

Health Innovation Council

First Meeting
27th November 2007
Richmond House

Summary of the key points presented to the council

Vision and Purpose of the Health Innovation Council – Lord Darzi

The Next Stage Review will determine the direction of the health service for the next 10 years. Innovation is central to the emerging thinking with a vision of a service focused on the quality of care that it delivers to its patients. The Health Innovation Council will need to look at the innovation pathway from invention to adoption, if it is blocked at any point we will be held back. Equally we need to take a holistic approach examining pharmaceuticals, medical devices, clinical practice, delivery models and management.

Overview of Key Milestones – Mark Britnell

Work has begun on a four week think piece leading into an eight week stakeholder engagement activity. This will lead to the production of an emerging thinking paper which will be fed into the next HIC meeting on the 7th February. A stakeholder event will follow the next HIC meeting. All of the above will feed into Lord Darzi's Next Stage Review final report to be published in Spring 2008.

Science and the Innovation Pathway – Professor Sally Davies

Outlined the role of the NIHR and the future funding for health research. The National Institute of Health Research plays a pivotal role across faculty, research, infrastructure and systems. It plays a central role in the health research pathway.

Treatment and Intervention – Dr Felicity Harvey and Andrew Dillon

Outlined the current activities for pharmaceuticals, medical devices, medical technology. This included the role of the ministerial industry strategy group, the ministerial medical technology strategy group, the Cooksey recommendations as well as the challenges for devices and technology. In addition there was a presentation outlining the role that NICE plays

Health and Social Care Delivery – Professor Bernard Crump and Mark Britnell

Outlined the role of the NHS Institute for Innovation and the things that this group had learned about innovation and in particular adoption. Key to the presentation was a sense that when we know what to do we must execute it flawlessly and when we don't we must innovate. In addition there was an overview of the practical realities of innovation in delivery

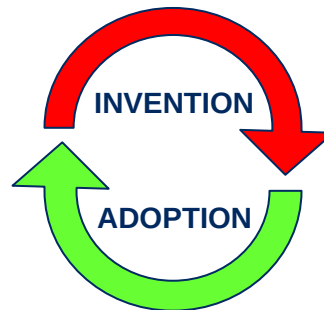
In the main discussion of the council a number of themes emerged

Barriers

- Culture that doesn't value innovation
- Risk averse culture
- Lack of funding for innovative ideas
- Insufficient knowledge sharing to find ideas
- Time to take idea through to adoption is years not weeks
- Bureaucracy slows down adoption
- Insufficient leadership capacity
- Commissioning can prove to be a barrier
- Issues at PCT & SHA level
- Levels of mandation and nature of guidelines can act against local initiative
- People incorrectly believe that centrally mandating acts as a barrier to innovation, it doesn't
- Benefits may accrue outside accounting period

Enablers

- Combining academic and medical centres
- Centres of excellence can improve performance in regions
- Good communication
- Institutions to hold innovation information



Process Points

- Be clear on scope
- Define innovation
- No reports please, we know what the issues are let's focus on solutions
- Focus on small changes as well as big ones

Opportunities

- Build an obligation to conduct research
- Be clear on balance central vs local accountability
- Innovation KPIs for individuals
- Focussed incentives around innovation
- Local innovation champions
- Linkage with world class commissioning
- Viewing through the lens of the customer
- Working across local economies with multiple agencies
- Creating a HIC to drive innovation
- Best practice is a minimum standard, innovation should drive further improvement
- Centres for clinical innovation
- Accelerated programme to fast track

Council members identified the most important areas for their focus

Part A – Adoption & Culture

A focus on adoption as opposed to invention

- The Science base is under control and improving, what needs to be cracked is adoption. How do we get new ideas to impact on patient experience and outcomes?
- We need to understand the levers that will enable us to move across the bell curve for the diffusion of innovations.
- Over the last 10 years the gap between invention and adoption has widened. Why and how do we change that?
- We must support small steps and practical advice for adoption at the local level.

People, culture & incentives

- We have to incentivise the system to shift resources towards new technologies and treatments in the medium term. Culture today is too risk averse.
- Culture eats strategy for breakfast. How do we create a culture that drives innovation and give leadership time to absorb the necessary changes.
- We need to be clear about the values that will support an innovation culture. This is critical across the PCT/SHA boundary.
- We need to be clearer about the training and skills needed to support these changes.
- We have to understand how to make the primary/secondary interface support innovation rather than act as a blocker on innovation. Culture change here is important.
- We need to model the horizontally integrated systems around the patient. We need to support this with appropriate culture, rewards and incentives.

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Part B – Best Practice & Scope

Learning from best practice

- The model that seems to work in other countries is around networks and hubs. We need to put more flesh on the concept in the context of the NHS and socialised medicine.
- We have to up the game on innovation through best practice. Innovation has to add value to best practice, so we need to understand how to close the gap on what we already know.
- How do we build on existing successes? What can we learn from academic health centres and the governance models of R&D?
- We need to understand what has already worked in adoption and share learning around motivations of innovators as much as what they achieved.

Scope, sequencing & approach

- We need to factor genetics and IT within the overall scope of the HIC.
- We need to focus on the innovations that will have big impacts and not spread ourselves too thin.
- We must not ignore simple changes that can have a high impact in the short term in pursuit of big step changes into the future.
- We need to work out a big issue end to end (suggestion the ageing population) and understand if and how virtual organisations can play a role in establishing the appropriate culture.
- We must not be shy about central direction or holding people locally to be nationally accountable.

Between now and the next meeting the following activities will be completed:

- Definition of the scope of the work and the issues that need to be overcome
- Engagement of stakeholders to ground the thinking in practical realities
- Generation of a first view of potential solutions

Council members each agreed to be involved in the process between this meeting and the next in the 7th of February.

Lord Darzi closed the meeting by thanking the council members for their time.