

Landmark Consulting

Reducing Waiting Times for NHS ENT Patients

A Control Tower case study in a Northern Hospitals Trust

CONTROL TOWER IN THE NHS

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BACKGROUND

A Northern Hospitals Trust operated an effective ENT service, but wanted to halve the maximum waiting time for new patients and urgent referrals. They also needed to increase service capacity while reducing costs.

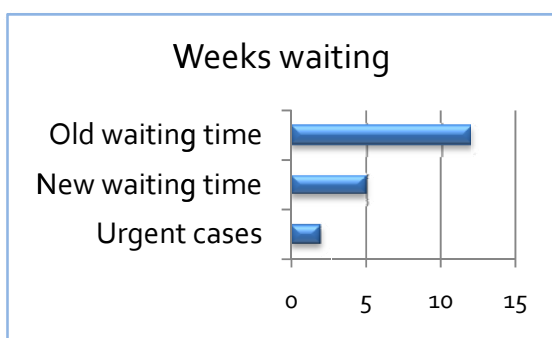
Our team was invited in to lead the service review and then work closely with clinical and administrative staff to implement a Control Tower to achieve these benefits.

GOALS

The action plan had outcome goals to achieve a reduction of maximum standard waiting times from 12 weeks to 5 and to 2 weeks for urgent new patients, amongst other benefits.

OUTCOMES

- *The goals were more than achieved.*
- *End-to-end appointment management time was reduced from 2 weeks to 2 days*
- *5 administrative process steps were designed out gaining a 50% reduction in the amount of work involved which in turn meant that there were about half the number of hand-offs—each of which previously were an opportunity for mistakes and delay.*
- *The 11 staff could be reduced to 7 who had more clearly defined roles and responsibilities and a less stressful working environment.*
- *The capacity of the service was increased.*
- *Saving of £160K over 13 months by better matching of capacity to demand. Other targeted cost savings were also delivered.*
- *Skills and team spirit were gained for future improvement applications.*



THE CHALLENGE

Patient flow is typically highly variable, which adds to Trust costs when extra clinics have to be added or clinics do not use their full capacity, and also impacts patient care when patients have to wait. A Landmark Control Tower, like air traffic control, enables patient admissions and management to orchestrate flow in the optimum way.

The Control Tower project has a goal to ensure high visibility of the variables that affect performance and consistency. It makes it easier to schedule emergency, new and follow up patients. Clinics achieve higher utilization with less stress and cost, and patients are also seen earlier.

PLANNING AND SET UP

The Landmark team identified the scope of the systems concerned—encompassing patient groups, clinical areas, processes, staff functions, technology and policies that together deliver the service.

A cross section of clinical and non-clinical staff was selected to learn the principles of Lean service and use them to review their own service from a new angle. Lean helps to eliminate waste while focusing on stakeholder value and outcomes. A key part of the lean method is that improvement is most effectively delivered when staff define the solutions themselves with the right leadership and the facilitation.

The first intense two-day workshop achieved the following:

- Agreed project scope and draft objectives;
- Mapped the three main processes/patient pathways together with the key roles involved;
- Identified the main issues (including real causes of waste and delay);
- Conducted preliminary capacity and demand comparison and agreed where further data was required.
- Team started to gel and see possibilities for significant improvement.

These outcomes were to be delivered in the 'right way' to improve the experience for customers and staff. The team was keen to hit the target but not miss the point!

ANALYSIS

The team collected new data and identified and assessed many immediate improvements, and some more far-reaching changes that could be implemented over a longer period. These included the redesign of key processes to improve patient flow, reduce lead time (as perceived by the patient rather than the NHS definitions) and manage clinical risk.

They also identified an opportunity to meet the SLA whilst saving £160K over 13 months by better matching capacity to demand.

As the project developed, people from all relevant functions and levels of the organisation started to grasp the principles and enthusiastically collaborated in improving the work system.

IMPLEMENTATION

The resulting changes affected all areas of the operation—demand management, clinic set-up & scheduling, planning & booking, clinical processes, DNA and cancellation reduction (clinician leave), patient notes availability and capacity management.

They were not restricted to the Hospitals Trust—patients, the PCT, GPs and other professionals would be affected too and the 'systems thinking' approach had to ensure that the impact on each stakeholder was positive.

To deal with the problem of the highly variable profile of patient demand, the Trust negotiated a number of volume smoothing actions with the PCT, including the improvement of referral quality. This in turn involved the updating of the Directory of Services to aid GPs in the referrals they were making. More significant changes included the establishment of nurse-led clinics for more straightforward cases and the pooling of follow-ups, some of which could be successfully undertaken by telephone.

New clinics were set up, new processes were implemented within them and key personnel were given better training and more authority to act. A rapid response was agreed by Finance to reduce authorisation delays.

Information management tools such as electronic pro-formas were implemented to speed up information flows and reduce transcription errors. The redesigned booking process had an integrated fast track system which was managed by dedicated booking clerks for ENT, with a much quicker phone option for patients. There was an electronic prioritisation process for Consultants with a maximum target time of 48 hours.

The Control Tower team was now established to monitor current demand and capacity, including the referrals profile, activity performance vs. SLA and cancellation rates. They use this information to forecast demand and plan capacity—firm plans with a 5-week window, provisional plans up to 12 weeks and outline plans thereafter. New and follow up appointments are booked into the firm plans as the reduction in waiting times was achieved. The team could then adjust the longer term plans to reflect actual demand and any constraints.

To deal with the complex nature of the system and many historical issues, we experimented with better ways over a period of time—problem solving and continuous improvement techniques were introduced and the team embraced the challenge, finding many creative but simple solutions.

HOW IT WORKED

We are rolling out electronic direct 'choose and book' facility across the trust and have confirmed that a functioning Control Tower is one of the main conditions of entry. We also used the Control Tower approach at a corporate level in looking at stage of treatment targets for both OP and IP/DC and these worked well. The Trust is hosting an awards evening to celebrate successes in 2007—one of the nominees is the team who manage the ENT Control Tower.

General Manager

Things are going well with ENT and we have had some unexpected benefits—we have been able to implement direct electronic booking for GPs with relative ease thanks to the multi-disciplinary approach of the control tower. We have also converted over 800 follow up slots into 400 routine appointments since November. Thanks for the support and your valuable input on the Control Tower methodology.

Directorate Manager, Specialist Surgery