



Improving Patient Access and Increasing Capacity at the Department of Sexual Health (DOSH) at Cardiff Royal Infirmary

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Care > Trust > Respect > Personal Responsibility > Integrity > Kindness
Gofal > Ymddiriedaeth > Parch > Cyfrifoldeb Personol > Uniondeb > Caredigrwydd





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- Aims
- Background
- Project
- Outcomes
- Action plan and Recommendations

- The aim of this project was to improve patient access to the Sexual Health service in Cardiff (DOSH)
- Provide consistent information for patients about how to access our service

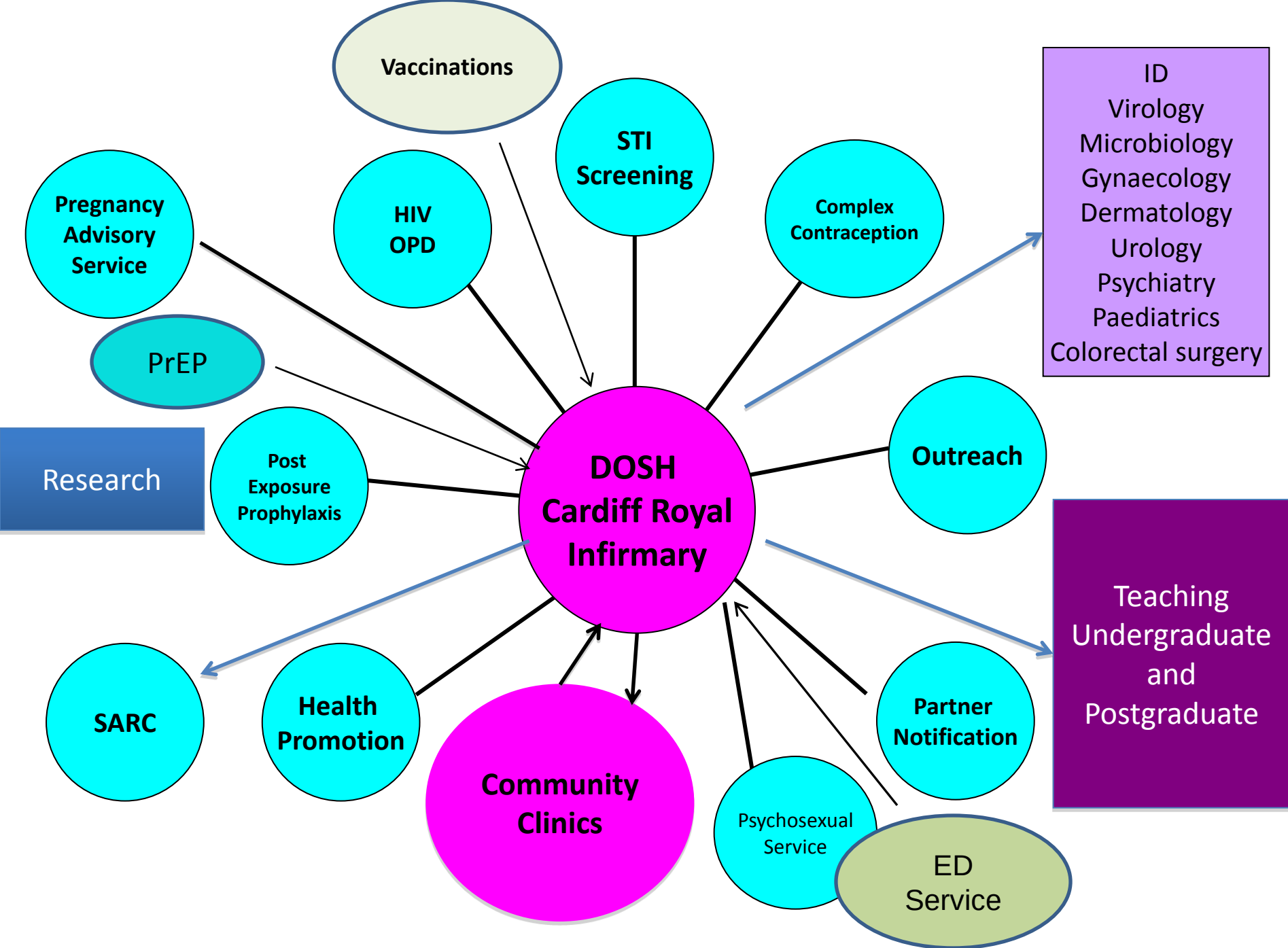


Access to DOSH can be difficult for patients
Previously booked slots were offered but
this gave limited flexibility for urgent and
fast track patients



