

# **Making learning part of routine 'doing' in health care**

**IHI Gothenberg June 22<sup>nd</sup> 2022**

Session D6 -11.00-12.15 F3/4

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# Revised Outline

- 00 Welcomes and introductions JM
- '05 How is learning organised in your team/programme/organisation/**wider system**? What are the enablers and barriers to progress?
- '15 Your enablers; Your barriers – on Menti
- '25 Case studies – Vaccines; Elective recovery; CDC; Physical Activity JS/SK
- '35 Did we see the enablers in the case studies?
- '45 How do we balance **overall system** direction with local delivery? JM/SK
- '60 Key **insights summary: toward building-in learning into regular “doing” in health-care**
- '75 Close All

## Session aims

To share our experience of learning, drawing on examples from the English NHS's pandemic response and playing forward in to resetting and rebuilding care post-acute Covid-19

Thinking about the last **two years**

What have you learnt and how?

What was your role as a leader in facilitating learning?

Thinking about your work in general:

Q1. What characterises situations where you are best able to learn?

Q2. What are the barriers to learning?

Specifically in your pandemic work:

Q3. What if any features allowed you to learn faster/more effectively?

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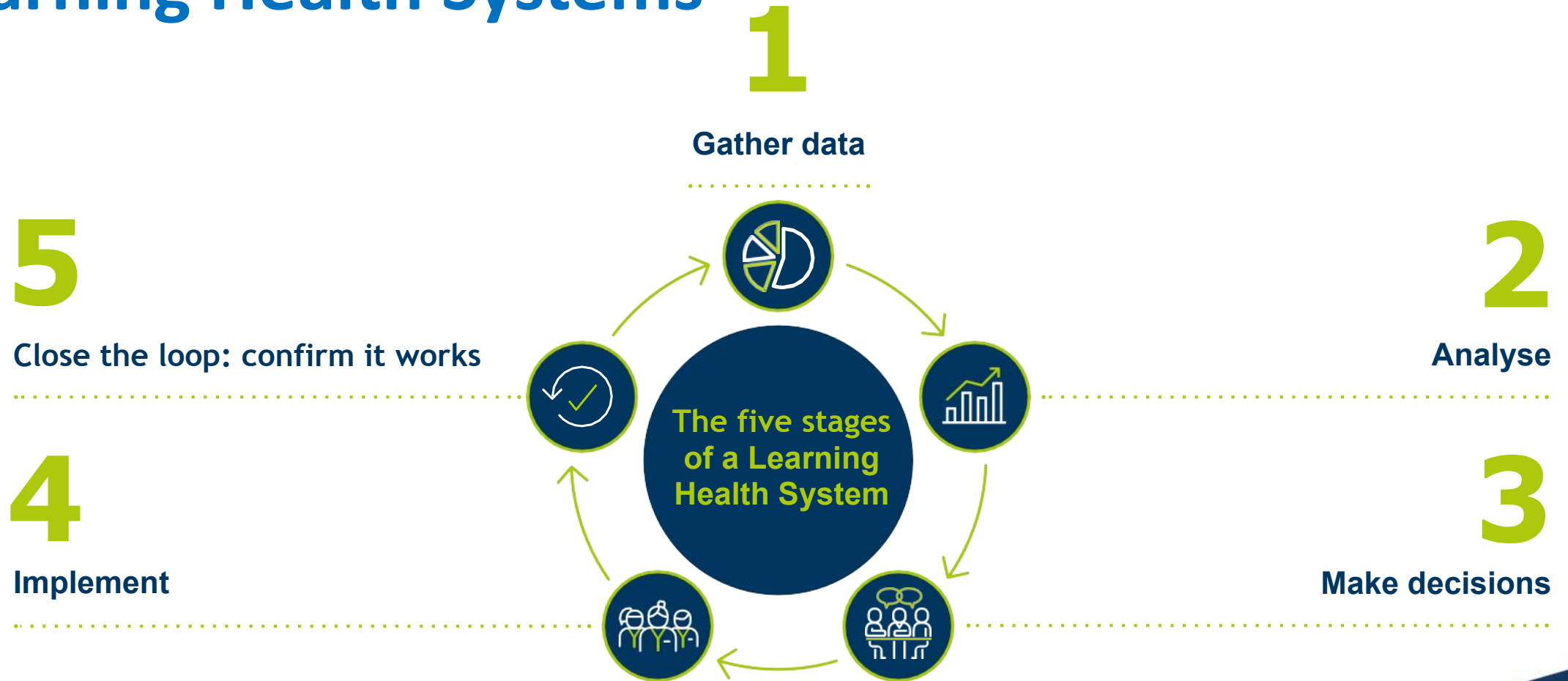




