How to influence for change in the NHS
January 2017
How to influence for change in the NHS

Doctors have an important role in influencing the shape and quality of services provided by the NHS. A significant element of this is ensuring NHS funds are used effectively at a local level. The BMA wants to support doctors to identify and implement ideas on how to improve the use of NHS funds within the specific organisation they work in. For example, how to improve a patient care pathway or how new technology could enhance the quality of care provided alongside ensuring finite resources are effectively used.

Once areas where funds could be used more effectively have been identified, doctors need to be proactive in raising and communicating their idea at a local level. This note aims to support doctors to influence change within their organisation and signpost where doctors can find more detailed guidance.

Across the UK, in each region, and within organisations the process for raising ideas and delivering change will differ. The principles behind how to influence change are the same however. This note sets out six themes which doctors will want to consider as they look to influence change in their organisation:

– Understand the process for change in your organisation
– Be clear about what you are proposing and why
– Use evidence to demonstrate the case for change
– Engage with stakeholders
– Understand the risks
– Monitor and evaluate progress

Each theme also includes practical advice on how to address the issue and where to find further information.
1

Understand the process for change in your organisation

Every organisation will have a slightly different process for raising ideas and implementing change. For example, the process within general practice will differ to that of a large hospital. The process will also depend on the scale of change proposed. For example, a significant change may require approval of a management board and the formal submission of a business case. Whereas a smaller change, such as how a clinic is managed, may not require the same formal process. It is also worth noting that terminology and management tools for this process will vary as well. The type of information required to be collected and the principles of presenting this information to others will be the same.

It is essential, therefore, you understand your organisation’s process so you can engage at the right time, with the right people, in the preferred organisational format. Understanding the process will also help you understand how proposals are judged and subsequently anticipate what questions are likely to be asked. As a result, you are more likely to be successful in communicating your idea and delivering change.

In order to gain an understanding of the process of change in your organisation you may want to build up relationships with the following people:

- Your clinical director
- GP partners
- Practice managers
- Your finance manager
- The lead clinician in your speciality or geographical area
- Your personnel manager
- Your divisional, general or service manager
- Groups that influence decisions locally. For example, STPs (sustainability and transformation plans) in England or GP federations in Northern Ireland

2

Be clear about what you are proposing and why

Be clear about what you are wanting to change and why. This should be easy to explain in a few short sentences. You should be able to explain why the proposed intervention is needed and the opportunities it offers. You should be able to link your idea to your organisation’s objectives and, if possible, explain how it fits with national NHS priorities.

It is also worth considering if there are other options to address the issue and why you have discounted these. This should include the ‘do nothing’ scenario, such as what would the outcomes (long and short term) be if no change is implemented? Questions about other options are likely to be raised as you discuss your proposal with and influence others, so it is good practice to have a clear understanding and evaluation of these in advance. The HM Treasury ‘green book’ (as referenced in the further resources section of this note) provides comprehensive guidance on option appraisals — see chapter five. It is also a widely used resource by governments across the UK and many NHS organisations for making the case for change.

3

Use evidence to demonstrate the case for change

To successfully influence you will need to evidence the case for change. You should be able to demonstrate the economic, financial, social and environmental case for change of your idea. Within this you should consider both the current situation and the proposed idea. Through evidence you should be able to demonstrate why the benefits, such as improved quality of care for patients, of your proposed action outweigh the other options, as well as the costs of the proposed action. This can form part of the option appraisal which is outlined in the above paragraph.

There are a range of ways to identify and analyse evidence, including PEST (political, economic, social and technological) or SWOT (strength, weakness, opportunities and threats) analysis. Information on these types of analyses can be found in the further resources section at the end of this note. For example, chapter five of the HM Treasury ‘green book’ sets out ways of creating and appraising options to ensure the right decisions are made.
You should use a range of evidence to support your idea, including:
- Monetary value estimates
- Local and international case studies of similar ideas being delivered
- Literature and academic papers on the subject
- Survey or focus group findings – patient feedback can be a powerful tool to identify the need for change
- Supportive quotes or statements from influential stakeholders

**Financial and economic**
You will need to set out the cost and resource implications of the change for the organisation and if applicable more widely, for example in England this may be at STP level. This should include the upfront costs to establish the initiative, any ongoing costs and the long-term implications for costs and resources. You should use robust evidence to demonstrate why you have come to these conclusions and all data sources should be referenced.

