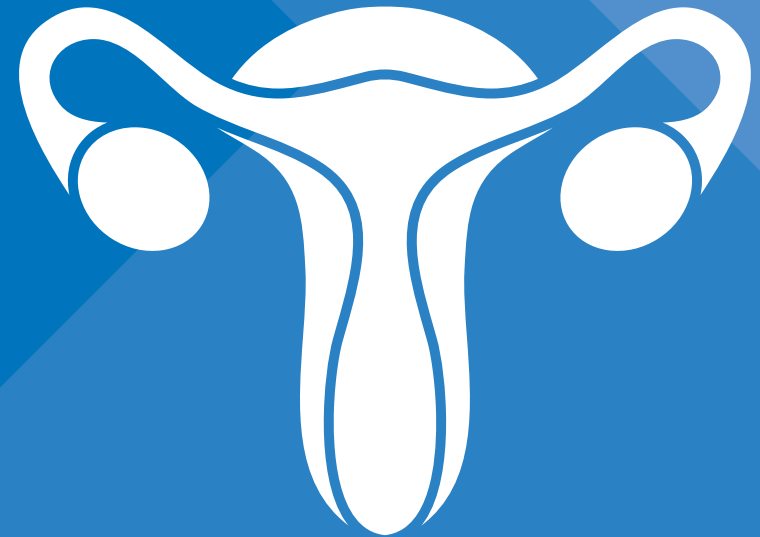




Right person, right place, first time

Transforming elective care services **gynaecology**



Learning from the Elective Care Development Collaborative

NHS England and NHS Improvement



NHS England INFORMATION READER BOX		
Directorate		
Medical	Operations and Information	Specialised Commissioning
Nursing	Trans. & Corp. Ops.	Strategy & Innovation
Finance		
Publications Gateway Reference: 000467		
Document Purpose	Resources	
Document Name	Transforming elective care services: Gynaecology	
Author	Elective Care Transformation Programme	
Publication Date	7th June 2019	
Target Audience	CCG Clinical Leaders, Care Trust CEs, Foundation Trust CEs, Medical Directors, NHS Trust Board Chairs, NHS England Regional Directors, NHS England Directors of Commissioning Operations, Allied Health Professionals, GPs, Emergency Care Leads	
Additional Circulation List	CCG Accountable Officers, CSU Managing Directors, Directors of PH, Directors of Nursing, Communications Leads	
Description		
Cross Reference (if applicable)	N/A	
Superseded Docs	N/A	
Action Required (if applicable)	N/A	
Timing/Deadlines (if applicable)	N/A	
Contact details for further information	Linda Charles-Ozuzu Director - National Elective Care Transformation Programme Email: england.electivecare@nhs.net	
Document Status	This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the intranet.	

Equality and health inequalities

Promoting equality and addressing health inequalities are at the heart of NHS England’s values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

Information Governance Statement

Organisations need to be mindful of the need to comply with the Data Protection Act 2018, the EU General Data Protection Regulation (GDPR), the Common Law Duty of Confidence and Human Rights Act 1998 (particularly Article 8 – right to family life and privacy).

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact 0300 311 22 33 or email: england.contactus@nhs.net stating that this document is owned by Elective Care Transformation Team, Operations and Information, NHS England.

Introduction


The national context and challenges facing elective care services in England

The national gynaecology challenge

The Elective Care Development Collaborative

Overview of ideas described in this handbook

Essential actions for successful transformation

1. Rethinking referrals: 


a. Standardised referral pathways and structured templates

b. Multidisciplinary virtual triage

c. Specialist community clinics

2. Shared decision making and self-management support: 

a. Education and information for patients and GPs

3. Transforming outpatient: 

a. Patient-initiated rapid access and virtual follow-up

Taking transformation forward

Contents

click  to return to this page

Introduction	4
The national context and challenges facing elective care services in England	5
The national gynaecology challenge	6
The Elective Care Development Collaborative	8
Overview of ideas described in this handbook	9
Essential actions for successful transformation	10
1.  Rethinking referrals:	
a. Standardised referral pathways and structured templates	12
b. Multidisciplinary virtual triage	16
c. Specialist community clinics	20
2.  Shared decision making and self-management support:	
a. Education and information for patients and GPs	24
3.  Transforming outpatients:	
a. Patient-initiated rapid access and virtual follow-up	29
Taking transformation forward	33

Introduction

The national context and challenges facing elective care services in England

The national gynaecology challenge

The Elective Care Development Collaborative

Overview of ideas described in this handbook

Essential actions for successful transformation

1. Rethinking referrals:

a. Standardised referral pathways and structured templates

b. Multidisciplinary virtual triage

c. Specialist community clinics

2. Shared decision making and self-management support:

a. Education and information for patients and GPs

3. Transforming outpatient:

a. Patient-initiated rapid access and virtual follow-up

Taking transformation forward

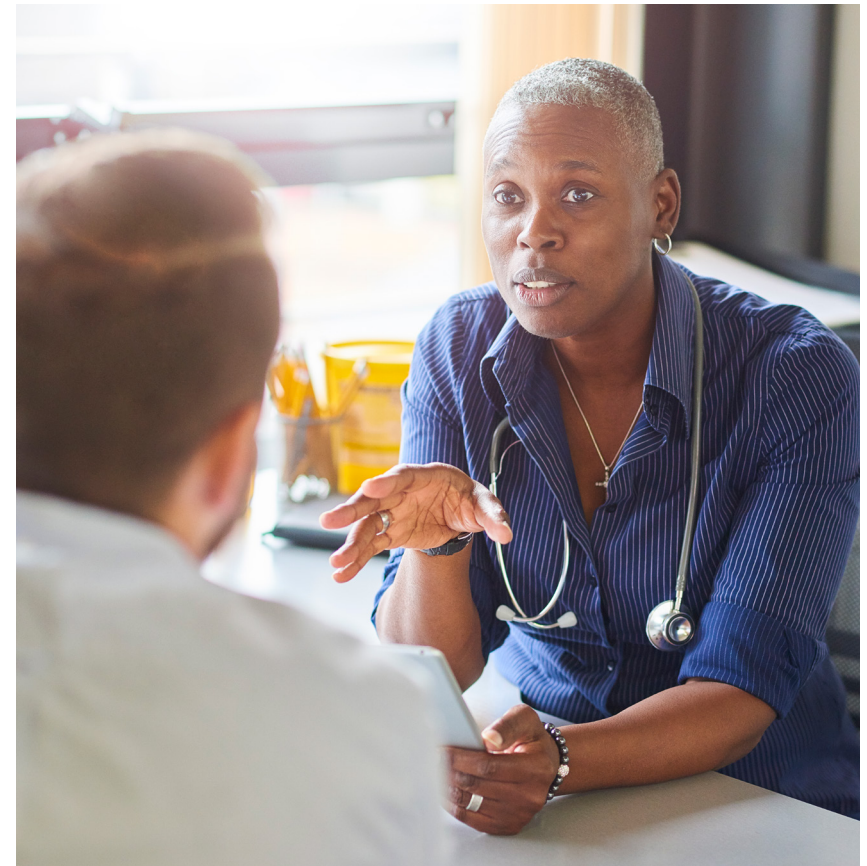
Introduction

This handbook is for commissioners, providers and those leading the local transformation of gynaecology elective care services. It describes what local health and care systems can do to transform gynaecology elective care services at pace, why this is necessary and how the impact of this transformation can be measured. It contains practical guidance for implementing and adopting a range of interventions to ensure patients see the **right person, in the right place, first time**.

The list of interventions is not exhaustive and reflects those tested in the fourth wave of the Elective Care Development Collaborative using the 100 Day Challenge methodology. General surgery, gynaecology and respiratory were the specialties in this wave and this handbook is just one of the resources produced to share learning. Further handbooks, case studies, resources, discussion and methodology can be found on the [Elective Care Community of Practice](#) pages.

Interventions are grouped by theme within this handbook and include 'how-to' guides. The success of interventions designed to transform local elective care services should be measured by changes in local activity following implementation of the intervention and by performance against the Referral to Treatment (RTT) standard. Patient and professional outcome and satisfaction should also be measured ([NHS Improvement, 2018](#)).

You can learn about the interventions tested in previous waves (MSK, gastroenterology, diabetes, dermatology, ophthalmology, cardiology, urology and ENT) and find all the handbooks and case studies on [our webpages](#).



