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Archwilydd Cyffredinol Cymru
Auditor General for Wales

Follow-up Outpatient Appointments – Summary of Local Audit Findings

Briefing Paper for the NHS Wales Planned Care Programme Board

WALES AUDIT OFFICE
SWYDDFA ARCHWILIO CYMRU

I have prepared and published this report in accordance with the Government of Wales Act 1998 and 2006.

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Summary

Background

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.

2 Outpatient departments see more patients each year than any other hospital department, with approximately 3.1 million patient attendances[1] a year 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 General Practitioner (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 in Wales[3]. Follow-ups have the potential to increase further with an aging population which may present with increased chronic conditions and comorbidities.

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.

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**. 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 2014, the Royal National Institute for the Blind published a report titled **Real patients coming to real harm – Ophthalmology services in Wales**. This report highlighted the risks of ophthalmology patients suffering sight loss as a result of delays in receiving follow-up appointments. While the Welsh Government's Delivery Unit has been working with health boards to develop ophthalmology pathways, this represents only one group of high-risk patients.

6 Since 2013, the Chief Medical Officer and Welsh Government officials have worked with health boards to quantify the number 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 their lists of patients who were waiting for a follow-up outpatient appointment. In response to the data problems encountered, 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 for a follow-up outpatient appointment, and by what percentage they were delayed based on their target date[5]. From April 2015 onwards, health boards were also required to submit data for patients who had a booked appointment. In September 2015 additional requirements resulted in identification of patients on a see on symptom pathway and the introduction of an additional count for patients who Could Not Attend (CNA) or Did Not Attend (DNA) their follow-up outpatient appointment. It should also be noted that in February 2016 the Health Minister announced that outpatients modernisation will form part of the national planned care programme, which will develop over the next 12 months.

8 Given the scale of the problem and the previous issues raised around the lack of consistent and reliable information, the Auditor General carried out a review of follow-up outpatient appointments. The review, which took place at each health board in Wales between April 2015 and October 2015, sought to answer the question: **Is the health board managing follow-up outpatient appointments effectively?**

9 This document summarises the key findings from our work across Wales, recognising that since the time of our original audits, health boards have been working to address our local recommendations. Appendix 1 contains links to the published local reports and main findings from our local reviews.

4 www.nwisinformationstandards.wales.nhs.uk/dscns-2015 Welsh Information Standards Board's Data Set Change Notice (DSCN) 2015/02, 2015 DSCN 2015/04 and DSCN 2015/05.
5 Target date is the date by which the patient should have received their follow-up appointment.

10 This report has been produced specifically to inform the work of the NHS Wales Planned Care Programme Board, and its associated specialty boards, by helping to identify the actions that need to be taken to continue to secure improvement in the management of follow-up outpatient appointments. It should also be considered by individual health boards as a companion product to their local audit report, and any local follow-up audit work that is planned. The Auditor General will undertake further work during 2017 to assess the progress that health boards are making in implementing the recommendations made following the original 2015 audits.

Overall findings

11 Local audit work found that follow-up outpatient appointments is an area that represents challenges for all seven health boards. While the nature and scale of the challenge differs from one health board to another, a number of common themes emerged during our work:

- most health boards are not consistently meeting Welsh Government data reporting requirements;
- all health boards are working to improve the accuracy of follow-up waiting lists;
- health boards are not effectively assessing clinical risks;
- follow-up waiting lists remain large, and delays remain a significant concern across Wales;
- reporting and scrutiny of follow-up outpatient appointments is insufficient; and
- health boards are taking several short-term steps to improve outpatient services, but longer-term modernisation plans are less developed.

12 Acknowledging that all health boards were working to validate their follow-up outpatient waiting lists, auditors made a number of recommendations in local reports to help secure improvements wider improvements in the management of follow-up outpatient appointments. Exhibit 1 summarises the main themes that were covered by local audit recommendations.

Exhibit 1 – Themes covered by recommendations in health board local reports

- data quality – to identify and address the cause of errors on the follow-up outpatient waiting list to prevent future recurrence and minimise the need for ongoing/retrospective validation;
- information reporting – compliance with Welsh Government reporting requirements, broaden the range of information reported to board and committees to include a range of specialties and clinical risks related to delayed follow-up appointments and expand the operational information available to management and staff;
- clinical risk assessment – identify specific clinical conditions where patients could come to irreversible harm if delays occur in follow-up appointments;
- operational performance improvement – develop operational arrangements to deal with the delayed follow-up appointment backlog, specifically focusing on patients with those clinical conditions who are most likely to come to harm when delayed; and
- outpatient transformation – develop outpatient transformation programmes, identify and resource change management arrangements to support the delivery for long-term outpatient transformation, develop and implement lean clinical condition pathways, and evaluate service changes implemented to address delayed follow-up outpatients.

Source: Wales Audit Office

Observations from our local reviews

Most health boards are not consistently meeting Welsh Government data reporting requirements

1.1 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 refine data collection templates and guidance to health boards.

1.2 Some health boards had already been recording and reporting on follow-up outpatient information internally, prior to the issuing of Welsh Government data collection templates and guidance. However, for most health boards the introduction of these requirements prompted them to begin to record and report this data for the first time.

1.3 The latest available data submitted by health boards (February 2016), shows that only two health boards completed the current Welsh Government data templates fully. Some health boards are not reporting the required data for booked patients and many are not reporting cancellations. During our work, staff told us that the Patient Administration Systems (PAS) in use could not always provide health boards with the information they require on follow-up outpatient appointments.

1.4 Given the issues raised above regarding completeness of Welsh Government data returns there are significant challenges in determining the true extent of follow-up outpatient demand and the extent of patient delays at an all-Wales level. This also impacts any performance trends analysis across Wales. Exhibit 2 outlines the issues that make it difficult to determine performance at an all-Wales level and indicates why caution should be taken when interpreting the trends in data nationally.

Exhibit 2 – Data issues that can affect the interpretation of performance

The following are examples of issues that will increase or decrease numbers of patients on the follow-up waiting list:

- A genuine increase or reduction in demand.
- Erroneous duplications of patients on the waiting list.
- A reduction or increase in supply of outpatient appointments.
- Patients validated and given a target date and moved onto the follow-up not booked waiting list.
- Health boards which start reporting on a data set, where that data was previously unavailable (for example, booked patient data sets); this will increase the all-Wales numbers.
- Use of patient-focused booking, also known as partial booking*, has increased so more patients are in the not booked category.
- Variations in clinical practice when placing patients on follow-up lists.

* The key requirements of patient-focused booking are that the patient is directly involved in negotiating the appointment date and time, and that no appointment is made more than six weeks into the future. A guide to good practice: Elective Services, National Leadership and Innovation Agency for Healthcare, 2005.

Source: Wales Audit Office

All health boards are working to improve the accuracy of follow-up waiting lists

1.5 We found that all health boards recognised they had issues in relation to follow-up outpatient appointments. Many were aware they had increasing numbers of patients who were waiting for a follow-up appointment. Many health boards acknowledged that the outcome category on the PAS was not always managed correctly and some patients were incorrectly showing on the system as needing a follow-up. Also, some patients on the list had in fact been discharged. Health boards attribute some of these issues to inconsistency in staff complying with booking processes and issues with their PAS.

1.6 At the time of our work, health boards were validating their follow-up waiting lists to establish if there was a genuine need for a follow-up outpatient appointment. The validation exercises included:

- administrative validation – notes and last letters reviewed by medical secretaries to determine if the patient could be discharged;
- duplicate validation – records checked to ensure patient under correct clinician;
- automated data validation – using an electronic system to identify errors on the list and automatically remove them;
- clinical validation – notes, correspondence and results reviewed and consultant makes an office-based decision if the patient can be discharged;
- GP validation through a Local Enhanced Service (LES) agreement – clinical validation undertaken by the patient's registered GP;
- letter validation – letters sent to patients to determine if a follow-up appointment is still required; and
- telephone validation – patients telephoned to establish if follow-up still required.

1.7 Validation work by health boards have generally led to significant reductions in the number of patients on the follow-up waiting lists. For example, one health board identified that a relatively small proportion of patients on some speciality waiting lists had a genuine clinical need for a follow-up outpatient appointment (Exhibit 3).

Exhibit 3 – An example of the results from validation exercises

One health board noted that, as a result of validation, they had identified a high proportion of patients on some speciality waiting lists did not require a follow-up appointment:

- **eighty-four per cent** of their paediatric patients validated did not require a follow-up appointment;
- **seventy-four per cent** of their gynaecology patients validated did not require a follow-up appointment; and
- **ninety-four per cent** of their ophthalmology patients validated did not require a follow-up appointment.

