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

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Sir Ian Carruthers OBE
Chief Executive
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Dear Sir Ian

RE: NHS Chief Executive Innovation Review – The National HIEC Network Response

Please find attached the East Midlands Health Innovation and Education Cluster (EMHIEC) response to the NHS Chief Executives Innovation Review.

The role of the EMHIEC in promoting innovation through the creation of partnerships and identification of service needs cannot be understated. The EMHIEC’s calls for expressions of interest have acted as an incredibly efficient ‘needs capture’ mechanism for local service providers and also acted as a catalyst for the creation of cross-organisational projects to address vital service needs.

In my capacity within the CLAHRC-NDL (Collaboration for Leadership in Applied Health Research and Care - Nottinghamshire, Derbyshire and Lincolnshire) I have seen the EMHIEC act to bring innovative practice to a wider audience in the region. The local nature of the HIEC allows it to respond to the specific needs of local patients and Trusts with initiatives that co-ordinate activities across the region with an aim to reduce the variation in patient outcomes.

The role of EMHIECs in ensuring the necessary training interventions to encourage the adoption of innovative practices cannot be underestimated. The current changes in medical education provision locally make the maintenance of an EMHIEC function to improve innovation uptake even more important as providers concentrate on the new structures being created.

Best regards

Dr Carl Edwards PhD
Chair EMHIEC
1.0 Introduction

1.1 The EMHIEC consists of partners who have worked together in the true sense of the word collaboration, to provide a number of local innovation solutions to service need. The EMHIEC is:

- 36 partners across the East Midlands: NHS Trusts, Universities, Local Authorities and Industry
- 19 active innovation projects, each identified through a bottom up approach
- Specifically selecting projects to align to the Quality and Productivity agenda
- Ensuring projects also facilitate adoption and spread of the initiative across more than one NHS or government organisation
- Even taking a conservative approach the EMHIEC projects should yield £5 million savings for the region (return on investment 5:1 minimum)

1.2 The EMHIEC believes that it is already tackling many of the challenges identified in the consultation brief by bringing together colleagues from: Research, Service and Education. The EMHIEC model for the translation of innovation is based on the ‘Engine Room’ concept (see diagram below).

The EMHIEC ‘Engine Room’

The Engine Room brings together people who know what should be done, with key players from services across sectors, who can shed light on why it is not done. This, alongside educators who understand how to educate people to do it, and innovators who are trained...
to work in service, to ensure that once trained, staff can actually change practice on the ground. This model directly fits in with the research findings highlighted in the innovation review stating that most innovation in the 2000’s involved cross-firm collaboration. ¹

1.4 Whilst the EMHIEC has only been running for one year of its two year programme, it has already created 19 projects. Each of these enables the translation of evidence into practice using education as the delivery mechanism (some case studies can be found throughout this document in boxed text). The key to its ability to deliver rapid innovation on the ground can be attributed to a number of reasons:

- Having educators and researchers working alongside service colleagues to understand and address barriers of innovation
- A bottom up approach to identifying needs, thus creating ownership
- Small infrastructure
- Reduced bureaucracy
- An aim of taking successful ideas to action within 3 months
- A willingness to experiment by partners

In response to your questions in the innovation review the EMHIEC offers the following comments:

2.0 Learning from elsewhere

2.1 The EMHIEC believes that duplication of effort in a number of organisations to tackle the same problem has often resulted in delays in innovation delivery. The EMHIEC has worked to bring together organisations facing the same issues.

CASE STUDY 1

Acute Kidney Injury (AKI): In this initiative, two of the local Acute Trusts were working independently to tackle AKI. The University Hospitals of Leicester had created an educational programme with the Deanery and were looking to develop an IT system to support AKI in clinical practice. Meanwhile, the Royal Derby had developed an IT system that was implemented in practice; however, it lacked the educational component for successful delivery. The EMHIEC formed the collaboration between the Trusts to share their expertise and deliver better AKI awareness across both sites. This approach not only delivers consistency in both Trusts, but also aids the adoption and spread of the innovation whilst reducing the duplication of effort. In the long term, it is anticipated that this initiative will be rolled out to the other regional Acute Trusts. Proper management of the early detection and prevention of AKI will reduce hospital length of stay whilst preventing the patient from progressing to often debilitating AKI.

2.2 Nuggets of best practice can be found in all areas of the NHS, however, the adoption and diffusion of these are often limited. The EMHIEC has initiated a number of projects that have taken small scale innovations and partnered these with other NHS organisations to deliver a larger scale change programme.

