

Research Briefing | May 2016

# Supporting Employee Driven Innovation in Healthcare

“Many of the problems which we suffer in the NHS are solvable if we use the intellectual capital of the 1.4 million people who work in the service. That’s where the solution lies.”

**Sir Bruce Keogh**, National Medical Director NHS England, 29 May 2013

# Introducing the case studies

We studied current examples of employee led initiatives to explore the conditions that facilitate and impede innovation, and understand how the workforce can be supported in innovating across the sector.

## Ready Steady Go: “Changing relationships between adolescents, parents, and care providers”

### What is it and where did it come from?

Ready Steady Go is a transition programme for young people with chronic health conditions. Arvind Nagra, a consultant nephrologist in Southampton, realised that traditional children’s services did not prepare adolescents for their transfer to adult services. This was highlighted by one patient in particular who moved to Scotland to attend University. Arvind was concerned that without the close support of his family and established medical team the patient was likely to disengage from services. Working with clinicians at his local hospital, Arvind was able to keep the patient under her care for two more of years, but the experience inspired her to develop a detailed transition programme and she established a multidisciplinary transition steering group to create Ready Steady Go. Patients are introduced to the programme at around the age of 11. They work through three questionnaires – Ready, Steady and Go – in collaboration with their care providers and parents, covering various aspects of their lives. By the time they have completed the programme they will have requisite knowledge, skills and confidence to move to adult services.

### What has it achieved?

The team have been incredibly successful in establishing Ready Steady Go as a generic transition programme, working hard to disseminate it across the NHS. The programme has been awarded NHS branding and is available to download free of charge from the NHS website. It has been adopted by a range of specialties, several hospital trusts nationally, and has even been exported as far as Australia. Following this success, the team have developed the ‘Hello to Adult Services’ programme, for newly diagnosed adults, and those recently transferred from children’s services. This promotes consistency and enables a review of educational and health promotion issues. The team are currently working on developing ‘Hello to children’s services’ for children under 11 and their families.

## Bromley By Bow: “Addressing the social determinants of health through integrated services”

### What is it and where did it come from?

Bromley by Bow is a community centre and health centre, operating in partnership to provide holistic services to their local community in a disadvantaged area of London. Together they have pioneered social prescribing, where doctors in the health centre refer patients to programmes and projects run by the community centre. These range from wellbeing and healthy lifestyles courses to adult learning and skills development programmes. The community centre was established in 1984 when a minister and his wife, opened up Bromley By Bow church to provide a range of initiatives including a café, a nursery, and artists’ studios as a way to meet the needs of the local community. The centre expanded, always keeping its focus on serving that community. The death of Jean Vialls, a local mother with young children, highlighted the poor state of primary healthcare in the borough. In 1997 Bromley by Bow secured NHS support to open its own GP practice to address the health needs of the local population in an integrated way. An ethos of innovation and an emphasis on the coproduction of services underpins working practices.

### What has it achieved?

Bromley by Bow has become an inspirational example of how to provide integrated services to disadvantaged communities. By focusing on the social determinants of health and combining primary care with a broad range of community services the centre has practiced social prescribing for many years; long before it became a policy buzzword. Encouraging multidisciplinary working and community engagement in the daily practices of the centre’s staff and health practitioners, serves to generate a stream of big and small innovations in the way services are delivered. This enables the centre to continuously improve the support it offers to a local population with often complex needs.

“The circumstances of Jean’s death was the thing that propelled the building of the Healthy Living Centre... Everything had gone wrong that could have possibly gone wrong for Jean. So the building and the genesis of the relationship with the GPs was driven by that.”

**Rob Trimble**, Chief Executive, Bromley by Bow Centre



“The thing about homeless people is that they’re complex, so if there’s going to be a response it needs to be a multi-agency, multi-disciplinary response in which everybody gets together and thinks: How can we help this person? What do we need to do?”

**Nigel Hewett**, Medical Director, Pathway

## Pathway: “Transforming health services for homeless people”

### What is it and where did it come from?

Pathway is a charitable organisation designed to assist homeless people in navigating health, social, and community services and improve their health outcomes. In 2009, Professor Aidan Halligan, a senior clinician within the NHS, started looking at the quality of homeless care in University College London Hospital, after a homeless man died on the steps of the hospital. Aidan felt that the system was failing the homeless population and persuaded the chief executive to allow him to develop a specialised service. Searching for collaborators, Aidan met Nigel Hewett, a GP in Leicester with a career dedicated to improving homeless healthcare. Together with Trudy Boyce, a midwife and longstanding colleague of Aidan, they developed a service model that would assist homeless patients to access care and support. Interdisciplinary Pathway teams, including doctors, nurses, and ‘experts by experience’ work with homeless patients in hospital to help ensure they receive appropriate health and social care. This can range from liaising with medical staff to contextualise patients’ healthcare needs and develop appropriate care plans, to sitting with patients in housing departments trying to secure accommodation.

