Transforming Outpatient Services

Adopt Advice Only, Referral Feedback response and develop Clinical Dialogue

Introduction

Aim, vision and making it happen

Transforming Outpatient Services is aimed at supporting NHS Boards and local partnerships to move care closer to home and enable more people to receive the right care, from the right person, at the right time, in the right place.

It supports teams working together with patients and the public to understand and diagnose system issues, design and innovate and use continuous improvement to deliver high quality person-centred care and best value for money.

Healthcare teams, working with patients and public representatives, have developed Towards Our 2020 Vision, a picture of how the services that we currently call outpatient services will need to change for patients and staff as we move towards 2020 (see page 12). (Towards Our 2020 Vision is available in poster format from QuEST.)

Now all NHS Boards working with partners are beginning to take the strategic actions necessary to create the contextual, cultural and leadership conditions to enable staff, practitioners and patients to achieve their 2020 vision. Some Boards have already formalised outpatient transformation as a strategic priority. In other Boards, specialties or teams are undertaking improvement led by enthusiastic service managers, or clinicians who may or may not have been given support and resource.

Four NHS Boards were commissioned (2012-14) to use three different improvement methodologies: invention and innovation through technology, benchmarking to improve utilisation of appointment resources and clinic space, and rapidly testing changes and contributing to change packages that help spread reliable improvements.

In 2013-14 Chief Executives of all NHS Boards agreed to support rapid adoption and spread of five evidence-based, high-impact change concepts. Adoption of Adopt Advice Only, Referral Feedback response and develop Clinical Dialogue is one of these. (See page 13 for the Transforming Outpatient Services Driver Diagram.)
Are we making the right changes?

The aim of adopting and implementing *Adopt Advice Only, Referral Feedback response* and developing *Clinical Dialogue* is to enable reliable and secure electronic clinical communication mechanisms and processes to be put in place to allow direct clinical communication between healthcare professionals and thus ensure:

1. That clinical referrers within all NHS Boards have the facility and capability, electronically, to securely request and receive advice and to enter directly into patient specific **clinical conversation** regarding patient management, treatment and investigation options without the need to refer to secondary care outpatient services prematurely or unnecessarily.

2. That a secure electronic mechanism exists within every Board to enable **referral feedback responses** to be sent directly to the referring clinician.

3. All patient specific **clinical conversations (Clinical Dialogue*)** between Primary and Secondary care clinicians will form part of the electronic patient record.

What is the purpose of the change package?

The change package describes in detail the steps needed and how to plan for, adopt, implement and monitor effectiveness of *Adopting Advice Only, Referral Feedback and developing Clinical Dialogue*. It includes evidence base for Advice Only and Referral Feedback, it makes the case for change for Clinical Dialogue and provides resources, information and contacts for teams to use and also provides information and resources to enable planning for spread.

The package is the result of WebEx and face-to-face learning sessions and workshops (from April 2013 to March 2014) involving clinical and non-clinical colleagues who have day-to-day responsibility/involvement in the initiation, receipt, transfer and recording of inter-professional clinical communications.

* ‘Clinical Dialogue’ relates specifically to SCI functionality.*
<table>
<thead>
<tr>
<th></th>
<th>How do we use the change package?</th>
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<tbody>
<tr>
<td>1</td>
<td>Familiarise yourself with the change package, sustainability guidance, resources and experiential learning from other Boards</td>
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<td>2</td>
<td>Form a multidisciplinary project team with enough autonomy to implement change: ensure public and senior management buy-in</td>
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<td>3</td>
<td>Assess readiness and understand current state: apply the principles of improvement methodologies (e.g. DCAQ, process map)</td>
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<td>4</td>
<td>Identify changes you will make: consider the factors that first need to be addressed to help build sustainable change</td>
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<tr>
<td>5</td>
<td>Implement your changes: apply the principles of improvement methodologies (e.g. PDSA cycles)</td>
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<td>6</td>
<td>Maintain your improvement: evaluate, sustain, modify <em>(as required)</em> and spread</td>
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Spread and sustainability

The concept of adopting Advice Only and Referral Feedback responses and developing clinical dialogue has moved beyond the innovation phase. Prototype services and systems have been tested in some Boards and sites and some spread has taken place. This has enabled us to gather evidence and information about creating the right conditions including leadership for change, intended and unintended consequences, costs and benefits and factors affecting reliability. This change package will guide teams through the decision to adopt and implementation phases. Sustainability, although depicted as the final stage of the framework below, should be planned for from the very early stages.

