

Health and Social Care Professionals Leading Evaluation and Change



This note is intended to help health and social care professionals to think through the challenges they face in leading evaluation and changing clinical practice.

Evaluation and Change



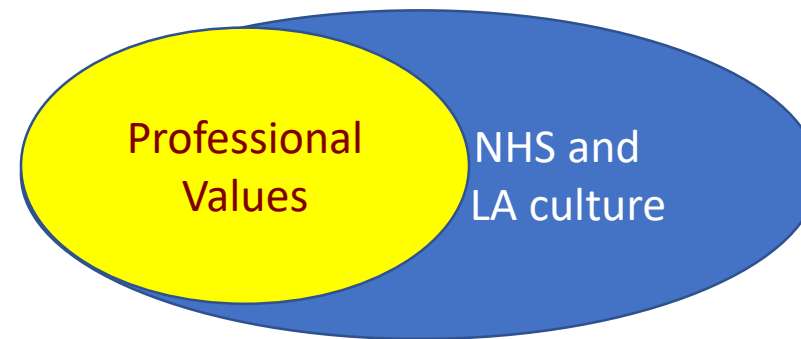
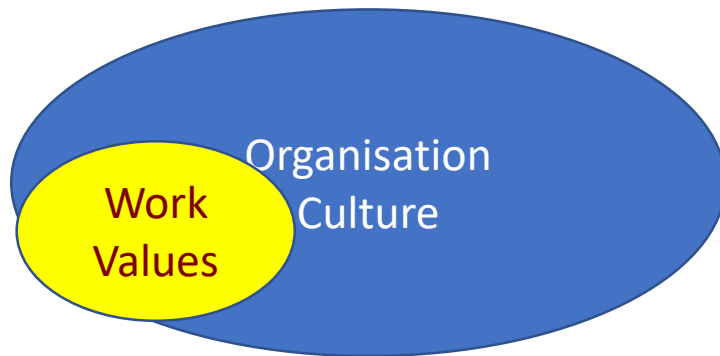
- Evaluation by itself will not achieve the changes in practice required
- Equally mere rhetoric without evidence will not convince professionals
- Evaluation must be part of a process of leading change
- This will require you to:
 - Respect the values of the organisations and professionals involved
 - Engage all those affected in the evaluation and change process
 - Develop your own skills in leadership based on your strengths and weaknesses
 - Understand the perspectives of others – patients/professionals /carers /funders
 - Develop both convincing evidence and arguments for change
 - Show the courage and persistence required to achieve change



Respecting Values



- Respect for the values of the NHS and Local Authorities:
 - Is shown by action and personal commitment not just words
 - Is demonstrated in each area of clinical practice and every encounter
 - And must be a starting point for evaluation and change
- For Health and Social Care professionals:
 - Values are not just external rules of conduct
 - They define the professional and relationships with patient/clients
- Employees in other sectors may more readily accept change
 - H&SC professionals must be convinced that change supports their values
 - A professional is a vocation that claims the right to self govern due to their specialist skills and ethical values - as in “to profess a belief”

