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

Respondent ID: 139

Organisation name: NHS Liverpool Community Health

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### Learning from elsewhere about adoption and spread

- **What can the NHS and NHS Commissioning Board learn from local, national and international best practice to accelerate the pace and scale of adoption of innovations in the NHS?**
  - Where best practice is adopted for acceleration of the pace of change, there should be a shared agreement on the definition, adoption and evaluation.
  - The process cannot be protracted and unwieldy
  - The process needs to be part of the ‘day job’
  - Guidance should be structured but allow for reasonable interpretation
  - The adoption of innovations should make sense to clinicians in all professional groups
  - Cross-pollination of approaches and ideas – workshops, action learning sets etc with industry – related and non-related
  - We need a better understanding of the processes for funding/prizes to support and reward innovation – how can these be shared/disseminated?
  - We need to know where we get support for the adoption or the translation of innovation into practice

### Actions at national level in 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?**
  - Adopt the approach used by AQUA in the North West whereby innovation is firmly rooted in quality improvement and they are very visible and supportive to both commissioners and providers
  - National bodies need to value innovation and ensure it can be seen as a thread though guidance and formal direction
  - National bodies should put the ‘I’ back into QIPP at a national level.
  - A better understanding is required of:
    1. the responsibilities of the SHA for promoting and supporting innovation
    2. where/how do national/local commissioners support innovation
  - Innovation can only be achieved if we enhance the evidence base informing decisions on the effectiveness and cost effectiveness of technologies and interventions in the NHS. This must be carried out with resources that are ‘fit for purpose’, so investment in web based technologies as the gateway to innovation must be a priority
  - Access to quality data to inform decision making is key to the assessment and implementation of new health technologies as is the expansion of HTA commissioned research. Innovation can only be encouraged by producing accessible evidence that change and innovation really works.
  - We would recommend the expansion of external research funded programmes (NIHR) of support, which for a modest investment could deliver large improvements in the quality and efficiency in healthcare (eg. GAPCARE trial with Oxford University that LCH is involved)
  - The NHS generally and less research literate NHS Trusts could benefit from a greater proportion of support for clinical research
• There is a big emphasis on capture of innovations through bids and funding – however, nationally more emphasis could be put on enabling the rapid adoption and spread of these ideas once they’re tested. What can we learn from clinical evidence based approaches? How can this be enabled and supported nationally?

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 and stimulate the successful and rapid adoption and spread of innovations throughout the NHS?

• Connect innovation locally to QIPP initiatives
• Simplify ways in which providers can engage with commissioners, outside the formal contracting process
• Encourage collaboration as well as competition
• Provide clarity about the spread of innovation to meet the needs of patients and populations- tailor commissioning to maximise outcomes.
• It is important that Liverpool Community Health (LCH) are supported to enable the infrastructures which encourage innovation to be implemented and sustained (e.g. Intellectual Property rights, copyright)
• LCH will need support in terms of ‘rebranding’ as an innovative organisation
• We see 4 core themes for innovation within LCH.
  1. Shifting patterns of care (e.g. telehealth, moving acute services into primary care)
  2. Rethinking how we use technology and physical infrastructures (how buildings are used and constructed, reducing acquired infections etc)
  3. Developing new organisational models (service redesigns, the transfer of new models into LCH; why and how that is done)
  4. Producing accessible evidence that change works! (the tools we use, the transfer of the knowledge, the people and the infrastructures)
• We’d suggest that the exploitation of intellectual property could incentivise staff to generate and develop ideas as well as improving knowledge transfer. External support and investment would be welcomed
• The diffusion of organisational innovation can be accelerated by strategic and front line change management skills with the support of change agents, cross organisational working models, shadowing innovative practice and secondments which will result in the development of a common language, the fertilisation of ideas and shared innovation with external partners (eg. Joint funded posts between academia, industry and the NHS) This could also be complimented with the employment of ‘Knowledge Transfer Ambassadors’ to disseminate the findings of both local and national innovation!
• Locally, it can feel that commissioning emphasis (particularly when tendering) is prescriptive about how services should be delivered. Specifications can tend towards the very detailed rather than allowing the flexibility for providers to develop innovative approaches

Actions by NHS partners
• What specific actions do you believe others, such as industry, academia, patient groups or local authorities, could take to accelerate adoption and spread, and what might encourage them to do so?

• Patient groups can support the dissemination and spread of innovation in a similar way to approaches used for innovation in drug therapies. Where to body of opinion on good practice is over whelming they should use their voice
to support the good practice. Similarly they played an important part in the reduction of HCAI by sending messages to the public about challenging professionals and their behaviours and actions.

- How should we be using charities and the private sector (e.g. FE collages) to collaborate with innovation (mentoring, shadowing, joint projects etc.)?
- Some support to liaise with industry is provided through contracting with Innovation Hubs like TrusTECH in North West. However providers could also gain from some sort of directory/list of those private sector companies who are keen to work with NHS. Greater innovative opportunities may be found through establishing our own partnerships; we are free to do this, but it would be helpful to get guidance on who to begin with.

Dani Wilkinson, Business Transformation Manager
Alison Shaw, Deputy Director of Nursing
Dr Carolyn Lees, Research & Development/Non-Medical Prescribing Lead