

2 June 2020

Choices for a 'New Normal'

Susan Hannah: Hello and welcome everyone - wonderful to have you with us today.

Angela Zambeaux (IHI): We have a new video about the Health Improvement Alliance Europe if you're interested- <https://www.youtube.com/watch?v=r3HTP7vSqHk&feature=youtu.be>

Susan Hannah: what a fantastic global group coming together today! Please chat in your reflections and questions as Don speaks with us. We will pick as many as we can and raise in discussion later.

Joy Vamvakaris: Thank you for acknowledging the current situation and hurt Don. Very much appreciated!

James Mountford: Don: i like the list v much. perhaps it's embedded in some of the bullets as is, but what place coproduction in what follows. Some v exciting conversations here in London about massively up-emphasising this: we need to understand what matters most to patients, families, populations; and we need to work with them on how to access that care. For first time i can remember (in NHS) staff are asking "how can we persuade patients to come to us"

Liz.huntbach: Really useful term "disciplined reflection" it does take discipline to STOP and quickly take stock in this high pace environment

Karen ritchie: Agree that speed has allowed rapid production of research, and guidance but in the absence of patient/public involvement. Are there examples of rapid and effective involvement of non professionals to get to what matters to people?

James Mountford: Don: The fact that COVID is a new disease seems to have 'legitimised' people in saying; "we don't know xyz". This sounds simple but is very powerful. Once we start with this Q, we naturally embark on enquiry where reducing the uncertainty in key areas is logical (even essential). So disciplined learning/improvement is logical and legitimised, in a way i've not previously seen in English NHS

Gill Smith: How we treat and support our healthcare staff now will be the difference between post traumatic growth and moral distress I believe

Liz.huntbach: I love that observation James- spot on. Also we are all "in" this I think it gives us a whole new perspective too we are user and provider this is particularly noticeable in actuate setting

Clare Morrison: Through Near Me in Scotland, over 100,000 video consultations have been provided since we started rapid scale up in response to Covid in March. But still a huge opportunity to do more

Heather Shearer: There have been so many benefits from virtual care delivery - there are also some concerns about unintended consequences that may emphasise digital inequities. Seeing this in education as well as health. This must be attended to

James Mountford: spot on Gill re how we treat people. and (i hate to say it, it's pretty shameful) but it is only COVID which has truly made "one team" across all roles. Everyone matters, everyone needs voice and looking after

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Mason Fitzgerald: to Don: there is a school of thought that previous significant events (e.g. 9/11) have brought about little real sustainable change. And in my area of the NHS I am already seeing a return to pre-existing culture and practice, including re-introduction of NHS bureaucracy that is slowing the pace of change. What are your thoughts about the level of sustainable change we will see post-COVID?

Nicola Davey: @heathershearer - agree not heard much about balancing measures and we know this is a good way to guard against unwanted outcomes

Jan beattie: There has been so much creativity over the past few months - How do we retain creativity when we move into planning to tackle issues raised ... Inequalities etc

Heather Shearer: Great observation James about the greater honesty about uncertainty for many

Meggan Jarvis: Really like your question @Mason re rapid vs sustainable change

Margarida Eiras: this is a very important question that here we are also worried about For first time i can remember (in NHS) staff are asking "how can we persuade patients to come to us"

Liliana Risi: Thoughts on opportunities to reduce the++++ medical carbon footprint and waste in our international system and that the environment needs to be our measurement

Clare Morrison: @heathershearer - true, and we're working with the Connecting Scotland programme on this. But there are huge inequalities now in people's abilities to access hospital appointments (eg, I spoke to someone who had to choose between attending an appointment and losing a day's pay and possibly their job as their employer didn't allow time off work). So digital enables access for some

James Todd: There is a great sense of hope that our ability to change has been evidenced... but what about the systemic desire to change and not regress to the old status Quo

Nicola Davey: Creativity can be present in many more ways than most people imagine - often used in ideas generation - not often enough used in measurement generation - and yet the latter often shapes behaviour more than we'd like to think or give credit.

Liz.huntbach: How do you think as a leader you can foster the discipline of reflection of learning and maintain your own resilience as a leader, and lead that reflection in a compassionate way??

Heather Shearer: absolutely Clare, and the work Connecting Scotland are doing is also great.

James Todd: so many clinical services have been temporarily closed and not really benefited from the rapid learning about mobilisation and positive change at this time

Nicola Davey: @James Todd - do you think the opportunity will be missed when they return?

Elouise johnstone: There have been enormous strides made by (even very small) communities, coming together to create local Covid support groups, to protect the vulnerable - we need to learn from these as they have been designed by the community to serve the community. One example - our local rugby club members have been delivering all prescriptions to reduce footfall in our community pharmacy whilst keeping themselves fit and healthy...

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James Todd: i think we have a small window of opportunity to engage them before they 'settle' back into the old routine

Nicola Davey: @James Tood - I really hope they are afforded that opportunity. ANything we can do to increase the time window for them?

Mark Griffiths: re: inequity, there is of course the issue of a Health in all Policies/ HiAP approach. Clearly, much of healthcare, or at least wellbeing is out of the hands of the healthcare system when thinking of the wider determinants. Will the national economic debts created in dealing with Covid mean ultimately different government departments will divert away from a HiAP approach which will exacerbate the issue of inequity/inequalities?

