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Review of Follow-up Outpatient Appointments

Abertawe Bro Morgannwg University Health Board

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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 to 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 the 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-ups have the potential to increase further with an aging population which may present with increased chronic conditions and co-morbidities.

4. Health boards manage follow-up appointments that form part of the Referral to Treatment (RTT) pathway and are subject to the Welsh Government RTT target of 26 weeks. 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.

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[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 (A&E) 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.

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.

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, in common with other health boards, there are some difficulties in accurately identifying the extent of delays for patients with booked appointments who 'could not attend' (CNA), 'did not attend' (DNA) and patients on a 'see on symptom' pathway. The uncertainty surrounding how to calculate delays for booked patients means that the Health Board cannot yet report with confidence accurate information for this group of patients. The Health Board met with NWIS and colleagues from other health boards in July 2015 to help clarify these issues. It is

[4] **Welsh Health Circular (WHC/2015/002)** issued in January 2015 and the **Welsh Health Circular (WHC/2015/005)** issued in April 2015 introduce the Welsh Information Standards Board's **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. 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.

anticipated that the introduction of revised Welsh Government reporting requirements will help clarify these issues and should provide a basis for improving the accuracy of patients with booked appointments who are delayed.

9. Analysis of the June 2015 health board 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 having yet 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-ups not booked' for all specialties.

12. Given the scale of the problem and the previous issues raised around the lack of consistent and reliable information, the Auditor General 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

13. Our review has concluded that Abertawe Bro Morgannwg University Health Board (the Health Board) has good information on the scale of delayed follow-ups, and its new strategic planning arrangements should help modernise outpatient services but too many patients are delayed, clinical risks are not fully known and operational planning, scrutiny and assurance need improving.

14. The reason for our conclusion is that:

- There is a systematic approach to validating the follow-up waiting list but the Health Board needs to better understand clinical risks to patients waiting beyond their target date:
  - the Health Board has a good understanding of the Welsh Government data standard requirements and has a range of information available on the volume of outpatient follow-ups; and
  - whilst the Health Board has adopted a systematic approach to validate its follow-up waiting list more can be done to better prioritise validation activities, capture learning from validation already undertaken and assess clinical risks.
- The Health Board is reducing the number of patients waiting for a follow-up appointment but too many patients are delayed beyond their target date and weaknesses in scrutiny and assurance arrangements need to be addressed:
  - although the Health Board is reducing the numbers of patients on its follow-up waiting list it did not achieve its own reduction target and it still has a significant number of patients who are delayed beyond their target date; and
  - the Health Board had good operational information on delayed follow-up appointments but the Board and its committees do not yet receive sufficient information to provide assurance that follow-up outpatient appointments are being adequately managed.
- Whilst operational arrangements and new strategic planning arrangements should help modernise outpatient services more needs to be done to evaluate service changes and develop 2015-16 operational plans:
  - operational arrangements are in place to help reduce the number of delayed follow-up outpatient appointments; and
  - if implemented well the Health Board's new approach to strategic planning should support outpatient modernisation but further work is needed to evaluate recent service changes and develop the 2015-16 modernisation plan.

Recommendations

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

Follow-up outpatient reporting

R1 Ensure there is sufficient information on the clinical risks associated with delayed follow-up outpatient appointments, which is reported to relevant sub-committees of the Board in order to strengthen scrutiny and assurance arrangements.

Follow-up reduction profiles

R2 Understand why follow-ups not booked (FUNB) in 2014-15 did not reduce as expected so that reduction trajectories for 2015-16 are developed to be challenging whist achievable.

Outpatient modernisation

R3 Evaluate service changes adopted by the Health Board during 2014-15 to address delayed follow-ups so that learning can be shared across the organisation and importantly can inform the new Commissioning Boards when planning and designing new service models.

R4 Develop and agree the 2015-16 Outpatient Modernisation Project action plan as a matter of urgency and ensure that there is sufficient capacity and resources to deliver the actions identified at the pace required.

R5 Develop appropriate evaluation mechanisms so that the Health Board can, on a timely basis, calculate the financial savings resulting from outpatient modernisation project activities.

R6 Ensure that Commissioning Boards report regularly to the Board so that it has assurance that outpatient modernisation plans are being delivered and the intended benefits are being achieved.

