



Waiting Times: Performance, Improvement and Sustainability

@nhsscotlandevent  #NHSScot19

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The Challenge:

To provide an optimal service with finite resources

Can we better utilise the resources we have to provide sustainable solutions?



Lanarkshire Breast Service

- Historically 6 consultants, 3 sites
- 2012 four senior surgeons retired
- Forced to think about working differently



Current model

- Most surgeons 2-3 clinics, 1 full day operating
- Significant variation in surgical conversion rates
- Emergency work further reduces capacity
- Huge variability in elective workload and capacity

Potential solutions

- Fewer consultants, working more flexibly.
- Committed long term staff for continuity.
- Advanced nurse practitioners for clinics and minor procedures.
- Make changes to the way in which we work to increase overall capacity.



Reducing clinical caseload

- Understand/ benchmark New : Return ratios
- Reduce routine long term follow-up clinics : eg TCAT
- Virtual/ telephone clinics
- Unit protocols for surgery/ imaging
- One stop diagnostic clinics where possible perform minor surgery or investigations during first appt



Team Job Plans

- Increase sessions as required
- Ability to flex to demand
- Match clinic conversion to available theatre time
- Develop footprint for service
- Utilise all staff to cover it 50 weeks a year



Lanarkshire Breast Service now

- Sees all new breast patients within 10-14 days. Capacity and demand in balance since 2013
- 4 Consultants, sessional speciality doctors, ANPs. Able to cover peaks/troughs and planned/ unplanned leave
- Some fixed sessions, some flexible
- Annualised, can be delivered both when suits service and individuals

Lanarkshire service changes

- Allowed us to offer support to Neighbouring Boards
- Able to manage 5-10% increase in referrals annually
- Can see and treat 50% more cancer patients with 50% fewer consultants
- Have repatriated breast screening patients
- Have established local plastics service
- Used similar models to reduce capacity/ demand mismatch in other specialties locally
- Finished 2018/19 financial year £130,000 under budget



scottish access collaborative

Programme Scope



Endorsed Challenges

- Active Clinical Referral Triage (ACRT)
- Waiting List Validation
- Virtual Attendance
- Clinical Pathways Infrastructure



Endorsed Challenges

- Accelerating the Development of Enhanced Practitioners (ADEPt)
- Flying Finish
- Effective and Quality Interventions
- Team Service Planning



Clinical engagement in solutions

- Identify good practice and tell people about it
- Benchmark services and encourage teams to communicate and cooperate
- Bring clinicians together to develop consensus
- Identify key emerging roles eg in advanced practice and promote them
- Help services to develop a footprint of the capacity required and identify gaps in staffing/ resource

Questions at the end of the session

Christine Divers

Operations Manager Surgical Division, Golden Jubilee National Hospital

Julie King

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Whole Systems Approach to Improvement and Sustainability

