How we can use automation to help you reduce waiting lists

We can help you tackle the backlog of waiting lists, reducing waiting times while maintaining quality of care.

Using a combination of automated call (chatbot) technology and our Referral Management Centre, we are helping trusts to prioritise and clinically validate waiting lists efficiently.

This solution saves huge amounts of time and staff resource, reducing hospital costs. Chatbot costs are a tiny fraction of those incurred in producing, printing and posting letters.

How do we do it?

After we receive a validated list of patients, we carry out a secondary validation.

Patients are then sent a text with a link to a personal survey on a secure web portal. If after a set period they have not engaged with this they receive a phone call.

Our cloud-based automated solution (chatbot) calls the patients and asks them a series of questions to assess their current needs.

If patients indicate they want to come off the list, the system can divert to a MLCSU Referral Management Centre human operator in real time, showing on-screen the answers so far given.

The patient's healthcare worker then assesses the response and agrees they no longer require the appointment. They are removed from the waiting list, and the patient and their GP are notified of the discharge.

If initial contact has not been made after three chatbot calls, we attempt to contact the remaining patients via up to two Referral Management Centre agent calls. This supports patients who do not want to engage with the chatbot and also those whose details would not be easily comprehended by the system.

The solution can use different scripts for each clinical specialty.

All calls and results are recorded electronically and provided back to the trust, together with a graphical report of the waiting list's processing status.

This enables the trust to identify the challenges faster, develop plans and optimise delivery of services.

Elective care offer:

Find out more about how we can support elective / planned care on our Clinical Redesign and Provider Collaboration page.

For more information on our products and services contact us today:

Email: mlcsu.partnerships@nhs.net

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Patient benefits

- Patient choice when managing their wait
- Can be combined with 'Waiting Well' initiatives
- Opportunity to easily provide valuable feedback on their current situation
- Reassurance that the trust is actively managing the waiting list.

Trust benefits

- Cost saving over traditional postal approach
- Reduced backlog and reduced waiting times while maintaining quality of care
- Faster response times in terms of completing a batch
- The campaigns can be tailored to local needs such as either a text or a webpage chatbot, or a human caller
- The process has often aided collaborative working between integrated care boards and trusts.

Across five trusts taking part:

- **80%+** contact rate achieved by blend of automated and agent-supported calls
- **67%** of patients engaged with the automated call
- **11%** of patients no longer needed to be on the waiting list.

> **"The programme has been a great success thus far, with over 11% of patients contacted indicating that they wish to be removed from our trust waiting lists, and that it is safe and appropriate to do so. The final decision to discharge is always made at trust clinical service level, ensuring that the best course of treatment for each patient has been followed and informing their GP."**
>
> **Dr Wendy Craig**
> Clinical Lead for Elective Recovery & Consultant General Surgeon, University Hospitals of Morecambe Bay NHS Foundation Trust

Other uses

The automated call solution can be used for a variety of tasks where there is a need to contact a high number of patients, a requirement for electronic output of responses and where the system has the ability to feed directly back into the patient administration system via robotic process automation. For example:

- Contact patients for post treatment reviews to see if they are ready to be discharged back to primary care
- Patient Initiated Follow-ups (PIFU)
- Contact patients with appointment preferences such as video, telephone and face to face
- In-bound campaigns only to support patients on multiple pathways and patients whereby no contact number is available.

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