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Review of Follow-up Outpatient Appointments

Hywel Dda University Health Board

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Information on the scale of delayed follow-up outpatient appointments is unreliable and the Health Board is not doing enough to assess clinical risk or prioritise outpatient service modernisation.

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 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-ups have the potential to increase further with an aging population which may present with increased chronic conditions and co-morbidities.

4. Health boards manage follow-up appointments that form part of the Referral to Treatment (RTT) pathway and are subject to the Welsh Government RTT target of 26 weeks. 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.

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[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.

5. 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 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' exercise[4] 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 date[5]. 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 introduces the Welsh Information Standards Board's **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.

9. Analysis of the June 2015 health board submissions reveals that in Wales there were some 521,000 patients[6] 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 been booked an appointment.

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 2015-16[7], the Welsh Government has also 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-ups 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 has carried out an all-Wales 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. We concluded that within Hywel Dda University Health Board (the Health Board), information on the scale of delayed follow-up outpatient appointments is unreliable and the Health Board is not doing enough to assess clinical risk or prioritise outpatient service modernisation.

14. We reached this conclusion because:

- Weaknesses in systems and practice are producing information that is insufficiently accurate and the Health Board cannot adequately assess the clinical risks associated with delayed follow-up appointments:
  - the Health Board has not adhered to the Welsh Government data standard requirements and needs to improve the accuracy, reliability and 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**

  - the Health Board is just starting to put in place a systematic approach to validate its follow-up outpatient list and work is needed to establish the scale of actual demand and to assess the clinical risks and harm to patients waiting beyond their target date.
- The number of patients listed as waiting for a follow-up appointment has reduced due to data cleansing, however, too many patients are delayed and scrutiny and assurance arrangements need improving:
  - although the Health Board is reducing the number of patients on its follow-up waiting list, the proportion of patients delayed is high and is increasing; and
  - the Board and its committees do not yet receive sufficient information about follow-up outpatient appointment delays or whether patients come to harm while delayed.
- The Health Board is starting to develop plans to improve the administration of follow-up outpatient waiting lists, but there is insufficient focus on outpatient service modernisation:
  - short-term operational arrangements are beginning to be developed to help reduce the number of delayed follow-up outpatient appointments but more needs to be done to change how services are delivered; and
  - although the Health Board has plans to modernise planned care and increase care in the community, there is insufficient focus on transforming outpatient service pathways.

Recommendations

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

Data quality	
R1	Identify and address the cause of errors on the waiting list to prevent future reoccurrence, improve data accuracy and minimise the need for ongoing validation.
Follow-up outpatient reporting	
R2	Identify the reasons for inconsistencies in waiting list numbers and improve reporting processes to ensure information is accurate and reliable.
R3	Comply with Welsh Government reporting requirements by reporting on the numbers of both booked and un-booked follow-up outpatients, in line with the revised all-Wales template.
R4	Ensure that there is sufficient information on delayed follow-up outpatient appointments, including clinical risks, and this is reported to relevant sub-committees so that the Board can take assurance from monitoring and scrutiny arrangements.

Clinical risk assessment

R5 Identify clinical conditions across all specialties where patients could come to irreversible harm if delays occur in follow-up appointments.

R6 Put in place systems and processes that will allow the Health Board to identify patients with these conditions.

R7 Develop targeted interventions to minimise the risk to patients with these conditions.

Outpatient transformation

R8 Develop and implement lean clinical condition pathways to improve quality, safety and efficiency of service.

R9 Plan for longer-term modernisation of outpatient services by taking stock 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

Weaknesses in systems and practice are producing information that is insufficiently accurate and the Health Board cannot adequately assess the clinical risks associated with delayed follow-up appointments

The Health Board has not adhered to the Welsh Government data standard requirements and needs to improve the accuracy, reliability and 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. Although the Health Board understands the Welsh Government's definition and data requirements for reporting patients who are waiting for a follow-up outpatient appointment, they have not followed these requirements. Submissions between January and March incorrectly included patients with a booking. Welsh Government requirements for this period were for data on un-booked follow-up outpatient appointments only. New data submission requirements introduced in April 2015 require the Health Board to report on both booked and un-booked patients, but the Health Board has failed to distinguish between the two categories in its submissions.

