NHS RESET
FOR THE FUTURE OF HEALTH AND CARE

NHS CONFEDERATION

What we have learned so far

Best practice and innovation during COVID-19

Key points

- This long read provides a snapshot of emerging insights behind the rapid innovation during the first wave of the COVID-19 pandemic. It signposts to a number of joint resources from the NHS Confederation, AHSN Network and the Health Foundation, which joined forces to explore this topic as part of the NHS Reset campaign, as well as further exploratory work from the three organisations.
- Each part and every level of the health and care system saw significant change in the first wave of the pandemic, at a speed and scale previously unseen. This was led by frontline staff and empowered bya changed leadership culture reflected in behaviours at both local and national level.
- Common purpose and a shared sense of urgency are widely attributed as significant galvanizing factors behind the feats of the first wave, but only form part of the answer. Practical support by way of additional finances, lighter-touch regulation, as well as behaviouraland cultural factors, and digital accelerators help to provide a fullerpicture of the drivers of innovation during this time.
- While the scale of innovation and change has drawn much enthusiasm, evaluation will be critical in taking a step back to assess what has worked (and for whom) and what could be sustained for thefuture. Rapid approaches to evaluation which foreground and involve service users will be vital.
- There is now an opportunity to sustain new innovations by refining the approach to introducing, evaluating and embedding innovation to improve patient care, involving patients and the public as positive changes are identified and consolidated.

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Introduction

One of the most striking aspects of the health and care system's response to COVID-19 has been the pace and scale of innovation. Delivered within dramatically expedited timescales, a wealth of new technologies, service innovations and ways of working have been rolled out across a range of different settings. This has happened simultaneously at a local level through 'bottom up' means and at the whole health system level, supported by 'top-down' initiatives.

In many cases, the innovation we have seen has been more than just incremental change. Rather, it has been a departure from the usual ways of working and and a shift towards looking at things differently – be that how we organise health services, the tools we use to deliver them, or how patients access care.

Such a shift has formed a key part of the NHS Reset campaign, an NHS Confederation initiative to explore lessons from the first wave of the COVID-19 pandemic and how they can be used to put the health and care sector on a stronger footing for the future. In May 2020, the Confederation joined forces with The Health Foundation and the Academic Health Science Network (AHSN) Network to consider the promising innovation during the first wave.

During the summer and early autumn 2020, we held a series of interactive webinars with practitioners and leaders and shared publications around three important areas of focus:

- **Identifying and understanding what is working well and for whom** – to recognise both the sacrifice and achievements of the health and care sector's response to COVID-19, including the major innovations that have been delivered at pace.
- **Systematising service innovation** – to understand what needs to be done to embed the positive changes in practice and mindset and make them sustainable before the opportunity to reset how we work is lost, including iterating emerging improvements into routine care.
- **Shining a spotlight on the wider system** – to explore the integration agenda, and community, primary and social care by supporting changes in the behaviours, culture and improvement in these areas and building on existing good practice and innovation.

This long read aims to share a snapshot of what we learned about rapid innovation during the first wave of the pandemic and signposts to the publications and event summaries that were delivered during the programme. It reflects discussions between healthcare leaders, practitioners and change experts on some of the enablers for change, discusses how we might start to evaluate the value of different innovations, and how we might look to sustain the beneficial changes and turn them into best practice.

This work was not intended to provide any definitive examples of best practice and innovation. Instead, below we present our insights to date on best practice approaches and innovation from throughout the COVID-19 pandemic, which we have identified by listening to senior leaders, clinicians and innovators.

The art of the possible

As early as April 2020, NHS Confederation members – organisations that plan, commission and deliver NHS services – remarked on the speed and breadth of change. Janelle Holmes, chief executive of Wirral University Teaching Hospital NHS Foundation Trust, for example reported that the trust delivered in just two weeks changes that had been planned to roll out over two years. Similar reports were heard from leaders across primary care networks, ambulance services, acute, community and mental health providers – as well as integrated care systems and their partners.

