

# Change concepts for improving planned care pathways

The change concepts below using learning from across Scotland to enable planned care services to sustainably and affordably reduce waiting times. Change concepts can will either reduce demand or optimise use of capacity.

Change concepts labelled MPPP are supported by the [Modernising Patient Pathway Programme](#). Change concepts labelled SAC are supported by the [Scottish Access Collaborative](#). Please share change concepts you with [his.accessqi@nhs.scot](mailto:his.accessqi@nhs.scot).

Support in the community	Referral management	Outpatients and diagnostics	Inpatients and theatre
Demand: Support for self-management	Demand: Active clinical referral triage (MPPP)	Demand: Patient initiated returns (MPPP)	Demand: Same day surgery (MPPP)
Demand: Decision support tools for referrers	Demand: Patient initiated returns (MPPP)	Capacity: Remote consultancy (SAC)	Capacity: Theatre optimisation
Demand: Improved referral guidance	Demand: Waiting list validation (SAC)	Capacity: One-stop clinics	Capacity: Enhanced recovery after surgery (MPPP)
Demand: Therapy in the community before referral	Capacity: Reduce number of waiting lists	Capacity: Reduce number of clinic types	Capacity: Reduce number of less effective interventions (EQuIP) (SAC)
Demand: Medicate in the community before referral	Capacity: Dynamic waiting list communication (SAC)	Capacity: Reduce number of less effective interventions (EQuIP) (SAC)	Capacity: Accelerating the Development of Enhanced Practitioners (SAC)
	Capacity: Standardised scheduling processes	Capacity: Testing processes optimisation	Capacity: Team service planning (SAC)
		Capacity: Endoscopy alternatives (MPPP)	
		Capacity: Accelerating the Development of Enhanced Practitioners (SAC)	
		Capacity: Team service planning (SAC)	