RCPCH Epilepsy Quality Improvement Programme November 2019 – July 2020

Improving clinic booking system

Guy's and St Thomas' NHS Foundation Trust

RCPCH Epilepsy Quality Improvement Programme project team:

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National Audit results included within this case study acts as a guide only to performance standards. The service improvements made during the EQIP cannot be entirely attributed to the reported results.

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Project aim

To obtain feedback from 50% of patient/families seen in tertiary epilepsy clinic regarding their perceived appropriateness of the time interval between follow up appointments by March 2020 .

Background:

There was a perception within the team that the current booking system was inefficient. Clinics were underbooked and encountered late cancellations. Parents/carers were contacting the hospital to chase appointments (as they were not being made within the correct time intervals). This project will provide baseline data to identify any current problems within clinic booking services and implement standardised processes for improvement. Additionally, the team plans to incorporate the views of the patient and parent/carer regarding the possibility of patient-led initiatives to improve follow-up appointments (time and date of next clinic appointment) and allow more patient involvement and increased flexibility.

Area of focus

Increase engagement with patients and families by collating feedback that will feed into identifying and mapping the current problems of the clinic booking service and making the necessary improvements when issuing follow-up appointments.

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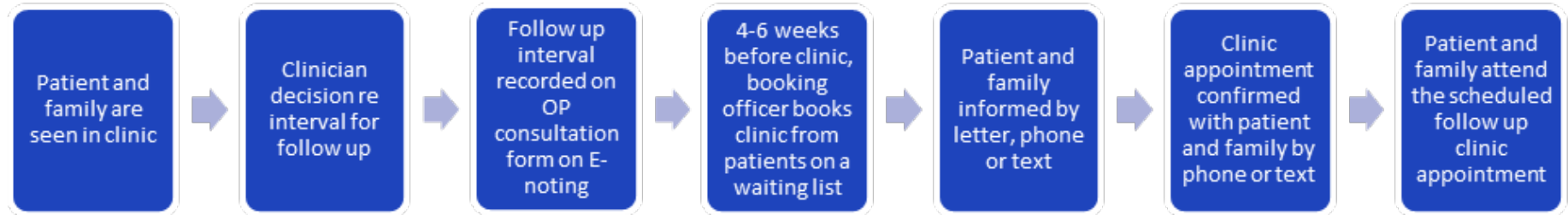
Changes

- In March, due to the COVID-19 pandemic, all epilepsy clinic appointments were changed from in-person to virtual video clinics or telephone consultations. This impacted the dissemination and completion of feedback surveys.

- The team experienced new ways of working and training using virtual platforms in a digital environment for virtual consultations and team meetings (e.g. Attend Anywhere, Microsoft Teams, Blue Jeans, etc).

Results

- Dec 19 - drafted a survey of 10 questions regarding the appropriateness of questions which were tested with two families.

- The survey was approved and distributed to patients and families that attended follow-up appointments for epilepsy clinics at the Evelina Children's Hospital (ELCH). The trial period was a two-week period: 22 January until 4 February. The number of surveys completed was **15**.

- Surveys completed over a total seven-week period, offered face to face epilepsy clinic appointments at ELCH.

- Dates: Pilot 22 January until 4 February (n=**15**), 10th February until 15th March (n=**31**).

