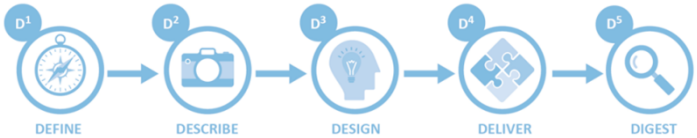
Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

COUNCIL OF GOVERNORS
9th March 2015

TITLE	**Improving Outpatient Services Summary**
EXECUTIVE SUMMARY	As part of the Trust's service improvement programme for 2015/2016, the 'Improving Outpatient Services' project has been initiated. In November 2014 a workshop was hosted by Suzanne Rankin, Chief Executive, with over 50 representatives from outpatient administration teams, clinical staff and patient representatives as part of the initiation of the project to improve a number of aspects of the outpatient services. The objective of the workshop was to gather first-hand intelligence to inform our improvement work and the outcome of the workshop would be a collation of views and experiences as well as an improved understanding of how our current outpatient administration processes operate. The issues and proposed improvements for each of these processes are detailed in the attached summary. It is anticipated that the project will run for the duration of the year 2015/2016. The immediate and short-term objectives are also described in the attached summary A project manager will be seconded from the operational team in and a full project plan will be available in April 2015.
The Council is asked to:	Review the attached summary of the project and next steps
Submitted by:	Mark Hinchcliffe, Programme Office Manager, on behalf of: Valerie Bartlett, Deputy Chief Executive
Date:	23 February 2015
Decision:	For Discussion

Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

IMPROVING OUTPATIENT SERVICES



FEBRUARY 2015

VERSION 1.0

CONTENTS

i) Background information

ii) Administration workshop

iii) Improving Outpatient Services project

iv) Next steps

BACKGROUND INFORMATION

As part of the Trust's service improvement programme for 2015/2016, the 'Improving Outpatient Services' project ('the project') has been initiated. We know that the administration processes that support our outpatient services have a direct impact on our aim to improve patient care, outcomes and experience, and that these administration processes require improvement.

Improvement of outpatient services is high on the list of priorities for the ASPH Board, Governors and for patient representative groups as these services are how the vast majority of patients interact with the organisation.

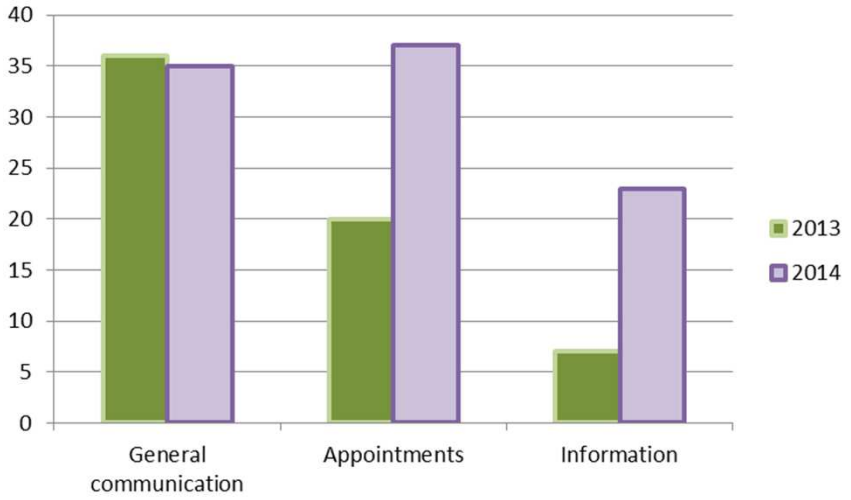
The scale of the outpatient services:

- In delivery of elective care services, Ashford and St Peter's NHS Foundation Trust (ASPH) receive approximately 13,000 GP referrals per month, or 600 per day
- Over 10,000 new and 20,000 follow-up outpatient appointments are made each month
- Approximately 1,300 outpatients attend per day or 360,000 per year across both Ashford and St Peter's sites
- Around 1,600 patients are admitted for elective procedures each month across the organisation

BACKGROUND INFORMATION

In planning for the project, and in order to identify further areas for improvement, an analysis of complaints relating to outpatient services was carried out in August 2014.

Analysis of complaints information over the last two years showed a significant increase in the number of complaints received relating to outpatient services and to 'information' and 'appointments' specifically.



