Improving access through improving service efficiency. Project A: Reducing non-attendance by a minimum of 5% by December 2017

NHS Lothian Older People’s Psychology Service

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Project team

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LOPPS team members
Our model for learning and change

When you combine the 3 questions with the PDSA cycle, you get... the Model for Improvement

Background to the project

• Increased staffing due to SG/NES funding and re-design
• Plan to centralise admin support resource

BUT:

➤ Persistent hold at c. 80% 18 wk RTT
➤ Perception of increasing non-attendance rate in team
➤ MHAIST assisted process mapping (clinical/admin teams) highlighted significant variance in knowledge & application of non attendance policy & processes
➤ Admin record of reasons for CNA – 2 week period
What are we trying to accomplish?

Reduce appointment non attendance in OP psychology service by 5% by December 2017

OR...

Get Treated Soon

OR...

get well soon
How will we know that a change is an improvement?

Examined the non attendance rates (as measured by the % of appointments that were not attended) each month.

This is the non attendance rate for all LOPPS appointments (1\textsuperscript{st} and follow-up for both A12 therapy and non A12 diagnostic neuropsychology assessment).

Used TRAK (electronic patient record system) used by clinicians to pull monthly data reports.
What change can we make that will result in an improvement?

- Increase clinical and admin team’s knowledge of NHSL attendance policy /New Ways reasonable offer
- Developed flow-charts for all staff for managing DNA/CNA at both 1st & f/up
- Developed PIS for patients and carers – send with 1st appt letter
- Discuss with patients early in contact & after f/up
- Offer late cancellations of patients on existing caseload (not 1st appt/neuropsych) phone call at allocated time
The aim of the project is to improve the attendance rate of psychology appointments by 5% by December 2017.

**AIM**
- Enhancing Patient Experience and Understanding
- Improving clinician implementation of protocols
- Efficient and Effective Administrative Systems

**PRIMARY DRIVERS**
- Improve information and communication with patients
- To increase adherence by clinicians of DNA/CNA protocol
- To redesign administrative systems to increase consistency with CNA/DNA protocol

**SECONDARY DRIVERS**
- Send out revised patient information leaflet for feedback from patients
- Clinicians to discuss CNA and DNA protocol with patients at their 1st appointment
- Project group to be set up to get clinician and patient feedback on implementation of new protocol
- Set up process map with administration staff
- Remind plus - text reminder system for patient appointments for patients with mobile phone numbers in TRAK
- Clinicians set up recurrent new & follow-up appointments in Outlook diary & admin staff to book new appointments in advance from allocations list for each area and use for re-appointing cancelled appointments

**CHANGE IDEAS**
PDSA cycles

Changes that result in improvement

Increased knowledge through testing leads to predictability of the impact of change

Theories, hunches, intuition

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PDSA cycles: PDSA for Patient Information

Plan
Wrote revised PIS

Do:
Gave to patients/carers

Act:
Make changes to PIS

Study:
Reviewed feedback

Next PDSA:
Locality Trial
PDSA cycles: PDSA for Locality Test

Plan
Agree process with admin to monitor 1st appt attendance in line with policy

Do:
Admin send PIS to identified locality with all 1st appt letters

Study:
Review non-attendance & any patient feedback

Act:
Make any changes to PIS

Next cycle: additional localities
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Patient Feedback on CNA/DNA Leaflet

What works well?

- Information is well spaced, easy to read and understand.
- ‘Even with my condition (dementia), the information makes sense’.
- Information is not written in medical terms, therefore comprehensible.
- ‘Know where you stand’
- Written fairly, fully explaining the reasoning behind the policy.

Points to consider for improvement.

- Some patients asked for clarification around cancellations offered within 7 days. This section caused more confusion than the remainder of the information.
- ‘It is good to see that you are addressing this (non-attendance)’
- ‘Information on cancellations is not provided anywhere else so good to have this information’.
- Make leaflet double sided rather than two pages – ‘more likely to read as appears shorter’
- ‘Information on cancellations is not provided anywhere else so good to have this information’.
- ‘It would be helpful to have a number to call if needing to cancel’
- ‘It would be helpful to have a number to call if needing to cancel’
- Thought it was too wordy at the beginning. The information could be halved. Be concise and to the point. However, visually presented information (e.g. flow charts) too complicated.
- Use a clear title: Non Attendance ‘Keep to the point’
Impact

All Teams: % Pts seen within 18 weeks

- Total Referrals
- Median
- Target (min)

CNA/DNA Policy
PIS leaflet sent

Contracting processes/attendance

Apr-16 May-16 Jun-16 Jul-16 Aug-16 Sep-16 Oct-16 Nov-16 Dec-16 Jan-17 Feb-17 Mar-17 Apr-17 May-17 Jun-17 Jul-17 Aug-17
Sustainability and spread

- Early stages of QI approach in team
- LOPPS Team members on NHSL QI skills cohort training days – extend to non-clinical/admin
- QI projects with our care home/behaviour support teams to improve fidelity/patient flow
Key learning points

Improvements need to be relevant
Whole team approach & involvement

“I’m not a fan of the new pound coin, but then again, I hate all change.” (Ken Cheng)

Do not need to be systematic, ordered – trial even if ‘imperfect’

Small amounts of informal patient/carer involvement very helpful
Thank you

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