

Part III

Preparing for implementation

How will patients refer themselves?

Once you have decided on the type of service you will be introducing, the next step is to work out how patients will actually refer themselves to it.

Whatever you decide, patients will need to provide some basic information about themselves and their condition or problem to assist you in processing their referral efficiently and effectively. At the present time, there are basically two different ways to get this information but we acknowledge that these options may increase as technology advances. It will not be too long until patients are requesting appointments via email, for example, or even by text messaging. Currently, however, the most common ways patients introduce themselves are by telephone or in person.

Telephone

If you opt to receive referrals from patients over the telephone, you will need to think about whether you use the telephone as a means of just receiving referrals or as a patient management tool or as an opportunity for eliciting referrals or information.

The telephone as a referral tool

Patients telephone specifically to ask for an appointment with a healthcare practitioner. They are offered the option to provide details there and then or to be called back for this information at a later time. This could involve a call to a GP surgery, to a healthcare service directly or to a call centre or centralised booking facility.

The telephone as a referral and management tool

Patients telephone a dedicated telephone line where their calls are either logged and they are called back or their calls are responded to by either experienced healthcare practitioners, administration officers or reception personnel. The management of patients can follow a number of pathways, depending on the options available.

- Appointment for further assessment, mutually agreed.
- Patient advised to come to a drop-in clinic, details provided.
- Patient assessed, given advice and discharged from care.

- Patient assessed, given advice, follow-up information sent to the patient's home and discharged from care.
- Patient assessed, given advice, follow-up information sent to the patient's home and patient put on a waiting list to be seen by healthcare practitioner as per waiting list management criteria.
- Patient assessed, given advice, follow-up information sent out to the patient's home and treatment appointment mutually agreed.
- Patient considered not appropriate, referred to GP or other healthcare practitioner.
- Patient assessed considered not appropriate and discharged.
- Patient requires immediate referral to doctor or other healthcare practitioner.

Cautionary point

If the patient is managed completely over the telephone without the need for a face-to-face appointment, how are you going to communicate the result of this consultation to their family doctor or GP?

The telephone as an active elicitor of referrals

We are aware of some services that pro-actively screen all patients who telephone for an appointment with their GP. In this system, all patients are asked by the receptionist if their complaint is something a physiotherapist/nurse/dietician or so forth might be able to help them with. If the patient states that this might be possible their details are taken and either an appointment with the identified healthcare practitioner is made or arrangements are made for the patient to be contacted at later time.

An experience to learn from

We know of a patient self-referral service in the north-east of England that actively elicits referrals and manages the process very successfully. This service reports referral rates that are approximately 50% higher than similar services that do not actively elicit. This system was introduced gradually but the service had to increase provision to match the rise in referral numbers. The value of such systems lie in the fact that patients are seen by the most appropriate healthcare practitioner more directly in addition to the associated reduction in GP workload.

Points to consider for active eliciting of referrals include the following.

- Eliciting referrals can result in an increase in the number of referrals to your service.

- The time frame in which you handle referrals: this has major implications for services in the UK where there is a government target or standard that all patients requesting an appointment at their GP surgery need to be seen within 48 hours. If patients are diverted to other healthcare services after being 'elicited' this rule still applies. At the time of writing this does not apply in most cases if patients request appointments with healthcare practitioners other than doctors, but you are advised to check this as the rules do differ from region to region and may change in the future.
- There is no point in introducing a system that is known to increase referral rates if you are not sure if you can deal with the patients effectively and efficiently.

Cautionary points

- We strongly recommend that if you are keen to introduce an 'active eliciting' approach, you do this incrementally. Start by using the telephone as a referral tool; only when you are confident in your system should you consider actively eliciting referrals to your service.
- Again, consider how you communicate the result of telephone-only consultations to the patient's doctor.

In person

Using this method, patients present themselves at identified locations and usually refer themselves by completing a form.

