Changing Healthcare
Event 1: Learning from NICE

4 February 2020

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We met at Lift in Islington on 4 February 2020 for a day learning about what has made NICE successful and what people working in large-scale change today can learn from it.

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Changing Healthcare event 1: Learning from the success of NICE
4 February, 10:00-16:00, Lift Islington
Wifi: lift_hub Password: join_now

Time	Session
09:30	**Registration open and refreshments available**
10:00	**Welcome**

Introduction to the day, setting out the day's aims

Time	Session
10:15	**How many cooks is too many?**

Opening perspectives on the ways in which NICE have approached involving a range of voices, and the impact of diversity of voice in large scale change. We'll hear from:
- **David Haslam**, Chair, NICE (2013–2019) and Part of Kaleidoscope
- **Judith Williamson**, the woman with very many hats

Time	Session
11:30	**Break**
11:45	**The role of evidence in a post-truth world**

We'll consider the importance of evidence in large scale change and how and why NICE has used it so effectively:
- **James Raftery**, Professor of Health Technology Assessment, University of Southampton
- **Tara Lamont**, Board member, Health Services Research UK

Time	Session
13:00	**Lunch**
13:45	**Against all odds, how is NICE still here?**

The one constant of the NHS is that it is always changing. How, in this context, has NICE remained so stable, and what can those working on large scale change learn about creating stability in an unstable system? You will hear reflections from:
- **Gill Leng**, Deputy Chief Executive and Director of Health and Social Care, NICE
- **Nick Timmins**, Senior Fellow, The King's Fund and author, 'A Terrible Beauty: A Short History of NICE'.

Time	Session
15:00	**Yeah, but NICE is just different, isn't it?**

NICE is a pretty unique example in terms of design and purpose. So how can we apply what we've learnt from the day to our own contexts? **Gill Leng**, **David Haslam** and **James Raftery** will be on hand to help shape your thoughts.

Time	Session
15:50	**Closing remarks. Ending at 16:00**

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Welcome and introductions

We began the event with a welcome and brief introduction to the Changing Healthcare series.

We were reminded that the **purpose of the day** was to reflect on what people working on large scale change could learn from the success of NICE.

We learnt that the success of NICE, and the three other case studies of successful change, were chosen because:
1. They had a positive impact on health and healthcare in England
2. There is good evidence of how the change was achieved
3.   There are lessons that the wider healthcare system can learn from the change

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Session 1: How many cooks is too many?

We then heard three short talks, followed by reflection and discussions, on the success of NICE and how it has approached involving a range of voices.

David Haslam, Chair of NICE (2013–2019) and Part of Kaleidoscope, reflected on some of the reasons NICE had been successful, including solving a clear problem and living by its values.

Tim Irish, current Chair of NICE, talked about the importance of involving different voices and the challenges that come with it, as well as the importance of trust between leaders and the rest of the organisation.

Judith Williamson spoke about her experiences of involvement, reflecting on a recent negative experience, and advice for involving people. This includes speaking in accessible language and treating people as equals.

We reflected on change we have seen and been involved in. We answered the question: **what do you see as the most important feature of involving different people? Where have you seen this done well?**

