WALES AUDIT OFFICE
SWYDDFA ARCHWILIO CYMRU

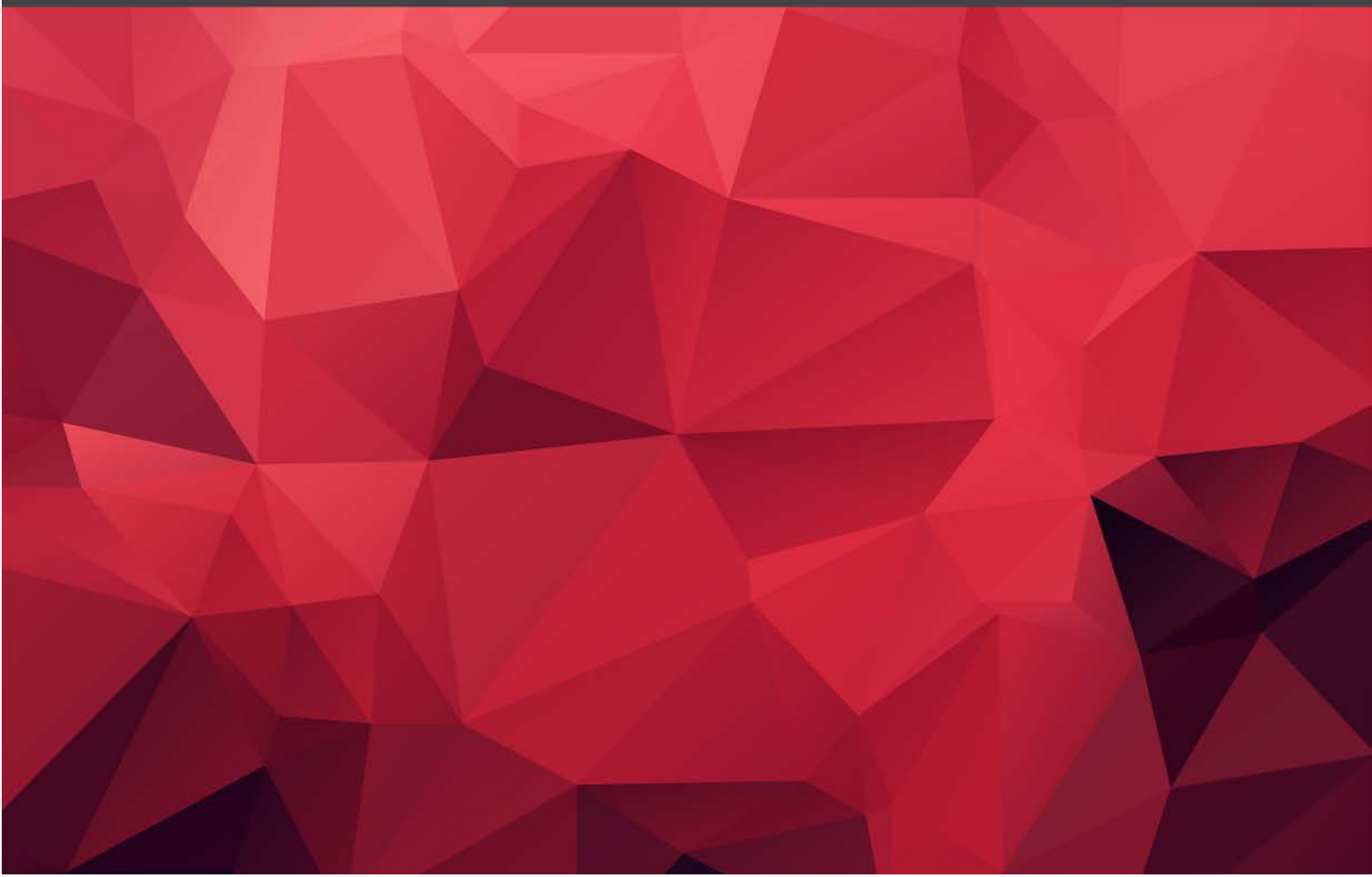
Archwilydd Cyffredinol Cymru
Auditor General for Wales

Review of follow-up outpatients – assessment of progress – **Cardiff and Vale University Health Board**

Audit year: 2016

Date issued: 345A2017

Document reference: 345A2017



The person who delivered the work was Katrina Febry.

