



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

Dr. Lucy Birch, Senior Clinical Psychologist



Project team

Dr. Donna Gilroy – Consultant Clinical
Psychologist/Professional Lead

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Rachel Gibson – Assistant Psychologist

Dr. Belinda Hacking – Head of Adult Psychology Specialisms
(QI Coach)

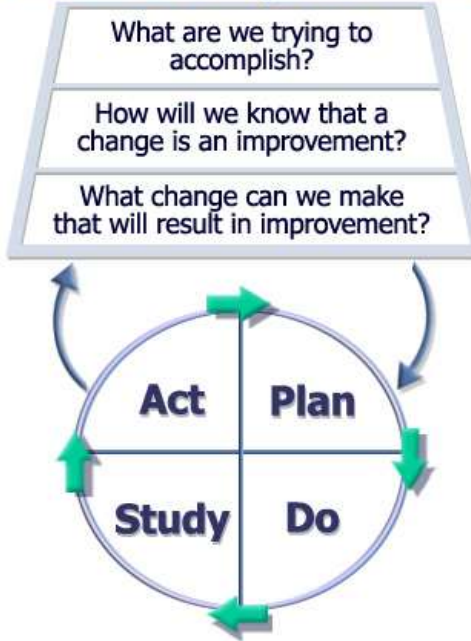
LOPPS team members

Our model for learning and change

When you combine
the 3 questions with
the...

PDSA cycle, you get...

Model for Improvement



...the Model for Improvement

The Improvement Guide, API, 2009.

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...



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**

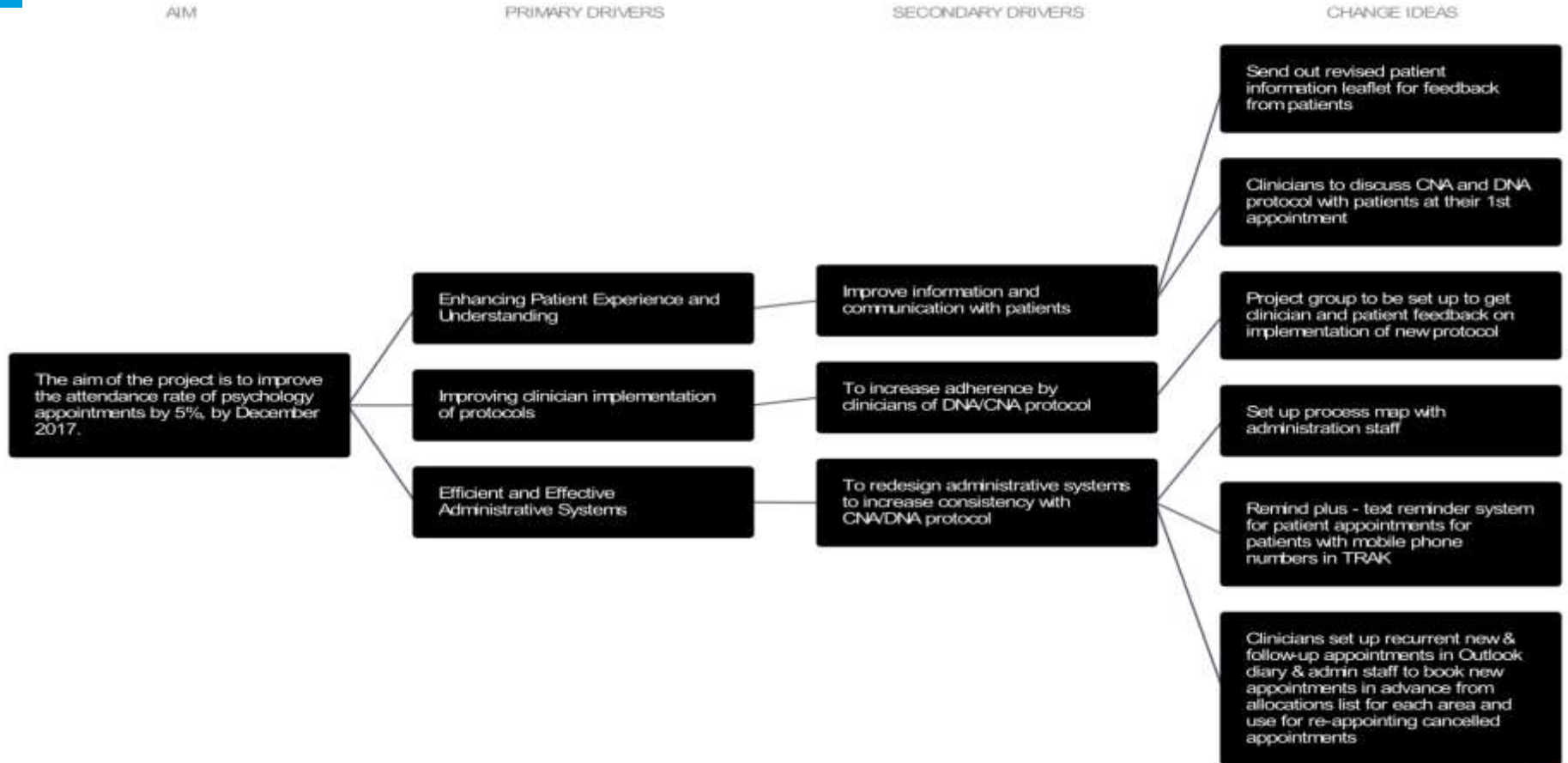
This is the non attendance rate for all LOPPS appointments (1st and follow-up for both A12 therapy and non A12 diagnostic neuropsychology assessment)

