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

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1. I write with regard to the call for evidence issued by Sir Ian Carruthers as part of the NHS Chief Executive’s Innovation Review.

2. The Royal College of General Practitioners is the largest membership organisation in the United Kingdom solely for GPs. Founded in 1952; it has over 42,000 members who are committed to improving patient care, developing their own skills and promoting general practice as a discipline. We are an independent professional body with enormous expertise in patient–centred generalist clinical care. Through our General Practice Foundation, established by the RCGP in 2009, we maintain close links with other professionals working in General Practice, such as practice managers, nurses and physician assistants.

3. The RCGP welcomes the opportunity to respond to this call for evidence on innovation in the NHS. The NHS Chief Executive’s Innovation Review consultation document correctly identifies that a great deal of innovative practice occurs across healthcare and it is important that these ideas are spread and adopted to improve quality and effectiveness of care for patients.

4. Organisations, such as the RCGP, already play a strong role in supporting and fostering the development, diffusion and adoption of new ideas and practice in the
NHS. The RCGP Clinical Innovation and Research Centre (CIRC) has been active since October 2007 (evolving from research and activities carried out previously). The CIRC integrates the clinical focus of the College with development of primary care research areas. It carries out a range of work to improve clinical standards for the care of patients through clinical effectiveness, quality improvement and research initiatives linked to GP education, training and continuing professional development.

5. Further information on RCGP activity supporting the spread and adoption of innovation is outlined later in our response.

Learning from elsewhere about innovation and spread

What can the NHS and NHS Commissioning Board learn from the following to accelerate the pace and scale of adoption of innovations in the NHS?

Lessons from a major systematic review: Diffusion of innovations in health service organisations: A systematic literature review.

6. The NHS Innovation Review should reference a major systematic literature review on this topic funded by the National Institute of Health Research Service Delivery and Organisation Programme, published as a short paper¹ and as a book with a foreword by Sir Liam Donaldson². It was recently updated³. There are lessons from this on the approach this review and innovation in the NHS should take:

Innovation and “wealth”

7. We note the implication in the call for evidence that innovation is viewed as potentially “wealth-creating”. Whilst many innovations may indeed lead to “wealth”


(e.g. to greater efficiency and hence to lower NHS costs, or to commercial spin-offs with dividends for the NHS or universities), we caution against conflating the adoption and spread of innovations with lower overall healthcare costs. This is because:

- many new technologies (drugs, procedures, computer hardware or software) in healthcare are very expensive
- even when these technologies are effective, they may have low cost-effectiveness;
- interventions which prolong life may generate other costs in health and social care.

8. We already have a wealth of efficacious treatments (e.g. bariatric surgery, new cancer drugs) which Primary Care Trusts do not fund locally because of a limited budget. We recommend a more realistic stance on the link between innovation and “wealth”.

Methodology used in the call for evidence

9. There are, at least, two levels of adoption in the NHS: a decision by individuals to take on a new idea, technology or practice, and an organisational level decision to encourage, support and reward such decisions. The evidence base is very different for these different levels. Whereas individual-level adoption can be considered using simple, well-known heuristics (e.g. S-shaped adoption curve, “tipping point”), organisation-level adoption is far more complex and rarely follows linear dynamics.

10. We note that the call for evidence defines innovation in a way that includes incremental change such as continuous quality improvement. This is at odds with the academic literature, in which the hallmark of innovation is discontinuous change from previous practice⁴. We respectfully suggest that if the inquiry is extended to include all aspects of quality improvement, it is likely to lose its focus on the discontinuous change needed for the adoption, assimilation and routinization of innovations.
Incentives for Innovation

11. We are pleased that the consultation document recognises the importance of a positive organisational climate for innovation (which includes things like encouragement to take risks and a budget for small-scale experimentation) and of “common language and metrics”. We suggest that this important area is explored further and given more emphasis. In particular, we draw the inquiry’s attention to the extensive evidence base on the importance of dialogue and sense-making within a learning organisation as a means of encouraging innovation\(^5\). This may be particularly important when introducing technology-based innovations (such as electronic record systems or telemedicine) which presuppose major changes in roles and ways of working\(^6\). The point is not quite that everyone must come to use a “common language”, but that the process of dialogue, debate and deliberation enables people to learn where others are coming from (i.e. surface the different “languages” and learn to accommodate them).

