9. Transformed outpatient care with shorter waits

We have been working together to consider what the requirements set out in the NHS Long Term Plan mean for our residents, staff and health and care partner organisations across North Central London (NCL). We have a collective commitment to deliver changes that will improve the health and wellbeing of residents and have listened to what residents and communities have told us is important to them.

This draft plan builds on existing plans and work already underway across NCL and sets out how we will deliver the commitments in the Long Term Plan. It has been developed by, and with the insights from, representatives working in NCL, including staff working in health and social care, and clinical leaders and managers, patients and residents, and our partner organisations from across the NHS, social care, voluntary sector and beyond. Local leaders across our partner organisations, including NHS trusts, general practice, commissioners and local authorities have been closely involved in shaping and overseeing the development of these plans. We are continuing to work closely with all of these groups as we refine the plans and move into delivery and implementation of the commitments.

If you would like to feedback or contribute to this work as we further develop our plans and implementation, please see the 'Listening to residents and communities' section for more details on how to get involved.

Introduction

Outpatients traditionally serve at least three purposes, and in each case there are opportunities for redesign. An outpatient appointment can provide: advice and diagnosis for a patient and their GP; follow-up review after a hospital procedure; and ongoing specialist input into a long-term condition. Technology means an outpatient appointment is often no longer the fastest or most accurate way of providing specialist advice on diagnosis or ongoing patient care.

The traditional model of outpatients is outdated and unsustainable. We will therefore redesign services so that over the next five years patients will be able to avoid up to a third of face-to-face outpatient visits. This will save patients time and inconvenience, will free up significant medical and nursing time, and will allow current outpatient teams to work differently. These resources will instead be used to invest in faster, modern diagnostics and other needed capacity.

We also know that some residents wait too long for planned appointments when they are needed and we want to take action to improve this.

Some residents are already benefitting from the redesign of outpatient services. These include better support to GPs to avoid the need for a hospital referral through our advice and guidance service and teledermatology services that avoid patients having to travel to unnecessary appointments for diagnostic test or face to face consultations.

This is better for patients, supports more productive use of consultant time and enables the capacity of outpatient clinics to be used more efficiently.

This section sets out our plans for the radical transformation of outpatients as well as the important work to reduce waiting times for planned care.

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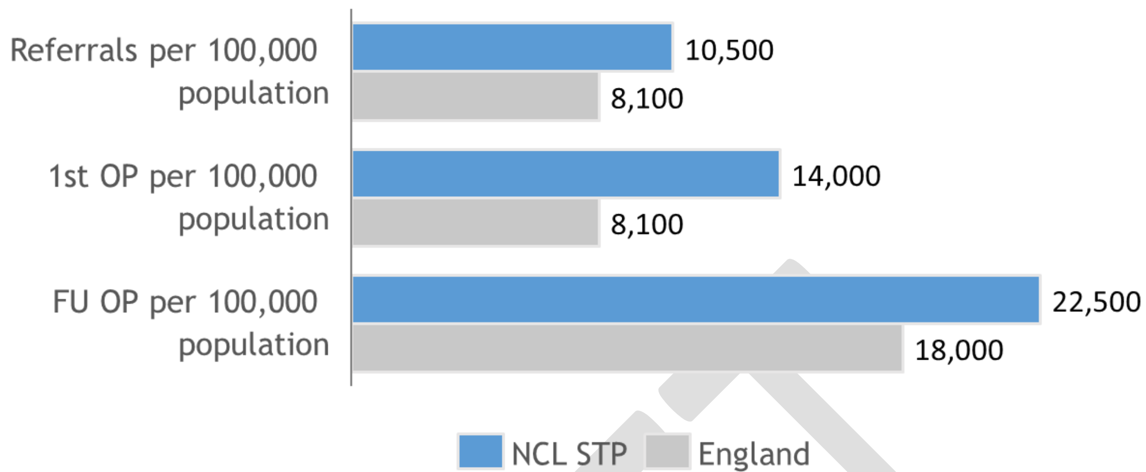
NCL has some of the highest rate of referrals in the NHS

Outpatient attendances, Q4 2017/18 source RightCare



Over the last 3 years the planned care programme has focused on reducing unwarranted variation in referrals and increasing productivity in outpatient services through the introduction of new policies, standardised clinical pathways and digitalisation.

The programme is clinically lead and currently comprised 11 specialty specific workstreams. The programme has developed its own methodologies in the development and implementation of solutions. It has benefited from engagement with the large talent pool with NCL organisations, some exceptional clinical leadership and the experiences of numerous pilots and transformation projects within NCL, e.g. New Models of Care Vanguard project in Royal Free London. This plan is an opportunity to go further and faster with our transformation work in this area.