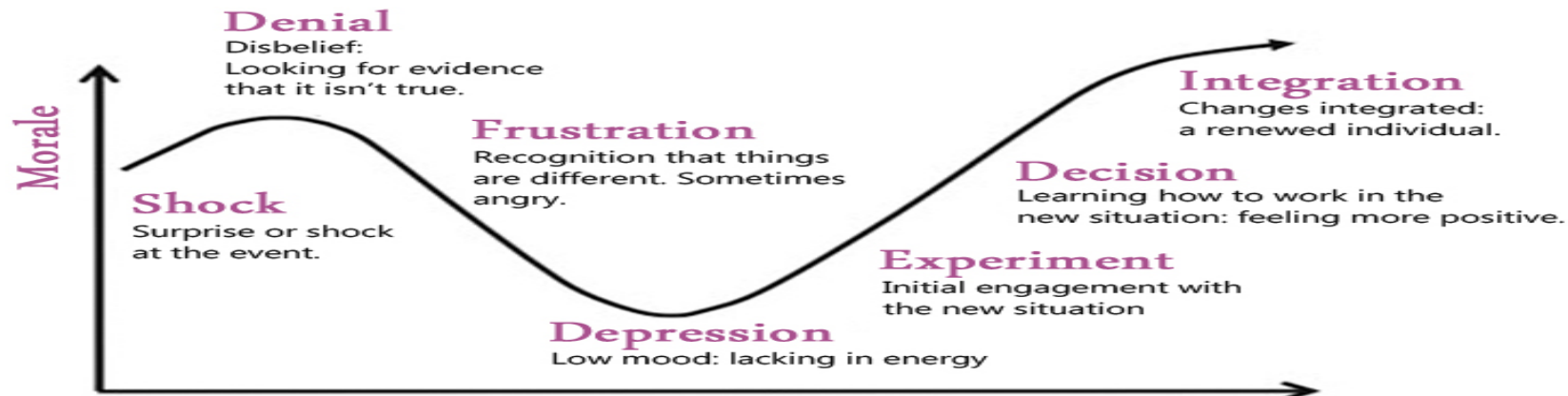


Engage those Affected



- Resistance is a natural reaction to change
 - Particularly if those affected have not been involved and do not fully understand the reasons for change, we all cling to what we know
- The Elisabeth Kubler-Ross curve charts how people come to terms with change (originally developed to explain stages of grief)
 - Engagement in the process, good communication and sensitively managing this journey for all involved is crucial to leading change

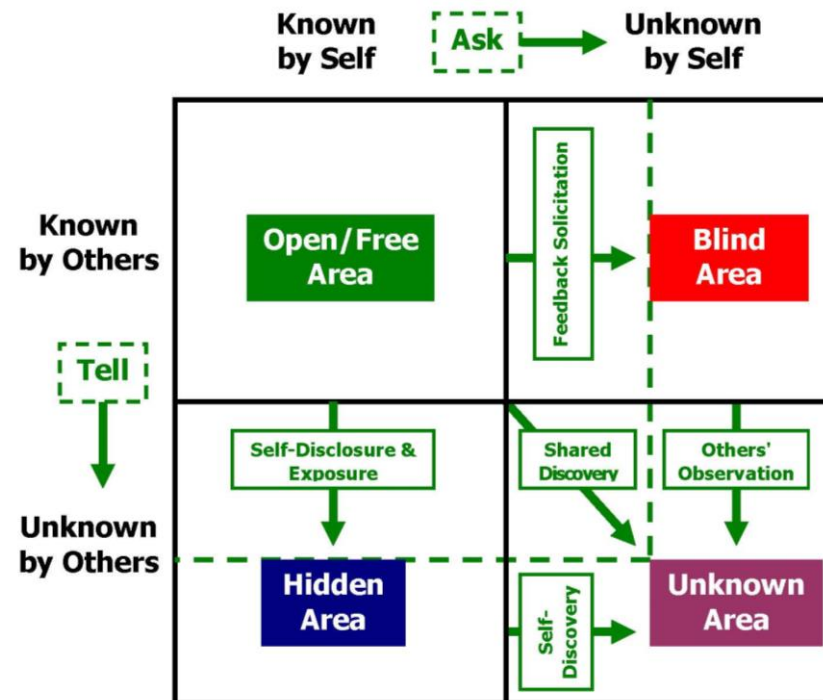
The Kübler-Ross Change Curve



Reflect on Your Leadership Skills



- A SWOT diagram of strengths, weaknesses, opportunities and threats
 - Is a starting point but you also need to consider how others see you.
- The Johari Window (developed by Joseph Luft and Harrington Ingham)
 - Can help you think about your leadership qualities and how you seem to others



Understand the Perspectives of Others

- A key skill of evaluation and leadership is the ability to listen
 - And understand the perspectives of other stakeholders
- A Social Impact Matrix is a useful tool for discussing values
 - What change will mean in practice for each stakeholder group and how it can be measured or assessed. Values, Stakeholders and Outcomes differ for each change



