



Access QI Launch Event

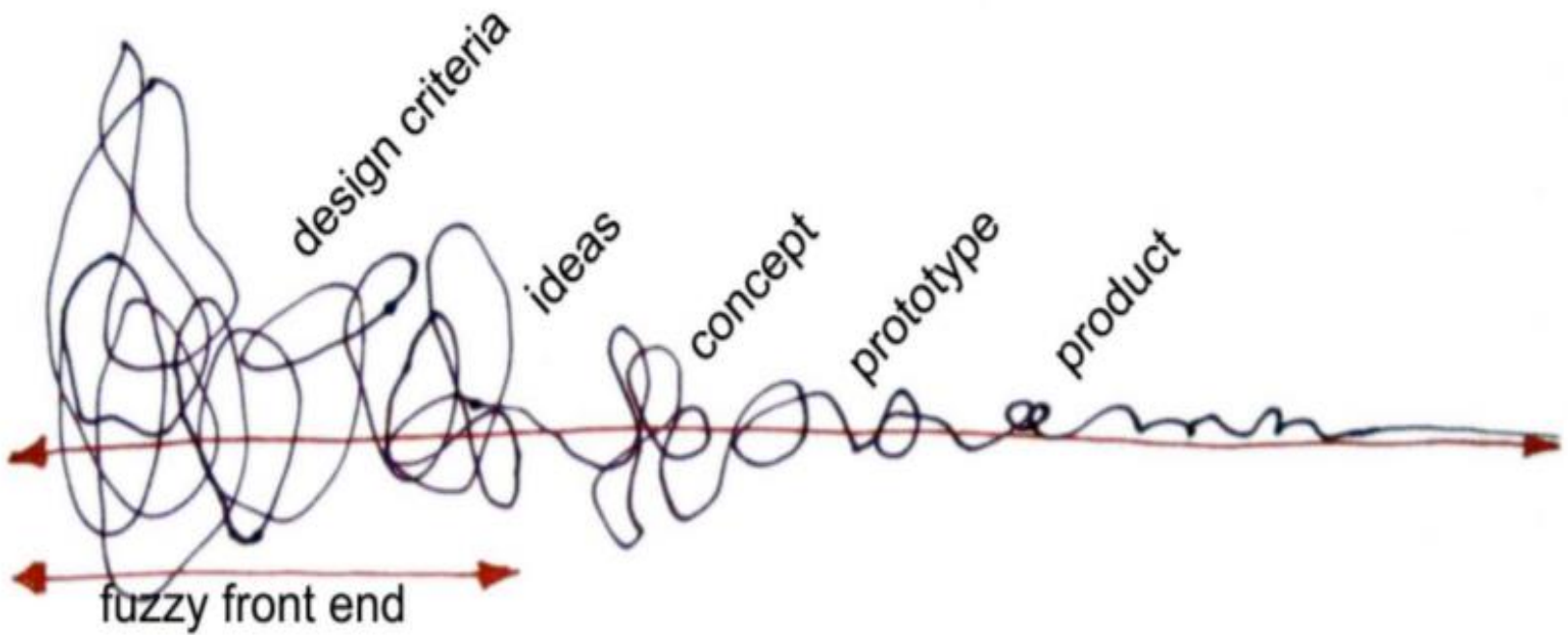
Setting the Scene

Improvement Hub
Enabling health and
social care improvement

Access QI will

support the **deployment of quality improvement expertise**
to meet the challenge of delivering **sustainable improvements in waiting times**
whilst **maintaining or improving the quality of care.**

Local infrastructure, skills and culture which enables deployment of QI expertise to deliver sustainable improvements in waiting times whilst maintaining or improving wider quality of care



co-designing

Elizabeth B.-N. Sanders & Pieter Jan Stappers. Co-creation and the new landscapes of design. CoDesign, Taylor & Francis, March 2008

During initial co-design phase we heard:

- *Simplify* and *de-clutter* the national landscape

Key current National Programmes

Access QI currently working with

- Scottish Access Collaborative (SG)
 - Modern Outpatients (SG)
 - Trauma and Orthopaedics (SG)
 - National Ophthalmology (SG)
 - Whole System Patient Flow (SG)
 - Realistic Medicine (SG)
 - Access Support Team (SG)
 - Primary Care Improvement (HIS)
 - Mental Health Improvement (HIS)
 - Value Management (HIS)
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- Unscheduled Care Collaborative (SG)
 - Living Well in Communities (HIS)

