Paul Parsons — This is Not a Consultation.

Caroline Latta - I'm Caroline Latta.

Paul Parsons - And I'm Paul Parsons.

Caroline Latta - Welcome to Not A Consultation.

Paul Parsons - Our podcast on all things patient and public involvement and NHS service change.

Caroline Latta - We're back!

Paul Parsons - Yes, we're back. It's been a while. How have you been?

Caroline Latta - Like we don't speak to each other every day.

Paul Parsons - Yeah, but shhhhh, listeners don't know that.

Caroline Latta - Of course they do, but thank you. I'm really well. How are you?

Paul Parsons - I'm really well too. It's a bit warm here at home today, if I'm honest. Where are you?

Caroline Latta - Well, I'm actually working today on the Scottish borders. It's lovely here too. It's a bit hot to work, but to be honest, we're doing our podcast and that doesn't really feel like work.

Paul Parsons - No, not when our guests are this good, it doesn't. So tell us, Caroline, what are we talking about today?

Caroline Latta - Well, you know, I always get very excited every time we do a podcast, but today I am really super excited, because today on the show, we're talking about NHS England's new Major Service Change handbook.

Paul Parsons - Yes. Earlier in the year, NHS England launched a significant new resource to support NHS teams in planning and delivering service change programmes.

Caroline Latta - It's an exciting resource that we think is going to be really helpful to all you listeners out there and we wanted to find out more about it, so we invited the team who put it together to come and speak to us.

Paul Parsons - They agreed and as always, we started our chat by asking them to introduce themselves.

Jonny Williams - Hi, I'm Jonny Williams. I'm the senior programme manager for service change and reconfiguration in the System Transformation Team at NHS England and Improvement.

Emily Steward – Hello, I'm Emily Steward and I'm the head of the Southeast Clinical Senate and today I'm here with that hat on, but also with the hat of my previous role when I was working with Jonny in the Systems Partnership team at NHSE on developing some of the support for major service change that we're going to be talking about today.

Caroline Latta – Firstly, massive congratulations on creating the handbook. It's a really impressive resource. So where did the idea to create it come from?

Jonny Williams – It's a really good question. So the genesis of the interactive handbook actually started before even I joined the team. Back in 2019/20, the System Transformation Team commissioned a piece of research with a company called SQW to look at effective approaches to major service change. And the intention of that research was to develop case studies and good practice for the systems that were embarking on their own change programmes. But what we actually discovered during that course of work was that many systems would undertake service change, lacked the organisational knowledge to truly understand some of the best approaches to carrying out large scale reconfiguration, and they had to learn that on the way. So what we ended up doing as a result of that research was looking back on the work that we were doing and deciding what needed to happen to help sort of demystify the process of service change and reconfiguration. Before the work that we were doing in the past couple of years, really the most important document out there was the National Guidance on Planning, Assuring and Delivering service change for patients. So we wanted to take that as the starting point to create something to help systems better learn how to apply the guidance in the context of their change programme.

And what we settled on was something that kind of met the need of demystifying that handbook while also becoming an interactive document that system leaders and programme managers could dip in and out of throughout the lifecycle of the change programme that would help them over a long period of time to know how to do something effectively. But also what's on the horizon for their change programmes, what to look out for and what they can do well. So that's how we ended up coming up with this handbook. It went through many iterations, I won't lie, but we think the final product has a

really good balance of those top tips case studies, but also that kind of important, vital information that comes through in the guidance.

Paul Parsons - Thanks, Jonny. The handbook itself is a quite substantial 83 pages and it signposts to dozens and dozens of other important documents. How did you go about collecting and collating all of that information and bring it together in one place? Who did you involve in doing that?

