Driving efficiencies in the practice
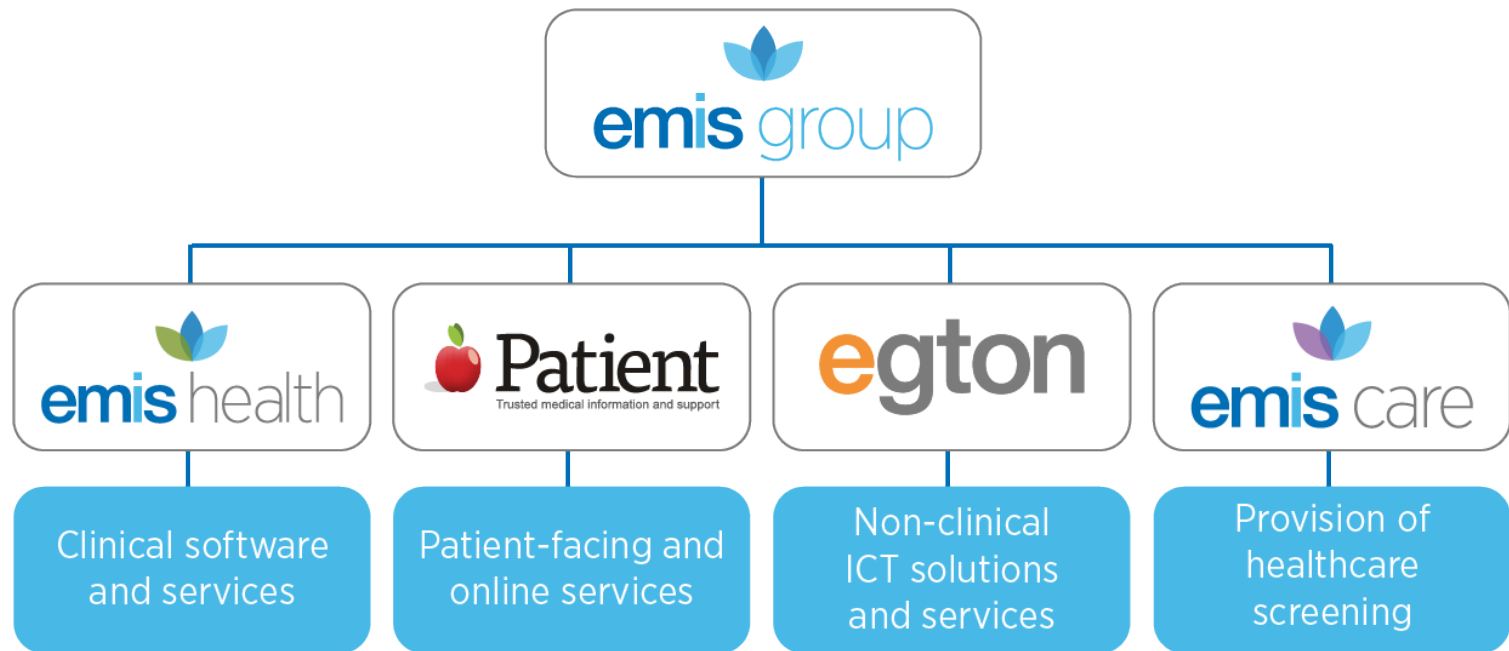
A practical guide

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What we'll cover

- Who we are (Egton and myself)
- What is efficiency and why is it important
- How do we make efficiency improvements
- A practice level view
- Continuous improvement
- Summary and questions

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Who we are

emis group

emis health	Patient	egton	emis care
Clinical software and services	Patient-facing and online services	Non-clinical ICT solutions and services	Provision of healthcare screening

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Who we are

egton focus on non-clinical solutions that support the clinical environment and work with all practices whether Emis, Vision, TPP or Microtest

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Edward Bellamy BA (Hons), LL.M., MBCS

Edward is Director of Digital for Egton and has worked across the UK Healthcare sector in IT for 13 years. He has a Masters in Law specialising in Information Technology and has worked for Emis Group for just over a year.

Edward was the instrumental force behind the market leading compliance and operational software, Intradoc247, and is involved with bringing structured GRC to Healthcare.

