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

Respondent ID: 180

Organisation name: The NHS Confederation

Type of response: Document
NHS Confederation response to NHS Chief Executive Innovation review call for evidence, 31 August 2011

Summary

The NHS Chief Executive Innovation Review outlines six well known barriers to the adoption and spread of innovations. In our response, we address each of these barriers with ideas and examples of work from the NHS Confederation, including the NHS European Office and Research Networks.

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Suggested actions</th>
</tr>
</thead>
</table>
| Leadership culture to support innovation is inconsistent or lacking    | • Develop a supportive leadership culture to foster the trailing and evaluation of new ideas and drive research priorities
|                                                                        | • NHS leaders to engage with and influence the EU’s Innovation Union                                                                             |
| Poor access to evidence, data and metrics                               | • Ensure evaluation alongside innovation and work with local providers and commissioners to increase data availability |
| Financial levers do not reward innovators and can act as a disincentive | • Mainstream knowledge mobilisation in research funding and the role of knowledge brokers to enhance adoption and diffusion of innovations
|                                                                        | • Reduce the barriers for NHS organisations to engage with clinical trials and industry partners                                                 |
| Commissioners lack the tools or capability to drive innovations         | • Support commissioners to develop skills in applying evidence
|                                                                        | • Encourage innovation through procurement                                                                                                        |
| Lack of effective and systematic innovation architecture                | • Continue to support the development of local, regional and national networks for the trailing and spread of innovations
|                                                                        | • Harness the benefits of EU funds for research and innovation                                                                                     |
| Insufficient recognition and celebrations of innovation and innovators | • Contextualise evidence and increase managers’ exposure to innovative practices
|                                                                        | • Build upon the momentum from current innovation recognition schemes                                                                          |
About the NHS Confederation

The NHS Confederation is the only body to bring together the full range of organisations that make up the modern NHS to help improve the health of patients and public.

We are an independent membership organisation that represents all types of providers and commissioners of NHS services. Our members include acute trusts, ambulance trusts, mental health providers, primary care trusts and independent healthcare organisations that deliver services within the NHS.

We focus on:

- Influencing healthcare policy and providing a strong voice for healthcare leaders on the issues that matter to all those involved in healthcare.
- Helping our members to make sense of the whole health and social care system.
- Bringing people together from across health and social care to tackle the issues that matter most to our members, patients and the public.

We provide added value to our members and the wider NHS through the delivery of industry-wide support functions:

- The NHS Employers organisation which is the voice of Employers in the NHS.
- The NHS European Office that represents the NHS to European Institutions and provides information and advice on EU policy and legislation.
- The SDO Network and the Health Services Research Network (referred to as the Research Networks) that help the NHS to access and engage with health services research.

1. Our response

We welcome the opportunity to respond to the call for evidence and ideas on *Innovation in the NHS*. The NHS Confederation aims to continue to generate and support tangible developments for innovations to flourish in the NHS by bringing together all parts of the industry; developing strategic partnerships and supporting industry wide functions.

Our response combines ideas from our core work as a Confederation as well as ideas and evidence from the work of our industry-wide functions, in particular our NHS European Office and Research Networks. Their contributions to this review stem from the relevance of the EU and the UK’s research community to the adoption and diffusion of innovation in the NHS.

The EU and innovation
The NHS Confederation hosts the NHS European Office, which is funded by the SHAs in England. The European Office (Brussels-based) acts as the main instrument through which the NHS engages in European affairs. The work of the EU and the many linked networks which operate across Europe are important sources, drivers and facilitators of new ideas and innovation throughout the three stages from invention to adoption and diffusion. It is also the case that the barriers to innovation in the NHS, as listed in the Review, mirror those felt by other EU health systems and actors, and we should therefore consider European links as an important means of identifying and exchanging good practice and for collaborative working.

In this submission we have focused on the EU’s overarching approach to the spread of innovation and those areas in which the Confederation’s European Office is working to help facilitate the adoption and diffusion of innovations across the NHS.

**Brokering engagement with and utilisation of research evidence**

- The NHS Confederation’s Research Networks – consisting of the Service Delivery and Organisation (SDO) Network, the Health Services Research Network (HSRN) and the Support Programme for the National Institute for Health Research (NIHR) Collaborations for Leadership in Applied Health Research and Care (CLAHRCs) – help the NHS to access, use and engage with health services research.
- The Research Networks work in partnership with NHS and academic partners to brokers relationships between the two communities and to build the capacity of managers to interpret and utilise health services research.
- The Research Networks have previously published on the topic of the innovation landscape (1) and have mapped out key playersa to help our members make sense of the opportunities for the NHS and the research community to work together towards delivering improvements in the quality, safety and efficiency of healthcare. In this submission we focus on areas of work we have developed to support the exchange and spread of ideas for innovations in care.

