Transforming NHS Outpatient Care

25 November 2020

National Outpatient Transformation Programme

Claire Roberts, Joint Clinical Lead
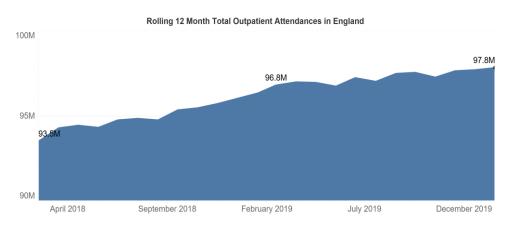*Charis Stacey, Pathway Redesign Lead*

NHS England and NHS Improvement

The case for reforming outpatient care

NHS

> "Outpatient services currently cause a good deal of inconvenience to patients and sometimes fail to provide care that is as good as it could be. We would therefore welcome a considered re-think of how they are delivered…"
>
> **The Patients Association**

Increased outpatient activity year by year: 3.5% between 2017/18 and 2018/19 and 1.0 % in the 12 months to February 2020

Rolling 12 Month Total Outpatient Attendances in England

Figures shown are for all outpatient attendances recorded in SUS. Data extracted 30th July 2020

Outpatient services: experiences of doctors

25% of doctors say 10-20% of their new patients didn't need to come to an outpatient clinic at all.

57% of outpatient clinics finish late every week or at least once a week.

28% of doctors say 10-20% of their follow up patients could have been seen using an alternative to face to face consultation.

Source: Focus on physicians- Outpatient. RCP,2018.

NHS Long Term Plan

✓ remove the need for up to a third of hospital outpatient attendances a year by 2023/24

✓ avoid up to £1.1bn of additional expenditure

✓ ensure all patients can access digital outpatient care.

The NHS Long Term Plan ambition to avoid **unnecessary face to face outpatient attendances** has become an urgent imperative as we respond to Covid-19 and restore services

The case for reforming outpatient care

NHS

Average travel time to and from hospital **48** minutes.

Replacing face to face hospital appointments with virtual consultations makes carbon dioxide **(Co2)** savings from reduced travel.

The savings is equivalent to **4400** hectares of forest

We know introducing these changes will reduce the time people have to wait for follow up appointments and save patients hours of travel, hassle and stress.

Source: Royal Colleges of Physicians
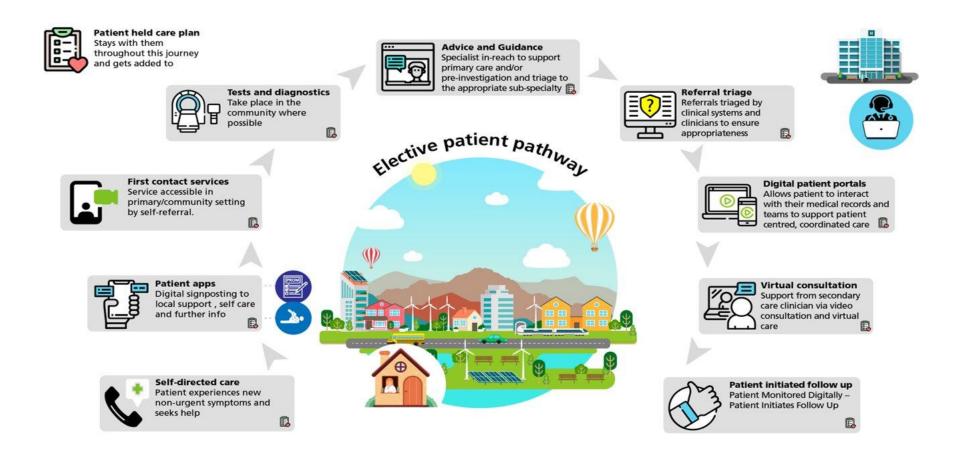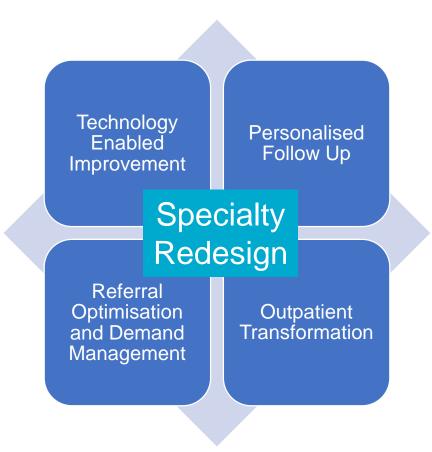
What would transformed outpatient care look like?

