

Tackling Waiting Lists

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IHI/BMJ International Forum on Quality and Safety in Healthcare, London 11th April, 2024















Session Content

- Who we are
- Our demand and capacity journey
- Our team based programme
- Golden nuggets for improving flow
- Top tips for getting started
- Next steps

No interests to declare



Who We Are

Solent NHS Trust

- Community Trust
- 7 service lines
- Approx. 220 services

Merger pending Will become Hampshire and Isle of Wight Healthcare Foundation Trust





Academy of Research and Improvement

Innovation

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Research



Quality Improvement

Evaluation





Our Demand and Capacity Journey











What is the training about?

This training programme is designed to support teams and individuals in developing the skills and capability to introduce or enhance a demand and capacity (D&C) managment and planning approach to improve patient flow and reduce waiting lists/times.

Who should attend this programme?

- + Teams of up to 6 people from a service, which could include operations, service and/or business support managers, clinicians, administrative employees and service analysts who are interested in developing their D&C skills and knowledge
- Teams who would like to introduce or enhance a D&C management and planning approach with the aim of improving patient flow and reducing waiting lists/times.

What the workshop involves:

Attendance at four facilitated learning events over 4 months bringing all teams together as follows:

- + 10th June 2024: Pathway mapping, using pathway maps to understand and improve D&C management and flow, measuring and understanding D&C, balancing D&C
- · 22nd July 2024: Systems Thinking and how to apply the approach to implement effective action to improve flow and reduce waiting lists, understanding waiting lists and effective management stragegies
- 12th September 2024: Approaches to optimise flow and reduce waiting
- lists/times, helping patients to wait well
- 14th October 2024: Using SPC to understand demand data, introduction to D&C tools, brief introduction to modelling and what it can do preparatory shorts

The days will be a mixture of taught content, interactive exercises, examples of work currently underway within services, alongside plenty of discussion. Opportunities for digital innovation will be explored

Additional facilitated workshops will be offered to provide teams with the support to apply learning to their service.

All learning events will be held at: Axis Conference Centre, 3 Venture Road, Southampton, SO16 7NP

We are looking for 6 teams to join the programme starting in June 2024 For expressions of interest or further details, contact guality.improvement@solent.nhs.uk

Our Cohort Programme

- For teams
- 4 training days
- Mixture of:
 - Theory
 - Service case studies
 - Practical activities
 - Discussion
 - Trying out demand and capacity tools
- service change/improvement activities

Teams supported/ facilitated to apply learning to





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Our Cohort Programme

- Whole service/system approach
- Focus on operational application
 - Front door
 - Job planning
 - Waiting list management
- Novel content
 - Helping patients to wait well
 - Co-production
 - Systems Thinking
- Links to broader programme offer

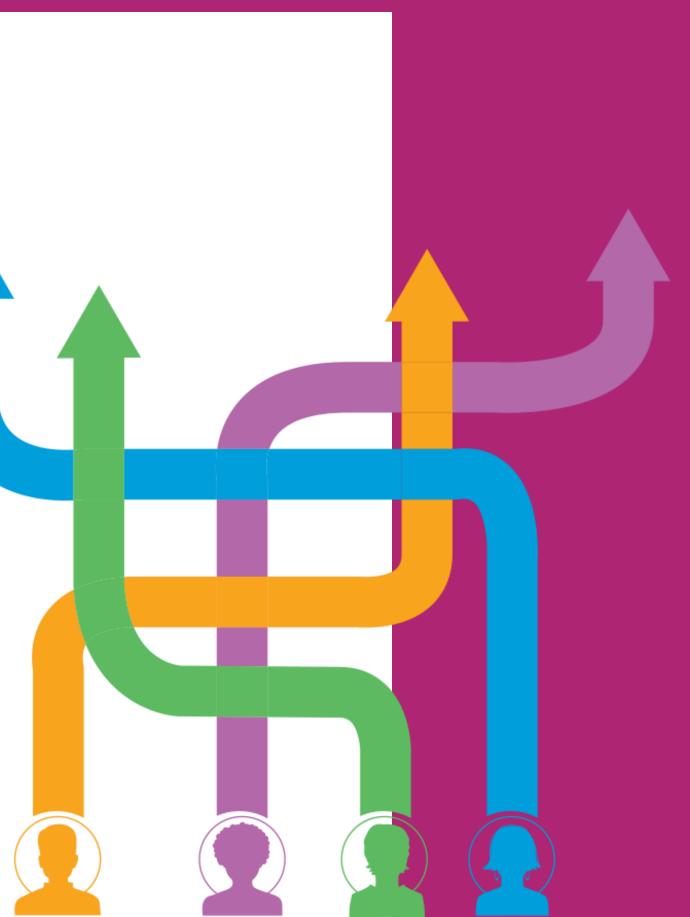


Our Starting Point

Pathway/flow Mapping

- Create high level, end-to-end service map
- Follow the flow of a new referral through to discharge
- Map all pathways/routes
- Map what is currently happening