Working as a system to deliver change

In May 2019, NCL held an Outpatient Transformation Summit to support a system level response to the LTP. The event was attended by a wide range of system leaders, (Medical Directors, Consultants, Primary Care Clinical Leads, CEOs, Residents and Local Authority representatives).

The session identified that although many hospitals have individual programs to support outpatient transformation, much of this work is in isolation, and going forward we need to work collectively as a system to have the greatest impact.

The summit identified our challenges as

- Standardising the decision to refer
- Standardising receiving referrals
- First Outpatient Appointment – seeing the right patients
- Standardisation of discharge and follow up

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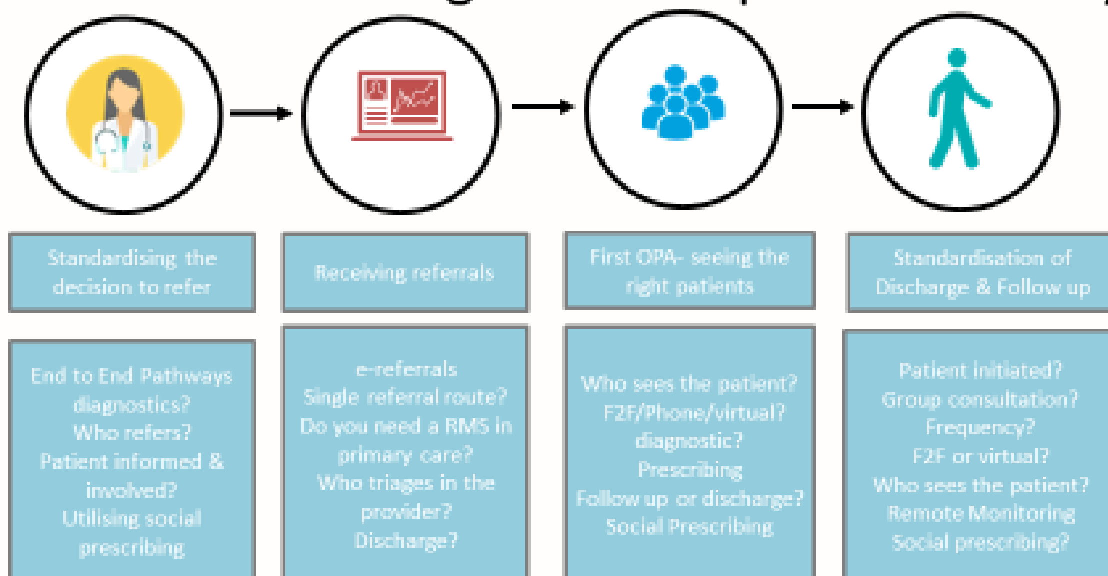

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Our outpatient transformation is focused on attaining the Long Term Plan target of a 30% reduction in F2F attendances.

In 2017/18 there were a total of 2.9m appointments in NCL; and 30% of this equates to 870,000 a year. Using 35:65 ratio to split this across first and follow up appointments, this equates to 304,500 reduction in first appointments and 565,500 follow up attendances per annum by 2024/25.

To achieve the challenge of a number of key initiatives were identified during the NCL summit for implementation and scaling up over the next 5 years

- Maximising Clinical Advice and Guidance and standardising pathways
- Patient Initiated Follow Up (PIFU)
- Group Consultations
- Telephone consultations and video consultations
- Virtual consultations (patient not physically present)
- SMART Outpatients (apps, wearable tech, monitoring)

Maximising Clinical Advice and Guidance and standardising pathways

Clinical Advice and Guidance (CAG) is a key priority for outpatients' transformation for reducing unwarranted referrals. NCL has developed a dashboard to monitor activity which has been a significant tool in supporting and encouraging adoption of the service by GPs and rapid turnaround by providers. By September 2019, 94% of GPs have used CAG and 70% of queries are responded to within 2 days as a system average with the four most popular specialties all meeting or exceeding a response rate of 80%.

CAG is producing a new set of data exposing referrals behaviours in primary care. As a result, NCL are committed to producing an education and training programme for the next 5 years in the form of FAQs, podcasts and annual clinician to clinician events. A series of audits have shown some significant patterns in queries which can be used to inform pathway redesign e.g.20% of queries in cardiology related to heart failure. CAG can also be used to reinforce clinical pathways, in urology each pathways highlights using CAG as a first step

and urologists reference the pathways when responding to queries. Locally CCGs and providers have agreed delivery plans to maximise CAG usage. Longer term NCL would like to develop the use of CAG to support GP referral platforms, consultant to consultant queries and expanding access beyond GPs to allied healthcare professionals.

