Improving experience and reducing non-attendance on the Pain Management Programme

NHS Lothian

Project team
Background to the project

• NHS Lothian investing in QI approaches – mental health and psychological therapies.

• Increasing access to psychological therapies: not only ensuring services sufficiently resourced but are also efficient and productive.

• How can a QI approach help?
Where is the most non attendance?
Pathway analysis
Engaging the team – what matters to you
What are we trying to accomplish?

To improve experience in the pain management service and to reduce non attendance rates by 10 percentage points.
Pain Management Service

We would like to hear your experience of our service!

Calling all patients who are attending the Pain Management Service!

We would like to hear about your experiences of our service so that we can identify ways to improve our Pain Management Programme.

We would like to have a short conversation with you to find out about your experiences. If you agree to share your experiences we think this will take a maximum of 30 minutes. We can do this either face to face or over the phone.
What is your general experience of the pain management service?

Prompts:
How were the letters/information we sent you about the service?
Why did you think you were coming and what did you know about what we could offer you?
How was your experience of your first appointment here?
Have you had to re-arrange any appointments with the Pain Management Service? What was that experience like? What were the reasons why?
What was your experience of the staff you came in contact with like either over the phone or face-to-face?
How did you feel when coming to this service?
Any further comments of what went well and what could have been better?
Good communication during first appointments and clear information of what group can offer.

Once in the service the process happened quickly.

Friendly reception staff.

Helpful & approachable staff.

Good information/explanation in treatment sessions.

Staff going the extra mile & finding a specific piece of equipment for a patient:

“I have understood everything - didn’t feel it was too technical” Female, 80s

“Fantastic” “chuffed about this” “found out what was what for you” Female, 80s

“They were really understanding of that (life changes) and they kept in touch to see how I was.” Female, 30s

“I thought it was quite clear and from the get go I knew who I was talking to & they explained that I would be with different people than I’d initially met – physio and psychologists. So at no point did I turn up and not know what was going on or feel that things had been changed.” Male, 20s

“...everything gets explained to you & it’s no’ as if they’re trying to dumb it doon – they gage what knowledge you’ve got.” Male, 40s

“Letters from initial confirmation that you’d been accepted onto the your books basically to getting an appointment was really quick” Male, 40s

“I thought it was quite a quick process, introductory session & then I started quite quickly after that” Female, 50s

“Friendly voice on the phone so you don’t feel like you’re bothering anyone...” Male, 40s

“Anyone I spoke to on the phone or dealt with at reception had been superb, really good” Male, 40s
Pain Management Service

What we can improve

Better information before people come here, so they know what to expect

Better phone access to reception & clearer information about when we will call you back

Easier access to location

Improvements to rooms & signs in the building

Making sure people have access to what they need after the group finishes

More time to talk to other people in the group

Easier access to location

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“Making sure people have access to what they need after the group finishes.”

“More time to talk to other people in the group.”

“I need to look at after-care support. Probably the worst thing for me was not having the extra support I needed while going through the PMP. Medication wise I have no support. Going to be changing GPs.”

“I’ve asked to be referred to Midlothian Active Choices to look at suitable exercise classes in Midlothian—however not available in other areas of Lothian—don’t know why?”

“For us anyway we could have done with a wee bit more time to chat.”

“Could have had longer break...time for coffee & toilet & of course people want to have a wee chat”

“Trying to read the slides, weren’t very clear — slides were fine probably in the dark but it had coloured writing — very difficult to read. The whole screen could have been bigger.”

“They said you would see a psychologist & I was like, right ok, but again there was no explanation as to why it would be a psychologist. What the relevance of that was…?”

“It was more along the lines of, oh well, there’s this pain management course that I could send you on — do you want to go on it? That was basically all I got asked. I didn’t get any information regarding it from my GP.”

“I left a message but I didn’t know if anyone had got the message — 2/3 days before anyone got in contact — difficult.”