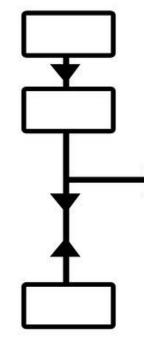




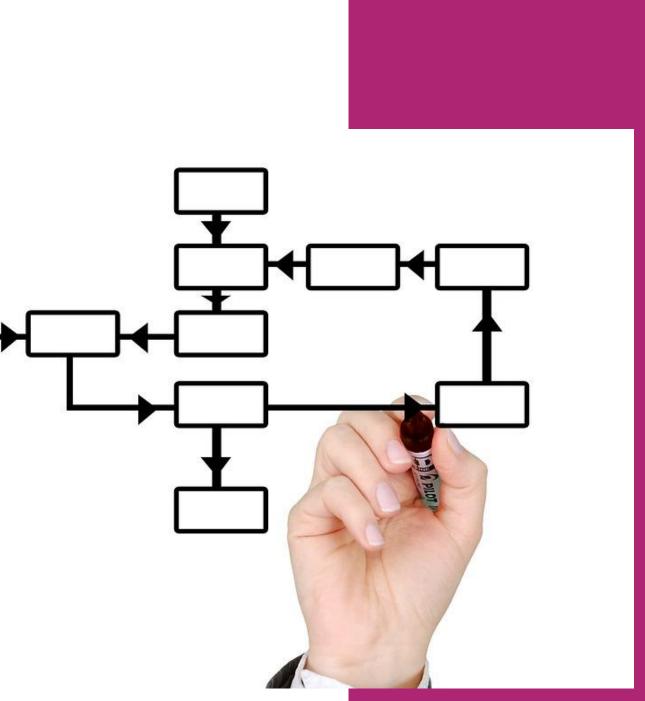


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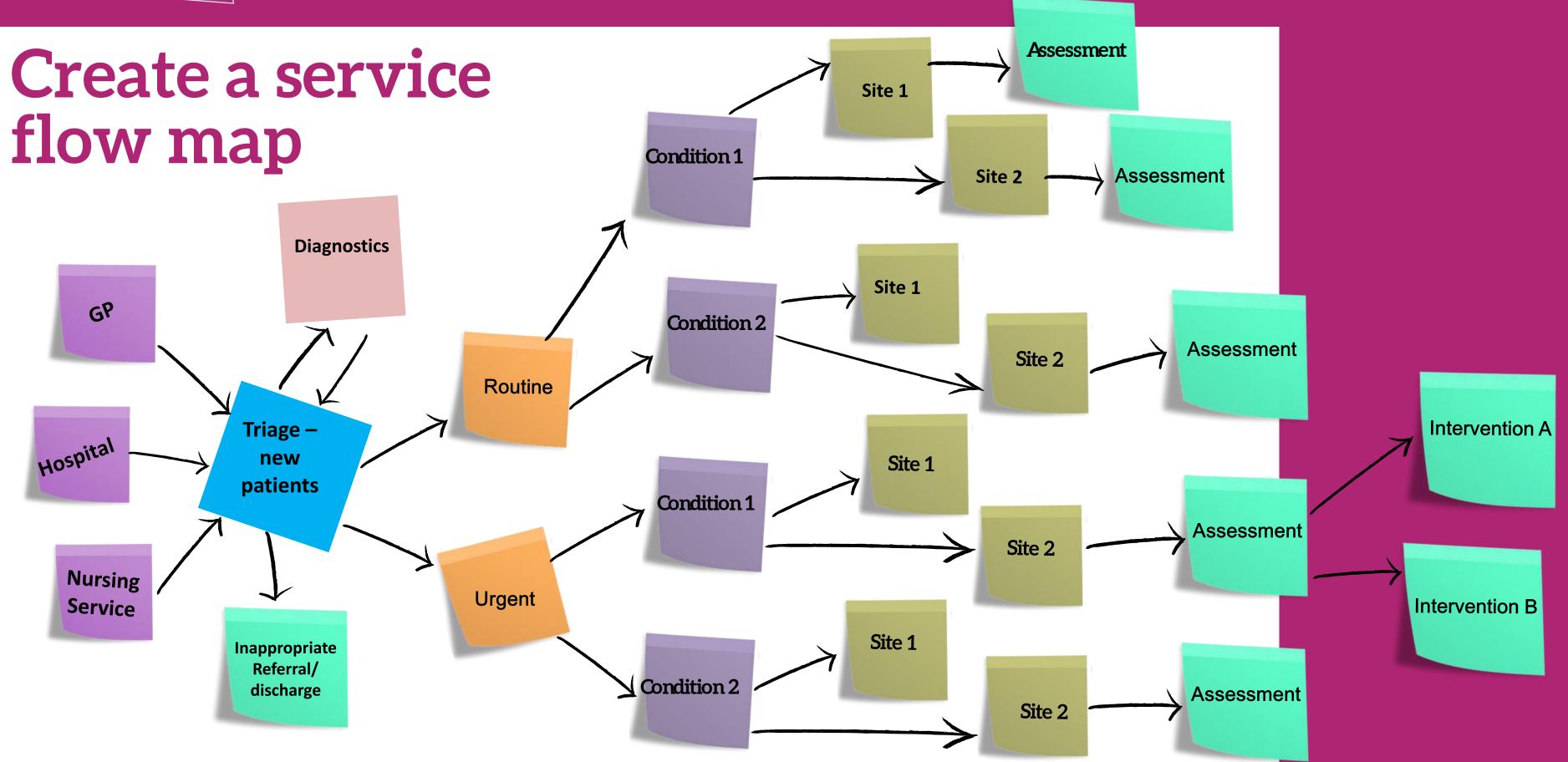
- All entry and discharge points
- Key milestones and decision points
- Referral routes and mechanisms
- Waiting times standards for key milestones (local and national)
- Treatment offers (with links to relevant NICE guidance/EBP)











