




**Going lean in  
healthcare  
information  
development**

**Increasing gains,  
reducing uncertainty,  
and working with  
non-technical teams**

-or-

“How to  
dance with  
them that  
brought  
you”

- 
1. Who are Macmillan Cancer Support?  
(and what do they make?)
  2. How Macmillan used to make things
  3. Why it was good  
(but also... not so good)
  4. What we did next
  5. Why it worked
  6. What we learned

**1.**

**Who are  
Macmillan  
Cancer  
Support?**

and what do  
they make?

## Who are Macmillan?

From their website:

“Macmillan Cancer Support provides specialist health care, information and financial support to people affected by cancer.”

# Information Development Team

Creates independent, expert, up-to-date information to meet the information needs of people affected by cancer.

LET'S TALK ABOUT YOU

WE ARE MACMILLAN. CANCER SUPPORT



A practical guide to tests and treatments

UNDERSTANDING RISK-REDUCING BREAST SURGERY

MANAGING BREATHLESSNESS

es  
ur finances, reviewing your  
ng advice and making a co  
by cancer | 2013-14

FINANCIAL PLANNING

NDING  
A IN S



A practical guide to living with and after cancer

BODY IMAGE AND CANCER

WE ARE MACMILLAN. CANCER SUPPORT

Disc 1 of 2

Body image and cancer

Revised 2013, 2<sup>nd</sup> Edition  
Next planned review 2015

What to expect when you're affected by cancer

THE CANCER GUIDE



WORRIED ABOUT CANCER IN YOUR FAMILY



A practical guide to living with and after cancer

UNDERSTANDING LYMPHOEDEMA

WE ARE MACMILLAN. CANCER SUPPORT

Disc 1 of 2

Understanding lymphoedema

Revised 2013, 13<sup>th</sup> Edition  
Next planned review 2015

UNDERSTANDING TESTICULAR CANCER

WE ARE MACMILLAN. CANCER SUPPORT

# Information Development Team

## General information on:

- ▶ over 60 types of cancer
- ▶ current treatments
- ▶ side effects
- ▶ late effects
- ▶ diet / eating difficulties
- ▶ money / work / benefits
- ▶ insurance
- ▶ coping with emotions
- ▶ changes to appearance
- ▶ co-morbidities
- ▶ end of life (wills, DNRs)

## In the following formats:

- ▶ printed booklets
- ▶ leaflets / flyers
- ▶ z-cards
- ▶ audiobooks
- ▶ web
- ▶ information prescriptions (via NHS)
- ▶ ebooks



# Information Development Team

That's something like 200 separate publications, another 200 specialist information items, and a website with over 900 pages to maintain.

All reviewed and re-published in a rolling cycle that repeats every 2.5 years.

**2.**

**How  
Macmillan  
used to  
produce  
information**

# Highest quality assurance

## **Every publication is written by experts**

All writers have current professional certifications

## **Every publication is reviewed by experts**

Nothing goes without review by a subject matter expert - practicing oncologists, CFAs, etc.

## **Every step is auditable**

All publications are in compliance with NHS Information Standard guidelines for quality health care information