Top tips

- Ensure that the system you choose has taken account of the geography and patient profile of your region: there is no reason for not having a combination of systems running in parallel.
- Patients may value an opportunity to telephone to arrange an appointment/call back/to access triage/advice, particularly if they live more remotely or have mobility problems.
- Check to see if national or local waiting time standards apply to your service.
- Only consider introducing active eliciting systems once you are confident in your overall ability to meet potential demand.
- Ensure you have considered how the results of your patient contact is communicated with the patient's doctor.

Publicising the change in access to your service

By now you should have a good idea about what kind of service you are planning to introduce. It is time therefore to consider how you will inform its potential users and other key stakeholders of these changes.

Q How do I go about telling patients and other staff?

There is no point in introducing changes to services that rely on patients referring themselves if they do not know they can actually do this. It will therefore be necessary for you to develop a publicity or marketing strategy.

The approach you adopt will depend on whether or not you will be offering patient self-referral to the full population you serve or just an element of it.

Full population access

If you intend to offer self-referral to all patients within your local population you have many more options available. You can adopt a much wider marketing campaign which could include all or a blend of the following.

Posters

- Ensure you involve service users in poster development – do not assume you can decide that they will understand your message. Ask them!
- Design posters detailing the service.
- Do not try to put every piece of information about ‘what you do’ on a poster.
- Specify how your service can be accessed.
- Guide potential referrers to more detailed information, i.e. pick up a leaflet at your library, community centre, GP surgery, etc.
- Include some key information as to what type of conditions would be appropriate for your service.

- Specify what kind of service you are providing, for example if you have drop-in clinics or a telephone advice service.
- Include opening times and location of clinics.
- How patients can refer themselves.
- If you have referral forms for patients to complete where can they be accessed?
- Where will the posters be displayed, for example health clinics, local library, clubs, community centres, etc.
- Enlist the help of a local information technologist or marketing person to ensure your posters are more likely to be noticed.
- Ensure you have resources to continue to update and replace your posters as and when required.
- Ensure language and format requirements have been addressed.

Top tips

- Keep your poster focused, accurate and eye-catching.
- Direct your potential referrers to other sources of additional information, i.e. leaflets, web addresses, etc.

Leaflets

- Ensure you involve service users in their design – do not assume that they will understand your message. Ask them!
- Produce clear simple leaflets which contain the same information as detailed above in the poster section.
- Include clear information that tells patients how to refer themselves.
- Ensure language and format requirements are addressed.

Presentations

- The presentations you may have made to your staff and critical friends can be used when explaining the service to other healthcare professionals.
- Presentations can be delivered to user groups, community groups and local volunteers. Remember to ensure that the language you use in these types of presentations does not include technical or jargonised terms or abbreviations: 'plain English' is needed here.

Q Where should I display posters and leaflets?

This will depend on the population you wish to reach but you can consider any or all of the following:

- GP practices
- health clinics
- therapy departments
- accident and emergency departments
- community centres
- libraries
- leisure centres
- local shops.

You can also target specific groups, for example:

- senior citizen groups
- mother and toddler groups
- sports groups
- local condition specific voluntary groups, i.e. the Arthritis and Musculo-skeletal Alliance (ARMA).

Top tip

Don't forget to let other healthcare staff know about your service: word of mouth is still one of the most powerful publicity tools there is!

An experience to learn from

One community advertised its patient self-referral service in local pubs, hotels and restaurants as well as the range of places identified above – and was surprisingly successful!

Media features

- Consider placing a feature in the local staff publication.
- Local press may run a feature in the home and health or local news section.
- Local radio, including hospital radio, will reach different audiences.

The world wide web

Where do patients find out about which private therapy healthcare practitioners there are in their area? Two of the most popular ways used these are to look up services:

- in the telephone directory
- on the internet.

NHS services have not been so creative about publicising their services to the public. Try 'googling' your profession, i.e. 'occupational therapy' or 'physiotherapy' with 'NHS services' and your local area, and see what comes up. The likelihood is that the answer will not be a lot!

Top tip

Speak to your local friendly information technologist or communications staff again. Can anything be done to publicise your service on the world wide web?

Limited population access

If you are introducing patient self-referral to just a sub-section of your population, you will have to ensure that you tailor your publicity accordingly to avoid confusion and possible inappropriate self-referral. This may require targeting patients directly via newsletters, leaflets or personal approaches.