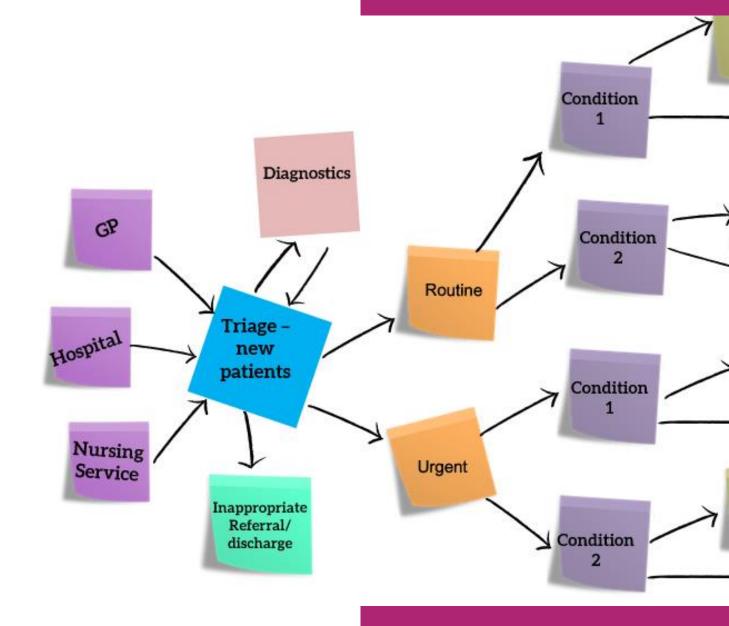




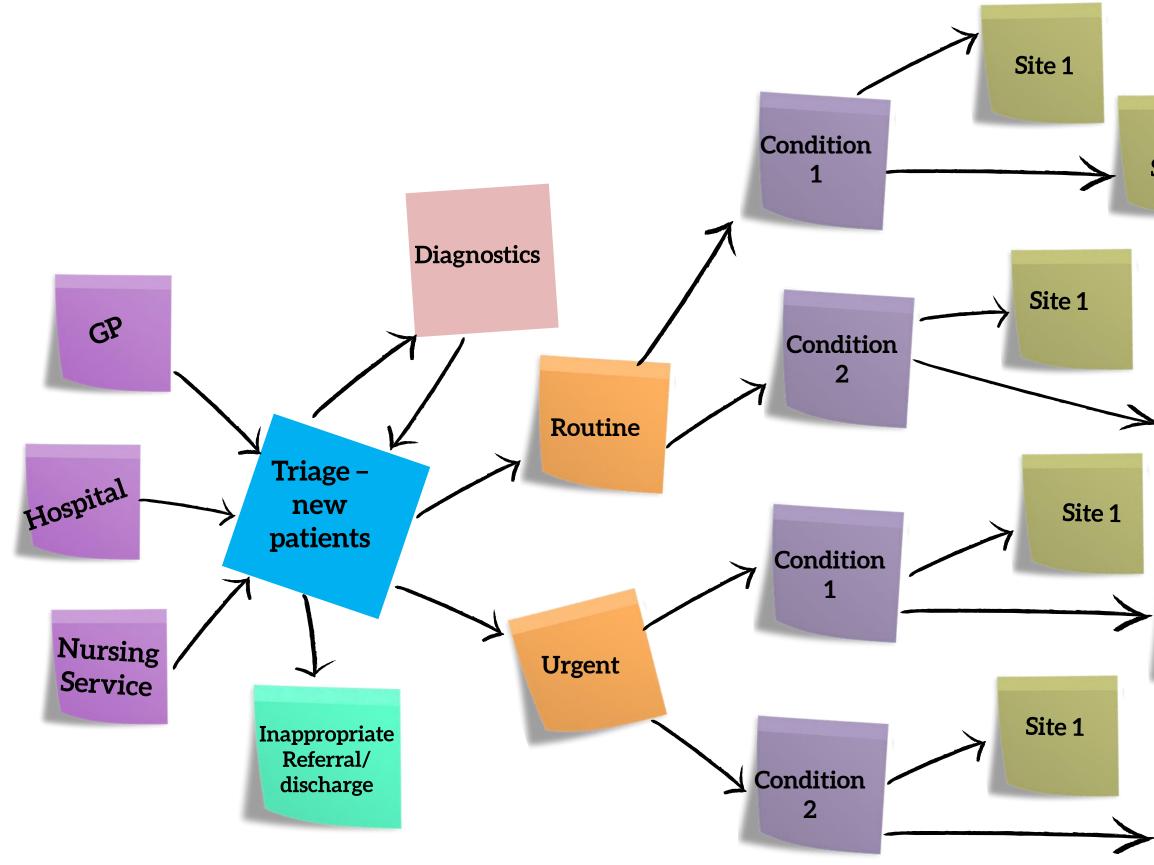
Foundation for:

