



MANAGEMENT OF FOLLOW UP OUTPATIENTS ACROSS WALES

OCTOBER 2018



This report has been prepared for presentation to the National Assembly under the Government of Wales Acts 1998 and 2006

The Wales Audit Office study team comprised Anne Beegan, Andrew Doughton, Emily Howell, Katrina Febry, Matthew Brushett, Delyth Lewis and Sara Utley under the direction of David Thomas.

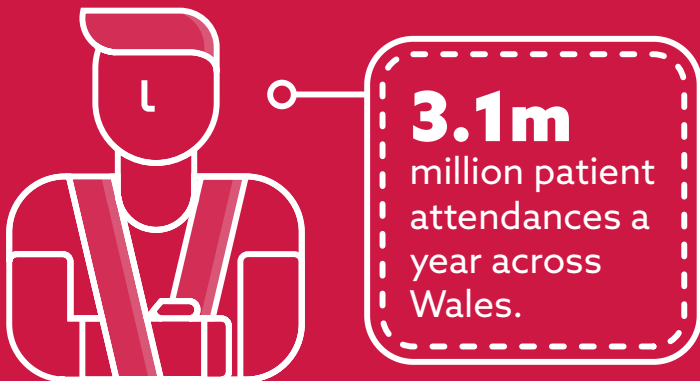
Adrian Crompton
Auditor General for Wales
Wales Audit Office
24 Cathedral Road
Cardiff
CF11 9LJ

SUMMARY	3
DETAILED FINDINGS	5
RECOMMENDATIONS	15

Outpatient services play a crucial role in the majority of NHS care pathways...

Outpatient departments see more patients each year than any other hospital department, with approximately 3.1 million patient attendances a year across Wales.

The performance of outpatient services has a major impact on the public's perception of the overall quality, responsiveness and efficiency of health services.



Follow-up outpatient appointments make up a large proportion of outpatient activity but there have been concerns about the management of these appointments in recent years...

- A follow-up appointment is one that follows an initial attendance to outpatients.
- Over two-thirds of all outpatient appointments are follow-up appointments.
- In 2014, the Royal National Institute for the Blind Cymru (RNIB) issued a report called **Real patients coming to real harm**. This report highlighted the risks of ophthalmology patients losing their sight because of a delayed follow-up.
- The concerns raised by the RNIB were the stimulus for improving the management of ophthalmology follow-ups, led by the Chief Medical Officer, and the subsequent need for health boards to report their follow-up positions on a monthly basis to the Welsh Government.

The Auditor General examined health boards' arrangements for managing follow-up outpatient appointments in 2015-16. This work found...

- Large numbers of patients were on waiting lists for follow-up appointments, and many patients were experiencing delays in receiving appointments.
- The potential risks of delays in follow-up appointments were not being effectively assessed.
- Health boards' arrangements for reviewing outpatient follow-up performance were generally underdeveloped.
- While all health boards were working to improve the accuracy of their follow-up waiting lists, the majority were not meeting Welsh Government reporting requirements.
- Actions to improve outpatient services were mostly delivering short-term solutions.

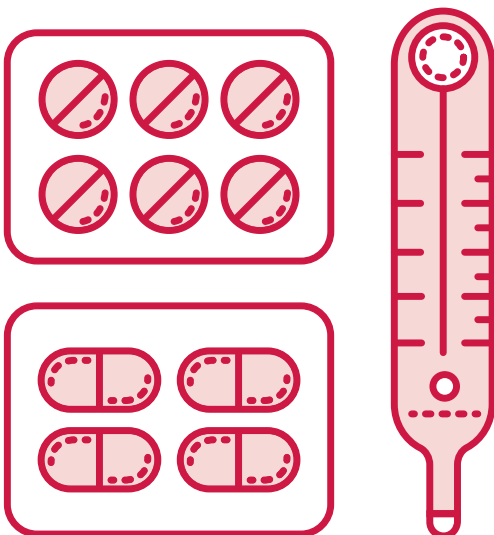


Findings from the Auditor General's 2015-16 work were reported locally and nationally...

All health boards received a report with recommendations for securing improvements. We shared a summary of the findings from local audit work at health boards, and key areas for action, with the national Planned Care Programme Board in May 2016.

In 2017-18, the Auditor General did further work to assess the local and national level progress in response to the challenges and issues he identified in his 2015 work. This found that...

- Health boards have made some progress but the pace and impact of improvements are limited, and delays in follow-up appointments vary significantly across Wales.
- National improvement arrangements are starting to focus on follow-up outpatients, but so far they have led to few tangible improvements.
- Since 2015, the number of patients on outpatient follow-up waiting lists and those whose appointment has been delayed has increased substantially.



