The Review

Learning journeys:

where to, with whom, and how?

*If we do not change direction
We shall arrive where we are heading*
(Chinese proverb)

An occupational hazard of GPs is that they can be so busy attending to the problems of their patients and practices that they have no time to consider where they are heading. As an alternative to their daily work, Andrew Lyon of the International Futures Forum led two groups of GPs from Deep End practices on learning journeys to a variety of surprise destinations.¹

The workplaces visited included public, private and voluntary organisations: KEY Community Supports, an organisation which resettles people with learning disabilities from large institutions to small community settings; a social entrepreneur, leading the Family Business Association, whose members have to combine business disciplines with family relationships; GalGael, an organisation which rehabilitates people with addiction and other problems via craft-based activities, principally building and sailing traditional clinker built boats; Glasgow Life, the charity responsible for running the city's public cultural facilities and sports centres; Bridging the Gap, an organisation which works to bridge any gap which divides people living in the Gorbals; and Percepta, which provides telephone-based support for the customers of major car companies, with very low staff turnover and high customer satisfaction, focusing on the customer not the car and enabling staff with high levels of individual autonomy and discretion.

The groups of GPs spent 90 minutes in each location. Each setting had its own distinct feel on arrival and GPs, who had perhaps been expecting to do a lot of talking, found themselves listening intently to passionate hosts who had found ways to liberate and enthuse their work, combining daily activities with long term values and aspirations. Work was no longer a drudge or a dead end but a means of individual and collective expression.

The journeys described by their hosts, their directions of travel and modes of operation, were as important as their hoped for destinations. Steady growth is more important than fast growth for its own sake. Being busy is not an intrinsic virtue. Spending time doing the wrong things is not effective.

A common feature which emerged was the tension between local action and the need to work also via large organisations (such as health organisations, and local authorities and corporations) to address social problems of poverty, deprivation, and social exclusion. There was a feeling that many of these large organisations had lost their way. Their impersonal, bureaucratic nature can lack a human dimension, adding to the alienation that many people experience in everyday life. The antidote that these colleagues had found was cumulative; shared knowledge and engagement, based on communication, relationships and trust.

At KEY Community Supports, for example, some of our hosts described the situation which faced them as parents of children with learning disabilities in the 1970s, when they were told 'there are places for children like these, just hand them over and you can get on with life'. The parents refused to accept that this was so. Thirty years later the institutions on which that system was based have been almost entirely replaced and the resources spread throughout communities, based on a system of new relationships, in which people with learning disabilities (not their parents) sit on the board of KEY Community Supports and have a say in how the system is run. An enticing question loomed large; what other centralised NHS institutions are ripe for dismantling, redistribution, and reinvention?

In Bridging the Gap at the Gorbals, our hosts described simple ways in which they changed the context for relationships between groups with opposing views: for example, asylum seekers and the indigenous population. They created opportunities to meet socially and eat food from different cultures together. Using theatre and imaginative exercises they created circumstances where schoolchildren could understand what it might be like to flee your country. By changing the context, it is possible to change behaviour and break down the myths based on stereotypes which can no longer hold when people know each other better.

The success of the innovative work seen on the visits was difficult to account for. Not everything which matters can be measured and yet there must be accountability. A key

question for many of our hosts was how to balance the licence required for innovation with the need to be accountable to supporters, funders, and others outside the process.

The workplaces visited highlighted the fact that a large amount of good work is taking place in communities but GPs, who may be aware of it in general terms, tend not to know what is happening and how they might help patients to benefit from it. With their longstanding local presence, knowledge, experience, and connections, GPs could be an important part of such work, perhaps even a powerful force for change.

The learning journeys lit a pilot light. As one of our hosts told the GPs, 'The world does not have to be as it is and it is never too late to change'.

Andrew Lyon and Graham Watt,

Andrew Lyon is the Converger of the International Futures Forum:

<http://www.internationalfuturesforum.com>.

The forum was established in 2001 to explore how to act in a world which we do not understand and cannot control.

E-mail: andrew@internationalfuturesforum.com

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ADDRESS FOR CORRESPONDENCE

Graham Watt

Academic Unit of General Practice and Primary Care, College of Medical, Veterinary and Life Sciences University of Glasgow, 1 Horselethill Road, Glasgow, G12 9LX, UK.

E-mail: Graham.Watt@glasgow.ac.uk

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1. Deep End Report 9. *Learning journeys. The ninth activity of 'General Practitioners at the Deep End'* 17, 18 and 20 August 2010. http://www.gla.ac.uk/media/media_179092_en.pdf [accessed 21 Jun 2011].