Quality and innovation in the NHS

The NHS faces probably the greatest challenge since its creation. Health economies in developed countries have inflation which is, invariably, greater than general inflation. This is attributed to rising patient expectations, changing demographics and disease patterns plus advances in technology and treatments, although this may not be the entire story as it has been suggested that there is a cyclical pattern to demand which has still to be explained (Jones, 2010).

No matter what the cause, historically, budgets have needed to grow year on year in order to avoid deficits. The NHS has benefited from an era of unprecedented growth in funding, with average growth of 7% per annum (Appleby et al, 2009). This growth has now ceased and if the NHS carries on doing what it has always done, it will rapidly accumulate a deficit. This is the eponymous 'Nicholson challenge', as the Chief Executive of the NHS and NHS Commissioning Board has repeatedly drawn people's attention to this scenario.

Improving quality

Many of those working in the NHS will remember the long waiting times at the end of the last century. No one would want to return to such an abysmal situation. Maintaining the quality improvements which have been achieved over the last decade (Pritchard and Wallace, 2011) and continuing to improve quality have become a priority for the NHS. The national Quality Innovation Productivity and Prevention (QIPP) programme has the objective of supporting quality, through driving the triple aims of spreading innovation, improving productivity and improving prevention. A lot of work has been done on productivity and learning from other industries, with the NHS Institute for Innovation and Improvement creating a set of 'productive' tools which use lean methodology to the benefit of health care (Jones and Mitchell, 2006).

The prevention agenda, highlighted in the Wanless report, requires a sea change in public and political attitudes that appears unlikely to materialize, despite the fact that the beneficial financial impact on health need would be in the order of £30 billion (Hunter, 2003). However, the NHS can contribute to improving health, both as the largest employer in the economy seeking to improve the health of its employees and through contact with the public – offering both primary and secondary prevention and making every contact count (NHS Future Forum, 2011).

Innovation

Supporting and spreading innovation is not easy, however. Innovation means different things to different people. Innovation is about the creation of better or more effective products, processes, services, technologies or ideas that are accepted by markets, society and governments. It can therefore occur at all sorts of levels in a health system. There will be both macro and micro innovations, all of which should be valued and supported. If we are to meet the financial challenge facing the NHS, innovation, at all levels, is needed and fast.

This will require a huge effort. The seminal publication *Crossing the Quality Chasm* (Institute of Medicine, 2001) noted:

> **'Scientific knowledge about best care is not applied systematically or expeditiously to clinical practice. It now takes an average of 17 years for new knowledge generated by randomized controlled trials to be incorporated into practice, and even then application is highly uneven.'**

The NHS has been no different to other health systems in struggling to diffuse innovation widely, systematically and at pace (Barlow and Burn, 2008). Recognizing this, the NHS Chief Executive launched a review to examine how the adoption and diffusion of innovation could be accelerated across the NHS. After a call for evidence, the report *Innovation, Health and Wealth: accelerating adoption and diffusion in the NHS* was published (Department of Health, 2011).

The report identifies that not only is it important for the NHS to adopt innovation which significantly improves the quality of health and care, wherever it is applied but, in so doing, it is supporting and contributing to economic growth, specifically in the health and life sciences industries. The report highlights that innovation:

1. Transforms patient outcomes
2. Can simultaneously improve productivity and quality
3. Is good for economic growth.

Given these 'no brainers' then why doesn't it happen? Understanding the barriers to innovation is important in creating solutions. The report states there are six major barriers to be addressed:

1. Poor access to evidence, data and metrics
2. Insufficient recognition and celebration of innovation and innovators
3. Financial levers do not reward innovators and can act as a disincentive to adoption and diffusion
4. Commissioners lack the tools or capability to drive innovation
5. Leadership culture to support innovation is inconsistent or lacking
6. Lack of effective and systematic innovation architecture.

To overcome all of these difficulties it is suggested that three forces need to be applied:

1. Top down pressures: central requirements, regulation and incentives, and support, such as guidance and skills development
2. Horizontal pressures: peer influence, transparent reporting, collaboration, competition and effective marketing from external suppliers
3. Bottom up pressures: patient and public demand for best practice, professional and managerial enthusiasm, entrepreneurship and choice.

The feedback which the review team received from a wide range of people and organizations contained some very clear, common themes:

1. We should reduce variation in the NHS, and drive greater compliance with National Institute for Health and Clinical Excellence guidance
2. Working with industry we should develop and publish better innovation uptake metrics, and more accessible evidence and information about new ideas

3. We should establish a more systematic delivery mechanism for diffusion and collaboration within the NHS by building strong cross-boundary networks
4. We should align organizational, financial and personal incentives and investment to reward and encourage innovation
5. We should improve arrangements for procurement in the NHS to drive up quality and value, and to make the NHS a better place to do business
6. We should bring about a major shift in culture within the NHS, and develop our people by 'hard wiring' innovation into training and education for managers and clinicians
7. We should strengthen leadership in innovation at all levels of the NHS, set clearer priorities for innovation, and sharpen local accountability
8. We should identify and mandate the adoption of high impact innovation in the NHS.

Critically, the report claims that 'with a focus on greater decentralisation, and the greater local responsibility that goes with that, the centre can no longer just tell the NHS what to do'. It then goes on to set out a series of specific actions (Department of Health, 2011).

The report, the recommendations, the proposed actions and the intended consequences are all laudable. However, if we are to deliver the innovation required we need to change the culture from that described in 2008 (Barlow and Burn, 2008) to one where NHS managers are judged far more by how innovative they are and how far they improve services for patients – not just whether they deliver the budget.

Give a value to quality

We need to focus on value where the quality of what is being bought is as important as how much it costs (Porter and Teisberg, 2006). So long as blame for failure outweighs the rewards for success, then the NHS will continue to rank poorly for change management (Barlow and Burn, 2008). Change management is hugely complex and although the framework set out addresses many of the barriers to spreading innovation it is not the whole story. Hearts and minds need to be engaged. Front line staff need to be given a real sense that their contributions and their concerns are important and will not only be listened to, but acted upon (Keller and Aiken, 2008).

There is a risk that 'innovation' will be turned into a tick box exercise, giving false reassurance to the centre, rather than having a sustained and beneficial impact for patients. We cannot afford to let that happen and must tackle the financial challenge through innovation – but remember that this is as much about people as targets. The NHS has a great many strengths. Collectively, we need to engage people across the NHS in embracing innovation. This framework will support that if we also focus on getting the message across about why it is needed and, perhaps counter-intuitively, permit some failure if we are to achieve success (Harford, 2011). BJHM

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KEY POINTS

- The NHS faces, possibly, the greatest challenge since its creation.
- Quality needs to be maintained by a focus on prevention, productivity and innovation.
- Historically innovation can take decades to spread.
- The NHS needs to take a systematic, large scale approach to innovation.
- This will only succeed if the people required to make it happen understand why and are supported to do so.

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