

# Primary Care Improvement Collaborative

QI Skills Session 5: Introduction to DCAQ

### Housekeeping



- 1. Open and close the chat panel use the chat box to introduce yourself, raise any questions you may have or add comments about the session.
- 2. Cameras and mics have been disabled this session is being recorded and will be available as a resource. The chat box will not be visible during the recording, so please use it for any questions you may have that we will answer at the end of the session.
- 3. Leave the meeting use this to leave this session at the end.

# Background

 QI Skills sessions are part of the Primary Care Improvement Collaborative

- Developed to support the collaborative to understand how to use QI tools in a primary care setting, particularly PCAP, pharmacotherapy and CTAC
- Sharing practical application of QI tools drawing on our learning from our previous programmes.

### Poll

# Please rate your knowledge of demand, capacity, activity and queue (DCAQ):

- 1- Not aware
- 2- I know what it is
- 3- I can apply in identified situations
- 4- Know how, when and where to use
- 5- Can adapt and explain
- 6- Can teach theory and use method



#### Aims

#### In the session we will:

- introduce the concept of DCAQ (Demand, Capacity, Activity, Queue)
- understand what we mean by system flow, and
- discuss where you could use this approach in your own work.



#### Success stories

- A **75% increase in activity** in Riverside Medical Practice when reviewing HRT prescriptions by reducing time per review from 15 to 3 minutes
- 71% increase in face-to-face appointments in Braids Medical Practice by reducing double handling of appointments to release clinical capacity
- 79% increase in patients with routine appointments in Perth City Medical Practice, changing the balance between urgent and routine appointments to meet demand.
- 24% reduction in number of item issues on acute prescription in Ker Medical Practice, reducing the overall prescribing workload

### What is DCAQ?

- An analytical approach to understand flow through a system.
- Allowing targeted improvements to be directed at a process.



# What do we mean by 'flow'?

 The movement of patients, information or equipment, between departments, staff groups or organisations, as part of their pathway of care.

- Why is it important?
  - Reduction in harm
  - Reduced mortality
  - Reduced pressure on staff and system
  - Improved care experience
  - Value for money

# What do we mean by 'DCAQ'?

#### Demand

All the work that is requested

(e.g. patients seeking an appointment, prescription requests, patient contact, blood tests)

#### Activity

The actual work done

(no of patients seen – face to face and telephone, prescriptions issued, test results communicated)

#### Capacity

How much work could be done

(Staffing, room availability, number of face to face appointments available, number of telephone appointments available)

#### Queue (unmet need)

The work that has not yet been done

(number of patients still waiting for an appointment, number of test results still to communicate)

# Why should you use DCAQ?

- Analysing DCAQ within a service lets you make improvements to the flow of service users through the system
- Identifies the reason for delays, and where the challenges are
- Highlights bottlenecks and constraints



#### **Demand:**

- Collecting data to know if general practice teams are delivering interventions on the CTAC specification
- Using public health data regarding long term conditions to look at prevalence within patient populations
- Collecting data to be able to identify when there are multiple interventions in a single patient contact.

#### **Capacity**:

- Workforce WTE, vacancies
- Accommodation/premises
- Collecting data to understand appointment length and identifying occurrences for variation
- Carrying out a training needs analysis to understand skill mix
- Exploring opportunities for Hub working

#### **Activity**:

Week of care audits carried out to understand clinical workload

#### Collecting data on:

- number of prescriptions issued
- number of IDLs processed
- number patients seen

#### Queue:

Collecting data on number of patients asked to call back as no appointments are available

Understanding how many patients are waiting for:

- polypharmacy reviews
- annual reviews
- results

Knowing the wait time for routine appointments

#### **Scenario**:

A staff member is unavailable at short notice, their appointments need to be cancelled and patients reappointed

**Demand**: Additional appointments required

Capacity: Clinical space planned for use. Fewer appointments

available overall

**Activity**: Workload for admin team

Queue: Patients waiting for rescheduled appointment

#### **Scenario**:

A patient requires blood tests and attends a CTAC service.

**Demand**: CTAC service appointment, GP time to review results

Capacity: CTAC service have planned appts, does GP have planned

time for results review?

**Activity**: CTAC staff member and GP time

Queue: Patient waiting for results to be communicated.

# Questions



### Poll

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# Thank you

Keep an eye out for a range of tools, learning and resources, including this recording, that will be available soon!!

