The NHS is well equipped to adopt innovative technologies even in the current economic climate

Donal O’Donoghue
The NHS is well equipped to adopt innovative technologies even in the current economic climate?

Is the NHS good at innovation? No

Is it well equipped for innovation? Hmmm!

Does it need to be good at innovation? Yes
The NHS is well equipped to adopt innovative technologies even in the current economic climate?

Is the NHS good at innovation? In parts

Is it well equipped for innovation? Equipped but not organised

Does it need to be good at innovation? Absolutely
“Quality should be the only organising principle of the National Health System”
Habits of High Performing Health Organisations

1. High specificity and detailed planning
2. Design the microsystem
3. Measurement and oversight
4. Organisational self-study and learning
Operating System characteristics

1. Management and improvement teams – permanent and porous
2. Leadership Local clinical and management
3. Improvement methodology
4. Senior enablement – reconcile and resource distribution not command and control
5. Support team – bio-informatics, digital
6. Mechanisms for behavioural alignment – credo / values
Conditions for success

Two enablers common across all innovations

Access to a supportive skilled team linked to a national network

Patient involvement

The characteristics of NIA Fellows and their innovations
- Communication skills, non-sales approach and the ability to sustain relationships
- Innovations that were able to deliver results in one year
- Maturity of innovation before receiving NIA support
- Use of mentors

External factors
- The NIA brand’s ‘quality stamp’
- Building national partnerships
- Gaining champions and endorsement
- Demonstrating alignment with national and local agendas
- Financial incentives
Overcoming barriers

NHS financial environment

**Solutions:**
- Diversification strategy
- Cross-subsidise business through other revenue streams
- Further marketing at specific target audiences
- Reduce sales price

Identifying and involving patients

**Solutions:**
- Present digital solutions as one-of many-channels
- Engage via patient advocates and patient networks

Capacity and capability constraints

**Solutions:**
- ‘Land and expand’: engage individual clinicians in small pilots which address immediate needs, to spark appetite for wider scaling
- Bring in specialist IT support to address compatibility and information governance (IG) concerns

Navigating NHS commissioning

**Solutions:**
- Diversification strategy
- Focus on most promising activities
- Model benefits that are prioritised by commissioners
- Build data capture and analytics into your innovation
Prioritising innovation to the needs of GM
GM Digital Healthcare

Interoperability Hub
- Decision making for direct care delivery
- Enables automation of direct care
- Real-time/near real-time precision medicine
- Performance, regulation and payment evaluation
- Service planning

Innovation Hub
- Drives innovation through pipelines of curated data for secondary use
  - Enhanced insights generation
  - Trials feasibility
  - Cohort detection
  - Trials management
  - Ongoing evaluation
- Third party development

Systems of Engagement
Systems of Insights
Systems of Record
Infrastructure
INNOVATION EXAMPLE - GM COPD PROGRAMME

We need a radical shift in how COPD patients are managed and move from doctor-centric secondary care models to continuous community-based team support.

- Self management technology
- Holistic assessment
- Patient education
- Non-pharmacological interventions
- Social & Mental Health support
- Local resources & peer support groups
RESTORATION SHOP

MOTTO:
WE HAVE DONE SO MUCH
WITH SO LITTLE
FOR SO LONG
WE CAN NOW DO ANYTHING
WITH NOTHING