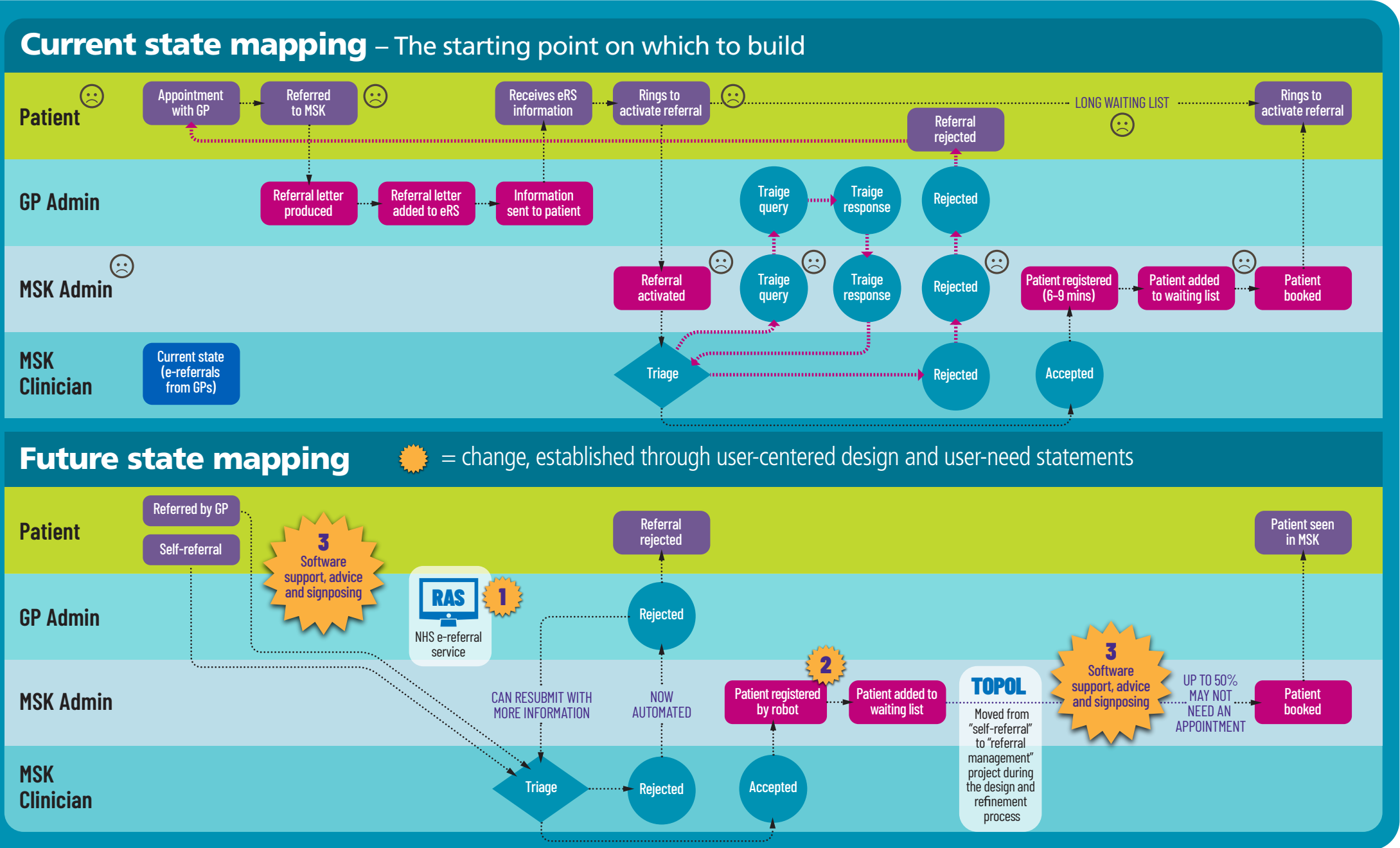


Problem and Approach

Like many other NHS Services, our Community MSK / Physiotherapy Service is experiencing challenges around workforce recruitment and retention, clinical capacity and increasing patient demand for treatment. Providing safe, personal and effective patient care are core Trust values at East Lancashire NHS Trust. Reflecting on the current patient journey from GP referral to first appointment allowed us to map each step in the process. Detailed interviews with colleagues allowed us to understand what worked well alongside any frustrations from both staff and patient perspectives, using insightful stories based on lived experience. As interviews were repeated with more colleagues, three main themes emerged and user-need statements were formulated. These statements captured what was needed from any Service re-design to provide the best conditions for successful digital transformation. Whilst they actually took us a few steps backwards from our initial goal of “self-referral”, it ensured a strong foundation on which to build a new approach to managing patient demand and reducing the time it takes for patients to start their treatment. Through iteration and redesign, this also changed our initial brief from providing a simple patient self-referral option to optimising the whole referral management pathway, which was ultimately the far greater need. Crucially, two key admin digital transformational opportunities were implemented or explored as a direct result of the ‘current-state mapping’ exercise.

