Innovative Designs for Providing Healthcare; A UK perspective

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Some significant policy convergence...

• US
  - ACOs
  - More interest in population health
  - National efforts on Innovation
  - Coverage

• UK
  - A more atomised NHS
  - Strong emphasis on market mechanisms
  - Fewer national targets
  - Smaller centre
Innovation in the NHS

• Punched above our weight in Invention and Ideation

• Conspicuously less good at Adoption and Spread, and at Commercialisation

• This notwithstanding our apparent advantages
Do we have a problem in spreading innovation?

- Some spectacular examples of rapid spread of new technologies with unequivocal benefit, but

- These are very much the exception

- International comparisons suggest slower adoption and spread notwithstanding different resource availability
Innovative Designs for Healthcare Delivery

• Major focus on Long Term Conditions
  – Access through innovations in consultation;
    e Consultation
    Telemedicine consultation for hard to reach groups
Results at Stour Surgery

• Did Not Attends are reduced to almost zero
• 1/3 only of patients need to see the GP
• 1/3 of patients need to see a nurse
• 1/3 of patients can be dealt with over the phone without seeing a member of the team in person
• Allows same day and future access
• Very strong Patient and GP preference for this way of working
Innovative Designs for Healthcare Delivery

• Major focus on Long Term Conditions
  – Access through innovations in consultation;
    e Consultation
    Telemedicine consultation for hard to reach groups
  – Skills escalator changing the boundaries between professionals
  – New organisational forms “Social Enterprise”
Innovations in design of healthcare delivery

- Learning from experts in the design process
- Partnering with the Design Council
- Putting patients at the centre of service redesign
Patient Experienced Based Design
Features

“Emotional Mapping”
Real time analysis of spectrum of emotions for patient and carer
Identified for patients the most critical “touch points” in their journey

“Co-design Teams”
Equal partners; using the maps to help prototype changes to service delivery. Then PDSA cycles to measure impact of the changes

Resulting in typically
A myriad of changes in details of service delivery
Dramatic changes in staff and Executive attitude to this work
Welcome to the Design Council

Can a commode cut the risk of infection in hospitals?
It can if it’s been developed to Design Bugs Out.

Insights: Thinking Differently; Observation; Co-Production; Prototyping; Structured Process
Towards an Innovation Culture

Leadership for Innovation

Risk Appetite

Knowledge Management

Solicited Innovation

Business Process Alignment
Thank You

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