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Bwrdd Iechyd Prifysgol  
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Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>23 February 2021</b>	<b>Agenda Item</b>	<b>2.3</b>
<b>Report Title</b>	<b>Outpatients Modernisation Programme: Follow Up Not Booked Progress Update</b>		
<b>Report Author</b>	Bethan Clift, Project Manager Brian Makusha, Quality Improvement Manager		
<b>Report Sponsor</b>	Dorothy Edwards, Deputy Director - Transformation		
<b>Presented by</b>	Craigie Wilson, Deputy COO and Executive Management Lead for Outpatient Transformation		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	<p>This report is provided to give a progress update on the Outpatients Modernisation Programme's coordinated efforts to improve the Outpatients Follow Up Waiting List (OFWL) position in line with national targets and Welsh Government set objectives to reduce the total and the Over 100% Delayed OFWL by:</p> <p>15% by March 2020, a further 20% by March 2021 and a further 20% by March 2022.</p>		
<b>Key Issues</b>	<p>The performance of our Outpatient services is a key objective for the Health Board.</p> <p>Follow-Up waiting lists are an ongoing and significant issue for the Health Board. Outpatient services have been greatly impacted by the Covid-19 pandemic. We have seen a significant reduction in activity during the lockdown and this has been followed by significant reduction in capacity during our phased return plans. However, alternatives to traditional Face to Face appointments have helped to maintain access to care.</p> <p>The ongoing WG Outpatients Transformation Fund Programme continues to support the Health Board in making improvements and supporting transformation in Outpatient Services. Particularly with Eye Care, increasing the uptake of non face to face appointments and the adoption of the See On Symptoms and Patient Initiated Follow Up pathways. For this to be delivered will require both managerial effort and very importantly clinical engagement to ensure these plans are progressed.</p>		
<b>Specific Action Required (please choose one only)</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Recommendations</b>	The Committee is asked to note the content of the report.		

# Outpatients Clinical Redesign & Recovery Group: Outpatients Follow Up Waiting List Progress Update

## 1. INTRODUCTION

The performance of our Outpatient services is a key objective for the Health Board. Two of the main challenging areas are a growing waiting list and delayed follow up appointments.

The NHS Wales Planning Framework 2018-2021 has a clear expectation that quality must be at the centre of the delivery of services, ensuring that the NHS in Wales reduces waits and harmful delays for patients.

The purpose of this report is to share with the Performance and Finance Committee the ongoing improvements and actions in the Outpatients Clinical Redesign & Recovery Group to improve outpatients and to support the WG Outpatients Transformation Fund Programme activities intended to improve:

- ✓ Access to care
- ✓ Effective Care
- ✓ Timely Care
- ✓ Pathways
- ✓ Patient safety
- ✓ Efficient Care
- ✓ Person Centred Care
- ✓ Team Work

A status report detailing the Health Boards performance and plans has been previously shared with the committee and is now embedded within the monthly reports.

## 2. BACKGROUND

The Outpatients Clinical Redesign and Recovery Programme is guided by the following four aims:

1. Maintain and respond to Outpatient service challenges in a Covid-19 pandemic environment
2. To reduce the numbers of patients waiting for a follow up appointment;
3. To reduce the length of time patients are waiting for a new and follow up appointment;
4. To achieve the identified targets agreed in the Outpatient Strategy; and
5. To transform and modernise the way we deliver outpatient services and ensure these changes are sustainable in a Covid-19 pandemic environment and for the longer term.

