From understanding Demand to enabling system transformation in a GP consortium

Elizabeth Reader, Darren Altus and Kristian Astrup Nielsen

An Outside-In Systems View

1. Who are 'the customers'?
2. What is the Purpose?

Stable but can evolve

3. What is the need and 'what matters'?

High degree of Variation

4. How well does the system meet 1 to 3?

An Outside-In Systems View

Purpose

Value Demand

“I need help with…”

“My need for help has changed…”

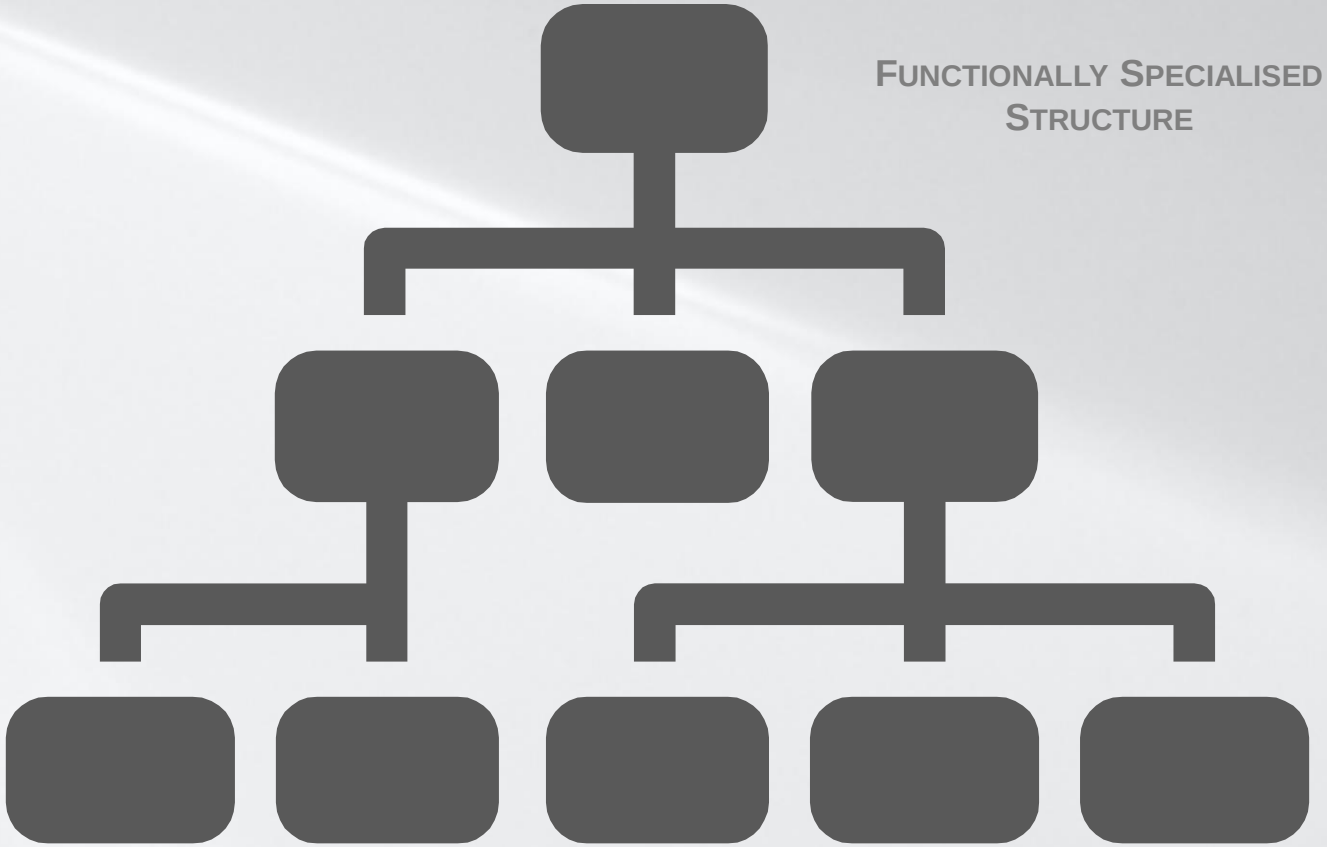
“My circumstances have changed…”

Conversion

C
U
S
T
O
M
E
R

Top-Down Hierarchy

Functionally Specialised Structure



Need and ‘what matters’