Introduction

The national context and challenges facing elective care services in England

The national gynaecology challenge

The Elective Care Development Collaborative

Overview of ideas described in this handbook

Essential actions for successful transformation

1. Rethinking referrals:

a. Standardised referral pathways and structured templates

b. Multidisciplinary virtual triage

c. Specialist community clinics

2. Shared decision making and self-management support:

a. Education and information for patients and GPs

3. Transforming outpatient:

a. Patient-initiated rapid access and virtual follow-up

Taking transformation forward

The national context and challenges facing elective care services in England

The NHS is experiencing significant pressure and unprecedented levels of demand for elective care.

Around 1.7 million patients are referred for elective consultant led treatment each month. Between 2011/12 and 2016/17, referrals rose annually by an average of 3.7% per year.

Over the 12 months to December 2018, growth in GP referrals decreased by 0.4%. Total referral growth in 2018/19 was 1.6% at December 2018, against planned growth of 2.4%.

This represents a significant achievement in redesigning pathways across primary and secondary care and implementing interventions across the elective pathway, to reduce avoidable demand and ensure that patients are referred to the most appropriate healthcare setting, first time.

At the end of December 2018, 86.6% of patients were waiting less than 18 weeks to start treatment (meaning elective care services, on average, were not meeting the 92% constitutional standard for referral to treatment). Approximately 4.2 million patients were waiting to start treatment and of those, 2,237 patients had been waiting more than 52 weeks.

Timely access to high-quality elective care is a key priority under the NHS Constitution.

The [NHS Long Term Plan](#) sets out the ambition to provide alternative models of care to avoid up to a third of face-to-face outpatient appointments. In 2017/18 there were 119.4 million outpatient appointments, almost double the number in 2007/08. The rate of patient attendance at these appointments decreased from 81.6% in 2007/08 to 78.4% in 2017/18. There has been an increase in occasions where the patient 'Did Not Attend' (DNA), but a more marked increase in hospital and patient cancellations.

This makes the redesign of elective care services a must-do for every local system, to achieve better demand management that improves patient care (clinically and from a quality of experience perspective) while also improving efficiency. It is essential to understand the drivers of demand and what can be done to improve upstream prevention of avoidable illness and its exacerbations, including more accurate assessment of health inequalities and unmet need. This includes addressing the needs of local populations and targeting interventions for those people most vulnerable and at risk ([NHS Long Term Plan, 2019](#)). Technology offers digitally-enabled possibilities in primary and outpatient care to support this transformation.

The Friends and Family Test (FFT) results for March 2019 showed that overall satisfaction with outpatient services remained high, with 94% of 1,391,002 respondents saying that they would recommend the service to a friend or family member; 3% saying they would not recommend the service, and the remaining 3% saying either 'neither' or 'don't know'. It is important to take steps to ensure that patient satisfaction remains high.

Introduction

The national context and challenges facing elective care services in England

The national gynaecology challenge

The Elective Care Development Collaborative

Overview of ideas described in this handbook

Essential actions for successful transformation

1. Rethinking referrals:

a. Standardised referral pathways and structured templates

b. Multidisciplinary virtual triage

c. Specialist community clinics

2. Shared decision making and self-management support:

a. Education and information for patients and GPs

3. Transforming outpatient:

a. Patient-initiated rapid access and virtual follow-up

Taking transformation forward

The national gynaecology challenge

There are a high number of referrals for gynaecology, with 3,690,908 outpatient attendances in 2017/18, comprising almost 4% of all outpatient attendances. Benign gynaecology conditions, including heavy menstrual bleeding and urinary incontinence, account for large numbers of referrals to specialist gynaecology services. Hysterectomy is most often performed for benign reasons.

When considering the transformation of gynaecology services, it is important to take into account the links and interdependencies with obstetrics and urogynaecology. There is pressure across women's services in terms of both the volume of demand and the intensity and types of care required.

Some current challenges and opportunities in gynaecology include:

Improving referral processes and removing unwarranted variation: There is geographical and socio-economic variation in service provision and access to specialist gynaecological services ([The Royal College of Obstetricians and Gynaecologists, 2016](#)).

Pathways should be patient-centred and encourage the initial assessment and management of benign gynaecological problems and issues of sexual and reproductive health in the community or primary care ([The Royal College of Obstetricians and Gynaecologists, 2013](#)).

Pathways and protocols should be updated regularly and communicated effectively to local primary care clinicians, ensuring high levels of awareness. Opportunities for GPs with an extended role (GPwER) could be considered locally ([The Royal College of Obstetricians and Gynaecologists, 2017](#)).

Sustainable workforce: Gaps in middle grade rotas are reported by approximately 90% of units ([The Royal College of Obstetricians and Gynaecologists, 2017](#)) due to high rates of less than full-time working and maternity leave and the reduced ability to recruit alternative non-training middle grade staff. This may compromise safe service provision but there is no single solution for all units ([The Royal College of Obstetricians and Gynaecologists, 2016](#)).

Changing practice in gynaecology demonstrates the need for different ways of working to ensure appropriate use of skills and competencies. Opportunities exist to increase multidisciplinary working and develop and utilise skills across the work force.

The development of nurse specialists in specific roles (such as colposcopy and outpatient hysterectomy) and physician associates should be explored, along with the possibilities for diagnostics and imaging.

Considered job planning is necessary, taking into account the interdependencies with obstetrics and emergency care.

Introduction

The national context and challenges facing elective care services in England

The national gynaecology challenge

The Elective Care Development Collaborative

Overview of ideas described in this handbook

Essential actions for successful transformation

1. Rethinking referrals:

a. Standardised referral pathways and structured templates

b. Multidisciplinary virtual triage

c. Specialist community clinics

2. Shared decision making and self-management support:

a. Education and information for patients and GPs

3. Transforming outpatient:

a. Patient-initiated rapid access and virtual follow-up

Taking transformation forward

The national gynaecology challenge

Addressing lack of capacity in secondary care and improving processes in outpatients: There is evidence of variation in the length of stay for procedures often considered day cases, such as endometrial ablation ([The Royal College of Obstetricians and Gynaecologists, 2016](#)).

Supporting patients to better manage their condition in the community: Providing information for patients in a suitable format about local treatment choices and pathways enables women to make informed decisions. This is especially important for common conditions such as heavy menstrual bleeding ([The Royal College of Obstetricians and Gynaecologists, July 2014](#)). Use of technology can provide easily accessible solutions.

Improving data collection and sharing: Data collection is not

standardised ([NHS England, 2016](#)). Improved information sharing across different health providers allows for appropriate risk assessment and subsequent care planning ([The Royal College of Obstetricians and Gynaecologists, 2011](#)).

Supporting patients with comorbidities: Women's health services are currently fragmented. Optimising links and cross-specialty working with specialties such as mental health, child health, neonatal care, anaesthesia and emergency medicine is essential to providing holistic, person-centred care ([The Royal College of Obstetricians and Gynaecologists, 2011](#)).

Not all of these challenges and opportunities could be tackled by the teams during their 100 Day Challenge. However, input from key stakeholders helped to develop the challenge framework for Wave 4 and the ideas that were tested.



Introduction

The national context and challenges facing elective care services in England

The national gynaecology challenge

The Elective Care Development Collaborative

Overview of ideas described in this handbook

Essential actions for successful transformation

1. Rethinking referrals:

a. Standardised referral pathways and structured templates

b. Multidisciplinary virtual triage

c. Specialist community clinics

2. Shared decision making and self-management support:

a. Education and information for patients and GPs

3. Transforming outpatient:

a. Patient-initiated rapid access and virtual follow-up

Taking transformation forward

The Elective Care Development Collaborative

NHS England's Elective Care Transformation Programme supports local health and care systems to work together to:

- Better manage rising demand for elective care services.
- Improve patient experience and access to care.
- Provide more integrated, person-centred care.

As part of this programme, the Elective Care Development Collaborative has been established to support rapid change led by frontline teams. In Wave 4 of the Elective Care Development Collaborative, local health and care systems in Preston, Chorley and South Ribble, Chelsea and Westminster, Lincolnshire, and Hertfordshire and West Essex formed teams to develop, test and spread innovation in delivering elective care services in just 100 days (the 100 Day Challenge). You can find more about the methodology used [here](#).

The teams used an intervention framework to structure their ideas around three strategic themes:

Rethinking referrals

Rethinking referral processes to ensure they are as efficient and effective as possible means that from the first time a patient presents in primary care, patients should always receive the assessment, treatment and care they need from the right person, in the right place, first time.

Shared decision making

An all age, whole population approach to personalised care means that:

- People are supported to stay well and are enabled to make informed decisions and choices when their health changes.
- People with long term physical and mental health conditions are supported to build knowledge, skills and confidence and to live well with their health conditions.
- People with complex needs are empowered to manage their own condition and the services they use.