The Golden Jubilee Foundation

Patients at the heart of progress



**Golden Jubilee
National Hospital**



**Golden Jubilee Research
Institute**



**Golden Jubilee
Innovation Centre**



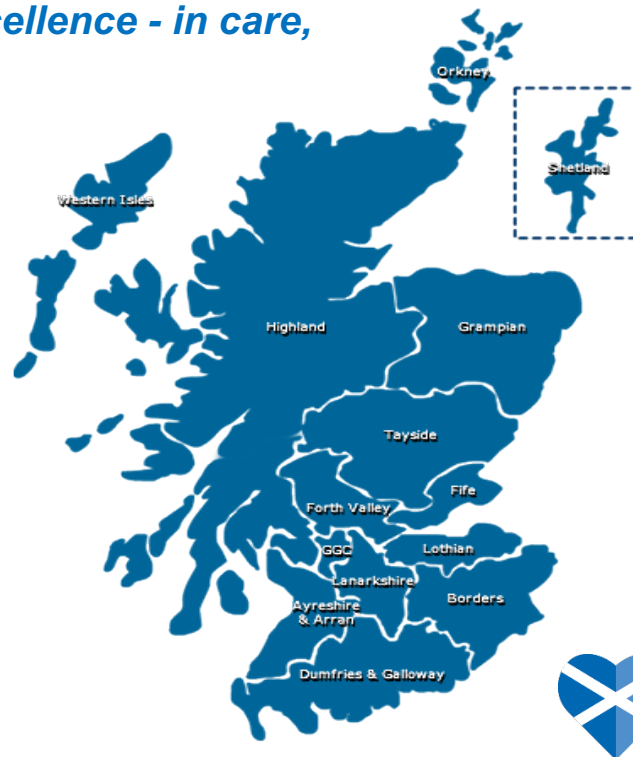
**Golden Jubilee
Conference Hotel**



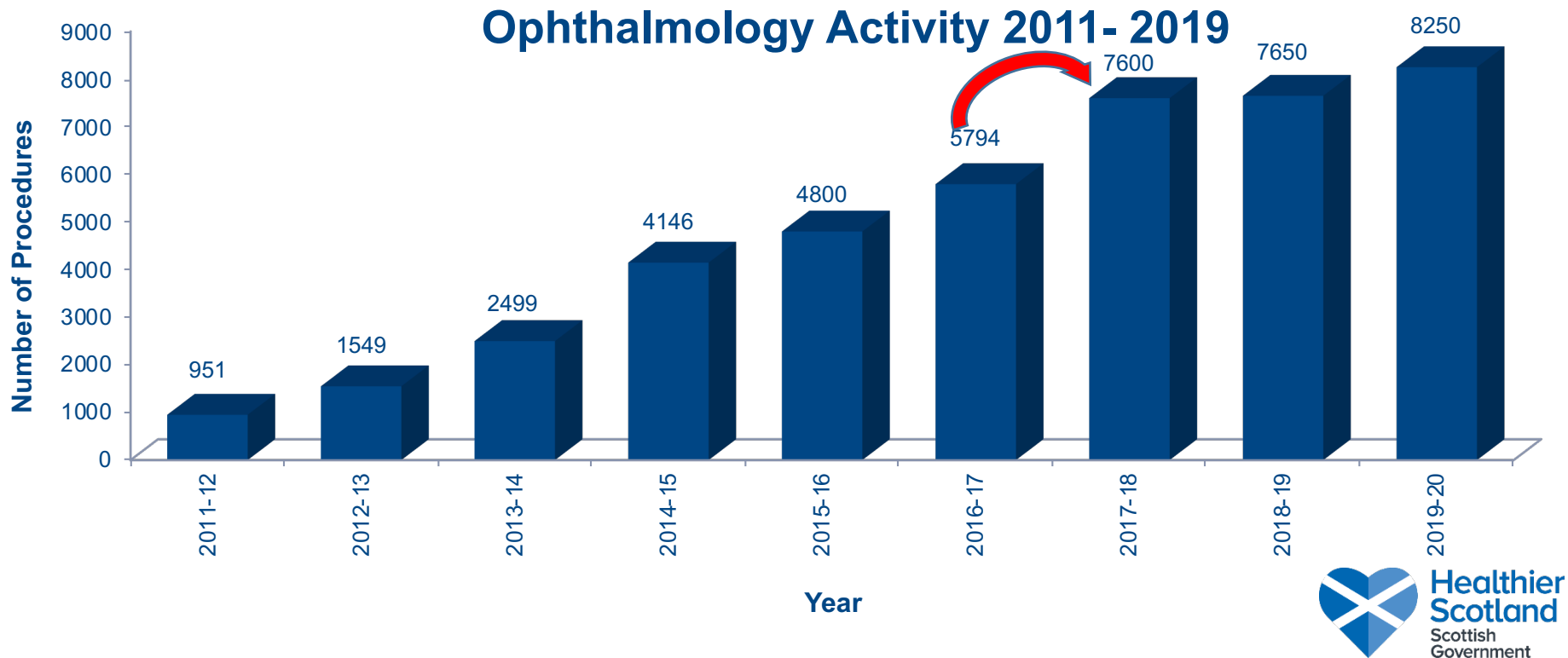
Delivering Care through Collaboration

“Putting people first to achieve and sustain excellence - in care, performance, quality, innovation and values”

- National Health Board increasing capacity for Scotland
- Collaborative working with 14 Regional Boards
- Heart and Lung services and National Elective Programmes



Ophthalmology Growth



GJNH Ophthalmology Service



- 7600 cataract procedures in 2017/18
- 10,200 out patients per year (30% increase)
- Circa 240 patients per week
- National shortage of Ophthalmologists!!
- National Elective Programme

Phase 1 Expansion National Elective Programme



Expanding
Capacity



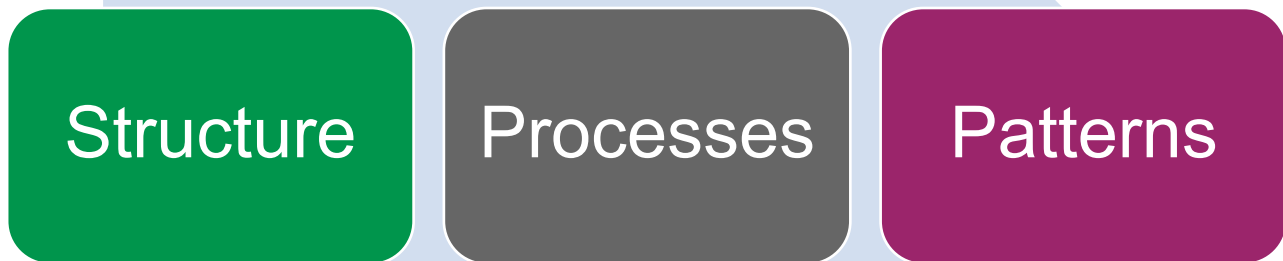
Innovative
models of
care



Reducing
cancellations

Whole Systems Approach to Innovative Care

Aim: Increase Out-patient Capacity by 30% by September 2018



'If we want fundamental and transformational change in a complex system we must consider interactions and changes in structure processes and patterns'

