

“SLUDGE AUDITS” ARE NEEDED TO REDUCE BARRIERS TO CARE

“Sludge” is defined as policy or practice that makes it unnecessarily difficult to access public services.[1] In healthcare, sludge can take many forms. For example, if a patient needs to complete extensive paperwork and show photo ID to register with a general practitioner, that is sludge.[2] Some people do not have photo ID and many find it frustrating, difficult or tedious to fill out forms.[2] It could also be described as sludge when getting antibiotics for an uncomplicated urinary tract infection means having to visit a general practitioner as well as a pharmacist.[3] Travelling between many professionals to explain personal problems can be time-consuming, exhausting, and embarrassing.[3]

Sludges like these are concerning because they waste patients’ time and drain them emotionally. These problems are made worse by ‘cognitive scarcity’ – the intuitive idea that people have a limited amount of mental capacity and after we have faced tiring, stressful and novel challenges our mental resources are depleted, leaving us more likely to make an error or lose track of what we are doing. [4]Altogether, sludge dissuades patients from accessing services, especially those from disadvantaged populations.[5] Public services have therefore been encouraged to conduct “sludge audits”: systematic evaluations intended to identify and eliminate sludge.[1]

General Practice provides the bulk of NHS care and GPs are gatekeepers to the rest of the health service. Innovation is easier within GP surgery teams than impersonal hospital systems and GPs have a closer perspective of their patients’ lives and the barriers to care they face. These factors mean General Practice is an ideal context to improve care through high-impact “sludge audits”.

What does sludge add to the idea of “barriers to care”?

The literature on ‘barriers to care’ identifies social and structural factors which exclude people from accessing health services. The concept of “sludge” adds clarity in two ways.

Firstly, a barrier to care is only sludge if it is ‘unjustifiable’.[1] For example, regular blood tests to monitor specialist medications are burdensome, but they are not sludge because frequent monitoring is essential to identifying complications or toxicity. However, if patients are asked to use a confusing booking system to arrange blood tests, this would be sludge because complexity is difficult to justify: it creates stress, wastes patients’ time, and may make it harder for digitally excluded people to access care.

Secondly, sludge poses barriers to care that are often overlooked. For example, an appointment booking website with repetitive and personal questions is sludge because it is needlessly time-wasting, frustrating, and unpleasant.[1] Even if all patients eventually figure out how to make an appointment, exasperating and disrespecting patients would be a problem in itself. A negative experience with the booking system may lead to reluctant, delayed presentation in the future. We cannot confidently study which inconveniences or frustrations in one clinic will result in missed healthcare in another clinic. Therefore, procedures that waste patients’ time, cause confusion, hassles, or frustration should all be challenged by sludge audits.

How do sludge audits work?

Sludge audits offer a systematic way to identify, challenge and remove sludges in health service processes.[1] First, the process is evaluated from start to finish and all possible barriers are identified. Second, the purpose of the identified barriers is compared with the inconvenience and confusion they cause. Thirdly, barriers which cause inconvenience disproportionate to their policy purpose – sludges – are identified and alternatives are suggested. The New South Wales government has developed a way of conducting sludge audits in healthcare, promoting a grassroots culture of audit and quality improvement.[8]

In contrast to bench research and political engagement, sludge audits are straightforward for frontline healthcare providers to complete. A recent sludge audit in colorectal cancer services took a mixed-methods approach, combining electronic health record evaluation of waiting list length and duplicate requests with interviews and direct observations investigating the frictions patients and clinicians encounter. The authors identified patients completing three almost identical forms and worrying about contradictory instructions.[6] Another approach to auditing one form of practice registration sludge was developed by Doctors of the World, who supported GP registrars to investigate barriers to registration at their practice, deliver training to clarify policies, and then reaudit.[9, 10] One by one, sludge audits can build a health service culture that values simplifying and streamlining the patient experience. Creating simpler routes through care empowers patients to control their journey, letting them focus on things that matter to them like work, leisure, or caring responsibilities.

Recommended ways to reduce sludge include demanding less of patients' time, offering in-person and online alternatives, and removing paperwork 'roadblocks' which stop patients accessing consultations.[7] For example, walk-in chest x-ray clinics have reduced sludge by allowing patients to present directly after their GP appointment reduce the number of different appointments and booking letters for patients to manage. While sludge can emerge through many mechanisms, including deliberate rationing, overzealous professional gatekeeping and technological innovation, only active intervention can remove it.

Are sludge audits irrelevant?

Not all scholars view sludge audits as worthwhile. For example, a recent argument against sludge audits and other behaviour change interventions claims they "are likely to be insufficient to deal with the myriad problems facing humanity" [11]. These critics point to meta-analysis evidence suggesting that behaviour change interventions have a small impact on people's measured health behaviours. But removing sludge is not only about changing measurable health behaviours. It is also about improving patients' experiences by streamlining their care, removing frustrations, and not wasting their time. Even if removing a sludge has little effect on the number of patients who attend appointments, simplifying systems empowers patients and builds rapport.

Are sludge audits a distraction?

Critics argue societal-level approaches to improve patients' health through taxes and prohibitions are more effective than individual-level approaches that seek to improve patients' health by helping them overcome barriers to care, and that the latter may distract from efforts to create structural change.[11] To be sure, the overwhelming evidence of social factors' impact on health must not be overlooked and many doctors feel passionately about the subject. Yet, for most doctors, structural change is outside our zone of control. We can, however, influence our own practice or clinic. In fact, it has been argued that interventions like sludge audits can empower GPs to begin demanding wider improvement.[12] Sludge audits identify barriers, blockages, inconveniences, distractions, and confusion, all of which are closely related to wider systemic issues.[12] For example, a sludge audit of practice registration paperwork processes ended up identifying breaches of the Equality Act.[2] Far from providing cover for structural failures, sludge audits put them under a magnifying glass.

Is sludge actually good?

A recent survey found that Americans objected to sludge impacting veterans but supported sludge for people on low incomes [13]. These findings indicate members of the public recognise that sludge is a barrier, but also believe it contributes to gatekeeping public services. Similarly, interviews with GP practice staff found that some resisted following guidelines on reducing documentation requirements because they considered it an effective means of deterring undeserving patients.[14] But sludge is not a fair means of rationing care. It exacerbates existing inequalities by disproportionately impacting people with time constraints, caring responsibilities, unstable accommodation, or language barriers.[1] To the extent that rationing of healthcare is required, it should be based on transparent decisions about need and potential benefit.

Others might contend that sludge is beneficial when GPs adeptly use a watchful waiting strategy. We would suggest that this is not actually sludge because watchful waiting is a proportionate response to the aim of avoiding overinvestigation; any friction or delays are not 'unjustified'.

How can we develop a culture of sludge audits?

Just as medicine has developed a thriving culture of quality improvement, it is time to empower frontline staff to conduct sludge audits and make our systems easier for patients to navigate. Staff should be trained to perform sludge audits through train-the-trainer programmes, quality improvement collaboratives, and QIP resource packs.[9, 15] Sludge audits should be recognised in annual appraisals. Removing sludge can make healthcare less unpleasant and frustrating for patients who are already afraid and disempowered. Let's use all the tools at our disposal to make GP surgeries as easy and straightforward as possible for our patients and their carers.

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