



Review of Follow-up Outpatient Appointments **Aneurin Bevan University Health Board**

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Status of report

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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 attendances¹ 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 Board² has recently clarified the definition of follow-up attendances as that '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 Wales³. Follow-up outpatients are the largest part of all outpatient activity and have the potential to increase further with an aging population which may present with increased chronic conditions and co-morbidities.

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 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.

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4. Health boards manage follow-up appointments that form part of the Referral to Treatment (RTT) pathway. These are subject to the Welsh Government RTT target of 26 weeks. However, 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.
 5. In 2013, the Royal National Institute for the Blind raised concerns that patients were not receiving their follow-up appointments to receive on-going 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' exercise⁴ 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 date⁵. 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, there continues to be data collection issues in relation to patients who 'could not attend' (CNA) or 'did not attend' (DNA) and also patients on a 'see on symptom' pathway. The Welsh Government will be issuing a revised Data Set Change Notice (DSCN) to further develop the reporting requirements of delayed outpatient appointments.

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 **Data Set Change Notice (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.

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9. Analysis of the June 2015 health boards' submissions reveals that in Wales there were some 521,000 patients⁶ 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 yet having 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 2015-16⁷, 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-up patients 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 for Wales 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?'**

Our findings

13. Our review has concluded that within Aneurin Bevan University Health Board (the Health Board) 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.
14. The reason for our conclusion is that:
 - There is a systematic approach to identifying the volume of follow-up outpatients although the Health Board needs to identify which patients still need to be seen and to assess the clinical risks associated with delayed follow-up appointments:
 - the Health Board has a good understanding of the Welsh Government data standard requirements and is improving the range of information available on outpatient follow-up; and

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.**

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- the Health Board has adopted a systematic approach to validate its follow-up outpatient list but more work is needed to assess the clinical risks and harm to patients waiting beyond their target date.
 - The Health Board has reduced the number of patients waiting for a follow-up appointment, however, it has more to do and it needs to improve scrutiny and assurance arrangements:
 - although the Health Board has reduced the numbers of patients on its follow-up waiting list, it still has a significant number of patients who are waiting beyond their target date; and
 - performance information is used to target effort on addressing follow-up demand, but better reporting of performance is needed to inform scrutiny and assurance discussions at the Board and its sub-committees.
 - The Health Board is developing plans to improve the management of outpatients, but successful delivery of these plans will be challenging:
 - short-term operational arrangements are in place to help reduce the number of delayed follow-up outpatient appointments; and
 - the Health Board has developed key foundations in some specialties to improve outpatient services, but further work is required and the pace of change is a concern.

Recommendations

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

Follow-up outpatient reporting

- R1 Improve the information available for booked follow-up patients, to better manage associated clinical risks and to be able to comply with Welsh Government reporting requirements.
- R2 Improve the range of performance information regularly reported to the Quality and Patient Safety Committee, ensuring that it covers a broader range of specialities and clearly reports clinical risks associated with delayed follow-up appointments.

Clinical risk assessment

- R3 Identify clinical conditions across all specialties where patients could come to irreversible harm if delays occur in follow-up appointments. Develop targeted interventions to minimise the risk to patients with these conditions who are delayed beyond their follow-up target date.

Clinical condition level pathways

- R4 As part of the Outpatient Transformation Programme, develop and implement lean clinical condition pathways (like that already in place for Cataracts), to improve quality, safety and efficiency of service.

Outpatient transformation

- R5 Consider and identify the change management arrangements to accelerate the delivery of the long-term Outpatient Transformation Programme which should include consideration of:
- clinical resources, including medical, nursing and allied health practitioners, required;
 - the change capacity and skills required; and
 - internal and external engagement with stakeholders.