The worsening situation since our original work in 2015-16 is of significant concern and action is needed in a number of areas

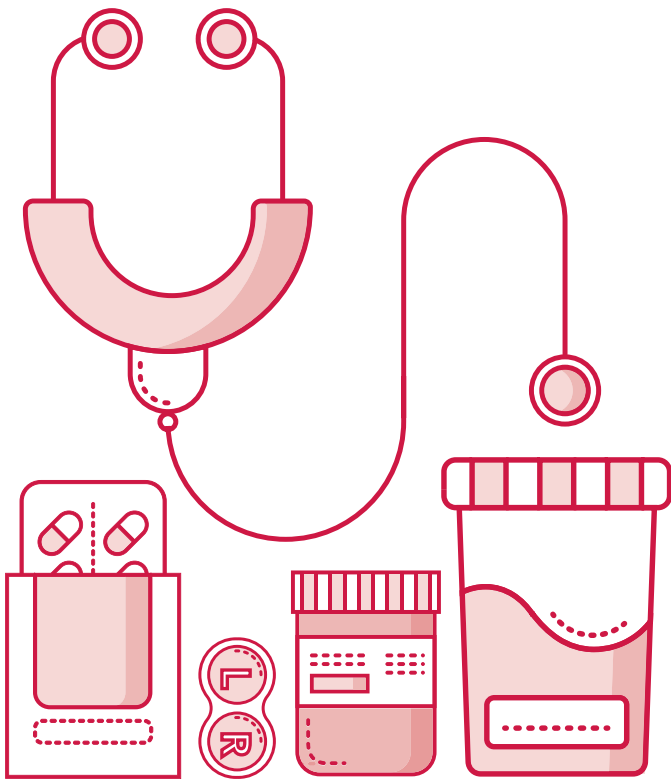
- Health boards need to get better at assessing and managing the clinical risks to patients from delays in follow-up appointments.
- The unexplained variation in delayed follow-up appointments across health boards needs to be addressed as a matter of urgency.
- There needs to be greater focus on the management of outpatient follow-up appointments within national and local performance management arrangements.
- National working group arrangements need to be more effective at driving change and improvements locally.
- Work to modernise and improve the outpatient system needs to pick up pace, supported by strong and engaged clinical leadership.
- There needs to be a clearer strategy for supporting new outpatient service models using technology, underpinned with costed and resourced plans.

DETAILED FINDINGS

- 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 Follow-up outpatient services are a core part of a continued treatment approach for a large and growing proportion of the population. Patients will have a broad variety of needs including (but not limited to) a review after surgery, management or maintenance of chronic conditions, or monitoring for signs of deterioration, prior to intervention.
- 3 Health boards manage follow-up appointments that form part of the referral to treatment pathway and these are subject to the Welsh Government target of 26 weeks. However, follow-up appointments for many patients falls outside the referral to treatment pathway. These follow-up appointments are managed within clinical guidelines where available and clinically set target follow-up outpatient dates. These dates will be different dependent on the specialty, condition and clinician's opinion. Delays are measured based on the extent of the delay beyond the clinically set target date, as a percentage. Data is collected on patients experiencing 100% delays ie patients waiting as, a minimum, twice as long as they should be.
- 4 There are known clinical risks associated with delays in follow-up appointments, and patients can come to irreversible harm while on the waiting list. The RNIB report highlighted the risks of ophthalmology patients losing their sight because of delayed follow-up, but there are also a number of other high-risk specialties where patients could equally come to harm because of delays in receiving follow-up care.
- 5 Good management of follow-up outpatient services is needed to ensure efficient, effective and economical use of resources by:
 - ensuring only those with a clinical need to see an acute specialist are booked for a follow-up appointment;
 - adopting see-on-symptom¹ and virtual clinic² approaches;
 - exploiting opportunities to use technology³ for example by allowing patients to self-manage their condition, avoid unnecessary travel, and to record and track outcomes;
 - transforming the service model and pathway, by developing community and primary care based services, which reduces reliance on traditional hospital-based care models.

FOOTNOTES

- 1 A 'see on symptom' approach results in patients being discharged when clinically safe to do so, and then relies on the patient to self-refer if there are any issues with their condition.
- 2 There is no single definition for the scope and function of a virtual clinic. However, these may be clinics that result in a clinical decision being made without the need for the patient to attend. These may include reviewing case notes, reviewing diagnostic test results or making telephone or video contact with the patient.
- 3 Includes the use of email and/or text to upload test results or blood pressure readings to minimise the need to attend an outpatient appointment.