Image credit: North West ICS teams

National Outpatient Transformation Programme

NHS

Four year programme:

- April 2020 to March 2024
- Senior buy-in
- Specific interventions
- End to end pathway redesign
- Regional team supported by a national structure
- Part of System Improvement Directorate

Technology Enabled Improvement

Personalised Follow Up

Specialty Redesign

Referral Optimisation and Demand Management

Outpatient Transformation

National Outpatients Transformation Programme will:

NHS

Enable and support all local systems in England to deliver radical transformation of outpatient services.

Drive the development of innovative, integrated, safe and sustainable ways of working.

- Urgent imperative to restore services
- Changes we implement now will establish the basis for radical service change and the long-term sustainability of safe care

The case for reforming outpatient care

We are modernising how we deliver healthcare to patients:

➢ offering telephone or video consultations.
➢ empowering people to book their own follow-up care.
➢ helping clinicians to avoid the need to refer some patients into hospital appointments when their needs can be met elsewhere.
➢ streamlining pathways.

National focus for 2020/21

NHS

Actively working with and through national colleagues and regional teams to enable local implementation
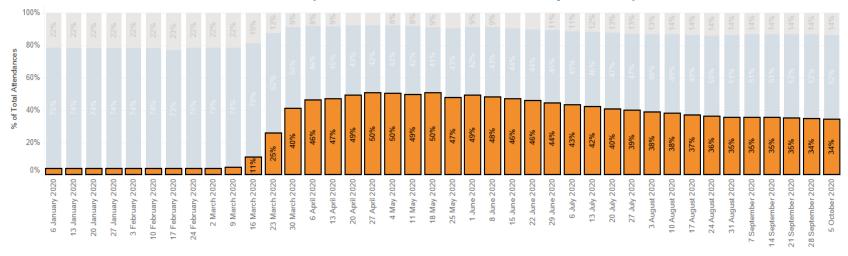
- **Advice and guidance** (reducing the number of avoidable referrals reaching secondary care)

- **Virtual consultations and other technology-enabled service delivery options** (reducing avoidable face to face first and follow up attendances)

- **Patient Initiated Follow Up** (reducing unnecessary follow up attendances)

Rapidly rolled out remote consultations

NHS

100% of trusts in England now have access to a video consultation platform with +13,000 video consultations taking place every working day.

Remote consultations performed from January to September 2020

8.4 million adults avoided the need to travel. Total time saving of over 6.6 Million hours.

18,500 tonnes of CO2 emissions from patient travel. Carbon capture of over 24,000 acres of forests per year.

Avoided patient journeys totaling over 136,000,000 miles. Flying around the world 5,500 times.

Video consultations at Ashford and St. Peter's Hospitals NHS Foundation Trust

NHS

In 2018/19 held approximately 10,000 face-to-face outpatient appointments each week. This was expected to increase each year.
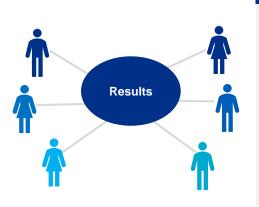
- Part of the national video consultation pilot.
- Initial focus was musculoskeletal therapies.
- March 2020 - five video consultations per week.
- Now - over 300 per week during Phase 1 of COVID-19 response.

