Remobilising elective care

Sharing innovations from across Scotland webinar 3

Thomas Monaghan
National Programme Director for Access QI
Healthcare Improvement Scotland

Access QI

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

Access learning system

Maximising service capacity and capability

Managing the physical environment

Enabling digital access

Maintaining staff safety and wellbeing

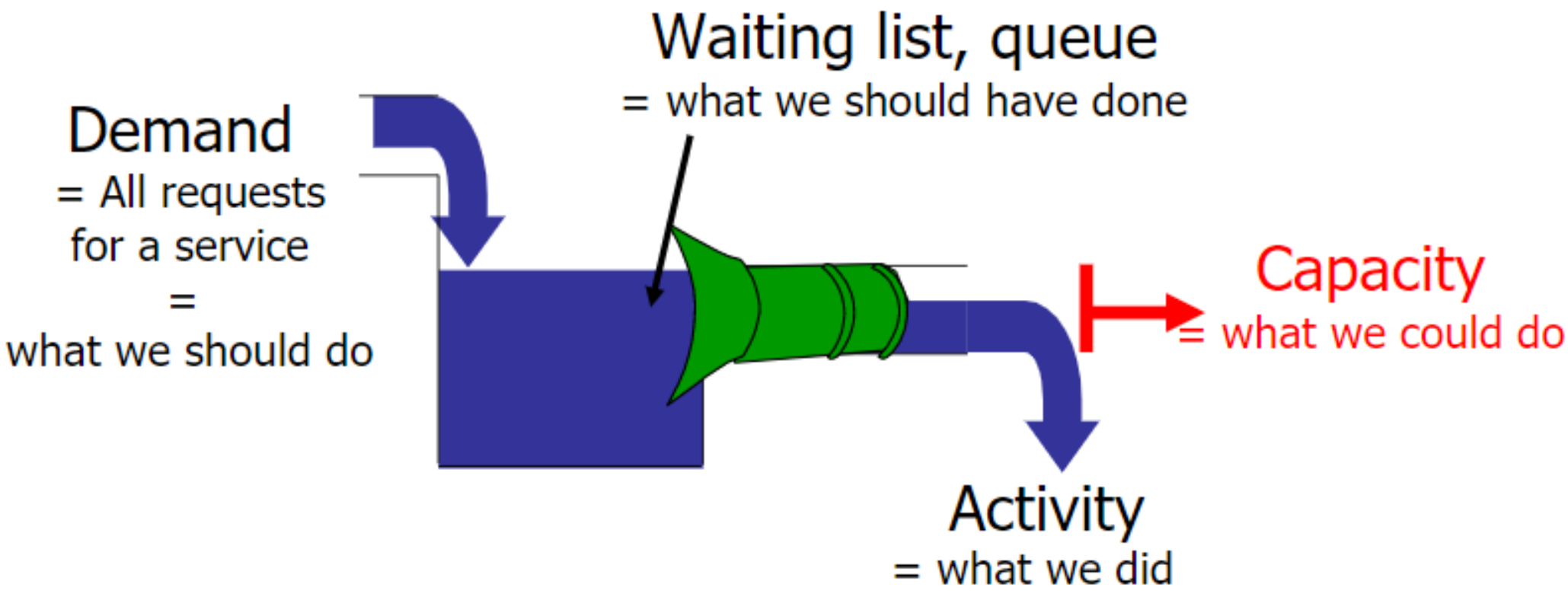
Agenda

Topic	Speaker(s)
Welcome and Introduction	Thomas Monaghan, National Programme Director Access QI, Healthcare Improvement Scotland
Measuring and understanding capacity	Toby Stead, Data & Measurement Advisor Data, Measurement & Business Intelligence, Healthcare Improvement Scotland
Maximising service capacity and capability, innovations from NHS boards	Working with health and social care partnerships to reduce waiting lists, Alison Molyneux, Care Home Dietician, NHS Greater Glasgow and Clyde Designing a patient initiated follow-up pathway to improve quality of care, Dr Robin Munro, Clinical Lead for Rheumatology, NHS Lanarkshire Using infographics to increase staff confidence, Dr Stefanie Lip, ST5 in Clinical Pharmacology & Therapeutics and GIM, NHS Greater Glasgow and Clyde
Close	Colette Dryden, Improvement Advisor Access QI, Healthcare Improvement Scotland

Measuring and understanding capacity

Toby Stead
Data & Measurement Advisor
Data, Measurement & Business Intelligence,
Healthcare Improvement Scotland