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Overarching message

The overarching message for this talk is to provide a framework for long term decision making given limited resources and increasing demand
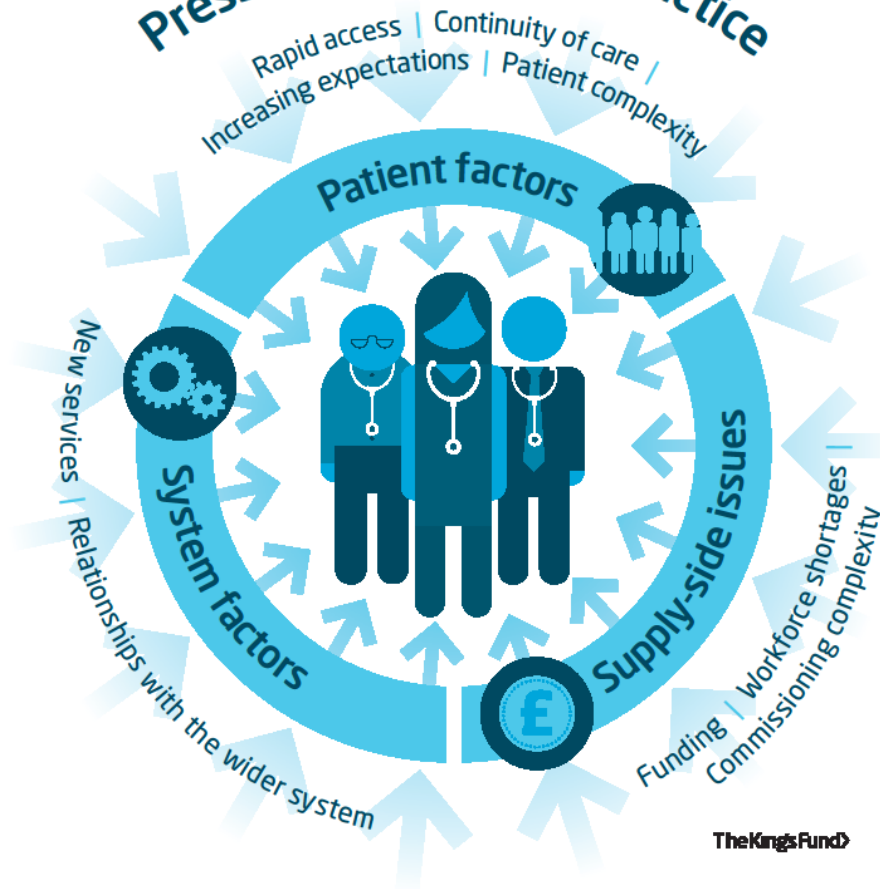
What is efficiency?

Technical definition

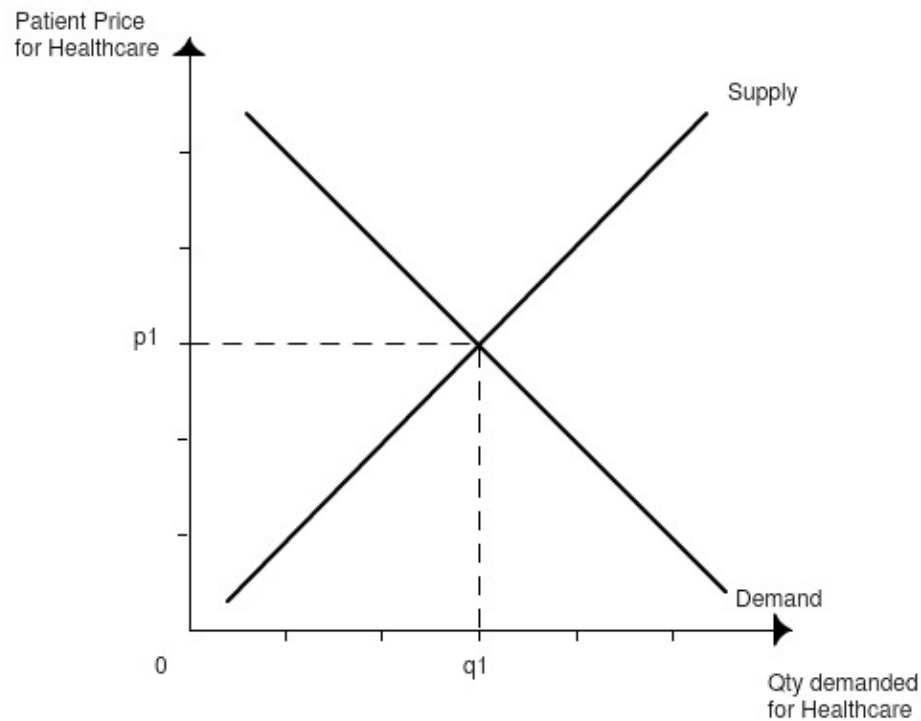The ratio of the useful work performed in a process to the total energy expended.