The ongoing WG Outpatients Transformation Fund programme is underpinned by specialty specific targets (see attached file) and the following aims and measures:

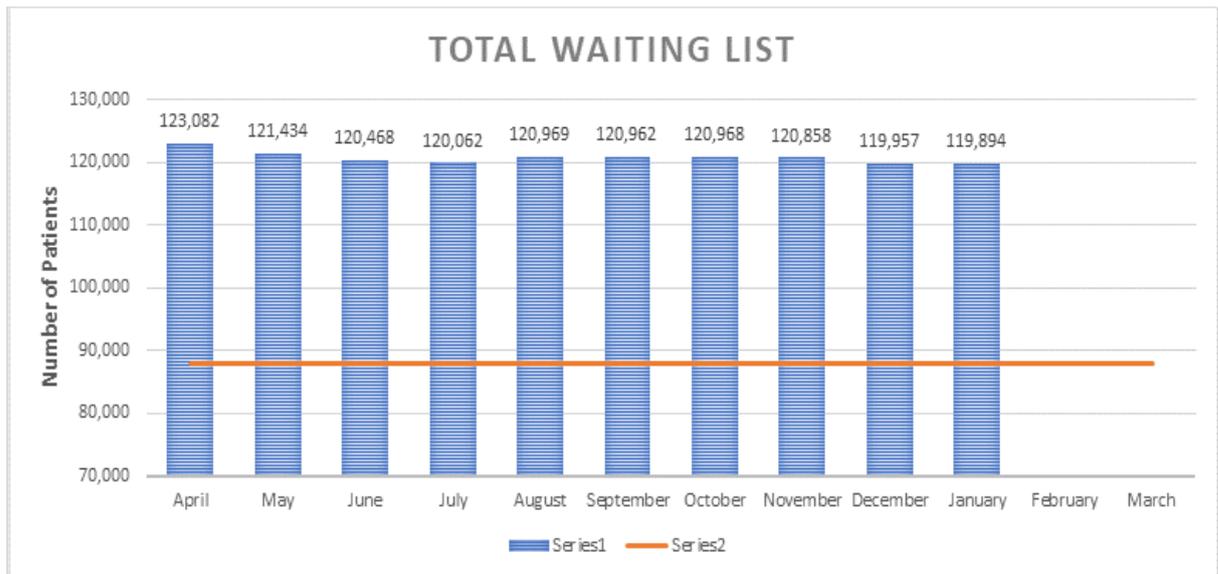
To create a sustainable Outpatients Follow Up Waiting List (OFWL) position by:

1. Reducing the Total OFWL list from an April 2019 baseline of 135,093 by
  - 15% by March 2020 to 114,829
  - a further 20% by March 2021 to 87,810
  - a further 20% by March 2022 to 60,792

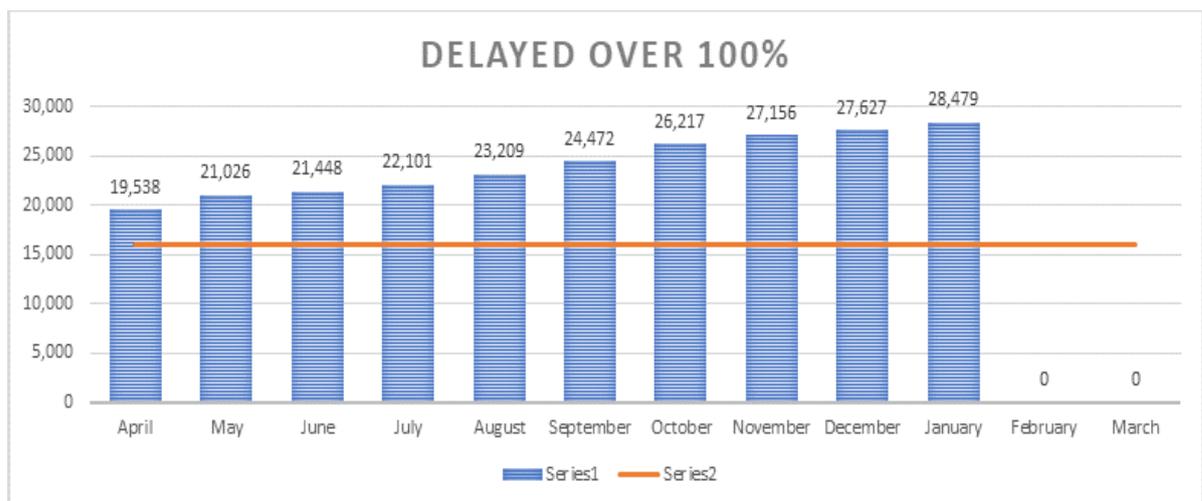
2. Reducing the Over 100% Delayed over Target from an April 2019 baseline of 24,642 by:
  - 15% by March 2020 to 20,946
  - a further 20% by March 2021 to 16,017
  - a further 20% by March 2022 to 11,089