The usefulness of this change package has been tested. However, we aim for it to be a live document that incorporates new findings and examples from research and experience as knowledge develops.

Any feedback is welcome. Contact: gillian.borthwick@scotland.gsi.gov.uk
<table>
<thead>
<tr>
<th>Change Concept</th>
<th>Change Package</th>
<th>Essential Resources</th>
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| Adopt Advice Only, Referral Feedback response and develop Clinical Dialogue | Programme Infrastructure Communication, Engagement and Leadership  
- Form multidisciplinary project team(s) (operational and strategic) with responsibility for the development and implementation of pathways, protocols and guidance for the adoption of Advice Only and Referral Feedback response, and the development of Clinical Dialogue. Ensure representation from:  
  - Healthcare professional (HCP) groups/speciality teams that may request advice from a service or colleague  
  - HCP groups/specialty teams that may be asked to provide advice either individually or as part of a service specialty team. Identify key clinicians within each specialty to lead and support and include specialty administrative staff  
  - Board referral management, Health records, eHealth/IT support teams  
And ensure linkages to:  
- SCI Gateway/NSS-IT Strategic Business Unit  
- GP IT Service Board  
- GP System Suppliers – EMIS/InPS  
- RMS suppliers, e.g. Cambric (Topas) and Trakcare (Intersystems)  
- CCLG/cPMG/eHealth Clinical Leads  
- Engage senior management colleagues  
- Engage public and local communities  
- Identify and engage a group of champion GPs to support ongoing development and dissemination of information  
- Develop communication plan (include stakeholder engagement)  
- Identify and agree key benefits and messages (patient experience, quality, clinic utilisation, waiting times, financial etc.)  
- Review/assess patient and service-user views  
- Develop spread strategy and plan  
- Identify and agree evaluation process and core data set to enable ongoing and timeous evaluation (include: patient outcomes, clinical satisfaction, patient and service user views on all elements deployed (i.e. Advice Only, Referral Feedback and Clinical Dialogue)  
- IHI high impact leadership white paper  
- IHI spread and sustainability web page  
- IHI Spread and Sustainability How To Guide  
- HIS spread and sustainability web page  
- HIS Spread and Sustainability Guide  
- NHS Institute Sustainability Guide  
- QuEST Spread of Innovations  
- QuEST Spread Action Plan Template  
- QuEST Innovation Reflection Checklist  
- QuEST Developing a Communication Plan  
- QuEST Reflection on Innovation  
| • IHI high impact leadership white paper  
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• QuEST Innovation Reflection Checklist  
• QuEST Developing a Communication Plan  
• QuEST Reflection on Innovation  
| • Transformation of outpatient Services Programme - NHS Board CEL executive leads |
**Evidence:**

- Literature review - improving productivity and efficiency in outpatient clinics
- Improving outpatient services References
- Cochrane collaboration - Interventions to improve outpatient referrals from primary

**Identify Current State and Scope/Define Future Model**

- Engage with and provide local leadership support via the Transforming Outpatient Services Delivery Group and your local NHS Board Transforming Outpatient Services CEL lead

