Learnings from the HSJ Integrated Care Summit 2019
Interactive Discussion Groups

Session Theme: Optimising patient flow

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Questions Posed

1. How can the NHS leverage new workforce models to effectively deliver PC at scale?
2. Where to focus to have a rapid impact on patient (re)admissions?
3. What are the practical steps towards implementing a digital first approach to the outpatient model?

Outcomes and Learnings

Framing the challenge with patient flow

The group discussed the lack of system-wide support around the question of flow. For example, an NHS tool that mapped patient flow and identified the hotspots would be helpful, or a platform for sharing solutions that are working well in parts of the system.

Focus on: Managing referrals into hospital - supporting primary care and patient activation

In the context of a continual rise of attendances to A&E, the group discussed what practical steps could support GPs to manage more of this activity in a primary care setting:

- Using tech to crowdsource advice – an advice and guidance platform for GPs to connect with each other and with acute trusts
- Developing stronger links between GPs and hospital consultants, geographically with increased GP presence at acute sites, but also virtually with better shared responsibility for patient outcomes and risk, avoiding a 'refer and forget' approach amongst GPs

Some of the group (particularly those working at national or system level) also took a further step back and emphasised the importance of starting from the patient perspective, e.g.:

- Using personalisation to change patient flow – empowering patients to take a larger role in managing their path through the healthcare system
- One trust shared an example that had worked well in elective care: leveraging apps like iPlato to allow patients to self-triage into the right part of the healthcare system, and then linking that in to appointment booking options

Focus on: Patient flow from care homes and around end of life care

The group shared some examples that demonstrated how care homes and end of life care is an area where significant impact could be made to manage flow through different routes:

- One trust shared a positive impact they'd seen in adopting the Airedale telemedicine model in some of their local care homes – such that the first point of contact was for residents to be referred to telemedicine rather than the GP
- The group also discussed the need for a digital platform recording end of life plans that could be readily accessed across the healthcare system (for example by ambulance services) to reduce flow to A&E

Focus on: Outpatient flow

As a first step to any outpatient flow management, it's important to take a step back to clarify what Outpatients is for

One acute trust shared experience where this approach had been effective: there, they re-focused Outpatients around 'long-term condition mgmt advice' and 'complex diagnostics' after a survey of patients demonstrated 30% didn't know why they were there and consultants felt at least 40% of appointments were pointless

However, it is critical that this doesn't simply become 'moving the flow around the system' but instead involves working closer with primary care to manage demand

The group discussed that a reduced volume of Outpatient care at acute sites is firstly predicated on better support for primary care around long term condition mgmt, and secondly on ensuring GPs and consultants feel able to manage patient risk jointly.

Follow-ups are the best place to start to focus to see rapid impact

The group shared experience of finding follow-up appointments more readily addressable – as they are more within the gift of the acute hospital. However, the group agreed that the key to unlocking this in influencing clinician behaviour: often patients are not the ones pushing for more follow-up appointments.

One acute trust shared a successful example where they took a radical step to change the follow-up model of care: in dermatology. All follow-ups were cancelled, and replaced firstly with clear guidelines on when patients should see their GP if their condition changed, and secondly with open, rapid access outpatient clinics if a condition significantly worsened. As a result, the trust saw waiting lists decrease by 75%.

Enablers: A change to the funding system is absolutely key, technology is important but should be deployed thoughtfully

The group fully agreed that funding is a real blocker: in the current situation, Outpatient activity can be up to 80% of an acute trust's work by volume.

Regarding technology, the conversation was more nuanced. Technology should be deployed not in a way that simply replicates the current Outpatient model of care, but rather to transform it. To this end, a trust needs to be clear what the function of Outpatients is first, before it should launch into digital pilots. There was agreement that leveraging tech in the management of chronic conditions should be a key area of focus.

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Ben is the lead for the NHS practice at the Boston Consulting Group and also leads work with healthcare payers and providers internationally.

Please do reach out to Ben to discuss challenges your organisation is facing, and how BCG might be able to support you in tackling them. For Outpatients in particular, we have developed a tested approach to transform care in three phases – do get in touch to find out more.

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