Introduction:

The Glenrothes & North East Fife Single Point of Access Service (GNEF SPOA) was established in the summer of 2007 and became operational from 27 August of the same year. The Service was proposed to provide a simple referral system to the Community Rehabilitation Teams within the Community Health Partnership. Since the launch there have been 2 short reports written the first after one month (September 2007) and the second at 4 months (November 2007). A report was also written at 6 months (February 2008).

It was decided following the February Report that an evaluation of the Service was required.

Aim of SPOA: – Have these been met?

- The main headline aim of the SPOA Service would be to reduce the number of emergency (unplanned) admissions and re-admissions in the over 65 population of the CHP by 20% by April 2008.

Objectives of SPOA: - Have these been met?

- Establish a simple referral process to access community rehabilitation teams.

- Minimise steps within the patient's referral journey.

- Reduce inappropriate referrals.

- Ensure service delivery is collected in the same format across the CHP, recording patient pathways and use of services over time.
**Aims:**

The aims of the evaluation are:

- To establish staff groups' understanding of the purpose of the SPOA Service.
- To establish if the documentation information is appropriate.
- To identify if various pathways are working adequately.
- To establish if numbers of inappropriate referrals have decreased.
- To establish if referrers find the referral procedure easier.
- To establish if the staff feel the SPOA Service could be developed further in the future.

**Method:**

Questionnaires were designed for the Rehabilitation Services/Teams included in the SPOA Service, the referrers who are the main professionals that refer into these services and the SPOA Administrators.

These were sent in hard copy to individuals within departments, to individual GPs, District Nurses and to other departments and areas to copy and distribute as appropriate, including a distribution list. (A copy of the distribution list can be obtained from the Author of this report).

The completed questionnaires were asked to be returned to Ron McDowell, LMU Development Co-ordinator, Glenrothes & North East Fife Community Health Partnership, as a neutral post box.

**Results:**

The results will be reported in categories detailing the services, referrers and the SPOA administration responses.
SERVICES/TEAMS: REPORT

EVALUATION RESULTS OF THE SERVICES/TEAMS

- Number of questionnaires distributed: 26
- Number of questionnaires returned: 18 (55.5% Physiotherapy; 39% Occupational Therapy; 5.5% IRT/CRT)
- Questionnaires return rate: 69%

(The following results are now a % of the 69% return rate). A copy of the full list of comments can be obtained from the Author of this report.

QUESTIONS AND COMMENTS

What do you feel are the main aims of the Single Point of Access (SPOA) Service?

100% of staff commented.

Staff responses were fairly consistent in stating that the purpose of the SPOA Service is to 'streamline', 'simplify' referral systems, ensuring that services are referred to 'appropriately' and given 'relevant information', therefore, 'reducing' the number of 'inappropriate referrals'.

'To provide a single point for services to be accessed' (Physiotherapy)

'To co-ordinate and record referrals at a central point, to direct referrals to the correct service and to ensure that referrals contain the relevant information' (Occupational Therapy)
2 Do you feel that enough consultation was carried out in the initial stages of the mapping process, following through to implementation?

44% of staff commented and of those 63% were Physiotherapists (PT) and 37% were Occupational Therapists (OT). Comments included:

- 'Yes, but I feel that the concerns I had about how SPOA would affect my service were disregarded' (PT)
- 'Should be the only point of access for all referrals' (PT)
- 'Explanation and consultation prior to mapping would have helped provide exactly the information required to help iron out the various problems encountered on implementation (PT)
- 'Discussion with Service users from all areas would have clarified their needs and encouraged their support' (PT)
- 'Existing referral process was working better' (OT).

3 Do you feel the SPOA Service Pack contained clear and useful information?

11% of staff commented and of those 100% were OTs. Comments included:

- 'No previous consultation on availability of staff'
- 'Discharge sheet could be incorporated into existing documentation to reduce paperwork'.

4 Is the information you require documented within the referral documentation?

39% of staff commented and of those 71% were PT and 29% OT. Comments included:

- 'Form is often incomplete, history of present condition, past medical history and drug history missed out, because of small section for reason for referral on form' (PT).
- 'Still useful to have discussion personally for additional information but referrers may be less likely to do so' (OT).
- 'Limited clinical information, there are still areas that are missing e.g. telephone numbers that we need to find' (PT)
5 Do you receive enough information to allocate the referral?

