

Learning from practice: ten essentials of large scale change

A guide for public service organisations

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Executive summary

The Improvement Foundation is a UK-based organisation that has been successfully tackling large scale change in public services since its formation in 2000. The change programmes have been delivered mainly in health and social care services in England, Scotland, Canada and Australia, but also in schools and communities. In addition, the Improvement Foundation has delivered 'leadership for improvement' accredited one-year programmes to more than 600 professionals from public service backgrounds, and quality improvement skills courses to more than 250 work-based teams.

Drawing on the knowledge from this extensive hands-on experience, the paper presents ten essential elements for successful large scale change in complex public services. These are:

1. Develop frontline staff to lead improvement
2. Leadership at the top of the organisation to set the context and culture
3. Enlist the help of service users
4. Check that improvement ideas align with professional values
5. Work in 'whole system' teams
6. Train teams in improvement methods and skills
7. Set up processes to measure change and feedback regularly
8. Build in meetings with other teams to share and learn
9. Do all this within a planned framework
10. Understand that effective large scale change is a culture change

Each essential element is described and illustrated with reference to an Improvement Foundation programme and suggested further reading. Although presented as ten individual 'essentials' these should be considered as part of a whole approach which is weakened if any of the elements is missing. Rather than being used as a simple technical checklist, these should be seen as organising principles for sure footed implementation of large-scale change. The checklist can be used as a guide for public service leaders and policy makers who will need to commission support for large scale change in the future.

1 Background

The Improvement Foundation is a UK-based organisation that has been offering practical support to public service organisations and frontline staff to improve their services since 2000. The company has also delivered a number of large scale change programmes in Australia following the establishment of an Australian subsidiary company in 2006, and has worked in other countries including Canada, Scotland and New Zealand.

To date the focus has been on honing the practical skills to deliver large scale change in practice (see Appendix 1 for programmes and results) but as improvement science is developing and maturing, it now seems timely to bring together and reflect on the lessons learnt.

1.1 *Purpose of this paper*

The ten essentials of large scale change presented in this paper are an attempt to capture and describe the Improvement Foundation's distinctive approach on the 'how to' of delivering change and improvement on a large scale. This paper is intended to constitute a guide for leaders of public sector organisations who will implement large scale change in the future, and also to make a contribution to the art and science of improvement.

1.2 *Narrative accounts of large scale change*

There is already good detailed information and knowledge about improvement methods and managing change in public services (see for examples, Iles and Sutherland, 2001; Bate et al., 2008; Powell et al., 2009; Boaden et al, 2008). A related literature exists on the spread of innovation and improvement (Greenhalgh et al, 2004; Buchanan et al, 2007). The literature shows there to be a large number of complex factors each associated with a high degree of variation according to context. A key challenge is to create a framework to mobilise this knowledge and create effective support for individuals and organisations planning large scale change.

This need has been recognised in the UK national health service, where there have been calls for a 'theory of change' to help leaders to understand how to intervene in

their local systems to deliver the vision for the service set out by health minister Professor Lord Darzi (Department of Health, 2008; Bevan et al, 2008). Other writers have organised existing knowledge into a narrative theory of change to guide action, some using systematic reviews of the evidence (for example Powell et al, 2009; Greenhalgh et al, 2004), but many more are based on practical experience (Kotter & Cohen, 2002; Wheatley & Frieze, 2007; McCannon et al, 2008; Williams et al 2009; Keller & Aiken, undated). Although demonstrating some similarities, each prescription is different, having a different vocabulary and emphasis.

The knowledge and practical experience of Improvement Foundation staff and associates, in the form of 10 essential elements, is offered as a contribution to the debate around how to design, deliver and support large scale change.

2 The ten essentials of large scale change

Each of the 'essential elements' (summarised in figure 1) is described with reference to a case study from an Improvement Foundation programme. Although presented as ten individual 'essentials' these should be considered as part of a whole method which is weakened if any of the elements is missing. Further reading to support each of the elements is suggested in Appendix 2.

