

Advances in service delivery – Future Hospital

An overview of approaches to service redesign

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Service Design

“Every System is perfectly designed to get the results it gets”
Paul Batalden, Dartmouth Institute

Question:

Is your service designed to get the results your patients and staff need?

- A. No
- B. Somewhat but could be improved
- C. Yes for now, but will need ton change for future treatments and demands
- D. Yes

Jeff

64 type 2 diabetes 5 years. diagnosis and fundamental care by primary care, district services – group education, complication screening, treatment options primary and specialist care, Retinopathy, Stroke, Foot ulcer

Alice

85, previous stroke, osteoporosis, osteoarthritis, depression.

Husband (carer) dies MI, becomes high risk, admitted with UTI and delirium

Case manager coordinates discharge

Roland

Aged 8 cerebral palsy and epilepsy, lives with parents and 3 siblings, Care from neuro-disability team, liaison with school, home adaptation, chest infections, swallowing difficulties

Service Design

How do we think about the care for Jeff, Alice and Roland ?

Professional : Doctor, Nurse, Therapist, Physician, Surgeon

Organisational : Primary, secondary, tertiary, hospital, community, social care

System: Cardiovascular, respiratory, endocrine

Delivery Model: Preventative, Self care, Urgent care, planned care, LTC care, Palliative care

Age: Children, Adults, Elderly

Stages of care: Prevention, Access, Diagnosis, Care Planning, Treatment Follow up, Monitoring

Living with long term conditions - Life

Moving from “What’s the Matter” to “What Matters”

The Old

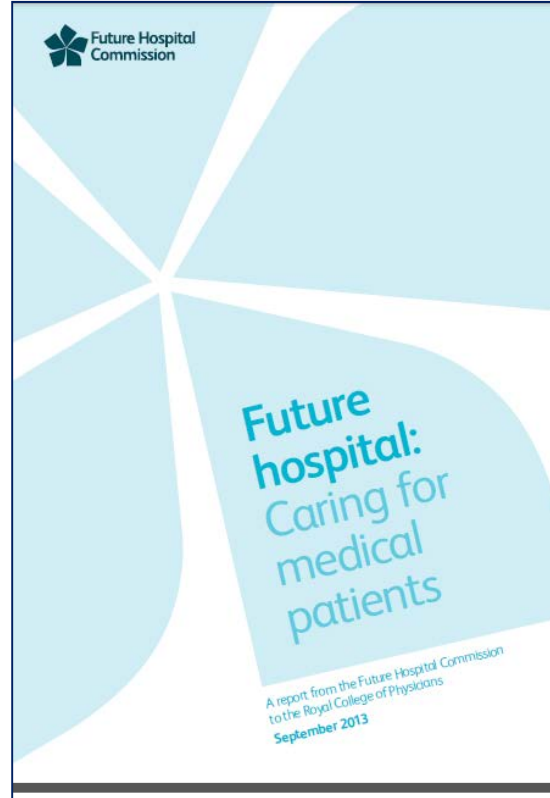
- Single acute curable disease
- One to one doctor/patient interaction
- Face to face individual care
- Dominant physician role

The New

- Multiple chronic disease
- Healthcare teams, group visits, joint appointments, peer led education
- Telephone, email, web based, population care and self care
- Partnership between care givers and activated patient and family



500 years of medicine



RCP Future Hospital 11 principles

1. Fundamental standards of care must always be met
2. Patient experience is valued as much as clinical effectiveness
3. Responsibility for each patient's care is clear and communicated.
4. Patients have effective and timely access to care, including appointments, tests, treatment and moves out of hospital.
5. Patients do not move wards unless this is necessary for their clinical care
6. Robust arrangements for transferring of care are in place.
7. Good communication with and about patients is the norm.
8. Care is designed to facilitate self-care and health promotion.
9. Services are tailored to meet the needs of individual patients, including vulnerable patients.
10. All patients have a care plan that reflects their individual clinical and support needs.
11. Staff are supported to deliver safe, compassionate care, and committed to improving quality.

RCP Future Hospital Demonstration sites

Betsi Cadwaladr University Health Board - using telemedicine to improve access to care for frail and elderly patients in rural Wales

Mid Yorkshire Hospitals NHS Trust - develop an older people assessment service / unit as part of an acute care hub supporting frail older patients with fragility syndrome

East Lancashire Hospitals NHS Trust - delivering better quality and more effective services for frail and elderly patients using integrated teams working

Worthing Hospital : Emergency Floor.