Improved patient experience

86% of patients reported that the system utilised to deliver video consultation was easy to use.

81% would have travelled to their F2F appointment by car, which saved 135kg CO2 emissions – the equivalent of a single person flying from London to Barcelona.

85% of outpatient consultations now 'virtual' (being delivered either by telephone or video)

Results

Improved staff experience

66% of staff reported enjoying working from home and being able to conduct their MSK physiotherapy appointments via video. consultations

52% of MSK therapists reported an increase in clinical responsibility.

72% of MSK therapists reported no increase in emotional intensity.

Personalising follow up care: control over their follow-up appointments

NHS

Patients in control of their follow-up care - patients can arrange their follow up appointment as and when required, for example a change in symptoms or circumstance

Follow-up care through monitoring - a clinical team can arrange an appointment as required based on monitoring the patient's condition

Timed follow-up - timing on a patient's next appointment will be based on each individual's need

This approach is already being used across a range of specialties, including rheumatology, gynaecology and cancer services.

Trust Medical Director

"…having regular follow-ups does not necessarily prevent patients' conditions returning or identify new problems. In fact, many people find the visits to hospital cause a lot of unnecessary anxiety."

Only patients who need an appointment are seen, helping to reduce waiting lists

Care is better suited to a patient's individual needs and preferences which means better outcomes
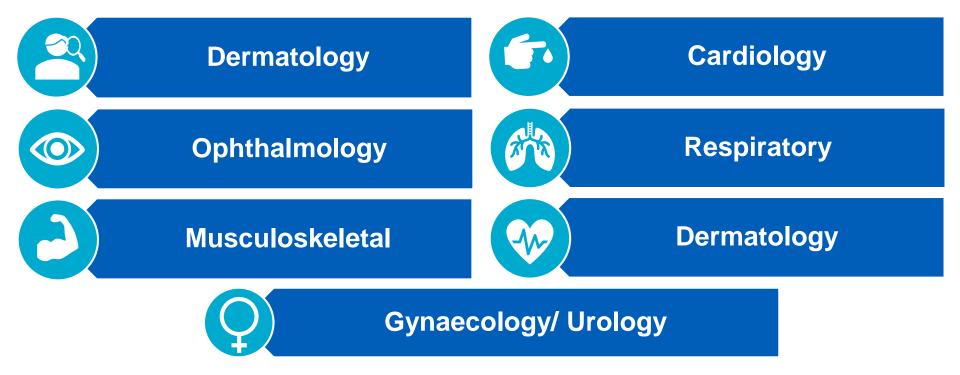
Empowers patients and their carers to take control over their own care

**Patient Initiated Follow-Up Rapid Adopter Project
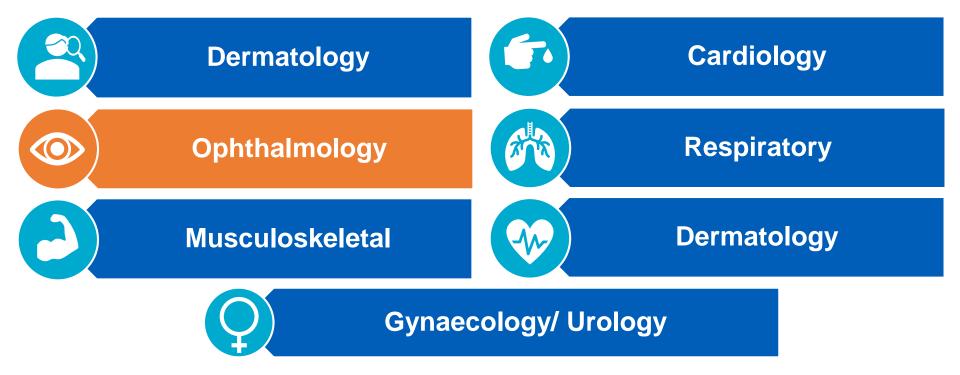22 NHS trusts implementing at scale in five specialties**