- Number of complaints relating to outpatients 2013 to 2014

This analysis identified the following areas as issues for the organisation:

- General communication (written and verbal)
- Not responding to requests
- Informing patients of delays in care pathways
- Mixed messages between departments
- Recurrent cancellations of appointments
- Not being able to make contact with a department
- Waiting times
- Relevant information regarding an appointment
- Timely information

BACKGROUND INFORMATION

Feedback received from the ‘Friends and Family’ questionnaire recently implemented in the ASPH outpatient services and NHS Choices, provided useful themes for improvement as well as some specific comments relating to patient experience.

Patient feedback on outpatient services at Ashford and St Peter’s hospitals:

“my appointment was cancelled without explanation…”

“I waited for 3/4 of an hour for consultant, feel let down and unimportant…”

“I had to wait an 1 hour as the doctor was delayed and then no-one on reception could book in my appointment …”

“I still haven’t had the hospital call me about my next appointment as they were overbooked…”

“I waited a long time between appointments waiting for my scan results…”

“On 3 occasions this year I have required outpatient procedures - on each and every occasion I have been lost somewhere "in the administration" and after a very reasonable time - over a month on one occasion - I have had to chase up actions on my own account…”

CONTENTS

i) Background information

ii) Administration workshop

iii) Improving Outpatient Services project

iv) Next steps

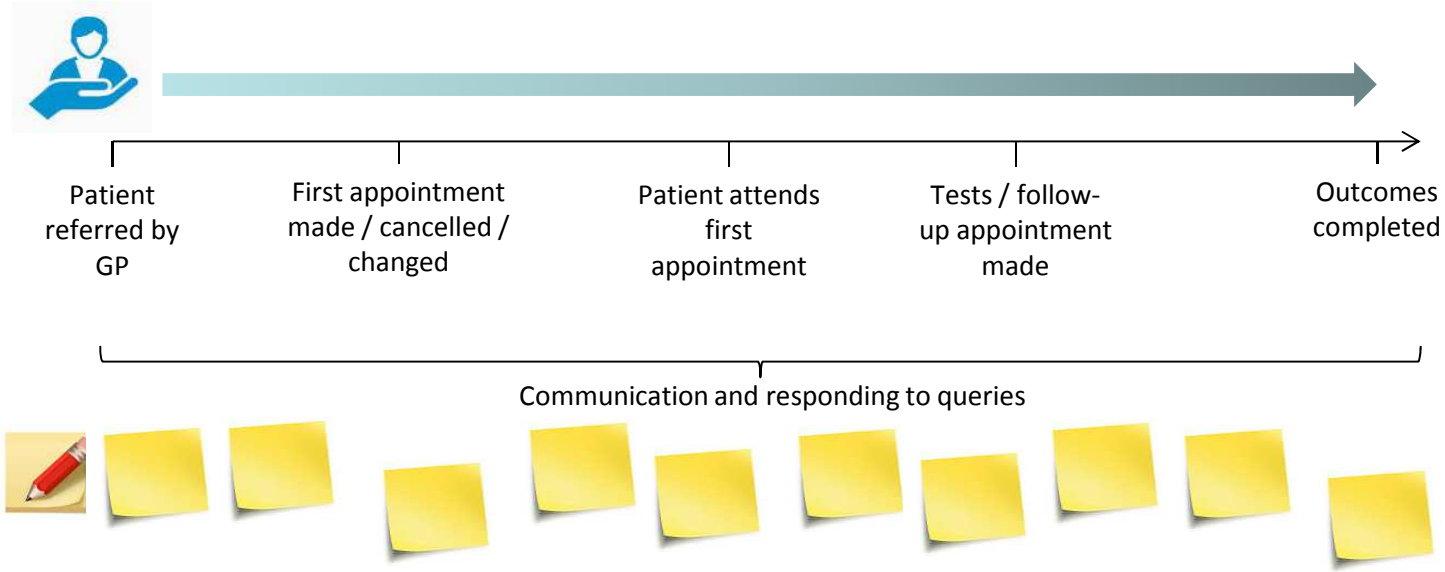
ADMINISTRATION WORKSHOP

In November 2014 a workshop was hosted by Suzanne Rankin, Chief Executive with over 50 representatives from outpatient administration teams, clinical staff and patient representatives as part of the initiation of the project to improve a number of aspects of our outpatient services.