2. **Actions to address barriers to the adoption and diffusion of innovations in the NHS**

2.1 Leadership culture to support innovation is inconsistent or lacking

*Suggested action: Develop a supportive leadership culture to foster the trailing and evaluation of new ideas and drive research priorities*

---

aFor further information on the NHS innovation and health services research architecture maps see http://www.nhsconfed.org/Networks/SDONet/maps/Pages/maps.aspx
Research evidence has shown that organisational culture and climate are associated with attitudes towards adoption of innovation. A climate conducive for innovation adoption is set from the top. Leadership is necessary because it fosters commitment and culture, and helps guide the establishment of governance and performance mechanisms. A key role is played by highly skilled and committed champions in pivotal positions who are able to drive the innovation process.

NHS organisations that recognise the strategic value of research have sought to embed a culture of research, innovation and evaluation. Leaders in these organisations are acutely aware of the example they set.

Embedding an approach and investing in building capacity for improvement are key attributes of high performing organisations. All NHS organisations, large or small, can benefit from greater engagement in research. Engaging in research is much more than recruiting patients for trials. It is about evidence-based practice, quality improvement, innovation and evaluation. Just as a clinician delivering high quality care depends on keeping abreast of the latest research evidence, NHS managers need to be aware of what knowledge and evidence exists when making service decisions. Engendering a research aware culture from the top is the best way of doing this (2).

The NHS Confederation acts as a hub bringing together the senior leaders in the NHS to engage with and identify future health services research priorities.

What the NHS Confederation is doing to develop a supportive leadership culture:

- The SDO Network’s Chief Executives Programme features a series of regional forums where senior NHS leaders and researchers discuss how research evidence can inform current NHS priorities. Participants have explored the evidence around delivering quality while reducing costs; GP led commissioning; leadership, knowledge utilisation and the dynamics of clinical-managerial relationships. Future work targeting the senior management community will include ‘mainstreaming’ research into the NHS Confederation’s programme of regional meetings (3).

- A series of Regional Meetings in autumn 2011 will bring together health service leaders in a specific locality to engage on priority issues across their patch. In addition to the opportunity to discuss implications from national policy, these events will feature a session on exchanging innovations developed across the region to showcase promising new ideas to improve health and care.

The NHS Confederation has previously produced a briefing on the role of leadership, Leading Innovation, a report published in April 2009 concluded that greater efforts to be made by NHS leaders to promote a culture of innovation in clinical practice and management (4). Many of the ideas explored in this report remain relevant in today’s climate, including the two actions suggested for local leaders to drive up innovations:

- Payments by results tariff – policy-makers could do more to ensure that the tariff keeps up with innovation and that the adoption of a normative tariff is accelerated.
NHS Evidence, CEP, NICE and the SDO Programme – national bodies can help by providing easy-to-navigate routes to tested innovations.

Since the publication of this briefing, HSRN members have discussed new ways of incentivising providers through the Payments by Results tariff. One idea to encourage adoption of innovative services could be to introduce arrangements to share tariff savings through innovations that deliver services at lower cost. However, this requires commissioners and providers to agree a "benefit share" but the idea could be explored further.

**Suggested action: NHS leaders to engage with and influence the EU's Innovation Union**

Innovation is a central focus of the EU's Europe 2020 Strategy for a smart, sustainable and inclusive economy. To facilitate this, the EU has recently launched its overarching 'Innovation Union', which aims to improve conditions and access to finance for research and innovation in Europe, and to ensure that innovative ideas can be turned into products and services that create growth and jobs.

The Innovation Union covers both technological innovation leading to efficiency gains in production processes and improved performance of products and innovation in business models, design, branding and services that add value for users. It includes public sector and social innovation as well as commercial innovation and aims to involve all actors in the innovation cycle.

This whole-system approach combines to best effect the EU's funding streams and the use of EU policy to boost innovation.

The Innovation Union and its work-streams offer many opportunities for the NHS at both local and national level. The NHS European Office is working to facilitate NHS involvement in and influence the work of the Innovation Union as it develops (5).