Other approaches

Sharing innovative practice across networks

12. There are a wide range of existing professional networks that work collaboratively and enable the spread of new ideas and practice. Examples in primary care is the Practice Management Network (PMN) [www.practicemanagement.org.uk](http://www.practicemanagement.org.uk) and the RCGP General Practice Foundation [www.rcgp-foundation.org.uk](http://www.rcgp-foundation.org.uk). The recent establishment of the RCGP General Practice Foundation supports the development of products, tools, e-learning and the web portal and lessons of ‘bottom-up’ cultures from healthcare professionals; bringing together practice managers, nurses and physicians assistants with GPs.

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13. The RCGP Annual Primary Care Conference 2011\(^7\), being held in Liverpool, will run a workshop on “The benefits of sharing Best Practice”. It aims to encourage multi-professional and team learning for GPs, managers, nurses and others in the practice team as a forum to share innovation.

**Working in Partnership Programme**

14. There are valuable lessons to be learned from the Working in Partnership Programme (WIPP) final report\(^8\) as well as its approach and wide range of valuable tools and resources including online training courses, best practice guides, toolkits and frameworks to create capacity and support NHS professionals.

15. The final report put the success of the programme down to bringing together clear policy, objectives, adequate financial resources and managerial freedom. The report goes on to say that “...more often in the NHS, one or more of these three key ingredients is missing or compromised by ambiguity, underfunding, bureaucracy or performance micromanagement.” (p 14)

16. A member of one of the WIPP project steering group put success down to the creation of a culture of co-operation, passion and commitment from all the profession, supported by the profession, and best use of the experience within the profession for the NHS as a whole. This approach captures the lessons of ‘getting the right people on the bus’\(^9\).

**Learning from international best practice**

17. A range of organisations working in healthcare have strong links with healthcare systems in other countries. For example, the RCGP has built up a range of partnerships with doctors and bodies in Family Medicine. Whilst the application of innovations must be appropriate to the NHS and supported by the healthcare

\(^7\) RCGP Annual National Primary Care Conference 2011: [http://www.rcgp.org.uk/courses__events/rcgp_annual_conference.aspx](http://www.rcgp.org.uk/courses__events/rcgp_annual_conference.aspx)

\(^8\) Working in Partnership Programme - final report David Martin June 2008 [www.wipp.nhs.uk](http://www.wipp.nhs.uk)

\(^9\) Jim Collins 2005 *Good to Great and the Social Sectors Why Business Thinking Is Not the Answer*
professionals there can be lessons of value from insightful evidenced comparisons with other systems of care delivery. Examples of this are:

- Comparison of variation in health care systems pros and cons
- synthesis of the evidence (meta analysis),
- application of technology to different ethnic groups(e.g. genome studies)
- sharing and exchange of ideas in practice.

**Actions at national level in the NHS**

*What specific actions can the national NHS bodies, such as the NHS National Commissioning Board, need to take to encourage and stimulate the adoption and spread of innovations?*

**Organisational Culture**

18. As explained earlier diffusion of innovation across the NHS can be fostered by the organisational culture created at a national level. Action can be taken to encourage and reward innovation, its spread and adoption. Organisations in healthcare should be encouraged and incentivised to create an open and collaborative culture. NHS structures should recognise the need for local service spontaneity which can facilitate innovation. Rigid organisational structures and overly target driven service management can adversely impact on innovation, as the different stages of innovation requires an element of freedom to practice. It is important therefore that the NHS National Commissioning Board allows local innovation while providing a sufficiently robust role in ensuring a national framework of provision.

19. Further, it is important that different services are encouraged to collaborate and cooperate across professional and provider divides, rather than work in direct competition. We welcome the Future Forum’s recent announcement that it will look at how reform of the NHS can improve integration of services. The RCGP response to the Future Forum’s listening exercise cautioned that enforcement of strict competition
rules in healthcare had a major impact on service integration, information sharing and innovations in the Netherlands where market style reforms have been introduced\textsuperscript{10}. 

