Archwilydd Cyffredinol Cymru
Auditor General for Wales

Review of Follow-up Outpatient Appointments

Cardiff and Vale University Health Board

Audit year: 2014-15

Issued: October 2015

Document reference: 537A2015

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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 attendances[1] 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 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 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 same condition.'

3. Over the last 20 years, follow-up outpatient appointments have made up approximately three-quarters of all outpatient activity across Wales[3]. 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 (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.

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. As part of its NHS Outcomes Framework 2015-16[4], 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.
6. In 2013, the Royal National Institute for the Blind raised concerns that patients were not receiving their follow-up appointments to receive ongoing 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. 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.
7. 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' exercise[5] in 2015.
8. 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 date[6]. For example, a patient with a planned appointment date that is due in four weeks would be 100 per cent delayed if they are 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.

[4] **Welsh Health Circular WHC (2015) 017**

[5] **Welsh Health Circular (WHC/2015/002)** issued in January 2015 and the **Welsh Health Circular (WHC/2015/005)** issued in April 2015 introduces the Welsh Information Standards Board's **Data Set Change Notice (DSCN) 2015/02** and **2015 DSCN 2015/04** respectively.

[6] Target date is the date by which the patient should have received their follow-up appointment.

9. 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.

10. Analysis of the June 2015 health boards submissions reveals that in Wales there were some 521,000 patients[7] 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, 26 per cent had a booked appointment. This may be due to patients recently being added to the waiting list and who have not yet been booked an appointment.

11. 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.

12. Given the scale of the problem and the previous issues raised around the lack of consistent and reliable information, the Auditor General has carried out a review of follow-up outpatient appointments. The review, which we carried out between April 2015 and June 2015, sought to answer the question: '**Is the Health Board managing follow-up outpatient appointments effectively?**'

[7] 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.

Our findings

13. Our review has concluded that from a difficult starting point, Cardiff and Vale University Health Boadr (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. The reason for our conclusion is that:

- The Health Board has taken a pragmatic approach to determining the volume of outpatient follow-up demand, but it needs to better understand clinical risks to patients:
  - the Health Board understands the Welsh Government's data standard requirements well and is improving the range of management information available on outpatient follow-ups; and
  - the Health Board has adopted a pragmatic approach to validating its follow-up waiting list, but more work is needed to assess clinical risks to patients waiting beyond their target date.
- While follow-up waiting lists are more accurate, too many patients are delayed, the trend is worsening, and scrutiny and assurance arrangements need strengthening:
  - although the Health Board has reduced the numbers of patients without a target date on its follow-up waiting list, it has a significant and growing number of patients with a known need who are delayed; and
  - the Board and its committees do not receive sufficient information to provide assurance on follow-up outpatient appointment delays and whether patients come to harm while delayed.
- The Health Board is improving the administration of follow-up waiting lists but needs to develop a planned approach to modernise outpatient services:
  - if implemented well, the Health Board's short-term plans should help improve the management of follow-up waiting lists but more needs to be done to reduce the number of patient delays; and
  - whilst some specialties are transforming outpatient service models, the Health Board is not effectively planning long-term sustainable outpatient services.

Recommendations

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

Follow-up outpatient reporting

R1 Broaden the range of performance information regularly reported to the People, Planning and Performance Committee. This should ensure that it:

- covers a broader range of specialities; and
- clearly reports clinical risks associated with delayed follow-up appointments.

Clinical risk assessment

R2 Identify clinical conditions across all specialties where patients could come to irreversible harm through delays in follow-up appointments.

R3 Develop interventions to minimise the risk to patients with those conditions who are delayed beyond their target follow-up date.

Outpatient transformation

R3 Develop an outpatient transformation programme to create sustainable, efficient and good quality services that meet population demand in the long term, considering:

- projected demand and capacity for outpatient services;
- impacts of local service changes that may result from wider South Wales Programme regional change;
- potential for integrated acute, community and primary level services;
- advances in medical practices and potential to utilise technology; and
- creation of lean clinical condition pathways.

R4 Identify the change management arrangements needed to accelerate the pace of long-term outpatient transformation. The Health Board should consider:

- the clinical resources, including medical, nursing and allied health practitioners, required;
- the change capacity and skills required;
- internal and external engagement with stakeholders; and
- primary and community care capacity to support outpatient modernisation.

