

# Putting the pieces in place – what do we need to make it happen?

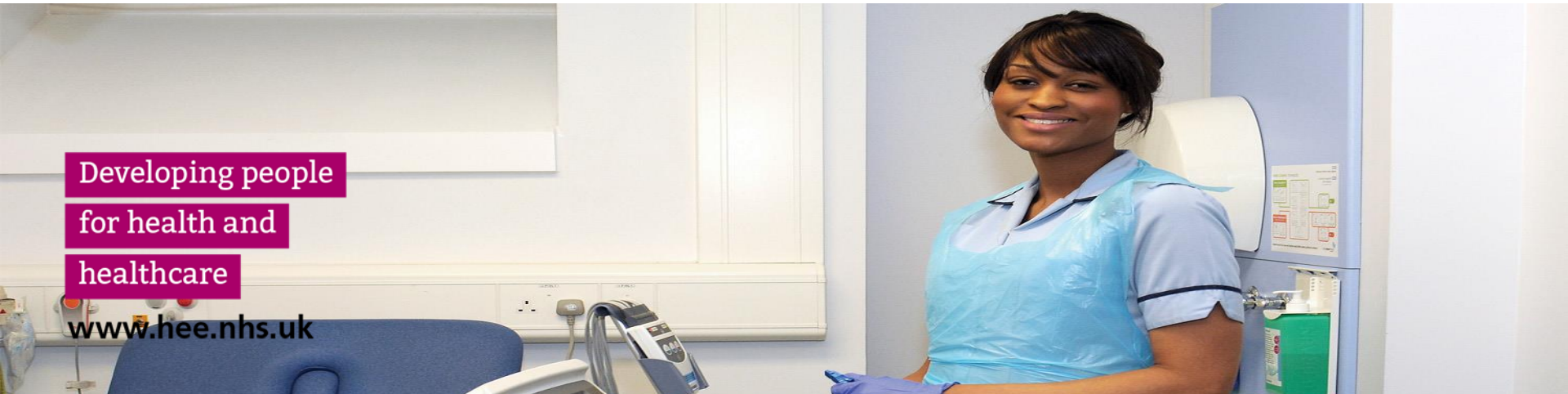
**Rachel Wylie**

**Associate Workforce Transformation Lead for CYP MH and  
Perinatal MH**



Developing people  
for health and  
healthcare

[www.hee.nhs.uk](http://www.hee.nhs.uk)



## Initial reflections

3 questions – answers and comment only

1. What did you think?

## Initial reflections

2. Can you see this role in your organisation?

## Initial reflections

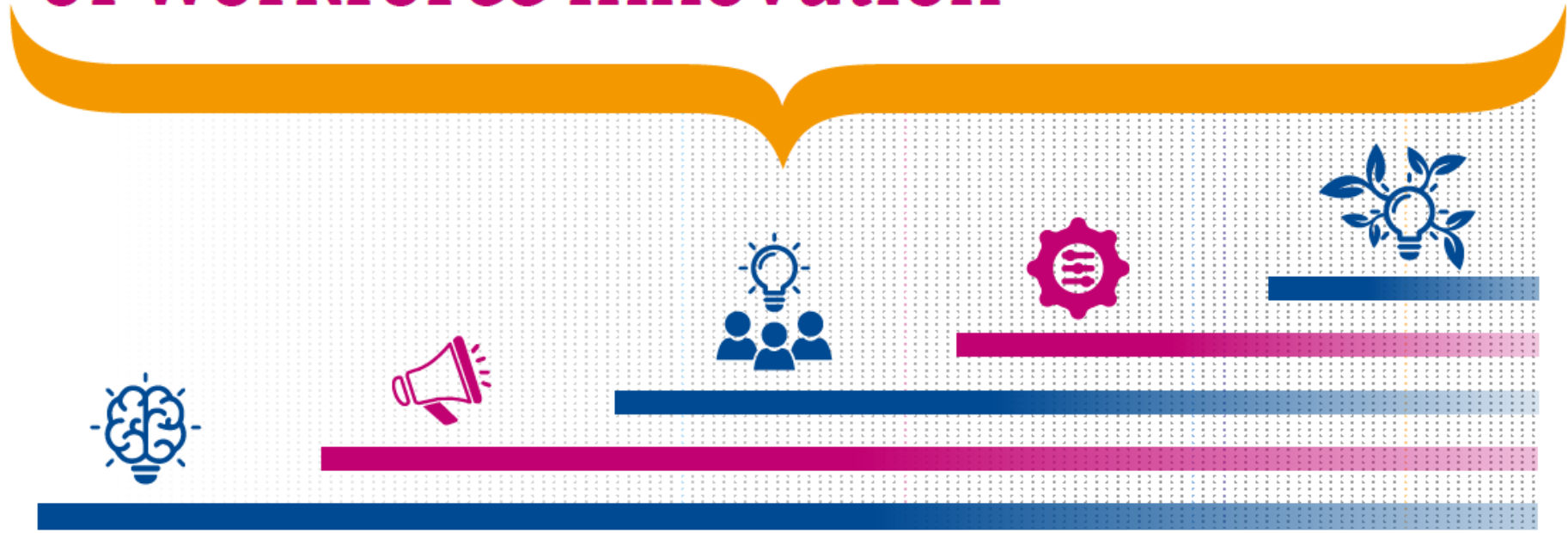
3. Where are the opportunities for future development of the role of Assistant Practitioner (Mental Health) in Medical Specialisms?