The objective of the workshop was to gather first-hand intelligence to inform our improvement work and the outcome of the workshop would be a collation of views and experiences as well as an improved understanding of how our current outpatient administration processes operate.

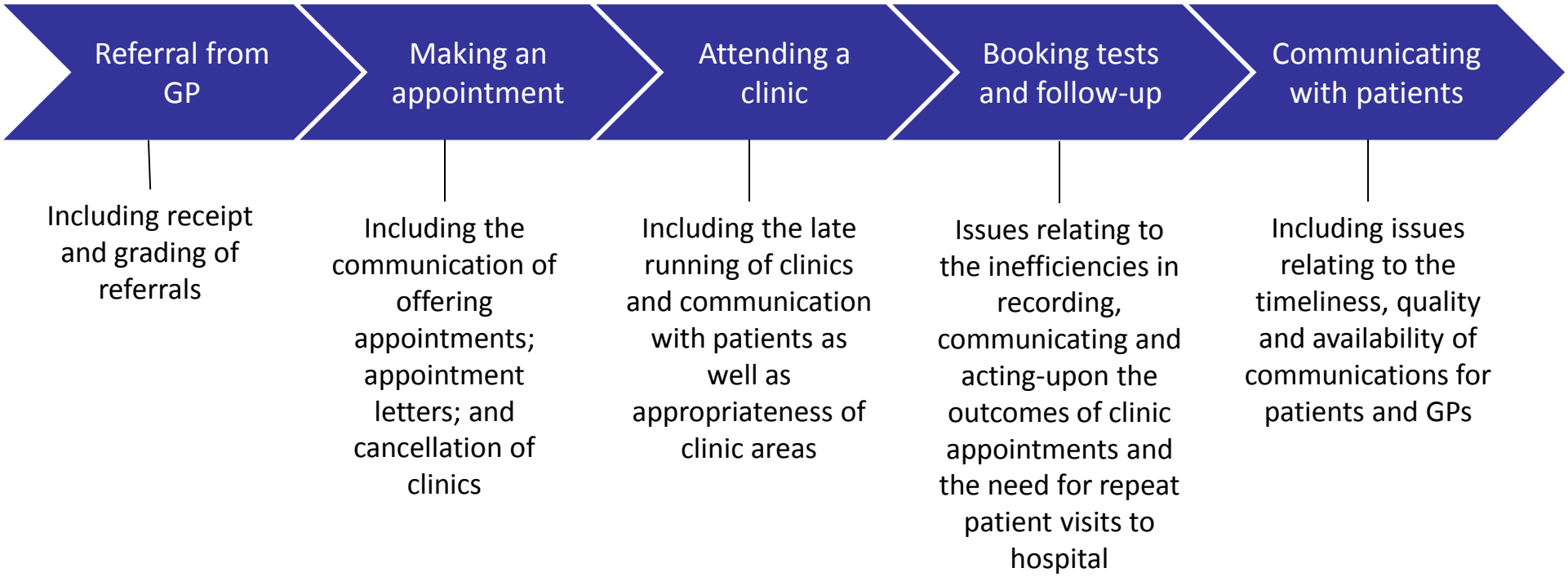
The administration processes reviewed included receipt and grading of GP referrals, booking of outpatient appointments and patient communications (phone calls, letters, etc).

Attendees were asked to map the patient journey and describe the admin processes that support this:



ADMINISTRATION WORKSHOP

The attendees of the workshop were asked to describe the current administration processes that support the outpatient journey as well as how the organization communicates with patients and responds to patient queries at any stage in the journey.



The issues and proposed improvements for each of these processes are detailed in the sections below.

REFERRAL FROM GP

DESCRIBE

Referral from GP | Making an appointment | Attending a clinic | Booking tests and follow-up | Communicating with patients

Issues:

- There are currently several different routes in to the organisation for referrals from GPs. Referrals are received by 'Choose and Book', paper by post or by fax - all of which need to be scanned and graded. There is risk of referrals being lost or delayed in the processes of being received and there is no consistency in the processes of receipt and grading of referrals by specialty.

