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Review of Follow-up Outpatient Appointments

Betsi Cadwaladr University Health Board

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Status of report

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The team who delivered the work comprised Andrew Doughton and Charlotte Owen.

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Summary report

Introduction

1. Outpatient services are complex and multi-faceted and perform a critical role in patient pathways. The performance of outpatient services has a major impact on the public's perception of the overall quality, responsiveness and efficiency of health boards. They form a critical first impression for many patients, and their successful operation is crucial in the delivery of services to patients.

2. Outpatient departments see more patients each year than any other hospital department with approximately 3.1 million patient attendances[1] a year, in multiple locations across Wales. A follow-up appointment is an attendance to an outpatient department following an initial or first attendance. The Welsh Information Standards Board[2] has recently clarified the definition of follow-up attendances as those 'initiated by the consultant or independent nurse in charge of the clinic under the following conditions:

- following an emergency inpatient hospital spell under the care of the consultant or independent nurse in charge of the clinic;
- following a non-emergency inpatient hospital spell (elective or maternity) under the care of the consultant or independent nurse in charge of the clinic;
- following an Accident and Emergency (A&E) attendance at an A&E clinic for the continuation of treatment;
- an earlier attendance at a clinic run by the same consultant or independent nurse in any Local Health Board/Trust, community or GP surgery; and
- following return of the patient within the timescale agreed by the consultant or independent nurse in charge of the clinic for the same condition or effects resulting from same condition.'

3. Over the last 20 years, follow-up outpatient appointments have made up approximately three-quarters of all outpatient activity across Wales[3]. Follow-up outpatients are the largest part of all outpatient activity and have the potential to increase further with an aging population which may present with increased chronic conditions and co-morbidities.

[1] Source: Stats Wales, Consultant-led outpatients summary data

[2] Welsh Information Standards Board **DSCN 2015/02**

[3] Source: Stats Wales, **Consultant-led outpatients summary data by year**. Accident & Emergency outpatient attendances have been excluded, as there exists another data source for A&E attendance data in Wales (EDDS), which is likely to contain different attendance figures to those in this particular data set.

4. Health boards manage follow-up appointments that form part of the Referral to Treatment (RTT) pathway. These are subject to the Welsh Government's RTT target of 26 weeks. However, follow-up appointments that form part of the treatment package itself, for example, to administer medication, or to review a patient's condition, are not subject to timeliness targets set by the Welsh Government. Instead, these are managed within the context of clinical guidelines and locally determined target follow-up dates.

5. In 2013, the Royal National Institute for the Blind raised concerns that patients were not receiving their follow-up appointments to receive ongoing treatment and in 2014, it published a report **Real patients coming to real harm - Ophthalmology services in Wales**. The Welsh Government's Delivery Unit is working with health boards to develop ophthalmology pathways and the intention is that better targets for this group of patients will emerge from this work. However, this represents only one group of high-risk patients, as overdue follow-up appointments for ophthalmology patients can result in them going blind whilst waiting. Clinical risks remain for other groups of patients, and questions around efficiency and effectiveness for the management of follow-up outpatients in other specialities remain.

6. Since 2013, the Chief Medical Officer and Welsh Government officials have worked with health boards to determine the extent of the volume of patients who are overdue a follow-up appointment (referred to as 'backlog') and the actions being taken to address the situation. Welsh Government information requests, in 2013 and early 2014, produced unreliable data and prompted many health boards to start work on validating outpatient lists. Due to the historical lack of consistent and reliable information about overdue follow-up appointments across Wales, the Welsh Government introduced an all-Wales 'Outpatient Follow-up Delay Reporting Data Collection' exercise[4] in 2015.

7. Since January 2015, each health board has been required to submit a monthly return to the Welsh Government detailing the number of patients waiting (delayed) at the end of each month for an outpatient follow-up appointment, and by what percentage they are delayed based on their target date[5]. For example, a patient with a planned appointment date that is due in four weeks would be 100 per cent delayed if they were seen after eight weeks. Data submitted for the period January to March only related to patients that did not have a follow-up appointment booked.

[4] **Welsh Health Circular (WHC/2015/002)** issued in January 2015 and the **Welsh Health Circular (WHC/2015/005)** issued in April 2015 introduces the Welsh Information Standards Board's **Data Set Change Notice (DSCN) 2015/02 and 2015 DSCN 2015/04** respectively.

[5] Target date is the date by which the patient should have received their follow-up appointment.

8. From April onwards, health boards were also required to submit data relating to those patients who had an outpatient appointment booked. The revised returns are beginning to provide a better indication of the scale of delayed follow-up outpatient appointments. However, there continues to be data collection issues in relation to patients who 'could not attend' (CNA) or 'did not attend' (DNA) and also patients on a 'see on symptom' pathway. The Welsh Government will be issuing a revised Data Set Change Notice (DSCN) to further develop the reporting requirements of delayed outpatient appointments.