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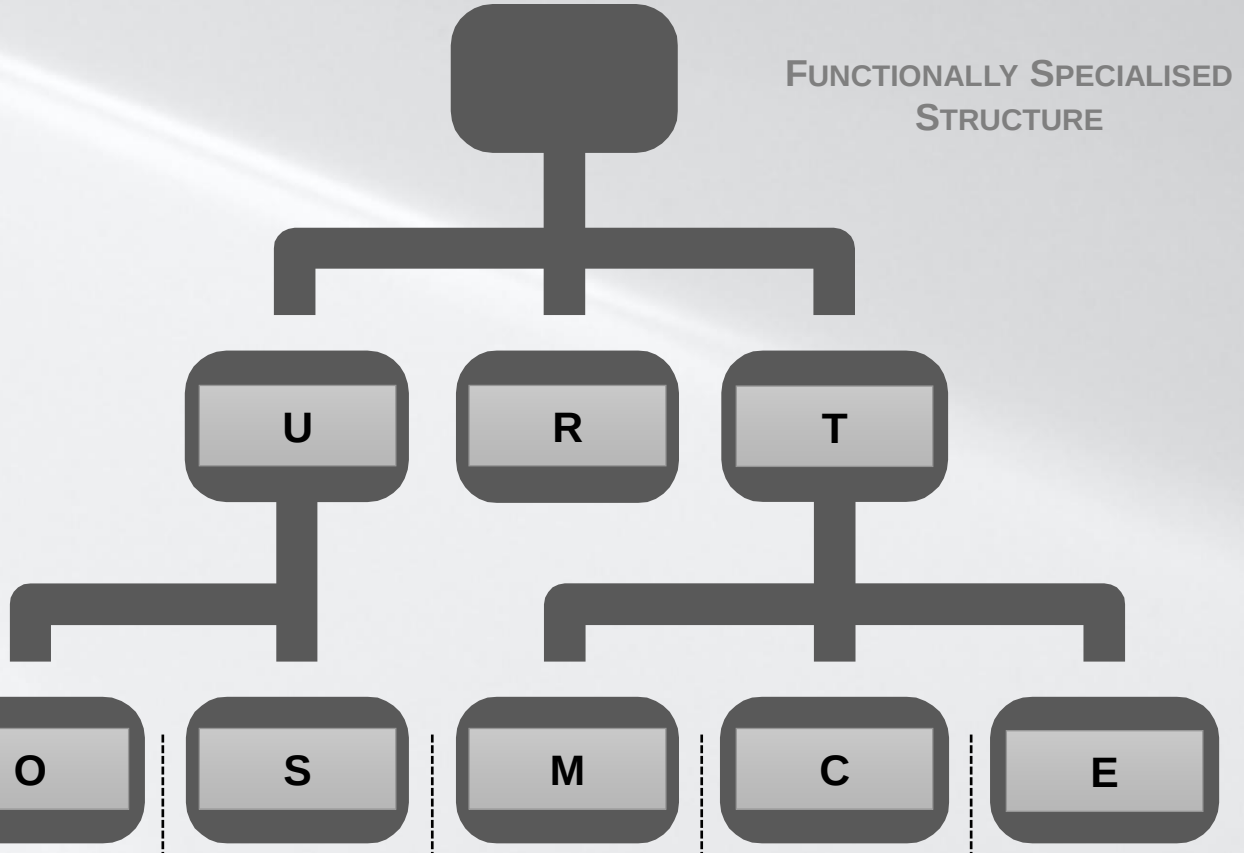

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"I need help with…"

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Need and 'what matters'

What does managers pay attention to?

- Achieve low costs through economies of scale
- Achieve efficiencies through standardisation
- Make people follow protocol and procedures
- Lead by KPIs, targets and reports
- Best practice, Pathways and Protocols
- Achieve Quality through Inspection

