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

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<th>Respondent ID: 273</th>
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<td>Organisation name: West Midlands South HIEC</td>
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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?

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?

Commission services informed by evidence-based practice, use financial incentives to focus Trust Boards on innovative practice, remove perverse incentives to change and support mechanisms for local dissemination and delivery.

The spread of innovation is dependant on local clinicians changing their practice and the they will only do this if firstly they are aware of and secondly believe in the innovation. Many innovations rely on all partners in the health system / clinical pathway changing their practice and therefore this type of change needs facilitating.

HIECs have shown that there is local enthusiasm to work collaboratively for the benefit of local populations. Collective investment in innovation is cheaper and more successful than replicating the same investment of skill, knowledge and expertise in an uncoordinated fashion across a multiplicity of organisations and contexts, with all the “friction” losses incurred in so doing. However, individual organisations must also make their own cultural and financial investment in adopting innovation.

Do you have any further comments about accelerating the adoption and spread of innovation in healthcare?

The need for system-wide collaboration to address the local health challenges within the context of financial austerity remains critical. The value-added that the HIEC brings is that it provides a forum for NHS, higher education and industry leaders to work in collaboration to deliver shared objectives focussed on enhancing the quality and efficiency of care locally. The lean-structure of HIEC is proving to be a cost effective mechanism of facilitating this activity, however in the absence of central funding from March 2012 it is unclear whether HIECs have a viable future.

Within a number of regions of England, HIECs are being retained within the new NHS architecture which is emerging.

Comments received in WM(S)HIEC Survey of partners Spring 2011:
The West Midlands South HIEC has sought to develop an inclusive partnership and brings together academic, technical and industry skills and experience that are vital in addressing a range of key problems in the health economy. The work streams have been specifically selected to align with delivery of QIPP priorities, including early intervention for mental health in the young and for dementia, better support for long term conditions in the community, and education to support improved detection and management of diabetes.

The HIEC has created an opportunity to work collaboratively across organisations that otherwise would have been difficult or impossible; this is of particular importance during the current NHS reorganisation when we must work more closely together to deliver value based care, managing severe financial pressures.

There is a good coordination of partners, offering expertise and access to each area of the project research, application, gatekeeping/access. This works well in practice and ensures each partner a) meets their own agenda and b) plays effectively and efficiently to strengths.

Our project has benefited considerably from the partnership working; it has drawn on the strengths of each partner (research, accessing users etc) and supported shared ownership of project outcomes. This has a greater potential for the intervention to be disseminated and supported more widely in practice.

We would like to be able to follow up interesting comments and case studies. Can we contact you for this purpose?

Do you want to be kept in touch with the next steps in this process?

Do you want to be included in a wider community of interest?

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?

HIEC programmes demonstrate a range of initiatives which have improved QUALITY and PRODUCTIVITY through well executed innovation programmes, helping to challenge the “risk averse” nature of public sector management. There is much more to be achieved through this local level engagement because local HIECs:

- work on the ground, flexibly and at speed but with “political” support from local boards
- manage risks to find out what actually works in practice settings
- integrate resources and exploit expertise from different sectors
- can work on very local demonstrators or cross Trust and LA boundaries, and can also collaborate together on regional programmes to drive change at the most effective level
- promote and sustain local change networks, supporting key clinicians and managers who own their own change programmes
- are inclusive, for example, of the small organisations, commercial interests, rural communities and the very “individual” ideas

In a very short time, HIECs have shown how to:

- Overcome blocks to innovation
- Keep working in a fast changing landscape, independently of organisational limitations
- Speed up adoption from “bench to bedside”
- Respond to financial pressures by promoting high quality solutions with reduced costs
West Midlands South HIEC comprises seven NHS organisations, two commercial organisations, one charitable organisation and two universities. All public sector partners formally signed a Partnership Agreement in 2010 and work is at an advanced stage on implementing a similar Partnership Agreement, in line with ABPI guidance for the Private and Third Sector partners.

West Midlands South HIEC have identified the following goals for delivery during the period 2010/12.

GOAL ONE: Identify and expand the use of proven e-health and e-selfcare technologies at scale to enable the delivery of integrated care across traditional boundaries, in support of the local health priorities.

GOAL TWO: Identify and develop interventions to tackle the human factors of change across the workforce, reduce clinical variation and address barriers to e-health/e-selfcare adoption.

GOAL THREE: To be a source of collective knowledge on the use of e-health and e-self care technologies, with expertise in tackling the human factors of change.

GOAL FOUR: To be recognised locally, nationally and internationally as leaders in facilitating system-wide change and the continuous development of practice and practitioners.

Investment in the Health Economy

To date WM(S) HIEC has invested £850k in 14 locally-lead innovation into practice projects, which are all due to complete by March 2012 at the latest. These projects were selected by the HIEC Board as priority areas for the health economy and with outcomes which are achievable by the SHA-set deadline of March 2012. They all aligned to either or both of our goals of expanding the use of e-health/e-selfcare technology and tackling the human factors needed to change behaviours and clinical practice.

Project Themes

Acute Care:
Implementation of a networked ambulatory emergency care framework

Cardiac Care
Implementation of an on-line cardiac rehabilitation programme for GP referral.

Dementia Care
Implementation of early intervention programme for patients with early diagnosed dementia
Implementation of web-based self management programme

Diabetes Care
Implementation of a healthcare portal for primary and secondary care staff, community pharmacist and patients
Improved management of high risk patients in primary care by GP-based teams

End of Life Care:
Implementation of Advanced Care Planning across Coventry and Warwickshire
Mental Health:
Introduction of a youth mental health service

Physical/Mental Health:
Implementation of intervention for COPD patients with co-morbidity anxiety and depression
Implementation of intervention for heart failure patients with co-morbidity anxiety and depression

Sexual Health:
Implementation of a Sex & Relationship Serious Game for patients and children
Implementation of a Sex & Relationship Serious Game for use in school.
Implementation of a Smart-phone APP for sexual health services

Stroke Care
Implementation of a primary care programme for stroke survivors to improve ongoing health and wellbeing

It should be noted that the relatively tight-time scale demanded by the SHA has limited the HIECs ability to systematically demonstrate system-wide change within this early work. Successful delivery of the current projects will however demonstrate proof of the HIEC concept and thus provide evidence HIECs should be retained beyond March 2012 as a mechanism to facilitate cross-organisational, system-wide working to support the dissemination of proven innovation into practice.