

“Lean in Primary Care – what’s been happening?”

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The IMPROVEMENT FOUNDATION
Improving public services

Improvement Foundation

- Formerly National Primary Care Development Team
- Established February 2000
- A team of 100
- Based in Manchester
- Infrastructure of 10 Centres

Purpose

To develop capacity and capability for public service improvement



What do we do?

- Run a range of improvement programmes aimed at rapid whole system change
- Transfer knowledge and skills to frontline clinicians and managers
- Training in QI methods for professionals
- Training in QI methods for patients and users of services
- Leadership development opportunities



Programmes of work

- National Primary Care Collaborative
 - Improving access to general practice
 - Improving care for patients with proven CHD
 - Improving access to secondary care/hospitals
 - Improving care for patients with LTCs
- Healthy Communities
- Practice-based Commissioning Development Programme
- Education breakthrough Programme



Lean Ideas

- Improve the experience for patients
- Focus on what matters to the patients and clinicians
- Improve the whole process
- Improve flow
- Eliminate waste



Results

Access

- Initially 80 PCTs and 459 practices engaged in access and CHD work
- 70% improvement in waiting times to see a GP
- 60% improvement in waiting times to see a practice nurse
- Reported 50-75% reduction in DNAs
- High patient and practice staff satisfaction
- By 2004 spread to 5,000 practices and 303 PCTs



Results

CHD

- 4 times greater reduction in deaths from CHD compared to the rest of England
- Over 800 lives saved

Diabetes/COPD

- 100 practices in 20 PCTs spread to 1695 practices
- 12.5 million population by 2005
- Management of cholesterol levels improved by 30%
- Management of blood pressure levels improved by 27%
- Use of diagnostic spirometry improved by 148%

COPD

- 20% reduction in admissions to hospital for patients with COPD
- 15% reduction in admissions to hospital for over 65s