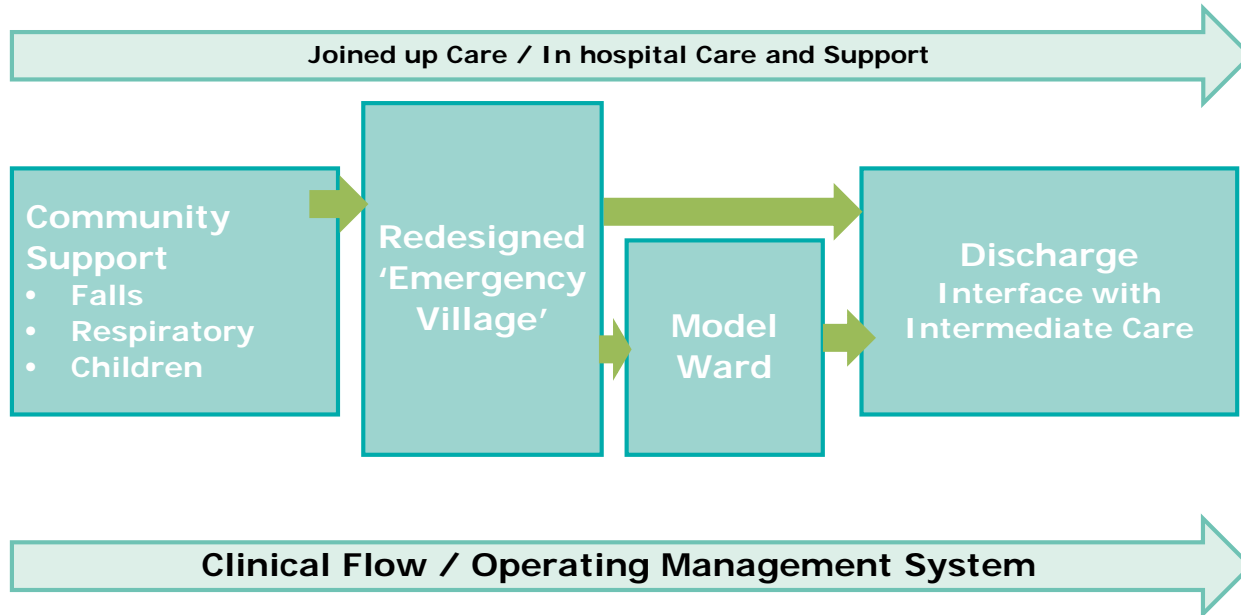
Central and South Manchester - single respiratory integrated care service

North West Paediatric Allergy Network - empowering patients, parents and primary care professionals in the management of common food allergies

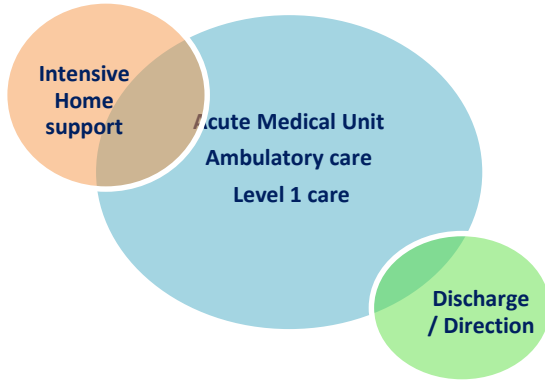
Sandwell and West Birmingham Hospitals NHS Trust - increasing early diagnosis and detection of respiratory conditions in the community

North West Surrey CCG and Ashford and St Peter's Hospital - locality hubs for older people with frailty

Emergency Care Pathway



Designing Acute Medicine “front door”? Redesigning Acute Medical Care



Future Hospital Development Sites

- Worthing:
 - 0.48 days reduction in length of stay
 - In the top 4 performing trusts for A&E waiting times
 - Patients reviewed by a consultant within 5.5 hours (a 20% improvement)
 - 95.8% of patients would recommend the service to friends and family (May 2016)

Future Hospital Development Sites

•North West Surrey

- locality hubs
- fully coherent health and care system
- best possible outcomes for older population
- integrated health and social care services in the community supported by an MDT.

