

Strengthening triage and improving team working to reduce waiting list demand in NHS Lothian Ear Nose and Throat (ENT)

NHS Lothian Ear, Nose and Throat (ENT) worked with Healthcare Improvement Scotland to strengthen referral triage, improve communication and increase clinic capacity. The introduction of Active Clinical Referral Triage (ACRT), combined with improved team collaboration, is already reducing unnecessary additions to the waiting list.

Situation

ENT is the most subspecialty driven area within head and neck services in NHS Lothian. It covers otology, rhinology, head and neck and paediatrics. Patients accessing NHS Lothian ENT were facing long waits across the breadth of their services.

By looking at their data with us the team were able to identify the nose and rhinology pathway as facing the greatest pressure, with 872 patients waiting over 52 weeks and around 300 waiting over 78 weeks for routine appointments (January 2026).

High demand, long waits and variation in referral quality were placing significant strain on the service. The team needed a clearer, more efficient approach to triage and communication to prevent unnecessary additions to the waiting list and improve patient flow. Working with us provided the service with dedicated space, structure and support to focus on improvement and bring the clinical team together around shared goals.

Approach

The team used the improvement sprint to review pathways, strengthen triage processes and improve communication with referrers and patients. Key activities included:

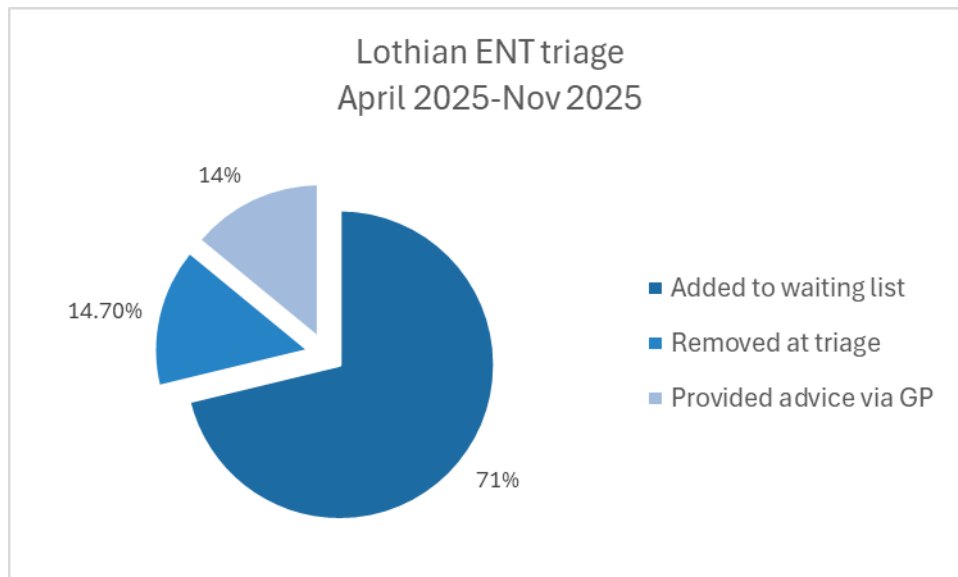
- Introducing ACRT to support early decision-making and reduce inappropriate referrals.
- Engaging four ENT consultants in detailed pathway discussions, which proved fundamental to ACRT's success.
- Reviewing and updating standard letters, with new templates implemented to ensure clearer communication with GPs and patients.
- Identifying additional clinical conditions suitable for ACRT to further reduce unnecessary demand.
- Working with outpatients and associated services to explore ways to increase clinic capacity.
- Training a Nurse Practitioner to see rhinitis patients, expanding the team's ability to manage demand.

Aim

To reduce unnecessary additions to the ENT waiting list by strengthening triage, improving communication and increasing capacity within Rhinology pathways.

Impact

Since April 2025, 1,326 referrals have been received into rhinology/nose. Of these, 14.7% were removed at triage (advice given, duplicate referrals or not appropriate for ENT), demonstrating the value of ACRT in preventing avoidable demand.



The service has also:

- Provided timely advice to 14% of patients and GPs, supporting appropriate care without adding to the waiting list.
- Identified further conditions to add to ACRT, with potential for additional reductions in demand.
- Sparked wider interest among consultants in exploring more efficient ways of working, including reviewing outcomes, new-to-return ratios and opportunities for discharge at first appointment.

Staff reported that the sprint gave them “space and clarity” to progress changes they had been wanting to make and strengthened relationships across the team and between teams, breaking down siloes and barriers.

Next steps

- Expand ACRT to additional ENT subspecialties.
- Continue reviewing and refining standard letters.
- Monitor the impact of the Nurse Practitioner role on rhinitis pathways.
- Explore opportunities to increase clinic capacity and improve flow.
- Continue embedding collaborative working across the ENT team.