18. The Health Board uses its Patient Administration System (Myrddin) to extract follow-up data for reporting. However, there are unresolved system and user issues with Myrddin which cause duplicate entries and unclosed pathways on the system and some patients are being incorrectly included on the follow-up waiting list as a result. As such, it is unclear how accurate the figures provided to the Welsh Government are. Although this problem is common to a number of health boards, the impact on the waiting list is likely to be greater for Hywel Dda because it has no systematic validation process in place to remove erroneous entries. It is positive, however, that all patients on the follow-up waiting list have a clinically set target date. This allows the Health Board to record, monitor and track the degree to which patients may have breached their target date.

19. At the time of our fieldwork, there was a high degree of variation between monthly data submissions to the Welsh Government and internal reporting documents in circulation. The Health Board was unable to explain why different versions of the same data for the same period were significantly different. This casts some doubt on the consistency of reporting.

20. The Health Board has recently started to produce performance data on follow-ups for directorates. A selection of standard reports is available for clinicians to access on its information warehouse system called 'Iris'. However, our meetings with the four specialties that we focussed on (General Medicine, General Surgery, Ophthalmology and Gynaecology) indicated that there is insufficient data at specialty and sub-specialty level. As a result, clinicians do not have the detail required to manage effectively the follow-up waiting lists or prioritise patients with high-risk clinical conditions.

The Health Board is just starting to put in place a systematic approach to validate its follow-up outpatient list and work is needed to establish the scale of actual demand and to assess the clinical risks and harm to patients waiting beyond their target date

21. Validation of the follow-up outpatient waiting list is a function that helps a health board understand with some accuracy the demand for its outpatient services, but importantly it should also allow the health board to understand and manage the clinical risk to patients. The Health Board recognises the need for both clerical and clinical validation to improve the accuracy of the follow-up waiting list. While it had progressed with validation initiatives in 2013, insufficient validation work has taken place in the last financial year to enable the Health Board to understand the scale of the follow-up issue.

22. Two years ago the Health Board wrote to patients on the follow-up outpatient list to ask if they still had a need for an appointment. The aim was to remove those patients who were inappropriately or incorrectly entered on the list as a result of user and system generated errors (for example, those that were discharged, but then were called back for a follow-up because their discharge was not noted on the system). Interviews with officers suggest that the Health Board did not take action to address the cause of these errors. Further Health Board-wide validation was put on hold whilst the Health Board went through a restructuring process. As such, the current follow-up waiting list continues to contain inappropriate or incorrect entries and the Health Board is not fully aware of the extent of the problem for all specialties. As part of the validation process, the Health Board should analyse the reasons why patients are being removed from the follow-up list. This will highlight the cause of errors on the list and any controls and training required to prevent future reoccurrence.

23. The Health Board has a small central validation team that undertakes a combined process of both clerical and clinical validation. Up to the time of our fieldwork in May, the work of the validation team had not included the follow-up waiting list, but since June, it has started to focus its efforts in this area. In addition, approval has been given for three dedicated follow-up validation posts within the team. These are expected to be in place in September 2015.

24. Some specialties are undertaking validation exercises using clinical nurse specialists and note reviews to assess patients' need for follow-up appointment. However, our meetings with clinicians from the four specialties we focussed on as part of the review indicated that there is no standardised process in place across the Health Board or sharing of lessons learnt from the different arrangements. They note that clerical validation is required to cleanse the list before clinical resources are 'diverted' to validation tasks.

25. During our work on site, staff raised issues 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, resulting in overinflated waiting lists, and a lack of sub-specialty data categorisation, which prevents identification of priority patients. It is unclear whether the underlying problem that causes the duplicate entries has been resolved during the recent data cleansing exercise, and whether further duplicate entries will be generated going forward. The Health Board recognises the need to modify Myrddin to incorporate functionality to report at a sub-specialty level and this was noted in a recent report to the Quality and Safety Committee. There is no indication when national Myrddin upgrades will take place and additional system features will become available and used.

26. The Health Board does not yet have a formal process to assess clinical risks to patients who are delayed past their target date. Nor is there a process to assess clinical risk by condition. As the follow-up waiting list does not include data on sub-specialties, high risk conditions cannot receive priority focus.

