Social Care and Health Overview and Scrutiny Committee

January 2021

Agenda Item No.

7

Outpatient Service Redesign

Presented by:
Mr Geraint Griffiths-Dale, Walsall Managing Director, Black Country STP Elective Care Lead, Black Country & West Birmingham CCGs
Mr Daren Fradgley, Executive Director of Integration, Walsall Healthcare NHS Trust.

Ward(s):   All

1.   Aim

The aim of redesigning outpatient services is to ensure that the people of Walsall have access to specialist health services that are delivered through a sustainable operating model, closer to home, that improves patient outcomes and experience whilst ensuring the most effective use of system resource.

2.   Recommendations

For information and feedback.
Members are asked to:
- Discuss the contents of the report particularly in respect of patient and public engagement.

3.   Report detail

Introduction

3.1 The purpose of this report is to:
- Provide an overview of the work undertaken to date in respect of outpatient service redesign in response to COVID 19 (phase one);
- Inform members of the proposal for future outpatient service transformation (phase two) and next steps to enable full and robust patient and public engagement and co-design.

Outpatient Service Redesign – Phase One

3.2 The first wave of the COVID 19 pandemic created an urgent need for elective and outpatient activity to be dramatically reduced or postponed to reduce foot fall within the hospital, reduce transmission of the virus and so that

resource could be re-directed to deal with the expected surge in emergency in patient demand associated with COVID 19.

3.3 Walsall Healthcare NHS Trust identified that many of the actions it would seek to implement to redesign outpatient services in response to COVID 19, were broadly aligned to the required future state for outpatient transformation as set out in the Walsall Together business case. This subsequently led to development of a new operating model for delivery of outpatient services which significantly reduced face to face outpatient demand by utilising virtual and telephone consultation methods and initial roll out of Advice and Guidance (A&G) and Referral Assessment Services (RAS) to support referral optimisation.

3.4 At the beginning of April 2020, Walsall Healthcare NHS Trust led a programme of work to rapidly redesign the delivery of outpatient services. A project team was established to implement a safe and consistent approach to managing existing and new referrals for two week waits, urgent and routine, through a process of clinical triage to determine the best course of action for the patient e.g. face to face appointment / virtual consultation / or appropriate discharge with advice and guidance to the GP.

3.5 The Outpatients Redesign Clinical Task and Finish Group was also established to provide primary and secondary care clinical oversight of the redesign work. It also provided a forum to enhance the interface between primary and secondary care. This was phase one of outpatient redesign.

Outpatient Service Redesign – Phase Two

3.6 From the 1st April 2021, outpatient services will transfer to Walsall Healthcare NHS Trust's community contract and will therefore formally come within the scope and governance of the Walsall Together Integrated Care Partnership (ICP).

3.7 A programme of outpatient transformation will be planned, developed and implemented to align with the Walsall Together ICP strategic objectives, the NHS Long Term Plan, Black Country STP Elective Care Transformation Plan and priority population health needs identified for the borough of Walsall. This is phase two of outpatient redesign.

3.8 The planning, development and implementation of phase two will be a collaborative approach with all partners across the system. Most importantly, this will include engaging with, and working with the people and communities of Walsall to redesign outpatient services to meet their needs, provide better care and outcomes, whilst improving patient experience and reducing inequalities. This will include working with vulnerable and seldom heard groups, working closely with the voluntary sector, local community groups and existing patient forums.

3.9 To date, discussions are underway across the Trust's specialty divisions to begin to scope priority specialties and services for piloting new models of delivery.

3.10 One such example is the community Nephrology service pilot, to deliver Chronic Kidney Disease (CKD) services differently across Walsall through development of a cohesive, integrated primary and secondary care pathway for patients with CKD.
This aims to achieve early intervention and prevention, detection and management of CKD through a mixed model of remote and direct clinics, Multi-Disciplinary Team working with the Consultant, the patient's GP and other specialists, remote monitoring and proactive self-care.

