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SPECIAL REPORT

CARING ABOUT SHARING

INNOVATION
We all know the NHS is brimming with good ideas but how can they be spread? Experts at a recent *HSJ* webinar pondered the question – and debated 'hard' and 'soft' tactics to promote sharing of ideas. By Claire Read

Government support, engaged partners in industry, real pressure to make efficiency savings, and a continuing stream of good ideas: will there ever be a set of circumstances more conducive to innovation in the health service? Yet, according to the panel at a recent *HSJ* webinar, there are still barriers preventing a solution to the ultimate problem – how to guarantee that good practice reliably spreads both within and beyond an individual organisation.

HSJ and NHS North West brought together four experts to identify the challenges to innovation in the NHS. *HSJ* editor and event chair Alastair McLellan began by asking panellists to name the main barriers to innovation in the health service. What was striking, however, was that most prefaced their answers with an explanation as to what the problem definitively is not.

"It's not the actual generation [of innovative ideas]," argued Elaine Darbyshire, director of communications and corporate affairs at NHS North of England. "We're very lucky in the NHS; we have lots of very clever people doing very clever things.

"One of the things I do at NHS North of England is chair the North West Innovation Partnership Group and you get to see all the amazing innovations. We have almost an embarrassment of riches in terms of the very work that's being done out in the system. One of the joys of my working life is to work with some of the people I work with on innovation."

Ms Darbyshire's viewpoint was shared by Linda Magee, chief operating officer of Manchester Academic Health Science Centre. "There are lots of really good and clever people all thinking of new ideas," she said. "We're all aware of pockets of excellent activity and practice. Of course to make real change for patients we need to look at things across the patient care pathway so it's multiple organisations and multiple changes."

It was an answer that simultaneously highlighted the key strength and key weakness of innovation in the NHS. On the one hand, the service is blessed with individuals who are continually looking for better ways to do things. On the other, once they find a solution the chances are that their discovery will not spread to other departments within their own organisation, let alone to other similar providers.

For Ms Darbyshire, who joined the NHS four years ago from a media organisation, it is a significant way in which the health service is lagging behind private industry.

SEE THE DEBATE IN FULL
To watch the webinar visit **www.hsj.co.uk/hsj-tv** and select 'The challenges of transferring innovation and best practice'

'In the industry I worked in, innovations were actually stolen. And yet in the NHS we can't seem to give them away'

