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

Respondent ID: 70

Organisation name: 3M Health Care

Type of response: Document
Contact and organisation details

Please provide the following details:

<table>
<thead>
<tr>
<th>Name of Organisation:</th>
<th>3M Health Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Chief contact:</td>
<td>J Peter Robinson</td>
</tr>
<tr>
<td>Contact details (email &amp; phone):</td>
<td><a href="mailto:JPRobinson@mmm.com">JPRobinson@mmm.com</a> +44(0)7876131807</td>
</tr>
</tbody>
</table>

1. Learning from elsewhere about adoption and spread

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? Please include relevant examples, published papers or other evidence you have found useful.

There prevails an inherent lack of trust from the NHS towards industry which slows down cooperative engagement and adoption of new innovations.

NTAC, whilst having experience of driving local new product introductions in individual trusts have struggled to expand new product usage and secure widespread adoption. It is a bit top down but essentially you get what you monitor.

This needs to be driven from the top so that Chief Execs are expected to proactively seek new relevant innovative technologies and practices and report the benefits gained. The QIPP agenda goes someway here but it remains pretty broad.

Suggestions:

1. Set specific time related innovation targets and expectations and monitor them.
2. Provide easy access to information about new innovations e.g. have an innovations database where all new technologies are listed, iTAPP list?, and care pathways.
3. Provide support and guidance (NTAC guide?) – change management support
4. Circulate and recognise successes (on the website?) – regional editions
5. Organise best practices sharing events.
6. Regularly have face to face reviews with senior management to monitor performance, agree improvement plans and any support needed.

3M’s experiences promoted the ‘steal shamelessly’ ethos when six sigma was introduced this needs to be embraced in the NHS as shared best practice. Whilst local trusts have local approaches it seems that there is a bit of a parochial ‘we don’t do it that way here’ attitude in the NHS and there needs to be incentives and rewards for adopting best practice from other areas (even globally)

2. Actions at a local level in the NHS

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?

A key ingredient to achieving success in this area will be to establish cross departmental ‘technology adoption’ teams within Clinical Commissioning Groups and provider organisations.
These groups should proactively encourage technology adoption within their organisations and receive targets that are aligned to this agenda, such as a commitment to implement/evaluate X number of solutions per annum. Another metric could be a % ‘New Technology Vitality Index’ = annual spend on technologies launched in last 5 years as a proportion of total expenditure.

They should also have budget bridging capabilities where the realisation of clinical and/or cost benefits depends upon ROI being linked across several discreet budgeting areas (i.e. to help overcome silo accounting).

Where a technology is put forward as a recommendation, with a defined and guaranteed saving, the budget should be reduced by this amount after 2 years, regardless of the trust's decision to adopt or not.
In this case early adopters would benefit financially and those who chose not to move forward will have to reallocate funds to compensate for their choices.

A further suggestion would be to facilitate regular and open access to specified events so that industry may demonstrate new technologies across categories or new space, a forum where innovations, conceptual through to developed products and ideas could be shared. We do in some places have limited access to clinicians and it would be good if the NHS as an entity had specified events where these innovations could be shared. We see these springing up locally but a national forum would of course benefit both sides.

3. Actions by NHS Partners

What specific actions do you believe others, such as industry, academia, patient groups or local authorities, could take to accelerate adoption and spread, and what might encourage them to do so?

A more receptive and proactive culture of innovation adoption (more “pull”) would encourage NHS partners to accelerate innovation to create win:win situations for the NHS and industry. Currently it is very difficult to implement a new technology into the NHS even with a substantial body of evidence of efficacy. At a national level this must degrade the potential performance of the NHS as it acts as a brake on innovation output; commercial rewards to industry are lowered and incentives for further innovations are reduced.

Patient groups could help create the “pull” by perhaps focusing on specific innovations with proven outcomes and demanding an implementation timetable.

4. Any other comments

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

It is very clear that many innovations in health care in the coming years will be in the areas such as mobile health and ‘e’ based solutions. The UK needs a regulatory pathway that caters specifically for solutions in this space, in order to protect patients/consumers and to allow the UK participation in this sector to flourish. The MHRA currently has the mandate to assess such solutions, but its evaluation pathway is largely designed around drugs and medical devices. A quicker, more agile and flexible process, perhaps including a rating system to reflect the proven clinical efficacy / value, is required in order to prevent solutions being developed outside of any regulatory framework, and to allow the pace of innovation to be maintained.