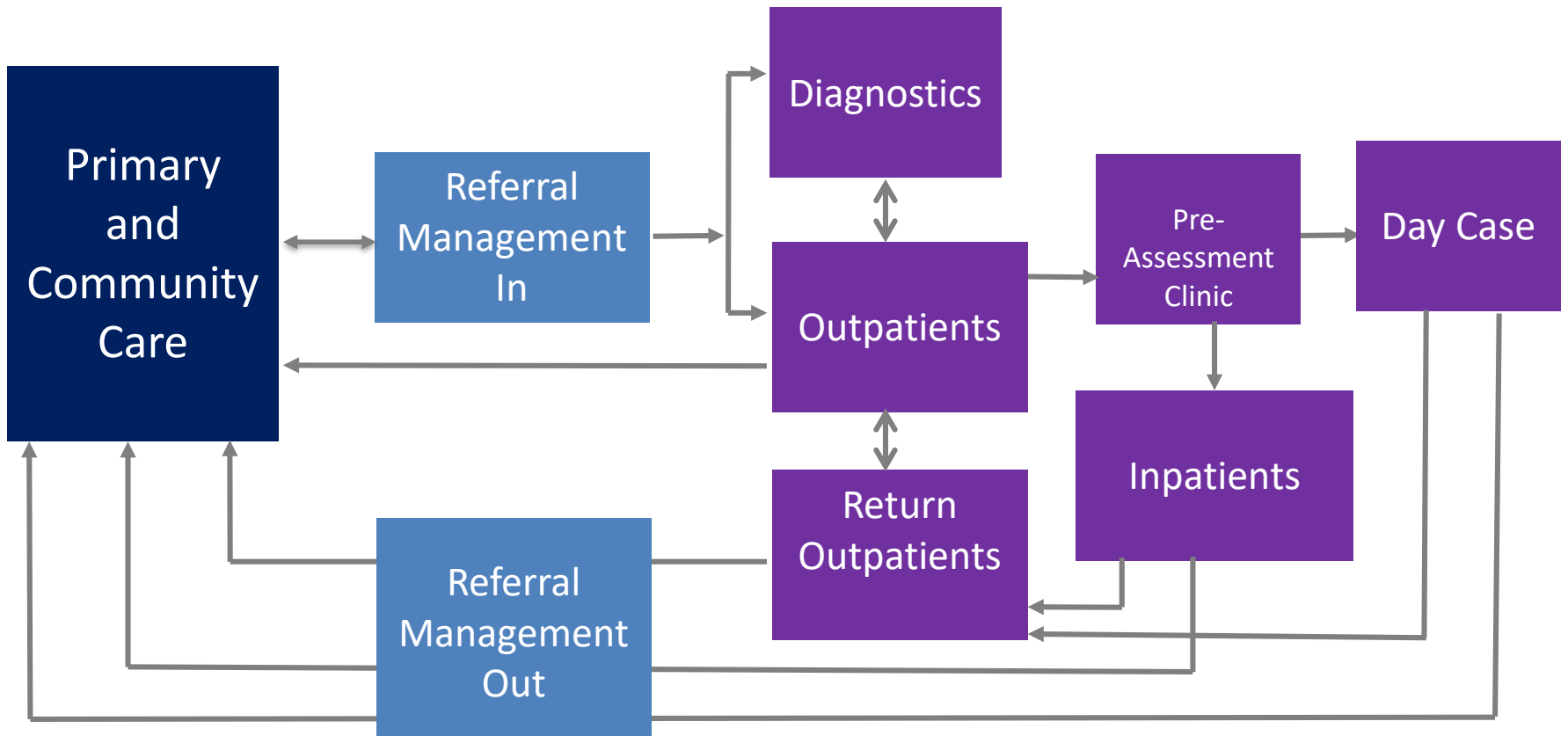
During initial co-design phase we heard:

- *Simplify* and *de-clutter* the national landscape
- Key challenge locally is *what to prioritise* and *implementation infrastructures* (methods, learning systems, governance, people resource)
- Recognise importance of local context – *one size will not fit all*
- *Pathway redesign* critical for sustained delivery and requires relational and technical focus

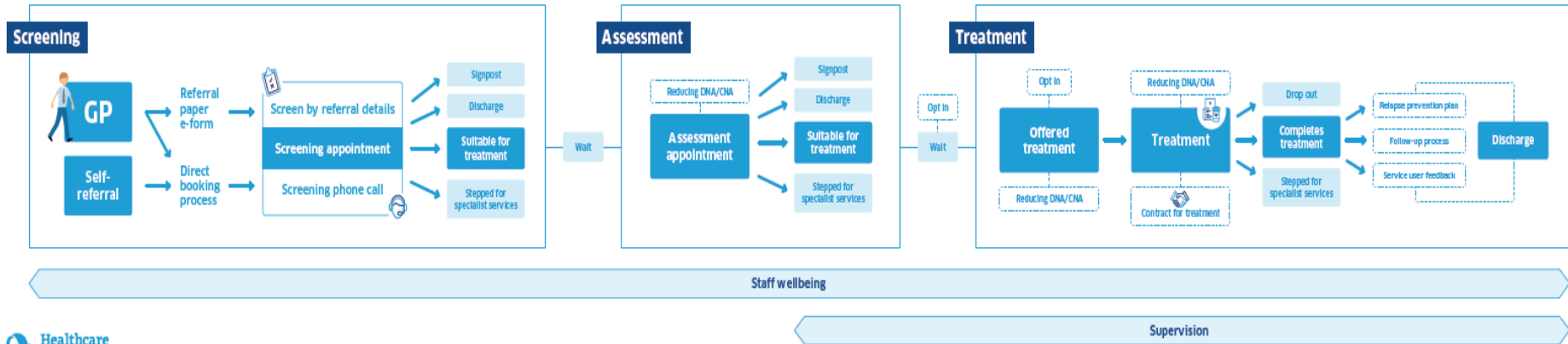
Pathway Redesign – what does the evidence say?

- Engagement of clinical teams
- Process as important as output
- Systematised approach

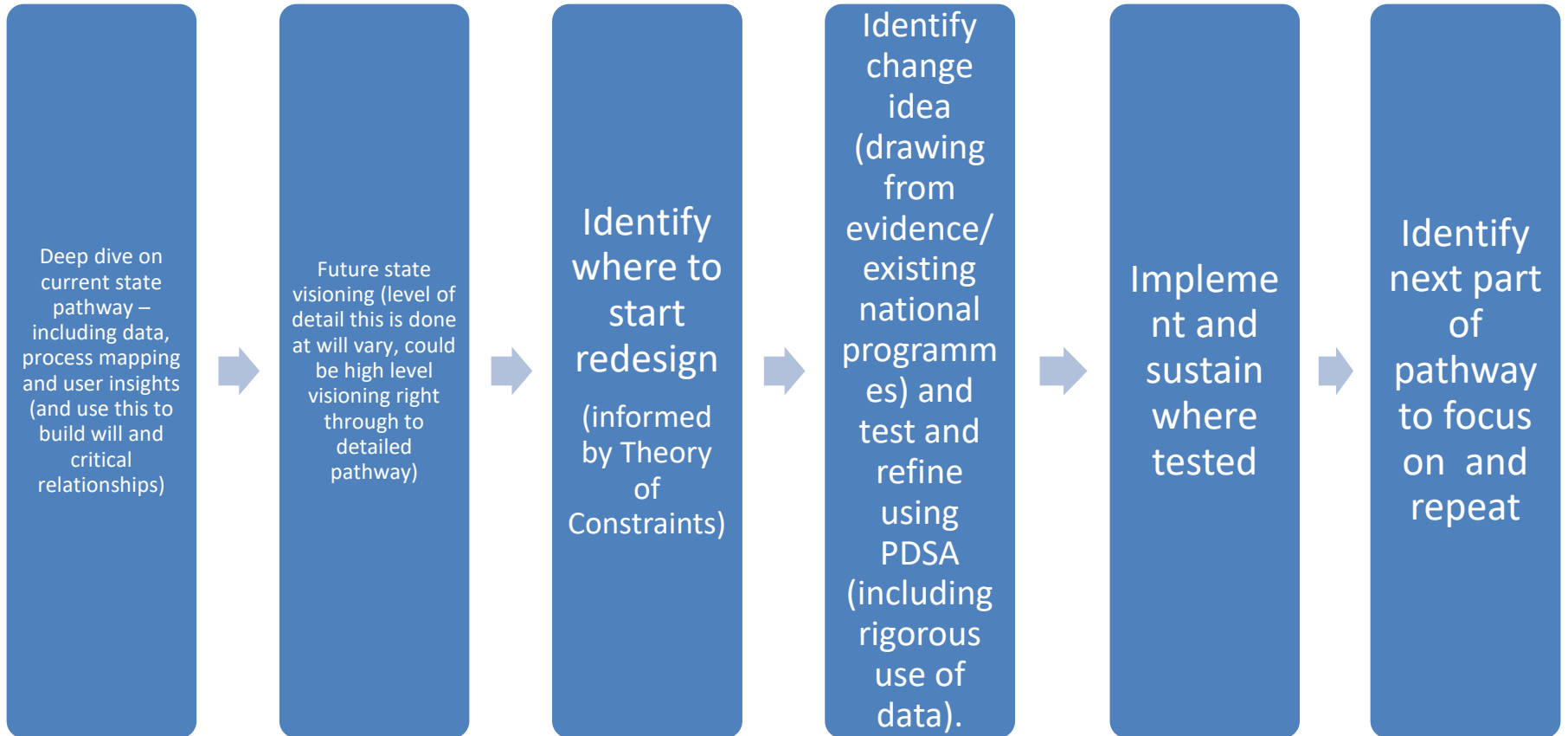
Acute Elective Systems (High Level Map)



