



ENABLING QUALITY IMPROVEMENT IN PRACTICE

Tower Hamlets

LATEST NEWS 02/07/2018



The NHS is 70. That is crazy cool. Almost as old as my dad, but don't tell him I told you that.

It's jazzy and inspiring to live the buzz rippling around today, as the Biggest Party in History prepares to take off in just a few minutes at the Mile End Education Centre. (I even had to bring a culinary blow torch to Clemence to brown her lemon meringue pie – please vote for her bake, she is taking this super seriously!!)

So we love the NHS. It's been around longer than most of us, and we want it to stick around well after we are gone. We also know, however, that this can't happen without change – and because the NHS is not a single person, the NHS changing means *we* have to change, and that, hard as this might be, our openness to change is the biggest gift we can offer our beloved health service.

No organization can change if its people don't change.

That's us.

And whilst change is seldom anyone's favourite friend, there are a few things we know about change to make it easier.

People don't resist change, they resist being changed. If we are seeking change, the only key to this is cooperation. Ask, don't tell. What do people hope? What do they fear? Build a joint vision of the future, and then think about how you're going to get there. As an easy example, a number of practices have tried to reduce GP workload by shifting some tasks to administrative staff. This has flown where admin staff were involved, empowered, recognized, and able to access support to access their own priorities. It has flopped where an isolated microsystem just "told" admin folks they would be getting lots more tasks, and did not communicate regularly about progress and results.

Things are the way they are simply because “they got that way”. Yeah. *No.* There are probably really good reasons things are the way they are: someone changed a protocol, or a behaviour, for probably pretty good reasons. Failing to understand and respect these fosters defensiveness – so understanding history is super important in order to see patterns and links (like Jenga!), and change the present.

Tampering is not changing. Unless things *really* change, they are, sigh, likely to stay the same. “Tampering” is where we overreact to a problem or mistake by applying what seems like an obvious solution without fully understanding the cause of the problem or error. It means reacting to variation, rather than to patterns – which, by the way, is what people actually learn when they become clinically trained: to look out for and react to the exception. Change work, instead, is the exact opposite: you are building processes to fit the pattern, not the exception. Paradoxically, tampering actually leads to higher costs, more errors, and less safety.

Change would be easy if it weren’t for all the people. But actually, practices are there for the people (staff and patients), and the people are the practice. This is any manager’s/leader’s single most important job: help people see how change can benefit them, articulate the importance and need for change, and let teams advocate their own need for change, as the solutions are found bottom-up.

Attempting to walk the walk ourselves, as a team **EQUIP is going to try and listen more carefully by planning a 15 minute call to each practice every four months.** Look out for our email, where we will be scheduling our first calls.

Your feedback will enable *us* to change, so we can enable *you* to change.

An awesome cycle that will hopefully contribute to giving the NHS at least another 70 years of life. J

Happy Birthday to what is without doubt the most wonderful organization in the world. Let’s lead change to support it into the future.



Virginia

PS If you’re off to the party, vote for Clemence’s lemon meringue pie!!