In compiling this list it has been assumed that (1) there is already a clear aim for the improvement to achieve (2) that this aim is more than what can be achieved through normal line management processes (3) that individuals are supported to spend time on activities required to deliver effective change.

2.1 *ESSENTIAL ELEMENT 1:*

Develop frontline staff to lead improvement

Large scale change can only happen when the everyday behaviours and practice of frontline staff change. Hence effective leadership by frontline staff who understand improvement is essential. This can be a hard concept for managers to grasp if they are working with an internal model of management where managers tell others what to do and how to do it. However, once everyone grasps that the frontline should be using their knowledge to lead improvements, and that the correct role of managers is to provide the opportunity for this and hold staff accountable, great progress can be made. The Improvement Foundation has led the way in championing the leadership role of frontline professional staff, and since 2004 has offered 'leadership for improvement' courses aimed at frontline staff as well as for more senior levels (see box 1).

2.2 *ESSENTIAL ELEMENT 2:*

Leadership at the top of the organisation to set context and culture

Senior leaders have a fundamental impact on the context and culture of an organisation through their messages and actions. It is particularly important that top leaders facilitate improvement by removing barriers that exist (from the old ways of working) and line up the resources and infrastructure to support the improved ways of delivering the service. Unless top leaders in an organisation understand, show commitment to and provide practical support for the changes that are happening at grassroots level, large scale change is unlikely to be sustained.

Box 1: Case study – developing frontline staff to lead improvement

The Improvement Foundation Leading for Quality Improvement programmes, aimed at frontline professional staff from public services, are now in their fifth year. More than 550 frontline professionals have undertaken these year-long part time programmes. Past participants have fed back significant individual and organisational impact as a result of attending such programmes, with enhanced skills, confidence and other leadership traits. The following data demonstrates the percentage of participants who felt that participation on the programme had positively increased the particular competency area:

Competency	% Before	% After
Confidence in facilitating local improvement	57	91
Confidence in leading improvement	52	89
Confidence in creating a vision for their organisation	46	88
Confidence in being able to develop their team	42	81

Box 2: Case study – the role of top leaders in setting context and culture

At the stage of recruiting sites to take part in a programme the Improvement Foundation ensure that commitment from organisational leaders, usually Chief Executive level, is established so that the improvement work can be facilitated. The active support of the senior leadership team is very evident in a range of commissioned work including the work to tackle healthcare associated infections in the community: the Head of Patient Safety for the local Strategic Health Authority has taken time to learn about the work of the participants and has facilitated the development of a forum.

2.3 *ESSENTIAL ELEMENT 3:*

Enlist the help of service users

Service users are an essential part of the team, bringing both an informed perspective and fresh creative ideas. The involvement of service users working with professionals to design services that reach their needs better and improve service user experience, has been one of the key insights of improvement science since 2000. Service users bring a different dynamic to the process changing the nature of conversations between clinicians.

2.4 *ESSENTIAL ELEMENT 4:*

Check that improvement ideas align with professional values

The quality of professional work is based on internalised values, beliefs and aspirations engendered through professional training. It is essential that any large

scale change work directly connects with these – so that there is no clash between professional and organisational values. An example of how the Improvement Foundation develops programmes to align with professionals that are delivering those services is provided in box 4.

Box 3: Case study – the essential role of service users

HEALTHY COMMUNITIES COLLABORATIVE – LOCAL COMMUNITY MEMBERS LEADING IMPROVEMENT

Service users are routinely included in all Improvement Foundation programmes. However, the Improvement Foundation has been able to stretch the boundaries of what has been previously achieved by encouraging community members to lead improvement work in their own communities, working alongside professionals. This has been successfully applied in areas of high deprivation and low service uptake. More than 100 different communities have participated in the healthy communities collaborative to reduce inequalities in health through the earlier presentation of cancer or the identification of people at high risk of heart disease. The added value of the volunteer community members is that they understand the groups that are most at risk, have ideas about how to reach people (especially hard-to-reach groups) and the community networks to do so.

