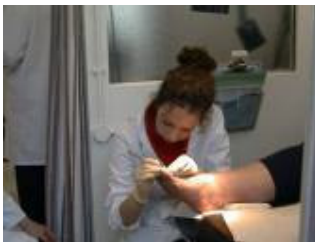


## Case Study:

# Whole Systems Rapid Improvement for Tameside and Glossop Podiatry Service

**Key Ideas:** Whole Systems, Lean principles, Rapid Improvement Events, Health Sector, NHS, Podiatry Service, Relocation, Productivity Improvement, Service Redesign, Tricordant Approach.

## Background



Tameside and Glossop PCT serves a population of 245,000. The Podiatry Service provides assessments, diagnosis, treatments and advice to improve and maintain tissue viability, mobility, to reduce pain and to promote foot health. Podiatry treatment is designed to be preventative, curative and always has patient discharge as its ultimate aim. However some podiatric conditions, particularly in the elderly and people with long-term conditions, are not curable. Long-term management of the condition is then required to keep the patient pain-free and mobile.

The PCT employs a team of podiatrists, foot care assistants & locum staff equating to c. 29 FTE across their Community Team, High Risk Foot Team (HRFT), Podiatry Gait Clinic and Tier 2 Biomechanics team. The Podiatry Service services both adults and children, including those with learning difficulties, who are resident in Tameside and Glossop. The core principle functions of the service are to:

- Work as integral members of Primary Care Trust and Acute Trust multi-disciplinary clinical teams e.g. community podiatry team, specialist diabetes teams, vascular and diabetes clinics, 18 week Orthopaedic Triage team, District Nursing teams etc.
- Assessment, diagnosis and treatment of foot health problems.
- Provision of preventative interventions and foot health education.
- Screening of diabetes patients within their GP practice.
- Training to carers, health care and social care professionals.

Care is provided across the Tameside and Glossop region within the community clinics, hospitals, at the Diabetes Centre, General Practitioner premises and in clients own homes or places of residence.

Over the past 18 months a number of issues have become apparent within this service:

- A level of previous service leadership had been removed and had been replaced by one split-post leader who now seemed overloaded
- Senior podiatry clinicians had been moved away from the community podiatry team and now worked in the HRFT reporting through the Diabetes and Vascular Centre run by the local Acute trust.
- The service's identity and sense of teamwork had thus become more fragmented
- Though the moves were seen as right for the HRFT, a clear strategy for community podiatry no longer existed
- Community podiatry staff said they felt frustrated by the lack of direction, leadership and communication
- An increasing number of patient complaints were noted by senior management
- There was little admin/ clerical support for the community podiatrists
- A number of the services systems & protocols were becoming ineffective or unclear such as, on-call, referrals, appointments & discharge systems.

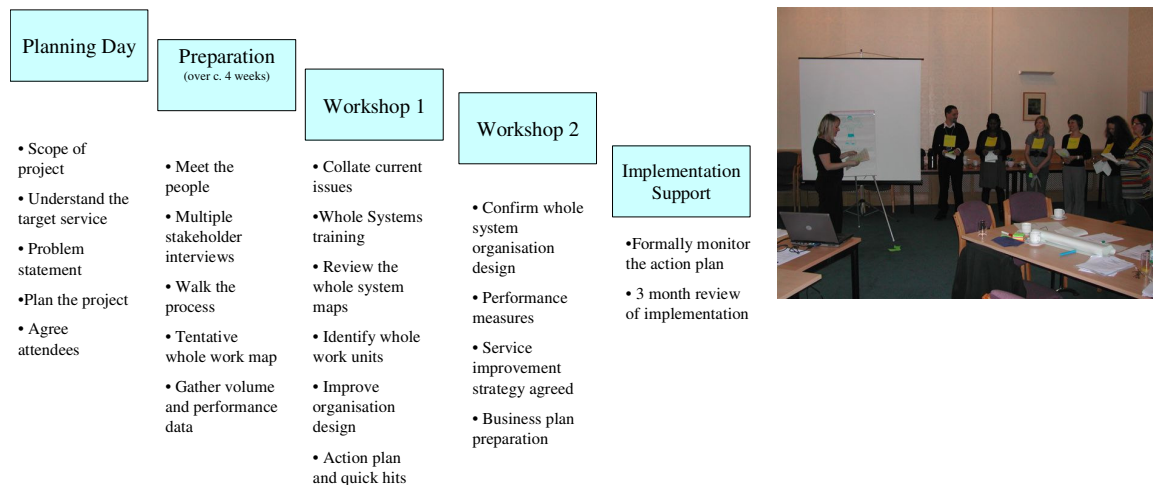
Tameside and Glossop PCT commissioned Tricordant Ltd to facilitate a 'Whole Systems Rapid Improvement' project for the Podiatry Service.