Waiting times for patients when in clinic
were lengthy as we attempted to
accommodate triage patients

High DNA rates



Customer Impact: Organisation

More consistent
information for staff
about patient access

Consistent information
needed for other parts
of the organisation eg
GPs

Reduce phone
calls from patients
to the department

Reduce
Duplication within
service

Reduce number of complaints
about access to the service and
waiting times once in clinic



Impact for My Team

Improvement in staff morale due to more flexibility with patient numbers

Improved capacity and reduction in DNA numbers

Proper analysis of average number of patients that can be seen

Better feedback from patients

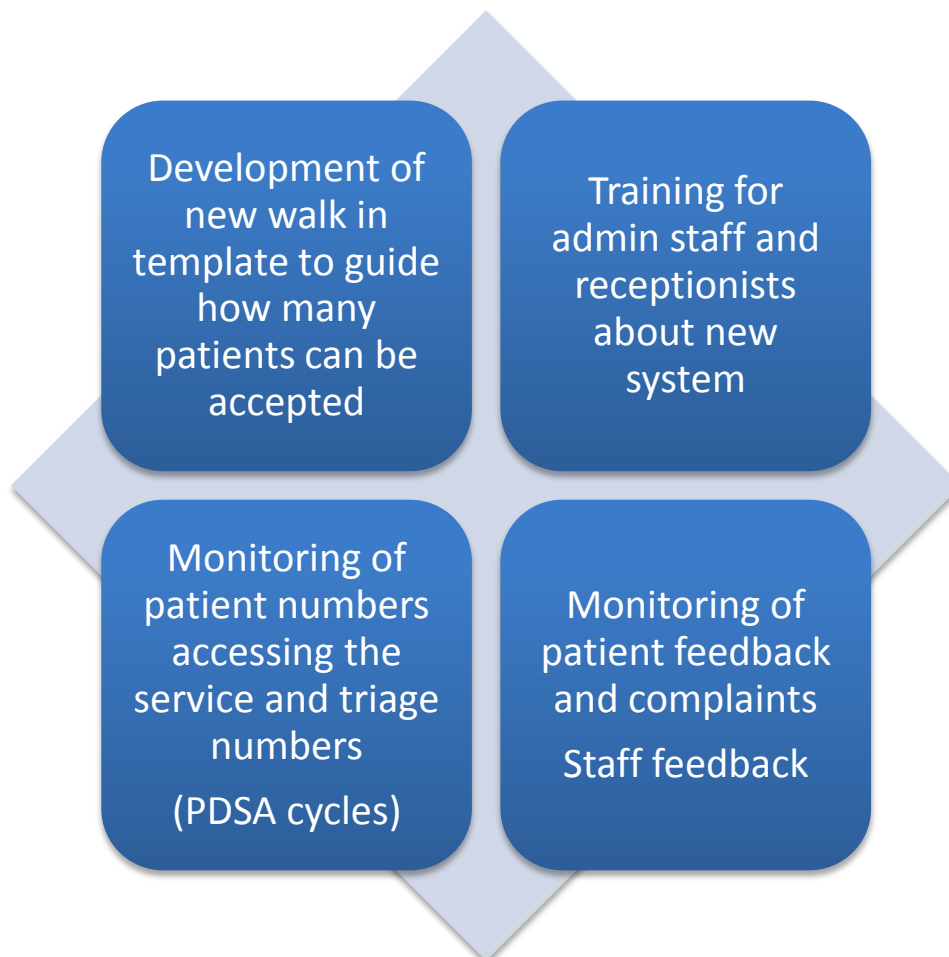
Deliverables

Discussion with Staff
Requested ideas for
change re access
Walk in option
suggested

Developed Walk
in template based
on existing data

All proposed
changes
communicated
with all staff and
relevant
stakeholders

Deliverables:



Relationships

Relationships with DOSH staff and other services that refer to us were crucial

Supportive
Patience and
persistence

Different Leadership styles
needed

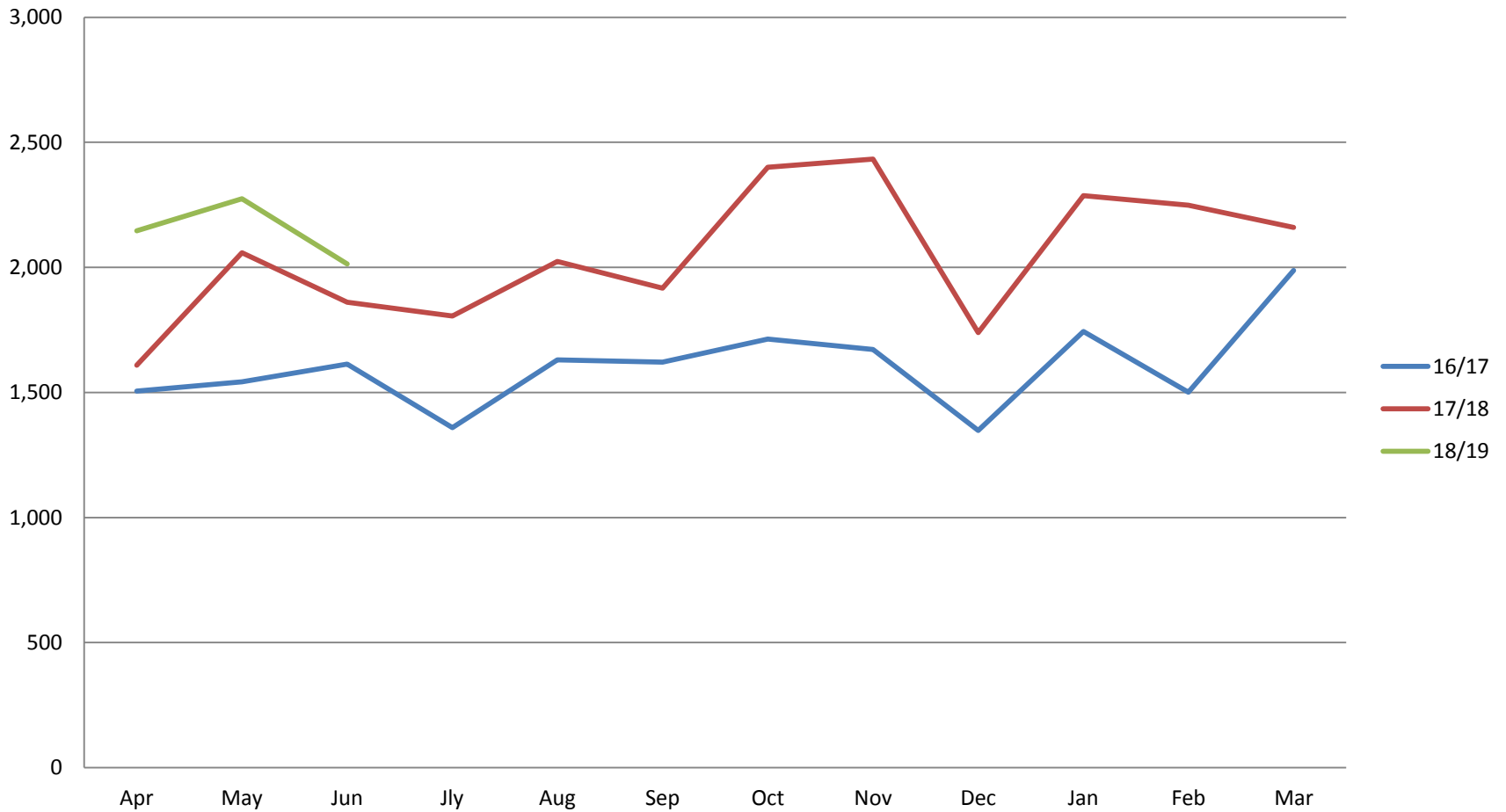
Impact of
additional
major service
change (EPR)

