

Outpatient transformation: Delivering video consultations for outpatients

Royal Berkshire NHS Foundation Trust shares how it has transformed its delivery of outpatient services amid the COVID-19 pandemic.

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Organisation

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Background

Royal Berkshire NHS Foundation Trust (RBFT) provides over 600,000 outpatient appointments in a multi-site model including the Royal Berkshire Hospital, the Bracknell Healthspace, Townlands Memorial Hospital and West Berkshire Community Hospital. In addition, RBFT manages condition specific facilities at the Prince Charles Eye Unit, Windsor and the Windsor Dialysis Unit. Around half a million outpatient attendances take place annually at the main Royal Berkshire Hospital site in Reading. This results in congestion on the site, lack of space to develop new services and facilities that need to be on the main acute site (e.g. expanding the size of our Emergency Department) and sometimes poor patient experience with difficulty parking.

The need

In July 2017, the Royal Berkshire NHS Foundation Trust (RBFT) developed its organisational Clinical Service Strategy (CSS) which set out the long-term goal of improving care, developing clinical services and increasing convenience for patients attending outpatient clinics. This was tied to a wider ambition to redesign our estate and the trust subsequently become part of the government's Health Infrastructure Programme. The strategy was based on a model of reducing non-value adding activity, maximising use of our other sites and using more virtual modes of delivery.

The solution

The RBFT outpatient transformation programme was set up in 2018 to focus on achieving the ambition of reducing the number of appointments at the Reading site by 50%. The aim was to use innovative delivery models and our estate more effectively to provide care closer to home. The programme goes beyond the acute trust and involves all partners in the Berkshire West Integrated Care Partnership and a wide range of patient stakeholders.

Through engagement with stakeholders including patients, we developed multiple workstreams including streaming of referrals, remote monitoring, virtual clinics, one stop shop clinics, patient initiated follow up, pathway redesign with Primary Care Networks (PCN), improved booking and reminders for patients and delivering care closer to home using our multiple sites. These workstreams are technology enabled and provide a digital solution to transform outpatient clinics.

In particular, virtual clinics using video technology allow clinician to patient interaction. Using video in this way increases convenience for the patient, reduces travel costs and minimises the need for patients to take time out of their day to attend hospital. It also reduces congestion on the acute site.

In June 2019, RBFT joined the NHS England and NHS Improvement video consultation pilot, trialling the use of video consultations in outpatient settings, using the Attend Anywhere platform. Attend Anywhere is a secure and simple platform to run virtual clinics. Training was provided for clinical teams in the implementation phase. The virtual clinics were rolled out across specialties in the trust and patients were informed of the new virtual clinics.

Challenges

The implementation of virtual clinics was slow to start, with a 5% use in outpatient attendances in the first six months. This was increased by running workshops, sharing of best practice by colleagues and producing a how to guide to rollout across specialties. Patients were involved in the design of the process and feedback collected to ensure that the service worked for them and as a way of quickly highlighting the benefits of this work. This helped to bring about willingness to transform the way care is delivered as clinicians felt more prepared to run the virtual clinics. These were opportunities for learning and development as we move towards a modern outpatient service as the current system needed changing. 1 2

There was some anxiety and fear from our clinicians about patient confidentiality and safety, but these were addressed through the guidance and resources available 3 4. Information governance was obtained, and this was applied for all specialties, reducing delays to implementation.

Patients were informed of the virtual clinics and consent obtained before a consultation took place. Pre-clinic information and assessments were sent to patients prior to clinic. This includes information on how their virtual clinic will take place and its format. Patients were reassured that they would continue to receive care and face to face appointments were still available if clinically appropriate.

The administrative team play a key role in preparing for our virtual clinics. The team provide system support such as confirming the patient details and setting up the appointment. Some administrative teams are also proactively scanning future clinics to offer patients who live a significant distance from the hospital the option of a virtual appointment. This is recorded on the electronic patient record (EPR) which improves accuracy in coding and activity data. Good Information Technology (IT) support ensuring good network connection, availability of clinical documentation, pathology and radiology results all in one place with a single login was important to ensure clinical buy-in and continued use of virtual clinics. The EPR serves as a database and provides confidence to both patients and clinicians that in doing virtual clinics instead of face to face, patients are not lost in the system.

