

Four ways in which the NHS can learn from others

Narinder Kapur specifies how learning from others can be best put into practice in the NHS

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Learning from others has been a mantra in public services such as the NHS, but it is seldom specified how this can best be put into practice. I propose four ways in which learning from others can be systematically introduced into healthcare settings – reciprocal peer monitoring, “learning from others” officers, “experts by experience” patient panels, and post-retirement observer fellowships.

“We do need to think about how we empower the process of peer review, which can have such spectacular results,” health secretary Jeremy Hunt is reported as saying, with the clear implication that we can and should learn from others. [Accreditation schemes form one example of peer review in practice](#), and should be more widely adopted in the NHS.

The Harvard University professor, Eric Mazur, has pioneered new ways of teaching that have [learning from peers as a key component](#). In setting up the Healthcare Safety Investigation Branch, the Department of Health and others have explicitly acknowledged that we can [learn from other industries](#) such as [aviation](#).

How can we translate these general ideas into specific proposals for healthcare settings? I suggest four ways.

Reciprocal peer monitoring

Reciprocal peer monitoring can take many forms, the most common of which are professionals sitting in during clinics, ward rounds, surgical procedures, etc. and multisource/[360-degree feedback](#). [While multisource feedback is now a well established and proven tool](#), its implementation in healthcare settings is often patchy, with variable care in the selection of the multiple sources to ensure that they are truly impartial.

Staff sitting in on each other’s routine clinical (or managerial) duties appears to have been seldom studied, but it would seem beneficial to have this as a standard feature

of professional practice. [Forms of monitoring are of course widely used in training](#), and there is no good reason why it should not be a life long tool in healthcare.

Learning from others officers

It is often stated in healthcare that we should learn from the best practice of others, and this was one of the reasons why Jeremy Hunt initiated partnerships between certain NHS trusts and the Virginia Mason healthcare network in the US, which has a strong record of patient safety and learning from mistakes. I propose that each clinical service unit/division/large department in a healthcare body has, perhaps on an annual rotational basis, one staff member who takes on the role of "Learning from others officer".

He/she would also arrange visits by experts from other centres, who could combine giving a talk about the ways things operate at their own organisations with spending a day observing clinics, procedures, etc.

As an incentive, they could be given a small salary increment for taking on this role. This person could visit other departments in the organisation to learn lessons, but more importantly would be tasked to visit select centres of excellence elsewhere in the UK or abroad.

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"Experts by experience" panels

Organisations such as the Care Quality Commission have "experts by experience" on their inspection panels, and some organisations have such individuals on selection panels both for posts and for entry to training courses. ["Patients as peers" is being increasingly recognised as a valuable source of support](#).

I propose that clinical service units/divisions/large departments which provide a clinical service set up "experts by experience" panels. Such patients may vary in terms of educational background, duration of illness, etc and in fields such as psychiatry there may be additional factors to bear in mind.

Patient organisations may help to recommend and select individuals who could participate in such panels. Such panels could be regularly consulted on issues

relating to clinical service delivery, and would also be a valuable resource when dealing with complaints or major adverse clinical events.

Post-Retirement observer fellowships

If a senior professional retires at the age of 65 years from the NHS, he/she will usually have a wealth of knowledge, skills and experience. In many respects, such professionals would be ideal people to comment on the practices within organisations other than the one in which they spent most of their career.

I suggest that the NHS sets up a "post-retirement observer fellowship" scheme whereby a recently retired professional can gain a year's further salary, and spend that year in three organisations (four months in each). They would spend much of their time carrying on with normal duties of the host organisation, but part of the time would also be spent making close observations and offering suggestions for improvement.

They would provide an advisory report at the end of their four month term.

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