Detailed report

There is a systematic approach to identifying the volume of follow-up outpatients although the Health Board needs to identify which patients still need to be seen and to assess the clinical risks associated with delayed follow-up appointments

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

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 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 spent time developing tools to extract information from the Patient Administration System (Myrddin) as not all follow-up patients are identified on the standard report, for example, patients who had been invited for an appointment were not included. Approaches are in place to help ensure that the right information is extracted into a separate information and reporting system. The need for this is unfortunate, but the solution that the Health Board has developed as an alternative is appropriate and provides consolidated information from different clinical systems into a single view or dataset.
18. The Health Board met its submission requirements to the Welsh Government between January and March 2015. However, since the introduction of new data submission requirements in April 2015, the Health Board has raised a number of issues relating to data requirements of booked patients. This is making it more problematic to report the degree to which patients are delayed beyond their target date. Not all booked patients waiting for a follow-up have a target date. For example, patients who are discharged and then booked an appointment through a ‘see on symptom’ approach will not have a clinically set target date. There are also issues relating to booked patients that CNA and DNA and how the Health Board treats the data for these patients in terms of calculating their delay beyond target date.
19. 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 on 6 July 2015 to help clarify some of the issues identified above. This should help provide a basis for improving accuracy of reporting of the number of booked follow-up outpatients who are delayed.

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20. Interviews with key members of the Health Board indicate that, in advance of national guidance provided late last year, it has developed its own measures to determine the performance of its follow-up lists. This includes using categories such as priorities and weeks delayed for reporting. We understand that these have been developed with reference to the guide to good practice for elective services⁸.
21. The Health Board has good information which allows it to identify patients that are:
- due a follow-up appointment, but have not yet reached their target date;
 - due an appointment, ie, those patients sent invite letters as part of the partial booking process; and
 - past their follow-up target date, by percentage delay and also by actual delay as measured in weeks past their target date.
22. The Health Board has improved information including the development of a Business Intelligence Tool and access to CHKS data analyses⁹. The Health Board is also piloting dashboards to allow clinicians to review a wide range of performance. Despite these improvements and information becoming more widely available to clinicians and managers, it is not clear how the information is used as part of regular performance management within divisions and at specialty level to better manage follow-up waiting lists.

The Health Board has adopted a systematic approach to validate its follow-up outpatient list but more work is needed to assess the clinical risks and harm to patients waiting beyond their target date

23. The Health Board was aware that it had an increasing number of patients who were waiting for a follow-up outpatient appointment and established a group called the Follow-up Improvement Group in April 2014. The Group is chaired by the Chief Operating Officer and its focus is to improve the quality and accuracy of the follow-up outpatient waiting list, and reduce the numbers of patients delayed.
24. Over the last 18 months, the Health Board has been proactive and concentrated efforts on clerical validation, with some clinical validation of the follow-up outpatient list to ensure that patients who were inappropriately or incorrectly on the follow-up list are removed. A number of data quality issues were identified and are summarised below:
- duplication of patients requiring follow-up, because of system generated error;
 - duplication of patients because of process error (for example, those that were discharged, but then were called back for a follow-up because their discharge was not noted on the system);
 - patients not requiring follow-up, but placed on the waiting list in error;

⁸ **A guide to good practice – Elective Services**, National Leadership and Innovation Agency for Healthcare, July 2005.

<http://www.wales.nhs.uk/sitesplus/documents/829/guidetogoodpracticeelective.pdf>

⁹ CHKS is an independent provider of healthcare intelligence and quality improvement services to NHS organisations across the UK, including all health boards in Wales.

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- patients who were correctly placed on the list but no longer have a need for a follow-up appointment; and
 - patients on the follow-up waiting list, but with no clinical need for an appointment (for example, those that should have been clinically discharged, but were unnecessarily booked for another appointment).
25. The interim Chief Operating Officer recognises the need to improve the processes, systems and pathways to ensure that the list is improving in terms of accuracy at the point of data input, and so reduce the need to invest in retrospective data validation. Improvements are helping to ensure that appropriate information is entered on to a patient's record, and strengthen booking processes to enable better management of the follow-up waiting list. For example, we were told that all the un-booked patients on the follow-up list have a clinically set target date and that the validation team regularly communicates with booking centre staff to help improve processes and learn lessons.
26. However, 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 so that improvement action can be targeted to address the cause of errors. For example, if a high proportion of patients are removed because they were on the list in error, then this may give concern about list accuracy, and mean that further process, controls and training are required. It also means that the reduction in the number of patients on the follow-up list is not a real improvement but a consequence of cleansing the list rather than addressing the clinical needs of patients. Our review also identified that Myrddin system training is required. This should help to ensure that staff use the system properly and follow the right processes to minimise data and list errors, such as the creation of erroneous duplicate follow-up outpatient pathways.
27. The Health Board has a central clerical validation team that covers the majority of specialities. The work of the validation team has historically focused on RTT but has recently been expanded to include validation of follow-up lists. There is a dedicated full time member of staff validating the follow-up waiting list and at the time of our review, a business case was being developed for two additional posts. The work of the validation team is prioritised in relation to patients who are past their target date, this tends to be priority 1 and priority 2¹⁰ as they are the longest waiters.

