NHS
National Institute for Health Research

a guide to **implementing change**

Collaboration for Leadership in Applied Health Research and Care East Midlands

your journey starts **here.**

Whether you are making an improvement to an existing service, introducing something new or carrying out a research project, this booklet is designed to help you build capacity to prepare for intentional change in your healthcare setting.

This booklet is not designed to be a 'how to' or a prescription that will guarantee success. Instead, it will help you to reflect on what is happening during the different stages of your implementation journey and help you to consider your options and make the right choices.

As you read through the booklet, you will see two symbols. The ***information*** symbol indicates that you will be able to refer to Snippets of evidence that can be found in Part Two, if you are interested in knowing more. However, this is not essential for your journey. The Snippets will also give you references to relevant literature should you wish to look at this.

Where you see the ***arrow*** symbol you will be able to read a story from the NIHR CLAHRC NDL experience of implementation.

Using the metaphor of a journey, this booklet builds upon the lessons learned from the work undertaken by the NIHR's Collaboration for Leadership in Applied Health Research and Care, Nottinghamshire, Derbyshire and Lincolnshire (NIHR CLAHRC NDL). In this booklet we draw on the NIHR CLAHRC NDL studies and recent insights from the implementation of change in healthcare literature to suggest what works when implementing change. We understand implementation as the process or effort designed to get research or evidence into use in health and social care practice, as well as the physical actions by which the results and recommendations from research are put into health and social care practice. Regardless of what we call it however, this process will always involve a change in processes and behaviours.

To prompt discussion and knowledge sharing about the proposed change and the context within which it is set, there is also a discussion generator in the form of a board game which is intended to complement this booklet. If you are interested in this, and would like more information please contact: emma.rowley@nottingham.ac.uk.

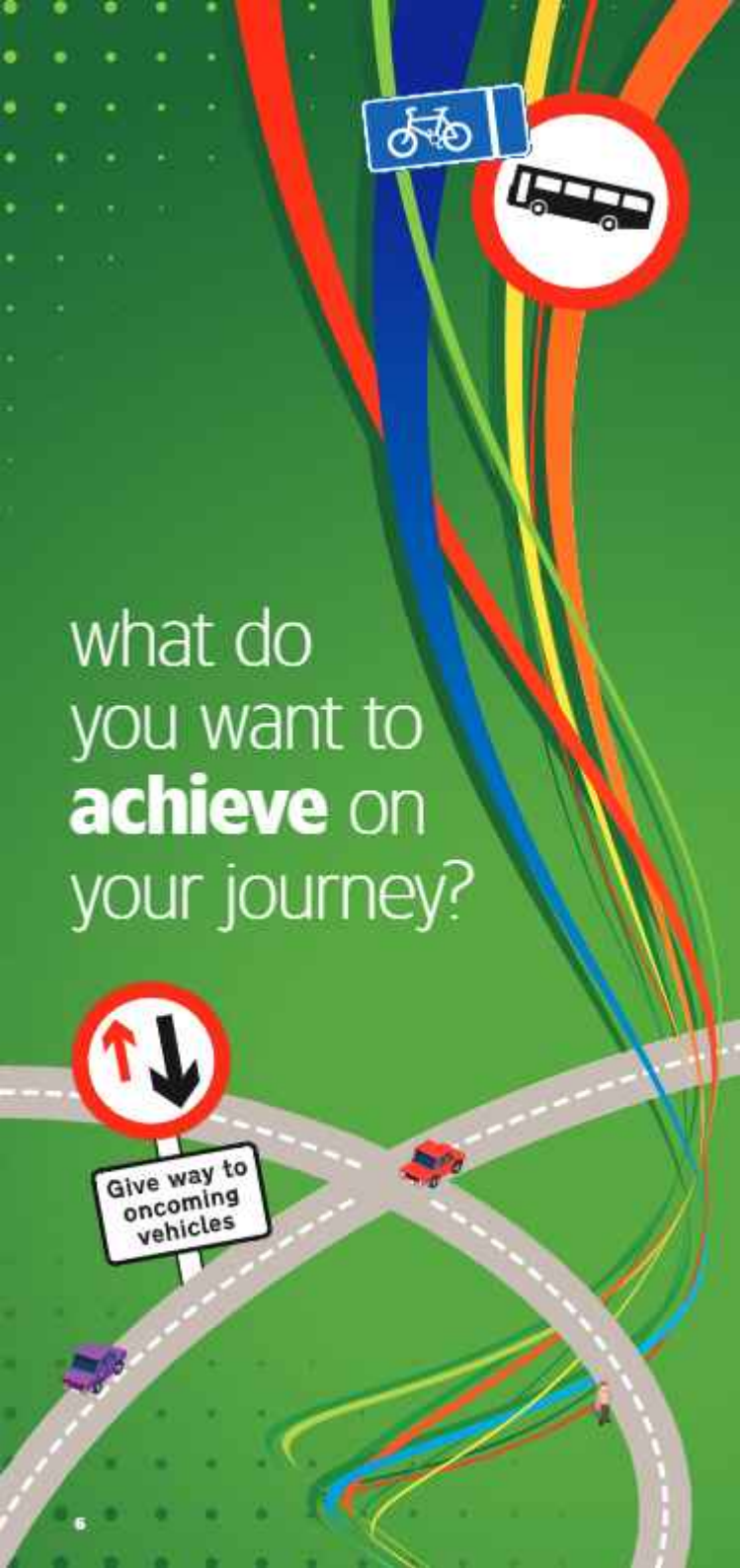
part 1:
the journey

Introduction

Your journey will not be a straightforward process and there could be many false starts, diversions and maybe even a U-turn or two. Making change in an organisation is always a political process and it is likely that you will have to overcome resistance from some colleagues and stakeholders. This is often unintentional, but you will have to work hard to engage people with what you are doing. This can be a very time consuming, frustrating and emotional process, but it will help you if you recognise that your journey will be unique. It is therefore important to spend time – more time than you anticipate – on the early phase of implementing the change. NIHR CLAHRC NDL research shows that a slow and careful start will ultimately help the implementation process.

Build in ways to document your journey so that you can reflect on it later and learn about what worked or not. This will help you to improve the process in your next project. Sometimes projects change considerably over time due to the effects of significant influencers which require careful decisions to be made. The project may also change because it has drifted from its original objectives or because there have been unintended consequences, and it is important that you are able to look back and understand what has happened.

Documenting your journey can be very simple – you could keep a record of emails, minutes or notes from meetings. It is also a good idea to note who you have met and talked with throughout the process, and keep a record of your stakeholders. You may also choose to make reflective notes about your own experience of being involved in a change/improvement project.



what do you want to **achieve** on your journey?

The first step is to be able to talk about what you are trying to achieve in terms of outcomes for patient care. This step may take more time than you think. Try to briefly describe what you are trying to do in order to achieve those outcomes and use simple, jargon free language. You can then begin to talk to other people who may be able to help you sharpen your thinking and see alternative ways to achieve the same results. These will be colleagues, managers, commissioners and patients and members of the public. Sometimes ideas can be quite woolly at first or may rest on an assumption that there is only one possible route, yet there may be several routes from which choices could be made.

