Transforming Outpatient Services

Patient Reminder Services
Change Package

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 11) *(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 have been commissioned (2012-2014) 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.

During year 2013/14 Chief Executives of all NHS Boards agreed to support rapid adoption and spread of five evidence based, high impact change concepts. **Adopting and spreading systematic use of reliable patient reminder services** is one of these. (See page 12 for the **Transforming Outpatient Services Driver Diagram**.)

**Are we making the right changes?**

The rationale for providing reminder services is that more people will arrive for their planned appointment and where appointments need to be cancelled the appointments are made available for other people to use. There are many reasons that contribute to people not attending outpatient appointments. Deprivation, age and clinical specialty are factors. People may feel that their condition has improved, or do not receive the right information. More efficient use can be made of available resources. The average cost of a traditional outpatient appointment in 2013/14 is £115.
What’s the purpose of the change package?

The change package describes in detail the steps needed and how to plan for, how to adopt, how to implement and how to monitor effectiveness of patient reminder services. It includes evidence base, resources, information and contacts for teams to use.

The package is the result of webex and face to face learning sessions and workshops (from April to September 2013) involving people who have day to day responsibility for managing and providing safe, effective and person centred appointment booking processes and colleagues in NHS Special Boards.

How do we use the change package?

1. Familiarise yourself with change package, sustainability guidance, resources & experiential learning from other Boards
2. Form a multidisciplinary project team with enough autonomy to implement change: ensure public and senior management buy-in
3. Assess readiness & understand current state: apply the principles of improvement methodologies (e.g. DCAQ, process map)
4. Identify changes you will make: consider the factors that first need to be addressed to help build sustainable change
5. Implement your changes: apply the principles of improvement methodologies (e.g. PDSA cycles)
6. Maintain your improvement: evaluate, sustain, modify (as required) and spread
Spread and sustainability

The concept of providing patient reminder services incorporating telephony and digital systems has moved beyond the innovation phase. Prototype services and systems have been tested in a range of Boards, sites and specialties and some spread has taken place. This has enabled us to amass 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.

(Health Improvement Scotland Spread and Sustainability Framework)

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 very welcome. Please contact gillian.borthwick@scotland.gsi.gov.uk
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<thead>
<tr>
<th>Change Concept</th>
<th>Change Package</th>
<th>Essential Resources</th>
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<tr>
<td><strong>Reduced DNAs by utilising reminder systems (PRS)</strong></td>
<td><strong>Communication and engagement</strong></td>
<td>Local media (press &amp; radio)</td>
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<tr>
<td><strong>Outcome:</strong></td>
<td>● Form multidisciplinary PRS project team</td>
<td>Signs /posters/leaflets/ stickers for:</td>
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<tr>
<td>2016: Reduction in DNAs to 7% (Represents achievement of 2013 upper quartile).</td>
<td>● Engage specialty teams</td>
<td>NHS Board Outpatient Departments</td>
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<td>2016: Review and reset</td>
<td>● Engage senior management colleagues</td>
<td>GP surgeries</td>
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<tr>
<td>See the Transforming Outpatient Services Measurement Plan for definitions and more detail.</td>
<td>● Engage public and local communities</td>
<td>Patient letters</td>
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<td><strong>Rationale:</strong></td>
<td>● Engage primary care colleagues</td>
<td><strong>NHS Borders PRS Borders Press Release</strong></td>
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<td></td>
<td>● Develop communication plan</td>
<td><strong>IHI spread and sustainability web page</strong></td>
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<td></td>
<td>● Identify and agree key benefits and messages (patient experience, quality, clinic utilisation, waiting times, financial etc.)</td>
<td><strong>IHI Spread and Sustainability How To Guide</strong></td>
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<td>● Implement publicity campaign <em>(pre and post-implementation of service)</em></td>
<td><strong>HIS spread and sustainability web page</strong></td>
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<td>● Review / assess patient and service user views on PRS</td>
<td><strong>HIS Spread and Sustainability Guide</strong></td>
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<td></td>
<td>● Develop spread strategy and plan</td>
<td><strong>NHS Institute Sustainability Guide</strong></td>
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<tr>
<td><strong>Evidence:</strong></td>
<td><strong>Capture and communicate current demographics, additional needs and preferred mode of communication</strong></td>
<td><strong>QuEST Spread of Innovations</strong></td>
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<tr>
<td>There are many reasons that contribute to people not attending outpatient appointments. Deprivation, age and clinical specialty are factors. People may feel that their condition has improved, or do not receive the right information.</td>
<td>● Verify and update patient demographics, contact details and additional needs at every consultation (GP and Clinic).</td>
<td><strong>QuEST Spread Action Plan Template</strong></td>
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<td>● Ascertain and record patients’ preferred mode of communication (letter/ email/ landline/ mobile phone/ SMS).</td>
<td><strong>QuEST Innovation Reflection Checklist</strong></td>
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<td>● Provide patient information in primary, community and acute settings about the local referral process, what to expect and use of reminder services</td>
<td><strong>QuEST Developing a Communication Plan</strong></td>
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<td>● Include a conversation with the patient about his/her rights and responsibilities as part of every referral</td>
<td><strong>QuEST Reflection on Innovation</strong></td>
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<td><strong>Rights &amp; responsibilities legislation</strong></td>
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<td><strong>National Access Policy</strong></td>
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<td><strong>NHSScotland “your health your rights”</strong></td>
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Non-attendance at clinics can cause system inefficiencies, as teams tend to respond by overbooking. This can lead to bottle necks in the system.