# Spread and Adopt

‘Scaling and spreading innovation within the NHS....is a well recognised and long standing challenge. Too often promising innovations remain on the margins, benefiting the lucky few, but leaving the majority with poorer outcomes and experience’

*(Health Foundation, 2018)*

# Framework for spread and adoption of workforce innovation



Developing people  
for health and  
healthcare

[www.hee.nhs.uk](http://www.hee.nhs.uk)

## Introduction

Scaling and spreading innovation is a well-recognised and long standing challenge across the NHS.

To address this challenge, Health Education England has created a **framework** that draws upon a wealth of knowledge, research and evidence to help simplify the spread and adoption of workforce innovations.

It is a distillation of the key success criteria for facilitating spread and adoption of workforce innovations, locally, regionally or nationally.

Our simple **five-step approach**, with supporting **tools and theories**, makes it easier and quicker to achieve the scale and pace required for workforce transformation.

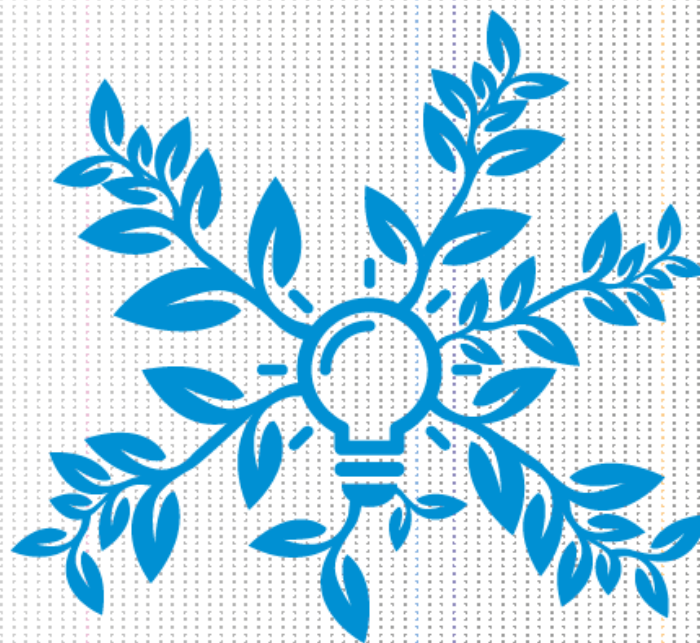
It is expected that this will be an organic document, evolving and changing as new theories, experiences and examples emerge.

To use this **five-step approach**, simply select each step to discover a range of tips, tools and examples that will help to support you in planning and executing spread and adoption.

