Fischer Associates
developing social systems

7 Lucerne Road
Orpington
Kent, BR6 0EP
tel: 0845 224 6917
email: Martin@FischerAssociates.org.uk

Report on the contribution of Practice Health Champions to realizing the potential of CC4C

CC4C is a radical and audacious attempt at system change. It is an intervention that is designed to enable primary, secondary and tertiary care- and the population they serve - to coevolve together.

System Change is much talked about in the NHS but it is rarely done. CC4C is an enormously sophisticated process with exciting potential for achieving genuine transformation. It was started by a small group of professionals who actually deliver care themselves. Through engaging the wider system and with the judicious use of external support (e.g. consultancy to build a business case) they got widespread buy in to prototype (using a rapid cycle PDSA model) a new way of working. This report is a snapshot of how the different participants are making sense of the work so far. When reading it is probably worth keeping the insights from 2 major thinker/practitioners of systems change in mind:

> "The biggest shock to the scientists of the Twentieth Century was the realisation that you understand nothing, absolutely nothing, about the whole by understanding the parts" (F Capra, The Web of Life)
>
> "The fastest way to change a conversation is to change who is in the conversation"
>
> "All success looks like failure in the middle" (Meg Wheatley)

This short report has been compiled by speaking to a range of people in Primary Care who are part of the CC4C initiative. Given how new and revolutionary it is one would not, at this stage, expect them to see the potential of the 'whole'. The commentary that follows pulls together the ambition and reality of what has happened.

Practice Managers

"Just got good things to say about it"

"How get it to benefit patients even more"

"Champions are proactive and upstream, preventative. Clinics are reactive"

"Like a movie – didn't fall in love first time – after a few weeks fell in love"

"Learn from each other – mentor others – create a chain of champions"

"pump priming investment"

"We (Practice) had ideas, they (champions) had ideas"

"It helps us help our patients"

"Seems a big mountain…but when we use citizens it's not"

"not take much of my time"

"General Practice can get insular – nice to get wider options"

"Want to extend it for everyone"

"Would definitely extend champions across the whole Practice"

GPs

"Love sessions with consultants"

"great learning environment"

"Everyone loves it"

"100% excellent feedback from patients"

"Champions work stalls without (external) support"

"Overwhelmed by response of champions"

"Need champions for elderly too"

"Lots of patients we see are not sick children but maternal anxiety"

"MDT really good…pick up cases 'something a bit wrong' – pick up patterns"

"Definitely improves relationships"

"Now I send a text to consultant – easy and casual"

CCGs

Pros

"Absolutely built around the needs of service users"

"Could address the problem health services face that currently it costs 2.5 times as much to deliver services to users who not confident about accessing services"

"Creating healthy communities takes time and clinical staff can't do it on their own"

"It should not be seen as just clinical – it's not QIP – it's about healthcare for the future"

"The social ROI on community champions is massive – for £1 spent get £13 back"

Dangers

“We want to evaluate it too quickly”

“Only see the costs of hospital consultants going out but don’t see it’s an element of whole system change”

“Value the wider social outcomes - children and their carers supported in their homes”

”dangerous temptation of just focusing on cost effectiveness of clinical outcomes and missing wider outcomes”

“Everyone is focused on short term tasks; no one is looking longer term”

“All the current so called innovation is top down –pioneer sites etc., this is genuinely bottom up”

The challenge facing services is all too clear. There are very real resource constraints and a rising tide of LTCs. Responding as we have done in the past will break both the system and the people working in it. CC4C is an attempt to change who does what where. It looks at the system as a whole (the entire population and everyone involved in delivering care…not just a pathway or shift of activity to another practitioner). This work builds on the recognition that:

1) All clinicians are genuinely driven by the desire to have the best possible consultations with patients. In practice this means a) having the skills to make a difference and b) seeing patients who need those skills. In paediatrics, many GP’s are not as comfortable as they would like to be with treating YP and many of the YP they see don’t really need anything they can offer.