# Learning Health Systems

Case examples

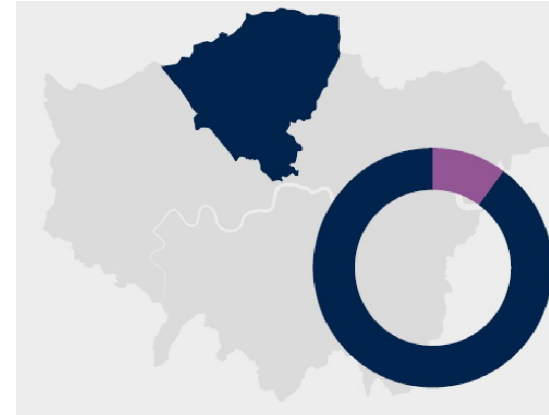
# Learning Health Systems





# Examples

COVID-19  
Vaccine roll out



Elective  
care  
recovery in  
North  
Central  
London

Community  
Diagnostic Centres  
in London



# Widening “data”

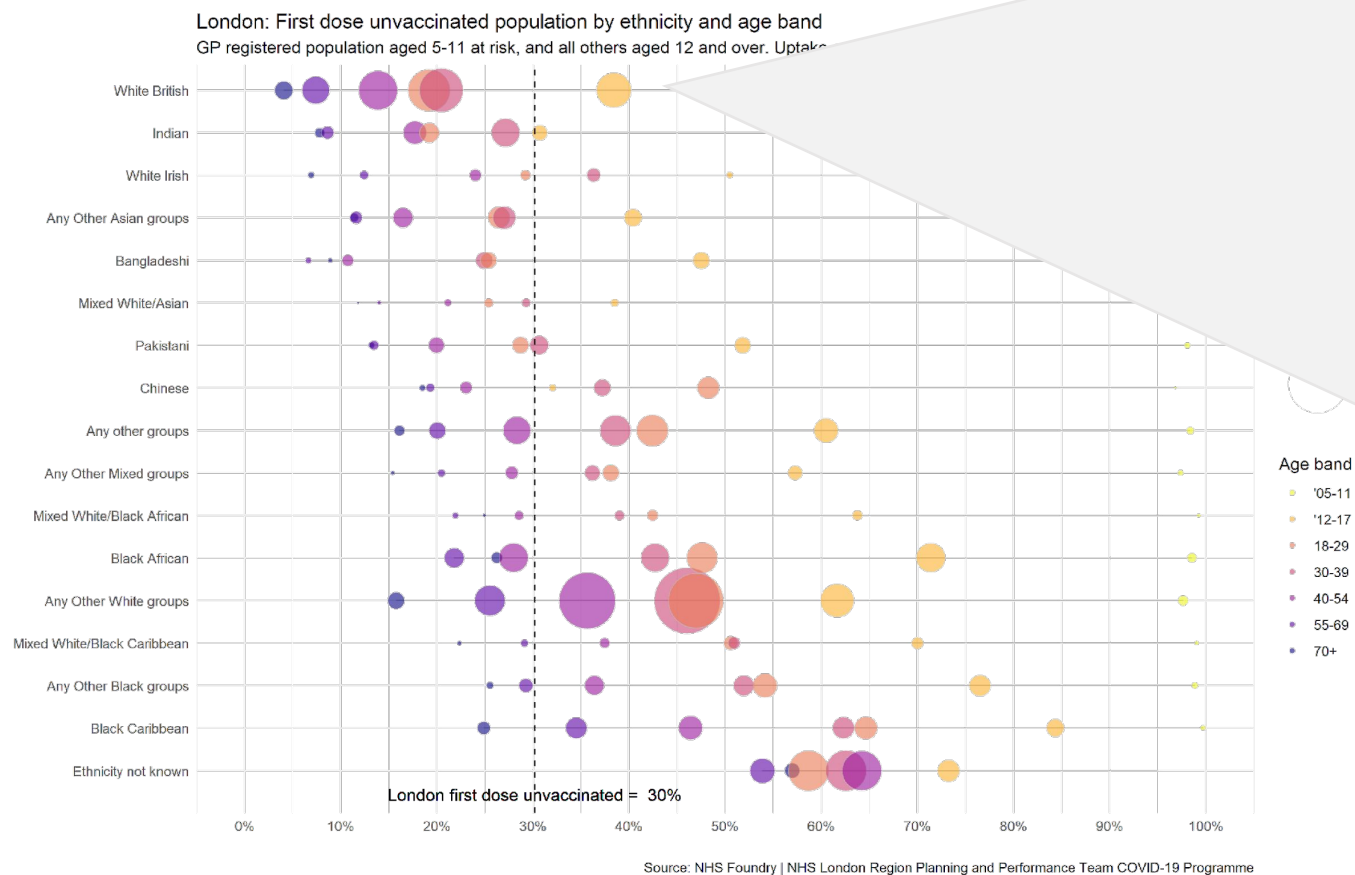
Staff, patient and families...