Contents

The Health Board has made progress in addressing the recommendations made in our 2015 report, and, with the Outpatient Transformation Programme (under the remit of the Planned Care Board), is well placed to meet all recommendations.

Summary report

Introduction 4

Our findings 6

Recommendations 7

Appendices

Appendix 1 – assessment of work undertaken to review and validate the entries on the outpatient follow-up waiting list 9

Appendix 2 – progress that the Health Board has made since our 2015 recommendations 13

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.

2 Outpatient departments see more patients each year than any other hospital department with approximately three million patient attendances a year[1], in multiple locations across Wales. A follow-up appointment is an attendance at an outpatient department following an initial or first attendance.

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

4 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 based on their target date[2]. As part of its NHS Outcomes Framework 2016-17[3], the Welsh Government has included a revised outcome target to reduce the numbers of patients waiting for an outpatient follow-up that have exceeded their agreed target date.

5 As part of the 2015 audit programme the Auditor General carried out a review of follow-up outpatients across all seven health boards in Wales. The review sought to answer the question 'Is the Health Board managing follow-up outpatient appointments effectively?'

6 We reported our findings for Cardiff and Vale University Health Board (the Health Board) in October 2015 and concluded that 'from a difficult starting point, 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'. In making this conclusion, we found that:

[1] Source: Stats Wales, Consultant-led outpatients' summary data.

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

[3] Welsh Health Circular (2016) 023

- 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;
- while follow-up waiting lists are more accurate, too many patients are delayed, the trend is worsening, and scrutiny and assurance arrangements need strengthening; and
- the Health Board is improving the administration of follow-up waiting lists but needs to develop a planned approach to modernise outpatient services.

7 In 2015, our report made the recommendations set out in Exhibit 1.

Exhibit 1: recommendations made in 2015

2015 Recommendations
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
R4 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. R5 Identify the change management arrangement 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.

Source: Wales Audit Office

8 As part of the Audit Plan for 2016, the Auditor General has included local work to track progress made by the Health Board in addressing the recommendations made in the 2015 **Review of Follow-up Outpatient Appointments**. This progress update commenced in February 2017 and asked the following question: **Has the Health Board made sufficient progress in response to the findings and recommendations made in the original review?**

9 In undertaking this progress update, we have:

- reviewed a range of documentation, including reports to the board and committees;
- undertaken some high-level analysis of recent Health Board data submitted to the Welsh Government in relation to follow-up outpatient appointments; and
- interviewed a number of Health Board staff to discuss progress, current issues and future challenges.

10 A summary of our findings is set out in the following section with more detailed information provided in the appendices.

Our findings

11 Our overall conclusion is that the Health Board has made progress in addressing the recommendations made in our 2015 report, and, with the Outpatient Transformation Programme (under the remit of the Planned Care Board), is well placed to meet all recommendations.

12 In our previous report we highlighted that the Health Board's outpatient follow-up list contained a number of erroneous inclusions. Whilst our report made no recommendation on the validation of the list, we have highlighted progress made in reviewing the inclusions on the list in Appendix 1.

13 Exhibit 2 summarises the status of progress against our 2015 recommendations.

Exhibit 2: status of 2015 recommendations

Total number of recommendations	Implemented	In progress	Overdue	Superseded
5	1	4	–	–

Source: Wales Audit Office

14 We found that the Health Board has fully implemented one recommendation, and made progress against all other recommendations. The Health Board is well placed to increase the pace of improvement:

- the People, Planning and Performance Committee receives information and focuses on outpatient follow-up risks and the progress made in validating the waiting list.

