

kinetik solutions



Lean London Forum



Lean Executives

executive search & selection for the lean enterprise

18 September 2012
Royal College of Surgeons

For more information, please email help@leanlondon.org.uk or telephone 0207 824 8448



We have some broad aims of the forum

- **Create the environment where Lean Solutions in the NHS are shared, discussed and acted upon by practitioners in the health service**
- **Engage in a debate about strengths and weakness of lean/service improvement methods in the current NHS climate**
 - The QIPP agenda in reducing costs across the health system
 - Clinical Commissioning Groups that will redefine 'end to end' health systems processes
- **To network with colleagues and friends**



Agenda

- **1800 - 1810** **Welcome and introductions**
- **1810 - 1835** **Sleek and Slim Hearing for Children – Dr Sebastian Hendricks, Barnet & Chase Farm Hospital**
- **1835 - 1900** **Developing value through transformation of care – what does it take? Peter Lachman – Great Ormond Street Hospital**
- **1900 - 1930** **Hot seat session**
- **1930 - 2000** **Networking and drinks**



Recap – What is Lean?

- Focus on Value from a **Customer (Patient) point of view** on every step of process
- **Obsession on removing waste** within the ‘whole system’
- Bottom up approach in identifying value and waste – assumption that **much of waste and value is hidden**
- A true lean system would “flow” and need **little command and control**



Sleek and Slim: Hearing for Children

Sebastian Hendricks
Consultant Audiovestibular
Physician & Paediatrician

September 2012

Setting the Scene

- A UK borough
- ~ 83,000 children (rising)
- Service between primary & tertiary care identify & monitor children with hearing & balance problems

Problems

- Appointment / referral / discharge system
- Facilities
- Staffing
- Patient pathways

Why? Crisis management

- Waiting time is high
- locum cover as unable to recruit, no lead
- People cared about the service
New Perspective
- Opportunity & Potential

Paediatric Audiology - standard

Primary Care (close to home) - limited skills in hearing

Newborn Hearing
Screening

Health Visitor
Hearing Review

School Entry
Hearing Screening

General
Practitioner

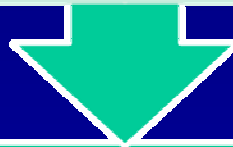
School Hearing
Surveillance



Secondary Care (local) - (paediatric) audiologist

Paediatric hearing assessments

HA fitting



Tertiary Care (regional) - expert multidisciplinary team

Complex case management

Specialist assessment

Paediatric Audiology present

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Initiation, Sustainment & Development

- Cross trust management
Joint employment of staff
- Pathway design from primary to tertiary care
- Remove unnecessary steps
- Partial booking system,
no more than 4 weeks in advance
- Lowest non-attendance &
cancellation figures

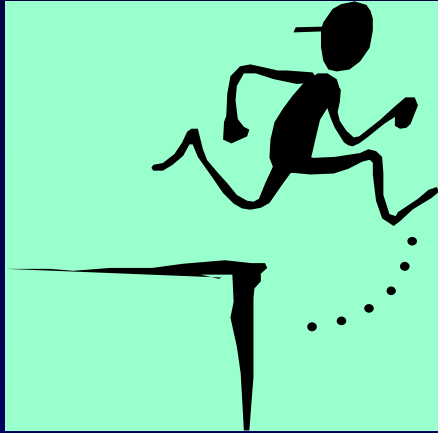
Staffing



- Locum / no 2nd paediatric audiologist for 2 yrs
- Appointment of permanent highly qualified member paediatric audiologist
- once high quality lead was in place this proved far easier

Appointment / referral / discharge system

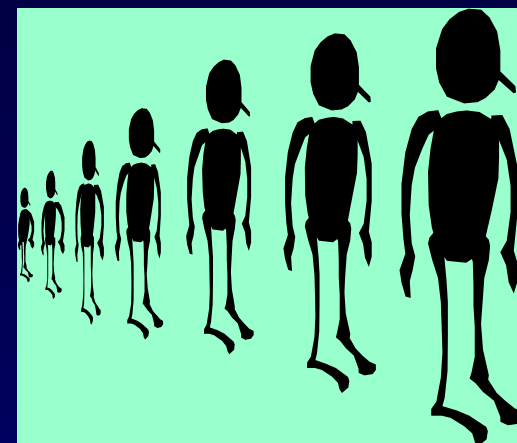
- Single referral letter / place / queue
 - Manual partial booking system
 - Discharge criteria
-
- Waiting time 15 → 9 → 6 weeks
 - DNAs from 26% → 13% → 7%



