

Outpatients Transformation Workshop

Tues 22nd Sept 2020

Rachel Cottam GP Clinical Lead Sussex

**Charlie Wood AD Transformation &
Commissioning, West Sussex**

Outpatient Transformation Workshop Agenda 22 Sept

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Time	Session	Detail	Lead
10.00	Welcome and opening brief	Setting the scene for the morning	Rachel Cottam
10.15	Improving uptake on virtual consultations	Short presentations from Sussex partnership Trust & Ashford & St Peter's Hospital	Jo Hillier Dean Birch Sue Wales Rheanna Mitchell
10.35	Interaction/Questions		
10.50	PIFU & supported healthcare	Short presentation on digital enablement	Dan Hughes Hilary O'Conner
11.00	Interaction/Questions		
11.30	Improving Advice & Guidance	Short presentation from Portsmouth Hospital on their implementation and improvement on uptake	Richard Jones Lynn Darby
11.45	Interaction/Questions		
12.15	Summary & next steps		Charlie Wood Rachel Cottam

Welcome & opening brief

Chair: Rachel Cottam GP Clinical Lead Sussex

Workshop Objectives

TO SHARE BEST PRACTICE

To share the different approaches taken for outpatient transformation initiatives across the system and from the region.

TO EVALUATE

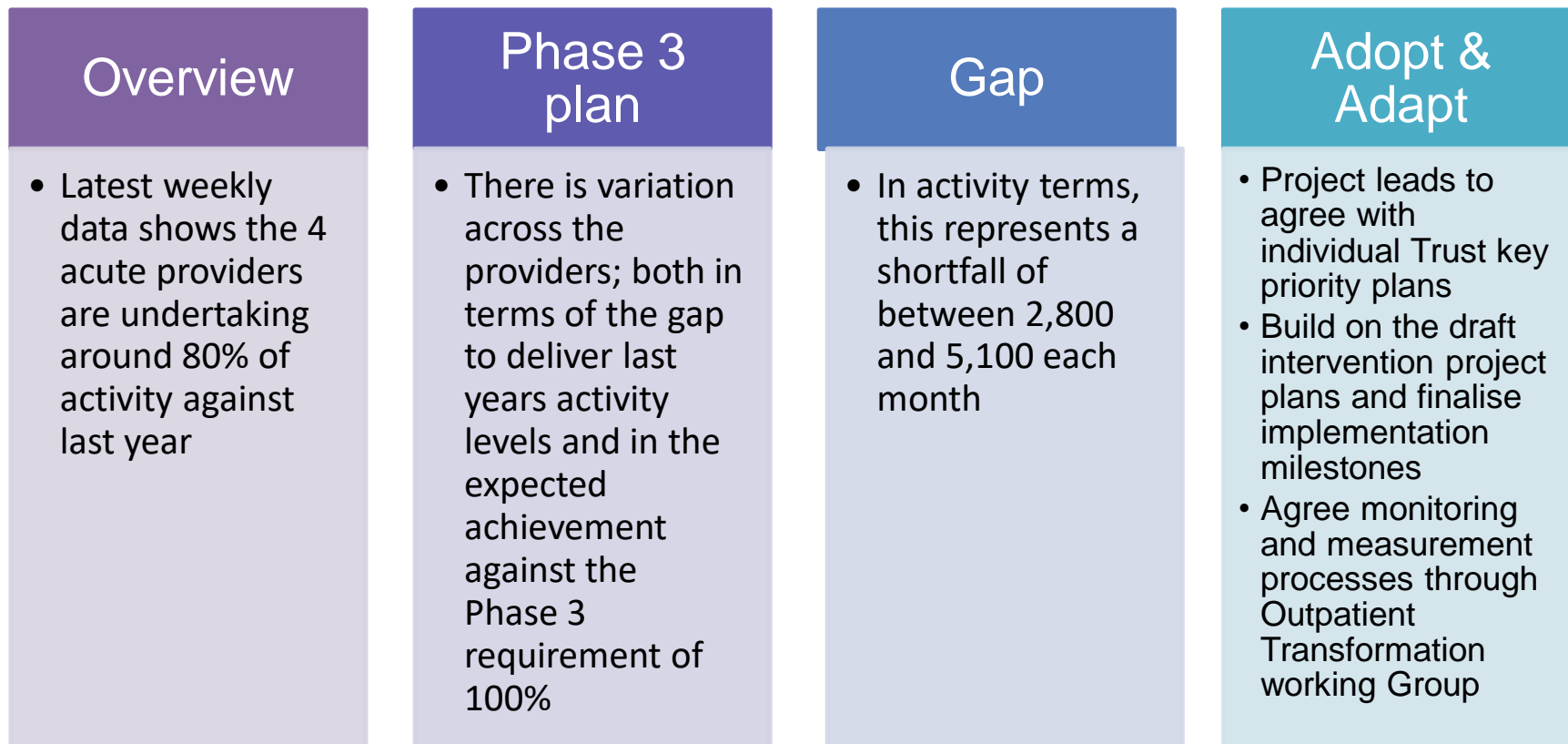
To use this opportunity to question the case studies presented. Explore how they have been implemented, what enablers and what blockers have been encountered and what benefits have been gained both for the patients and the system.

