How to change the whole system
Thursday 28th January
07:00 – 07:30AM

HELEN BEVAN:
We are now going to hear a really informative talk from John Atkinson about changing the whole system.

JOHN ATKINSON:
I have got some thinking on how systems work and therefore how we might change them. A system could be me it could be you it could be your team could be your ward, your hospital, it could be the whole health system. This was the basis of my thinking on the design of Total Place.

Let's launch straight into the slides and have a look at this. The key thing in all of this for me goes back to that old phrase, "Problems aren't solved from within the level of thinking that created them." So if we want to change thinking, we need to think differently about how the system works. Most times, where we sit in a system changes what we think about them and what it does.

This guy, Jackson, US Supreme Court judge, in 1949, referring to a question, why is it as a Supreme Court judge you view a matter of law – a hard, disciplined subject – differently than when you were a federal prosecutor? What he is saying, where you are in the system alters how you think about it.

When I started to work with places, asking how their systems work, explicitly, you get something that looks like this, we have all seen them. This is your standard organisational chart. There are all sorts of assumptions about how things work, that are not necessarily helpful, they are limited things.

One of the assumptions is that the people in the system are employees, patients and carers don't usually appear on these charts, other organisations don't appear on these charts and thousands judge organisations on how it works.

Another assumption is there is a hierarchy of information, the person at the top knows what is going on and they pass that down the chain so by the time it gets to the bottom everyone knows perfectly what to do.

That doesn't work, it divides us into little teams that lose connection with each other. Usually when I put that up and we start to explore it, people say that is not really how we get things done around here. If we tried to work our system like this, it works up to a point and then we find things go wrong.

This is something we did in Total Place and this is what happens when you try and run a small English county on a hierarchical tree. Defined money comes in from all sorts of different sources, that line of boxes at the top, there is a line a third of the way down, primary school, secondary school, all kinds of convoluted routes in the middle where we try and make things work.

This is Obamacare and if you look closely, you will find the most important person is the Secretary for Health and Human Services, but you'll find the IRS, the tax agency, quicker than you find patients.

Trying to run them as big organisational charts doesn't work, it is a very mechanistic way of thinking. It has its roots in the industrial revolution where people sat on the end of a machine and serviced them to get a job done.

In an industrialised nation, when you deal with health on an industrial scale, we have industrialised it – not an ideal way to deal with human activity. If you say, well, that is just the Americans, this is the NHS here, this is still an organisational chart. The grey blob is the top, then it goes to a series of other bits, none of which are connected.

This is 2008 but the point remains the same. If you look at that chart and ask, does the money we invest in tackling childhood obesity give us the sort of return we should expect from it? There is no way we could answer that question.

The two green boxes at the top, local government and local communities, department of work and pensions, Department of Health have something to do with that, Ministry of Defence, culture, media, sport, all of these departments have an impact on the health of our young people.

We have no sense of how these things interact because we split them into constituent bits. We thought if we cut it into tiny bits, we could understand how it works and make it work more efficiently, but we lose the connectivity that makes things work.

This guy, James Phillips Kay, was a surgeon working in the slums of Manchester in the 1830s. He said, "The social body cannot be constructed like a machine on abstract principles, which merely include physical motions and their numerical results, in the production of wealth."

That is not the way to run a health service either. When I put this sort of picture up, people say, "Doesn't your organisation or team work like this?" It makes sense it should be.

This is a map of the internet, via ISP. It could be a transportation map, all sorts of things, but let us imagine it is the map of health and care in an English city. Let's imagine the green stuff is the acute provision, largely centred around a big hospital somewhere to the north of the city with a set of outreach to the south. Let's assume yellow is primary care, some bigger and smaller clusters, the red might be community health and social care.

What we see is it connects in all sorts of different ways, all sorts of different relationships at play, and identities at play, that all come together to get something done. If our mental frame that forms our thinking is one of an organogram, this feels more intuitively right and there will be a mismatch.

If the theory you have in your head, how the system works, and how the system really works are different, every time you try and change it, you will get some things right and all sorts of other things will happen that you didn't expect.

I'm going to suggest a way to work with that that is different to our traditional management and leadership processes. For me, this is a living thing. The subject of living things, when I was a kid, was biology. So I went to look at some biologists to see what they had to say about how you might work with living things.

These guys Maturana and Varela are from Chile originally, now based in Paris, said many things. Organisms from single cells to ecosystems have a variety of characteristics in common. One of the important ones is they evolve to be in relationship with their environment, a symbiotic relationship.

The nature of the NHS in England is defined by the nature of England, the NHS in Scotland is defined by the nature of Scotland and so on. And it defines the nature of thatplace too. If you try to change one without any change in the other, you are creating quite a disturbance. When there is that sort of perturbation, the organism tries to stop it and absorb it back.

If I think back to O level Biology, you've got the amoeba under the microscope and you drop some stuff in it that upsets it, it spreads itself around and absorbs it into its body and then spits out the waste.

