

# We need innovation, improvement and implementation more than ever – but how?

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- Dr Malte Gerhold

Despair comes easily in health and social care these days. From the daily headlines about crowded hospitals and [growing ambulance delays](#) to the underlying investment gap in workforce and infrastructure. Services are struggling to keep up with current demand, never mind get on a sustainable path to meet future expectations.

It's time for some (cautious) optimism, however. Millions of people still receive great, timely care every day, thanks to the huge efforts made by staff across the UK. It's easy to miss this achievement among all the difficulties we face. And making progress on innovation and improvement is now more important than ever, not just to enhance the services we have today but also to create the services we need tomorrow.

## Adapting our approach

We believe that such progress is possible, even in our current situation – but only if we adapt our approach to innovation and improvement itself.

There is an interesting tension about this in the UK. On one hand, the UK is among global leaders in health research and development. And the pandemic has shown that rapid progress in making service changes is possible, such as the development and roll-out of COVID-19 vaccines, and introducing digital consultations and (to some extent) home monitoring.

On the other hand, the UK needs to become a lot better at adopting and spreading innovations in health and care, not just in a crisis but every day. The successful uptake of proven solutions – be it drugs, medical devices, new service models, or better uses of data and technology – can

still take years. This is not only in marked contrast to other industries; it also substantively undermines the case for the UK as a leader in health care research and innovation.

## **Innovation is nothing without implementation**

If only a fraction of the investment that goes into health care research and development also went into its successful implementation and spread, how much more powerful would the evidence be about what works? How many more improved ways of working and outcomes would we see across the country? And how much more credible and exciting would the UK be as an investment destination for health and care?

If innovation is one side of the social and economic development we want to achieve, then implementation has to be the other. Yes, [more funding for health and care services is essential](#); but what we also need for a sustainable future in health and care is an effective 'engine' for innovation, improvement and implementation.

## **We need radical innovation and improvement**

In the Health Foundation's forthcoming strategy for 2023–25, one of our strategic priorities is to help achieve radical innovation and improvement in health and care, by providing insights, resources and opportunities for services to help them meet people's current and future needs and provide high-quality, efficient and equitable care.

Radical? Yes. We're not talking about the funding or structure of our services, but about the deep-seated and far-reaching shifts we need in how care is being delivered. About the step changes in integration, prevention and personalisation, the fundamental shifts in care settings, and the need to build on the revolution we're seeing in technology, data and genomics. And about the cutting-edge improvement approaches health and care services will need to drive up quality and embed these changes sustainably.

The Health Foundation will have three specific objectives to support this priority:

### **1. Support and evaluate promising new approaches**

First, there is actually relatively little consensus about what changes to service models we need, and what role for technology and data we want. This is why we want to support the development and evaluation of promising new approaches to care, so that they better meet evolving health and care needs.

For example, we will launch a new funding programme early next year to help convene local system partners (including tech partners) from across health and social care to develop new approaches to improve care at home.

This will be an iterative process, with support to robustly develop ideas, before selecting the right approach to test and implement.

We will also work with local analytics teams in our [Networked Data Lab](#) to develop and spread novel analyses of linked data to support service improvement. And we will scope options for supporting the achievement of a [carbon net zero health and care system](#).

## **2. Enable an ecosystem for generating, adopting and spreading innovation**

Second, there is just as little consensus about how changes to service models are best implemented and spread.

This is why we want to help build a successful ecosystem for the generation, spread and adoption of innovation and improvement, so that more good ideas have sustained impact at scale.

For example, we will work with our [Improvement Analytics Unit](#), jointly funded with NHS England, to demonstrate rapid but robust ways of evaluating new approaches to care that help their successful implementation. We will also support THIS Institute to significantly expand its work in [engaging staff and service users](#) at scale to generate evidence for innovation and improvement, through its [Thiscovery](#) platform. And we will share our learning on best practice in supporting adoption and spread – drawing on examples from the UK and overseas.

## **3. Strengthen improvement culture and capability**

Third, another critical part of the how is developing the right culture and capability in health and care organisations to make these changes happen. We want to continue our work to strengthen improvement capability and culture at both organisation and system level, so that health and social care providers can improve services and deliver change more successfully.

For example, we will work with integrated care boards and their local partners to develop improvement capability and spread [learning across a local area](#), connecting perspectives and work across traditional care silos and professions.

We will share insights into management best practice and help build improvement capability to tackle inequality in access and outcomes. And we will partner with our existing strategic investments like the [Q community](#), [IMPACT Centre](#) and [Flow Coaching Academy](#) to strengthen their role in building capability and sharing learning.

## Preparing for the future

Several aspects of these three objectives are new for the Foundation, and – as described in [my last blog](#) – we will explore new ways of funding and building capability, including through longer-term partnerships, to help us achieve our ambition.

Although our own financial contribution may be small in comparison to overall NHS spending, by using it to generate evidence and learning, connect people, support the spread of good ideas, influence policy and build capability for change, we can make a real difference. Ultimately, it is the Health Foundation's responsibility, [now more than ever](#), to help create a path for innovation and improvement that supports health and care staff and services to successfully manage today, and prepare for the future.

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*This content originally featured in our email newsletter, which explores perspectives and expert opinion on a different health or health care topic each month.*

<https://www.health.org.uk/news-and-comment/blogs/we-need-innovation-improvement-and-implementation-more-than-ever-but-how>