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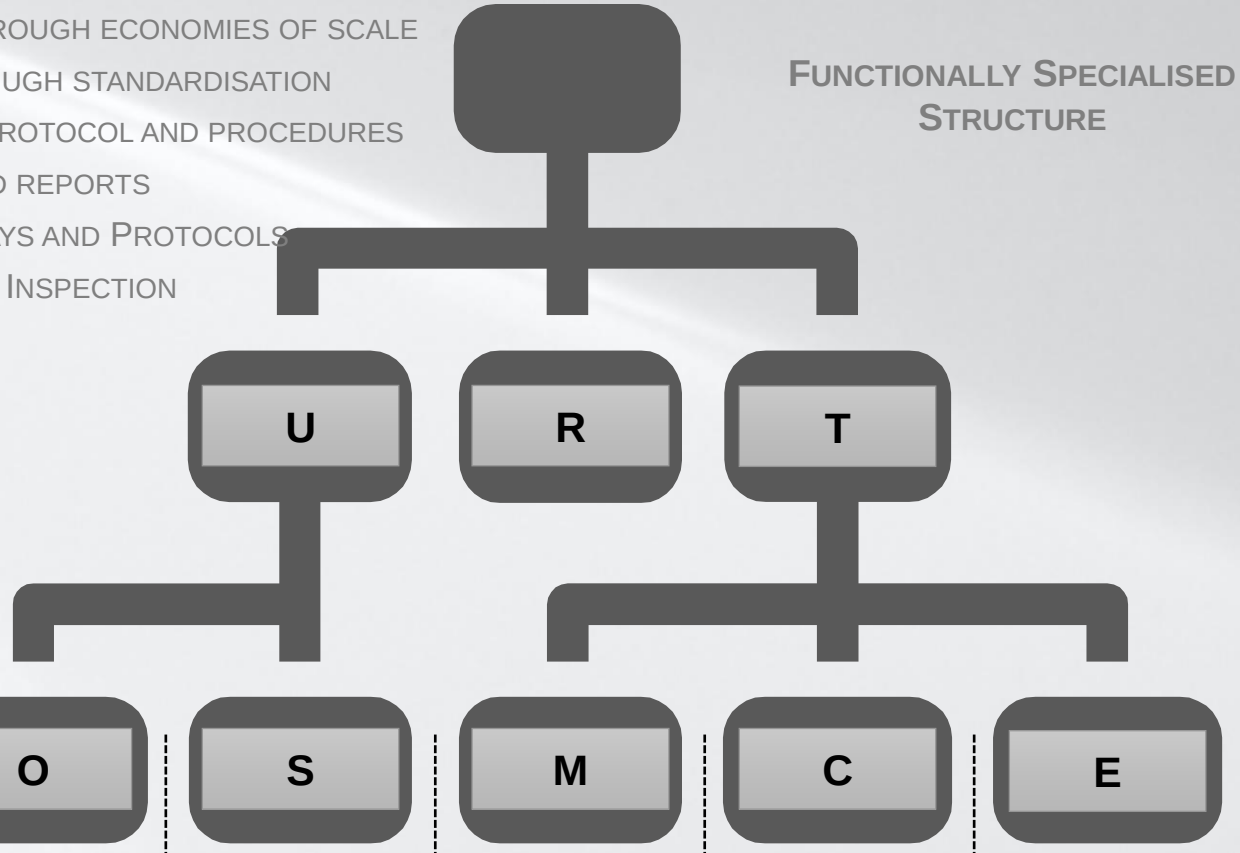

Protocols
Budget
IT Systems
Procedures
Targets/SLAs
Standards
Responsibilities
ETC.

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Need and 'what matters'

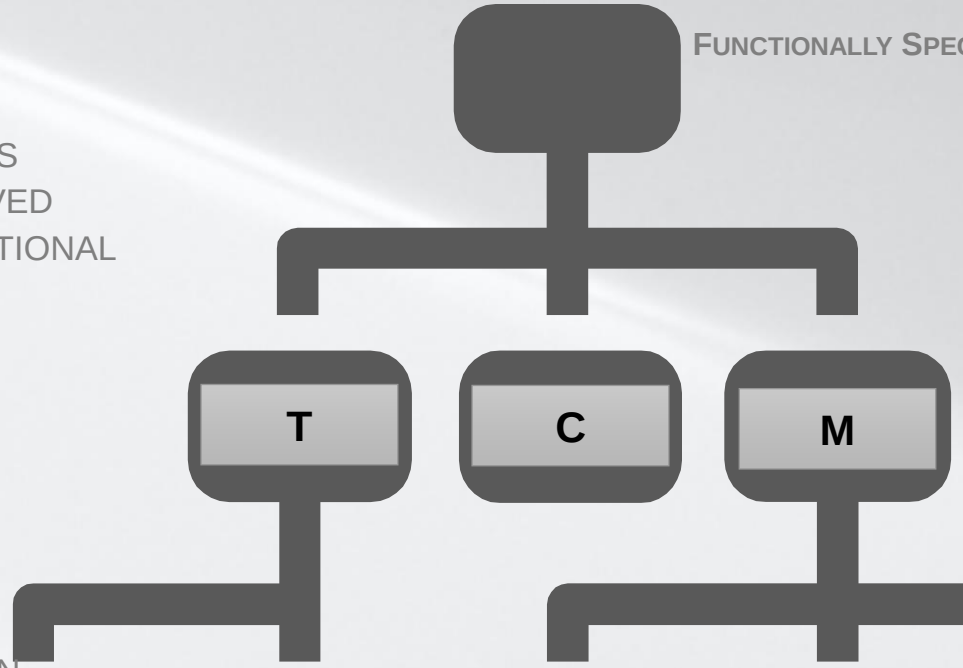
Long end-to-end times
Lots of people involved
Episodic and transactional
Duplication of work
Service
Lots of transactions

