

Developing Lean Pathways in the NHS

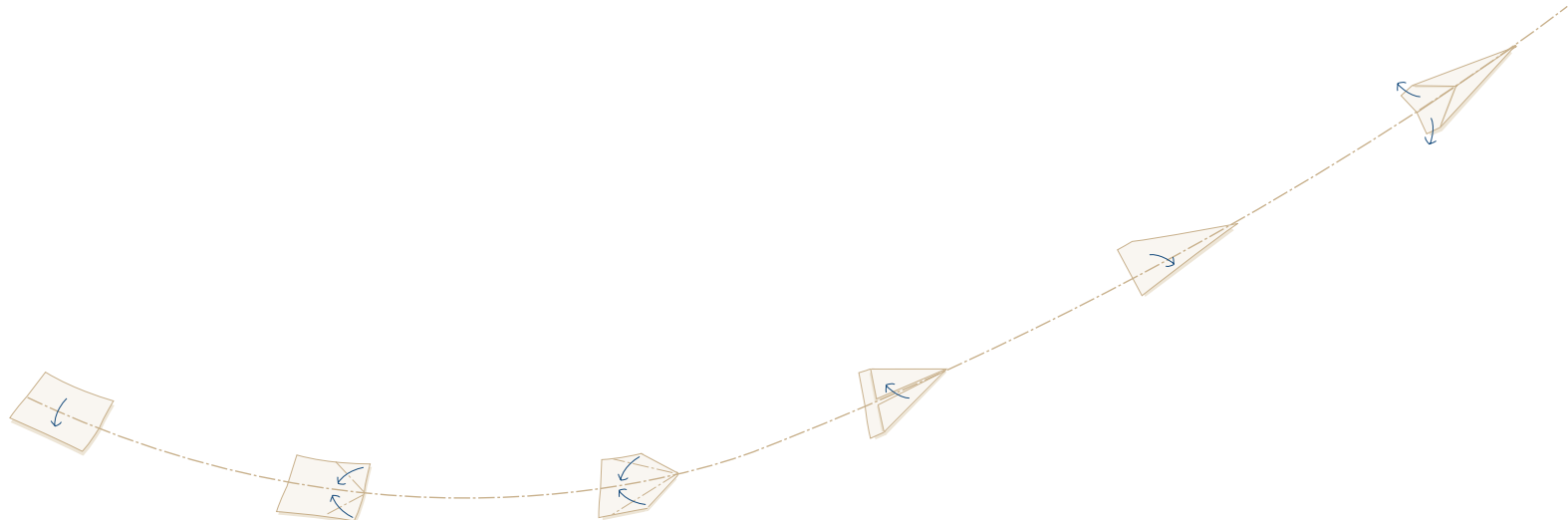
It's a strange drug, alcohol. It is more usually associated with stories of football, jokes and other such conviviality. However, it affects people in different ways and one of the Ad Esse Consultants was recently having a beer with a (now retired) PCT Chair and his thoughts began to turn to Lean patient pathways. Five or so years ago the language and experience of patient pathways was still comparatively rare but is now everywhere.

- The Darzi Report notes that:

By Spring 2009, each PCT will publish its strategic plan, setting out a five year plan for improving the health of people locally. These plans will put into practice the evidence-based pathways of care at the heart of each region's vision. They will show a strong emphasis on partnership working between PCT's, local authorities and other partners (public, private and third sector – including social enterprise) to ensure that local health and wellbeing needs are better understood and addressed

- World Class Commissioning talks about "commissioning for improved outcomes", the first of which is "clinical and care outcomesfor example clinically effective care pathways
- The Department of Health Business Plan for 2008-09 looks at the wider role of pathways across Health and Social Care as part of the findings and recommendations of the Efficiency Leadership Group
- A quick search of Google even shows that the NHS Pathways Project was being discussed in Parliament in July of last year

There is no doubt that looking at patient pathways and developing better standards for them over the past few years has improved the patient experience, helped to deliver waiting times targets, and given us a better perspective on how to better manage patient care.



AND YET.....

A quick survey of relatives, friends and colleagues shows that our experience is still that care can often be provided in a non-systematic way. It can be as much a result of the heroics of individual carers in the face of a health and social care bureaucracy as it is the result of optimised systems. We use a simple grid (shown below) for looking at the sophistication of systems for providing of health and social care.

