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

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?

I have addressed this in two aspects. Learning in the context of adoption and spread of health innovation and secondly, learning in the context of positioning innovation relative to leadership, education research and other aspects of health care delivery.

The survey’s opening statement that “The NHS can learn much from other sectors and from other countries,” in the context of health innovation, is conjecture. The statement is out of line with the findings of the NIHR’s funded research, “How to Spread Good Ideas” (Report for the National Co-ordinating Centre for NHS Service Delivery and Organisation R & D (NCCSDO) April 2004). A recommendation of this comprehensive review warns against the pursuit of a “magic bullet” or “quick fix”;

“...In Section 11.1 we discuss the complex and multifaceted nature of “spread” and “sustainability” in relation to innovations in health service delivery and organisation, and warn against an over-simplistic, deterministic interpretation of the available evidence.”

This work also raises a seemingly self defeating paradox. It highlights that “evidence” shows that no absolute value should be attached to evidence gained through research.

“...In relation to evidence-based medicine, for example, there is a well-recognised difference between objective advantage (the research evidence as evaluated by experts) and perceived advantage in the eyes of practitioners.”
This aspect complements the findings of “Evidence-Based Medicine and the Implementation Gap. Sue Dopson et al (2003 Sage). This research specifically highlights the challenges of taking evidence into practice faced by the Cochrane Library and presumably the modern day equivalents such as NHS Evidence.

In the context of health innovation (adoption and spread) there is evidence that we do not have a lot to learn from other sectors, national or international and we should be cautious of depending on 'evidence' as a solution to a complex challenge. We can however apply greater learning from what has already been discovered.

If we take innovation in the context of organisational positioning, then we may observe how different sectors and organisations within them describe their approach to innovation. Very few organisations express this in a comprehensive way that places innovation in context and in conjunction with leadership, initiative, education, research, other attributes and functions. An example of where this has been expressed is Army Doctrine Operations: MOD (2010). This is not an obvious place for those in health to look to for learning. However there are sections particularly with regard to innovation that may resonate well with clinicians and the staff privileged to lead them.

Innovation. The ability to innovate equips a leader for the Manoeuvrist Approach, which is explained in Chapter 5. Imaginative ideas, often reflected in imaginative training, develop collective performance and engender a spirit of individual and collective enterprise. The most successful leaders restlessly innovate and sell innovation to their teams. They also know when to leave matters as they are, in order to maintain continuity, consolidate on excellence, or to relieve the pressures of continual change.

Innovation depends on research, experimentation and operational analysis, as well as having sufficient organisational freedoms and confident people. Innovation is particularly important to military forces that are usually required to achieve more than the available resources appear to permit. An important part of maintaining doctrine’s relevance to education and innovation is to capture lessons at all levels of warfare and exploit them quickly, in the case of practices and procedures, and in a more considered way for philosophy and principles.

There is clearly an opportunity to look to other organisations on how to position innovation. Previous DH policy has promoted innovation in isolation and has not set innovation in context.

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?
I would recommend three specific actions at national level.

1. The development of a policy or doctrine that sets "innovation" in context alongside leadership, research, education etc. and our values in a way that enables promulgation.

2. Supporting the development of sub-national multi-sector partnerships (health, academia, industry and charities) to promote cross sector working and knowledge and skills transfer. A vehicle for developing these partnerships could be through Small Business Research Initiatives or similar activities. Clearly articulated health challenges promoted through competitions such as the SBRI with the Technology Strategy Board could be run sub-nationally with the national bodies taking responsibility for promoting developments rising from them.

3. Improving cohesion between bodies such as NTAC, ILSDB, NHS Institute and others. Clarification of all organisations operating in the innovation landscape, their roles and co-ordination of their activities under the NHS Commissioning Board may assist in promoting consistent messages and alignment of limited resources for maximum benefit.

The creation of sub-national groups with opportunities to work on challenges such as those offered by Small Business Research Initiatives would provide some opportunity for ongoing development of cross sector groups at all levels.

Universities providing health related courses provide opportunities for research to be undertaken on areas that reflect challenges and priorities within their local health sector. A proportion of research projects could be directed towards these local priorities and in doing so help develop better links between academia and health.

Combined with actions at national and local level, there should be significant improvement in cross sector working at all levels.

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?

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?

A key factor in delivering innovation at scale (and pace) is networks, formal and informal. Further development of existing and new multidisciplinary networks representing the complete patient pathway including commissioners and providers should be encouraged if not mandated. These networks should agree priorities for improvement.

Each county cluster or next nearest equivalent should undertake innovation promotion events to support the culture change necessary to embed innovation as a “way of being”. Funding to support innovation promotion should be top-sliced, invested and promotional activities. These activities and their impact should be reported at all levels.