

MFT Outpatient Programme: Clinical and Operational Transformation Strategy

Trafford Pandemic Scrutiny Committee

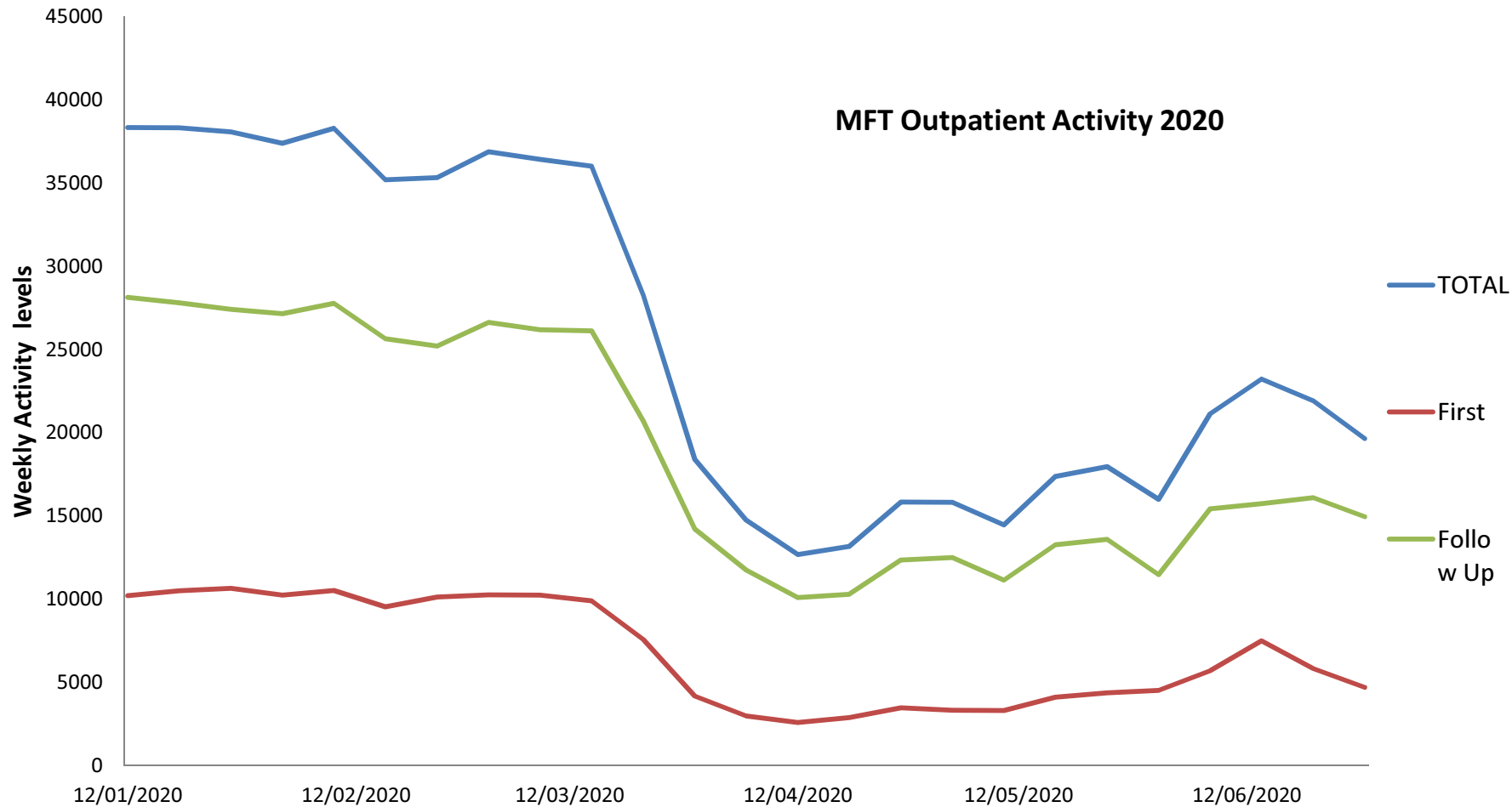
July 2020



Introduction

- In response to COVID-19 MFT set up an Outpatient recovery workstream as part of the overall recovery programme. This was initially focused on the internal levers to re-establish activity within the new normal. However, the constraints imposed by COVID are forcing a re-think of how Outpatient activity is best delivered and COVID has acted as a natural catalyst for rapid change
- MFT are working with commissioners (MHCC and Trafford CCG as leads) and primary care in a collaborative effort to re-design how hospitals engage with referrals and provide Outpatient services. This programme is the principle programme of work for commissioners and the hospital, with the Outpatient Board acting as the primary site for discussion and agreement about future models
- The programme is overseen by the Joint Group Medical Director of MFT and the Chief Executive of RMCH, and is engaged with clinical leaders from across Manchester and Trafford to ensure alignment of priorities. The Manchester and Trafford community cell has identified this program as one of its 3 priority transformation priorities
- Recently the Northwest was selected as the lead region for the re-design of the Outpatient model across the NHS, through NHSI's "Adopt and Adapt" programme. Last week we attended a regional call led by the NHSI national team that sought to develop and prioritise a long-list of ideas for Outpatient reform. Many of the identified ideas already form part of the following programme of work. However, it has been a good opportunity to re-confirm many of these ideas whilst also identify some areas in which we could refine this programme.
- Phase One of this programme has focused on a number of regional mandates based on the greater use of technology to support patients, including: roll-out of Advice and Guidance whilst hospitals have been unable to accept the same level of Outpatient activity; the implementation of video clinics (Attend Anywhere platform for MFT) to support increased patient contacts and reduce physical presence on site, and the clinical triage of patients with a cancelled Outpatient appointment following the COVID reduction of activity
- Phase Two of this programme will shift to focus on the referral pathways, supporting infrastructure (diagnostics, medicines) required for greater virtual working and greater precision in how follow-up activity is arranged (PIFU models, partial booking)