One of the NIHR CLAHRC NDL studies set out to develop consensus on the use of outcome measures, and hoped to introduce a standardised assessment tool which would be accessed in clinics, by patients and clinicians, via the use of an iPad. However, there were a number of issues with this, including:

- *Reluctance of some staff to use the iPad and a preference to use a paper version of the assessment.*
- *Trust IT Department did not support iPads.*

Earlier discussion with the IT Department should have alerted the team to the difficulty of getting iPad support, signalling the need to use a different computer system from the outset. In addition, greater discussion with practitioners might have thrown up some of the practical and emotional issues related to paper verses computer usage.

You will need an action plan to help you define, guide and plan your project. However, you will need to do lots of thinking, talking and testing out of ideas with others, before settling down on your final design. Defining what you want to achieve at the end of your change activity is not as easy as it might seem. Sometimes our ideas for change can be quite woolly and it is essential that you spend time developing a description that is brief and clear, using simple jargon-free language. This should state what the change will be and the outcomes that are expected. This can be difficult as you may find it hard to describe exactly what the concept is or what you want to do. This may also feel awkward because doing this can

highlight some gaps in your proposal, which you might find embarrassing to admit.

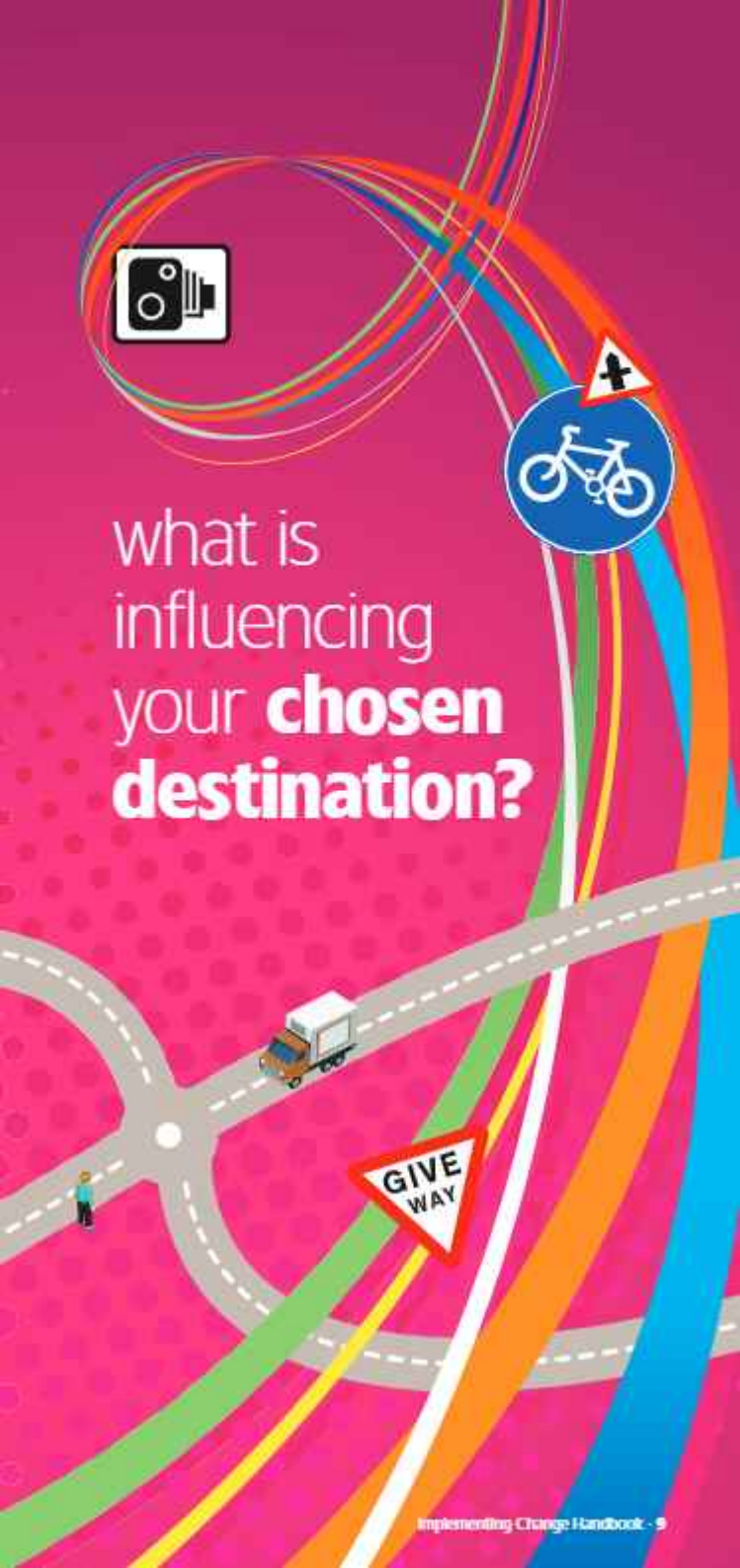
Test out your ideas. Describe them out aloud to a colleague who is not already closely involved. Also run your ideas past patients and public groups. Do your best to act on the comments and questions that arise. These may show you that your description needs more work. Unless you can describe it briefly and clearly, it is going to be difficult to engage, support, or enable others to give constructive comments based on good understanding. Research from NIHR CLAHRC NDL shows that the specific language you use can exclude others from taking part in the conversation.

"Clinicians need to change their communication style when they are talking to another GP and then when they are talking to a patient, and I can understand that and that kind of becomes normalised or embedded in their practice, but actually when we're doing collaborative research that includes an implementation of healthcare element, you know, there has to be the recognition that we have different academic and clinical languages and you need to speak in relation to your audience".

"One person involved with implementation described carrying a dictionary to study team meetings to look up words that needed translation. Another told us that at early team meetings she didn't know what was being discussed because of the words she didn't understand and the abbreviations and acronyms that were being used. It wasn't until she had attended a number of meetings that she felt confident to contribute to discussions".

(NIHR CLAHRC NDL Researcher)

These stories, as well as the advice from public groups, shows it is better to use simple, plain language when you have a mix of stakeholders in a conversation, rather than the professional terminology you might normally use at work.


what is
influencing
your chosen
destination?
GIVE
WAY

What is driving your thoughts?

The improvement may be internally or externally driven. It is important to understand how context is influencing your decision making so that you can use your political skills to drive the change forward. For example, is the improvement something that you must do now that comes from a national or local directive that specifies what is to be delivered? Alternatively, it could be in response to a complaint, a demand to reduce costs or an opportunity offered by seed-corn funding. Try to understand which policy and other agendas are influencing your ideas for change, or how you could use a policy to make your change appear more relevant. You may need to adapt your planned change to meet the policy agenda. Whatever you are proposing, it should be relevant to care, timely in relation to what is driving it and not just be about your own personal priorities. Even if it is on the policy agenda, there can be variations of practice within local contexts that may make the improvement more difficult to implement, so consider how much flexibility you have for local decision making.

"I spoke to commissioners, about whether they would commission this type of service, because it's in their priorities document, which is to reduce the incidence or the risk of developing diabetes... the only new services they were thinking they would commission, would have to speak to more than one agenda. So it could speak to diabetes, but it also had to do smoking, heart disease..."

