INTRODUCTION

We want to shed light on exactly how we transform services across the NHS through our Cycle of Transformation, assessing how our talented teams tackle everything from system-wide reconfigurations through to smaller unique projects. We hope that this will illustrate the commitment, passion and innovation at the heart of our organisation and demonstrate how we undertake work to achieve the outcomes our clients desire.

In this issue, we will take a closer look at clinical redesign and engagement, focusing on the key considerations and what best practice looks like.

Our expert team has vast experience and expertise to go forward from the design stage to develop options appraisals to inform robust decision-making processes, aiding clinical redesign.
Our work in the NHS is enriched through our partnership with the Strategy Unit, with whom we worked to undertake a number of key transformation programmes.
WHAT IS CLINICAL REDESIGN?
In its most basic form, clinical redesign is the enhancement of services. The word “enhance” suggests improvement; building on positive changes that have already been made. Clinical redesign provides the opportunity to streamline healthcare services to significantly improve the patient care journey by ensuring people are treated by the right person, in the right place, at the right time. To do this, it is imperative that clinical processes are evaluated through engaging staff and supporting new ways of working in order to drive efficiency and patient experience.

WHAT MAKES IT SUCCESSFUL?
Making sure that a range of staff and service users are involved from the get go is crucial. It is beneficial to seek their opinions from the design stage right through to implementation, creating a continual loop of feedback from those working in the service who are experiencing it and are affected by it. These stakeholders need to know how the change affects them directly, or at least, have access to this information. This can be achieved by holding workshops, taking surveys, speaking at team meetings, updating via social media, deploying ‘chatty vans’ on the hospital premises and through all-staff bulletins.

Get out there and experience the service for yourself. A surprisingly apt element of making clinical redesign and models of care successful is really getting into the detail of the particular service you are redesigning. It’s about addressing the smallest of concerns held by a nurse on that ward, or talking to a patient who is there each week, all year round. This attention to detail and open dialogue with those who live and breathe the service will give you invaluable insight into what the transformation needs to be to make it work for everyone.

Support of clinical and managerial staff is vital and helps to ensure information is accurately disseminated to teams. Leaders need to be actively involved in any transformation programme to ensure they are prepped to answer any questions, as well as promote positive attitudes towards the potential change. It’s equally important that the patient voice is heard too, allowing individuals to feel valued, while putting provision in place to manage difficult conversations effectively. Being able to understand the transformational needs from the patient’s perspective is key to help making their pathways improved.

Understanding historical context around a project and the level of public awareness. Managing this requires an extra layer of consideration to build relationships and trust, such as one-to-one conversations or public meetings. However, the conversations need to be dynamic in nature to reflect the fact that change is imminent.

Identifying and promoting quick wins that can be enacted without governance and have little impact on finance, but can contribute to the greater cause. Implementing efficient and seamless changes also gives a flavour of future improvement, which can increase support.

WHAT ARE THE MAIN CONSIDERATIONS OF CLINICAL REDESIGN?
• Improving pathways for patients – how one part of the journey leads into the next
• Ensuring a good quality of care – alignment to national and local clinical standards
• Clear communication about future changes and how they will be impacted
• To help reduce length of stay (time in hospital) and wait times by improving links with community services
• Ensuring the appropriate location and access to services (such as car parking)
• Promoting a positive culture and consideration for the impact upon the workforce
• Considering a legacy element to sustain the change
• Enlisting buy-in from clinicians to make sure the detail is covered
Simply put, transformation is a process of profound and radical change that orients a service in a new direction, taking it to an entirely different level of effectiveness. Clinical redesign is about transforming clinical pathways, not just improving them.

When involved in transformation, leaders venture into the unknown; the end picture is unidentified, and a big leap is often taken. It’s crucial that clinicians are supported in leading their teams through an open and transparent process of shared discovery to reach its conclusion.

Successful clinical redesign significantly improves the health of the population and the sustainability of a service, but it can only be achieved if it is both implementable and implemented, highlighting again that the model needs to be simultaneously ambitious and realistic.

The need to transform how we deliver services across integrated care systems and the scope of services included is becoming increasingly broad. Transformation programmes now touch services that impact on a higher number of patients and therefore a wider range of stakeholders must be involved in that journey to ensure all perspectives are heard and considered.

Clinical redesign can be complex and quite scary for clinicians, which is why we prioritise and nurture our relationship with the clinical team. We use a well-researched and thought-out approach to clinical redesign, taking teams from project initiation through to the development of a shared model of care.

A successful strategy begins with knowing your subject thoroughly. Our team take time to learn their subject matter and really drill down into the detail. We need to be able to objectively challenge current clinical thinking to drive the best ideas from them, looking at it through a clinician’s eyes.

When approaching clinical redesign, the programme needs to capture both the ‘hard’ and ‘soft’ aspects of a service. Clinically validated data is key to map out how a service is performing in an objective manner, however, understanding patient, carer and staff experiences are just as crucial to the process. I personally can advocate the benefits of spending time with the service to ‘feel it’. Clinical services are about people and their lives, which lie alongside other harder forms of intelligence. Both are important and should be considered as a whole.

We also must take time to look at the possibilities ahead, and not confine solutions just to the present day. Take the time to explore future innovations – a great example is Artificial Intelligence (AI), which is changing how we deliver care and workforce provision with desires rapidly evolving. Clinical redesign needs to adapt alongside this progress to keep up.

Crucially, at the NHS TU, we care passionately about the work we undertake, with a focus on providing the best transformative approach possible. The journey of clinical redesign will always have its challenges, but it is important to us that ultimately, the final outcome will make a difference.
CASE STUDY

WEST YORKSHIRE ASSOCIATION OF ACUTE TRUSTS (WYAAT): VASCULAR SERVICES CLINICAL SERVICE REDESIGN

The West Yorkshire Association of Acute Trusts (WYAAT) is a collaboration of acute NHS trusts which deliver hospital services in West Yorkshire and Harrogate. The provision of vascular services in West Yorkshire came under focus after a review was published by the Yorkshire and Humber Clinical Senate in February 2017.

CLINICAL REDESIGN AND ENGAGEMENT

As with any cross-organisational project, the strength and integrity of partnership working was crucial. The TU led an initial stakeholder engagement session to canvas the views of WYAAT’s chief executives, medical directors and clinical leads. From this, we extracted the core themes, key messages, drivers for change and redesign requirements that would shape the design and content of the first clinical summit.

Throughout the project, we provided evidence for our proposed recommendations, including analysis and guidance on: arterial centre selection and investment; approaches to risk and gain share; initial activity modelling and an implementation plan for WYAAT to take forward for delivering quick-wins and future development of the West Yorkshire Vascular Service.

Both WYAAT and the TU recognised this as a challenging and complex project, which would rely on fostering trust and confidence on both sides to succeed. By adopting this mind-set, we achieved rapid progress in the development of an initial clinical model and a series of short-term deliverables to make real improvements in patient care and set the foundation for continued improvement in the future. NHS England Specialised Commissioning were kept informed throughout, and have supported the work and proposals in full.

Thank you again for all your help and guidance. It has been a difficult, but actually, enjoyable process and the fact it has been enjoyable is in big part down to your collective approach and skills…it’s also been valuable learning from your experience.

Clinical lead, Mr Neeraj Bhasin, consultant vascular surgeon and associate medical director, Calderdale and Huddersfield NHS Foundation Trust
How can the TU help you, your patients and your community?

We are proud to work with organisations across the UK. If you would like to find out more about what we do, or you have an area of change you would like to discuss with a member of our team, please get in touch – we would love to hear from you.

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