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

Respondent ID: 137

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Thank you for the opportunity to contribute to the above consultation. Set out below are comments from the University of Portsmouth.

1. Aims of the consultation.

A key first point is what the review team wants from this consultation. The consultation document rests on the assumption that the adoption and diffusion of innovation needs to be accelerated across the NHS and that the challenge is to get the culture, balance of incentives and appropriate levers to accelerate the systematic adoption and diffusion at pace and scale. You could substitute managing change for innovation - as the heart of this issue is how the NHS seeks to promote and manage change.

The evidence base for the comment in the first para pg 10 (that refers to research conducted with hundreds of people) could usefully be clarified. As the conclusion that the NHS is actually poor at adoption and diffusion and commercialisation is not self evident. Highlighting real life case studies where this is an obvious issue and illustrating the anticipated benefits that could be realised if performance were improved might help to illustrate the need for improvement. It is also worth asking whether (and if so in what circumstances) the aim is to have uniform adoption across the English health (and care) system is an end in itself.

2. How can improvements be made?

Assuming the need for improvement, it is worth considering the reasons generally why the NHS is portrayed as poor at adopting change as this might offer insights on how it can improve. The reasons may include:

- the volume of change driven by individual national policy directives
- the lack of overall coherence, consistency and continuity within the directives
- the frequent lack of ownership, understanding and diffuse accountability locally with insufficient attention to implementation and the work needed to embed change
- The frequent structural changes which have tended to take huge amounts of time and which have been given precedence in some quarters over service transformation and change.

In so far as there is capacity for bottom up initiatives there is limited scope or incentives for spreading these beyond the source:

- there is ambiguity on whether the predominant culture supports collaboration rather than competition - the commissioner provider split / any qualified provider / and accountability frameworks for organisational leaders all tends to mitigate against cross organisational / working or at least set a tone that tends to be competitive/ adversarial rather than collaborative.

Productive cultures for innovation and collaboration are usually typified as requiring trust, encouraging risk, and people working in association through distributed networks rather than top down hierarchies.

3. What are the implications of this?

If you accept the above analysis then some of the answers to the consultation become self evident. IE

Actions at national level in the NHS
Genuinely prioritise and incentivise innovation and collaborative activity. (A regional innovation fund of £20m is not very ambitious - and a legal duty to promote innovation is possibly the wrong way of generating commitment (ie stick rather than carrot)) Encourage a receptive culture to innovation by supporting bottom up activities and initiatives helping nurture the really promising ideas and recognising and rewarding collaborative activities. (look at the financial and performance regimes to see what can be done to assist rather than inhibit this) Simplify and clarify the organisational arrangements for innovation and make the agenda a top of the office priority. (a myriad of organisations have grown around this area and in the process of reformation now underway make sure the new arrangements are clear and simple.)

Actions at local level
Currently the focus is predominantly on short term service delivery and reacting to events. The major diversionary impact of the changes associated with the Health Bill need to be acknowledged and expectations tempered by the fact that a significant amount of focus and effort will need to be prioritised on getting the new system in place. Arguably however it is also a good time to be seeking to reset the priorities and emphasis and seek to engender partnership behaviours in the new leaders. Organisations need to give priority to innovation and change that is genuinely focussed on improving patient care delivery and this will often mean cross boundary working and potentially subordinating individual organisations to the whole system

Actions by NHS partners.
There is a significant reciprocal benefit and synergy from cross sectoral working on health innovations. The potential is probably under utilised in most areas due to competing agendas driven by changes in the individual sectors. Given the spending power of the NHS there is more that could be done to encourage collaboration across the spectrum of innovation - from the underlying research through to knowledge transfer, education and training. Higher Education providers are generally ready and able to support this agenda and already have a variety of routes for working with the NHS. HIECs are still in their infancy and really need more time to make a deeper impact - however there are some promising signs, particularly in terms of the potential to act as a focal point for collaborative activities. They are uniquely placed but need to ensure they have genuine buy in of all the local partners in order to gain the legitimacy to act as the hub of a local distributed network; this will take time to further evolve but the potential is there.

On a less ambitious scale HE bodies can work closely with local health systems - both in support of the workforce training and development aspirations by offering a range of undergraduate and post graduate programmes (including piloting new ways of working) and in research and knowledge activities that are focussed on key issues.

We already have some specific local examples in Portsmouth including an innovative primary care dental training centre and are working also within our local HIEC eg hosting a Simulation Project which is facilitating collaboration between provider organisations - generating, enabling and encouraging win/win initiatives and are keen willing and able to continue to build up our range of collaborative activities for the benefit of the various communities we jointly serve.

We would be pleased to be kept in touch with next steps in this process.

Best Wishes

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