

9.0 Change



9.1 Redesigning the process

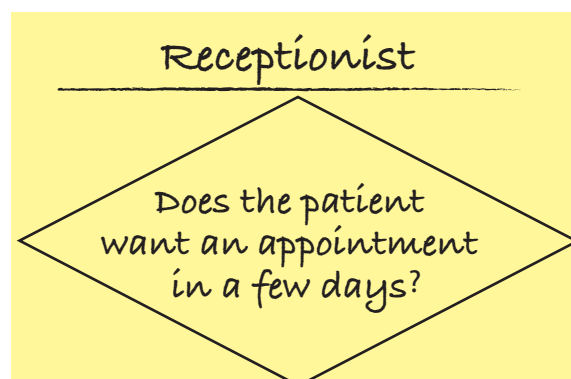
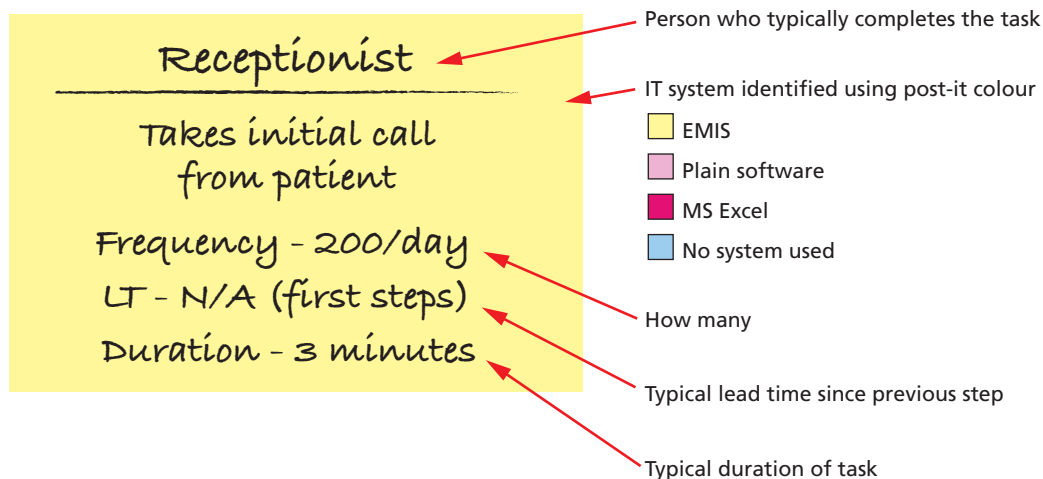
Here we describe two complementary ways in which any process within your practice (or between the practice and another organisation) can be analysed and visualised. By doing this, it is much easier to identify the strengths and weaknesses of the process and use the information to successfully redesign it.

The two approaches are:

1. **Map the process.**
2. **Map the patient experience.**

Following and capturing the process

It is usually easiest to follow the process starting at the beginning – but you may sometimes want to work backwards and start from the end. At each stage write down the key points on a Post-it note as suggested below. You may also want to collect example screen shots and write down any points that need discussion and agreement, again noted on Post-it notes.



9.1 Redesigning the process continued

Building the process map

Building up a map provides a valuable and comprehensive flow of a process. Mapping allows the team to build deep knowledge about the process and the problems. You can use the map used to educate staff, and as a basis for accurate analysis.



Expect to have to rearrange the diagram several times as you find out more about the process. The map should expose the complexity of the 'paper-chase' and make bureaucratic waste highly visible.

- Try to arrange the main flow across the top from left to right.
- Identify where the decision points are.
- Show where there are variations to the main process.
- Show different versions, rework or repeated steps.
- Identify queues or time delays.
- Be specific about quantities. For instance, to map the process of people calling for an appointment, quantify how many users ring per day for this service, how long they have to wait and the percentage of calls compared with other reasons for calls.
- The map needs to represent what really happens, so it will not necessarily follow written procedures.
- Add documents and screen prints to the map – include photos and copies of performance reports if available and relevant.
- Print off examples of all documents/screens/spreadsheets that are used during the process.
- Show all duplicates/triplicates.

If the documentation, screens or spreadsheets are poorly designed:

- Highlight parts of the document or screen that are not relevant.
- Highlight double entries.
- Highlight areas where frequent errors occur.
- Identify waste.
- Highlight good points about the process.
- Identify issues that need to be addressed and use colour to distinguish the two (see example below).