28% of staff commented and of those 80% were PT and 20% were OT. Comments included:

'it has improved the information we receive' (PT).
'If referrer completed all fields in detail it would be better' (OT).

![Pie chart Q5]

6 Is a referral deemed inappropriate from the information received on the Initial Referral Document?

17% of staff commented and of those 100% were PT. Comments included:

'not usually'
'if referral goes to wrong service it would be deemed inappropriate'.

![Pie chart Q6]

7 Is a referral deemed inappropriate following initial contact with the patient?

28% of staff commented and of those 100% were PT. Comments included:

Comments were mostly 'sometimes'

![Pie chart Q7]

8 How do you communicate an inappropriate referral to SPOA?

94% of staff commented and of those 53% were PT, 41% were OT and 6% from a team.
59% stated that inappropriate referrals were communicated by phone; 35% used the SPOA discharge sheet and 6% stated 'screen the referral then advise to refer via SPOA'.

9a When a referral is received directly from a referrer how is this dealt with? Do you record the information and then pass to SPOA retrospectively.

67% of staff reported that they send retrospective information to SPOA.

9b Do you return the referral and ask for it to be re-routed correctly?

50% of staff reported they would return the referral and ask for it to be routed in the appropriate way.

93% of staff commented and of those 50% were PT, 43% OT and 7% were from a team.

43% return referral to the referrer and ask for it to be routed appropriately and of these 33% were PT and 67% OT.

36% send data to SPOA retrospectively on a weekly or monthly basis and of those 80% were PT and 2% were OT.

Other comments:

'all done verbally' (PT)

Please give a brief description of the system you have in place:

78% of staff commented and of those 50% were PT, 43% OT and 7% a team response.

43% of staff reported that referrals are sent back to the referrer and asked to use SPOA, of those 83% were OT.

36% of staff reported that data was sent to SPOA weekly or monthly, of those 80% were PT.

Other comments included:
Do you still receive referrals by FAX?

94% of staff requested they receive referrals by fax and 6% did not respond.

Is this how you wish to receive referrals?

84% of staff reported they would still wish to receive referrals by fax.
12 Is faxing causing difficulties within your area/department?

39% of staff commented and of those 71% were PT and 29% were OT. Comments included:

'time consuming' (PT)
'it is a hassle having to phone to confirm receipt' (PT)
'only difficulty is data protection about transmitting confidential information' (OT)

13 Would you find it more efficient to receive the referral electronically?

39% of staff commented and of those 43% were PT, 43% were OT and 14% team response.

Comments included:

'limited use of electronic systems and not all staff have access' (OT)
'we all have different e-mail addresses and are all part time, therefore, referrals might not be picked up for a longer period of time' (PT).
'only if we have the infrastructure to use the information electronically' (Team).

14 Do you feel the SPOA Service has had a positive impact on your Service?

50% of staff commented and of those 44% were PT, 44% were OT and 12% team response. Comments included:

'less inappropriate referrals, therefore, less time spent dealing with these' (OT).
'more information, many typed and more easily read and legible' (PT).
'no change' (Team).
15 Do you feel the SPOA Service has had a negative impact on your Service?

72% of staff commented and of those 69% were PT, 23% OT and 8% team response. Comments included:

'GPs especially, do not seem to be aware of appropriate referring as some PT referrals go through SPOA and some do not – not a SPOA problem' (PT).
'people are still referring in the normal way and we have to go and do paperwork for SPOA' (PT).
'much more time spent on paperwork. Some cases returned to referrer to go via SPOA never come back' (OT).
'created more work and slower response time. Still omissions on referral form, lack of clinical information, duplication of paperwork for referrers' (PT).

16 Do you find the staff at SPOA helpful?

5% of staff commented:

'sometimes as long as enquiries are straight forward, at times, staff 'short' and are frustrated by the system' (OT).

17 How do you feel the SPOA Service could be developed?

94% of staff commented and of those 53% were PT, 41% were OT and 6% team response. Comments included:

'would be useful to have SWOT and PT to cut down confusion for referrers. Also streamlining services themselves would also be beneficial' (OT).
'It would make more sense if all community services were using it and proper training was rolled out especially to GPs' (OT).
'To make it a SPOA to include all referrals made, lots of confusion over who to refer via SPOA and who not' (PT).
'I am sure the service will develop to include other services but I feel that the current service should be working properly first' (PT).
'SWOT and District Nurses' (PT).
'may be too cumbersome until electronic system in use' (Team)
**Discussion:**

All staff appeared to have a sound knowledge and understanding of the main aims of the SPOA Service. This may acknowledge that the concept and model is widely publicised within prominent governing documentation and that individuals are aware that the need for such a service is recommended.