“If I dinnae (have a lift) it would be two maybe three buses & that would just be by the time I got here I wouldn’t be in any frame of mind — I would just be agitated & sore & pretty irate — not at you guys but just at potholes & people in Edinburgh in general.”

“The only thing is the travelling because I’m through in West Lothian it’s putting another 2hours onto the already 3hrs long course so that makes it a very long day. If you’re not having a good day that sometimes can, I mean I’ve thought about ‘oh I really couldn’t face this today’.”

“Trying to read the slides, weren’t very clear — slides were fine probably in the dark but it had coloured writing — very difficult to read. The whole screen could have been bigger.”

“Toilets were very hard — walking sticks —toilets too low — needed handles” Unaware there was a disabled toilet

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Why don’t people come? Pareto analysis of patient reasons for non attendance.

N=22, reasons = 40
What change can we make that will result in an improvement?
Driver diagram

To improve experience in the pain management service and to reduce non-attendance rates by 15 percentage points.

- Patient knows & remembers about appointment
- Patient motivated to attend
- Patient feels able to attend
- Patient informs us if not attending

**Primary Drivers**

- Clearer letters and information
- Reminders (text, phone)
- Opt In
- High quality information
- Patient contracting?
- Proactive information about non-attendance
- Expectations of physical/mental health
- Timing & location & mode of consultation
- Aware of need
- Can contact by phone

**Secondary Drivers**

- Improve information & health literacy
- Trial of phone/text reminders
- Consistent use of opt ins
- Information improved to manage expectations
- Consistent use of DNA/NA policy
- Flex apt schedule
- Test formalising phone appointments
- Use attendance board
- Increase number of telephone lines
- Cleaner telephone messaging
Primary drivers

Patient knows and remembers about appointment
Patient motivated to attend
Patient feels able to attend
Patient informs us if not attending
How will we know that a change is an improvement?

Improved attendance rates
Reduction in non attendance rates
Patient feedback and satisfaction - monitoring patient feedback
PDSA cycles for improving attendance

• Phone reminder for introduction to group
• Phone reminder for first of 11 session pain management group
• Offer of a telephone consultation for patients phoning to say they are unable to attend in person for their scheduled psychology return appointment.
| PLAN: | Questions: Will phone reminders increase attendance at Week 1 of Pain Management Programme?  
Predictions: Increased attendance for people who we have spoken to or received a reminder  
Plan for test: Who, what, when, where: Lucy (physio) will phone patients 1 week before they start group. If required other physios will support this.  
Plan for collecting data/information: Lucy will leave a note next to patient’s appointment on TRAK to detail who they had direct contact with, who they’d left a message with & who they were unable to contact. |
| --- | --- |
| DO: | Carry out the test, collect and analyse data  
Carry this out on at least 7 groups |
| STUDY: | What happened? Complete data analysis, summarise learning  
Data was compiled into table format by Kate to show results – to be discussed at team meeting |
| ACT: | Are we ready to make the change permanent? Plan for next test  
It was decided at the team meeting for phone reminders to continue so we can gather more data to analyse the overall impact. |
Results

Combined non attendance-Intro to group 03/16-10/17

Start of general QI work, process mapping, small changes

Start of reminders
Run chart - % attendance at first group session 03/16-10/17

Start of reminders
Run Chart – CNA Rate (%) for Return Psychology Appointments

Offer of telephone appts started
Better phone access to reception & clearer information about when we will call you back

Phone lines were changed so all admin staff could easily answer

Patients are able to leave a message if admin are engaged on another line

Clearer answer machine message about response time
Better information before people attend, so they know what to expect

Information sheet about our service adapted to give to GPs and other referrers

Meeting with a GP surgery to get their feedback on their understanding of our service

Speaking to Pain Clinic about the confusion patients have with our service
Impact

**Benefits for Patients**
- Staff feel under less pressure and that makes them happier at work – the patients see this.
- “Staff feel under less pressure and that makes them happier at work – the patients see this.”
- It’s been good to see “how much more refreshed the service is. I’ve been here xx and the service has definitely changed.”

