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Achieving scale and spread

Summary of learning for innovators and policy-makers

Nina Hemmings, Rachel Hutchings, Sophie Castle-Clarke and Dr William Palmer

nuffieldtrust

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About the research

In recent years, a significant number of innovators have forged ways to scale and spread innovation in the NHS, and extensive research has been undertaken to support innovators in this journey. However, despite some existing work in this area, less is known about how to achieve greater scale and spread beyond early adopters. The Nuffield Trust was commissioned by the NHS Innovation Accelerator (NIA) to help fill this knowledge gap.

This research, produced primarily as a practical resource for innovators working with the NHS, sought to draw out proactive tactics that could support more comprehensive adoption of innovation in England. We also explored the factors affecting NHS organisations' decision-making, motivations and experiences when adopting innovation. Our approach included a review of the existing literature, semi-structured interviews with a range of innovators and adopters, development of a conceptual framework, a workshop with innovators and a policy roundtable to draw out considerations for policy-makers.

This summary provides an overview of findings. The full report and conceptual framework can be accessed at: www.nuffieldtrust.org.uk/research/achieving-scale-and-spread

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Overview

The NHS undoubtedly offers considerable opportunities for innovation. More comprehensive and consistent access to innovations has the potential to benefit not only patients but also the wider health system (through, for example, reduced system costs over the medium to longer term). However, innovators face significant challenges given the in-year financial timeframe within which the NHS operates. The NHS is also inherently complex for innovators to navigate when seeking to achieve more comprehensive adoption of their innovations.

Innovators' scaling strategies are often a combination of many different tactics and relationships, all highly dependent on context. It will likewise depend on the type of innovation, which can range from specific technologies to pathway redesigns. Scaling strategies also tend to change over time as the innovator's vision of success, their market and their organisation evolve in response to new contexts.

Given the multiple, changing strategies being used, even innovators acknowledge the difficulty in identifying which specific tactic has led to a particular effect on scale and spread. That the strategies are so context-specific also makes generalising about possible effects challenging. Therefore, while we believe that the tactics presented in this report may provide useful insights for innovators, they are not intended to be prescriptive or comprehensive. Further, while some of the tactics might be distinct to the later phases of achieving scale and spread, some, equally, may apply to both early and late adopters.

Key themes

While there are rarely single or simple solutions, our analysis of existing literature and interviews suggests that innovators – along with potential adopters and national policy-makers – should be mindful of four related areas: defining and refining success; identifying and understanding the market; adapting and evolving; and generating and disseminating evidence.

Defining and refining success. Innovators' views of success guide their approach to scaling. For some, ensuring authentic and sustainable adoption of their innovation may be more important than the number of adopting sites. An innovator's goals around, for instance, reputation of the innovation, influencing national policies or financial sustainability will not necessarily require, or even be supported by, comprehensive adoption across the NHS. That said, views of what success means can also change throughout the innovator's journey to scale and spread. Key considerations for innovators within this theme are as follows:

- Consider **'depth' as well as 'breadth'**. Some see increasing the ways innovators support existing adopters as just as important as increasing the number of adopters. Success for the NHS or innovator is unlikely to solely equate to number of adopters.

- Ensure the innovation is adopted **authentically and sustainably**. This recognises the importance of embedding innovations within the service or care pathway, for example, by supporting the workforce. From this perspective, some innovators reflect that 'mandating' their innovation would not necessarily be helpful, as it may not facilitate genuine buy-in from adopters.

- Promote **more consistent decision-making** across different NHS organisations on whether and when to adopt specific innovations. While some NHS organisations may justifiably take different views on whether to adopt an innovation, national bodies may want to incentivise individual organisations to act more consistently in order to, for example, benefit from economies of scale or more consistent services. Efforts may be needed to align what constitutes success at a national level, for the innovator

and for individual NHS adopters, for example by sharing financial risk or reimbursing innovators based on outcomes.

Identifying and understanding the market. Achieving scale and spread of innovations will likely require an approach that targets many parts of the NHS. This could include commissioners,providers and regulators. Key considerations for innovators within this theme are as follows:

- Recognise that branching into **different sectors of, or markets within, the NHS** can have a significant effect on the scale of adoption. This includes moving to sectors and markets the innovator did not necessarily envisage from the outset, such as from hospital to general practice services and vice versa. In particular, and importantly, this requires reacting to policy changes that can create new markets (for example, new organisations such as integrated care systems) and operational needs (for example, workforce management implications of extended access to general practice).

