

Making learning part of routine 'doing' in health care

IHI Gothenberg June 22nd 2022

Session D6 -11.00-12.15 F3/4

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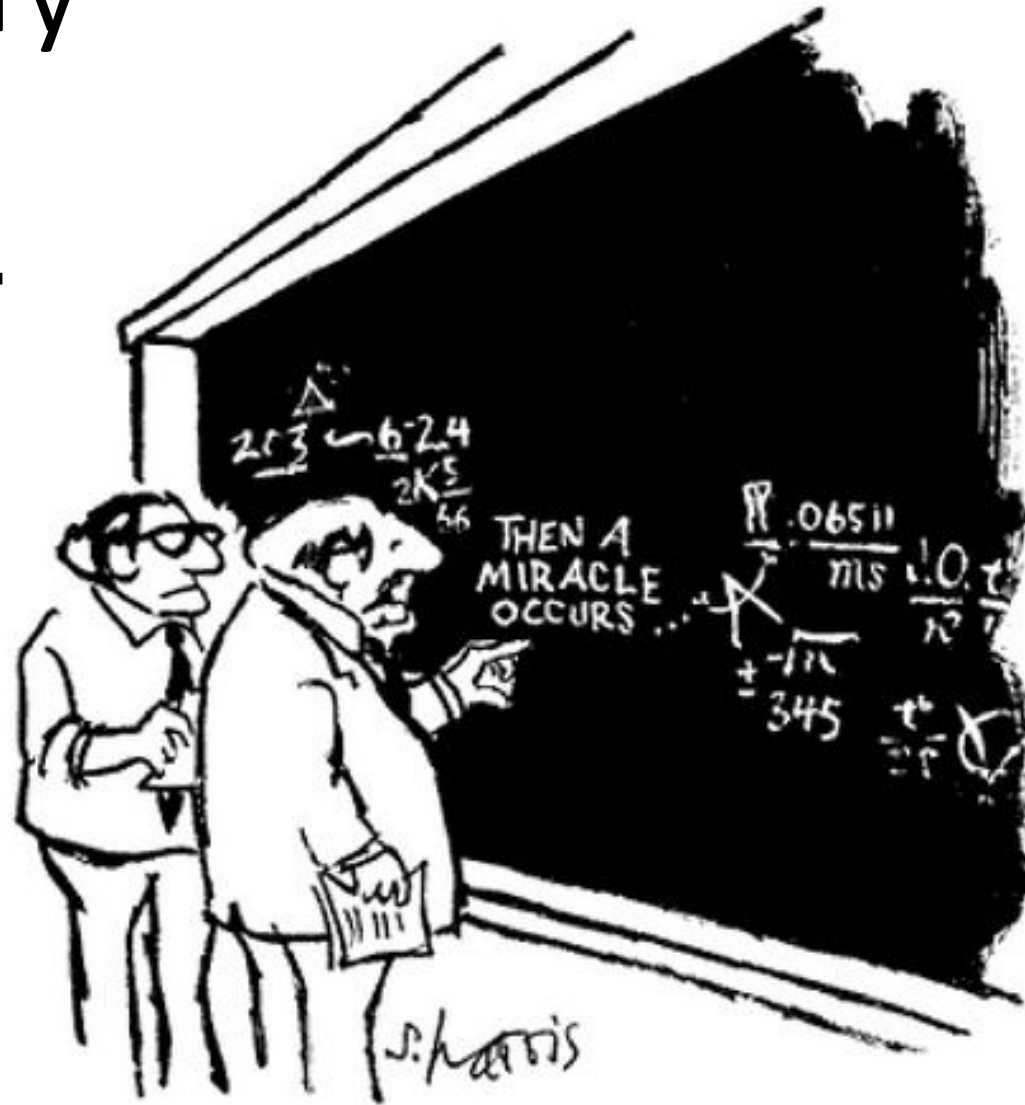
Outline

- 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 SK
- '25 Case studies – Vaccines; Elective recovery; CDC JS
- '35 Did we see the enablers in the case studies?
- '45 How do we balance overall system direction with local delivery? SK
- '60 Key insights summary: toward building-in learning into regular “doing” in health-care JM
- '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

Our theory of change...



"I think you should be more explicit here in step two."