CASE STUDY 2

Paediatric Observation Priority Score (POPS): This initiative is an assessment tool for use in paediatric A&E which quickly enables an evaluation of how ill the child is. Once assessed, the practitioner can confidently refer the child onto the appropriate care pathway or discharge into primary care; thus, saving valuable time and resources. Initially this had been trialled at the University Hospitals of Leicester; however, on joining the EMHIEC partnership, this is now delivered at the Royal Derby and King’s Mill Paediatric A&E Departments. In the long term, the EMHIEC would look to work with the POPS team to roll this initiative out to all regional Acute Trusts and also potentially link into the National HIEC network for further rollout.

2.3 The EMHIEC also brings together cross sector partners who may not traditionally work together to deliver large scale change programmes.

CASE STUDY 3

Education for Enhanced Recovery (EfER): In this initiative, the EMHIEC has brought together a number of partners to deliver a wide scale change programme. This includes Surgeons across a number of specialities, the SHA, the University of Nottingham and Pfizer Pharmaceuticals. The aim of this project is to change the culture of NHS staff in the way they manage surgical patients, to align with recent evidence base. The current evidence base supports the preparation of patients coming in for surgery with increased nutrition (as if to prepare them for a marathon). Likewise with post operative, the evidence supports increased nutrition and mobilisation of the patient. However, traditional methods of caring for the sick challenge this more proactive management. By bringing the expertise of industry and academia into the project, a wide scale educational programme is now underway. If fully implemented across the region, it has the potential to save the NHS £9.2m through reduced length of stay, whilst allowing a patient quicker recovery than would have been the case traditionally.

2.4 All the above case studies illustrate how a partnership approach, across organisational boundaries, with limited bureaucracy, willingness to take risk and ownership to the frontline can deliver innovation on the ground at pace.

3.0 Actions at National Level

3.1 The incentive of working with the EMHIEC for local innovators has been the small financial support (the carrot) to enable practitioners to develop their projects; and also the wider networks the EMHIEC can exploit in order to progress their idea into fruition. This has meant that innovative ideas which have a strong evidence base and potential for significant financial returns, have a channel for delivery without going through the often lengthy NHS processes.

3.2 Even if the person who initially brings the idea forward does not have all the tools to action it; the EMHIEC will partner them up with other experts to give them the full package. This has only been possible due to the national support given to the EMHIEC, since this has enabled the EMHIEC to proceed with its job expediently without being distracted and tied up in local funding and short term financial priorities. The other benefit that the national support offers, is that it has enabled the EMHIEC to work independently and is seen to be unbiased by partner organisations.
3.3 From local experience, the EMHIEC would support the National Commissioning Groups to either:

- Fund the EMHIEC (or equivalent function) directly or
- Require local commissioners to support a similar model of innovation delivery but with the freedom to work innovatively as the EMHIEC has done without being drawn into lengthy bureaucracy

4.0 The Local Level

4.1 The benefit of working across one SHA region for the EMHIEC has been that, the translation of local innovation is manageable and local partnerships can form within a reasonably small geography; this has made joint working easier logistically. However, the EMHIEC is keen that, whilst local is beneficial, the partnership must have access to the right variety of expertise and this would be hard to acquire if the ‘patch’ was too small. A regional level, innovation programme is therefore recommended, large enough to get the right expertise but small enough to enable it to adapt to the needs of the population in question.

5.0 Actions by NHS partners

5.1 The HIEC experiment by DH has shown that innovation, delivered in collaboration with other agencies, enables the NHS to exploit outside expertise which they may not have access to normally. For instance, the research sector, by its very nature, is comfortable with taking informed risks; therefore, by partnering with such organisations (via a neutral agency such as the HIEC), this enables the NHS to share the risk and ultimately learn about working in a less risk averse culture.

5.2 Innovation on its own will not progress to wide scale adoption and become common practice unless the NHS workforce is comfortable with using this new initiative. The EMHIEC therefore, strongly believes that an investment in proper, high quality education (such as a University) for the workforce to deliver the innovation is the key if real change is to be seen on the ground.

6.0 Conclusions

6.1 The EMHIEC believes that organisations and systems need to evolve to their changing environment, however where functionality is working well this should remain. It would therefore suggest that the function of having a system set up to positively encourage partnership working (with the benefits that this can bring) should be overtly expressed in the innovation agenda. In the absence of such a function the NHS would go back to trying to tackle all its innovation on its own as well as their day job.

6.2 The EMHIEC has participated in the National Director response and it clearly supports the points raised. Whilst all the HIECS have developed individual models of delivery, ultimately, the goals in terms of realisation of innovation on the frontline is a core component in all of them.