

AHP Service Improvement Project Compendium

Summary Reports

31 March 2011



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Barnet Community Services

Improve MSK Therapy Services by self referral, condition specific pathways and reduced waits

The problem:

- Before the SIP the routine waits were 9 weeks. Urgent/acute waits were 4 weeks.
- The DNA rate was 14% but useful information off RIO not available
- Patient satisfaction rating was very good (50%) or (good (43%).

What was done:

- Patient participation via a focus group identified the following priorities- reduced waits, easier contact and self referral
- Demand and capacity analysis to show waste through DNA's
- Focus on sustainability and local target of 6 weeks for initial assessment
- Clinical outcome measures introduced for a new condition specific pathway.
- Clinical effectiveness measured with new outcome measure incorporating patients preferred outcomes.
- Getting the right skill mix to provide quality of care and value for money this included mapping national occupation standards (NOS) along the pathways
- Implementation of the following protocols;
 - "ring and rebook" to facilitate patient access
 - Discharge criteria set using RtT guidelines
 - Reporting of key statistics within the service
- Follow up appointments by patients contacting the service and offered an appointment within 5 days (vulnerable patients offered appointment)

The results including unintended consequences:

- The routine waits are now 3 weeks.
- Urgent/acute waits are now 0-1 weeks.
- The DNA rate for follow up appointments was identified as a major reason for the inability of sustaining previous attempts of reducing waits.
- DNA follow up now recorded at 6%.
- Improved productivity via 107 clinical hours saved on DNA s equivalent to a 0.7 WTE staff member and £19,698 (based on a band 6 physiotherapist)
- Release of a band 5 physiotherapist to another area of physiotherapy (cost saving £20,000.)
- New advice class for the low back pain pathway has provided the patients with advice in a group session.
- GP's are aware of the correct referral process and only refer to one pathway
- Centralised booking and administration led by admin manager as part of SIP team

Lessons learnt/top tips:

Other services can achieve what we have achieved by;

- Good team work
- Strong leadership and project management
- Team engagement
- Share the outcomes including data to spread achievements across related services

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Buckinghamshire Healthcare Trust

Primary Care Brief Intervention Physiotherapy Pain Programme

The problem:

- low staffing levels for a short period resulted in 24 weeks waits for primary care Physiotherapy
- The volume of patients and patients with more complex needs
- Less than effective management of patient care
- Demoralised and de-motivated staff.

The results including unintended consequences:

- Introducing a new 5 week group programme to manage patients with acute back pain
- Introduction of an evidence based outcome measure the 'STarTback tool' has improved our understanding of our patients' needs and delivers robust patient outcomes measured in QUALYS.
- Ensures that all our patients receive the most appropriate assessment, treatment and long term support that they require as individuals,
- Improved access for all patients – especially older patients who present with long-standing problems
- Good outcomes of the 5 week course have demonstrated significant patient outcomes (a 2 point change on STarTback)
- The waiting list has reduced from 24 weeks in 2009 to 6 weeks in January 2011.
- Reduced unit cost for treatment from £152 to £105 per patient

Lessons learnt/top tips:

Other services can achieve what we have achieved by;

- Establishing Service Improvement Team recruiting clinicians from different sites (especially from sites where there was greater resistance) and different grades of staff – this has encouraged the feeling of inclusion throughout the Service
- Ensure more than one person understands the data collection!
- Regular feedback meetings to inform all staff of the progress of the project and more importantly the patients– this is vital to inform clinicians that the programme works and the patients are benefitting
- Communicate with the patients, communicate with staff, communicate with the local commissioners but particularly with all the clinicians who refer to the service.

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East Kent Hospitals University Trust

Early referral from Acute to Intermediate Care Teams (ICT) for stroke patients with complex rehabilitation needs

The problem

- Cost of care for a patient on a stroke unit estimated at £250 per day (NHS Institute for Innovation and Improvement)
- Initiatives to reduce length of stay but improve quality of care within stroke services
- Stakeholders identified priority need as early assessment and signposting
- Patients often waited 7 days for therapy to begin in community
- Not all relevant information communicated to ICT therapists

What was done:

- Discharge redesign to provide seamless transfer of therapy care from inpatient stroke unit to community services.
- Assistant role in triaging patients for discharge
- Joint home visits to communicate specific therapy problems and goals face to face.
- Waits for community therapy reduced to one working day for this patient group.
- Reduced need for repeated assessment by community therapists as all information provided on discharge.
- Patient and carers increased confidence in services.
- Cost savings

The results including unintended consequences:

- To date, no patients have required re admission, compared to a benchmark of 10% re admission prior to improvement
- Patients feel confident in transfer of information from acute to community therapists in order to continue their therapy
- Patients with long lengths of stay (between thirty and one hundred and seventeen days) have been discharged and remain at their discharge address.
- By improving the timeliness of handover to community services and reducing waiting times to one day after discharge those patients with complex needs may feel confident that those needs will be met after discharge from hospital.
- Patients and staff appreciate the integration of acute and community provision following stroke

Lessons learnt/top tips:

Other services can achieve what we have achieved by;

- Publicise the SIP and talk to as many staff as possible to gain support.
- Don't waste time on those who will never change their views – they will be swept along eventually.
- Dedicate time away from other duties to service improvement – there is a lot involved.
- Improved interagency working and problem solving.
- Improved awareness of the challenges of each others' role.

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Heart of England Foundation Trust

To develop the competencies and skills of the Allied Health Support Workers to assist in reducing waiting times for Physiotherapy Out-Patient Services activity across the Heart Of England Foundation Trust

The problem:

A number of pathways demonstrated a clinical need for improvement or had been highlighted by patient feedback as requiring improvement to realise patient goals, enable independent living and return to work quicker. The pathways were:

- Total Knee and Total Hip Replacement Pathways due to inequity in access based on Consultant protocols
- Colles fractures due to an inequity of streamlining patients from clinic across the sites
- Shoulder fractures (non complex) due to referral rate

Increased productivity was a priority to ensure long-term financial stability.

What was done:

Vacancy funding used to uplift three of the current Band 3 Technical Instructors post interview to the Band 4 positions – one per site.