- Understanding demand, capacity, activity and backlog
- Improving data capture
- Optimising flow
- Providing consistent clinical practice
- Monitoring timeliness of care
- Workforce planning
- Modelling
- = improved demand and capacity management











Optimising Flow: Reducing Queues



Site 2

Site 2

Site 2



Queen Elizabeth II Lying-In-State

#thequeue

- Single queue from Westminster to Southwark and then a zigzag queue in Southwark Park
- Accessible queue for people with a disability or long-term health condition

Planning for the queue supported by Professor Keith Still and Masters students using Crowd Science







Queuing Theory

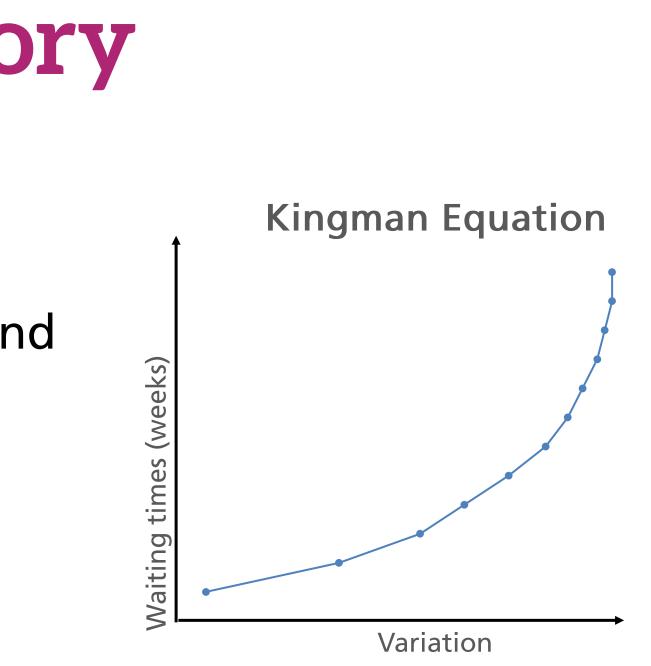
Multiple queues:

- Amplify effect of variation
- Increasingly difficult to match capacity to demand

