Comisiwn Bevan Commission

The Bevan Commission's Adopt, Spread and Embed Programme

A National Pathway for Translating Local Innovation into System Wide Impact across Wales

The Bevan Commission's Adopt, Spread and Embed Programme

A National Pathway for Translating Local Innovation into System Wide Impact across Wales

1. The Need for a National Approach in Wales:

Despite a wealth of innovative practice across health and social care in Wales, the system continues to face a stubborn adoption gap. In reality, this gap is more akin to a chasm. Too often, too many innovations prove their value locally but fail to spread or sustain impact at scale. The result is duplication, unwarranted variation, missed opportunities, worsened outcomes and inefficient use of public resources.

This stubborn problem is not limited to Wales, remaining a pervasive issue internationally. According to Professor Don Berwick, the inability of a healthcare system to adopt new innovation leads to underuse of effective care, overuse of ineffective care, avoidable harm, and increased costs (Berwick, 2009). In Wales, this phenomenon is often described as "*pilotitus*", the repeated cycle of successful pilots that never embed or scale.

The Covid-19 pandemic provided a powerful glimpse of what is possible when barriers to spread and scale are removed. Rapid and scaled innovations improved care, efficiency and outcomes across the country. Health boards shared best practice and learnt from each other. Yet many of these immediate gains have since been lost, in part because Wales lacks a consistent, structured, coordinated and sustainable approach to adopting, spreading and scaling empirically validated innovative practice.

For a number of years, both local and national policy and strategic documentation, from *A Healthier Wales* to the *Innovation Strategy for Wales*, have called for greater efforts to support adoption, spread and scale. However, Wales' public investment in innovation in this arena to date has primarily focused upstream on early development and testing, leaving downstream adoption and embedding lacking support. Without a robust and coordinated national pathway for the adoption of innovation, the system will continue to struggle to fully realise the latent benefits that exist for the people of Wales, or achieve the widespread system transformation ambitions that have been set out for health and social care in Wales.

2. Learning from International Best Practice:

Exploratory research illustrates that other nations have begun to invest in a variety of different mechanisms to support and accelerate the adoption of health and social care innovation on a national scale. For example, Scotland has developed the Accelerated National Innovation Adoption (ANIA) Pathway; England uses Academic Health Science Networks (AHSNs) and the Accelerated Access Collaborative; Germany has its DiGA Fast-Track; Singapore's MOH Office for Healthcare Transformation pilots system-wide models; and Canada's CAN Health Network builds scaling partnerships between innovators and health buyers. The table below provides a brief overview of the key attributes of these.

Table 1: Overview of Examples of International Practice.

Country:	Mechanism / Body:	Key Attributes:
Scotland	Accelerated National Innovation Adoption (ANIA) Pathway	Nationally coordinated adoption pathway; accelerates proven innovations; "*Once for Scotland*" roll-out.
England	Academic Health Science Networks (AHSNs) & Accelerated Access Collaborative (AAC)	Regional AHSNs identify and spread innovation; AAC provides national coordination and fast-track support for high-impact technologies
Germany	DiGA Fast-Track	National reimbursement framework for digital therapeutics; requires evidence of safety, efficacy, and benefit to patients
Singapore	MOH Office for Healthcare Transformation (MOHT)	Government-led agency piloting system-wide innovations; bridges testing, evaluation, and national scale-up
Canada	CAN Health Network	Partnership model linking health system buyers with innovators; focuses on procurement, adoption, and scaling across provinces.

These initiatives demonstrate that the adoption, spread and scale process cannot be left to chance, relying solely on informal diffusion or the enthusiasm of individual champions, it requires structure, resourcing, system-wide alignment and a collective will to progress.

If Wales is to achieve its policy ambitions and build a health and social care system that is both effective and sustainable, it must take decisive steps to move beyond isolated pilots and the fragmented support system that exists. Empirically validated innovations require a clear, supported pathway that ensure they are consistently adopted, spread and scaled with fidelity, and embedded into routine practice across all parts of the system as a natural part of day-to-day practice. Without this, promising ideas will continue to stall at local level, and their full benefits for patients, the system and society will remain unrealised.

3. An International Review of the Implementation Science Literature:

As such, the Bevan Commission has recently undertaken an international scoping review of the implementation science literature base and associated frameworks. Implementation science is a rapidly growing area of research, which studies how best to ensure evidence-based practices are consistently adopted into routine care to improve quality, effectiveness, and sustainability, particularly in health-related settings.

