

RIGHT SERVICE, RIGHT PLACE, RIGHT TIME

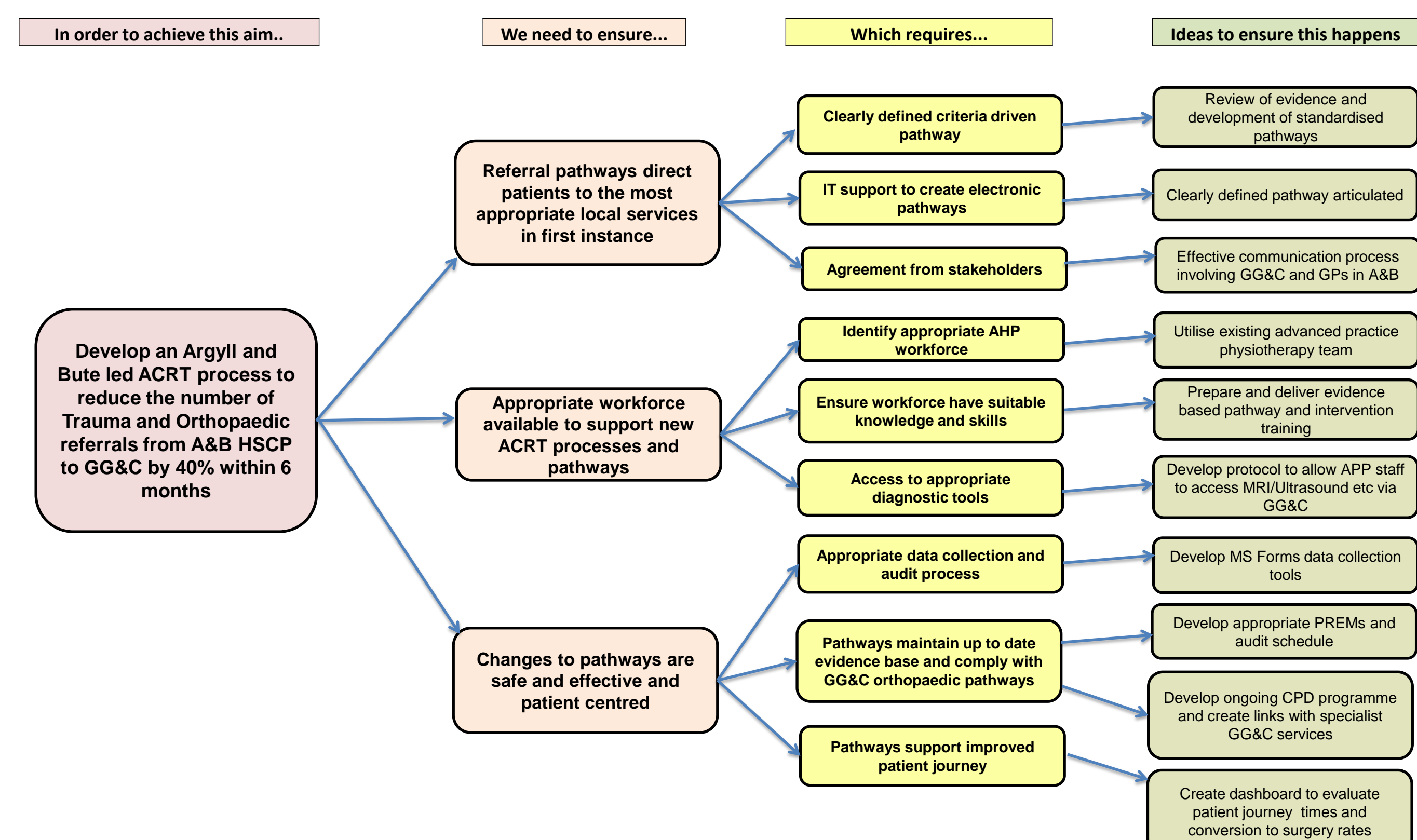
- improving the pathway for Argyll & Bute orthopaedic patients through a locally managed ACRT process

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INTRODUCTION. Active Clinical Referral Triage (ACRT) – a process ensuring that all referrals into secondary care services are triaged by a senior clinical decision maker to locally agreed, evidence based pathways is a key part of the ‘modernising patient pathways programme’. Traditionally the ‘senior decision maker’ for Orthopaedic services has been a consultant. Consultant led orthopaedic services for patients in Argyll and Bute are managed and delivered by NHS Greater Glasgow and Clyde via service level agreement with variation in how clinics are delivered across Argyll and Bute; some areas host outreach clinics delivered by GG&C consultants while other areas have referrals directed straight into GG&C with patients required to travel to GG&C hospitals. As a result, developing a comprehensive and equitable ACRT process has proved difficult in A&B.