Testing ideas that are outside the usual practice

Seen this done well at Samaritans and other voluntary sector organisations

Ethical diversity/ different points of view

Listening to what people say – truly listening and weighing up their input

Give people freedom to be themselves

Listen to understand not to respond

Getting a variety of views and getting richer information than you may have been privy to or aware of
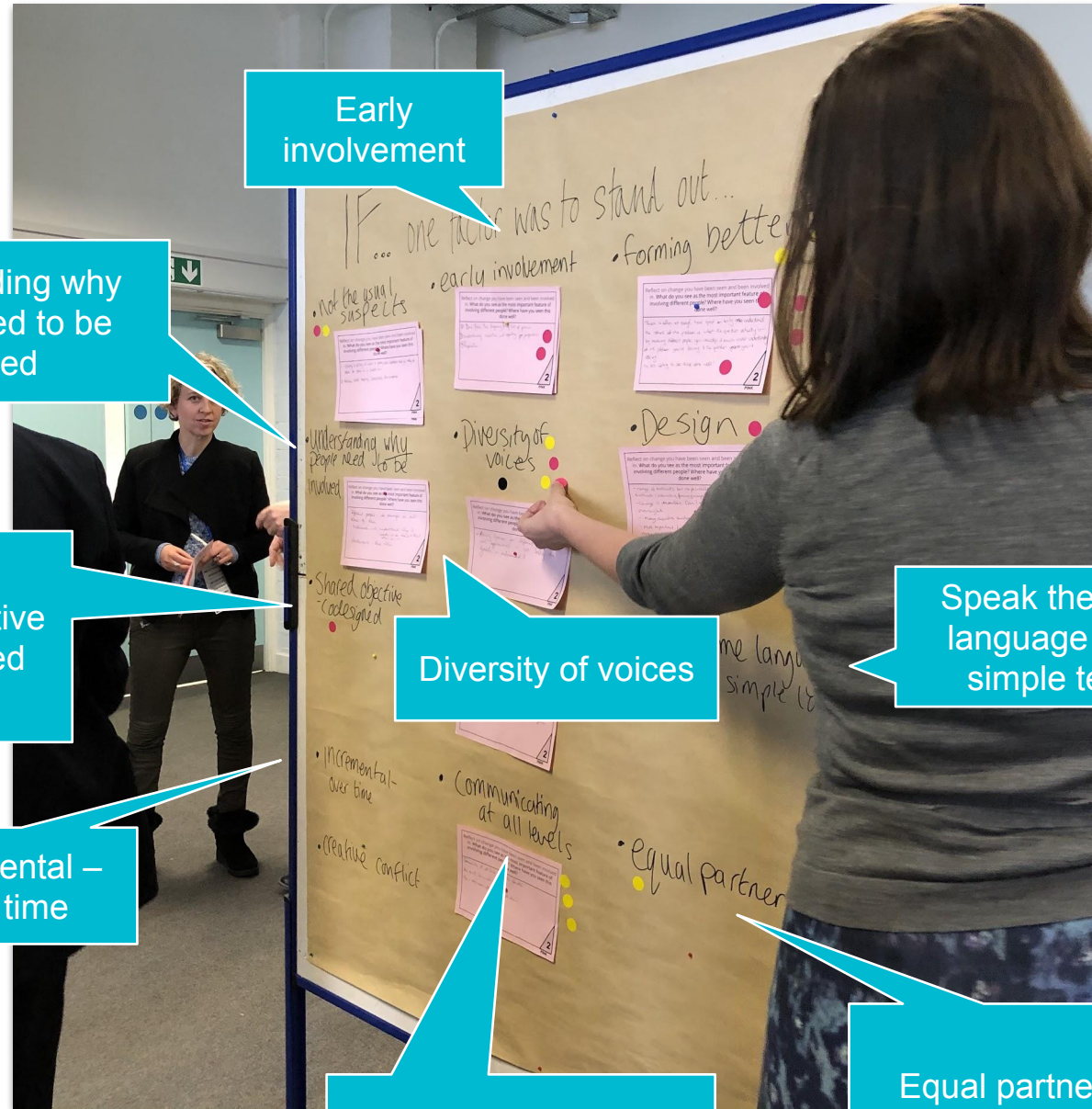
Change in Community Mental Health Care service – involved various community groups, patients, BME groups, homeless people, people with addictions. **Listen and learn.**

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Session 2: The role of evidence in a post-truth world

Next we explored how NICE has and continues to practice and promote the use of evidence so well.

Through two short talks, questions and reflections, we considered how NICE has previously used evidence in system change, the challenges it has faced along the way and how it has overcome them.

Tara Lamont, board member of Health Services Research UK, explained how NICE has enshrined evidence as cornerstone of clinical practice through its careful, transparent and contextualised approach.

James Raftery, Professor of Health Technology Assessment at University of Southampton, reflected on the history of NICE over the past 20 years, the importance of RCTs and a wide range of research approaches.

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Once again we reflected on change we have seen and been involved in. We asked ourselves: what have been the main barriers to using evidence effectively in this work?

Others don't believe in evidence!

Reflect on your experience of being involved in change. What have been the main barriers to using evidence effectively in this work?

Others don't believe in the evidence!
Too set in 'old ways'
Frightened change;
Effect on the job (job security)
Community at different levels

Too set in 'old' ways

Reflect on your experience of being involved in change. What have been the main barriers to using evidence effectively in this work?

- Data Collection/Manipulation
- Definition of Evidence? What is considered evidence

Definition of evidence? What's considered evidence?

Dominance of quantitative methods

Reflect on your experience of being involved in change. What have been the main barriers to using evidence effectively in this work?

Dominance of quantitative methods (alleged hierarchy of evidence)
Decontextualised evidence
Lack of consideration of context

Lack of consideration of context

Reflect on your experience of being involved in change. What have been the main barriers to using evidence effectively in this work?

