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

Respondent ID: 192

Organisation name: UK Genetic Testing Network (UKGTN)

Type of response: Document
Contact details of you and your organisation
We would like to be able to follow up interesting comments and case studies and would be grateful if you can give your contact details below.

Organisation: UK GENETIC TESTING NETWORK - UKGTN

Contact (completed by:) JANE DELLE R  

(email) jane.deller@nscct.nhs.uk (telephone) 02079328905

Do you want to be kept in touch with the next steps in this process? Yes/No

Do you want to be included in a wider community of interest? Yes/No

Information about your organisation
If you are responding on behalf of an organisation, please could you indicate which best describes the role of your organisation.

Name of your organisation: UK GENETIC TESTING NETWORK - UKGTN

Please choose the description below that best fits your organisation’s main role:

1. NHS Trust / NHS Foundation Trust
2. PCT / clinical commissioners
3. SHA
4. General Practice / Community services
5. NHS other
6. Social care sector
7. Independent healthcare sector
8. Royal College
9. National / Local Government
10. Voluntary/charitable sector
11. Private sector (including life sciences sector)
12. Academic Institutions
13. Representative body
14. Public/Patient
15. Other
RESPONSE TO THE INNOVATION REVIEW CONSULTATION

Submission by: UK Genetic Testing Network (UKGTN)
www.ukgtn.nhs.uk

Project Team:
Programme Director: Jacqui Westwood
Clinical Advisor: Dr Shehla Mohammed
(Consultant Geneticist and Head of Service, Guys & St Thomas’ Hospital)
Scientific Advisor (molecular): Su Stenhouse
(Head of Laboratory, South West Scotland Regional Genetics Centre, Glasgow)
Public Health Advisor: Dr Mark Kroese
(Consultant in Public Health, Peterborough PCT)

UKGTN Knowledge & Communications Manager: Dr Jacqui Hoyle
UKGTN Programme Manager: Jane Deller
UKGTN Business & Corporate Support Officer: Peta Campbell

Contact: UKGTN, c/o NHS Specialised Services, NHS London, 2nd Floor Southside, 105 Victoria Street, London, SW1E 6QT
Tel: 020 7932 3969, email: UKGTN.Enquiries@london.nhs.uk

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? [Please include relevant examples, published papers or other evidence you have found useful.]

In the NHS, much of the dissemination of best practice is achieved by the professional organisations. Within medical genetics the two professional groups for laboratory scientists are the Clinical Molecular Genetics Society (CMGS) and the Association for Clinical Cytogenetics (ACC). These two groups, together with the professional societies for clinical geneticists and genetic counsellors (Clinical Genetics Society and the Association of Nurse and Genetics Counsellors respectively) are affiliated to the British Society of Human Genetics, which holds and annual joint scientific conference for all members. The NHS nationally should use the strengths and knowledge of professional networks and the Royal Colleges as partners in driving the adoption of innovation forward.

The UK Genetic Testing Network (UKGTN) advises the NHS on genetic testing. It aims to ensure the provision of high quality equitable genetic testing services for all NHS patients across the UK. This involves evaluating new genetic tests, that do not meet the NICE selection criteria, and making recommendations to commissioners on new NHS services. The UKGTN leads and provides support for the implementation of innovation within medical genetics in the NHS. For example, the evaluation of genetic tests incorporating new technologies such a microarray and non-invasive prenatal diagnosis.

The existence of competition within the NHS, although it might be thought to result in improved services, could stifle innovation and shared good practice because the competitive environment results in a climate of secrecy between NHS Trusts. A centre which introduces technologies that streamlines workflow and drives down costs is unlikely to share this information if it results in loss of revenue in the internal market.
A requirement on commissioners to ensure that NHS Trusts adopt new ways of working could be a driver for change but there would also need to be a mechanism that allowed and encouraged sharing of innovative practices across NHS Trusts. Therefore incentives should be introduced, not just to innovate, but for persuading others to adopt new ways of working.

