

Service improvement: Reducing physiotherapy outpatient waiting times

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Abstract

This paper describes a project that reduced waiting times for outpatient physiotherapy in the Eden Locality of Cumbria from six weeks to a maximum wait of two weeks whilst maintaining high-quality service outcomes.

Keywords

waiting times; musculoskeletal physiotherapy; efficiency

Background

Historically patients referred to the locality Physiotherapy Department by their General Practitioner (GP) for a musculoskeletal physiotherapy appointment waited a minimum of six weeks for an appointment. The physiotherapy staff found this frustrating as patients' conditions often became more chronic during the wait and they often needed to take prolonged periods off work. Physiotherapists felt that in order to provide a better quality service they should see the patients sooner. Local GPs had approached the

Physiotherapy Department informally to enquire if improvement in patient waiting times could be made. Two patient user group engagement meetings were carried out to obtain views on how patients would like to access physiotherapy. These meetings highlighted that the users of the service wanted fast access to a physiotherapist within a maximum one- or two-week waiting period.

Rationale for the project

The project aligns with North West Quality, Innovation, Productivity and Prevention (QIPP) agenda (NHS

Northwest, 2013). Specifically:

- Evidence from a pilot project at the locality Physiotherapy Department that gave patients access to physiotherapy with a two-week maximum wait demonstrated that when patients are seen when they initially seek help they are more engaged in their treatment, require fewer visits to a therapist, and have an improved patient experience.
- Faster access to treatment reduces the impact of illness on people's quality of life and will reduce lifestyle-related illness.
- Faster access will see quicker resolution of conditions reducing days lost at work.
- The Cochrane Library's February 2012 issue special collection covering exercise for musculoskeletal conditions (Cochrane Library, 2012) supports increasing the volume of group work as this gives best outcomes thus increasing capacity and capability of physiotherapy departments.

Objectives for the project

The project had the following objectives:

1. To change how first appointments are delivered. In order to achieve this dedicated 'new patient assessment sessions' were introduced which led to an increase in efficiency and productivity. To assess the impact of working with new patient sessions the orthopaedic consultant waiting list was managed by two physiotherapy staff providing dedicated new patient sessions for the orthopaedic referrals. The impact of this intervention was to reducing patient waits from eight weeks to within two weeks for all referrals. Staff found the way of working efficient and identified no problems with the system.
2. To change the follow-up (F/U) treatment regime. In order to achieve this, following assessment, patients are signposted to the following treatment options:
 - Evidence-based group exercise and therapy sessions;
 - Individual follow-up treatment available as timetabled sessions;
 - Injection therapy;
 - Allocation to a technical instructor for a specific

Table 1

Outcome	2011	2012	Percentage change
Number of new patients seen	737	927	Increase 26%
Number of patients seen once	320	428	Increase 33%
Number of patients assessed and given advice with option to self-refer back (SOS)	70	114	Increase 62%
Number of new patient DNAs	79	60	Decrease 24%
Total contacts	3048	3571	Increase 17%
Average number of contacts	3.13	2.92	Minimal change

3. To ensure that the patient's condition resolves in fewer contacts and therefore less time. In order to achieve this the department carried out a pilot study assessing patients who accessed the service in a maximum wait of two weeks and demonstrated that when conditions were treated in this timescale they resolved more quickly and patients took more ownership of their own treatment and exercise.
4. To consider how the Choose and Book service affected productivity. GP referrals to the locality physiotherapy service are 100% by Choose and Book. The service believed that an expansion in referral appointment capacity could lead to a large increase in referrals (demand) from outwith the locality leading to lack of perceived benefits for local commissioners/patients. The commissioners therefore agreed to limit the Choose and Book service for Eden Physiotherapy to Eden-based referrers only in order to properly understand the effect the proposal had on waiting times. GPs outside the Eden locality (Cumbria) could still access the service if they sent referrals by letter. This ensured patients who needed the treatment in the Eden area could still access the service.

Service change

From 14 May 2012, all staff commenced new patient sessions of Choose and Book referrals and orthopaedic referrals. During this time, a patient satisfaction survey was administered to assess the effect the change in service had on patient experience at the Physiotherapy Department; the data from this are presented in the results. In order to establish the effect of the service change, comparisons were made between service data from 2011 (before the service changes) and 2012 (after the service changes). All data for the analysis of changes in productivity were taken from the existing Community Patient Administration System.

