Oxford University Hospitals NHS
NHS Trust

Trust Board Meeting: Wednesday 10 July 2013

TB2013.88

Title	**Outpatient Reprofiling Project**

Status	For information.
History	This is a new report.

Board Lead(s)	Mr Paul Brennan, Director of Clinical Services			
Key purpose	Strategy	Assurance	Policy	**Performance**

Summary

1	Board members will be aware that there have been longstanding concerns around the organisation and management of outpatient services specifically in relation to access, booking and appointment systems. These difficulties were complicated with the introduction of the EPR principally due to the fact that the old templates were transferred into the new system.
2	At present the Trust has over 630 consultant medical staff with over 17,000 different clinic templates. In many specialties template capacity is insufficient to cope with demand and the average, Trust-wide, fall off rate for Choose & Book is 50%.
3	The Trust is commencing a major programme of work to completely overhaul the outpatient service with the aim of: • Matching demand and capacity • Simplifying the booking process • Running clinics for 50 weeks per year • Setting a maximum wait for new appointments of 6 weeks • Seeking a minimum 50% reduction in alternatives to patient clinic appointments. A summary of the work programme and timetable is appended for information.
4	The Trust Board is recommended to: • Note the work programme • Decide whether the Quality Committee or Finance & Performance Committee should be the Board Sub-Committee to monitor performance against the work plan.

APPENDIX

Outpatient Clinic Reprofiling

Project Timeline

April 29, 2013

Outpatient Re-Profiling Project

1. Timeline Summary

1.1. This document aims to summarise the following for the Outpatient Clinic Re-profiling Project:

- Proposed project milestones
- Project scale
- Timeline (by division and directorate)
- Risks and Resource requirements

2. Proposed Milestones

2.1. For each clinical service, the project is delivered as 4 phases. The project team proposes 4 milestones to gauge project progress.

1. Clinic profile sign-off – the date all consultant clinic profiles are 'signed-off' as per the project standard operating procedures AND passed to the OHIS team.
2. Clinical Service Demand/Capacity Report – the date a summary report of clinical service is produced AND agreed by the clinical service/directorate/division.
3. New Clinic Profile Implementation – the date of successful new clinic profile implementation
4. Final Report – the date the final service report is produced AND agreed by the clinical service/directorate/division.

2.2. These milestones are mapped against the project phases in Figure 1.

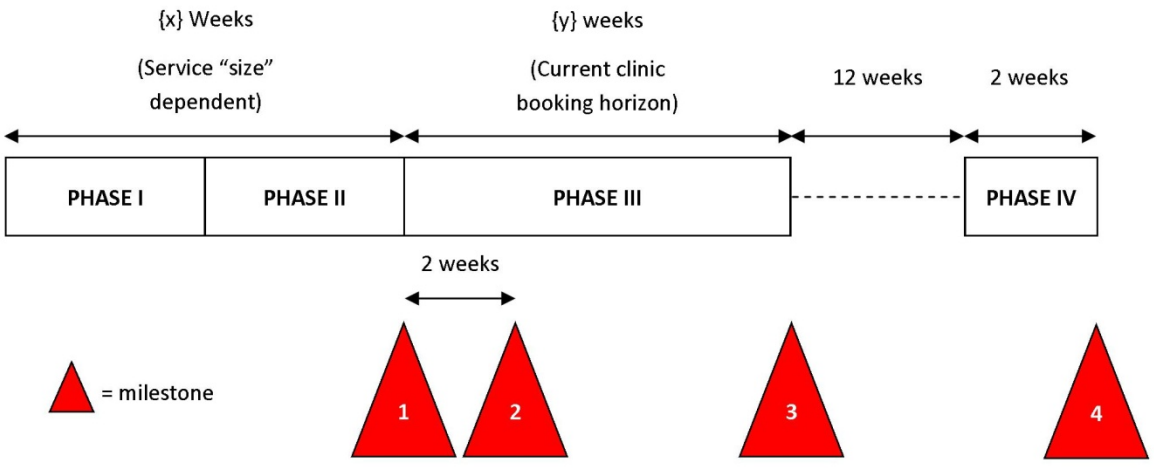

Figure 1 - Project Milestones

3. Project Scale & Timeline

3.1. Delivery of the project milestones for all clinical outpatient services at the OUH Trust translates to the analysis and potential alteration and implementation of changes to the outpatient activity of approximately 637 consultants across 17,458 clinic profiles.

4. Milestone 1

4.1. The proposed achievement date of milestone 1 for all clinical services is 14 January 2014

4.2. Table 1 illustrates the proposed timeline for the achievement of milestone 1 for each clinical service in the OUH Trust.

4.3. The timeline has been developed whilst considering:

- "Size" of outpatient service (number of consultants and profiles);
- Time of year (to account for staff holidays);
- Parallel processing – as the project team experience increases the capacity to deliver against objectives will increase, and thus more than one clinical service can be addressed at once.

4.4. Where a service has no start date provided, clinic re-profiling will be addressed on a "treatment code" basis. For example, vascular surgery treatment codes are often not delivered solely by vascular surgeons, but also by "general" surgeons. Thus, vascular surgery re-profiling will be considered with general surgery.

5. Milestone 2

5.1. The proposed achievement date of milestone 2 for all clinical services is 31 January 2014

5.2. Milestone 2 does not exhibit significant manpower dependency and summary reports will be generated quickly. It is envisaged that the two week gap between achievement of milestones 1 and 2 will mostly represent the time required for discussion and agreement of the report with the clinical service, directorate, division and the project board.