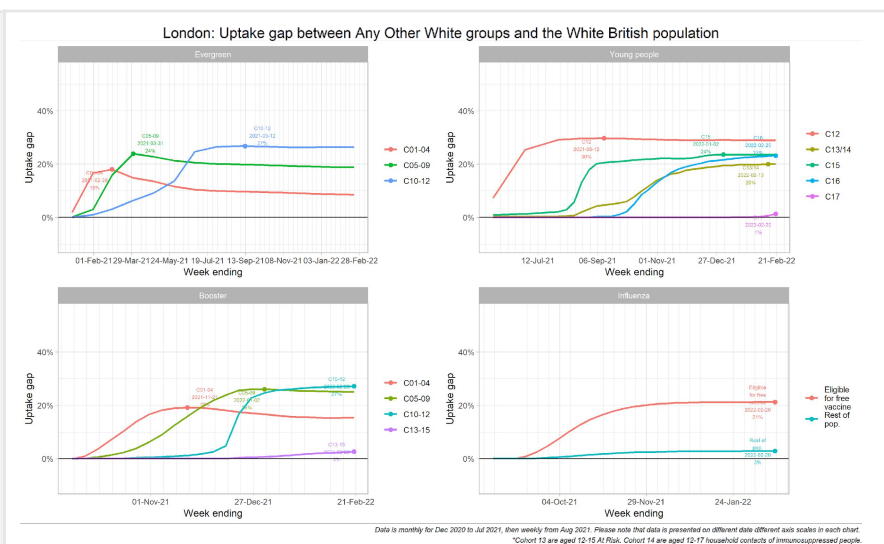
The Bedside Learning Coordinator



## Across group variation



## Within group variation



# Decision making



# 5 habits of a learning system

1. Identify priority areas for learning



2. Focus on helping staff to help the patient and reduce the burden on frontline staff



3. Learn from every single patient or person



4. Follow up changes with a rapid feedback loop

5. Concentrate on organisational culture

## Delivering the COVID-19 Vaccine Across London

Background	Findings	Recommendations
<p>Successful rollout of the COVID-19 vaccination programme has been critical to the UK response to the pandemic. The London programme - delivered through partnerships with a London, ICN, borough, locality and hyper-local level - adopted a learning health system methodology, taking an agile approach to gathering and sharing insights as they emerged, with decisions to be made, and actions implemented as appropriate within the rapidly changing context and environment. This page provides a high level summary of the report.</p>	<p><b>Barriers to the uptake of the vaccine</b></p> <ul style="list-style-type: none"> <li><b>Uptake</b> misinformation via social media</li> <li><b>safety</b> side effects</li> <li><b>fertility</b> speed of vaccine development</li> <li><b>Loss of income</b> to take time out to get the vaccine / recover</li> </ul> <p><b>Access</b></p>	<p><b>Activities to increase demand</b></p> <ul style="list-style-type: none"> <li><b>Community Champions</b> individuals from the local community who enable deep engagement to:           <ul style="list-style-type: none"> <li>Enable a two-way dialogue with health and council colleagues</li> <li>Generate relationships based on trust</li> <li>Create less formal communications channels</li> </ul> </li> <li><b>1:1 conversations and motivational interviews</b> bring people access to conversations with individuals from similar cultural and community contexts to allow space to discuss deep seated concerns in a safe space. This was particularly valuable for staff groups, but extended across all cohorts. Staff members, council teams, community champions were among the groups trained in motivational interviewing to improve confidence and quality of conversations.</li> </ul> <p><b>Recommendations</b></p> <p><b>For regional decision makers</b></p> <ul style="list-style-type: none"> <li>When the insights that are used to inform decision making, including community and staff voices</li> <li>Sustain partnership working with a joined up, coordinated approach and enabling flexibility for local solutions</li> <li>Consider implications on inequalities from the outset</li> <li>Ensure clear two-way communication channels between national and regional HPS leaders and the wider delivery system</li> </ul> <p><b>For Integrated Care Systems</b></p> <ul style="list-style-type: none"> <li>Reflect on where to locate services including 'hyper local' offerings</li> </ul>

