



Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	25 February 2020	Agenda Item	4.1
Report Title	Outpatients Modernisation Programme: Follow Up Not Booked Progress Update		
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Report Sponsor	Richard Evans MD, Chris White COO		
Presented by	Craigie Wilson, Deputy COO		
Freedom of Information	Open		
Purpose of the Report	This report is provided to give a progress update on the Outpatients Modernisation Programme's coordinated efforts to improve the FUNB position in line with national targets and Welsh Government set objectives for a 15% reduction in the FUNB position by March 2020.		
Key Issues	<p>The performance of our Outpatient services is a key objective for the Health Board as Follow-Up waiting lists are an ongoing and significant issue.</p> <p>Figures for April 2019 show that the Total Follow Up Not Booked (FUNB) was 135,093 and Total Follow Up Not Booked over their target date was 24,642 across the Health Board.</p> <p>The NHS Wales Planning Framework 2018-2021 has a clear expectation that quality must be at the centre of the delivery of services, ensuring that the NHS in Wales reduces waits and harmful delays for patients. For this to be delivered will require both managerial effort and very importantly clinical engagement to ensure these objectives are met.</p> <p>As a result of Welsh Government funding a small team has been in place since November 2019 to coordinate the Health Board's actions in respect of Outpatients. A Clinical Redesign Group is also in place, led by Dr Phil Coles, and this group is coordinating a wide range of activities including oversight of the Board's FUNB programme, as well as overseeing a comprehensive programme of work to modernise the delivery of outpatients. A validation team has been in place since the start of 2019/20 and is</p>		

	overseeing a widespread validation programme to drive down the Board's FUNB position.			
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	The Committee is asked to note the content of the report			

Outpatients Modernisation Programme: Follow Up Not Booked Progress Update

1. INTRODUCTION

The purpose of this report is to share with the Performance and Finance Committee the ongoing improvements and actions in the Outpatients Modernisation Programme to:

- Create a sustainable FUNB position by reducing the Total FUNB list by 15% between March 2019 and April 2020 (135,093 to 114,829)
- To create a sustainable position and to reduce the 100% delayed follow up waiting list by 15% by March 2020
 - a further 20% by March 2021
 - a further 20% by March 2022

2. BACKGROUND

A status report detailing the Health Boards performance and plans has been previously shared with the committee and is now embedded within the monthly reports.

The Health Board gained approval for a number of outpatient improvement bids totalling almost £500K to introduce additional initiatives to improve the FUNB position for a period of six months from October 2019 to March 2020.

Original WG AIM was understood to be:

- Prevent 2,000 follow up patients being added to the FUNB waiting list between March 2019 and March 2020.
- To create a sustainable position and to reduce the 100% delayed follow up waiting list by 15% by March 2020
 - a further 20% by March 2021
 - a further 20% by March 2022

The scope has now been revised to:

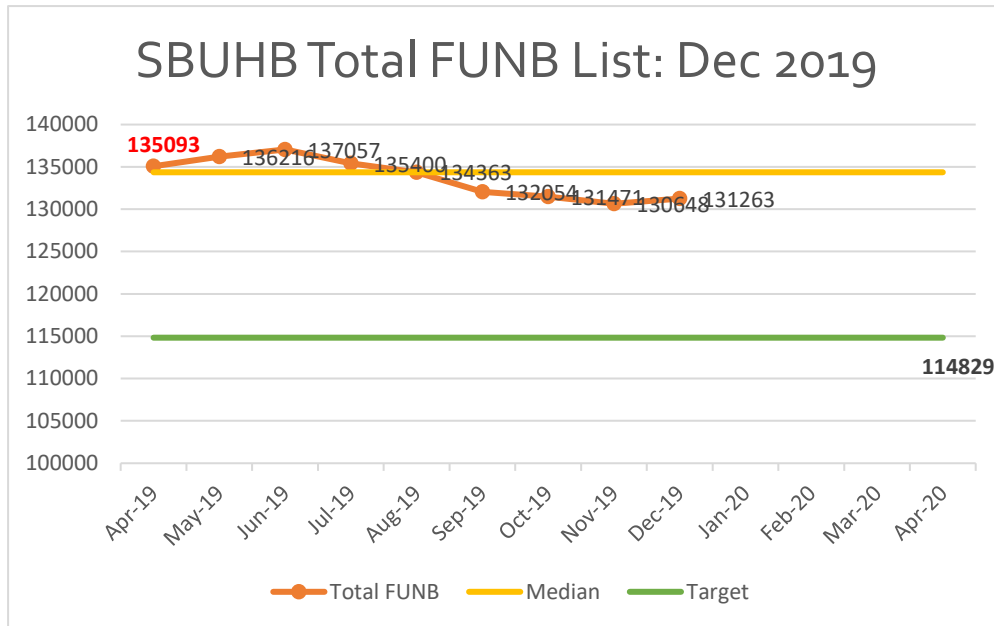
- Create a sustainable FUNB position by reducing the Total FUNB list by 15% between March 2019 and April 2020 (135,093 to 114,829)
- To create a sustainable position and to reduce the 100% delayed follow up waiting list by 15% by March 2020 (24,642 to 20,946)
 - a further 20% by March 2021
 - a further 20% by March 2022

