

Outpatient Clinical Redesign & Recovery Group				
Project/Workstream	Present Position/Update	Escalation Items	Outpatients Deliverable	Owner
Hybrid Mail	Exploring new national citizen empowerment board as means to deliver - to feedback following conversations.		Holistic digital outpatient solution for patients to engage with Health.	MC
PROMs	Heart Failure - PROM collection continuing in Heart Failure Clinics on DrDoctor. Service redesign currently taking place and further PROM collection points will be configured once the process is determined. Lymphoedema – National project to collect PROMs within Swansea Bay on DrDoctor to aid triage of patients and use during consultation. The service is not counted as one of the 3 specialties which have been procured as part of the DrDoctor Pilot Rheumatology – Identified as one of the two remaining specialties to use DrDoctor to collect PROMs for. VBHC team to engage with service to ascertain PROM collection points and requirements. WPAS data will be required and work currently ongoing to enable this with Digital teams.	Digital PROM resource currently working also working on Mass Immunisation programme. VBHC agreed to handle engagement meetings where possible to gather digital requirements. Third specialty area to be established for DrDoctor	Reduced patient waiting lists through the Quick Question tool. W/L removal option on WPAS to ascertain how many removed due to it.	MC
Quick Question	Rheumatology – 320 patients contacted to see if they wish to still need an appointment. 65% have responded with 13 patients removed from the waiting list. Acute and Community Paediatrics (enuresis and allergy) – Service have been engaged with and question determined with IG sign-off. Service preparing their waiting list with go-live expect W/C 5th October. Audiology – Waiting list information request currently with information department with question determined. Information requests currently being put in on an ad-hoc basis which has been causing some delays. Going forward a data containing all specialties with DOB and Mobile number will be requested in advance which will enable quicker turnaround.	Interested/priority services to be sent in advance to gather relevant waiting list information.		MC
Swansea Bay Patient Portal	Burns and Plastics - go-live proposed W/C 12th Oct 2 cohorts of patients • Adult Patients • Paediatric Patients		SBPP AIM • Discharge patients on SOS/PIFU • Reduce FUNB/OPD Lists • Patients to self-manage and educate using library resource Patients can secure message the team or secretary to instigate a formal or virtual follow up where required. This would greatly reduce the number of follow up appointments booked yet keeping them connected so they can report issues if necessary.	NE/MA
	Gastro (Singleton) - LIVE To date 35 patients using SBPP. The Gastro team are going to identify more patients to offer a SBPP record and the SBPP project team will support. Once more patients have been registered the clinical team will look at how the SBPP can enhance their service to help with F/Up reviews.		To be agreed	NE/MA
	Urology (Morriston) - LIVE 156 patients using SBPP. Clinic team still actively signing up patients. With the support of the SBPP project team, the Urology Team are going to identify more patients that have a stable PSA, that can be offered a SBPP record. This will allow patients to self-manage their condition.		Register more patients to allow them to self-manage their PSA condition	NE/MA
	Cleft - Speech and Language (Morriston) - LIVE 10th Sept 2020 • Ages range from 18 months onwards • Use of SBPP • Messaging • File Section; for patients/carers to upload audio of speech • Library information		Use SBPP to compliment OPD appointment by:- • Patients and carers upload high quality audio of speech exercises for clinical team to assess • Will help manage patients remotely by means of audio uploads, messaging queries rather than phone calls • Library information (possibly to include folders for homework)	NE/MA
	Persistent Pain (NPT) - LIVE 10th Sept 2020 Persistent Pain Supported Self-Help Programme was suspended due to COVID 19. Persistent Pain Supported Self-Help Programme allows patients to complete a 4 week pain management programme at home. 16 patients currently signed up to the programme. More patients are being added to the programme once assessed. Programme set up: Content: • Assessment • 4 week programme - PowerPoint slides /specific information • Re assessment • Follow up		AIM: Persistent Pain Supported Self-Help Programme allows patients to complete a 4 week pain management programme at home by a series of interactive videos and exercise work books and will be allocated a dedicated member of the multi disciplinary team to help manage their condition. Require a communication channel in order to message patients, and to send specific information	NE/MA
	Rheumatology - NPT - LIVE The Rheumatology are actively using the SBPP, allowing their patients access to their blood results and clinical letters and to direct message the team as a way of triaging patients to allow them to order medications, book an appointment and any other query. The SBPP project team are supporting rheumatology in running 3 M/S Teams training sessions in November which are now fully booked, 33 patients are booked on.		AIM - Give patients an overview of using the SBPP and make them feel digitally included.	NE/MA
