

Significant pressures accessing the iCaSH service via the 0300 number, resulting in patient frustration and complaints, staff pressure and stress and an increasing need for improvement.

The problem...

High volume of calls into the service with approx. up to 50% of calls unanswered. As a result, all 6 localities experienced service user frustration, staff stress, complaints and the service's inability to achieve their commissioning commitments and performance. Many of these calls are concentrated between the hours of 8am – 10am, which causes spikes in demand. Furthermore, the telephone number acts as a single point of access/is the only access route into the service.

The solution...

Implement several improvement initiatives simultaneously to improve call answer rate and optimise appointment capacity: Identify additional capacity during 1st hour of opening phone line, Repeat Contraception Clinics, 15 minutes appointment slots in clinic for non-LARC procedure face to face appointments (Depo, Coil removals and clinical required Coil checks), One stop implant appointments, Depo Recall, streamlining processes for call handlers and phone line merge of some clinics. **BT Platform, Online Booking (Lilie Hub) and Online Contraception projects ran in parallel to further alleviate calls into the central iCaSH 0300 telephone number.*



UNDERSTANDING THE PROBLEM



DESIGNING THE CHANGE



IMPLEMENTING IMPROVEMENTS



CONTINUOUS IMPROVEMENT

Broad analysis: A deep dive into the problem with multi causal factors identified that by addressing the unanswered calls alone would address the underlying root cause problem, the lack of available appointments. Callers are asked to call back if appointments are not available, creating a cycle of repeat callers 'artificial demand' into the service.

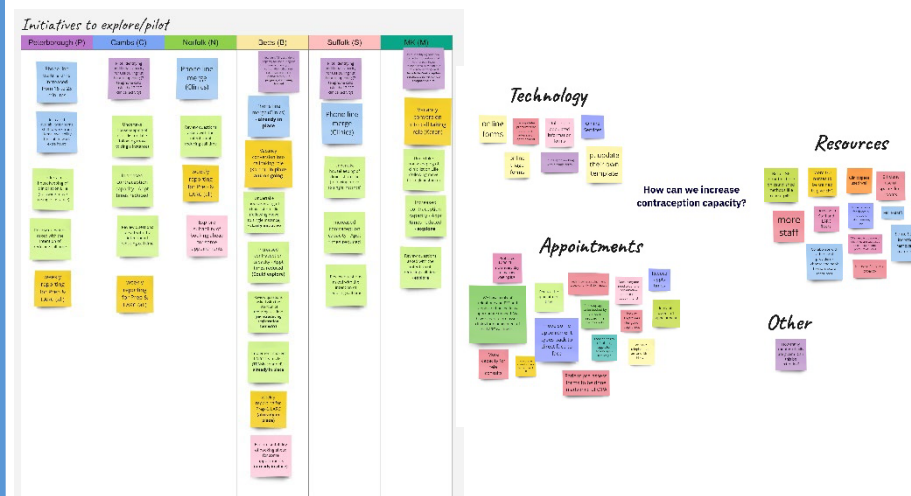
Unveiled data insights: Analysed demand and capacity.

Engagement: Co-production (Friends and Family test feedback, contacts logged with the Patient Advice and Liaison Service, and online focus groups), Brainstorming exercise, workshops, surveys and Task & Finish groups.

Learning: Gathered and reviewed learning from best practice across the 6 localities.

Clinical Nurse Managers and Service Managers were invited to join workshops to share best practice. This provided a platform to explore improvement initiatives being undertaken across localities, design processes and pilot new initiatives.

Brainstorming exercise was undertaken to explore and generate improvement ideas.



Innovation and support: Variation in processes across localities provided an opportunity to capture best practice and share learning. Task & Finish groups set up and case studies shared to support localities with implementing proven effective initiatives.

Both Cambridgeshire and Norfolk merged their phone line for their clinics.

Enhanced Monitoring:

- Developed a real time telephony reporting platform to better understand call flow through the 0300 number
- Developed modelling tool to estimate expected call answer rate based on number of agents as well as iCaSH telephony simulation tool

Increased capacity: Increased training for external staff e.g GPs, Practice Nurses, Midwives, Physicians Associates to provide LARC services in their area of practice.

Post implementation review scheduled following BT platform roll out to review impact.

LESSONS LEARNT

- Sustainability for initiatives to continue impacted by staffing availability. This varied during the project
- Independencies with clinical based activity became increasingly apparent. As a result, service wide SOP being developed further to standardise clinical elements
- Cambridgeshire struggled to recruit due to temp/fixed term limited contracts
- Mpox Virus (MPV) had additional impact on capacity - service provided vaccination programme
- Country strikes i.e. postal strikes, nurse strike, teacher strike - impact on service: lack of staff, delay in patient results, posting of patient medication and online test kits