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

1

Gather data

2

Analyse

3

Make decisions

5

Close the loop: confirm it works

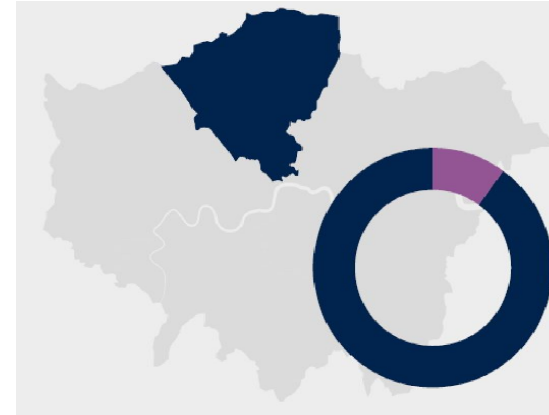
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Implement



Examples

**COVID-19
Vaccine roll out**



**Elective
care
recovery in
North
Central
London**

**Community
Diagnostic Centres
in London**



Widening “data”

Staff, patient and families...

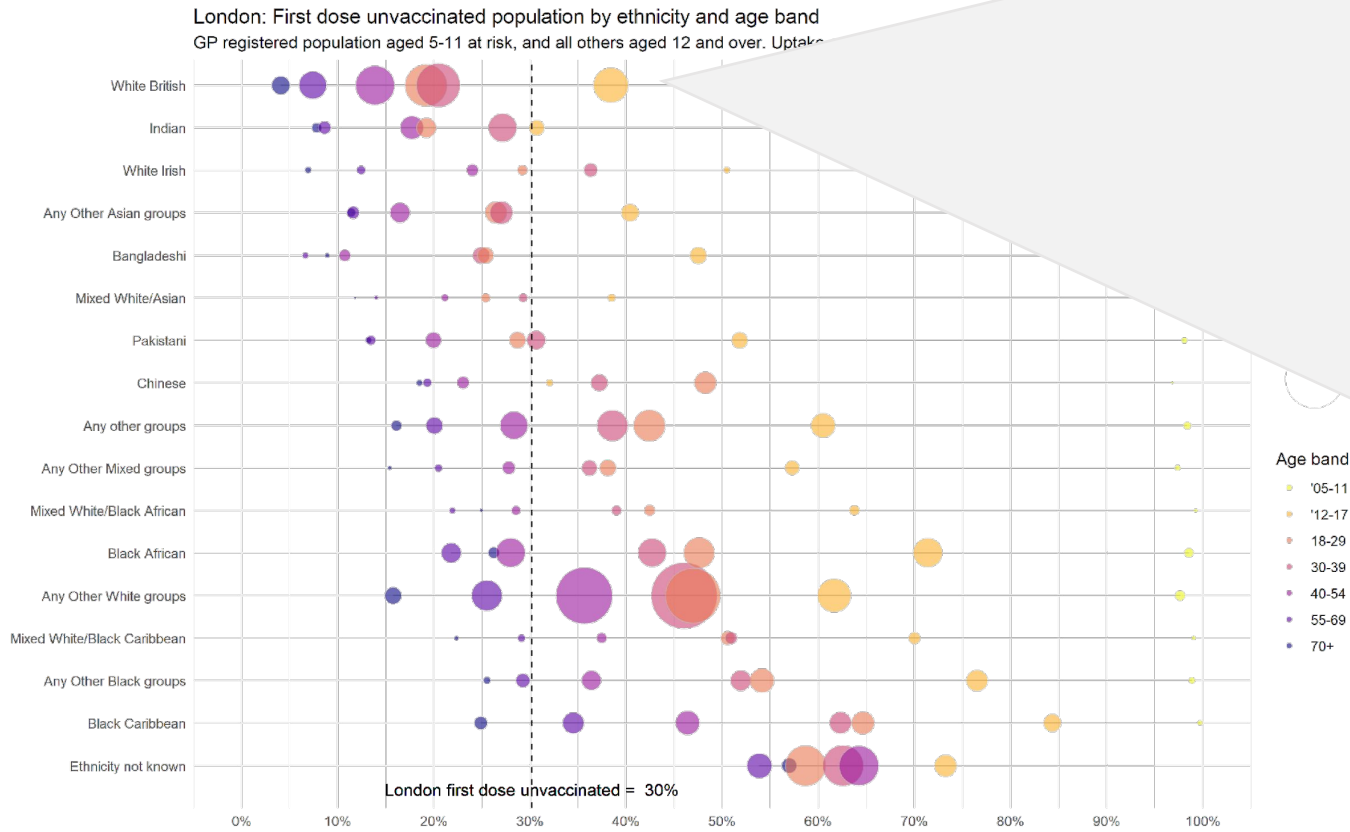


The Bedside Learning Coordinator

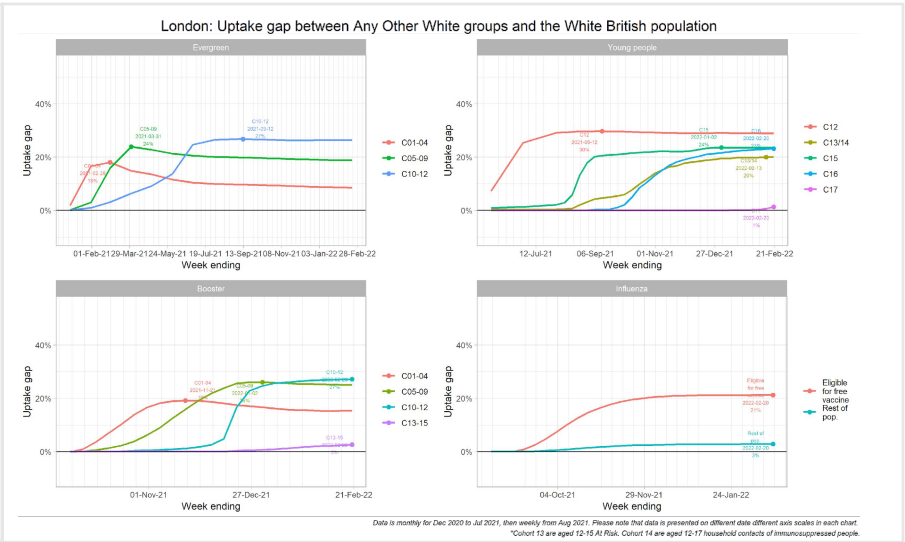


Within group variation

Across group variation



Source: NHS Foundry | NHS London Region Planning and Performance Team COVID-19 Programme



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



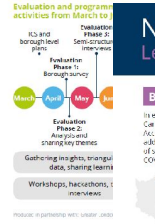
4. Follow up changes with a rapid feedback loop

5. Concentrate on organisational culture

Delivering the COVID-19 Vaccine Across London

Background Successful rollout of the COVID-19 vaccination programme has been critical to the UK response to the pandemic. The London programme – delivered through partnerships in a London, ICN, borough, locality and hyper-local level – adopted a learning health systems methodology, linking an agile approach to gathering and sharing insights as they emerged, with evidence-informed practice and actions implemented as appropriate within the rapidly changing operational environment. This page provides a high level summary of the report.	Findings Barriers to the uptake of the vaccine Uptake misalignment via social media safety fertility side effects speed of vaccine development Loss of income to take time out to get the vaccine / recover	Activities to increase demand Community Champions individuals from the local community who enable deep engagement to: <ul style="list-style-type: none"> 1. Enable a two-way dialogue with health and council colleagues 2. Generate relationships based on trust 3. Create less formal communications channels 1:1 conversations and motivational interviews <ul style="list-style-type: none"> Bring people access to conversations with individuals from similar sub 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. 	Recommendations For regional decision makers <ul style="list-style-type: none"> • When the insights that are used to inform decision making, including community and staff voices • Support partnership working with a joined up, coordinated approach and enabling flexibility for local solutions. • Consider implications on inequalities from the outset. • Ensure clear two-way communication channels between national and regional TIS leaders and the wider delivery system. For Integrated Care Systems <ul style="list-style-type: none"> • Reflect on where to locate services including "hyper local" offerings
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Programme Learning Activities