Mental Health System (High level map)



Common components of successful pathway redesign (draft)



Staff doing the work up the middle of the design and implementation

System to spread learning

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- Recognise importance of local context – *one size will not fit all*
- *Pathway redesign* critical for sustained delivery and requires relational and technical focus
- *Data for improvement* capacity and capability is vital for success
- Principles of *realistic medicine* vital to reduce “*failure*” demand.

Local infrastructure, skills and culture which enable deployment of QI expertise to deliver sustainable improvements in waiting times whilst maintaining or improving wider quality of care

Turning the impossible into the challenging (but doable)

3

Boards

3

Pathways

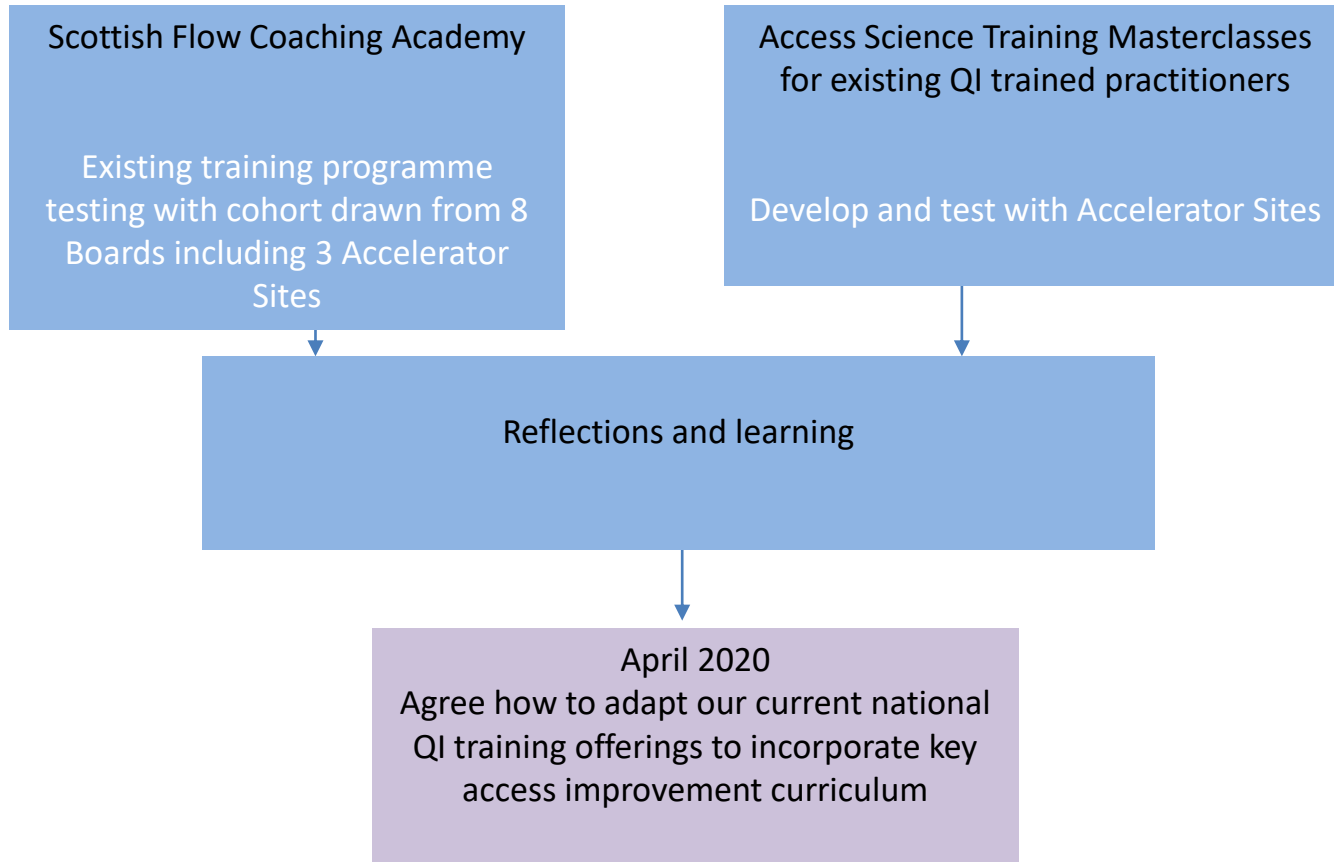
NHS Grampian	NHS Lothian	NHS Tayside
Dermatology	Dermatology	Colorectal
Gynaecology	CAMHS	Gynaecology
Urology (not fully)	Urology	Urology (not yet finalised)

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**Building QI capability
for Access
Improvement**

(developing and testing
approaches through accelerator
sites [and](#) Scottish Flow Academy)

National Implementation Support



Access QI – specifically what support will it offer?

Local infrastructure, skills and culture which enable deployment of QI expertise to deliver sustainable improvements in waiting times whilst maintaining or improving wider quality of care

**Building QI capability
for Access
Improvement**

(developing and testing
approaches through accelerator
sites [and](#) Scottish Flow Academy)

**Support to ensure
infrastructures and
culture enable
application of QI
expertise to priority
areas of work**

(developing and testing
approaches with accelerator sites)

