

PD x NSCP Co-design session 1

Test 2: Changing **how** referrals get to the front door

Opportunity area

We want to change **how** referrals get to the front door so that we are able to provide the right support for the right children at the right time.

What do we want to change?

We want to have **one referral route** for all referrals to the front door. We want to experiment with doing this via a **telephone line**.

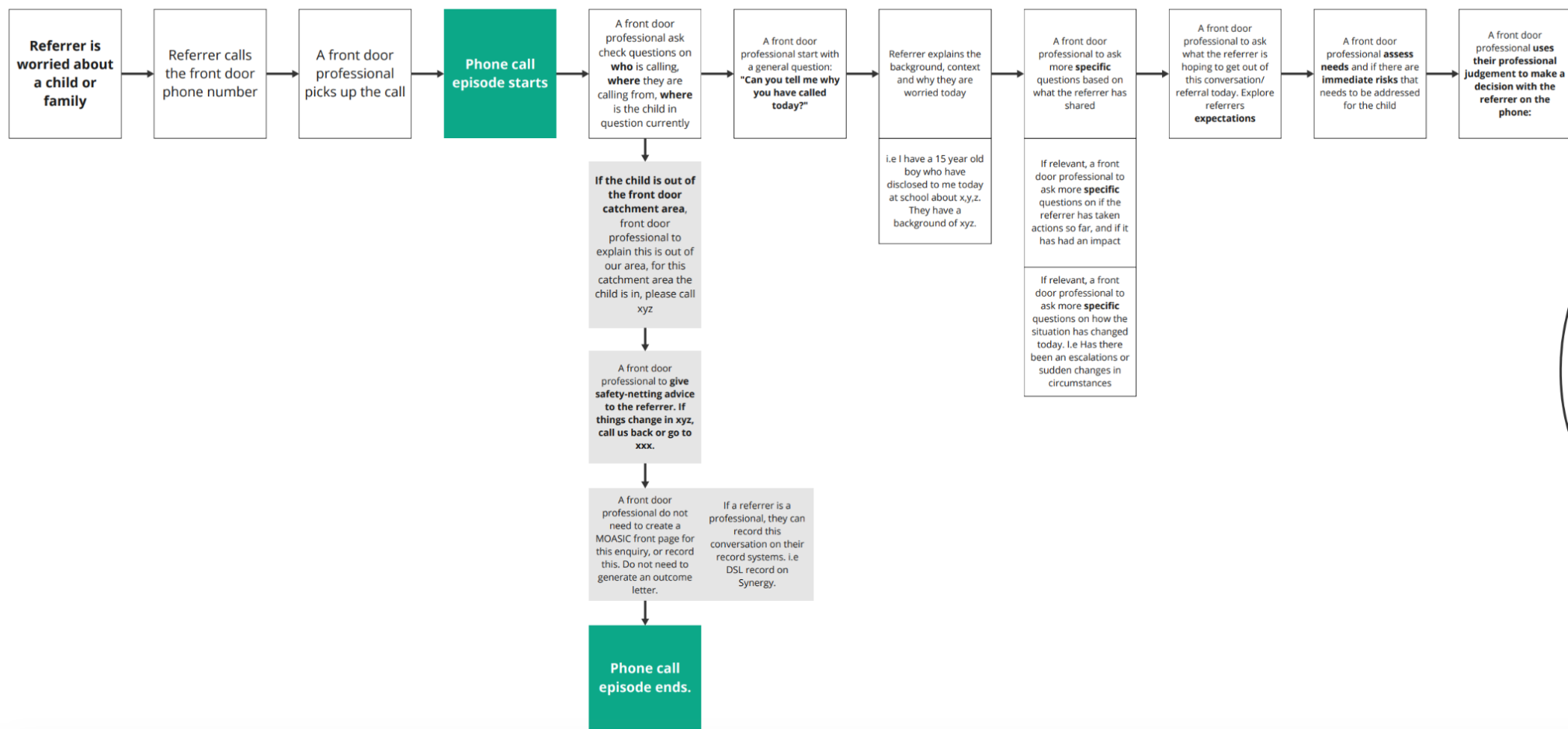
Our hypothesis

We think a conversation between a person who refers and a person at the front door will result in increased referrer confidence and reassurance, improved experiences and relationships, and better quality information for improved decision making to ensure the child gets the right services they need at the right time.