Staffing levels and rotas are matched to demand. We respond to call in 30 seconds

Protocols for identifying potentially life-threatening conditions not well understood by reception staff

9.1 Redesigning the process continued

What can you learn about the process?

Form a group of those involved in drawing up the process map and people who are familiar with it. Then work together and use the map to identify:

- what works well – parts of the process that you must maintain;
- what needs fixing – and how might this be done;
- where delays occur – and why; and
- what goes wrong – and why.

Agree some design principles for the new process. The lists below suggest a number of topic areas and possible principles that may trigger more specific points relevant to your process:

Process

- Standard procedure
- Responsive, minimal delay
- Predictable and reliable
- Performance measured
- Right first time
- Minimal paperwork
- Few hand-offs
- Visibility.

Patient

- Supportive and welcoming
- Inspiring confidence and trust
- Quick, easy service
- Appropriate security
- Give information once only
- Minimal delays for patient
- Clarity on what next/follow-up.

Staff and organisation

- Satisfying work environment
- One process owner
- Individuals responsible for doing it right
- Improve personal and professional development
- Improve flexibility to cope with peaks in workload
- Co-location of team.

Technology

- Minimal IT investment
- Data entered once only
- System ensures right first time through validation
- Integration of systems
- Standard packages only
- No spreadsheets
- System must free up people time
- Strong support and help available
- Easy to use.

9.1 Redesigning the process continued

How to view the process from the patient perspective

You can capture structured conversations with a number of patients and map them out to see the issues at each stage of the process.

Four or five key aspects identified with a prompt for the interviewer

Verbatim quotes from the patient interview captured

Patient experience feedback form

Contact point/ stage	Reliability <i>'Did we do what we said we would do?'</i>	Responsiveness <i>'Did we respond promptly to what you told us?'</i>	Assurance <i>'Did we reassure you and explain things?'</i>	Empathy <i>'Did we show sympathy and understanding?'</i>	Tangibles <i>'Did we make it easy for you? Did you have any difficulties?'</i>
Initial telephone contact	The call was answered promptly		I wasn't sure what was going to happen next	The new receptionist sounded friendly	
Ring back for telephone assessment		I was rung back very quickly		The doctor understood all about my condition	
On arrival in reception		Jane knows me and helped me with my frame			It was difficult for my daughter to park near enough - and my legs aren't good now
During the face to face consultation			I was pleased to hear that it was nothing to worry about	She's a lovely doctor	

Key process stages identified

Use colour to distinguish praise from possible improvements

9.1 Redesigning the process continued

How do you turn the analysis into a new process?

Redesigning a process is a creative process. The analysis will have identified the strengths of the existing process and areas that could be improved. The points below provide some suggestions that teams have found useful, but you will add many more by looking at your own process and considering the design principles that should apply. Examine the design principles and consider which of them are relevant to your process. Translate them into specific recommendations that begin to capture the key points about the new process such as:

'The duty doctor will take responsibility for the overall process and re-allocating resource if necessary.'

'We will use the capability of the EMIS system to capture information throughout the process.'

'We will minimise ring-backs to patients by identifying potentially life-threatening cases and those that are likely to be completed by the clinician by phone and only pass these on for telephone triage/consultation.'

Look at where work builds up in batches in the process, causing delay. Where a number of people are involved in a process, consider locating them in one place or allocating routine times every day to deal with issues to 'stay on top' and stop the delays happening. Can some steps be eliminated or combined? Sometimes it's essential to check processes (and give them adequate time and focus) but often responsibility for getting it right can be left with the person who does the work. Look at which stages really 'add value' to the process and which do not. Can you omit stages that do not add value?

Look at points where errors occur and any 'side loops' for specific cases and consider how these might be merged with the main process. Map out the timeline and assess where the long delays are and what can be done about them. Imagine a perfect process for the patient or transaction involved. What would be different? How near could you get to that process?

Draw a new process map

You have now developed an expertise in process mapping. Map the new process, following the same conventions as you used in mapping out the existing process.

Focus particularly on highlighting what is different and explain the rationale for each change. The task now is to convince clinicians and staff that they should adopt the new process. Think particularly about:

Costs. Identify the costs associated with the change. System changes? Training? Relocation costs? Management and governance cost?