Concepts

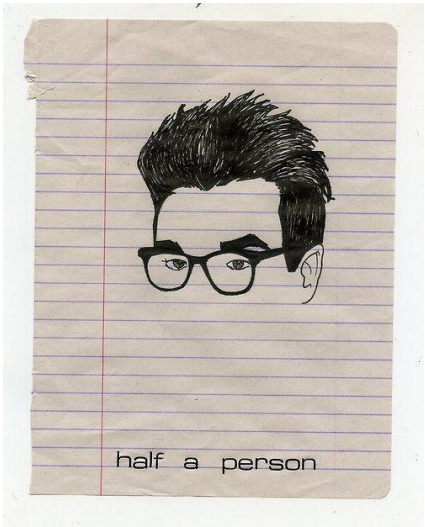

Waiting list, queue
= what we should have done
Demand
= All requests
for a service
=
what we should do
Capacity
= what we could do
Activity
= what we did

Any ideas?

- Number of sessions
- Number of new patients
- Clinical contact time

Constraints

- Hours of service
- Room availability/physical environment (CV19)
- Equipment & shared resources
- Non-clinical work



If you have 5 seconds to spare,
I'll tell you the story of my life…

Pessimistic

- Number of available sessions

- Weak from an improvement perspective – good as an outcome measure for improving “capacity” but doesn’t actually tell you anything, or tell you what you need to improve

Optimistic

- Job planning
- Team Service Planning
- Says how much availability there would be if job plan is perfectly adhered to

Realistic

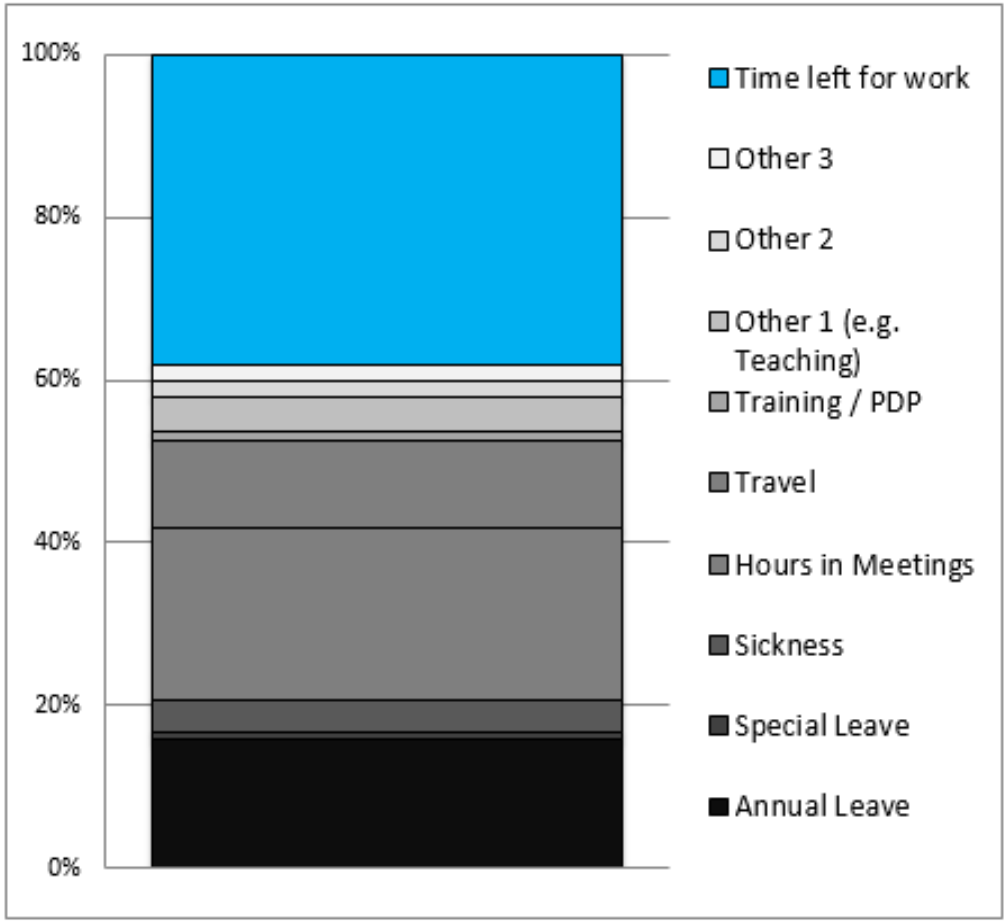
- Capacity calculator

- Shows how much time is available for clinical work after everything else is taken care of

