Back to Better

Prof Becky Malby 2020

Become what you want to be

London South Bank University

Innovation and Transformation in the Pandemic

We asked:
What do you want to keep? And what should never be repeated?

> *"Our top priority after this is not going back to normal, but going* ***back to better"***
>
> Senior Leadership, Acute Trust

> *"The systems now understands its mission which it never really did before. We are moving to* ***a health service not a sickness service"***
>
> Senior Leadership, Primary Care

The big picture

In a very short space of time, driven by a clear common purpose...

We have sorted:

Staff being properly valued and supported

Using 21st Century tools

With connected, visible, engaged leaders

Care basics and inefficiencies have been fixed and sorted

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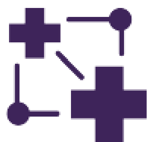
The big picture

In a very short space of time, driven by a **clear common purpose...**

We have seen:



Local health systems have joined up together to get things done

Staff working brilliantly together as real teams

Staff have stepped up and acted with professionalism and autonomy

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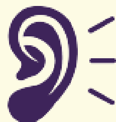
The big picture

In a very short space of time, driven by a **clear common purpose...**

And now we have:



A system that can make decisions based on needs and think pro-actively

Making mutual decisions with patients as partners

Working in close collaboration with its community

Things that haven’t gone well and we don’t want to go back to

“The realisation that NHS cutbacks had gone too far and lasted too long.”

“The abject neglect of care homes and staff by the system.”

“The amount of bureaucracy that has been avoided is stunning, NICE guidance updated in 3 days; virtual clinics made possible, far fewer futile pretend-work emails sent. Products manufactured in days, not years, clinical trial protocol approval and recruitment in days and weeks, not years.”

“I am wondering how much value we have been adding with all the annual chronic disease checks with QOF.”

“Some obtuse targets have disappeared, let's not reinstate them.”

“Too much information coming from lots of different sources - e.g. CCG,LMC, PCN, BMA, etc - overwhelming.”

“Never bring back face to face appts unless necessary. Never bring back onerous assessments for discharge.”

“Never let services move back to Monday to Friday provision only.”

“Patients seem to have discovered the ability to self-care with only the lightest of remote support - maybe doctors had encouraged dependency before this?”

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Putting the themes together

Adds up to an exciting new system...

"Teams have formed rapidly, the digital world has been transformed and GDPR barriers overcome. Every primary care colleague I speak to says we can't go back on new ways of working. Our patients have also been hugely supportive for the most part."

1. Staff being valued and supported
2. Using 21st century tools
3. With engaged and connected leaders
4. Making huge efficiency gains over the old world
5. Working in a joined-up way across local healthcare
6. Staff working together brilliantly as real teams
7. Working with professionalism and autonomy
8. Creating a needs-led care system that acts proactively
9. Making decisions mutually with patients
10. Enjoying close community collaboration

Breakout One: 15 mins

Introduce yourselves

Share one direct experience of innovation in the pandemic (relationships, organising) that you want to keep

Post in the shared document

Welcome Back

Post any questions in the chat box

Being valued as staff and having the energy to focus on the job

"It's been a game changer in terms of team morale and my own wellbeing."

"My working conditions under Covid have been 100% better than any other time I have ever worked and I've been a doctor for 10 years."

"Staff wellbeing and experience needs a complete overhaul – so much of what has been done in recent weeks is ground breaking, sets new standards."

"It feels extraordinary to be valued for just doing my job."

Engagement with a new set of digital tools and ways of working

"New technology definitely. Telephone triage has worked very well and video consultation is something we wish to carry on with."

"Remote ways of working break up the intensity of the work and allow staff to have more balanced and flexible ways of working. It was pertinent even prior to the pandemic."

"Digitisation of clinics, appointments and digitisation of home working and flexible working as well as flexible working, e-rostering etc"

"A massive increase in online triage, Most contacts now come in to GP practice through e-consult. Use of texting, video calls and phone calls to reduce face to face to essential appts only."

A visible and engaged leadership

"Leadership that supports frontline staff in a bottom-up instead of top down approach."

"Leaders engaging with frontline staff."

"Leaders listening."

"True collaboration between leaders (which is transparent)."

"Allowing teams and individuals autonomy to make decisions and encouraging bravery."

"Compassionate leadership and 'What can I unblock?' attitude from management."

NHS CEO weekly bulletin to staff

"I also talked about how I've grappled with the fact that I have actually really enjoyed work this past few months probably more than ever in my career, and how I've felt guilty about this, with so many others in life suffering significant loss of one kind or another.

I've also felt a real sense of connectivity with colleagues and patients through this experience and I will do all I can to foster and sustain it. We should be incredibly proud of the care we have shown to each other and our patients.