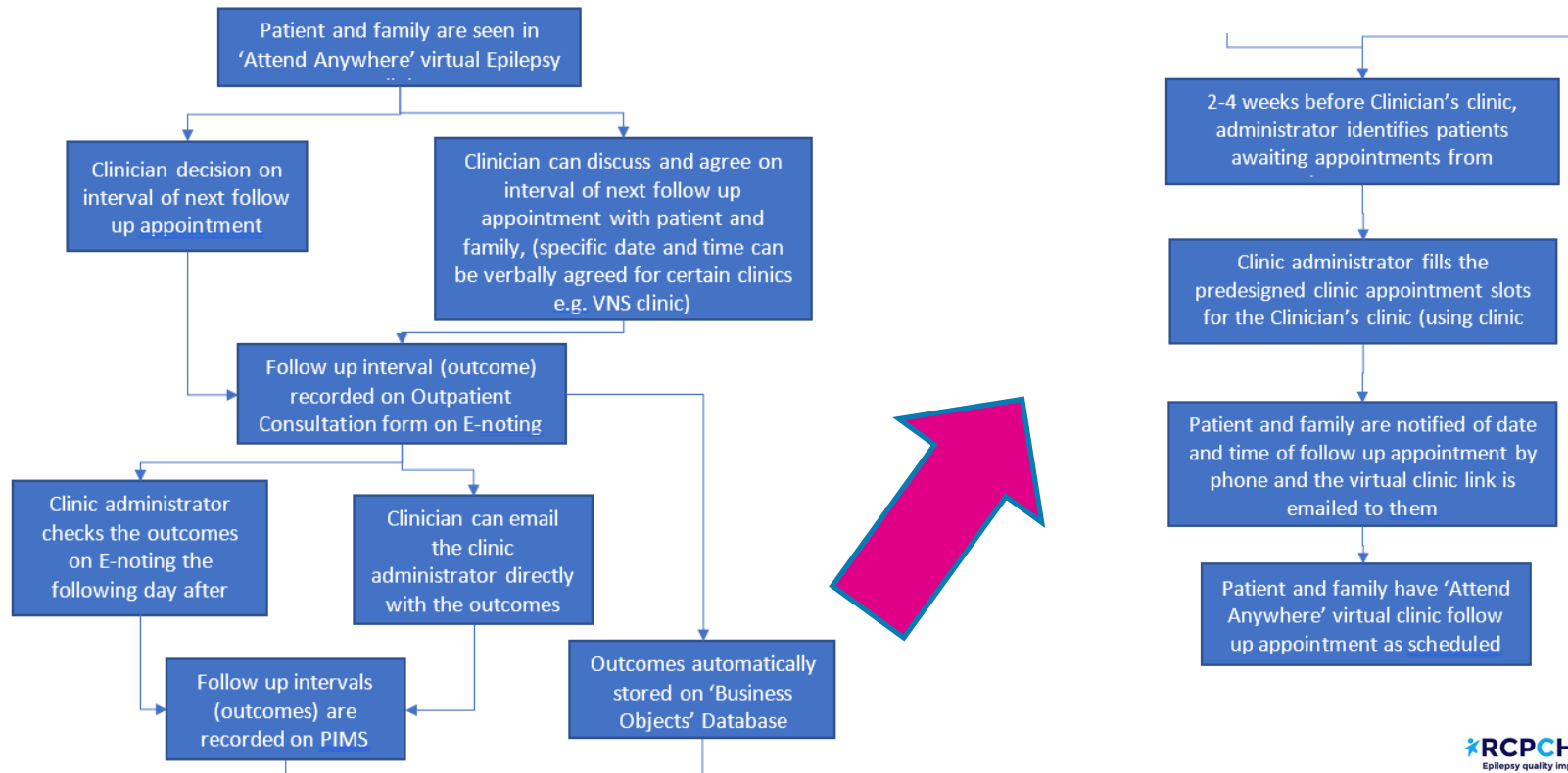- Total number of surveys completed was **46**.

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Process Map of the clinic booking system pathway pre-pandemic in detail:

| Patient and family are seen in clinic | → | Clinician decision re interval for follow up | → | Follow up interval recorded on OP consultation form on E-noting | → | 4-6 weeks before clinic, booking officer books clinic from patients on a waiting list | → | Patient and family informed by letter, phone or text | → | Clinic appointment confirmed with patient and family by phone or text | → | Patient and family attend the scheduled follow up clinic appointment |