¹⁰ Priority One: The Clinic Date (CD) is after the End Date (ED). This means that the appointment is already overdue, beyond the acceptable range of possible appointments. Priority Two: The Clinic Date (CD) is within 14 days of the End Date (ED). This means that unless the appointment is made immediately, the clinic will fall outside the acceptable range of dates. **A guide to good practice – Elective Services**, National Leadership and Innovation Agency for Healthcare, July 2005.

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28. The Health Board has significantly reduced the numbers of patients on the original list of follow-up outpatients. In May 2014, the Health Board was reporting around 130,000 (un-booked) patients on the follow-up waiting list and this has reduced to around 88,000 over a 12-month period. Of those 88,000 patients, there are around 30,000 who are delayed. However, our discussions with staff indicate that the reduction is largely through clerical list validation.
 29. 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.
 30. The Health Board has also undertaken some clinical validation of patients on the follow-up list on what it considers priority speciality areas, which are; urology, ophthalmology, orthopaedics, rheumatology and general surgery. The approach has involved reviewing patient notes to assess if patients can be safely discharged or whether they need to be seen in either an outpatient or virtual clinic¹¹. Despite this, there is no formal process to assess clinical risks in other specialities or sub-specialties that have patients who are delayed past their target date.
 31. Although clinical specialties normally follow clinical guidelines, if they are available, for setting follow-up or review dates, the degree to which clinical guidelines exist varies by speciality and sub-specialty. 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.
 32. 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 follow-up demand. This, in turn, should enable more refined demand and capacity modelling and the development of appropriate alternative 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, 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.

¹¹ 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.

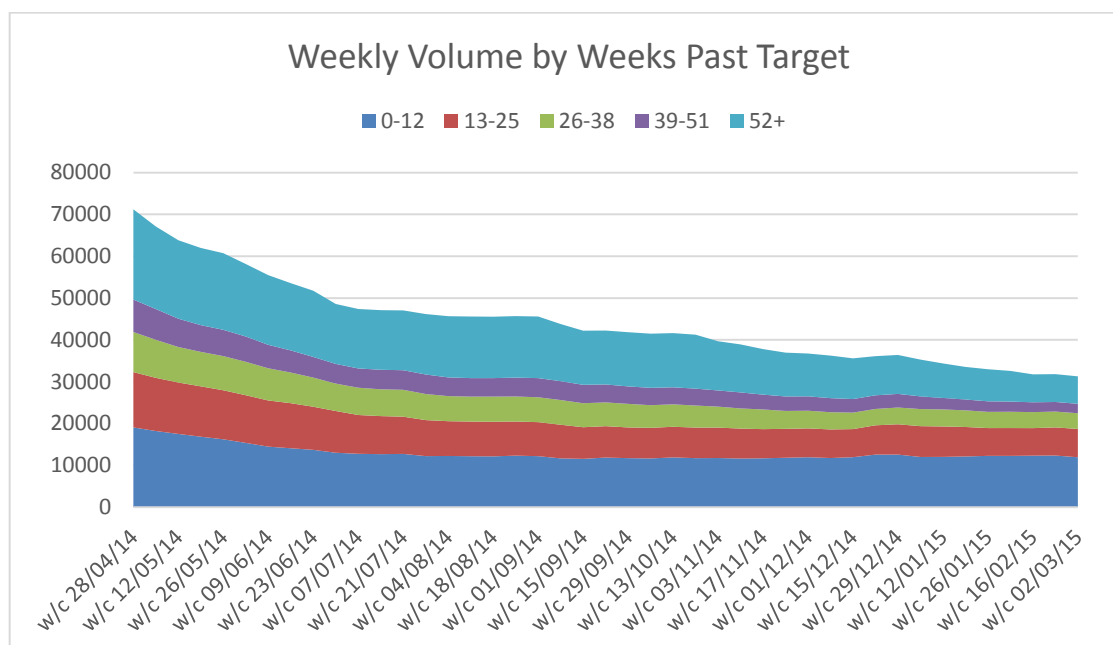
The Health Board has reduced the number of patients waiting for a follow-up appointment, however, it has more to do and it needs to improve scrutiny and assurance arrangements

