

Case Study: Utilisation continued

that these area were very sparsely occupied and sometimes empty.

Recommendations included:

- Planning individual rooms for use within suites rather than the suite as a whole;
- Reassessing activity and capacity of the clinical rooms and scheduling clinical activity accordingly;
- Importing more outpatient services in line with 'closer to home' care models;
- Organising a simple system of desk sharing between community team members enabling rationalisation and releasing space for clinical services.

Added Value

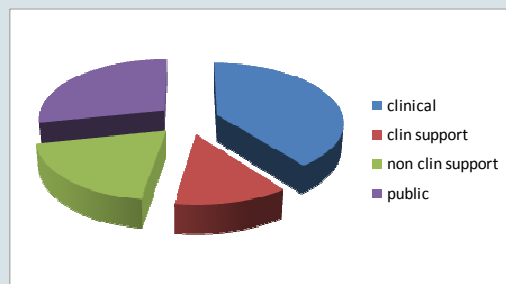
The estate provides space and facilities for many differing activities. Some of these are at the heart of delivering clinical activity others provide some sort of support service, whilst others are public and circulation space. A productivity review needs to challenge this 'hierarchy' and focus more emphasis on creating functional clinical space. There are many examples where the clinical productive space represents a small proportion of a total departmental area and where through re-engineering processes or changes in operational policy can release productive space and increase clinical activity.

Analysis: Added Value Hierarchy

A study by SHP of the current HBN for outpatient services shows the proportions of clinical, support and public areas.

Strategies to improve clinical capacity can include:

- Reorganising public areas and flows;
- Centralising waiting and welfare amenities for patients;
- Assigning support facilities on a more generic and shared basis.



Supporting healthcare organisations through change

Securing Change

Securing change within current circumstances is not easy. Its as much about 'hearts and minds' as buildings. The key to effective securing and delivering change is a structured process that:

Gets the right answer for the organisation

Engaging with the process of improving estate utilisation needs to be specifically targeted at the Trusts or PCTs business and service plans. It needs to be relevant, informed and focused on specific solutions.

Takes key stakeholders along

The increasing involvement of key stakeholders in Trust plans whether they be commissioners or other public sector bodies, clinical teams or informal influencers means that resultant plans from estate rationalisation or service change need to be developed within a positive environment. The evidence from a robust productivity assessment process will assist in supporting the winning of hearts and minds involved in the change process.

Stands up to scrutiny

The evidence generated by this approach to estate surveys will provide a platform for robust negotiation with clinical colleagues and other internal stakeholders as well as external scrutineers of plans.

In Summary

In summary the key to improving productivity of the NHS estate lies in:

- Critically evaluating how the current estate is actually used;
- Challenging clinical throughput based on evidence of benchmarked productivity;
- Developing affordable 'best fit' solutions based on appraisal of how spaces 'add value' to the clinical process.

For more information contact:

Greg Pike, Director
Strategic Healthcare Planning Limited
TTC House, Hadley Park
Telford, Shropshire TF1 6QJ
01952 677660
info@shp-uk.com
www.shp-uk.com

Reducing costs, new clinical models & minimal NHS capital

- Challenging productivity of the NHS Estate



Contact Details:
Greg Pike, Director
Strategic Healthcare Planning Limited
TTC House, Hadley Park
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01952 677660
info@shp-uk.com
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The Challenge

Your estate combined with clinical performance can hold the key to:

Reducing costs

Restructuring service delivery

Delivering change with minimal NHS capital

The challenge to all Trusts & PCTs is to ensure that their estate makes an effective contribution to improving the organisation's financial and business performance; the service delivery agenda; resolving the pressure on demands for estate capacity; and achieving change with minimal capital expenditure. Commissioners also need to ensure that their providers estate are fit for purpose and congruent with strategic service investment.

Altogether a major challenge!

Policy Drivers

The current Quality, Innovation, Productivity and Prevention (QIPP) drive within the NHS is amongst other things placing innovation and productivity at the heart of efficient healthcare delivery with potential for major restructuring of acute care.

The current transformation agenda for Primary and Community care is also placing increasing demands on the PCT estate.

These service drivers coupled with the general revenue outlook, current CIPs and lack of capital for investment are creating a major challenge to achieve change through improving the productivity of the NHS estate.

This challenge requires a response that benchmarks clinical productivity, critically evaluates estate utilisation and develops low cost capital solutions to service change.

Premises Assurance Model

The forthcoming Premises Assurance Model will no doubt target utilisation performance amongst a wider set of estate standards and reinforce the fact that a productive healthcare estate is an essential asset. An ineffective or under utilised estate is a major financial burden.

