

Universal Healthcare Proposals

Sustainability Check and Challenge



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Data Lab: We investigated what is happening now using data, checked what were finding in workshops and shared our collective interpretation. We found:

The old world bites back – lessons from the vaccine programme that took the NHS to people, had been partly lost. But this gave us the energy to try again, to explore how the NHS can meet need where people are.

- That primary care in poorer communities gets less funding than those in wealthier communities, and there are ways this can be adjusted to be fair.
- That children and young people are not getting as much access to services they need outside hospitals than older people.
- That a flat offer, that sounds fair, actually increased inequalities, as it favours those that can access those services.
- That there is a multiplicity of third sector solutions that can support people currently using the NHS as the front door; but the sector needs an enabling collaboration with the NHS (longer term funding, partnership that supports collaboration within the third sector), where the health professionals understand what's possible (rather than creating more dependency on the NHS).

Change Lab: Using these insights people from across the initial focus areas and the ICS took time to really understand each others perspectives, to develop collaborative relationships, and to come up with ideas for what would enable Universal Healthcare. Each idea has a group working on how this will work in practice, supported by a system leader sponsor.

Prototypes: these ideas have been developed and refined and, for some proposals, aspects of the solution have been prototyped.

Learning Together: throughout this community of collaborators have been offering their experience and insights into what makes solutions work and stick, and have been learning about how to create the conditions for success.

Sustainability Check & Challenge: This next stage is to 'check and challenge' the proposals as they are developing in terms of their potential to be adopted, and to spread.

Each group working on a solution has the opportunity to pitch their idea and solutions to leaders in the health system, for advice, support and adoption.

(b) Universal healthcare proposition

Which Proposition does your idea address?:

1. Medicalising poverty and providing 'sticking plaster' approaches, with the best intentions, that make the problem of poverty invisible.
2. Providing services that are not accessible to all.
3. Not being frank and open about the reality of the rationing of services.

(c) Explain why you have chosen this proposed change?

What is your hypothesis (your views about what the problem is and why your proposed change will help).

(d) What is your proposed change?

What elements of this proposed change have you tested and what were the results?
 What was the key learning?

What elements of this solution are based on evidence (best practice or examples that have worked before)? Provide a link to the evidence, or a reference if you can.

(e) How do you propose the change you have identified takes place?



Explain how this change should happen – How you think you should move from your idea and your testing to action?

What have you discovered from the process you have been through together that needs to be part of the adoption of this idea/practice/service development?

For instance:

- The role of/relationship with local people/communities?
- Who owns the change?

Use the criteria we developed in workshop 2 as a guide (success criteria for changes that work)

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At what scale?

Neighbourhood/Community partnership	
Across city/town	
Across county	

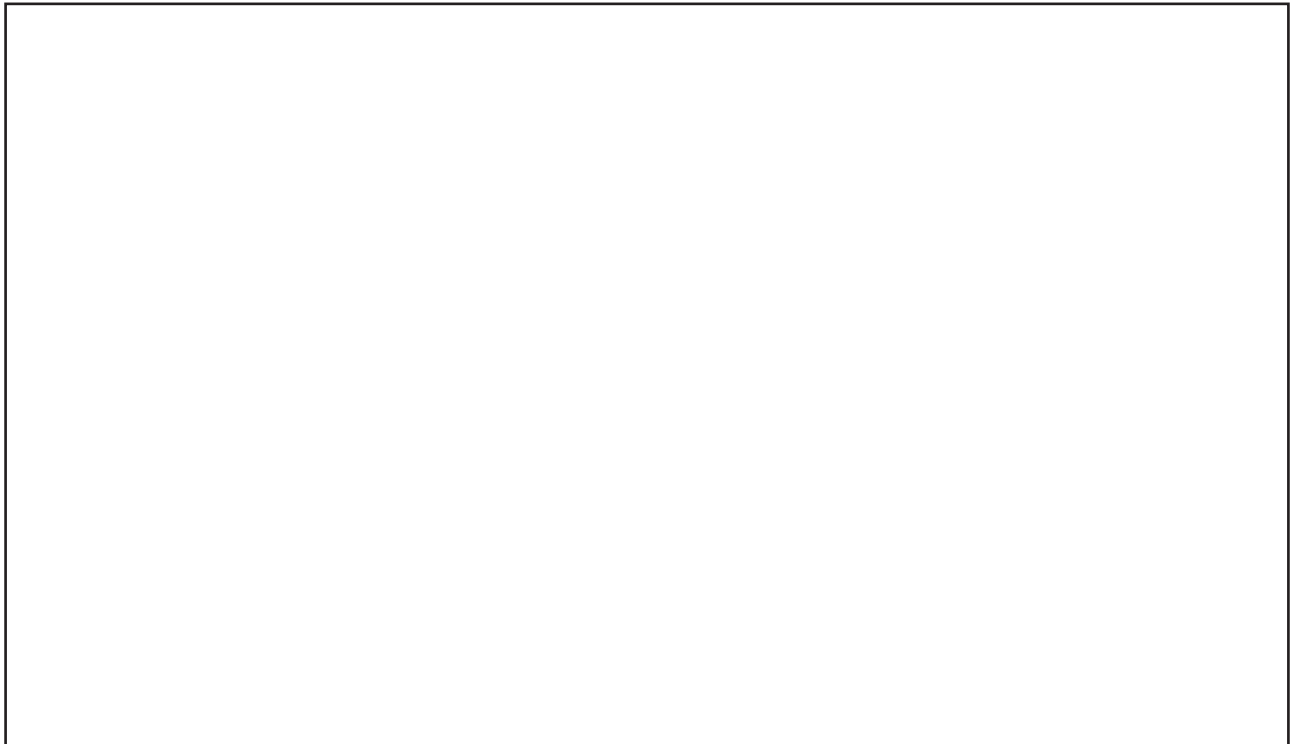
(f) Which strategic priority does this proposal address?