This review highlights the extensive breadth of existing models in this area. These range from process frameworks, which map the key phases of change, such as EPIS (Exploration, Preparation, Implementation, Sustainment); to determinants frameworks, which identify key barriers and enablers that affect success, like the CFIR (Consolidated Framework for Implementation Research); to strategic frameworks, which provide a structured menu of evidence-based strategies that can support adoption and implementation, such as ERIC

(Expert Recommendations for Implementing Change); to evaluation approaches, which provide a structured way to measure , including RE-AIM (Reach, Effectiveness, Adoption, Implementation, Maintenance).

Table 2: Overview of Implementation Science Framework Categories and Function.

Framework Type:	**Example**:	**Purpose**:	**Key Features**:
Process Frameworks	**EPIS** (Exploration, Preparation, Implementation, Sustainment)	Maps the key phases of change	Provides step-by-step guidance for planning, delivering, and sustaining innovation
Determinants Frameworks	**CFIR** (Consolidated Framework for Implementation Research)	Identifies barriers and enablers to success	Covers domains such as context, culture, resources, and individual behaviour
Strategy Frameworks	**ERIC** (Expert Recommendations for Implementing Change)	Provides strategies to support adoption and overcome barriers	Menu of evidence-based strategies (e.g., training, audit/feedback, champions)
Evaluation Frameworks	**RE-AIM** (Reach, Effectiveness, Adoption, Implementation, Maintenance)	Measures whether innovations are working and achieving impact	Focuses on reach, outcomes, fidelity, uptake, and sustainability

Each of these frameworks, along with many others in the field, provided critical insights that informed the design of a conceptual national innovation adoption pathway and support process for Wales, ensuring projects are guided by evidence-based principles while remaining practical and adaptable to real-world settings.

In addition to academic frameworks, we also examined more practice-focused approaches and toolkits, including the IHI Framework for Scale-Up, the WHO Model for Scaling Innovation in Health, the Bevan Commission's Adopt and Spread Framework, and the Health Foundation's *Successfully Scaling Innovation*. These practical models offered valuable guidance on the operational realities of scaling innovation, such as stakeholder engagement, adaptation to context, and sustaining momentum, and further informed the design of the national innovation adoption pathway and support process.

Building on both the academic evidence and these practice-focused approaches, the Bevan Commission has developed the *Adopt, Spread and Embed* (ASE) pathway. This pathway synthesises international learning into a practical, context specific model for spreading and scaling innovation in Wales, combining a structured and coordinated process with practical guidance on implementation, adaptation, fidelity, and evaluation. This aims to ensure that innovations can be scaled reliably and embedded sustainably, maximising their impact for patients, staff, and communities across Wales.

4. Design of the ASE Pathway:

Understanding the Innovation Adoption and Implementation Pathway:

Before designing a pathway, it is essential to first understand how the adoption, spread, and scale process works in practice, the stages innovations move through, the barriers they face, and the conditions that enable success.

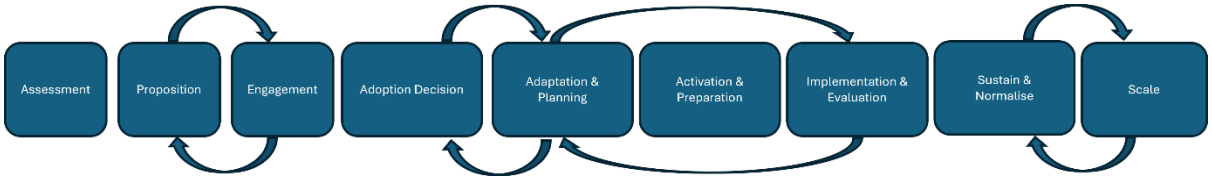
Basic Overview:

This high-level overview represents a simplified view of a highly complex process. It groups the innovation adoption journey into three functional blocks; *Pre-Adoption*, *Adoption Decision*, and *Post-Adoption*, each which comprises of multiple sub-phases, which are explored in detail in the following sections.

(Adapted from Sources: Damanpour, 2006; Rye & Kimberley 2007)

Figure 1: High Level Schematic Overview of Adoption, Spread and Scale Process.

To add greater depth, the diagram below outlines key sub-phases within the innovation adoption and implementation pathway. While not intended to be prescriptive and purposefully kept broad due to scope and diversity of innovation sources and mediums, it highlights important stages, from early assessment through to scale, that organisations may need to consider. The process is iterative and adaptable, allowing for context-specific progression and learning.



(Adapted from Multiple Sources/Implementation Science Frameworks)

Figure 2: More Granular Overview of the Adoption, Spread and Scale Process.

