

An edited version of this article has been published as: Jones R (2016) Recent trends in outpatient follow-up rates. *British Journal of Healthcare Management* 22(2): 92-94. Please use this to cite.

Recent trends in outpatient follow-up rates

Dr Rodney P Jones (ACMA, CGMA)
Statistical Advisor
Healthcare Analysis & Forecasting
www.hcaf.biz
hcaf_rod@yahoo.co.uk

Further articles in this series can be found at http://www.hcaf.biz/2010/Publications_Full.pdf

The published version is available at www.bjhcm.co.uk or via an Athens login

As financial pressures in the NHS intensify it is common for organisations to make unsubstantiated assumptions regarding future efficiency. In this respect, it has been recently demonstrated that inpatient length of stay (LOS) has generally reached an asymptote in both the USA and UK (Jones 2015b). A review of outpatient follow-up rates in England between 1987/88 to 2010/11 demonstrated a declining reduction in the follow-up rate over time, with the possibility of an asymptote beyond 2010/11 (Jones 2012b).

In this respect Table 1 shows the England average outpatient follow-up rate between 2008/09 and 2014/15 for the 35 largest specialties (as measured by number of first attendances). Data is from the Health & Social Care Information centre website. Reducing follow-up rates are still occurring in many of the surgical specialties, but elsewhere follow-up rates appear to have gone through a minimum and are now rising.

Data covering every specialty shows that the recent change in follow-up rate ranges from a lower quartile of -1.3% p.a., median of +0.2% p.a., through to upper quartile of +1.8% p.a. Some 54% of specialties now appear to be showing a trend to higher follow-up rates.

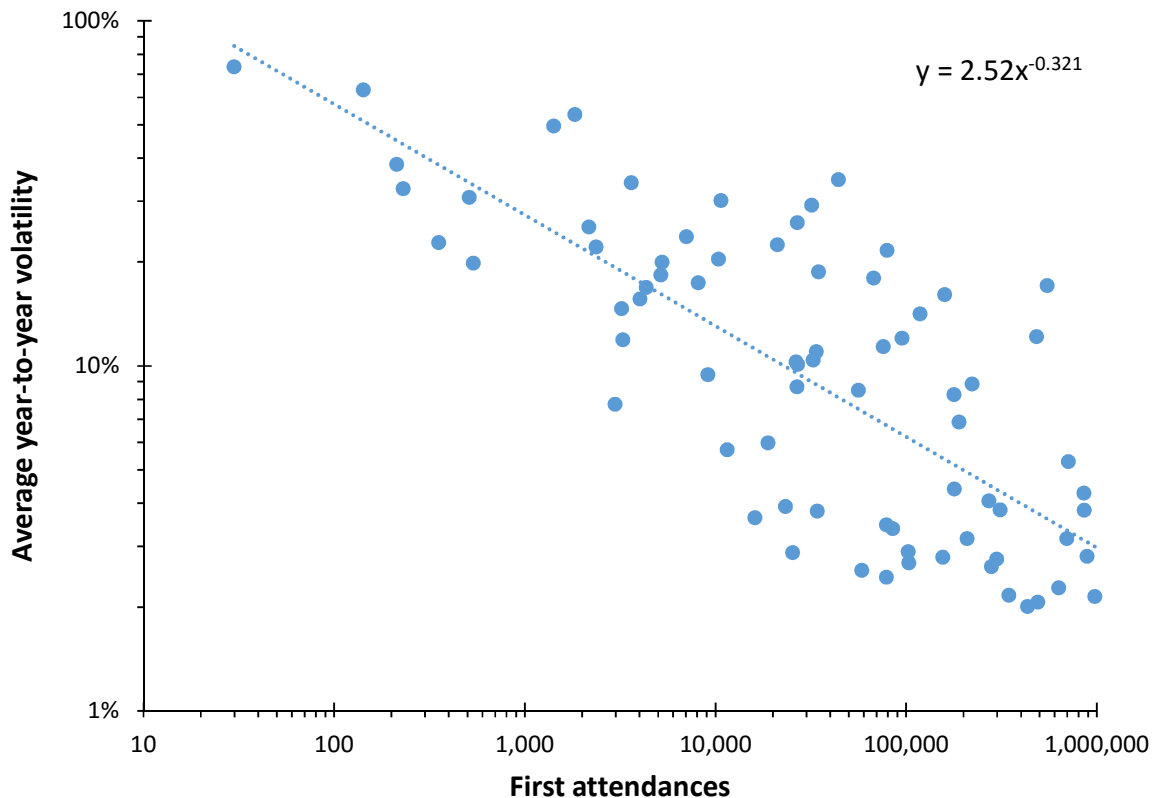
There are two potential reasons, firstly the need to train junior doctors implies that follow-up rates could never decrease *ad infinitum*, and secondly a generally aging population with multiple morbidities (Jones 2013) implies that pressure was inevitably going to come for follow-up rates to increase. Also recall that the volume of GP referrals is also increasing, and can show unusual periods of unexpected growth (Jones 2012a,b), as is also seen in A&E and medical admissions (Jones 2015a,c, 2016). It would appear that cost pressures in this area are likely to continue and will not 'go away' by making heroic assumptions for the future.

