Executive Summary

In 2019/20 the Integrated Care Partnership (ICP) embarked on a program of outpatient transformation which over the next 5 years will mean that patients will receive their outpatient care in a hospital setting when necessary, closer to home in a community setting or in a "virtual" setting such as over the telephone, by letter or other digital method. Our clinicians and GPs are working together to re-design the best setting and the best way for our patients to receive advice and guidance about their care which if appropriate may also include supporting self-management.

By responding to our patient needs and delivering outpatient care in a different way, we will release capacity for those patients who absolutely need to be seen in a hospital setting with a specialist face to face appointment. This will support shorter waiting times and will reduce the burden of travel for many our patients who will be able to access their care, at home or in a community setting.

Our vision which aligns to the NHS Long Term Plan aims to reduce face to face outpatients (new and follow up) by 33% by 2023/24. For the ICP this is in the region of 125,000 face to face appointments provided in a different way over the next 5 years.

For 2019/20 our aim is to re-design or negate the need for up to 35,000 appointments by building on best practice that is already developed locally but also learn from other areas who have successfully implemented different ways of delivering outpatient care. For context in 2018/19 we delivered over 380,000 outpatient appointments in many settings.

In the very early stages of the program a series of assumptions were made about the costs that may be released by providing care in a different setting, the expectation was this would be in the region of £3m. However as we have worked through the assumptions and tested them in more detail it is evident there remains a cost to providing services in a different way either at the Trust or in the community, or that capacity that is released by changing practice is being utilised for patients who are already waiting for a 1st or follow up appointment. Whilst we continue to identify opportunities for savings the revised expectation of any reduction in costs is in the region of £1m.
The main focus of the program is on 2 key areas:

1. Delivering transactional change which means effectively utilising all of our capacity both in the Trust and in the Community to ensure that appointments do not go unused which in turn will drive shorter waiting times.

2. Delivering transformational change to ensure that our patients are seen by the right clinician (Consultant, GP or Nurse) in the right setting or are well-supported to self-care. To do this we will learn from best practice in other systems, expanding our use of technology and build on the ideas that are generated by our clinicians, staff, GPs and patients

Background

Why Outpatients:

1. £45m was spent in relation to Outpatients at the Trust in 2018/19 which is nearly 19% of the Trusts total budget.
2. Growing demand has led to longer waiting times in some specialties.
3. For 2019/20 due to the contract with the Mid Nottinghamshire Clinical Commissioning Groups (CCGs) seeing more Mid Nottinghamshire patients in outpatients does not equal receiving more income.
4. Evidence suggests that in some specialties opportunities exist to move to the upper quartile new to follow up rates.

Building on the wealth of evidence and best practice that is available nationally we have framed our transformation program to align to the NHS long term plan around the following key themes:

- Patient Initiated Follow Up (PIFU) – Self management
- Advice & Guidance for GPs and Health professionals
- Virtual Assessment and Virtual Appointments – non face to face
- Standardised Referral Pathways & Templates across the Nottinghamshire system
- Pre-Operative Pathways – ensuring our patients are as fit as possible for their surgery
- Technology – using apps to book appointments, see letters or make contact with clinicians
- Review our Directory of Services to ensure our patients are seen in the right clinic first time.
- Deliver Outpatient care in the right place with the most appropriate health care professional