Source: Wales Audit Office document review

1.8 Another health board saw its waiting list halve from 775,000 to 340,000 between May 2014 and June 2015, largely though the electronic system based cleansing of patients.

1.9 Despite the efforts to validate follow-up waiting lists to determine the scale of the demand for genuine follow-up outpatient appointments demand, it is disappointing to note that there are still a large number of patient records that do not have target dates. This means that health boards are not able to monitor and track the degree to which patients may have breached their target date.

1.10 Whilst health boards have undertaken validation exercises and many have made changes to administrative and booking arrangements, there has been no systematic analysis of the reasons why patients were removed from the list. This reduces the ability of health boards to learn lessons from their validation activities. For example, if a high proportion of patients were removed because they were on the list in error, then this may indicate that further process, compliance controls and training are required so the data errors do not recur. It may also mean that the reduction in the number of patients on the follow-up list may not be a real improvement but instead is a consequence of validating the list rather than addressing the clinical needs of patients.

Health boards are not effectively assessing clinical risks

1.11 Although clinical specialties normally follow clinical guidelines for setting follow-up or review dates, if they are available, the degree to which clinical guidelines exist varies by speciality and sub-speciality. Clinicians across Wales 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 comorbidities and other health conditions are also factors in an individual patient pathway. Despite this, staff we spoke to at health boards 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, which may result in follow-ups taking place that have no clinical value.

1.12 Whilst there is evidence that health boards are making progress on improving the accuracy of their follow-up waiting lists, not all patients 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[6].

1.13 There is a national focus on ophthalmology services because of the known clinical risks relating to certain conditions such as age-related macular degeneration (Wet AMD) and glaucoma. However, specific conditions within other specialties may also present a clinical risk of irreversible harm if patients are delayed beyond their clinically set target date.

1.14 Anecdotal evidence from some health boards suggest that there is likely to be a high risk of harm from delayed appointments, particularly in relation to cancer and non-cancer urology services and cardiology services. Health boards do not yet have processes to assess clinical risk by clinical condition to identify delayed follow-up patients with high-risk conditions so that they receive appropriately prioritised care in the timeframe they need it.

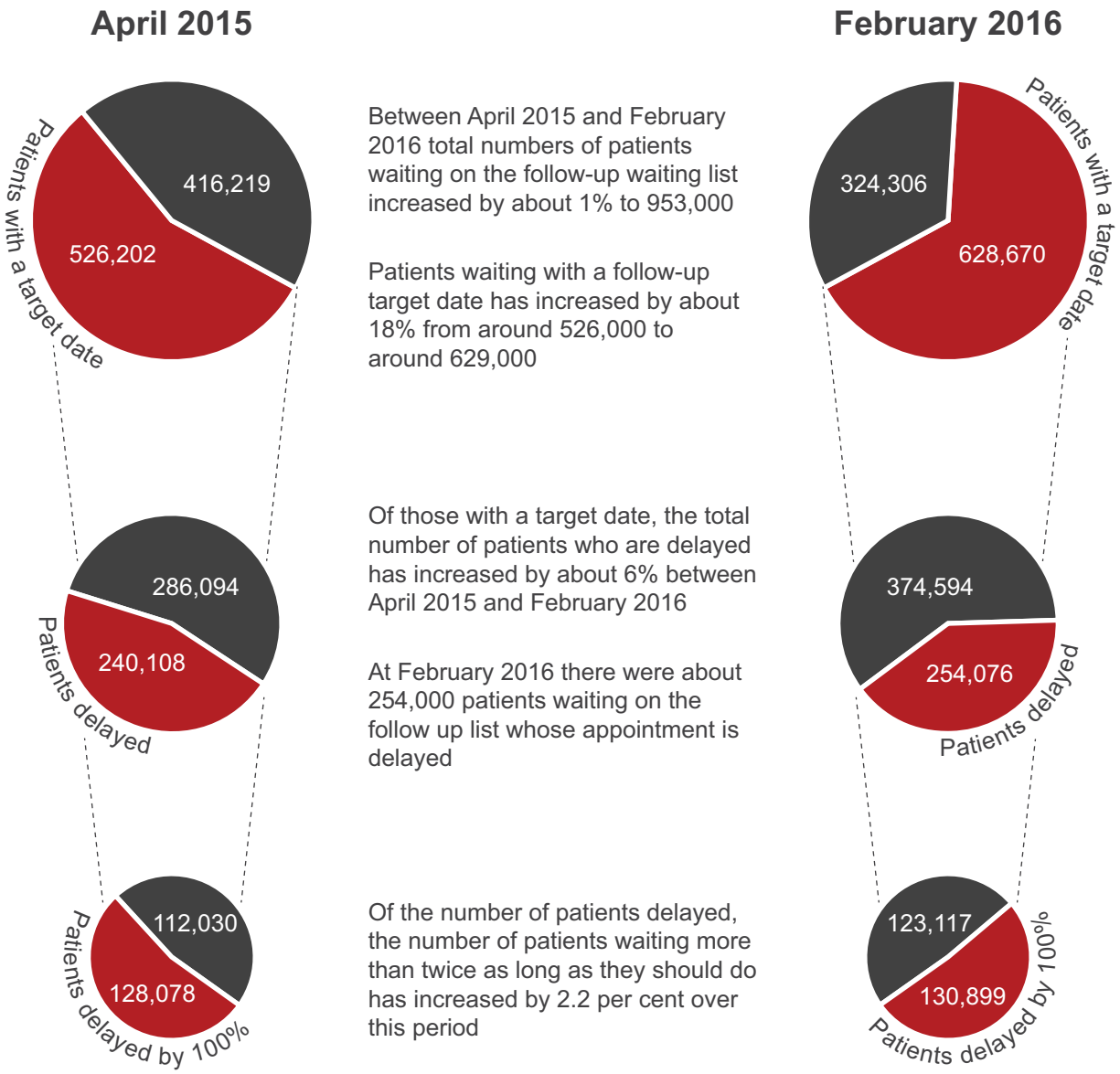
1.15 Again across Wales we did not identify any health board that had truly robust systems for identifying incidents related to harm which resulted from delayed follow-up appointment. While it is not always easy to determine whether or not a patient has come to harm as a result of a delayed appointment, the systems and processes to detect and respond to incidents of delay related harm need to be improved.

6 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 waiting lists remain large and delays remain a significant concern across Wales

1.16 Exhibit 4 shows that in general, the scale of the challenge of addressing follow-up waiting lists remains a significant one which needs to be addressed to improve patient experience and outcome.

Exhibit 4 – Patients with a target date, waiting for a follow-up appointment, delayed and waiting more than twice as long as they should have in April 2015 and February 2016

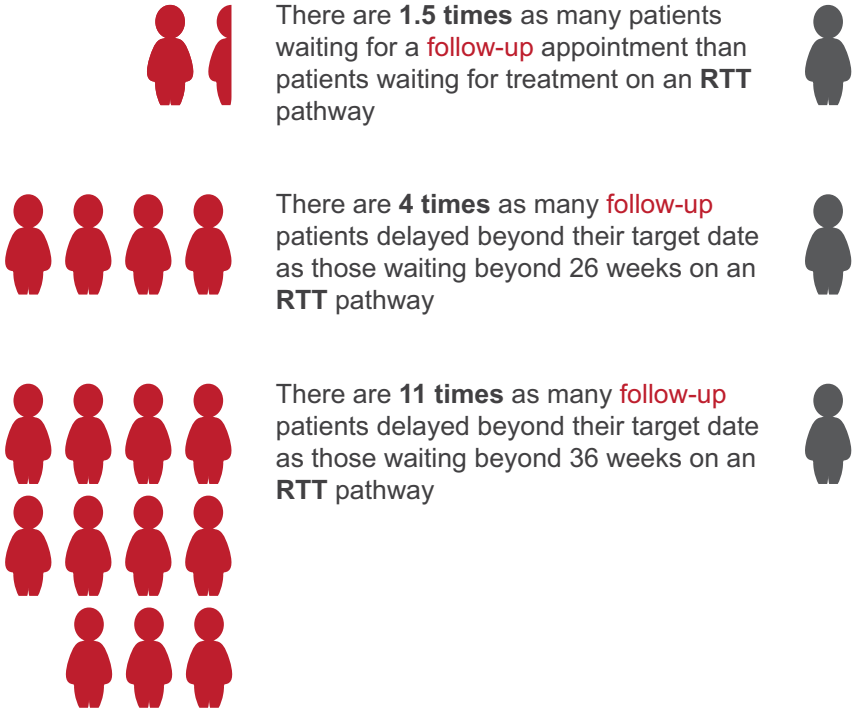


Source: Welsh Government Outpatient Follow-up Delay Reporting Data at February 2016

1.17 Exhibit 4 shows the position at April 2015 and February 2016. Although it is not possible to make a direct comparison between patients waiting for treatment on an RTT pathway and those patients waiting for a follow-up outpatient appointment, it is useful to contrast the waits being experienced by these two patient groups (Exhibit 5).