The Health Foundation's report, Understanding and Sustaining the Health Care Service Shifts Accelerated by COVID-19, provides a systematic look at the service shifts that are linked to prior strategic objectives. The key service shifts shared in the report are not aiming to be an exhaustive list of changes. However, what is notable is that each part and level of the system saw significant change. This ranges from changes to health promotion and support for vulnerable people in the community; remote consultations in primary and hospital care; new ways of receiving emergency acute and mental health services; to new collaborations across the health and care system.

Richard Stubbs, chief executive of Yorkshire and Humber AHSN and Rob Webster, chief executive lead for West Yorkshire and Harrogate Health and Care Partnership, provided a further look at some of the key innovations and new ways of working that emerged over the period in their region. In their NHS Reset blog Using Rapid Insights to Create an Innovation Learning System, they share examples of what worked well for health and care services across seven themes: communications; leadership behaviours; team change and development; personal change and development; digital changes and innovation; communities; and vulnerable groups.

An example they highlight shows how changes to the ways of working across different teams within Airedale NHS Foundation Trust was able to expand provision and speed up processes at a

point when time was of the essence. The trust redeployed allied health professionals from the large musculoskeletal service team to an acute patient team, allowing a seven-day footprint and extended working days, with the aim to increase therapy on the wards and speed up discharge.

In the blog, the leaders point out that the innovations and changes adopted by local organisations provide insights into behavioural and culture change as much as highlighting innovation or new ways of working. For instance, they identified that although the most visible change teams saw was a move to remote working, further value was uncovered as it also catalysed new behaviours, helped teams work more efficiently and individuals to step out of their comfort zones.

Some of the changes to how NHS services are delivered and used are now well known due to their visibility. For example, the 'top down' primary care changes mandated by the centre at the beginning of March 2020 meant that digital triage and the rapid expansion of remote consultation became normal operating procedure for GP practices, almost overnight.

Although this development has been widely covered, it raised an important question for our NHS Reset work on best practice and innovation – something which could be applied to much of the rapid change that helped the service adjust to deliver under new and extreme pressures back in March. Namely, "What was so special about the circumstances in this moment that means we have seen an acceleration of innovation and associated policy which have previously only made incremental progress?"

Why now?

Shared purpose and sense of urgency

Kotter's first requirement for change, a common sense of urgency that the pandemic brought, is part of the answer. In fact the importance of a shared purpose to reduce conflict was highlighted as one of eight conditions for rapid change by Jon Siddall, chief executive of South West AHSN, in our webinar hosted with the Health Foundation's Q Community, Rapid Learning and Improving During COVID-19.

He illustrated this point with an example where urgent help was required to support vulnerable, self-isolating groups in his region. They saw a huge increase in the coordinated volunteer-led response as a result of having a clarity of focus on what they were trying to achieve, how they were trying to achieve it and a single cause bringing communities together to deliver support for their most vulnerable.

This experience and sentiment was not unique to the South West, as Michael Williams, chair of the Nottingham CityCare Partnership, echoed in the session: "It has taken the combined efforts of many agencies to tackle COVID-19; facing a common threat has forced a new level of cooperation and trust."

Practical support

A second part of the answer is to do with the wider changes, such as additional finance, reduced bureaucracy, lighter-touch regulation and a permissive environment. We heard that these enabled local freedoms to implement changes within national guidelines, further details of which can be found in NHS Reset campaign reports A New Direction for Health and Care and Lean, Light and Agile.

Indeed Vicki Haworth and Charlie Bell, founders of the Isorropia Foundation, a mental health and wellbeing service, in their blog on COVID-19 lessons[1] said: "Our plea to the system as we 'reset' is to trust in your staff, empower them to get on with their jobs and allow them to make decisions themselves. Replacing bureaucracy with autonomy makes it easier for your team to develop resources and deliver the services needed by an innovative, agile NHS."

[1] AHSN hosted blog: COVID-19 Lessons: Isorropia Foundation

Top-down clarity in combination with bottom-up agency as a concept became a theme as the pandemic affected individuals, their communities and the nation as a whole. In the example of primary care, the standard operating procedures issued during the pandemic not only provided process clarity when the frontline had little time to dedicate to service redesign, but also left space for local agency and an enhanced capacity to lead change confidently within the national guidance.

