International Management Journals

www.managementjournals.com

International Journal of Applied Health Studies

Volume 1 Issue 2

A Partnership Approach to the Implementation of TQM in the NHS

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ISSN 1742-5263

Abstract

The effective implementation of TQM in healthcare is fraught with difficulties due to the absence of a definitive systems framework. This paper through the use of a case study argues that TQM can be best implemented in a healthcare setting using a partnership-based approach. By partnership, the paper suggests that successful implementation of TQM in healthcare requires the collaborative support of key stakeholders. In the NHS the key stakeholders are patients, GPs, fundholding GPs, employees, trust hospitals, the government, the community and other healthcare professionals.

Introduction

TQM has gained increased importance in the NHS in recent years. The interest in TQM emanated from the enquiry chaired by Sir Ron Griffiths into the management of the NHS (1). The Report submitted was highly critical of the NHS on two counts, principally:

- The failure of the NHS management to adequately take responsibility for continuous assessment of performance against such measures as level of service quality, budgetary control, productivity, motivation and rewarding staff.
- The lack of a clearly defined general management function throughout the NHS. 'General management' in the Report alluded to the responsibility drawn together in one person at different levels of the organisation for planning, implementing and control of performance (2).

The Report advocated the installation of general management at various levels throughout the NHS and made it clear that *'Quality Assurance was of primary and vital importance as part of management task'*; thus giving a high profile to the need for a more customer focused service and the monitoring of the delivery of care. 'Working for Patients' (3), also drew the attention of the NHS management to the need for a more business-like approach. Providers of healthcare were required to place a greater emphasis on improving 'quality of care'. The Griffiths Report, and 'Working for Patients', laid the foundation for a quality revolution within the NHS.

As a consequence, in 1990 the Department of Health set up 23 TQM pilot schemes. The 23 hospitals were to serve as demonstration centres for the introduction and implementation of quality management in line with the underlining principles of TQM (4). Thus, developing effective implementation approaches to TQM ranked high on managerial agendas in the NHS (5). However, it does appear that the current state of play with regard to the implementation of TQM in the NHS reveals remarkable differences in the approaches adopted. Managers who are charged with the responsibility for the maintenance and improvement of quality opt for 'individualised' approaches based upon their own personal experience. This means that

Quality Managers within the NHS are working to appraise the benefits that TQM can impart to their organisations on the basis of their own subjective and, hence, idiosyncratic experience.

Whilst such 'personalised' approaches have the advantage of affording recognition to those unique characteristics which all organisations possess and which endow each with its own particular culture, such approaches have the demerit of failing to ensure continuity of implementation, with successive Quality Managers adding their own preferred approaches to what should be a comprehensive, coherent and systematic drive for enhanced quality through the organisation. The obvious consequence of this is a loss of direction and momentum and an inability to effectively re-align organisational culture behind quality initiatives.

Methodology

The case study approach was chosen because it is the preferred method when 'how' or 'why' questions are being posed. It is applicable where the researcher has little control over events and when the focus is on a contemporary phenomenon within some real-life context (7). The case study enables the researcher to give an accurate rendition of actual events (8); it contributes uniquely to our knowledge of individual, organisational, social and political phenomena (9).

The semi-structured face-to-face interview constituted the main data collection technique of the research. Interviews were held with the Director of Quality and the Chief Executive. The central focus of the interview was on 'how' the health authority implemented TQM (Framework) and 'why' a particular approach was chosen. The respondents were chosen because they were directly involved with the implementation of TQM. They were in the vintage position to offer a full insight into the TQM initiative. The analysis of the case is based on Yin's analytic technique of explanation building (10).

Further interviews conducted by the author with eight regional directors of quality indicated that only one Health Authority was actually taking a leading role in systematic implementation of TQM. The key success factor is attributed to it's simplistic common sense approach. Due to a confidentiality agreement, the Health Authority would be referred to in this paper as 'E-Healthcare'.

