

Outpatient Transformation: Teledermatology Tower Hamlets CCG Inner North East London System Transformation

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In partnership with:

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Barts Health NHS trust

Newham CCG

Tower Hamlets CCG

Waltham Forest CCG

Overview of outpatients transformation programme objectives

- Our ambition for the OP transformation programme is to "deliver a **radically different system** that enables patients to have access to **the right advice, care and treatment** in the most flexible, timely and effective way possible that delivers value...The ambition is to **reduce outpatient attendances and release resources into Primary Care**. Therefore a radical solution is required."
- **This links to the NHS Long Term Plan** which sets out that "the traditional model of outpatients is outdated and unsustainable. We will therefore redesign services so that over the next five years patients will be able to avoid **up to a third of face-to-face outpatient visits**."

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What is Advice and Guidance?

- We have been doing it before eRS – Phone calls/ emails/letters
- A&G ensures patients are seen in the right place at the right time
- Blurs the boundaries between primary and secondary care – in line with GP Forward View/ Long Term Plan
- Built into NHS e-referral Service (mandated for all F2F referrals since October 2018)
- Enables two way communication via secure HSCN connection

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What are the benefits of Advice and Guidance?

Patient	<ul style="list-style-type: none">• Quicker Access to services – probably closer to home• More control / options over their care – leading to better experiences and outcomes• Reduced number of re-directed referrals or unnecessary hospital appointments
Referrer	<ul style="list-style-type: none">• Designed to support GP decision making• Improved support for interpreting test results• Less admin work associated with redirecting hospital referrals or unnecessary hospital appointments• Improved relationships with Consultants – with education / support
Provider	<ul style="list-style-type: none">• Improved referral quality• Specialist capacity focussed on patients that need it – reduction in appointment slot issues – as failure demand removed?
Commissioner	<ul style="list-style-type: none">• Ensures most cost effective delivery method is utilised• Ensures the best clinical pathways are accessed

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Can I take Photos of Patients?

- GMC Guidance on '[Making and using visual recordings of patients](#)' which requires doctors:
 - Get consent from the patient
 - Store the information securely
 - Share the information securely
 - Follow other local guidance
- British Association of Dermatologist: [Guidance on the use of mobile photographic devices](#):
 - Get consent
 - Use either an institutionally owned device
 - Use your own device (but ensure the cloud is off)
 - Send via secure means (nhs.net)
 - Delete off device once uploaded to EMIS

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How we are making this work at Bromley By Bow?

- Practice iPad
 - Stored in a secure locker, images uploaded on to EMIS at the end of the day
- GP takes photo on own device
 - Sends to secretaries who upload to EMIS and complete the eRS
- GP send Accurx message to patient asking them to email their own photos in
- Patients sends image in via e-Consult

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How To Find The Right Service on eRS?

Search By

*Request Type: Advice (selected) | *Priority: Routine

*Enter one or more of the following fields. Entering information in more than one row may reduce the services returned.

Clinical Term: []

Specialty: Dermatology (selected) | Clinic Type: Not Otherwise Specified

Named Clinician: []

▼ (Results returned: 84)

Select	Miles	Service Name	Indicative Appointment Wait
<input checked="" type="radio"/>	1	General Dermatology - Dermatology (RLH) - Barts Health NHS Trust - R1H	5 Days
<input type="radio"/>	2	St John's Adult Dermatology (Exclusions Apply), Guy's site - Dermatology - St John's - St Thomas'-RJ1	110 Days
<input type="radio"/>	4	Dermatology - Advice Only @ Lewisham Hospital for Lewisham & Greenwich Trust-RJ2	N/A

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When Not To Refer?/ Exclusion Criteria

- Patients who are under 16 years of age
- Any lesions where there is any suspicion of skin cancer
- Lesions suspicious of melanoma
- Lesions suspicious of Squamous cell carcinoma (SCC)
- Suspicious skin lesions falling under the 2WW pathway
- Dermatological emergencies e.g. Exfoliative Dermatitis or blistering skin disorders
- Patients already under the ongoing care of a secondary care dermatologist e.g. taking immunosuppressive drugs
- A suspicious change in a mole or melanocytic lesion
- Lesions that are on parts of the body where it would be deemed inappropriate to take images (unless the patient provides consent).