You may not always be able to put a monetary value on financial costs because of the lack of robust data or because it is a qualitative measure. It is however worth explaining the wider economic implications even if monetary value cannot be used to demonstrate the benefits. For example, you may want to consider the impact on:
- the length of stay for patients
- number of patients visiting a GP
- number of general practice home visits requested
- hospital theatre efficiency
- hospital day case rates
- implication on staffing rotas
- staff training

**Social**
Outline the social impacts and evidence of your idea. You will want to think about the impact on:
- Local demographics, such as population growth, age, ethnic and cultural factors. For example, will improvements to patient flow in a health setting help to address increased demand due to local population growth? Or will your idea increase access to a section of the population not currently accessing services due to cultural factors?
- Societal attitudes and expectations for health, lifestyle and choice. For example, will your idea promote self-care within the community?
- Workforce attitude. For example, will your proposed idea help to improve working conditions for healthcare professionals and increase morale?

**Environmental**
Explain the environmental impact your proposal will have. For example, will the current hospital/ general practice buildings and equipment support the initiative or will environmental changes be needed? Will the layout need to be changed to improve efficiency?

In addition you may want to consider the political and ethical impact/ evidence of your proposal. You may also want to seek legal advice on your proposals as well.

**Engagement with stakeholders**
Stakeholder engagement is key in influencing change. You will need to identify and pro-actively seek early engagement from stakeholders. Stakeholders should include a range of people or groups from different backgrounds and perspectives. You will want to engage with:
- Key decision makers in your organisation, such as the management board, medical managers, practice managers or GP partners
- Internal groups within your organisation which will be impacted by your proposals, such as other healthcare professionals or patients from a specific clinic
- Patients and service users
- Groups external to your organisation which will be affected by your proposal such as social services or another NHS service
You will want to engage with these groups for a range of reasons, from influencing the final decision to ensuring your proposal has wide ranging support. Being open and transparent will help communicate your proposal. The Quality Improvement Guide published by 1000 Lives Improvement (as referenced in the further resources section of this note) emphasises the importance of good communication and includes tips on how this can be done successfully (chapter 6). Good two-way communication will also help you anticipate challenges and as a result influence with better results.

An important part of stakeholder engagement is to understand different perspectives, build support and willingness to participate in the proposal. Therefore, early engagement is essential and will ensure time to develop the proposal if needed. Demonstrating you have cross NHS or general practice and external support for a proposal is a powerful way of demonstrating the strength of your case.

The further resources section at the end of this note sets out where you can find out more information about stakeholder engagement and leadership in driving change. For example, chapter four of The Quality Improvement Guide published by 1000 Lives Improvement, and page eight of the guide for Reliable and Sustained Improvement published by 1000 Lives.

**Understand the risks**

All ideas and proposals will have risks. It is important to be upfront about the risks associated with your idea, the likelihood of these and how you plan to mitigate them. This is often known as risk management, and its purpose is to support better decision-making throughout the process.

The HM Treasury ‘green book’ (as referenced in the further resources section of this note) provides a good overview of risk management and the tools you can use to understand risk within a proposal (see pages 28 and 79).

**Monitoring and evaluation**

The monitoring and evaluation of an initiative is an important part of the change process. It will allow you and the organisation to evaluate how the idea has been delivered, how it can be improved and ensure that lessons are learnt.

It is important to identify and share good working practices that are backed up by evidence. These should be shared in the local area as well as more widely to encourage take up of these practices. Publications and tools such as BMJ Quality can be a good way of sharing improvement projects.

You will need to demonstrate how you intend to monitor and evaluate the idea once it is implemented. You should be able to explain how the initiative will be monitored, what you expect to see and what success will look like. You may want to consider if you do this as cost-benefit analysis\(^1\) or as cost-effectiveness analysis\(^2\). The HM Treasury ‘green book’ (as referenced in the further resources section of this note) provides a summary (chapter 5) of both these approaches and when is best to use them. It is also good practice to identify in advance which stakeholders you will want to consult for feedback. Chapter seven of the ‘green book’ also summarises evaluation techniques.