AIM Develop an ACRT process which reduces the number of referrals added to the Trauma and Orthopaedic waiting list by 40% within 6 months



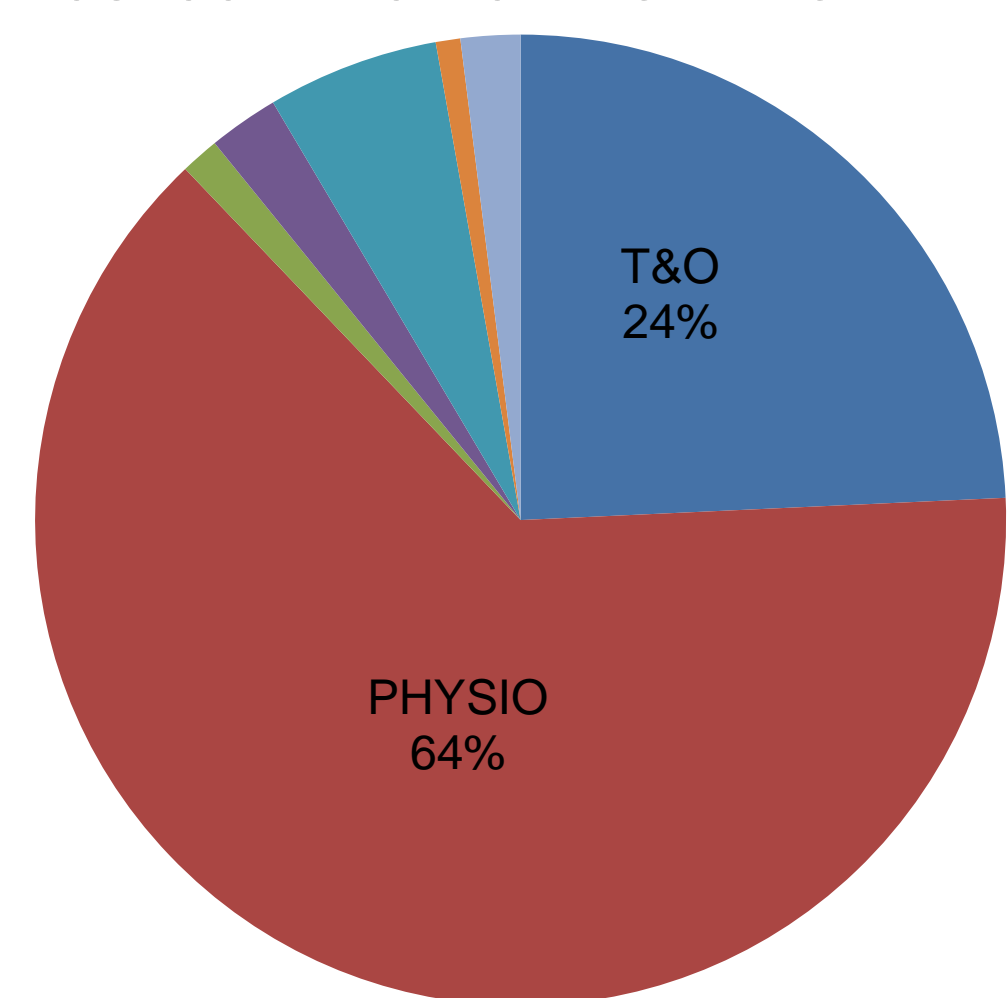
METHOD Mapping of existing pathways and processes to identify where changes would support an Argyll and Bute led ACRT process was completed and information was incorporated into a driver diagram. Empathy mapping was used to understand any issues relating to the Argyll and Bute workforce undertaking new advanced ACRT roles and responsibilities. Unlike ‘waiting well’ initiatives, the aim of this service was to limit the number of referrals being added to orthopaedic waiting lists to those which were appropriate and timely.

PROCESS CHANGE. Change ideas were developed from the driver diagram and following consultation with stakeholders, a process change was agreed; a clear pathway and triage process was developed which altered the referral destination for all but the most urgent orthopaedic referrals into a newly created AHP orthopaedic speciality on the NHS Highland patient management system. This new pathway facilitated triage of referrals 4 days per week into local AHP led ACRT assessment, diagnostic and treatment services. Training was developed and delivered to all existing advanced practice physiotherapists in Argyll & Bute using best practice guidelines to support their decision making and a PDSA which utilised a new centralised admin service was undertaken on Bute to ensure new processes were safe and effective before a wider roll out

