

Revolutionising the outpatient care two day exploratory

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Purpose of document	Exploratory report on revolutionising the outpatient experience
Event detail (delete row if appropriate)	Outpatient care workshop on the 25th November 2015
Other detail (delete row if appropriate)	

Related projects	Names and doc reference numbers
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Report on the Outpatient care workshop on the 25th November 2015

The Digital Health and Care Institute held an Outpatient workshop on the 25th November 2015 following the Outpatient Call for Innovation. The attendees of the event were representatives of the projects who had filed an application for the call. The purpose of the workshop was to help the seven proposed projects and the parties who had expressed an interest, to join into larger groupings for the available funding.

Chal Chute, the Programme Manager of DHI, started the workshop by recapping the background to the call, introducing the way the DHI works, giving an example of some previous consolidation work carried out with the Digital Diabetes Call, and explaining how the different proposals could effectively be categorised into either platforms (projects A, B, D, F, and H) or modules (C, E and G). The invitation was for the project participants to meet and assess if any of the projects could find synergies to consolidate into larger consortia.

Platform-based proposals:

- Project A by Computer Application Services (CAS) - Workpro-product for case management solution for e.g. surgeries;
- Project B by TIYGA – enhancing people’s journeys to self-management of personal health
- Project D by AssessPatients – moving care back into community.
- Project F by University of Strathclyde: Patient portal for peri- and postoperative care;
- Project H by Good4Health: looking for pre- and post-visit communications for Outpatients.

Module-based proposals:

- Project C by University of Glasgow - remote neuro rehabilitation
- Project E by NHS Highlands - Tele-rehabilitation following a hip replacement surgery.
- Project G - Web-based physio.

The introduction was followed by each project pitching their proposal idea to the others with five bullet points in one minute. After that the participants were left to freely circulate and network, with the DHI team occasionally mixing the discussion groups to talk to new participants.

Prior to the workshop some research was carried out to produce profiles for Typical Outpatients who a) do not attend, and b) usually always attend. These yielded three profiles to inspire discussions round Outpatient care related issues. The profiles were based on the following findings:

- The most DNA cases are for young male adults in deprived urban areas

- The most common DNA is in psychiatry
 - The least DNA cases happen among over 65 year old females in rural areas
 - The most DNA cases overall are female, most commonly in gynaecology
- 1) Jim, 21, lives in Castlemilk, Glasgow. Unemployed, literacy problems, drugs and alcohol abuse, suffers from schizophrenia.
 - 2) Linda, 71, lives in rural Scotland (Trymond), pensioner. Obesity, type 2 diabetes, mobility issues, not IT-literate.
 - 3) Carol, 37, lives in Edinburgh, in full-time employment. Mother to 3- and 5-year old children, suffers from chronic pelvic pain.

Outcomes:

On the day some larger collaborations were initiated. These will need a couple of months to get their applications fused.

- 1) Three platform-based projects (A, F and H) are going to submit a joint proposal for a Preoperative Care system, where content provided by project F would be enabled by the technologies provided by CAS and Good4Health.
 - a. Project A by Computer Application Services (CAS): proposal for a Workpro-product for case management solution for e.g. surgeries;
 - b. Project F by University of Strathclyde: Patient portal for peri- and postoperative care;
 - c. Project H by Good4Health: looking for pre- and post-visit communications for Outpatients.
- 2) Platform-based projects B (TIYGA) and D (AssessPatients) are going to submit a joint proposal. TIYGA is looking to enhance the people's journey to self-management of personal health, and AssessPatients works to move care back to the community. The companies Scottish presence needs to be double-checked.
- 3) Project C – (University of Glasgow, remote neuro rehabilitation) primarily needs access to patient cohorts to test her technology. She had spoken to Joanne Boyle to get access to stroke patients (their technology could be applied to stroke patients too), as well as to TIYGA (B), and Alan from NHS Highland to get access to patients in Northern Scotland. A review meeting needs to be arranged in January 2016 to see if she is managing to get access to patients.
- 4) Project E – (NHS Highlands, project on Tele-rehabilitation following a hip replacement surgery). Not sure what the project needs, but help was offered to other projects in e.g. finding out about

the projects and being able to find test beds for their technologies from within the NHS; NHS Highlands and Islands can offer a way to market for their technologies; Connecting emerging opportunities/solutions to existing needs.

- 5) Project G – (Web-based physio). The project had got new ideas for other applications for the platform. After discussions with Joanne, the project is going to find out about the Evaluation of the platform from a service perspective.
 - a. Did project G have ideas for a civic partner?
 - b. Business partner – Mercury Tide?
 - c. Or should bundles B (TIYGA) & G be brought together? TIYGA could provide a generic platform and Web-based Physio could offer the content for test-using the platform.

Questions asked:

- 1) When will the funding be available?
 - a. On the day some collaborations were formed for larger consortia. These will require some time to get their respective applications fused into one.
 - b. For individual smaller projects the approval panel meeting is in mid-Jan 2016, funding available from Feb 2016. There is a monthly approval panel, dead-line is the *last Wednesday of each month*.
 - c. Larger projects might have parts funded by Jan-March 2016 to get the work going, and they might later get top up funding.
 - d. OR for the larger consortia the funding likely to start in May/June 2016.
 - e. All projects on the go by June 2016
- 2) Can new members be added to the proposals? YES. Chal forecasts 3-4 projects to go forth by Feb, and there is still scope to add new members until contracting phase has been completed.
- 3) Any guidance from the NHS on the projects?
 - a. Advice to focus on how to manage the high volume return patients within the specialities of Gastroenterology, dermatology, ophthalmology.
 - b. How to manage repeatedly returning patients more effectively – any digital solutions to the process? This should be one that does not add any onerous steps into the pathway, and which would take into account the clinical practicalities.
 - c. Improving clinician to clinician communications.
 - d. Streamlining the Electronic Health Records systems.

- e. Updating the IT-infrastructure. The NHS Boards advice taking into account the capabilities of the hardware; a realistic and workable solutions required.
- f. The top 2 specialities identified by the NHS Boards were respiratory and neurology.