Creating efficiencies by optimising patient pathways

North Staffordshire Combined NHS Trust

Efficiency challenge

North Staffordshire Combined NHS Trust provides mental health, social care, learning disability and substance misuse services to patients and service users across Staffordshire and the wider West Midlands.

The memory clinics run by the trust provide a range of services include assessment, diagnosis and the initiation of treatment for organic illnesses such as dementia or Alzheimer's disease.

The lead consultant for the service was concerned that the clinical pathways were not optimised and bottlenecks were delaying access, assessment and diagnosis of patients. As a result there were delays to initiating treatment. In addition to potential harm to patients this was resulting in inefficient and wasteful use of resources.

The solution

The costing team at the trust had previously met with the memory clinic lead consultant to share details of their work to develop patient level costing within the trust and demonstrate an internally developed activity information dashboard which enables drill down into all the activity data that underpins the patient level costs. While recognising the potential of the available information to inform pathway development, the lead consultant lacked confidence to undertake further analysis.

The trust had also agreed to take part in a pilot programme associated with the Engagement Value Outcome (EVO) framework (see box). The presenting efficiency challenge was an ideal opportunity for the trust to test the framework.

Engagement Value Outcome (EVO) pilot

Originally developed by the HFMA's Healthcare Costing for Value Institute and Future-Focused Finance, EVO promotes collaborative working between clinical and finance teams to enhance their collective understanding of patient level costing. It provides the NHS with a framework to ensure resources are used in the most effective way possible to provide high-quality care to patients.

An open-source version of the framework is due to be launched by One NHS Finance in 2023 as part of the Finance Innovation Forum. Further information is available on their website (see EVO Framework) and you can register your interest here.

Framework for the project

As part of the EVO pilot the trust needed to identify both finance and clinical director level project sponsorship and show commitment to undertaking four multi-disciplinary interactive sessions supported by an external facilitator. Alongside the clinical lead and costing team, the service manager, a care coordinator and a colleague from the trust's performance team also contributed to the project and attended the four facilitated two-hour sessions that took place over a period of three months:

- session 1 involved discussion and agreement on area of focus
- session 2 focused on data related to the existing pathway and identified areas for further investigation and analysis
- session 3 continued the deep dive allowing clinicians to test their hypotheses relating to sub-optimal processes and bottlenecks
- session 4 was outcome and next step focused, identifying planned changes to the pathway and expected benefits.

While the EVO pilot framework ended after the fourth session, the trust was keen to evaluate outcomes and quantify benefits. This is discussed in the impact section below.

Areas of deep dive analysis

Based on a discussion about the existing pathways and anecdotal evidence of where and why the bottlenecks were occurring, the team identified that the following actions were needed in order to understand the current pathway, test that hypotheses were valid and develop an improved pathway:

- map the cost and activity at each step of the current pathway
- identify cost, waiting times and impact of current referral process for the head CT scans which are used to aid diagnosis
- consider the level and impact of non-attendance at booked appointments (DNAs)
- consider if the service was making the best use of existing staffing and directing patients on to the most effective pathway.

To support these actions, the project team agreed the baseline timeframe and patient sample size that would be analysed, and the costing team were able to use existing data sources to identify:

- number, duration, location and cost of contacts
- cost of head scans and lapsed time between referral and receipt of results
- trend analysis for non-attendance at booked appointments (DNAs).

Changes implemented

By using the data provided and combining it with the expert knowledge of the clinical staff within the project team, they were able to identify and make the following changes to the pathway:

- all patients were being sent for head scans but, in some cases, diagnosis was possible without the results of the scan and treatment could be started earlier
- all patients were booked for a follow-up two months after referral for a head scan, but on average the scan took place 27 days after referral with 88% within 35 days of referral. The service implemented a system for flexible diagnosis appointments meaning patients could be seen more quickly after receiving the results of the scan and reducing delays with starting treatment
- introducing a flexible diagnosis appointment meant that patients were less likely to DNA. In addition, the team identified particular times of the day where patients were most likely to miss their appointments and were able to target these patients with additional reminders.

Impact on value and efficiency

While the EVO pilot framework ended after the fourth session, the trust was keen close the loop and measure the benefit of the changes made. Following pathway changes the service could see the positive impact on patient experience but needed to work with the costing team to understand the impact on activity and cost, and therefore demonstrate if there had been any realisable efficiency and productivity gains.

- Because head CT scans are provided by a neighbouring acute trust, reducing the number of patients referred had a direct impact on service cost as well as releasing capacity in the wider system. Comparing baseline activity with the review period showed a 30% reduction in CT scan referrals and a £7,800 direct cost saving.
- The number of patients not attending appointments reduced from 572 in the baseline period to 379 after implementing pathway changes. While not a cash releasing saving this improved overall efficiency and productivity for the service and contributed to a reduction in overall unit price per attendance.
- At the start of the project, the average unit price for patients attending the memory service was £280.93. Through a combination of direct cost savings and efficiency and productivity gains arising from the revised pathway, this figure had reduced to £205.12 in the review period.

Top tips

- Working collaboratively across multi-disciplinary teams is essential for identifying opportunities to delivery services more effectively.
- Having senior clinical members of staff in an organisation who take an interest in patient level costing provides leverage and sends positive messages to the wider organisation about the interaction of improving efficiency and productivity with improvements in patient care and patient experience.
- Using a structured approach such as EVO helps to keep projects focused on outcomes.

To find out more

If you would like to find out more about this clinical transformation, please contact

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You can read more about original EVO pilot, including a summary and case studies from the four pilot organisations by visiting the EVO framework website (part of One NHS Finance) here. More detail about the three services that took part in the pilot projects at North Staffordshire Combined NHS Trust, including the memory clinic, is available here.

If you have an example of clinical transformation in your organisation that you would like to share with NHS finance colleagues please visit the One NHS Finance innovation programme webpage here for more details.

About the Finance Innovation Forum

The Finance Innovation Forum is an NHS Finance platform hosted by One NHS Finance for the discovery and development of problems, ideas and innovations.

It connects organisations and systems through sharing best practice and proposes changes to processes that compromise the strategic sustainability and agility of healthcare finance. The forum harnesses expert volunteers, patient-level data, NHS innovations to support the delivery of better value health and care to the patient and taxpayer.

The Forum's Innovation Programme is a mechanism to transparently collect, validate, and share NHS finance innovations. It has been established to collect, peer-review and share NHS finance innovations that allow finance teams to be more efficient and provide a better service to the rest of the organisation.

About the HFMA

The Healthcare Financial Management Association (HFMA) is the professional body for finance staff in healthcare. For over 70 years, it has provided independent and objective advice to its members and the wider healthcare community. It is a charitable organisation that promotes best practice and innovation in financial management and governance across the UK health economy through its local and national networks.

The association also analyses and responds to national policy and aims to exert influence in shaping the wider healthcare agenda. It has particular interest in promoting the highest professional standards in financial management and governance and is keen to work with other organisations to promote approaches that really are 'fit for purpose' and effective.

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