Improving the process, from referral to allocation, for adults with a Learning Disability in the East Hampshire Community Health Team

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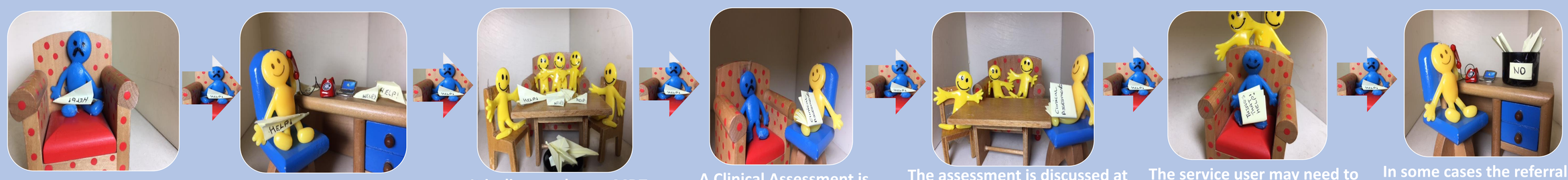
Background:

To start a project it is imperative to clarify the problem. This was difficult to manage at times as there were many ideas as to what the problems were and what the solution may be. At the beginning of this project we started with an idea to improve the journey of service users into our service. The existing journey for people with learning disabilities into the Community Team can be seen below:



A referral is sent to the team → It is screened to check it meets our criteria → It is discussed at an MDT meeting → A Clinical Assessment is completed when appropriate. → The assessment is discussed at the MDT meeting and a decision is made → The service user may need to wait as each profession has their own waiting list → In some cases the referral may be signposted to more appropriate services.

This project was undertaken in the context of a high volume of referrals, team working across two bases, with, a newly formed senior team.

Project Aim:

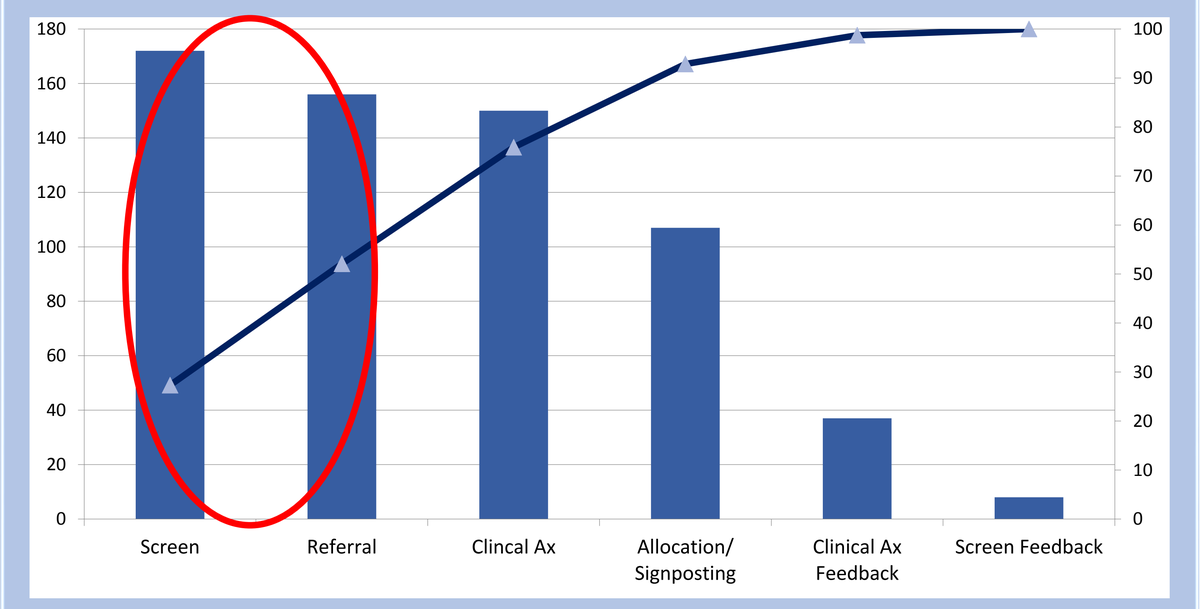
Within the fellowship year the aim of our project was to reduce the time it takes for a new referral to be processed and then allocated or signposted appropriately.