**National mechanisms to support innovation**

20. The diffusion and adoption of innovative practice requires adequate support at a national level to be realised. This includes administrative support, support tools and technology support and education to empower individuals and groups.

21. Research and evaluation should be carried out, as is being attempted by this Innovation Review, to assess what works and why. Barriers to innovation should be identified and wherever possible minimised. Diffusion and adoption of innovation needs resource to support communication of new practice and early adoption. National structures should also enable access to experts and leaders to develop Peer review and mentoring schemes to support healthcare professionals. The RCGP provides a range of resources to support leadership in GP profession. We outlined a leadership strategy in 2009 and have been running a leadership programme\textsuperscript{12}.

22. Support at national level is often needed for the roll-out and/or main-streaming of training resources and toolkits. Postgraduate Deaneries play a strong role in some areas in enabling this to happen at a regional level. Their function should continue to be resourced nationally to avoid destabilisation of the support they provide. We welcome the NHS Future Forum’s recent report on education which strongly cautioned the proposed removal of Deaneries and their various educational functions\textsuperscript{13}; many of these provide the basis for enabling the spread and adoption of innovation.

\textsuperscript{10} Source: Personal communication with Chris van Weel, Professor of General Practice, Nijmegen University. c.vanweel@elg.umcn.nl

\textsuperscript{11} RCGP response to Future Forum Listening Exercise, May 2011 
http://www.rcgp.org.uk/pdf/RCGP_Response_to_the_Listening_Exercise.pdf

\textsuperscript{12} RCGP and Leadership: (RCGP website) 
http://www.rcgp.org.uk/professional_development/leadership_and_the_rcgp.aspx

\textsuperscript{13}Education and Training, a report from the NHS Future Forum (May 2011) 
Actions at local level in the NHS

What specific actions do you think local NHS Bodies such as providers and Clinical Commissioning groups need to take to encourage adoption of innovations?

Organisational Culture

23. Local services should operate in a way that allows “headspace” and time to reflect free of heavy bureaucratic, administrative and clinical commitment to allow individuals to develop their talents and ideas. Such a culture, as highlighted previously, allows time and commitment to pilot developmental work. Local NHS organisations should encourage ambition and space for improvement that empowers individuals, without setting impossible tasks. They should foster a cohesive approach, highlight examples of what has already been achieved by different providers and aim to cooperate and collaborate. Organisations should celebrate and reward good practice to support the culture of a learning organisation.

Clinical Commissioning Groups (CCGs)

24. The RCGP launched the RCGP Centre for Commissioning in late 2010 in response to the government’s healthcare reforms. The reforms put GPs at the heart of healthcare commissioning and gave clinicians greater control over resources – enabling them to respond better to the healthcare needs of local communities.

25. It is important that CCGs, like providers, are given some flexibility to innovate with the kinds of support highlighted elsewhere in this response whilst operating in a national framework for provision. They should use and be provided with evidence of what works and what does not from local and national levels.

26. Like provider organisations CCGs should work within a culture that enables innovative practice and celebrates, encourages, promotes and resources innovation locally. They should support local development and roll out across the commissioning group, identify and share areas of new evidenced based and innovative practice. Appropriate incentives need to be put in place to ensure that CCGs perform these functions.

27. The RCGP Centre for Commissioning aims to equip GPs with the skills, competencies and expertise required to deliver effective healthcare commissioning which ensures patient-focused and high quality healthcare, leading to improved health outcomes. The Centre is developing best practice to share with CCGs, setting standards, providing advice and support and supporting the delivery of training.

**RCGP Primary Care Federations model**

28. RCGP Primary Care Federations provides a flexible model for GP practices to work together and benefit from shared functions (such as education and administration) and provide improved services for patients. The model allows for local learning across GP practices within the Federation and frees time for innovative practice to be adopted and spread. The RCGP has recently developed toolkit to support existing GP Federations and those planning to set up.\(^\text{15}\)

**Local Learning Networks**

29. Local learning networks are a good way of spreading new ideas at that level. Local ‘champions’ with a strong profile can help facilitate the delivery of national initiatives by engaging locally with key stakeholders and healthcare professionals.