- BMA offer an activity tracking tool to members (most/all consultants)

Capacity Calculator (example)

	Activity	Frequency		Days per Year	%	Days per week
	Contracted Hours	per week	37.5	260	100%	5
Non-work time	Annual Leave	days per year	41	41	16%	0.8
	Special Leave	%	1%	3	1%	0.1
	Sickness	%	4%	10	4%	0.2
In work activities	Hours in Meetings	hrs per week	10	55	21%	1.1
	Travel	hrs per week	5	27	11%	0.5
	Training / PDP	days per year	3	3	1%	0.1
	Other 1 (e.g. Teaching)	hrs per week	2	11	4%	0.2
	Other 2	hrs per month	4	5.1	2%	0.1
	Other 3	hrs per week	1	5.5	2%	0.1
	Time left for work	hrs per week	14	99	38%	1.9



Top tips

- Scale with volume of demand
- DCAQ is all of them together, interrelated, not in isolation
- Units – needs to be same across DCAQ (patients/time/sessions)

Maximising service capacity and capability

Colette Dryden
Improvement Advisor for Access QI
Healthcare Improvement Scotland

Working with health and social care partnerships to reduce waiting lists

Alison Molyneux: Care Home Dietitian
NHS Greater Glasgow and Clyde
Alison.Molyneux@ggc.scot.nhs.uk

Challenge

The number of residents in care homes with a diagnosis of COVID, potentially leading to unplanned weight loss and malnutrition would increase need for Dietetic Assessment and intervention.

Provide access to information to support care homes to respond quickly to support the nutrition and hydration needs of residents in care homes during COVID and on their journey to recovery and rehabilitation.

Innovation

- **Key information from international nutrition webinars were summarised on A3 Posters with QR reader codes and A4 infographic This provides easy access to consistent messages and best practice.**
- The importance of maintaining good nutrition and hydration in vulnerable groups during and post COVID was emphasised.
- **Posters and infographic were disseminated electronically and by post/hand to every care home in NHS GG&C**
- Care providers are displaying this information in their clinical areas to provide quick access to nutrition and hydration messages to support assessment and management of residents' nutritional wellbeing to maintain their quality of life.

COVID-19: Good Nutrition & Hydration Helps Recovery

Top tips for Care & Residential Homes

During critical stages of C19:

- significant weight loss
- muscle loss
- poor appetite
- altered taste
- reduced mobility
- dysphagia related to being intubated

Good nutrition and hydration can:

prevent further infection
prevent skin breakdown
improve quality of life
minimise weight loss
Improve muscle mass

Complete **MUST Step 5**

Nutritional Management Plan

» liaise with specialist nurse / HCP

Review food & fluid likes and dislikes

monitor intake

Maximum energy & protein options

Food fortification

» liaise with Catering Team

weigh weekly

or mid-upper arm circumference monthly

Assist if required

High protein snacks & nourishing drinks

encourage **mobility**

DYSPHAGIA

occurs in **30%** post being intubated

SLT Assessment ?

Correct consistency ?

TASTE CHANGES

Use strong flavours

offer condiments

DIABETES

During infection monitor BLOOD GLUCOSE

Target 7 - 12 mmol/l

scan for more info

Pruduced by the Care Home Dietitians, NHS Greater Glasgow & Clyde (May 2020)

Outcome

As most of the care homes were on lock down to the local community to limit COVID spread, the feedback comments have been received have been from the care providers and professionals staff.

- ✓ **Providers very much valued the accessible, easy read format**
- ✓ **The specialist nurses supporting the care homes who were continuing to provide face to face support appreciated the clear direction and key messages provided**
- ✓ **This guidance is providing ongoing support in maintaining resident health and well-being in the management of any potential Dietetic referrals.**

For further information please refer to : https://www.nhsggc.org.uk/your-health/health-services/allied-health-professionals-ahps/dietetics/care-homes-overview/covid-nutrition-care-homes/