2) Much modern care requires a multidisciplinary team, both to pick up patterns to bring issues to attention as well as deliver care

3) Citizens themselves (parents and Young People are part of the solution: - that they bring resources and resourcefulness to it

4) The behaviour change that living successfully with a LTC is predicated upon is best achieved within a community context (whether a family or peer group of fellow)

If it works, Consultants, GPs and Practice staff generally will work under less pressure and citizens will get better outcomes.

CC4C starts with hospital consultants going out and building strong relationships with GPs through doing joint clinics. This allows GPs to manage more complex cases in the community and also to manage anxiety around particular patients by quickly and informally checking things out with a consultant. As the quotes above show, this is universally seen as a fabulous thing. This on its own has had a major and valuable impact. The GP’s love it and there is strong evidence of a significant reduction (between 60 and 80%) of outpatient referrals. Equally, patients are delighted. Using this relationship, the work progressed horizontally by building MDTs

The MDT teams are growing and evolving. Practitioners (e.g. School nurses) are simply turning up 'uninvited', because they perceive that this is the place that makes a difference. There is a rich mix of attendees - Practice Nurses, GPs, Health Visitors, Environmental Health, and Dieticians are regularly present. It would be really worth the effort of engaging Mental Health and, where necessary, Social Services. "MDT is really good…it picks up cases 'something a bit wrong' – pick up patterns". There are wonderful stories of different disciplines 'competing to come up with more appropriate/faster offers of appropriate interventions. Health Visitors bring up concerns directly with Paediatricians, relationships all round are deepened and strengthened resulting in a "much more efficient service". The wider MDT has potential to drive integrated care if the respective organizations choose to see this as their learning edge.

Whilst the work above is powerful and increases both efficiency and effectiveness, it is not transformational. The yeast (the ingredient that makes the system different to the sum of the parts) is Champions. In parallel, the Practice invites parents/carers and young adults to gift their time and become Champions. This builds on the award winning, evidence based work pioneered by Altogether Better, a NHS based organization. The evidence suggests citizens gift their time for 3 primary reasons:

1) To make a positive difference to other people's lives and give back to their Practice

2) They have experience and skills they wish to share

3) They benefit from developing a new group of friends

Many parents/young adults do not have established peer networks in London. Many are 'incomers', whether from other parts of the UK or abroad. As a parent you have to cope with complexity of bringing up a child. There is a desire for social connection – it can be lonely and hard. And you are responsible. Parents appropriately seek reassurance when a child is ill. The plethora of advice and so called signposting is bewildering. No one knows the difference between attending a walk-in-centre and A&E, NHS Direct and 111. Many young adults live in a world where they are not valued (the word teenager often has negative connotations societally) but are often driven by strong positive values and a desire to make the world a better place. They are rarely invited to give back to their community/offered a position of responsibility.

For almost all citizens an invitation from their General Practice has status. Citizens place great trust and faith in their General Practice and have enormous goodwill towards it. However, getting the most out of your General Practice often feels like navigating a glass maze constrained by an unspoken etiquette. This is exacerbated if your child has a long term condition. Both parent and child need to come to terms with it, and frequently some behavioural changes are required (e.g. from regular medication to eating habits etc.). Most parents (and almost all young people over the age of 10) worry that they are seen as a condition by the health system and not as a whole person. They worry the advice(including medication) is generic and not tailored to their uniqueness. This both reduces concordance and increases anxiety. Evidence suggests that being in a group of people in a similar situation allows people to own/accept/modify a way of managing their condition/relationship with their child that leads to better outcomes for everyone. This is where Champions act as a catalyst for hosting the right conversations – both between citizens, within the Practice and between citizens and the Practice.

Champions attend a two day workshop (whilst cover issues around health, it I is primarily team and confidence building). At the end of it they meet the whole Practice, and agree how they want to be together (a compact) and what energises both the Practice and the champions.

The Champions have 4 direct impacts.

1 They build on the areas of shared interest by supporting other people on the list (often the groups are open to neighbouring practices as well). This can be by setting up groups for other mothers/YP, helping the Practice engage with groups (e.g. increase the uptake of flu jab) or support individuals with specific issues. Groups can be for 'young mothers', new mums, isolated mums. They can be explicitly social groups or focus on an issue they care about (breastfeeding, asthma, diabetes, sickle-cell). Groups can be for Parents or Young People themselves. Groups at one Practice in CC4C include Baby Cafe, a Homework club and Zumba class.