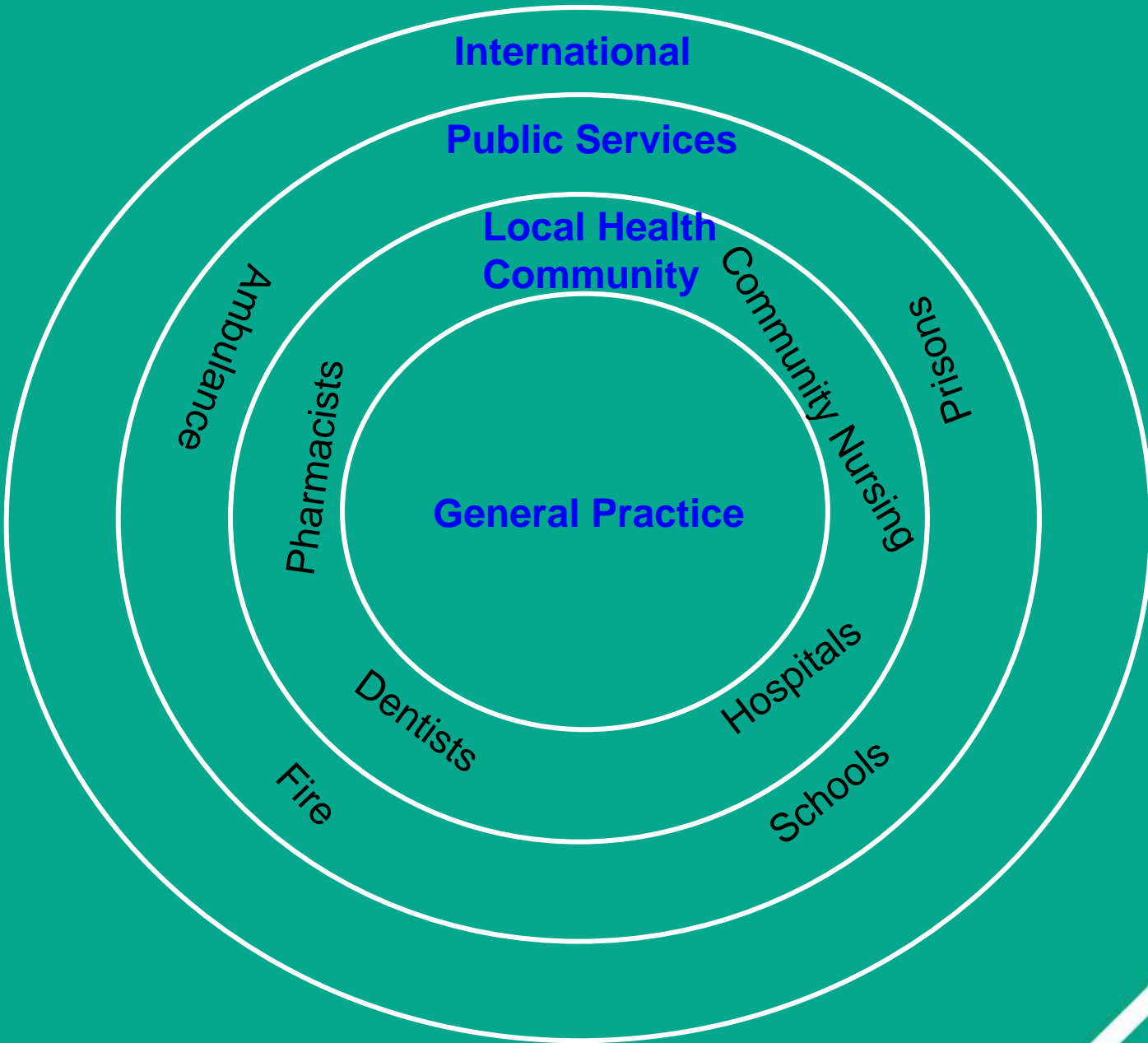


Results

Improving the patient journey from Primary to Secondary care

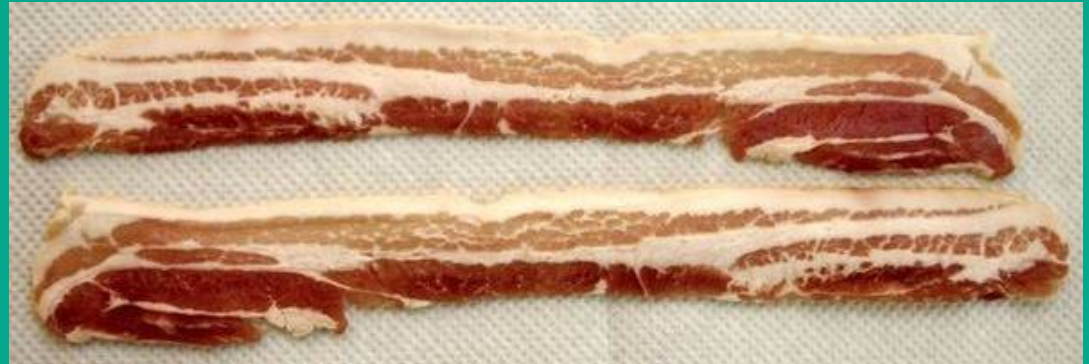
- Average of 2 care pathways re-designed per PCT
- West Wiltshire reduced mental health referrals to secondary care by 83%
- Re-designed dermatology service in Stoke resulted in only 5% of referrals seen by consultant
- Huntingdonshire physio self referral service resulted in 70% of patients receiving telephone advice
- AA in dermatology out-patients reduced waits from 36 weeks to 4.
- Re-designed service for child and adolescent mental health problems resulted in reducing waits from 2 years to 6 weeks
- Gynaecology one-stop clinic ended 5 month wait for scans

AND MORE!



So What does this mean at Practice Level?

Enthusiasts and Terminology



IHI QI Model , Deming, 6 Sigma, Goldratt

Collaboratives, NQuISP, Leadership Programme

General Practice

1. Improve the experience for patients
2. Focus on what matters to the patients and clinicians
3. Improve the whole process
4. Improve flow
5. Eliminate waste

1+ 2 +3 the essence of GP

A lawyer, a used car salesman, and a cost accountant all jumped off the Empire State Building at the same time. Who hit the ground first?

Answer 1: Who cares!

LEAN Answer : How can we increase throughput?



