

Outpatient Clinical Strategy Update

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Our Outpatient Clinical Strategy

Key principles:

- a **reduction** in the number of sites from which the Trust provides general outpatient services, from 15 site down to **6 or 7 sites** (historically the Trust had 22 sites but currently 15);
- **improving patient access** based on local postcodes;
- each site offering a **broad spectrum of specialities**;
- a **20 minute travel** time by car for a majority of the population;
- **extending the working day** to offer a greater choice of appointment times;
- **extending the one stop model** to reduce follow-up attendances and improve efficiency;
- **introduction of Telemedicine** to reduce face-to-face contacts for some patients; and
- ensuring the **facilities** from which the Trust provides outpatient services **are fit-for-purpose** i.e. upgraded where necessary.



Our Outpatient Clinical Strategy

Phase 1

Reduce to 6 sites

Design and build the infrastructure:

- New Dover Hospital
- Estuary View
- Invest in procedure suites

Move current workforce, clinics and provisions

Phase 2

Improve patient experience

- Clinics early morning, evenings and Saturday morning
- Extend one stop models
- Introduce telemedicine



Outpatient Improvement Programme - Overview

Mobilising our outpatient strategy

- ◆ Reduce to 6 sites (with a broader range of services)
- ◆ Introduce extended working days
- ◆ Introduce Saturday clinics
- ◆ Increase one stop clinics
- ◆ Introduce telemedicine
- ◆ Extend market share

Optimising our service delivery

- ◆ Establish effective booking processes
 - ◆ New appointments (full booking)
 - ◆ Follow up appointments (full booking)
- ◆ Improve clinic maintenance management
- ◆ Ensure effective triage processes
- ◆ Deliver the Productive Outpatient Programme
- ◆ Robust demand and capacity management
 - ◆ Agree reduction target of OP referrals
 - ◆ Ensure monitoring & proactive adjustment of capacity
 - ◆ Reduce follow up appointments
 - ◆ Ensure adequate workforce to support OP Services
- ◆ Improve clinical pathways & utilise technology
 - ◆ Tele-clinics
 - ◆ Text reminders
 - ◆ Self check-in
 - ◆ Optimise new PAS system
- ◆ Increase Choose and Book utilisation

Improving our estate and infrastructure

- ◆ Optimise (physical) patient flow and improve the Estate
 - ◆ Agree capital spend (Refurb of WHH, KCH and QEQM)
 - ◆ Way Finding Strategy
 - ◆ Centralised Reception Services

The Outpatient Programme Timeline

