Berkshire

davidoliver372@googlemail.com Follow

David on Twitter @mancunianmedic

Cite this as: *BMJ* 2021;375:n2408<http://dx.doi.org/10.1136/bmj.n2408>

Published: 06 October 2021

ACUTE PERSPECTIVE

David Oliver: Outpatient clinics' role in sustainability

David Oliver *consultant in geriatrics and acute general medicine*

In 2018 the Royal College of Physicians published *Outpatients: The Future—Adding Value through Sustainability*,¹ arguing that the traditional care model for outpatient specialty opinion, diagnosis, and disease monitoring was no longer fit for purpose. This future focused report is worth revisiting as NHS elective services recover and incorporate learning from covid-19 but struggle for staff and facilities.

The RCP authors, whose new article is now in *BMJ Opinion*,² argued that outpatient clinics accounted for the highest volume of hospital activity and yet, when compared with pathways and targets for acute care, had received far less national policy attention for reform or improvement. Recommendations to improve value and sustainability included greater use of remote and “one stop” clinics; greater co-design, information signposting, and peer support with patients and charities; and fewer needless “routine follow-up” appointments, with more patient directed follow-up when problems or questions arose. These would also mean less traffic ferrying patients to and from clinics.

Since that report, the Richmond Group of health charities has published a report rich with recommendations based on patients' personal experiences of multimorbidity.³ This showed starkly the burden and personal cost—in time, inconvenience, worry, and money—to patients with multiple long term conditions who had to make repeated physical visits to different outpatient clinics. And National Voices has repeatedly set out the case from patients' perspective for more coordinated and person centred care.⁴

Major surveys of patient experiences and public attitudes have shown that, while respect and gratitude for the NHS and trust in its staff remain high, patients increasingly struggle with access, timeliness, and communication and can feel unsupported.^{5–7}

The NHS's Getting it Right First Time programme⁸ has produced a range of reports and recommendations across a range of outpatient specialties, highlighting major variations in activity, staffing, performance, and value while recommending potential improvement activities and picking out examples of good practice.

The pandemic response has helped to accelerate some innovations recommended by the RCP report.⁹ Greater use was made of remote consulting, online or by phone.^{10 11} Trusts employed one stop hubs, rapid access ambulatory clinics, or home based support models such as virtual wards.¹² Fewer patients attended outpatient services on hospital sites, partly because of infection control measures and emergency

service changes and partly through use of phone or online consultations.¹³ Just like GPs, hospital teams will now have to strike a new balance between remote and face-to-face consulting.

There are some caveats. First, while some patients like the convenience of remote consulting and the lower impact on their day, others still want to see a (hopefully familiar) practitioner in person. We need the flexibility to accommodate this—although we could make more use of community specialty clinics closer to patients' homes, with reduced travel.¹⁴ Another concern is that serious pathology may be missed without physical consultation.

Second, GP leaders have repeatedly expressed dissatisfaction about hospitals transferring uncontracted secondary and tertiary care work back to primary care, which doesn't have the right funding, staffing, or access to investigations.¹⁵ Reducing outpatient activity could worsen this schism and increase pressure on primary care.

Third, the drive to catch up on post-covid backlogs¹⁶ might focus minds on using outpatient appointments more wisely and efficiently, but for now it's likely to drive more activity, not less.

Finally, the financial mechanisms that fund hospitals' clinical activity will need to reimburse new models of outpatient working adequately, and provision of more one stop assessment and investigation clinics, while cutting down on routine follow-ups with multiple specialty clinics, needs to be incentivised and rewarded.

The RCP report has already influenced the NHS long term plan and operational guidance,¹⁷ but, as environmental sustainability and post-covid health service recovery are such defining political issues, we have fresh impetus to revisit its messages.

Competing interests: See bmj.com/about-bmj/freelance-contributors.

Provenance and peer review: Commissioned; not externally peer reviewed.

1 Royal College of Physicians. Outpatients: the future—adding value through sustainability. 9 Nov 2018. <https://www.rcplondon.ac.uk/projects/outputs/outpatients-future-adding-value-through-sustainability>

2 Isherwood J, Hillman T. Making outpatient care sustainable for the future. *BMJ Opinion* 2021 Oct 6. <https://blogs.bmj.com/bmj/2021/10/06/making-outpatient-care-sustainable-for-the-future/>

3 Aiden H. Multimorbidity: understanding the challenge. Richmond Group of Charities. Jan 2018. https://richmondgroupofcharities.org.uk/sites/default/files/multimorbidity_-_understanding_the_challenge.pdf

4 National Voices. Person centred care 2020: Calls and contributions from health and social care charities. Sep 2014. <https://www.nationalvoices.org.uk/sites/default/files/public/publications/person-centred-care-2020.pdf>

5 Engage Britain. Is the NHS and social care working for everyone? 2021. <https://engagebritain.org/is-the-nhs-and-social-care-working-for-everyone/>

- 6 Care Quality Commission. Outpatient survey 2011. 2011. <https://www.cqc.org.uk/publications/surveys/outpatient-survey-2011>
- 7 Wellings D, Appleby J. Public perceptions of the NHS in 2020. King's Fund. 30 Jul 2021. <https://www.kingsfund.org.uk/publications/public-perceptions-nhs-2020>
- 8 NHS England and NHS Improvement. Getting It Right First Time. <https://www.gettingitrightfirst-time.co.uk/>
- 9 Lewis R, Pereira P, Thorlby R, Warburton W. Understanding and sustaining the health care service shifts accelerated by covid-19. Health Foundation. 15 Sep 2020. <https://www.health.org.uk/publications/long-reads/understanding-and-sustaining-the-health-care-service-shifts-accelerated-by-COVID-19>
- 10 Horton T, Hardie T, Mahadeva S, Warburton W. Securing a positive health care technology legacy from covid-19. Health Foundation. 16 Mar 2021. <https://www.health.org.uk/publications/long-reads/securing-a-positive-health-care-technology-legacy-from-covid-19>
- 11 Collins B. What is covid-19 revealing about innovation in the NHS? King's Fund. 3 Aug 2020. <https://www.kingsfund.org.uk/blog/2020/08/covid-19-innovation-nhs>
- 12 Thornton J. The "virtual wards" supporting patients with covid-19 in the community. *BMJ* 2020;369:m2119. doi: 10.1136/bmj.m2119 pmid: 32499317
- 13 NHS Digital. Hospital outpatient activity 2020-21. 23 Sep 2021. <https://digital.nhs.uk/data-and-information/publications/statistical/hospital-outpatient-activity/2020-21>
- 14 Royal College of Physicians. Teams without walls—the value of medical innovation and leadership. 10 Sep 2015. <https://www.rcplondon.ac.uk/projects/outputs/teams-without-walls-value-medical-innovation-and-leadership>
- 15 Oliver D. David Oliver: How hospital doctors' own pressures affect GPs. *BMJ* 2021;374:n2358. doi: 10.1136/bmj.n2358 pmid: 34588161
- 16 NHS England. NHS sets out covid-19 recovery plan for patient care and staff wellbeing. 25 Mar 2021. <https://www.england.nhs.uk/2021/03/nhs-sets-out-covid-19-recovery-plan-for-patient-care-and-staff-wellbeing/>
- 17 Thorlby R, Gardner T, Everest G, et al. The NHS long term plan and covid-19. Health Foundation. Sep 2021. <https://www.health.org.uk/publications/reports/the-nhs-long-term-plan-and-covid-19>