Lessons about change

This talk

Most of this talk is about change at the level above the clinical micro-system

Much of it is based on my work with a number of attempts to create integrated care or change the design of a whole service

Reflecting on why things failed can help us do better next time

A familiar pattern

Often there is a good diagnosis of the problem

There have often been multiple attempts to solve it

A new project comes along before the last one has been implemented

Framing ideas for service change

Hunches, anecdotes or incomplete diagnosis

Measuring activity not demand

Mistaking activity for value

Understanding the importance of context

Identifying the active ingredient when copying

Being clear about what we mean e.g. integration

Losing sight of the patient

What matters to me?

“To redesign a diabetes pathway is a totally different proposition from understanding what help people with diabetes need in their lives, then designing in response to that”

Standardisation – sometimes misunderstood.

The rule is “*design in response to variety” not “standardise and streamline to control it”*

Setting objectives

Too many

Too vague

Avoiding difficult issues

Framing:

- To appeal to external funders
- In ways that alarm staff
- Failing to respond to patient needs

Project design

Projects are often highly complex

Gaps in the logic model between intervention and outcome

Project design

Very ambitious timescales

Lots of examples of the planning fallacy

Transformation vs incrementalist

Lots of talk about transformation or scale and pace

But many transformation efforts fail

Complex systems tend to evolve from simple systems that work

Intelligent design of complex systems is very difficult

But

Experiment and evolution takes time & involves failures

Some changes are hard to do by this method

Leadership & governance

Give the project to someone who is already too busy

Absent senior leaders

Anxious finance directors

The problem of defection in multi-organisation collaboration

Losing sight of the patient

Death by assurance

Technical issues

Boring but important

Financial flows

Information governance

Legal and regulatory issues cannot be wished away

Some of these are not really the barriers they are claimed to be

Relationships

The importance of relationships and behaviours are underestimated

History and previous failures to deliver

Institutional focus (more likely where the emphasis is on resource shifts)

Defection and other bad behaviour

Avoiding difficult issues is common

NHS centric thinking

Evaluation

Too early or underpowered

Changing objectives over time

Choosing measures wisely

Over claiming savings

Understanding the system dynamics effects

Pilots can mislead

Some key components

Change method and skills

Data flows

Middle management capability

Clinical leadership

Senior support

Strong meaningful narrative and clear priorities

Don’t ignore the detail

Don’t lose sight of the patient