

## Briefing 2: Helping teams identify what they need to do differently in new models of care

### Why do we need to know about practice behaviours?

- Service transformation means organisational change at multiple levels.<sup>1</sup>
- Organisational change means individuals (commissioners, managers and frontline practitioners) changing their practice.
- If staff don't change their practice, transformation won't work.<sup>2</sup>
- To help staff make changes, we first need to know what they will need to do differently to adopt new models of care.
- This can be harder than it sounds: taking a behavioural approach is helpful.
- In the Teams Together programme, we worked **in collaboration** with teams from four New Care Models Vanguard sites across the North West to **co-identify** the important practices to change.

### What do we mean by behaviours?

Behaviours are anything we do. They have to be **observable**: others can see or hear them happening, and **measurable**: we can count them. We asked managers and teams **'What does the new model of care mean for your team's day-to-day practice?'** On the left are some examples.

### Focussing on behaviour...

Sometimes teams found this question tricky and we needed to ask more questions:



Managers said: *'My team needs to get along better'*

We asked: *'how would you know if this happened? What would they be doing more or less of?'*

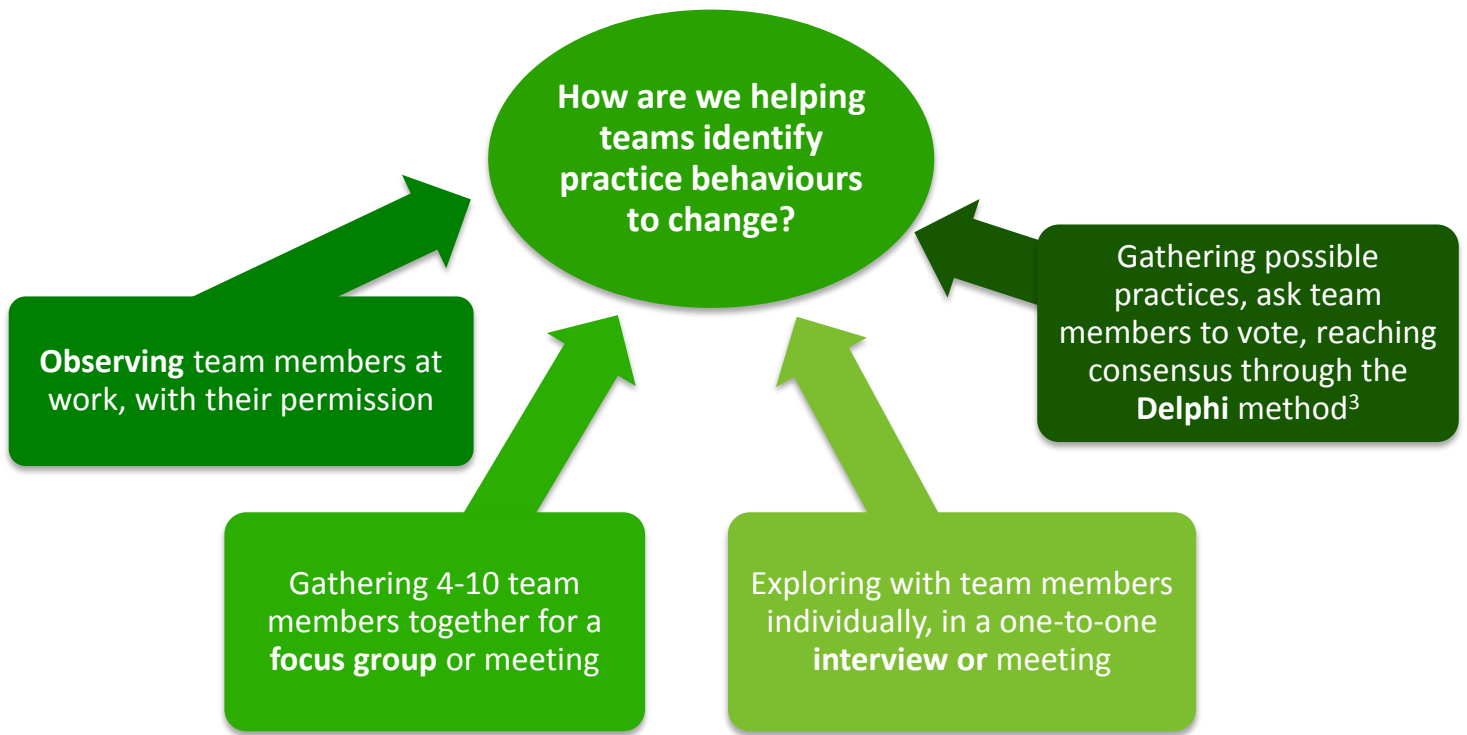
Teams said: *'We need fewer of our patients having emergency hospital admissions'*