Phase I: Thematic Prioritisation and Assessment:

This diagram outlines the structured process for identifying, assessing, and prioritising innovation projects for national adoption. A thematic prioritisation exercise is firstly undertaken aiming to identify a set of thematic policy and strategic priority areas. Projects are identified through nomination and horizon scanning by NHS Wales, NHS Wales P&I, the Bevan Commission (BC), and other partners, and are then mapped against the identified thematic priorities. Projects are then collated, and evidence bundles are produced in order to facilitate assessment. To allow for fair comparison, projects are then assigned to an assessment pathway, including technology projects, non-technology high-to-medium investment projects, and non-technology low or no investment projects.

Each evidence bundle undergoes an Entry Point Assessment, which acts as an initial filter for core project criteria, followed by a more thorough review through a Prioritisation Board, using a defined assessment framework. Final outcomes and feedback, including both successful and unsuccessful applications, are communicated by the Bevan Commission, with results tracked to inform future cycles. If a project is not yet ready for national spread but shows future potential, further support, advice, and development opportunities may be provided. Where spread is deemed inappropriate, projects may instead be signposted to alternative pathways or options.

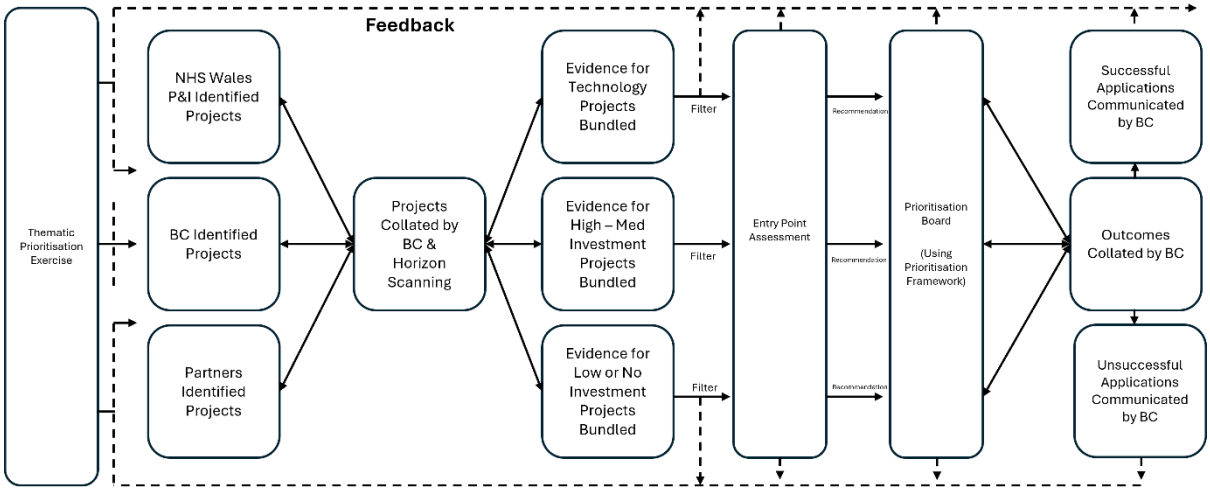


Figure 3: Schematic Diagram of Phase I of ASE Pathway.

Entry Point Assessment:

Projects considered for national adoption should meet a set of baseline Entry Level Criteria to ensure readiness, relevance, and alignment with system priorities. These criteria act as an initial filter before progressing to more detailed assessment and prioritisation stages.

Key considerations at this stage might include:

- **Strategic Alignment**: The project should align with national priorities, including population health needs, policy goals, and transformation agendas.
- **Evidence of Benefit**: There should be some demonstrable evidence, qualitative or quantitative of clinical, operational, economic, or patient experience benefit.
- **Implementation Readiness**: The innovation should show appropriate levels of maturity for wider adoption.
- **Equity and Inclusion**: Consideration must be given to potential impact on health inequalities and whether the innovation supports more equitable access/outcomes.
- **Scalability Potential**: The innovation should have characteristics that suggest it could be adapted and scaled across settings, even if modifications are required.

Only projects that meet these minimum criteria should move forward into evidence bundling, prioritisation review, and potential inclusion in the national adoption pathway.

Prioritisation Board:

The Prioritisation Board plays a central role in selecting which innovations progress through the national innovation adoption pathway. It applies a structured and transparent framework to assess the relative value, feasibility, and system fit of each proposed project. The board is composed of a multi-stakeholder group with experience across different aspects of health and care delivery and may vary depending on the focus of the programme.

