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

Respondent ID: 268

Organisation name: North Western Deanery

Type of response: Online
Respondent ID:
268

Your name (completed by):
Dr Anthony Emmerson

Email:
anthony.emmerson@cmft.nhs.uk

Telephone:
0161 276 6960

Organisation name:
School of Paediatrics, North Western Deanery

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

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?

National and International best practice: Consultant delivered service especially in Intensive Care Anaesthesia Obstetrics and Paediatrics. Evidence from US Canada Scandinavia for this type of staffing model. Major problem with tier 2 middle grade staffing especially in paediatrics but despite this UK is only just adopting this staffing model in Paediatrics and Obstetrics despite the first trusts delivering this 6-7 years ago - Royal Free Hospital â€“ the DH providing Â£50M to support this model of staffing. The NW Deanery / Greater Manchester have adopted this in part over the last 2 years but there is a slow uptake up by Trusts who seem to prefer to spend up to Â£10M on locum fees rather than support a long term solution. Examples include 8 resident consultants delivering 24/7 care at a tertiary NICU at St Maryâ€™s Manchester â€“ cost effective, improves quality of care and minimised complications in IC care. This staffing model is supported by RCPCH and DH Toolkit for High Quality Neonatal Services

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?
The Commissioning Board (local and national) should be more directive in deciding whether an innovation should be adopted or not. For example, NICE should provide much greater detail on true value for money for example ranking new drugs by QALY, or the cost benefit for a new innovation such as therapeutic cooling should be fully evaluated and the commissioning restricted otherwise there is usage creep (not necessarily for patient benefit).

If a new innovation is to be adopted the costs for that innovation need to be clearly identified and, assuming no extra money, then the commissioners should direct the decommissioning of an old treatment and implementation of the innovation through commissioning. If this innovation requires new money then this should be identified at the outset. Delays in implementing new and useful therapies arise due to a failure of new money or a failure of trusts through commissioning to decommission an outmoded care pathway for the new one. Commissioning could do this over a short period such as 12 months for example.

Further development of the NIHR research for patient benefit especially if there was a cost effectiveness as a mandatory part would proven changes in practice for patient benefit. These could then be adopted by relevant areas by active commissioning.

Academic or industrial developments should be brought to clinical trial rapidly and cost effectiveness built into them from day 1. Many trials show some efficacy and are then the innovation is pushed for adoption without clear evidence of their value. If the NHS is limited in it budget then the value of these new innovations should be weighed against others and only if they are of greater value should they be adopted. If the NHS did not adopt some drugs/innovations of marginal value across the whole country then the postcode lottery accusation would not be levelled.

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

**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?**

No

**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?**
Some of the innovations are in process. These are adopted very slowly as whilst everyone uses the mantra of learning by best practice in reality this is extremely difficult and a slow process. There needs to be a better system for disseminating good practice that is cost effective. This can only be truly assessed if the contracting system comes down to the individual cost of a clinical pathway then innovations in process can be properly evaluated. At present there is a litigation driven process to continue with the tried and tested and as new innovations may potentially have unexpected adverse effects hence many aren’t adopted until there is extensive data.

Overall there needs to be a much better way of evaluating the cost effectiveness of interventions. Many interventions are liked by patients but may be very expensive and contribute little to the overall health of the patient or community.