1.18 In February 2016 there were approximately 254,000 follow-up patients delayed beyond their target date and of those nearly 131,000 were delayed twice as long as they should have been. In terms of patients on an RTT pathway, there were nearly 60,000 patients waiting beyond 26 weeks and of these nearly 23,000 were waiting beyond 36 weeks. Whilst a direct comparison cannot be made, it is clear that the number of patients waiting for a follow-up outpatient appointment and those delayed is significantly greater than waits and delays on an RTT pathway.

Exhibit 5 – Comparison of patients waiting on follow-up outpatient lists with patients waiting on an RTT pathway

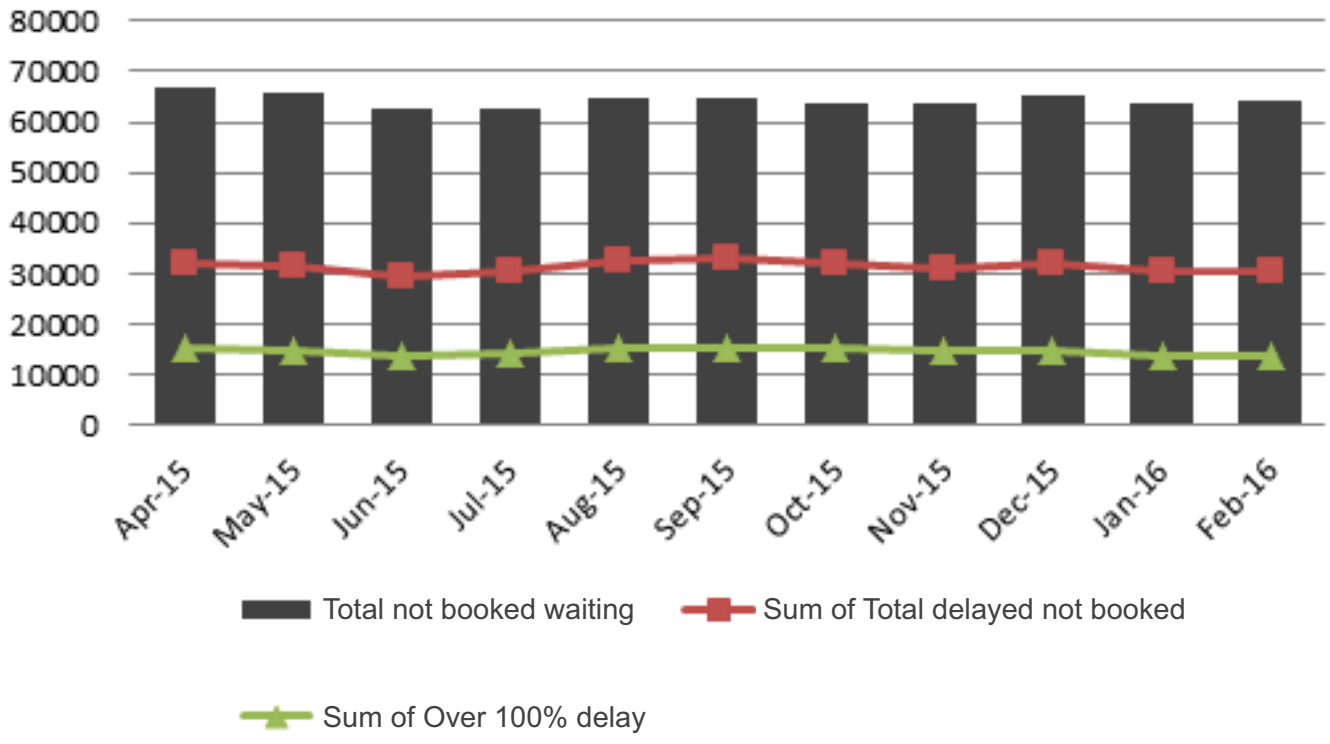


Source: StatsWales Referral to Treatment Times and Welsh Government Outpatient Follow-up Delay Reporting Data at February 2016

1.19 As part of this review, we focused on four specialties (general surgery, ophthalmology, general medicine, gynaecology), both to look at the work being done to improve the reliability and accuracy of the follow-up lists, and to determine local arrangements to improve the management and delivery of follow-up outpatient services. A particular focus was on the extent to which health boards are reducing the numbers of patients who are on the outpatient follow-up waiting list but are yet receive an appointment, and also on the extent to which target dates for follow-up appointments are being met.

1.20 Exhibit 6 shows the number of ophthalmology patients waiting that do not have a booked appointment. The number of patients waiting is high and the trend is not noticeably reducing. The number of patients waiting remains high at over 60,000 with over 50 per cent of patients being delayed. Some 13,000 patients are waiting twice as long as they should for an appointment which indicates that ophthalmology delays continue to be a major concern in Wales.

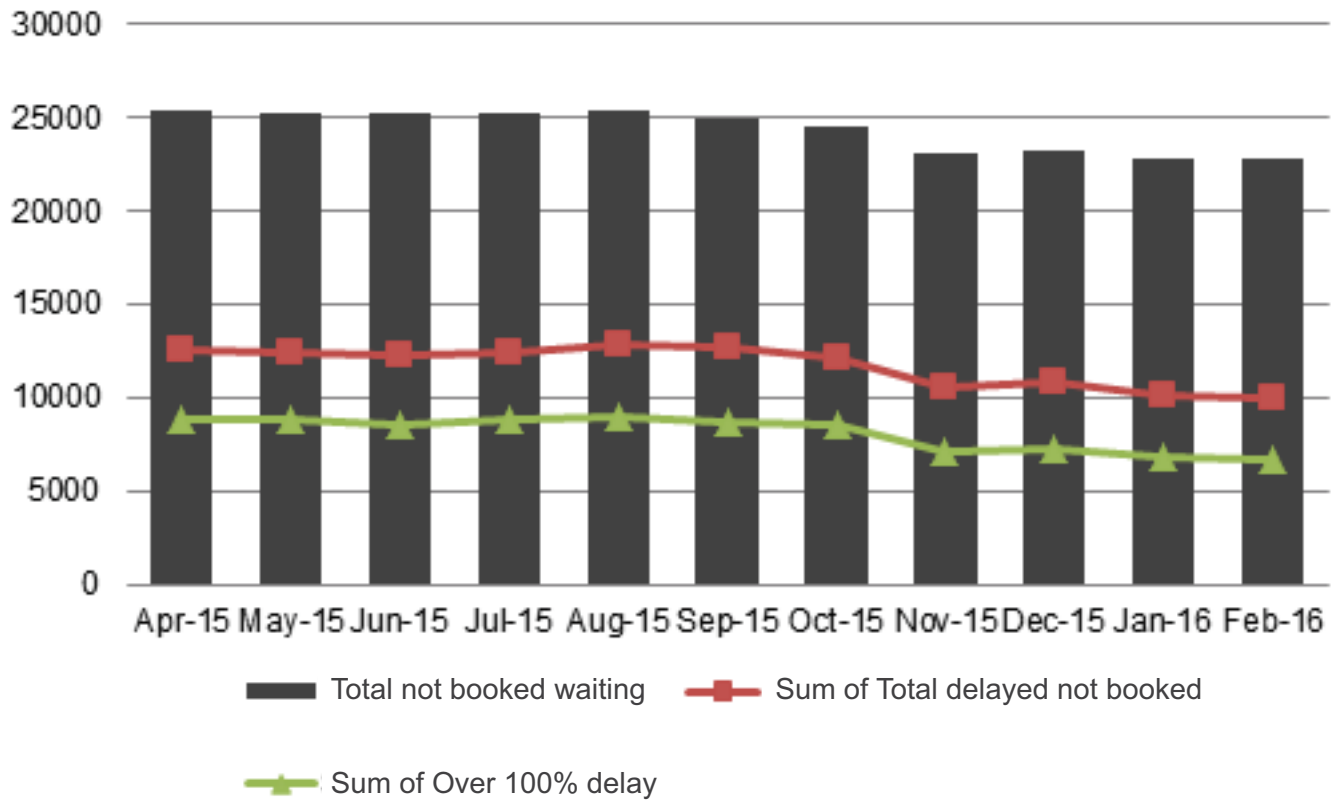
Exhibit 6 – All-Wales ophthalmology follow-up waiting list for patients not booked for an appointment



Source: Welsh Government Outpatient Follow-up Delay Reporting Data at February 2016

1.21 Exhibit 7 shows the number of general surgery patients waiting that do not have a booked appointment. At an all-Wales level, the trend has been one of a steady decrease in the number of follow-ups not booked. The number of patients delayed and the number of patients delayed twice as long as they should have has also decreased steadily since April 2015.