Jonny Williams - Well, we were able to start off on quite a good foot by already having resources such as the one that yourselves did for us back in 2020 on the legal duties for service change. So it was great that we already had some resources to hand to help systems understand service change better. But the really important thing for us was this work about substantiating the handbook with loads of examples and loads of key documents that are all really relevant to the service change process, but that might not be specifically pointed to in the guidance itself. So what we did do throughout the writing of the document was feed it into our regional reconfiguration colleagues. So those are the people who often sit in the strategy teams within regions to ask them what we were missing, what in their experience of supporting service change in terms of documentation has helped their systems and what out there exists that we aren't already aware of. So we did a large sort of concurrent exercise while we were developing the handbook by looking at previous service change schemes that we had recorded, that had either been implemented or were in the process of implementation, and we went directly to those systems to ask them: what do you have that you'd be happy for us to share?

What worked well with you and what did you need while you were undertaking that change to better understand how to do it effectively and through that process, we were really lucky we had lots of people that were on board with what we were trying to do, so we've got a really decent amount of information that was relevant to the handbook that we were able to share. But in addition to that, I have to kind of tip my hat to the team that existed before me in terms of the amount of work that went into developing our Future NHS workspace on system and service reconfiguration. That was a real labour of love for the service change team and that's really full of a lot of independent research from

external organisations as to change and as to the service change process in particular. So we had a really good basis to start from, some really good materials that we commissioned from organisations like yourselves and some really good engagement from our regional and system colleagues to build up those documents as well.

Emily Steward - And I was just going to say, actually, Jonny, that I think it's having those documents and those case studies that is the real sort of beauty, or maybe even the success of the document and that interactive element, because the process of service change can be really quite dry, can't it? And obviously we all here are doing it all the time and are well invested in it, and some people might think are a bit mad but actually enjoy it, but actually systems don't, and all of those chapters have those links and I think it really brings a process to life and that's certainly what's been fed back to me from colleagues who have been using it.

Caroline Latta - Well, we love the handbook and I think we're all fellow geeks or nerds. You're right, Emily we're well invested in service change and we all know, don't we, it's all about making things better. I'm interested to know, though, how's it been received out there by change programme colleagues out there in the local systems. What's the feedback been like?

Emily Steward - Well, the feedback has been excellent, actually, and I can talk specifically about south east and Jonny can talk more generally. From a Clinical Senate point of view. We've shared it with all our council members and perhaps it would be helpful to say that just the Clinical Senate is a body of clinical and care professional leaders, systems colleagues and patient and public partners, and they have all said how helpful it is. People who have particular interests, for example are public health colleagues who have said that the chapters on inequalities and equalities is particularly good.

Reconfiguration colleagues in the region are also using it and recommending it to systems and I think it means that those of us involved in service change don't need to be walking encyclopaedias and others can dip in and out of the handbook. And one system that I'm working with has commented that they find it particularly valuable. It's

comprehensive, it's engaging, it's written in plain English, which I think is key, and there's so much we've alluded to it already, but guidance and legislation and systems are working through that. At the same time of having to engage stakeholders and the public, they find it very easy to navigate all the relevant pieces of information that are there. So that's the feedback I've had.

Jonny Williams - In anticipation of this conversation, I actually took a look on our future NHS workspace to see how many times the handbook had actually been downloaded by our members. And I wish I'd done it earlier, to be honest, because I was very happy that nearly 500 people have downloaded the handbook since we published it on workspace since February, which to me is just such a fantastic achievement. I think it goes to show that there was a desire for this kind of product out there. We've been sharing it sort of directly with our system colleagues as well, whenever we provide them with support or training as part of that process as well. So it's really nice to know that there's a lot of people that are using it and a lot of people that are interested in it as well.

Paul Parsons – 500 downloads is amazing. Well, really well done. To show that it's got that kind of traction so early into its life is amazing. I found it really helpful. I found it to have really clear explanations. I think the accessible English point is really well made. It's readable from if you know nothing about service change, it's quite daunting, but it's readable and you can get into it and you can go and find other examples. I particularly like the structure that you've used. Eleven sections, each focusing on a specific area of change. How did you decide to put it together in that structure? What was the thinking behind that?

