

THE CHALLENGE

Two major NHS organisations (Frimley Park Hospital in Surrey and St George's Hospital in London) were failing to meet national targets for cardiac surgery:

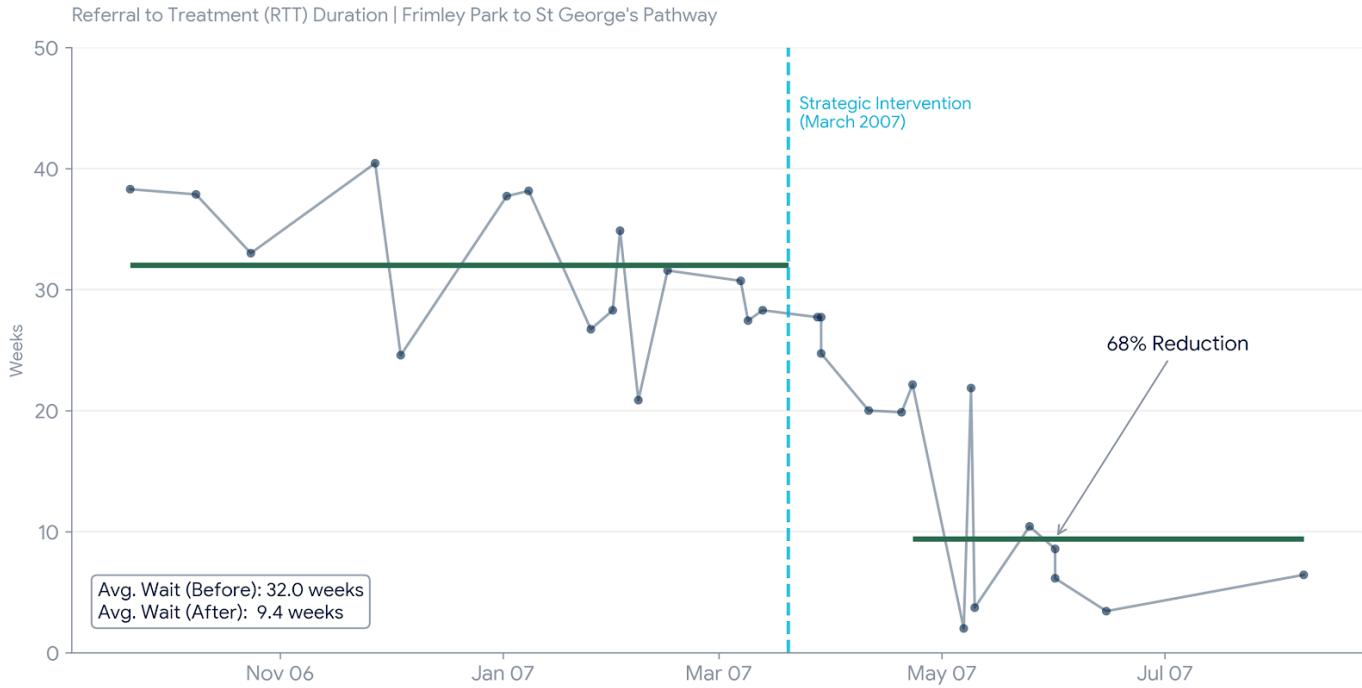
- The Data Reality:** Patients were waiting an average of 32 weeks from referral to treatment.
- The Operational Failure:** High cancellation rates due to patients being "unfit" on the day of surgery, and "lost" patients due to manual, paper-based handovers between sites.
- The Cost:** Valuable acute bed days were being wasted by admitting patients 24 hours early just for administrative checks.

THE APPROACH

Moving beyond simple "admin fixes", we applied a rigorous demand-and-capacity modelling approach to re-engineer the entire clinical workflow:

- Demand & Capacity Analysis:** We modelled the flow constraints at critical steps (diagnostics, outpatient slots, catheter lab capacity) to identify the true bottlenecks.
- Digital Integration:** Replaced paper "discharge summaries" with a direct digital referral loop, allowing tertiary clinicians to view diagnostic imaging remotely. This eliminated the need for repeat (redundant) tests.
- The "One-Stop" Model:** Redesigned the clinic structure so diagnostics happen before the consultant decision, collapsing weeks of waiting time into a single day.
- Pre-Assessment Re-engineering:** Shifted medical checks to weeks in advance, enabling "Day of Surgery" admission.

Wait times reduced by 68% following the implementation of the 'One-Stop' clinic model



BUSINESS IMPACT

The project didn't just meet the target; it redefined the standard of care for the Network:

- 68% Reduction in Wait Times:** Average Referral-to-Treatment (RTT) dropped from 32.0 weeks to 9.4 weeks.
- Capacity Created:** ~1,150 Acute Bed Days released per year for other patients.
- Cost Savings:** Saved bed days → £400k+ value per annum.
- Clinical Safety:** "Unfit" cancellations virtually eliminated via upstream triage.