27. 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 was unexplained variation in the approaches taken by clinicians when setting follow-up target dates and also discharging patients. The Welsh Government Delivery Unit's report on cataract services in Wales provides an example of this. This report identified significant variation in practice in comparison to the all-Wales lean cataract pathway across sites in Hywel Dda.

28. The Health Board has recently started clerical and clinical validation to help it understand the true scale of its outpatient follow-up demand. Nevertheless, the Health Board still needs to assess its clinical risks and to help identify clinical variation across sites. This, in turn, should enable demand and capacity modelling and the development of appropriate pathways.

The number of patients listed as waiting for a follow-up appointment has reduced due to data cleansing, however, too many patients are delayed and scrutiny and assurance arrangements need improving

Although the Health Board is reducing the number of patients on its follow-up waiting list, the proportion of patients delayed is high and is increasing

29. The number of patients experiencing long delays at the Health Board is concerning. At the end of June, 32,000 (79 per cent) patients waiting for a follow-up were delayed, of which approximately 21,000 (65 per cent) 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 2)[8]. It is possible that these delays are presenting clinical risks to patients requiring follow-up.

30. The number of patients in the Health Board waiting for follow-up steadily rose between January and May, before falling in June (Appendix 2). This, in part, was due to duplicate entries being removed as part of the recent validation exercise. The Health Board needs to ensure that it takes action to prevent new duplicates being created.

31. 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.

32. Exhibit 1 shows the total number of patients waiting for a follow-up appointment and the percentage of those patients who were delayed beyond their target date in these specialties. There was a steady increase in the number of patients waiting for a follow-up during the first five months of 2015. The number fell by 24 per cent in June following a data cleansing exercise to remove duplicate entries from the waiting list. The trend between January and June 2015 for the number of patients delayed in each specialty is set out below:

- General Surgery – the proportion of patients delayed was high and increased from 78 per cent to 85 per cent between January and June.
- Ophthalmology – there was a steady increase in the proportion of patients delayed, peaking at 72 per cent in June. This is a concern given the focus on ophthalmology services both within the Health Board and at a national level.

[8] The data submitted from January onwards for un-booked patients also includes booked patient data. For the purpose of this report, we have commented on the trend of the combined datasets.

- General Medicine – the proportion of patients delayed was relatively stable until June when it increased to 78 per cent.
- Gynaecology – the proportion of patients delayed remained relatively constant between January and May, but increased significantly in June to 82 per cent.

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 (booked and un-booked)

Specialty	January	February	March	April	May	June
General Surgery						
Number of patients waiting for a follow-up	3,842	4,038	4,088	4,324	4,365	3,838
Number and percentage of patients delayed beyond target date	3,007	3,218	3,284	3,444	3,549	3,257
	78%	80%	80%	80%	81%	85%
Ophthalmology						
Number of patients waiting for a follow-up	7,436	8,621	9,115	9,437	9,655	7,516
Number and percentage of patients delayed beyond target date	4,551	5,354	5,868	6,124	6,325	5,387
	61%	62%	64%	65%	66%	72%
General Medicine						
Number of patients waiting for a follow-up	6,241	6,940	7,368	7,703	7,707	5,538
Number and percentage of patients delayed beyond target date	4,596	5,030	5,342	5,647	5,674	4,320
	74%	73%	73%	73%	74%	78%
Gynaecology						
Number of patients waiting for a follow-up	1,494	1,671	1,709	1,703	1,720	1,448
Number and percentage of patients delayed beyond target date	1,039	1,165	1,244	1,187	1,234	1,186
	70%	70%	73%	70%	72%	82%

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

33. Although data cleansing has reduced the number of patients waiting for a follow-up by nearly a quarter, this level of reduction is unlikely to be sustainable through data cleansing and validation alone. 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 in the long-term. Despite the reduction in the number of patients listed as waiting, the proportion of those patients who are delayed beyond their target date is increasing. The Health Board needs to ensure that capacity meets demand in order to appropriately manage this growth and the associated clinical risks.

The Board and its committees do not yet receive sufficient information about follow-up outpatient appointment delays or whether patients come to harm while delayed

34. 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.

