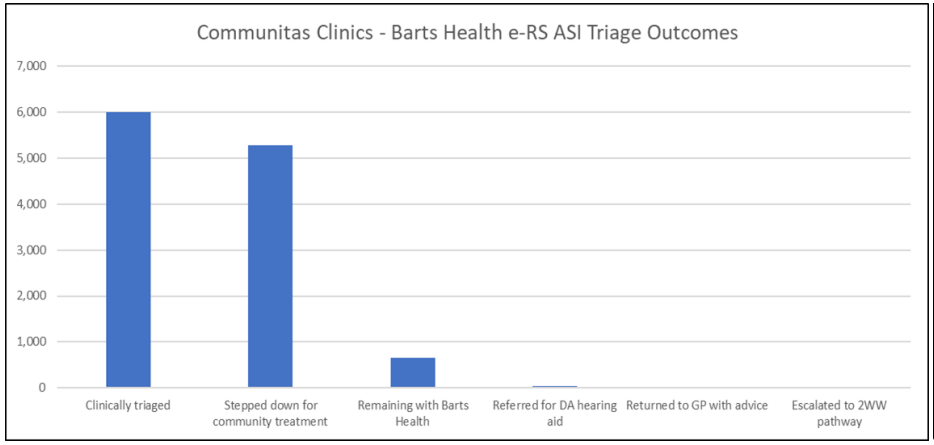
So… did we succeed?

TNW Community ENT Service: Pilot

- The Communitas community ENT service went live in September 2021
- Provision of a single point of access, one stop service for all routine ENT referrals for patients over 5 years of age
- Over 6,000 Barts Health non-admitted pathways were stepped down for triage and treatment to tackle the backlog

Triage Outcomes

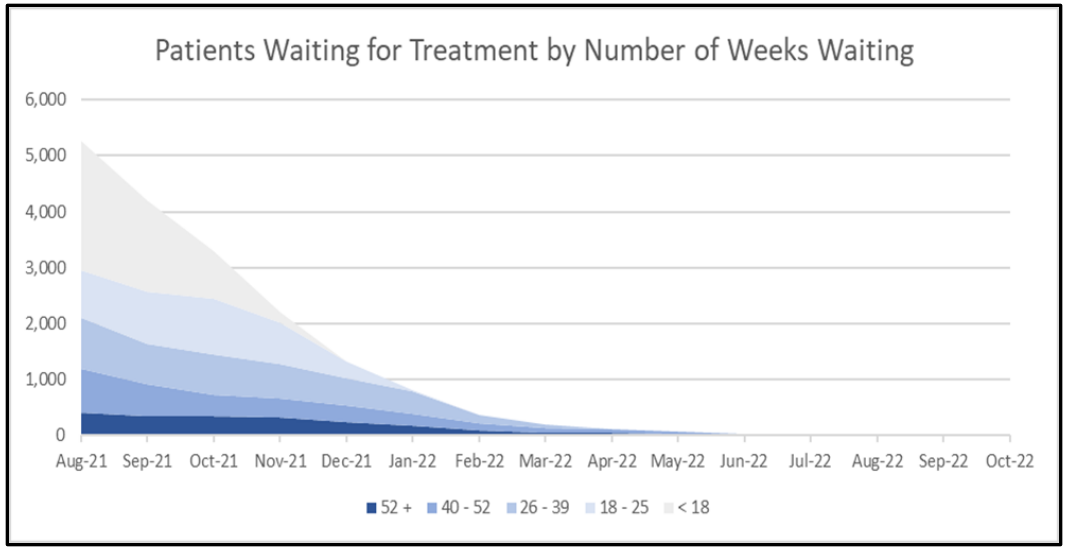
- A total of 6,149 patients were on Barts ASI at the start of the project in July 2021
- 5,285 (88%) patients were stepped down to community treatment and 659 (11%) remained with Barts Health. 145 were found to be duplications



Triage Outcome	Patients	%age
Stepped down for community treatment	5,285	88.0%
Remaining with Barts Health	659	11.0%
Referred for DA hearing aid	37	0.6%
Returned to GP with advice	22	0.4%
Escalated to 2WW pathway	1	0.0%
Total clinically triaged	**6,004**	**100.0%**

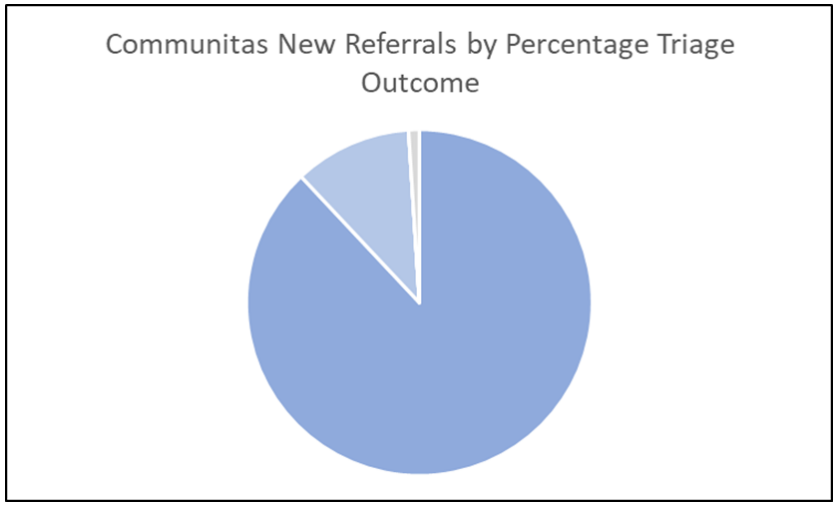
ENT ASI Activity Analysis

- 5,285 patients were stepped down for community treatment in September 2021. By March 2022 96% of that backlog had been cleared
- The data conclusively demonstrates that the community service had successfully and rapidly cleared the backlog of ENT ASI patients



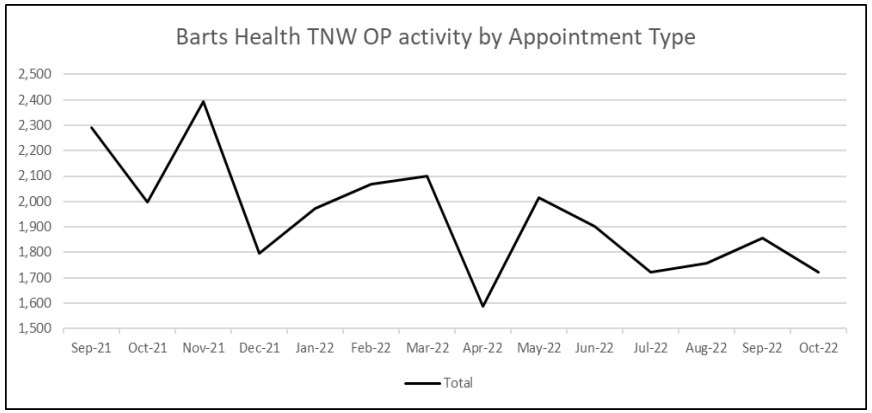
New Referrals into Communitas Clinics

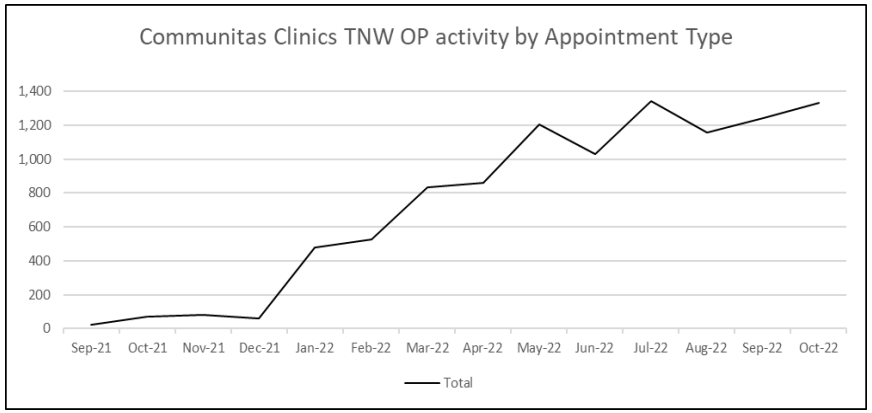
- Triaging for new referrals was consistent with the results of patients that were stepped down from the Barts Health ASI list
- 88% remained within community and 11% were referred to Barts Health, effectively reducing demand for secondary care services



ENT Outpatient Activity

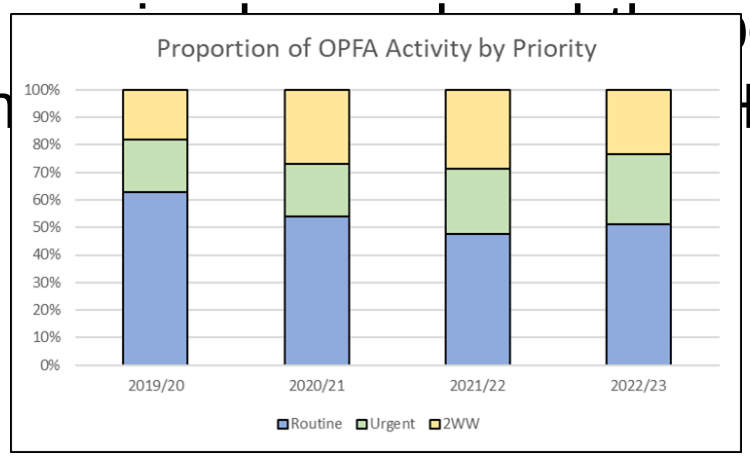
- There has been a general decrease in outpatient activity at Barts for TNW from September 2021 and an increase in outpatient activity in the Communitas Clinics community ENT service.