Although the Health Board has reduced the numbers of patients on its follow-up waiting list, it still has a significant number of patients who are waiting beyond their target date

33. Since January 2015, the Welsh Government has required all health boards to report the number of un-booked patients waiting for a follow-up outpatient appointment. Since 2013, the Health Board has been recording and reporting this information, albeit in its own format, as part of its performance management arrangements.
34. Based on data that the Health Board has submitted to the Welsh Government since January, there has been a gradual improvement and reduction in the numbers of patients on the follow-up waiting list ([Appendix 2](#)). There has also been a positive reduction in the numbers of patients that were waiting twice as long as they should have (ie, over 100 per cent delayed). Nevertheless, the proportion of patients delayed twice as long as they should have is still high at 44.6 per cent¹². It is possible that these delays are presenting clinical risks to patients requiring follow-up.
35. The Health Board has also been reporting its own performance data. Although the format of this is different to the Welsh Government requirements, there is a clear positive downward trend in the numbers of patients that are overdue a follow-up outpatient appointment ([Exhibit 1](#)).

¹² Some of the delayed patients are delayed as a result of their own action, for example, they have not attended a booked appointment (short -notice cancellation or failure to attend).

Exhibit 1: Trend in number of un-booked patients who are overdue a follow-up outpatient appointment



Source: Aneurin Bevan data

36. As part of this review, we focussed on four specialties (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 2** shows the total number of patients waiting for a follow-up appointment and the percentage of those patients who are delayed beyond their target date in these specialties. The trend, between January and June 2015 for each specialty is set out below:
- General Surgery – mainly one of reducing both the number of patients waiting for a follow-up as well as reducing the number of patients delayed past their target date.
 - Ophthalmology – there has been relative stability in the numbers of patients waiting for a follow-up. The total number of patients delayed increased by 297 between January and June. The proportion of patients delayed decreased for the first time since January.
 - General Medicine – although a relatively small number of patients are involved the health board has significantly reduced both the number of patients waiting and those delayed with two patients waiting and one delayed as at June 2015.
 - Gynaecology – the trend is one of relative stability with some 42 per cent of patients delayed in June.

Exhibit 2: The number of patients waiting for a follow-up and the percentage who are delayed by selected speciality between January and June 2015

Specialty	January	February	March	April	May	June
General Surgery						
Number of patients waiting for a follow-up	3,840	3,520	3,421	3,403	3,412	3,521
Number and percentage of patients delayed beyond target date	1,778 46%	1,536 44%	1,516 44%	1,432 42%	1,339 39%	1,357 39%
Ophthalmology						
Number of patients waiting for a follow-up	7,071	6,929	7,096	7,619	7,553	7,017
Number and percentage of patients delayed beyond target date	2,271 32%	2,250 33%	2,732 39%	3,150 41%	3,206 42%	2,567 37%
General Medicine						
Number of patients waiting for a follow-up	23	27	11	33	47	2
Number and percentage of patients delayed beyond target date	9 39%	7 26%	5 45%	22 67%	27 57%	1 50%
Gynaecology						
Number of patients waiting for a follow-up	2,174	2,308	2,343	2,294	2,264	2,348
Number and percentage of patients delayed beyond target date	905 42%	964 41%	1,012 43%	1,027 45%	922 41%	990 42%