### Programme Learning Activities



## North Central London's Accelerated Elective Recovery Programme

### Learning summary, October 2021

Background	Findings	Recommendations
<p>In early 2021, North Central London (NCL) Integrated Care System (ICS) was appointed as one of the initial Accelerator Systems for elective recovery, which aims to address the lack of capacity in the public sector as a result of services closed or reduced in the early waves of the COVID-19 pandemic.</p> <p><b>In May 2021 there were 211,756 patients waiting for elective care in NCL. 20,259 had waited more than 52 weeks.</b></p> <p>The ICS set an ambitious trajectory to increase capacity, 110% of baseline volume by the end of July 2021, through the delivery of 5 key enablers:</p> <ol style="list-style-type: none"> <li>1. Extended hours</li> <li>2. Outworking within the NHS</li> <li>3. Use of the Independent Sector</li> <li>4. Demand management capabilities</li> <li>5. One System Patient Tracking List (PTL)</li> </ol> <p>UCLPartners acted as a learning partner to the NCL team, adopting a learning health system methodology. Activities included:</p> <ul style="list-style-type: none"> <li>Site visits</li> <li>Interviews</li> <li>Data analysis</li> </ul>	<p><b>Patient perspectives</b></p> <ul style="list-style-type: none"> <li>Efforts were made to support patients to make informed decisions around their treatment options, such as alternative treatment centres, independent sector, or delayed care.</li> <li>There was <b>hesitance to change</b> hospital provider since patients were on the secondary care pathway.</li> <li><b>Continuity of care</b> is an important consideration.</li> </ul> <p><b>Staff perspectives</b></p> <ul style="list-style-type: none"> <li>Aligning around a common goal created commitment.</li> <li>Staff evaluation is highly prevalent in certain staff groups; managers are attempting to <b>prioritise staff wellbeing</b>.</li> <li>There was increased <b>burden on administrative staff</b>.</li> </ul> <p><b>New ways of working</b></p> <ul style="list-style-type: none"> <li>Collaboration within and between organisations.</li> <li>The complexity of cases and patient choice impacted the utilisation of the independent sector.</li> <li>The right timescale of the programme added pressure to the system and staff.</li> </ul>	<p><b>Continuity of care</b> - Consider the wider impact on patients of moving between providers on pathways of care.</p> <p><b>Communications strategy</b> - Increase the consistency of communication content and channels used.</p> <p><b>Embed patient feedback</b> - Collect local data on patient experience, directly from patients and their families, through multiple channels.</p> <p><b>Staff wellbeing</b> - How to address sustainability and burn out concerns, informed by embedded insights from staff and job plan review.</p> <p><b>Administrative support</b> - Potential solutions highlighted include a centralised administration team within the ICS, digital solutions to streamline processes, development of common tools and approaches.</p> <p><b>Communications strategy</b> - To widen awareness of the programme, increase engagement and levels of buy in for the different organisations.</p> <p><b>Whole system response</b> - Ensure organisations are willing and able to ask for help, understand the needs of each other and working in mutual aid will be required and achieved.</p> <p><b>Best use of data</b> - Develop a clear plan for different stakeholders' use of the data (PTL, patients, use where system metrics to measure performance).</p> <p><b>Service consolidation</b> - Identify opportunities for service consolidation where co-ordinating in one site are bringing operational and business benefits.</p> <p><b>Independent Sector Utilisation</b> - Understand where they can have greatest value.</p>

### Wider Reflections

How should the programme best mitigate widening inequalities of access and in post referral management?