9. Analysis of the June 2015 health boards' submissions reveals that in Wales there were some 521,000 patients[6] waiting for a follow-up appointment that had a target date. In addition to this, there were a further 363,000 patients that did not have a target date. Of the 521,000 patients only 26 per cent had a booked appointment. This may be due to patients recently being added to the waiting list and not yet having had an appointment booked for them.

10. Approximately 231,000 (44 per cent) of the 521,000 patients waiting for a follow-up appointment in Wales were identified as being delayed beyond their target date. Of the 231,000 patients delayed, just over half had been waiting twice as long as they should have for a follow-up appointment (Appendix 1). The all-Wales analysis at the end of June 2015, however, should be treated with some caution, as health boards know that their follow-up waiting lists are inflated. Our work has indicated that in some health boards follow-up lists are likely to contain data errors and patients without a clinical need for an appointment.

11. As part of its NHS Outcomes Framework 2015-16[7], the Welsh Government has developed a number of new outcome-based indicators relating to outpatient follow-up appointments. This includes ophthalmology outpatient waiting times for both new and follow-up appointments based on clinical need, along with a broader measure relating to a 'reduction in outpatient follow-up patients not booked' for all specialties.

12. Follow-up outpatient waiting lists have been an issue for some time. We first identified this issue in August 2009 in North West Wales NHS Trust, prior to formation of the Health Board, and have since reported on follow-up outpatient issues to the Health Board's Audit Committee in 2011 and 2015 as part of our local audit work programmes.

13. Given the scale of the problem and the previous issues raised around the lack of consistent and reliable information, the Auditor General for Wales has carried out a review of follow-up outpatient appointments. The review, which was carried out between April 2015 and June 2015, sought to answer the question: 'Is the Health Board managing follow-up outpatient appointments effectively?'

[6] These may not be individual unique patients as some patients may be waiting for a follow-up appointment with more than one speciality or more than one consultant.

[7] **Welsh Health Circular WHC (2015) 017**

Our findings

14. Our review has concluded the Health Board faces growing numbers of delayed follow-up patients and does not fully know its clinical service risk, but is beginning to plan to modernise its outpatient services.

15. We reached this conclusion because:

- The Health Board is clearer about the volume of outpatient follow-up demand, but it needs to better understand clinical risks and variations in clinical practice across sites:
  - although the Health Board is working to improve the range of information available, it does not fully meet new Welsh Government reporting requirements and does not know the extent of delays experienced by booked patients; and
  - the Health Board has adopted a pragmatic approach to data quality validation of its follow-up outpatient waiting list, but more work is needed to assess the clinical risks and clinical variation.
- While follow-up waiting lists are more accurate, too many patients are delayed, the trend is worsening, and scrutiny and assurance arrangements need strengthening:
  - a large number of patients are waiting for follow-up outpatient services, and a significant and increasing number of these are delayed; and
  - the Board receives sufficient information to help them understand the un-booked follow-up delay performance, but information on whether patients come to harm while delayed is inadequate.
- The Health Board is developing a plan to improve the administration of follow-ups and modernise its services, but change is too slow:
  - although short-term operational arrangements have been in place for two years, these are no longer reducing the number of patients delayed; and
  - the Health Board is starting to plan long-term sustainable outpatient service pathways and some specialties have already made progress but the pace of change and consistency of service models are a risk.

Recommendations

16. We make the following recommendations to the Health Board.

Welsh Government data requirements

R1 Comply with Welsh Government reporting requirements by reporting on the numbers of both booked and un-booked follow-up outpatients, in line with the revised all-Wales template.

Information to support decision making

R2 Develop the business information warehouse approach for follow-up outpatients by:

- Expanding the scope, depth and detail of information available to ensure management and staff can access operational information relevant to their departmental business need.
- Use the information to reduce clinical variation across sites, clinical conditions and amongst clinicians.
- Using the information to learn from 2014-15 activities to both profile and reduce follow-up not booked (FUNB). Seek to understand why profiling was not as expected and build this into trajectories for 2015-16.

Clinical risk assessment and quality reporting

R3 Identify clinical conditions across all specialties where patients could come to irreversible harm through delays in follow-up appointments. Develop interventions to minimise the risk to patients with these conditions who are delayed beyond their target follow-up date.

R4 Improve the reporting of clinical risk information in relation to delayed follow-up outpatients to ensure that:

- incidents of harm resulting from delays are analysed, escalated and reported; and
- scrutiny and assurance focus on the high-risk specialties and clinical conditions.

