# Modernising Outpatients
# A Collaborative Approach

## NHS Lanarkshire Gastroenterology – An Example of Our Approach

Judith Park, Deputy Director of Acute Services

# Strategic Context – Scottish Access Collaborative

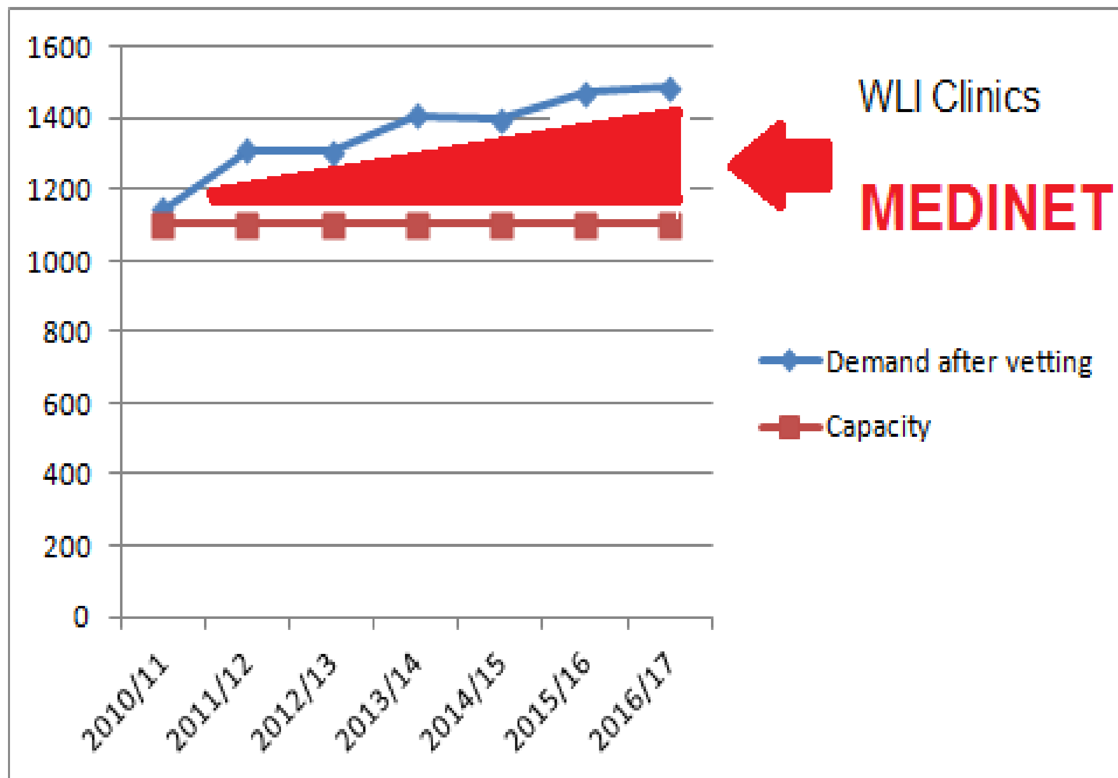
"Aim of sustainably balancing demand and capacity and establishing effective/efficient interfaces between primary and secondary care"

1. Patients should not have to travel unless there is clear clinical benefit
2. All referrals into secondary care should have senior or protocol led vetting
3. Clear referral pathways
4. Systems need clearly defined access to diagnostic services
5. Referral systems need to understand balance between demand and capacity
6. Improve metrics of system – especially remote access and advice pathways

# Modernising Outpatients Workstream Strategic Aims as part of Achieving Excellence

- Modernising our out patient service to help meet the increasing demand for specialist input
- Whole system approach –Primary, Secondary and Community services
- Maximise the role of the wider MDT
- Maximise ehealth and digital opportunities
- Reduce variation and improve efficiency in Secondary care return appointments

# Outpatient Gastroenterology Problem: 2+2=5?




- During the period 2007/08 to 2015/16 Gastroenterology has experienced a:
  - 104% increase in New Outpatient Attendances
  - 63% increase in Return Outpatient Attendances
- The current model of service delivery was unsustainable and failing to deliver the 12 Week Outpatient Standard – waits > 20 weeks

# A Definite Opportunity...

Modernising Outpatient Programme

- Implementing consistent patient pathways for high volume conditions
  - IBS
  - Coeliac Disease
  - IBD
  - Liver Disease

- Testing new ways of working
  - Active Clinical Referral Triage – ACRT

- Team of clinicians and managers willing to take a leap of faith to do something different

