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

Respondent ID: 101

Organisation name: HIEC South London

Type of response: Letter
Dear Sir Ian,

I am writing on behalf of the more than 30 cluster members of the South London HIEC. I welcome the review, as innovation is critical to the NHS (and society in general) meeting the challenges that we face in keeping people well and providing high quality services in more financially challenged times.

The South London HIEC contributed to the national HIEC response and this response supports that by providing more local examples of innovation.

**General observations on innovation**

Innovation is not something that can be tacked onto an organisation or system – it must be embedded in the culture and ways of working. For this to happen innovation needs to be supplied (by research, service innovation etc), it needs to be demanded (by the public, patients and commissioners) and it needs to be supported (by system regulation and financial flows etc). If any one of these is missing then innovation may only happen in parts – usually the invention part happens but the adoption and spread are missing.

The South London HIEC has a voice in all of the aspects that support innovation, it has been particularly effective at drawing together a wide range of organisations and expertise including from the third sector to develop innovative improvements in patient management. The work of the South London HIEC has been arranged in health workstreams including Diabetes, Infection prevention and control, Mental health and Stroke. The workstreams are made up of members from our cluster organisations and include clinicians, academics and public sector staff. Together they have identified specific needs of the community and have worked to develop innovations that can be adopted and spread throughout a range of organisations and settings of work within south London.

Examples where the South London HIEC has demonstrated successes are the development of a number of e-learning packages aimed at those looking after patients with Diabetes; recognising depression in diabetics, and increasing uptake of eye screening in diabetes, also to empower patients to better self manage their diabetes through education. We have taken an e-learning approach so that those who may not have the time or finance to access a classroom based course have the opportunity to use these programmes to upskill. Each course is modular so that modules can be completed at the convenience of the user. In addition, to support health care professionals in new settings of care, a blended learning package including simulation and e-learning of acute scenarios has been produced for staff working in polysystems. The programme consists of training days in two simulation centres, followed by e-learning packages and then sessions in the local working environment.
Through the infection prevention and control workstream a new database is being developed to initially collate information on patients with bloodstream infections at St George's and St Thomas'. It will aid clinical management of patients with severe bacteraemia infections and will subsequently be used to collate data from patients across south London. To reduce inappropriate prescription of neuroleptics a checklist for GPs prescribing neuroleptics has been produced and further education and training programmes developed through the Mental Health workstream.

**Adoption and diffusion**

All of the HIEC workstreams are aimed at improving health outcomes to meet local/regional priorities. The HIEC has improved the pace and scale of adoption and diffusion of innovation evidenced by best practice. The stroke workstream has held a number of multidisciplinary educational and training events to support health care professionals in the new pathway of care and for new interventions to be taken up more widely and more rapidly, for example advanced thrombolysis.

To best support diffusion the South London HIEC has a communications and a relationship manager, who currently maintain a database of over 600 active participants. The South London HIEC bulletin is distributed monthly to more than 600 stakeholders and to the communications teams in the stakeholder organisations. NHS Alerts have been used to place news stories in between bulletins. Information is posted on the websites of St Georges, University of London and King’s Health Partners. In addition, the South London HIEC has hosted several stakeholder events focusing on diffusion of innovation and covering a wide range of health themed programmes.

**Involvement of Users**

The Alzheimer’s Society has been involved in the mental health workstream since its start and will continue to make important contributions, including bringing the patient perspective. Diabetes UK will facilitate further stakeholder engagement around the structured education workstream; this will build on the work of the Modernisation Initiative across Lambeth and Southwark. They are also helping to develop the education package to upskill Community Pharmacists to empower patients to better self manage.

**Learning from elsewhere**

It will be increasingly important to learn lessons from elsewhere as care becomes ever more integrated – organisations must take the best from each other not simply retreat to their own way of thinking. This is particularly challenging for large organisations who are successful in the current system, who may perceive themselves as having the most to lose from change, even though they know that change is inevitable.

Learning from across organisations within the South London HIEC and from other HIECs is already taking place. Recently the South London HIEC held a pan London HIEC event with over 200 attendees. This event provided an opportunity for diffusion of ideas beyond the South London HIEC to other areas of London and beyond. The three London HIECs meet on a regular basis, each have focused on particular health themes so there is no overlap and best use of resources, now we share best practice and lessons learnt so that innovations in one part of London can be more rapidly adopted and diffused across the whole of London.
To facilitate the spread of innovation and learning the South London HIEC have created a website and virtual learning environment using Moodle. It will ensure health care professionals across south London can interact with other HIEC colleagues and take advantage of all the e-learning materials the HIEC members have produced and all the other learning opportunities.

The South London HIEC acts as a mediator to bring organisations together, big and small. Events that bring together practitioners from across south London play a major part in the day to day work of the HIEC. Meetings are led by clinical academics with a focus on designing the HIEC work programmes provide an opportunity for sharing current practice and making connections beyond the focus of the theme. The HIEC has facilitated the development of nursing networks through the support of the Regional Innovation Fund to ensure sharing of good practice and lessons learnt.

The South London HIEC has particularly linked the research, education and service delivery agendas, for example building on the research demonstrating the significant side effects and low effectiveness of the long term use of antipsychotic medications and creating education packages to diffuse this information and develop new ways of treating and managing patients. This in turn will link to service delivery and positive outcomes for patients.

It is therefore critical that there is space for organisations like the South London HIEC to exist, and that they are allowed to take the form that works best for a particular geography.

**Action at a national level**

Clearly the centre has a role in funding research and so supporting innovation. As such, it will be important to make links to NIHR’s research strategy. However, the centre can also act to support the flow of innovation, and to support good ideas crowding out bad ones. This can be actively encouraged by supporting intermediaries such as the South London HIEC, and funding repositories of good practice, such as NICE.

But other actions by the centre can also passively support the adoption and diffusion of innovation (or act as barriers against it), such as financial incentives and regulations. The centre should ensure that all its actions support innovation within the system.

**Action at a local level in the NHS**

The South London HIEC is built upon a wide range of local NHS partners, demonstrating that there is a great deal of enthusiasm for spreading innovation across the local health economy. However, the challenge is to maintain this support in financially straightened times – innovation needs to be viewed as critical to success not a nice to have, and ideas of new ways of working viewed as opportunities not threats. The South London HIEC has importantly brought together many organisations and expertise to act as a platform to successfully lever monies to support the development of innovations; for example:

- Regional Innovation Fund applications
  - 3DfD – Three dimensions of care for people with diabetes
  - Dementia Training Centre
  - Communities of Practice – Nursing Networks
- Health Technology Assessment
  - A multi-centre randomised controlled trial comparing the effectiveness of enhanced motivational interviewing with usual care for reducing cardiovascular risk
The South London HIEC will continue to play a role here as a convenor but it cannot act alone. Requiring clinical commissioning groups to promote innovation is a blunt instrument given the complexity of innovation as a part of the local culture. However, it may be necessary to have this requirement at least in the short-term so that someone can “beat the drum” for the value of innovation – the HIEC could support this work.

**Action by partners**

As well as NHS organisations, the South London HIEC also contains members from a range of other sectors, again demonstrating the local appetite for innovation as well as the recognition of the need for partnership. As for local NHS organisations, there is a risk of innovation being seen as a luxury, or ideas from other organisations being seen as threats not opportunities. Therefore, we recommend that all local commissioning organisations (not just clinical commissioning groups) be asked to promote innovation. Exactly how they fulfil this should be left to local determination but in south London the HIEC is well positioned to support this.