Improving Access to Services
Creating a Community of Shared Learning
Project teams have at least one of the measures as outcome measure and the rest as balancing measures in addition to their own measures.

Teams develop and test change ideas and encouraged to collaborate with other project teams in the Learning System. Change ideas that are shown to be effective cascaded to appropriate services in learning system and then to the rest of the organisation.

IA regularly meet with project teams to help them apply the QI tools and methodology to progress their work and to act as a link across similar projects.

**AIM:**
- Improving access to services for new patients by increasing uptake, reducing waiting times or reducing DNAs (did not attend) according to locally set targets by April 2017.

**THEORY:**
- These three areas affect the start of the care pathway and are interrelated. Improvement in one area may adversely impact the others.

**METHOD:**
- Project teams have at least one of the measures as outcome measure and the rest as balancing measures in addition to their own measures.
- Teams develop and test change ideas and encouraged to collaborate with other project teams in the Learning System. Change ideas that are shown to be effective cascaded to appropriate services in learning system and then to the rest of the organisation.
- IA regularly meet with project teams to help them apply the QI tools and methodology to progress their work and to act as a link across similar projects.

**Learning set:** WebEx – every 6-8 weeks

**Newsletter – monthly (includes dashboard)**
Scale-Up and Spread

1. **Designing and Testing**
   - Multiple change ideas by teams within the learning system

2. **Up-scale & Test Bundle**
   - Within the learning system

3. **Recruit & Spread**
   - The bundle as a menu of options across the organisation

---

**Degree of belief**

**Bundle**
Improving Access Learning System

WebEx Learning Sets

12 Projects

6 Wait Times Projects

- Sharing progress
- Case Studies

6 Increasing Uptake Projects

- Core measures & DD
- Change Ideas & Tests

Facilitated by: Director of Ops, 2x IAs, 2x Senior IAs

● Dashboard
● Newsletter

Individual Project Support

Coaching  Testing  Dashboard  Alignment

Tools  Documentation  Research  Strategy

Supported by: 2x IAs

Measures

Wait Times - Average days from referral accepted to first face-to-face contact

% DNA - DNAs before first face-to-face contact / total number of appointments booked (excluding cancellations)

New Referrals - Total number of referrals received from external referrers (non-ELFT)

Supported by: QI Data Analyst
Developing a Strategy for Improving Access
Key themes – Increasing uptake projects

AIM

Increase uptake (reduce DNAs / increase appropriate referrals)

PRIMARY DRIVER

- Improve Communication
- Staff training
- Screening/assessment/triage
- Appointments
- Promotion / outreach
- Service User Motivation

SECONDARY DRIVER

- With patients
- Between staff / services
- With external agencies
- Appointment process / diaries
- Recording of data
- Consistency of approach
- Develop screening /triage tool and process
- Clearer levels of intervention
- Process
- Patient choice
- Reminders
- Community awareness
- With external agencies
- Service user engagement

CHANGE IDEA

- Update patient details
- Welcome pack for new pts
- Language leaflets
- Standardised referral forms
- Process training
- Clinical training
- Cultural competence training
- Visibility of clinician diary
- Choice of appointment
- Text/phone reminders
- Audit external training needs
- Train external partners
- Targeted BAME promotion
- Train/liaise w external agencies re: services
- Promote self-referral
- Foster active engagement
- Seek service user views
Key themes – Reduce waiting times

