Re-mobilising elective care
Sharing innovations from across Scotland

We will start a few moments after 2pm, to allow everyone to join.

Please mute your microphone and turn-off your video. This will help improve sound and video quality for those with slower internet connections.

Access QI

We support NHS boards use their quality improvement expertise to improve waiting times.

Access learning system

- Managing the physical environment
- Maximising service capacity and capability
- Enabling digital access
- Maintaining staff safety and wellbeing

Agenda

Topic	Speaker
Welcome & Introduction to Access QI	Thomas Monaghan, National Programme Director, Access QI, Healthcare Improvement Scotland
Re-mobilising Elective Care NHS Tayside	Paul Arbuckle, Service Improvement Lead, NHS Tayside
Comfort break	
Local Innovations and Challenges	Facilitated discussion / Q&A
Tools and Resources	Colette Dryden, Improvement Advisor, Access QI, Healthcare Improvement Scotland
Close	Thomas Monaghan, National Programme Director, Access QI, Healthcare Improvement Scotland

NHS Tayside

Re-mobilising Elective Care Apr – Aug 2020

Paul Arbuckle
Service Improvement Lead
NHS Tayside

A new normal is emerging

- We will be delivering services with COVID for at least the next 12-18months There will be a long-term requirement of separate our streams into low risk COVID and high risk COIVD

- Whilst there is sustained community transmission there will be constraints of enhanced PPE for our treatments.

- We will need to maintain a minimum COVID-19 configuration (e.g. twice baseline ICU capacity).

- We will need to ensure a system-wide solution involving acute, primary, social and community care.

- We will have to develop a new normal.

Objective:

Adapt to ensure that our health and social care services resume wider care as soon as possible, safe for patients and safe for staff

Elective planning (and adaptation) has already started!

- Increase in digital capacity (Telephony/Remote connections)

- Enhanced Vetting

- Increase in remote consultations both telephone/near me.