Detailed report

The Health Board has taken a pragmatic approach to determining the volume of outpatient follow-up demand, but it needs to better understand clinical risks to patients

The Health Board understands the Welsh Government's data standard requirements well and is improving the range of management information available on outpatient follow-ups

15. In August 2014, 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'. Since then, it has continued to develop and improve reporting templates and guidance to health boards.

16. 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 has met its requirements to report the January to March data sets; which is data for un-booked follow-up outpatient appointments. Since the introduction of new data submission requirements in April 2015, the Health Board has also reported the data relating to patients that are already booked for a follow-up appointment.

17. The Health Board has historically used booked patient data from its Patient Management System (PMS) as a mechanism for managing follow-up waiting lists. These lists all have documented target dates, which enables the Health Board to assess the volume of booked patient delays. However, there are also a significant number of patients, some 238,000 (70 per cent) classed as waiting for follow-up, but who do not have a documented target date. This makes it difficult to determine whether the data submitted to the Welsh Government is correct.

18. All directorate managers have access to weekly reports located in the Business Information Warehouse. This helps support the validation and management of outpatient follow-up appointments at an operational level. These reports include:

- details on the size of the follow-up outpatient list;
- the number of patients due for validation; and
- the degree to which patients on the list are within target or are delayed.

19. Clinical Boards regularly review performance using the follow-up outpatient business intelligence reports. As part of our review, we focused on four specialties (General Medicine, General Surgery, Ophthalmology and Gynaecology). Although speciality level information is available, it is unclear how well this is used operationally, and these specialties identified that clinician level performance information would be beneficial. This suggests that the information on the Business Information Warehouse is not yet being used to its optimum.

The Health Board has adopted a pragmatic approach to validating its follow-up waiting list, but more work is needed to assess clinical risks to patients waiting beyond their target date

20. The Health Board recognises both the scale of the challenge to improve the accuracy of its waiting lists. In May 2014, there were approximately 775,000 patients on the follow-up outpatient waiting list, many of whom did not have a target date. Whilst there are a large number of patients on the follow-up waiting list currently without a target date, many of these may be errors in data and relate to pathways that are several years old. The scale and nature of the issues in the Health Board meant that it needed to develop validation approaches that were efficient, as manual validation of large numbers of patient records was not feasible.

21. The Health Board chose an IT solution, together with an agreed formal process to remove errors from its waiting lists. Its approach uses automated algorithms that match data against a range of different data sources, such as discharge letters, other correspondence and PMS data. This 'searchletters' system looks for patients that the Health Board has discharged, already seen, or where that patient is deceased. It then automatically 'off-lists' patients who have no need for a follow-up outpatient appointment.

22. Automatic 'off-listing' requires no human intervention to take a patient off the waiting list. This approach could raise some concerns about the possibility of patients with a genuine clinical need for a follow-up appointment being inappropriately removed from the list. However, the Health Board has taken a cautious approach which uses the following measures:

- The Health Board is piloting the automated validation approach ophthalmology because of the national focus on this area, but is using this opportunity to test the approach before rolling this out to other specialities.
- There is engagement with clinicians in each specialty to identify and prioritise which specialties will adopt the automated validation approaches. This cautious approach, if undertaken appropriately, will allow the Health Board to refine and improve the automated validation processes based on learning from the early adopting specialties.
- The Health Board has developed a lexicon (phrasebook) of over 70,000 terms to search discharge correspondence and other system data. Each specialty has to agree its lexicon before commencement of automated validation.

23. Because of the controls the Health Board has put in place, it believes that the approach presents only limited clinical risk. In addition, at the time of our audit, key officers had not identified any cases of incorrect automatic 'off listing' of a patient from the follow-up outpatient waiting list.

24. The Health Board's approach has significantly reduced the numbers of patients on the original follow-up waiting list. Since May 2014, it has halved the number of patients on the follow-up waiting list. Our discussions with staff indicate that the reduction is largely through automated and clerical list validation. Of the 340,000 patients that remain on the follow-up waiting list, there are still around 240,000 with no target date. Substantial efforts remain to validate remaining patients, and if patients require an appointment, to book them for follow-up. The Health Board has confirmed that there are now arrangements in place to ensure that all patients added to the follow-up waiting list have a clinically set target date.

25. 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. 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 discharging patients.