Key responsibilities and considerations include:

- **Use of a Standardised Framework**: This applies a consistent prioritisation matrix to evaluate innovations against agreed criteria such as impact, scale of impact, strategic alignment, cost-effectiveness, clinical effectiveness, equity, and scalability.
- **Multi-Stakeholder Judgement**: Decisions are made by a diverse panel to ensure a balanced view reflecting policy, clinical, operational, and patient perspectives.
- **Bundled Project Review**: Innovations are grouped into categories (e.g. high-investment, low or no investment, technology) to enable appropriate comparison.
- **Transparency and Feedback**: Clear outcomes and rationales are documented, with feedback provided to both successful and unsuccessful applicants.
- **Forward Planning**: The board also identifies projects for future cycles, recognising those requiring further development or support before being reconsidered.

Phase II: Proposal, Engagement and Adoption Decision:

The diagram below illustrates the pathway through which prioritised innovations progress to a formal organisational adoption or justification point. It begins with recommendations from the Prioritisation Board and leads towards a structured decision point.

- **Evidence Consolidation and Development of Case for Change:** Prioritised projects use panel feedback to build a strong case for change, with finance and value partners supporting the investment rationale and impact assessment.
- **Clinical Implementation Networks (CINs) or Equivalent Groups:** These groups review and shape the innovation proposition, ensuring alignment with priorities, while securing the clinical buy-in needed for successful adoption.
- **Funding Pathways:** Where applicable, applications are submitted to appropriate funding pots to support implementation and scaling of the innovation.
- **Organisational Buy-In and Adoption Decision Point:** Senior leaders, such as COOs, CEOs, or internal leadership structures review the proposal. Organisations proceed to either adopt the innovation or formally justify a decision not to adopt.

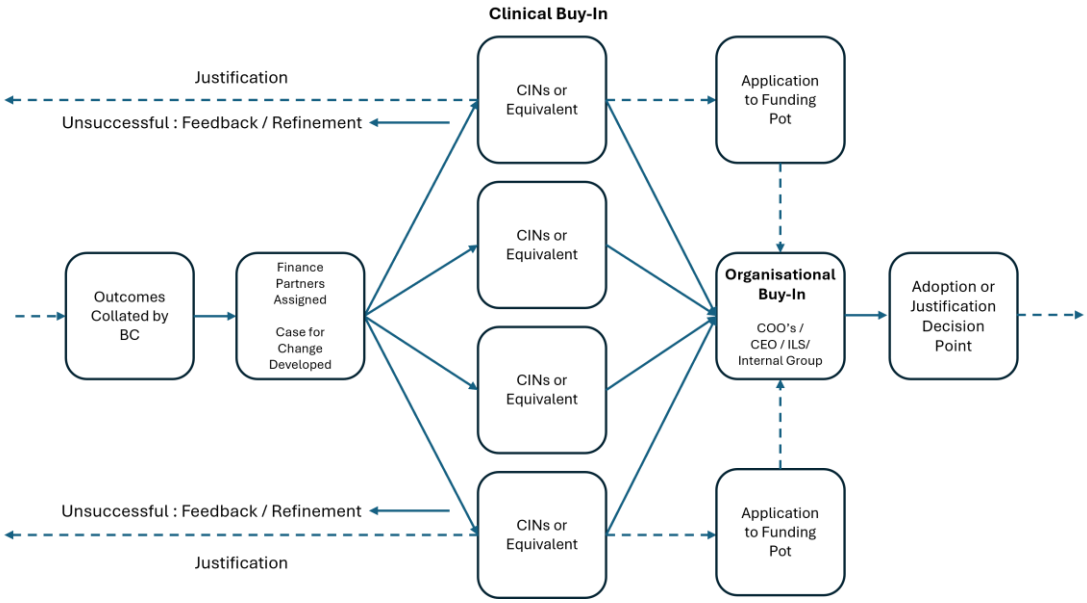


Figure 4: Schematic Diagram of Phase II of ASE Pathway.

At this stage, lead innovators and adopters could be issued with an '*Innovation Adoption Passport*'. This passport serves as a formal recognition of their role in supporting the implementation of a selected innovation. It provides designated, protected time within job plans, enabling clinical, managerial, or operational staff to dedicate capacity toward the planning, adaptation, and delivery of the intervention within their organisation.

This phase supports a structured, evidence-informed and collaborative decision-making process, helping innovations gain traction within the system while maintaining ownership and alignment with local and national priorities.

Phase III: Preparation for Implementation

Phase III describes a responsive and pragmatic phase of the pathway following the adoption decision point. It reflects the understanding, grounded in implementation science and programme experience, that organisations operate at varying levels of readiness to adopt.

