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

Respondent ID: 205

Organisation name: Lancashire and Cumbria Health Innovation and Education Cluster (HIEC)

Type of response: Letter
31st August 2011

Dear Sir Ian,

I write to you today in response to your innovation review on behalf of the Lancashire and Cumbria Health Innovation and Education Cluster (HIEC). This response has been written to compliment the National HIEC Network Response and provides details of our local achievements and how our HIEC has addressed the challenges of the adoption and spread of innovation.

With more than thirty partner organisations working collaboratively towards the aims of our HIEC we welcome this review as an opportunity to demonstrate the contribution our cluster has made to local, and national, innovation dissemination. We would also like to take this opportunity to highlight the shared evidence and ideas that have been developed through the work of the HIEC.

The challenges for innovations that you identify within the review reflect those that we were set at the beginning of the HIEC initiative. Recognising that the spread of innovations, best practice, and research outcomes into mainstream health care and education remains slow, key organisational partnerships emerged throughout Lancashire and Cumbria as a result of the opportunity to develop a HIEC as a means of addressing these issues and accelerating the use of innovations across, and beyond, our health economy.

Lancashire and Cumbria HIEC

The Lancashire and Cumbria HIEC encompasses a diverse and representative number of organisations that work together with the aim to develop and deliver a more integrated and effective means of healthcare and health education. Given the dispersed geography and significant rurality of many of Lancashire and Cumbria’s population, the HIEC has been designed to benefit from the experiences of delivering personalised patient care and recognises the need to collaborate with care providers and networks to ensure that this care is seamless between providers, evidence-based, and with a strong emphasis on local need.

Whilst we recognise that our North West neighbours have a longer legacy of research, innovation and clinical expertise, and as such can be considered more advanced, it must also be noted that what makes Lancashire and Cumbria distinct are the unique challenges to delivering quality healthcare that requires a different kind of thinking. As such the three HIECs across the North West, and increasingly also with the other Northern based HIECs, work closely to ensure innovations and outcomes are delivered in a means effective to each health economy.
**HIEC Aims**

Whilst we set ourselves an enormous challenge at the outset of the HIEC we consider our collaborative partnership to be making considerable inroads into our aim to ‘create a sustainable culture of the timely and effective dissemination and implementation of research and innovation into health education and practice within our key priority areas by 2012’. To further explain how we intended to do this we set the following points as our mission:

- To provide a key element of the educational arm of NHS pathways, delivering the QIPP agenda across the North West;
- To support the strategy of improving and delivering efficiency and quality standards across the health economy (the NW QIPP agenda) by ensuring measurable adherence to clinical pathways;
- To recognise where improvement can be made in existing services and engage users, carers and the public who can identify and influence the transformations that can benefit services;
- To tackle inequalities by striving to achieve excellence in both the planning and delivery of all services to all communities.

**HIEC Achievements and Projects**

In the short time that the Lancashire and Cumbria HIEC has been operational, a little over 12 months now, we have worked quickly towards achieving our aim and the above mission points. We have done this through establishing a structure that is starting to enable us to quickly, efficiently and innovatively deliver knowledge transfer across our area. At the same time we have established strong relationships and simple governance arrangements that can develop flexibly to meet the full potential of this, and other, HIECs.

The Lancashire and Cumbria HIEC has a strategic board that aims to effectively represent the many partner organisations and stakeholders of the HIEC, and a small operational team of three people who work together as a project management team. Through using the knowledge and experience of our stakeholders our HIEC quickly recognised a number of the barriers and challenges facing innovation spread and adoption.

In year one three initial unifying clinical priorities were identified as being increasingly relevant to our region which would enable us to begin addressing and overcoming the challenges of adopting innovation. These priorities demonstrated the close links, some already established, between the needs of the local NHS and the intellectual and academic abilities of the cluster Universities. The three year one themes were:

- Mental Health and Wellbeing across the Life Course – developing education and training interventions that will be effective in better protecting and promoting the mental health of the working population of Lancashire and Cumbria
- Palliative and End of Life Care – offering generalist clinicians opportunities to engage in intensive action learning in their working in environments, which facilitate clinically relevant learning and draw upon existing educational and information resources
- Stroke – enhancing workforce development, prevention, psychological support, and long-term care

For year two it was agreed to extend the work of the HIEC to other health and education themes and as such an open call for projects was announced. Funding and support has been allocated to the following projects:

- Assessment of ability for referrals to IAPT Mental Health Services in Cumbria
- E-Learning packages of personalised medicine
- Therapeutic dementia care through innovative uses of space
• Education and training on assessing the use of a paediatric pain profile
• Reducing health inequalities in cancer mortality through targeting hard to reach groups
• Educating community based networks of volunteers
• Nutrition and hydration assessment at end of life to reduce related admissions
• A core skills framework for a mandatory training passport

The project teams actively work to demonstrate how their project contributes to one, or more of the following:

• Enhancing the uptake of educational opportunities among all groups of healthcare staff
• Improve knowledge acquisition and knowledge transfer across organisations and regions
• Improve and deliver education and training for health and healthcare outcomes
• Use technology to enhance the delivery of best practice into care pathways and patient care
• Provide new ways to provide the best possible care for the local population and health inequalities

HIEC Outcomes

Each of these projects have quickly progressed in meeting the challenges set by the HIEC and are at a range of stages in delivering clear and measureable outcomes which are beginning to impact upon the delivery of healthcare.