Implementation within the context of the **whole pathway** - What impact does increasing capacity have on follow ups, rehabilitation and follow on care?

# Thank you

For more information please contact:

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More details are available on:  
<https://uclpartners.com/work/learning-health-systems/>

[www.uclpartners.com](http://www.uclpartners.com)  
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**HORIZONS**



# DESIGNING AN ACTIVE FUTURE

MAY 2022



The key recommendations from the report are:

- **MAXIMISE THE IMPACT OF INTEGRATED CARE SYSTEMS.** The ICSs will be the emphasis of a new NHS organisational structures to be formally introduced in July 2022. Each area will be responsible for one or two million people. How can we make them more active?
- **EXPLORE INNOVATION.** The focus here is greater than health and care pathways, to encompass prevention. What's the best way of tackling the inactivity problem?
- **FACILITATE GREATER CONNECTIVITY BETWEEN MORE STAKEHOLDERS.** It is easy for NHS – and others too – to remain in their bubbles. Jumping between them can be immensely difficult. Nobody and everybody own physical activity. Do we all see it in the same way? We need to discover what's getting in the way of increased physical activity for all. Is it a lack of knowledge? Competing messages? Sketchy data? Silos? An absence of connectivity?



- **SHIFT THE NARRATIVE TOWARDS REDUCING HEALTH INEQUALITIES.**

Physical activity has a vital role to play in reducing health inequalities, and the [Core20PLUS5 framework](#) for ICSs provides a great foundation for targeted action.

- **DEPLOY DATA.** This would enable better decision making for and connect citizens to physical activity opportunities and support. In particular, building on the highly successful legacy of the vaccination programme for data-driven disease prevention.

- **DEVELOP LEADERSHIP.** Success is already being seen by those who are able to construct shared narratives based on local experience.

# Table discussion

What are the key points of insight from these case studies about how we can learn better?

Do you see any of the enablers or barriers identified earlier?

What are the key principles?

Q4. What  
are the key  
points of  
insight for  
you?



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# How do we combine local learning to achieve system-wide/at-scale priorities?

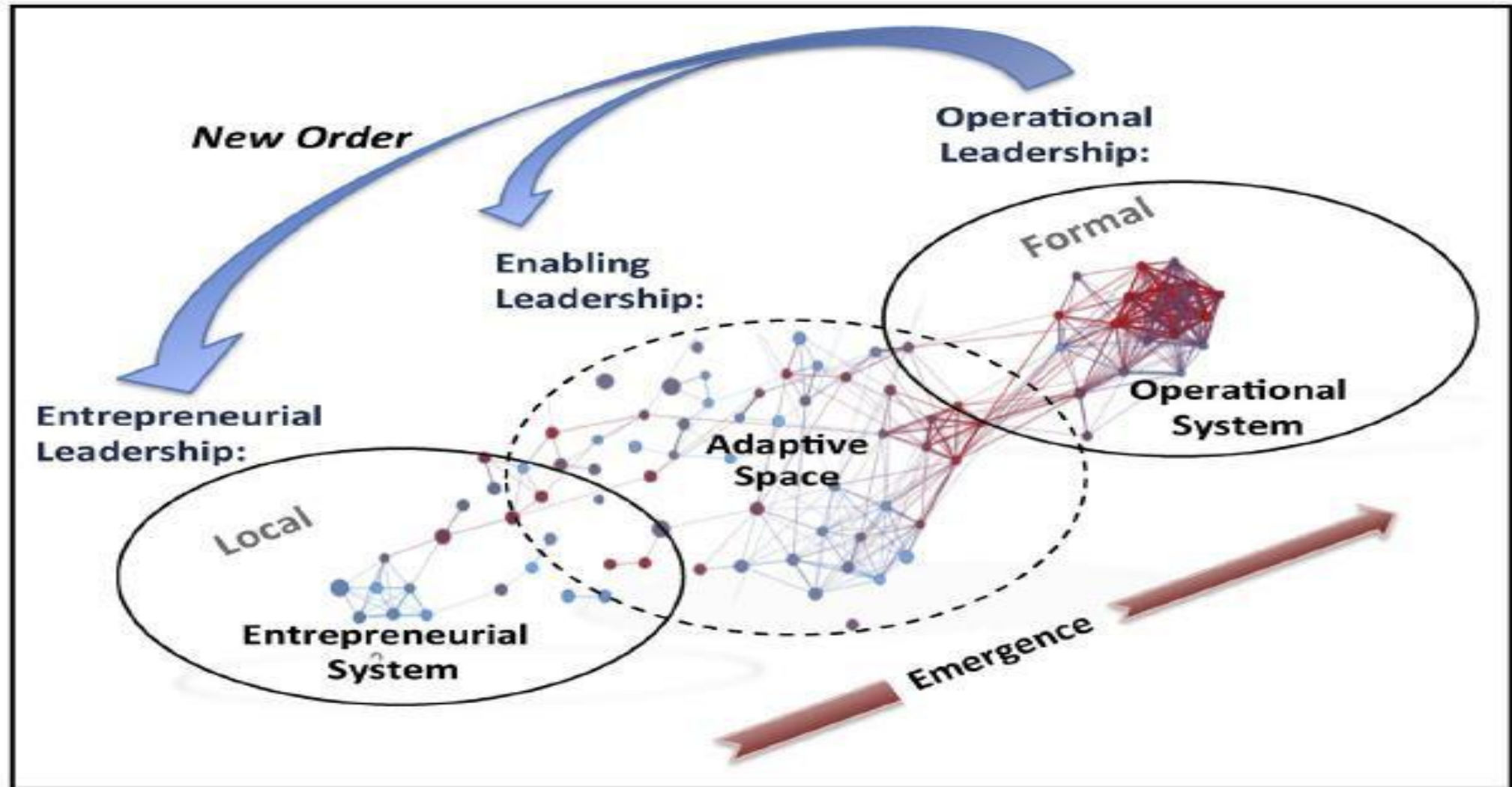
have removed “national” to reflect different system contexts of forum participants

