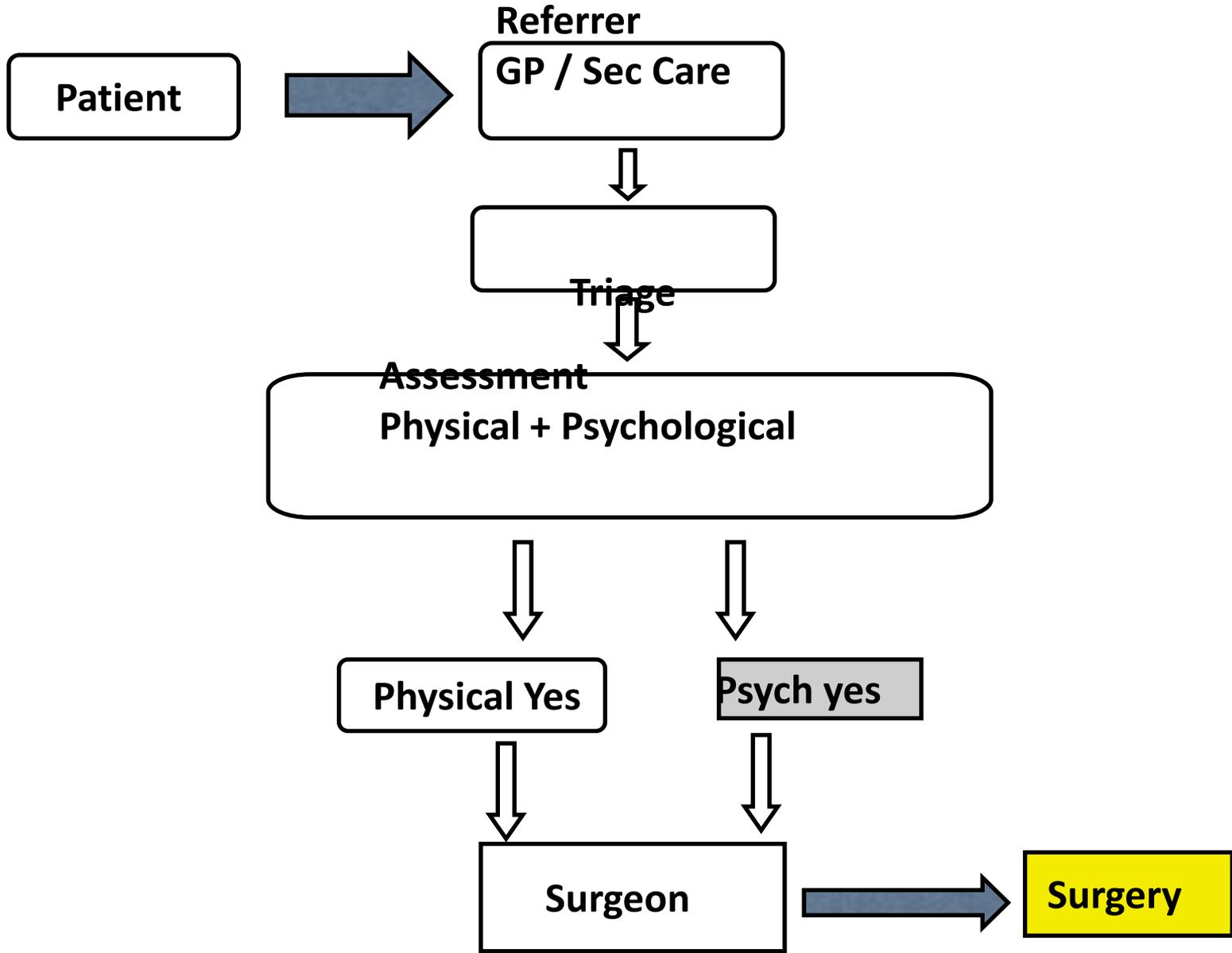


# ReCoVar

## Reducing Costly Variation

- Hosakere Aditya
- Clinical Director
- West Lothian Mental Health Service
- NHS Lothian

