Articulating Your Change

## Pixar Framework Examples

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| **Pixar Framework** | **Finding Nemo** |
| Once upon a time | There was a widowed fish named Marlin who is extremely protective of his only son, Nemo. |
| Every day | Marlin warned Nemo of the ocean’s dangers and implored him not to swim far away. |
| One day | In an act of defiance, Nemo ignores his father’s warnings and swims into the open water. |
| Because of that… | He is captured by a diver and ends up as a pet in the fish tank at a dentist in Sydney. |
| Because of that… | Marlin sets off on a journey to recover Nemo, enlisting the help of other sea creatures along the way. |
| Until finally | Marlin and Nemo find each other, reunite and learn that love depends on trust. |

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| **Pixar Framework** | **Improving Continuity of Care for South Cumbria Patients** |
| Once upon a time | The government decided it was important to be able to see a GP quickly, at almost any time of day, seven days a week. |
| Every day | It became harder to see your usual GP as speedy access to care was prioritised and fewer GP appointments were available to book in advance. |
| One day | The Health Foundation responded to the large body of evidence that showed continuity of care with the same GP had positive outcomes for patients, GPs and services. They awarded South Cumbria Primary Care Collaborative (SCPCC) funding to explore how to increase continuity of care in GP practices. |
| Because of that… | SCPCC recruited local practices and a Quality Service Improvement Facilitator to support practices in improving continuity of care. |
| Because of that… | Practices were able to identify changes that they could implement whilst developing quality improvement skills and confidence to apply them. The changes that they implemented improved continuity of care, increased patient and staff satisfaction. |
| Until finally | The learning and tools from the project practices were shared with all practices across Morecambe Bay so they too could implement their own changes. |

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|  | **Improving Continuity of Care and Access for Nutwood Patients** |
| Once upon a time | Life changed radically for us – two longstanding GPs left, babies started to arrive, our staff team expanded and we had a new building. The NHS’s expectations of general practice were forever expanding. We were slowly sinking! |
| Every day | It became harder for patients to see their usual GP and the waiting times for all sorts of care were lengthening. The 8am rush was increasing, and firefighting was becoming the norm for the reception team and call handlers.  With escalating ‘busyness’ we were becoming less efficient, and frequently repeating work as patients and problems were passed from team member to team member. |
| One day | We decided to leap into the unknown! After 9 months of deliberation, we launched AskmyGP – a radical new approach to handling day-to-day demand. Wherever possible we dealt with each day’s work on that day, while trying to allow forward planning where needed. We opened up access so people can “call, click or come down”, and then dealt with their issues and problems either online, on the phone or face-to-face. |
| Because of that… | Our average wait for a routine GP face-to-face appointment dropped to just over a day and for phone contact to a few hours. GPs now deal with about 40% of requests face-to-face, 40% by phone and 20% online. We have continued our ‘traditional’ approach to proactive care for people with long term conditions and for preventative care. Our patients are very happy with the changes. |
| Because of that… | The levels of stress within our admin team has fallen; more often people get to see the right person first time (95% of the time for when people want to be put in touch with a specific GP); we are doing less re-work (such as in following-up results); GPs are working very differently, which feels a lot better, but are not working less hard ☹. |
| Until finally | Well the journey has just begun …  That’s what today is about.  What challenges do we still face and how can we address them? |

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| **Pixar Framework** | **Time for Care Programme (2016-2019)** |
| Once upon a time | The general practice workforce was under tremendous pressure. There was more work, increasing costs and patient expectations, tighter financial constraints, low staff morale and difficulties in staff recruitment and retention. |
| Every day | Many practices recognised there was waste and inefficiency in the system, but the workforce lacked the hope and ambition that they could make things better. There had been limited opportunities to develop improvement skills and knowledge in primary care as well inadequate investment in developing change leadership skills. |
| One day | In response to these challenges, the General Practice Development Programme (GPDP) was launched. At the heart of this, NHS England and NHS Improvement were tasked with improving quality, collaboration, access, safety and staff morale by releasing time and increasing improvement capability. We called this the Time for Care programme. It was a national improvement capability programme with an ambition to reach every Clinical Commissioning Group (CCG) and associated general practice within the NHS in England. |
| Because of that… | A number of offers were made to CCGs with various support options. CCGs, practices and individuals began to engage in the programme and those involved had a positive experience. |
| Because of that… | People were developing quality improvement skills and gaining confidence in applying them. As a result, we saw improved processes, team dynamics and an increase in the capability to improve safety, patient experience and quality. Facilitators also reported that time was being saved in practices, or very likely to be saved as a result of taking part in the programme. |
| Until finally | Efforts by the Time for Care team have been recognised and valued as an effective means of supporting general practice in England to release capacity and secure development to improve in areas such as quality, collaboration, access, safety, and staff morale. The programme has been recommissioned for a further 5 years to continue and build on the good work to date. |

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| **Pixar Framework** | **A health care example** |
| Once upon a time | There was inequality in the provision of care and wide variation in quality of care. A fragmented health and care system and inefficiencies led to duplication; inadequate collaboration and coordination of care. |
| Every day | Health organisations and local authorities struggle with financial pressures and there is an over dependence on in-patient care with high numbers of avoidable admissions |
| One day | A group decides to work together to apply the principles of large-scale change to tackle the problems. |
| Because of that… | We achieve improved collaboration and greater coordination of care needs, which leads to faster, more consistent care across the local system. Service users experience increased choice and control over their own health and care needs |
| Because of that… | We see improved experience of care and support. There is a reduction in voidable admissions, A&E visits etc. This leads to a reduction in the overall cost of care and support and a more productive health economy. |
| Until finally | People with, or at risk of, developing complex care needs receive the most appropriate care and support they need in the right place and at the right time. |

# Blank Pixar Framework

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| Once upon a time |  |
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| One day |  |
| Because of that… |  |
| Because of that… |  |
| Until finally |  |