FROM FRONT DOOR TO FRONT DOOR

A whole system flow programme

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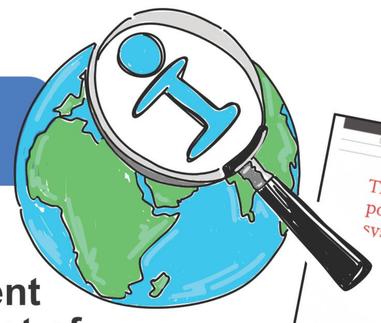
AQuA - FLOW Programme Lead

AQuA
Advancing Quality Alliance

Background

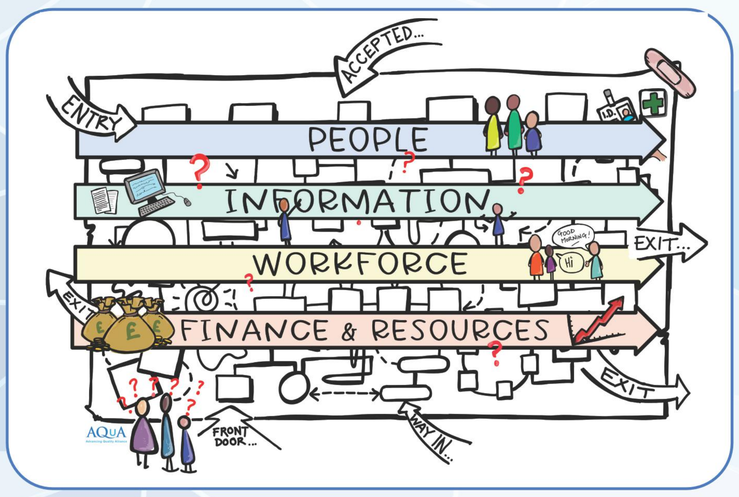


Advancing Quality Alliance is an NHS quality improvement organisation in the North West of England. Over a period of 18 months the flow team at AQuA analysed and reviewed an array of worldwide evidence, research and experience of trying to improve 'patient flow' across Health and Social Care Systems.

What was evident throughout the research was that patients viewed and experienced the system very differently from how the staff thought they did.

A patient's experience of the system can be confusing with many entry and exit points across many different services.

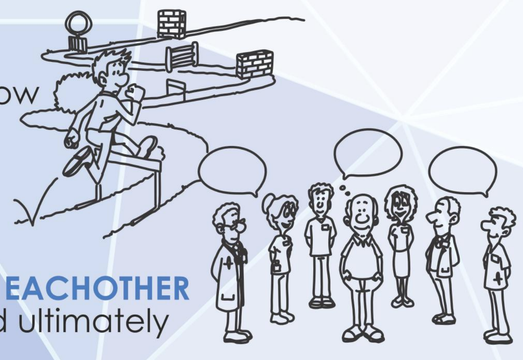
We co-designed a definition of whole system flow as: "The coordination of all processes, systems and resources, across an entire local health and care economy; To deliver EFFECTIVE, EFFICIENT, PERSON CENTRED Care" In the **RIGHT SETTING** At the **RIGHT TIME** And by the **RIGHT PERSON.**



This then provides us with the perfect starting point for applying quality improvement methodology to help us understand whole system flow. We designed our 4 ARROWS MODEL to understand care systems from different perspectives. We have been working with our Lived Experience Affiliates and AQuA members to understand how the interplay between complexity, improvement methodology, system leadership and coproduction can support pressured care systems to understand flow in order to sustainably improve. Principle outcomes of this work are to create shared system purpose that understands and is enabled to address cultures, norms and values.

PEOPLE

It is really **IMPORTANT** we understand how people **MOVE in to and THROUGH the SYSTEM.**



INFORMATION

Exploring how we **COMMUNICATE** with **EACHOTHER** across different parts of the system and ultimately the **PATIENTS** and **LOCAL COMMUNITY**.

WORKFORCE

We **NEED TO UNDERSTAND** how **STAFF MOVE THROUGH** and make **DECISIONS** in system and what **THEIR EXPERIENCE** of this is.

FINANCE & RESOURCES

To map and improve **FLOW** we need to know our **CONSTRAINTS**.