Working in Systems Improvement Leaders Guide 2005

Whole Systems Approach: Structure



Improvement 1

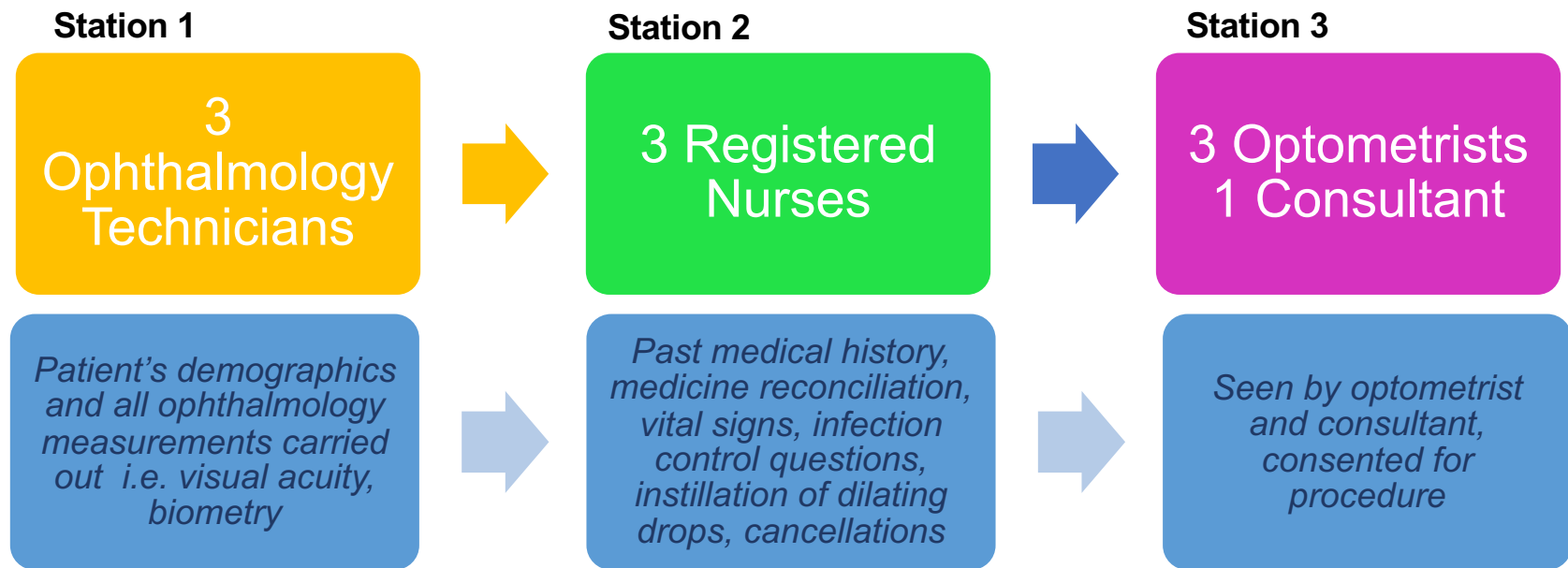
March 2017 Out-patient service relocated which allowed a redesign of flow to be tested

- 3 Optometrists to 1 Consultant model
- Daily debriefs over March and April

Adopt! Adapt! Abandon!

Whole Systems Approach: Process

Improvement 2

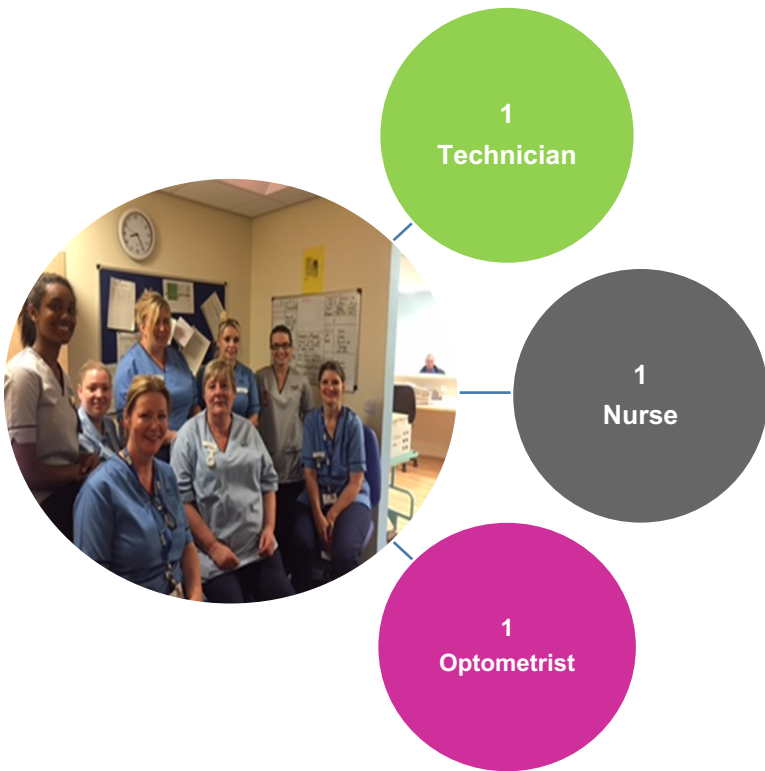


Whole Systems Approach: Patterns

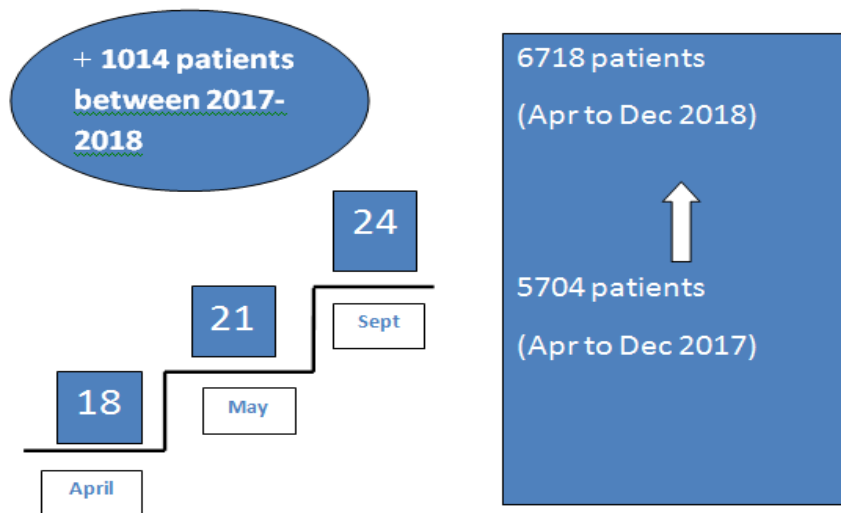
Improvement 3

- Department split into 3 teams
1 from each station
- Small Multidisciplinary team
within bigger clinical team
- Each team sees 8 patients
per session

