

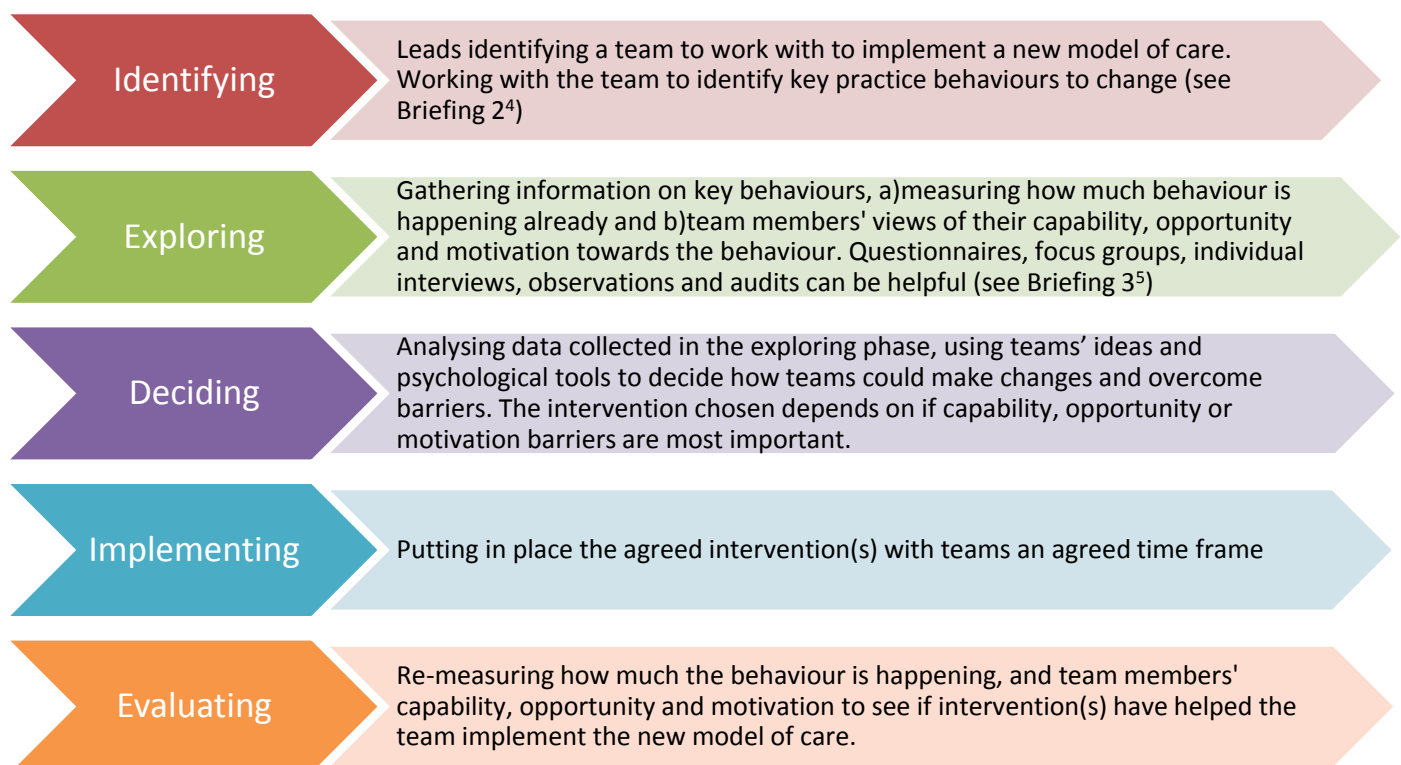
Briefing 4: Using behavioural science to help teams overcome barriers to changing practice

Why is a behavioural science approach useful?

- Successful service transformation means teams doing things differently.¹
- Organisational change, including in New Care Models vanguards, depends on individuals (commissioners, managers and frontline practitioners) changing their practice. If individuals don't change their practice, transformation won't work.²
- Health psychology approaches such as the **Behaviour Change Wheel**³ (BCW) can help identify barriers to practice change and suggest techniques to overcome these.
- **Capability, Opportunity, and Motivation** are key influences on behaviour that can act as barriers or facilitators to change.
- In the Teams Together programme, we piloted using the BCW with New Care Models vanguards teams to identify barriers and **co-develop** tailored interventions with teams.
- From our findings, we suggest leaders use a **five-phase process** to help their teams change.

