



HOW TO IMPLEMENT DIGITAL TRANSFORMATION PROJECTS AS A CLINICAL CHANGE PROGRAMME AND NOT AN IT PROJECT

SHIFTING PEOPLE,
MINDSETS AND CULTURE

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WHY DIGITAL TRANSFORMATION IS NEEDED: THE HISTORIC STRUGGLE

It is evident that the health and social care sector is undergoing transformation. In fact – when an increasing demand in health care from an ageing population and other demographic changes is battling with a reduction of supply both in resources and physical facilities – there is little choice but to transform.

Naturally, with this shift in equilibrium, leaders look for innovative solutions to either reduce the demand or increase the supply of health care, most of the time both. Therefore, the focus in the next decade for the health and care sector will be to move towards proactive, preventive and decentralised care delivery models. The intention being to alleviate the pressure of demand in settings where supply of resources is limited, all while putting the patient at the centre of care.

Simply put - the future of health care is bringing care closer to the patient.

For some time, it has been recognised that data and technology are key enablers to achieve exactly that. From artificial intelligence to genomic sequencing, extraordinary solutions have been proposed worldwide to address the current health care challenges. Many great ideas but, unfortunately, few ideas have “made it”. While such advances can solve many challenges, it brings its own set of challenges altogether.

HOW DIGITAL TRANSFORMATION IS DIFFERENT IN HEALTH CARE THAN OTHER SECTORS: COMPLICATED VS COMPLEX

Implementing digital change in the health care sector is significantly different than other sectors. Here are some reasons why:

- ◆ While challenges in other sectors are complicated- difficult but essentially predictable, the health care sector presents complex challenges – ones that are dynamic and emergent. This is due to the **complex structures** of the health systems in the UK, with many, often too many, layers and organisations which often lead to misaligned interests with accountability split across multiple agencies.
- ◆ Unlike other sectors, there is a **widely held belief** both by its workforce and **the public that the health and social care system struggles to manage change** that involves digital technology. This belief is driven by past experiences in which only a fraction of the original vision has been achieved such as the National Programme for IT (NpIT).
- ◆ The health and social care sector has always been **under continuous pressure** both due to exponential rising demand and reduction in supply. To then put into place new, disruptive work processes on top of this pressure, introduces a new series of risks and challenges that the workforce finds difficult to digest and balance.
- ◆ While digital solutions require heavy upfront investment, the **return on this investment** in health care takes a considerably longer time than in other sectors since patient health outcomes cannot be accelerated.

WHY PREVIOUS ATTEMPTS HAVE FAILED: TECHNICAL VS ADAPTIVE

While specific inter-sector challenges exist, intra-sector challenges present their own hurdles. Alongside inter-sector challenges, technical and structural challenges are one of the reasons previous attempts have failed, of which some include:

- ◆ lack of interoperability in a concentrated market;
- ◆ inadequate in-house implementation and digital experience;
- ◆ lack of support and confidence among all patient groups; and
- ◆ requirement of heavy upfront investment with strict budgets.

However, if in an ideal world all the technical and structural challenges were resolved, history has shown that implementation of digital solutions in health care settings would still not survive. There is one core reason for that: *Lack of focus on people and their mindsets.*

Historically, those undertaking digital transformation projects have viewed digital projects as technical change projects – change that can be planned out and results of change predicted easily. While technology is technical, these projects rely on on-the-ground change and human behaviour for its success.

Digital transformation projects should be viewed as a clinical change programme which uses technology as a tool – not an IT project.

There are numerous examples where, technically, the digital product or service has been exceptional, but the culture and the people of the organisation did not believe in or align with the product, service or change to be implemented. With the importance of this overlooked, many brilliant ideas did not make it to the patient.

An example of that is the NPfIT, a programme digitising the NHS that closed in 2011. Reviews of the programme found that it focused too much on technical solutions to “adaptive” problems, and prioritised processes over people. Another recent example reminds us of the same problem – the delay in the [NHS GDPR](#) roll out was driven by NHS focusing on the process before building confidence of its people.

SHIFTING PEOPLE, MINDSETS & CULTURE

HOW MINDSETS CAN BE SHIFTED TO ADOPT CHANGE

People invest in people - processes and products follow. That is a rule that will inevitably always remain valid. Health care staff do not want to be treated as a data point, performance target, a code or any label in that matter. They are all individuals with a perspective, unique mindset and motivations.

To expect anyone to change, focus needs to be on understanding them first to allow any mindset and cultural shift to follow.

As an iterative process, the following can be a starting point:

1. UNDERSTAND THEIR WORLD

This is the most challenging part of the process, yet a crucial opportunity to maximise chances of implementation. Prior to developing solutions or identifying any problems, project leaders should set sufficient time aside to connect with and thoroughly understand the people undergoing the change including both clinical and non-clinical staff of all levels and hierarchies. It is critical to establish a clear view of their world.

A thorough picture must be formulated of where the organisation's current mindset and culture baseline is, and understand why they are there. Some areas include:

- ◆ personal and professional motivation to stay in health care;
- ◆ alignment to organisation vision, objectives, goals;
- ◆ readiness and capacity to change (digital and mindset);
- ◆ historic challenges with previous attempts;
- ◆ involvement in previous change projects; and
- ◆ familiarity and confidence with digital technology.

2. SPEAK THEIR LANGUAGE

Once project leaders have understood the workforce's world, focus should shift to identifying communication strategies to reach individuals in different staff groups holding different perspectives. Communication should be tailored according to the need of the workforce:

- ◆ Prioritise their vision over the change by clarifying how the change/product/service supports their individual/organisation vision e.g. this change is a tool to give you more control of the pathway and make data-driven decision best for the patient.
- ◆ Use their comfort language to reach them e.g. data-driven performance language with operational leaders, clinical-outcome and patient-driven with clinical teams.
- ◆ Identify comfort zones e.g. are they more comfortable speaking face-to-face/virtual, one-to-one/large groups, within own profession/subspecialty or on programme level.

3. BUILD A CHANGE SQUAD

For change to sustain, internal teams must be able to cascade the change throughout the organisation without reliance on external support:

- ◆ Start off with Leadership-led change: ensure all leadership teams/individuals are all aligned to the same vision and objectives;
- ◆ Identify change champions from all sectors, professions and roles who believe and are aligned with the change programme; and
- ◆ Set up regular check-ins with the change squad to identify new "resistors to change", review progress of mindset shift, identify and resolve barriers to change within each sector, profession, role.

4. SUSTAIN THEIR CONFIDENCE AND BUY-IN

Any change programme should aim for sustainable improvement – long-term confidence and buy in. Therefore, engage and involve the people early in all stages of the change programme, including development, testing and roll-out:

- ◆ Actively engage all staff groups and empower voices by setting up communication forums at all levels of the hierarchy e.g. Working groups, steering groups, board meetings;
- ◆ Encourage user-led innovation in which solutions are built on user-centred design principles (both clinical and operational input); and
- ◆ Upskill the workforce according to their need by tailored workshops, trainings and role-modelling e.g. technological skills, management, leadership.

The health and social care sector will continue to transform and battle through pre-existing and upcoming challenges. However, one thing will never change. The core to any change programme is the people undergoing the change. Investment must be in shifting people and their mindsets, processes and products will follow. Therefore, so long as digital transformation projects are viewed as a clinical change programme in which its people are prioritised, we will be one step closer to sustainable digital change in health care.

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