Using the electronic patient record to support capacity planning by linking need to level of service.

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Upon being awarded a contract to manage a county wide integrated sexual health service one of our objectives was to analyse staffing capacity in order to meet future demand effectively and efficiently and realise the vision of our service model to link level of need with the most appropriate level of applied skill and access.

To do this we:

- Analysed the Inform electronic clinical record to group units of activity within a defined level of care required for each attendance (based on *Integrated Sexual Health Services : National Service Specification* DoH 2013) with the groups being :
 - ISH 1&2 – Integrated sexual health services, level 1&2
 - ISH 3 - Integrated sexual health services, level 3 (shown in graph as GUM/Symptomatic)
- We also defined the method of access most suitable for each attendance as :
 - face to face at level 1&2
 - face to face at level 3
 - via an online route
 - via telephone
- We then compared level of care and access required against those actually used, to identify where people were being seen by a clinician with a higher level of skill than required.
- Finally we represented this data for Band 5 & 6 nurses, and doctors, to show where we can focus the triage process to reduce face to face attendances and shift service users to more appropriate access methods. These outcomes are shown in the graphs below:

Outcomes

- A number of people were attending clinics without symptoms and were appropriate for being seen via the online route.
- Shifting these people to online access (which requires improvements in triage), immediately frees up a large number of nurse appointments, allowing nurses to take on some of the level 1 & 2 work from doctors.
- This in turn liberates doctor time to allow them to carry out further training and supervision for nurses, and maintain the function as a point for onward referral.

Our analysis shows that there is the potential to release doctor capacity by a greater amount than shown in these graphs, however we have limited the extent of this in our staffing capacity plan for the 2017-18 as we need to proceed cautiously with this new method of activity analysis and planning.

Data source : Inform electronic clinical record, and SH24 records (anonymised).