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

Respondent ID: 225

Organisation name: Merck Sharp & Dohme Limited

Type of response: Document
MSD Response to the NHS Chief Executive’s Review of Innovation

Introduction

MSD is delighted to be able to respond to the NHS Chief Executive’s Review of Innovation. The NHS currently faces considerable challenges: funding pressures, an ageing population, advances in technology, and rising patient expectations. Therefore it is more imperative than ever that innovation is embedded and diffused throughout the system to ensure the improvement of quality of care and health outcomes.

We strongly believe that organisations such as ourselves can play a significant role in helping to embed and diffuse innovation through working in close partnership with NHS organisations to meet their and their patients’ needs. Our approach has always been to work with NHS organisations to identify their requirements and then develop a solution tailored to their specific needs.

We have approached our response from two perspectives:

1. How MSD is committed to developing and diffusing innovation to improve health outcomes. In our response we have focused on examples of how MSD has put innovation into practice in a range of areas to empower patients and improve the management of diseases and health outcomes.

   These examples encompass the three key types of innovation: top-down, horizontal and bottom-up. We believe that these innovations can be diffused successfully within the NHS to help improve quality, productivity and the prevention of diseases.

2. Three prioritised recommendations to enable the NHS to more effectively diffuse innovation:
   
   • Integration of health and social care.
   
   • Use of information technology.
   
   • The role of leadership in overcoming cultural barriers.

MSD would welcome the opportunity to discuss any of the case studies in further detail and identify where learning and processes could be developed to deliver on some of the objectives set out in this call for evidence.
1. Learning from Elsewhere about Adoption and Spread

*What can the NHS and NHS Commissioning Board learn from local, national and international best practice to accelerate the pace and scale of adoption of innovations in the NHS?*

The case studies outlined below provide some examples of how MSD is actively involved in the development and subsequent diffusion of innovation. They demonstrate that it is absolutely possible to prove the impact of innovation and scale its footprint.

1. **Evidence into Practice™: Top-down, horizontal and bottom-up diffusion of innovation**

MSD has developed an innovative commercial service called Evidence into Practice™ (EiP™). EiP™ is a fully facilitated, clinical change management programme, which aims to ensure that people with diabetes and those at increased cardio metabolic risk receive optimal care through effective implementation of national policy and guidelines (e.g. NICE CG87). Over 300 practices are currently registered with EiP™, which covers more than 2 million patients nationally.

EiP™ harnesses the potential for diffusion of innovation at multiple stages in the system. Firstly, the system equips individual clinicians with evidence to assess and redesign the way they manage diabetes, enabling them to drive innovation from the bottom up. The outcome is an increase in diffusion of top down innovation through uptake of NICE approved medicines locally, tailored to the needs of the patient population.

An integral element of EiP™ is the development of local networks of healthcare professionals who have engaged in the programme. These networks enable the horizontal (peer-to-peer) sharing of the innovative solutions that have been developed at practice and consortia level between peers. The service effectively empowers strong leadership at a local level, which drives the diffusion of innovative approaches towards best practice.

The outcomes of EiP™ are highly positive. Greenwich PCT implemented EiP™ in 2010/11 in 14 of their practices. The programme has delivered significant improvements in clinical achievement and importantly has reduced hospital outpatient attendance for Diabetes and CVD significantly, as compared with non-EiP™ practices.

The EiP™ example demonstrates that a structured approach to disease management, combined with strong local leadership to position national guidance in context, is required to foster and diffuse innovation at multiple stages of the healthcare system.

MSD would be happy to share the programme in more detail from the perspective of how the NHS could take learning from the diffusion of innovation and transfer to other areas.
2. MSD Informatics (MSDi): Supporting the NHS through intelligence: 
Top-down or horizontal diffusion of innovation

MSD Informatics (MSDi) provides market leading, clinical data management and support tools to the NHS.

MSDi has developed a CVD risk stratification tool, in partnership with the University of Birmingham and Sandwell PCT, called Clinical Risk. Its function is to identify and track patients at high risk of developing CVD if risk factors are left unaddressed. MSDi’s Clinical Audit service provides detailed information to practices across a broad range of national and local priorities. The Medicines Management Module has been developed to assist healthcare professionals identify patients who are not being optimally treated for their conditions.

