

NHS Waiting Lists and the TOC Approach



What's the biggest block to cutting NHS waiting lists?

- lack of resources?
- lack of staff?
- outdated working practices?

Or could it actually be a conflict of interest for those at the (literal) cutting edge?

Read this report – courtesy of Clarke Ching (www.clarkeching.com) – who was quoting/commenting on an article from the Sunday Times:

UK SURGEON USES TOC APPROACH TO DOUBLE CAPACITY AND ELIMINATE WAITING LISTS

A surgeon in the National Health Service has more than doubled his work rate by introducing a French-style “production line” under which he carries out overlapping operations in different theatres.

John Petri, a consultant orthopaedic surgeon, introduced the system after finding himself frustrated at spending time “drinking tea” while patients were being made ready for operations at his Norfolk hospital.

The results:

- Trial figures show that over 50 operating sessions, Petri performed 270 major and minor operations using the dual theatre system. Two colleagues using the traditional single theatre approach together performed only 225 operations.
- Petri can now operate on patients within two weeks of their first consultation. “I don’t drink tea between operations any more. My waiting list is zero,” he said.
- At present the 1,530 NHS orthopaedic surgeons each have about 140 patients waiting three to nine months for surgery.

How did he do this? It looks like he either knowingly or intuitively used TOCs process of on going improvement (aka the Five Focusing Steps), namely:

1. Identify the constraint
2. Exploit the constraint
3. Subordinate to the constraint
4. Elevate the constraint
5. Go back to step one

First, he has identified himself – or surgeons in general - as the current system constraint:

- “It took me some time to understand how the British system worked but I could not understand why it had waiting lists. When I asked, people would talk about resources. What I saw was that surgeons spent chunks of their time idle waiting to operate,” he said.
- “If you were running a factory, you wouldn’t allow your most important and most expensive machine to stand idle. The same is true in a hospital.”

Second, he’s figured out how to exploit himself as the constraint – i.e. how to make him as efficient as possible:

- He operates on one patient while the next is prepared in a second theatre. Petri moves on to the second patient while leaving a junior to finish the first. By the time the second operation is nearing completion, a third patient is waiting for him in the original theatre.
- The system enables him to perform as many as five hip and knee replacements in a single shift, compared with one or two typically carried out by surgeons who use one theatre. They have to stop and wait after each operation for the next patient to be prepared.
- He now operates for five hours at a time instead of the standard 3½-hour session.

Third, he's subordinated the other resources in the process to make sure he is as busy as possible:

- Petri convinced anaesthetists and theatre staff to change the way they worked but was unable to persuade fellow surgeons to join the initiative.
- He uses two anaesthetists so there is always another patient waiting for him and the gap between operations is the five minutes that it takes to scrub himself down. He believes the system has reduced the time he is idle by between 40% and 60%.

Ahhh, but he wasn't always the constraint, it looks like it was once theatre space. Petri persuaded his boss to spend some money to 4) ELEVATE the previous constraint. This was enough to give the theatres spare capacity so that Petri himself was the constraint.

- He persuaded his chief executive to carry out a trial of his "dual operating" idea in 2001 and to build a new theatre.

And, other hospitals will perhaps have different constraints:

- Anne Moore, of the Royal College of Surgeons, said lack of resources meant "dual operating" was not always viable: "There is nothing to stop surgeons operating Petri's system. In America surgeons move between as many as 12 theatres but in the UK there are not enough anaesthetists, theatres or other staff to make it work."

But, perhaps that's not the biggest problem:

- Petri's initiative has been welcomed by his hospital managers who believe it could become a model to cut NHS waiting lists. It is being shunned, however, by his colleagues some of whom, he believes, may be deterred by "the sheer hard work" involved in the new system.

Doctors, afraid of hard work? Hmm, I doubt many of them are afraid of hard work ... it takes a lot of work to become a doctor perhaps there's something else going on?

- There could be drawbacks for surgeons employing Petri's methods. As his NHS waiting list has been cut, so the incentive for patients to employ him privately has diminished.
- He estimates that his private income has fallen 10% in the past year and he expects it to fall further next year.
- Petri said: "I care about my private practice but I care more about people who have no money getting their operation tomorrow and not having to wait a year."
- A survey by the British Medical Association found that one in eight consultants earned at least £100,000 a year from private practice.

So.....

What is needed to

- **Cut waiting times?**
- **Achieve faster flow?**
- **Achieve overall improvement in the performance of areas such as clinics, A & E and elective surgery?**

We offer a proven solution, a combination of software and a change management leadership programme, that is aimed at reducing both length of stay and patient waiting time.

Using the Theory of Constraints we help to embed systems and procedures that support NHS targets now and in the future.

Part of our process is to use the Training Modules shown on the next pages:

AN INTRODUCTION TO TOC-LEAN FOR HEALTHCARE

A 2-day workshop that takes the lessons contained within the 'The Goal' and demonstrates how these operational management ideas can be, and are, used to improve performance in the NHS.

Workshop Content

Much of the content will be based on our own experience within healthcare.

Through a combination of highly interactive computer-based simulations, lectures and discussion, participants will learn:

- The role and impact of dependent events and statistical fluctuations in complex health systems.
- How to manage complex health systems using the 'Five Focusing Steps' of the TOC-Lean approach.
- How to apply the 'Drum-Buffer-Rope' application in managing the discharge process and elective and emergency pathways, with a demonstration of our own software.
- The steps required to initiate a successful implementation in the participant's environment, tracked and documented using an A3 story board.

