Change ideas

Outpatient physical distancing change package

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Outpatient physical distancing change ideas

Physical distancing is required to safely deliver elective outpatient care during the COVID-19 pandemic. This has caused physical capacity to become the main constraint on the ability of NHS boards to safely deliver elective care. Services across Scotland, and the world, have been implementing local innovations to maximise the number of outpatient appointments that can be delivered while safely maintaining physical distancing. Learning from local innovations have been captured and shared through the Remobilisation Access Learning System.

This list of change ideas is part of a Quality Improvement change package to help NHS boards use quality improvement to maximise the number of outpatient appointments while physical distancing due to COVID-19. The change package is available at ihub.scot which includes additional resources such as a measurement plan and data collection template.

Change ideas

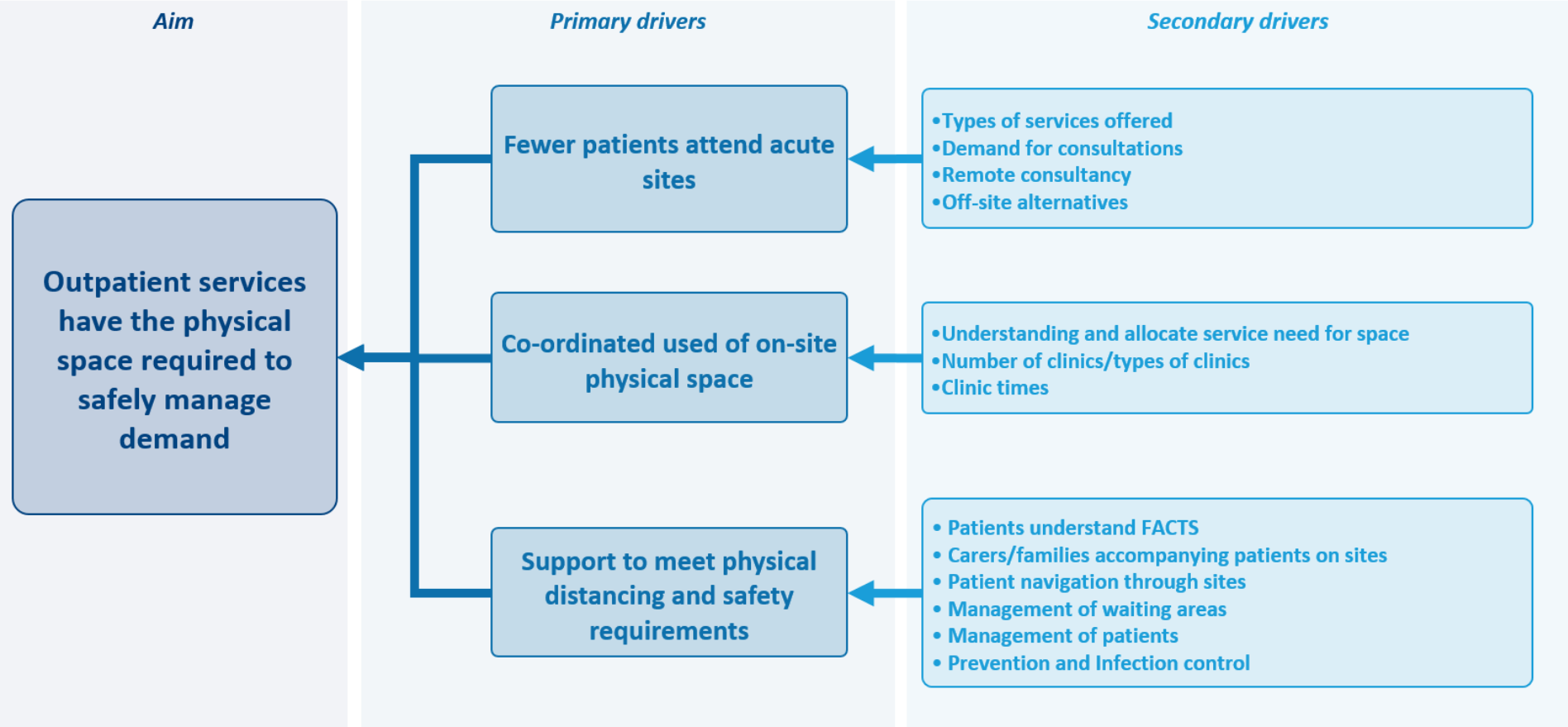
Change ideas are specific practical changes project teams can make to maximise the number of outpatient appointments while physical distancing. Change ideas are grouped by the drivers of the Outpatient physical distancing driver diagram.

