



# Untapped resource

Things are tough for many public services. There is a requirement to operate in an environment of minimal real-term growth, while also increasing quality and reducing cost at levels that are unprecedented.

During times of recession or extreme challenge it is tempting for senior leaders to rely on methods they have tried and tested before, for example cost cutting exercises such as reducing staff training and freezing recruitment. In reality this often does not actually result in sustainable change – it’s more about a short-term fix that helps to ride out the immediate storm. These actions tend to create mindsets that are focused on scarcity – what we do not have, and often leads to a despondent workforce. Another way to look at things is to think about what we do have in abundance and make the most of the opportunity that offers.

When we consider health services, a starting point is to acknowledge the 1.3 million staff who provide a wealth of resource, knowledge and skills that can be used to exceed the expectations before us. However, the biggest untapped resource are service users and their families who expand the range of skills and expertise available to us as they bring new insights from their personal experience of healthcare, and wide ranging knowledge from their own professional and life journeys.

Taking the step of actively finding out how it feels to be on the receiving end of services by actually involving those who use a service is critical when designing or changing it. Through the Experience Based Design and Joined Up Care programmes we are seeing examples where the active participation of staff, patients and carers together have resulted in improvements in both quality and cost.

This work has highlighted particularly poor experiences for many patients who, through their journey, receive care from different players in the health and social care system.

As teams, including patients and carers, have worked together they have identified many cases of waste,



**As patients pass through boundaries within and between organisations on their healthcare journey, there is often duplication, inefficiency and waste that can create a poor experience. Working practices at these boundaries become disjointed and this also leads to frustration for staff.”**

(Ref: Robertson, Baxter, Mugglestone, Maher 2010)

duplication and steps that add no value but are draining precious resources. Very positively they have also found that this has been a powerful motivator for staff inspiring them to transform services.

Camp Hill in Nuneaton is one of the most deprived areas in England and the health of local people is poor. George Eliot Hospital NHS Trust staff visited community groups to talk to them about what they wanted in terms of local healthcare provision. This resulted in the creation of a walk-in centre where patients can access both conventional healthcare services and a range of lifestyle advice. The new centre brings a number of diverse organisations under one roof including: healthcare, citizen’s advice, housing organisations and mental health services. The local fire service also has a base at the centre from which they offer a free fire alarm service to local residents. This has helped to build positive relationships within the community and they report a reduction in the numbers of local arson incidents. Just one example of health gain shows that the uptake of cervical screening that stood at 15% is now up to 76%.

Associate Director of Primary Care Julie Whittaker says: “It is apparent that health behaviours on the estate are changing – one woman hadn’t had a cervical smear for 15 years, another came to the centre after her teenage grandson made her an appointment for a long-term health condition.”

## Torbay NHS Care Trust

In order to be able to improve the journey of their patients Torbay NHS Care Trust aspired to create completely integrated services across health and social care. They have developed a new partnership between the NHS and local authority which resulted in the budgets for all NHS and adult social care services being combined. This integration now means that patients or family members now only have to make one telephone call and answer one set of questions during a comprehensive health and social care assessment.

Torbay NHS Care Trust’s Chief Operating Officer Mandy Seymour says: “A vision of making things better for patients creates a different energy. It is important to tell a compelling story and by personalising it to an individual patient it makes it easy to present the message. The vision of our chief executive was the driver for change – it ignited the passion and belief of staff in making things better for patients.”

There is no doubt that considering service delivery across boundaries is complex. We need to think innovatively about how to create new relationships, which include clinical leaders, community leaders, service users, local government, voluntary and independent sector leaders. We need highly effective teamwork and strong partnerships that bring together the abundance of talent available to us.

I hear lots of examples of people who have developed new processes and new relationships, especially with service users, that are resulting in innovative, high-quality and cost-effective ways of delivering health services. Ask yourself this question, can you afford not to be doing the same?

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