E-Healthcare Case Study

Background

E-Healthcare came into existence on 1 August 1992. In total, E-Healthcare is responsible for an expenditure of £360 million on health services, for its

community in the south west of England. The main work of the E-Healthcare is to:

- assess the health needs of the local population and identify health problems in the area
- draw up a strategy for meeting those needs and dealing with particular problems
- establish contracts with healthcare providers for services to meet patient needs in the most effective way
- monitor the provision of services to ensure that standards and targets are being met
- ensure the provision of high quality services in the primary care sector by family doctors, dentists, pharmacists and ophthalmic opticians

E-Healthcare employs a staff of fewer than 200, including part-time and seconded staff. The managerial structure of the organisation comprises of the chairman and five non-executive members of two statutory authorities and a jointly appointed chief executive. Their role is to oversee matters of policy and strategy, to monitor performance and ensure that the organisation operates to the highest standards of probity and accountability. Within its county there are five NHS Trusts providing health services (referred to as hospital's 1-5):

- Hospital 1; provides medical, surgical, maternity, child health and pathology services
- Hospital 2; provides community care, and also cares for people with mental illness or severe learning disability
- Hospital 3; is responsible for care for people with severe learning disabilities or mental illness
- Hospital 4; provides a wide range of hospital based medical and surgical services,
- Hospital 5; provides also medical and surgical care

Reasons to Switch to TQM

The organisation had to cope with the new changes that have been taking place in the NHS, particularly the introduction of the internal market into the NHS. This resulted in the Provider-Purchaser split of service provision. It became imperative in a letter dated 23 December 1993 (EL(93)116) that all *"NHS authorities and Trusts should demonstrate an organisation wide approach to quality through the development of quality improvement strategies which should be made explicit in business plans".*

Secondly, due to the new purchasing role of E-healthcare, the chief executive felt that the adoption of TQM would bring about a new cultural perspective that enhanced the need to purchase medical services that meet the needs of the local community in terms of quality, speed, access, effectiveness, efficiency, comprehensiveness, safety, and appropriateness.

Furthermore, there were underlying barriers to be surmounted by recourse to the implementation of TQM within the organisation:

- poor communication between staff of the organisation and trust hospitals.
- lack of trust amongst administrators and clinical staff.
- medical interventions not clinically effective, i.e. 70% of hospital procedures not clinically proven.
- failure to address and meet local needs: demographic shifts.
- purchasing contracts placed on a matter of cost. In addition, patients are chosen on the basis of equity.
- lack of customer awareness: at this stage the word 'customer' was alien to the organisation's staff; hence, improper patient assessment.
- financial management top priority; lack of patient value.

All of these factors had driven the management of E-healthcare to go down the TQM route. The organisation, therefore, through the adoption of total quality management, aims to ensure the provision of services which;

Structure

- are effectively managed with appropriately trained staff
- have clearly defined quality assurance and service review policies and guidelines
- are based on a systematic assessment of local needs

Process

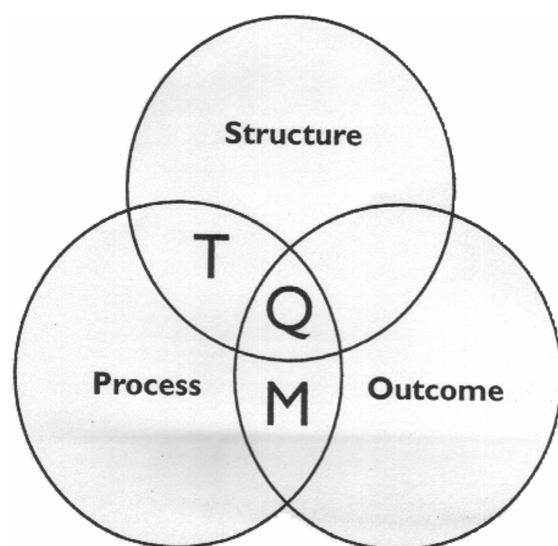
- promote good health and healthy living
- support people with continuing disabilities and ensure relief is provided for their carer
- are accessible and timely for all sections of the population in the District
- achieve equity between different patient social and geographical groups
- ensure communication with individual consumers and the wider community about all aspects of the care provided and the services available.
- encourage and take into account the high aspirations of staff in all disciplines