Although, staff were consulted some individuals and Service groups felt that their concerns were not being heard. Additional meetings were carried out with certain groups of staff and their needs and requirements were met, through compromise with SPOA Steering Group, which meant that data held at SPOA would not be accurate at any given time and that use of documentation other than SPOA forms could be used.

Information provided to the teams (in hard copy and disc format), which included an introduction, methods of referral, pathway flowcharts etc were found to be useful and clear.

During consultation with the Services in the initial phases of the Project, they indicated that certain information was required to be detailed in the referral. The first 2 pages of the Fife SSA had been identified as the core data referral documentation to be used and from the information gathered from the staff the SPOA Addition Sheet was produced. Most staff felt that by using these the quality of information they received had improved and was adequate. However, it has been indicated that some basic information can be missing and that SPOA staff had been identified to locate details, such as, phone numbers and post codes prior to sending to the teams. Unfortunately, issues such as missing sections out e.g. Past Medical History and Medication have to be the responsibility of the referrer to give this information. It appears some Services may require more information than others to be able to accept and allocate the referral.

Inappropriate referrals appear to still be identified from the initial referral but due to the lack of comments it is difficult to establish the reasons for this. Referrals are mostly found to be inappropriate following initial contact with the patient. Reporting inappropriate referrals to SPOA are usually communicated via the telephone or by the SPOA Discharge Sheet.

Referrals are still being received directly from the referrers to the teams, bypassing the SPOA system. This was agreed through the consultation phases for Physiotherapy and North East Fife IRT; however, it does happen within other services. There is a large percentage of referral information being sent to SPOA retrospectively and this poses the question as to the quality of information held at the 'central database'. Only 50% of staff reported that they would return the referral to the referrer and ask for it to be routed through SPOA. This adds additional time constraints and delays in patient assessment, however, if the new system is not adhered to by all then the full capacity and purpose of the SPOA is greatly compromised.

Faxing still appears to be the method by which the teams wish to receive their referrals. It was reported that the NHS Fife Policy does increase the time taken to give and receive information if adhered to, with regards to transmitting patient identifiable information.
The use of electronic referrals were reported by teams as an even split and from the comments made staff feel that electronic systems and availability of access would need to be in place before this system would be of benefit.

There was a fairly even response from staff regarding the positive impact of the SPOA Service, mainly stating more appropriate referrals and clearer information being received, as reasons.

Slightly more than half were more negative about the Service, stating that referrers were still referring directly, creating more paperwork and omissions on the documentation as reasons.

Almost all staff found the SPOA staff helpful but one stating that, at times, they felt the frustrations of the administrators as well.

Positively, most staff felt that the SPOA could be developed to include all Physiotherapy Services, therefore, reducing confusion for the referrer and also the possibility of including Social Work Occupational Therapy and District Nurses in the main. However, it was reported that the current system would need to be embedded first before introducing other services and to have the Services themselves streamlined and a robust electronic system in place.
**EVALUATION RESULTS OF THE REFERRERS**

Number of questionnaires distributed to: GPs 85  Number returned 15  Return rate 18%
Number of questionnaires distributed to: DN 29  Number returned 13  Return rate 45%
Number of questionnaires distributed to: Others 16  Number returned 5  Return rate 31%

**Total number of questionnaires distributed to:** 130  Number returned 33  Return rate 25%

A copy of the distribution list and full list of comments can be obtained from the Author of this report.

**EVALUATION RESULTS – REFERRERS**

1. What do you feel are the main aims of the Single Point of Access (SPOA) Service?

73% of the GPs commented.

Comments from the GPs included:

'To avoid hospital admissions and help keep people at home, help with early discharge'
'To achieve ease of access to reduce costs'
'Unsure'

100% of the District Nurses commented:

Comments from the District Nurses included:

'Central area for referrals will make for more speedy action, minimising delay'
'To ensure all referrals are appropriate and dealt with efficiently and effectively'
'Streamline service and reduce inappropriate referrals'

100% of the 'Others' commented:

Comments included:

'To streamline referrals to all agencies and to simplify the process' (OT VHK)
'Make referral easier' (PT Cameron)
'To provide a faster, appropriate route into services for customers and, in addition, to support the role of the GP in accessing appropriate services' (SW)
2. Did the Project Manager meet with you to explain the new procedures with regards referring to the SPOA service?