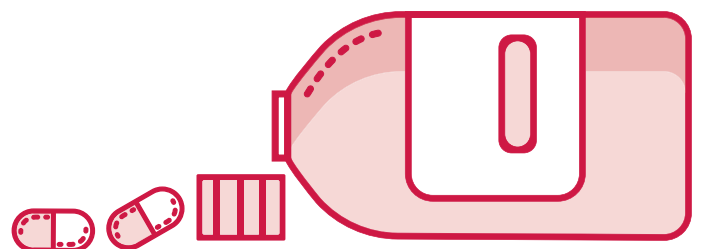


Wales Audit Office work on follow-up outpatients

- 6 As a result of growing national concerns relating to the management of follow-up outpatients, the Auditor General has undertaken initial and follow-up reviews at each health board in Wales over recent years to help define the extent of the challenges being faced and the progress that has been made in addressing them.
- 7 This report summarises:
 - progress made by health boards since the Auditor General’s initial 2015-16 review, which focussed on data reporting and validation, arrangements to determine patient risks, and the extent of operational improvement and longer-term service modernisation;
 - national arrangements to improve the management and performance of follow-up outpatients; and
 - changes in the waiting list, including the volume of patients waiting on the follow-up outpatient waiting list, and those experiencing a delay.

Health Boards have made some progress in response to recommendations made in 2015-16, but the pace and impact of those improvements are limited, and the extent to which patients experience delays in follow-up appointments varies significantly across Wales

- 8 In 2015-16, auditors found:
 - waiting lists for follow-up appointments were large, and delays remained a significant concern across Wales;
 - most health boards were not consistently meeting Welsh Government reporting requirements;
 - all health boards were working to improve the accuracy of follow-up waiting lists;
 - health boards were not effectively assessing clinical risks associated with delays;
 - reporting and scrutiny of follow-up outpatient performance within health boards was insufficient; and
 - health boards were taking several short-term actions to improve outpatient services, but longer-term plans to develop new service models were less developed.
- 9 In each health board, auditors made a number of recommendations aimed at improving the management of follow-up outpatient appointments. Our 2017-18 follow-on reviews at health boards demonstrated that some progress had been achieved in response to our original recommendations, but, in key areas, progress had been slow.



- 10 Some health boards have a better understanding of clinical risk associated with harm because of a delay but more work is required. We found:
- health boards have taken different approaches to determining the clinical risk of harm associated with a delay.
 - Cardiff and Vale University Health Board has developed a more systematic approach for identifying specialties and conditions presenting the greatest risk of harm and similar work is ongoing in Cwm Taf University Health Board. Other health boards have been slower to respond.
 - systems to identify the incidence of harm associated with delays are not yet effective.

