

Reducing waiting times in secondary care PTS

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Waiting times are a source of frustration to service users, clinicians and referrers. There is currently an inefficient amount of clinician and administrator time taken up with managing a large number of people open to TH PTS who are not actively engaged in a High Intensity evidence based course of treatment. This time would be better dedicated to providing a greater number of effective treatments to the local population as need is greater than currently being served.

Aim

To see 50% improvement in the number of service users referred by their GP seen within 11 weeks by 31.03.16. To see 100% of service users referred by their GP within 11 weeks by 30.09.16

Measures

PER WEEK: No. S.U. referred / no. S.U. accepted to be seen/ no. S.U. responded to C&B

WEEKLY DATA: From referral date No S.U.'s seen within 11weeks

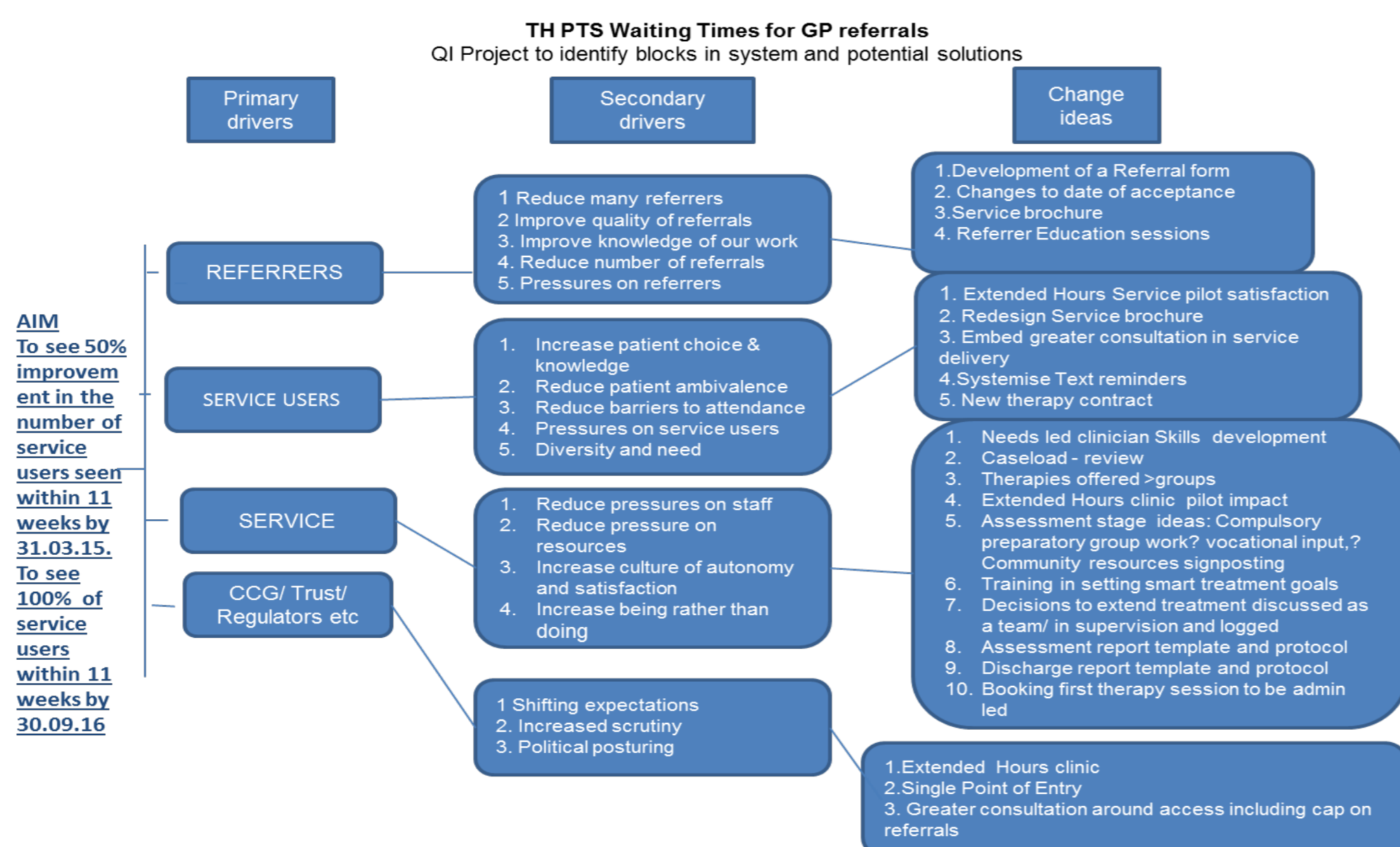
From referral date No. S.U.'s seen within 18 weeks