North Central London's Accelerated Elective Recovery Programme

Learning summary, October 2021

Background In early 2021, North Central London (NCL) introduced Care System (CS) was appointed as one of the regional Accelerated Systems for elective recovery, which aims to address the lack of capacity in the sector as a result of services closed or reduced in the early waves of the COVID-19 pandemic. In May 2021 there were 211,758 patients waiting for elective care in NCL. 20,253 had waited more than 52 weeks. The CS set an ambitious trajectory to increase capacity: 110% of baseline volume by the end of July 2021, to reach the delivery of 5.8 services/week. 1. Extended hours 2. Outworking within the NHS 3. Use of the Independent Sector 4. Demand management capabilities 5. One System Patient Tracking List (PTL)	Findings Patient perspectives <ul style="list-style-type: none"> • Barriers to care on the impact of the programme on patient experience. • Offers were made to support patients to make informed decisions around their treatment options, such as alternative treatment centres, independent sector or day care. • There was hesitation to change hospital provider once patients were on the secondary care pathway. • Continuity of care is an important consideration. Staff perspectives <ul style="list-style-type: none"> • Aligning around a common goal created commitment. • Staff exhaustion is highly prevalent in certain staff groups; managers are attempting to prioritise staff wellbeing. • There was increased burden on administrative staff. New ways of working <ul style="list-style-type: none"> • Barriers to an processes and pathways not to date or adapted to support the programme. • Collaboration within and between organisations. • The complexity of cases and patient choice impacted the utilisation of the independent sector. • The right timescale of the programme added pressure to the generalist and staff. 	Recommendations Continuity of care – Consider the wider impact on patients of moving between providers on pathway of care. Communications strategy – Increase the consistency of communication content and channels used. Embed patient feedback – Collect local data on patient experience, directly from patients and their families, through multiple channels. Staff wellbeing – How to address sustainability and burn out concerns, informed by evidenced insights from staff and job plan review. Administrative support – Potential solutions highlighted include a centralised administrative team within the CS; digital solutions to streamline processes; development of common tools and approaches. Communications strategy – To widen awareness of the programme, increase engagement and levels of buy in for the different organisations. Whole system response – Ensure organisations are willing and able to ask for help; understand processes; establish shared ownership of mutual aid will be required and achieved. Best use of data – Develop a clear plan for different stakeholders' use of the data (PTL) patients, use reduce system metrics to reduce complexity. Service consolidation – Identify opportunities for service consolidation where it remains in an area that bring operational and business benefits. Independent Sector Utilisation – Understand where they can have greatest value.
UCLPartners acted as a learning partner to the NCL team, adopting a learning health systems methodology. Activities included: <ul style="list-style-type: none"> Site visits Interviews Data analysis 	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

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

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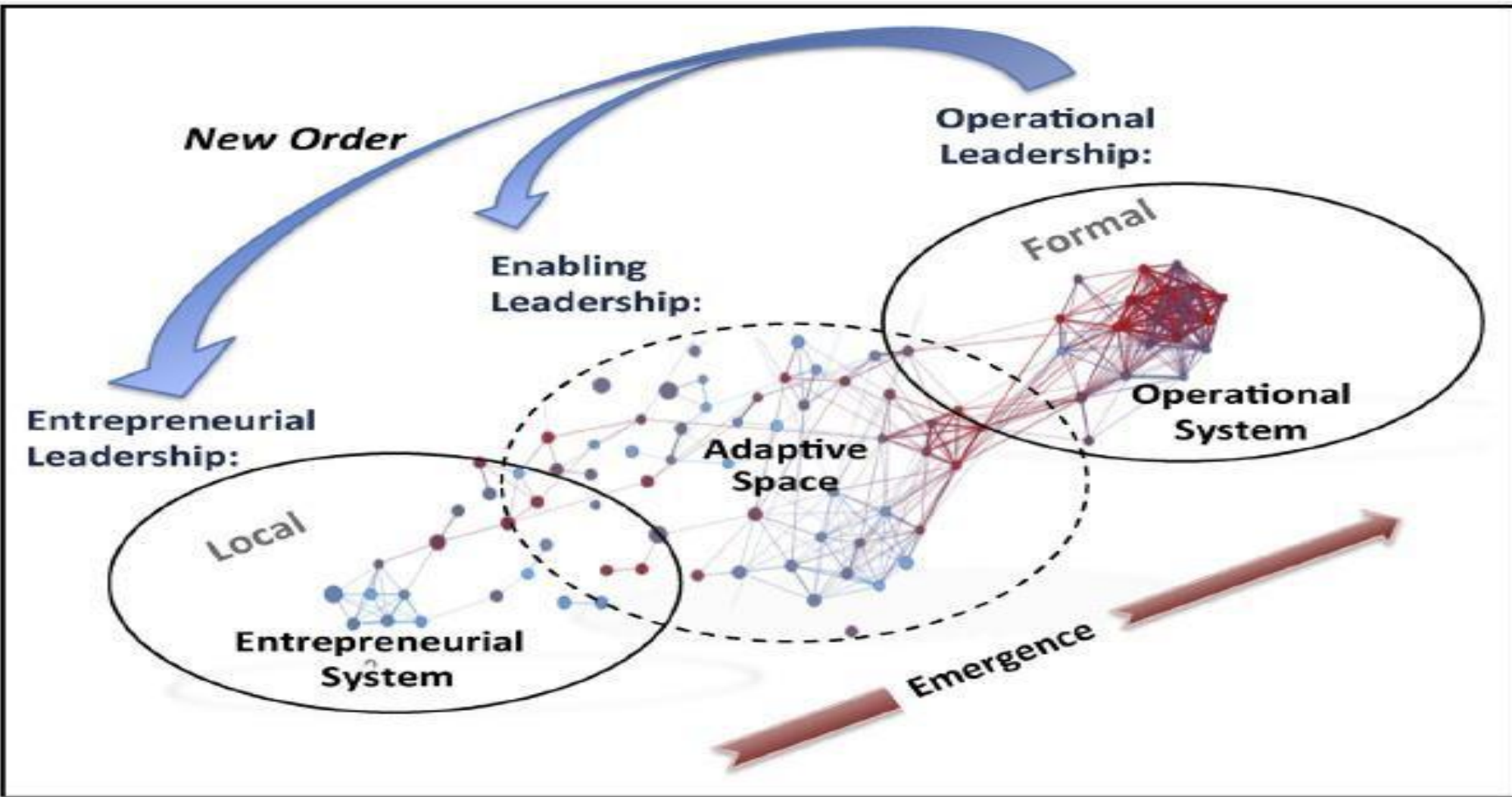
How do we combine local learning to achieve system-wide/at-scale priorities?

