

# Achieving successful system change: Lessons from stroke reconfiguration

UCL Department of Applied Health Research, 22<sup>nd</sup> May 2018

Thank you for joining us on 22nd May at Union Chapel for our learning event about how the NHS can achieve more successful system change across a range of clinical areas, learning the lessons from reconfiguration of stroke care in London and Greater Manchester.



We discussed:

- A) Top-down vs bottom up?  
Implementing large-scale service change
- B) Fail to involve, prepare to fail? Involving patients and communities in change
- C) More trouble than worth?  
Getting value out of measuring large scale change
- D) Getting better all the time?  
Towards more successful large scale service change

This pack provides an overview of our discussions, and should be read in that spirit.



Supporting

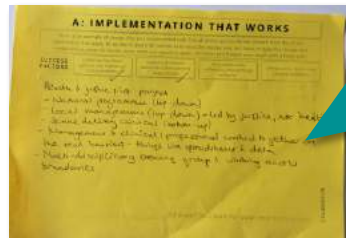


Working together to tackle loneliness across the UK

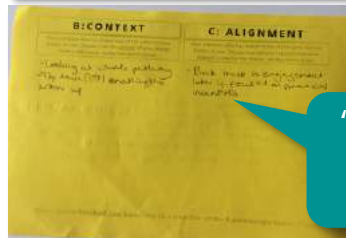


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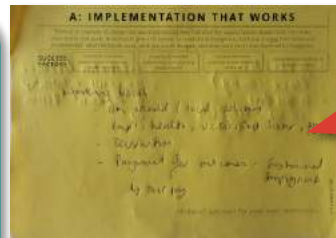
# A: Top-down vs bottom up? Implementing large-scale service change



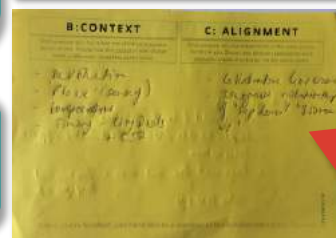
"Health & justice pilot project – managers & clinicians worked together"



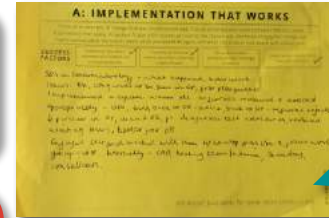
"Top-down (STP) enabling the bottom-up"



"GM model/local delivery"



"Collaborative governance – recognize relationship of top-down & bottom-up"

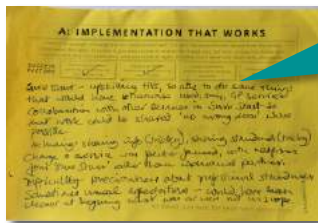


"SRS in gastroenterology"

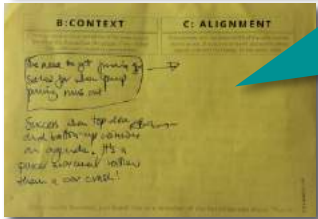


"Nationally driven, CQUIN, cost-effectiveness"

We asked participants to think of an example of change that was implemented well, and discuss the context of change and how different approaches were aligned. A range of examples were provided, and a common success factor that emerged was the need for a top-down and bottom-up approach.



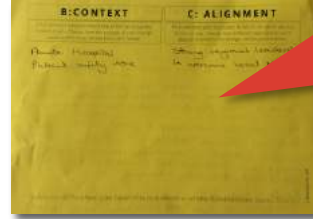
"Sure Start – upskilling HVs"



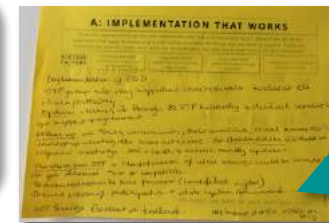
"Success when top-down & bottom-up coincide on agenda"



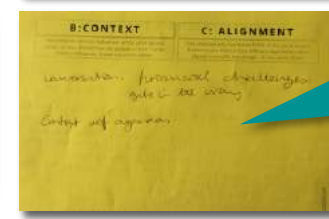
"Implementation of non-training grade doctors"



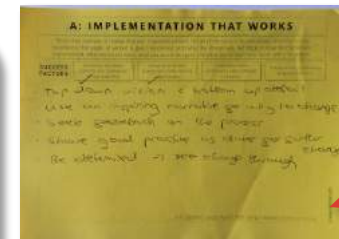
"Strong regional leadership to overcome local resistance"



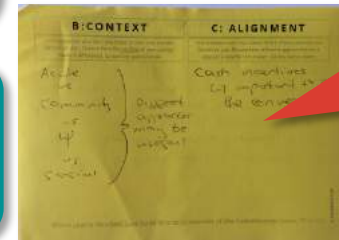
"Implementation of ESD – STP group with very supportive individuals"



"Financial challenges get in the way"



"Use an inspiring narrative for why to change"



"Different approaches may be useful for different bodies"



# B: Fail to involve, prepare to fail? Involving patients and communities in change

Next we asked participants to consider how best to involve patients and communities in system change, and consider the topics we most need to talk about, but least often do. The top issues, and what these meant for approaching system change, were then discussed in groups.