- Physicians effectively lead teams to improve care in complex situations
 - At different stages of careers
 - Patients and families must be a central part of the improvement teams
 - Use an evidence based approach to improvement, and embrace that
 - Measurement is key
 - Creating communities of support makes delivery more likely and creates resilience and professional satisfaction
 - Rcp sponsorship and coordination helps
-
- Reduced length of stay
 - Earlier multiprofessional review
 - More integrated care for patients and practitioners
 - Improved patient satisfaction
 - Staff satisfaction – more valued, work more rewarding



Everyone has
a story to tell
Tell us yours...



Tell us your story

If you would like to tell us your
story, please contact
RCPQI@rcplondon.ac.uk

Delivering the future hospital

RCP is uniquely placed to support Physicians to improve patient care through:

- ❖ Supporting patients and carers to be part of improvement teams
- ❖ Harnessing its national and international prestige to improve patient care
- ❖ Facilitating collaborative learning and networking opportunities with peers and experts
- ❖ Supporting the next generation of clinical leaders and ensuring today's leaders are equipped with the skills to continuously improve patient care
- ❖ Now being taken forward by **RCP Quality improvement (RCP QI)**

All physicians aim to continuously improve their services for patients

They need the skills to work at 4 levels,

- Large Scale Change - for population level strategic changes
- Service design and improvement within and across pathways
- Process improvements within current services
- Day to day problem solving.

We will develop support to physicians and their teams at all stages of their career to deliver improvements in care and services

RCP Quality Improvement (RCP QI) developing programmes to support this



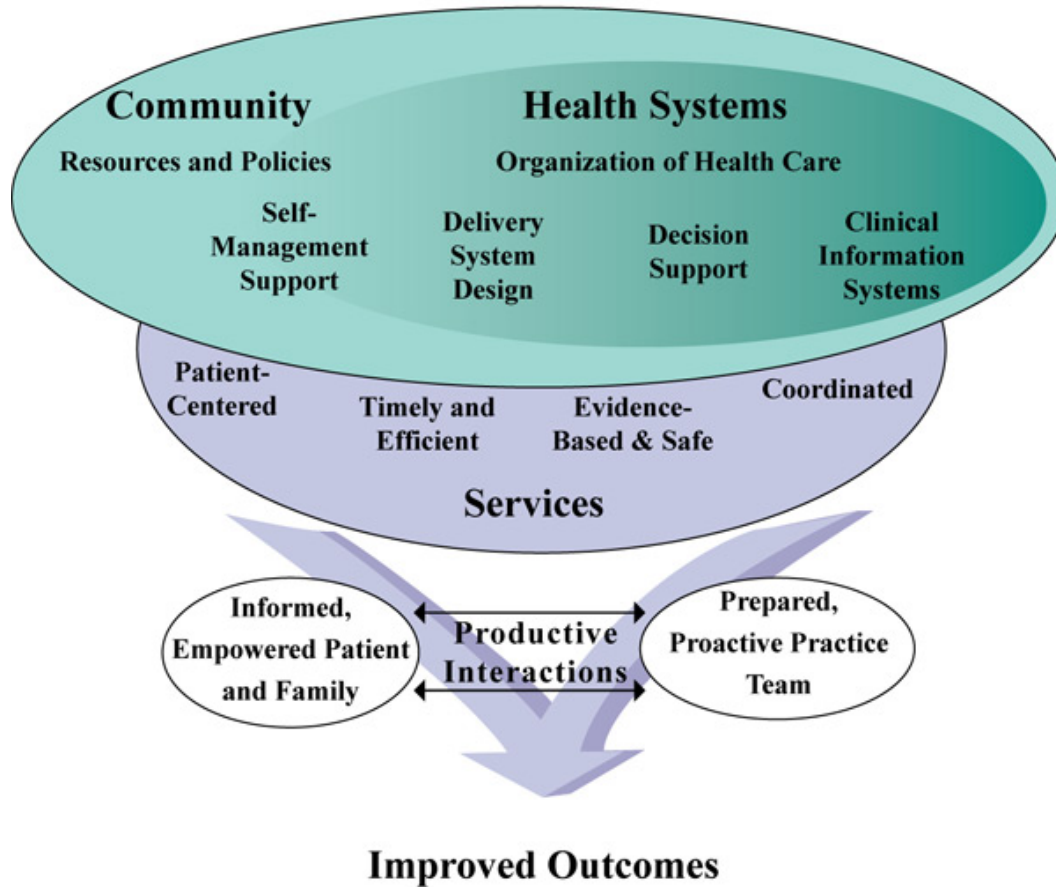
Engineering better care:
a systems approach to health and care design and
continuous improvement



