

Hothousing



Enabling rapid whole system change to rapidly achieve quality and productivity gains of up to 20 percent.

Public sector finances are under great strain. While health is “protected” from the severest pressures, demographic change and costs of new technologies and drugs mean the NHS must meet increasing demands with static or reducing real terms funding in the future.

“Hothousing” is an approach designed to bring all parts of the health and social care system together and to, at pace, challenge and redesign established systems, structures and processes. It enables you to re-shape your health economy and the care pathways within it, building support and leadership for major change.

Why this approach is so valuable

- Because it creates cross-organisational leadership and support for major changes releasing major benefit.
- Because the challenge is immediate, and solutions which are owned by the health economy, but can deliver rapid results, are required.

- Because quality failure, delay and waste frequently occur at hand off points between organisations which have not to date been addressed.
- Because technology can decentralise care and regulation can require centralisation – both of which change services beyond organisational boundaries.
- Because the health and social care systems are inherently interdependent, improvement in one area requires and enables change elsewhere. In essence, change in the whole system is more potent and valuable than change in the sum of its parts.

Whole system change is hard, but it has been proven to work across the public and private sectors, from energy to automotive, and from retail to policing. It is capable of releasing 20 percent of cost in the whole system for reinvestment back into new and expanded services.

At the heart of Hothousing lies a major programme approach with four key elements:

Vision, leadership and empowerment –

the creation of a whole system strategic vision, personal leadership behaviours and a driven, fast-paced style. We use techniques such as “Accelerated Solution Design” to, within days, generate consensus on the strategic direction and build ownership.

Service and organisational redesign –

we work with cross economy clinical teams to review and redesign whole care pathways. We focus not on the current, historically derived, state but on a potential future using the latest techniques and technology. We bring our knowledge of the leading global models and the experience of our senior team of major national programmes in telehealth, telecare and care integration. We design both the care models and the required organisational forms, in that order, because form follows, not determines, function.

Analytical excellence – the world of healthcare does not lack data, but it does lack information. We build the analytical case for change by harvesting and refining data on current performance and building scenario models of the future. We identify clearly the variances within local performance and between local, national and international performance which require attention. Underpinning cogent arguments for change with rich sources of evidence services to challenge and motivate change and evidence the “size of the prize”.

Pace and rigour in implementation –

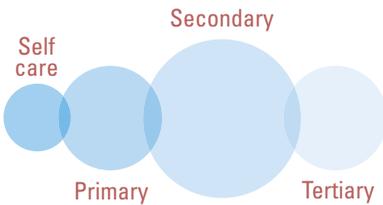
We know that strategy, data and redesign are key components of change. But we know that these mean little without implementation. Our commitment is to be your partner until the job is done and the benefits are banked. We bring, and transfer to you, proven approaches of programme management and benefits realisation. We focus ruthlessly on pace and delivery – because in a £1 billion economy one day lost is £1 million of lost benefit which can never be recovered.



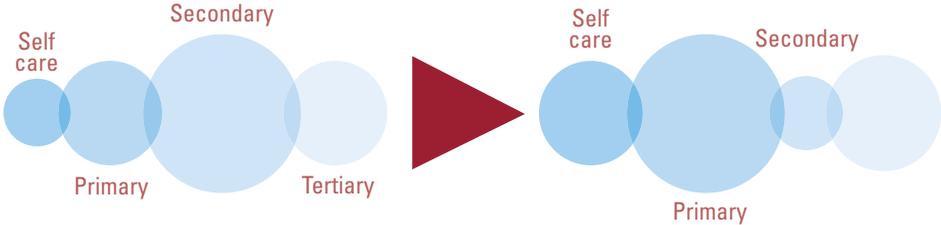
The benefits of this approach are huge, while the costs are modest –

between 1% and 3% of the benefits, and on a live engagement the achievement of payback has been estimated within **only seven days** of full implementation.

Current State



Future State



Credentials

The Manchester health and social care economy

In this £1 billion health and social care economy with few remarkable features we have helped our client identify savings in the order of 20 percent. Perhaps more importantly, the process has resulted in the development of inter-organisational relationships, created a shared recognition of the challenge and built a platform from which the players in the system can approach implementation collectively.

Our work brought the chief executives across the patch together to jointly lead a major programme to identify opportunity.

Clinicians, managers and other key stakeholders were engaged through a series of thematic groups in which a pathway approach to care was considered. This work moved beyond organisational silos and put the patient at the centre of new care models and pathways.

The opportunities identified were worked up with supporting evidence, data and the buy-in of a spectrum of staff across the system. In parallel we worked with a Clinical Reference Group to ensure that all significant clinical considerations were identified and addressed. The overall output is a programme of changes which can now be taken forward for implementation.

“...we have adopted a ‘whole health economy’ approach...to design and implement a truly integrated approach to future healthcare provision. The benefits will be a better and more efficient service for local people, leading to improvements in health and wellbeing. The KPMG team has played an invaluable role in supporting the initiative. The KPMG ‘Hothousing’ approach is exactly what we needed to help ensure the success of a challenging and complex programme.”

Laura Roberts, Chief Executive, NHS Manchester

“The NHS needs rapid, remarkable and sustained change to face the coming challenge. Hothousing makes this happen through fast paced, system-wide collaborative change, and it pays back within days.”

Andrew Hine, KPMG Partner

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