- clinical boards are required to set out how they will validate their waiting lists, target high-risk patients delayed beyond their target date and how they will modernise outpatient services. Performance against plans is monitored.
- the Health Board has completed the clinical risk assessment to identify conditions across all specialties where patients could come to irreversible harm due to delays in follow-up appointments.
- the Health Board has identified no patients experiencing harm as a result of a delay in their follow-up appointment.
- work is continuing to identify and target high-risk patients experiencing a delay in their follow-up appointment.
- some specialities have taken steps to modernise outpatient services, including shifting follow-up care into the primary care service (where appropriate).
- the Health Board's Outpatient Transformation Programme, under the remit of the Planned Care Board, will provide corporate oversight and management to outpatient modernisation across the Health Board.
- whilst transformation observed and progress made are positive, the Health Board can use the Outpatient Transformation Programme to drive transformation across specialities where progress has been slower.

Recommendations

15 The Health Board needs to continue to make progress in addressing recommendations that still require completion. These recommendations are set out in Exhibit 3.

Exhibit 3: 2015 recommendations that still require completion

Outstanding recommendations
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.

Outstanding recommendations
Clinical risk assessment R3 Develop interventions to minimise the risk to patients with those conditions who are delayed beyond their target follow-up date.
Outpatient transformation R4 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. R5 Identify the change management arrangement 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.

Source: Wales Audit Office

Appendix 1

Assessment of work undertaken to review and validate the entries on the outpatient follow-up waiting list

Exhibit 4: assessment of progress to validate the waiting list

Area	Finding
Validation of patients on the follow-up waiting list	In our previous report we highlighted that the Health Board recognised that there were two issues with the follow-up outpatient waiting list: • a significant proportion of patients did not have a documented target date; and • an unknown proportion of the patients without a target date did not need to be on the follow-up list. Many of these unnecessary inclusions on the list related to patients included as a result of error, or related to pathways that were several years old. We reported that the Health Board had developed an automated IT tool to remove obvious erroneous inclusions on the follow-up outpatient waiting list. The approach used algorithms to match patients on the list against a range of data sources, such as discharge letters, other correspondence and patient data. The IT tool identified patients that the Health Board had already discharged or that had deceased and then automatically 'off-listed' them. The IT tool also off-listed patients where the lapsed time since their procedure was so great, that if any problems were to arise as a result of the procedure, they would have done so already. The Health Board had taken a cautionary approach by undertaking an initial pilot of the IT tool in ophthalmology, and ensured that clinicians were involved in developing the algorithm rules. Using the IT tool and clerical validation, the Health Board reduced the number of patients on the follow-up waiting list from 778,000 in April 2014 to 340,000 in June 2015. At that time, of the 340,000 patients remaining on the list, 70% (238,000) did not have a target date. In terms of continuing to review and cleanse the list to include only those patients genuinely in need of a follow-up appointment, our report outlined that clerical and automated validation of the follow-up list was ongoing, and that the Health Board needed to increase clinical validation[4].

[4] Clinical validation involves a consultant reviewing the medical notes of the patient to establish whether the patient still requires a follow-up appointment, or whether the consultant is able to discharge the patient based on his/her review.

Area	Finding
Validation of patients on the follow-up waiting list	In 2014, the Health Board set up the Outpatient Improvement Group (the Improvement Group), reporting to the Planned Care Board and including representatives from all Clinical Boards[5]. In November 2015, the Health Board agreed an Outpatient Follow-up Appointment Strategy (the Follow-up Strategy), and the Improvement Group was tasked with ensuring the implementation of the Follow-up Strategy and to oversee a programme of work to improve outpatient follow-up care. One of the four strands of work set out in the Follow-up Strategy is to improve data quality. The Improvement Group was tasked with putting in place organisation-wide arrangements to improve the quality of the data and ongoing administration of waiting lists. The Health Board identified a two-fold approach to improving data quality, consisting of reviewing the existing waiting list and looking for mechanisms to ensure that all new entries on the list are appropriate. The Health Board has undertaken automated off-listing across all specialties. All Clinical Boards, via the Improvement Group, were tasked with developing off-listing rules. Automated off-listing is now run on a weekly basis. Manual clinical validation of the outpatient follow-up list across all specialties is still underway. Specialties where the risk to patients experiencing a delay is the greatest were targeted first for clinical validation; the specialties being ophthalmology, cardiology, gynaecology and gastroenterology. Also, due to the dentistry department being very engaged in reviewing outpatient treatment, the dentistry team has also undertaken clinical validation of their lists too. The Health Board identified additional funding to help undertake clinical validation in cardiology and gastroenterology in terms of both referral to treatment and follow-up appointment waiting lists, which has helped speed up the process in these areas. The Health Board told us that that the clinical validation of patients on the list is taking longer than expected. The Health Board told us that so far, automated off-listing and clinical validation have led to approximately 15% of patients on the list being off-listed, and a further 15% being allocated a target date. In February 2017, there were 357,000 patients on the follow-up list. In the previous 12 months, the number of patients on the list has stayed at around 350,000, with small variations each month. The data does not suggest that large numbers of patients have been off-listed as a result of validation in the previous 12 months, however, it is possible that the number of off-listed patients has been offset by increasing demand.

