

# "Our vision is to be recognised for excellence"

Interview with Dr Paresh Dawda

*Creating better performance at a General Practitioner's surgery using Lean and Six Sigma improvement techniques*

*Interview by Matthew Moore, Content Editor, onesixsigma.com*

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#### **onesixsigma.com: How long have you been looking at business improvement techniques?**

Dr. Paresh Dawda: I started looking at business improvement techniques about 3 years ago. I've been a partner for about 8 years and ever since I started I've been involved in small improvement projects and I was getting to the stage in my career where some projects had gone well but they were small scale and I was beginning to do some more larger scale things, and felt I needed to develop myself a bit. So I went on a leadership course which was based around quality improvement. That was a post-graduate certificate. At the same time there were various changes going on in the NHS and we felt we had to look at the whole organisation and how we organised ourselves, how we work, almost a taking stock exercise. It was at that stage we thought about how best to do that and came to the conclusion that it would be very useful to involve a change management consultancy, and so we approached Catalyst Consulting.

#### **Had you heard of Lean and Six Sigma before employing Catalyst?**

I'd heard of Lean & Six Sigma on the leadership course, but never really applied it in any kind of detail. I had a superficial awareness of it at that stage.

#### **What was the brief that you gave Catalyst?**

The brief was fairly broad & non-specific, very much inviting a two-way discussion on the best way to proceed, and almost describing our symptoms, to use both a healthcare and improvement analogy. Having done that, we decided to audit the organisation and get an objective assessment of where we are as an organisation. We decided to proceed using the EFQM Excellence Model as a basis for doing that.

**"There was a sense of exhaustion as we were chasing these indicators all the time..."**

#### **When I think of a GP surgery, I think of the doctor's and the office functions. Is there more to it than that?**

There is; essentially it's a small business, although different practices vary in their complexities. As far as GP practices go, we are fairly large, we look after 20,000 patients over two sites and employ over 50 staff. There's obviously the clinical aspect with the doctors and nurses, but in terms of the back office function- such as patients access to services, getting through on the phone being able to make an appointment, check results – as well as the other back office stuff such as getting letters sent out to hospitals, when the letters come back getting the records updated in a timely fashion.

The other thing about GP practices is that we are independent contractors with performance managed by the Primary Care Trust (PCT), so we need to satisfy those requirements. The PCT has a responsibility to commission health care services for the population they serve, which includes primary care – such as GP practices, opticians, dentists and so on - as well as secondary care which is the hospital sector. So we're independent contractors commissioned by the PCT to provide GP services to patients in our area.

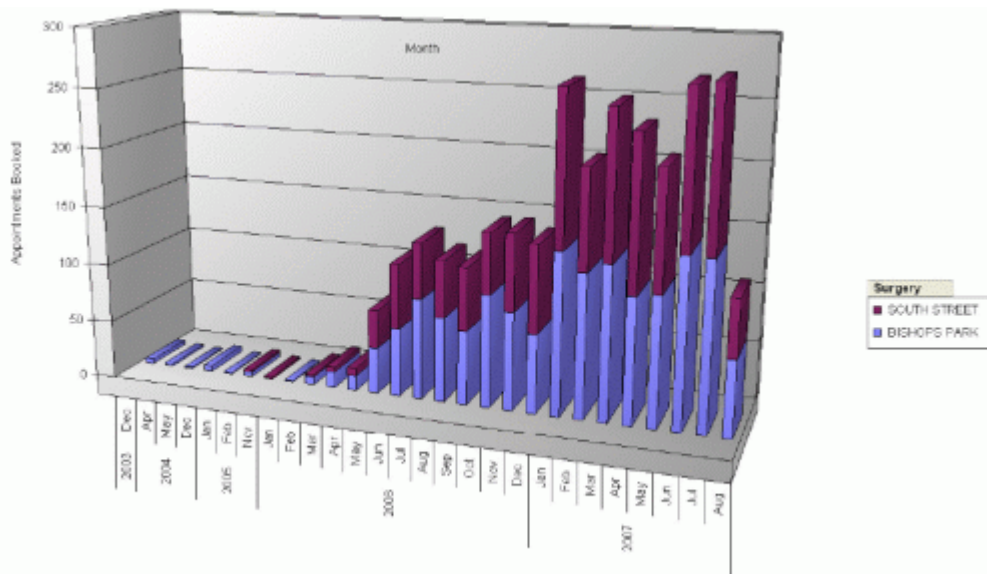
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### When you applied the Excellence Model what were the results?

The focus was on the Enablers side of the excellence model. We looked at existing data on the results side and it was quite good. Where there were financial results or patient surveys or people results, generally there was a good level of performance. When we looked at the enablers it became clear that there was a lot of scope for improvement in all five areas, particularly around processes.