This should be considered at every stage of the patient pathway and can be achieved through shared decision making, digital health tools, personalised care and support planning, social prescribing, patient choice, patient activation and personal health budgets.

Transforming outpatients

Transforming outpatients means considering how patient pathways and clinic arrangements (including processes) ensure that patients always receive assessment, treatment and care from the right person, in the right place, first time. This may not be in secondary care. Virtual clinics, technological solutions and treatment closer to home are all possibilities.

Introduction

The national context and challenges facing elective care services in England

The national gynaecology challenge

The Elective Care Development Collaborative

Overview of ideas described in this handbook

Essential actions for successful transformation

1. Rethinking referrals:

a. Standardised referral pathways and structured templates

b. Multidisciplinary virtual triage

c. Specialist community clinics

2. Shared decision making and self-management support:






a. Education and information for patients and GPs

3. Transforming outpatient:

a. Patient-initiated rapid access and virtual follow-up

Taking transformation forward

Overview of ideas described in this handbook

Theme	The opportunity
 Standardised referral pathways and structured templates	If a standardised referral pathway and template are in place, referrers should have access to relevant guidance and information when making or receiving referrals. Referral quality should be more consistent and the number of unnecessary referrals should reduce. This should mean patients are seen as soon as possible by the right clinician.
 Multidisciplinary virtual triage	If all new referrals are reviewed by a suitably qualified clinician as part of virtual triage or a referral assessment service, the referral can be directed to the most appropriate place for further assessment, diagnostics and/or treatment. This should mean patients are given the right information and where necessary are seen in the right place, first time. If the triage is performed by a multidisciplinary team, challenges can be identified and discussed early on.
 Specialist community clinics	If patients have access to specialist services in the community, this increases access and reduces travel for patients. If patients can be referred directly to specialist services such as physiotherapy, this increases opportunities for multidisciplinary working and can reduce unnecessary appointments in secondary care.
 Education and information for patients and GPs	<p>If patients have access to better quality information about their condition they can consider their options and make more informed choices. This should increase patient activation and satisfaction and mean that practitioners can work with patients to achieve the preferred outcome.</p> <p>If learning and knowledge about the appropriate diagnostics, management, and treatment of gynaecology conditions are shared across primary and secondary care, primary care practitioners have the opportunity to build their knowledge, confidence and expertise. This should help to reduce the number of referrals into secondary care and improve the quality of referrals made, meaning patients receive effective treatment and advice as early as possible.</p>
 Alternative consultation methods	If alternatives to consultant led care (such as nurse led clinics or telephone follow-up) are available, this increases clinic capacity and should release consultant time for those with more complex clinical needs. This improves access to care and is often more convenient for patients. It may also reduce the number of outpatient appointments and reduce non-attendance (DNA) rates.

Introduction

The national context and challenges facing elective care services in England

The national gynaecology challenge

The Elective Care Development Collaborative

Overview of ideas described in this handbook

Essential actions for successful transformation

1. Rethinking referrals:

a. Standardised referral pathways and structured templates

b. Multidisciplinary virtual triage

c. Specialist community clinics

2. Shared decision making and self-management support:

a. Education and information for patients and GPs

3. Transforming outpatient:

a. Patient-initiated rapid access and virtual follow-up

Taking transformation forward

Essential actions for successful transformation

The actions below are essential for creating the culture of change necessary to transform elective care services and are relevant to the interventions described in this handbook.

Establish a whole system team

Consider who needs to be involved to give you the widest possible range of perspectives and engage the right stakeholders from across the system as early as possible. It is essential to include patients and the public in your work. Find top tips for engaging patients and the public on the [Elective Care Community of Practice](#).

Secure support from executive level leaders

Ensure frontline staff have permission to innovate, help unblock problems and feed learning and insight back into

the system. Involving senior clinicians as early as possible is crucial to reaching agreement and implementing changes effectively across organisational boundaries.

The 100 Day Challenge methodology facilitates cross-system working. Working across multiple organisations in this way is essential to establishing effective Integrated Care Systems, which need to be created everywhere by April 2021 ([NHS Long Term Plan, 2019](#)).

Useful resources:

[Leading Large Scale Change \(NHS England, 2018\)](#)

[Useful publications and resources on quality improvement \(The Health Foundation, 2018\)](#)

[100 Day Challenge methodology \(Nesta, 2017\)](#)

[Principles for putting evidence-based guidance into practice \(National Institute of Health and Care Excellence \(NICE\), 2018\)](#)

[Facing the Facts, Shaping the Future \(Health Education England, 2018\)](#)

[Useful publications and resources on population health: Public Health England website](#)

[Guidance for NHS commissioners on equality and health inequalities legal duties \(NHS England, 2015\)](#)

[Equality and health inequality NHS RightCare Packs \(NHS England, 2017\)](#)

People to involve from the start:



- People with lived experience of using the service
- Patient organisations and representatives (including the voluntary sector)
- GPs and primary care clinical and nursing staff
- General surgeons
- Service managers
- Nurse specialists
- Smoking cessation teams
- Business information analysts
- Administrative team support
- Physiotherapists
- Commissioners
- Local care home representatives
- Appointment booking staff.

Throughout the handbook you will find useful tips on who else to involve for specific interventions. It is important to consider how you are addressing the needs of your local population and how interventions can benefit: people living in the most deprived areas; inclusion health groups (including homeless people and rough sleepers); Gypsy, Roma, Traveller groups; vulnerable migrants and sex workers; and people with characteristics protected under the Equality Act 2010.

Introduction

The national context and challenges facing elective care services in England

The national gynaecology challenge

The Elective Care Development Collaborative

Overview of ideas described in this handbook

Essential actions for successful transformation

1. Rethinking referrals:

a. Standardised referral pathways and structured templates

b. Multidisciplinary virtual triage

c. Specialist community clinics

2. Shared decision making and self-management support:

a. Education and information for patients and GPs

3. Transforming outpatient:

a. Patient-initiated rapid access and virtual follow-up

Taking transformation forward

Essential actions for successful transformation

Ensure the success of your transformation activity can be demonstrated

SMART (specific, measurable, attainable, realistic, time related) goals and clear metrics that are linked to the intended benefits of your interventions need to be defined right at the start of your transformation work.

Key questions include:

- What are you aiming to change?
- How will you know you have achieved success?

You may wish to use a structured approach such as logic modelling. Consider how you are going to include both qualitative and quantitative data in your evaluation.

Questionnaires can be extremely useful to obtain patient and staff feedback. Resources and top tips from the Patient Experience Network can be found on the Elective Care Community of Practice.



Useful resources for evaluation:

[Patterns of Benign Gynaecology Care in English NHS Hospital Trusts \(The Royal College of Obstetricians and Gynaecologists, 2016\)](#)

[How to understand and measure impact \(NHS England, 2015\)](#)

[Making data count \(NHS Improvement, 2018\)](#)

[Seven steps to measurement for improvement \(NHS Improvement, 2018\)](#)

[Patient experience improvement framework \(NHS Improvement, 2018\)](#)

Indicators and metrics that may be useful for specific interventions are included in the relevant sections throughout the handbook.



Some suggested indicators that are relevant to most interventions in this handbook are described below:

Benefits	Suggested indicators
Improved patient and staff experience	<ul style="list-style-type: none"> • Friends and Family Test (FFT) score • Patient reported experience measures (PREMs) scores (where available) • Qualitative data focused on your overall aims (through surveys, interviews and focus groups) • Number of complaints
Improved efficiency	<ul style="list-style-type: none"> • Referral to treatment time • Waiting time for follow-up appointments • Overall number of referrals and origin • Rate of referrals made to the right place, first time
Improved clinical quality	<ul style="list-style-type: none"> • Patient Reported Outcome Measures (PROMs) scores (where available) • Feedback from receiving clinicians • Commissioning for Quality and Innovation (CQUIN) indicators • Quality and Outcomes Framework (QoF) indicators
Improved patient safety	<ul style="list-style-type: none"> • Ease and equity of access to care • Rate of serious incidents.

Introduction

The national context and challenges facing elective care services in England

The national gynaecology challenge

The Elective Care Development Collaborative

Overview of ideas described in this handbook

Essential actions for successful transformation

1. Rethinking referrals:

a. Standardised referral pathways and structured templates

b. Multidisciplinary virtual triage

c. Specialist community clinics

2. Shared decision making and self-management support:

a. Education and information for patients and GPs

3. Transforming outpatient:

a. Patient-initiated rapid access and virtual follow-up

Taking transformation forward

1. Rethinking referrals

a. Standardised referral pathways and structured templates



What is the idea?