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Pressures on general practice

Rapid access | Continuity of care | Increasing expectations | Patient complexity

Patient factors

New services | Relationships with the wider system

System factors

Supply-side issues

Funding | Workforce shortages | Commissioning complexity

The King's Fund>
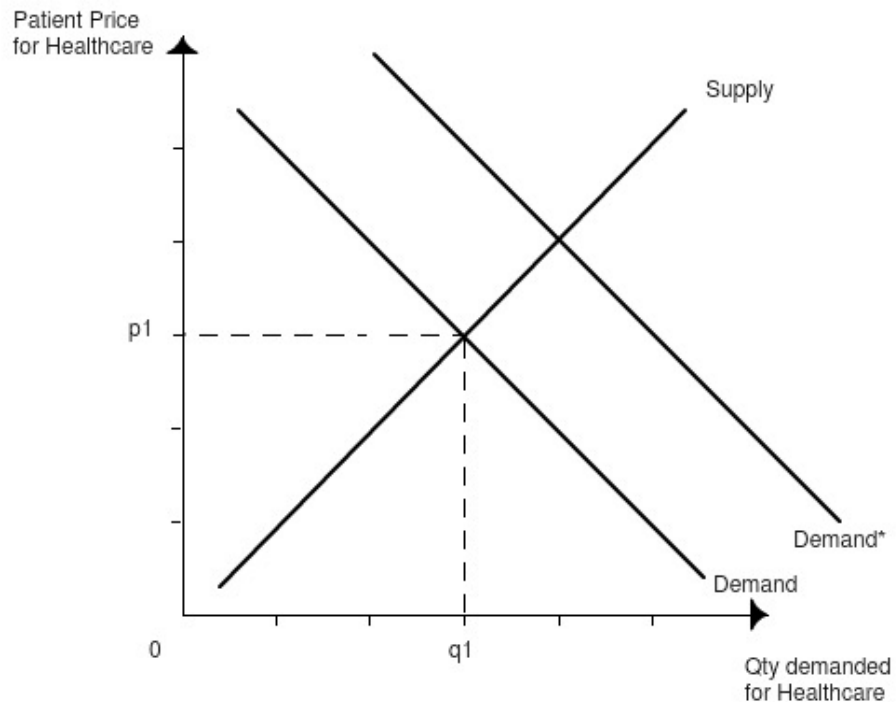
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Why does it affect my practice?

Why does it affect my practice?

Demand side shift:

- Ageing population
- Patient complexity
- Increased expectations
- Traditionally acute setting is tending toward primary care

