University Hospitals of Leicester NHS Trust

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 16th JANUARY 2019

REPORT OF UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

ROYAL COLLEGE OF PHYSICIANS REPORT ON OUTPATIENT APPOINTMENTS

Purpose of report

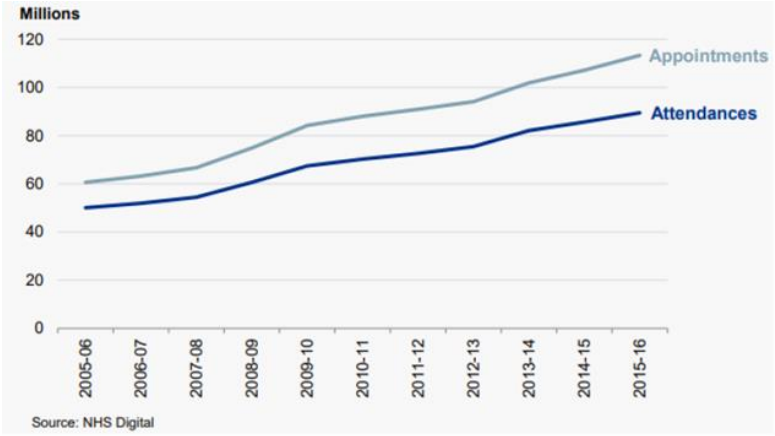
1. The purpose of this report is to brief the Committee on the action that the University Hospitals of Leicester (UHL) NHS Trust is taking in response to the recently published report by the Royal College of Physicians (RCP): Outpatients: The Future *Adding value through sustainability* and to also provide members with an overview of work that has been undertaken over the past 12 months to improve Outpatient services across the Trust.

Policy Framework and Previous Decisions

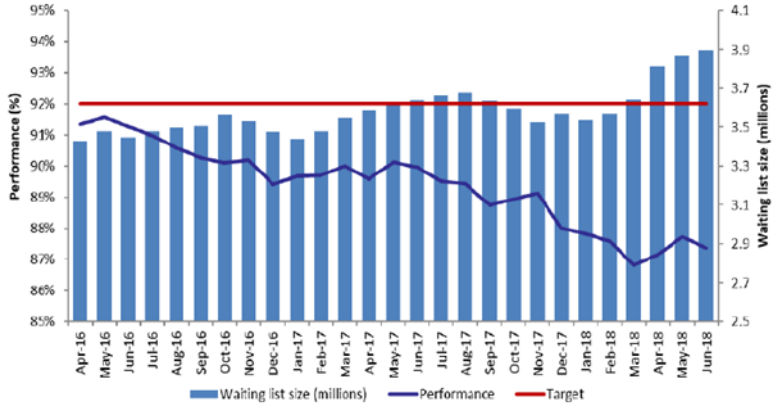
2. This report outlines the way forward in response to the recommendations made within the Royal College of Physicians report: Outpatients: The Future *Adding value through sustainability* and builds on the 5 Year Forward Review. It demonstrates how UHL will build on work undertaken to date to transform its Outpatient services in order to mitigate unsustainable demand for services.

Background

3. University Hospitals of Leicester see nearly 1 million outpatient attendances each year (938,000 last year). Nationally referral rates for outpatient services continue to increase year on year:



4. Waiting lists are growing and performance is deteriorating as Acute Hospitals can no longer keep pace with demand. Nationally 75% of hospital waiting lists are for outpatient appointments:



5. University Hospitals of Leicester NHS Trust is no different. For the period April 2018 – October 2018 UHL received a 3% increase in referrals across all specialities with higher rates of referrals for the same period the previous year in 54% of sub-specialties (61 in total). The percentage increase for specialities with high referral rates varies between 6% and 28%.Whilst much of what acute hospitals do has changed over the last decade the OP model is still the same as it was when the health service was first established.

6. An important shift is taking place in the burden of disease, from mortality to morbidity, with people living for many years with chronic conditions, in pain and with mental ill health. Much of this is preventable, yet the NHS remains, at heart, a treatment service for people when they become ill, and we lack a comprehensive approach to keeping us well. Time has now come to change this historic model.

7. The Outpatient Transformation Programme remains one of the Trust's Annual Priorities for 2018/19. It continues to form part of our Quality Commitment. It has also become an integral part of the Leicester, Leicestershire and Rutland (LLR) system-wide transformation programme for planned care as demand on the acute sector outpatient services continues to rise in a way that is unsustainable in the longer term. More recently the programme has also become an integral part of UHL's financial recovery plan.