(NIHR CLAHRC NDL Researcher)

What this experience shows is how there is always a need to sell the change to different people in different ways. It also helps to demonstrate some flexibility and show how your intended change might offer a solution to more than one problem.

Think about what local impact you want your change to make and where you want to make it. Is it just targeted at your clinical speciality, a whole referral pathway, or your entire organisation? Does it also include other organisations because of patient journeys involving other providers?

Priorities can be difficult to grasp. Sometimes high level organisational priorities are overarching statements that cover a wide span of activity. For example, if a strategic priority is 'to improve childhood health' there will be many services and organisations whose services are covered. The strategic priority will be interpreted by commissioning organisations so that they achieve as much improvement in childhood health as possible within their budget. They will not be able to support extra funding going into every service that claims to be able to improve childhood health.

If the change is not on the policy agenda, it may be very difficult to get support, although don't give up, as you may still be able to achieve changes that will improve patient outcomes. Talking to people in your organisation and to commissioners may reveal new approaches to the problem that has been identified, achieving change within your existing budget.

If the problem is not on policy agenda, you will find implementation far more of a challenge and harder to obtain resources. If the problem is recognised by community and patient and public groups, then it may be possible for senior clinicians to influence the policy agenda although it may have to fit with other priorities.

Understanding the evidence

Understanding evidence can be complicated! The evidence may not be in one place and you will need to do some searching and reviewing to pull it all together in a way that will be convincing for stakeholders. Guidelines to what you want to do may not exist, and even if they do, the information can give the impression that implementing the change is a straight forward, linear process.

Some people talk about pieces of evidence with such confidence that you can think that the evidence they talk about is unquestionable. Instead it is likely that there are a number of studies that are relevant, and understanding which of them might be valuable to you can be difficult without advice from a professional researcher. In addition, even studies that look good may fail to be well regarded. For example, there is a well-recognised hierarchy of evidence and you will find that some evidence is more highly respected than others. It is important for you to know this, as the evidence you cite may be more or less convincing to others than you think.

People that can help translate research into action may be patient and public involvement (PPI) representatives, Trust Research & Development officials, clinicians and research-active academics. It is also important to be aware that NHS literature often omits accounts of the processes involved in implementation.

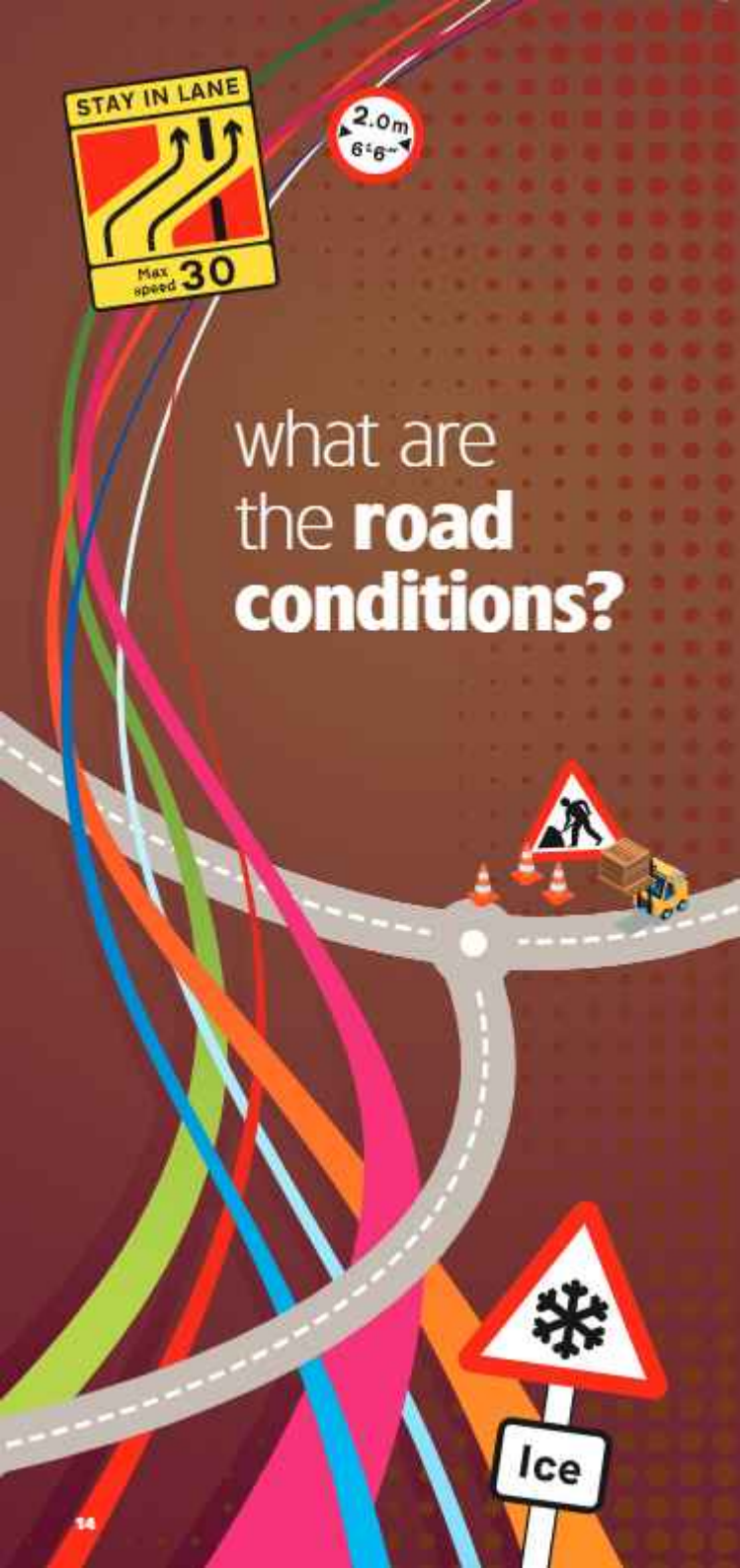
The NIHR CLAHRC NDL 'RIPPLE' programme offered funding for clinicians to spend 13 days developing their own change ideas. 29 clinicians participated, and used this time to look at their own practice areas, and seek relevant evidence to enhance it. This process, whilst it may appear expensive for an organisation to allow a clinician time to do, is likely to lead to more relevant and credible change proposals being developed prior to putting resources towards their implementation.

Best practice

Best Practice is a term that everyone hears in the health service. Sometimes people say they want to take Best Practice and implement it locally. It is important to note that Best Practice does not always transfer across organisations. To achieve the same outcome for patients, you will need an understanding of the processes involved, and be able to tailor it to your own context.

The NIHR CLAHRC NDL studies have shown that although sometimes change needs to be bold, improvement can also come from adapting and enhancing existing practice. You don't always need to reinvent the wheel, so you should consider whether the improvement needs to be novel or if you can enhance what you've already got in place. However, there must be consistent commitment to the intended outcome, and so if some surrounding systems or processes are adapted, you need to make sure that the core essential components of your intervention are preserved to enable you to meet your objectives. The message here is that you need to pay as much attention to your early thinking about the change as you would to something totally new, as you are unlikely to achieve a quick successful transfer of an identical package from one setting to another.

