Problem

- The team identified that the demand for a Comprehensive Geriatric Assessment (CGA) was greater than capacity.
- GP Tasks were not being completed in a timely fashion.
- Both issues impacted the patient wait for rehabilitation.
- There was also little career progression for therapists in the CIS team.
- This impacted recruitment and retention.

Aim

Develop a therapy role with extended skills within the CIS team to ensure 100% of medically referred patients receive the right care at the right time.

(CGA Within 2 weeks)

Actions Taken

- Data collection was required to understand the magnitude of the problem.
- Data was collected on the current waiting time for a CGA, the outcome of “Allocation meeting”, admission data including length of stay in University Hospital Southampton (UHS) and GP tasks not completed.
- The current CGA referral process was mapped.
- Staff completed a survey to understand their current views regarding the wait for CGA’s and the impact this had on their patients.
- Staff completed a survey regarding their confidence in an Allied Health Professional completing a CGA.
- An executive sponsor was also sought and David Noyes agreed to offer support and guidance.

Measures and Outcomes

Impact on Acute Trust

- Increase in the number of CGA's being completed in the team.
- Patients who have had a CGA stay in hospital, on average, 7 days less than those who have not.
- Patients admitted to the acute trust by Central CIS had a reduction in bed days 26 days per month since John's role has been established.

Impact on Primary Care

- Data gathered showed that between 50% and 75% of GP tasks sent to surgeries were not being completed within an acceptable time frame and rehabilitation was being affected. GP tasks often required a GP home visit.
- The increase in CGA assessments has now decreased the average amount of GP tasks being sent by, on average, 5 patients per month. This will reduce the amount of GP visits needed.

Impact on Patients

- 100% of tasks identified by John in letters to GP’s following a CGA were completed showing that GP’s recognised John’s level of expertise.
- Staff reported patients rehabilitation was being affected waiting for a CGA. This has now reduced from 45% of patients being affected to 7%.
- Patients pathway is streamlined. John combines a CGA assessment with Therapy Assessment.

Impact on Staff

- Staff confidence level in John’s ability to perform the role increased from 1 out of 10 to 9 out of 10.

Study

The results were analysed and shared with the team and the executive sponsor David Noyes.

Act

John worked alongside Dr Dan Forster completing the necessary formal training and working under supervision for 3 – 6 months.

Plan

A six month secondment was established for John to up skill in order to complete CGA's within the team.

A business case is being written requesting a substantive post for an Advanced Practitioner in each of the CIS Teams.

Average length of stay in UHS for patients admitted by Central CIS

<table>
<thead>
<tr>
<th>Length of stay in UHS in days</th>
<th>Patients who have had a CGA</th>
<th>Patients who have NOT had a CGA</th>
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<tbody>
<tr>
<td>14</td>
<td>5.5</td>
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Has your patients’ rehabilitation been affected by the wait for a CGA?

<table>
<thead>
<tr>
<th>% of Patients</th>
<th>Before</th>
<th>After</th>
</tr>
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<tbody>
<tr>
<td>45%</td>
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<td>7%</td>
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