

# A FRONTLINE CASE STUDY

## – Learning from Local Redesign



**Rheumatology Follow-up  
(Return) Outpatients**

11/5/22

## Introduction

The Grampian Rheumatology Outpatient (OP) Service sustainably reduced the number of routine return appointments from March 2021 by implementing a “Patient Triggered Review (PTR)” process i.e. an “open return” pathway (Appendix 1).

The waiting time for a general return appointment pre-pandemic was 9-18 months, which had gradually increased to 12-24 months by March 2021. Currently PTR patients wait < 6 weeks for an appointment once it has been triggered.

This case-study has been produced in conversations with Dr Lindsay Robertson Rheumatology Consultant Clinical Lead, Lisa Fowler Deputy Clinical Service Manager, Susan Donaldson ex NIA (National Improvement Advisor), Margaret Wood NIA and Lech Rymaszewski Clinical Advisor, CfSD.

## Building the conditions for change

### AGILE / FLEXIBLE TEAM WORKING?

#### Who was in the team?

All the clinical and non-clinical staff within the department took part in redesigning the pathway for return patients by applying Realistic Medicine (RM) principles, despite the service being disrupted by COVID-19, including Consultants being intermittently redeployed to General Medicine.

#### What helped the team work effectively together?

- Collaborative team working
- Management/Admin support
- Knowledge and personal experience of a successful process in Plymouth (Direct Access) – Lindsay Robertson.

“ A team is not a group of people that work together. A team is a group of people that trust each other ”

Simon Sinek

## Understanding the system

### What scoping work was carried out?

The whole rheumatology department was consulted when the PTR process was developed. Clinicians decide which patients are suitable based on agreed protocols / criteria. Initially, PTR was set up for Inflammatory Arthritis patients and excluded the following:

- Vulnerable Patients, including those with language barriers
- Complex cases requiring regular review
- Early Arthritis diagnoses
- Patients with a diagnosis of Ankylosing Spondylitis
- Ultrasound patients
- Connective Tissue Disease (CTD)
- Young Persons return/Transition patient MDT clinics
- Biologics returns
- Any other patients deemed as inappropriate by clinicians

Initially, some clinicians opted to review their returns to select suitable patients, whilst others added their whole waiting list to PTR and would then prospectively identify those who were unsuitable.

## What was identified as a priority?

- Consensus regarding the wording of the letters to patients and GPs.
- Approval of the local GP sub-committee and Clinic Interface Group leads.
- Standard Operating Procedure (SOP) [Standard operating procedure patient triggered review rheumatology NHS Grampian | Turas | Learn](#)
- Process for administrative staff

TEAM	ACTION
Clinicians	Establish criteria for suitable / unsuitable patients for PTR
Management	Provide oversight of the project and manage demand and capacity  Agreeing letters with the clinical team for primary care (Appendix 5) retrospective / prospective patients / the recall list informing them of the PTR process
Secretarial	Sending letters to retrospective patients
Administrative	Updating Trakcare appointment types and outcomes  Ensuring clear guidance when patients contacted the service  (Appendix 2)
Primary Care	Ensuring primary care was consulted with and informed of PTR

## Aim / Process

### What was the main AIM?

To improve the quality of the patient's OP experience by ensuring access to the right care at the right time.

### Key processes and outcome measures to demonstrate the impact of redesign

Since March 2021, PTR letters have been sent to over 4,000 patients on the 'general' return waiting list - currently only 15% of patients have contacted the hospital.

#### ***Concerns regarding patients not getting in touch***

A telephone survey of patients who had accessed / not accessed the service was carried out by medical students.

Overall, the feedback was positive with regard to the new system, although approximately 30% either did not remember getting a letter, did not understand it or were reluctant to get in touch. A few reported that they were unsure when to trigger an appointment.

A focus group meeting was held in January 2022 for patients, clinical and administrative staff to discuss / reflect on the patient feedback. All the patient representatives expressed satisfaction with the new system which allowed access to hospital when they needed it most. They made several suggestions

to improve a patient's understanding of PTR including:

- A reworded letter – 'to make it more friendly/inviting' (Appendix 3)
- Simplifying the 'How to contact us' poster (Appendix 4) – to avoid confusion as multiple contact phone numbers had been provided.