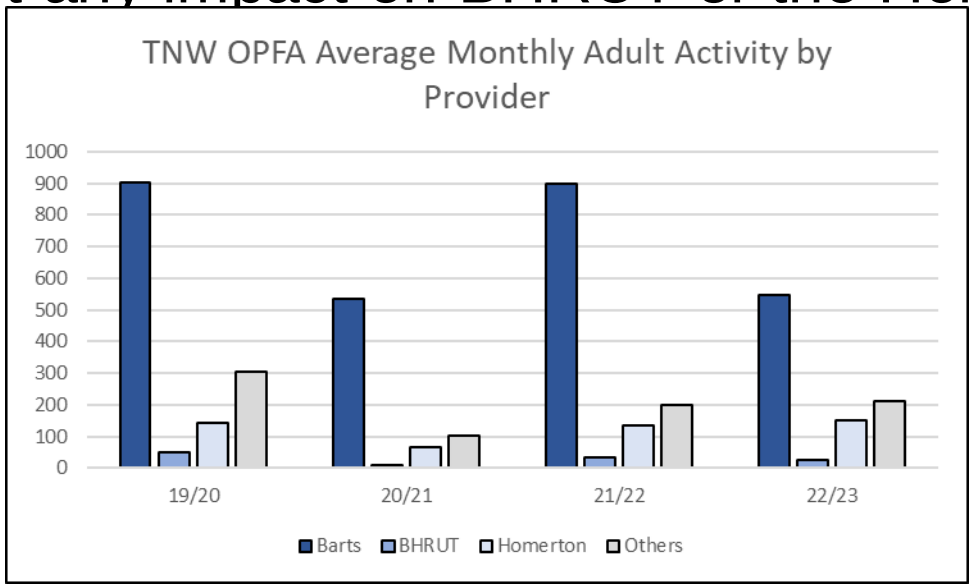
Barts Health ENT OPFA Activity by Priority

- The chart below shows the reduction of urgent TNW activity at Barts Health associated with the community service
- The proportion of urgent activity has increased since pre-pandemic
- This cohort of patients is not be eligible for the community setting
- The community ercentage and volume of routin ealth



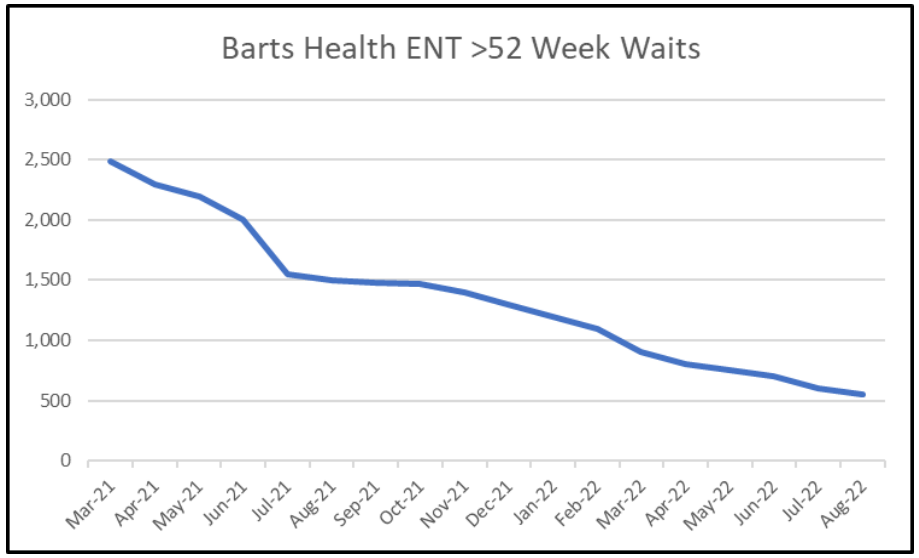
North East London Outpatient Activity for TNW

- TNW CCGs outpatient first attendance activity across all providers shows a marked decrease of OPFA activity at Barts Health without any impact on BHRUT or the Homerton



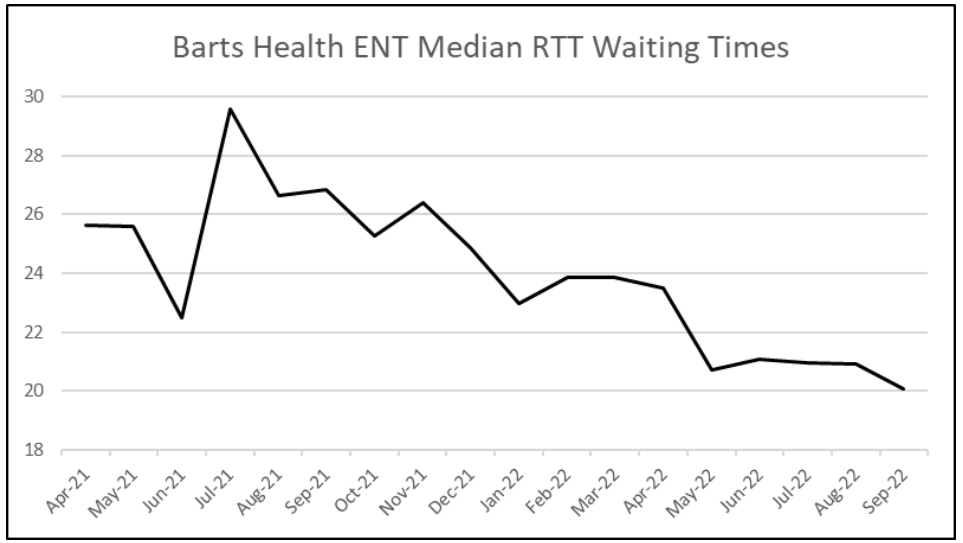
Barts Health ENT 52+ Week Waits

- The number of Non-Admitted 52+ week waits significantly increased during the pandemic, rising to a peak of 2,489 in March 2021 which continues to date



Barts Health Median Waiting Times

- The median waiting times have gradually reduced over time from 26.83 weeks in September 2021 to 20.09 in September 2022 a reduction of 6.74 weeks
- For July 2023 the median wait time published by NHS England for Barts Health ENT was 8.6 weeks



Patient Experience

- Friends and Family Test results are consistently above 85% positive
- Patient complaints are below 0.1% of total patients seen

GP Experience

- GPs have responded positively to the service with 90% stating that they found it easy to refer into the service and that they would recommend the service to family and friends

Contact Communitas Clinics

Come and see us today to find out more

If you would a like a copy of the detailed case study or support on how to set up a community service, contact myself or Anna Bernard on the details below:

Anna Bernard, Chief Service Development Officer – anna.bernard@nhs.net

Kieran McHugh, Head of Service Development – kieran.mchugh6@nhs.net

Outpatient Transformation Conference South 2023

Q&A Panel

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Outpatient Transformation Conference South 2023

Lunch & Networking

Outpatient Transformation Conference South 2023

Chair Afternoon Reflection

Katrina Davies
Outpatient Transformation Programme Director - Barts Health

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Outpatient Transformation Conference South 2023

Speaking Now…

Dr. Satya Raghuvanshi
VP of Clinical at Accurx - Accurx

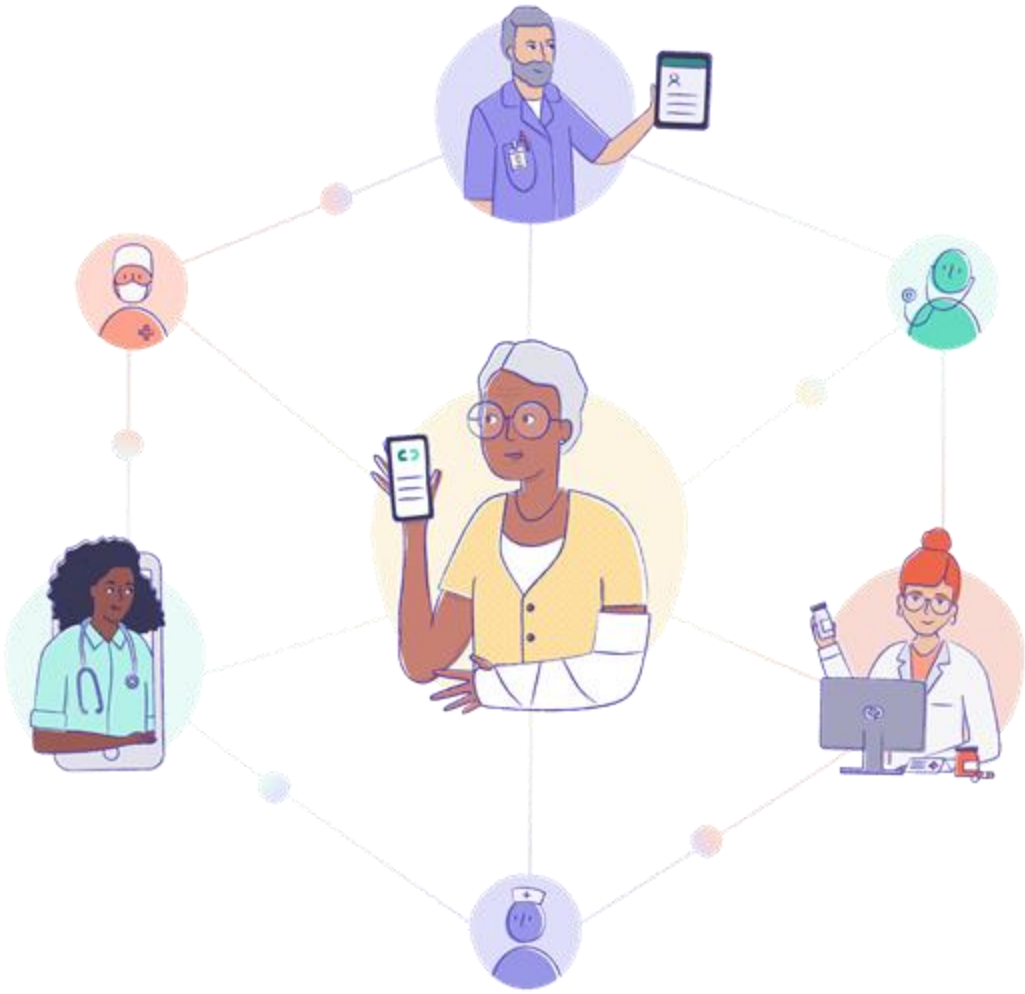
Waiting list validation: a University Hospitals of Leicester & Accurx case study

accurx

NHS
University Hospitals of Leicester
NHS Trust

We’re on a mission...