### 3. CURRENT PERFORMANCE AND ACTIONS

#### 3.1 Swansea Bay UHB Outpatients Follow Up Waiting Lists: December 2020



From an April 2019 baseline of 135,093 patients, January 2021 figures show a reduction to 119,894 patients on the total Outpatients Follow Up Waiting List. The target for 20/21 of a 35% redirection from the baseline is 87,810. Therefore a -32,084 variance between the December 2020 position and the end of March 2021 target position, as can be seen above.



From an April 2019 baseline of 24,642 patients, the January 2021 figure shows an increase to 28,479 patients on the over 100% delayed follow up waiting list. The

cumulative target for 20/21 of 35% is 16,017. There is a -12,372 variance between the January 2021 position and the end of March 2021 target position, as can be seen above.

It is important to note that in 2019/20 the Health Board's efforts resulted in significant improvements. However, the current turning point, especially in the Over 100% Delayed position can be seen to coincide with the national coronavirus lockdown. This has resulted in reduced capacity and therefore more patients, having to be delayed longer than we or the patients would wish.

The outpatients' waiting list position is not where we had forecasted it to be and presently there are work streams in place to recover the position, albeit in uncertain and often difficult circumstances worsened by the coronavirus pandemic.

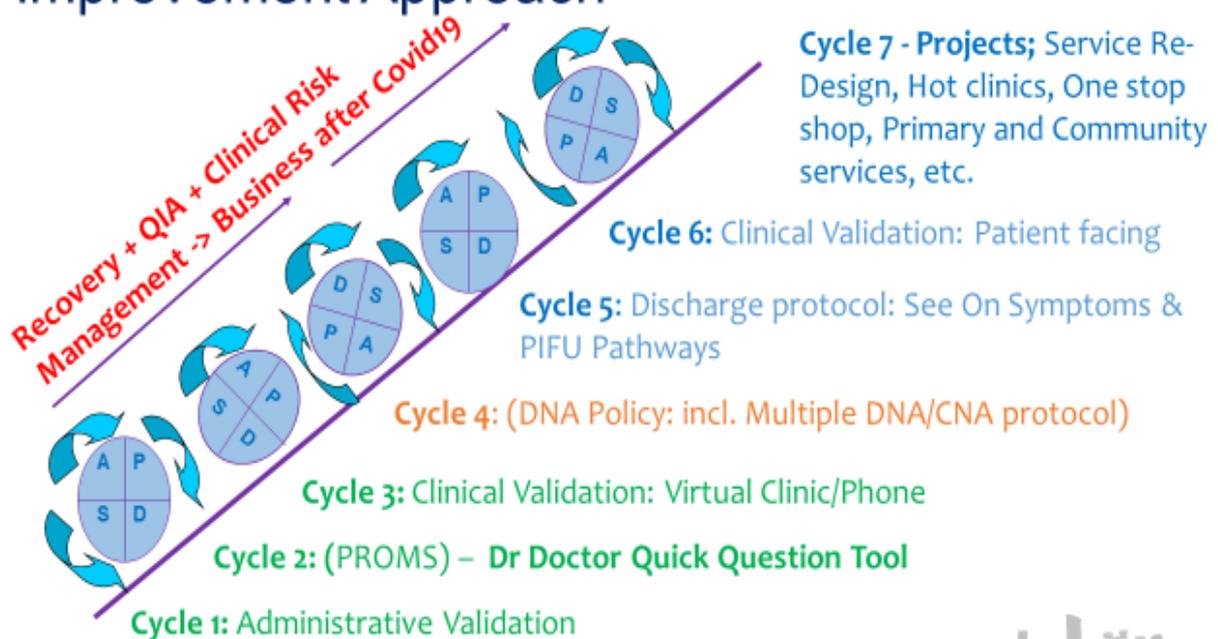
### **3.2 Actions and Work in Progress**