[5] The Clinical Boards which provide outpatient follow-up appointments to patients are Children and Women, Dental, Medicine, Specialist Services and Surgical Services.

Area	Finding
Validation of patients on the follow-up waiting list	In addition to running the automated off-listing tools on a weekly basis, the Health Board has identified further actions required to ensure patients who no longer require a follow-up appointment are removed from the list: • some patients that are discharged to their GP are not automatically being removed from the list, and the Health Board is working to identify how to stop this. • the Health Board has identified that when patients attend an outpatient follow-up appointment and mistakenly walk away with their outcome form[6] rather than hand it in for reconciliation, the patient may remain on the list unnecessarily. The Health Board is developing a report to identify such occurrences. In April 2017, an additional validator was appointed to help progress the actions identified above, and any further actions to help maintain the robustness of the outpatient follow-up list. Alongside the work undertaken to validate patients currently on the list, the Health Board has also been working to provide target dates for existing patients on the list. The percentage of patients with a target date has increased each month since February 2015. In our previous report, we highlighted that in June 2015 only 30% of patients had a recorded target date. In February 2017, 47% of patients either had a target date or were classed as 'see on symptom'[7]. The Health Board is working to ensure that going forward all patients added to the lists are automatically allocated a target date, by ensuring that a target date or see on symptom classification is a mandatory field to be completed on the patient record. The Health Board's information systems provide Clinical Boards with the data used to produce the Welsh Government outpatient follow-up data return[8]. The Health Board's information systems currently provide the data to specialty level, and the Health Board would like to be able to provide data at clinic level to better help the Clinical Boards identify any problem areas.

[6] Clinicians complete an outcome form for every patient attending an outpatient appointment. The clinician will specify on the form the outcome of the appointment, for instance, the patient is discharged from further care or needs to be referred for diagnostic tests or alternate care.

[7] Patients without a target date can be classed as 'see on symptom' by a consultant, this means that the patient will only be seen by a consultant for a follow-up appointment if certain symptoms present, or based on the outcome of monitoring tests. In terms of the Welsh Government data submission, the number of patients classed as 'see on symptom' was a new field in April 2016; prior to this, in terms of the data submission, such patients would have been counted as a patient without a target date.

[8] The Welsh Government outpatient follow-up data includes the number of patients on the list, the number of patients with a target date, the number of patients with a booked appointment and the number of patients delayed beyond their target date.

Area	Finding
Validation of patients on the follow-up waiting list	It is pleasing to note that the specialities that are both high risk and high volume have undertaken validation of the outpatient follow-up lists. The Health Board needs to ensure now that all Clinical Boards focus on list validation, the development of off-listing rules, and ensure that all new additions to the list are appropriate and allocated a target date.

Appendix 2

Progress that the Health Board has made since our 2015 recommendations

Exhibit 6: assessment of progress against recommendations

Recommendation	Target date for implementation	Status	Summary of progress
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.	December 2015 (for the January 2016 report to the People, Planning and Performance Committee).	In progress	In our previous report, we found that the Board had not received information on the volume of delayed follow-up appointments. The People, Planning and Performance Committee (the PPP Committee) is responsible for the oversight of outpatient follow-up care. We found that the PPP Committee had received information about delayed ophthalmology appointments, and updates on the progress of outpatient follow-up waiting list improvement actions. However, the PPP Committee did not receive information about specialties beyond ophthalmology, nor receive adequate assurance on the clinical risks associated with delayed appointments. Since our review, the Board and the PPP Committee have received regular progress reports on the steps taken to validate the outpatient follow-up list and to modernise outpatient services. The PPP Committee has also monitored closely the progress of the Clinical Risk Assessment (see recommendation two). After our report, initially, the PPP Committee were provided with updates on progress with transforming outpatient care every meeting, although the committee members now feel that twice-yearly updates are more appropriate. Performance information reported to the PPP Committee includes the number of patients on the outpatient follow-up waiting list by month, the percentage of patients with a target date, and the percentage of patients experiencing a delay.