Firm up the change. Ask yourself and your colleagues, is it fit for purpose? Is the journey still transparent? Check again for any use of terminology and jargon. You will need to decide whether the change can be achieved within existing budgets or will require additional funding or sponsorship. Talk to your line manager and make sure you have clear, SMART objectives. Sometimes the nature of the proposal and availability of resources will enable the change to be piloted. On the other hand, many changes are driven by targets or directives that don't allow for a pilot. In both cases it is important to be rigorous in assessing the need and the process of achieving the change, including data collection before, during and after the change has been made.


STAY IN LANE
Max speed 30
2.0m
6'6"
what are the road conditions?
Ice

Receptiveness for change

This section is about understanding your organisational culture and receptiveness for change. The Francis report (2013) has highlighted the importance of the right culture for high quality of care, and clearly shows that professionals need to take responsibility for change. However, sometimes this is very difficult to act upon if there is a negative attitude towards change from the people around you.

"Within fifteen steps of walking onto a ward, you can 'smell' whether it's a good place. And that's quite a powerful image really. So you know, one is a good place, one is a poor place, one is risk averse, one is fearful, one is oppressive of its staff and the patients, the other is a positive environment. I believe, if you talk to the staff, they would either blame the national situation, or their bosses, or the policies they have to work from or the nature of the patients who come through the door of their particular ward. In fact all of those variables are just the same in the poor quality and the high quality service".

(NIHR CLAHRC NDL Researcher)

This story shows that 'outsiders' can often intuitively understand the culture of a department better than those who are embedded within it. This shows the need for public engagement and the value that a new pair of eyes can bring to something. It also reinforces what an important influencer context is, and how it can shape whether something is seen as good or bad.

Understanding your own context and all of the components within it that need to be involved in a change is crucial, but can be also very tricky. You will need to try and (critically) reflect on your workplace culture and consider if improvement is valued or rewarded. It is important to understand your context throughout the implementation process, and so you should keep revisiting this – context changes all the time, so don't just have one snapshot of time.

"The chief executive's line of argument was 'we can't do it until you fund it'. And in my view that value base had actually trickled right the whole way through the organisation. It wasn't on any piece of paper, but almost everybody at team lead manager level and above, had a sort of 'we can't do that, unless we get extra funding' attitude. So there was an embedded helplessness. Or actually, an almost a defiant helplessness, 'we can't do, unless you give us extra, bodies or money or whatever'. And that had unconsciously defined the nature of the whole organisation".

(NIHR CLAHRC NDL Researcher)

This story reinforces how organisational culture can impact onto people's attitudes towards improvement.

To understand if your organisation is receptive to change, it is suggested that there are key interlinking factors. Think about the structure and stability of your organisation, as this may inhibit or enable change. For example, high staff turnover and changes to roles, particularly in teams and at senior level may stop the improvement from happening. In contrast, devolved management and stable teams will make implementation of the change much easier.

Much of culture is intangible and focusing the improvement on just what you can see of your organisation's culture may lead it to fail. You need to look at policies and structures, but also look at what happens in meetings and how groups interact. Intuition is also important; think about other changes that have happened in your organisation and talk to those who have been involved with it and ask them about their experiences and what did or didn't help.

who is in your **convoy?**

This section is about knowing who your stakeholders are to help you to build capacity and support through listening to and engaging with individuals and groups.

Stakeholders

Some people will necessarily be working closely with you on this project, while others may not work with you but will be affected (directly or indirectly). There will also be others who will have an interest in what you are doing, although you may not know who all these people or groups are at first. They may include patients, clinical staff, managers both within your organisation and others, minority groups, patient and staff representatives, community leaders and many others. Do a stakeholder analysis to identify who your planned change might affect using the simple tool on this website: http://www.nhsemployers.org.

The list of stakeholders is likely to include individuals or groups that you don't know, although one of your colleagues might know them or can contact them through a network, so remember to ask around! Once you have your list of stakeholders you can start talking to as many people as possible about your proposal to avoid thinking in silos. Although this is a time consuming process, it will help to achieve overall objectives as you will hear about the concerns that are held by individuals or groups that you may be unaware of. They may also tell you about flaws in your proposal that can be addressed early on.

You need to be mindful of social relationships and any unintended consequences of the change on people's lives. People come from very different professional backgrounds and can be accustomed to certain practices, so try to understand different perspectives and take their concerns seriously. They will also be very concerned about the impact that change might have on patients. It may be possible to make changes that reduce concerns whilst still maintaining loyalty to the intended outcome. If you can't address these concerns, you may have to accept that all change is political and not everyone will agree with what you need to do. You may need to use your political skills to overcome resistance; the NHS Employers Organisation (2013) reminds us that by having influential people and groups supporting you, the change will be easier to achieve.

Patient and Public Involvement (PPI)

Involvement from patients, carers, service users and members of the public is essential from the beginning and should be included throughout the change. They are likely to have very helpful things to say about your proposal (ideally it might be a proposal that you have co-produced together) and the implementation and dissemination of the change.

The internal evaluation research for the NIHR CLAHRC NDL held an analysis reference group with PPI reps, some of whom had taken part in an interview for the study or had worked on other CLAHRC projects. During the meeting, anonymised study data was shared, and analytical themes were debated. These discussions significantly improved the depth and quality of analysis – especially those analytical themes that related to PPI involvement and NIHR CLAHRC NDL service user research team members.

You also need to be mindful about how the change could affect experiences of the service. The NIHR CLAHRC NDL studies show how important it is to consult with PPI groups to listen to their views and relevant access and equity issues.

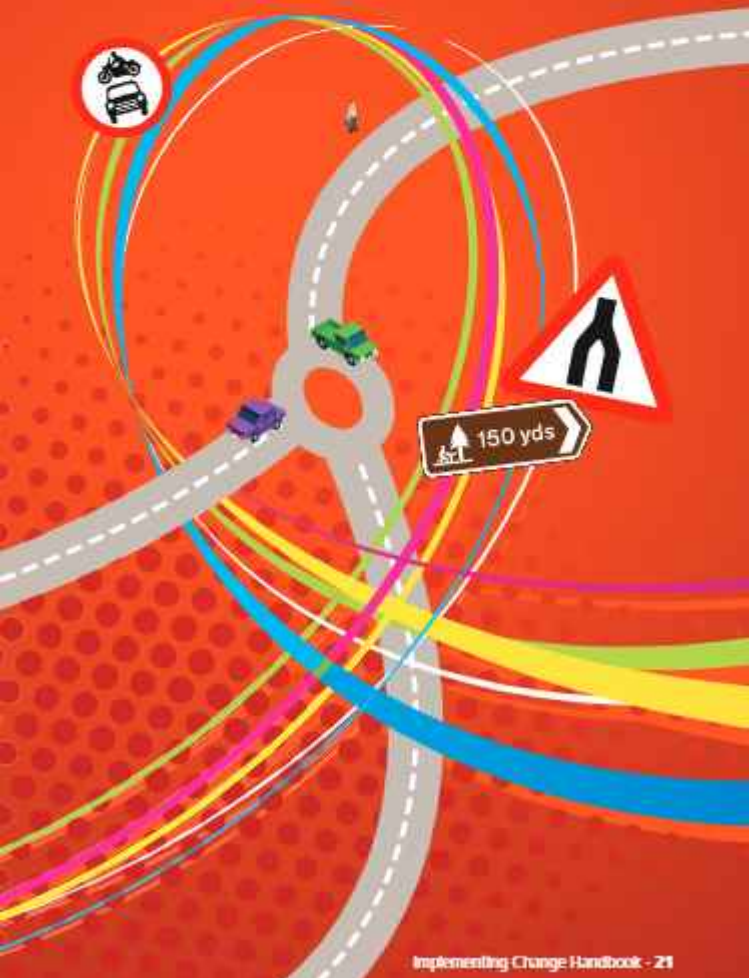
One of the CLAHRC studies proposed looking at a group of patients who made more than the average number of appointments to see their GP. The study called these people "Frequent Attenders". When patients and the public were consulted about the study, they objected to this term which they believed to be stigmatising, and would put them off participating in the research. This led to a change of term, to "Regular Attenders" which was acceptable to the PPI group.

