



Step 2

Plan and Test

Theory of Constraints and Flow



The theory provides a methodology for identifying the most significant limiting factor – the constraint – which stands in the way of the organisation’s goal being met. The methodology then provides a way to systematically reduce the constraint until it is no longer the limiting factor. The constraint is commonly referred to as a ‘bottleneck’.

The Theory of Flow has developed from the Theory of Constraints. This guide will concentrate on the flow of patients through your practice and its immediate environment. Flow is about how, where, when and who and not the what of clinical care.

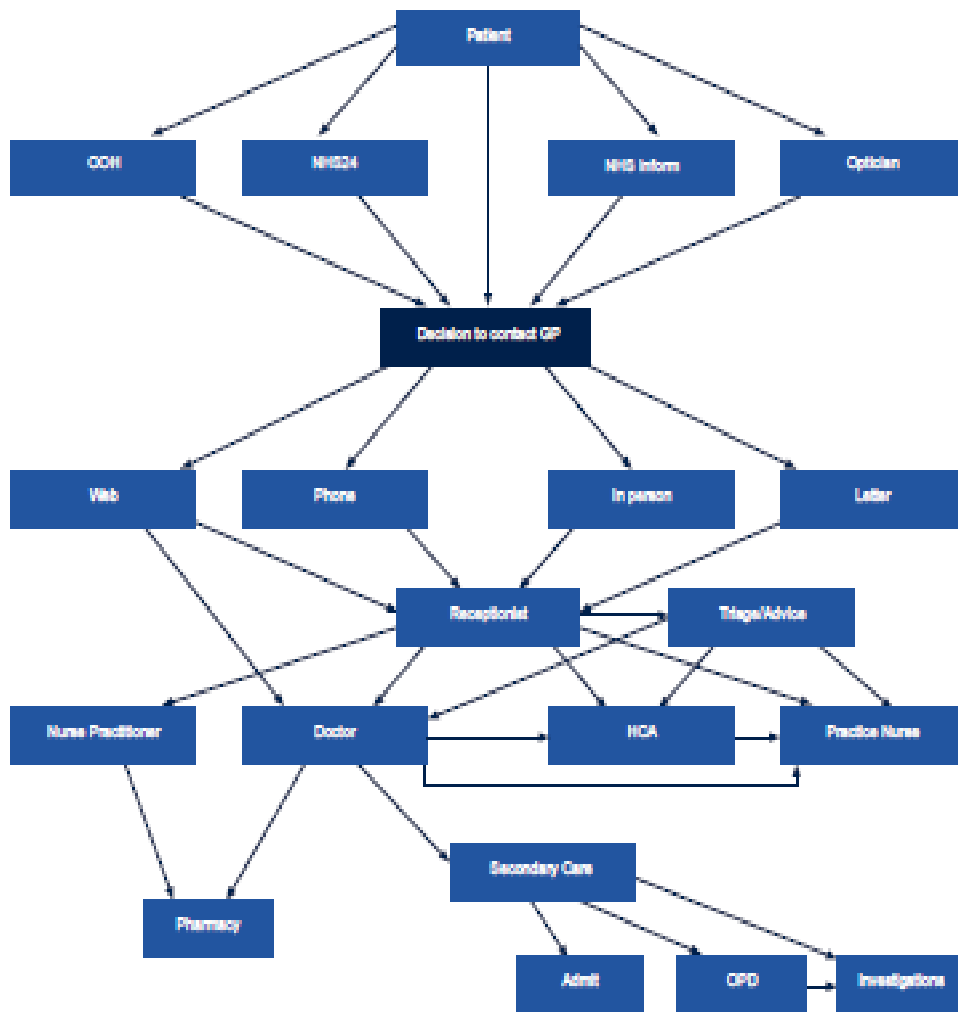
You seek to identify the weakest link in the chain and then eliminate or improve it making your practice more efficient and also better for your patients.

How to

To promote flow you:

- Separate scheduled and unscheduled flows
 - Examples of scheduled work in general practice would include chronic disease management clinics and advance-booked appointments
 - Examples of unscheduled work could include acute presentations of illness, such as respiratory tract infections
- Transform unscheduled work into scheduled
 - An example is a pathway can be designed for people who have depression.
- Eliminate artificial variation in scheduled work. Artificial variation is often created by the people involved in the systems and by those who design them.
 - An example of system design failure would be dysfunctional timetabling.
- Match skills and resources to meet needs.
- Important to look at your whole practice.

Flow diagrams can be constructed to map or track a patient’s journey through the system in order to identify bottlenecks and delays. In these guides we have described illustrating a process by using [process mapping](#) whereas flow looks at the patient journey.



This diagram looks at the patient's journey through the system. You should then identify bottlenecks and decide on any improvements.

A common problem is the mismatch between demand and capacity which creates a bottleneck. Where possible the capacity should not be based on the average demand but there is a need to adapt to the variation which may be by the hour, daily or seasonally.

With the move towards more integration between primary, acute and social services Flow can be used across all three services.