**2.2 Poor access to evidence, data and metrics**

*Suggested actions: Ensure evaluation alongside innovation and work with local providers and commissioners to increase data availability*

The relationship between evidence and innovation is a complex one. By its’ nature innovation is about the ‘new’, it is experimental, yet innovation based on pure speculation is clearly incompatible with the NHS duty of care to patients and accountability for public money.

Whilst not being a pre-requisite for innovation an evidence-base clearly still is a significant part of the wider picture:

- Before an innovation is given free reign, there needs to be a way to find out if it has been tried before, and if so what the results were. To this end NHS Evidence is a very useful tool and should be strengthened. Equally, funding syntheses of evidence can be built into funding bids as a first step to embarking on innovative ventures.
Regardless of whether an innovation develops in an incremental, radical or disruptive manner, there needs to be evaluation so that an evidence base can be created. We need systematic collection of information about how organisations, patients and clinicians are responding to the new environment upon which to judge acceptability for update and spread of new ideas, products, processes or organisations. Evaluation and real time research can play an important role in spreading learning more quickly, identifying potential pitfalls, understanding the elements of success and providing data to show how progress is being made. When funding is being delivered for innovative projects, and when ‘sign-off’ is being given for by senior managers in the NHS, there must be a culture of asking how evaluation will take place.

Innovation needs access to data. Data makes the difference between pure speculation and an informed experiment, data sheds a guiding light on the process of innovation. HSRN members are particularly concerned about the accessibility of data, for researchers and for patients, particularly in the light of changes to the NHS that could result in a more fragmented system.

- HSRN would like to see explicit statements about a presumption that all NHS providers and commissioners should make detailed data available in standard formats for use in research and more open access to data sources in formats that allow detailed analysis.
- A great deal of data is already collected that may not be fully exploited. A central look at the data the NHS generates would doubtless spark a number of innovative ideas.

Finally we would note that bureaucracy surrounding the management of research stifles more innovative research. Health Services Research (HSR) in partnership with NHS clinicians and managers have much to contribute on innovative approaches in efficiency, equity, productivity and much more. Yet HSR is still treated in much the same way as phase one clinical trials thereby over-complicating and elongating the process.

2.3 Financial levers do not reward innovators and can act as disincentive to adoption and diffusion

*Suggested action: Mainstream knowledge mobilisation in research funding and the role of knowledge brokers to enhance adoption and diffusion of innovations*

The mobilisation of evidence is fundamental to the uptake and impact of the research knowledge in the NHS. ‘Traditional’ techniques of research dissemination, such as publication in peer reviewed academic journals and presentations at academic conferences, can make an important contribution to shared learning across academic communities and the building of valuable evidence bases to inform future research.

However, for research to be effectively transformed into adoptable and diffusible knowledge, evidence must be packaged and shaped, tailored and targeted to meet
the information needs of busy health professionals. Most have little time to trawl with any depth through academic journals and grey literature to identify the information they need to inform their work.

Research supply as well as demand must be transformed to support the acceleration of adoption and spread. Funders of research relevant to the NHS must formalise a greater emphasis on mobilising the research knowledge their programmes generate. Funders must do more to stimulate demand amongst NHS audiences; maximise stakeholder engagement in the shaping of (commissioned and non-commissioned) research priorities; and devise and strengthen incentives for researchers that produce a step change in how they think about and practice knowledge exchange.

What the NHS Confederation is doing to mobilise research evidence:

- The SDO Network’s research digest distils and simplifies complex health services research for NHS managers and other health service professionals. The first issue explored the subject of support workers, and considered current and emerging evidence on strategies and approaches to develop and utilise an effective support workforce to ensure the flexibility and sustainability of workforce supply (6).

Suggested action: Reduce the barriers for NHS organisations to engage with clinical trials and industry partners

The 2011 UK Budget, 'the Plan for Growth', which called for the review of the adoption and diffusion of innovations across the NHS, highlighted the role of the EU Clinical Trials Directive in undermining our health research capabilities and disincentivising industry to work with the service. The NHS European Office has expressed a similar view in its responses to the three European Commission consultations held on this Directive in the past 18 months.

The Plan for Growth also stated that "in future, as a condition of National Institute for Health Research (NIHR) funding, providers of NHS services will have to play their part in a national system of research governance requiring timely and professional delivery of clinical trials".

