

Strategic business planning for Stoma Care

System and process to deliver your projects



Change and Engagement Model

Avoiding top down command and control



In my experience: Change in the NHS



Top-down, command and control



Steering group

Chosen
stakeholders/representatives of
departments/organisations



May assume resistance



**Involves those who will
deliver change only once
a vision/solution has
been developed**

Meaningful engagement only
occurs, if at all, late in the
process



**May bring about
unintended
consequences**

Overall engagement models look at



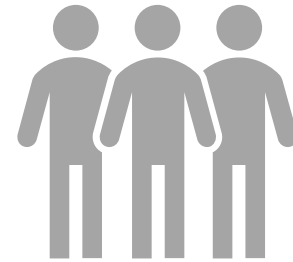
Recognising that all stakeholders need to be fully involved from the outset

9, 90, 900 or 9,000 – it matters not

Stakeholders in the broadest sense

People choose to be involved, rather than being chosen

Democratic/open process



Creation of a community for change and action

Connecting people and organisations

Outcomes



Change implemented successfully

All stakeholders own the change and desire to make it happen

Critical mass



A fully engaged organisation

Full commitment to change



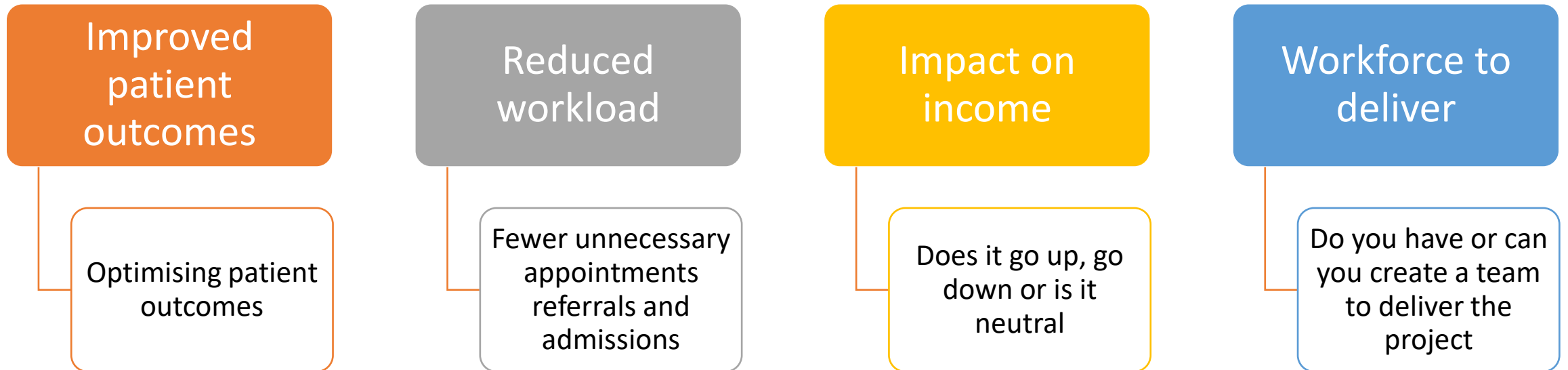
Resilience and sustainability for future challenges

Change is constant

Things to consider and keep in mind

Developing your case for change

Four project tests



Four categories of suboptimal treatment

Diagnosed but not on any treatment

Diagnosed but on the wrong treatment

Diagnosed and on the right treatment,
but not optimally cared for

Not assessed or diagnosed

You cannot negotiate on price!



Cost-effectiveness and value for money

Not a race to the bottom



Better overall solution required

Less waste, quicker results, fewer repeat diagnostics, shared results, care closer to home, avoiding of referral to hospital, better patient outcomes, etc.



Rethinking the current delivery models is the only way to deliver redesign

Keep doing what you have always done, and you will keep getting what you have always got!



Capacity in primary and secondary care is finite

Does this approach create capacity

There is no one right price



**All business cases need to be based upon
local custom and practice**

What's happening now



**It needs to add up based upon the work
expected to deliver the pathway**

There can be no loss leaders



Never negotiate on price

Only ever negotiate on work

You must understand every step in the pathway (Module 5)

