

# A mixed-methods evaluation of transformational change in NHS North East

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**Declared competing interests of authors:** Paula Whitty has been employed as Director of Research, Innovation and Clinical Effectiveness at one of the research study's mental health trust study sites since April 2011 (and by the trust's predecessors as Consultant in Medical Care Epidemiology since 1998). David Hunter is an appointed governor of one of the acute foundation trust hospital study sites involved in this research project and was a member of the commissioning board for the National Institute for Health Research (NIHR) Service Delivery and Organisation programme between 2009 and 2012, and the NIHR Health Services and Delivery Research programme between 2012 and 2014. Jonathan Erskine was a non-executive director of one of the primary care trust study sites until October 2011. Martin Eccles received a salary one day a month as a senior mentor for the National Institute for Health and Care Excellence Fellows and Scholars programme.

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## Plain English summary

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## Plain English summary

Improving the quality of service provision and care for patients is of central importance in the NHS. The North East of England enjoys good, well-performing health-care provision but the health of the population remains generally poor. The North East Transformation System (NETS) was introduced to encourage a new approach to the provision of health-care services throughout the region and to improve their efficiency and effectiveness. It adopted best practice from the USA, Japan, the UK and Europe.

The NETS was an ambitious and complex project and was the first attempt to transform an entire health-care system. The research aimed to evaluate the impact of the NETS using a range of methods in 14 selected NHS organisations. The NETS stimulated change and new ways of working. Positive impacts and lasting change were achieved in several of the study sites. However, loss of the North East Strategic Health Authority in April 2013, following the government's NHS changes, made embedding and sustaining the improvements more difficult. It had been the main inspiration and driver behind the NETS. Leadership was found to be particularly important in promoting change and improvement, especially the relationship between clinicians and managers, which has not always been an easy one. Given the complexity of the NHS environment and the range of influences on it, it was difficult to say with complete certainty whether or not any changes identified were the result of the NETS and not due to other factors, either in part or in their entirety.

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