TO COMMIT

- To consider how these initiatives can be adapted for our system and place (each Provider is at a different stage.)
- To agree what actions/outcomes will be prioritised.
- To commit to deliver on these outcomes through the Outpatient Transformation Working Group leads

Workshop Approach

- **Interaction** – each presenter will provide overview of their initiative. Please feel free to post questions during the presentation.
- **Breakout/questions** - Time has been allowed at the end of each session to both answer questions posed and take questions raised.
- Please use the chat function or raise hand function to ask a question or raise a point, the chair will then call you in or we will answer the question in the Chat.
- **Housekeeping** - Please stay on mute unless speaking
- We will be recording this session for those who can not attend, please inform us if you are not content for the session to be recorded.
- If you are having any problems with any functionality please e-mail us claire.ferguson14@nhs.net



Improving Uptake for Virtual Consultations

Sussex Partnership NHS Foundation Trust
Jo Hillier

Context

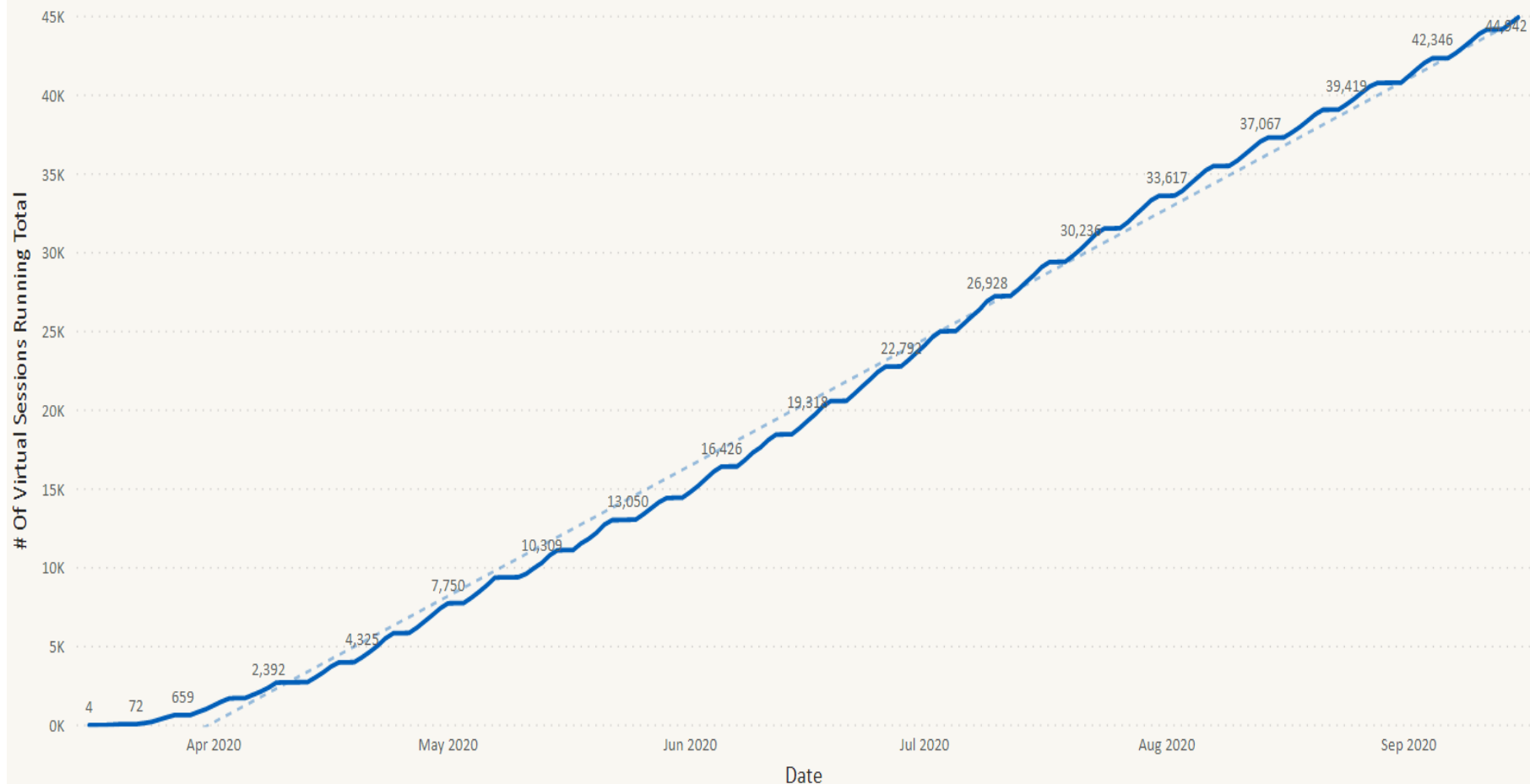
- We provide mental health and learning disabilities services across Sussex and the South East
- GDE Fast Follower
- Prior to Covid-19 we had tiny pilots of services offering virtual consultations and no virtual group offer
- Our digital clinical vision incorporated a blended offer (digital and face to face) and were going to test this out via small site QI projects

What are we using?

