

Achieving 48 hour access in GUM

Lessons learnt from the National Review of Genito Urinary Medicine (GUM) Services

Introduction

The NHS Operating Framework for 2006/7 identifies as a priority for action the delivery of the 2006/7 LDP trajectories, so that by 2008 everyone should be able to have a GUM appointment within 48 hours.

Some recommended action points to help achieve 48-hour access are outlined below, drawing on learning to date from the National Review of GUM Services. It is not realistic to describe a single service model and expect this to work in any setting. However there are a number of service components that are common to all GUM clinics and reviewing the current service can help to identify areas for improvement.

Background

The National Review of GUM Services is a project commissioned by the Department of Health (DH) as part of its implementation action plan for *The national strategy for sexual health and HIV*. The review is managed as a project by the Medical Foundation for AIDS & Sexual Health (MedFASH), a charity supported by the British Medical Association, with the active support of the British Association for Sexual Health and HIV (BASHH). It has the following objectives:

- to undertake a multidisciplinary assessment of each of the 192 GUM services in England, highlighting factors both facilitating and obstructing their ability to offer a prompt and high quality service,
- to offer recommendations for service improvement and modernisation arising from the assessment, to GUM clinics, PCTs and SHAs,
- to provide findings and recommendations from the review to the DH.

The focus of the review has been the diagnosis and treatment of STIs in GUM clinics. Although it has not set out to review all sexual health services across an economy, it has examined the links and patient pathways between services. Some clear themes and issues have emerged from the review to date and this paper is written with the aim of sharing learning and offering ideas on how to improve access to GUM clinics.

Developing a 48-hour access plan

Every GUM service will need to work with its local PCT(s) to develop a 48-hour GUM access target plan. This will need to include a timetable of milestones of achievement and a realistic outline of how to meet the target. The action points below will contribute to the plan. These are also presented on page 7 in the form of a flowchart.

Summary: checklist of recommended actions

Recommended action 1: Measure demand and capacity to identify the gap

- The GUM clinic and lead PCT should together make a robust assessment of current and anticipated future demand on the GUM service. This should be measured against current capacity. Eliminating the gap between demand and capacity will form the basis for the PCT access plan.

Recommended action 2: Review current operating hours and access system and outline new hours and system (if required) to improve access

- There should be a clear outline and description of the desired patient access system in individual GUM services, with an agreed phased implementation plan. Local research and patient consultation may be required when developing the access model.

Recommended action 3: Assess the physical environment to ensure it is fit for purpose

- An assessment of the internal clinic environment should be made with a view to maximising use of existing space. In addition to identified potential risks in the current space configuration, the barriers to modernisation and to further development of the multidisciplinary team should be included in the assessment. In cases where the environment is significantly below acceptable standards a capital plan for redevelopment should be considered.

Recommended action 4: Reduce unnecessary follow-up activity to increase capacity for new patients

- The service should review current follow-up activity with a view to reducing the new to follow up ratio if appropriate. Clinic lists and profiles should be amended accordingly to increase new patient appointment slots.

Recommended action 5: Undertake a process improvement project to achieve better patient flow

- The service should consider undertaking a comprehensive process improvement project to improve patient flow and increase capacity in the clinic. If this is not required, a scaled down process mapping exercise may still be valuable to identify areas for change.

Recommended action 6: Review and develop the multidisciplinary team in GUM to increase capacity

- The service should carry out a skill mix review examining the roles and functions of the whole multidisciplinary team. Potential to develop the existing workforce, particularly nursing roles, should be identified. A corresponding development plan linked to a clear objective to increase capacity to see new patients should be put in place.

Recommended action 7: Develop an implementation plan for the local sexual health strategy and clarify the role of GUM within it

- Local strategic implementation plans should be informed by data on demand and capacity across the sexual health economy and should spell out the roles of different providers, over time, in filling the gap between these. The PCT will need to monitor realistically the timescales and the impact of new services on GUM clinic demand. But until tested in real-time this additional capacity should not be relied upon for achieving short term 48-hour access plans.

1. Measure demand and capacity to identify the gap

In order to develop realistic 48-hour access plans it is essential to understand the real patient demand for an STI service, and what capacity the GUM clinic has to provide this. It is clear that many services are struggling to plan effectively for demand and capacity. It is imperative that this be done in partnership with local PCTs, but in many cases an even wider approach is required, as the strategic development of one service can impact significantly across a wide geographical area. There is no clear consensus regarding how to undertake demand and capacity planning in GUM, but the following points have been identified as helpful to consider when planning this work.

