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A role for independent peer review in healthcare management: reflections on the gateway review process

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Abstract 150-200 words

Health and social care organisations face constant pressure to change in order to pursue quality and performance improvements. As a result, professionals are often said to be experiencing change fatigue. This can be problematic for policy implementation initiatives. This paper reflects on a gateway review of Leicester, Leicestershire and Rutland's Integrated Point of Access Programme (IPoA) to make the case for independent peer review of health care management change programmes in order to work towards reducing change fatigue and its impacts. Peer review has been identified as an effective but underused process across health and social care provision and management (Jenkins and Grey, 1999; McCormick, 2012). With this in mind, the gateway review outlined here is used to exemplify some of the practical benefits and challenges of external peer review. The review of IPoA offers a number of learning points for those undertaking or thinking about undertaking peer review in health care management and recommendations are made based on this experience.

Introduction

All aspects of health care provision including commissioning, delivery and receipt of services are frequently undergoing change whether internally or as a consequence of central government decision making (Mitra et al 2016). Previous research has highlighted two recuurent tensions against organisational change: change resistance and change fatigue (McMillan and Perron, 2013, Garside 2004). Change fatigue is associated with staff feeling frustrated, stressed and

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overwhelmed when a change happens too quickly or too soon after the last change (McMillan and Perron, 2013). Garside (2004) suggests that fatigue among health care providers is likely a consequence of a number of factors including: top down directives, previous failed initiatives, conflicting directions of change and an unnecessary focus on managerialism.

Many have investigated the sources of resistance to change (Strebel, 1996; Pardo del Val and Martinez, 2003; Landaeta et al, 2008) and proposed recommendations for the healthcare sector (Appelbaum and Wohl, 2000). Beaudan (2006) identifies a range of signs of change fatigue and suggests a mid-course reassessment of project aspects such as goals, change speed, people mix and case for change could help towards improving attitudes to change. In order to reduce the risk of change fatigue and improve the moral and commitment of staff undertaking change initiatives to promote efficiency and effectiveness, it is important to adopt an inclusive approach to change (Garside 2004). Peer learning and the inclusivity that this fosters has also been identified as one way to refresh attitudes to change and to level the approach to change by including all involved (Szumilas, 2015, no pagination). Peer learning facilitates multidirectional learning and can support a co-produced approach to planning, implementing and delivering initiatives (Rashman and Radnor, 2010). This is in line with MacIntosh et al (2007) who argues that the engagement between academics and practitioners creates a bi-lateral flow of information and a co-production of knowledge. Also, the anonymity of the review process helps people feeling more comfortable to express their views about the change process. In addition to this, McCormick (p.6 2012) asserts that 'peer review offers a potentially cost-effective way of developing and assuring the quality of integrated care, and mitigating the adverse effects of incomplete measurement with the balancing contribution of professional insight'.

This paper discusses the use of external peer review as a mechanism to work towards co-produced initiatives and mitigate against change fatigue. The authors' experience of conducting a gateway review is used as an example of an external peer review process. The challenges and benefits of this experience are reflected upon in order to make recommendations for the further implementation of external peer review as a change management strategy within health care.

Background

The gateway review process

The Gateway review process was developed by the Office of Government Commerce (OGC) following the Gershon review (Gershon 2004) recommendations to improve efficient policy implementation. Gateway review is an example of peer review that is typically carried out by external reviewers who are independent to the organisation under review, with the aim of producing an impartial report for improvement. The OCG offered specific gateway review training and created a hub of reviewers who could be commissioned. Those who were trained in the review process had backgrounds in a range of settings including independent consultancy, the health care sector, defence, local and central government and the private sector. The review process scrutinises projects and programmes at pivotal points in their progress in order to provide timely recommendations. A Gateway review can be conducted at 6 different points during the lifecycle of a project. These include: strategic assessment, business justification, delivery strategy, investment decision, readiness for service, and operations review and benefits realisation (NAO 2004). Reviewers typically carry out a document analysis of relevant policies and procedures, and a series of interviews and/or focus groups with relevant stakeholders. The recommendations provided are typically based on the findings of these processes and the expertise of the review team. A traffic light system is used

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to measure the project's status and also to rank the recommendations in order of importance (NAO, 2004). As the recommendations are meant as feedback for the implementation team, they are kept confidential although it is possible to make a summary of the report available to the public (Wanna, 2006).