In the light of this, the forthcoming revision of the EU Clinical Trials Directive, which will begin in 2012, is of the utmost importance for the NHS. The NHS European Office will be seeking to ensure that the revised Directive encourages clinical research in this area. We would welcome the opportunity to work with government to ensure the concerns of the UK’s health and research communities are taken fully into account during the review of the Directive.

2.4 Commissioners lack the tools and capability to drive innovations

Suggested action: Provide a stable environment for commissioners to develop necessary skills to support innovations

The second iteration of the World Class Commissioning (WCC) framework for Primary Care Trusts (PCT) placed an increased emphasis on quality improvement
and innovation. Good evidence from WCC and other sources suggested that PCTs were becoming more sophisticated and effective in their approach to commissioning before the announcement of their abolition. It is vital that evidence of the progress made by PCTs is captured and used so that future commissioning organisations and policymakers learn from good past practices as well as barriers to effective commissioning (7).

A number of external factors limited the effectiveness of PCTs in some areas. For example, evidence from Healthcare Commission assessments suggests that the frequent reorganisation of PCTs led to reorganised PCTs performing worse than ones which had not changed structure.

Such external factors add to the already challenging task of implementing evidence-based commissioning based on the utilisation and incorporation of a plurality of evidence – ranging from clinical and financial evidence to practical case study narratives, and a variety of sources from both authoritative bodies and local commissioning knowledge.

Commissioners in the new system will need to have the skills and capacity in place to respond effectively to difficult decisions about the funding and provision of certain services.

What the NHS Confederation is doing to support capacity building:

- Working in collaboration with the East of England’s Evidence Adoption Centre (EAC), the SDO Network delivers critical appraisal workshops to enable NHS managers to identify, critically appraise and incorporate the results of research into practice and commissioning decisions. The SDO Network is working with NHS Confederation members and NIHR CLAHRC partners to scale-up this activity.

Suggested action: Encourage innovation through procurement

The EU’s Innovation Union focuses on the role of the public procurement rules to support innovation. Public procurement accounts for some 17% of the EU’s GDP and represents an important market for innovation, particularly in areas such as health. The Innovation Union recommends that EU Member States be more strategic in their public procurement and, in particular, set aside dedicated budgets for pre-commercial procurement and the public procurement of innovative products and services.

There are existing examples of the NHS successfully using pre-commercial procurement to encourage and drive innovation. The Small Business Research Initiative (SBRI) programme has been utilised in the NHS to help bring new technologies to support the achievement of regional health priorities and increase the possibility of adoption in the NHS. In the East of England this model is partially funded through EU funding and has attracted significant interest from across Europe.

While NHS organisations have been involved successfully in pre-commercial procurement initiatives it should be noted that commissioners often view EU public procurement regulations as too complex and burdensome. For example, the risk of
legal challenge often hinders the ability for commissioners to discuss and test alternative solutions with bidders, and ultimately to secure better proposals and further support innovation. The EU's public procurement Directives are in the process of being reviewed, with new legislative proposals expected at the end of the year. In our response to a recent European Commission consultation, we have highlighted ways to encourage innovation through the revision of the EU Directives. We will continue to push for positive changes to the EU public procurement rules to help commissioners, and providers, play a greater role in the development and adoption of innovative practices and would recommend the Government raise these points in their forthcoming EU Council of Ministers negotiations.

2.5 Lack of effective and systematic innovation architecture

*Suggested action: Continue to support the development of local, regional and national networks for the trailing and spread of innovations through research funding*

The nine NIHR CLAHRCs work collaboratively across their locality with NHS, public, private and academic partners to develop innovations that respond to the needs of the health service. These ideas are evaluated through regional and national networks based on joint areas of research and service development. This structure has allowed for new ideas and technologies to be evaluated and refined locally before wider spread.

An important but not often mentioned source of innovations is the involvement of patients and the public in generating ideas for new ways of delivering care. The NIHR CLAHRCs, with their emphasis on patient and public involvement, provide a platform for such engagement to take place to lead to meaningful changes in how case is delivered.

Structures such as NIHR CLAHRCs, academic health science centres (AHSC) and health innovation and education clusters (HIECs) are examples of relatively recent collaborative forms involving NHS organisations, industry and academic aimed at translating research findings into improved outcomes for patients. (Please refer to the NIHR CLAHRCs’ submission to the Innovation in the NHS call for evidence for further information and examples of how the collaborations are building local and national networks to foster innovations.)