*Visit time reduced by 50%
to 1 hour 20 minutes*

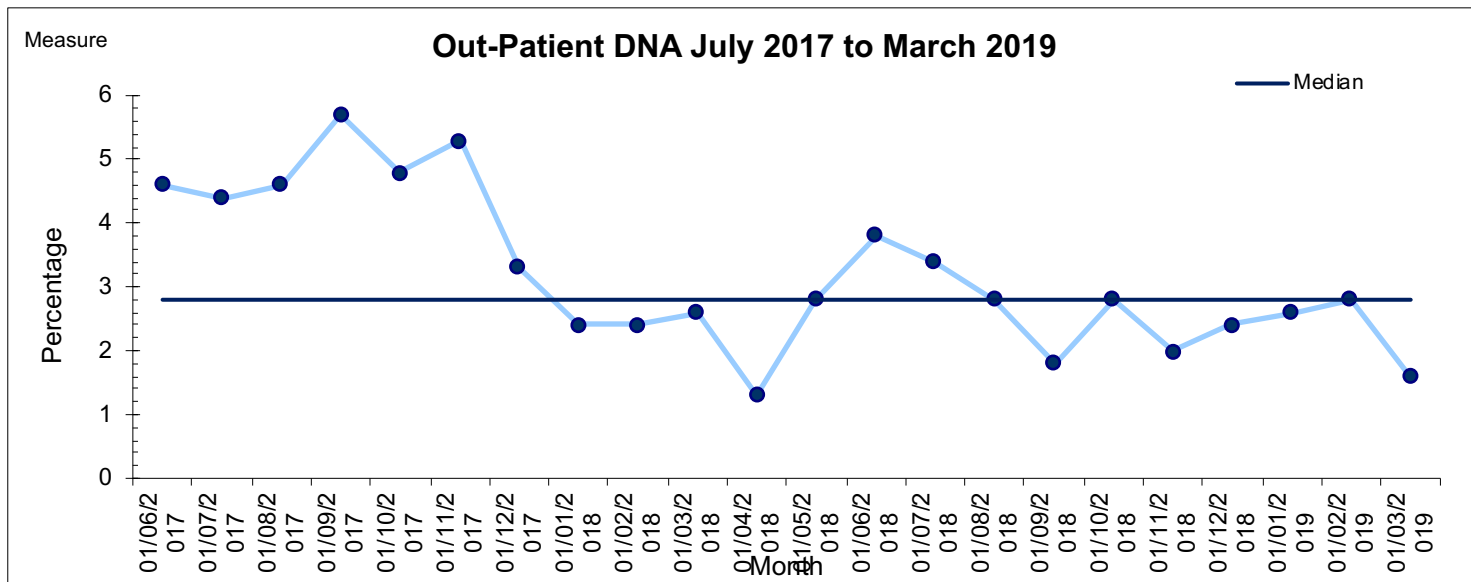


Whole Systems Approach: Outcome



Out-patient DNA rate: Process

Improvement 4

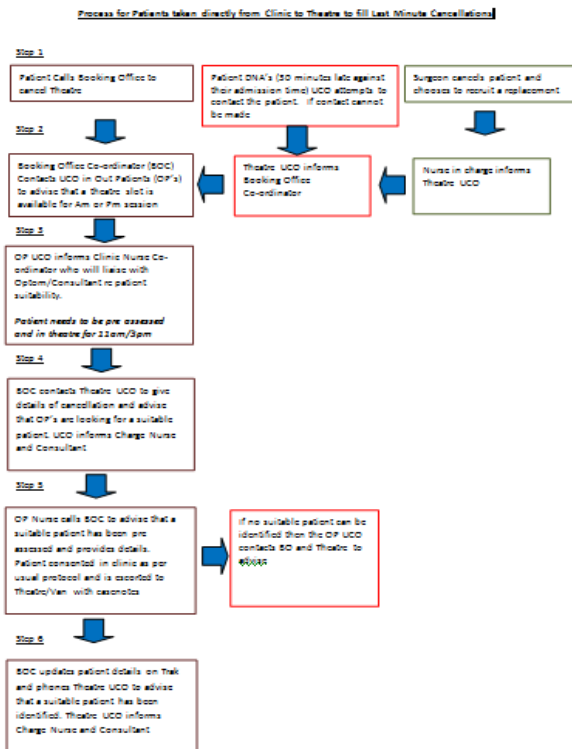


Theatre Performance - Structure

- Mobile theatre opened May 2017
- Problems initially with microscope, vibration and flow
- Only able to achieve 6 cataract procedures per session
- **Perseverance = Productivity!**
- Increased to 7 in May 2018



