

# **Innovation Landscape**

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# The stages to our journey

*Where we have been and where we are going?*

1

## Building capacity in the system

- NHS Plan saw greatest investment in the history of the NHS
- More doctors, more nurses, better facilities

2

## Introducing the reforms

- Patient choice and payment by results
- Foundation trusts
- Stronger commissioning

3

## High quality care for all

- NHS Next Stage Review local clinical visions, national enabling report and NHS Constitution

# What are we trying to achieve?

- Help to stay healthy
- Empower patients
- Provide most effective treatments
- Keep patients safe

Quality at the heart of the NHS

- Raise standards
- Increase involvement of clinicians in decision making at every level of the NHS
- Foster a pioneering NHS

High quality care for all

High quality care for patients and the public

Freedom to focus on quality

- Empower frontline staff to lead change
- Value the work of NHS staff

# How do we shape up.....

*Develop Vision for Innovation and Lead Continuous Improvement*

Currently ad-hoc, incidental rather than planned, **no real vision or investment, it's a cottage industry**

*Encourage Partnerships & Collaborations*

Some examples but limited and tend to unravel when the going gets tough, **no systematic approach, especially academia and industry**

*Manage Risk & Learn from Failure*

NHS does not do 'failure' well, for every success there are many failures, **we are too risk averse**

*Create Space, Time & Resources*

Simply don't do this, seen as additional not core, **the very best – like google - create space**

*Use & Share Evidence*

Fragmented at best, no real sense of what good looks like, many takes on best practice, **need a single story**

*Celebrate & Reward*

Very limited, private sector really values innovators and innovation, **very little reward in NHS**

*Learning & Development*

In the very best organisations everyone is an innovator, we are not making best use of our million plus staff, **need to hard wire innovation into L&D**

# How others see it .....

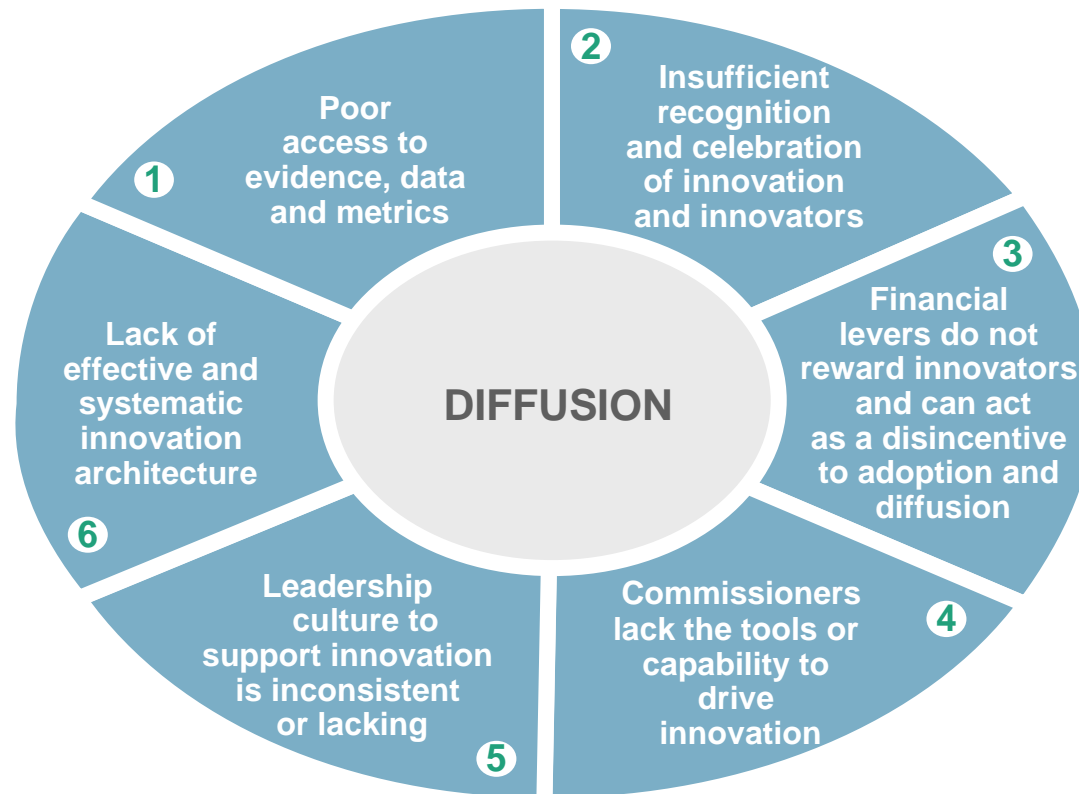
- The department should provide additional and new funds, targeted specifically at diffusion, and gap funding
- The department and NHS should become less risk averse, should be seen to 'give permission' to experiment, and recognise that failure is an inherent aspect of innovation,
- Support, infrastructure, guidance and tools should be available nationally and locally to help innovative individuals and organisations innovate,
- The department and the NHS should provide the leadership and clear direction necessary to allow innovation and innovators to be valued, rather than seen as risk takers
- The department should be clear what good looks like
- We should reward individuals and organisations for success in innovation

