Name of project: Reducing waiting times in Adult Speech and Language Therapy Service (1)

Project leads: Martyne May and Pip Hardy

Kent Community Health NHS Foundation Trust

What was our aim?

The aim was to increase the number of patients seen within the target of 18 weeks from referral from 70 per cent to 100 per cent by October 2020.

Why is it important to service users and carers?

A merger between the Adult Speech and Language Therapy (ASLT) Service and a neighbouring service resulted in increased waiting list times and numbers. Initial data analysis indicated that it was not possible for the service to meet the demand with the existing staffing levels and processes. The increase in waiting times and numbers caused concerns regarding the impact on patients' physical health, including the risk of aspiration pneumonia, malnutrition, dehydration and choking as well as their psychological wellbeing, due to being unable to communicate effectively and the social isolation and vulnerability that can cause.

In addition to this, it was causing concern about the resulting impact on the wellbeing of colleagues. Colleagues were reporting increased levels of stress and anxiety due to the increasing waiting list numbers and not being able to treat patients in a timely manner.

Ideas and tests of change

A series of **process mapping** workshops were carried ou making sure all stakeholders were included. These identified inefficiencies and bottlenecks within existing service pathways. Colleagues were then involved in a "Big Ideas" programme where they were encouraged to identify ideas for change. A driver diagram was used to structure these ideas. At the same time, the team engaged with service users. As a result, an iterative process emerged, with ideas and solutions being refined between the groups. The change ideas were then piloted in one locality before being rolled out to the whole service.

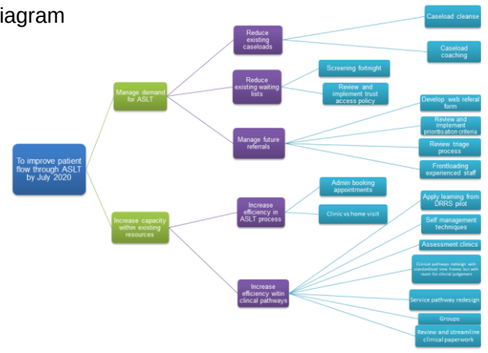
A number of the change ideas were implemented as part of a service pathway redesign: These included:

- initial assessment clinics and home visits with those needing further intervention being placed on a treatment waiting list
- admin booking initial clinic and home visit appointments and dealing with do not attends (DNAs)
- more experienced colleagues running initial clinics and home visits.

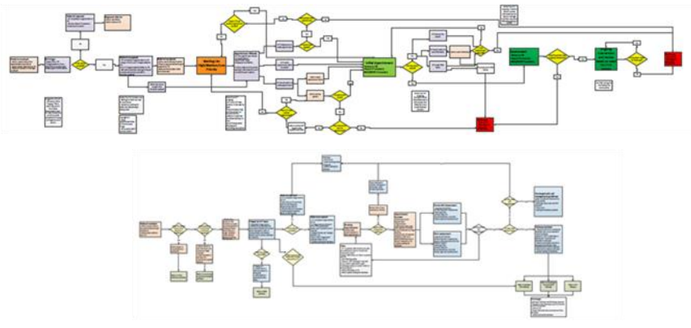
The changes were evaluated by monitoring waiting times and colleague anxiety self-rating scales.

The tools we used

"Big Ideas" driver diagram



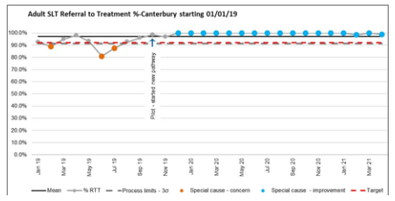
Process map of the service pathway pre and post redesign



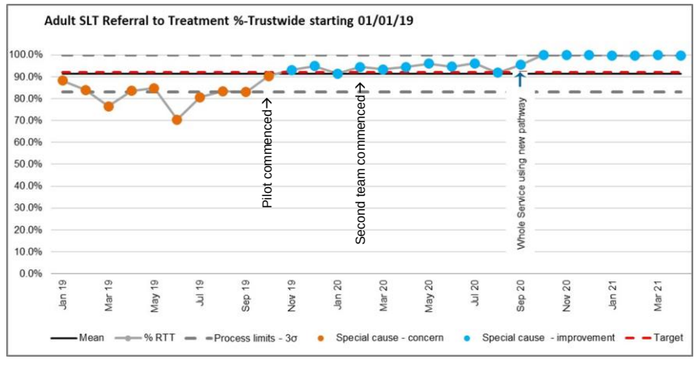
Results/How did we do/Anticipated outcome

Pilot results:

- 100 per cent of patients seen within 18 weeks of referral.
- Average length of wait from referral to first appointment reduced from 70 to 25 days.
- Colleague anxiety as a result of waiting times fell from an average of 6.4 (range 5-7) to 3.4 (range 1-5) on a self-rating scale.



Whole service results:



What we learned and what's next

Engaging patients and colleagues ensured that the changes made achieved the desired results, by prioritising what was important to stakeholders. Where their wishes could not be met the iterative consultation process enabled an understanding of what compromises they would make to make sure the best solution was identified. Through the use of QI tools, it was possible to identify efficiencies without compromising patient care.

As a result of the QI project not only was the SMART aim of the project achieved but the anxiety experienced by the clinicians with regard waiting times was also reduced.

We have identified that within the new pathway we need to make sure urgent patients are seen in a timely manner and that treatment waiting times need to be managed, therefore, further plan, do, study, act (PDSA) cycles will be used to monitor the pathway and identify if further changes are required.

we care