Jonny Williams - That's a really good question, and I would say that probably two main factors helped us shape the scope of the handbook. The first was definitely the learning from the research that we commissioned. That was sort of the beginning of the handbook, which was that often systems almost begin, in the middle of a change programme, implementing change before they've really taken a step back to realise what their situation is, what the drivers of those changes are and what the landscape of their sector looks like at the time. So it was really important for us to start by taking a step

back, which is why the handbook begins with information and advice about understanding the drivers and the context of your change. Similarly, the research is also telling us that a lesson learned for many change programmes that were through to implementation was that it was difficult for them to start evaluating the benefits of that change because the implementation didn't include, as potentially strongly as it could have done, how to actually plan to evaluate the change. So that helped us to really determine the scope of the handbook, to start from the very, very beginning and end on benefits implementation and recognising the benefits of the change that you've gone through.

Concurrently with this, part of the larger work that we were doing in System Transformation was identifying other avenues of support. So the handbook featured really strongly in last year's work, but so too did this plan that we had that we'll talk about, I'm sure in more detail later for the delivery of a major service change learning and development programme. And when we were thinking about what that might look like, we were thinking about some of the touch points and change programmes that systems often struggle with. And that helped us, in collaboration with our suppliers at the time, to kind of hone in on some really fundamental aspects of service change that it's really easy to get wrong. So engagement, for instance, became a really important chapter for us, but so too did, for instance, the alignment of business cases that are involved in the service change process. So the research really helped us to kind of define the scope and the work that we were doing in tandem with it helped us define some of the individual chapters within the handbook.

Caroline Latta - Jonny, as you've mentioned, you've dedicated a section to early engagement. And you know us well enough to know that we're big, huge, massive advocates for the benefits of early and continuous and meaningful engagement. And it's importance, and sometimes it is overlooked by programme leaders. So could you tell us a bit more about that section?

Jonny Williams - Yeah, absolutely. I think, again, much like the scope of the handbook, the research really helped us to pinpoint where things fell down and where things went wrong. And quite often in those historical change programmes, it went wrong not in the

spirit of the change programme, but the timing of the engagement of that change, specifically around the engagement with organisations that have a statutory duty to scrutinise these programmes, like Local Authority Health Overview Scrutiny Committees. I have to say, this isn't just hearsay, as part of substantiating this handbook, we looked at a lot of referrals to the Independent Reconfiguration Panel, we looked at a lot of judicial review outcomes. And time and time again, the issue of not engaging early enough or often enough was cited as a reason why there was a legitimate reason to refer that change programme. So it was really important for us to embed the idea that continuous engagement throughout the life cycle of the change programme is paramount to its success. And the way that we see it is that engagement with those really key stakeholders, like your public, your patients, your service users, your local authority colleagues, your staff and your workforce, aren't restrictive elements of the change programme.

They actually enable you to make better, smarter, more conscientious choices about the options you consult with the public on about the way in which you evaluate those options and the way in which you communicate those changes that you may be decided on as a result of public consultation to your public, to the people that are going to be affected by those services. It sounds like really common knowledge, but ultimately, in the lifecycle of a change programme with so much detail and granularity, it can be really easy to forget that that's such a vital part of the whole cycle of a change programme. And so our section on engagement was all about making sure that you embed it from the very first to the very last part of any programme of service change and reconfiguration. And hopefully, as well, we were able to point to some systems that we think had done it well in the case study sections, and also point to some existing resources, like the toolkit for communications and engagement and service change as well. So really proud of that section and hopefully it lands well with systems too.

Paul Parsons - Thanks, Jonny, you mentioned all sorts of different stakeholders and partners in your list there. I'm just wondering, Emily, with your knowledge of Clinical Senate, how does clinical engagement and involvement with the Senate fit into that engagement section?