The change from preventing 2000 patients being added to the follow up waiting list is significantly different to achieving a 15% reduction in the Total FUNB list.

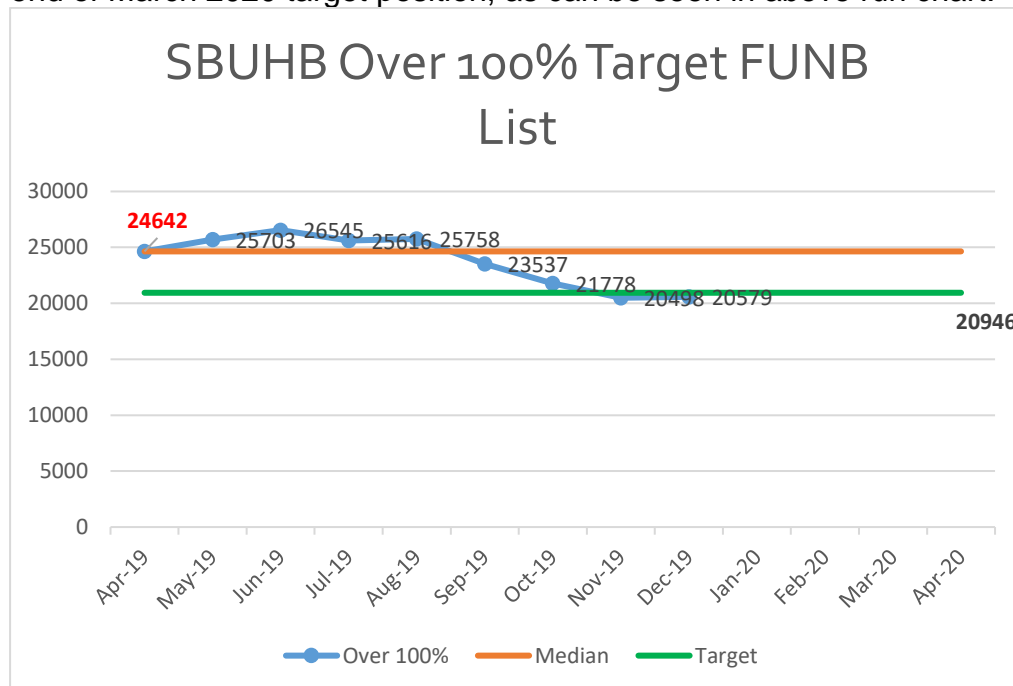
This paper provides a progress update on the actions taken by the health board to achieve the 15% reduction in the Total FUNB list by March 2020 and achieving the 15% reduction of in the 100% delayed follow up waiting list (patients who have been delayed past their target date).

3. CURRENT PERFORMANCE AND ACTIONS

3.1 Swansea Bay UHB FUNB Lists: December 2019 Position



From an April 2019 baseline of 135,093 patients, December figures show a reduction to 131,263 patients on the total FUNB list. The 15% target is 114,829. There is a -16,434 variance between the December position and the end of March 2020 target position, as can be seen in above run chart.



