DETERMINE THE TASK

You are likely to have a lot of clinics which will require partial booking systems to be put in place. Deciding where you are going to start can be a task in itself. You may want to start with one type of clinic, e.g. breast clinics, one consultant, who could have a variety of clinics, or within one specialty, such as General Surgery.

Alternatively, you may want to start with a few “quick wins”, such as a consultant who is willing to try to implement partial booking and is usually open to changes, or with a specialty that has relatively short waiting times. Whilst often more difficult, you may decide to start with a clinic which has traditionally had the longest waiting times for non-urgent patients, or with a clinic which has a high DNA or CNA rate. Once you have decided which clinic(s) you will start with, you are on your way.

INVOLVE THE TEAM

Every member of the team who contribute to the running of any clinic must have a chance to contribute to implementing partial booking and redesigning the clinic template. This means that you will need to involve the Consultant responsible, other clinicians, nursing and AHP staff as well as health records staff and service managers.

Redesign is an exciting part of any service improvement, but it can also be anxiety provoking. Support must be provided during the changes, but the focus must remain upon achieving the change needed to improve things for patients.

LOOK AT THE CURRENT SITUATION

You are likely to require a large amount of basic information on each clinic and how these currently operate in order to get an idea of any problems which may exist. The information which you are likely to require would include:

- Average waiting times for urgent and non-urgent patients
- DNA / CNA rate
- New / review ratio
- Start / finish times for clinics
- Staff usually available at clinics
- Total number of non-urgent patients waiting for their first appointment by time band
- Average number of urgent referrals per week = number of urgent slots
- Time to be allocated for: urgent patients, routine patients, new patients, review patients

PRESENT THE CASE FOR CHANGE

You are likely to require a significant amount of information in order to present a case for change and to convince everyone of the need to change current ways of working. This is likely to be based on the information you have gathered when evaluating the information relating to the current situation. Often it is useful to present statistical information in graphs such as:

- Chronological management of patients – at last month’s outpatient clinics show a graph of how long each non-urgent patient waited for their appointment. Are they all from the longest waiting bands?
How does this consultant / clinic compare to other similar services within the Trust / across the region?

Share best practice and results which have been achieved elsewhere

REVIEW CURRENT WAYS OF WORKING

It is likely that some of the current ways of working could be improved to improve the running of the clinics. This may include (hopefully) being able to see more new routine patients in clinics, or even new systems or protocols for review patients. Other areas which you may want to negotiate changes in could be start / finish times, or time allocated for slots which can help clinics to run more efficiently by putting in place a more effective clinic template.

“QUEUES” AND CARVE-OUT

Some clinics you encounter could have a number of different queues feeding into them, or particular slots carved out for specific patient groups. Discuss whether this is always necessary or desirable with the staff involved – by allocating space to one group of patients, you are preventing other groups of patients from accessing these slots which can have a negative impact on waiting lists. For example, in a fairly standard clinic, you are likely to have as a minimum:

- New routine slots
- New urgent slots
- Review routine slots
- Urgent review slots

These slots are then likely to be further carved out into any specialist interest slots – these could be formal or informal rules which have been developed over the years.

GROUND RULES

In line with the requirements of the Integrated Access Policy, it is fundamental to ensure maximum utilisation of outpatient clinic capacity within your new clinic template and all staff should:

- Give proper notice of clinic cancellations / reductions due to annual or study leave
- Start and finish within the agreed time frames – obviously there are occasions when clinics start late or finish early / late – these should be the exception rather than the norm if your clinic template has been designed realistically to take into consideration factors such as ward rounds, time spent with each patient etc.
- Ensure that action is taken at the end of each clinic to ensure that each patient’s journey is properly recorded and actioned. For example, if a patient DNA’s a clinic, or attends and is requested to return for a follow-up appointment in 3 months.

AIMS, OBJECTIVES AND EXPECTED RESULTS

Setting clear aims, objectives and stating expected results will allow you to review the impact which changing a clinic template has had. Some of these might be to improve clinic utilisation in outpatients by:

- Reducing complaints in Outpatients arising from patients waiting long periods beyond their appointment time.
- Reducing the number of occasions when clinics start or finish late
EVALUATE THE CHANGES

Changing clinic templates, and introducing partial booking as a whole, may not always achieve exactly the results which you were hoping for. In some instances DNA rates may go up, booking processes vary from what it should be, or demand changes meaning that the template needs to be reviewed. It is best practice to keep each clinic template under review on a regular basis to ensure that it still meets the needs of the service and ensure that those involved in the clinic feel that the changes have been beneficial. The templates which you redesign are likely to change over time - this is to be expected and could bring further benefits.