Designing a patient initiated follow-up pathway to improve quality of care

Dr Robin Munro
NHS Lanarkshire
Clinical lead for Rheumatology

Challenge

Challenges

-Medical staff return capacity running at 100% and new capacity 108%

- Discharge rate 49% for new patients but 4% for returns

-Difficulty find space for urgent returns with the appropriate member of staff

-Introducing new ways of working, staff resistance and training needs

-Rheumatology historically is a very ‘hands on’ specialty

Opportunities

-Disease activity has improved substantially in the last 20 years

-An audit of returns showed 82% of patients were classified as stable

-Experience building to suggest that more remote follow up was safe

-Already a good skill mix within the Department

Innovation

Stepwise changes

- Consulted colleagues and patients what ideal follow up would look like
- Longer review periods with the opportunity for rapid review when necessary
- Modelling of changes with team from Strathclyde University looking at how any alteration of clinic profiles would affect patient flow
- Utilisation of ePROMS to gauge disease activity between clinic appointments
- Use of nurse led telephone review clinics to review patient and ePROMS at 1 year with more formal face to face assessment at 2 years
- Freeing up of clinic space to allow urgent reviews when patients need seen

Outcome

Was due to launch at a single site in June 2020 however Covid intervened

Recovery planning has required all clinic profiles to change so it is an opportunity to expand the original scope

Current situation

- Strathclyde University team are updating their demand/capacity analysis to allow new clinic profiles to be developed
- Update patient group with current plans and get their feedback
- Launch date provisionally March 2021 involving all 3 acute sites in NHSL

Using infographics to increase staff confidence

"A picture is worth a thousand words"

Dr Stefanie Lip
NHS Greater Glasgow and Clyde
ST5 in Clinical Pharmacology & Therapeutics and GIM
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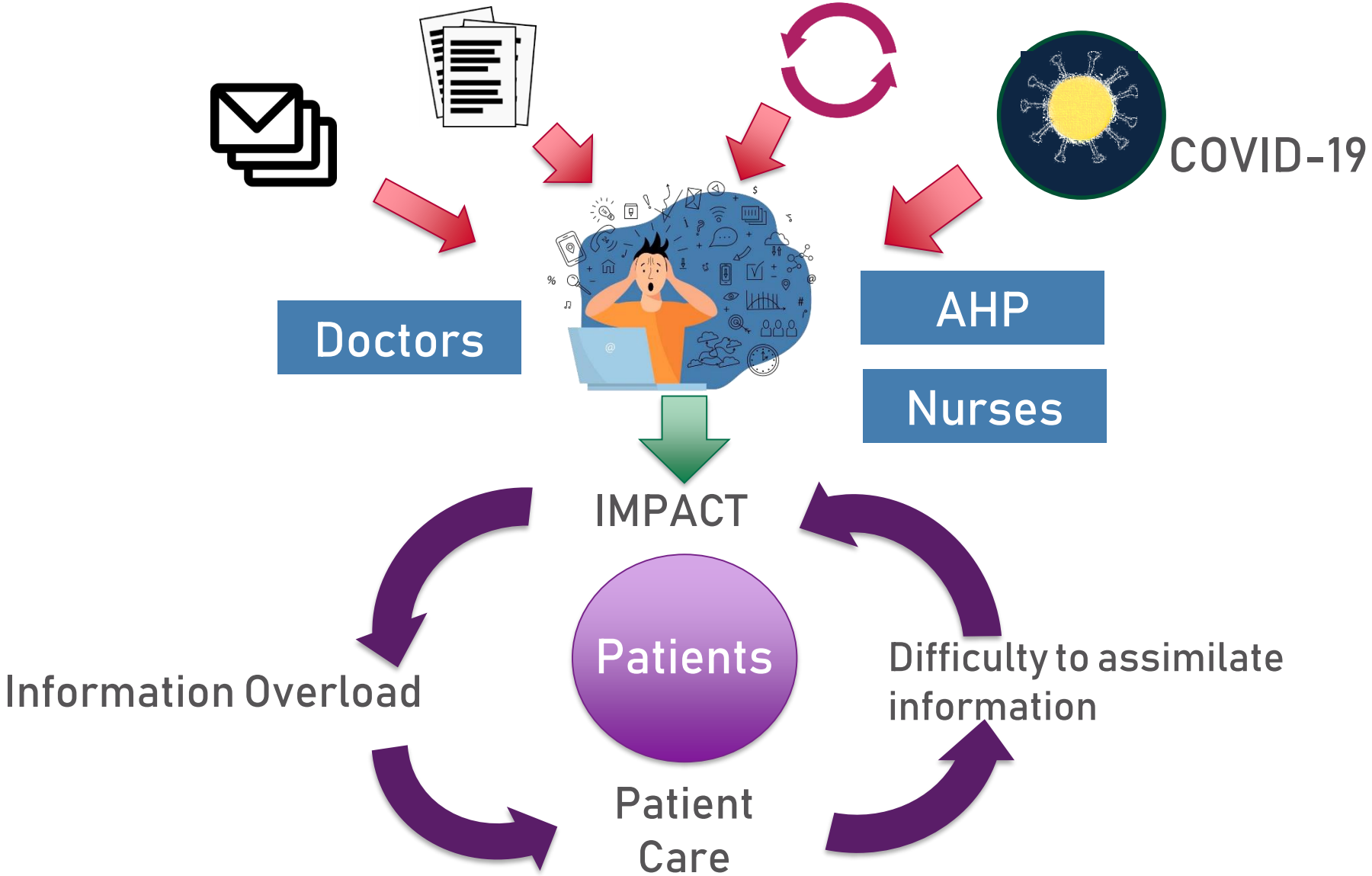
@drstefanielip