Box 4: Case study – aligning improvement ideas with professional values

PROGRAMME DEVELOPMENT PHASE - SAFETY IN COMMUNITY SERVICES

As with all Improvement Foundation programmes, the development phase for the safety in community services programme involved consulting with a range of experts by convening a 'reference panel'. This process ensures that all improvement ideas promoted through the programme are well-aligned with professional values and will work in practice. The reference panel involved approximately 40 professionals, academics and lay people with academic or practical expertise in community services safety issues or in improvement science. The reference panel met for a half day to share ideas and to identify improvement ideas and principles that are well-founded in research evidence and work in practice. A small subgroup then worked outside the meeting to refine the ideas and present back to the group for further feedback.

2.5 *ESSENTIAL ELEMENT 5:*

Work in 'whole system' teams

Insight, possibility, energy and motivation are generated by bringing together people who don't necessarily work together but who are part of the same 'whole system'.

The 'system' covered by the team would be defined in relation to the issue requiring improvement. Thus, if the issue needing improvement was school attendance, the whole system improvement group could consist of one or two teachers, the head teacher, school secretary, social worker, education welfare worker, one or two

parents or young people themselves and local youth worker – together deepening their understanding of what is influencing school attendance rates in their school, gaining insight from each other and testing out ways to address the problems.

Local groups can see the possibility for improvement and become highly motivated to change when they are exposed to other perspectives (either a service user perspective or other professional perspective on the whole system) or have the opportunity to learn from other industries or teams they have not previously been exposed to. An example from the 'Better outcomes for patients' initiative in Sheffield is provided in box 5.

Box 5: Case study – working in 'whole system' teams

TEAM LEARNING IN "BETTER OUTCOMES FOR PATIENTS"

The Improvement Foundation facilitated the work of ten 'whole system' improvement groups created to address ten clinical priority pathways across health organisations in Sheffield, UK. The benefits of coming together as a 'whole system' team were simple but profound. For example, an exchange of email addresses meant that the community physiotherapist could contact the consultant directly with a patient query (rather than writing a formal letter each time) leading to better relationships between professionals and more integrated patient care. Benefits described by another team included a fundamental shift in understanding about aligning improvement with what makes a difference to patients rather than focusing inwardly on individual organisational concerns.

ESSENTIAL ELEMENT 6:

Train teams in improvement methods and skills

Improvement tools provide the means for making meaningful improvements. All groups benefit from learning to use improvement tools, including community groups, frontline professionals, teachers, managers, administrative staff and domestic staff. An example of training community members in improvement skills is given in box 6.

Box 6: Case study – training teams in improvement methods and skills

HEALTH COMMUNITIES COLLABORATIVE – TRAINING MEMBERS OF THE PUBLIC

The Healthy Communities programme involves an action team – comprising both volunteer members of the public and professionals – working together to make changes and improvements in local services. As in every other Improvement Foundation programme teams are taught improvement skills: this included the basics of gap analysis, process mapping, social marketing, rapid change cycles and measurement for improvement. Members of the public were no less receptive to using rapid change cycles (plan-do-study-act) than were the professionals, and the teams have used the methods to test out ideas and make improvements.

2.6 *ESSENTIAL ELEMENT 7:*

Set up processes to measure change and feedback regularly

Improvement science relies on detecting statistically significant improvement through the regular reporting of measures. Regular, meaningful, and timely feedback (as close to real-time as possible) enables participants to learn and adapt the approaches they have been trying. Systematic gathering of data has critically important uses at all stages of the programme, including: understanding where improvement is necessary, informing the team about progress, assessing the impact of the overall programme, and communicating the improvements to others. An example from the Improvement Foundation programme to raise education attainment in boys is in box 7

Box 7: Case study – setting up measures of change and regular feedback

IMPROVING EDUCATIONAL ATTAINMENT OF BOYS IN COVENTRY

The Improvement Foundation's education breakthrough programme encourages schools to collect and use data to monitor changes, both to demonstrate improvement and also to 'fine tune' the changes in practice. A review across nine schools on Coventry showed that the schools' use of data had started to change the way that schools managed pupil progress. There was a more open use of data in discussions with students, data was the starting point for dialogues with Heads of Faculty and other colleagues, and there were increased expectations on those colleagues based on what the data is telling them. Moreover, the outcome data collected was able to demonstrate an improvement in boys' attainment at individual student, cohort, school and local authority level.