Table 1 – OUH timetable for milestone 1 (subject to change)

Directorate	Approximate Number of Consultants	Specialties	Start Date	Milestone 1
Cardiac, Vascular & Thoracic (CVT)			**27/05/2013**	**06/08/2013**
Cardiac Medicine	29	Cardiology	27/05/2013	12/07/2013
Cardiac, Vascular & Thoracic Surgery	22	Cardiac Surgery	12/07/2013	06/08/2013
		Thoracic Surgery		
		Vascular Surgery	(by treatment code with Surgery)	
Emergency Medicine, Therapies & Ambulatory (EMTA)			**26/07/2013**	**24/12/2013**
Ambulatory	89	Diabetes & Endocrine Medicine	17/10/2013	15/11/2013
		Dermatology	20/08/2013	12/09/2013
		Chest Medicine	30/10/2013	24/12/2013
		Infectious Diseases & GUM	09/09/2013	26/09/2013
Emegency Medicine & Therapies	43	A&E	26/07/2013	17/08/2013
		Acute General Medicine	31/10/2013	17/12/2013
		Geratology & Stroke Medicine	26/09/2013	30/10/2013
Musculoskeletal & Rehabilitation (MARS)			**15/07/2013**	**09/01/2014**
Orthopaedics	31	Orthopaedics	01/11/2013	09/01/2014
RRR	12	Rehabilitation	15/07/2013	26/07/2013
		Rheumatology	22/10/2013	13/11/2013
Neurosciences, Trauma & Specialist Surgery (NTSS)			**20/03/2013**	**14/10/2013**
Neurosciences	33	Neurology	07/07/2013	28/09/2013
		Neurosurgery		
Specialist Surgery	37	ENT	20/03/2013	29/04/2013
		Plastic Surgery	20/05/2013	06/08/2013
		Oral & MaxilloFacial		
		Ophthalmology	01/05/2013	06/06/2013
Trauma	15	Trauma	29/09/2013	14/10/2013
Surgery & Oncology (S&O)			**27/05/2013**	**22/10/2013**
Oncology	54	Clinical Oncology	27/05/2013	05/08/2013
		Medical Oncology	22/06/2013	10/07/2013
		Haematology	02/08/2013	03/09/2013
		Palliative Medicine	10/07/2013	01/08/2013
RTU	25	Renal Medicine	03/09/2013	27/09/2013
		Transplant Surgery	(by treatment code with Surgery)	
		Urology	27/09/2013	22/10/2013
Surgery	33	Upper & Lower GI	13/06/2013	02/08/2013
		Acute Surgery		
		Breast & Endocrine Surgery		
		Gynae-oncology		
		Gastroenterology	20/05/2013	13/06/2013
Children's & Women's (C&W)			**07/08/2013**	**14/01/2014**
Children's	75	Paediatric Medicine	19/09/2013	14/01/2014
		Neonatology		
		Paediatric Surgery		
Women's	22	Obstetrics	07/08/2013	19/09/2013
		Gynaecology		
Critical Care, Theatres, Diagnostics & Pharmacy (CCTDP)			**05/08/2013**	**15/10/2013**
Diagnostics	51	Radiology	05/08/2013	15/10/2013
Pain & Anaesthetics	6	Anaesthetics	(by treatment code with General Medicine)	

6. Milestone 3

6.1. The proposed achievement date of milestone 3 for all clinical services is 31 May 2014

6.2. The process and decisions regarding implementing new clinic profiles and management of "displaced" patients are inextricably linked. These decisions rest with clinical services and will be made on an individual clinical service basis.

6.3. Table 2 illustrates the variability of this problem between two clinical services. In order to manage the displacement of a given number of weeks of clinic patients, Ophthalmology will require 10 times the number of staff to achieve milestone 3 at the same time as Urology.

	Urology	Ophthalmology
8 weeks	1134	10518
12 weeks	852	8729
16 weeks	625	6428

Table 2 – Volume of displaced patients for a given outpatient booking horizon

6.4. It is estimated to take approximately one person, one week to manage the displacement of 300-500 clinic patients. Thus it is easy to see how variable and difficult to predict the delivery of milestone 3 will be depending on the service and human resources available. However, increased resource availability at this stage could offer one of the best opportunities to speed up the overall project timeline.

7. Milestone 4

7.1. The proposed achievement date of milestone 4 for all clinical services is 31 September 2014

7.2. Milestone 4, similar to milestone 2, does not exhibit significant manpower dependency, but is highly dependent on achievement of milestone 3. The project brief has suggested the outcome measurement be made 3 months after new template implementation.

8. Risks

8.1. Timeline estimation

8.1.1. The timeline has been calculated using average values, based, where possible, on previous experience. Certain specialties may, through variation in clinic structure and organisation, may take longer (or shorter) than predicted. Accuracy of the timeline estimates will improve after a number of iterations of the project.

8.1.2. The estimates for human resources have assumed level work rates across all project workstreams and clinical specialties. Any attempt to shorten the overall project timeline must address human resources for each project workstream, or risk creating system bottlenecks (specifically relating to the delivery of milestone 3 – management of displaced patients and clinic profile builds).

8.2. Milestone 2 – the demand/capacity/activity report MUST prompt strategic discussion by the Trust and CCG. Any clinical service under-/over-capacity represents a significant clinical risk. Achievement of this milestone should identify capacity problems to be acted on.

8.3. EPR “Build Freezes” – these will occur at various points during the project and represent a risk to the delivery of milestone 3 as EPR and OHIS staff may potentially be re-allocated to tasks other than clinic profile builds. The timetable of EPR “Build Freezes” has not specifically been accounted for in the timeline.

9. The Timelines within this paper have been calculated on average values, therefore they should be seen as indicative and subject to change.