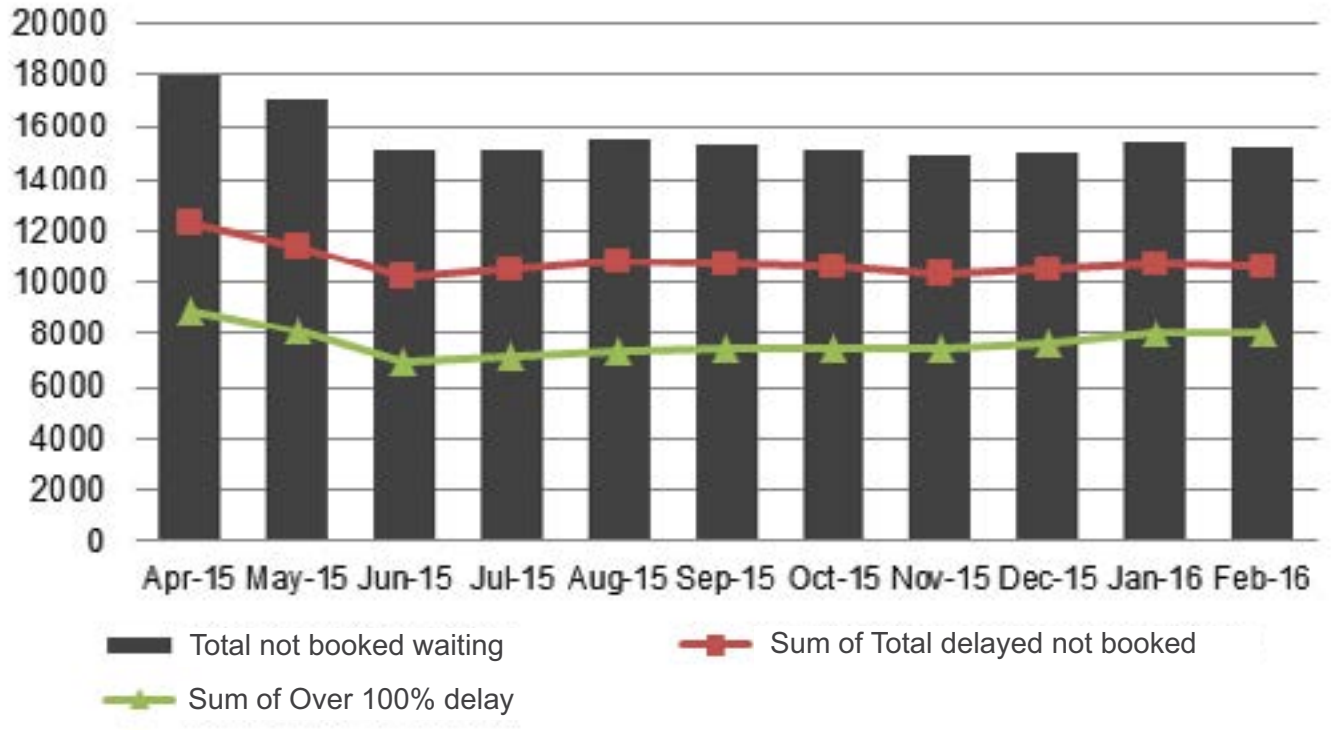
Exhibit 7 – All-Wales total general surgery follow-up waiting list for patients not booked for an appointment



Source: Welsh Government Outpatient Follow-up Delay Reporting Data at February 2016

1.22 Exhibit 8 shows the number of general medicine patients waiting that do not have a booked appointment. The trend is one of relative stability in the number of patients waiting for a follow-up following a significant decrease in May 2015 and June 2015 of nearly 3,000 patients. The number of patients delayed as well as patients waiting more than twice as long as they should has also followed this trend and remained relatively constant since June 2015.

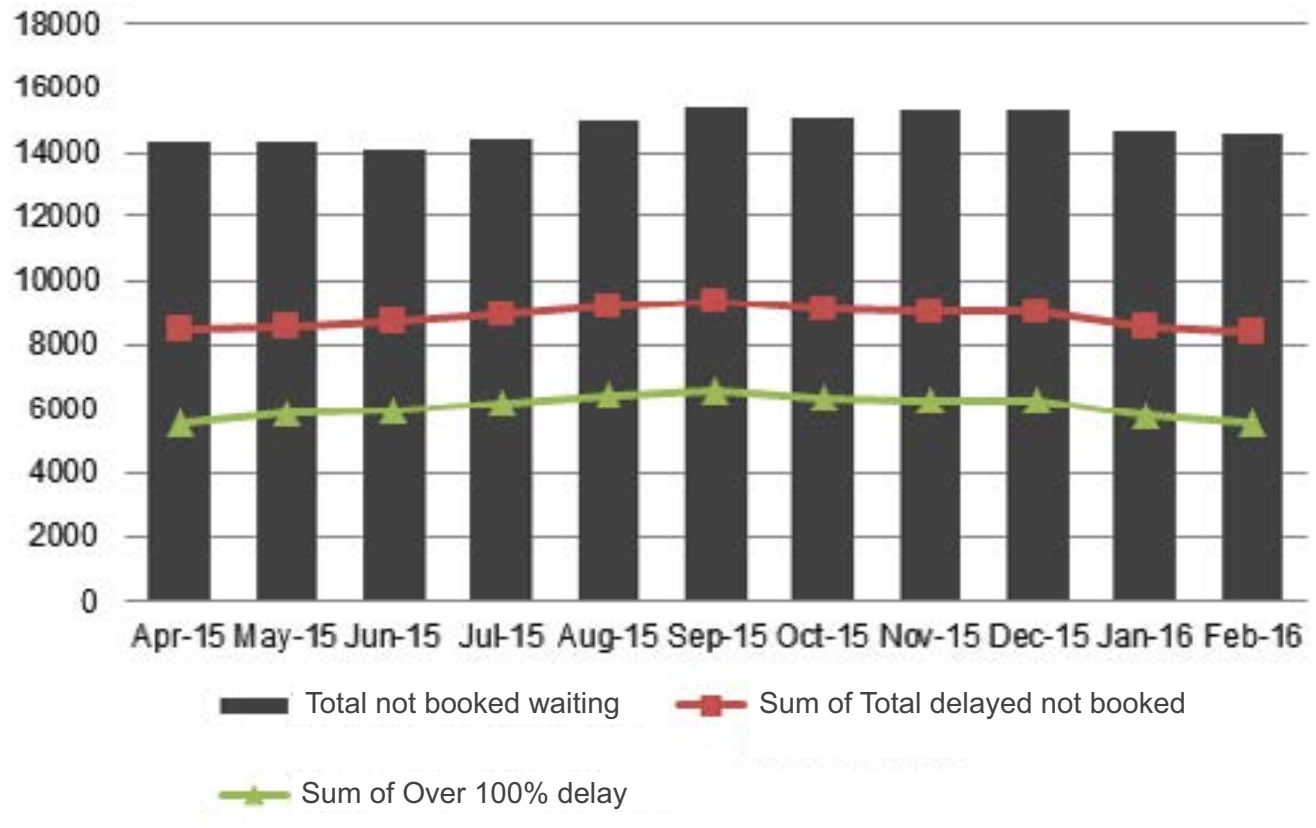
Exhibit 8 – All-Wales general medicine follow-up waiting list for patients not booked for an appointment



Source: Welsh Government Outpatient Follow-up Delay Reporting Data at February 2016

1.23 Exhibit 9 shows the number of gynaecology patients waiting that do not have a booked appointment. The trend is one of general stability for the number of not booked patients waiting for a follow-up appointment. The number of those delayed and those waiting more than twice as long as they should peaks over the summer months.

