

Case Study: Clinical Therapies and Rehabilitation Directorate, SystmOne Deployment Calderdale and Huddersfield NHS Foundation Trust

Purpose of the case study

The aim of this case study is to demonstrate an example of best practice for a benefits led deployment across a multidisciplinary team.

Background

The case study is based on a deployment within the Rehabilitation Directorate at the Calderdale and Huddersfield NHS Foundation Trust. The Directorate is made up of 4 service areas which are; Acute and Planned Care; Long Term Conditions; Outpatient Therapies and Children's Therapies. A number of professions work across these service areas, including Physiotherapists, Occupational Therapists, Speech and Language Therapists, Podiatry and Dieticians. The Services are provided across Acute, Primary and Community settings.

The Directorate started looking at an alternative system because across the five AHP professions there were 28 different systems. Information was unreliable and it was not possible to match activity to cost. The main driver for the need to match activity to cost was the Commissioners intention to bring Rehabilitation out of a block contract moving to payment by results.

Furthermore, Meridian, an external company produced a report in which a Productivity and Efficiency plan would save £2M but it was not possible to demonstrate increased efficiency on the systems in use at the time.

Within the Organisation, the Division put up some capital monies and the intention was to purchase a system called Tiara. This system would have met the data needs of the directorate but there were significant add on costs such as paying for development/request for change and any backup. Server costs were also so much that the decision was made to look at SystmOne.

Approach

The Directorate identified the business needs before deciding on the system that they would use. This has meant that the whole service is focussed on the vision and the service improvements that the system can enable.

There was a delay on the initial go live date of November due to contractual issues. However Musculoskeletal (MSK - a service in Outpatient Therapies) was the first service to go live in January 2009. Due to this delay it was decided they would need to truncate the phases of the implementation in order for all 4 services (550) to be live, by the scheduled date of Christmas 2009. 10 services within Long Term conditions and 3 services within Children's Therapy ran in parallel. The final phases for the remaining Out Patient Therapies (podiatry) and the whole of Acute and Planned care will be implemented between now and Christmas 2009

Sustainability of business change was embedded in the directorate from the beginning in recognition of the continuous improvement cycle and the need to optimise on an ongoing basis. They identified staff from each service area who then worked alongside a Business Change Consultant to gain skills and to represent their teams in decision making.

The project is large and ambitious and wanted to manage the required change in layers. The vision of the scope of the project grows continuously with the realisation of what SystemOne can offer. The services are dealing with a range of patient's and staff's information needs for example in the multidisciplinary teams comprising five Allied Health Professions of Physiotherapy, Occupational Therapy, Speech and Language Therapy, Dietetics and Podiatry working in integrated locality teams, the flexibility of this system has helped to deliver and adapt to continued needs and demands for accurate and timely data.

Despite covering four different service areas and employing 550 people the whole service is committed to using SystemOne in a standardised way.

Challenges

Various challenges were faced throughout the project. Firstly, the understanding of terminology across the services and within SystemOne and ensuring that the decisions at the first wave for a single profession would work for the complex multidisciplinary inpatient and community team as well. To overcome this, the Directorate has developed a 'Rule Book'. This has been invaluable in standardising the services.

Information sharing across NHS and other services has been a significant limitation, more specifically due to the strategic decisions around integration. This project will only take so far before it is restricted by this. They work in multiprofessional/agency teams thus the need to communicate and share information is essential. Both Children's Therapy and Long Term Conditions work in partnership with educational and social service teams. The barriers to sharing information are going to significantly reduce the impact and potential benefits of using SystemOne.

