**METHODOLOGY FOR MEASURING BENEFITS**

**What is it and how can it help me?**

If you want a comprehensive list of the benefits that a project has for patients and the NHS, going through a specific set of questions in conjunction with the flowchart (see below) in this tool will achieve this.

Using the NHS tools to improve flow and reduce delays will result in two sets of benefits:

* Benefits for the NHS from more throughput or increased efficiency
* Wider benefits to patients from better quality and less waiting.

Here we look at how you can identify (step 1) and quantify (step 2) the benefits for the NHS and for patients in turn.

Of course, these benefits will not necessarily be reflected in the ‘bottom line', or result in lower budgets. Instead, they may result in an improved working environment, more time for staff training and ongoing improvements to the quality of service.

**When does it work best?**

Demonstrating benefits for patients and the NHS helps make the case for reform. You can attach costs to these benefits, but you may need input from an accountant or economist to do this.

**For the NHS:**
Doing the same job for less, or increasing output, reduces unit costs and / or increases efficiency which you can calculate using the relevant budgets. Carrying out processes faster means increased output for the same input, or less inputs for the same output. The percentage increase can be thought of as impacting directly on efficiency or unit costs.

**For patients:**Less waiting implies tangible cost benefits, whilst faster throughput of patients or processing of tests can reduce the journey by up to several days, or even weeks. You should consider each step of the patient's journey separately. Academic studies on the costs of waiting for patients (based on what they might be willing to pay for instant treatment) suggest a figure of around £100 a month - so you can also use this to quantify the benefits. In addition, there may be quality benefits for patients, but these are hard to quantify because it's difficult to predict the number and size of health gains.

**How to use it**

Going through the list of questions in conjunction with the flowchart (see below) will give you a comprehensive list of the benefits your project has for the NHS and patients.

**1. Identifying NHS benefits**

**Inputs:  Have we changed the inputs as a result of the programme?**a) Any changes to the use of staff?

* Medical staff/ clinicians
* Laboratory staff
* Support staff e.g. secretaries, receptionists
* Organisational support functions e.g. personnel or finance.

b) Any changes to the use of equipment?

* Are we using equipment more intensively?
* Used for more hours during the day?
* Used at full capacity for more of the time?
* Are we using equipment less intensively?
* Is equipment standing idle?
* Can we share with others?
* Is any equipment surplus?
* Is any equipment now irrelevant?
* Any equipment mothballed?
* Or replaced by smaller, newer technology?

c) Any changes to the use of buildings and beds?

* Have we saved any beds by reducing waiting?
* Are patients being discharged earlier or more quickly?
* If so, how many bed days are we saving per patient?
* Is there some space we no longer need because of less waiting?
* Smaller reception area and fewer chairs?

**Process: Are we turning patients around faster?**a) How much quicker is throughput of outpatients from arrival to leaving?

* Would this allow us to see more patients?
* If so, how many (what percentage) more?

b) Do patients require fewer outpatient visits along the care pathway?

* How many fewer on average?
* What is the reduction in the average pathway?

c) How much quicker is throughput of inpatients from arrival to leaving?

* Are they discharged more quickly or earlier in the day?
* How many bed days are saved on average?
* Would this allow us to see more patients?
* If so, how many (what percentage) more?

d) How much quicker are tests e.g. bloods, scan, ultrasound?

* Would this allow us to throughput more tests?
* If so, how many (what percentage) more?
* much time does this shave off the patient journey?

e) How much quicker is throughput of follow ups from arrival to leaving?

* Would this allow us to see more patients?
* If so, how many (what percentage) more?

**Outputs: How have quantity and quality of outputs changed?**a) Volume unchanged?

* Have outputs stayed the same?
* Service was meeting relatively static demand
* Same outputs with less inputs means greater efficiency - what percentage increase?

b) Volume up?

* Have output volumes gone up?
* Though patients are seen more quickly and less often, demand exceeds supply
* Waiting times will have reduced - by how much on average?

c) Volume down?

* Have output volumes gone down e.g. because fewer outpatient appointments are needed?
* Can shorten wait times?

d) Quality of outputs improved?

* How has the quality of outputs improved?
* Tests more accurate?
* Fewer recalls and retests?
* Lower readmissions?

**2. Identifying benefits for patients**

Waiting benefits: by how much has the patient journey reduced?
a) Reducing waits before referral

* Quicker outpatient appointment
* How much quicker (in days or percentage)?

b) Reducing patient journey

* Less time in outpatients
* Fewer outpatient visits
* Fewer cancelled visits.

c) Reducing patient journey from treatment and beyond

* Fewer cancelled operations
* Discharge e.g. because of quicker and more accurate tests
* Follow ups
* Fewer cancelled follow ups
* How much reduction to patient journey overall?

Quality benefits: what is the impact on patients?
a) Better quality treatment

* Getting it right first time
* More timely treatment may avert morbidity or mortality.

b) Better patient experience

* Appreciate shorter waiting times
* Quantify patient satisfaction before and after programme
* How great (percentage on scale) an improvement?

**Methodology flow chart:**

