



Overall aim	Primary drivers	Secondary drivers	Change ideas	
Generating greater value for patients from our outpatient services	Right place: Improve outcomes for patients and maximise the value of patients and clinicians' time by ensuring people are cared for in the right place	Referrals: Ensure faster access for those people who will benefit from specialist elective care by optimising referrals	Work with primary care to improve & expand specialist advice and guidance	Develop straight to test pathways in partnership with primary care
			Work as a system to develop Health Hubs , shifting care to pre-referral settings	Review how you compare with peers on evidence-based interventions
			Optimise A&G platforms & user interfaces to improve productivity & quality	Ensure clinicians have sufficient time in job plans to optimise referrals
			Adopt the GIRFT Further Faster specialty level standards	
		Post-treatment care: Transform the way in which people access ongoing specialist care	Expand the use of the patient initiated follow up care model	Develop remote monitoring , particularly for patients on LTC pathways
			Provide patients with personalised videos via NHS App following surgery	Use digitally-enabled Group appointments
			Replace post-surgical follow ups with AI-enhanced patient review	Review & adopt best practice specialty-specific GIRFT Further Faster toolkits
	Right process: Improve care processes and deliver a better experience for patients by removing waste and addressing variation	Clinic throughput: Remove waste and address unwarranted variation in clinics	Review & address unwarranted variation in specialty clinic templates	Review and align job plans to clinic activity
			Review & adopt best practice specialty-specific GIRFT Further Faster toolkits	Improve your administrative process by deploying nationally procured tools
			Increase your use of remote consultations and telehealth	Reduce avoidable clinical administration via ambient dictation & automation
			Set clinically-agreed clinic templates for HVLC pathways across a Network	Collect standardised pre-consultation information from patients using portals
		Wasted appointments: Reduce missed appointments & patient initiated short notice cancellations that result in appointments being unused	Use your patient portal to empower your patients	Review opportunities to increase remote consultation rates
			Understand and address the causes of Hospital-initiated cancellations	Ensure patients on the waiting list are subject to validation every 12 weeks
			Expand the use of the patient initiated follow up care model	Develop remote monitoring , particularly for patients on LTC pathways
			Review how you are applying Referral to Treatment time rules	Use AI to predict and prevent short notice cancellations and missed appts
			Set up a short notice fill list (linked to your patient portal)	Co-ordinate scheduling for patients on multiple concurrent pathways
	Right people: Securing greatest value from our people	Workforce planning and transformation	Job planning: e-job planning, job planning toolkit & demand / capacity planning	Retention: deploy the national retention guide and toolkit
			Workforce transformation: use best practice models like CLEAR & HEE tools	Consider new roles: access workforce transformation case studies
		Workforce deployment	E-rostering and e-job planning: as an enabler for flexible working	Consider the establishment of a Digital staff passport
			Use the nationally developed Agency Rules toolkit	
		Governance & measurement	Deploy the national Safe sustainable and productive staffing guidance	Adopt the national E-rostering & e-job planning Meaningful Use Standards
			Utilise national workforce measurement tools , including model hospital	

Measures

Outcome measures	Time from referral to treatment
	Weighted activity unit per clinical wte