This experience shows that it's important to carefully consider the terminology that you use, including the names given to things. What might seem reasonable to you, might not to others, and so it's important to get a 'sense-check' at an early stage.

Your organisation may to have a PPI group or a Patient Reference Group or there may be local groups you could approach; these may meet infrequently so make sure that you allow plenty of time to contact people and get them involved. If you don't have access to such a group, why not think about setting one up. You can find out more about PPI via the East Midlands Academic Health Sciences Network (AHSN) Public Face Bulletin

(http://www.emahsn.ac.uk/emahsn/index.aspx).

putting together your **team**



Sometimes you need to let those involved in early phases of implementation to emerge naturally, but part of your project plan should be to make sure you have a team in place, that has the right qualities to develop the resources and capacity needed for change.

Your change may involve a small or a large team, but whatever the size, people will need to undertake different roles. For example, you will need people that can help you to translate the evidence or people to undertake bridging roles, joining up different communities or stakeholder groups. There should be a range of professionals and managers within your team, all of whom will have valid contributions to make. It is important to ensure that everyone is respected within the team. Everyone will need time to attend meetings and carry out their roles.

One of the NIHR CLAHRC NDL studies experienced some difficulties in recruiting participants into the trial, as practitioners were concerned that participation might reduce the normal standard care their patients received (shown in the blue line in the graph). However, the study's diffusion fellow, using their clinical experience and reputation, was able to reassure them that the practice was safe and acceptable in other parts of the NHS. Following this reassurance, the study was able to successfully recruit participants (shown in the red line on the graph).

(Graph from: Drummond et al., 2012, Clinical Rehabilitation, http://cre.sagepub.com/content/early/2012/10/31/0269215512462145).

This experience shows that people are more likely to support innovation and change as their confidence about the change grows, and as people are able to see the effects of the change. It also emphasises how crucial it is for people in your "change team" to be engaging and able to convince others who might be sceptical about what's happening.

Involving clinical staff is particularly important and you may have heard about the need for clinical champions (in NIHR CLAHRC NDL we called these people diffusion fellows). Clinical champions are people who use their own experience and networks to lead on strategic and innovative projects. Champions can be helpful, and play an important role as they can give clinical credibility to the change being made. However, research tells us that one person alone cannot drive and sustain the change, as this can only be achieved through a collective effort.

"The research team is exploring the implementation of routine outcome measures into Children and Adolescent Mental Health Services. The research team are the main drivers of the project; they gained the funding and started championing the project. It was clear from the start that champions who had first-hand knowledge of assessment measures and were positioned in clinical practice were needed. These champions needed to be well respected in their field (both by their co-workers and by senior management), but also required a degree of seniority to be able to influence the proposed change in practice. Their role was to encourage and facilitate engagement with the research project from service level and feedback information to the research team. As the project progressed, a network of champions was needed, so that evidence from the study filtered down into all levels of the service. Due to the scope of the innovation, the roles of these champions varied from team managers to administrators".

(NIHR CLAHRC NDL Researcher)

Champions can be crucial to the success of your change project – they can influence people that you may not be able to, and will have links to other networks and groups. These links are particularly important, as members of this wider group may also decide to champion your change project.

Lots of people ask 'what sort of person should we involve if we want to make change?'. There is no template for the right person and so much will depend upon the context in which the change is happening. However, there will be tasks that need to be carried out that require someone in the core team to have the skills, experience or personality needed to accomplish them. It is worth thinking about what those tasks may be. Here are a few suggestions:

- **Excellent Communication Skills**
  Communication with stakeholders is fundamental, from start to finish and includes using simple, jargon free language to explain what is planned. Listen to the views of others, however much they may challenge the project's assumptions and rationale. Your team will need good listening skills. Be prepared to initiate conversations with a wide range of people who may be patients, senior professionals, commissioners and managers, in both your own and in other organisations. Keep your ear to the ground and follow up these conversations as necessary. Remember to provide quick but regular updates to keep people informed and engaged. Don't let them forget about you and your change project.

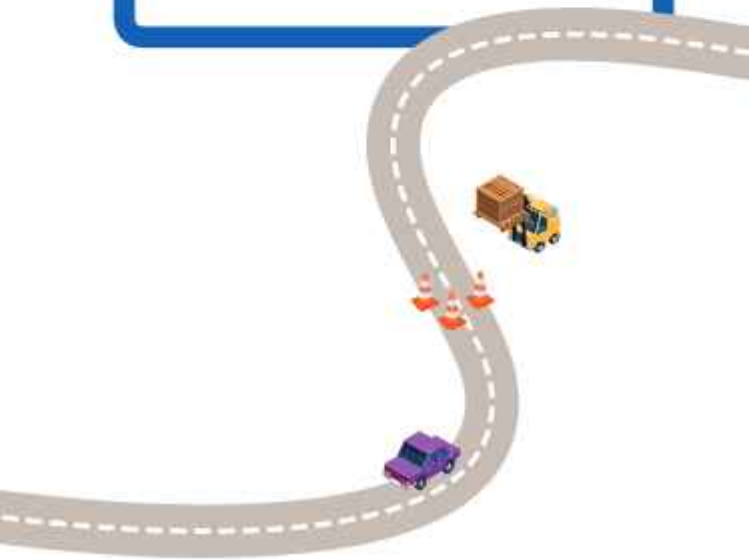
- **Political awareness**
  A key requirement of implementation is to be able to negotiate the system and use political skills to increase opportunities and choice. You and your team will need to be aware of the political context as it will define how acceptable the change is and how it will be met. Be aware of changes in the political environment; the implications of those changes will help you to advise the team and to act in ways that use the political environment to your advantage. For example, if there is a change in national policy or a national enquiry report, use that to add momentum to the change. One way you can show your political awareness is by demonstrating the knowledge and experience of the area being changed. This will inspire confidence in those outside the core team.