- **Attend Anywhere** – for consultations with service user and/or carer
- **Skype** for professional meetings
- **Gotomeeting** for group interventions but **Zoom Enterprise** under pilot for roll out from October
- Have used other app's when the above solutions don't fit clinical practice e.g. what's app with unaccompanied asylum seekers

Cumulative Numbers on Attend Anywhere (16th March to 16th September 2020)

Of Virtual Sessions Running Total by Day-Month-Year



Recipe for success

- Clinical Leadership integrated in digital team
- Endorsement from Experts by Experience
- Expected offer from all services
- Group and one to one offer
- Support to 3rd sector partners – usage across pathways
- Provision of Power BI to analyse adoption data



SurveyMonkey: Clinician Survey

4,167

Completed Surveys

Date

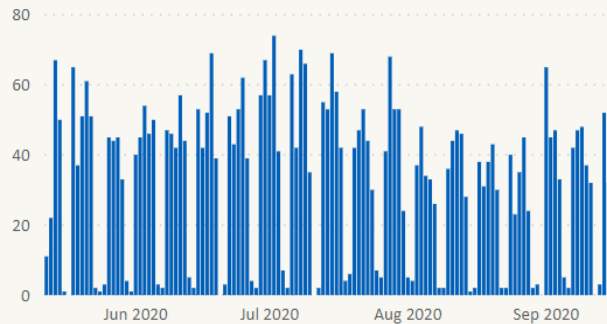
16/03/2020

15/09/2020

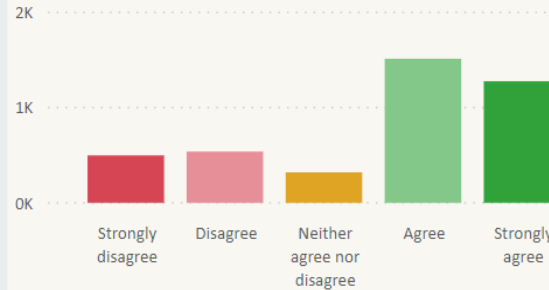
Video or Audio Call

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- ☐ Audio only
- ☐ Video call

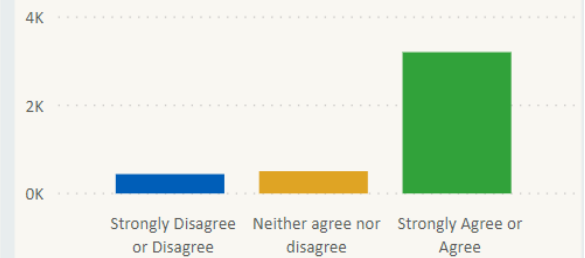
Completed Surveys by Date



Question: Attend Anywhere was reliable for the duration of my session



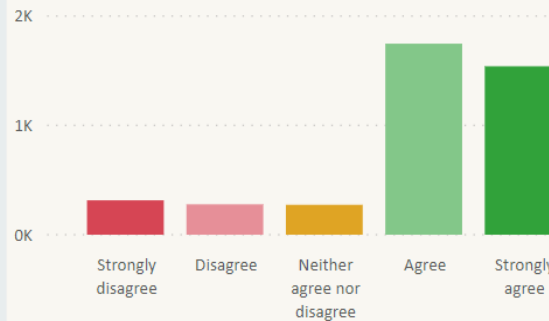
Question: I have been able to appropriately assess risk with the service user/carers during this call



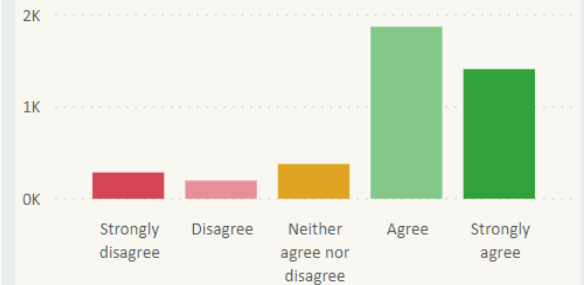
Video or Audio Call



Question: I have been able to appropriately engage with the service user/carers during this call



Question: The service user/carers and I reached the outcomes we set out to achieve during this appointment



SurveyMonkey: Service User / Carer Survey

3,581

Completed Surveys

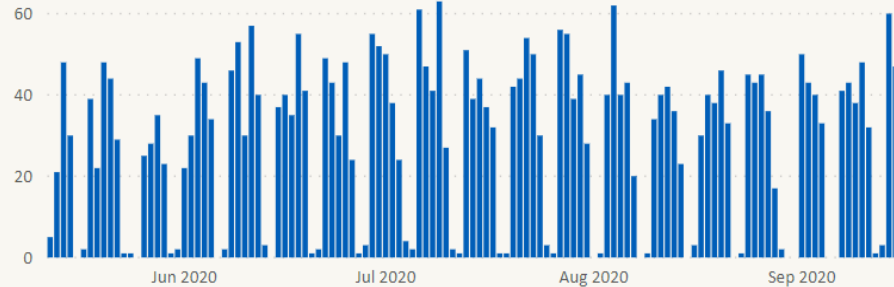
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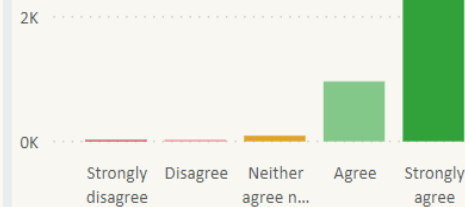
Video or Audio Call

