



Care by Design

“Every system delivers exactly the results it is designed to give

Moving to Implementation

NHS Next Stage Review...

A Perspective from Angie Nisbet, Director, Care by Design LTD

...‘the most important development in the history of the NHS’ Health Secretary Alan Johnson was quoted as saying in the HSJ, 26TH June 2008.

The Next Stage Review makes a powerful step change in thinking about service delivery and at last an appreciation that there is now enough money in the system and that it is how that money is spent, to deliver value for patients, and value for money, for the investors – the tax payer, facilitated by world class commissioning that is the key.

At the heart of the review is the need to deliver services sensitive to local need and personalised to each individual, where practitioners see the whole person not just their specialist ‘part’, and where service users and their families are in the driving seat.

The review exudes ‘RESPECT’ – for patients and for all staff who work in the service and the need for partnership working,; patient to clinician, clinician to clinician; clinician to manager; manager to manager; organisation to organisation. At last route maps for true whole systems working, delivering care across boundaries and integration. There is especially respect for knowledge that goes beyond professional boundaries and hierarchies, recognising the vital part that everyone plays in delivering safe, effective and high quality care- ‘adding life to years and years to life.

The most heartening commitments to help the NHS in its new quest is one of no more targets (though they served their purpose) and secondly of no more organisational change.

There is recognition that skilled leadership, a culture change and tools are required to make the commitments in the review happen.

The launch of the NHS constitution consultation and the way it highlights everyone’s responsibility and commitment to quality is timely with the Review. Let’s hope though that through the consultation we lose all the ‘strive to’ elements and make a stronger commitment to actually ‘do’ and guarantee the service for patients and staff alike. Embedding the constitution will take the same leadership and culture change skills as those required to implement the Next Stage Review.

Health and Social Care are complex systems and therefore developing an understanding in the local Next Stage Review implementation leaders and champions of how complex systems work and adapt will be vital to their understanding on how to approach the journey.

Currently, because the healthcare systems are complex we try to enforce controls through governance committees, hierarchies etc. This command and control approach tends to make the system more dysfunctional and front line staff look upwards to please the ‘boss’ and deliver on bureaucracy rather than on continually improving the service for and with patients. It is the patterns of behaviour in the system that creates the culture as we call it, and we have to focus on the behaviours and changing them to make the greatest improvement.

Behaviours are a product of our experiences and so negative experiences create negative behaviours. If we want to create a new culture, then we have to create the experiences that in turn creates the belief in the people working in the system to take the required action to deliver the new results

Changing the rules of healthcare seems to be at the centre of the Next Stage Review, this made me reflect back to the Simple Rules for 21st Century Healthcare introduced in the United States in 2001 as part of the IHI Pursuing Perfection Programme. These would appear to sit well alongside the Next Stage Review 10 year plan. These rules are tabled below in figure 1 and compared to the existing rules the healthcare system.

Simple Rules for Better Health Care System in the 21st Century	
Current Approach	New Rule
Care is based primarily on visits	Care is based on continuous healing relationships
Professional autonomy drives variability	Care is customised according to patients' needs and values
Professionals control care	The patient is the source of control
Information is a record	Knowledge is shared and information freely flows
Decision making is based in training and experience	Decision making is evidence based
Do no harm is an individual responsibility	Safety is a system property
Secrecy is necessary	Transparency is necessary
The system reacts to needs	Needs are anticipated
Cost reduction is sought	Waste is continuously decreased
Preference is given to professional roles over the system	Cooperation amongst clinicians is a priority

Figure 1 Source: *Institute of Medicine Committee on Quality Healthcare in America*

Leadership will be required at multi levels to enable the culture change as well as gaining an understanding of what 'creates' the culture – we are all part of creating the cultures within which we work and live. Culture = the ways in which we behave and how we align behaviour to get the desired results for patients and successful health organisations. Manage your culture OR be managed by your culture. In the health and social care system we have many cultures, different professional cultures, team cultures, organisational cultures. Leaders will need to facilitate an understanding

between the different cultures linked around a common purpose – creating positive patient experience.

Leaders will have a pivotal role in developing, communicating and shaping services towards a common local vision for care. The vision must not be espoused; it must be a real sense of direction with a plan to make it happen.

Leaders at all levels need to gain an understanding of how to manage the system ; care pathways, service interdependencies and their impact on each other, understanding value streams. They need to take a 'servant leader' approach, working with front line staff to help them remove the barriers to delivering high quality health care and health improvement, helping to manage the interactions between the different parts of the local system to improve services and design out waste.

We rarely see the waste that is around us every day, wasting time looking for things, chasing notes, chasing results; wasting patients time moving them around the hospital, from waiting area to area, travelling to large institutions and struggling to park, when the care could be delivered more locally; wasting time with waiting for tests, results, treatment that increases anxiety and may be a condition deteriorating; waste with injury, maybe stress in staff or injury to patients due to safety not in built in the system.

These are just a few examples where creating a culture of constant vigilance to design out waste, reduce non added value steps for the patient, identifying 'system failure demand' and standardising working practices to smooth flow of the patient journey. This can save vast sums of money to reinvest in healthcare, prevention and aid staff to use their time more effectively.

The Next Stage Review asks local health communities to 'stop looking up the department' and start looking out, to patients. This has to be enabled from the top of the current hierarchies, and all functions including corporate functions need alignment with this new way of working. The finance and HR staff need to see their roles as not only delivering balance sheets and recruitment processes but these processes working as efficiently and effectively as possible to ensure timely and appropriate delivery of 21st century healthcare.

Again, through the work of the Institute of Medicine, USA and the Institute of Health Improvement Pursuing Perfection Programme, a framework for delivering high quality healthcare was developed (see figure 2), referred to as 'The Chain of Effect in Improving Healthcare Quality'.