How we will continue to transform outpatient care?
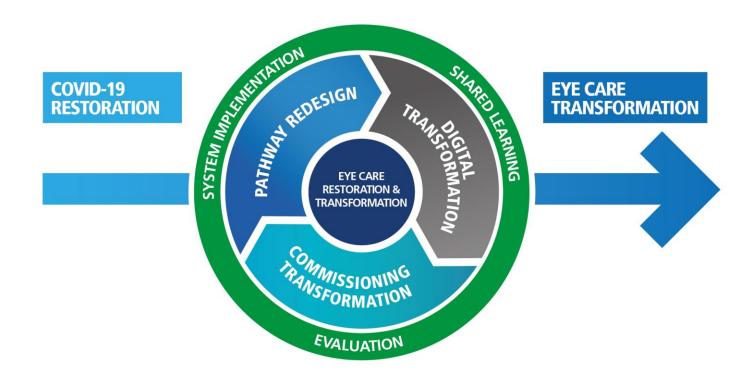
NHS

Dermatology	**Cardiology**
Ophthalmology	**Respiratory**
Musculoskeletal	**Dermatology**
Gynaecology/ Urology	

How we will continue to transform outpatient care?

NHS

Dermatology

Cardiology

Ophthalmology

Respiratory

Musculoskeletal

Dermatology

Gynaecology/ Urology

Eyecare Restoration and Transformation Project

Whose working on this nationally

Charis Stacey

Claire Roberts

Emma Munro

Guy Mole

James Young

Melanie Hingorani
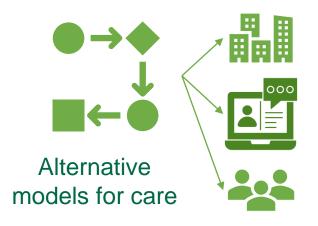
We are building on previous eye care transformation work

Getting It Right First Time Programme

Elective Care Transformation Programme

EyesWise

Known challenges to local transformation

Alternative models for care

System-level governance

IT solutions

Appropriate commissioning and payment systems

Workforce and training

Data

Working in Partnership:
harness resources, one message

Our call to action: systems and regions   **NHS**

Ophthalmology is the largest outpatient specialty:

- 7.8 million outpatient appointments a year
- 10% of all outpatient appointments
- 98% face to face

We need to

1. Reduce harm and sight loss
2. Release capacity:
    - estimate 25% of capacity done differently
    - nationally = 2.3 million outpatient appointments

Clinical Consensus: Eye Care

NHS

Implementing safe and effective eye care pathways and processes

Eye Care Restoration Roadmap for 2020-21

This roadmap sets out what systems can do **now** to scale up solutions to safely restore eye care services to minimise and prevent irreversible sight loss for patients. More radical future transformation will be required to establish long-term sustainability of safe eye care in light of overwhelming increasing demand. Changes now for restoration will pave the way for transformation.

Five opportunities to transform local systems:

1. Implement integrated care pathways across primary, secondary and community eye care*

2. Implement risk stratification and failsafe processes to reduce harm

3. Implement remote consultations for all appointments where appropriate, possible and safe

4. Implement diagnostic clinics for all appointments where appropriate, possible and safe

5. Implement patient-initiated follow-up (PIFU) care.

Regional and local operational and transformation leads should work together across local systems and through national networks to support implementation and/or optimisation of the above opportunities tailoring implementation to local need whilst minimising unwarranted variation. Support is available from the Eye Care Restoration and Transformation Project team and via the Eye Care hub on the FutureNHS community of practice.