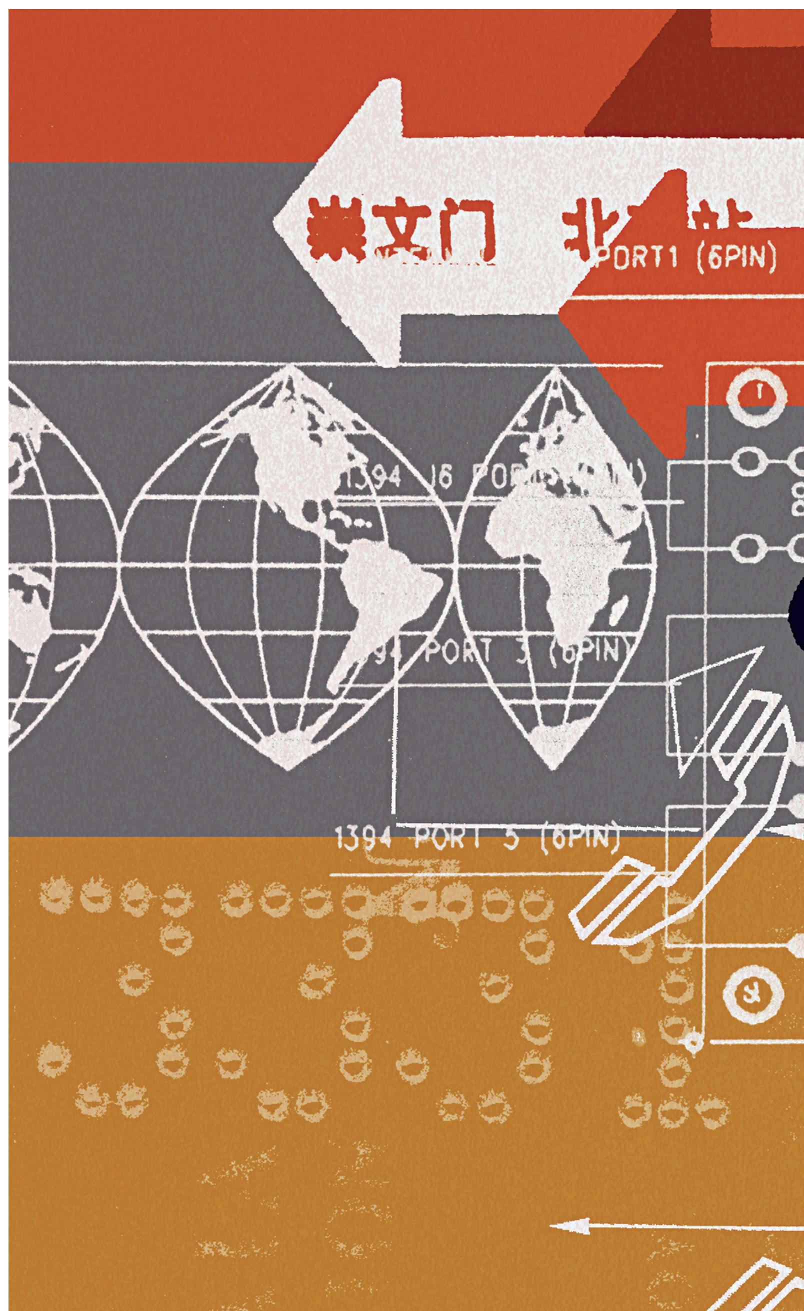
"In industry – certainly in the organisation I worked in – innovation was supported managerially, spread throughout the organisation and there was no question commercially that we wouldn't do that. And actually innovations were stolen, taken from you. And yet in the NHS we can't seem to give them away.

"I think it's to do with a mindset and the willingness of the organisations and the NHS to accept innovation," she continued. "The mindset issue really is about the NHS not necessarily being an holistic being. It is a group of individual organisations with their own cultures, their own way of doing things.

"[But] I think for me the fact that you have the big blue NHS

THE PANEL

Carol Blount NHS partnership director at the Association of the British Pharmaceutical Industry
Trevor Dale managing director and founder of Atrainability
Elaine Darbyshire director of communications and corporate affairs at NHS North of England
Dr Linda Magee chief operating officer of Manchester Academic Health Science Centre
Alastair McLellan editor of *HSJ* and event chair



thing over the door should mean that you are part of a wider system and it should be part of everybody's responsibility to give innovation to other organisations; to share best practice. We should be grabbing it out of people's hands, not having to force it on them."

For Trevor Dale – a former pilot and the founder and managing director of Atrainability, a firm that trains health staff on how human factors can affect patient safety – it is a situation that can be summed up in what he characterises as a cheap joke.

"How many psychologists does it take to change a lightbulb? One – but the lightbulb has got to want to change. You can't impose behaviour change on people without them buying in," he argued. "Perception is everything; how people react to innovation is down to perception. Does the innovator really mean it? Is it really a good idea? Is it taken seriously? Within the NHS what I see is there's a lot of: 'Oh, it's this week's latest fad.'

"[Real behaviour change] requires time, it requires patience, and it requires – dare I say it – investment. I think there's just a reluctance to really do the job properly and to really spread it on."

He cited the implementation of the World Health Organization's safer surgery checklist as an example of this failing. "Many trusts sent round an email stating the checklist must be used, but little or no education in the methods and understanding of something which is a wonderful tool, but a radical departure from historical practice," he said. "There was no education [about it] and people didn't understand it."