Consequences

Lots of referrals
Documentation lost
Wrong care provision
Miscommunication
No continuity

Top-Down Hierarchy

Functionally Specialised Structure



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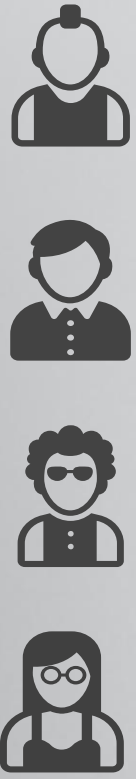
An Outside-In Systems View

Purpose

Failure Demand



"I need help with…"

"Why have you not helped me?"
"You did it the wrong…"
"My problem has got worse"

"My need for help has changed…"

"Why have I not heard from you?"
"It is not working…"
"I don't understand…"

"My circumstances have changed…"

"You still haven't corrected?"
"Where are my letters?"
" You got the wrong information"

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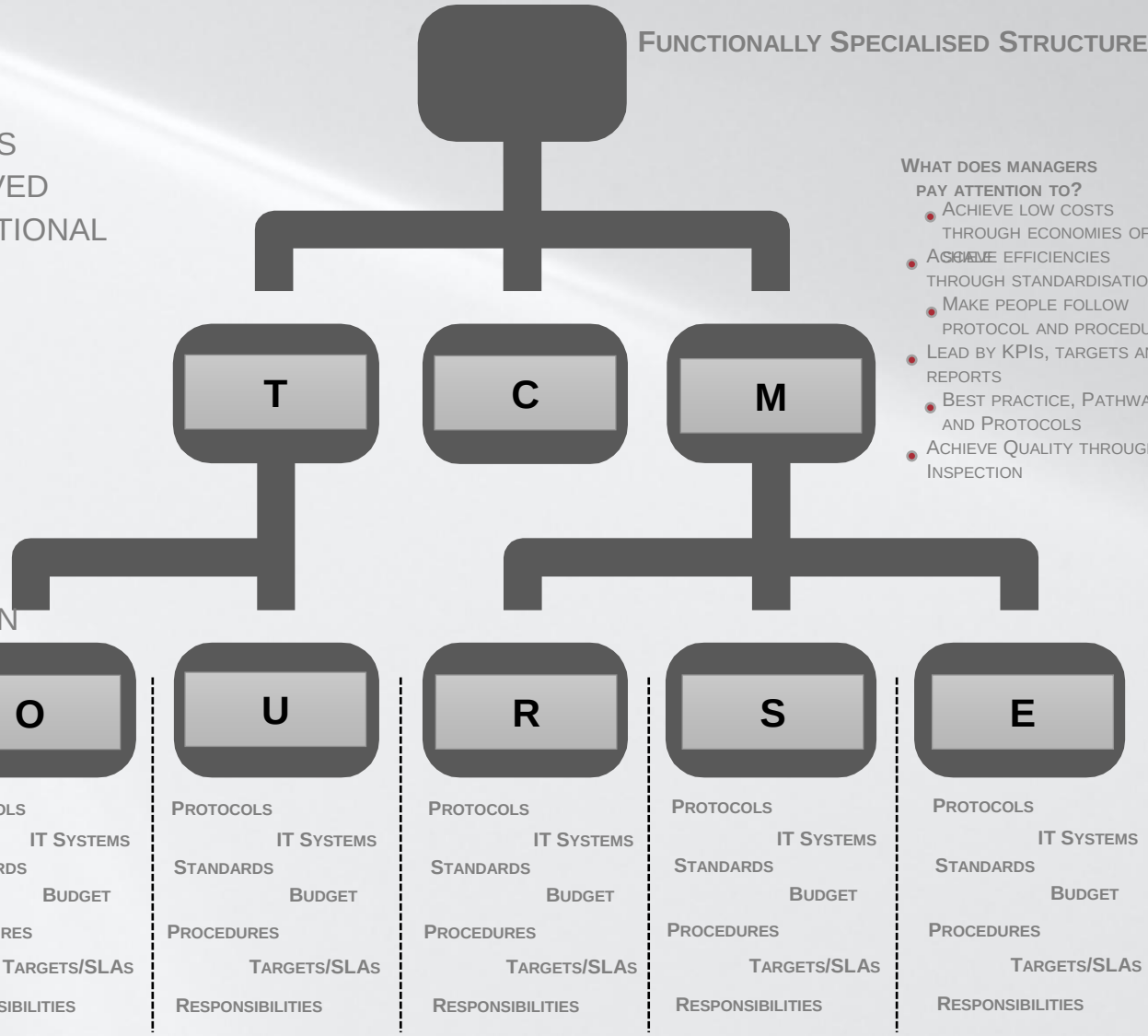
Need and 'what matters'