2.7 *ESSENTIAL ELEMENT 8:*

Build in meetings with other teams to share, learn and to develop friendly competition

Spread of innovation and best practice is supported by effective communities of practice to share and validate knowledge and experience. Competition can be an important motivator. The collaborative structure of many of the Improvement Foundation programmes, involving three learning workshops separated by intense periods of learning and testing out ideas 'back at base' can be adapted to be either national or regional in scope, depending on the programme. The case study in box 8 shows how general practices were facilitated to learn from each other.

2.9 *ESSENTIAL ELEMENT 9:*

Do all this within a planned framework

A properly planned framework helps teams to develop confidence in their abilities to improve their own work systems. Large scale change is created when teams build on

that initial confidence, learn from each other, and create something bigger than any of them. All Improvement Foundation programmes explicitly include all essential elements within a planned framework. An example of the programme of work to improve infection control in care homes is given in box 9.

Box 8: Case study – meeting and learning from other teams

WORLD CLASS PRIMARY CARE

An initiative to develop and test out a new understanding of what it means for general practice to be world class has taken place in the Yorkshire and the Humber region. A mixed group of staff from seven general practices learnt how to apply improvement skills to identified priority areas. Although working in their own individual practice teams, the opportunity for discussion among the peer group proved to be an essential component of this work, recognised by the teams themselves. Because the practices were not geographically close to each other, the teams reported being able to be more open in their sharing of problems and solutions resulting in excellent opportunities for learning. The friendly competition provided extra motivation to improve.

Box 9: Case study – change within a planned framework

PREVENTING AND CONTROLLING HEALTH CARE ASSOCIATED INFECTIONS (HCAIs) IN CARE HOMES

Between 20 and 50 care homes work together in each Improvement Foundation HCAI programme. Individual care homes take part as a team, but across the region all teams meet together for three one-day events to learn about infection control from the experts, to develop themselves as an improvement team able to apply improvement methods, and to network with each other. This work has brought care homes and hospitals together to manage the infection risk for a very vulnerable group of older people. A programme handbook and assessment framework is provided for each team to help them bring together all the elements required for care homes to deliver improvement in their setting, including diagnosing what needs to improve, using the improvement skills, making the connections, making the changes and demonstrating the improvements in process and outcome measures. A programme logic model shows how the activities and change ideas link to the intended outcomes and measures. Care homes are traditionally underserved with training and development. For that reason care home staff, managers, residents and their relatives have welcomed the opportunity to be part of a planned programme that is building momentum for large scale change across the sector.

2.10. *ESSENTIAL ELEMENT 10:*

Understand that large scale change is a culture change

Large scale change has taken place when the new way becomes part of the ‘taken for granted’ mainstream. So recognising what has been achieved is important – before moving onto the next challenge! Box 10 describes how that was achieved for improving access to general practice in the UK.

Box 10: Case study to illustrate culture change**ACCESS TO GENERAL PRACTICE**

Having to wait 2-3 weeks to see a GP was commonplace in the 1990's in England but now has largely become a thing of the past. Through the Improvement Foundation primary care collaborative practices and primary care trust managers learnt to see 2-3 weeks wait as unacceptable, understood how to match capacity with demand on an on-going basis such that queuing could be controlled and even eliminated. Practice managers, practice nurses and GPs learnt how practical methods (such as telephone consultations, skill mix and email consultations) could be adapted and applied to their surgery. This has now been built into government access targets so everyone accepts and expects access within two days. The culture change is complete – even if sometimes practices fail to meet their own new expectations.

