Case Study – How Moorfields Eye Hospital is addressing reporting follow up delays and the NHS Digital 25% delay guidance

A number of years prior to the High Impact Intervention, Moorfields had developed a methodology for failsafe following a number of serious incidents due to delays mainly to glaucoma patients. The audit method for managing the backlog was published (A review of 145,334 patient episodes lost to follow-up in ophthalmology. Davis A, Baldwin A, Hingorani M, Dwyer A, Flanagan D. *Eye* 2017; 31: 422–429) and a new access policy described clinician involvement in making decisions for any cancellations and DNAs and managers monitoring delays or non-outcomed patients using spreadsheets on a daily to weekly basis.

The trust uses specific tailored reports to monitor follow ups with this data. Any patient booked with a specific outcome relating to active monitoring without an onward appointment booked is collated into this report. This report is refreshed daily and shared with our administrative teams across all sites as well as our management team. This report is then monitored at our weekly Access meeting which is chaired by the Deputy Chief Operating Officer and is attended by our three divisional management teams. Any patients unbooked who have been waiting more than three months since their last appointment will be seen by site and service so we can monitor any capacity or data quality issues. This report is assessed alongside our review of RTT Open Pathways performance so we have a full picture of the level of demand on our services. However the whole system for the data collection is very onerous and it concentrates mainly on non-outcomed or unbooked patients or potential lost to follow ups rather than all potential causes or cases of follow up delays.

Following the HII and advice from NHS Digital and the RCOphth to use PAS to monitor eye follow up timings by inputting data into the *Earliest Clinically Appropriate Date (ECAD)* field, staff tried to establish how to comply with the guidance but it was proving difficult for all parties to understand what was needed, why, and how to undertake the practical steps to do this from a staff, IT and data analysis point of view. Things progressed slowly. We realised that this went beyond an IT, data and PAS issue and we needed admin processes and admin staff training to underpin work that would deliver what we needed. We also needed to consider how, once we collected this data, it would be reported and acted upon by clinical leaders, team leaders and managers.

Beginning to make change

The most important action that led to change was bringing all relevant colleagues together. Representatives from the following groups met together to assess how to tackle this:

- Clinician (ophthalmologist)
- Operational manager at a senior level (deputy Chief Operating Officer)
- Performance and Information (data analysis) team
- IT manager
- IT training manager
- Learning and Development
- PAS supplier
- Administration (clinic clerks team)

The clinician outlined the issues in terms of increasing demand for ophthalmology services and the known clinical safety issues including harm to patients both in our trust and nationally. The current methods for managing the problem were discussed and agreed to be difficult and not comprehensive enough. The NHS Digital/RCOphth guidelines for change were reviewed to understand the national requirements for action and to ensure people understood this had national support from these bodies and the NHS England outpatient transformation team.

Finding an appropriate PAS field

We assessed existing fields on PAS and defined clearly what we needed and which fields could deliver this. It was important that the field we used:

- Existed or could easily be made available
- Could be found easily by admin staff – had visibility on the system
- Would allow entry of data of the desired next outpatient appointment date in terms of allowing an entry in the form of how many weeks or months by the clerk but translated that into a target date
- Would retain the original desired date even if the patient could not be seen by then as no capacity, even if the date was cancelled by the hospital or the patient, or the patient did not attend and was rebooked
- Could be used to submit data to NHS Digital which would be tagged as *ECAD* so we could be seen to be complying on national reports for collecting this data.

We found certain fields would deliver only on certain aspects. Using the *outpatient waiting list (OWL)* function would do much of this but, if the date changed eg because of a cancellation or a DNA, then the originally desired date would disappear off the system.

Our PAS supplier, once understanding what was required and the safety importance of this, was able to advise us that there was a field called *Search Date* on the Appointments screen which could be used and had the functionality required. He undertook a small change on the system to support its use and to ensure that the data collected would be part of the data sent to NHS Digital and it would map to the *ECAD* data point.