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

Performance information is used to target effort on addressing follow-up demand, but better reporting of performance is needed to inform scrutiny and assurance discussions at the Board and its sub-committees

- 38.** 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.
- 39.** A review of recent Board minutes and papers found that information reported on follow-up waiting list performance and the clinical risks associated with delayed follow-ups needed to be improved. Information that is reported to full Board focuses on DNA rates of outpatient clinics but coverage of follow-up outpatient performance has been variable over the last 12 months.
- 40.** The Quality and Patient Safety Committee received information on delayed follow-up outpatients relating to ophthalmology at its March 2015 committee. The information reported included details on the number of patients waiting for a follow-up appointment as well as the risks associated with delays and identified improvement actions. The Committee, as part of its assurance to the Board via its committee report, recently provided highlights from its own report relating to ophthalmology follow-up outpatient delays. The issues related to delayed follow-up outpatients have been on the agenda of the Quality and Patient Safety Committee for at least two years.
- 41.** The Quality and Patient Safety Committee regularly receives reports on organisation-wide clinical incidents and complaints. Such reports include the number of patients that have come to harm and those where no harm has been reported. In addition, at its March meeting, the ophthalmology paper identified incidents within the specialty. This indicated that there were 27 incidents reported between January 2014 and February 2015 that related to delays in follow-up appointments. The report also indicated that 13 patients came to harm. It is positive that the Health Board can produce detailed information at a specialty level and that it reports transparently the data relating to harm to the Quality and Patient Safety committee.
- 42.** Given the current high profile nature of ophthalmology it is understandable to see enhanced reporting for this speciality, however, reporting for other specialties and high-risk clinical conditions is limited and needs to be improved. 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.
- 43.** The Health Board needs to improve the general 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 or indicators to enable the Health Board to understand its performance and manage operational activity to address the follow-up delays that present the highest clinical risk of patients coming to harm.

The Health Board is developing plans to improve the management of outpatients, but successful delivery of these plans will be challenging

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

44. In early 2014, the Health Board established an operational group called the Follow-up Outpatient Improvement Group. The group is chaired by the Interim Chief Operating Officer, who is also a member of the Outpatient Transformation Programme Board. The purpose of this group is primarily to understand the scale of the delayed follow-ups and put in place organisation-wide operational arrangements including:
 - clerical validation (removing erroneous appointments);
 - clinical validation (removing clinically inappropriate appointments); and
 - developing systems and processes to reduce the recurrence of errors and duplicates.
45. The membership of the Follow-up Outpatient Improvement Group includes a cross section of staff and is co-ordinated and supported on a day-to-day basis by the Senior Performance Manager. We were told that once such arrangements are in place to ensure the quality and accuracy of the list, then the group will evolve and focus more on clinical solutions.
46. The Health Board is dealing with operational aspects of follow-up outpatient delays not just by validating the follow-up list but also by looking at IT systems and importantly it has begun to change how follow-up services are delivered.
47. In terms of IT systems, at the time of our work onsite, issues were raised by staff about whether the Myrddin system was fit for purpose in the management of follow-up outpatient appointments. Particular concerns were about the system creating duplicate pathways when transferring patients from one consultant to another, the difficulty of deleting erroneous duplicate patient pathways, reporting functionality and support for partial booking. The Health Board will be implementing the latest version module of Myrddin that will provide some additional functionality to help support the administration and management of follow-ups. However, there is no implementation date yet agreed with the NHS Wales Informatics Service.
48. The Health Board is also in the process of scanning case notes and this project is progressing well. The scanning of case notes should help enable users, and particularly clinicians to get easy access to notes to enable rapid clinical validation of follow-up lists and also undertake virtual clinics.