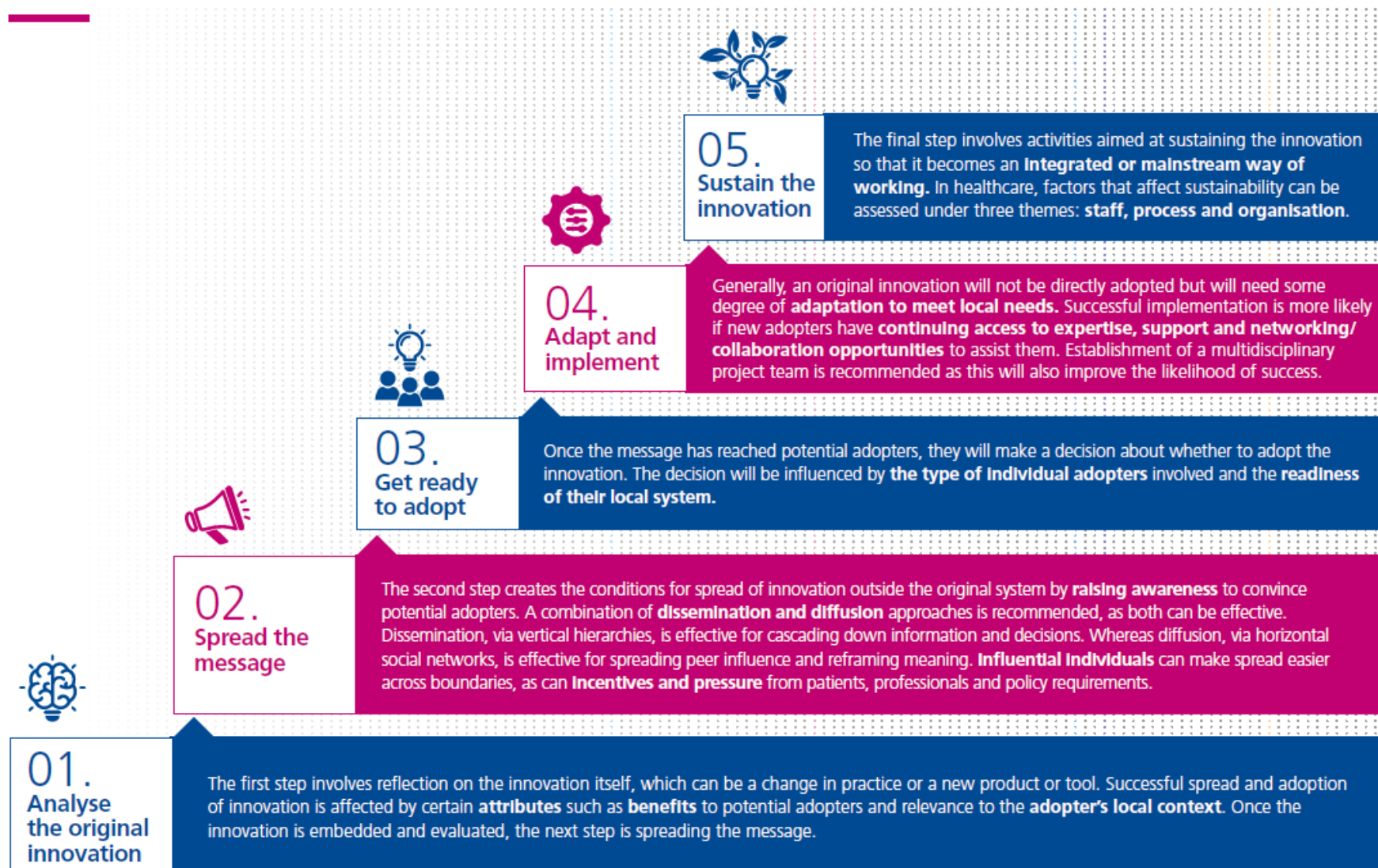
Once you've had a look through, please let us know your thoughts on the model. Or perhaps you have applied the model in your work? Please let us know your feedback by e-mailing: [transformation@hee.nhs.uk](mailto:transformation@hee.nhs.uk)

Helen Podmore and Juliette Swift  
National Workforce Transformation Leads,  
Health Education England.  
November 2019

More information on related sources can be found in the references section at the back of this document.



## 5 Step Approach to Spread and Adoption of Workforce Innovation





“The more evidence exists, the stronger the case for mainstreaming”<sup>1</sup>

## 01. Analyse the original innovation

The first step is all about reflection on the innovation you are looking to spread and adopt.

Put simply, an innovation can be a change in practice or a new product or tool.<sup>2</sup>

Innovations are more likely to be adopted if they are simple, relevant to local context, and demonstrate clear benefits.<sup>3</sup>

### Tips

- **Evaluate:** What evidence is there that the innovation has worked? What problem did it solve? Potential adopters will want to understand how they and their service will be able to benefit from the innovation and the more evidence to support your case, the more likely they will be to adopt.
- **Understand local context:** Have a good understanding of the context in which the original innovation was successful. Why did it work and for whom was it successful? Consider how relevant or useful this is to potential adopters, and present it in a way that translates to their current systems.
- **Recognise the attributes and demonstrate clear benefits:** Promote the advantages in a way that resonates with stakeholders and contributes to their strategic and service priorities. For example, does the innovation contribute towards the NHS Five Year Forward View ‘quadruple aims’ of patient experience, population health, cost improvement and staff wellbeing.<sup>4</sup>
- **Share learning and improvements:** Impart any lessons learnt and improvements made when implementing the innovation.