Patient pathways I

- Multidisciplinary "Children and YP hearing services working group"
- Consultations with PCT, other hospital trust and local education authority to review service provision

Patient pathways II



- Before:

→ GP 1st → letter → audiologist → seen → letter
→ consultant 2nd → seen → letter → consultant
3rd → allocated → seen consultant 3rd → letter
(→ consultant 2nd)

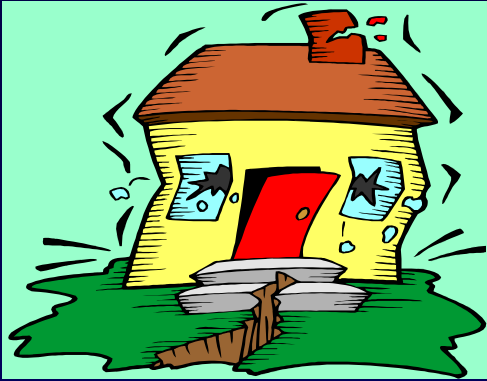
- After:

→ GP 1st → letter → audiologist/consultant 2nd →
seen → letter & allocated 3rd → seen consultant
3rd → letter → consultant 2nd/3rd

Pathway III

- Consultant provided advisory role for PCT to set standards and structure for the school hearing screening in the borough
 - Reduce numbers of referrals from 20% by more effective screening
 - Improve quality by collecting & auditing outcome

Facilities



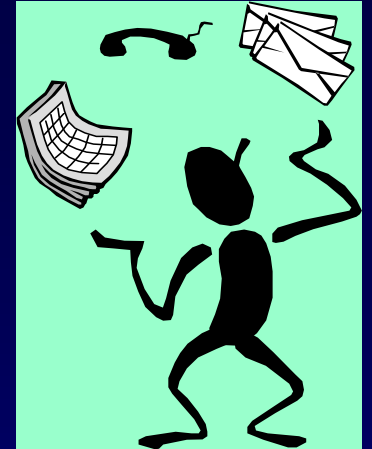
- Business case for equipment upgrade
- Analysis of premises
- Successful business case
 - purchase of new equipment
 - more comprehensive assessments possible
 - facility refurbishment

Challenges I



- Shortage of time
 - ✓ External deadlines
 - ✓ Managerial & clinical staff commitment
- Differences in opinion
 - ✓ Ability to compromise
 - ✓ Listening and willingness to understand
 - ✓ increased understanding of each other