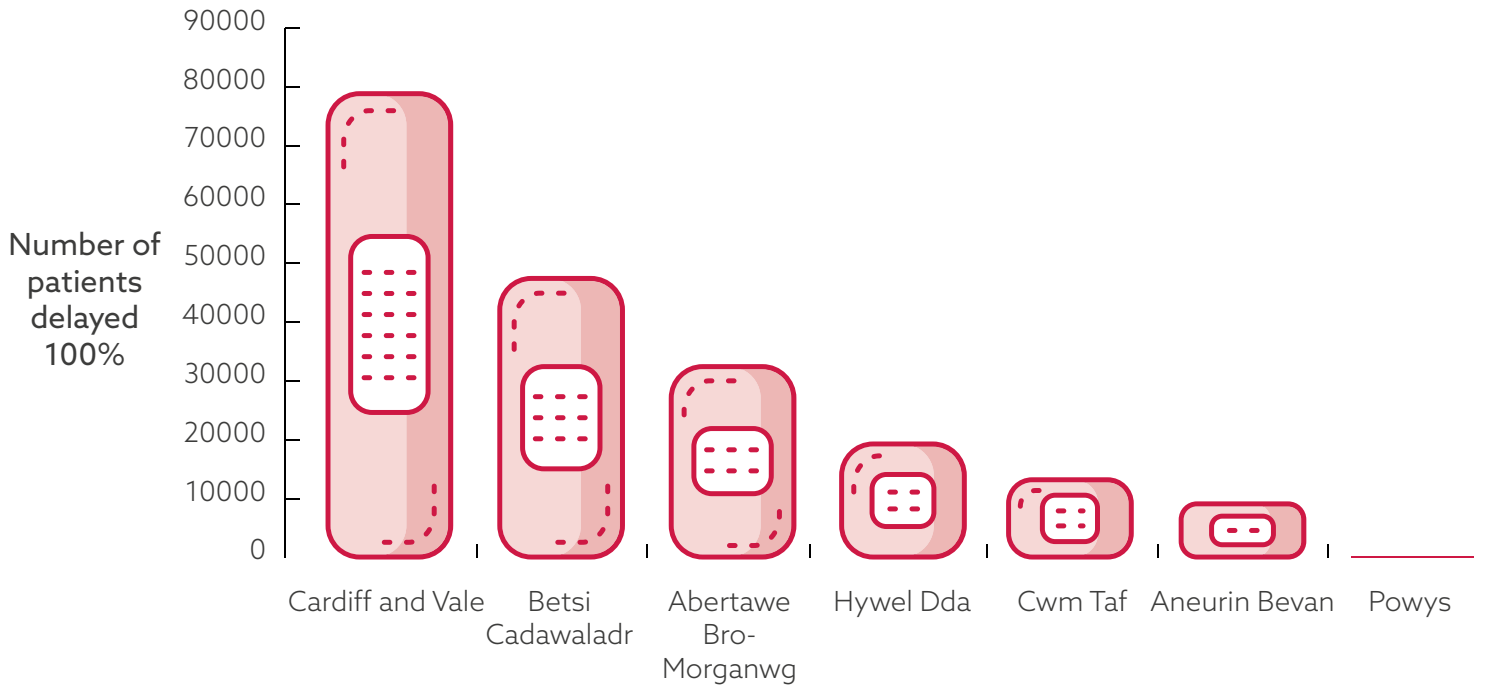
CASE STUDY

Cardiff and Vale University Health Board has developed a clinical risk assessment to identify the specialties or clinical conditions that are of higher clinical risk associated with follow-up delays. Their analysis identifies the specialty, specific clinical condition and the potential harm that may be caused because of a delay. The assessment is being used to inform how resources are directed to the areas with the greatest risk of harm.

- 11 All health boards are working to improve the overall operational effectiveness of outpatient services. We found:
- health boards were introducing text reminder services to minimise the number of patients who 'do not attend';
 - an improving picture in relation to utilisation of clinic time through the revision of clinic templates to ensure an appropriate balance of available new and follow-up appointment slots;
 - better analysis of demand and capacity for outpatient treatment; and
 - improving use of clinical 'validation' of follow-up waiting lists to ensure only those patients with a clinical need are receiving a follow-up appointment.

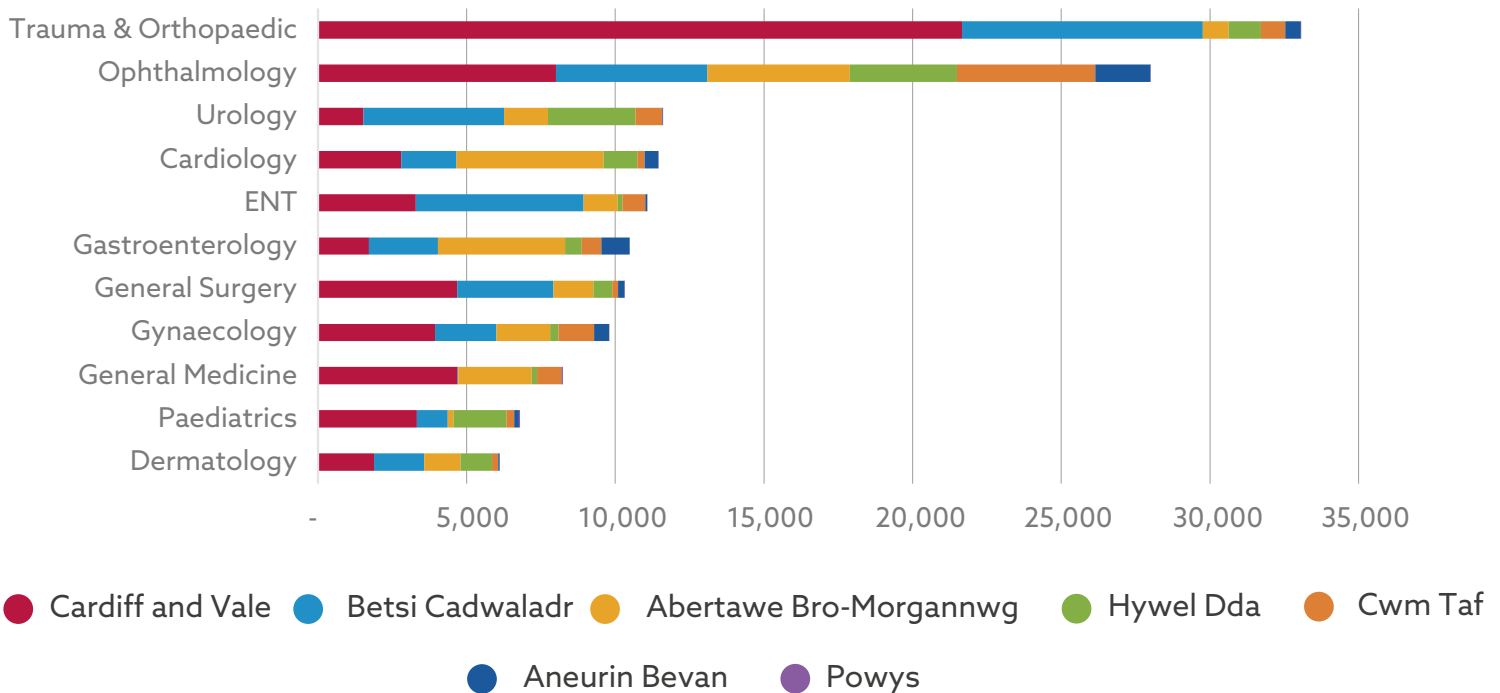
- 12 These initiatives have yet to make a significant impact on the growth in demand. Auditors found that:
- some aspects of the operational improvement of outpatients need further development, such as reduction of clinically inappropriate referrals, development of efficient clinical pathways, and the system-wide introduction of 'see on symptom' pathways;
 - none of the recommendations that the auditors made in 2015-16 in relation to outpatient modernisation were completed and progress remains slow and challenging; and
 - there was an awareness that more needed to be done to address variations in clinical practice such as the consistent application of the cataract pathway across Wales.
- 13 Health boards are making some improvements to the quality and reliability of follow-up outpatient data and information. We found:
- Betsi Cadwaladr and Aneurin Bevan University Health Boards have resolved the issues relating to the under-reporting of patients on the follow-up outpatient waiting list with a booked appointment, although this remained an issue for Hywel Dda University Health Board until 2018; and
 - there are now improving levels and quality of information used internally by health boards to actively manage operational improvement activity and performance
- 14 There is variation across health boards and specialties in the number of patients delayed more than twice as long as they should be (**Exhibits 1 and 2**). Whilst some of this variation reflects the overall volume of activity in larger health boards, this alone does not explain the variation observed within and between health boards. The data indicates a clear need for targeted remedial action alongside planning future-proof sustainable services.