You might expect that the amount of publicity you generate should correlate directly with the uptake of service but the experience in other countries tells us otherwise. Even with blanket publicity, using all the methods above, the self-referral rate still remains at under 30% of all referrals as experienced in New South Wales, Australia and an even lower rate in Florida, USA. From our own work some of the locations reported that they felt they had to keep raising awareness of self-referral as their rate dropped after the first flourish of publicity died down.

Changing patterns of behaviour, in particular longstanding ones, does not happen overnight. It will be some time before members of the UK public automatically think they can refer themselves to a range to healthcare services in the same way they currently do for dentistry.

Top tips

- Seek the involvement of user groups, community groups and members of the public when developing your publicity strategy – it should appeal to, and be clearly understood by, your intended population. Remember cultural differences may make your message inaccessible. Seek guidance on adapting parts of your strategy.
- Target your intended population appropriately.
- Don't forget to inform other healthcare providers.
- Think creatively about where you place your publicity material and renew it regularly.
- Think big, think the www!

Measuring and demonstrating impact

The importance of being able to demonstrate impact cannot be over-emphasised. It needs to be carefully considered and pro-actively planned from the outset. Doing this well will rely on the approach you take to measuring, what and how you measure and the reliability of your data.

Most frequently asked questions

- Q How do I go about measuring the impact of introducing patient self-referral?
- Q What data should I be using?
- Q How do I collect this?
- Q What should I do with this information once I've got it?

Why information is needed

To survive in today's healthcare delivery sector, services need to be able to demonstrate their clinical and cost effectiveness on an ongoing basis. This is particularly so for newly introduced or redesigned services. Not only is this a professional requirement, it is also needed to provide assurance that standards of care are being met, that there are positive benefits for patients and services, and that value for money is demonstrated. A rolling programme of impact planning, guideline implementation, clinical audit and patient and staff feedback should be integral to service delivery.

Traditionally, demonstrating impact has not been a strong point for most services. Consistently, we have struggled with demonstrating what impact, if any, we make on patient care and in delivering healthcare policies. This means that, in an environment where there is ever-increasing competition for scarce resources, an inability to make a credible case severely hampers any ability to attract ongoing or additional support.

Major effort needs to be put into planning how the impact of introducing patient self-referral will be demonstrated. You need this to be able to

demonstrate the impact on patients, on your service, on referral sources and other services, and how it meets organisational and national objectives.

How do you measure impact?

In order to demonstrate impact, you need to know what to measure. Some things are obvious, for example how many patients self-referred compared to those referred from other sources and also in comparison with baseline data. Other measures of impact are more complex or subtle but may prove to be very useful to you in the future. This is why you need to put considerable thought into this from the outset and have an 'impact plan'.

Top tip

All organisations have objectives that tend to be developed and reviewed regularly based on a combination of national, professional and local issues. You need to be fully aware of what these are. If in doubt, there are a number of key people in any organisation who should be able to update you and provide the necessary information. These can include clinical directors, performance, business and organisational managers.

Formulating your impact plan

Having an impact plan provides you with a unique opportunity to bring together all the objectives of your organisation, service and profession. Normally, these tend to be separate documents. Bringing them together allows you to look at the overall picture and helps to ensure that you have considered all perspectives and will be able to provide reliable information. It allows you to identify the key objectives that are directly relevant to your service generally and patient self-referral specifically.

Formulating an impact plan may sound complicated, but if you follow the steps below, it should be relatively straightforward.

- Start by drawing up a table with two columns.
- Compile a list in the left-hand column that includes the key objectives of your organisation, which should include a combination of:
 - national
 - clinical
 - organisational
 - human resource issues.

- Add key:
 - professional or national organisational guidelines or standards
 - any other issues that you consider should be included that may be relevant to your service; what about community issues?
- Think widely at this stage.

Table 18.1 has been compiled for demonstration purposes only and contains a sample range of objectives that a physiotherapy service may identify as appropriate for further consideration when demonstrating the impact of patient self-referral.