Outpatient services have been greatly impacted by the Covid-19 pandemic. We have seen a significant reduction in activity during the lockdown and this has been followed by a 30% reduction in capacity during our phased return plans. However, alternatives to traditional Face to Face appointments have helped to maintain access outpatient services and approximately 40% of all appointment are now delivered virtually.

The ongoing Outpatients Transformation efforts have now been aligned to the strategic Response and Recovery Coordination Group. The Outpatients Transformation Programme now sits in the Outpatients Clinical Redesign & Recovery Group. This is to ensure that all efforts are aligned and there is direct oversight for both transformation and recovery. The group meets to monitor progress, share learning and best exemplars, and to provide assurance. A programme management and an improvement approach has been adopted to drive improvements and manage the Welsh Government funded work streams.

Specialty	Agreed Solutions
Ophthalmology	Expansion of ODTG activity for glaucoma follow up (non-medical), implementation of the lean cataract pathway
Orthopaedics	Virtual review for post-operative hip and knee replacements follow ups supported by PROMs;
Ears, Nose & Throat	Proposals that address the issues highlighted in the sustainability review completed by the Delivery Unit
Urology	Implementation of the self-management pathway; and
Dermatology	Implementation of the tele-derm pathway.

## Improvement Approach



### 3.3 Specialty Specific WG Agreed Solutions

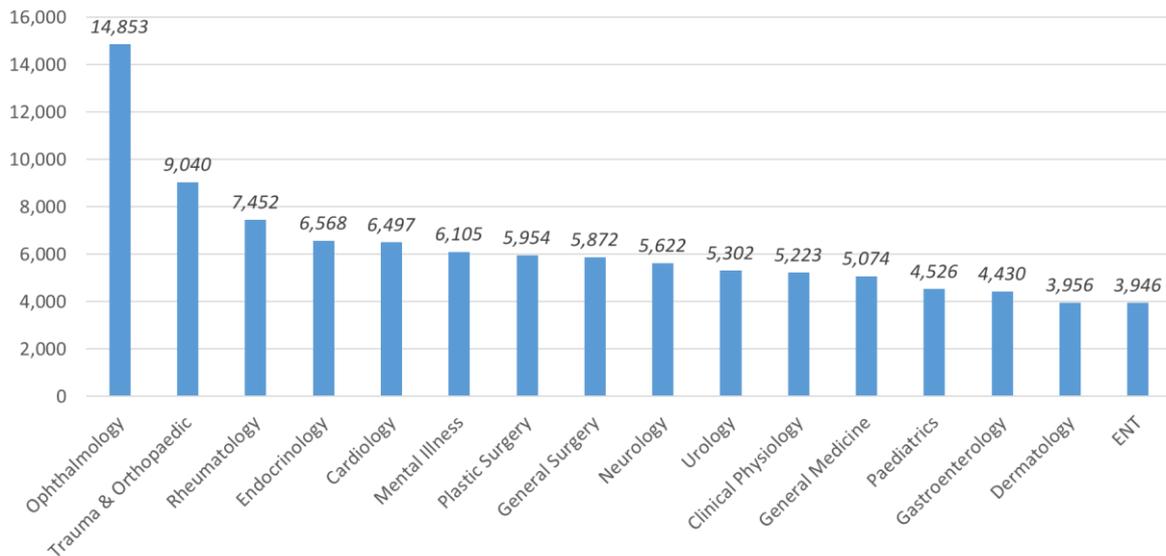
### 3.4 Work Streams

Work Stream	Funding	Activities
<b>Eye Care</b>	<b>£205,450</b>	<ul style="list-style-type: none"> <li>• A minimum of 160 community clinic sessions to be held each quarter from Quarters 2 (minimum of 480 sessions by March 2021);</li> <li>• A minimum of 120 virtual clinic sessions to be held each quarter from Quarter 2 (minimum of 360 sessions by March 2021);</li> <li>• A minimum of 75% stable glaucoma follow up patients to be seen in ODTC.</li> </ul>
<b>SOS/PIFU/Group Consultations</b>	<b>£110,732</b>	<ul style="list-style-type: none"> <li>• 20% of the follow up waiting list cohort to be on a PIFU or SOS pathway by March 2021. Priority to be given to the ENT pathway.</li> <li>• Validation of the historic SOS list to be completed by March 2021 ensuring that the length of time a patient is on the list does not exceed 2 years.</li> </ul>
<b>Self-management &amp; PSA monitoring</b>	<b>£133,232</b>	<ul style="list-style-type: none"> <li>• A minimum of 20% stable follow up patients to be on the urology PSA self-management pathway by October 2021 (to qualify for further funding in Q3 and Q4);</li> <li>• A minimum of 60% stable follow up patients to be on the urology PSA self-management pathway by March 2021. Performance</li> </ul>

### 3.4 Actions taken over the last 2 Months

- Following the approval of the Outpatients Transformation Bid, Specialties with the highest numbers were identified as follows.

Specialties that make up 80% of the volume: May 2020



These have been shared with all Delivery Group at the August monthly Outpatients Redesign & Recovery Group meeting