To make sure everyone involved in a patient’s care can communicate with each other



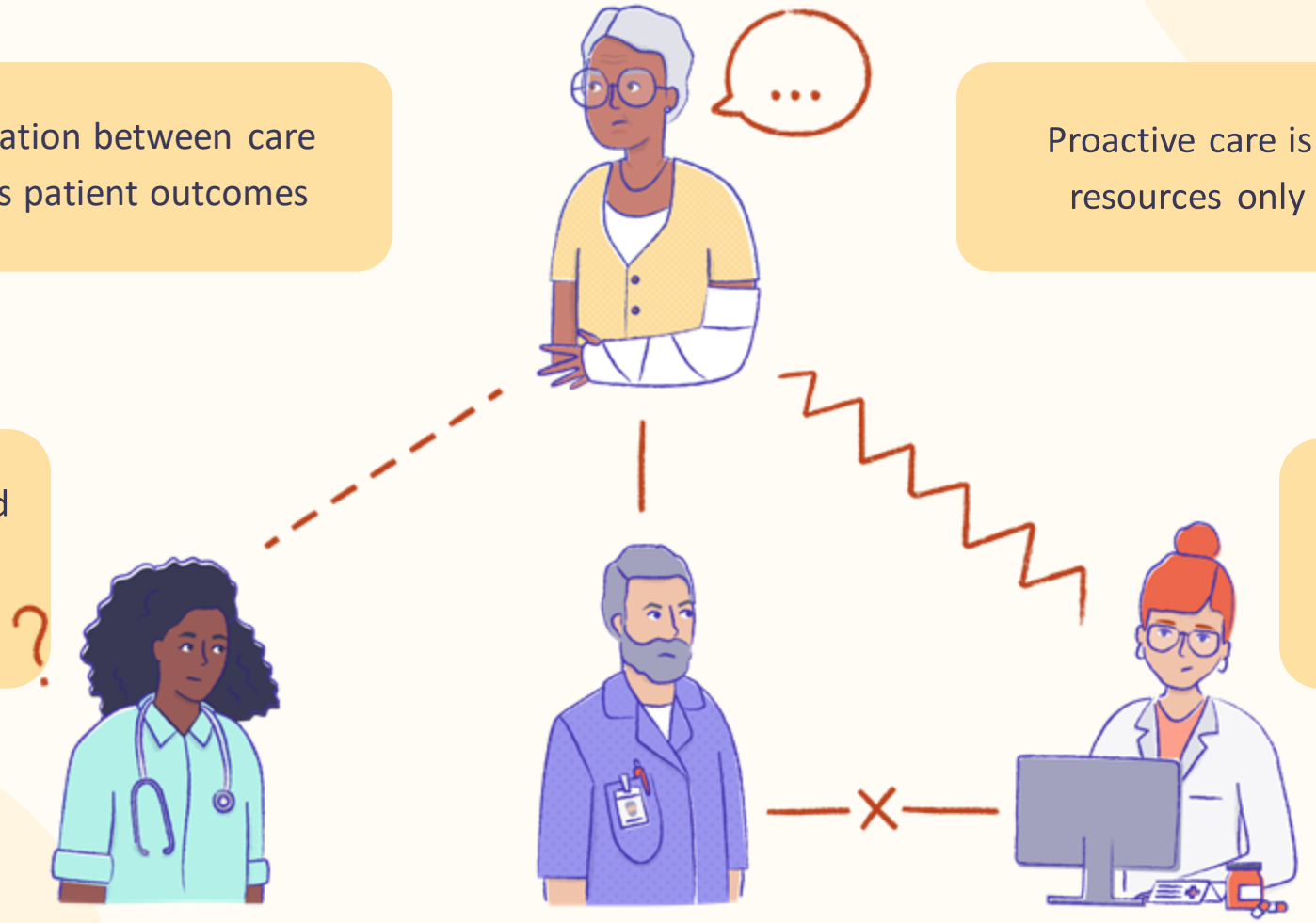
Communication is fragmented

Poor communication between care settings impacts patient outcomes

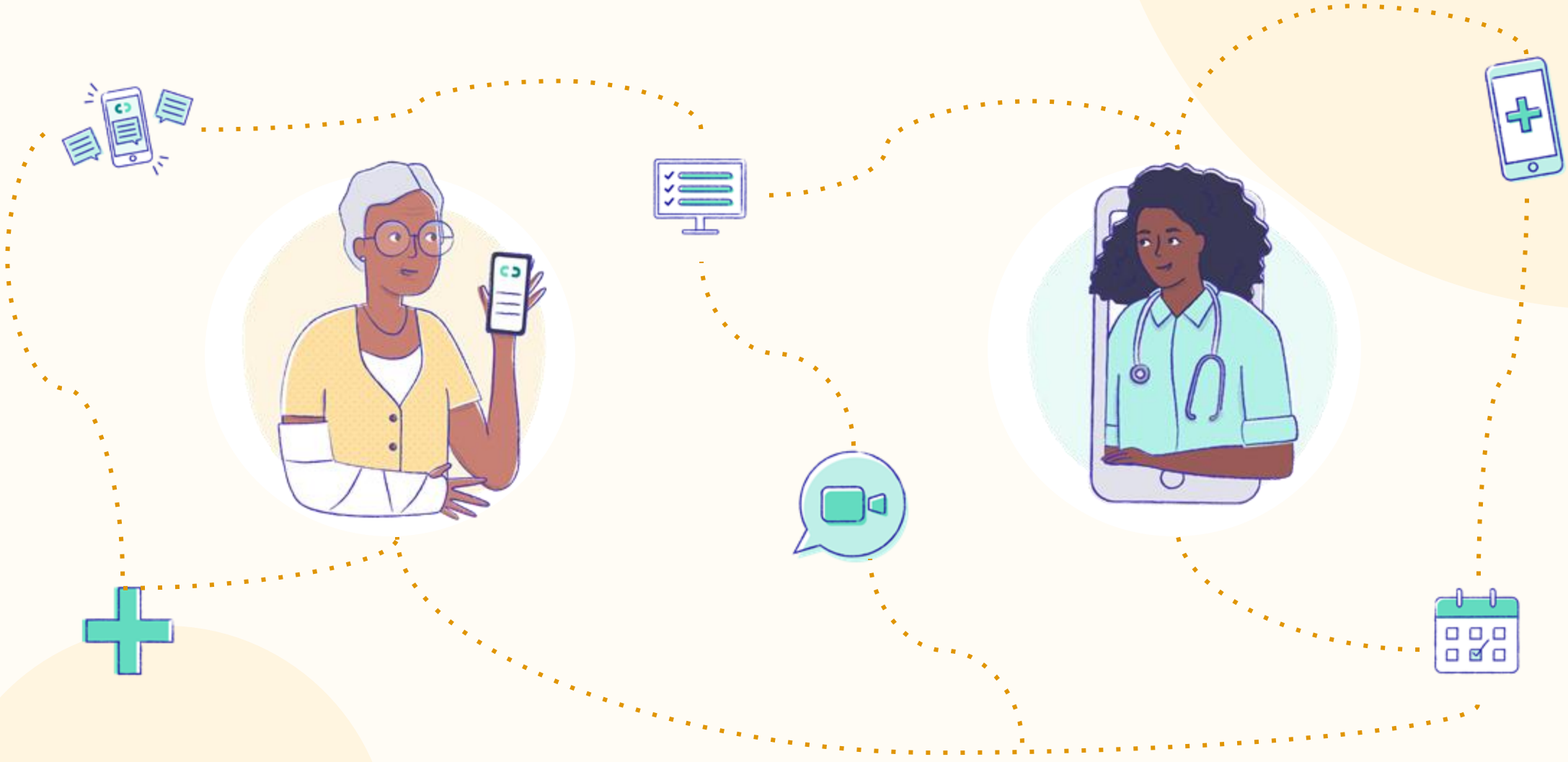
Proactive care is near impossible when resources only allow for urgent care

GPs & Trusts are inundated by inbound requests for care

Staff are overwhelmed by the volume of administrative tasks

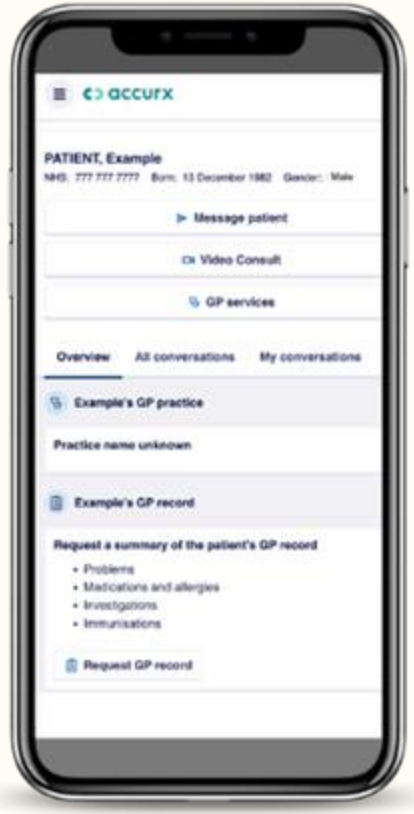


An integrated solution for healthcare communication



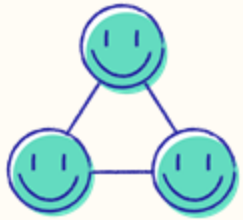
Quick and reliable patient communication

- **SMS messaging** for quick and reliable communication with patients, sent one-by-one or in batch
- **Attachments and questionnaires** include leaflets and documents or digital patient questionnaires
- **Request reply** when you need patients to respond with a text and optional image
- **Accumail** that removes care barriers for patients and saves time



Our Impact

98% of GP practices &
68% of Trusts
who use us every week



Over 350,000
NHS users

58 million patients
contacted via Accurx.. and counting!

20,000 patients
removed from the waiting list at UHL

5 hours
staff time saved every week

343,127
clinical questionnaires sent in the last 7 days

NHSE’s elective recovery ask

Ensure that at least 90% of patients who have been waiting over 12 weeks are contacted and validated by 31 October 2023

NHS England
Protecting and expanding elective capacity
4 August 2023

The challenge

31st October is only 3 weeks away.

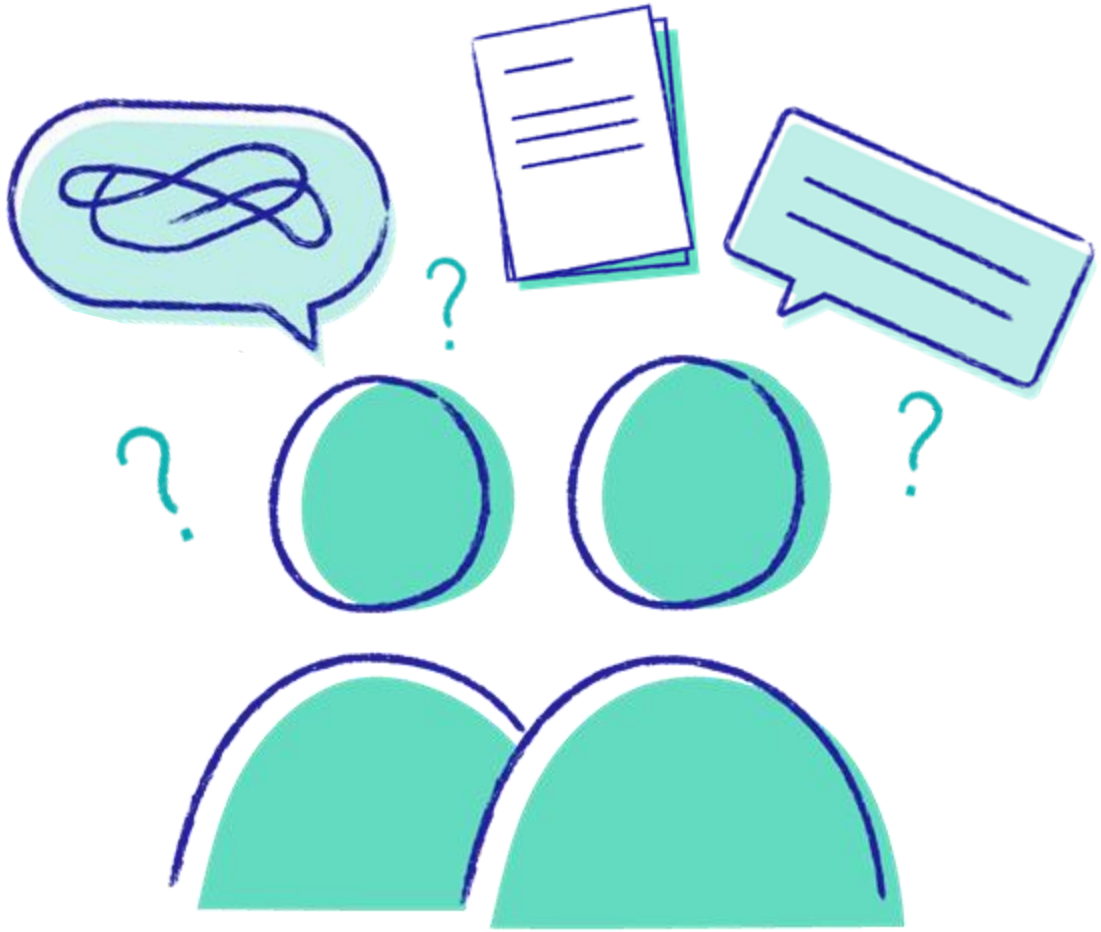
RTT lists are larger than ever.