Ensuring the clinic clerks would use this properly and escalate when problems

We need to think though exactly what clinical clerks would need to know and what they would need to do step by step to ensure this worked properly:

- The clinic clerks would need to use the right PAS field when entering the desired date. There was more than one way in which a clinic clerk could request a date for a new appointment, if the wrong field was used we would not capture the data.
- We needed the clinic clerks to enter the request for a new date in the right format. If the clinician requested appointment in 3 weeks, or 6 months or 1 year the clerk needed to enter +3W or +6M or +1Y in PAS to search for appointments for the requested time.
- This would then bring up dates from this time onwards and the clerks could then select the appointment available nearest to the time requested.

- However we also needed the clerks to take action if the date went beyond the acceptable time by 25% of the time interval. We needed a way to highlight to the clerks how to spot this.
- We needed the clerks to understand why it was important to take action if the time went beyond 25%.
- We needed the clerks to know what action to take in this situation.

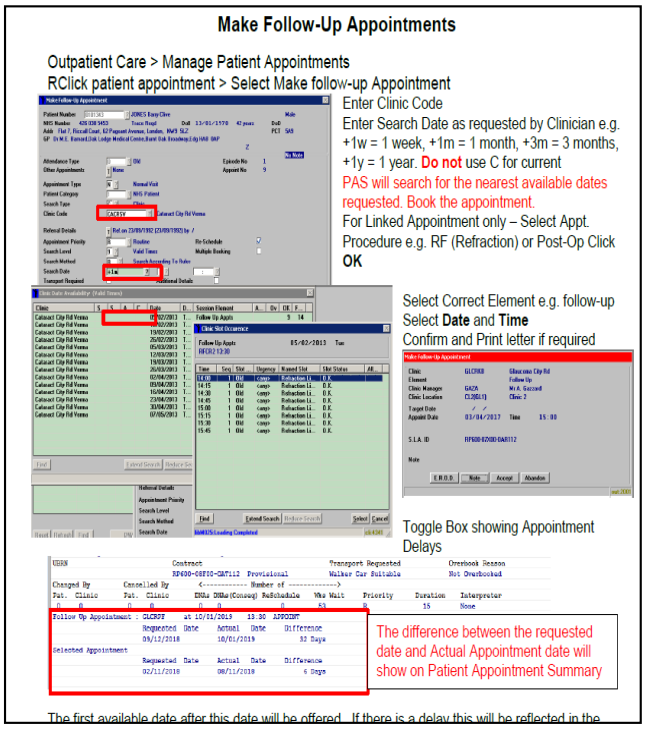
We firstly designed a document to be added to the clinical clerks' operational manual/user guide. This had detailed step by step instructions on how to do the follow up bookings correctly which included PAS screen shots of what each stage looked like as you progressed. We showed and stated what NOT to do e.g. *Do not use Current Date field*. We also added in some extra key information in large or red font to jump out:

- That NHS Digital requires us to record this
- This is important for patient safety
- Delays to follow-up appointment must not exceed 25% of the Requested Appointment Date which means:

Requested Appt. Date	Delays **must NOT** exceed
1 month	7.5 days
2 months	15 days
3 months	22.5 days
4 months	30 days
5 months	37.5 days
6 months	45 days

If patient cannot be fitted into a slot within the required safe timescale, please discuss with a clinician before booking

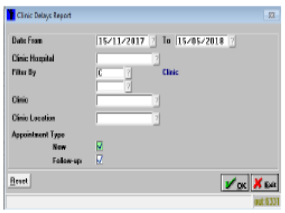
See excerpts from the document below:



A new report has been added:
Outpatient Care>> Reports >>Appointment Reports>> Clinic Delays Report

Clinic Delays Report	X	None			0	out633	0	U

A new report has been provided so the delays between the requested Appointment date and the actual appointment date are shown. The difference being shown in days.

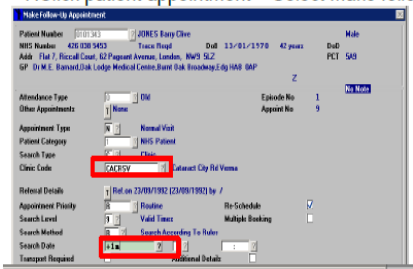


The difference between the requested date and Actual Appointment date will show on the Clinic Delays report.