- Investment in the multi professional team – dietetics (3.2wte) and (6wte) specialist nurses

NHS Lanarkshire

## Diagnosis of IBS

**Lifestyle / First Line Dietary Advice** (eg NICE IBS and diet, BDA Food Fact sheet for IBS) https://www.bda.uk.com/foodfacts/IBSfoodfacts.pdf

### Dietary Therapies

- Dietetic referral received
- Check confirmation of IBS Diagnosis
- Biochemistry checks as per agreed list
  Check red flags
  Check previous investigations
  - **Liaise with GP**
    Additional tests required in primary care
    Not appropriate for Dietitian input – refer to specialist
  - **Accept**
    Telephone or 1:1 Dietetic New Contact Check advice given
    Check advice followed
    Resend advice if necessary
    Symptom check
    Check if appropriate for group
    FODMAP or 2nd line advice
    Checklist
    - More literature advice → Opt back in
    - 1:1 /group session 2nd line advice → Opt back in
    - 1:1/group FODMAP (1st intervention) → 6-8 weeks later 1:1/group FODMAP (2nd intervention) → Discharge

### Drug therapies (Based on predominant symptom)

| Pain/Bloating | Diarrhoea | Constipation |
|---|---|---|
| Antispasmodic<br>Mebeverine<br>Alverine<br>Hyoscine<br>Peppermint oil | Loperamide | Ispaghula<br>Macrogol |
| Tricyclic**<br>Amitriptlyine<br>Imipramine | Tricyclic**<br>Amitriptlyine<br>Imipramine | Linaclotide*** |

### Psychological interventions

Cognitive behavioural therapy
Hypnotherapy
Relaxation Therapy

**Drug Therapy Notes**

**unlicensed indication

**Amitriptyline:**
Initially 10 mg - 25 mg in the evening.
Can increase by 10 mg - 25 mg every 3 – 7 days as tolerated.
The dose can be taken once daily, or be divided into two doses. A single dose above 75 mg is not recommended.

**Imipramine:**
Initially 10mg daily, gradually increasing to 30-50mg daily.

***SMC restriction

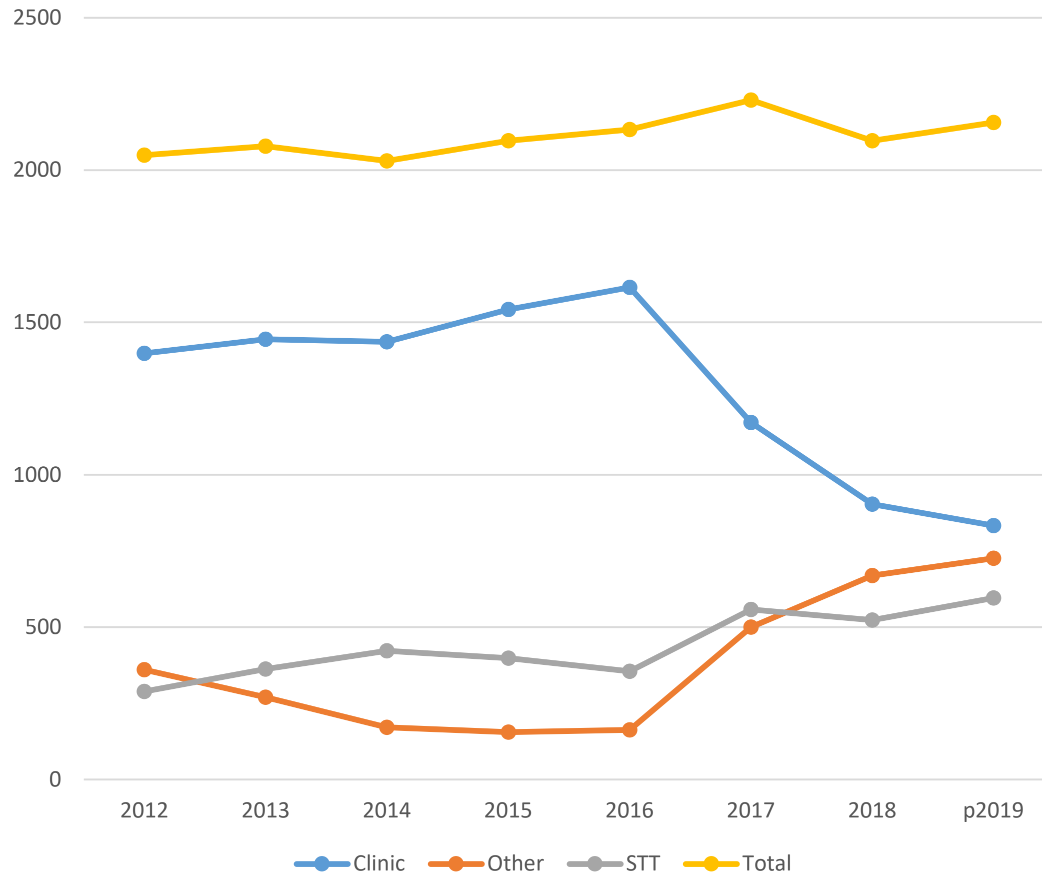
**Linaclotide:**
Patients with moderate to severe IBS-C intolerant/inadequately responded to other treatments

