If you’ve worked in the NHS for a long time or even joined us recently, it’s highly probable that you’ve heard the words change and transformation, or maybe improvement or development come up in meetings or emails, over and over again...

For those of you who have been with us a long time, there is a risk that you have already moved onto the other more pressing emails in your inbox. However, I hope not!

Change and transformation seem to be all we hear about.

Shift this, adopt that, reframe this, improve that, transform this, turn-around that.

And we all know that on the ground a lot of this ‘blue sky thinking’ and transformation lacks pragmatism. It seems to be disjointed and not really relevant to day to day practice or patient care. Maybe you’ve read this far and are now thinking, ok, but so what Amanda?

Well, I’m just going to throw this out there for your grey matter, for consideration and reflection...

What if there are things about our work and practice that we DO need to change? What if we need to change with pace and urgency and do things in a different way?

Imagine if the telecommunications industry never changed, innovated and grew? We would still be dialling on an old telephone, attached to the wall (I know this is still what a LOT of phones in the NHS look like!) and you certainly wouldn’t have a smart phone in your pocket.

Imagine if we had never changed how we treated infectious disease and hadn’t updated our knowledge with the emerging evidence? We could still be bloodletting and considering the plague to be incurable. We certainly wouldn’t be coming up with vaccines in 12 month timeframes. We might not even have vaccines.

Imagine if we hadn’t changed and adapted during covid. Without shifting to virtual consultations how many patients would have gone unseen? You might not think or believe we did enough, but what if we hadn’t considered doing any of it?

Again, yes, but so what Amanda?

So, what if we can do things we currently do... but even better?

What if we can deliver services for our patients and communities that really add more value and meaning to their lives?
What if we can pivot and adapt, letting go of what isn’t serving us or our patients but that we have ‘always done this way’?

We often have a deep-seated ingrained loathing of being told to do things differently or being forced to change because we find change challenging, it’s new, it’s different, it’s worrying, it creates anxiety, it makes us think, or worst of all, it seems like change for the sake of it.

When we have to think, it means we have to use more effort in our day to day work. It is less unconscious – and this is a good thing. We are programmed to develop habits, create patterns out of information, make assumptions and take shortcuts where we believe we know the answer.

In most cases where we have to do something, we will do what is known, what is comfortable and what is habitual (think about your morning routine – tea/coffee, breakfast, teeth!)

Change makes us think because we no longer have a pattern to rely upon, it is new, novel, unknown and we tend to associate this as hard work and often (consciously or not) associate change = bad.

However, as we have just outlined, not all change is bad!

Change can bring about greater ease in our lives, in our work and in our relationships. Change can be inspiring. Change can be creative and generate even more ideas – or connect the dots with other thoughts to launch even greater ideas into the ring.

Change is only possible when there is a shared belief and agreement that change could be good, be beneficial, be of value – to us, to our services and to our patients.

Change can happen when groups of people or individuals are willing to consider change to their working lives AND where they can take action to try things out, are supported to do things differently and to think creatively, in new ways.

Change speeds up when we have more people willing and able, believing and acting in creating the change – and in gaining momentum.

Change sticks when we feel it is worthwhile, beneficial, makes things better, makes things easier and contributes positively to what we are doing and how we are serving our patients.

Change starts with you and a willingness to read this far in this blog post! Are you ready and willing to consider a different way of doing things but more importantly how you THINK about things?

Our intention is to introduce new ideas, new ways of thinking about our patients, ourselves and our practice. To introduce a different perspective, to challenge beliefs we might hold about our clinical decision making and clinical practice. To create space for thinking as well as doing.

Just imagine how we can transform and evolve, if we as individuals, and collectively as teams and services, create, develop and sustain new habits of thinking as well as habits of doing day to day!