### What changes are being made to ensure it can be sustained in the future?

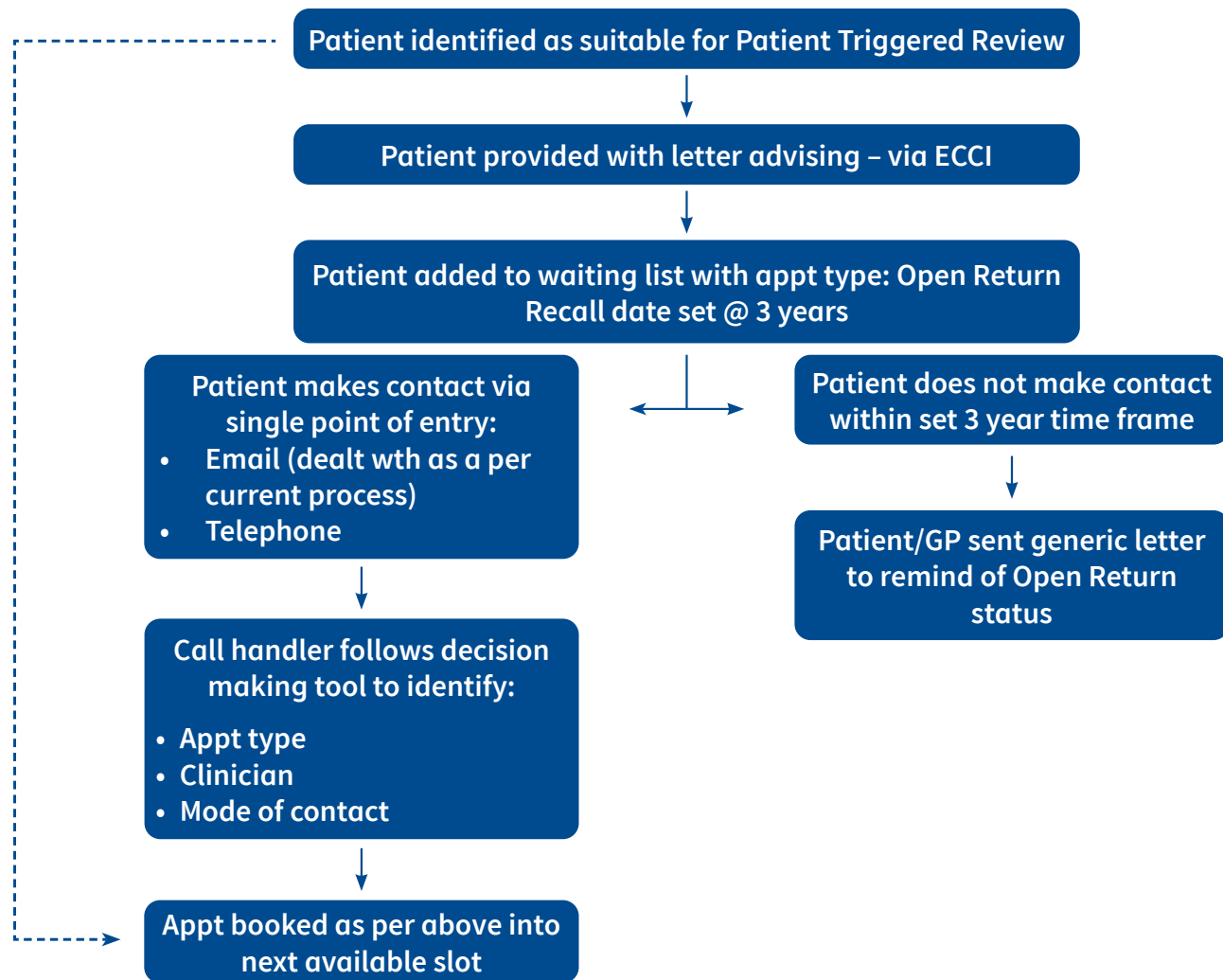
- Ongoing evaluation of the PTR process - especially demand / waiting times to ensure the improved access is sustained.
- Developing the 'how to contact us poster'
- Reviewing and re-drafting PTR guidance letters
- Introducing more nurse-led clinics to meet demand
- Further scoping of other potential pathways e.g. a similar model has recently been introduced for Ankylosing Spondylitis clinics.
- Continued use of different modes of contact e.g. F2F, NearMe and Telephone depending on patient preference

### Summary:

An agile, flexible team established a very successful, patient-focused, innovative redesign based on RM principles - simply by providing return patients with clinical information on what to look out for and how to contact the service.

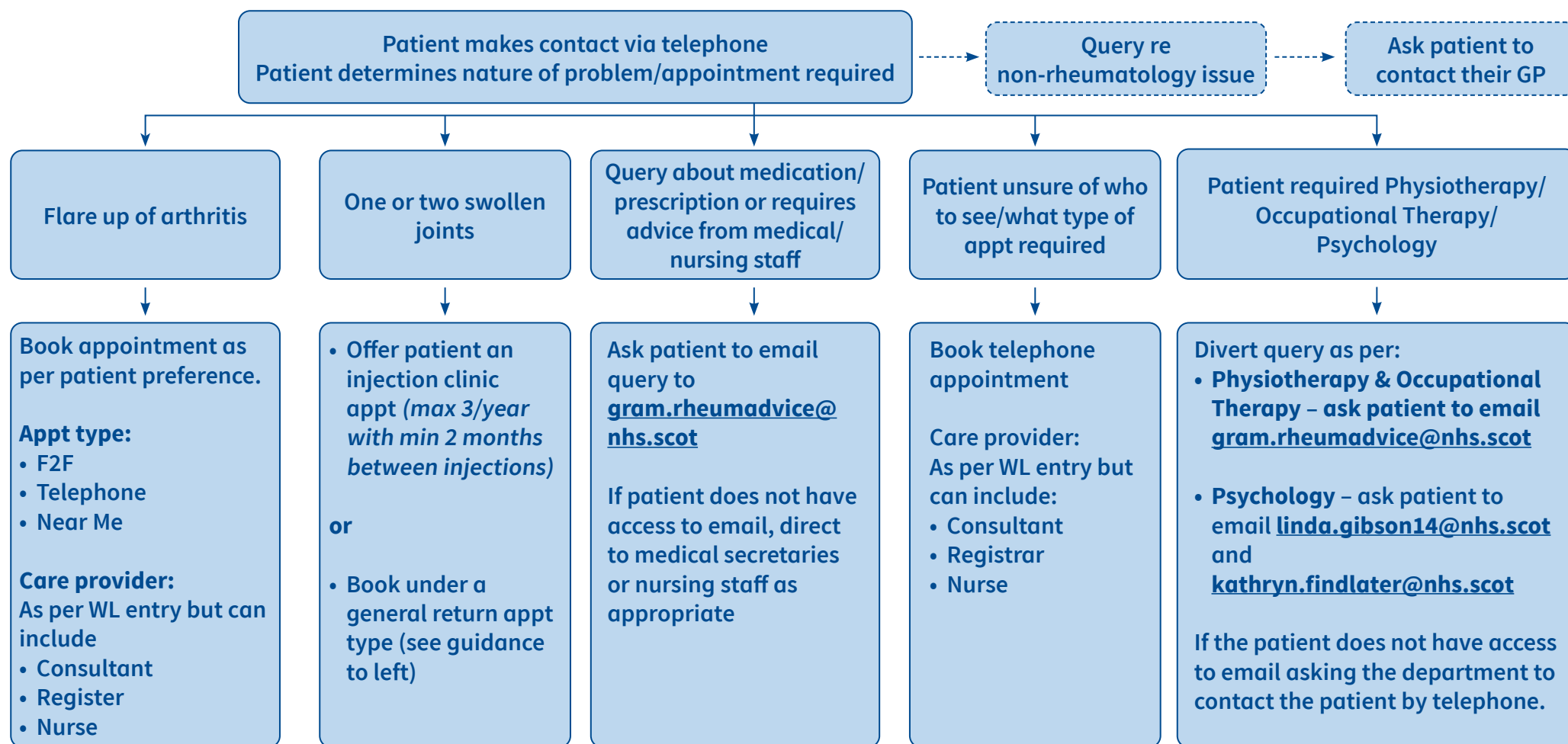
# APPENDIX 1:

## Rheumatology Service – Patient Triggered Review Pathway



## APPENDIX 2:

### Rheumatology – Patient Triggered Review Pathway Administrator Guide for Calls



# Appendix 3: Letter to patients regarding PTR (reworded following patient feedback)

## NHS Grampian Rheumatology Department

Ashgrove House  
Aberdeen Royal Infirmary  
Foresterhill  
ABERDEEN  
AB25 2ZN

Appointments: (01224) 554478

Email: [gram.rheumadvice@nhs.scot](mailto:gram.rheumadvice@nhs.scot)



NA/KH

C/O Referring GP  
Example Medical Practice  
1 Example Road  
Aberdeen  
AB11 7XH

CHI: 12345678910

NO Paper Copy Required For GP

**Date Dictated:** Reviewed

**Date Typed:**

Dear C/O Referring GP

**Mr Example (27 February 1900) 10 Example Road, Example, Aberdeen, AB12 5HL**

Following patient consultation and feedback we have recently made changes to our follow up arrangements in the Rheumatology department to promote genuine choice as to when and how you can access your specialist care. This new Pathway is called Patent Triggered Return (PTR).

Instead of offering you a review appointment when it may not be required you have been identified by your Rheumatologist as suitable for 'Open' follow-up. This means that you will trigger when you feel you need to be seen by the Rheumatology team. If you are doing well then there is no need to make contact, however if you are having problems you should get in touch.

We will be able to offer you either a face-to-face, telephone or video appointment and will aim to book this as soon as possible within a maximum of 6 weeks. We will endeavour to put you in touch with the most appropriate member of the team for your problem – medical, nursing, physiotherapy, occupational therapy, podiatry or psychology.