- **Target the multiple levels of stakeholders** acting within the sector in order to get an innovation successfully adopted, potentially including patients, professions, national and local bodies, commissioners and providers. Solely targeting one part of the system is unlikely to prove sufficient to guarantee successful scale and spread.

- Navigate the often complex structures and purchasing processes that exist within a potential NHS adopter. Innovators must find the **right organisation and the right people** within them - intermediary organisations such as Academic Health Science Networks (AHSNs) can play a crucial role here (Quilter-Pinner and Muir, 2015).

Adapting and evolving. There are often significant opportunities to spread to new organisations or to meet new service requirements by adapting the innovation, its application and implementation support. However, this has to be traded off against risks to the innovation's original identity and evidence base. The innovator's organisation itself will also have to evolve to meet the likely high demands of widespread adoption. Key considerations for innovators within this theme are as follows:

- Prioritise the functions and outcomes the innovation was originally intended to deliver and **design flexibility in at the outset** to help manage these trade-offs (Albury and others, 2018).

- Be **guided by the potential adopters' needs** and **patient and user feedback,** rather than trying to promote a specific, static product.

- **Adapt and grow the innovator's organisation** in a way that supports it to operate at scale. This includes considering the most effective organisation type and business model, and recruiting people with the right clinical, marketing and financial skills and expertise to respond to the demands of scaling.

Generating and disseminating evidence. A range of evidence is required at all points in the scaling journey to overcome barriers to spread. Demonstrating the clinical effectiveness, financial implications and real-world success of an innovation requires significant resources and time on the part of the innovator. Working alongside adopters on continual evidence generation and dissemination is also important. Key considerations for innovators within this theme are as follows:

- Grow a **stock of different types of evidence,** such as business cases, peer-reviewed papers, and practical case studies. This becomes increasingly important when moving beyond early adopters.

- **Tailor evidence** to local NHS audiences. This may involve framing international evidence to suit a local setting, live demonstrations of the innovation in practice or local site visits, to show potential adopters what it looks like in a real-world NHS setting.

- **Build the innovator's reputation** as a good organisation to work with. Evidencing this through press releases, case studies, recommendations by early adopters and word of mouth is deemed as equally important as building evidence on the innovation itself.

- **Generate evidence after adoption**, including data on how the innovation is being used and how effective it is in practice in a local context. This can help to persuade existing adopters to renew contracts, create real-world evidence of success to demonstrate to potential new adopters, and help innovators adapt quickly to any emerging problems.

Policy implications

As highlighted already, the majority of the considerations we have identified are primarily directed at innovators (Table 1, p.7). However, we have also identified some national policy implications (outlined in more detail in the full report) for consideration:

- The focus should be, where possible, on **metrics of success** which go beyond measures of spread (such as number of sites 'live' or number of products sold), and account for the desired outcomes for both the NHS and the innovator, and the innovator's tolerance for adaptations.

- The impact of previous **funding** to support implementation should be evaluated and, if appropriate, made more readily available and widespread for implementing some innovations.

- Where widespread adoption would be particularly beneficial to the NHS as a whole (for example, to promote economies of scale), a **range of interventions** should be used to encourage adoption, such as contractual requirements, regulation, incentives, guidance and skills development.

- While adopters' **evidence needs** may vary according to the adoption stage, there would be benefit in defining the evidence thresholds for national initiatives across important dimensions (such as clinical outcomes, user experience and cost-benefit).

- Adopting innovations can be time and resource-consuming for adopters, and it is important to ensure the **NHS workforce as a whole is engaged** and equipped to support this.

The complicated nature of strategies to scale and spread, coupled with the complex and diverse nature of the organisations that constitute the NHS, mean that the rate of scale and spread of innovation across these individual organisations is difficult to predict and likely to follow an uneven trajectory. Certainly, established innovators report that, in hindsight, it is easy to underestimate the time it takes to embed innovation across the NHS in a sustainable way. Perseverance is crucial.

