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

Respondent ID: 289

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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?

COLLABORATION AND UNDERSTANDING:

The benefit of working collaboratively with existing networks, specifically the Practice Management Network (PMN) www.practicemanagement.org.uk and the RCGP General Practice Foundation (GPF) www.rcgp-foundation.org.uk

For example: Working in partnership in 2011, the Practice Management Network and the UK Vision Strategy has enabled engagement with practices on a scale which would have been unlikely without the Network. By working collaboratively, the service is being aligned to practices and delivered in a manner that will engage practice staff. This partnership working presents an opportunity for practices to use the specialist skills and knowledge of local voluntary groups to improve accessibility for patients.

The network and intelligence within the PMN and GPF have enabled the development of products, tools, e-learning and the web portal and lessons of "bottom-up" cultures eg PMN by "Practice Managers for Practice Managers".

The benefits of sharing Best Practice - RCGP Annual Primary Care Conference - not only a General Practice Foundation stream to encourage multi-professional and team learning GPs, managers, nurses and PAs but as a forum to share innovation eg NHS Institute Productive General Practice, RCGP Annual Primary Care Conference 2011. And conference 2010 - "Sustainable Primary Care, growing healthy partnerships". Workshop session "achieving a responsive practice" www.rcgpannualconference.org.uk/2010/practice_teams.aspx

LEARN LESSONS
Learn lessons from the Working in Partnership Programme: extract from the final report: success
factors - the programme has been unusual in bringing together clear policy, objectives, adequate financial resources and managerial freedom. Much more often in the NHS, one or more of these three key ingredients is missing or compromised by ambiguity, underfunding, bureaucracy or performance micromanagement (p 14 Working in Partnership Programme - final report David Martin June 2008 www.wipp.nhs.uk ) Also, for me, personally, as one of the WiPP Workload Analysis Tool Steering Group Members and Project Lead for the VTS programme, the WiPP created a culture of co-operation, passion and commitment from all the profession, supported by the profession, and made the best use of the experience within the profession for the NHS as a whole - thus remembering the lessons of “getting the right people on the bus” (Jim Collins 2005 Good to Great and the Social Sectors Why Business Thinking Is Not the Answer) Whilst learning from the success of this Programme, insights can be drawn about sustainability and main stream roll-out as noted below regarding building in support for such “products”.

Learn lessons from NHS Beacon Awards - especially that of recognition and motivation. In the example of the Practice Management Beacon Award at our Practice of Bennetts End Surgery this acknowledged the combined clinical and management skills for the innovative and extended quality in-house services for patients. This innovation created employment in a deprived, high unemployment area as well as developing new, cost effective services for the local community and in collaboration with patients and the voluntary sector eg the patient participation group + carers and Citizens Advice Bureau.

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?

SUPPORT:
Support the roll-out and/or main-streaming of some of the training resources and toolkits, rather than start at the very beginning with something new or a “new” product eg Vocational Training Scheme for General Practice Managers. This programme was adopted in Scotland after the pilot in 2004-5 and continues successfully, yet, in England where this was first piloted it is still not “main-streamed”.

ENGAGEMENT:
Utilise the existing national networks, experience and intelligence within the NHS to facilitate sharing Good Practice ie Patient Engaged Organisations, Learning Organisations and Practice Nurse and Manager Training Practices.(examples of such work can be seen within the East of England Deanery for instance)

RESOURCE:
Resource the PMN, now hosted by RCGP, and has web portal to sign post registered members (approx 3,500 July 2011). Steering Group aligned to 7 key stakeholders and in collaboration with DH have developed and published a comprehensive toolkit “Improving Access, responding to patients “How to Guide”, and with RCGP run successful workshops in 2010. In 2011 developed and tested virtual patient participation groups and produced a guide, available on the PMN web site, which is receiving significant hits every week.

Incorporate and resource an area within the current PMN or RCGP GPF network of “Pastoral Care” to support, grow and resource professionals in general practice, especially managers and nurses as partners in general practice, who are often seen as making themselves available to innovate, share and spread good practice (ie the Practice Management Network Steering Group) and who are often taking the “risks” of innovation and in the application, design and adoption and subsequent roll out across General Practice to improve the quality of patient services and patient experience.
ENGAGEMENT

Gaining “buy in” with the right people, at the right time, in the right place to make quality things happen (at the same time stopping those things that do not make a difference) and to achieve improvement eg senior practice management network steering group managers working with the voluntary sector for the benefit of practices/practice teams and patients. Build on successes and the current air of enthusiasm within some Networks, rather than set up new ones. There is a feeling that there is too much change, so do not change things if they are not broken “adopt, adapt and improve for the benefit of the whole NHS and the morale of those serving patients.

Work with, and engage, existing networks ie National Association for Patient Participation to reach out to patient groups, and those within the voluntary sector eg DH with UK Vision Strategy and the PMN for sensory and learning disability access awareness sessions for GP Practices (details attached) to both develop and accelerate adoption of innovations. The pilot work, in Hertfordshire, in the summer of 2011 is bringing together the CEOs of The Hertfordshire Blind Society and Hertfordshire Hearing Advisory Services with General Practices to develop more effective services for patients and better use of scarce resource.

Integrate and channel resources for joint work in a timely manner and ensure sustainability and roll out to others to accelerate adoption of innovation are built into any such new work and development eg Growing Patient Participation - promoting quality and responsiveness in general practice www.napp.org.uk and www.growingppgs.com;

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

I have submitted this evidence from my personal experience as a patient and carer, managing partner of a large training practice, Chairman of the Practice Management Network and co-lead of the RCGP GPF, and Trustee of N.A.P.P. Despite working in the NHS for 20 years, nothing prepared me for the disappointment and frustrations of trying to access integrated health care for my elderly parents this year, and the variance of services experienced. Also, on a positive note, the experience and inspiration of working with the voluntary sector and the Practice Management Network this year has taken me by surprise about the amount of difference, together, we are able to make for patients. I am hoping that this listening exercise will improve healthcare for patients by enabling the sharing of good practice and spread of innovation in a productive way.

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?
MAIN STREAM:
Support the roll-out and/or main-streaming of some of the training resources and toolkits as mentioned above and support the local delivery of national workshops with resources eg RCGP carers, access and responsiveness and sensory impairment and learning disabilities workshops.

Commissioning Groups and providers need to celebrate, encourage, promote and resource innovation locally albeit supporting local development and roll out across the commissioning group and beyond, or the implementation of national innovation locally eg Patient Engaged Organisations, and Practice Manager Accreditation - piloted in 2011 by the Institute of Healthcare Management and Practice Management Network + DH, is another example of a well evaluated programme. I would suggest that Clinical Commissioning Groups need to scan the horizon for such learning to try to engage all professionals at some level before ‘reinventing’ wheels and thus spending valuable resource.

Invite local ‘champions’ with national profile and help facilitate the delivery of national initiatives locally engaging with those key stakeholders and professionals ie Practice Manager and Practice Nurse training practices with a commissioning module so that learning is applied in a real practical and sustainable way.

INTER-PROFESSIONAL LEARNING:
Support Action Learning Sets for clinical and management professionals to learn together with protected time in a trust environment eg commissioning. (Ashridge and NHS Institute for Innovation and Improvement 2006 set up a programme with ALS and created create a Learning Community within the NHS.)

CELEBRATE:
Celebrate and share good practice with patients and within the NHS, and support the culture of a learning organisation.