30. Learning Sets can provide a forum for clinical and management professionals to learn together. For example, Ashridge and the NHS Institute for Innovation and Improvement in 2006 set up a programme with Action Learning Sets and created a Learning Community within the NHS.

31. Roll out and mainstreaming of resources and toolkits developed elsewhere can be supported by local engagement activities such as workshops.

**Actions by NHS partners**

*What specific actions can others such as industry, academia, patient groups, or local authorities, could take to accelerate adoption of innovations?*

RCPG activity to support the spread of innovation

32. The RCPG continues to deliver a range of activities and projects that support the different stages of innovation across General Practice and Primary Care. We have summarised some examples of these below. We welcome requests for further information or ideas for enhancement and collaboration with others on these.

RCPG Clinical and Innovation and Research Centre (CIRC)

33. The RCPG agreed to establish clinical priority programme in 2007 to champion “lower profile” clinical areas\(^\text{16}\). The rolling programme identifies four areas each year with a three-year programme of work being led by a clinical champion. The overarching aims of the programme are:

- To pro-actively raise the profile and awareness of the clinical priority area among general practitioners, the wider primary health care community and, where possible, patient-related organisations and groups.
- To spearhead collaborative and partnership working with both internal and external stakeholders.
- To systematically shape and influence the development and delivery of a three-year clinical programme of work within the College.
- Actively engage with stakeholder groups.
- Act as a representative for the College on relevant clinical issues both internally and externally e.g. Department of Health.

34. CIRC is also looking to develop expertise in specific research areas and promoting them within General Practice. A key methodology used is the development of Academic fellowships in General Practice. CIRC have collaborated with Diabetes UK to establish a 2-year academic fellowship to support young GPs early in their career to encourage an academic career in research and development.

35. CIRC are keen to support clinical audit in the setting of primary care. In particular to support GP appraisal when clinical audit work is being discussed. For the purpose of revalidation the RCPG Guide to the Revalidation of General Practitioners highlights

the importance of clinical audit and the need for GPs to do two full cycle audits over
the 5-year revalidation period. CIRC currently provide a peer feedback model for
clinical audit which follows the continuing professional development programme
provided by NHS Education for Scotland.

RCGP Professional Development and Standards Activities

36. The RCGP has developed a range of tools for Revalidation including an innovative
electronic portfolio which can be used by all GPs to collect their appraisal and
revalidation evidence whatever their circumstances - this is backed up by the
Revalidation Guide and other website information to support revalidation.

37. The RCGP provides Essential Knowledge Updates and Knowledge Challenge
programme which is available to all GPs to ensure that they can keep up to date on
all essential new and changing knowledge relevant to them, there is a voluntary
accompanying assessment

38. The RCGP has developed an Online Learning Environment to which we
continually add new programmes and strive to adopt innovative styles, covering a
range of areas from record keeping, commissioning, practitioner health, harm
reduction, sexual health, improving access to psychological therapies, autism etc

39. The development and roll out of the Practice Accreditation Scheme which is
designed to ensure that there is provision for all practices to improve their quality of
care and safety through a programme of evidence based organisational criteria and
which will also support them in Care Quality Commission registration.

Academia

40. Academic organisations should provide rapid a service to allow access to evidence
for providers, planners and policy makers. They should be responsive to local
clinicians who need to know what has been done, when and how in relation to new
practice.

41. Academic organisations should share emerging innovations at an early stage and
support joint working and collaboration with health providers on projects. They have a
strong role to play in testing new technologies and other emerging innovations where appropriate e.g. telemedicine for rural areas.

**Patient Groups**

42. Local and national patient groups provide a good network to share experiences of innovative practice, exposure to good and not so good practice and identify where they see the gaps. Providers, planners and policy makers can usefully learn from these and adapt services and implement innovations based on this to offer a more user focused perspective. The RCGP has its own group, the Patient Partnership Group, which supports and advises the College in the range of its work from a patient perspective.

43. Groups such as the National Association for Patient Participation (NAPP), National Voices and others should be actively engaged to both develop and accelerate adoption of innovations.

Yours sincerely

Professor Amanda Howe

Honorary Secretary of Council