Digital and Data	
People and Development	
Joined up Communities	
Clinical Leadership	
Urgent and emergency care	
Planned Care	
Social Care and Discharge	
Primary Care	
Finance and Productivity	
Health Inequalities	

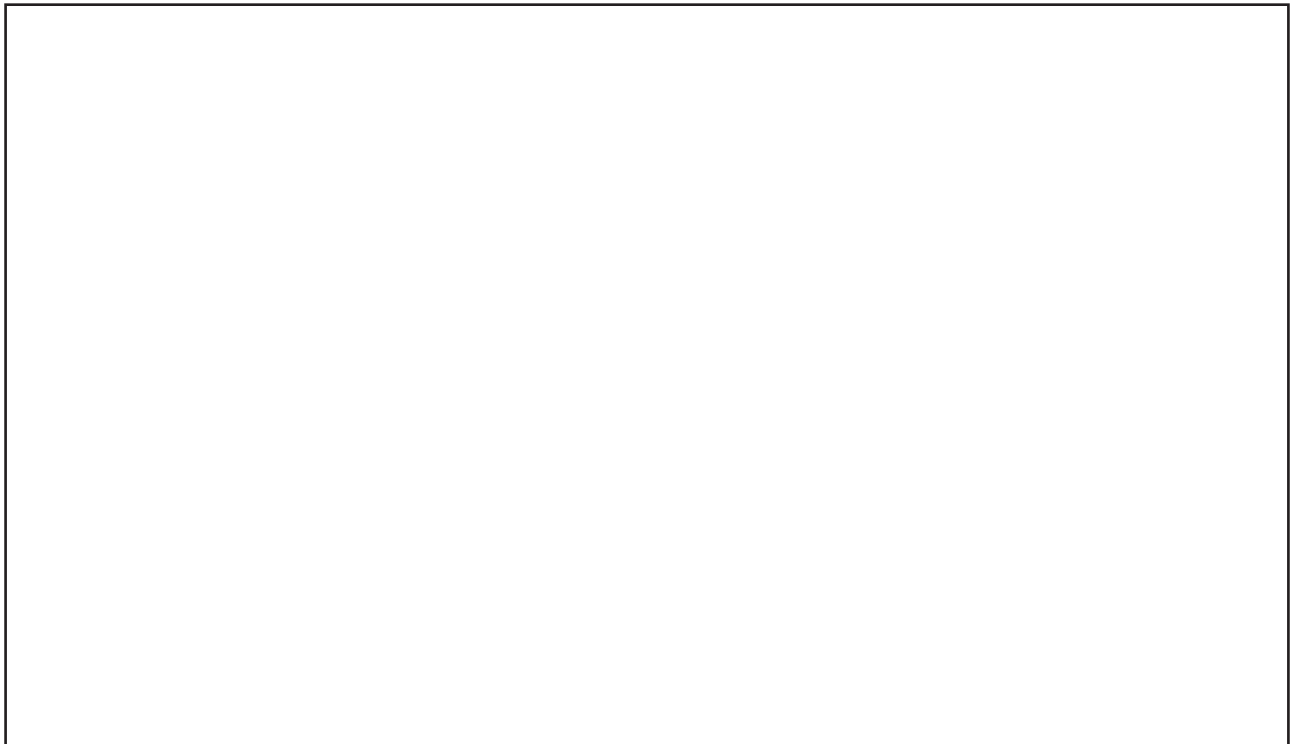
(g) Evaluation metrics

Have you developed any evaluation and impact measures?