Outpatient transformation

R5 Identify and put in place the change management arrangements and resources needed to accelerate the pace of delivery for long-term outpatient transformation, including:

- clinical resources, including medical, nursing and allied health practitioners;
- change management capacity and capability;
- internal and external engagement with stakeholders;
- primary and community care leadership capacity to support outpatient modernisation;
- the need to start Health economy care pathway redesign early, and deliver this concurrently with other improvement initiatives; and
- applying lessons learnt from other recent related projects.

Detailed report

The Health Board is clearer about the volume of outpatient follow-up demand, but it needs to better understand clinical risks and variations in clinical practice across sites

Although the Health Board is working to improve the range of information available, it does not fully meet new Welsh Government reporting requirements and does not know the extent of delays experienced by booked patients

17. In August 2014, the Welsh Government required all health boards to adopt a single definition of a delayed follow-up, which is 'any patient waiting over their clinically agreed target review date'. Since then, it has continued to develop and improve reporting templates and guidance to health boards. Prior to this guidance, the Health Board has been recording and reporting a range of follow-up outpatient information, albeit in its own format, as part of its performance management arrangements.

18. The Health Board has a clear understanding of the Welsh Government's definition and data requirements for reporting patients that are waiting for a follow-up outpatient appointment. The Health Board has met its requirements to report the January to March data sets; which is data for **un-booked** follow-up outpatient appointments.

19. In April 2015, the Welsh Government introduced new data submission requirements. Since then, the Health Board has not been able to meet the data submission requirements for **booked** patients on the follow-up waiting list. We understand this is because of problems extracting reliable data from its three patient administration systems. This is making it problematic to identify the degree to which all patients are delayed beyond their follow-up outpatient target date.

20. The Health Board has historically used follow-up waiting list patient data from its three patient administration systems (iSoft PIMS used in Ysbyty Gwynedd, iSoft PAS used in Ysbyty Glan Clwyd, and Myrddin used in Wrexham Maelor) as a mechanism for managing follow-up waiting lists. Myrddin requires a clinic appointment to have an 'outcome' whereas the others do not. This results in variability of completion of clinic outcomes and, consequently, is a factor that affects the accuracy of the follow-up waiting lists.

21. The Health Board has committed to implement Myrddin across all sites, but the timescale for the Central area is 2016 and the West area will be later. Once the Health Board implements these systems, this should help support consistent recording and reporting approaches for follow-up outpatient performance. In turn, this will help with both meeting national reporting requirements and local service management.

22. It is important that operational management have access to information to help them understand their performance. All specialty managers in the Health Board have access to Business Information Warehouse follow-up outpatient activity reports. At the time of our work, the system was new and so there was no information available to determine how well this is used.

23. As part of our review, we focused on four specialties (General Medicine, General Surgery, Ophthalmology and Gynaecology). Our meetings with the specialties identified a mixed picture on the availability of follow-up information. Some indicated that the summary level information already helps them determine the level of demand, but others wanted more detail at sub-specialty and clinician level. It was also apparent that while clinical leads understand performance on their site, the degree to which management use information to manage clinical variation across sites needed to be improved. This position is understandable given the newness of the Business Information Warehouse. Further work is now needed to:

- extend the information available;
- embed the use of intelligence as part of cross-site operational management meetings; and
- use the information to reduce clinical variation across specialities and sites.

The Health Board has adopted a pragmatic approach to the data quality validation of its follow-up outpatient waiting list, but more work is needed to assess the clinical risks and clinical variation

The Health Board has developed and adopted a pragmatic approach to follow-up waiting list validation

24. The Health Board recognises the scale of the challenge to improve the accuracy of follow-up outpatient information. In 2013, the Health Board identified the need for effective validation of follow-up waiting lists to ensure that patients with:

- a genuine clinical need are seen in an appropriate timeframe; and
- no clinical needs are discharged to an appropriate setting.

25. Late in 2013, the Health Board set about improving the accuracy of its lists. The approach included a combination of internal clerical validation and external clinical validation with primary care General Practitioners (GPs) that the Health Board contracted through a Local Enhanced Service (LES) agreement.

26. The Health Board clinical validation process includes the issuing of letters to patients to determine whether they need to be seen. Depending on the response, clinicians and GPs will then clinically validate the responses and review the patient case history.

27. In 2013, the Health Board wrote to 22,000 patients waiting for an appointment that were more than 50 per cent overdue[8] to check whether they still required an appointment. A third of the cohort did not respond and the Health Board discharged them into primary care. However, this 'bulk' approach created some operational difficulties as it generated peaks in workload that were difficult to manage operationally. Learning from past approaches, clerical validation exercises now take place on a rolling basis and the Health Board plans to validate 300 patients per week per site.

