Outpatient Transformation

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Planned Care (Out-patient transformation)
What are we trying to achieve?

• New models for managing planned activity that is different to the historical model that currently exists for out-patients
• The NHS Long Term Plan expects a reduction of up to 30% OP face to face appointments in the next 5 years
• What this means:
  • Digital-first primary care
  • Referring the right people
  • Using the agreed pathways
  • Working with partners
Kingston CCG Outpatient Attendances
(Excluding Obstetrics, Midwifery and Diagnostic Imaging)
Planned Care Schemes

Outpatient Transformation with KH

2018/19 specialties:
- Respiratory
- Gynaecology
- Urology
- Cardiology
- Gastroenterology
- MSK

2019/20 specialties:
- Paediatrics
- Dermatology
- General surgery
- Pain

Measures:
- Referrals
- FA
- F/Up

SWL wide

Effective Commissioning
- Diabetes
- ENT
- Ophthalmology

Measures:
- Referrals
- FA
- F/Up

NWL

2018/19 specialties:
- Cardiology
- Dermatology
- Gynaecology
- Gastroenterology
- MSK

2019/20 specialties:
- Neurology
- Ophthalmology
- Respiratory

Measures:
- Referrals to WMUH and ICHT
- FA
- F/Up
Enablers for planned care transformation

• ECI policy – prior approval and IFR

• Clinical work streams of the out-patient transformation programme

• RCCG Co-ordinated care LCS – supporting best practice in referral management

• Advice and Guidance & DXS (or equivalent)

• Digital-first Primary Care (foundations in place, needs co-ordination)
Planned care transformation success thus far

• Identified and initiated work streams for the first 5 specialties with Kingston hospital

• Established a collaborative out-patient transformation board

• Advice and guidance platforms have been well received & used

• Agreed referral pathways available on general practice clinical systems

• Whilst we recognise GP 1st referrals remain stable there is still c.£2m of opportunity if / where these appts are be managed digitally
Example proposed pathway changes

• Respiratory – Dedicated Nodule Management Service

• Currently patients are being referred to the Chest Clinic or Lung Cancer multi-disciplinary meeting for nodules that are found during other tests. This leads to unnecessary appointments, increased pressure on Lung MDT/2WW clinics and anxiety for patients.

• Plan to set up a dedicated service that will help standardise the management of pulmonary nodules across the Trust, enhance patient experience by delivering new models of care and build capacity to help meet rising demands on the Lung Cancer service. This is in line with services being set up in other Trusts which have resulted in improvements in patient care and a reduction in face to face appointments.