Exhibit 1: number of follow-up outpatients delayed more than twice as long as they should be, by health board, as at April 2018



Source: Health Board submissions to the Welsh Government

Exhibit 2: number of follow-up outpatients delayed more than twice as long as they should be, by specialty and health board, as at April 2018

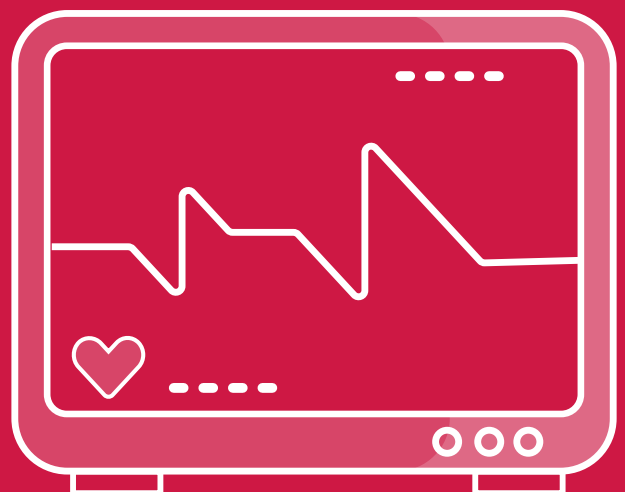


Source: Health Board submissions to the Welsh Government

National improvement arrangements are starting to focus on follow-up outpatients, but so far these have failed to translate into tangible improvements

- 15 There is improving recognition of the extent of the problem, and a growing ambition to resolve it at a national level:
- since 2016, there has been a notable increase in the focus on follow-up outpatients by the Planned Care Programme Board, through creation of the Outpatient Steering Group.
 - the Cabinet Secretary for Health and Social Services has set out a requirement to take action to tackle follow-up outpatient improvement challenges across four specialties. These are orthopaedics, ophthalmology, ENT and urology. Supporting groups have been established under the Planned Care Programme Board to reflect these four specialties.
 - there has been ongoing work since 2016 to develop a good practice compendium, a good practice guide and national learning events, but the extent of adoption of these at a clinical level in health boards appears highly variable.
 - there is a developing high-level vision for outpatients, but there is also lack of clarity about agreement and adoption by health boards as well as plans to deliver it.
 - there is a commitment to utilise value-based healthcare principles and patient-reported outcome measures to improve efficiency, but actions in these areas are not yet being taken forward with sufficient scale and pace.