We asked: *'What is one thing you could do differently that would help this happen?'*

Managers said: *'My team needs to have confidence'*

We asked: *'confidence to do what?'*

1. Goffman E. (1986). Frame Analysis: An Essay on the Organization of Experience. Boston: Northeastern University Press.  
2. Clark, P. G. (2013). Toward a transtheoretical model of..institutional change. Journal of Interprofessional Care, 27,43-49.



### Case study: Service transformation on an inpatient ward

- Reconfiguration of an inpatient multi-disciplinary ward team meant two old teams had to work as one.
- In a **focus group**, service leads said they wished their staff '**felt like one team**'. Focussing on behaviour, they said **patient care** and **teamwork** were broad areas, but wanted the team to decide.
- With permission, we **observed** day-to-day life on the ward over 15 days and **interviewed** 31 team members about what great **patient care** and **teamwork** look like on the ward and ideas for improvement
- Half way through, we fed back informally on key themes found, in a **focus group** with team members. They agreed that **making the ward a more rehabilitative environment** was something that half of the team felt had declined since their move and all were keen to improve.
- More focussing helped staff define this as **leading activities that would promote recovery**, including self-help groups, wellbeing activities or supporting residents' self-care and independence.
- To make this observable and measurable, one team member conducted an audit of **how many rehabilitative activities were held on the ward per week**. This was the practice behaviour co-identified with the team.

3. Boukdedid, R. et al. (2011). Using and reporting the Delphi method for selecting healthcare quality indicators: a systematic review. PloS one, 6(6), e20476.

## Why take a behavioural approach?

One senior clinician leading service transformation in a heart failure team said the behavioural approach helped her structure her thinking and communicate clearly with her team:



‘Teams Together helped us define what we’re trying to do into just two or three changes. This means I’ve been able to help the rest of my team understand what we’re aiming for. As a result, I’ve seen that they’re more engaged, less overwhelmed and now they are actively exploring how to help put this into practice’.

### So what?

- Practice behaviours are a crucial piece of the new models of care puzzle.
- For service transformations to happen, staff must do things differently day-to-day. We need to know what these are in concrete, measurable terms.
- Those leading change should ask questions to identify what changes are needed. These are more focussed than ‘confidence’, ‘competence’, ‘teamwork’, or ‘culture’ (see Briefing One<sup>4</sup>).
- Interviews, focus groups, observation, questionnaires or a combination can be useful.
- The principle of **collaboration** means involving all staff: asking permission, ensuring they don’t feel scrutinised, **co-identifying** by asking for their views and ideas, feeding back iteratively.
- Behaviours are measurable: auditing this gives a baseline for comparing later.
- Helping teams understand changes needed means service transformation become less overwhelming and teams more engaged.

### The Teams Together programme

- This brief was written by Eleanor Bull, Dr Joanne Hart, Juliette Swift and Dr Lucie Byrne-Davis from the Teams Together Programme.
- The Teams Together Programme helps health and social care teams transform their practice using behavioural science. Health Education England commissioned Health Psychologists at the University of Manchester to support teams from four New Care Models Vanguard sites in the North West England.
- Working together in new ways may mean changing workforce culture. Teams Together looks at this with a behavioural lens, working with teams to understand practices they are finding difficult to change and the psychological drivers behind this, to develop evidence-based tailored interventions to help.
- For more information, please see <http://www.mcrimpsci.org/teams-together/>

4. Bull, E.R., Hart, J., Swift, J., and Byrne-Davis, L. (2017). Teams Together Briefing One: What is ‘culture’ within new models of care? Available at: [http://www.nwcpwd.nhs.uk/attachments/article/191/What is culture within new models of care.pdf](http://www.nwcpwd.nhs.uk/attachments/article/191/What%20is%20culture%20within%20new%20models%20of%20care.pdf)