NHS HIGHLAND

Policy for the Management of Return Outpatients and Repeat Admissions in NHS Highland

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<tr>
<td>Prepared by: Head of Planning and Performance</td>
<td>Date of Review: May 2019</td>
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Version: 1.3
Date: 08 May 2018

Distribution
All staff with an Outpatient Security Group on TrakCare PMS
All Clinical Staff
Chief Officer

Method
Metacompliance
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2. Statement of clinical evidence

3. Patient Group

4. Staff Groups / competences / training

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1. Purpose / Aims / Objectives of the “Policy”

NHS Highland wants to ensure that every return appointment or repeat admission is timely, appropriate and effective. NHS Scotland have published a number of papers and visionary statements around how return outpatients should be managed and this policy outlines how NHS Highland will deliver the principles outlined by the Scottish Government. This policy covers both adults and children in acute, community and mental health services across NHS Highland.

NHS Scotland published The Modern Outpatient – A Collaborative Approach 2017 – 2020 which provides the principles and guidance to ensure that services are designed to:

a) avoid the need for routine planned care by predicting risk
b) enable self-management
c) provide support and intervention only when necessary, whilst maximising the role of all clinicians across the health and social care system

The experience for the patient will be improved by ensuring that:

1. Patients will receive timely access to advice, treatment and support.
2. Patients will not incur unnecessary inconvenience when accessing outpatient services.
3. Patients will gain access to outpatient review services when it is appropriate and clinically necessary.

An outpatient is categorised as a follow-up (return) outpatient at his second and subsequent attendances following an outpatient referral his first and subsequent attendances following an inpatient/day case episode (ISD Scotland Data Dictionary).

The need for face-to-face return outpatient consultant appointments should be reduced by optimising e-health and digital solutions such as:

- supporting self-management and the use of Discharge and Fast Track, Applications such as the IBD Application
- Attend Anywhere software to manage patients more remotely by reviewing patients in the comfort of their own home

1.1 Principles for Managing Return Outpatient Appointments

a) Patients who require a return outpatient appointment within six weeks of their first outpatient attendance should be added to the Outpatient Return Waiting List, and be provided with an appointment before they leave the outpatient clinic.

b) An electronic waiting list should be established for patients who require a return outpatient appointment more than six weeks after their first outpatient attendance. The waiting list will detail the right clinical interval for the planned review date
and the appropriate clinician within the multi-disciplinary team to see the patient.

c) The process of booking a return outpatient appointment should begin six weeks prior to their recommended review date.

d) A reminder/confirmation system should be in place to ensure patients are given a second notification of their appointment date and time.

e) Patients should be seen within specialty agreed tolerances of their Planned Review Date i.e. the likelihood of clinical impact. A review of patients who slip beyond the review date should be undertaken on a monthly basis between the clinical lead and the manager of the service.

1.2 Patients who Can Not Attend their Appointment

A patient may be categorised as could not attend (CNA) when the hospital is notified in advance of the patient's unavailability to attend on the offered date, or for any appointment.

A patient who phones in to cancel their appointment should have their appointment rescheduled at the time following the standard operating procedure, which will clearly identify those patients who have rescheduled before.

A Clinical Review will be undertaken where a patient CNAs more than two times to identify the clinical urgency of the review appointment / repeat admission prior to the patient being rebooked.

n.b. A clinical review, is where a health record review will be undertaken by the clinician responsible for the care of the patient for the episode of care.

1.2.1 If the clinical instruction is to return to GP care then:

- The date of CNA and reason for removal from list will be recorded on the system according to local procedure
- Patient should be informed, in writing, that they are being removed from the waiting list and a copy sent to the GP
- GP can re-refer the patient if required however, if a further referral is received and a new appointment offered, the waiting time starts from zero.

1.3 Patients who Did Not Attend their Appointment

A patient may be categorised as a did not attend (DNA) when the hospital is not notified in advance of the patient's unavailability to attend on the offered date, or for any appointment. A Clinical Review will be undertaken each time a patient DNAs to identify the clinical urgency of the review appointment / repeat admission prior to the patient being rebooked.
If the patient is a child under the age of 16, then the principles of GIRFEC should be adopted, a further appointment booked, and a letter be written to the Guardian of the patient, and the Named Person.

1.4 Modernising Outpatients

Before adding a patient to a return outpatient waiting list clinical consideration should be given as to where, when, how and by whom the patient is to be best managed and consideration given as to whether

- Virtual consultation and patient initiated review is an option by using Discharge and Fast Track, Attend Anywhere or Technology Enabled Care. Discharge and Fast Track patients should be recorded with the appropriate clinic outcome code and the patient can re-access the service within 12 months of being discharged without needing to be re-referred by their GP.
- Digital health technologies/ wearable devices can be used to enable remote monitoring and supporting the patient to self-management
- Test Results can be provided without the requirement for a face to face appointment. Consideration should be given to sharing the test results if appropriate prior to any consultation.

3. Statement of clinical evidence

A report is available that demonstrates the number of patients waiting beyond their Planned Review Date in NHS Highland including patients who have slipped more than 6 months. The degree of clinical risk is greater in those specialties that are reliant on therapeutic intervention as part of on-going management of the patient.

4. Patient Group

This policy is relevant to all patients attending care within community, mental health and acute services across NHS Highland.

5. Staff Groups / competences / training

All clinical staff involved in making decisions around the follow up care of patients across NHS Highland should use this policy.

6. Equality and Diversity Impact Assessment

The EQIA undertaken for the NHS Highland Local Patient Access Policy should be used for the addendum to this policy.

7. Implementation

This policy will be implemented across NHS Highland as part of the Modernising Outpatient programme.

8. Audit
Planning and Performance provide a report to the Operational Units on the number of patients who are waiting beyond their Planned Review date, by specialty and length of slippage.

These reports are to be reviewed on a weekly basis with the Clinical Lead in each Service and a report provided through their local Quality and Patient Safety Groups.

9. References

The National Clinical Strategy
Realistic Medicine
ISD Scotland Data Dictionary
NHS Scotland’s Effective Patient Booking for NHS Scotland 2012
New Ways Report

10. Distribution List / Dissemination Method

This policy will be distributed using Metacompliance to all staff within NHS Highland.