- 16 Performance arrangements to date have predominantly focussed on the 26-week referral to treatment time target:
- the focus on improving referral to treatment time performance, particularly at the year-end, drives an increase in new appointments but also has the effect of increasing demand for follow-up work, as the majority of new patients will require a follow-up appointment. Additional funding made available to improve waiting time performance does not include funding for subsequent additional follow-up outpatient demand. This exacerbates a gap between demand and resourced capacity for follow-up outpatient waiting lists.
 - follow-up outpatients have not been a key performance target within national and local performance management arrangements. Although more recently, quality and safety aspects of follow-ups are starting to be discussed at national Quality and Delivery meetings with health boards.
 - a new performance management target for ophthalmology, which integrates the referral to treatment pathway with follow-up outpatient care, is in the process of being introduced. This may help enable a better focus on patient outcome and preventable harm.



- 17 The availability of data is improving, but it is not yet fully reliable and informatics are not yet sufficiently enabling outpatient pathway improvement:
- opportunities available through improved use of informatics are not yet being taken to enable 'quick to introduce' solutions to improve outpatient management.
 - the separate primary and secondary care clinical systems appear to be reinforcing silo working. This is not yet enabling integrated management of pathways across primary and secondary care, which are particularly important for the management of patients with chronic conditions.
 - there is a lack of informatics involvement or sufficient resource in some of the planned care group structures.
 - from a low baseline in 2014, follow-up outpatient data quality is improving. However, information is not always recorded in the same way (such as 'see on symptom' and virtual clinics), and assessment of patients' clinical risk while on the waiting list is hampered by a lack of clinical condition coding. The outpatient steering group is currently working on standardising a definition for a virtual clinic.
- 18 Although there is clinical willingness to change, more needs to be done to set the clinical direction across Wales:
- there is a lack of clinical leadership at the national Outpatient Steering Group. The group is focussing on operational improvements such as reducing 'did not attend' rates but there are opportunities to focus more on required changes in clinical practice and pathways.
 - obstacles get in the way of rapid progress to improve outpatient efficiency, with a resistance to change clinical practice amongst some clinicians and a lack of systematic adoption of nationally agreed lean clinical pathways, for example, knee and cataract pathways.
 - there is opportunity to engage medical directors more, as a conduit to lead clinical change and adoption of nationally agreed pathways within health boards.
- 19 The national Planned Care Programme arrangements are not conducive to drive timely change or performance improvement:
- there is varied understanding by key stakeholders on the role and function of the national planned care specialty groups. Some view them as providing a diagnostic overview, while others view the groups as responsible for delivering change across Wales.
 - given the extent of the challenge for nationally-led service improvement and modernisation, the groups do not have the necessary capacity and authority to drive changes between meetings. The groups also do not meet frequently enough, and although have large memberships, significant numbers of apologies are given.
 - until recently, there has been a lack of holding health boards to account for delivery of service improvements and change identified through the Planned Care Programme Board and its supporting specialty groups. Delivery against Planned Care Programme priorities, however, is now featuring more prominently in the regular Joint Executive Team meetings with health boards.
 - the lack of capacity at a national level does not necessarily mean additional revenue funding is required, but the existing capacity across the national infrastructure could be better co-ordinated.
 - the Outpatient Steering Group has recently strengthened its membership and focus but still lacks clinical leadership and needs to demonstrate it is positively influencing service performance improvements and transformation within health boards.
- 20 The issues identified above appear to be tempering the extent of ambition to 'what is potentially achievable' rather than 'what needs to be done'.

Since 2015, the number of patients on outpatient follow-up waiting lists, and the number of patients whose appointment has been delayed have substantially increased











- 21 Analysis of the health boards' data submissions to the Welsh Government paints a worrying picture with an upward trend in patients waiting, growth in delayed follow-up appointments, and in particular a growth in those waiting twice as long as they should have.
- 22 There has been a growth overall in the numbers of patients waiting for a follow-up outpatient appointment between April 2015 and April 2018. This growth is reflected across many high volume specialties (**Exhibit 3**).