2. They help the practice evolve new ways of doing things/new models of service delivery. As Practices see how peer support groups can be effective, some Practices, instead of the annual doctor-patient diabetes plan review meeting, they invite all the parents and children to 'tea'...let them chat with each other and share experiences and simply have a GP pop in at the end to tie up any loose ends!

3 They organise about issues around the community that impact on their children. One group of Champions worked to bring reduced speed limits in an area where children played out

4 The list gets more sophisticated about its use of services...whether it would be better to see the nurse, chat to another mother or go to A&E (attendance usually drops as reassurance, the primary driver for attending, can sometimes be found from other sources)

The conversations that are catalysed around the Champions, coupled with the change in pattern of who attends the Practice and their reasons, leads to the Practice as a whole evolving. In CC4C it is still early days, but there are signs of the ingredients being seeded and of the Practice evolving as a whole. In conversations we see that Practice Managers and GP s are both really excited by possibilities, but think the other is less interested. One of the most striking impacts has been with receptionists. Receptionists tend to live locally and be part of the community the Practice is located in. They also experience significant pressure as they feel a large part of their work is saying no to requests for appointments. The options open to them increase significantly with Champions. They use their local knowledge to connect citizens to Champion activities (e.g. one receptionist identified someone was attending more frequently as their social circumstances had changed...and invited them to a Champion led group which reduced their attendance at the Practice. Another group were stressed by the number of people on their list who had poor spoken English....and got Champions to set up a conversation class that focused on language skills for using healthcare. They are skilled in noticing the body language of patients leaving after a consultation and can usually identify those who would benefit from being connected to Champions. This makes their role less a barrier in the Practice and more a semi-permeable membrane. Evidence suggests their role is key in the success of Practice based champions (as is moral support and appreciation from the GPs). The contribution receptionists make changes their conversations within the Practice and other aspects of their wisdom (e.g. the impact of the layout of the waiting room on patients) get shared within the Practice as a whole. Those Practices where an update about Champion activity is a regular item on the agenda of all

groups seemed to have the most connected story and supportive behaviour. Practice Managers talked about it being “teamwork…not a one-person show…everyone has to have the vision” and how it helped change conversations across the Practice. They also believed that as word spread in the local community, it would create a sense of energy around the Practice which would be helpful in maintaining/growing list size. More importantly, it helped them remind all staff (particularly receptionists who are central to this working) about why they all worked for the NHS – the real reason we do our jobs is to make patient’s lives better.

So far there has been a good response from citizens to become champions when invited by the Practice. (Other recruitment strategies have been used effectively). Sadly the support worker has left to work for NHSE and the initial enthusiasm has not translated into active groups. In the initial stages of the work external support is critical for the work to be embedded in a sustainable way as:

- The dynamic between the champions themselves needs to be nurtured and developed.
- The relationship between the Practice and Champions needs facilitating as a deeper understanding of what is possible only grows over time.
- The setting up of activities is accelerated with specialist support
- Feedback mechanisms need to be set up so the impact they make can be made visible to the Practice
- Champions need to map local assets so they can connect to other local groups/community assets

One Practice is still being very supportive of their Champions. Both the Practice Manager and Champions have lots of ideas they are taking further, ranging from coffee mornings for isolated mums to alcohol awareness sessions for teenagers. Groups (inevitably…this happens around the country) take a time to get established, but then fly as relationships establish, confidence grows and word spreads. The PM sees the ‘pump priming’ required as a valuable investment in ‘changing patients attitudes further down the line’ on both self-care and use of urgent care. Citizens from other local Practices are invited to attend the groups, and the PM’s wife and child attend too!