However, many innovators have been successful in achieving scale and spread, and we heard that the NHS is viewed as a fertile place for innovation. Realising the potential benefits to patients and the wider health system of more comprehensive and consistent access to particularly promising innovations will require action from innovators and local and national NHS bodies. The insights, tactics and implications covered in this research provide some key considerations to help navigate this challenging and important journey.

Table 1: Examples of key considerations for innovators to achieve scale and spread

Defining and refining success	
Continue to reassess your priorities	Be prepared to reassess, and where necessary, deprioritise some of your objectives at a certain point in time in order to facilitate future spread. For example, sharing intellectual property or lowering your price point.
Align your ambitions with those of the NHS	Align your ambitions with the pressing problems facing potential adopters.
Ensure your vision is built into metrics for success	If you are part of national spread programmes, try and ensure your own measures of success are considered in order to ensure 'authentic implementation' of your innovation.
Identifying and understanding the market	
Focus on aims and objectives	Identify your initial market based on your desired aims and objectives. Take assurance that your market(s) will likely change over time in response to adopter needs and policy developments. Remain mission-driven and guided by your overarching aims for success when entering new markets.
Stay alert to new opportunities for scale	New structures (such as integrated care systems and primary care networks) may offer new opportunities to reach new parts of – or more comprehensive coverage across – the system.
Target more than one 'part' of the NHS	Solely targeting the buyer, decision-maker or patient is unlikely to be sufficient for ensuring adoption on the ground. It is important to develop a multidimensional strategy over time.

Adapting and evolving

Remain open to adapting while recognising the trade-offs	Adapting and evolving to meet new contexts and user needs is key to spreading. This may involve changing the innovation's design, its application, its implementation or the innovator's organisation. Engaging with users of the innovation, listening to their priorities and identifying where they need support are fundamental to this. Decisions to change must be balanced against fidelity to core components of the innovation and the existing evidence base, as well as remaining clinically, operationally and financially viable – particularly if you are a small organisation.
Support implementation in partnership with adopters	Provide support for implementation in partnership with adopters, for example via training, responsive account managers or data administrators.
Adapt iteratively	Through a process of iterative developments and experimentation, it is possible to identify the core components of your innovation and your tolerance for changes. This is important for understanding the different ways in which your innovation can be usefully applied (particularly if it becomes part of a national programme).
Prioritise outcomes	Prioritising intended outcomes, rather than the technical components of the innovation itself, can help you demarcate the boundaries of what can be adapted. To continue achieving the same outcomes and impact, innovations must be flexible enough to adapt to new contexts.
Focus on shaping your organisation	At a certain point in your scaling journey, you may need to switch from external engagement to internal capacity-building. This may be in relation to your business model (see below), your capacity, standardising processes or your culture. For example, some have found success in aligning their culture with that of the NHS by, for example, hiring clinical staff or removing the word 'sales' from job titles.
	Build a reputation as a good partner for the NHS to work with.
Consider evolving your business model	Consider financial models that balance financial sustainability with attracting new adopters – for example, an annual licence model, discounted bulk purchasing, an unlimited subscription model, sharing of financial risk, direct purchasing by patients or professionals, or reducing sales prices at certain times.

Generating and disseminating evidence

Gather different types of evidence	Rarely is there one sole decision-maker and one evidence base, and each potential adopter may require different evidence to convince them to adopt an innovation.
Understand the differences in evidence requirements	Early adopters are more likely to be self-selected 'visionaries' who require a narrower range of evidence to inform their decision-making. Substantial, robust evidence of a variety of types is essential for later adopters.
Use different types of evidence to overcome adopters' perceptions of risk	Use evidence to help counter risk aversion – for example by promoting information sharing between early and later adopters, using 'seeders' to transfer knowledge or offering site visits.
	Use site visits and peer-to-peer communications to spread an understanding of the innovation and an appreciation of its value.
Frame existing evidence for local NHS contexts	Identify the most pressing problems for and interests of your target organisation, and frame evidence appropriately.
Constantly build the evidence base	Continual evidence generation after adoption is critical to demonstrate impact to existing adopters, sustain spread and prevent decommissioning.
	High-quality evidence – including studies by the National Institute for Health Research (NIHR) and guidance from the National Institute for Health and Care Excellence (NICE) – may not be enough, alone, to convince adopters. A comprehensive body of evidence including (amongst other things) case studies and real-world evaluations is also essential.

