



Seminar Series: Little Heresies in Public Policy

Let's forget about the championing benefits of ICT innovation

Dr Jane Hendy

Two examples of 'transformative' ICT



- National programme for Information Technology

Commissioned in Oct 2004 by the NHS SDO R&D programme to evaluate implementation



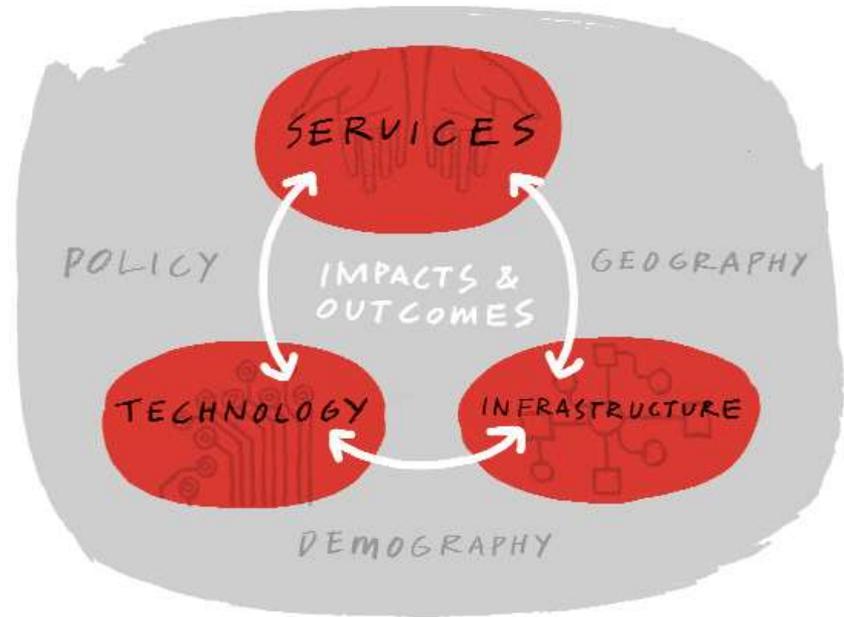
- Remote care

Early work commissioned by EPSRC in 2006 then 2008 by DH to develop and then organisationally evaluate largest, ministerial led RCT - WSD

Policy landscape

- Complex
- Turbulent
- Uncertain
- **Highly politicised**
- Risky – lots of cash spent..

- Combined with pressures of financial meltdown...



Policy landscape

- The UK has taken a world lead: over 20 government reports since 1998 have called for remote care
- New finance (£170m +) via Preventative Technology Grant, Whole System Demonstrators and other initiatives
- “We have to (introduce remote care) over the next five years if we are not to see the NHS go over the falls – the equivalent of Niagara Falls – with or without a barrel” *(Mike Bainbridge, NHS Connecting for Health, 23/06/08, eHealth Insider)*



LET THE GAMES BEGIN...