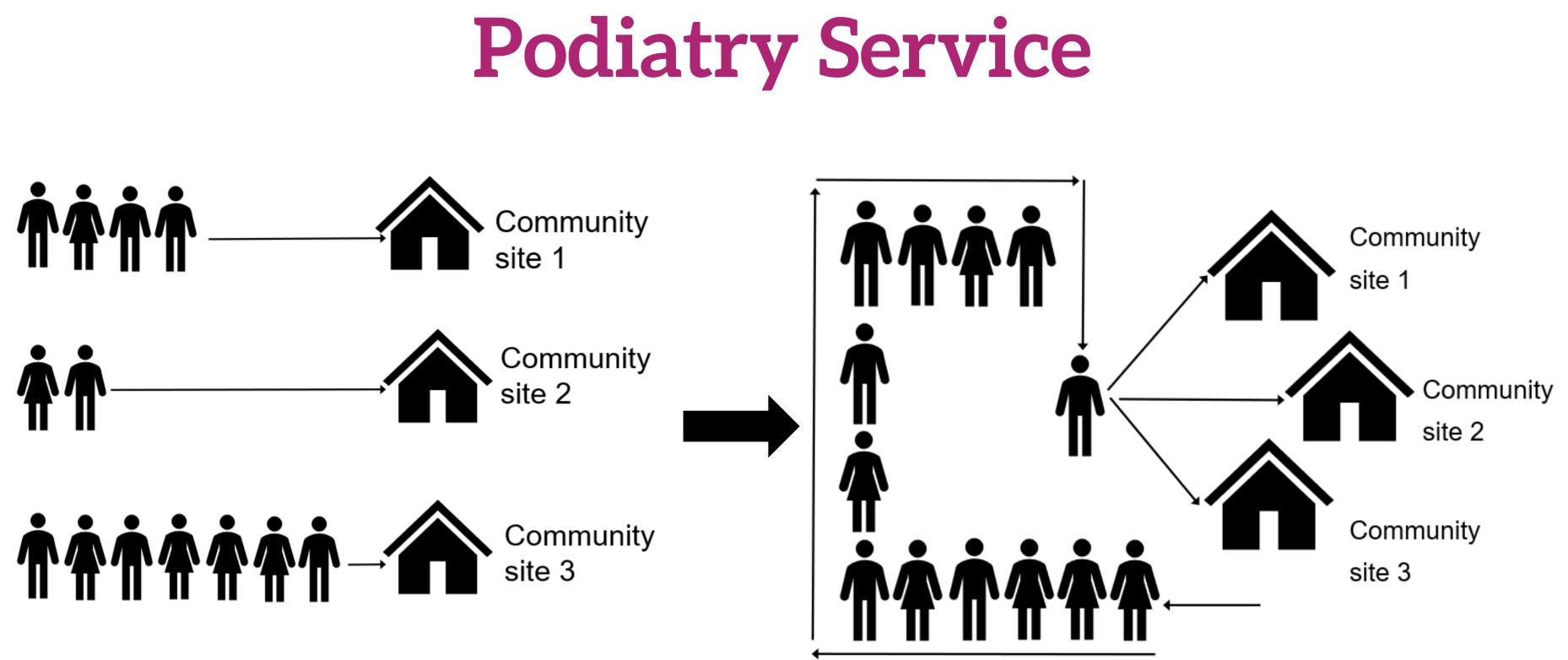
Greater likelihood of:

- Increased delays/ waiting time
- Variation in care
- Waste in the system







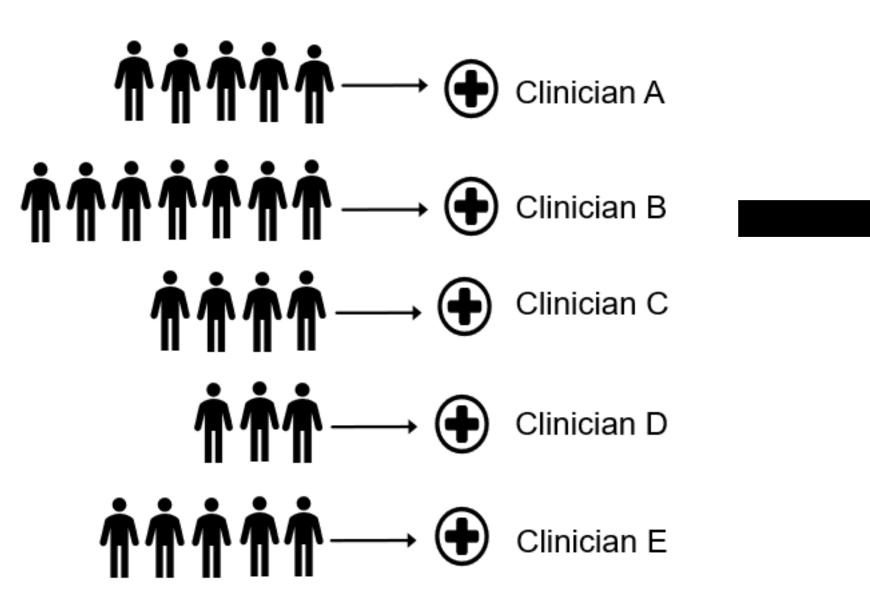




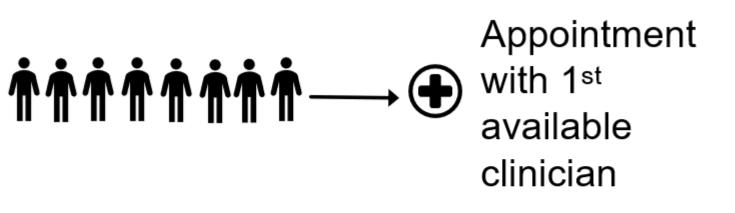


Child & Adolescent Mental Health Service

Nurse prescriber clinics



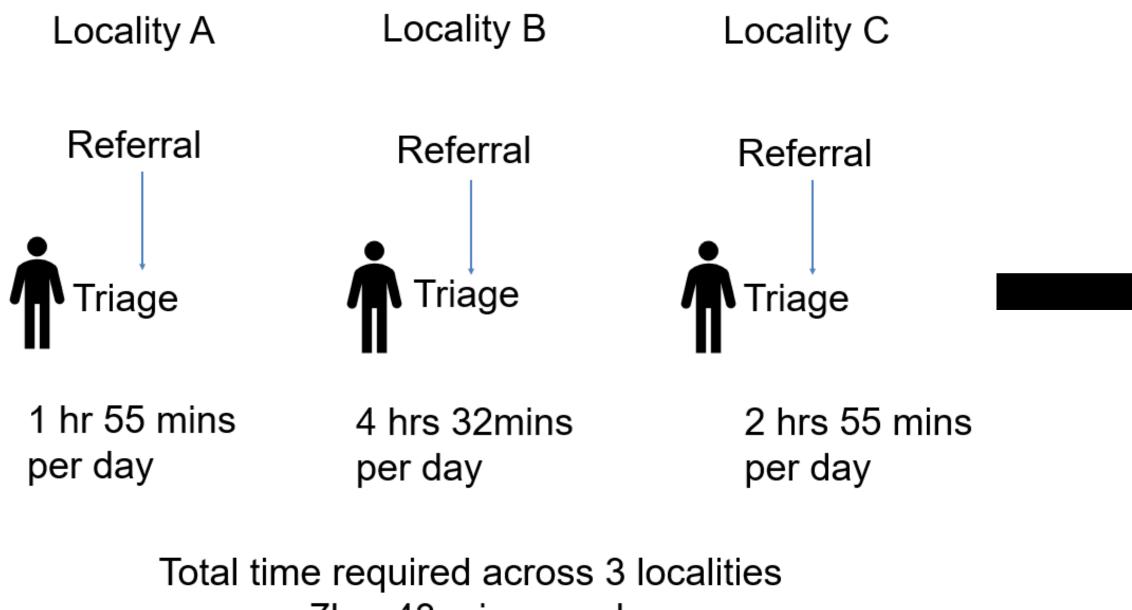




Reduced impact of variation, improved flow, reduced waiting lists



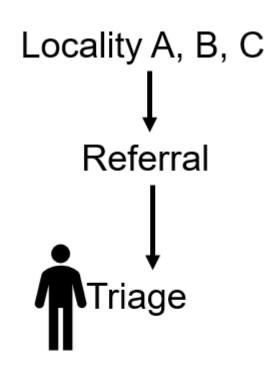
Community Nursing



= 7hrs 43 mins per day







3 hours 20 mins per day



Saving of 4 hrs 23 mins



Pooling resources by reducing queues

Reduces:

- Complexity (steps and processes) in the system
- Effect of variation
- Number of appointment slots required
- Impact of clinic cancellations, annual leave, sickness
- Time dedicated to managing waiting lists
- Waiting times