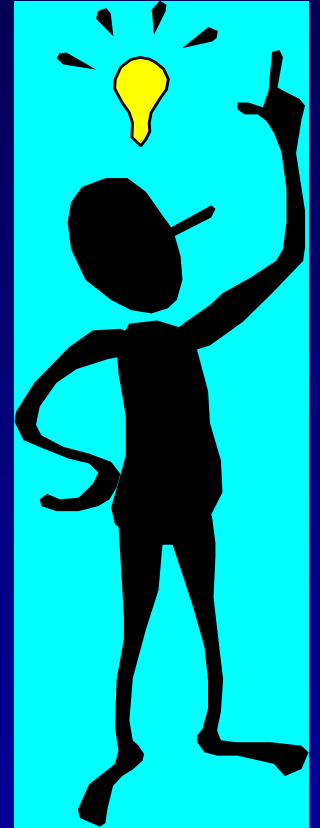
Challenges II

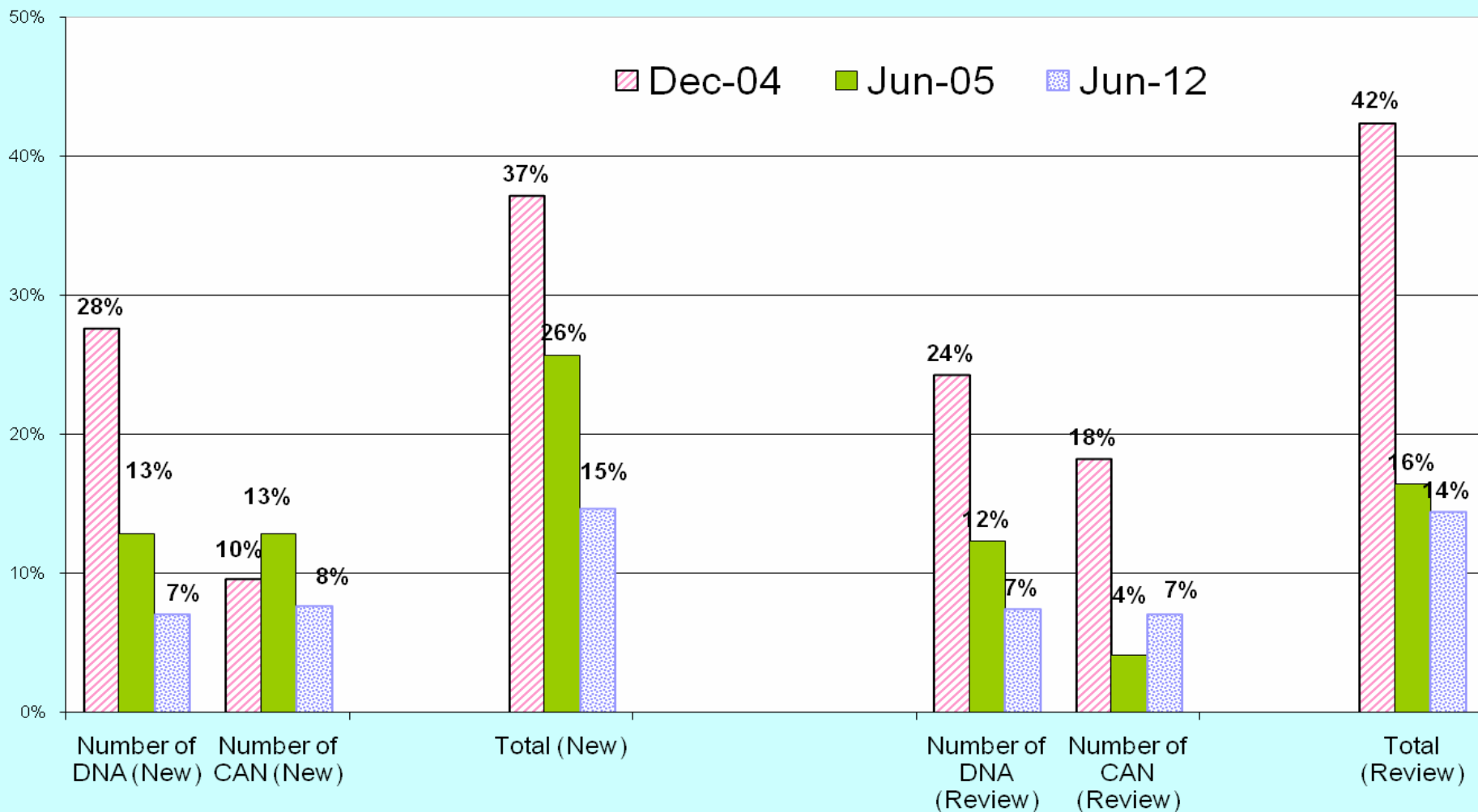


- **Crisis & Change management**
 - ✓ immediate radical change
 - ✓ support & encouragement
- **Financial constraints**
 - ? project support by trust
 - ? agenda of clinical commissioning groups

Wisdom

- Importance of vision
- Health care structure
- Benefit of joint working
- Confidence as leader
- Mapping process
- Sharing and discussing ideas
- Ring fenced time & commitment
- Resources
- Value of evaluation

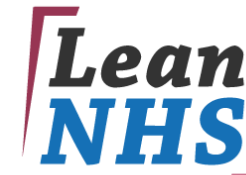






What's Next?

- **Today's presentation and feedback survey sent out by email within 72 hours**
- **The Next Lean London Forum will be held in March 2013.**
 - Register at www.leanlondon.org.uk
 - We will send out reminders to all participants from today
 - We have a Lean Midland Forum on 16 January 2013 taking place in Birmingham. Register at www.leanmidland.org.uk
 - If you'd like to take up one of our presentation slots, please do let us know. We are keen to hear from Community Trust and GP Groups
- **Find us on Linked In and Twitter - LeanNHS**





Big Thanks To Our Presenters

Sebastian Hendricks

Peter Lachman

..and to you all for attending





Thanks to Our Sponsors

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in the health sector and beyond**

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