From response to C&B No S.U. 's seen within 11weeks

From response to C&B No S.U.'s seen within 18weeks

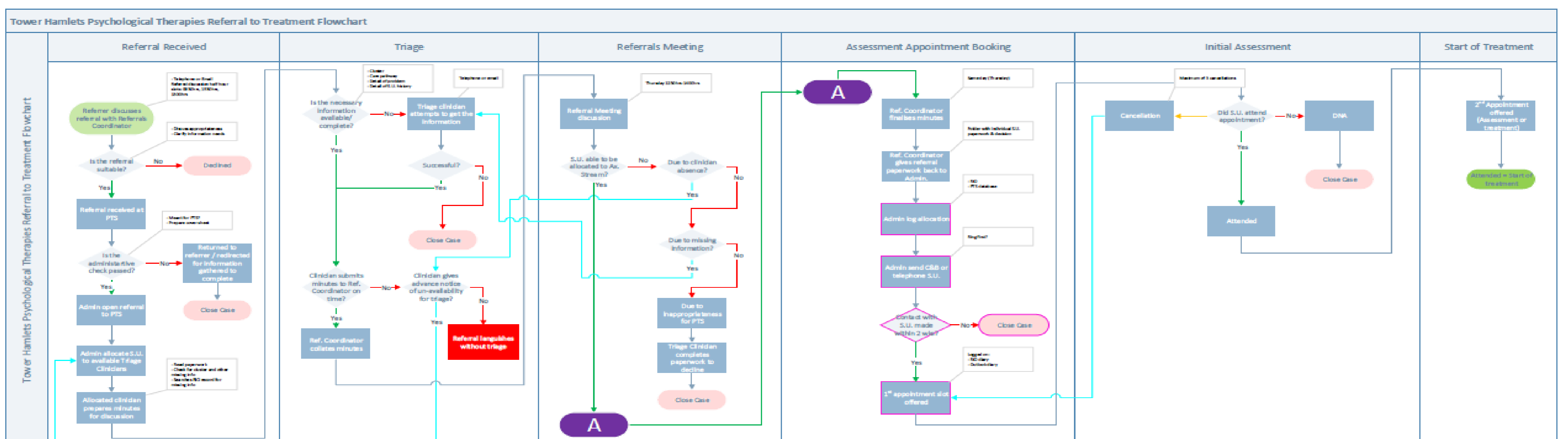
Why did you choose those measures?

To determine key blocks in the throughput of patients in TH PTS
Measures that are of key interest to stakeholders



Testing with:

- Introduction of Referral form for Secondary care referrals
- Introduction of Referral form for Primary care referrals
- Clinician autonomy to triage straight forward cases
- Referrals closed in absence of necessary information
- Redesigned therapy contract supporting:
 - New DNA / cancellation policy implemented
 - CBT stream
 - Service User consultation around managing waiting time



Learning so far...

The process map has been very helpful. Most progress so far has been made in defining a data set against which to measure change ideas. New systems have been established to supply data going forwards. Secondly, refining change ideas and generating QI methodology awareness within the wider team.