8. The Royal College of Physicians report is very timely and is welcomed by the Trust. Most importantly it has confirmed that what we have been doing to date has been focussed on doing the right things: to shift the emphasis on patients to manage their own care, to tackle the demand that we do not have the capacity to deal with and to review whether all outpatient appointments are necessary. The report will however help us to take stock of what we are currently doing and to refresh our thinking on the national outpatient productivity challenge. The Royal College of Physicians report will support the Trust, and wider healthcare system, in placing greater emphasis on how we can best manage demand and in particular support patients in helping us on this journey.

9. There is recognition internally within UHL, and across the health system, that demand for outpatient services continues to grow in an over pressurised system in which the acute sector is struggling to meet demand in terms of capacity and staffing. It is acknowledged that we need to significantly change what we currently do as patient's needs and expectations are changing, technological solutions are available to support patients in their care and hospital centric outpatient care is no longer the most appropriate model of care.

10. UHL has had in place an outpatient transformation programme for some time, however the scale and scope of the programme over the last year has expanded considerably. The programme incorporates 3 major work streams:

    - Making best use of time and resources through our Outpatient Optimisation programme;
    - Improving quality and the experience patients have of our Outpatient services, including getting some of the fundamentals right;
    - Using technology to help us deliver services in a very different way and help us reshape how patients will interact with Outpatient services in the future.

Internal Transformation Programme

11. In 2017/18 the Programme was largely focussed on getting some of the basics right. We called this "fixing the fundamentals" which is in keeping with research from the Picker Institute, referenced within the RCP report, which shows that a patient's satisfaction with their outpatient visit is most likely to be influenced by the organisation of the department, being treated with respect and dignity and having the reason for their attendance addressed, in that order. Also important are their interactions with the doctor, cleanliness, and the information they receive about discharge, treatments, tests or medications. To date we have developed a number of initiatives to address these areas. Examples are seen in the development of:

    - Customer care training (Apprenticeship scheme and statutory and mandatory on-line e-learning package);
    - LEAN methodology to improve efficiency and eliminate waste during the clinic sessions;
    - Developing a draft standard operating procedure on outpatient expectations and standards;
    - Wayfinding apps (in development);
    - Improving quality of information provided in clinic appointment letters.

12. We continue to build on this as part of our journey to improving the experience patients have of our Outpatient services.

13. Over the past 6 months we have now shifted our attention to redesigning processes, eliminating waste and focussing on sustainable demand and capacity management. This includes our programme for Optimising Outpatients as well as working with colleagues across the LLR health economy, as partners of the Planned Care Board, undertaking fundamental redesign of patient pathways. This has involved an LLR system wide review at speciality level for a defined number of specialities.

14. Internally there is a high level of support for improving IT capability across our outpatient services. During the financial year 2017/18 there were some specific IT projects that were agreed for delivery. The priority projects, identified as "must do's" were:

    - Delivering referrals electronically between GPs and UHL Clinicians (Electronic Referral Service, ERS). Nationally it was mandated that by October 2018 all GP referrals need to be made electronically. Local implementation was supported through the development and use of the **P**athway and **R**eferral **I**mplementation **S**yste**M** (PRISM) which is used as a decision support tool by GPs to ensure patients are referred to the right

specialist, first time) and implementation of advice and guidance. Implementation of E-Referrals was achieved on time.

- Implementing Advice and Guidance: To support the PRISM and ERS process the Trust and partners in primary care are now actively promoting the use of Advice and Guidance to help manage demand. Advice & Guidance (A&G) services are intended to help ensure patients are seen and treated in the right place, at the right time, as quickly as possible. They are intended to help GPs make a better and more informed decision on the most appropriate course of action for their patients. The GP Forward View sets out the need to break down barriers between primary and secondary care and improve GP access to consultant advice on potential referrals. Better integration between primary and secondary care is also an integral part of the developing multi-specialty community provider new care systems. A&G is one way the NHS can practically deliver these new ways of working.

- Outpatient correspondence – This involves the procurement of a new supplier /transcription service for outpatient clinic letters which will facilitate improved turnaround times for letters and the ability to improve the quality of letters received by patients. We are hoping to use this opportunity to implement the RCP recommendation that clinic letters should be written to the patient in a way that supports them in managing their own health. The IT capability to deliver this project is currently being developed. The Trust aims to start early delivery of the new system in pilot areas in the spring of 2019.