According to Carol Blount, NHS partnership director at the Association of the British Pharmaceutical Industry, this is one area in which the NHS could learn from drug companies. Asked by Mr McLellan how such firms maintain such a successful record on spreading innovations, she gave a simple answer: they talk about it.

"In terms of the pharma industry what is very clear is they look at how they can best communicate best practice and share it," she explained. "And [they] look at different ways of communication. So whether it's through a website or whether it's through a conference, whether it's working with the stakeholders who have helped deliver that best practice, so you'll often find industry will work with the NHS as part of a joint working project and present that together.

Study the best

Successful firms also make sure examples of best practice are captured well, says Ms Blount: "What the issue was that it was addressing, what the aims were, how it was delivered and what the outcomes were. Often they work in cross-functional teams, so it's very collaborative, and [they] share that [knowledge] across, make sure teams are aware of it. Particularly for example in a sales force where you've got various teams and you might have had a really good example in one area, they would share that with teams in other areas."

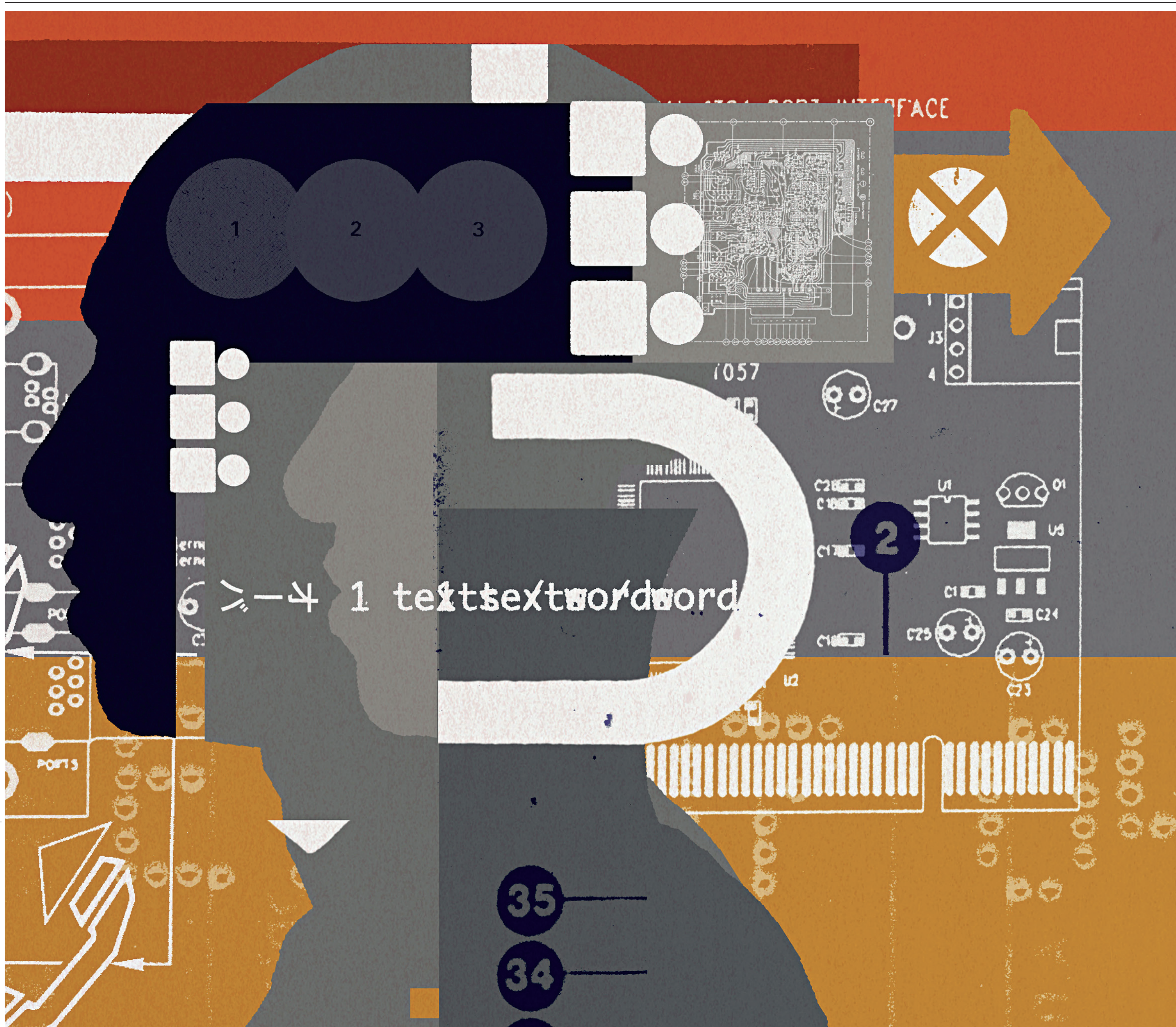
Also significant, argued Ms Blount, were effective rewards. Here too she feared challenges remained for the NHS. While the ABPI was seeing increasing interest in trusts joint working with pharmaceutical companies, the incentives that were in place sometimes failed to encourage beneficial behaviours.