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Where To Find The Response?

The screenshot shows the NHS e-Referral Service interface. The browser address bar displays <https://nww.ebs.ncrs.nhs.uk/main>. The page title is "e-Referral Service". The user is logged in as "Tamsangan, Roberto" (Referring Clinician) at "XX PLACE HEALTH CENTRE". The interface includes a navigation menu with "Patient", "Worklists", "Directory of Services", "Enquiries", "Reports", and "Alerts". The "Alerts" tab is active, showing "Alerts (1)".

Worklist Type: Advice and Guidance (dropdown) | 2 Results Found. Last Refresh 02-May-2019 12:04. Click 'Refresh' to load results. | Set as Default | Enable Auto Load

Filter Criteria: Referrer: PERKINS, Lesley (Dr) (dropdown) | Clear | Refresh | Print List

UBRN	Patient Name	Priority	Response Status	Last Activity	Clinical Context	Clinician	UBRN Created
0003 2737 7720	[REDACTED]	Routine	Referrer To Review Response	01-May-2019	Dermatology/Not Otherwise Specified	-	01-May-2019
0003 2738 3299	[REDACTED]	Routine	Provider Response Required	01-May-2019	Rheumatology/Other Autoimmune Rheumatic Disease	-	01-May-2019

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Where To Find The Response?

The screenshot displays the NHS e-Referral Service interface. At the top, there is a navigation bar with 'Help', 'Alerts (1)', 'e-Referral Service', and user information including 'Tamsanguan, Roberto', 'Referring Clinician', and 'XX PLACE HEALTH CENTRE'. The main content area is divided into three sections: 'Advice Request Details', 'Summary Information', and 'Advice Conversation'. The 'Advice Request Details' section on the left lists various categories like 'Attachments', 'Reason for Referral', and 'Expectation of Referral'. The 'Summary Information' section shows details such as 'Priority: Routine', 'Service Name: General Haematology, Anaemia Neutropenia (not iron deficiency) (RLH) - Barts Health NHS Trust-R1H', and 'Specialty: Haematology'. The 'Advice Conversation' section shows a timeline of messages: a 04-Apr-2019 09:55 message from the referrer, a 04-Apr-2019 09:57 response note, and a 10-Apr-2019 19:19 response from the specialist. A red box highlights the 'Enter advice request details here' field, and a red arrow points to the 'Send Request' button. At the bottom, there are buttons for 'Cancel', 'Print', 'Update Person', 'End Conversation', and 'Refer Now'.