### What has it achieved?

In 2010 Pathway was established as a charitable organisation, and has demonstrably improved health for the homeless population on a national scale. Eight pathway teams have been established in locations across England. Pathway is committed to tackling marginalisation in the healthcare system, and in 2011 established the Faculty of Inclusion and Homeless Health, which provides a home for professional working with marginalised groups. The Faculty has published standards for clinical practice, and is in the process of developing a peer-appraisal process through which specialized homeless services can be assessed and accredited.

## Mpath: “Improving access to healthcare and health outcomes for homeless people”

### What is it and where did it come from?

Mpath is a Pathway team based in Manchester and housed within a primary care centre, which enables them to offer additional services. The Urban Village Medical Practice was initially established in 1989 by Dr Gerry O’Shea as a specialist homeless care practice, although it also provides mainstream services. In 2013, Gerry and his GP partner, Dr Shaun Jackson, noticed that a lot of the patients they were seeing in primary care had repeatedly accessed A&E services, and secured funding to pilot an intervention to address this issue. They found support and inspiration at the Faculty of Inclusion Health conference where they met Nigel Hewett, and agreed to incorporate the intervention into the Pathway family. MPath was set-up in 2013 as a six-month pilot. The Mpath team consists of GPs, nurses, 2 case managers and a housing worker. As with other Pathway teams, they provide an ‘in-reach’ service for homeless patients that have been admitted to hospital, but they are also able to link patients directly into their own primary care service to ensure their long term care and more appropriate use of healthcare services.

### What has it achieved?

Following the pilot, Mpath has become a well-established integrated homeless health service. In addition to a hospital in-reach service, the Mpath team do outreach work to seek out homeless people around the city and encourage them to access health and social care services. The case managers also work with frequent A&E attenders in order to reduce this and have strong links with a number of local government and third sector organisations across the city, including housing officers, drug and alcohol workers, day centres, hostels, and other organisations serving the same population. They draw heavily on this network in both finding and working with clients. In addition, they link with the prison service, working with prisoners likely be made homeless on release from prison.



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## Findings

### Challenging the status quo: new structures and practices

Our case studies demonstrate the value of employee driven innovation: frontline healthcare professionals have a unique capacity to innovate in service delivery, grounded in their experiential understanding of both patient needs and the organisation and delivery of healthcare. However, we also saw how challenging it is for employees to change organisational practice, especially within a large and highly regulated bureaucracy like the NHS. Initiatives often met internal resistance and faced difficulties in accessing the necessary resources to implement new ways of working. Some found they could only initiate and sustain innovation by operating at the edges of NHS organisational structures, or even by creating entirely new organisations and job roles. It is difficult to embed resources and managerial support for high quality innovations – even those with enormous potential to improve patient care and save money. Innovations are, by their very nature, new ways of working towards previously unachieved outcomes, yet they must conform to standardised regulatory and evaluative processes which prioritise metrics and criteria that do not capture the aims of these innovations.

### Initiating and embedding innovation: harnessing workforce expertise

Our research findings suggest that employee driven innovation is initiated by distinctive groups of staff, who have identified a clear weakness in services for disadvantaged or vulnerable patient groups. It is often, but not always, doctors who have access to the necessary resources, and the power and expertise to mobilise them in support of their ‘cause’. However, these innovations were only embedded in practice because they were facilitated by a wider group of supportive colleagues, harnessing the skills of an extensive network of expertise and knowledge. If employee driven innovation is to change the NHS, then we need more thought and pro-active attention to how we can engage the expertise of the full range of clinical and non-clinical staff, and facilitate the development of integrated teams.

### For further information on the cases studies

[www.pathway.org.uk](http://www.pathway.org.uk)

[www.uvmp.co.uk](http://www.uvmp.co.uk)

[www.uhs.nhs.uk/OurServices/Childhealth/TransitiontoadultcareReadySteadyGo/Transitiontoadultcare.aspx](http://www.uhs.nhs.uk/OurServices/Childhealth/TransitiontoadultcareReadySteadyGo/Transitiontoadultcare.aspx)

[www.bbhc.org.uk](http://www.bbhc.org.uk)

### Thanks

We would like to thank all of our case study participants for allowing us into your organisations, and being so welcoming and accommodating of us. We have thoroughly enjoyed working with you, and witnessing the inspirational work that you do.

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