COVID-19 : PART 2

WAITING LIST

WHAT OUR PATIENTS WANT

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&

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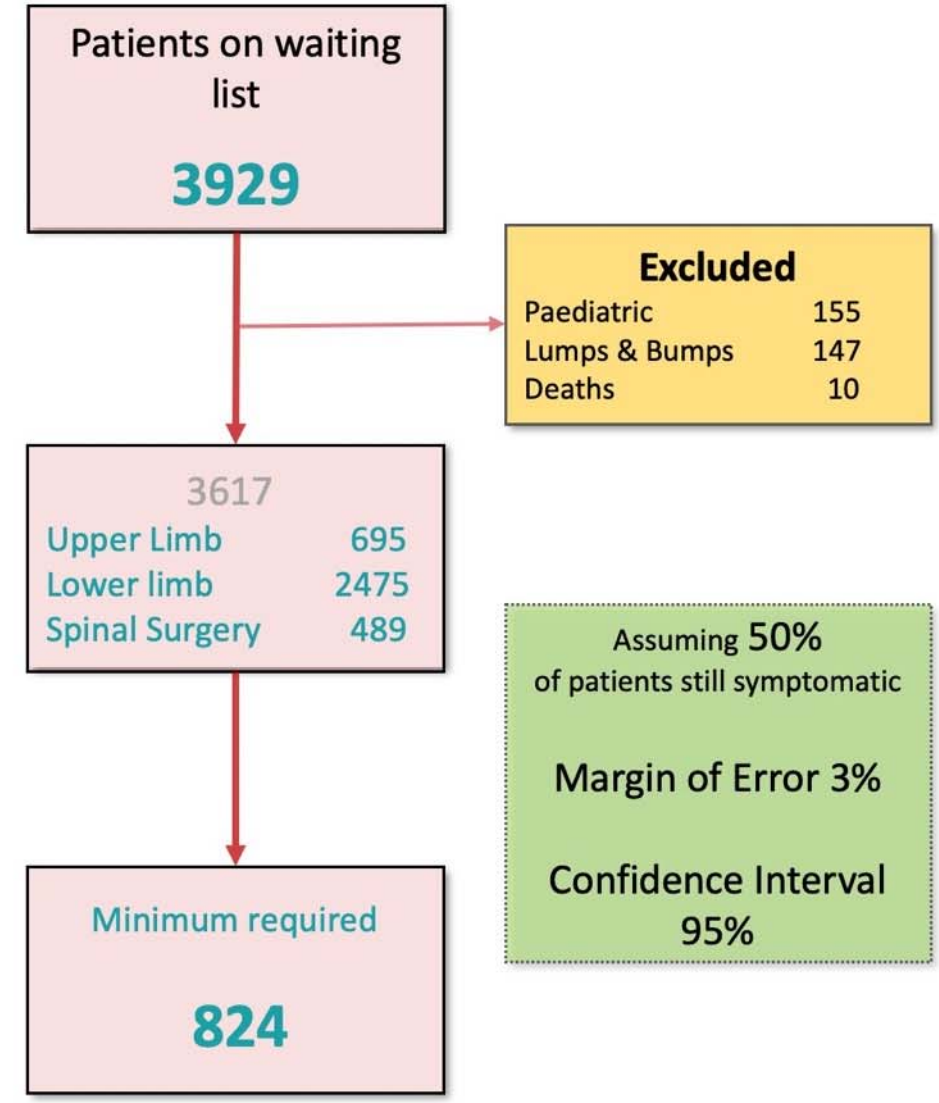
For MSS

Sample Size

- Survey patients
  - Elective Orthopaedic waiting list
  - Start of Covid-19
- Sample size 824
- Questionnaires 1,030
  - 60% response rate



How Has Delayed Surgery Due To Covid-19 Affected Our Patients?

