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

Respondent ID: 75

Organisation name: Renfrew Group International

Type of response: Document
NHS Chief Executive Innovation Report
Survey for ideas to increase the spread of innovation

Introduction

The survey below is taken from the Department of Health call for ideas and evidence on how the adoption and spread of innovation can be accelerated throughout the NHS (see attached introduction letter). The responses to this survey will shape a report to the NHS Chief Executive on innovation in the NHS to be published in November 2011.

This initiative was announced in the Plan for Growth and is being led by Sir Ian Carruthers, Chair of the NHS Life Sciences Innovation Delivery Board and Chief Executive of NHS South West.

ABHI has been invited to input to this report. We would like to hear your views, your ideas and your recommendations. This could include actions for government, the Department of Health, industry, the National Commissioning Board, the NHS, and other sectors.
The survey

The closing date for your responses back to ABHI is close of business Friday 12th August. Our intent is to review responses with the Public Affairs Policy Group the following week and compile and submit an industry response.

Responding to this survey does not preclude you from responding directly to DH. In responding, you might wish to think about the questions below.

1. Contact and organisation details

Please provide the following details:

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<tr>
<th>Name of Organisation:</th>
<th>Renfrew Group international</th>
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<tr>
<td>Name of Chief contact:</td>
<td>Michael Phillips</td>
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2. 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.

Innovative Design. Innovative Procurement

NHS NIC process. In conjunction with Renfrew Group International. See presentations from NIC head Brian Winn

One example which is currently working is the NHSBT Donor chair. Current designs of blood donor chair had a number of shortcomings.

NIC and NHSBT ran a WIBGI ('Wouldn’t it be good If.') for the design of a new Donor chair. A competition was run and 2 designs were commissioned (fees paid) for the design and prototyping and preparation of manufacturing specifications.

Winning prototype was approved (with modifications). (Renfrew Group International)

Design spec. put out to international tender for procurement of two lots. Orders placed for First 24 off (for validation trials) and intention to order further national requirement for chairs in 2012.

Process allows the following benefits

1. User centred design
2. Most efficient manufacture
3. True competitive tendering (same spec issued to all tenderers)

Result:

- Design of innovative product, meeting needs of NHS nationally
- Target cost achieved. Cost savings over existing units (NHSBT to quantify numbers?)
This process is similar to standard engineering and procurement by major manufacturers, automotive and others. Key to it is:

- Commitment by NHS to funding the initial design phase
- Commitment to procure national requirement (Purchase orders raised as result of tender)

3. 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?

See above and:

Allow industry full access to defined ‘Unmet needs’ within NHS (market opportunities).

Invite manufacturers and or independent designers to participate fully and early.

Another way of putting this is Market Pull (as opposed to technology push – where manufacturers, believing they have the answer, push or sell the product)

Commission professional, independent designers to create the solutions, in collaboration with 1. NHS stakeholders

And after the specification is reached

2. Invite participation of suitable manufacturers

3. Establish evidence of performance
4. Quantify national demand

5. Issue OJEU, with Purchase order for viable quantity as outcome of OJEU

Market pull: (HCAI Technology programme – Smart Ideas is example)

1. Identify unmet needs (Poll frontline staff)
2. Express unmet needs in written or concept form
3. Innovate and capture concepts. Test prototypes with NHS stakeholders, free of manufacturers constraints or agenda. Utilise independent manufacture and design consultants to achieve this.

Or

4. Publish identified needs via national portal, available, easily accessible and publicised to manufacturers.
5. Involve potential manufacturers prior to final independent sign off.

The above Innovation was commissioned by DH / NHS to satisfy demand and unmet need.

Adoption is meeting delays due to procedure.

**Marks out that a patient is infected; encourages better hand hygiene, improved infection control procedure**

_Evidence from Nottingham Uni. Hospital. Ergonomic tests (Dave Hitchcock): Handwashing rates improvements: Doctors from c 25% to c 90%. Dr Peter Wilson - UCLH Trials: ‘...Hand hygiene on entry or exit was significantly improved (43/76 vs 107/147, χ² 5.3, p<0.05). Hand hygiene of doctors was significantly improved...”*

**Provides hand washing without any plumbing**

(one example was a Leics hospital; quote to plumb existing side rooms (about 6) to allow upgrade to Isolation facilities (urgent need) £700,000)

**Improves throughput of patients, increases efficiency.**

_Equates to c £43k p.a. per bed space in the UCLH trials. plus savings from not having the infections min £4k per case._
Reduces unwanted contact (and transmission) via patients and visitors straying into the infected area

self evident

Reduce airbourne spread.

Position of filter / airdoor to be changed and re tested before evidence of this aspect is acquired. (TBC)

The nurses want it

CNO confirms this

The patients want it

In general, even those who are not in it, would like to be in one. Feels like a private side room with variable privacy, light and airy, with own toileting and washing facilities.

Ref:

Comment by Sir David Nicholson on viewing first working prototypes in Feb. 09:

"I have seen for myself the temporary infection prevention facilities designed as part of the Smart Ideas programme and feel sure that it will add real value in the fight against infection. I am delighted that this has been developed so quickly, with such a wide range of input from front-line staff in the NHS and such a close association with industry.”

David Nicholson, CBE
Chief Executive NHS

4. 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?

Stakeholder groups involved in the original statement of need, and collaborative design, should continue to be involved and have a stake in the delivery and adoption of their technology: prototype development and tests, evidence gathering, and integration of the innovation into the system – care pathways.
Note: NHS staff enquire regularly about the availability of the ‘temporary side room’ (TSR) and are referred to NHSSC. A process of competitive dialogue for manufacture has been entered into which may take two years to complete.

Is this level of delay necessary to adopt an innovation which has been requested and co designed by the NHS?

5. **Any other comments**

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

Regarding innovations of this type, we have learned that evidence of efficacy is not always possible to fully acquire, large scale randomised trials with control experiments are not always possible. Comments widely made by NHS staff are that they know they have a requirement, common sense dictates that these systems will help, but that they are not able to purchase them.