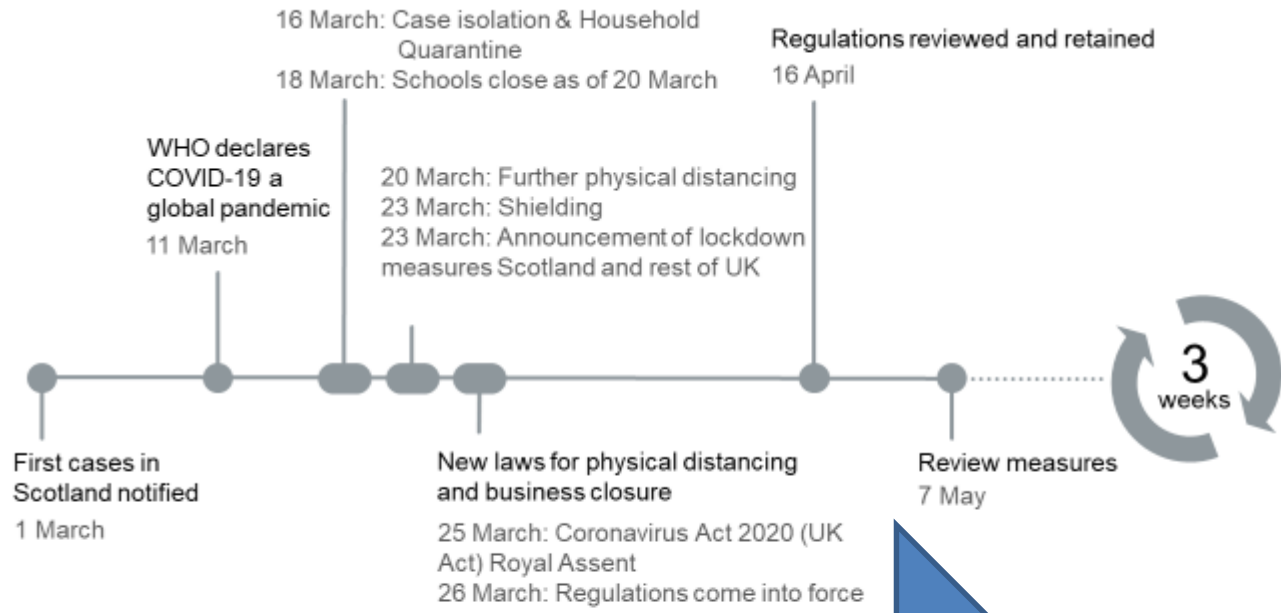- Ambulatory care

- and much more….

Structured approach

- Understand what has happened across all areas
- Testing with Gynae/Derm/Colorectal
- Combining Operational planning/QI/Design
- Collaboration….
  - HBI
  - QI
  - Capacity managers (DCAQ)
  - Finance
  - Work in partnership primary/secondary care

Key principles

- Patients should only attend hospital if there is no other alternative

- Plans should reflect the 6 principles of Realistic Medicine

- Plan should maximise the use of available resources to deliver clinically prioritised care to as much of the population as possible

- Plan must be flexible to accommodate waves of COVID-19

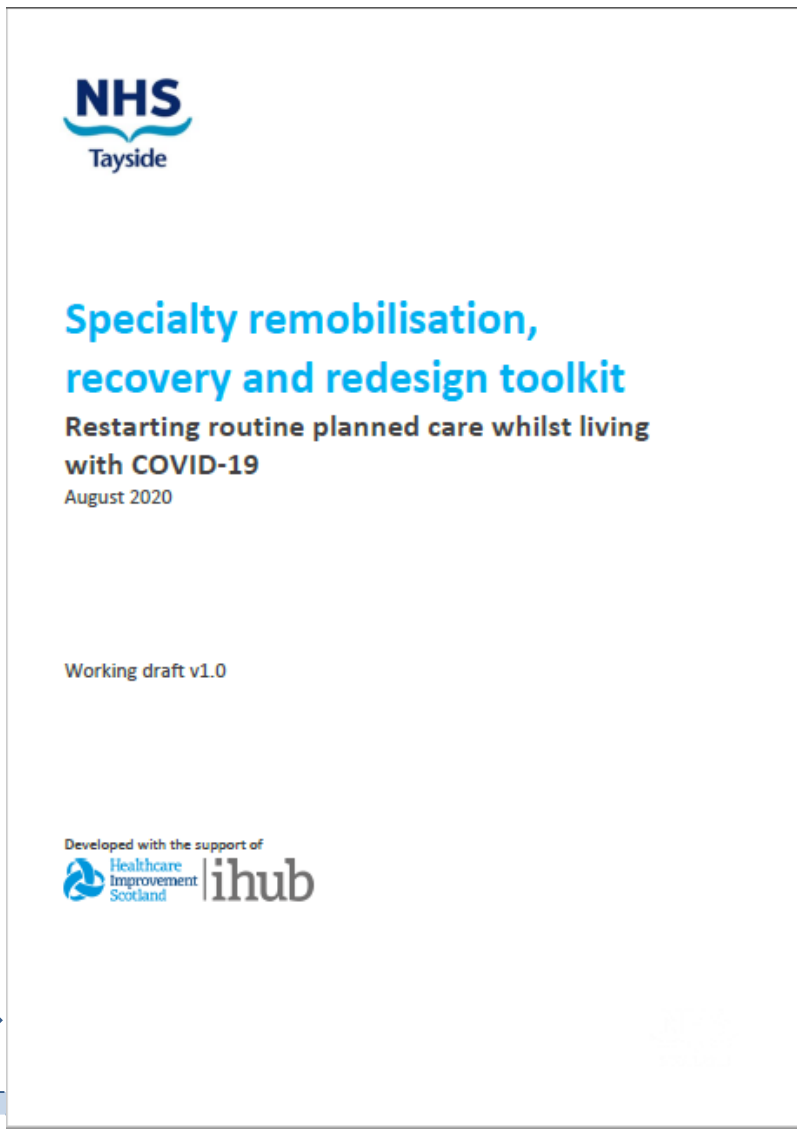- Develop plans in partnership with our primary care and health and social care partners

