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

Respondent ID: 165

Organisation name: West Midlands Central Health Innovation & Education Cluster

Type of response: Document
From the West Midlands Central Health Innovation & Education Cluster (WMC HIEC)

RESPONSE TO NHS CHIEF EXECUTIVE INNOVATION REVIEW

Dear Sir Ian,

I am writing in response to your consultation on behalf of our West Midlands Central HIEC partnership which incorporates a large number of partners including NHS, PCTs, Acute NHS Trusts, 5 Universities, industrial, commercial and 3rd sector organisations covering Birmingham and the Black Country, Worcestershire and Herefordshire.

We have participated in the development of the national response from the HIEC network established in England which demonstrates how HIECs have been working to actively address innovation challenges locally, particularly in the difficult areas of ‘adoption and spread’

In response to the specific questions you have asked in the Review, we offer the following information and examples based on our local experience:

1. Learning from elsewhere about adoption and spread

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? Please include relevant examples, published papers or other evidence you have found useful.

Published evidence is rarely used by the NHS and commissioners to plan improvements to care pathways. In the West Midlands Central HIEC we are using an integrated approach with the aim of improving the uptake of home therapies in patients who need haemodialysis. Although NICE guidelines recommend that all patients on haemodialysis should be offered the choice between home haemodialysis or traditional health setting treatment unless there are clear contraindications, the uptake in individual renal units is variable. Large scale service change is required and the role of the WMC HIEC is to promote service change by identifying and overcoming the barriers to implementing home therapies.

The West Midlands has a number of providers involved in simulation as an educational method. The WMC HIEC has brought these providers together to implement the learning from international collaborators. The overall aim of the WMC HIEC simulation theme is to develop simulation as an educational method for training the West Midlands workforce and improve patient safety. More specifically this theme will:

1. Use the HIEC partnership to build on existing work which has identified the landscape of simulation across the West Midlands.
2. Develop accreditation and quality assurance for training where simulation is used
3. Facilitate collaboration between local and specialist simulation centres.
4. Lead on the development of multi-professional learning, patient and carer learning, team learning and testing of new devices
5. Identify cost benefits of using simulation for relevant training of the workforce and patients and carers in moving care closer to home
6. Facilitate the development of expertise of simulation providers.

One of the barriers to innovation is lack of evidence; therefore we are trying to provide evidence through the use of simulation. This is in order to remove barriers to innovation showing evidence and cost effectiveness. For example:

- We are conducting a Randomised Controlled Trial together with the Royal Orthopaedic Hospital in Birmingham to evaluate the impact of using simulated patients to teach medical students how to carry out musculoskeletal examinations on patients. This study builds on our track record in evaluating simulation training by means of Randomised Controlled Trials. For example, we recently conducted an RCT where the outcome was not a laboratory measurement of performance, but rather performance assessed blindly in actual clinical practice.
- We are investigating various ways in which new technology might assist simulation training of patients and carers in self-management of home dialysis, for example by self-venepuncture. We have had meetings with UK HAPTICS Ltd to develop virtual reality solutions for practice based learning and skills rehearsal in medical and clinical training situations using 3D virtual environments to create life like simulations.

2. 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?

National bodies need to encourage a partnership approach to meeting local needs. The WMC HIEC has provided for the first time a partnership between Academic institutions, primary and secondary care NHS trusts, Patient groups, NHS Commissioners, Speciality NHS personnel and local authorities to exchange knowledge, develop solutions and evaluate the outcomes in a focussed way.

3. Actions at a 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?

The WMC HIEC is supporting the West Midlands Specialist Commissioning Team which has a 5 year plan to improve the uptake of home therapies in the West Midlands. They are providing financial incentives to regional renal units to implement this service change. The WMC HIEC is in the process of identifying further barriers including:

1. The need for housing adaption – the WMC HIEC is working with industrial partners to identify technical advances which may mitigate this barrier. Our industry and technical innovation team are working on economic modelling of home haemodialysis. They have met with home haemodialysis manufacturers to share experiences of portable instruments and to help provide national and international perspectives.

2. Knowledge and attitudes of patients and carers – the WMC HIEC is identifying current education provision and learning methods to inform the development of new training using different methods where appropriate (e.g. simulation, video packages for patients and carers considering home dialysis).

3. Fear of technical skills required by patients – the WMC HIEC is working with industrial partners to develop a simulated fistula for training. We are also conducting a novel research study to investigate the role of simulation in helping patients to learn the techniques of self-cannulation which is necessary for home haemodialysis.

4. Knowledge of renal centre staff – the WMC HIEC will identify a toolkit of ‘best practice’ to encourage the use of home therapies with patients and their carers.

5. Increase the knowledge and education of community nurses and GPs – the WMC HIEC will identify educational needs of staff supporting patients and carers in the community.

The knowledge gained from these activities will inform the West Midlands NHS Specialist Commissioner’s Service Improvement Plan for adoption by all Regional renal centres next year.

The process of service change will be evaluated in a separate strand of research work. This work will track the implementation of this large scale service change by means of case studies in three exemplar centres. The research will consist of direct observations and interviews with patients and staff in hospital and community settings.

**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?

The WMC HIEC has an ‘Industry and technical innovation’ theme which is supported by Medilink WM. This partnership has allowed the NHS and academia to learn about technical advances and opportunities in home haemodialysis and to promote innovations in care and education in response to staff and patient’s needs. It has also been able to identify new educational solutions for the simulation theme (e.g. a UK based vtraining video and a new simulated a/v fistula for teaching patients and carers to obtain blood samples).

The WMC HIEC is engaging with past and present patient and carer groups to listen to their experiences of their choice to participate or not in home therapies. These
lessons will be fed back to NHS Renal units and NHS Specialist commissioners to improve future provision at all points in the patient journey.

The WMC HIEC has engaged with a number of academic institutions and has mapped current educational provision for both renal health professionals and patients and carers. The findings from this exercise will be used to develop new educational materials to support all involved in the transition between the hospital and the home.

The WMC HIEC simulation theme partners have agreed a draft set of documentation for the accreditation of clinical skills centres; this is being reviewed by members of skills centres across the West Midlands. A working group has been set up to develop accreditation for simulation providers which will bring experts together from around the country who are interested in accreditation and simulation with the aim of piloting a template by the end of 2011. This template will be multi-professional and is a way to set standards collaboratively to help ensure that simulation standards in clinical skills centres across the country are the same.

Yours sincerely,

Professor Richard Lilford
Director, West Midlands Central HIEC