Recommendation	Target date for implementation	Status	Summary of progress
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.			Each year, the Clinical Boards are required to produce an Improvement Plan covering all areas of care. In terms of outpatients, the Clinical Boards are required to set out the actions they are taking to validate their outpatient waiting list, the interventions they are taking to ensure high-risk patients are being seen quickly, how they are managing risk and the planned changes to service models. The Clinical Boards are required to produce an annual Performance Report (due May/June) to report progress against the Improvement Plan. Clinical Board performance reviews are also produced eight times a year and include reporting of the number of patients on the follow-up outpatient waiting list (and the percentages of the patients with a target date and delayed). The Health Board's Integrated Medium Term Plan 2016-17 to 2018-19 (the IMTP) sets out a key measure of outpatient transformation which was a reduction in the number of outpatient appointments taking place in a hospital setting. With the Outpatient Transformation Programme (see recommendation 4) now in place, and with a real focus on service modernisation, it would be timely for the Health Board to review the performance indicators required to measure the Health Board's progression.

Recommendation	Target date for implementation	Status	Summary of progress
Clinical risk			
R2 Identify clinical conditions across all specialties where patients could come to irreversible harm through delays in follow-up appointments.	November 2015	Implemented	Our 2015 review identified that the Health Board did not have a process to identify the conditions where the clinical risk to patients experiencing a delay in their follow-up appointment is the highest. Following our review, the Health Board asked each Clinical Board to identify the specialties or clinical conditions that carry a risk of patients coming to irreversible harm as a result of a delay to their follow-up appointment. The Clinical Boards were asked to complete this work by 21 April 2016. The resulting list of conditions and specialties (the Clinical Risk Assessment) was endorsed by the Health Board's Planned Care Board on 20 May 2016. Due to the volume of patients experiencing a delay in their treatment, the November 2015 PPP Committee requested that a report advising whether or not patients had suffered irreversible harm be presented to a future meeting. The Clinical Risk Assessment was presented to the PPP Committee on 12 July 2016 and the Board on 28 July 2016. Using the Clinical Risk Assessment to focus attentions, it was subsequently reported to the PPP Committee on 6 September that the Health Board had identified no patients experiencing harm as a result of a delay.

Recommendation	Target date for implementation	Status	Summary of progress
Clinical risk			
R3 Develop interventions to minimise the risk to patients with those conditions who are delayed beyond their target follow-up date.	January 2016	In progress	The second strand of the Health Board's Follow-up Strategy is clinical risk assessment and the need for Clinical Boards to lead on: • improving knowledge of the clinical risks associated with delays; and • identifying targeted interventions where the greatest assurance is required. The Clinical Risk Assessment has set out the high-risk conditions where interventions are required most urgently. All Clinical Boards can review dashboards of aggregated follow-up data at specialty level that provides the number of patients delayed beyond their target date. The Health Board would like to develop this further to provide the data at clinical condition level to help target interventions. However, individual patient and clinic level data can also be accessed via the Clinical Portal[9]. The work to clinically validate the outpatients' follow-up list has helped identify the patients most in need of a targeted intervention in those areas where validation has been undertaken. Targeted interventions have taken place in some specialties to ensure that high-risk patients are seen quickly, including ophthalmology. In our previous review, we reported that the number of patients delayed beyond their target date was 44% (in June 2015). In February 2017, the number of patients delayed beyond their target date was 37%. It is encouraging to note that there has been a reduction in the number of patients delayed, although caution must be applied, because the action taken to remove erroneous inclusions on the list and to allocate target dates to patients will impact on the comparability of the data between the two periods.