- People having a different value set
- People using evidence as the sole belief system / only thing that matters.
- Collective denial.

People using evidence as their soul belief system/ only thing that matters

Collective denial

Reflect on your experience of being involved in change. What have been the main barriers to using evidence effectively in this work?

Time/money.
Lack of evidence for particular topic.
Sometimes the change makers not being available or willing to listen

Time and money

Reflect on your experience of being involved in change. What have been the main barriers to using evidence effectively in this work?

There's always conflicting evidence available so not everyone will always be on board with what you chose. It's about the way you inspire + influence others to get on board.

There's always conflicting evidence available so not everyone will always be on board with what you choose

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The top five barriers to using evidence...

We themed these individual reflections into five top barriers. Splitting into five groups, we thought of concrete ways to address each of them.

Conflicting evidence
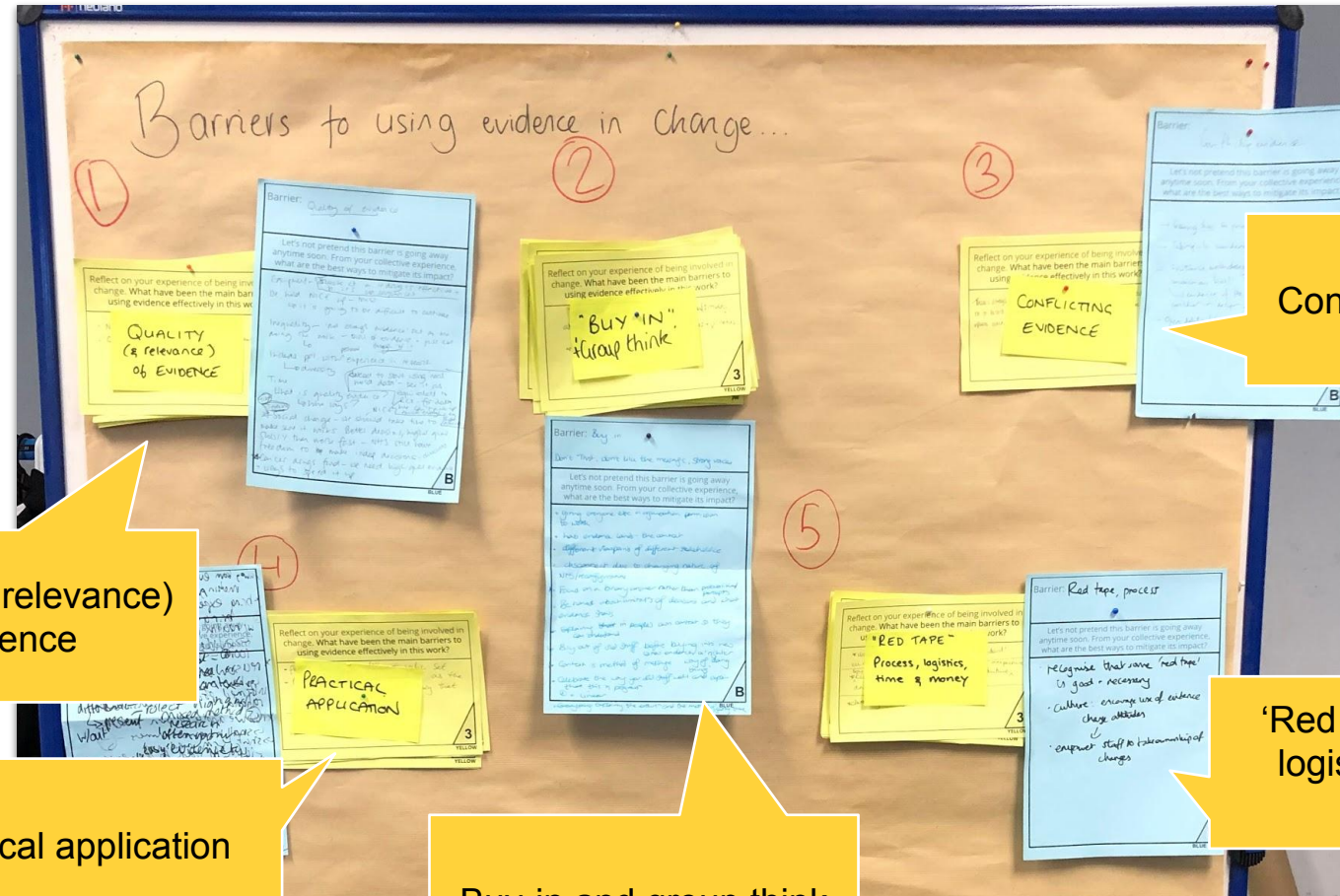
Quality (and relevance) of evidence

Practical application

Buy-in and group think

'Red tape' (process, logistics, time and money)

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Conflicting evidence

- Scrutinise methodologies for collecting data - unconscious bias.
- Have an open debate and transparency around conflicting evidence.
- Think about framing - how to prioritise different factors/ evidence.