Another Practice, whilst acutely aware of the need to be innovative in a changing world, got the whole Practice to carefully consider whether the initiative was worth going for. They had tight criteria around: Time, Input required, benefits to Patients, Fit with other initiatives, and increasing patient involvement in their own care. The GPs had real concerns re the ethics of patients supporting patients, confidentiality, information governance and other issues. These were all worked through thoughtfully by the Practice who then signed up for the initiative. So Champions never give clinical advice, the Practice shares no information with Champions, citizens only share information they choose to in normal social settings, Champions work in pairs/groups usually and are DBS checked and the practice can veto any potential champion they regard as unsuitable, Champions sign confidentiality agreements just like receptionists do etc. etc. They were particularly taken by the possibilities of ‘peer power’ to change behaviour as well as the real benefits the Champions get from helping others. PMs were quite relaxed about this taking time to achieve its full potential, but there could be more support to get groups up and running quickly.

Practice Managers report that it is not taking them much time to support the Champions and it is one of the more enjoyable aspects of their job.

Looking to the future

Fundamental to the success is working with the 'denominator' – the population as a whole. Without Champions, you will get a more efficient service, but it will simply collapse faster. Transformation …doing it differently, is predicated on the population evolving their use of the system. Getting this understood is still a challenge. There is enough goodwill for Practices to try it…and setting up a feedback system to show its impact (evaluation) will rapidly show the difference it makes (e.g. in Leeds a Practice's Champions have set up a range of groups for all its list. They have had an 18% increase in list size and a 9% fall in the number of consultations requested. With the departure of the support worker, Champions are in danger of collapsing – "stalled without Aga"(the project lead). Once either the Practice and/or the Champions lose confidence it is back to the drawing board…and a step back from even the starting point as there is now scepticism. This is particularly damaging when it is the professionals who lose confidence as they are driven (by a value base) to see results. Consequently this will also reduce the speed at which the Practices adapt to the changing environment

Some General Practices will need bespoke interventions and support to engage. This could be because their premises are problematic (no consulting rooms big enough to fit 4 people in them!) or an ideology about the role of the General Practice that no longer is appropriate for modern professional services. This is unlikely to be a stumbling block…we can simply go ahead with those willing and it will draw the system forward.

Simple feedback systems to demonstrate impact need to be set up. In the mid to longer term, Practice data should be analysed to show the impact on attendance, prescribing, concordance etc., but be aware (as with say an intervention to shift the list's blood pressure), it will take a few years for a rich data set to emerge.

All the GPs and PMs spoken to thought that champions could be extended across their entire list, particularly for older people. Champions are particularly suited to working in the psycho social domain, which is the area hardest for clinicians to impact.

Introducing Champions is an incredibly cheap, low key way of doing OD (organizational development) in General Practice. Practices need to adapt to a changing world. This requires both a change of the fundamental relationships within a practice as well as addressing those dimensions that are necessary for any organisation to adapt, namely:

- A free flow of information
- Functional relations (i.e. different parties actually respond to what they hear/engage with)
- And diverse cognitive perspectives.

These are the generators of 'culture'…how things get done around here. Unless change is addressed at this level, it may be yet another superficial' flavour of the month' intervention.

The future of professionalism lies in peer accountability to reduce variations. CC4C accelerates this by GPs attending joint clinics across practices and MDTs. Champions offer safe 'training steps for organizing as

federations as patients attend groups run by Champions from other Practices without leaving the Practice list.

Finally, Champions have the potential to be a massive asset to CCGs. The key issue in commissioning is legitimacy. Champions across a CCG are a group with one foot in the community and one foot in the NHS – they have no particular agenda and are not fighting for a particular service. They can be used as partners to reconfigure services that will have local legitimacy.

Bringing this report to life

Reading about the work is one thing. A richer sense of the possibilities can be had by watching the videos below or looking at the flip charts produced at the 'whole practice meeting' that happened at Balby Road surgery (one of the pilot sites).