Working with stakeholders the following were implemented:

- Clinical Pathway Redesign to improve patient flow and identify the skills required for Band 4 competency training
- Development of a competency framework to support this with validated training April to October 2010
- Introduction of 30 additional assessment slots for the Band 4's from October 2010
- Risk log to capture the patient journey and compare with the base line measurements and evaluate the impact upon clinical incidents and complaints
- Utilise the "MY" M>O>P> to empower the patients to have ownership over the tool that evaluates their own personal outcome measure

The results including unintended consequences:

- Improvements across the service by changing the workforce profile to manage waiting times and by enabling improved engagement with staff.
- A patient-centred approach working in partnership with the public.
- Leadership of continuous improvement established.
- Increase in rate of patient satisfaction and improved staff morale and job satisfaction.
- Robust demand/capacity analysis.
- Reduction in overall patient episode of care with significant cost release demonstrated.
- Improved "over performance targets equivalent to 20% of budget.

Lessons learnt/top tips:

Other services can achieve what we have achieved by;

Combining effective and strategic influencing with the engagement and empowerment of others to ensure that the agenda is driven and owned by local people and staff

Ensuring that an equality impact assessment is undertaken to capture service user opinions and redesign the service to a truly "patient centred approach"

Completing a project initiation document that is robust in terms of its base line measurements and realistic in terms of its milestone timing and has clarity of vision

Robustly analysing demand and capacity data

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University Hospitals of Leicester
GP Direct Access to Orthotics

The problem both in quality and financial terms:

- Duplication of assessment by MSK consultants and Orthotists.
- Data collection and the availability of comparable data across LLR.
- GPs did not have Choose and Book as a method of referral
- Consistency in receiving referrals via the preferred route rather than through MSK consultant
- Despite efforts to create a more united and equitable service across the two providers there are still discrepancies with provision

What was done:

- Implementing the SIP required a great deal of staff involvement. A small project team was identified to progress each aspect of work required to support the project
- Removing a step in the pathway from GP to consultant, the lengthy pathway has been reduced for patients presenting with specific conditions
- The project manager also acted as a link between the acute trust and community hospital services to encourage collaborative and equitable processes.
- An Administrative Lead was required to input data and act as a conduit to the entire orthotic team.
- An Information Lead was appointed to investigate the data and ensure sustainability of the project and analyse the referrals in detail.

The results including unintended consequences:

- Achievement of the primary goal to reduce waiting times to access the service – the number of patients waiting more than 8 weeks for treatment has reduced from 34% to 20%.
- Reduction in the number of inappropriate referrals – the number of referrals has fallen by approximately 10% during our pilot period.
- Patient referrals through GP direct access now accepted for 7 specific conditions .
- All referrers now follow clear and easy to understand referral pathways and refer using standardised and agreed paper work.
- Introduction of Choose & Book as an option for referrals by GP's into the Orthotic service
- Increased productivity by trialling a new product range in specialist insoles which remove the requirement for subsequent appointments.
- Working with service users to improve service delivery and helping them understand how our service can help them.

Lessons learnt/top tips:

Other services can achieve what we have achieved by;

- A clear communication plan with key messages for GP direct access based on their priorities
- Engagement with patients has been vital to the success of the project.
- Data collection was at the heart of the SIP, baseline data and capture for analysis to help evaluate the pilot.

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Lincolnshire Community Health Services

Self Referral to Physiotherapy with “Same Day” Advice, Triage and Signposting

The problem:

- Patient satisfaction questionnaires highlighted the case and need for change.
- Direct access to primary care Physiotherapy was wanted
- Delays and waste in the pathways of care including the administration of clinical appointments
- Stakeholders identified priority need as early assessment and signposting

What was done:

- A stakeholder impact assessment was completed at this stage to ensure full understanding of the service pathway redesign.
- Stakeholder engagement enabled this service redesign to be publicised appropriately and adopted within the pilot practices and later within the neighbouring practices
- A patient readers panel enabled the development of appropriate material for publication and use.
- Professional confidence building in managing the first contact

The results including unintended consequences:

- Self referral to improve direct access to services with a telephone advice and triage service
- 90% of those questioned in the self referral group were fairly or very satisfied with the self referral with same day advice, triage and signposting pilot service
- Reduced waiting time from 10 weeks to 6 weeks for physical assessment
- Appointment processing and clinic scheduling improved
- Reduce the number of sessions required per treatment course by an average of 1 session per person
- Saving 1 session per treatment episode which would equate to 1,800 clinical sessions in the current service or approximately £18,000.

Lessons learnt/top tips:

Other services can achieve what we have achieved by;

- Putting the patient at the centre of the service redesign process
- Manage time to ensure that the project is delivered.
- Get management support and engage a team- clinicians drove this improvement
- Data collection and analysis important from start to finish
- Getting AHPs to showcase their contribution to the pathway

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North Tees and Hartlepool NHS Trust

Fewer Delays and Safer Transfer to Community Services with better information

The problem:

- Long wait for patients leaving hospital from A&E and residential rehabilitation unit
- Better services needed to prevent admission and to enable patients to be safe at home
- Unnecessary expense in producing documentation

What was done:

- Mapping patient journey through acute care and into community to assess need
- Stakeholder event to engage and plan with patients and colleagues
- Better documentation to facilitated shorter assessments- releasing time to promote early discharge
- Collecting patient feedback in relation to satisfaction with service

The results including unintended consequences:

- Reduction in waits for intermediate care by 3 days, it was on average 5.5 days and now 2.5
- The emergency care therapy team have released capacity to see more patients
- 17 prevented admissions in August 2010- January 2011 at a saving of £10,992 to the organization
- 30% reduction in assessment period by intermediate care therapists, using re-designed documentation
- 88% reduction in the cost of production of therapy documentation (saving £867.80)

Lessons learnt/top tips:

Other services can achieve what we have achieved by;

- Putting the patient at the centre of the service redesign process
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- Get management support and engage a team- clinicians drove this improvement
- Data collection and analysis important from start to finish
- Getting AHPs to showcase their contribution to the pathway

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Northumberland NHS Care Trust

Remodelling the provision of bathing assessments in Northumberland

The problem both in quality and financial terms:

An inconsistent approach to assessment, provision and education in respect of bathing assessments resulting in inequitable access to assessment for bathing and provision of equipment necessary to ensure safety whilst bathing.