### Tools & resources to support this activity

- [Checklist of attributes](#) – p8
- [LeaDER evaluation framework](#) – an evaluation methodology designed to capture impacts of an innovation before, during and after implementation.



“Spread is more likely to be ‘done with’, not ‘done to’ and to be ‘pulled’ not ‘pushed’”<sup>5</sup>

## 02. Spreading the message

Step 2 creates the conditions for spread of innovation outside the original system by **raising awareness** to convince potential adopters.

A combination of **dissemination** (via vertical hierarchies) and **diffusion** (via horizontal networks) approaches is recommended, as both can be effective. Influential individuals can make spread easier across boundaries, as can incentives and expectation from patients, professionals and policy requirements.

### Tips

- **Understand complexity:** Consider the full range of issues involved in implementing an intervention, and never underestimate the degree of complexity and challenges involved in replicating it in new contexts.<sup>6</sup>
- **Find the hooks:** Consider any regulation and incentives that could help to influence uptake and spread, for example, tariffs, Quality Outcomes Framework (QOF) targets, Quality, Innovation, Productivity and Prevention (QIPP) targets.<sup>7</sup>
- **Find the right people with the right characteristics:** Contact influential individuals and networks who want to make change happen and are willing to promote, demonstrate the innovation and ignite collective action - See **Appendix 1 for more detail**.
- **Develop communication and engagement plan:** Create a communications plan with simple key messages, methods and measures of success. Make it flexible enough to adapt for different audiences, based on the benefits to them and their values.
- **Create the story:** Wrap up the message in a compelling story that will almost guarantee that stakeholders will hear, understand, remember your ideas and inspire others to join in. Show, don't tell; make the story vivid, authentic and memorable.
- **Establish social movements/networks:** Connect with people's core values and motivations, mobilising their own energies and drivers for change. "Social connection is 14 times more effective than written word, best practice databases and toolkits".<sup>8</sup>

### Tools & resources to support this activity

- [Appendix 1: Influential individuals and characteristics](#)
- [Complexity spectrum](#) p14
- [Characteristics of dissemination and diffusion approaches](#) p12
- [Spread strategies & initiatives](#) p15-p18
- [Communication plan example](#) p31
- [Creating a compelling story](#)

# Putting the pieces in place – what do we need to make it happen?

SW - Successful Project bid to fund the Promotion and Development of a new Assistant Psychological Practitioner (Medical Specialty) Role.

4 stages:

- Raise awareness of role within South West
- Development of competency framework
- Mapping of gaps in existing standards / training
- Development of training/ implementation support package



“Four things to consider: Compatability (it fits my world); Observability (I can see it); Trialability (I can try it); Simplicity (made simple)”<sup>9</sup>

## 03.

### Getting ready to adopt

Step 3 looks at preparing to adopt an innovation.

Once the message has reached potential adopters, they will make a decision about whether to adopt.

The decision will be influenced by the type of individual adopters involved and the readiness of their local system.<sup>10</sup>

#### Tips

- **Consider the approach – flexibility vs prescription:** When communicating the intervention and inviting expressions of interest, focus more on the underlying goals of the intervention and skills required of the adopters (loose approach) rather than prescribing specific methods for implementation (tight approach).
- **Check the readiness:** System readiness and likely success can be assessed based on three factors: people, context and innovation. Some organisations may not be ‘ready’ to adopt, and might require further work in addressing culture change, new ways of working or undoing entrenched habits. Those who are ‘ready’ may need resources, time, and space to improve their capability for implementation and translate the original idea into their own setting.
- **Find the right people at local system level:** Work with ‘early adopters’ who are motivated, keen to adopt and most likely to implement innovation successfully. Strong leadership will be essential, so senior level management and clinician buy in is required. However, don’t forget front line staff who will often have the best understanding of the problem and the best solutions.<sup>11</sup>

#### Tools & resources to support this activity

- [Rogers’ Adopter categories](#) p5
- [Spread & Adoption readiness criteria](#) p21

## Appendix 1: Influential individuals and characteristics

### Influential Individuals:

**Opinion Leaders** are the influencers of their respective niches. They represent a broad range of leaders within the ranks and those at top level. They influence the choices and beliefs of their followers towards or against a specific brand, product or service.<sup>17</sup>

**Boundary Spanners** have influence across organisational and other boundaries. They play a big part in multi-organisational innovations and quality improvement initiatives.

