



Whole Systems Strategic Planning in Ayrshire and Arran Primary Care Trust

The Client

Ayrshire and Arran PCT was established in April 1999. Its remit is to provide a comprehensive range of primary care services, community services and secondary mental health services for a catchment area of some 390,000 people on the west coast of Scotland.

The Challenge

Following a funding crisis in the health economy, Ayrshire and Arran PCT needed a major review of its mental health strategy in the light of its new financial circumstances. It was important that the review enjoyed the confidence of all the mental health service's stakeholders.

A particularly pressing issue that needed to be addressed was a continuing shortage of available beds. Even after the Trust had commissioned a number of new services, they found that they were still experiencing intense pressure on beds due to the number of patients being referred for admission. The Trust decided to commission OPDC to help the Trust's stakeholders generate a solution that would win everybody's commitment.

Why OPDC?

The Trust already had previous experience of working with one of OPDC's senior consultants, who had provided intensive preparation for the specialist facilitation and leadership skills required for working on the Trust's cross-cutting issues.

The Intervention

The Consultant identified a number of root causes for this pressure on bed space. For example, in a national climate informed by concerns about patients who posed a danger to themselves or others, some junior doctors were taking 'risk averse' rather than 'risk managed' decisions about admission.

Structurally, the problem was relatively straightforward to identify – there were simply too many gateways through which patients could be admitted into the hospital system. This was largely the legacy of pre-PCT days, but it meant that mechanisms for optimally managing risk were unsatisfactory.

While the solutions to these issues are fairly self-evident – cut down the number of gateways, and put more emphasis on the Home Option Treatment Team – nobody had any illusions how

difficult it was going to be to gain consensus. The stakeholders were a cross-section of health and social care professionals, advocates, local politicians, Senior Doctors, Nurses and Allied Health Professionals, Managers and Social Workers with strong characters and strong opinions!

The intervention was divided into two events. Initially 70 professionals were convened at a local hotel where they were taken through a process that involved intensive self-education about the evidence base and best practice in effective mental health provision. In the afternoon the session became more practical when the group was introduced to System Dynamics. This methodology was used to guide them through a process of diagnosis of the stocks and flows and system feedbacks that had most impacted on the bed problem.

Two weeks later, armed with the insights from this exercise, a slightly larger group met for a 2-day session in a process known as a Search Conference. By the end of the meeting the 80 professionals present had managed to distil the work down to 8 strategic goals and a suite of action plans.

“I think everybody was a bit surprised and not a little impressed that OPDC managed to build such a consensus,” remembers Anne Gerrard.

The Outcome

Said Lesley Brady “What has struck me over the last few months is the shared enthusiasm across disciplines and agencies. When I explore this further with people, what they tell me is that the range of ‘techniques’ used in the three days has enabled people to think differently and gain a much broader understanding of each other’s role within the overall care of individuals. The combination of history, current evidence, personal experience and visualising the future was extremely powerful and welcomed by the participants.”