The previous service delivery method consisted of an assessment visit, equipment delivery by a loans service and a follow-up fitting/demonstration visit. This meant the patient had to wait in on three occasions.

What was done:

Critical evaluation to transform the service provision of bathing assessments in Northumberland

- Centralising the assessment booking system
- Purchasing two small vans and changing service delivery methods to reduce the need for multiple visits has reduced contact time, waiting time and travel time
- Offering training opportunities to staff to enhance skills and variety (DN of what)
- Monthly steering group meetings with staff to support them through change
- Negotiations with colleagues in nursing, social care and equipment loans services
- Presentations at local older people forums to gain feedback and comments

The results including unintended consequences:

- Reduced waiting times for bathing assessments – from six months to a working week in most cases
- Publicity and word of mouth led to an increase in referrals in the last three quarters yet waiting times have continued to reduce over the same period.
- 33.5% improvement in basic efficiency
- Development of Band 3 staff to complete non-complex assessments
- Savings from reduced staff time and travel costs have resulted in a saving of £40k per annum – re-invested in other aspects of rehabilitation
- Increased collaborative working across the health and social care Trust
- Service user satisfaction has improved from 77% to 96%.
- Access to the service opened up via self-referral
- Involving service users supports the development of a bespoke service
- Winner of the Bright Ideas in Health Award for Innovation in the region

Lessons learnt/top tips:

Other services can achieve what we have achieved by;

- Ensuring effective communication with all staff
- Maximising staff potential for development
- Encourage transparency and an open culture for ideas and change
- Set realistic, small achievable targets along the way
- Don't give up, keep a steady message going

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Solent Healthcare

Self Referral to Physiotherapy for Musculoskeletal Conditions

The problems:

- Waiting times for physiotherapy assessment were over 7 weeks
- DNA rates for GP referred patients on follow up were nearly 9%
- Introduction of self referral to improve direct access whilst maintaining clinical outcomes
- The main GP concerns were that self referral would increase referral numbers and therefore waiting lists although evidence from pilot studies had not shown this¹. Some GP's had concerns over not knowing that their patients had referred themselves for physiotherapy assessment, or that the physiotherapists would not be aware of patient's medical histories etc on assessment.

What was done:

- The clinical pathway was redesigned to allow direct referral
- Self referral materials produced and distributed
- Monitoring DNA rates and reduced need for treatment
- Monitoring patient feedback on self referral
- Working group with a team to ensure sustainability
- Implementation of Patient Specific Functional Scale (PSFS) as an outcome measure

The results including unintended consequences:

- The New Patient DNA rate for self referred patients is less than 6% compared to around 10% for both GP and consultant referred patients
- Our data also shows that self referred patients have a reduced DNA rate for follow-up appointments, with only 5.5% of self referred patients failing to attend for follow-up compared to 8.6% for GP referred patients.
- The total number of physiotherapy follow-up appointments required for self referred patients has been less than for those referred via other routes - 34% of self referred patients were discharged following initial assessment, compared to 25% for GP referred and 15% for consultant referred.
- The reduced DNA rates and reduced number of follow-up appointments required by self-referred patients has led to a greater throughput of service users and hence improvements in productivity.

Lessons learnt/top tips:

Other services can achieve what we have achieved by;

- Initial consultation with other self referral projects to gain guidance as well as to identify possible pitfalls.
- Ensure current waiting list is at low level prior to implementation of self referral scheme.
- Early and continued engagement of all stakeholders, particularly GPs.
- Regular project team meetings to trouble shoot / discuss ideas – initially monthly, now quarterly.
- Ensure baseline data is collected prior to the project implementation to allow for future comparisons
- Ensure sufficient time away from clinical role to implement, collect and analyse data.
- Ensure adequate data collection to enable timely and accurate statistics available.

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Warrington Community Services Unit

Developing an integrated health and social care service for Acquired Brain Injury

The problem both in quality and financial terms:

Brain injury is a highly complex clinical issue. People with brain injury frequently present with risks to themselves and others due to personality changes, physical deficits and significant cognitive, behavioural and emotional issues. A large proportion of the Warrington ABI Team also misuse alcohol and/or drugs, have premorbid and /or resultant mental health issues and/or issues with violence and aggression. There is consequently a high level of risk in managing their cases. Working as an integrated team means the risk can be better managed by being shared across health and social care. Costs of out-of-area placements.

What was done:

Working with stakeholders the service has been transformed – it now works as one integrated health and social care team for ABI, rather than two separate teams including:

- Gained commissioner approval for project
- New referral system implemented
- Single outcome measure piloted
- Single line-management across health and social care
- Regular operational performance and strategic development meetings
- Joint clinical and non-clinical meetings
- Plans to develop a shared electronic recording system/IT system
- Shared approach to repatriating service users in out-of-area placements.
- Discussions are underway with LA/Mental Health Service User Engagement Officer and Headway to plan user engagement work.

The results including unintended consequences:

The benefits to stakeholders have been:

- Service users – reduced wait for first contact.
- Organisation – improved service delivery, reduced waiting times and clearer outcomes
- Commissioners – reduced cost on out-of-area placements
- Staff – stronger clinical/professional support networks
- Other stakeholders – single referral system and contact points aid communication and speed of referral.

