



Sheesh! that is one complicated title.

If I was less keen on rhymes, I could have just written: “the power of teams”. Because sometimes, often, teams outperform individuals. Unless you are someone like Barack Obama (who however still needs a team to deliver anything). So when do you need a team, versus an individual?

When should you choose *not* to go solo? When:

- The task is complex
- You need creativity – and are humble enough to know this
- The way forward is unclear
- You have few resources and need to make most efficient use of these
- Speed matters, and you need fast learning
- You’re going to need commitment, and cooperation
- What you’re doing impacts on others, who have a stake
- You’re dealing with cross-functional tasks or processes: like trying to reduce GP workload, which impacts on, well, everyone who is not a GP
- No single person has enough knowledge to crack the problem. Not even (gulp) you

So, you go for a team. And what are you likely to get?

- Shorter lead times
- Decreased cycle times (ie shorter turnaround for documents, correspondence, wait for appointments, etc...)
- Fewer errors: also known as **greater clinical safety**
- Processes that are managed and stick
- Better daily work experience: also known as **more joy**

- More transactions: more available appointments, for example
- Development of new pathways and services
- New and redesigned systems – because who on earth decided that an appointment is pre-booked, lasts 10 minutes, and that 18 appointments=1 hour of admin work? Mystery
- Better understanding of our patients' needs and expectations

But. Not everyone is a team. You and your four closest colleagues are not a team – you just work together. Or maybe you are. IF and only if:

- You have a shared work product: ie you all directly manage diabetes, or the rota
- Your tasks are interdependent: you could definitely not get the work done without each other
- You have shared responsibility for the outputs and results. It's not one person's failure or success
- You are explicitly committed to a common approach to working together. Like, you've actually *discussed* this
- You manage your relationships with other teams collectively: the integrated care team liaising with the carers' team. Not John and Lucy chatting to Rahima and Poppy.

So. Viva your microsystems. Which actually are teams – and this is the whole point.

Action for the day: have a quick think about you, and the teams you think you belong to.

Scan the checklists and see if anything is missing. Pat yourself on the back for what is there. Work on what is not. Have you articulated your common approach to working together? Do you relate to others as a team?

Have a chat and see if there are any teensy changes you can make to become an even better team.

And then, to become an even better team member, book yourself into our three day course, EQUIP In Action, which kicks off on 11th July, and continues on 12th Sept, 3rd October. This will help you move on with your QI projects, or start a new one. You will get support from the QI training team over three months, based on real-life primary care examples of improvement. If you're still getting these emails and thinking you're kind of not part of the club, here is your opportunity – 15 places left, first come, first served: <http://equiptowerhamlets.nhs.uk/support-and-training/>. Drop Clemence an email (clemence.cohen@nhs.net) if you'll be one of us.

Stay awesome,

Virginia