**ELEPHANTS**

YOUR ELEPHANT: We know the answer before we engage.

1. WHY DON'T WE TALK ABOUT THIS ENOUGH?

- Evidence based care; know what to do.
- Nervous about dialogue.
- Concern about public perception about why we're doing it, just to save money.
- For complex decisions.
- Concern about decisions being hijacked by certain individuals.
- Want to avoid social media conflict.
- Twitter storm.

2. WHAT IMPLICATIONS DOES THIS HAVE FOR HOW WE APPROACH SYSTEM CHANGE IN HEALTHCARE?

- How to get there - might know end point, but not the journey.
- Sometimes can miss local context.
- Close eye service, but not with one.
- Because short termism because we avoid the conversation.
- Make it harder because only engage when we have to.

"We know the answer before we engage"

"Nervous about dialogue, concern about public perception and want to avoid social media conflict"

"How to get there - we might know end point but not the journey"

**ELEPHANTS**

YOUR ELEPHANT: We like talking more than listening.

1. WHY DON'T WE TALK ABOUT THIS ENOUGH?

- Brief talking, not listening!
- We think we know what the answer is.
- Aversion - we think we know what patients want.
- Expectation - fear not having the desired.
- Time - in meetings, meetings. (Finance - expensive).
- Fear of backlash - the dissenting voice.
- It's difficult to listen sometimes.

2. WHAT IMPLICATIONS DOES THIS HAVE FOR HOW WE APPROACH SYSTEM CHANGE IN HEALTHCARE?

- Change is forced, not at negative.
- Might not want to listen to what they say.

"We like talking more than listening"

"Fear of backlash - the dissenting voice. It's difficult to listen sometimes"

"How to get there - we might know end point but not the journey"



"We are happier engaging on high level"

"Easier to explain, we do this often with staff. We don't train patients on how to be a rep"



**ELEPHANTS**

YOUR ELEPHANT: ITS TOO COMPLEX

1. WHY DON'T WE TALK ABOUT THIS ENOUGH?

LEVEL OF PUBLIC DEBATE IS NOT MATURE  
COMFORTABLE WITH COMPLEXITY - WITHIN, SAY, STP  
BUT NOT THE WIDER COMMUNITY  
POLITICAL CONTEXT - OPEN DIFFICULT BY NO  
MOST REGULATION  
SERVICE PROVIDERS UNABLE TO TALK ABOUT  
POLITICALLY SENSITIVE ISSUES

2. WHAT IMPLICATIONS DOES THIS HAVE FOR HOW WE APPROACH SYSTEM CHANGE IN HEALTHCARE?

WE ENGAGE TOO LATE, NEED TO START EARLIER

"It's too complex"

"Level of public debate is not mature. Political context often difficult"

"We engage too late, we need to start earlier"

**ELEPHANTS**

YOUR ELEPHANT: Is our higher engagement approach being used?

1. WHY DON'T WE TALK ABOUT THIS ENOUGH?

Easier to explain  
we do this often with staff  
- be tick for exercise  
- we don't 'train' patients to know how to be a rep  
- someone around revealing approach that 'works'

2. WHAT IMPLICATIONS DOES THIS HAVE FOR HOW WE APPROACH SYSTEM CHANGE IN HEALTHCARE?

Decisions take longer  
- Suspicion breeds what is happening behind closed doors  
- understand how machine can share with patients  
risk of not enough detail for patients to make it real to them

"Decisions take longer. Suspicion breeds what is happening behind closed doors"

**ELEPHANTS**

YOUR ELEPHANT: WE PREFER TO TALK ABOUT HOW IMPORTANT

1. WHY DON'T WE TALK ABOUT THIS ENOUGH?

Time + resources to discuss and actually do - J. practical  
Knowning where to start -  
Never high enough in priority list  
Lack of evidence  
Don't want to risk planning against / timescales  
It would mean doing some work

2. WHAT IMPLICATIONS DOES THIS HAVE FOR HOW WE APPROACH SYSTEM CHANGE IN HEALTHCARE?

Not open minded plan  
Not balanced view  
Planned take longer in the long term  
Might be the wrong change / not the best outcome  
More resistance / challenge  
Less open minded - involved too late or process  
Reduce it first

"We prefer to talk about how important"

"Time and resources to discuss and actually do. Knowing where to start"

"Not an open-minded plan, not a balanced view"



# C: More trouble than worth? Getting value out of measuring large scale change

We asked participants to imagine starting a system change programme from scratch, and consider three actions they would take in the first six months.