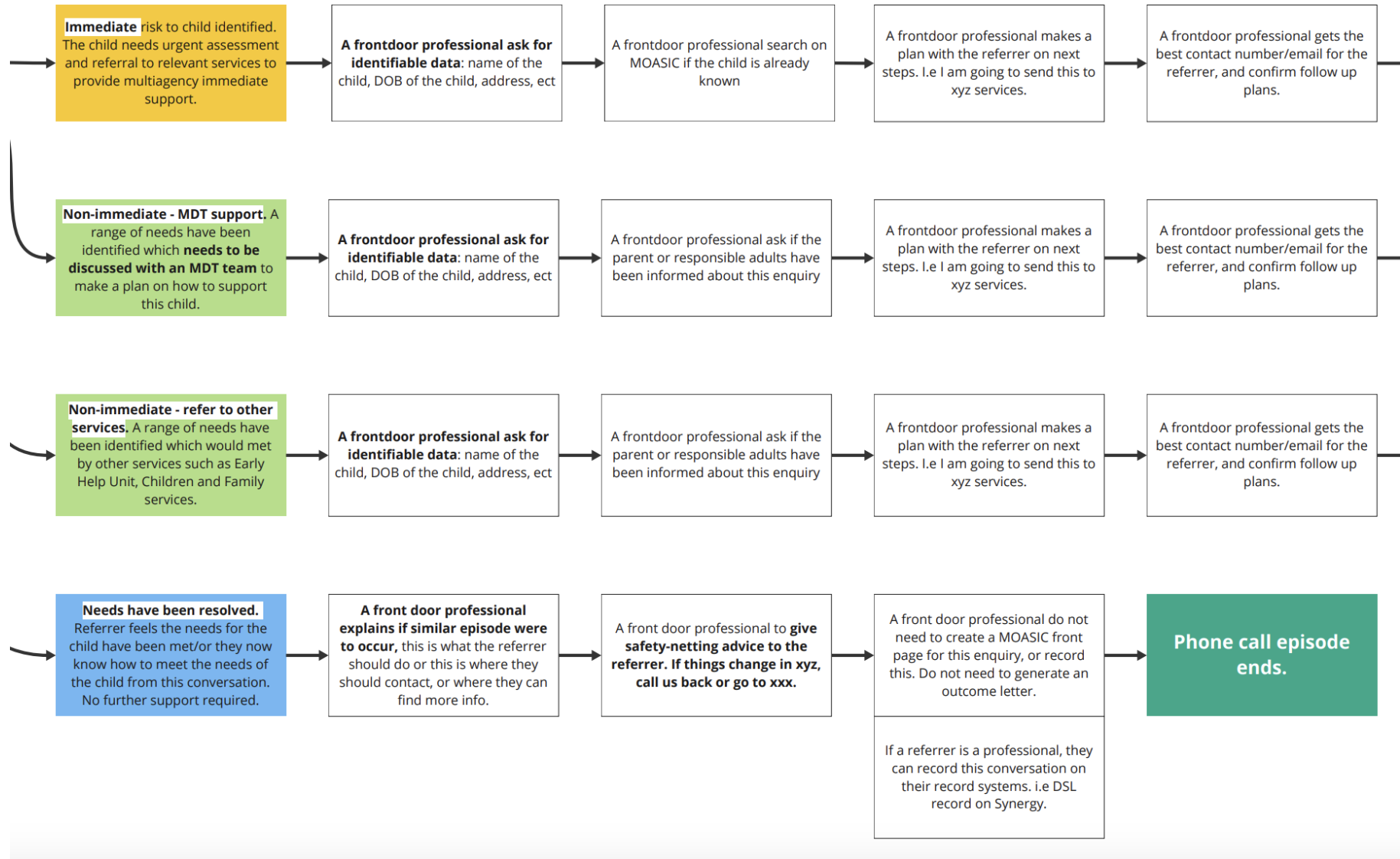
Our idea

Please see the following diagrams explaining our idea.