# Specialized production teams

## Writers

### Subject specialists

- Cancer and oncology nurses
- Benefits and financial aid advisors

## Editors

### Plain English specialists

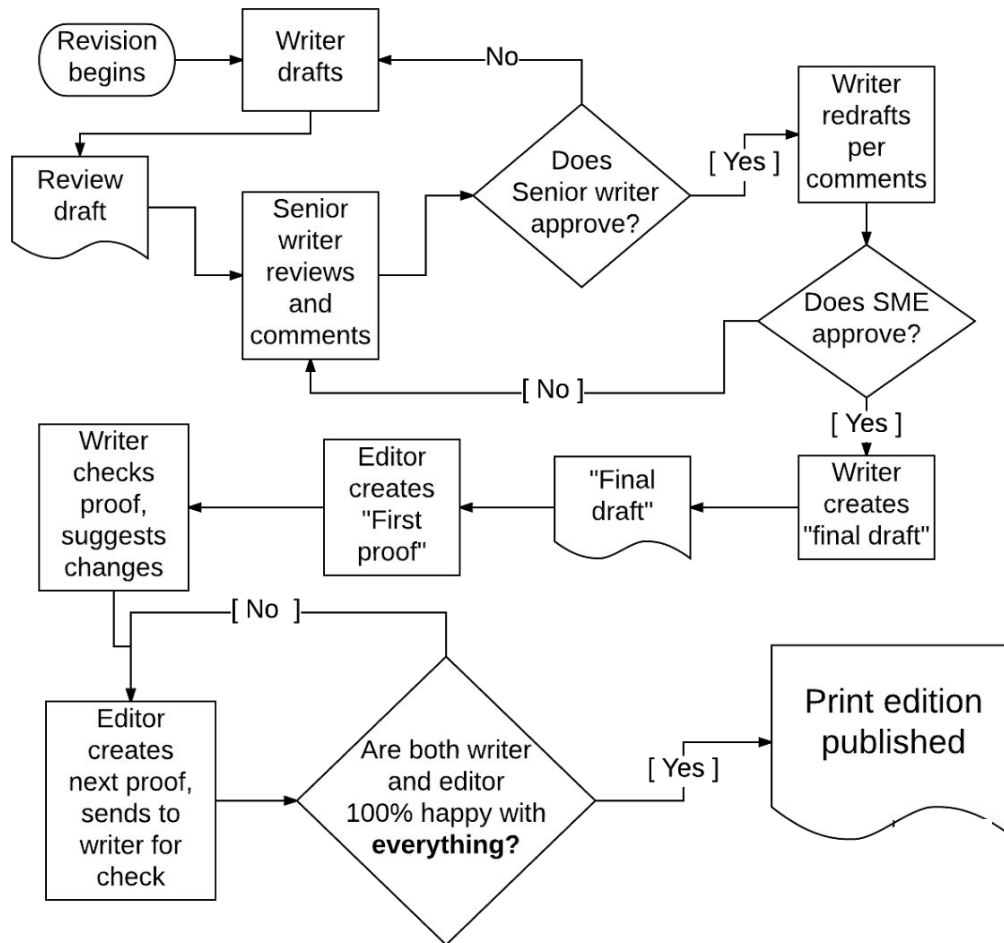
- Grammar experts
- Layout and design work

