Healthcare Improvement Scotland

Creating protected time for referral management to reduce delays and improve staff wellbeing in NHS Lanarkshire Gastroenterology Dietetics

NHS Lanarkshire's Gastroenterology Dietetics team worked with Healthcare Improvement Scotland to examine delays within their referral pathway and identify practical improvements that could reduce waiting times while improving staff experience.

By introducing a structured vetting rota and testing changes to patient opt-in processes, the team reduced unnecessary delays, improved predictability and created a more sustainable way of managing referrals.

Situation

Following work to improve waiting time performance across dietetics services, some specialty waiting times remained above 40 weeks.

The Gastroenterology Dietetics team believed there were opportunities to improve several aspects of the referral pathway, including referral vetting processes and patient opt-in arrangements. Staff also recognised that existing ways of working created uncertainty and frustration, particularly when referral vetting responsibilities had to be balanced alongside other clinical duties.

Although several improvement ideas had been discussed informally over a number of years, service pressures meant there had been limited opportunity to test and implement them.

Approach

The team used quality improvement methods to understand the existing referral pathway and identify opportunities for change. Activities included:

- process mapping,
- stakeholder engagement sessions,
- coaching sessions,
- Plan-Do-Study-Act (PDSA) cycles

Process mapping highlighted opportunities to simplify and streamline parts of the pathway while improving visibility and ownership of referral management.

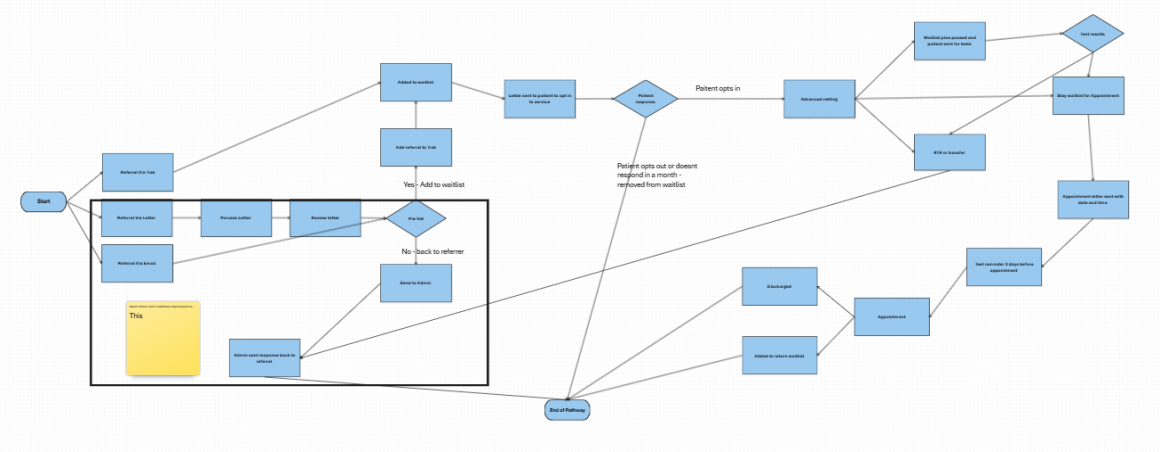
The team tested several changes, including:

- Introduction of a structured referral vetting rota.
- Building dedicated vetting time into clinician job plans.
- Reduction of the patient opt-in period from four weeks to two weeks.
- Exploration of referral criteria and referral process improvements.