A range of changes ideas will be needed implemented to ensure there are changes to all primary drivers. Care should be taken not to implement several change ideas from the same primary driver at the same time or the project team will not be able to determine what changes are leading to improvement.

This is not an exhaustive list of change ideas. Project teams can also generate their own change ideas. Please get in touch if you have created your own change ideas by emailing us at his.accessqi@nhs.scot and we will include your change ideas in this change package to help other teams benefit from your learning.

Driver diagram

The change ideas listed in this document are based on the driver diagram below. More information on driver diagrams can be found on the QI zone. A measurement plan can be found in the Outpatient physical distancing change package and can be used to help understand if changes are leading to sustainable improvement.



Change ideas

The following pages provide a list of change ideas to maximise the number of outpatient appointments while physical distancing.

Primary Drivers	Secondary Drivers	Change ideas
Fewer patients attend acute sites	**Types of services offered**	**Identify and stop pathways with low impact on positive patient outcomes or do not prevent harming patients**. The Scottish Access Collaborative's 'Effective and Quality Interventions Pathways' (EQuIP) toolkit can help services identify alternative pathways when existing interventions or treatment has been proven to be unnecessary (or unhelpful). The toolkit was provides examples and templates for implementation which have been tested by other Boards and, explains how these can be tailored to suit teams needs.
	Demand for consultations	**Implement Active Clinical Referral Triage (ACRT) to clinically vet referrals.** Created by the Scottish Access Collaborative (SAC), the ACRT toolkit helps staff enhance their vetting to triage patients more efficiently through reviewing all relevant patient records (such as imaging and lab results). This differs from traditional vetting where referrals from primary care are added to waiting lists for a face-to-face appointment. Instead, services identify more appropriate referral outcomes (and reduce waiting times) such as: ○ enhanced patient information leaflets ○ advice to GPs ○ attend anywhere appointments, and ○ onward referral to more appropriate clinics. Read more in this case study which highlights how the University Hospital Hairmyres Gastroenterology team were able to use ACRT to reduce clinic demand by ~50% and still service the same volume of new patient referrals as before.

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		Validate waiting list to remove patients no longer needing an appointment. By reviewing current waiting lists it is possible to re-evaluate the need for patients to attend face-to-face consultations. Teams may wish to consider the following: o What other appointment options are there (video/telephone)? o Do they need to be seen now? o Could they self-manage with further educational resources? Read how the postmenopausal bleeding (PMB) clinic in NHS Ayrshire and Arran used pre-telephone consultations to assess the patient, prioritise and identify urgent suspected cancer cases. The assessment also enabled some to be treated over the phone, prescribed medication and/or contact their GP. Then by checking up on the patient after an agreed length of time, if still symptomatic, an appointment at clinic would be scheduled. **Patient educational resources to support self-management (videos and resources).** Services can consider some information given to patients at consultations could be part of a self-management approach through validated videos or resources. This would free up capacity, and reduce footfall on-site. For example, the Health and Care Video Library created by Health and Care Innovations (HCI), a partnership between Rocklands Media Limited and Torbay and South Devon NHS Foundation Trust includes over 600 videos. These were created to be used within care pathways and, through careful design, and a user-friendly approach can reduce the need for follow-up appointments.
	Remote consultancy	**Use telephone and NHS Near Me by default**. Telephone and NHS Near Me calls can be used for appointments as well as pre-clinic telephone consultations. **Online platform or apps for receiving results and self-management of long term conditions.** Services can reduce the risk of exposure by providing alternative means for patients to log details about their treatment or receive results. At

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		Chelsea and Westminster Hospital NHS Foundation Trust patients have access to an app on which only NHS staff have access to the information the patient submits. It allows service users and staff to communicate remotely.
	Off-site alternatives	**Remote or off-site/outside delivery of clinics and testing facilities.** Outreach approaches previously been used to reduce attendance. One such example is shown in this innovation, where a team repurposed an existing mobile clinical space to see patients in the community. Alternatively, are there outside spaces on-site which could be used to deliver a clinic. To prevent risk of infection, NHS Forth Valley's paediatric diabetic team created a new drive-thru clinic appointment system outdoors. This required them to raise awareness of new processes and establish new modes of communication with patients when they 'checked-in' for their appointment, however it has been well received by service users and staff. **Work with primary care to transfer management to a community setting.** Is there information or guidance that services can provide to health and social care partners to better inform their care capabilities and reduce their need for a referral? By reviewing guidance and creating new information guides for staff within car homes, a team of dieticians were able to avoid a spike in referrals during COVID19. Find out more in this innovation summary. Additionally, services may wish to review details provided above about ACRT, in that case study we show how the team provided advice and guidance to GPs to reduce demand.

