

## Accelerating pathway redesign through system leadership



## Overview

Leaders of the health economy in Buckinghamshire identified a need both for a step change in the method of delivery of health, and a cultural shift in the way that organisations work together to deliver improvements and savings. Moreover, it was also accepted that, in order to make this step change, it was necessary both to redesign processes and to engage with stakeholders in these processes.

The aim of the Pathway Acceleration Programme was to use the pathway redesign process to create capacity and capability within the Buckinghamshire health economy as a means to delivering QIPP savings, working simultaneously at a number of different levels in the system.

## Project Aims and Methods

Three pieces of work were undertaken with external guidance, coaching and support.

The InPACT Board operates across the whole health economy, integrating healthcare commissioners and providers with their opposite numbers in social care. A visual management system for unplanned care which mapped a full end-to-end pathway, and was a live example of the whole system sharing performance information in a live time data-driven way, was developed with multiple stakeholders. The focus of this work was an integrated system.

The new Out of Hours (OOH) contractual relationships were reviewed from the perspective of internal and external customers (patients) to see whether or not they were able to deliver the expected benefits and, if not, to get the contract working properly. The focus of this work was the two Buckinghamshire Clinical Commissioning Groups (CCGs) working together to deliver service improvement for the benefit of patients.

One locality in Chiltern CCG (nine practices) identified inefficient processes at practice level in relation to a number of core tasks. The aim of this work stream was to create head room for GPs to enable them to find time for their new system responsibilities. The focus of this work was at individual practice level, and also sharing learning at a locality level.

## Findings

Considerable progress was made in understanding the different elements of the unplanned care system and Out Of Hours working. Relationships across the system were substantially improved. There was a greatly developed mutual understanding of the working environment of others and the standards to which they operate, including a realisation that the Key Performance Indicators that were being measured were not the appropriate ones to measure the performance of the system. Work has therefore started on identifying KPIs to drive patient care, patient safety and patient experience across the pathway. Currently, this work is hampered by the lack of a single data system. While progress in reaching measurable change has been slower than anticipated, there is now a functioning group working on agreed and shared goals. In terms of OOH, the work has led to the following:

- Shared and agreed end-to-end process map representing the current state.
- A suite of agreed 'low effort high impact' actions to be delivered by the end of September 2013.
- A consolidated vision of the desired future state of the OOH contract.

The Headroom project in Southern locality is designed to create capacity ('headroom') for GPs and their teams. There are many examples of effective improvements to working practices, and some interesting examples of resistance to change. The strongest observation is that, if all practices in a locality adopted the 'gold standard' for all of the issues that have been addressed in any of the practices in the locality, a massive amount of capacity is there to be liberated. As regards the aim to create more headroom for commissioning activities, it is necessary to start by changing working practices in the non-clinical team. A major contributory factor to practice inefficiency is noise and interruptions. Time needs to be spent thinking about where and when is the best place and time for specific tasks to minimise unnecessary noise and interruptions. Each GP needs to conduct a rigorous exercise to determine which tasks could be performed by others, what in their own actions are driving the behaviours of patients in ways that impact negatively on their time and what technologies could be deployed to save them time.

Potential to reduce GP time by

# 44%

in some processes

## Recommendations

The challenge for the future will be to maintain the regular meetings, to complete tasks between meetings and to continue to set and monitor progress towards achieving agreed goals. Work is required locally to improve complex cross-organisational meetings.

The detailed work carried out to date on the Out of Hours end-to-end pathway should form the basis for a new payment by results contract in Buckinghamshire. This should deliver the desired and agreed future state for the service.

Finally, a number of overall learning points were identified in relation to leadership; working in silos and making assumptions; the benefits of involving all the relevant people; benchmarking best practice; the use of data; and following a structured process for improvement and using the right tools. These issues all relate to the culture which is being established in the two CCGs.

## Working with Thames Valley Health Knowledge Team

This project was carried out by Unipart Expert Practices in partnership with the Knowledge Team, and supported by funding from NHS South of England. It was carried out in Buckinghamshire with Aylesbury Vale and Chiltern CCGs and partners across the whole health economy.

We can help you by:

- **Coordinating complex projects with multiple partners.**
- **Supporting the evaluation of service improvements.**
- **Putting you in touch with the staff who worked on this project.**

**Thames Valley Health Knowledge Team**

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