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

Respondent ID: 261

Organisation name: Design Council

Type of response: Online
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<th><strong>Respondent ID:</strong></th>
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<tr>
<td><strong>Your name (completed by):</strong></td>
<td>Chris Howroyd</td>
</tr>
<tr>
<td><strong>Email:</strong></td>
<td><a href="mailto:chris.howroyd@designcouncil.org.uk">chris.howroyd@designcouncil.org.uk</a></td>
</tr>
<tr>
<td><strong>Telephone:</strong></td>
<td>07834 016117</td>
</tr>
<tr>
<td><strong>Organisation name:</strong></td>
<td>Design Council</td>
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<td><strong>Please choose the description below that best fits your organisation’s main role:</strong></td>
<td>Voluntary/charitable sector</td>
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<td><strong>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?</strong></td>
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<td><strong>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?</strong></td>
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<td><strong>Do you have any further comments about accelerating the adoption and spread of innovation in healthcare?</strong></td>
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The adoption and diffusion of innovation across the NHS has historically been inconsistent. Putting aside clinical developments that can frequently move rapidly across multiple health-settings; the notion that the NHS is a single structure relates primarily to national frameworks and itsâ€™ funding mechanism, and not the facilitation of a quick flow of information or the adoption and socialisation of new products or services.

Previous attempts using incentives, compulsion or behavioural techniques have met with mixed results. Part of the reason for this is that these approaches have gone against the principal method of working in the NHS. Examining the interactions across networks in the NHS â€“ clinicians, managers, patients, by profession, region, type of institution, specialty or interest â€“ could offer an approach to the adoption of innovation and ease the path of diffusion. Understanding whose behaviours have the greatest influence within networks and thereby encouraging adoption is a potential solution.

The NHS could draw significant learning from programmes like the Productive Ward, Design Bugs Out and Design for Patient Dignity. These could be described as â€˜Heroâ€™ Innovations â€“ much praised with the potential to bring significant value, but their impact currently constrained by limited adoption.

For instance, Design Bugs Out, commissioned by the Department of Health in August 2008, examined the design, construction and material aspects of hospital furniture with a view to making a whole list of general use items easier to clean and less amenable to the spread of infection. The project was very successful in proving a model for introducing innovative new designs to the NHS that are likely to have a significant impact on reducing Healthcare Associated Infections within their immediate environments. But as yet these products have had limited adoption success.

Current significant barriers to adoption of these Hero Innovations include:
- navigating NHS procurement tender process
- visibility within NHS Supply Chain
- availability of value for money measures beyond initial purchase cost
- integration across diverse service models

The NHS needs to â€˜learn by doingâ€™, to explore, develop and deliver diffusion (breaking through the barriers detailed above).

To â€˜learn by doingâ€™ the NHS must first understand the complex set of interrelated yet disaggregated networks that facilitate, or inhibit, the flow of information and the adoption and socialisation of innovations. The latest work on network theory suggests that if you can understand the construction of networks across the NHS, then you may be able to leverage diffusion of information across that network more effectively.

The culture that inhibits the spread of innovation needs focus (considering interactions across networks both inside and outside the NHS). We believe that finding ways to ease the path to diffusion across intra and inter-organisational boundaries will deliver tangible results in the adoption of
innovations.
An exploration of the “whole system” is required to break diffusion down into different stages of a journey - awareness, engagement and consideration, decision and action to adopt, implementation and confirmation and advocacy. For each stage 3 drivers require careful consideration for accelerating adoption and the hurdles blocking diffusion:
- People drivers
- Process drivers
- Structural drivers

Structural drivers relate to how the organisation is configured, regulated and governed to support innovation diffusion goals and affects how people both inside and outside the organisation share knowledge and work together across boundaries.

People drivers relate to the capacity and capability of people, their leadership and performance management, and how they are supported through skills and training, incentives and measures to diffuse innovations.

Process drivers relate to whatever policies and procedures people need to diffuse innovations, including funding, cooperation and competition processes and tools, communication, and evaluation metrics.

We think it important to integrate the voice of the patient and clinician with the structural, process and people drivers in order to deliver tangible results in accelerating the diffusion of innovation. Opportunities should be optimised to transfer outputs so that they can be implemented across the NHS. Analogous sectors industries (domestic and international) should be considered a valuable reference resource for learning/benchmarking.

We would of course recommend and endorse a design-led approach to tackle such a systemic challenge - which effectively relies on behaviour change and the development of range intuative tools and techniques to instigate positive change.

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?