A role for peer review in healthcare

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

Introduction

All aspects of UK healthcare 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 recurrent tensions arising in organisational change programmes: change resistance and change fatigue (McMillan and Perron, 2013, Garside 2004). Change fatigue is associated with staff feeling frustrated, stressed and overwhelmed when a change happens too quickly or too soon after the last change (McMillan and Perron, 2013). Garside (2004) suggests that fatigue among healthcare 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) advocates a mid-course reassessment of projects and suggests four strategies to sustain momentum. These include: the revision of goals and expectations; a change in the mix of people involved; a change in pace and activities to boost morale.

Further to this, it is imperative that approaches to managing change fatigue and resistance adopt an inclusive approach (Garside 2004). Peer learning and the inclusivity that this fosters has been identified as one way to refresh attitudes to change and to level the approach to change by including all involved (Szumilas, 2015). Peer learning facilitates multidirectional learning and can support a co-produced approach to the planning, implementation and delivery of
A role for peer review in healthcare

initiatives (Rashman and Radnor, 2010). This is in line with MacIntosh et al’s (2007) argument that engagement between the partners involved creates a bi-lateral flow of information and a co-production of knowledge. In addition to this, McCormick (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’.

We now turn to our use of the Gateway Review process as a mechanism to work towards co-produced initiatives and mitigate against change fatigue. The challenges and benefits of this experience are reflected upon in order to make recommendations for the implementation of external peer review as a change management strategy within healthcare.

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 healthcare 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 (NAO 2004. a). A Gateway review can be conducted at 6 different points during the lifecycle of a project (Figure 1).
A role for peer review in healthcare

Figure 1 – Stages/gates

<table>
<thead>
<tr>
<th>Gate 0</th>
<th>Strategic Assessment</th>
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<tr>
<td>Gate 1</td>
<td>Business Justification</td>
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<td>Gate 2</td>
<td>Delivery Strategy</td>
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<td>Gate 3</td>
<td>Investment Decision</td>
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<td>Gate 4</td>
<td>Readiness For Service</td>
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<td>Gate 5</td>
<td>Operations Review and Benefits Evaluation</td>
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These include: strategic assessment, business justification, delivery strategy, investment decision, readiness for service, and operations review and benefits realisation (NAO 2004. b). 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 often used 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). 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 healthcare, central civil government, local government and defence (NAO 2013).

<table>
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<tr>
<th>Gateway Review – key facts</th>
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<tr>
<td>The Gateway Review process was introduced by the OCG in 2009</td>
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<td>Gateway review is a system of peer review to monitor and critique the progress of major change programmes</td>
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<td>Over 500 reviews were conducted in the NHS under the management of the OCG</td>
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<tr>
<td>In 2009/10, there was an increase in reviews compared to any previous year and the majority of the reviews were new to Gateway</td>
</tr>
<tr>
<td>NAO took over the oversight of the Gateway Review process in the UK in 2012</td>
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<tr>
<td>The major issues likely to be found include: lack of adequate risk management, ineffective project management, inappropriate or ineffective governance structure, lack of dedicated resources, reactive planning, unrealistic delivery targets</td>
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(http://www.dh.gov.uk/en/Managingyourorganisation/Gatewayreviews/DH_121642)

Figure 2. Gateway Review – key facts

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 (House of Commons Committee of Public Accounts, 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) (Fawcett and Marsh 2012).
A role for peer review in healthcare

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). Consequently, 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 promote inclusivity and transparency. This is further reflected in the recommendations we make later.

It is important that the most appropriate method of review is chosen for the project under review. Numerous peer review systems with varying focuses and applications exist within the UK healthcare system. Some such examples include: Gateway Review, the Quality Surveillance Programme (formerly the National Peer Review Programme) (See www.qsk.england.nhs.uk ), and Pathway Peer Review (McCormick 2012). In our case Gateway Review was chosen for the fact that it typically involves reviewers from a range of disciplines and the need to conduct the review at a specified time period within the project timeframe in order to review progress (focus of a Gateway Review). The IPOA project involved numerous cross sector partners working towards the integration of health and social care access points. A multidisciplinary team was, therefore, necessary.

The Integrated Point of Access project (IPoA)

This paper focuses on the application of the Gateway Review process to Leicester, Leicestershire and Rutland’s (LLR) Integrated Point of Access (IPoA) project, in order to highlight the dynamic benefits of external peer review when applied to changes in healthcare. LLR’s 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). In addition to this IPOA also focuses on the current desire within healthcare services to facilitate a ‘left shift’ of care away from acute services towards community and home settings. Over a
three year, phased approach, 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.

When the business plan for the IPoA projects was first disseminated among the service partners, there was a considerable degree of nervousness and resistance to commit. 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.

**Application of the Gateway Review process to IPOA**

Our Gateway Review was an informal review, in that it wasn’t carried out in partnership with the NAO. The Gateway Review was carried out by an independent team that consisted of two researchers from the School of Business at the University of Leicester, and two consultants from the independent consultancies: 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) (see figure 1) whereby the review focuses on the desired benefits of the project and the challenges being experienced (NAO 2007).

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. We reviewed a total of 55 documents ranging from national and local LLR strategy documents
to minutes of IPOA workstream meetings. The purpose of the document review was to test the strategic alignment between the IPOA programme and wider LLR ambitions, and to assess the depth of work done by the various programme workstreams. Interview and focus group participants were selected from all of the partner organisations and represented a cross section of 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 participants’ workplaces. At the beginning of the interviews and focus groups, all participants were asked if they were aware of the Gateway Review process and their involvement in it. None of the participants indicated that they did and so no additional explanation was provided. In hindsight, as will be shown later, this was an error. Interviews ranged from 20 minutes to 1 hour 15 minutes in duration and the focus groups ranged from 1 hour 45 minutes to 2 hours 10 minutes. All were audio recorded and transcribed verbatim.