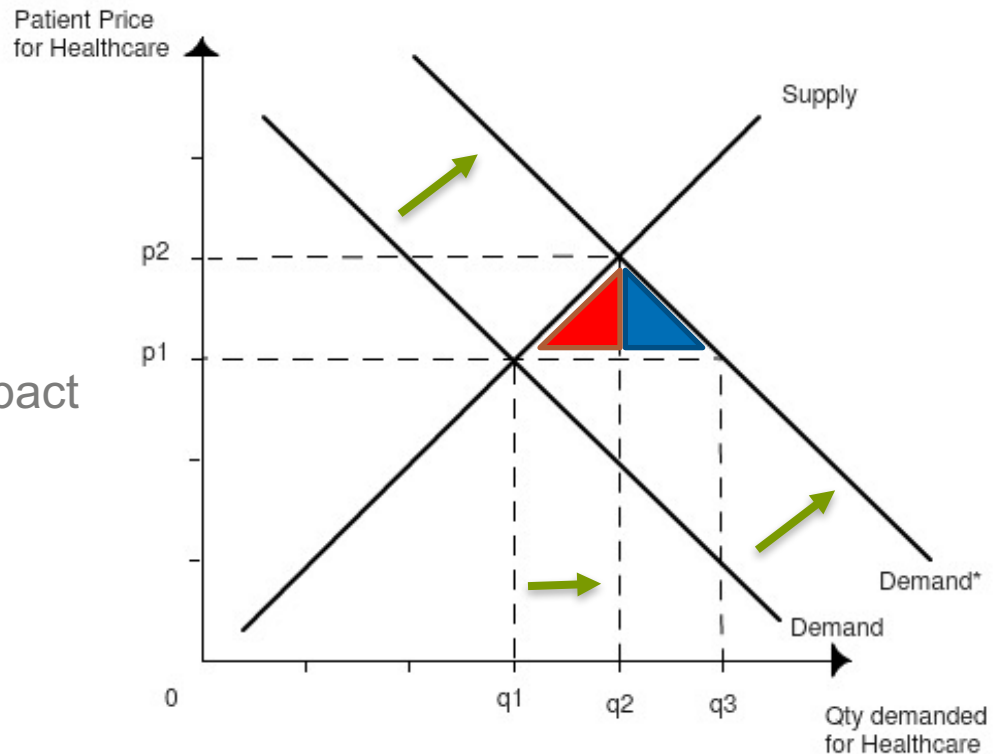Good for a time, but finite resources cannot sustain

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Why does it affect my practice?

The red triangle highlights additional cost into the practice.

Objectives are:

1. Reduce cost so that the impact of the red triangle is not felt
2. Step changes in service provision

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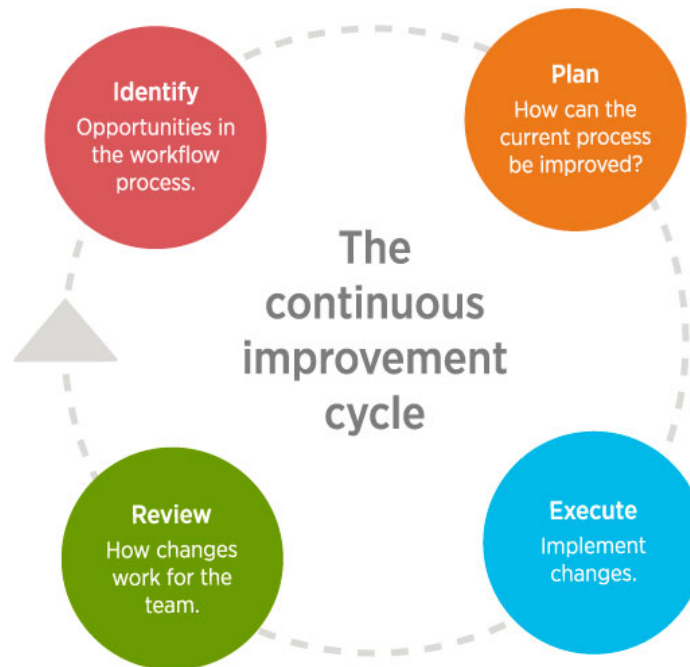# Short term vs Long term change

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What can I do about it?

" It's important to understand the 'aggregation of marginal gains'. Put simply...how small improvements in a number of different aspects of what we do can have a huge impact to the overall performance of the team. "
Sir Dave Brailsford

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Continuous improvement

The continuous improvement cycle

Identify Opportunities in the workflow process.

Plan How can the current process be improved?

Execute Implement changes.

