NHS Confederation

Scaling innovation within healthcare systems

Practical considerations

Endorsed by

The AHSN Network

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About us

NHS Confederation

The NHS Confederation is the membership organisation that brings together, supports and speaks for the whole healthcare system in England, Wales and Northern Ireland. The members we represent employ 1.5 million staff, care for more than 1 million patients a day and control £150 billion of public expenditure. We promote collaboration and partnership working as the key to improving population health, delivering high-quality care and reducing health inequalities.

For further information visit **www.nhsconfed.org**

Introduction

In response to member feedback on challenges to innovation in the NHS, we have produced this guide to support the adoption and scaling of innovation in the healthcare system.

Context

- Innovation is **happening in pockets** across the healthcare system.
- Innovations **can reduce operational pressures and increase the efficiency and effectiveness of healthcare delivery**, when embedded and implemented successfully.
- The **inability to scale proven innovations is a widely acknowledged barrier** to unlocking the full potential of innovations within the healthcare system.

About this guide

- This guide is based on extensive research and interviews with NHS Confederation members. It identifies learning from case studies that have successfully adopted and scaled innovation.
- Each section highlights key issues to consider when adopting or scaling a proven innovation, to help ensure success.

Innovation adoption: three core pillars

There are three core pillars of activity for innovators and system decision-makers to consider when adopting a proven innovation.

Innovators

System decision-makers

Understand	Engage	Future-proof
Understand the specific needs of the local area and/or NHS organisation.	**Engage early** with the entire ecosystem of stakeholders involved in the innovation decision-making, design, implementation and use, including gathering feedback on whether the idea is a viable solution to the problems being faced.	**Create a plan for funding** implementation and sustained adoption to embed the innovation in such a way that it can be **sustained beyond initial investment**.
Understand your local population needs and the help available to support innovation adoption.		

The role of innovators and system decision-makers

Innovators: Develop innovations that will benefit the healthcare system and patient care.

System decision-makers: Set up the mechanisms to adopt and embed innovations that benefit the healthcare system and patient care.

Understand

Local problems, support options and links with existing work need to be fully understood to help ensure successful adoption.

Innovators

- Form a **clear understanding of the local capacity and true problems** being faced by the local area.
- **Understand the specific challenges arising during the adopting and scaling process and work collaboratively** to overcome them.
- **Find ties to national and local political priorities**.

System decision-makers

- **Ensure the proposed innovation will solve a problem** truly being faced by the system.
- **Identify national bodies and/or skills from the innovator that can support** with adoption and scaling.
- Understand **whether the innovation can complement existing programmes** based on strategic priorities.

Case study — Community diagnostic centres (CDCs)

CDCs are a one-stop shop for checks, scans and tests that aim to bring earlier diagnostic tests closer to home for patients. To be successful, CDCs require an in-depth understanding of local population needs to identify the most appropriate location and services.

Actions that drove success	Impact
Understanding local transport routes when selecting a location.	Maximised ease of access for the population in rural areas.
Understanding the spatial constraints of the CDC site.	Enabled strategic prioritisation and selection of tests based on local needs.
Fostering a supportive and empowering national team.	Gave CDC leaders autonomy to work towards what was best for their population.
Centrally sharing best practice from established CDCs.	Inspired developing CDCs to understand how things could work in their area.
Linking the development of CDCs with local priorities.	Helped achieve buy-in from system senior leadership as there were connections to priority areas, eg early cancer diagnosis and health inequalities.

Engage

Early and continued engagement with the entire ecosystem of relevant stakeholders helps secure buy-in for the idea.

Innovators and system decision-makers working together

- **Schedule regular touchpoints** with all stakeholders involved in the adoption and scaling work to secure buy-in and gather feedback.
- Engage with **all stakeholders that will be involved in project delivery to support with rollout** when the idea is in place.

Case study CAR-T (chimeric antigen receptor T-cell) therapy

CAR-T therapy involves reprogramming a patient's immune system cells to target their cancer and requires specialist techniques in cell handling. This therapy first requires an understanding of local capacity and expertise to carry out the cell handing.

Actions that drove success	Impact
Engagement with the entire ecosystem of stakeholders that will be impacted by the solution – from clinicians, nurses and patients, to lab staff and management.	Supported business-case development and buy-in for the idea across the stakeholders involved in CAR-T therapy delivery.
Engaging with management at the initial stages, in addition to regular updates evaluating progress.	Enabled expansion of services to accommodate CAR-T therapy.

Future-proof

Financial incentives that support uptake and resourcing to properly embed innovations help ensure long-term success.

Innovators and system decision-makers working together

- Consider **funding resources** to support implementation and transformation.
- Set up **financial incentives** that are aligned to supporting innovation uptake.
- Create a **plan for how to continue** to be funded/self-fund once initial funding runs out.