1 Which Patients Did We Survey?

67 more than 824 needed

3% margin of error

2 What Are Your Thoughts About Surgery?

79% Do Not Want To Delay Until After Covid-19

94% Wish To Proceed

36% Anxious About Coming Into Hospital

NHS University Hospitals of Leicester NHS Trust

Improving care for patients on growing waiting lists for planned care:
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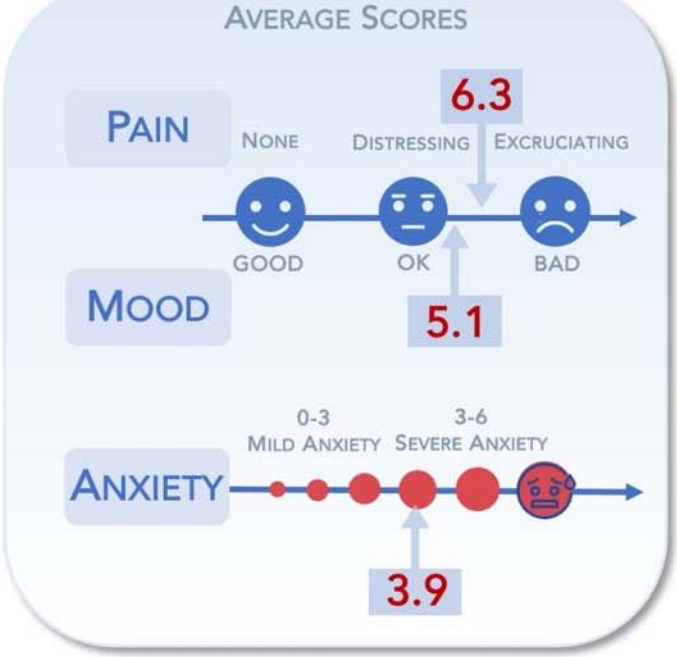
AToMS Academic Team of Musculoskeletal Surgery

How Has Delayed Surgery Due To Covid-19 Affected Our Patients?

3 How Are You Doing Overall?



4 How Are You Feeling?

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Patient Perceptions
Qualitative analysis

- Analysis of participants' survey responses
  - Perceptions of changes made by Trust
  - Perceived impact of procedure **Delays**
    - Patient views on changes needing improvement

- **Normalisation Process Theory**
  - Collective action
    - Qualitative analysis explored how changes were enacted
    - What patients wanted to help them manage
    - What they thought had been handled well
  - Reflexive monitoring
    - Effects were appraised
    - Key Factors & Experiences

Perceptions on Pandemic Changes

Understandable and unavoidable **disruption**

Increased **frustration** and **disappointment**

Deteriorating underlying condition

Substantial **Mental health impact**

Elements of change handled **WELL**

Elements of change handled **POORLY**

1. Acceptable Technology Solutions
2. Infection Prevention
3. Access Doctors Pain Management
4. Worse QoL & Psychosocial
5. Information Delays & Updates
6. Point of Contact

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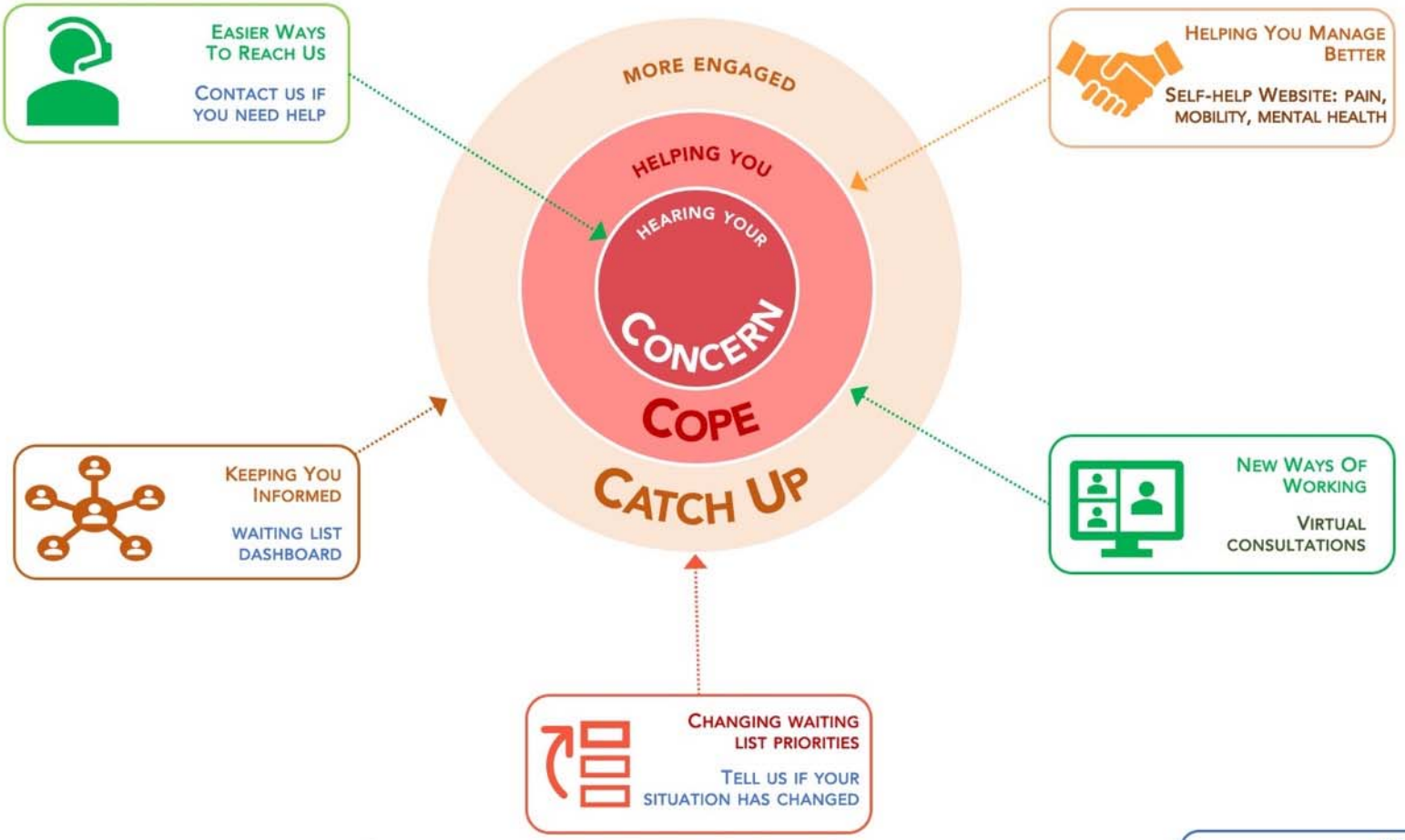
Operationalising Key Themes