Project Design:

In order to gather information on the processes involved and clarify what the issues were we created a Driver Diagram. The entire team collaborate d and identified 87 potential problems. When clustered we were able to identify the processes that were of most concern.

- 156 • Referral Form
- 172 • Screen
- 8 • Screen Feedback (Referral Meeting)
- 150 • Clinical Assessment
- 37 • Clinical Ax Feedback (Referral Meeting)
- 107 • Allocation/ Signposting

The completion of the Pareto chart (below) clearly indicated that the screen and the referral form equated to 80% of the problem.

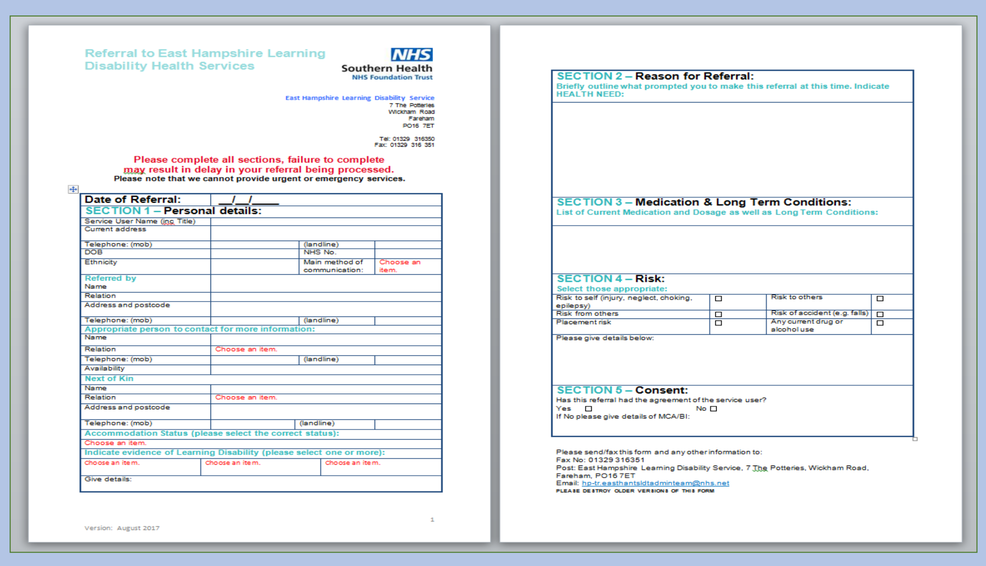


The team created a second **driver diagram** focussing specifically on the screen and referral form. The diagram illustrated a 'theory of change' that was then used to plan improvement.

Aim: To reduce the time it takes for a new referral to be allocated or signposted
Primary Drivers: Screen and **Referral process**
Secondary Drivers: ***Problems identified with the screen***: continuity, duplication of questions asked in the referral form, inconsistency within the team, individual confidence/ ability, time pressures consuming and training needs ***Problems identified with the referral process:*** inappropriate referrals, no mandatory questions, referral form not mandatory, lack of education as to what the health service provides, accessibility (no online referral).
Ideas: ***Screen:*** Remove the screening process, further develop the template to support the collection of screening information, MDT support to complete screens, to reduce number of duty days, creation of signposting resource ***Referral:*** *include* mandatory questions, refine referral form, identify training needs, complete referrals over the phone, make changes to the format of the form.

Change Made:

The decision was made to make changes to the referral form as this was the first step of the service users journey into the team.


Referral to East Hampshire Learning Disability Health Services

Southern Health NHS Foundation Trust

East Hampshire Learning Disability Service
7 The Potteries
Wickham Road
Fareham
PO16 7ET

Tel: 01329 316350
Fax: 01329 316 351

Please complete all sections, failure to complete may result in delay in your referral being processed.
Please note that we cannot provide urgent or emergency services.