Item	Per Hour	Consumables	Per 20 minute appointment
Ear Irrigation Machine		£220.00	£0.94
Otoscope		£167.87	£0.72
Otoscope bulb		£28.20	£0.12
Otoscope rechargeable battery		£84.39	£0.36
Otoscope covers		£0.06	£0.00
Annual Calibration		£10.00	£0.04
Maintenance		£100.00	£0.43
Room overheads	£4.95		£1.65
Staff Training		£20.00	£0.05
Training update		£55.00	£0.14
Pat Testing		£2.00	£0.01
Cleaning of machine	£25.00		£4.17
Cleaning of room	£2.64		£0.88
Nurse Uniform		£19.99	£0.09
Nurse Cost	£25.00		£8.33
Nurse Admin (10 minutes)	£25.00		£4.17
Admin Time	£8.50		£2.83
Couch Roll		£2.48	£0.15
Disposable gloves			£0.02
Disposable capes			£0.50
Ear Irrigation Noots/Tank			£0.37
Disposable Aprons			£0.07
Disposable Ear Tips			£0.39
Hand Wash		£3.03	£0.03
Hand towels			£0.03
TOTAL			£26.50
20% oversight and organisation			£5.30
Sub Total			£31.79
20% profit			£6.36
GRAND TOTAL			£38.15

This is a Scott McKenzie UK Ltd process developed specifically for a Coloplast workshop. It is based upon our own work within the NHS and developed from our client base. This is the process we use in our own work

Work beyond the molecule



Supporting one high quality and standardised approach without unwarranted variation

Everything within the pathway is defined, equipment, drugs, pathways, patient education, referral process and forms, step up care, step down care and patient discharge



Offer a new solution

Innovative approaches that improve quality and reduce variety
Impacts both workforce and workload



Focus on the patient

Right patient, right place, right time, right healthcare professional and with the right resources



Complete pathways of Care

Optimal care setting with upstream prevention of complications
Drive the prevention agenda



Value-based

Not just cost-driven
Complete pathway acquisition



Lord Darzi

Independent Investigation of the National Health Service in England

Lord Darzi – Three shifts



**FROM A TREATMENT FOCUSED TO
A PREVENTION LED MODEL**



**FROM FRAGMENTED TO
INTEGRATED CARE**



**FROM VARIABLE TO CONSISTENTLY
HIGH QUALITY CARE**

Left shift



Building the case for change

2 sides of A4

Case for change



Background: what is the project designed to deliver and achieve – what is the problem you are setting out to solve for the NHS



Scope: what is the project designed to do and achieve for the NHS, what is in and out of scope of the project, how many phases are there



Delivery: how will this project be delivered, how many sites, how many patients does it cover, what numbers did the audit produce that we now need to plan for



People (this is the most important section): who is responsible and for what within the project



Outcomes and Measurement: what outcomes is the project setting out to achieve, and how will the project be measured and evaluated.



Contingencies: what is the plan in the event the project doesn't deliver as expected, how do they act on any shortfall, and how will they get back on track

Mapping a redesign opportunity

The steps to use in your approach

Redesign Principles

Quality

Consistency

Thresholds

For patients

Right patient

Right place

Right time

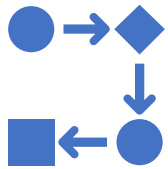
Right
healthcare
professional

Right
resources

A high quality and standardised approach

Without unwarranted variation

Rethinking the current delivery models



Keep doing what you have always done, and you will keep getting what you have always got!



Be prepared to think differently



Be prepared to swim against the tide



Be prepared to ignore convention and strive for remarkable outcomes

How to achieve one high quality and standardised approach without unwarranted variation