Hearing Your Concerns			
Theme	**Observations**	**Actions**	**Additional Resources Required**
A point of contact	Patients want a clear point of contact to address queries	Liaise with waiting list team and clinic letter dictation team to better highlight contact details for queries In clinic ensure this number is made available to patients	Waiting list team email mailbox resource to enable better handling of more patient calls Safety netting with minimal extra staffing resource need
Health and safety (Covid-19 measures)	Now increasingly familiar measures (masks, fewer patients, distancing measures, hand gel)	Remain up to date with Trust/NHSE guidance in our clinical settings Revisit patient-facing staff training from 1st wave	Ongoing PPE resource needs Ongoing training resources (staff, equipment, time)

3 Cs

Leicester Action Plan



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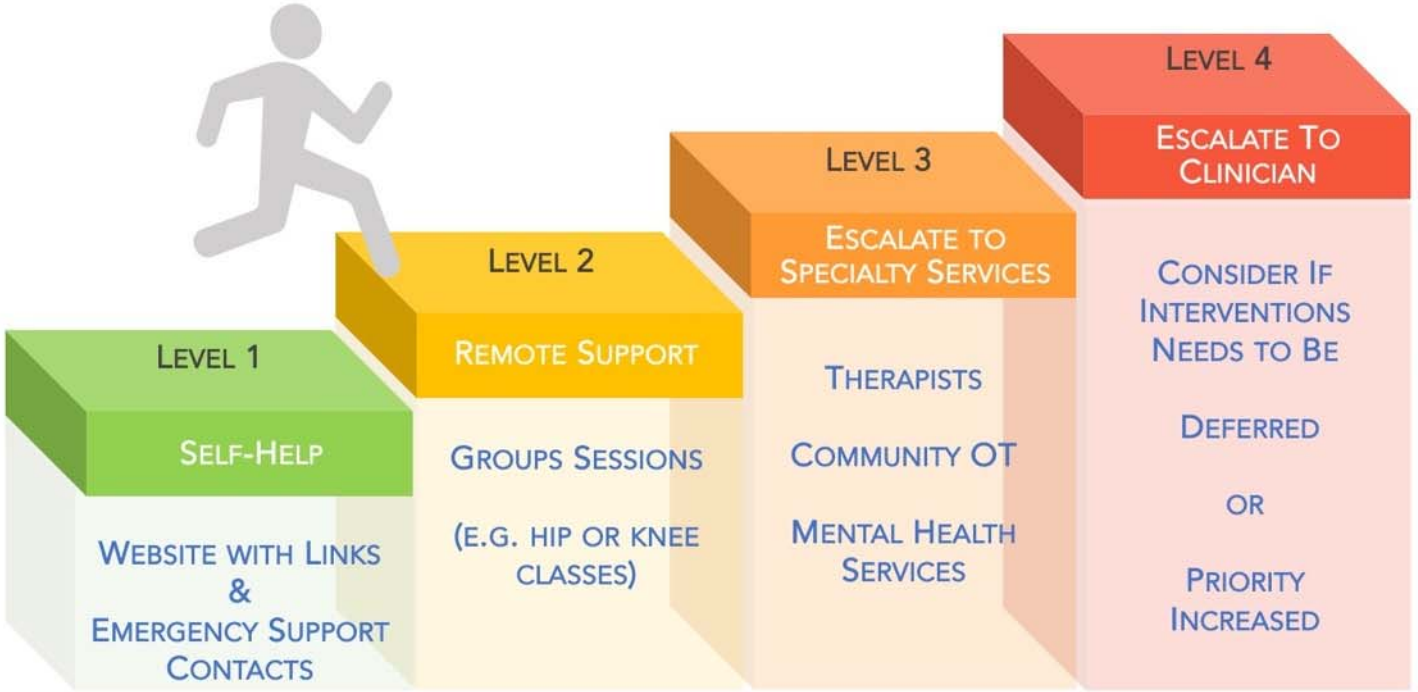
Ladder Of Interventions



