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

Respondent ID: 99

Organisation name: NHS North West

Type of response: Online
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?

1. The NHS has a very strong history of innovation. Annually, there are many - often high profile - awards and events that support and promote innovation across a wide range of services in the NHS.

2. Arguably, however, this culture of promoting innovation has resulted in the NHS being much less effective at sharing the learning that derives from innovation, and at adopting and adapting learning to fit new and different scenarios.

3. This apparent reluctance (if that is what it is) to learn from one another and openly build on what has gone before is both unproductive and inefficient. It was in an attempt to address this issue that the NHS in the north west decided to develop the eWIN (electronic Workforce Information Network) portal - www.ewin.northwest.nhs.uk - as an easily accessible resource to support workforce benchmarking and the sharing of good practice and learning across organisations. Through this work, we have learnt that it can be challenging to convey the message that it not always necessary to “reinvent the wheel”. However, eWIN now has 98% organisational membership in the north west and is being piloted in other NHS regions.

4. There is a need for a different NHS mindset
   - in which it is acceptable - in fact desirable - to learn from each other and build on what has gone before; and
   - where it is recognised that adapting and building on the innovation of others will often lead to further and continuous improvement - requiring a mature recognition by the original innovator that continuous evolution is positive, and not a threat.
5. It is helpful to recognise the difference between “best” and “good” practice. There are actually different definitions and it can take quite some time to go through a rigorous process to determine “best” practice. So, whilst it may be ideal to promote “best” practice, it should be recognised that sharing and promoting “good” practice is also valuable. In doing so, the aim should be to set the bar high whilst being pragmatic – to encourage the dissemination and take-up of what has been shown to work and is capable of replication, rather than necessarily what is deemed to be gold standard.

6. Certainly consider the international perspective. But not at the expense of overlooking or undervaluing what is closer to home, which can be more suited to the NHS environment.

7. It is important not to forget the work of the Ministerial Medical Technology Strategy Group (MMTSG) & HITF, but to revise this in light of current NHS changes. See http://www.dh.gov.uk/ab/HITF/index.htm.

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 spread and adoption of innovations throughout the NHS?

8. The National NHS Commissioning Board should promote and champion both the notion that it is acceptable, and potentially cost-effective and efficient, to “adopt to adapt”, as well as real examples.

9. It could introduce:
   - NHS C awards for collaboration, demonstrating how different organisations learned from each other and, as appropriate, adapted to fit their own environment or circumstances
   - Some kind of endorsement/kite marking process – both for “best” practice as well as for innovations and initiatives which have been shown to be demonstrably useful and which are capable of replication and adaptation.

10. To support this process, the NHS Commissioning Board should strongly encourage NHS bodies to quantify and measure outcomes and improvement. Measuring outcomes is not always clearly evident in relation to workforce/HR issues, which can make it harder to promote the idea/initiative to others.
11. Ensure that any evaluation of innovation includes a measure of ‘utility’ and contains practical solutions & implementation plans which are replicable.

12. Ensure that the NHS Innovation Hubs [http://www.innovations.nhs.uk/] build in a mechanism to ensure that plans for adoption and spread are considered from the outset, so that ideas/innovations which come from within the NHS have a greater chance of success.

13. Encourage and endorse the concept of ‘Showcase Hospitals’ for specific innovations much like the HCAI Programme [http://hcai.dh.gov.uk/technologieswelcome/evaluation-reports/] to support a culture ‘adopt & adapt’.

**What specific actions do you think local NHS bodies, such as providers and Clinical Commissioning groups, need to encourage and stimulate the successful and rapid adoption and expansion of innovations throughout the NHS?**

14. Primary providers and clinical commissioning groups need to assure the evidence base (both clinical & managerial/financial) to stimulate the successful and rapid uptake of innovations throughout the NHS. This includes developing robust business cases/financial cases & where appropriate implementation plans.

15. This process needs to be underpinned by the wider cultural/mindset shift already outlined, so that local bodies are encouraged to follow the example of the NHS Commissioning Board/central NHS leadership, including regional outposts.

**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?**

16. Before approaching the NHS, a medical device/innovation company should be strongly encouraged to ensure their clinical evidence base, regulatory approval and business case is robust and makes a compelling case to a variety of audiences in the NHS.

17. For example, having quantitative clinical evidence & clinical trial data which has been accredited (perhaps via NHS Evidence) will begin to engage the clinical community. This evidence base must contain some ‘utility’ feedback, which is grounded in the context which it was trialled. This may prove more challenging for SMEs, who may not have sufficient resources to generate this type of information. Financial predictions & impact on NHS...
organisations should be subject to scenario modelling (with NHS data driving the model not industry provided data).

18. Academia could develop training & leadership courses which help the NHS to learn about adjustment costs (following a period of investment/purchase of capital – there is often a drop in productivity and it gradually rises again often exceeding the pre-investment level). To give confidence in decision making within the NHS (in times of great financial constraint) and to reduce the risk-averse nature (which may be perceived to be inherent in the NHS when it comes to adopting & spreading innovations).

19. Academia & Industry could be encouraged to manage an ‘Innovation Ideas’ process – which focuses on solving a ‘real’ NHS problem, for example: http://web.mit.edu/mitpsc/whatwedo/ideas-competition/

Any other comments/ideas/suggestions?

20. NHS North West Workforce would be happy to contribute to further work on this topic. In the first instance, please contact donna.sidonio@northwest.nhs.uk and emma.sarno@northwest.nhs.uk