What is the five-phase Teams Together approach?

We recommend leaders working with health or social care professional teams follow a five-phase process to helping teams identify and overcome barriers to practice change:



A focus on the deciding phase

Deciding

According to a review of research evidence, **tailoring** interventions to team members' specific barriers can be more effective than assuming we know what a team needs and offering set support.⁶

The BCW has drawn on **behavioural science evidence** to guide teams towards helpful kinds of approaches for each kind of barrier that may be stopping teams from adopting new models of care:

Influencing Capability	Influencing Opportunity (Table adapted from ³)	Influencing Motivation
Helping the team develop relevant knowledge and skills , e.g. a training course, personal study or peer learning .	Changing routines or the team's workplace environment to enable the practice change to happen, e.g. adding equipment or changing staffing levels , rotas or ward layouts .	Rewarding progress towards change in the team, e.g. leaders noticing and thanking team members, friendly competitions amongst team members Interventions to promote wellbeing in the team where this is a barrier.
Developing specific plans for change so that everyone knows what is happening, when and where.	Using influential others, champions and social support help with social pressure and cultural expectations that may be a barrier to change.	Developing shared positive beliefs and feelings about the benefits of the change, in the team, e.g. testing out fears, collecting evidence, perspective-taking exercises or sharing progress.
Learning by shadowing others who know how to do the new behaviour.	Putting in place helpful prompts and cues to make the behaviour easier.	Strengthening new habits , through action planning , prompts and cues or modelling from others to make it easy to remember.

Putting these into place: could be through a team away day, protected learning time session, a pilot, or even in an information leaflet or online resource, depending on what is most helpful.

The most important thing is that any change intervention is **agreed collaboratively** following the Teams Together 3 **principles: taking a behavioural approach, co-development, and sustainability**



Teams Together interventions are agreed by the whole team, such as during an away day.

'Cultural' problems can arise in new models of care if teams feel change is happening 'to' them. This is disempowering and can risk burnout⁷

Case study: Transforming heart failure care

Identifying

1. The clinical lead in an acute heart failure team **identified** that they needed to start **delivering more care in the community** to improve care outcomes and reduce costs.

Exploring

2. The clinical lead worked with the Teams Together programme to **explore** the team's **capability, opportunity** and **motivation**, including designing a **behavioural questionnaire**. These identified **motivation barriers**: the team worried that patients did not want to have their follow-up appointment in a community setting. The team also had mixed views on whether the change would bring care benefits.

Deciding

3. In the **deciding** phase, the lead presented back what we had learned, with some matched ideas from behavioural science. The team chose to make an anonymous **survey of patient preferences** to explore where patients would prefer to have their care.

Implementing

4. The survey was **implemented** with 48 patients, then the team met to discuss the findings. They were surprised to learn that 63% of patients surveyed said they would prefer their follow-up **outside of hospital**. Continuity of care was more important to patients, who wished to see the acute team, no matter where, since they trusted and respected the team.

Evaluating

5. **Evaluating** this targeted, inexpensive intervention using the same **behavioural staff questionnaire**, staff were now **more in favour** of delivering care in the community, saw **more care benefits** and were starting to **make plans** of how this could happen.



