

A democratic approach to delivering change

Why is real, sustainable change in the NHS like the pot of gold at the end of the rainbow? Scott Mckenzie looks at how practices should encourage inclusive engagement



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‘What would you do if you were stuck in one place and every day was exactly the same, and nothing that you did mattered?’
Groundhog Day, 1993

I recently had a conversation with a GP colleague who had sat on the Professional Executive Committee of the PCT in days gone by, and had stood down at the time the PCT morphed into the CCG. He had occasion to attend a CCG exec meeting and was reflecting with some degree of sadness, bewilderment and frustration that the same conversations were being had by the same people, around the same table, about the same service developments, which had not moved forward in any meaningful way in the three years since his departure.

Anyone who has worked in the NHS for any length of time will bear testament to this. The wheel keeps being re-invented, keeps turning and we come back to where we started. Those responsible for the re-invention believe they have come up with the next best thing, with those who are slightly longer in the tooth experiencing Groundhog Day. Those who sit

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in the larger NHS organisations with some degree of control over our collective future, be it commissioners or providers (so that’s you CCGs, NHS England, local authorities, FTs, and community and mental health trusts), can no longer afford to keep turning the wheel, hoping it will provide the ‘right’ answer to the challenges that present themselves in the current world of health and social care – complex systems, seven-day working, an aging population, no money and fewer people choosing to work in that system. We are all acutely aware of those challenges; they are well rehearsed.

Moving forward

So why, despite the billions that the NHS spent in the authorisation of CCGs and their plans for sustainable change, are we not able to move forward from Groundhog Day?

One part of the reason is that the process of change management is stuck in a land of 30–40 years ago and what worked then does not necessarily work now. This is a land where, to make sustainable change, there is a belief that it is organised by a select few who represent all involved – a steering group, if you will. This steering group believes it has the mandate of those it represents and will find solutions, develop proposals and move them forward quickly with the support from those it claims to represent, because those who are members are champions of the cause.

However, while this may have been a model that worked 30 years ago, perhaps even 15 years ago, it is no longer fit for purpose



in the complex and challenging world of care we now inhabit. This model increases bureaucracy, cynicism and resistance on the basis of top-down management. Mistrust leads to lots of meetings, little if any progress and, consequently, ultimate failure in terms of the implementation of what might have been a good idea.

Loss of empowerment to those who need to deliver change and work in that changed environment is key; they've been done to and have no buy-in to something that deeply affects the way they care for the people they are serving – i.e. patients and the communities in which they live. Furthermore, the steering group approach assumes that there will be resistance to change that needs to be overcome, rather than all stakeholders being partners in that change.

Integrated care

If we are truly to deliver the transformational change we need to, and ensure that those who need care receive it from the right person, in the right place at the right time, we need to move from sickness-led silo working to prevention-led, seamless and integrated care – from independent organisations with inter-dependency to full integration.

The way to do this is not through the steering group model, which the Groundhog Day scenario bears out, but rather through

collective input, thought and intervention. Those who work on the ground, at the coalface, in primary or secondary care, such as GPs, nurses, social workers or other health professionals, including practice managers, are often the ones who recognise what does and does not work. They have great ideas about what could be done differently and with much better outcomes, but are not empowered to make the changes that they see are necessary and will work.

Inclusive engagement

So, offer everyone a chance to be involved. Real, proper, inclusive engagement. While I accept it takes some organising, arrange a series of inclusive conferences – and by inclusive I mean at all levels and especially including patients and their carers. At these conferences, information and ideas should be exchanged openly, creating genuine trust and buy-in – a democratic care community, if you like. I believe that only by involving the whole system will inventive, creative and integrated solutions come to the fore and then be implemented. What's to lose? If we keep doing what we are doing, we are going to keep getting the same answers and outcomes. The people who use our services, and those who work in them, can no longer afford that. Take the chance or we can re-visit Groundhog Day – I know which I would prefer. **PM**