Health Innovation Wessex

Innovation Ecosystem Programme

Learning Collaborative – Learning by doing

Workstream 1

Outputs from virtual workshop – 11 December 2023

Innovation, Research, Life Sciences and Strategy (IRLSS) team (NHS England), with Health Innovation Wessex, Health Innovation South West, and Health Innovation West of England.

Part of the Health Innovation Network

Context

- **Monday 11 December 2023** was the kick-off meeting of the Innovation Ecosystem Review Programme, Workstream 1: Learning by doing. 76 delegates were welcomed by NHS England's Innovation, Research, Life Sciences and Strategy (IRLSS) team, along with Health Innovation Wessex, Health Innovation South West, and Health Innovation West of England.
- The aim of the first Learning by doing workstream and rapid insight (RI) event was to **generate insights** from the health innovation ecosystem including NHS, academia, industry, and patients/public. The session was based on a series of hypotheses derived from learning from national innovation and adoption programmes.
- The kick-off meeting was the first step in this journey, by **collaborating and learning** from transformation initiatives across the innovation pathway. Please note, for the mind map analysis, we have used the first iteration of the hypotheses, which were then subsequently refined on the back of feedback to simplify the language.
- This in turn will enable the **refinement** of the NHS Research and Innovation Blueprint (an output of Workstream 3) of how to improve research mobilisation and the spread and adoption of innovation. This output should be read in tandem to the Summary Rapid Insight Analysis – Innovation Ecosystem Programme report [11 December 2023].

Workstream 1 (WS1): Learning by doing - Overview

The goal of WS1 is to **generate insights** from the **health innovation ecosystem** including **NHS, academia, industry, and patients/public**, to **collaborate and learn** from **pathway transformation initiatives** across the **innovation pathway**.

The specific focus will be on addressing challenges related to **Life Sciences Vision (LSV)** mission areas, which include early detection of cancer, mental health, dementia, obesity, and cardiovascular disease (CVD).

We will take the following approach:

Learning from previous work

Taking valuable insights from past national innovation spread and adoption programmes for the purpose of developing actionable hypotheses which identify pivotal enablers for the adoption and spread of innovative practices.

Learning Collaborative & locality partnerships

Recognising the importance of system-led pathway transformation, we propose partnering with select localities on their ongoing transformation initiatives to capture learning and identify areas for system improvement.

Rapid insight methodology

The aim of rapid insight was to capture and enable rapid analyses from localities to explore and test the innovation ecosystem hypotheses derived from previous national spread and adoption programmes.

The methodology is based on the Health Innovation Wessex rapid insight approach (Chandler et al, 2023).

Our approach has helped identify some of the most important insights that were made during the session.

This is an optimal approach as it

- is underpinned by expertise in implementation science
- is a tried and tested model that yields excellent outputs
- builds on the wealth of experience of using the diagnostic tool
- can be delivered at pace.

Through a **rapid cycle of data collection, analysis, and feedback, our outputs are presented in a 'rapid' style – quick and easy to digest format for immediate assimilation.**

Rapid insight questions

Event objective

Building on the locality project submissions from systems during September/October 2023, there was an opportunity to take part in a fast-paced intelligence gathering, rapid insight session to obtain views and opinions. These findings have contributed to the testing and exploration of nine draft innovation adoption hypotheses. **Appendix A** describes the nine hypotheses explored. Attendees were asked to respond as follows:

Does this hypothesis resonate or not? Please explain why.

Respondents were asked to tag their answer to enable locality/health innovation network identification:

#ICS

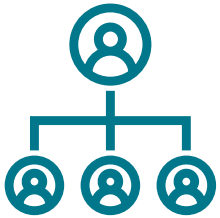
Example below only:

#NHSSomerset [example]

From this analysis we identified overarching themes which have been captured in the summary analysis from the initial meeting.

High level summary statistics

76 attendees at event [one MS Form follow up] with **excellent retention rate** until the end of the session



46% locality attendees

12 health innovation networks represented

22 other organisations represented (including 4 innovators)

356 responses received for analysis*

*17 responses excluded as they were not relevant to the innovation ecosystem hypothesis

Innovation Ecosystem Review stakeholders

We welcomed colleagues from across localities and health innovation networks from the following job roles [a representation]:

Associate Director
CCIO
CEO
CIO
Clinical Director for Research
Co-CEO
Commercial Director
Commissioning Manager
COO
Deputy CEO
Digital Lead
Director of Clinical Innovation Adoption
Director of Communications
Director of Discovery
Director of Implementation
Director of Improvement and Insight
Director of Innovation
Director of Innovation Adoption
Director of Programmes
Director of Strategy
Head of Business Development
Head of Business Planning
Head of Commercial Innovation and Growth
Head of Communications
Head of Evaluation and Transformation
Managing Director
National Director
Programme Delivery Director
Programme Director
Programme Director Industry and Commercial Partnerships
Programme Manager Clinical Innovation and Adoptions
Programme Manager for Cancer Innovation
Senior Business Developer
Senior Implementation and Evaluation Manager
Senior Improvement Lead
Senior Programme Manager

Rapid insight analysis

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Guide to interpreting the mind maps

[n=42]

Where **'n'** has been presented on the mind maps, this includes the number of responses which have been further sub themed. Due to the richness of data, the comments analysed often applied to more than one identified theme; therefore, the total number of comments will not equate to the number of comments relevant to each theme.

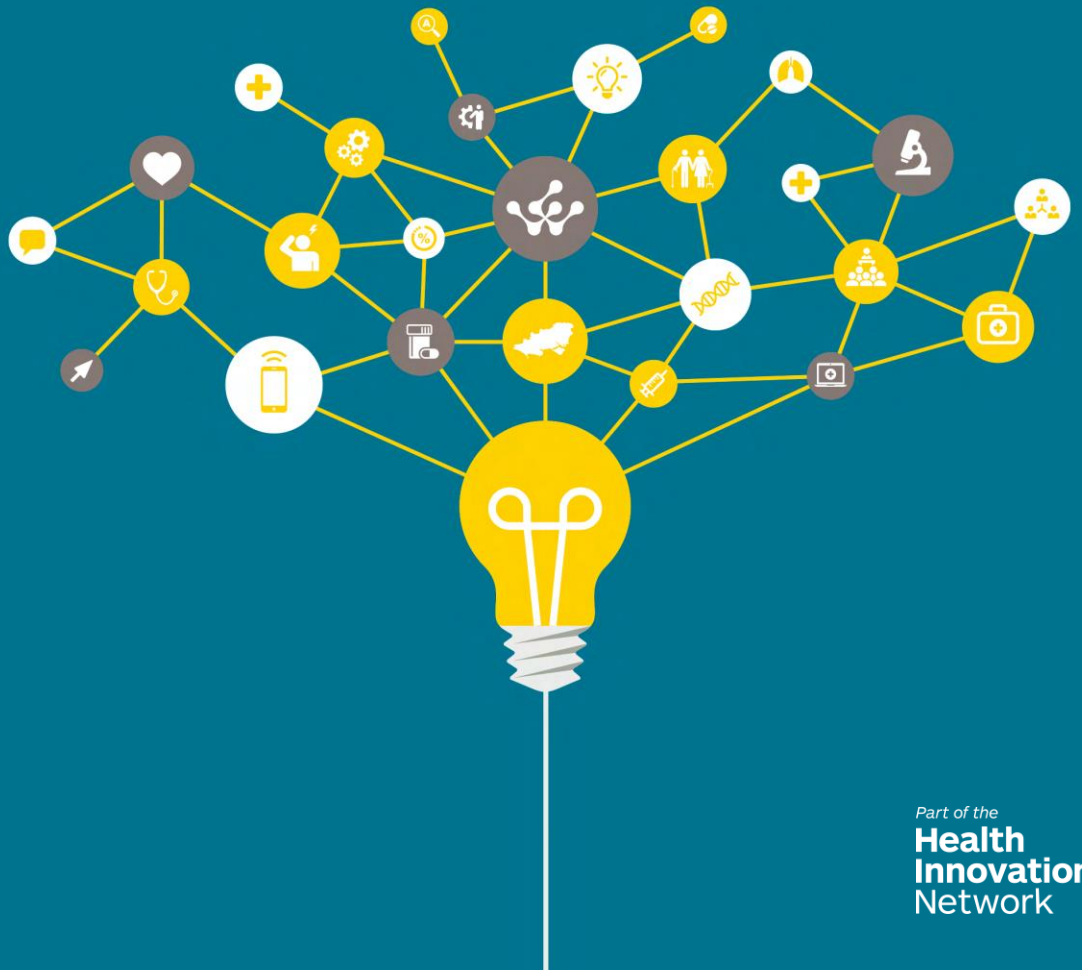
Key theme description

Key theme connection

Further sub theme [identification of further rich data]

Hypothesis 1:

Taking a whole **pathway** approach, considering clinical, patient, staff and system benefits, to embed specific innovations is more likely to lead to sustained adoption and spread.



