



# Optimising ophthalmology outpatients

Leeds Teaching Hospitals NHS Trust



#### **Introduction:**

#### 100 million outpatients

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The NHS treats over one million patients every 36 hours and provides over 100 million outpatient appointments each year; a figure that is increasing steadily, as demand for services increases. Managing this volume of patients is a huge challenge, at both a national and trust level, particularly with patient expectations also increasing over time.

That said, national Friends and Family Test results are extremely encouraging, with 94% of patients recommending outpatient care to their loved ones. However, complaints following outpatient appointments are still notably high, and usually a result of either long waits in clinic or poor communication from staff.

Both of these issues have been noted in the Ophthalmology Clinic at Leeds Teaching Hospitals NHS Trust, a busy clinic at St James's University Hospital that sees over 200 patients a day.

Given this volume of patients, the Trust felt there was a significant opportunity to improve the experience of thousands of patients every month, and by working in partnership with the Virginia Mason Institute and NHS Improvement they are doing exactly that.

This is part of the improvement work at Leeds to develop the Leeds Improvement Method. This involves taking the learning from the world-renowned Virginia Mason Institute and combining it with the local vision and values of the Trust known as The Leeds Way, to create a standardised and patient-centred approach to continuous improvement that staff at all levels across the organisation can use to help improve services for patients.

#### **Objective:**

### improving the experience of patients and staff

In order to improve the overall experience of patients, the Trust aimed to deliver two key aims:

**Reduce waiting times:** ensuring patients are seen promptly in outpatient clinics

2 Improve communications: ensuring patients are kept informed every step of the way

In doing so, the Trust also wanted to improve the experience of staff, enabling them to work in a more streamlined and organised environment.

By working in partnership with the Virginia Mason Institute and NHS Improvement, learning and adopting proven methods and techniques for quality improvement, the team had the ideal platform to improve the experience of staff and patients alike.



### **Key challenges:** finding time to talk

The most significant challenge for the Ophthalmology Team was finding the time to take a step back, look at the problems that existed and discuss the potential solutions. The team sees around 200 patients every day, in both a planned and acute setting, and it has been incredibly difficult for them to find dedicated time to look at things objectively, especially when a large percentage of the team are required to contribute.

In addition, it has been a real challenge to identify where to begin. Like with all complex healthcare environments, there are a huge number of interrelated factors in play at any one time, and identifying those that are most significant has been very difficult. In line with this, having external eyes to look at the whole picture impartially has been very beneficial.

"It's also been really helpful to have the tools and techniques in place to do this properly, and approach the whole task in a systematic way. The entire team is committed to getting this right, and having the correct tools gives us the best possible chance of success. It's also important that we get the culture in the team right, and the way we have worked through the process has also helped us to develop that."

#### **Mr Simon Kolb**

**Consultant Opthalmologist** 

### Learning from patients: ensuring their voice is heard

"I was admitted to the hospital a while ago and I had an unhappy administrative experience. But rather than just moan about it, I thought I'd see how I could improve it.

"Patients were turning up and having to wait far too long, and not really knowing what was going to happen to them.

"I worked with the team for the best part of a week, and helped with the taking about the existing processes and looking at how we could improve it."

#### **Jeff Roberts**

**Patient Partner** 

# The process: going an inch wide and a mile deep

By partnering with the Virginia Mason Institute and NHS Improvement the Trust were able to deliver a 'Rapid Improvement Process' was included the following stages:

#### **Preparation**

- The Trust Executive Team agreed the area of work and allocated a dedicated executive team member to be the Executive Sponsor.
- A Value Stream Sponsor Team (VSST) was also identified from within the service area comprised of clinical and non-clinical leaders who were key to driving this work forward.

#### **Sponsor Development Day**

- A group of people that represented all the roles within the value stream came together for the Sponsor Development Day. As a result of this day the group gained a shared understanding of the current position and agreed a shared vision for the future.
- The group also identified key areas where improvements were likely to have the biggest impact on patient experience.
  These areas then formed the focus of the Rapid Process Improvement Workshops (RPIWs).

• The group deliberately selected areas that could be looked at in depth, focusing 'an inch wide and a mile deep' to maximise improvement, rather than the other way around.

#### **Rapid Process Improvement Workshop**

- Six weeks before the workshop, a series of structured meetings were held to understand and analyse what is happening within the areas of focus, gather the right multidisciplinary team together (with no hierarchy), and set the improvement targets.
- The RPIW was then carried out. This is a dedicated week-long session during which those involved do not need to focus on anything else, and instead can concentrate exclusively on brainstorming, testing, measuring and refining ideas for improvement.
- At the end of the week, the whole organisation was invited to hear the 'Report Out' and the highlights and challenges the team faced.
- After the RPIW week, the team committed to further develop and refine their ideas over 30, 60 and 90 days with regular 'report outs' afterwards, with a focus on embedding (first 30 days) sustaining (first 60 days) and spreading improvements (first 90 days).

#### Working with Virginia Mason Institute and NHS Improvement

Virginia Mason Institute is working with five NHS trusts over five years to support an accelerated transformation in quality:

- Barking, Havering and Redbridge University Hospitals NHS Trust
- Leeds Teaching Hospitals NHS Trust
- Surrey and Sussex Healthcare NHS Trust
- The Shrewsbury and Telford Hospital NHS Trust
- University Hospitals Coventry and Warwickshire NHS Trust.

Each trust has selected a number of 'value streams' to work on through this partnership, which are areas of interest they believe they can make significant gains in for the benefit of patients and staff.

The programme involves intensive support with a range of coaching and mentoring for leaders and staff across each trust in how Virginia Mason Institute has applied lean management successfully in a healthcare setting.