CIAMS

The current Commissioner Investment and Asset Management Strategy (CIAMS) exercise will no doubt target utilisation and asset performance as an agenda for change in its own right. The output needs to be coupled with other strategies to create a realistic plan to respond to service and financial targets.

The Change Agenda

The change agenda for the estate is driven by both service and estate issues..

Service drivers can include:

- Achieving major cost efficiencies;
- Responding to strategic service restructuring;
- Service rationalisation between sites;
- Absorbing increases in clinical activity;
- Delivering key business results;
- Improving the patients' experience;
- Changing models of care;
- Service rationalisation.

Estate drivers can include:

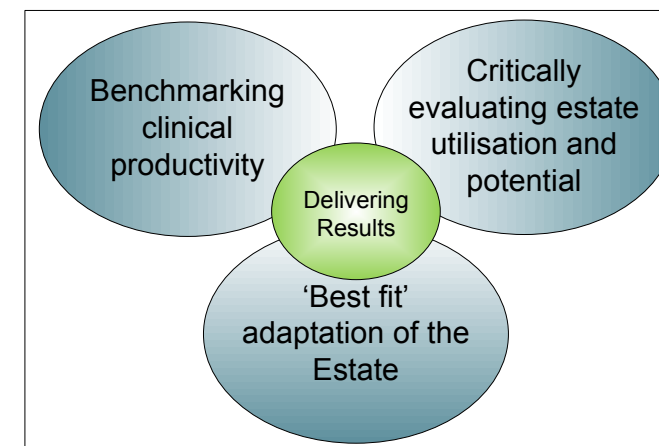
- Engaging the estate with core Trust business;
- Engaging the estate with world class commissioning standards;
- Achieving Premises Assurance Model requirements for Trusts or CIAMS objectives for PCTs;
- Reducing overhead costs;
- Realising CIP targets;
- Remodelling the purpose of buildings;
- Ensuring effective use of clinical facilities / minimising under-used space;
- Contributing to 'Lean' process reengineering initiatives;
- Flexibility to meet changing demands;
- Implementing the consumerism agenda including single gender accommodation;
- Reducing estate liabilities.

A coordinated approach

The NHS estate can enable major change in clinical service delivery or it can be viewed as a major liability. In either case a strategy needs to include an appropriate response to service demands and an efficient investment solution.

This can be achieved by:

- A critical evaluation of benchmarked clinical productivity within current facilities;
- A comprehensive data base of relevant estate utilisation including a quantified hierarchy of clinical and other spaces;
- An agenda of 'opportunities' for lowest capital cost options to change the estate for maximum economic advantage.



Clinical Productivity

Clinical productivity is at the centre of cost efficiency for a clinical service provider.

Measuring this and applying these parameters to the use of facilities forms an essential part of a clinical productivity strategy.

The approach needs to include clinical benchmarking. This will both assess potential and provide a valuable evidence base to constructively challenge clinical throughput, models of care and other organisational inefficiencies. These measures alongside critical appraisal of utilisation will enable estate productivity to be maximised with minimum clinical investment.

Case study: OPD productivity

A recent project undertaken by SHP within an acute hospital showed that the current outpatient department was almost fully scheduled for 10 sessions per week. The need to expand the adjacent emergency department required space to be released within the outpatient area.

A detailed analysis of the outpatient booking rules showed that of the 39 clinical rooms available, the same level of service could be provided with just 26 clinical rooms. This could be achieved through a combination of more efficient booking rules for the clinics and minor schemes to enable the some suited clinical rooms to be used independently of each other.

Estate Utilisation

Traditional measures of utilisation are based on whether the planned use of facilities provides adequate space for the activity intended.

In reality this is a world apart from real time usage, and opportunities to undertake more clinical work within the facilities available.

A critical evaluation of utilisation is necessary to assess real time use of spaces on a snap shot basis and possibly more extensive studies to compare actual with scheduled time use. This will also identify constraints and opportunities to increase clinical throughput through more flexible use of spaces.

Case Study: Utilisation

A recent case study of a Primary Care Resource Centre undertaken by SHP revealed that the overall utilisation of this relatively new facility was in the order of only 35%, when surveyed and analysed in depth. The clinic areas were fully scheduled for use for most 1/2 day sessions but in reality the suites were only partly used with clinic rooms within the suite remaining vacant for some sessions.

Inefficient scheduling of patients left gaps between one patient and the next and the clinics sessions started late and finished early.

The community team bases were also studied and these areas were planned to provide each member of staff with a dedicated desk space. The reality was