evidence for
better health care

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Service delivery model changes

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Design principles

We cannot specify exactly what a service model should be like

- Context
- Starting points
- What is available
- Etc.

But we can isolate the principles that create success because- ‘every system is perfectly designed to get the results it gets;

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Odd design rules

- Organise around
  - Medical disciplines not patient problems
  - Individual events not patient journeys
- Disconnected from primary and home care
- Treat repeat admissions as a surprise
- The sickest patients see the most junior doctor
- Outpatient care is really just patient storage
- Batch and queue systems
- Putting things in the wrong order

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Outpatients in the 1920s

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Design principles

Some that already apply:

- Standardise where possible & appropriate
- Centralise where necessary, decentralise where possible
- Safety as a system property

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New design principles: Study the population

Understand the population's health needs and create systems to allow stratification and segmentation so that services can be matched to patient/user characteristics based on need and risk.

- Registries
- Shared assessment processes
- Proactive care to anticipate need
- New ways to target and work with different populations (e.g. different models for highly mobile populations or ethnic groups with different expectations of how to use services)

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New design principles: Manage complexity

Develop the capability to deal with the complexity of patient needs and match these to services:

- Multidisciplinary teams including social care and mental health
- Ensuring care is at the most appropriate level
- Reduce care coordination challenges and hand-offs by multi-skilling professionals and care workers
- Capture the benefits of generalists and specialists
- Providing specialist advice more widely across the system – for example by the use of technology

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New design principles: Think about flow

Focus on flow and aligning the different parts of the system and the pace at which they work

Do today's work today

Matching capacity to demand

Separate different types of process flow from each other

A focus on interfaces, the transmission of information and standardisation of processes, equipment, communication, etc.

Moving to more 7 day and extended hour working

Access to senior decision makers as early as possible.

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New design principles: Systems and networks

Manage a system rather than individual institutions

Networks as a key organising principle – this means:

- Staff working across boundaries
- Shared approaches to patient management
- Tiered services based on need and risk and easy transfer
- Knowledge sharing and QI across the network
- Clear accountability for outcomes
- Focus on relationships more than structures
- Back up with technology

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New design principles: Share information

Shared information and standardised processes to ensure:

- Co-ordination
- Continuity
- Improved access
- Anticipation of need
- Consistent response
- Reduced travel - ‘move information not the patient’

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New design principles: Purposeful design

Purposefully focus on the design and improvement of the system:

- Remove unnecessary complexity
- Focus on continuous improvement and develop skills and leadership to support this
- Apply improvement science approaches to system design

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New design principles: Measurement and feedback

- Measurement of outcomes and key processes
- Bundled measures
- Transparency and feedback to support improvement not punish
- Commissioners should focus on outcomes

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New design principles: work with communities & patients

Work with the resources of the wider community

A central role for the patient and their goals:

- enabling self-care
- shared decision making
- patient activation
- care planning
- peer to peer support for carers and patients etc.

Patients having agency and control

- E.g. follow up

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Questions

What are the design principles that work in your area?

Are there particularly misguided ones that we have built in to current systems?

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