Validation

R7 Ensure that validation activities are focussed on clinical conditions where patients could come to irreversible harm if delays occur in follow-up appointments.

R8 Learn from the validation activities undertaken, to better develop administration and booking processes so as to reduce the need for retrospective validation.

Detailed report

There is a systematic approach to validating the follow-up waiting list but the Health Board needs to better understand clinical risks to patients waiting beyond their target date

The Health Board has a good understanding of the Welsh Government data standard requirements and has a range of information available on the volume of outpatient follow-ups

16. 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' and since then has continued to develop and improve reporting templates and guidance to health boards.

17. The Health Board had worked hard prior to the issuing of national guidance, and interviews with key members of the Health Board indicated that information regarding follow-ups had been available for at least 18 months. It had developed its own reports which identified the length of time patients were waiting for an appointment beyond their target date.

18. The Health Board continued to develop its information on follow-ups and now has good information which allows it to identify patients that are not only delayed beyond their target date but also patients due a follow-up appointment, but who have not yet reached their target date. This helps support the validation and management of outpatient follow-up appointments at an operational level.

19. The Health Board has a clear understanding of the Welsh Government's definition and data requirements for reporting patients who are waiting for a follow-up outpatient appointment. The Health Board met its submission requirements to the Welsh Government between January and March 2015. The Health Board uses a reporting procedure written by the Myrddin Team to identify and extract patients who were waiting for a follow-up outpatient appointment, referred to as follow-up not booked (FUNB). The report generated from Myrddin is reformatted so that it complies with the national reporting requirements of the Welsh Government.

Whilst the Health Board has adopted a systematic approach to validate its follow-up waiting list more can be done to better prioritise validation activities, capture learning from validation already undertaken and assess clinical risks

20. In 2013 the Health Board adopted Myrddin as its patient administration system. This involved the migration of patient records and a number of data quality issues were subsequently encountered. In order to address this the Health Board employed three

full-time members of staff, initially for a six-month period but this was extended to 12 months, to validate patient records and in particular patients on the follow-up waiting list that did not have a booked appointment.

21. In addition to this central resource, a number of directorates employed additional staff or used existing staff to validate lists. For example, in Swansea Locality, the ophthalmology service employed an agency worker for six months and General Medicine used validation support officers.

22. Validation focuses on ensuring that the patients on the waiting list have a genuine need for a follow-up appointment. The Health Board has undertaken a range of validation exercises across the organisation including data cleansing, administrative and clinical validation activities to improve the accuracy of its FUNB waiting list and includes:

- administrative validation – notes and last letters reviewed by medical secretaries to determine if the patient could be discharged;
- duplicate validation – follow-up records checked to ensure patient under correct clinician;
- clinical validation – notes, correspondence and results reviewed and consultant makes an office-based decision if the patient can be discharged;
- letter validation – patients sent letter to determine if a follow-up appointment is still required;
- telephone validation – for example, fertility patients telephoned to establish if follow-up still required.

23. The work of the Patient Pathway Implementation Group (PPIG), in respect of FUNBs, concentrated on the following issues:

- patients not removed from the FUNB list if seen by a clinician or other health care professional;
- patients not removed from the FUNB list if seen by Consultant A and subsequently followed up by Consultant B ie, duplicate records; and
- outcome forms which were not completed or were incomplete.

24. The data validation work of the PPIG significantly reduced the numbers of patients on the original follow-up list. In May 2014, the Health Board reported around 138,000 patients on the FUNB waiting list but this had reduced to approximately 62,000 by January 2015.

25. Our discussions with Health Board staff indicate that the reduction is largely through data cleansing and administrative validation. The validation activities were focussed on patients waiting the longest. There were patients on the follow-up waiting list dating back a number of years; for example, general medicine patients that dated back to 2009 and respiratory patients to 2011. It is positive to note that these patients have now been validated. However, a validation approach based on specialities or conditions where there was a greater risk of harm if patients were delayed a follow-up, rather than a simple chronological approach would have been more appropriate.

26. There is no systematic analysis of the reasons why patients are being removed from the follow-up list. This reduces the ability of the Health Board to learn the lessons from its validation activities. For example, if a high proportion of patients are removed because they are on the list in error, then this may lead to concerns about list accuracy, and mean that further processes, controls and training are required. It may also mean that the reduction is not a real improvement but a consequence of cleansing the list rather than addressing the clinical needs of patients.

