

Tackling a waiting list: a few ideas

Write to each person on the list and ask if they still want the service. Ask them to opt in by letter, phone or email by a certain (generous) time limit. For the few more vulnerable people who may find this difficult, call them to ask. Preferably ask an administrative person/secretary to do this.

Make sure you get bullseye referrals - people who want the service that you are able to offer. This may mean refining your referral criteria and ensuring that all possible referrers have a copy; you may also wish to make sure that all referrals come with an accurate referral form. Get to know your main referrers and make sure they know what you can and can't do.

Say no if necessary; you and your administrative help may like to have a resource list so that you can suggest alternative help.

Use proforma letters and other documentation so that you don't have to develop every letter from scratch. Have these easily available on your computer in Word format so that you/secretaries can alter and add personal details as appropriate.

Use groups wherever possible and help patients/families to help and support each other. They have experience, and you don't have to do everything.

Take on a consultative role to help other professionals rather than doing it all yourself. This may mean doing formal training or just being available sometimes to talk through an issue or case.

Ask how much help is needed. Some people are more resourceful than others. Some, if they can rely on you being available if badly needed, are able (may even prefer) to be given useful tips and then left to do it – perhaps with a phone number in case they need to ask a question or see you. Let them lead the amount of help - don't just meet regularly because you 'usually do'.

Check whether you are being helpful and if so, how? Some families/patients/clients may find direct advice, practical help or liaison with other professionals more helpful than empathetic chats and unburdening. Others may find the reverse. You may not know until you ask. Don't do more than is needed or wanted.

Be clear about your availability. If you only have half an hour or an hour to spare, say so when you arrive. If you're off duty on Thursdays, say so. Better to give 100% for the time you have got, than resent staying for hours (but staying anyway and depriving others of your skills).

Discharge when right for the person/family. Especially if they have stopped using you beneficially or you have given all you can. Discharge + phone number may be reassuring for many.

Use phone or email wherever possible. Get people's email address as well as phone number. Some may much prefer to make contact by either of these occasionally rather than travelling to your base or have

you go to their home, thus saving travel time.

Take care of yourself. Take care of yourself, take care of yourself, take care of yourself, take care of . . . get good managerial and clinical supervision and support; ensure your team has time together to talk about how work is going; nurture your administrators, referrers and other contacts; think systems rather than individuals . . .

For further information and/or team facilitation to help with waiting list management in community services, contact Carole Waskett at Northwest Solutions on carole@waskett.org or call 0161 959 6515