Four key principles to scale up good practice:

1. Work collaboratively across local systems, working with patients, primary and secondary care providers, clinicians, Local Eye Health Networks (LEHNs) and commissioners to implement change

2. Use existing commissioning levers

3. Continue to use digital enablers at scale

4. Work with patients to give them more control and choice over how and when they access care.

Principles to restore eye care services

NHS

- ✓ Optimise the primary care optometry workforce

- ✓ Referral filtering

- ✓ Advice and Guidance

- ✓ Risk stratification and clinical prioritisation of patients

- ✓ Scale the use of digital enablers (Connectivity, Virtual & Video)

- ✓ Monitor and manage lower risk patients in the community: primary care optometry; community services; diagnostic and treatment hubs

Integrated Eye Care Pathways

NHS

- Developed five nationally agreed pathways for Cataract, Medical Retina and Glaucoma

- Developed national specification and protocols to support local systems to develop plans to use capacity differently

- Designed to work alongside the existing COVID-19 Urgent Eye Service (CUES)

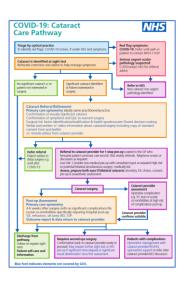Principles of The College of Optometrists and Royal College of Ophthalmologists Joint Vision 2020, NICE guidance, existing LOCSU care pathways and the SAFE framework
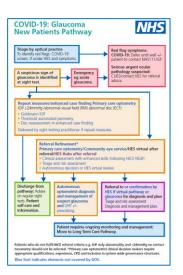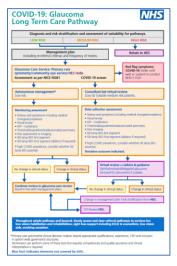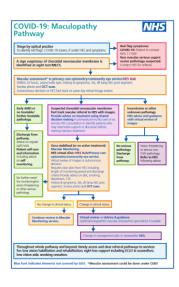
Five Pathways: clinical consensus
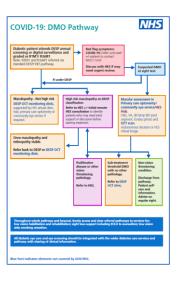
Cataract: two opportunities

NHS

420,000 cataract operations per year

- conversion rate to surgery from referral is average 70%
- use shared decision making to determine which patients would like and need surgery before coming to hospital

>20% reduction in referrals for those not suitable for surgery

- most postoperative cataract appointments, where the patient does not have another serious ocular co-morbidity, can also occur in the community

85% of all cataract surgery suitable for follow-up in the community

Glaucoma: two opportunities

NHS

>20% of follow up appointments in hospital eye services are for glaucoma

- Glaucoma referral filtering schemes demonstrate that:
  - 50% of referrals are avoided
  - rate of false positives falls from 40% to 10%

Reduce 30% new patient referrals

- Virtual glaucoma clinics, and diagnostic data collection in community diagnostic hub or optical practices demonstrate over 50% of glaucoma patients are lower risk

>50% of all glaucoma follow-up appointments conducted by means other than traditional face to face

Medical Retina: two opportunities

NHS

- A study from Moorfields showed that over 50% of referrals did not need a specialist hospital attendance when optometrists worked closely with hospital retinal consultants using a virtual platform to share data and clinical images

Reduce 30% new patient referrals

- >20% of follow up appointments in hospital eye services are for medical retina: majority macular degeneration or diabetic eye disease

- Primary care optical practices, community diagnostic or treatment hubs could deliver 1/3 to 1/2 of these appointments

>50% of all AMD & DMO follow-up appointments conducted by means other than traditional face to face

Remote clinics

NHS

If a subsequent face to face appointment isn't required has zero risk of COVID-19 transmission

- Even before COVID-19 attend anywhere was being used for over 7 million consultations in the UK and Ireland and is currently provided free by NHSE/I to all trusts.

- Moorfields have rolled out in Eye casualty, Adnexal, Rapid Access clinics, paediatrics, strabismus, neuro-ophthalmology, pharmacy, and counselling.

Diagnostic clinics

Reduced risk of COVID-19 transmission as less time in the department and less close interaction. Easier to conduct at weekends or out of hours thus freeing up capacity in the clinic.