27. The Chief Operating Officer recognises the need to improve 'housekeeping' processes to improve the accuracy of the list at the point of data input, in particular, recording outcomes to reduce the need to invest in retrospective data validation. Process improvements are already helping to ensure that appropriate information is entered on patient records.

28. All patients that are added to the follow-up waiting list have a clinically set target date. This allows the Health Board to monitor and track the degree to which patients may have breached their target date. However, the situation is different for patients with a booked follow-up appointment as not all have a clinically set target date and the Health Board is currently looking at this cohort of patients to identify changes needed in processes to ensure patients have a target date.

29. Whilst there is evidence that the Health Board is making progress on improving the accuracy of its FUNB waiting list not all patients on the list have been clinically validated. Where clinical validation has taken place it has usually involved a review of patient notes by consultants or nurse practitioners to assess if patients can be safely discharged or whether they need to be seen in an outpatient or a virtual clinic[8]. The Health Board recognises that this is an ongoing validation activity until all patients on the follow-up not booked waiting list have been reviewed.

30. Although clinical specialties normally follow clinical guidelines for setting follow-up or review dates, the degree to which clinical guidelines exist varies by speciality and sub-speciality. Clinicians told us that there will always be a requirement for local clinically-determined follow-up target dates, as not all patient conditions are the same, and other complex factors such as co-morbidities and other health conditions are also factors in an individual patient pathway. Despite this, staff we spoke to recognised that there is likely to be unexplained variation in the approaches taken by clinicians when setting follow-up target dates and also discharging patients. The Health Board needs to examine the reasons for variation in more detail, possibly through use of clinical audit, or peer review processes.

31. The approach to validation taken by the Health Board has improved the accuracy of the follow-up waiting list. Clerical validation and the ongoing clinical validation will help the Health Board to understand the true scale and clinical nature of its outpatient

[8] There is no single definition for the scope and function of a virtual clinic. However, these may be clinics that result in a clinical decision being made without the need for the patient to attend. These may include reviewing case notes, reviewing diagnostic test results or making telephone or video contact with the patient.

follow-up demand. This, in turn, should enable more refined demand and capacity modelling and the development of appropriate pathways, such as:

- patients with a genuine acute clinical need that can only be seen in the hospital setting;
- patients that can be reviewed virtually ie, where the patient does not need to attend a clinic, possibly after additional diagnostics tests have been completed;
- patients that can be followed up by telephone; and
- patients that can be discharged into a community setting.

The Health Board is reducing the number of patients waiting for a follow-up appointment but too many patients are delayed beyond their target date and weaknesses in scrutiny and assurance arrangements need to be addressed

Although the Health Board is reducing the numbers of patients on its follow-up waiting list it did not achieve its own reduction target and it still has a significant number of patients who are delayed beyond their target date

32. Analysis of the Health Board's June 2015 submission to the Welsh Government reveals a large number of patients, some 136,000, that were waiting for a follow-up appointment that had target dates. In addition to these patients there were a further 17,000 patients that did not have a target date. Target dates are important as they allow the Health Board to calculate the delay being experienced by patients. The Health Board is currently reviewing patients without a target date as it believes they are likely to be errors where the target date is not captured correctly rather than patients who genuinely require a follow-up appointment.

33. A third (44,000) of patients waiting for a follow-up appointment are delayed and of those nearly half had been waiting twice as long as they should have for a follow-up appointment ie, delayed more than 100 per cent beyond their target date (Appendix 1). In June only 7,600 (17 per cent) of the 44,000 delayed patients had a booked appointment. It is possible that these delays are presenting clinical risks to patients.

34. Current Welsh Government data returns require health boards to distinguish between patients with a booked appointment and those without (normally referred to a Follow-up Not Booked (FUNB)). Analysis of FUNB shows that the number of patients without a follow-up appointment booked reduced between January and June and there was also a reduction in the number of patients delayed (Appendix 2). Since January the Health Board has been successful in reducing the numbers of patients on its waiting list without a booked appointment, however, in June there were still 36,000 patients

delayed past their target date and half had been waiting twice as long as they should have for a follow-up.