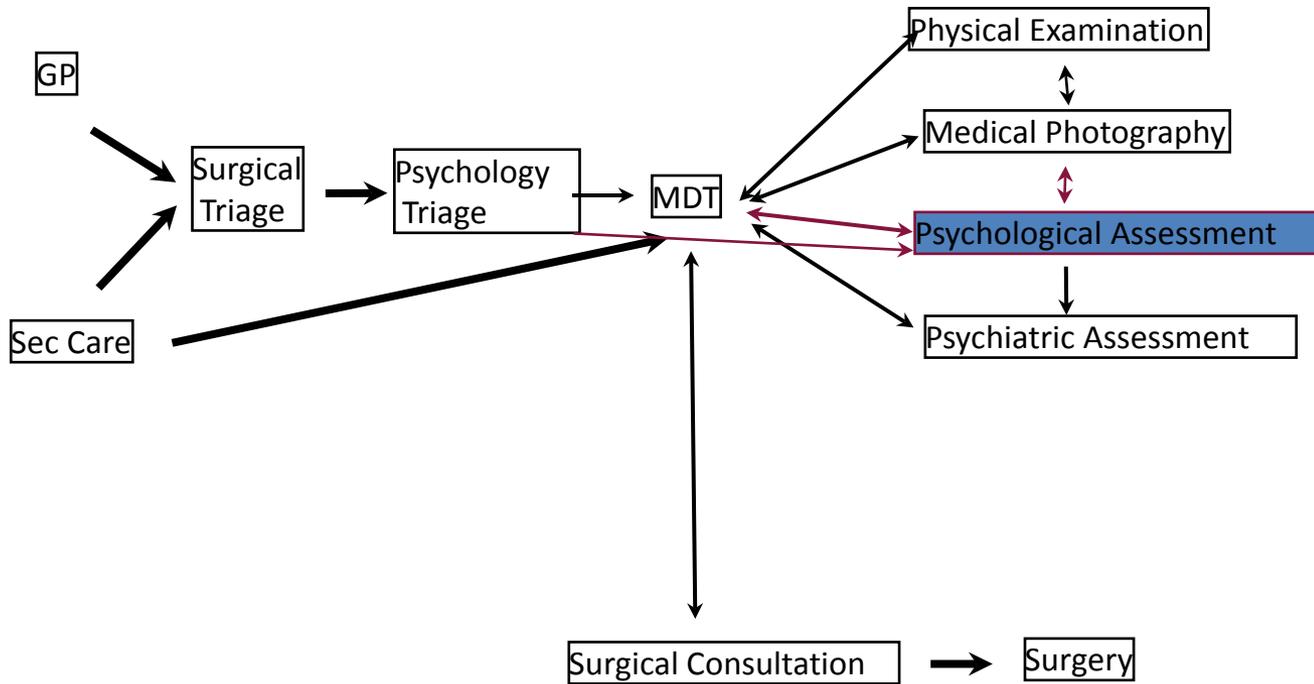




# AIM

- To increase to 90% by October 2018 the percentage of patients referred for aesthetic surgery in NHS Lothian whose physical eligibility is established before they are invited, if at all, to a face to face clinical assessment.