Outcome

- make the most efficient and effective use of resources
- are sufficiently documented to facilitate continuity of care and peer evaluation
- achieve effective outcomes in the prevention and treatment of disease and rehabilitation
- improve the patients' subsequent quality of life
- ensure the consumer receives an acceptable standard of care at all times

In the words of the contracts and purchasing manager, the TQM programme was based on three major dimensions:

Figure 1 : Three dimensions of TQM



Quality, the contracts and Purchasing manager suggests, *"cannot be considered in isolation, as it is influenced by a range of factors: professional standards and aspirations, technical competence and skills, attitudes and social behaviour, consumer expectations and the resources available. Hence, all persons involved in the delivery of care, and the provision of support services, are key to the achievement of a high quality service"*.

Total Quality Management Concept at E-Healthcare

The current applied definition of TQM or continuous quality improvement at the organisation is; *"meeting customer's needs"*. 'Customers' by this definition mean the local residents. The purpose of the TQM programme is defined as follows:

> *"The overall purpose of E-Healthcare is to shape the future pattern of health care in the community, and to enable local residents to enjoy improved health and better health services".*

The quality slogan since its inception is a commitment to the concept of quality services, and aims to achieve the highest possible standards both within its own organisation and in the services provided by the Trust hospitals. A wide-ranging programme of work relating to clinical effectiveness was undertaken by the organisation with all its service providers, General Practitioners (GPs), and other health professionals. This, in the words of the Chief Executive, was to ensure *that "the medical treatment patients get, is the*

'best' in terms of clinical outcome, and above all meet the needs of the patient".

In order, to maintain and further improve the high standards of service offered, E-Healthcare gives priority to listening to, and acting upon, the views of consumers. These are sought in seven ways:

- surveys; regular surveys of the public and service users are carried out by community councils. The survey findings are presented to top management of E-Healthcare, and action taken to effect improvements.
- public consultation; the public are consulted on general issues such as the organisation's annual purchasing intentions, and on specific issues such as the services to be provided. Public opinion has thus far influenced a number of managerial decisions within E-Healthcare. For example, the decision to site kidney dialysis machines in the community, and also the provision of in-vitro fertilisation for a limited number of local residents.
- service reviews; the organisation regularly reviews service provision with GPs, and other health professionals. In 1993/94, 16 service reviews were undertaken.
- complaints; the public and service users are encouraged by the organisation to complain whenever they feel mistakes or the standard of service provided in hospitals fall below their expectation. The Family Health Service Authority takes up any complaint by a service user and ensures that the patient or patients receive a satisfactory outcome.
- the provision of a healthline which provides the local residents with the opportunity to pass on compliments, complaints or requests for information about health services.
- consultation with professionals; E-Healthcare carries out extensive consultation with its service providers; general practitioners through forums and locality groups, and with clinical directors of all the trust hospitals in order to agree common aims and standards of service provision, clinical audit programmes and guidelines and, to set targets in areas such as day care surgery.
- speaking engagements; a programme of speaking engagements takes place across the community in which staff and the board of E-Healthcare, address a wide range of organisational matters relating to local healthcare needs. These meetings according to the Quality Manager provided helpful feedback on consumers' views and preferences, which in turn influences future plans.

TQM Implementation Stages

Stage 1:

The organisation had to first identify and adopt a clear vision based on what their main business and purpose is. According to the Quality Manager, the main purpose of the organisation is to *"purchase the 'best' quality service for its patients"*. The adoption of a vision based on the purchase of quality services provided clarity of purpose for all staff to work towards. In addition, a

decision was taken by senior management not to introduce TQM as top management's top-down rule, but as a homegrown approach where employees were allowed to voice their scepticism and make suggestions. Thus, employee involvement was seen as the first initial requirement of the TQM process.