Table 18.1 Samples of objectives when demonstrating the impact of patient self-referral

<i>Objective</i>	<i>Data needed as evidence</i>
Provide primary healthcare practitioner appointments within 48 hours of request	
Decrease inappropriate referrals to specialist services	
Achieve 3% saving on drugs	
Ensure that patients are offered access to appropriate services close to home	
Patients are involved in the planning and evaluation of services	
Patients are assessed in line with professionally determined standards	
Patients are provided with appropriate information	
Improve patient outcomes	
Demonstrate high levels of patient satisfaction with healthcare provision	
All staff members have a personal development plan (PDP)	
Minimise absence from paid employment	

When compiling this list, explore all sources of information, including the web-based information about your organisation for clues. Do not forget to think laterally and prospectively; for example, if one of the organisational objectives relates to waiting times for what are currently predominantly medical specialties, think about how introducing patient self-referral to existing and extended roles could improve matters; this may not have been factored in, or, if there are objectives relating to the prescribing of drugs or specialist investigations, think about how self-referral could potentially offer a more cost and clinically effective alternative.

Once you have your list of relevant objectives, in the right-hand column of the table start to list the key data items you will need to provide evidence that you are meeting or impacting on the objective.

This information should include patient demographic, clinical and staff-related data; the key things you need to provide you with an overview of how the service is functioning (*see* Table 18.2). Think widely, do you want to know your re-referral rate or the investigations your patients have?

Table 18.2 Samples of objectives when demonstrating the impact of patient self-referral*

<i>Objective</i>	<i>Data needed as evidence</i>
Provide primary healthcare practitioner appointments within 48 hours of request	Date of referral and when assessed
Decrease inappropriate referrals to specialist services	Secondary referral rates
Achieve 3% saving on drugs	Prescribing details by referral source
Ensure that patients are offered access to appropriate services close to home	Location details – proportional breakdown
Patients are involved in the planning and evaluation of services	Patient involvement and feedback details
Patients are assessed in line with professionally determined standards	Service standards
Patients are provided with appropriate information	Audit of information strategy and patient feedback
Improve patient outcomes	Outcome measures from clinicians, staff and patient perspectives
Demonstrate high levels of patient satisfaction with healthcare provision	Patient experience information
All staff members have a personal development plan (PDP)	PDP audit
Minimise patient and staff absence from paid employment	Employment and absence details

*This is just a sample and not an exhaustive list.

Table 18.2 constitutes your impact plan. It should clearly identify what types of data or information you need to collect to demonstrate the impact of your service and how it is contributing to meeting key objectives.

Top tips

- Develop an impact plan.
- Link self-referral to key organisation and service objectives.
- Think laterally, be creative.
- Review and update regularly.
- Exploit the expertise of others, including your critical friends.

What information should you collect?

Realistically, once you have compiled your impact plan you will probably realise that you are already collecting much of the data needed. It may be that you just need to review the overall dataset and update it slightly in light of your impact plan.

What is crucial though is that you have a good understanding of the existing service before you start to introduce patient self-referral. Ensure you have reliable baseline data as outlined earlier in Part II.

Top tips

- If you don't have this data, as we advised before, it is in your interest to collate some information before introducing the new service even if it is just a reflection of the last three months. We are aware of services that have not done this and were therefore unable to demonstrate the impact patient self-referral had had in a credible and robust way.
- If you do have baseline data, how confident are you in its accuracy? It may be worth undertaking a small-scale validation exercise to be really sure.

An experience to learn from

A service we know was convinced that it had reliable information about the number of the referrals it received by source. The service used a well-known computer system to register and follow patient contacts. It came to light that the data they were providing to the study centre did not match what their computer system reported. After extensive scrutiny of the information technology service, a major problem was found in the coding system of the computer and the service had, in fact, been using completely invalid data for the last five years! This

would never have come to light if the 'mismatch' had not alerted them – always better to undertake a small validation study to be sure and repeat it from time to time.

Top tip

Don't fall into the trap of just collecting data about the new service or just about self-referrals. To make meaningful comparisons and demonstrate impact, not only do you need good baseline data, but information on *all* referrals to your service.