- 2 way text reminder service: The Trust has just launched a 2 way text reminder service, moving from the historic one way reminder service. The Trust will seek to build on the early successes of implementing a 2 way text reminder service for patients in order to address administrative factors described within the RCP report alongside considering in greater detail convenience for patients. This service has allowed us to start a 2 way dialogue with patients about their appointment. As a Trust we experience high cancellation rates and although our rates of patients who fail to attend for their appointment (DNA rates) are relatively good there is room for improvement. Again our 2 way text reminder is the start of improving communication with our patients, planning with them and making sure we make the best use of resources in order to alleviate some of the pressures on outpatient services. There are plans to extend the 2 way text reminder service to other areas offering outpatient services such as Imaging and Therapy services in the near future. This will be an interim solution as a pre-cursor to the development of patient portal and our digital journey for outpatients.

15. UHL delivers 938,000 outpatient appointments per annum in 108 different sub-specialities across 3 hospital sites. In determining where our priorities for improvement are, given the scale size and complexity of our outpatient services, we have used the Getting It Right First Time (GIRFT) programme and the Model Hospital tool as a way of assessing efficiency and quality. Through application of these and other tools we have begun to apply some of the key principles for delivering sustainable outpatient services to a number of services where there is the greatest potential gain: Cardiology, Gastroenterology, Elective Orthopaedics, Ophthalmology, Dermatology and ENT. Internally we have looked to improve efficiency within these services but more importantly we have worked with partners across the health system to change traditional

models of care and develop new care pathways that start to reduce the activity burden on our acute hospitals.

External System-wide Transformation Programme

16. UHL has played an active role as a member of the STP Better Care Together Planned Care Board to develop different ways of working. The aim of this work is manage demand for Outpatient services, create longer term sustainability and ensure patients are seen in the most appropriate setting by the most clinically appropriate person in settings such as primary and community services as appropriate to their needs. This not only serves to address the inexorable rise in demand but is in keeping with the RCP report recommendations that suggest services should be designed to minimise disruption to patients, valuing patient and carers time and beginning to shape patient behaviour in terms of supporting them to manage their own health through healthier lifestyles.

17. Consistent with UHL's analysis of priority areas for redesign, the Planned Care Board have also focussed on transforming pathways within the same specialities: Ophthalmology, Cardiology, Gastroenterology, Ear Nose and Throat (ENT) Dermatology and Elective Orthopaedics. Plans have taken into account two key national transformation priorities (First Contact Practitioner and Ophthalmology). Programmes of work have not solely focussed on demand management but have also aimed at tackling a reduction in the need for follow up appointments, a review of diagnostic imaging and non-imaging referral pathways and provision and other service reviews. Wherever possible alternatives to face to face consultations are increasingly being sought.

18. Initiatives delivered to date in 2018/19 are summarised in the table below:

Theme	**Initiative**
Demand management	75% of all relevant specialties providing Advice & Guidance
	210 PRISM pathways introduced across 31 specialities with clinical agreement from both secondary and primary care
	Primary Care peer review identifying alternatives to referral to acute/secondary care
	101 Low value treatment policies
	30% Deflection through musculoskeletal triage
Reducing follow up attendances	Remote post op hip and knee follow up
Managing capacity for diagnostic tests and investigations	8 diagnostic pathways developed to reduce the number of inappropriate tests
Improved use of capacity across the system	Services in primary care accessing capacity in the Alliance

19. Going forward UHL will continue to work in partnership with members of the Planned Care Board and partners across the health and social care system to respond to the increasing national focus on transforming outpatient services, incorporating the RCP recommendations and other guidance into programmes of work, as outlined below.

Proposals: **Actions UHL and our partners are taking in response to the RCP report**

20. Since receiving the report we are considering the further opportunities presented by the report, building on the achievements to date. We continue to experience an over pressurised system where our hospitals are struggling to meet demand. For some specialities we still continue to see growth in demand despite many in-year initiatives delivering alternative solutions to acute hospital care. There is an acceptance across the system that there is opportunity for improvement that delivers quality services for patients whilst making best use of the "LLR £". Increasingly our focus is shifting to value both clinician and patient/carer time, focussing on longer term value for the patient measured through clinical outcomes.

21. For some time UHL has had to rely upon the constant use of additional flexible capacity in order to meet waiting time targets and deliver timely services to patients. The Trust recognises that this is not sustainable in the medium or long term and therefore it will seek to optimise the benefits of alternatives to the traditional hospital model of care and increase the availability of non-face-to-face appointments going forward.