- Scope and review current best practice and evidence base
- Identify current formal and informal advice, clinical dialogue and referral feedback systems and processes currently in place locally (across and within all clinical specialties). Identify specialties and method of communication (e.g. individual email/telephone/group or specialty email/RMS/SCI)
- Monitor existing clinical messaging systems against key elements:
  1. Does current messaging system interface securely with RMS/PAS/GP system?
  2. Does the existing system/process operate in the absence of the patient's named Clinician? (e.g. if messages are directed/returned solely to single named clinicians or personal mailboxes, this may NOT be the case)
  3. Is patient specific, clinical content routinely electronically captured in the patient record?
  4. Do referrers ‘routinely’ receive specific feedback on inappropriate referrals, electronically by return?
  5. Do existing clinical messaging systems have clear (and known) guidance and protocols for use? (e.g. opened/actioned and responded to within specified timescales)

*IF RESPONSE IS ‘NO’ TO ANY – REDESIGN*

<table>
<thead>
<tr>
<th>Advice only board status</th>
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<tbody>
<tr>
<td>Current state advice pathway examples</td>
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<tr>
<td>Gynae Advice 20-06-13 - Dr Gerry Beattie, NHS Lothian</td>
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<td>Gynae Advice 06-12-12 - Dr Gerry Beattie, NHS Lothian</td>
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<td>Northern Ireland CCG Pilot Results March-June 2014</td>
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<td>Define and Agree Clinical Processes</td>
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<tr>
<td>Agree definitions for Advice Only/Referral Feedback and Clinical Dialogue</td>
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<td>Develop pathways, protocols and guidelines</td>
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<td>Specifically:</td>
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<tr>
<td>1. Define and implement reliable process to ensure referring clinicians receive direct feedback on inappropriate, redirected, re-prioritised referrals, requests for further information or further advice on patient management prior to referral</td>
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<tr>
<td>2. Define and agree pathway to facilitate secure dialogue between primary and secondary care</td>
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<tr>
<td>3. Define and agree pathway to facilitate secure dialogue between specialties within secondary care</td>
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<td>4. Identify mechanism to ensure all patient specific clinical conversations (Clinical Dialogue) will be captured in the patient record</td>
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<td>5. Identify and implement reliable mechanism to ensure that patients are directed smoothly to the correct pathway and that clinical dialogue can be passed on securely to the most appropriate specialty team to respond</td>
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<td>6. Develop staff training package to support smooth implementation of re-designed administrative systems and processes, including:</td>
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<td>– routes of onward referrals</td>
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<td>– protocols and pathways</td>
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<td>– response options</td>
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Technical Infrastructure/Processes

- Implement seamless end-to-end clinical dialogue messaging with full GP system and RMS integration
- Ensure secure and reliable interfaces with referral management system (RMS) and Patient Administration systems (PAS) in primary and secondary care settings

Technical Requirements

GP system:
- Create Clinical Dialogue message from within EMIS/Vision (identical to current process for creating a referral) and have it pre-populate the clinical history, medication and alerts and to extend it as and when required
- Close a Clinical Dialogue message when a satisfactory response has been achieved +/- set a flag to indicate that the thread is closed
- Import entire message thread and store in the patient's GP record permanently
- Ensure robust mechanism in place to activate/deactivate 18 week RTT clock as appropriate in line with national waiting times guidance

SCI Gateway:
- Create Clinical Dialogue messages
- Forward to RMS
- Allow message to be updated by RMS and transmit back to GP system via EDT/Docman

RMS:
- Receive Clinical Dialogue messages for specific services/specialties/post-bags
- Highlight these to differentiate them from referrals
- Allow Clinical Dialogue responses to be sent back to SCI Gateway
- Allow Clinical Dialogue messages to be forwarded to a different service/specialty/post-bag OR
- Allow RMS users from different services/specialties to respond to a specific Clinical Dialogue message
- Allow a Clinical Dialogue message to be ‘upgraded’ to a full referral with OP clinic appointment. Close the original Clinical Dialogue message and change status as appropriate
- Allow referral to be ‘downgraded’ to Clinical Dialogue message with advice given – the RMS will need the ability to create new Clinical Dialogue message for the patient using the original referral as a template. It should also be possible to update the status of the original referral, e.g. ‘Changed to Clinical Dialogue’

