Using tools to guide important team discussions Adult Gender Identity Service

April 2022

This team used a force field analysis and a cause and effect diagram to help understand their system and capture the wide range of issues contributing to long waiting times.

Background

The Adult Gender Identity Service of NHS Greater Glasgow and Clyde began working to reduce their waiting times as part of the Access QI programme. Because the service's long waiting times were the result of complex and multifaceted issues, the project team felt it would be useful to complete a force field analysis and a cause and effect diagram along with the wider multidisciplinary team (MDT). The inherent complexity of the problem meant the team were finding it difficult to understand everything that needed to be fixed in order to reduce waiting times. A force field analysis allows a team to assess the various forces for and against a proposed change, while a cause and effect diagram helps identify all of the likely causes of a particular problem.

"When you're busy seeing patients you don't take a step back and think about what you're doing and how, so taking the cause and effect diagram and force field analysis to the team was very helpful."

Adult Services Manager

Completing a force field analysis and fishbone diagram

The Adult Gender Identity team began by using Google Jamboard to generate ideas for the cause and effect and force field diagrams while on a Microsoft Teams video call. Jamboard is a digital whiteboard that allows you to collaborate in a shared space in real time. Microsoft Teams also has a built-in whiteboard function that can be used similarly. On both platforms, people can easily share ideas by writing them on virtual "sticky notes" and adding them to the board.

Figure 1. An example of how Jamboard could be used to share ideas for a force field analysis

