



Managing  
*Change*  
in the NHS

# Making Informed Decisions on Change

KEY POINTS FOR  
HEALTH CARE MANAGERS  
AND PROFESSIONALS



NHS Service Delivery and Organisation R&D Programme



# Making Informed Decisions on Change

This is a practical learning resource for all those planning and managing change in the NHS.

## What is it for?

The booklet aims to encourage managers and clinical professionals to reflect on, and share, learning and experience of what helps and hinders successful change in pursuit of quality health services.

Drawing on a focused summary of selected models, it explores what has been learned so far about the successful management of change. In particular, it considers:

- What findings are of most practical use to those delivering and organising health services and to those receiving those services?
- Where can these lessons be found?

The NHS Plan (DOH, 2000) made it clear that far-reaching change is needed if the health service is to deliver the standards that patients expect and staff want to provide. This booklet supports the work needed at local levels to make the plan a reality.

## Who is it for?

The booklet offers findings of practical interest to all those attempting to bring about change for the benefit of patients. Health professionals, managers and educators at many different levels helped to develop the material; as did representatives from patient, community and user groups.





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## Where does it come from?

The NHS Service Delivery and Organisation (SDO) National R & D Programme was launched in March 2000. The remit of the Programme is to produce, and promote the use of, research evidence about how the organisation and delivery of services can be improved to increase the quality of patient care, ensure better patient outcomes, and contribute to improved health in the wider community.

As one of our first activities, we carried out a national listening exercise which brought together a wide range of people – including service users, health care professionals, health service managers and researchers.

One area of common concern was the implementation and management of change. This concern on the ground chimed with the requirement for change in pursuit of quality set out in the White Paper, *A First Class Service* (DOH, 1998).

In response to the specific needs identified, we have developed this publication and a longer review, *Organisational Change*, under the series title, 'Managing Change in the NHS'. See back cover for more information.



# Reinventing the wheel?

## What changes all the time but stays the same?

According to an influential article published three years ago, there is one short answer to the question, 'What changes all the time but stays the same?' That answer is, 'The NHS'.

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***The NHS is 50 years old. Every government since 1948 has re-invoked its founding principles, but there is less agreement about how services based on these principles should be organised. Alongside remarkable stability in the espoused purpose of the NHS there has been almost constant structural change. [...] There is a paper mountain of advice on reforms, restructuring and managing change. Yet many behaviours do not change. The puzzle is why the NHS has been so unchanging, given the barrage of attempts to 'reform' it.***

Plamping (1998)

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Some of those who use, work in and care deeply about the health service agree with this insight about behaviours remaining the same. Others point to the significant changes in clinical interventions that are constantly taking place and argue that substantial change is already a feature of the NHS – and that patients across the country are benefiting as a result.

There is little disagreement on a core issue. That, whatever its record on change so far, the health service needs to transform itself further so that more and more people have improved access to more effective services – and feel better about the way they are treated by the health service.

There's agreement on something else too. That managers, professionals and staff in the NHS show a growing interest in understanding how they can develop the skills and attitudes necessary for the kind of continuous change and learning required in a modern health service.

## Making sense of the pressures for change ...

When asked to describe what change means for them, managers and professionals often talk about:

- multiple priorities competing for time
- changing external pressures
- challenging demands on staff.

All these factors may seem to have an adverse impact on patient care.

Many managers and professionals feel a need to bring together disconnected external initiatives and internal requirements into one coherent, manageable approach.

## ... and planning your next moves

So, as a manager or a health professional, where can you start in planning and putting into practice an effective change initiative?

Are you ...

- ... about to implement a change in your unit or organisation and would like to review the range of approaches you might take?
- ... in the middle of a change initiative and want to take a little time to reflect on how things are going?
- ... keen to encourage other people in your organisation to do their best to ensure that the way they manage change is based on sound theory and good practice?

Whatever the focus of your current concerns, you're likely to find it useful to think about the following questions:

- What do I know about effective change management?
- What don't I know?
- What do I need to know in order to initiate and sustain effective change?
- Where can I look for evidence, further information, help? For example, should I be thinking about people, published resources, learning networks?

# What works?

## Why is the search for evidence important?

Many readers will be seeking an answer to the question ‘Does it work?’ in relation to individual models of change management. It is important to bear in mind that neither question nor answer is simple or straightforward.

NCCSDO has been working closely with colleagues across the NHS and outside to explore the nature of evidence in the field of change management. We already know that managers and professionals are keen to learn from research and to base their decisions on evidence. However, substantial numbers of managers and clinical professionals argue that much of the evidence about effective change management is located in the heads of practitioners and has yet to find its way into the scholarly journals.

Evidence *can* usefully guide management decision-making. But, as discussed below, many different types of evidence are used in this field – and each type of evidence calls for a different kind of review and evaluation.

## What counts as evidence?

The academic and research literature describes a wide range of approaches to change management, many of them differing in emphasis and focus. What’s more, much of the evidence generated is from a wide variety of organisations and from diverse methodologies marked by varying degrees of rigour.