- Aims
- Background
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- **Outcomes**
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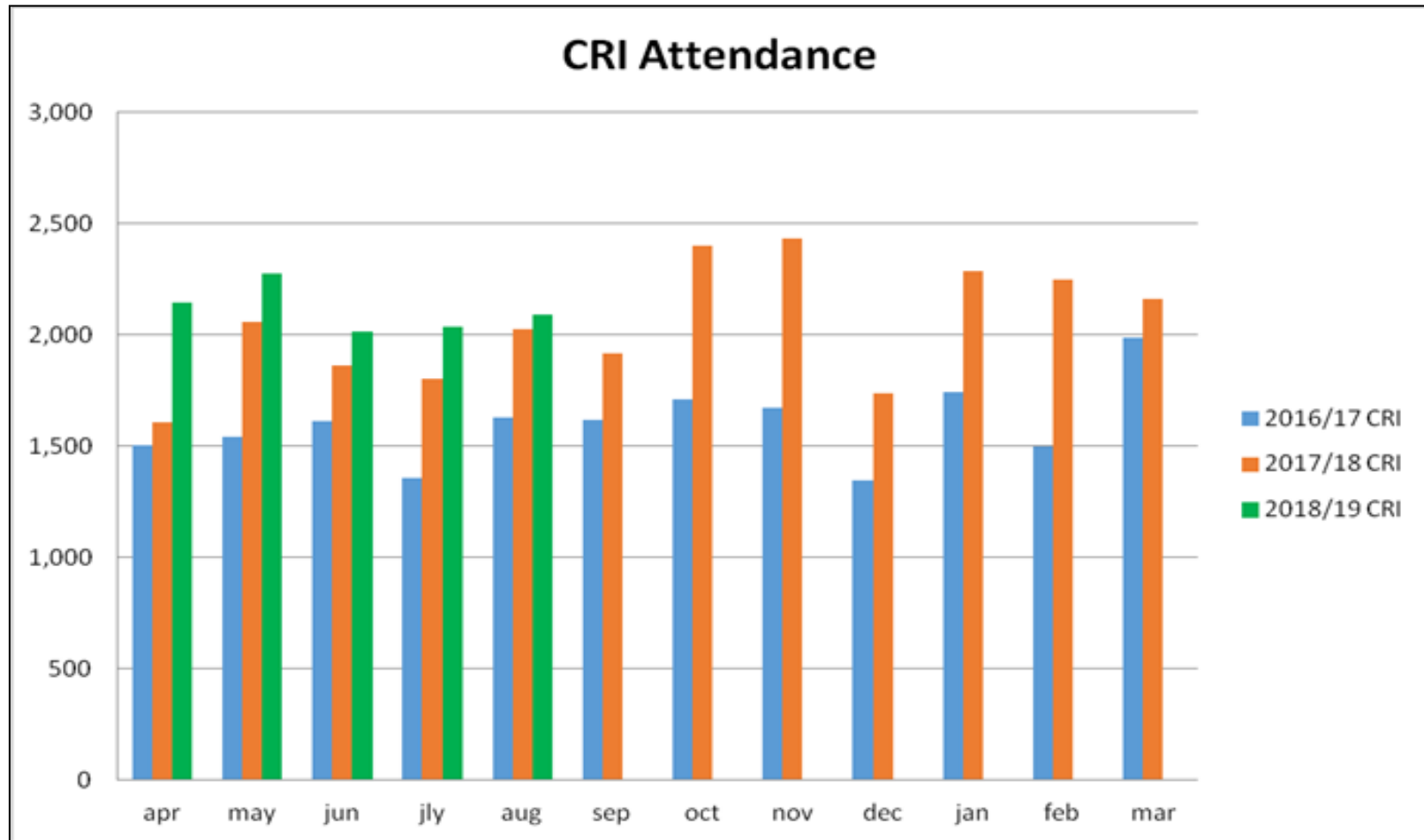
Success Criteria

- Access and flexibility has improved and acceptability of the new system seems to be high
- Since implementation of change **700** more patients have been seen in equivalent time 2017/2018 when compared with 2016/2017
- This has been achieved with less staff on a number of occasions and during EPR implementation
- Projected savings from decrease in DNA rate are £60,480 (DNA rate decreased from 9% to 1.6%)

