SUPPORTING OUTPATIENT CLINICAL WORKFLOWS

Routine outpatient clinics are being scaled back in response to COVID-19.

Opportunities exist to continue supporting priority clinical workflows across all specialities to alleviate patient anxiety and mitigate against backlog build up:

- An experienced doctor, nurse or advanced practitioner can provide patients with clinical information virtually i.e. non-face-to-face, and agree a plan
- Patients can then be sent information by email or letter, including signposting to appropriate websites
- Trakcare can be used to record all activity, including virtual clinics
- A contact number or email address can be provided to support further patient initiated interaction directly with the service – consider no time limit on this
Scottish Government is also supporting the scale up of NHS Near Me across Primary and Secondary Care.

A number of additional resources have previously been developed and supported by Scottish Government to aid the redesign of outpatient pathways and avoidance of unnecessary face to face attendances.

Listed below are two tools to enhance initial vetting of new outpatients and how to reduce return outpatient attendances. Each of these initiatives will aid the current COVID 19 outpatient response whilst also supporting improving patient Workstreams in the future.
Active Clinical Referral Triage (ACRT) – Enhanced Vetting:

A senior clinical decision maker reviews referrals in conjunction with each patient's relevant records after referral, including imaging and lab results, and triages to the optimal, evidence-based, locally agreed pathway which may include:
Checklist for ACRT:

- Who will carry out ACRT and which pathways will be used?
- Use standardised leaflets, letters and appropriate web-sites
- Update vetting outcomes on Trakcare to reflect the new pathways
- Record new pathways in the electronic patient records

DISCHARGE - PATIENT INITIATED REVIEW (PIR)

Patients are discharged with information, including how to access the service directly as required (not back to the GP); consider no time limit. Use patient information leaflets if available but ensure contact details are available, and update Trakcare

Further information and supporting documentation on ACRT and PIR can be found here

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