Standardised referral pathways are locally produced documents that reflect best practice and how and where patients should be referred for specific gynaecological conditions.

Structured templates that are available on primary care IT systems and include explicit referral criteria and guidance can support the use of standard referral pathways. They prompt appropriate onward referral and ensure that referrers understand both where to direct patients and what information needs to accompany them. The [NHS e-Referral Service](#) (e-RS) should be used wherever possible.

Why implement the idea?

Patients often present with gynaecological problems or issues of sexual and reproductive health that could be managed in primary care or the community. There is geographic and socio-economic variation in access to specialist gynaecology services and it may take several appointments for patients to see the most appropriate specialist when necessary. This contributes to increased demand for services and long waiting times for routine appointments.

Reviewing existing pathways to ensure they reflect best practice and increasing awareness and use of these pathways can **reduce unwarranted variation** in the way decisions and referrals are made and ensure that patients see the right person, in the right place, first time.

Structured referral templates that include referral criteria and guidance can **reduce the number of inappropriate referrals to specialist services and improve the quality of referral information** that accompanies the patient, avoiding unnecessary delay.

This helps to ensure that **patients** who need to be assessed and treated by specialists receive appropriate care as quickly as possible.

Primary care clinicians have easy access to the information they need when making or receiving referrals. This means they have increased understanding of which cases to refer and the correct information to include in these referrals.

Secondary care clinicians receive the necessary clinical and administrative referral details straight away and are more likely to accept referrals first time. This may lead to an increased conversion to treatment rate for referrals and a decrease in the clinical time spent on triage, along with associated costs.

Introduction

The national context and challenges facing elective care services in England

The national gynaecology challenge

The Elective Care Development Collaborative

Overview of ideas described in this handbook

Essential actions for successful transformation

1. Rethinking referrals:

a. Standardised referral pathways and structured templates

b. Multidisciplinary virtual triage

c. Specialist community clinics

2. Shared decision making and self-management support:

a. Education and information for patients and GPs

3. Transforming outpatient:

a. Patient-initiated rapid access and virtual follow-up

Taking transformation forward

1. Rethinking referrals

a. Standardised referral pathways and structured templates



How to achieve success

The sections below include learning from sites in Wave 4 of the Elective Care Development Collaborative:

Work with stakeholders from across the local system to develop and standardise the pathways

- **Review existing local gynaecology pathways and referral forms.** Map the patient journey and seek input from stakeholders to understand what is working well and what needs to change.

Ensure you have considered the perspective of everyone who will be involved in making and receiving referrals. Patient insight is key to effective pathway redesign.



- **Review pathways and templates from elsewhere.** Understand what could work well locally and develop a version relevant to your local context.
- **Develop a smart template on the primary care patient record system that includes explicit referral criteria for specific clinics.** This should prompt the referrer to access relevant guidance when making a referral, optimising opportunities for learning. However, keep the referral template and questions as simple and relevant as possible.

We know it works

As part of the 100 Day Challenge, the team in Lincolnshire revised, standardised and promoted 15 improved clinical pathways for gynaecology and infertility, along with two standard referral forms and local guidance for GPs to optimise referrals. All referrals were made via e-RS. They worked with seven GP practices and 114 referrals were made during the period of rapid testing compared to 220 during the same period the previous year. The team observed that:

- The proportion of patients referred to secondary care reduced from the baseline of 95% (209 of 220) to 66% (75 of 114).
- During the same period, referrals to the GP with Special Interest (GPwSI) clinic in primary care rose from 5% (11 of 220) to 26% (30 of 114).

Anecdotal feedback indicated that one of the reasons for the decrease in referrals was the guidance for referrers included in the standard referral templates.

The team also established an MDT virtual triage service (details are in the section starting on page 16). You can find further information and case studies on the [Elective Care Community of Practice](#).

Introduction

The national context and challenges facing elective care services in England

The national gynaecology challenge

The Elective Care Development Collaborative

Overview of ideas described in this handbook

Essential actions for successful transformation

1. Rethinking referrals:

a. Standardised referral pathways and structured templates

b. Multidisciplinary virtual triage

c. Specialist community clinics

2. Shared decision making and self-management support:

a. Education and information for patients and GPs

3. Transforming outpatient:

a. Patient-initiated rapid access and virtual follow-up

Taking transformation forward

1. Rethinking referrals

a. Standardised referral pathways and structured templates



Work with stakeholders from across the local system to develop and standardise the pathways

- **Ensure that referral forms integrate with local Advice and Guidance systems and patient management systems.** Use e-RS wherever possible. Seek IT expertise from the start to ensure that forms can be uploaded, and adjustments to improve usability can be made, such as automatic pop-ups and pre-population of patient details.
- **Agree key outcome measures and establish a baseline to measure your progress.** Seek input from key stakeholders to develop the metrics to demonstrate the impact of your intervention.
- **Consider how to ensure information and self-management support to improve future prevention of avoidable illness and its exacerbations is included as part of the service.** *not bold* It is useful for specialists to advise on how patients can be supported to self-manage in future and in particular to help identify and offer targeted support for any at risk or vulnerable patients.

Ensure you consider equality and health inequality, along with your legal duties to make reasonable adjustments for people with disabilities.



Metrics to consider for measuring success:



In addition to the suggested overall impact metrics on page 11, you may wish to consider the following metrics for this intervention:

- Awareness and uptake (e.g. percentage of referrers using the referral form).
- Effectiveness (e.g. time spent completing the referral by the referrer, feedback on ease of use).
- Quality of referrals made (e.g. time spent reviewing each referral once received, feedback from receiving clinicians on the quality of referrals and accompanying information, number of referrals returned to referrer, conversion rate from referral to surgery).



Introduction

The national context and challenges facing elective care services in England

The national gynaecology challenge

The Elective Care Development Collaborative

Overview of ideas described in this handbook

Essential actions for successful transformation

1. Rethinking referrals:

a. Standardised referral pathways and structured templates

b. Multidisciplinary virtual triage

c. Specialist community clinics

2. Shared decision making and self-management support:

a. Education and information for patients and GPs

3. Transforming outpatient:

a. Patient-initiated rapid access and virtual follow-up

Taking transformation forward

1. Rethinking referrals

a. Standardised referral pathways and structured templates



- **Consider the structure of the referral form and how to include minimum requirements for referrals.** The referral form can be structured to lead the referrer through a series of questions and indicators, such as tests that have already been completed and their dates. This helps to reduce duplication, provide useful information and expedite the patient's journey.

Implement the pathways and templates

- **Develop, test and refine on a small scale to demonstrate early impact.** This makes attempting to scale across multiple clinical commissioning group (CCG) or sustainability and transformation partnership (STP) areas much easier.
- **Ensure that the success of the form is measured.** In the early stages of implementation, feedback is key to future refinement. Use the information captured through the key metrics.

Provide useful and accessible information for patients about the pathways and choices available

- **Consider the needs of patients using your service and provide information that will help them to share decisions about their treatment.** It may be useful to refer to NHS England's guidance on shared decision making.

We know it works

The Royal Cornwall Hospitals NHS Trust developed a referral pathway for urinary incontinence. This improved patient satisfaction, saved costs and avoided unnecessary medical or surgical interventions. 10-14 referrals to secondary care were avoided per month saving £4,810–£6,734 per month (£481 per patient). An audit following introduction of the pathway showed 99% compliance with NICE's guidance on urinary incontinence ([Royal Cornwall Hospitals, 2016](#)).

You can find further information and case studies on the [Elective Care Community of Practice](#).

The following standards, guidance and resources may be useful:

[Gynaecological conditions: general and other \(NICE, 2018\)](#)

[Heavy Menstrual Bleeding: assessment and management \[NG88\] \(NICE, 2018\)](#)

[National Heavy Menstrual Bleeding Audit Final Report \(Royal College of Obstetricians and Gynaecologists, 2014\)](#)

[The Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists: Standards and guidance resource centre](#)

Introduction

The national context and challenges facing elective care services in England

The national gynaecology challenge

The Elective Care Development Collaborative

Overview of ideas described in this handbook

Essential actions for successful transformation

1. Rethinking referrals:

a. Standardised referral pathways and structured templates

b. Multidisciplinary virtual triage

c. Specialist community clinics

2. Shared decision making and self-management support:

a. Education and information for patients and GPs

3. Transforming outpatient:

a. Patient-initiated rapid access and virtual follow-up

Taking transformation forward

1. Rethinking referrals

b. Multidisciplinary virtual triage



What is the idea?