CRI Attendances Financial Years 2016 - 2018



Success Criteria

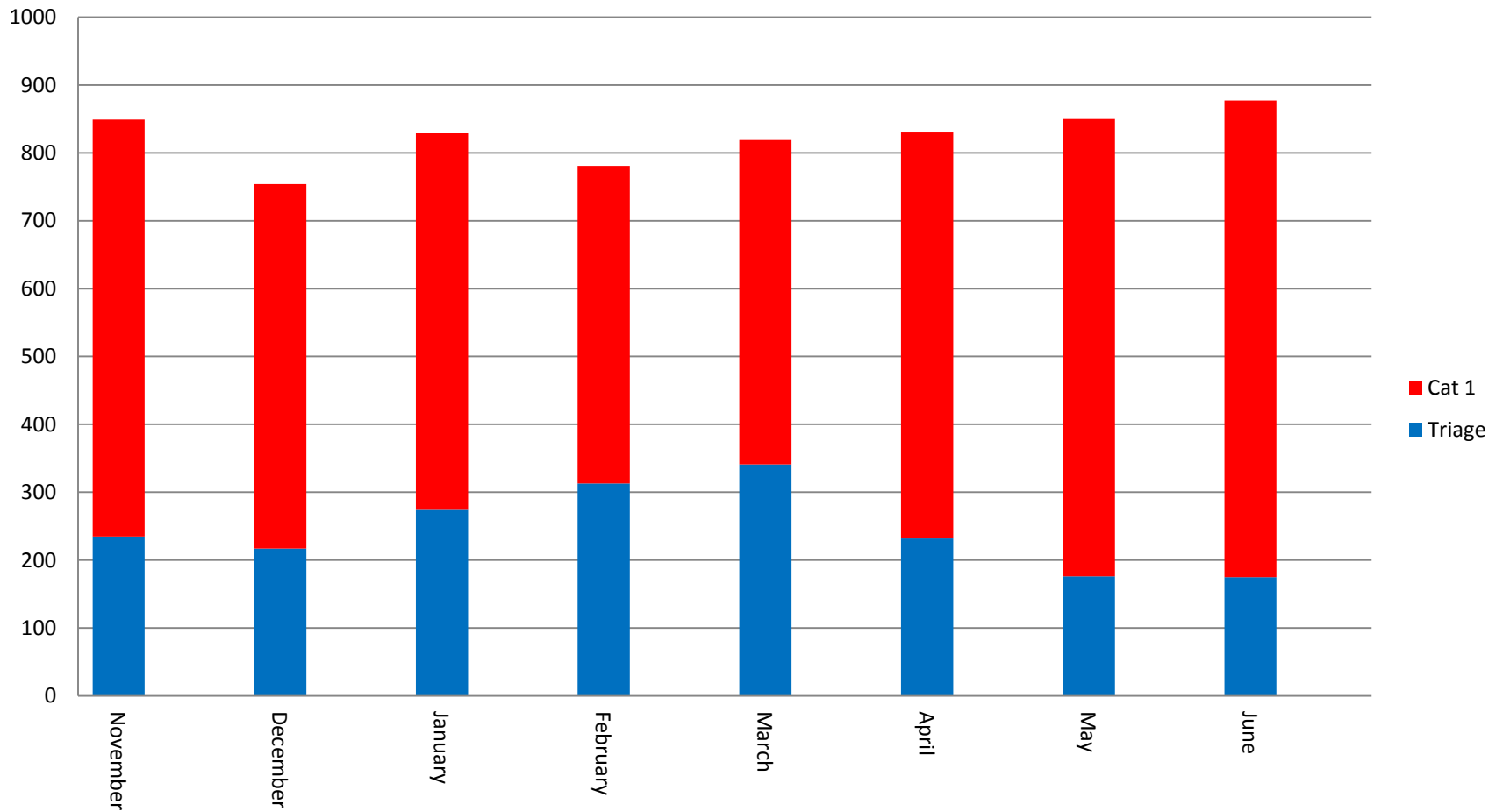


The Number of Category 1 patients, triage patients and DNAs between November 2016 and June 2017 compared with November 2017 and June 2018