To support standardisation and promote best practice, NCL has developed a series of specialty specific standardised pathways. This has involved bringing together clinicians from Providers and primary care, residents, commissioners and hospital service managers to form a design group to review the latest evidence base and agree end to end clinical pathways across primary and secondary care. Examples include urology, neurology and gastroenterology. In urology, a project within Barnet CCG which identified the 5 most common urological conditions for referral was used to scale up a series of pathways. Each pathway is presented over 1 or 2 pages and is designed to be used as an easy reference for GPs during a patient consultation. They have been extremely well received by clinicians. They included standardised referrals forms, promoted advice and guidance and prescribing guidelines. Within 12 months of implementation first OPA activity in these 5 urological conditions had reduced by an overage of 20% across NCL, reductions in FUA were also seen. The same MDT methodology has been applied and refined, currently standardised pathways are in development for ophthalmology and dermatology. Other the next 3 years the ambition is to develop significantly more pathways at pace. Pathway design groups have become a catalyst for clinician engagement whilst standardising practice will improve productivity.

As a system NCL will continue to monitor the impact of standardised pathways on outpatients' activity. To support this, NCL have worked with the National Elective Care Transformation team to develop an evaluation framework to measure impact at a system/specialty/pathway level. In addition a Planned Care Dashboard is in operation using CSDK data to measure patterns in activity as we progress with our transformation programme. NCL pathways are shared nationally using the Community of Practice website and have received positive feedback from other systems.

Patient Initiated Follow Up (PIFU)

NCL has partnered with Somerset CCG to support a system level introduction to PIFU. In Somerset an at scale PIFU model has been in operation since 2016, across 18 specialities and 3 Providers, that has resulted in a reduction of 16,000 OPA. The first NCL patients will be recruited in 2019 across a range of specialities and the initial impact will be evaluated in 2020.

Group Consultations

Through support from NHSE/I, NCL has partnered with a National Lead for Group Consultations the design and introduce a programme of work across 12 specialities in 2019/20. The impact will be evaluated in 2020/21 in specific specialities for expansion across NCL from 2022. There is an emergent evidence base for the effectiveness and cost effectiveness of group consultations and NCL hope to add to this, for example through the introduction.

Telephone consultations and Video consultations

After a successful application, NCL are one of 22 sites nationally piloting the use of *Attend Anywhere* IT Platform for NHS Outpatients video consultation. Participation allows access to sites and clinicians in Scotland who have used video consultation for several years. The first NCL patients are expected to recruit in November 2019. The pilot will run until Dec 2020 with

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continuous evaluation thus local and national findings will inform implementation across NCL over the next 5 years.

Virtual consultations (patient not physically present)

Virtual consultations is another key enabler to improve productivity within planned care particularly outpatients. Implementation of Teledermatology has become our reference point for this locally. Over the last 2 years a MDT design group has developed a service model using handheld high spec dermatoscopes in GP Practices and eRS for image transfer. Most of the NHS pilots captured images which supported only triage and used cloud based solutions. In 2019, we performed a 6 month proof of concept across a proportion of providers and GP Practices, this demonstrated the technology was safe, easy to use and scalable with very positive feedback from clinicians and residents. As a system we have gained significant learning and insight to the actual cost, implementation and impact of digitalisation. Going forward a radical approach to fully digitalising all primary care dermatology referrals is proposed over the next 2 years.

Supporting the workforce to deliver new models

Workforce utilisation and development is a significant part of planned care transformation. In the development of standardised clinical pathways elements have been introduced to utilise the skills mix in Providers, for example, the secondary care urology pathways are designed around a clinical nurse specialist or ACP front facing the pathway.

In 2018 and 2019, NCL successfully bid for funding from HEE to train ACPs within each Provider to support the implementation of these pathways. In 2018/19, NCL established a pilot across 3 GP Practice sites for the introduction of physiotherapist FCPs to provide a back pain service.

The pilot was supported by funding after a successful bid to NHSE and mobilised in just 4 weeks. Physiotherapists from Barnet Hospital, worked across the 3 sites. Patients with back pain were offered a 30min session with the FCP as an alternative to seeing their GP. Over a 6 month period over 869 patients were treated, 67% of cases were resolved after one appointment, 49.5% self-referred and only 1.6% were referred to secondary care and 5.9% referred for investigations. There was a 85%-89% estimated saving in investigations and secondary referrals and 96% extremely likely or likely to recommend FCP service to friends and family. This pilot is informing the roll out of physio FCPs are part of the newly formed PCNs in 2020.

