

Understanding your system

NHS Grampian's Big Room experience

March 2021

Working as part of the Access QI programme, the Dermatology and Plastics services at NHS Grampian were looking for opportunities to improve patient's access to, and experience of, care being delivered. Read more to find out how they changed their vetting process.

As part of their **flow coaching academy (FCA) training**, a Unit Operation Manager, a dermatology consultant, and an Acute Transformation Programme Manager organised and led a **series of joint Big Room meetings with NHS Grampian's Dermatology and Plastics services**.

A Big Room is a **multidisciplinary meeting** where staff from each step of a patient's journey come together to discuss, identify and focus on areas for improvement. The **staff assess, diagnose and iteratively test changes to improve care delivery**.

A Big Room contains a lead coach who has in-depth knowledge about the service and then a coach who is external to the service and can ask pertinent questions of the staff and service.

To see further examples of how teams across Scotland have designed their Big Rooms please refer to our [webpage](#).



A Big Room meeting

Before the meeting

Building on **pre-Big Room discussions with clinical staff** across the dermatology service, the team of three (with the clinical leads) identified a number of possible **areas for improvement** which could be focussed on in the Big Room. This provided the initial discussion points for the first Big Room meeting when trying to establish what should be prioritised. **This preparatory work was key to gaining clinical buy-in and ensuring that the right people were invited to the meetings.** It also gave them a greater awareness of the challenges the service themselves were concerned about and enabled them to facilitate discussions in an informed manner.

“ We briefed both the leads for plastics and dermatology about the Big Room, its role, its purpose [...] that was really constructive. ”

Acute Transformation Programme Manager, NHS Grampian



Key learning: be prepared!

The preparatory meetings also served as an introduction of the Acute Transformation Programme Manager to the clinicians and helped ensure that **learning from previous work** was included and that the services would **feel more comfortable working on this QI work.**

We had fantastic attendance, it was upbeat. It felt so great. That was the platform for taking the [improvement] work forward.

Acute Transformation Programme Manager, NHS Grampian

We had the right people round the table and we knew what we had to do.

The meeting

Attendees discussed the various challenges facing the services and the possible pathway improvements which could be investigated and focussed on. It was in the initial meeting that the services **agreed that they wanted to prioritise work on the urgent suspected cancer (USC) pathway.**

With the identified pathway there were a number of challenges that were identified for improvement i.e. variation in service provision.

Claims, Concerns and Issues (CCI) and process mapping exercises

To help the services identify possible change opportunities, the Nurse Manager for dermatology, a Big Room attendee with experience of facilitating **claims, concerns and issues (CCI) exercises**, volunteered to lead a session at a Big Room meeting. CCI enables staff to **share their perspectives across the patient journey as they raise key concerns and current barriers affecting access on the pathway**. These are then mapped onto large sheets to be displayed around the room so they could be referred to in future meetings. This ensures that decision-making undertaken in the room is responding to these initial concerns, and meeting the claims agreed.



It set the scene [...] Thereafter we agreed we needed to do a process map, as a result of doing the CCI [...] It was apparent that this could be quite a large task and as meeting were an hour long, the clinic coordinators agreed to go away and do a process map and email it to us to give us a head start.



Acute Transformation Programme Manager, NHS Grampian



The **initial work** by the clinic coordinators **enabled discussion to continue at pace** in the future Big Room meetings and as the plastics and dermatology services had a number of cross-overs and overlaps across the patient journey it would have been **complex to map out in one hour**.

Single vetting: a change opportunity

It became apparent that **variation in the patient care journey was as a result of vetting being managed by the two services on alternate weeks**. That is, one week it was led by dermatology, the next by plastics. This had developed due to reduced capacity in the dermatology service, requiring support from elsewhere. When the Big Room meetings started, the dermatology service had newly increased capacity with more service staff in post.

What has happened?

New vetting process

The split approach to vetting was discussed in the Big Room as it became clear that this **increased opportunities for variation in the pathway and care received** as whilst the services and their staff expertise overlapped, they were not always working to the same clinical guidelines or standards as they worked differently.

It was agreed that dermatology would trial conducting **100% of vetting into the USC pathway** and data would be collected to gain understanding of whether this was a positive approach and should be continued more permanently.

Impact of COVID-19

Shortly following this conversation and the process mapping exercise that highlighted the **variation the current approach to vetting created**, COVID-19 required staff to be redeployed elsewhere.

Big Room outcome

100% single vetting

However, the services have since decided that they would action this test of change and due to the **strength of the discussions** in the Big Room, **dermatology are now successfully conducting all vetting.**

“ There was too much variance for the patient. There was no robust process around it [...] it wasn't good for continuity for care. There were all these different reasons why it needed to be reviewed.

Acute Transformation Programme Manager, NHS Grampian