There's unprecedented disruption.

As such, waiting list management has become more complex and resource intensive.

Traditional methods of communicating with patients can't keep up.

'Digital solutions' too often add complexity and take months to implement, let alone deliver results.



Digital tooling and transformation support can help get control of waiting lists.

Fast.

Three key ways tech can support

1

Administrative waiting list validation

to keep your waiting list up to date

2

Clinical waiting list validation

to prioritise patients by need

3

Digital Patient-Initiated Follow-Up

to reduce unnecessary appointments

1. Administrative waiting list validation to keep waiting lists up to date

NHS
University Hospitals of Leicester
NHS Trust

Contact all patients on waiting list at scale

Easily collate patients who don’t need to be seen

Resolve data quality issues

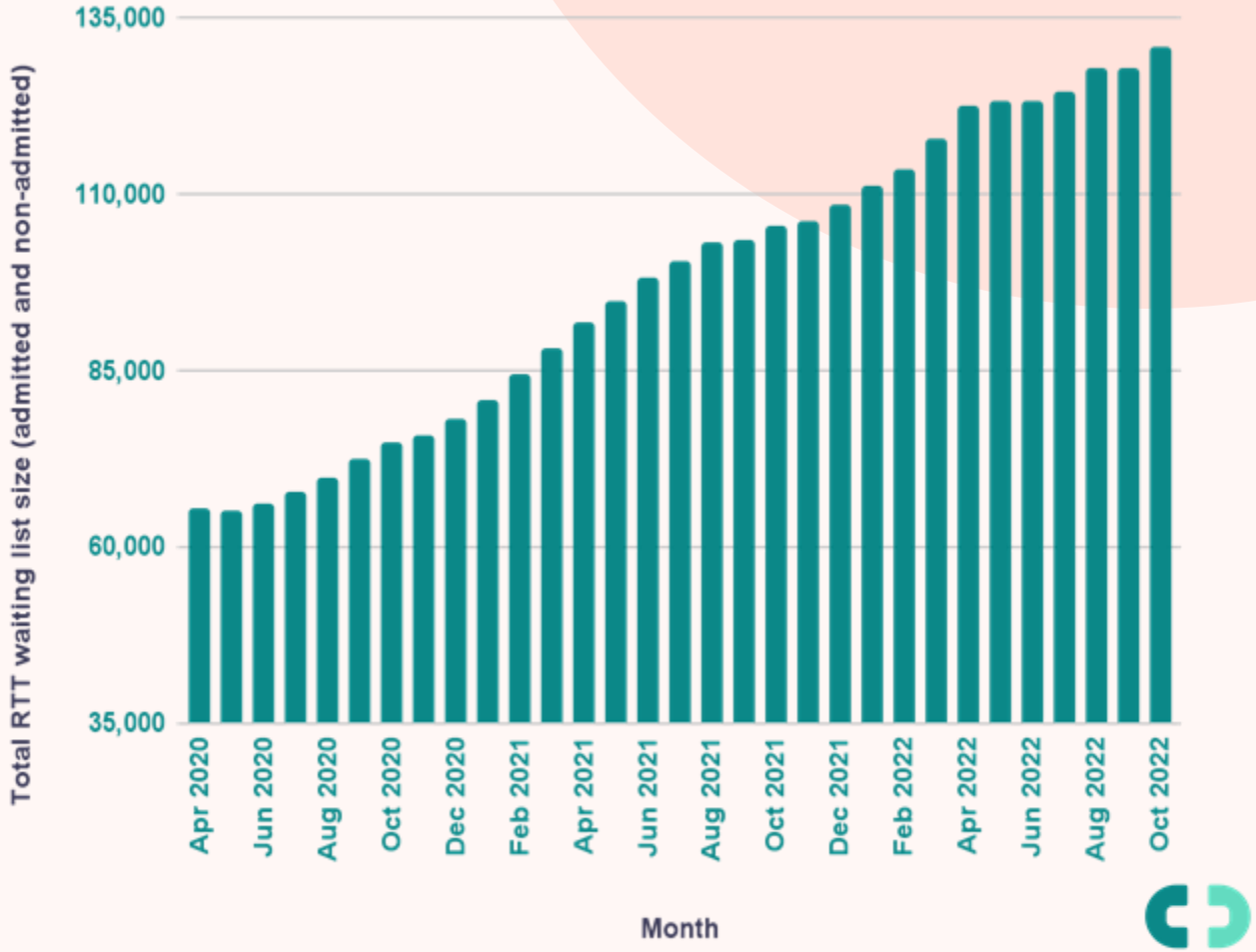
See results quickly

1. Administrative waiting list validation

NHS
University Hospitals of Leicester
NHS Trust

UHL background

- UHL's RTT waiting list grew by 85% during COVID pandemic.
- One of the most challenging recovery trajectories of all acute trusts.
- Teams were struggling to get on top of their waiting lists via letters or phone calls.
- Resulting in ineffective use of resources and clinical time.
- So UHL partnered with Accurx to turn things around.

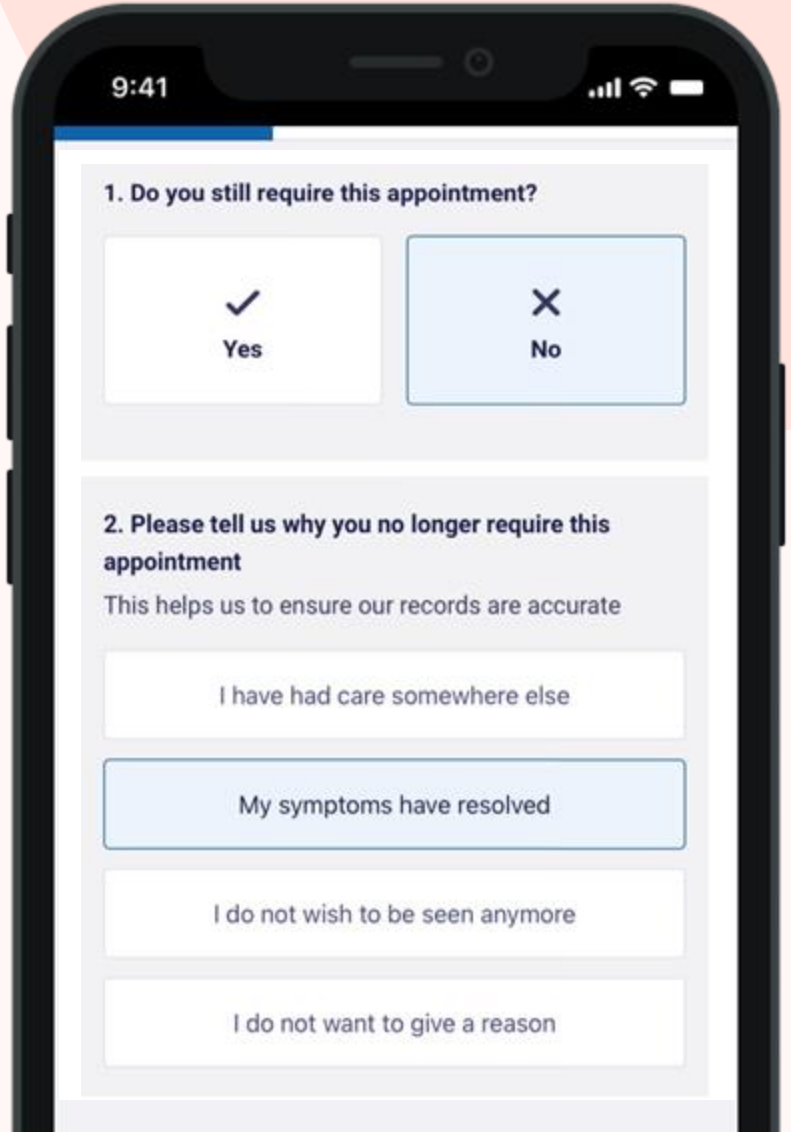


1. Administrative waiting list validation

NHS
University Hospitals of Leicester
NHS Trust

How does it work?

- Patients sent text message with link to questionnaire
- Reasons for no longer requiring an appointment are captured.
- Patients can be offered additional options (e.g. PIFU / Travel)



1. Administrative waiting list validation

University Hospitals of Leicester NHS Trust

67
Services at UHL using Accurx

70%
Response rate

20,000
Patients removed

1. Administrative waiting list validation

NHS
University Hospitals of Leicester
NHS Trust

"Accurx's messaging service is a really quick, effective and efficient way to communicate with patients around waiting lists, as well as reminding them about upcoming appointments. This has saved our department so much time and it is so easy to use. We absolutely love using this system and it really is amazing - I would highly recommend it."

Service Manager for General Surgery

"It was a relief to receive the text, as I was wondering if my child had been lost in the system."

Patient

2. Clinical waiting list validation to triage patients to the most appropriate care pathway

NHS University Hospitals of Leicester NHS Trust

Before: Patients with rectal bleeding were seen in clinic prior to receiving a diagnostic test for their symptoms, resulting in long waiters and inflated OP activity.

Now: They receive a questionnaire asking for more information about their symptoms, and whether they would like to be referred for a colonoscopy, an appointment, or no preference.

Clinician triages referral

Patients receive a questionnaire

Patient booked in for a test or appointment

Direct to test	Appointment first	No preference 28%

3. Digital PIFU to reduce the volume of F2F appointments

NHS
University Hospitals of Leicester
NHS Trust

Over six months:

- **853 patients** were sent a digital PIFU contact link for dermatology
- **71 of these patients (8%)** submitted a request *(39 medical; 32 admin)*
- Around **half** of these requests were **resolved digitally**, the remainder were booked an appointment

"Receiving patient requests via online is quicker than phone calls. Calls are difficult to answer if we're busy, and also means there's no record of the request."