These regional structures undertake high quality applied health research focused on the needs of patients; raise the quality of health education and training to enhance and develop workforce skills; and drive the translation of research evidence into practice. However, in parts of the country where these structures do not exist other enablers of innovation are needed. The NHS Confederation’s SDO Network is working to support NHS organisations’ effort to promote and encourage the adoption and diffusion of evidence-based innovative practice.

What the NHS Confederation is doing to build a supportive infrastructure by bringing together different parts of the innovation architecture through several proposals to bring new ideas, technologies and pharmaceutical solutions closer to the health service:
• The Healthcare Innovation Investment Fund (HIIF) is planned as an investment vehicle to support innovations in healthcare and will provide a structure in which UK financial institutions, NHS trusts and large corporate enterprises will combine to invest to achieve the consolidation of the varying interests of the investors in one funding enterprise. The NHS Confederation is well placed to support the development of the HIIF and is considering a proposal to lead on establishing an Innovation Incubation Network until a new corporate entity for HIIF is formed.

• The Association of the British Pharmaceutical Industry (ABPI) and the Association of British Healthcare Industries (ABHI) are working in partnership with the NHS Confederation to develop a strategic initiative to accelerate joint working by identifying areas of greatest need, setting up Joint Working pilots and sharing of best practice.

Suggested action: Harness the benefits of EU funds for research and innovation

One of the roles of the NHS European Office is to promote EU funding opportunities to NHS organisations. The EU has for many years focused on the role it can play in supporting innovation in the delivery of high quality and cost-effective public services, particularly through its range of funding programmes.

These programmes provide an ideal mechanism to research, discuss and pilot different solutions to common European challenges and the NHS has benefited from them for a number of years. There is however greater potential for NHS participation and the NHS European Office has sought to support this by providing information and advice to the NHS and ensuring that NHS priorities are reflected in the programmes.

The latter point is particularly timely as discussions on the EU future funding models post-2013 are currently on-going.

2.6 Insufficient recognition and celebration of innovation and innovators

Suggested action: Increase managers’ exposure to innovative practices and evidence

If innovation and innovators are to be recognised then NHS professionals’ exposure to research evidence and innovative practice must be enhanced and increased. Research evidence profiled in isolation is not an effective approach to encourage adoption and diffusion. It must be contextualised against existing evidence, empirical learning and the priority issues and challenges facing the NHS.

What the NHS Confederation is doing to increase managers’ exposure to innovative practice:

• The NHS Confederations’ research networks showcase current and emerging evidence through a range of themed face-to-face and online conferences, seminars and forums; tailored briefings; and social networking tools. An example is the SDO Network’s master class web seminars (webinar). In March 2011, an SDO Network webinar held in
partnership with the NHS Confederation’s Ambulance Service Network, considered the findings of a research evaluation of the South East Coast Ambulance Service NHS Foundation Trust’s critical care paramedic programme. The webinar attracted an online audience of over 40 people, including the National Clinical Director for Trauma Care, Consultant Emergency Physicians, Medical Directors, and Paramedics (8).

- In addition, events such as the NHS Confederation annual conference place research evidence alongside innovative practice and encourage participants to debate and discuss how best to apply research findings and lessons.

_Suggested action: Build upon the momentum from current innovation recognition schemes_

There are a number of national (e.g.9-11) and regional (e.g.12-13) initiatives to reward and celebrate innovations in practice. The NHS Chief Executive Innovation Review paper highlights the investment and highly oversubscribed degree of interest in innovation reward schemes to-date.

The NHS Confederation is well placed to provide for those funding and operating the innovation recognition schemes a platform for aligning the initiatives to gain additional benefits from the investments. Specifically, there is scope to extend the benefits of these initiatives by sharing of lessons learned across funders, spreading innovations that show promise beyond initial pilot sites and consolidating additional sources of funding into an investment scheme.

3. Closing remarks

The suggested actions listed in this response are an attempt to drive real changes in the way in which innovation is diffused and adopted across the NHS. Responsibility for affecting these changes lies with the many actors involved in the innovation process and only by working collaboratively can the vision set out in the Innovation Review be achieved. We believe the NHS Confederation, as the only body to bring together the full range of organisations that make up the modern NHS, has a critical role to play in this process.

We would be very pleased to elaborate on any of the points made above in advance of or after the report expected in November 2011.
References