- electronic clinical advice messaging - a discussion paper v1.1
- SCI Gateway Clinical Dialogue message – Technical specification
- SIGN 31 – report on recommended referral
- National Access Policy
- eHealth - Short Messaging Service (SMS - texting): Good Practice Guide
- eHealth - Using Email in NHSScotland: A Good Practice Guide
- eHealth - Frequently Asked Questions on new guidance for email in NHSScotland
### Design and Implementation

- Risk assess data sharing, governance arrangements and patient consent to ensure the provision of a person-centred service
- Consider phased model for implementation and plan whole system roll-out (e.g. phase by specialty, high demand outpatient specialties/sub-specialties/sites)
- Align with E-triage and ensure ‘Advice’, clinical conversations (Clinical Dialogue), referral feedback messaging type/options are available for use
- Template/build virtual ‘Advice’ clinics if required
- Establish robust administrative processes to support this service determining roles and responsibilities for each staff/ professional group (e.g. Medical Records – clinics/ Clinicians – triage and auctioning advice requests/Admin teams typing of correspondence)
- To allow capture of capacity and demand, appropriate sub-specialties should be electronically recorded in PAS
- Establish go-live date
- Add Advice only/clinical dialogue/referral feedback to Gateway
- Inform stakeholders that ‘Advice’ live

| Flow diagram - Advice Only Letters for Services Using eTriage - NHS Lothian |
| SMS Good Practice Guide – NHSScotland 30 August 2012 |
| Email Good Practice Guide – NHSScotland May 2012 |
| FAQs for NHSScotland Email Guidance |

### Information, Education and Support

It is key that ongoing support is developed early on in the process. It will be beneficial to consider:

- Who will provide support? Who will be system administrators?
  Who will respond to requests for advice, provide referral feedback or initiate/respond to clinical dialogue?
- Who will authorise access requests?
- Timescales for turnaround of responses
- Development and roll-out of training system
- Consider implementing a system of clinical supervision prior to implementation
- Plan and deliver education interventions prior to implementation to support the dissemination of the standardised Advice Only, Referral Feedback and Clinical Dialogue to primary, community and secondary care clinicians to ensure awareness of pathways and protocols and promote adherence
- Plan and deliver awareness sessions over a period of a few months, then direct communication with each specialty to design system. Involvement is key
- Develop and deliver staff training package to support smooth implementation of re-designed administrative systems and processes
**Advice Only, Referral Feedback** and **Clinical Dialogue** options should be agreed and known to all staff

- Ensure all relevant staff undergo a system of review and training of processes and procedures
- Communication, formal dissemination or implementation in the Primary Care setting, including clear guidelines for local GPs

**Measure, Review, Assess, Refine**

- Determine impact of process on quality of referrals, number of inappropriate referrals to secondary care services and unwarranted patient attendance at secondary care clinics, and patient and clinician experience
- Undertake ongoing evaluation between referrers and specialties to assess number of appropriate referrals. Also monitor variation patterns between referrers. This will highlight the aspects that will require to be addressed by units providing this service
- For each specialty measure:
  - Total number of referrals
  - Total numbers of ‘Advice’ requests
  - Number of ‘Advice’ requests that convert to referrals
  - Number of ‘Advice’ requests that do not convert to referrals
  - Number of referrals that convert to ‘Advice’
- Assess the effectiveness of eAdvice compared with traditional ‘referral’ model without advice option
- Review the impact on outpatient services, i.e. requests for new outpatient appointments
- Collect patient experience feedback on an ongoing basis
- Ongoing engagement between primary and secondary care
- Ongoing review of patients’ outcomes
- Ongoing review of clinical satisfaction
- Develop/implement robust reporting tool to provide **Advice Only, Referral Feedback** and **Clinical Dialogue** information per specialty/sub-specialty at each location to include:
  - assurance that, **Advice Only, Referral Feedback** and **Clinical Dialogue** are captured within the patient’s health record (primary and secondary care)
  - system and feedback mechanism in place to ensure **Advice Only, Referral Feedback** and **Clinical Dialogue** activity is captured and appropriate
This vision was developed by clinicians, managers, patients and public representatives who worked together to imagine the future for these services that we currently recognise as outpatient services. It is intended to be dynamic and will be reviewed as the world changes.