[9] The Clinical Portal is an electronic window that allows clinicians to view defined information about individual patients in a virtual electronic patient record drawn from information held in different clinical systems.

Recommendation	Target date for implementation	Status	Summary of progress
Clinical risk			
R3 Develop interventions to minimise the risk to patients with those conditions who are delayed beyond their target follow-up date.			Whilst work is continuing to target patients delayed beyond their target date, the speed of progress is being hampered by; • the need to identify the erroneous inclusions on the list, so as to avoid wasting an outpatient appointment slot on them; • the number of patients on the list without a target date or newly allocated a target date; and • the time and resource required to clinically review the list to determine where interventions are required. However, work to improve the quality of the outpatient list has been targeted at the high-risk areas and there is data indicating the degree of the delay experienced by each patient. In addition, as highlighted in recommendation 1, Clinical Boards are required in their Improvement Plans to specify how they intend to target the patients most in need of an intervention to ensure they receive a timely outpatient follow-up appointment. The Health Board told us that the next steps are for the Information Department to work with the Clinical Board representatives to extract the number of patients classed as high risk and to develop service plans to target these patients. The Health Board has revised the target date for delivery of the recommendation to June 2017.

Recommendation	Target date for implementation	Status	Summary of progress
Outpatient transformation			
R4 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.	An Outpatient Follow Up Strategy and proposal on the structure and shape of an Outpatient transformation programme will be considered at the next Planned Care Board on 6 November 2015.	In progress	In our previous report, we highlighted that the Health Board recognised that outpatient follow-up improvement work to date had been focused on improving the accuracy and management of the waiting list. The Health Board told us it had taken this approach to better understand true demand to enable the development of appropriate modernisation plans. Our report identified that the Health Board did not have a clear strategic plan for modernising outpatient services. However, we highlighted that some specialties were making progress with service modernisation, for example, where appropriate, patients were being discharged into, or seen in, a community setting instead. The third and fourth strands of the Health Board's Follow-up Strategy are to improve productivity and efficiency, and outpatient transformation. The Improvement Group set up in 2014, was responsible for overseeing outpatient follow-up improvement work. Subsequently, the Health Board has established an Outpatient Transformation Programme, under the remit of the Planned Care Board, which will be responsible for building on all ongoing work to transform and improve all areas of outpatient care, including follow-up work. The Outpatient Transformation Programme has been developed as part of the Health Board's recently established Transformation Board. Whilst there is significant work to do, there is a structure in place, with responsibilities allocated, and an initial action plan has been agreed. In terms of looking at future demand for outpatient services, the Health Board reviews referral to treatment outpatient demand and capacity on an annual basis. Progress still needs to be made in modelling demand and capacity for outpatient follow-up appointments. To date, the Health Board has concentrated efforts on cleansing the current outpatient follow-up list, as it wants to ensure that data on the list is robust prior to using it for demand modelling. The Health Board told us that it will pilot demand and capacity modelling in one area, prior to rolling it out to all specialties, and whilst there is no timeframe for this work, it is likely to be undertaken as part of the Outpatient Transformation Programme.

Recommendation	Target date for implementation	Status	Summary of progress
Outpatient transformation			
R4 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.			A number of projects have focused on modernising outpatient services across the Health Board, including: • Leaner and Fitter Outpatient projects, supported by GE Healthcare Finnamore have been undertaken in dermatology, gastroenterology and urology. The overarching objectives of the projects were to improve clinic utilisation, reduce DNAs[10], support the achievement of referral to treatment times and optimise the use of electronic referrals or e-advice. In May 2016, the Health Board reported the following key achievements: – Gastroenterology – 0 patients waiting longer than 36 weeks (the lowest level in six years and a reduction from 190 patients in July 2015); a 2% reduction in new DNAs; an additional 51 patients booked per month when compared to July 2015; – Dermatology – 74% teledermatology referral rate resulting in a 'saving' of 230 appointments per month; an additional 374 patients booked per month when compared to July 2015; the downgrade of urgent suspected cancer referrals by 33% as a result of teledermatology; – Urology – a 4% reduction in the number of patients waiting longer than 26 weeks; and an additional 124 patients booked per month when compared to July 2015. • The Health Board launched the Bold Improvement Goal Programme (the BIG Programme) in 2016-17. One of the aims of the BIG Programme is to reduce waste, harm and unwarranted clinical variation. The initial pathfinder projects are in ophthalmology and musculoskeletal care. Patient pathways will be reviewed to identify where more care can be delivered in the primary sector, whether a follow-up appointment with a consultant is really necessary in all circumstances, and identify where follow-up appointments can be done virtually instead of in a hospital environment.

