

UPDATE ON DELAYED FOLLOW-UPS

1. INTRODUCTION

The Health Board has a significant number of patients waiting for appointments for longer than it would wish. When either an elective procedure or outpatient follow-up is delayed, there is the potential for harm to patients. The Health Board is implementing a number of processes that will help identify patients and escalate where appropriate.

2. BACKGROUND

Patients waiting for procedures

The current Health Board Patient Access Policy has a section which sets out the expectations for clinical review of both routine and urgent patients waiting for planned treatment. The Policy states that “Patients moving into the 52 week timeframe for the first time will be alerted to the named consultant and a clinical review will be undertaken to assess the patient’s current clinical priority. Where a patient requires surgery, their status will be adjusted to urgent and they will be considered for surgery ahead of routine cases. Patients referred for urgent care waiting longer than 3 months for their surgery following the decision to surgically treat will also be alerted to the named consultant and subject to a further clinical review. If they continue to require urgent care they will be expedited for treatment.”

In addition to the requirements set out in the Policy, specific examples of good practice are evident within our clinical teams:

- In orthopaedic surgery the clinical team has written to the 200 longest waiting patients to determine their current status and in order to support this a dedicated telephone line has been established to allow patients to discuss their position and agree next steps.
- Patients waiting for cleft lip and palate surgery have also been written to brief them on our plans for their treatment and blend of internal additional capacity and external capacity has been commissioned, via the clinical lead for the service, to treat the patients with the greatest need.

Patients waiting for follow-up outpatient appointments

By the end of Quarter 4 a monitoring system will be developed to measure compliance with the Access Policy and this will be built into the routine quarterly performance review process with units.

The Executive Medical Director and Chief Operating Officer have written jointly to all clinicians in the Health Board to inform them:

- Firstly, to create a sustainable position in outpatients and reduce the number of patients exposed to these avoidable risks, SBUHB will undertake a routine task of validation for all patients delayed over 100% past their target date. The exercise will begin in the week commencing 10th February 2020.
- Secondly, to highlight that figures for December 2019 show that the total Follow Up Not Booked (FUNB) was 131,263 and total FUNB over their target date was 20,579 across the Health Board. In order to improve timely access to care and reduce the risk of avoidable harm to patients waiting too long for their appointments and treatments the Health Board will be fully implementing the DNA Policy rules from 10th February 2020.

In addition to this, the Executive Medical Director has been in discussion with Medical Director colleagues in other Health Boards and has identified an approach being used by Cardiff and Vale University Health Board where a Standard Operating Procedure (SOP) is in place for the clinical review of long waiting patients. The SOP has similar elements to that of our Access Policy and this will also be reviewed in Quarter 4 to identify any areas of good practice that may strengthen our own local Access Policy.

3. GOVERNANCE AND RISK ISSUES

There is a clinical risk to patients waiting for procedures and appointments.

4. FINANCIAL IMPLICATIONS

None

5. RECOMMENDATION

The Performance and Finance Committee is asked to NOTE the contents of this report