It has been tested with others who have said that it is radical, but we have the will to achieve it and can begin changing now.

Learning to manage risk differently, using technology to support new ways of working, targeting resources to people who most need them and strategic investment are important for success.

2012/13

- redesign the healthcare service.
- reduce to integrate tests and calls.
- with primary care.
- reducing to implement 150. Redesigning.
- pharmacists and care developers.
- medical understanding of rights.
- enhanced skills and leadership roles.

2013

- redesign primary care.
- implement care from。(Care from patients.)
- leadership roles.
- enhanced skills and leadership roles.

2014

- access to care via community.
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2020

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Transforming Outpatient Services

**Aim**
All people are seen in the right place, at the right time, by the right person, with the right information.

**Primary drivers**
- People attend traditional OP clinics as last resort
- Clinic resources are fully utilised
- More people are assessed at home or in community

**Secondary drivers**
- Re-design and signpost pathways
- Optimise use of skills and knowledge
- Provide alternative options to referral/clinic attendance
- Efficient and effective multidisciplinary triage of referrals
- DCAQ and improving flow
- Effective job planning
- Person-centred, safe, efficient and effective booking practices
- Systematic use of reliable patient reminder services
- Direct access to diagnostic services
- Signposting and support for self-management
- People-powered healthcare/services
- Invention, innovation, technology
- Use of data and measurement
- Knowledge into action
- Leadership and behaviour change

**Change concepts**
- Adopt Advice Only, Referral Feedback response and develop Clinical Dialogue
- Standardised approaches to triage including centralised, etriage, multidisciplinary
- Reduce DNAs through using patient reminder services
- Pathways and protocols in place for access to imaging for musculoskeletal MRI
- Getting patients on the right pathway through transforming Community Allied Health Professional MSK services
- Reduce unwarranted variation, waste and harm in management of follow-up appointments

April 2014
Aims
- All Boards across NHSScotland have adopted and implemented robust, secure and reliable advice, clinical dialogue and referral feedback mechanisms across all specialties and sites and can demonstrate that they are working efficiently by April 2016
- 5% reduction in traditional new outpatient appointments by April 2016, plus further 5% reduction by April 2020
- No patient waiting more than 12 weeks for a ‘New’ outpatient appointment at a Consultant-led clinic
- Reduction of inappropriate ‘New’ patient referrals
- Patients are seen in the right place, at the right time, with the right information available to the clinical team
- A reduction in patients attending secondary care clinics and delivery of care closer to home

Rationale for Change Concept
- Timely information will be available to ensure that the patient enters most appropriate pathway of care and receives the most appropriate advice and treatment avoiding unnecessary attendance at secondary care outpatient clinic (e.g. GP could request info from consultant which may result in patient remaining under care of GP rather than referral)
- Provision of reliable mechanisms across NHS Boards to enable the primary clinician to request advice or initiate patient specific clinical conversations with the appropriate secondary care clinical team/clinician
- Provision of reliable process to ensure referring clinicians receive direct feedback on inappropriate referrals, requests for further information or further advice on patient management prior to referral
- Agreed pathways to facilitate secure dialogue between primary and secondary care
- All patient specific clinical dialogue will be captured in the patient record
- Improved quality of referrals and reduced inappropriate referrals to secondary care services
- Reduced unwarranted patient attendance at Secondary care clinics
- Improved clinical conversations (Clinical Dialogue) between primary, secondary and community clinicians

Change Package
- Programme Infrastructure Communication, Engagement and Leadership
- Identify Current State and Scope/Define Future Model
- Define and Agree Clinical Processes
- Technical Infrastructure/Processes
- Design and Implementation
- Information, Education and Support
- Measure, Review, Assess, Refine

Resources
- Improvement tools
- Spread and sustainability tools
- National access guidance/legislation
- Local NHS Board ‘eAdvice’ resources
- National contacts
- Local NHS Board contacts