Self-referral dataset

The next stage will be to have an agreed dataset that will allow you to collect all the data needed for ongoing monitoring of your service and to demonstrate the impact of introducing patient self-referral.

Top tip

Only collect what you really need!

A copy of the dataset that was used in the national physiotherapy trial undertaken in Scotland during 2003–2005 can be found in Appendix III. Although it was developed primarily for physiotherapy use, we are confident that over 90% of the data items are relevant to all services. Profession-related modifications may be needed to some of the definitions that accompany the data set, however. If you wish to use it, we recommend that it is reviewed and cross-referenced against your impact plan to ensure that it meets your local needs. We also include in Appendix IV a copy of information developed as part of the Chartered Society of Physiotherapy Sharing Effective Practice Project (SEPP) to inform this process. Again, this has multi-professional relevance.

National Trial Self-referral Dataset

This contains the ability to record: demographic, referral and clinical elements; patient and physiotherapy intervention outcomes; employment and work absence; previous service use; investigations, drugs and onward referrals.

Defining the dataset

How data are defined, that is, how they are interpreted and applied in practice will dictate how reliable and useful information will be. Staff using the dataset must be fully aware of which definitions to use and apply them consistently. You must ensure that as much subjectivity as possible is eliminated from the start.

Top tip

It is worthwhile spending time with staff both individually and in teams to make sure they are confident, are applying terms consistently and know what is expected of them. Let them get used to using the dataset and offer feedback sessions to reinforce issues and address concerns. Go through the full dataset with staff ensuring that they are consistently applying the definitions. Do not 'go live' until you are confident that staff members are comfortable and proficient in applying the definitions and using the dataset. You will be doomed if you rush this!

A copy of the definitions that accompany the national dataset can be accessed by visiting www.selfreferralphysioinfo.com. You need to ensure you have accurate definitions for aspects of the data set you decide to use.

An experience to learn from

We sometimes think that the way we define something is universally used by our colleagues in the healthcare setting. This is not always the case. An example of this comes from a speech and language therapy service which became aware that its staff members were not applying the same definitions for patient discharge reasons. Some staff members were recording patients who were discharged after failing to attend for their first appointment under the category of 'Patient failed to complete their course of treatment' whilst other staff members categorised them as 'Patient failed to attend for first appointment'. This may seem pedantic but it was very important to this service to be able to capture this information accurately.

Top tips

- Have or obtain accurate baseline data.
- Have an agreed dataset and definitions that can deliver your impact plan.
- As far as possible, use validated and standardised definitions and scales.
- Ensure that all staff members are proficient and signed up to the service.
- Be prepared to pilot the dataset.

Collecting data

Once you have your agreed data definitions and dataset, you need to think about how data will be collected in practice. Most likely, clinical staff will be using a paper-based system that will involve providing the required data to a central point via a pre-printed form. It should be recognised, however, that some services, although admittedly still in the minority, are 'paperless', with clinical staff directly inputting patient-related data at the 'patientside'. Whichever method suits your situation, we advise that you consider the following.

- Try to avoid introducing another set of paperwork to meet your new information demands. You may find it more productive to review your total approach to patient record-keeping to make life easier for staff members; you are also more likely to receive accurate data in this way. There are a number of options available to you. Having pre-printed carbonised sheets that double up as the definitive patient record as well as data-inputting sheets is a possibility. Speak to your medical records department and/or data protection officer to ensure that whatever method you introduce complies with current legislation.
- Try to keep your data requirements to a maximum of one A4 sheet.
- Make as many data items as possible into simple tick boxes, minimising the need for free and ambiguous text.
- Think about how you get the data sheets from the 'patientside' to the computer. Is this a manual or postal exercise? Is this a daily or weekly requirement? By how long after discharge do you need the sheets to be input?
- Ensure that any computerised record system contains your key data requirements and can be collated easily. Spend time discussing with your IT support what data you need to be collated and how you want to express it. Taking time to consider and set up appropriate 'reports' at this stage will make your data collection appropriate and streamlined.

Top tips

- Only collect what you need.
- Minimise duplication: try to have a single approach that meets data-collection and record-keeping purposes.
- Make the process straightforward, logical and unambiguous.
- Consider timescales and set clear standards so that staff members know what is expected.
- Provide regular service and individual feedback.