NOTES
Selection of diet, drug or psychological interventions will be influenced by patient preference and local availability. Combination approaches may be appropriate for some patients.

# Active Clinical Referral Triage (ACRT)

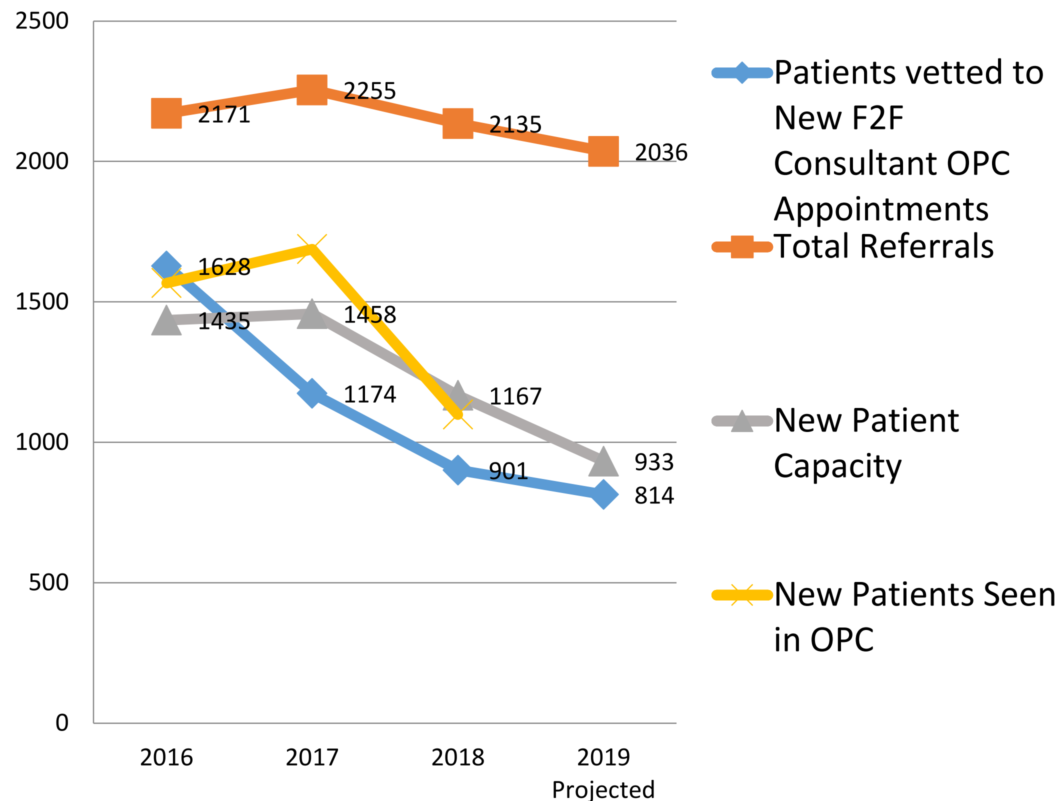
- ‘Realistic Vetting’ commenced in February 2017 at University Hospital Hairmyres
- Vetting consultant of the week cancels an outpatient clinic to allow 4 hours of dedicated time for eCasenote review of all GP outpatient referrals
- University Hospital Wishaw started this process in July 2018