# Process Map

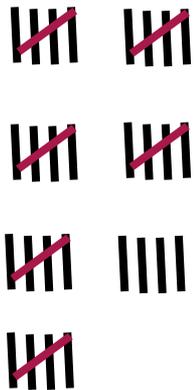


# Reasons for turning down patients' requests for aesthetic surgery

January-May 2018

Tally Chart

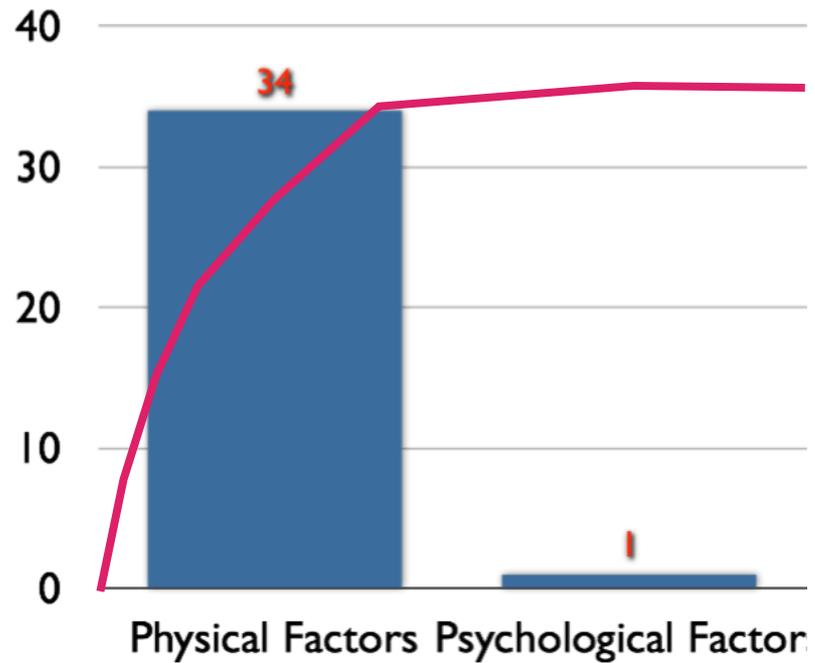
Physical Factors



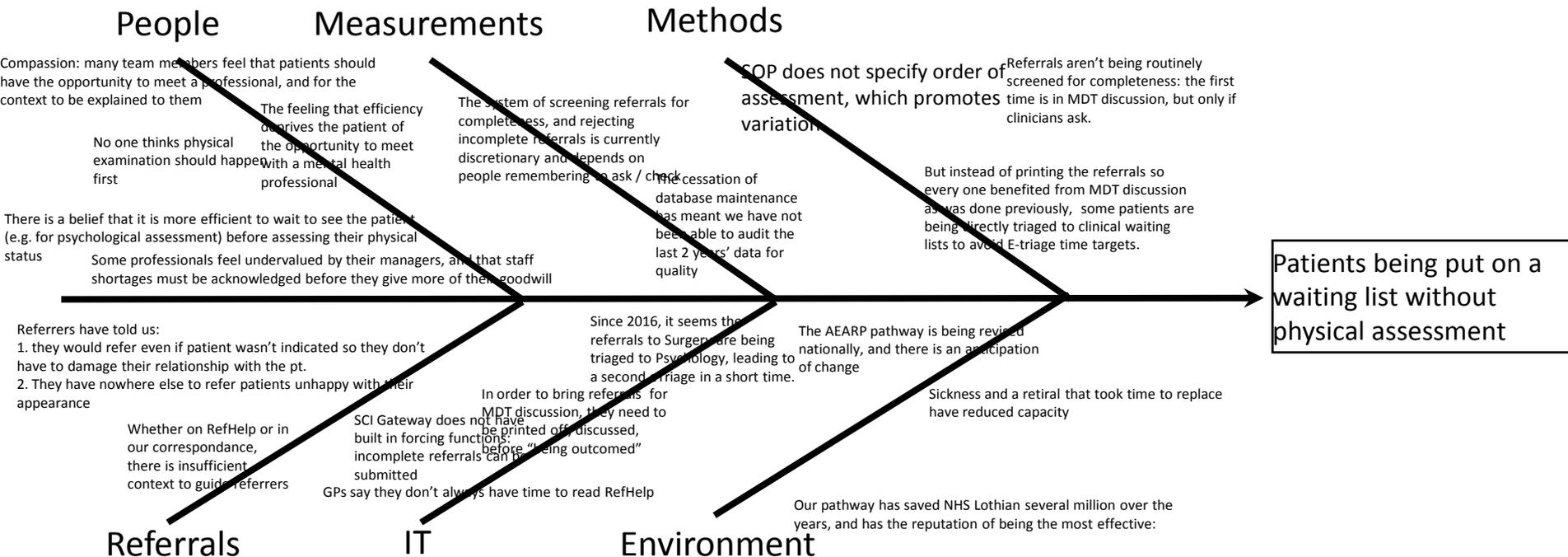
Psychological Factors



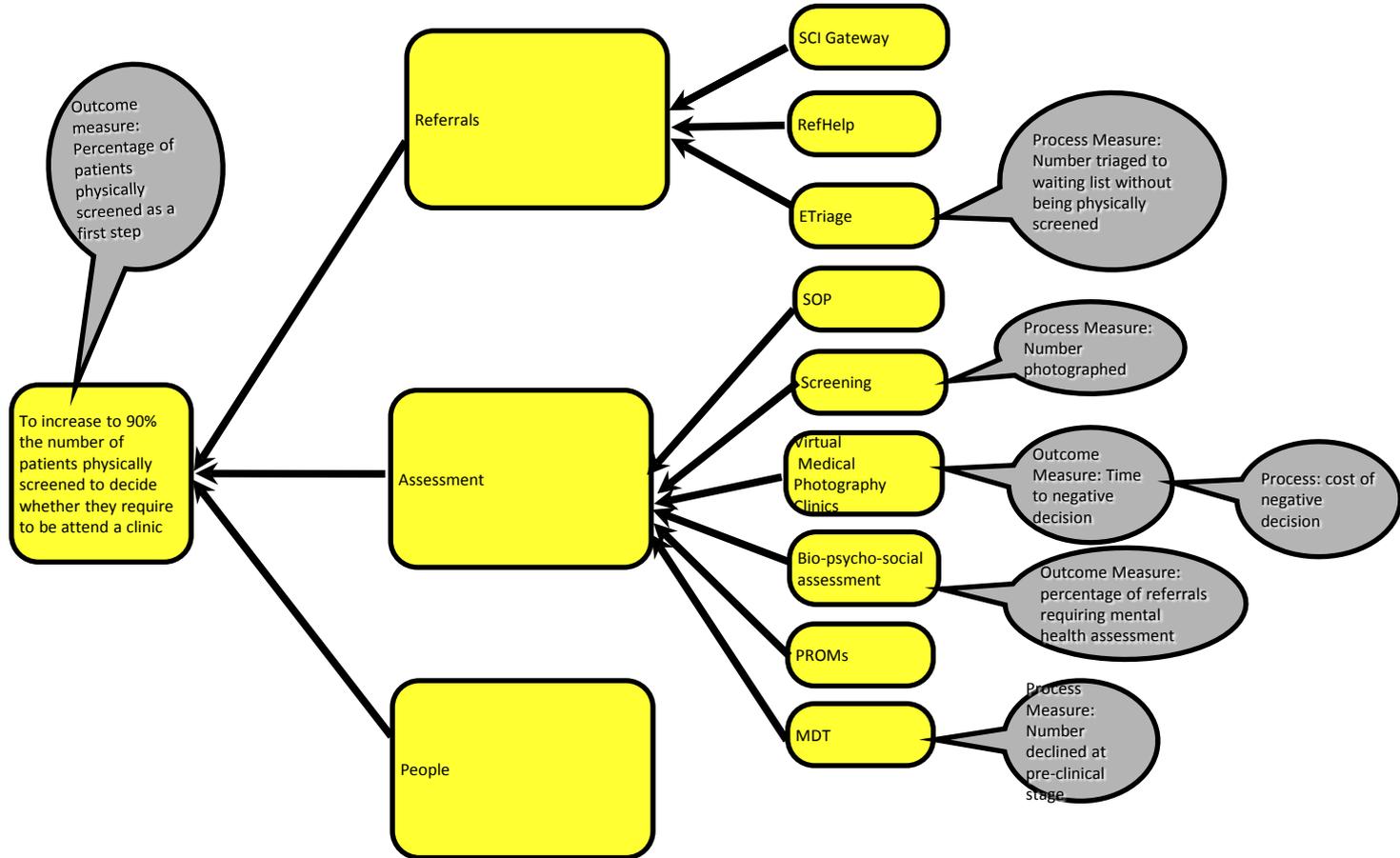
Pareto Chart



# Ishikawa: reasons for patients being put on waiting lists without being physically assessed



# Driver Diagram



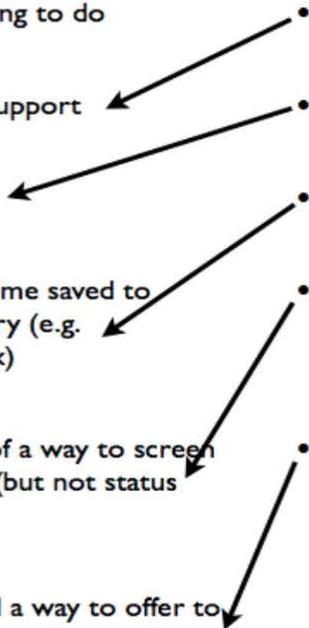
# Force Field Analysis: what promotes and hinders putting physical assessment first, before other processes?

## Promoting

- Data show this is the right thing to do
- We can ask for extra admin support