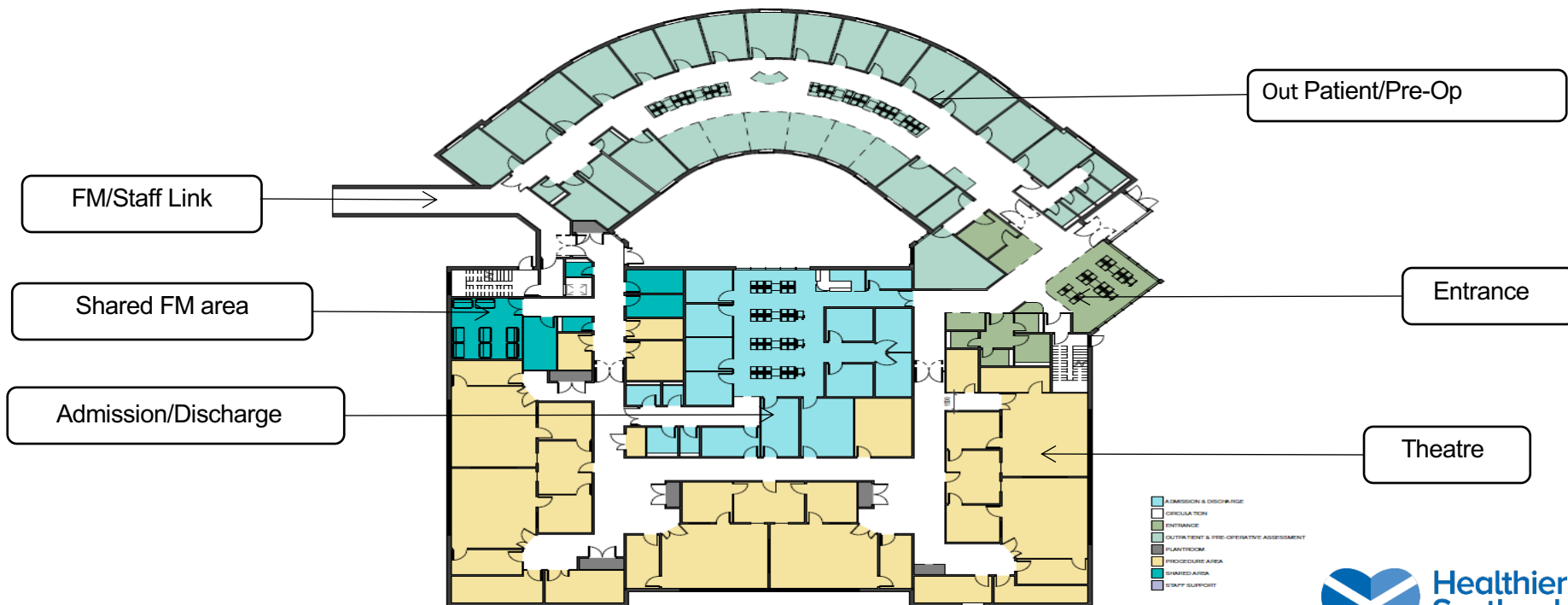
Maximising Theatre Capacity- Process



Benefits of Redesign

- Maximising capacity in clinic (94% utilisation)
- Released consultant time
- Increase in productivity
- Reduction of patient visit times (halved)
- Improvement in communication
- Cohesive team working across MDT
- Maximising theatre capacity (85% utilisation)
- Active Management of DNA's and replacement from clinic

Design through Redesign!