Used TRAK (electronic patient record system) used by clinicians to pull monthly data reports

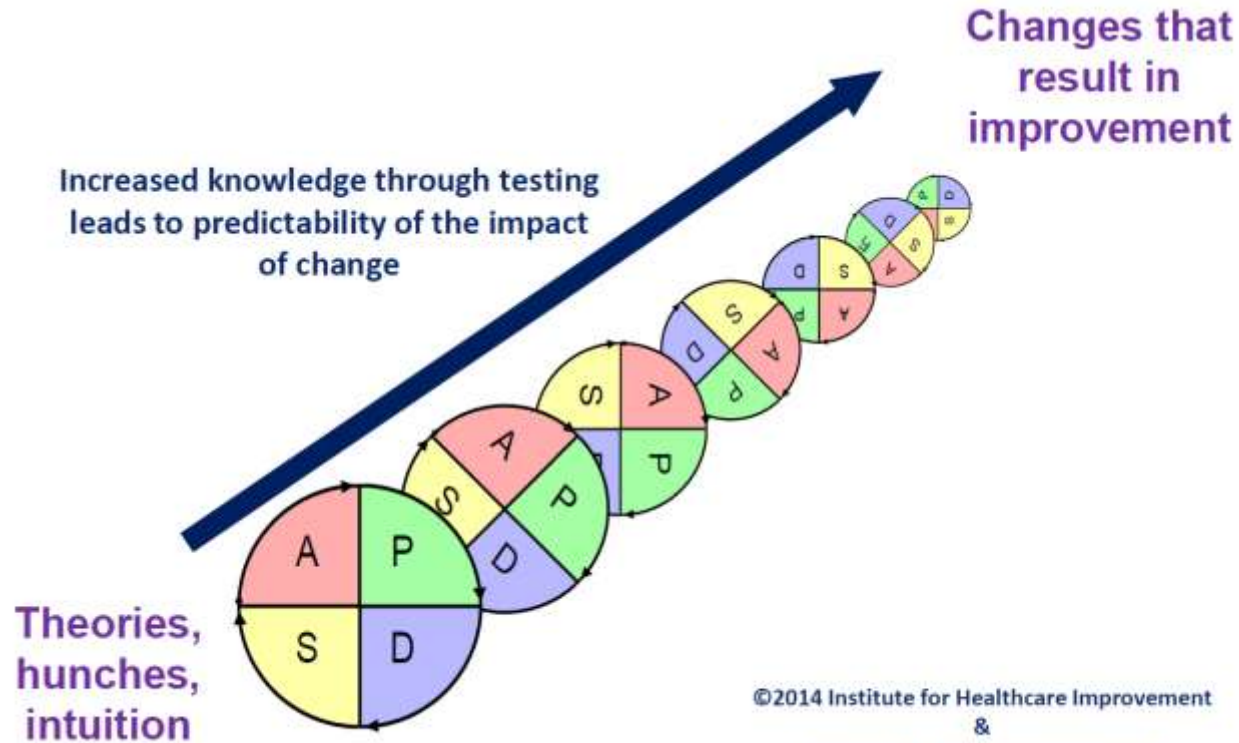
What change can we make that will result in an improvement?