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Pathways are fundamental because they:

Empower stakeholder and encourage and partnership working n=12

- Different parts of the pathways have different stakeholders, levers, funding and functions
- It identifies different stakeholders within the pathway across boundaries
- Wider engagement from the onset helps with [new] pathways being implemented – rather than one at a time
- Creates energy and buy in which will support implementation

Provide context and understanding in complex landscapes n=8

- Identifying finance and commissioners from the start
- Identifies the complexity and specificity of the health area
- Enables transformative and sustainable change
- Enables reflection of other factors and how they will impact on sustained adoption and spread
- Supports recognition of patient flow
- A pathway approach fits well for complexity of change across organisations
- Pathways may have evolved over time so the system doesn't have visibility of links between primary-community-secondary care

Help to understand the whole pathway to identify unintended consequences n=16

- Puts people at the heart of the pathway
- Displacing one element of services can lead to increased demand or higher costs further along the pathway
- Will demonstrate how implementing new things or approaches into a pathway affects other points of the pathway
- Some innovations are supportive of a pathway others may replace it entirely
- It helps to surface and address perceived disbenefits or barriers

Enable optimisation and awareness of the value and impact of innovation n=4

- It allows us to interrogate where the innovation sits, and the wider consequences
- "It helps us to design and develop the best solution"
- The benefits of the innovation may be felt further down the line or by different stakeholders than the commissioner.

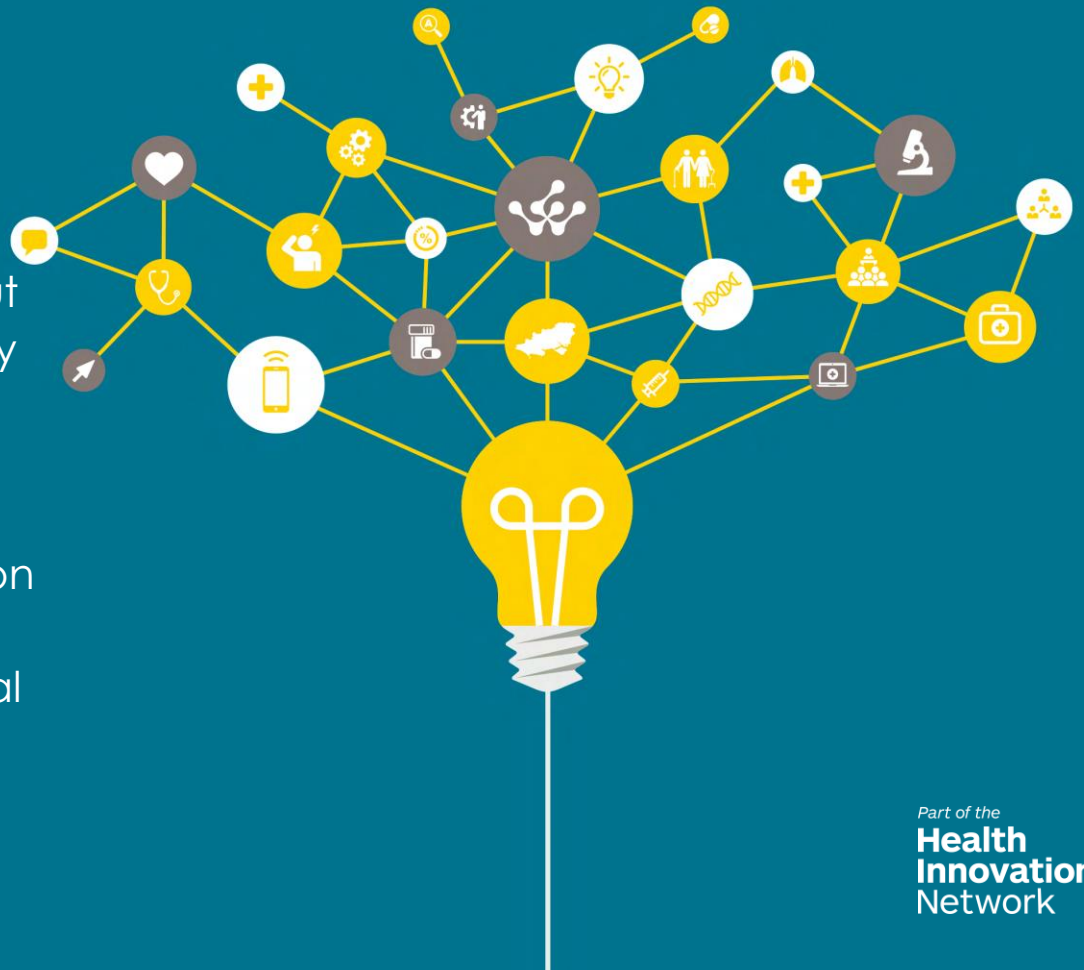
Enable scaling and sustainability n=2

- Enables combinational innovation
- It helps to ensure sustainability in the pathway
- A whole pathway approach offers the greatest opportunity
- Transferability for scale up as pathways can be profiled

[n=42]

Hypothesis 2:

Spread and adoption of innovation is more difficult without a clear, relevant national strategy and **policy levers that align with local needs**, particularly when it comes to implementation. However, national implementation policy should not be too prescriptive, and aligning national ambition with regional and local needs will accelerate the adoption of proven innovations.



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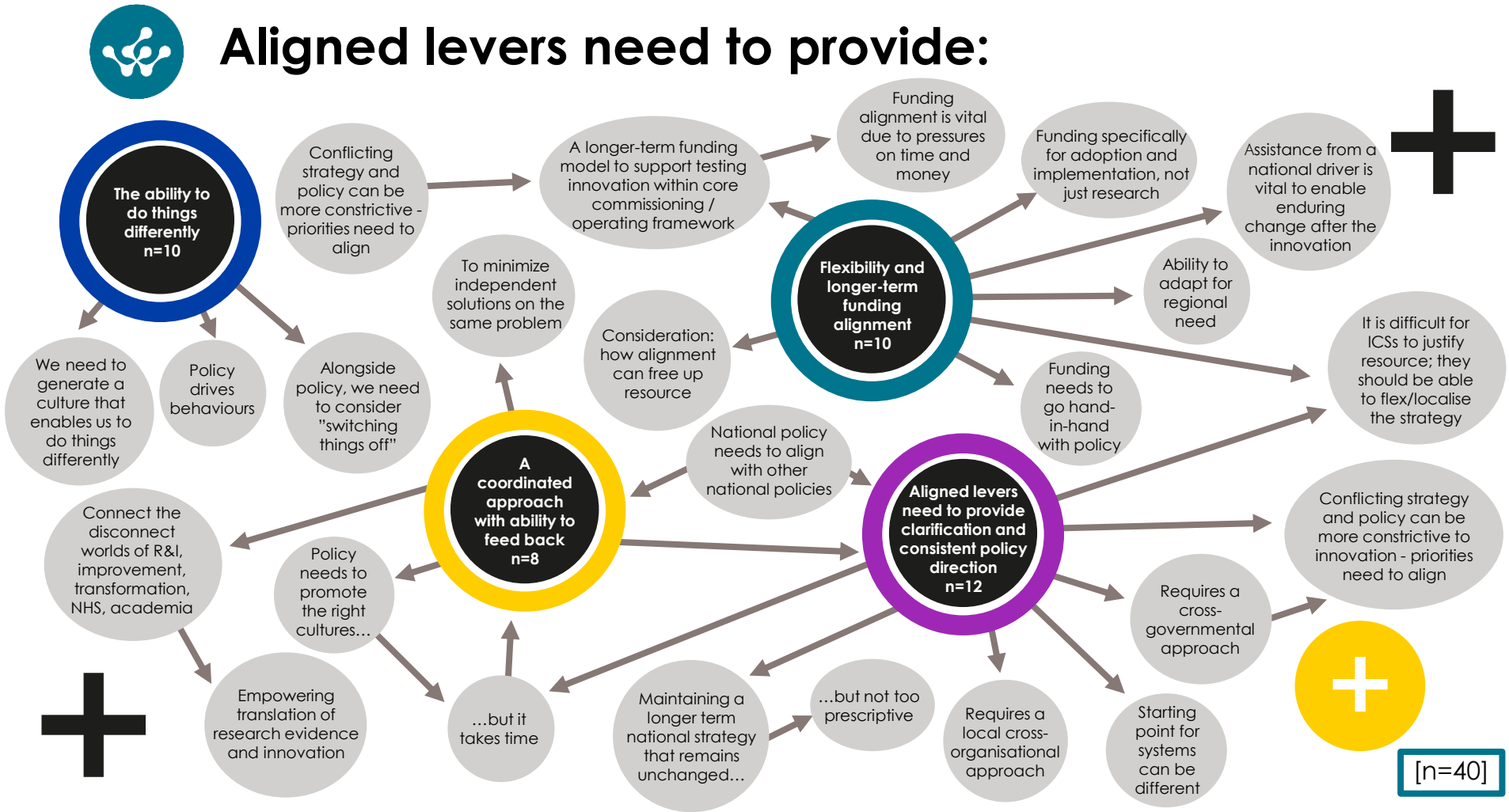
Aligned levers need to provide:

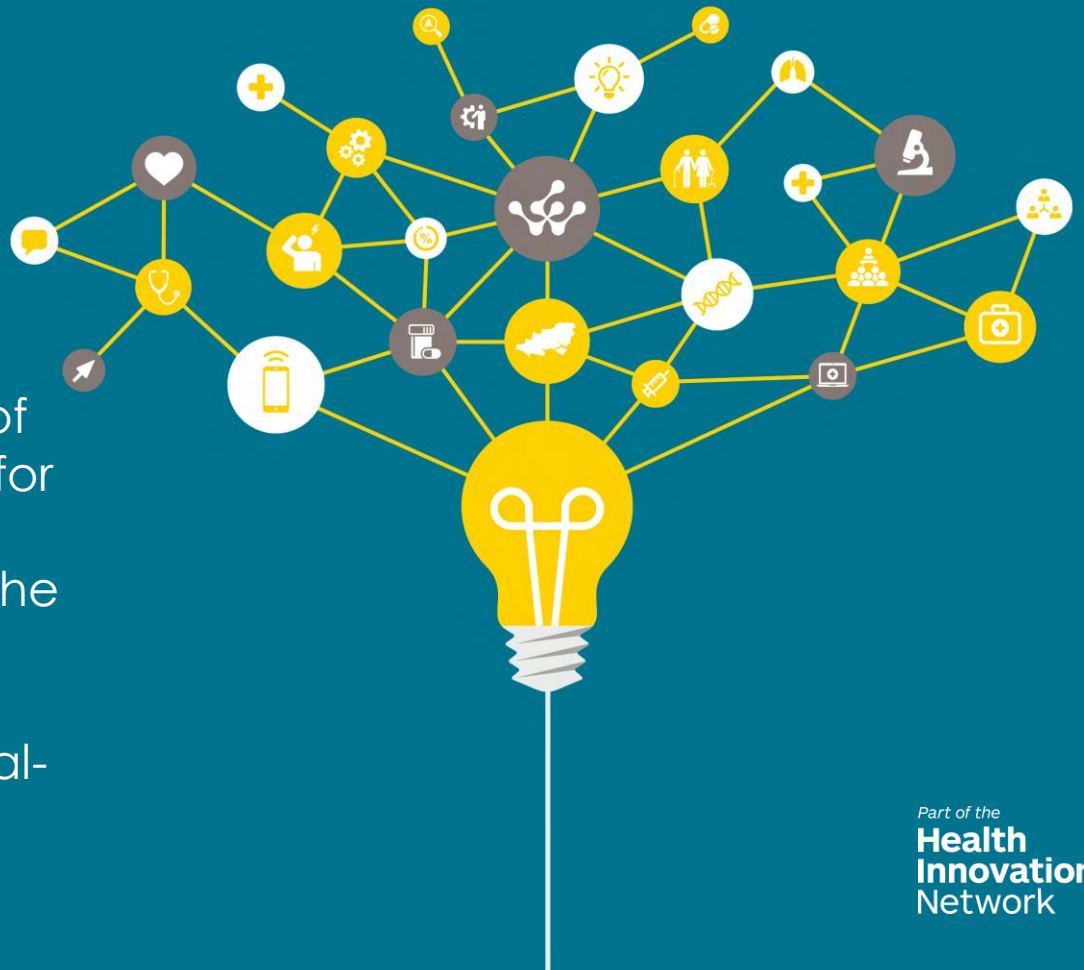


“This resonates, but we need to ensure that the needs of our diverse communities are reflected and heard within this. This is where local work, designed in partnership with local communities, can lead to innovation designed for a specific community, where it is possible to share for smaller communities with similar needs across the country (where a single national programme would not be appropriate). HEAL-D is an example.”

Representative from a health innovation network

Hypothesis 3:

The perceived **utility** of the innovation, including relative advantage, alignment with existing workflows, simplicity of use and cultural fit, is crucial for success. This is understood through relational work with the adopters of the innovation, understanding of complex systems and evaluation of real-world impact, supported by continuous learning.



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Utility is important and must be considered alongside the following aspects:

Utility in a real-world setting is most important (not perceived utility)

Utility is necessary but not sufficient. Adoption is not a purely rational process

This hypothesis recognises the reality of complex systems rather than wishing it was different!

Perception of utility will be hampered by cultural and urgent operational factors within the health and care sector

Relational work is key alongside understanding of place which is where the RWE adds further value

Would venture to add the word 'adaptability' […] adopters must adapt innovations to local context

So important to understand site and pathway variation and how the impact of innovation will vary between sites

It is critical that an innovation can be viewed easily through a range of lenses

Perception vs reality n=5

Learning from others who have used the innovation is so important as it demonstrates what is needed

Complexity n=9

Adaptability to place or locality n=5

A multifactorial approach to understand the 'profile' of implementer sites has helped us to determine impact at a local level

Impact on other pathways n=6

However, not if innovation is embedded making inefficient workflows slightly less efficient.

Real world understanding of deployment in defined configurations really important

The relational work element becomes a barrier to spread, as we cannot always rely on such relationships of innovation to scale up

Co-production with patients n=4

The importance of patient and public involvement and voice on utility of innovations could be brought out more strongly

Co-production throughout the innovation pathways crucial to achieve this

Benefit is captured and articulated in a way that resonates with audience

This needs to be from inception of innovation

Support for change from national policy and/or transformation funding works wonders here

Engagement n=9

Issues of stakeholder values, enabling levers and "hearts and minds" are also necessary

Enabling factors for national scaling n=6

The adaptability of an innovation needs be part of the assessment process when we seek to spread interventions

People often tire of the 'new thing' before it is even in place because it requires change, time and effort

A whole system approach n=5

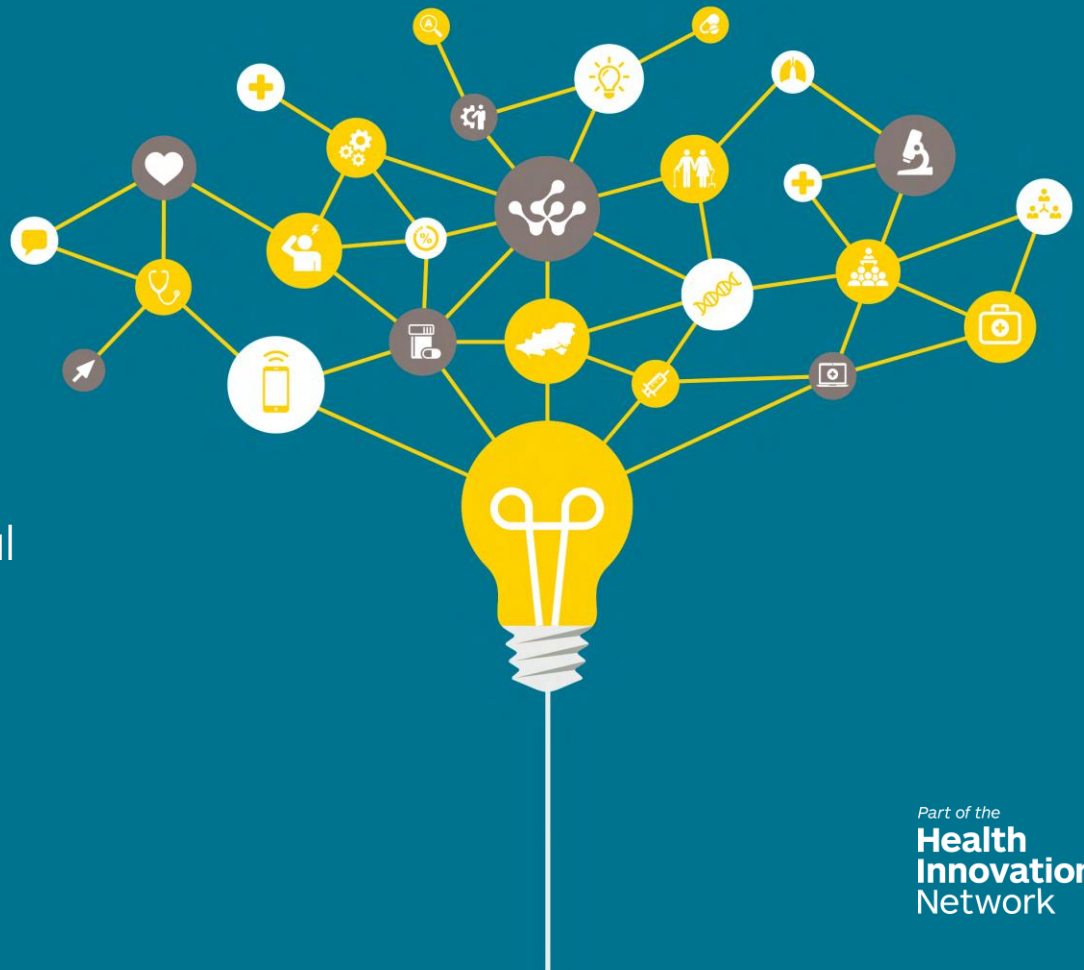
We know of competing priorities in the system so from whose perspective are we exploring this?

