Remobilising elective care

Sharing innovations from across Scotland webinar 4

Thomas Monaghan
National Programme Director for Access QI
Healthcare Improvement Scotland

Access QI

We support NHS boards to use their quality improvement expertise to improve waiting times.

Access learning system

Maximising service capacity and capability

Managing the physical environment

Enabling digital access

Maintaining staff safety and wellbeing

Topic	Speaker(s)
Welcome	Thomas Monaghan, National Programme Director Access QI, Healthcare Improvement Scotland
Outpatient capacity tool to support remobilisation	Stephen McNamee, Programme Manager, Transformation and Change Team, NHS Fife Fiona McIver, Service Improvement Coordinator, (Unscheduled Care), NHS Fife Belinda Morgan, Clinical Services Manager, Fife Health & Social Care Partnership
Using QI to take learning into practice	Thomas Monaghan, National Programme Director Access QI, Healthcare Improvement Scotland
Using pre-clinic telephone consultations to reduce clinic waiting times	Dr Joy Simpson, Undergraduate Lead and Consultant in Obstetrics/Gynaecology, NHS Ayrshire & Arran
Innovation round up	Camilla Somers, Knowledge and Information Skills Specialist, Access QI, Healthcare Improvement Scotland
Close	Colette Dryden, Improvement Advisor Access QI, Healthcare Improvement Scotland

Outpatient capacity tool to support remobilisation

Stephen McNamee, Fiona McIver & Belinda Morgan

Capacity Tool – ‘Ask’

- We introduced Screening at the Front Door of both main hospital sites in NHS Fife.
- Social Distancing measures meant that waiting area capacity would be significantly reduced
- We needed to be assured that we could safely increase the number of patients seen within the hospital environment whilst being mindful of the impact of increased footfall.

Capacity Tool - Use

- **Variables** - With so many variables we needed something to quantify the effect that increasing footfall would have.
- **Identify Blockages** - So we developed a tool that focused on the patient's physical journey through the hospital to identify 'pinch-points' that would allow us then to take action to mitigate these.
- **Remobilisation** - The tool was then used as part of the approval process for approving additional clinic requests.

Preparatory Work

- **Resource Mapping** - Mapping of physical estate, clinical rooms, consulting rooms, ancillary rooms, waiting areas, lift capacity, etc.
- **IPC** - Working with Infection Control colleagues to ensure pathways and use of waiting areas / rooms conform with social distancing and infection control protocols.
- **Patient Focused** - Walking patient pathways
- **Data Informed** - Auditing and data gathering to generate robust set of initial variables and assumptions to begin build of tool.

Clinical Leadership & Engagement in the process

- Scoping the problem
- Clinical lead engagement with specialties
- Other improvement work to manage demand:
    - Re-Triage of Lists
    - Use of NHS Near Me and Telephone appointments

Use and Ownership

- **Organisational Buy-in** - The Outpatient Tool was used to take a measured view on the impact of current and proposed clinics in terms of outpatient capacity and flow and also identify and mitigate potential bottle-necks during the planning process.

- **Ownership** – The OP Tool(s) now sit with the Senior Charge Nurses of the respective areas in Acute or Location / Service Managers in Community to use as part of the approvals process for additional clinics.

Coverage

- General OP Departments at Victoria Hospital Kirkcaldy and Queen Margaret Hospital Dunfermline
- Paediatric Department at Victoria Hospital Kirkcaldy and Queen Margaret Hospital Dunfermline
- Dermatology Department at Victoria Hospital Kirkcaldy and Queen Margaret Hospital Dunfermline
- St.Andrew's Community Hospital OP Areas (acute and community)
- Adamson Community Hospital, Cupar OP Areas (acute and community)
- Whyteman's Brae Hospital OP Areas (acute and community)
- Randolph Weymss Community Hospital OP Areas (acute and community)
- Lynebank Hospital, Dunfermline OP Areas (acute and community)
- Glenrothes Hospital OP Areas
- Lochgelly Health Centre
- Dovecot Clinic
- Cowdenbeath Clinic
- Carnegie Unit, QMH, Dunfermline

How its used in Practice

- Part of formal approvals process for remobilisation:
    - Acute
    - Community
- Service Planning Tool
- Impact of expansion of face-to-face appointments
- Reassignment of use of spaces, finding the best alternatives
    - Use of W8 for winter pressures thus displacing the Sexual Health Service

Further Developments

- **Test & Protect Capacity Tool** to support a system-wide view of Demand, Capacity, Activity and Queue (DCAQ) to ensure we are utilising the various types of resource we have to their best effect.

