

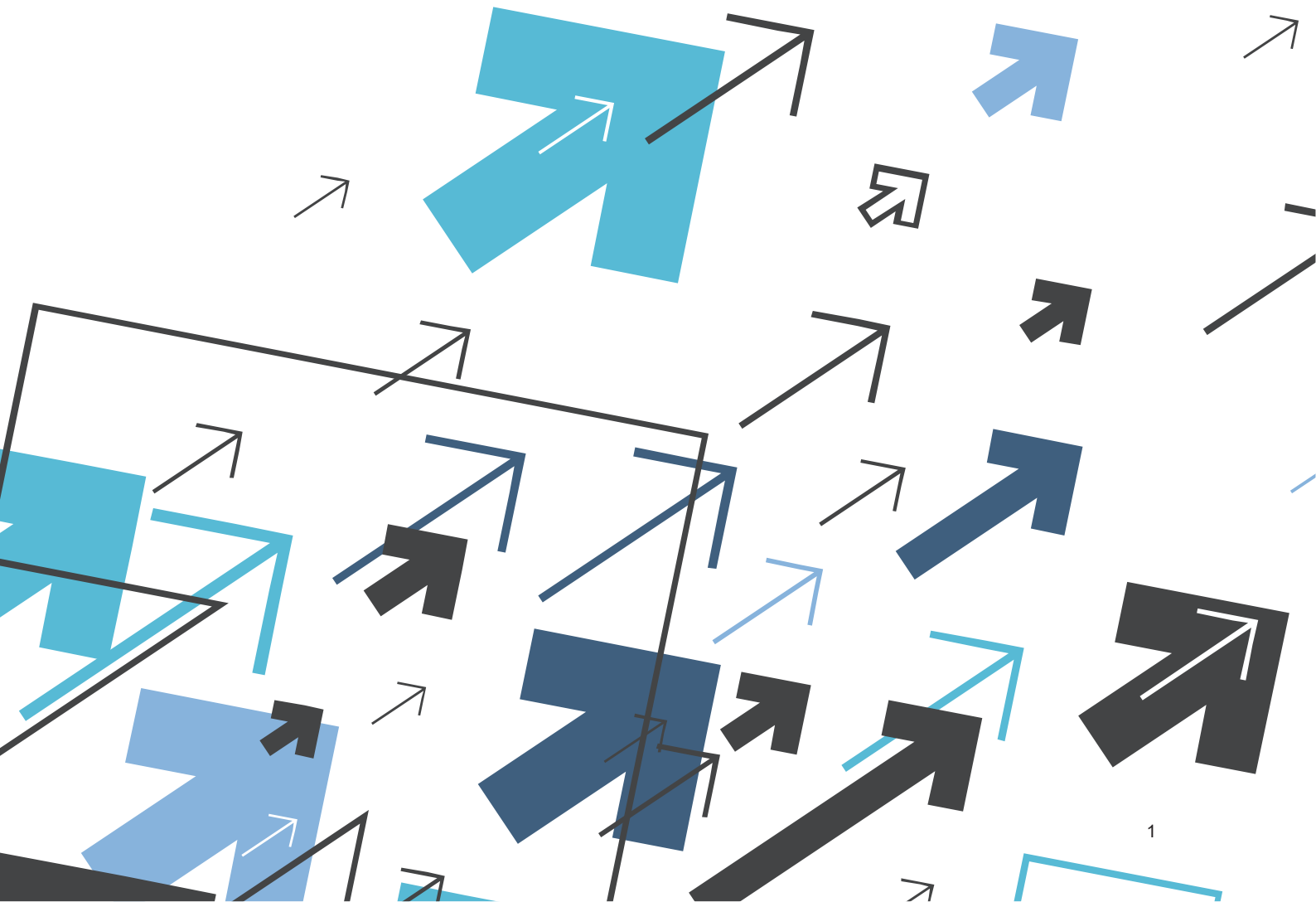
Adopt and Spread

Insights and Learning from the
National Programme in Wales

Executive Summary

Bevan Commission

October 2022



Executive Summary

The Bevan Commission developed and led the National Adopt and Spread (A&S) Programme, funded by the Welsh Government to test mechanisms for prudent innovation adoption and spread whilst working nationally on a live delivery programme.

This report brings together the insights and learning from this unique programme, consisting of 54 adoption sites working with 15 Bevan Exemplars promoting more innovative, prudent health and care, with a comprehensive programme of support provided by the Bevan Commission. The adopters worked across a range of settings including care homes, GP Practices, hospitals and the community.

The national programme used evidence and learning from research, policy and practice to support the adoption of the innovations across health and care. A programme of support was designed with the participants of the programme over 15 months (including 3 months for disruptions due to COVID-19) led by a programme team within the Commission.

As the Adopt and Spread Programme took place during the COVID-19 pandemic, the Programme captured unique learning on supporting teams as they face significant unanticipated stops, disruptions, pausing and unpausing their adoption projects to secure progress. With the evidence generated from the Programme, a new methodology was developed on how to support innovation, adoption and spread.

The findings show that despite the challenges faced by many teams during COVID-19, successful adoption took place across Wales with wide ranging service, product and process-based innovations. Exemplar Innovations expanded beyond their original adoption sites, and were tested in new contexts, and also contributed to service-wide changes. Teams of practitioners, clinicians and professionals in health and care settings changed the way they worked, engaging over 200 colleagues in more than 24 organisations.