MSDi is used largely across Scotland and in parts of England to facilitate clinicians in the optimal management of their patients in line with QOF targets.

The implementation of this innovative IT service is an intelligent way of facilitating the appropriate prescribing of innovative medicines and diffusing medical information. GPs find the service extremely helpful in enabling them to better manage their patients in line with local and national priorities. The Medicines Management Module in particular is an innovative tool for identifying those patients who are not being optimally treated for their conditions, prompting a reassessment and more appropriate prescribing of NICE approved medicines.

3. Univadis®: Horizontal or bottom-up diffusion

Univadis® is an innovative online medical information website from MSD for healthcare professionals, providing high-quality, relevant and unbiased medical information across a wide range of therapy areas.

Univadis® offers essential, time saving medical applications and a simple, customer-focused online experience, allowing healthcare professionals to quickly and easily access breaking medical news, accredited education courses and cutting-edge point of care tools specifically tailored to each medical specialty and clinician’s needs.

Univadis® is an innovative means of addressing an unmet need for practical, tailored medical education. Since its launch in 2004, it has proven to be one of the most popular online resources for healthcare professionals; in particular the award winning, 3D anatomy models. Univadis® is a trusted arena for peer-to-peer knowledge sharing and dissemination of up to the minute medical education, which drives clinical best practice and facilitates the adoption of clinically endorsed, innovative approaches to treatment across the profession.
4. Health Applications (apps): *Bottom-up diffusion of innovation*

Health apps are modern, interactive, digital tools which are designed to empower patients to make informed decisions about their healthcare. MSD would support this progressive drive for innovative solutions to engage the patient population in today’s digital society.

The Department of Health has recently launched a call on new health apps, relating to five themes: personalisation and choice of care and support; better health and care outcomes; autonomy and accountability; improving public health; and improving long term care and support.

Merck in the US has several mobile apps for the iPhone, which are available for download. These apps facilitate the tailored management of an individual's healthcare needs, from apps to calculate dosing and chemotherapy diary apps, to apps for managing diabetes and migraine, to apps for monitoring UV exposure. They apps are an innovative means of improving health literacy and of driving compliance to treatment involving NICE approved medicines.

5. Wakefield Integrated Substance Misuse Services (WISMS): *Bottom-up and horizontal diffusion of innovation*

Wakefield Integrated Substance Misuse Services (WISMS) is an NHS provider, delivering treatment services for substance misusers, including illicit drugs and alcohol. The services focus on the patient, but also reach out to support their carers, families and other vulnerable members of the community. WISMS covers the Wakefield PCT area, serving a total population of 320,000.

Dr Linda Harris, Clinical Director of WISMS, was keen to look beyond the performance targets commonly used to measure the treatment of drug dependency, towards developing a tool which would capture real quality and value for money. MSD was approached to offer support to the project through a Joint Working framework.

The single most important aim was to provide a first class substance misuse service, one which local commissioners would want to invest in. WISMS wanted to be able to demonstrate improved services, tailored to patients, with better clinical and social outcomes, improved adherence to medication programmes and an improvement in how communities were impacted by local drug misuse problems.

Key to achieving these aims was effective integration of health and social care. This was achieved through a focus on leadership capability of the various health and social care stakeholders (including primary care, secondary care, housing association, prison service, local constabulary and CRI). The project enabled these diverse stakeholders to develop a common language and agree objectives which delivered on all agendas.

Bottom-up creation and diffusion of innovation through this project was focused around the strong service user involvement in the development and
communication of the project deliverables. This ensured that the outcomes were genuinely tailored to the needs of service users and also provided an effective means of communicating the benefits of the programme to the wider service user population in Wakefield.