Process Health Level	Process Characteristics
5: Optimised	The process is continuously improved, based on business requirements. It is agile and innovative. Common causes of variation are understood and reduced. The effects of improvement activities are measured and compared with process improvement objectives.
4: Quantitatively Managed	The process (and its sub-processes) is controlled using statistical and quantitative methods. Performance targets exist. Causes of variation are understood. Special causes are removed, to prevent future problems. Performance is predictable.
3: Defined	The process is defined, mapped and managed proactively, to achieve agreed customer and stakeholder requirements. Performance is stable.
2: Managed	The process is "project managed", when needed, to achieve defined results on a case-by-case basis.
1: Initial	The process is ad hoc and (sometimes) chaotic. It is managed by heroics. Good performance is not understood and, therefore, is not repeatable.

It is clear from the extracts at the start of this article that there is, at the highest levels, an understanding – even a demand - that service provision should be agile, innovative and continuously improved on the basis of diagnostic analysis and review. As experienced Lean Consultants, we know that this is a pre-requisite of robust implementation of pathway management (whether in the NHS or elsewhere). But we still have the sense of ‘And yet our personal experience is that this is not always the case on the ground....’

Consequently, we put our minds to looking at why this should be so and pulled in our experience of implementing Lean pathways across a range of public sector organisations to consider our experiences of health and social care in more detail. Redesign of Pathways is an area Ad Esse excels in. Many organisations looking to implement Lean constantly muddle processes, value streams and pathways and leave staff confused as to the distinction. This is due to the fact that Lean grew out of manufacturing, where inanimate objects pass through value streams which are a higher level view of shop floor/operator processes. The challenge in applying Lean to complex organisations such as health, lies in defining this hierarchy in a way which:

- Recognises the differing needs of very diverse customer/patient groups accessing wide ranging products and services through a variety of channels
- Links these care pathways to value streams which often span several departments and increasingly, multiple external partners
- Ensures processes are defined at an appropriate level. If they are analysed at too high a level they become meaningless, too low a level and they can take years to map or may optimise one function’s work over another. Understanding the end to end value stream and where waste occurs in the value stream is key to optimising efficiency
- Ensures that the impact of change in one part of the organisation does not have an adverse impact elsewhere in the care system.

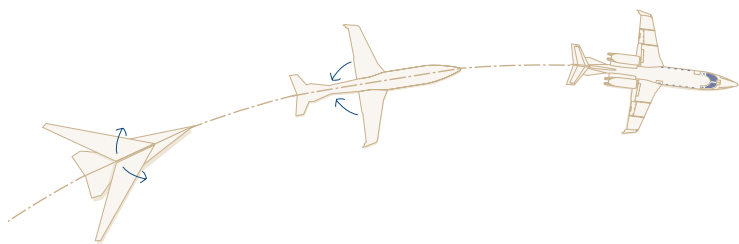
Our work is increasingly leading us to examine processes which cut across several different organisations working in partnership to deliver services to the same client group. This work has given us unique insight into combining traditional process and value stream mapping of internal processes with the analysis of the pathways which patients/customers navigate through and which can often cut across multiple value streams.

We have therefore developed and used an approach which recognises these challenges by defining:

- High level patient/customer pathways
- End to end value streams
- Process flowcharts/maps

By working on the processes for the staff on the ground, and **WITH** the staff on the ground, we make the pathway experience real. This ensures that the individual elements of patient pathways are implemented as expected. Staff on the ground see them as real to their working practices on a routine basis. Pathways are no longer a high level strategic or commissioning priority which bears no relevance to the clerk who sends a letter, the carer in the residential home, the nurse in A&E or the surgeon in the operating theatre. They are part of the way service is delivered day to day. By working on the process steps, we improve the value streams and thereby consistently implement the pathways which deliver the enhanced patient experience as expected by the NHS Strategy documents at the start of this article.

It sounds simple – and conceptually it is. However, as we regularly say, implementing Lean pathways is simple, but not necessarily easy. Developing Lean pathways in the NHS is about nothing less than blending Lean into everyday practice in health and social care so that we are working with optimised processes in an environment of continuous improvement.



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