**It is important to recognise that the type of evidence that is useful in change management may differ considerably from the scientific evidence that underpins pharmaceutical and technological advances in medicine.**

A broad range of research methods, including methods drawn from the social sciences, needs to be considered in generating evidence that will be helpful to those who make use of and those who deliver health care services (Fulop *et al.*, forthcoming).

## Measuring effectiveness is difficult

Nearly all changes have a **wide range of effects**, some planned, some unplanned. When measuring the effectiveness of the change, you need to take account of the full range of effects.

Change programmes involve analysing the causes of the presenting problem, designing the change intervention, and implementing it. This is **rarely a linear process**, moving from point A to B to C. Characteristically, the process involves jumping ahead, moving sideways or backtracking – for example, using learning from the implementation phase to re-design aspects of the programme.

Different people involved in the change programme will have **different views** of the event or events that triggered the programme, of the underlying causes of the problem, and of the desirable outcomes of the programme. So you need to think carefully about whose measures of effectiveness are used.

### Example – Learning about, and from, implementing change

A change initiative implemented in mental health services for older people resulted in improved referrals and outcomes for patients. Those taking forward the initiative benefited from the support of the Clinical Governance Development Programme (see page 21). They highlighted the importance of others learning the following:

- A structured approach – based on a critical review of models of change
- Staff involvement – including a consultation process to pave the way for change, backed up here by a monthly bulletin
- Responsive leadership – with full backing from the clinical management team, e.g. when negotiating time for communicating the change
- Avoiding change jargon – conveying the change agenda to staff in day-to-day terms
- Openness to unanticipated outcomes – in this case positive, as when staff themselves identified a case for moving towards a central access point for referrals.

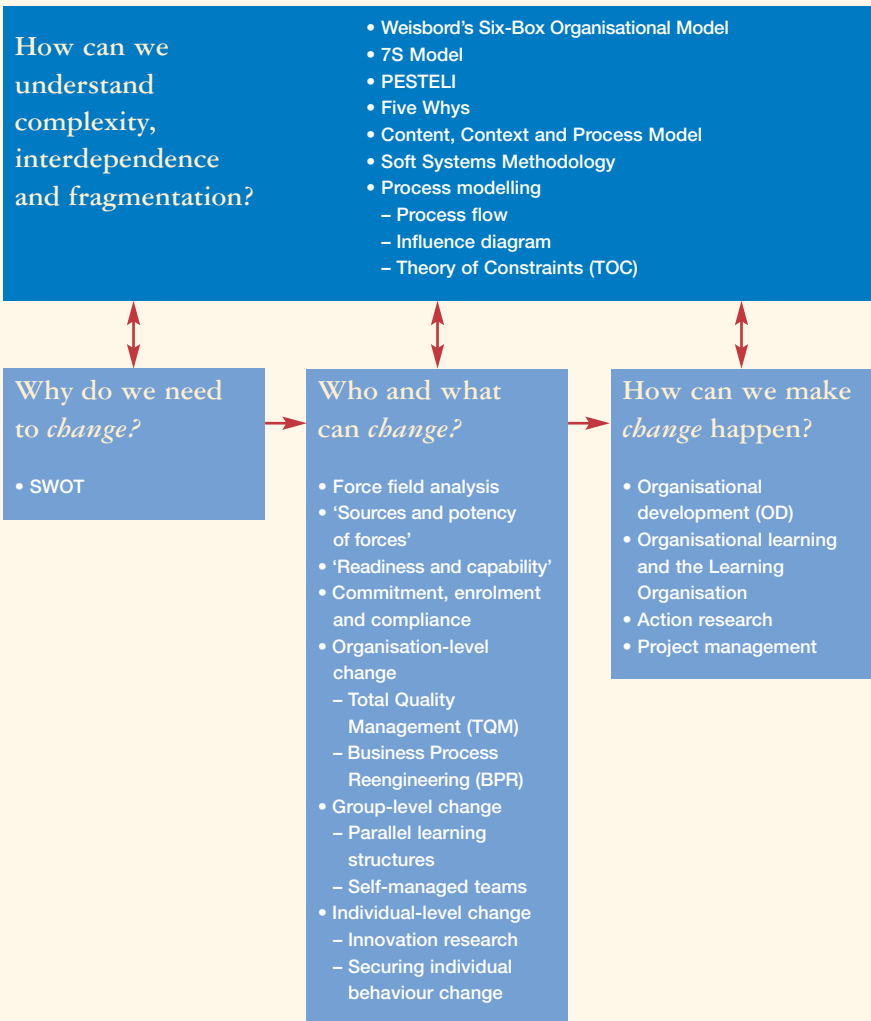
*Source: Ann McPherson, Service Manager for Older People’s Services, Wakefield and Pontefract Community NHS Trust.*

# Thinking about change: a rough guide

## Finding a path through the literature

A large body of thinking about change has been developed over the last fifty years. The sheer size and scope of the literature can make it hard for managers and practitioners to find their way around. *Organisational Change: a Review* (see back cover) attempts to create a pathway by grouping models into four main clusters focused on key questions:

1. How can we understand complexity, interdependence and fragmentation?
2. Why do we need to change?
3. Who and what can change?
4. How can we make change happen?



