

# Virtual by default outpatients and impact across our five P's

## Project aim

To measure and understand the impact of outpatients being delivered as a non face-to-face service across the five Ps (patients, people, performance, places and pounds).

## Timeline for delivery

From: June 2020

To: September 2020

## Measures

Patient satisfaction survey, Attend anywhere patient survey

Staff satisfaction survey, Attend anywhere clinician feedback

Key performance indicators– Follow-up appointments, DNA, PALS

Electricity and clinical space utilisation

Pay, Non pay and total expense cost analysis

## Tests for change

Virtual Outpatient appointments remained below 4% until Mar 2020. On 11 Mar 2020, the WHO declared COVID19 as pandemic and UK government announced lockdown effective from 23 Mar 2020. Thus, The Princess Alexandra Hospital NHS trust transformed its outpatient service from F2F to NF2F, average percentage of non-face-to-face appointments skyrocketed from 3.15 (pre COVID19) to 75.15% (post COVID19).



## Project team

- **Juliet H Inbajothi**, RN, Project Lead.
- **Robert Ayers**, Deputy Director of Quality First.
- **Emma Bright**, Quality Improvement Programme Manager
- **Nicholas Kroll**, Information Manager.
- **Taylor Higgitt**, Quality First Administrator.

**Results** Significant reduction in negative PALS (Pearson Correlation -0.82). However, delayed appointments remain the same(41%) and not being contacted for delay has gone up 36%.



Both clinicians and patients reported there is no significant difference in delivering care in terms of clinical effectiveness. Nevertheless, time pressure & Work related stress increased 25% & 28% from 2019 to 2020 respectively.



Did Not Attend(DNA) rate decrease significantly(Pearson Correlation -0.86). But, follow-up appointments has gone up 4%.



72%increase in virtual activity presumed to have less clinical space utilisation.



Non-pay cost shows significant reduction (p-Value0.030).

**In summary**, with this information and analysis the project team fed back that they have much greater insight into the impact of 'virtual by default', which helped to target improvement efforts.

## Learning and next steps

- Sustainable capacity measurements for each clinic to avoid delays.
- Identify training needs to cope with the new culture of working.
- Clear risk-based stratification of F2F appointments to decrease follow-ups.
- Continuously monitor and utilise clinical space effectively.
- Consider financial impact of any workforce realignment in the long-term.