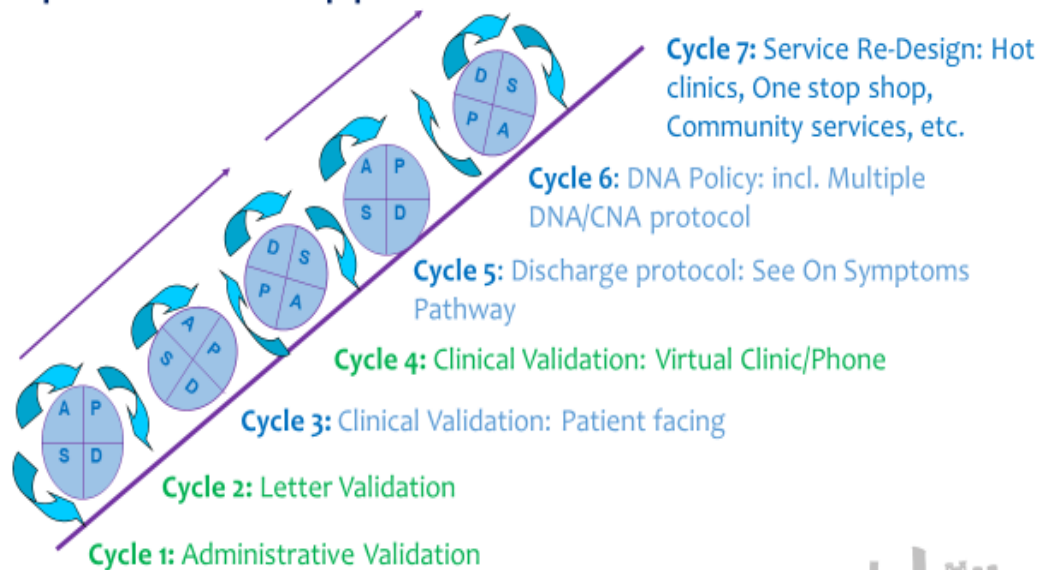
From an April 2019 baseline of 24,642 patients, December figures show a reduction to 20,579 patients on the Over 100% delayed FUNB list. The 15% target is 20,946. There is a +367 variance between the December position and the end of March 2020 target position, as can be seen in above run chart.

The Health Board has further been successful in gaining approval for a number of additional bids totalling almost £500K to introduce additional initiatives from October 2019 to March 2020. These bids have been supported by Delivery and corporate units who are currently acting on these investments to realise their potential over quarters 3 and 4 – key initiatives are as follows:

- Ophthalmology - AMD - Community Referral Refinement Centre - Reduce the waiting list by 25 patients per month through the removal of inappropriate referrals.
- Orthopaedics / Gastro / Paeds - ADOPT: Action to Deliver Outpatient Transformation - Prevent 2,000 follow up patients being added to the waiting list between March 20 and March 21 by March 2020.
- Neurology - Regional Coordinator for Epilepsy Services - Reduction in patients waiting over target date from 416 patients 100% over target in SBUHB to 0 by March 2020.
- Gynae- Oncology - Reducing FUNB & increasing use of virtual reviews - To reduce the FUNB backlog from 300 to 0 by March 2020.
- Restorative Dentistry - Pathway Change for Validated FUNB Patients to Primary Care Based Health (Dental) Care Professionals with Enhanced Skills to Provide Sustainability. Reduce 700 FUNB patients to 450 by March 2020.
- Urology - PKB Co-ordinators - Reduce urology patients on the follow up waiting list by 250 by March 2020.
- Dermatology - Implementation of the new dermatology pathway in primary care. - Reduce FUNB patients by 100 by March 2020 and 250 per year thereafter (see attached report for individual area performance)

An Improvement Approach and Project Management support has been adopted to drive improvements in the core 9 areas that received Welsh Government funding to address the FUNB position in these areas, as shown below:

Improvement Approach



A combination of Administrative, Letter and Clinical Validation has been undertaken to date, with more planned. This has resulted in significant improvements in the Over 100% delayed FUNB position (please see attached report)