We offer here a selection of models from each cluster. These range from simple tools and techniques to broad schools of thought to more complex 'change packages'.

# How can we understand complexity, interdependence and fragmentation?

## What frameworks could help?

Managers and clinical professionals are likely to face the following kind of scenario:

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*“In the situation where I’m trying to achieve change, there are no cut-and-dried solutions. The situation is complex and dynamic. This means that I can’t plan for everything that will happen. And I need to take into account the fact that any intervention I make may spark off unplanned consequences. What frameworks can help me to think constructively about living with this kind of complexity?”*

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Approaches included here range in scope from comprehensive methodologies to single tools. All, however, provide insight into potential ways of understanding and dealing with multiple priorities and pressures.



# Content, context and process model

## Example – Preparing the ground for change

Carrying out a situation analysis – an activity which identifies barriers, levers and facilitators for change – is an important first step in designing a change management strategy that will meet local needs. This was the finding of a study comparing nine implementation projects, undertaken by the South Thames Evidence Based Practice (STEP) Project during 1997-2000. For instance, a situation analysis of one project studied (Promotion of Continence in People over 65 years in Primary Care) uncovered the following barriers and opportunities: no existing policies for continence care; trust merger; information systems in the process of change; and, not least, five concurrent audits being undertaken by staff, contributing to a feeling of overload. Training interventions were developed to help staff respond effectively to the challenges revealed by the situation analysis. Outcomes of these interventions were: increased skills in the identification of symptoms; more assessments undertaken; more treatments initiated; and more patients offered care pathways.

Source: Ross and McLaren (2000).

## What is it?

This model of strategic change, based on empirical case studies, was developed by Pettigrew and Whipp (1991) as a means of generating insight into why some private sector organisations were better able than others to manage strategic change and improve their competitive performance. It suggests that successful change is a result of the interaction between:

- Content or **what** of change (objectives, purpose and goals)
- Process or **how** of change (implementation)
- Organisational **context** of change (the internal and external environment).

It is also a reminder that change is influenced by historical, cultural, economic and political factors.

The model suggests there are five interrelated factors important in shaping a firm's performance:

1. Environmental assessment
2. Human resources as assets and liabilities
3. Linking strategic and operational change
4. Leading change
5. Overall coherence.

## In use

This model has been widely used in analysing and learning retrospectively from change programmes. It was also extended and tested in a major empirical study of change in the NHS (Pettigrew, Ferlie and McKee, 1992).

Both versions of the model provide diagnostic checklists which can be used to assess the likely reception of a particular intervention in a specific locale. The example (see left) shows how one aspect of the model was used to help improve change programme interventions.

# Five Whys

## What is it?

The previous model encourages a wide-ranging, holistic approach. If the focus is a single problem event then such an analysis may not be necessary. However, the interrelationships which led to the event will still need to be considered, and one means of doing so is to ask five 'Why?' questions.

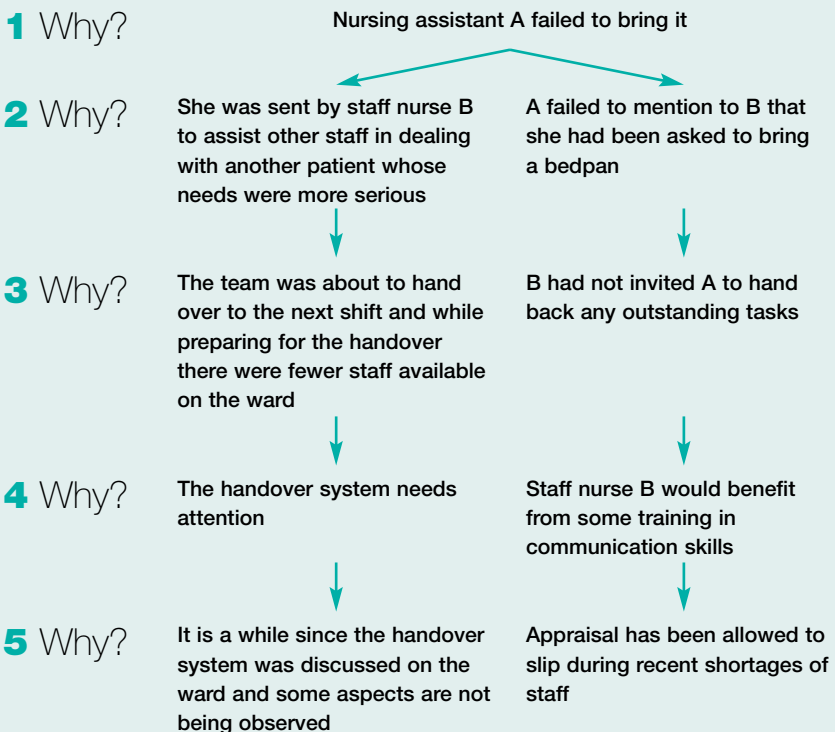
## In use

If a problem occurs the first 'Why?' question is asked: 'Why did this happen?' A number of answers may be found and for each of these the next 'Why?' is asked: 'Why is that?' The whole process is repeated until five consecutive 'Why?'s have been asked and answered.