Exploring utility within the system is a vital part of innovation… as rapidly as possible so that we don't flog too many dead (digital) horses

[n=32]

Hypothesis 4:

Effective clinical and practitioner **leadership** at both national and local level is essential to enable successful spread and adoption of innovation. Local clinical leadership is particularly important to mobilise resources and engage stakeholders.



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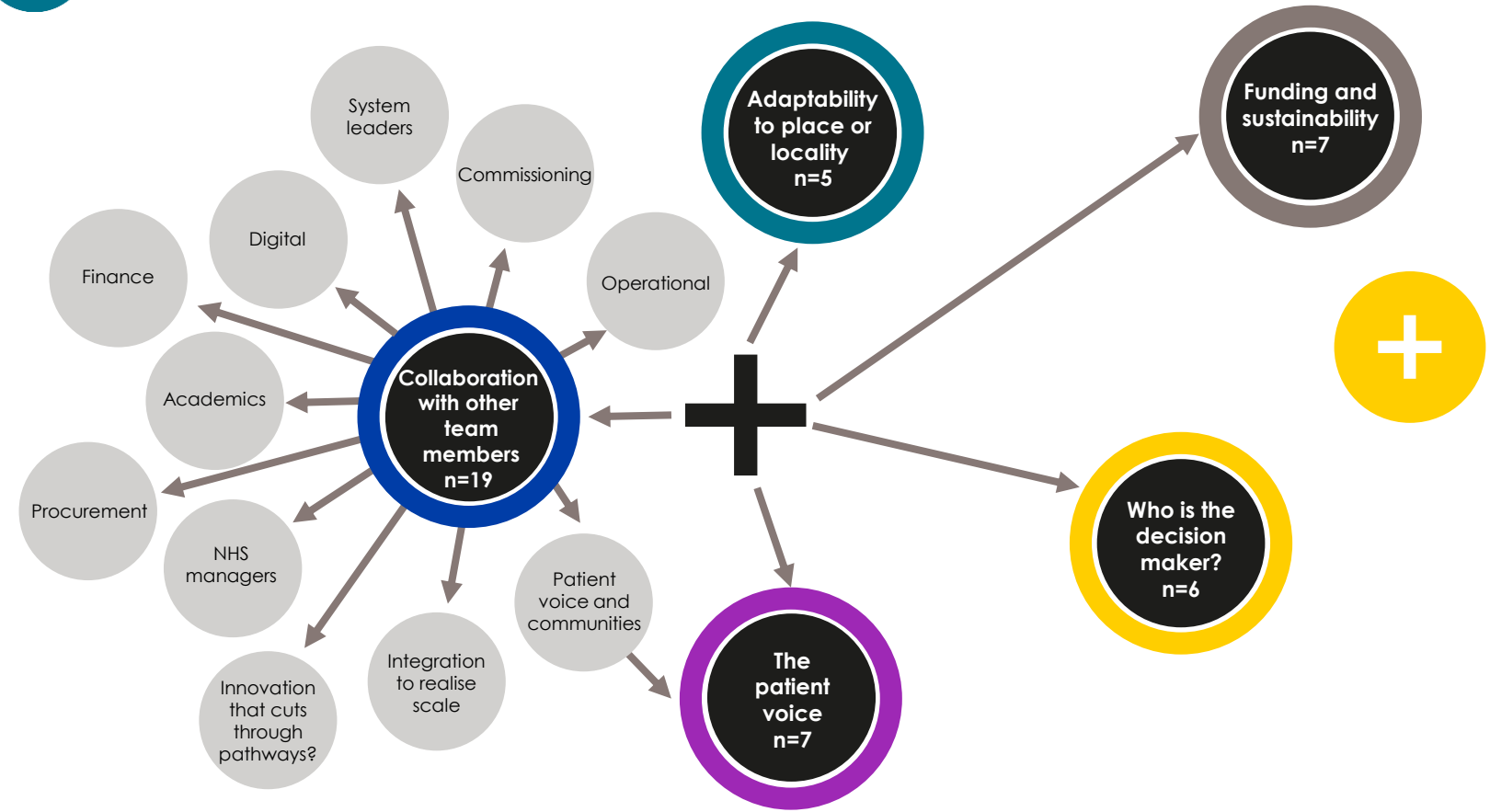
“Given the way the system works, this is the only way to do it. Part of the great thing about having ICBs is that it is possible to join funding and coordination up across the system, particularly between primary and secondary care and the broader interaction with the public.”

Innovator

Clinical champions who can tell a persuasive story with facts, figures, and quotes will be pivotal […] Reflective practice is vital in all aspects, but how do we achieve this meaningfully on the ground?

Representative from a health innovation network

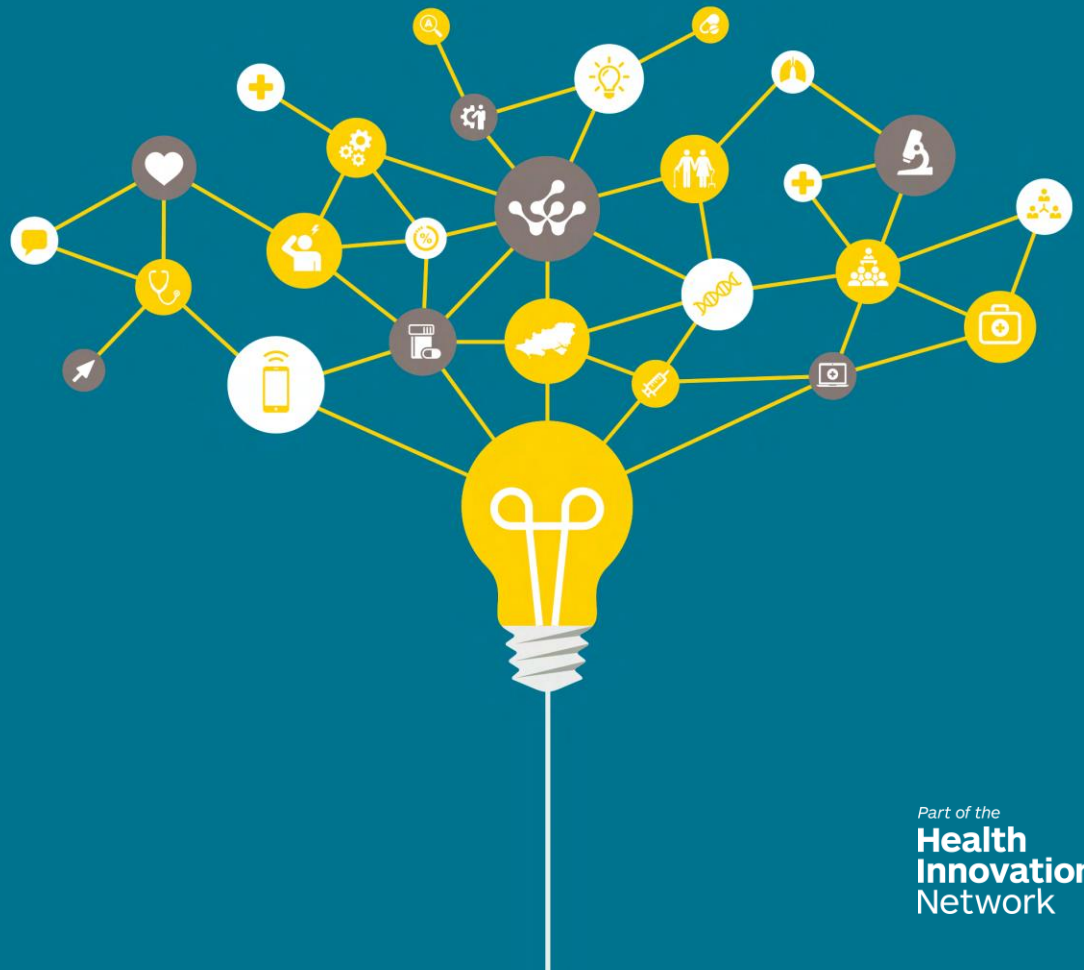
Leadership is important, but also consider:



[n=36]

Hypothesis 5:

Timely national and local quantitative uptake **data**, and qualitative information on enablers and barriers to adoptions, is necessary to increase contextual understanding and will build and drive behaviour change in a culture of learning and reflective practice.