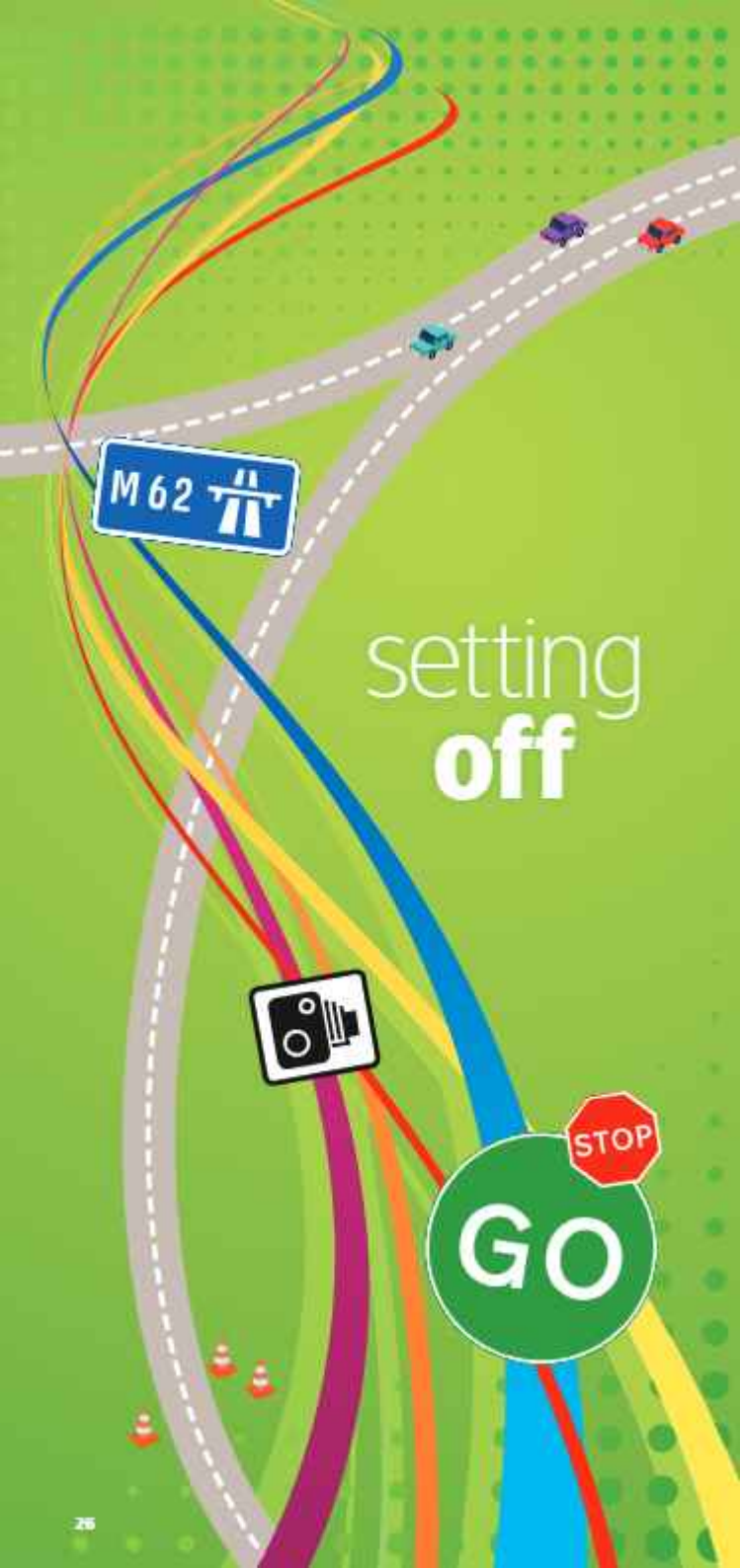
  Be prepared to network with others on behalf of the project. This may mean making good use of existing networks and if these don't exist, you will need people to take the initiative building new networks.

→ **Other team attributes**
The NIHR CLAHRC NDL studies have also shown that other skills that your team will need include pragmatism, the ability to generate confidence and trust, self-awareness, the ability to value simplicity of language and process and the ability to network.

Getting ready to go

Allocate actions and work plans
Once you are clear about what are trying to do and how you will do it, then set a realistic timetable. Again, setting aside enough time to do the groundwork (as we described in earlier sections) is important. Set a timetable that takes into account the time that is available to individuals, any funding issues, the demands of the organisation, taking baseline and repeat measures on which you can reflect to show where you are and make adjustments. Don't forget that getting to the point where a change has been made is still only part of the process. You may need to put more effort and time into ensuring it is embedded and sustained so that the change remains in place.





setting **off**

Check your speed

Launch your intervention but make a slow and careful start, if that is possible. Some changes will have to be made quickly, even though research shows that you need to allow time for the change to become embedded. Productivity often slows down at first as people adapt their working methods to include the change.

The NIHR CLAHRC NDL Mood Disorder study was initially only started in the Nottingham site, in order that the research and delivery of intervention processes were worked upon and proven to be right; it was only after this had taken place that the study was rolled out to other sites in Derby and Cambridge. However, the study failed to spread to a fourth site in Lincoln, because the team was unable to understand the politics of the Trust well enough, and consequently chose a research and delivery route that went through the wrong channels. This meant that the study was not successfully carried out in that site.

This experience shows how vital it is to spend time understanding the content of your change project, and also working out strategies for getting it implemented. However, the story also reminds us about how crucial context is, and how reactions to change programmes differ and shouldn't be taken for granted just because they have proved to be successful elsewhere.

Keep checking your journey conditions

Keep checking you are on the right journey, as policies and priorities change. Question if your intervention is still needed, and if it is still fit for purpose. If it is not, and if you can't adapt it then be prepared to end your journey. Look at your original aims; have you taken a detour? Have you actually delivered something different to what was intended? Is the problem still the one you thought it was? Have your aims been too ambitious? Make sure you talk to people and tailor/adapt the implementation if necessary.

Responding to changes in the environment can be a challenging balancing act. Be transparent about this and consult appropriately if you need to make adjustments. Be aware that difficult things take time, but also be aware

that there may be a temptation to take too much time. Support each other in keeping things moving. Throughout all of this, keep your stakeholders informed – their level of engagement may change over time but you will need their support. If you think there are signs that the project should stop, it is important to make sure that others agree, particularly if there are pressures to continue due to local or national policies.

The NIHR CLAHRC NDL Regular Attenders project had difficulty in recruiting participants. The team had to fix this, and so spent some time talking with and engaging people. This led them to take the advice of GPs, service users, therapists and researchers, which led to the redesign of the study and the treatment. However, the information gained from the work undertaken in the first part of the study wasn't wasted, as it was important to establish the current situation, and enabled a redesign that was successful in achieving all its goals, including improvement in mental function of patients and a reduction in the number of GP appointments being made by the patients.

This story reinforces how important it is to understand the context in which you are hoping to make a change – and to make sure that what you are proposing to do is supported by the people who will be the ones affected by the change.

Acquiring new passengers

Your stakeholders may change over time, as organisations change or individuals change roles. For example, the change to CCGs from PCTs meant that there were new people involved in commissioning; others stayed in commissioning organisations but their roles and job titles changed.

"During the 5 year NIHR CLAHRC funding period the NHS underwent considerable structural changes with the creation of the Clinical Commissioning Groups and linked infrastructure. In addition, greater involvement of local authority and NHS commissioning brought new people into the structure. One of the NIHR CLAHRC NDL diffusion fellows played a significant role in helping the study team understand the new structures and how to access them".

(NIHR CLAHRC NDL Researcher)

This story reinforces how important it is to have people on the ground as part of your change project. For NIHR CLAHRC NDL, the diffusion fellows were closer to the structural organisational or policy changes than the research teams, as such were able to navigate the changes, and inform research teams, service users and other researchers about the changes. By working together, the projects were able to be adapted to the new environment.