AIM

Reduce waiting times on referrals into service

PRIMARY DRIVER

Improve referral processes

Screening/assessment

Improve capacity management

Improve Communication

SECONDARY DRIVER

Simplify and standardise admin processes

Improve standard of referrals received

Appointment process / diaries

Remove built in delays

Consistency of approach

Remove bottlenecks

Staffing to meet capacity

Reduce DNAs

Broaden interventions

Physical capacity of clinics

With external agencies

With service users and families

CHANGE IDEA

Update patient details

Introduce checklist

Comms to referrers

Standardised referral forms

Workload balancing

More regular allocation meetings

Telephone triage

Visibility of clinician diary

Choice of appointment

Text/phone reminders

Inform expected wait times

Produce self-help materials

Introduce levels of intervention

Consider clinic location options

On alternatives
Developing and Testing Change Ideas
<table>
<thead>
<tr>
<th>Change Concept</th>
<th>Change Idea</th>
<th>Teams Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 – Use automation</td>
<td><strong>iPLATO text messaging system</strong> (automated system). Task to gather views on how to achieve consistency in processes</td>
<td>MSK Physio; Newham EPCL; Specialist Health Visiting; NH Psychological Therapies; TH CAMHS; TH Psychological Therapies</td>
</tr>
<tr>
<td>59 – Use reminders</td>
<td><strong>EE text message reminders</strong> (manual Microsoft Outlook system).</td>
<td>Community Sexual Health and Reproductive health; CH Wait Times</td>
</tr>
<tr>
<td>27 – Give people access to information</td>
<td><strong>Introductory leaflet</strong> for service users and GPs</td>
<td>TH Adult Mental Health</td>
</tr>
<tr>
<td>39 – Coach customers to use products/service</td>
<td><strong>Assessment leaflet</strong> to provide information about the process of assessment, therapy choice etc</td>
<td>NH Psychological Therapies</td>
</tr>
<tr>
<td>51 - Standardization</td>
<td><strong>Referral form</strong> that was developed and tested by the NH Psychological Therapies wait times project</td>
<td>TH Psychological Therapies, CH Psychological Therapies</td>
</tr>
<tr>
<td>15 - Move steps in the process closer together</td>
<td><strong>Daily referrals meetings</strong> instead of weekly meetings</td>
<td>NH CAMHS Front Door Service / CH Wait Times</td>
</tr>
<tr>
<td>16 – Find and remove bottlenecks</td>
<td><strong>Telephone triage</strong></td>
<td>TH CAMHS Community; CH Wait Times</td>
</tr>
<tr>
<td>71 – Change the order of process steps</td>
<td><strong>Telephone triage</strong></td>
<td>TH CAMHS Community; CH Wait Times</td>
</tr>
<tr>
<td>34 – Focus on the core process and purpose</td>
<td><strong>Stopping groups</strong> for patients awaiting individual psychotherapy</td>
<td>CH Psychological Therapies</td>
</tr>
<tr>
<td>68 – Reduce the number of components</td>
<td><strong>Emergency clinic slot</strong></td>
<td>Specialist health visiting</td>
</tr>
<tr>
<td>21 – Use multiple processing units</td>
<td><strong>Referrals coordinator screens</strong> and either accepts or sign-posts new referrals</td>
<td>CH Psychological Therapies</td>
</tr>
<tr>
<td>55 – Develop contingency plans</td>
<td><strong>Post appointment letters</strong> directly from team</td>
<td>CH Wait Times</td>
</tr>
</tbody>
</table>
## Change Ideas

### Resulted in Improvement

**DNA**
- Automated text reminders
- Manual text message reminders
- Service information leaflet (multiple languages)
- Phone call reminder
- GP bulletin & communication
- Referral form
- Emergency clinic
- Changes to DNA Policy
- Text message reminders by booking service
- Self-referral form
- Standardised referral form
- Information and Enrolment sessions

**WAIT TIMES**
- Telephone Triage – referrals
- Self-help materials
- Checklist
- More regular allocation meetings
- Choice of appointments
- Web based texts
- Visibility of clinicians diaries
- Standardised referral forms
- Workload balancing
- Assessment leaflet
- Comms to referrers
- Update patients details
- Inform of expected wait times

### No Improvement

**DNA**
- Language leaflet
- Welcome pack
- Clinical training
- Process training
- Opt in letters

**WAIT TIMES**
- Visibility of clinicians diaries (outlook, paper diaries)
- Assessment and holding sessions
Results Achieved by the Teams
# Learning System Achievements

<table>
<thead>
<tr>
<th>CAMHS</th>
<th>Community Mental Health Teams (CMHTs)</th>
<th>Psychological Therapy Service (PTS)</th>
<th>Mental Health Care for Older People (MHCOP) Memory Service</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tower Hamlets</td>
<td>City &amp; Hackney</td>
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<td>Newham</td>
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| **Waiting Times from referral to 1st appointment** | **36%** | **50%** | **45%** | **16%** | **18%** | **32%** | **53%** | **60%** | - | - | - | - |
| **No. of referrals received** | **128%** | **25%** | **24%** | **18%** | **27%** | - | - | - | - | - | - | - |
| **First appointment non-attendance** | **45%** | **38%** | **17%** | **49%** | **34%** | - | - | - | 43% | 23% | - | - |
Examples of Specific Access Projects
MSK Physio

- 43% Reduction in First Appointment DNAs
- 44% Reduction in Follow-Up Appointment DNAs
Sickle Cell and Thalassaemia Service

22% Reduction in First Appointment DNAs

43% Reduction in Follow-Up Appointment DNAs
• The parents will be keen to know the results during pregnancy and post giving birth in a timely manner to enable informed choice – Carry on with pregnancy or termination.

• It is crucial that they receive early and regular treatment for the affected infant as there is no easy cure.

• Individuals with sickle cell disease have a condition which expresses itself with bouts of severe pain.

• Individuals with Beta Thalassaemia will require regular/monthly blood transfusions. They are at risk of developing serious life-threatening infections. They may experience varying degrees of chronic and acute anaemia.

