

Improving Access to Elective Care: Can QI reduce waiting times?

Webinar

Wednesday 6 November 2024 13:00 – 14:15

> **NHS** scotland

Leading quality health and care for Scotland

Welcome



Belinda Robertson

Associate Director of Improvement

Healthcare Improvement Scotland



Session overview



Lindsay Wallace

Senior Improvement Advisor

Healthcare Improvement Scotland



Housekeeping



Troubleshooting

Any technical issues please contact:

Esme Wilson

MS Teams chat @esme.wilson

Email: esme.wilson@nhs.scot





This webinar will be recorded.

The webinar recording and outputs will be shared on our <u>webpage</u> following the session.

By attending this webinar attendees will have the opportunity to:

- Learn from teams who have used quality improvement methods to improve access and reduce waiting times in elective care services
- Hear about the national impact and learning from the Access QI collaborative
- Hear about what is happening nationally and the future focus of our work



Time	Торіс	Lead
13.00	Welcome	Belinda Robertson, Associate Director of Improvement, Healthcare Improvement Scotland
13.05	Auditory Brain Response (ABR) hearing assessment with melatonin	Kerrie McAllister, Consultant Paediatric ENT Surgeon, NHS Greater Glasgow and Clyde
13.20	Reducing inappropriate referrals by 5% August 2022 – February 2024	David Walker, Consultant ENT Surgeon and Clinical Lead for ENT and Audiology, NHS Fife Maureen Bean, Project Support Officer, NHS Fife
13.35	Access QI: National Impact and Learning	Lindsay Wallace, Senior Improvement Advisor, Healthcare Improvement Scotland
13:50	Next Steps: Future Focus and Opportunities	Stephanie McNairney, National Improvement Advisor, Modernising Patient Pathways, Centre for Sustainable Delivery Lindsay Wallace, Senior Improvement Advisor, Healthcare Improvement Scotland
14:10	Thank you, evaluation and close	Lindsay Wallace, Senior Improvement Advisor, Healthcare Improvement Scotland

Royal Hospital for Children, Glasgow: Paediatric ENT and Audiology

Auditory Brain Response (ABR) hearing assessment with melatonin

Kerrie McAllister

Consultant Paediatric ENT Surgeon NHS Greater Glasgow and Clyde



What is an ABR?

- Automated Brainstem Response
- Objective hearing test for children
- Used in Universal Neonatal Hearing Screening program
- Requires child lying still / sleeping



Why melatonin?

- Endogenous hormone that regulates circadian rhythm
- Minimal side effects or contraindications
- Does not require specialist monitoring
- Appropriate for outpatient/ward use





• Develop a new service performing ABR with melatonin

- Maintain an ongoing service run by audiology
 - Reduce patients on ENT surgical waiting lists
 - Reduce outpatient appointments in ENT/Audiology



• Reduce waiting times for hearing assessment for children

• Avoidance of General Anaesthetic for children

Patient selection - from ENT surgical waiting list (WL)

- 71 patients listed for ABR under general anaesthetic (GA)
- Average waiting time for GA ABR 2.5 years
- Longest waiting patients first
 - starting with < 2 years old</p>
- Time frame: July 2023 Sept 2024



Overall Outcomes

60% of patients successfully tested with ABR/melatonin and removed from WL

Attendance

	first appt		second appt	
total cohort	52		13	
attended	47	90.38%	10	76.92%

Success Rate

	first appt		second appt	
Successful	25	53%	3	30%
Unsuccessful	22	46%	7	70%

Quarterly results

Seasonal variation – no correlation with success of melatonin ABR testing

	Successful	Unsuccessful	Total	Ratio
Q3-2023	4	4	8	0.5
Q4-2023	4	4	8	0.5
Q1-2024	2	2	4	0.5
Q2-2024	7	2	9	0.777778
Q3-2024	8	9	17	0.470588



Age – no statistically significant difference between success of melatonin ABR testing and age on 1st or 2nd attempt (P value = 0.7059)

6

4-

2-

0





ns

SuccessFailure

Outcome

Patient co-morbidities

Associated conditions – no correlation with success of melatonin ABR testing



Waiting times for melatonin ABR testing



Aims – what we have achieved?

Develop a new service performing ABR with melatonin

Maintain an ongoing service run by audiology

- Reduce patients on ENT surgical waiting lists listed for melatonin ABR 1st
- Reduce outpatient appointments in ENT/Audiology direct referral for melatonin ABR after 2 attempts of hearing testing in clinic

C Reduce waiting times for hearing assessment for children

- 1-2 month wait for melatonin ABR
- Avoidance of General Anaesthetic for children 60% avoided GA

Future plans

- Continue to support current ABR melatonin service
 - With monthly MDT with ENT/audiology/audiological medicine
- Patient satisfaction questionnaires embedded into the service

- Explore additional service: Sedation ABR
 - Anaesthetic support required
 - Access to anaesthetic room / recovery area

Questions



Reducing inappropriate referrals by 5% August 2022 – February 2024

David Walker

Consultant ENT Surgeon and Clinical Lead for ENT and Audiology

NHS Fife

Maureen Bean

Project Support Officer

Corporate Programme Management Office

NHS Fife



Background

- Initial theory, the Dizzy pathway was causing the bottlenecks.
 Processes from referral to first appointment in clinic mapped out.
- With data analysis, focus was on reducing rejected referrals. The aim then changed to reduce inappropriate referrals by 5%.