National Implementation Support

Creating the Organisational Conditions
Board Level

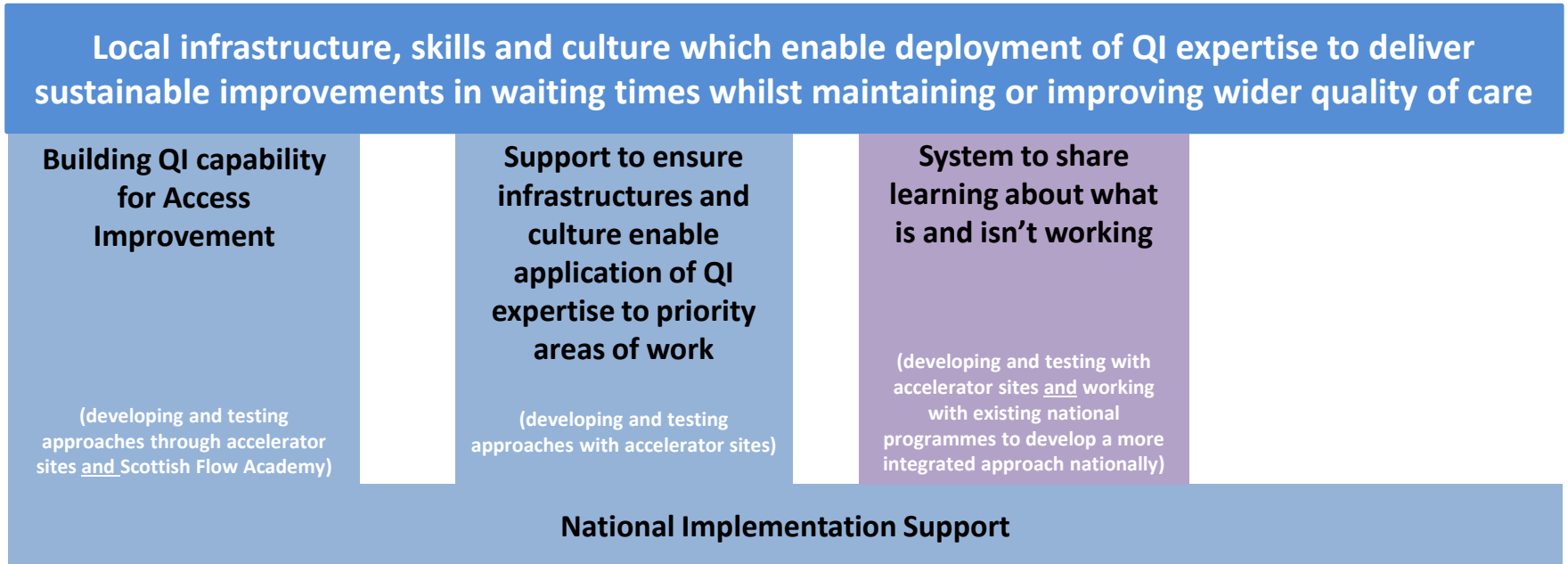
Waiting Times Improvement and
Planning Infrastructures
Relevant Programme Board