- 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

Driver diagram

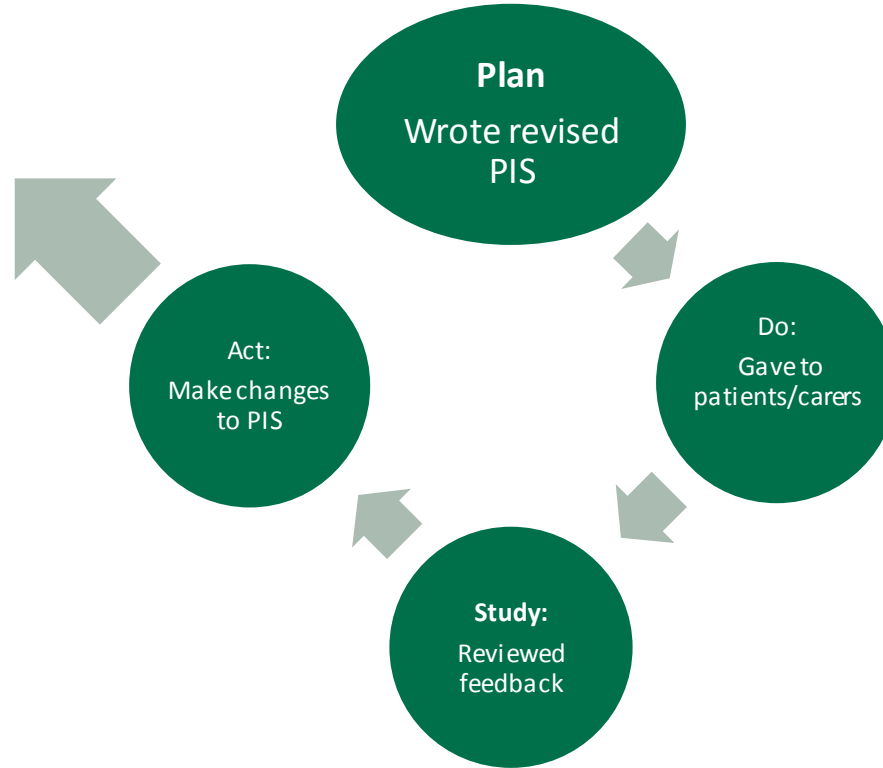


PDSA cycles



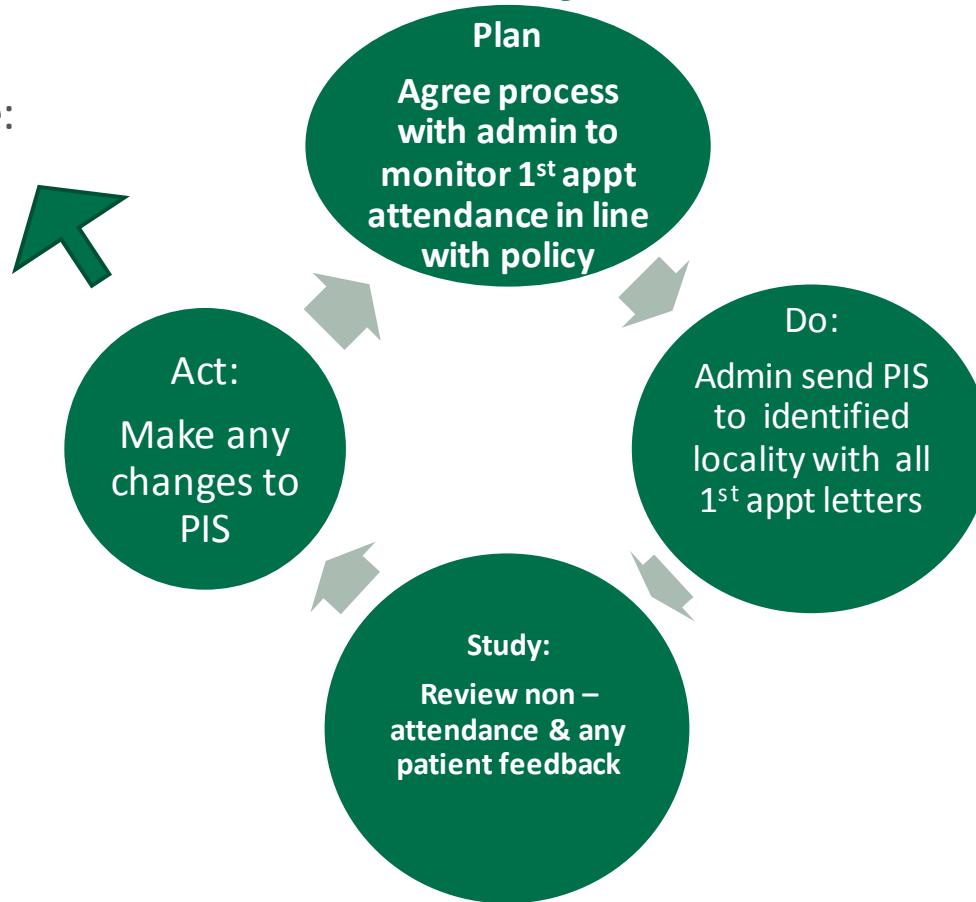
PDSA cycles: PDSA for Patient Information

