



Flash of brilliance

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Service: MSK Physiotherapy July 2021



Kent Community Health
NHS Foundation Trust

Aim: What were you trying to achieve?

As Kent Community Health NHS Foundation Trust (KCHFT) musculoskeletal (MSK) Physiotherapy Services entered into recovery from the COVID-19 Pandemic, demand on the service escalated in excess of capacity. Waiting times and numbers of patients waiting for MSK physiotherapy significantly increased. Referral to treatment time (RTT) escalated beyond the 18 week target. To enable patients who had been waiting in excess of 18 weeks to access an assessment and start appropriate treatment in as short a time frame as possible, a blitz clinic was set up. The aim of the project was for physiotherapists to see 110 new patients on 12 July 2021 at The Churchill Centre in Aylesford.

Change ideas: What changes did you make?

Initially 110 letters were sent to those who had been waiting longest in west Kent, inviting them to complete a past medical history (PMH) form and phone in to book an appointment. A week later a further 100 letters were sent. The letter informed the patient that if they did not respond to the letter within 14 days, it would be assumed that they no longer required treatment and they would be discharged to the care of their GP.

Planned capacity - 110				Actual capacity - 103			
Overbook by 2 per 30 mins to allow for DNAs				Cap	Booked	Cap	Booked
10	08.30	10	1.00	10	10	08.30	5
	08.45		1.15			08.45	1.15
10	09.00	10	1.30	10	5	09.00	6
	09.15		1.45			09.15	1.45
10	09.30	10	2.00	10	4	09.30	9
	09.45		2.15			09.45	2.15
Break	10.00	Break	2.30	Break	10.00	Break	2.30
10	10.15	10	2.45	10	7	10.15	6
	10.30		3.00			10.30	3.00
10	10.45	10	3.15	10	7	10.45	3
	11.00		3.30			11.00	3.30
10	11.15		3.45	10	10	11.15	3.45
	11.30	Admin	4.00			11.30	Admin
Admin	11.45		4.15	Admin	11.45		4.15
	12.00	FINISH	4.30			12.00	FINISH
lunch	12.30			lunch	12.30		

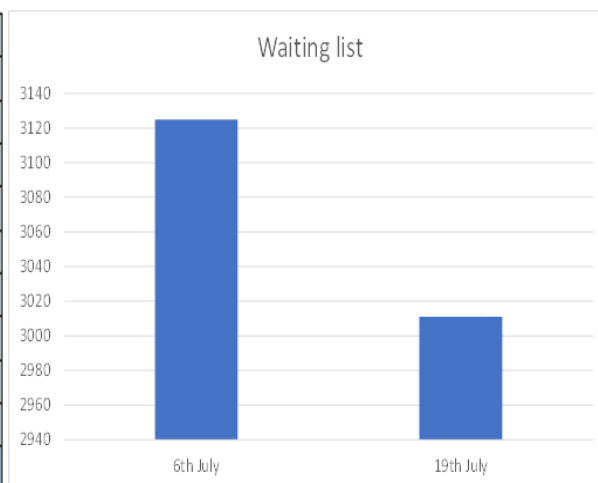
On 7 July 2021, the uptake was lower than expected, so an additional 40 patients were telephoned and offered an appointment. A final total of 72 patients were booked into the blitz clinic.

Measures/results: What was the impact of the changes?

The blitz clinic was deemed to be a success. The target of booking 110 patients was not achieved. 63 per cent of the actual capacity was used with a do not attend (DNA) rate of nine per cent. Validation of the waiting lists resulted in a large number of discharges. 107 patients no longer required the service and were discharged. The waiting time for a first appointment was reduced by two weeks as a result of holding the clinic. The clinic went smoothly and all administration tasks were completed on the day, including booking follow-up appointments. The longest wait on the day was 30 minutes. 14 patients were discharged on the day following assessment and appropriate intervention/advice. Patient and staff feedback was generally positive. There was a good atmosphere on the day and COVID-19 restrictions were safely applied. There was a 40 per cent response rate for the patient survey with a 90.67 per cent overall satisfaction rate. Those who rang in but could not attend on 12 July 2021 were booked alternative appointments appropriately.

Detailed Outcomes – attended patients

Back Education Session	7
Escape	2
F2F F/U	19
F2F F/U PTA	2
Virtual F/U	11
Virtual F/U PTA	2
LB injection - referred to COP & D/C	2
LL Class	1
Virtual Spinal Rehab	5
Discharged	14
Grand Total	65



Lessons learned and what's next?

Lessons learned

The booking process will be reviewed for future blitz clinics. We would recommend to over-estimate the numbers of letters of invitation to be sent out in advance of the clinics.

The PMH being completed in advance or on-site was very helpful for clinicians, but, they would have liked more time to be able to review this prior to seeing the patient, therefore it is suggested that the system used to allocate patients is reviewed prior to future clinics. This should also ensure a more equitable work load split on the day. There was some variation between clinicians and numbers of patients seen.

Clearer details of virtual classes and face-to-face groups will be available to admin staff in the future to make booking of follow up appointments easier

Availability of face-to-face follow-up appointments will be considered in advance of future blitz clinics

What's next?

Virtual or telephone first appointment blitz clinics to be considered.