Where are we now, how far have we come and what’s next?

Innovation in the NHS: normal rules do not apply

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Personal Introduction

• Medicine
• Design & Innovation practitioner
• Consultancy in Innovation Management (Unilever, Alstom)
• HealthTech at WMG / University of Warwick
• Developing and commercialising healthcare product and services (based at Heartlands Hospital)
Need for healthcare / funding
Need for healthcare / funding

Position?

Need

Funding (£)
Health Secretary Andrew | 
the NHS

Up to 1,200 needless deaths 
abused, staff higher than expected deaths

- George Eliot Hospital Trust (highest) 
- Isle of Wight PCT
- East and North Hertfordshire Trust
- Blackpool Teaching Hospitals Foundation Trust
- Tameside Hospital Foundation Trust
- Medway Foundation Trust
- York Teaching Hospital Foundation Trust
- Northern Lincolnshire and Goole Hospitals Foundation Trust
- Basildon and Thurrock University Hospitals Foundation Trust
- Hull and East Yorkshire Hospitals Trust
- Northampton General Hospital Trust
- East Lancashire Hospitals Trust
- University Hospitals of Morecambe Bay Foundation Trust
- Western Sussex Hospitals Trust

/ Department of Health 2 Nov 2011
Why innovation

NHS Challenges
Increasing efficiency and productivity will not close this gap

• Innovation is critical to economic change

*Joseph Schumpeter ‘The Theory of Economic Development’*
“We now face a crisis that is the economic equivalent of war. It will be fought by the private sector, entrepreneurs and innovators, who are setting up businesses, promoting exports and getting investment going”

Vince Cable, Secretary of State for Business Innovation & Skills

• Radical root and branch change is required

Transformation through innovation

• Improve patient outcomes
  – Near patient testing
  – Prevention
Story so far

- Why innovation
- NHS Challenges
Ghost of Innovation past / present

• NHS is “a late and slow adaptor of medical technology”

The Wanless review (2002)
National Centre for Infection Prevention and Management, Imperial College London (2010)
The innovations warehouse
Nine insights

1. Patients are not consumers
2. The ‘layered’ customer
3. The NHS is a service provider not an innovator
4. Top down structure without lateral connections
5. The Intellectual Property escalator
6. The challenge of delivering more for less
7. Innovation = product + service + organisation
8. Innovation is hard – very hard
9. What makes an innovation organisation
Schumpeter

• Responses to change in business environment:
  – ‘adaptive response’ – Incremental Innovation
  – ‘creative response’ – Radical Innovation

*Joseph Schumpeter ‘The Theory of Economic Development’*
Disruptive Innovation - Theory

Clayton Christensen – The Innovator’s Dilemma

e.g. Sony
IBM
Apple
Virgin
Disruptive Innovation - Relevance

- Focussed on the US healthcare system
- Lacks practical methods, tools and techniques

However, disruptive innovation is most appropriate for NHS:
- Affordable products and services
- Shift diagnostics, therapy and care out of expensive hospitals back into the community.
Story so far

Why innovation

Types of innovation

NHS Challenges

Achieving innovation
Disruptive Healthcare Innovation initiative

Vision

supports sustainable healthcare by leading the development and implementation of practical methods and demonstrators of disruptive healthcare innovations.

Launch 1st December
BOOK NOW
Why innovation

Story so far

Types of innovation

NHS Challenges

Achieving innovation

Role of engineers
Role of engineers

Interactive
• working with patients, clinicians and healthcare managers in multi-disciplinary teams throughout development

Technology
• Broad technology knowledge and ability to assess and apply technology to user needs

Entrepreneurial skills
Why innovation
Story so far
Types of innovation
Achieving innovation
Role of engineers
NHS Challenges