2a. If Yes, did you find this informative?

2b. If No, do you think you would have found this beneficial?
3   Do you feel you had enough information about the SPOA Service prior to the launch? If No, what information would have been useful?

47% of GPs, 23% of DNs and 40% of 'others' commented:

Comments included:

'Simply issued with documentation regarding change in referral procedure' (GP)
'It's intention and how it fitted in with existing arrangements' (GP)
'Too much and often repetitive' (GP)
'Criteria for referral' (DN)
'Checklist would have been helpful' (PT Cameron).

4   Did you find the Referrer Pack that was provided useful/informative/easy to follow? If No, please comment.

67% of GPs, 15% of DNs and 20% of 'others' commented:

Comments included:

'Too long' (GP)
"Did not see it and would not have read it anyway" (GP)
"Sorry, I have not seen this" (GP)
"Easy to follow but just a guide to completing the form. SSA familiar paperwork anyway, could have included referral criteria" (DN)

5 How do you find the referral process using the SPOA documentation?

93% of the GPs, 100% of the DNs and 80% of the 'others' commented:

Comments included:

'Long and overly complicated' (GP)
'It has been confusing – still – what goes to SPOA and what goes directly to Physiotherapy' (GP)
'Prefer to use GP referral letter' (GP)
'Very clear and easy to use' (DN)
'Excellent, patient assessed much quicker' (DN)
'Satisfactory, but once referral made, referrer has no knowledge of the time scale of any visit etc' (DN)
'From our service, all information is already collated as part of our own documentation – other then medications, which is the only additions we need to source' (OT VHK)
'Very lengthy for acute hospitals, very limited space for specific physiotherapy information' (PT Ninewells)

6 How do you find the referral process using the SCI GATEWAY?

87% of the GPs commented:

Comments from the GPs included:
'Fine, secretary makes sense of it all'
'Quick and efficient'
'Do not use it, password problems/crashes and security concerns'

7 Is faxing causing difficulties within your area/department?

There were no significant comments, mainly N/A
8 Would you prefer to send referrals electronically?

There were no significant comments.

9 Do you feel that the SPOA Service has had a positive impact on your Service?

27% of GPs, 46% of DNs and 60% of 'others' commented:

Comments included:

'Allows a wider range of options for patient care, keeps away from hospital admissions' (GP)

'Improved care for patients – reduces waiting – only one referral required – reduces paperwork' (DN)

'Allows me to fax and go out on visits, not sitting on phone for hours' (DN)

'Streamlined – it is always good to get as a referring agent to get a call to say the referral has been received and is in the process of being dealt with – call is always prompt' (OT VHK)
10  Do you feel the SPOA Service has had a negative effect on your Service?

60% of GPs and 60% of 'others commented:

Comments included:

‘Appears to slow down service to patients in community hospital' and 'increase administration unnecessarily’ (GP)
‘I try to avoid it and find other routes to help my patients. It is a typical Social Work driven, long winded waste of time’ (GP)
‘Cannot just give relevant details, other patient information gets in the way’ (GP)
‘Prefer to liaise with individual specialities’ (GP)
‘Increased paperwork, ? appropriateness of information requested, now different forms to be used for Fife, previously all regions were the same’ (PT Ninewells)
‘Seems more time consuming’ (PT Cameron)

11  Are you using the SPOA Service on a regular basis to refer to Community Rehabilitation Services within GNEF CHP?

40% of GPs, 31% of DNs and 80% of ‘others' commented:

Comments included:

'I avoid it where possible’ (GP)
'Not fully inclusive e.g. Social Work and Home Care’ (GP)
'From discussion with community physiotherapy and staff at Ninewells decided to stop using SPOA forms and use the originals'

12 Do you find the staff at the SPOA Service helpful?

40% of 'others' commented:

Comments included:

'Very courteous and had always found if they have any queries they call to clarify rather than pass on to wrong service' (OT VHK)
'They do not always 'man' the phone – sometimes it is an answer machine' (OT Ninewells)

13 Please comment on how you would like to see the Service develop and be taken forward in the future?

60% of GPs, 31% of DNs and 100% of 'others' commented:

Comments included:

'Scrap it' (GP)
'Electronic form' (GP)
'The main thing would be continuing funding' (GP)
'Integration of all services' (GP)
'I would like to see it abandoned and the money put into front line services, surveys like this are a waste of resources' (GP)
'Be able to refer to Social Work, Home Care, Meals on Wheels etc' (DN)
'I have found this service excellent, only drawback is that if referral is required for SWOT this cannot be done via SPOA, only referrals for Health OT' (DN)
'Currently SPOA 'Additions Sheet' duplicates some of the SSA information – may be good to condense information to avoid duplication and time to fill in' (OT VHK)
'Perhaps we could expand to Kirkcaldy and Levenmouth CHP. We need to sell to staff by pointing out the overall advantage to services for older people to encourage people to be aware of the bigger picture, as per the Rehabilitation Framework' (PT Cameron)
'Decreased referral information required for specific services only – community physiotherapy. This would be the same for other areas – Dundee, Angus, Perth & Kinross to decrease staff confusion over long unnecessary paperwork' (PT Ninewells)
**Discussion:**

Most of the referrers have a sound knowledge and understanding of the role of the SPOA Service. This may be due to several factors including visits that the Project Manager made to departments, a Practice Manager's meeting prior to launch and the information that was sent to all areas and departments, in packs both hard copy and disc format, along with information and documentation posted on the Intranet. Some areas and departments declined an offered visit preferring to receive information electronically.

The Referrer Pack that each area and department received appeared to be informative and useful for most individuals, other than the GPs, who mainly reported that it was too long or that they had not seen it.

Methods of referral still appear to be confusing to most GPs, particularly as they continue to refer using the old method and are not re-directed to do so through SPOA; they are still not sure as to which services are included and which are not especially around Physiotherapy referrals. Some GPs state that the process is lengthy and prefer to use a referral letter. The GP referral letter is the recommended referral method for GPs so they can send it electronically or by fax as stated in the Referrer Packs.

The District Nurses that responded find the system easy and clear to use. Some others commented that the information requested was information that they kept anyway so was straightforward, however, another report stated that there was limited space for specific information. The SPOA documentation was only meant to gather specific information for a service to be able to allocate the referral and should the referrer wish to send any additions this could be forwarded, with the referral details e.g. Home Visit Assessment, detailed physiotherapy information. Some GPs appear to be unaware that GNEF SPOA is on the SCI Gateway system, which can be used very efficiently and effectively. Those that do use this system of referring electronically, state it is quick and effective, others do not seem to have this set up or have security concerns.

Faxing referrals does not seem to be a cause for concern for referrers. However, referrals arrive at SPOA with person identifiable information included with clinical information, but SPOA Service cannot be responsible for this.

There appears to be a mixed view regarding sending and receiving of referrals electronically, even though systems are in place with guidance in the Referrers Pack as to how to do so and would be the preferred method, given security concerns, rather than individuals continuing to use the fax.

Most referrers find that SPOA has had a positive impact, stating reduced time in making a referral, reduced waiting time for patients and smooth process of confirmation details.

Negative impacts on services appear to concern the GPs, mainly as they find the process time consuming. Various forms were used previously to Physiotherapy teams, which were streamlined over geographical boundaries, and these are continuing to be used bypassing SPOA.
Please see Appendix 1 – original AHP Referral Form, Appendix 2 – SPOA Referral documentation and Appendix 3 – Physiotherapy Referral (Community Rehabilitation therapy (CRT0 Hospital Referral) form. The AHP referral form provides little space for information but enough for basic details and more, such as, identifying risk, social history and current medication. More space is provided with the documentation for further detailed information. The shared Physiotherapy referral has about the same space to give relevant medical history and reason for referral but no social history, current medication, risk alert is asked for. The second side is more specific details, which the professional could send as an addition if felt absolutely necessary. Physiotherapy, within our teams, were involved in discussions regarding the specific requirements for referral and the SPOA documentation was deemed sufficient. However, it has become apparent that teams have agreed to accept this shared Physiotherapy referral from Tayside. This will then increase the numbers of retrospective data sent to SPOA as they are being bypassed.

Some areas refer more than others to SPOA but, as stated in the comments, there is not often the need in some cases.

The SPOA Administrators are found to be helpful but again from comments there have been individuals that have not required to have any contact with them.

As to the future development of the SPOA Service, some comments were positive stating that other services being included would be very beneficial - mainly from the District Nurses.

GPs were very negative in the main but from those that use the Service reports were positive to include more services and continue funding.
EVALUATION RESULTS OF THE SPOA STAFF

Two questionnaires were issued but received a joint response.

