Waiting list management in community services - an overview

Department of Health advice on waiting list management is largely directed at hospital and consultant-led services. Yet in a time of economic restriction, as service resources are reduced, referrals to community services are likely to grow. Community waiting lists in these conditions will increase and can become uncontrollable unless service teams use their creative ability to innovate.

Such disciplines may be:
- Mental health (all areas)
- Dietetics
- Speech and language therapy
- Physiotherapy
- Occupational therapy
- and other services who work with people in the community.

As well as the recognised work on Lean, process mapping etc., there are four areas which will contribute to good waiting list management. Any small action listed will help, but the interaction of all four areas will see real improvement:

1. **Getting bullseye referrals**
   - Joined-up working - liaison with referrers
   - Written information on the service for referrers
   - Clear, brief, straightforward referral forms
   - Refuse inappropriate referrals
   - Single meeting/phone call with patient may be more effective than waiting for more information from referrer. (eg. Kingsbury & York 2006 [www.camhsnetwork.co.uk](http://www.camhsnetwork.co.uk)).

2. **Reducing non-attendance (DNAs and cancellations)**
   - Bullseye referrals will assist (see previous section)
   - Pre-assessment phone discussion - confirmation of patient's interest in using service - client actively opts-in to service
   - Patient-friendly invitation letter with appointment time tailored to client, how to cancel/alter, named therapist and information on first session given
   - Clear, transparent (and non-judgemental) DNA policy sent with letter
   - Single stream queue
   - SMS or phone reminders
   - Start 'hopefully' (see Hopeful Beginnings sheet)
   - Flexibility of timing of sessions – can patient/therapist together negotiate timing of sessions?
   - 'Give permission' if client wishes to terminate early.

3. **Increasing client/therapist collaboration**

   From the start, clarity & transparency with patient about service policy on number of sessions/time limits on service offered for brief, focused work.

   Therapist shows interest in client's current coping strategies, strengths and resources (however small)
   - Effective enquiry into patient's functional goals for therapy
   - Non-judgemental interest in (realistically) how much energy client has/how motivated they are to 'put in the work'

   Collaboratively agree patient’s realistic, SMART goals according to both client’s
willingness/energy/resources, and the time available.
- Agree milestones according to client’s goals
- Using the arc of the therapy – beginning, middle and end
- Allow client to choose when to come (diaries permitting) - there is no particular magic in weekly sessions and many may prefer longer intervals

Count down sessions to end, checking that therapist and client are still working towards the client's goals
- Use scaling to help patient measure progress
- Finish and discharge cleanly on or before final session agreed
- Agreed policy on limited arms’ length support for discharged clients if appropriate.

4. Ensuring the professional’s ‘need to be needed’ is not fogging the issue
- Could you be hanging on to clients for longer than they want or need?
- Does a long waiting list help you feel that you are really needed (especially in a time of job insecurity)?
- Is your anxiety about the client greater than the client's anxiety about themselves?
- Do you have more goals for the client than they have for themselves?
- Is ‘covering your back’ an issue?
- Are you too responsive to the anxiety of referrers?
- Do you think about possible dependency vs empowerment on the client's part?
- Is your heart balanced with your professional head?
- Do you regularly examine why you are doing this job?
- Are you addressing these issues in regular clinical supervision?

Is your waiting list reducing, static or growing?
Over a reasonable period of time, is the waiting list reducing, static, or growing?
- If reducing, you're doing something right - what is it? Keep doing it.
- If static, a limited period of extra effort from the team, plus developing and putting into practice some fresh processes, should bring the list under control.

If growing, there are issues to be investigated and changes to be made. There may not be enough staff to treat all referrals and, in the background, you may have to keep up constant pressure on purse-holders to increase team hours/tighten referral criteria.
In the meantime, some of the suggestions made here may be of help. Demanding extra effort from team members on an endlessly ongoing basis will not put things right, and ongoing pressure and heavy demand on practitioners over a long period may risk disilllusionment and exhaustion, a drop in service quality, staff illness or absences, or burnout.
But enlisting the team's collaboration and creativity in doing things differently can enable you to bring the waiting list under control while maintaining team morale.

For further information and/or team facilitation to help with waiting list management in community services, contact Carole Martin at Northwest Solutions on carolemartin19@gmail.com or call 07841 621231

Carole Martin 2013