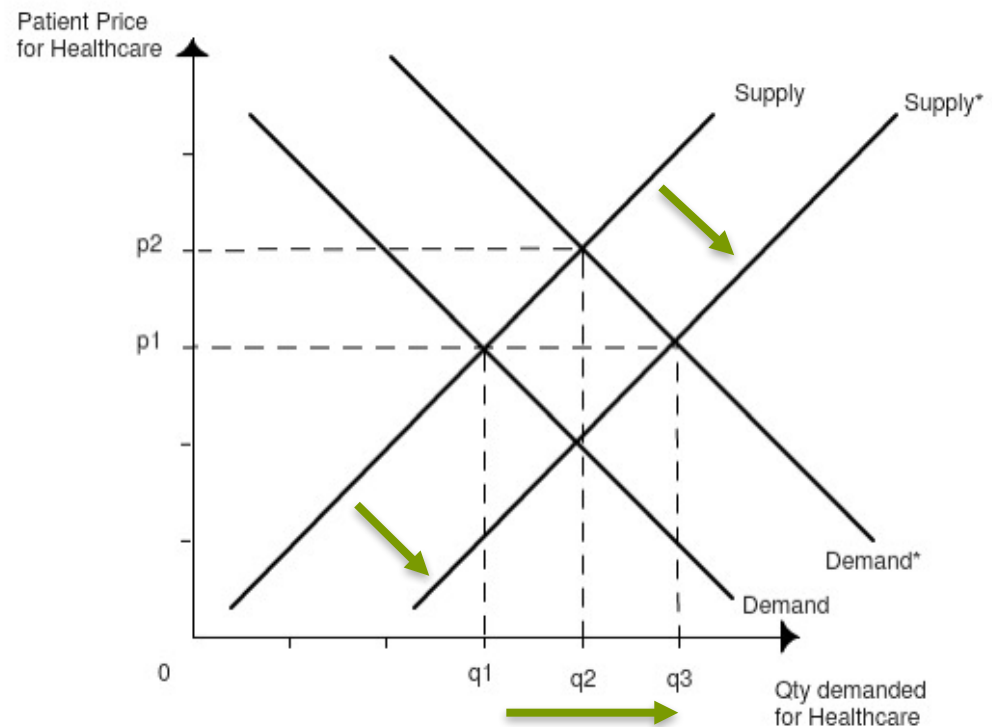**Review** How changes work for the team.

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What can I do about it?

Supply side shift:

Step changes in service provision, led by:
- Technology change
- Consumer preference

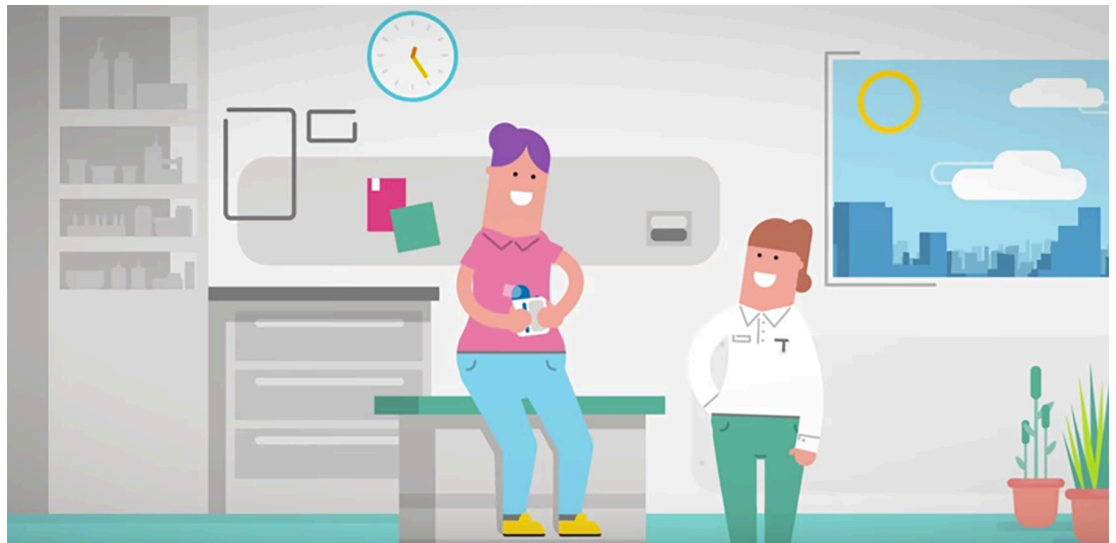Effective price point shifts back to p1 at quantity demanded, q3

We can only affect our costs and the supply side curve

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Understanding the components

Take a typical patient interaction with your practice…

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Jenny's Journey - pre-Consultation

- Jenny woke up not feeling well
- She goes to the practice website and finds the telephone number and calls the practice. After a long wait, she books an Emergency appointment for tomorrow.
- At the practice, Jenny queues at reception to say that she has arrived.
- Jenny is sat in reception for half an hour whilst the clinician finds an available room with a PC

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Jenny's Journey - Consultation