Document review findings

The first stage of the document review was designed to test alignment between the IPoA and national and local strategies. The review demonstrated that there was a strong degree of alignment at a “conceptual level” with national policy, which included a recurring central theme of aiming for more joined-up service delivery. At the more local level there was also alignment, although this was weaker with most strategies failing to refer to and make the links across to the IPoA programme. The second stage of the document review was an in-depth review of IPoA programme documentation, such as minutes from workstream meetings and programme risk logs. This review highlighted that good programme management structures
and processes were in place e.g. programme management tools were being used. It was also revealed that there was significant variation in the progress that had been made, at the time of the review, by different programme workstreams. This variation correlated with feedback from interviews (see below). The review of workstream documentation also highlighted some inconsistency between planning assumptions between workstreams which was consistent with interview feedback that communications between workstreams could be improved.

Interview and focus group findings

The interview and focus group 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.** This theme summarises the partner’s thoughts about the position of the project within existing decision-making structures. It was generally felt that the IPOA wasn’t prioritised within these structures.

- **Complexity.** This theme addresses the partners concerns that the project aims were too complex. The partners talked about the complexity of the services included in the IPOA, the demographic complexity of the service users that the IPOA aims to serve, and the logistical complexity of operationalising the IPOA.

- **Programme governance and management.** This theme addresses the partners concerns that the programme management was not resourced adequately and that particular governance issues had not been considered.

- **Communications, co-production and engagement.** This theme addresses the partners concerns that the project was progressing from the top down. Partners were concerned that the potential IPOA service users and service providers had not been given enough voice in the planning process.
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.

Benefits of the Gateway Review process

The following benefits were identified following completion of the review:

Honesty and transparency

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, causing 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.

Co-production

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. Consequently, 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.

**Multidisciplinarity**

Peer review is a subjective exercise, in that the outcome is influenced by those carrying out the review. In order to ensure that the review conducted includes a variety of viewpoints, we recommend a multidisciplinary review team. 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 healthcare settings. Of the academics one had a background in accounting and the other in sociology. The combination of academia and private sector worked well as we brought with us different skills: research and consultancy respectively. 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. For us, a team of four
worked well because the mix of skills and knowledge met the needs of the review as discussed in the planning meetings and the project under review was relatively small in scale. For those reviewing larger scale projects, such as national projects, however, a larger review team may be necessary.

**Added value**

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**

A number of challenges were encountered when carrying out the Gateway Review process. 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, despite not alluding to a lack of understanding in the interviews and focus groups, 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. With
hindsight, we should have provided the participants with an overview of the Gateway Review process and the typical outcomes that can result, rather than asking for and accepting confirmation of understanding alone.

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.

To summarise both the benefits and challenges outlined in the literature and in our experience discussed above we have produced the matrix below. The general and specific categories refer to the Gateway Review process generally (i.e. the benefits and challenges outlined in the literature) and the Gateway Review process specific to our experience, respectively.
A role for peer review in healthcare

### Positive

<table>
<thead>
<tr>
<th>General</th>
<th>Specific</th>
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<tbody>
<tr>
<td>• Independent, confidential process</td>
<td>• The independence of the review process allowed a fresh, detached perspective to be applied to the project</td>
</tr>
<tr>
<td>• Aims to ensure all stakeholders understand the direction of the project</td>
<td>• Confidentiality of the review process promoted open and honest interview and focus group responses.</td>
</tr>
<tr>
<td>• Improved access to the knowledge of experienced peers</td>
<td>• Anonymity of participants and their talk allowed the report to be shared openly if desired.</td>
</tr>
<tr>
<td>• Deployment of the best available knowledge to the project</td>
<td>• The inclusivity of the process allowed stakeholders to have a voice in the progression of the project. This in turn improved stakeholder commitment</td>
</tr>
<tr>
<td>• Greater assurance that a project can progress to the next stage of implementation</td>
<td>For full details see p.4&lt;br&gt;For full details see p.9-11</td>
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For full details and references see p.4

<table>
<thead>
<tr>
<th>Negative</th>
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<tr>
<td>• Difficult to capture benefits realisations.</td>
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<tr>
<td>• Relatively closed dissemination of the review recommendations and the lack of transparency associated with this.</td>
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For full details see p.5

<table>
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<th>Negative</th>
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<tr>
<td>• Did not fully include all stakeholders – delivery staff were excluded from the process.</td>
</tr>
<tr>
<td>• Some stakeholder misconception of the review process continued throughout the review</td>
</tr>
<tr>
<td>• Not all documents were shared in time for the review.</td>
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For full details see p.11-12

### Recommendations

Based on the benefits and challenges outlined above, the following recommendations are made for future applications of external peer review in a healthcare 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.
A role for peer review in healthcare

- Adopt a co-produced approach to the review process that supports multidirectional learning and knowledge transfer.
- Ensure all stakeholders are aware of the purpose of the review and the outcomes that can be generated.
- 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 review report.
- 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 participants’ 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 and allowed these voices to be shared anonymously and collectively. In turn, 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.
A role for peer review in healthcare

References


A role for peer review in healthcare


A role for peer review in healthcare


A role for peer review in healthcare