**Actions at 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 innovations throughout the NHS?

For the services that will be directly commissioned by the NHSCB there should be a requirement to seek out new ways of providing these services. The strategy for introducing innovative practices for specialised services will need to recognise that not all the NHS Trusts will need to adopt the new practices/technology. A methodology would need to be devised that would determine the optimum number of providers with criteria for agreeing who these providers should be. For example, in genetic laboratories technology is allowing the analysis of samples to be carried out more quickly (Next Generation Sequencing). The new sequencing machines have greater capacity and currently not all providers will need to buy a machine. The NHSCB should ensure a co-ordinated approach to the introduction of innovation and may need to designate the providers that will be commissioned.

In some instances new technology may be applicable across different specialties. For example, it may be that the most effective use of the next generation sequencing technologies will be to introduce one instrument for use across all pathology disciplines allowing more effective use of the technology. This will need to be recognised by commissioners of the varying specialties that will need to access the new technology especially where funding is from different streams e.g. the NHSCB and the new Clinical Commissioning Groups. In these circumstances there may need to be risk sharing arrangements put in place to share the financial implications of introducing new technologies. There needs to be clarity as to whether new technologies need to be kite marked in order to be used in NHS service.

As outlined in the consultation, the success of implementing innovation within the NHS will be dependent on demonstrating the clinical utility and cost-benefits of a particular innovation on patient care. Commissioners need to consider the long term cost-benefits for specific interventions e.g. Pre implantation Genetic Diagnosis, rather than the short term costs.

Evidence on clinical utility will need to be presented in a suitable form for different audiences including commissioners and patients. Currently the lack of NHS support for developing such evidence is a key barrier to the implementation of innovation. For example, some NHS laboratories are unable to access resources to develop new genetic tests either from research funding bodies or NHS Trusts, in order to implement advances in genomic knowledge which could significantly impact on patient care.

There should be formal links between NHSCB and academia and industry for the services that the NHSCB directly commissions so that innovations that have potential benefits for the NHS are recognised whilst in development. Therefore providing a planned approach to the introduction and systematic review.

NICE evaluation of diagnostic technologies through the NICE Diagnostic Assessment Programme should be a bridge between development and commissioning implementation. This process could inform optimum configuration and efficiencies which could feed through to the tariff process where applicable. It should be highlighted that NICE processes, whilst robust and
thorough, are not always quick and consideration may need to be given to the processes of NICE in terms of accelerating the implementation of new technologies.

**Actions at 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?

The NHSCB could ensure Clinical Commissioning Groups (CCG) consider strategies to seek out new ways of working as part of the QIPP agenda. In addition, NHSCB has a key role in diffusion of innovation to all CCGs by providing the implementation tools and support for innovative changes to key care pathways.

Publications in the academic world are accepted practice. The NHS needs to recognise the benefit brought to the workplace by scientific and clinical staff who publish their work and attend conferences in their field of interest and should encourage this practice. This is where much innovation is reported and disseminated and this should be recognised with defined training budgets to allow such attendance. Included in this might be the funding of visits to labs which have successfully implemented innovative working as this is very powerful in facilitating adoption elsewhere.

**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?

Researchers should recognise that it is often their NHS colleagues who can translate their work into genuine benefits for patients, but only if they are aware of them. Scientists in the NHS need to be recognised as stakeholders in the outcomes of research. Grant awarding bodies for healthcare research should stipulate that research projects must include a strategy to translate findings into clinical practice. The strategy should describe what will be translated to service, how this will be achieved and the named NHS personnel that the research team will work with to achieve this. The named NHS personnel should be those involved in the service, the commissioners and NHS Trust managers.

Where Trusts are trialling new technologies there should be incentives for that Trust to encourage visits from other Trusts to learn about the new technology. Companies are keen for healthcare organisations to trial new technologies and if there was a shared approach across providers then technology from different companies could be compared in real time across the Trusts to determine the optimum to roll out.