Clinical risk. Address any clinical risk. How is the new process safer than the existing one?

Risks of inertia. Set out the advantages of the change and the cost or risks of not changing.

Patient benefits. Clarify the benefits to patients and highlight the criticisms that you will address.

Explain the process. Set up a session to explain the process more widely.

Gain support. Identify those with a particular interest, include their suggestions and gain their support.

9.2 Planning tips for successful change

You might come up with a great solution to improve access or responsiveness – but not everyone seems to agree that it's such a great idea. How can you plan for a successful change? What do you need to think about, do and say to make it more likely to achieve (and sustain) the change?

Major considerations

- What is the reason for the change?
- Draw out a map to show how you are going to achieve change, step by step.
- What is the incentive that will motivate people to get behind the change? Will additional incentives be needed?
- Is there a proven methodology that can be used to help make the change?
- How will you know that change has taken place? How will you measure it?
- How will you enrol the support of stakeholders?
- What training or education will people need to help make the change?
- What information are you going to use to support the change and sustain it?
- What feedback mechanism will there be to review the changes made?
- What personal support will people receive who are involved in the change?

Who will be affected?

Consider people involved indirectly as well as those involved in the task or activity and key decision-makers.

- It is often people who are not directly involved who can scupper progress – not because they are being uncooperative but because there are practical considerations that you haven't considered.
- For instance, if surgery hours are extending, you will have thought about the staff who need to be on duty, but have you remembered the cleaners who might now have to work later? Are they able to do this?

Tip

Write down a list of all the people or roles you think you might need to consider. Ask other people to check if you have missed anyone off the list.

9.2 Planning tips for successful change continued

How might people affected respond to the change?

'It's just change for the sake of change.'

'Yet another government-imposed change.'

'How are we supposed to cope with yet more change?'

'It's going to be a real benefit for our patients.'

'It feels really positive that we're shifting our focus to support our patients to care for themselves.'

How can you change negative perceptions? Perceptions are not right or wrong – they are just how people see things. For change to be successful, people need to see the future, after the change, in a more positive light. They also need to agree with you that the practice cannot stay as it is. If the change is being imposed externally, you still need to identify meaningful reasons for change and potential positive outcomes for all those involved.

Tip

Preparation is everything. Step into the shoes of everyone you have identified as affected by change. What might they see as the main drawbacks? Start to identify meaningful reasons from their perspective as to why you need to change from how things are now, and the potential future benefits.

When should you communicate with those involved?

- Early and often!
- Don't wait until you have got answers to all the difficult questions and sorted out exactly how things will work in the new way – the risk is that the team involved in change will be disappointed and demoralised when others find fault with the thinking.
- Once you have considered how people *might* view the change, you need to have early discussions with them to establish their real perspectives.
- Encourage each person to explore how they feel and their worries – capture this in writing as you go along, so you can summarise back and check that you have understood their points correctly. This will increase their trust in the process and strengthen their belief that their input does count.

Tip

Expect early reactions to include concerns and discomfort – encourage people to be as specific as possible about what worries them.

9.2 Planning tips for successful change

continued

Do people recognise the need for change?

- If not, what else can you do to help them see this for themselves?
- Have there been issues or grumbles in the past about the existing approach that you can use to campaign for change?
- Can you get those who oppose change to conduct some interviews with patients so they can hear about how individual needs are not being met?
- Have you identified positive benefits of the future you want for the practice that are meaningful for all involved? The closer these benefits can tie in with people's concerns and the reasons for change, the more motivated everyone will be to achieve it.
- Without a perceived need for the change, it will be very difficult to achieve it and make it last.

Welcome feedback

Welcome the feedback you are given. When people express their thoughts and feelings about change, this is valuable. If you label disagreement, concerns or reluctance as 'resistance', you might not utilise the full value of the feedback you are being offered.

Feedback shows that people care and view the change as important – but make sure it is specific and not just discomfort with any kind of change. Probe people to help them pin down what's driving their anxiety or the cause of their disagreement.

Be warned. Apathy or passive agreement may disguise a lurking problem, which can sabotage the change at a later time. It's better to have all the concerns out in the open as early as possible.