Dermatology Clinic Coordinator

"The digital requests has definitely reduced the volume of phone calls that we're receiving, and these online requests are much easier and quicker to respond to than phone calls."

Dermatology Admin Manager

"I'm pleased to see an alternative and successful form of being able to make necessary contact, with no waiting involved."

Patient who submitted a request

Partnership working: the Accurx approach

How we approach partnerships

Product Development

We build new features for Trusts and work with you to prioritise the product roadmap

Transformation & Implementation Team

We lead project management, training, implementation, evaluation, scaling & scoping of future work

Specialist Advisors

We give advice on areas such as clinical safety, information governance, data and behavioural science

Hear it from our Innovation Partner…

“Working with Accurx has felt like a true partnership. From the weekly implementation meetings to fortnightly check-ins, the work feels genuinely co-produced.“

Thank you

For more information, or to receive your bespoke waiting list validation plan, and validate your entire waiting list by 31st October, please get in touch.

partnerships@accurx.com

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Outpatient Transformation Conference South 2023

Speaking Now…

Mr Sunil Jain
Consultant Orthopaedic Surgeon -
Medway NHS Foundation Trust

Video consultations

Sunil Jain
Consultant Orthopaedic Surgeon & CCIO
Medway NHS Foundation Trust

Pre-pandemic status

Capacity

- Long outpatient waiting times
- Crowded clinical areas – patients, staff
- Constrained hospital space, off-site facility debated
- Car park queues
- Traffic

Patient convenience:
-cost
-time
-preferences

Environment

- pollution from journeys

Revenue

- Outpatient Clinics costs - reception, nurses, chaperone, file transfers, energy costs, maintenance, overheads (compare private clinic rooms)

Telemedicine

- In practice for almost 20 years in different forms
- Telephone, web, skype, emails, text, video, wearables
- In 2014, UK Government made a commitment to spend £3.6M on the introduction on video calling consultations in general practice
- VOCAL study (BMJ open; Jan. 2016) explored existing evidence base for virtual online consultations
- Numerous publications, selective uptake for specific purposes

The Pandemic

<u>Inherent challenges</u>

- High transmissibility / ventilation
- Virulence
- Mutations
- Vaccination effectiveness over time
- Population behavior
- Newer unknown risks

Support for Secondary Care

To help accelerate the uptake, NHS England and NHS Improvement procured 12-month licences for video consultation tool ‘Attend Anywhere’, free of charge to all NHS secondary care providers.

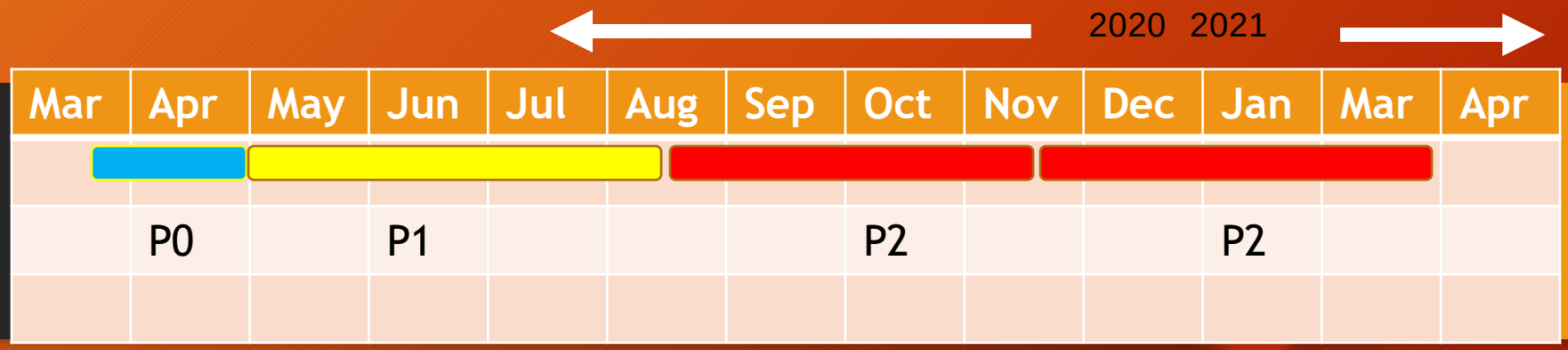
£20,000 of capital funding became available to support NHS secondary care providers who were using video consulting to purchase any hardware they need. NHS England and NHS Improvement produced a range of support materials.

Widespread adoption of ‘Attend Anywhere’ during April 2020

'post-pandemic’

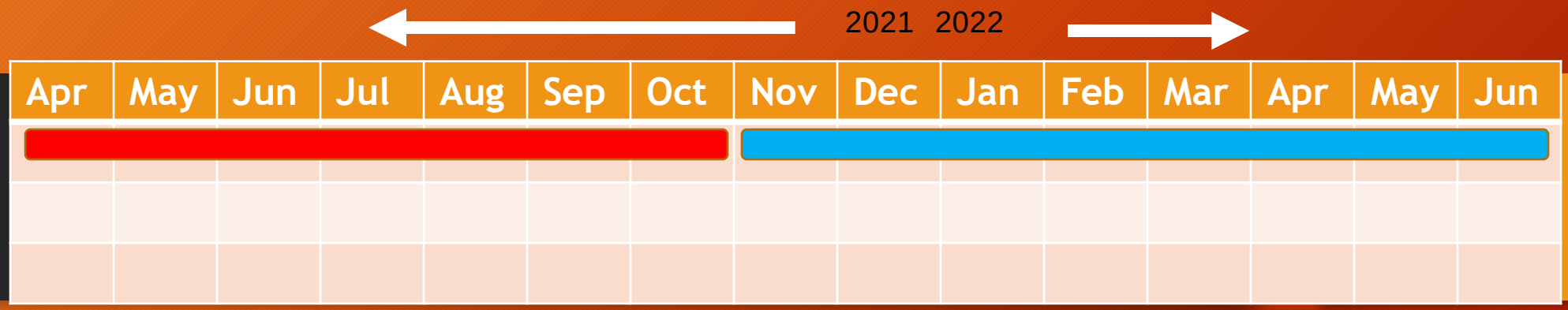
- Variable adoption, patchy uptake
- Variably mandated initiative from the centre
- Virtual = telephone for most
- Largely locally driven

My experience



- Phase 0 – 23 March 2020 – 30 April 2020
  - telephone consultations for follow up - conducted by registrar - some supervised or monitored by consultant
  - Highlights – 1. initial learning phase 2. unclear & evolving understanding & goals 3. indirectly managed
- Phase 1 – 1 May 2020 – 15 Aug. 2020
  - Rapid implementation, video clinics from home, pathway coordinator
- Phase 2 – 16 Aug 2020 – 31 Mar 2021
  - Loss of usual support, euphoric mindset re Covid in first quarter, mixture of on-site & home working, largely telephone consultations

2021-22



- Phase 3 – Apr 21 – Oct 21
  - Return to mandated face to face consultations, later converted to telephone, some video with poor on-site infrastructure
- Phase 4 – Nov 21 – June 22
  - Completely unsupported off-site virtual consultations, ERS restrictions, loss of video platform after March 22
- Phase 5 – July 22 onwards
  - Final giving up, face to face consultations only, eClinic deployed recently with scanty uptake

Lessons learned…..

- Through success & failures
- Vast majority of patients are able to manage a good quality video consultation process – UK smart phone and digital penetration – 93% mobile internet users, rest friends and family

Patient satisfaction

- Hospital based surveys show high acceptance and liking
- No complains
- Patients seen to be happy through almost all VCs

Clinical Decision making algorithm

- It is not always necessary to follow the traditional sequence in clinical interaction. F2f assessment seldom necessary to lead to the next steps based on the likely or definitive diagnosis based on other parameters including imaging.
- There has been a learning curve and adaptation of clinical algorithm through experience during the early phase.
- Deep subject knowledge and experience – essential
- Beware pitfalls – regulatory guidelines

Clinical interaction hierarchy (Tel, Video, f2f)

- Rapport : communication (except challenging situations *)
- Demographics: age, gender, BMI, occupation, recreation
- History of condition: onset, progression, current symptoms, location, severity, frequency, impact on ADL, treatment received, comorbid conditions
- Examination: inspection, palpation, tests
- Investigations: imaging, biochemistry
- Discussion: explanation, working / differential diagnosis, natural history, options, benefits, risks, patient preference, agreement
- Action: further investigations, Advice & guidance, formal consent, booking, referrals, discharge

Why Video (v/s Telephone)

- Effort required (hospital + patient) – equipment, training, support, digital infrastructure, cost

- Gains – patient and clinician experience, rapport, communication, visual clues – clinical (deformity, swelling, colour, joint movement, localization, body habitus, actions), body language

Clinician On-site v/s off-site virtual

- Clinician – distancing, travelling, car park
- Staff: front door, reception, nurse, file management – distancing and costs
- Space: clinic room, energy & infrastructure, repurposing

- Benefits realization is higher with clinician off-site, an extension of the hospital facility, usually with no significant cost.

Virtual appt booking on E-referral system

- Poor uptake
- Used as a barrier to more widespread adoption

- The worst-case scenario is considered, resulting in not selecting this option

- This is not an ‘informed’ choice

QI – enhancing the VC gains

1. quality of primary care triage and referral process, conversion rate
2. Local process constraints, e.g. remote consent/booking
3. Resource allocation along GIRFT principles with necessary alignment from authorities
    1. Minimise waste (minimize DNA & failed video connections, appropriate bookings, patient instructions)
    2. Maximise gain (real time patient support, appropriate software and hardware, peer support, wider patient/public education)

What not to do

- Not change with times
- Disrespect reasonable perspectives
- Restrict openness & healthy dialogue/debate
- Wait for the rest of the world to lead and normalize VC as BAU
- Expect automated processes without human input to achieve universally successful video consultations

If / When / Now

- Next pandemic – how resilient are we
- Rising demand – what capacity can we spare
- Net zero
- Cost constraints

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Outpatient Transformation Conference South 2023

Speaking Now…

Aamena Salar
Medical Director of Modality Outpatient services - Modality Partnerships

Modality Partnership
A Commitment to Care

Modality Group
A Commitment to Care

Modality LLP Gynaecology and Contraception Service

Dr Aamena Salar

Upskilling as a GPSI

- DFSRH
- DRCOG
- Bradford University - PG diploma in community gynaecology
- PG certificate in Diagnostic Hysteroscopy

The journey so far….

- In March 2015, Modality Partnership was announced as one of 14 multi-speciality community provider (MCP) vanguards in NHS England's national New Care Models programme.
- The initial vanguard pilot covered a population of just over 160,000 across the Sandwell and West Birmingham area.

- Planning of the service
  - Clinical lead, Business Manager, Finance Manager
  - Local need (waiting times)
  - Support of local consultants (training, onward referrals, workforce)

- Launching the service - marketing and engagement

- Funding ended on 31st March 2018 and the existing services secured ongoing funding from SWBH

Where are we now?