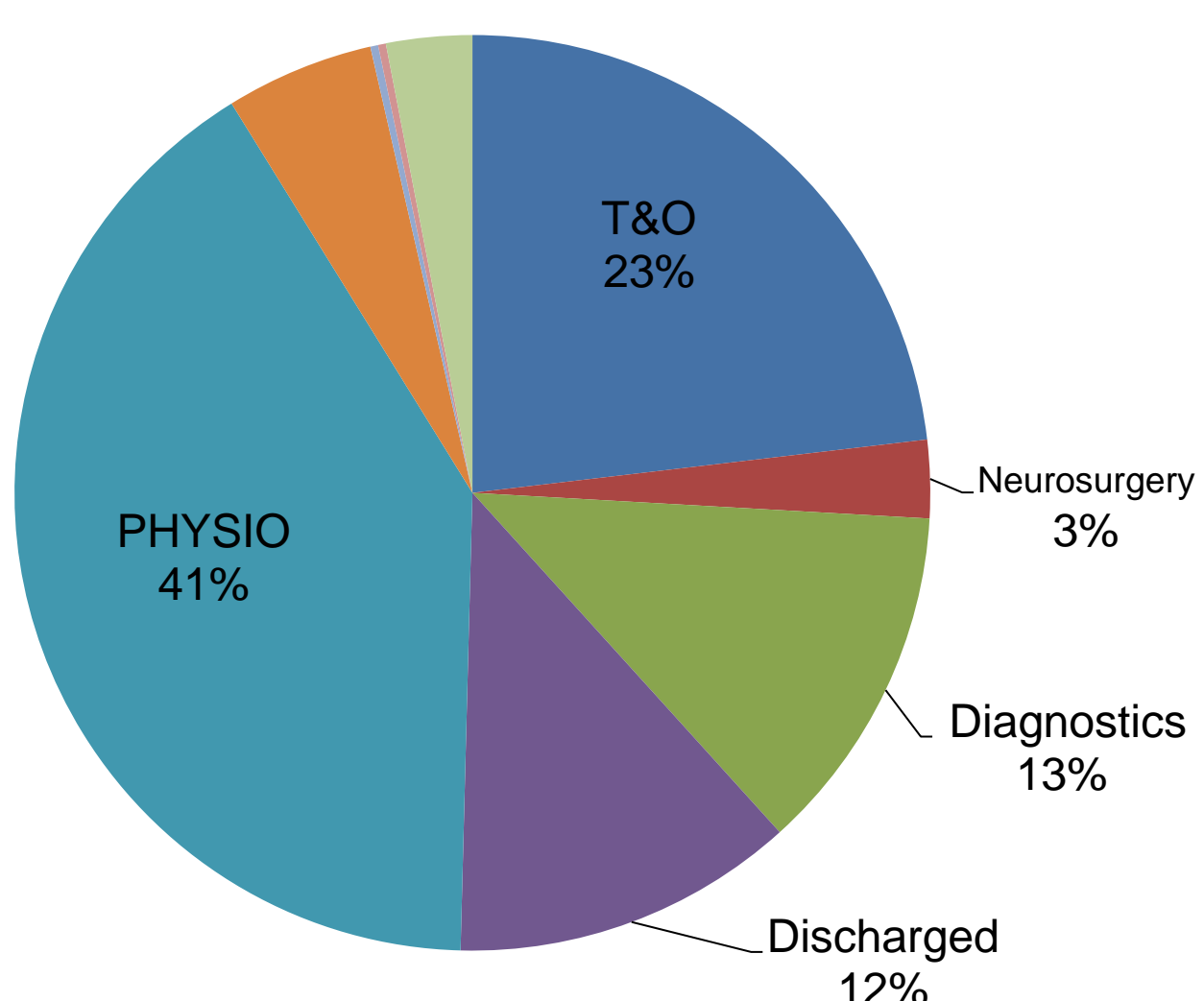
RESULTS AFTER THE FIRST 1000 REFERRALS

At the point of triage it was found that only 24% of referrals were appropriate or timely for an orthopaedic consultant appointment at that point with 64% being more appropriate for either mainstream or specialist physiotherapy services

