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.
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
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?**

- Seen this done well at Samaritans and other voluntary sector organisations
- Testing ideas that are outside the usual practice
- Ethical diversity/different points of view
- 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.

Listening to what people say – truly listening and weighing up their input
If one factor was to stand out...

In groups we discussed and voted on the one factor that stands out for involving people well.
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.
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!
- Too set in ‘old’ ways
- Definition of evidence? What’s considered evidence?
- People using evidence as their soul belief system/only thing that matters
- Collective denial
- Dominance of quantitative methods
- Lack of consideration of context
- Time and money
- There’s always conflicting evidence available so not everyone will always be on board with what you choose
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.

- Quality (and relevance) of evidence
- Practical application
- Buy-in and group think
- Conflicting evidence
- ‘Red tape’ (process, logistics, time and money)
**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.

**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.

**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.

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

**Action plans to tackling barriers to using evidence**

**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.
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.
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, especially at senior levels of politics and policy-making**

- **Clarity and consistency of approach which still matches people’s values (for now)**

- **Embedded in our health culture**

- **Fit for purpose**

- **To enable new discoveries to become a reality**

- **Fit for Purpose**
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.

**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.

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

- Talk to people about NICE – reawaken curiosity.
- Listen more, let go
- Continue to promote the role of evidence-based decision making when I meet with healthcare stakeholders
- Invite the opposition to be involved
- Ask how people’s weekend was (they’re a person)
- Allow space for others to define purpose
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?**
- **The importance of shared values that underpin an organisation/team/partnership**
- **Stable board and senior leaders are vital to stability in an organisation**
- **Allow input/ideas/feedback from everyone**

- **Diversity is key in making decisions**
- **Get the question right**
- **How NICE works in relation to compiling information: scientific evidence, lay members, stability and not being meddled with politically**
- **Clarity and consistency of purpose are central to longevity.**

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

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

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

Average Score: 4.7/5

Most helpful section

How participants described the event...

All three sessions were listed multiple times, but the session answered most was the role of evidence in a post-truth world.
Thank you for your constructive contributions to a day packed with learning and conversation.