26. Clerical and automated validation is ongoing and once this has reduced basic data errors on the follow-up waiting list, the Health Board will then need to increase its clinical validation efforts. This, in turn, should enable more refined demand and capacity modelling and the development of appropriate 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, or seen in, a community setting.

27. The Health Board does not have a process to assess clinical risk by clinical condition. This makes it harder to focus improvement action and scrutiny in the right areas. In addition, clinical validation at present is limited, however, it would provide a way of identifying risks to patients waiting on the follow-up outpatient list. While there are well-publicised risks identified in ophthalmology at a national level, specific clinical conditions within other specialties may also present clinical risks of irreversible harm if patients are delayed beyond their target date.

28. The Health Board is making progress with the development of target date tolerances for different clinical conditions. This approach allows the Health Board to set a window or period in which a patient needs to be seen. The Health Board believes that this approach is likely to help manage clinical risks, reduce harm, and has the potential to get clinician and specialty buy-in. This is because clinicians would agree tolerances rather than a universal target being applied top-down.

While follow-up waiting lists are more accurate, too many patients are delayed, the trend is worsening, and scrutiny and assurance arrangements need strengthening

Although the Health Board has reduced the numbers of patients without a target date on its follow-up waiting list, it has a significant and growing number of patients with a known need who are delayed

29. Analysis of the Health Board's June 2015 submission to the Welsh Government reveals a large number of patients, some 100,000 that were waiting for a follow-up appointment that had target dates. In addition to these patients there were a further 238,000 patients that did not have a target date. Target dates are important as they allow the Health Board to calculate the delay being experienced by patients.

30. Over half (56,000) of the patients waiting for a follow-up appointment are delayed and of those nearly half had been waiting twice as long as they should have for a follow-up appointment ie,. delayed more than 100 per cent beyond their target date (Appendix 1). In June, half of the 56,000 delayed patients had a booked appointment.

31. Current Welsh Government data returns require health boards to distinguish between patients with a booked appointment and those without (un-booked). Analysis of un-booked shows the number of patients waiting for a follow-up appointment booked steadily increased between January and June and there was also an increase in the number of patients delayed (Appendix 2). In June, there were still 27,000 patients delayed past their target date and three quarters (20,000) had been waiting twice as long as they should have for a follow-up. It is possible that these delays are presenting clinical risks to patients requiring follow-up.

32. There are not enough comparable periods to form a conclusion on the trend in relation to the position of patients with a booked appointment (Appendix 2). In June, there were 30,000 patients delayed past their target date but, positively, nearly half were in the shortest delay category.

33. 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.

34. Exhibit 1 shows the total number of un-booked patients waiting for a follow-up appointment and the percentage of those patients who are delayed beyond their target date in these specialties. It is clear that all four specialities have very high proportions of un-booked patients that are delayed beyond their target date. The trend between January and June 2015 for each specialty is summarised below:

- General Surgery – the trend is one of steady growth both in the number of patients waiting for a follow-up and patients delayed past their target date. The proportion of patients delayed remained relatively constant at approximately 70 per cent.
- Ophthalmology – there is a significant growth in both the number of patients waiting for a follow-up and patients who are delayed. In June, there were nearly 3,000 more patients waiting for a follow-up compared with January. Although there has been some reduction in the proportion of patients delayed, it remains high at 72 per cent. This is a concern, given the focus on ophthalmology services both within the Health Board, and at a national level.
- General Medicine – the trend is one of growth in the number of patients waiting for a follow-up as well as patients delayed past their target date. The proportion of patients delayed remained relatively constant at approximately 86 per cent.
- Gynaecology – the trend is one of growth in both the number of patients waiting for a follow-up and patients who are delayed. The proportion of patients delayed is rising and is high at 94 per cent.

It is likely that an aspect of these trends will be accounted for by data quality improvements which are now revealing true demand, ie, the true extent of the scale and nature of delayed follow-ups.

35. Appendix 3 contains information on booked patients in April, May and June. The information available for booked patients is limited to three months and there are not enough comparable periods to form a conclusion on the overall trend in each speciality.