The valuable outcomes that the Lancashire and Cumbria HIEC have so far achieved include:

• Demonstrating our strength of partnership working
• Supporting a wide range of projects from across the health economy and sharing findings and experiences where appropriate
• Identifying and beginning to overcome barriers to uptake and implementation
• Establishing a realistic, fair and transparent system for monitoring projects and outcomes
• Identifying areas for improvement in selecting and supporting projects
• Demonstrating an effective communications strategy to spread the aims and workings of thee HIEC

Regional and National Work

It is clear from the joint National HIEC Network response that all seventeen HIECs across the country are working together to ensure shared aims, minimise duplication, and enhance the speed and spread of innovation and best practice. Technological solutions, replicable outcomes, tools for knowledge transfer and more are already being shared across the HIECs. Each HIEC’s ability to translate, adapt and localise initiatives continues to enhance the impact that the HIECs can demonstrate.

Regionally the three HIECs of the North West have continued to share a close working partnership, as detailed in each of our original submissions for a HIEC, securing shared projects and outcomes and strengthening the ability of us all to improve our respective, and collective, health economies. Sharing our efforts and breaking with some of the regional barriers to knowledge transfer have resulted in collaborative projects, such as working towards a mandatory training passport for the health workforce, linking partners and organisations to expand outcomes and impact, and strategic partnership boards to try and secure the longevity of our work.

You will see from our website, and those of the Greater Manchester HIEC and the Merseyside and Cheshire HIEC, that our aims and ambitions are mirrored across the region through making access to our projects and outcomes easily available and linking to each other’s’ sites and projects. www.lchiec.org.uk
In addition, our regional event that will take place in October represents a joint ambition to further address the challenges of how to transfer knowledge in order to transform care. www.hiecsnw.org.uk

**Value of continuing the HIECs**

It is our strong belief that the work of the Lancashire and Cumbria HIEC over the past eighteen months has provided a means of understanding and overcoming some of the many barriers and challenges to implementing and disseminating innovations. In a short space of time we have been able to break down some of the established obstacles to collaborative working and replaced them with effective partnerships and a more receptive culture to innovation and adoption.

Our HIEC, alongside the others, offers unique experience and knowledge of effective innovation spread which specifically relate to the questions you have posed:

*Learning from elsewhere about adoption and spread* is the fundamental purpose of the seventeen HIECs and we have evidenced that we are working effectively to deliver this. We predominantly seek to develop an integrated process of cost effective adoption and dissemination of innovations. We have already learned from our own region, as well as others, that coming up with an innovation is only the start of the process and what is required is an effective means of enhancing the culture of uptake and spread through flexibility, local translation and sharing risks, costs and learning.

*Actions at a national level in the NHS* are translated to a local level through the working of the HIEC and its partner organisations. In addition, the way that the HIEC has been established enables the work that we have done to be spread to a national level.

*Actions at a local level in the NHS* are clear through the projects that are being supported through our HIEC and the outcomes and impact that have already been seen in healthcare and health education. There has been enormous personal and organisational commitment embedded into the HIEC and this has driven by a desire to overcome many of the frustrations faced by those trying to implement innovations or merely trying to continuously improve health outcomes. We work closely with all our NHS trusts, academic partners, patient groups, volunteer organisations, local authorities and more in our ambition and aims to improve healthcare and this is proving to be highly effective even in the short amount of time the HIEC has been operational.

*Actions by NHS partners* can be demonstrated through the engagement the HIEC has with the Universities in the region, specifically the influence that has been had over outcome focussed research and innovation projects and encouraging direct work with other partners, whether these be NHS organisations, other projects, or university partners who they would not have traditionally engaged with. There has also been exemplary work where organisations or project groups have taken action to support struggling project teams or individuals where there has been a lack of capacity or resource.

In conclusion, the learning and experiences from the Lancashire and Cumbria HIEC have been positive and hugely beneficial to the delivery of innovation and good practice and demonstrates engagement from multiple partners, translation across health economies and more. Where there have been difficulties or barriers in terms of implementation and spread we have worked with partners, stakeholders and other HIECs to overcome them. To not take advantage of this learning and established collaborative clusters would seem an extremely unfortunate waste of what has been achieved across the country in a very small amount of time.
The support that the HIECs have received locally, and nationally, are a clear testament to our achievements and contributions to continuously improving the delivery of quality healthcare. I hope that this response, in addition to the responses from the other HIECs and partner organisations, provide you with the information and evidence that you require to supporting the continuation of these partnerships within the NHS infrastructure as a means of effectively and efficiently delivering the innovation agenda and the challenges that need addressing.

Should you require any further information regarding the work of the Lancashire and Cumbria HIEC from myself or any of our stakeholders please do not hesitate to contact me,

Yours sincerely,

Rosalind Way

Head of Lancashire and Cumbria HIEC, Research, Innovation and Development

NHS North Lancashire