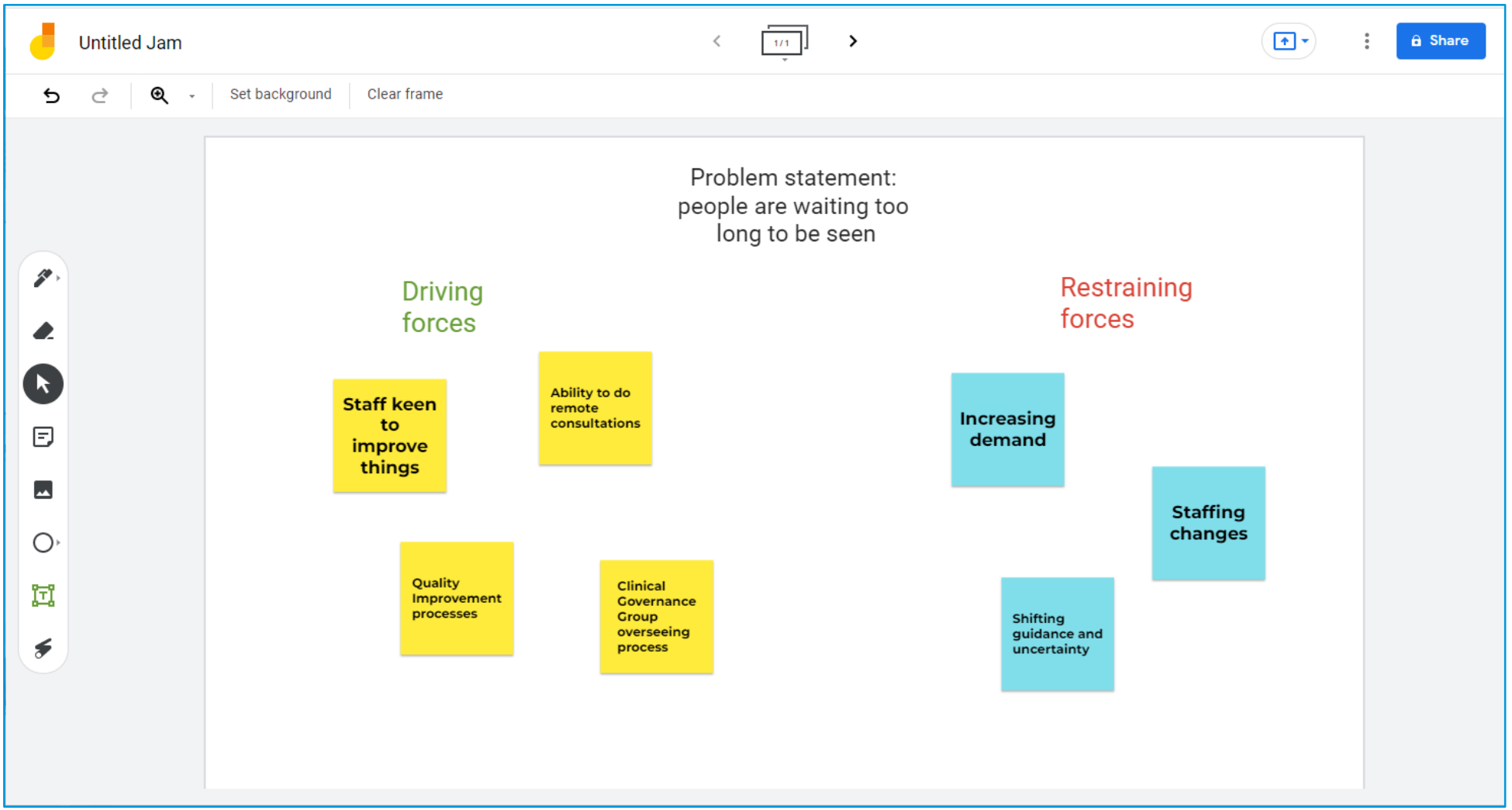


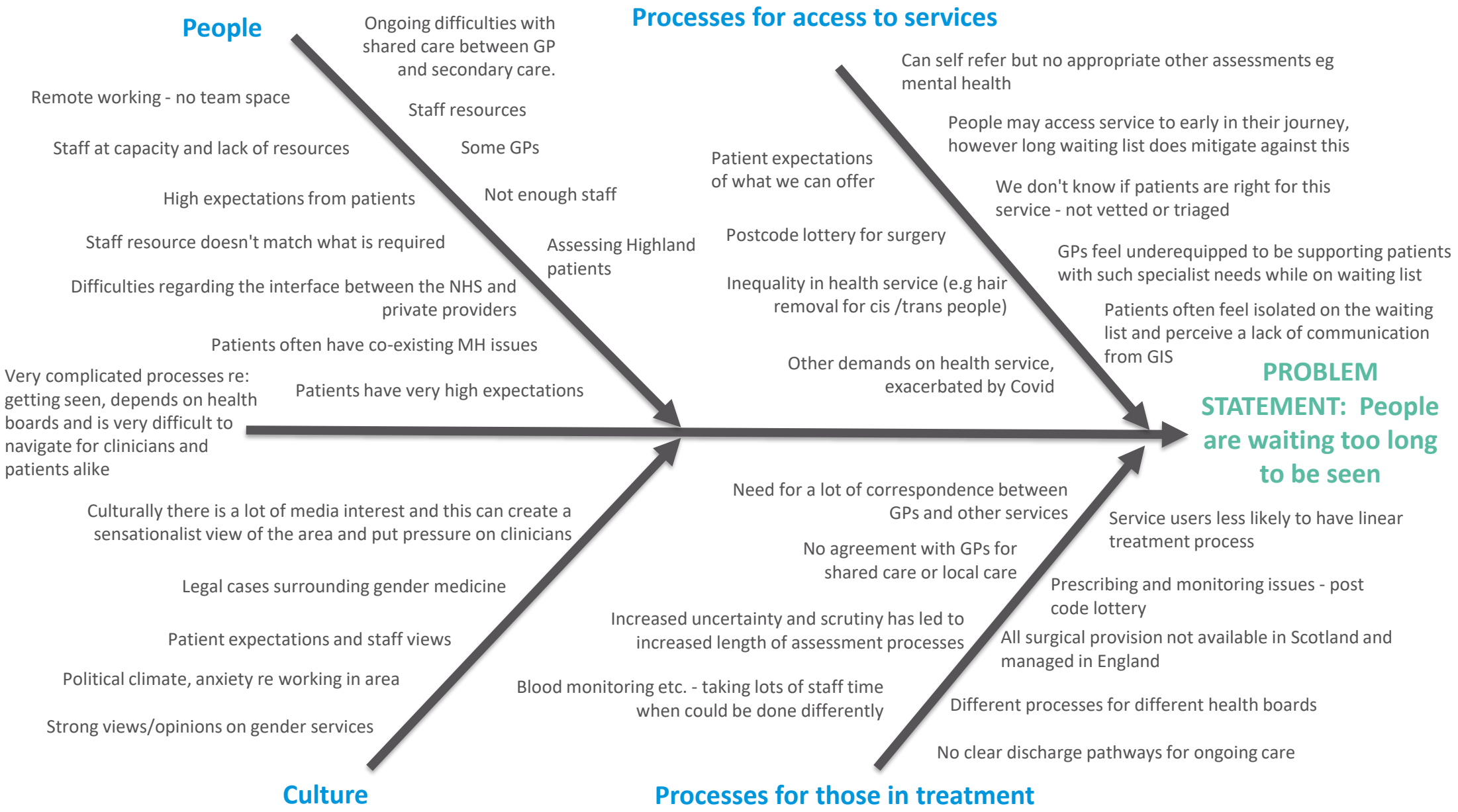
Figure 2. The team's completed force field analysis