# Why is innovation important?

- By improving our ability to diffuse and adopt innovation we will help realise our quality objectives
- Best practice tells us that the most effective and efficient organisations are those that innovate and encourage innovation
- There are many good examples of this within the NHS, and the SHAs have made great strides recently
- The Next Stage Review promised new money, new support and new IT
- We now have an opportunity to raise the profile of innovation, create a supportive culture, build stronger local and national partnerships (within and outside of health) and strengthen leadership capability to stimulate and support innovation

**Innovation is an enabler for the realisation of quality**

# As a result of our analysis we identified six key barriers to innovation



The NSR showed that whilst the NHS was good at invention, it was weaker at adoption, and very poor at diffusion – especially for healthcare delivery processes

# Before developing proposals we developed some guiding principles regarding the role of the government

- It is the role of the government to:
  - Support rather than create innovation
  - To set incentives rather than to demand innovative behaviours and practices, and
  - To let the NHS and its partners work together
- It is the job of the government to create the conditions for innovation to flourish by identifying and addressing the barriers to innovation and, in some cases, by stimulating activity
  - Empowering staff with incentives such as funds, prizes and professional development
  - Providing leadership in innovation
  - Giving innovators the means and encouragement to flourish
- A culture that is focussed on continuously improving quality is by its very nature a
- culture of innovation

## In partnership with the Health Innovation Council, we drew together a long list of 25 options for Ministers to consider

- Some quite radical ideas like introducing ‘set aside time’ for all NHS staff, to more routine but nonetheless important proposals like amending Intellectual Property rules
- In turn Ministers agreed 6 key proposals:
  - Developing the NHS Evidence Service to help understand what good clinical and non-clinical best practice looks like with access to the supporting evidence
  - A series of ex-post and ex-ante innovation prizes, to reward those who have excelled
  - A new £250m innovation fund, aimed squarely at diffusion
  - A new legal duty to innovate to be placed on SHAs and hard wiring of innovation into leadership curricula so that we systematically produce leaders who understand and value innovation
  - Establishing a limited number of Academic Health Science Centres (AHSCs) to bring together the very best R&D and bio-med units, academic institutes and health care delivery organisations to get the translation of invention through to diffusion under the same organisational banner
  - Understanding innovation in the pharmaceuticals and medical devices industries

# Financial support for innovation: Innovation funds and Prizes

## Approach

- Announcements create public interest and awareness around the issues for which they are being awarded and encourage investment in the area of focus of the challenge.
- The NHS have never had dedicated money to spend on diffusion of innovative ideas.
- The focus will be on healthcare delivery, health improvement, and patient empowerment and engagement rather than invention, pharma, devices or medicine, where funds are already available.

## How it will work

- Challenge prizes with the value of each up to £1m.
- Must be clear evidence that 'value' has already, or will be delivered – be it financial or health gain
- Via the fund, each SHA will be able to access up to £5 million of additional money each year for the next 5 years to identify, grow and diffuse tomorrow's best practice
- We will introduce commercial rigour around the management of the fund. We plan to have the fund established by April 2009.
- Innovation driven regionally by SHAs who will have a new legal duty to promote innovation

# Develop an NHS Evidence Service

## Approach

- The NHS Evidence Service will create a unified evidence base for everyone in the NHS who makes decisions about treatments or the use of resources
- Users will be able to offer and share their local experience of using evidence in designing and delivering services

## How it will work

- Aim to provide as broad a range of functionality and content as possible in the launch version in April 2009.
- Expected to include the following key components:
  - A fast, comprehensive search function for clinical and non-clinical information
  - Access to a resource that collates information on new drugs to support commissioners
  - A new NHS Evidence homepage that users can personalise.
- Additional functionality and content will be added in future versions of NHS Evidence
- Where functionality cannot be included at launch, 'coming soon' demos will be used to illustrate for users what they can expect to see in future versions of the service, and when.