35. There are not enough comparable periods to form a conclusion on the trend in relation to the position of patients with a booked appointment (Appendix 2). In June there were 7,600 patients delayed past their target date and 30 per cent had been waiting twice as long as they should have been.

36. As part of this review, we focussed on four specialties as they covered a sizeable volume of overall outpatient follow-up activity – 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.

37. Exhibit 1 shows the total number of not-booked patients waiting for a follow-up appointment and the percentage of those patients who are delayed beyond their target date in these specialties. The information available for booked patients is limited to three months and thus there are not enough comparable periods to form a conclusion on the overall trend in each speciality. Appendix 3 contains more detailed information on the position of booked patients in April, May and June. The trend, between January and June 2015 for each specialty is set out below:

- General Surgery – the trend is one of relative stability in the numbers of patients waiting for a follow-up, but positively the number of patients delayed past their target date and the proportion of patients who are delayed are reducing.
- Ophthalmology – the trend is one of reduction in the total number of patients waiting for a follow-up, which reduced by nearly 1,300 between January and June. The number of patients delayed beyond their target date has reduced by just over 500 but the proportion of patients delayed has remained relatively static. This is disappointing given the focus on ophthalmology services both within the Health Board and at a national level.
- General Medicine – the trend is mainly one of reduction in both the number of patients waiting for a follow-up as well as the number of patients delayed past their target date. Although there has been a reduction in the proportion of patients delayed it was still high at 62 per cent in June.
- Gynaecology – the trend is one of relative stability since February in both the number of patients waiting for a follow-up and the number of patients delayed. In June 41 per cent of patients were delayed.

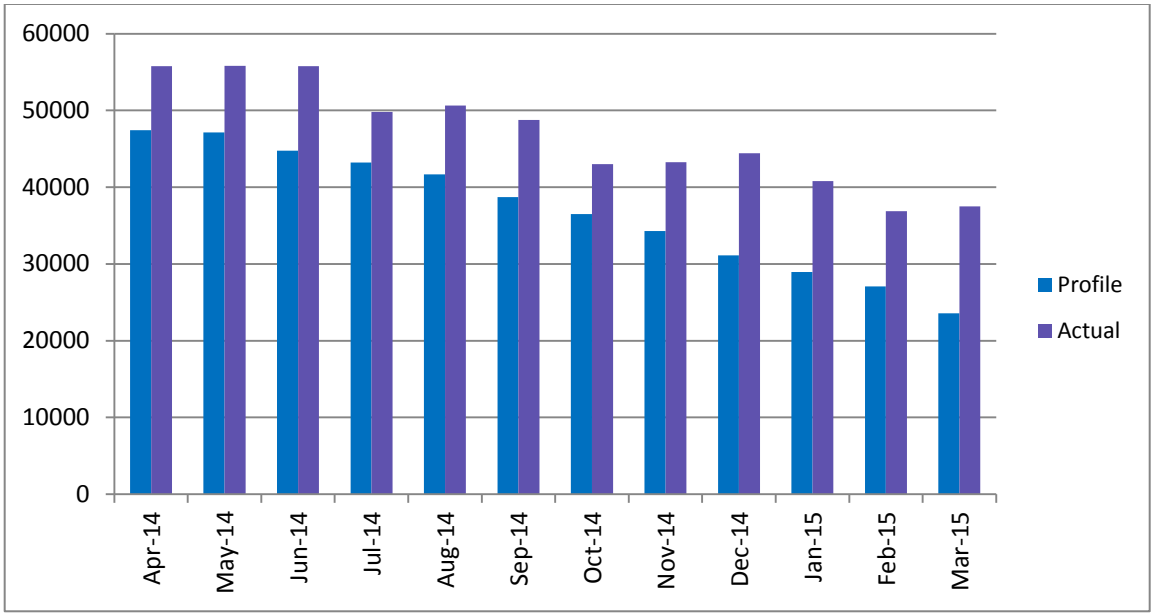
Exhibit 1: The number of patients waiting for a follow-up appointment and the percentage who are delayed by selected speciality between January and June 2015 (not-booked patients)