Although at times daunting, I have never felt alone. I have a sense of confidence that whatever lies around the corner we will find the right way through."

Basics and care foundations finally fixed, reorganised. Sorted.

"I see things happening very quickly now, making decisions and getting on with implementing them immediately rather than having to go through all the usual red tape. Its much more a case of just do it and let it evolve as we go along."

"Its been refreshing seeing how quickly we have been able to change the way we work"

"There's an energy and impatience with the system that wasn't there before"

"We have managed to change how patient's access services overnight."

"CQC disappeared the minute the pandemic started. This proved to us that most of the work we are doing is just box ticking as suspected. CQC should be reserved for where real concerns are raised only, and other than this a self declaration of compliance should be all that is necessary."

A joined-up local health system getting things done

"There has definitely been more collaboration across boundaries and I would go as far as to say in many cases the boundaries have come down completely. It feels that everyone is working towards a common purpose and far less working in silos. It basically feels like the rules have changed. There has been no time to rethink anything, we are all learning together, making changes instantly and developing as we go."

"More liaison and collaboration than ever before, with a greater emphasis on getting the right people, services and supplies to where they are most need."

"Joint health and care assessments are now possible! And there are more meaningful relationships with social care."

"Joint assessments across therapists has meant earlier engagement and proactive management."

We are working day-to-day as a real team

“We have gone ward-based, one team per ward or two wards - nurses, doctors, physios, dieticians, discharge team. It makes a huge difference in terms of the doctors feeling more integrated into the MDT instead of visitors on a 'safari' in the wards.“

"We have started to have check in and out socially distanced huddles for clinical and nonclinical staff together at the beginning and ends of the day to share info and check in with staff - we are hoping to keep this going as it has really improved the team spirit.“

“Treating members of the team as adults e.g. if an admin problem then admin finds the solution, nurse problem then nurses find the solution.”

A huge increase in ‘professional’ working behaviour

“Fundamentally attitudes have changed, there is less fear about taking responsibility for a decision, more personal responsibility rather than passing the buck.”

“There’s a freedom that comes with the red tape not having had a chance to catch up yet!”

“It’s been really lovely to work with and learn from other specialities directly.”

“Staff have shown flexibility, they are transferring skills to new areas and sharing good practice.”

“We now have senior rotas across all specialities 24/7.”

“Clinical staff taking responsibility - a new attitude to risk.”

“A real sense of ownership and responsibility shown by all staff members to our patients and each other.”

Decisions based on needs and what’s best with proactive planning for the future

“Reduced reliance on guidelines and tick-box, decisions based on what the person needs and wants.”

“Professions feel confident in making that decision with the person.”

“Joint, earlier assessments of the MDT has meant moving from decisions about now to decisions about what next.”

“The switch from guideline-driven "tick-box"/ micromanagement approaches to flexing to meet the individual needs and wishes of patients - definitely worth keeping.”

“Reducing over diagnosis and over treatment of low value care.”

“The needs of patients and staff definitely seem to be at the forefront with very little or no limitations to what we can do. Definitely decisions are about need and things are changing daily and quickly as needs change. I’m taken aback at the speed things happen now. A decision is made and the changes happen in hours or days.”

“What’s best for patients has been proven possible.”

Mutual decision-making and partnership with patients

"Purposeful and personalised communication with patients so they can be active partners in their treatment and care."

"Patients have been wonderful - so grateful and encouraging and appreciative. The relentless demand has felt more contained. People are discovering other ways of connecting and coping and we need to capture that and build on that too. There are others of course who are not coping and the gaps in services for them have been exposed."

"Digital platforms allow patient to contribute to diagnosis, navigate options, self-refer, ask for consultation. A level of self-triage with self monitoring". Treating people as adult decision-makers has meant more purposeful use of primary care."

"I think we will continue to offer patients a choice as to how they are "seen" for example by phone, video or face to face."

"Shift of power balance with equal partnership in creating the right care with patients not for patients. Self care and supported self management. Patients empowered to improve problem solving skills. Limiting choice in some instances has helped to prioritise high value care."

Community connections, collaboration and support

“People in communities working with each other - a community 'spirit'.”

“There has been a stark contrast between the ponderous, bureaucratic and ineffective approach taken by government versus the extraordinary ability of our communities from general public and schools sewing scrubs and making visors through to businesses donating equipment, to community organisations offering extraordinary support.”

Communities working with the NHS to look after the vulnerable. "We have had 200 visors and 120 pairs of scrubs created by our community!"

"We used volunteers to contact 800 shielding patients. Done in 5 days. All loved it. Patient felt someone cares."