28. The Health Board is taking a pragmatic approach to validation and it is good to get patients involved in their care, however, there could be issues about value for money and clinical risk because:

- GP validation comes at additional cost and is an additional step in the process. If the outpatient services were optimal and clinical demand was already met, then the additional need for clinical validation would not be required.
- The Health Board is giving patients the option to remove themselves from the waiting list.

29. In response to these issues, the Health Board has stated that:

- The LES is a short to medium-term solution and that the Health Board has calculated the cost, and successfully resourced and implemented arrangements.
- They do not only use this approach to reduce unnecessary demand. There are often occasions where GPs will identify urgent cases and expedite them on the follow-up waiting list so secondary care clinicians see them urgently, if required.
- GPs review all patients who indicate that they no longer want an appointment to ensure that the Health Board does not inappropriately remove them from the list.

30. Through the controls above, the Health Board believes it has reduced its clinical risk. The Health Board does not intend the validation measures to be a permanent arrangement in the longer-term and clearly understands the financial cost of its validation activities. It is also positive that the LES validation scheme provides an incentive to focus outpatient care at primary level and, as a result, GPs are working more closely with secondary care clinicians.

[8] The percentage delay is calculated as follows – For example, Original Outpatient Attendance = 1 November 2015, Target Date (the date that a follow-up appointment should take place) = 1 December 2015 and Census Date = for example, 15 December 2015. The patient should have an appointment within 30 days of their original outpatient appointment, but 45 days had elapsed and on 15 December the patient was 50 per cent delayed past their target date.

The Health Board does not yet have an effective approach for assessing clinical risks associated with different clinical conditions or clinical variation in practice

31. There is a national focus on ophthalmology services because of the known clinical risks relating to certain clinical conditions such as age-related macular degeneration (Wet AMD) and glaucoma. This national focus is also driving local scrutiny on ophthalmology performance. However, specific clinical conditions within other specialties may also present a clinical risk of irreversible harm if patients are delayed beyond their clinically set target date. The GP LES validation arrangement provides some assurance that patients in other specialties who are delayed past their target date are reviewed. However, the Health Board does not yet have a formal process to assess clinical risk by clinical condition; so that delayed follow-up patients with other high-risk conditions receive care in the timeframe they need it.

32. Staff we spoke to also recognised that there is likely to be unexplained variation in the approaches taken by clinicians when setting follow-up target dates and discharging patients. Although clinical specialties normally follow clinical guidelines if they are available, for setting follow-up or review dates, the degree to which clinical guidelines exist varies by specialty and sub-specialty. For example, the Welsh Government's Delivery Unit undertook a review on the cataracts pathway across Wales. Their report compared the Health Board against an all-Wales 'lean' approach which has two appointment steps in the cataract pathway. Their report identified that:

- Ysbyty Gwynedd has a three-step pathway; and
- Wrexham Maelor Hospital has a five/six-step pathway.

33. The clinical variation shown above is highly unlikely to be limited to ophthalmology services and the Health Board needs to clinically validate and audit across sites to reduce unnecessary variation. This would also usefully inform the development of lean pathways in other specialties.

While follow-up waiting lists are more accurate, too many patients are delayed, the trend is worsening, and scrutiny and assurance arrangements need strengthening

A large number of patients are waiting for follow-up outpatient services, and a significant and increasing number of these are delayed

34. Analysis of the Health Board's June 2015 submission to the Welsh Government reveals a large number of patients, some 92,000, that were waiting for a follow-up appointment that had target dates but did not have a booked appointment (Appendix 2). It is positive to note that all patients have a target date. This allows the Health Board to calculate the delay that patients experience while waiting for a follow-up appointment. As previously

mentioned, the Health Board is not able to provide information on booked patients and so cannot determine how long they have been waiting past their target date.

35. Between May 2014 and November 2014, the number of patients that were delayed on the follow-up waiting list had reduced by about 10 per cent from around 50,500 patients to around 45,500. The data for this period indicated that the Health Board's concerted effort to help reduce outpatient delays was having a positive effect. However, between January and June 2015, the number of un-booked follow-up outpatients delayed rose by nearly eight per cent.

36. Of the 92,000 patients waiting for a follow-up more than half (49,000) were delayed. Of these, approximately 30,500 (62 per cent) were waiting twice as long as they should have ie, delayed more than 100 per cent beyond their target date.

37. There is no agreed monthly reduction trajectory by specialty yet for 2015-16. However, there is an agreed target for a reduction of delays that the Health Board plans to achieve by March 2016. This target includes a reduction of overall delays from some 47,000 patients in March 2015 to 26,000 in March 2016[9]. The growth in the numbers of delayed patients is a particular concern. It is possible that these delays are presenting clinical risks to patients requiring follow-up.