Who should attend?

The workshop is held for up to 12 people at a time, drawn from different areas of the NHS but who are all keen to lead improvements to the performance of their organisation using the TOC-Lean methodology

Timescales

This is a 2-day non-residential programme, usually held at our training centre in Melton Mowbray.

Each day starts at 9am and ends at 5pm.

Fees for the workshop

The fee for this programme is £750 (ex VAT) for each participant.

The fees are inclusive of all materials, tea/coffee and lunch. Fees are payable prior to commencement of the programme.

This programme can also be run specifically in-house for an NHS organisation. Why not consider bringing your team and allow them to see just what TOC-Lean could achieve?

Choose and book

To book a place on this programme please contact Diane on 01664 502860 or dianej@toc-lean.com

TOC-LEAN HEALTHCARE APPLICATIONS TRAINING

A 10-day programme focusing on developing NHS and Social Care staff in the TOC-Lean applications in order to achieve significant improvements across Health and Social Care environments.

Workshop Content

Drawing greatly on our own experience within healthcare, this workshop comprises three modules of highly interactive computer-based simulations, lectures and discussion.

You will learn the TOC-Lean approach to 'Operations Management', 'Project Management' and 'Finance and Measurement', which includes developing the specialist skills necessary to work with the challenges associated with leading and managing change.

First Module: 3 days

- The role and impact of dependent events and statistical fluctuations in complex health systems.
- How to manage complex health systems using the 'Five Focusing Steps' of the TOC-Lean approach.
- How to apply the 'Drum-Buffer-Rope' application in managing the discharge process and elective and emergency pathways.
- Examination of the TOC-Lean software support used to achieve a major breakthrough in performance in key hospital processes.
- Analysis of the skills necessary to initiate, lead, project manage and support an implementation.

Second Module: 3 days

- Managing the Health and Social Care system as a multi-project environment.
- The TOC-Lean Critical Chain approach to single projects.
- How to schedule multi projects using Critical Chain.
- How to apply these techniques in managing patient flow across the Health and Social Care system.

Third Module: 4 days

- How use the TOC-Lean tools to identify the core underlying policies, measures and behaviours, both formal and informal, that are constraining the performance of the whole system
- How to develop TOC-Lean measures across the whole system focused on identifying: what to change; what to change to; and how to sustain ongoing improvement.
- How to align local and global performance.
- How to develop the ability to gain consensus towards the direction of a solution.

Who should attend?

The programme is held for up to 12 people from different areas of the NHS who have responsibility for leading and improving the performance of their organisation or across the Health and Social Care system.

Timescales

This is a 10-day non-residential programme, split over 3 to 4 weeks and usually held at our training centre in Melton Mowbray.

Each day starts at 9am and ends at 5pm.

Fees for the workshop

The fee for this programme is £3000 (ex VAT) for each participant.

Fees are inclusive of all materials, teas/coffee and lunch. Fees are payable prior to the commencement of the programme.

Choose and book

To book a place on this programme please contact Diane on 01664 502860 or dianej@toc-lean.com

TOC-LEAN LEADERSHIP PROGRAMME

This 12-day programme develops the participants' capability to lead and develop breakthrough solutions in any or all parts of the Health and Social Care system

Programme Content

At the end of the programme each person attending will be able to use the TOC-Lean tools to answer the following questions:

- **What to change?** What are the core underlying constraint (s) limiting the performance of the whole system?
- **What to change to?** Developing the breakthrough required. Identifying the key TOC applications necessary and sufficient to achieve a breakthrough.
- **How to achieve the change?** Addressing the necessary and sufficient changes in policies, measures and behaviours, formal and informal, to achieve the breakthrough; documentation through A3 story boards.
- **How to maintain the intervention** in terms of replicability, sustainability and scalability.

This is an intensive training and development process spanning three months with homework between modules. Each participant will use this programme as a vehicle to initiate, lead and implement a significant breakthrough solution within their area of responsibility.

First Module: 4 days

What to change

1. Capture the key problems and issues affecting performance.
2. Understand the impact these issues have on the ability of the organisation to deliver against the goal.
3. Construct the logical connections of the current reality.
4. Identify the core problem affecting the overall performance of the system.

Second Module: 3 days

What to change to

1. Determine the direction, and identify the benefits, of the solution.
2. Construct the full solution, incorporating measures of success.

Third Module: 3 days

How to achieve the change

1. Construct the detailed implementation plan.
2. Ensure that buy-in is achieved.
3. Implement the plan according to TOC-Lean Project Management.

- **Plus 2 days of in-house coaching support**

Who should attend?

The programme is held for senior people from any one area of the NHS who have responsibility and authority for leading.

It is preferable if at least one participant has attended the 10 day TOC-Lean applications Training.

Timescales

This is a non-residential programme, usually held at our training centre in Melton Mowbray. Each day starts at 9am and ends at 5pm.

The training takes 10 days, spread over a period of 3 months, and is followed by 2 days of in-house coaching.

Fees for the workshop

The fee for this programme is £6000 (ex VAT) for each participant. Fees are inclusive of all materials, tea/coffee and lunch. Fees are payable prior to the commencement of the programme.

Choose and book

To book a place on this programme please contact Diane on 01664 502860 or dianej@toc-lean.com