- **Inpatient Tool** (better description maybe Treatment and Care Capacity Tool as we are looking at beds within the system but also capacity of H@H, ICAS, Care Homes and Care@Home/Homecare) – taking a whole system view supporting management decisions.

  - The main focus of this tool is to be as **predictive** as possible to support flow management.

Further information

Stephen McNamee
Transformation Programme Manager
stephen.mcnamee2@nhs.scot

Fiona McIver
Service Improvement Coordinator
(Unscheduled Care)
fiona.mciver@nhs.scot

Fife Health & Social Care Partnership
Supporting the people of Fife together

NHS Fife

Healthcare Improvement Scotland | ihub

Healthcare Improvement Scotland | ihub

Break

What is the biggest challenge you think you will face going into 2021?

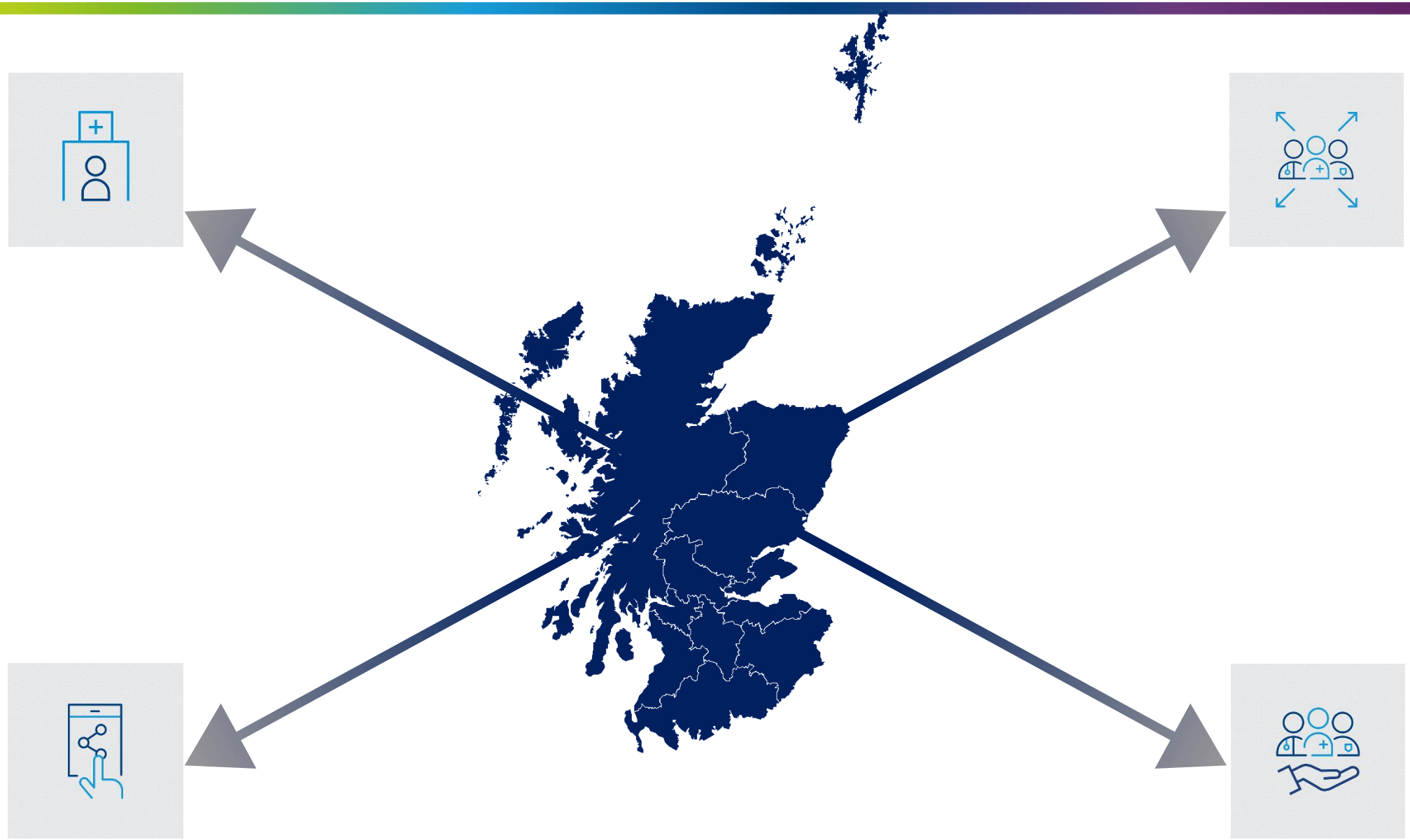
Welcome back

Colette Dryden
Improvement Advisor for Access QI
Healthcare Improvement Scotland

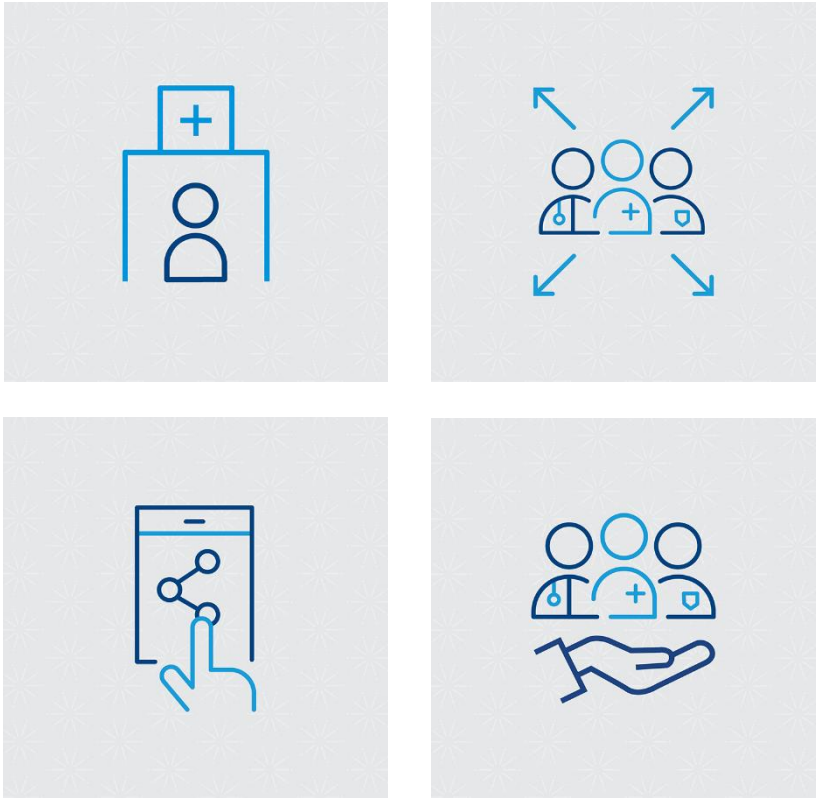
Using QI to take learning into practice

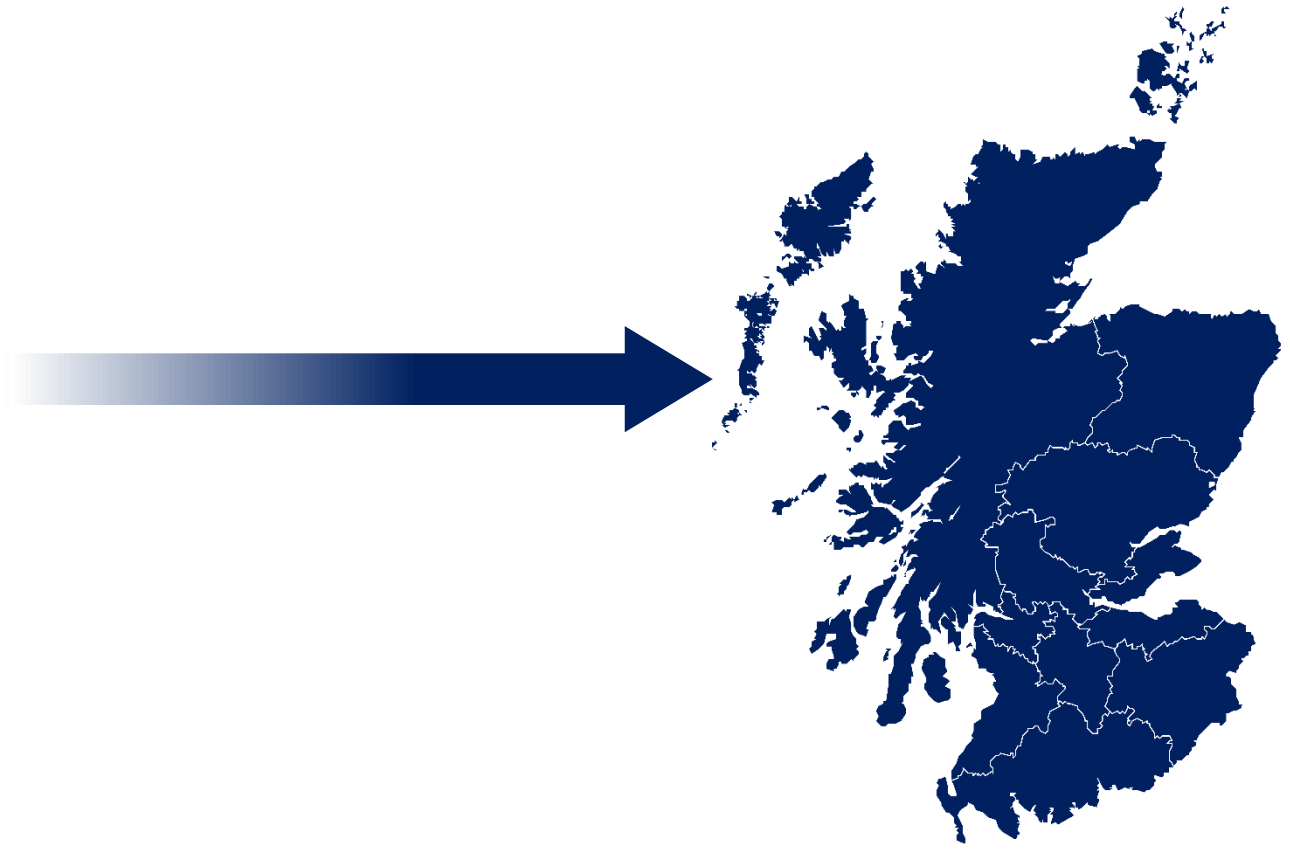
Thomas Monaghan
National Programme Director for Access QI
Healthcare Improvement Scotland