# University Hospital Hairmyres - UHH



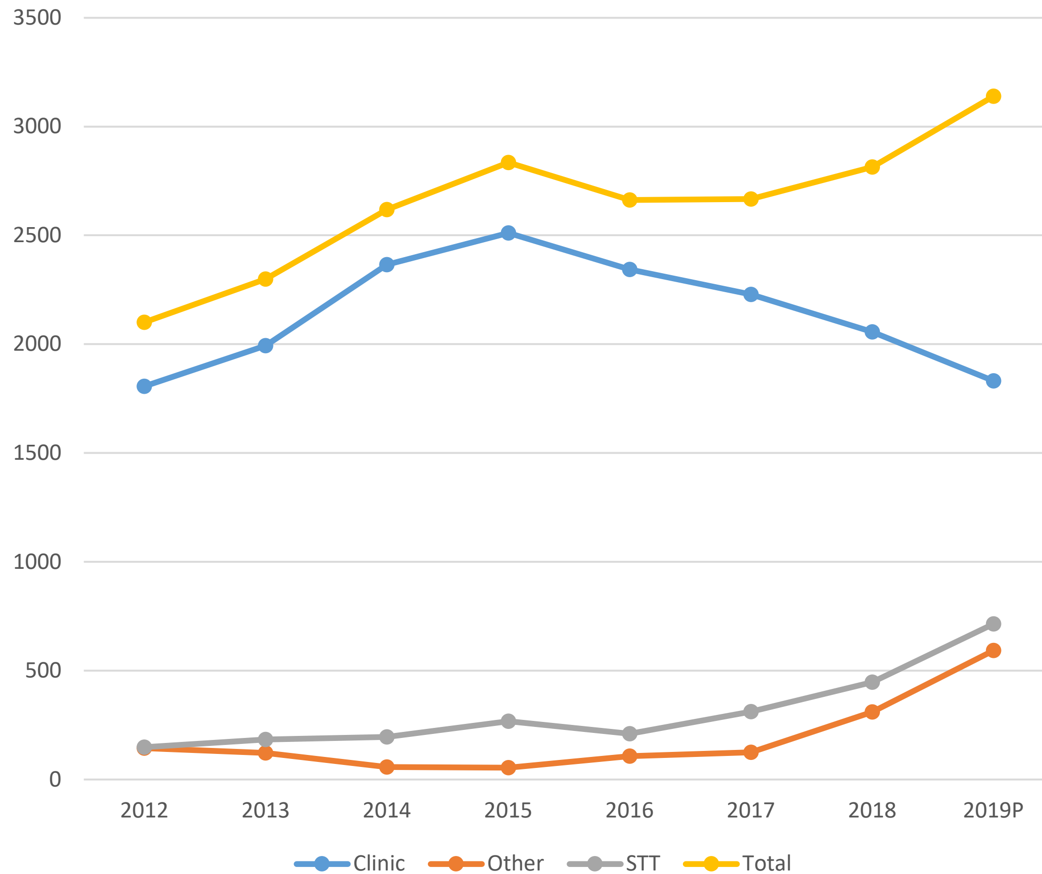

- ACRT started Feb 2017
- 49% projected reduction in new Consultant Out Patient Clinic Appointments from 2016 to 2019
  - Combination of increased Straight to Test requests but specifically Other vetting outcomes
    - FCP
    - Advice only
    - Liver Nurse Triage
    - Realistic Medicine

# 2-3 Week Wait for a Routine New Outpatient Clinic Appointment at UHH




- 2016
  - Mismatched demand and capacity secondary to vetting with the need for additional capacity (MOP Summary)
- 2017
  - Increased additional capacity and changes in vetting practice (quicker turnaround)
- 2018
  - Base capacity greater than patients seen despite drop in capacity secondary to enhanced vetting
- 2019
  - 2-3 week wait for routine OPC appointment (Feb/Mar)
  - 3 week wait as of 20/8/19

# University Hospital Wishaw - UHW




- ACRT commenced July 2018
- Although peak of new Out patient Consultant clinic appointments was in 2015, the changes from 2017 to 2019 show a projected:
  - 18% reduction in appointments despite a 17% increase in total demand
    - Facilitated by an equal combination of Increased STT and Other vetting outcomes

# Part of the Solution?

- Novel ways of working as a team are crucial – across the whole system
- We need to embrace change
- Be comfortable encouraging innovation and tests of change
- Invest to save and provide improved  sustainable patient care
- Roll out to University Hospital Monklands and beyond

# Governance Arrangements

- Clinical audit/review of 100 patients who did not receive a new outpatient appointment
- Group provides updates to the Acute Achieving Excellence SLWG as part of the outpatient workstream. This group has overall delivery and performance targets
- Agreeing this approach and deliverables with other specialties in NHSL
- Regular reports on Achieving Excellence Workstream to Acute Governance Group
- Clear links to the 6 fundamental principles set out by the  Scottish Access Collaborative