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Catch up

Manpower
Logistics
Aftercare

Training

	Impact	Theatres	Beds	Anaesthesia
a	Life Prolonging	Specialist	ICU	Special
b	ADL- Will worsen	Clean Air	HDU	GA
c	ADL- stable	Normal	Ward	Regional
d	Preference	Community	Day	Local
e	Uncertain	Ventilated Clean Room	Ambulatory	WALANT
f		Clean Room		

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QUESTIONS

Waiting List

What our patients want

Address **Concerns**

Help **Cope**

Informed **Catchup**

How Has Delayed Surgery Due To Covid-19 Affected Our Patients?

1 Which Patients Did We Survey?

3929 On Waiting List

Surveys Sent 1380

888* Replied

*64 more than needed for representative sample (3% margin of error)

2 What Are Your Thoughts About Surgery?

79% Do Not Want To Delay Until After Covid-19

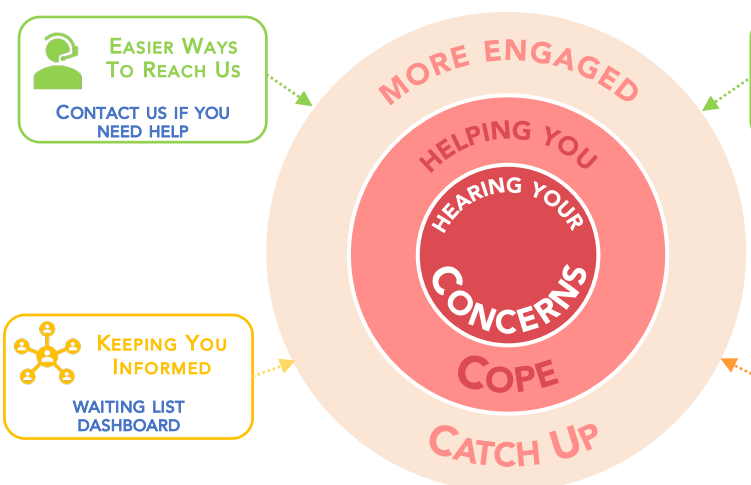
94% Wish To Proceed

36% Anxious About Coming Into Hospital

3Cs

Leicester Action Plan

How We Can Help You Better?



Easier Ways To Reach Us
Contact us if you need help

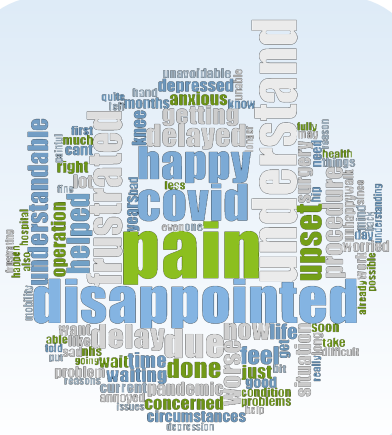
New Ways Of Working
Virtual consultations