Exhibit 9 – all-Wales total gynaecology follow-up waiting list for patients not booked for an appointment



Source: Welsh Government Outpatient Follow-up Delay Reporting Data at February 2016

1.24 Further analysis by individual health boards is provided in Appendix 2 which also includes information on other selected specialities including cardiology, urology, trauma and orthopaedics and ear, nose and throat (ENT).

Reporting and scrutiny of follow-up outpatient appointments is insufficient

1.25 Despite backlogs and delays in outpatient follow-up appointments being an issue for many health boards for a number of years, it is only recently that health boards routinely analyse and report follow-up outpatient information as part of corporate performance reporting.

1.26 As part of our work, we reviewed board papers to establish what information was reported on either the volume of outpatient follow-ups or the clinical risks associated with delayed follow-ups. We found that health boards varied in the regularity and quality of discussion of follow-up outpatients at board meetings. While two health boards did provide some regular coverage of follow-up outpatient information, the other five had limited or no information on the volume of, or clinical risks and harm associated with, outpatient follow-ups.

1.27 We also looked at committee papers and found the depth of information and the regularity of its inclusion on committee agendas varied from health board to health board.

1.28 A common finding for all health boards in terms of the oversight and scrutiny of follow-up outpatients was that the information provided on, and discussion of, clinical risk was insufficient. Some health boards have responded to Welsh Government guidance and regularly report on clinical risks or harm associated with ophthalmology. However, we found little or no coverage of other specialities by any health board. Better knowledge of clinical risk associated with delayed follow-up outpatient appointments by specialty or clinical condition would allow the health board to target reports where the greatest assurance is needed.

1.29 Each of the seven health boards need to improve the information report to their board and committees so that they are aware of both the scale and clinical nature of delays in outpatient follow-up appointments. We have made a number of local recommendations for health boards to address on this issue as illustrated in Exhibit 1. Such information should include a range of measures to enable health boards to understand their performance and activity to address the follow-up delays. This should focus on specialties or conditions that present the highest clinical risk of patients coming to harm.

Health boards are taking several short-term steps to improve outpatient services, but longer-term modernisation plans are less developed

1.30 All health boards have short-term plans in place to improve follow-up outpatient services to meet current demand. Health boards are looking to address follow-up outpatient delays by redesigning booking and administrative processes as well as service redesign.

1.31 Examples of non-service-based initiatives include:

- strengthening administrative and clinical validation approaches;
- improving processes to prevent data errors recurring;
- outpatient appointment reminder service;
- introduction and adoption of the virtual clinic model;
- redesigned outcome forms in some specialities to include identification of higher-risk patients that should not be cancelled;
- development of consultant-level efficiency data and reporting to better understand performance;
- case note scanning to improve flexibility of outpatient services;
- standardising clinic templates[7]; and
- moving towards partial or full booking approaches.

1.32 There are also examples across Wales of service developments and redesign which include:

- trialling advice lines for GPs in cardiology;
- consultant of the week providing advice for GPs and also considering if referral to secondary care is necessary;
- working with GP clusters to discharge some diabetic patients to primary care for annual review;
- development of see on symptom pathway approaches (Exhibit 10);
- using a specialist nurse practitioner in ENT to provide an earwax care service;
- developing primary and secondary care integrated ophthalmology service models, and developing glaucoma LES with optometrist review; and
- tele-dermatology service advice in partnership with primary care.

7 Clinic templates define the number of each type of patient; for example, new and follow-up, that can be seen in a clinic.

Exhibit 10 – example of service modernisation through the development of see on symptom pathways

A number of health boards are putting in place arrangements to develop see on symptom pathways for follow-up outpatient services. A see on symptom approach results in patients being discharged when clinically safe to do so, and then relies on the patient to self-refer via a rapid access pathway when they identify new or recurring symptoms for their condition.

Source: Wales Audit Office

1.33 As part of our fieldwork, we held a number of specialty focus group sessions with clinical and supporting operational staff at each health board to understand their views on what works well, what could be improved and the priorities for improvement. Areas for improvement identified by the focus groups are summarised in Appendix 3.

1.34 Health boards recognise that they cannot continue to deliver outpatient services in a traditional manner and that they need to adopt prudent approaches. The major challenge now facing the health boards is about medium- and long-term plans for modernising services to meet demand.

1.35 While some health boards are choosing to adopt a whole-systems approach to modernising services concerned with follow-up outpatients, most choose a more specific and operational focus. While many projects have indicative timescales, there is often an absence of detail in the plans.

1.36 It is not yet clear if health boards have sufficient capacity, resources and capability to deliver their challenging transformation programmes. There is also a risk that primary and community care capacity might not be sufficient to support the new service models planned by many transformation programmes. It will be important to ensure that plans are sufficiently robust and fully considered to ensure new models of delivery for outpatient services are secured at the pace required.

Appendices

Appendix 1 – Links to local reports

Appendix 2 – Analysis of follow-ups not booked by selected specialities in February 2016

Appendix 3 – Improvement themes identified by staff focus groups

Appendix 1 – Links to local reports

The table below summarises the methods we used in delivering our follow-up work across Wales.

Links to health board follow-up outpatient audit reports and main conclusions	
Abertawe Bro Morgannwg UHB	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.
Aneurin Bevan UHB	Information on the scale of delayed follow-up outpatient appointments has improved but the health board has more to do to identify genuine demand, assess clinical risks, improve board scrutiny and to modernise outpatient services.
Betsi Cadwaladr UHB	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.
Cardiff and Vale UHB	From a difficult starting point, the health board is taking appropriate action to identify the volume of its outpatient follow-up need but too many patients are delayed, the trend is worsening and it needs to do a lot more to develop sustainable follow-up outpatient services.
Cwm Taf UHB	The health board is improving the accuracy of its follow-up waiting list but the number of patients delayed is increasing and it needs to do more to assess clinical risks, improve administrative processes and address follow-up delays.
Hywel Dda UHB	Information on the scale of delayed follow-up outpatient appointments is unreliable and the health board is not doing enough to assess clinical risk or prioritise outpatient service modernisation.
Powys THB	The health board has good arrangements for managing local delayed follow-ups and arrangements to support service transformation but must do more to assess clinical risks, improve board scrutiny and understand the situation for the majority of Powys patients who are treated out of county.

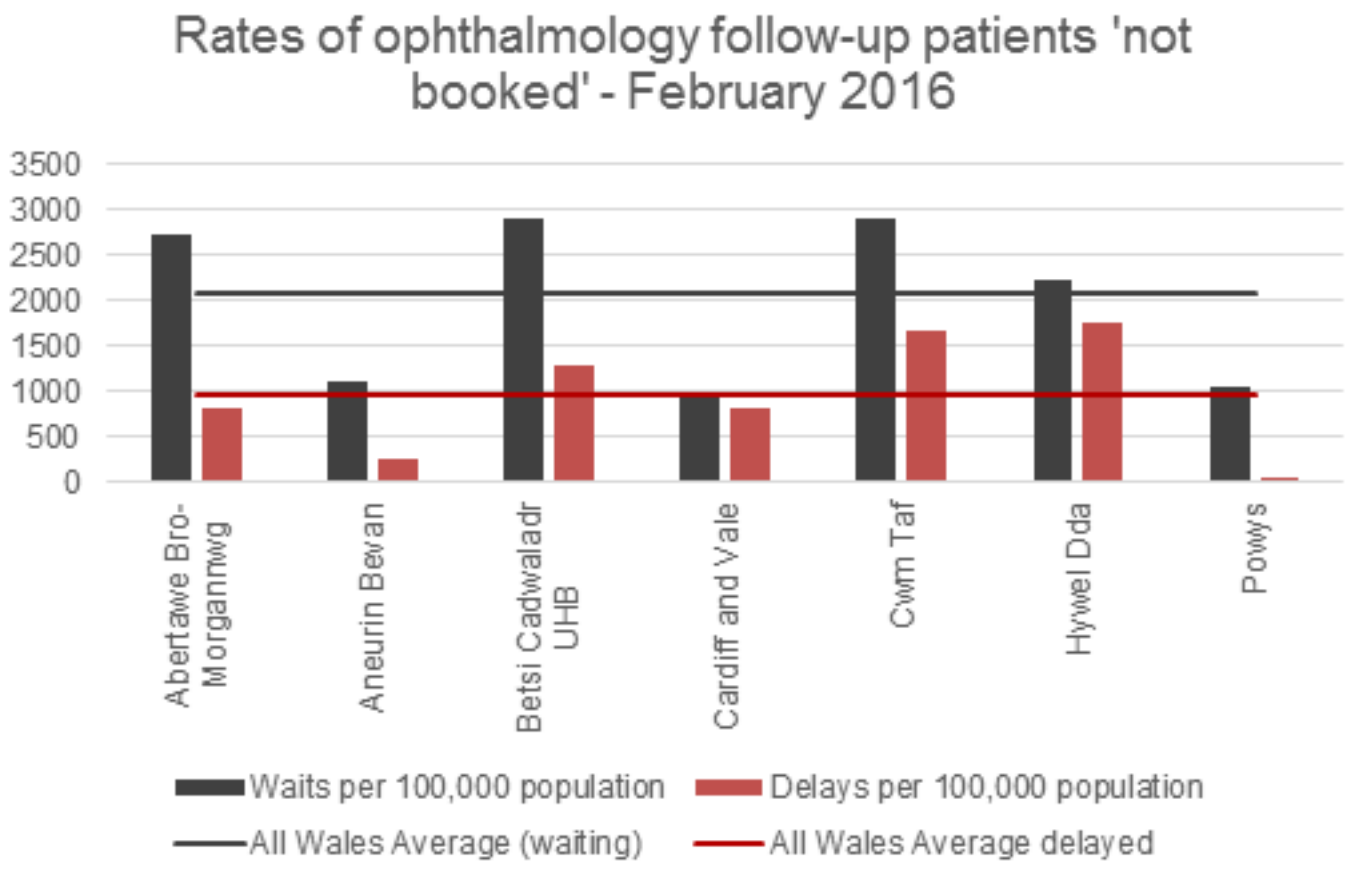
Appendix 2 – Analysis of follow-ups not booked by selected specialities in February 2016

