Portsmouth Hospitals NHS
NHS Trust

**TRUST BOARD PUBLIC – JANUARY 2015**

**Agenda Item Number: 15/15**
**Enclosure Number: (9)**

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|---|---|
| **Subject:** | Outpatient Administration Review |
| **Prepared by / Sponsored by / Presented by:** | Peter Mellor, Director of Corporate Affairs & Business Development |
| **Purpose of paper** | To update the Board on the actions being undertaken to improve outpatient administration procedures throughout the Trust. |
| **Key points for Trust Board members**<br>*Briefly summarise in bullet point format the main points and key issues that the Trust Board members should focus on including conclusions and proposals* | • Project Group established<br>• Areas of concern identified.<br>• Review undertaken to understand and quantify size of the problem.<br>• Workstreams identified. |
| **Options and decisions required**<br>*Clearly identify options that are to be considered and any decisions required* | None |
| **Next steps / future actions**:<br>*Clearly identify what will follow the Trust Board's discussion* | Project group will continue to meet when necessary. Trust Board support will be sought if, and when, necessary. |
| **Consideration of legal issues (including Equality Impact Assessment)?** | N/A |
| **Consideration of Public and Patient Involvement and Communications Implications?** | N/A |

| **Links to Portsmouth Hospitals NHS Trust Board Strategic Aims, Assurance Framework/Corporate Risk Register** | |
|---|---|
| **Strategic Aim** | Strategic aims 1 & 3. |
| **BAF/Corporate Risk Register Reference (if applicable)** | N/A |
| **Risk Description** | |
| **CQC Reference** | |

| **Committees/Meetings at which paper has been approved:** | **Date** |
|---|---|

## Patient Access and Experience

### Introduction and Background

The Trust Board, Council of Governors, Patient groups and (at times) the local media have all expressed concern about the Trusts administrative procedures which negatively impact on the patient experience. This includes both Inpatient (IP) and Outpatient (OP) administrative processes: letters, leaflets, appointment cards, handouts, booking procedures as well as telephone calls, waiting times in clinics, hospital face-to-face greeting, communication with GPs and follow ups.

A small project group, chaired by the Director of Corporate Affairs and Business Development was convened, which identified key areas for review. The Project Group was tasked with assessing patient pathways and experiences and identify areas requiring attention and improvement, then to prioritise and recommend and introduce administrative changes to improve both patient experience and access.

### Scope

The Project Group is focussing on a number of administrative functions relating to Trust pathways but this work will not involve any clinical aspects of patient care.

Choose and Book (CAB) – to confirm that this is the correct way forward for the trust and promote use through GPs and CCG leads

Inpatient Letters – there are currently 800 identified templates on the system with little standardisation. Following the review of Outpatient letters four years ago the number of letters on the system was dramatically reduced, standardisation was introduced and limited “free text” provided. A similar exercise is required for inpatient letters.

Patient Information Sheets – these vary even when providing the same information. A review is proposed to provide consistency, standardisation and adoption of a corporate style whilst still allowing departmental / specialty specific free text information and content. Clarity and patient friendly / reassuring language is essential.

Cancellations and Waiting Times – hospital data is confusing; in some areas some actions counted as cancellations which actually benefit patients. Feedback from PALS and hospital complaints confirm that this, and waiting times for appointments and feedback following appointments, are areas needing review.

Diagnostic cancellations – a review of consistency and compatibility with cancellation processes elsewhere in the hospital. The Imaging department will also be used as a contrast / benchmark to identify best practice and areas for improvement.

Booking procedures – inpatient appointments are normally made by the specialty to ensure that any necessary clinical information is provided but outpatient appointments should routinely be made by the Outpatient Booking Centre (OBC). A review will look at exceptions to the latter, challenge and test why, and consolidate, if appropriate, into the OBC.

Telephone calls – concern has been expressed about the accuracy of telephone lists, calls being unanswered and calls being put through to the wrong area. A review will be undertaken and improvements recommended / made.