“Amazing sharing of contacts via community organisations - huge lists of emails and telephone lists for example of police, housing, social services - utter gold dust that in normal times you feel like you are getting blood out of a stone trying to get these details. To have something completed and compiled so easily makes you think why on earth did we not do it sooner!”

What Can We Do to Secure These Innovations? Some Propositions

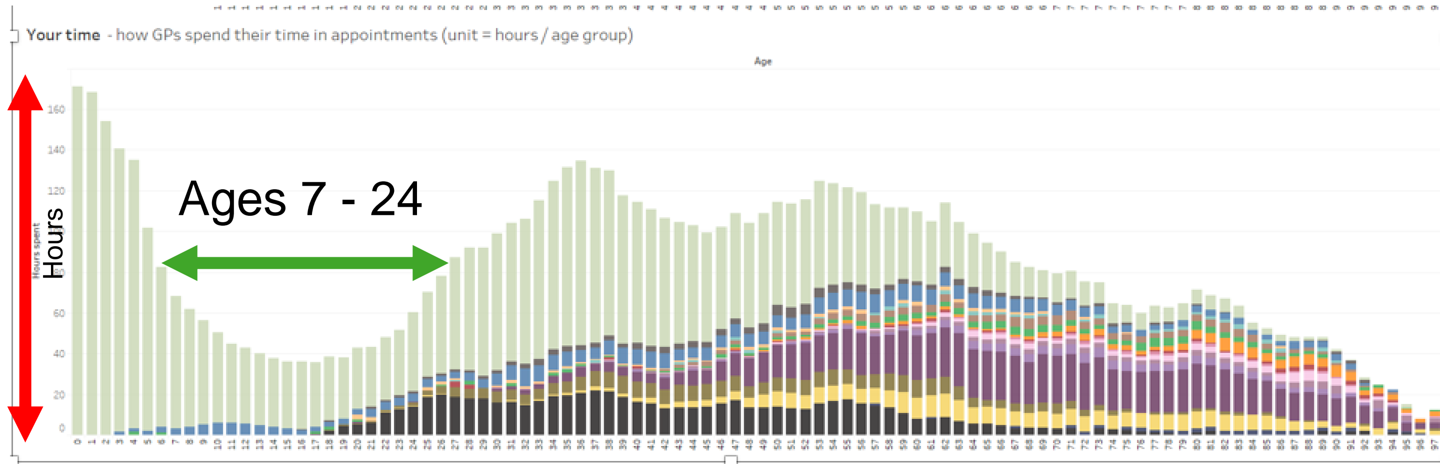
- Look after your Team: Check in Check out.
- Mutual decisions: New Consultations
- Partnership with Patients: Creating independence
- Community Connections: Become a Community Leader
- Regional Collaboration & Joined Up System: Commissioning Relationships that work
- Meeting Needs:
- Professional Behaviour: Big Ticket Items

Commissioning relationships that work

> ***The best commissioners act as facilitators for this integration driven by their population outcome goals, rather than any organisational loyalty***

"At the root of both our views is an argument against the over centralised and regulated internal market which drove poor behaviours.
We desire a more collaborative and less transactional world; a world I would argue with both a patient and a population perspective. I hope for both my provider and commissioner colleagues covid gives us that opportunity."
Leeds CCG chief executive Tim Ryley.

Ryley T (2020) What is the Purpose of Commissioners Now? HSJ. 21st May



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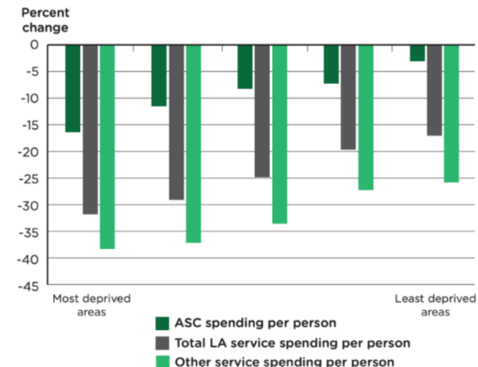
Big Ticket: The Marmot Review 10 Years on

- “For part of the decade 2010-2020 life expectancy actually fell in the most deprived communities outside London for women and in some regions for men. For men and women everywhere the time spent in poor health is increasing.
- Put simply, if health has stopped improving it is a sign that society has stopped improving.
- The fact that austerity was followed by failure of health to improve and widening health inequalities does not prove that the one caused the other. That said, the link is entirely plausible, given what has happened to the determinants of health.” (p5) And this is the graph that demonstrates this (p10)



Breakout Two: 15 mins

Where should we be focusing our effort now as proactive leaders?

Post your ideas in the shared document