At the Adoption Decision Point, organisations may make one of three initial decisions:

- **To adopt as an early adopter**: Moving forward immediately through a structured readiness assessment and planning process.
- **To adopt as a later adopter, observing and acting as a comparator**: Adopting within a set time, engaging as active learners and data comparators, while preparing the organisation for adoption, without immediately proceeding to implementation.
- **To not adopt:** Providing justification for choosing not to adopt the innovation.

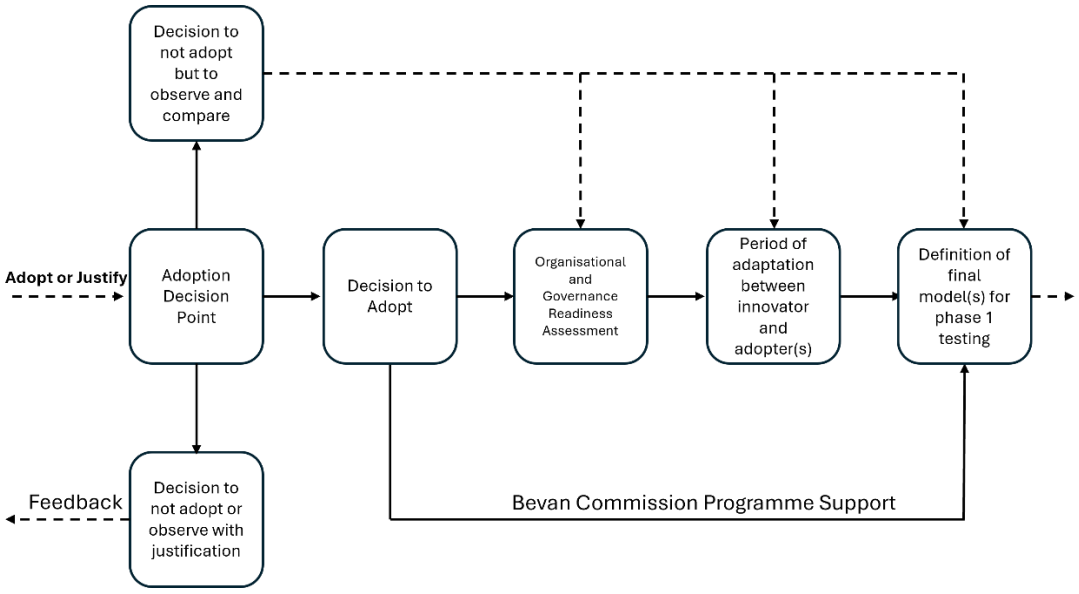


Figure 5: Schematic Diagram of Phase III of ASE Pathway.

For those who choose to adopt, the next step involves an Organisational and Governance Readiness Assessment, ensuring internal alignment, leadership support, resource planning and readiness. This is followed by a period of adaptation, where early adopters and innovating organisations work together to adapt the original model to the new context, considering elements such as workforce, systems, and service needs.

This culminates in the definition of final model(s) for *Phase 1 Implementation*, representing adapted, contextually informed versions of the innovation that can be deployed and tested in a controlled but real-world setting.

Those organisations not yet ready to adopt are not excluded but instead act as engaged observers and data comparators, learning from early implementation experiences and building their own internal readiness, whilst acting as a means of comparing the effectiveness of the intervention with their own internal performance reflecting true experimental design. This staged approach ensures adoption is not only evidence-informed, but also practically feasible, context-sensitive, and sustainable.

Phase IV: Implementation and Monitoring

The diagram below presents the next stage (Phase IV) of the national innovation adoption pathway, focusing on the structured implementation of innovations in early adopter sites, while simultaneously supporting readiness planning and learning in observer sites.

Following organisational and governance sign-off and having defined a final context appropriate model adopters proceed with a series of preparatory steps, including the design of an implementation and sustainment strategy, activation of key resources, and staff training if necessary. These activities ensure that systems, people, and processes are in place to successfully initiate implementation.