Speciality	January	February	March	April	May	June
General Surgery						
Number of patients waiting for a follow-up	7,934	8,017	7,614	7,711	7,418	7,671
Number and percentage of patients delayed beyond target date	2,264	2,166	2,014	1,983	1,856	1,876
	29%	27%	26%	26%	25%	24%
Ophthalmology						
Number of patients waiting for a follow-up	14,316	13,636	13,818	13,966	13,418	13,058
Number and percentage of patients delayed beyond target date	4,848	4,593	4,762	5,011	4,393	4,323
	34%	34%	34%	36%	33%	33%
General Medicine						
Number of patients waiting for a follow-up	5,632	5,548	5,565	5,375	4,809	4,990
Number and percentage of patients delayed beyond target date	3,848	3,746	3,751	3,582	3,033	3,098
	68%	68%	67%	67%	63%	62%
Gynaecology						
Number of patients waiting for a follow-up	4,698	3,830	3,874	3,853	3,818	3,756
Number and percentage of patients delayed beyond target date	2,412	1,436	1,508	1,498	1,506	1,549
	51%	37%	39%	39%	39%	41%

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

38. The Health Board has also been monitoring its performance in reducing the number of follow-ups not booked but the reporting format is different to the Welsh Government requirements. This shows a clear downward trend during 2014-15 in the numbers of patients that are overdue a follow-up outpatient appointment (Exhibit 2). The Health Board recognises that it has not met its planned profile to reduce the number of follow-ups not booked and there remains a significant challenge to address follow-ups.

Exhibit 2: Trend in number of follow-up not-booked patients who are overdue a follow-up outpatient appointment during 2014-15



Source: Abertawe Bro Morgannwg University Health Board data

The Health Board had good operational information on delayed follow-up appointments but the Board and its committees do not yet receive sufficient information to provide assurance that follow-up outpatient appointments are being adequately managed

39. 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.

40. Our review of recent Board minutes and papers in the Health Board found little information reported on either the volume of follow-ups or the clinical risks associated with delayed follow-ups. In the Chairman and Chief Executive's Report to the Board in January 2015 there was an update from the mid-year performance reviews on the progress regarding follow-ups not booked. The report stated that progress 'is off trajectory in a number of specialties, although steady improvement is being seen as a result of clinical and non-clinical validation. A number of specialties are introducing alternative approaches to managing FUNB lists similar to the tried and tested models used in rheumatology. Further focus and attention is required.'

41. Our review of the Quality and Safety Committee papers for 2015 found no information reported on follow-ups. The Committee receives a performance dashboard which includes high-level information on incidents where patients and staff that have come to

harm but there is no detail as to the reasons. The committee does not yet receive adequate assurance on clinical risk and harm, either for ophthalmology or for other specialties. It is disappointing to note that despite the high-profile nature of ophthalmology nationally and the Health Board's inclusion in the Welsh Government's ophthalmology pilot there have been no progress reports to this committee.

42. There are known clinical risks associated with delays in follow-up appointments, and patients can come to irreversible harm while on the waiting list. The Board has not received reports or assurances on the risk exposure it faces in relation to follow-up outpatient delays. Improved knowledge of the clinical risks associated with delayed follow-up outpatient appointments by speciality or high-risk clinical condition would allow the Health Board to target reports where the greatest assurance is needed.

43. Despite the lack of regular reports to the Board or sub-committees the Health Board has operational information on the volume of delayed follow-up appointments that is regularly reviewed by officers. However, there were some differences in data being reported corporately to that being used locally within one locality that the Health Board was unable to explain.

44. There are a number of performance management arrangements at officer level in relation to delayed outpatient follow-ups. For example:

- Each directorate and locality has a Follow-up Not Booked Action Plan which is a standing agenda item at a number of meetings, for example, locality and hospital management board meetings and speciality meetings.
- Information on delayed follow-up appointments is included in each directorate and locality performance scorecard. These are subject to review by the Chief Operating Officer at monthly performance review meetings.
- Overall performance on delayed follow-up appointments is reported to the Annual Planning Implementation Group as part of planned care reporting.
- At the time of our site work the Health Board was establishing a Planned Care Board to be chaired by the Chief Executive and the Chief Operating Officer and it was intended that outpatient follow-ups would be included in its remit.

45. In 2014-15 each directorate and locality produced an FUNB Action Plan which set out the actions to be taken to address the validation of the follow-up waiting list and also to deal with patients who are delayed. As well as these action plans there were FUNB backlog reduction plans that set out the profiled reduction required by the directorate or locality and positively by individually named consultants.