38. The Health Board reports on the un-booked follow-up outpatient waiting list by site. Exhibit 1 indicates a high percentage of patients are delayed and, of those delayed, most are waiting for their appointment twice as long as they should have. This issue is more acute in Ysbyty Gwynedd. The Health Board has indicated that this could be for a variety of reasons, including:

- high use of temporary and locum doctors could reduce the rate of patient discharge from clinic and increase demand;
- temporary and locum doctors could leave the Health Board and leave unfulfilled waiting lists (ie, no new clinician assigned to pick up the workload); and
- clinical variation in how patient conditions are managed (ie, number of appointments in the pathway).

[9] Page 48 Integrated Performance Report, September 2015 www.wales.nhs.uk/sitesplus/861/opendoc/273201

Exhibit 1: Number of un-booked patients delayed over their target date in Betsi Cadwaladr University Health Board by site in June 2015

	Total number of patients waiting for a follow-up with a target date	Total number of booked patients waiting for a follow-up who are delayed past their target date				
		0% up to 25% delay	Over 26% up to 50% delay	Over 50% up to 100% delay	Over 100% delay	Total
Ysbyty Gwynedd	33,110	2,236	1,916	3,019	14,234	21,405
Ysbyty Glan Clwyd	33,801	2,712	1,817	2,123	8,104	14,756
Wrexham Maelor	25,224	1,642	1,310	2,071	8,085	13,108

Source: Welsh Government Outpatient Follow-up Delays – Monthly Submission

39. As part of this review, we focussed on four specialties (General Surgery, General Medicine, Gynaecology and Ophthalmology), both to look at the work being done to improve the reliability and accuracy of the follow-up lists, but also to determine local arrangements to improve the management and delivery of follow-up outpatient services.

40. Exhibit 2 shows the total number of un-booked patients waiting for a follow-up appointment and the percentage of those patients who are delayed beyond their target date. The trend, between January and June 2015 for each specialty is summarised below:

- General Surgery – the trend is one of steady growth both in the number of patients waiting for a follow-up and patients delayed past their target date. The proportion of patients who are delayed has remained relatively constant at approximately 57 per cent.
- Ophthalmology – there is a small reduction in both the number of patients waiting and patients delayed past their target date. However, the number of patients on the follow-up waiting list is high at nearly 21,500 patients.
- General Medicine – the trend is one of growth in the number of patients waiting for a follow-up as well as patients delayed past their target date. The proportion of those delayed is also increasing.
- Gynaecology – the trend is one of growth in both the number of patients waiting for a follow-up and patients who are delayed. The number of patients who are delayed is high and slowly increasing.
- Urology – the number of un-booked patients waiting is high, and the proportion of delays is high and increasing.

41. In addition to these specialties, we have also included data relating to urology services in Exhibit 2. This is because of the clinical risks identified to us during the course of our review. As a result, we are undertaking a separate piece of work to determine what the Health Board is doing to manage risks to urology service patients.

Exhibit 2: The number of patients waiting for a follow-up and the percentage who are delayed by selected speciality between January and June 2015 (un-booked patients)

Specialty	January	February	March	April	May	June
General Surgery						
Number of patients waiting for a follow-up	5,984	6,017	6,187	6,081	6,287	6,392
Number and percentage of patients delayed beyond target date	3,339 56%	3,412 57%	3,411 55%	3,469 57%	3,616 58%	3,628 57%
Ophthalmology						
Number of patients waiting for a follow-up	21,788	21,592	22,199	22,277	21,496	21,399
Number and percentage of patients delayed beyond target date	10,002 46%	9,788 45%	10,330 47%	10,332 46%	9,908 46%	9,424 44%
General Medicine						
Number of patients waiting for a follow-up	257	307	304	323	332	346
Number and percentage of patients delayed beyond target date	63 25%	64 21%	66 22%	76 24%	105 32%	114 33%
Gynaecology						
Number of patients waiting for a follow-up	2,355	2,411	2,503	2,592	2,583	2,514
Number and percentage of patients delayed beyond target date	1,717 73%	1,786 74%	1,887 75%	1,937 75%	1,998 77%	1,905 76%

Specialty	January	February	March	April	May	June
Urology						
Number of patients waiting for a follow-up	9,013	9,106	9,205	9,251	9,306	9,299
Number and percentage of patients delayed beyond target date	6,380 71%	6,568 72%	6,535 71%	6,804 74%	7,026 75%	7,198 77%

Source: Welsh Government Outpatient Follow-up Delays – Monthly Submission

The Board receives sufficient information to help them understand the un-booked follow-up delay performance, but information on whether patients come to harm while delayed is inadequate

42. Backlogs and delays in outpatient follow-up appointments have been an issue for many health boards for a number of years. However, until recently few health boards across Wales routinely analysed or reported follow-up outpatient information as part of their performance reporting to the Board.