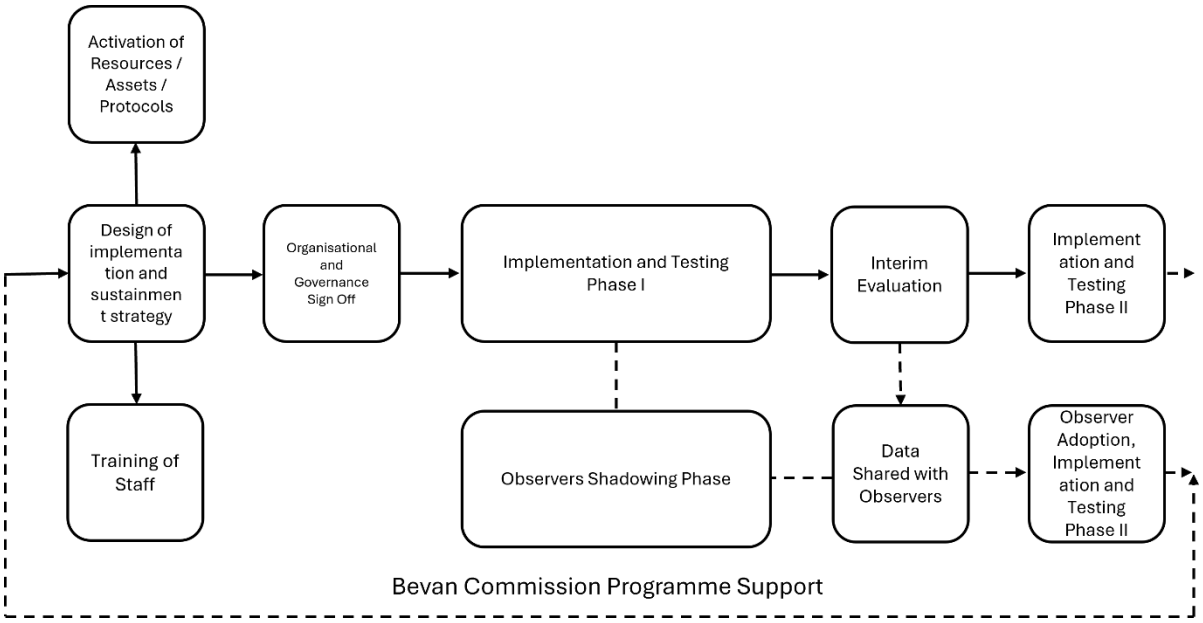


Figure 6: Schematic Diagram of Phase IV of ASE Pathway.

The innovation then enters *Implementation and Testing Phase I*, where it is deployed in live settings. In parallel, observer organisations take part in a shadowing phase, providing them with direct exposure to the implementation process. Observers can see how the innovation is adapted and managed in practice, helping them understand what will be required in their own organisation.

With monitoring and evaluation structure in place, a structured interim evaluation gathers data on performance, implementation challenges, and outcomes. This data is shared with observer organisations, supporting evidence-informed planning and de-risking decision-making for wider rollout.

This leads to two potential routes:

- *Phase II Implementation and Testing* in early adopter sites, expanding scope and refining delivery.

- *Observer Adoption and Phase II Implementation*, where observer organisations move into active implementation, drawing on shared insights and lessons learned.

This dual-track approach ensures that innovations are implemented in a controlled, supported manner while simultaneously building broader system readiness and momentum for scale.

Phase V: Evaluating Implementation and Impact

Phase V describes the evaluation and consolidation stage of the pathway, ensuring that adoption is underpinned by robust evidence and clear operational standards. This phase recognises that scaling innovation requires not only proof of effectiveness, but also clarity on how the model can be consistently delivered across multiple contexts.

