Leading Change, Adding Value
Adapted Case Study Template for Digital practice
nurse champions

Leading Change, Adding Value is the national framework for all nursing, midwifery and care staff that can be used to lead on delivering the 'triple aim' measures of better outcomes, better experiences for patients and staff, and better use of resources. It highlights the need to focus on unwarranted variation – differences in health and care outcomes, patients' experience and use of resources that cannot be justified by reasons of where we live, population type or infrastructure.

The concept of unwarranted variation is a helpful way to focus on delivering the right care in the right place at the right time. Changes made in this way can be small or large scale changes. They often start as an observation made by a member of staff which leads to questions about whether there might be a 'better' way to do things. There are some reasons why health and care outcomes may vary over which we have no control; however unwarranted variations are those which we could change if we chose to. They can be a sign of poor quality care, missed opportunities and waste and can result in poorer outcomes, poorer experience and increased expense.

NHSE are collecting case studies, as best practice examples, to showcase work that has been undertaken or is in progress that demonstrates how Leading Change Adding Value is being put into practice, addressing unwarranted variation.

Short Case Study Title	Please complete all questions in this table
Please provide a brief overview of your general practice (including your role in practice – give name; and any other relevant roles eg with CCG).	
Where to look (unwarranted variation) How did you identify a need for change in where or what or why you focused technology enabled care services (TECS)? What prompted this focus?	
What to change What were things like before the change? What did you identify that needed to change? What did the research literature / clinical evidence tell you about what you should try to achieve with TECS and selected health condition(s) or adverse lifestyle habits?	
How to change How did you and other staff in your practice lead the adoption of TECS and change(s) that was made? What did you do differently? What action was taken?	
Your results	

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How did you measure success? What metrics were used to demonstrate success? Describe the success of the change you made/are making, based on the triple aim outcomes of LCAV: • Better outcomes • Better experiences (patients and staff) • Better use of resources	
What has the impact been for patients? Have you had any patient / family feedback since you introduced TECS for delivery of care?	
Sharing the learning What did you learn from your experience of adopting TECS as part of your action learning? What were some of the challenges in the change or adoption of TECS? What advice would you give others?	
What is happening now? What is the current situation in your practice following your attempts to adopt TECS around minimising unwarranted variation eg improving clinical management or patient empowerment of their health condition(s) or lifestyle habits?	
Anything else you want to add describing your learning from this action learning to become a digitally enabled practice nurse?	

Please submit completed case study templates to Rachel Hatfield, Project Manager rachel.hatfield1@nhs.net.

Thank you for your case study submission.

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