This is noted in the Health Foundation's Understanding and Sustaining the Health Care Service Shifts Accelerated by COVID-19 report, alongside five other enablers that include practical support (regulatory 'air cover', financial incentives and enhanced clinical capacity for service change) and mindset shifts (clinical perceptions of service quality, and professional enrichment and awareness and appetite to tackle inequalities).

Behavioural and cultural changes

A third factor is behavioural and cultural changes. Working in the context of the first wave of COVID-19 infections and facing an environment with new priorities and a new urgency, it is easy to understand that those delivering services might accordingly shift how they think about them. The Health Foundation's report suggests that leadership permission and risk appetite were also critical parts of the context that unlocked local experimentation and frontline-led change.

Digital accelerators

A core dimension of the innovative response to the pandemic is, of course, the significant uptake of digital solutions. For some, digital innovation has become the byword for the health and care response to COVID-19. However, despite services pivoting quickly to digital approaches for service provision, the rapid scale of digital transformation often risks overshadowing other fundamental enablers of change. In our webinar with the Health Foundation's Q Community, Positive Service Shifts Accelerated by COVID-19: Lessons for Leaders, Hugh McCaughey, national director of improvement at NHS England and NHS Improvement, was clear to identify the adoption of digital as a tool to support change rather than the end game:

"We don't want to use digital to replace the current model but rather to transform it."

The AHSN Network delved deeper into the concept of digital as an enabler in their study, Lessons and Legacy from the COVID-19 Pandemic in Health and Care. This asks that if moving to 'digital' on its own is not enough, what needs to be in place to make it effective. The findings highlight the importance of a robust data infrastructure, data interoperability and common standards to facilitate data sharing within national policy and governance frameworks.

As highlighted by these findings, the NHS Reset work on best practice and innovation noted an important lesson that Zoe Lelliot, acting chief executive of the Health Innovation Network (the academic health science network for south London), articulated during a session that "innovation does **not** always mean improvement". She also went on to emphasise that "rapid, pragmatic evaluation will be vital to understand some of the long-term impact."

Are we moving in the right direction?

A common idiom that was used to describe rapid innovation during the first wave was 'building the plane as we flew'. This captures well the feelings of risk and uncertainty of designing innovations and testing them in real time with actual patients or rapidly scaling proven innovations, all while being responsible for keeping existing operations running. But without the urgency of that moment, how do we step back and judge what worked, what did not work and where should we go from here?

Echoing Zoe Lelliot, rapid, pragmatic evaluation was exactly what was prescribed for this moment by Professor Mary Dixon-Woods, in our September session on evaluation, The Race to Systematise Service Innovation: How to Make the Changes in Practice and Mindset Sustainable, to limit the unforeseen consequences of rapid change.

Mary, the Health Foundation's professor of improvement studies at Cambridge University and director of THIS (The Healthcare Improvement Studies) Institute, warned against the challenges that commonly plague implementation and evaluation of new innovation in health, such as a lack of coordination or harmonisation that could lead to waste and low uptake. She promoted staff and patient engagement in analysing the effectiveness of any innovation and showed that it was possible to do this remotely during a pandemic, and that results can help in reducing waste, getting better solutions, harmonising across the NHS and supporting curation and evaluation.

This is important advice. Although the UK is world-leading in life sciences research, and the COVID-19 pandemic has shown that we are able to adapt quickly as a health system, traditionally we have seen lags in adoption of the outputs of research and innovation. Professor Gary Ford, chief executive of the Oxford AHSN and professor of stroke medicine at Oxford University, who also shared insights at the above mentioned event on the race to systematise service innovation, sees this as an opportunity to break this cycle: "The key is to think more holistically about innovation all the way from discovery, through evaluation and adoption, to spread. Much of the value of innovation is through 'combinatorial' rather than single point innovation".