- Dr Adamson appears at the door and calls Jenny through to Room 4
- Dr Adamson takes a series of readings from Jenny and puts them to one side
- Jenny is given a prescription and asked to book another appointment which she does at reception
- Jenny goes to the Pharmacy
- Dr Adamson transcribes the notes in to the clinical system

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Samantha's Journey - pre-Consultation

- Samantha woke up not feeling well

- She goes to the practice website and finds the telephone number and calls the practice and books a same day appointment

- At the practice, Sam uses the Arrivals unit to say that she has arrived. She is also prompted to fill out a smoking questionnaire

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Samantha's Journey - Consultation

- Samantha's name comes up on the arrivals board and she is prompted to go to Room 4 to see Dr Adamson
- Dr Adamson takes a series of readings from Jenny and these automatically are added to the clinical system
- Sam is given a prescription and asked to book another appointment which she does at reception
- Sam goes to the Pharmacy

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Both are 'normal' - which is clinically safer?

Samantha's Experience

- Relaxed
- Running on time
- Paperwork on time
- Calm, pleasant manner

Jenny's Experience

- Stressed out
- Running late
- Delays in paperwork
- Frustrated tone

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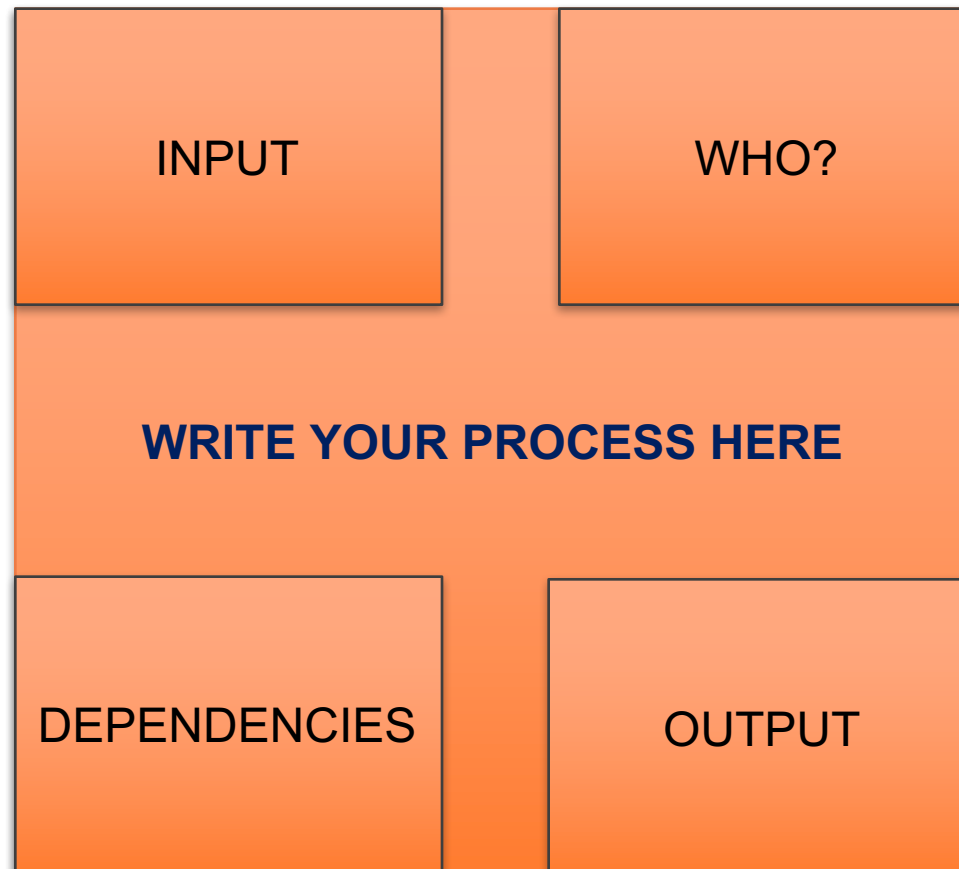# An exercise for you to undertake