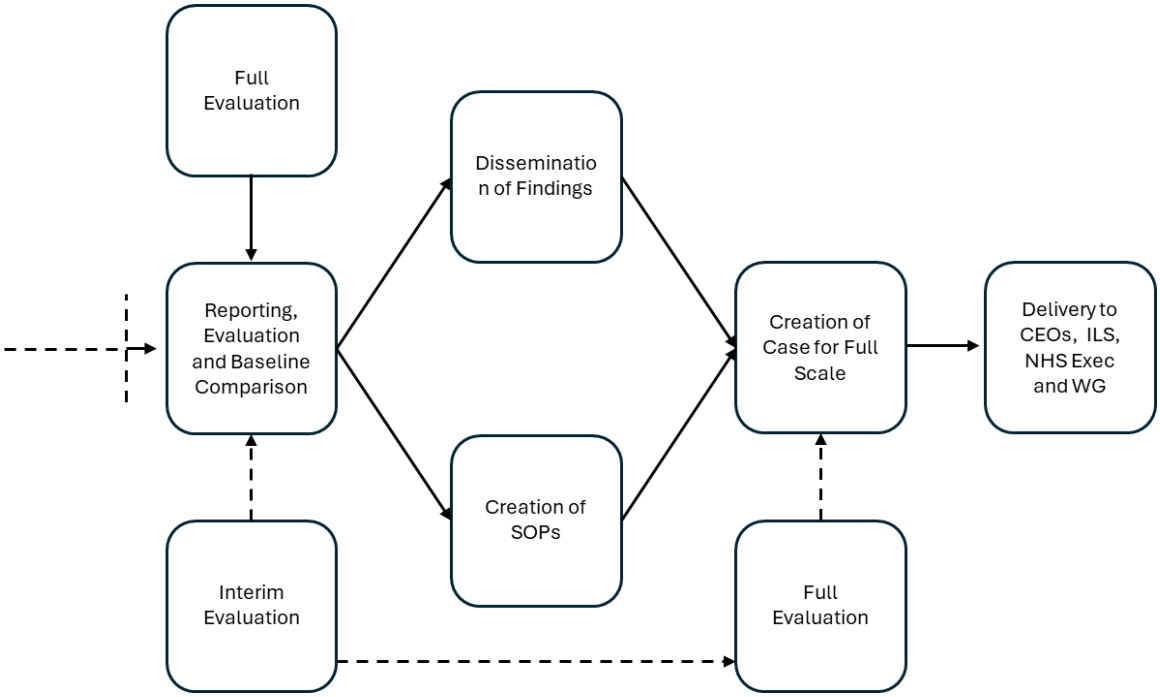


Figure 7: Schematic Diagram of Phase V of ASE Pathway.

The process begins with interim and full evaluations, generating data on outcomes, delivery, and impact. These findings feed into a reporting and baseline comparison, enabling projects to understand their performance against expectations and peers. Evidence is then synthesised into clear outputs through two complementary routes:

- Dissemination of findings to ensure shared learning, and wider system awareness.
- Creation of Standard Operating Procedures (SOPs) that codify how the innovation should be delivered in practice, providing a practical blueprint for further scale.

Together, these outputs form the foundation for the case for full scale following tests of scale in a small number of sites, drawing on evidence of impact, operational clarity, and lessons learned from early adopters. This case is then presented to key system leaders—including Health Board CEOs, Innovation Leads, the NHS Executive (Performance & Improvement), and Welsh Government, to inform national decision-making and investment.

In Summary:

The Adopt, Spread and Embed (ASE) pathway provides Wales with a structured, evidence-informed mechanism to close the persistent adoption gap that has long limited the impact of innovation. At its core is a structured national innovation adoption pathway, grounded in:

- **Implementation science evidence:** drawing on key frameworks in this field.
- **International best practice:** adapting insight from leading nations.
- **System engagement:** co-designed with key partners across the ecosystem.

Together, the ASE programme's principles and design features create a coherent model that goes beyond theory to deliver practical change. They translate into a tangible support offer for Wales that provides:

- **A structured pathway** for adoption and scale, where none previously existed.
- **A practical support offer** that combines evidence, expertise, and tools.
- **A collaborative platform** uniting the system around shared priorities.
- **A sustainable approach** that builds capacity and capability within the workforce.

Looking ahead, ASE has the potential to become the national infrastructure Wales has long needed for adoption and scale. By turning innovation into routine practice, it will help reduce unwarranted variation, strengthen system capacity, and deliver lasting improvements for patients, professionals, and communities. With sustained commitment and investment, ASE can ensure Wales moves from being a nation of pilots to a nation of practice, embedding innovation at scale and pace.

The following section of this document sets out the support offered by the Adopt, Spread and Embed Programme. It explains the practical tools, methods, and resources available to projects, and how these are applied at each stage of the pathway. The support offer is designed not only to help individual innovations succeed, but also to build system-wide capability, ensuring that adoption, spread, and scale become embedded ways of working across health and care in Wales.

5. The ASE Programme Support Offer and How this Differs from Others:

The Adopt, Spread and Embed (ASE) programme is more than a pathway, it is a national support mechanism designed to help innovations move beyond pilots into routine, system-wide practice. It provides a structured, evidence-informed package of support that combines tools, methods, and guidance from implementation science with practical enablers, expertise, and mentorship. In doing so, it ensures adoption is not only achievable, but also sustainable and scalable across health and care in Wales.

1. An Exponential Scale-Up Model:
The ASE programme uses an Exponential Scale-Up Model, starting small and accelerating as evidence and confidence build. Unlike linear models that risk losing fidelity or incremental models that lose momentum, this approach balances control with speed, ensuring sustainable and consistent scale across the system.

2. Stage-Gate Innovation Adoption Management:
We use a stage-gate approach to guide innovations through assessment, adoption, adaptation, spread and scale-up phases, ensuring decisions are evidence-based and progress is transparent, with clear checkpoints, decision gates and actions throughout.

3. Assessment for Spread and Scale:
Projects are assessed using a dedicated tool (also adopted by Health and Social Care Innovation Wales) that considers impact, feasibility, alignment with system priorities, and value. This ensures only innovations with real potential move forward, while others receive further advice or signposting.

4. Leading System Convening:
A central feature of ASE is system convening, key partners from across the innovation ecosystem together. Acting as a neutral broker, the Bevan Commission builds trust, aligns efforts, reduces duplication, and secures early buy-in to accelerate adoption.