The following charts provide a comparative view on the position as at February 2016 by individual health board. Because waiting lists are indicative of population demand, we have used the latest 2014 population estimates as a baseline to provide a mechanism for comparison.

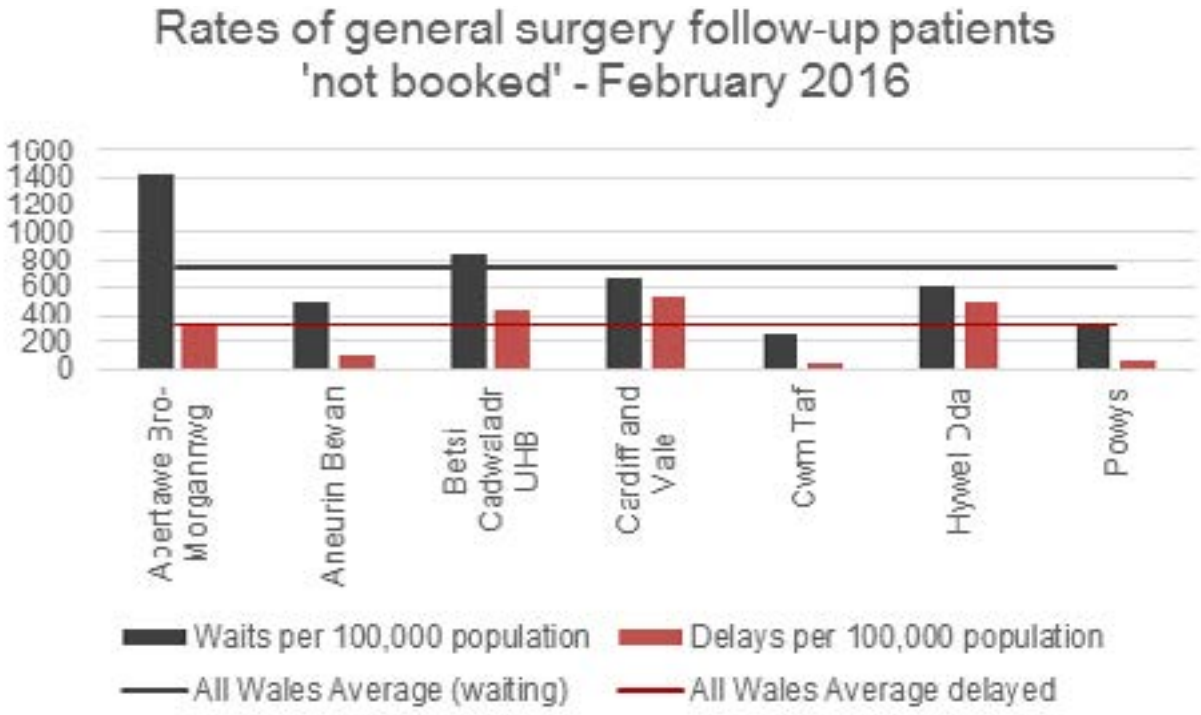
We have selected charts by treatment function that:

- were included in our original scope for the review;
- were highlighted to us during our work as areas of concern; or
- relate to the Planned Care Programme Board national implementation plans.

The purpose of presenting this information in this comparable form is not to identify individual performance issues in health boards but to illustrate the extent of variation across Wales.



Source: Wales Audit Office analysis of Outpatient Follow-up Delay Reporting Data at February 2016