Exhibit 1: The number of patients waiting for a follow-up and the percentage who are delayed by selected speciality between January and June 2015 (un-booked patients)

Specialty	January	February	March	April	May	June
General Surgery						
Number of patients waiting for a follow-up	2,271	2,360	2,402	2,431	2,654	2,609
Number and percentage of patients delayed beyond target date	1,607 71%	1,654 70%	1,713 71%	1,748 72%	1,864 70%	1,849 71%

Specialty	January	February	March	April	May	June
Ophthalmology						
Number of patients waiting for a follow-up	1,746	1,779	3,143	4,557	4,552	4,500
Number and percentage of patients delayed beyond target date	1,346 77%	1,359 76%	2,076 66%	2,810 62%	3,056 67%	3,224 72%
General Medicine						
Number of patients waiting for a follow-up	1,826	1,872	1,947	1,977	2,072	2,094
Number and percentage of patients delayed beyond target date	1,419 86%	1,595 85%	1,659 85%	1,714 87%	1,790 86%	1,831 87%
Gynaecology						
Number of patients waiting for a follow-up	2,106	2,158	2,172	2,191	2,256	2,286
Number and percentage of patients delayed beyond target date	1,850 88%	1,878 87%	1,939 89%	1,998 91%	2,070 92%	2,140 94%

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

36. The Health Board has been reporting its performance for patients whose status is unknown, ie, without a target date. As at May 2014, this number was around 775,000. As a result of the Health Board's validation initiatives over the last year, there has been a significant reduction of patients on the follow-up waiting list that do not have a target date to approximately 230,000.

37. It is clear that the Health Board is managing to reduce the numbers of patients on the list without a target date. However, there remains a challenge to maintain this momentum, while also focussing on delayed patients that have a known need for a follow-up appointment, which is increasing. The Health Board will need to contain the growth in follow-up demand and consider its capacity and service models if it is to reduce waiting list numbers.

The Board and its committees do not receive sufficient information to provide assurance on follow-up outpatient appointment delays and whether patients come to harm while delayed

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 agenda papers revealed that it has not received information on either the volume of delayed follow-up appointments or the clinical risks associated with delayed follow-ups for specialties. The Board does, however, receive a high-level serious incident report which does, when relevant, include cases relating to follow-up outpatient services. The Board also receives reports on patient concerns. The patient concerns report has identified areas for improvement such as 'repeated cancellations of ophthalmology outpatient appointments'.

40. The People, Planning and Performance Committee has responsibility for the oversight of follow-up outpatient appointments. A review of papers/reports reveals that delayed follow-up appointments in ophthalmology have been on the agenda of the Committee for at least a year. The Committee has also received progress updates on follow-up waiting list improvement actions. Despite this, there is no reporting of information on outpatient follow-ups for other specialities or clinical conditions. This is concerning as the numbers of patients waiting for an appointment is increasing as is the number of patients delayed. The committee does not yet receive adequate assurance on clinical risk and harm, either for ophthalmology or for other specialties. The March 2015 committee meeting minutes (Exhibit 4) reinforce this point.

Exhibit 4: Assurances on incidents and harm related to follow-up outpatient delays – committee minutes

> 'It was not yet known whether any patients had suffered reversible or irreversible harm as a result of delays in them receiving their first or follow-up appointment. Clinical validation when patients are seen may provide a more precise picture. The Chair requested a definitive statement for the next meeting regarding the clinical consequences as a result of potential delays to ensure no ambiguity going forward.'

Source: Extract of unconfirmed minutes of the People, Planning and Performance Committee – 31 March 2015

41. The agenda of the People, Planning and Performance Committee in July 2015 included a short paper on ophthalmology. However, this did not provide a definitive statement on clinical consequences because of delays. The paper was included in the agenda pack, but the agenda item was deferred to the next meeting.

42. There are known clinical risks associated with delays in follow-up appointments, and patients can come to irreversible harm while on the waiting list. The Board has not received reports or assurances on the risk exposure it faces in relation to follow-up outpatient delays. Improved knowledge of the clinical risks associated with delayed follow-up outpatient appointments by speciality or high-risk clinical condition would allow the Health Board to target reports where the greatest assurance is needed.

The Health Board is improving the administration of follow-up waiting lists but needs to develop a planned approach to modernise outpatient services

If implemented well, the Health Board's short-term plans should help improve the management of follow-up waiting lists but more needs to be done to reduce the number of patient delays

43. In early 2014, the Health Board established an operational group called the Outpatient Follow-up Improvement Group. The purpose of this group is primarily to:

- understand the scale of the delayed follow-ups; and
- put in place organisation-wide operational arrangements to improve the quality of data and the administration of the waiting lists.

