THEORY AND THE REAL WORLD - WHAT HAPPENS IN PRACTICE

Introducing a complex intervention into a complex environment: ten challenges and dilemmas from the Year of Care programme:

The Year of Care programme (2008-2011) was an initiative that aimed to improve support and self management for people with long term conditions. Starting with diabetes as an exemplar it worked to embed personalised care planning into general practice and specialist care, supported by local commissioning and service redesign.

Year of Care has been successful. The approach has been embedded in pilot sites and spread to other health communities. It has provided the background to two recent initiatives: by the RCGP to develop professional standards for care planning; and by NICE to include care planning as a Quality Standard for diabetes. There is a quality assured training programme and approximately 50 quality assured trainers.

FEATURES THAT CHARACTERISE THE YEAR OF CARE PROGRAMME

- The initiative was developed empirically: it was proposed as a concept then developed and implemented in three pilot sites
- From the outset leadership for development of the approach was handed to the sites
- It was itself a complex intervention with a number of interdependent components
- It operated in a highly complex environment – the NHS
- It aimed to change culture, with a strong focus on ethos rather than being merely process-based
- It was a three year project with a relatively small budget.

As a complex intervention operating in a complex environment, standard project management techniques were inadequate. New ideas that promised to address recognised needs were introduced into a demanding environment, but they required active engagement to develop the concept into reality. The new ideas challenged existing culture and processes. Throughout the three years the programme constantly adapted, changed and developed.

How can a complex concept engage interest in the first place? How can a concept best be conveyed, how can its message be maintained over time? How does a changing intervention retain recognition and manage expectations among external audiences?

Year of Care does not offer a template for introducing complex interventions into complex environments but it demonstrates approaches that proved effective while, at the same time, highlighting some accompanying dilemmas, and it illustrates the lively balance required for steering through apparently opposing demands.

Ten challenges are identified here reflecting dilemmas experienced as the project applied the three qualities that best characterise Year of Care: decentralised leadership; conceptual, ethos-driven approach; and iterative development. While aspects of these qualities can be tidily packaged in

terms well-rehearsed in change management literature (eg empowerment, bottom-up, spread) the reality is challenging and often confusing. As a larger report reflecting Year of Care stakeholder views describes [*Year of Care: Introducing a complex intervention into a complex environment – or some improved name* available at www.   ], these were the very qualities that supported the effectiveness of the programme, yet each brought with them very real threats of project derailment or failure. References are made (in brackets) to this larger report.

DECENTRALISED CONTROL

Genuine change versus influence through policy

> ... it has been a fascinating learning process and probably has made me see that actually, writing policy documents doesn't make a blind bit of difference ... unless you actually put someone there, or some thing in, to actually make it happen at a local level, it just won't. And it doesn't necessarily have to be us that makes it happen, but we have to work out a way of working with stakeholders, to make it happen. And if you do that, you lose a certain amount of control and so that's the give and take.

Leadership for development of the Year of Care concept was left in the hands of the pilot sites. The central team initiated development by presenting pilot sites with five questions to explore and address, then facilitated opportunities for learning with other sites (4.3.1, 5.2.2). The associated challenge is that those who initiated the project were no longer in control of the way it developed.

Local ownership of the model versus effectiveness

> So there is this continual paradox that when it's done according to the method ... we have worked together to work out how to do it, so that it's successful and so that it's motivating and so that it works. And we can say that when it's done that way, it is motivating and then it works. But when it's not done that way, it doesn't motivate and it doesn't work and it sort of atrophies and therefore the challenge is to keep it on course without of course, controlling it because the thing that's motivating, is that it's about real people working in a really flexible way.

A complex model works in situ when it is owned and adapted for its setting. Year of Care was perceived as an ethos rather than a process (4.2.2, 4.2.3), incorporating a focus on attitudes as well as facts and structures (5.4.3). The challenge, however, is how to contain the extent to which it changes and departs from its central ethos, leading to loss of impact (4.2.4).

Team approach versus central leadership

> I sort of did wonder sometimes initially if the central team was holding that power and perhaps not always sharing everything. But as time's gone on, there has been that mutually working together and that sharing, so I think it's just building that rapport really ... you just build that rapport all the time.

While development of the Year of Care concept was always a team effort, governance of the project moved increasingly towards a shared approach as the project progressed (6.2.2). Intentions, at central level, to share governance are nevertheless balanced against the unavoidable final responsibility and inevitable power that rests with the central team.

CONCEPTUAL, ETHOS-DRIVE APPROACH

Conceptual approach versus constancy

> ... but I think it needs a hook and that's why we have to keep hooking it onto Year of Care at the moment. And we do need to keep reinforcing it, because it is, you know, it is quite a big difficult step ... So it is a huge cultural change.