Lessons learnt/top tips:

Other services can achieve what we have achieved by;

- External support was incredibly valuable in writing project initiation document (PID) and helping with monitoring of project
- Utilise any existing project groups/forums to drive improvement
- Utilising colleagues in partner agencies (such as the business analyst, team manager and IT manager within social care) were essential to driving the exploration of a shared IT system

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West Kent Community Health

Ensuring the appropriate referral of diabetic patients to the podiatry department

The problem:

- High level of inappropriate referrals that should be managed in GP service as per NICE guidance for diabetic care
- Ensure that high risk patients seen within local waiting time standard (18 weeks) across all localities

What was done:

- New referral criteria negotiated with key stakeholders and referral pack developed
- Managed variation in number of referrals and decreased inappropriate referrals across 3 sites

The results including unintended consequences:

- 100% high risk patients seen within local waiting time standard
- Patient satisfaction risen from 81% to 97%
- Staff reduced stress from increased productivity and use of standard operating procedures across whole service
- Continuation of rolling programme of patient satisfaction surveys
- Collection and audit of data for prioritised (high risk) patient groups

Lessons learnt/top tips:

Other services can achieve what we have achieved by;

- Stakeholder engagement - effective communication.
- Make use of external support - this can help to drive the project and keep it on target
- Identify and utilising the strengths within the team in order to drive the project along.
- Not extending the project brief and trying to stay with your original project plan.
- Realistically assess the capacity and commitment required for the project including the time commitment, pressure on team members, on top of an already very busy workload.
- Prepare in advance. .

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Calderdale and Huddersfield NHS Foundation

Redesign of Calderdale and Huddersfield NHS Foundation Trust, Children's Occupational Therapy pathway for children with developmental co-ordination disorder

The problem:

Waiting time from referral to the end of assessment for children to this service was up to 20 weeks. The only treatment offered was verbal advice and a written report. Children were discharged following assessment/advice and the unmet need for follow up intervention was hidden and outcomes less effective. Variation in waiting times and productivity across two localities and depending on grade and clinical expertise of staff.

What was done:

- Consultation with stakeholders including service users
- Engaged staff in the process of re-design and used their support of each other to overcome the challenges of cross site working
- Redesigned the care pathway
- Devised a streamlined consultation process
- Re-organised skill mix
- Carried out a waiting list initiative during school holidays to get rid of the backlog
- Managed workload to offer regular assessment and therapy sessions
- Developed an experience and outcome questionnaire to inform continuous re-design and improvement

The results including unintended consequences:

- Service users views used to shape improvements
- Systems in place to measure parents' and children's experience of the service
- Redesigned initial consultation process includes identification of a patient-led goal
- The service has started joint goal setting and has identified the need to implement training for therapists to help them facilitate discussions regarding long term self management with children and carers and to consistently measure their clinical effectiveness through patient reported outcomes
- Waiting time for initial assessment reduced from 20 weeks pre-redesign to 6 weeks post redesign.
- Children now receive individual or group intervention following assessment where previously they received advice only and discharge.
- Achieving an increase in contacts has placed increased pressure on other parts of the OT service highlighting the need to scrutinise other children's services in terms of consistency of access criteria, capacity and demand and through- put; and to implement service improvement initiatives in these teams
- Streamlined consultation process has released capacity to offer individual and group follow-up intervention.
- A secondary benefit of the SIP is the commissioning of additional therapy time from a member of staff to devise and produce an information and training booklet for practitioners and educators

Next steps:

- to extend pathway by developing partnerships with the children's workforce
- to explore opportunities to deliver training packages so that health and education can work together on the prevention of developmental motor difficulties to enable collaboration between the key agencies to support children and young people to achieve maximum outcomes within their educational and community settings.

Lessons learnt/top tips:

Other services can achieve what we have achieved by;

- Don't underestimate the time and commitment needed from the team to plan and implement service changes
- You need everyone on board in order for changes to happen – use peers to encourage and influence each other – the positive is improved cross site working
- Assign roles and responsibilities to staff - good planning and monitoring with accountability is vital
- Set 'SMART' outcome measures and ensure you have reliable data to measure service baselines and outcomes
- Ensure everything is in place prior to implementing the service re-design to feel the maximum benefit from the improvement and maintain momentum within the team.

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Cambridge Community Services

Improving the child and family's experience of a paediatric speech and language therapy service

The problem:

Before service improvement, 409 children had been waiting longer than 18 weeks for intervention; 126 of these had been waiting for longer than 48 weeks, with the single longest waiting time being 102 weeks. Waiting times across the county were not equitable. The average waiting time for intervention (which includes all children waiting for assessment and treatment) was 28.8 weeks.

What was done:

Redesign and piloting of clinical pathways:

'speech circles' group intervention for young children with speech difficulties

a language pathway is based on the child's profile following assessment and a short set of clinical prioritisation questions regarding the impact of the identified difficulties, support available to the child and likely progress.

The results including unintended consequences:

- Children are accessing intervention in a timely way
- There is a streamlined process from referral to intervention to discharge and the absence of a long waiting list allows for more flexibility in decision making which is sensitive to individual needs
- Parents are effectively supported in working with their children
- Therapists are making decisions based on the presenting clinical need of the child rather than second guessing what that need may or may not be in 12 months' time
- The number of children waiting longer than 18 weeks has fallen from 409 to 8 at the end of January 2011
- The average waiting time for intervention is 5.5 weeks.
- Reduction in waiting time means that the service is starting to be able to feed children through directly to speech circles or the language pathway with no wait
- The changes have resulted in a 10% increase in contacts, which in the context of almost 5% cost improvement saving in 10/11 represents a significant increase in productivity
- The profile of the service as one which is successfully transforming has been raised within our own organisation and with our commissioners; we have been reporting monthly to the commissioning board.

Lessons learnt/top tips:

Other services can achieve what we have achieved by;

- It has been important to be **clear about what we are trying to do** and why and repeat this message frequently and loudly.
- **Communication** with staff at all levels has been a key factor and when things have not progressed well it has usually been because something has gone wrong with this.
- Sometimes **shortage of time** has affected sustained effective communication but 'investing to save' in planning and communication has always paid off.
- Input from our business support team in terms of good reporting is essential to our work and we are thinking about how to develop data collection to support collection of outcome measurement and the costing of pathways. Any service undertaking transformation work needs to consider this.

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Cornwall and Isles of Scilly NHS (Community Health Services, Primary Care Trust and Royal Cornwall Hospitals Trust)

Developing a Standard Wheelchair Service for Children Delivered Close to Home by Local Clinicians in Cornwall and the Isles of Scilly.