Context: 60% reduction in activity during COVID-19 and ongoing challenge around face to face capacity forces a re-think of how Outpatients will need to be delivered in the new normal



MFT activity has fallen to very low levels during the course of the pandemic with focus being on emergency, cancer and maternity work throughout.

As we work through the recovery phase outpatient activity has started to increase earlier than inpatient activity but services have been undertaking additional telephone activity as part of the triage process for displaced activity.

A number of transformation initiatives have been identified as part of the Outpatient programme

Initiative type	Phasing	Initiative	Rationale	Progress to date
Referral management	Phase 3 (November – onwards)	Primary care referral protocols	Facilitate the management of the patient in the right place and provide information on when a referral should be made to the different services and what information will enable effective triage. Support development of enhanced shared pathways	Prior to COVID-19 progress was being made to develop a range of guides for Gynaecology
Referral management	Phase 3 (November – onwards)	GP education events	GP education events: to bridge the gap between primary and secondary care in the longer term – without the need for additional triage	Initial scoping discussions with MCCG and TCCG to explore how we take this forward
Referral management	Phase 3 (November – onwards)	Community and interface service provider review	This will support a reduction in patient handoffs between services and reduce the burden of care on both GP's and specialist services	There are already a range of effective models within the localities but some of these are under resourced and these do not cover all applicable specialities
Referral management	A&G - Phase 1 (May – July)	Advice & Guidance	A truly virtual first triage model enabled to drive patient/condition centric decisions for patient management will reduce system inefficiency by ensuring right place right time care	Advice and Guidance roll-out to services accounting for 80% of referrals by end of July
Patient pathway (new)	RAS - Phase 2 (August – October)	Virtual Triage (RAS)	A truly virtual first triage model enabled to drive patient/condition centric decisions for patient management will reduce system inefficiency by ensuring right place right time care	Initial internal scoping meetings have taken place to begin to understand how best to operationalise the most efficient model of this internally, to include direct to diagnostics etc.
Patient pathway (new and follow-ups)	Phase 1 (May – July)	Attend Anywhere (Video Consultation)	Adoption will support patient engagement in their care, making it more convenient for them , reducing their need for travel and the time spent on attending hospital appointments as well as being safer for them during the pandemic	Attend Anywhere is being rapidly deployed across the Trust in line with national strategy, with a target of services accounting for 80% of outpatient activity live with a clinic by the end of July
Patient pathway (new and follow-ups)	Phase 2 (August – October)	Partial booking	This is considered best practice as patients are booked in accordance with required recall rather than in line with capacity. This will allow better management of waiting lists	This is in place in areas of MFT and we are looking to standardise this offer across all services. To ensure consistency of approach for all of our patients
Patient pathway (follow-ups)	Phase 2 (August – October)	Patient-initiated follow-ups	Patients would only be booked where they themselves think it necessary, this will reduce avoidable follow ups and increase system capacity	Model being developed that is clinically sound, need to engage with clinical teams to develop this further – national and regional mandate to implement this
Patient pathway (follow-ups)	Phase 2 (August – October)	MFT waiting list review/validation	In partnership with PIFU and a clinical review of patient requirements this will ensure clinical capacity is focused on the highest priority patients	Joint working between primary care clinicians and specialists to conduct clinical review of long-waiters in Benign Gynaecology on non-admitted pathways
Patient pathway (diagnostics access)	Phase 2 (August – October)	Phlebotomy and investigations service review	There are differing offers for patients across both MFT and the local community, these will need to be reviewed in order to make them fit for purpose when considering virtual assessment etc.	Scoping has begun to understand point of delivery, workforce and estates implications. LCO taking a lead on business case development.
Patient pathway (pharmacy)	Phase 2 (August – October)	Pharmacy delivery to patients	Virtual consultations require a different model of prescribing and delivery model for drugs	Scoping underway with Transformation, Informatics and Pharmacy teams around prescribing

Next steps

- MFT recovery programme fully implemented over the summer months and into early autumn
 - All patients risk stratified and seen in clinical priority order
- Establish principles for how we engage GPs through the Outpatient recovery programme
- Clinical Advisory Group (Manchester and Trafford) to act as Clinical Reference Group for Outpatients recovery and transformation going forwards
- CAG to support Advice & Guidance within GP practices, and to support patient engagement with video platforms in hospital
- Primary and secondary care to work together on a community-based model of phlebotomy, supporting GP demand and virtual clinics in hospital
- Primary and secondary care teams to work together to develop patient-focused solutions for delivery of hospital drugs to the community
- Gynaecology to pilot joint clinical review of long waiters as part of an integrated approach to Outpatient demand