That was interesting because there has been a lot of change in the NHS in the last three years, particularly in primary care, and one of the feelings that came out from staff and doctors at the practice was a sense of fatigue. Essentially, three years ago a new contract was negotiated on the basis of which our services are commissioned, and that was very much a performance-driven contract, with a significant proportion of the revenue based on performance in a range of measures. We were achieving them, but how we were achieving them was probably not as process-based as it should have been. Because of that there was a sense of exhaustion as we were chasing these indicators all the time. The best way to describe it is that it was like being on a treadmill: you keep running and getting faster but you’re not actually getting anywhere!



**Figure 1: Increase in appointments booked by EMIS**

We applied a combination of Six Sigma and Lean, weighted more towards to Six Sigma. We went through a prioritisation process that was heavily facilitated by Catalyst. We identified two or three hotspots. The first of those was access to services: patients being able to ring in d make an appointment and get through on the phone really.

We had a rapid improvement event around that, after we had collected a lot of data and statistics and process-mapped the system. The event was facilitated by Catalyst, and involved different members of the practice team; partners, receptionists, secretaries, nurses, doctors. We spent half of the time really defining, measuring and analysing the problem trying to establish the root causes. Having done that we spent the second half brainstorming solutions and trying to be creative rather

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than jumping in with the obvious solution, which some people thought was that we just needed more people answering the phones.

We wanted to think outside the box and think what else we could do; how could we distribute the calls more evenly throughout the day rather than having them peaking in the morning, how can we use technology, how can we do it without employing more staff, because that's not necessarily a sustainable solution. We came up with a range of creative solutions, which we prioritised. Some were really out of the box and would take some time to implement, whereas others we could implement quite quickly. It's still an ongoing programme with some of the solutions still being implemented.

**Essentially, you found the 'quick wins': that's to say, this might not be the best solution, but it is going to get us the quickest results, then we can look to implementing the best solution over a period of time?**

That's right. We also applied the Six Sigma principles to the paper flow within the practice. As you can imagine, we have a lot of paper with patient correspondence coming in from hospitals, drug alerts and things coming in from the department of health, all that kind of stuff, and there were two key elements.

The first was getting paper related to patients on the system in a timely way. If the patient comes to us and the letter from the hospital is in a tray somewhere it's a complete waste of a consultation because we can't do much with that if we're spending our time hunting for a piece of paper. So it was about getting the piece of paper to the right person in a timely way.

We applied very much the same process of mapping out the system then a rapid improvement event. There's quite a lot of complexity to how the paper moves around the practices, so a lot of time was spent with the different staff involved.

It came to light that the document management system we were using was slow, inefficient and staff were reluctant to use it. So we invested in a new technology system.

Another issue was the timeliness of getting the paper on the record. We decided to set ourselves a standard whereby all incoming paper to the practice should be scanned and put onto the system that day. It may be waiting for a doctor to review it but it will still be on a patient's record. One of the things that came to light during the process mapping was that the same piece of paper was being handled by three different people. We decided that we should only have one person handling the piece of paper, and to do this we had to get to the stage where the person who opened it, sorted it appropriately and scanned it straight away. We explored that and came up with the solution that what we needed was a really fast scanner, networked to different desktops. The contract for the photocopier was coming up for renewal, so we found one that scanned efficiently as well and implemented that. That's come in the last three weeks. So again it's using a technological solution to improve the process and speed it up.

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### How did the staff react to the improvements?

Some were resistant. Although we are a large practice we're quite a small organisation, and so the people can see the frustrations that everyone is experiencing and can see the need for change, but as this was going to effect how they have done things, so there was a little bit of reluctance with some things. But what really helped was the rapid improvement events where everyone was included and we looked to them for their ideas. The majority were open to the ideas, and because they were involved in the process, they were open to trying them.

One of the interesting things was that when we were looking at the Excellence Model, we did a staff questionnaire at the time, and one of the things that came out of it was that although their ideas were valued they weren't necessarily given recognition for it. So we're careful to communicate who was responsible for the ideas, which is helping the motivational side and making us less prescriptive, which was one of the criticisms.