Next steps

Work with everyone including your critics to develop what you would like to change and how – involving them helps develop a sense of ownership. If there are too many people to work with simultaneously, ask individuals to be your 'sounding board' or 'critical friend', to spot flaws in your proposals and help develop better solutions. This is more effective than presenting the idea or solution without consultation and hoping people will agree with it.

Tip

In all your communications encourage people to spot flaws and flag up specific concerns. It helps you identify things you may have missed and shows that you value individual contributions. This input gives you a chance to develop a more workable design or solution – and reduces the power of potential saboteurs.

9.2 Planning tips for successful change

continued

Tailoring your message to different types of people

<p>Analytical</p> <ul style="list-style-type: none"> • Formal • Measured • Seek accuracy and precision • Dislike unpredictability and surprises. 	<p>How to communicate</p> <ul style="list-style-type: none"> • Provide facts and figures in an orderly fashion, with supporting documentation. • Define the change clearly and their role in it. • Give them a chance to examine it all carefully and think about it – actively listen to their concerns and encourage them to think through solutions.
<p>Driver</p> <ul style="list-style-type: none"> • Business-like • Fast and decisive • Seek control • Dislike inefficiency and indecision. 	<p>How to communicate</p> <ul style="list-style-type: none"> • Want to know what we are going to do, and how soon we can do it? • Talk results, don't waste time, find short cuts. • Involve them in the pilot/prototype so they see a real model of change.
<p>Amiable</p> <ul style="list-style-type: none"> • Conforming • Easy going; less rushed • Seek appreciation between others • Dislike insensitivity and impatience. 	<p>How to communicate</p> <ul style="list-style-type: none"> • Make sure you include the human dimensions of the situation. • Want to know how others feel, who else will be involved – take time to talk. • Encourage them to chat through with colleagues throughout the change – value and use the feedback they provide.
<p>Expressive</p> <ul style="list-style-type: none"> • Fast and spontaneous • Seek recognition • Dislike routine and get easily bored • Like brainstorming ideas. 	<p>How to communicate</p> <ul style="list-style-type: none"> • Will be looking for what's new, exciting and innovative. • Don't want the detail. • Keep it fast-paced and fun. • Let them try out the change and then motivate others through their enthusiasm.

Adapted from source reference: Merrill and Reid 1999 as in *Improvement Leaders' Guide – Managing the human dimensions of change* (from the NHS Institute for Innovation and Improvement)

9.2 Planning tips for successful change continued

How will you plan for a successful transition?

There are two key aspects in planning the transition:

1. Make sure the steps involved are feasible and practical.
2. Make sure you have the capacity to make the required changes.

Learn from others. Find another practice that has already implemented the change you want to introduce. Pay careful attention to what they found to be the essential first steps.

Research. Could a member of staff go and see how the solution works elsewhere (shadowing)?

Set up a pilot. Could you pilot the approach in a small way to assess what's involved, spot teething problems and calculate what's required to make it work in your practice? Do you need to run two systems in parallel for a defined period?

Do you have capacity? Do you have the necessary resources, skills, training, equipment, infrastructure, time and energy to make change happen? What do you need to do to make sure these are in place? Can you cope right now with yet more change or should you prioritise and reconsider the timing of certain changes?

Are you ready? Do you have the confidence and belief that you can take the actions required to get the change going and make it work? If not, what else do you need to think about or do?

Tip

Expect the unexpected – like most things in life, change will rarely go exactly according to plan. But the more you consider the feasibility and capacity issues in advance, the greater the chances of success.

9.2 Planning tips for successful change continued

And finally

There will be a risk, once you have introduced the change, that things slip back to old habits (think about the parallels of sticking to a diet or giving up smoking).

So you need to think in advance about what might slip back to the old way and why and how you can reinforce and support the new way. If it's an option, can you remove the old way completely?

Can you make it easier to do things the new way? At the very least, you should build in review points so that any complaints or difficulties can be channelled and addressed.

Additional resources

Improvement Leaders Guides – order or download at

www.institute.nhs.uk/improvementleadersguides

Managing Change in the NHS and related publications – order or download at

www.sdo.nihr.ac.uk/managingchange.html

Author: Jo Hollands of Navigator Research & Consultancy Ltd has extensive experience of facilitating NHS groups developing ideas and plans for service improvements, and the associated changes.

Tip

Celebrate the achievement of small steps along the way and keep up a positive momentum.