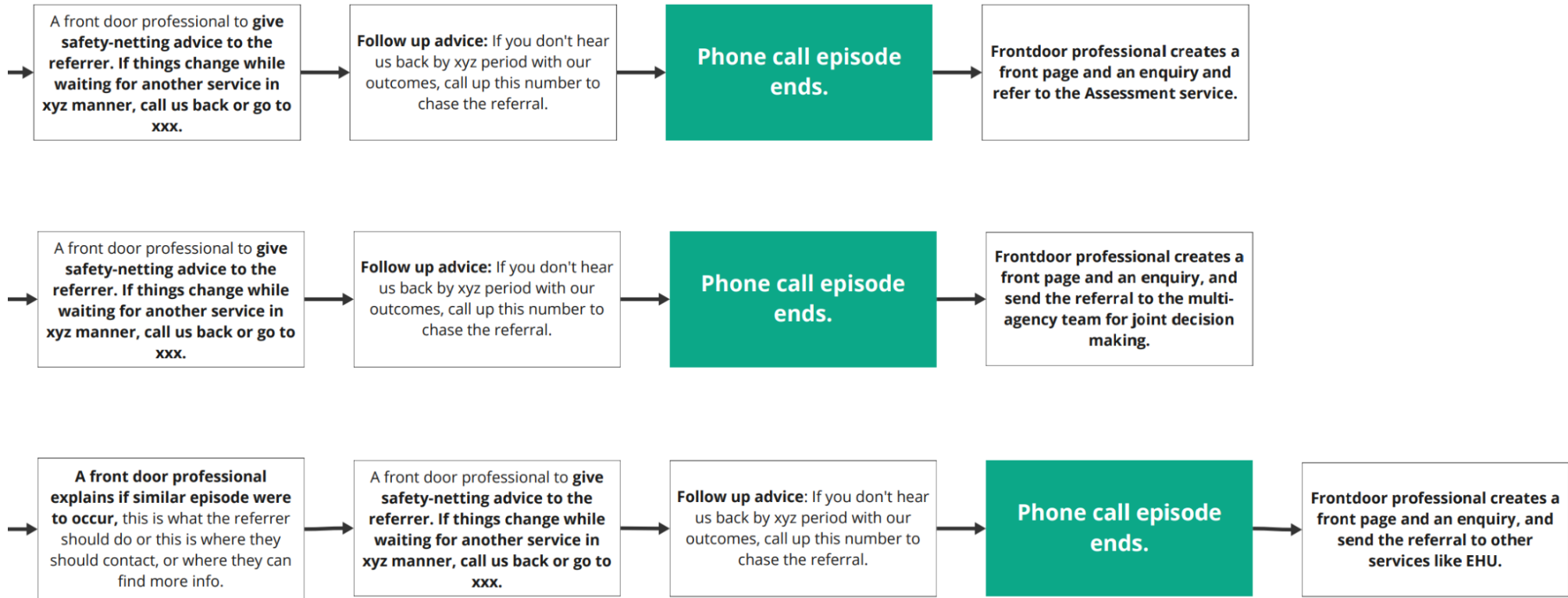
Stage 1: Referrer calls the front door phone number. Front door professional takes information and makes a professional assessment of the referral.



Step 2: Based on the professional assessment there are four outcomes. The frontdoor professional follows actions based on the outcome.



(Continued pathway for “Immediate”, “Non-immediate - MDT support” and “Non-immediate - refer to other services” respectively)



Our assumed benefits

We think that by implementing this idea, this will meet the following specific needs of people who refer, children and families and the system as a whole.

Assumed benefits for referrers:

- Referrers will be able to get discuss their concerns freely using their own language
- Referrers will feel reassured, validated and confident of their decisions
- Referrers will be clear about actions that will be taken as a result of their referrals and how to chase outcomes
- Referrers will feel heard and understood
- Referrers will be provided with advice, support and outcome at the point of contact

Assumed benefits for child/family:

- C/F needs will be explored and signposted to relevant services to meet their needs rather than a threshold decision
- A professional conversation between two professionals could allow discussions on what needs C/F has
- A multi-agency input for the child rather than an input from one agency
- Support could be given sooner or a referral to the right support service could be done sooner

Assumed benefits for the system as a whole

- Reduction in re-referrals
- Less calls from referrers to chase their referrals
- Less escalations from referrers when they do not agree with the outcome from MASH
- Reduction in time and effort to create MOSAIC front pages and enquiries for referrals where needs are met during the call or for referrals that are not passed onto other teams
- Less decision points to make an outcome decision on how to meet the needs of C/F

Our riskiest assumptions

- We are assuming that having a conversation meet needs of referrers, and C/F
- We are assuming that we have the capacity and capability to ensure high quality phone conversations
- We are assuming that only one touchpoint, or one decision made by a professional is safe and effective
- We are assuming that not recording referrals when they are not required will be safe for C/F
- We are assuming that having a conversation with people who refer will increase referrer's knowledge and understanding of front door services and that it will reduce re-referrals

How we plan on testing this idea

Test period = a minimum of 6 weeks

Steps on making this test happen

1. Analyse our current data to identify groups of referrers we want to test this idea with. What is our criteria on choosing who to test with?
2. Pick one group of referrer to test the new idea
3. Set up a test telephone number
4. Create a new test recording policy for the test period. Our current recording policy advises to record (make MOSAIC frontpage and record enquiry) every referral. We want to change this in the new test. We want Platinum approval to update/create a new recording policy for the test.
5. Create an internal test group at the front door. I.e who will be picking up the phone.

6. Create guidelines for how to have a conversation with the referrer during the test. (not a script but a structure of taking referrals and making an assessment).
7. Assign a test support person for referrers. A point of contact for referrers during the test period to contact for issues, feedback and concerns. Inform frontline testing staff on how to give safety-netting advice and how they can follow up.
8. Hold a meeting with referrer test group with frontline test group to explain very clearly:
 - a. The idea we are testing
 - b. For how long
 - c. During the testing period, not to use other forms of referrals. To only refer using the test phone number.
 - d. What to expect during the test period. How the recording policy will be changing.
 - e. Create an escalation plan together with test referrers
9. Test begins and data collection starts.

What data do we want to collect

- Length of waiting time on the telephone line
- Drop-off rates
- A log of details of referrals and their outcomes
- Referrers experiences before and after the test

What is our early stop condition?

How will we collect the data?