22. In many instances long term follow up is not required and in some instances repeated appointments do not add value to the patients care or management. In considering this and in keeping with the theme of value we will be seeking clinicians' views on pathways that are commissioned in other health systems that deliver follow-up aftercare in community settings. One such pathway is for the on-gong management of children with cerebral palsy. UHL will seek to learn from case studies, not only presented in the RCP report, but from other Trusts and health economies across the country. Through this we will seek to identify pathways that have been commissioned that promote care in community settings or alternatives to management in the acute hospital.

23. Building on this theme there is a lot more that UHL can do internally to offer different styles of clinics. Longer term we are planning for a new treatment centre as part of our reconfiguration plans. Acting on the Royal College of Physicians report will enable us to develop new models of care out of the acute setting, paving the way for different styles of clinics. One example of this is the recommendations in the GIRFT report (July 2018) on Urology services which focuses on how resources across this large specialty could be better used to improve the patient experience by reducing waiting times, enabling more care to be provided via outpatient settings and providing more effective pathways to definitive treatments. To do that, the report recommends changes to service configuration within trusts, changes to staffing arrangements, extending the role of specialist nurses including a better career structure for specialist urological nurses, to extend their role and help deliver more treatment in an outpatient setting.

24. Moving to a digital paperless outpatient service is a core part of the programme with developments in outpatients being considered as a priority in 2019/20. As part of this we continue to build our future vision for the paperless out patients. Requirements will be shaped by changes in the way in which Outpatient services will be delivered, as referenced in the recently published Royal College of Physicians report: New models of communication with our patients and healthcare partners will be explored as we scope the extent of opportunity and learn from other trusts who have already implemented their digital strategy. Opportunities for outpatient services are the development of a patient portal, the use of self-help and monitoring apps, self-check in, self-serve and selection of appointments, information sharing between parties, remote monitoring instead of face to face follow up appointments and a paperless environment. Into the wider system UHL is

seeking to make sure that there is interoperability between systems wherever possible to improve information sharing and reduce duplication of effort.

25. A population based health approach aimed at improving physical and mental health outcomes, promoting wellbeing and reducing health inequalities across an entire population coupled with information from GIRFT and the Model Hospital will continue to inform priorities for outpatient transformation across the health system. Priorities for the forthcoming year will be to develop:

    - Referral support services for a number of specialities with referrals to these services being triaged through a central point. The number of clinics that can be delivered in alternative primary care settings will be increased in order to make better use of primary care, community hospitals and other facilities.

    - UHL will work with partners to increase capacity and capability to deliver care from primary care practices as described in the Five Year Forward View plans. Emerging from this will be a different workforce looking at the use of GPs with a special interest (GPwSI), Pharmacists, Physiotherapists, High Street Optometrists and Specialist Nurses.

    - A continued reduction in follow up attendances within secondary care supported in primary care and other settings through developing Optometry led services and delivering ENT services in a different way. Community services are being set up to support such changes in patient pathways.

    - Diagnostic referral pathways will be developed to increase the number of referrals that support diagnostic decision-making, increase GP education, the introduction of advice and guidance for imaging plain film to inform proposals for future diagnostic referral hubs.

    - Increasing uptake of the First Contact Practitioner (FCP) to ensure that, where appropriate, patients with musculoskeletal conditions are seen by the right person in a primary care setting and they receive appropriate care in a more timely manner. This involves a shift from traditional community or hospital based therapy services to physiotherapists being part of the General Practice team.