5. Building the Case for Change:
The programme supports projects to develop a robust case for change, defining the problem, baseline data, proposed model, evidence, benefits, and an implementation strategy. This process promotes engagement and aims to secure stakeholder commitment.

6. Developing Implementation Strategies:
Projects are supported to develop tailored implementation strategies, focused on addressing real barriers, informed by evidence, and matched to the stage of adoption. This ensures practical delivery and increases the chance of long-term success.

7. Supporting Innovation Adaptation:
We help projects identify *scalable units* (core elements that must remain consistent) and

modifiable units (aspects that can adapt to local context), ensuring fidelity while allowing flexibility for diverse settings.

8. Creating Adoption Bundles:
Each innovation is packaged into an adoption bundle containing all the resources needed for implementation, such as SOPs, workforce packs, training, evaluation templates, patient materials, governance tools, and business case models.

9. Monitoring and Learning Systems:
Projects are supported to embed monitoring systems using run charts and SPC charts to track outcomes, efficiency, and experience. Alongside this, learning systems and communities of practice enable sharing, iteration, and cross-site alignment.

10. Reflection and Refinement Cycles:
Regular reflection and refinement sprints are built in, giving projects space to pause, review progress, and adapt in response to feedback and emerging evidence, aligning with continuous improvement principles.

11. Tailored Evaluation Framework:
Evaluation is embedded using an adapted RE-AIM framework (Reach, Effectiveness, Adoption, Implementation, Maintenance). This ensures impact is measured systematically, equity is considered, and lessons feed directly into spread and sustainability planning.

12. Building Capability for the Future:
ASE not only supports current projects but also builds long-term capability by equipping teams with the knowledge, skills, and tools to lead future adoption and scale efforts. This creates a legacy of stronger local capacity, reducing reliance on external support and embedding a culture of innovation across the system.

How ASE Differs from Other Offers in Wales:

The ASE programme was developed in response to clear gaps in the Welsh health and social care innovation ecosystem, where support for adoption, spread, and scale is limited. While initiatives such as the Spread and Scale Academy provide valuable short-term learning opportunities, they do not offer the ongoing, hands-on support needed to guide projects through the full adoption journey which has been communicated by innovators across the health and care workforce. ASE is designed to fill this gap, providing structured, action focused, evidence-informed support from assessment to scale, aligned with national policy, strategy, and at the direct requests of senior leaders, who have consistently highlighted the need to focus on this critical element of system transformation.

No single organisation can achieve this agenda alone. From the outset, ASE has been designed and delivered in collaboration with partners across the wider ecosystem, recognising that adoption and scale require collective effort and shared ownership. Key partners include the Dragon's Heart Institute, Health Technology Wales, TriTech, and Life Sciences Hub Wales,

each of which brings unique expertise and resources. By working together, the programme ensures alignment, reduces duplication, and builds a coordinated national approach to embedding innovation at scale.

6. Why This Matters:

The ASE programme directly responds to the challenge repeatedly identified in Wales: the lack of a structured, system-wide approach to turning innovation into routine practice. By offering a repeatable yet flexible framework, it aims to ensure that successful ideas do not stall at testing stage, but instead become embedded, scaled, and sustained.

What distinguishes ASE is its combination of academic rigour and practical delivery: rooted in evidence and international learning but tested and adapted in the realities of the Welsh system. It aims to build national capacity and capability for adoption, provide a vehicle to support system-wide transformation, reduce unwarranted variation, and ensure public investment in innovation delivers maximum value.

As ASE progresses, its insights will inform the development of a long-term national adoption framework, positioning Wales as a *"living lab"* for innovation adoption and scaling, ensuring that patients, staff, and communities benefit consistently from proven innovations.

7. Conclusion: A Critical Investment for Wales:

The Adopt, Spread and Embed programme addresses one of the most pervasive weaknesses in health and care systems: the failure to systematically realise the benefits of innovation. By supporting the ASE programme, Welsh Government and health boards across Wales can make progress towards closing this adoption chasm, strengthening system resilience, and accelerating progress toward a more efficient, equitable, and sustainable health and care system. The case is clear: Wales has the ideas, the evidence, and the ambition. What it now needs is an effective mechanism to realise the true value of innovation. ASE provides that mechanism, structured, evidence-informed, and ready to deliver.

Comisiwn
Bevan
Commission

School of Management,
Swansea University Bay Campus,
Fabian Way, Swansea SA1 8EN

www.bevancommission.org
bevan-commission@swansea.ac.uk
+44 (0)1792 604 630