- In some departments and specialties non-clinical staff are grading referrals. Due to the number of referrals received by some departments (most significantly Orthopaedics) the process of grading and prioritising referrals is carried out by non-clinical staff in order to expedite the process.

- Due to the delay in the receipt and grading of referrals, patients often do not receive a copy of the referral or a copy of the letter is received following a delay of several weeks, leaving patients unsure if the referral has been received and is being acted upon.

- The administration processes that support the review and triaging of GP referrals by clinicians are varied across specialties. Delays often occur when referral letters are sitting with Consultants for review without being actioned and there are no consistent use of systems; for example, not all specialty teams use the electronic 'Referral Tracker System'. There is also inconsistent grading from Consultants in some specialties.

REFERRAL FROM GP

DESCRIBE

Referral from GP | Making an appointment | Attending a clinic | Booking tests and follow-up | Communicating with patients

Issues:

- Not all specialties use the central Appointment Centre and there is variability of booking processes by specialty within the Appointment Centre. The Appointment Centre itself is not able to manage all the referrals they currently receive in a timely manner due to limited resources and patients are not able to contact the Appointment Centre by phone at peak times.

- GPs do not receive communication and education from the specialty teams to assist in their referrals and there are no effective mechanisms to facilitate feedback between specialty Consultants and GPs.

Proposed solutions:

- GPs should be educated with videos and information regarding appropriate referrals and the referral process (for example to avoid duplicate referrals)

- The process for receipt of referrals into the organisation should be standardised; wherever possible, the process should be paperless and an electronic system is required for the distribution and grading of referrals by Consultants

- Consultants should be made aware of their roles and responsibilities in the admin processes

- The resource model and workload of the central Appointment Centre should be reviewed

DESCRIBE

MAKING AN APPOINTMENT

Referral from GP | Making an appointment | Attending a clinic | Booking tests and follow-up | Communicating with patients

Issues:

- Appointment letters are of poor quality and often do not include vital information for patients, such as who to contact for information and advice. As appointment letters are sent by second class post there are often delays in letters being received by patients.

- As a result of 18-week pressures, extra clinics and appointments are offered to patients at short-notice leading to cancellations, re-booking and inefficiencies in the administration processes.

- Alternatively, appointments are being offered to patients too late in the 18-week pathway as a result of insufficient outpatient capacity to meet demand.

- Outpatient clinics are often overbooked which leads to a poor experience for patients and staff.

- A large number of clinics and appointments are cancelled at short-notice (less than 6 weeks) as a result of poor management of leave, rescheduling, etc. This results in a poor experience for patients who receive short-notice of their cancelled appointment as well as a large amount of re-work for administration staff.

MAKING AN APPOINTMENT

DESCRIBE

Referral from GP | **Making an appointment** | Attending a clinic | Booking tests and follow-up | Communicating with patients

Proposed solutions:

- Patient appointment letters should be clear and simple with all appropriate information included and easily accessible
- All first appointments should be handled in a single Appointment Centre
- Capacity and efficiency in Appointment Centre should be reviewed to establish if sufficient resources are available to manage the existing and planned increase in activity
- Demand and capacity planning should be completed for all specialties to ensure sufficient capacity is available
- A specific demand and capacity review should be completed for TWR appointments
- The access policy should be adhered to and patients who DNA more than once should be discharged

ATTENDING A CLINIC

DESCRIBE

Referral from GP | Making an appointment | **Attending a clinic** | Booking tests and follow-up | Communicating with patients

Issues:

- Appointments in clinic often start late and / or run later than planned which results in a poor patient experience and additional pressure on clinical and non-clinical staff. The timing of outpatient clinics is not currently measured or performance managed. Similarly, the over-booking of clinics is not routinely reported on.

- The poor patient experience is exacerbated as expectations regarding waiting times in clinic are not set when appointments are made and communication within clinics areas of waiting times is poor.

- Patients are sometimes kept waiting in inappropriate areas, for example Paediatric patients in non-child-friendly areas

Proposed solutions:

- All Paediatric patients should wait in child-friendly areas in all outpatient locations

- Patients should be advised if clinics are running late when attending an appointment and a digital display of waiting times in clinics should be installed

- Feedback should be provided to clinicians and specialty teams on late starting, over-running and over-booked clinics

BOOKING TESTS AND FOLLOW-UP APPOINTMENTS

DESCRIBE

Referral from GP | Making an appointment | Attending a clinic | **Booking tests and follow-up** | Communicating with patients

Issues:

- Appointments are often booked for follow-up before diagnostic results are available due to limited diagnostic capacity, this results in cancelled appointments and inefficient use of clinicians time

- The yellow clinic outcome forms used to action outcomes of outpatient appointments are ambiguous and are not user friendly. As a result the forms are often not completed in full, important information is lost and actions are not taken.

