



2011 WINNING CASE STUDY
Change Management in the Public Sector
Ernst & Young with NHS Direct



Executive Summary

We all remember the recent flu pandemic. We can recall how the public and media reacted and most of us can call to mind the National Pandemic Flu Service that was set up to handle demand for assessment of flu. What is less well-known, is the challenge this presented to the NHS. The pandemic created one of the biggest ever changes to health services in the UK; taking diagnosis away from doctors.

In concept, the project required a radical programme of change management because the service would give access to antiviral drugs without a doctor's assessment or prescription. Such a service would be ground-breaking.

There were no other examples of an equivalent service, in the UK or anywhere in the world.

No best practice.

No blueprint.

The success of the service would be judged on the degree that it prevented primary care services from being overwhelmed by demand from the public. The project brought together consultants with diverse skills, resulting in the service delivering 2.5m assessments and issuing more than 1m antiviral doses. Without it, the strain on local surgeries and healthcare facilities would have been unbearable.

In considering the significance of this programme, we need to remember that the service is recognised as the most advanced response to a pandemic, ever. Creating new healthcare delivery systems had never been done before. It is now ready to be mobilised again if required and has set the benchmark by which other pandemic services will be measured.

Project and approach

The client project

The project started back in November 2007 after an outbreak of Swine Flu in the Philippines. The Department of Health (DoH) had an existing pandemic programme, but took the view that because it wasn't a call centre or a website expert, another organisation should take on the responsibility of developing a 'flu line solution'.

NHS Direct was appointed to run the programme; but being an operational organisation, it didn't have the capacity to run the project itself. As the project represented a significant change in

established practice, it was also important to make sure stakeholders agreed with the concept, design and operation of the process.

The solution and objectives

The Ernst & Young team was asked to help NHS Direct scope an options paper that was taken to the DoH and health departments of Scotland, Wales and Northern Ireland.

Ernst & Young was given the objective of supporting the client in the development of an automated telephony solution, a call centre and a website, and to gain that crucial support from stakeholders. Most importantly, the programme was approved by government to authorise the assessment of individuals and release antiviral drugs.

This was the first time, anywhere in the world, that the dispensing of prescription drugs would be carried out without a doctor's consultation.

The consultants' approach

This was radical. For the change to be successful, the Ernst & Young and NHS Direct team knew they'd have to predict the level of demand that could be placed on the health service. The team turned to the history books to review other pandemics such as the Spanish flu outbreak in 1918. This analysis helped create appropriate models which were then applied across three channels – web, automated telephony and call centre.

During a pandemic, there is always the threat that health professionals, particularly GPs, could be overwhelmed by patients seeking antiviral drugs. Such a volume of additional demand could stop individuals with more life threatening complaints receiving treatment. The health system could grind to a halt.

The team consulted with, and gained support from the health professionals – doctors, nurses, surgeons, health authorities; all of whom had different lines of approval in separate health bodies.

The team was also conscious that the service needed to protect health workers from the spread of the disease. The service was designed to encourage those that were sick to stay at home; and for friends and family, via the National Pandemic Flu Service, to complete an assessment on their behalf to obtain a code that could be used to collect the necessary drugs.

Managing the process

Once the concept was agreed and approval from all relevant parties achieved, NHS Direct needed to choose a supplier to build the technology elements of the service. A selection process was undertaken that fairly evaluated all the bids to decide on a preferred supplier. This supplier would be required to build, host and support the service and BT was chosen for the job.

Not surprisingly, finance posed a continual challenge throughout the process. After all, the service was being developed for a pandemic that might not actually happen. With this unusual scenario in mind, the team needed to consider the exceptionally detailed business case required by HM Treasury; a complex, but necessary task that needed approval before work could begin. Managing the stakeholder agreement process lasted 12 months; a relatively short period of time considering the wide range of input required.

Fast forward to March 2009, another outbreak of Swine Flu in Mexico. It was officially classed as a pandemic by the World Health Organisation in June 2009. This meant that the development of the main technical solution was placed on hold while an interim service was quickly put in place. However, the necessary algorithms – a series of questions that would lead to an appropriate diagnosis – had already been created and were built into a temporary web solution. This provided a timely response to Swine Flu.

The client/consultant relationship

As nothing like this had been done before, there were inevitably stakeholders who were sceptical. But one of the keys to ensuring it did not stall was robust governance. Everything was documented and approved and all approaches were agreed upfront. Decisions were managed carefully, robust change controls were utilised and all key stakeholders were engaged or included in the decision-making process. The very complex group of clinical, technical, and sponsor stakeholders felt they were part of the solution. The case for change was compelling – it could save lives and prevent front line services going into meltdown.