Having established that the NHS has probably reached the tipping point where follow-up rates are likely to increase the next issue to be addressed is the effect of size in the variability of follow-up rates from one year to the next.

Clinical commissioning groups often fall into the fallacy that changes in follow-up rate from one year to the next are the 'fault' of the acute sector. However, Figure 1 clearly shows that the average volatility in the follow-up rate is a function of the statistical uncertainty arising from small numbers, plus an additional contribution from the effect of the environment which makes some specialties more volatile

An edited version of this article has been published as: Jones R (2016) Recent trends in outpatient follow-up rates. *British Journal of Healthcare Management* 22(2): 92-94. Please use this to cite.

Figure 1: Effect of size on average year-to-year volatility in the follow-up rate measured over a seven year period.



The final issue on this topic is that the all-specialty follow-up rate shows characteristic step-like changes over time (Jones 2015a,d), suggesting wider synchrony between specialties which may arise from a common immune linkage between certain conditions (Jones 2012a,c, 2014), i.e. the situation may be far more complex than has been appreciated.

In conclusion, outpatient follow-up rates in over half of outpatient specialties are now showing an increase over time. CCG contracts insisting on statistically impossible targets are probably legally indefensible. Hidden patterns may exist between specialties. Financial pressures can only be ameliorated by genuine schemes to reduce GP referral such as email a subject expert, etc.

References

Jones R (2004) Financial risk in healthcare provision and contracts. *Proc. 2004 Crystal Ball User Conference, Denver, USA* http://www.hcaf.biz/Financial%20Risk/CBUC_FR.pdf

Jones R (2012a) Are there cycles in outpatient costs. *BJHCM* 18(5): 276-277.

Jones R (2012b) Increasing GP referrals: collective jump or infectious push? *BJHCM* 18(9): 487-495.

Jones R (2012c) GP referral to dermatology: which conditions? *BJHCM* 18(11): 594-596.

An edited version of this article has been published as: Jones R (2016) Recent trends in outpatient follow-up rates. *British Journal of Healthcare Management* 22(2): 92-94. Please use this to cite.

Jones R (2012d) Trends in outpatient follow-up rates, England 1987/88 to 2010/11. *BJHCM* 18(12): 647-655.

Jones R (2013) Trends in elderly diagnoses: links with multi-morbidity. *BJHCM* 19(11): 553-558.

Jones R (2014) Unexpected changes in outpatient first attendance. *BJHCM* 20(3): 142-143.

Jones R (2015a) Are emergency admissions contagious? *BJHCM* 21(5): 227-235.

Jones R (2015b) Declining length of stay and future bed numbers. *BJHCM* 21(9): 440-441.

Jones R (2015c) Recurring Outbreaks of an Infection Apparently Targeting Immune Function, and Consequent Unprecedented Growth in Medical Admission and Costs in the United Kingdom: A Review. *Brit J Med Medical Res* 6 (8): 735-770. doi: 10.9734/BJMMR/2015/14845

Jones R (2015d) Trends in demand for urgent care. *J Paramedic Pract* 7(10): 486-488.

Jones R (2016) Is cytomegalovirus involved in recurring periods of higher than expected death and medical admissions, occurring as clustered outbreaks in the northern and southern hemispheres? *Brit J Med Medical Res* 11(2): 1-31. doi: 10.9734/BJMMR/2016/20062