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Process Map of the clinic booking system pathway post-pandemic in detail:

```
Patient and family are seen in
'Attend Anywhere' virtual Epilepsy
clinic
```

```
Clinician decision on
interval of next follow
up appointment
```

```
Clinician can discuss and agree on
interval of next follow up
appointment with patient and
family, (specific date and time can
be verbally agreed for certain clinics
e.g. VNS clinic)
```

```
Follow up interval (outcome)
recorded on Outpatient
Consultation form on E-noting
```

```
Clinic administrator
checks the outcomes
on E-noting the
following day after
```

```
Clinician can email
the clinic
administrator directly
with the outcomes
```

```
Follow up intervals
(outcomes) are
recorded on PIMS
```

```
Outcomes automatically
stored on 'Business
Objects' Database
```

```
2-4 weeks before Clinician's clinic,
administrator identifies patients
awaiting appointments from
```

```
Clinic administrator fills the
predesigned clinic appointment slots
for the Clinician's clinic (using clinic
```

```
Patient and family are notified of date
and time of follow up appointment by
phone and the virtual clinic link is
emailed to them
```

```
Patient and family have 'Attend
Anywhere' virtual clinic follow
up appointment as scheduled
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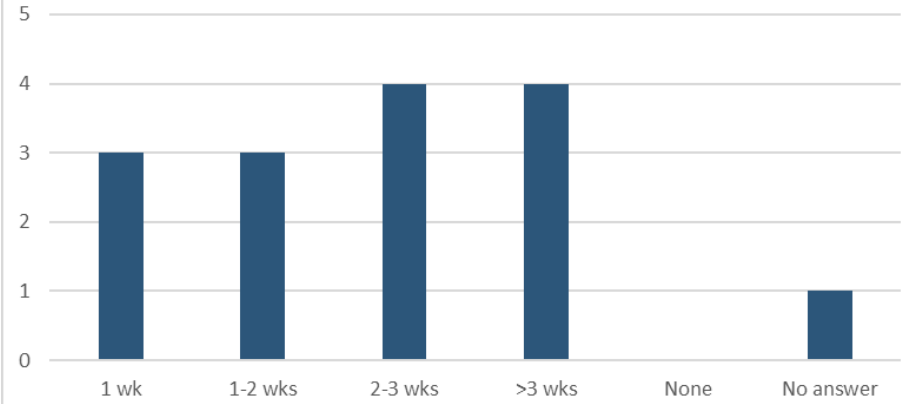
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Q14-Overall, how satisfied or dissatisfied are you with the current clinic booking service? N=15
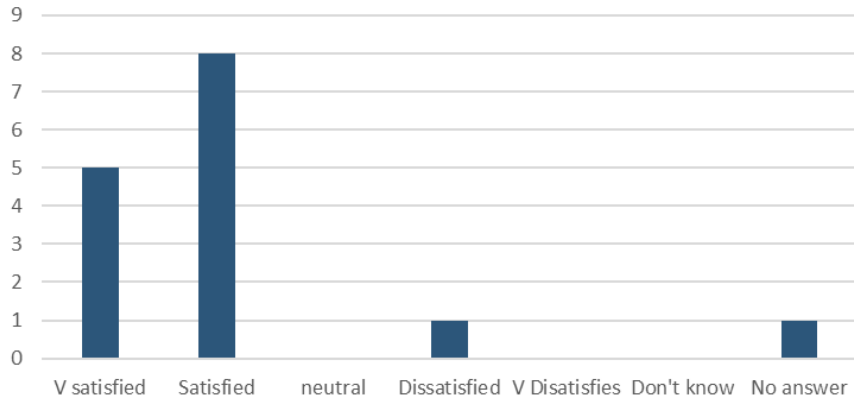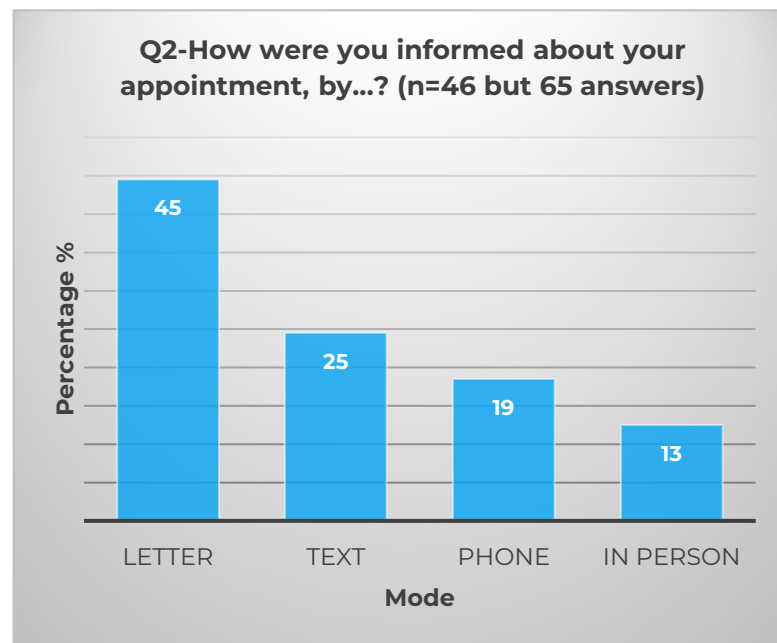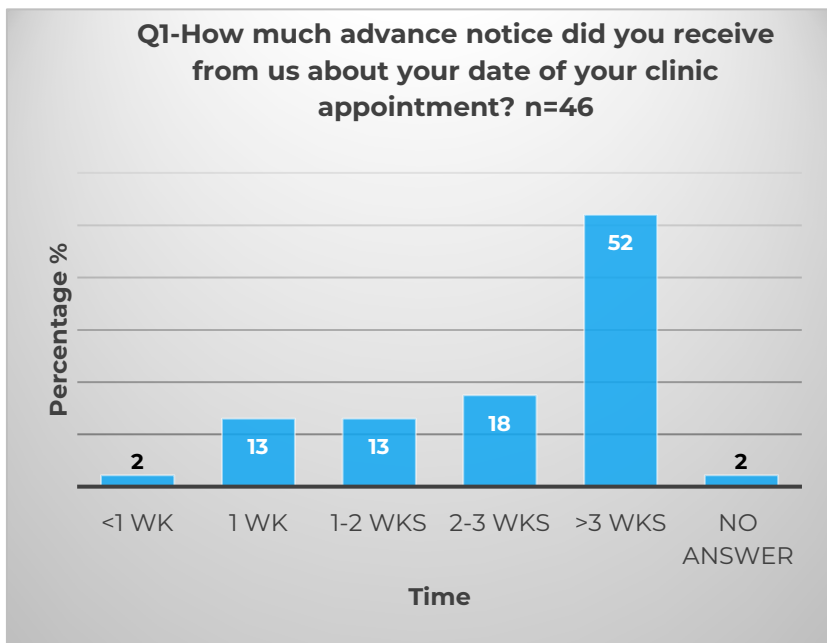

Question 1-how much advance notice did you receive before your clinic appt? N=15
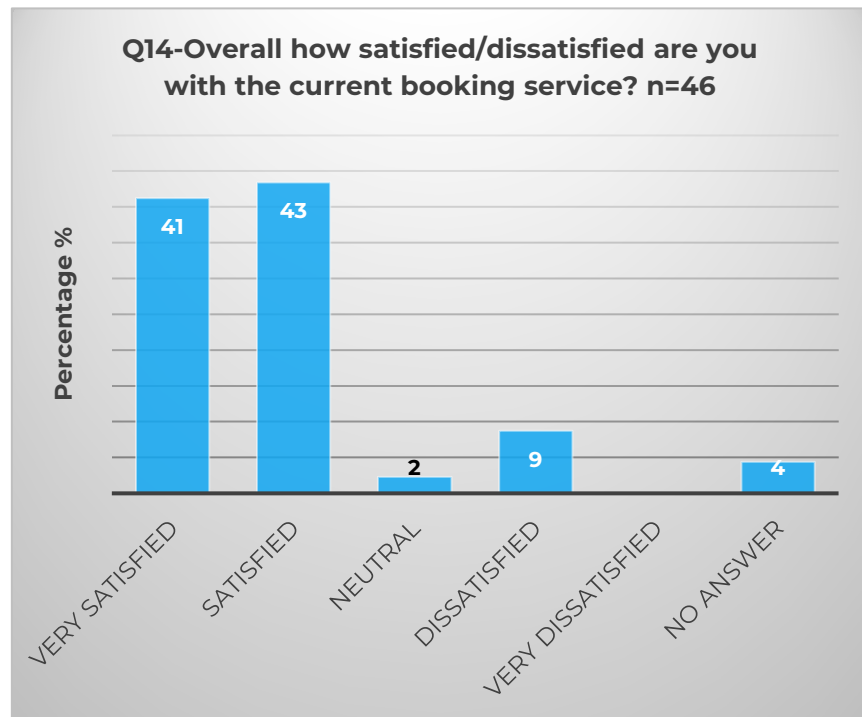
- The two-week trial period : 22 January until 4 February. The number of surveys completed was 15. The survey received a 100% response rate during the trial period, but it was not offered to all follow-up patients due to the survey being forgotten during busy clinics. The data was collected and analysed during the trial period, and the main findings revealed that patients and their families were generally satisfied with the clinic booking service, but that the majority of patients and their families did not receive enough notice before the clinic appointment. However, there was also a discrepancy in the method by which people were informed about their appointment (e.g., by letter, text, or phone call).

