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

Respondent ID: 90

Organisation name: Greater Manchester Health Innovation and Education Cluster

Type of response: Document
1.1 We are signatory to the joint response made by the National Group of HIECs, and therefore do not wish to repeat the comments already made. Rather, in this paper, we provide more specific and additional observations and suggestions.

1.2 Since our establishment we have worked hard to ensure that we complement the work being done by the range of agencies/initiatives in Greater Manchester and ‘Add Value’; we have avoided competition or duplication.

1.3 Our starting assumption was that the biggest challenge facing the NHS is the need to modernise the workforce and help them to cope with the massive transformation in the face of financial situation. And having looked at what else was happening in GM, we decided to focus our efforts and the limited funds on modernising the workforce. This principle is reflected in the mission of GM HIEC: “Developing the workforce to deliver health and social care reform”.

1.4 To achieve this, the GM HIEC engages with several stakeholders who are vital to the success of the current reforms including: the 4 Universities in Greater Manchester, local clinical and non-clinical networks, all Trusts in Greater Manchester, Greater Manchester local authorities, MAHSC, CLAHRC, NHS Innovations North West. Through these stakeholders the HIEC is determining the best way of doing more for less within health and social care system with an emphasis on the speed at which this can be achieved.

1.5 The HIEC has commissioned nine projects which are creating programmes to assist with our mission and supporting diffusion and adoption of innovations – further details can be obtained from www.gmhiec.co.uk. Already, training in dementia for the workforce of a general hospital has been delivered, with a waiting list for additional participants.

1.6 We believe that the GM HIEC is a unique organisation in that it brings together education, service and patient representatives to identify strategies for early adoption of innovations together with means of measuring the impact in practice and cost savings.

1.7 There will continue to be a need for such a mechanism and overall we feel that GM HIEC can:

- bring together diverse partners to work towards the transformation of health and social care system
- be a ‘critical’ friend to those involved in education, training and service development
- be the delivery arm for the network
1.7 We fully appreciate that all HIECs are context specific, and the above reflects the Greater Manchester landscape; we therefore wish to reinforce the message in the national response and that is to protect these functions and use HIECs to deliver the necessary innovations envisioned in your review.

1.8 In terms of the questions in the consultation document, here are some specific examples based on our work in GM. We are also working closely with the other two HIECs in northwest England and holding a joint conference on 13/14 Oct which will showcase the work being done in the region- further details are available on http://www.hiecsnorthwest.org.uk

| Aligning system incentives to support and encourage innovation | GM HIEC is now firmly part of the GM health system, and is working closely with various clinical networks to promote innovation. This is particularly so with both the cancer and stroke networks who are key partners in two of our projects. Our public health project which focuses on creating healthy workforce by preventing avoidable health problems resonated with the Commission for the New Economy who then matched the funds being provided by GM HIEC. |
| Create expectations for improvement from change | GM HIEC has worked closely with the Patients Council from the beginning and this has helped to create demand for change and raise expectations. Similarly, we are creating expectations amongst professionals- our mandatory training project which looks at the training requirements placed on junior doctors which often duplicate work and is highly inefficient is one such example. |
| Reward good practice | The work being done by the mental health team has been rewarded by further funding to support diffusion and adoption in additional organisations. We are also identifying innovations that have successfully been adopted to develop models of efficient and effective ways of putting innovations into practice. |
| Experiment | There is much to be gained by linking workforce training with research, and by investing in staff who are not always seen as 'important' in the NHS. We therefore wanted to experiment with the role of biomedical scientists and have supported a joint project with the Manchester Academic Health Sciences Centre. |
| Take a long term view | The Global Health project takes a longer term of the NHS whereby we plan to create a two way mechanism for innovation between the developing countries and England. We are extending the existing links in Gulu, Uganda and India and developing new ones in Ethiopia. |
| Ensure staff and patients are behind new ideas and | All of our funded projects were developed by staff using existing mechanisms; in the first round we gave funds to start new and innovative projects and in the second round invited |
1.9 Many of the challenges to successful innovation implementation have been tackled by the GM HIEC. We have been able to share risks and increase benefits through local collaborations across sectors; national start-up funding has been critical to this success. We believe that the platform created by GM, and all HIECS generally, provides a solid foundation for further innovation in the NHS, and hope that the functions, if not the organisation themselves, of the HIECs will be preserved in any future organisational arrangements around workforce development and innovation.

Further information from Sue Powell, Chief Operating Officer (sue.powell@mmu.ac.uk) and Rajan Madhok, Chair, GM HIEC (rajan.madhok@btinternet.com)

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