Five Whys is a simple tool that can be applied in many situations, to get to the root of a problem (Senge *et al.*, 1994). It helps managers resist the temptation to deal with symptoms rather than causes.

### Example - Five Whys in action

Problem situation: an inpatient complains that her request for a bed pan has been ignored.



# Process modelling – Theory of Constraints

## What is it?

One way to get a clearer picture of the different views and expectations involved in a change process is to use ‘process modelling’. This is a technique for capturing visually the dynamics of a situation and articulating how the new one is to be different.

Theory of Constraints is one example. It aims to improve the performance of any organisational process that involves a series of interdependent steps. No attempt is made to improve the efficiency of each step in isolation. Instead, the process as a whole is analysed, with the goal of identifying and addressing bottlenecks – or constraints – that prevent the process from increasing its output.

## In use

Theory of Constraints is currently being used in the NHS – for example, within the Radcliffe Infirmary in Oxford – to tackle waiting lists.

Process modelling and associated approaches stress the importance of an **integrated approach to change** and to the planning and delivery of services.

## Example – From fragmented to integrated care

In North Tyneside, there was an acknowledgement that stroke patients were receiving fragmented care. A multidisciplinary audit revealed that baseline data were not available, there were few agreed outcomes measures and stroke care was seen as purely hospital based. A multidisciplinary stroke pathway was implemented across the whole of the medical and elderly directorate, followed by a community stroke pathway, piloted at a local general practice. Evaluation showed consistently high levels of use of the pathway by professionals. Use of the tool was regarded as one of the major components in bringing about what proved to be a successful change, reorienting services towards an approach which was multidisciplinary, more community-focused, susceptible to audit – and, crucially, centred on the needs of patients and carers.

Source: Richard Curless, Stroke Association District Stroke Services Co-ordinator, North Tyneside Health Care NHS Trust, Report: April 1996-1998.

# Why do we need to change?

## What frameworks could help?

Managers and clinical professionals are likely to face the following kind of scenario:

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*“I can’t make the effort that’s needed to bring about effective change if I’m not truly convinced it is necessary. The same is true of all the staff in the organisation. What frameworks can help me to share an understanding of why change is needed?”*

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In the NHS, as in other complex systems, it is only too easy to look inwards much more frequently than outwards – or for attention to be focused on certain types of drivers, such as policy directives or performance indicators. But the real answers to the question, ‘Why do we need to change?’, lie in identifying and reflecting on the gaps between what is currently being offered and what is likely to be needed in the next few years. Many models can help people to explore either directly or indirectly the rationale for change.



# SWOT analysis

**SWOT** stands for:

**Strengths**  
**Weaknesses**  
**Opportunities**  
**Threats**

## What is it?

Strengths and weaknesses are internal to the team or organisation, while opportunities and threats are external. SWOT analysis focuses attention on the match – or lack of match – between what the team or organisation is geared up to offer and what the world outside needs and wants. In doing so, it encourages people to see their own organisation, group or team from a range of different perspectives.

## In use

The SWOT matrix (*see below*) is one of the most widely used strategic planning tools. Evidence on the relative value of SWOT as a technique is thin on the ground. Some findings suggest that it can result in over-long lists of factors, general or meaningless descriptions, a failure to prioritise issues or no attempt to verify any conclusions. This does not invalidate the use of SWOT but does reinforce the point that SWOT needs to be used carefully and with the end in mind rather than as a process in its own right.

Internal	
Strengths	Weaknesses
Opportunities	Threats
External	

# Who and what *can change?*

## **What frameworks could help?**

Managers and clinical professionals are likely to face the following kind of scenario:

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*“Many different people and processes have to be involved if change is to be effective. What frameworks can help me to identify the key areas for my attention?”*

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Since its earliest days, the NHS has been characterised by almost constant structural change. Change of this kind has resolved some problems, at some times, but has left many other deep-seated problems untouched.

There is increasing recognition that people – individuals, teams and workforces – offer the key to lasting change in the health service. Many will be concerned, therefore, to know more about working with others to create an adaptable workforce of the kind described in the NHS Plan (DOH, 2000) – well led and fit for practice and purpose. Here we cover two of the more widely used ‘packages’ that change management consultants, among others, have used to develop integrated change programmes.



# Total Quality Management (TQM)

TQM refers to a management process directed at establishing organised continuous improvement activities, involving everyone in an organisation in a totally integrated effort toward improving performance at every level.

