EXTERNAL CONSULTANCY, the review of organisations by experts from outside, is a well established approach adopted by many non-public service organisations to help solve problems, seize new opportunities and achieve business objectives.

In the NHS, the cost of commissioning external consultancy can be prohibitive (Price 2000) so internal consultancy is often used as a substitute.

The drawbacks of internal consultancy usually concern a perceived lack of independence and knowledge in organisational politics, which can provoke political and emotional resistance in employees.

Despite the increasing difficulty of managing healthcare systems because of the conflict between budgetary constraint and the growth of health expenditure (Alexander 1990), use of external consultancy in the form of reviewers from other NHS providers may well provide a more impartial, credible and influential approach to improving the NHS over the long term.

The King’s Fund Nursing Leadership Programme focuses on how organisations function in terms of culture and emotional intelligence (King’s Fund 2002), while Hooper and Potter (2000) suggest that the way individuals in organisations behave towards each other is the key determinant of culture. Of particular importance in this regard is the openness of their communication and the amount of energy that is wasted on internal politics.

Creating the team
A large teaching trust in the south of England asked one of the authors of this article to evaluate its critical care services and, as a result, a four-strong team of highly experienced senior nurses and managers undertook to review the trust over a period of about six weeks.

Team members were chosen because they possessed the following:
■ Broad and extensive experience of critical care, including review of services across a large teaching trust and a critical care network
■ Knowledge of cardiac, neuro, general, outreach and critical care services.
■ Strategic and general management experience and awareness
■ Project management experience
■ Health economics knowledge
■ Professional integrity

They were also chosen because their personalities would promote high quality discourse during the review.

The team had worked together before on other projects and its members had developed relationships that helped the project ‘hit the ground running’.

The team also liaised with a trust manager, whose role was to facilitate the review.

Purpose of the review
The review was intended to offer an insight into the perceived problems of demand and capacity raised by the use of Level 2 and Level 3 critical care beds in the trust.

The following terms of reference and time frames were established:
■ Describe how critical care beds are used in the trust
■ Examine the capacity of and demand for specifically Level 2 and Level 3 beds
■ Examine the support services that assist patient throughput
■ Present the results of the review to stakeholders immediately
■ Produce a written report with recommendations for critical care across the trust.

Sandy Brown and colleagues ask: where should the NHS find the expertise to change and improve its services?
Background to the Review
During the government’s national funding initiative, which followed publication of Comprehensive Critical Care (Department of Health 2000), the trust received central funding to increase Level 2 bed capacity within one of its critical care units.

Because of rising demand for Level 3 beds however, as well as problems with nurse recruitment, these beds were not provided. As a result, demand for Level 2 beds reached such a high level that major elective surgery had to be cancelled.

This situation prompted debate among different professional groups in the trust about the need for a more flexible approach to staffing critical care beds.

Methodology
The methods used by the team to build a picture of critical care across the trust were determined by their experience of reviewing critical care services elsewhere and the time limit imposed on the review.

To understand and assess all the issues involved, a combination of qualitative and quantitative approaches to data collection was used including one-to-one interviews, group discussions with various key stakeholders in the trust and observation of practice in the critical care units. Quantitative data were also reviewed although the provision of the data was limited.

Planning
A project plan identified key roles for members of the team within the timescale, and key outcomes were refined and clarified. Contact with key personnel was organised, a three-day visit was planned, and a timetable was drawn up to list which staff should be met and which units evaluated during the visit.

To understand more clearly the operational and strategic issues involved, four key themes guided questioning and informed data collection:

- Organisational issues
- Patient flows
- Levels of care
- Access and demand.

Detailed questions were devised, and the team was split into two pairs to visit and interview members of staff.

Data collection
Before the visit, general quantitative information was requested of the trust so that the team could gain insight into key issues. The information concerned nurse staffing establishments, turnover and sickness rates, the number of consultant doctor sessions, and the provision and staffing of outreach services.

Data were also requested on the number of Level 2 and Level 3 beds, occupancy levels, the number of cancelled elective operations, the number of non-clinical transfers, re-admission rates, average length of stay, dependency levels, and the availability of booking systems and 24-hour recovery services.

During the visit, it became clear that the units collected data in different ways and that the trust lacked a consistent common data set for critical care. This made comparing the performances of the units particularly difficult and was considered a key finding of the review.

Reporting
The findings of the external review were reported in two ways. The team carried out a presentation at the end of the visit to the key stakeholders, and identified the broad themes it had found and the recommendations it had made. Later, a detailed report was compiled and submitted to the trust.

Results
The review was demanding for the team over the three-day visit, but the timetable was comprehensive and allowed the team to meet as many of the key personnel involved in critical care as possible.

However, due to the large number of people involved there was no time for discussion of impressions and findings. This time was needed to conduct an effective and comprehensive review.

There was a great deal of information to gather and assemble into a framework to highlight the key themes. These themes then had to be developed into challenges and recommendations for the trust to define ways of improving their services.

Cullen et al (2000) suggest that reviewers are expected to challenge existing organisational paradigms to produce effective outcomes, and this is easier for external consultants.

The importance of selecting a team whose members have different skills such as communication, experience and problem solving cannot be overstated, because these skills allow them to have internal and external discourse to develop key recommendations.

Price (2000) supports the involvement of nurses in consultancy, believing they are established problem analysts with the appropriate training to deliver on projects involving service flexibility.
Discussion
The review clearly revealed that two cultures had developed among staff at the trust, and that both ‘groups’ failed to understand each other’s paradigms.

Members of the first ‘group’ were protective of their specialities, their specialised skills and the philosophy that the trust had followed, and by which it had been well served, for many years. Members of the second ‘group’ meanwhile were more at ease with the changing face of the NHS, in which flexibility, choice and responsiveness are increasingly important.

This clash of cultures was made more confusing by the fact that both of these ideals can deliver excellent care for patients, and that both ‘groups’ included clinicians, nurses and managers, who could defend their stances fervently.

This situation should not alarm anyone; according to Klein (2004), it describes what happens in organisations in transition, in this case part of an NHS being redesigned into a consumer oriented service amid controversy and discontent, despite additional funding.

The review team challenged both of these groups to discuss, communicate and maintain patients at the core of development.

Another key finding of the review was that communication between professional groups needed to be improved, and the team argued that the days of encamped, protected specialities had passed and that a ‘whole hospital approach’ was needed instead.

Friedman (2001) argues that, in such environments, collegiality and co-operation are threatened and, more importantly, so is quality of care.

Feedback
Criticism of poor systems and lack of competence often have to be made in reviews, but should be relayed in ways that encourage awareness and improvement.

After organisations have been reviewed, they must be able to cope with the recommendations and introduce solutions long after the review team has left. There must therefore be an opportunity for the review team to be challenged on its findings and recommendations as part of the validation process.

In this case, feedback from the organisation where the review took place was positive and welcoming of a structured review whose outcomes have formed part of the organisation’s action plan for ongoing improvement.

The review also highlighted the potential to develop consultancy competence, which could become part of regular service reviews and help reviewers to learn as much as the organisations with which they work.

Conclusion
The key for the NHS to improve services is to use skilled people to examine key elements of organisations’ systems processes and make structured comments for discussion. Such reviews will not necessarily change organisations dramatically but could help teams to take on the mantle of service improvement.

The use of reviews could therefore be made an important framework for the development of services across trusts but, if so, it is important that skilled reviewers, who can turn the information and discussion accrued into constructive workable documents, are used.

Thus, the choice of reviewer is the most important factor. As Cullen et al (2000) suggest: ‘Send us staff who will be missed, not staff who can be spared.’

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References