Case study

Fractional exhaled Nitric Oxide (FeNO) testing for the diagnosis and management of asthma – delivered by the AHSN Network

FeNO tests measure the amount of nitric oxide in exhaled breath, indicating allergic inflammation in the airways. Alongside a clinical history and other tests, FeNO can contribute to a faster and more effective asthma diagnosis and can monitor patient response to treatments. Historically, the test was only performed by hospital services, but has started to be introduced to primary care.

Actions that drove success		Impact
Explaining FeNO testing benefits to a range of stakeholders, from individual practices to whole ICB systems.	→	Ensured support for the pathway change beyond the initial adoption stage.
Funding the AHSN Network to support the delivery of the programme and the necessary transformation.	→	Provided capacity, transformation skills and innovation adoption expertise to work with local stakeholders to drive adoption programmes to embed FeNO testing.
Inclusion of FeNO in QoF (Quality Outcomes Framework).	→	Provided one incentive toward adoption for primary care.
NHS England Accelerated Access Collaborative funding (via the Office for Life Sciences) for FeNO devices and consumables and associated pathway changes.	→	Supported overcoming financial constraints associated with new equipment, time to train staff and updating local clinical pathways to incorporate the test.
Creation of implementation resources for adopters to use, including business cases, data and evaluation advice.	→	Enabled adopters and decision-makers to consider a case for funding FeNO testing based on evaluation evidence.

Developing Barnsley CDC in the Glass Works

Barnsley Hospital NHS Foundation Trust developed a CDC in the Glass Works, a shopping and leisure centre in Barnsley town centre with ample access to parking. The site offers appointments for phlebotomy, ultrasound, breast screening (mammography), X-ray and DEXA (bone density) scanning.

	Actions that drove success	Impact
Understand	Gathering a deep understanding of the local population and what is important to them.	A questionnaire of patients showed 100 per cent of responses rated the CDC as either excellent or very good.
	Thorough understanding (through collaborating with partners) of an appropriate location for the site.	Feedback from patients on the CDC included that there was “one less bus journey” and easier parking versus a hospital setting.
	Alignment with national priority to address health inequalities.	Supported the business case to develop the CDC, improved access and experience. Also contributed to the local economy, with over 80 per cent spending while in town.
Engage	Engagement with a broad range of stakeholders related to the CDC rollout, including: • clinical colleagues • senior trust leaders • IT and infrastructure teams • patient experience team • Barnsley CCG (now part of the South Yorkshire ICS) • national CDC programme • Barnsley Council and local businesses.	Engagement enabled: • clinical expertise for the build and operational management of the CDC • clear strategic direction • joined-up clinical and IT systems, telephony infrastructure to the main hospital, new electronic booking system and seamless coordination • a deep understanding of patient needs in the local area • connections to primary care • support with business-case development • national direction • support with identifying the location in an area of high need.
Future-proof	Identified areas where the CDC is more cost effective than alternatives.	Business case supported a sustainable CDC through demonstrating its positive outcomes, eg a 3.3 per cent reduction in ‘did not attends’ in some services, efficiencies for the hospital and cost savings from requiring fewer vans. Separating planned versus urgent work to lessen service disruption and a timelier service.
	Collaborating with several stakeholders to generate a model for future funding.	Ambition is to have funding model that is self-sustaining.

Checklist for adopting/scaling a proven innovation

Please tick the interactive boxes below

Innovators — System decision-makers

Understand

Overarching action

- [ ] **Understand the specific needs** of the local area and/or NHS organisations.
- [ ] **Understand your local population needs and the help available** to support innovation adoption.

Sub-actions

- [ ] Form **a clear understanding of the local capacity and true problems** being faced by the local area.
- [ ] **Understand the specific challenges arising during the adopting and scaling process and work collaboratively** to overcome them.
- [ ] **Find ties to national and local political priorities**.
- [ ] **Ensure the proposed innovation will solve a problem** truly being faced by the system.
- [ ] **Identify national bodies and/or skills from the innovator that can support** with adoption and scaling.
- [ ] Understand **whether the innovation can complement existing programmes** based on strategic priorities.

Engage

Overarching action

- [ ] **Engage early** with the entire ecosystem of stakeholders involved in the innovation decision-making, design, implementation and use, including gathering feedback on whether the idea is a viable solution to the problems being faced.

Sub-actions

- [ ] **Schedule regular touchpoints** with all stakeholders involved in the project to secure buy-in and gather feedback.
- [ ] Engage with **all stakeholders that will be involved in project delivery to support with rollout** when the idea is in place.

Future-proof

Overarching action

- [ ] **Create a plan** for funding implementation and sustained adoption to embed the innovation in such a way that it can be **sustained beyond initial investment**.

Sub-actions

- [ ] Consider **funding resources** to support implementation and transformation.
- [ ] Set up **financial incentives** that are aligned to supporting innovation uptake.
- [ ] Create a **plan for how to continue** to be funded/self-fund once initial funding runs out.

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