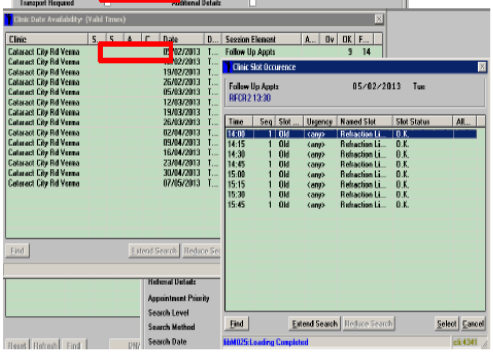
In order to make everyone aware of the changes and to change current practice, the Learning &Development IT Training team created a video using test patient data (Mrs Minnie Mouse), subject to approval from all involved. It showed the real time, step by step process of exactly how to undertake the booking and the key messages above appeared at the relevant times. At the end there was a large table summarising the key messages:
See some stills from the video below:

Make Follow-Up Appointments

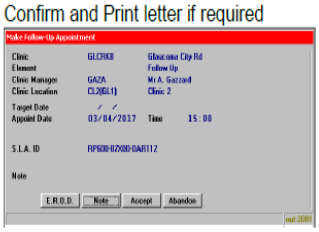
Outpatient Care > Manage Patient Appointments
RClick patient appointment > Select Make follow-up Appointment



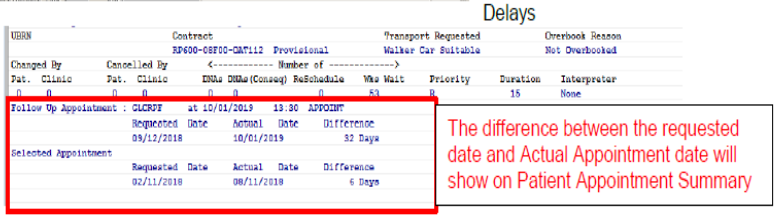
Enter Clinic Code
Enter Search Date as requested by Clinician e.g. +1w = 1 week, +1m = 1 month, +3m = 3 months, +1y = 1 year. **Do not** use C for current
PAS will search for the nearest available dates requested. Book the appointment.
For Linked Appointment only – Select Appt. Procedure e.g. RF (Refraction) or Post-Op Click **OK**



Select Correct Element e.g. follow-up
Select **Date** and **Time**
Confirm and Print letter if required

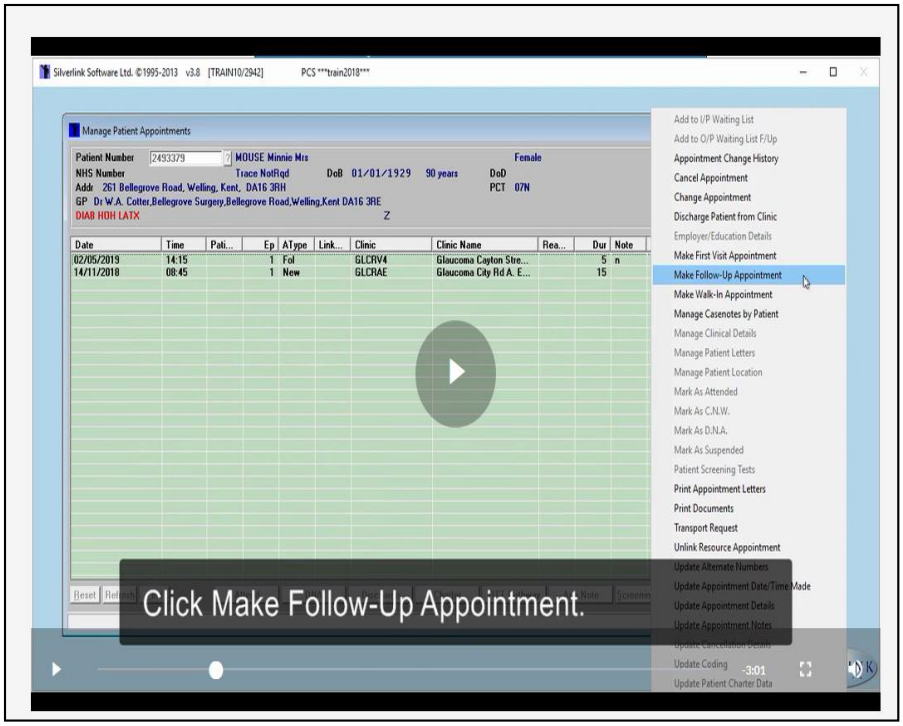


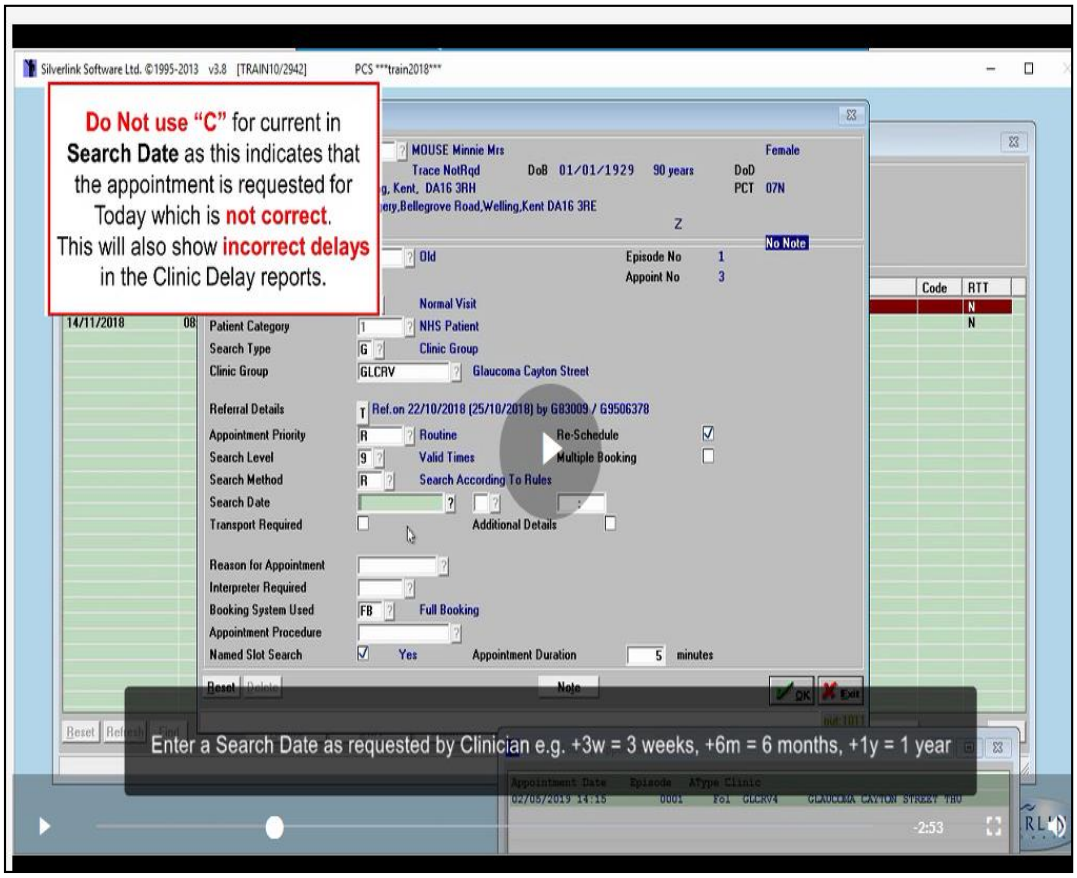
Toggle Box showing Appointment Delays

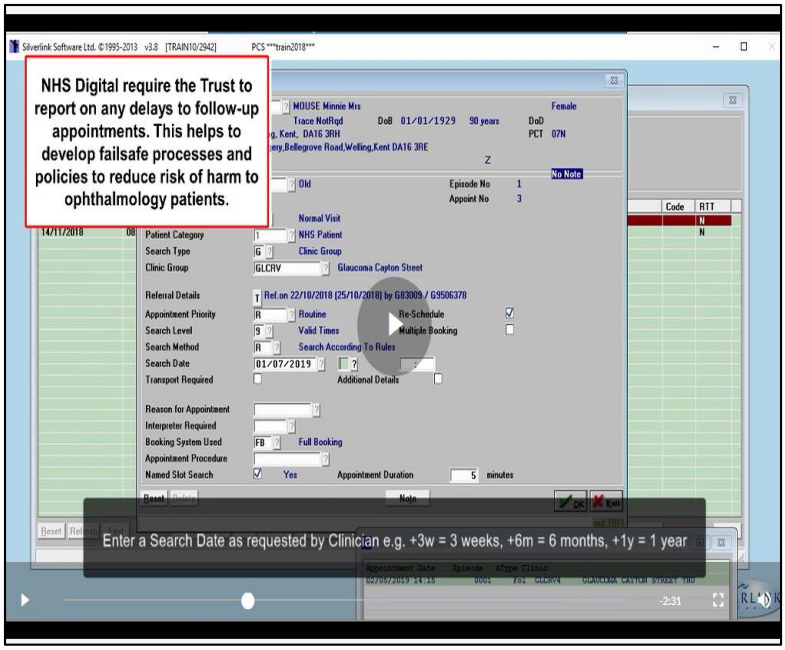


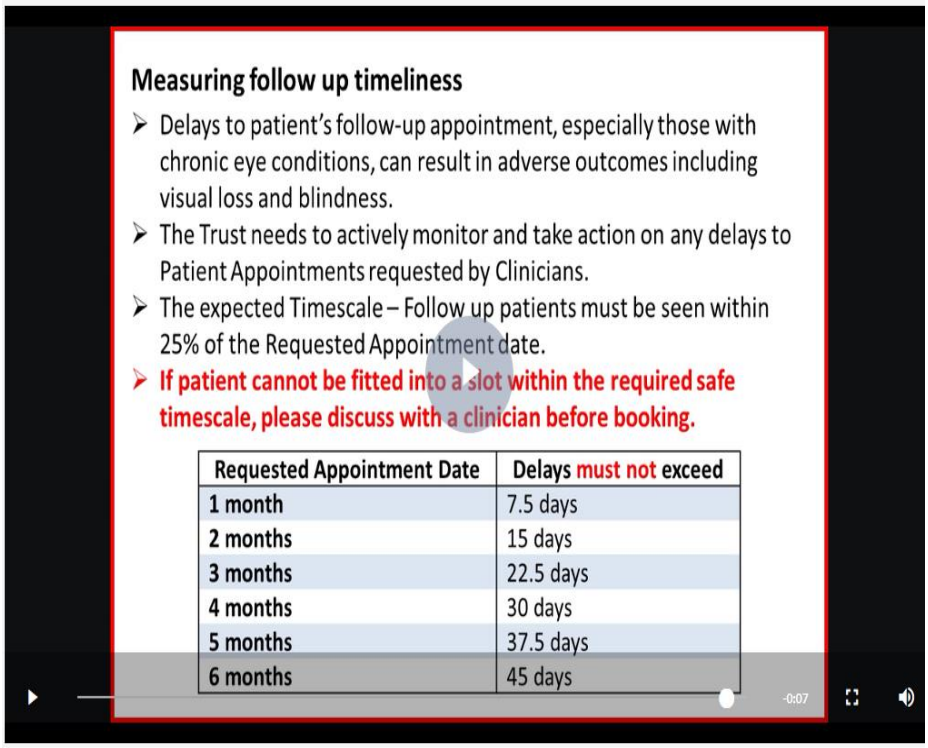
The difference between the requested date and Actual Appointment date will show on Patient Appointment Summary

The first available date after this date will be offered. If there is a delay this will be reflected in the


Silverlink Software Ltd. ©1995-2013 v3.8 [TRAIN10/2942] PCS ***train2018***
Manage Patient Appointments
Patient Number 2493379 MOUSE Minnie Mrs Female
NHS Number Trace NotRqd DoB 01/01/1929 90 years DoD
Addr 261 Bellegrove Road, Welling, Kent, DA16 3RH PCT 07N
GP Dr W.A. Cotter,Bellegrove Surgery,Bellegrove Road,Welling,Kent DA16 3RE
DIAB HOH LATX Z
Date Time Pati... Ep AType Link... Clinic Clinic Name Rea... Dur Note
02/05/2019 14:15 1 Fol GLCRV4 Glaucoma Cayton Stre... 5 n
14/11/2018 08:45 1 New GLCRAE Glaucoma City Rd A. E... 15
Add to I/P Waiting List
Add to O/P Waiting List F/Up
Appointment Change History
Cancel Appointment
Change Appointment
Discharge Patient from Clinic
Employer/Education Details
Make First Visit Appointment
Make Follow-Up Appointment
Make Walk-In Appointment
Manage Casenotes by Patient
Manage Clinical Details
Manage Patient Letters
Manage Patient Location
Mark As Attended
Mark As C.N.W.
Mark As D.N.A.
Mark As Suspended
Patient Screening Tests
Print Appointment Letters
Print Documents
Transport Request
Unlink Resource Appointment
Update Alternate Numbers
Update Appointment Date/Time Made
Update Appointment Details
Update Appointment Notes
Update Cancellation Details
Update Coding
Update Patient Charter Data
Reset
Click Make Follow-Up Appointment.
-3:01