Attend Anywhere	Over 12,000 virtual consultations have now been completed using the Attend Anywhere platform. 96 services are live with a further 61 currently piloting the solution. Expressions of interest continue to be received. Work also continues with the national programme to support them in writing a national business case for an All Wales virtual consultation solution.	1. A standard operating procedure has been drafted. Approval is now sought from the Outpatient Clinical Redesign & Recovery Group. 2. Identify and prioritise services/areas requiring implementation of AA and potential volume usage. • No funded resources available to support rollout. Resource is therefore used from other teams/projects as necessary.	Provide a video consultation solution available for Outpatient appointments.	NJ
InTouch	Intouch have completed their part of HL7 messaging work and this is now sitting with Huw Jones in WPAS Integration to complete his part before it moves to NWS integration for them to complete the work which commences on the 19/10 for 2 weeks.		• Intouch completed Work 11/9/20	DU
WPAS	20.1 is dependant on the above work being completed. Training documentation is being prepared and services have been contacted in order for the changes in functionality & process to start taking place. This includes a review of all clinic slots in order to ensure we know which are virtual, notes review and F2F. SOS & PIFU documentation has now been received from WWS and shared to the services. In the process of recruiting 2 secondments to help roll out this functionality and ensure awareness for all staff. Cashing up of clinics has been raised at the weekly meetings with the services and reports created specifically aimed at highlighting patients still on the FUWL. These reports can be run by the services 24/7... but no one was looking at the FUWL!		• SOS/PIFU Deliverables agreed by Phil Coles & Craige Wilson • Reports created for Services identifying patients on FUWL who have had an appointment but not outcome • 2 people seconded into the SOS/PIFU roles to start 2/11/20	DU
Dashboard	Phase 1 of the dashboard is nearing completion and is ready for testing. Phase 1 is an overview of several measures, such as number of referrals, number on RTT list, numbers on follow up waiting list, outpatient activity etc. Discussions have started with regards to Phase 2 which will be a more operational management view of the data where targets can be measured.		Outpatient Dashboard containing a centralised overview of outpatient measurables and performance against targets.	RJ/PC
Paperlite OPDs - using DMS and WCP to contribute to and retrieve information from digital health record	<u>Reduction in storage of paper documentation in medical records</u> Many outpatient clinicians use digital dictation and/or DMS for the creation of letters to be sent to GP practices and for storage within WCP. DMS letters, e-referrals, discharge advice letters and other electronic documents and/or forms are available in patients' digital health records accessed via Welsh Clinical Portal (WCP). 2 Pilot areas/users identified: • Nick Gill - Urology • Edward Brown - Vascular Pilot commenced w/c 5/10/20 with NG to remove the addition of paper to the medical record.	1. Following pilot completion at the end of November, the project should be presented at Grand Round to promote further rollout. 2. Outpatients Recovery and Redesign Group to identify target specialties/services to transition to Paperlite ways of working. 3. Following pilot and evaluation, there may be a reluctance from wider service colleagues to adopt Paperlite ways of working. 4. Continuation of the pilot with a single user/minimal additional users may cause greater confusion where some paper medical records have information that is also stored electronically, while others will not. Neither paper nor electronic records would reflect patients' full medical records until such time all clinicians adopt fully Paperlite ways of working.	• Remove the need to add to the paper record (including the movement of the record to CAB following appointment) for duplicate documents to be included which are already held electronically.	AA
	<u>Reduction in the provision of paper medical records to OPDs</u> Further discussions required prior to not providing notes for OPD appointments. Paper notes currently provided and viewed/used (depending on consultant), however we are aware that some clinicians do not refer to paper notes provided to OPDs, or only do in exceptional/rare circumstances.	1. Following learning from the pilot of reducing the storage of paper documentation in medical records, a decision will be required as to how to progress this within a service/specialty.	• Remove the requirement for the paper record to be provided for the OPD appointments – using only electronic methods to obtain/view patient information/records.	AA