Whole System Patient Flow Improvement Programme

2020 Vision and the Quality Strategy

The Scottish Government’s 2020 Vision is that by 2020 everyone is able to live longer, healthier lives at home, or in a homely setting, and that we will have a healthcare system where:

- We have integrated health and social care.
- There is a focus on prevention, anticipation and supported self-management.
- If hospital treatment is required, and cannot be provided in a community setting, then day case treatment will be the norm.
- Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions.
- There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

The 2020 Vision provides the strategic narrative and context for taking forward the implementation of the Quality Strategy to deliver safe, person-centred and effective health care, and the required actions to improve efficiency and achieve financial sustainability.
Right care, right time, right place, right team, every time

The Whole System Patient Flow Improvement Programme will:

- Adopt a whole systems approach to patient flow, designed to ensure patients receive the right care, at the right time, in the right place, by the right team.

- Promote the bringing together of both elective and unscheduled work streams to support a whole system approach.

- Reduce artificial variation in health care.

- Aim to develop a culture of sharing and continuous improvement across NHSScotland.
Whole System Patient Flow Improvement Programme

The Whole System Patient Flow Improvement Programme is one of the workstreams within the Scottish Government’s Quality and Efficiency Support Team (QuEST). The team applies Quality Improvement Science to Performance Challenges.

The Quality and Efficiency Support Team

- Efficiency and Productivity Portfolio Office
- Outpatients, Primary and Community Care
- Cancer Performance Support
- Mental Health
- Whole System Patient Flow
- Prescribing
- Procurement
- HR Shared Services
- Facilities Shared Services
- Performance Support
- QuEST

What is Patient Flow?

Good patient flow places the patient on the optimal patient pathway for their needs and contributes to safe, person-centred and effective care. It also eliminates or reduces inefficiencies.

Right care, right time, right place, right team, every time

Poor patient flow means reduced quality which may result in patients:

- waiting for treatment;
- being on a sub-optimal pathway – possibly not as effective or perhaps longer;
- not receiving all the care they need; and
- being delayed once their treatment is complete.
Poor Patient Flow – the Patients’ Perspective

I phoned my Consultant for my scan results but was told they had not received them yet but will go looking for them. About an hour later the Consultant phoned my work to say there were abnormalities shown and I had to be admitted immediately.

My son Mathew is severely disabled and fed by a jejunostomy tube ... the tube became displaced; however they would not be able to redo the procedure outside working hours. Hence, with a bank holiday, we were told that Mathew would have to wait three-and-a-half days before having his tube reinserted ... this meant that he was deprived of food from Friday afternoon to Monday lunchtime. My concern is the lack of system organisation to manage children like Mathew at weekends and particularly bank holidays. The focus is on the system and not the needs of the patient.

https://www.patientopinion.org.uk/services/nhs-scotland
Good Patient Flow – the Patients’ Perspective

The medics had me wired up to a drip, a nebuliser and monitors in moments. Everyone in the team reassured me and made me feel as comfortable as possible during what was a frightening and unpleasant episode. Aftercare advice was helpful and follow-up communication with my GP worked efficiently. I can’t thank you kind, reassuring, professional and highly-skilled people enough. I know how lucky I am to have access to this quality of care. NHS at its best.

I put my dad in the car & dashed to the hospital where he was seen within minutes. The team diagnosed a heart attack & the medical team were in the process of treating him and requesting an air ambulance to lift him to B. The nurse caring for my dad was kind & reassuring, whilst busily attending to all of my dad’s needs. The paramedic crew who arrived to transfer my dad to the helicopter were professional & reassuring & explained where we needed to go. They quickly transferred my dad into the helicopter. When we arrived at B we found my dad in the coronary care unit, he had already had his coronary angioplasty and was recovering well. The following day, dad had improved considerably & given the acute nature of their unit they explained that he would need transferring to another hospital for the remainder of his care. The care my dad & my family received during dad’s admission was incredible. He was professionally and expertly cared for by both doctors and nurses and we are eternally grateful for everything everyone did for him.
Our Approach to Change

Our approach is intended to be flexible and responsive to the service pressures, priorities and opportunities faced by NHSScotland.

It is based on the well-established model set out by the social psychologist, Kurt Lewin, over 60 years ago, requiring three steps to ensure effective change and improvement:

- Preparing to change – ‘unfreezing’ or ‘diagnostics’, including analysis of data, systems and processes, expert opinion and listening to patients and staff.

- Making changes – ‘moving’ or ‘treatment’, typically through ‘tests of change’ co-produced with staff and patients.

- Consolidating and embedding those changes – ‘re-freezing’ or ‘rehabilitation’ including elements of monitoring and evaluation.

However, we recognise that you may be familiar with other approaches including The 3-Step Improvement Framework for Scotland’s Public Services available at:

Our Principles

Our principles are those of QuEST which recognise the priorities and pressures of service delivery.

- Reduce unwarranted variation, waste and harm
- Co-production, collaboration and partnership
- Spread and sustainability
- Safe, effective and person-centred
- Information and intelligence
- Value and sustainability
- Empowering workplace culture
- Innovation
- Clinical decision making
- Whole system approach
- Principles

Clinical decision making
Current Priorities

We recognise all these programmes have a bearing on flow however those within the pyramid are specifically related to the Whole System Patient Flow Improvement Programme.

Influencing Patient Flow

- Workforce: 7 Day Service
- Facilities Shared Service Programme
- HR Services
- ED Overcrowding
- Bed Planning Tool
- Releasing Time to Care
- IHI

- Hospital At Home
- Frail Elderly
- Acute Assessment Study
- Prescribing Programme
- Mental Health
- Cancer Performance Support Team
- Procurement Programme
- Waiting Time Targets

Proof of Concept:
- Institute for Healthcare Optimisation
- NHS Lanarkshire Flow Programme

Reliable Implementation and Spread of:
- Same Day Surgery
- Enhanced Recovery
- Non-operative Fracture Pathway

Variation Performance Support Quality Standards
- Diagnostics
- Presenting and Understanding Data
- Microstrategy
- Discharge Planning
- Real-time Demand Capacity

Health and Social Care Integration
- Professional to Professional
- Unscheduled Care Access Plans
- Access Support Team
- Primary Care Community Outpatients

The National Team

The team is drawn from across the NHS in Scotland and currently includes:

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Whole System Patient Flow Improvement Programme website:  
Our website: