Healthcare Improvement Scotland

Building confidence in prioritisation decisions in Caithness NHS Highland occupational therapy

Occupational therapy teams in Inverness and Caithness worked with Healthcare Improvement Scotland to explore how improvements in referral management, prioritisation and decision-making could support more equitable access to services and improve patient flow. The teams chose to share coaching call time and learn from each other throughout the 20-week sprint improvement programme.

Although each locality focused on different challenges, both teams identified variation in referral and triage processes as a key contributor to inefficiency and inconsistency. Their improvement work demonstrates how creating greater consistency at the front door of services can strengthen clinical decision-making, improve staff confidence and build the foundations for future waiting list improvements.

Both teams are continuing their improvement projects and have an ambition to spread learning through all nine occupational therapy teams in NHS Highland.

Situation

The Caithness occupational therapy team identified variation and uncertainty in triage and prioritisation processes. Staff reported that applying the prioritisation framework could be difficult, particularly where referrals sat between categories and were complex so required significant clinical judgement. The team recognised that greater consistency could improve equity for patients and confidence for staff.

Approach

The team focused on implementing the prioritisation framework, understanding how it worked and how it could help them.

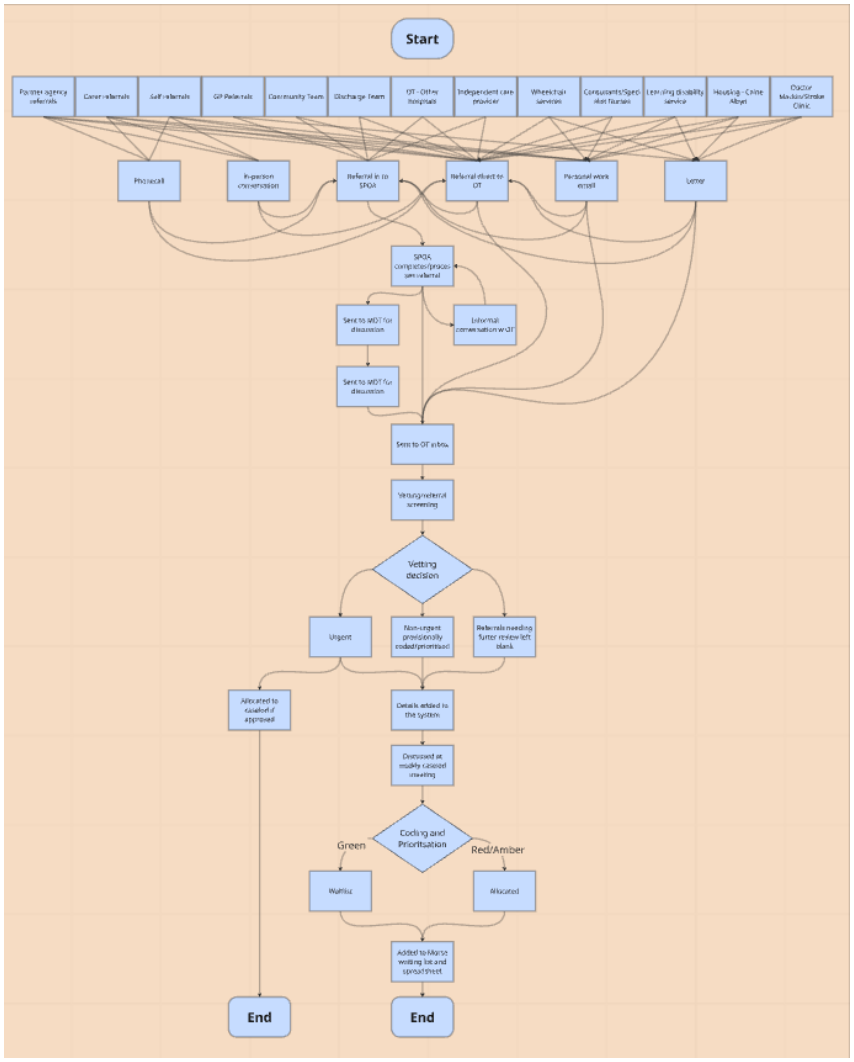
The team have broken down the prioritisation framework and have gone through small learning cycles where staff explored how categories should be interpreted and applied within practice. The team also developed a confidence survey to understand staff experience throughout implementation.

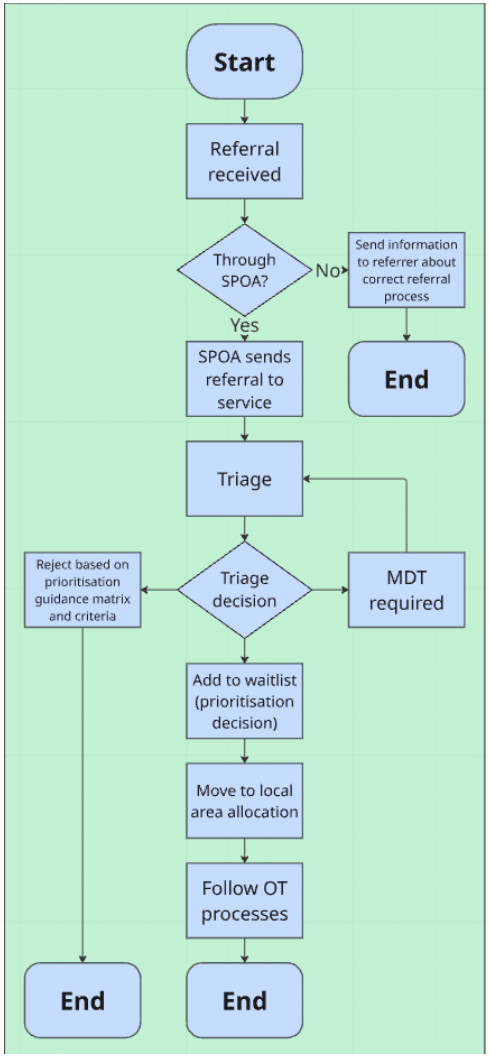
Alongside this work, the team examined referral quality and considered how triage decisions and rationale could be better documented. This was done in conjunction with process mapping to consider referral routes, and looking at the amount of clinical time spent chasing down details of incomplete or inappropriate referrals.

NHS SCOTLAND

Previous process and new process

Figure 1: Previous referral pathway





Aim

To support reduction of the community waiting list by:

- Improving consistency in prioritisation decisions.
- Increasing staff confidence when triaging referrals.
- Supporting equitable access to services.
- Developing shared understanding of the prioritisation framework.

Impact

Baseline analysis showed:

- 11% of referrals reviewed were inappropriate.
- Approximately 40% of appointments categorised as critical had not required that level of prioritisation.

As implementation progressed, staff reported increasing confidence in using the framework and greater value from team-based triage discussions.

One of the most important lessons was that successful implementation required time to understand local processes, terminology and ways of working before change could become embedded.

Next steps

- Continue embedding the prioritisation framework.
- Reinstate documentation of triage decisions and rationale.
- Capture implementation of learning for future teams.
- Support spread of learning to other NHS Highland localities.

Related case study

Read how the Inverness occupational therapy team improved referral quality and explored alternative pathways to reduce unnecessary demand.