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- ☐ Video call

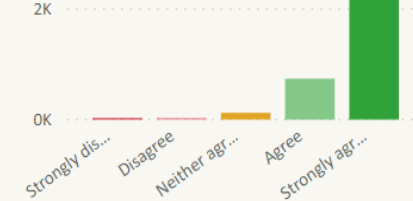
Completed Surveys by Date



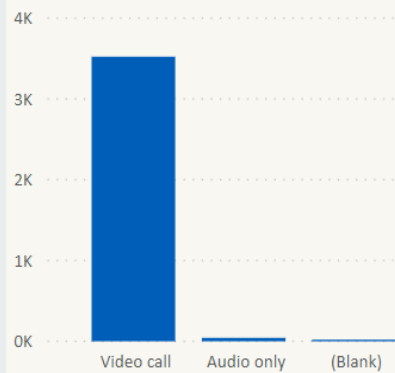
Question: I had the appropriate equipment and living space to be able to use virtual appointments



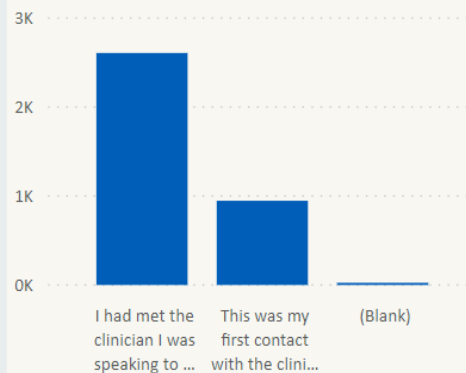
Question: I was able to express my experiences, thoughts and feelings during this appointment



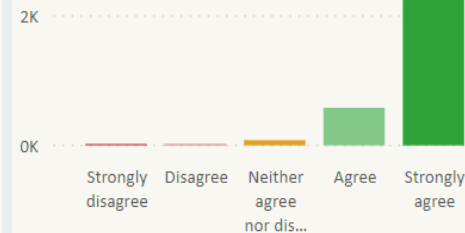
Video or Audio Call



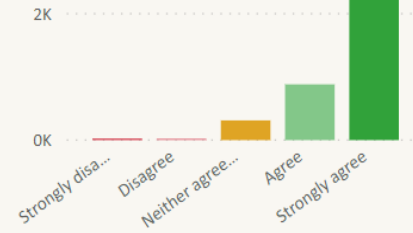
Is First Contact With Clinician



Question: I feel that I have been listened to and understood during this appointment



Question: The clinician and I reached the outcomes we set out to achieve during this contact



Improving Uptake

- Listen to the users and understand their experience
- Understand the data – why is so much still happening by telephone?
- Digital Confidence – working with interpreters, across family groups, across age groups
- Address concerns and learn from incidents - concerns regarding ability to ensure safeguarding for vulnerable people where other influences on responses online may be less clear (e.g. may not be 'truly' one to one experience).



Treatment from my home

- Digital Fatigue
- Staff experiencing challenges in relation to the content of consultations and those taking place in your own home – bringing the trauma in house
- Domestic challenges (kids, dogs, amazon delivery)
- SPFT and other research sites doing study into experiences – what to keep, what not to?
- How do we keep service user and carers needs at the center of our digital development?

Choice and Capacity

- As we start to offer more face to face appointments how do we make the most of digital capacity?
- Awareness of 'digital poverty' or the 'digital divide' and our own bias and assumptions regarding this
- Digital Cultural Competencies – working with interpreters, across family groups, across age groups
- Ongoing concerns regarding ability to ensure safeguarding for vulnerable people where other influences on responses online may be less clear (e.g. may not be 'truly' one to one experience).

Themes Emerging

- IG Matrix – to balance functionality, security and ease of use – guides which app to use when
- Clinical Intervention Matrix – By speciality, what work can routinely been done via virtual means and what cannot - ensuring service user voice is part of this
- Group Interventions – Integral to clinical offer and multiple solutions needed

In with the new but not completely out with the old...



