Delivering Large-scale Change

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James Good morning everyone and welcome. It's great to see so many regulars here as well as some... welcoming some new people. I'd like to offer a particular welcome to the partners in helping us to organise this from the Health, Innovation and Education cluster and their guests as well. So welcome to you all.

Stephen We've had a summer of sport, but just before the Olympics started what was the expectation of travel in London before the Olympics? Can I have any suggestions of...? Just words.

Audience member Mayhem.

Stephen Mayhem. Chaos.

Audience member Gridlock.

Stephen Gridlock. All sinking into a mire of hope and despondency. What happened in practice? What happened in practice everything went very quiet. In actual fact traffic in Central London dropped by 15%, public transport was very busy, there were incredibly record levels – there was the highest level of patronage ever on the tube – but it actually worked. There were no major problems. The reason an international Olympic committee was so obsessed about transport was the disaster of the Atlanta Olympic Games where there were athletes failing to actually get to take part in their sport event because they were stuck in traffic jams in Atlanta and that's why in a way people were very negative about it in London – but why did it actually work? And I think this is the unsung story of transport of the Olympics – it worked because it was a story of partnership success and nobody's actually mentioning it and I think it's about learning to do partnerships. Transport for London for a period of two years before the Olympics themselves started engaging with employers and other big generators of traffic in the Central London area and they worked on a negotiation and entered into partnership deals with employers – and what I have been doing, and the team, was a study of the Durham congestion charge.

Very few people realise that Durham introduced a congestion charge before London did and nobody takes any notice of it because it's boring. It actually worked and wasn't contentious and nobody protested about it. I actually think it's interesting because it did work and why did it work – because they had a different view of partnership working. The key thing was that the partners, okay, with the supply side contractors – the actors were on the demand – you needed both of those for a successful policy and the work was a different way of working. It was not a way of working that transport planners were used to. They were working about building up trust, about consulting, educating, and this word empowering which is quite important. They were actually willing to devolve decisions from the centre to that network of actors and facilitate discussion and decision-making among the actors and then to actually run with the decisions that those actors made.

Clive My main research interest is health technology innovation and within that I'm interested in a number of issues to do with open innovation, user-led and clinician-led innovation. I'm also interested in how innovations get adopted into the NHS. To start off with we'll introduce the first character who is in this particular story and it was actually a patient. He was a patient, but he was a particular sort of patient because he owned a software company and he had already developed a number of health care and clinical information systems, so he was

quite experienced, and Tele-Care is about giving people equipment that allows them to monitor themselves in some way and you might site that equipment in their home or you might put it into a GPs surgery or you might put it into some other community centre which would then allow people to go in, go and have their blood pressure or their cholesterol taken. There's all sorts of issues about how that can then help in terms of prevention of disease, monitoring people with long term conditions, perhaps even national screening programmes can be supported by, sort of, Tele-Health. He went to see his doctor. Immediately there was, sort of, an informal relationship that underpinned how this was going to develop. So he went along to the doctor and talked to the practice, talked about if he developed this Tele-Care system would they be interested in being involved in piloting it.

Now, the GP practice were interested in Tele-Care and it's important to realise why they were interested. Fundamentally they were interested in order to reduce the amount of time that their staff spent taking observations and measuring people's blood pressure and things like that. They thought if we've got something that people can come into the surgery, do all that themselves and go out that will save us time. They were also interested in the fact that it might be able to offer new services, so it was.... You know, a major carrot for them was the fact they could see that in the future there was going to be a lot of services moved out of hospitals into GP practices and other community settings which would/could be supported with this sort of technology. So what actually happened at the end is we end up with a Tele-Care system being developed which meets the needs of GPs, meets the needs of patients and meets the needs of other players like the pharmacy group. It's been successful, but when you actually look at how the project eventually panned out, the GP ended up using it in their practice just within the walls of the surgery. Across the road the pharmacy has the same system, but they don't talk to each other. But it is important that where you've got these, sort of, bottom partnerships developing – who's in, who's out, how do you make sure you've got all the people who you need involved, how do you create consensus on agendas. The pharmacy, the GP, probably the GP practice manager even often have different agendas for these sorts of things.

Audience member What I'd like to understand a bit more about what was the impact of, sort of, leadership and vision in both of those. Obviously the Durham example was a success, so what was different about the leadership and vision in Durham compared to what was a more emergent change from the Tele-Health example in healthcare.

Stephen The project in Durham actually emerged out of failure. I didn't say that. There had been top-down attempts at doing parking controls in the area which hadn't worked. Everybody was getting really uptight about it – the users, the residents and so forth – and so the leadership actually then decided they would do a different sort of system and that's where they moved into the empowerment of the users. I think something coming out of the conversation earlier on that we had just now is something that is often missed. It's not only a matter of having different organisational culture to deliver partnerships, it's also – and I think this picks up from Clive's point – is the users actually need to have a different culture. In transport users have just been so used to saying we pay our taxes, we pay our fuel bills and the tax on fuel – it's enough anyway – we expect local government, national government to deliver transport systems for us. That is the limit of engagement and of attitudes and what was being done in the Olympics was something very different. It was actually saying you as the user have some responsibility for actually delivering transport policy and the users find that quite difficult to understand.