Emily Steward - Yeah, thank you, Paul. And I think thinking about what Jonny was saying and how that early engagement with all stakeholders can strengthen, actually, the business case, Clinical Senates really do fit in there. Obviously part of the assurance of NHS England for service change, but Clinical Senates are made up of experts who have a direct line of sight to the patient, and that's something that others involved in the process don't have. And actually, the drivers for service change should be quality patient care improvement and benefits for patients. So although Senate recommendations aren't mandatory, the idea is that they facilitate that. And I think what we see when programmes come to us is they've got a great idea and obviously it's clinically led, but sometimes it's not supported by robust clinical evidence, and that is the test that we're looking at. So those early engagement in the Clinical Senate, I would say, from my perspective, prior to stage one, strategic sense check, regular meetings, appropriate to the planning stage the system is at, but certainly once we pass that stage one regular and ongoing, and then that means that the proposals will reflect the guidance, national and international best practice for example.

Paul Parsons - There's lots of change happening at the moment out there in the systems, with the impact of the new legislation, that's obviously going to have an impact across all sorts of different things. What are your plans for developing the handbook to take all of that into account and for developing it generally?

Jonny Williams - Yeah, lots of changes. Quite luckily, the System Transformation Team also has a remit to support systems with those larger transformation objectives, like establishing integrated care systems and integrated care boards, integrated care partnerships. So we're really tied into that work and also thinking about service change as part of the long term strategic vision for integrated care systems as well. But the Health and Care Act does have some specific new duties around service change and reconfiguration, not least new powers for the Secretary of State. But one of the joys of the way in which we designed the interactive handbook, or at least something that I consider to be a joy, is that it is a living document. It's full of examples of where things have gone well. It's also full of links to other pieces of guidance, like the Public Participation Guidance, the People and Communities Guidance. So by its nature, it always

needs iterating. So when we first came up with the concept of the handbook, it was with the agreement that it would be reviewed and amended on at least an annual basis. The timing was interesting because we finished the draft just before the Health and Care Act was given Royal Assent, so we were conscious of the bill, but we were really keen to get this document out there because we knew that amendments weren't going to change things overnight and we knew that this was already a really desired document as well.

So we did add a caveat at the beginning to say that it was reflective of the guidance at the time, in February 2022, but it was our full intention to update it once the Health and Care Act became law and once the regulations around new changes to service change came through. But I think beyond that as well, the handbook really does have a life outside of that too. I think we're seeing more and more amazing examples of how change has been managed really successfully in systems, and we want to be able to sort of reflect on that and celebrate it as successes as well. So it's kind of my vision that in a few years time, that handbook will be replete with just so many examples of where things have gone well, and we've designed it in a way that we can do that quite quickly and quite easily as well. So hopefully it remains a really relevant document for systems to take advantage of in years to come.

Caroline Latta - Thank you, Jonny. I really think the handbook is a brilliant resource and I know that many of our listeners out there will hopefully be rushing off to join the Future Workspace and download it for themselves to see it. I was just wondering, is NHS England and Improvement going to be offering any other support to change programmes?

Emily Steward - I'll take that question, Caroline. Yes, NHS England is, and we offer a learning and development programme for major service change, which started at the beginning of 2021 when I was in the Systems Partnership team. We got together with colleagues from North East, Yorkshire and Humber regional team, and McConnell, Farahood and Wolf as delivery partners to put together a module learning and development programme on major service change. And the aim was to provide information and advice to colleagues driving the reconfiguration of services locally. And

this programme in its entirety looks at the lifecycle of service change with the first module giving a very broad overview and other modules looking, for example, at options, appraisal, developing a PCBC consultation, and people can dip in and out of them. And what we found with the pilot was we worked closely with the programme director and he was actually a rarity. I was thinking, I don't think he'll mind being called a rarity, will he Jonny? Because he's actually done a number of reconfigurations and really appreciated the difficulties and challenges because for most people it's a once in a career experience. So we had meetings with him and his team and they really helped develop the content and delivery of the modules and we're very grateful to them actually, because it was a two way process.

They were relentlessly asked to evaluate the modules, which was incredibly valuable for us for improving the course and planning for the future. And actually that evaluation was extremely positive, so on average 94% of delegates would recommend the course to others. And in addition, every module was successfully scored higher post evaluation against the question concerning subject matter and confidence. So that pilot was a great success and enabled us to get funding to further develop it. And I'll hand over to Jonny.

