

# A healthy outcome

*Guy Blomfield, Group Strategy & Commercial Director at General Healthcare Group, explains how GHG implemented a programme of change to meet the challenge of an evolving healthcare market*



**B**MI Healthcare, the acute private hospital division of General Healthcare Group (GHG), is the UK's largest independent private provider of secondary healthcare. The healthcare market in the UK has been going through some major changes – Lord Darzi's review, published last year, specifically put an emphasis on primary care, prevention and wellbeing, with services provided closer to patients' homes wherever possible – changes that could potentially have a negative impact on BMI's business.

At the same time, GHG had a relatively new and ambitious executive board. Up to that point the company had grown by acquiring existing hospitals: now it had the chance to expand further by taking advantage of economies of scale.

Faced with this combination of opportunity and threat, Guy had asked Berkeley to help BMI develop a strategy that would enable it to integrate its secondary care business more closely with the changing primary care sector. Here Guy reflects on some of his learnings from the process and, more generally, on how organisations can introduce change successfully.

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#### ENSURE THAT THE CHANGE PROCESS IS INCLUSIVE

GHG has a dedicated business development function separate from its core operations team. Business development is specifically tasked with investigating and taking forward new ideas, but works closely with operations to implement change. The operations team are empowered to do things for

themselves and have the authority to work closely with the regional directors. "It's not some edict from the board" says Guy. "It's far more of an inclusive approach, and that makes it more likely to succeed."

### CREATE FLEXIBILITY WITHIN A FRAMEWORK

A key challenge of this project emerged from the fact that BMI has 58 hospitals, which means, as Guy points out, that "there are at least 100 different views on how things should be done!" However, the hospitals are organised into nine regions, and it was important to get regional directors on board first; they then brought in their hospital executive directors.

A 'one size fits all' solution was never going to work: flexibility was key. "Each region, and then hospital, had to work out what to do in a way that suited it," Guy confirms. "But at the same time, there did need to be common initiatives." The result was the creation of a framework within which the hospitals could tailor the solutions to meet their individual requirements.

One example was formalising and accelerating a range of education services hospital consultants provide to local GPs. While there were some common themes to deliver nationwide, such as cardio risk analysis, each hospital could tailor its programme to suit local interests and expertise.

"So they each take a set of principles and tailor it to their situation. They own the process of implementation, the way they communicate it and so on," says Guy.

This organisational structure is central to BMI's plans. As Guy points out, without it the company wouldn't be able to leverage the economies of scale that are now available to it. This 'big is beautiful' approach offers private medical insurers, who provide over 75% of BMI's income, an attractive national network to buy into.

### SET AN EXAMPLE

With so many stakeholders around the country, getting buy-in for the proposed changes was always going to be difficult for Guy and his team. "The best way to overcome this is when one of your solutions is implemented and seen to be a success," he explains.

In GHG's case, one of the proposed solutions was to build health centres where they can provide primary care, and the opening of a new clinic in Nottingham in August 2008 showed the way

forward. The Nottingham Primary Care Centre provides diagnostic, outpatient and specialist facilities, while a partnership with Nottingham Emergency Medical Services means it can also offer a walk-in service and access to NHS GPs.

### ASSEMBLE THE RIGHT TEAM

One aspect identified early in the strategy project was that a new business unit was required to drive the integrated care business forward. While the overall strategy and operational framework was being developed in conjunction with the early solutions, a decision was taken to quickly recruit the new management team to drive forward the business on the basis of the overall strong benefits case.

Guys says that, in this case, getting the new management team in quickly to drive the detail was a critical outcome for the project overall, enabling permanent relationships to be developed between the new business unit and operations.

### INSTILL INTERNAL COMPETITION

With a new business unit in place working closely with operations, tracking performance would be really important. "There's a feedback loop so that we can make sure they're on the right track overall," Guy says. "People have to report back on what they're doing, and there's a competitive aspect to this, particularly among the regional teams – no one wants to be seen to be the one who's lagging behind."

Guy reflects that it's vital for any change management programme to include this element of performance management.

### ADDRESS BUSINESS THREATS QUICKLY AND DECISIVELY

The work done by Guy and his team, initially supported by Berkeley, shows the importance of reacting quickly and decisively to potential threats to a business, such as those posed by new legislation or industry structure changes.

The effectiveness of the change management programme he has instigated flows from the new organisational structure that has been put in place; this allows BMI to disseminate new policies and procedures through a network of regional champions who have the autonomy to implement them as they see fit, within a central framework.

As a result, the company is set fair to profit from the changes in the healthcare market – no mean feat in the current economic climate. ■

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