INNOVATION AGENCY
Academic Health Science Network
for the North West Coast

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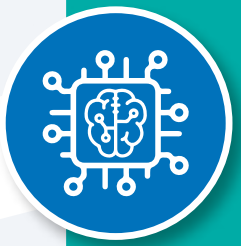
THE INNOVATION AGENCY APPROACH TO COMPLEX CHANGE AND SERVICE TRANSFORMATION

COMPLEX CHANGE AND SERVICE TRANSFORMATION



DO YOU...

...Struggle to find time to think about improvement?

...Find the idea of complex change overwhelming?

...Know enough about the technologies available that can help you run your service more effectively?

...Have the confidence to demonstrate the benefits of change to your commissioners?

WHAT IF...

...We could help you to hold space?

...There were professional coaches to support you while you imagined a better future?

...We could introduce you to innovations that could optimise your workflows?

...We could model the impact of the changes you are proposing?

OUR MODEL...

...Co-designs a future state that improves outcomes by introducing innovations that optimise the deployment of resources whilst embracing the concept of integrated care.

WE HAVE SKILLS IN...

- DESIGN THINKING
- COACHING
- WORKFORCE PLANNING
- INNOVATION CURATION
- DIGITAL INTEGRATION
- PROGRAMME MANAGEMENT

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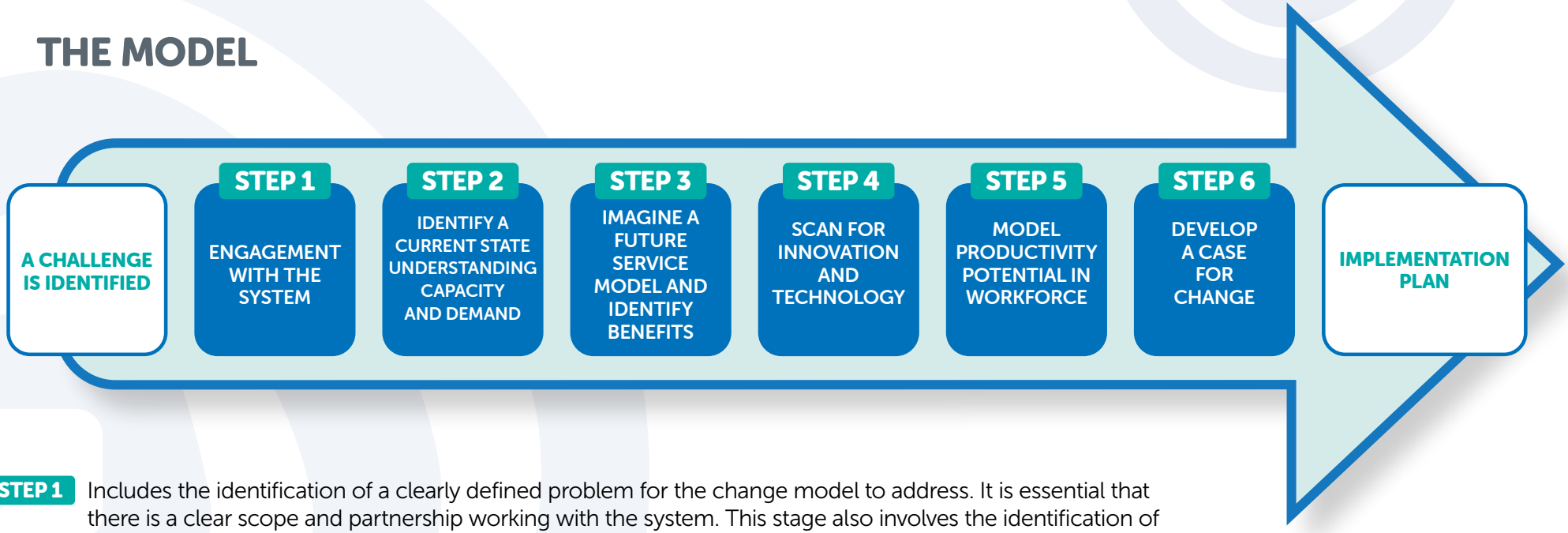
THE MODEL



STEP 1 Includes the identification of a clearly defined problem for the change model to address. It is essential that there is a clear scope and partnership working with the system. This stage also involves the identification of key stakeholders, governance structures and full project initiation documentation.

STEP 2 Through a series of design and development workshops with a group of key stakeholders, we will identify the current state and associated challenges. Where possible data will also be sourced to demonstrate the current state and associated capacity and demand.

