HoSC Summary – Outpatients & RTT

20th March 2019
Outpatient Referral Pathway and Process

• BSUH books all outpatient appointments on our Trust PAS- System C Medway.
• Referrals are received via:
  – the National ERS system for all GP referrals to Consultant led services,
  – the National DERS system for all dentist referrals
  – via email or post for all non-GP or non-Consultant led services. These are then loaded onto the Trust Referral Management System.
• Once referrals are received by BSUH they are distributed to the relevant clinical teams to be triaged. This process will ensure that the referral has been allocated to the correct speciality and clinician and that the full set of information expected for any referral to be accepted is present. If the referral information is not complete the clinician can opt to return this to the GP requesting that all required information be provided.
• The clinician will also advise whether the correct priority has been assigned to the referral and will advise of the change if necessary.
• Once the referral has been triaged and accepted the patient will be added to the Trust outpatient waiting list.
Outpatient Booking Process

• Once added to the waiting list the booking hub will book the patient into the appropriate clinic slot.
• Directly bookable ERS clinics (those that can be booked into via ERS by GP/Patient) are polled and bookable at the current wait time for that service.
• For all non-directly bookable services the BSUH outpatient service level target is to book appointments 6-8 weeks ahead.
• Currently the majority of appointments are being booking between 2 and 5 weeks.
• The service makes every effort to refill any cancellations and any ad hoc and short notice clinics.
• The latest cut off for booking an appointments is 48 hours which allows for health records notes pulling, preparation and delivery to clinic location. Directly bookable ERS clinics (those that can be booked into via ERS by GP/Patient) are polled and bookable at the current wait time for that service.
• Patients are contacted to book appointments by phone and letter. BSUH tries to contact all new patients at least twice on the phone before sending a letter to the patient.
• One and Two-way text reminders are used for all Specialties 7 days ahead of the appointment date and time. Some specialities also have a two day reminder. All texts are sent via Envoy-Healthcomms software.
• Patients can contact the outpatient booking centre via phone, email and text response.
• Currently the average number of calls per day to the outpatient booking line is between 900 and 1300 per day.
• The total call and Service Level Agreement (SLA) key performance indicators (KPI’s) are tracked daily by the booking service.
• The Outpatient Booking Service has a service level target that 90% of calls are answered within two minutes.
• Currently there are around 8 staff on shift with part of their responsibilities being the answering of calls received to the outpatient booking line. There are currently vacancies within the team which means that optimum staffing for the volume of calls received is not always achieved. There is ongoing recruitment and a review is underway to identify if an increase in staffing is required due to the workload.

Performance
• The performance for call pick up is an area for improvement and is directly impacted by the current vacancy rates.

• An improvement action plan is in progress with key actions including:
  – A review of the current processes and workforce requirements
  – An more intensive training has been introduced for new starters
  – Temporary staffing is being used as much as possible pending substantive recruitment
Did Not Attend (DNA)

- A ‘Did not Attend’ is recorded when a patient fails to attend their scheduled appointment.
- For patients that DNA a second appointment will be made if requested by the clinician otherwise the patient will be discharged back to the referring GP.
- The text message reminder system is a tool employed to support reducing the DNA rates.
- The BSUH Trust OP DNA for 18/19 is 8.4%.
- The average DNA rate for the previous two years is as follows:

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Follow Ups</th>
<th>News</th>
<th>Total Attendances</th>
<th>Total DNAs</th>
<th>Total DNA %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Attendances</td>
<td>DNAs</td>
<td>DNA %</td>
<td>Attendances</td>
<td>DNAs</td>
</tr>
<tr>
<td>2016/17</td>
<td>454,468</td>
<td>38,739</td>
<td>8%</td>
<td>188,813</td>
<td>18,077</td>
</tr>
<tr>
<td>2017/18</td>
<td>449,317</td>
<td>34,959</td>
<td>7%</td>
<td>183,372</td>
<td>14,129</td>
</tr>
</tbody>
</table>

- The top contributors for patient DNAs are:
  - patient reports that appointment letter not received/unaware of appointment
  - patient no longer needed appointment
  - patient reports that they thought appointment was at another time/date
• The current standard is that of all patients on the active waiting list 92% should have waited less than 18 weeks.
• BSUH performance in January was 77.4% of all patients on the waiting list had a wait time of less than 18 weeks.
• The RTT performance across the specialities is variable with the specialities that sit within Digestive Diseases being some of the most challenged.
• Plans to improve waiting times and performance include:
  • Improving the booking management processes.
  • Transforming the way in which the outpatient service is delivered. This will be done jointly with the CCG
  • A review of the available capacity to ensure the right capacity exists and it is being utilised in the most effective and efficient manor.
  • The CCG are focusing on managing the referral demand from GP’s.