Actions:

- Regular online and face-to-face meetings scheduled to keep focus and drive.
- Develop Fife Referral Organisational Guidance (FROG) ENT pages.
- Work towards optimising SciGateway key messages page.
- Collaborate with Community Treatment and Care (CTAC) and Audiology to create Ear Irrigation Pathway.



Key Learning Points:

Data analysis when developing and progressing tests of change.

Engage with key stakeholders prior to test of change development to ensure project progress.

Data and Measurement



ENT | Referred Back to GP Inappropriate Referrals | Fife GP Practices | Mar 21 - Aug 24



Key Learning

Actions and Impact

- Improve the referral process by developing (FROG) ENT pages.
- Work towards optimising SciGateway 'key message' page for local ENT referrers signposting links to FROG.
- Collaborate with CTAC and Audiology to create Ear Irrigation pathway.
- Forge robust interaction with Health and Social Care Partnership (HSCP) to establish effective communication.

Next Steps

- Continue the improvement journey.
- Utilise available data to analyse change progress.
- Continue to link with local Integrated Planned Care Programme Board priorities.
- Prioritise collaboration with HSCP for robust two-way communication.

Questions





Access QI Collaborative: Review

Lindsay Wallace, Senior Improvement Advisor, Improving Access, Healthcare Improvement Scotland



Leading quality health and care for Scotland

Programme History

Oct 2019

Present

Test and develop	Pilot	Improvement collaborative
NHS GrampianNHS LothianNHS Tayside	 Training programme and toolkit developed. 22 elective care and mental health services 	 15 elective care services: Ear, Nose and Throat Gynaecology Urology
COVID-19 disruption		

Programme aim

To work with services to spread the use of quality improvement methods to sustainably improve waiting times by using quality improvement methods to identify the root causes of waiting times issues in local services and implement solutions to change demand or increase activity.

Implementation model

Local Implementation Infrastructures which support deployment of QI expertise to deliver sustainable improvements in access

Building QI capability for microsystem and pathway redesign (including Scottish Flow Academy)

Support to

ensure infrastructures and culture enable application of QI expertise to priority areas of work

System to share learning about what is and isn't working

High Impact Changes, Change Packages and Measurement Guidance

National Implementation Support





Education for Scotland



Improvement journey

Quality Improvement Journey





Outcome measures

Demand

Reducing outpatient, inpatient and day case demand

Activity

Increasing outpatient, inpatient and day case activity

Queue

Reducing number of people waiting for an outpatient appointment, inpatient care and day case

Access QI: Impact

NHS Dumfries & Galloway

Neurodevelopment pathway reduced referral to diagnosis time from **130 to 14 weeks.**

NHS Tayside

Reduced Post-Menopausal Bleeding pathway referral to diagnosis time from **137 to 34 days.**

NHS Lothian

Urology urgent suspected cancer pathway reduced referral to diagnosis time from **50 to 11 days.**

NHS Borders

Psychological Services reduced people waiting more than 18 weeks to access care by **49%.**

NHS Greater Glasgow & Clyde

Podiatry service reduced time from referral to first appointment from **13 to 4 weeks.**

NHS Forth Valley

Drug and Alcohol service reduced DNAs by **32% reducing waiting list by 20%**

Access QI Resources

Improvement and redesign resources

- Access QI planned care toolkit: toolkit that enables quality improvement practitioners to redesign planned care pathways to sustainably improve waiting times. The toolkit aligns to the improvement journey and contains diagnostic tools, driver diagrams, change ideas and measurement plans for Access improvement projects.
- GP Access Tools : This resource contains simple and easy to use data collection tools and learning summaries developed in collaboration with general practice teams from NHS Ayrshire and Arran, NHS Shetland and NHS Tayside.
- NHS Tayside specialty remobilisation, recovery and redesign toolkit: This toolkit outlines a process and key considerations for NHS boards to safely remobilise planned care services whilst ensuring people are safe and they are treated in the most appropriate environments..
- Team service planning change package: this change package enables quality improvement practitioners to use quality improvement methods to implement Team Service Planning to contribute towards improving waiting times. The change package aligns to the improvement journey and contains diagnostic tools, driver diagrams, change ideas and measurement plans for Team Service Planning implementation projects.

