RED GROUP: STIMULATING DEMAND (VALUING AND UNDERSTANDING ANALYTICS)

A large number of suggestions were made during the open session, and are listed in full in the annex (in so far as they could be deciphered). The workshop reviewed all of these, considered in what way they were intended to stimulate demand, and focused in on those that it was felt were important and feasible to act on.

1.   Incorporate analytics/OR into management development, so that managers understand the value of OR. Specifically:

- Operational Analysis is a module in army officer training at Sandhurst (Martin Caunt for more info):
- There is already a unit in NHS-E talking to the management trainee scheme about this, and [proposals for an NHS analytics training programme?] (Stephen Lorrimer for more info)
- CLAHRC Wessex research in residence model for evaluation
- Interested parties could go and see examples of where it is done better elsewhere (Martin Caunt)

2.   Get OR onto the Board /SMT, to lead by example, and/or to challenge the Exec. Team to develop OR techniques to answer the big problems.

3.   Provide business case evidence, by focusing on evaluation of OR interventions

4.   Create a 'healthcare knowledge transfer network' so potential users know where to come:

    4.1   Create/publicise areas of excellence in use of data/OR (across public sector) to show what 'good' looks like and potential impact

    4.2   Create Menu/smorgasbord of techniques/tools; people who can use them; problems they can help with

    4.3   Identify a small number of key problem on which the O.R. community can work collectively

    4.4   Develop a single toolkit solution for a typical problem, eg acute hospital A&E staffing

    4.5   Identify general problems such as patient flow analysis and modelling, highlight AA/OR role; illustrate different AA/OR contributions and benefits; deliver by collaboration of NHS analysts and academics

    4.6   Productise (simply) OR models.

5.   Organise a meeting like today's focused on (attended mainly by) commissioners and providers.

6. NHS England to have a single post responsible for use of OR/modelling across health and care, in order to promote measuring and monitoring of the extent and quality of analytics/modelling activity

7. NHS England/DH to create an annual award for work by analysts that has had the high impact on policy and practice (local/national)

8. Use existing structures to (continue to?) raise awareness of and promote O.R.: CLAHRC, STP…

9. Continue to encourage embedding of researchers in healthcare and social care organisations, job swaps between academics and NHS organisations, improvement teams including modellers.

We went on to look more explicitly at item 2, with the aim of getting analyst champions on boards.

Actions:

10. Use regulatory levers to promote use of robust analysis:

    10.1 there is shortly to be a CQC consultation, to which the OR Society should respond (and any others who feel able to do so)

    10.2 NHS-I could promote good analysis through metrics

11. Identify any 'analyst champions' already on boards, and meet to get an idea of what might be successful

12. Current work on digital maturity gives an opportunity; we should link into that

13. Next steps:

    13.1 Emma Rourke to put us in touch with her successor at CQC

    13.2 Tom Woodcock to share his paper

    13.3 meeting involving Stephen Lorrimer, Tom Woodcock, Esther Giles, Paul Stromer, Ruth Kaufman and CQC, to take forward.

ANNEX: FULL DOCUMENTATION OF 'STIMULATING DEMAND' SUGGESTIONS

Incorporate analytics/OR into mgmt development to demonstrate value of OR

eg: Operational Analysis is a module in army officer training at Sandhurst : NHS-E unit talking to mgmt. trainee scheme and NHS analyst trainee prog. Note that there is already a unit in NHS-E talking to the management trainee scheme about this, and [proposals for an NHS analytics training programme? – check with Stephen Lorrimer]

CLAHRC Wessex research in residence model for evaluation

Learn from others how to embed analytics

Consider how we get OR onto the Board /SMT (part of the JD) lead by example

Trust chairman to recruit a NED with a background in analytics in OR in order to challenge the Exec. Team to develop OR techniques to answer the big problems by end 2017. (Andrew Fordyce)

Who: researchers What: Focus on the evaluation of OR interventions When: ASAP during and after intervention. Where: Partner with NHS England, DoH, OR consultancies. Evidence that OR helps service delivery.

Areas of excellence in use of data/OR (across public sector) to show what 'good' looks like and potential (Sarah Dougan)

Create Menu/smorgasbord of techniques/tools; people who can do; problems they can help with

'GEMBA' go and see examples of where done 'better' in equivalent industries (eg defence). (Martin Caunt)

Meeting like this focussed on commissioners/providers

Productise (simply) OR models (Marc Farr)

Deliver Impact at Scale: OR community to identify a small number of key problem on which they can work collectively [OR community]

One toolkit solution for eg how many staff we need? Eg for A&E for any acute hospital.

Identifying general problems –group care studies; highlight AA/OR role; delivered by collaboration of NHS analysts and academics Eg. Patient flow analysis and modelling – benefits. – illustrate different AA/OR contributions – problem definition – mapping – modelling (balancing flows, stochastic).

Make someone responsible for use of OR/modelling across health and Care. – NHS England or DH chief analyst. Who Charles T.

What: Provide time and space for healthcare practitioners to use modelling. Who: NHS England. Where: Trust level.   Associate programme.

NHS England/DH to create an annual award for work by analysts that has had the high impact on policy and practice (local …

Sustained impact? Not (just) NHS-E/DH – awareness – value

OR researchers to seek publications in high impact health journals, demonstrating impact of OR/AA implementation on health service problems.

More collaborative working between providers and academia/OR – eg modeller part of improvement team, researchers in resident (Tom Woodcock)

Funders and ? recognising problem-based OR-type approaches as viable (i.e. where method of solution not known in advance) Action: OR profession to sell itself (Chris Sherlaw-Johnson)

Ask NHS organisation to submit demand forecasts in advance, planned capacity and delivered capacity. Identify if problem is in planning or delivery and provide OR support accordingly. NHS wales – delivery unit (Julie V). NHS England – Govt OR unit?

Link OR contribution to current management priorities. [Market People] (M.Bell)

Case study of CLAHRC/similar with provider to plan capacity

Use STP to identify system-wide problem and bring analyst/OR/Clinician together to work on solution (with time) STP Lead.

Embed researchers in healthcare and social care organisations – academics (eg Dave Worthington)

Job swaps between academia and NHS orgs (Sally B)

NHS-E or NHS-I setting Framework.

Using existing structures to be aware of OR and promote.

Work with other research disciplines – academics (eg Dave Worthington)

Improve comms. Etc.

Include peer-review publications in job objectives/metrics (if not already) (Bea K).

I.O Get more NHS provider/commissioners views into the debate.

Market OR to NHS England to find problems to solve and maybe funding.

… budget … AHSN to help … priorities … NHS England.