Figure 1: Summary of the ten essential elements for successful large scale change

Leadership for improvement	Essential 1: Develop frontline staff to lead improvement
	Large scale change happens only when the everyday behaviours and practice of frontline staff change, and hence effective leadership at the frontline is essential
	Essential 2: Leadership at the top to set the context and culture
	Unless top leaders in an organisation understand, show commitment to, and provide practical support for the changes that are happening at grassroots level, sustainable large scale change is unlikely to take root
<i>Grounded and meaningful improvement ideas (reality check)</i>	Essential 3: Enlist the help of service users
	Service users are an essential part of the team, bringing both an informed perspective of the impact of the current service, fresh creative ideas for addressing some of the issues, and a different dynamic to conversations between professionals who need to work together.
	Essential 4: Check that improvement ideas align with professional values
	The quality of professional work is based on internalised values, beliefs and aspirations. It is essential that improvement work directly connects with these values.
	Essential 5: Work in 'whole system' teams
	Insight, possibility, energy and motivation is generated by bringing together people who don't necessarily work together but who are part of the same 'whole system'
<i>Learning how to improve</i>	Essential 6: Train teams in improvement methods and skills
	Improvement tools provide the means for making meaningful improvements
	Essential 7: Set up processes to measure change and feedback regularly
	Measures to regularly track large scale change from baseline. Regular, meaningful, timely feedback (as close to real-time as possible) enable participants to learn and adapt
<i>Planning for large scale change</i>	Essential 8: Build in meetings with other teams to share, learn and to develop friendly competition
	Spread of innovation and best practice is supported by effective communities of practice to share and validate knowledge and experience. Competition can be an important motivator
	Essential 9: Do all this within a planned framework
	A properly planned framework helps teams to develop confidence in their abilities to improve their own work systems. Large scale change is created when teams build on that initial confidence, learn from each other, and create something bigger than any of them.
	Essential 10: Understand that effective large scale change is a culture change
	Large scale change has taken place when the new way becomes part of the 'taken for granted' mainstream – so recognising what has been achieved is important!

3 Discussion and conclusions

3.1 *Putting it all together – delivering large scale change*

It has been our experience that the most successful large scale change initiatives generate a step change in the quality of relationships – be that between organisational leaders and frontline staff, between different groups of frontline staff, or between frontline staff and service users/patients/pupils – in working together for a common purpose. For the participants there is a reward in being involved and that sometimes generates a connection of heart, mind and values that can be life-changing. Once relationships begin to change, then having all the ten essentials in place provides an infrastructure for large scale change to occur. Individuals are developing the capability for leading improvement in the future as they gain insight about how to work on problems that have previously seemed insolvable.

For an improvement to have the best chance of being maintained it needs to be grounded and meaningful at three levels – it must make sense at the individual level of professional values, motivations and identity, it must make sense at the team level, and it must be supported and shared within the context of the wider professional community of practice, and not just speak to a managerially defined ‘must-do’.

Frontline staff working with improvement ideas that link to professional values, and using techniques to generate solutions, measure progress and validate achievements, provide the bedrock for meaningful change. Meaningful change has its own in-built sustainability and is more likely to become embedded into the new culture, in contrast to a surface change that doesn’t have deep roots. Culture cannot be faked. It arises out of the values of the organisation as demonstrated by leadership actions and what behaviours are demonstrated and tolerated from the workforce. It is a measure of how genuinely everyone in the organisation has been touched by the improvement process – and is the ultimate test of large scale change.

3.2 *Conclusions*

This paper has proposed a set of ten elements that together gives a programme that has what it takes to deliver large scale change in public services. This is a practical checklist that complements the work being done elsewhere to develop a narrative

theory of change, but introduces a distinctive emphasis in terms of the leadership from the frontline and attention to detail in all of the essential elements. This is not a pick and mix list. It is the combination elements together, each done properly, that makes the difference in generating successful and sustainable improvement. We commend this pragmatic checklist and approach to policy makers and public service organisations developing large scale change initiatives.