Staff engagement – warmth of language, updating of waiting times and eye contact have all been mentioned. This will be assessed. Staff in the OBC who speak to patients all undertake the NVQ Level 2 in Customer Care.

**Project Team**

- Peter Mellor (PM), Director of Corporate Affairs and Business Development, Executive Sponsor
- Mandy Mugridge (MM), Project Manager, Cancellations
- Paul Roll (PR), IT Operations Manager, Patient letters lead
- Jan Scott (JS), Head of Patient Services, CAB and Booking procedures lead
- Michael Kellagher (MK), Head of Information Services, Patient data provider and analyst
- Natalie Brook (NB), Admin Manager Imaging Services, Cancellations
- Allison Stratford (AS), Head of Communications, CAB support, Media liaison
- Marion Brown (MB), Senior Patient Experience Manager, Patient feedback and liaison
- Richard Mackay (RM), Governor, Stakeholder groups
- Admin support – TBC

**Workstreams**

Choose and Book

Only 18% of referrals are currently received by CAB. All GPs could use CAB but many simply choose not to, believing it to be too time consuming when they have a list of patients to see. Points to note:

- Usage was considerably higher when GP's were paid for using CAB.
- Only a small percentage of patients seen by GPs are referred to hospital (so the time taken to book a patient during their appointment would have little effect on a GP's daily appointment list).
- Patients could book their own appointment through CAB if provided with a UBRN (Unique Booking Reference Number) by their GP.
- Admin staff, instead of GP's, could create the UBRN and book the appointment for the patient.
- The patient assumes that the GP writes to the Trust with their referral immediately. However the time taken by GP's to refer varies. This is often a cause of complaint or at least a contributory factor. CAB would be immediate.
- CAB would automatically confirm receipt of the referral.

Inpatient Letters

The content, style, clarity of information, patient understanding and frequency of use of the letters currently being used will be reviewed. The objective being to create and introduce a standard / common template for all inpatient letters with optional "free text" paragraphs for specialties / departments to use.

This will ensure that patients receive:

- A standard letter with a recognisable corporate style.
- Clarity, so that information of where to go to, how to get there, times, pre appointment / procedure actions to take, is easy to understand.
- Information is both accurate and up to date.

Patient Information Sheets

This work will be undertaken in conjunction with the Inpatient letters and will ensure standardisation of content and style.

Cancellations and Waiting Times

This is an area of patient complaint and dissatisfaction because of inconsistency, a lack of patient and Trust understanding and confusion

The classification of cancellations by the Trust is confusing and at times misleading:

1. If a patient is brought forward to an earlier appointment / clinic this is classified as a cancellation even though this benefits the patient.
2. When clinic times / dates are changed several months in advance and patients have not even been informed of their clinic slots this is also classified as a cancellation.

As a consequence, cancellation rates are overstated.

However, there is inconsistency regarding sickness cover, holiday cover, notice of leave and team working. This has a significant impact on Trust cancellations.

Diagnostic Cancellations and Waiting Times

This may be assessed in isolation initially or combined with the above.

The referral timeline starts when a GP tells a patient that they are referring them. A significant minority (circa 10%) of GP referrals are received two weeks into the six week pathway which means that 33% of the pathway has elapsed before the Trust is even aware of a referral. The patient clearly does not know this and assumes an almost immediate referral. There is therefore, in this example, only a four week window to allocate an appointment, contact the patient and carry out the scan.

Imaging consultants use voice recognition. Ultrasound is reported immediately; MRI and CT may be delayed by 2 or 3 days depending on the specific sub specialty and availability of reporting consultants. This reporting is then reviewed by the consultant who requested the test who will then dictate a letter to the GP with potential for delay in the dictating or typing. The letter is then checked and sent to the GP. This process needs to be consistent and more efficient.