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- 49.** There are also a number of service developments taking place in some specialties and a common theme appears to be that they have good managerial and clinical staff engagement and leadership. Examples of this include:
- the use of tele-dermatology to manage dermatology patients in partnership with primary care;
 - the development of ‘see on symptom’ access arrangements for neurology patients;
 - diabetes management in the community and primary settings;
 - the establishment of the Glaucoma Local Enhanced Service with optometrist review;
 - virtual follow-up outpatient clinics for hip and knee replacement patients;
 - the use of virtual clinics and ‘see on symptom’ access arrangements for gynaecology patients; and
 - the use of virtual clinics in general surgery.
- 50.** The Health Board wants to progress arrangements to develop ‘see on symptom’ pathways, which is already in place in some specialties. 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. Previously a patient would have been seen as a regular follow-up and was less likely to be discharged. See on symptom requires good quality patient education, clinician trust that a patient will self-refer, and clinician trust that rapid-access pathways are effective and do not become compromised because of other service pressures such as unscheduled care winter pressures and RTT priorities.
- 51.** As part of our fieldwork, we held a number of specialty focus group sessions with clinical and supporting operational staff to understand their views on what works well, what could be improved and the priorities for improvement. **Exhibit 3** shows the key improvement themes that the focus group attendees identified. The Health Board will need to consider these as part of both its short-term and longer-term plans for service changes.

Exhibit 3: Key themes to improve the management of follow-up outpatients as identified during the specialty focus groups

Pathway model:

- Defining clear pathways for diabetic patients with numerous sub-conditions to manage them holistically rather than by individual clinical conditions.
- Developing shorter duration of acute care intervention, with clearer discharge/exit strategy to primary care.
- Developing confidence in 'out of acute hospital' clinical practitioners to give confidence in early discharge.
- Establishing discharge criteria to minimise inconsistency in discharge practice between consultants.

Clinic capacity and location:

- Improving data and information presented to specialties on follow-up outpatients.
- Improving clinic templates.
- Ensuring right clinic capacity in the right location for public access and need.
- Reducing DNAs and CNAs at clinic.
- Timely completion of outcomes from clinics.

Staffing clinics:

- Faster recruitment of clinicians when there is a vacancy.
- Matching demand and capacity.

Source: Wales Audit Office

52. The Health Board recognises that it needs to better integrate acute, primary and community services within the neighbourhood community networks and is recruiting to specific posts in its Primary Care and Networks division. These posts are fundamental to help align care services in acute and community settings, and to ensure that services other than 'formal acute based outpatient follow-up services' are enabled in other settings appropriate to patient need.
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. The major challenge now facing the Health Board is about modernising services to meet demand, and modernisation can take time to achieve.

The Health Board has developed key foundations in some specialties to improve outpatient services, but further work is required and the pace of change is a concern

54. All Health Boards are required to develop integrated medium term plans (IMTPs). The Health Board's draft plan was taken to and discussed at the full Board meeting in March 2015 and was approved by the Welsh Government in June 2015.

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55. The IMTP includes a high-level and emerging strategic plan for the corporate-wide design and modernisation of outpatient services and also provides a reasonable overview of the pressures facing outpatient services. The IMTP includes 11 Service Change Plans, of which one area is Planned (Scheduled) Care. Modernisation of outpatient services is a core element of the Scheduled Care Service Change Plan (SCP). The Health Board recognises that outpatient services are not fit for purpose and this is clearly acknowledged in its IMTP which states:

“The current model for outpatient services is not fit for purpose or sustainable. Demographic changes require the UHB to support a growing elderly/chronically ill population who would benefit from receiving their care locally or for younger patients who require a more flexible accessible service, where technological advances are enabling innovative ways of providing care.”

Source: Aneurin Bevan University Health Board

56. From the SCPs, it is clear that the Health Board is taking a whole system approach to improving outpatient services. It is also positive that the Health Board has prioritised the specialities where outpatient services need to be developed ([Exhibit 4](#)).

Exhibit 4: Outpatient Service Modernisation priorities by year

Year	Specialities
2015-16	Ear Nose and Throat (ENT), Oral Surgery, Orthopaedics, Ophthalmology, Respiratory, Cardiology, Paediatrics and Gynaecology in addition to infrastructure development (clinical, booking, information), workforce development and other associated processes and systems.
2016-17	General Surgery, Urology, Dermatology, Neurology, Obstetrics in addition to infrastructure development (clinical, booking, information), workforce development and other associated processes and systems.
2017-18	Specialties identified in Year Two that have been prioritised and assessed against the following parameters: <ul style="list-style-type: none"> • recurrent capacity and demand gap with no sustainable plan in place; • increased expenditure on additional clinics; • increased use of Bank/Agency to cover core clinics, high sickness levels and wider recruitment/workforce issues with no sustainable plan in place; • outlier in terms of benchmarking against quality, performance and financial parameters; and • potential to integrate with Primary Care and alignment with Clinical Futures.