Joy Vamvakaris: Due to the need for rapid reactive work, engagement and consultation with public and patients has had to be less extensive. How do we ensure that we go back to co-design and co-production rather than continue as doing now? sometimes "urgency" can be a good "excuse" to do less

James Mountford: Don--there's a deep irony around "meeting the need". In London we have surged into ICU, whereas we know what's needed (beyond any immediate crisis) is to go further 'upstream'. ie: In the opposite direction. London will likely end up (steady state) with double the pre-capacity ventilated beds. I'm not saying this is a bad thing; i am saying we aren't looking everywhere that's needed

Katie: I agree Don, I think the rules associated with not allowing access to people dying, needs to be rethought - the trauma associated with this is substantial.

James Mountford: thanks Don re Nightingale. if helpful happy to describe it further--unfortunately i have a long-scheduled call now i need to jump across to (with great regret)

Mary Salama: I have a concern about the hidden costs to children particularly. Particularly with vulnerable families there is a lot of opportunistic recognition of risk and intervention. Do you have any thoughts on this?

Katie: 10 minutes - lucky you!! I miss the 'in the passing' relationships and ability to get things moving. all these chats now need to be scheduled.....

Nicola Davey: The zoom to zoom back to back thing needs to be addressed. YES Don - I do think we need some ground rules for it

Mary salama: I agree the opportunistic connections need to be considered..

Penny Neild: How can we as leaders reduce the rate of return of bureaucratic 'treacle', and harness the amazing cultural and behavioral changes which have enabled such seismic innovative changes in our heath and social service?

Fiona Holley: How do you see healthcare professionals who sit within the current at risk groups (not very high risk) who are currently not advised to work patient facing being reassured in the 'new normal' as Covid is not going away!

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Elouise Johnstone: Harvard Business Review Women at Work podcasts have lots of data on the impact on employment

Matteo Migliorini: Greetings from Italy! Matteo :)

Elouise Johnstone: Predicted to hit women & low-income more than men, compared with the 09 global banking crisis

Heather Shearer: Do you have any thoughts about the differences between health and care staff associated with their experiences - be that in critical situations, anticipating more than they experience, others that have had to shield. How to keep/extend 'one team' and value all these varied experiences?

elouise Johnstone: Near Me has created an opportunity to review not just how we do the work (F2F vs. virtual), but also what we do...

Nicola Davey: I am wondering what it will be like for those who haven't needed to access care during COVID when they first encounter the 'new ways' - at 'sometime' in the future.. will we just assume they have been on the journey with us?

Liliana Risi: The NHS commissioners will need love and courage. In a nutshell our future needs whole system intelligent commissioning based on the three same outcomes for all providers:

1. Minimising handovers because this is better for patients, for us and for the environment and it is safer and reduces waste [time, tests etc]
2. Green audits of:
 - infrastructure [transport, insulation, light bulbs, recycling etc.] - Fine particulates and hospital admissions <https://www.bmj.com/content/367/bmj.l6258>
 - clinical interventions [pharm significant hotspot revert to non-pharm/green interventions singing for breathing, reducing polypharmacy reduces plastic waste, technology to augment relationship-based care and minimise practice carbon footprint
3. Rewarding collaboration i.e. person centred shared decision making within practices around ceilings of care and across models/boundaries of care.

Karen Jones: @lilianaRisi I share your thoughts and really hope the courage needed materialises at all levels

Nicola Davey: Agree @Mason Fitzgerald - keep pushing forward. I worry 'return to..'

Olivia Butkowski: If you are interested in attending the call series Don is referring to, you can find out more here: <http://www.ihl.org/education/WebTraining/Webinars/Pages/mobilizing-to-respond-COVID-19.aspx>. As Don said, they are every Friday at 10am ET/3pm UK/4pm CET

Mason Fitzgerald: Thanks for the answer Don it is a huge test of our leadership to keep pushing forward rather than returning to the past

Bill Tiplady: I think the greater emphasis from health professional bodies on defending professional interests rather than speaking in a coordinated way on issues relating to social determinants of health is

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definitely an issue in the UK too. I guess there are lines drawn about what is 'political' and therefore more dangerous territory for scientific/professional comment - but of course as you are saying, Don, the science leads us to these issues just as powerfully.

Elouise johnstone: really appreciate your thoughts Don... progressive policies have to be our way out of this.

Carl Walker: Thanks for setting up this excellent call. As a QI professional - its wonderful to hear Don Berwick talk live - shame its in such difficult circumstances.

Nicola Davey: Thankyou :)

Clare Morrison: Thank you so much, inspiring as always

Karla Schwarzbauer: Excellent call! Inspiring, insightful, full of truth and hope at the same time

Margarida Eiras: very special this webinar

Angela Zambeaux (IHI): Here's the link to the HIAE video again in case you are interested and want to review- <https://www.youtube.com/watch?v=r3HTP7vSqHk&feature=youtu.be>

Carolina Cappa: Thanks Don. It was really inspiring and helpful. It was a very useful webinar.

Matteo Migliorini: Always a great pleasure and wonderful meeting!

Andreia Cavaco: Thank you very much, very inspiring! Great to listen to Don

Adam Bubanich: Thank you so much everyone! Wonderful call :)

Don Berwick: Thank you all for this time together. And for your continuing work on improving the world

Hanneke vd heide: thank you for this very informative session

Penny Neild: Fabulous webinar thank you.

Jan beattie: Thank you

Elouise johnstone: Thanks all this was a very well-spent hour.

Heather Shearer: Thank you

Mary salama: Thanks you so much from Birmingham Children's Hospital Don! I still have my signed book

