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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	17 th September 2019	Agenda Item	4.4
Report Title	Outpatient Transformation - Clinical Engagement – Status Update		
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Report Sponsor	Dr Sandra Husbands, Executive Director of Public Health		
Presented by	Dr Aidan Byrne Deputy Medical Director		
Freedom of Information	Open		
Purpose of the Report	This supplementary report is provided to give an update on clinical engagement undertaken to improve the performance of outpatients and the modernisation process designed to work alongside the delivery of transformation.		
Key Issues	<p>The performance of our Outpatient services is a key objective for the Health Board.</p> <p>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. For this to be delivered will require both managerial effort and very importantly clinical engagement to ensure these objectives are met.</p> <p>Failure to deliver improved performance that meets Welsh Government requirements will not deliver a level of quality of care to our patients.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			✓
Recommendations	The Committee is asked to note the content of the report.		

1. INTRODUCTION

- 1.1 The purpose of this report is to share with the Performance and Finance Committee the ongoing processes to ensure clinical engagement in the process of transformation and improved delivery of our outpatient services.

2. BACKGROUND

- 2.1 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.

This supplementary paper provides an update on the discussions which are taking place around ensuring clinical engagement with achieving the objectives as previously laid out and the involvement of clinician's to-date in delivering those changes.

3. CURRENT PERFORMANCE AND ACTIONS

- 3.1 The Health Board over the last three years has been heavily involved in the Planned Care Programme which has been aimed at initially five key specialties across Wales – namely – Orthopaedics, Urology, ENT, Ophthalmology and Dermatology. Our clinical engagement in these products has been significant in that two of the national Clinical Boards are chaired by clinicians from SBUHB – Dougie Russell for Orthopaedics and Michael Austin for Ophthalmology. Our clinicians and managers from these specialties have also been involved in the National committee work and assisted in deriving best practice protocols and new pathways of care for implementations within Wales.

Locally, there have been 5 Planned Care Programmed Groups – each chaired by a Lead Clinician or a Unit Medical Director with the purpose of delivering those new arrangements as follows:

Orthopaedics – Chaired By Dr Martin Bevan
Urology – Chaired by Mr Pradeep Bose – Consultant Urologist
ENT – Clinical Lead – Mr Laysan Pope – Consultant ENT Surgeon
Ophthalmology – Chaired by Mr Dougie Russell
Dermatology – Chaired by Dr Alistair Roeves

In addition a number of other clinicians – Medical, Nursing and other professions such as Therapy and Optometrists etc. have been involved in the group discussions and delivery.

These groups have been successful in encouraging change amongst their clinical colleagues as follows:

Ophthalmology – the introduction of risk stratification, changing the identification of patients who are most at harm of no clinical follow up, changes in clinical validation and transformed a number of clinical pathways such as Cataract management. An additional Gold Command Group is also in place with leading the implementation of changes at a much greater pace and has secured SBUHB funds to meet key objectives.

Orthopaedics – The introduction of PROMs for all Hip and Knee replacement patients. This has also included a change in clinical pathway which has seen patients being discharged at 6 weeks post-surgery – with any follow up required through PROMs. The experiences of the clinicians in this area of service is also rolling out changes into other areas of orthopaedics / other specialties

ENT – The implementation of an agreed set of all Wales guidelines to set clinical criteria for the discharge of patients for their care. The changes have seen greater use of See on Symptom pathways within the service.

Urology – the implementation of PKB for Prostrate patients – approx. 100 patients who now self manage their care

- 3.2 Whilst the focus of this work has so far been related around these 5 specialties – the experiences, the digital implementation of systems such as PROMs and PKB have been shared more widely and other specialties / clinicians are getting more engaged with change and transformation of their services.

However, further work is required to pick up the pace and traction across all our specialties and clinical teams. Actions taken over the last two months include:

- The Health Board has refreshed its current Outpatient Transformation arrangements with a programme of work as part of its Recovery and Sustainability Programme. This has included the appointment of a new Clinical Chair for the Outpatient Transformation Board – and work is ongoing to widen the clinical engagement on this group.
- Additional recurrent and non-recurrent funding has been released to fund short term initiatives such as ADOPT - Action to Deliver OutPatient Transformation (see paper attached), additional investment in our administrative validation team to work across delivery units to reduce erroneous activity and to validate backlog, and funds to allow further clinical validation.
- The clinical strategy discussions with clinical groups are further highlighting the needs to change working practices and challenging the status quo. However, it is recognised that further substantial work is required with some clinicians to win hearts and minds and secure their ownership of the best practice changes agreed across the Health Board and within the specialty to ensure continuity.

4. GOVERNANCE AND RISK ISSUES

- 4.1 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.
- 4.2 Delivery units will still need to ensure that a clinical monitoring / review process are 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.

4.3 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.

4.4 There remains an issue with 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. .

5. RECOMMENDATION

5.1 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.

Governance and Assurance							
Link to corporate objectives (please ✓)	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability		Securing a fully engaged skilled workforce
	✓		✓		✓		✓
Link to Health and Care Standards (please ✓)	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources
	✓	✓	✓	✓	✓	✓	✓
Quality, Safety and Patient Experience							
<p>For our population we want:</p> <ul style="list-style-type: none"> • Improved population health and wellbeing • Better quality and more accessible health and social care services • Achieve better outcomes and experience for patients at reduced cost • Enable the maximised utilisation of outpatient capacity to see patients in a timely fashion • To deliver a sustainable service whilst providing improved performance to the overall clinical pathway with reduced waiting time / delays in individual patient treatment plans • Minimise harm to patients 							
Financial Implications							
<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 – this funding will be stopped with effect from the 31st March 2020.</p>							

The R & S Programme have identified a savings programme opportunity for this work – it is considered to be a cost avoidance option rather than savings as activity will change over time.	
Legal Implications (including equality and diversity assessment)	
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.	
Staffing Implications	
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.	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
Meets the Vision for Wales in regard to Outpatient modernisation and Planned care.	
Report History	Previous reports provided November 2018 and February 2019.
Appendices	Appendix 1