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:

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 collaborated and identified 87 potential problems. When clustered we were able to identify the processes that were of most concern.

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 focusing 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.

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