

# Accelerating the Patient Programme Initiation Phase

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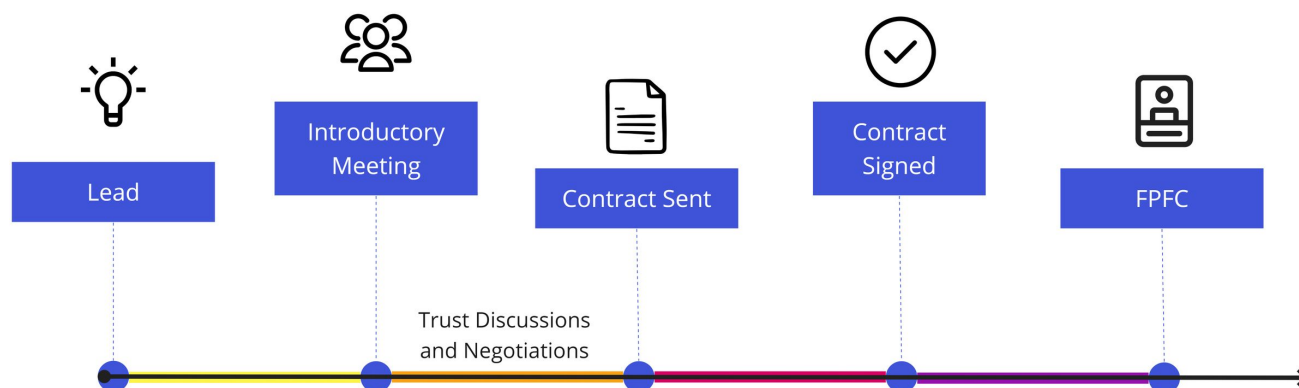
## Introduction

A key determinant of success when implementing Patient Programmes is the speed of the initiation phase. Two areas where delays can be encountered are the Trust Engagement process and the Patient Access process. These processes address two critical factors:

- How quickly can Trusts be signed up to the Programme?
- How quickly can Patients access the programme once operational?

In this short article we will be focusing on the Trust Engagement process.

At Apodi we track the Trust Engagement process and segregate each milestone into the following stages: Lead, Introductory Meeting, Trust Discussions, Contract Sent, Contract Signed and First Patient First Contact (FPFC).



By segregating these milestones, we are able to meticulously track how long the Trust is sitting in each stage and support the Trust wherever necessary. This also enables us to identify any barriers quickly and efficiently and provide tailored solutions to remove the barrier.

**At Apodi the typical set-up timelines we experience are between 30-60 days** but in extreme situations this can be accelerated or decelerated due to multiple influencing factors - for further insight into , please see our articles from the Block Series – Driving Access to Medicines:



[Article 4 - Executing Patient Programmes Effectively and Quickly.](#)

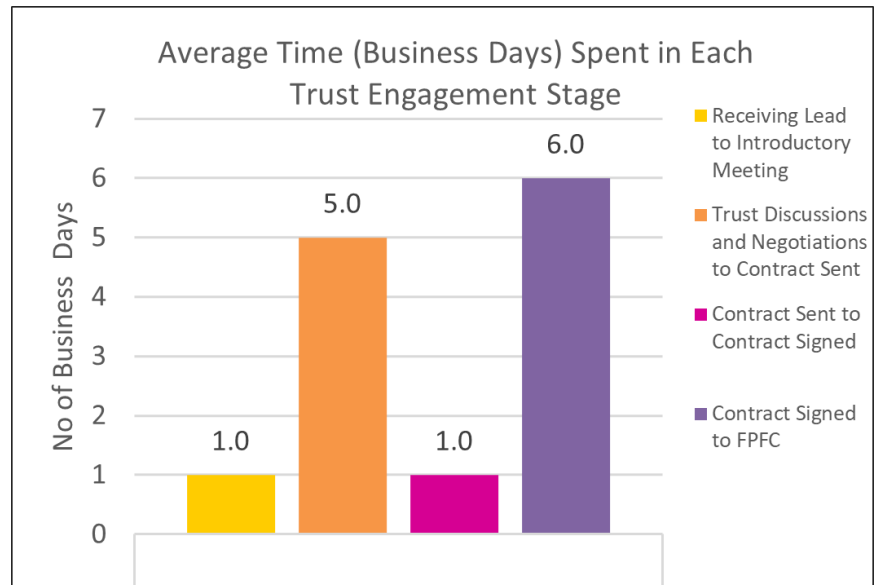
[Article 5 - Team Effectiveness and Pareto's Principle](#)

## When It Goes Well

This Trust is an example where the Trust Engagement process was accelerated, taking just **13 business days from initial interest to First Patient First Contact (FPFC)**.

**This timeframe is achievable** when certain factors are met. The following are examples of those influencing factors vital to an efficient Programme set-up:

- Trust possesses a real need and interest in the service.
- All appropriate stakeholders aware and on board with the service implementation.
- Accurate scoping of service requirements.
- Good and clear communication between the Project Manager and Trust.
- Consistent and regular meetings between Apodi and Trust stakeholders.
- Early review of all materials and contracts involved.
- Efficient and streamlined processes.
- Realistic timeline and set-up goals.



## When It All Goes Wrong

Whilst there are examples of accelerated Trust Engagement, there are also examples where the Trust Engagement process takes significantly longer than anticipated.

Apodi has helped clients through the Trust Engagement process in many hundreds of separate occasions. As a result, we have experienced most, if not all, the causes and subsequent reasons that can create a delay to a Programme's implementation. This allows Apodi to spot problems very early in the process so we can advise clients (and Trusts) appropriately, resulting in accelerating the process or alternatively making a decision not to proceed further.

Our years of industry experience combined with our market insight has helped us to identify the five most common reasons for a delay in the Trust Engagement process. These can be seen on the following page.

# 5 Most Common Reasons For A Programme's Delay



The Trust does not really need the service and as such should not have been identified as suitable for the Programme. **The NHS is just too busy to implement a Programme it does not need. This constitutes nearly 40% of the 'delayed' cases Apodi has experienced.**

The Trust does not have the resources to do 'its bit' in organising itself for the Programme - this was particularly the case during the Covid-19 pandemic. Plans can be put in place to help Trusts with this



A need to put Honorary Contracts in place for HCP's. Apodi's Locality Resourcing Model can avoid the need for these contracts and speed up the implementation set up phase.

'An inability to let go' – an individual within the Trust who does not want any help or as they see the Programme as an 'interference' in sorting out key issues in meeting patient needs. This can cause delays even in situations where the rest of the Trust is crying out for help. **This block accounts for over 20% of our experience with 'delayed' sites.**



Poor KAM engagement and/or poor project management from the third party supplier.

## Conclusion

Different types of Patient Programmes can take different variances in time to progress through the set-up process.

However, it must be noted that factors such as Trust capacity issues, long communication channels and Trust restructures are uncontrollable at times and will affect these timelines thus it is important to ensure all other or controllable factors are met.

Apodi are vastly experienced in the efficient set-up of Patient Programmes. For more information please see our website for more published articles or contact the team at [jan.cox@apodi.co.uk](mailto:jan.cox@apodi.co.uk).