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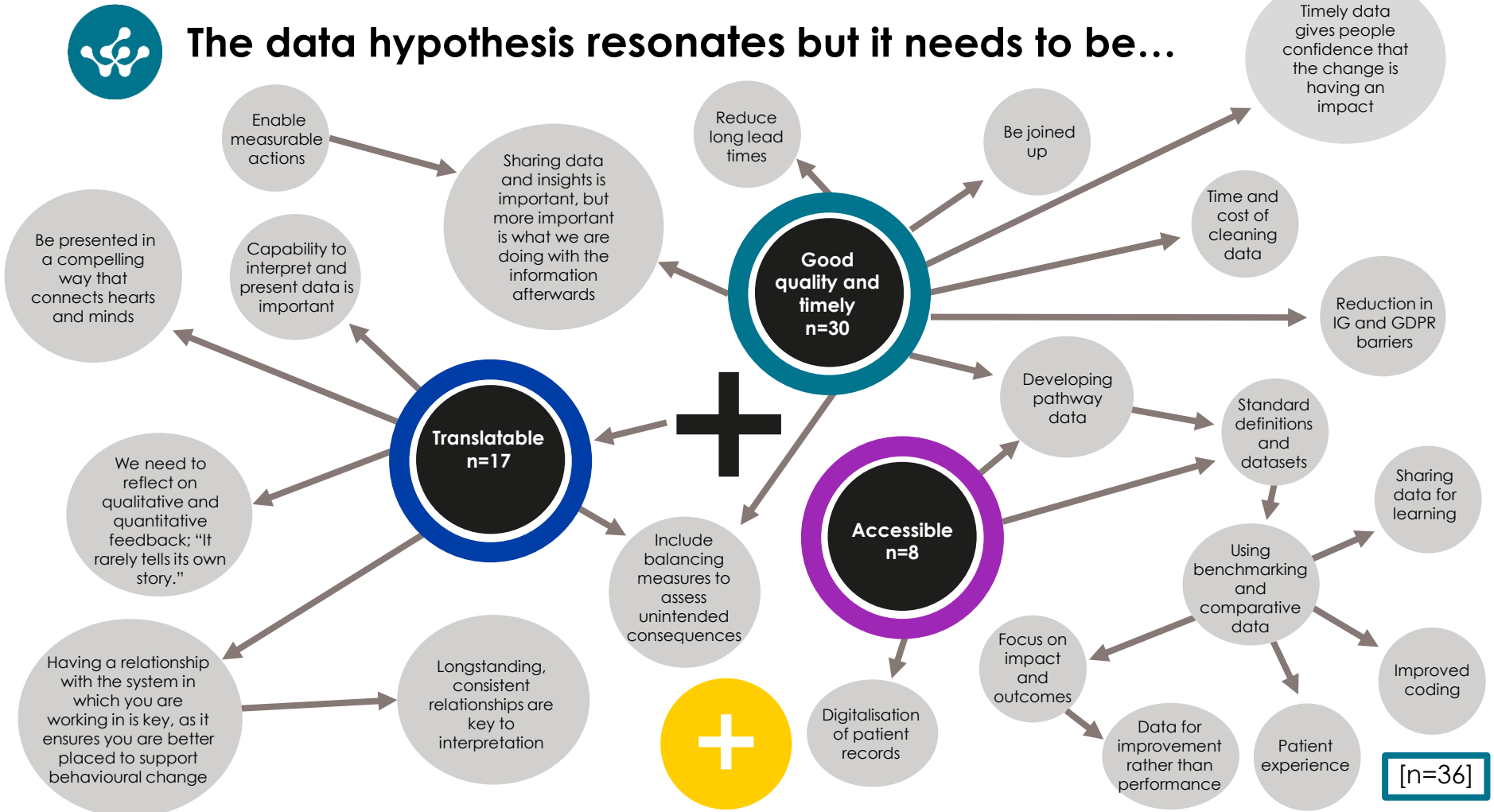
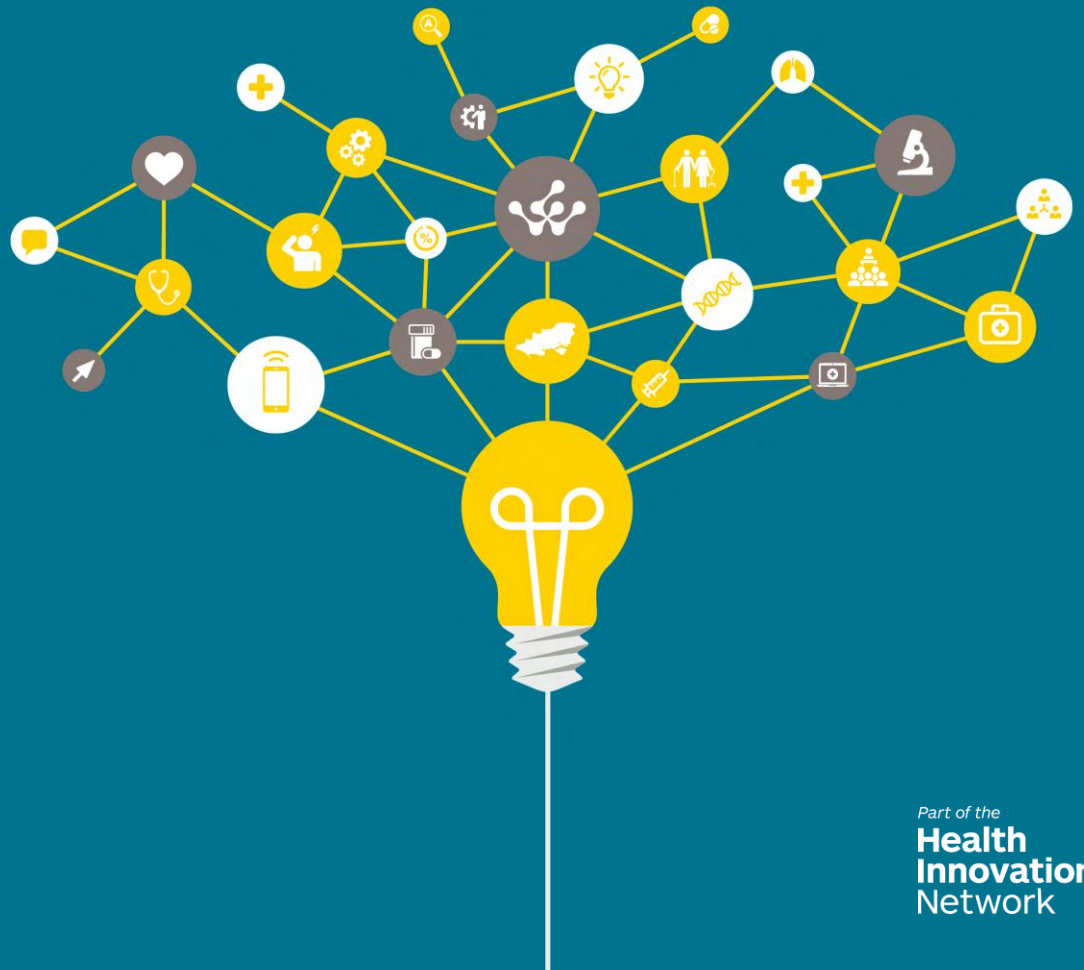
The data hypothesis resonates but it needs to be…



Hypothesis 6:

Participative **decision making** across the adopting team, led by managers and leaders through the development of a robust business case that can demonstrate both clinical benefits and resource impact (ideally cost savings), is key to ensure sustained adoption.



