

## **Allied Health Professionals Service Improvement Project Evaluation Report**

### **Summary of key findings**

The AHP Service Improvement Project (SIP) has demonstrated the ability of AHPs to identify and deliver service improvements in a range of services for children and adults, in line with the principles of the QIPP agenda and the Health White Paper Equity and Excellence: Liberating the NHS (Department of Health, July 2010).

The 27 teams taking part in the SIP from January 2010 to January 2011 have all achieved the specific improvement objectives for their services. That they have done this during a period of significant change in the healthcare system is a demonstration of the clinical leadership locally to respond to the quality and productivity challenge to deliver patient-centered services improving patient experience and improving clinical outcomes

Through the SIP, 97 AHP teams took part in an initial one-day regional workshop, which included short training inputs on aspects of service improvement. The 30 teams offered further support were then provided with individualised guidance on developing a detailed project plan. They were supplied with a small amount of funding, and took part in four national meetings over the course of the year. They were also asked to report on progress and plans on three occasions over the course of the SIP, and provided with some support in developing their final reports.

### **Achievements**

The main achievements of the 27 services taking part in the SIP from January 2010 to January 2011 concern: quality and outcomes, productivity, access and waiting times. The services have also achieved some important organisational development and learning.

### **Quality and outcomes**

The service improvement teams have provided examples of comments from patients about the quality of service they have experienced following the changes, and accounts of the effect of the improvement on outcomes for individual patients. Only two services to date have reported quantitative data on outcomes, but others are gathering data in order to do so. It will be interesting and useful to see these results in future.

All services sought engagement with service users and carers, with the principal methods being user surveys, meetings with existing groups, and establishing focus groups specifically for the improvement.

The services are using a wide range of quality and outcome metrics to identify and measure improvements, reflecting the variety of different services taking part in the SIP. Outcome measures include registered Patient Reported Outcome Measures (PROMs) and progress against individually agreed patient goals.

### **Productivity**

Many of the services have shown gains in productivity and 10 have quantified projected financial savings from the improvement, ranging from projected annual savings of £275,000 to £1,900. Others indicated that they made better use of clinician time and were able to treat a larger number of patients with no increase in resource.

Productivity and cost improvements appear to have been made by concentrating on improving the quality of service, rather than focusing on driving down costs.

Eight services have reinvested the savings, or are planning to, on activities such as additional clinical pathways, to enable more patients to be seen, and initiating other projects looking at service improvement. For the remaining services, savings are part of their contribution to balancing the wider organisational budget.

### **Access and waiting times**

The majority of services (24 out of 27, or 89%) have achieved significant reductions in waiting times and improvement in access. The remaining three services are not yet at a point where their improvements are affecting patient experiences, but these services expect to reduce waiting times when this impact is achieved.

One service reduced waits from 17 months to 2 weeks, and another reduced waits from 26 weeks to 1 week. Other services achieved less dramatic but nonetheless substantial reductions.

Waiting times were seen by most services as a key aspect of the quality of the service. A number of teams explicitly related reduced waits for therapy with improved patient outcomes.

### **Organisational development and learning**

The process of bringing about the service improvement has developed the capabilities of the host organisations, including developing systems, skills of staff, and relationships with key stakeholders.

In addition to changes to specific patient pathways and referral systems, some organisations also developed capabilities such as

- better methods of capturing and using data
- improved communication across sites and professional groups
- changes to skill mixes, improved relationships with key stakeholders
- enhanced skills, motivation and confidence in relation to bringing about change

### ***How were these results achieved?***

Service improvement leads said that it was important in all cases to work collaboratively with their immediate teams. Many of the teams used a mixture of strategies to achieve the improvement.

### ***Leadership for improvement***

It was important for service improvement leads to work collaboratively with members of their teams, including (in some cases) sharing leadership activities among members of their team.

Clinicians in the teams were motivated by the prospect of improved services to patients. Agreeing clear plans and setting clear objectives, with constant communication, and monitoring of progress, also motivated the service improvement teams.

Initial successes of the service improvements created a virtuous cycle of improvement: evidence of improvement was a powerful tool for winning the commitment of clinicians and other stakeholders.

In some cases, the information systems available to the service improvement leads were extremely effective for managing the system and achieving improvement, but these are not yet available to all.

Working more effectively with stakeholders, such as other healthcare professionals, or professionals in education and social care were also significant enablers of change in many of the improvements.

### **Strategies for achieving the improvement**

The main strategies for achieving the improvements were:

- giving patients easier and quicker access to a service
- altering the mix of practitioners involved in providing a service
- redesigning clinical pathways or developing new ones

Most services used multiple changes in order to achieve their results and in some cases it is clear that the strategy for change emerged as the improvement progressed. Service improvement leads said that membership of the national SIP had been helpful, specifically in relation to the practical elements it provided (advice, support and service improvement tools), the heightened profile that the SIP gave the local work, and the positive effect on motivation and morale of the team.

### **Progress with improvement by other AHP teams**

Twenty-four of the AHP teams whose proposals were not offered extra support by the Department in 2010-2011 have made progress in improving services for their patients, families and carers, either with the original proposal or with a different kind of service improvement.

As with the 27 services that received support, many of these teams have achieved significant reductions in waiting times, ranging from 40% - 80%. The services are in the process of measuring outcomes. Gains in productivity have been achieved, but are difficult to quantify.

Approaches to achieving the change were similar to approaches taken in the 27 projects – in particular working collaboratively with their teams, and working well with stakeholders.

### **Sustainability**

The local changes were designed to address quality improvement in a way that would sustain the benefits in the longer term. Services have tackled current and imminent challenges to sustainability include financial restrictions and re-organisation. In the course of undertaking this challenge, the AHP teams have developed their ability to bring about change, to engage patients, use data to analyse, demonstrate and validate improvements, and to take a more business-focused view of their service. Further reporting will evidence the achievement of sustainability within the service improvements.

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