- Waiting times are not the only indicator of demand.
- Prevalence of STIs in a particular population should form part of the assessment, including an assessment of current and anticipated demand for HIV services.
- An attempt should be made to assess the size and nature of possible *unmet* demand and need, including those trying unsuccessfully to access GUM or other local services, and those in need but not currently reached by services (e.g. through partner notification).
- Data which demonstrate where else local patients attend and reasons for not using local services should be included.
- The impact of the local PCT strategy should be included particularly where there are plans to develop level 1 and 2 services (as defined in *The National Strategy for Sexual Health and HIV*) outside GUM.
- Activity data, e.g. average number of patients seen per week, can be used as a measure of current capacity in a GUM service.

Recommended action

The GUM clinic and lead PCT should together make a robust assessment of current and anticipated future demand on the GUM service. This should be measured against current capacity. Eliminating the gap between demand and capacity will form the basis for the PCT access plan.

2. Review current operating hours and access system and outline new hours and system (if required) to improve access

Examining the patient pathway and patient experience in a given service can highlight factors that support or hinder the service's capacity to meet patient demand. This work can start with an assessment of what the patient is likely to experience when first contacting the clinic.

- Can patients get through on the phone? (Insufficient phone capacity is a common problem for many GUM services and may distort understanding of patient demand.)
- Times and days of general STI services. Do operating hours reflect needs for GUM service users?
- What access system is currently used? (Booked appointment? walk-in? mixture of both?)
- What is the ideal access system for local service users?
- What restrictions are placed on the access system? (Limiting times patients can call or capping the number of appointments given has become a common practice in GUM services but will distort understanding of real demand.)
- What is needed to remove access restrictions and ensure operating hours meet local patient needs?

Recommended action

There should be a clear outline and description of the desired patient access system and operating hours in individual GUM services, with an agreed phased implementation plan. Local research and patient consultation may be required when developing the access model.

3. Assess the physical environment to ensure it is fit for purpose

The clinical environment should be fit for purpose and should not hinder the capacity to use staff and other resources efficiently. The patient pathway through a GUM service is often dependent on available clinical rooms as well as the staffing resource. There is not a single desirable route, but the pathway used in an individual service should be mapped to identify bottlenecks. Issues to consider are as follows.

- How many patient lists can operate at a given time?
- Do staff or patients have to queue for an available room?
- Is there scope to alter the design or layout of the existing structures to increase capacity?
- What additional space is required to develop capacity in the service?
- Are there times when existing space is under-utilised?

Recommended action

An assessment of the internal clinic environment should be made with a view to maximising use of existing space. In addition to identified potential risks in the current space configuration, the barriers to modernisation and to further development of the multidisciplinary team should be included in the assessment. In cases where the environment is significantly below acceptable standards a capital plan for redevelopment should be considered.

4. Reduce unnecessary follow-up activity to increase capacity for new patients

There are a number changes that a clinic can make to improve efficiency and increase capacity to see new patients. These include reducing unnecessary follow-up visits. The British Association for Sexual Health and HIV (BASSH) recommends that the new to follow-up ratio should be no more than 1:1 (i.e. a clinic's total follow-up visits should not exceed total first attendances).

It is clear that the vast majority of GUM services have started to address this, and many services have achieved reductions to well below the BASSH recommended level. Reductions have been achieved in a variety of ways. For example, a number participated in a national research-based project (6 *Sigma*) and achieved a significant reduction in follow-up activity.

In general terms clinics have found it useful to consider the following.

- Measure levels of current new and follow up activity.
- Challenge the reasons why patients are asked to return for follow up and review existing clinical protocols.
- Do patients attend to receive results? How else could patients be informed of results?
- Can technology help? Are there facilities to send automated result texts?

Recommended action

The service should review current follow-up activity with a view to reducing the new to follow up ratio if appropriate. Clinic lists and profiles should be amended accordingly to increase new patient appointment slots.

5. Undertake a process improvement project to achieve better patient flow

Detailed examination of existing clinic processes can allow teams to test and control the impact of any changes they may want to make. Some clinics have successfully carried out a comprehensive process mapping or process improvement project which defines, measures and analyses all processes used in the service. This can be a significant project to undertake and external support or expertise may be required. If a comprehensive process mapping exercise is not undertaken it can still be helpful to review particular processes within the clinic, e.g.