Typically between 40-70%

Top-Down Hierarchy

Functionally Specialised Structure



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Top-Down Hierarchy

Specialised Structure

Protocols
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Responsibilities

Patients sent from place to place to place

Episodic treatment

No continuity in care

Patients don't get the help, they need

Patients get worse

Backlogs increase

Waiting times increase

Lots of referrals, but not fixing problem

- **High Resource Consumption (Costs)**
- **Stressful work environment**
- **Poor Customer Experience**

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Understanding Demand

Typically
40-70%

Value demand

Demand related to purpose – what we exist to serve

Failure demand

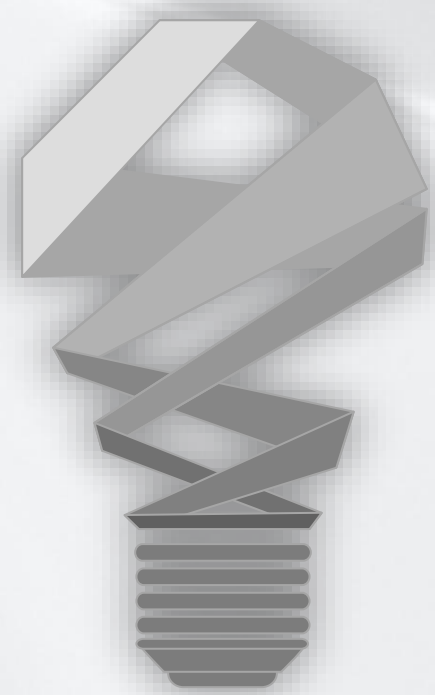
Demand caused by a failure to do something or do something right for a customer

Demand

The nature of demand in to an organisation is a symptom of how well the organisation as a system works from the customers' point of view

Eradicating Failure Demand

Failure Demand is caused by a failure of the system to do something or do something right for the customer.



Up to 70% of all demand in to service organisations is Failure Demand - consuming immense capacity.

Failure Demand is prevented by changing the systemic causes – leading to improved customer experience at lower cost to the system.

Could we work in a different way??

The **Vanguard Method** in Primary Care Services.

Liz Reader

Practice Care Co ordinator

Purpose

Provide me with a help which matches my life context, health situation and abilities, so that I can live a good life, die a good death

Individual Value

Need What Matters?

K2

VANGUARD

Understand the system from the person's perspective

Method

Purpose

Provide me with a help which matches my life context, health situation and abilities, so that I can live a good life, die a good death

Operational working principles:

1) A person's individual need and **'what matters'** to them determines what we do and how we do it, and
2) We proactively look after the people seamlessly and with a high degree of continuity.

Individual Value

Need What matters?

Value Demand

THE FLOW OF WORK

1. Understand	2. Conceive	3. Execute	4. Reflect
Understand Need and What Matters	Define the right care	Carry out the care in relation to the plan	Did we match need and what matters?

Project with only 3 rules:

Do No Harm

Don’t Change IT Yet.

Don’t Break the Law

New Referral – David 65 year old diabetic.

Aggressive

Non compliant

Poor sight

Rude

Smoker

David: HbA1C Levels:

- March 2019 – 139
- August 2019 – 73

Diabetic specialist nurse involved.