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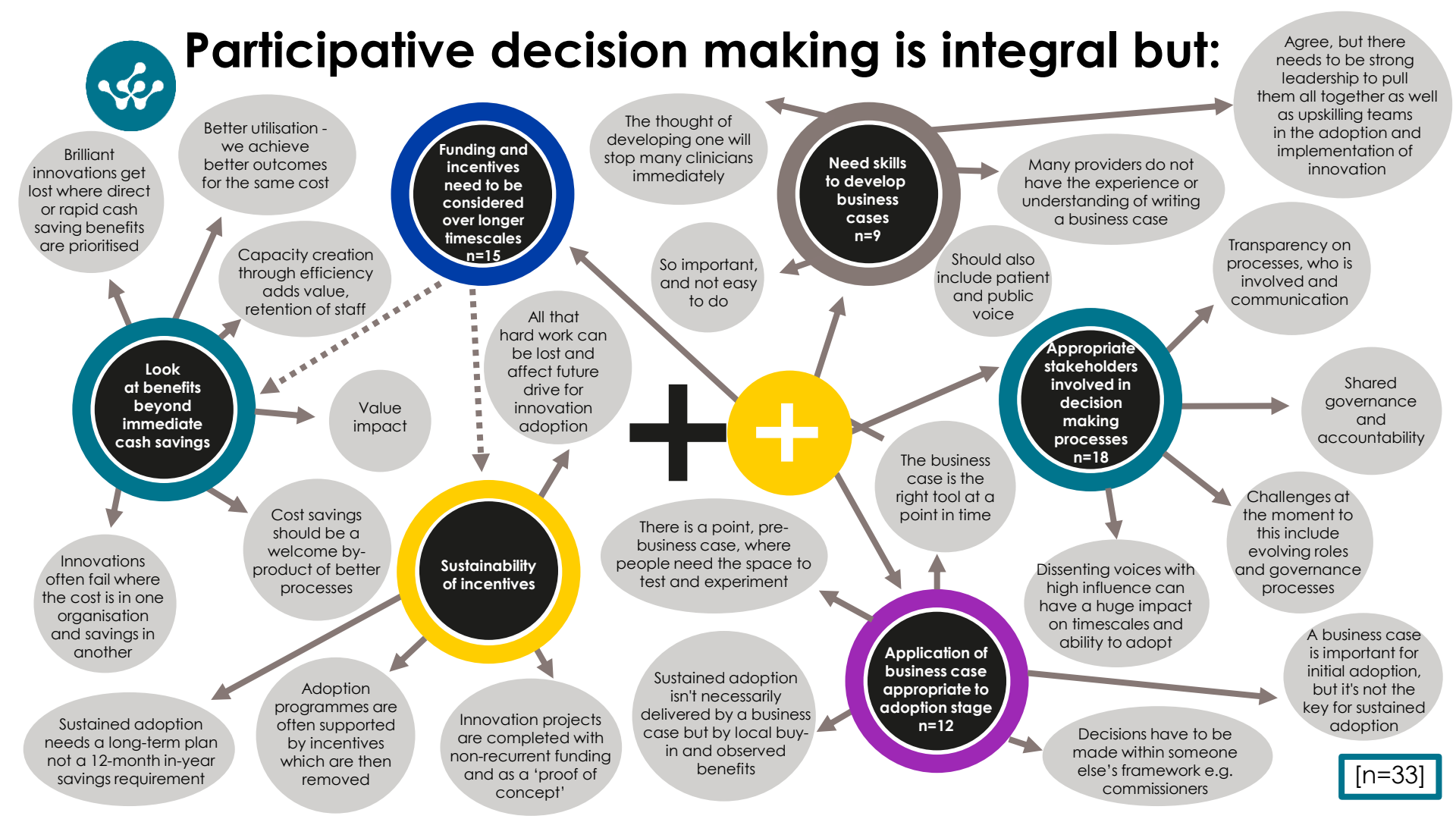
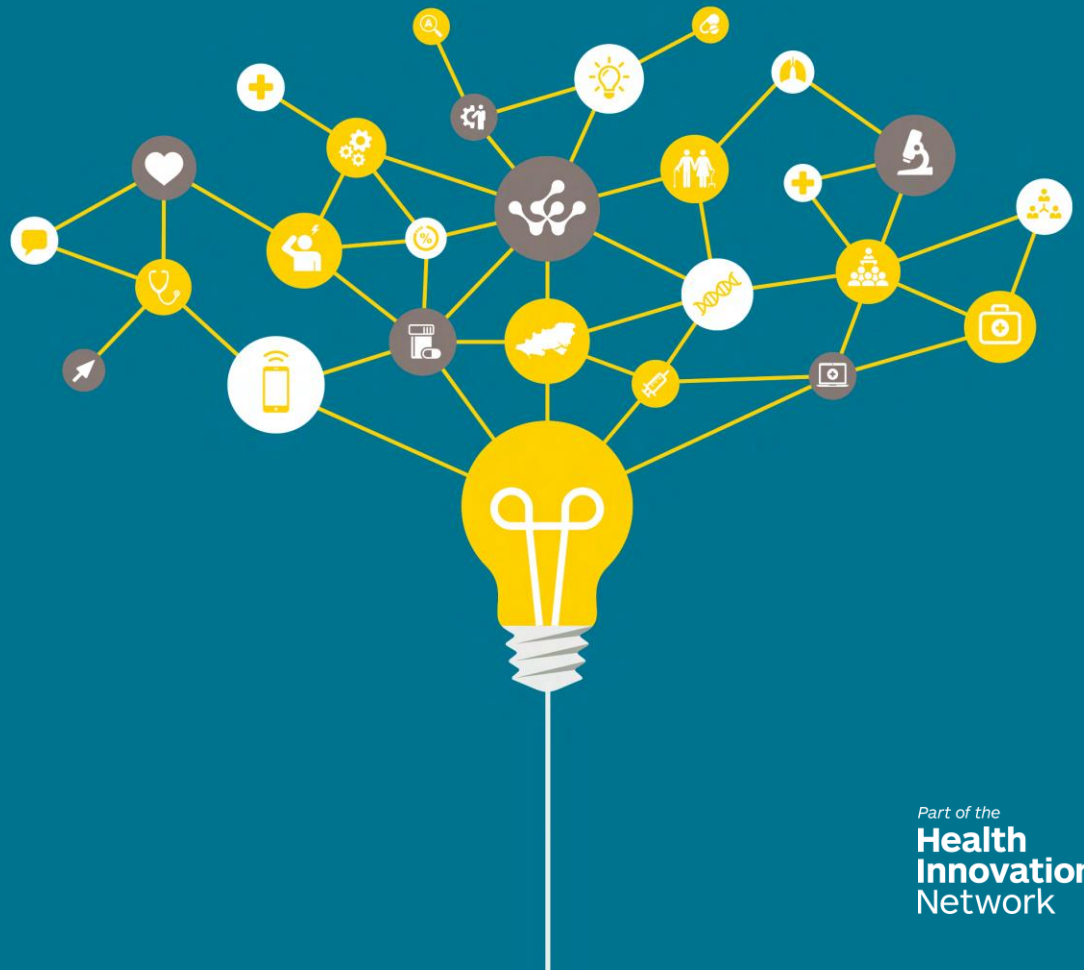
Participative decision making is integral but:



[n=33]

Hypothesis 7:

A robust **evidence base** demonstrating both clinical efficacy and return on investment and value, and health and social care workforce impact will be a key driver in supporting the spread and adoption of specific innovations.



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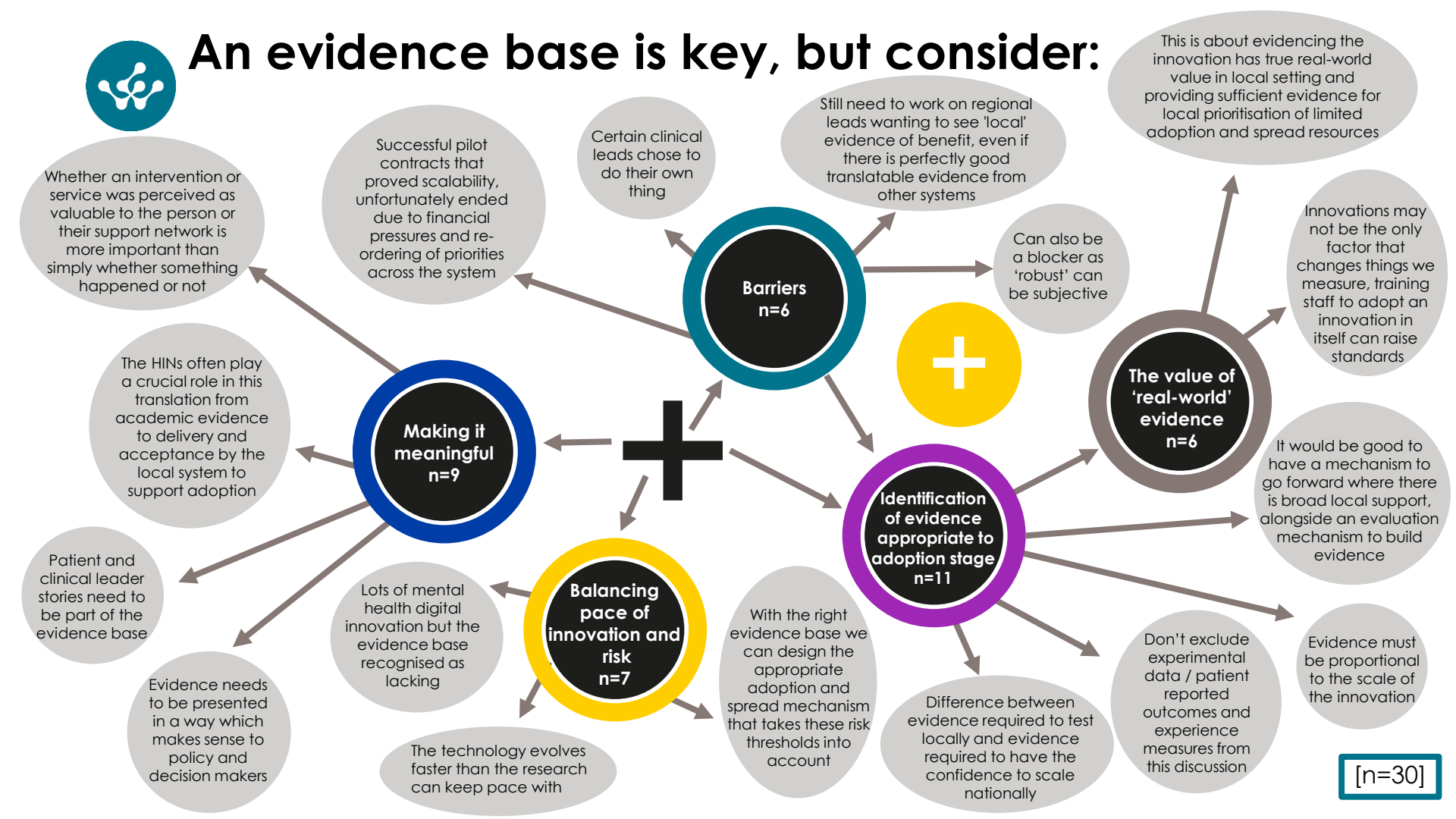
An evidence base is key, but consider:

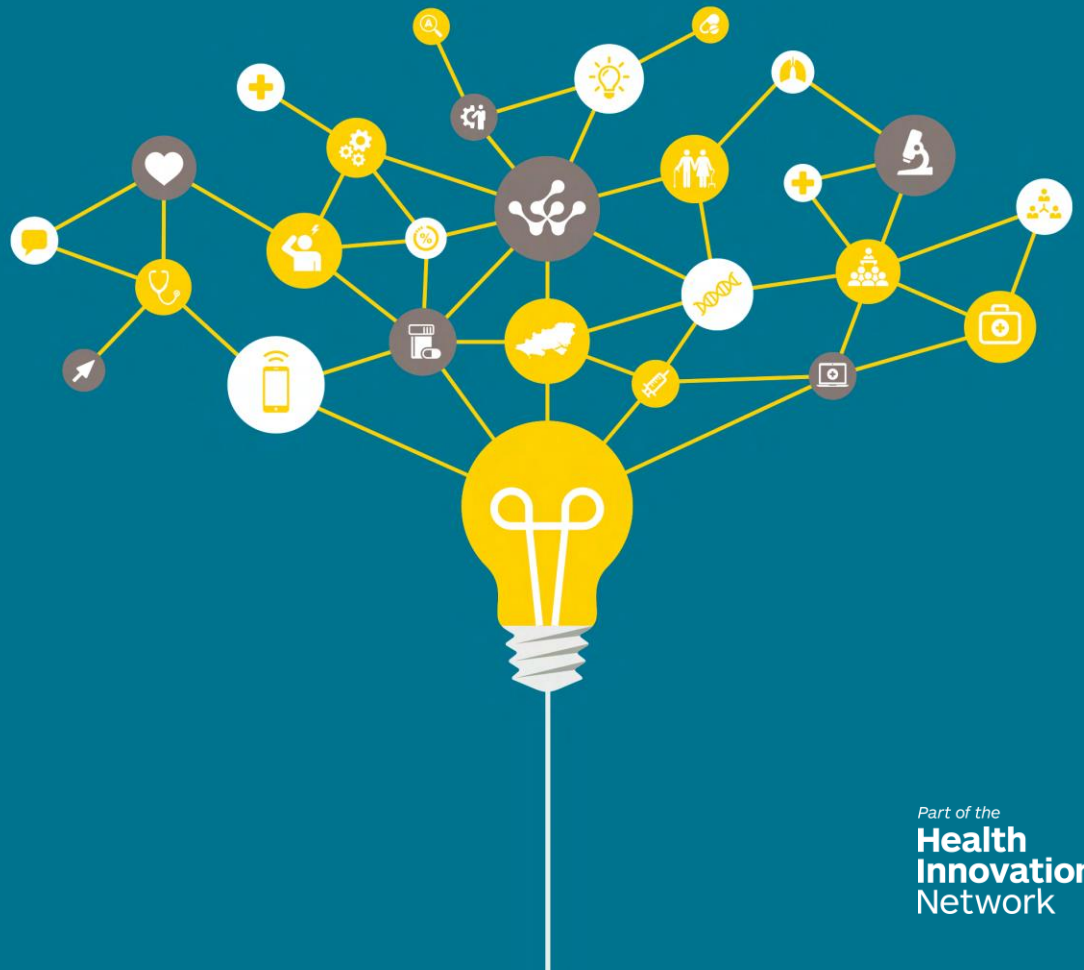


If you turn the hypothesis around and ask, "If there is no evidence, would this facilitate adoption and spread?" then the answer would be a clear 'no'.

Representative from a health innovation network

Hypothesis 8:

The informal system, defined as people in the **workforce** who often work unseen with their network to drive continuous improvement, are vital for successful innovation adoption. Growing our informal system by enhancing the capability and capacity of the whole health and care workforce with skills in pathway transformation and adoption of innovation will enable more effective spread and adoption of innovation.



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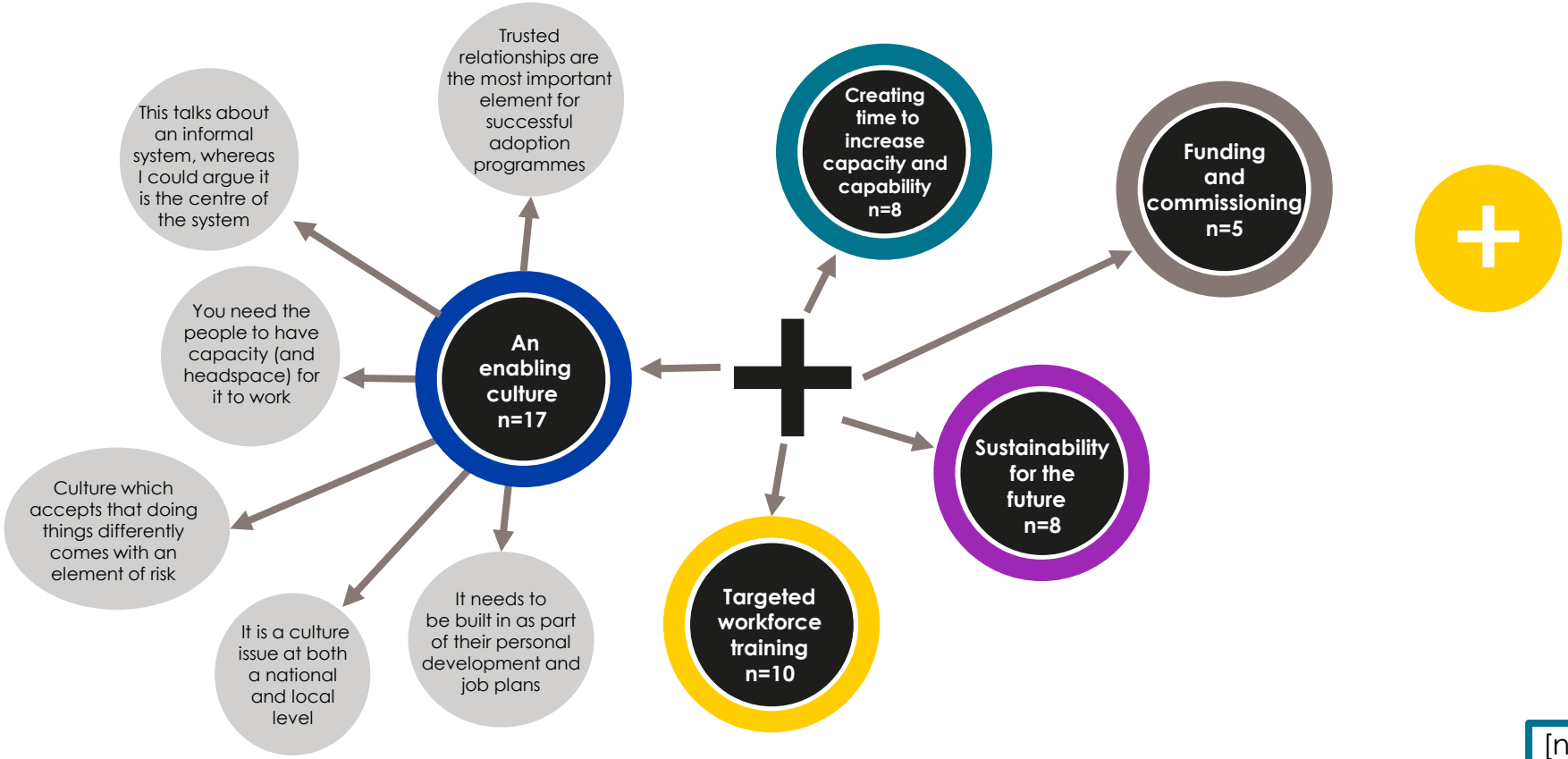
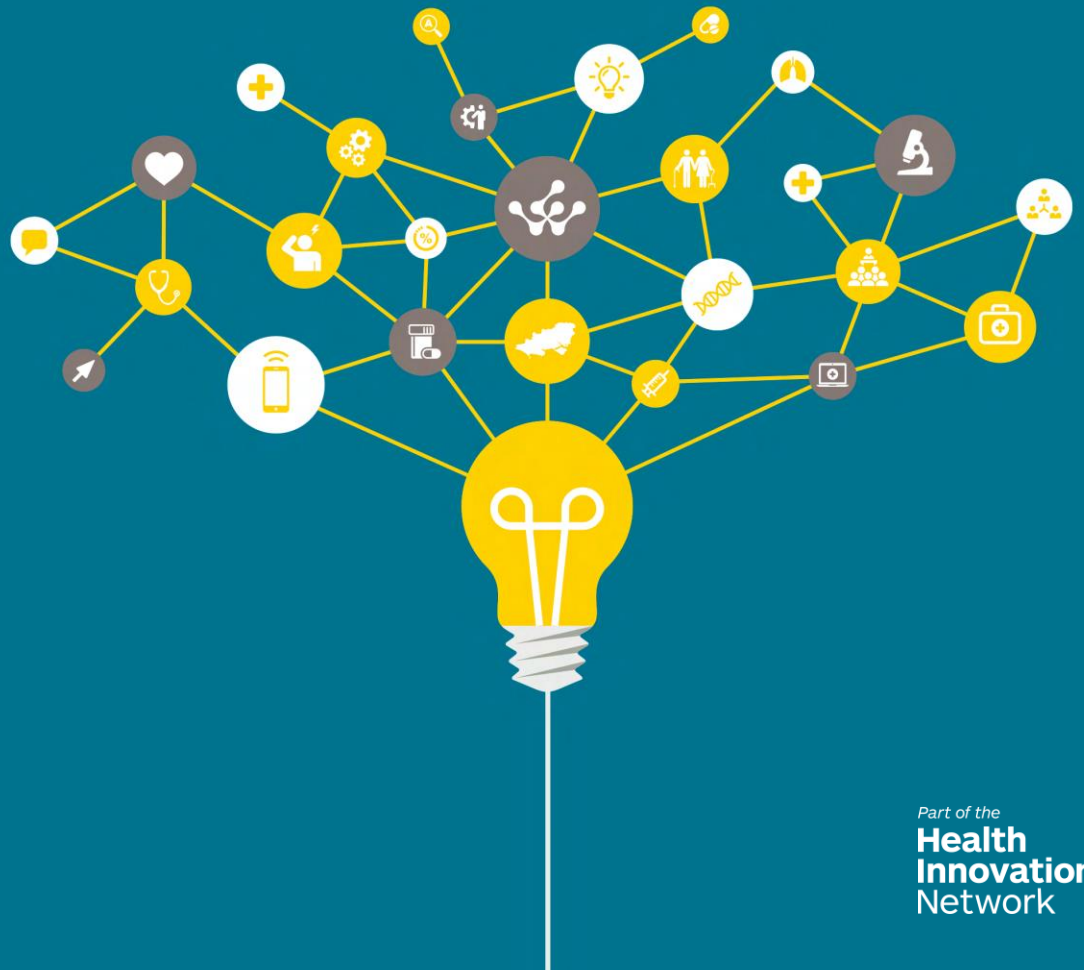
Within the innovation ecosystem, considerations for the workforce include:



[n=29]

Hypothesis 9:

Spread and adoption of innovation at pace and scale requires a continuous, iterative **process** that learns from local adaptation, fidelity requirements and implementation, and the use of different national and local system levers in diverse systems.



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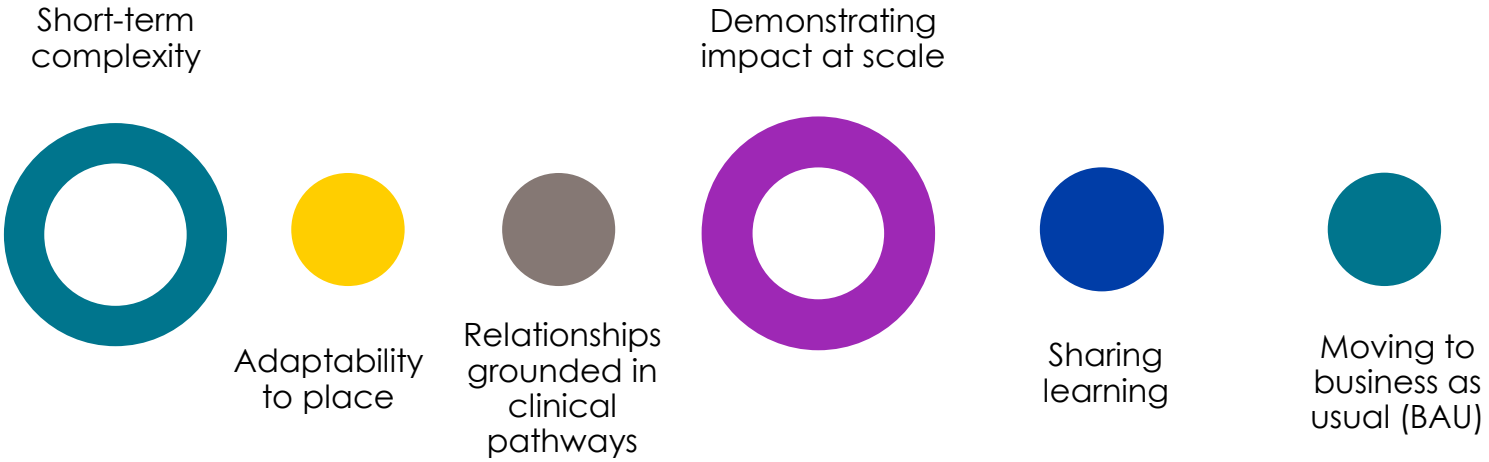
Understanding the process across the whole innovation ecosystem pathway is imperative.

The elements that need to be considered alongside the hypotheses are:



[n=29]

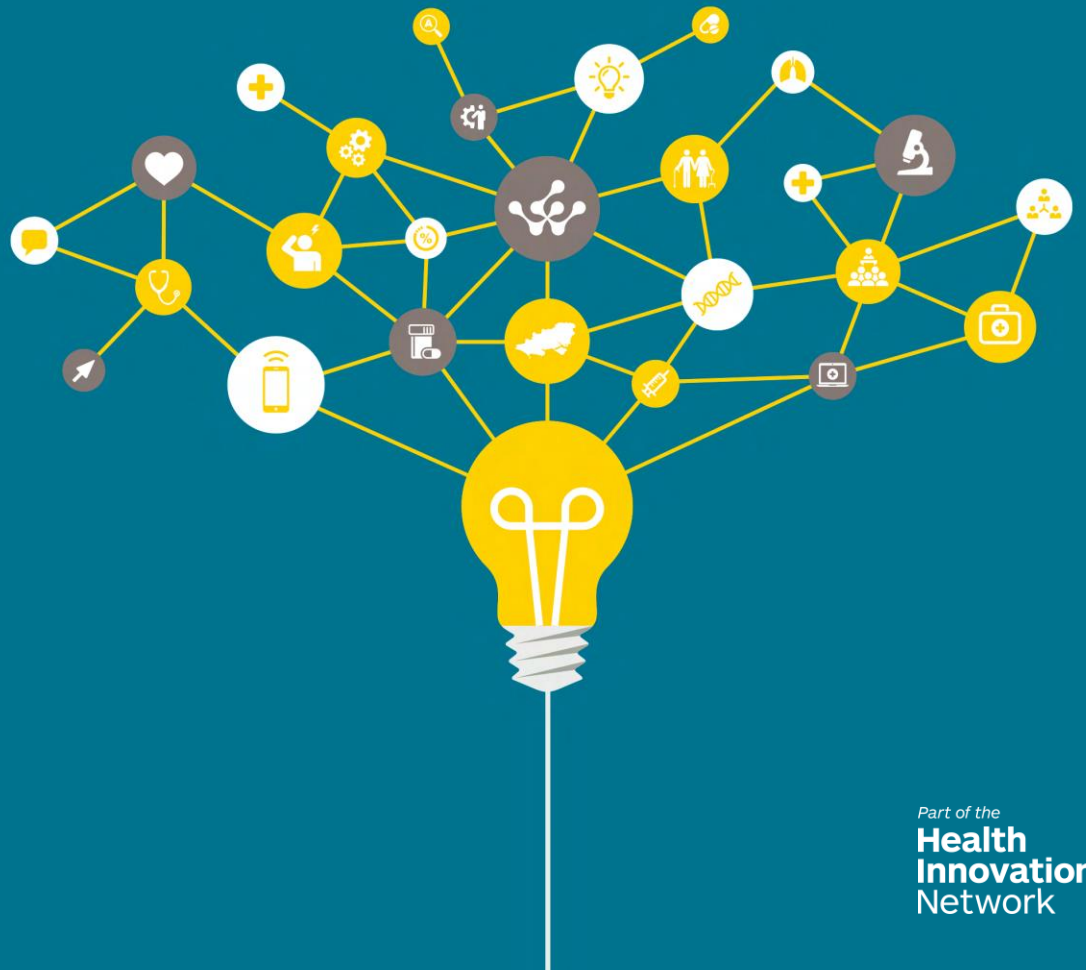
> **Yes, innovation adoption is not a straight line but more like spiral loop where, as we work on having the innovation adopted, the more we learn and the more we understand the system within which we operate. That leads us back to revisit our early assumptions, clarify further our problem statements, and see how the system has responded to the early stimuli so we can adapt our approach.**

Representative from a health innovation network

[…] sometimes great innovations get lost in the complexity of the business case arena.

NHS organisation

Missing hypotheses and pre-requisites for an innovation ecosystem



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Pre-requisites for an innovation ecosystem

Question 10 encouraged the group to reflect on any hypotheses that were missing from the original nine hypotheses. On reviewing, these areas could be considered as pre-requisites for an innovation ecosystem and responses echoed feedback across other hypotheses. These include:

Patient [and community] voice

Financial stability

Support from transformation teams

Addressing cross cutting themes including health inequalities

Adaptability to place

Sharing best practice with decision makers

Alignment of multiple strategies to enable scalability

Moving from policy/management approach to business as usual (**Responsible, Accountable, Consulted, Informed**)

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