Keeping You Informed
Waiting list dashboard

Helping You Manage Better
Self-help website: pain, mobility, mental health

Changing Waiting List Priorities
Tell us if your situation has changed

4 How Are You Feeling?



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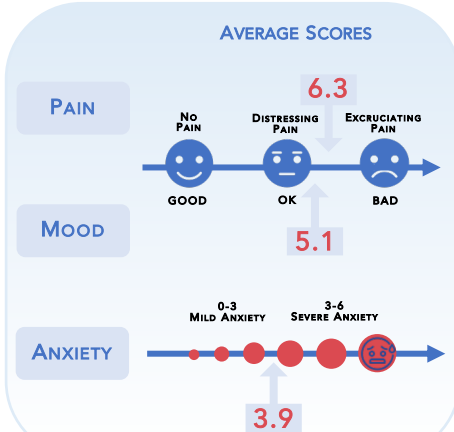

What can we learn from the experiences and expectations of patients on growing waiting lists for planned care in the COVID-19 pandemic?

AToMS, UHL 2021

Aims

COVID-19 has compounded a growing waiting list problem, with 4.5 million patients waiting for consultant-led elective care. Waiting list patient views are rarely considered in prioritisation. Our primary aim was to understand how patients on waiting lists required support by hearing their experiences, concerns, and expectations. The secondary aim was to capture objective changes in disability and coping mechanisms.

Patients and Methods

A minimum representative sample of 824 patients was required for quantitative analysis to provide a 3% margin of error. Sampling was stratified by body region (upper/lower limb, spine) and duration on the waiting list. Questionnaires were sent to a random sample of elective orthopaedic waiting list patients with their planned intervention paused due to COVID-19. Analysed parameters included baseline health, change in physical/mental health status, challenges and coping strategies, preferences/concerns regarding treatment, objective quality of life status (EQ-5D, GAD-2). Qualitative analysis was performed via Normalisation Process Theory.

Results

888 responded. Better health, pain, and mood scores were reported by upper limb patients. The longest waiters reported better health but poorer mood and anxiety scores. 82% had tried self-help measures to ease symptoms. 94% wished to proceed with their intervention. 21% were prepared to tolerate deferral. Qualitative analysis highlighted the overall patient mood to be represented by the terms ‘understandable’, ‘frustrated’, ‘pain’, ‘disappointed’, and ‘not happy/depressed’. COVID-19 mandated health and safety measures and technology solutions were felt to be implemented well. However, patients struggled with access to doctors and pain management, quality of life (physical and psychosocial) deterioration, and delay updates.

Conclusion

This is the largest study to hear the views of this 'hidden' cohort. Our findings are widely relevant to ensure provision of better ongoing support and communication, mostly within the constraints of current resources. In response, we developed a reproducible local action plan to address highlighted issues.

Clinical relevance

1. This is the largest study to seek the experiences, concerns, and expectations of patients on waiting lists for planned interventions.
2. Primary patient concerns include difficulty coping with the physical and psychosocial aspects of the deterioration in quality of life caused by their symptoms, alongside challenges in contacting healthcare services and getting updates while they remain in limbo on a waiting list.

Action Plan

With constrained resources, this study has enabled us to focus on a workable solution to the specific challenges that concern patients on waiting lists. Having highlighted the challenges we attempted to develop a pragmatic, resource undemanding, and rapidly reproducible local solution.

1. To operationalise tangible interventions to effect rapid change to waiting list patient care, we propose a simple, progressive ladder of interventions, with the ultimate aim at each stage to determine whether the intervention priority needs to be adjusted (i.e., deferred or expedited).
2. To ensure that the key themes highlighted by patients were addressed, we developed a structured local '**3C**' action plan. This is based upon a three-tiered approach to providing support, including better ways to
    a. hear patients **Concerns**,
    b. providing simple tools to help them **Cope**, and
    c. improved two-way engagement to **Catch up** while they remain in 'limbo' on their waiting list, including through developing an elective wating list dashboard.

This follows a similar model to other industries with consumer waiting (e.g., airline, customer service), and aims to strike a balance between keeping patients up to date with a realistic indicator of time (and therefore better able to plan their commitments around their intervention) and not providing false hope, notwithstanding the fact that waiting times understandably differ based upon individual clinical need.

To ensure actions were fed back to all participants, we developed an infographic. Patients were directed to view this on our new waiting list web site via text message.