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- New clinical lead Dr Randhawa
- Team of 3 GPSIs, 2 Nurses, 7 consultants and a GP trainee
- Clinics in 4 sites across Birmingham
- Subcontracted by Sandwell and West Birmingham and University Hospital Birmingham NHS Trusts
- Commissioned by BSol ICB
- Direct subspecialities appointments for menopause, urogynaecology and endometriosis

Inclusion and Exclusion Criteria

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√ Conditions Included	X Conditions Excluded
1. Menorrhagia 2. Irregular Bleeding 3. Intermenstrual Bleeding 4. Post Coital Bleeding 5. Primary/Secondary Amenorrhoea 6. Dysmenorrhoea 7. Oligomenorrhea 8. Polycystic Ovaries (PCOS) 9. Cyclical Pelvic Pain 10. Menopause 11. Chronic Vaginal Discharge 12. Lower Urinary Tract Symptoms 13. Primary fertility investigations 14. Uterine – prolapse 15. Vulval Disorders	1. Further fertility investigations 2. Children where the condition is complex 3. 2 week referrals

Gynaecology Service Model

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Triage & Advice & Guidance	• All Referrals screened by a GPSI service lead who directs the patient appropriately • The GPSI will triage the referral within 5 days, review patient's clinical notes and make a decision • If the referral is not appropriate the referring clinician will be provided with advice of further management.
Efficient Service Pathway	• Availability of ultrasound screening on site • Introduction of diagnostic hysteroscopy in the community • All referrals seen within 3 weeks
Clinically Sound Condition Management	• Clinician engaged in design and development • Service run by a qualified GPSI overseen by a Consultant
Ease of Access	• Choice of clinic sites 'closer to home' • Remote consultations will be offered where clinically appropriate • Direct Referral onto Secondary care for the appropriate cases

Benefits to the NHS

- Improved integration with secondary care through provision of a community based service supported by local consultants
- Better value for money for the NHS (80% of National PbR tariff)
- Reduced demand on secondary care and shorter waiting times for those patients that need to be seen in a hospital setting

Workforce Benefits

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- **Recruitment & Retention:** Equipping GPs and nurses with skills and opportunities to develop their extended roles to improve recruitment and retention in primary care
- **New Roles within the Local Healthcare System:** Developing new training opportunities in community through Post-CCT fellowships in partnership with Health Education England (HEE)
- **Shared Workforce:** Offering staff unique opportunities to work across primary and secondary care in shared roles
- **Best use of Resources:** Managing outpatient activity efficiently through collaborative working between GPwERs and Hospital consultants, hence bridging the gap between primary and secondary and leading to reduction in NHS waiting times
- **Upskilling Primary Care:** Delivering educational activities for GP's based on identified learning themes from community services such as improving referral quality and empowering clinicians with clear management plans

Patient Benefits

- **Earlier Diagnosis & Treatment:** Patients are seen within 4 weeks across our community services
- **Convenient Care:** Patients have choice of 4 community locations, including OOH clinic times with regular evening and weekend clinics and no parking charges
- **Integrated Care Pathways:** Patients consulted within community service requiring onward procedures get directly listed at local hospital, thus improving patient journey while reducing waiting times
- **Holistic approach**

Gynaecology KPI Dashboard

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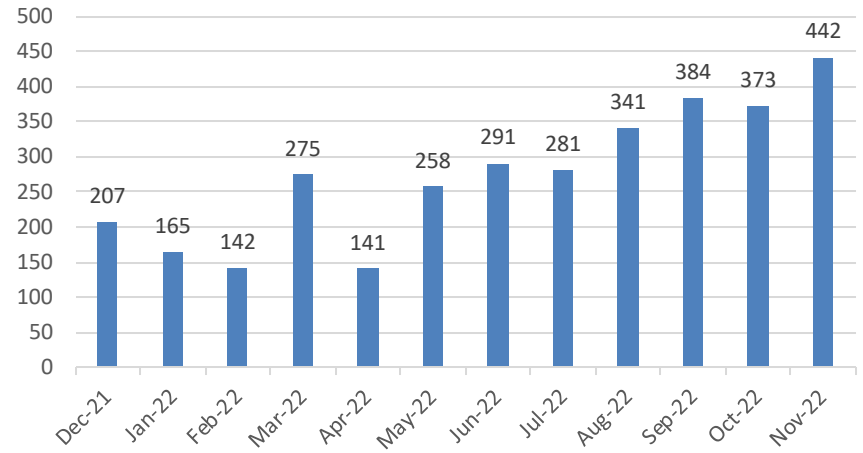
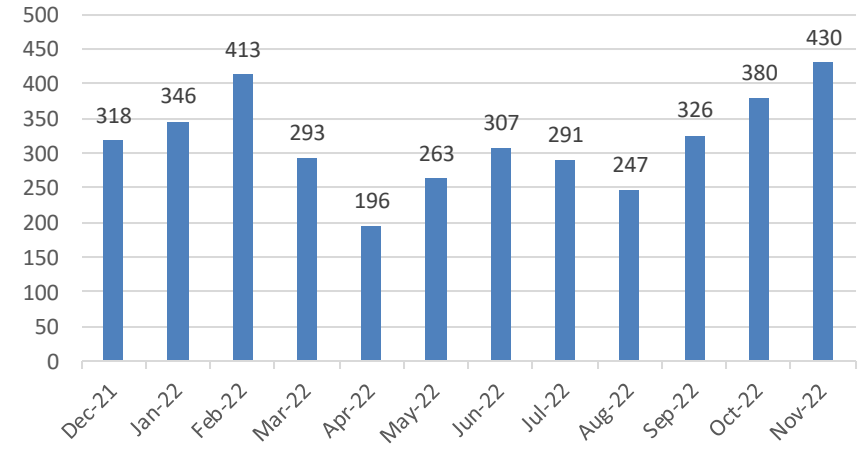
Gynaecology 12 Month Overview													
Month	**KPI**	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
New Activity		165	142	275	141	258	291	281	341	384	373	442	457
Review Activity		346	413	293	196	263	307	291	247	326	380	430	290
Procedures		196	120	203	117	193	205	201	151	189	232	268	195
Triage Times	**5 days**	2 day(s)	2 day(s)	2 day(s)	0 day(s)	0 day(s)	0 day(s)	0 day(s)	0 day(s)	0 day(s)	0 day(s)	0 day(s)	0 day(s)
Referral to 1st Available Appointment	**28 days**	10 day(s)	10 day(s)	9 day(s)	7 day(s)	9 day(s)	11 day(s)	9 day(s)	9 day(s)	16 day(s)	12 day(s)	15 day(s)	6 day(s)
Referral to Patient Seen		31 day(s)	37 day(s)	19 day(s)	24 day(s)	22 day(s)	14 day(s)	16 day(s)	16 day(s)	35 day(s)	19 day(s)	22 day(s)	9 day(s)
DNAs	**<10%**	11.74%	11.20%	10.97%	16.17%	11.99%	14.08%	13.46%	12.50%	14.87%	9.50%	11.38%	13.04%
New to Review Ratio		2.1	2.91	1.07	1.39	1.02	1.05	1.04	0.72	0.85	1.02	0.97	0.63
Onward Referral Rate	**<10%**	4.31%	6.49%	4.23%	6.23%	6.33%	10.54%	5.94%	7.14%	10%	9.43%	7.80%	13.65%
PREM's		30	54	52	21	45	48	60	62	91	69	69	53
PROM's		2	5	4	0	2	4	0	2	3	3	3	5
Reporting Times	**5 days**	8 day(s)	5 day(s)	9 day(s)	3 day(s)	9 day(s)	4 day(s)	4 day(s)	3 day(s)	6 day(s)	5 day(s)	5 day(s)	9 days(s)

Gynaecology Data & KPIs

New Activity



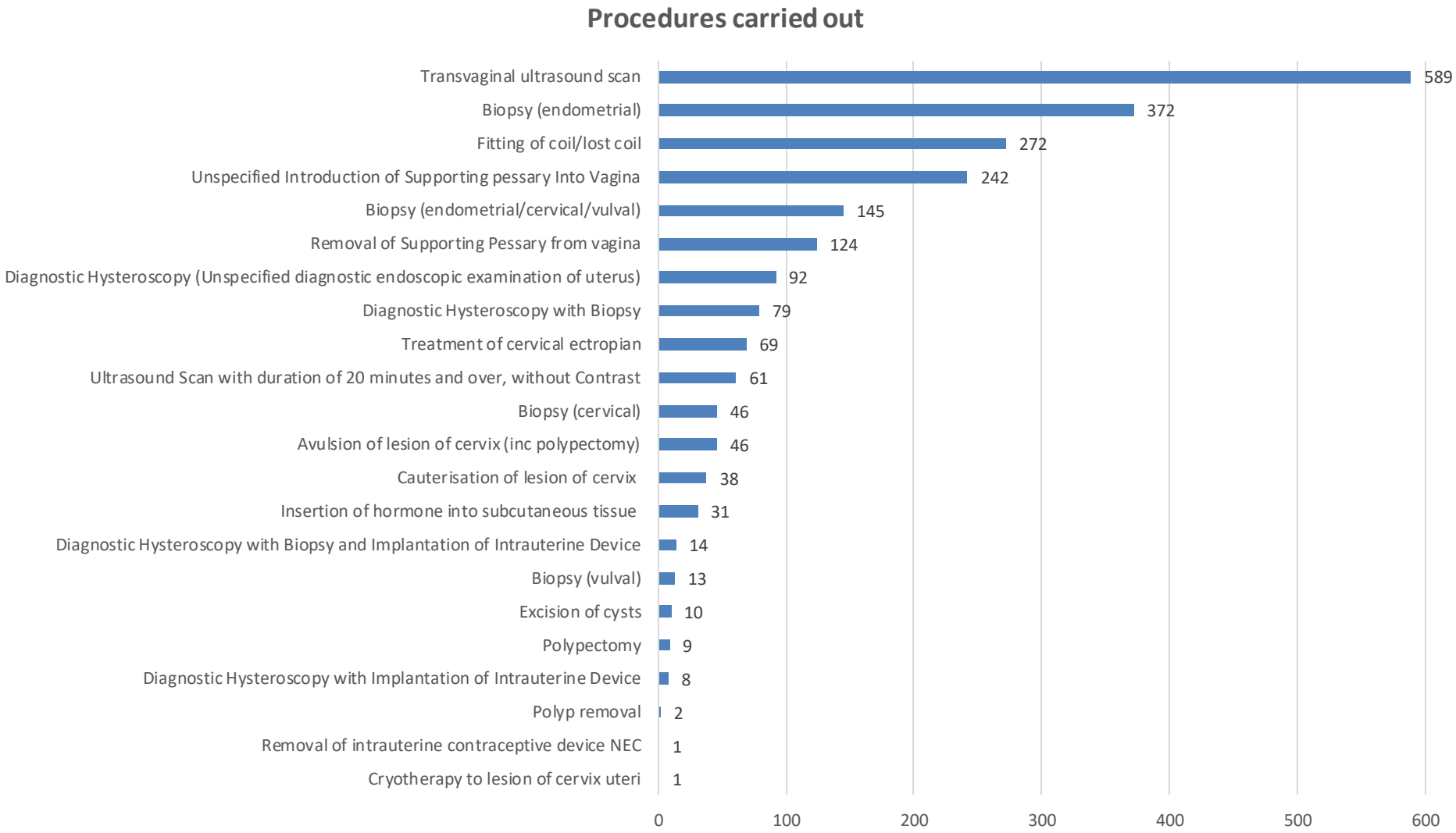
Review Activity



Overview/KPIs

- **Triage Times:** Referral triaged on average within 0.6 days
- **Waiting Times:** 1st appointment available on average within 16 days
- **Patient Seen Times:** Patients seen for their 1st appointment on average within 23 days
- **New to Follow Up Ratio:** Average of 1.23
- **Letters/Reports:** Issued within an average of 5.8 days
- **Onward Referral:** 7.67% of patients are onward referred from the service