46. During 2014-15 the Health Board set out the profile for reducing FUNB and this was monitored. It is disappointing to note that at June 2015 the Health Board had not yet developed FUNB profiles for 2015-16. We were told that Directorates and Localities are currently developing action plans for 2015-16 for both new and follow-up outpatient activity to identify the impact on reducing FUNB. The late development of these action plans and the profiles means the Health Board is not fully sighted of actions being taken to reduce FUNB and progress being made.

47. The Health Board needs to improve the information reported to the Board and its sub-committees so that it is aware of both the scale and clinical nature of delays in outpatient follow-up appointments. Such information should include a range of measures to enable the Health Board to understand its performance and manage activity to address the follow-up delays. This should focus on specialities or conditions that present the highest clinical risk of patients coming to harm.

Whilst operational arrangements and new strategic planning arrangements should help modernise outpatient services more needs to be done to evaluate service changes and develop 2015-16 operational plans

Operational arrangements are in place to help reduce the number of delayed follow-up outpatient appointments

48. The Health Board is dealing with aspects of follow-up outpatient delays not just by validating the follow-up waiting lists but also by looking at how outpatient services could be delivered differently. Officers told us that the approach to dealing with delayed follow-up appointments is to challenge the current model for delivering outpatient services not just to put on additional clinics. It was also recognised by senior officers that clinical champions are key to encouraging and persuading clinicians to change the way services are delivered.

49. The Health Board is tackling FUNB from a broad perspective looking at both service developments as well as looking at how other associated systems and processes may help address issues with outpatient services. A number of service developments are taking place, some on a pilot basis, in specialties, and a common theme, according to officers is that they have good managerial and clinical staff engagement. Examples of this include:

- Parkinson's Disease, three-month pilot to screen patients on the follow-up waiting list and offer option to receive telephone follow-up in the first instance;
- using Skype-like technology to interact with patients in care homes receiving mental health services;
- email and telephone advice lines available in some specialities, for example, ear nose and throat (ENT), surgery, gynaecology, respiratory and diabetes;
- the use of tele-dermatology to manage dermatology patients in partnership with primary care;
- community-based respiratory clinics led by a specialist nurse;
- introduction of consultant approval for all follow-ups in gynaecology;
- the development of 'see on symptom' access arrangements for some dermatology and gastroenterology patients;

- discharging post-operative cataract patients to optometrists; and
- the use of nurse-led follow-ups via telephone in gynaecology.

50. Some examples of non-service-based initiatives include;

- the provision of an intranet toolkit to highlight changes that are working well within the Health Board and provide examples of best practice;
- validation of follow-up waiting lists is now being written into consultant job plans along with the introduction and adoption of the virtual clinic model;
- a review of the did not attend (DNA) policy to ensure consistency of application across the Health Board; and
- a review of outpatient booking arrangements to address the known issues of some patients not getting appointment letters and arrangements for patient confirmation of attendance.

51. The Health Board anticipated that service developments and changes to processes will be integral to future service delivery models and not an add-on specifically to deal with delays in follow-up outpatient appointments.

52. As part of our fieldwork, we met with clinical and supporting operational staff from a number of specialties to understand their views on addressing follow-ups not booked. Exhibit 3 shows the key themes identified during these discussions. The Health Board will need to consider these as part of both its short-term and longer-term plans for service changes. It was positive to note that the staff that we met were engaged and committed to improving the management of follow-ups.

Exhibit 3: Improvement themes identified during the specialty discussions

Pathway model:

- Developing and using nurse practitioner pathways for patients with particular eye conditions.
- Understanding FUNB as part of a wider outpatient system and the need for new approaches to Referral to Treatment (RTT) waiting times.
- Establishing discharge criteria to minimise inconsistency in discharge practice between consultants (anecdotal evidence that locums, junior doctors and some consultants seem less likely to discharge).
- Recognising that the focus on discharging patients following surgery has an impact on training and learning opportunities for junior doctors.
- Exploring and implementing where appropriate 'see on symptom'.
- Developing confidence that capacity exists in primary care to safely discharge patients combined with capacity in secondary care if patient needs to return.

