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

Respondent ID: 276

Organisation name: HIEC South West

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276

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

There is growing evidence and experience that well designed interventions can be used to accelerate spread and adoption:

1) For example, IHI and NHSI products are being used to spread interventions where the evidence and goal are reasonably clear. Interestingly, in multiple settings I have observed teams using exactly the same language and approach to safety and productive products. Contributing to and supporting the small number of organisations capable of working at this level provides the prospect of establishing international standards of care.

Collaboratives work best where there is an element of competition, where the goal and method are clear and where sufficient design effort has been applied to the intervention. The ability to locally tailor solutions can help but must be done in a disciplined way. The Large Scale Change methodology developed by NHSI is particularly relevant here.

2) Outside health the sector is viewed as being overly focussed on product/technology innovation and changing direction too often to allow proper learning and mastery of any particular innovation. Doblin inc (www.doblin.com), a Chicago based innovation house, provide a very useful innovation framework of 4 themes and 10 categories. Experience suggests a disruptive innovation must include at least 4 and ideally 6 categories to be successful.

3) There is growing evidence that supporting the best to improve can drive whole system gains. The Horizon Centre at Torbay Hospital incorporates lessons from IDEO, Kaiser Permanente’s Garfield Centre, Mayo Innovation Centre and CapGemini’s Accelerated Solutions space together with ideas from Olympic sailing. The ability to bring teams together and coach them can achieve very rapid improvement (for example within 3 months of simulating the #NOF pathway in the Horizon Centre the team were able to reduce length of stay to best in region performance). However, there is no system for rapidly capturing this experience and industrialising adoption yet in existence.

4) Recognizing this problem HIEC(SW) has started to develop a collaborative environment for spread. We are working with Element 8 who have developed a platform that supports
open innovation, collaboration and project management. We are in discussion with NHSI to
test whether this type of platform can systematically support rapid spread and adoption as part of a range of approaches.

5) Encourage learning from other sectors. I have previously worked with the Sg2 Design Forum and gained considerably from experiencing how other industries tackle problems.

*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?*

In my experience the most effective national interventions are:

1) Establishing a clear vision and rationale for the future that enables local organisations to act.

2) Providing targeted competitions that stretch the boundaries of current performance. This was done to great effect in the early phases of the NHS modernisation plan. BUT there was no effective after action review meaning that further lessons were not captured and adopted. Future programmes should consider incorporating at least 2 or 3 cycles of improvement at the design stage to achieve maximum impact.

3) It is increasingly likely that significant innovation in business models will be required to address the current demographic and economic challenges. This requires changes in the health ecosystem. Competitions designed to bring relevant parties together e.g DALLAS being run by the TSB should be encouraged.

4) More work to systematically assess the potential of invention/early adoption to excite the health market (both health providers and suppliers) should be encouraged. This could build on the experience from AHSC/HIEC/CLARHC and Research Council processes and might be effectively disseminated using TED or meetings similar to the Mayo Transform process. Too often, where this information is known it is retained in specialist silos limiting the prospects for radical and disruptive innovation.

5) Establishing a framework that describes the 'efficient frontier' of performance for particular patient group or pathways would be useful. This would enable rapid identification of interesting innovations and enable adoption and diffusion to be managed at a national scale where the size of the opportunity merits this level of intervention. Using emerging collaboration tools this need not be expensive or bureaucratic and might avoid large gaps in performance persisting over long periods of time.

6) Work is required to set tariff in such a way that innovation and adoption are rewarded. As providers are increasingly FT/Social Enterprise/Private there are greater opportunities for co-investment and risk sharing than existed in the early stages of setting tariff.

7) Alongside the national register of clinical trials, a register of innovation should be established. This could be done using collaborative tools such as Element 8 xpoint, Doc Com or a bespoke system. When national targets are adopted there should be sufficient lead time to enable proper design of spread and diffusion strategies. This would help to avoid the continual reinvention of, for example, the COPD pathway based on local whim rather than established evidence and clear goals for further innovation and improvement.

Experience of establishing and running a HIEC for a year has demonstrated the importance of having the capacity to understand and connect individuals and groups from other sectors. Experience to date has demonstrated that it is possible to add significant value by connecting people with interesting questions or ideas. Current headline examples include (disguised to maintain commercial confidentiality):

1) A number of trusts identifying clinical decision making as an important field have been connected with start ups investing in novel approaches,a company with an interesting service delivery model and GP practices involved in schemes funded through RIF.

2) Several organisations wanted to develop thinking on simulation. Work in multiple HIEC's
has been linked and connections to the development of an e-learning platform have been made.

3) A network has been established to support the development of integrated citizen care. This is bringing together multiple partners and the knowledge generated supported a number of successful applications to DALLAS.

4) It is very difficult for start-ups to enter the market. NHS organisations and academia should be rewarded for testing and (where effective) adopting new solutions. In particular, each sector needs to ensure access to a 1 stop shop to encourage rapid testing and development.

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

I agree with the themes and key points made in the call for evidence.

We need to recognize and acknowledge the huge progress that has been made over the last decade. In my view we now have an internationally competitive health system. The types of innovation that got the NHS to this point are unlikely to be right for operating at the leading edge of global knowledge.

The most important themes in my view are:

1) Maximising the effectiveness of foresight activity
2) Engaging with financial markets to exploit inventions both in the UK and in the global market.
3) Creating a 'compete to collaborate' culture where the prizes and incentives are for getting the most benefit from an idea
4) Developing and maintaining an international perspective and setting or adopting international standards of excellence
5) Building capacity and capability across the sector, ideally involving partners in the process
6) Maximising free exchange of information and transparency to accelerate learning and demand for high quality services
7) Designing the innovation framework in such a way that there is no single point of failure and sufficient clarity between the organisations involved to maximise delivery and return on investment.

**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?**

The duty to collaborate places an important responsibility on all partners in the health system. Key issues from my experience are:
1) Adopting a philosophy of co-production (or learning and doing together)
2) Considering innovation, education and research as a continuum and integrating strategy and governance of each discipline to ensure opportunities for innovation are maximised.
3) Developing design and simulation skills in partnership with other organisations.
4) Generate opportunities for frontline teams to offer ideas and support testing and implementation
5) Developing innovation and investment skills in general and financial managers.