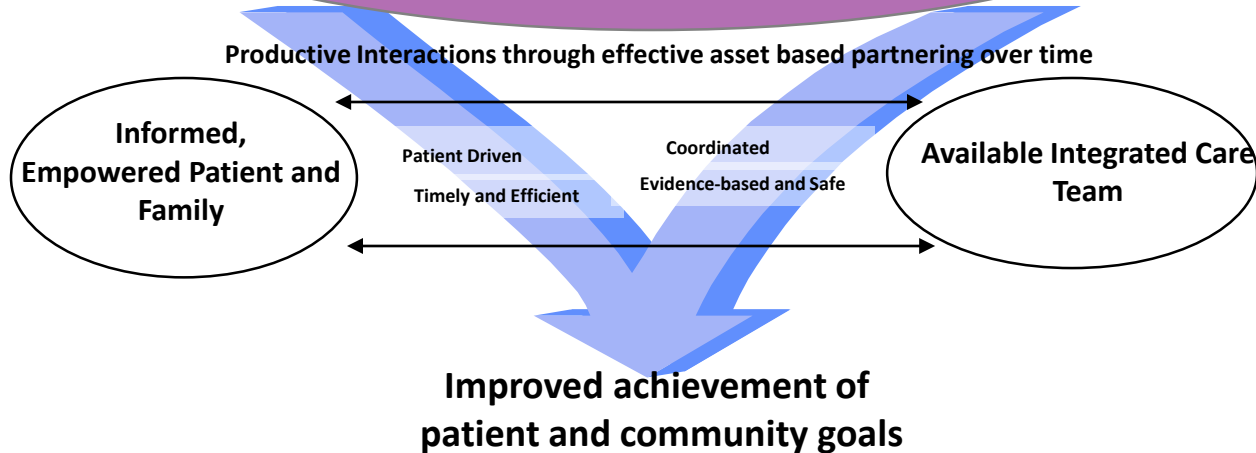
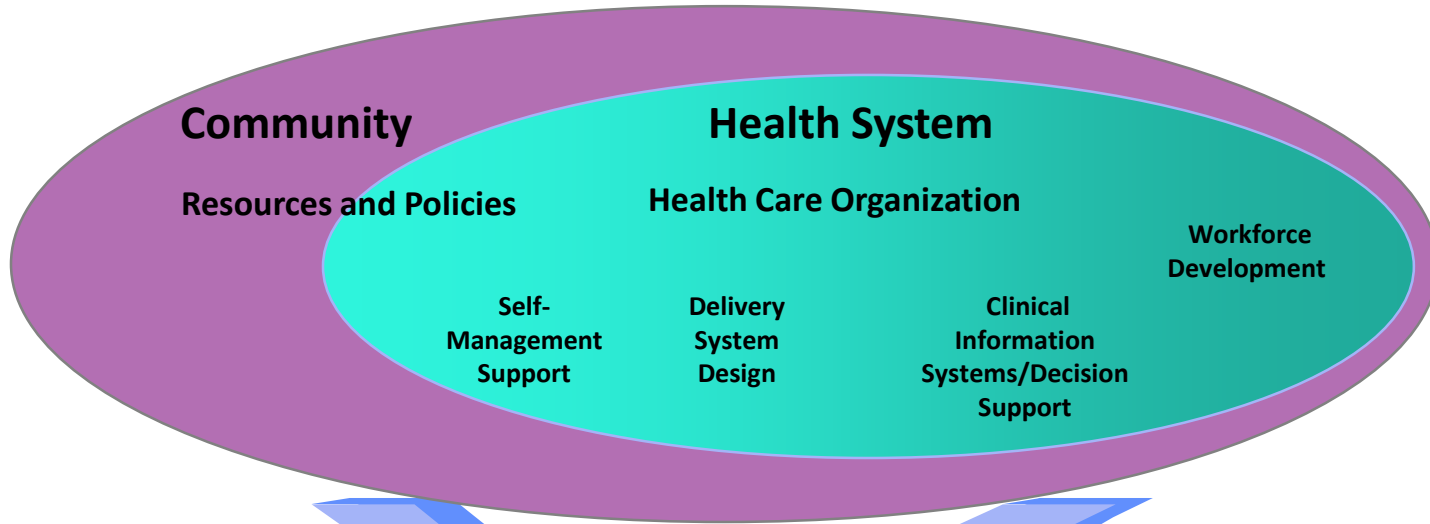
“ Systems that work do not just happen –
they have to be planned, designed and built ”