1

Understand and cost every step and contact within the pathway

2

Specify everything required within the pathway

3

Tie the provider payment to the delivery

4

Audit repeatedly

High-level questions



DO YOU OFFER A NEW
SOLUTION



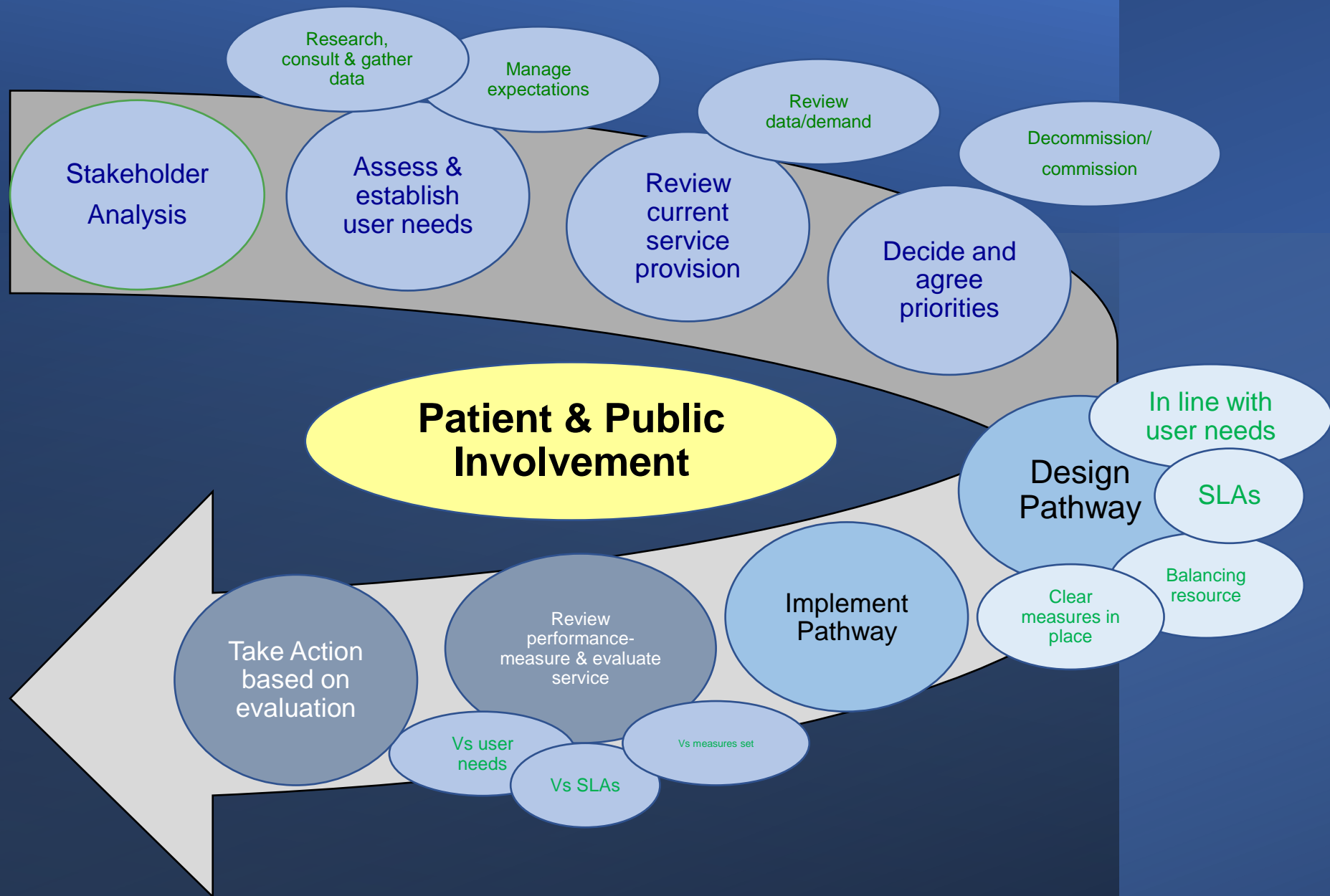
ARE YOU FOCUSING ON
THE PATIENT



IS THE PATHWAY VALUE-
BASED

The process for pathway and service redesign

Mapping a Redesign Opportunity



Common Pitfalls

Skip the first four steps and head straight to designing the pathway

Comes with consequences

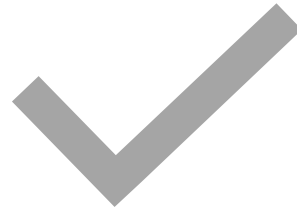
Engage the wrong stakeholder or don't engage at all and come top down

Almost certain to fail

Stakeholder Analysis



Assessments



Actions



Participation Goals

Assess and Establish User Needs

Assembling full and
accurate information

Allows you to
manage expectations
throughout the
process

Review Current Pathway

Process mapping
enables you to create a
visual picture of how
the pathway currently
works

Involve a range of
people from across the
pathway,

Different perspectives
allow you to consider
what works well or less
well from a patient
perspective

Review Current Pathway



Auditing

Gathering
data

Under use,
Overuse and
Misuse

Decide & Agree Priorities



Clear and specific

Realistic in terms
of the resources
available

Adequately
contributing to the
management of
“the problem”