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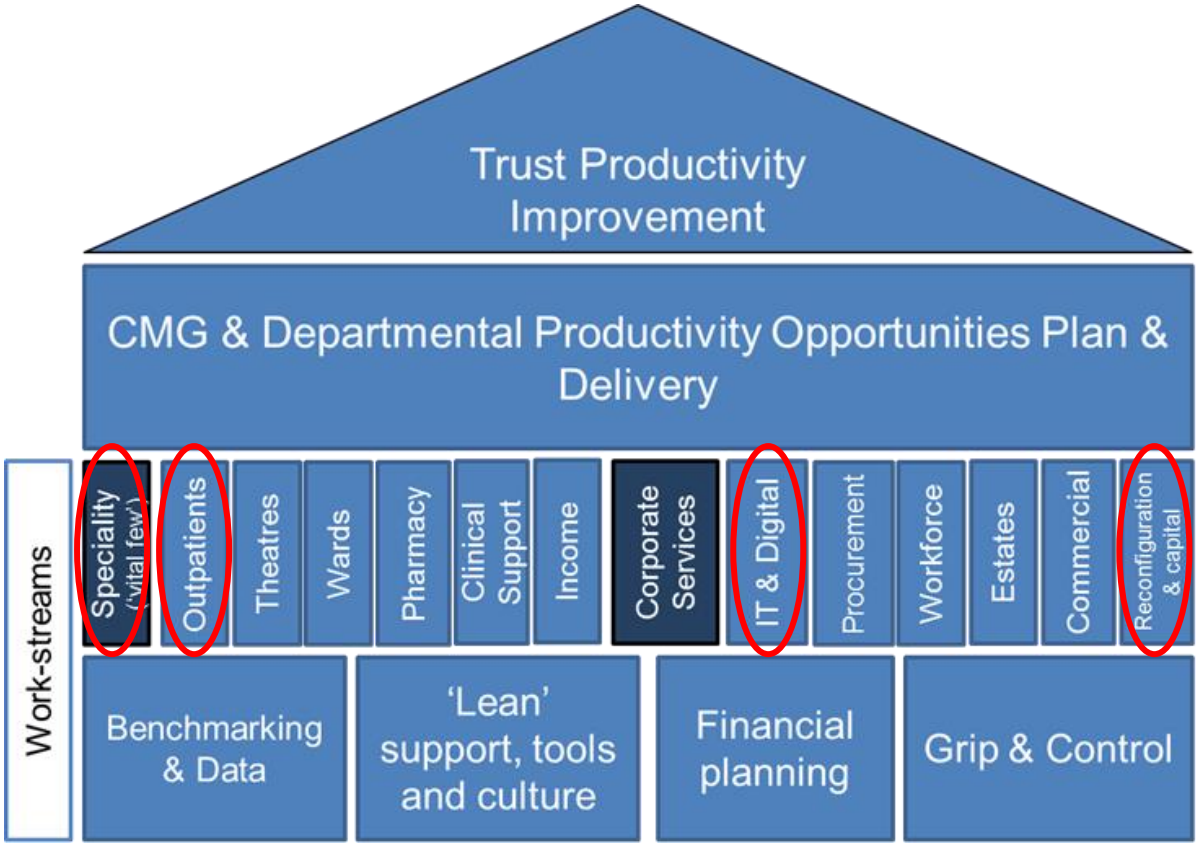
    - In Ophthalmology, alongside other initiatives, CCGs/STPs are to undertake local eye health capacity reviews as part of the National Specification for High Impact Interventions. A draft plan has been developed which includes public health colleagues reviewing population needs and indicators, building a picture of demand and workforce across primary and secondary care, and agreeing priorities for pathway redesign with the Local Eye Health Network (LEHN).