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Examples of April 2020 patient engagement survey results

Q1-How much advance notice did you receive from us about your date of your clinic appointment? n=46

Time	Percentage %
<1 WK	2
1 WK	13
1-2 WKS	13
2-3 WKS	18
>3 WKS	52
NO ANSWER	2

Q2-How were you informed about your appointment, by...? (n=46 but 65 answers)

Mode	Percentage %
LETTER	45
TEXT	25
PHONE	19
IN PERSON	13

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Q14-Overall how satisfied/dissatisfied are you with the current booking service? n=46

April 2020
- **Survey Results:** Overall satisfaction with the clinic booking service was good - **84**% very satisfied or satisfied.

Causes of dissatisfaction:
- Difficulty contacting appointments team to chase and change appointments
- Not enough notice before clinic appointment (only **52**% >3 week-notice before clinic date)
- **15**% had to contact the hospital themselves

- The perceived appropriateness of the time interval between follow up appointments was reasonable, (**80%**) but there is room to improve. It showed that there are inconsistences in the way that patients and their families are informed of the appointment and re-confirming appointments.

- It shows that some patient and families wish to have a personal choice when booking date/time of next appointment (**58**%) and wish to verbally agree and book provisionally next appointment with clinician in clinic (**36**%).

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Challenges

- Strategies were discussed as a team on how to increase engagement with the survey by mentioning it at the beginning of consultations, but it continued to remain a challenge.

- Patients and their families had a reluctance to attend hospital and A&E out of fear of contracting the Coronavirus.

- The teams EQIP champion was re-deployed from 30 March until 8 June to a different role (to cover acute service-Paediatric Specialities) which meant they were no longer working with the Complex Epilepsy Team during this time.

- Keeping open communication with the epilepsy team via virtual meetings became difficult due to changes in shift work patterns.

- Feb 20 - Due to the delays in preparing the survey, the data collection period was amended (initially was supposed to be January and February 2020) to a 6-week period extending until the 31st March.