Virtual triage or a referral assessment service is when all new referrals are reviewed by a suitably qualified clinician without the patient being present; sometimes before the outpatient appointment is booked. A suitably qualified clinician (e.g. consultant, advanced nurse practitioner or clinical nurse specialist) reviews the new referral and then directs the patient for further assessment, diagnostics and/or treatment. The referral may also be returned to the referrer with support such as Advice and Guidance.



Why implement the idea?

The aim of a triage and referral assessment service is to avoid inappropriate referrals, improve the quality of referrals and ensure that people see the right person, in the right care setting, first time.

This means that services are optimised and patients do not undergo unnecessary investigations. Urgent appointments are reserved for those patients who really require them. Patient satisfaction is likely to increase, as unnecessary appointments can be avoided. There should be a reduction in waiting times for referrals to secondary care.

Multidisciplinary triage of gynaecology referrals, for example by GPs and consultants, enables clinicians to identify and talk through shared challenges and issues in relation to the cohort of patients.

The following standards and guidance may be useful:

[Demand Management Good Practice Guide \(NHS England, 2016\)](#)

[Improving productivity in elective care \(Monitor, 2015\)](#)

[Outpatient clinics: A guide to good practice \(Royal College of Surgeons of England, 2017\)](#)

[Outpatients: The future \(Royal College of Physicians, 2018\)](#)

Introduction

The national context and challenges facing elective care services in England

The national gynaecology challenge

The Elective Care Development Collaborative

Overview of ideas described in this handbook

Essential actions for successful transformation

1. Rethinking referrals:

a. Standardised referral pathways and structured templates

b. Multidisciplinary virtual triage

c. Specialist community clinics

2. Shared decision making and self-management support:

a. Education and information for patients and GPs

3. Transforming outpatient:

a. Patient-initiated rapid access and virtual follow-up

Taking transformation forward

1. Rethinking referrals

b. Multidisciplinary virtual triage



How to achieve success

The sections below include learning from sites in Wave 4 of the Elective Care Development Collaborative:

Ensure that pathways and criteria are efficient, clear and understood

- **Engage and communicate regularly with key stakeholders right from the start and throughout the implementation process.** Co-develop and test your plans with gynaecology specialists who will help to secure the 'buy-in' of other clinicians. Engage with clinicians early on and allow time for discussion and constructive challenge.

Ensure the multidisciplinary team (MDT) includes staff from primary care, consultants and clinical nurse specialists.



- **Review current pathways.** Work with clinicians to identify and develop a shared understanding of clinical criteria for the points of triage along the pathway.
- **Agree processes and protocols for inviting patients to subsequent outpatient appointments.** It is important to explain to patients that this will allow them to easily access the most appropriate clinician as quickly and conveniently as possible. After triage, the patient should be contacted to explain the next steps. This may be booking their first outpatient appointment or providing materials to support the management of their condition in the community.



Introduction

The national context and challenges facing elective care services in England

The national gynaecology challenge

The Elective Care Development Collaborative

Overview of ideas described in this handbook

Essential actions for successful transformation

1. Rethinking referrals:

a. Standardised referral pathways and structured templates

b. Multidisciplinary virtual triage

c. Specialist community clinics

2. Shared decision making and self-management support:

a. Education and information for patients and GPs

3. Transforming outpatient:

a. Patient-initiated rapid access and virtual follow-up

Taking transformation forward

1. Rethinking referrals

b. Multidisciplinary virtual triage



Develop and implement triage processes

- Ensure appropriate facilities for undertaking triage. Triage should be fully integrated with e-RS wherever possible to enable feedback to referrers and ensure that the patient record is up to date.
- Establish demand and ensure there is workforce capacity to undertake triage. This should include not only clinical capacity but also administrative support.
- Identify patient cohorts and review existing clinic lists to select patients appropriate for phone follow-up. It may be useful to focus on several specific groups (e.g. patients with heavy menstrual bleeding).

Ensure that there is a suitable room available for face-to-face triage meetings or a quiet room with computer and telephone facilities to join virtual meetings.



We know it works

As part of the 100 Day Challenge, West Lincolnshire developed a virtual MDT triage clinic with the aim of reducing unnecessary or inappropriate referrals to secondary care. The triage team included two consultants and one General Practitioner with Special Interest (GPwSI) and they were supported by the local patient referral team. All referrals came electronically via e-RS. A WhatsApp group was created to connect MDT members and to share learning. 114 referrals were triaged in the virtual MDT:

- Triage took an average of six minutes per referral.
- Six patients (5%) could be managed in primary care, so the referrals were sent back to the GP with Advice and Guidance on management.
- 30 (26%) were directed to the GPwSI.
- 75 (66%) were referred on to secondary care. Of these, two patients were redirected to the Two Week Wait pathway as a result of the MDT triage session.
- Three of the referrals were incomplete and needed to be returned.
- The 114 referrals would all previously have reached secondary care. The clinic achieved a reduction in referrals to secondary care of over 30% by ensuring patients accessed the most appropriate care for their needs.

The team also established standardised referral pathways and templates (details are in the section starting on [page 12](#)). You can find further information and case studies on the [Elective Care Community of Practice](#).

Introduction

The national context and challenges facing elective care services in England

The national gynaecology challenge

The Elective Care Development Collaborative

Overview of ideas described in this handbook

Essential actions for successful transformation

1. Rethinking referrals:

a. Standardised referral pathways and structured templates

b. Multidisciplinary virtual triage

c. Specialist community clinics

2. Shared decision making and self-management support:

a. Education and information for patients and GPs

3. Transforming outpatient:

a. Patient-initiated rapid access and virtual follow-up

Taking transformation forward

1. Rethinking referrals

b. Multidisciplinary virtual triage



Evaluate the impact of triage

- **Establish a baseline and monitor key metrics.** Track the number of appointments and those who are directed to more appropriate services.
- **Capture patients' and clinicians' feedback.** You may wish to consider digital surveys and think about whether it will be most useful to capture feedback immediately following the appointment (for example, as the patients are leaving) or whether it is best to contact the patient subsequently to request their feedback.

Metrics to consider for measuring success:

In addition to the suggested overall impact metrics on page 11, you may wish to consider the following metrics for this intervention:



- Number of referrals triaged
- Length of time to triage each referral
- Outcome of triage (including destination of any referrals redirected)
- Feedback on quality of referrals received.

We know it works

In Chelsea and Westminster, 19 new referral guidelines had been agreed locally. A baselining exercise found that approximately 80% of referrals received did not meet the guidelines. As part of the 100 Day Challenge, the team implemented standard referral forms, a communications package and triage of new referrals by a nurse specialist, to accelerate compliance.

More than 1300 referrals were triaged using the new guidelines. Where relevant, the triaging tool enabled the specialist nurse to select the reason for non-compliance. This then generated a letter to the referring GP explaining the issue and signposting to further information.

Triage took an average of five minutes per referral.

By the end of the 100 Day Challenge, only 30% of referrals received did not meet the guidelines, indicating a substantial increase in local awareness of the new guidelines.

You can find further information and case studies on the [Elective Care Community of Practice](#).

Introduction

The national context and challenges facing elective care services in England

The national gynaecology challenge

The Elective Care Development Collaborative

Overview of ideas described in this handbook

Essential actions for successful transformation

1. Rethinking referrals:

a. Standardised referral pathways and structured templates

b. Multidisciplinary virtual triage

c. Specialist community clinics

2. Shared decision making and self-management support:

a. Education and information for patients and GPs

3. Transforming outpatient:

a. Patient-initiated rapid access and virtual follow-up

Taking transformation forward

1. Rethinking referrals

c. Specialist community clinics



What is the idea?

Specialist clinics in the community can deliver diagnostics, treatment and care that would traditionally take place in secondary care. Clinics may focus on specific conditions (such as heavy menstrual bleeding) or procedures (such as physiotherapy) but can also be based around specific localities or neighbourhoods and designed around the needs of the local population.

Why implement the idea?

If patients can access appropriate specialist care in the community (for example, in their GP surgery) this improves access to specialist services and reduces travel for patients. Attendance rates should improve, along with compliance with treatment regimes. This means recovery from any necessary treatment should be quicker and patient satisfaction should increase.

An overall reduction in the number of appointments helps to increase clinic capacity and should lead to a reduction in waiting times for urgent and routine appointments. This ensures better use of hospital resources and clinical time, as patients with less complex issues can be seen in the community and patients with greater need can be seen by specialists in secondary care.

Specialist clinics also provide an opportunity to provide self-management and patient education, which may help patients to make informed choices about whether to opt for surgery.



