

Changing Healthcare: Learning from lasting change in the NHS

Digital conference
2-6 November 2020



Contents

In this pack you'll find...

[Introduction](#)

[Changing Healthcare: what were the events?](#)

[Summaries of events](#)

[Lessons from key themes](#)

[What did people think?](#)

[The organisations behind the conference](#)



Introduction

From 2 to 6 November, Kaleidoscope and HSRUK ran a digital conference to explore cases of **successful, lasting, large-scale change** in healthcare and how we can learn from them.

Covid-19 has shown that the NHS can change with speed and impact. Now the challenge is to make that change sustainable. We asked: **How can previous cases of lasting, successful large-scale change in healthcare help us maintain these latest innovations and transformations?**

We had a hunch (well, more than a hunch) that the NHS isn't always great at learning from past success. So we decided to change that.



Changing Healthcare: what were the events?

Monday

11am Launch event

2.30pm Workshop: How the NHS tackled MRSA

Tuesday

11am Workshop: How the NHS made day surgery the norm

Wednesday

5.30pm Melting Pot: To what extent can we learn from the past?

Thursday

2.30pm Workshop: How nurses and allied health professionals came to prescribe medication

Friday

11am Live discussion

Changing Healthcare: What's the future of history?

Launch event: What did we discuss?

We kicked off the Changing Healthcare conference with a live broadcasted launch event with special guest, **Mary Dixon-Woods**, Director of THIS Institute at the University of Cambridge.

- Mary gave a talk on the role of **quality improvement** in improving quality in the NHS, and gave us her history of trying to make change in healthcare and what needs to happen now.
- We discussed how we often keep **rediscovering the same problems**, and the need to create an engaging vision of **what ‘good’ looks like**.
- Mary concluded that improvement should be part of a **whole system approach** with a focus on **workforce, resources, positive working environments, culture and behaviour**.

[Watch the video](#)



Workshops: What did we discuss?

We've had three engaging and constructive workshops looking at the barriers, enablers and lessons behind two successful, lasting changes in the healthcare system:

1. We looked at our first case study, the **reduction in healthcare associated infections** (HCAIs) such as MRSA, with **Tara Lamont** (HSRUK), **Ginny Edwards** (Edwards Consulting) and **Sally Warren** (The King's Fund).
2. We looked at our second case study, **the increase in day surgery**, with **Tim Briggs** (GIRFT, NHS England & NHS Improvement), **Kieran Walshe** (HSRUK, University of Manchester), **Jo Scott** and **Penny Pereira** (Q Community, Health Foundation).
3. Finally, we looked at our third case study, the implementation of non-medical prescribing, with **Christine Hancock** (C3 Collaborating for Health), **Claire Anderson** (University of Nottingham), **Aseel Abuzour** (University of Manchester) and **Duncan Petty** (University of Bradford).

[Watch Tara, Ginny and Sally's talks](#)

[Watch Tim, Kieran and Penny's talks](#)

[Watch Christine, Claire, Aseel and Duncan's talks](#)



Melting Pot: What did we discuss?

We ran our Melting Pot discussion on **‘to what extent can we learn from the past?’** with Nigel Edwards (Nuffield Trust). We had honest and open discussions on the extent to which we can learn from the past in relation to delivering lasting change within the current healthcare system.

Nigel identified examples of opportunities where we can learn from history, such as the lessons from how certain policies were put together. These include learning from poor conceptualisation and logic models about causality, and how some policies have confused structural problems with relationship or culture problems.

He also discussed examples of where the NHS is relatively poor at learning from history, such as trying to achieve multiple goals with the same instrument, and a large amount of managerial turnover leading to less retention of chief executives.

[Read Nigel's blog](#)

[Watch Nigel's talk](#)



Live discussion: What did we discuss?

We closed the conference on a high with a live discussion: ‘**Changing Healthcare: What’s the future of history?**’ with **Bruce Keogh** (Birmingham Women’s and Children’s NHS Foundation Trust & former) and **Sally Sheard** (University of Liverpool).

- Sally gave a talk illustrating the **importance of engaging with health histories** and making this engagement **systematic**. She discussed the need to give historians a seat at the policy table and think about new ways in embedding historians into critical areas of the NHS.
- Bruce discussed how history is a form of **memory of our experiences**, giving the example of how medical journals report on yesterday’s events. He concluded that people tend **not to fear change** itself, but the fear of **loss**, and that this should be learning for the future

[Watch the video](#)



Theme 1: We're not very good at learning from history

“We're still identifying the **same problems time after time** – research shows the same operational failures, problems with organisational degradation... You could probably write the report into the next failure now, without doing any inquiry, because it's been pretty much **the same story repeated every time.**”

Mary Dixon-Woods

We have repeated scandals and inquiries – but we no longer have a robust system for **ensuring that we learn from these inquiries** – no statutory mechanism for **ensuring the recommendations** are implemented.