Q no: QUESTION AND COMMENTS

1. Do you find staff who call the SPOA are still confused regarding the SPOA Service and the processes involved?
   Comments: Most users do not want change; they are confused about the system. Most common complaint is that SPOA is time consuming. It is felt that the system has not been given a chance and that if staff followed the process for referral they would see how it could benefit them.

2. What are the most frequently asked questions?
   Comments: What is the point of SPOA? I don't understand the system. Never knew anything about this. What forms do we use? So SPOA take referrals for equipment/Home Care/Meals on Wheels? When did this change?

3. Do you find other Health/professional staff deal with the SPOA Service in an appropriate manner?
   Comments: No

4. Do you have problems with your working environment/space?
   Comments: No, the space is adequate for the current volume of work which SPOA generates, bearing in mind the space required for Reception.

5. Is your work load split between SPOA duties and other duties appropriately? If No, what are the problems and how could these be rectified?
   Comments: The work is prioritised with SPOA referrals being the main priority.
6 Do you feel you are well supported at work? If NO, where do you feel the support should be coming from and what support do you need?

Comments: No

7 How do you feel the Service should be developed?

Comments: While we feel that this service should be widened to include Social Work, we feel that it would be best to have everyone on board with the current service before any form of expansion is considered.

8 What would be required to develop the SPOA if other Services e.g. Social Work were to be included?

Comments: We feel that before developing the Service to include Social Work it would be advisable to have a long consultation period to iron out all the problems before putting anything into practice. While the idea of a Single Point of Access for all services can only benefit patients, for it to work properly everyone must be ‘singing from the same hymn sheet’.
**Discussion:**

The SPOA Administrators reported that the main concerns they receive from phone calls are in relation to the system being time consuming and generally the feeling that staff do not want to change. The SPOA Administrators feel that if acknowledgment of the benefits of using the system appropriately was imparted to staff then perhaps the Service would operate efficiently.

The main queries the SPOA Administrators receive are in relation to, a lack of knowledge of the Service, the documentation required and the Services that are included.

Dealing with difficult people has been a concern for the SPOA Administrators from the outset and although this has reduced over the months, there are still occasions where inappropriate behaviours occur.

Space and prioritisation of workload at the Ladybank base appears to be sufficient for the current volume.

SPOA Administrators have reported that they are not well supported within their role, however, further comment was not made as to how they feel this could be improved.

Similarly to other comments the SPOA Administrators report that inclusion of other services would be beneficial, however, consultation and sign up agreements would be essential.
**Conclusion:**

This evaluation process has highlighted that a majority of those that responded do have a sound knowledge and understanding of the purpose of the SPOA service.

There remains a major difficulty, in terms of, the quality of the information held at SPOA at any given time due to the acceptance of Physiotherapy Services and North East Fife IRTs being able to bypass the SPOA Service pathways by receiving referrals directly and sending data to Ladybank Clinic retrospectively. The retrospective information is also found not to be enough to complete all the fields within the SPOA data collection, therefore, creating gaps.

The use of an 'agreed' community physiotherapy referral form from Ninewells also side steps the use of the Service and creates increased numbers of retrospective data.

North East Fife IRTs were also permitted to be able to use their data collection sheet (see Appendix 4) and not the SPOA documents. The SPOA Administrators have to extract from a busy two page form the information required for the SPOA data base and like the Physiotherapy system, does not give all the information required.

Individuals have also been highlighted as to having their own methods of providing SPOA with discharge information in a list format other than an individual SPOA Discharge Sheet, which in turn, causes the SPOA staff more work to close each individual case.

SPOA Administrators are responsible to ensure that basic details are completed prior to sending a referral to the appropriate team. However, they are not responsible for the information that is provided or not provided in terms of clinical detail. This is the responsibility of the Clinician. It has, however, been reported that information being received by the teams has generally improved since the introduction of the SPOA Service.

Specific Physiotherapy clinical information that referrers wish to send can be sent with the SPOA referral documentation as an addition or direct to the Service as appropriate, as would be the same for any Clinician with additional details. It must be noted that this service is not just for Physiotherapy referrals but for all community rehabilitation workers.

Referrers may feel that the documentation is time consuming; however, they must understand that improved quality of information assists services to allocate referrals appropriately and identify inappropriate referrals more easily.