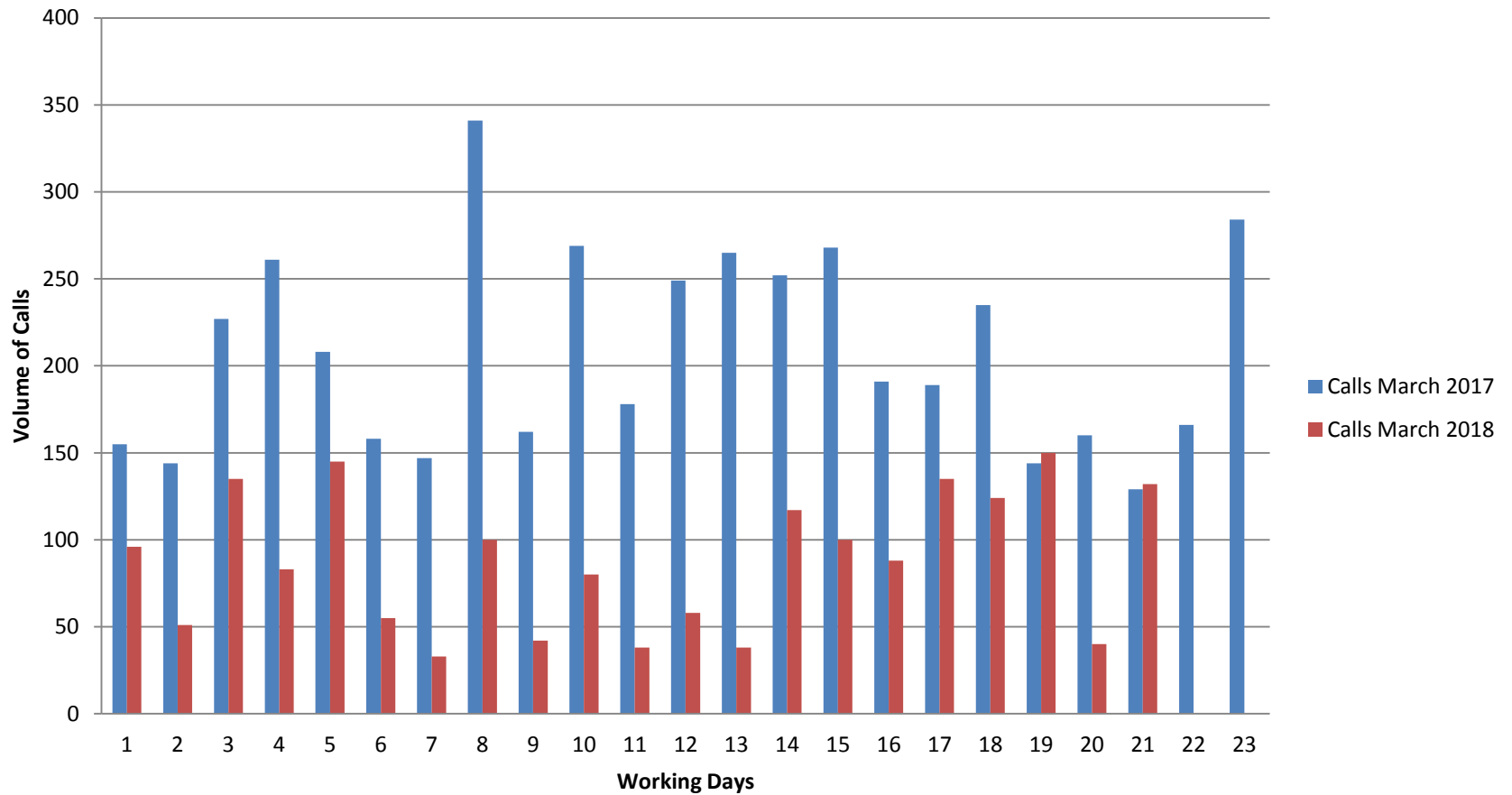
Month	2016/17 Cat 1	2016/17 DNA Cat 1	2016/17 Triage	2017/18 Cat 1	2017/18 DNA Cat 1	2017/18 Triage
Nov	629	40	10	614	18	235
Dec	540	50	12	537	14	217
Jan	588	59	10	555	7	274
Feb	548	55	5	468	7	313
Mch	517	43	112	478	8	341
Apr	239	31	241	598	12	184
May	295	17	369	674	6	188
June	265	32	451	702	3	175
TOTAL	3,621	327	1,210	4,626	75	1,927