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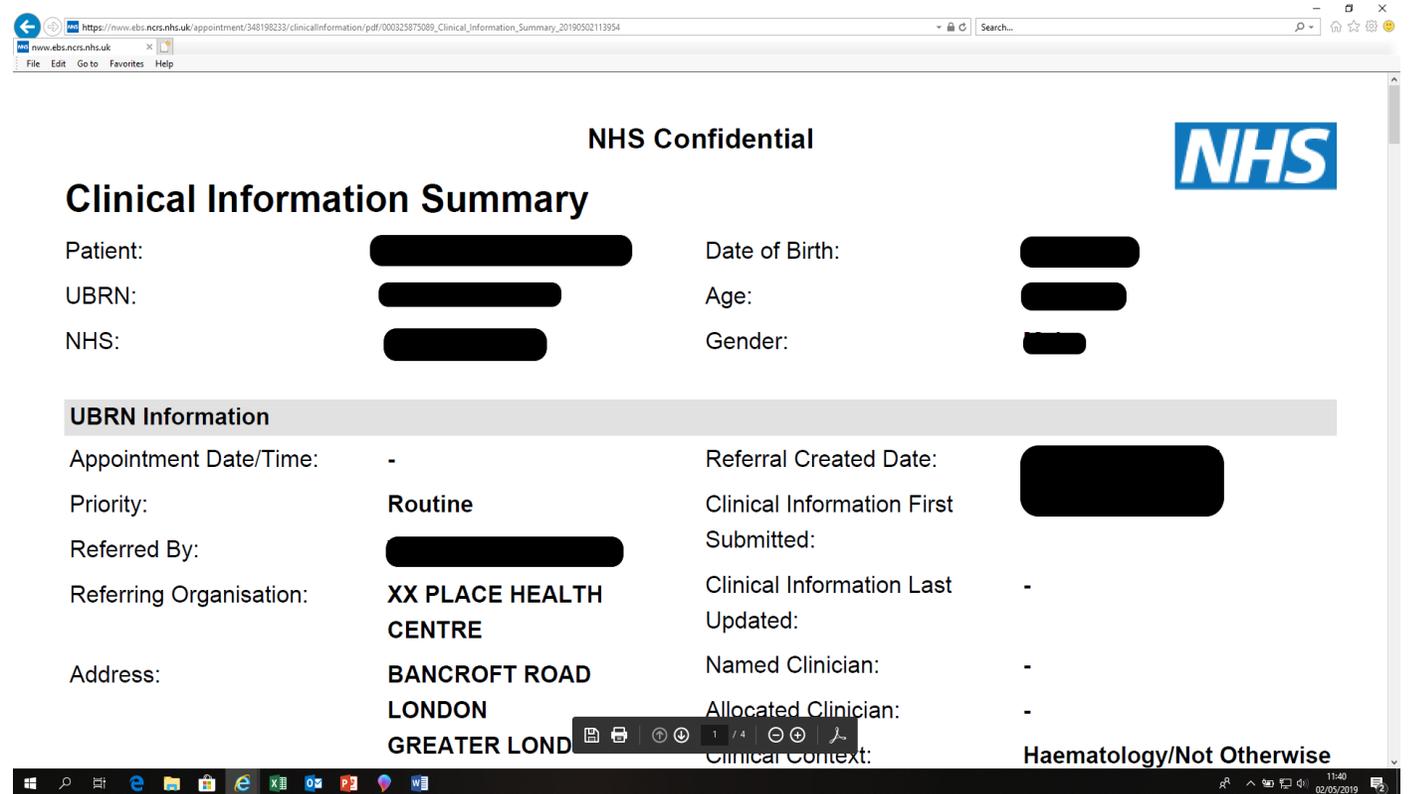
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Where To Find The Response?



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Feedback from Colleagues

- ‘The quality of the advice is extremely high. I have received sensible, pragmatic guidance each time’
- ‘Please continue to offer your service it is really very helpful, and superior to that provided by DMC’
- ‘I feel the quality of advice has been better than we have received before from other services and found the process easy to use.’

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INEL Outpatients Transformation – High Level Programme Plan

2019/20 High level objectives

- Build prevention and early intervention into pathway redesign projects
- Increase the quality of GP referrals and improve access to specialist advice
- Streamline the referral to treatment process
- Implement new models of care for outpatient follow up
- Better support patients to understand and manage their own conditions
- Provide patients with follow up care in a way that suits them, reducing non-attendance at appointments
- Initiate plans to reduce face to face outpatient appointments by c.430k per year, equating to annual spend of £42m* across the INEL CCGs, and deliver QIPP/CIP plans relating to outpatients