Impact measures (how you would know if the change you are proposing is making a difference).



Process measures (measures that help you adapt and learn as you put the idea into practice)



(h) Do you think there any implications for resources that should be considered?

	What resource is needed to make this change / take these ideas forward	Why is it needed?
Existing:		
People		
Money		
Materials		
Other		
New:		
People		
Money		
Materials		
Other		

(i) Are there any risks you want flag?

Please put any risks you want to flag in the relevant box below

		Consequences			
		Very low	—————→		Very high
Likelihood	Very high				
	↑				
	Very low				

	High
	Medium
	Low

(j) What about governance? Do you have any views about that?

(k) Any comments from your group Sponsor?

Group lead signature: _____

Date: _____

Sponsor signature: _____

Date: _____

Check and Challenge Panel

This is for the panel and is included here for reference, and to help you prepare. Use the Lennox Sustainability Questions (Lennox et al 2017) to review the proposal.

Criteria	Explanation	Is this criteria met?
1. Commitment to the improvement	To reflect on both own personal commitment to the initiative and impression	
2. Involvement	Reflect on who has been involved and who may need to be engaged further for the initiative to achieve long-term success. Asks about personal involvement and contribution and explores the involvement of patients, carers and members of the public who are impacted by the changes being made	
3. Skills and capabilities of those involved	Explores whether the staff and other people delivering the change have the skills to do so successfully and whether training of new members of the team has been planned for	
4. Leadership	Asks if there is strong leadership in place and if the leaders are approachable, available and able to garner support for the initiative	
5. Team functioning	Explores the accountability and responsibilities for the workload involved in the initiative and ask if the team is working well together	
6. Resources in place	Explores if the necessary resources such as staff time, equipment and facilities have been dedicated to the initiative	
7. Progress monitored for feedback and learning	Encourages teams to consider what systems are in place to monitor the initiative over time and how this information will be used to inform staff of further changes needed	
8. Evidence of benefits	Asks if and how the benefits of the initiative are communicated to both staff and patients over time	

9. Robust and Adaptable Processes	Reflects on the need for initiatives to be adapted to local processes and emerging needs. It also asks about the process for recording successes and failures of changes made	
10. Alignment with Organisational Culture and Priorities	Encourages teams to consider the need to align improvement initiatives to organisational strategies to gain executive buy-in and support as well as have the initiative become part of organisational policies and procedures	
11. Support for Improvement	Explores the values and beliefs held within organisations related to continuous improvement and looks at the support given to staff and patients to be involved	
12. Alignment with External Political and Financial Environment	Looks at the need for teams to be aware of the potential political and financial changes that may impact the initiative	

ⁱ Lennox, L., Doyle, C., Reed, J.E. and Bell, D., (2017). What makes a sustainability tool valuable, practical and useful in real-world healthcare practice? A mixed-methods study on the development of the Long Term Success Tool in Northwest London. *BMJ open*, 7(9), p.e014417.

The first part of the document discusses the importance of maintaining accurate records in a laboratory setting. It emphasizes the need for clear labeling and consistent data entry to ensure the reliability of experimental results. The text also touches upon the ethical considerations of data handling and the potential consequences of negligence.

In the second section, the author details the various methods used for data collection and analysis. This includes a comparison of manual versus automated data recording techniques, highlighting the advantages of automation in terms of speed and accuracy. The discussion also covers statistical methods for interpreting the collected data, such as regression analysis and hypothesis testing.

The third part of the document focuses on the practical aspects of laboratory safety and equipment maintenance. It provides a comprehensive list of safety protocols that must be followed at all times to prevent accidents and ensure the well-being of all personnel. Additionally, it offers guidelines for the regular inspection and servicing of laboratory equipment to prevent malfunctions and ensure optimal performance.

Finally, the document concludes with a summary of the key findings and a call to action for continuous improvement in laboratory practices. It encourages researchers to stay updated on the latest advancements in their field and to share their knowledge and experiences with colleagues to foster a collaborative and innovative research environment.

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