- The Validation team have removed a total of 13861 entries through Administrative Validation. This is ongoing work and the team will also be administering the refresh of the DNA policy and undertaking letter validation for the longest waiters.
- The National Outpatient Modernisation Working Group has been refreshed and actively taking forward new measures to address these pressures which are being seen across Wales. Actions include improved coding, clarification of virtual clinic patients, shared learning, and stronger information reporting by specialty – these will be delivered during Quarters 3 and 4.
- The Health Board has refreshed the Outpatient Modernisation Group and developed a more clinically engaged and clinically led Outpatient Transformation Board. The Chair of which is Dr Phil Coles – Consultant Anaesthetist and QI Lead. Its first meeting took place in October 19 and monthly thereafter.
- The Health Board is currently refreshing the DNA policy. Adherence to the DNA policy will take effect from the week commencing 10 February 2020. This will result in a sustainable FUNB position and improve access to timely care for patients who most need appointments.

- Letter Validation of longest waiters to commence week beginning 17th February 2019. This will be an ongoing process with approximately over 22,000 patients delayed over their target date
- Data analysis has shown that 5,256 patients have DNA'd more than twice. Adherence to the DNA policy will potentially see this cohort of patients discharged to GP/referrer
- Data analysis has shown that 9,342 patients have cancelled their appointments – guidance is being sought for this cohort of patients as they are routinely given another appointment by default.

4. GOVERNANCE AND RISK ISSUES

4.1 It is noted that the current performance in reducing the number of patients currently on our lists is having an impact – there remains much work to do in getting into a sustainable position with agreed processes / standards in place with clinical teams.

4.2 Delivery units will still need to ensure that a clinical monitoring / review process are included within their respective action plans to ensure that no harm is brought about to patients awaiting review and are being delayed access to that review.

4.3 Future Delivery unit IMTP submissions will need to ensure that adequate capacity is available to outpatient clinics to meet this and future demand. The impact of that capacity can be mitigated through changes in work flow – such as greater use of virtual clinics / self-managed care, alternatives to medical face to face reviews in primary care – actions which will be addressed through greater co production and agreement.

4.4 There remains an issue with regard to ongoing clinical engagement and ownership of delivery which will require greater collaboration, personal ownership and performance intervention if there is any dispute as to the implementation of agreed best practice – both locally and nationally driven.

5. RECOMMENDATION

The Committee is asked to note the content of the report and the actions being taken to improve performance in this key area for the Health Board.

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	☒
	Co-Production and Health Literacy	☒
	Digitally Enabled Health and Wellbeing	☒
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	

	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
<p>For our population we want:</p> <ul style="list-style-type: none"> • Improved population health and wellbeing • Better quality and more accessible health and social care services • Achieve better outcomes and experience for patients at reduced cost • Enable the maximised utilisation of outpatient capacity to see patients in a timely fashion • To deliver a sustainable service whilst providing improved performance to the overall clinical pathway with reduced waiting time / delays in individual patient treatment plans • Minimise harm to patients 		
Financial Implications		
<p>IBG have supported the investment to cover the cost of the validation team for a two year period with a third year to be explored utilising savings that could be accrued from cost avoidance with improved performance and delivery.</p> <p>Additional funds secured from Welsh Government to support a number of transformational change programmes will need to be carefully handled as if they are not IMTP approved for future years – this funding will be stopped with effect from the 31st March 2020. There are ongoing discussions with Welsh Government on the implication of this and early signs are encouraging.</p>		
Legal Implications (including equality and diversity assessment)		
<p>The Health Board is responsible for planning and delivering primary, community and secondary care health services for its resident population. Ensuring that the Committee is fully sighted on this area of business is essential to positive assurance processes and related risk management</p>		
Staffing Implications		
<p>A number of short term and non-recurring funded posts have been secured – which will need to be managed if these funds are not covered by agreed IMTP monies.</p>		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
<p>Meets the Vision for Wales in regard to Outpatient modernisation and Planned care.</p>		
Report History	<p>Previous reports provided November 2018, February 2019, June 2019, September 2019</p>	
Appendices	<p>Appendix 1 – Outpatients Modernisation Presentation</p>	

	Appendix 2 – Delayed Follow Ups Report
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