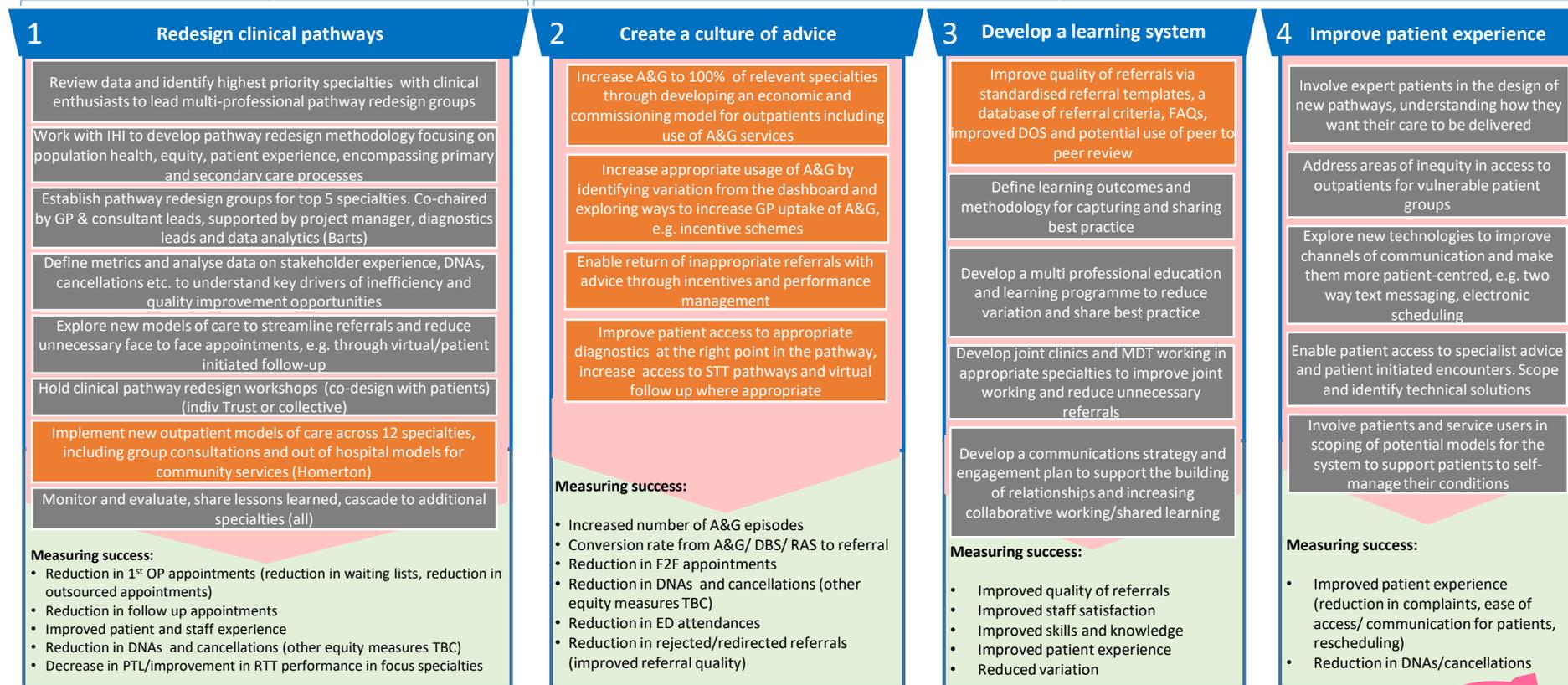
Five year objective:

To deliver a radically improved system that enables patients to have access to the right advice, care and treatment in the most flexible, timely and effective way possible, to manage health conditions in a way that suits them, and to reduce face to face outpatient visits by a third over the next five years, in line with the ambition set out in the NHS Long Term Plan.

*£42m based on first/follow-up outpatient appointments across all providers

Key initiatives:

Trust/system-wide



KEY

Complete	Off track	In QIPP
In progress	Pending start	

Supporting the integration agenda

The following areas of this Transformation Programme will contribute to the Integration Agenda by:

Developing the foundations of an Integrated Care System by bringing together multi professional teams to redesign pathways and deliver new models of care to improve outpatients

2019/20
Planned total QIPP/
CIP Contribution

£ TBC



Questions?

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