Jonny Williams - Yeah, I'm really happy to say that that programme has got funding to be delivered to systems which we're really proud of. It's a kind of flagship support offer to systems that are undertaking service change. As Emily said, we've kept it at eleven modules, they all evaluated really well in the pilot and they've all been received really well. We've run it once already back at the tail end of last year. We've actually, as we speak, got adverts out for cycle two of this programme, though tickets are selling very fast. It's the hottest thing in town, I like to say to the team. And as part of that offer, as well as offering out on a sort of three for all basis, we also offer it as a bespoke package to individual systems that are currently undertaking service change. They may be finding themselves encountering challenges that they haven't expected, or they may be very early on in their change programme and could benefit from horizon scanning and seeing what's coming, or they might have encountered issues around previous referrals or kind of difficult contextual situations. Maybe they're managing a temporary change, for instance. What we can do is give them that learning and development programme in a

bespoke version to their programme team to help them sort of workshop between themselves how to improve the process of their change programme.

So that really is the kind of major support that we offer to systems. And the good thing is that for system colleagues, it's completely free to attend. All of the modules are CPD accredited, which means that they'll get professional development points for attending and we share the resources that we use during the day with them afterwards too. The other thing that we offer in terms of support and I'm often called up for how much I harp on about this, but it really is my baby. It's our future NHS system and service reconfiguration workspace, which is where the interactive handbook lives. But it's also where we talk about the learning and development programme and the other kinds of support that we offer to systems. And our long term vision for that is it becomes a place in which peers can collaborate and connect with each other. One of the things that we often hear from the research that we do is that systems learn really well when they hear from other systems. So what we want to do is create a forum on that workspace where people are comfortable to come forward, to ask questions, to touch on sticky issues, to find examples of previous documents related to change programmes or just to connect with colleagues who have been through the same experience that they're going through now.

At the moment, we're doing really well. We've seen our membership increased by over 100% since we had a refresh of the workspace in July. We have over 500 members on the platform now and we're just hoping we can continue to grow it so it becomes a really great space for people to be able to learn more about service change and to connect with each other at a system level too.

Paul Parsons – Thanks, Jonny. That means that nearly everybody who's a member has downloaded the handbook. That's an amazing achievement. You said there that tickets were selling like hotcakes for this training programme, so let's tell our listeners where they can sign up.

Jonny Williams - Absolutely. You'll be completely unsurprised to hear that they can sign up through the Future NHS Workspace. So we have a whole section on the workspace about our learning and development programme. In addition, I should have mentioned, in addition to the modules that we deliver, we also deliver a lot of stuff ourselves. So we do webinars on things like how to manage temporary change. We're planning a webinar on the recent addendum to the planning, assuring and delivering service change guidance. And we will be doing some direct support around the impact of the legislative changes as well. All that information also sits on the Learning and Development section of the Future NHS Workspace. But I would also say that if anyone is listening that would like to access these resources that doesn't receive them direct from their regional reconfiguration lead to use the Contact section of the Future NHS Workspace where every region's reconfiguration lead is listed. They're a fantastic resource, not just in terms of their own knowledge and content, but to connect and sign posts to wider national offers like ours and others that are relevant to change programmes as well.

Paul Parsons - Brilliant. Thank you. A kind of wide ranging question to finish up with, really, for both of you. This is a massive undertaking that's not just a few months in the making, but it's years in the making. So what have you learned from the process? What did you learn from developing the handbook and the training offer? And would you do it all again?

Jonny Williams - It's a really great question and I've been ruminating on it for a while, actually, and I would have to say I think the biggest piece of learning I've had from writing this handbook and from sharing it, is that there really is so much to learn from systems. The best advice I got about the content of the handbook when I was sharing it with colleagues always came from those who had been through it themselves. And it's not even just practical advice about how to write a strategic outline case or how to evaluate your long list of options. Sometimes it's about how to describe those frustrations with change programmes. We talked earlier about engagement and how it can sometimes be really difficult. I think if this handbook hasn't been written arm in arm with people who have gone through it, it wouldn't be nearly as effective, because we wouldn't talk about the things that aren't in the guidance, that aren't listed somewhere as things to consider.