Introduction

The national context and challenges facing elective care services in England

The national gynaecology challenge

The Elective Care Development Collaborative

Overview of ideas described in this handbook

Essential actions for successful transformation

1. Rethinking referrals:

a. Standardised referral pathways and structured templates

b. Multidisciplinary virtual triage

c. Specialist community clinics

2. Shared decision making and self-management support:

a. Education and information for patients and GPs

3. Transforming outpatient:

a. Patient-initiated rapid access and virtual follow-up

Taking transformation forward

1. Rethinking referrals

c. Specialist community clinics



How to achieve success

The sections below include learning from sites in Wave 4 of the Elective Care Development Collaborative:

Design the focus, format and approach for your clinic

- Map existing pathways and community services. Review best practice examples from elsewhere to establish what might work well in your locality.
- Agree the target cohort for the specialist clinic. Identify the focus and scope for the clinic based on local need. Develop your proposal, involving key stakeholders and consider inclusion and exclusion criteria.
- Integrate the clinic into existing pathways and community services. Look for opportunities to streamline referral processes, such as direct referral to specialists such as physiotherapists. Consider whether patients will be seen only once in clinic and where the clinic sits within the existing pathways.
- Identify who will deliver the clinic. Depending on the scope of the clinic, it may be delivered by a nurse specialist, a GP with specific skills or a physiotherapist. Define the model of delivery and the expected outcome of appointments.

We know it works

As part of the 100 Day Challenge, Preston, Chorley and South Ribble worked on improving the care provided to women with incontinence and avoiding unnecessary hospital referrals. Over the course of the 100 days:

- A new referral pathway was embedded in 63 GP practices across two CCG areas
- Two GP training sessions were provided
- GPs were enabled to refer to community services including physiotherapy using the Referral Management Centre
- The Directory of Services was updated
- GPs' feedback on the pathway was positive.

You can find further information and case studies on the [Elective Care Community of Practice](#).

Introduction

The national context and challenges facing elective care services in England

The national gynaecology challenge

The Elective Care Development Collaborative

Overview of ideas described in this handbook

Essential actions for successful transformation

1. Rethinking referrals: 


a. Standardised referral pathways and structured templates

b. Multidisciplinary virtual triage

c. Specialist community clinics

2. Shared decision making and self-management support: 

a. Education and information for patients and GPs

3. Transforming outpatient: 

a. Patient-initiated rapid access and virtual follow-up

Taking transformation forward

1. Rethinking referrals

c. Specialist community clinics



- **Find a suitable location for the clinic. It is important to consider where best to hold the clinic to optimise attendance.** Think about the flow of the clinic and how it will work most effectively. Good parking and/or transport links are important, as well as access to appropriate equipment and facilities.
 - **Ensure that there are clear pathways and referral routes that include diagnostics.** This will help to keep the amount of appointments for each patient to a minimum, improving the experience for patients and ensuring that the patient journey is as efficient as possible.
 - **Seek input from key stakeholders on the key metrics to demonstrate impact of your intervention.** This provides a useful baseline against which to measure success and highlights parts of the pathway with potential for improvement. Encourage live feedback and ensure that changes can be made where necessary.
- #### Prepare patients for the clinic
- **Raise awareness of the clinic and its referral processes and criteria.** Ensure that health professionals and patients know how and where to access the clinic and that appropriate referral forms are readily available. Communications via email and shared learning opportunities can be useful.
 - **Ensure that patients are aware of the purpose of their appointment in advance.** Explain how the clinic works and ensure that patients know how long their appointments may take. It may be useful to send letters to patients asking them to call in to book their first appointment so that any questions can be answered easily and quickly.
 - **Consider sending text message reminders to reduce non-attendance (DNAs).** Suggested timescales are one week prior to the appointment and again, 24 hours before the appointment.
- #### Optimise the potential for person-centred care
- **Consider the information needs of patients using your service.** Remember to refer to **NHS England's guidance on Shared Decision Making**. Ensure any documentation needed for patients prior to appointment is completed in advance.
 - **Establish feedback mechanisms.** It is essential that both patients and health professionals can give feedback on the clinics to ensure that services can be refined.

Introduction

The national context and challenges facing elective care services in England

The national gynaecology challenge

The Elective Care Development Collaborative

Overview of ideas described in this handbook

Essential actions for successful transformation

1. Rethinking referrals:

a. Standardised referral pathways and structured templates

b. Multidisciplinary virtual triage

c. Specialist community clinics

2. Shared decision making and self-management support:

a. Education and information for patients and GPs

3. Transforming outpatient:

a. Patient-initiated rapid access and virtual follow-up

Taking transformation forward

1. Rethinking referrals

c. Specialist community clinics



We know it works

As part of the 100 Day Challenge, Hertfordshire and West Essex piloted a First Contact Practitioner (FCP) service for urogynaecology, incorporating patient education and self-management of symptoms.

An audit of new urogynaecological referrals in East and North Hertfordshire demonstrated that more than 50% of referrals had aspects of management that could have been done in primary care. Only 8% had received physiotherapy prior to referral and only 4% had been referred to the continence service. 67% of patients seen in secondary care had symptoms suggestive of overactive bladder, which could be managed in the community. The average time from referral to being seen was 4.5 weeks. 80% of referrals came from GPs, with the remaining 20% from other consultants.

This was despite a bladder and bowel service already being in place. Herts Valleys has a community gynaecology service, with some clinics provided by GPwSI in gynaecology, some nurse led and some provided by consultants from secondary care.

Nonetheless, secondary care consultants reported seeing many women in secondary care who had not had the recommended interventions in primary care first.

Two GP practices were selected to take part from East and North Hertfordshire. The lead nurse (acting as a first contact practitioner) triaged referrals sent by email from both practices on a Monday and booked patients into a Friday half day clinic at one of the practices.

You can find further information and case studies on the [Elective Care Community of Practice](#).

The following standards and guidance may be useful:

[Demand Management Good Practice Guide \(NHS England, 2016\)](#)

[Gynaecological conditions: general and other \(NICE, 2018\)](#)

[Heavy Menstrual Bleeding: assessment and management \[NG88\] \(NICE, 2018\)](#)

[Outpatient clinics: A guide to good practice \(Royal College of Surgeons of England, 2017\)](#)

[Outpatients: The future \(Royal College of Physicians, 2018\)](#)

Introduction

The national context and challenges facing elective care services in England

The national gynaecology challenge

The Elective Care Development Collaborative

Overview of ideas described in this handbook

Essential actions for successful transformation

1. Rethinking referrals:

a. Standardised referral pathways and structured templates

b. Multidisciplinary virtual triage

c. Specialist community clinics

2. Shared decision making and self-management support:

a. Education and information for patients and GPs

3. Transforming outpatient:

a. Patient-initiated rapid access and virtual follow-up

Taking transformation forward

2. Shared decision making and self-management support

a. Education and information for patients and GPs



What is the idea?

[Self-management](#) education supports patients to understand and manage their own condition effectively. Supported self-management is one of the core components of the [Comprehensive model of Personalised Care](#) and enables patients and health professionals to take 'shared responsibility for health' ([The NHS Long Term Plan, 2019](#)). Shared decision making is a collaborative process through which a clinician supports a patient to make decisions about their treatment and care that are right for them.

Tools such as [patient decision aids](#) can help patients to understand the variety of options available to them and outline the potential benefits and risks of their procedure. This facilitates informed, shared decision making ([The Health Foundation, 2015](#)).

Self-management education can be provided in various ways. Face-to-face learning sessions (either one to one or through local group workshops) and peer support are popular. The use of online resources such as [NHS.uk](#) and digital health tools, such as self-monitoring devices or applications to improve health and wellbeing, is growing.

Why implement the idea?

[The NHS Long Term Plan](#) makes a commitment to making personalised care 'business as usual' and widening the use of technology in healthcare. Digital tools for self-management improve communication, enable monitoring of health status and facilitate direct access to patient-controlled health records and digital self-management resources.

Self-management education can increase [patient activation](#). Highly activated patients report **increased confidence and higher levels of satisfaction**. They are **better informed about their treatment options**, enabling them to share decisions and give informed consent for procedures at the earliest opportunity. They are more likely to adopt healthy behaviours, attend appointments and use medication effectively. They have **better clinical outcomes** and **lower rates of hospitalisation**, as they know when to escalate their concerns and seek appropriate help.

[Commissioning self-management support](#) can give practitioners and patients **increased knowledge and confidence** so they can have more effective shared decision making conversations. This can **reduce the workload** for health professionals and delay the need for surgical intervention.