- I will draft proforma letters
- No, because we can use the time saved to provide alternatives to surgery (e.g. psychotherapy) (TBC with Mx)
- Yes, so we will have to think of a way to screen for mental health care needs (but not status quo)
- Hmm, so we may need to find a way to offer to talk to those who apply, without slowing the assessment

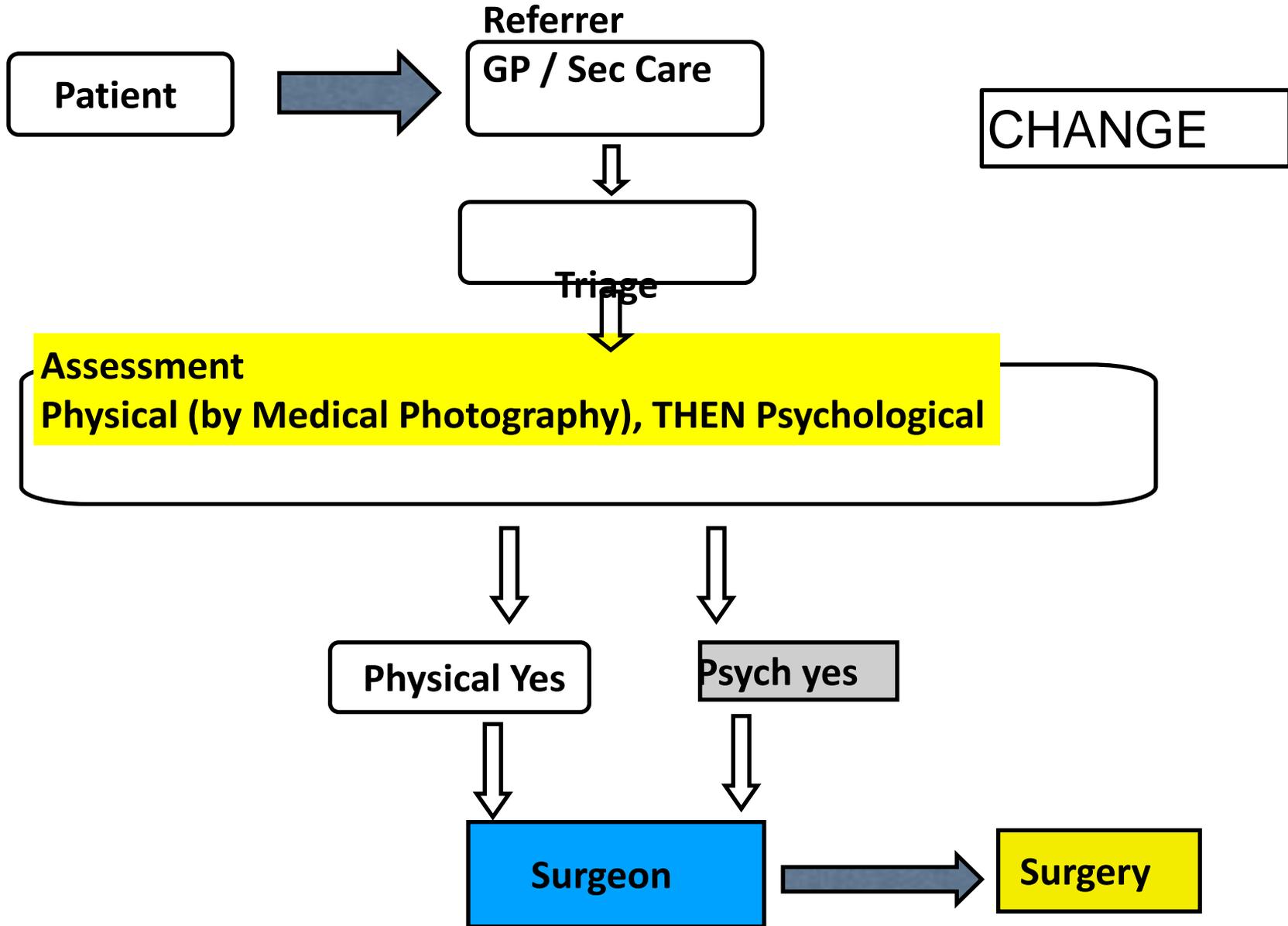
## Hindering

- There isn't enough admin time
- "We don't get paid enough to think up letters"
- Won't efficiency lead to job losses?
- "This will lead to more patients exiting the system quicker, so fewer will get the mental health help you say we should offer"
- "But patients like talking to someone" (in a face to face assessment)