Booking Procedures

IP appointments are made by specialties. Whilst there maybe an occasional 'blip' this, on the whole, is not considered to be a problem.

OP appointments are made by the OBC with the exception of 4 departments – Renal, Respiratory, Dermatology and Diabetes.

The OBC liaises closely with departments regarding bookings, filling clinics as advised by specialties / departments. This is reviewed formally by exception at the weekly WLA (Waiting List Assurance) Meeting.

Telephone Calls

Previous work has reviewed the volume of calls received and answered by departments, the use of answer phones and call backs. This continues to vary between departments.

A programme to update the trust telephone listing was undertaken over 4 years ago. During that review over 2,000 numbers were updated. This needs to be repeated.

Staff Engagement

There have been complaints about staff attitude and poor communication.

**Summary**

The focus is to assess, identify and confirm delays, inefficiencies, poor practice and waste in the patient pathway; recognise and promote good and best practice and engage stakeholders with the intention of all parties working together to introduce improvements as quickly, and with the minimum of disruption, as possible.

Next meeting of the Project Group is 22 January 2015.

**Appendices**

1 – Minutes from Project Group (December 2014)
2 – Minutes from Project Group (September 2014)
3 – Action grid

**Appendix 1**

Portsmouth Hospitals NHS
NHS Trust

**Patient Access / Experience Meeting**

**Thursday 18th December 2014**

**Room 4, Education Centre**

Attendees

Peter Mellor, (PM), Director of Corporate Affairs & Business Development
Mandy Mugridge, (MM), Project Manager
Paul Roll, (PR), IT Operations Manger
Alison Stratford, (AS), Associate Director of Communication & Engagement
Natalie Brook, (NB), Admin Manager X-ray & Scanning
Marion Brown, (MB), Interim Head of Patient Experience
Richard Mackay, (RM), Governor
Jan Scott, (JS), Head of Patient Services
Michael Kellagher, (MK), Head of Information Services

Previous Notes and Actions

It was agreed that the notes were an accurate reflection of the minutes and that many of the actions were captured in the scope report produced by Paul Knight.

Patient Access and Experience Scope Re|

- **Action 1 –** PM and JS to arrange to meet with GP leaders to discuss and promote the use of CAB. **Timescale TBC**
- **Action 2 –** AS to develop a media campaign promoting the use of CAB. **Timescale TBC**
- **Action 3 –** MM to progress scoping work with Jill Ryan. – Timescale by mid-October **COMPLETE**
- **Action 4 –** liaise with Jill's group regarding the review final letters – PK. Timescale – mid October. **COMPLETE**
- **Action 5 –** NB to provide CRIS data (used in Imaging) to PK for circulation to the group. Timescale – 01/10. **COMPLETE**
- **Action 6 –** SOP to be an agenda item at the next meeting for JS to clarify and provide a review of SOPs with a view to using across the trust.
- **Action 7 –** MK to provide outstanding data on last minute patient cancellations. Timescale – at next meeting. **COMPLETE**
- **Action 8 –** Meetings to be arranged and diarised for the next quarter (October – December): PK and PM to agree and ask PM's PA to arrange. **COMPLETE**

[1] Inpatient (IP) letters

- New IT Project Manager (Jan Parsons) appointed who is currently undertaking a feasibility study for inpatient letters to understand the scope of resource required.
- Timescale for completion unknown until requirements fully understood, however still aiming for original planned date of February.
- Agreed the need for a responsible person/group to approve the wording/content of the letters.

- Discussion about whether additional enclosures could be sent with letters, as is done for outpatients.

***Action 1 – Mandy Mugridge to check the content of letters throughout review process. A Representative from the Health Information Team and Richard Mackay to check the wording of letters prior to submission to Peter for final sign off.***

[2] Choose & Book (CAB)

- Discussion of utilisation of CAB and figures showed that approx. 1/7$^{th}$ of referrals are via CAB.
- Agreed that CAB needs to be promoted again amongst GP's but needed to wait until the national rebranding of CAB had been completed – due January.
- Agreed that it would be useful to have a list of positive examples of how CAB has been used in GP surgeries.

