Older People's Assessment Service (OPAS)

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Aims

To transform a traditional geriatric outpatient service with a 6-week wait into an innovative on-demand service with a 48-hour wait, provide multidisciplinary comprehensive geriatric assessment to all patients, and issue a full summary of the assessment to referring general practitioners (GPs) on the day of attendance.

Methods

We looked at the numbers of new and follow-up patients seen in all geriatric clinics over the past 2 years to model future requirements and factored in a possible 30% increase in demand for the new service.

We developed a new simple electronic referral letter with GPs which can be emailed to a joint departmental inbox, and then trained our nursing team to triage new referrals to increase the speed that new referrals can be processed.

We developed an electronic summary letter with colleagues from primary care and our information technology team which can be filled in during the assessment by the doctor, physiotherapist, and occupational therapist and sent electronically before the patient leaves the department.

We then trained our own reception team to contact our patients and book new referrals within 48 hours of electronic receipt.

Finally, we put on additional clinics to clear the historic backlog of patients waiting 6 weeks for their new patient appointments.

Results

The new Older People's Assessment Service was launched on 1 October 2017. Clinics run all day Monday to Friday with doctors, physiotherapists and occupational therapists working together. Referrals are vetted twice a day and patients are then contacted by our reception team and offered a choice of appointments over the following 48 hours.

The previous waiting list has been abolished.

Conclusion

This service offers a radical change to the way that our older people's medicine team works and we feel it demonstrates the way forward in care delivery for older patients.

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Vulnerable patients no longer have to wait weeks to be seen by a specialist. When they are seen, all our patients now have a comprehensive geriatric assessment undertaken including advance care planning, medications review and cognitive

The service is popular with GPs who are confident that frail patients can be referred safely to clinic rather than admitted.

GPs no longer have to wait for a traditional clinic letter to be dictated, typed and sent.

We hope this service will reduce unplanned admissions due to a reduction in the waiting time for appointments.

Conflict of interest statement

None declared