Healthcare Improvement Scotland

Improving referral quality and creating alternative pathways in Inverness 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 Inverness occupational therapy team was experiencing increasing demand and long waiting lists. Staff identified that a significant amount of time was being spent managing referrals that were inappropriate for the service or lacked the information needed to support effective triage.

The team also identified opportunities to support some patients through alternative pathways rather than requiring a full occupational therapy assessment.

Approach

Using quality improvement methods, the team reviewed referral quality and explored the introduction of a more structured pathway for Level 1 adaptations such as handrails.

The team collected baseline data on inappropriate referrals and reviewed patients on the handrail waiting list to understand whether self-purchase options had previously been offered.

A structured tracking system was developed to monitor referrals, patient decisions and subsequent occupational therapy involvement.

This was done in conjunction with process mapping to consider referral routes and triage decisions, 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 process map

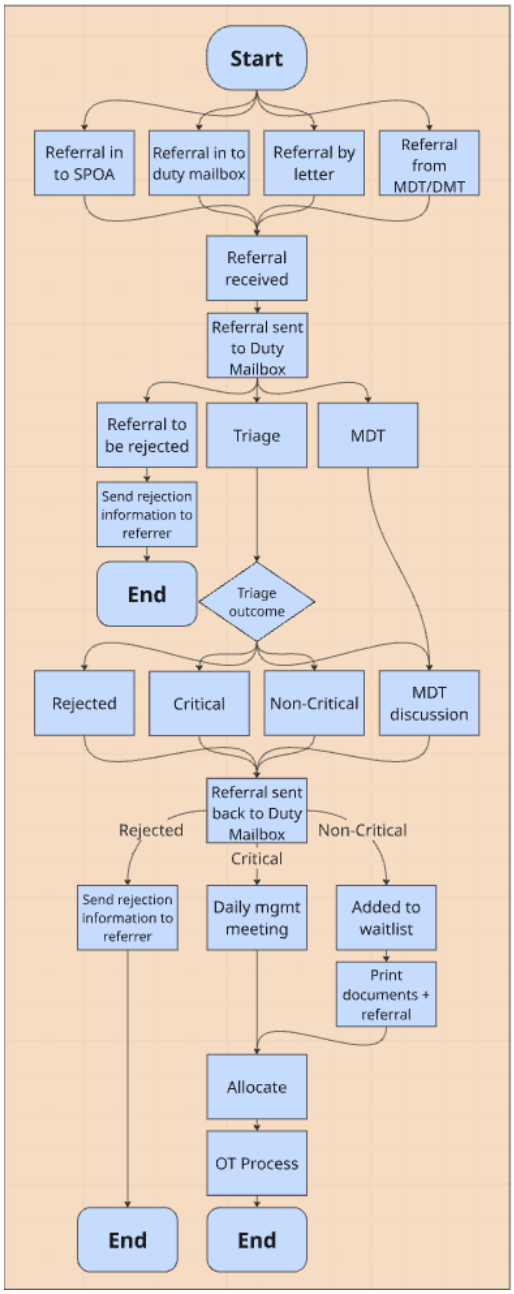
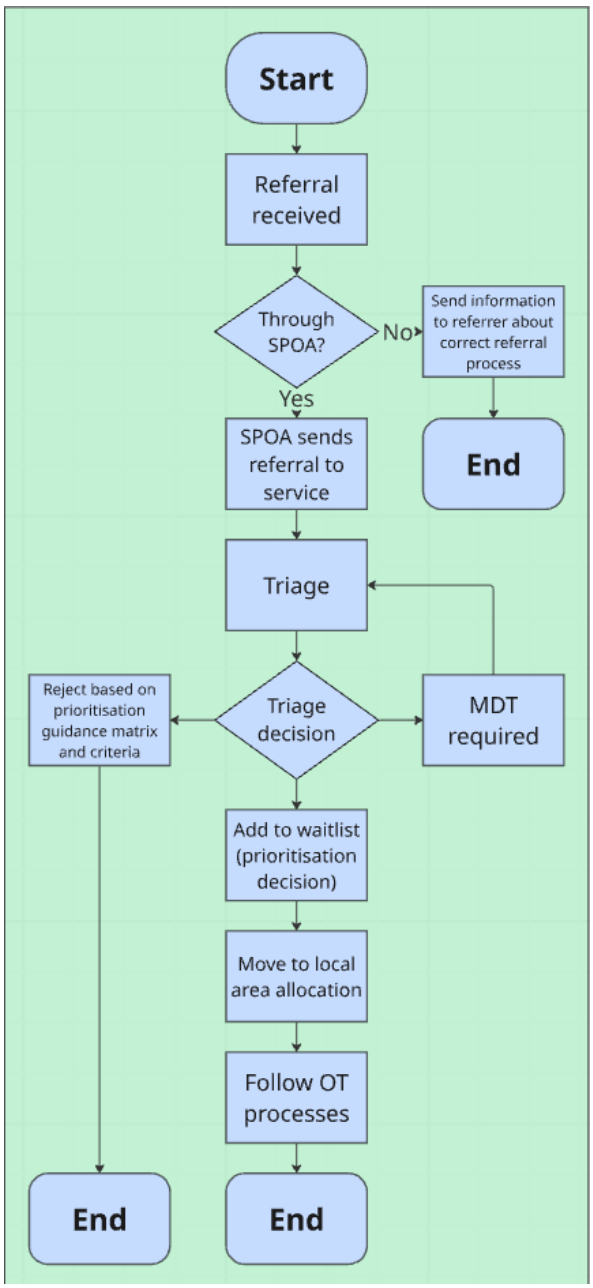


Figure 2: New process map showing a more streamlined process



Aim

To support reduction of the community waiting list by:

- Improving referral quality.
- Reducing inappropriate referrals.
- Supporting patients through alternative pathways where appropriate.
- Creating more consistent approaches to referral management.

Impact

Baseline analysis showed:

- 36.5% of referrals reviewed were inappropriate and could be redirected elsewhere.
- 20% of appointments classified as critical had not required critical prioritisation.

The work helped identify clear opportunities to improve referral management and reduce unnecessary demand on the service.

The team also developed improved data collection processes which will allow ongoing monitoring of referral quality and alternative pathway activity.

Next steps

- Implement the revised handrail pathway following agreement with partner services.
- Continue monitoring referral quality and inappropriate referrals.
- Analyse outcomes from self-purchase pathways.
- Explore additional alternative pathways and demand management opportunities.

Related case study

Read how the Caithness occupational therapy team focused on improving confidence and consistency in occupational therapy prioritisation.