Acknowledgements:

The authors acknowledge the contribution of colleagues to developing the ideas expressed here, and also to those professionals and lay people who, by taking part in Improvement Foundation programmes, have contributed to our understanding of how large scale change takes place.

References

- Bate P, Mendel P, Robert G (2008) *Organising for quality: the improvement journeys of leading hospitals in Europe and the United States*. Oxford: Radcliffe Publishing
- Bevan H, Ham C, Plsek P (2008) *The next leg of the journey: how do we make high quality care for all a reality?* Warwick: NHS Institute for Innovation and Improvement
- Boaden R, Harvey G, Moxham C, Proudlove N (2008) *Quality improvement: theory and practice in healthcare*. Warwick: NHS Institute for Innovation and Improvement
- Buchanan D, Fitzgerald L, Ketley D (2007) *The sustainability and spread of organisational change* Abingdon: Routledge
- Department of Health (2008) *High quality care for all: NHS Next Stage Review final report*. Norwich: TSO
- Greenhalgh T, Robert G, Macfarlane F, Bate P, Kyriakidou O. (2004) Diffusion of innovations in service organisations: systematic review and recommendations. *Milbank Quarterly* **82**(4): 581-629.
- Iles, V, Sutherland, K (2001) *Managing change in the NHS: Organisational change, a review for health care managers, professionals and researchers*. London: SDO
- Keller S, Aitken C (undated) *The inconvenient truth about change management: why it isn't working and what to do about it*. McKinsey & Company.
- Kotter J, Cohen D (2002) *The Heart of Change: Real-life Stories of How People Change Their Organisations*. Boston, Mass: Harvard Business Press
- McCannon CJ, Schall MW, Perla RJ (2008) *Planning for scale: a guide for designing large-scale change*. Boston: Institute for Healthcare Improvement.
- Powell AE, Rushmer RK, Davies HTO (2009) *A systematic narrative review of quality improvement models in health care*. Edinburgh: NHS Quality Improvement Scotland
- Wheatley M. & Frieze D. (2007) How large scale change really happens – working with emergence. *School Administrator* **64**(4): 35-38
- Williams I, de Silva D, Ham C (2009) *Promoting and embedding innovation: learning from experience*. Birmingham: NHS East Midlands and University of Birmingham Health Services Management Centre

Appendix 1

Improvement Foundation Large scale change 2000-9

Improvement Foundation programmes have been delivered mainly in health and social care organisations in England, Scotland, Canada and Australia, but also in schools and communities, and through leadership programmes offered to professionals from all public service backgrounds. The following table indicates the range of programmes, the participation and coverage, and some of the results delivered.