- Digital Intervention – blended offer of platform, virtual appointments, virtual groups blended with face to face
- Service User and Carers co-producing digital vision and quality improvements
- Development of clinical protocols and guidance
- Recording consultations for training purposes and to develop digital practice - OBS Studio on attend anywhere
- Benefits measured plus use of NASSS framework
- Virtual front door and digital woven into pathways
- Enthusiasm and collaboration between clinical and digital teams

Jo Hillier – Digital Clinical Lead
Dean Birch – Digital Programme Manager
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Virtual Consultations

Our Surrey Heartlands Journey

Rheanna Mitchell , Head of Planned Care Commissioning, Surrey Heartlands CCG / G&W ICP
(Rheanna.Mitchell@nhs.net)

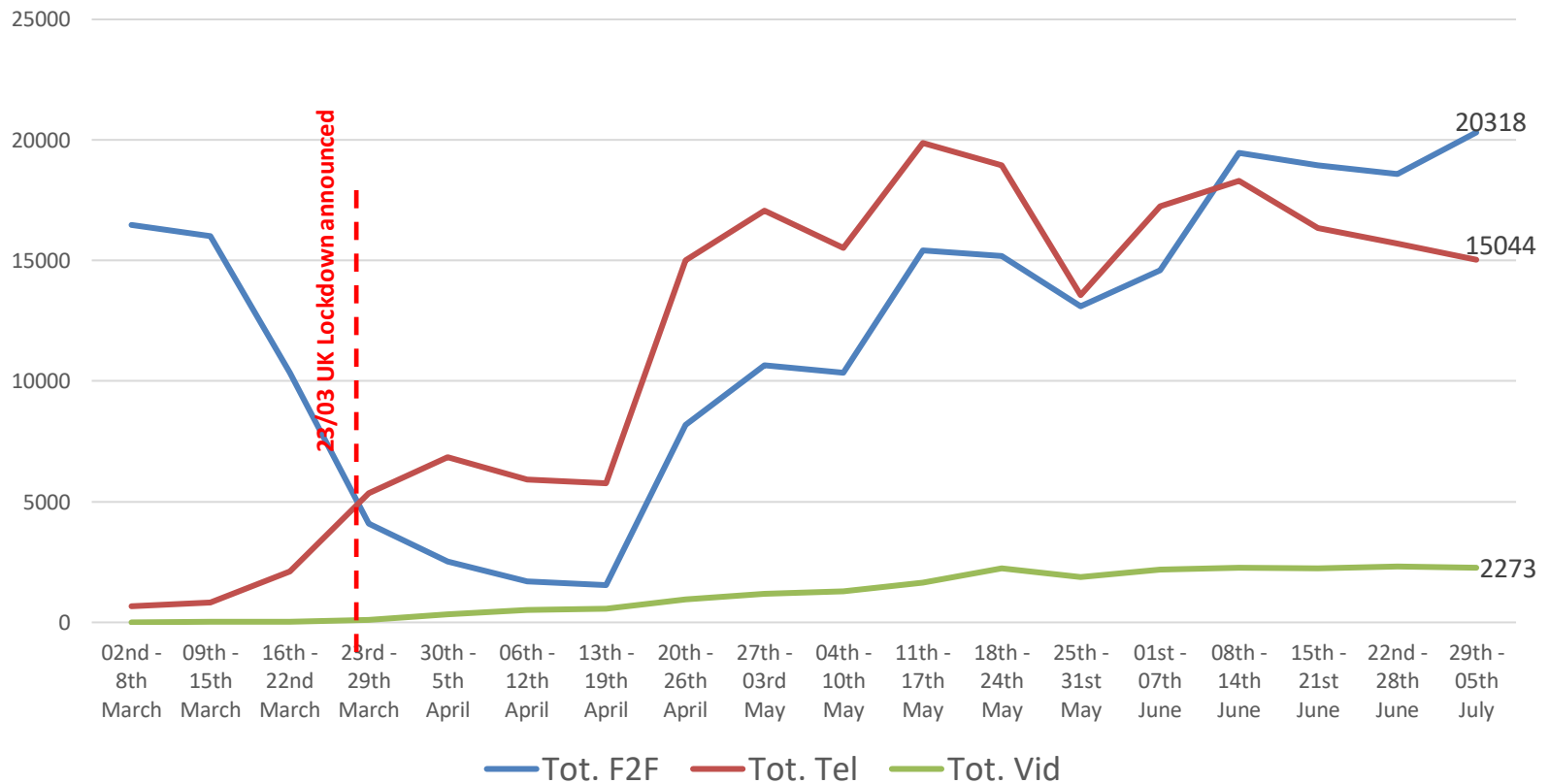
Sue Wales, Associate Director Transformation Projects, Ashford & St Peter's Hospitals NHS Foundation Trust
(s.wales@nhs.net)

Thursday 30th July 2020

Ashford and St Peter's Hospitals NHS FT Journey

Date	F2F pw	Tele pw	Video pw	Developments
Oct 19	9,600	200	5	Attend Anywhere national pilot by Therapies team - 2% virtual
Feb 20	9,500	300	5	Covid looming, talked with 'low-hanging' teams for AA - 3% virtual
Mar 20	1,800	3,700	90	Developed own AA training materials, 300+ trained on AA, clinical champion, exec support, clinical engagement, 8 waiting areas used, remote working implemented with access to clinical systems, SH AA Collaborative Network - 68% virtual
Apr 20	1,100	5,000	370	16 waiting areas used, clinical and management engagement discussing relevant clinics/cohorts for AA, Virtual by Default policy, lessons sharing with other sites via SH network - 83% virtual
May 20	1,100	5,000	420	24 waiting areas used, Virtual Clinics SOP for beyond Covid - 83% virtual
Jun 20	2,400	4,200	470	30 waiting areas used, New Operating Model - 66% virtual