The following programme of work is underway with each Delivery Groups;

- Quick Question; Priority specialties have been identified for each Management Unit and these can be seen in the attached appendix 1, which highlights the approach and order by specialty of the quick question roll out, the proof of concept in Gynaecology resulted in the below;

528 Patients received quick question (Criteria; Over 100% Delayed, with a phone number on record)

- **68% Completion Rate**
- 235 patients opted to remain on the list
- 61 patients said they no longer required a follow up appointment, equating to 12% reduction in the gynaecology over 100% follow up waiting list
- 62 Patients (12%) responded unsure, the service will review these with the aim to get the patient on the correct pathway i.e. SOS or they will remain on the waiting list
- 170 patients (32%) did not respond, this cohort of patients will be followed up with letter validation
- An Outpatient Dashboard to help with the decision making and timely data is underdevelopment. Version 1 is now complete and has been shared with service managers for feedback – Stage 2 of the development is underway.

- Letter validation: Every patient on the waiting list, starting with longest waiting first, all specialities. After first batch was completed, there was a 25% drop off rate. Work will continue to validate the remaining patients, sending around 4,000 letters per month.
- PKB Update -The baseline as of 2nd October was 516 patients suitable for a self-management pathway (stable PSA patients), from that although 28 patients accepted their record at an open evening event, they later decided not to claim their record, this changed the figure from 186 to 158, which equates to 31%, the figure will continue to fluctuate due to many factors i.e. deceased patients or records not being claimed after 90 days, just to note; the figure reported to WG does not allow for patients who are deceased which will affect the figures from the previous month, our recommendation is that the baseline should reflect the patients who are now deceased and this should be recorded in the monthly report submitted by informatics. Agreement to complete a project exception report once the true figure is available in March21, the target for the end of March 21 is 60% work is underway to contact suitable patients to sign them up for a self-management pathway, which should be completed by the end of February21.
- SOS/PIFU outcome can now be reported on WPAS, the team are working through the list of patients who are on a SOS pathway older than two years as these patients will be removed and going forward new patients added to a SOS pathway will 'drop off' after a period of 2 years.

### **3.5 Other Actions**

#### **Consultant Connect**

Consultant Connect is a virtual platform that primary care practitioners can utilise to seek an opinion from consultants and where possible avoid a new outpatient referral. The Health Board is utilising this facility in a small number of specialties but there is scope to significantly expand this service. In those specialties utilising this platform, 35% of the consultations have avoid referral.

