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

Respondent ID: 270

Organisation name: Association for Clinical Biochemistry

Type of response: Online
**Respondent ID:**
270

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

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?

- Many candidate biomarkers are “discovered” but few are translated into clinical practice
- A huge problem, well recognised both in the UK and USA
- Good practice guidelines in method validation exist and need to be applied early in the development of biomarkers
- Factors that have a negative impact on biomarker performance are well understood by the laboratory medicine community but are seldom applied systematically. This also is a world-wide problem. The NHS is well placed to advise academia and the diagnostics industry in this area

Throughout this response we have used the introduction of new biomarkers as the principal type of innovation that laboratory medicine can deliver. Other innovations exist involving novel uses of existing markers.

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?
Identify biomarkers that have sufficient evidence behind them to be clinically useful using health technology assessments within a framework i.e. a NICE for diagnostics.

A document supporting this proposal has been published online by the RCPath: Evaluating and introducing new diagnostic tests: The need for a national strategy.

Disseminate the results to local commissioning bodies.

Encourage pilots for promising new tests at selected national innovation centres where the innovation can be embedded in a clinical pathway and clinicians not involved in the development of the innovation can evaluate its performance. e.g develop the work done in Leeds via an NIHR programme grant: Evaluating the benefits for patients and the NHS of new and existing biological fluid biomarkers in liver and renal disease.

There need to be a number of enabling actions to facilitate the above:

Ensure that Professionals capable of identifying and developing new ways of working (with mechanisms, tests, instrumentation etc) work within an environment that encourages them to do so.

Ensure that innovation is within the remit and job description of healthcare professionals.

Ensure that there are no legal barriers to collaboration between professionals working within the NHS and other enterprises such as diagnostics suppliers or equipment manufacturers.

Ensure that intellectual property rights are dealt with and protected in a manner equitable to professionals, the NHS and commercial suppliers.

Ensure that any centrally funded stimuli to commercial development in the UK (e.g. Enterprise zones and so on) recognise collaboration with the NHS as a suitable avenue for support and investment.

Academia should develop partnerships with laboratory medicine to ensure early validation and assessment of factors that might confound the utility of biomarkers.

Academia should listen to service needs and develop appropriate technology in addition to looking for healthcare applications of discoveries that need a market.

The diagnostics industry need to be involved in supporting the pilots at National level to provide them with a marketing opportunity and a fair assessment of competing methods for measuring biomarkers.

The diagnostics industry should consider formal arrangements for working with key professionals employed in the NHS, or vice versa.

The diagnostics industry need to work with medical societies and societies for biochemistry, haematology, microbiology and histopathology to educate and promote best practice in the use of biomarkers.

Patient groups are often well informed about new developments in their disease of interest They should be encouraged to challenge commissioners about adoption of appropriate new technology.

Do you have any further comments about accelerating the adoption and spread of innovation in healthcare?
There is a strong argument for developing innovative technology through "National Innovation Centres" rather than relying on ad hoc development at local level.

Local innovation remains important by contributing to the development of new ways of using established markers within patient pathways.

Patients, notably through patient groups, should have some means of highlighting to professionals their views on how their disorders or problems might be better diagnosed or treated.

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?
Local Commissioners need to be asked how they propose to respond to laboratory medicine innovations that have been shown to improve safety, effectiveness and value for money.

To be able to do this, the following enabling actions need to have taken place in the training of commissioners:

Commissioning groups need to be informed about national pilots of innovative biomarkers.

Commissioning groups need to have been made aware of possible resistance to innovative technology where that technology does not provide expansion of services within the profession using the technology.

e.g. cardiologists may prefer to expand echocardiography services rather than adopt an innovative biomarker for diagnosing heart failure leading to an unreasonably high threshold of acceptability for the biomarker.

Changes to local ways of working need to take place:

Employing authorities need to ensure that contracts of employment encourage rather than deter collaboration with third parties (either within or outside the NHS).

Explore ways of encouraging collaboration with local private sector enterprises (such as those developing products for the healthcare market) through, for example, joint employment of individual professionals who would work partly in the service and partly with the supplier. Taking into account any necessary contractual arrangements to preserve confidentiality and probity.

Encourage cross-disciplinary collaboration to improve the effectiveness of services (eg between those providing diagnostic imaging and diagnostic testing to ensure that the most effective investigation strategies are pursued, eg avoiding an invasive investigation if a simple test can provide the same information or postponing it until a test result proves equivocal).