Innovator case studies

The full report contains eight case studies based on interviews with innovators, two of which include insights from adopting organisations. The innovations were selected to represent the range of innovation within the NHS, and vary by innovation type, complexity of the innovation, patient or clinician-facing, commercial or not-for-profit, as well as those which were supported by the NHS Innovation Accelerator and those which received support through other means.

Together, the case studies provide a rich illustration of how innovators' tactics were formulated, their effectiveness in achieving spread in a variety of settings, and the considerations innovators make when choosing these tactics against achieving other objectives. Two of the eight case studies are presented below.

Enhanced Recovery After Surgery Plus (ERAS+)

ERAS+ is a care pathway aimed at improving patient outcomes from major surgery. It places patients and their families at the centre of their own surgical care and specifically focuses on reducing post-operative pulmonary complications after major surgery. It achieves this through a programme of pre-op cardiovascular exercise, strength training, smoking cessation, nutrition and lifestyle advice, a stepped recovery programme in hospital with ICOUGH respiratory bundle, and a structured exercise programme following surgery. It was developed by Manchester University NHS Foundation Trust (MFT) and piloted locally from 2014.

ERAS+, a non-commercial innovation, has been adopted by six NHS Trusts in Greater Manchester as of 2018. Elements of the innovation are known to have been adopted by at least a further 40 hospitals nationally and internationally.

Key insights for scale and spread

- Adapting to enhance relevance to, and interest from, new communities of adopters and advocates
- Being flexible on both adoption and implementation to encourage authentic and meaningful adoption
- Developing a variety of evidence types to persuade potential adopters
- Ensuring sustained capacity and responsibility for delivering the innovation
- Building a reputation of being within, and aligned to, the NHS and its principles.

Adapting to enhance relevance to, and interest from, new communities of adopters and advocates

ERAS+ itself evolved out of an existing innovation: the Enhanced Recovery After Surgery (ERAS) pathway. The latter focuses on just the in-hospital journey, whereas ERAS+ incorporates 'prehabilitation' interventions before major surgery, a respiratory care bundle, surgery school education events for patients and their families and rehabilitation interventions to support recovery afterwards.

As part of a drive of continual adaptations to their innovation, ERAS+ have incorporated pharmacy interventions to help optimise patients' medication pre-operatively as well as ensuring good use of pain-relief medications post-operatively. They developed their prehabilitation component, Prehab4Cancer, by working with GM Active local gyms. This final change has proved important for achieving spread as, with the help of the NHS Innovation Accelerator, it caught the attention of the cancer charity Macmillan Cancer Support. The decision to incorporate new elements to their innovation has therefore helped gain traction amongst a new audience, the cancer community.

"That was just at exactly the right moment when Macmillan were exploring the idea of prehab".

ERAS+ has also incorporated early nutrition in its core elements similar to the enhanced recovery initiative *DREAMing* (Drinking, Eating, Mobilising), which may have helped spread the innovation.

ERAS+ seek to ensure their adaptations are appropriate through continual sense-checking with the patients they help look after. Surgery schools provide a unique interface for ERAS+ to understand from patients and their families what works and what doesn't:

"A test bed which involves direct patient feedback is extremely helpful for each ERAS+ team".

Being flexible on both adoption and implementation to encourage authentic and meaningful adoption

Since 2017, the Health Foundation have supported the structured rollout of ERAS+ as a standard pathway to six sites within Greater Manchester as part of their *Scaling Up Improvement* programme. Beyond this, however, ERAS+ have taken a far more flexible approach to wider adoption across the country, encouraging hospitals to take "aspects which support their service model". While ERAS+ have taken a flexible approach to service improvement, they do seek to ensure some quality assurance and make suggestions for implementation.

Fidelity to all components of the model is not felt to be key, as the innovation comprises multiple components which can be implemented by different professional teams (surgical, nursing, physiotherapy) in different ways. Typically, adopting Trusts will choose and tailor elements of the innovation, frequently resulting in a hybrid.

Rather than being prescriptive, *"it's very much for hospitals to take the bits that they feel helpful to them" and "trying to showcase to them what's possible".*

Developing a variety of evidence types to persuade potential adopters

For the ERAS+ team, being published in a peer-reviewed journal has been extremely positive in substantiating their work and helping to secure funding. They feel the innovation and evidence base has "landed well" at national-level meetings and conferences, which has helped their scaling efforts.