- October 2019 – 108 — Discharged to self care.
- January 2020 – 154 — Pharmacy review. Stopped taking medication in November 2019
- June 2020 – 185 — Refused to engage with DSN.
- October 2020 – 167
- April 2021 – 108 — My initial visit to find out what mattered to David.
- August 2021 – 57
- November 2021 – 47
- November 2022 – 51
- May 2023 - 47

Kathleen – New referral COPD

Ambulances:

21.11.22 - Leicester

27.11.22 – Nottingham

02.02.23 16:21 – Grantham

17.02.23 09:20 – Grantham

01.03.23 09:14 – Grantham

03.04.23 08:55 – Boston

09.05.23 08:52 – Lincoln

02.06.23 05:33 – Lincoln

9 Ambulances
9 Admissions
in 8 Months.

General Themes

Understanding the person is the critical factor.

Trust is key to change.

Continuity is crucial.

Lots of resources and specialist interventions have been used.
In many cases to little effect.

Non-clinical interventions made the difference.

Different organisational processes and policies can cause tension.

Criteria based systems are difficult to work with.

The solutions that were put in place were not sophisticated.

Intervention Effect Analysis

22 people

2–12-month intervention period

Average period 5.8 months

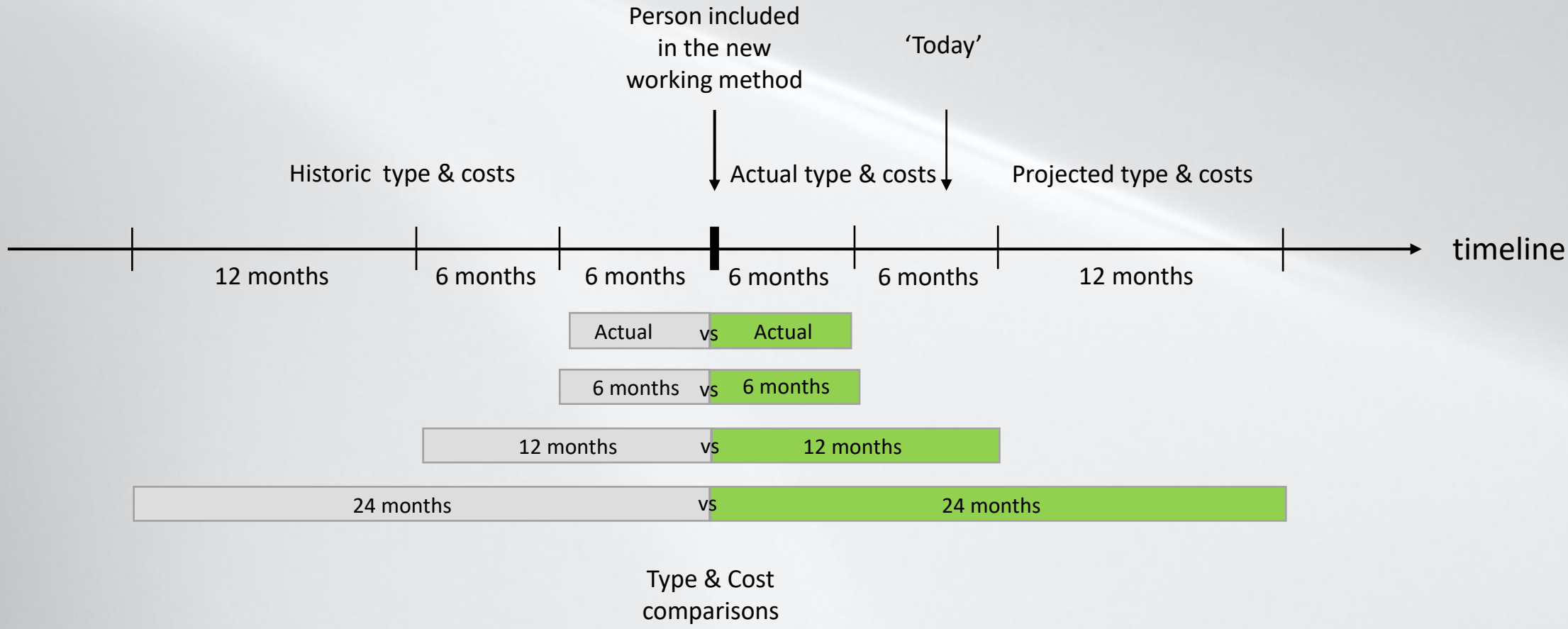
Intervention Effect Analysis

Costs applied in the analysis:

• A&E visits	£154/visit
• Ambulance services	£300/call out
• Hospital stays	£3311/stay
• NHS 111 calls	£35/call
• Out of hours service	£75/use
• Specialist service use	£100/use

*hospital stays based on Non-Elective Admission not extended bed days count

** not included social care costs, GP cost, additional specialist services, new costs such as new entry into care home are not calculated nor subsequent reductions in care package, benefits and allowances.