About the national Adopt & Spread Programme

- The A&S Programme started with an anticipated cohort of 21 adoption sites working with 7 Bevan Exemplar Innovations promoting more prudent health and care. The recruitment process resulted in high demand tripling the cohort size, spreading 15 Exemplar Innovations to 46 adoption sites.

- This expanded to 54 adoption sites by the end of the programme with 24 organisations, 60 GP Practices working in clusters, 2 emergency services, 4 specialist cancer services, 5 microbiology services, 8 care homes, 5 paediatric services, 8 community and home-based services.
- By the end of the programme, 80% (12 out of the 15) Exemplar Innovations introduced in January 2020 had gained traction and were actively being introduced in new adoption sites. This was an average of 3 new adoption sites per innovation starting to go live in March 2020 and many maintaining momentum during COVID-19
- Of the 3 Exemplar Innovations that did not complete the programme, two were inactive within the first three months of the programme. The third innovation adoption project experienced substantial disruption for the Exemplar and the single adopter where they were unable to return to the programme after a pause.
- Responding to COVID-19, two-thirds of the Exemplar innovations were successfully adapted with the innovation itself and/or delivery of the innovation moving from face-to-face training or services whilst participating in the A&S Programme.
- It is estimated that around 8,500 people receiving care in Wales were impacted on by the new innovations (directly or indirectly) with a potential reach of 500,000 people who will be positively impacted by new preventative or proactive care that is known to work.
- Approximately two thirds of the adoption sites were in full adoption or post-adoption-phase and 10% were underway for adoption, but were late joiners and too early for assessing final adoption. By the end of the programme, at least 3 of the Exemplar Innovations were shown as having near full spread across Wales having gained momentum through the A&S Programme.
- The newly developed evidence-informed “Connecting for Adoption and Adaptation of Innovation” (CAAI) 4 step methodology covers varied contexts including NHS, social care, and community settings, and can be used as a framework to support the widespread introduction and uptake of innovation.
- The CAAI methodology identified the importance of the adoption and adaptation of innovation in order to enable spread (a by-product of successful adoption in multiple locations and service points). This included successful spread across organisational and contextual boundaries addressing cross-cutting challenges.
- The CAAI methodology inputs and outcomes framework shows that there are 20 inputs including significance of the goal, resources such as time, skills, training and physical/digital infrastructure that increases the likelihood of success for adopters.

- A number of tools and support materials were developed as part of the programme including a CAII Methodology Toolkit, 'How To' Resources, Boxing up your Innovation and a series of showcases for the Exemplar Innovations.
- The A&S Programme moves forward the important agenda of how innovation adoption can be supported at a national level. A replicable programme underpinned by the CAII methodology has been developed through this work that can support organisations, networks and national leaders to use as part of developing the innovation adoption infrastructure.

Learning Points

1. The cohort approach with a time-bound programme is efficient and prudent and was able to maintain progress even through Covid-19. Shorter timeframes (6-12 months) can be used to reach the first few adoption sites (usually 3 or more), with longer timeframes (2-3 years) for sustained success and full roll out of larger change programmes.
2. Mixing teams, regardless of types of innovations, care pathways and settings, has been shown to be effective, maximising the potential and maintaining momentum where there are disruptions or less support available.
3. Participants from community services, social care and third sector required more 1-2-1 support as their resources and supportive infrastructure was different to that of Health Boards and Trusts. Further investigations are required on how the CAII methodology may be applied to informal networks, small enterprises and local authorities.
4. Policy, network and service leaders need to consider how best to sustain and resource support for adopters and their teams through this or equivalent programmes. This needs to be embedded as part of future performance strategies and sustainable innovation and adoption plans including decommissioning of services or introduction of new innovations.
5. A strong infrastructure with the right capabilities to support adopters and innovators is needed to ensure effective and sustainable adoption and spread of innovative ideas, across a diverse set of teams, types of innovations and adoption sites. This will maximise the use of resources, the likelihood of success, and ensure more rapid spread from the first few adoption sites to all potential eligible sites within an organisation, network or country.

6. The A&S Programme started at the same time that Covid-19 disruptions were experienced across the globe. Although the evidence from research was used as part of the programme, the action learning took place within this health emergency context. It will be important to continue to develop and test and review the CAAI methodology, the inputs and outcomes framework and the design and delivery of the support needed in the future, as part of an evolving innovation landscape for Wales. As well as supporting more immediate impact with the uptake of 12 proven Exemplar innovations in Wales, the methodology has also been used to support and inform major areas of work in health and care including for cancer, planned care and mental health.
7. Finally, it is important to note that adoption of innovation often requires replacing existing practices and services that have limited evidence of success and/or are outdated. Although the focus in the A&S Programme has been on the innovation and its adaptation, more work is needed on how the de-commissioning of services (exnovation) is better supported to achieve sustained success. This is especially relevant when procurement and service commissioning needs to change.

In conclusion

A new methodology and learning, developed and tested through the national Adopt and Spread Programme is now available. This provides a strong basis from which to continue to learn and evolve to ensure that the great ideas, partnerships and innovations being developed are not lost. It is now essential that the learning is embedded to ensure we have a dynamic and prudent health and care system that is sustainable and fit for the future.