Clinical Pathway Assessment

- QI Training Needs
- Allocation of Improvement Support
- Pathway Diagnostic

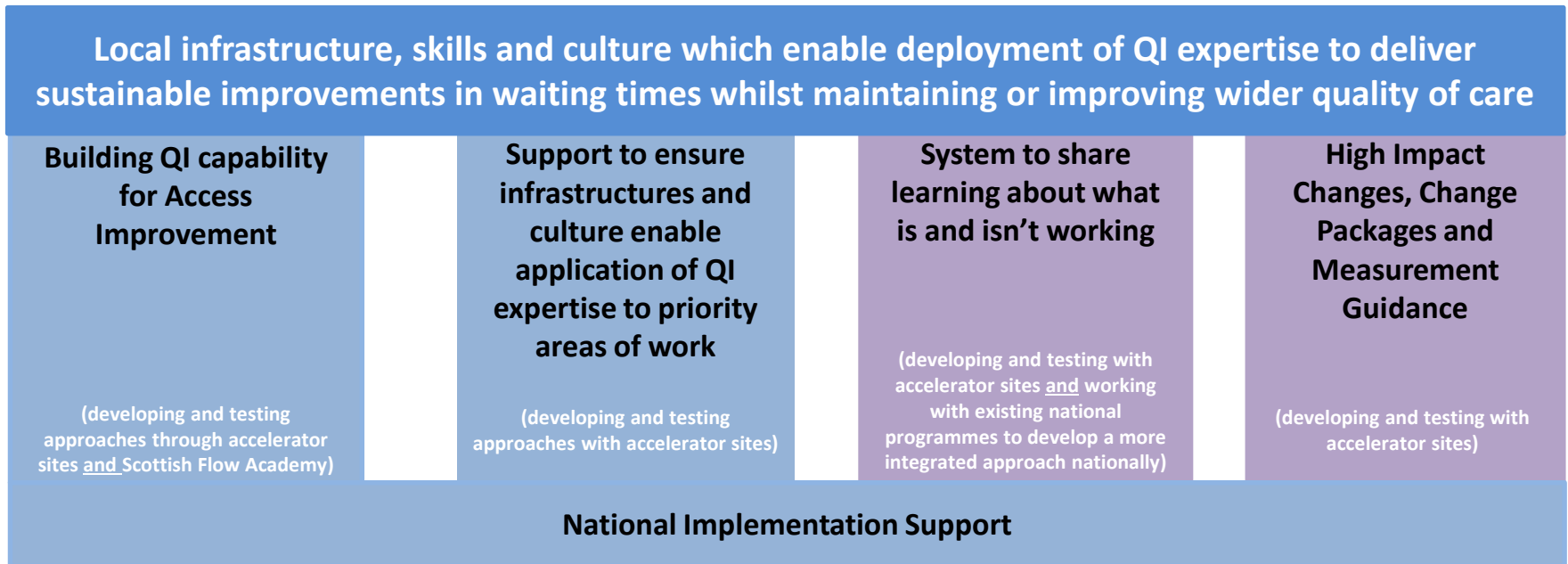
- Good practice
- Development
- External Support