43. A review of recent Board minutes and agenda papers revealed sufficient coverage of un-booked follow-up outpatient data and that it is regularly included in the integrated performance report. This includes information to identify trends in un-booked performance, key areas and an overview of action the Health Board is taking to improve performance and efficiency. At present, targets or performance trends are not included in the integrated performance report for its booked follow-up outpatients. This is a concern given the percentage of patients already significantly delayed before having an appointment booked.

44. The Finance and Performance sub-committee is responsible for the oversight of follow-up outpatient risks, issues and performance. The sub-committee, reports into the Integrated Governance Committee. However, there is no clear evidence that the Integrated Governance Committee has received and/or escalated assurances or identified patient risks relating to the quality and safety of the delivery of follow-up outpatient services to the Board.

45. The Finance and Performance sub-committee regularly receives information relating to the performance of follow-up outpatient services. It is positive that this sub-committee's risk register appropriately identifies follow-up outpatient backlog as a high risk. The risk register includes the following: 'If the Health Board fails to deliver appropriate access to planned care within a reasonable time including the management of the follow-up backlog, then this will lead to potential harm and poor outcomes for patients.'
The committee entered this risk onto the risk register in March 2012, and follow-up outpatients' services have been recognised as a risk area for some time. However, it is disappointing that assurance reports to the Board's committees have not covered

quality and safety, clinical risk and harm associated with delayed follow-up outpatient services.

46. While the reporting of un-booked follow-up outpatient performance to the Board is good, there is little assurance on the quality and safety of the follow-up outpatient service. There are known clinical risks associated with delays in follow-up appointments, and patients can come to irreversible harm while on the waiting list. However, the Board has not received sufficient assurances on the risk exposure it faces in relation to follow-up outpatient delays.

The Health Board is developing a plan to improve the administration of follow-ups and modernise its services, but change is too slow

Although short-term operational arrangements have been in place for two years, these are no longer reducing the number of patients delayed

47. In 2013, the Health Board undertook a range of work to determine what it could do to improve access to outpatient services and address the growing backlog of delayed outpatients. This included workshops to identify the barriers inhibiting timely access to outpatient services and corresponding improvement action planning, performance reporting requirements and target setting. The Health Board engaged clinicians and managers across the primary and secondary care services to discuss the problem and identify solutions.

48. In January 2014, the Health Board formalised a structure to support the delivery of actions that were identified through the workshops. It established an operational group called the Follow-up Programme Board. The purpose of this Board is primarily to respond to the growing backlog of follow-up outpatients, which at that time had grown to about 40,000 patient delays. The Health Board already had a good understanding of the scale of delayed follow-up outpatients for its un-booked patients. It also recognised, at this time, it needed to put in place organisation-wide operational arrangements to improve the quality of data and administration of the waiting lists.
This included but was not limited to:

- rolling out Local Enhanced Service clinical validation to ensure that patients with an urgent need are prioritised and those with no need are removed from the list;
- developing clerical validation processes which dovetail with clinical validation arrangements;
- developing costed plans for clinical validation;
- improving patient booking systems and appointment reminder systems;
- performance monitoring and reporting on follow-up outpatient performance; and
- setting up the foundation for clinical pathway transformation.

49. The Follow-Up Programme Board agreed a reduction trajectory for all specialties, which sets out the measurable reductions required each month through to the 2014-15 year-end. The reduction for each specialty is mapped against specific actions required to achieve a reduction in delays, which includes validation, changes in clinical pathways and data quality. The Follow-Up Programme Board monitors progress on a monthly basis.

50. Over the last year, the Health Board focussed on ophthalmology services because of the national and local focus in this area, but this was not to the exclusion of other clinical specialties. At the point in time when it initiated the Follow-Up Programme Board, the Health Board also focussed on cancer specific services and the need to identify and follow-up cancer review patients across all other related specialties.

51. The Health Board is continuing with operational plans to improve the administration and day-to-day delivery of follow-up appointments. The Health Board recognises, however, that these are short-term responsive measures and the impact of these is diminishing. The data shows that demand is increasing and delays getting longer and Health Board recognises that it needs to do something different. The Health Board is now developing a longer-term approach to develop sustainable services.