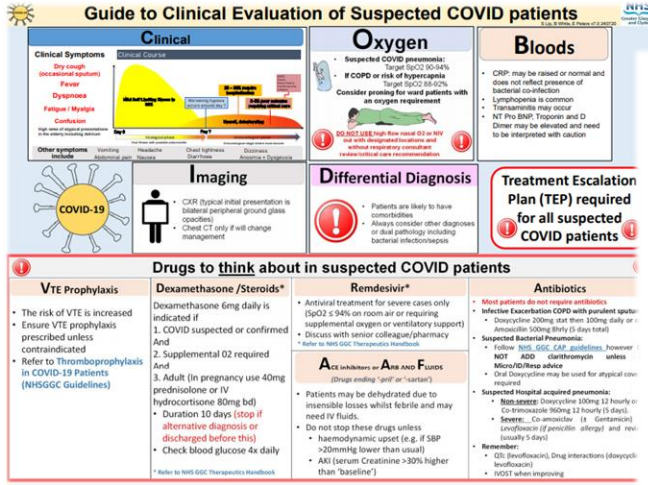
Challenge

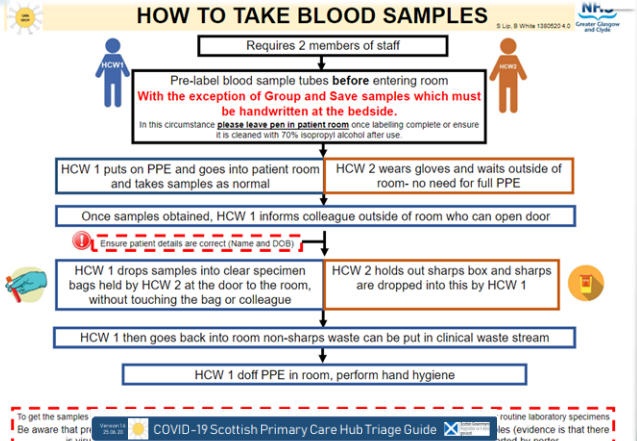

COVID-19
Doctors
AHP
Nurses
IMPACT
Patients
Information Overload
Difficulty to assimilate information
Patient Care