BUDGETS
PERFORMANCE
RESOURCES

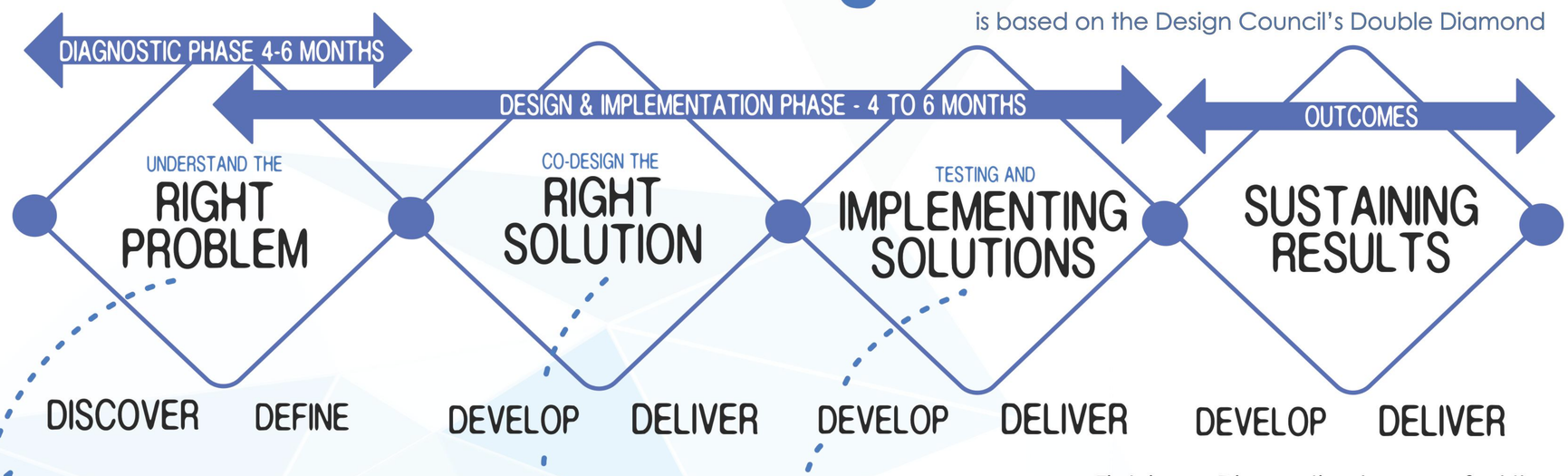
Co-production

How could we design an improvement programme with our members, patients and communities?

Our Lived Experience Panel work as part of the Flow Team to ensure that the views and ideas of patients and carers are involved within the programme work.

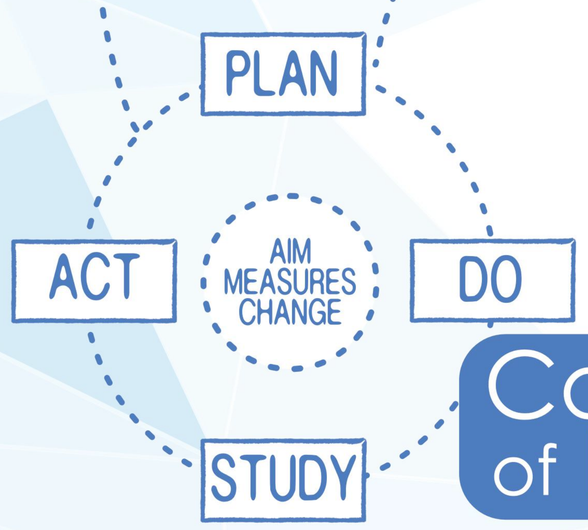
AQuA's Programme Framework

is based on the Design Council's Double Diamond



First, in our Diagnostic phase we find the right system problem; rather than jumping straight in to finding solutions we should consider a number of possible causes for the problem we are facing before narrowing in on the possible root cause.

We are now in a position to start looking at the most appropriate solutions.



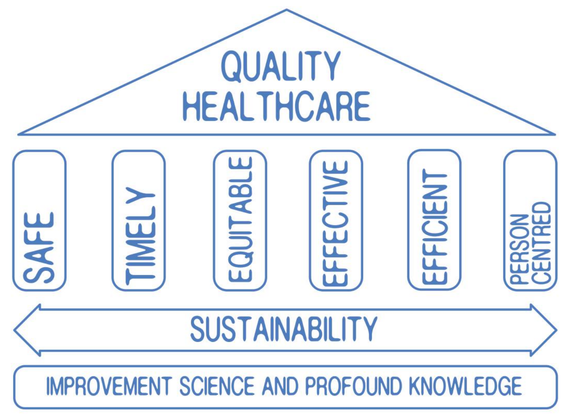
Consistent Lines of Enquiry

PERSON CENTREDNESS

ASSESSMENT OF GOOD AND POOR FLOW AND ITS SYSTEMIC IMPACT

DEFINING QUALITY WITHIN THE SYSTEM USING THE INSTITUTE OF MEDICINE (IOM) 6 DOMAINS OF QUALITY

STRENGTHENING LEADERSHIP BEHAVIOURS AND UNDERSTANDING SYSTEM APPROACH TO RISK



Outcomes

1. Working with commissioners we have designed optimal pathways across localities involving all system partners and community with examples including respiratory pathways from diagnosis to end of life care and Children's emergency pathways.

2. In other systems we have remodelled and implemented services and pathways across care systems with demonstrable impact on time away for home for frail patients, reduced length of stay and increase staff satisfaction.

3. Systems are taught and coached how to use the programme structure and tools to understand and improve other pathways.

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