Silverlink Software Ltd. ©1995-2013 v3.8 [TRAIN10/2942] PCS ***train2018***
Do Not use "C" for current in Search Date as this indicates that the appointment is requested for Today which is not correct. This will also show incorrect delays in the Clinic Delay reports.
MOUSE Minnie Mrs Female
Trace NotRqd DoB 01/01/1929 90 years DoD
PCT 07N
Z
No Note
Old
Episode No 1
Appoint No 3
Normal Visit
Patient Category 1 NHS Patient
Search Type G Clinic Group
Clinic Group GLCRV Glaucoma Cayton Street
Referral Details T Ref.on 22/10/2018 (25/10/2018) by G83009 / G9506378
Appointment Priority R Routine
Search Level 9 Valid Times
Search Method R Search According To Rules
Search Date
Transport Required
Re-Schedule
Multiple Booking
Additional Details
Reason for Appointment
Interpreter Required
Booking System Used FB Full Booking
Appointment Procedure
Named Slot Search Yes
Appointment Duration 5 minutes
Reset
Note
OK
Exit
Code RTT
Enter a Search Date as requested by Clinician e.g. +3w = 3 weeks, +6m = 6 months, +1y = 1 year
-2:53





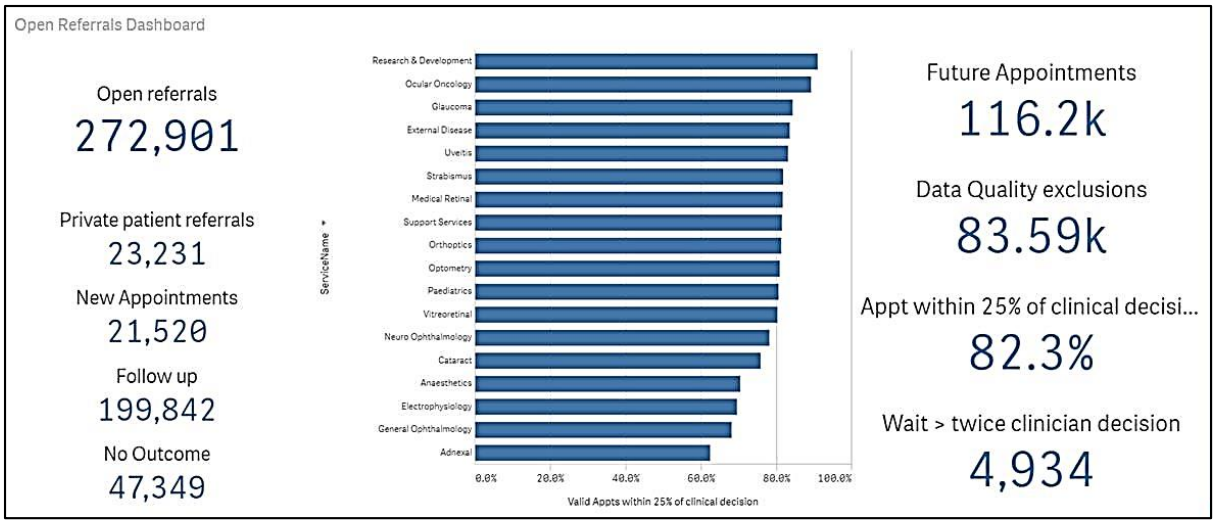
Once approved the video was made available through the Moorfields Learning and Development System – INSIGHT. The Operations team then cascaded this training video to the Team Leaders / Supervisors and Managers to cascade to all the Clinic Admin teams. They can access INSIGHT or could click on the link to watch the video to understand why this change in practice is required.