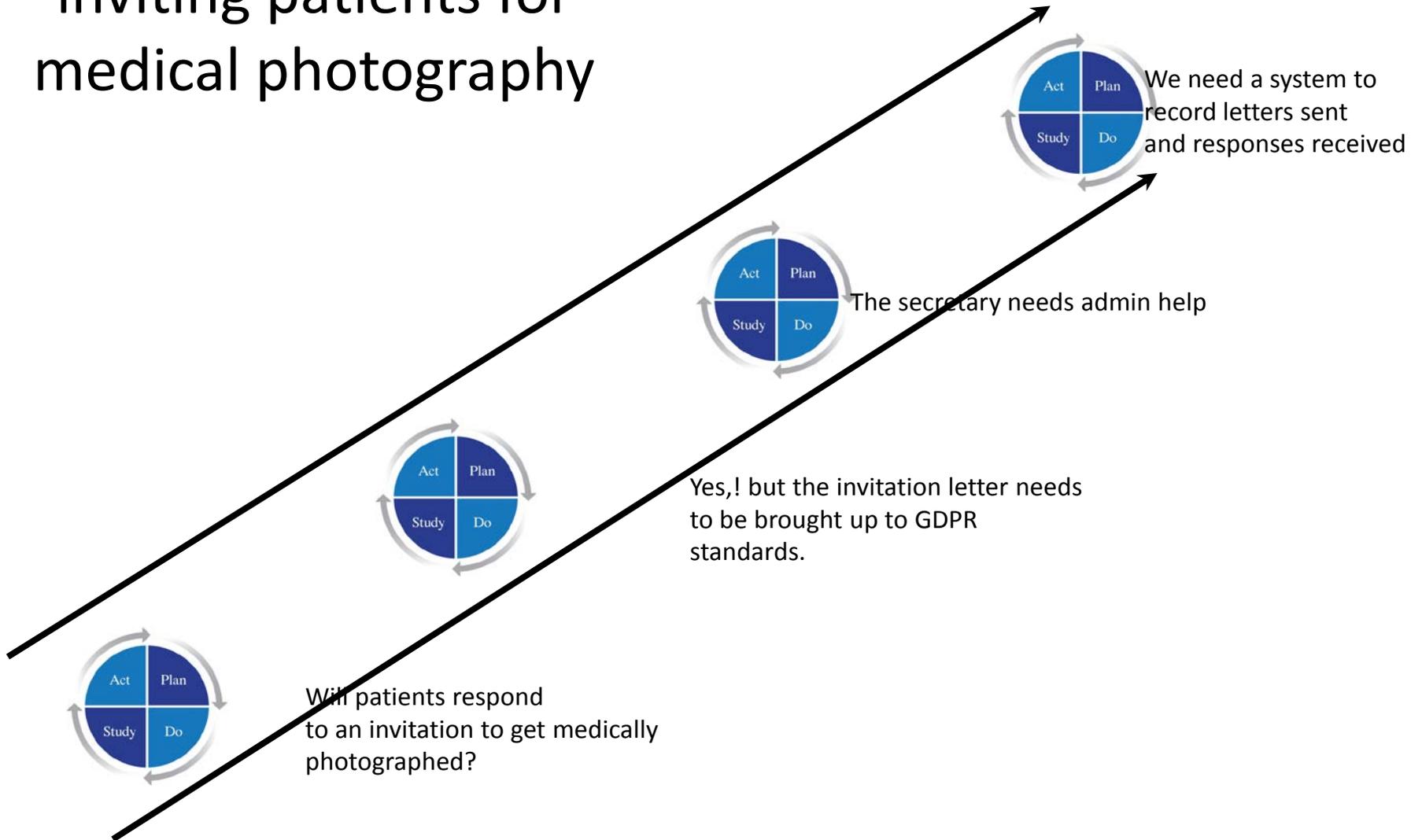


# Measurement plan

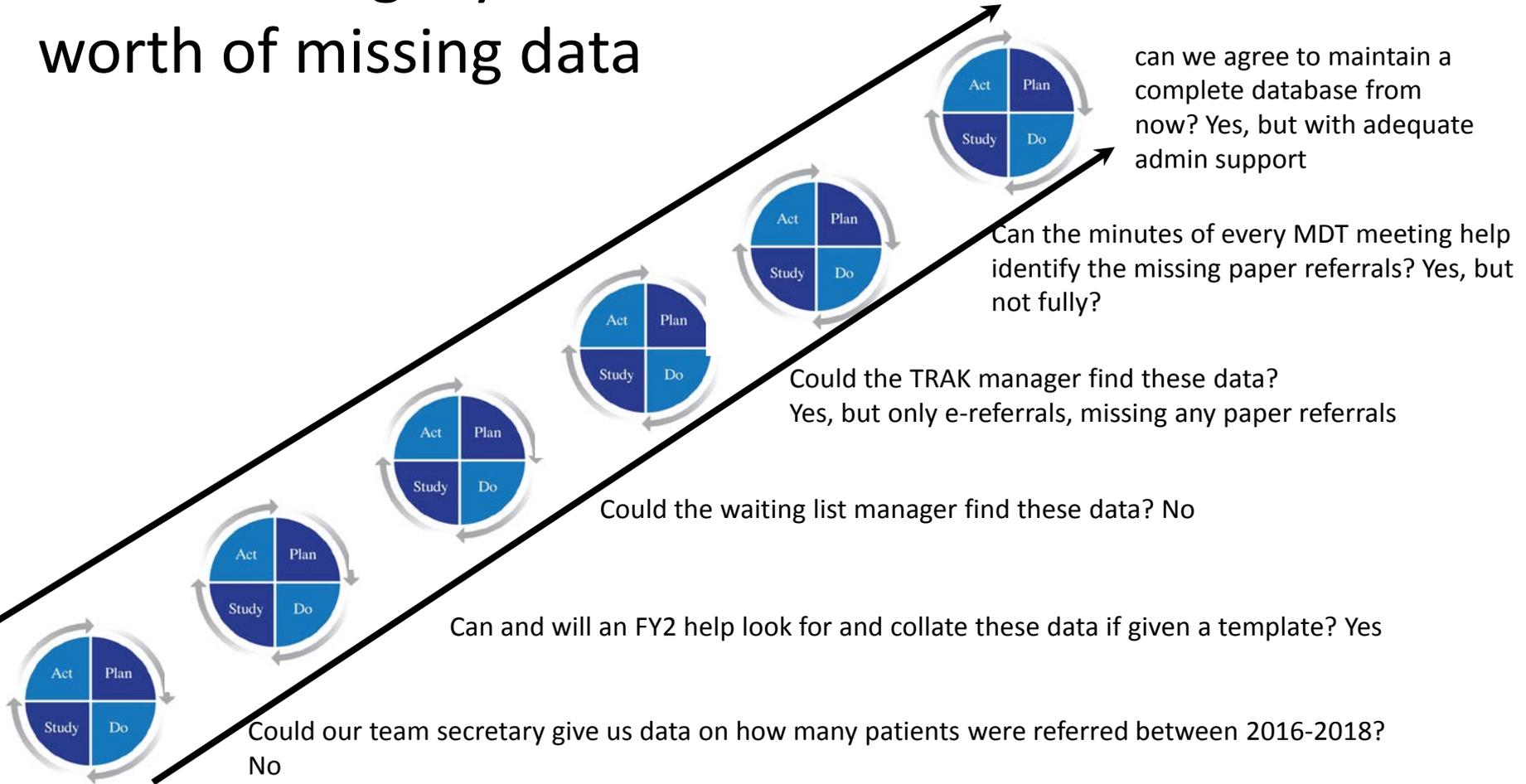
- Outcome: Percentage of patients medically photographed before a face to face assessment ( P chart)
- Outcome: percentage of patients being put on any waiting list (P Chart)