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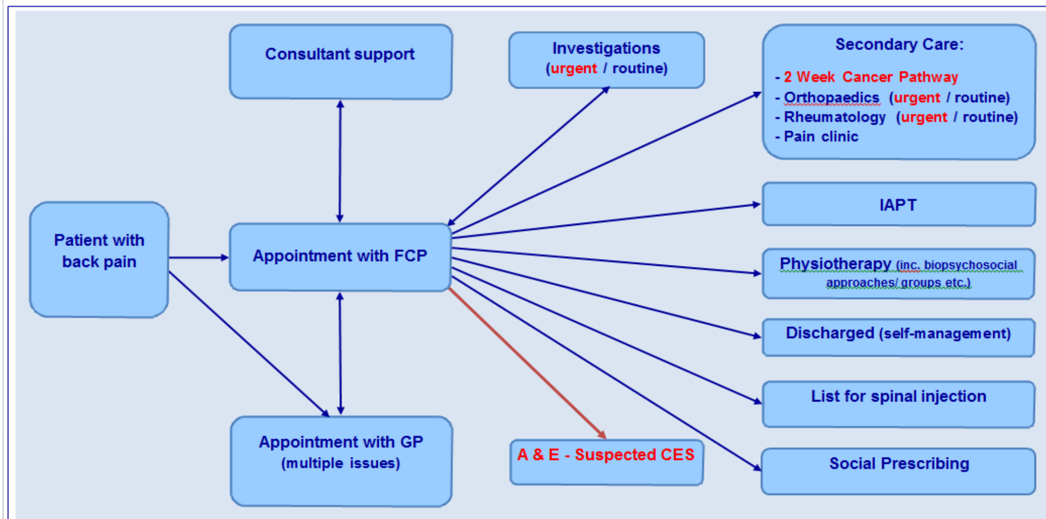
First Contact Practitioner Back Pain Service Pathway



Working with residents to redesign care

We have recruited residents into a number of design groups, their contributions have been of particular value in urology and neurology. In dermatology we had a 20 year old resident who was quite inspiring to the group as he described his vision of a digital dermatology service. Our Planned Care summit and system level workshops all had residents in attendance mostly in the form of Healthwatch. Some of our most significant work with residents occurred during the drafting and implementation of an updated NCL policy for Evidence Based Interventions and Clinical Practice (EBICS). This has an extensive learning experience for the Planned Care team, residents groups, clinical leads and local communications teams. As a system we have a positive reference for how to work effectively with our residents even on what can appear to be a challenging subject.

Benefits of transforming outpatients

The transformation of outpatients has an important role to play in ensuring the system is fixing the basics and using tax payer's money most effectively. It could do this in three main ways. Reducing the activity seen by hospitals unnecessarily; Redirecting activity to a more appropriate setting and reducing the cost of delivering services in this way.

	Reducing Activity	Clinical pathway redesign Outpatient transformation
	Redirecting Activity	Clinical pathway redesign Clinical advice & guidance
	Reducing Cost	Clinical pathway redesign Outpatient transformation

NCL could achieve significant reductions in outpatient demand but the saving will be heavily dependent on a coordinated approach to benefits realisation.

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Outpatient Transformation is focused on attaining the Long Term Plan target of a 30% reduction in F2F attendances. The associated reductions in attendances and changes in the cost of delivery of new models could also produce significant savings for NCL over the next five years.

There is some uncertainty to consider in the cost of delivery of new models but an emerging evidence base and local research projects such as the FCP project and teledermatology proof of concept have established NCL ability to measure effectiveness and cost effectiveness of initiatives.

The programme is currently working up detailed plans and modelling focusing on 5 specialties in 2019/20 - dermatology, ophthalmology, respiratory, gastroenterology and cardiology. Plans are based upon the current evidence base for the interventions listed for outpatient transformation, local evidence from clinical pathway redesign and the evidence base for system level initiatives e.g. examples from National Elective Care Transformation handbooks. The newly formed gastroenterology design group is using the example of a Gastroenterology Referral Assessment Service (RAS) from the Gastroenterology handbook to model the impact for NCL. As a result two providers will pilot and compare two service model, one consultant led the other nurse led to establish the best approach for NCL which will generate the greatest cost benefit realisation over the next five years.

The RightCare and GIRFT data will also inform the work programmes aimed at reducing variation across key service areas. Work is currently underway to ascertain the root cause of variations in elective admissions and lengths of stay for cancer patients to inform system level interventions to reduce variation.

