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New and Innovative Models of Delivery

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The case for Improvement

Health Care in England is improving but its needs to improve more:

- Unacceptable variation
- Care needs to be safer
- Patient Experience is improving but still inadequate
- Costs of healthcare are rising in an unsustainable way

Six Nation Summary Ranks on Health System Performance

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	AUS	CAN	GER	NZ	UK	US
Overall ranking	**3.5**	**5**	**2**	**3.5**	**1**	**6**
Quality care	4	6	2.5	2.5	1	5
Right Care	5	6	3	4	2	1
Safe Care	4	5	1	3	2	6
Coordinated Care	3	6	4	2	1	5
Patient-Centered Care	3	6	2	1	4	5
Access	3	5	1	2	4	6
Efficiency	4	5	3	2	1	6
Equity	2	5	4	3	1	6
Healthy Lives	1	3	2	4.5	4.5	6

Source: Commonwealth Fund (2007)

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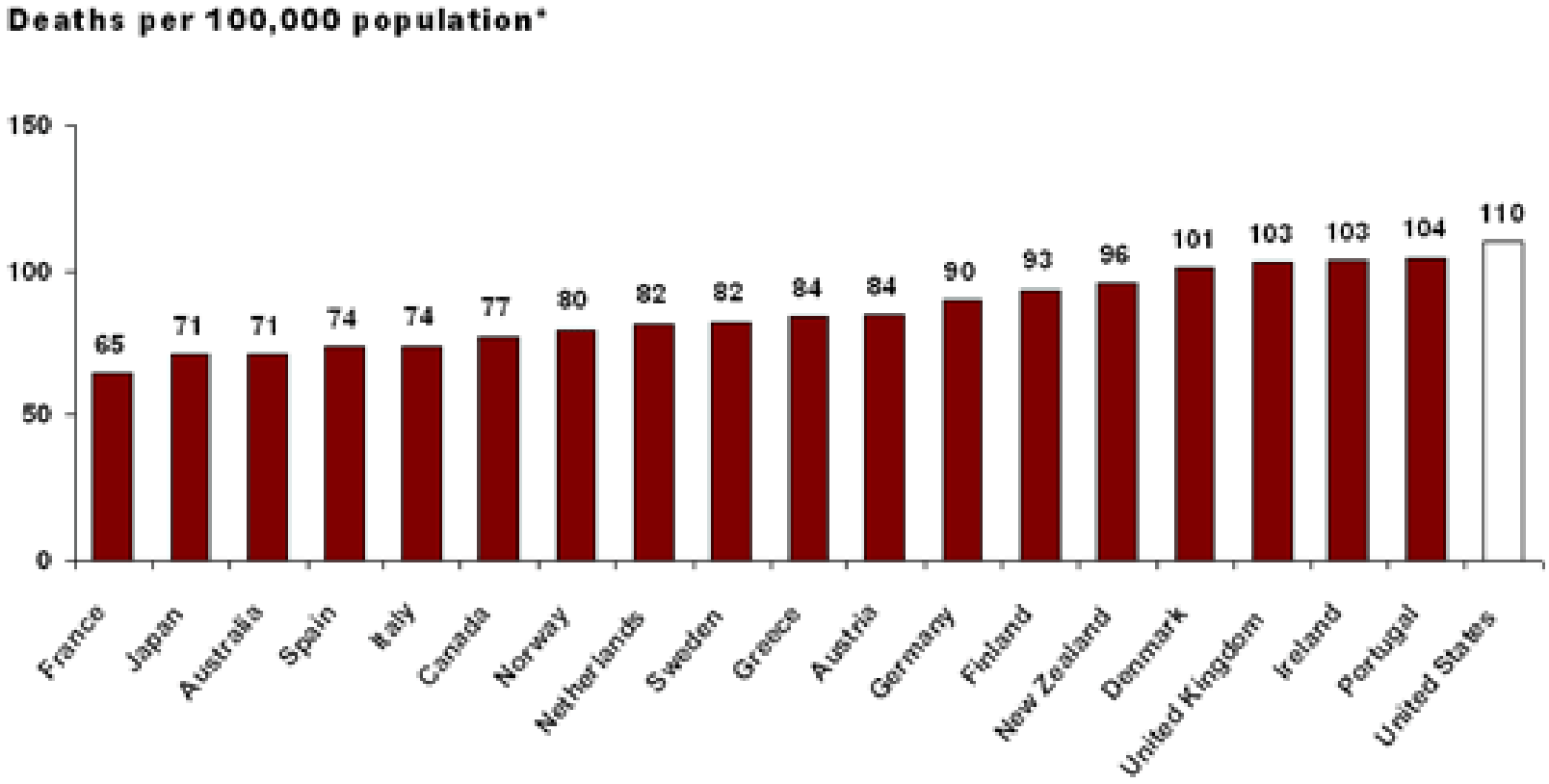
Mortality Amenable to Health Care, 2002–03