These systems and process are shared across all specialties. The central core resources and supporting pathways are adapted by specialties according to clinical context. This helps rapid implementation by saving time and avoids re-inventing the wheel. Examples of best practice in clinical areas are shared and celebrated in line with the trust's values.

Impact

The virtual clinics have resulted in an improved patient experience, with increased convenience and reduced need for patients to take time out from their normal routine and the associated cost and time to travel and park at the hospital or any other site. The environmental benefits are also significant. Patient feedback was obtained electronically straight after the virtual clinic. One patient said, "The whole thing was really easy - I like being able to speak directly with my consultant and discuss my condition. It would have been a two-hour round trip to have the same conversation in person. I am reassured I will still be able to see my consultant as this is vital for checking measurements, but the more regular check ins via video are really reassuring."

As we were rolling out the virtual clinics at the start of 2020, we were then faced with the outbreak of the Coronavirus (COVID-19) pandemic. The digital readiness of our outpatient service meant we were very quickly able to provide virtual clinics as face to face clinics were restricted. We accelerated the deployment of equipment and the Attend Anywhere software to ensure patients could still have their reviews virtually in the midst of COVID-19. There was a growth from 5% in January 2020 to 42% of consultations taking place in virtual clinics by April 2020. The use of video clinics goes across all specialties and encompasses a wide range of patients. For example, in Paediatrics and Stroke Medicine, we have seen over 50% of consultations done by video. We are working towards ensuring that we maintain this level of usage. Utilising video now is supporting us to clear the backlog of appointments, aiding us in the recovery phase post COVID-19. Colleagues who are not directly on the frontline are able to run these virtual clinics, supporting those who have been moved from outpatient clinics to acute wards to support colleagues respond to COVID-19.

In addition to clinician-patient virtual clinics, we have implemented clinician-clinician e.g. Consultant-GP; and patient-relative, using Attend Anywhere on tablets for virtual visits in view of the restrictions with COVID-19. We had 80 virtual visits in the first week of implementation in April 2020. In the same month, we had 990 virtual visits. This has had a positive impact and relatives from all over the world can keep in contact with loved ones. One relative said, "It is so lovely to be able to see how my dad is getting on and for the grandchildren to speak with him".

Lessons

Our journey in implementing virtual clinics has been positive. In order to successfully deliver the change from face to face to virtual clinics, engagement with clinicians was key. This allowed the bridging of new technology and traditional clinical ways of working. In addition, the development of central processes and single points of contact with I.T. made the setup of virtual clinics more straightforward for individual specialties which reduced the barriers to adoption.

The COVID-19 crisis has allowed the process and system to be tested. We have gained invaluable insight, learning and feedback that will inform our future delivery of outpatient clinics. There is increased flexibility for clinicians in carrying out virtual clinics according to their workload and the feedback has been very positive across the board. For patients, there is increased convenience in arranging appointments around their work and daily routine. For the trust, the logistical and congestion challenges can be eased with reduced face to face appointments.

Next steps, sustainability and scaling

As we move to the recovery phase post COVID-19, a digital by default process will be adopted across all RBFT hospital sites, where virtual consultations will be the new normal process where appropriate, while face to face appointments still provided when clinically indicated.

To sustain the current use of virtual clinics we have implemented a total outpatient pathway system that is end to end and patient facing (see Appendix). GPs can refer patients who will be discussed and stream by the clinician. The patient will be offered a virtual clinic and will get a text or electronic invitation for this.

A patient portal is now being develop for patients to access their results, complete questionnaires and letters and interact with the clinical team. This will allow us to be on track to achieve the NHS Long Term Plan 5 ambition of reducing face to face appointments by a third over the next five years and our ambition to reduce activity on the main site by 50% as well as improve patient experience and satisfaction.

Find out more

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Resources

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Document	Appendix - Post COVID-19 Outpatient Referral and Service Delivery Process	16 Jun 2020
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