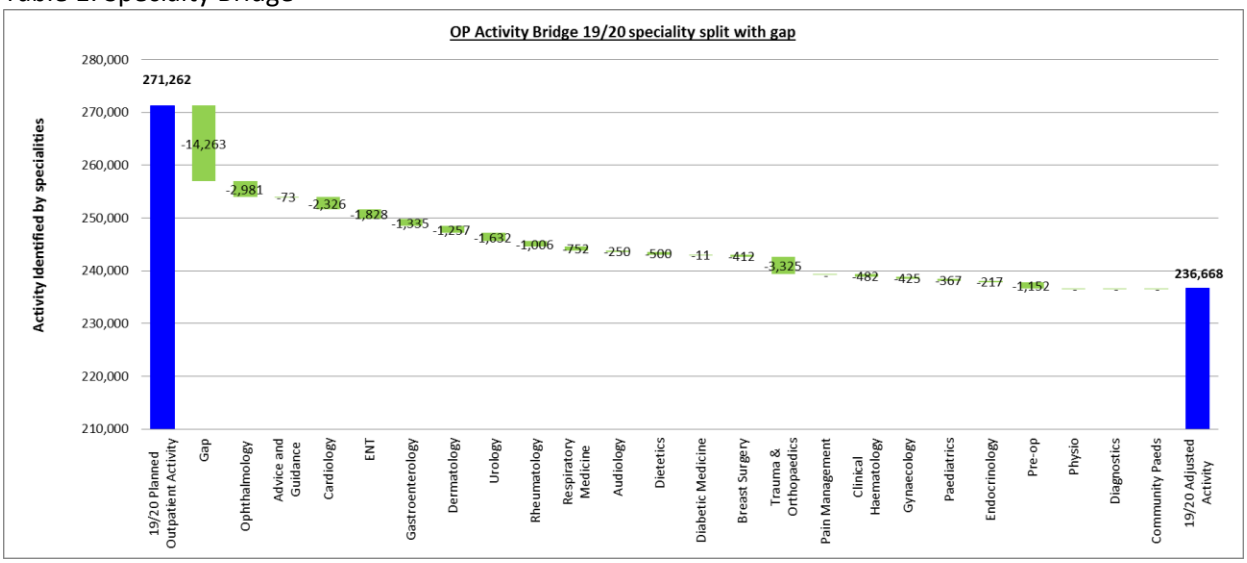
More detail can be found within appendix 1.

Our plans

Throughout the first 5 months of 2019/20, a programme of engagement with clinical teams has taken place across 18 specialties to identify opportunities to reduce the volume of face to face appointments by 35,000. Specialties were allocated a nominal target driven by national new to follow up ratios and agreed by divisional teams. A "bridge" for each specialty was developed (Table 1), underpinned by a set of actions, risks and issues.

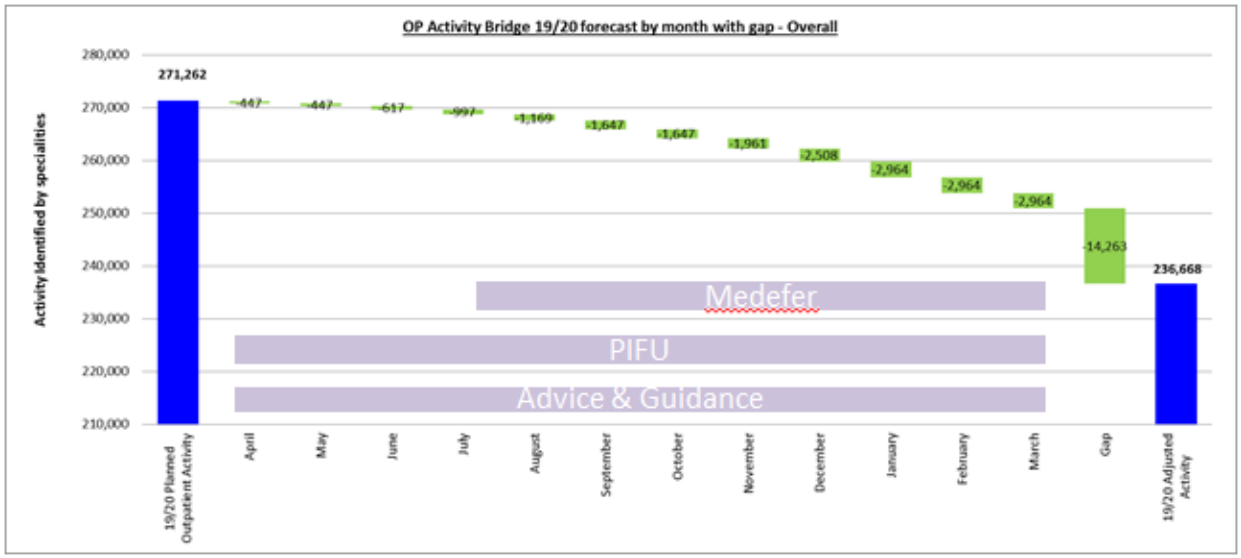
As at the end of August 20,000 appointments have been identified as avoidable or could be delivered in a different way. This leaves a gap to the target reduction in the region of 14,000. The specialty bridges continue to be updated, refined and stretched as we identify and progress new opportunities. On-going engagement is critical to the success of this programme, hence we will continue to meet with clinical teams and strengthen our links with GP's through the Primary Care Networks. More importantly we will engage with our patients to hear how they would like to receive outpatient care and what matters most to them.

