

### Who They Are

A partnership of NHS commissioners, primary and secondary care providers, serving a population of approximately 180,000 and undertaking 15,000 laboratory tests per day (5.5m per year).

### What We Helped Them Achieve

- *Developed a quality improvement system which brought primary and secondary care clinicians together with the lab to improve effectiveness.*
- *Supported the development of a new pathology contract.*
- *Delivered savings within the pathology service of £900,000 on a recurrent basis, equating to 25% of budget.*
- *Achieved additional recurrent savings in upstream and downstream services, which are estimated to be in the hundreds of thousands of pounds.*
- *Reduced demand into pathology to pre-2004 levels where it stabilised (previously growing at 5% per year).*
- *Achieved marked improvements in patient outcomes, clinical engagement and morale.*
- *Released capacity in primary care and community nursing.*
- *Led to commissioning of a Pathology Optimisation Team for North Devon as part of the local STP.*
- *Cited as an example of national best practice in the Nuffield Trust's paper "The Future of Pathology Services".*
- *Published in British Medical Journal: Open Quality.*

### How We Helped Them Do It

This programme of work was delivered through a series of workshops and action learning activities. In addition, a core team comprising a GP, a lab technician, the clinical lead for Pathology and a senior manager from the local CCG were supported to take an overview and to be responsible for unblocking practical or systemic issues as they arose.

The workshop design was structured into 4 phases - Clarify, Identify, Focus, Accelerate.

#### *CLARIFY*

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Delegates learned about how a focus on understanding value for patients surfaces systemic issues that impact performance. This included a mixture of theory, case studies and working together to explore how what was being learned applied to the local North Devon system.

Techniques for understanding value were described and delegates were supported to apply these through action learning.

The focus of this phase was to CLARIFY what the predictable value requirements were for patients using pathology in North Devon, while transferring knowledge about how to do that.

#### *IDENTIFY*

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With a number of clear examples of patient value now established, teams learned about how they could IDENTIFY points of leverage that would most improve performance.

Again, this involved a combination of theory, case studies and action learning.

In undertaking the action learning, delegates involved stakeholders from across their local system who had not attended the workshops, spending time

understanding how they worked, what got in their way and what the typical and predictable issues that interrupted the flow of value to patients were. This started to spread involvement and ownership.

### *FOCUS*

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Faced now with options about where and how to take action for improvement, workshop 3 explored approaches to keeping action focused, empirical and systematic.

Teams were supported to develop a simple system for agreeing, managing and reviewing action so that they could maintain co-ordination and pace.

### *ACCELERATE*

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By workshop 4 teams had examples of improvements that they had delivered, some as small experiments, others at scale. In either case, there were opportunities to consider what it would take to do more, to go faster and to make improvements sustainable.

The focus of workshop 4 was therefore how to ACCELERATE improvement by putting in place roles, responsibilities, structures and routines that would hardwire the best of their learning so far.

A number of important mechanisms emerged from this workshop, including:

- “The Clean Framework”; this was a simple way of thinking about how value flowed through pathology, how it could be measured and what responsibilities sat with requesting clinicians, with patients or with the lab. This framework has become North Devon’s Quality Policy and is now used in partnership with UCAS during accreditation reviews as part of a shared quality framework.
- A pathology optimisation team; the level of benefits being demonstrated created confidence that an investment in resourcing pathology optimisation would be money well spent as part of the local STP.
- A new contractual framework; the pre-existing contract pre-disposed a focus on reducing the marginal cost per test. This was distracting attention from the bigger opportunity (i.e. to reduce the total amount of testing required and in so doing, to reduce harm and increase value). Linked to the commissioning of the Pathology Optimisation Team, a new contract was framed around responsibility for system cost and value, encouraging partnership across boundaries over optimisation within them.
- A new clinical governance forum; learning through the workshops had demonstrated significant unwarranted variations in clinical practice. It had also shown that bringing people together using “The Clean Framework” created greater agreement and better quality in practice. Integrating this framework within a formal mechanism for clinical governance was a straightforward way to improve coordination and alignment.
- Extended use of electronic requesting coupled to systematic engagement at GP practice level; teams had learned that variation in clinical practice reduced and outcomes improved when local, practice level engagement to understand variation and electronic requesting were both in place. They were able to demonstrate that without both, benefits were not achieved or sustained. This generated energy and commitment for their systematic implementation at scale.

### Since We Left Them

The benefits being achieved in North Devon have continued to grow since our time with them concluded. In wound care, for example, the volume of wound swabs being requested has reduced to 1/4 of the previous level while heal rates have improved from a baseline of 56 weeks average and 20% ongoing to 60% within 12 weeks, 20% within 24 weeks and 20% >24 weeks. This work has also released nurse capacity (c.22 nurse appointments per week per practice) and GP time.

Members of the core team have also been identified by the national GIRFT (Getting It Right First Time) programme and are now supporting pathology optimisation across the NHS in England.

### In Their Own Words...

"Easier Inc. helped us to face up to uncomfortable truths but in a way that was positive and optimistic. We rediscovered our reason for working and the way our service works now is so different - and better - than before."

*Dr Tom Lewis, Consultant Microbiologist and Clinical Lead for Pathology  
Northern Devon Healthcare (NHS) Trust*

"Working with Easier Inc. has been a breath of fresh air. We were able to manage change across organisations seemingly easily, helping us transform performance in some areas more-or-less overnight."

*Dr Darunee Whiting, GP  
NEW Devon CCG*