

## Board Question Form

If you do not wish to speak at the Board meeting, you may submit a written question to the Trust Secretary. This must be received by the Trust Secretary at least two working days before the Board meeting. This will enable Board members to be sufficiently prepared to respond to your question.

**Board Meeting Date: 20 March 2024**

**Board Agenda Item: Outpatients Transformation Update**

Questions asked of the Board in respect of the above agenda item at the March public Board of Directors meeting.

1. There was a reference in your presentation to “partial booking”. Could you explain what is meant by this?

Response: “Partial booking” is the term we use when our appointment booking teams send a communication (via text, digital letter or posted letter) to patients to invite them to call in to book their appointment. Partial booking is a more efficient way of booking as we can invite a large number of patients to contact us at once. This also makes for better patient experience and choice as patients are taking control of their care and therefore helps reduce missed, cancelled or rescheduled appointments.

2. Was there choice regarding when the next follow-up would be; is this protocol driven or guideline driven and how much down to clinician discretion (bearing in mind this could be variable between clinicians).

Response: There is always choice for patients in terms of when, where and modality of outpatient appointment. That said, we are also aware that there is significant clinician variation in when patients are brought back for follow-up. All outpatient appointments must add value. The Getting It Right First Time (GiRFT) programme is about trying to remove this variation and standardise clinical practice taking into account patients’ needs.

3. The percentage of overdue clinical risk is interesting, and has always been a difficult thing to measure in terms of whether someone overdue an appointment for a week is more important than someone else. I would have a note of caution about someone overdue an appointment for a year and have to get to two years before they get to 100%. It may be that the condition doesn’t change in a year, but doubling is quite a long time.

Response: Percentage overdue is not the only measure used, clinicians can also prioritise follow up as routine or urgent (see slide deck presented at Board). The “Time Critical” option can also be used to indicate for booking teams which patients must be booked on a certain date. Many long term condition patients are frequently stable and ideally these should be on a patient initiated follow up pathway with appropriate education, empowerment and understanding of key clinical symptoms that should trigger an appointment.

4. Patient Initiated Follow-Up (PIFU) – what safeguards are there, as the people who often most need to initiate a follow-up appointment are often the ones that don’t have the motivation to do so or the facility to do so.

Response: Putting a patient onto a PIFU pathway is a clinical decision based on the appropriateness for that individual, which takes into account the above factors and their specific needs and there are specialty level Standard Operating Procedures in place for instigation / ongoing management of patients on a PIFU pathway.