We are looking for pinch points, process gaps and superfluous steps.
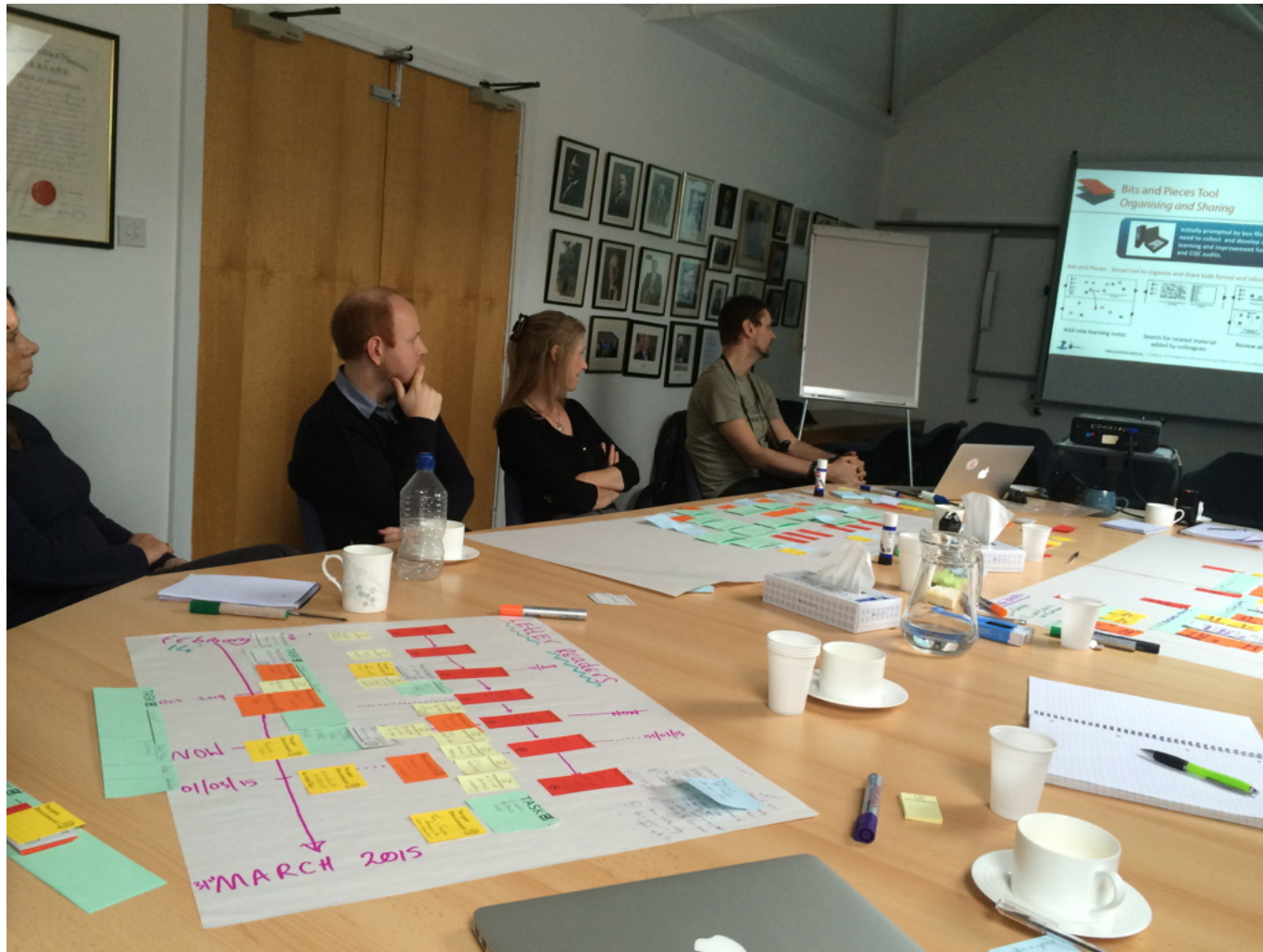
You will need:
- Post it notes
- Roll of brown roll
- A few hours of key people's time
- Fairy liquid bottle and some sticky backed plastic

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Map your processes

INPUT

WHO?

WRITE YOUR PROCESS HERE

DEPENDENCIES

OUTPUT

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Technology is not the answer – its people and process, but…

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Technology is a key enabler

How do we respond to pinch points?