Stage 2:

Involved the setting up of focus groups to identify gaps in service provision from the patient perspective. The focus group carried out a patient satisfaction survey across the county, which established a number of gaps:

- fear of retribution
- long waiting times at hospital outpatients
- poor catering services
- clinical outcomes – performance judged by peers rather than by patients

On the basis of the patient survey, the organisation set out nine strategic priorities to deal with and close the gaps that were identified in the provision of services. The strategic intents included:

- establishing primary care as the principal focus for health and healthcare.
- reshaping acute hospital and community hospital provision to meet the changing health service needs of the population.
- implementing "the health of the nation" through the achievement of health goals and targets to improve the health status of the population.
- ensuring the successful implementation of community care act through effective collaboration and joint action between social services and health services and other organisations.
- ensuring that inpatient and outpatient waiting times meet agreed local standards.
- ensuring continued value for money through efficient and effective use of resources to achieve health gains.
- empowering consumers through the implementation and further development of the patients charter.
- establishing a comprehensive research and development programme.
- creating effective organisation able to deliver changes in primary, community and hospital care services.

Furthermore, a detailed contracts specification with quality standards was devised for all Trust Hospitals to adhere to in the provision of health services for county resident:

- clear annual quality assurance plans and programmes of work which are monitored at least quarterly.
- compliance with national and statutory requirements.
- achievement of regional standards for nursing, physiotherapy, pharmacy and catering services.

- development of personal service initiative programmes to ensure that improvements are made to services for patients and visitors attending hospital.
- ensuring appropriate arrangements are made for people who do not speak English as their first language to ensure that their particular religious or cultural requirements are met.
- ensuring the flexibility of services to provide truly individual personalised care.
- ensuring that no patient is discharged from hospital without formal assessment being made of their future care needs and appropriate package of care being secured.
- monitoring and ensuring compliance with the patients' charter.
- the development and implementation of medical and clinical audit systems to improve the quality and effectiveness of diagnosis, treatment, and clinical care.
- maximising the quality of the physical environment.

These contract specifications are meant to build into the system a series of requirements to ensure patients are properly assessed and treated in a quality manner.

Against this background E-Healthcare adopted a working definition of quality:

> *'Quality is meeting customers' needs'.*

To cascade this definition across the organisation required a new organisational culture emphasing:

- a customer orientated focus
- top management (including clinicians) commitment to quality
- the involvement of all staff in quality development and delivery
- incremental/continuous quality improvements each and every year.

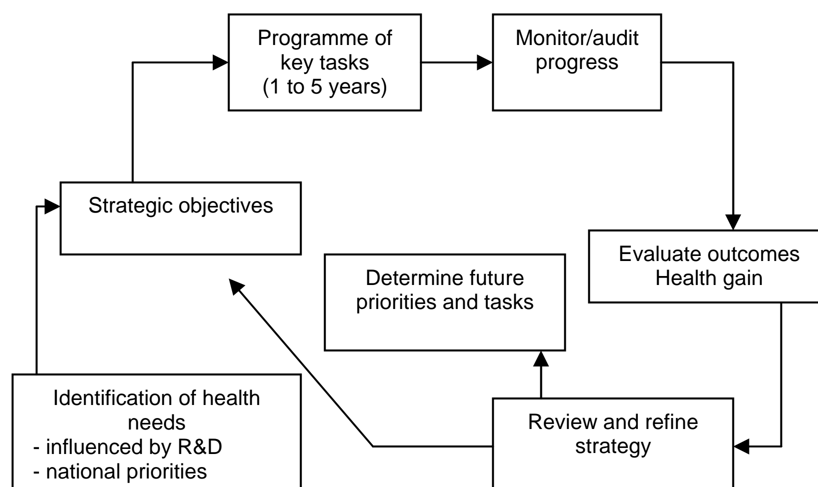
This new culture was to be sustained through an adherence to three core values:

- monitoring performance against agreed quality requirements between the organisation and its service providers; Trust hospitals, GPs, fundholding practice, and other health practitioners.
- strengthening customer focus and developing patient empowerment.
- developing quality healthcare organisations and empowering staff.