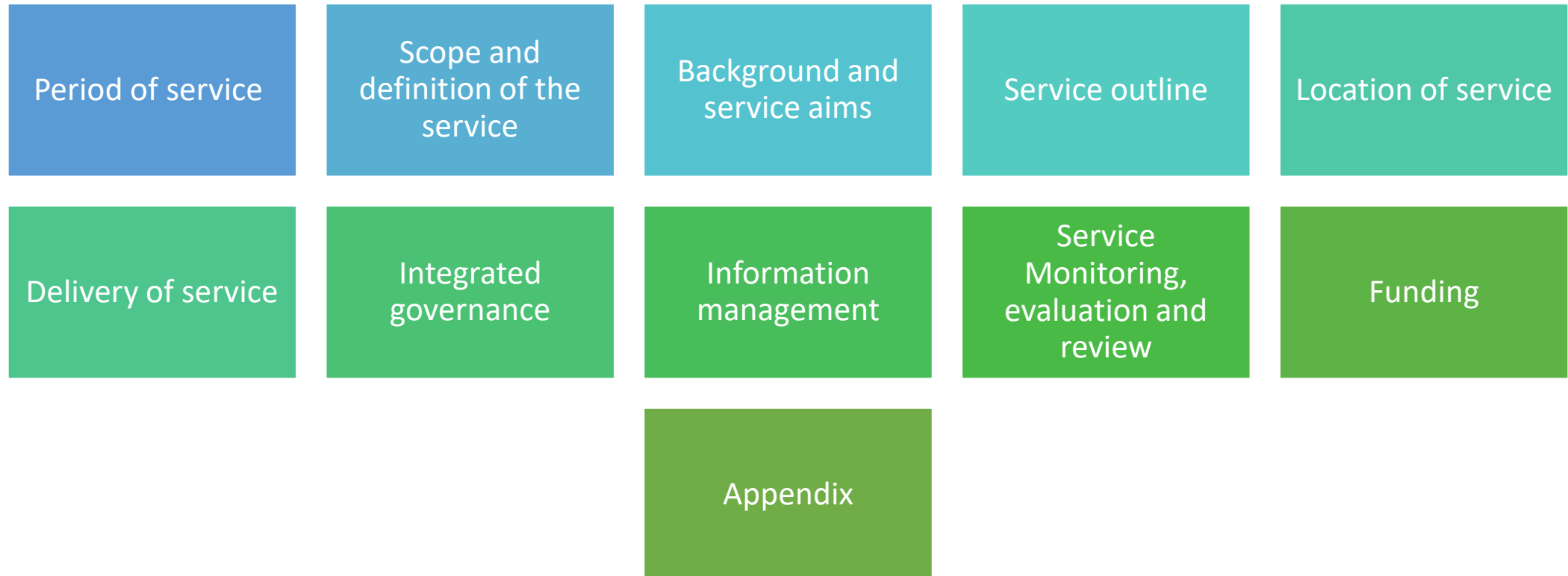
Developing the Business Case

Must be in
line with you
user needs

Balancing the
resources
available

With clear
measurement
in place

Developing the business case (Template)



Review performance
Measure and evaluate service

Set within a service level agreement



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graph TD; A[Set within a service level agreement] --> B[Including user needs]; B --> C[Balancing resources];
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Including user needs

Balancing resources

The Best Redesigns

Key Ingredients

Does your redesign positively impact?



CAPACITY IS
FINITE



WORKFORCE



WORKLOAD



INNOVATION

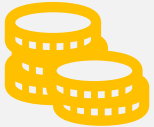
Address the NHS agenda



Collaboration



Offer a new solution



Focus on the patient



Value-based

SBAR

Situation, Background, Assessment, and Recommendation

SBAR

- Using SBAR helps structure the business case in a clear, concise, and action-oriented manner, making it easier for stakeholders to understand the problem, its impact, and the proposed solution

It's all about people

Who is responsible and for what within the project

Who has been engaged to get the project agreed

This should define individual roles, TVN, general practice, hospital trust, department managers and anyone else involved.

It should also include any pharma, med tech and device company roles and responsibilities

Situation

Describe the current issue or opportunity that needs addressing.

This is the "why" of your business case.

What is the problem or challenge?

What prompted the need for the business case?

Example: "Our hospital is experiencing increased patient wait times, leading to dissatisfaction and lower quality care."

Background

Provide the context and relevant information leading up to the current situation.

This includes any historical data, research, or previous attempts to solve the issue.

Example: "Over the past year, patient volumes have increased by 20%, but staffing levels and resources have not scaled accordingly. Previous initiatives to streamline admissions have shown limited success."

Assessment

Analyse the current situation and the impact it has.

This is where you present your evaluation of the problem, including financial, operational, and clinical implications.

Example: "This delay is causing a reduction in patient throughput, leading to a 25% increase in waiting times. Additionally, the prolonged wait times are straining staff, resulting in higher turnover."

Recommendation

Propose your solution and what actions should be taken.

This is the core of your business case, where you make the argument for investing in a particular solution.

Example: "We recommend investing in a new patient flow management system, along with additional staff to handle peak times. This will reduce wait times by 30%, increase patient satisfaction, improve patient outcomes, and lead to a decrease of 10% over the next year in non-elective admissions."

Questions and Answers

Summary

Final Questions



Summary

Engage widely

Let people self select their involvement

Create a community for change

Things to keep in mind

Build your case for change using SBAR



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