## Approach

Tricordant is a 'whole systems' organisation development consultancy. We work with 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 6 week period and followed the process shown in the chart below:

### Project Process



Prior to the workshops, Tricordant met and interviewed 37 stakeholders from the Podiatry Community Team, HRFT, PCT management, Diabetes Centre management, Podiatry Gait Clinic and Tier 2 Biomechanics team. The interviews helped to understand the podiatry whole system's patient pathways, organisational structure, key processes, current performance and presenting issues. Key statistical information was gathered and analysed during the interview phase. Tricordant drafted a series of 'whole work maps' to identify the key transformational processes and organisational 'whole work units'. These maps were brought to the workshops for review.

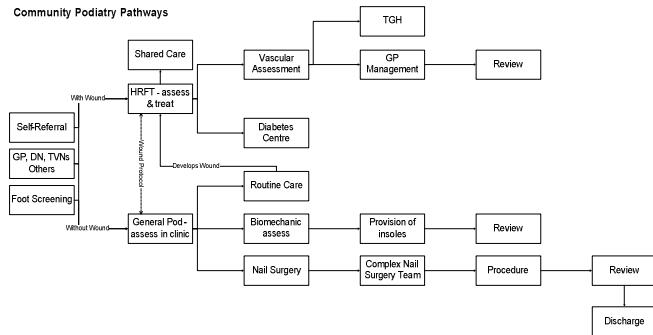
A wide selection of system representatives and stakeholders were invited to the first workshop. The statistical data and maps generated during the interviews were fed back to the participants as a means to clarify and confirm the current state of the service. Any information and pathway discrepancies found were altered on the charts. 'Tricords™' were used to capture and summarise the issue for the service as a whole as well as the local issues for each sub-team, under the headings Identity, Strategy, Systems, Culture. The 'organisational health' of each sub-team was also reviewed.

The participants were then introduced to 'lean whole systems' principles and Tricordant's basic tools set. Tricordant helped participants to apply the thinking to the Podiatry Service as a means of stimulating discussion and driving the process forward. The participants worked in groups on an initial vision of what they would like to see, how they wished everything would operate and feel in podiatry services and how service would interact with other services.

Taking these conceptual visions into account the participants were separated into competing mixed teams and tasked with designing the future podiatry service. Each team presented back its 'pitch' of recommendations.

The workshop then moved on to collate from across the 'pitches' a set of common, agreed recommendations and changes required for the new vision. These were then taken forward to the second workshop for review and further work on the detail.

The second workshop reviewed the output of the first workshop, detailed any further issues which may have arisen and confirmed the agreed design principles. A detailed action plan to initiate the new podiatry vision was generated by the participants for immediate implementation. The action plan headlines covered: Team Leadership; Team Definition; Team Resources Required; Performance Targets; Effective Working & Care Pathways; and Bringing the Service Together.



## Costs & Benefits

The following costs and benefits of the proposed new vision were generated:

### Recurring Costs

- Additional team leader posts = circa £10,600 p.a.
- Admin and clerical cost = circa £15,800 p.a.

### Non-recurring Costs

- Backfill & overtime for working group to drive project forward = circa £600 p.a.
- Estates costs for general refurbishment of clinics = circa £10,000

### Target Benefits

- Increase the annualised patient contacts from 33K to 40K
- Patients benefits - reduced NP referrals waiting list from 8wk to 4 wks
- Reduced staff absence by 50%
- Reduced reference costs from £46 to £29 per patient
- Reduced DNA rate by 50%
- Reduced patients complaints by 50%
- Effective team working & Improved Morale
- Efficient and effective podiatry service with a clear purpose and direction

If you would like to learn more about this case study or would like Tricordant to help your organisation please contact: Nick Richmond, Consultant, Tricordant Ltd, [nick@tricordant.com](mailto:nick@tricordant.com), Tel: 07979 875233.