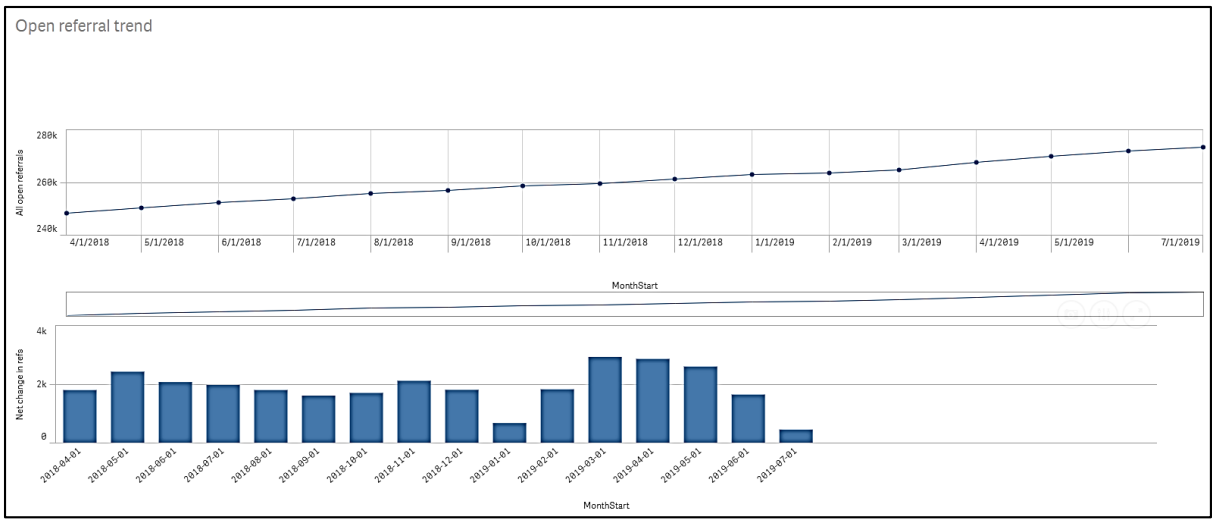
Once they have watched the video this is recorded in their learning record that they have completed this training. New starters would receive this training at induction. All will then redo the training as part of their annual mandatory training.

Using the data to make the calculation

The Performance and Information team followed the NHS Digital guidance on how to undertake the calculation for reporting how many patients were delayed and the overall performance of what % of patients were going beyond the 25% target by looking at the number of days between the last outpatient clinic they attended and the desired next clinic date vs the number of days between the last outpatient clinic and either the actual next clinic date or the current day's date (if no appointment date yet booked). They have decided to look at every single patient in the trust's eye services who is an active patient, from the referral being received throughout the time until they are discharged, ie all *live* patients. They are developing a dashboard for managers and clinicians on the trust performance reporting system to show this data across the whole trust but which is divisible by classifications such as subspecialty and site. It will show how many patients have no appointment yet booked, how many do and what the overall compliance is with the 25% target and changes over time. It will be possible to drill right down to individual patient data and show the overall patient journey and compliance with timings. This data will then start to be integrated into manager and trust performance reports to inform any required operational improvements.

For now there will be continuation with the old manual spreadsheet system, because the data is not yet fully reliable. This is because, prior to the clinic clerks' training and roll out of the consistent use of the PAS *Search Date* field for *ECAD*, the next clinic date has not been booked in a reliable manner and the *Search Date* field has been used in multiple ways for different purposes. Realistically we expect it will take a year for the trust to cleanse the data and ensure patients not booked using previous methodology are out of the system. However the dashboard will be used before this and will indicate how many patients have poor data quality (*data quality exclusions*) and only report in detail on those where the new system was used and the data is reliable. Currently the draft dashboard is being tested with managers for usability, format of display and to sense check reliability. Once done it will be finalised and start to be used regularly. Below are some screen shots of the pilot dashboard – but be aware this is still in development.





Melanie Hingorani, Consultant Ophthalmologist 17th July 2019

With enormous thanks to the Moorfields team for sharing their work openly particularly:

Chris Whiting Performance and Information

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Mala (Malini) Trivedi, Senior IT trainer

Barry Sagay, Learning and Development

Moira O'Toole, Head of IT Systems Delivery

Silverlink PAS