- As not all administration staff have the access or capability to action the outcome of appointments, for example booking tests or making follow up appointments, there are often delays for patients as this information is passed between departments

Proposed solutions:

- Straight-to-test pathways should be made available for MRI, CT, EMG, XRAY and ultrasound to minimise delays for patients

- TCI dates or dates for tests should be given on the day of appointment and all staff should be empowered to deliver this

COMMUNICATING WITH PATIENTS

DESCRIBE

Referral from GP | Making an appointment | Attending a clinic | Booking tests and follow-up | Communicating with patients

Issues:

- Patients are often not kept informed of progress in their care pathway, from initial referral to outcomes of outpatient clinics and diagnostic tests. A high proportion of patient communications are still carried out by letter and very little use is made of text and email solutions.

- There are limited opportunities for patients to contact the administration teams directly responsible for the management of their pathway. Calls into the organisation are often not directed correctly and information available on who to contact is poor.

Proposed solutions:

- Online information and videos should be made available for patients and GPs to provide more support and avoid many FAQs and common issues

- Customer care training should be provided for staff in clinical and non-clinical roles to support them in providing an excellent service to patients

- Patients should receive correspondence electronically and should receive texts re: their appointments

- A dedicated phone line should be made available for internal staff to contact other teams and every specialty team should update their contact details online