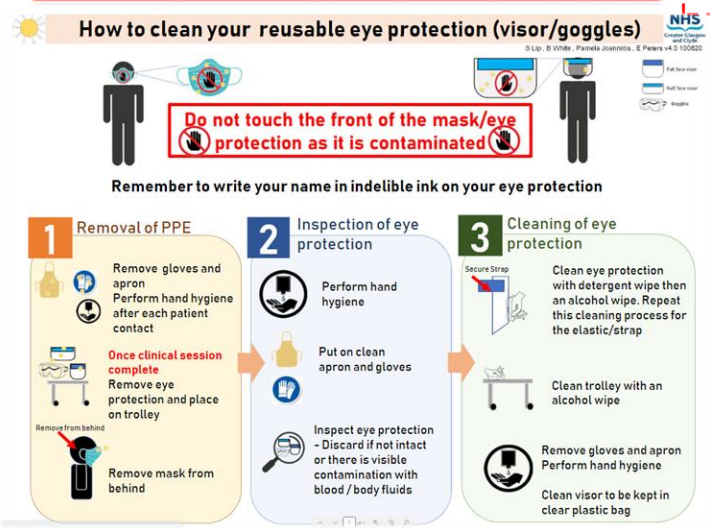
Innovation

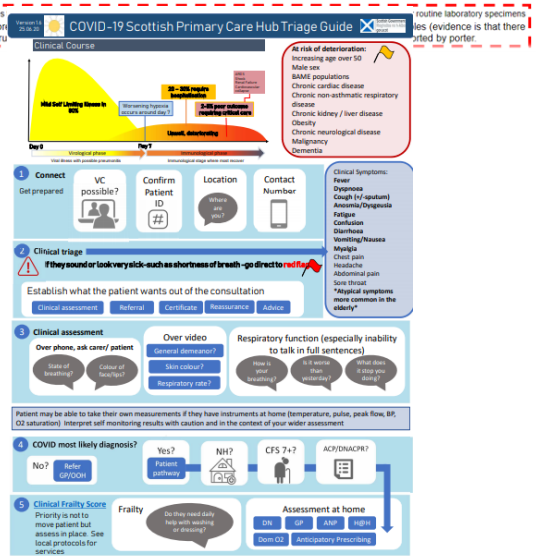
What was implemented to address the challenge?

COVID Related Clinical Guidance

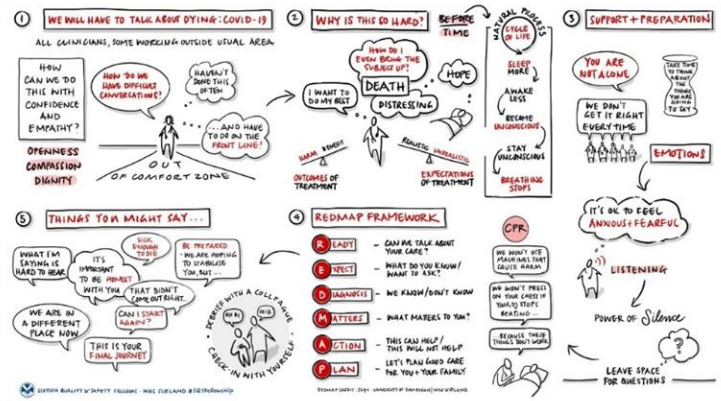


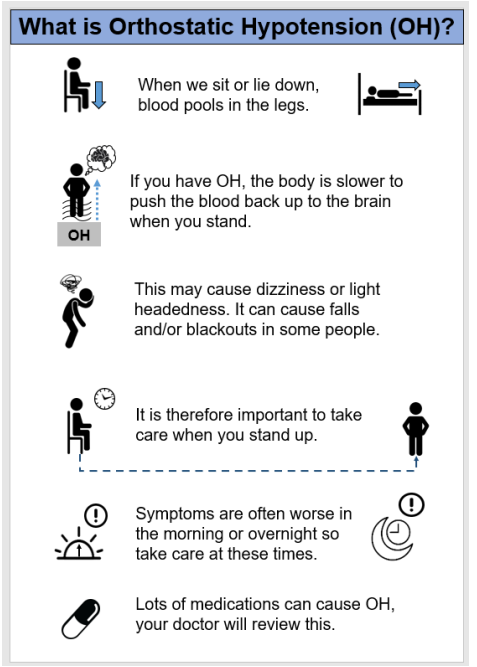


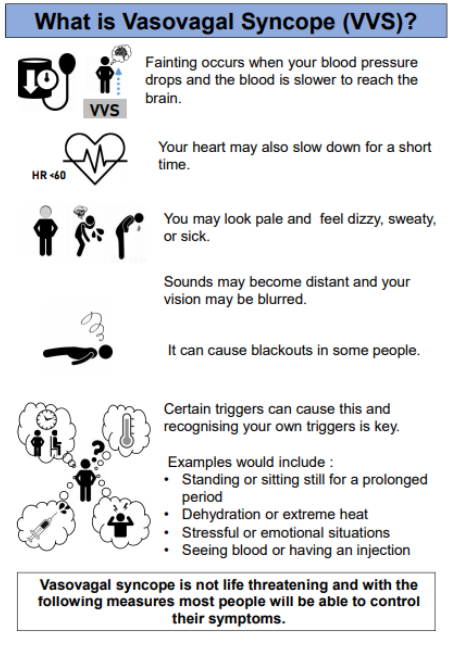




Patient information leaflets







Outcome

Confidence

In the management of COVID-19

Feedback Survey

130 responses, 4 NHS GGC sites

Confidence

Accessibility

Impact

Improving patient care and giving confidence to all healthcare professionals

Digital age (posters are still preferred)

Acknowledgements

Dr Beth White @beveridge_beth

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Dr Erica Peters @ericamcmillin

Open Change @Openchangeuk

Dr Lara Mitchell @laramitchdr

Next Steps

- The next webinar will be on 3 December 2020, register now
- Do you have an innovation that you would like to share? Then please get in touch ☺

Keep in touch

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