Timeline

16 March: Case isolation & Household Quarantine
18 March: Schools close as of 20 March

Regulations reviewed and retained
16 April

WHO declares COVID-19 a global pandemic
11 March

20 March: Further physical distancing
23 March: Shielding
23 March: Announcement of lockdown measures Scotland and rest of UK

3 weeks

First cases in Scotland notified
1 March

New laws for physical distancing and business closure

25 March: Coronavirus Act 2020 (UK Act) Royal Assent
26 March: Regulations come into force

Review measures
7 May

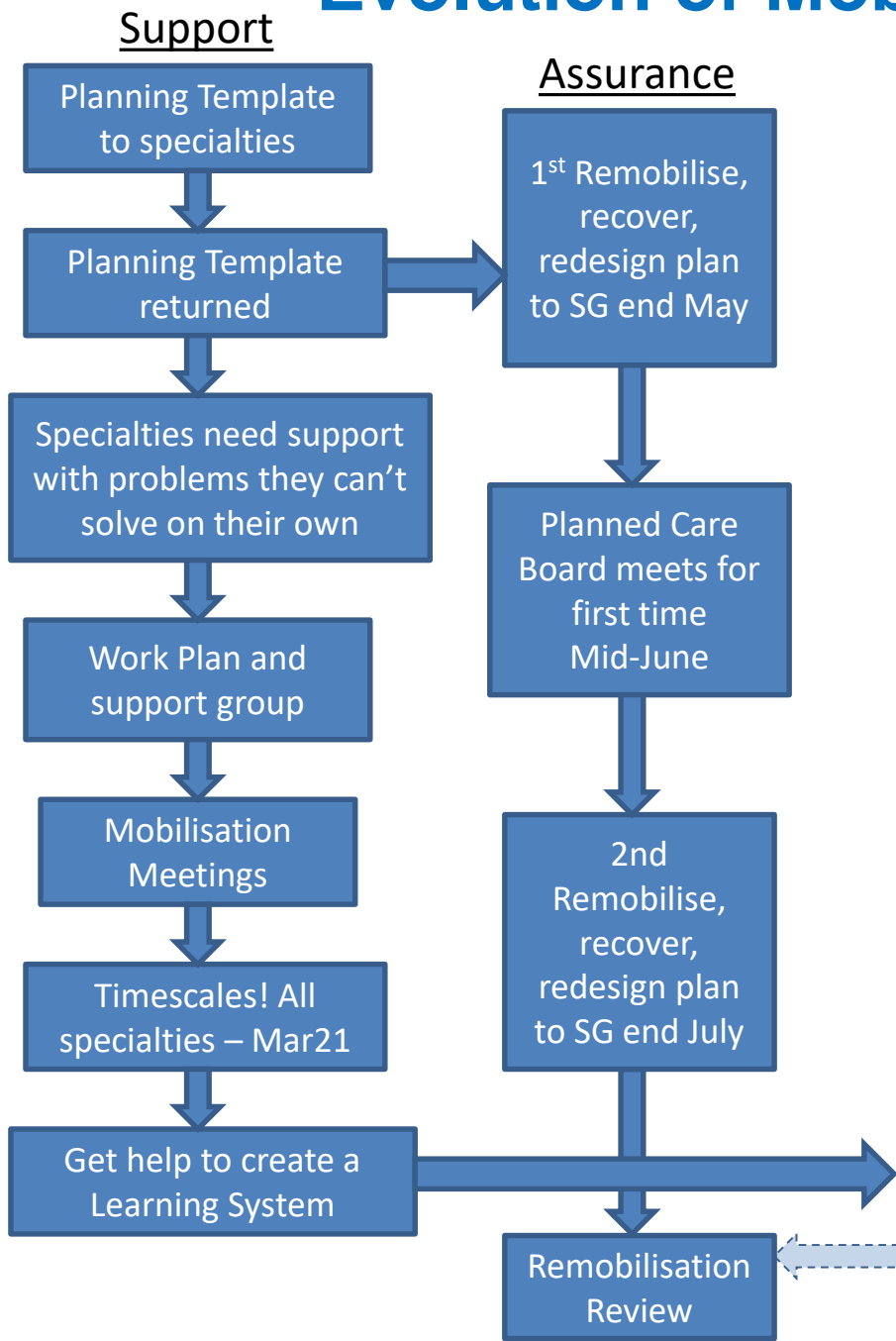Actions
Prepared for surge of COVID-19
Remodelled acute bed/theatre and ICU provision
Mobilised/Redeployed and up skilled our workforce
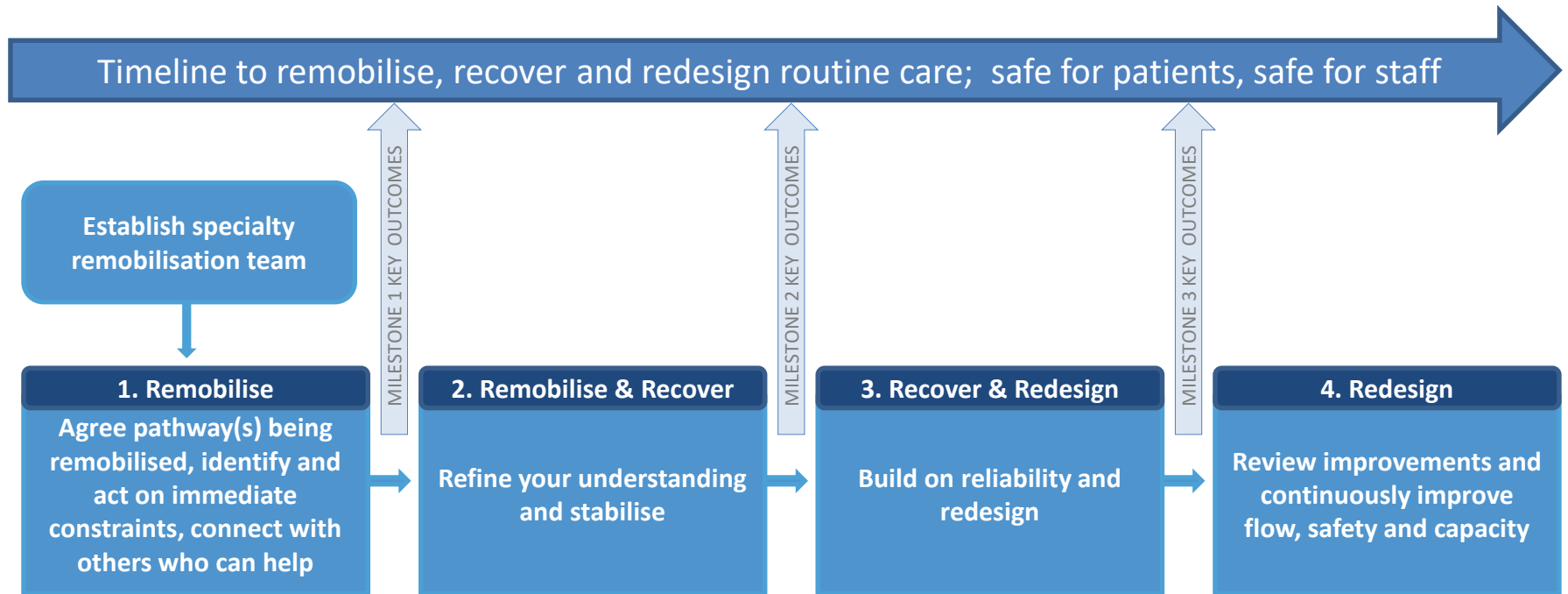Stepped back r

