

Access QI

Scheduling Diagnostic Tool

July 2020

Working draft (v0.10)

This is a working draft developed prior to COVID-19 and has not yet been fully tested. If you wish to test this tool and would like to discuss its use please contact hcis.access-qi@nhs.net.

If you wish to provide any immediate feedback on this tool, please click [here](#).

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Scheduling

The demand for access to healthcare services is increasing. Patients want to have a choice in days and times that will fit their schedule. Adopting a centralised approach to appointment scheduling ensures that schedulers can see all availability in all locations to ensure that patients see the right provider at the right time.

Good practice for centralised scheduling

- There should be clear policies in place to support;
 - Standardised scheduling of appointments
 - Management of patients who cannot/do not attend (re-booking and re-allocation)
 - Policies should be up to date and available to staff and service users
- Patients should have options on how to book appointments (electronically, via telephone)
- There should be rules around how far in advance appointments can be booked. The further in advance the more likely that the appointment will no longer be suitable
- Having as few appointment types and times available, this simplifies the scheduling process, offers more flexibility and reduces queues
- Scheduled appointment times should match the time that the patient is seen. Gaps like this cause poorer patient satisfaction and flow issues
- There should be systems in place to offer appointment reminders with patients having to confirm attendance

Key Principles

The scheduling diagnostic should;

1. Be undertaken at a pathway level
2. Include all relevant stakeholders (staff and service users)
3. Findings form an improvement plan to ensure knowledge is translated into action

Scheduling Diagnostic Tool

1. Centralised vs Decentralised Scheduling																				
1.1 Please tick the options that best describe the scheduling processes across the pathway. Capture any relevant information; <ul style="list-style-type: none"> • Part of pathway using particular scheduling approach • Decision behind adoption of particular scheduling approach • Examples of good practice • Areas for improvement 	<table border="1"> <thead> <tr> <th>Scheduling</th> <th>Tick all that apply</th> <th>Relevant Information</th> </tr> </thead> <tbody> <tr> <td>Board Centralised scheduling</td> <td><input type="checkbox"/></td> <td>Click or tap here to enter text.</td> </tr> <tr> <td>Regional Scheduling</td> <td><input type="checkbox"/></td> <td>Click or tap here to enter text.</td> </tr> <tr> <td>Multiple clinic/speciality scheduling</td> <td><input type="checkbox"/></td> <td>Click or tap here to enter text.</td> </tr> <tr> <td>Individual clinic/speciality scheduling</td> <td><input type="checkbox"/></td> <td>Click or tap here to enter text.</td> </tr> <tr> <td>Clinician level scheduling</td> <td><input type="checkbox"/></td> <td>Click or tap here to enter text.</td> </tr> </tbody> </table>	Scheduling	Tick all that apply	Relevant Information	Board Centralised scheduling	<input type="checkbox"/>	Click or tap here to enter text.	Regional Scheduling	<input type="checkbox"/>	Click or tap here to enter text.	Multiple clinic/speciality scheduling	<input type="checkbox"/>	Click or tap here to enter text.	Individual clinic/speciality scheduling	<input type="checkbox"/>	Click or tap here to enter text.	Clinician level scheduling	<input type="checkbox"/>	Click or tap here to enter text.	
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Clinician level scheduling	<input type="checkbox"/>	Click or tap here to enter text.																		

2. Scheduling Policy		
2.1 Do you work to a standard definition of what constitutes a morning and afternoon clinical session? (i.e. timings)	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	Click or tap here to enter text.
a) Please provide detail of timings	Click or tap here to enter text.	
2.2 Do clinicians have a degree of flexibility (at board or pathway level) to offer evening, weekend or extended clinical sessions?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	Click or tap here to enter text.

2. Scheduling Policy		
2.3	What number of clinical sessions is expected of 1 WTE clinician per year?	Click or tap here to enter text.
	a) Please outline any challenges that impact on clinicians being able to do more sessions than is expected	Click or tap here to enter text.
	b) Please describe any policy/local agreement that outlines the process clinicians are required to follow when reducing/reallocating clinical sessions?	Click or tap here to enter text.

3. Scheduling			
3.1	How do patients book appointments?	Telephone <input type="checkbox"/> Online <input type="checkbox"/> Email <input type="checkbox"/> Allocated by service <input type="checkbox"/>	Click or tap here to enter text.
3.2	How far in advance can patients book an appointment?	On the day <input type="checkbox"/> 4 – 8 weeks <input type="checkbox"/> 8 – 12 weeks <input type="checkbox"/> > 12 weeks <input type="checkbox"/> Variation <input type="checkbox"/>	Click or tap here to enter text.
	a) Do you have data available to understand cancellations numbers per timeframe?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	Click or tap here to enter text.
3.3	Are there options in place to offer patients appointment reminders?	Yes <input type="checkbox"/> No <input type="checkbox"/> Variation <input type="checkbox"/> Unsure <input type="checkbox"/>	Click or tap here to enter text.
	a) If yes, how far in advance are these sent?	Click or tap here to enter text.	
3.4	Are patients required to confirm attendance at a scheduled appointment?	Yes <input type="checkbox"/> No <input type="checkbox"/> Variation <input type="checkbox"/> Unsure <input type="checkbox"/>	Click or tap here to enter text.

3. Scheduling	
a) If yes, how far in advance are they required to confirm?	Click or tap here to enter text.

4. Appointment System Features

4.1	Please detail the appointment types and times in use at pathway level.	Appointment Type		Average Time	Click or tap here to enter text.	
					Click or tap here to enter text.	
					Click or tap here to enter text.	
					Click or tap here to enter text.	
					Click or tap here to enter text.	
					Click or tap here to enter text.	
4.2	Is there flexibility at a board/pathway level to create appointment blocks? (i.e. merge 2 shorter appointments to create a longer appointment.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Variation <input type="checkbox"/>	Unsure <input type="checkbox"/>	Click or tap here to enter text.
4.3	Are patients being allocated appointments that match their needs? It may require some bespoke observational work to understand truth in pathway level scheduling.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Variation <input type="checkbox"/>	Unsure <input type="checkbox"/>	Click or tap here to enter text.

4. Appointment System Features			
4.4	Is overbooking a common feature in scheduling at pathway level?	Yes <input type="checkbox"/> No <input type="checkbox"/> Variation <input type="checkbox"/> Unsure <input type="checkbox"/>	Click or tap here to enter text.

5. Satisfaction			
5.1	Do you regularly capture information on patient satisfaction relating to scheduling?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	Click or tap here to enter text.
5.2	Is information available from patient councils/ reps.	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	
5.3	Is there a process at the pathway level to review complaints with information relating to scheduling?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	Click or tap here to enter text.
5.4	How does all information and feedback captured translate into an improvement plans?	Click or tap here to enter text.	

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