



Update on Single Point of Contact
Planning Objective 1.E: During 2020/2021
establish a process to maintain personal
contact with all patients currently waiting
for elective care

Situation

- Awaiting return of responses to first contact letter sent to patients waiting over 52 weeks (excluding ophthalmology and paediatrics)
 - Letters sent to 6342 patients between 13th and 18th March 2021
 - As of 30th March
 - 2843 patients have replied and wish to stay on the waiting list.
 - 159 have replied and wish to be removed from the waiting list.
 - 16 have replied with option 3 and have been contacted to discuss.
 - Numbers accessing the Health Board Life Style advice page have significantly increased following circulation of the letters



Email & phone call responses to date

- We have had a team of nurses monitoring and replying to the email queries.
- In total, they have received & replied to approx. 15 direct queries from patients.
- Waiting list colleagues have responded to 24 emails with queries from patients who have contacted them, which have been escalated appropriately through the service.
- Waiting list colleagues have received approx. 90 calls from patients across the 4 acute sites with direct queries.

Next Steps

- Validation of the cohort of orthopaedic patients identified for the pilot for the single point of contact model
 - 363 primary hip and knee replacements patients identified from 3 consultant teams across the 3 counties of the Health Board
 - Scoping of issues raised from contacts during step down of surgery from waiting list co-ordinators and medical secretaries
 - Script for Call handlers being finalised to ensure that conversations with all patients who make contact are appropriate
 - Clinical team supported to develop specific bilingual on-line resources
 - Letter drafted and agreed
 - Call handlers and clinical responders being identified
- Aim to start pilot at end of April 2021
- Roll out of plan to other specialties to be agreed with Planned Care Team

Risks and Mitigation

Risk	Mitigation
Operational pressure may impact on timescale of delivery	Project implementation plan with key milestones to ensure delays are planned and managed effectively
Definition and scope of project required	Oversite Group established chaired by Director of NQ&PE and Director of Operations to define and monitor project scope.
Project implementation plan requires a phased approach to ensure that patient needs are addressed for each specialty/condition which may result in a perception of inequality	Comprehensive roll out plan being developed to ensure that equity across all counties is assured
Patients may share single point of contact information with others public who are not being targeted at this time	Call handlers will have a script to ensure information is consistent and current. Communication plan being developed.
Delay to project delivery due to recruitment into key project roles	Workforce plan to be confirmed following pilot and at each stage of the implementation plan.
Model is based on clinical sign off and ownership of communications with patients (in line with best practice from behavioural science).	Ensuring clinicians are engaged in each step as the project rolls out
Multiple patient engagement digital platforms available across the health board which may cause confusion and disengagement for patient	Project digital working group will ensure the most appropriate digital platforms are used for each speciality
Single point of contact is dependant on the Command Centre - Current command centre environment is not sustainable or appropriate for long term use	Project group is working with estates to scope and commission a more suitable environment

Recommendation

For QSEAC to take an assurance from the presentation provided.