Examples

- Diabetic Clinics
- Home Visits
- CHD Clinic Bloods
- Batch Referral Reviews
- Results Management
- Minor Surgery / Injections



Advanced Access



Paradigm Shift

OLD:

In order to protect today we push work onto “tomorrow”

NEW:

In order to protect tomorrow we pull work into today

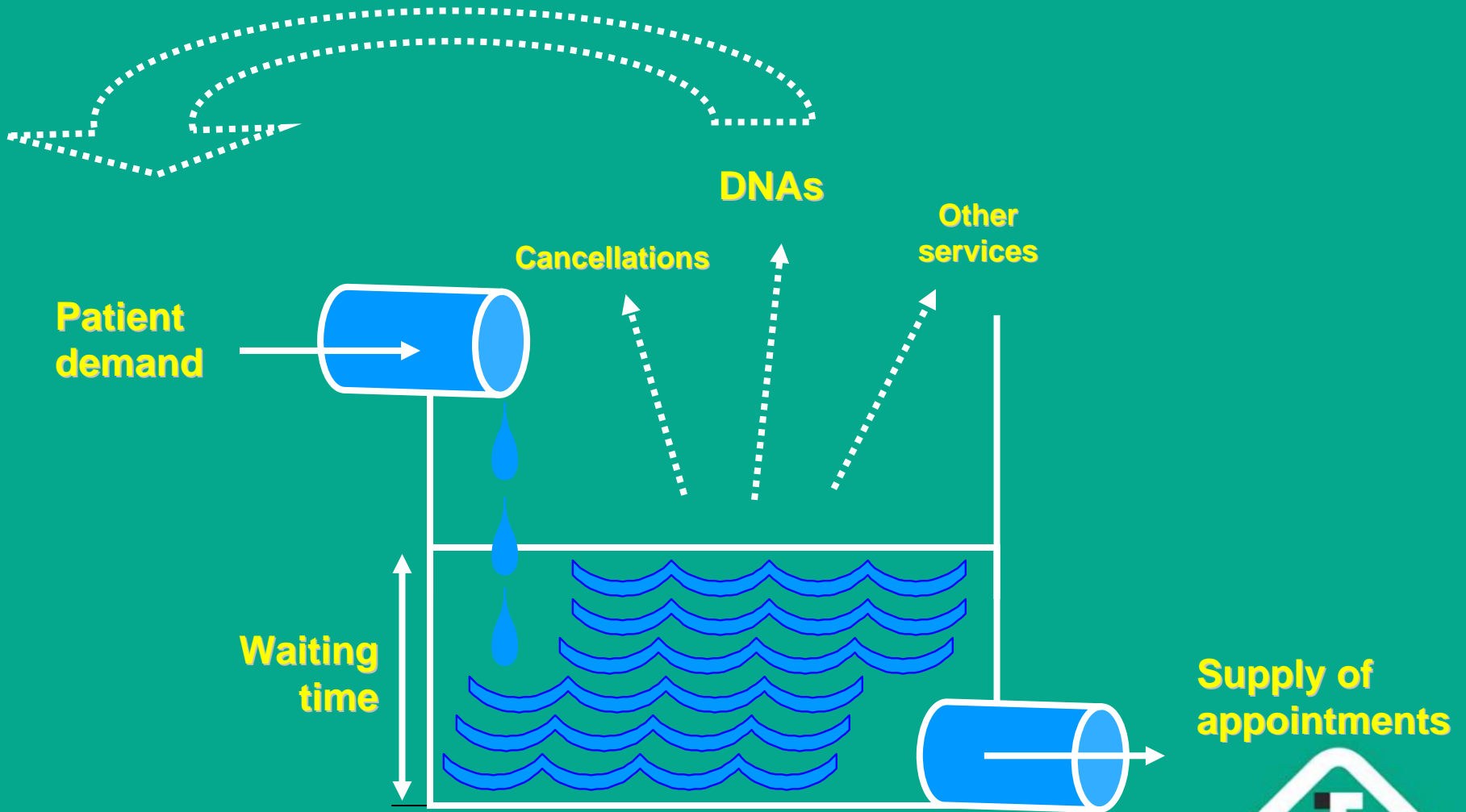


NHS Myths

- Demand is Infinite
- Demand is Volatile and Unpredictable
- Capacity can never meet demand so queues are inevitable



The Reservoir Model



What is Advanced Access?