**Benefits for Staff**
- “We’ve been interested to see why patients don’t attend and we want a good service, but this is good for us too.”
- “I have a clearer idea of what’s going on. It’s given me a better idea of the service overall, including the admin part.”
- “When you can see data and you see that the effort you put in has made a difference...it’s a reward...it gives you a reward.”

**Doing Things Differently**
- “A fresh pair of eyes has been helpful.”
- “Big change has been “interactions with patients and finding out what they want.”
- “This has built on our patient feedback work but the biggest change is “we’ll just ask the patients...and we make changes much quicker”.

**Team Working**
- “It’s been good to “take a step back and not just do what we’ve always done”
- “We’ve had a bit of space to think of good ideas”
- “It’s been good to formalise some of our ideas and make more definite projects” (rather than just talk about them)
- “It’s been nice to work as a team”
- “It’s been good to “come together, including the admin team”
- Admin changes (more phone lines for example) have “made clinical work easier...people are less aggressive at the start” (of consultations).
# Psychological Therapies

**Pain management project - ROI**

<table>
<thead>
<tr>
<th>Quality Dimension</th>
<th>Indicator / Metric</th>
<th>Description of consequence/other observation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe</td>
<td>Reduced DNA/CNA rate</td>
<td>The sooner a patient is seen the more effective the intervention is likely to be.</td>
</tr>
<tr>
<td>Effective</td>
<td>Reduced DNA/CNA rate</td>
<td>Offer of telephone appointment.</td>
</tr>
<tr>
<td>Person-Centred</td>
<td>Reduced DNA/CNA rate</td>
<td>There will be a reduction in wasted clinical capacity.</td>
</tr>
<tr>
<td>Equitable</td>
<td>Reduced DNA/CNA rate</td>
<td>More patients should be seen in a timely manner.</td>
</tr>
</tbody>
</table>

Pain management services either see patients on a 1:1 basis or in group sessions.

**1:1 basis**

The table below sets out the level of waste due to non-attendance of 1:1 sessions with psychologists of physiotherapists.

<table>
<thead>
<tr>
<th>Appointment type</th>
<th>No of wasted sessions per year based on Apr/May 2016 data</th>
<th>Cost per session £</th>
<th>Total wastage £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychology first appointment</td>
<td>144</td>
<td>47</td>
<td>6,768</td>
</tr>
<tr>
<td>Psychology return appointment</td>
<td>306</td>
<td>47</td>
<td>14,362</td>
</tr>
<tr>
<td>Physiotherapy first appointment</td>
<td>192</td>
<td>40</td>
<td>7,680</td>
</tr>
<tr>
<td>Physiotherapy return appointment</td>
<td>84</td>
<td>40</td>
<td>3,360</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>726</strong></td>
<td></td>
<td><strong>32,190</strong></td>
</tr>
</tbody>
</table>

**Group sessions**

Group sessions involve attendance at a 1:1 psychology appointment, an introduction to the group session and 11 group sessions.

If a patient does not attend the first of the group sessions then the entire value of the costs of the pathway are wasted.

The table below sets out the cost of the total pathway per patient, assuming sessions are run for 12 patients.

<table>
<thead>
<tr>
<th>Pathway step</th>
<th>Cost per person £</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 psychology appointment</td>
<td>47</td>
</tr>
<tr>
<td>Introduction to group session</td>
<td>14</td>
</tr>
<tr>
<td>Group sessions</td>
<td>238</td>
</tr>
<tr>
<td><strong>Cost of total pathway per patient</strong></td>
<td><strong>297</strong></td>
</tr>
</tbody>
</table>
Sustainability and spread

• QI projects – what can be integrated into ongoing practice and development of new projects

• More training and sharing QI experience

• Writing up projects and participating in wider QI events
Key learning points

• QI training for team in different ways

****Access to useful data and analytics****

• Measure, measure, measure!

• Time in job plans to do things differently
Thank you

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