Structure

Where we do
it



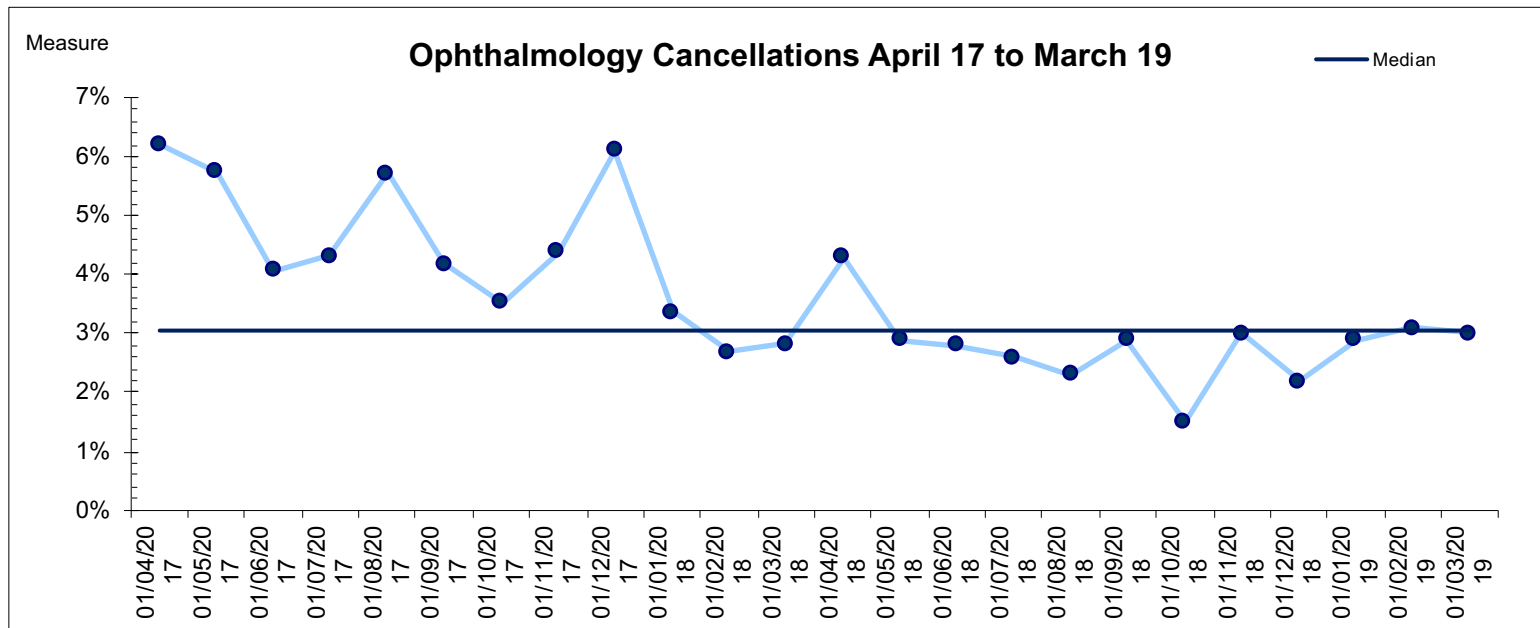
Process

How we do it

Patterns

Roles , Responsibilities
and Engagement

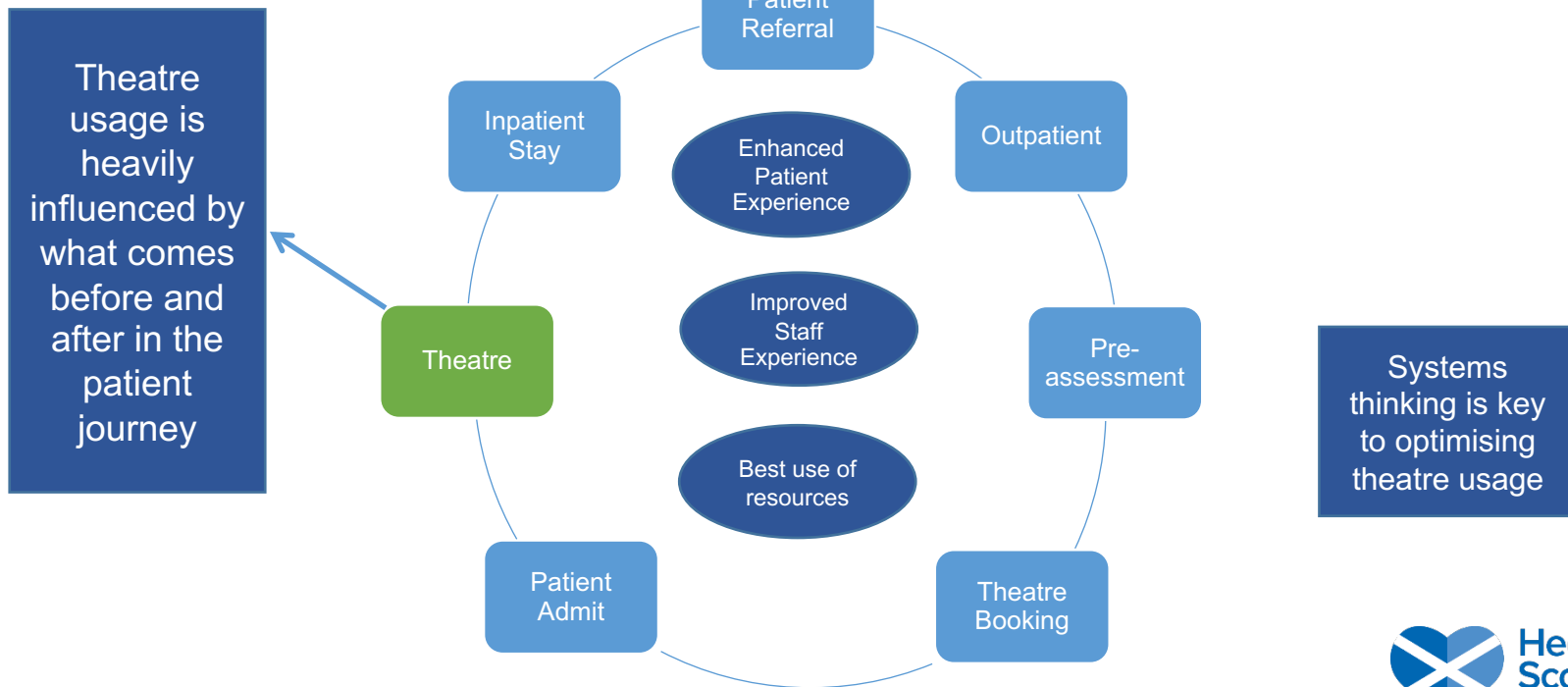
Maximising theatre capacity - Process



Whole Systems Thinking

**Why should we focus on improving
theatre cancellations?**

Patient Journey – opportunities to improve

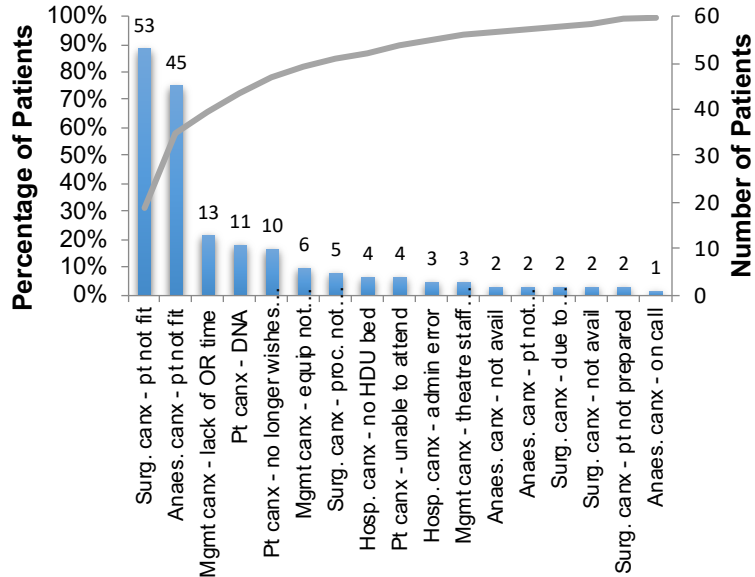


Our approach

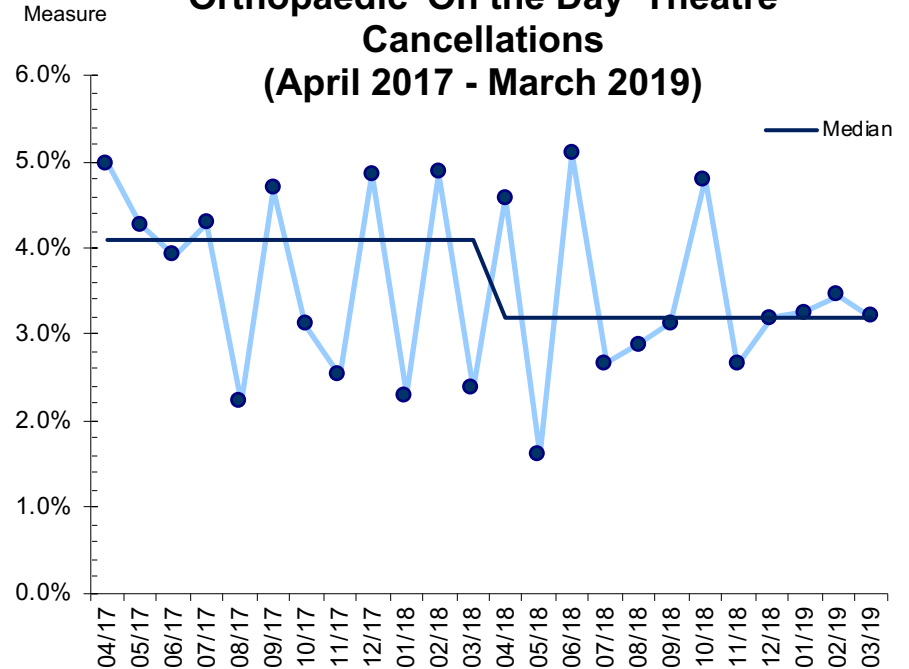
- Review our theatre cancellations each week – speciality by speciality
- Identify “avoidable” and “unavoidable” cancellations
- Capture the information needed to target the challenges – cancellation comments tells you a lot about your system
- Engage a group of motivated stakeholders – clinical leadership is key
- Identify and agree ongoing improvement actions – each step of patient journey
- Share, share, share the data and seek feedback – teams feel involved and empowered to act