The effectiveness of the Year of Care approach relies on integrity of interpretation (4.2.4); mis-application of the approach risks bringing disrepute to the programme as it threatens its effectivness (5.5.1). As a conceptual programme Year of Care faces challenges in conveying and maintaining the essence of its message. The programme, throughout its three years, developed 'hooks' that captured and conveyed the essence of the concept. Hooks included diagrammatic models (5.3.2), real-life examples (5.3.3), (systematic procedures 5.3.4) and the training programme (5.3.6).

Spread of message versus integrity

> ... anybody can still call themselves Year of Care and use the logo and everything, so there's still some vulnerability there ... one of the ways of doing it would be to have key people who give, key front people, who give the same messages out all of the time, where they are, so that that message is not diluted. You can't help it getting diluted once it gets past them, but if you have key front people having a consistent message and then working closely with other organisations, the chances of it getting diluted lots are less.

As with any programme that believes it has a message of value, Year of Care aimed to spread its approach to new sites and practices (5.2.4). The challenge, particularly for a programme that has a strong conceptual element, is how to avoid the effect of 'Chinese whispers' as the message travels further from its source. Year of Care has addressed the challenge of integrity by ensuring that people in key positions new to Year of Care hear the message directly from someone in the central team. This however, mitigates against fast, far spread.

ITERATIVE DEVELOPMENT

Solution focus versus problem focus

> ... it wasn't that I particularly was sold on the idea of whether care planning could or couldn't do this ... I think it was just that sense of that there was actually quite a lot of congruence between the areas that we were struggling with and then this coming along as a new idea that we could see would fit, if we could make it happen.

Year of Care began as a concept that sites were invited to develop, through exploring five open questions. At that initial stage, with no concrete programme to offer, what was it that persuaded sites to participate? The first sites to engage with Year of Care were attracted, not by a description of a solution, but by the promise of an intervention that addressed needs with which they identified. (5.2.2). When sites began to promote the programme to individual practices they first described Year of Care as a totally new approach, but on reflection, recognised the importance of working to find resonance between needs each practice acknowledged and the way Year of Care worked (5.2.3). The challenge comes when working with new, under-explored areas where problems or gaps are not well defined and therefore not acknowledged. In the absence of identified problems how does one find resonance? (6.2.6)

Ability to reshape versus clarity of aims

> ... one of the challenges for this project is that it's not tangible and everybody brought to it their own perspectives of what they thought could or should be happening. And although there was some work undertaken in the initial phases about defining it tightly, they're still quite broad.

The collaborative, experiential and conceptual aspects of Year of Care all contributed to its characteristic of being an empirically based approach that sites could apply and shape, with development and refinement continuing throughout the project (4.3). The flexibility also allowed re-framing of the concept to demonstrate its alignment with changing policy priorities (5.6.1). The challenge, however, comes with evaluation and external expectations (8.5.1). Without clear and explicit messages about what is expected from the project and how success will be demonstrated external stakeholders adopt unrealistic and simplistic expectations that risk disappointment and discredit to the project when it fails to meet them.

Experiential approach versus preparedness

> ... a lot of the practices have said, well when we started we didn't know what we were supposed to be doing, and they'd had some training but the training wasn't really very integrated and didn't in itself, the trainer wasn't fully understanding what Year of Care was asking people to do. So I think a lot of people were trying to implement something they were very unclear about what it was ...

As an empirically based developmental project it was not possible to develop resources for Year of Care in advance. Training and tools used for introducing the approach to the first practices that adopted Year of Care were new and experimental (5.2.3). Those introducing the programme felt under prepared. Possibly implementation started too early; possibly the first phase of introducing a new concept will always feel too early. The challenge is that the first sites to receive Year of Care were often the most enthused yet received the least developed introduction to the programme.

Formal evaluation versus more novel approach

> I probably would have had a gap in the middle [of the evaluation] to actually give a couple of years to really embed this, although the risk of doing that is that when you go back in two years time, nobody is doing anything ... [wait] two years and then go back for evaluation ... So we could have done that, or just set up a separate programme to have reviewed it two years later.

As a funded project Year of Care was subject to the usual expectations of formal evaluation with standard requirements for data collection and analysis to coincide with the end of the project. As an iterative and conceptual programme the standard evaluation model did not fit well with the real experience of those implementing Year of Care, resulting in frustration and disappointment in the sites and practices. The challenge is to find alternative and more flexible approaches to evaluation.

Adequate funding at outset versus incremental options

> Because we've got some external funding from our SHA, we've got a separate arm of the project that's ...

Starting as it did, with an iterative approach to development, it would have been difficult for Year of Care to predict the expenditure it required at the outset. Despite its initially restricted funding it was able to develop two components that proved central to the programme's success, once it was able to access two sets of external funding. On the other hand, a third component of the programme that would ideally have been devised while the programme was in progress (IT programmes) were delayed due to inability to fund their development. Is it more realistic, rather than demanding estimates of required funding at the outset, instead to provide limited funding at the start, and then enable reasonable access to additional funding as needs emerge?