Improvement Programme	Results	Population coverage	Number of participants in quality improvement
Long term conditions: COPD and Diabetes	<ul style="list-style-type: none"> • 156% increase in COPD patients receiving spirometry • COPD admissions reduced by 16% • 17% improvement in diabetic patients with excellent control (HbA1c<7.5) • 80% increase in digital retinopathy screening 	12,900,000	<ul style="list-style-type: none"> • All Primary Care Trusts in England • 1931 General Practices • 300 lay people
Long Term Conditions: Integrated Care	<ul style="list-style-type: none"> • Reduction of 13-25% in unplanned admissions for total over 65 population • Bed days for over 65's reduced by 20-40% 	2,560,000	<ul style="list-style-type: none"> • 33 Unique Care sites
Mental Health Improvement Programme	<ul style="list-style-type: none"> • 44% reduction in patients receiving sick notes over 13 weeks • Up to 21% reduction in GP consultations 	770,000	<ul style="list-style-type: none"> • 17 Primary Care Trusts • 104 General Practices • 30 lay people
Primary Care Contracting Collaborative	<ul style="list-style-type: none"> • 22% improvement in general practices using information on referrals • 54% improvement in assessment framework scores 	5,000,000	<ul style="list-style-type: none"> • 28 Primary Care Trusts in England • 140 General Practices
National Primary Care Collaborative: Improving Access	<ul style="list-style-type: none"> • 70% improved waiting times to see a GP • 60% improved waiting times to see a practice nurse • Average patient wait to see GP reduced from 5 days to less than 1.5 days 	34,100,000	<ul style="list-style-type: none"> • All Primary Care Trusts in England • 5,442 General Practices
National Primary Care Collaborative: Improving secondary prevention of coronary heart disease	<ul style="list-style-type: none"> • Four fold reduction in mortality for patients with CHD in participating PCTs compared with non-participating PCTs • Projections show 3,000 lives saved from MIs per year and non-fatal MIs reduced by 3,000 per year 	34,100,000	<ul style="list-style-type: none"> • All UK Primary Care Trusts • 5,442 General Practices
Healthy Communities: Reducing Falls in Older People	<ul style="list-style-type: none"> • 32% decrease in falls handled by ambulance service • 48% increase in sample of participants who thought they could improve things in their area 	570,000	<ul style="list-style-type: none"> • 1,140 team members • Of those 800 were lay people
Healthy Communities: Widening Access to a Healthier Diet	<ul style="list-style-type: none"> • 87 new initiatives • 315 people given skills based training 	360,000	<ul style="list-style-type: none"> • 720 team members • Of those 500 were lay people
Healthy Communities: Early Presentation of Cancer Symptoms	<ul style="list-style-type: none"> • 18% increase in urgent 2-week referrals • Increase in proportion with no spread at diagnosis 	650,000	<ul style="list-style-type: none"> • 19 'Spearhead' Primary Care Trusts in England
Healthy Communities: Early Identification of People at Risk of CVD	<ul style="list-style-type: none"> • Increase in number of detailed risk assessments undertaken in general practice • Conservative projection is to reach 50% of 40-74 yr old population by month 24 in these hard to reach areas 	640,000	<ul style="list-style-type: none"> • 18 UK 'Spearhead' Primary Care Trusts in England

Improvement Programme	Results	Population coverage	Number of participants in quality improvement
National Practice Based Commissioning Development Programme	<ul style="list-style-type: none"> Large number of redesigned pathway examples assembled from across the country 	Unavailable	<ul style="list-style-type: none"> 99% of Primary Care Trusts in England
West Yorkshire Programme	<p>Results from individual sites:</p> <ul style="list-style-type: none"> Over 50% reduction in patient waiting times 57% reduction in patients waiting to access physiotherapy 40% reduction in outpatient appointments 	3,000,000	<ul style="list-style-type: none"> 15 Primary Care Trusts 5 Acute Trusts 150 people engaged in teams
Scottish Primary Care Collaborative	<ul style="list-style-type: none"> 24% improvement in target BP of CHD patients 60% improved waiting times to see a GP 45% improved waiting times to see a practice nurse 59% improvement in diabetic patients cholesterol <5 	2,680,000	<ul style="list-style-type: none"> 13 Community Health Partnerships 450 General Practices
Scottish Healthy Communities Collaborative	<ul style="list-style-type: none"> 41% reduction in care home falls 34% reduction in falls in sheltered accommodation 	80,000	<ul style="list-style-type: none"> 160 team members Of these 100 were lay people
Australian Primary Care Collaborative	<ul style="list-style-type: none"> 101% improvement in target BP of diabetic patients 50% improvement in target BP of CHD patients 41% improved waiting time to see a practice nurse 	Unavailable	<ul style="list-style-type: none"> 41 Divisions of General Practice 500 General Practices Now spreading to all divisions
Saskatchewan, Canada, Primary Care Collaborative	<ul style="list-style-type: none"> 25% improvement in diabetic patients receiving test for kidney damage 11% improved diabetic patients prescribed statins 	15,000	<ul style="list-style-type: none"> 20% doctors across all regions
Advanced Commissioning Programme	<ul style="list-style-type: none"> Participants showed 51% improvement in commissioning confidence 	Not applicable	<ul style="list-style-type: none"> Over 450 individuals on an accredited postgraduate training course since 2007
Leadership for Quality Improvement	<ul style="list-style-type: none"> 34% increase in confidence in facilitating local improvement 42% increase in confidence in creating a vision for their organisation 	Not applicable	<ul style="list-style-type: none"> Over 600 individuals undertaking one year leadership for improvement programmes since 2004
Quality Improvement Skills (QuISP) Training Programme	<ul style="list-style-type: none"> 86% of participants feel QuISP training has helped them to develop a 'can do' approach to change 	Not applicable	<ul style="list-style-type: none"> Over 250 teams Over 750 individuals
Education Breakthrough Programme: Raising Boys' Achievements	<ul style="list-style-type: none"> During the period 2003-2008 the annual GCSE results of participating schools have consistently achieved four times the average national improvement. Over 80% of the schools reported improvement in attendance, attitude, motivation, behaviour, aspirations, achievement and self-esteem of the boys in the cohort. 	Unavailable	<ul style="list-style-type: none"> 160 schools over 6 years