CONTENTS

i) Background information

ii) Administration workshop

iii) Improving Outpatient Services project

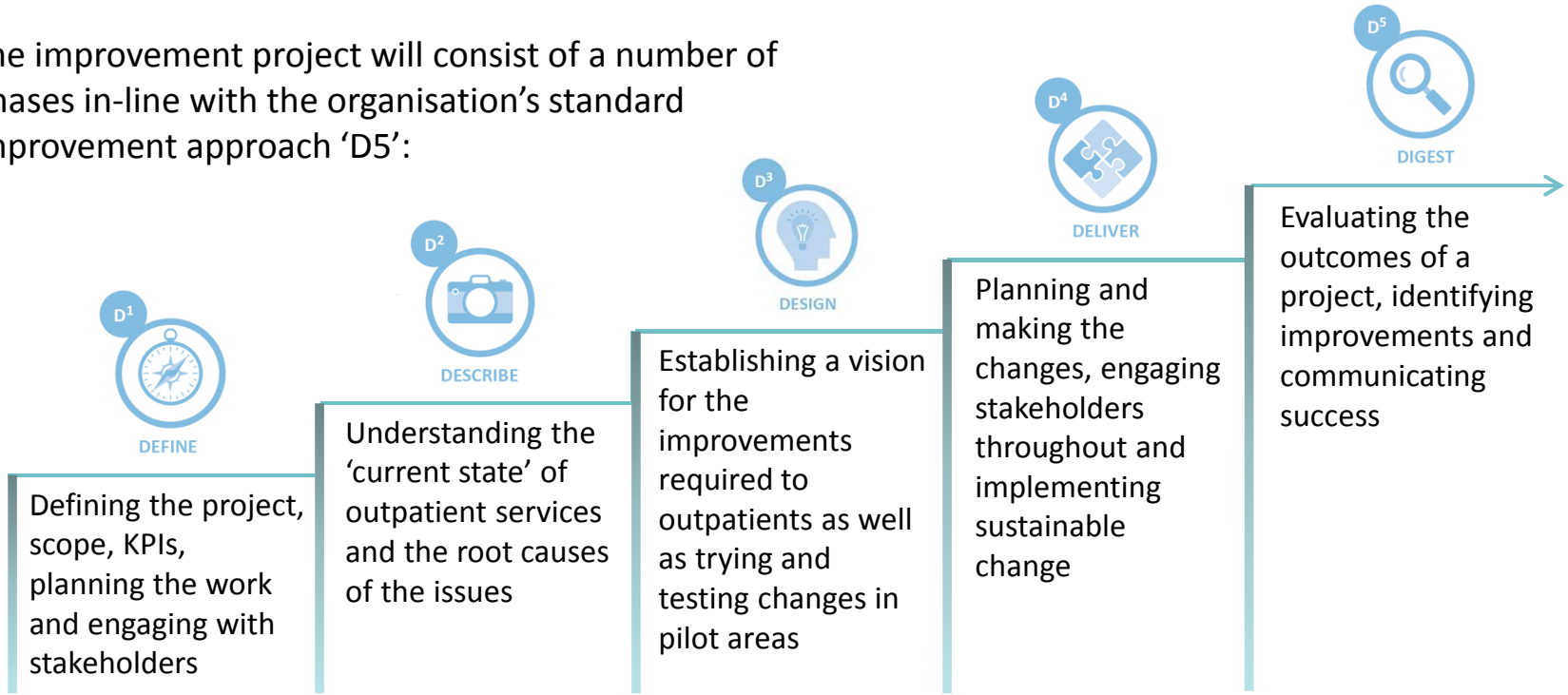
iv) Next steps

PROJECT APPROACH

From the feedback and proposals generated at the workshop, as well as the analysis of complaints and benchmarking of our services with organisations in preparation for the CQC inspection in December 2014; strong themes for improvement have emerged which will form the focus of the project and can be summarised in the following desired outcomes :

1 – Reduced delays in the patient pathway from referral to appointment, and to appointment outcomes
2 – Improved frequency, quality and timeliness of communication with patients on an outpatient pathway
3 – Improved access to the Trust for patients and GPs in order to access the information they need

The improvement project will consist of a number of phases in-line with the organisation's standard improvement approach 'D5':



PROJECT SCOPE

In order initiate a project that will focus on improvement outcomes and measures while improving administrative processes and delivering the desired outcomes, the project scope will be agreed in advance.

The following will be in scope of the project:

- All outpatient services provided at Ashford and St Peter's hospitals, including Orthopaedics and Paediatrics
- The processes for receipt of referrals from GPs
- Communication and education of GPs in the referral processes and the Trust's Outpatient services
- The processes and systems for the triaging and grading of referrals from GPs
- The processes and resources in the central Appointment Centre
- The processes for generation and issuing appointment letters and generation of clinic outcome letters (Dictate IT)
- Clinical office processes for cancellation and management of outpatient appointments
- The processes and systems available for communication with patients within clinic areas

The following areas will be out of scope of the project:

- Delivery of 18-week, RTT and cancer targets or operational management of any team
- Medical records and Electronic Patient Records (EPR)

PROJECT APPROACH

The project will use an improvement approach that is based on three key elements:

A proven approach

- Describing a vision for the 'future-state' of the service and desired outcomes
- Trying improvements and testing solutions before making evidence-based changes
- Going-and-seeing, carrying out observations with the local teams and experiencing issues first-hand
- Standardising processes where possible and where appropriate to improve productivity

Good information

- Focussing on outcome measures while improving processes
- Improving the visibility of performance and quality information as well as patient feedback
- Identifying clear targets for improvement and to demonstrate success
- Using quantitative and qualitative data about the 'current-state' and the needs of patients

Engaging and empowering people

- Applying dedicated resources to the improvement project
- Identifying and engaging with stakeholders throughout
- Engaging senior leaders in the issues and gaining their support for change
- Working with clinical teams to ensure they own the changes and provide both leadership and challenge

CONTENTS

i) Background information

ii) Administration workshop

iii) Improving Outpatient Services project

iv) Next steps

NEXT STEPS

It is anticipated that the project will run for the duration of the year 2015/2016. The immediate and short-term objectives are described in the next steps below, and a full project plan will be available in April 2015.

'Design' next steps

- Appoint a project manager (seconded from the operational teams)
- Recruit a project team to provide advice, leadership and challenge
- Carry out observations with the local teams and complete data collection about the 'current-state'
- Describe the vision for the 'future-state' of the service and desired outcomes
- Define the outcome measures and make the performance against these visible to all
- Complete the project plan identify anticipated costs / savings

'Deliver' next steps

- Test improvements and solutions with pilot specialty teams
- Engage with stakeholders on the changes to be made