"You might get a joint working project – on chronic obstructive pulmonary disease for example – where you're looking at how you can manage patients more effectively in the community and reduce emergency hospital admissions and unplanned admissions. But in some cases secondary care are incentivised in terms of activity so it's working against what you're trying to achieve."

Ms Magee agreed. "There is always a difficulty about silo budgets," she said. "One entity, one organisation does something, its staff engage, the senior management engage, everything's done in the right way within an organisation but it is essentially a cost, an effort, a challenge to that group and the reward is somewhere else in the system.

"[That situation] may go beyond the NHS into the social services side of things: work is done within an acute care setting to offer services and support outward but the benefit is ultimately to the social care budget. These things can be overcome but it's multiple teams coming in from multiple organisations and having the willingness and desire to change."

So what sort of incentives could more effectively encourage that desire to change? Ms Darbyshire explained that NHS North West had successfully



used a combination of what she described as "hard" and "soft" approaches.

"I truly believe everybody joined the NHS because they wanted to the right thing for patients and we should be doing innovation as part of wanting to make our customer service better – that's the softer bit ... You've got to go back to the culture of people wanting to take this because it improves the experience of the NHS.

"We've got some hard incentives built in too – CQUIN targets, awards, bursaries and regional innovation funds – and we award cash away readily and frequently to those with a good idea," she explained. "This year with our adoption bursaries we have awarded £1.3m to organisations."

Like so much in the NHS, those tangible sort of incentives are currently subject to change. With NHS North West and all other strategic health authorities being abolished in April, there will be a distinct gap in the market when it comes to encouraging innovation and it is not quite clear which organisation – or organisations – will fill it.

'How many psychologists does it take to change a lightbulb? One – but the lightbulb has got to want to change'

Ms Magee said that academic health science centres and networks would have an important role to play in "carrying on the good work seen at the SHA level. I understand there will be funding coming in which is a general innovation budget and an opportunity is to streamline some of the good innovation activities we've had".

But she also agreed with Mr McLellan's suggestion that clinical commissioning groups would have a role. Ensuring the new NHS commissioning contract included a CQUIN-type measurement on adoption of innovation would be a powerful incentive, she said: "Those commissioning levers are very important, I think. I'm sure they will have a strong effect and will certainly focus the minds of organisational leaders."

If a formal target does prove to be the solution to encouraging uptake of innovation in the NHS, it will be somewhat ironic. Many – including the panellists for this webinar – feel that current failings in innovation reflect the vast number of other targets with which staff and managers are constantly grappling.

"We do an awful lot to try to spread the word [about innovation]," said Ms Darbyshire. "But what may happen is that people get enthused by these things and go

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back to their day job where they're incredibly busy and they've got their targets to hit and they get dragged back in to doing their work. It's very hard to be able to make the space to be able to get up and out and really champion the adoption of new innovations in the NHS.