3.11 Within the wider context, the CKD pilot is an example of outpatient transformation which aligns with Walsall Together ICP strategic objectives and with Primary Care Network population health need priorities. The CKD pilot will be developed and implemented through a programme management approach supported by Walsall Together Programme Management Office. The approach to implementing this model of care could be utilised as a homogenous approach/model for implementing wider outpatient transformation across other specialties.

Patient Engagement and Participation - Where we are now

3.12 It is acknowledged that phase one of outpatient redesign was rapidly introduced in response to the pandemic, where patient safety in managing existing and new referrals was paramount. Consequently, very limited patient engagement was undertaken during this phase. Mechanisms were put in place by Walsall Healthcare NHS Trust to obtain patient feedback in relation to virtual and telephone consultations, however the feedback response rate from patients was low.

3.13 Appendix one provides a high level summary of feedback and patient experience of virtual outpatient consultations during the period of August to October 2020. The summary shows that whilst some positive feedback was received there is evidence that patient experience of virtual consultations could be significantly improved. This will provide valuable feedback to inform further outpatient redesign.

Patient Engagement and Participation - Next Steps

3.14 A core patient engagement oversight group has been established that will support and oversee patient engagement across outpatient transformation as a generic piece of engagement. The group will also inform and signpost to relevant community groups to enable condition, cohort and service specific engagement. Membership includes key stakeholders across the system such as Walsall Healthcare NHS Trust, Healthwatch, CCG, One Walsall and Walsall Together.

3.15 More broadly, there is significant opportunity to enhance the potential reach of our engagement partners. Healthwatch are commissioned by Walsall Together to provide dedicated resource to outpatient's engagement. There is also work currently underway by CCG engagement leads to create a single engagement model for Walsall through which outpatient's engagement can be strengthened.

3.16 An Equality Impact Assessment will be completed, led by the Trust, to inform which service users/communities/protected characteristics outpatient transformation may impact upon and this will be used to inform the engagement plan and outpatient transformation more widely. A Quality Impact Assessment was undertaken by the Trust during phase one which highlights the fact that the outpatient changes made during this phase were made rapidly in response to COVID 19, where the priority was to ensure patient safety and quality of care. However, we need to ensure the impact of virtual consultations (and other planned outpatient changes) is assessed in terms of reducing inequalities. This assessment will be Trust led with support from the core oversight group with the aim to complete the first draft by February 2021.

3.17 Due to the ongoing challenges of COVID 19 and diversion of resource to prioritise supporting mass vaccination, it is proving very challenging to progress this work. The group will meet again in February to begin drafting a framework for outpatient engagement (including governance requirements) from which a more detailed plan can be developed. However, the impact of COVID 19 cannot be underestimated, and as such, there is a risk that the detailed planning work will not be sufficiently developed to enable meaningful reporting back to the Committee much before April.

4.   **Financial information**

4.1 Financial implications and risks will be further analysed and assessed as part of developing and commissioning outpatients as part of the ICP contract.

5.   **Reducing Inequalities**

5.1 The planning, development and implementation of outpatient redesign will promote equality and reduce inequalities in health through:

- Full and robust patient and public engagement and participation in the programme of redesign to understand the needs of the population and of those who experience the greatest inequalities and proactively incorporate these needs into the redesign process.
- Improved access to specialist services by new ways of working, for example, delivering outpatient clinics in community settings that are closer to people's homes; improving pathways of care between primary and specialist care.
- Redesign of outpatient services that are person/patient centred that proactively enables a personalised care approach, such as patient choice, supported self-management and shared decision making.

6.   Decide

Discuss the contents of the report in respect of:
- Current position relating to outpatient patient and public engagement (phase one) and;
- Proposed next steps for patient and public engagement (phase two).

7.   Respond

Feedback from members is requested to inform future outpatient patient engagement work.

8.   **Review**

Propose to update the committee on further developments and progress against plans at a future date for Overview and Scrutiny Committee.

Background papers
N/A

Author

Louise Jones
Senior Commissioning Manager, Walsall Clinical Commissioning Group
louise.jones24@nhs.net