## Subject matter experts

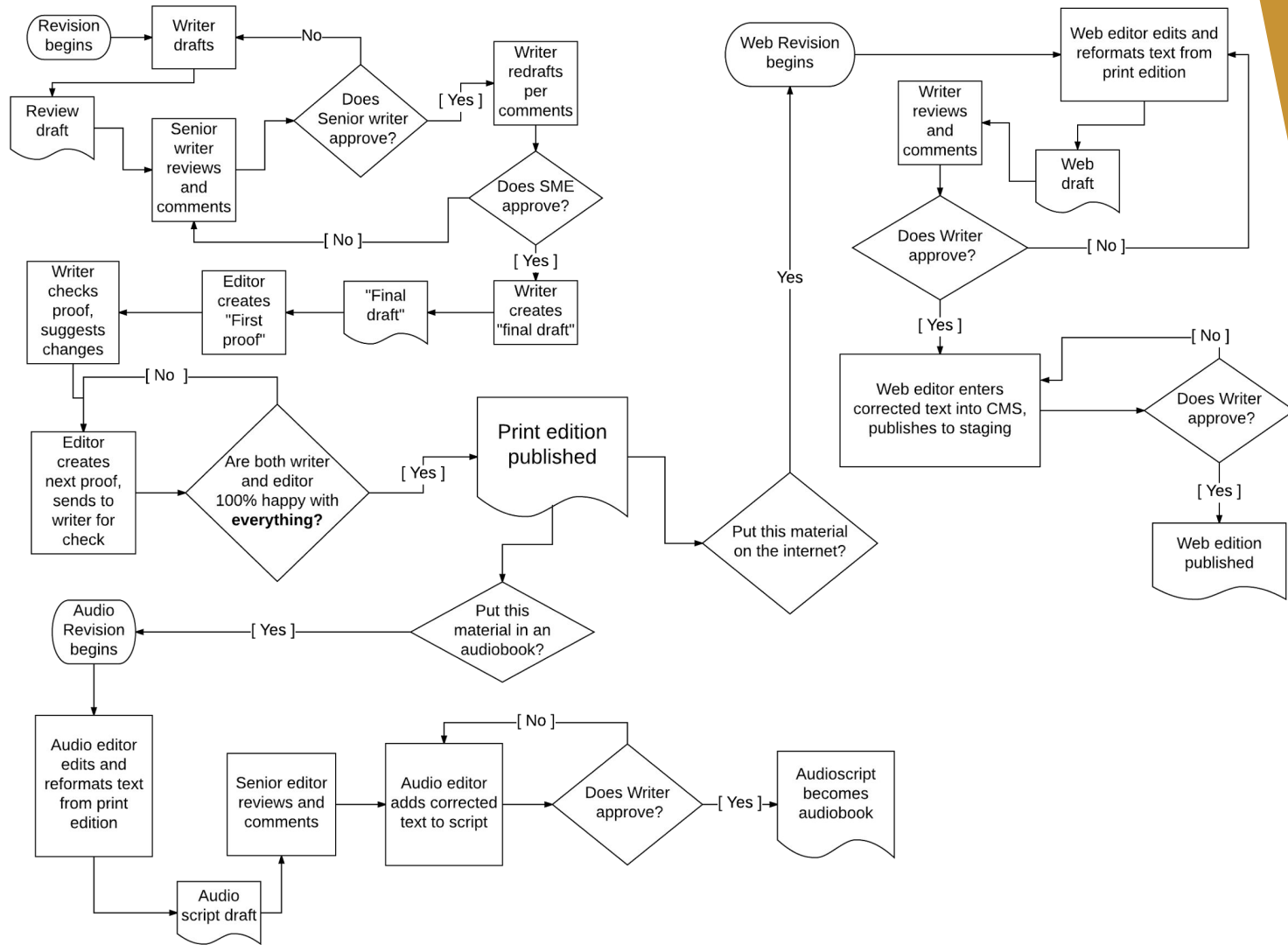
- Doctors
- Lawyers
- Benefits specialists
- etc

**These are my immediate clients**

# How we produced information



# How we produced information



**3.**

**Why it was  
good**

(but also...  
not so good)

**Good: expert attention paid to every step**

**Problem: expert attention *repeated* at every step**

...on every line of every document

...regardless of when, how or if that attention was needed

...without awareness of other teams, publications or outputs



**Good: robust booklet  
production process**

**Problem: using that same  
process for everything else too**

Writers write booklets. Editors edit booklets.  
Booklet goes to press.

Then writers and editors remake booklets  
into another thing, using exact same  
processes as booklets.

**Good: top-quality info  
regularly updated**

**Problem: no space for  
process change**

4 to 8 titles due each month

Most titles had end-to-end production time  
of 9 months - 30% of a 2.5 year lifespan

No room for delays and no scope for process  
improvement

**Publish once, create once.**

**Publish again, re-create everything again?**

- ▶ Lots of repeated work
- ▶ Uncontrollable bottlenecks
- ▶ Uncontrolled variations
- ▶ Inefficient use of resources

**4.**

**What we did  
next**

## **New CMS - new opportunity**

3 staff assigned to migrate Care & Support content into that CMS.

Their only instructions:

“Macmillan makes booklets – find a way to get that booklet information into the new CMS.”