Clinic capacity and location:

- Ensuring right clinic capacity in the right location for public access and need.
- Understanding that space can be a capacity constraint and not just associated with staff.
- Ensuring that patients get appointment letters so as to reduce DNAs.
- Improving booking processes to reduce DNAs.
- Improving links and relationships between booking processes and specialities where booking is a central activity to maximise clinic capacity.

Staffing clinics:

- Improving demand and capacity information, as well as activity for different types of staff to better understand actual clinical practice.
- Matching demand and capacity.

Other areas:

- Recognising that a cultural shift is required to develop and adopt new service delivery models.
- Ensuring that waiting list validation is resourced.
- Recognising issues with Datix which may be resulting in under reporting of harm due to the time-consuming nature of the form completion combined with lack of capacity.
- Providing training for front-end data entry to minimise errors and reduce need for subsequent validation.
- Raising awareness of and sharing good practice across the organisation.

Source: Wales Audit Office

53. It is clear that the Health Board has a challenge in meeting its current 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 outpatient activity but that activity is also likely to increase demand for follow-ups. The Health Board recognises that it cannot continue to deliver outpatient services in a traditional manner and that it needs to adopt prudent approaches.

If implemented well the Health Board's new approach to strategic planning should support outpatient modernisation but further work is needed to evaluate recent service changes and develop the 2015-16 modernisation plan

54. All health boards are required to develop integrated medium term plans (IMTPs). The Health Board's plan **Changing for the Better Integrated Medium Term Plan April 2014 – March 2017** was approved by the Welsh Government in 2014. Each year IMTPs are required to be 'refreshed' and the IMTP April 2015 – March 2018 was approved in August 2015.

55. The Health Board's IMTP recognises that it operated a traditional model of outpatient services which needed to be modernised. The IMTP contains details of its Outpatient Modernisation Project which indicates that in 2015-16 service changes will 'offer different ways for patients and clinical staff to get the specialist advice they need', and to 'explore what health technology innovations can be used to transform the way patients are referred and reviewed and how advice and treatment can be provided as close to the patient's home as possible'. There are also details about the impact the Health Board is expecting from these service changes and they include, patients only attend if really necessary, alternatives to traditional consultant outpatient appointment provided, capacity created to support delivery of national outpatient targets ie, number of FUNB, more use of telemedicine and email advice.

56. In 2014 the Health Board established an Outpatient Modernisation Project and its terms of reference state that the project 'is seeking to challenge the current traditional model of outpatients by looking at alternative approaches and technologies that are available to enhance the patient experience and reduce unnecessary outpatient attendances' (Exhibit 4). The Project is led jointly by two consultants and the membership includes a cross-section of staff and is co-ordinated and supported on a day-to-day basis by the Secondary Care Commissioned Services Manager.

Exhibit 4: Outpatient Modernisation Project

Project Scope
• National Benchmarking (look at other areas that may have had successes and failures in increasing collaboration and reducing demand on traditional outpatients and learn from these.) • Look at innovative ways to provide the core benefits of an outpatient attendance in the patient's home. • Intelligence on medical training requirements (ie, does this negatively affect the way we plan to undertake outpatients in the future in terms of learning opportunities?). • Effectiveness of booking systems and alternative approaches used elsewhere. • Effectiveness of our communication back to referrer or GP via electronic transmission. Could we discharge more and offer 'See on Symptom' access? Can we improve communication in terms of e-advice?

Project Scope

- Why do we bring so many patients to a hospital clinic and what are the alternatives that have been proven effective in other areas/countries?
- What is the quality of information sharing both referral in and appointment summary etc? Are we sending the patient appropriate accurate information? What IT/hardware is available to help with this?

Source: Abertawe Bro Morgannwg University Health Board Changing for the Better: Integrated Medium Term Plan April 2014 – March 2017

57. The Health Board had an expectation, as stated in its IMTP (2014-2107), that modernising outpatient services would have a number of benefits including improved services for patients as well as financial savings over the three-year period of the plan:

- 2014-15 investment of £7,842 and savings of £292,421;
- 2015-16 savings of £1,462,106; and
- 2016-17 savings of £2,924,212.