Access learning system



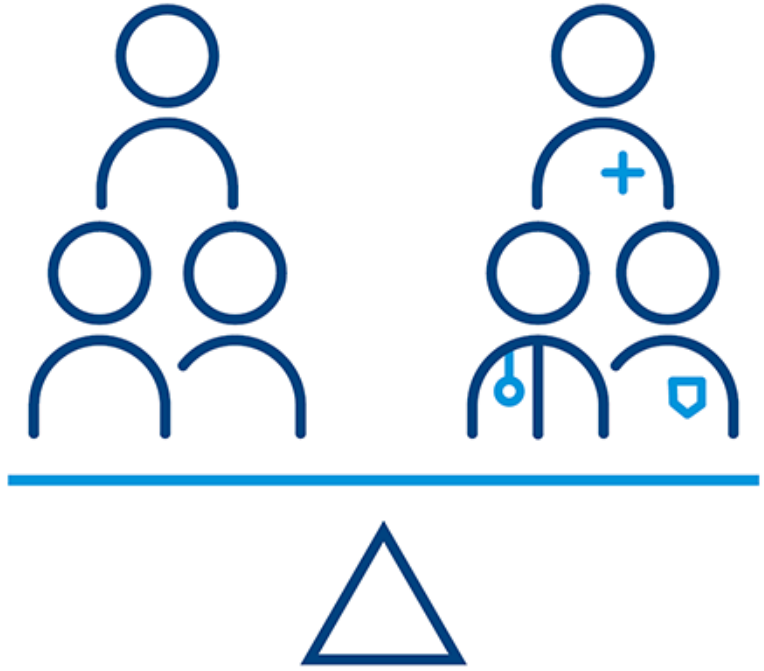
Learning into action

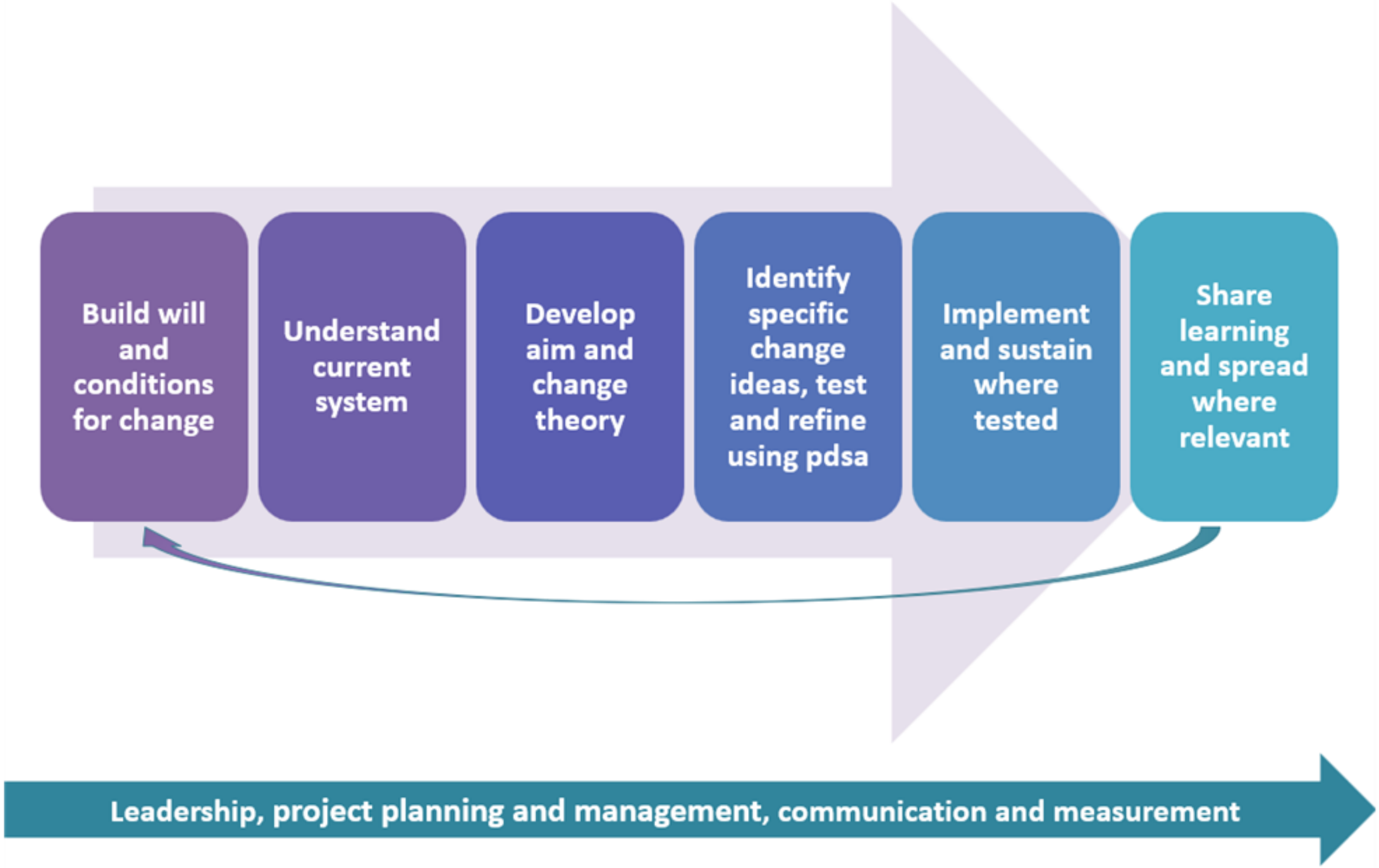