An advanced access system is one where capacity and demand are in equilibrium on a daily basis enabling patients to be seen when they want to be seen



Systems pre Advanced Access

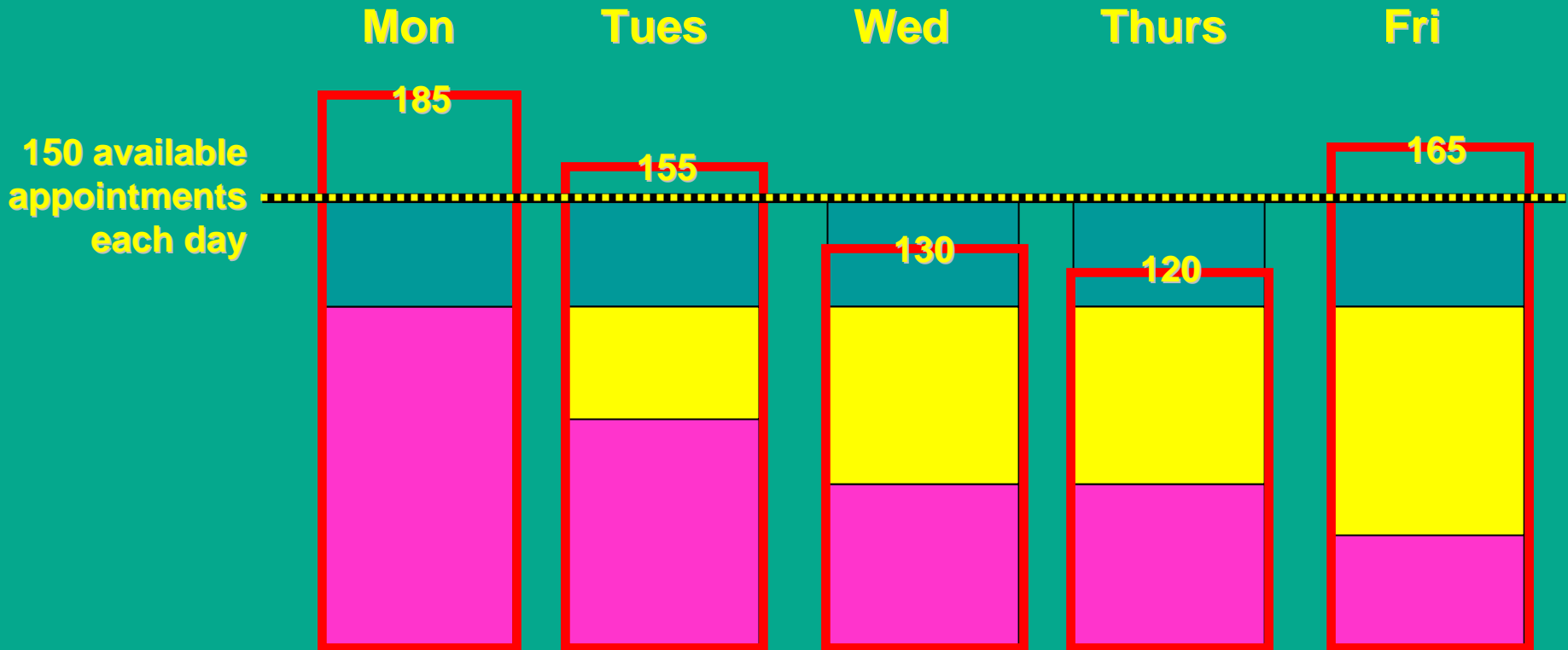
TRADITIONAL SYSTEM:

- Urgent/routine appointment types
- Work pushed forward to “protect today”
- Backlog of routine work
- Potential long waits for routine appointments
- Inequality of access, patients “game” the system
- High demand for out of hours services
- High DNA rates
- Considerable “noise” in the system from patients’ complaints
- Stressful environment for practice staff

OPEN ACCESS

- Attempts to deal with demand on the day
- Capacity gained by working harder/longer
- Long waits for patients in the surgery
- Little control over workload
- Considerable noise in the system from patients’ complaints
- Stressful environment for practice staff

How does next week look?