Person included in the new working method
'Today'
Historic type & costs
Actual type & costs
Projected type & costs
timeline
12 months
6 months
6 months
6 months
6 months
12 months
Actual
vs
Actual
6 months
vs
6 months
12 months
vs
12 months
24 months
vs
24 months
Type & Cost comparisons

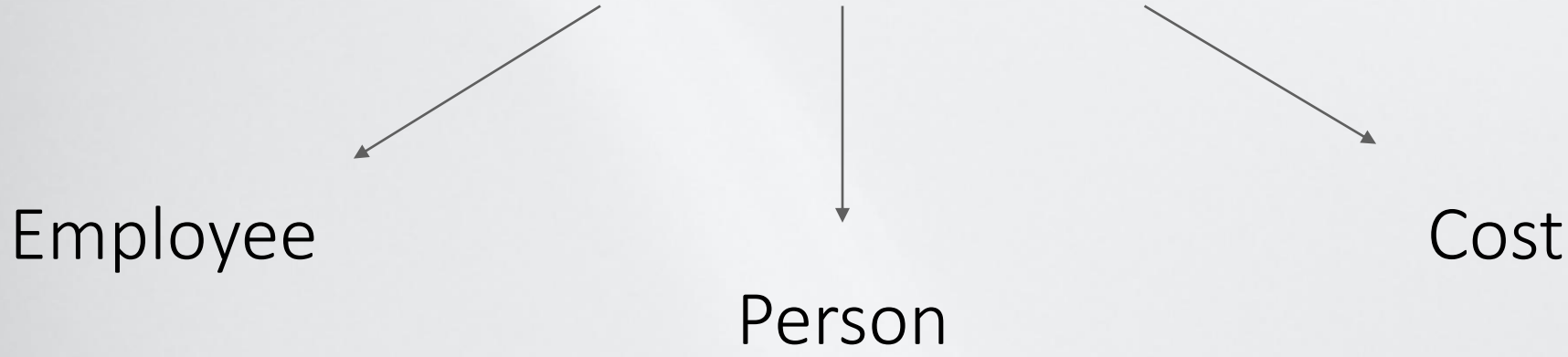
Intervention Effect Analysis – Projected savings

Data sample – 22 people

	Historic vs Projected costs			
	Actual savings	6 month savings	12 month savings	24 month savings
A&E	26	35	50	74
Ambulance Service	47	43	63	79
Hospital Discharge	28	33	52	105
NHS 111 Service	43	38	75	61
Out of Hours	5	-3	-3	-78
Specialist Services	27	32	68	39
A&E	£ 4,055.33	£ 5,411.00	£ 7,707.00	£ 11,410.00
Ambulance Service	£ 15,622.60	£ 14,327.85	£ 21,005.52	£ 26,601.03
Hospital Discharge	£ 91,965.15	£ 109,263.00	£ 172,974.67	£ 349,260.33
NHS 111 Service	£ 1,511.96	£ 1,343.79	£ 2,614.40	£ 2,148.79
Out of Hours	£ 347.60	£ (250.11)	£ (219.77)	£ (5,839.55)
Specialist Services	£ 2,687.82	£ 3,179.09	£ 6,831.52	£ 3,863.03
Total	£ 116,190.45	£ 133,274.61	£ 210,913.33	£ 387,443.64

Projected savings	6 months	12 months	24 months
	77%	**75%**	**71%**

Overall conclusions on the Experiment



Next Steps

Roll-out – ‘here is the answer, now do it’

Roll-in – ‘learning experience that involves studying the system from the person’s perspective and applying the method in individual practices’

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Kristian Astrup Nielsen: kristian@vanguardconsult.co.uk
Elizabeth Reader: elizabeth.reader@nhs.net
Darren Altus: darren.altus@nhs.net