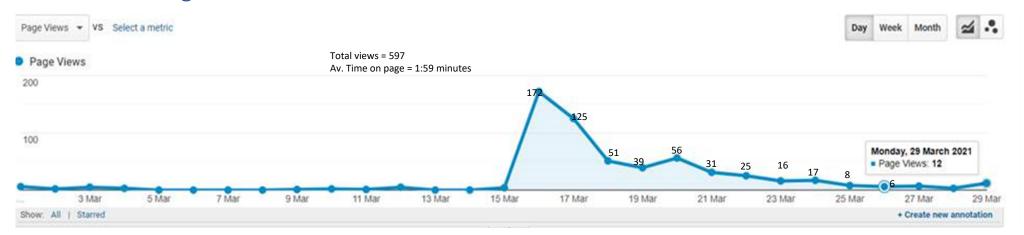


Update on Single Point of Contact
Planning Objective 1.E: During 2020/2021
establish a process to maintain personal
contact with all patients currently waiting
for elective care

#### **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 13<sup>th</sup> and 18<sup>th</sup> March 2021
  - As of 30<sup>th</sup> 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 fand disengagement forr 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.