In addition to developing published evidence on the effectiveness of the innovation, they have taken time to offer live demonstrations to potential adopters on how to use the website, app, Perioperative Quality Improvement

programme (PQIP) dataset and surgery school. Offering observations at the original site, the Manchester Royal Infirmary and other MFT site, Wythenshawe hospital, has been very helpful in gaining traction with hospitals outside of Greater Manchester.

Ensuring sustained capacity and responsibility for delivering the innovation

The ERAS+ team consider that ensuring adopters have the capacity and responsibility to deliver the innovation could be advantageous to scaling and spreading. They believe there is some constructive learning from the experience of the ERAS program and its accompanying Enhanced Recovery Partnership Programme (ERPP), established by the Department of Health in 2009. The ERPP provided funding for the national spread of ERAS, enabling Trusts to recruit ERAS nurses with the aim of reducing patients' length of stay in hospital. Once the ERPP ended, however, Trusts were encouraged to continue to fund these nurses themselves.

"However a number of Trusts subsequently moved their ERAS nurses back to ward-based roles either because ERAS was considered successfully implemented or through pressure on nurse numbers".

With many ERAS+ nurses on fixed term contracts or secondments, the team are working hard with adopter Trusts to try to demonstrate the on-going benefit in having a nominated ERAS/ERAS+ nurse. In fact, ERAS+ believe that in order to successfully improve perioperative care pathways for major surgery in the future, NHS England and NHS Improvement may want to consider mandating the specific role of an ERAS/ERAS+ nurse at each hospital.

Building a reputation of being within, and aligned to, the NHS and its principles

The innovation is not trademarked, and their ethos is "it's all meant to be free for the NHS". As part of this, they believe that having core members of the team continue to work in the NHS has been advantageous in efforts to scale and spread to later adopters, granting them "genuine authority" compared to potentially being seen as external salespeople:

"Remaining clinical and operational within the NHS has supported the ERAS+ innovation and scaling within the NHS… Because you're not trying to sell people something, the response is commonly positive"

Earlier in their journey, ERAS+ considered taking a more commercial route, after being advised that monetising their innovation may help to increase its perceived value in the eyes of potential adopters. Ultimately, however, they considered this to be inimical to their aim of being free for the NHS, and felt it would have been ineffective for scaling and spreading:

"Now, looking back on reflection, I'm glad I didn't try too much to try and do that".

Next Generation Electronic Patient Record

Next Generation Electronic Patient Record (EPR) is a mobile technology designed to deliver real-time information to clinical and operational staff to improve hospital communication, patient safety and patient flow. It was developed by Nervecentre, a private company founded in 2010.

The EPR has been adopted by over 35 NHS Trusts in England, and used by 50,000 clinicians as of 2019.

Key insights for scale and spread

- Agility and willingness to be flexible to adopters and their requirements
- A focus on breadth and depth of spread
- Shift towards internal focus: scaling the organisation as well as the innovation
- Refining the reputation rather than chasing the next contract
- Different evidence bases for different audiences at different points
- Find the champion, not the decision-maker.

Agility and willingness to be flexible to adopters and their requirements

Nervecentre set themselves a broad ambition from the start, with the overall aim being to improve patient care using mobile technology. Their Next

Generation Electronic Patient Record system has been adopted in secondary care but a key part of their approach to scale and spread aims to "not put yourself in a box" with respect to potential adopters. For them this means including primary, secondary and community care sites as future potential adopters.

To deliver on their ambitions around spread, including across different settings, means they have been willing to flex their offer. Nervecentre recognises that every Trust is different, in terms of its staff makeup, operating procedures and local population. Understanding how to navigate these differences and accommodate Trusts' requests, by adapting their offer, has been key for Nervecentre to achieve spread. However they also suggested "adaptability isn't about saying yes to everything" and have refused to accommodate requests that are not consistent with their overall objectives, including where they consider a change may hinder safety or efficiency.

While the adoption time per adopting site is necessarily higher as a result of accommodating requests, they continue to make adaptations (for example, evolving the application of their innovation to vital signs and sepsis) and, in fact, believe their willingness to listen and adapt is what sets them apart from larger companies or large suppliers who they consider to be less agile. They also believe that their smaller size and readiness to engage with adopters has positively impacted on the trust they are granted.