Consultation types across Surrey Acute Trusts



Attend Anywhere Collaborative

During the initial Covid response phase we established a Forum for all providers across Surrey Heartlands using Attend Anywhere to deliver VCs

- Four Acutes (ASPH, EPSH, RSFT, SASH)
- Two Community Trusts (CSH, FCHC)
- One Mental Health Trust (SaBP)

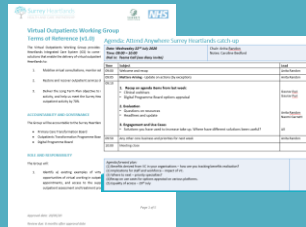


In March our providers were all starting from different points - by coming together weekly, the Forum really helped to rapidly share and spread knowledge

The Forum still continues and has helped the system to share and spread adoption of virtual outpatient models. The remit of the Forum is to help the system:

- Mobilise virtual consultations, monitor activity and evaluate impact
- Restore and recover outpatient services during and post the Covid-19 crisis
- Deliver the Long Term Plan objective to reduce traditional modes of outpatient activity, and help us meet the Surrey Heartlands ambition to reduce face to face outpatient activity by 70%

Established a forum



Set up a shared workspace



Supported process mapping, sharing SOPs and guidance packs



Developed a system performance report



Coordinated comms & engagement



Scheduled an ICS webinar programme

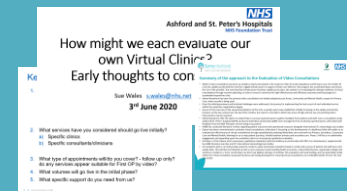


Collated 'use cases' and remote monitoring examples

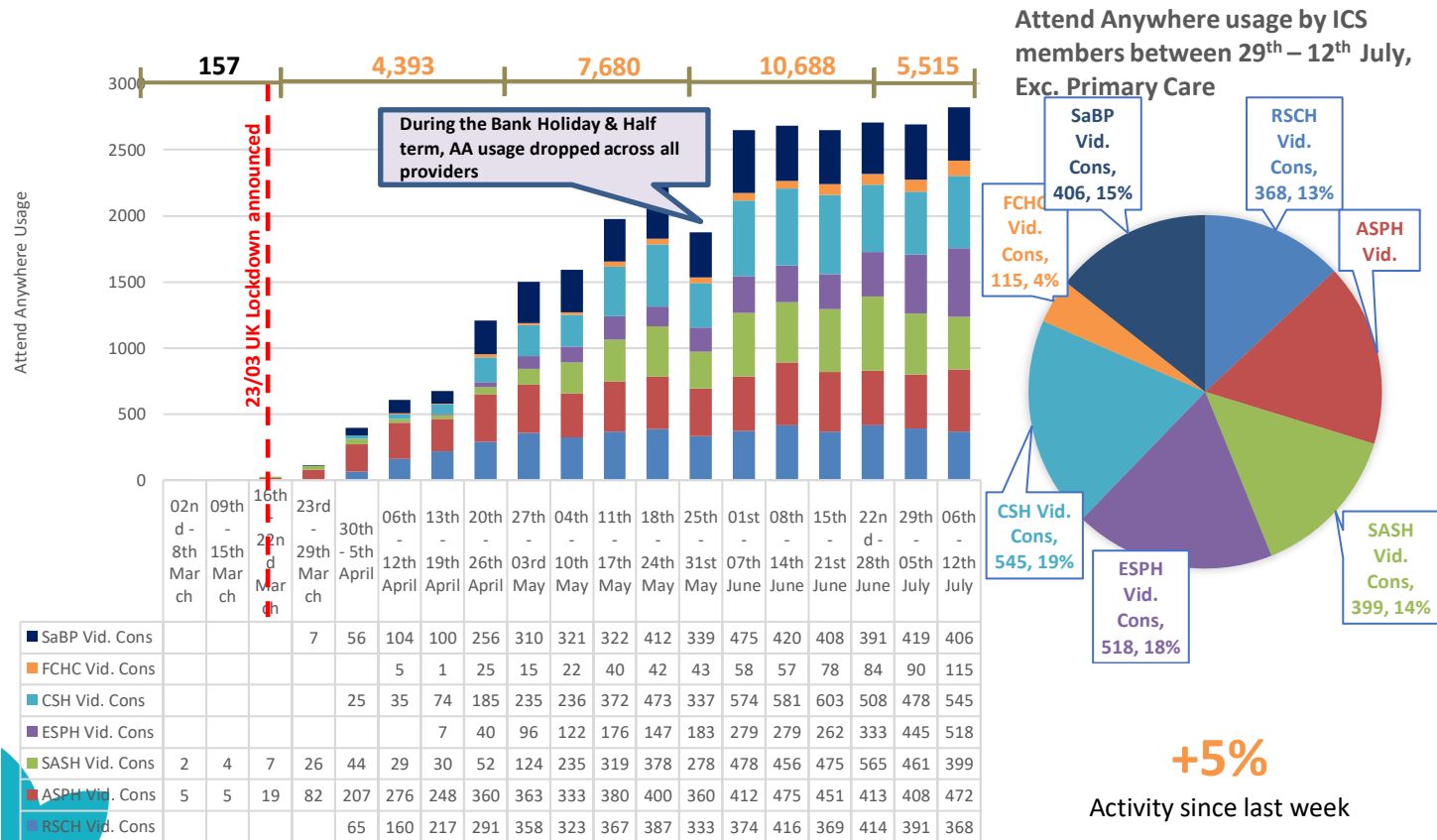


Developed a maturity matrix

Reviewed KLOE and developed an evaluation framework



Increase in Attend Anywhere usage



Interaction & questions

Our Care Connected

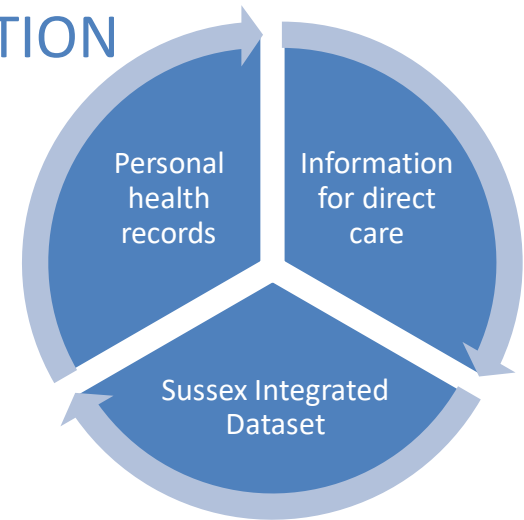
Dan Hughes &
Hilary O'Connor

Our Care Connected CAPABILITIES within the AMBITION

- **Meet National Requirements, aligned to the Long Term Plan**
- **Three Digital Capabilities – Our Care Connected Programme**

Personal Health Records: Direct Care: Sussex Integrated Dataset

Practitioners have access to shared information across settings
People in Sussex are in access to and agency in their data
Our system makes decisions based on the best intelligence



- **Enhancing workforce capabilities**

The Sussex LHCR programme will support the transformation in clinical and non-clinical digital workforce capabilities and practices. These will be needed to deliver a learning health and care system and improve the maturity of our existing and future workforce.

- **Programme approach**

Take an Agile approach: Discover through engagement with priority transformations; deploy with them and measure outcomes; support deployment at scale; help develop sustainable capabilities in our system;

