Redesign of NHS Forth Valley's Community Rehabilitation AHP Single Point of Referral

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Single Point of Referral for AHP Community Rehabilitation Teams was purely administrative, with admin staff signposting to parts of service that are delivered. We have redesigned the service with clinicians triaging patients, aiming to invest time in understanding the person, the concern and improve the provision of appropriate outcomes.

PURPOSE

NHS Forth Valley Community AHP Services have redesigned how they deal with referrals received into their services.

Until recently, point of receipt of referrals was purely administrative, with staff signposting to various parts of service that are delivered.

Referrals that were deemed "inappropriate" were often lost in the system; there was no cognisance of how these "inappropriate" referrals should be dealt with. There was no understanding of time spent dealing with these queries.

We redesigned the service, 'going live' in November 2018, to bring clinical staff into SPR, triaging the referrals received using a Personal Outcomes Approach and have reduced the number of referrals going forwards for intervention at the rehab teams, and increased signposting and self management in the community. This has had a knock on effect to reducing waiting times and enabled a more specific and tailored approach to those requiring rehabilitation in the community.

METHODS

Once a project manager and project team were identified, the following actions were taken to work towards the aim of implementing an effective process:

- Process mapping of existing single point of referral (SPR) processes and workshops to map a potential alternative model
- Developing triage processes and mapping potential patient journeys
- Good conversations training from NES and the Thistle Foundation
- Development of data capture tools for staff and requestors.

RESULTS

Since starting on 1st November, we have had 6250 referrals into SPR.

73% of these have proceeded to intervention to the teams.

18% receiving reassurance/advice/education/signposting and therefore diverted away from the teams.

The remaining 8% are either pending triage or did not require triage, for example, duplicate referrals received.

The requests passed on to teams have comprehensive details of the patients needs and thus expensive AHP resource is directed more appropriately with the agreement and understanding of the patient.

We are looking to increase the amount of referrals diverted away from the teams to 20%.

CONCLUSION(S)

Proposed new ways of working will have a significant impact on staff and patients involved, as the culture will shift from 'doing to' to 'doing with', as a result of better conversations, more thorough triage at SPR and improved waiting times within teams.

DCAQ work providing us with an idea of overall service demands and capacity which will enable us to work on staffing appropriately and becoming more proactive and resilient.

Working with NHS Forth Valley Quality Improvement team for semi-structured interviews and gathering of qualitative data around satisfaction for staff, patients and referrers.

IMPLICATIONS

Develop a clinical SPR with a strong focus on self management, building resilience and assisting when necessary to provide face to face intervention.

Auditing the baselines and assess the satisfaction levels to ascertain the impact of the service redesign on staff, patients and referrers.

Changing the culture around what therapists do, focussing on what matters to the patient and making them partners in their own care.

Promote this redesign nationally, linking with NES to assist with this.

Key-Words: Innovative, Patient-centred, Triage

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