Check that the messages you are communicating are up to date and clear. If people no longer wish to be involved in the change, ask why and listen to what they are saying. They may have a point that hasn't been considered, or their priorities might have changed. Keeping up to date with this information is important as it can cause problems later on, when you might need to discuss the impact of your change on the wider health and social care system. It may be that some stakeholders were adding a lot of value to the project, even though not part of the core team, for example, being the only stakeholder in particular networks or having a position of great credibility. Think about whether and how this loss needs to be addressed.

"As NHS structural changes were taking place a number of NIHR CLAHRC NDL diffusion fellows were having to reapply for their own jobs or were facing other great uncertainty, alongside increasing workloads caused by the changes. This reduced their capacity for engaging with the CLAHRC. Yet this was a crucial time for NIHR CLAHRC NDL to know how best to work with the NHS at such a challenging time. One of the diffusion fellows could not give time to attend meetings or undertake tasks on behalf of the study team. However, she was available by email to answer questions or give guidance on how to ensure that service improvements were being communicated to the right people and at appropriate times."

(NIHR CLAHRC NDL Researcher)

This story shows how, despite organisational changes threatening your change project, they can be overcome by the people involved. In this CLAHRC experience, despite all the barriers to their involvement, this person's helpful "can do" attitude meant that they were still able to help the research team. It reinforces therefore how the adverse effects of change can be mitigated by positive attitudes and personal relationships.

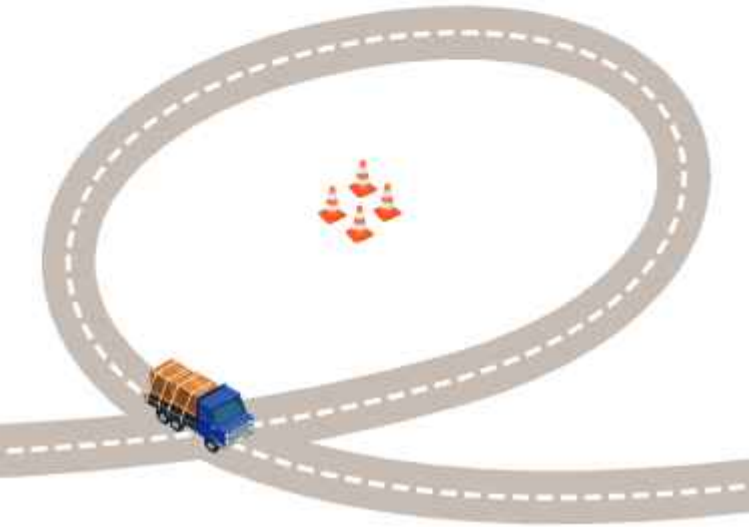
Send postcards from your journey

Keep feeding back updates to stakeholders; be transparent, open and honest in what you are doing and what is happening and relate feedback to your objectives. Check messages are received, and if you still have people who are engaged. Give consistent and appropriate communication to stakeholders. Keep listening but don't be dragged off track as you won't be able to do everything that everyone wants.

NIHR CLAHRC NDL led the development of "CLAHRC BITEs", which are short 'need to know' evidence summaries, which were sent to all interested parties.

These were developed because after talking to health and social care staff, we learnt that the task of keeping up-to-date with the literature on a given subject can be daunting, particularly as many areas of health and social care generate hundreds of new journal articles every month.

BITE stands for "Brokering Innovation Through Evidence", and they are an accessible overview of the most important implications and conclusions of a piece of research. They also provide links to further, more in-depth information and references for further reading.



Once you have arrived

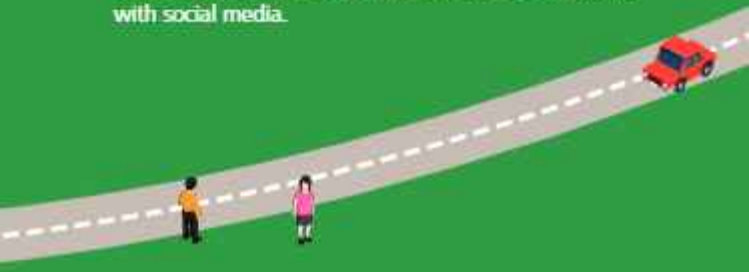
Feedback, embedding and sustaining the change

Feeding back is not only about meeting your objectives, but should also include understanding the process that you have been through. This is why we suggest keeping a reflective diary and good records of conversations and progress. One NIHR CLAHRC NDL researcher wished that they could go back in time to remember all the steps they had taken during the process of implementation. You may need help from your stakeholders and people who have been in bridging roles to help you to identify the not so obvious outcomes.

You will need to continue your efforts after the change has been adopted in order to embed and sustain it. There may be a cost involved so this needs building into your budget and your work plan. It will help you embed the change if you involve people in promoting and influencing change who will continue to work within the service.

Communicate your change to different audiences through conversations locally and wider networks. Consider taking your change to present at conferences and ask if you can display a poster at your workplace. Social media can be a very useful way of communicating your research. Involve PPI and lay groups to give you feedback on your findings/change so that you know they are clear and will not be misinterpreted.

Relationships that you have built up during the change may not always be resilient unless you have common, shared ground. Staying connected through professional social media is useful, although this should be done alongside other means, as not everyone is comfortable with social media.



part 2: **evidence**

In this section we have included some of the literature that we found helpful. This is not intended to be a literature review but a selection of useful research on some of the issues we have raised.

1: Implementing change is a messy, non-linear process

Evidence based medicine and biomedical models often take a linear approach to implementation. Putting research into practice or what is called 'knowledge mobilisation' takes place through the interactions occuring within a system. This is important to remember, as systems can be very unpredictable. Even with the best high quality research, evidence is not easily implemented into practice due to the social, cultural, professional and organisational factors occurring within a system. This means that parts of the system can be enabling or inhibiting when trying to implement change. Research has tried to understand the conditions that will lead to the best outcomes when implementing change. It has looked at issues such as organisational culture, processes and the contexts for change both in single organisations and across the NHS. In one large study, it has been shown that there are certain important factors that will help the success of change being adopted in an organisation; this study supports our findings at NIHR CLAHRC NDL. It is important to consider whether the change is simple, relevant, fits easily with existing processes, is malleable and is cost effective with clear positive outcomes that are transparent to practitioners.

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2: Understanding the evidence

You will need to achieve a greater understanding of the problem and existing research and evidence to help you to achieve the change. Knowledge is now commonly thought to be dispersed and situated in everyday work rather than a 'thing' that exists only in people's minds, and as such, much knowledge is tacit and difficult to explain. The literature now emphasises the need to 'mobilise' knowledge rather than extract it, yet this can be a complicated process. This is because knowledge mobilisation in the health service takes place in a very fast paced political context and involves people from many professions who have different viewpoints. 'Knowledge brokering' is something that plays an important role in mobilising tacit knowledge. Knowledge brokering can help people translate the evidence from inside or outside of the organisation in order to put new things into practice. Knowledge brokering can be done by individuals or can be achieved by multi-professional teams. Knowledge brokering is helped by good, trusting relationships between people who share the same values and can therefore overcome problems such as resistance.