"Select a baseline to measure against, answer the right question"

1. Select data that isn't accessible or available in a form that is required
2. Asking data to be collected without having a means to do it
3. Lack of feedback to data to inputs - loss of interest



"Test it with people - clinicians, stakeholders, experts by experience"

1. Set a baseline - to measure against - BUT OF WHAT? Intelligent measures Available for routine data? Answer to right question -> scope data, map, implications -> get thought water
2. Test it with people -> clinicians, stakeholders, experts by experience, patients, carers, public Make sure important to people.
3. Data interpretation How well it is collected.



"Identify key stakeholders, collaborate to agree desired outcomes"

1. Identify key stakeholders; collaborate to agree desired outcomes - must include patients; co-design a delivery plan
2. Identify who will measure against the outcomes and how -> is there existing data? - Publicly available
3. Review against objectives - Further improvement/change? - Share w/ other areas - Lessons



1. Appoint one person to do it as their own Data collection on paper Ignore previous data & no benchmarking Do it over a week / over found history
2. Don't align it to anything routine Change definition regularly Have good push - Take data from long time ago No assumptions
3. Do not consider systems integration. Better take no responsibility. Meetings with integrators with no outcomes Jump to conclusions

"Pilot & share data, present in way that influences different audiences"

1. FORM STAKEHOLDER MAP - INCLUDES THOSE WHO COLLECT + USE THE DATA.
2. REVIEW MEASURES + AGREE COLLECTIVELY, BE CLEAR ITS FIRST DRAFT, MAY CHANGE
3. PILOT + SHARE DATA TWICE PRESENT IN WAY THAT INFLUENCES DIFFERENT AUDIENCES



# D: Getting better all the time? Towards more successful large scale service change

For our final session we asked participants to look to the future and vote on 10 statements about system change, and asked "what are the questions you're afraid to ask?"

1/ THE NHS IS CAPABLE OF ACHIEVING 'SUCCESSFUL' SYSTEM CHANGE 89% AGREE OR STRONGLY AGREE	3/ THE NHS RESOURCES ARE 'SYSTEM' CHANGE SUCCESS MORE OFTEN THAN FAIL EVEN SPLIT MAY/ DISAGREE/ AGREE	5/ LEADING FROM STONE RECONSTRUCTION FOR CARP LIMITED VALUE TO OTHER CHANGING 47% DISAGREE OR STRONGLY DISAGREE
2/ THE NHS CAN DO SOMETHING DIFFERENT WITHOUT DON'T THE SAME THING 30% DISAGREE STRONGLY DISAGREE	4/ THE NHS CONTINUES TO 'SUCCESSFUL' SYSTEM CHANGE WITHIN THE NHS CONTROL ONLY 1 PERSON STRONGLY AGREE	6/ THE NHS SHOULD HOW TO DO SOMETHING 'CHANGE' IT DOESN'T WANT TO ONLY 8% AGREE/ STRONGLY AGREE
7/ THE NHS WANT TO DO 'SYSTEM' CHANGE, IT DOESN'T KNOW HOW ONLY 1 PERSON STRONGLY AGREE	8/ THE PUBLIC ARE MORE READY FOR THE NHS TO CHANGE THAN NHS STAFF ONLY 20% AGREE/ STRONGLY AGREE	9/ IN 10 YEARS THE NHS WILL BE SIGNIFICANTLY BETTER AT SYSTEM CHANGE THAN IT IS NOW 60% AGREE/ STRONGLY AGREE (30% MAY)



What is the one thing that could be done to successfully implement large-scale system change (with supportive evidence that it works!)

Next generation will demand different engagement with health-care which will form a system that is more responsive. Technology/changes to care records will make change easier to understand.

How can we engage future leaders, not just the ones that are in post now?  
How can you achieve change if your senior leadership doesn't enable it?  
Focusing on where you can add value is easier said than done - how do you do it as an individual?



How much is system change due to a small number of leaders? How transparent is this with different leaders?

"How can we engage future leaders, not just the ones that are in post now?"

"How can you achieve change if your senior leadership doesn't enable it?"

"The next generation will demand different engagement with health care which will form a system that is more responsive"

"How much is system change due to a small number of leaders?"

# EVALUATION

93

% of attendees agreed or strongly agreed that they would recommend an event of this type to a friend

Average score:

4.5/5

3 words to describe the event:



Top-down vs. bottom-up?  
Implementing large scale  
service change

Most liked session

Most  
useful  
insight:

"System change  
can be done well,  
but needs to be  
multifaceted in its  
implementation"

"Keep on  
keepin' on (but  
also keep on  
learning)"

"It is hard! But  
aim high and  
do something"

"Large scale  
change can be  
successful and  
needs to happen  
if NHS is to  
survive"

"Tell patients  
what we want  
from them i.e.  
Be more  
specific"



# Thank you again for joining us.

If you have any further comments or questions please email us [hello@kaleidoscope.healthcare](mailto:hello@kaleidoscope.healthcare)