The NHS Institute: Scope

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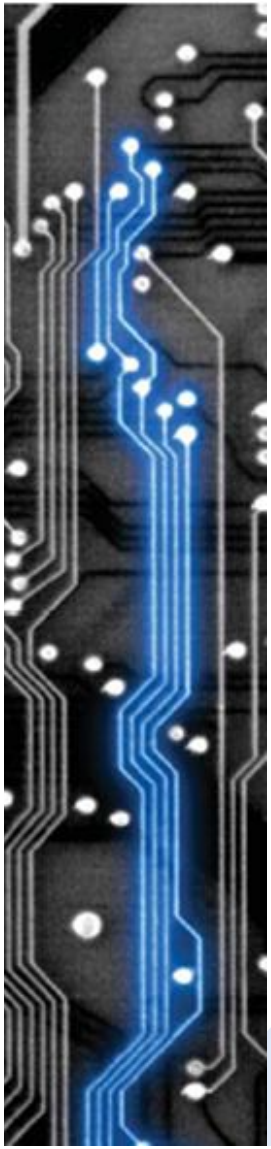

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Priorities

- No Delays
- Patient Safety
- Support for Commissioning
- Delivering Quality and Value
- Building Capacity & Capability in Innovation and Improvement
- The National Innovation Centre (NIC)

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Three examples of Innovative models

Innovation in improving GP access

Patient Experience based design

Releasing Time to Care

Stour Surgery – Christchurch Dorset

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The Stour Access System was designed to improve patient access to healthcare and give GPs control over their own working day.

- Stour Surgery is a 4-partner teaching practice in Christchurch, Dorset with around 8,800 patients.
- It is a forward thinking practice and was one of the first in the country to become computerised and paperless.
- The GPs at Stour Surgery wanted to control their appointments themselves and in particular wanted to be able to identify who needed to be seen by a GP and who didn't.

So they decided to develop a new access system based on telephone triage, with GP call-backs to patients and phone consultations. The new system started in 2000.

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What is the Stour Access System?

- The system works by allowing the GPs themselves to triage all requests for care by phone.
- Patients who ring for an appointment first speak to the doctor by phone. The patient leaves a contact number with the receptionist and the GP calls them back in line with the urgency
- The GP discusses the complaint with the patient and triages them to the most appropriate person, eg nurse, or books a face to face appointment with themselves or provides advice over the phone.
- Appointment times are arranged by the GP themselves - the patient isn't referred back to the receptionist for this
- Patients can book directly with the nurse or other non-GP members of the primary care team and can access a walk-in nurse clinic, directly.

