

New Referral Form

Project lead: Rachel James

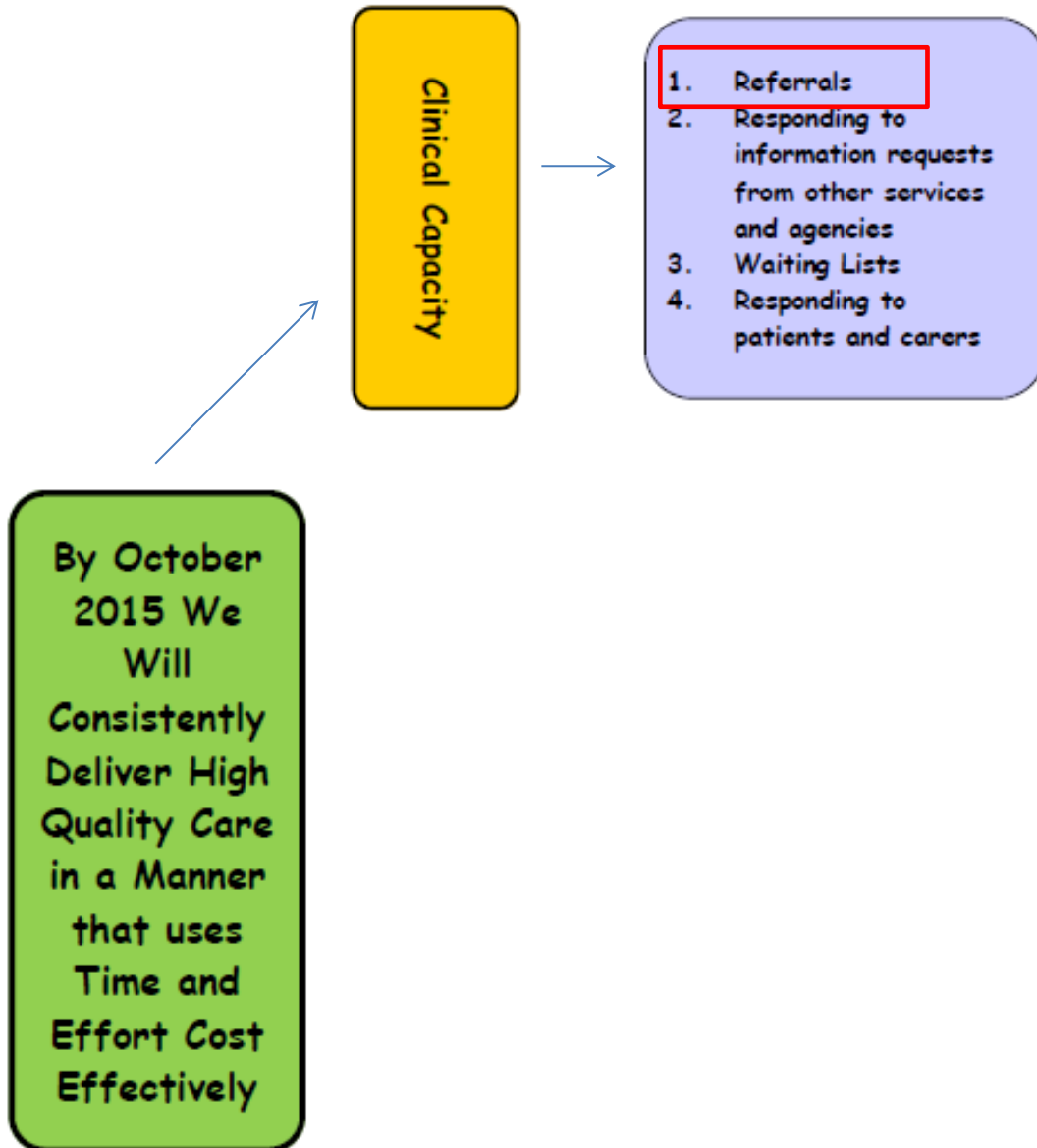
Project team: Newham LD team (Increasing clinical capacity team)

Project sponsor: Peter Sheils/Martina Watson

Background

- LD team – MDT, community, 18+
- Service Review
- MDT referrals meeting (clinicians' time)
- High number of inappropriate referrals, or those without enough information to make a decision on the day
- Project aim: Would the use of a new referral form reduce the time spent on allocation of referrals (as the information was available)