Formal training and certification in lean methodology and access to licensed materials provide the trusts with the opportunity to bring about sustainable and lasting culture change.

For further information, please visit: improvement.nhs.uk/resources/virginia-mason-institute

#### What made this process different?

"Firstly, it tackled our chronic lack of time by giving us no choice but to sit down and focus on improving the service.

"It also removed a sense of hierarchy, or top down management, by putting staff from all levels and backgrounds in the room together. It threw up some really interesting and innovative ideas and also brought the team closer, giving the whole group a sense of ownership.

"The tools and structure were also really helpful, but it's the change of mindset that really made a difference. Working with the Virginia Mason Institute made us focus on the key issues, rather than trying to cover everything in one go. It also made us look at the simple solutions first, rather than automatically going for the huge ones.

"We were also joined by a patient partner, Geoff, who kept us completely focused on the needs of the patient at all times. It was really refreshing to have him there, and he made us realise that despite our best intentions it can be really easy to sway towards what we think the patient would want, rather than what they actually do; I'd like to think people like Geoff will be involved in all of our improvement work going forward because he made a big difference."

#### **Nick Holding**

Senior Specialist and Value Stream Lead, SaTH

# Improvements: making practical changes

As a result of the process, a wide range of practical improvements have been made, including:



#### **Clinic Preparation**

A change to the way clinics are prepared means most of the preparation is now done the night before, requiring just 15 minutes of work on the day. In addition, staff now prepare the Nurse Review Clinic before the Consultant Clinics, which enables it to always be ready to start on time.



#### **Clinic Organisation**

Improvements to the way the clinics are organised and run have also made them more streamlined. Clearer roles, responsibilities and processes for each staff member have reduced staff interruptions during the clinic, which means they are more likely to continue running on time.



### **Clear Process for Organising Supplies**

There are also new processes for organising supplies for the clinic, and visual cues are now in place for restocking in flow. This ensures supplies are maintained at the right level, and that staff always have what they need on hand, rather than having to waste time searching for and reordering items.



#### **Communication with Patients**

Staff are improving the way they engage with patients by proactively providing them with information about waiting times, and keeping them informed as things develop. This is supported by visual cues in the waiting areas.



### Outcomes: clinics running on time

The waiting times for the First Nurse Review Clinic have reduced by over 50% since these improvements have been put in place, meaning many more patients are being seen on time. This has resulted from two key factors:

More clinics start on time 100% of clinics now start on time as a result of the improvements, giving patients the best possible chance of being seen on time.

### Clinic interruptions have been minimised

A major cause of the clinics falling further behind was the number of times staff were being interrupted during clinics. **This has now reduced by 66%.** 

As a result of the First Nurse Review Clinic running on time much more often, subsequent appointments with the Consultant have also been running to time. As well as being beneficial for the patients, the consultants have also been able to maximise the impact of their time in clinic. As a result, a number of other consultants have asked to adopt the approach for their clinics.



# Benefits: improving the lives of patients

The major benefit for patients is that they are being seen on time more often, improving their overall experience by reducing the stress of sitting in a waiting room for an extended period of time.

Where it is not always possible to see a patient on time, they are at least now kept informed of the potential waiting length and the reason for it, eliminating the anxiety associated with being left without any information.

# Benefits: improving the lives of staff



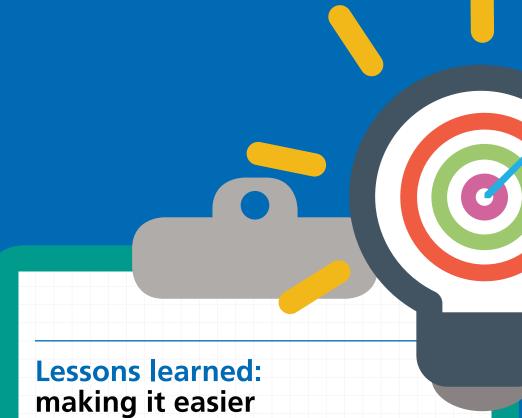


"Apart from anything else, staff now have a clearer understanding of their roles and responsibilities. This has also made processes a lot clearer, which has in turn helped to alleviate the pressure on them and enabled them to deliver what is really important for patients.

"Staff also have a better understanding of just how valuable they are to the overall process, and that any ideas they have to improve things will be welcomed and taken on board, just as they have been here.

"I think both of these factors have contributed to better communication amongst staff in the area, which both improves morale in the department and has a positive knock-on effect for patients too."

Jimmy Parvin KPO Specialist



"One of the biggest lessons we have learned is that it is the staff doing the work that are likely to have the best ideas. They have a wealth of experience and expertise that has perhaps been overlooked in the past, and the only way to make sustainable change is to guarantee it works for those on the shop floor, and there is no better way to do that than by asking them.

"By doing it that way, we are essentially tapping into a pool of experts that we never really appreciated we had. This has enabled us to make meaningful improvements without the need for extra staff or resources, proving that we can do more with the same.

"Another key thing we've learned is that ideas for improvement don't have to be perfect before we start testing them. In fact, it's often through the testing and refinement of initial ideas that we've got to the best solutions; effectively learning by doing. In a similar vein, the best ideas are often the simplest ones, and they don't have to be ground-breaking to have a major impact on patient care."

**Karen Ledgard** 

**Head of Nursing, Outpatients** 

for others



#### **Further information**

If you would like to found out more about the improvements made at Leeds Teaching Hospitals NHS Trust please contact:

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For general enquiries about the partnership with the Virginia Mason Institute, please contact:

**NHS Improvement** 

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