Results

Data from 14 May to 30 September for both 2011 and 2012 are shown in Table 1; staffing levels over the 2011 and 2012 were comparable. The waiting time by the end of the project was eight working days.

structured treatment package.

The results indicate a significant increase in productivity for the service, it is important to demonstrate that this was not achieved at the expense of a positive patient experience. In order to demonstrate this, data are presented here from the patient satisfaction survey. The patient satisfaction survey was designed to establish if the new way of working had an impact on the patient experience. Figures 1, 2 and 3 show the results from the specific questions in the satisfaction survey. Figure 4 shows the results of a 'wordle' (Feinberg, 2011). A 'wordle' is a 'word cloud' created to give greater prominence to words that appear more frequently in the source text; in this case, the words

used by patients to describe the service. This can be seen as a graphical representation of features of the service valued by patients.

The patient satisfaction questionnaire also used a 'friends and family' question. This question has since been introduced to the NHS and identifies whether patients would recommend a particular NHS service to their friends and family. In the wider NHS, the results of the test will be used to improve the experience of patients by providing timely feedback alongside other sources of patient feedback. In this evaluation, 100% of patients said they would recommend the service to friends and family.

Figure 1: Results from the patient satisfaction questionnaire

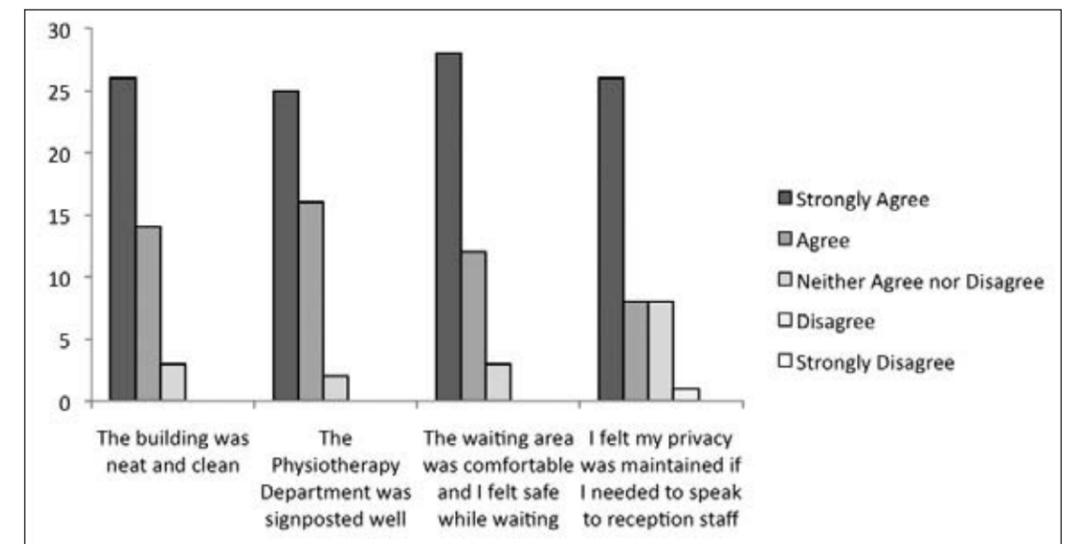


Figure 2: Results from the patient satisfaction questionnaire

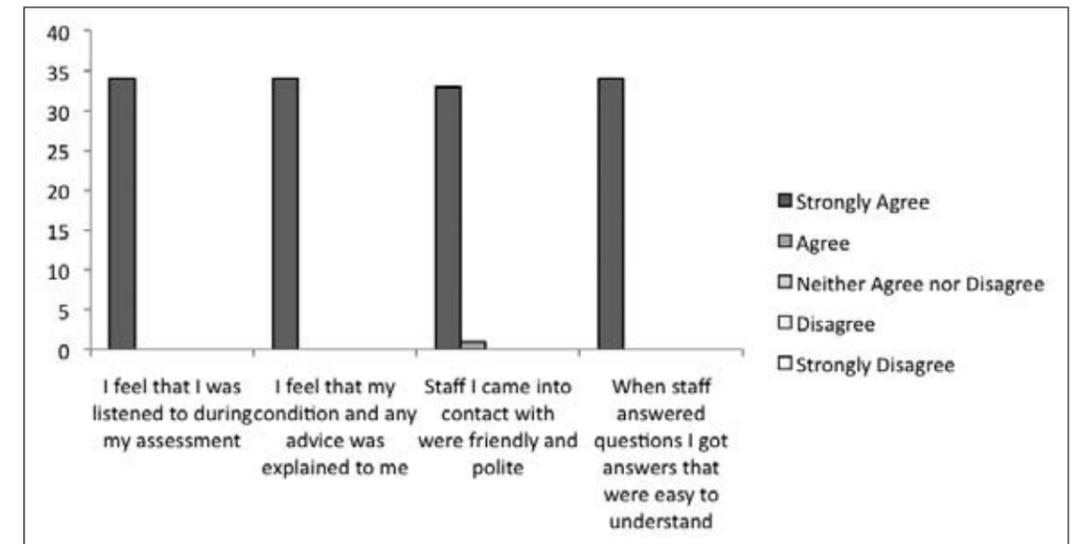


Figure 3: Results from the patient satisfaction questionnaire

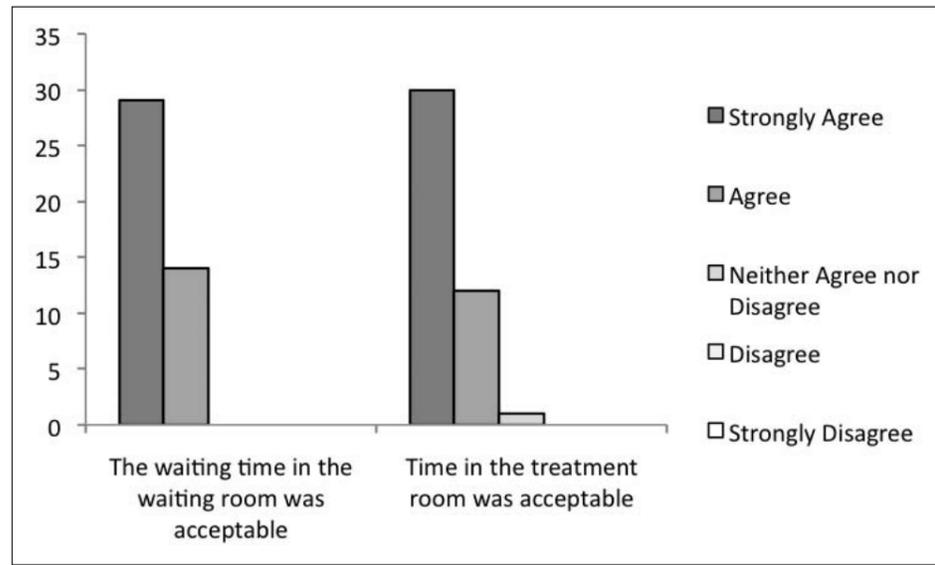


Figure 4 is a wordle showing the words that patients used to describe what they 'liked best about the physiotherapy department'. Words that are larger are words that were used more frequently.

Figure 4: What do you like best about our Physiotherapy Department?