The Health Board is starting to plan long-term sustainable outpatient service pathways and some specialties have already made progress but the pace of change and consistency of service models are a risk

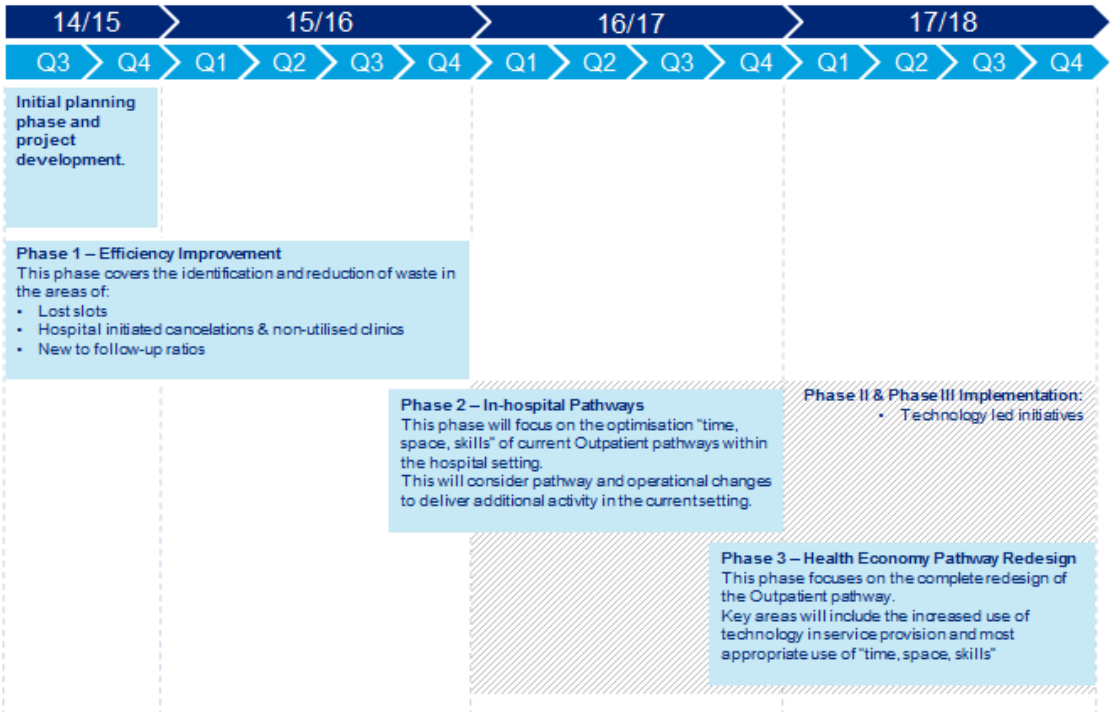
The Health Board is developing longer-term plans to improve outpatient services, but capacity to deliver change is a risk

52. It is clear that for a number of years the Health Board has had a challenge in meeting its follow-up outpatient demand. If patients with complex co-morbidities and chronic conditions continue to increase then not only will there be a corresponding increase in new outpatient activity but that activity is also likely to increase demand for follow-up outpatient services.

53. The Health Board set up a Programme Management Office (PMO) on 1 April 2014 that provides accountability and a challenge structure for major projects in the Health Board. Outpatient follow-up is now a major project and the work of the Follow-up Programme Board forms part of the core PMO programme.

54. Since we undertook our work, the Health Board has informed us that it has developed an outpatient improvement programme. This is structured into three phases spread over the next three years (Exhibit 3). This programme is a positive commitment by the Health Board to tackle growing service pressures with the aim of improving patient outcomes and reducing costs.

Exhibit 3: Timeline of the outpatient improvement programme



Source: Betsi Cadwaladr University Health Board

55. The Health Board identified that: 'Phase three of the project will be initiated in quarter four, 2017, and run to the end of the project, quarter four, 2018.' Observations from our work in health suggest that that 'health economy pathway redesign' is rarely delivered within a one-year period. The Health Board should consider running this element of the work earlier and concurrently with the other phases, not consecutively, to ensure that the Health Board meets its aims for programme closure in 2018.

56. As part of the first phase, the Health Board recently contracted management consultants to help support the development of efficient outpatient services. They undertook a weeklong analysis in June 2015 and are in the process of developing a longer-term sustainable improvement plan. The draft scope of the modernisation was informed by the analysis in June 2015 and the plan is outlined in Exhibit 4.

Exhibit 4: Scope of outpatient modernisation

Specialties that have been prioritised for improvement

- Orthopaedics
- Urology
- Gastroenterology
- Ophthalmology

Service and business areas identified for transformation

- Outpatient clinics delivered in community and primary care
- Ambulatory day case procedures including endoscopy
- Medical records
- Diagnostic processes where patient flow time is materially impacted

Source: Betsi Cadwaladr University Health Board

57. The initial work by the management consultants has included root cause analysis of existing issues, scenario planning, describing the current and future state and development of aims and improvement actions. The actions are described as 'just do its' and 'rapid improvement events' but it is not yet clear that the more complex but necessary clinical pathway modernisation across primary and secondary care is yet fully factored into the improvement approach.

58. The engagement of management consultants has provided additional expertise and capacity. While this initiative is positive, the Health Board needs to ensure that it creates its own capacity for change. It is not yet clear if the Health Board has sufficient capacity and capability to deliver this challenging change programme. There is also a risk that primary and community care capacity might not be sufficient to support new service models.