Source: Aneurin Bevan University Health Board – IMTP (March Technical Draft Plan)

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- 57.** The Health Board has recently introduced an Outpatient Transformation Programme Board, chaired by the Director of Aneurin Bevan Continuous improvement (ABCi). The terms of reference state its role as:
- ensuring the work programme aligns with the Health Board's strategic priorities as outlined in the IMTP Plan, Clinical Futures and Prudent Healthcare Programme;
 - ensuring the Health Board transforms outpatients through an integrated pathway approach spanning primary and secondary care;
 - identifying priority areas for transformation within outpatient services and model the potential impact of a range of recognised specialty specific initiatives that could be adopted locally;
 - capturing and measuring the improvements to outpatient services; and
 - establishing a clear performance framework that incorporates a set of standards and measures for outpatient services.
- 58.** The Health Board will need to ensure that as part of its transformation programme it addresses the need to have lean clinical condition pathways (like those already in place for cataracts), in order to improve the quality, safety and efficiency of services.
- 59.** The Health Board has developed a high-level programme with indicative timescales ([Exhibit 4](#)) and is beginning to translate the 2015-16 priorities into a detailed operational delivery plan. Currently there is a project plan but it is not yet clear what resources will be required to deliver service changes and what clinical capacity will be needed to operate future models of care. As the Health Board develops its delivery plans further it needs to establish regular and appropriate reporting to the Board and other committees. This should cover both progress made against key milestones for its transformation programme as well as reporting performance measures for outpatient services.
- 60.** The IMTP also identifies the need to improve booking processes and systems as part of the outpatient transformation programme. There are recognised improvements required to Myrddin to improve the management of follow-up outpatients, in particular, the implementation of partial booking. Partial booking arrangements were seen by many people we spoke to as a key area that would both improve the booking process for follow-ups as well as improving the accuracy and reliability of the follow-up waiting list.
- 61.** The Health Board is also focussing its mathematical modelling, change and service modernisation support service (called the ABCi team) on the modernisation of outpatient services. The work is designed to support demand analysis and capacity planning to help develop sustainable outpatient services.
- 62.** At its Board meeting in July 2013, the Health Board set out a case for change and established the Outpatient Improvement Programme. The Health Board accepts that the current model for outpatient services is not fit for purpose or sustainable. Given the scale of the challenge ahead, the pace of change is a concern and needs to improve.

Appendix 1

Number of patients delayed analysed by length of delay at June 2015 (all delayed patients)

Area	Total number of patients delayed	Delay over target date			
		0% up to 25%	Over 26% up to 50%	Over 50% up to 100%	Over 100%
Aneurin Bevan UHB	30,555	6,966 (23%)	4,191 (14%)	5,768 (19%)	13,630 (45%)
All Wales	231,392	49,689 (21%)	26,827 (12%)	34,359 (15%)	120,517 (52%)

Source: Welsh Government Outpatient Follow-up Delays – Monthly Submission
Percentages are rounded to nearest whole number

Appendix 2

Trend in number of patients delayed over their target date (un-booked patients)

	Total number of patients waiting for a follow-up who are delayed	Delay over target date			Total	
		0% up to 25% delay	Over 26% up to 50% delay	Over 50% up to 100% delay		
January	90,466	6,232	3,857	4,710	17,093	31,892
February	92,619	6,597	4,213	4,946	16,682	32,438
March	90,636	7,154	4,747	5,564	17,223	34,688
April	89,269	7,684	4,801	6,021	16,827	35,333
May	87,552	6,864	4,703	6,047	15,387	33,001
June	87,749	6,966	4,191	5,768	13,630	30,555

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

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