58. In November 2014 a six-month review of the IMTP was reported to the Board. However, the update on the Outpatient Modernisation project was at a high level and did not provide any financial information on the savings achieved or a projection of what was expected at the year-end. We were told that the Health Board is not yet able to evidence any financial savings resulting from the project in its first year of operation.

59. Given the significant savings projected for future years the Health Board will need to develop appropriate evaluation mechanisms so that it can, on a timely basis, calculate the savings resulting from project activities. Although the 2015-16 Outpatient Modernisation Project action plan is still being developed by the Health Board it is positive to note that the evaluation of initiatives to determine impact on efficiency, patient experience and outcomes and cost savings is a priority action for 2015-16. Despite the Health Board currently being unable to quantify the financial savings resulting from the first year of the Outpatient Modernisation Project it is clear that action has been taken to deliver on its 2014-15 plan.

60. It is important to note that the Health Board is currently undergoing structural change from a directorate/locality structure to six operational units and is introducing a new Strategy, Planning and Commissioning function in order to ensure that its 'long term strategy is married up with medium term planning and annual delivery plans'[9]. The commissioning boards are intended to be the strategic driver for service change across the organisation, ensuring the prudent healthcare principles are applied to all service planning and delivery.

61. Six new commissioning boards are being created as part of this approach which are: Cancer, Children and Young People, Long Term Conditions, Planned Care, Unscheduled Care, Mental Health and Learning Disabilities. Projects within the

[9] Abertawe Bro Morgannwg University Health Board, **Strategic Programme – Programme Transition Report**, July 2015.

existing Changing for the Better Programme are currently being reviewed and will be transitioned to the new arrangements, and it is anticipated that the Outpatients Modernisation Project will be transitioned to Planned Care.

62. Given the significant organisational and structural changes taking place within the Health Board it will be important to ensure that there will be sufficient capacity and resources to undertake and deliver new models of outpatient services at the pace required. As commissioning boards are established there needs to be regular and appropriate reporting to the Board so that it has assurance that plans are being delivered and the intended benefits are being achieved.

Appendix 1

Number of patients delayed analysed by length of delay at June 2015 for Abertawe Bro Morgannwg Health Board and all-Wales

		Delay over target date			
	Total Number of patients delayed	**0% up to 25%**	**Over 26% up to 50%**	**Over 50% up to 100%**	**Over 100%**
Abertawe Bro Morgannwg UHB	43,748	9,939	6,038	7,562	20,209
		(23%)	(14%)	(17%)	(46%)
All Wales	231,392	49,689	26,827	34,359	120,517
		(21%)	(12%)	(15%)	(52%)

Source: Welsh Government Outpatient Follow-up Delays – Health Board Monthly Submissions

Appendix 2

Trend in number of patients delayed over their target date in Abertawe Bro Morgannwg University Health Board between January and June 2015

	Total number of patients waiting for follow-up with a target date	Total number of 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
Follow-up Not Booked						
January	103,814	8,321	5,210	6,675	21,783	41,989
February	100,516	7,941	5,213	6,333	19,401	38,888
March	100,929	7,547	5,469	6,575	19,340	38,931
April	99,948	7,918	4,959	6,834	18,939	38,650
May	97,232	7,408	3,438	6,280	18,423	35,549
June	97,444	7,106	4,710	6,204	18,090	36,110
Appointment Booked						
April	37,976	2,787	1,157	1,540	2,248	7,732
May	38,374	3,223	1,489	1,634	2,378	8,724
June	38,522	2,833	1,328	1,358	2,119	7,638

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

Appendix 3

The number of patients waiting for a follow-up appointment and the percentage who were delayed by selected speciality between April and June 2015 (booked patients)

	April	May	June
General Surgery			
Number of patients waiting for a follow-up	933	1,068	929
Number and percentage of patients delayed beyond target date	399	359	297
	43%	34%	32%
Ophthalmology			
Number of patients waiting for a follow-up	4,075	3,977	4,179
Number and percentage of patients delayed beyond target date	841	1,097	1,037
	21%	28%	25%
General Medicine			
Number of patients waiting for a follow-up	2,845	2,736	2,839
Number and percentage of patients delayed beyond target date	351	367	371
	12%	13%	13%
Gynaecology			
Number of patients waiting for a follow-up	858	826	925
Number and percentage of patients delayed beyond target date	291	228	254
	34%	28%	27%

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