This reinforces why we have seen digital innovation be particularly successful where initial innovation might need to be taken up in combination with other changes. To quote Guy Rooney of the Oxford AHSN, "Don't 'do' digital. Don't 'do' AI. Don't 'do' social care. Do pathways. You've got to do the pathway first. Work with your clinical teams to find a solution."

Where do we go from here?

Sustaining the changes that have proven valuable, as explored in the Health Foundation's report, Understanding and Sustaining the Health Care Service Shifts Accelerated by COVID-19, is a challenge in all contexts, not least the one we find ourselves in. As a national emergency and the 'burning platform' for innovation is replaced by 'recovery' and an increasing desire to 'get back to normal', there is a risk that practice will revert to the way things were before and that positive changes made during the pandemic will be lost.

Part of the answer will involve taking steps to retain the lean, light and agile approach to governance and regulation seen in the first wave, as detailed in an NHS Confederation report on the issue.

The Health Foundation put forward a model (see diagram below) which at the centre puts the 'mindsets' of NHS staff and of patients and citizens. These mindsets comprise the beliefs and assumptions generated by experience. Clinicians wield significant discretionary power, including in some circumstances the power not to act nor to comply with demands. If the beliefs and assumptions held by clinical staff are not aligned with the assumptions that underpin the new service models, then the sustainability of those new ways of working is threatened. There needs to be the bottom-up consensus to drive change.

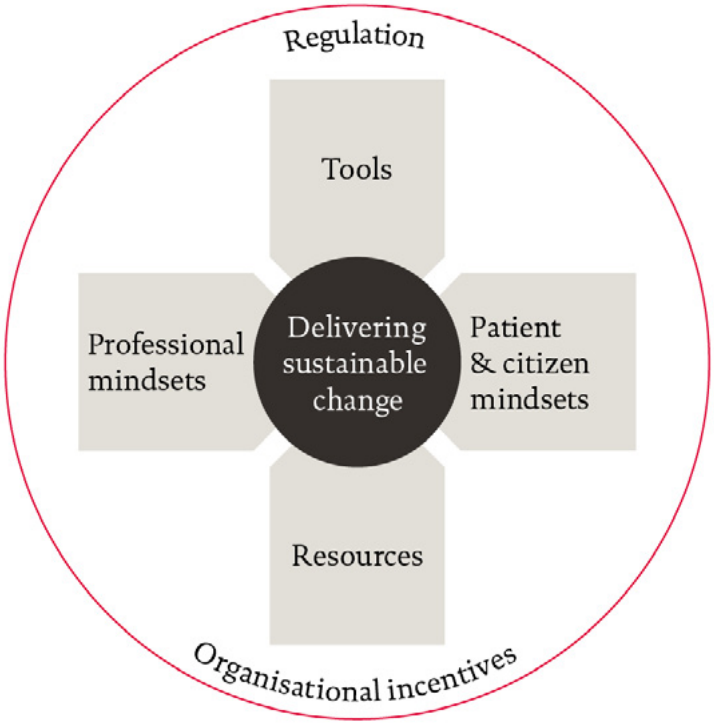

Figure 1: A high-level model for sustainable change

However, the model also underlines that crucial to the future is having the right tools and resources, regulatory frameworks and organisational incentives in place to support both NHS staff and patients, from the top down. From a practitioner point of view, some of the recent innovation could introduce new risks – such as patient assessment without physical presence – which are understandably uncomfortable for clinicians. If we are to sustain change, we need to continue to empower the frontline with this support, maintaining a productive relationship between the policy 'centre' and the frontline.

The Health Foundation's findings that 'it is clear that when empowered to do so, NHS staff are able to lead radical change, quickly and effectively' were echoed by frontline experience. For instance, Kate Shields, chief executive, Royal Cornwall Hospitals NHS Trust in her NHS Reset blog shared that "the crisis has helped us to understand some of the factors that previously held us back and get to the heart of some of the caution that had stifled change under 'normal' circumstances."

A vital element in sustaining change that stood out was the involvement of patients and their experience, be this in the initial design of services or ensuring their involvement in the evaluation of any changes made to how they access care. To this end, the NHS Confederation has called for a reimagining of the relationship between the NHS and the public, to one that is "based on meaningful patient and citizen engagement, informed by community insights and underpinned by trust." This is explored in the report, A New Relationship Between the NHS, People and Communities.