***Action 2 – Jan Scott to get on agendas for GP Practice Manager Meetings to promote CAB.***

***Action 3 - Allison Stratford to develop a media campaign promoting the use of CAB.***

***Action 4 – Jan Scott to find out which GP has the highest CAB usage rate and encourage them to become an advocate.***

***Action 5 – Jan Scott, Peter Mellor and Allison Stratford to work with CCG's to re-launch CAB in line with national campaigns.***

[3] Cancellations and waiting times

- The classification of cancellations by the Trust is confusing and, at times, misleading:
    - If a patient is brought forward to an earlier appointment / clinic this is classified as a cancellation even though the patient benefits.
    - Where clinic times / dates are changed several months in advance and patients have not been informed of their clinic slots this is also classified as a cancellation.
- 20% of all appointments made are cancelled, but only 3% of patients are inconvenienced by cancelled appointments.
- Unless the 'cancellation' is of benefit to the patient, i.e. moving the appointment forward, it will always be recorded as a cancellation.
- Discussion about some specialty areas which do not follow the Trust process around booking appointments and the Consultants booking leave with a minimum of 8 weeks' notice.
- Discussion about patient cancellations and the notice period of cancellations. Michael Kellagher shared statistics about patient cancellations by notice period and specialty. Cancellations without reasonable notice results in a lost booking slot as often it cannot be filled with another patient.

***Action 6 – Mandy Mugridge to provide the list of those areas which do not follow the Trust wide booking process.***

***Action 7 – Peter Mellor to contact those areas to find out their rationale for not following the Trust wide booking process.***

***Action 8 – Peter Mellor to seek the support of the Executive Team in moving those particular specialty areas across to the Trust wide booking process.***

***Action 9 – Michael Kellagher to provide more detailed analysis showing:***

- ***Number of cancellations against the total number of booked appointments.***
- ***Time frame between booking made and cancellation.***
- ***Further breakdown of those cancellations with more than 2 days' notice.***

***Action 10 – Natalie Brook to provide cancellation statistics for diagnostics, including cancellations by patients.***

***Action 11 – Allison Stratford and Jan Scott to agree a short communication tool to be used to attempt to reduce the number of last minute cancellations by patients. This tool could be used both internally, patient information sheets and displayed in GP surgeries. Allison Stratford to speak to her equivalent at the CCG to enquire how this message could be shared.***

[4] Telephone Calls

- Recognition that the telephone directory on Outlook required updating as a lot of the information was not current and incorrect. This directory is managed by Carillion.
- There is a telephone directory on Outlook which is managed by IT and can be updated via MyCall or IT Helpdesk.

***Action 12 – Paul Roll to find out whether it is possible to link the contact details on MyCall to the directory on the Intranet.***

***Action 13 – Michelle Andrews to contact Sharon Stanford, Carillion to get an overview of the telephone issues which Helpdesk experience.***

[5] Staff Engagement

- Previous observations of waiting areas made by Governors did not identify any issues with staff attitude or behaviours.
- It was agreed that any issues around staff attitude were minimal and outside the scope of this project.

[6] Any Other Business

Peter Mellor drew attention to an action from the Risk Assurance Committee which asked this group to consider whether it felt the administrative problems around outpatients appointments was serious enough to be included on the Trust's Risk Register. After discussion, it was decided that it was not and some of the issues experienced were as a consequence of capacity issues.