A key output of the project was the development of a 'Balanced Scorecard' containing a range of relevant measures, which would enable a broader evaluation of treatment outcomes. A steering group, which included NHS service providers, MSD employees and several service users, designed the final scorecard (below) and gave each measure a success indicator:

**The Balanced Scorecard:**

<table>
<thead>
<tr>
<th>Economic Benefit:</th>
<th>Service User Experience:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Reduction in local crime rate</td>
<td>• Supporting individuals to make choices</td>
</tr>
<tr>
<td>• Reduction in attendances at A&amp;E</td>
<td>• Getting more people into training/education</td>
</tr>
<tr>
<td>• Reduction in benefits paid</td>
<td>• More people productively occupied</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Individual Health &amp; Wellbeing:</th>
<th>Families &amp; Communities:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Improvement in physical health</td>
<td>• Better access to family support</td>
</tr>
<tr>
<td>• Better integration into society</td>
<td>• More people in settled accommodation</td>
</tr>
<tr>
<td>• More stable financially</td>
<td>• Improvement in community perceptions</td>
</tr>
</tbody>
</table>

The outcomes indicate that more service users are choosing and benefiting from a "Well Being" assessment and that more than ever are productively occupied in community projects. In addition, the WISMS team are now aware when service users are regularly attending local A&E departments, enabling the support team to design a more appropriate care plan for each individual. This is ultimately a more efficient use of NHS resources and benefits the community as a whole.

WISMS is an excellent example of how integrating health and social care needs works in real terms for the NHS, patients and communities. It was presented at the first Innovation Expo event in London. Integration of NHS services is a key driver of innovation on a practical level. Integration recognises the holistic nature of healthcare and enables the sharing of best
practice and knowledge among peers, which drives positive outcomes through a bottom up approach. Furthermore, the focus on delivering continuous care facilitates improvements in compliance to innovative medicines.

2. Actions at a National Level in the NHS

*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 innovation throughout the NHS?*

Information technology offers a range of ways in which innovative solutions can be provided to improve disease management, clinical and patient data, care support, and medical training and education.

There is real scope for greater and more efficient use of information technology within the NHS to ensure that clinicians and patients benefit from the data sources and mobile apps which are now available.

**Recommendation:** Each clinical commissioning group should be measured on the effectiveness of its IT systems to deliver better patient and clinical information. The measures could include scores for the management of diseases such as asthma, diabetes, and COPD. These IT innovation scores could be weighted according to local health needs. Ideally these innovation metrics would be incorporated into the Commissioning Outcomes Framework to encourage a focus on the desired impact of these prioritised areas of focus rather than simply the inputs.

Whilst good examples of innovation exist within the NHS, there are significant cultural barriers which prevent the service from fully realising its benefits. The NHS Institute for Innovation and Improvement can continue to play an important role in facilitating change and developing practical solutions.

**Recommendation:** Innovation should be a key measure in NHS leaders' performance management plans to help incentivise commitment and delivery of solutions. In addition, innovation could be included as core criteria in the authorisation of clinical commissioning groups.

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 successful and rapid adoption and spread of innovations throughout the NHS?*

In our experience (set out in the Wakefield Integrated Substance Abuse case study above), innovation at a local level is best enabled when there is a
culture of knowledge sharing across a diversity of organisations who have common goals.

At the present time, there are cultural and institutional barriers which prevent best practice from being spread, and the Health and Social Care Bill has outlined, through the development of health and wellbeing boards, a desire to more effectively integrate across the system. We believe that a critical element of this integration relating to the spread of innovation across these sectors would be a focus on the leadership capabilities across health and social care. Only by developing a shared understanding and common language between health and social care will true diffusion of innovation be achieved.

**Recommendation:** Develop a programme of local leadership training to help align the diverse innovation cultures across health and social care.

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?*

Patient organisations can play a crucial role in diffusing innovation from the bottom-up by focusing the health system on the needs of service users. There are a range of technologies and channels, which can be used to empower patients to access services and knowledge and information to better manage their conditions.

MSD has had some experience of utilising social marketing to identify areas where there has been a mis-match between contraception service provision and population need. The social marketing methods have enabled the local NHS trust to target very specific segments of the population, using bespoke campaigns to encourage patients to access the services and NICE-approved technologies (such as LARC).

**Recommendation:** Health and well-being boards should use social marketing to ensure that they can target specific patient populations which are not benefiting from innovative services and technologies.