Practical application

- Increase mixed methods research.
- Focus on shared decision making around evidence - community engagement and experts working in the social context.

Buy-in

- Give everyone else in the organisation permission to work.
- Be honest about the limitations of what evidence shows.
- Celebrate the ways that you did stuff well and show that this means progress - explain in people's own contexts.

Action plans to tackling barriers to using evidence

Quality of evidence

- We need high quality evidence and a way to speed up getting it.
- We're not just lacking quality evidence, there's not enough evidence full-stop.
- Start using 'real world data' to supplement RCTs - there's so much data we cannot pick up quickly enough otherwise.

Red tape

- Recognise that some red tape is good and necessary.
- Culture: encourage use of evidence and change attitudes.
- Empower staff to take ownership of changes.

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Health and care bodies: dissolved, alive or evolved?

Over lunch we had a bit of fun discussing the organisations to the right and whether they were dissolved, alive or evolved.

This illustrated for us how rare NICE is to have lasted 21 years and still be going strong.

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Session 3: Against all odds, how is NICE still here?

Next we explored the theme of 'structural stability' and how NICE has succeeded in maintaining stable leadership over the years.

Working in pairs, we each agreed on one reason why we think NICE is still here today.

The one reason I think NICE is still here is...

Professional legitimacy delivered through good stakeholder management esp at senior levels of politics & policy-making.

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BLUE

Professional legitimacy delivered through good stakeholder management, especially at senior levels of politics and policy-making

The one reason I think NICE is still here is...

- To enable new discoveries to become a reality.
- Fit for Purpose

Fit for purpose

The one reason I think NICE is still here is...

Clarity + consistency of approach which still matches peoples values on average. (for now!)

Clarity and consistency of approach which still matches people's values (for now)

Embedded in our health culture

The one reason I think NICE is still here is...

It's perceived as a trustworthy organisation.
It's what we know - embedded in our health culture.

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After these initial responses, we heard two short talks exploring the impact of stable leadership and its contribution to NICE's longevity.

In our questions and reflections we discussed the necessity for good governance and how politics and external pressures may influence NICE's work.

Nicholas Timmins, senior fellow at The Kings Fund and co-author of 'A short history of NICE', talked about the fundamental roles that political manoeuvring and collaboration have played at NICE.

Gill Leng, deputy CEO and director of health and social care for NICE, considered how the importance of function, global reputation and a shared vision has contributed to NICE's enduring success.

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Closing session

We closed the event with a panel of speakers from the day: Gill Leng, David Haslam, Nick Timmins and James Raftery.

The panel answered questions on a range of topics including patient care pathways, staff pressures, medical technology and artificial intelligence, balancing stability with fresh perspectives, and organisational management good practice.

Each speaker offered their closing reflections on the day.

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Micro-actions: reflecting on everything we heard, we wrote down 'micro-actions' we could take back and use in our work on change

Listen more, let go

Talk to people about NICE – reawaken curiosity.

Invite the opposition to be involved

Continue to promote the role of evidence-based decision making when I meet with healthcare stakeholders

Allow space for others to define purpose

Ask how people's weekend was (they're a person)

Final reflections

We answered the question:
What one reflection from today's discussions would you pass on to those not here?

Focus on the question: **why** do we need a change?

Diversity is key in making decisions

Importance of transparency and honesty in developing and maintaining organisations and their integrity

The importance of shared values that underpin an organisation/team/partnership

Get the question right

How NICE works in relation to compiling information: scientific evidence, lay members, stability and not being meddled with politically

Stable board and senior leaders are vital to stability in an organisation

Go to an event that allows you to listen to new ideas, say what you think, enjoy a collaborative event

Allow input/ideas/feedback from everyone

Clarity and consistency of purpose are central to longevity.

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Evaluation

100 % of participants would recommend an event like this to a colleague

Average Score: **4.7/5**

Most helpful section

All three sessions were listed multiple times, but the session answered most was **the role of evidence in a post-truth world.**

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How participants described the event...

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Thank you

Thank you for your constructive contributions to a day packed with learning and conversation.

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