

Redesigning outpatients

By redesigning outpatient services to meet demand through alternatives to face-to-face consultation, the NHS can make a significant contribution to tackling air pollution from road traffic. This will also allow the same clinical input to be provided in a more convenient way for patients.

What is the environmental impact of outpatients?

Patient and staff travel accounts for 18-28% of the NHS footprint, and on any one day NHS-related traffic accounts for 5% of road traffic in England alone. The Sustainable Development Unit's Health Outcomes Travel Tool shows that each year NHS-related traffic is associated with 753 deaths from air pollution and 8,844 life years lost from air pollution.

Outpatient services form a large part of this environmental impact, with appointments in England alone almost doubling in the past decade to reach 120 million per year.

Patient dissatisfaction with outpatient services

One in five appointments in England, and one in four in Wales, are cancelled or reported as "did not attend". The majority of cancellations in England are hospital-instigated and for those that aren't the [CQC Outpatient Satisfaction survey](#) and [NHS Improvement](#) indicate a key reason is that they are often scheduled at times when patients feel they are not needed.

RCP's Patient and Carer Network have also expressed frustration with 'the heavy reliance on traditional face-to-face consultations, which are often rushed with little opportunity for questions or discussion', and the fact that reaching a diagnosis and treatment plan required 'several hospital visits, over several weeks ... prolonging uncertainty and wasting time'.

Options for reform

Alternatives to face-to-face consultations can improve patient care while reducing the NHS's environmental impact. RCP's Outpatients: the future report contains [seven case studies](#) which include practical examples of how this has successfully been done.

Redesigning outpatients should focus on four specific areas:

1. Patient-initiated follow-up (PIFU) - Access to follow-up appointments should be flexible. Patient-initiated appointments should be offered, replacing the need for routine 'check in appointments'. Studies have shown that PIFU achieves similar health outcomes to standard care across a diverse range of conditions, and generally reduces total number of appointments over time. It also improves patient and clinician satisfaction compared to regular scheduling.

2. Telephone and video consultation - Remote consultations ('telemedicine', 'teleconsultation') using telephone, ISDN videoconferencing or online videoconferencing (eg Skype) can include transmission of medical images (eg teleradiology for stroke) or other key data such as physiological monitoring. Some remote consultations may link the hospital doctor directly to the patient (prison telemedicine) while others include clinicians at both ends (minor injury unit telemedicine).

One study of remote video found: ‘no differences in the quality indicators of medication compliance, knowledge of disease, or self-care ability; patient satisfaction; or service use, indicating that video calling is an acceptable substitute for face-to-face care. Cost savings were attributed to fewer hospitalisations while the quality of care remained stable.’ In asthma, remote follow-up consultations achieved the same health outcomes as face-to-face follow-ups.

3. Remote monitoring – Remote monitoring uses technology to allow patients to submit personalised data, and can replace routine face-to-face follow-up appointments with ones triggered by patient need.

This data can be used to reassure and support patients to achieve health goals through self-management (eg step counters for cardiac rehabilitation) and allow data transfer back to clinical teams for interpretation and ‘clinical monitoring from a distance’. Portals used for data sharing can alert clinical teams to potential clinical problems, triggering more formal review, and patients can submit queries electronically via the portal. They have been shown to reduce healthcare use, including emergency attendances, compared with standard face-to-face follow up.

4. Self-management

Self-management provides patients with the skills and confidence to recognise, treat and manage ongoing health problems without additional medical attention. Self-management has been shown to have favourable impacts on health outcomes and behaviours by reinforcing the role and responsibility of the patient for their own health. Many prevalent chronic conditions, such as heart disease, chronic obstructive pulmonary disease and diabetes, are lifestyle-related and share common challenges associated with their management. Randomised controlled trials comparing community-based self-management with care as usual have demonstrated improved health outcomes.