Blackpool Teaching Hospitals: Improving Timely Access to Rheumatology Services by Facilitation of Pre-Referral Dialogue

SUMMARY

Blackpool Teaching Hospitals (serving two Clinical Commissioning Groups [CCGs]; Blackpool and Fylde & Wyre) implemented the Improving Timely Access to Rheumatology Services by Facilitation of Pre-Referral Dialogue service to provide an improved referral system and reduce the number of unnecessary outpatient appointments for newly diagnosed rheumatoid arthritis (RA) patients.

THE CHALLENGE

- Previous treatment pathways used by Blackpool Teaching Hospitals were regularly failing to meet recommended timeframes for treating newly diagnosed RA patients. This was further exacerbated by the year-on-year increases in the number of patients referred to Blackpool Teaching Hospitals’ rheumatology clinic, leading to a reduction in referral-to-treatment performance.
- Unnecessary referrals to the rheumatology clinic by primary care providers.

THE SOLUTION

- To improve timely access to rheumatology services, Blackpool Teaching Hospitals piloted changes to the patient referral system to support primary care referrers and to help them refer only those patients requiring rheumatology services.
- Two pilot studies were performed from 18th April–31st May 2017, involving all patient referrals directed to Blackpool Teaching Hospital from the Blackpool CCG area, and the second involving all referrals from the Fylde & Wyre CCG area.
  - Blackpool CCG Pilot: A collaboration between primary care representatives and Blackpool Teaching Hospitals’ rheumatology clinic to redesign and update the Directory of Services (DoS) to define which suspected conditions should be referred to rheumatology, giving indicative symptoms, signs and investigation results (Figure 1).
  - Fylde & Wyre CCG Pilot: A telephone advice and guidance service to support primary care healthcare professionals (HCPs) to refer only appropriate patients to Blackpool Teaching Hospitals’ rheumatology clinic (Figure 2).

SERVICE AND FINANCIAL PERFORMANCE OUTCOMES

Service Outcomes

- Following implementation of both pilot studies, the number of patients waiting >10 weeks for an appointment reduced by 35%.

Financial Outcomes

- Cost savings associated with the advice and guidance line were generated from the reduced number of outpatient appointments.
- One year before implementation, 741 outpatient appointments were made for patients requiring another form of management (referred to other specialties or redirected back to primary care).
- Avoiding these unnecessary outpatient appointments was associated with an estimated saving of ~£125,606.
- Further savings would also be expected from improved patient outcomes associated with treating patients earlier in the course of their disease.

PATIENT FOCUS AND SATISFACTION

- Patients did not directly interact with the two pilot studies. However, the pilots were designed to improve the patient experience:
  - Patients were directed to the most appropriate clinic during their first referral as a result of the pilot services.
  - Patients with an urgent clinical need were seen within two weeks of referral and those who would not have benefited from a rheumatology appointment were redirected to more appropriate services or received more timely reassurance and guidance on conservative management (the Fylde & Wyre pilot).
- A survey of primary care physicians in the Fylde & Wyre CCG highlighted that the pilot advice and guidance referral scheme provided “easy access” and “rapid advice” for patients.

INNOVATIVE APPROACH AND SCALABILITY

- This is the first time a mandatory advice line phone call has been introduced for all GP physicians before referring patients to a rheumatology clinic. Two other similar schemes have been piloted:
  - East Lancashire Hospitals NHS: Introduced an integrated musculoskeletal (MSK), pain and rheumatology service (IMPRESS). This provided a single point of access to all rheumatology services and resulted in an 8% reduction in referrals to rheumatology, 30% reduction in referrals to orthopaedics and high patient satisfaction scores.
  - Princess of Wales Hospital: Introduced a “robust triage” where a consultant would follow up all patient referrals of suspected non-inflammatory and chronic pain issues. This reduced the waiting times for new appointments, but required significant consultant resource.
- As the patient treatment pathway is similar across all specialties, there is potential to implement similar schemes across the NHS.
- Within the Blackpool NHS Trust, discussions are ongoing to pilot the telephone advice and guidance line in paediatrics, gynaecology and diabetic podiatry.

References