12% GROWTH

Average number of patients on the follow-up waiting list has increased from 941,000 to 1,059,000 from April 2015 to April 2018



Exhibit 3: number of patients waiting for a follow-up outpatient appointment in April 2015 and April 2018, by specialty

Specialty	Patients waiting for a follow-up outpatient appointment April 2015	Patients waiting for a follow-up outpatient appointment April 2018
 ORTHOPAEDICS	131,105	150,283
 OPHTHAMOLOGY	97,784	116,758
 GENERAL SURGERY	63,564	69,706
 CARDIOLOGY	54,578	65,064
 ENT	53,194	66,299
 UROLOGY	44,731	51,592
 PAEDIATRICS	34,047	46,131
 GYNAECOLOGY	40,481	42,636
 DERMATOLOGY	38,104	38,996
 GASTROENTEROLOGY	27,678	34,208

Source: Health Board submissions to the Welsh Government.

- 23 The number of patients waiting for a follow-up appointment that is delayed has grown substantially between 2015 and 2018 (**Exhibit 4**):
- in April 2015, there were 240,108 patients waiting for a delayed follow-up outpatient appointment. This has increased to 376,229 by April 2018.
 - in April 2015, there were 128,000 patients waiting twice as long as they should be. By April 2018, this has increased to just under 200,000 patients.

55% GROWTH
 Patients waiting twice as long as they should be (100% delayed)

- 24 In comparison to the referral to treatment waiting list, there are substantially more patients experiencing delayed follow-up outpatients:
- overall, the number of patients on the referral to treatment waiting list has increased by 0.7% to 431,872, and the number of patients on the follow-up outpatient waiting list has increased by 12% to 1,059,610 between April 2015 and April 2018; and
 - in April 2018, 88% of patients were waiting within 26 weeks on the referral to treatment waiting list, whereas only 65% of follow-up outpatients are within their target appointment date.

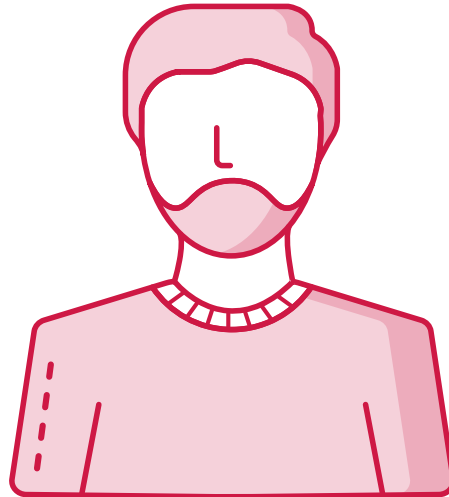
Exhibit 4: number of patients delayed twice as long as they should be between April 2015 and April 2018, by specialty

Specialty	Number of patients delayed twice as long as they should be			
	April 2015	April 2016	April 2017	April 2018
Orthopaedics	17,294	19,723	23,881	33,063
Ophthalmology	16,412	17,143	21,438	28,009
Urology	11,056	11,019	9,938	11,593
Cardiology	7,529	6,954	9,231	11,464
ENT	7,939	8,491	8,322	11,089
Gastroenterology	5,819	7,229	9,171	10,488
General surgery	9,273	7,552	8,688	10,331
Gynaecology	6,057	6,528	7,744	9,794
Paediatrics	2,939	4,991	5,805	6,710
Dermatology	3,973	3,877	4,047	6,112

Source: Health Board submissions to the Welsh Government.

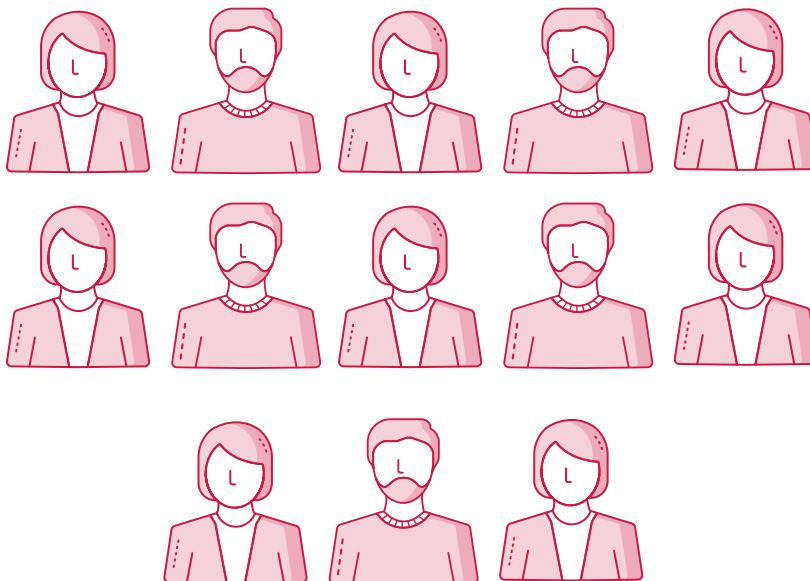
At April 2018, there were over 13 times as many people waiting twice as long as they should be on the follow-up list compared to the number of patients waiting on the referral to treatment list over 36 weeks.