• Throughout their lives they will require medication to manage pain when it occurs, and prophylactically to reduce the risk of infections.

Why is this project important?
If further into gestation the woman is the shorter amount of time the team has to provide her with the results and information. The team relies on external services to do prompt screening and send results.

They do not have control over how quickly they receive the results/referral but have control over how quickly they respond.

The shorter amount of time she has to make an informed choice.

If the team receive the results/referral and the woman is over 22 weeks and 6 days of gestation she would no longer have adequate time to be able to make a decision regarding the pregnancy.
This process map was created by admin staff to ensure that all staff understand the booking process. The team discussed how any changes made to these processes in response to the QI project would need to be added to the process map.

- Saving Results
  - Save by:
    - Date of Week Beginning
    - Surname (in capitals)
    - Forename – NHS Number – D.O.B
  - Separate Results
    - Sickle Cell – ALL LAB RESULTS – YEAR – MONTH – ANC – ANC WOMENS
      - SICKLE CELL AND UNUSUAL HAEMOGLOBIN
      - BETA THALASSAEMIA - FBC
      - ALPHA THALASSAEMIA - FBC
      - FINAL DNA
      - INCONCLUSIVE AWAITING DNA
Ramp 1 Aim:
Does an emergency clinic slot ensure that service users over 20 weeks gestation are seen within 24 hours after receiving the referral?

Cycle 1: Emergency clinic slot on Tuesday, Wednesday and Thursday of one week

Cycle 2: Continue to test emergency clinic slot but send a text message reminder.

Cycle 3: Continue to test emergency clinic slot but send a customized text message reminder. Book those who DNA into a second slot the following day and send text message.

Cycle 4: Only book women in if under 22 weeks and 6 days. If above 22 weeks and 6 days there will not be enough time to offer screening/make informed choice.
Improving Access to Psychotherapy Services

<table>
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<th>Newham</th>
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<tr>
<td></td>
<td>23%</td>
<td>63%</td>
<td>18%</td>
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<tr>
<td>No. of Referrals Received</td>
<td>*</td>
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<td>*</td>
</tr>
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<td></td>
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<td>18%</td>
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</tr>
<tr>
<td>First Appointment Non-Attendance</td>
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<td>*</td>
<td>*</td>
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<tr>
<td></td>
<td>35%</td>
<td>50%</td>
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</tbody>
</table>
July 2017

### 101106 & 101075 – Newham Psychological Therapy Service

- **Average waiting time from referral to first appointment (Monthly):**
  - Jan-14: 102.98
  - Jun-17: 65.31
  - Jan-16: 84.06

- **Number of referrals received (Monthly):**
  - 42.79
  - 54.38

- **Percentage of first appointments (face to face) not attended (Monthly):**
  - 37.45%

### 100850 – City and Hackney Psychological Therapy Service

- **Average waiting time from referral to first appointment (Bi-Weekly):**
  - May-Jun: 126.00
  - Jun-Sep: 102.72

- **Number of referrals received (Bi-Weekly):**
  - Jan-Jun: 29.17
  - Jun-Sep: 40.38

- **Percentage of first appointments (face to face) not attended (Bi-Weekly):**
  - 24.45%

### 100853 – Tower Hamlets Psychological Therapy Service

- **Average waiting time from referral to first appointment (Bi-Weekly):**
  - May-Jun: 135.06
  - Jun-Sep: 100.80

- **Number of referrals received (Bi-Weekly):**
  - Jan-Jun: 35.69
  - Jun-Sep: 38.50

- **Percentage of first appointments (face to face) not attended (Bi-Weekly):**
  - 23.61%

**Baseline:**
- Newham Psychological Therapy Service: Jan 14 to Feb 15
- City and Hackney Psychological Therapy Service: Jan 14 to Dec 15
- Tower Hamlets Psychological Therapy Service: Jan 14 to Jan 16
AIM: Our aim was that by December 2016 100% of service users will be seen within 11 weeks for assessment and be sustained by May 2017

PDSA CYCLES:
- Referral form.
- The DNA/Cancellation policy on assessments was more clearly laid out.
Tower Hamlet’s Psychotherapy Service

**KEY LEARNING:**

- Focusing on improving one part of a service pathway can have an unintended impact on other parts of the pathway.
- Increasing capacity for assessments can result in an increased wait for treatment.
Newham’s Psychotherapy Service

**PDSA CYCLES:**

- **Reducing DNAs to Assessment:**
  - Referral form
  - Assessment leaflets
  - Manual Text Message Reminders
  - Automated text message reminders
  Resulted in Trust-wide system for sending automated text message reminder.

- **Reducing Wait Times to Assessment/First Contact:**
  - Referral form
  - CAP on referrals
  More recently tested briefer assessment times, Information Giving Sessions.
Questions