35. Our review of recent Board minutes and agenda papers revealed that information on the volume of delayed follow-up appointments has been reported only since May 2015 and that the level of detail is limited to the total number of patients at the Health Board delayed past their target date. The Board receives a report providing high level information on formal complaints and incidents; and although concerns regarding delays are flagged, it is unclear whether these delays relate to follow-ups.

36. Our review of Quality and Safety Committee minutes found there has been no regular coverage of delayed follow-up outpatients. At the July 2015 meeting, the Committee received update reports on follow-ups in general and on delayed ophthalmology follow-up outpatients. The reports focused on identified actions to improve the follow-up position but did not include details on the number of patients waiting for a follow-up appointment or the risks associated with delays. Prior to this meeting, only limited information on follow-ups had been presented and this focussed only on ophthalmology services. Improved knowledge of the clinical risks associated with delayed follow-up outpatient appointments for other specialties would allow the Health Board to target reports on high-risk clinical conditions where the greatest assurance is needed.

37. The Health Board needs to improve the information reported to the Board and its 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 to enable the Health Board to understand its performance and its activity to address the follow-up delays. This should focus on specialties or conditions that present the highest clinical risk of patients coming to harm.

The Health Board is starting to develop plans to improve the administration of follow-up outpatient waiting lists, but there is insufficient focus on outpatient service modernisation

Short-term operational arrangements are beginning to be developed to help reduce the number of delayed follow-up outpatient appointments but more needs to be done to change how services are delivered

38. At the time of our work onsite, the Health Board was not actively planning any significant programmes of work to improve the management of follow-up outpatient services. Since May 2015, the Health Board has provided us with additional information which demonstrates that the Health Board is:

- taking a corporate approach to improve its outpatient services; and
- is beginning to create the required plans and structures needed to reduce overall follow-up demand.

39. The Health Board set up a transformation team in 2015 to improve the operational management of follow-up outpatients. The purpose of this group is primarily to understand the scale of the delayed follow-ups and put in place arrangements to improve the quality of data and administration of the waiting lists. This includes:

- data cleansing (removing duplicate records);
- clerical validation (removing unnecessary appointments);
- clinical validation (removing clinically inappropriate appointments and prioritising urgent cases); and
- developing systems and processes to reduce the recurrence of errors and duplicates.

The task and finish group are in the process of developing plans to meet these requirements.

40. After a slow start, the Health Board is beginning to take positive steps to support operational improvements that will reduce the number of delayed follow-up patients. In June 2015 the Chief Executive established a task and finish group responsible for:

- identifying priority areas based on clinical risk;
- agreeing an action plan and trajectory for improvement;
- agreeing actions that support sustainable improvements and prevent future backlogs; and
- agreeing ongoing monitoring arrangements.

41. The group meets weekly and it is encouraging to see that the group is well represented, with sufficient authority to effect change.

42. As part of this work, the Health Board has set itself a challenging validation target. Using a 26-week programme of clerical and clinical validation, it aims to reduce the number of delayed patients on the follow-up waiting list by 90 per cent. The Health Board has also developed a planned reduction trajectory, and mapped out key actions and expected impact on the follow-up waiting list delays. It is unclear how the Health Board will achieve such a high removal rate through validation alone. The Health Board will need to ensure that:

- patients delayed but with a clinical need for an appointment are expedited for treatment; and
- outpatient and clinician capacity is enhanced so that resources for clinical validation are not diverted from other service critical areas ie, do not solve one problem, but in doing so create another.

43. Although the Health Board recognises the need for changes in how follow-up services are delivered, it is still at an early stage of determining what changes are required. The task and finish group plans to work with the Medical Director and clinicians to revise clinical practice and create sustainable pathways. The Health Board's Service Improvement team will support this process by working with clinical and administrative teams and sharing good practice.

44. The Health Board is prioritising ophthalmology services because of the national focus on this area and because it is a high risk specialty. Whilst prioritising a noted high risk service is a logical approach, there are other clinical conditions that present a risk of patient harm as a result of a delay. The Health Board should therefore consider risks to patients across specialties when prioritising its efforts.

45. As part of our fieldwork, we met clinical and supporting operational staff from a number of specialties to understand their views on addressing follow-ups. The staff that we met recognised the need to improve the management of follow-ups and to standardise the approaches taken across the Health Board sites. Exhibit 2 shows the key themes identified during these discussions. The Health Board will need to consider these as part of both its short-term and longer-term plans for service changes.