Driving Forces	PROBLEM STATEMENT: PEOPLE ARE WAITING TOO LONG TO BE SEEN	Restraining Forces
Clinical Governance Group overseeing process		Media impact and patient expectations
MDT staff approach		Inconsistent approach across other GI services
Caring attitude towards patients		Staff shortages and workloads
Attend anywhere/ ability to do remote consultations		A service that has expanded without proper planning - including providing for all of Scotland
Staff keen to improve things		Staff existing workload
Staff dedication/ staff passionate about service		Limited capacity for service development
QI processes		No clear guidance nationally on what service should provide
New staff coming on board		Post code lottery
Existing models that could be useful e.g.. CAPA		Politics
		Underfunding
		Increasing demand
		Staffing changes
		Lack of resource for staff
		No strategic direction
		The challenge seems unachievable
		Shifting guidance and uncertainty
		Lack of resources - demand outstrips supply
		No agreements with other linked services - who are all equally pressurised
		Short term contracts for staff
		GPs declining to prescribe / monitor
		Hosted service, lack of accommodation
		Volume and may well increase

The session was attended by the entire multidisciplinary team. This included all Gender Clinicians, the Clinical Lead, the Administration team, Psychology, Psychiatry, Occupational Therapy, and the Sexual Health Doctors. Because people were a little hesitant to start writing out their ideas, the Clinical Effectiveness Coordinator, who led the session, added in some of the main issues the team were facing in order to get things started. With the main problem of long waiting times in mind, **the team came up with several forces that would help drive their improvement goals, and several that might restrain them.** Once the team had shared more of their thoughts and discussed them, the Clinical Effectiveness Coordinator then organised them into the force field analysis structure.

For the cause and effect diagram, **team members brainstormed all of the issues contributing to long waits, which were then organised into the four themes** seen on the completed diagram below: people, processes for access to services, culture, and processes for those in treatment.

Figure 3. The team's completed cause and effect diagram



Impact

The team felt the diagrams generated some useful discussions and they **appreciated the opportunity to come together to talk about all of the different component parts of the service.**

The clinical team brought up some issues they had observed but hadn't shared with the rest of the team before. They also discovered that there was a lot of pressure on psychology and the administration team, due to the challenges of managing a long waiting list. **The Clinical Lead felt it was very important for the whole team to have input and was very glad to have gotten everyone involved in the process.**

Next steps

After using these tools, the group was able to come to a consensus around a few things. They agreed that the service needed to implement a policy for patients who do not attend (DNA) their appointments, which they have already done. They would also like to propose to bring in more nursing staff to support patient triage.

Additionally, the team reported that coming together to analyse all of the interconnected parts of the problem has led to a shift in their language when discussing their improvement project. They are now thinking about issues of access in general instead of just focusing on waiting times. This acknowledges that their service is not a straightforward one with a clear referral to treatment target. **The team recognise that this is a large project that will not have one "magic solution, but feel that these tools have helped them reach a good starting point.**

> You could see that people were getting something out of seeing someone else describe a problem. There's a real benefit from sharing the load of everything rather than each of us holding bits of it individually.
>
> Clinical Effectiveness Coordinator