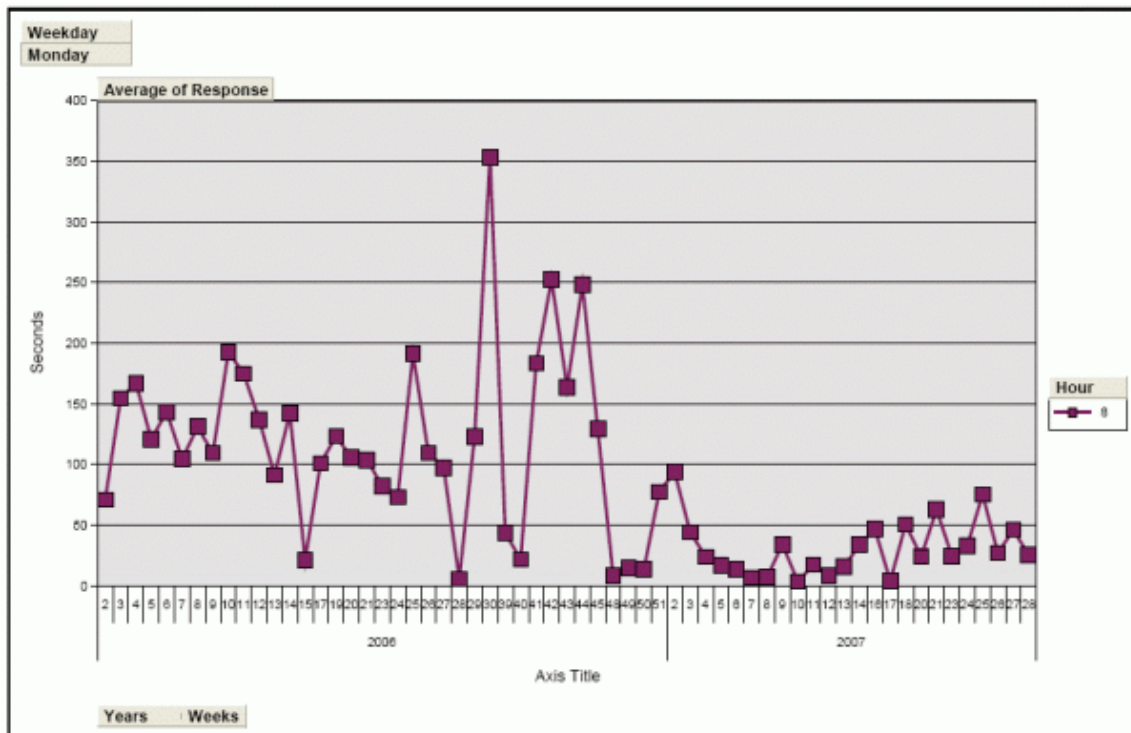


Figure 2: Average time to response of call

### What are the other benefits that you've realised? Have you had comments from patients, for instance?

From a patients perspective the biggest improvements has been in the telephone access. The number of complaints we've been getting about getting through on the telephone system has gone down. Later on in the year we're going to do another patient survey and compare that with previous patient surveys to get a more objective view of the access side of things. We're looking at involving our patients more by setting up a patient forum and getting more end-user involvement. We're taking positive steps to involve them more so we have early warning signs: the problem with

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telephone access got really very bad and patients were quite dissatisfied, before we knew about it. Ideally we would have picked that up much earlier. So the other benefit is we've become more process-centric and started to think about measures and looking for those early warning signs before the process becomes de-stabilised.

#### **Is it usual for GP practices to look at their processes in these ways?**

I think it is an unusual thing, certainly to the extent in which we're doing it. We've now made a commitment to go with the Excellence Model and applied for the BQF Committed to Excellence Award, and I think that's probably quite unusual for a general practice to do that.

#### **Do you see this as continuing improvement? Will you continue to apply Six Sigma?**

Absolutely. One of the other things from the organisation aspect is we've looked at our mission and vision, and our vision is to be recognised for excellence and to be committed to excellence.

At the same time, we're looking at getting some of these improvement skills in-house, and we're looking at our organisation structure. Traditionally, a GP practice would have a practice manager who would look at the operational side, the finance side, some of the improvement side. But the focus is very much the operational side, and what we've done is almost turn that on its head and say what we want is a business improvement or business excellence executive, who would have an over-arching responsibility for everything, but working for them would be an operations manager who would have the operational responsibility. The business excellence post would be working across all the processes, looking at which are stable, which are unstable, and actually delivering an improvement programme for the practice which is constantly reviewed, prioritised and managed.

#### **So you're happy with the results?**

Absolutely. We've brought into the idea to such an extent that we're re-organising the structure of the organisation to make it sustainable and part of the culture. It's early days; this process for us started October-November last year (2006). We've had some early wins, but it's a journey, and we're quite early on in it.

#### **The ultimate question is: have you managed to apply Six Sigma techniques to improve doctor's hand-writing?**

Ah, well there's a challenge!

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**Catalyst Consulting have produced a DVD focusing on the excellence programme at Dr Dawda's surgery. If you would like to find out about receiving a copy, please email [matt.moore@onesixsigma.com](mailto:matt.moore@onesixsigma.com) or [info@catalystconsulting.co.uk](mailto:info@catalystconsulting.co.uk) .**