- What are the bottlenecks in the patient journey and how might they be reduced?
- Do patients have to wait long periods for particular aspects of care? (e.g. medication)
- Has the service reviewed practice for clinical microscopy?
- Are clinic timetables and staff rotas in step with patient activity?

Recommended action

The service should consider undertaking a comprehensive process improvement project to improve patient flow and increase capacity in the clinic. If this is not required, a scaled down process mapping exercise may still be valuable to identify areas for change.

6. Review and develop the multidisciplinary team in GUM to increase capacity

The staffing resource in GUM services is very varied. There are still significant numbers of single-handed consultant services and difficulties filling consultant vacancies is becoming an evident problem. In many cases multidisciplinary (MDT) roles, particularly nursing, have been extended to increase capacity to see new patients, but there is scope to take this work further. Experienced GUM nurses and health advisers are difficult to recruit, but very often services have existing experienced and dedicated staff whose skills and potential are underutilised. Although additional investment may be needed, extending the roles and responsibilities of the wider MDT to manage new patients is an extremely cost effective way to increase capacity and reduce waiting times in GUM clinics. Some of the issues to consider are as follows.

- In practice MDT developments work best when there is a whole team approach: senior nurses and health advisers need to work in partnership with medical colleagues.
- It is unlikely that existing staff can absorb an extended role in addition to their current responsibilities. There should be a review of existing workloads and an assessment of additional resource (e.g. junior nurses or healthcare assistants) that may be required to backfill tasks at lower skill levels.
- There should be a good skill mix in the MDTs to ensure staff are appropriately utilised at all levels.
- A comprehensive assessment of individual and team training needs to develop the required competencies may be required.
- A comprehensive range of relevant patient group directions (PGDs) may be required. (See BASSH website - www.bashh.org - for examples.)
- There should be a framework to provide regular clinical supervision.

Recommended action

The service should carry out a skill mix review examining the roles and functions of the whole multidisciplinary team. Potential to develop the existing workforce, particularly nursing roles, should be identified. A corresponding development plan linked to a clear objective to increase capacity to see new patients should be put in place.

7. Develop an implementation plan for the local sexual health strategy and clarify the role of GUM within it

Many PCTs have developed comprehensive sexual health strategies, there are many established multi-agency groups looking at local needs, and in some SHA areas this work is further supported by the development of sexual health networks. However, in other areas such strategic work may be embryonic, with implementation aspects not yet fully addressed. In order to achieve the local strategy, and in particular the 48-hour GUM access target, a clear and realistic implementation plan is needed.

Ideally the GUM clinic will have a role as a hub supporting the development of a range of STI services across different locations. As this model develops there should be a reduction in the number of patients who choose to access the GUM clinic. The impact and scale of this reduction will depend on many different factors and it may be very difficult to predict. As overall service provision is increased, there is a risk that this will uncover previously unmet demand in communities.

The following issues have been identified as helpful to consider when undertaking this work.

- Every strategic group should have an identifiable and accountable lead. Ideally this person should hold a senior and influential position within the local PCT.
- The role of the GUM service should be explicit within sexual health strategic implementation plans.
- Patient pathways between services should be clearly defined.
- GUM clinics need to be able to provide practical placements for staff from other services in the community to supplement theoretical training in STI management. This is essential not only for building sexual health skills, but also to support the development of local patient pathways and close working relationships between service providers. It is vital that STI services in community settings do not develop in isolation from GUM clinics or outside a holistic clinical governance framework. Such a framework is needed to ensure consistent service quality across settings.
- Governance and risk management arrangements need to be clearly defined for both GUM and other STI service providers. These should include the identification of an accountable clinical governance lead.
- It will be important to ensure the work needed to implement PCT sexual health strategies will not have a destabilising impact on the existing capacity in GUM. For example, fewer patients can be seen in training clinics. GUM services may need specific and resourced plans to address this issue.

Recommended action

Local strategic implementation plans should be informed by data on demand and capacity across the sexual health economy and should spell out the roles of different providers, over time, in filling the gap between these. The PCT will need to monitor realistically the timescales and the impact of new services on GUM clinic demand. But until tested in real-time this additional capacity should not be relied upon for achieving short term 48-hour access plans.

Further Information

A range of information, clinical guidelines and recommendations for GUM service provision are available from the British Association for Sexual Health and HIV (BASHH) – see www.bashh.org.

Information about the national review of GUM services is available from the Medical Foundation for AIDS & Sexual Health (MedFASH) - see www.medfash.org.uk or email charman@medfash.bma.org.uk.

48 Hour GUM Access Plan

