



ENABLING QUALITY IMPROVEMENT IN PRACTICE

# Tower Hamlets

## Our Latest Newsletter

### (02/03/2020)



## Making effective decisions: a useful skill when working on your EQUIP projects

Making decisions can be tricky in practices. Who makes decisions? Does everything need to be “signed off by the partners”, or does each member of staff operate in mastery and autonomy? Do we need partnership consensus for big ticket items, or can innovation go ahead even with two or three people *not* on board? Decisions are the product of data – not just seniority, gut feelings, and “why I joined general practice”. To understand a decision well, when that decision matters, context is key:

- **Clarify the decision** – is everyone talking about the same thing?
- **Understand deadlines**, and why these matter
- **Learn** how this decision affects wider pathways and work
- **Gather information** about other decisions, including previous ones, that link or are dependent on this particular one

Who needs to be involved in making an important decision? Well. If we take a time machine to 1980, partners, for sure. If we work within systems of distributed power which honour individual talent and ownership, then it would be:

- Whoever has authority for the specific area involved (for example, if it’s about diabetic retinal screening pathways, that might be the diabetes nurse)
- Whoever is ultimately responsible for the results of the decisions
- People who are critically affected by the decision, at any point in time – this includes patients!!!! Please please please make sure you have at least one patient involved in any decision that impacts how care is managed.
- People who have vital information

Whoever this group of deciding people is, those making the decision should gather input from others at different points of the process: decisions are not made in one meeting. Gather feedback: in corridors, via email, over lunch, at other meetings. Decisions incubate, grow and take shape long before they are made.

There are a few ways of making decisions. If you're choosing to be intentional about this, here's a grid that can help:

<p><b>Consensus</b></p> <ul style="list-style-type: none"> <li>- This does not mean "unanimous vote" - It means that everyone can live with it</li> <li>- Useful for the most important decisions</li> <li>- Where the group deciding is less than 10 people but the decision affects a large group</li> <li>- When you have time for rich debate</li> <li>- And where everyone is informed and invested</li> </ul>	<p><b>Voting</b></p> <ul style="list-style-type: none"> <li>- Good when you're unlikely to reach consensus and/or have little time</li> <li>- Where everyone has the same amount of information</li> <li>- Where the minority does not need to be involved, so long as the majority agrees</li> <li>- Where you have a plan to manage the backlash from those who disagree with the outcome</li> </ul>
<p><b>Subgroup</b></p> <ul style="list-style-type: none"> <li>- Where a smaller group has the necessary expertise to make the decision</li> <li>- Where only the subgroup is affected by the outcome of the decision and the majority does not need to be involved</li> <li>- Where the practice is comfortable delegating authority to smaller groups</li> </ul>	<p><b>One person</b> (My favourite) (Just joking!!)</p> <ul style="list-style-type: none"> <li>- When it's an emergency</li> <li>- When one person holds all the information</li> <li>- When one person is super and especially trusted by the team</li> <li>- When the outcome only affects the person making the decision</li> </ul>

General practice loves consensus. We know that. And, so long as consensus does not mean "compromise", halfway solutions that remove the shine and sparkle, or unanimous agreement, then this can be a very good thing indeed. Here are some handy last tips for successful consensus (again, please be clear first on what consensus is *not!*):

## TIPS FOR SUCCESSFUL CONSENSUS

- **Listen oh-so-carefully.** Ask questions, seek out assumptions, consider reactions.
- **Encourage everyone to participate.** Silence does not mean agreement – so go around the room and ask for individual views, one by one, and more than once.
- Actively **seek out differences of opinion:** that's where richness and fertility hide. So sneaky, right?!
- **Consider alternatives.** When there's a stalemate, break it down until you get to a place that feels acceptable for the group.
- **Do not change your mind only to avoid conflict.**
- **Incorporate new views into your own** – and share your revised view out loud.
- **Balance power.** If you're a partner or a practice manager, be the last to speak.
- **Make sure there is enough time.** Consensus ain't quick. Allow time for discussions, and time for decisions to emerge.
- **Check understanding** – make sure everyone thinks the same decision has been reached.

That's this week's wrap, folks. To good decisions, trusting teams, and daring ventures in our practices.

Every decision brings with it some good, some bad, some lessons, and some luck.

The only thing that's for sure is that indecision steals many years from many people who wind up wishing they'd just had the courage to leap. – *Doe Zantamata*

Virginia