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To:

- NHS Acute:
  - Chairs
  - Chief executives
  - Chief operating officers
- NHS England and NHS Improvement regional directors

17 May 2021

Dear colleagues,

Guidance on delivering a personalised outpatient model

The NHS undertakes 127 million outpatient appointments a year, using both patient and clinical time. As we continue to recover from the pandemic, there is opportunity to accelerate the progress already made towards delivering a more personalised outpatient model. By giving patients more choice around their follow-up appointments, we can increase clinical time for patients at higher clinical risk and use the opportunity to transform the way we provide care[1].

The 2022/23 operational planning guidance asked providers and systems to reduce outpatient follow-ups by a minimum of 25% against 2019/20 activity levels by March 2023 where clinically appropriate and beneficial, and going further where possible.

Achieving sustained outpatient follow-up reductions requires providers to have core operational good practice in place, as a foundation for wider change. This includes:

- Accurate recording and reporting of RTT waiting time information
- Clinically validating and prioritising both admitted and non-admitted pathways, using the Waiting List Minimum Dataset (WLMDS) to record the process.
- Reducing appointment non-attendances as far as possible
- Co-ordinating diagnostic test results to streamline pathways
- Minimising appointment cancellations.

Beyond these operational 'must-dos', systems and providers are asked to continue and accelerate wider outpatient transformation in 2022/23, reflecting the spirit of innovation from the pandemic. Providers, working across systems, will need to consider patient-initiated follow-up (PIFU), more effective discharge processes and specialist advice, where these are clinically appropriate. The use of shared decision making should also inform any decisions made about a patient's follow-up care.

[1] Coronavirus » Delivery plan for tackling the COVID-19 backlog of elective care (england.nhs.uk)

A guidance and handbook have been published alongside this letter to support with the delivery of this ambition. Nationally, working with GIRFT, Royal Colleges and Outpatient Recovery and Transformation colleagues, we will continue to develop guidance and tools based on implementation progress, including ongoing assessment of financial and workforce impacts, and clinical review. This guidance aims to support your conversations locally, although any local decisions will of course rely on your clinical and operational expertise.

Additional hands-on planning and delivery support will be available based on need and may consist of:

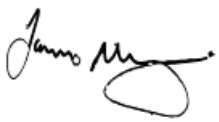
- GIRFT deep dives and access to National Clinical Directors to provide specialty specific advice and support to develop an approach
- Regional reviews and coaching
- On-the-ground analytical, clinical, and operational support
- Shared learning and practice embedded by early adopters of this programme

Providers and systems should identify additional support needs within their plans and raise these requirements directly with NHSE/I regional teams for consideration.

We are grateful for the work already undertaken to prepare for this significant transformation, including the development of local personalised outpatient plans submitted through the 2022/23 planning process.

If you have any queries relating to this programme, please contact your regional team or england.nationalECRTP@nhs.net.

Your sincerely



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