Gynaecology Procedures: Jan – Dec 2022



Modality Partnership
A Commitment to Care

Modality Group
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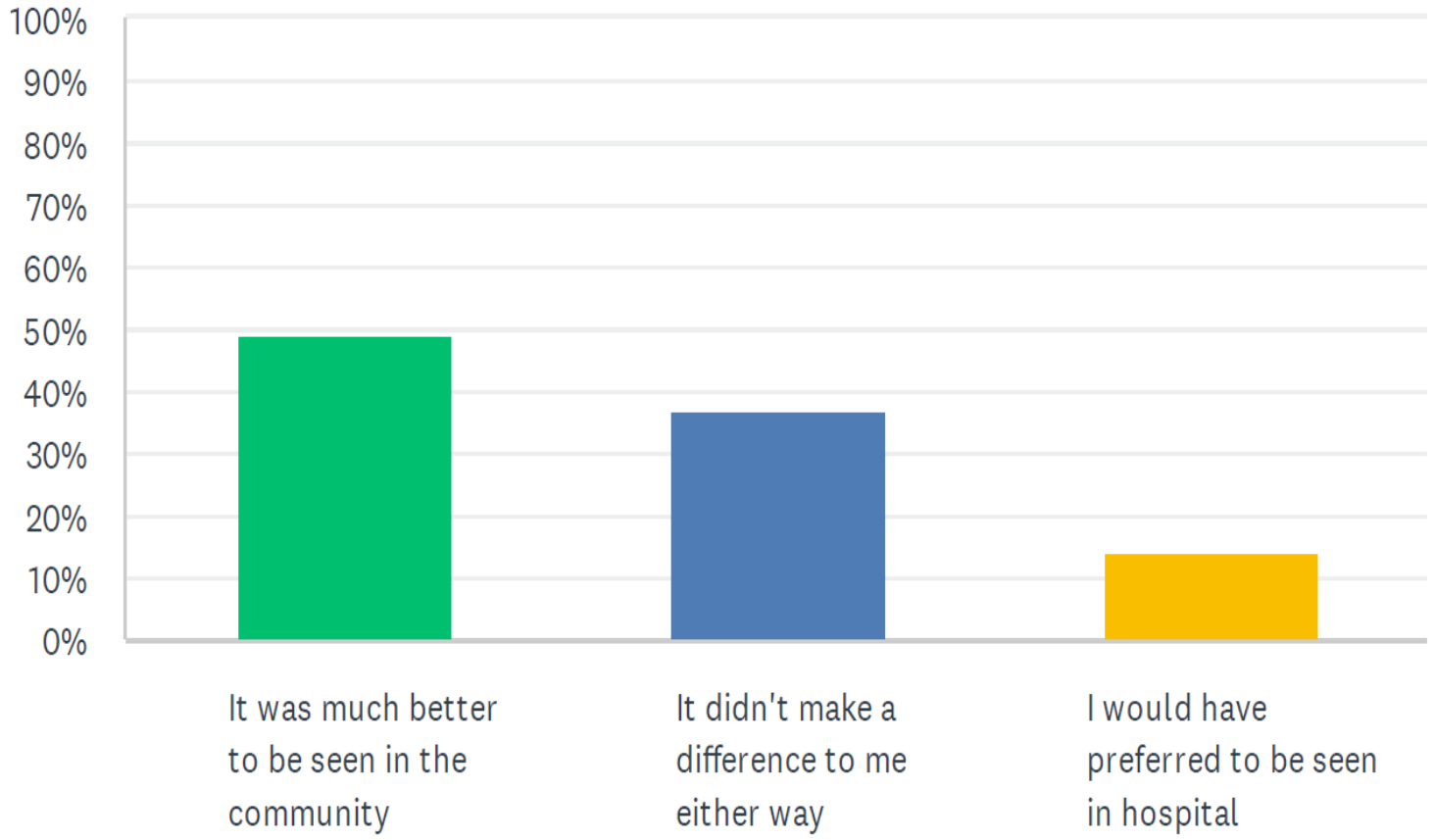
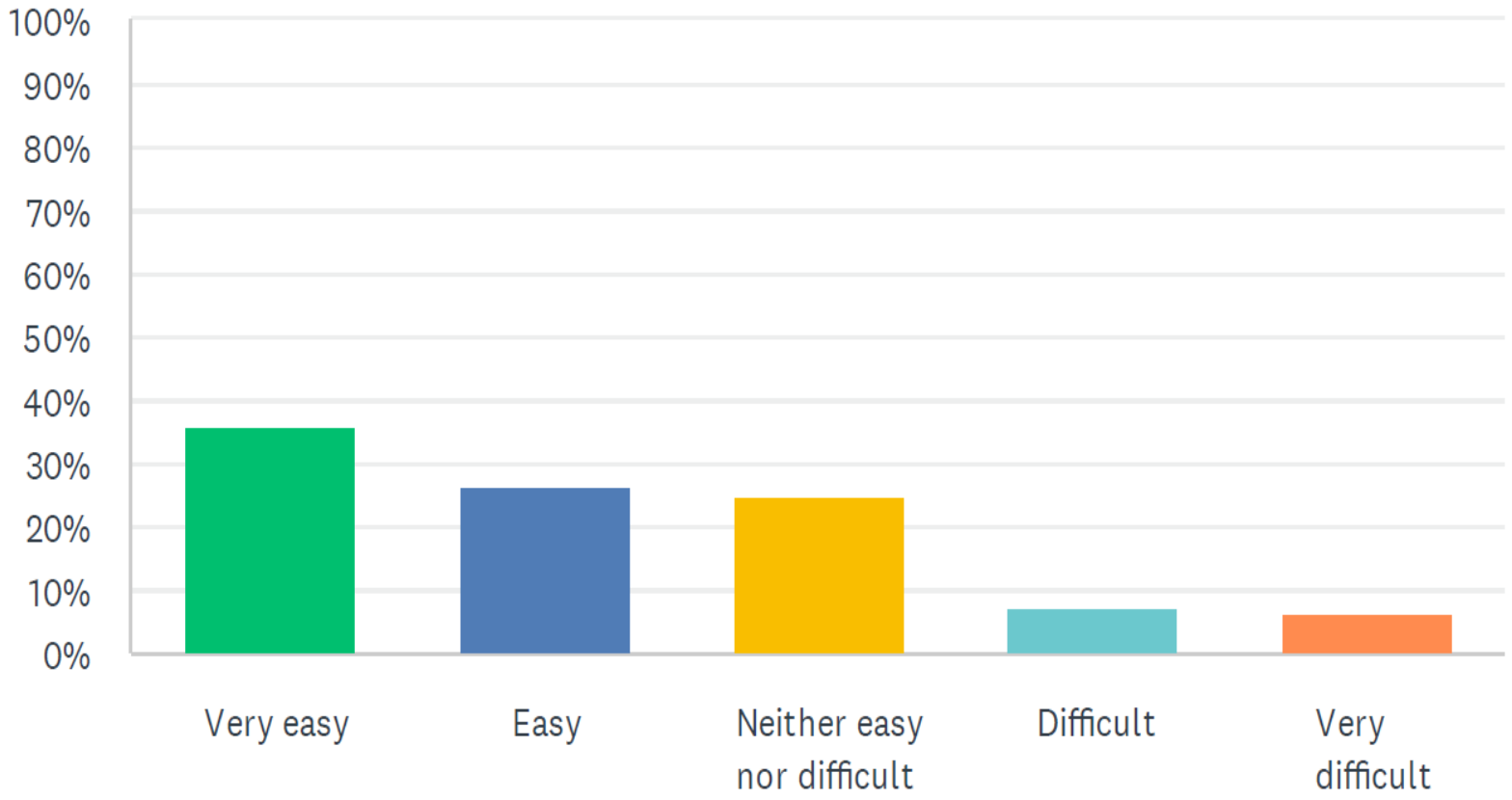
Gynaecology Service
Patient Feedback