The problem both in quality and financial terms:

Before this project, children could wait up to 23 weeks from referral to receipt of a standard wheelchair (average 13 weeks). Some children would have to travel to the Disablement Services Centre (DSC) in Plymouth (for some children, this would be a 160 mile round trip). As part of a wheelchair waiting list reduction exercise in 2008/early 2009, some referrals for standard wheelchairs were referred to the independent Cornwall Mobility Centre (CMC). Payment for these assessments and provision constituted duplicate outlay by the Primary Care Trust because the DSC's contract had already included funding for these assessments and subsequent equipment but was not the preferred route for a standard wheelchair because of excessive waits.

What was done:

Through the SIP, the pathway is streamlined (see Figure 2, Appendix). There are fewer steps, and duplicate payments by the PCT are removed (ie those in addition to contract payments). A comprehensive database has been built (not solely for the SIP), which is currently at the stage of moving to the next level of usability. The service can now accurately record and retrieve a wealth of wheelchair data, including (but certainly not limited to) clock start, date of referral, date of assessment, date of treatment, the equipment supplied and by which supplier. The database can generate review dates.

The results including unintended consequences:

The SIP has enabled a faster, closer to home service for children and young people where there is need for a standard wheelchair or buggy. This, in turn, enables specialist services to focus on more complex needs.

No child has travelled more than 25 miles to an appointment (50 miles round trip).

Because the assessment for the wheelchair occurs as part of an already existing appointment, there are no DNAs for standard wheelchair assessments. By the therapist undertaking the assessment, there is no referral to assessment delay or risk of misplaced referrals.

Lessons learnt/top tips:

Minimising the referral to assessment time improves the referral to treatment time.

There are fewer different professionals involved with the child and family.

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Coventry Community Health Services
Occupational Therapy for Children and Young People

The problem:

- Waiting times of between 9-17 months
- Complaints highlighting dissatisfaction and poor experience of waiting long periods
- Colleagues from Health, Education, Social Care and the independent sector highlighted that difficulties accessing the service affected coordination of care and their ability to support families

What was done:

- Stakeholder consultation events
- Consultation with Commissioners to establish non-negotiable hallmarks of new model
- Implementation of a referral management system and design of web-site for service users
- New referral form and combined goal sheet and outcomes form
- New specialist equipment data base
- Review of skill mix and capacity within each clinical team
- Revised responsibilities to education for managing maintenance and repair of equipment

The results including unintended consequences:

- Improved access to the service of 2 weeks for all referrals, with a 48 hour response for urgent referrals
- Intervention is now parent/school led and based upon meaningful and current priorities for the child or young person
- Website facility provides universal resources and specific prescribed services
- School information packages provided via the website
- No formal complaints relating to waiting times since June 2010
- AHP Leads now involved in supporting reviews and planning of new service models across Child and Family Services as a whole

Lessons learnt/top tips:

Other services can achieve what we have achieved by;

- Short term investment of staff resources will not solve long term capacity issues
- The importance of wide a consultation process
- The importance of having a clinically led project management team for service re-design
- The importance of playing to the strengths of the project leadership team
- The importance of having a clear action and implementation plan for each stage

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Derby City NHS
Physical Literacy Project for Children

The problem

- Waiting time of 2 years
- 83% of children not achieving normal developmental milestones and presenting as having co-ordination difficulties

What was done:

- Multi agency involvement in a Physical Literacy partnership group in the city and the county.
- Training education staff to screen all children using a teacher checklist and to use an intervention package with identified children and thereby identify children with more complex needs who need therapy services (ensuring all referrals are appropriate).
- Redesigned the referral pathway to allow direct access by Special Educational Needs Coordinators (SENCOs) to be implemented from April 2011

The results including unintended consequences:

- Reduced waiting time from 2 years to 18 weeks
- Re-assessment tool is demonstrating measurable outcomes showing improvement in skills
- Research in one infant school indicates a direct correlation between physical development and SAT's scores with an improvement in handwriting being one of the benefits
- Referral by SENCO's will release productivity in the wider children's health service by releasing Paediatrician time (a cost saving of £90 per referral from April 2011)

Lessons learnt/top tips:

Other services can achieve what we have achieved by;

- Having an interagency project group
- Empowering others to deliver training
- Mentoring schools to support them in assessment and intervention package
- Having evidence from a Pilot study to give good baseline data.
- Planning well in advance to engage with Head teachers and SENCO's diary dates
- Not expecting too much to happen too soon, it takes time to engage fully with Education.

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Hampshire Community Health Care

Children's Therapy Service 'Parent Led' Therapy Service Improvement Project

The problem

- Long waiting times, inappropriate referrals, large caseloads, reduced throughput and discharges in speech and language therapy (SLT), occupational therapy (OT) and physiotherapy (PT)
- Barriers to improvement created by variance in service delivery perpetuated by differences in referral pathways, clinical documentation, standardised assessments, outcome measures and IT systems

What was done:

- Redesigned pathways to include :
 - SLT drop in and screening clinics in children's' centres .
 - PT screening clinics for non-complex referrals.
 - PT Baby clinics for premature babies
 - OT parents group alongside motor skills groups to enable parents to engage with and become involved in their child's treatment.
- Carried out stakeholder engagement (children and young people, parents and education) to aid the initial design of a children's therapy website to provide downloadable resources and referral information

The results including unintended consequences:

- Reduced SLT waiting time from over 22 weeks to 12-13 weeks.
- DNA rate for the SLT 2 % (national average for SLT 10%.)
- Premature babies seen by PT at 4 months
- Released capacity in OT service using OT technician to support advice and screening clinics

Lessons learnt/top tips:

- **Engage with staff:** really important to bring everyone on board at the outset
- **Be clear about your objectives**
- **Start small, expand as you achieve:** be aware of project creep!
- **Be realistic:** about timescales and internal and external influencing factors and capacity to take on the project
- **Don't be afraid to be innovative:** sometimes a leap of faith can be all it takes
- **Use local university links:** our project successfully used students to pull together compelling evidence from parents and education to support the implementation of a website.