***Action 14 – Peter Mellor to feed back to the Risk Assurance Committee.***

***Action 15 - Agreed that there is a need for another meeting, Michelle Andrews to organise for end of January.***

Portsmouth Hospitals NHS
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**Patient Access / Experience Meeting**

**Tuesday 16th September 2014**

**Board Room, Education Centre**

Attendees

Paul Knight, (PK), Interim Business Manager (Chair)
Peter Mellor, (PM), Director of Corporate Affairs & Business Development
Mandy Mugridge, (MM), Project Manager
Paul Roll, (PR), IT Operations Manger
Alison Stratford, (AS), Associate Director of Communication & Engagement
Natalie Brook, (NB), Admin Manager X-ray & Scanning
Marion Brown, (MB), Interim Head of Patient Experience
Richard Mackay, (RM), Governor

Apologies

Jan Scott, (JS), Head of Patient Services
Michael Kellagher, (MK), Head of Information Services

[1] Choose & Book (CAB)

- AS has contacted the CCGs regarding the use of CAB.
- The informal feedback that she received is that GP's are not keen (some actively dislike) CAB.
- AS also asked questions regarding the relaunch of CAB.
- It is clear that few GP's mention CAB to patients or use it.
- The meeting felt that CAB use by GP practice would be useful data.
- Post meeting it has been confirmed that patients can log on (and of course can and do phone the OBC [Outpatient Booking Centre]) for appointments. The GP however needs to provide the patient with a UBRN [Unique Booking Reference Number].
- NB outlined the process in Diagnostic Imaging
- JS will be attending the Hampshire Users Group on 10/10 with Chris Pledge (PHT CAB & Epro Coordinator) and will seek information.
- MB confirmed that there were 22 "complaints" during August around appointments (3 formal and 19 via PALS)

***Action 1 – PM and JS to arrange to meet with GP leaders to discuss and promote the use of CAB. Timescale TBC***

***Action 2 – AS to develop a media campaign promoting the use of CAB. Timescale TBC***

[2] Inpatient (IP) letters

- MM announced that Jill Ryan was leading on Surgical Productivity sub-project (On The Day Admissions) for 6 months and that she felt Jill was an ideal resource to utilise facilitating work for IP letters and coordinating feedback.
- Discussion around resource requirement to input letter changes into PAS
- Discussion regarding the identification of letters currently used

- RM raised the issue of standardised letters but with specialty specific information sheets

***Action 3 – MM to progress scoping work with Jill Ryan – Timescale by mid October***

***Action 4 – liaise with Jill's group regarding the review final letters – PK. Timescale – mid October.***

[3] Diagnostic Cancellations

- NB outlined the process in Diagnostic Imaging
- The issue of delayed receipt of referrals from GPs was discussed. (The 6 week pathway commences when the GP sees the patient. If there is a 2 week delay in receiving the referral then 33% of the pathway timescale has been lost). Patients are unaware of such a delay and assume immediate referral.
- Ultrasound is report immediately and consultants in Imaging use Voice Recognition. However there are potential delays in reporting, review by consultants, letter dictation from the specialty consultant to GPs and then typing. This all adds to waiting time and therefore impacts negatively on patient experience.

***Action 5 – NB to provide CRIS data (used in Imaging) to PK for circulation to the group. Timescale – 01/10.***

[4] Booking Procedures

- Clarification was sought as to what is and is not in the OBC. [Post meeting – 4 departments are not – Renal, Respiratory, Dermatology and Diabetes.]
- Review the SOP (Standard Operating Procedure) in the OBC and how does this "fit in" with specialties / departments.

***Action 6 – SOP to be an agenda item at the next meeting for JS to clarify and provide a review of SOPs with a view to using across the trust.***

[5] Last Minute Cancellations

- The meeting discussed what constituted "last minute" and agreed 24 hours. (Following the meeting discussion with OBC concluded that any cancellation under 48 hours would prove difficult to fill)
- Discussion around wording on Patient Information Sheet regarding cancellation – felt to be unclear / ambiguous.
- Meeting felt wording / clarity regarding disabled parking and any costs needed attention.

