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

Respondent ID: 264

Organisation name: NIHR Medicines for Children Research Network

Type of response: Online
**Respondent ID:**

264

**Your name (completed by):**

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**Organisation name:**

NIHR Medicines for Children Research Network

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

Other

**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?**

â€” The coordinated approach to clinical research that has been achieved by the NIHR â€“ linkages across networks, research facilities, funding strands etc, national database of clinical research, streamlining of processes etc is proving to be highly effective. Could the same approach be applied to develop and coordinate innovations within the NHS â€“ could the numerous NHS innovation initiatives that have been introduced in recent years be better linked and communicated? Should NHS innovations be brought within NIHR?

â€” The approach to health-related research provided by the NIHR Topic-specific Research Networks includes the identification and systematic prioritisation of key research questions, coordinated development of research protocols and funding proposals, delivery of funded projects and dissemination of findings, and is a model that could be applied to other areas of NHS innovation.

â€” The meaningful involvement of children, young people and families in the development and delivery of MCRN studies is a successful model which should be used in relation to other innovations within the NHS. Early involvement of patients and the public can impact considerably on the development and update of new innovations.

â€” The British National Formulary for Children, which is linked closely to NHS Evidence/NICE, provides a key example of implementation of best research evidence into appropriate treatments for children.

**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?**
Accessing the NIHR Portfolio to increase awareness of what trials are in progress and when they are likely to complete/report.

Improved coordination of NHS innovation initiatives, with increased involvement of patients and carers.
Wider dissemination of innovation initiatives and outputs, including to patients and patient groups.
Development of more seamless processes to ensure adequate interface between networks and implementation bodies (for example NICE)

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

How will the dissolution of the SHAs impact on innovation initiatives in the NHS—where will the legal duty to promote and encourage innovation, previously the responsibility of SHAs, now lie?
Department of Health host further Healthcare Innovation Expo Events—link in with NIHR CRN/TCRNs more effectively than for previous events?

**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?**
Closely linkages with (C)LRN to support the evaluation and dissemination of new innovations, and to reach clinical staff within local NHS organisations.

Accessing the NIHR Portfolio to increase awareness of what trials are in progress and when they are likely to complete/report.

Improve the Monitoring and Support for new therapies in the early phase 4 stage. The UK is known around the world to be a late adopter of medical innovation, and while this is a laudable reflection of the evidence-led approach of the NHS, it is a culture that slows adoption of worthwhile new treatments. NHS staff are more likely to adopt if innovation is presented within a structure, such as a set of guidelines established by NICE or a professional body, and if the new treatment is subject to ongoing and transparent phase 4 evaluation. While many aspects of this system work well, there is a need to make phase 4 surveillance easier and more effective.

Example: The introduction of therapeutic hypothermia to reduce brain damage after birth asphyxia provides an example of both the good and the bad aspects of the current situation. Rollout of this treatment was significantly aided by an ongoing registry of treatments which both spread expertise and good practice and allowed phase 4 surveillance (which has now detected significant adverse effects not seen in the phase 3 trials). Without the registry roll-out would have been significantly slower and less efficient. However the modest amount of funding needed for the registry has been very difficult to secure. Most major funding bodies have seen the registry as outside their remit; a number of different temporary sources have been needed, and indeed the funding is now in doubt. The example of therapeutic hypothermia suggests that providing a budget to facilitate and monitor roll out would be an effective way of speeding the implementation of innovations.