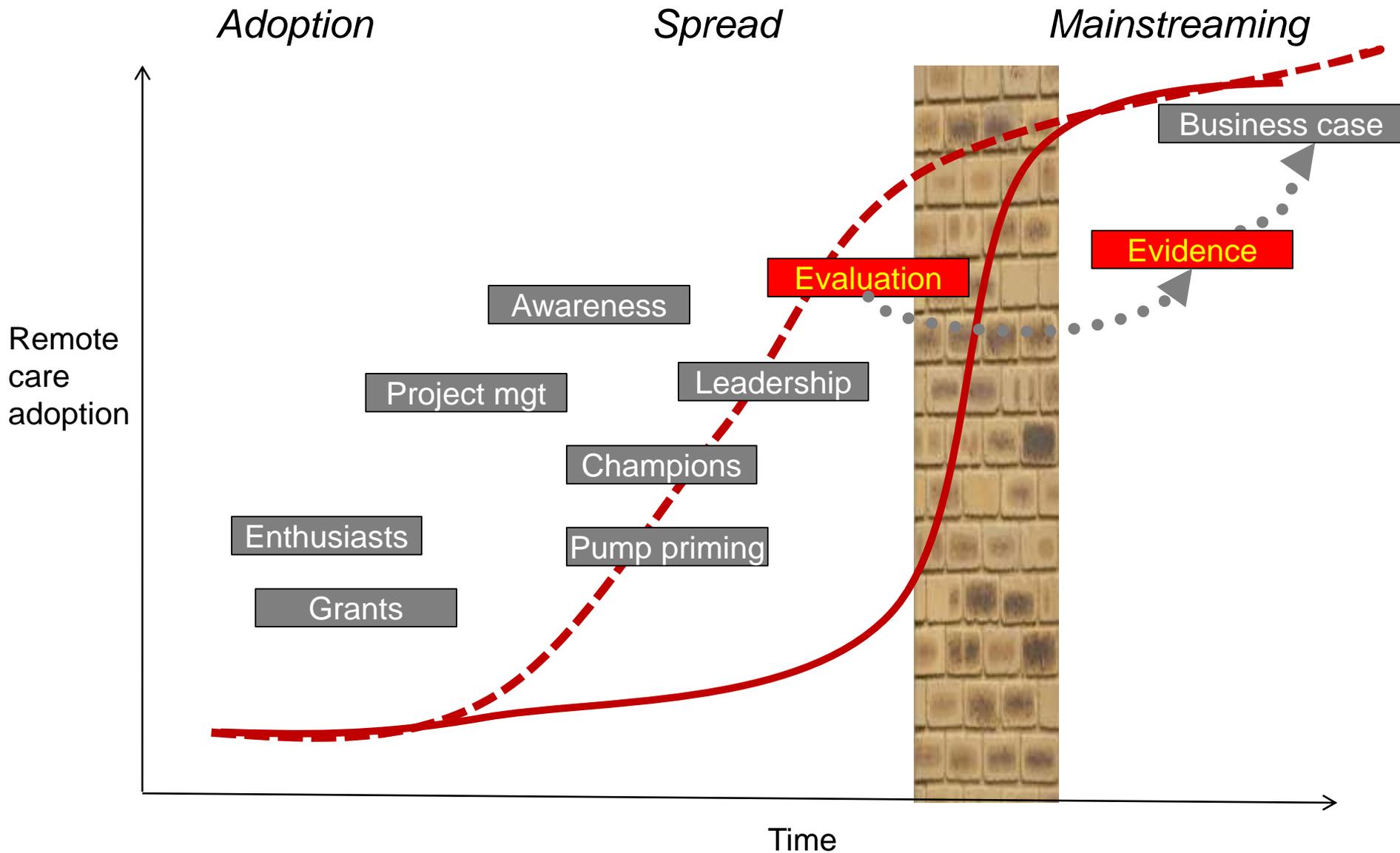
POLITICAL HURDLE

HEALTH CARE REFORM

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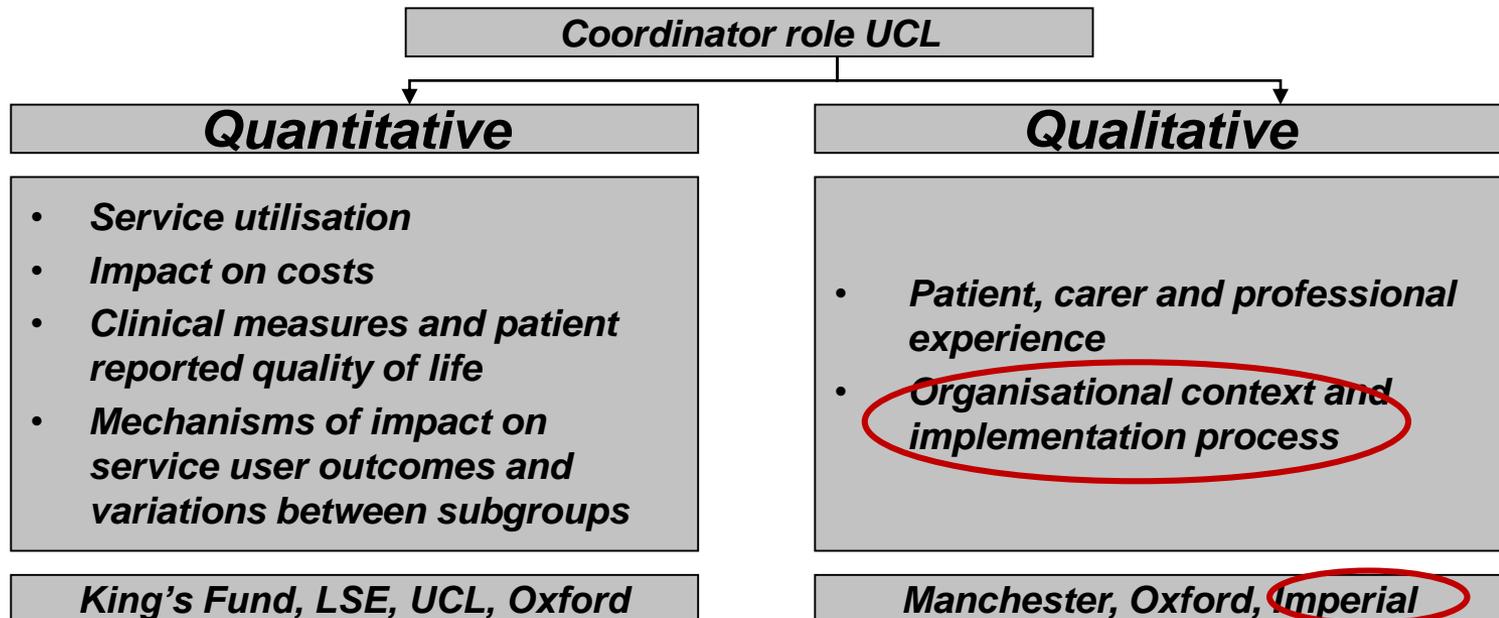


Key factors in moving towards a mainstream adoption



Evaluating the WSD

- Evaluated by a consortium (ministerial led)
- The largest RCT of remote care worldwide
- My focus - **organisational factors** influencing the implementation challenges of redesigning services using telehealthcare



My data...huge...

- Initial EPSRC funded research focused on the £170m PTG – remote care adoption involving 5 cases across England
- Ministerial led DH funded £50m RCT study - the WSD - involving 3 cases in England
- Additional money received for a third project on 3 non-WSD sites and 3 sites in the Kings Fund LAN (also DH funded)
- Telehealthcare Qualitative data with leaders and managers, technology suppliers...
- April 2006 –March 2012
 - ✓ 385 hrs of observations
 - ✓ 263 interviews
 - ✓ 162 documents reviewed

Warning!



Despite policy, pilot and or trial projects and huge level of financing - both initiatives have failed to create the benefits evidence and subsequent transformation promised....

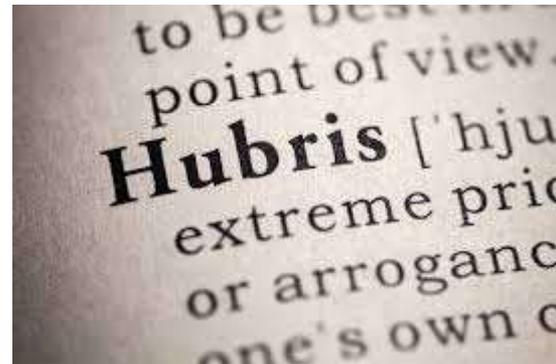
And now I can reveal the solution.....



