



ENABLING QUALITY IMPROVEMENT IN PRACTICE

# Tower Hamlets Our Latest Newsletter (12/11/2018)



## Are you EQUIPped with the right capacity for your demand?

This week's email is, I think, fab fab fab. Written by our Dynamic Data Duo, Alex and Jack (our data analyst and evaluator), here's a peek into a slightly more sparkly way of thinking about demand and capacity. Or, the time you have for patients, how you use it, and how this matches to what they want/need. Yes folks, I *have* used the word want. Stop the press. But first, read on. In Alex's words (and the blue comments are mine):

A few weeks ago, Jack and I went to one of NHS England's Capacity and Demand workshops and we were astounded by what was presented and the myths that they busted.

The biggest myth that they busted (I have definitely heard this in the corridors and in cold dark alleyways all over Tower Hamlets) is that primary care suffers from supply-induced demand. In other words, this is the idea that every appointment we create for patients induces patients to want to come in. For example, take a scenario where there are 1000 patients and a certain percentage demand our services. The myth states that if we create a few extra appointments, this percentage will increase. Here we are making an ENORMOUS assumption and that is that demand for our services (because who wouldn't want to see us?!) is not just closely tied to our capacity, it is actually determined by it.

NHSE on the other hand said that patient demand for GP services is finite and that even though demand and our capacity to satisfy it are interrelated, one in no way determines the other, which makes A LOT OF sense. With regard to our scenario of 1000 patients and a certain percentage wanting to access our practice (how dare they!), they are effectively saying that if we create more appointments, this percentage will not increase at all. The idea that every appointment we create simply increases demand is merely an illusion and a symptom of a very real problem we are facing: unmet demand. The problem is that our capacity does not satisfy patient demand and as a result queues get longer and every morning we wake up to a barrage of calls from disgruntled patients who we unfortunately have to tell that we can't give an appointment to. Unless "urgent".



The above is an example of a queue at this year's US mid-term election earlier this week. It looks colourful but it is anything but. (*I can't help but think: kind of like the results!*)

Now we know what the problem is, how do we fix it? Well first, we need to understand what demand is and what capacity is. I will start by explaining the (slightly) easier one, which is capacity.

Capacity is essentially the amount of staff time we dedicate to processing patients. It's incredibly important to note that this isn't simply the number of clinical sessions we run. This reason why is that people do many different things with their time, and not all of it is used on patients. I know right now some of you are thinking, does this mean if I'm a GP I have to spend every second of my sessions on patients? No, it does not. What it means is that we need to account for these things, which may be admin, waiting on the phone while it rings somewhere for a few minutes, coffee breaks, meetings etc. Also, we need to identify areas that 'clog up' our capacity. You can find out what these are by attending our **demand and capacity workshop on**

**the 22<sup>nd</sup> of November.**

Demand, on the other hand, is the number of patients that access or attempt to access our services. This is very different from just those patients that we manage to actually book. We have to be sure that we capture ALL demand. That means looking in every crevasse. The key for this is our phone system and other NHS services.

Right, I think I'm blabbering on now, but if any of you want to know more stay tuned. Next week I will talk about what we on the EQUIP team have been working on to help you combat this problem and examples of what various practices have done. We will also show you how to effectively measure both capacity and demand.

Alex and Jack

Sounds like a promise. Thanks to Dynamic Data Duo, and looking forward to reading more on how to measure capacity and demand next week. May the end of this week feel under your (relative) control. If not, we'll join heads and figure out how to tackle that.

Virginia