Core Services
Adaptation
Innovation

Evolution of Mobilisation support

Support

- Planning Template to specialties
- Planning Template returned
- Specialties need support with problems they can't solve on their own
- Work Plan and support group
- Mobilisation Meetings
- Timescales! All specialties – Mar21
- Get help to create a Learning System

Assurance

- 1st Remobilise, recover, redesign plan to SG end May
- Planned Care Board meets for first time Mid-June
- 2nd Remobilise, recover, redesign plan to SG end July
- Remobilisation Review

NHS Tayside

Specialty remobilisation, recovery and redesign toolkit

Restarting routine planned care whilst living with COVID-19

August 2020

Working draft v1.0

Developed with the support of

Healthcare Improvement Scotland | ihub

Structure of (this version of) Toolkit

July - August

Timeline to remobilise, recover and redesign routine care; safe for patients, safe for staff

Establish specialty remobilisation team

MILESTONE 1 KEY OUTCOMES

MILESTONE 2 KEY OUTCOMES

MILESTONE 3 KEY OUTCOMES

1. Remobilise

Agree pathway(s) being remobilised, identify and act on immediate constraints, connect with others who can help

2. Remobilise & Recover

Refine your understanding and stabilise

3. Recover & Redesign

Build on reliability and redesign

4. Redesign

Review improvements and continuously improve flow, safety and capacity

Insights

- Multidisciplinary Change

- Convening, sense-making, framing

- Having the mirror held up to us

- Go back vs never go back

- Hold plans lightly – just enough structure

- Gets bumpy but stay in the conversation

- New territory, no "route map", but **everyone** motivated to do their best - within their skill set

- Teamwork teamwork teamwork

- MS Teams Virtual Backgrounds

Planned Care Support Group

Core team
- Secondary Care Clinician
- Primary Care clinician
- Improvement
- TrakCare BAU
- Health Records
- eHealth
- Capacity Planning
- H&BI
- Finance

Support may be drawn from:
- Infection Prevention & Control
- Diagnostics
- AHP
- Estates
- Workforce
- Transport
- RefGuide
- Staffside

Clinical Teams

System Leaders

Local Innovations
Sharing innovations to aid re-mobilisation of elective care services

Colette Dryden
Improvement Advisor
Healthcare Improvement Scotland

Sharing Innovations

Managing the physical environment

Maximising service capacity and capability

Enabling digital access

Maintaining staff safety and wellbeing

Share your local innovations

Do you have an innovation you would like to share? We would love to hear from you.

Please complete the template in the chat box and return to
hcis.access-qi@nhs.net

Camilla Somers
Knowledge and Information Skills Specialist
Healthcare Improvement Scotland

Challenges

What are the biggest barriers and challenges to remobilising in a world with COVID-19?

Thomas Monaghan
National Programme Director for Access QI
Healthcare Improvement Scotland

Local challenges

What is the biggest local challenge during remobilisation that you are struggling to over come?

Tools and Resources

Access QI Webpages

- Remobilisation toolkit

- Pathway diagnostic guidance

- Case studies

- Access QI measurement guide

- Last 10 patients

- Scheduling diagnostic tool

Tools and Resources

NES QI Zone

- Capacity calculator
- System Flow
- Stakeholder analysis
- Kahler's 5 Drivers
- Understanding people's experience of a service
- Facilitating improvement teams

Thank you

Thomas Monaghan
National Programme Director for Access QI
Healthcare Improvement Scotland

Webinar series

First webinar: 2 September at 14:00

Second webinar: 29 September at 13:00

Third webinar: 28 October at 13:00

Registration for the next webinar is in the chat box.

Keep in touch

✉ **hcis.access-qi@nhs.net**

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To find out more about Access QI by visit ihub.scot