The new system, according to the contracts/purchasing manager, enabled the organisation to deal with the initial barriers prior to TQM. To further ensure the internalisation of the three core values, the organisation made it mandatory for all its service providers to identify their corporate approach to quality and the responsibilities within their organisations for quality improvement, firmly linking these to their strategic objectives and translating them into key tasks and work programmes for each year. In addition, E-

Healthcare employed the providers of service to monitor progress during the year and evaluate clinical outcomes, which in turn informs the following year's plans and programmes. To ensure compliance, the organisation introduced a uniform quality approach to be adopted across the county. (Figure 2)

Figure 2: The Quality approach
Source: E-Healthcare Planning for Quality Improvement Manual



The emphasis placed on the adoption of a common quality approach has ensured the meeting of quality requirements in contracts, and the monitoring of the quality of care across the provider units. To this dimension, has been added a focus on understanding and improving processes within Trust hospitals in order to eradicate outcome problems. This has led to a strategic focus on process improvements, and a centrality of purposes for quality improvement within the county. Hence, services provided are based on:

(a) individualised care – recognition of the sick as individuals
(b) localisation of care - enable people particularly, the elderly, to as far as possible live in their own homes.

Stage 4: Training for Quality Management

Within the organisation, training on the philosophy of quality management, the tools and techniques of TQM was carried out over a ten-day period for all 200 staff. A multidisciplinary approach was adopted whereby the senior managers and the other employees attended the lecturers together. A training framework was adopted covering a five-year period.

This involved:

- identification of good practise and how this will be replicated across the board.
- continuous training for staff and new staff across the county.

The training sessions have remained an awareness session to remind staff of what the organisation's business is about; thus creating a broad area of commonality of purpose.

Stage 5:

With the patient's charter continuing to be identified by Ministers as top priority for the NHS, the task in E-Healthcare is to ensure that the charter is both delivered and developed within the context of quality development. Thus, an infrastructure for the TQM programme was established which comprised of:

1. a steering group made up of the chief executive, contracts manager, quality manager, and one non-executive member. The responsibility of the steering group involves the management of the TQM process and the development of yearly quality action plans.
2. a quality audit team to audit and monitor quality initiatives across provider units.
3. working groups established to monitor telephone complaints and devise corrective action. The working group is to further ensure that the views of local people inform all aspects of the organisation's business agenda.

Organsational Achievements Since TQM

Since the introduction of Total Quality Management tremendous improvements have been made in local health services across the county;

- no-one in the community was waiting more than one year for any form of in-patient or day care treatment.
- waiting lists reduced by 1,700.
- the numbers waiting more than six months for treatment fell from 1,319 at 31 March 1997 to 584 at 31 March 1998, a reduction of 56%.
- consultants saw 136,455 patients as inpatients or day cases, 11% more than the previous year.
- NHS Trusts in the county dealt with 490,120 outpatient attendances, 5.6% more than in 1996, 1997/98.
- improvements have also been made to several doctors' surgery premises and new surgeries were built. Hence, many GPs now provide a wider range of services at their surgeries, including dermatology, audiology, physiotherapy, chiropody, counselling and some minor operations. This represents what is now popularly known as integrated patient care; a new concept in health care delivery.