Electronic referral systems are in place for referrers should they have an appropriate email address stated in the Referrers Packs, and via the GP SCI Gateway systems. The same being so for the services themselves, in terms of inter-team referrals, and for discharging patients. For referrals being received at SPOA this would seem to be the most efficient method, yet the system is very underused by GPs through SCI Gateway and none being received electronically from any other individual. Services that SPOA
would send on to feel that receiving referrals electronically would not be viable at this time due to the probable wait for them to be picked up by individuals. Robust systems and pathways would need to be in place prior to this being feasible.

The number of inappropriate referrals appears to have reduced quite significantly and Services do not have to spend time re-directing, assessing or reporting on patients unnecessarily.

Further clarification of pathways is required for the GPs, within the CHPs, as imparting the SPOA Service information to the Practice Managers, prior to the launch, was insufficient. Information has also been repeatedly sent to GPs individually since the launch reminding them of the Service but it appears that face-to-face contact would be most effective.

It must be noted that staff behaviours, at times, are unprofessional and inappropriate towards the SPOA Administrators and they will undertake incident reporting on such situations.

SPOA Administrators must be supported and systems require to be developed to meet their needs.

Most of the staff surveyed suggested that the current pathways and systems, within SPOA require to be operating smoothly prior to other services being included in terms of developing the SPOA Service.
**Recommendations:**

- GPs across the CHP require to have an education session offered to them, detailing SPOA GP pathways. This could be tackled via Protected Learning Time sessions.

- An urgent review of Physiotherapy and NEF IRTs is required to address the initially agreed pathways and reporting systems, as this has been proved to be inefficient and ineffective in terms of SPOA data.

- Electronic referral systems should be encouraged from a referrer's point of view ensuring patients are seen as quickly as possible and to reduce the carbon footprint. Pathways are required within team organisations to be able to receive the referral electronically from SPOA, making the whole referral process more efficient, safer in terms of transfer of patient information, less time consuming and paper light.

- An analysis of the support that the SPOA Administrators requires to be undertaken, ensuring that their needs will be met. The staff should also be included in any appropriate meetings to provide feedback on the status of SPOA and provide graphical, statistical reports as required.

- It would be beneficial for Locality General Managers to be provided with an area report, which SPOA can issue for teams, within their locality allowing them to ensure that the systems and pathways are accurate by liaising with team leaders/managers. A suggested timetable would be every quarter.

- Community Rehabilitation Teams/Services require to be re-designed. This was to form part of the second phase of the SPOA Project and cannot be stressed strongly enough the importance of this being carried out. It was felt that during the SPOA development, if the teams had been re-designed initially then the process and pathways would have been more streamlined. From the SPOA project experience it was found that managing staff through change is very challenging and the recommendation would be that the Project Management Team re-design within the CHP, would need to be carried out by an individual from outside the system.

- There are other pieces of work being carried out in Fife that would link with the development of the SPOA Service and in the assistance of the re-design of teams. To have joint links with these initiatives would be advisable e.g. Provision of Intermediate Care for Older People in Fife: A Needs Assessment – Mhairi Gilmour (Public Health).

- There is a level of interest amongst other groups e.g. Pulmonary Rehabilitation, Cardiac Rehabilitation and indeed from Kirkcaldy and Levenmouth CHP to join the SPOA service. As systems grow and develop in line with government papers e.g. Long Term Conditions agendas, then it can only be anticipated that other similarly interested groups will make enquiries. In a whole systems approach this sounds like the best way forward and also including existing services such as District Nurses,
Social Work Occupational Therapists and musculoskeletal Physiotherapy. However, it must be assured that the current systems of working within the SPOA Service are steadfast prior to the addition of any other service.

- SPARRA data requires to be analysed to identify if the baseline aim of reducing admissions and re-admissions by 20% has been met.

- To ensure the ongoing provision of the SPOA Service, a senior member of staff, within the CHP/LMU area must have accountability and leadership responsibilities. To make certain that all staff, from referrers to providers, will follow this new system and contribute to its further development, raising issues and concerns to senior management team agendas.

**Acknowledgments**

Aileen Whyte - Locality General Manager - Adamson Hospital  
Ron McDowall - LMU Development Co-ordinator – GNEF CHP  
Christine Tait - OT Secretary

Thanks to all the referrers, teams/service staff and SPOA Administrators for their time in completing the Evaluation Questionnaire.

Questionnaires accepted for the Report: 16 May 2008  
Report Completed: July 2008