Validation of our current processes were sought from other MSK Services within our ICS region to share best practice to meet the needs of our patient population. Closer and more transparent working in this way, with regular updates to the ICB digital team, also helps us to plan opportunities for testing and funding digital transformation at scale.



Aims and Objectives

Three main themes were subsequently identified via user-need statements. These were explored individually to search for potential solutions.

1 Move to an RAS

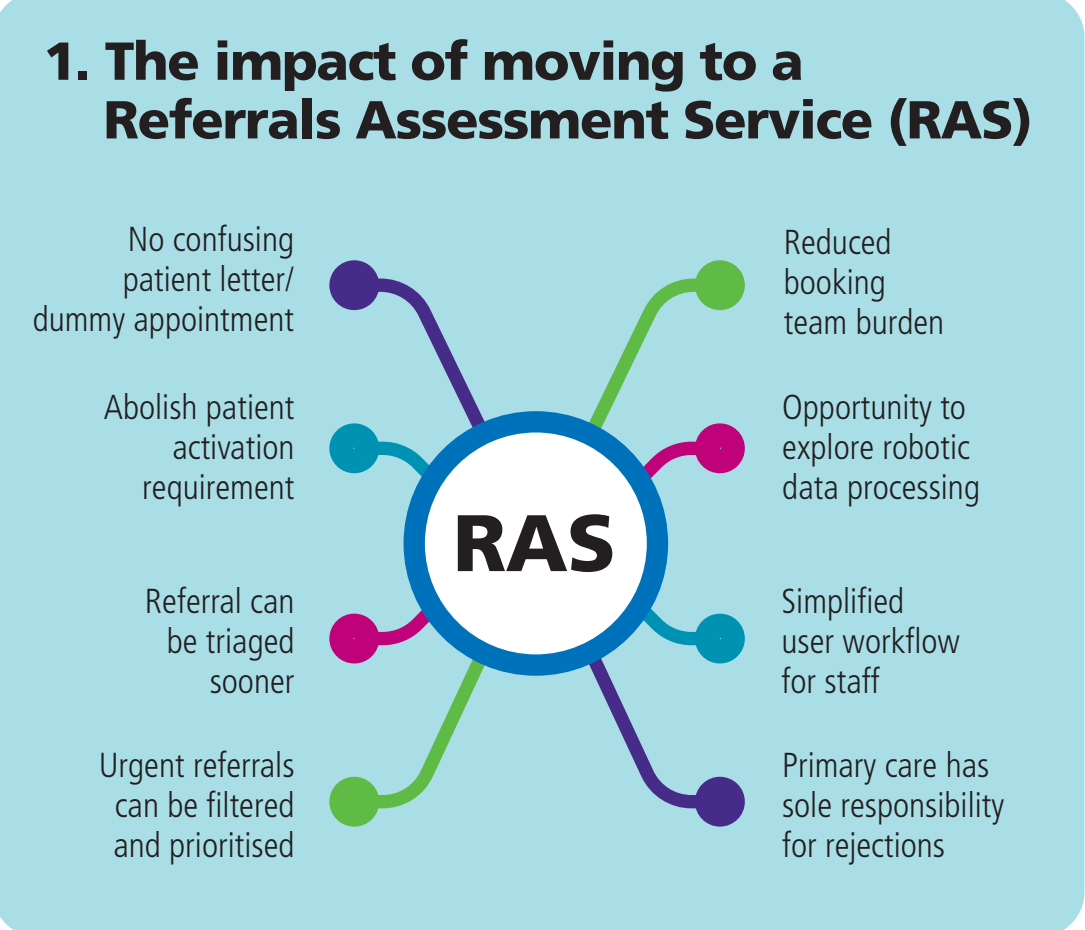
- Reduce calls to the admin booking team
- Improve patient experience
- Reduce time from referral to triage

2 Explore RPA

- Reduce the human burden of repetitive, administrative tasks involving extracting data
- Provide opportunity where the workforce can be developed and redirected to more complex or sensitive tasks
- Improve speed and accuracy of data transfer, reducing the time between referral acceptance and patient appointment

