CONFERENCE ABSTRACT

Goodbye comand & control – Hello circles!

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Introduction: While most organisations in the health and social services strive to reduce fragmentation in care delivery, especially Primary Health Networks in Australia, they themselves suffer the side effects of a command and control bureaucratic organisational design and work in siloed departments.

It is generally agreed that the current ‘department’ or ‘stream’ based organisational designs have many drawbacks including, causing silos and fragmentation, turf protection mentality, stymied collaboration and integration, inability to use the full capability of staff and grow and develop staff.

Change: So is there an alternative?

Moving away from the historical command and control bureaucratic organisational design, reducing fragmentation between and within organisations, requires a new way of working and organising. To achieve this, structures and processes that enable and facilitate collaboration and coordination, rather than those that block and impede it, are needed.

North Coast Primary Health Network (NCPHN) over the past two years has moved to a new way of organising itself and working. We simply call it CIRCLES.

Innovation: A CIRCLE is a formal organisational structure designed to carry out business functions or projects. Importantly, the CIRCLE transcends organisational departments and silos.

There are clear structures, processes and elements that we have developed through trial and error and experimentation. When the need for a CIRCLE is determined, the process of establishment includes first and foremost identifying the capabilities required to achieve the project outcomes. The capabilities are then matched to staff using the NCPHN ‘capability repository’. Staff whose capabilities are a match, from across the organisation, are invited to join the CIRCLE. This is the tactical CIRCLE responsible for the ‘doing’.

CIRCLEs operate in three monthly cycles, each cycle beginning with a Strategy meeting (participants are; tactical CIRCLE members, experts and management) wherein the plan for the ensuing three months, including measures, are set out.

The tactical CIRCLE meets on a weekly basis in an hour long (maximum) sharp & purposeful meeting to ensure progress in achieving the program metrics and remove any obstacles. The tactical CIRCLE members have defined roles including the CIRCLE Lead and CIRCLE Facilitator. The CIRCLE has a technology application where all the CIRCLE’s information is stored and is accessible to all.

The CIRCLE methodology ensures that the regular progress is being made in a cyclic and consistent manner in achieving the organisational objectives and strategies.
We have developed this model that shifts power from management hierarchy to functional roles - moving the power to the collective rather than individual managers. CIRCLES exercise autonomy and creativity. Once the scope and purpose of the CIRCLE has been developed and confirmed, the CIRCLE is free to organise itself within the basic building blocks provided in the CIRCLE manual. This has been a major change management process. This is an essential internal change required in health care organisations to facilitate integration. The method is applicable for working between organisations as well.

We have published our CIRCLE methodology in a handbook, suited to human services organisations. The model is transferable to all human service organisations.

**Keywords:** circles; intra-organisational integration; organisational design