Date of Referral: __/__/____

SECTION 1 – Personal details:

Service User Name (inc Title)			
Current address			
Telephone: (mob)		(landline)	
DOB		NHS No.	
Ethnicity		Main method of communication:	Choose an item.
Referred by			
Name			
Relation			
Address and postcode			
Telephone: (mob)		(landline)	
Appropriate person to contact for more information:			
Name			
Relation	Choose an item.		
Telephone: (mob)		(landline)	
Availability			
Next of Kin			
Name			
Relation	Choose an item.		
Address and postcode			
Telephone: (mob)		(landline)	

Accommodation Status (please select the correct status):
Choose an item.

Indicate evidence of Learning Disability (please select one or more):

Choose an item.	Choose an item.	Choose an item.

Give details:

Version: August 2017

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SECTION 2 – Reason for Referral:
Briefly outline what prompted you to make this referral at this time. Indicate HEALTH NEED:

SECTION 3 – Medication & Long Term Conditions:
List of Current Medication and Dosage as well as Long Term Conditions:

SECTION 4 – Risk:
Select those appropriate:

Risk to self (injury, neglect, choking, epilepsy)	☐	Risk to others	☐
Risk from others	☐	Risk of accident (e.g. falls)	☐
Placement risk	☐	Any current drug or alcohol use	☐

Please give details below:

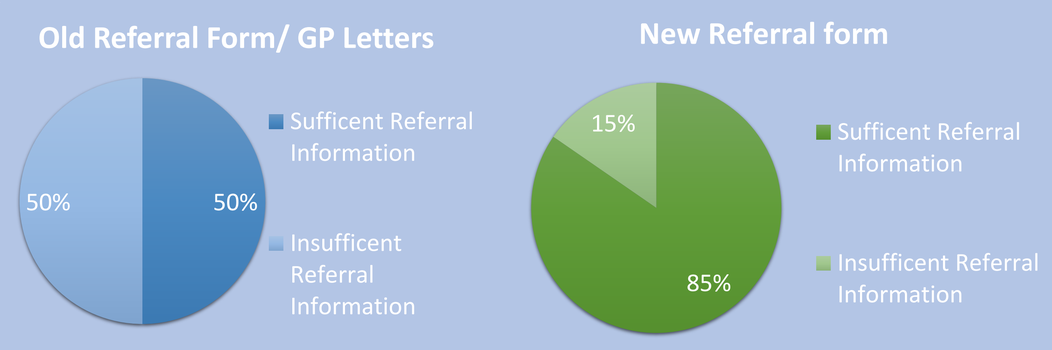
SECTION 5 – Consent:
Has this referral had the agreement of the service user?
Yes ☐ No ☐
If No please give details of MCA/BI:

Please send/fax this form and any other information to:
Fax No: 01329 316351
Post: East Hampshire Learning Disability Service, 7 The Potteries, Wickham Road, Fareham, PO16 7ET
Email: hp-tr.easthantsldtadminteam@nhs.net
PLEASE DESTROY OLDER VERSIONS OF THIS FORM

The main changes that have been made to the referral form include: drop down boxes; the use of colour; the option to complete a phone referral, the removal of unnecessary questions and the addition of questions identifying risk factors. The new referral form has been distributed to our main referrers.

Outcomes:

Using agreed criteria, data was collected pre and post change regarding the quality of information submitted within the referral form. Reviewing 12 referrals pre change identified that only 50% had sufficient information. Looking at the referrals post change 85% had sufficient information. Please see pie charts below.



The process of collecting data is on-going however initial analysis shows an improvement to the information given at point of referral. We are optimistic that the changes will reduce the time it takes for the service user to be allocated or signposted as well as reducing the time it takes for duty to complete the screen. These improvements could increase access to therapeutic intervention leading to improved service user outcomes and staff satisfaction.

Lessons Learnt:

- ✓ Do not focus on the solution before consultation
- ✓ Identify all key partners and consult
- ✓ Measure , measure and then measure again
- ✓ Give the process the time it requires
- ✓ Aim to start small, prove the concept and then expand.
- ✓ You need the engagement of the whole team to sustain an improvement