2022 Annual Data

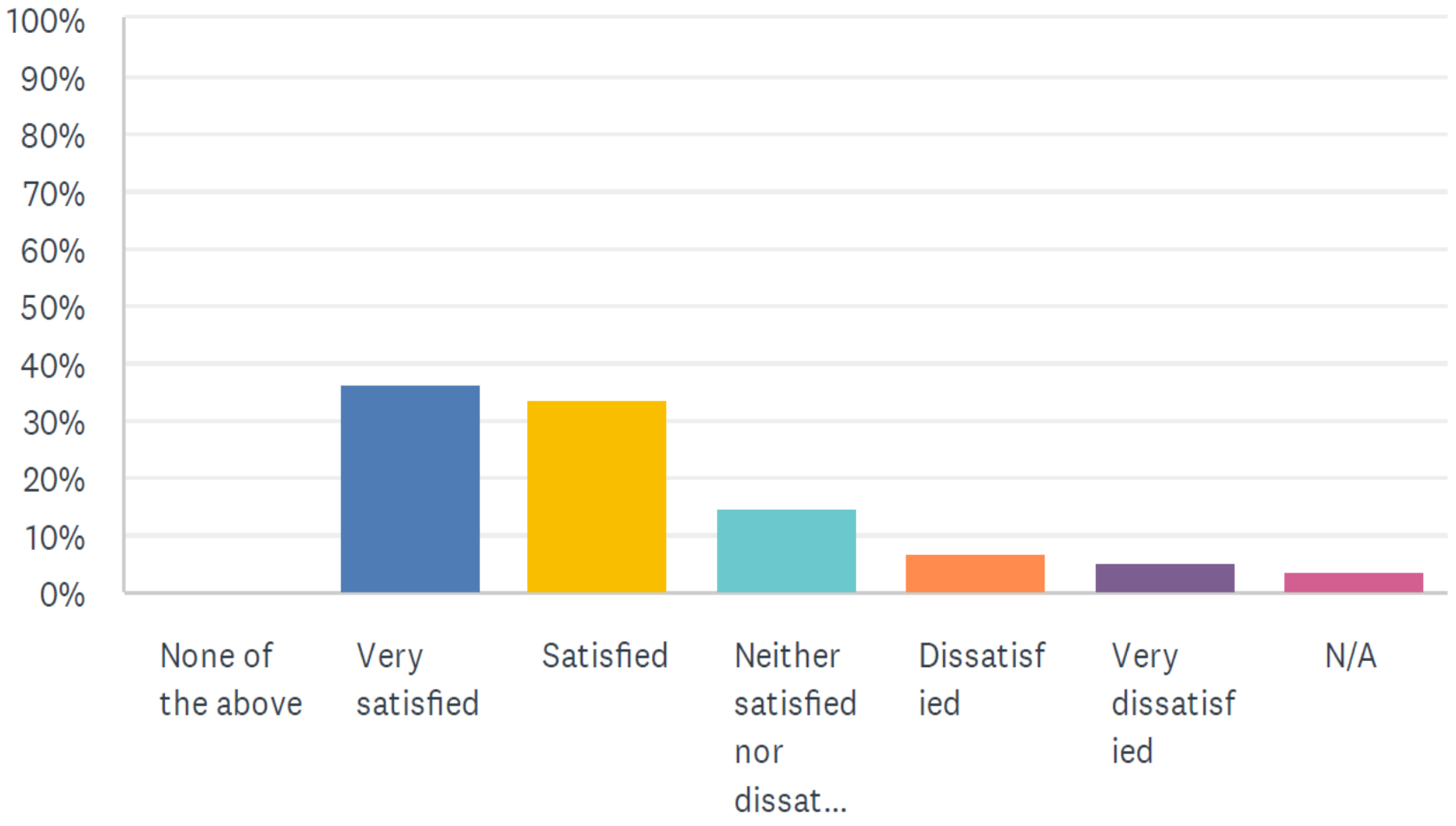
Was it better for you to access this service in the community than visiting hospital?



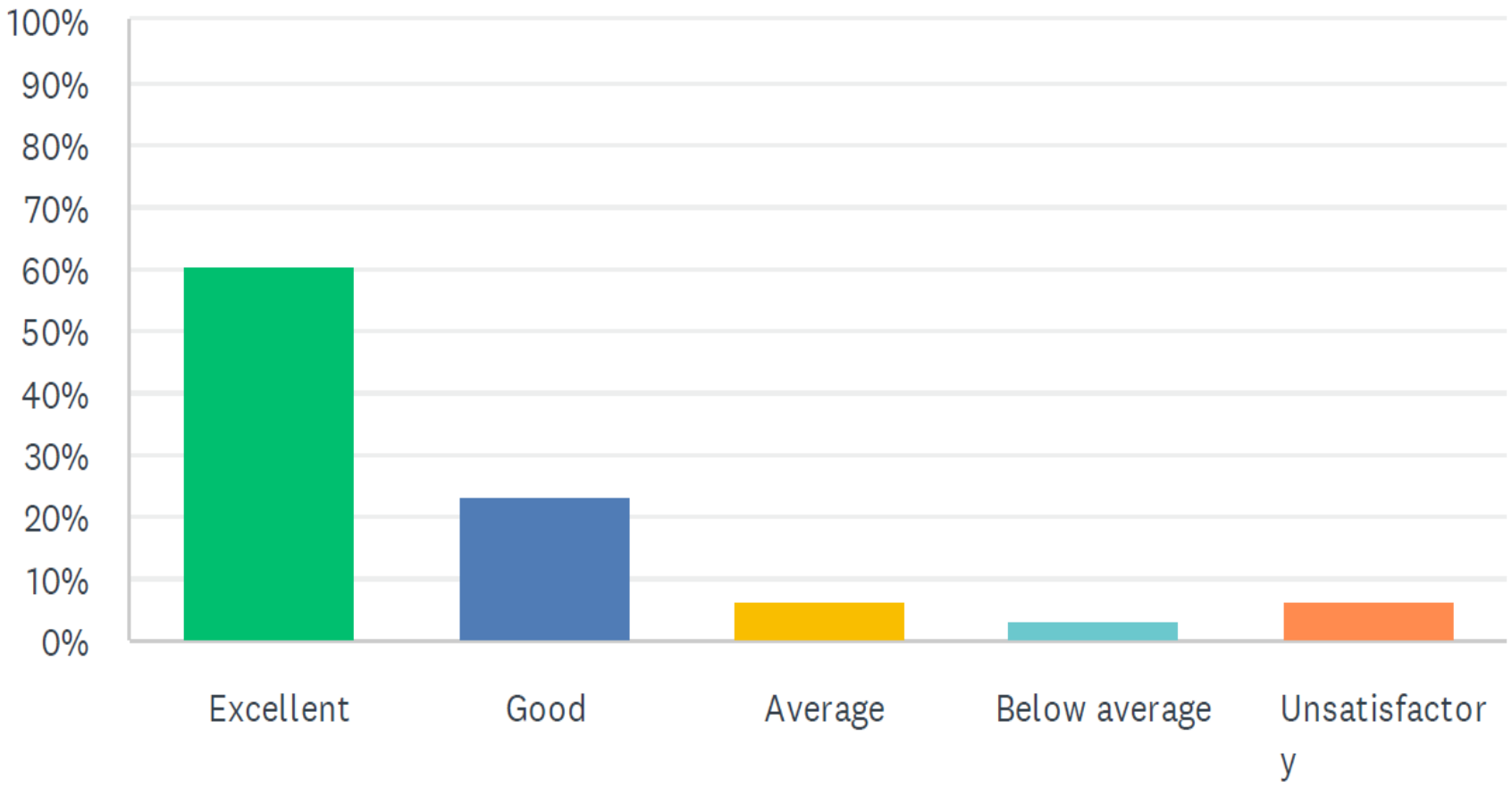
How was your experience of booking your appointment?



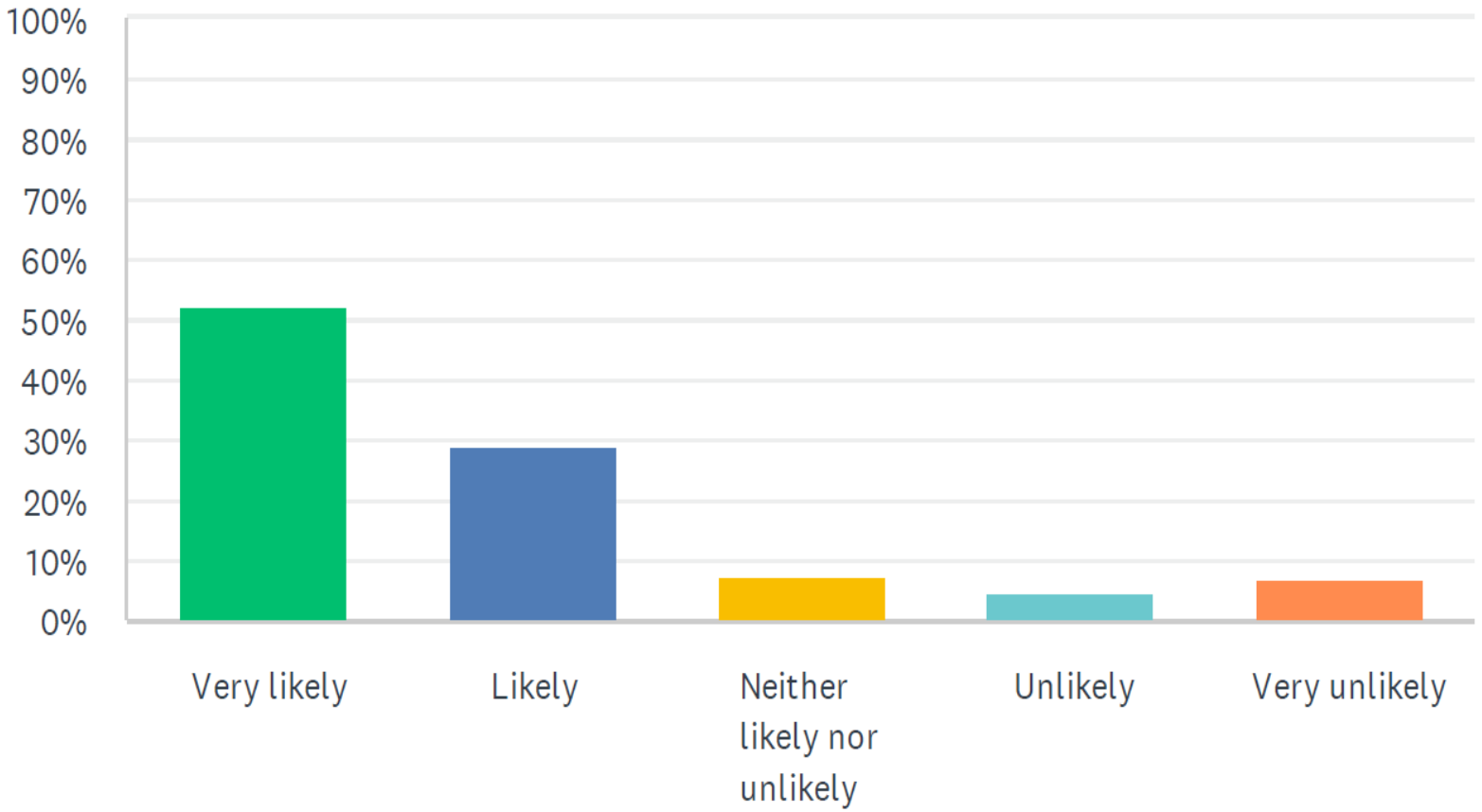
How satisfied are you with the location of the service?



How would you rate the care you received from the clinician you saw?



How likely are you to recommend the service to your friends and family if they needed similar care or treatment?



Patient Comments

"The gynaecologist was friendly, put me at ease, was efficient & informative. Carried out the examination respectfully & took time to explain the outcome & my options for treatment / surgery"

"I was made very comfortable and with a clear plan of my care and follow up"

"Very friendly & informative & caring"

"Put me at ease throughout explained everything made the experience as comfortable as possible. Thank you!"

"Excellent service"

"Very pleased. Clinician was able to communicate in Punjabi which was very helpful. She explained everything very clearly"

"It was nice to see a doctor in person and discuss things staff were very polite and helped to put me at ease"

"Lovely staff. Very knowledgeable an put mind at rest. Patient and skilled"

Future developments

- Expand the hysteroscopy service to include polypectomies and ablation
- Research
- Post graduate training

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Q&A Panel

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Thank you for attending the Outpatient Transformation Conference!

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Register for the next Outpatient Transformation Conference Conference in June 2024….