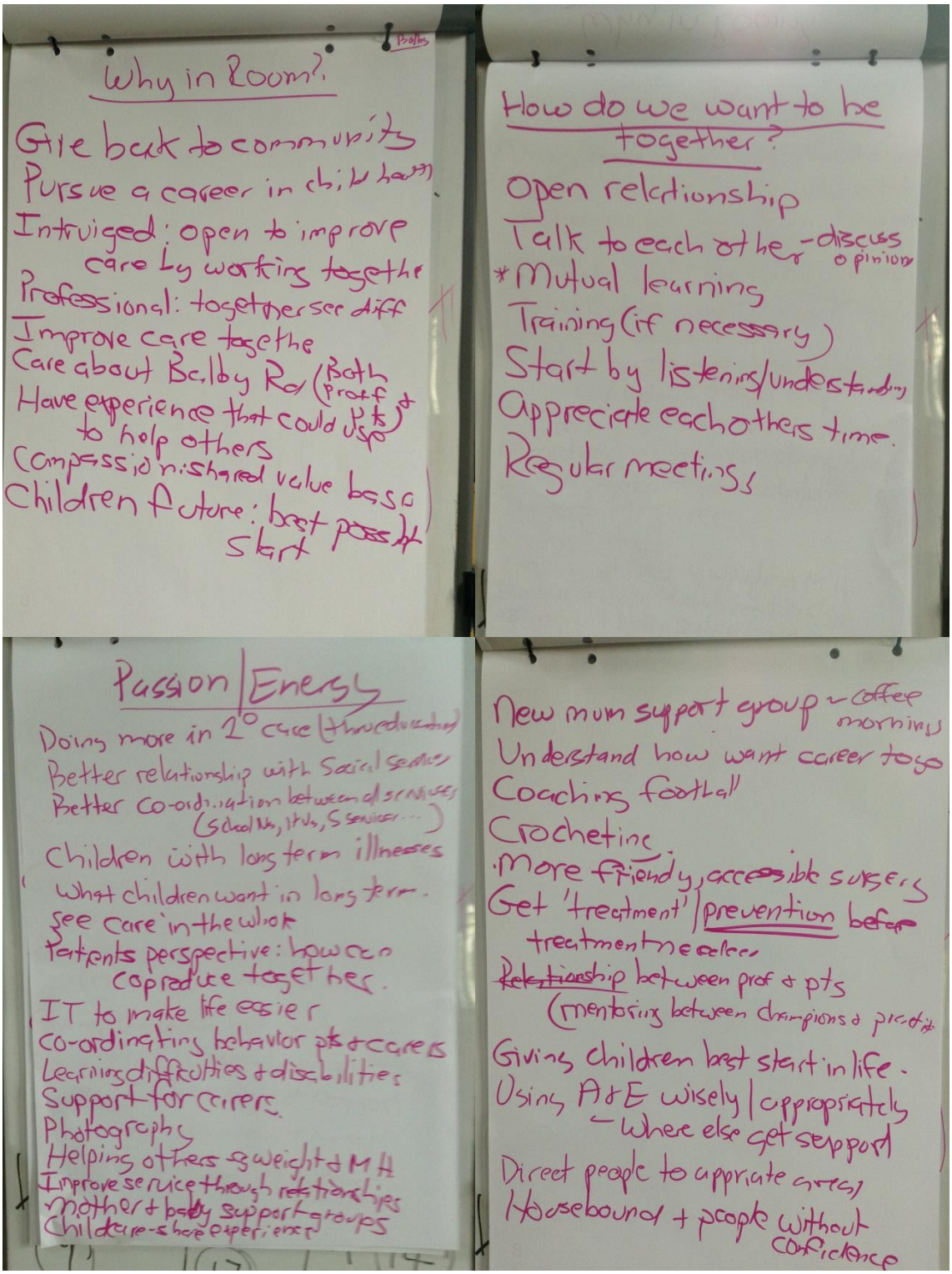
After a day and a half's training, the Practice and a couple of Paediatricians from Mary's met with the champions. They shared 'why they were in the room'. It was hard to tell who was a professional and who was a champion. There was a strong basis of shared values and purpose. They agreed principles for working together (remembering Champions gift their time, they are not free labour to be directed) and then talked about their personal passions….as a way of focussing effort onto things they cared about.

http://www.cc4c.imperial.nhs.uk/public-patient-engagement/ = webpage describing champions & half way down on the right is the launch party video

https://vimeo.com/117572439 = direct link to video

http://www.cc4c.imperial.nhs.uk/the-power-of-love/ = champion blog

http://www.cc4c.imperial.nhs.uk/became-practice-champion/ = other champion blog



Balby Road – notes from meeting where Practice met champions for the first time

Practice staff, Paediatricians and Champions working out how to work together and what to do