Some specialties have already modernised elements of their service, but variation of service models across sites remains a problem

59. As part of our review, we met clinical and operational management representatives across four specialties. Our aim was to understand their views on what works well, and their priorities for improvement. It was positive to note that all the representatives that we met from the specialties had a good understanding of service and patient needs. They told us that variations remain in follow-up outpatient administrative arrangements, clinic models, clinical practice and clinician engagement across sites. We were also told that areas of good practice exist but these were localised and the Health Board did not develop these as agreed service models to be deployed across its sites.

60. For example, the Health Board developed arrangements for meeting cardiology patients' outpatient needs and managing clinics differently in one of its sites, Wrexham Maelor (Exhibit 5). It won a 'Shine[10]' award for this innovation in 2010. This illustrates the potential and possibilities across a number of specialties, but also the effort and time required to plan and deliver complex change. It is also an example where good practice has not been mandated across sites.

Exhibit 5: Development of virtual cardiology clinics

Scope

The aim of the Betsi Cadwaladr University Health Board project was to support demand management and enhance speed and quality of care for new patient referrals, as part of an integrated modern outpatient service. The team introduced a flexible 'virtual clinic' system to replace traditional outpatient clinic visits for new referrals. The virtual clinic involved nurse-led triage, office-based decisions and email and telephone contact, including an email advice service, which gave GPs direct access to a cardiologist.

Who was involved

The project was based in the cardiology service at Wrexham Maelor Hospital and focused on patients referred by GPs in Flintshire and Wrexham. The implementation group brought together nursing specialists, IT experts and administrators.

Outcomes

An independent evaluation concluded that the implementation of the virtual clinic was successful. The new referral mechanisms and processes were received positively and seen as delivering considerable benefits. GPs used the virtual clinic for diagnostic and medication issues, and for advice, reassurance and signposting.

The project delivered:

- improved access to diagnostics including shorter waiting times for appointments and better access to urgent appointments;
- more rapid resolution of patients' problems without compromising safety;
- flexibility in managing patients and concentration of complex patients within clinics; and
- improved quality and efficiency and a reduction in costs.

Challenges

The project took place at a time of significant organisational change and this created challenges around gaining staff buy-in. Engaging colleagues from primary care required the team to show how the proposal could support their practice without adding any extra work. The low number of e-advice requests limited the team's ability to test this element of the service rigorously.

Source: The Health Foundation – www.health.org.uk, 2010

[10] 'Shine' is a programme of the Health Foundation which is aimed at stimulating thinking, activity and the development of new approaches to improve quality and save money – see more at: www.health.org.uk/programmes/shine-2010#sthash.Na91IAFq.dpuf

61. The Health Board has also made progress with development of integrated secondary and primary care based optometry services. We understand these are not yet functioning completely as intended. Clinicians have some reservations about capability and service maturity in the primary care setting, which is resulting in additional referral activity. We are also aware that there is variation of service practice across sites.

62. It is important that the Health Board builds on and learns lessons from the work already undertaken, and encompasses this in a wider programme of improvement that includes agreed care models that it consistently applies across sites.

Appendix 1

Analysis of length of delay over target date at June 2015 (un-booked patients)

Area	Total number of patients waiting for a follow-up who are delayed	Delay over target date			
		0% up to 25%	Over 26% up to 50%	Over 50% up to 100%	Over 100%
Betsi Cadwaladr University Health Board					
Number of patients waiting for a follow-up who are delayed	49,269	6,590	5,043	7,213	30,423
Percentage of total patients delayed*		13	10	15	62
All Wales					
Number of patients waiting for a follow-up who are delayed	231,392	49,689	26,827	34,359	120,517
Percentage of total patients delayed		21	12	15	52

Source: Welsh Government Outpatient Follow-up Delays – Monthly Submission

Appendix 2

Trend in number of patients delayed over their target date in Betsi Cadwaladr University Health Board (un-booked patients)

Month	Total number of patients waiting for a follow-up with a target date	Total number of un-booked patients waiting for a follow-up who are delayed past their target date				
		0% up to 25% delay	Over 26% up to 50% delay	Over 50% up to 100% delay	Over 100% delay	Total delayed
January	88,111	6,762	4,858	6,810	27,326	45,756
February	88,879	6,673	5,223	6,678	27,840	46,414
March	90,552	7,004	4,941	6,890	28,400	47,235
April	90,658	7,172	4,568	7,456	28,899	48,095
May	91,189	7,109	5,026	7,170	29,907	49,212
June	92,135	6,590	5,043	7,213	30,423	49,269

Source: Welsh Government Outpatient Follow-up Delays – Monthly Submission

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