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

Respondent ID: 254

Organisation name: Inditherm Plc

Type of response: Online
**Respondent ID:**

254

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

Private sector (med tech)

**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?**

I do not have specific evidence relating to this section, however my experience is that the USA adopts new technology much faster than the UK. This has historically been driven by the privatised nature of their healthcare system, which drives faster adoption of a technology by shorter evaluation cycles and quick decision-making on very simple economic business case. The main driver is, I believe, financial benefit, so we need to find a way to give financial benefit to those who adopt change that provides savings 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?**
I believe that the biggest barrier is entrenched conservative attitudes. This typically manifests itself in a reluctance to change from existing practice and appears to be due to an aversion to personal risk by those making the decisions. A way to encourage innovation would therefore be to remove the element of risk (or perceived risk) by introducing a method of sponsorship that gives reward and recognition to those who implement change.

Another initiative could be to vest the ultimate responsibility for decision-making in people who are prepared to make such decisions without fear for their own position (change agents); however there needs to be a system that leaves the service providers feeling that they have a say in the decision relating to clinical matters and are not having change forced on them.

It is clearly difficult to strike the right balance, but at present there appears to be a widespread perception in the NHS that sticking to traditional methods is the "safe" option. There needs to be a communication initiative that conveys a message that not adopting new technology will put positions at risk and that supports those who champion innovation and change.

There appears to be a general attitude in the NHS that to save 10% on budget you just buy 10% less of everything, which risks reducing the service provided (10% less pens may be fine, but 10% less sutures is difficult to achieve safely if the number of patients treated is the same!). A more radical approach might make greater savings by adopting innovative ideas or technology in a small number of areas, leaving the service provision unaffected or improved.

It seems that there is not a good appreciation of accounting principles at the decision-making level. Capital budget constraints seem common, with no consideration for the potential revenue budget savings that might be achieved in moving from disposable to reusable items, for example. This can only change at local level if there is a clear directive from above and an understanding of depreciation principles on capital equipment.

All of the above need an effective method of communication of the goals for the NHS as a whole, how innovation can help and some guiding principles to make it happen and to clearly "protect" those who make the decision to change. The NICE Medical Technologies Evaluation Programme is an example of a positive influence for change and should be encouraged. Any mechanism that could accelerate the process without jeopardising the credibility and thoroughness of the evaluations would be a benefit.

There is significant funding available for early stage innovation, but very little for stimulating adoption. A result is that many good ideas never reach the point where they deliver the benefit into the NHS, so this funding balance should be redressed. It would be good if innovative technologies that could provide benefit but are not being adopted quickly could be identified and then initiatives introduced at a national level to challenge local service providers who are not either adopting or showing that they have made a thorough analysis and rationale not to adopt. Maybe service providers should try to involve executives or managers from industry (ideally the medical manufacturing sector) in a voluntary advisory capacity in tackling issues of innovation, ideally by having them work with teams from within the service provider organisation on projects to drive innovation. The difficulty in this will be avoiding conflicts of interest.

Do you have any further comments about accelerating the adoption and spread of innovation in healthcare?
I realise that many of the comments do not identify a specific solution or recommendation. This is due to my not working within the NHS and therefore not knowing exactly how the general suggestions could best be implemented. The issue is an inherent aversion to risk, combined with a failure to understand whether there really is risk or not. This is the culture that has to be changed, but it can only be done a step at a time, tackling specific issues in everyday practice, and not trying to change the culture using broad policy statements from the top of the NHS.

I should declare that our company has an innovative technology, accepted by many hospitals in the NHS and worldwide but not adopted by the vast majority. We have fought many of the attitudes described above and hope that recent evaluation by NICE MTAC will help stimulate faster adoption. We do not yet know how effectively the findings of NICE will be disseminated in the NHS and what incentives there will be for service providers to adopt according to the NICE recommendations.

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?

I believe innovation will only happen on a larger scale if providers appoint a small number of people to initiate change. These people will need to be determined and resilient personalities who have the necessary personal attributes to win over the clinical teams and be seen as helping them to improve clinical care at the same time as protecting their service or department. I know such people are hard to find, but suspect that many NHS executives or senior managers will know a few in their Trust. These people typically should not be senior managers, but accepted members of clinical teams.

In the current economic environment there needs to be a method for communicating the benefit of adopting change and innovation wherever it can reduce cost without reducing standards of care. The principle of taking the "low hanging fruit" needs to be encouraged.

There needs to be a way to recognise and support those who make decisions to stimulate and adopt innovation.

There is a general perception that "disposable is safer", but in many cases this is not true. A general analysis of the highest spends on disposable items might identify those that could be more economically replaced by new reusable technology without any increase in infection risk.