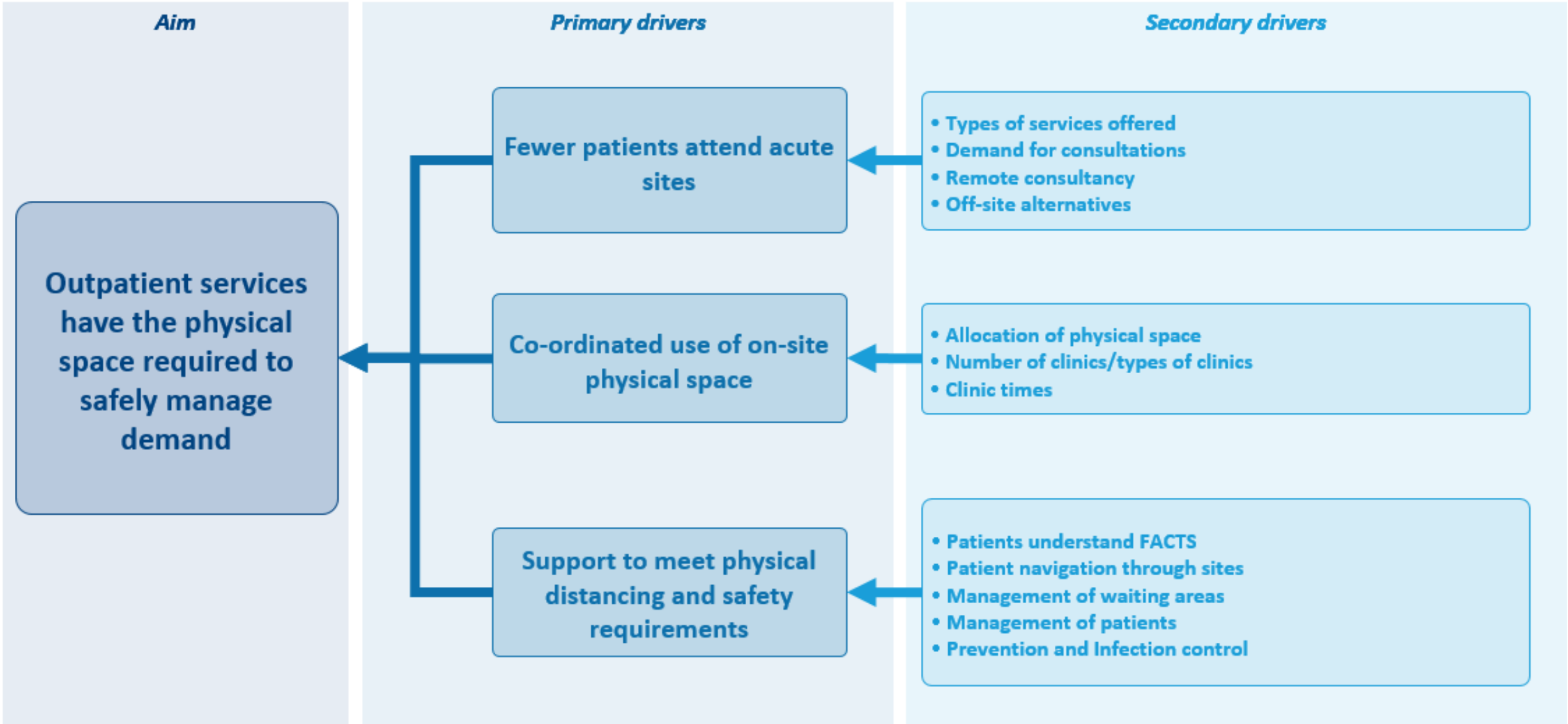


Purpose of Access QI

We support NHS boards use their quality improvement expertise to sustainably improve waiting times.




