



Anticoagulation Services in crisis!

What have we done in Nottingham?

What was the problem?

- Different service models (each hospital).
- Differing protocols and procedures.
- Separate DAWN 6 databases.
- Under resourced (no investment, staff).
- Number of staff with long-term health needs + high sickness levels (unsupported).
- Service had the “highest” risk in the trust.
- Long working hours, time owing & inability to safely manage workload.

Could it get any worse?

- The QMC and City Hospitals revealed their intention to merge to form NUH Trust.
- Major managerial re-structure.
- Initiatives to improve financial situation.
 - Reduction of recurrent costs (staffing).
- Review and further streamlining of services.
- Development of “merger strategy by service groups.”
 - Removing duplication of services and associated expenditure.

Strategies! (1 of 3)

- Merged the two services.
- Removed duplication of some services.
 - Out-patient clinics – very resource intensive.
- Streamlined processes and protocols.
- Embraced new technologies (CDSS).
- Implemented single sheet therapy record.
- Automated some clerical tasks (ongoing).
- Centralised “call centre” with call manager.
 - Initiatives to reduce service disruption!

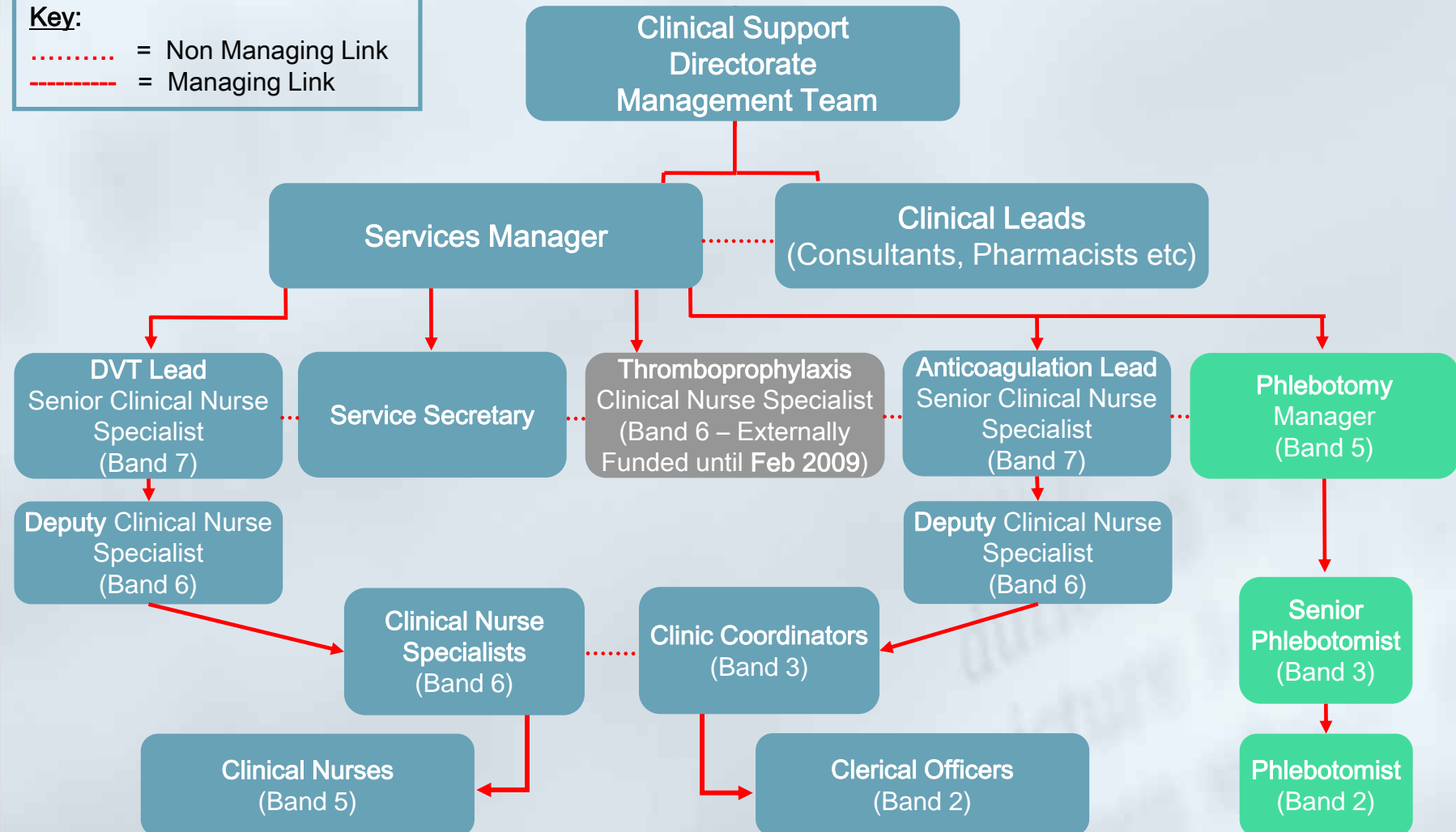
Strategies! (2 of 3)

- Used “spend to save” opportunities.
- Merged with other related services for mutual benefit (DVT Service).
- Establish “hours of service” (ongoing).
- Practical skills / Knowledge – KSF linked
- Created a “pooled” staffing model.
 - Use of band groups to enable delegation.
 - Bands leading different aspects of the service.
 - Emergency redistribution / resource adjustment

H & T Service Hierarchical Structure

Key:

- = Non Managing Link
- = Managing Link



Strategies! (3 of 3)

- Review of out-patient clinic tariffs.
 - Ensure activity is appropriately recorded “bolt-on” approach.
- Ensure income gets to the right place/s!
- Commissioning of unpaid service elements.
 - GP shared-care – unbundled
- Commissioning of new services.
 - Self-testing patient training service
- Capital bids & charitable fund applications.

Onwards & Upwards! Change. (*)

- Application for “Foundation” status.
- Trust clinical excellence by 2016.
- Annual planning (+ 3 & 5 year plan).
 - Identify key players.
 - Form relationships (know each other's services).
 - To ensure contribution to other plans.
- Take advantage of commissioning opportunities.
 - Know your purchasers! Anticipate their needs!
 - Future developments e.g. DTIs & GP-based AC Services.

Thanks for listening!

Any Questions?