Sally Sheard

The NHS has been much worse at learning from history than other healthcare systems. Why?

1. It's had a lot of **managerial turnover**
2. Lack of **evaluation of policy**
3. Lack of **curiosity**...a feeling that the past was a different, simpler country that can't teach us anything for today's context.

Nigel Edwards

Theme 1 (continued): Learning from past successes

The NHS is not good at sharing success in a way that can be learned by others and be inspired by it.

Increase of day surgery is a great example in delivering large-scale change e.g. productive ward programme, NICE

Financial incentives and tariff systems have been an enabler in day surgeries

It's good to hear about successful change as often large scale change can feel insurmountable for those working in the NHS.

In 1978, nurses found that they knew what patients needed and committed to a political campaign for nurses to prescribe and not be reliant on doctors. This paved the way for pharmacists to be able to prescribe more today.

We need to make sure that with a lot of busy people, that successful change in one area isn't offset by a loss of focus elsewhere.

Though there is evidence in the success in the reduction of HCAs, it is worth noting that the path to success will not be as smooth as it appears.

Theme 2: Defining the problem

Reflecting on the increase of day surgery, participants identified the importance of thinking broadly and deeply about what needs to be done, and applying solutions locally to achieve the system objective.

When discussing the reduction in HCAs, participants felt that all aspects of the issue need to be addressed.

In the case of HCAs, there is a need to clearly make policymakers aware that they have problems that need changes.

There is a need to achieve agreement on the purpose for a given project.

There needs to be agreement in defining the problem. For example, if one team disagrees with the issue in question, it can make it hard for other teams to make progress.

We can be more disciplined about approaching change - specifically thinking about **measuring impact** and **success** before spending time to actually do it

Theme 3: Stakeholder engagement and user involvement

Participants identified the power of framing and targeting a problem in a way that will resonate with your audience.

There is a need to understand the culture, priorities and values of your audience before implementing a change.

We need to develop the independent patient and resident voice on experiences during Covid-19 to understand the themes of today.

The length of time and political issues associated with achieving nurse prescribing have little to do with patient need.

Some patient representative organisations can find it frustrating that good practice and positive outcomes are not taken up by all within the NHS family, and that patient input is not always fully involved in the process.

There is a positive view of the value of nurse prescribing from many professional and academic perspectives, but there is still a lack of independent patient perspectives on non-medical prescribing.

Theme 4: The importance of data

Using evidence and data to guide improvement has many applications, though the nature of data may vary in different settings.

In the case of day surgery, data is useful, but has not always been used appropriately. However we are now seeing step changes in data usage and its value in the NHS.

There are challenges involved in using data for improvement. If some are not comfortable with seeing their shortcomings, they be defensive and derail progress.

It is harder to implement approaches when there is insufficient or contested evidence on the causes of a problem.

Comparative data in the reduction of HCIA's and increase of day surgery between organisations helps organisations see what peers are able to succeed in.

Data needs to be recognised and used by clinicians and wider organisational leadership.

Give data on immediate outcomes to work toward delivering change.

Theme 5: Leadership and support

Unpacking the role of leadership more would be helpful in delivering lasting change.

There are now embedded systems for institutional leadership that we didn't have in the past. These have led to success such as the increase in day surgery.

Powerful and clinical leaders have enabled lasting change in pioneering work and leading inquiries.

Leading clinicians and wider organisational leadership should recognise the role of academia and data more for delivering lasting change in the NHS.

There is a need for mentoring and support in general practice for pharmacists, to enable continued success in non-medical prescribing.

The reduction of HCAs demonstrates that there is a need for leadership buy-in at the start for the focus on culture change.

Evaluation

96

% of participants felt the conference met its primary aims

100

% of participants would recommend an event like this to a colleague

Average score out of 5

4.7

84

% of participants found the conference useful

The organisations behind the programme

The Changing Healthcare programme was commissioned by:

- [NHS England and NHS Improvement](#)
- [Department of Health and Social Care](#) (Research Programmes).

[Kaleidoscope Health and Care](#) delivered it in partnership with [Health Services Research UK](#).

[Find out more](#)



Thank you

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