3 Referral Management/ 'Self-referral'

- Simply adding another referral route doesn't address existing challenges around capacity and demand
- Could support both over-stretched Primary Care and our MSK Service with referral management software instead
- We can ensure patients on a waiting list have access to self-management support and personalised care whilst waiting



Call centre activity comparison during the switch to RAS

	OCTOBER Before change	NOVEMBER During change	DECEMBER After change
Total calls	5,499	3,259 ▼ 41% less	1,761 ▼ 70% less
Answered	3,985	2,558	1,418
Dropped	664	247 ▼ 63% less	56 ▼ 92% less
Average wait	4 m 38 s	2 m 43 s ▼ 45% less	1 m 19 s ▼ 73% less
Average call	3 m 1 s	3 m 9 s	3 m 35 s

Trends suggest that assuming each call is just 3 minutes long, we will save at least 43 weeks on the telephone per year from moving from CAS to RAS. This equates to *WTE £26,846 (WTE = true cost with pension & National Insurance contributions working to 100% capacity at the top of AFC Band 2).

Change 2. Robotic Process Automation (RPA)

Robotic Process Automation (RPA) uses automation technologies to mimic repetitive office tasks such as extracting data, filling in forms and moving files to free up human resources to tackle more complex, problems and queries.

Once built and deployed, RPA can work constantly on high-volume tasks where human interface adds little or no value. Speed, accuracy and compliance can be significantly improved whilst the workforce can be developed and redirected towards tasks which require more thought or decision-making capacity.

We identified an opportunity for RPA when patient referral data was moved from one system (e-referrals) to another (EMIS). At best and assuming no distraction or fatigue, we calculated that it takes 6–9 minutes for a human to complete a single patient registration for one referral, and we process in excess of 25,000 of these each year.

Cost analysis of ‘human’ referral registration

6 minutes per referral (lowest average)	25,000 referrals per year via e-referral	1.6*WTE admin staff/year £41,956
9 minutes per referral (highest average)	25,000 referrals per year via e-referral	2.6*WTE admin staff/year £62,933

*WTE = true cost with pension and National Insurance contributions at 37.5 hours/week for 42 weeks of the year working to 100% capacity at the top of Band 2.

Colleagues across Blackpool, East Lancashire and Morecombe bay MSK services have validated and aligned the patient registration process and confirmed the absence of an API option for improved data flow.

A pilot of using RPA to register patients from e-referrals into EMIS is planned for Blackpool MSK service. Results will be shared across the ICS region and technology can be deployed at scale, if successful.

We anticipate significant system-wide benefits.

Change 3. Referral Management Software

Opening up self-referral and improving access for patients to an overstretched service without adding extra clinical resource to cope with the demand would ultimately reduce the quality of care we provide. “Waiting well” and “waiting list validation” are two approaches taken using digital technologies to enable communication with patients about their condition and management plan whilst they are on a waiting list. For some patients, following targeted and clinically validated advice whilst waiting improves their condition enough so that they no longer need treatment once they reach the top of the waiting list.

There is opportunity to expand clinical content to also include messaging around positive lifestyle choices, local community schemes and access to other services, charities and organisations.

A small scale, proof of concept pilot has been agreed and funded by the ICB and is in the early stages of planning with implementation anticipated late Spring 2023.



Next steps...

Theme 1.

Share and spread the data in relation to a move from a CAS to a RAS.

Theme 2.

Monitor progress and outcome of RPA pilot within Blackpool MSK Service. Prepare and align workflows in preparation for adoption at scale, if successful.

Theme 3.

Plan, mitigate risk, validate, ensure governance, adopt, test and use iterative methodology to complete a small scale, proof of concept pilot of referral management software for 12 months starting Spring 2023.

Recommendations

- Incorporate iterative, user-centred design methodology to underpin digital transformation.
- Identify Stakeholders and talk to as many people as possible about ideas and findings (show and tell).
- Consider aligning similar service processes across the ICS and share this knowledge, resource and information. Explore whole system digital transformation. Report progress and challenges regularly to ICB (use storyboarding).
- Set regular meetings with key Stakeholders to plan and assign time-defined tasks (sprints).
- Reflect on each sprint together with key stakeholders, and make note of any learning whilst recording any progress or challenges (retrospective analysis).
- Procurement and digital information governance processes can be complex and time consuming with some set-backs along the way. Seek advice early and plan regular communication with key, named subject matter experts.
- Consider a longer term strategy for whole system transformation and share this with ICB to ensure adequate strategic oversight and funding.