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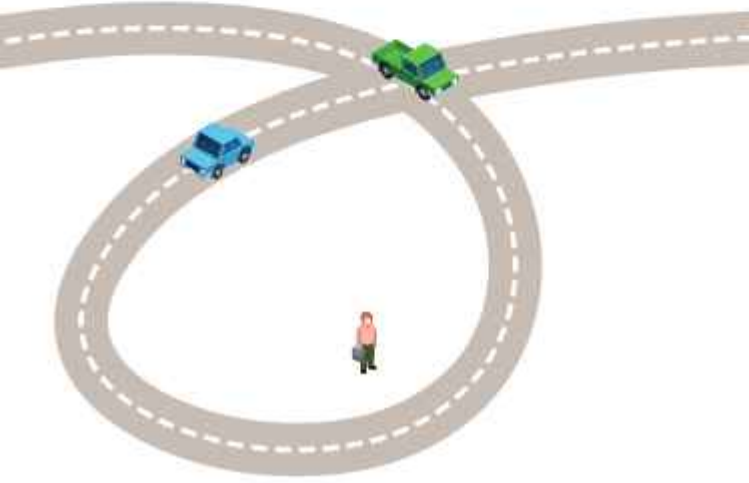

3: Best practice

Some research shows that transferring knowledge across contexts leads to transformation of knowledge and unintended outcomes. In some studies it has been shown that every time a group of people come together to try to make sense of a new product or change that occurred in a different context, they will generate different and new insights and meanings. It may be better to use 'process' knowledge rather than Best Practice knowledge, especially when trying to implement something that has been achieved by other NHS organisations. Process knowledge includes understanding how inter-professional relationships have influenced the change, how the change unfolded over time and how events were interpreted and written down. This shows that if you are implementing something that has been done elsewhere, your change may need to be modified in order for it to fit your context.

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4: Receptiveness for change

Culture can be broadly understood to be the shared meanings, rules, symbols and values and how they are shaped and experienced by people in the organisation. Organisational culture is complex to grasp yet it has been widely reported to be crucial for performance, sustainability and how knowledge is used and shared. Academic theory tells us that culture is a way of describing what is taken for granted and how meaning is made so that people can co-ordinate their activities at work without chaos. It is also based on a system of beliefs and is subjective. Understanding workplace culture helps people at work to act wisely, and to do the right thing to separate the rhetoric from the reality of the situation they face.

It is well known that making change is a political process and you will need to overcome resistance. There are many interrelated contextual factors that help or hinder your organisations receptiveness to change. It has been shown that having change leaders and champions at different levels, excellent relationships between managers and different clinical groups, and a strategy of change can help to foster improvement.

Networks are important for making improvements and many studies have concluded that a cohesive network is important. Networks are crucial for facilitating change, as they reach outside of an individual's own organisational boundaries, and allow knowledge to be mobilised and shared.

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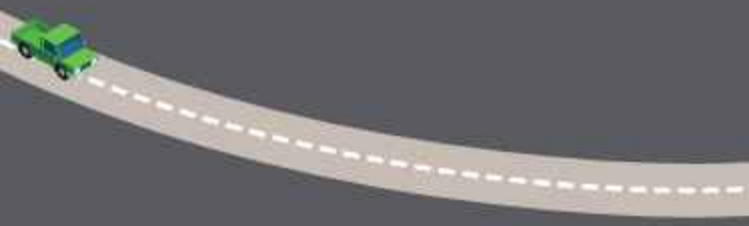
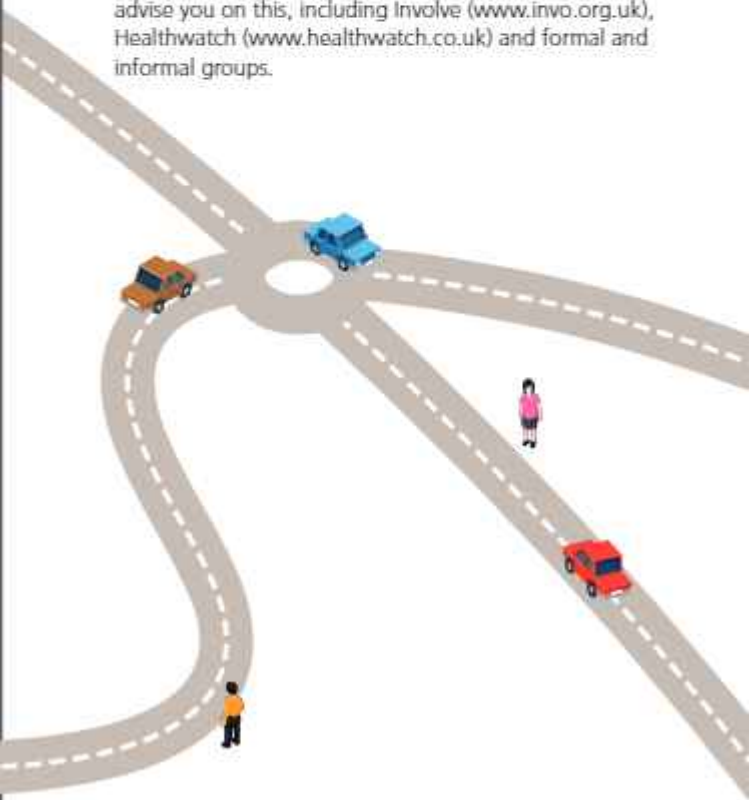


5: Patient and Public Involvement (PPI)

Ideas for change may come from staff or researchers, but patients and the public will often have really useful suggestions. Patient and public involvement (PPI) should happen from the beginning and continue throughout the change process, supported properly both financially and with pastoral support.

PPI means coproduction of the change process, and so is much more than just collecting patient opinion, recruiting participants to your study or finding people to edit the final document. Each person you engage will have a wealth of experience gained from their career, family and friendship networks and lived experience, so draw on all of this, engage a diverse range of people and connect with several people rather than just one.

There are many national and local organisations who can advise you on this, including Involve (www.invo.org.uk), Healthwatch (www.healthwatch.co.uk) and formal and informal groups.



6: Clinical champions

It is commonly assumed that clinical champions are vital to making change happen. Whilst this is true, it is unlikely that a single champion can be instrumental when acting solely on their own.

Clinical champions have been found to be helpful in the early stages of change projects, as they can act as motivators and will often try-out new practices and become early-adopters of the change. It has been shown that is better if champions can emerge naturally and are inherently motivated rather than being told that they are required to make the change.

However, after the early stage of implementation a clinical champion needs to work with other champions and supporters. Improvement is always contingent on a culture of collaboration and good inter-professional relationships. This is important because it tells us that change cannot be left in the hands of a small number of people.

Some research shows that it is possible that one clinical champion can implement a new technology if they are in the right place at the right time. However, more than one champion is needed in the situation where many multi-professions have to change the way they are working.

The success of individuals in helping to spread the change depends on certain influences. They need to be aware of all the different interests and goals of the people involved in the change. Being able to negotiate and mediate between different professional groups (and understand the different professional languages) is therefore important to help to build and sustain relationships and trust, which is essential for success. Having good and varied social networks in your team is very helpful. Research also shows that some people are able to influence others with their views if they have a higher status and these views might not necessarily be always favourable. It is helpful to understand who these influential people are.

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