

P023

P023 -Delivering renal clinics differently: A cost and time efficient model for renal clinics with enhanced patient experience and peer support.

Dr Emma Montgomery¹, Glenda Bestford¹, Mrs Julie Stubbs¹, Pauline Statt¹, Dr Gemma Thompson¹, Mrs Jeanette Blenkinsopp¹

¹Newcastle Upon Tyne Hospitals, Newcastle Upon Tyne, United Kingdom

Introduction

Group consultations are medical appointments delivered by a clinician supported by a facilitator in a peer group setting. They successfully replace routine one to one appointments and significantly improve efficiency and patient satisfaction.

We set up group consultations within our pre-dialysis clinic group. Within this model the clinician reviews 12-16 patients in 45 minutes while delivering quality care that improves patient experience and includes additional peer support.

Clinic Structure

(See Figure 1.)

Efficiency Outcomes

- Clinician time efficiency (Consultant Nephrologist) based on a previous average of 12.6 patients in a 200 minute clinic.
- Facilitator time (specialist nurse) - based on an average of 5 patients in 200 minutes
- Now combined will see approximately 14 patients in 90 minutes = 353.89% time efficiency
- o Facilitator savings per clinic = £121.33 (43 weeks = £5217.19)
- o Consultant savings per clinic =£171.78 (43 weeks = £7386.54)
- Admin time - set-up time 4 hours (-£40)
- o Clinic admin time savings of approx. 45 minutes per clinic after set up = £322.50 or 32.25 hours per year.
- Overall cost savings for 1 clinic for 43 weeks = £20,247.77 including set up costs

Patient experience

Patient experience has improved significantly and satisfaction surveys have shown not only patient satisfaction improve to >95% but many patients who would now choose this model as their clinic of choice.

Reasons for improvement in patient experience include:

- Reducing the feeling of isolation with their disease / development of a Support network
- Reduction in time waiting to see a clinician
- When using the old clinic model - clinics often run late and patients who have a lot of medical appointments spend a lot of time waiting in waiting areas.
- More time spent with the doctor.

Discussion

Given the increasing time, staff and financial constrains within the NHS; we need to introduce more innovative, efficient processes into our working practice in line with modern day expectations. The old outpatient clinic model is not suitable for all patients or staff and the old one size fits all clinic is no longer fit

for purpose. This model provides the opportunity to address the additional service demands and capacity, releases staff time and more importantly improves patient satisfaction and experience.

We recognise that this model cannot completely replace the old model, but can be used alongside it to allow additional time for the more complex patients.

One of the challenges is the additional set up time; however that can be reclaimed quickly and it is essential that there is buy-in from the whole team. We found the biggest logistical barrier to be space for the consultation as most outpatient departments have been designed upon the old 1:1 face to face model. However with some creative thinking, space can be created or reappropriated either within the department or from other NHS / Trust buildings.

We started this quality improvement project for the pre-dialysis cohort however having found its benefit we are already planning to roll it out in other renal clinics.