- Process: number of patients who do not respond to the invitation to get medically photographed [C Chart]
- Balancing: complaints from patients / referrers [T chart]



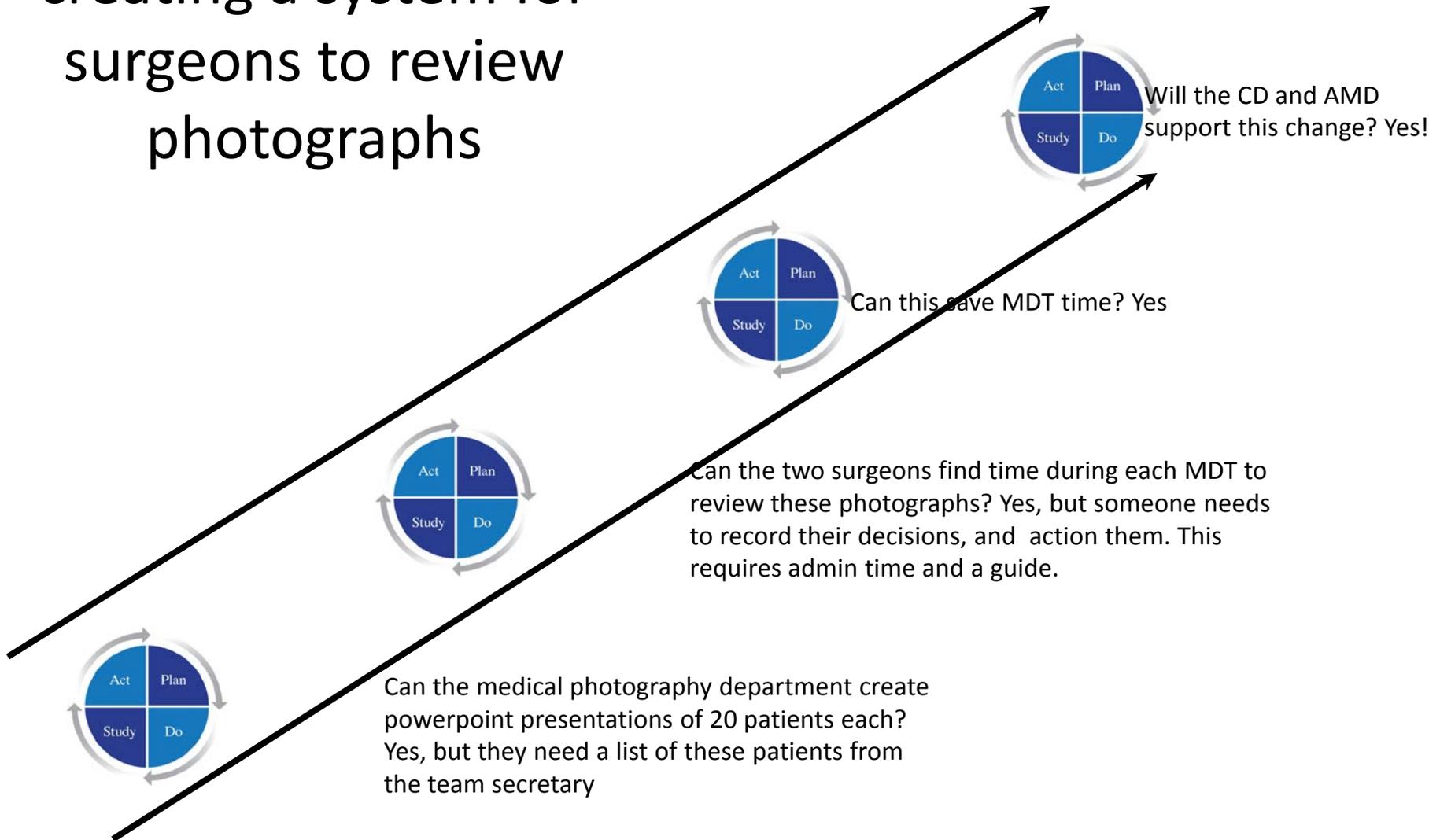
# PDSA Series 1: inviting patients for medical photography