Table 1: Specialty Bridge



The phasing of the specialty plans can be seen in Table 2 below with some examples of scheme start dates. Some schemes were already in place but were rolled out to more specialties such as advice and guidance and PIFU. Utilising a virtual hospital model (Medefer) commenced from quarter 2 onwards and other schemes such as the move to a virtual fracture clinic and the transfer of Micro suction (ENT) into the community ENT service will commence from October 2019.

Table 2: Phasing by month



Funding, Activity, Finance and Performance

Transformational funding:

To facilitate this program of work, transformation funding of £362k will be jointly managed by the CCG and the Trust and will support the following keyschemes:

- Outpatient project lead
- Transfer to Community Schemes
- Triage of New and Follow ups across a range of specialties

Activity:

The activity plan for the Trust for 2019/20 was set at last year's actual less 35,000 the expectation therefore was that if we deliver plan we will have delivered the program.

Year to date, our work has identified 20,000 appointments that are not required or can be provided in a different way up to the end of March 2020. The full year effect of the schemes is 35,000 with the remaining impact being realised in 2020/21.

At the end of month 5 activity against plan shows an over-performance of 4,749 which, reflects the part year effect of the schemes identified. The over performance against plan is all follow up activity.

	In Month			Year To Date			Forecast Outturn		
Outpatients	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	29763	30553	790	160826	165575	4749	390362	405410	15048

In terms of context, whilst at a Trust level outpatient demand has remained relatively stable, our Appointment Slot Issues (ASIs) have risen to c.4, 000, putting additional pressure on delivering Outpatient First Attendance waiting times. The Trust also carries almost 5,000 overdue follow ups waiting to be seen at any one time. Consequently, as outpatient slots are being released by changes in practice they are being utilised to address rising waits.

It is important to note that the impact of true transformation will take at least 18 months to fully materialise and reduce the volume of patients that we hold on our waiting lists. A proposal in the original project initiation document suggested to clear the "backlog" in first attendances and follow ups would be an additional cost to the system of an estimated £570k and would be reliant on additional sessions being undertaken.

Finance:

<u>Savings forecast</u>

The savings forecast applied to the Outpatient Transformation Programme centred on CCG expenditure being reduced by £2.6m and the Trust being able to remove costs over and above this by a further £500k therefore benefiting the ICP by £3.1m in 19/20.

The following assumptions were made in the Project Initiation Document (PID):

1. All outpatient activity should be within substantive capacity except where high cancer demand is likely.
2. The reduction in outpatient activity will reduce diagnostic activity by the same magnitude.
3. The release of Consultant capacity from OP can be used where agency spend would otherwise be required.

With the support of EY, on-going validation of the assumptions over the last 2 months has identified a shift in the methodology which is detailed as follows:

1. Work undertaken to date has identified £55k reduction in waiting list initiative (WLI) spend with a stretch to identify a further £300k. There is the potential to stop all outpatient WLI activity however the impact on waiting times and the potential for harm in some specialties would be significant.
2. Following a more granular evaluation by the Executive Medical Director it has been determined that the opportunity to reduce diagnostic spend would not be realised to the scale suggested for follow up patients. The correlation between a follow up and a diagnostic test is not 1:1 and varies across all specialties.
3. The value attached to reducing premium pay spend is limited as the Trust do not employ on a sessional rate and therefore removing sessions directly related to outpatient care offers minimal opportunity.

<u>Savings identified to date</u>

At the end of September just over £1m of savings have been identified of which year to date £300k has been delivered. A further £400k will be in delivery for October to March 2020 and there is confidence that a further £350k will be realised. The leaves a £2m gap to the overall £3.1m target.