But that can become really tough, sticky issues in change programmes. I really hope that the handbook goes some way towards addressing those nuances that exist in large scale change programmes and kind of helps readers to understand that if they're going through the same thing, they're not alone.

It's not completely unheard of for stakeholders to have different opinions. It's not unheard of to be unsure about your clinical engagement strategy, it's not unheard of to get a long list of recommendations from your clinical senate. I just hope that, having done that work with systems and with stakeholders, we were really able to make a handbook that gets to the heart of how to do change really well. And I think I would do it again. It's taken me a while to decide that I would do it again, but it was really an ultimately enjoyable experience and it's just so satisfying to know that it's reached a need for people and that people are using it and that they do appreciate it. And ultimately, like Emily said at the beginning, change is all about improving things for patients. This is a tiny little thing in the grand scheme of care, but if it goes any way towards changing services for the better for patients and the public who use them, then I'm sold. I'd do it a million times over.

Emily Steward – Yes, I completely agree with everything that Jonny said. I would also do it again. For me, personally, I think what it showed is that there's always something to learn. But I'm not an expert on every aspect of major service change, and nor will I probably ever be. So it's quite humbling to sort of have that own learning experience for yourself. And I also learned, again, similar to Jonny, the real commitment of systems and people involved in service change to getting it right for patients and their communities, and how much systems needed a product like the handbook to help them navigate the world that is service change.

Paul Parsons – Thank you very much.

Caroline Latta – What a fantastic episode that was.

Paul Parsons - It really was. I'm sure you remember how excited I was when the handbook was first released. I could barely contain myself.

Caroline Latta - Oh, yes, I do remember. You were like a kid on Christmas morning.

Paul Parsons - The work they've done is absolutely incredible. The sheer scale of legislation, guidance, case studies and all the other associated supporting documents is breath-taking. The work that must have gone into it to compile all of that into something that is thorough and digestible is amazing.

Caroline Latta - You're right, Paul. It's simple, it's logical, it's really well laid out. It looks fab. And we know how difficult it is to make extremely complex things seem simple. It takes a lot of hard work and they've put the effort in and it's paid off.

Paul Parsons - It has. And obviously really proud to see that the Legal Duties for Service Change guide that we wrote for NHS England with Capsticks is so prominently featured in the handbook.

Caroline Latta - Yeah, that was really nice to see. And Jonny also tipped his hat to us on that too, didn't he? It was just so good to see how much effort they put into the research and engaging with their audience before they started drafting. And as everybody knows by now, we're massive fans of early engagement. So well done on that.

Paul Parsons - It does seem like sometimes that you need a PhD to even start reading some of these documents. So the fact they've used plain English and accessible design is going to make everybody's life so much easier. And it's great that they've already had more than 500 downloads for what some would say is a niche document. It's a massive achievement.

Caroline Latta - And it's going to have a massive impact. It might mean that we can give up our jobs as walking encyclopaedias on service change Paul, and instead the knowledge we have can be distributed more widely to help raise standards around how systems go about doing their service change.

Paul Parsons - You're right. And that can only be a good thing.

Caroline Latta - Absolutely.

Paul Parsons - And here we are at the end of the episode already.

Caroline Latta - Huge thanks to Jonny Williams and Emily Steward for joining us to talk about the major service change handbook. Take a look at it. It's in the transformation section of the Future NHS Forum. If you're not a member, sign up. We'll put a link on the episode page of the Not A Consultation website.

Paul Parsons - We'd love to know what you think about the handbook. Join the conversation by following us on Twitter @notconsultation or emailing us at listen@notaconsultation.com.

Caroline Latta - So that's it, folks, for this episode. There's loads more learning in our other episodes, all available on our website: Not A Consultation.com.

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