## What is it?

The focus of TQM is on processes of work rather than on the workers themselves. Through a process of data collection, analysis, hypothesis formation, and hypothesis testing, changes to processes can be devised, and the aim is that these changes are introduced steadily and forever to improve quality.

## In use

In recent years, TQM approaches have been brought to health care. These aim to involve clinical staff in quality management, suggesting that many may need to develop skills in:

- working effectively in teams
- understanding work as a process
- collecting, aggregating, analysing and displaying data on the outcomes of care and also on the processes of care
- designing work processes
- collaborative exchange with patients
- working collaboratively with non-medical managers.

Given the number and complexity of the processes involved, TQM approaches have understandably proved difficult to evaluate methodically. Few empirical studies provide comparative information about the impact of TQM on health care organisations. Evaluations of TQM in the NHS have found that implementation is often piecemeal, and rarely focused on core organisational processes – that is, clinical practice – concentrating instead on peripheral and administrative activities.

# Business Process Reengineering (BPR)

## What is it?

BPR is a technique for corporate transformation that came to prominence in the early 1990s, and is defined as:

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*... the fundamental rethinking and radical redesign of business processes to achieve dramatic improvements in critical, contemporary measures of performance such as cost, quality, service and speed.*

Hammer and Champy (1993)

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The main concepts that underpin BPR include the following.

- Organisations should be organised around **key processes** rather than specialist functions.
- Narrow specialists should be replaced by **multi-skilled workers**, often working in **self-managed teams**.
- In contrast with incremental techniques such as TQM, BPR involves total disassociation from current practices and **radical rethinking**.
- The direction for the requisite radical rethinking comes unequivocally from **top management**.

## In use

In the NHS, evaluations at Leicester Royal Infirmary and at King's College Hospital, London, found that two of the central principles of BPR – the radical, revolutionary approach to change and the erasing of historical context – are fundamentally incompatible with the traditions, culture and politics of the NHS.

A more recent evaluation has indicated that some reengineering techniques can be used without entailing a whole-organisation approach. For example, the National Patients' Access Team includes among its initiatives the national booked admissions programme which makes use of reengineering or 'redesign' techniques. Redesign can be defined as thinking through the best process to achieve speedy and effective care from a patient perspective (Locock, forthcoming).

The guiding principles of TQM and some of the tools of BPR also make a major contribution to the 'Breakthrough' programme of the Institute of Healthcare Improvement. In time this will generate valuable evidence in this area.

## Example – Using BPR techniques as a prelude to change

King's College Hospital in London uses a range of specific techniques for its change programme. The programme includes tackling outpatients appointments systems and helping staff deliver bad news to patients more effectively. Each project starts by 'mapping' a common understanding of the current situation. This is often done by developing a process map – of a system, say, or the patient's journey through this. This is done as a team, with facilitation, to reflect not what should happen but what happens in reality. This highly visual method has been found to alter individuals' perceptions as, for example, doctors suddenly realise that nurses do a range of tasks they never knew about and vice versa. Encouraged by these insights, staff are more likely to buy into the wider change programme.

Source: Kate Grimes, Programme Leader, Transforming Healthcare Delivery, King's College Hospital NHS Trust.

# How can we make *change* happen?



## **What frameworks could help?**

Managers and clinical professionals are likely to face the following kind of scenario:

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*“I understand the situation. I know why we need to change. I see who and what needs to change. But how can all this insight be used to create a change initiative that will really deliver the results that are needed? What frameworks can help me?”*

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If implementation is thought about quite separately from the planning and design of a change initiative, then it is likely that the initiative will already have failed. Successful change initiatives hardly ever follow a simple pattern of ‘thinking’ followed by ‘doing’. Instead, thinking informs doing and doing informs thinking throughout the process, in an iterative way.

Many change management models and tools can be used when thinking about how to make change happen. Here we look at two influential approaches which can be applied at several different levels. Each suggests in different ways the importance of learning from change – and using key learning points to inform the next steps.

# The Learning Organisation

## What is it?

Less a model than a school of thought, the concept of the Learning Organisation (or 'learning company') is increasingly popular as organisations, subjected to exhortations to become more adaptable and responsive to change, attempt to develop structures and systems that nurture innovation.

## In use

Much of the literature prescribes how organisations should be designed and managed to promote effective learning. There is relatively little systematic research to support these suggestions. However, there is growing consensus about the features that characterise the Learning Organisation.