- March 20 – Unable to offer surveys in March because all face-to-face epilepsy clinics were replaced with telephone or virtual clinics due to the impact of the pandemic.

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Outcomes

- The results of the survey were shown to service managers, who informed the team that there is no official standard operating procedure (SOP) for the clinic booking process. The team was advised to continue to gather as much information about the current process from their clinic administrative team before supporting the implementation of a new pathway to address the issues identified from the survey results.

- The team experienced improved communication amongst the team through regular, short, but directed virtual meetings.

- Improved communication within neurosciences helped raise the epilepsy service profile within the Trust.

- Further discussion was required with managers and administrative staff to decide on how to implement specific interventions, which was delayed due to the pandemic.

- The team aims to provide patients and their families with increased notice before their appointment (> 3 weeks).

- The team also plans to standardise the methods of how appointments are confirmed and how patients and their families are informed.

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Lesson learnt

- There were more teaching and meeting opportunities made available using virtual platforms within the Trust, e.g., weekly neurology consultant teaching and journal club meetings. Outside the Trust e.g., London School of Paediatrics, BPNA webinars, virtual epilepsy surgery meetings at Great Ormond Street Hospital.

- Ability for more multi-disciplinary working, allowing the team to 'dip' in and out of clinics and when patients were being seen.

- Epilepsy CNS were able to increase their attendance in clinics with different clinicians in a more purposeful manner (improved discussions with the lead consultant in the clinic).

- The team increased regular communication within the team and MDT discussions involving admins, managers, and neuroscience leads, which is important when planning service improvement.

- It is also important to have good clinical leadership within the team and for all team members to embrace flexible working.

Visual presentation of team project intervention

Team poster

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