**Champions** persistently support new ideas. They may come from the top management of an organisation. Champions also include team or project leaders and others who have the perseverance to fight both resistance and/or indifference to promote the acceptance of a new idea to achieve project goals.<sup>18</sup>

### Characteristics:<sup>19</sup>

One who challenges the status quo when they see that there could be a better way.

They:

- Are driven by convictions and values
- Have a strong sense of self efficacy - a belief that they are able to create change
- Are action-oriented
- Inspire change
- Are able to join forces with others to create success
- Work as a collective body for commonly valued changes
- Are able to achieve small wins which create a sense of hope and confidence
- Are optimistic in the face of challenge



“One size doesn’t fit all – different plans and styles are required for different organisations”<sup>12</sup>

## 04. Adapting and implementing

Generally, an original innovation will not be directly adopted and will need some degree of adaptation to meet local needs.

Successful implementation is more likely if new adopters have continuing access to expertise, support and networking or collaboration opportunities to assist them. Establishment of a multidisciplinary project team is recommended as this is also shown to improve the likelihood of success.

### Tips

- **Encourage a multidisciplinary project team approach:** An effective and successful project team should ideally include a senior clinical leader, plus those with skills in quality improvement, investment appraisal, finance, marketing, change management and project management. Introduction of a new innovation requires flexibility, and will depend on skills, behaviours and the organisational cultures of those implementing it. Also encourage patient involvement and co-production, as it is evidenced that they bring energy by articulating their needs and help to spread the innovation.
- **Set realistic timescales:** Rushing change can lead to fatigue and ultimate failure.<sup>13</sup> Therefore, supporting the organisation to establish objectives, metrics, financing mechanisms and performance management should help to produce the required outcomes.
- **Encourage evaluation at the start of the project:** Prior to project start up, encourage the use of a recognised evaluation framework such as the LeaDER framework for consistency. This will help to plan measurable outcomes and gather evidence before, during, and after for future reporting.
- **Suggest rapid testing:** To accelerate full implementation, adopters should consider rapid testing - checking small samples frequently so they can decide how to adapt further if required.
- **Support implementation and customisation:** One size does not fit all, so create a bespoke support package because different adopters will require different things, such as access to tools, expertise and funding.<sup>14</sup>

### Tools & resources to support this activity

- [Improvement Leaders Guides](#)
- [‘Seven Spreadly Sins’](#)
- [LeaDER evaluation framework](#)



“The challenge is not starting, but continuing after the initial enthusiasm has waned”<sup>15</sup>

## 05. Sustaining the innovation

The final step involves activities aimed at sustaining innovation so that it becomes an integrated or mainstream way of working.

In healthcare, factors that affect sustainability can be assessed under three themes: staff, process and organisation.<sup>16</sup>

### Tips

- **Measure and monitor:** Regularly measure and feedback results and progress over time, until the innovation becomes embedded - drawing on successes and learning.
- **Evaluate the impact:** Robust evaluation can help to define measurable outcomes and demonstrate how the innovation addresses service improvement priorities, against the quadruple aims of cost efficiency, patient experience, population health and staff well-being.
- **Celebrate success and disseminate learning:** Upon completion, it is important to celebrate success, the outcomes achieved, and share learning from across the project lifecycle. This can be done in a variety of ways, such as events, staff recognition, and development of case studies.
- **Business as usual and maintaining momentum:** To embed the new innovation, so that it becomes ‘business as usual’, you should consider developing an aspirational deployment and benefit strategy using continuous improvement methods, training and development. One way of maintaining momentum could be to design information systems and visual aids as a reminder of new processes, and avoid reliance on people’s memories.

### Tools & resources to support this activity

- [Sustainability diagnostic tool](#)
- [LeaDER evaluation framework](#)

# Putting the pieces in place – what do you need to make it happen?

A better understanding?

Identify levers?

Identify barriers?

Identifying enabler?

Support internally?

Support externally?



What support do you need?

# Any question?

Link to full framework:

<https://www.hee.nhs.uk/our-work/workforce-transformation/spread-adoption>