The £1m worth of savings are broadly covered by schemes which offer a reduction in initiative lists or have supported the triage of referrals E.G Medefer. At this point in time, savings have not been generated from reducing the volume of clinics or associated staff. If the £570k of backlog clearance had been supported in the PID (and if teams were in a position to support a backlog clearance project) the opportunities for real transformation and a reduction in outpatient capacity could be identified. As noted above whilst ever we continue to hold a backlog of ASI's or follow up appointments any capacity created will be filled.

Performance:

As noted in previous Board reports, outpatient activity has a significant impact on RTT performance with 23% of the total number of patients waiting >18 weeks being follow up and 10% are patients waiting for a 1st appointment. To deliver the RTT performance trajectory transformational monies will need to be allocated to secure clinician time to review the "backlog" of follow ups and filter to an appropriate transformational scheme – E.G virtual clinic, PIFU or community provider. The review of new OP activity is being undertaken by Medefer for Cardiology, Gastroenterology and Dermatology (Commissioned by the Trust) and Health Harmonie for Ophthalmology (Commissioned by the CCG).

Next steps

The focus in the early part of 2019/20 has been engaging with Trust teams to build on and gather new ideas for OP transformation and progress those with a positive impact for our patients and staff. We will continue to identify and stretch opportunities throughout the year.

We recognise we need to further develop plans with commissioning and GP colleagues for community services and embrace the opportunities that digitisation can bring. More importantly though we will focus on engagement with our patients ensuring we are meeting their needs.

Implementation of service transformation beyond 2019/20 will focus on:

- Maximising capacity across the ICP
- The implementation of personalised care approaches through tools such as Patient Activation Measures (PAMS)
- Frequent Attenders and Referrals without subsequent activity (much the same as undertaken for ED/Urgent care attendances).
- Maximising the digital opportunities that arise with Public Facing Digital Services (PFDS)
- Ongoing transactional review of all acute clinics.
- Improving communication and links between GPs and hospital clinicians
- Identifying further opportunities for services to be provided more locally in Primary Care Networks.

Appendix 1

Patient Initiated Follow Up (PIFU)

In 2018/19 we made good progress in terms of the understanding which specialties would benefit from PIFU and implemented in 5 specialties.

By the end of 2019/20 we expect PIFU to reduce demand on OP capacity by 4,000 follow up slots.

Advice & Guidance (A&G)

In 2018/19 and 2019/20 we continue to offer an A&G service to GP's for most specialties.

By the end of 2019/20 we expect to have avoided 1,400 new appointments and responded to 3,200 requests

Virtual Assessment and Appointments

In 2018/19 the use of the term virtual assessment and appointment was widely used to cover a variety of activity.

During Q1 2019/20 a referral management SOP has been developed and we have engaged Medefer. By the end of 2019/20 we expect to have avoided 3,000 face to face attendances.

Peri-Operative Pathways

In September 2018 a telephone pre-op service was established.

By the end of 2019/20 we expect 1,000 pre-op appointments (FYE) will have been converted from face to face to virtual.

Directory of Services (DOS)

The Directory of Services provides information to GP's and others about the most appropriate service to refer in to.

By the end of 2019/20 we will have reviewed all DOS's

Technology

We continue to play an active role in the Connected Nottinghamshire programme to deliver system wide Public Facing Digital Services (PFDS).

By the end of Quarter 3 2019/20 we expect to have scoped the opportunity that PFDS will give to outpatient transformation. This impact will feature more significantly in 2020/21 plans.

Standardised Referral Pathways & Templates

It is recognised across the system that the current referral guidelines are written in a way that are open to interpretation, resulting in unwarranted clinical variation. An ICS led Task & Finish group has been set up to take forward this piece of work at ICS level.
By the end of 2019/20 there will be a repository of referral guidelines.

Long Term Conditions

Delivery of services in alternative settings:

- Rheumatology - DMARDS
- Diabetes
- Cardiology
- ENT

Policies

During 2018/19 we revised a number of system wide polices for consultant to consultant referrals (ICR's) and the management of procedures not routinely commissioned.

In 2019/20 and in partnership with CCG and Primary care colleagues will we audit and feedback on adherence to the policies by all parties.