- RCOphth The Way Forward in 2017, ECTP 2019 and GIRFT 2019 all recommended significantly greater use of diagnostic clinics in glaucoma and medical retina:

- Less time spent in the department
- More cases reviewed per session
- Improved outcomes
- Cost effective and high patient satisfaction

Patient Initiated Follow-Ups

- Published national guidance (Phase 3 letter)
- Eye Care Roadmap sets out some ophthalmology specific examples
- Rapid Adopters programme working with 22 trusts
- Some are implementing PIFU in Ophthalmology, they are auditing the work and we will share case studies

Key Benefits of Implementation

NHS

Patient

✓ Access to diagnostics and management in community and primary care

✓ Minimised face to face exposure between the patient and healthcare worker to protect vulnerable patients that are isolating or shielding as well as staff

Eye Care System

✓ Improved collaborative working, clinical relationships and system.

✓ Improved referral quality and referral appropriateness with a reduction in false positive referrals and first visit discharge rates

Operational Performance
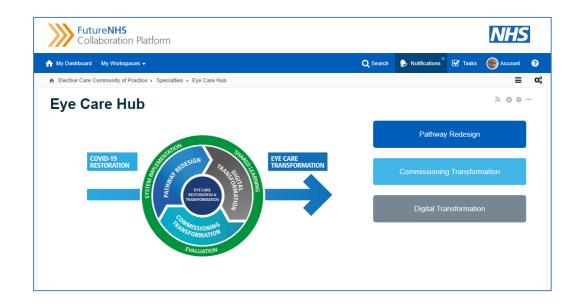
✓ Reduced unnecessary ophthalmology hospital outpatient appointments

✓ Improves use of in-hospital space, and more use of primary and community space, to increase eye care capacity
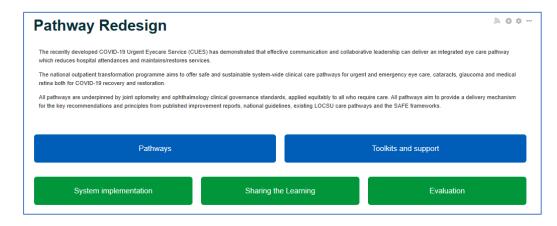
Quality of Care

✓ Reduced duplication of care

Resources for the NHS

The Eye Care Hub
https://future.nhs.uk/ECDC/view?objectId=22317360

If you wish to join the platform please email ECDC-manager@future.nhs.uk to request access

Eyecare Roadmap: scaling implementation

NHS England and NHS Improvement

Focus: implement the Roadmap
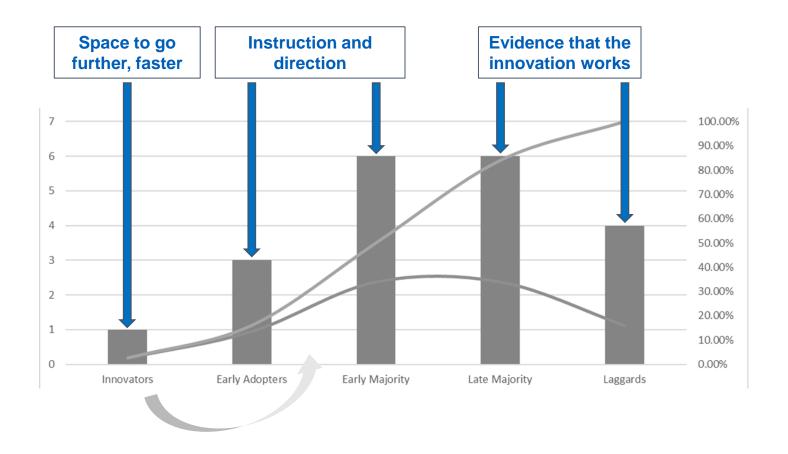
National work: digital and commissioning