# World Class Commissioning

## Approach

- To enable PCTs to:
  - create the conditions for innovation within their economies;
  - require and specify continuously improving quality,
  - evaluate the outcomes of existing services and set improvement goals that enable provider innovation in service design and delivery, and
  - think creatively about use of the contracting, financial and market development mechanisms available

## How it will work

- WCC programme will provide assurance through a national PCT assurance system
- PCTs to be assessed against improvement in health outcomes, commissioning competencies and organisational governance
- Supporting capability building via the publication of a guide to innovation and improvement in commissioning.\

# Better uptake of medicines and medical technologies

## Approach

- A programme of work will:
  - Develop a single horizon scanning and planning process;
  - Promote further the uptake of cost-effective innovative treatments;
  - Enable commissioners and providers to benchmark and monitor performance
  - Simplify the pathway through which innovative medical technologies pass from lab development into wider use

## How it will work

- Pharmaceuticals
  - Discussions will continue with industry on HTA
  - Development of national and international comparisons
- Medical technologies
  - Building of a better evidence base to support adoption
  - Developing indicators to help understand the current position of the NHS on the use of innovation and what impact the changes have over time

# Leadership of innovation

## Approach

- Proposals designed to drive a particular vision for innovation – leading to a change in the way the staff in the DH and NHS behave
- Leadership is one of the key factors which will enable this shift in behaviours and create a culture where the behaviours will flourish
- Identified key leadership behaviours and methods required to overcome internal barriers (eg Insufficient recognition and celebration of innovation, financial levers, local innovation architecture etc)

## How it will work

- Developed a **leadership model** aimed at identifying the leadership requirements for implementing the recommendations of the different NSR Workstreams

# Roll out Academic Health Science Centres (AHSCs) and Health Innovation and Education Clusters (HIECs)

## Approach

- The best global institutions are AHSCs
- They attract the best researchers and clinicians as well as attracting significant inward investment.
- HIECS are an opportunity and are not obligatory
- They will drive innovation and improvements in patient care based on evidence, and raise the quality and pace of development of professional education and training

## How it will work

- We are open to proposals for different forms of governance on a case-by-case basis, including potentially changing legislation to help an AHSC to achieve the optimal governance model to support its success.
- We will establish an international panel of experts to formally rank AHSCs so the potential, calibre and capability of all these centres is accredited against a set of criteria and the outcome is transparent internationally.
- Clusters will not be defined or imposed nationally, but will be enabled to emerge locally with applications from late 2008 for assigned status and funding.

## The SHAs will have vital roles to play in coordinating activity

- Responsible for promoting innovation and the speedier diffusion of ideas across their region
- Co-ordination of region wide innovation activity, and production of annual innovation report (AIR)
- Horizon scanning for innovative ideas and future challenges,
- Oversight and Stewardship of local innovation fund
- Market stimulation – shifting emphasis from supply side innovation to demand side

## We need to ensure the effective transmission of ideas into practice

There are and will be many transmission models. Each is intended to decrease the time needed for innovation to travel from the bench to the bedside so that more patients benefit faster from the fruits of research. Each has a slightly different focus, and will respond to specific local or organisational need. The main models are:

- **AHSCs** will compete globally by bringing together world-class research, education and patient care – their focus is **national**
- **HIECs** will be grown from local collaborations of a wide range of partners (including AHSCs) with shared goals and projects that address local needs – their focus is **local**
- **CLAHRCs** are collaborative partnerships between a university and the surrounding NHS, focussed on improving patient outcomes through the application of applied health research – their focus is **research**
- **Hubs** are mainly companies limited by guarantee, and specialise in the exploitation of technology – their focus is **technology**

**They can and should co-exist and partner.....**

# What does this mean for patients, the public and staff?

Innovation Fund

Challenge Prizes

Develop an NHS  
Evidence Service

Roll out AHSCs and  
HIECs

Make a reality of World  
Class Commissioning

Better uptake of  
Medicines and Medical  
Technologies

Leadership of  
innovation

Taken as a whole, our work programme is designed to support the NHS and its partners in academia and industry by shaping an environment to enable-

- Excellent patient care;
- Excellent research;
- Excellent education; and
- The benefits that flow from bringing them together more effectively

This will build upon the work already underway locally in many areas to translate the benefits of innovation into positive outcomes for patients



**Thank you**