Benefits to Staff and Patients

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- Patients speak to their GP sooner
- Patients see their GP sooner, when appropriate
- Patients get more time with their GP when they need it and save time by avoiding unnecessary appointments
- If the patient has a particular day, date or time they want to come in, this is also easier to accommodate because the GP controls the diary
- When a patient needs a longer appointment or more particular care, the GP has time to provide the right levels of support
- GPs manage their caseloads efficiently and free up time
- GPs improve utilisation of nurses and other Health Care Professionals.
- Nurses get to see patients sooner, without the delay of going through GP appointments
- Receptionists no longer have to deal with unhappy or angry patients who are told there are no appointments with the GP that day

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Results at Stour Surgery

- Did Not Attends are reduced to almost zero
- 1/3 only of patients need to see the GP
- 1/3 of patients need to see a nurse
- 1/3 of patients can be dealt with over the phone without seeing a member of the team in person
- Allows same day and future access
- Very strong Patient and GP preference for this way of working

YOUR EXPERIENCE MATTERS: This day, 2006

This newspaper has been designed to be filled in whilst you wait, please don't worry if you can't finish it all as any imput is much appreciated.

EXCLUSIVE NEWS FROM LUTON & DUNSTABLE:

HEAD & NECK PATIENTS TO DESIGN THEIR OWN EXPERIENCE

neck patients from Luton and Dunstable Head and Neck Clinic asked to get involved with a project to design their own services.

This newspaper has been produced to kick start the consultation process which will include various forms of contact. The core team will be running film workshops where patients will be able to make their own documentary, photography projects among others.

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Experience based design

Pilot with Luton & Dunstable Hospital
Head and Neck Cancer

Complaining

Receiving Information

Listening & Responding

Shared Decision Making

Experience based co-design

Features

"Emotional Mapping"

- Real time analysis of spectrum of emotions for patient and carer
- Identified for patients the most critical "touch points" in their journey

"Co-design Teams"

- Equal partners; using the maps to help prototype changes to service delivery. Then PDSA cycles to measure impact of the changes

Resulting in

- So far 43 changes in details of service delivery
- Dramatic changes in staff and Executive attitude to this work

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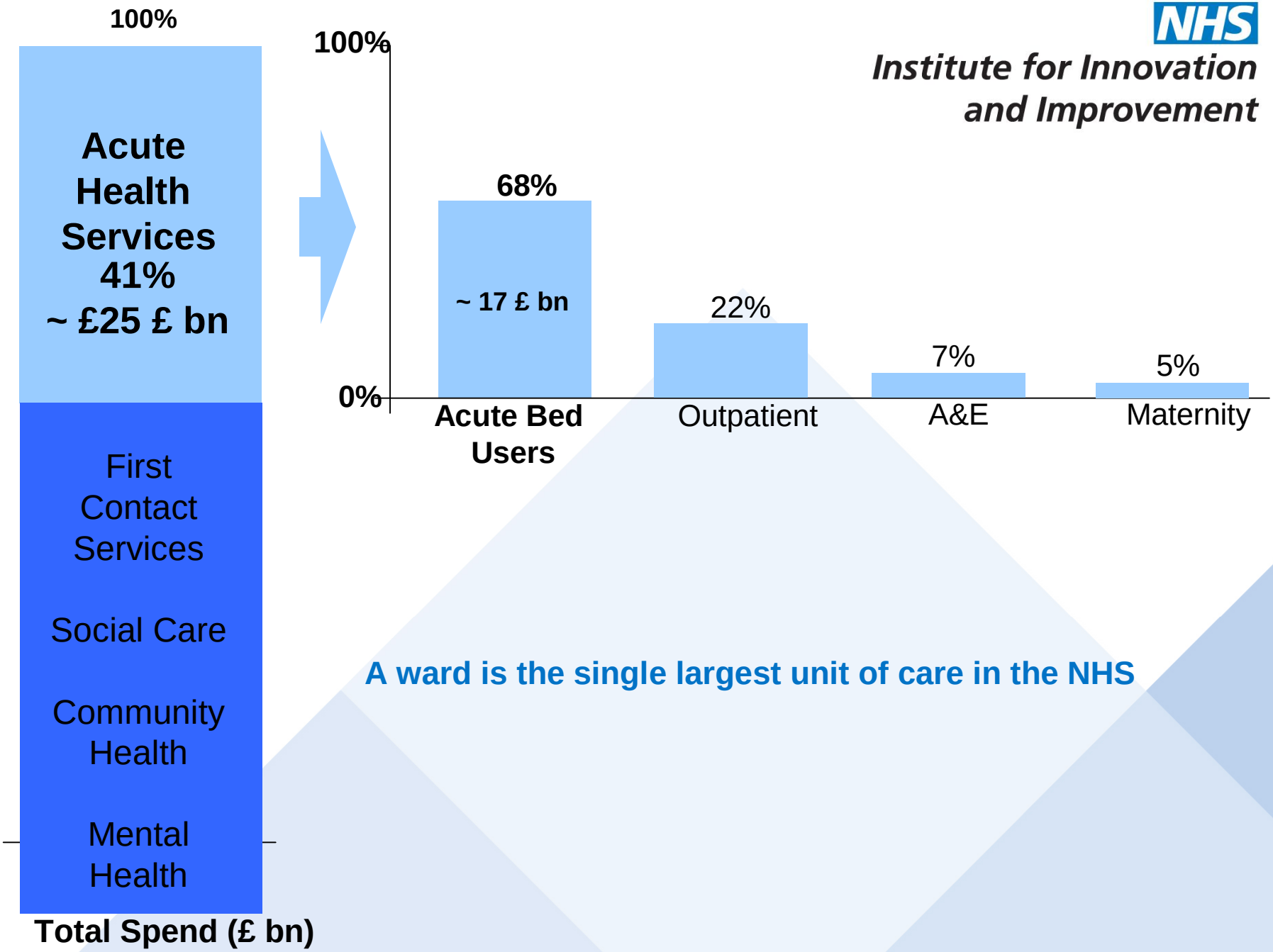
“Releasing Time to Care”