"I think that is why the emphasis has shifted slightly in terms of things like adoption bursaries, because it just gives people that little bit of space to be able to think clearly and focus on individual areas. I think the money is there to release time so people have the time and space in very busy organisations. Lots of organisations are very busy and are hitting their targets – and let's face it, they've got lots of targets to meet – [and so] are doing OK. So you've got to give people space and time to raise their head up and say: 'OK, where else is doing something better?'"

In the north of England, the SHAs have tried to make asking and answering that question as painless as possible. "All of our innovations are on an interactive website," Ms Darbyshire explained. "So you can go on to it, you can find the innovations, you can search by topic area so it's all there to be had. It's there gift wrapped for you. Also what we've been doing is trying to start profiling organisations' populations and just go in with the top 10 innovations we think would be most helpful for them. Again, if they've not got time to raise their head above the parapet and say what should we be doing, we are trying to gift wrap a package of innovation and say these things would be great for your population types."

Making it easier for organisations and individuals to uncover existing innovations will no doubt help address the reinventing the wheel syndrome of which the NHS is often accused. But Ms Magee made the point that for a trust to acknowledge that another organisation may have a better solution to something may prove tricky in some instances.

"It does require the organisations themselves to admit there are areas they need help with," she argued. "And that can be difficult because they're obviously trying to present the best face at a senior management level and to the outside world. So it is also understanding that, for example in our foundation trusts, they have effectively been set up to be competitive in themselves. So part of this whole cultural and management change is to recognise that, where you have concerns, others can help be they local or wider on the patch. It's to do with the culture both at the coalface level and also at senior management level."

Cultural problems

It is a culture which Mr Dale has come across repeatedly in the decade he and his colleagues have been involved in coaching healthcare staff on best practice in patient safety. "We find there's a 'not invented here' [attitude] or a lack of willingness to invest in external experience or expertise and bring it in properly," he said. "There's a little bit of 'we can do it ourselves, just help us to do it' and they don't seem to realise just how complex a situation of bringing about behaviour change is.

'We are trying to gift wrap a package of innovation and say these things would be great for your population'

"I think there's a willingness in certain areas to really adopt new practices but it doesn't quite seem to be cohesive," he continued.

"It would be great if people really did work together to bring those practices to the frontline. People do want to do a good job, they want to be professional, they want to work in an area with good morale, and I think that all of those, if they're worked on and brought together, will bring about huge improvements in the NHS."

While all panel members agreed there was still further to go when it came to implementing innovative practice in the NHS, they also agreed that many strides had been made.

Ms Blount in particular emphasised efforts at the top level to create an environment of innovation. Asked by Mr McLellan which aspects of the current innovation agenda were particularly welcomed by the ABPI, she said: "What we've seen coming through in terms of the NHS Mandate and the work around *Innovation, health and wealth* we very much welcome.

"The Mandate is clearly focused on patient outcomes and has a whole section on adoption and diffusion of innovation. It also has a section on the importance of the life science industry. So I think in terms of a framework with headroom for innovation, we see that as very positive."

The ABPI is in fact so positive that it is focusing more than ever on encouraging links between the pharma industry and the NHS; it is setting up a regionally-based partnership team to encourage joint working between the two sectors.

"We've done that based on the feedback we've got both from industry and the NHS in that they see benefit in this and there's an increasing need to do this, particularly during a period of transition and a tough economic climate," Ms Blount explained. "It's the first time we've invested in that sort of team because there's a willingness there on both sides to see how we can do more partnership working. So I think that's a signal that it is starting to change.

"We do still need to work on the reputation of industry – we are starting to do that – we know some things weren't right in the past so we're trying to put that right. But I think it's a real signal that this is really starting to be welcomed and [trusts are] open to having discussions. So I think that's a good sign.

"We do find there's a lot of openness and willingness to say how can we do this, how can we work together, and we are getting ... interesting case studies ... where we are getting examples of reduced hospital admissions, more patients treated to NICE guidance, more effective care in the community. So it does work." ●