Benefits

A range of benefits have been identified, some of which have been realised already and others which they feel they will realise through optimisation of the system. The potential benefits include:

- More robust reporting, enhancing their ability to negotiate contracts and influence commissioning of services and receive payment for all activity
- Paperless - use a fully electronic clinical record. They need to fully explore the use of templates, care plans and the consultation to enable this
- Electronic Referrals, they currently rely on inconsistent, non-standardised, sometimes illegible paper copies
- Reduce time taken to retrieve files, for example, which will allow administration staff to be able to take on more duties which will increase clinical capacity
- Mobile working will identify changes to the work patterns and highlight a new profile

There have been some key outcomes which will contribute to some of the above, and other significant benefits. They include:

Benefit: Improved Patient Experience

Outcomes:

- Single point of referral for all MSK Physiotherapy with the potential to increase to include all services as a single point of contact.
- Patients have single point of access to book physiotherapy appointments with the potential to expand this to all therapy services.
- Patients can phone any MSK team and change their appointment.
- Admin can book follow up appointments
- Able to share across settings in a patient journey e.g. between in patients and community rehab

Benefit: Improved Staff Experience

Outcomes:

- Therapists can rearrange their diaries from any site
- Arrival of patients can be indicated at reception.
- Staff are generally finding SystemOne easy to use because of excellent training.

Benefit: Improved Directorate Efficiency

Outcomes:

- Use of tasks has enabled a robust message system which can be tracked
- Admin are dealing with telephone queries as they have appropriate access to the record saving clinical time
- Can see caseloads e.g. who and where for therapists and managers
- Can measure timeliness of data entries by therapists e.g. 90% within 48 hrs whereas much of the data was 6 weeks behind
- Anyone can easily rearrange a therapists diary (sickness, snow)
- Can see duplicate referrals across Huddersfield and Halifax and can see whether patients are registered to other therapies and be able to track previous referrals
- Accurate monitoring of waiting lists and DNA's
- Standardised letter/report templates are improving quality
- The Governance arrangements ensure we have an overview and maintain a 'directorate' approach to data collection. The Rule Book is owned by governance arrangements.

Benefit: Improved Staff Safety

Outcomes:

- Safety issues – can see where staff are and when they would be available for contact

Lessons Learned

Some initial lessons learned were considered.

Things that went well:

- The Directorate had huge sign up from the beginning from all staff
- The whole project was clinically led.
- The Directorate identified 3 levels of staff to engage in the process at the beginning:
 - 'Champions' were nominated from each service area to attend regular workshops which tackled topics such as access to services; managing DNA's; discussions around care plans packages and the different terminology and language used across the whole directorate. Job roles were defined and written up for staff. This was the first time front line staff had worked together on topics across the whole directorate and was received extremely positively as an approach to continue to meet as a group of champions and embed the 'business change' in their service improvements.
 - 'Super users' were identified in each area again with a written job role. They have been 'trouble shooters' problem solving and communicating continued learning to others. The super users within Children's Therapy continue to meet regularly to ask questions or bring questions from staff. If problems remain unsolved they then call upon the Product Specialist support from the SHA. Super Users will continue to have a training/ Induction role and be involved in further developments of SystemOne
 - 'Administration Sponsors' were identified in each location to unlock passwords.
- CT&R Newsletters were written to all staff to ensure they were kept up to date with the implementation process throughout.
- Mouchel provided the resource to work with individual services to map the 'as is' processes and challenge thinking using a lean approach. This has led to some changes to map out new processes before they considered configuration.

Things that they would do differently:

- To allow more time for business change prior to configuration.
- To allow more time for auditing IT infrastructure and undertake optional appraisals for spends on PC's, extra points, and access to the network versus wireless technology
- To have more time between training the super users and configuration.
- To have more support from THIS
- Currently reduced capacity due to access problems and duplication of diaries and writing up case notes plus entering a brief consultation note on the record

Next Steps

As of June 2009, all of the Children's Therapy services are live and 80% of Long Term Conditions are live. It is expected that the Long Term Conditions will be fully live by the end of July 2009.

The next phase is Podiatry which sits within the Outpatient Therapies. Finally all services within Acute and Planned Care will be live by Christmas.

A follow up case study will be written in the near future, detailing the benefits, the baseline measures that were done prior to go live and the results of the post go-live measures. It will assess the benefits that have or have not been realised, and discuss the perceived success of the deployment. It will also look into the progress of the post implementation plan.

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