Exhibit 2: Key themes to improve the management of follow-up outpatients

Pathway model:

- defining clear pathways which will standardise clinical practices between sites;
- developing flexible joint-working with primary care, for example Diabetes services, Opthalmology and Dermatology; and
- developing clearer guidance, standards and consultant agreement on discharge to primary care (anecdotal evidence that locums and junior doctors are less likely to discharge).

Clinic capacity and location:

- standardising clinic templates within specialities to remove discrepancies between the number of follow-up patients consultants see;
- 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; and
- increasing nurse-led services in the follow-up outpatient clinic setting.

Other areas:

- ensuring validation takes place so that the scale of demand for follow-ups can be understood; and
- identifying and prioritising patients with high-risk conditions.

Source: Wales Audit Office

46. It is clear that the Health Board has a challenge in meeting its current follow-up outpatient demand. If the number of patients with complex co-morbidities and chronic conditions continues to increase then not only will there be a corresponding increase in new 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, but modernisation can take time to achieve.

Although the Health Board has plans to modernise planned care and increase care in the community, there is insufficient focus on transforming outpatient service pathways

47. All Health Boards are required to develop integrated medium term plans (IMTP). The Health Board's draft plan was taken to and discussed at the full Board meeting in March 2015 but has not yet been approved by the Welsh Government.

48. The IMTP acknowledges that delays in outpatient follow-up appointments are a key operational risk and active management of follow-ups is set out as part of a five-step approach to improving planned care. Active management of follow-ups involves increasing the ratio of follow-up appointments in clinics within chosen specialties and testing alternative methods of follow-up such as:

- Telephone follow-up
- Patient-generated follow-up
- Nurse-led follow-up

49. The Health Board recognises that 'current service models are not sustainable in both clinical and financial terms' and one of the key strategic aims identified in the IMTP is to shift care away from hospitals and towards primary care and community services. This will provide a more sustainable and flexible model of care which will be better placed to serve an ageing population and increasing numbers of patients with complex co-morbidities and chronic conditions.

50. The IMTP includes actions to improve planned care services in five areas:

- Gynaecology
- Orthopaedics
- Ophthalmology
- Cancer/oncology
- Planned medical

51. But planned changes are not specific to outpatient and/or follow-up pathways. Although some of the proposed changes will impact on outpatient follow-ups, for example, reducing demand and increased primary and community care involvement, more needs to be done to modernise clinical condition pathways within the secondary care outpatient setting.

52. Our focus groups identified that service developments are taking place in some specialties. Examples of this include:

- the use of tele-medicine to manage neurology and dermatology patients at hospital sites such as Bronglais;
- diabetes management in the community and primary settings;
- the use of optometrists to review patient files and treat patients within the community; and
- ophthalmology has expanded capacity through virtual clinics and nurse-led phone follow-ups.

53. These changes have largely been driven through the initiative of individual clinicians. The Health Board needs to ensure that it mainstreams these types of initiatives. To do this it will need a robust outpatient modernisation plan to develop outpatient services, which are sustainable in the long term. This will need to consider the required capacity, resource, clinical leadership and service modelling to modernise outpatient services across specialties and community and primary care.

Appendix 1

Number of patients delayed, analysed by length of delay at June 2015 for Hywel Dda University Health Board and all-Wales (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%
Hywel Dda UHB					
	31,989	4,008	2,940	4,160	20,881
		(13%)	(9%)	(13%)	(65%)
All Wales					
	231,392	49,689	26,827	34,359	120,517
		(21%)	(12%)	(15%)	(52%)

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

Appendix 2

Trend in number of patients delayed over their target date in Hywel Dda University Health Board (booked and un-booked) between January and June 2015

	Total number of patients waiting for a 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
January	41,310	3,195	2,170	3,211	20,884	29,460
February	48,916	3,878	3,057	3,926	24,111	34,972
March	51,183	4,296	3,225	4,290	25,690	37,501
April	52,595	4,656	3,052	4,636	26,332	38,676
May	53,534	4,425	3,047	4,552	27,859	39,883
June	40,457	4,008	2,940	4,160	20,881	31,989

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

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