Equitable Recovery Programme, Royal Free London

Summary

Through the Equitable Recovery Programme, Royal Free London NHS Foundation Trust (RFL) developed and trialled an approach to reduce missed appointment (DNA) rates and increase the proportion of patients with ethnicity recorded. Patients with missing ethnicity data were targeted because previous analysis showed that they were more likely to experience longer waiting times. Trained patient navigators called patients on the waiting list for two specialties a week before their appointment to remind them, check if they required any additional support to attend, and improve recording of ethnicity. There was evidence that the intervention could successfully reduce missed appointment rates and increase recording of ethnicity data. The intention is to use learning from this intervention to reduce the missed appointment rates and inequities in access to appointments and to improve patient experience and recording of protected characteristics data across the Trust.

"Every interaction with a patient is an opportunity to check that we've got data recorded. Data recording is important because then we can do the analysis to identify any inequalities so we can do something about it."

Context

The elective recovery challenge

Analyses by the Equitable Recovery Programme team (the team) at RFL had identified longer waiting times for patients who miss their appointments, and those whose ethnicity was recorded as 'not stated' or 'not known'.

The health inequalities challenge

The Trust's focus on health inequalities pre-dated the COVID-19 pandemic, but the pandemic exacerbated these inequalities and increased waiting lists across the Trust. The Trust wanted to ensure that the recovery process to address backlogs did not further increase inequalities. The Trust also wanted to improve recording of ethnicity and other protected characteristics to sustain efforts to reduce health inequalities in the future.

The aim of the Equitable Recovery Programme

The aim of the intervention was to reduce health inequalities by reducing missed appointment rates, improving ethnicity recording, and improving equity of access and patient experience.

Intervention

Summary of the RFL Equitable Recovery Programme

The intervention developed a new process where patients were called one week prior to their scheduled appointment by a trained patient navigator. The intervention targeted patients who had new appointments and whose ethnicity was 'not known' or 'not stated'. The call was to remind patients of the appointment, encourage attendance, and record ethnicity data. Patient navigators also checked whether patients needed additional support such as interpreters or transport for their appointment. The intervention was trialled in two specialities, between October 2021 and September 2022. As part of the intervention the team produced a pack outlining how this targeted approach could be used across all specialities. It includes a step-by-step guide, system process maps, templates, scripts, and a training tool kit.

Enablers of delivering the RFL Equitable Recovery Programme

Using data

A review of inequality data prior to COVID-19 pandemic had found that almost all patients had postcode, age and gender in their records. However, ethnicity data varied across specialities. The team conducted an exploratory multivariate logistic regression analysis on referral to treatment waiting times (RTT), eight cancer standards, A&E waits and length of stay by IMD, ethnicity, age band, and gender. This identified a number of inequalities. Further analysis identified missed appointment rates as a driver for these inequalities and found longer waits for patients whose ethnicity was "not known" or "not stated".

Involving patients

During the intervention, volunteers called patients to gather feedback after their outpatient appointments to better understand their experience, particularly those who had needed additional support such as an interpreter. Waiting time and length of stay were a focus for the initial analysis because they are important to patients.

Involving staff

The intervention brought together a team who would not normally work together. Data analysts, digital specialists, public health, equality, diversity and inclusion professionals, and patient navigators worked together to understand the problem and design and deliver a solution. Team members were empowered to take ownership of the new model of working. Patient navigators co-designed the scripts for contacting patients to ensure they were effective and appropriate.

System involvement

RFL has recently joined in a partnership relationship with its neighbouring trust (North Middlesex University Hospital (NMUH)) and has a good working relationship with the North Central London integrated care board and across the integrated care system. As part of its work on health inequalities, RFL and NMUH have now developed a joint inequalities data dashboard with key performance metrics by protected characteristic as well as smoking, alcohol, BMI and IMD deprivation score. The dashboard was due to go live as this case study was recorded. The dashboard will improve inequality reporting within both Trusts and allow operational teams in RFL and NMUH to interrogate their data for their speciality and plan ways to address inequalities.

Findings and reflection

The changes observed

- Patients who were provided with additional support (for example, an interpreter) through the programme gave positive feedback.
- The difference in missed appointment rates between the target patient group and the non-target group saw a significant reduction during the intervention. Rates were also lower among those in the target group who received a call as part of the intervention, compared to those in the target group who did not receive a call.
- Ethnicity recording improved for both specialties during the intervention period. One speciality went from an average of 83% pre-intervention to 92% during the intervention, the other speciality increased from 79% to 89%.
- The intervention helped implement the Accessible Information Standard and identify patients who might need additional support to attend appointments.
- Calls facilitated identification of the support needs of groups of patients who are likely to experience inequalities due to: language (including British Sign Language) and interpretation needs; requirement for transport support; or needing support or additional time in their appointments due to their learning disability and/or autism.

The lessons learnt

- The intervention took a quality improvement (QI) approach. Ongoing learning was used to iteratively improve the delivery of the intervention.
- Co-delivery of the QI approach with team members facilitated ownership of the intervention and autonomy to make necessary changes.
- Patient navigators learned that several phone calls might be required to get hold of patients – perseverance was key.
- The tone of the calls needed to be conversational; patient navigators tried to establish a rapport with patients to put them at ease. This was particularly important in the context of recovery from COVID-19 when some patients had been, or still were, very isolated.

The RFL Equitable Recovery Programme team recommend

The team hopes to take the learning from this intervention and apply it to phone calls and other interactions with patients to improve recording of ethnicity and other protected characteristics across the Trust. The team see improving data quality as key to reducing missed appointment rates, reducing inequalities, and improving patients' experience, access and outcomes.

Useful references/resources

If you would like to know more about this case study, please contact: Richard Chester, richardchester@nhs.net.