We believe right first time, high quality clinical care to be the most cost effective and ultimately the cheapest care

A great deal of care is delivered in hospitals, on wards, largely by nurses

Nurses feel they don’t have enough time for direct patient care and the data shows that they are spending most of their time on other things

Breakdown of total NHS spend:



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A ward is the single largest unit of care in the NHS

The focus is on direct patient care

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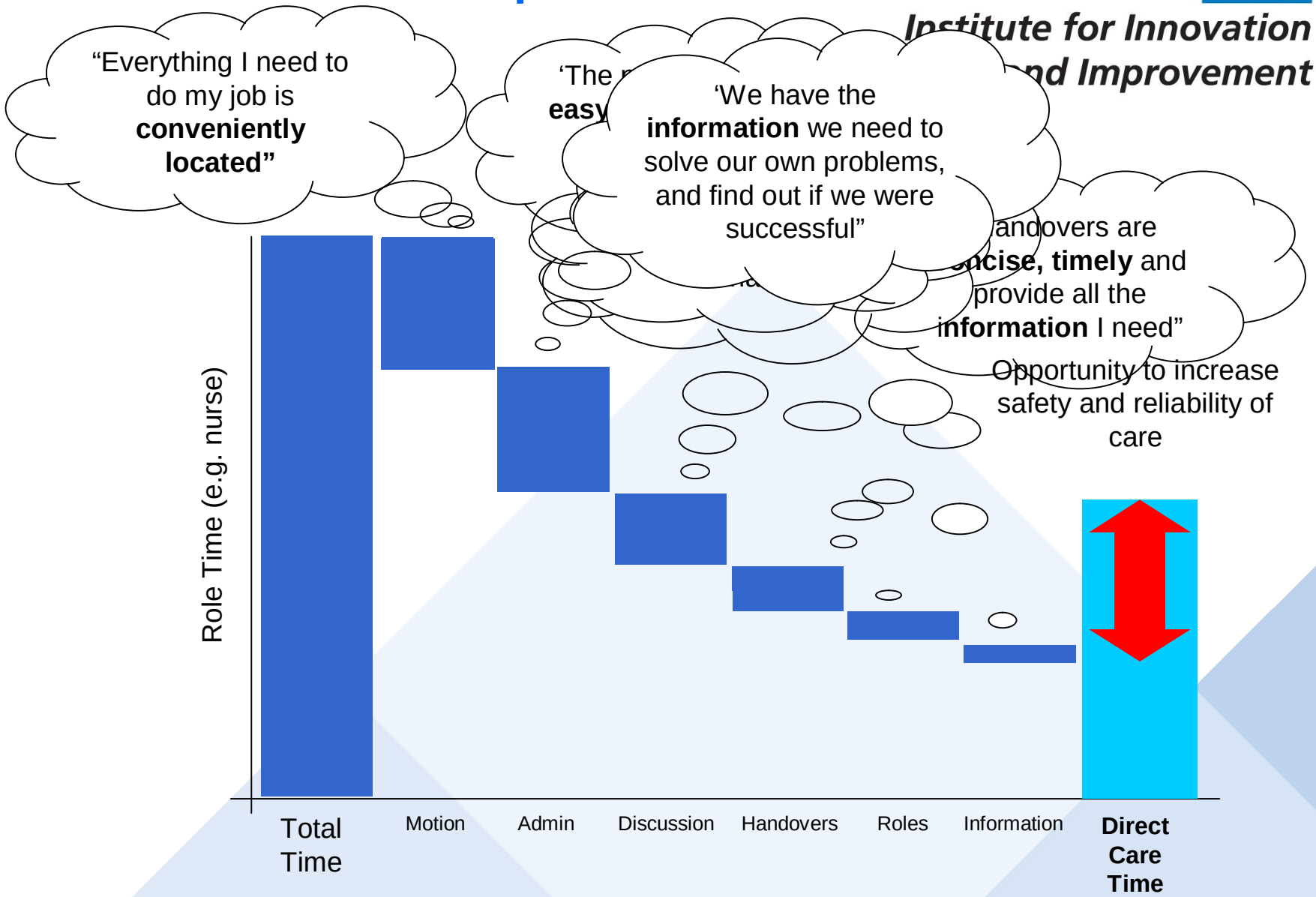