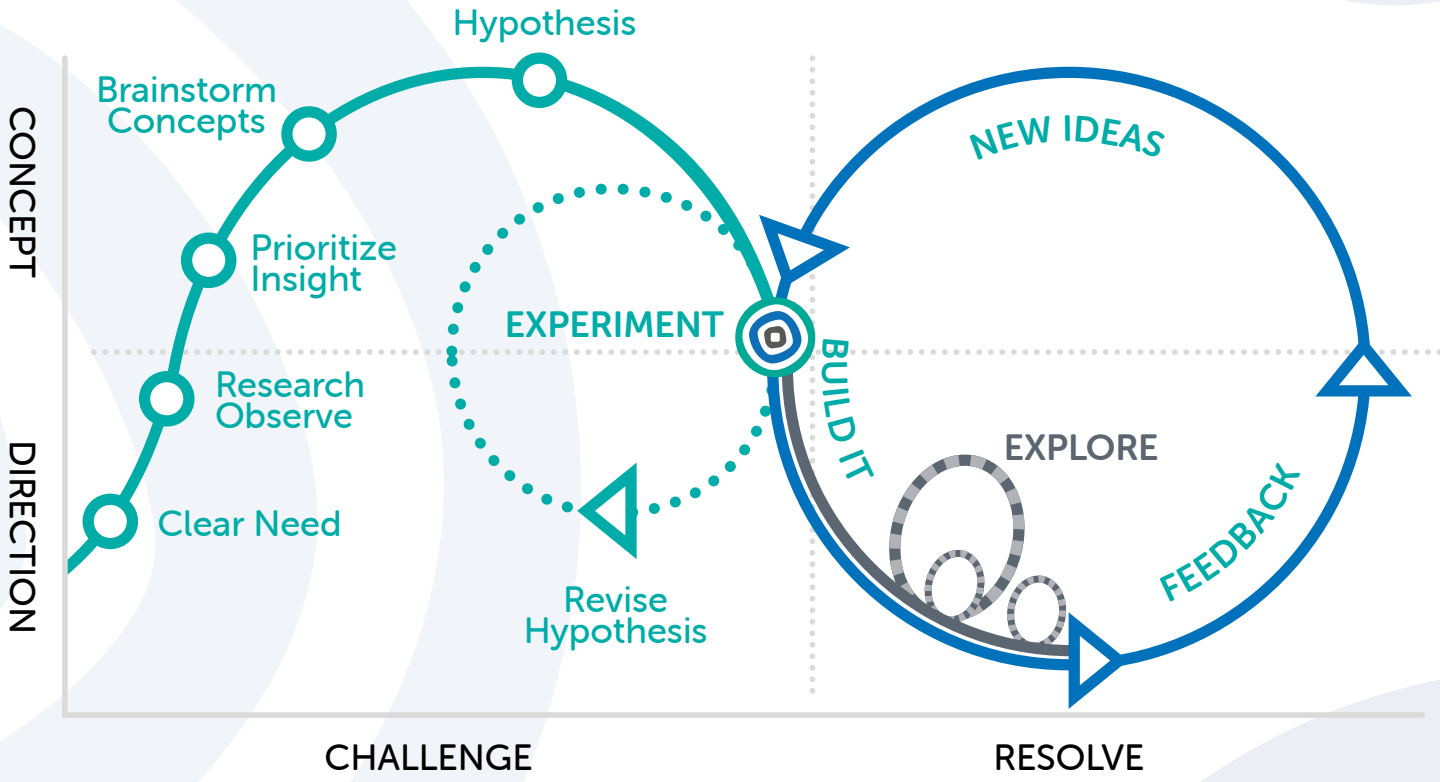
STEP 3 A collectively designed future state that addresses the identified challenges will be drafted, socialised and developed through many iterations.

STEP 4 Where the future state calls for innovation and technology we will scan for available products that may meet that need, mapping and working within the existing digital infrastructures.

STEP 5 The potential benefits of the proposal will be identified with a particular focus on the productivity potential for the workforce and patient flow.

STEP 6 The end result of this work will be a case for change document that can be considered for implementation by the system.