= capacity used more effectively

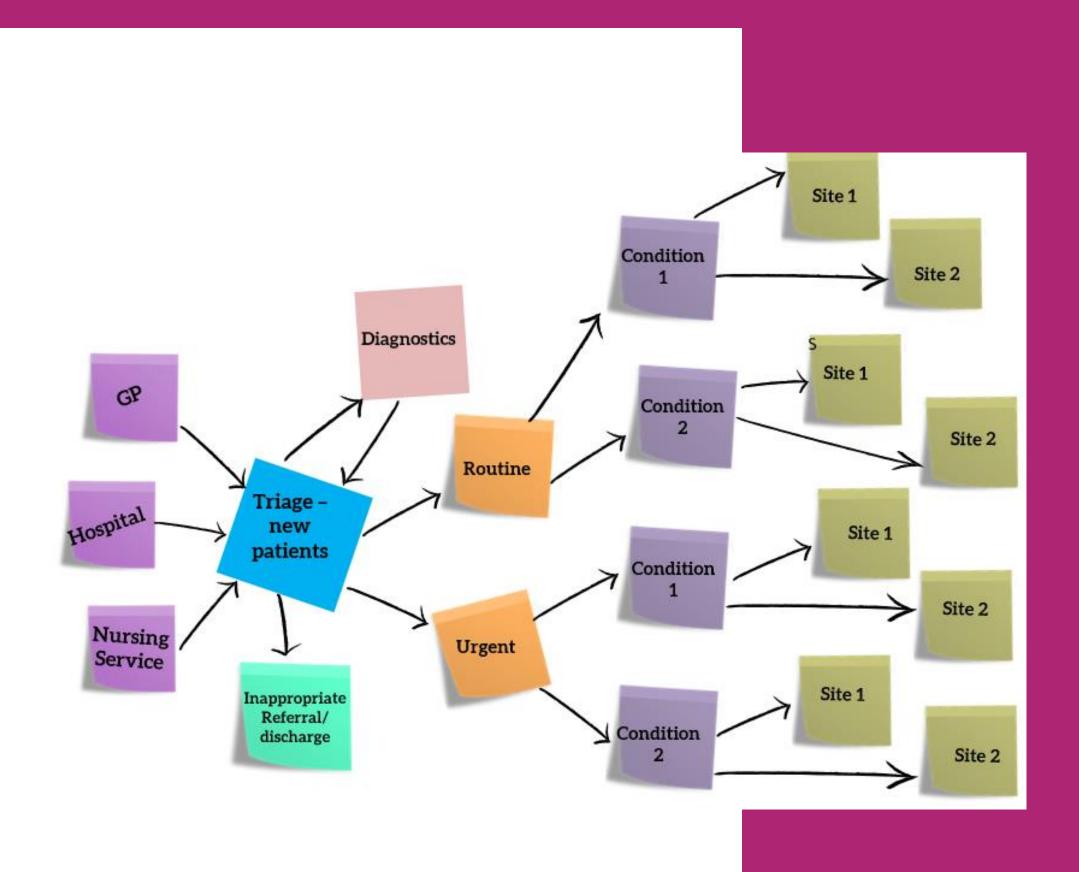




How many queues

do you think your

service has?

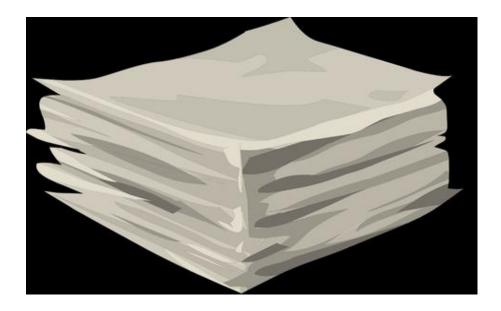






Grouping similar things together and processing, handling, seeing them at the same time

We do it because we are focusing on our own efficiency



Example = triaging referrals once per week



Optimising Flow: **Reduce or** Eliminate Batching







Batching

At each table imagine you are either a famous:

- pop group
- group of actors from a film/theatre production
- group of musicians

for your fans

- 1 person at the table sign, as a batch, the group photos
- Then pass them all on to another person to sign
- Repeat until 5 people have signed
- Time how long it takes \bullet

taken

In your downtime you routinely autograph a batch of photos

Now change the process with the aim of reducing the time



Batching



- What did you observe?
- Does batching occur in your workplace?

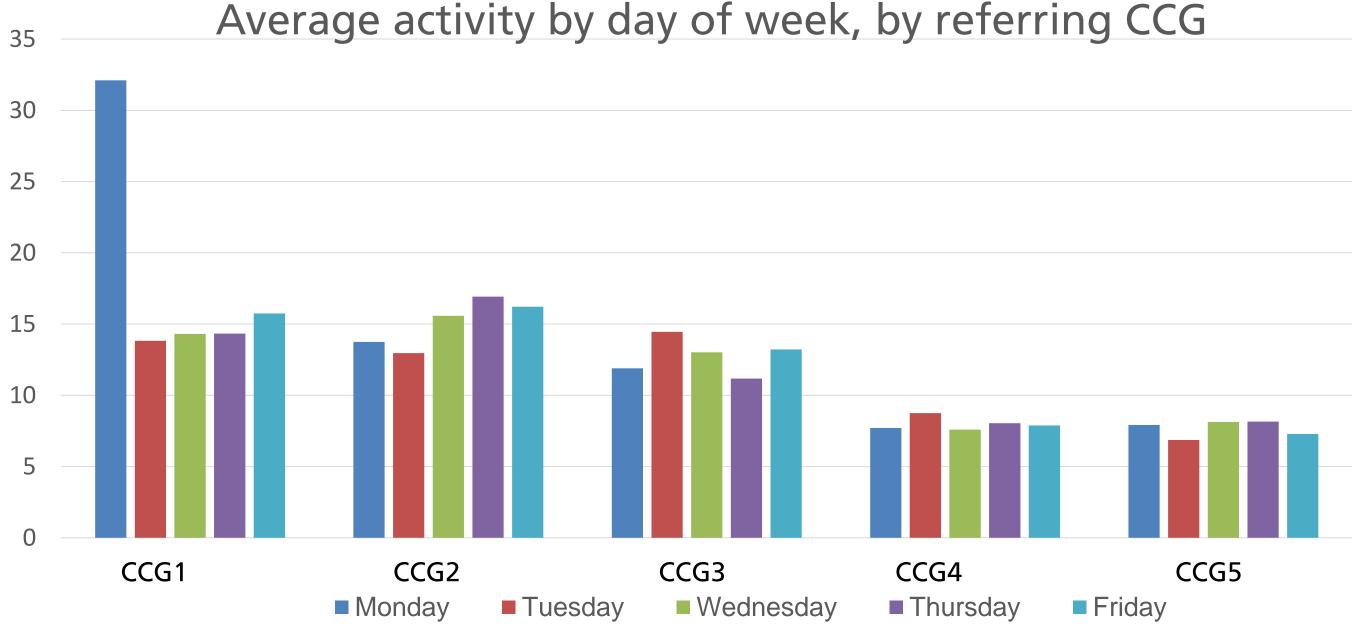
- Results in "pulses" of work
- Disrupts natural flow of activity
- Guaranteed built in delay for patients
- Results in backlogs
- Managing waiting lists becomes more

difficult





Podiatry Service Urgent Referrals







Other Improving Flow Golden Nuggets

- Eliminate bottlenecks (Theory of Constraints)
- Identify and stop unnecessary work
- See and treat patients in the right order
- Identify ways to work differently







