Telephone Advice Line to improve access to therapies in Somerset
History and Context

- Became a countywide Integrated Therapy Service in October 2009
- Working in episodes of care but difficult to discharge children who didn’t have an active need for intervention as parents concerned about not having any access to support
- Many enquiries coming into the four bases from parents or professionals asking for advice on potential referrals – difficult to call back in a timely way
Setting up

- Already doing multi-professional countywide triage four mornings a week, rotating round the bases
- IT services set up line which only opens at set times and at other times gives a recorded message
- Line can be programmed into different bases so can be answered by different teams depending on the day of the week
- Line will rotate to different phones so more than one call can be answered
What it offers

- Anyone can call about a child with a Somerset GP – parent or professional
- If a professional has consent from the family they can talk about a named child but if not can access advice anonymously
- The line is staffed by an experienced SLT, OT and PT four mornings a week
- We do not have capacity to take referrals over the phone but will sometimes advise a referral and explain how to do it
Evaluation and Feedback

- Feedback obtained from a random sample of callers
- 100% of respondents found their call helpful or extremely helpful
- Some very positive comments about the impact both from parents and professionals
Comments

I have been trying the advice I was given and my child is making progress - Parent

The therapist was so kind and helpful and took time to listen to me - Parent

The SLT really put my mind at rest - Parent

I was worried I would need to wait until I had my appointment but the therapist gave me some ideas to try immediately - Parent

I was able to ring and get advice while I was with the family - Health Visitor

I have rung the line several times and always get helpful advice - SENCo
Data

• Over 6,200 calls taken
• 50% - advice given and advised to refer
• 35% - advice given and no referral needed
• 15% - advice given and signposted elsewhere
Outcomes

• Continued good feedback from families and other professionals
• Easier to discharge children being able to reassure parents that they can quickly access advice if needed in the future
• Able to stop some inappropriate referrals being made
• Training opportunity when advising other professionals