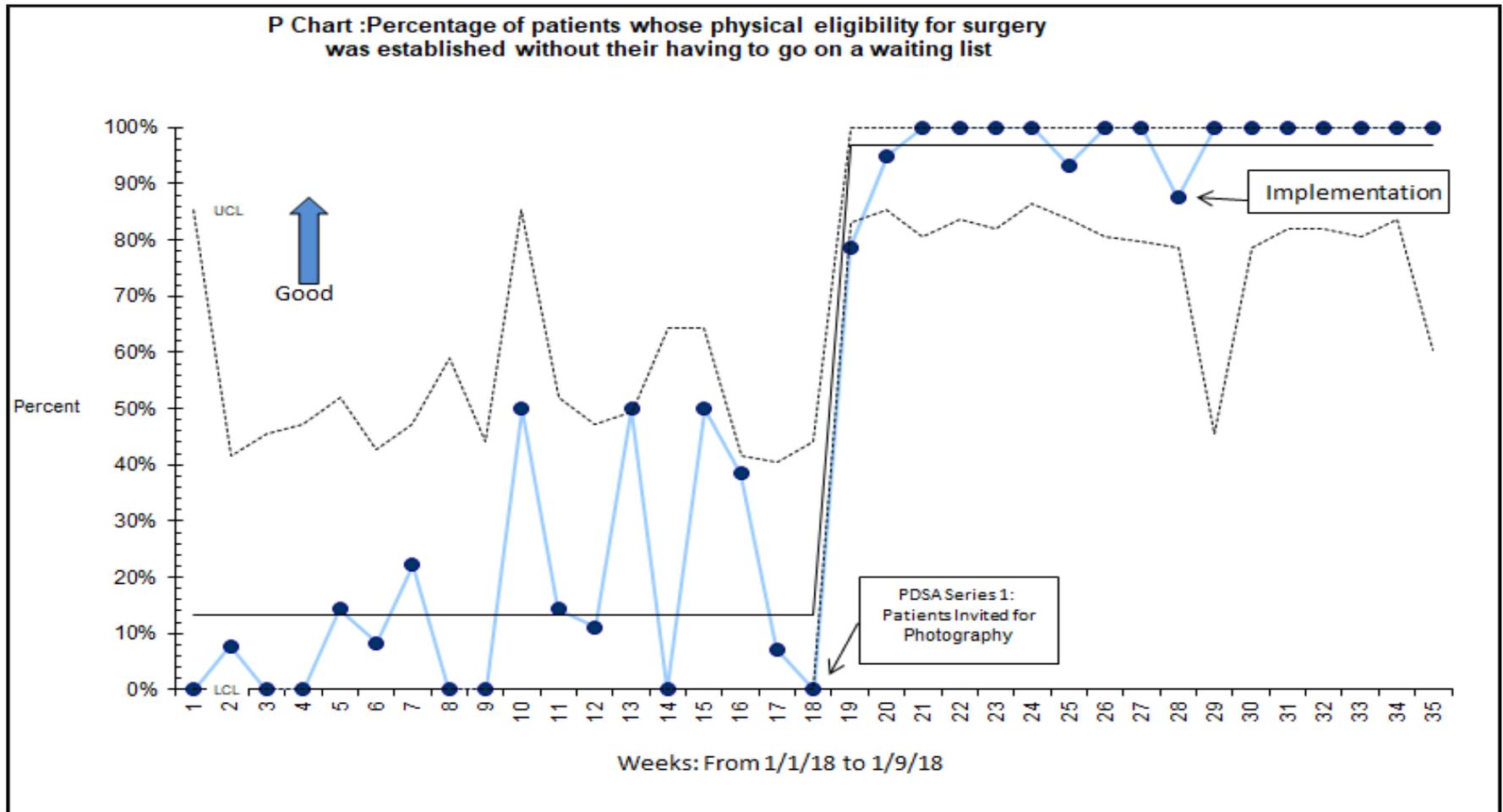
# PDSA Series 2: finding and collating 2 years' worth of missing data