Themes

1. Dangers of evidence paradigm (large and small)

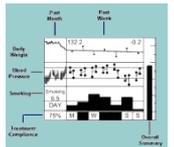
2. Be realistic not **hubristic**



3. Co-generate knowledge and benefits for evidence

The dangers of small scale evidence...

- Embedding new practice - within the remit of a small enthusiastic group - group distinctiveness and rivalries
- The right level of commitment – enough ownership/identification - not too much...
- Caution against allowing change to become positioned within the remit of a privileged few
- Lack of scalability
- Normalising practices, lessons not transferrable 25 to 5,000?
- The integration and redesign of existing models needs to be integral from inception
- ‘The fade away’ = loss of engagement



The problem...



Over identification....

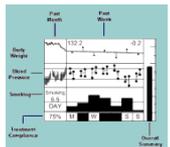
...they need to realise that if they got rid of me the programme would collapse because I'm everything, I'm very closely identified with it.

I don't want to work with others on this anymore - I feel we are the only ones who understand the nuances of implementation and other groups just don't really get that – so I fight to keep this here and if I can't then I think we will just give up

See Hendy & Barlow (2012). The role of the organizational champion in achieving health system change. Social Science & Medicine, 74, 348 -355

The dangers of RCTs for complex innovations

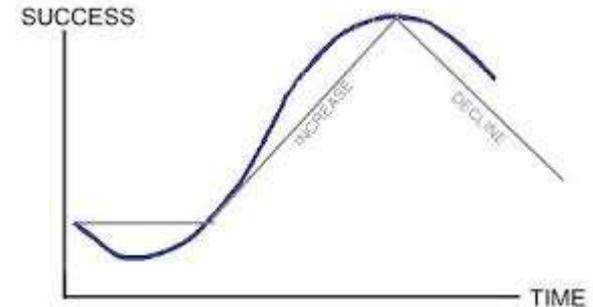
- **WSD** clue in the title
- 3 sites with contextual differences charged with demonstrating WS integration and service redesign
- Constraints of the trial required differences in local processes be flattened
- **Robust** evidence – at what cost?
- Unresolved issues of evidence – not there or just not measurable???



Be realistic not hubristic

Don't overplay -

- The advantages of ICT
- The ease of implementation
- The ease of engagement
- The **magic bullet** of evidence



Don't adopt a project/ pilot based approach

Do

- Give out **authentic** messages that match reality

Be realistic not hubristic



*I think it gives the work status and gives us an edge if you like – we are seen as being forward thinking and as being at the front. This is **good for everyone** here so I said count me in.*

*There's the **S curve** where you have a rise in expectations and excitement and then you have a huge trough where things start going wrong and you know, people are getting tense and nervous...*

Co-generate of knowledge and benefits for evidence

- Organisation as social actor has one view
- Practitioners on the ground have another
- Need to try and understand and align these views
- Need strong narratives about evidence and implementation - grounded in the reality of practice
- Not just quantitative evidence-based rhetoric



Co-generation of knowledge

Lack of alignment....

*...If you take the most basic level you have organizational values. The organization says you must have these values ... And you have the **personal values** that people who work in the organization have. People rarely check or match between the two. What we're getting at the moment is the **organizational values** are interchangeable but the personal values remain different in the staff who work within them. So you have people disengaging from the organizational values because there is this **conflict***

Some final takeaways....

- WSD has managed to highlight the many barriers 'to realising 'whole system vision' (DH Call 2006) such as systemic, organisational and professional leadership and readiness
- TH projects need to move away from 'experimentation' and adopt more organic evidence approach with distributed and hybrid leadership professionals are embedded from the outset
- 'Good' evidence in this field is not a magic bullet and what it is not self evident...



WSD legacy



Huge success - enabled remote care to be delivered to thousands of people and their carers... despite the **'evidence'** roll-out will continue...

Thank you!

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