Next
PDSA:
Locality
Trial



PDSA cycles: PDSA for Locality Test

Next cycle:
additional
localities



**Lothian Older People's
Psychology Service**
**Patient Feedback on
CNA/ DNA Leaflet**

What works well?

'Information on cancellations is not provided anywhere else so good to have this information'.

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

'It is good to see that you are addressing this (non-attendance)'

Make leaflet double sided rather than two pages- 'more likely to read as appears shorter'

Some patients asked for clarification around cancellations offered within 7 days. This section caused more confusion than the remainder of the information.

Points to consider for improvement.

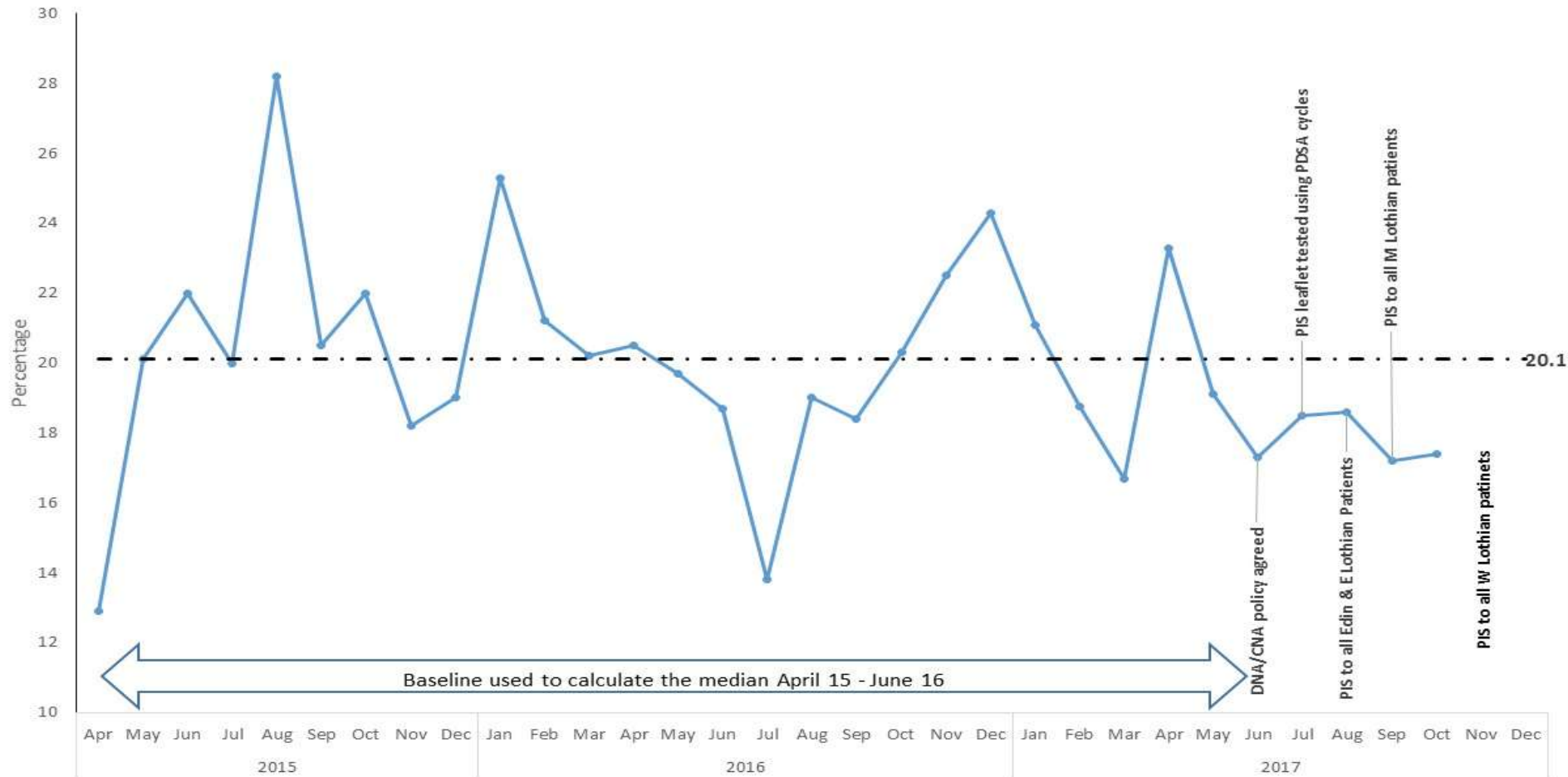
'It would be helpful to have a number to call if needing to cancel'

