Case Study:
Whole Systems Rapid Improvement for Tameside and Glossop Wheelchair Service


Background

Located on the eastern side of the Greater Manchester conurbation and into the fringes of the peak district, Tameside and Glossop PCT serves a population of 245,000. The PCT manages the provision of its own Wheelchair Service for this distributed urban and rural population, and also has the contract to deliver the service for the neighbouring Oldham PCT. It currently has 6,620 active wheelchair users on its books, issuing on loan and retrieving about 1,740 wheelchairs a year to long-term sick, terminally-ill and disabled patients. The wheelchairs offered range from simple pushed wheelchairs used for ‘shopping trips with elderly relatives’, through motorised electric chairs to complex, bespoke moulded wheelchairs for patients with major degenerative conditions.

The NHS employs a team of staff (book strength 13 FTE) in the wheelchair service (manager, therapists, design technicians and admin staff) to carry out the functions of appointment management, clinical assessments (both clinic and home visits), bespoke wheelchair design, administration, purchasing and stock control. The team is currently sited in poor facilities in the old laundry building at Tameside General Hospital, with parking and access difficulties for wheelchair users. The team also commissions and manages the sub-contracting of the warehouse stock (some 320 wheelchair at any one time), van delivery service, annual planned preventative maintenance programme, adjustment, repair and retrieval services through a business partner called Ross Care Ltd, whose industrial unit base for the region is sited some 3 miles away.

This project was in response to an initial briefing from Tameside & Glossop PCT. It was proposed to review the organisation and performance of the service and to run a lean whole system rapid improvement event. The service had participated in a national collaborative wheelchair service improvement project in 2002-2004, particularly reducing lead-times for standard wheelchairs, but service improvement had levelled-off since then. The Acute Trust were now asking the PCT to vacate their hospital site, and the PCT saw this as an opportunity to review the needs of the service before confirming the size and location of the new facility it would need to find. An initial costing for the new facility estimated a fitting out cost of c. £400k, but the business plan submitted had offered no change to the service model or to make improvements and reduce the ongoing service costs.

Approach

Tricordant is a ‘whole systems’ organisation development consultancy. We work with complex organisations within Health, Industry, Government and the Service Sector. Tricordant has developed an approach to ‘Whole Systems Rapid Improvement Events’ which enables local stakeholders to work together around a complex service or key issue and to agree joint improvement actions. Timescales are kept short and a sense of urgency and energy is deliberately created. The approach combines expert group facilitation, whole systems analysis and the application of lean principles where appropriate.

This approach was applied and the resulting project was conducted over a 7 week period and followed the process shown in the chart below:
Some 20 people from across the wheelchair service, their sub-contractor Ross Care, wheelchair user group representatives and PCT commissioners were interviewed prior to the workshop, and whole work maps of the combined processes drawn-up.

Two rapid improvement event workshops were held in which most of those people who had been interviewed were brought together and facilitated to develop a lean whole systems solution for the wheelchair service and to prepare the data needed for a justified new business development plan.

Summary of Recommended Actions

The Wheelchair services new key strategic objective was agreed as:

“80% of Assessments to be done in ‘One Stop Clinics’ with the patient leaving with an adjusted wheelchair in the boot of their car, and home assessments and repeat visits to be minimised.”

Currently only 20% of assessments were done in clinic due to access and facility issues. 80% were done through either direct un-assessed issue or through multiple home assessment and follow-up visits.

To achieve this new vision efficiently a ‘whole system’ series of matching changes were needed:

Changes to Objectives and Plan

- Whole System Business Plan for the Relocation and move to the new lean model
- New Key Performance Goals defined
- Visual management implemented

Changes to Systems and Structure

- New location and facilities allowing a Lean Service model
- Move the system ‘boundary’ with Subcontractor to reduce waste and duplication
- Implement a single stock database
- Integrate stock and order system with appointments system
- Investigate regional stock sharing with other PCTs
- Create JIT pull from suppliers for high volume strategic stock
- Implement a flat team structure and reduced staff levels over time as productivity increases
• Personal objectives for all staff
• Personal Development Plans for all staff
• External/Internal Training Courses
• Peer coaching and succession planning

Changes to Culture and Spirit
• Balanced leadership (business needs vs. staff care)
• Leadership development and Team development
• Team reviews and continuous improvement
• Invest in ongoing relationship-building with Ross Care staff
• Re-launch User Group with a new purpose and focus

New Facilities Required

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Cost Benefit
The refit cost of the new building was confirmed as similar to the original estimate of £400k. However a business plan was now produced showing also a net revenue savings per annum through the new lean whole systems business model, calculated at the time as rising steadily over a six year period to be an ongoing approx. £63,000 saving p.a., subject to confirmation.

John Schooling, Associate Director of Clinical Services, Tameside and Glossop PCT, commented after the project: “We needed a rapid way to do a thorough review of our Wheelchair Service, ensuring it became a lean, effective ‘whole system’. The approach got people working together to make real changes. We came up with a business plan confirming the need for new premises, taking eventually more than £50,000 of cost out per year, all whilst implementing a better ‘one-stop-shop’ service for our wheelchair users. A real win-win all round!”

Implementation
Within six weeks of the end of the project a full business plan was approved by the PCT and architects plans being drawn up for identified new premises.

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If you would like to learn more about this case study or would like Tricordant to help your organisation please contact: Simon Thane, Director, Tricordant Ltd, simon@tricordant.com, Tel: 07989 112062.