

## REDUCING WAITING TIMES FOR ENT PATIENTS

### - 'THE CONTROL TOWER' PROJECT

#### BACKGROUND

A Northern Hospitals Trust operated an effective ENT service, but wanted to halve the maximum waiting time for new patients and for urgent referrals. They also needed to increase the capacity of the service whilst reducing costs.

The CSPI team was invited in to lead a service review and then work closely with the clinical and administrative staff to implement the changes necessary.

#### THE TASK

The first step was to identify the scope of the systems concerned – encompassing the patient groups, clinical areas, processes, staff functions, technology and policies that together deliver the service.

A cross section of clinical and non-clinical staff was then selected and brought together to learn the principles of Lean service and use them to review their own service from a completely new angle.

In the first two-day workshop they agreed the project scope and draft objectives, mapped the three main processes/patient pathways together with the key roles involved, identified the main issues (including causes of waste and delay), conducted a preliminary capacity and demand comparison and agreed where further data was required. It was an intense two days, but the team started to gel together and to see the possibilities for significant improvement. This approach is a key part of the CSPI method – improvement is most effectively delivered

when staff define the solutions themselves with the right leadership and the right facilitation.

Their next task was to develop an action plan which, among other benefits, was to achieve a reduction of maximum waiting times from 12 weeks to 5, and to 2 weeks for urgent new patients. These outcomes would need to be delivered in the 'right way' to improve the experience for customers and staff; the team was keen to hit the target but not miss the point!

#### ANALYSIS UNDERTAKEN

The team collected new data and then identified and assessed many immediate improvements, plus some more far-reaching changes that could be implemented over a longer period. These included the redesign of key processes to improve patient flow, reduce lead time (as perceived by the patient rather than the NHS definitions) and manage clinical risk.

During this process they also identified an opportunity to meet the SLA whilst saving £160K over 13 months by better matching capacity to demand.

Key to these changes were proposals to provide a high visibility of the variables that affected performance and consistency. This was dubbed the 'Control Tower' with connotations of air traffic control orchestrating the flow of numerous moving people in the optimum way.

As the project developed, people from all relevant functions and levels of the organisation started to grasp the Lean

principles and enthusiastically collaborated in improving the work system.

## IMPLEMENTATION

The resulting changes required an impact on all areas of the operation - demand management, clinic set-up & scheduling, planning & booking, clinical processes, DNA and cancellation reduction (clinician leave), patient notes availability and capacity management. They were not restricted to the Hospitals Trust either – patients, the PCT, GPs and other professionals would be affected too and the ‘systems thinking’ approach had to ensure that the impact on each stakeholder was positive.

One major problem was the highly variable profile of patient demand. The Trust negotiated a number of volume smoothing actions with the PCT, including the improvement of referral quality. This in turn involved the updating of the Directory of Services to aid GPs in the referrals they were making. More significant changes included the establishment of nurse-led clinics for more straightforward cases and the pooling of follow-ups, some of which could be successfully undertaken by telephone.

The new clinics were set up, new processes were implemented within them and key personnel were given better training and more authority to act. A rapid response was agreed by Finance to reduce authorisation delays.

Information management tools such as electronic pro-formas were implemented to speed up information flows and reduce transcription errors. The redesigned booking process had an integrated fast track system which was managed by dedicated booking clerks for ENT, with a much quicker phone option for patients. There was then an electronic prioritisation process for Consultants with a maximum target time of 48 hours.

The Control Tower team was established at this point. Their job was to monitor current demand and capacity, including the referrals profile, activity performance vs. SLA and the cancellation rate. They would use this information to forecast demand and then plan capacity – firm plans with a 5-week window, provisional plans up to 12 weeks and outline plans thereafter. New and follow up appointments would be booked into the firm plans as the reduction in waiting times was achieved. The team could then adjust the longer term plans to reflect actual demand and any constraints.

Due to the complex nature of the system and the many historical issues, they had to experiment with better ways over a period of time – problem solving and continuous improvement techniques were introduced and the team embraced the challenge, finding many creative but simple solutions.

## OUTCOMES

The outcome of these changes was that the end-to-end appointment management time was reduced from 2 weeks to 2 days and five administrative process steps were designed out. This resulted in a 50% reduction in the amount of work involved which in turn meant that there were about half the number of hand-offs – each of which previously were an opportunity for mistakes and delay. The 11 staff could then be reduced to 7 who had more clearly defined roles and responsibilities and a less stressful working environment. The capacity of the service was increased and the cost savings identified earlier started to be delivered.

## HOW IT WORKED

The General Manager says:

” We are rolling out electronic direct choose and book facility across the trust and have confirmed that a functioning control tower is one of the main conditions of entry. We also used the control tower approach at a corporate level in looking at stage of treatment targets for both OP and IP/DC and these worked well. The Trust is also hosting an awards evening to celebrate successes in 2007 – one of [the nominees] is the team who manage the ENT Control Tower.”

“Things are going well with ENT and we have had some unexpected benefits – we have been able to implement direct electronic booking for GPs with relative ease thanks to the multi-disciplinary approach of the control tower. We have also converted over 800 follow up slots into 400 routine appointments since November. Thanks for the support and your valuable input on the Control Tower methodology.”

Directorate Manager, Specialist Surgery.

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