

Placing patient experience at the heart of organisational redesign: Lewes, East Sussex

The challenge

- Implementing a new population health management approach
- Remodelling clinical capacity via a single workflow
- Upskilling the whole practice team and maximising the opportunities of working at scale in a larger more complex organisation

The approach

- A programme of change led to the merger of three practices to create a new single practice entity
- Initially a three-practice steering group was established which transitioned to becoming the new entity's management committee
- Redesigned patient pathways were implemented based on a case for change rooted in potential improvements to patient experience
- Non-clinical leaders were supported with a year-long leadership training programme to enable them to perform to their full potential within the new organisation

Outcomes

- Foundry had fewer ambulance conveyances, reduced emergency admissions and occupied fewer bed days than comparator organisations
- These efficiencies equate to savings of approximately £2.4 million over a three-year period
- Non-clinical staff confidence increased, turnover reduced and awareness and implementation of Foundry policies increased

Leadership lessons



Demonstrate the value proposition to stakeholders from an early stage – demonstrating potential improvements to patient experience was important for Foundry staff



Ensure that the needs of non-clinical staff are not overlooked when devising and implementing new ways of working



Consider evaluating the impact of changes where possible, to generate evidence to show what effect new ways of working are having on the provision of services



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The challenge

Foundry PCN in Lewes, East Sussex, originally a three-practice network, wished to implement a new population health management approach in general practice building on the opportunities presented by working collaboratively and at scale.

The network created a single work flow for risk stratified patients and remodelled clinical capacity according to need.

The approach

In 2019, Foundry PCN decided to merge its three constituent practices to support operating at scale. A new system of governance, distributed clinical leadership and a function-based management structure was needed to support the single operating model and shared clinical workforce.

Managing director Geraldine Hoban led a programme of change to support the development and introduction of the new model.

The change programme was based on an initial immersion exercise involving a deep dive into patient records as well as face to face interviews. This enabled the benefits of the new approach to be articulated in terms of the patient experience and helped to galvanise all members of the practice team under a shared sense of purpose. The changes were achieved at a pace that was comfortable for the three constituent practices: initially, a steering group

was established with a clinician and a manager from each of the practices. This met weekly, eventually becoming the Foundry management committee, shifting the locus of decision-making from the practices to the network.

Under the population health management model, the network management committee, (incorporating a sub-set of partners elected from a total of 16 member practice partners) determined a number of strategic clinical priority areas – these are decided annually, based on benchmarked patient outcomes, contractual requirements, and ICS and national priority areas.

Multi-disciplinary ‘silver teams’ with access to dedicated management time and quality improvement methodology training currently cover frailty, mental health, access, disease prevention and medicines optimisation. Additionally, a year-long leadership development programme for all managers and team leaders (13 in total) is building capability and skills.

Outcomes

Kent Surrey Sussex Academic Health Science Network evaluated the scheme and found that benchmarked against similar PCNs, Foundry had fewer ambulance conveyances, reduced emergency admissions and overall occupied fewer bed days, equating to a saving to the system of approximately £2.4 million over three years.

Following completion of the leadership development programme, the proportion of participants reporting a high or very high confidence levels discussing issues such as sick leave or poor performance with team members increased from 22 per cent to 80 per cent.

Ninety per cent said they were happy with their level of personal assertiveness at work, compared with 44 per cent prior to starting the programme and no participants were unfamiliar with Foundry policies, compared with 67 per cent at the start.

Leadership lessons

Phil Wallek, network clinical director, said demonstrating the value proposition to the incumbent organisations and identifying existing examples of good practice to demonstrate the potential of new approaches was important in securing buy-in for the changes.

He described a step-by-step process, focusing on different changes and working with different sections of the staff population at different points to ensure that trust in the approach endured throughout the implementation period.

Managing director Geraldine Hoban emphasised the value of immersion events highlighting benefits of changes from the patient perspective identifying potential improvements to patient experience as critical to securing support for changes.