

Case Study - Outpatient Transformation Calderdale and Greater Huddersfield



Challenge

Calderdale and Greater Huddersfield CCGs (CGHCCGs) together with Calderdale and Huddersfield NHS Foundation Trust (CHFT) identified through benchmarking data that efficiency savings could be made in Outpatients if they worked collectively as a system to develop more efficient processes and pathways.

The primary objective of this transformation was to develop a cost improvement/QIPP scheme to change the way Outpatient follow-up is delivered that improves efficiency, ensures patient safety and improves patient experience.

Clinicians from the FT and CCGs were asked to identify different ways the Outpatient pathway could be delivered and review the possibility of preventing unnecessary follow-ups. The possible options identified were:

- Increase the number of one-stop-shops for patients to access clinics
- Change from face-to-face to virtual consultations with increased use of technology
- Increase the use of advice and guidance

- Use alternative follow-up arrangements e.g. cataract follow-ups delivered by primary care opticians

The NECS Consultancy team began work to provide support to the Outpatient Transformation Programme in November 2017. NECS initially focused on linking in with key stakeholders in the hospital trust to develop proposals of the opportunities and proposed pathway changes in six specialities (Cardiology, General Surgery, Urology, Neurology, Gastroenterology and Ophthalmology). Subsequently the speciality areas increased to eight to include Vascular and Respiratory, and most recently to ten by adding specific Ear, Nose and Throat (ENT) processes and Trauma and Orthopaedics (T&O).

NECS focused on working with General Managers and Clinical leads at CHFT to progress project plans to take initial ideas from scoping to implementation. Any capacity constraints for CHFT staff which had potential to limit the progress of the project were addressed with the support of the NECS team such that issues were worked through in real time by the existing CHFT teams, with the support of NECS, ensuring that CHFT retained ownership of the programme throughout.

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Tasks

In summary, the task initially identified was to engage with the Outpatient Transformation Programme stakeholders in order to revitalise the programme such that tangible progress was made. Specifically, the NECS team was asked to:

- develop programme documentation
- identify key delivery milestones
- support financial quantification
- support governance processes such as Quality Impact Assessments (QIA)

The activities undertaken by NECS:

- Using CHFT's established programme documentation as a basis to develop a range of reporting tools to record milestones for each project and for the programme as a whole, to provide clear reporting to the programme steering group
- Weekly progress meetings were held with each project lead (General Managers at CHFT) to record the nature of opportunities identified for the Outpatients Transformation
- Research of best practice delivered in Outpatient pathways elsewhere in order to give feedback on recommendations and ideas to general managers and to provide evidence to share with clinicians
- Supporting identification of project milestones and completion of PMO workbooks
- Supporting completion of Quality Impact Assessments and through panel processes
- Reporting to the bi-monthly steering groups to report progress to the stakeholder group
- Providing weekly reports of actions undertaken on the programme and advising on project status for each speciality, highlighting matters for escalation
- Reporting progress to CCG-wide meetings to communicate details of progress
- Presenting details of progress to the System Wide Workshop which was facilitated by NECS

"The team were very engaging and open to working with our clinicians and managers. The reporting processes used were effective and give us something we could take learning from and also use going forward. The work in CHFT was very proactive and really helped divisions move forward by providing practice help and support as well as learning from others."

Debbie Graham

Head of Service Improvement, Calderdale Commissioning Group

Results

For each of the specialities identified, potential savings in the number of follow up appointments were identified by applying a different delivery method.

Each manager responsible for a speciality became familiar with the documentation and requirements for milestone reporting. Where milestones were at risk of non-delivery from lack of capacity, NECS provided support such as initial drafting of QIAs, providing details of proposals to clinicians, updating workbooks in the course of GM meetings. Continuing this approach was recommended as part of the NECS handover and supported by key stakeholders.

The projects underlying the Outpatient Transformation Programme are continuing to progress. Support is now being provided by a CCG/CHFT team applying the approach and tools developed by NECS.

Key stakeholders identified the importance of continuing to use the methodology which had been developed, particularly the routine weekly report to the Steering Group to highlight matters for escalation.

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