Governance

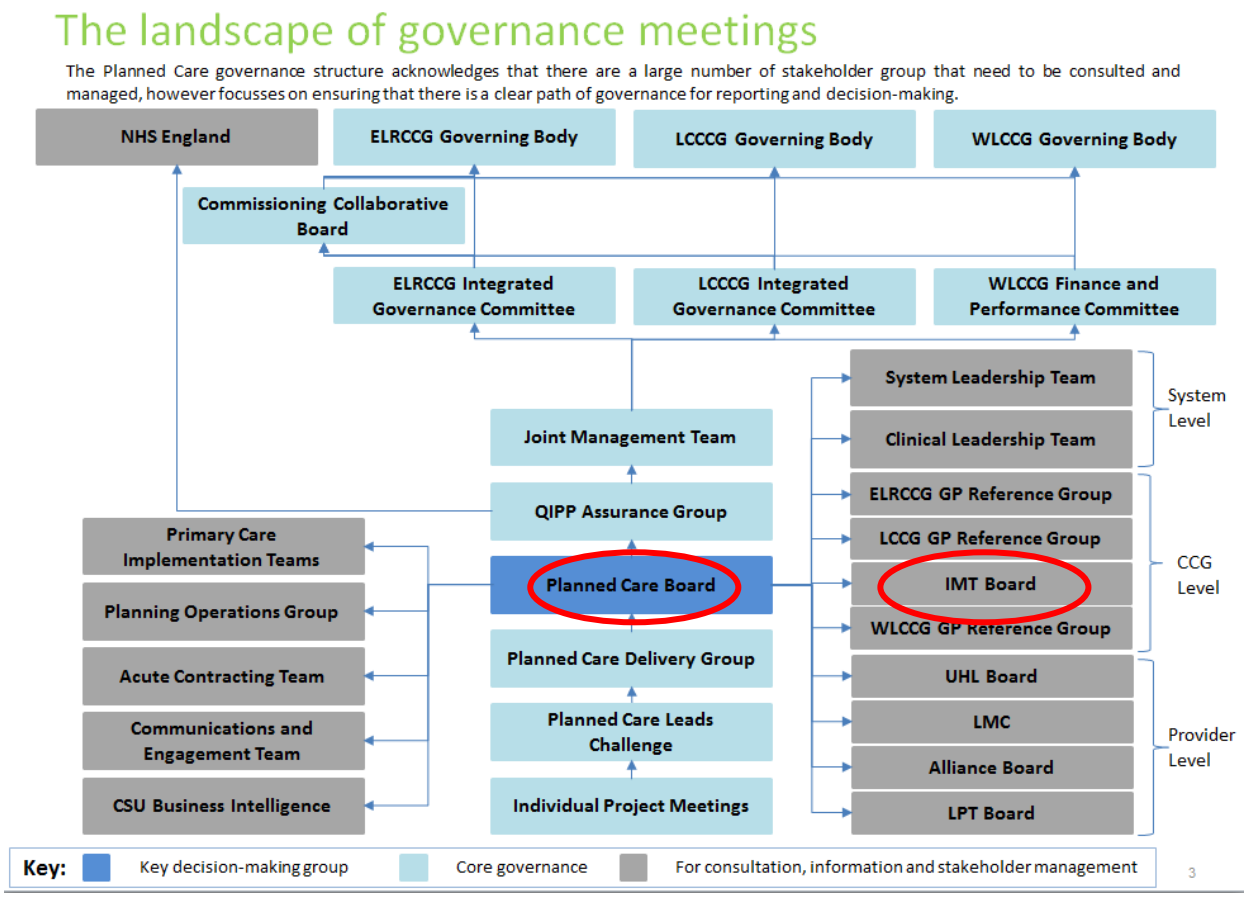
26. UHL's Outpatient Transformation activities are monitored through the Outpatient Transformation Programme Board with the Director of Strategy and Communications as the Executive Sponsor and Senior Responsible Officer. There are direct links with the wider LLR Planned Care Board, which has clinical and managerial representation from all partners and patient representation. The programme has joint SRO's at Director level

from LLR CCGs and UHL to demonstrate joint leadership and accountability. All programmes are supported by a team of Project Managers, Business Intelligence, Finance and Communications and Engagement with LLR support based in Leicester City CCG (hosted service). UHL's internal governance arrangements are illustrated in the diagram below:

Landscape of UHL's Productivity and Improvement Programme Governance



27. The role of local organisations and leaders within our BCT partnership is to develop new ways of working within the current statutory frameworks which enable us to operate in a more collaborative way as one system focused on doing the best for the health and care of local people, including those with planned care needs. The governance structure outlining decision-making, assurance and stakeholder engagement for the wider LLR STP Planned Care Programme is presented in the following diagram:



Conclusions

28. The report by the Royal College of Physicians is timely and welcomed by UHL and partners across the Health and Social Care System. The founding principles give key areas for improvement for the Trust as a provider of acute health care as well as system partners across LLR. There is agreement that the historic model of outpatient care is no longer fit for purpose and that continued rates of growth and use of the UHL services is not sustainable, neither is it right for patients going forward. Internal and external programmes of work are already in progress to reshape how we deliver care, putting patients at the centre of their care, valuing patient carer and staff time as well as making sure patients are managed in the most effective way by the right professional at the right time and in the right place.

29. Technology will have a significant part to play in terms of how we communicate with patients and train and guide them to manage their own healthcare. Connectivity between systems to assist care providers in delivering value adding care and eliminating waste is a challenge but forms a vital part of delivering high quality care in the most efficient way. Through our eHospital Programme and the wider LLR IM&T Board and new ways of working we will make it easier for patients to manage their own conditions and support improvements in planning and communication.

30. Whist the Royal College of Physicians sets out an ambitious roadmap; strong partnerships have been developed to ensure we take every opportunity to deliver sustainable integrated patient centred outpatient services in the future.

Background papers

The Royal College of Physicians *Outpatients: The Future - Adding value through sustainability.* London: RCP, November 2018
https://www.rcplondon.ac.uk/projects/outputs/outpatients-future-adding-value-through-sustainability

Circulation under the Local Issues Alert Procedure

Not applicable.

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Relevant Impact Assessments

Equality and Human Rights Implications

31. An Equality and Human Rights Impact Assessment is currently being undertaken but as of yet no conclusions have been drawn.