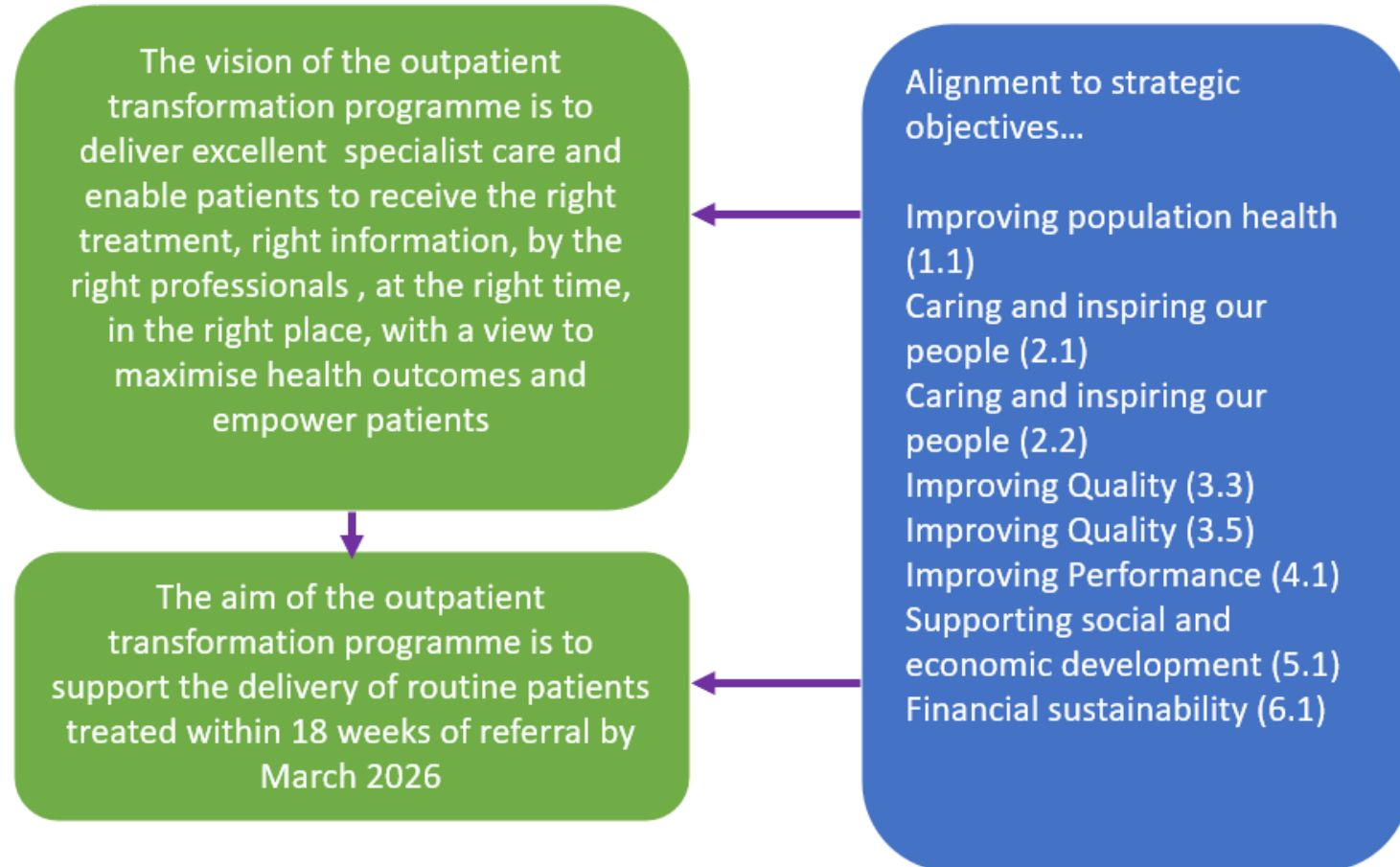


Outpatient Excellence Programme

Karen Southern, Programme Director

Programme Aim



NCA Level KPI Benchmarking



Northern Care Alliance
NHS Foundation Trust

- Internal and external data has been used
- **DNA rate** remains worse than national/peer averages
- **PIFU utilisation rate** is below the 5% target, but better than national/peer averages
- **Remote consultations** remain below the 25% target & continue to decline
- **Wait to first OPA** continues to improve