#### **Virtual Group Consultation**

Welsh Government are promoting the use of virtual group consultations for the management of patients with a common condition. As with the current strategy previously employed on a face to face basis in some specialties group this allows a number of patient to be seen at the same time and also provides peer support. The Health Board has put forward rheumatology and dermatology as the first specialties to participate in the WG sponsored pilot.

#### **Primary Care Patient Management**

Following the validation of the follow up waiting list an approach will be made to GP practice with a view to reviewing their patients to ascertain whether their

ongoing management can be undertaken in primary care. In particular patients with chronic conditions such as diabetes, COPD and heart failure.

#### 4. GOVERNANCE AND RISK ISSUES

It is noted that 2020 has been an exceptional year with the coronavirus pandemic. As such, progressing Outpatients improvement has been hampered by reduced physical capacity, consultant availability and redeployment of staff for Covid19 response work.

Taking into account the RTT modelling, the situation with the Outpatients Follow Up waiting list, especially the Over 100% delayed, is likely to worsen until we can start seeing patients face to face.

Any local outbreaks of coronavirus are likely to restrict outpatient services

It is noted that the current performance in reducing the number of patients currently on our lists is having an impact – there remains much work to do in getting into a sustainable position with agreed processes / standards in place with clinical teams.

Delivery units will still need to ensure that clinical monitoring / review process is included within their respective action plans to ensure that no harm is brought about to patients awaiting review and are being delayed access to that review.

Future Delivery unit IMTP submissions will need to ensure that adequate capacity is available to outpatient clinics to meet this and future demand. The impact of that capacity can be mitigated through changes in work flow – such as greater use of virtual clinics / self-managed care, alternatives to medical face to face reviews in primary care – actions which will be addressed through greater co production and agreement.

There remains an issue in regard to ongoing clinical engagement and ownership of delivery which will require greater collaboration, personal ownership and performance intervention if there is any dispute as to the implementation of agreed best practice – both locally and nationally driven.

#### 4 RECOMMENDATION

The Committee is asked to note the content of the report and the actions being taken to improve performance in this key area for the Health Board.

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> <i>(please choose)</i>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>

	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
<b>Health and Care Standards</b>		
<i>(please choose)</i>	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
<b>Quality, Safety and Patient Experience</b>		
<p>For our population we want:</p> <ul style="list-style-type: none"> <li>• Improved population health and wellbeing</li> <li>• Better quality and more accessible health and social care services</li> <li>• Achieve better outcomes and experience for patients at reduced cost</li> <li>• Enable the maximised utilisation of outpatient capacity to see patients in a timely fashion</li> <li>• To deliver a sustainable service whilst providing improved performance to the overall clinical pathway with reduced waiting time / delays in individual patient treatment plans</li> <li>• Minimise harm to patients</li> </ul>		
<b>Financial Implications</b>		
<p>IBG have supported the investment to cover the cost of the validation team for a two year period with a third year to be explored utilising savings that could be accrued from cost avoidance with improved performance and delivery.</p> <p>Additional funds secured from Welsh Government to support a number of transformational change programmes will need to be carefully handled as if they are not IMTP approved for future years</p>		
<b>Legal Implications (including equality and diversity assessment)</b>		
<p>The Health Board is responsible for planning and delivering primary, community and secondary care health services for its resident population. Ensuring that the Committee is fully sighted on this area of business is essential to positive assurance processes and related risk management</p>		
<b>Staffing Implications</b>		
<p>A number of short term and non-recurring funded posts have been secured – which will need to be managed if these funds are not covered by agreed IMTP monies.</p> <p>Some staff have been redeployed to respond to the coronavirus pandemic.</p>		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
<p>Meets the Vision for Wales in regard to Outpatient modernisation and Planned care.</p>		
<b>Report History</b>	<p>Previous reports provided November 2018, February 2019, June 2019, September 2019, November 2019, February 2020, June 2020, October 2020</p>	
<b>Appendices</b>		