NHS SCOTLAND

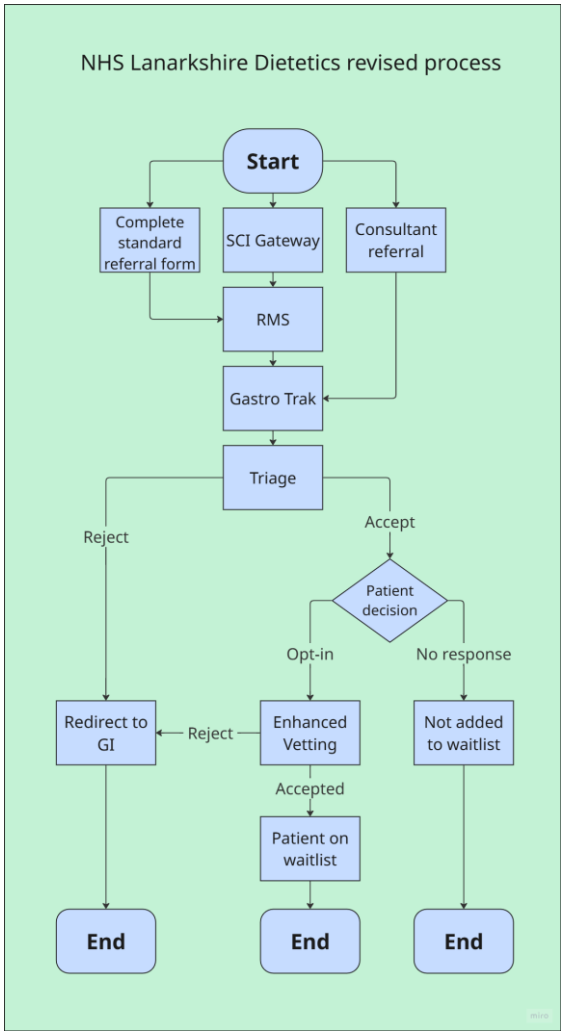
Previous process

Figure 1 - Previous referral process, which was very complex



New process

Figure 2: Revised process for referrals



Aim

By August 2026, 90% of patients referred to the Gastro Dietetic IBS pathway will be seen within 20 weeks.

Impact

Reduced delays in the pathway

The team introduced a structured weekly vetting rota, giving clinicians protected time and clear responsibility for reviewing referrals.

Previously, referral vetting could build up in the background and become difficult to manage, with some referrals taking up to two weeks before being vetted. The rota created a more predictable and sustainable process, ensuring referrals were reviewed consistently and reducing the risk of backlogs developing.

Time from referral to completed vetting reduced significantly, with the longest recent case reported as only four days despite disruption caused by a public holiday.

The team estimated that the combination of the new vetting rota and shortened opt-in process had already removed approximately three weeks from the patient pathway.

Improved staff wellbeing

One of the most significant benefits reported by staff was the reduction in stress associated with referral vetting.

Introducing dedicated vetting time improved visibility of workload and made it easier for clinicians to manage responsibilities within their working week.

Staff described feeling more confident that referrals would be reviewed on time and reported less uncertainty about workload accumulation.

> *'It's a weight off. It's predictable, you know when it's your day and time. It wasn't a change that you needed to be eased into doing it, it was such a sensible choice. I found it really helpful.' - Team member*

Managers also noted positive feedback regarding morale and job satisfaction following implementation of the changes.

> *'From a management perspective, it was great for job planning and sorting out what were stresses for people like vetting and trying to plan that out and remove that stress. That's improved people's morale, lifted the atmosphere, and increased job satisfaction. Staff aren't dreading doing their vetting – which has been good to hear from staff.' - Team manager*

Faster patient progression

The team reduced the patient opt-in period from four weeks to two weeks after recognising that most patients historically responded within the first week.

Early monitoring suggests there has been no negative impact on patient engagement or uptake, while reducing unnecessary time spent waiting within the pathway.

Building confidence in improvement

A recurring reflection from the team was that many of the changes tested were not new ideas. Instead, the programme provided the focus, structure and protected time needed to move long-standing suggestions into practice.

Staff highlighted the value of learning from other services on similar journeys. They also said having external perspectives could challenge established ways of working, helping identify opportunities that may otherwise have remained unexplored.

Next steps

The team plans to:

- Continue monitoring referral waiting times and the sustainability of the vetting rota.
- Review the impact of the rota during periods of annual leave over summer 2026.
- Continue monitoring patient opt-in rates following the reduction in response times.
- Progress discussions regarding digital referrals, including SCI Gateway and TrakCare.
- Explore opportunities offered by MyCare to improve communication with patients.
- Identify additional opportunities to streamline the pathway while longer-term digital solutions are developed.
- Review job planning and workload pressures as part of a scheduled service review in September 2026.