

Moving Forward Together.



Planned Care Workstream Overview

What is the Planned Care Workstream

Planned Care is described under Moving Forward Together as:

Services which are offered by prearranged appointment in community and hospital settings to diagnose, intervene, treat, monitor and maximise people's health and wellbeing.

The Planned Care Workstream will look at new ways of working to link hospital and community services and to deliver more care closer to people's homes. It will use digital solutions and technology to create a seamless coordinated system and transform outpatient appointments. Where people do need to visit hospitals, the aim will be to do more in fewer appointments and wherever possible day-case treatment will become the norm.



What are our priorities

The Planned Care Workstream is going to initially focus on these areas to transform health and social care services:

1

Outpatient Transformation to deliver more follow-up appointments in the community through use of technology to provide virtual clinics from a service called NHS Near Me

2

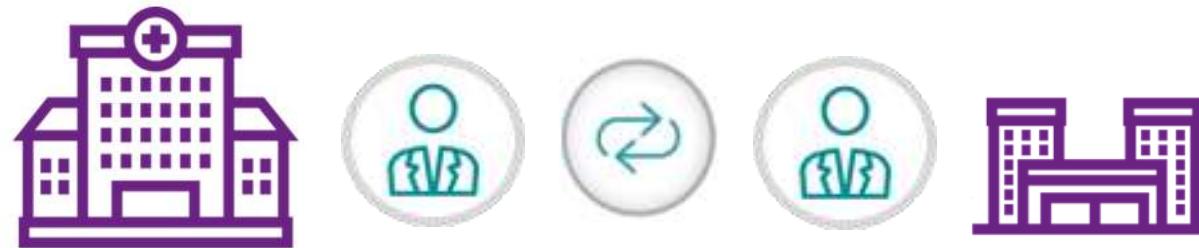
Maximisation of Community Health Venues and using flexible spaces in Hubs and Health Centres to shift some services, interventions and specialist staff from the hospital to the community setting

3

Diagnostic One Stop Shop Model providing co-located multiple specialist services and teams that can diagnose people faster and start them on treatment sooner

Example: Active Clinical Referral Triage

This project will develop new ways of working to triage all outpatient referrals to ensure that people are signposted and given advice about the most appropriate service as opposed to waiting for a hospital appointment that they might not actually need



Based on the principles and concepts set out in Moving Forward Together and we have identified innovative digital solutions to move from limited one-way referral process to improve access to specialist support and advice

- I. Advice referrals from your local surgery to hospital specialists for treatment options to create informed choice and improve shared decision making
- II. Remote consultations with video conferencing between people, clinicians and teams to improve access and prevent unnecessary travel
- III. Redirection of patients to the most appropriate first person to see them

Clinical Advice Referrals

1 This new way of working will allow nurses, GPs and other community health professionals to communicate directly with hospital specialists to get direct advice on treatment options for a patient. The advice back from the hospital might be sent to the person asking and/or to the patient themselves on the best way to manage the condition.

An advice referral means that a range of alternative services and advice based on best practice can be offered that enable more choice and better decision making – often to services that can be accessed quicker to better manage any symptoms.



Remote Consultations

Technology now means that we have digital solutions for people speak to each other and share information to determine the best course of action. Usually a referral has always meant people needing to travel to a hospital to speak to the specialists there. Even though access is easier in Greater Glasgow and Clyde compared to some other areas of Scotland, we want to reduce unnecessary travel and make things easier for people e.g. those with mobility problems.

II

Both telephone and video conferencing mean that people can have services 'near me' without needing to attend hospital. NHS Near Me clinics still have scheduled appointment times, but they let people have a discussion, ask questions, or in some cases with the right person to have consultation to work out if someone needs treatment or not, all without having to leave home. Depending on the service, some NHS Near Me clinics will involve attending a local community service (GP surgery, physiotherapy clinic) so that someone there can assess you in person at the same time.

More than just an outpatient appointment

Traditionally, hospitals have accepted referrals only for people who meet certain criteria for being seen. These criteria have often been based on things which can be counted, like pulse, heart rate, blood test results and pain scores.

At the moment, if someone is referred to a hospital service, there are two main outcomes: either the person is added to the waiting list for an outpatient appointment or a letter is sent back to the patient's GP saying why they are not going to be offered an appointment, often because they don't meet the scores in the boxes. This is not very patient centred.

In the future, we want to have more options than just saying yes or no to offering someone an outpatient appointment.

This might mean that the hospital specialist will send the person directly to a different type of treatment which doesn't take place in hospital – physiotherapy or dietetic support. It might mean that the doctor will send the referral to a different hospital department, such as pharmacy.

Current model without Active Clinical Referral Triage

Mrs Singh lives in Woodside and has a sore knee. She is in her 70s, slightly overweight but not obese. She has had a sore knee for many years, but the pain has been getting much worse recently and it is affecting her ability to get around.

Her GP has been helping her by increasing her pain medication, but this is no longer having the same effect that it used to have. Her GP refers her to the Orthopaedics Department at the local hospital. The department has quite a long waiting list, so it is several months before Mrs Singh is offered an appointment.

When it finally comes, she is asked to get an x-ray as well. She goes to West Glasgow ACH for the x-ray and a few weeks later she goes to the Queen Elizabeth University Hospital to see the surgeon. Although she is fit and well enough for surgery, Mrs Singh decides she doesn't want an operation at all, as what she wanted all along was some help with her pain! She is discharged from hospital care and is sent back to her GP. Her knee is still sore.



New model with Active Clinical Referral Triage

Mrs Singh lives in Woodside and has a sore knee. She is referred to the Orthopaedics Department at her local hospital. Within two weeks, she receives a letter explaining various services which are available in her community, as well as some information on knee surgery, its risks and its benefits. She is given a phone number by the hospital to call in to discuss these options or to go ahead and book an appointment to be considered for surgery.

Mrs Singh isn't sure that she wants surgery at all, so she calls the number to talk to someone. The clinical advice line has a nurse and a physiotherapist available to speak directly to Mrs Singh to discuss her concerns. Mrs Singh decides that she will try a programme called 'Move into Balance', which is aimed at helping people with chronic pain navigate their daily lives, while she decides whether she really wants surgery or not.



The benefits we expect to see

- More person centred care through better coordination, avoiding unnecessary appointments and reducing travel
- Improved access in terms of reducing waiting times and also using video technology to bring nearer to people
- Improved support, advice and information to enable people to make better informed choices about the treatment and care that they want
- Improved outcomes and experience by reducing waiting times and offering more choice and more control
- Better working across primary care and specialist hospital teams and improved safety and effectiveness
- Improved waiting times by seeing those only with clinical need
- Better use of resource and staff working to the top of their licence



Tell us what you think

What are your thoughts about the 3 priority areas that we have initially chosen to transform Planned Care services?

What areas do you think we need to focus on to transform Planned care services?

How would you describe 'Active Clinical Referral Triage' to members of the public?

Any other feedback or comments