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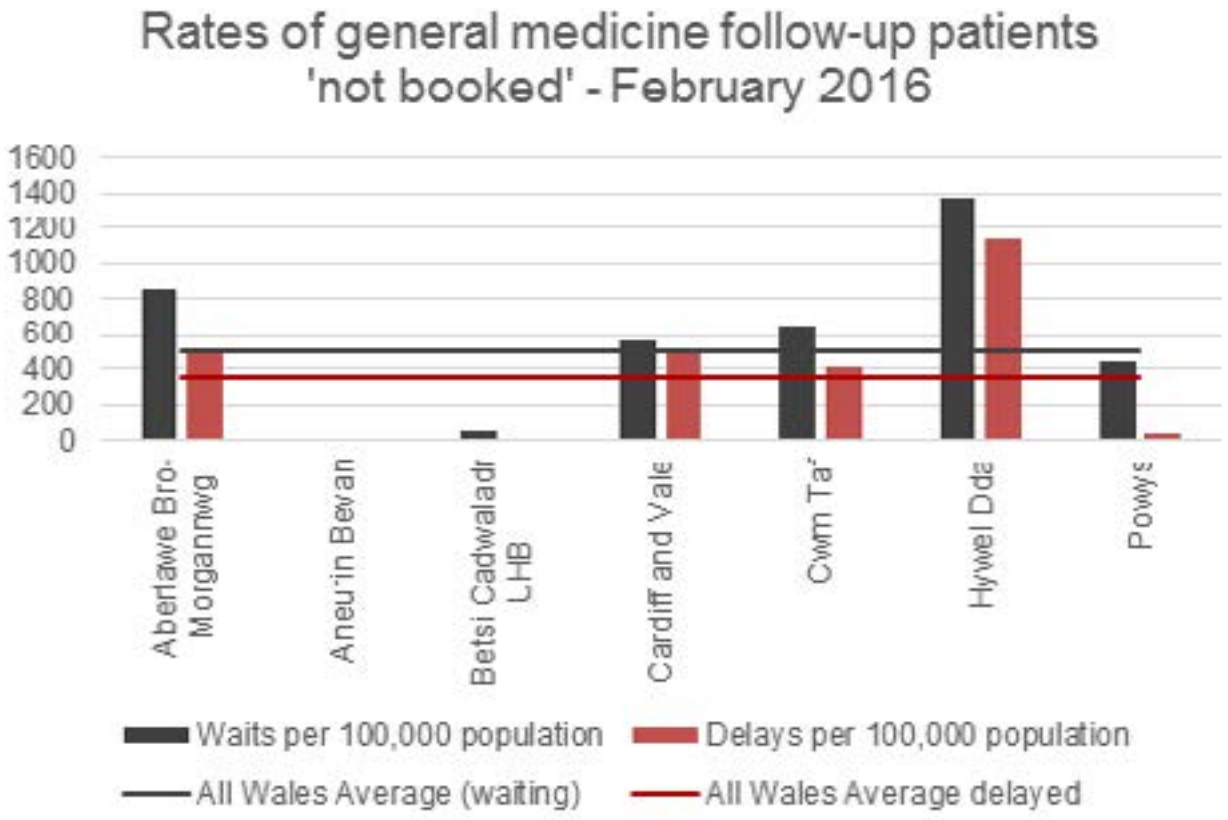
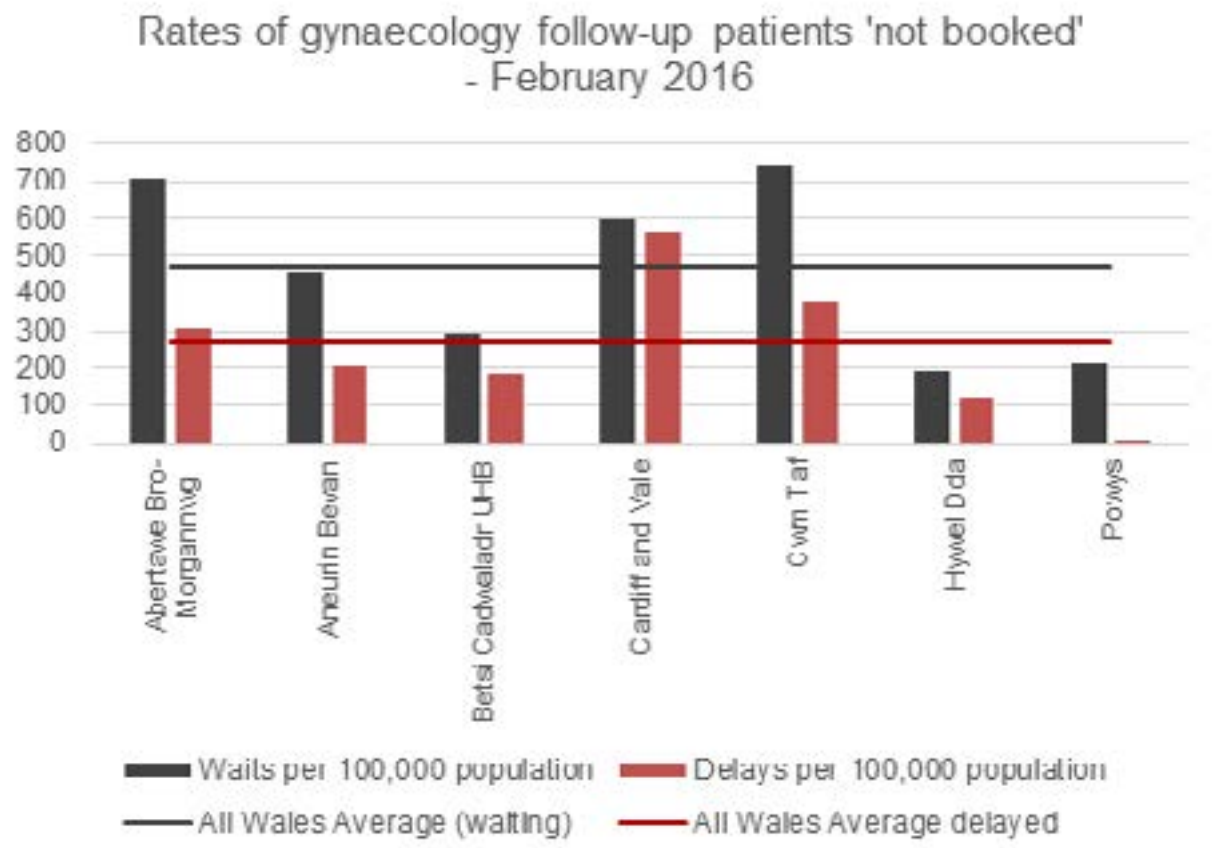
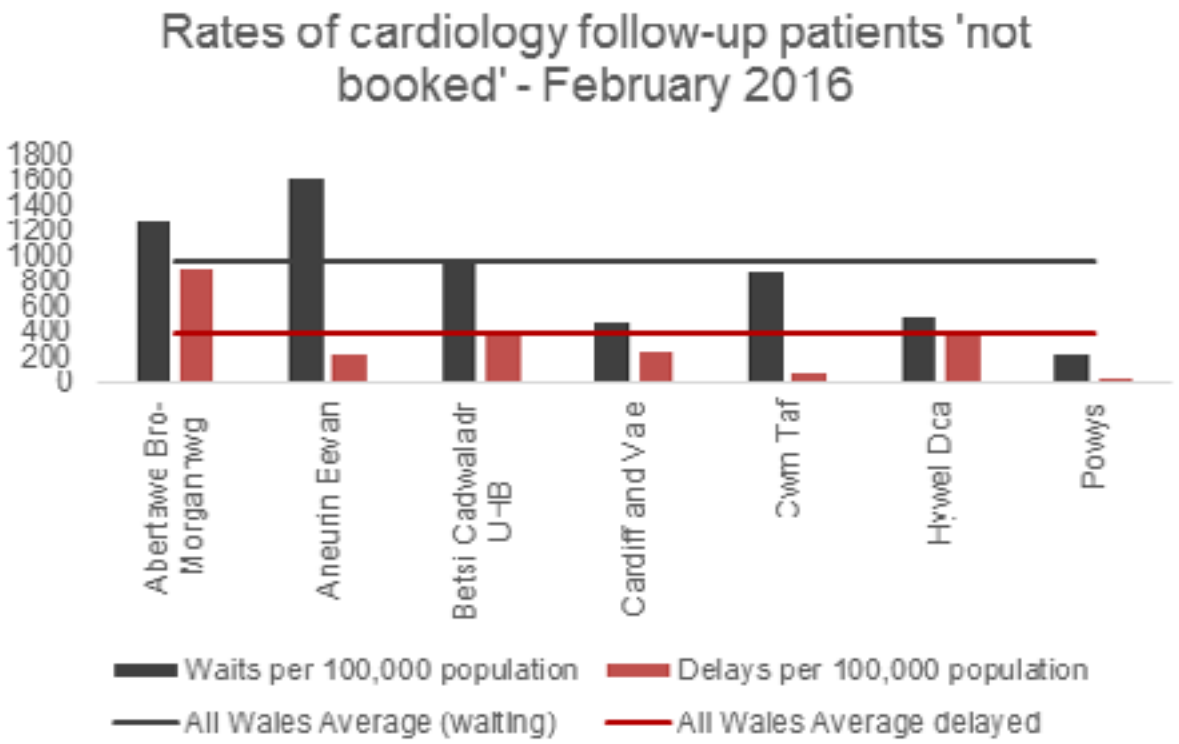


Wales Audit Office analysis of Outpatient Follow-up Delay Reporting Data at February 2016



Source: Wales Audit Office analysis of Outpatient Follow-up Delay Reporting Data at February 2016



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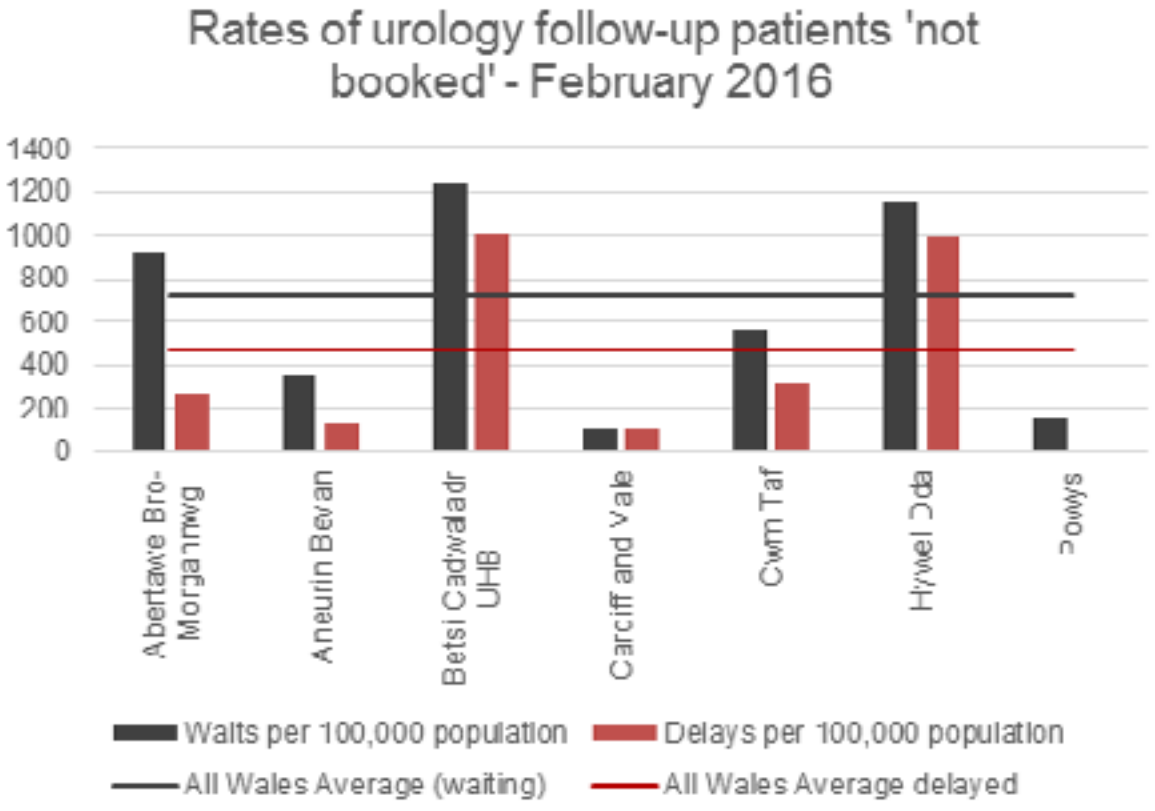