Factors of TQM Success at E-Healthcare

1. the joint partnership between E-Healthcare and the local Trust hospitals in investing considerable time, energy and resources to ensure that the people of the county got the health services they

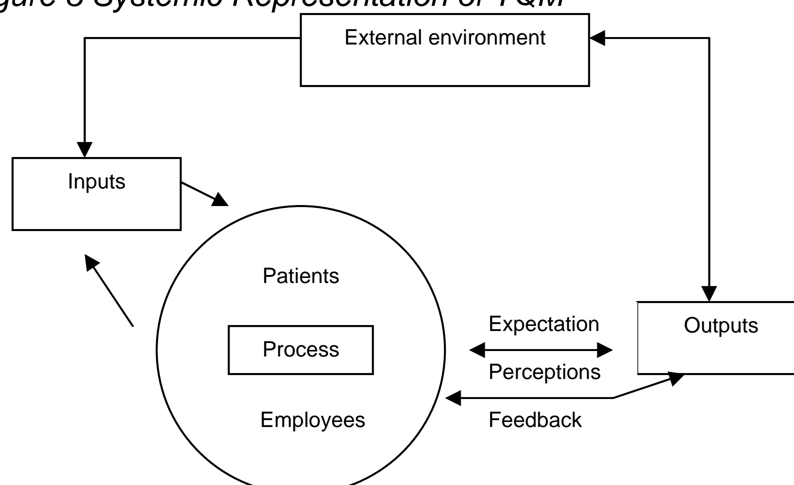
deserve, particularly through such schemes as public consultation and speaking engagements.
2. the adoption of a common quality management approach across the community (see figure 2). This provided commonality of purpose and direction.
3. knowing from the inception of the quality programme where they were, where they want to be, and how to get there, by delineating nine strategic intents.
4. the empowerment and involvement of all staff across the organisation and within the trust hospitals, particularly, the commitment and involvement of those in the frontline, the doctors, nurses, support staff and local managers.
5. continuous monitoring and evaluation of service provision to ensure it met with national standards, i.e. the patient's charter, and patients' perceived needs and expectations.

In addition, to the five critical factors, it is also possible to discern from the case study, that the relentless focus by the organisation in meeting and exceeding the needs of its local residents facilitated the need for close and joint organisational relationships with its service providers. For example, one of the nine strategic priorities of E-Healthcare was the need to establish effective collaboration and joint action between social services, health services and other organisation. Therefore, it can be argued that, the management of E-Healthcare understood from the onset of the TQM programme that a failure to establish effective, strategic and organisational relationships with its service providers would result in the poor provision of care for patients. This supports the contention that adversarial relationships with your key stakeholders would result in the failure of any change programme.

Conclusion

The E-healthcare case study demonstrates that for TQM to be effectively implemented requires fundamentally the support of key stakeholders within an embedded systems framework (Figure 3).

Figure 3 Systemic Representation of TQM



Using the above diagram as an illustration, what the case study seems to suggest is that for TQM to succeed, Health Authorities must work in partnership with its suppliers of service (inputs), involve patients and employees in the improvement and redesign of processes, in order to meet their expectations, which would result in the provision of a quality service (output). This requires the realignment of the entire organisational system to the principles of TQM, thereby creating a quality environment in which those with the primary responsibility for the treatment and caring of patients will work in concert. Any TQM implementation process that falls short of integrating and involving the 'whole' system would result in the partial implementation of TQM. This assertion can be evidenced within the case where a joint quality partnership with providers of services (trust hospitals and clinicians) was consummated through an adherence to a common approach. For as the author has argued elsewhere, any TQM process that fails to align all corporate systems would fail (11). A system is not the sum total of its parts, but the interaction of the whole.

In revising the earlier theoretical statement as required by Yin's analytic technique (12); it can be argued that TQM requires for its success 'phased' implementation. This according to Oakland (13), would enable a gradual introduction of the essential requirements of TQM. Applied to E-healthcare, the management truly understood and adopted the theoretical postulations of a number of quality Gurus. For example, Deming advocated 14 points; Crosby suggested 14 steps, and Juran's philosophy requires 10 steps, whilst at E-Healthcare there were five interlinked stages (Stages 1-5), confirming that TQM requires sequential movement from one phase to another until it becomes part of the culture. As suggested by the organisation's chief executive, *"the successful implementation of TQM requires a grounded knowledge on the part of management of its basic underlying philosophy and*

its essential requirements, without these, any attempt at TQM would constitute a piecemeal exercise".

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