Northern Care Alliance - High Level Summary

Key Performance Indicator		Target	Month-Year							SPC Icon	Peer	National	Link
			Mar-24 Baseline	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25				
DNA Rate (excludes Community)	All Apt Types	7.4%	8.7%	8.3%	8.5%	8.2%	8.6%	8.4%	8.4%		7.0%	6.6%	PowerBI Link
PIFU	Utilisation Rate	5%	3.1%	3.8%	4.8%	4.8%	4.3%	4.2%	4.5%		3.3%	3.7%	PowerBI Link
Remote consultations	% performed remotely	25%	21.5%	20.5%	19.8%	19.7%	20.0%	18.8%	19.1%		17.4%	18.3%	PowerBI Link
Specialist Advice	Utilisation Rate (n/100)	21	21.2	25.3	26.8	30.5	27.6	22.7	Not available		24.4	29.7	PowerBI Link
	Diverted volume		1630	2015	2438	2742	2031	2324	995				PowerBI Link
Patient Initiated Cancellati	All		12.2%	13.3%	13.7%	13.1%	13.4%	13.9%	13.7%				
Hospital initiated cancellati	All		13.2%	10.4%	10.8%	11.8%	12.2%	10.6%	11.4%				
Wait to First OPA	Wait in weeks		18.3	15.8	16.8	15.5	14.7	16.7	16.5				PowerBI Link

KPI Improvement's

NCA high level summary

Key Performance Indicator	Target	Oct 23	Oct 25	Variance	Latest peer average	Latest national average
Specialist Advice Utilisation rate (n/100)	21	19.8	22.7	+2.9	24.4	29.7
DNA (All types)	7.4%	9.9%	8.4%	+1.5%	7.0%	6.6%
Remote Consultations	25%	20.4	19.1	-1.3%	17.4%	18.3%
PIFU	5%	2.3%	4.5%	+2.2%	3.3%	3.7%

NOTE: deterioration in remote consultations is in line with peer and national performance changes, NCA above peer and national averages

Our Digital Journey

- Patient Electronic Platform (PEP) Sept 24
- 67% of patients accessing their **appointment** letter via the PEP and 25% via NHS App
- 93% patients receiving an appointment text reminder
- Two-way messaging with patients enable quick contact
- **Consultation** letters via PEP & NHS app – work in progress
- OBC stage for a single EPR
- Data Science Tool and application (DNA high risk)

Our Priorities

- Reducing health inequalities – knowing our data
- Identifying vulnerable patients, providing accessible information for patients when they need it
- Collaboration with primary care – making a difference
- ‘You said we did’ – with our volunteer colleagues
- Standardising appointment letters
- Standardising clinic templates (GIRFT recommendations)

Advise & Guidance

The new Medium Term Planning Framework published at the end of October also sets out a national directive to move towards SPoA model and A&G by default, by July next year

National Referral Standard

From July 2026, Advice-and-Refer (A&R) will standardise elective referral management through a Single Point of Access.

Digital-First Patient Models

Integration of Advice-and-Guidance into digital-first, patient-led models enhances healthcare access and patient empowerment.



Improved Triage Efficiency

The guidance supports enhanced triage efficiency and better clinical decisions to ensure timely care access.

Call to Action for Providers

Healthcare providers must prepare, engage stakeholders, and develop systems supporting new referral pathways.

Outpatient Disruption

- ✓ Delivering care differently
 - ✓ **Challenge the status quo**
 - ✓ Reducing hospital visits for patients
 - ✓ Delivering care closer to home
 - ✓ Diagnose to refer
 - ✓ Productive and efficient
- Recent clinical round table on the 20th November united leaders from NHSE, GIRFT, GM Outpatient Improvement, primary care and NCA
 - Cardiology, Dermatology, Neurology, Neurosurgery, and ENT shared the benefits of their tests of change from September/October
 - Further plans are now underway to extend those initiatives and embed into core practise.

CARE
APPRECIATE
INSPIRE