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Heart of England NHS Foundation Trust
Level 4 Paediatric Weight Management Service

The problem both in quality and financial terms:

Prior to commencement of this project the monthly Paediatric Weight Management Service within the Acute Trust offered to morbidly obese children consisted of an initial consultation with the Consultant paediatrician and dietician, followed by two follow up appointments. Children were discharged back to the community. Children requiring physiotherapy input were referred by letter resulting in a delay of at least 6 weeks to access physiotherapy services. This model failed to:

- Follow the guidelines of the “Pan-Birmingham and Solihull Obesity Strategy”, with little support for lifestyle changes, physical activity, physiotherapy or psychology.
- Meet the needs of the obese child with poor continuity of care and little access to peer support.
- Support a long term positive outcome of weight loss (NICE Clinical Guidance 43 for Obesity).

What was done:

Within existing resources, the project introduced a tailor made “One Stop Shop” Weight Management Programme.

- Six monthly consultations are now offered, extending the period of continuity of care.
- The initial Paediatric Consultant assessment is combined with the support of physiotherapy and a dietician.
- A Generic Support Worker “meets and greets” the children providing consistent and familiar support, together with cross Therapy support and patient group sessions on healthy eating and exercise activities.
- Whilst the groups consist of an unpredicted mix of ages, sexes and needs, more regular support is provided for each child, and the Trust can offer an integrated range of treatment in one go.

The results including unintended consequences:

This new model of care will:

- Help empower obese children to actively manage their weight through targeted interventions, promoting healthier lifestyle choices and a reduction (over time) in co-morbidities.
- Allow faster access and reduction in waits for Physiotherapy together with an extended time for interventions with continuity of care over 6 months, at no additional cost to the Trust.

Lessons learnt/top tips:

Other services can make achievements with a similar approach. Key aspects to our success include:

- Project management – plan of action that has developed using the ideas of all stakeholders.
- Flexibility – need to be pro-active to changes. It is unlikely that any Project will entirely follow the original plan; staff need to be prepared to be flexible, to make changes and take opportunity of challenges that arise to allow continuous developments and improvements.
- Communication - team briefings have been extremely useful. This project is based upon a clinic which only takes place once each month and thus keeping the team motivated and focused is essential in order for the project deliverables to move forward. Regular meetings after each clinic ensure all staff are involved.
- Increasing the awareness and profile of the service - encourages enhanced access to the service.

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Hertfordshire Community NHS Trust and Hertfordshire County Council
Occupational Therapy for Children and Young People

The problem:

- Three providers of the service – two from health and one from the county council.
- Significant variance in access times, referral criteria, range and extent of provision and roles of the occupational therapists (OTs) from different providers

What was done:

- A workshop for children's OTs, managers and commissioners to explore current pathways and map possibilities for change
- Active management of waiting times, sharing of current pathways and best practice guidelines across the county
- A project group involving commissioning, health and county council OTs with subgroups developing standardised processes, documentation and audit trails
- A review of skill mix and location of staff
- Increase of the Band 4 role in treatment and equipment provision and increase in A&C hours
- Development of information for parents
- Training on available equipment and online ordering with access for health OTs to Equipment Store technician

The results including unintended consequences:

- Strengthened relationships with commissioners and across different providers
- Easier and quicker ordering of equipment
- Reduced unnecessary home and school visits and unnecessary referrals to county council OTs and the education equipment panel
- Average waiting time for health OTs maintained below 11 weeks. Improved compliance from 54% to 76% for county council OT target of assessment within 35 days of referral
- **9% savings in the budget of health commissioned OTs for the year 2010/11**
- **A proposal for joint commissioning written and presented to the health provider executive board in preparation for formal submission to commissioners.**

Lessons learnt/top tips:

Other services can achieve what we have achieved by;

- The challenges of engagement across organisational boundaries must not be underestimated. However it has been of great benefit to have the commissioners and providers of both organisations involved in the process.
- Prioritising the project over rising referral rates makes it a challenge to protect time to progress the project.
- Despite significant changes in organisations, and the immensity of the project, the leads have maintained the momentum to keep going as it was clear it would deliver effective outcomes for service users
- It is essential to know what you need to measure at the beginning

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Heywood Middleton and Rochdale Community Healthcare
Wheelchair Service: Posture and Mobility Centre

The problem:

- 40 week waiting time
- 15% of appointments 'did not attend' (DNA)

What was done:

- Set up a project board including all stakeholders and user representatives,
- Process mapped with referrers and users to identify services, blockages and barriers
- Explored barriers to clients attending appointments and generated solutions. Specifically an advocacy system on receipt of referral to support the child and family through the process
- Purchased pressure mapping system to reduce number of appointments
- Involved approved repairer in an agreement for the repairer to purchase a new shared database and tracked individual progress of client and equipment through the database
- Piloted electronic ordering and supply of chair
- Gained agreement from suppliers to deliver equipment to a guaranteed estimated time of arrival.

The results including unintended consequences:

- Waiting times for referral to treatment reduced from 40 weeks to 25
- DNA rate reduced from 15% to 6.2%
- Shorter episodes of care for patients as equipment delivered sooner improving patient experience

Lessons learnt/top tips:

Other services can achieve what we have achieved by;

- Involving service users at each step of the process – As sometimes, someone who experiences the pathway can pose the question “and just why do you do that?”
- Understanding and using IT to support change – Business Management and IT can help to correlate your results and leave the Project Team free to focus on the project itself
- Setting up a project board with senior management support and reporting mechanism into the group – this helps to promote the activity you are undertaking
- Joined up working with partners
- Developing an action plan with target dates and lead responsible. Setting review dates for plan. This helps to keep the project focussed, helps make large projects manageable, makes SMART goals/ outcomes and ensures that work is divided appropriately between the project group (and delegated to those outside the project group when applicable)
- Always leave enough time it takes longer than you think to make changes
- Make sure all staff are included and share all responsibilities across the team

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Leicester City Community Health Service

School Aged children with Speech language and Communication Needs

The problem

- An average waiting time of 10 weeks, but with 140 children waiting over 18 weeks
- Inappropriate referrals to speech and language therapy (SLT) contributing to large caseload. In April 2010 the caseload was above the national average in SLT (RCSLT Q-SET 2010)
- A lack of robust systems for capturing, managing and reporting on data impacted the ability to plan and measure service improvement