[10] Patients that did not attend their appointment

Recommendation	Target date for implementation	Status	Summary of progress
Outpatient transformation			
R4 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.	.		• The Health Board's IMTP sets out the intention to identify opportunities to shift outpatient services from secondary care into primary care settings, including: – undertaking post-operative cataract follow-ups in the community; – providing wet AMD services in the community; – setting up a musculoskeletal community assessment service in the community as an alternative to secondary care clinics; and – the development of community-based audiology services in three community practices; and – embedding and strengthening community diabetes services to continue to increase provision of care and support in the community to reduce outpatient demand in secondary care.

Recommendation	Target date for implementation	Status	Summary of progress
Outpatient transformation			
R4 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.			In addition, the Health Board has implemented efficiency improvements in outpatient care: • Fully Automated Booking has been implemented for all new outpatient appointments and the intention is to roll it out to automate follow-up bookings following further system development. This system should help to reduce DNAs. • E-advice services providing GPs with swift access to secondary care specialist expertise across high referral speciality services is being rolled out to include cardiology, ophthalmology, rheumatology, respiratory, gastroenterology and child health services. • electronic referral systems enabling GPs to refer directly into secondary care have been implemented. • outpatient clinic templates are being reviewed to deliver better scheduling and enhanced clinic utilisation. The Health Board is also leading on the orthopaedics work stream of the national programme to transform outpatient care, and is committed to incorporating recommendations from each of the five work streams of the national programme (audiology, dermatology, ophthalmology, orthopaedics and urology).

Recommendation	Target date for implementation	Status	Summary of progress
Outpatient transformation			
R5 Identify the change management arrangement 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.	This will be considered following agreement of the proposal on the Outpatient Transformation Programme.	In progress	In our previous report we said that without a robust whole-system approach to outpatient modernisation, it was not clear that: • there will be sufficient project management capacity, resource planning and service modelling across all specialties, to ensure that service modernisation takes place at the pace required; and • the interrelationship between its specialties and with primary care providers, which is necessary for effective pathway design, can be co-ordinated. As set out against recommendation 4, the Health Board's Outpatient Transformation Programme will be responsible for building on all ongoing work to transform and improve outpatient care, including follow-up work. The Outpatient Transformation Programme and the Transformation Board already have key members of staff in place. The Outpatient Transformation Programme has an agreed action plan, and work is ongoing to identify the clinical resources required to accelerate the pace of long-term outpatient transformation. The Planned Care Board, via the Outpatient Transformation Programme will be responsible for the corporate oversight and management of transforming outpatient services. However, the Clinical Boards will be required to lead on outpatient service modernisation. As set out in recommendation 1, each Clinical Board is required to produce an Improvement Plan setting out the steps that the Clinical Board will take to modernise service delivery, including the resources required and how the Clinical Boards will work with primary and community care to bring about change. Finding capacity to undertake the work, however, will be a challenge. Clinical resources continue to be stretched, and those areas that most need improvement are often those areas where clinical capacity is a concern. The implemented efficiency improvements in outpatient care set out in recommendation 4 demonstrate that significant engagement with internal stakeholders and primary care has already taken place in some specialties.

Wales Audit Office
24 Cathedral Road
Cardiff CF11 9LJ

Tel: 029 2032 0500
Fax: 029 2032 0600
Textphone : 029 2032 0660

E-mail: info@audit.wales
Website: www.audit.wales

Swyddfa Archwilio Cymru
24 Heol y Gadeirlan
Caerdydd CF11 9LJ

Ffôn: 029 2032 0500
Ffacs: 029 2032 0600
Ffôn testun: 029 2032 0660

E-bost: post@archwilio.cymru
Gwefan: www.archwilio.cymru