



# Flash of brilliance

Completed by: Philippa Hardy

Service: Adult Speech and Language Therapy



Kent Community Health

NHS Foundation Trust

## Aim

As discussed in another poster regarding reducing waiting times in the Adult Speech and Language Therapy (ASLT) Service, a merger between the Kent Community Health NHS Foundation Trust (KCHFT) Adult Speech and Language Therapy Service and a neighbouring service resulted in increased waiting lists and caseloads.

As a consequence, not only were some patients waiting more than a year for an initial appointment, but reviews of existing patients were not being delivered in a timely manner. It was identified that this was impacting on the wellbeing of colleagues.

As part of our Big Ideas consultation we identified some stand alone change ideas that aimed to:

- Reduce the size of the waiting list and existing caseloads
- Make sure the right patients were being seen, for the right reasons, for the right amount of time
- Provide staff with caseloads that were manageable and fulfilling
- Prepare caseloads and waiting lists for the introduction of new service pathways.

## Change ideas

### Big Spring Clean April 2019

We knew that the team were all holding large caseloads. We had also identified that when leaving a post, therapists often tended to discharge patients who, when considering whether their care should be handed over to a colleague, they could no longer justify them needing active, on-going speech and language therapy. This occurred more often with less experienced staff.

We hoped that by working with an experienced therapist, who asked them questions about each patient, we would identify those who could be discharged sooner, thus reducing the size of each therapist's caseload increasing capacity and reducing pressure on the therapist. Examples of the questions used are:

- What are the patient's and your goals?
- Can these goals be achieved?
- Would another patient have benefitted more from your time?
- How else could this patient be managed more effectively?

### Big Waiting List Blitz:

This other initiative, which ran alongside the Spring Clean, involved experienced therapists phoning everyone on the waiting lists to find out whether they still required speech and language therapy. The therapists then booked only new patients for two months (with only urgent reviews and therapy offered during that time), to reduce the waiting lists.

## The impact of our Big Spring Clean and Big Waiting List Blitz

As a result of the Big Spring Clean we saw a reduction of 27 per cent in caseload size for the pilot group.

The Big Waiting List Blitz identified that of 88 patients on waiting list:

- 62 per cent had already been seen or had an appointment booked, however the electronic patient record system (EPRS) had not been updated to reflect this.

- 4.5 per cent were referral to treatment time (RTT) errors that indicated they were still waiting to be seen when in fact they had had their first appointment.

- 12.5 per cent were able to be discharged following the phone call either because their issue had resolved or the referral was not appropriate (this would be addressed in the future by other changes in ASLT service pathway at the point of triage and introducing early initial appointments).

This meant a 79 per cent reduction in waiting list numbers for the pilot team.

	Size of individual caseloads Before and after the "Big Spring Clean" for pilot team		Findings from "Big Waiting List Blitz" (sample of 88 patients)	
	Dec-18	May-19		
SLT			Already been seen	25
1	16	7	Appointment already booked	30
2	91	85	Discharged following phone call (i.e. issue resolved or referral not appropriate)	11
3	34	45	RTT errors	4
4	45	25	Awaiting appointment	18
5	12	8		
6	19	10		
7	87	47		
8	85	47		
9	72	62		
Total - 27% decrease for this group	461	336		

## Lessons learned and what's next?

### Big Spring Clean April 2019

Less experienced speech and language therapists can find it challenging to discharge patients who have long term conditions for a number of reasons including:

- A feeling their inexperience has not led them to the "correct therapy"
- A concern that they may have missed something
- Patient's reluctance to be discharged from the last/only healthcare professional working with them.

The Big Spring Clean proved popular with colleagues as it enabled less experienced staff to develop more robust discharge skills. It also effectively released clinical capacity. As a result, it is now repeated approximately every six months as part of a regular caseload cleanse and coaching process. This means that caseloads are managed and patients don't "get lost" in the system.

### Big Waiting List Blitz

Reviewing the waiting list in this way helped us to get each locality waiting list to a better position before launching the new pathways. It also identified the importance of actively managing the waiting lists for admin/process errors and fed into how we designed pathways in Rio.