What was done:

- Developed a new clinical pathway with clear entry criteria for school aged children
- Delivered training to key stakeholders, the main referrers are education staff and paediatricians, on the use of the referral guidelines and strategies to support self-managed care
- Improved access to referral guidelines through better web links and improved communication
- Established use of SharePoint as a business intelligence platform to enable the capture of live patient activity data linked to the Electronic Patient Record
- Streamlined the processing and administration of new referrals through removing unnecessary stages
- Improved the scheduling and allocation of first appointment slots

The results including unintended consequences:

- Reduced referral to treatment time for school aged children from an average of 10 to 5 weeks
- In January 2011 no child had to wait over 18 weeks in any part of the service as compared to 190 children at the start of the project.
- A cost efficiency gain of £29,000 per annum has been predicted
- attracted additional funding of £40,000 to deploy SharePoint across the LCCHS organisation

Lessons learnt/top tips:

Other services can achieve what we have achieved by;

- Establishing a committed cross-specialty team with a definite goal
- Establishing common language within the team. The use of SharePoint as a project management and collaboration tool has facilitated communication and reduced the need for frequent project meetings
- Ensuring adequate supporting technology is in place
- Clearly identifying what data is needed from the outset
- Clearly identifying and scrutinising current pathways enables the elimination of points of waste in addition to providing a basis for defining costs
- Recognising that there are many resources available to help with service improvement. These may be through web based resources or people within and beyond the organisation
- Recognising that things will never always go to plan. Managing risks and potential barriers along the way will ensure the project continues and achieves its goals

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Royal National Orthopaedic Hospital
Children's Scoliosis Service

The problem

- At 31st Jan 2011, 51 (7%) patients had waited longer than 18 weeks for surgery
- The pathway offered to children and young people with scoliosis lacked interventions to offer exercise / lifestyle changes and lacked measures of functional outcome of surgical treatment

What was done:

- A robust business case was developed proposing recruitment of a Consultant Physiotherapist to work with the Spinal Deformity surgeons to make changes in the clinical pathway
- This post was successfully filled
- Some initial work in engaging service users and redesigning the care pathway was done, with most of the redesign dependent upon the start date of the Consultant Physiotherapist

The results including unintended consequences:

- Results will be delivered beyond the lifetime of the formal service improvement project as they are dependent upon the newly created and recruited role of the consultant physiotherapist. This role will:
 - provide a new service, working in parallel to spinal deformity surgeon, where the consultant AHP will triage, assess and actively monitor patients prior to surgery.
 - reduce waiting times for surgery and conservative treatment by adding a skilled member of staff to the 1st outpatient appointment team and increase productivity by freeing up surgeons for surgery.
 - Create capacity and earn revenue for new and follow-up consultant and registrar appointments by seeing appropriately triaged patients in clinic
 - coordinate the patient journey for the most complex cases
 - provide additional education and support to anxious patients and parents/carers, reducing anxiety and reinforcing compliance and steady progress with treatment
 - measure functional outcomes of conservative and surgical treatment where none had previously been measured.
 - communicate with locality teams to enable treatment to be delivered closer to home with specialist support

Lessons learnt/top tips:

Other services can achieve what we have achieved by;

- Being realistic about how far you can get with the skills and aptitudes you (and your team) already have
- Responding to a gap in the market
- Demanding better data analysis
- Believe that your service is worth extra investment and find out who can influence this with you
- Be brave!

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South West Essex Community Services
Childhood Obesity Services

The problem:

- Growing identification of overweight and obese children and young people led to increased demand and waiting times had increased
- At the same time poor knowledge of the obesity pathway meant professionals were unclear about how to raise the issue. 62% of respondents to a survey were not using the pathway and only 44% were comfortable discussing the issue of weight with families.
- There was a drop-out rate from the various programmes and a 'revolving door effect' of families re-entering the health care system

What was done:

- A focus group established how service users arrived at services e.g. how they found out about services, how were they referred and who were the key people involved in getting them to realise that support was available.
- This group revised the service process map to streamline the referral and engagement process
- Adoption of clear discharge criteria removed those on the waiting list that were not going to accept any programme offer
- New significant influencers e.g. faith group leaders and head teachers were identified
- Programmes were timed to avoid key holiday periods which led to greater drop-out rates

The results including unintended consequences:

- Patients accepting referral can now access a local weight management programme of their choice with data suggesting month on month improvements of 2-6 weeks in waiting times
- Work to investigate the problems associated for professionals in raising the issue of weight has led to a development of a support programme to inform and develop skills to complete this important element.
- There is increased retention within the programmes delivering improved cost effectiveness

Lessons learnt/top tips:

Other services can achieve what we have achieved by;

- Clearly identifying referrers, not making assumptions on who the significant influencers are.
- Keeping a clear focus on what it is that is to be achieved and not trying to change too much too soon
- Small project team that regularly reviews actions, plans and performance against the agreed outcomes
- Knowing your data and understanding the true costs of what you do
- Acknowledging that there is no 'right time' to make changes but that this needs to be a continual process and requires leadership and responsibility at all levels to achieve step change.

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University College Hospitals NHS Trust
Adolescent Chronic Fatigue Service

The problem

- 14 week wait for occupational therapy input (with potential for patients to deteriorate further)
- Bottleneck at both ends of the pathway (for assessment and discharge)
- Inequitable access to the service – no service for those with mild conditions to prevent deterioration
- Limited services and experience in the community to support complex adolescent patients and an undefined system to discharge patients

What was done:

- Training and supported given to community teams (about 60 people) to build skills to reduce the number of cases needing specialist input as well as to take back cases from specialist care more quickly
- Setting up of a group programme and training junior staff to run this programme.

