**On paper our capacity is more than the demand, so why are we feeling so stretched?**

In September 2016, Jane Bryan became Directorate Manager for Women and Children at Pennine Acute Hospitals NHS Trust following a number of years in the same role with the anaesthetics and critical care department.

“On joining, it was clear that we didn’t have a robust plan or knowledge of our services – we always felt under pressure for both gynaecology activity as well as the antenatal clinic.”

Jane brought in one of the trust’s data analysts, working with him to understand the activity that needed a deep-dive focus. This led to exploring the numbers of admitted and non-admitted patients for both follow-up and new cases across the department which covers multiple sites.

“From this data analysis, it was clear that there was more work to be done in breaking down the information – particularly into sites – and potentially by consultant/nursing staff, rather than looking at the department as a whole.

“According to the model, the demand and capacity for colposcopy was good, but it didn’t feel good, so when we broke it down site-by-site we could see that one site had a huge chunk of capacity, 102 out of 175 slots, where the other three sites shared the remaining 73. That answered why on some sites, it didn’t feel like there was ever enough capacity, however, the data showed we did have capacity but not in the right place.

“We also found that antenatal clinic demand was continuing to outstrip capacity, even though many of the procedures were no longer being done as day cases and were being done as outpatient procedures. Our detailed review of our data showed that the activity in the queues had not been coded correctly. This put us in a better position for day cases once corrected, but of course, added to the position on the non-admitted pathway.”

Jane knew she needed to work on these findings, but not just with analysts and managers, but the consultants and matrons working on the front line.

“That was crucial really – the data was telling us a clear message, but it was our clinicians who could make the real difference.

“They knew the feel better than any of us and had the ‘softer intelligence’, knowledge of the trigger points which may be coming up like smear campaign days where we may need to change activity or changes to guidelines which would have a bigger effect on demand.”

Demand and capacity modelling is always something Jane has done, but attending a masterclass by the Demand and Capacity Programme by NHS England and NHS Improvement in October 2017 gave her the reassurance that what she was trying to do with the department was in the right direction.

“Everyone knows that having a robust capacity and demand model that meets the needs of the service allows you to forward plan and arrange the workforce to meet this. However, for many of us, it’s figuring out how to get there. Our consultants and matrons are quite rightly focusing on the day job. However, it was their insight and commitment to solving this common issue that made the difference.

“My advice to anyone is to start small, don’t try and fix the system in one fell swoop. Break down the problem one chunk at a time. Bring together your experts to focus on just one part of the puzzle, listen to what the data is telling you and find a trend, then importantly empower your consultants to help realise the change needed. Everyone is in this business to improve care for patients, by focusing everyone on this common goal we can piece together all the bits.”

Jane has now moved on to focus on the next area that will deliver a big impact for her trust.

“We’re now looking at how we can modernise the services. Focusing on where surgery can be performed as a day case, or alternative procedures for outpatients to avoid cancellations, – especially during the winter months – thereby sustaining activity.

“It’s a job I believe in deeply, and one that is likely to keep me busy for a long time. There are no quick fixes to a system, but there are quick fixes within a system. Finding these and solving them together with the frontline, helps make everyone feel that something positive is happening for our trust.”

NHS organisations can access the building blocks of demand and capacity by attending an introductory one-day training course as part of the national Demand and Capacity programme, which have been attended by nearly half of all NHS organisations across England.

**ENDS**

**Notes to editors**

The national Demand and Capacity Programme, established in 2016 and jointly sponsored by NHS England and NHS Improvement, has been introduced to support the NHS to better understand demand and plan sufficient capacity so that patients do not wait unnecessarily for treatment.

The team delivers a national training programme to embed knowledge and expertise within local health economies, working with system leaders to support them in the development of local capacity, capability and confidence in demand and capacity modelling and reduce reliance upon external or central expert resources. Demand and Capacity planning supports

the production of robust activity plans at a local organisational level and place-based unit level as required for future planning rounds.

In the last 18 months, more than 47% of trusts have engaged in Demand and Capacity Training in some form.

Their core offer is the Demand and Capacity Trainer Programme, creating a pool of 300-400 graduates and embed their knowledge in local health economies. They won’t just be given the skills to develop demand and capacity models, but will also be equipped with the confidence and tools to take back to their organisation and train and support other colleagues from other disciplines.

To find out more about the Demand and Capacity Programme, go to [www.england.nhs.uk/ourwork/demand-and-capacity](http://www.england.nhs.uk/ourwork/demand-and-capacity)