OUTCOME FOLLOWING TRIAGE

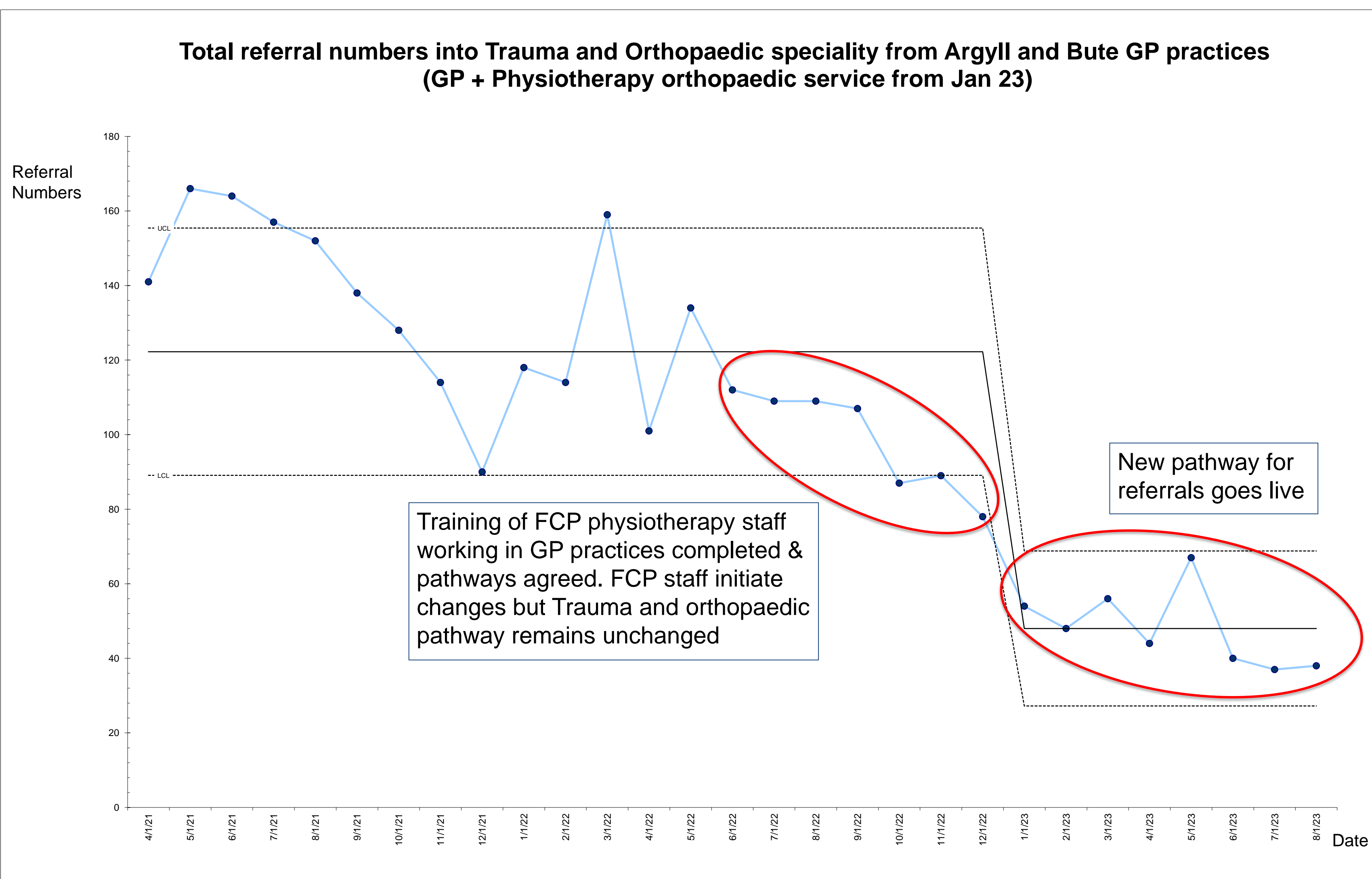


OUTCOME FOLLOWING ASSESSMENT



After assessment, only 23% were found to be appropriate and ready for a consultant appointment. 12% were actually able to be discharged completely with suitable advice at this stage.

The data demonstrates that for every 100 referrals which would previously have been added to an orthopaedic waiting list, only 39 are now being added - a reduction of 61% compared to the aim of 40%. The control chart demonstrates the ongoing impact and highlights the improvement was first evident on completion of the training as the physiotherapy staff in GP practices started to consistently apply appropriate ACRT pathways and processes in their first contact practitioner roles.



CONCLUSIONS A Physiotherapy led ACRT process is safe, efficient and effective and can significantly reduce the number of patients added to consultant led Orthopaedic waiting lists.

Wait times to orthopaedics in Argyll and Bute have reduced to under 4 weeks

75% of patients entering the Trauma and Ortho pathway were appropriate to be managed locally by an APP

25% of patients re-enter consultant services at an appropriate level of work up following APP review

60% increase in consultant capacity following process change

For every 100 referrals previously added to the T&O waiting list, only 39 are now added

Introducing the changes via FCP staff working into GP practices shows immediate impact

Less than 1% of patients in A&B now breach the 12 week consultant waiting time guarantee

Further evaluation to assess the impact on patient satisfaction, health inequalities, reduction in patient travel etc. is currently being reviewed and undertaken.

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A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership



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