Driver diagram



Obtain better information on the referral form

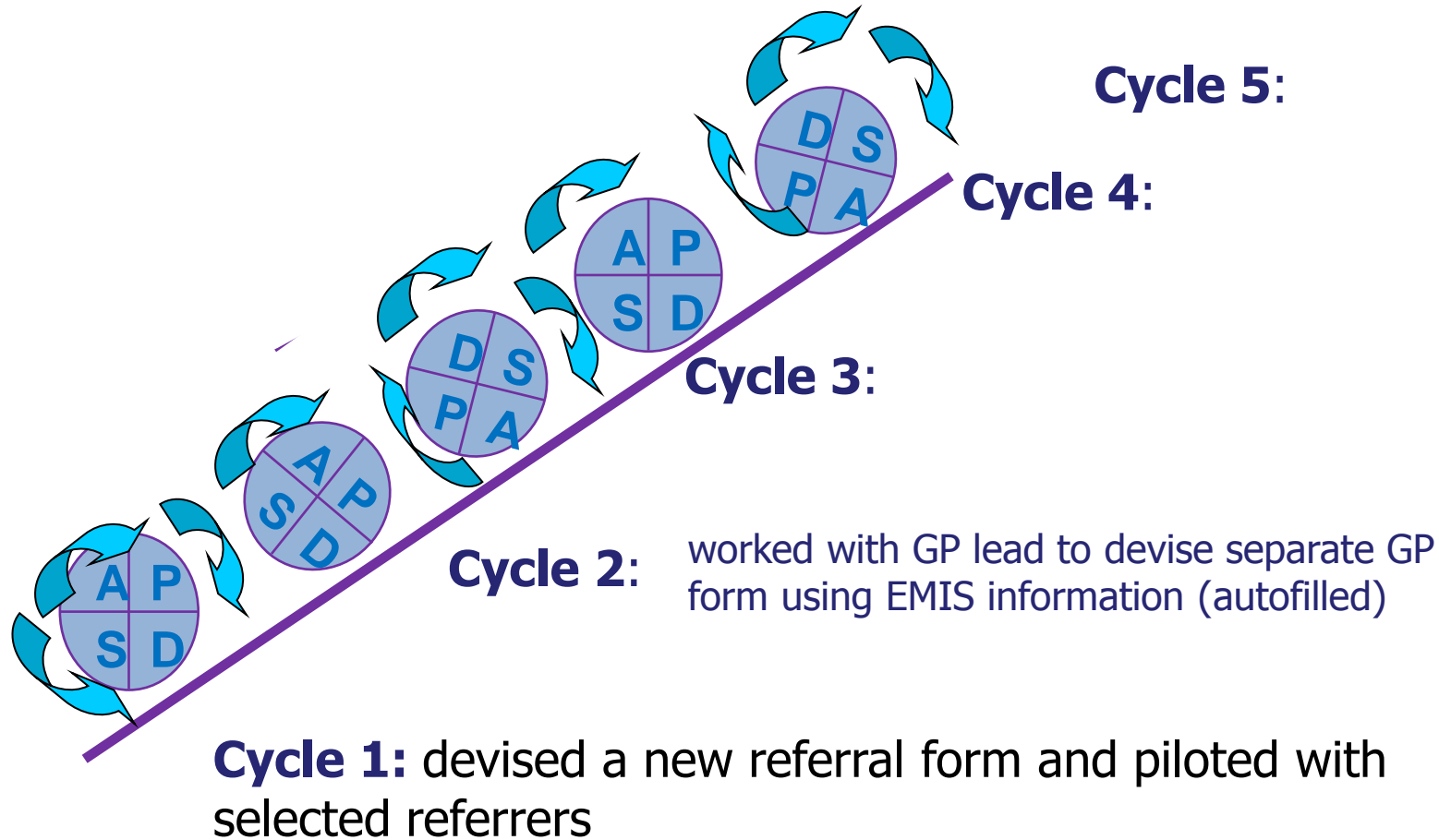
PDSA cycles

- What question(s) do we want to answer on this PDSA cycle?

We want to improve the quality of our referrals: Will our new referral form reduce clinical time needed in order for a referral to be accepted or declined?

- Predictions Quicker allocation = happier clients and clinicians!
- Key areas of change:
 - Inclusion of an “**exclusion criteria**” to try to reduce number of inappropriate referrals
 - Use of a **tick box section to help evidence learning disability**
 - more specific questions to identify the “**unmet health need**”
 - Easy read for self referrals.

Sequence of PDSA's – for one change idea or secondary driver



Learning

- Referral form has contributed to shorter meetings and less follow up out of meetings
- Team feel proud, empowered, satisfied 😊
- But, whole team approach now being reviewed
- Main challenge was getting everyone together regularly, and getting full commitment

What next?

- SLT doing PDSA cycle on use of a client work flow document
 - Clarify aims of episode of care
 - Provide structure to number of sessions