Build will and conditions for change
Understand current system
Develop aim and change theory
Identify specific change ideas, test and refine using pdsa
Implement and sustain where tested
Share learning and spread where relevant
Leadership, project planning and management, communication and measurement


Aim
Primary drivers
Secondary drivers
Outpatient services have the physical space required to safely manage demand
Fewer patients attend acute sites
Co-ordinated use of on-site physical space
Support to meet physical distancing and safety requirements
• Types of services offered
• Demand for consultations
• Remote consultancy
• Off-site alternatives
• Allocation of physical space
• Number of clinics/types of clinics
• Clinic times
• Patients understand FACTS
• Patient navigation through sites
• Management of waiting areas
• Management of patients
• Prevention and Infection control

Your feedback

Please share with your QI practitioners in your boards.

We welcome any feedback on how useful (or unhelpful) this sort of resource is to implementing change in services.

Feedback here or email us at his.accessqi@nhs.scot

Using pre-clinic telephone appointments to reduce clinic waiting times

Dr Joy Simpson
Consultant in obstetrics and gynaecology
NHS Ayrshire and Arran

Challenge

- The Multi-disciplinary Team involved in the postmenopausal bleeding (PMB) clinic which is still running at full capacity during the pandemic

- The main challenges we faced:

    1. minimising risk of covid-19 transmission in outpatient hysteroscopy setting and ensuring the safety of patients and staff alike
    2. triaging and promoting appropriate attendance at the clinic for those at risk of underlying endometrial pathology
    3. providing a diagnosis and treatment for the cause of the PMB in a safe environment and ensuring continuity of care

Innovation

- Each case was vetted prior to appointing them to the PMB clinic and patients were contacted by phone in advance to ensure the correct patients were attending and the risks and benefits of attending were discussed. Patients were categorised as:
    - Shielding: not wishing to attend
    - Not shielding: Not wishing to attend
    - Requires to attend: Wishing to attend
    - Doesn’t require to attend urgently: Wishing to attend – these patients were deferred

- The telephone consultations were documented on portal so the history and plan of care was fully discussed prior to attending the clinic.
    - This cut down on the amount of time the patient required to be in the clinic and allowed a quicker transition through to the diagnostic facilities in the clinic.

Innovation

- Telephone triage was ideally done by the doctor allocated for that clinic but where this was not possible, the online form enabled shared provision of information.
    - Contacting this subset of patients (often elderly/vulnerable/isolated) was a great way of 'checking in' on them and providing additional support if needed such as contacting the GP or a family member for them

- Approximately 1500 patients referred with PMB were seen from March – November 2020

- Standard PPE and safety measures were undertaken including obtaining a temperature on arrival and staggering appointment times to minimise clustering of patients in waiting room
    - The clinic was relocated 3 times!
    - We stopped unnecessary interaction with the patient - for example, routinely measuring BMI, unless indicated (concerns from nursing staff listened to and addressed)
    - Follow up was often arranged by phone so the patient knew to expect a call the following week, even if this was to share bad news – we ensured that the patient knew what to expect in advance

Outcome

- The staff felt empowered in that all appropriate safety measures were being taken and their concerns were addressed.
  - This minimised anxiety and stress experienced by staff working during the pandemic and ensured that the clinic was always appropriately manned
  - This also helped reassure the patient

- The ‘DNA’ rate has been minimal as patients agreed to attending the clinic in advance and appointments were triaged appropriately.
- Examples of positive feedback from patients attending the PMB clinic were logged via the ‘care opinion’.
  - https://www.careopinion.org.uk/752997
  - https://www.careopinion.org.uk/768552?t=fb4pmbp64t

Healthcare Improvement Scotland | ihub

Innovation roundup

Camilla Somers
Knowledge and Information Skills Specialist
Healthcare Improvement Scotland

Maintaining staff safety and wellbeing

Providing resources and support services at pace is essential to improving and maintaining staff safety, wellbeing, and morale.

Examples such as:

- Ways to support staff, relieve anxiety, stress, and show appreciation.
- Resources to support staff (carers, parents and coping with bereavement).
- Establishing cultures that support shielders.

Enabling digital access

Using new technologies to provide care to patients, establishing new processes and developing resources to make care accessible to all.

Examples such as:

- New SMS outpatient appointment letters system.
- Online video libraries and smartphone apps to help manage long-term conditions and empower patients.
- Virtual appointments and consultations.

Thank You

hcis.accessqi@nhs.scot

@ihubscot #AccessQI