A focus on breadth and depth of spread

Nervecentre have sought breadth of scale, through spreading to a greater quantity of Trusts. However, equally important for them is "increasing the footprint [they] have within the Trusts" by increasing the number of ways in which they support clinical and non-clinical staff within existing adopters. This latter dimension to spread takes advantage of the fact that an innovation is more likely to be taken on board by people that have already heard of it and trust it, than by people who have never heard of it. Nervecentre believe that, had they focused only on scaling to more Trusts, this would have been an ineffective scaling strategy.

"…your easiest opportunity to sell things is to sell them to people that already buy from you because sales… and marketing is fundamentally trust-based".

Shift towards internal focus: scaling the organisation as well as the innovation

A critical turning point in their scaling efforts was securing funding from the Nursing Technology Fund (2015). At this time, Nervecentre was also able to grow from eight to 30 people. Their organisational development was not just about increasing their staff numbers and they stressed the importance of taking time to, for example, embed staff and transfer knowledge among colleagues. Certainly, increasing their workforce capacity has been critical to achieve spread.

"…to be used at scale within the NHS, you've got to have a small army behind you."

Nervecentre grew from one founder in 2010 to 50 staff in 2019. Unlike other software organisations, their first hire was a nurse – a deliberate intention arising from "a strong desire to set a culture for the organisation around us being a partner with the NHS", with "shared objectives, shared goals, and shared motivations" with the NHS. Having an appropriate mix of skills in the team (sales and clinical) supports the credibility of the organisation; for example employing senior clinicians has proven helpful in negotiating and rejecting adaptations with Trusts.

"…you have to switch so that you're using your skill and knowledge to train people within your organisation because that's the only way you can meet the volume that you want to be able to hit."

Refining the reputation rather than chasing the next contract

Many of Nervecentre's earliest wins were facilitated by national funding schemes, or leftover capital that early adopters were willing to use. More recently, working on their own reputation and image has been more important than following up with initially disinterested potential adopters. They have particularly focused on developing their own reputation during periods of financial restraint where NHS organisations have limited their spending. This reputational development has involved:

- working with existing NHS Trust customers who did not have the finances but were keen to collaborate further
- refining their innovation
- developing their staff

- actively promoting their work through press releases, social media and relying on word of mouth within the NHS.

In combination with the relationships and reputation offered through the NHS Innovation Accelerator, the result for Nervecentre was that "the impact is far greater than you could affect" by calling up potential adopters every three months. However, they suggested that reputation may not cross borders and this is partly why international spread is so difficult to achieve.

"It's much easier to secure the contract if they've heard of [you], and heard nice things."

Different evidence bases for different audiences at different points

Nervecentre's experience of scaling so far suggests that the type and role of evidence, and appetite for it from adopters, comes into play at various points in the scaling process. Early adopters appeared to focus primarily on price and affordability. At that stage, business cases were mainly a tool which an advocate could then use to persuade their colleagues to adopt.

However, their experience of spreading beyond the early adopters is that the evidence base becomes a more critical tool for persuading potential adopters, particularly with management consultancies who advise Trusts on their technology strategies. Nervecentre believes that whereas the 'early majority' are open minded, various types of evidence are needed to overcome the concerns and doubts which are more prevalent among later adopters.

"There's clearly a point at which [evidence bases and proof points] become essential but it's definitely much later in the cycle than I think most people think it is."

Find the champion, not the decision-maker

Nervecentre's experience of applying for the NHS Innovation Accelerator and Small Business Research Initiative (SBRI) funding has introduced them to various advocates, who have helped them in their efforts to scale and spread. However the process of identifying the right people to speak with always entails a degree of luck. They acknowledge that "you think you want the decision-maker" in any organisation; however, "the decision-maker isn't always the champion, and the champion is the person that you want to get to".

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A full list of references for this research can be found in the full report at www.nuffieldtrust.org.uk/achieving-scale-and-spread

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59 New Cavendish Street
London W1G 7LP
Telephone: 020 7631 8450
www.nuffieldtrust.org.uk
Email: info@nuffieldtrust.org.uk

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