

Investigating innovations in outpatient services: a mixed-methods rapid evaluation

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Plain language summary

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Plain language summary

When someone visits hospital for an operation or an ongoing condition, they are given follow-up appointments at clinics, often after 6 months. The National Health Service thinks that many of these appointments are not necessary because they are not useful to patients. Also, outside fixed appointments, patients are not always being seen when they are most in need.

Hospitals have been testing new ways to improve services. We looked at hospital data and discussed interesting findings with hospitals themselves to see if we could find approaches that worked.

We then looked at one new approach called Patient-Initiated Follow-Up. Patients using Patient-Initiated Follow-Up can book appointments when they are needed, rather than at a pre-planned time.

We explored how Patient-Initiated Follow-Up was being used in hospitals, what effect it was having and what patients and National Health Service staff thought about it. We studied hospital data and interviewed patients and National Health Service staff.

We found that Patient-Initiated Follow-Up works differently depending on the hospital and the patient's condition. Patient-Initiated Follow-Up is most frequently used for patients needing short-term follow-up, such as after an operation. It is also starting to be used for patients with long-term chronic conditions.

National Health Service staff think that Patient-Initiated Follow-Up can benefit patients, although some may find it easier to use than others. Patients appear to like Patient-Initiated Follow-Up, but some still prefer to let the hospital schedule appointments.

From data it appears that for some conditions, where more patients use Patient-Initiated Follow-Up, fewer follow-up visits are required. For a few conditions, there is evidence of fewer emergency department visits, but the overall impact is small.

We interviewed staff from a small number of hospitals and four patients, so what we found may not apply across the National Health Service. We also developed a guide to help hospitals evaluate the success of their own Patient-Initiated Follow-Up services.

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RSET: The Rapid Service Evaluation Team

The Rapid Service Evaluation Team ('RSET'), comprising health service researchers, health economists and other colleagues from University College London and the Nuffield Trust, have come together to rapidly evaluate new ways of providing and organising care. We have been funded by the National Institute for Health and Care Research (NIHR) Health Service and Delivery Research (HS&DR) programme for five years, starting on April 1st 2018.

RSET are completing rapid evaluations with respect to:

1. The **impact of services** on how well patients do (e.g. their quality of life, how likely patients are to recover);
2. Whether services give people the **right care at the right time**;
3. Whether these services are good **value for money**;
4. How changes are put into practice, and what patients, carers, and staff think about how the changes happened and whether they think the changes **made a difference**;
5. What **lessons** there are for the rest of the NHS and care.