So what did we do?

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- Working initially with four trusts we helped them to use simple tools, drawn from Lean thinking and Six Sigma, to redesign common processes of care and measured the impact.
- Then with ten new trusts we developed a modular programme for hospitals to use.
- With the help of nurses from our initial sites and good use of video and webcasts we used professional channels to raise awareness about this approach

Typical results

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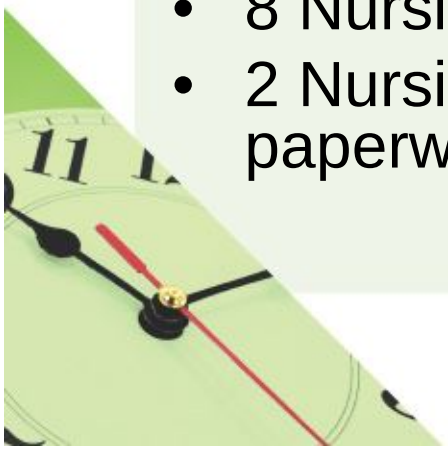
- medicine round time reduced by 63% (allowing re-investment of time into safer care)
- handover time reduced by one-third, but quality increased
- typically £400 of stock returned to central stores
- meal wastage rate down from 7% to 1% (£10,000 of unnecessary annual meal requests identified in one ward)
- direct care time with patients increased by 45%
- 8 Nursing Hrs / Day saved from Handovers
- 2 Nursing Hrs / Day saved from Admissions paperwork



Typical results

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- Interruptions reduced from 114 to 64 per shift (per nurse) (approx once every 6 mins to once every 11) – very important for safety critical processes such as Medicines Administration
- Observations reliability score increased by 70% (Cardiology ward)
- Improved patient satisfaction and experience
- Positive impact on patient outcomes

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Summary

The NHS is improving and is capable of innovation

Much of this is locally led and we have a real challenge to ensure the best ideas are adapted then adopted by other services

And patients and the public have a vital role to play if this innovation is to happen and to be acceptable

"People change what they do less because they are given *analysis* that shifts their *thinking* than because they are *shown* a truth that influences their *feelings*."

(John P Kotter (2002), *The Heart of Change*)