Please note that the best means of contacting the department for an appointment is by telephone on 01224 554478 (between 09:00-16:30). Our email address for patients is an alternative, [gram.rheumadvice@nhs.scot](mailto:gram.rheumadvice@nhs.scot). This is mainly for any questions or advice that we can help with without having to book an appointment, however we realise that sometimes an email from you may result in an appointment being made.

When contacting via email, please remember to include your name and date of birth, and to whom your query is being directed, along with your message.

Your GP of course, will remain as your main physician in charge of supporting your overall health in between hospital appointments.

Yours Sincerely

*Dr Example*

Dr Example



## Appendix 4:

### Rheumatology – How to contact us



<u>Contact Details</u>	<u>Purpose</u>	<u>Example</u>
<b><u>Appointment Queries</u></b> ARO 01224 554478 Infusions 01223 553205 Elgin 01343 567882 Orkney 01856 888000 Osteoporosis 01224 559970/1	For any Rheumatology appointment related queries	“Can I make/arrange/cancel an appointment?”
<b><u>Specialist Nurse Advice Line</u></b> 01224 553352 01224 555078 (Osteoporosis only)	For any Rheumatology regarding treatment, flare or medications	“I am experiencing side effects of my medication”
<b><u>Biologics</u></b> 01224 553205	For all Rheumatology biological infusion appointments and biological medication delivery queries	“Why has my medication not been delivered?”
<b><u>Patient Email Service</u></b> <a href="mailto:gram.rheumadvice@nhs.scot">gram.rheumadvice@nhs.scot</a> <a href="mailto:gram.son@nhs.scot">gram.son@nhs.scot</a> (Osteoporosis only)	For any Rheumatology queries regarding treatment, flare or medications	“I have a question or concern about my condition and/or treatment but I don’t feel I need an appointment”
<b><u>Secretarial Team</u></b> 01224 558168	For any queries relating to correspondence following a Rheumatology appointment	“When will I receive my MRI results requested by Rheumatology?”

## Appendix 5:

To all GPs

Medical Practice

Aberdeen and Aberdeenshire

AB\*\*\*\*

Date Dictated: \*\*\*\*

Date Typed: \*\*\*

Dear Colleague

### **Re: Changes to General Rheumatology Follow Up provision at Aberdeen Royal Infirmary**

You will be aware that our review appointments for rheumatology clinics run very far behind. This was an issue before the Covid 19 pandemic but as a result of this the delays have increased significantly. Therefore changes to our follow up arrangements in the Rheumatology department are being made, which we were planning before the pandemic. The aim is to promote genuine choice as to when and how patients access rheumatology specialist care. This will take effect from the beginning of February 2021.

Instead of arranging regular return appointments the vast majority of our general return patients will now be on 'open' follow-up. This means that **they** will trigger when they feel they need to be seen by the rheumatology team. We are writing to all these patients to say if they are doing well then there is no need for follow up, however if they are having problems they should contact us.

We are planning to offer face-to-face, telephone or video appointments a maximum of 6 weeks in advance. We will aim to put patients in touch with the most appropriate member of the team for their problem – medical, nursing, physiotherapy or occupational therapy.

If we do not hear from a patient for 3 years then we will send them a letter reminding them of our contact details and that we are here if they need us.

Patients on biologic drugs will be managed by the biologics nursing team who will arrange a regular contact at least yearly if the patient is well and stable.

This arrangement at present **excludes** patients in our specialist clinics – connective tissue disease, ankylosing spondylitis and young adult clinics **and** our peripheral clinics in Orkney and Shetland.

The best way for patients to contact us is by telephone. Please note that there will be two contact numbers for patients to call and arrange an appointment depending on where their care is delivered.

**Aberdeen Royal Infirmary - 01224 554478**  
**Dr Grays, Elgin - 01343 567882**

Our email address for patients gram.rheumadvice@nhs.scot can also be used but we have asked patients to use this for queries and issues that can be addressed without a clinic appointment. We do realise that some emails may result in an appointment being made. The separate dedicated email for GP queries gram.rheumqueries@nhs.scot will continue and you are very welcome to use it.

We appreciate that patient triggered follow up is not going to be suitable for all patients and we will endeavour to keep those for who it is not appropriate

on a traditional return list. We anticipate these patients to mainly have significant psychosocial problems and/or limited or no understanding of English. If though you become aware of a patient who has been offered patient triggered follow up and you feel it is inappropriate for them please do let us know and we can transfer them back to the tradition return list.

We hope these changes will help our patients to access our services more efficiently when they require our help. If you have any comments or concerns about any of this please do get in touch

Best regards

Dr Lindsay Robertson

Consultant Rheumatologist and Clinical Lead for Rheumatology on behalf of the Rheumatology Team

## Contact for more information

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NHS Grampian

## Co - Produced by

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