The literature discussing the Gateway Review process has focused on a wide range of benefits, many of which facilitate an inclusive approach to change management. These include: improved access to the knowledge of experienced peers (Australian Government, 2006); deployment of the best available knowledge to the project (NAO, 2004), greater assurance that a project can progress to the next stage of implementation (Australian Government, 2006), the independence and confidentiality of the review process (Barrett, 2010), improved risk management (HoC, 2005), resultant legitimation of decision making (Williams et al 2010), ensuring that all stakeholders understand the direction of the project (NAO, 2004), and improving the skills and knowledge base of all stakeholders involved in the review (NAO, 2004). Further to this the success of the Gateway Review process has generated significant interest from other countries and has been adopted in Australia, New Zealand and the Netherlands (with a small degree of variation). Since the closure of the OGC in 2010, gateway review has remained an effective tool and is now facilitated by the National Audit Office. Indeed, the gateway review process is still used in the UK formally and informally across health care, central civil government, local government and defence.

Despite the benefits of the Gateway Review process, criticism has been raised regarding the relatively closed dissemination of the review recommendations (Fawcett and Marsh, 2012). Fawcett and Marsh (2012) call for a more systematic approach to sharing the knowledge developed as part of the gateway review process in order to facilitate further inclusivity. This is further reflected in the recommendations we make later.

<u>The Instant Point of Access project (IPoA)</u>

This paper focuses on the application of the Gateway Review process to LLR's IPoA project in order to highlight the dynamic benefits of external peer review when applied to changes in healthcare. Leicester, Leicestershire and Rutland's (LLR) Instant Point of Access (IPOA) programme is one of a number of projects that aim to progress the central government target of integrating health and social care services by 2020 (NAO, 2017) and the current desire within healthcare services to facilitate a "left shift" of care away from acute services towards community and home settings. IPoA seeks to integrate 8 different points of access for adult health and social care services across LLR into one contact centre. This involves the inclusion and integration of services across 8 different partner organisations including: 3 CCGs, 3 local authorities, one NHS acute hospital trust and one community and mental health NHS trust. LLR commissioned an external consultancy to provide a business case for this service redesign. The business case suggested a phased approach to implementation across a period of 3 years (see diagram 1) and provided: a target operating model, and an appraisal of costs, risks, benefits and mitigations that will be involved in the implementation of the project. When the business plan was disseminated among the service partners, there was a considerable degree of nervousness and resistance to commit to the business plan. This reaction occurred across the partners for a number of reasons such as lack of financial resources, disbelief in the financial assumptions made, change fatigue, and scepticism about the practical implementation. As a consequence, it was agreed between the partners that a Gateway Review would occur at the end of phase one of the project in order examine the likelihood of success.

<u>Application of the gateway review process to IPOA</u>

The Gateway Review was carried out by an independent team that consisted of 2 researchers from the School of Business at the University of Leicester and 2 independent consultants from Channel 3 and Rubicon Health Consulting. The latter was trained in the OGC gateway review process and had carried out a number of gateway reviews in the past. The review carried out was akin to the OGC gateway review 5 (operations review and benefits realisation) whereby the review focuses on the desired benefits of the project and the challenges being experienced. The review team carried out a document review, a review of IT solutions, a financial review, and 19 semi-structured interviews and 3 focus groups with between 4 and 8 key stakeholders. Interview and focus group participants were selected from all of the partner organisations and represented those involved in project strategy, project management, the practical operation of the project, estate issues, IT facilitation, financial management and project communication. The participants were asked pre-set questions that addressed a range of topics including: mood; context, scope and understanding; measurement and risk; resources; communication and engagement; partner commitment; and feasibility. The interviews and focus groups were carried out in the participant's workplaces. Interviews ranged from 20 minutes to 1 hour 15 minutes in duration and the focus groups ranged from 1hour 45 minutes to 2 hours 10 minutes. All were audio recorded and transcribed verbatim. The transcripts were analysed thematically, in accordance with Braun and Clarke's (2006) flexible 6 step guide to thematic analysis. The interview and focus group talk was organised into 32 codes from which the following 4 themes emerged: foundations; complexity; programme governance and management; communications, co-production and engagement. The gateway review report was structured around these themes and made 15 recommendations for improvement. The review process took place over the course of a month and the report was shared with the programme board a week later.