REFERRAL TO TREATMENT >36 WEEKS



(14,797)

FOLLOW-UP OUTPATIENTS 100% DELAYED



(199,968)

RECOMMENDATIONS

25 In preparing and discussing this report with stakeholders, numerous references were made to some good examples of work emerging that will have a positive impact on the management of follow-up appointments. This is encouraging, although it will be important to ensure that any such emerging good practice is shared, spread and scaled up to leverage the change which is required.

26 The continuing growth in follow-up outpatient waiting lists and patients waiting beyond their target date for a follow-up review points to the need for further concerted action to curb and reverse this trend. In addition to the recommendations that we have already made to health boards through our local audit reports, we make the following recommendations to Welsh Government.

R1 Set a clear ambition – set a clear target and timeframe to reduce the number of patients delayed twice as long as they should be waiting (ie 100% delays).

R2 Strengthen the national delivery structure – adapt the Planned Care Programme Board and its underpinning structure to ensure it is delivering improvements that materially improve follow-up outpatient performance and drive the development of transformed service models and pathways that are efficient and meet expected growth in demand. In doing so, the Welsh Government should ensure:

- membership of the Planned Care Programme Board and its supporting groups is appropriate.
- the lines of accountability for delivery of improvement actions at national and health board level are clear and work as required.
- there is sufficient capacity to lead change between meetings of the various groups, which should include consideration of the frequency of meetings, the use of task and finish groups between meetings, and the capacity of members to lead improvements between meetings.

- ensure informatics is integral to the solution. NWIS needs to be a key stakeholder in procuring, developing and project managing solutions to improve outpatient services and new models of care. The service should be a key member of the Planned Care Programme Board. Where technological solutions are required, procurement rather than development may achieve better scalability and pace of delivery.

R3 Develop a clear plan to support national level service developments – set out a clear plan of action needed at a national level to accelerate the scale and pace of outpatient transformation through the Planned Care Programme Board structure, which is costed and resourced, and makes maximum use of available technologies.

R4 Plan sustainable services – ensure there are clear plans to improve follow-up performance and modernise outpatient services within health board Integrated Medium Term Plans (IMTP) and annual plans.

R5 Align the priorities of the national resources – to maximise the impact of the national resources available to support improvement, such as the Delivery Unit, ensure that their programmes of work are aligned to support the transformation of outpatient services and reductions in follow-up delays. The national resources will include but not be limited to NWIS, the Delivery Unit, and the 1,000 lives team.

R6 Strengthen and focus performance accountability – build on the developing focus at Quality and Delivery meetings with health boards, by strengthening the focus on holding health boards to account for delivering improvements to reduce follow-up outpatient waiting lists in the short, medium and long term.

R7 Strengthen clinical accountability – raise awareness amongst health board Medical Directors of their professional roles and responsibilities in driving through the required clinical changes and adherence to national follow-up outpatient guidance.

The Auditor General is independent of the National Assembly and government. He examines and certifies the accounts of the Welsh Government and its sponsored and related public bodies, including NHS bodies. He also has the power to report to the National Assembly on the economy, efficiency and effectiveness with which those organisations have used, and may improve the use of, their resources in discharging their functions.

The Auditor General also audits local government bodies in Wales, conducts local government value for money studies and inspects for compliance with the requirements of the Local Government (Wales) Measure 2009.

The Auditor General undertakes his work using staff and other resources provided by the Wales Audit Office, which is a statutory board established for that purpose and to monitor and advise the Auditor General.

© Auditor General for Wales 2018

You may re-use this publication (not including logos) free of charge in any format or medium. If you re-use it, your re-use must be accurate and must not be in a misleading context. The material must be acknowledged as Auditor General for Wales copyright and you must give the title of this publication. Where we have identified any third party copyright material you will need to obtain permission from the copyright holders concerned before re-use.

For further information, or if you require any of our publications in an alternative format and/or language, please contact us by telephone on 029 2032 0500, or email info@audit.wales. We welcome telephone calls in Welsh and English. You can also write to us in either Welsh or English and we will respond in the language you have used. Corresponding in Welsh will not lead to a delay.

Mae'r ddogfen hon hefyd ar gael yn Gymraeg.

Wales Audit Office

24 Cathedral Road

Cardiff CF11 9LJ

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

We welcome telephone calls in
Welsh and English.

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

Rydym yn croesawu galwadau
ffôn yn Gymraeg a Saesneg.

E-bost: post@archwilio.cymru

Gwefan: www.archwilio.cymru