Demand  Blocked urgent for the day  Filled routine  Free routine 



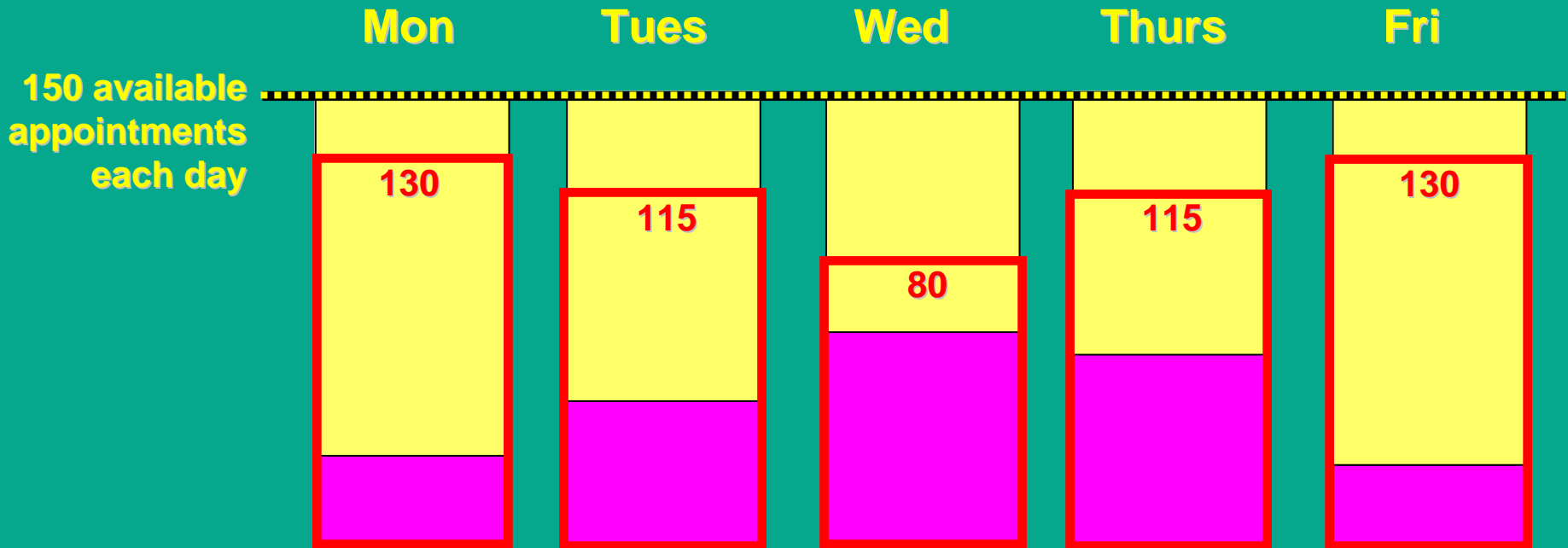
improvement foundation


The 4 Components of Advanced Access

- **Understanding profile of demand**
...knowing the amount and type of work *required* of the practice, routine and exceptional variation, patterns within the practice (e.g. follow-up rates)
- **Adjusting the handling of demand**
...how are patient needs met? How could things be done differently? What would benefit the patient and the practice? (e.g. telephone management, self-help)
- **Matching capacity to demand**
...ensuring capacity and demand are in equilibrium, reducing the backlog, building in flexibility, skill mix within practices (e.g. associated needs, health care assistants)
- **Contingency plans**
...active plans for anticipated - and unanticipated - variations and events (e.g. staff illness, holidays, study leave etc.)



How does next week look? ...with Advanced Access



Demand 
(...with adjusted
handling of demand)

Pre-bookable appointments 

Free appointments 



Consequences of Advanced Access

- No distinction necessary between 'urgent' and 'routine' appointments
- Capacity is flexible to meet variations in demand
- Work is 'pulled into today to protect tomorrow'
- Patients are seen by most appropriate person at most appropriate time



Outcomes of Advanced Access

- Patients are seen routinely when they want to be seen
- Reception staff 'receive' instead of 'repel'
- Greater choice of access for patients
- Patient 'flow' is much smoother
- Workload is more planned, more orderly and more controlled
- Pressure removed from system
- DNAs and out-of-hours usage reduced



“Brilliant”

“Wonderful...it's great to have appointments to offer”

“Patients can't believe it when we give them a same-day appointment”

Reception staff commenting on the new system