Recognise the  
complexity of the  
situation

## The Cynefin Framework



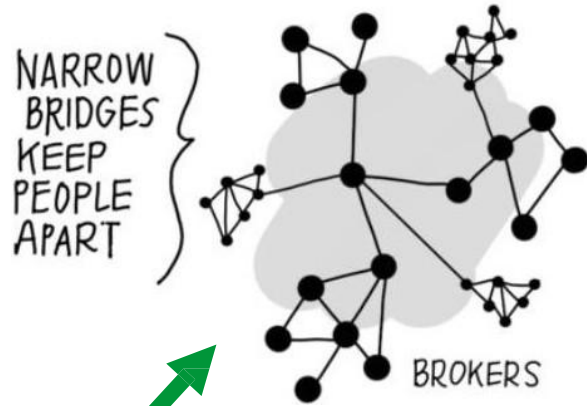
# Create space for transformation



Source: [Michael Arena, Rob Cross, Jonathan Sims, and Mary Uhl-Bien \(2017\)](#)



# Develop networks

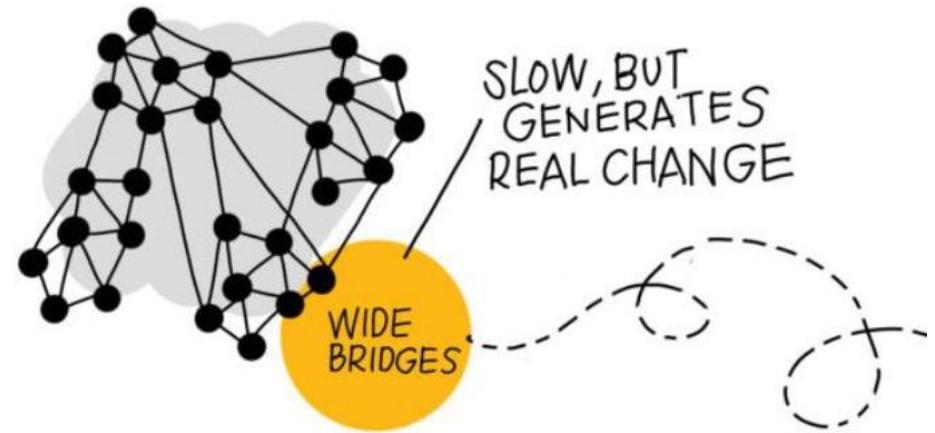


**This is what we currently have.**

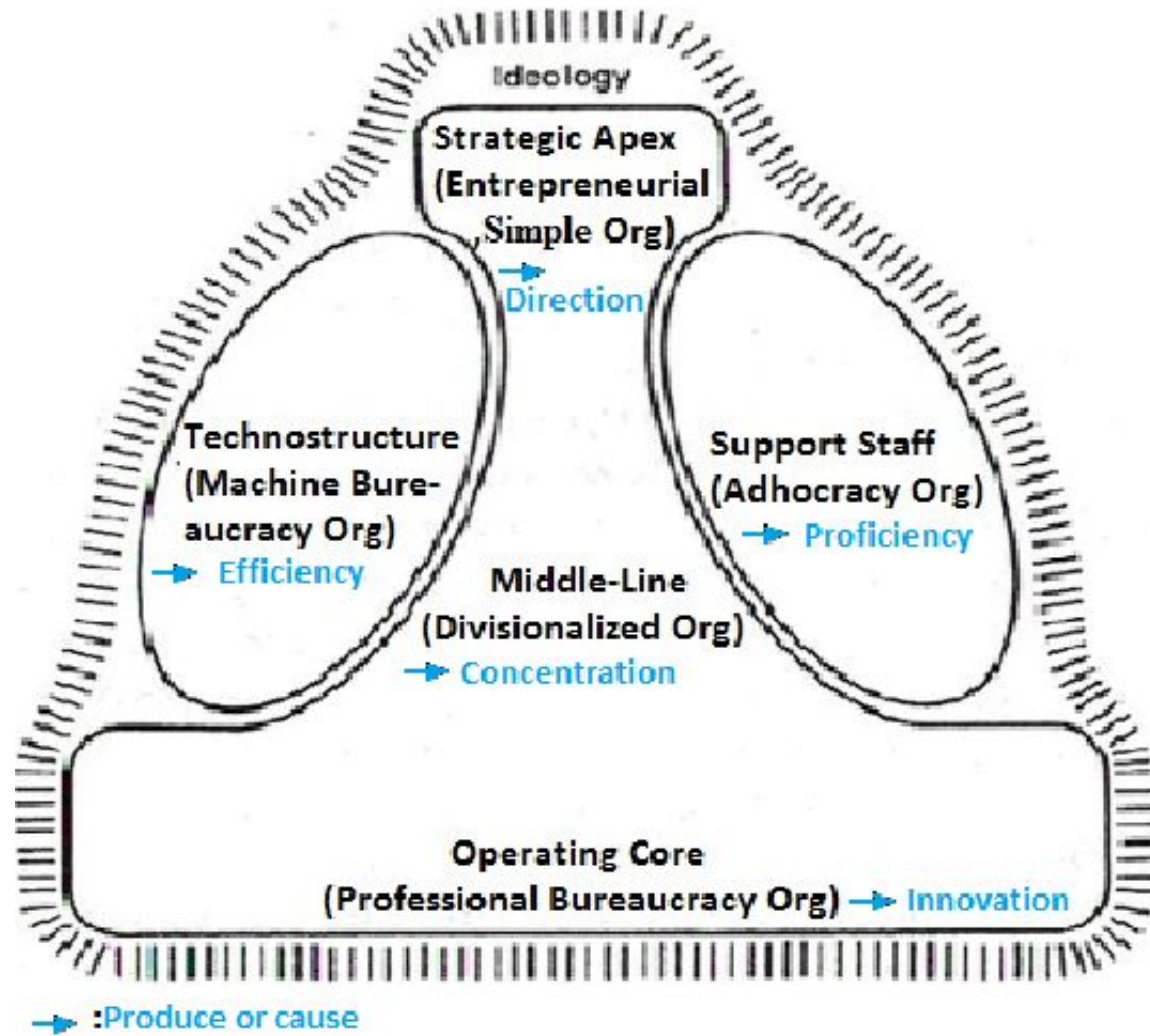


**This is where we want to be.**

Productive connections between clusters of activity that enable existing energy to be mobilised. Enables feedback loops to support adaptive approaches.



# Create conditions for innovation and learning



*What if we need to shift our focus from efficiency to innovation and proficiency?*



## Key points and summary

?to go before previous slide

What have we covered in the last hour which is insightful toward making learning part of routine 'doing' in health care:

1. For us as individuals, in our local teams?
2. For whole services and organisations?
3. For wider systems, at scale?

Q5. What 3 words describe your priorities for establishing a learning system?

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