Performance Data – Orthopaedic

**Orthopaedic Theatre Cancellation Reasons
(April 2018 - March 2019)**

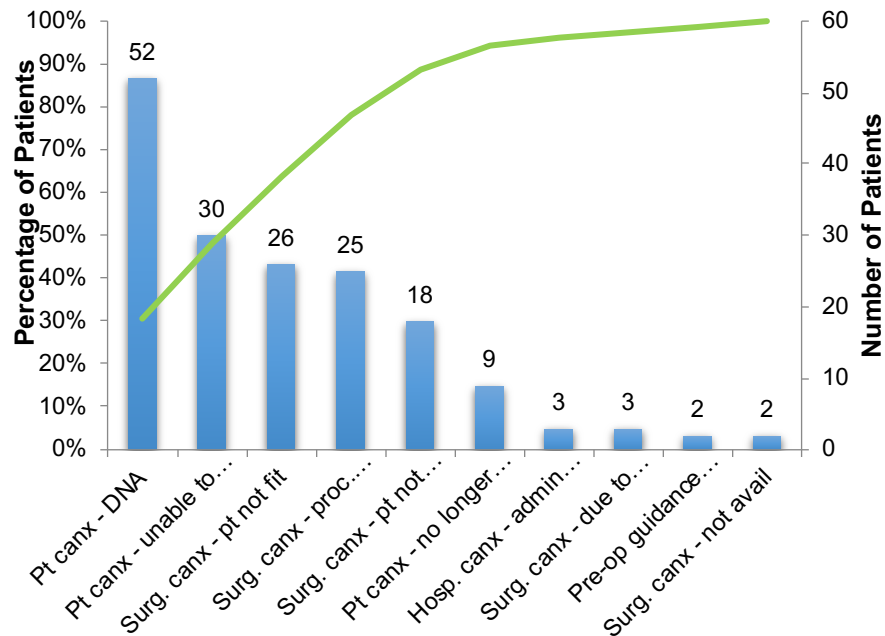


**Orthopaedic 'On the Day' Theatre Cancellations
(April 2017 - March 2019)**

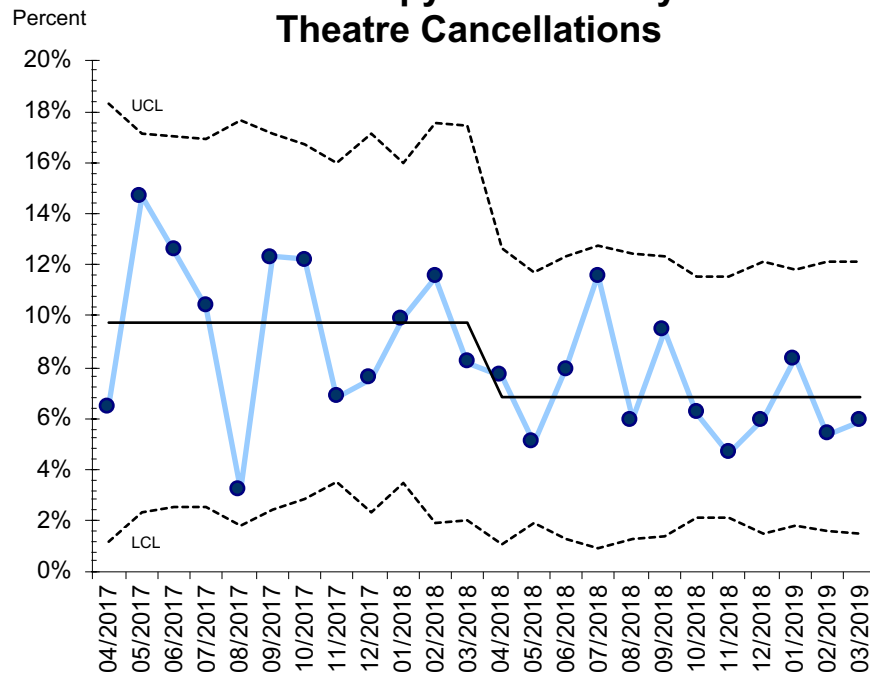


Performance Data - Endoscopy

Endoscopy Cancellation Reasons (April 2018 - March 2019)



Endoscopy "On the Day" Theatre Cancellations



Endoscopy Specialty

- Short Life Working Group
- Targeting main reasons for cancellation
- Improved patient literature
- Patient phone calls

**Need to
postpone?**



**Pick
up the
phone!**

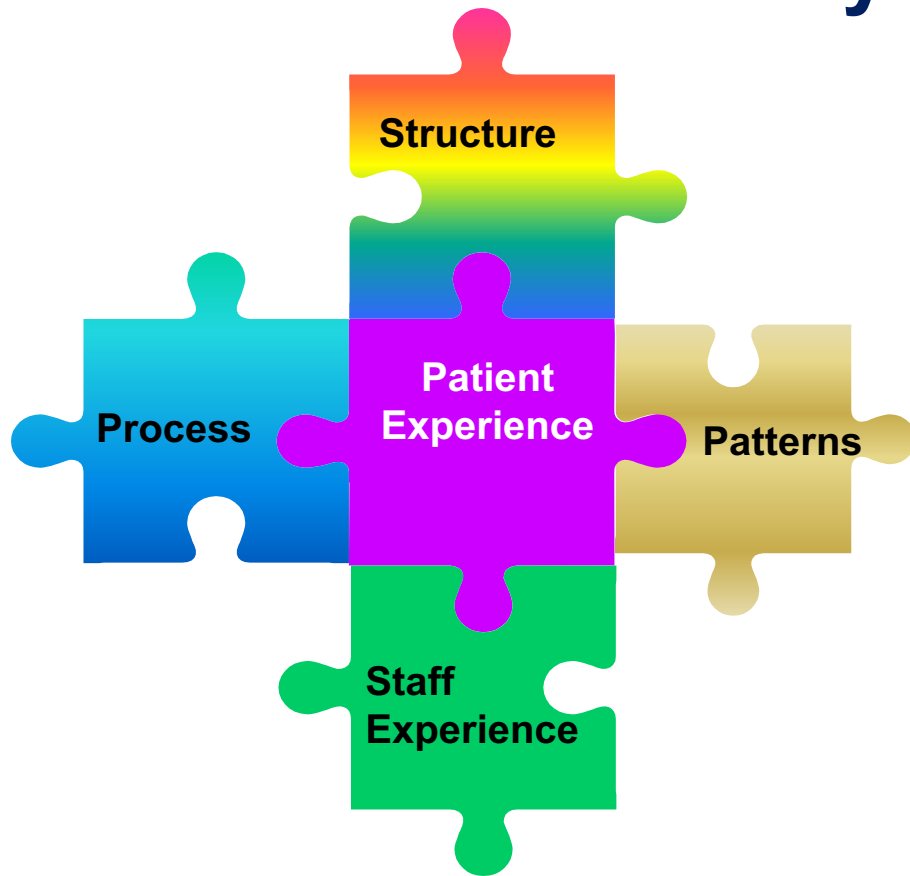


It costs **your** NHS over
£21,000 per year for patients
who fail to attend their Endoscopy appointments.

If you cannot attend, please tell us as soon as possible
so that we can give your appointment to someone else.

To cancel or reschedule your appointment,
call 0141 951 5266.

Whole Systems Approach to Improvement and Sustainability





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