In the consulting room – e.g. ABPM

Flexibility in the practice – e.g. Professional Wi-Fi, Portable devices
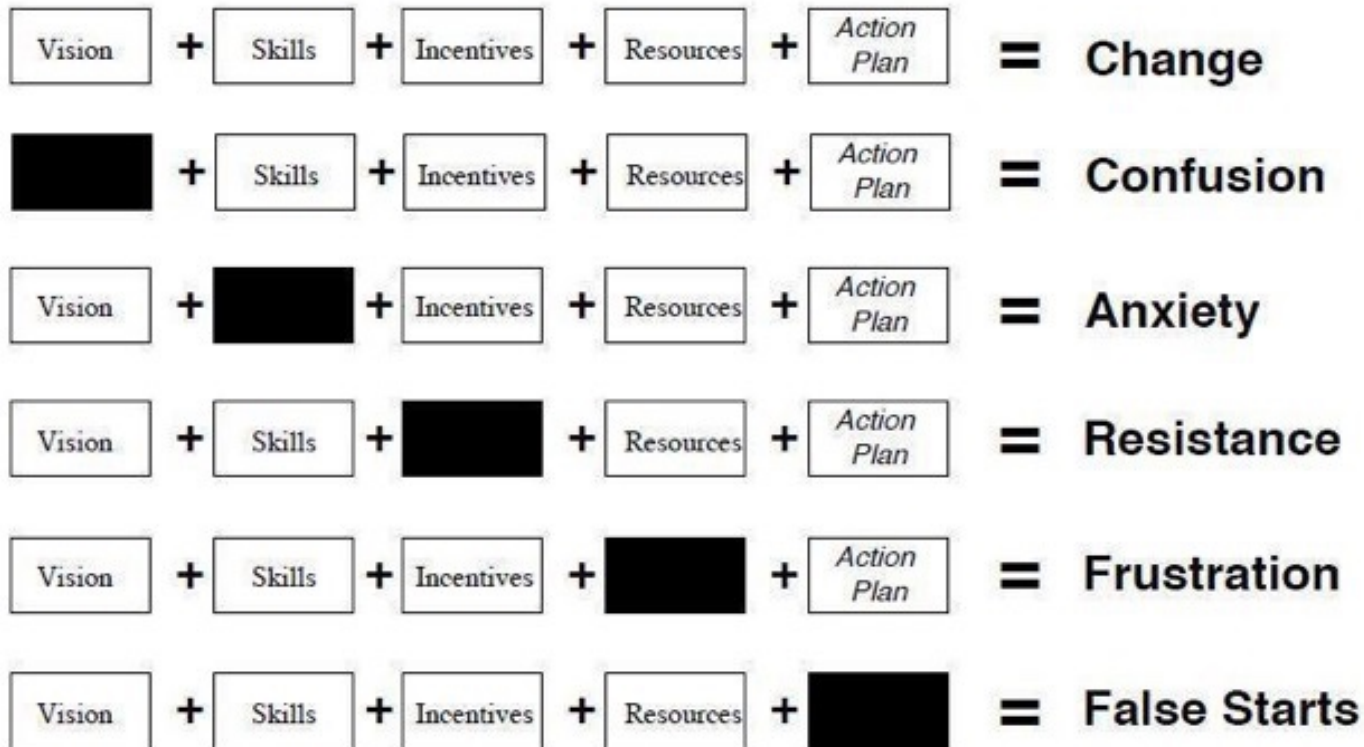
Paper free working – intranet / systems

- Document management

- Reduce print requirements

Improved patient flow

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Managing Complex Change

Vision	+	Skills	+	Incentives	+	Resources	+	Action Plan	= **Change**
■	+	Skills	+	Incentives	+	Resources	+	Action Plan	= **Confusion**
Vision	+	■	+	Incentives	+	Resources	+	Action Plan	= **Anxiety**
Vision	+	Skills	+	■	+	Resources	+	Action Plan	= **Resistance**
Vision	+	Skills	+	Incentives	+	■	+	Action Plan	= **Frustration**
Vision	+	Skills	+	Incentives	+	Resources	+	■	= **False Starts**

Adapted from Knoster, T., Villa R., & Thousand, J. (2000). A framework for thinking about systems change. In R. villa & J. Thousand (Eds.), Restructuring for caring and effective education: Piecing the puzzle together (pp. 93-128). Baltimore: Paul H. Brookes Publishing Co.

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We can only affect our costs and the supply side curve

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