So the effect of trying to change living things is that by and large they don't like it. They want to remain as they are. And if you manage to hold them, disturbed, long enough, they will adapt to the new condition.

These are good questions raised by a guy called Myron Rogers, who I worked with for about 10 years. How do systems work in general? What is my understanding of how a big, messy, complicated human system like a city or a hospital or like a place really works?

Then how does this system specifically work? Because if I understand that, I might be able to answer some of these questions, such as, how do we work the system? How do I as a system myself need to work in and with it?

And how would we ever know if we were making a difference? What would tell us that things are working or not working?

Almost invariably it is not the output measures we use all the time like the number of interventions or whatever.

What I really want to suggest to you is this – there are a set of characteristics, five big characteristics about how these work, and if we understand them, it will give us a clue as to what might make the slightest difference.

I'm going to go through these and pose some thoughts and questions and things that strike me and see if they are helpful to you in terms of what it might do to make things happen differently.

This is Lorenzo's strange attractor, which is all about chaos and complexity. Chaos and complexity means things are a bit messy but not anarchic. It is stable, stuff is still getting done. Just because the NHS is complex and Great Britain is complex and anywhere in the world is complex doesn't mean we are in complete disorder. Actually, it is remarkably stable.

But one of the effects of this is that cause and effect can be quite distant in time and place. So you start to change something... If you go to the UK at the moment, the care system is under huge stress financially and changing all sorts of practice. That will have an impact on how people are discharged from hospital, and it is.

That will have an impact on what you do with people in your ward, when they come into A&E, it will have an impact on who chooses to come in and why, yet the changes that may be most felt maybe a long way from where the impact was first made. And it may happen sometime later.

A really good way to see this happening with your teams is to draw a timeline back over a much longer time than you would expect and to plot all the things that you've done and all the changes that have happened and all the things you felt about it, and you will start to see how changes in one part of the system impact much later.

What you get with that is unintended consequences. There are always unintended consequences. They are not always unpredictable or negative. In fact, often they are the source of where we start to change. Penicillin was an unintended consequence of being a dirty petri dish on a windowsill overnight. Was it a good thing? It saved millions of lives. If it kills our immune system and we as a species die out in 100 or so years, it will be a terrible thing. Perception changes according to time.

But each time we tried to manage the consequences without taking into account the complexity, you end up with something like that chart that was Obamacare. As I said, it's easy to poke fun at somebody else's system, but with the NHS it would be the same.

This is a flock of starlings, how do they fly around without bumping into each other? They follow simple rules. We spend a lot of time designing strategies, action points and plans and whatever and these are all good and important things in trying to help us determine what we want to do. But what determines what actually gets done around here is often some very simple and basic rules. From these simple and basic rules emerge our patterns of behaviour.

I don't know if this is true or not, but if a basic rule was 'don't worry about your budget as we will never let a hospital fail and you will get bailed out', if you are the chief executive, that is really bad news.

You get brought up in front of the Secretary of State and you get beaten up about something you can't control because there is an underlying pattern of behaviour that is much bigger than any influence you have got.

If you really want to change the way the system works, start thinking about the underlying rules that give rise to these global patterns of behaviour. What do we need to do to change those? Then things will change really rapidly. We won't necessarily know what direction or have as much control over it as we might like.

Cognition – how do we get to know anything? This is a person looking at a tree. Or you could look at it the other way around. In a human system, the way the system works, the way it looks is very different depending where you are and that goes back to the Jackson quote at the start.

If you really want to understand what is happening in the system, you have got to have multiple and diverse perspectives. You can't just have medicos, you can't just have admin, you can't just have patience or carers, you must have the whole system to understand what goes on.

More than that, it is not really that simple. We see almost invariably what we already know. In other words, we don't tend to make objective views of the world and therefore rationally analyse what is going on. We already have a perspective of how things are.

So we are taking a view on things and it is almost already formed before we see things. So keep asking ourselves, how do we know that's what we're doing? What people say they do and what they actually do is often very different.

Again, if you want to change the system as a whole, surfacing the difference between what we say we are doing and what is actually happening can be very powerful.

Networks – that picture of the messy greens and reds and yellows, that's a network map. Networks hold information, the knowledge and knowhow necessary to get stuff done. If we don't attend to the networks as much as the formal chart, then what we lose is our capacity to really understand what is necessary to happen.

And it is really interesting that in networks, like on social media, it is my Facebook – if I have a friend on Facebook, they are a friend. If I see them, we have coffee and we tell the same stories we have told each other for 20 years. On my LinkedIn, I've got hundreds of people on there. People I have bumped into. If I see them, I will probably pick up something new.

It's the weak ties, people we hardly know, that start to change things. Yet we retreat into the things we know best and the people we know the best and tell ourselves the same stories over again.

The last thing about living organisms is they tend to self-organise. We continually use the past to determine what it is we want to do, how we should react to the future, what is our business? And we reinforce this identity in all sorts of traditions and rituals and language, in the culture of the way we do things.

