



European Clinical Microsystem Network ECMN

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LIBERATING THE TALENTS

Early experiences of using the Clinical Microsystems Model in England (written by Laura Hibbs)

1. Introduction

"Liberating the talents" perhaps best sums up our early experiences of using the microsystems model in England. The use of the model is spreading like wildfire! Front-line teams are unleashing their creativity and innovation in improving services for patients and are using the model to lead, manage and own their performance improvement work.

Through this article we aim to share with you:

- our approach to supporting teams in using the microsystems model
- some examples of the early improvement work of our teams
- our early work in facilitating the national spread of microsystems.

2. Support for teams

In November 2003 8 front-line teams from across England applied to participate in a national programme to pilot the use of the microsystems model in supporting their improvement work. The national pilot programme was led by Marjorie Godfrey from the Dartmouth Hitchcock team, Ian Golton and Professor Peter Wilcock from the Modernisation Agency and NHSU, England.

Participating teams came from a variety of service areas including neurology, day surgery, a community hospital, a GP Practice and cardiology services. The teams participated in monthly learning workshops over a seven-month period. The learning workshops enabled the teams to share their experiences of using the model, to accelerate the spread of improvement ideas and to learn about some pragmatic tools and techniques for leading improvement work. However, the centre of gravity for the programme was the workplace setting. Each team had access to a coach to support their development work.



The national pilot was a success. Whilst all 8 teams took different journeys and worked at a different pace, all teams made significant progress in their team development and service improvement work through using the microsystems model.

England is divided up into 28 Strategic Health Authorities (SHAs). Two of the national pilot teams came from the North and East Yorkshire and Northern Lincolnshire SHA area. The SHA has a population of 1,500,000 and includes 4 Acute NHS Hospital Trusts, 1 Foundation Hospital, 10 Primary Care Trusts and a Mental Health Trust. The SHA covers a geographical area the size of Denmark.

The SHA was so impressed by the achievements of the national pilot programme that they decided to offer an SHA wide programme along the lines of the national model to support local teams in using the Microsystems model. Following a call for interest in participating in the programme the SHA received applications from 40 teams from a wide range of service areas. Service areas included, older people's services, older people's psychiatry service, radiotherapy, diabetes service, rheumatology, dermatology, genito-urinary medicine, mental health, learning disabilities, general practice, outpatients, medical records, school nursing, district nursing, health visiting to name but a few.

Since October 2004, the SHA has been supporting over 30 teams through three streams of a clinical Microsystems programme. The teams are all making good progress in their improvement work and plan to continue to use the microsystems model beyond the life of the pilot programme.

The SHA has further programmes planned from this summer.



3. Examples of early successes

A common feature of our pilot teams is that they are all making small changes with significant impact. Some examples of the improvements that have been made include:

Purpose

Teams have undertaken important work in defining their core business as being about providing a high quality service as well as continuously working to improve the service.

This has created an environment where staff are both encouraged to put forward their improvement ideas and supported in taking these forward.