Values supported by change	E.G Better Patient Experience	E. G Better Provider Experience	E. G Improved cost effectiveness
Patient/Client	What this means for them e.g. Less travel	What this means e.g. More time with patient	What this means e.g. Less travel cost
Provider	What this means e.g. More satisfied patients	What this means e.g. Comprehensive Care	What this means e.g. Better outcomes
Funder	What this means e.g. Less long term demand	What this means e.g. Easier recruitment	What this means e.g. Less cost per patient



Evidence and Arguments for Change



- Evidence used to persuade people of the value of change may include:
 - Patient Reported Outcome Measures (PROMs), these include:
 - Quality of life e.g. EQ-5D, AQoL, Symptoms e.g. pain (NPRS), fatigue (FSS) Distress e.g. depression (K10, PHQ2), anxiety (GAD7), Functional ability e.g. WHODAS 2.0, ODI, Self-reported health status e.g. SF-36, Self-efficacy e.g. GS, Mental Health e.g. WEMWBS (You should be familiar with measures relevant to your field)
 - Patient Reported Experience Measures (PREMs) these cover factors such as:
 - Time spent waiting, Access to and ability to navigate services, Involvement (consumer and carer) in decision making, Knowledge of care plan and pathways, Quality of communication, Support to manage long-term condition, Would they recommend service to family or friends.
 - In addition qualitative evidence, such as examples of patient and professional stories, may help to illustrate the impact of PROMs and PREMs
 - It is essential to compare before and after change and in relation to costs
 - For a presentation on PROMS and PREMS see [here](#)



Courage and Persistence



- Change is seldom easy, even when supported by clear evidence
- You will need courage to speak up for the changes you believe in
 - And you will need to persist, until you have won the support you need
 - Obstacles may include: traditional attitudes, your own fear of failure, professional and organisational boundaries, lack of investment and bureaucracy.
 - Think through the Ten Traits of Courageous Leaders by Susan Tardanico [here](#)
 1. Confront reality head-on.
 2. Seek feedback and listen.
 3. Say what needs to be said.
 4. Encourage push-back.
 5. Take action on performance issues.
 6. Communicate openly and frequently.
 7. Lead change.
 8. Make decisions and move forward.
 9. Give credit to others.
 10. Hold people (and yourself) accountable.



Planning for Change



- Change requires careful preparation and planning.
 - How will you define the scope of change?
 - Have you mapped current process, and how it might change, including potential problems?
 - What sort of investment or retraining might be required to achieve change?
 - Who will you consult and how will you organise consultation?
 - How will Patients/clients and carers, professionals and funders be consulted?
 - Do you have the support of senior staff and colleagues?
 - What organisational or group resistance will you need to address?
 - Does change cross organisational or professional boundaries, is ethical approval required?
 - What obstacles do you expect and how long might it take to change attitudes?
 - How will you demonstrate the value of the improvements you hope to achieve?
 - Have you identified evidence and arguments you might use to support change?
 - How cost effective and high quality are current services , do you have evidence?



Conclusion



While evaluation can be studied as an important aspect of health and care improvement, it must also be seen as only one element required to implement sustainable change. Thoughtful change management is the other essential element required for sustainable change.

Your leadership of a project to evaluate and introduce change could be an important step in your personal development. This does not need to wait until you reach a senior position in the NHS or your LA, leadership is needed at every level.



Further Resources



- NHS England (2019) “Change Model” [here](#) – asks key questions in 8 areas relevant to managing change
- NHS England (2012) “Leading Change, Adding Value, A framework for nursing, midwifery and care staff” [here](#) – relevant to managing change in Nursing and AHP
- NHS Institute for Innovation and Improvement (2007) “Thinking Differently” [here](#) – provides guidelines on encouraging innovation
- NHS Wales (2012) “Change Management Toolkit” [here](#)
- Graham Lister (2004) “Leading Innovation” and “Leading Change” [here](#) – course outlines for two sessions you could lead yourself.