How should you process the data?

The ways in which service data can be processed are numerous. We don't intend to provide any in-depth advice as to the options available, which range from basic paper-based systems to stand-alone, hand-held, networked or web-based electronic systems. By far the most resource-efficient and, if planned properly, robust method is by using an electronic or computer-based system. These days most services have access to some sort of electronic system that has either been bought 'off the shelf' or developed in-house by a helpful information technologist.

Top tips

- It is always useful to write a list of the key information or reports you will need to extract from your data *before* you implement the new dataset. This is your opportunity to put down on paper many of the questions you have asked yourself about your service in the past but have possibly never had the data to answer reliably. Compile your list using your impact plan cross-referenced with your dataset. Include items that are not just straightforward reports, for example you may need to know the numbers of referrals to your service for a given time, but you may also want a breakdown by source of referral, age and gender or whether patients who failed to complete their course of treatment have a particular condition or come from a particular referral source.
- Once you have your list, ensure that your system can answer these queries. If it cannot, it may be quite simple to rectify but require the input of your friendly information technologist once again. This is your opportunity to really get to the bottom of your service information needs, providing benefits wider than just the patient self-referral elements.

Using your information for maximum impact

As the saying goes, 'information is knowledge and knowledge is power'. If you have gone to all the trouble of determining what your information needs are and how you are going to get them, you need to use this information to maximum effect.

Basically, there are two reasons for you to have accurate information about your service:

- to monitor progress for your own use
- to report impact to others.

Monitoring

You will need to monitor your service to ensure that it is meeting its objectives and to identify trends and where modifications may have to be factored in. Monitoring is a key aspect of managing your service effectively. This is particularly so in the initial stages and much of the information you monitor will be for your use only.

Top tips

- Identify what you need to monitor and when.
- Refer back to your impact plan.
- Ensure you are involving the views of service users and providers.

Engaging service users and providers

Irrespective of how well you have planned your service, if it doesn't meet the perceived or actual needs of its users, it will not succeed. We recommend that you involve service users from the earliest stages of your development. Invite representatives to sit on your steering or development group.

Not only do you have to elicit users' views but you should have identified mechanisms for providing feedback to them so they know their views are both valued and acted on. One way of doing this is to develop a user newsletter that can be distributed to new service users to encourage their involvement. Consider setting up a users' group as part of ongoing service monitoring.

Feedback from staff is equally important, particularly in the early stages. Make it very clear that you expect and value their input at all stages in the development, delivery and evaluation of the service. Staff members, along with patients, will be your greatest ambassadors.

Top tips

- Actively include service users in your development plans from the outset.
- Follow up service users to capture their views.
- Staff providing the service should also be similarly engaged.
- Act on your findings.
- Provide feedback to both users and staff.

A sample of service user and staff questionnaires used in physiotherapy self-referral services can be found on the internet by visiting www.selfreferralphysioinfo.com.

Reporting impact results

Who should you be reporting to? Who is your audience?

For exactly the same reasons as outlined in Chapter 13, 'Making critical friends', whom you choose to tell about the impact of your patient self-referral service is also very important. Don't underestimate how powerful this can be.

There can be significant benefits for a service if it can engage with a wide range of stakeholders, including patients. The more benefits the better, as some stakeholders may not have previously appreciated the contribution your service can make to their overall agendas. Demonstrate the impact of your service in terms that are particularly relevant to the intended audience. Remember, we previously advised you to make their objectives your objectives. Providing a report that meets this purpose will be very well-received.

It will be in your interest to really put some thought into determining who needs to be told about the impact of your service. Not exhaustive by any means, but the list could include:

- patients, in the widest sense, from individuals to advocacy groups, voluntary organisations, local health councils and so forth
- the clinical team
- other clinical teams which may be interested in patient self-referral
- business managers
- service managers
- medical and nursing directors
- directors of public health
- chief executive officers
- community service managers

- service commissioners, including insurance companies if appropriate
- relevant professional bodies or networks.