Conclusion

Changing to a system of specific new patient sessions has increased the capacity of the locality physiotherapy service. Providing a wider range of treatment options i.e., group work and technical instructor treatment packages frees up physiotherapist time to be able to see more new patients for assessment. By increasing capacity in this way, patients' waiting time to access the service is significantly reduced. As a result, the number of patients needing only one appointment to provide assessment and advice to manage their condition increased. Physiotherapists were concerned patients seen only once may need to return for follow-up appointments. To ensure patients had this opportunity to access physiotherapy without having to visit their GP for a second referral, patients were given details to directly access the service should they need to. This study has not measured the number of patients who took up the opportunity to return to the service but it is evident that offering this facility has not impacted on waiting times.

This way of working has reduced the number of did-not-attends thereby improving service efficiency. The new way of working has become embedded in the department with waits remaining less than two weeks. The staff feel they give excellent evidence-based treatments when patients are presenting for treatment. They feel that because patients are engaged early in treatment they get more involved and take greater ownership of their recovery. Following the introduction

of this system, the average number of contacts per patient has not changed significantly. Physiotherapists report that they do not compromise their clinical decision-making and they have the capacity to offer treatment they feel is appropriate to the patient and their condition. The patients report satisfaction with the service they receive, with 100% stating they would recommend the service to family and friends.

This report has demonstrated that it is possible to improve the efficiency and effectiveness of a service without a detrimental effect on the patients' experience.

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