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Co-ordinated used of on-site physical space	**Understanding and allocate service need for space**	**Spaghetti diagram/mapping to identify how to streamline required space.** Understanding not only *who* needs to use clinic space, but also *how* they plan to use and move around the space is important. Spaghetti diagram/mapping is a tool that can allow services to visually map the optimum layout for a ward/department or clinic. It identifies the wasted movements of a team/clinic staff to allow for redesign. This is particularly useful during COVID19 when services must consider physical distancing restrictions. **Last 10 patients tool to inform calculation of space requirement.** **Plan using facilities checklists and centralised room/space booking system.** To best plan how to use space, the use of a centralised booking system allows teams to accommodate the user of clinic spaces for more than one service simultaneously. This can also provide the opportunity to identify the optimum use of space and possible wasted space. The use of facilities checklist can also aide cross service planning. It is important to ensure that the most up-to-date details of what each service requires for their delivery of care. Please ensure teams liaise with booking teams to ensure appropriate booking decisions are being made using the most relevant information available. **Regular huddles to identify allocation issues and troubleshoot.** Regular communication with teams can provide insight and a better understanding of issues they are currently facing. It enables tests of changes and rapid improvements.
	Number of clinics/types of clinics	**Consolidate clinic types to reduce number of different clinics**

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	Clinic times	**Spread clinics out over evening and weekends.** Reducing the capacity of a service/clinic due to new physical distancing restrictions and reduce risk of infection, can be mitigate by increasing clinic hours. Discussing new staff shifts requires consultation with staff. Furthermore, please consider the needs, and availability of service users prior to changes. Ensuring equitable access to healthcare is paramount, and many may welcome the increased flexibility (such as those working full-time). Services may wish to consider conducting an EQIA to ensure service redesigning/reorganisation does not widen existing inequalities and disadvantage some service user groups.
Support to meet physical distancing and safety requirements	Patient navigation through sites	**Improved on-site signage on infection control and directions to clinics.** Sites can help limit risk of infection by providing patients with clear signage and directions throughout the hospital. This will help separate COVID19 and non COVID19 areas and reduce delays in clinics due to patients not knowing where to go. NHSGGC has produced a number of signage examples to encourage social distancing on-site. **Coloured lines on wall/floors for patients to follow direct to clinics** **Concierge to help patients navigate directly.** By providing staff to escort patients directly to their clinic can ensure that social distancing regulations are followed and reduce risk of infection (and check that patients are adhering to PPE requirements) due to patients not knowing where to go/not travelling through the hospital by the most direct route.
	Management of waiting areas	**Car park waiting rooms** **Redesign seating in waiting rooms (increased space and screens).** Clinics should be redesigned to ensure current guidance on physical distancing. Liaise with the Facilities, Health and Safety and Infection Prevention and Control Teams who will be able to help guide services on their redesign.

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	Management of patients	**Use value stream mapping to redesign pathways to reduce number of on-site consultations in the pathway.** Originating from the Lean thinking approach, the tool allows teams to analyse their current processes in order to identify tests of change ideas to improve to their desired 'future state'. By accompanying the mapping of the stages within a patient's care journey with data, teams can highlight discrepancies between what is assumed to happen, and what actually occurs. This then highlights any delays and inefficiencies that exist in care delivery. By mapping their current state, and then their future state, the team can develop an implementation plan featuring what process to keep or stop, and any new processes that are needed. Full guidance for structuring a value stream map is available from NHS Improvement. **Multidisciplinary one-stop appointments.** Reducing pre-operative appointments will reduce risk of infection and maintain patient safety whilst delivering essential care. The Advanced Colorectal Service Team at St Helens and Knowsley Teaching Hospitals identified a need to limit the number of patient appointments prior to surgery. The team established pre-operative protocols and increased efforts to educate patients regarding self-isolation behaviours. Two weeks prior to surgery, patients attend hospital just once (to allow for 14 days self-isolation). Additionally, to further reduce delays and the need to attend a testing site, patients are tested for COVID-19 on the day of their surgery (or as close to it as possible) using rapid testing facilities.
	Prevention and Infection control	**Establish local SOPs for prevention and infection control.** By establishing a clear set of principles, boards can help support teams and ensure they can plan new clinics that adhere to physical distancing easily. They should also consider developing a Risk Assessment Template which teams can review and understand the controls that are currently in place, or required. These allow staff and patients (and others) minimise exposure when on-site. As NHSGGC guidance highlights, support is also available from local health and safety teams. Further examples of existing SOPs, resources, and templates are available on the NHSGGC website. **Equipment procedures to stop moving equipment from one room to another**

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