44. This group's work programme currently includes, but is not limited to:

- strengthening governance and clinical board reporting arrangements;
- rolling out the automated validation tools to improve the accuracy of data;
- developing costed plans for clinical validation;
- developing new and improved policies and processes and systems to manage patient additions to the follow-up waiting list (ie, prevent data error problems re-occurring); and
- improving patient booking systems.

45. Given the pressing issues faced, the Health Board developed an approach and action plan that are appropriate to the issues it faced over the last year. The Health Board is taking a particularly operational approach to responding to the issues. This includes automated and clerical validation, implementation of electronic clinic outcome forms and development of fully automated booking.

46. The Health Board prioritised ophthalmology services because of the national and local focus in this area. It then intends to use the approaches piloted for ophthalmology as an improvement model that can then be deployed across other specialties. This is an appropriate and logical next step, but it does raise some concerns about wider roll-out plans:

- regarding the availability and capacity of staff resource to support wider roll-out across other specialties; and
- if the rollout is phased consecutively across specialties, then the timeframe for completion of all specialties could be at risk of extending.

47. We held a number of specialty focus group sessions with clinical and supporting operational staff. Our aim was to understand staff views on what they think currently works well and the Health Board's priorities for improvement. Exhibit 5 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.

48. It was positive to note that all the specialties that we met had a good understanding of business and patient need. The people we met knew about the corporate approach and actions to improve the management and accuracy of the follow-up outpatient list. They also had speciality-specific ideas to help move the agenda forward.

Exhibit 5: Key themes to improve the management of follow-up outpatients as identified during the specialty focus groups

Pathway model:

- Defining clear pathways and develop flexible joint-working with primary care, for example, Diabetes services, Rheumatology and Dermatology.
- Developing shorter duration of acute care intervention, with clearer guidance, standards and consultant agreement on discharge to primary care (anecdotal evidence that locums and junior doctors are less likely to discharge).
- Supporting the above with telemedicine systems that enable acute and primary care clinicians to co-work efficiently and effectively.
- Development of see on symptom approaches which allow GPs to have direct electronic communication access to specialist advice in the acute setting.

Clinic capacity and location:

- Understanding the impact of the South Wales programme on follow-ups.
- 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.
- Enhancing Nurse Practitioner roles in the follow-up outpatient clinic setting.

Source: Wales Audit Office focus groups

49. The Health Board is continuing with operational approaches to improve the administration and day-to-day delivery of follow-up appointments. The data shows that demand is increasing and delays getting longer, and the Health Board recognises that it needs to do something different. At a recent meeting with us in July, senior management committed to develop a broader and more strategic approach to help manage demand and create long-term sustainable outpatient services.

50. The major challenge now facing the Health Board is about modernising services to meet demand.

Whilst some specialties are transforming outpatient service models, the Health Board is not effectively planning long-term sustainable outpatient services

51. All health boards are required to develop integrated medium term plans (IMTP). The Health Board's draft plan was on the agenda of, and discussed at, the full Board meeting in January 2015. In the draft plan, there is little recognition of the growing demand for outpatient services. Nor is there clarity in the plan on how outpatient services would need to be modernised to help manage demand.

52. Another issue for the Health Board is the impact of the South Wales Programme[8]. As more out-of-county demand for services moves into the Health Board, this could create a growth of planned care intervention and an increase in need for follow-up outpatient services. We understand that at present, other than for some neonatal, paediatric and unscheduled care services, the Health Board has little clarity in terms of the impact of the potential changes.

53. Key individuals that we met recognised that the current follow-up improvement work is focused on improving the accuracy and the management of the follow-up waiting list. The Health Board has taken this approach so that it can better understand true demand so that it can develop appropriate modernisation plans.

54. Irrespective of the progress with its existing operational improvement approaches, the Health Board's data already shows that follow-up outpatient services are experiencing growing demand and increasing delays. However, the Health Board does not yet have a clear strategic plan for modernising outpatient services. The Health Board needs to be proactive in developing outpatient services that are sustainable in the long term. The ageing population, complex co-morbidities and chronic conditions all lead towards a model where primary and secondary care becomes more integrated.

