**Introduction of a novel junior doctor-led prolonged jaundice clinic to reduce the wait time for rapid access clinic appointments within the paediatric department**

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**Background**
The Paediatric Department in Northampton General Hospital runs a “Rapid Access” Clinic every weekday morning, which is staffed by a Paediatric Consultant, and supported by a Paediatric Nurse. The service is available to GPs and Community Healthcare Providers to refer patients they feel meet the referral criteria. It is intended to prevent admission of patients who although unwell, could be managed in the clinic with a management plan drawn up by a Paediatric Consultant.  

There has been an increasing demand for Rapid Access Clinic appointments over the past 2 years, with no increase in capacity; in 2015, there were 21 patients per month on average, and in 2016 there were 34 patients per month on average. This has therefore led to an increase in wait time for an appointment, with the 2016/17 average wait time of 4.2 days per patient. A typical Rapid Access Clinic appointment should have a wait time of no more than 2 days.

A large proportion of the patients seen in the Prolonged Jaundice Clinic are diagnosed with prolonged jaundice, which can be managed by a junior doctor. This project seeks to assess whether the creation of a new junior doctor-led clinic for patients with prolonged jaundice would help reduce the wait time for the Rapid Access Clinic, whilst delivering a consistent standard of care for these patients.

**WHAT ARE WE TRYING TO ACCOMPLISH?**

**Aim**  
By December 2017, to reduce the average wait time for Rapid Access Clinic appointments in the paediatric department from 4.2 days to 2 days through the introduction of a new clinic.

**Training and pro forma**
- Provide an overview of:
  - Breast milk jaundice
  - The condition
  - What needs to be done
  - What happens next
  - Infant stool charts
  - Other resources and information

**Patient Information**
- Better patient information on prolonged jaundice in babies
- Better use of hospital funds
- Development of junior doctors in new clinic

**WHAT CHANGE CAN WE MAKE THAT WILL RESULT IN AN IMPROVEMENT?**

**Junior Doctor-led clinic**
- A new clinic for babies with prolonged jaundice was set up, which is led by a junior doctor, with the support of a consultant.

**Prolonged Jaundice Screen Pro Forma**
- A pro forma (left) was designed by the project lead and was agreed by the Paediatric Consultants after several minor amendments. This form is used by the junior doctor running the clinic, and provides a consistent structure to the appointment, whilst also ensuring all appropriate information is documented. All tests and investigations requested during the clinic are followed up by the “Consultant of the Week” on the Paediatric Assessment Unit.

**Training**
- All junior doctors in the department are trained on how to deliver the clinic, and the expectations from the department and support they will receive from the Consultant of the Week.

**Patient Information**
- A leaflet was written for parents attending the new clinic. This provides an overview of:
  - The condition
  - Why the baby is jaundiced
  - Breast milk jaundice
  - What needs to be done
  - What happens next
  - Infant stool charts
  - Other resources and information

**How will we know a change results in an improvement?**

**OUTCOME MEASURE:**  
Wait time for the Paediatric Rapid Access Clinic

**PROCESS MEASURE:**
- Number of paediatric patients seen in the new Prolonged Jaundice Clinic
- Number of patients seen in Paediatric Rapid Access Clinic

**Financial measures:**
- Annual cost saving to the Trust
  - £2,200
- Cost saving associated with Junior Doctor seeing patients instead of a Paediatric Consultant
  - £6,800
- Income from additional patients seen in new clinic
  - £24,900
- Total Annual saving
  - £33,900

**Balancing measure:**
- Wait time for the new clinic

**Conclusion**
The average wait time for a patient to be seen in the Paediatric “Rapid Access” Clinic far exceeded the local standard (4.2 days compared to 2 days). A large proportion of the patients seen in this clinic are diagnosed with prolonged jaundice, which can be managed by a junior doctor. Therefore a new junior doctor-led clinic was introduced, which runs 4 days a week in order to see babies with prolonged jaundice. This new clinic has reduced the workload of the Rapid Access Clinic, and we have seen a notable improvement in the wait time for this clinic (4.2 days to 2.9 days). We hope to see a continued improvement in the coming months, and will review the number of slots in the new clinic to ensure there are sufficient appointment slots throughout the year. The average wait time for the new clinic is 3.0 days, which is in line with our internal standard for the patient cohort. Parent feedback from the new clinic has been very positive, with 100% of parents saying they would recommend NGH to a friend or family member and 100% feeling they had confidence and trust in the doctor delivering the clinic. An additional benefit from the introduction of the new clinic is the indirect financial saving of £9,000, associated with a junior doctor running a clinic in place of a consultant.