Recognise the complexity of the situation

The Cynefin Framework

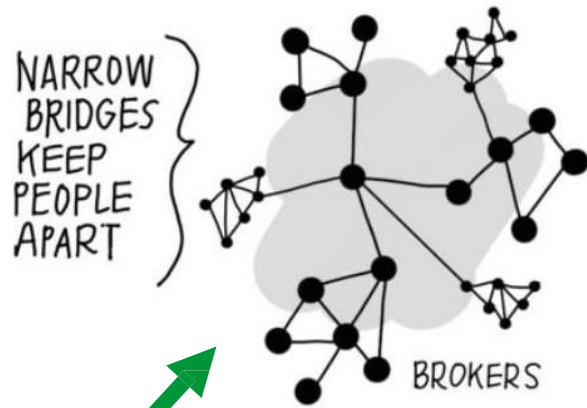


Create space for transformation

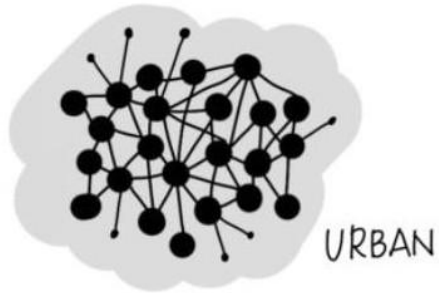


Source: [Michael Arena, Rob Cross, Jonathan Sims, and Mary Uhl-Bien \(2017\)](#)

Develop networks

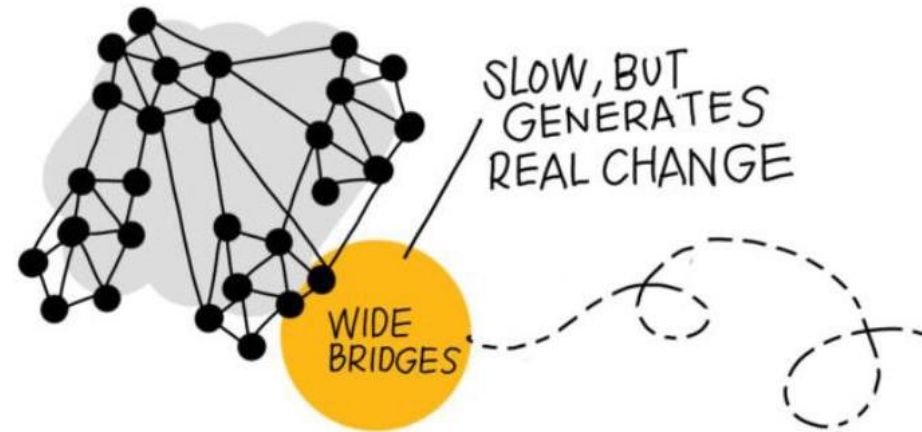


This is what we currently have.