***Action 7 – MK to provide outstanding data on last minute patient cancellations. Timescale – at next meeting (or to chair prior to meeting if unable to attend)***

***Action 8 – Meetings to be arranged and diarised for the next quarter (October – December): PK and PM to agree and ask PM's PA to arrange.***

**Appendix 3**

Portsmouth Hospitals NHS
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**Rolling Action Grid –**
**Patient Access / Experience Meeting - 18 December 2014**

| No. | Subject | Action | Who | Update / When |
|---|---|---|---|---|
| 1 | **Inpatient (IP) letters** | Mandy Mugridge to check the content of letters throughout review process. A Representative from the Health Information Team and Richard Mackay to check the wording of letters prior to submission to Peter for final sign off. | Paul Roll / Mandy Mugridge | TBC after 'IT New Business' meeting on 27 January. |
| 2 | **Inpatient (IP) letters** | Jan Scott to get on agendas for GP Practice Manager Meetings to promote CAB. | Jan Scott | JS attended Portsmouth Practice Managers meeting on 15/01/15. Dr Vernon LRHC has been identified as GP champion. |
| 3 | **Inpatient (IP) letters** | Allison Stratford to develop a media campaign promoting the use of CAB | Allison Stratford | Dependant on the timing of the national campaign |
| 4 | **Inpatient (IP) letters** | Jan Scott to find out which GP has the highest CAB usage rate and encourage them to become an advocate. | Jan Scott | Dr Vernon has been volunteered by his PM. |
| 5 | **Inpatient (IP) letters** | Jan Scott, Peter Mellor and Allison Stratford to work with CCG's to re-launch CAB in line with national campaigns. | Jan Scott, Peter Mellor & Allison Stratford | Dependant on the timing of the national campaign. |
| 6 | **Cancellations and waiting times** | Mandy Mugridge to provide the list of those areas which do not follow the Trust wide booking process. | Mandy Mugridge | Complete |
| 7 | **Cancellations and waiting times** | Peter Mellor to contact those areas to find out their rationale for not following the Trust wide booking process. | Peter Mellor | February meeting. |
| 8 | **Cancellations and waiting times** | Peter Mellor to seek the support of the Executive Team in moving those particular specialty areas across to the Trust wide booking process. | Peter Mellor | February meeting. |

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| **9** | **Cancellations and waiting times** | Michael Kellagher to provide more detailed analysis showing:<br>○ Number of cancellations against the total number of booked appointments.<br>○ Time frame between booking made and cancellation.<br>○ Further breakdown of those cancellations with more than 2 days' notice. | Michael Kellagher | January meeting. |
| **10** | **Cancellations and waiting times** | Natalie Brook to provide cancellation statistics for diagnostics, including cancellations by patients. | Natalie Brook | February meeting. |
| **11** | **Cancellations and waiting times** | Allison Stratford and Jan Scott to agree a short communication tool to be used to attempt to reduce the number of last minute cancellations by patients. This tool could be used both internally, patient information sheets and displayed in GP surgeries. Allison Stratford to speak to her equivalent at the CCG to enquire how this message could be shared. | Allison Stratford & Jan Scott | The CCG's will not allow any information displayed in GP surgeries so looking at other methods such as PiP (GP Extranet). |
| **12** | **Telephone Calls** | Paul Roll to find out whether it is possible to link the contact details on MyCall to the directory on the Intranet. | Paul Roll | Will be superseded by the "Who am I?" which will be available on the trust intranet detailing the contact details of staff along with a bio and photo. This is due to be implemented after the CQC visit. |
| **13** | **Telephone Calls** | Michelle Andrews to contact Sharon Stanford, Carillion to get an overview of the telephone issues which Helpdesk experience. | Michelle Andrews | Complete |
| **14** | **Any Other Business** | Peter Mellor to feed back to the Risk Assurance Committee. | Peter Mellor | Complete |
| **15** | **Any Other Business** | Agreed that there is a need for another meeting, Michelle Andrews to organise for end of January. | Michelle Andrews | Complete |