The Health Foundation's service shifts report and Q community project exploring frontline insights from those implementing video consultations highlighted the service user experience as particularly relevant when promoting access to online services, recognising that there may be a correlation between disadvantaged groups and lower digital skills. While telephone and video consultations work well for many patients, it is clear that for some cohorts or individuals they are simply not appropriate. The AHSN Network report on lessons from the pandemic further builds on this, arguing for promoting access to digital technologies and ensuring digital,

information and health literacy at all levels within society to minimise digital exclusion and ensure health inequalities are not further exaggerated. Concerns over the potential to widen health inequalities were similarly explored by the NHS Confederation, in its work with Healthwatch England.

Viewpoint

Clearly the balance of top-down support for the health system and bottom-up innovation and new ways of working is still finding its equilibrium within the health and care sector. During the first wave of the crisis, many changes have been implemented with necessary speed and with little chance for formal public and patient testing or engagement.

It is clear we now face a double challenge: embedding the transformation we have seen to date in the NHS that has allowed for increased capacity and efficiency; and learning rapidly from each other and other health systems. The short-term test of our success will be, between now and whenever a vaccine is proven, whether we are able to leverage innovation to help contain further outbreaks, reduce the backlog of non-urgent care and overcome the operational and human impacts of the pandemic.

The longer-term test will be to see if we are able to embed changes, empower staff and modernise how we work before the opportunity is lost to put the health and care service on a more sustainable and innovative footing into the future. There is now an opportunity to sustain the new innovations we have seen by refining the approach to introducing, evaluating and embedding innovation to improve patient care, involving patients and the public as positive changes are identified and consolidated.

NHS Reset best practice and innovation: the partners

About the NHS Confederation

The NHS Confederation is the membership body that brings together and speaks on behalf of organisations that plan, commission and provide NHS services in England, Northern Ireland and Wales. We represent hospitals, community and mental health providers, ambulance trusts, primary care networks, clinical commissioning groups and integrated care systems.

To find out more, visit www.nhsconfed.org and follow us on Twitter @NHSConfed

About the AHSN Network

England's 15 Academic Health Science Networks (AHSNs) are the 'innovation arm' of the NHS. They work locally to respond to the needs of their health and care partners, and come together as a national connected network (the 'AHSN Network') to bridge across all parts of the health system with a role in innovation and transformation. In this way AHSNs play key roles in supporting the NHS to leverage the full potential for innovation to transform services, generate efficiencies and enable safer systems of care.

They also play a critical role in plugging commercial and clinical innovators into health organisations; providing advice and support at every stage of the innovation pathway in order to match proven technologies to NHS challenges.

To find out more visit us at www.ahsnnetwork.com or follow us on Twitter @AHSNnetwork.

About the Health Foundation

The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK. Our aim is a healthier population, supported by high quality health care that can be equitably accessed. From giving grants to those working at the front line to carrying out research and policy analysis, we shine a light on how to make successful change happen. We use what we know works on the ground to inform effective policy making and vice versa.

We believe good health and health care are key to a flourishing society. Through sharing what we learn, collaborating with others and building people's skills and knowledge, we aim to make a difference and contribute to a healthier population.

To find out more visit us at www.health.org.uk

Resources

Access our resources on COVID-19 best practice and innovation:

www.nhsconfed.org/covidinnovation

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About NHS Reset

COVID-19 has changed the NHS and social care, precipitating rapid transformation at a time of immense challenge. One message from leaders and clinicians across the UK has been clear: we must build on the progress made to chart a new course.

NHS Reset is an NHS Confederation campaign to help shape what the health and care system should look like in the aftermath of the pandemic. Recognising the sacrifices and achievements of the COVID-19 period, it brings together NHS Confederation members and partners to look at how we rebuild local systems and reset the way we plan, commission and deliver health and care.

Join the conversation #NHS RESET

Find out more at **www.nhsconfed.org/NHSReset**

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