A proactive approach was taken to communication and engagement. Check points were put in place to determine when to shift the approach. At regular intervals in the project lifecycle, workshops and stakeholder sessions were run to ensure understanding of the patient journey. In addition, representatives from the UK countries were briefed and provided with pre-read materials to ensure they knew what was required of them. It was not physically possible to reach out to every stakeholder so it was important to use existing networks and relationships to cascade information and encourage buy-in. Ernst & Young supported NHS Direct by shaping content, managing stakeholder engagement, and consulting with BT to provide technical input where required. This process of preparing stakeholders for the service, meant they felt engaged and understood what was coming their way.

Clarity of vision coupled with stakeholder engagement was crucial to the success of the project. Front line health staff were brought on the same journey; everyone could see what would happen if the service was not put in place. Stakeholders understood the importance of the service.

Combining skills

Ernst & Young was able to access a wide pool of skills within its own organisation. Consultants were drawn from its people and organisational change group, technology practice, process team, customer and call centre team, and its operations and supply chain practice. In all, some 20 consultants worked alongside the team from NHS Direct. The finance department within NHS Direct took ownership of the financial aspects of the project.

Outcomes

Meeting the objectives

When the pandemic struck, the team had to mobilise not just the call centres and websites, but also operational staff within NHS Direct. The IT supplier needed to be in place to deliver and support the service and the DoH made ready to manage the drugs supply.

The clinical algorithm that was used was tested, and signed off by clinicians before it could go live. The service was launched on the 16 July 2009. 2.5m assessments were carried out and more than 1m doses of antiviral drugs were issued during the period of the pandemic, which peaked during the summer of 2009.

The service was wound up in January 2010, but is available to be mobilised again at short notice in response to new pandemic threats.

Overcoming challenges

It became clear that there would be considerable external interest in the service. This placed enormous pressure on the team. If the project failed it would have been a very public failure. It was critical that there was a high level of preparedness.

As well as making sure that the people and processes were fit for purpose, NHS Direct teams had to be prepared for the challenges of running a very different type of service. The Ernst & Young project team facilitated a number of role-play sessions with their teams based on pandemic scenarios. These sessions helped familiarise staff with the demands of the many different roles they would need to assume during a pandemic. In addition, NHS Direct created a training course for call handlers to deal with the range of likely behaviours from callers during the assessment process.

The impact of project failure on the NHS would have been considerable. Primary care services would have been stretched to the limit and patients with potentially urgent conditions placed at risk. Mounting media interest and significant outbreaks of the pandemic in key hotspots such as Birmingham required the joint team to work round the clock to get the service ready.

Lessons learnt

1. Without a strong leadership and delivery focus, the challenges of stewarding the service during the pandemic would have been even greater.
2. In the thick of delivery it is easy to forget the benefits of not having such a service in place. Reiterating the vision and setting a common goal made a real difference in bringing together various teams and organisations.
3. There is no such thing as too much communication, especially across such a complex stakeholder landscape where early engagement with devolved health authorities was essential to developing a national solution.
4. Input from a diverse user community meant that different perspectives could be drawn upon to deliver an effective service but also provided a level of sponsorship and support behind the service.
5. Establishing clear and transparent governance structures provides a clear audit trail for decision making.

Measuring success

The success of the project helped NHS Direct demonstrate what it is capable of delivering, and has opened the door to using a process to deliver remote care. The creation of the new '111' non-

emergency service that NHS Direct will play a leading role in is one such example, which will help manage the flow of patients through to primary care.

This project has helped senior government officials understand how healthcare can be delivered in a very different way in the future. It has also attracted a good deal of interest from health departments of other countries.

The UK was the only country that provided such a service during the pandemic – seen as advanced and ground-breaking.

The objective of responding to a pandemic was met. The work and due process had been carried out and the service worked. Demand on GPs was averted.

Although the pandemic was not as severe as had been forecast, there were nonetheless significant savings made through individuals not going to their GP:

- 2,732,582 assessments completed
- At a standard cost of £26 per GP assessment, a £71,047,132 spend was averted
- 1,807,675 Unique Reference Numbers were issued
- 1,161,157 antiviral doses were collected

Success was also measured in terms of the strength of client feedback:

“I am very impressed with what I’ve seen and what has been achieved. You have managed to set up an entire alternative health care delivery system, never previously attempted. Truly remarkable.” DoH chief executive