Improving waiting times for planned care

Waiting times for planned care services in NCL have remained largely unchanged and below national operational standards in the past year due to increasing demand coupled with a shortage of workforce, diagnostic capacity and hospital beds. Whilst STPs interventions so far have prevented further deterioration in waiting times the plans for 2019/20 and beyond focuses on waiting time recovery against the national standards on a sustainable basis.

	Standard	March 2018	March 2019	June 2019
RTT Performance*	92%	88.9%	90.8%	85.5%
RTT PTL*	109,775	109,775	114,288	131,309
RTT 52 Week Waiters*	0	45	10	26
Diagnostic Waits	99%	99.1%	98.6%	94.7%
Cancer Waits	85%	81.6%	73.9%	75.2%

*excludes RFL due to non-reporting following the identification of data quality issues. The STP is working closely with the Trust and Regulators through the Royal Free London RTT Steering Group to oversee the work programme aimed at addressing the issues on a sustainable basis and return to national reporting in early 2020/21. The steering group is underpinned by work streams focusing on clinical harm, data validation, training and data analytics.

Operational Delivery and Waiting List Management

The NCL RTT Delivery Group as established in 2018/19 will continue to support delivery of the national operating plan requirement to ensure waiting lists (patient tracking lists) targets are achieved on a sustainable basis by identifying opportunities for mutual aid across

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providers including the use of capacity alerts, repatriation opportunities where capacity exists (e.g. Chase Farm utilisation) and agreeing other system-wide interventions to reduce waiting lists and waiting times. The group will review services to identify areas with capacity deficits and engage with the wider system to explore opportunities to increase capacity or optimise existing capacity to match demand.

Non-reporting Trusts will be supported to complete their data validation and resume reporting as quickly as possible to ensure there is full visibility of waiting lists across the STP.

Choice and Long Waiters

The national electronic referral service (eRS) was successfully rolled out across the STP in 2018/19, guaranteeing choice of hospital for our patients at the point of referral. Work is now focused on ensuring appointments slots are routinely available for all outpatient clinics across the system alongside standardised descriptions of services to facilitate patients' decision-making. The STP rolled out Capacity Alert during 2019/20 and will continue to explore the use this functionality within eRS to provide additional information to patients on waiting times and alternative providers to inform their choice.

NCL remains committed to eliminating long waiters through robust waiting list management and addressing demand and capacity imbalances. Good progress is being made in 2019/20 to support the systems ambition to have no breaches from April 2020 from reporting providers. The STP will work with the regulators to test the delivery principles for a planned NHS-managed choice process for patients who reach a 26-week wait. We are one of the first mover sites in the London region rolling out the choice for programme ophthalmology patients within the STP. We will engage with patients to ensure any model that is developed meets patients' expectations regarding choice and care. Over the next few years we plan to return to compliance against the national operational standards of 92% waits below 18 weeks and eliminate waits over 52 weeks by March 2020.

To reduce the risk of 52 week wait breaches the system will proactively manage patients waiting for longer than 40 weeks to ensure all practical steps to are being taken to avoid a breach including offer of appointment with different consultants and outsourcing.

Enabling workstreams

Programmes of work for digital, estates, workforce, and provider productivity further will support the radical transformation of outpatients:

Digital programme to join-up health and care records across our five boroughs has progressed well in 2018/19 and will further progress in 2019/20. There are two main strands to the programme:

- Health Information Exchange (HIE) is an application that provides a summary of residents' health and social care information together in one easy-to-view real-time record. Roll-out begins in Barnet in March 2019;
- HealtheIntent is a tool which allows an increased collective ability to be more proactive in the care of our communities. The system takes elements of health and care information from different sources and enables management of groups of residents in relation to health or social condition. It will also give richer and more up-to-date information to help plan future services. Initial roll-

out through the Haringey and Islington Wellbeing Partnership is being considered.

Please see section 17. Taking advantage of the opportunities of digital technology for more details.

Estates that are fit for purpose, cost-effective, integrated, accessible to enables the delivery of high quality health and social care services for our local population, please see the section 18 “Managing our estates in a coordinated way” for more details.

Workforce to match local workforce to the development of our STP is outlined in the section 16. “Tackling the workforce challenges across health and care”.

Links to other work Programmes

The STP’s strategy to deliver more patient care closer to home has the added benefit of releasing secondary care capacity and improve access for patients requiring secondary care intervention.

Some of the areas being explored include enhancing community services, shared care and social prescribing opportunities are being investigated as part of the wider discussions about improving quality of care and outcomes for our patient, these are described in detail in their relevant sections of this plan.

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