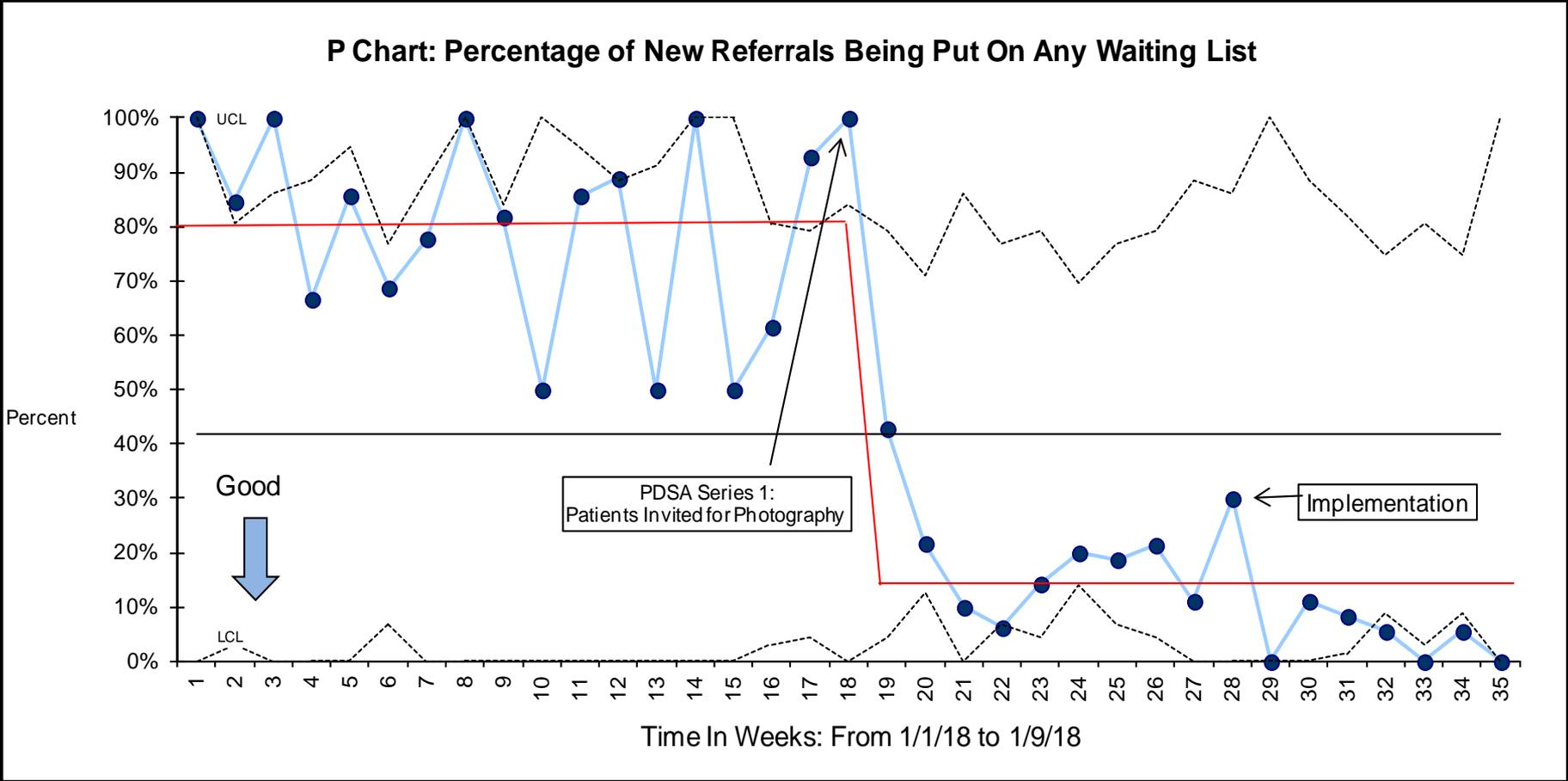
# PDSA Series 3: creating a system for surgeons to review photographs



# Results: Outcome Measure 1



# Outcome Measure 2



# Balancing Measures

- Zero complaints

# Conclusions

1. By changing the order of our assessment, we have spared the majority (c550 pa) of our patients the inconvenience of waiting on a clinic list, as well as unnecessary assessments.
2. We improved care quality by reducing undesirable variation in our system.
3. We discovered that medical photography is a low cost technological alternative to physical examination.

# Next Steps

1. Scale: to reduce the psychology backlog
2. Spread: to other surgical disciplines
3. Share: to publish our results nationally.

- Aris Tyrothoulakis
- Simon Watson
- Nikki Marran
- Jim Forrest
- Marion Barton
- Nick Clater
- Anne Smith
- Mr. Mark Butterworth