The main characteristics of the Learning Organisation	
<b>Structure</b>	Learning Organisations have flat managerial hierarchies that enhance opportunities for employee involvement in the organisation. Members are empowered to make relevant decisions. Such structures support teamwork, strong lateral relations, and networking across organisational boundaries both internal and external (e.g. project teams).
<b>Information systems</b>	Learning Organisations require information beyond that used in traditional organisations where information is generally used for control purposes. 'Transformational change' requires more sophisticated information systems that facilitate rapid acquisition, processing and sharing of rich, complex information that enable effective knowledge management.
<b>Human resource practices</b>	People are recognised as the creators and users of organisational learning. Accordingly, human resource management focuses on provision and support of individual learning. Appraisal and reward systems are concerned to measure long-term performance and to promote the acquisition and sharing of new skills and knowledge.
<b>Organisational culture</b>	Learning Organisations have strong cultures that promote openness, creativity and experimentation among members. They encourage members to acquire, process and share information, nurture innovation and provide the freedom to try new things, to risk failure and to learn from mistakes.
<b>Leadership</b>	Like most interventions aimed at securing significant organisational change, organisational learning depends heavily on effective leadership. Leaders model the openness, risk taking and reflection necessary for learning and communicate a compelling vision of the Learning Organisation, providing empathy, support and personal advocacy needed to lead others towards it.

# Action research

## Example – Commitment to sharing learning about change

The West London Research Network (WeLReN) is a primary care research network covering four London health authorities. It aims to produce in primary care high-quality research, increased research capacity and aims to change the culture towards reflective inquiring practice. A series of educational courses help novice researchers to develop side by side with more experienced researchers. As well as randomised controlled trials and qualitative research projects WeLReN facilitates participatory action research (PAR) projects. These are particularly suited to researching health care systems. Multidisciplinary teams explore what needs to change in different professional groups and they feed back this information to the others involved to produce cycles of research, feedback and action. This helps people to understand what they have to do to implement research findings – to move from research to development. Paul Thomas, founder of WeLReN, explained: 'The carrot and stick metaphor is designed for donkeys undertaking short journeys. If we want sustainable development we have to equip people with the skills and resources for a much longer journey – and we have to treat people properly.'

Source: Paul Thomas, Director of WeLReN, Department of Primary Care and General Practice, Imperial College School of Medicine, London.

## What is it?

This is a form of collaborative, critical inquiry drawing upon organisational learning and usually conducted by practitioners and managers, rather than expert academic researchers. In the field of health, Donald Berwick advocates the use of small-scale, short-cycle tests based on a Plan-Do-Study-Act learning cycle. He suggests that this particular form of action research enables health care teams to learn on the basis of action and its observed effects rather than on the basis of theory alone.

## In use

Action research of this kind is now being enacted in the NHS, for example within the Cancer Services Collaborative.

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***In trying to improve the process of care, wisdom often lies not in accumulating all of the information but in acquiring only that amount of information necessary to support taking the next step.***

Berwick (1998)

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Action research has been used successfully in a variety of change programmes. Success has been found to be largely dependent on organisational context, with difficulties rooted in political and interpersonal conflict between researchers and managers.

# Change, in practice

## People will have different starting points

In practice, what are the main factors affecting the way managers and professionals approach change and change management theory?

Extensive discussion with people working in a variety of organisations and clinical settings suggests that in everyday situations most people are concerned about the following issues.

### Who wants the change? and why?

- Where is the drive for the change coming from?
- How powerful is it?
- Is it from within the service or organisation? or is the change being imposed upon it?
- Who is opposed to the change? and why?

### Importance for the unit/organisation

- How does the change fit in with the other performance objectives set for the unit or organisation? What priority should be given to this initiative?
- How radical is the change needed?
- Are we already doing something to address the issues involved in the initiative?

### Performance measurement

- Who is measuring the success of the change?
- What are their concerns and how do they measure success?

### Consultation with staff

- What professional groups are involved in or affected by the change?
- How easy will it be to involve these groups in discussions and in the development of a solution?
- Are the staff groups concerned already involved with a number of other changes?

Initial questions of the kind outlined above are helpful in enabling managers and professionals to orientate themselves in relation to the need for renewed change, and to start planning and implementing the change. But as the change initiative gets underway, those 'in charge' tend to find themselves experiencing and being drawn into a range of tensions and dilemmas.

## Example – Responding creatively to difference

For every change initiative, including in the same trust or the same service, people will have very different starting points. In one service in our trust, for example, people identified a need to change and responded positively. In another, the service was already seen to be performing well, so there was resistance from key stakeholders. Conducting reviews of both at the same time gave us valuable information about the system, as well as helping us negotiate and disseminate change strategies more effectively.

*Source: Ann Lambkin, Head of Midwifery and Gynaecological Services, West Dorset General Hospital NHS Trust.*

## Example – How not to win hearts and minds

A senior management team went away for a weekend retreat, to look at current issues and brainstorm about the future. There was a fair amount of disagreement during the weekend but by the time they got back to their organisation, all storms were spent and they had agreed on a common approach. They sent memos down the line, telling middle management what to think and do. When some middle managers came back with critical comments, the reaction was 'Ah ha! So now we've identified the change resisters!'

*Source: Adapted from Weil (1993).*

# Managing change – the reality

Change is often **imposed** upon managers to meet priorities which differ from the priorities perceived as most important by the key opinion formers within the unit or organisation – in particular, the clinicians.

