The Use of Systems Thinking, Systems Practice, to Elicit the Effectiveness of Cancer Support Services in the Southwest of England

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ABSTRACT

This article summarises the findings of a systemic analysis of Living Well and Active’s coordination and delivery of physical activity, health and well-being interventions for those living with cancer in the Southwest of England. The 16-month analysis was informed by cancer charities, consultants, healthcare professionals, local government officers, patients and physical activity health and well-being deliverers. Whilst the findings proved there were pockets of good practice such as interventions delivery, organisations were found to be operating in a fragmented way, were resource starved and struggling to make sense of the top-down imposed healthcare policy changes. This meant the cancer referral process only captured 1:10 cancer survivors who could be assisted on their pathway to normalisation. However, participants’ conceptualised a different cancer referral process and a hub of practice similar to Living Well and Active to lead physical activity, health and well-being interventions, to improve the 1:10 cancer referral process.

KEYWORDS

Cancer Support Services, Collaborators, Deliverers and Service-Users, Delivery Chain, Hub of Practice, Interventions, Referral Process and Virtual-Paradigm Methodology, Systemic Analysis

1. INTRODUCTION

Since 1997, consecutive British governments have recognised the intrinsic value of sport, physical activity, health and well-being to the nation’s health and fitness. However, it was David Cameron’s Conservative-led Government who finally prioritized these activities in their document Sporting Future: A New Strategy for an Active Nation (HMG, 2015, pp. 26-32). This top-down policy document set out the then Government’s sport, physical activity, health and well-being policy objectives that Teresa May continued with as the Conservative Party nominated successor to David Cameron, with relevant Government Departments and funded quangos expected to align their organisational objectives

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to help achieve the physical activity, health and well-being policy objectives. It is clear on reviewing the document that much of the emphasis on physical activity, health and well-being was stimulated by the earlier UK Chief Medical Officer’s Guidelines (CMO, 2011) designed to reduce the 28% of the UK population who are considered inactive. Inactivity is defined by the CMO as doing less than 30 minutes of moderate intensity activity per week, and then the cost of that inactivity on the National Health Service because of related illnesses and wider implications of that inactivity on the nation’s general health and fitness. Two other documents that seemed to trigger the Government’s determination to tackle and reduce the nation’s inactivity is Moving More, Living More (HMG, 2014) because of the costs of inactivity, and the Public Health England document Everybody Active, Every Day (PHE, 2014) and its four themes of: active society, moving professionals, active environments, and moving at scale.

Sporting Future (HMG, 2015) then provides the policy framework and objectives to tackle and reduce the nation’s inactivity and how sport might respond to the framework through delivering regular exercise opportunities and promoting changes to people’s lifestyles. Sport England, the UK Government’s funded organisation granted autonomy to lead the delivery of sport and physical activity in England, with similar subsidiaried in Scotland, Wales and Northern Ireland, published its document Towards an Active Nation (SE, 2016, pp.18-19) in direct response to the Government’s physical activity, health and well-being policy objectives. The document directs how the English Sport System will alter its focus to deliver future sport and physical activity interventions to society. Interestingly, the document also provides for special populations, target groups, as well as the general population. People who fall into this category are those living with cancer, the disabled, people diagnosed with diabetes, obesity or heart conditions and inactive children, and those with mental health problems. The people living with cancer were the focus of this research that concluded in 2017 and its systemic inquiry into the effectiveness of physical activity, health and well-being interventions for those living with cancer in the Southwest of England.

2. METHODOLOGY

The temptation at the start of the systemic analysis was to employ Soft Systems Methodology (SSM) (Checkland, 1993), or the Appreciative Inquiry Method (AIM) (Stowell and West, 1990), to give participants the chance to record their own views and defend them to other participants. However, after preliminary discussions with a potential organisation such as Living Well and Active and participants’ who offered verbalisations that prompted the need to data capture in the objective, subjective and radical paradigms of practical thought. This suggested a multi-paradigm methodology would be best suited to such data capture and prompted a systems search for a claimed multi-paradigm methodology. Circumstances, Values and Viewpoints, Activities and Means (CVAM) (Castle, 1999) and Total Systems Intervention (TSI) (Flood and Jackson, 1991) were located and after a review of their methods, the Principal Inquirer (PI) recommended Castle’s (1999) CVAM. CVAM seemed to offer more robustly designed methods such as Mapped Resolutions of Activities and Means (MRAM), and certain criticisms were found in the literature (Midgley, 2000; Mingers, 1997) about Flood and Jackson’s TSI, such as lacking any proper philosophical and theoretical grounding and limited guidance on how to use substitute methods as part of a systems analysis. CVAM addresses the latter because each method is mapped onto the CVAM Process Framework (Castle, 1998b) to reveal which steps are complete for each paradigm and which are not, plus points to discrepancies for improvement which stimulate systemic learning. The ‘Cs’ of CVAM are the circumstances, external forces, impacting on the system’s boundary of an organisation (or organisations), and the ‘Vs’ the viewpoints of the system actors on what should be done about the circumstances and other internal improvements to the organisation. The ‘As’ are the activities designed by the systems actors to address the circumstances and can be processes or systems, and the ‘Ms’ are the means, resources, to operationalize the activities to tackle the Cs. So, CVAM’s methods and systems ideas became the guiding principles to inquire
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