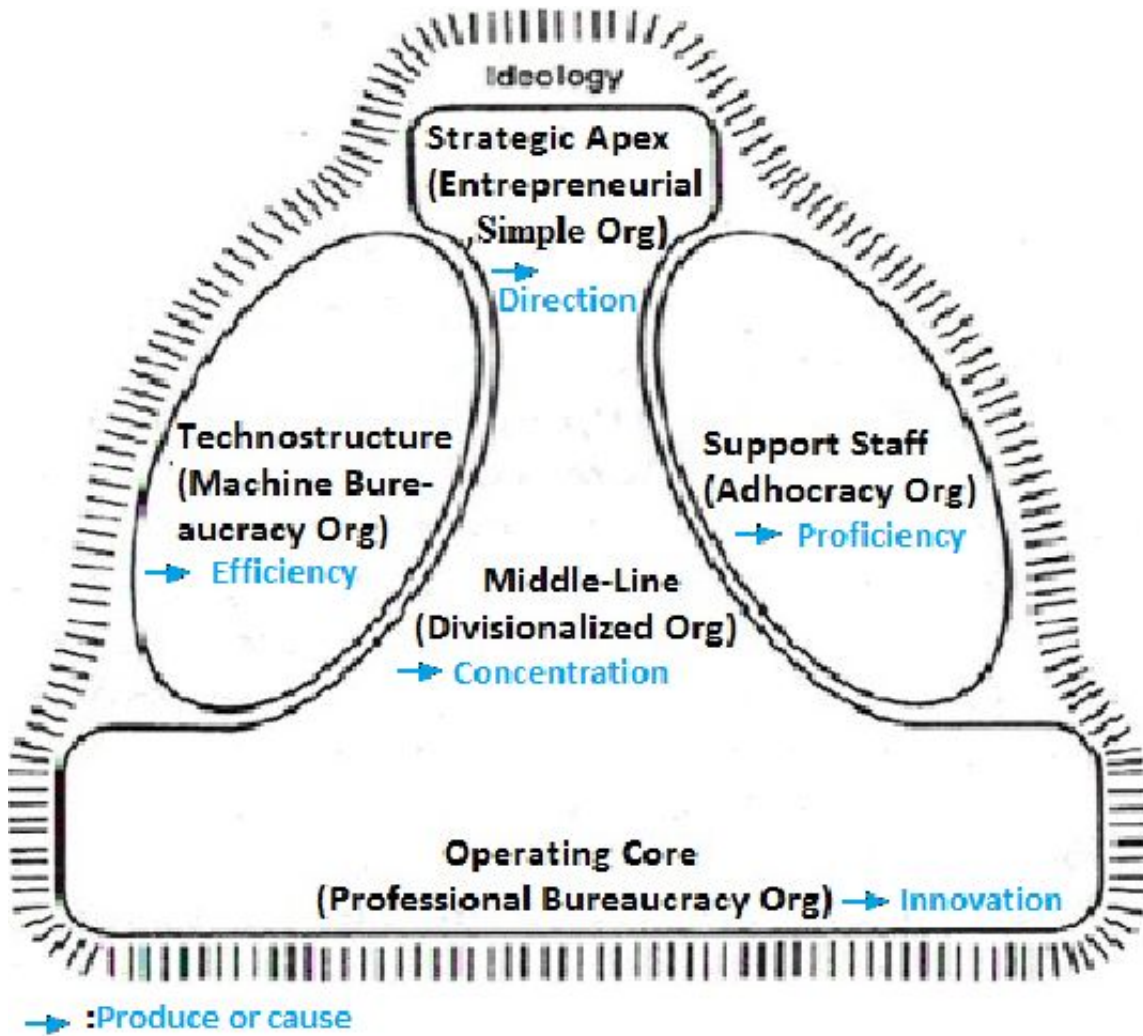


This is where we want to be.

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

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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