There is a **tension** between the instruction to ‘gain ownership’ of a particular change initiative and the instruction to deliver the change quickly.

**Priorities change**, and so a change programme may be overtaken by other initiatives.

Amid new initiatives, it is very easy to **lose sight of the original objectives** of a change programme – and only too easy to implement a series of actions which may no longer be the most relevant.

Many staff members are **cynical about consultation processes**, born of experience of ‘pseudo consultation’ and of change associated with curbing costs.

Change of any kind inevitably involves some kind of **loss**, which may need to be addressed.

There is **scepticism about change techniques imported from the private sector**.

Clinicians will value evidence about the virtues of a change in a form with which they are familiar, but this may not be either available or appropriate.

There is an **opportunity cost**, measured in lost patient care, associated with time spent planning and implementing change.

**Managers tend to stay in post for shorter periods** than their clinical colleagues and thus are not able to see a change programme through from start to finish, nor to learn from the results.

## Tensions and dilemmas

Managers and professionals who have spent even a few years in the health service will have been affected by several waves of change initiatives. They may well feel that each wave serves mainly to wash away the deposits, good and bad, left by the one before. Key words might be ‘disconnected’, ‘fragmented’ and ‘wary’.

Managers may be familiar too with some of the tensions and dilemmas highlighted (*see left*).

## So, what next?

Many models offer something to those charged with managing change. Some are more widely implemented, some more rigorously tested. Important lessons for future change management have been learned within and across different localities. Perhaps the overarching lessons are:

- The importance of analysing the local situation and planning an intervention accordingly
- Every intervention will have some unplanned consequences as well as the planned ones
- Putting evidence into practice is a lengthy and complicated process
- Frontline staff need to be offered benefits and research must be clearly related to current practice (Ywye and McClenahan, 2000).

# Thinking ahead

## Read? Talk? Listen?

Whatever the focus of your current concerns, you're likely to find it useful to:

- consult the resource and reference tool in the same series as this booklet – *Organisational Change* (see back cover for further details)
- talk to specialists in change management – inside and outside your own organisation
- link into the NHS Learning Network
- seek out further research evidence on organisational change.

## Working with specialists in change management

There are people you can access who have considerable experience and knowledge of change management in health care. Often they can be found in Human Resource (HR) departments, Lifelong Learning teams, or Clinical Governance units. If you cannot locate them in your own organisation, your Regional Office of the NHS Executive will be able to point you in the direction of a local resource.

### What kind of help might be available?

See *right* for some examples of issues associated with change management that have usefully been raised at exploratory meetings between clinicians and change specialists.

Of course, those driving forward change often want to extend their own repertoire of skills and knowledge, as well as make effective use of change specialists. In these circumstances, there is a need for training and development grounded in theory as well as in real life management issues. The NHS Clinical Governance Support Team, based in Leicester, offers an initiative to support this kind of development (see *page 23*).

## 'Can you help?'

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*"The success of my change programme depends on people from different clinical backgrounds working together with mutual respect and understanding. We've a long way to go to achieve this. Can you help facilitate an initial discussion with a range of professionals? Are there any structured ways of doing this that would be helpful?"*

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*"Can you point me in the direction of someone who has prepared a good project plan based on a critical path?"*

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*"Can you help our team do a SWOT analysis? We're pretty clear about our strengths and extremely clear about our weaknesses, but we're not so clear about opportunities and threats. We've all got a feeling that there's a lot going on outside the organisation that we never get a chance to catch up on."*

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*"Can you help us evaluate the changes we are about to make?"*

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## Linking into the NHS Learning Network

The NHS Learning Network was developed in response to the reality of the pressure on time experienced by many NHS staff and managers. Often agendas are full, and there seems little 'headroom' for learning about how others in the health service are facing and tackling common issues – particularly how to improve and manage services.

Using a range of approaches, including the internet and the telephone, the NHS Learning Network aims to:

- provide busy staff with practical help in modernising services and raising clinical standards
- ensure that the considerable expertise within the NHS is shared and used effectively – for example, linking into the Learning Network enables users to share their learning directly as well as benefit from the experience of others
- provide support to those leading and managing change.

Web: [www.doh.gov.uk/learningzone/index.htm](http://www.doh.gov.uk/learningzone/index.htm)

## Seeking out further research evidence

### Databases for exploring further research evidence on organisational change

**Health Management Information Services database (HMIC)** – contains information on the literature relating to health systems management published in the UK and internationally – including journals, books, reports, official publications, and 'grey' literature (unpublished documents). Access via Ovid.

Web: [www.ovid.com](http://www.ovid.com)

**HealthSTAR** – a bibliographic database from the National Library of Medicine and the American Hospital Association containing records of literature relating to health care delivery. Access via Internet Grateful Med.

Access via NLM Gateway at:

Web: [gateway.nlm.nih.gov](http://gateway.nlm.nih.gov)

**Bath Information and Data Services (BIDS)** – provides UK academic institutions with a bibliographic service and offers links to 2,700 full-text electronic journals.