Access QI – specifically what support will it offer?



- Blue pillars supported by Access QI.
- Purple pillars collaboratively supported by Access QI and existing national programmes to ensure a joined up offer to NHS Boards and HSCPs. Detail of who delivers what including clarity on roles and governance is in process of being worked through.

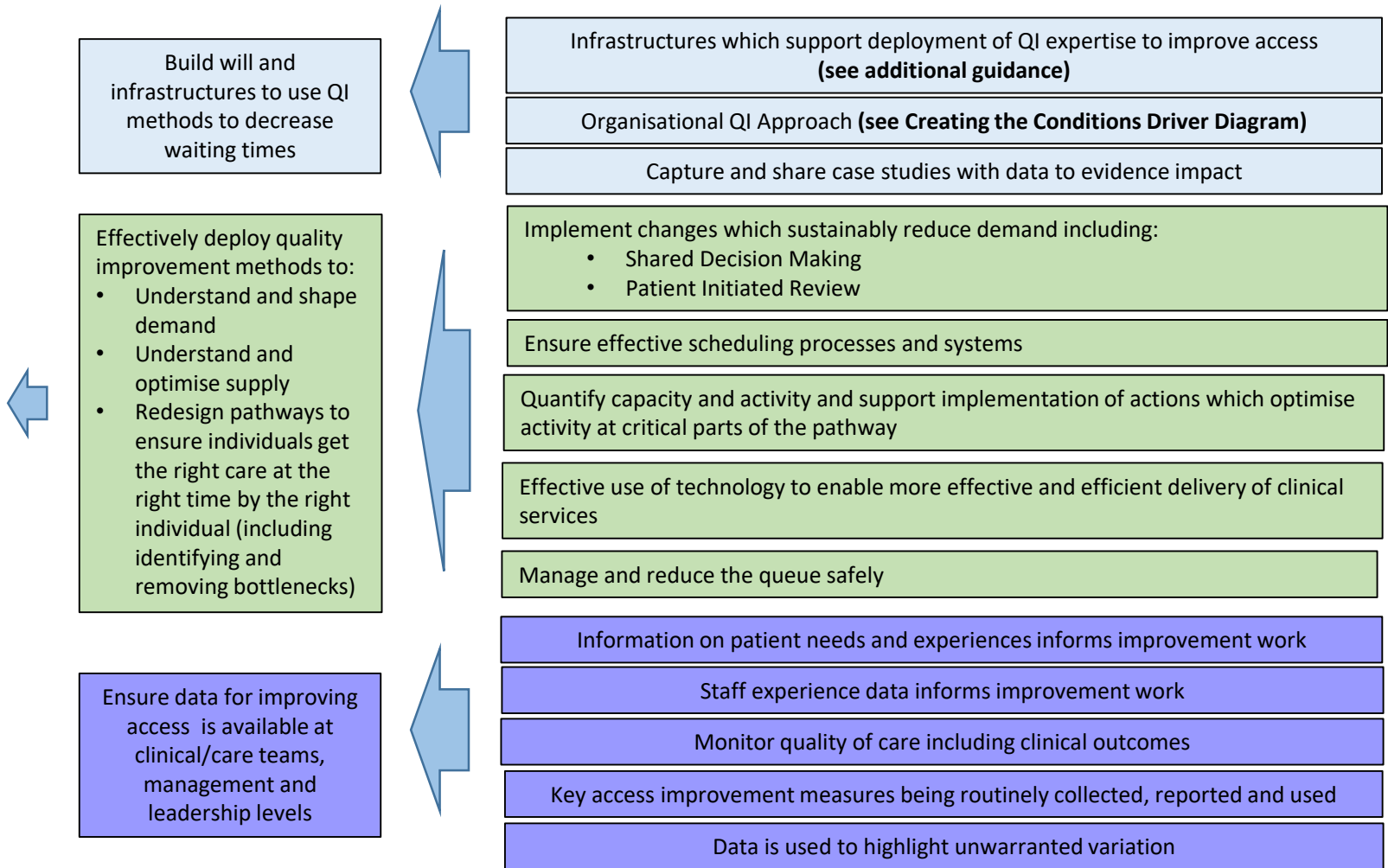
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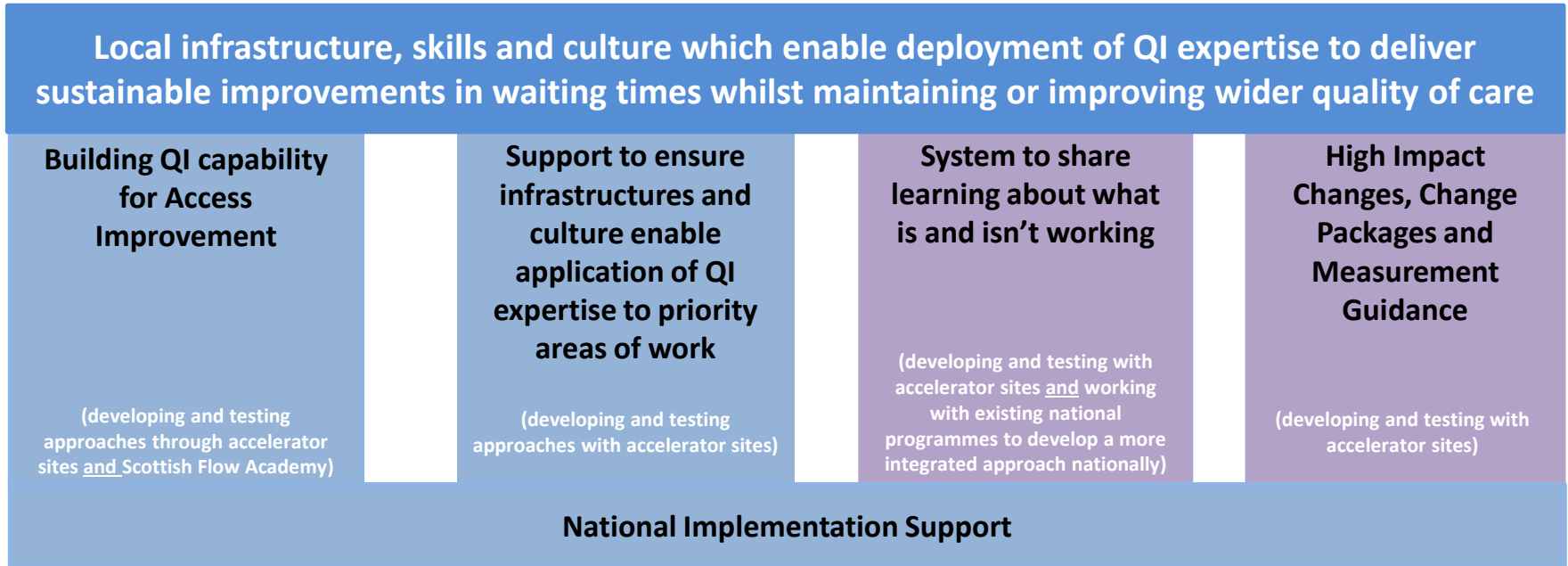
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DRAFT DRIVER DIAGRAM ON APPLYING QI TO SUSTAINABLE DELIVERY OF WAITING TIMES

By Spring 2021 affordable supply will match demand whilst maintaining or improving the quality of care



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Table Discussions

- Does thinking about waiting times improvement through a pathway/systems lens raise any questions for you?
- Do you have the right people on your team to enable you to also consider upstream changes?
- Any burning questions around the approach?