Several methods aimed at increasing the number of people who attend a planned appointment have been researched. These include text, telephone, email and letter reminders. Research demonstrates that these approaches decrease the number of ‘failed to attends’. For example, reductions of 29-39% from the baseline DNA rate.

NHS 24 provides evidence of reduction in DNA rates associated with use of their propensity model and focussed reminder services for those most likely to fail to attend.

Success of the reminder service has been shown to be linked with the appointment booking and confirmation processes being used.

- **PRS Evidence**

**Healthcare Improvement Scotland literature reviews:**

- **HIS Improving Outpatient Services Literature Review**
- **HIS Outpatient Bibliography**
- **HIS Outpatient Services UK Literature Review**
- **HIS Outpatient Services Literature Review Summary**

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<td><strong>Create operational linkages between GP Practice Systems and Patient Administration Systems to support regular updating of demographics, additional needs and communication preferences</strong></td>
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<td><strong>Put in place a reliable mechanism for patients to update contact information</strong></td>
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### Design Patient Reminder Service and select system provider(s)
- Use propensity software (or other similar tool) to identify groups least likely to attend / identify most effective mode of communication and focus efforts where results are most achievable
- Consider additional software packages, e.g. queue management systems
- Select provider(s) to meet the needs of identified groups; review patient groups/DNA risk factors and consider blend of methods to maximise impact (*method, sequence, frequency of contacts*)
- Undertake equalities impact assessment
- Risk assess data sharing, governance arrangements and patient consent to ensure the provision of a person centred service
- Agree provider Service Level Agreements (SLAs) including agreed key performance indicators (KPIs)
- Script calls to ensure quality assurance and confidentiality are maintained. Consider requirement to record calls in order to ensure appropriate governance and support staff training
- Implement reliable mechanism to ensure that patients are directed smoothly to the correct pathway, e.g. feedback loop to bookings office
- Identify and implement reliable mechanism to enable patients to cancel/rebook
- Undertake best value assessment of services provided.
- Review performance and improvement and select to maximise return on investment.
- Enlist procurement and health economist support.

### Factors to Consider when choosing provider(s) (Chronos 360, Netcall and NHS 24)

#### Data
- Utilising propensity software (NHS 24)
- Ability to data cleanse / amend contact details
- Capable of integrating with local PAS system
- Reliable mechanism to extract PAS appointment/ patient contact data
- Reliable mechanism to enter PRS completed data to PAS system, including updated phone numbers
- Reliable mechanism to identify patients requiring to rebook

#### Method of contact
*Methods (channels) can be stand alone or blended*
- Automated
- Voice messages
- Email
- SMS
- Agent calls
- Blend agent calls and SMS
- Fully automated or blended service of automation. SMS agent calls. This could be a blend of providers