Introduction

The national context and challenges facing elective care services in England

The national gynaecology challenge

The Elective Care Development Collaborative

Overview of ideas described in this handbook

Essential actions for successful transformation

1. Rethinking referrals:

a. Standardised referral pathways and structured templates

b. Multidisciplinary virtual triage

c. Specialist community clinics

2. Shared decision making and self-management support:

a. Education and information for patients and GPs

3. Transforming outpatient:

a. Patient-initiated rapid access and virtual follow-up

Taking transformation forward

2. Shared decision making and self-management support

a. Education and information for patients and GPs



How to achieve success

The sections below include learning from sites in Wave 4 of the Elective Care Development Collaborative:

Establish your local offer

- **Make use of available resources.** Review the existing self-management education and support offer locally and nationally, such as the patient information leaflets produced by the [Royal College of Obstetricians and Gynaecologists](#) and resources from organisations relevant to specific diagnoses. Refer to NHS England's guidance on [personalised care](#). Tailor or adapt resources where necessary to ensure that messages fit your local context and develop resources where you identify any gaps.
- **Provide a range of options for people to access self-management education and support.** This may include structured education sessions, support groups, emails, text messages, coaching sessions or digital health tools such as self-monitoring devices or apps.
- **Decide on the format for any structured education sessions.** Reviews suggest that outcomes are better when health professionals are involved and peer support is available. Self-management education and patient information are most effective in combination with other forms of support.
- **Create patient information resources in a range of formats.** Involve clinicians and people with lived experience in the development process. Disparate resources can be pulled into one information pack.

Ensure you consider equality and health inequality, along with your legal duties to make reasonable adjustments for people with disabilities.



We know it works

A gynaecology education programme was used to teach women to manage their own vaginal pessaries for pelvic organ prolapse. 73% of those enrolled (63 of 88 women) successfully continued with self-management at six months, creating capacity for 126 outpatient appointments. They reported higher levels of convenience, ease of access, support and comfort than those attending the hospital or GP for pessary changes. The programme was considered cost effective ([Kearney Brown, 2014](#)).

You can find further information and case studies on the [Elective Care Community of Practice](#).

Introduction

The national context and challenges facing elective care services in England

The national gynaecology challenge

The Elective Care Development Collaborative

Overview of ideas described in this handbook

Essential actions for successful transformation

1. Rethinking referrals:

a. Standardised referral pathways and structured templates

b. Multidisciplinary virtual triage

c. Specialist community clinics

2. Shared decision making and self-management support:

a. Education and information for patients and GPs

3. Transforming outpatient:

a. Patient-initiated rapid access and virtual follow-up

Taking transformation forward

2. Shared decision making and self-management support

a. Education and information for patients and GPs



Consider alternative methods for delivering the message. For example, a podcast could be set up for GPs to help share materials and spread awareness. GPs with Extended Roles (GPwER) can mentor their peers.



- **Ensure your offer is easily accessible.** A large amount of information is often available but it is not always easy to use. Consider the [health literacy](#) of your cohort, along with potential language barriers.
- **Ensure that chosen self-management education and information resources are of high quality and are relevant to the needs of local patients.** The best resources for self-management education have often been trialled and evidenced. The [Quality Institute for Self-Management Education and Training \(QISMET\) Quality Standard: QIS2015](#) may be useful to check for certified resources. The [Evidence Standards Framework for Digital Health Technologies](#) can be used to ensure that new technologies are clinically effective and offer economic value.

Ensure you consider [equality and health inequality](#), along with your legal duties to make reasonable adjustments for people with disabilities.



We know it works

Lincolnshire used the 100 Day Challenge to increase opportunities for GP learning, and patient education and self-management. The clinical leads led a Lincolnshire West CCG GP protected learning time session to introduce the new referral forms and pathways.

- 48 GPs from across 30 practices attended the session.
- 85% of attendees rated the session as excellent or good.

In addition, the team worked with Public Health colleagues to signpost patients and professionals to online resources. These are hosted on the [United Lincolnshire Hospitals NHS Trust website](#).

You can find further information and case studies on the [Elective Care Community of Practice](#).

Introduction

The national context and challenges facing elective care services in England

The national gynaecology challenge

The Elective Care Development Collaborative

Overview of ideas described in this handbook

Essential actions for successful transformation

1. Rethinking referrals:

a. Standardised referral pathways and structured templates

b. Multidisciplinary virtual triage

c. Specialist community clinics

2. Shared decision making and self-management support:

a. Education and information for patients and GPs

3. Transforming outpatient:

a. Patient-initiated rapid access and virtual follow-up

Taking transformation forward

2. Shared decision making and self-management support

a. Education and information for patients and GPs



Implement, promote and evaluate your education offer

- **Integrate education programmes, information resources and patient decision aids into local referral pathways.** These should highlight the need to review self-management if symptoms change and emphasise that people with learning disabilities or who are not fluent in English may need additional support to self-manage. Self-management education can be offered as part of a person-centred care and support plan.
- **Consider how to publicise resources through social media.** Creating patient decision aids and videos that can be accessed online provides a way for clinicians to easily share content during appointments. It also enables patients to share content with family and friends after their consultation.
- **Evaluate the success of any sessions or resources.** Ascertain a baseline to measure improvement against. Ensure a survey is created and circulated to everyone who sees the new material to gauge their reaction to it, as well as whether and how it influenced their decision making.

Metrics to consider for measuring success:



In addition to the suggested overall impact metrics on page 11, you may wish to consider the following metrics for this intervention:

- Patient reported outcome measures (PROMs), patient reported experience measures (PREMs) and Friends and Family Test (FFT) scores.
- Patient feedback on the impact on their confidence about making healthy lifestyle choices and managing their condition.
- 9-item shared decision making questionnaire scores.
- Numbers of patients accessing education sessions.

Introduction

The national context and challenges facing elective care services in England

The national gynaecology challenge

The Elective Care Development Collaborative

Overview of ideas described in this handbook

Essential actions for successful transformation

1. Rethinking referrals:

a. Standardised referral pathways and structured templates

b. Multidisciplinary virtual triage

c. Specialist community clinics

2. Shared decision making and self-management support:

a. Education and information for patients and GPs

3. Transforming outpatient:

a. Patient-initiated rapid access and virtual follow-up

Taking transformation forward

2. Shared decision making and self-management support

a. Education and information for patients and GPs



The following standards and guidance may be useful:

[A Practical Guide to Self-management Support – Key Components for Successful Implementation \(The Health Foundation, 2015\)](#)

[Comprehensive model of Personalised Care \(NHS England, 2018\)](#)

[Enabling people to make informed health decisions \(NHS England, 2018\)](#)

[Person-centred Care in 2017 – Evidence from Service Users \(National Voices, 2017\)](#)

[Realising the Value: Ten Actions to Put People and Communities at the Heart of Health and Wellbeing \(Nesta, 2016\)](#)

[Shared decision making \(NICE, 2018\)](#)

[Shared Decision Making Summary Guide \(NHS England, 2019\)](#)

[Supporting Self-management: A Summary of the Evidence \(National Voices, 2014\)](#)

[The QIS 2015 Quality Standard \(Quality Institute for Self-Management Education and Training, 2017\)](#)



Introduction

The national context and challenges facing elective care services in England

The national gynaecology challenge

The Elective Care Development Collaborative

Overview of ideas described in this handbook

Essential actions for successful transformation

1. Rethinking referrals:

a. Standardised referral pathways and structured templates

b. Multidisciplinary virtual triage

c. Specialist community clinics

2. Shared decision making and self-management support:

a. Education and information for patients and GPs

3. Transforming outpatient:

a. Patient-initiated rapid access and virtual follow-up

Taking transformation forward

3. Transforming outpatients

a. Patient-initiated rapid access and virtual follow-up



What is the idea?

Patient-initiated rapid access to follow-up empowers patients to decide whether they require a follow-up appointment and to have direct access to specialist clinicians when they need it. They are encouraged to monitor their own condition and call the hospital if they have any concerns.

Virtual follow-up enables follow-up to take place via alternative methods, including email, direct messaging, video call or telephone. Patients do not have to attend a traditional face-to-face appointment. Follow-up can often be led by nurses or enhanced scope practitioners, saving consultant time and clinic management resources.

The following standards and guidance may be useful:

[Comprehensive model of Personalised Care \(NHS England, 2018\)](#)

[Demand Management Good Practice Guide \(NHS England, 2016\)](#)

[Improving productivity in elective care \(Monitor, 2015\)](#)

[Improving Patient Flow in the NHS, Case Studies on Reducing Delays \(NHS Institute for Innovation and Improvement, 2018\)](#)

[Outpatients: The future \(Royal College of Physicians, 2018\)](#)

[Outpatient clinics: a guide to good practice \(Royal College of Surgeons of England, 2017\)](#)

Why implement the idea?