This framework may serve as a model that UK health organisations could adopt to help develop the understanding of everyone at every level focusing outwards towards the patient to improve the quality of care.

At the pinnacle of the chain is **patient experience**. This is where quality is measured. The aim being to deliver timely, appropriate, safe, efficient and effective care tailored to individual needs. This is 'true north' for everyone in the system. This is the common purpose.

At the next level is the **micro system**. This is where the quality of care is created. Microsystems are GP practice teams, ward teams, out of hour's services. How these micro systems work together to ensure quality across boundaries is essential. Micro systems need to co operate for the benefit of the patient.

The third level is the **organisation**. Everything that the organisation does should be focused on enabling and supporting the micro systems achieving positive patient experience. Managing the interactions across boundaries, facilitating co operation and removing the barriers to delivering quality care and treatment. The organisation should enable open learning and sharing for improvement.

The final level is the **wider organisational context**. This is the level of world class commissioning, staff education, service regulation and accreditation, partnership working with local authorities and policy development. The Department of Health have clearly set their commitment to focus towards the pinnacle of the Chain of Effect and are openly urging organisations/ communities to do the same. It will be essential that this happens at all levels of the system

The Chain of Effect in Improving Healthcare Quality

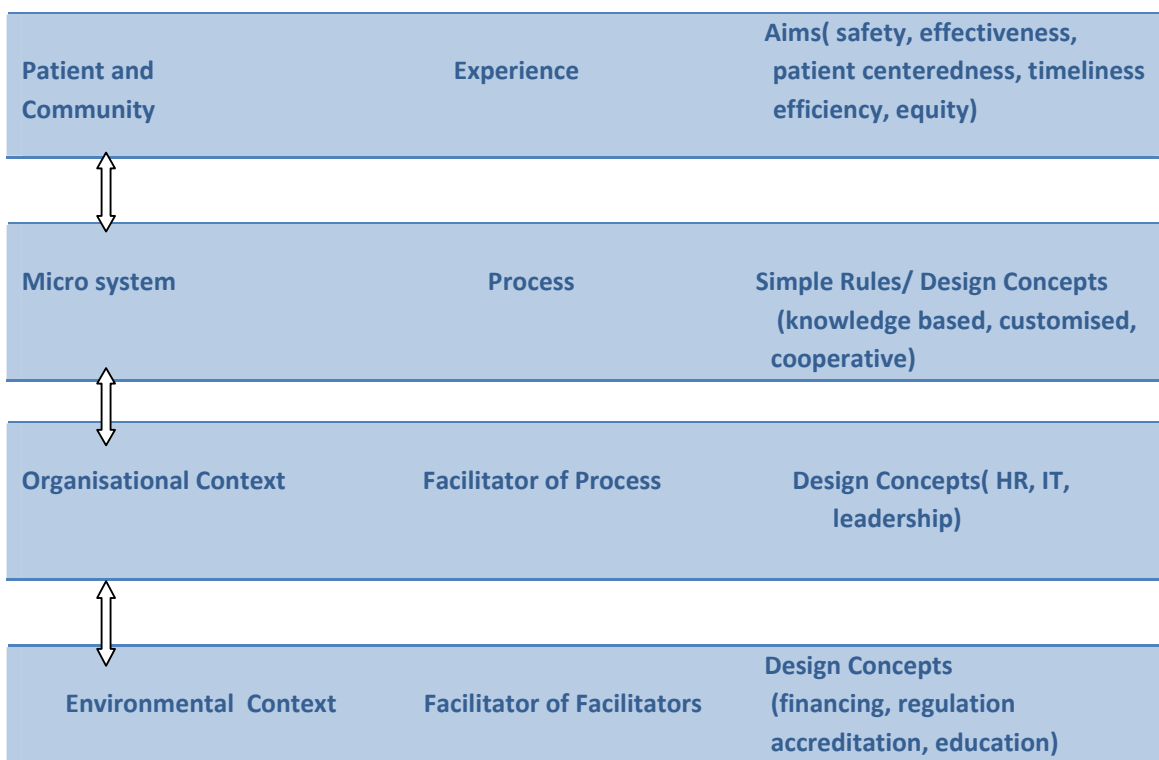


Figure 2; Framework for Pursuing Perfection, Institute of Medicine’s March Report 2001, Across the Quality Chasm, presented by Dr Donald Berwick IHI Conference November 2001

New skills need to be developed and insights gained throughout the system for the improvement journey to really begin, in many areas it has already commenced. Where services have started on their journey of improvement their continuation must be supported and not fettered. For some there may be frustration at the previous change cycles encountered to get to this point, especially those of constant re organisation. This frustration should be acknowledged and empathised, however it should be clearly demonstrated that this is the dawn of a new era for healthcare and the opportunities that now present to deliver truly world class services. This opportunity should be seized and delivered by everyone in the system.

One thing we must remember through the improvement journey is that improvement implies **change**. Where we have change and humans, we have transition. Leaders must support people through the transitions that will take place, acknowledging endings that may bring a sense of grief and the neutral area where people may be unsure of the future. Vital in all of the transition is to create a powerful local vision and story of the new future to help people focus during the transition phases.

Tensions will appear; emotional and creative. Emotional in team and personal transitions, creative, in the need to deliver the service today and design and implement the service of the future. Leaders need to manage these tensions to ensure they keep on track to deliver the future vision, setting clear direction and coaching people through the journey, ensuring available skills to effectively deliver new service requirements. All organisational systems and processes need to be aligned to achieve the vision; roles linked to goals; meetings with progress to the vision firmly on the agenda. To make this happen it needs to be at the heart of healthcare practise and business, a part of everyone's daily objectives and not a project.

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