Some of the other things our teams are working on

- Job planning
- Working out time required for clinical activities
- Improving data quality
- Improving triage processes
- Reducing variation in care provided
- Revising service skill mix









Our Top Tips For Getting Started

- Work with early adopters
- Work with experts in the field
- Bring in others with cross-over skills
- Engage with senior leaders
- Manage expectations
- Evaluate and showcase

- Participating teams should be multiprofessional
- Be prepared for lack of data/poor data quality
- Ensure participants understand basic improvement concepts
- Keep this work under the improvement umbrella







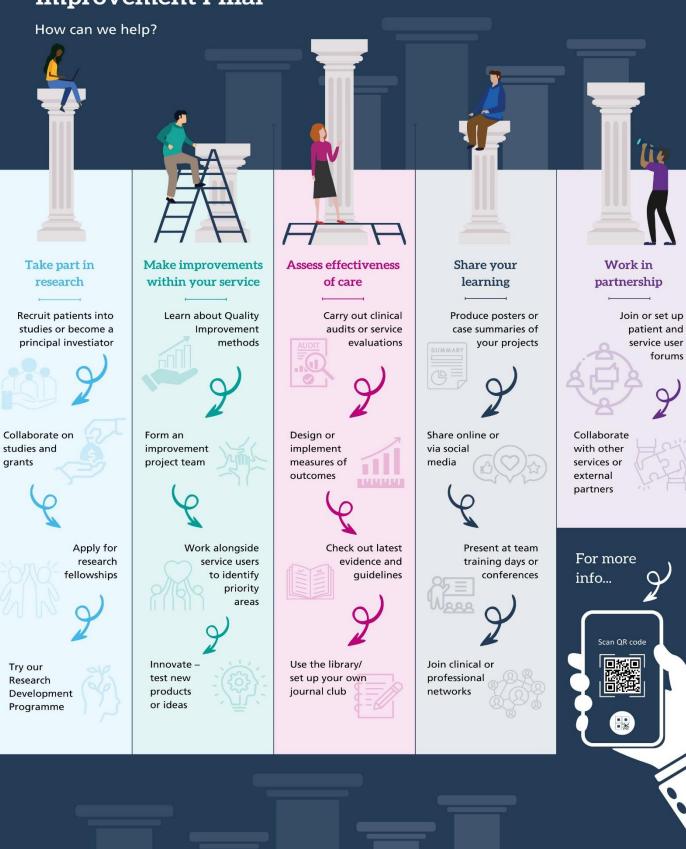
Why this matters: the bigger picture

- Incremental gains in capability and capacity
- Integral part of continuous improvement culture
- Core skills with broader scope (data quality ++)
- Strengthens links with transformation, assurance, performance, planning, experience
- System level change/innovation
- Operational research/data science

Professional Pathways

Building your Evidence, Research and **Improvement Pillar**





Next steps

- •
- **Professional Pathways** ullet
- Integrated Care Board Strategy •
- Continued maturity, extend resource
- 'Business As Usual'



Service line/ division leadership training



Summary

- Our team based programme
- Golden nuggets for improving flow
- Our top tips for getting started
- Why this matters and our next steps



We've briefly introduced you to



Thank you for listening at king: ses, etc. any questions?

"People are coming to these (operational) roles as clinicians and we do not have naturally the skills to tackle waiting lists. It is really necessary to have a robust programme like this" Pain team "One of biggest things we've taken away is the number of quick fixes we've tried over the years and that we need to focus on things for longer" Speech & Language Therapy team

"Our mindset of looking at demand and capacity has changed our way of working: we are looking at processes, challenging what is done etc. We have improved confidence to question and challenge" Pulmonary Rehabilitation team



"We wanted to make immediate changes but only had an overview and we now realise that we have to understand why we are making changes and to look at the evidence for making changes " Dental team



Useful Resources

| NHS Futures Platform networks (available to all | • | |
|-------------------------------------------------|---|--|
| NHS staff): | | |

- Demand and Capacity Network lacksquare
- Mental Health System Improvement Network •
- **Clinical Workforce Productivity Network**
- Making Data Count Network
- The networks provide lacksquare
 - tools
 - training ullet
 - webinars
 - networking opportunities across the NHS \bullet

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Why do we get queues and waiting lists, NHS England, 2008

Seven Ways to No Delays, NHS Improving Quality, 2014

10 High Impact Changes for service *improvement and delivery*, NHS Modernisation Agency, 2004

QSIR Demand and Capacity Guide, NHS





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