<u>Benefits of the Gateway Review process</u>

The IPoA project had been running for a year when the Gateway review took place. Over this year, the project scope and its operational details had changed numerous times. For example, the project began with 2 partner organisations and at ended the first year with 8 partners. In addition to this many changes had been made to details for implementation such as site location and IT options. For many of the stakeholders, these changes had resulted in confusion about what they were trying to achieve and why, which caused feelings of frustration, and loss of confidence. The independence of the Gateway Review process allowed a fresh perspective to be applied to the project. Stakeholders were informed that their contributions in the interviews and focus groups would not be shared with the project team. This combined with the independence of the reviewers promoted open and honest communication between the reviewers and the stakeholders that allowed an in-depth appreciation of the status of the project. All stakeholder comments were anonymised in order to maintain confidentiality in the review report. This has the added benefit of transparency, in that the report could be shared widely if desired.

One of the main findings of the interviews and focus groups with stakeholders was that the operational and IT staff did not feel like they had a voice in the planning of the project. Taking part in the Gateway Review allowed these stakeholders to highlight this and so, one of the recommendations in the final report was that operational staff should be included in the programme board meetings. It concurs then that the process of external peer review facilitated a move towards co-production among the service providers. Indeed, co-production is implicit within the review process in that knowledge is shared both within the project team and also between the reviewers and the project team. While the Gateway review process indicates one directional learning in that knowledge from the reviewers is shared with the project team,

learning is, in fact, multi-directional and co-produced. The recommendations made by the review team were facilitated by the involvement of all of the project stakeholders and the knowledge that they shared as well as being based on the expertise of the reviewers. This made for a valuable review report that was well received and respected by the project team. Indeed, the report recommendations were implemented by the project team and the stakeholders now support progression to phase 2 of the project.

Our Gateway Review team included two consultants and two academics. Of the consultants one had a background in healthcare policy implementation and the other in IT applications for health care settings. Of the academics 1 had a background in accounting and the other in sociology. Each of the reviewers, moreover, brought with them a different perspective. We feel that this multidisciplinary approach to the review allowed for a well rounded report that might not have been possible if the team shared the same background.

Overall, as a method of peer review, the Gateway Review process added value to the IPoA project. It allowed more a more co-produced approach to the project to emerge which in turn improved stakeholder commitment to the project and created a more effective and efficient project for the end users it is intended for.

Challenges and limitations

Challenges encountered when carrying out the Gateway review process and these could affect the potential for peer review to mitigate against change fatigue. Our Gateway review did not include delivery staff. We interviewed staff involved in the planning and operationalisation of the IPoA but not staff that would be answering the calls once IPoA is in place. The reason for

this was that at the time of review it was not known who these staff would be. For the delivery staff, therefore, IPoA could still feel like a top down approach.

In addition to this, some participants had a misconception of what the Gateway Review process seeks to achieve. When the review report was sent to the stakeholders for consultation, some of the comments received indicated that more concrete solutions were desired. The Gateway Review process is a system of peer review that seeks to share knowledge to improve projects rather than offer specific instructions for change. It is therefore, important that all stakeholders involved understand that the review process is a platform for knowledge transfer.

Finally, in our case, some of the paperwork to be included in the document review had been forgotten to be shared by the project team. This resulted in one of the review recommendations being inaccurate as it did not reflect what had actually been done when this paper work was finally shared.

Recommendations

Based on the benefits and challenges outlined above, the following recommendations are made for future applications of external peer review in a health care setting.

- Ensure the review process is inclusive of all involved in the project including staff involved in the planning, implementation and delivery of the project. Inclusivity will foster an environment conducive to co-production and peer learning that in turn will help towards the implementation of change.
- Adopted a co-produced approach to the review process.
- Ensure all stakeholders are aware of the purpose of the review and the outcomes that can be generated.

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- Choose a multidisciplinary team to offer a range of expertise and perspectives.

- Make sure all documents are sent for review and that they are complete, relevant and timely to ensure credibility of the recommendations made.

- Disseminate the review findings as widely as possible in order to ensure inclusivity and transparency. Stakeholder comments can be anonymised if necessary.

Conclusion

From the beginning to the end of our use of the Gateway Review process, we witnessed a marked difference in the participant's perceptions of the change the project under review was seeking to implement. At the beginning of the process it is fair to say that the stakeholders' mood was jaded and change fatigue was evident. The use of Gateway Review as a form of external peer review created a space conducive to co-production and shared peer learning. The review process gave all stakeholders a voice in the change process. Their knowledge was shared and used to form the report recommendations. The recommendations made, therefore, were not solely based on the expertise of the review team but were co-produced by all involved. Consequently, the reception of the report recommendations was extremely positive. The recommendations have been put into action and stakeholder perceptions of the project are now forward looking. External peer review, thereby, can create an openness and inclusivity that can work towards the mitigation of change fatigue.

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