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'

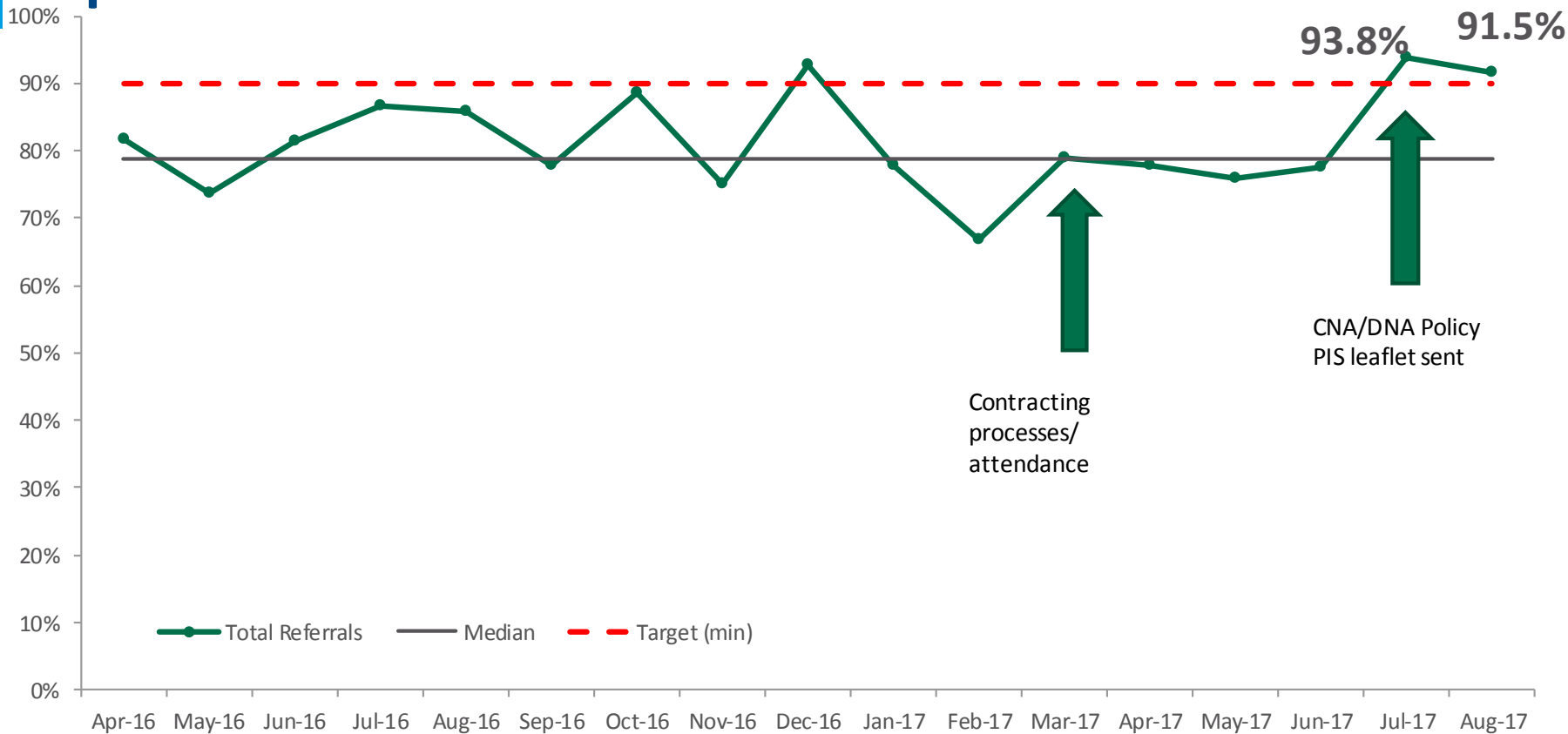
Appointment non-attendance (%) by month

—●— Percentage - - - Median



Impact

All Teams: % Pts seen within 18 weeks



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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