Participant Feedback

NHS Fife General Surgery

"It was hugely beneficial for me to be able to go home and return the following day for a test knowing that I'd be seen in clinical and the results shared with me"

General Surgery patient

NHS Fife Orthopaedics

"I am excited for the future of the service and more committed to its development than ever"

Physiotherapist

NHS Greater Glasgow and Clyde Podiatry

"There is a level of confidence in the data to adopt the model as future practice within NHS Greater Glasgow and Clyde Podiatry"

Podiatry team

HIS Impact

"I really liked the bottleneck game...it made me think about referrals and where the bottlenecks are" Consultant, NHS Forth Valley

> "having those group sessions also helped as well...just to see what other people were doing and how they were getting on with their projects"

Consultant, NHS Greater Glasgow & Clyde

"I need a visual and I think the driver diagram makes it simple...the more you use them the more confident you are" Service Manager, NHS Fife

Spread





Access QI Sharing the Learning webinar 6 November 2024

Stephanie McNairney

CfSD structure and functions



Modernising Patient Pathways (MPPP)	The MPP team support the delivery of improvements in planned care across NHS Scotland. They support front line clinical teams to develop sustainable improvements in service delivery. The team provide expertise in helping to redesign models of care, sharing best practice, and working to balance capacity with demand for services
National Elective Coordination Unit (NECU)	The NECU team is developing a national elective coordination unit to help reduce variation and support improved access to care by providing a consistent approach to national demand and capacity assessment and allocation
Unscheduled Care Programme	The Unscheduled Care programme delivers implementation support, develops national tools, and manages system capacity and capability diagnostics to help Boards improve unscheduled care delivery
Cancer Improvement and Earlier Diagnosos	The Cancer Improvement and Earlier Diagnosis team drives NHS Scotland's strategic cancer priorities. They develop and deliver best practice and optimise diagnostic pathways, and will play an integral role in delivering Scotland's 10-year cancer strategy
National Endoscopy Programme	The National Endoscopy Programme supports Boards in delivering the aims and objectives of the Endoscopy and Urology Diagnostic Recovery and Renewal Plan
Innovation Programme	The Accelerated National Innovation Adoption (ANIA) Pathway is designed to identify and support national adoption of high-impact innovations at pace
National Green Theatres Programme	The Green Theatres programme supports Boards to meet the net zero commitments for NHS Scotland through reducing the carbon footprint of theatres and delivering more environmentally sustainable surgery
Planned Care Programme	The Planned Care team has a national remit to monitor planned care performance across NHS Scotland Boards. They also lead national programmes of work around Trauma and Orthopaedics, Ophthalmology and Radiology to deliver transformational change and improvement

6 objectives focused on supporting NHS Scotland Recovery



Maximise capacity	Reduce unnecessary demand	Harness innovation
Enhance staff capability and capacity	Safe and effective person-centred care	Form strategic partnerships

Specialty Delivery Groups have a key role in supporting these objectives

Modernising Patient Pathways (MPPP)







Multidisciplinary collaborative meetings Areas for improvement identified



- Established to support, innovate and develop high quality services across Scotland, reducing unwarranted variation, promoting a best-in-class and where appropriate once-for-Scotland approach.
- Multi-disciplinary a voice for clinicians and operational managers
- Implementation of existing programmes Actively Clinical Referral Triage / discharge Patient Initiated Review
- Best practice
- New approaches / Innovation
- Provides strategic direction for the work-programme

Nominated representatives



- Key representatives Decision makers / influencers people who will drive the programme forward locally
- Nominated representatives Golden thread
 - The Board knows who is attending / supports their attendance
 - SDG members take actions back to their board to implement with the support of senior team
- Multidisciplinary
 - Clinical lead and management lead essential
 - Groups will have wider representation as relevant (including nursing, AHP, primary care, HIS, NES, NHS Academy etc)
 - Patient engagement / co-design

SDGs place the clinical voice at the heart of redesign

Pillars of an SDG





2023/24 at a glance



2023/2024 at a glance



14 Specialty Delivery Groups with over **1,000** members/stakeholders.



5 additional clinically focused improvement work streams.



43 pathways and resources published and available to Boards to implement.



138,167 referrals returned to Primary Care with advice and/or patients added to Opt-In pathways as a result of Active Clinical Referral Triage (ACRT).

71,102 patients added to Discharge Patient Initiated Review (PIR) pathways.

2023/24 at a glance





100+ individual Heat Map submissions from Health Boards.



65% of cataracts delivered on cataract-only lists.



10,000+ hits on Dermatology Primary Care Right Decision Service resources.



5,106 hip replacement patients and 5,022 knee replacement patients discharged by day 3 through Enhanced Recovery After Surgery (81% of procedures, compared to 73% in 2022/2023).



2,014 patients received colon capsule endoscopy and 1,371 received CytoSCOT procedures.



11 Peer review journal articles published.

Heatmaps





For more info...



Please feel free to get in touch:

stephanie.mcnairney@nhs.scot CfSDMPPP@nhs.scot www.nhscfsd.co.uk @NHSScotCfSD





Thank you!

Access QI: Available resources



Thank you!

• The webinar recording and outputs will be shared on our <u>webpage</u> in the coming weeks.

• If you wish to contact us, please email: his.accessqi@nhs.scot

• Please complete the short webinar evaluation poll on your screen.



Cost Impact

Cost

- ENT day case £985
- Melatonin ABR £150





Appointments in audiology/ENT

