Releasing time to care:

The Productive Community Services programme is coming!

The NHS Institute is setting up a NHS-wide "Productive Community Services" programme. It will be a partnership with NHS providers of community health services. We have the potential to make a difference to tens of thousands of people who use NHS community services. Our intention is to develop an evidence-based approach that can be adapted for use across the range of services and pathways of care and that will resonate with staff delivering front line services. It will focus on those areas for improvement where we can make the biggest difference most quickly for the largest number of patients. We want to produce a set of improvement tools and approaches that:

- Local providers of community health services can adopt and adapt to help accelerate the pace of change and get results for patients and staff
- Local commissioners can utilise to encourage best practice in community health pathways

This work will form part of the NHS Institute's highly regarded "Productive" series of programmes. This includes the Productive Ward, the Productive Community Hospital and the Productive NHS Leader. The "Productive" programmes have been welcomed almost universally by local NHS leaders and staff. Around the country, they are demonstrating that it is possible to release time for clinical staff to care and release time for leaders to lead by improving the basic ways we organise and manage our work. The same actions also improve quality, safety and patient experience.

We have undertaken discussions with local NHS leaders and SHA colleagues and conducted preliminary data analysis for the Productive Community Services programme. As a result, we have identified the areas below as our initial priorities. However, our goal is to create and test a generic approach that can be applied to ANY patient pathway or service team to improve the quality, safety and value for money of community based services.

An "opportunity" diagnostic

As in other "Productive" programmes, we want to focus our efforts on areas that have the potential to deliver results for a high volume of patients. So our first proposal for Productive Community Services is to develop and test a diagnostic process that leaders of community services can use to get the big picture of where the biggest local opportunities for improvement are. It will work from the patient pathway perspective, identifying which groups of staff contribute to which pathways and pinpointing the opportunities for more joined up care. We will build on the best of existing NHS practice in this area such as the "Directory of Local Services", developed by the West Midlands SHA and Ernst & Young, and pioneered by Wolverhampton and South Staffordshire PCTs.

The Productive Community Team

As in the Productive Ward, we will link up with front line NHS teams to work out what it takes to create a consistently great service for every patient. Often our staff have to work hard to provide good care in spite of the system, not because of it. We will seek to eradicate those activities that get in the way, such as unnecessary paperwork and travel, and to create new systems that make it easy to provide reliable care all the time. We want to release time to care, maximising the proportion of time that staff get to spend with patients and enhancing the quality of the care.

We will create a series of modules for high performing community teams that will be available to the whole NHS. These are likely to include:

- **The well organised patient pathway:** we will offer tools to help front line teams to analyse their current activities and to develop and test more effective working systems. The key aspect here is that it is the staff themselves who will improve their own processes and pathways in partnership with their own patients

- **Patient status at a glance:** we will create systems that enable multi-professional and multi-location teams to understand the status of every patient, using the most up to date "visual management" techniques. Not only will this enable clinical professionals to better co-ordinate care, it will help the flow of patients through the system

- **Knowing how we are doing:** we will develop a "balanced scorecard" that enables the leaders of local teams to understand team performance and set team improvement goals. This will cover multiple dimensions including safety, quality, productivity, patient experience and staff experience. This will build on, and complement, other initiatives to develop metrics for community health services.

High volume pathways

We also want to focus the Productive Community Services programme on pathways of care that impact on thousands of patients, account for a significant proportion of staff activity and represent a substantial cost to the NHS. Based on evidence from activity audits that have been carried out by a number of PCTs, we have selected three "high volume" pathways of care to start the programme:

- Wound care
- Stroke care
- Continence services

We will build on existing best NHS practice in these areas. The emphasis will be on "how" rather than "what". Clinical professionals already know "what" to do to provide great care. Typically, the reason why every patient does not get it is because the systems are not designed for it. It is the systems, not the staff, which are the fundamental problem. Productive Community Services will focus on "how" to redesign the system.

Feedback from local NHS leaders is that in many cases, actions are being taken to increase patient contact time but there is less focus on what is actually happening during patient contact time. Overall at this point, we do not have the evidence that increased contact time is leading to better clinical outcomes and enhanced patient experience. This needs to be at the heart of the programme and its pathway redesign work. Our aim is not just to release time to care but to release time for effective care.

We want to test a "care bundle" improvement approach to these pathways. A care bundle comprises a small group of clinical actions which have been shown to improve outcome, which are achievable, measurable and not yet performed for the majority of patients. The principle is that the benefit to a patient of the whole care bundle is greater than the sum of the parts. Care bundles are well established as an improvement approach within the NHS. They were one of the Ten High Impact Changes (NHS Modernisation Agency, 2005). Care Bundles are the main approach to clinical systems improvement underpinning the Institute of Healthcare Improvement (USA) "Five Million Lives Saved" campaign (IHI, 2008). Whilst there is little evidence of Care Bundles being applied to wound care, stroke and continence pathways in the community, we anticipate that local teams will respond well to the approach, creating their own bundles from the available evidence, working in their own local circumstances and building systems to continuously improve care.

Leadership development

One of the key lessons from the Productive programmes to date is that whilst they appear to be about improving services, their biggest strength is in developing local leaders. For instance, the Productive Ward has made a significant impact in skilling and empowering Ward Managers to gear up the performance of their units and in creating a stronger relationship between front line leaders and senior leaders. We anticipate that the same will happen with managers of community services as a result of this programme.

Next steps

The programme is being created using the NHS Institute's work process design methodology. We are following a step by step structured process to make sure we get the best possible outcomes for patients and staff from the programme. Every stage of the programme will be "co-produced" with the NHS. This means that it will be a partnership between the NHS Institute and local teams. It will be based on the real life ideas and experiences of front line staff.

The first phase is to "understand and reframe" the situation, the challenges and the possibilities. We have commissioned an initial literature review of global best practice in community teams and in the patient pathways on which we will initially focus. We are also carrying out a rapid "big picture" exercise to understand where the good practice and leading-edge improvement thinking is across the NHS in the areas of scope of the programme. This will enable us to build the proposals on the best of what already exists within the NHS.

In the early autumn, we will begin testing ideas and developing improvement approaches with a small number of providers of NHS community services. By early 2009, we hope to be working with a larger number of NHS "learning partners" to test how to scale up the programme from a small to a large number of participating NHS organisations. We aim to launch the programme nationally as early as possible in the 2009/10 financial year.

For more details

If you want to follow the progress of Productive Community Services, you can sign up at our website www.institute.nhs.uk/productivecommunityservices. We will send you automatic updates and give you opportunities to get involved. As with the Productive Ward, we anticipate that many NHS provider organisations will not want to wait until the official national "roll out" of the programme. We will be willing to share knowledge and draft documents as they develop. Signing up via the website will be the best way to access these.