#### Best value assessment
Economic evaluation of propensity model. *(to follow)*

#### Contact logistics
- Timescale of contact prior to appointment to maximise opportunity of cancelled slots and to ensure provision of reasonable offers
- Escalation process *(sequence of contact methods)*
- Use of landline and mobile numbers
Optimise call times/frequency and time lapse between of contact attempts to maximise contact rates
- Local caller display number visible to patients
- Loopback via 1471 dials to NHS booking office for confirmation/reschedule/cancellation of appointment (liaise with telecoms provider and PRS provider)

Cancellation / rebooking
- Mechanism to transfer call to board/rebook if unable to attend
- Mechanism to alert Board of cancelled slots
- Consider how do you want patients to communicate with you
- Interactive – as part of the call
- Text/email you back
- Provision of an appointment number
- If reminders outside normal working hours ensure mechanism for patient to rebook

Management reports
- Content, quality and frequency of reports
- Overall summary data
- Invalid entries on import
- Call Statistics, e.g. length of call and number of attempts
- Time of day when calls are made
- What happened during the call, i.e. call outcome
- Results of campaigns
- Impact of PRS on clinic utilisation

* Ref: NHS 24
### Useful contacts / resources:
- Health Scotland
- Caldicott Guardian Scottish Guidance
- NHS Inform
- HRIS NHS Inform
- QuEST
- NHS 24
- NHS NSS - national procurement
- Board Status and Contacts
- Local EQIA assessor

### Implement Patient Reminder Service
- Undertake baseline measurement
- Consider phased implementation, by specialty/ sub-specialty, clinical condition or location
- Identify high volume DNA services / specialties for initial roll-out
- Ensure appropriate clinic templates are scheduled and available to book
- Identify services / specialties for exclusion (e.g. Sexual Health, patients due to attend for termination of pregnancy)
- Design robust evaluation framework for proposed method(s)
- PDSA and measurement for improvement to test changes

### Review demand and capacity management at the start and on an ongoing basis
- Plan for additional attendance through reduced cancellation / DNAs

### PRS project team (Including project manager, systems manager, clinical team, medical records / booking, eHealth, Information Services, public representative)
- Business process to support data transfer, and appointment booking flow
- Collect baseline data and work with Information Services support to agree measurement for improvement and evaluation methodology
- QuEST PDSA Template
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<th><strong>Post-implementation publicity suggestions:</strong></th>
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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 revised 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.

Transforming Outpatient Services 2020 Vision
## Transforming Outpatient Services

### Aim
All people are seen in the right place, at the right time, by the right person.

### Measures
- Reduce traditional new appointments by 5% by 2016.
- Achieve upper quartile return; new ratio by 2016.
- Decrease DNAs to 7% by 2016.
- No patient waiting more than 12 weeks for new appnt.

See measurement plan for local and developmental measures.

### 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.

### Change concepts
- Adopt Advice Only, clinical dialogue and referral feedback response.
- Standardise multidisciplinary triage approaches including centralised and etriage.
- Reduce DNAs through utilising reminder services.
- Adopt direct access to imaging (MRI) knee through Orthopaedics, Radiology and GP/AHP redesign.
- Roll out direct access to community Allied Health Professionals (AHPs) through AHP musculoskeletal pathway implementation.
- Reduce unwarranted variation, waste and harm in management of follow up appointments.
Aims
• All people are seen in the right place, at the right time, by the right person
• 2016: Reduction in DNAs to 7% (*Represents achievement of 2013 upper quartile*)

Rationale for change concept
• Provide safe, effective and person centred appointment booking
• Improve patient flow and capacity management
• Optimise utilisation of clinic resources and maximise opportunity of filling cancelled slots

Change Package
• Communication and engagement
• Capturing and communicate current demographics, additional needs and preferred mode of communication
• Design patient reminder service and select system provider(s)
• Implement patient reminder service
• Review demand and capacity management at the start and on an ongoing basis
• Ongoing communication and review

Resources
• Scottish Government leaflet re rights and responsibilities
• Rights and responsibilities legislation
• National Access Policy
• NHS Inform
• Local EQIA assessor
• NHS Health Scotland
• Local Caldicott Guardians
• NHS 24
• PRS User Contacts