55. While there is no strategic plan at present, a number of individual specialties are progressing well with service modernisation. For example, our focus groups identified that:

- Ophthalmology has developed a pyramidal model of care, which includes consultants, specialist nurses and optometrists as part of the virtual team. The specialty is developing a protocol for consultants to refer back stable glaucoma patients to a trusted optometrist. The specialty identified that they see 33 per cent more patients under the pyramidal model than previously. This has transformed the service from a consultant hands-on model to a consultant-led service.

[8] The South Wales Programme is a collaboration of five South Wales health boards and the Welsh Ambulance Service and its aim is to create safe and sustainable hospital services for people living in South Wales and South Powys (http://www.wales.nhs.uk/SWP/home)

- The General Medicine specialty adopts flexible pathways so patients do not need to see specialist consultants. For example, diabetes specialists work with groups of GP practices to manage type 2 diabetes. GPs have good access to consultants for information and support. This arrangement has enhanced GP skills and has resulted in a reduction in referrals to secondary care.
- The Health Board has also made progress developing dermatology services working with primary care providers. The teledermatology service links specialistdermatologists with patients and doctors in 40 GP practices throughout Cardiff and the Vale of Glamorgan. It provides GPs with access to specialist dermatology advice. This both helps to develop doctors' experience and skills, and reduces the referral demand for outpatient services based in the hospitals.

56. The specialty-driven modernisation of these outpatient services is a positive initiative. However, without a robust whole-system approach to outpatient modernisation, it is not clear that:

- There will be sufficient project management capacity, resource planning, and service modelling across all specialties. This may make it difficult for the Health Board to ensure that all outpatient services are modernised at the pace needed.
- The interrelationship between its specialities and also with primary care providers, which is necessary for effective pathway design, can be co-ordinated.

57. The Health Board is setting up management arrangements to develop a strategic approach to outpatient modernisation. The Health Board's follow-up task and finish group now reports to the recently set up Planned Care Board. It is the intention of the Health Board to use these groups as a platform to plan and deliver modernised outpatient services.

Appendix 1

Number of patients delayed analysed by length of delay at June 2015 for Cardiff and Vale University Health Board and all Wales

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%
Cardiff and Vale	56,461	18,141	5,690	6,091	26,461
		(32%)	(10%)	(11%)	(47%)
All Wales	231,392	49,689	26,827	34,359	120,517
		(21%)	(12%)	(15%)	(52%)

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

Appendix 2

Trend in number of patients delayed over their target date in Cardiff and Vale University Health Board between January and June 2015

	Total number of patients waiting for follow-up with a target date	Total number of patients waiting for a follow-up who are delayed past their target date				
		0% up to 25% delay	Over 26 up to 50% delay	Over 50% up to 100% delay	Over 100% delay	Total
Follow-up not booked						
January	29,439	1,582	1,295	1,974	17,978	22,829
February	29,871	1,560	1,295	2,005	18,110	22,970
March	31,744	1,906	1,317	1,924	18,825	23,972
April	33,409	2,109	1,559	2,192	19,282	25,142
May	34,829	2,409	1,771	2,327	20,043	26,550
June	34,617	2,205	1,774	2,478	20,365	26,822
Appointment booked						
April	62,269	14,977	3,641	3,055	6,173	27,846
May	63,253	14,766	3,769	3,325	6,439	28,299
June	66,823	15,936	3,916	3,613	6,174	29,639

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

Appendix 3

The number and percentage of patients waiting for a follow-up appointment who are delayed by selected speciality between April and June 2015 (booked patients) – Cardiff and Vale University Health Board

	April	May	June
General Surgery			
Number of booked patients waiting for a follow-up	3,034	2,946	3,144
Number and percentage of patients delayed beyond target date	1,220	1,198	1,233
	40%	41%	40%
Ophthalmology			
Number of booked patients waiting for a follow-up	9,446	9,746	10,122
Number and percentage of patients delayed beyond target date	4,549	4,586	4,812
	48%	47%	48%
General Medicine			
Number of booked patients waiting for a follow-up	5,971	6,041	6,289
Number and percentage of patients delayed beyond target date	2,646	2,806	3,025
	44%	46%	48%
Gynaecology			
Number of booked patients waiting for a follow-up	2,202	2,208	2,280
Number and percentage of patients delayed beyond target date	1,105	1,110	1,160
	50%	50%	51%

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

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