(Creating systems that work: Principles of engineering systems
for the 21st century, Royal Academy of Engineering, 2007)

The Care Model



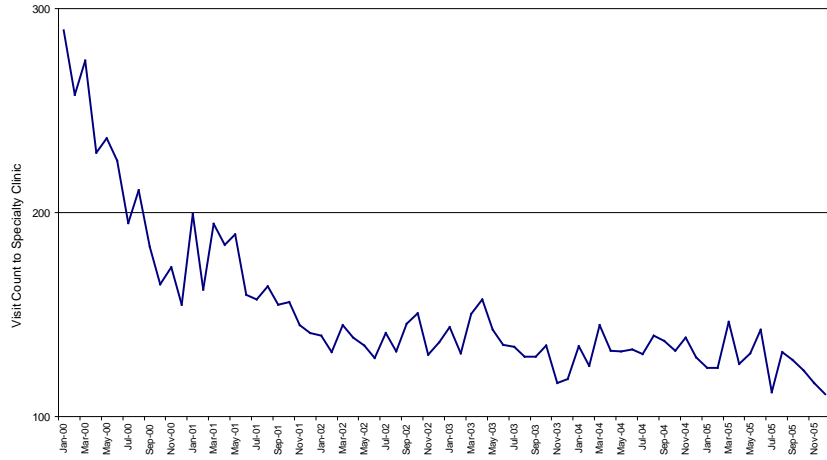
Nuka Model - SCF



Specialty Role

- Work at the top of your license
- Consultative, Advisory, Definitive Care, Teaching, Supporting
- 5 Minute rule – immediate availability
- Three levels of relationship – Consult, co-manage, assume primary management – need to define which role is being played.

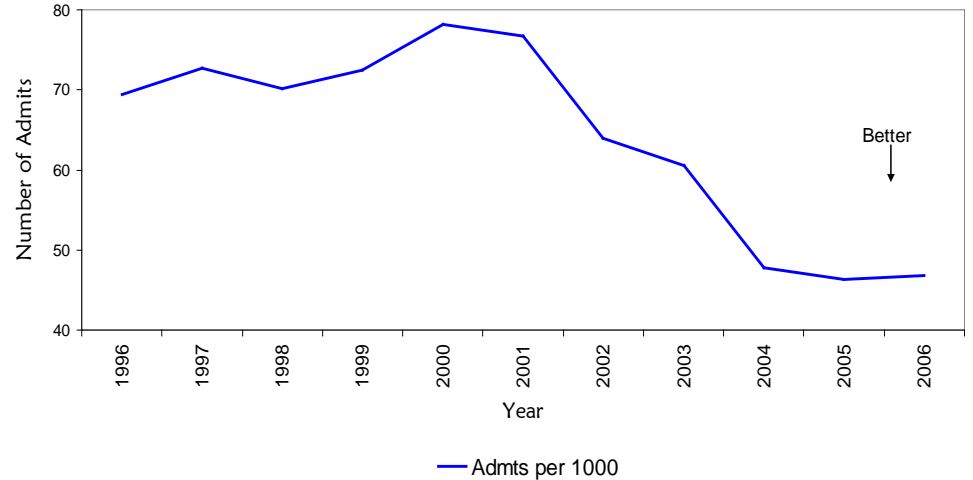
PCP Patient Visits to Specialty Clinics per 1000



Southcentral
Foundation



Anchorage Area Patients
Admits per 1000



STPs service redesign for populations

TOGETHER
A HEALTHIER FUTURE

