

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 including digital PIFU	Develop (digital) 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 engagement portal / NHS App to empower patients and reduce in hospital assessment activity and time	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 deployment	Job planning: e-job planning, job planning toolkit & demand / capacity planning	
			Retention: deploy the national retention guide and toolkit	
			Consider new roles: access workforce transformation case studies	
			E-rostering and e-job planning: as an enabler for flexible working	
		Workforce Transformation	Workforce transformation: use best practice models like CLEAR & HEE tools	
			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 health	
Digital Enablers		Three digital initiatives will be the focus for enabling improvements: the NHS App, the Federated Data Platform (FDP) and the electronic referral service (e-RS) .		
Outcome measures		Time from referral to treatment		
		Weighted activity unit per clinical wte		