- **Developing patterns for implementation**

Support discovery on the ground; Support and broker the development of standards across our system; document and disseminate learning and success; develop a library of implementation patterns;

How a personal health record (PHR) can support service delivery

Patients Know Best is the personal health record procured for the Sussex population.

Mobilise Patients and Services

Support to manage elective care

PIFU relies on various ways to access advice such as

- patient guidebooks
- remote monitoring
- dedicated nurse specialists to help track changes and develop personalised self-management plans

These elements can be delivered through PHR and facilitate asynchronous contact with patients and delivery of PIFU.

Tools for managing Patient-Initiated Follow-Ups

- Patient-generated data collected manually and via apps, wearables and devices.
- Dynamic patient care plans, combining all data with RAG status, clear actions and additional resources i.e. videos, PDFs or external sources and links.
- Patient and professional team-based messaging to flag changes in symptoms and quickly offer additional preventative support for remote consultation and assessment, with the ability to exchange images, videos and files.
- Clinical workflow tools allowing services to assign actions to individual staff members i.e. remote consultation or scheduling of appointments



Personal Health Record (PHR) Projects

1. Correspondence from Trusts
2. Deployment of the NHS App and PKB (Primary Care)
3. MSK Discovery pilot – use of MSK assist
4. Stratified cancer pathways – Breast
5. Diabetes – primary care discovery and secondary care project for Type1 Diabetes
6. Early psychosis intervention pathway (SPFT)
7. IBD (WSHT)

Upcoming projects

Local Maternity services

Interaction & questions

Advice & Guidance

Richard Jones

Lynn Darby

Advice & Guidance



18 months ago...

'I waited a long time and then had several trips to the hospital before I was sent for a test. My wife drove me the second time as we couldn't park when we arrived so I was late'

Now...

'I only had to go for a test and then received a call from my GP and everything was sorted!'

Advice & Guidance



Ingredients:

- A mix of clinical change agents to lead the programme
- Multi-organisational transformation team established to drive the change
- System engagement on the design principles and rules for engagement
- Supporting pathways
- Strong communication and engagement approach

Time:

- 100- 300 days

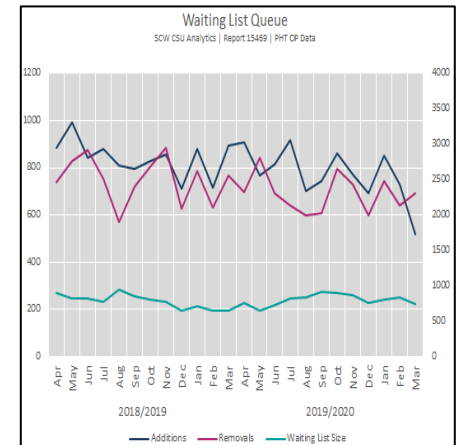
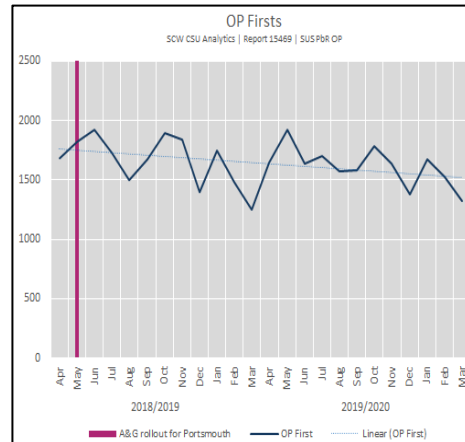
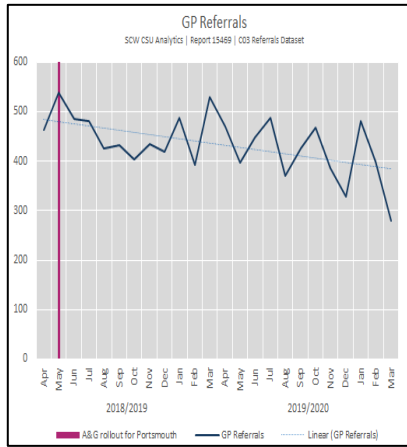
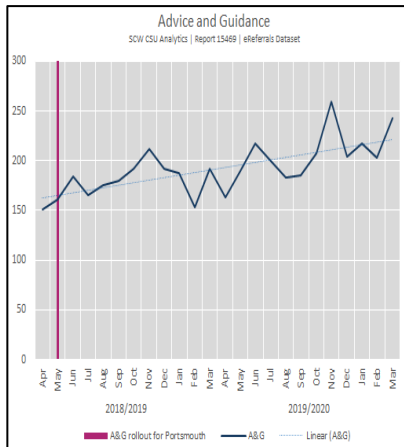
Method:

- Identify a specialty
- Start with informal clinically led discussions
- Find mutual reasons to make the change
- Optimise pathways end to end
- Balance the clinical workload
- Share results
- Be prepared to try something else



Advice & Guidance

Speciality examples-Cardiology



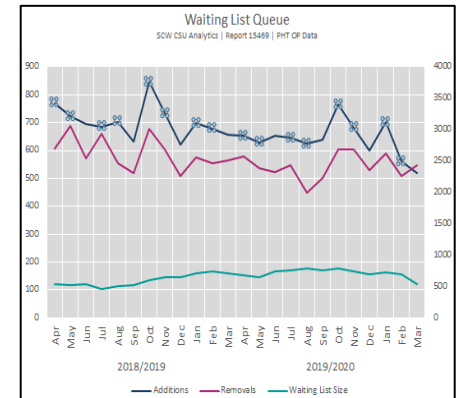
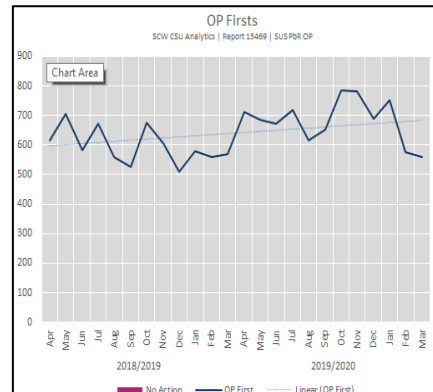
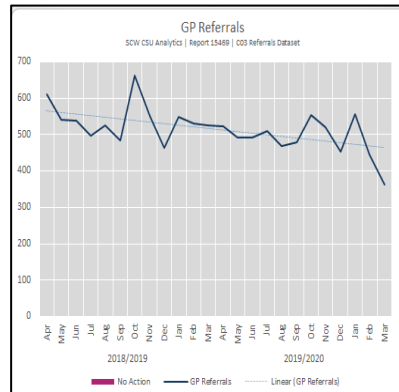
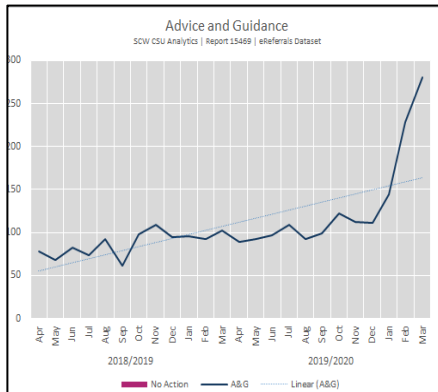
Encouraged increased A&G usage during 2019 with A&G as preferred route from January 2020

Data compared to same point previous year:

- 26% increase in A&G requests Jan2020
- 47% reduction in GP referrals March 2020
- 18% reduction in first outpatients activity vs plan

Advice & Guidance

Speciality examples-Urology



A&G preferred referral routine implemented in January 2020

Data compared to same point previous year:

- 51% increase in A&G requests Jan 2020
- 31% reduction in GP referrals March 2020
- 9% reduction in first outpatients activity vs plan

Interaction & questions

Summary & next steps