Follow-up appointments, either following a procedure or for long term conditions make up a significant proportion of the total number of follow-up appointments. [The NHS Long Term Plan](#) makes a commitment to reduce face-to-face outpatient appointments by up to a third over the next five years and to increase use of technology to enable more virtual consultations. These alternative consultation methods are often more convenient for patients, saving time off work and journeys to appointments. They increase attendance rates and improve **patient experience**.

If patients are informed and empowered to access follow-up care when they need it, this increases patient activation and confidence, enabling them to share responsibility for their own health.

Patient-initiated follow-up ensures that patients access support when they need it and reduces unnecessary follow-up and GP appointments. The waiting list for urgent and routine appointments with secondary care clinicians should reduce. The number of outpatient attendances and follow-up appointments should also reduce ([Royal College of Physicians, 2018](#)).

Introduction

The national context and challenges facing elective care services in England

The national gynaecology challenge

The Elective Care Development Collaborative

Overview of ideas described in this handbook

Essential actions for successful transformation

1. Rethinking referrals:

a. Standardised referral pathways and structured templates

b. Multidisciplinary virtual triage

c. Specialist community clinics

2. Shared decision making and self-management support:

a. Education and information for patients and GPs

3. Transforming outpatient:

a. Patient-initiated rapid access and virtual follow-up

Taking transformation forward

3. Transforming outpatients

a. Patient-initiated rapid access and virtual follow-up



How to achieve success

The sections below include learning from sites in Wave 4 of the Elective Care Development Collaborative:

Establish your local offer

- **Map existing pathways and protocols for follow-up.** Review these against national guidelines and good practice examples.
- **Identify clinical criteria for patient-initiated follow-up.** It may be useful to focus on several specific cohorts, for example, benign gynaecological conditions. Consider whether patients not quite meeting the criteria could be followed up virtually. Co-develop and test your plans with gynaecology specialists across your local area. They can help to secure the 'buy-in' of other clinicians.
- **Seek IT and telephony advice and support as early as possible.** Consider issues such as dedicated phone lines.
- **Develop your local model.** Agree processes and protocols for patient-initiated follow-up and for inviting patients to telephone follow-up. Where applicable, ask consultants to book patients for telephone follow-ups straight after intervention or diagnostics, limiting the potential for 'doubling up' with face-to-face appointments.

- **Consider how patients will access follow-up if required and how this will be monitored and responded to.** Implement processes for scheduling virtual or face-to-face appointments when they may be required. Reserve regular appointment slots to accommodate patients requiring rapid access and agree maximum waiting times. Consider whether these arrangements will have an impact on equalities/ health inequalities in your area, and how that impact can be monitored and managed appropriately.
- **Establish a referral pathway into the rapid access clinic.** The pathway should emphasise the need for excellent communication across the team involved in patients' care.

Even for virtual consultations, a quiet room that allows privacy, with access to a secure telephone and a computer network will be required, in order to maintain patient confidentiality.



Introduction

The national context and challenges facing elective care services in England

The national gynaecology challenge

The Elective Care Development Collaborative

Overview of ideas described in this handbook

Essential actions for successful transformation

1. Rethinking referrals:

a. Standardised referral pathways and structured templates

b. Multidisciplinary virtual triage

c. Specialist community clinics

2. Shared decision making and self-management support:

a. Education and information for patients and GPs

3. Transforming outpatient:

a. Patient-initiated rapid access and virtual follow-up

Taking transformation forward

3. Transforming outpatients

a. Patient-initiated rapid access and virtual follow-up



- **Agree processes and protocols following virtual follow-up.** It may be necessary to confirm results or management plan by letter or email.
- **Establish demand and workforce capacity and ensure that there is the resource to deliver this.** A multidisciplinary team is required, including a service manager to lead and coordinate telephone clinics, practitioners (e.g. specialist nurses or consultants) to deliver the clinics, and administrative staff to send out appointment letters. Ensure there is explicit time in consultant job plans for alternatives to face-to-face clinics. Appropriate payment mechanisms also need to be agreed.

We know it works

As part of the 100 Day Challenge, the team in Greater Preston, Chorley and South Ribble established post-surgery patient-initiated follow-up for patients with benign gynaecological conditions. There was a nurse led telephone clinic in place for any patients who initiated follow-up. The team produced patient information using Royal College of Obstetricians and Gynaecologists resources as a guide.

55 patients met the criteria and were selected for patient-initiated follow-up. Of these patients:

- 87% (48) did not initiate follow-up. Previously, all patients would have automatically been called back for a routine, face-to-face follow-up appointment with the consultant.
- Only 13% (7) required follow-up, which took place by telephone.
- All patients surveyed rated their experience as good or very good.
- Patient travel was reduced and patients noted the benefit of not having to pay hospital parking charges.
- At the end of 100 days the new to follow-up ratio was within target at approximately 1:1.

You can find further information and case studies on the [Elective Care Community of Practice](#).

Introduction

The national context and challenges facing elective care services in England

The national gynaecology challenge

The Elective Care Development Collaborative

Overview of ideas described in this handbook

Essential actions for successful transformation

1. Rethinking referrals:

a. Standardised referral pathways and structured templates

b. Multidisciplinary virtual triage

c. Specialist community clinics

2. Shared decision making and self-management support:

a. Education and information for patients and GPs

3. Transforming outpatient:

a. Patient-initiated rapid access and virtual follow-up

Taking transformation forward

3. Transforming outpatients

a. Patient-initiated rapid access and virtual follow-up



Implement and evaluate the new ways of working

- **Produce detailed but simple information for patients about how and when to access follow-up.** Resources should help people to monitor their condition and to understand when they need to make an appointment (for example, the 'red flags' to look out for). Ensure that access arrangements are clear and uncomplicated and do not disadvantage particular groups e.g. those without internet access.
- **Agree outcome measures.** These enable the evaluation of the impact of alternative consultation methods. Efficacy can be compared with traditional ways of working.
- **Identify patient cohorts and review existing clinic lists to select patients appropriate for phone follow-up.** It may be possible to reschedule patients who are already booked in for face-to-face appointments for a telephone review. This can be time consuming but is a way to fill initial clinics.
- **Set patients' expectations at the first contact.** Share clear details of the process and explain that follow-up is usually via virtual clinic, with face-to-face as an exception.
- **Seek feedback from both local healthcare professionals and patient groups on the proposed approach.** Consider piloting the proposed model with a small cohort of patients before scaling.

Metrics to consider for measuring success



In addition to the suggested overall impact metrics on page 11, you may wish to consider the following metrics for this intervention:

- Proportion of alternative consultations held compared to traditional appointments.
- Patient satisfaction measures, including the amount of time taken off work and the number of trips to appointments.
- Feedback from patients and clinicians.
- Patient activation measures.

Introduction

The national context and challenges facing elective care services in England

The national gynaecology challenge

The Elective Care Development Collaborative

Overview of ideas described in this handbook

Essential actions for successful transformation

1. Rethinking referrals:

a. Standardised referral pathways and structured templates

b. Multidisciplinary virtual triage

c. Specialist community clinics

2. Shared decision making and self-management support:

a. Education and information for patients and GPs

3. Transforming outpatient:

a. Patient-initiated rapid access and virtual follow-up

Taking transformation forward

Taking transformation forward

Learning from the five waves of rapid testing in the Elective Care Development Collaborative has shown that our rapid implementation methodology achieves:

- High levels of clinical engagement and communication across system teams as change is led from the front, with support and permission from above
- Sustained and embedded improvement with people feeling ownership in the change. Change from the ground up often has more traction and sustainability.

One of the best ways to find out more and to implement transformation of elective care services in your local area is by joining the Elective Care Community of Practice.

What is the Elective Care Community of Practice?

The Community of Practice is an interactive online platform that connects teams, organisations and other stakeholders across the healthcare system to improve communication and knowledge sharing.

It has dedicated sections for all 14 specialties where the Elective Care Transformation Programme has enabled local systems to transform services, along with details of our High Impact Interventions, work to divert referrals from challenged providers to other providers by use of capacity alerts, support for implementing alternative models of outpatient services, and more.

Why join the Elective Care Community of Practice?

On the Community of Practice those at the forefront of elective care transformation can work with others as part of a virtual development collaborative and:

- Access resources such as best practice alternative outpatient models, evidence of what works, and documents to support delivery such as referral templates and job descriptions
- Start and participate in discussions, developing and sharing expertise
- Follow, learn from and offer encouragement to other areas as they take action to improve elective care services.

If you are interested in joining the Community of Practice, please email: ECDC-manager@future.nhs.uk