1. Managing patient expectations and involving patients in improvement

Clear explanation and support is available to help people take ownership and be empowered to seek help if problems arise is required. Patient are involved in improving services.

*Rationale: some patients may be dependent on a review appointment, feeling that their care is substandard if they are not seen.*

2. Processing results

Online processing of results and passing of normal results and management plan to patients by letter is usual.

*Rationale: concern about results not being acted upon leads to return appointments to “close” the episode of care. Use of online processing of results should provide clinicians with confidence that results will not be “lost” and should reduce appointments purely to provide results.*

3. Using technology and specialist skills

Training in and use of technology such as telehealth is considered if this will improve the patient experience and/or help them to see the person with the right skills, whenever return appointments are deemed to be necessary for best patient care.

*Rationale: reduces unnecessary travel and cost for patients, can provide more timely access to specialist skills and free up hospital appointments for patients who do not wish to use technology, or need more support.*
4. Supporting locums and trainees

Appoint locums in a way that provides continuity and include information about preferred service models in induction packs. Continually review need for locums and recruitment of permanent staff.

*Rationale:* use of Locums employed at times in several specialties to reduce “back-log” can lead to yet further review appointments.

Include trainees in education about outcome of results.

*Rationale:* to give confidence in not needing to bring the patient back.

5. Reviewing facilities and resources

Facilities and resources are available to be able to offer one-stop clinics.

*Rationale:* at times the facilities and resources prevent the ability to offer one-stop clinic leading to need for return appointment.

6. Excellent communication between hospital, patients and GPs with patient as the main focus

All communications between health professionals to be copied to patients. Patient must be given the option to opt out of receiving letters and choose an alternative. When results indicate that no further investigation or intervention is required the clinician writes to the patient detailing results copying in GP to letter.

*Rationale:* reduces need for return appointments simply to give normal results and is appreciated by patients and GPs.

7. Proactive management of return lists

Return lists are used to safely, effectively and efficiently manage follow up appointments. Staff must have a clear understanding of the capacity of their service, the activity levels provided, the demand on the service and the backlog of work in the system. Whenever patients are being selected from a list, the list should be sorted by clinical priority then date the person was added to the list. The need to bring a patient in to clinic for appointment must be reviewed before making the appointment.

*Rationale:* managing return appointments supports patient choice, reduced DNAs, quantifying demand and queues, clinician buy in to reducing queues.