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

Respondent ID: 282

Organisation name: Institute of Mental Health, Nottingham University/Nottinghamshire Healthcare NHS Trust

Type of response: Online
Respondent ID:

Your name (completed by):

Professor Nick Manning

Email:

nick.manning@nottingham.ac.uk

Telephone:

7.75E+09

Organisation name:

Institute of Mental Health, Nottingham University/Nottinghamshire Healthcare NHS Trust

Please choose the description below that best fits your organisation’s main role:

Academic Institute

What can the NHS and NHS Commissioning Board learn from national and international best practice to accelerate the pace and scale of adoption of innovations throughout the NHS?

(1) There is a USA literature on this. Start with Rogers, E. M. (2003) "Diffusion of innovations" (5th ed.). New York: Free Press. He observes that for a typical innovation there are a small number of enthusiastic "early adopters", a bulk of "instrumental middle adopters" and a small number of resistant "never adopters". You need to get the middle bulk to change. Do not just talk to the enthusiastic early adopters, and do reconcile yourself to isolating the never adopters.

(2) Look at what the Canadian Health Services Research Foundation does.

(3) Use sociologists to give you expert advice.

What specific actions do you think national NHS bodies, such as the NHS National Commissioning Board, need to take to encourage and stimulate the successful and rapid adoption and spread of innovations throughout the NHS?

(1) The UK NIHR has invested about Â£200 million in 10 "CLAHRCs, 2008-2013, to get research into practice. We have one of these. Much of this work is very relevant to the spread of innovation. Use this existing investment to find out what the CLAHRCs have discovered. The CLAHRCs also employ a lot of high quality staff who might be able to help you.

(2) Develop incentivised systems for "bottom up" innovation. It is very difficult to innovate from the top down. We are trying to initiate "National Innovation Networks" for some specific clinical issues modelled on our success with 40+ "Managed Innovation Networks" at the local level(see next section).

(1) Set up local and national innovation networks that are locally initiated rather than "top down".

(2) Manage them actively, within their own defined performance targets. Give them small seedcorn resources, and include relevant NHS Partners as appropriate.

(3) Expect 1/3 to do well, 1/3 to be OK, and 1/3 to fail, and shut the latter.
Do you have any further comments about accelerating the adoption and spread of innovation in healthcare?

(1) Be realistic. Most people will support innovations where they are useful and help them with their tasks. But don’t expect everyone to be an enthusiast.

(2) Make innovation worthwhile - don’t expect people to change for the sake of it. So you need to find out what NHS staff themselves know should be changed on the ground. It is the stuff of everyday conversations in the NHS where staff exchange stories about how "stupid the system is because it does X instead of Y". Give them some incentives and rewards for changing the system themselves ....

We would like to be able to follow up interesting comments and case studies. Can we contact you for this purpose?

Yes

Do you want to be kept in touch with the next steps in this process?

Yes

Do you want to be included in a wider community of interest?

Yes

What specific actions do you think local NHS bodies, such as providers and Clinical Commissioning Groups, need to take to encourage and stimulate the successful and rapid adoption and spread of innovations throughout the NHS?

(1) We have been running "Managed innovation networks" since 2005 in Nottinghamshire, based on sociological theory. They have to have as a minimum a business plan, and to be managed by a group that includes a clinician, an academic, and a service user. We have more than 40. We give them Â£5k each over 3 years, with few strings other than to come up with interesting ways to deliver better services. We expected 1/3 to be good, 1/3 to struggle, 1/3 to fail. This has proved about right so far (we have recently reviewed them). Most of them have spent far less than their Â£5k - but this is enough to get them started.

(2) Innovation will spread rapidly where it is useful for local clinicians. So it has to be "co-produced" in the immediate context in which they work. See above in the first section on the bulk of "instrumental middle adopters".