Web: [www.bids.ac.uk/info/fs\\_aboutbids.htm](http://www.bids.ac.uk/info/fs_aboutbids.htm)

### **Reviews of evidence relating to health care delivery and organisation**

**The Cochrane Effective Practice and Organisation of Care Group (EPOC)** – a Collaborative Review Group of the Cochrane Collaboration which aims to inform health care practice through the production of systematic reviews, including reviews of organisational interventions.

Web: [www.epoc.uottawa.ca/](http://www.epoc.uottawa.ca/)

**The NHS Centre for Reviews and Dissemination (CRD)** – provides the NHS with information on the effectiveness of the delivery and organisation of health care.

Web: [www.york.ac.uk/inst/crd/centre.htm](http://www.york.ac.uk/inst/crd/centre.htm)

**The Campbell Collaboration** – an emerging international effort to help people make informed decisions. Prepares and promotes access to systematic reviews of studies on the effects of social and educational policies and practices.

Web: [campbell.gse.upenn.edu/](http://campbell.gse.upenn.edu/)

## **Other useful web sites and contacts**

**NHS** – provides links to strategic health authorities, primary care trusts and hospital trusts:  
[www.nhs.uk/](http://www.nhs.uk/)

**The NHS Clinical Governance Support Team**  
[www.cgsupport.org/](http://www.cgsupport.org/)

**The National Primary Care Development Team**  
[www.npdt.org/](http://www.npdt.org/)

**NHS Beacons**  
[www.modernnhs.nhs.uk/nhsbeacons/](http://www.modernnhs.nhs.uk/nhsbeacons/)

**The NHS Modernisation Agency:**  
[www.modernnhs.nhs.uk/](http://www.modernnhs.nhs.uk/)

**HR Directors' Bulletin**  
[www.doh.gov.uk/hrbulletin/](http://www.doh.gov.uk/hrbulletin/)

## **References**

**Berwick, D.** 1998. Developing and testing changes in delivery of care. *Annals of Internal Medicine*, 8: 8, 651-6

**Department of Health (DOH)** 1998. *A First Class Service: Quality in the New NHS*. London: The Stationery Office

**Department of Health (DOH)** 2000. *The NHS Plan*. London: The Stationery Office

**Fulop, N., Allen, P., Clarke, A. and Black, N.** (eds) (forthcoming). *Studying the Organisation and Delivery of Health Services: Research Methods*. London: Routledge

**Hammer, M. and Champy, J.** 1993. *Reengineering the Corporation: a Manifesto for Business Revolution*. London: Nicholas Brealy

**Locock, L.** (forthcoming). *Maps and Journeys: Redesign in the NHS* Birmingham: Health Services Management Centre, University of Birmingham

**Pettigrew, A., Ferlie, E. and McKee, L.** 1992. *Shaping Strategic Change*. London: Sage

**Plamping, D.** 1998. Change and resistance to change in the NHS, *British Medical Journal*, 4 July, Vol 317, pp 69-71

**Ross, F. and McLaren, S.** 2000. *An Overview of Aims, Methods and Cross-Case Analysis of Nine Implementation Projects. The South Thames Evidence Based Practice (STEP) Project*, Kingston University and St George's Hospital Medical School, University of London

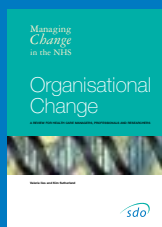
**Senge, P., Kleiner, A., Roberts, C., Ross, R. B. and Smith, B. J.** 1994. *The Fifth Discipline Fieldbook: Strategies and Tools for Building a Learning Organisation*. New York: Doubleday

**Weil, S.** 1993. 'Managing fundamental change', *Conference paper 7*. London: Office for Public Management

**Ywe, L. and McClenahan, T.** 2000. *Getting Better with Evidence. Experience of Putting Evidence into Practice*. London: King's Fund

# Managing Change in the NHS

Helping to close the  
gap between theory  
and practice



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### Researchers and writers

Marsaili Cameron and Steve Cranfield, independent consultants; Valerie Iles, Honorary Senior Lecturer, London School of Hygiene & Tropical Medicine; Jud Stone, independent consultant

### Administration and design

Margaret Mellor; Sign

### Project sponsors

Maureen Dalziel and Naomi Fulop, NCCSDO

Professor Sir John Pattison, Director, NHS SDO R & D Programme

### Project management (NCCSDO)

Helena Ward, Gráinne Kavanagh and Pamela Timms

### Further copies

NCCSDO, London School of Hygiene & Tropical Medicine, 99 Gower Street, London WC1E 6AZ

Tel: +44 (0) 20 7612 7980

Fax: + 44 (0) 20 7612 7979

Email: [sdo@lshtm.ac.uk](mailto:sdo@lshtm.ac.uk)

Web: [www.sdo.lshtm.ac.uk](http://www.sdo.lshtm.ac.uk)

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Copies of *Organisational Change* can also be ordered.

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