Improving the Efficiency & Experience of Outpatient Services

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Background

- Since 2005 the number of outpatient appointments has grown by 40% to over 75 million attendances in 2012/13

- First appointments accounted for 30% of all attendances

- From Q1 2013/14 to Q1 2014/15 first attendances, almost 70% of patients required follow up appointments

- Almost 7 million appointments are missed each year at an average cost of £108 per appointment (2012/13)

Background continued………

- Outpatients see more patients than any other hospital department

- Consultant number growth is limited by the financial constraints faced by the NHS

- Follow up appointments often simply confirm a patient's recovery is as desired and no new interventions are required

- Many CCGs are setting targets to reduce outpatient volumes by up to 30%

- Monitor's own figures suggest 10 – 16 million outpatient appointments could take place in primary care

Policy Drivers and Enablers for Change

- **NHS 5 year Forward View (Oct 2014)** New models of care

- **The Mandate (2013 to 2015)** Improvement area within (Part Four of NHS Outcomes Framework) 'Ensuring that people have a positve experience of care'

- **Better Care Fund (BCF)** established out of the 2013 Spending Review 'to deliver better outcomes and greater efficiencies through more integrated services for older and disabled people'

The Challenge

To create solutions that improve the experience and efficiency of outpatient services ....particularly through innovations that enable patients to be supported in, or closer to, their home/community environment or that reduce unnecessary visits to healthcare sites …………… and in ways that existing products and services currently don't

Topics Welcomed

1. Screening tools and monitoring devices that can identify recovery status (physical and mental) and a change in condition enabling the prioritisation or postponement of outpatient appointments in particular those that:

   a. Monitor the physical and mental health outcomes of people on outpatient lists by providing very low cost secure remote care opportunities in a way that existing technology and services don't facilitate e.g. discharge to non face-to-face consultation

   b. More efficient outpatient waiting lists with priority determined by need/risk

Topics Welcomed continued………………

2. Educational tools that can help recovery and enable people to understand progress and therefore reduce DNAs and/or make informed self-referral into services. In particular those that provide/enable:

   a. Remote interventions that enhance recovery and reduce the likelihood of needing a follow-up outpatient event

   b. Shorter waiting times for outpatient slots by freeing up unnecessary face-to-face outpatient consultations

   c. Evidence based self-referral into outpatient services

Topics Welcomed continued………………

3. Tools e.g. mobile apps that can make health and care services more accessible and communicate changes in outpatient clinics times/dates and patient availability in a way that can be integrated with existing systems and widely accessible, providing advantages such as:

    a. Avoiding unnecessary outpatient journeys

    b. Better attendance rates and avoid DNAs and unnecessary face-to-face follow-ups

Characteristics of Proposals

- Must address a real need
- User-centred design – must be demonstrated in proposal how this will be achieved
- Measurable benefits over any existing solutions
- Clear route to market – must be clear who your customer is
- Partners must have demonstrable capability to deliver the proposal
- Demonstrate VFM

Technical/Solution Aspects

- Interoperable - minimum open APIs

- Potentially usable for 'Bring your own device'

- Adhere to Medical Device Regulations and Information Governance

- Scalable

- Affordable

Panel

- Commissioning
- Provider
- Clinical
- Deployment
- Supplier

Thank You

Any questions?