Results

Total patients seen in Cat 1 and Triage



Comparison of telephone calls received by DOSH March 2017 and March 2018





GIG
Cymru
NHS
Wales

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Care
Gofal

Trust
Ymddiriedaeth

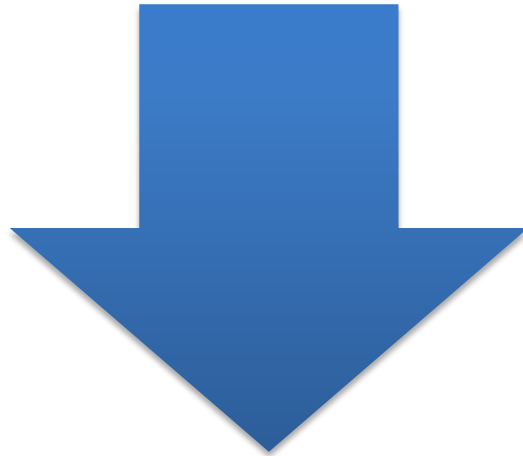
Respect
Parch

Personal Responsibility
Cyfrifoldeb Personol

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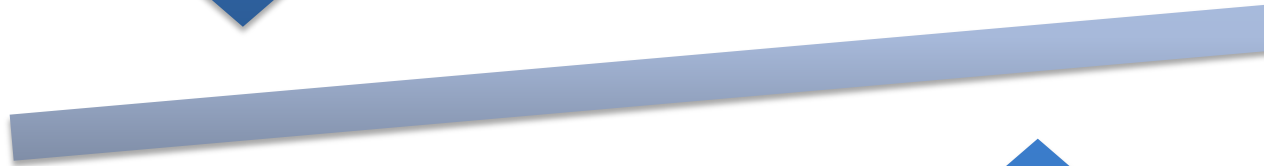
Kindness
Caredigrwydd

Our
values
into action
Gwerthoedd ar waith



Calculating
capacity is
complex

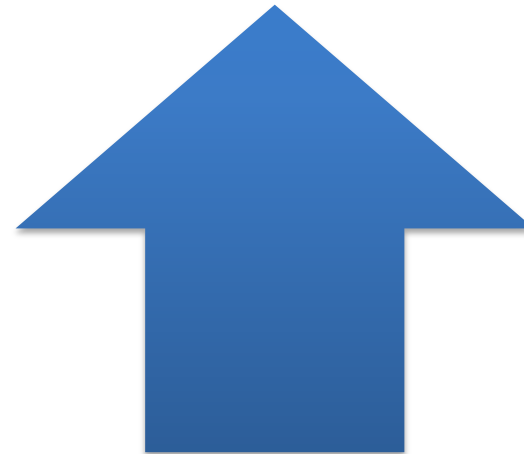
Need to be open
about challenges



To date feedback from staff
and patients has been good

Team dynamics improved

Staff engagement has been
very good



Action Plan

- Continue to amend access figures (using PDSA cycle) taking into account triage number data as the project has provided accurate data re our potential capacity
- Ensure that other clinic co-ordinators are confident using the walk in template
- Review recent patient survey findings



Recommendations

- Consider extending the model into other areas of the service eg Young Person's clinic
- Present data to DOSH staff and clinical board highlighting reduction in DNA rate and ongoing access issues despite increase in capacity
- Consider other methods of improving access (61% of triage patients seen on day of first attendance)
- Continue to improve patient information and departmental website

Leadership Experience

- Different styles required at different phases and maintaining the vision was key
- Improved understanding of my role within the team (Belbin)
- Change might not be as difficult as anticipated
- Taking the 'leap' is the hardest part
- Resilience and persistence are crucial

Acknowledgements

- All staff in Department of Sexual Health at CRI
- Paul Jones for his help with data analysis

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