If we're not mindful of how this self-organising process works and we just decide we are going to impose some kind of change on it and then very subtly or very brutally, the system we are in will act to preserve its identity and draw us back to what we have always done.

Really important for me in this is, if we are going to do change across a system and make it work, we too often launch in at the level of structures – how will we reorganise? Processes, what is the pattern of things we need to do? Systems, how does the IT work? How does HR work?

Whereas actually these are questions of identity. Who are we? What do we really want to create together? What is it that binds us to ourselves? Professions in health services are probably stronger than the services themselves at times. What is the information we share? How do we know what is going on here? What is available in order that we might make great decisions? How do we connect to each other in such a way that we might determine an actual capacity to build an enduring capacity to change?

If we do this, what emerges, if we focus on this identity, the nature of this relationship, what emerges is meaning. We start to see things that really matter. We start to do actions that really make a difference and we build trust. There is a wonderful quote from Kelechi, "Change happens at the speed of trust." You cannot change a human system quicker than people can trust it will be better.

That's me, a real quick rattle through a load of stuff. I'm trying to put me back so you can see me, which would be nice, I guess. Screen share... Turn that off. Can you see me, Helen? I can't hear you. (Laughs) Helen, I can't hear you, but I can see you, I think. No, can't hear a thing.

HELEN BEVAN:
OK, here I am. Can you see me?

JOHN ATKINSON:
Yes, I can.

HELEN BEVAN:
I've got your first question. What is your first tip for frontline staff who want to make a start in making the system change?

JOHN ATKINSON:
Oh, so many places to start. The first one, I would say top tip, go outside what you already know. That's really easy to say but it means have a conversation with somebody about what you are doing really well that isn't the person you would normally talk to.

Make a cup of tea, sit around and talk about how good or how bad it is, but talk to somebody different. And what do they tell you about the experience they have had in dealing with you? That will give you a different perspective. The more perspectives you have, the better. Go and talk to someone, you see, it works.

HELEN BEVAN:
The second question, I think it is a similar theme in the sense that it is about making it real.

Given that you are the kind of pioneer of Total Place, just give us a case study of applying these principles in some of your work with regard to Total Place or place-based change.

JOHN ATKINSON:
Total Place, one of the principles we had that came out of this is that people own what they create.

Normally when you run these big programs, you say, "I want people who are going to look at what the relationship should be. Let's pick one that might be topical between primary care and acute care." What we said instead was, "What matters to you in your place? What causes you the most problems? We will work on that."

So it changes the focus of, there is somebody at the top who understands what the problem is and what you need to do to resolve it, to a focus that says, "you know what is difficult for you and we will help you work that out." It is a subtle but important shift in thinking.

The other thing was making networks work, we got all the finance directors to gather up, all the people that deal with children's health to meet up, all the people in the north-west to meet up.

Some people, for some people it didn't work, but if you don't create the opportunity for people to have conversations, you don't release the intelligence in the system and create change in the system. Those are couple of things, but they are legion we could go into.

HELEN BEVAN:
And how much influence can we have on the whole system as one person?

JOHN ATKINSON:
This is the butterfly flapping its wings – if the butterfly flaps its wings, is there a storm in China? The answer is we don't know. The nature of complexity is, you cannot say, there is a direct causal link between something I do as an individual just there and then with a patient differently and a global change in the system. And we know absolutely that its only those things that will change it.

If patients don't experience anything different, nothing has really changed. My sense of the question is, do it, you may never know or get the credit, but that is not why you are doing it anyway. If in doubt, give it a go.

HELEN BEVAN:
Very wise. Final question, from me, knowing what you know about the health and care system in England, if you had a magic wand and could do one thing that would make the system better, in general, what would you do?

JOHN ATKINSON:
I would give it more time. I think it is time intensive. We sent out a five-year view guidance and you had to work out where your place will be for your STP (sustainable transformation plan). Two weeks later we are telling what places are and two weeks later it has to be done.

Actually, to make places and systems work, you have to start slow to go fast. If you don't connect up the meaning in the beginning, it just unravels and you end up doing it over and over. Make time to do the important things rather than being busy and feel a need to be seen to be doing it. You can't do it if you are forever going in circles.

HELEN BEVAN:
That has been such a big theme, make the investment of time to make the system relationships, the trust and connectivity. Move beyond winners and losers.

What has been great about your presentation is you have come at things from a different angle and give us a lot of insight. When we combine it with what other people have been saying, the sum is greater than the parts.

Thank you so much for getting up early and being part of our Transformathon today. We look forward to collaborating with you, and your wisdom, into the future – thank you so much.

JOHN ATKINSON:
Thank you.

HELEN BEVAN:
Transformathon viewers, we have just finished our 7:30am session. We will close down for a couple of minutes to set up for our next speaker, and normal service will be resumed shortly.