# Identify limits - What are the ground rules?

## **No budget for:**

- ▶ external writers
- ▶ extra editors
- ▶ new authoring or layout software
- ▶ external training

## **No changes to:**

- ▶ publication schedule
- ▶ expert approval process
- ▶ writing staff
- ▶ authority structure of team

# Identify resources - What do we have to work with?

## Materials

- ▶ One year's worth of publications (content)
- ▶ 1/2 of web content based on those publications
- ▶ New component-based CMS
- ▶ Approximately 14 months to show benefits

## People

- ▶ Existing teams of writers and editors
- ▶ 3 CMS staff
- ▶ No IT or development support, though

## Set goals within those limits

1. Identify “clients”
2. Maintain quality for clients
3. Reuse material as often as reasonable  
(reduce work required)
4. Get the most from team by relying on  
existing strengths  
(minimize retraining where possible)



# Create “minimum viable products”

The smallest thing we can make which:

- ▶ Tests our ideas about what we make
- ▶ Improves what we give our “clients”
- ▶ Gives an opportunity for feedback

## **Our minimum viable products**

1. A set of standard texts - but only for topics found in multiple cancer types
2. A method to get those standard texts into publications (which fits into existing production processes)

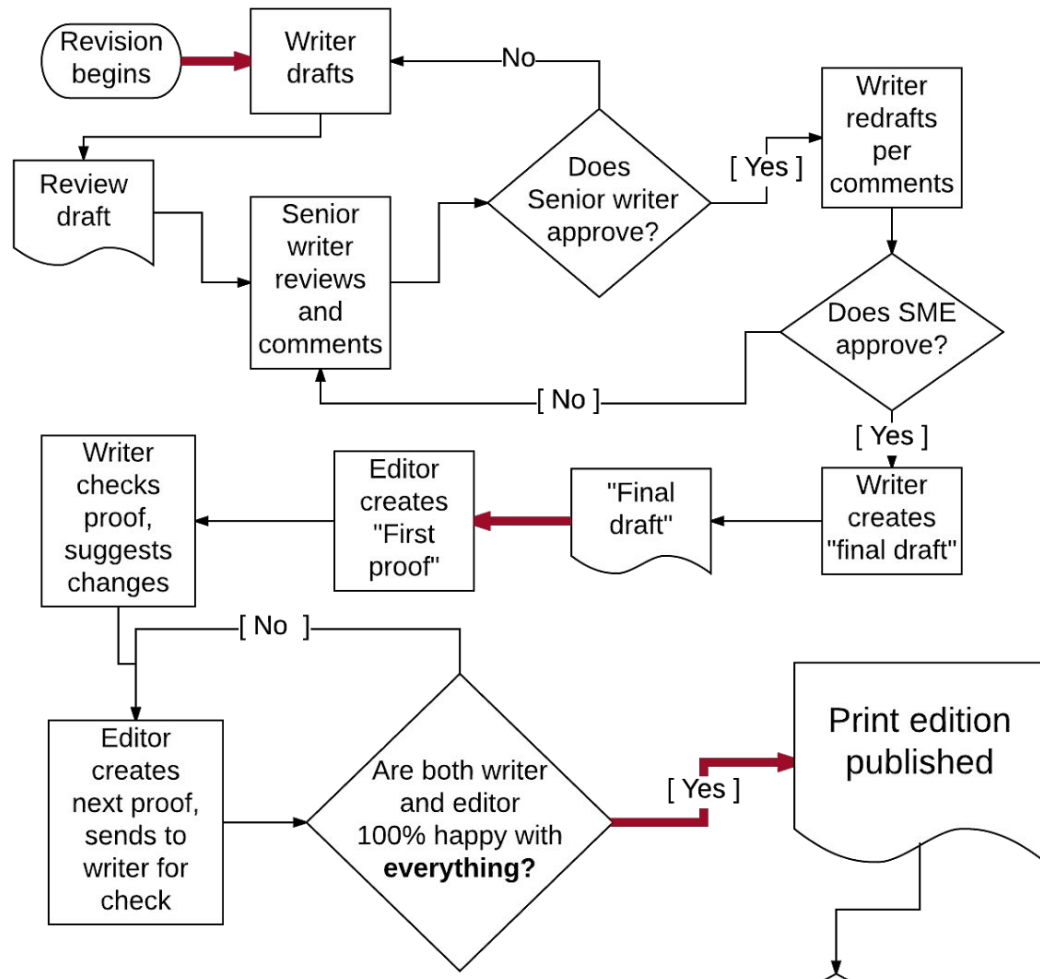
# Create minimum viable product

To make the standard texts:

1. Dissect each publication
2. Identify every topic discussed in every publication.
3. Sort by what's unique to each publication, vs what seems to be reused

# Create minimum viable product

Find handover points to insert materials:



## Test and evaluate

Insert material into first titles

Collect writer and editor feedback

Use feedback to improve second batch of standard texts

Measure time saved

(word count of reused material)

Bask in how much time and effort you've saved for the writers and editors

# Stop basking. Get back to work

Add more topic areas. Run process again.  
Evaluate results.

Add more topic areas. Run process again.  
Evaluate results.

Add more topic areas. Run process again.  
Evaluate results.

Add more topic areas. Run process again.  
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Evaluate results.

**5.**

**Why it  
worked**

# Minimized Disruption

Changes should disrupt BAU as little as possible.

Understand the production path and the teams involved to minimize disruption.

(...Unless you have enough leverage to justify interruptions to business as usual?)



# Specialists continue to specialize

Understand what they do and the limitations they work within.

Use that to inform your plans.

(Don't rely on your oncology nurses learning XML and adopting structured authoring)

# Aggregated marginal gains

## Increase in reused content

Understanding colon cancer	E1	E2	E3
Total word count	17,916	19,061	14,190
Reused content word count	-	3,614	5,262

Understanding CLL	E6	E7	E8
Total word count	12,215	12,544	13,040
Reused content word count	-	3,191	4,236

Understanding breast cancer	E9	E10	E11
Total word count	23,400	19,737	18,539
Reused content word count	4,130	5,427	6,020

# **Aggregated marginal gains**

**End of 14 month period**

12,480 words

86 reusable topics

**Building trust in team processes and goals**

# Aggregated marginal gains

## New process improvements (MVPs)

### 2nd iteration

standard  
InDesign  
templates for  
IPs  
(mix & match  
handouts  
distributed  
via NHS)

### 4th iteration

InDesign  
templates for  
booklet layouts

### 7th iteration

Document  
naming  
convention and  
version control  
for department

**6.**

**What we  
learned**

# Avoid high-cost, high-effort changes

- ▶ No silver bullets - many small alterations
- ▶ Incremental changes and iterated improvements
- ▶ Focus on points of minimum friction

## **Start with low-hanging fruit**

First change made - low cost and immediate return.

Standardizing 12 topics for reuse - approximately 1100 words total

Those topics could be reused in 55 of 60 titles about cancer

Successful proof of concept led to support for more changes

## Tell people how it benefits *them*

At least 20% of time was spent on communications.

Most successful communication involved:

1. How we could make their work easier (or better)
2. What they'd have to do differently
3. How those changes would benefit readers
4. How those changes would benefit other teams



# Maximum transparency

Publicly explain in simplest possible terms -  
Secrecy will **not** help

- ▶ Write up the process in plain language
- ▶ Include drafts, prototypes, test cases
- ▶ Make a top-level summary too
- ▶ Make it all available to everyone

A large, solid green diagonal shape that starts from the top right and extends towards the bottom left, creating a split background of white and green.

**Conclusion**

# **Work with what & who you've got**

Writers & editors are your clients and suppliers -  
treat them accordingly

## **Look for fixes everywhere**

...but first implement at points of lowest cost

## **Iterate and repeat**

The workflow never stops, you shouldn't either.  
Don't give up on making things better.

# Thank you for your time!

For more about Macmillan, visit [macmillan.org.uk](http://macmillan.org.uk)

You can reach me at [www.linkedin.com/in/taradash](http://www.linkedin.com/in/taradash)