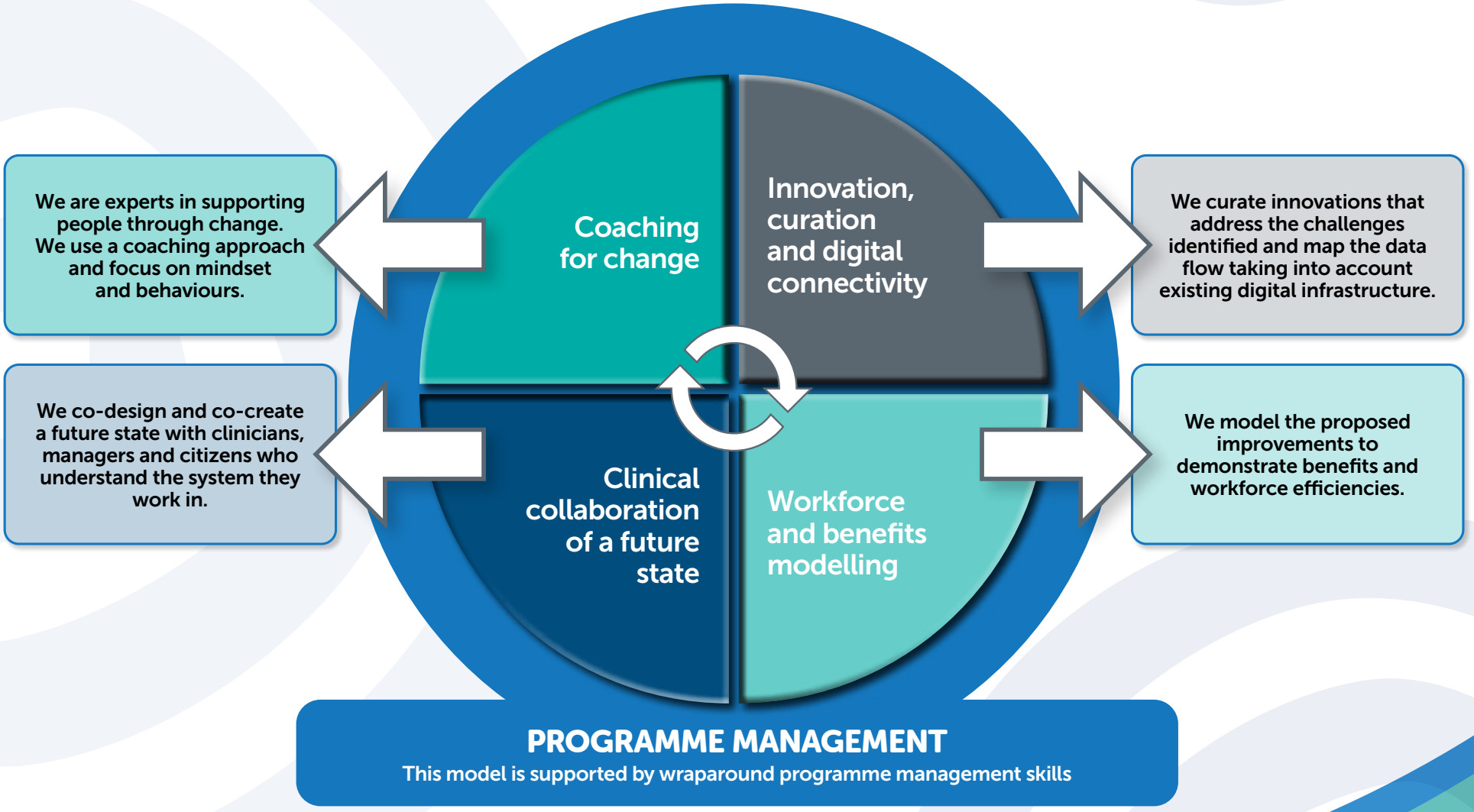
THE APPROACH



(Dave Landis - https://lithespeed.com/lean-ux-dont-part-1-3-2/)

- Although our six-stage model appears linear, we understand that change is complex, messy and ambiguous.
- The approach that the model takes is more closely aligned to the left-hand side of the diagram that involves a lot of cycles of change and revised hypothesis based on broad socialisation with stakeholders.
- The end-point of our programme corresponds with the mid-point of this diagram where a case for change is produced for consideration.

HOW WE SUPPORT CHANGE



AN EXAMPLE OF THE CHANGE MODEL IN ACTION:

ADULT ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) SERVICE MODEL

We started with a service model that was a traditional referral from primary to secondary care for those who hit the referral criteria. This left many with no support at all and long waiting times for those referred. The future state was identified as a primary care-based service enhancement. This will result in improved access, patient flow and workforce efficiencies and we expect an overall reduction in cost per patient as increasing numbers of patients with lower dependencies who are currently excluded gain access to services. This is intended as an approach that can be tailored to fit with existing local initiatives, changes can be taken collectively or in isolation and adapted where necessary.

THE MAJOR CHANGES TO THE PATHWAY ARE:

CHANGE 1 CONSISTENT ONLINE EDUCATION REPOSITORY

Provides validated educational self care resources and digitally enhances the service by enabling electronic self assessments.

CHANGE 2 NEW MENTAL HEALTH PRACTITIONER ROLE

Creates support in primary care, both digitally and personally with a new role development of a mental health practitioner, without adding to GPs' workload.

CHANGE 3 SELF-MANAGEMENT PLATFORM

Includes a patient self-management platform to hold the educational resources, provide remote monitoring via patient trackers and integrates with a variety of prescribed treatment applications.

CHANGE 4 DATA TRANSFER FROM PRIMARY CARE TO SECONDARY CARE

Interfaces with secondary care to enable data-sharing.

CHANGE 5 ANNUAL REVIEWS IN PRIMARY CARE

Enables annual reviews to take place in primary care, protecting capacity for new referrals in secondary care.

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