Top tips

- In addition to specifically targeting information at individuals or teams, consider also adopting a more general dissemination approach. Does your organisation have an annual report, newsletter or other means of communicating with staff, patients, other agencies and the wider public? We would also recommend that you start to explore the implications of publishing your impact report via the www to widen dissemination. Speak to your information technologist once again.
- Let your professional organisation know of any areas of good practice or issues you feel should be shared widely.

What should you be reporting?

The content of your report should vary according to the intended audience. This principle also applies to the frequency of reports. Be prepared to make reports on an interim basis as required but to your staff in particular so they are kept up to date.

For example, the chief executive of your organisation may be primarily concerned with demonstrating to the higher echelons the extent to which the organisation is achieving the government's set targets. This may mean that you will need to emphasise the impact of your service on waiting times, efficiency of resource usage and access, for example.

Other audiences, patient representative groups for example, may also be concerned with these matters as well as others taken from their perspective so include outcomes that are tangible to them as well, for example convenience, decreased work absence, patient choice and experience.

Keep the focus on patients as service users

Irrespective of your intended audience, ensure that you include patient-centred impact measures, and don't forget to include their views of the service – now more commonly called the 'patient voice'. It can be incredibly powerful.

Although, and quite understandably, you will wish to highlight the positively reported experiences, it can also be very helpful to identify aspects that were not so well-received so long as you demonstrate that you have listened to these concerns and addressed them or have plans to do so.

An experience to learn from

A service received feedback from patients that although they were delighted with being able to refer themselves and the care they had received; they were not so happy with having to travel across the town to access the service. The service used this information together with other key outcome measurements, i.e. waiting time improvements, patient outcomes, less reliance on other healthcare services, to lobby for resources to secure a further location for this service on the right side of town.

Top tips

- Tailor your report to the intended audience. Be prepared to produce various versions. Don't just circulate one report to all stakeholders if you want to achieve maximum and meaningful impact.
- Use your critical friends again. Ask them for their feedback on what you have written before it is circulated formally.
- Include the patient voice.
- Think about the most appropriate style and format of presentation.
- Be creative!

Reporting format choices

There are more ways of presenting your results than just in a traditional report format. Consider your options. Remember the primary purpose of producing a report is to convey key results and messages. If you haven't grabbed the reader's attention within the first 30 seconds then it won't be read!

Top tips

- A more informal newsletter style may be more appropriate for a range of audiences, including staff, service users and the wider public.
- There is no reason why you cannot use other interesting media: video, CD and so on, for disseminating and demonstrating the impact of your service.
- If you do adopt a traditional report style, remember to preface it with a one-page executive summary. This should be pithy and punchy

and encapsulate the key findings drawing the reader in to read the full report.

- Some of the most powerful messages are the shortest ones!

Top five tips

- Monitor your service closely.
- Include the patient voice.
- Know whom you should be communicating with and that it is relevant to their agenda.
- Make the most of every opportunity to widen your network of critical friends and supporters.
- Think out of the box: use communication options creatively and share your experiences widely.

Checklist

You should now complete this checklist before you move to Part IV. Missing elements may severely compromise your ability to successfully implement and demonstrate the impact of your patient self-referral service.

Checklist 3

- I am clear about what kind of patient self-referral service best meets the needs of my population, the local geography and the capabilities of my service.
- I am clear what the service will be called, and I will use this title consistently at all times.
- I have worked out how patients will refer themselves to the service.
- I have a publicity strategy.
- I have identified all organisational, clinical and service key objectives that are relevant to my service.
- I have produced an impact plan.
- I have developed an agreed dataset.
- I have definitions for all data.
- I have verified staff understanding of data and data definitions.
- I have decided on a system for collecting and processing the data, that is, paper, computer.
- I have included all the above in my updated business plan.
- I have shared my business plan with my critical friends.
- I have reviewed my communications strategy to ensure that the formal links within and between my service and other stakeholders, including key referral sources, are functioning adequately.
- I know what and when I need to monitor.
- I know my intended audiences.
- I will tailor the key elements of reports or presentations according to audience.
- I have thought about the most appropriate format for reporting my results according to audience.

Further reading

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