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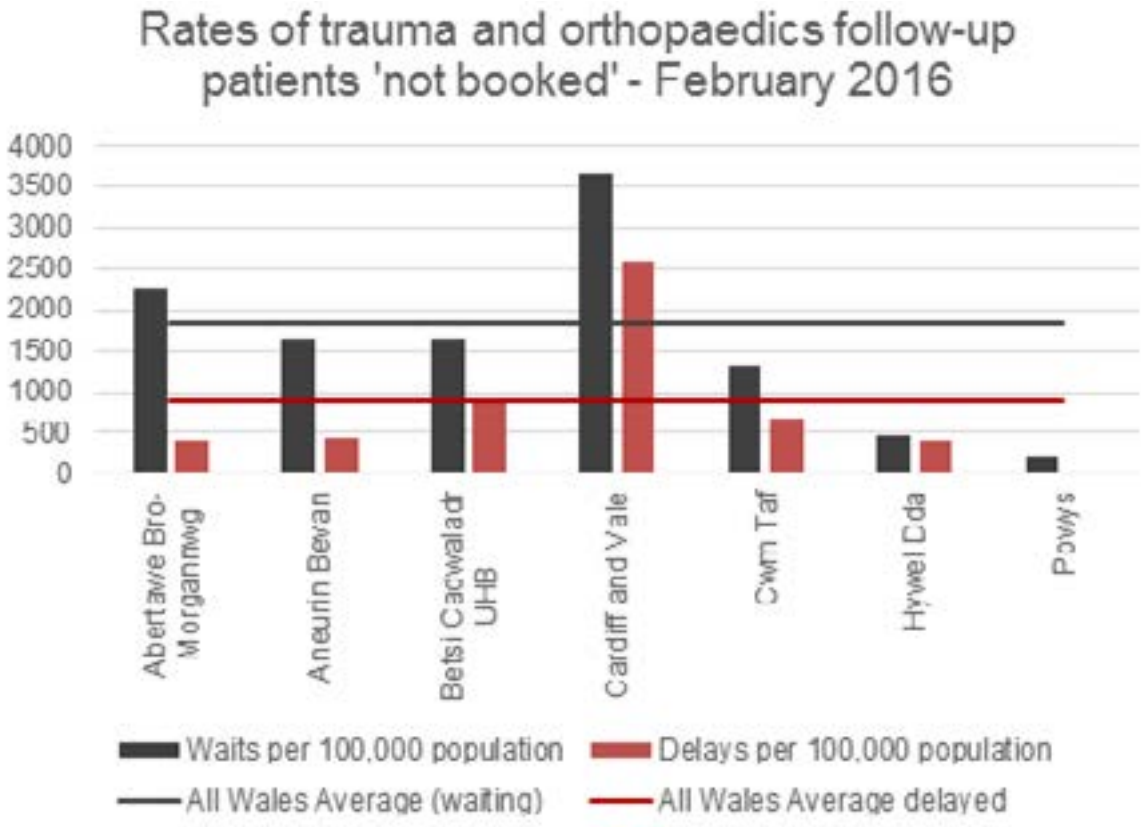

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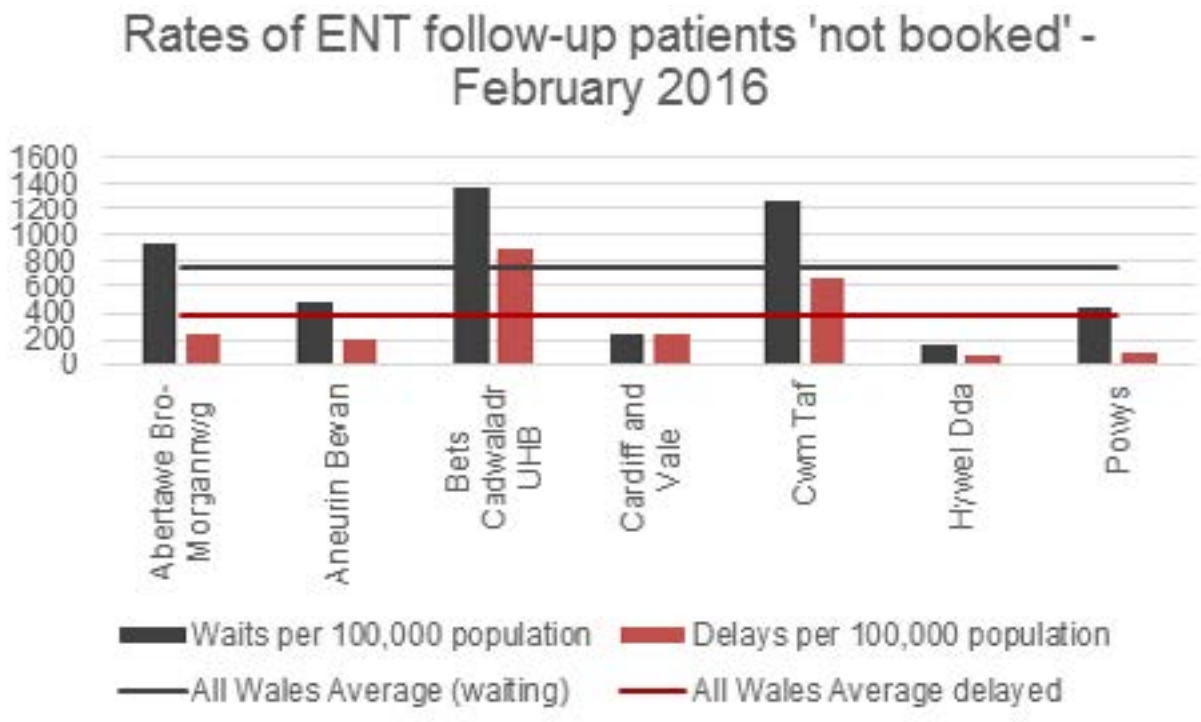

Source: Wales Audit Office analysis of Outpatient Follow-up Delay Reporting Data at February 2016

Appendix 3 – Improvement themes identified by staff focus groups

Pathway model:

- defining clear pathways and develop flexible joint working with primary care, for example, diabetes services, rheumatology and dermatology;
- establishing discharge criteria and developing confidence in practitioners to minimise inconsistency in discharge practice between consultants;
- developing shorter duration of acute care intervention, with clearer guidance, standards and consultant agreement on discharge to primary care;
- developing see on symptom approaches which allow GPs to have direct electronic communication access to specialist advice in the acute setting;
- ensuring that the development of GP clusters supports pathway redesign; and
- understanding follow-ups as part of a wider outpatient system and the need for new approaches to ensure unnecessary follow-ups are not generated.

Clinic capacity and location:

- improving data and information presented to specialties on follow-up outpatients;
- improving and standardising clinic templates;
- ensuring right clinic capacity in the right location for public access and need;
- reducing DNAs and CNAs at clinic, for example, by improving booking processes;
- increasing nurse-led services in the follow-up outpatient clinic setting;
- ensuring that if additional capacity is added to new outpatients to deliver RTT, then an appropriate ratio of follow-up outpatient capacity must also be added;
- ensuring that, if a model is developed for early discharge or management in primary care, GPs are engaged and have the capacity to provide the additional support; and
- ensuring patients are referred to the appropriate consultant/specialist.

Staffing clinics:

- improving the pace of recruitment of clinicians when there is a vacancy; and
- matching demand and capacity; and improving demand and capacity information, as well as activity for different types of staff to better understand actual clinical practice.

Other areas:

- identifying and prioritising patients with high-risk conditions;
- recognising that a cultural shift is required to develop and adopt new service delivery models;
- raising awareness of, and sharing good practice across, the organisation;
- adopting partial booking for follow-ups; and
- ensuring that waiting list validation is ongoing and resourced.

Source: Wales Audit Office

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