Secrets of success: practical learning on how to spread innovation

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The innovation paradox ...

Prescribing statins

Clinical trials from early 1980s
FTA approval in 1987

Statin prescriptions and CVD deaths in England

Hand washing in hospitals

Lister’s first Lancet article, July 1867

NHS must renew hygiene efforts to tackle "unacceptable and avoidable" infection rates

Healthcare professionals should wash their hands before and after seeing every patient to help prevent the spread of infections such as MRSA and C difficile in the NHS.

"It is unacceptable that infection rates are still so high within the NHS. Infections are a costly and avoidable burden."
NICE, April 2014

The King's Fund — Ideas that change health care
Entrepreneurship is alive in the NHS

Kate Dale, Bradford Care Trust
Simple innovations with dramatic impact

- Florence telehealth application
- Physical health checks for SMI patients
- Chat Health messaging system
- Diagnosis and treatment of atrial fibrillation
- Emergency Department Checklists

The King's Fund
Common opportunities for improvement

<table>
<thead>
<tr>
<th>Opportunities for improvement</th>
<th>Examples</th>
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<tr>
<td>New technologies</td>
<td>Hand held diagnostics, scanners, mobile apps, web portals, IT systems</td>
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<td>Intervening earlier</td>
<td>Earlier identification of chronic conditions</td>
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<td>Changing staff roles</td>
<td>Making better use of GPs, nurses, hospital consultants</td>
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<td>Engaging patients in their care</td>
<td>Enabling patients to monitor and manage chronic conditions</td>
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<td>Meeting a different need</td>
<td>Taking a more holistic approach and addressing different underlying needs to traditional services</td>
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<td>Better access for vulnerable groups</td>
<td>Improving services for older people, adolescents, people with mental illness.</td>
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Money talks

Escape-Pain programme for chronic hip and knee pain
Money talks

£50m

£1.2bn

Annual spending on research and development in the NHS, including through the National Institute for Health Research, 2014-15.

Approximate annual spending to support adoption and spread of innovation in the NHS through the AHSNs, 2013 to 2018.
Adoption or adaptation?

- New technology
- Earlier diagnosis
- Increased patient volumes
- New staff roles
- Changes to pathways
- New services
- Further evaluation
- Sharing with others
Boots on the ground

• Senior, credible clinicians to convince colleagues of innovations

• Experienced project teams to help providers implement innovations

• Continued support to evaluate impact and share learning.

• Conference presentations, articles, toolkits in a supporting role
Top down or bottom up?
Supportive leaders and workplaces

Chat Health messaging system

- Senior leaders interested and engaged in innovation
- Headspace to make creative connections
- Active senior sponsorship of projects
- Central support for managing projects and measuring success

The Kings Fund - Ideas that change health care
Eating soup with a fork

- Applying the wrong evidential tests to service innovation
- Requiring a standard of proof that cannot be met in relation to service change
- Maintaining inadequate services until a gold standard of proof is supplied
A summary

• Entrepreneurship is alive and well.

• Simple low cost innovations are improving lives.

• But inadequate resourcing is holding things back.

• The NHS needs to put boots on the ground.

• Reverting to passive approaches risks failure.

• Top down directives are not the solution.

• We can accelerate spread by delegating to the frontline.

• But local leaders must be active champions of innovation.

• And we need a more mature perspective on the evidence.