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

Respondent ID: 280

Organisation name: N/A

Type of response: Online
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?

Scandinavian countries have a record of providing high quality services and implementing new practices more quickly than the NHS. In acute stroke care Sweden and Norway introduced organised stroke unit care and thrombolysis across the health care system much more rapidly than in the UK. This appears to have been achieved through a culture supporting innovation and implementing research accompanied by audit. Although comparisons are often made with the US, uptake of innovation in stroke care has been rapid in selected academic centres, often driven by financial incentives, but not across the health care system. A major barrier in clinicians and researchers introducing and evaluating innovative approaches is the funding of new treatment costs (see later comments) in an NHS where there is no protected/separate budget for these. A review of how new treatment costs are funded in other health care systems would be useful.

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?

Tariff payments need to have a component that rewards innovation and improved quality. The introduction of quality markers that modify tariff payments for stroke care appears to have improved use of thrombolysis and rapid admission of patients to stroke units. Such an approach is useful in increasing the rate of adoption of evidence based guidelines, although more robust audit may be needed to ensure submitted data are an accurate reflection of quality of care.

However currently there are few incentives that reward innovation by Trusts particularly where new treatment costs are involved. Innovations that involve new treatments are likely to have most impact on patient care and future NHS costs. For research studies the current arrangements where treatment costs of research are provided by NHS commissioners and service providers do not work well at a local level as commissioners often refuse to pay additional costs arguing these are provided in existing block contracts.

One approach the NHS Commissioning Board could consider is to measure innovation of NHS Trusts through recording involvement in research, volume and quality of service development, and spend on new treatments. This would enable production of a 'league table' of innovation. The market Forces factor for tariff payments could be increased to innovative Trusts providing the necessary additional costs associated with most innovation.

There have been welcome changes in the Research Evaluation Framework that encourage Universities to consider impact of clinical research on the NHS by the assessment of research
A mix of financial reward and league table recognition is required to motivate Trusts to successfully adopt new innovations.

Potential leaders of innovation need to be identified, supported and mentored and have the opportunity to share experiences and ideas with people outside their organisation.

**Do you have any further comments about accelerating the adoption and spread of innovation in healthcare?**

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**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?**

No

**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?**

Both providers and clinical commissioning groups need to take a more robust approach to assessing impact and success of new projects/service reorganisations. Too often criteria of success and failure of a new initiative are not specified at the outset. A more rigorous approach to implementation and evaluation needs to be taken with appropriate managerial and research oversight put in place.

Clinical commissioning groups and clinical networks could work more closely with research networks and groups in identifying priorities for adoption of innovation and new advances that require further evaluation through a research or service evaluation framework.

NHS Trusts and commissioning groups could do more to promote, reward and publicise individuals and groups who successfully innovate.