The results including unintended consequences:

- Waits reduced from 14 weeks to 4 weeks for all
- Access to service for those with mild conditions for whom there had previously been none
- Improved productivity - An increase of 58% more direct patient contacts with minimum saving of £136 per patient
- Clinical effectiveness improved with 50% mild to moderate cases discharged after group input
- Only 3 (of the 13) referred on for further 1:1 occupational therapy input.
- Increase in patient's satisfaction has been achieved from 65% to 90% for support; 71% to 76% for access and 29% to 76% for waiting times

Lessons learnt/top tips:

Other services can achieve what we have achieved by;

- Identifying a project where improvement is anticipated and that bridges several agendas (political, fits trust targets, suitable given current climate).
- Taking time to define the exact focus and establishing a clear time line.
- Ensuring there is 'sign up' from the key group, service and from the management of the key group.
- Ensuring that the key group are likely to remain in post for the duration.
- Identifying others who can fill the skill gaps within your key group or provide support in these areas.
- Identifying some strategic links to assist with working with key stakeholders.
- Being aware that you are unlikely to complete the project without giving up some of your own time.

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West Kent Community Health
Speech and Language Therapy Redesign

The problem:

Before service improvement, referrals were sent direct to 4 individual clinics in the area and different waiting times within each site were common. Options for intervention were very limited and only a small number of children received ongoing treatment beyond Year 1 at school. Referral to Treatment time for Early Years children was 39 weeks with school-aged children waiting on average 50 weeks for a first appointment.

What was done: In consultation with service users and partner agencies the service:

- Developed a new referral process to enable referring agents to determine whether a referral is appropriate.
- signposted inappropriate referrals to other agencies/pathways
- implemented of a single point of access
- designed new care pathways for early years and schools settings
- Developed a prioritisation tool to actively engage the participation of parents and agency partners in the determination of the child's needs.
- offered training sessions for all early years practitioners visited to each school SENCO to introduce the new referral from and pathway.

The results including unintended consequences:

- This service now provides a school-based service when previously there was none
- Intervention is offered at the same time as assessment with no wait in between
- Clear pathways for early years and school age children actively involve staff as well as parents
- Specialist care packages are integrated into the pathways
- There is a rolling programme of parent workshops and parent forum.
- Referral to Treatment times for Early Years children have reduced from 39 weeks at the beginning of the project to 17 weeks in September 2010
- In July 2009 school-aged waited on average 50 weeks for their first appointment but the latest figures in November 2010 show a 6.5 week wait.
- Released savings in the region of £34,072 by reducing inappropriate referrals of children with only mild difficulties and signposting them to other appropriate services
- Capacity has been reinvested into the service for children with more significant and special educational needs
- The profile of the service as one which is successfully transforming has been raised within the organisation and with commissioners
- The team are planning to take part in the Trust's 'Productive Community Services' project in April 2011. Many of the team are also hoping to take part in Yellow Belt 'Lean Thinking' training within the Trust in March 2011.

Lessons learnt/top tips: Other services can achieve what we have achieved by;

- Encourage 'change champions' within the team to both influence the others but also to ease communications about key issues.
- Many of the ideas were developed by the team or adapted by the team so there was ownership of the change process.
- Spend time analysing the specific data needs at the beginning of the project to determine what is needed.
- Change can take longer than anticipated. Everyone involved needs patience and perseverance.

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County Durham and Darlington Community Health Services
Centralised Referral Management and Booking for AHP Services

The problem:

- Limited choice of appointments for patients
- Waste in relation to lost appointments and therefore long referral to treatment times
- Administrators located across small teams and in many locations

What was done:

- Introduction of a co-ordinated single point of contact for all AHP services by re-designing the referral pathway to four AHP professions
- Implementation of standard operating procedures for booking
- Data collected centrally and analysed weekly
- Full implementation of System One and centralisation of office functions

The results including unintended consequences:

- 100% of patients have choice of time, and place for treatment
- Reduced waiting time from 30 weeks in some services to 12 weeks maximum
- Reduction of DNA's by 5% due to use of more appointment slots
- Projected saving of £260k per annum based on initial investment of £130k
- Efficiencies in relation to admin and clinical costs per patient contact.

Lessons learnt/top tips:

Other services can achieve what we have achieved by;

- Clear business planning based on 'Invest to Save'.
- Dedicated project management to drive implementation and a clinical project team
- Time allocated to manage logistics and negotiate changes with staff.

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North Yorkshire and York Community and Mental Health Services
Wheelchair Services Improvement Project

Our improvement aims were.....

- To create an equitable service across North Yorkshire.
- To ensure that quality standards were established and adhered to.
- To improve access to those referred to the service and reduce waiting times.
- To engage better with all stakeholders.
- To improve productivity and cost effectiveness.
- To raise the profile of Wheelchair Services within the organisation and contribute to a wider national forum.

What we have done

- Local protocols were developed to give clearer guidance on the management of referrals.
- Letters to patients have been standardised to reflect the protocol
- Protocols have been established around patients failing to attend appointments and discharging them from the service.
- Patients are now encouraged to phone in to make an appointment thus promoting greater engagement and providing choice of an appointment time in the process.
- The process for the provision of powered chairs has been analysed, standardised and improved.
- We are working to a core list of wheelchairs, cushions and suppliers to improve cost effectiveness.
- We have produced an “Idiot’s Guide” for our new information system so that all staff use the system in the same way, vital in ensuring reports from the system on outputs are accurate.
- Some Administrative staff have completed competency training so that some standard transit chairs can be issued by them following screening.

In order to introduce all these changes, engagement with staff and stakeholders has been essential:

- The service has had two time out sessions to ensure that all working in the service were engaged.
- The Team Leaders, Service Improvement Team and the Team Manager held fortnightly conference calls to keep momentum in the process.
- A Service User Group was established. There are plans to expand the input from service users.

The results

Overall, we are well on the way to ensuring all referrals are screened within 2 days and have made substantial progress in ensuring referrals coming into the service are being dealt with and completed in 18 weeks or less.

Lessons learnt/top tips:

- Provides leadership opportunities for those with experience, knowledge and passion rather than grade.
- External support from the Service Improvement Project has provided opportunities to share experience and network.
- A project initiation document helped clarity about areas where service improvement was required.
- Support from in-house Service Development Team has helped facilitate aspects of the work.
- A systematic approach and the PDSA model has contributed to overall success.
- Feeding back some quick wins early in the project has aided success.
- Honesty and courage – team willing to look at ‘the warts’ in the best interest of patients.

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