You should be clear at what time intervals you intend to evaluate the initiative. It may be worth doing this at several points after implementation to get a full understanding of the impacts. In addition you should also set out how you intend to communicate and implement any recommendations that may arise from this exercise.

Patient engagement should be a key process in the evaluation of changes implemented in the NHS. Collecting patient opinions and feedback can be extremely useful to demonstrate if any changes have improved the quality of services and care.

---

1 Analysis which quantifies in monetary terms as many of the costs and benefits as feasible.
2 Analysis that compares the cost of alternative ways of producing the same or similar outputs.
You may find the PDSA (Plan-Do-Study-Act) cycle a useful framework to guide improvement work. The PDSA cycle is a tool for testing a change in a real work setting. The Quality Improvement Guide published by 1000 Lives Improvement (chapter 4) provides a useful explanation of the PDSA cycle and how it can be used within the NHS (as referenced in the further resources section of this note).

**Figure 1: PDSA cycle**

<table>
<thead>
<tr>
<th>Plan</th>
<th>Do</th>
</tr>
</thead>
<tbody>
<tr>
<td>– Objective</td>
<td>– Carry out the plan</td>
</tr>
<tr>
<td>– Predictions</td>
<td>– Document observations</td>
</tr>
<tr>
<td>– Plan to carry out the cycle (who, what, where, when)</td>
<td>– Record data</td>
</tr>
<tr>
<td>– Plan for data collection</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Study</th>
<th>Act</th>
</tr>
</thead>
<tbody>
<tr>
<td>– Analyse data</td>
<td>– What chances are to be made?</td>
</tr>
<tr>
<td>– Compare results to predictions</td>
<td>– Next cycle?</td>
</tr>
<tr>
<td>– Summarise what was learned</td>
<td></td>
</tr>
</tbody>
</table>

Source: Scottish Government
Further resources

There are a wealth of resources and tools available providing guidance on how best to influence change. The following resources may be helpful in developing your understanding further.

You may also want to look out for relevant learning opportunities from the BMA.

Overarching guidance and tools on how to develop an idea and present a compelling case for change:

**1000 Lives Improvement (2010)** *How to Improve, the guide for reliable and sustained improvement.* Cardiff: NHS Wales.  

[www.1000livesplus.wales.nhs.uk/publications](http://www.1000livesplus.wales.nhs.uk/publications)

**Healthcare Improvement Scotland** resources on process documentation.  
[www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)


**Improving Quality Together** includes a range of resources and guidance about implementing change, including the PDSA cycle.  
[www.iqt.pembrokeshire.ac.uk](http://www.iqt.pembrokeshire.ac.uk)

**Institute for Healthcare Improvement** a range of tools to help with the service improvement process in healthcare, including the PDSA cycle.  
[www.ihi.org/resources](http://www.ihi.org/resources)


**BMJ Quality** to publish and share findings from improvement projects.  
[www.quality.bmj.com](http://www.quality.bmj.com)

Guidance on how to write a business case:

**Example business case template:** National Innovation Centre.  
[www.nic.nhs.uk/Nic.Common/file.ashx?path=MainSite%5cScFull%5cBusiness%5cCase%5cTemplate%5cv2%5cNIC.doc](http://www.nic.nhs.uk/Nic.Common/file.ashx?path=MainSite%5cScFull%5cBusiness%5cCase%5cTemplate%5cv2%5cNIC.doc)

**British Association of Dermatologists** *Writing a business case.*  

**Parr R (2006)** *Producing a business case.* BMJ.  
[www.careers.bmj.com/careers/advice/Producing_a_business_case](http://www.careers.bmj.com/careers/advice/Producing_a_business_case)

**The Royal College of Radiologist (2012)** *Writing a good business case.*  
[www.rcr.ac.uk/system/files/publication/field_publication_files/BFCR%2812%29_business.pdf](http://www.rcr.ac.uk/system/files/publication/field_publication_files/BFCR%2812%29_business.pdf)