Response to NHS Chief Executive’s Open Call for Evidence and Ideas

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General comments

Health Innovation & Education Clusters (HIECs) provide a potential solution to the problem of up/down dissemination of best practice across the health service. HIECs operate at a regional/sub-regional level to address local problems and priorities. Sharing at a national level is facilitated via the network of 17 HIECs that allows innovations and knowledge to be exchanged; the first year of existence has featured four ‘sharing’ events - three national gatherings and a directors meeting.

This approach (“local solutions to national problems”) is supplemented by the alliance of partners that individual HIECs embrace. In addition to the core partnerships between NHS organisations and academic institutions, HIECs incorporate a variety of other sectors such as charities, patients and carer groups, the pharmaceutical sector and various other enterprises, bringing a wide range of expertise to the table. HIECs are therefore likely to be a force for the good, albeit not a solution per se, to the pressing issue of integration highlighted in the Future Forum.

This idealised model must however content with the short term nature of the investment (2 years). Some HIECs have sought innovative approaches to achieving financial sustainability whereas others could fold come April 2012, which could severely disrupt the spread of innovation. The NHS in particular tends towards a reactive/operational style of management and the need to take a longer term view of investments is actually identified as a problem in the NHS Chief Executive Innovation Review.

It is difficult enough to manage innovation let alone the serendipitous process that is ‘invention’. In seeking to learn from other sectors, the reduction in ‘productivity’ (reflected by NCEs) and the adverse impact of size consequent on mega-mergers is all too evident in big Pharma. The NHS could however learn lessons from large multinationals in relation to their systems and infrastructure for dissemination of information.

The DH needs to support creation of a forum for collation, dissemination and implementation of innovation. Universal uptake of demonstrably successful innovation should be embraced by local commissioning groups. Mergers and clustering with the health and social care sector will hopefully reduce barriers to the spread of innovation, compartmentalisation and an adversity to change (“not invented here”) that sometimes characterises competition in the public sector.

The West Midlands region

The current SHA is unique in having three HIECs, which themselves were initially led by the region’s three Medical Schools, Warwick (South), Birmingham (Central) and Keele (North). It is probably fair to say that the distinctions between these three
universities (top-ten, Russell group and new medical school) which might otherwise provide a barrier to collaboration have been lessened to some extent through creation of a regional HIEC network by West Midlands SHA.

The overriding aim of all three HIECs has been to work in collaboration with their immediate health economies to develop projects that serve the needs of NHS partners and patients. The structure mirrors the national picture inasmuch as the three individual HIECs work independently to solve local issues whilst collaborating on topics of common interest.

An example of this collaborative approach is in implementing the Region’s QIPP and Informatics strategies. The latter includes projects on e-learning and simulation as noted below. HIECs are already coincident with other local clusters such as R&D networks and are emerging as natural groupings from which LETBs could be built.

**West Midlands (North) HIEC**

The partnership of an acute trust (UHNS), two PCTs (Stoke and N Staffs), a mental health trust (CHC) and two universities (Keele and Stafford) has been extended in the second year to include other healthcare providers across Staffordshire and Shropshire plus a number of commercial organisations ranging from multinationals to local SMEs.

The HIEC is commissioning and supporting two major work streams focussed on a) development and evaluation of care pathways and patient outcomes linked to Fit-for-the-Future and b) the provision of innovative education and training programmes to support local, regional and national priorities.

Delivery of health and social care in Staffordshire and Stoke is being redesigned via a programme termed 'Fit for the Future' (FFF) that will see transfer of care into the community driven by a PFI which reduces acute capacity of University Hospital of North Staffs (UNHS) by over 20% to ca. 1000 beds, together with the formation of a new Community Trust that merges primary health and social care services. This major service redesign represents one of the largest QIPP programmes in the country.

Award of a HIEC has allowed us to develop a Health Services Research Unit (Director Peter Croft) that brings the expertise of the ARUK National Primary Care R&D Institute at Keele to bear on development, implementation and evaluation of care pathways. Projects are underway in COPD, heart failure and in complex patients with multiple morbidities.

Multi-professional training across the primary-secondary interface and programmes of self-management for patients and carers have been introduced to improve access to care, avoid escalation, reduce admissions to hospital and enhance discharge. In some cases, applied research programmes have led to applications for external grants or commercial partnerships that have so far attracted a further 315k into the HIEC.

The HIEC’s academic partners have developed training courses to support local public health priorities (e.g. obesity, ageing) or reconfiguration of services (e.g.
Conventional face-to-face training is being supplemented by innovative learning technology based on avatars programmed with voice recognition and decision-support algorithms. These ‘virtual patients’ populate a 3-D virtual environment and can be programmed to simulate various clinical scenarios.

Web-enabled avatars are under development to provide on-line training in COPD and VTE risk assessment. These VP projects link into the SHA e-learning network with the West Midlands (North) HIEC contributing on-line communication and skills training in risk assessment, revalidation and diagnostic decision making that will be made accessible to the wider healthcare workforce.