- Rapid roll-out of NHS mail (approx. 4,000 out of 6,000 practices)
- Eye Care Hub toolkits to set up remote and diagnostic clinics
- NHSX establish [Dynamic Procurement System](#) for the NHS to procure Electronic Eyecare Referral Management solutions:
  - Set standards for the NHS
  - Streamline procurement timetable
- NHSX publish digital playbook

- Working with GIRFT as they work with regions
- Eye Care Hub: develop commissioning FAQ document
- NOTP commissioning deep dive:
  - root cause analysis, landscape audit

Work with different systems

Intensely support the few

![NHS logo]

Regions have identified systems and asked us to work with them to implement elements of the Roadmap. Timescale: October to March 2021

1. Baseline and where are you,

2. Strategy and action plan

3. Problem solving - Advice, signposting, peer learning, national input e.g. NHSx, GIRFT, exemplar sites

4. Demonstrate and celebrate success: measures and system leadership

5. Refine and strengthen roadmap and resources

Guide for first meeting: questions to inform baseline review

1. What commissioned pathways do you currently have agreed with primary care optometrists:

CUES		AMD/wet maculopathy	
MECS		DMO	
Cataract preop, postop		Other conditions?	
Glaucoma new, long term			

2. Do you have an ophthalmology diagnostic and treatment hub or other community setting or eye service active or planned?

3. Current metrics on service and safety:

Activity (total, new, follow-up)

New patient delays (numbers and timings of delay)

Follow-up patient delays (numbers and timings of backlog)

Have you had serious incidents of loss of vision or harm due to ophthalmology delays?

4. Risk:

Is there an agreed clinical risk stratification system (based on RCOphth guidance), used to classify and record patients as low, medium and high risk, and to direct patients to the suitable care model within a clinically acceptable time scale?

Is there an agreed straightforward local tool used to prioritise cataract surgery risks and benefits against COVID-19 risks (based on RCOphth guidance)?

Is the service using consistent grading recommended by the RCOphth (1-4, 4 being the most complex or time-consuming) for all cataract surgery patients?

Is the service using GLAUC-STRAT-FAST to rate and record risk and complexity in all patients with glaucoma and glaucoma-related conditions?

4. Risk continued:

Is there an urgent eye care/CUES risk assessment tool for referral and triage?

Is there an agreed straightforward local tool used to prioritise cataract surgery risks and benefits against COVID-19 risks (based on RCOphth guidance)?

Are there failsafe officers for glaucoma, retina conditions and other high-risk conditions in all relevant providers and integrated across the system?

Is there a high level of direct consultant supervision and input into clinical decision-making to support risk stratification, prioritisation and discharge?

5. Do you deliver remote consultations for ophthalmology - which areas/conditions/providers?

6. Do you deliver diagnostic clinics for ophthalmology - which areas/conditions/providers?

7. Do you deliver PIFU for ophthalmology - which areas/conditions/providers?

8. Do you deliver Advice and Guidance for ophthalmology - which areas/conditions/providers?

Empower the many

NHS

1. LEHN Chairs national meeting

2. Working with GIRFT to support London and East of England regions

3. Working with NHSEI regional teams

4. Blogs, vlogs, FAQs, clinic surgeries

5. Supporting wider NHS programmes i.e. Mike Richards review, Community Diagnostic Hubs, ICS developments

How do we best harness our collective national, regional and system leverage to scale up support to implement the Eye Care Roadmap?

How do we best harness our collective national, regional and system leverage to scale up support to implement the Eye Care Roadmap?

Over to you…

Chat function to share your ideas with us, and each other

Empower the many. You, me, us

NHS

- What can we each commit to doing?

- Can you become a super connector and start the conversation?

Sign up to the Eye Care Hub

Digest the Roadmap

Use the baseline assessment

Strong partnerships

Local decisions

Step further out of our individual boxes

NHS

[All that we share](#)