Appendix 2

Essentials of large scale change: suggested further reading

Essential	Suggested further reading
One: Develop frontline staff to lead improvement	Keller S, Aitken C. (undated) <i>The inconvenient truth about change management: why it isn't working and what to do about it</i> . McKinsey & Co.
Two: Leadership at the top to set the context and culture	Flower J. (1995) A conversation with Ronald Heifetz: leadership without easy answers. <i>The Healthcare Forum Journal</i> 38 (4) Hannaway C, Plsek P, Hunter DJ. (2007) Developing leadership and management for health. In: Hunter DJ (ed). <i>Managing for Health</i> . London: Routledge.
Three: Enlist the help of service users	Bate P & Robert G. (2006) Experience-based design: from redesigning the system around the patient to co-designing services with the patient. <i>Quality and Safety in Health Care</i> 15 :307-310 Beresford, P. (2003) <i>It's Our Lives: A short theory of knowledge, distance and experience</i> . London: Citizen Press in association with Shaping Our Lives
Four: Check that improvement ideas align with professional values	Davies H, Powell A, Rushmer R. (2007) <i>Healthcare professionals' views on clinician engagement in quality improvement: a literature review</i> . London: The Health Foundation
Five: Work in 'whole system' teams	Hunter D J. (2009) Leading for health and wellbeing: the need for a new paradigm. <i>Journal of Public Health Advance Access</i> April 20 2009. doi:10.1093/pubmed/fdp036
Six: Train teams in improvement methods and skills	Slater B, Knowles J & Lyon D (2008) Improvement science meets community development: approaching health inequalities through community engagement <i>Journal of Integrated Care</i> 16 (6):26-36 Brassard M & Ritter D (1994) <i>The memory jogger: a pocket guide of tools for continuous improvement and effective planning</i> . Salem, NH: GOAL/QPC
Seven: Set up processes to measure change and feedback regularly	Yeung S & McLeod M. (2004) <i>Using run charts and control charts to monitor healthcare</i> . NHS Scotland. http://www.show.scot.nhs.uk/indicators
Eight: Build in meetings with other teams to share, learn and to develop friendly competition	Bate SP & Robert G (2002) Knowledge management and communities of practice in the private sector: lessons for modernising the NHS in England and Wales. <i>Public Administration</i> 80 (4): 643-663
Nine: Do all this within a planned framework	Buchanan D, Fitzgerald L & Ketley D (2007) <i>The sustainability and spread of organisational change</i> Abingdon: Routledge McCannon CJ, Schall MW, Perla RJ (2008) <i>Planning for scale: a guide for designing large-scale change</i> . Boston: Institute for Healthcare Improvement.
Ten: Understand that effective large scale change is a culture change	Greenhalgh T, Robert G, Macfarlane F, Bate P, Kyriakidou O. (2004) Diffusion of innovations in service organisations: systematic review and recommendations. <i>Milbank Quarterly</i> 82 (4):581-629. Wheatley M. & Frieze D. (2007) How large scale change really happens – working with emergence. <i>School Administrator</i> 64 (4):35-38