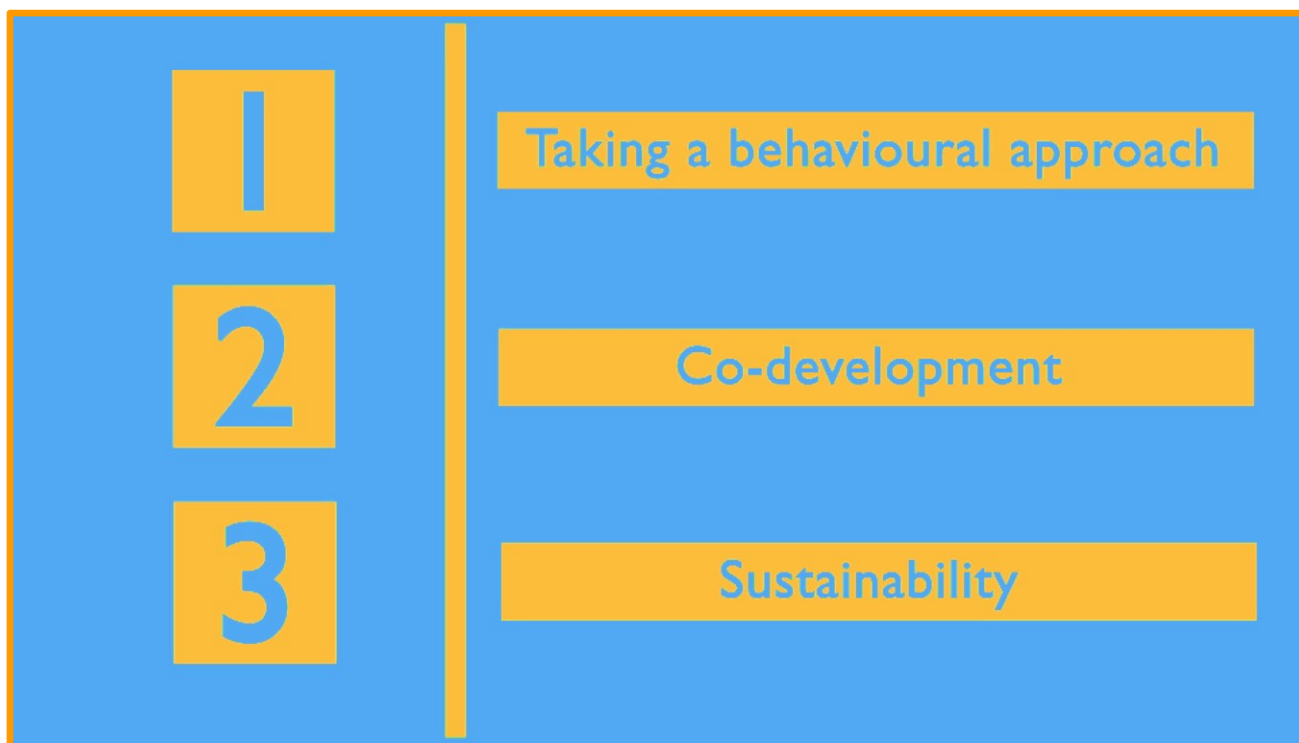
The Teams Together 5 phase process helped the clinical lead engage her team in exploring change practicalities and overcoming a barrier.

Other interventions developed with teams using the Teams Together approach include:



What are some top tips for success?

We recommend three key principles for success in helping teams transform:



You can learn more about the approach, the key principles and how to put it into action with your team, at <http://www.mcrimprosci.org/organisational-change-elearning/> where there are e-learning modules including short animations, quizzes and practical advice.

So what?

- Teams need help to translate high-level organisational change vision into **every day practice changes**. Focussing on ‘what to do differently tomorrow’ helps teams feel more **motivated about change** and **less change fatigued**.
- The Teams Together approach adds **psychological theories and methods** to organisational change knowledge to help teams take a **behavioural approach** to practice change.
- Those leading change can use the **five-phase Teams Together process** to engage teams in new models of care and to **identify and overcome barriers**.

With Teams Together, leaders can offer more effective, targeted and well-spent support to kick-start change.



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.
- Working 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 tailored interventions to help.
- For more information, please see <http://www.mcrimpsci.org/teams-together/>

References

- 1 NHS England 2014 www.england.nhs.uk/ourwork/futurenhs/
- 2 The Kings Fund 2017 <https://www.kingsfund.org.uk/projects/culture>
- 3 Michie S, Atkins L, West R. 2014. The behaviour change wheel. A guide to designing interventions. 1st ed. Great Britain: Silverback Publishing.
- 4 Bull et al. 2018 Helping teams identify what they need to do differently in new models of care.
- 5 Bull et al. 2018 Understanding psychological influences on practice change: Capability, Opportunity, Motivation.
- 6 Baker et al. 2015 Tailored interventions to address identified determinants of practice. *Cochrane Database of Systematic Reviews*, 4: CD005470.
- 7 Portoghese et al. 2014 Burnout and workload among healthcare workers: The moderating role of job control. *Safety and Health at Work*, 5, 152-157.