

Methodology for spreading innovation at pace and scale.

GUIDELINES



Wessex
Academic Health
Science Network

INTRODUCTION

These guidelines have been developed to provide an evidence based, systematic approach to accelerating the spread and adoption of innovation and best practice across Wessex. ¹

They have been developed by reviewing the evidence of when and how innovations/ good ideas/ best practice spread and are adopted and by road testing them with current innovations and at workshops.

They have been issued as live guidelines for use across Wessex, but with the understanding that through increased use, we will be able to refine and improve them. The spread and adoption team within the AHSN are their custodians and are available to support their use and development. For further information please contact Philippa Darnton, Senior Programme Manager for Spread – philippa.darnton@wessexahsn.net.

The AHSN has also developed a high level framework that describes four levels of support for spread:

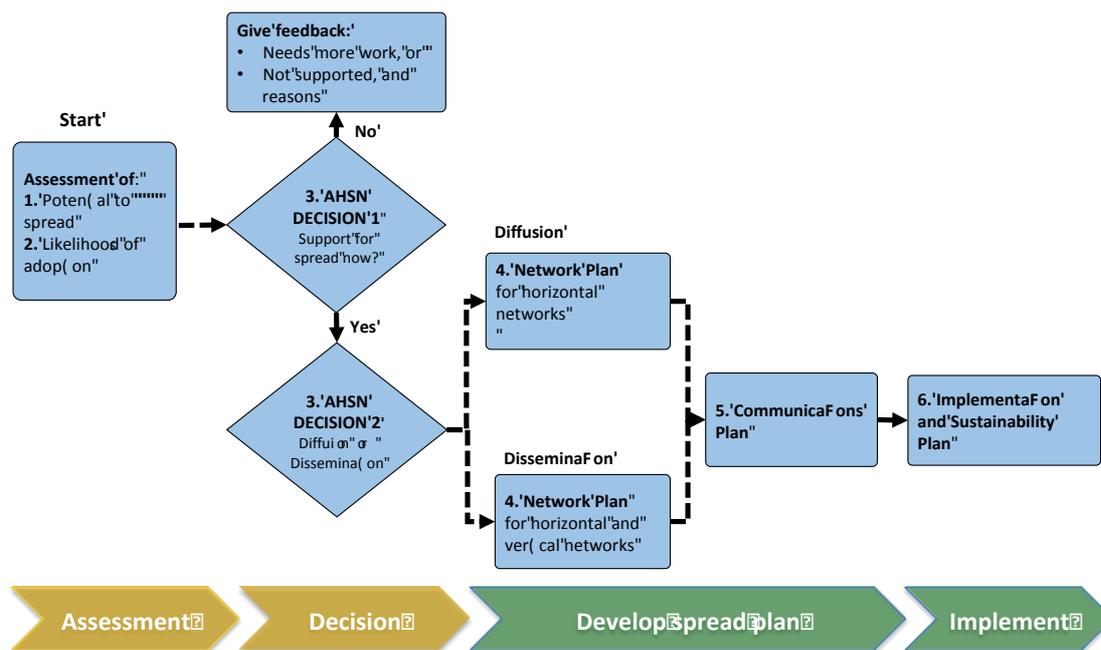
Level of support	How we describe it	How we support spread
1. Low level support	“Here it is – up to you if you use”	Website, Newsletter
2. Support for spread	“Here it is, it’s worth using because ...”	As above as well as promotion at meetings
3. Active spread	“Here it is, here’s how to do it, we can help, how are you doing?”	PM support to implement, measure and report
4. Full scale implementation with commissioner support	“This is what we’re doing in Wessex, we’ll help you do it”	Implementation programme

OVERVIEW OF THESE GUIDELINES

These guidelines are formed by four distinct stages:

A	Assessing the potential for spread and adoption.	There are 2 steps – (i) assessing the spread potential of the innovation against 7 attributes – and (ii) identifying and assessing the potential adopters.
B	AHSN decision on whether and how to spread.	The AHSN has a Spread Panel – and they have a choice of deciding to spread by dissemination or diffusion.
C	Developing a spread plan	2 steps – (i) developing a network plan; and (ii) developing a communications plan. These plans differ for dissemination and diffusion.
D	Implementation and sustainability	Responding to a checklist covering the main factors that determine a successful implementation and whether it is sustained.

Which can also be shown as a flowchart:



THE 6 STEPS EXPLAINED

1. Assessing potential to spread

Different innovations spread and get adopted at different rates. Some never spread at all. Research has identified the attributes or factors that make an innovation more likely to spread and this first step aims to assess an innovation against these 7 attributes.

2. Assessing the potential for adoption

Some argue that **adoption is the key concept** when considering spread, that spread is the result of adoption, not the other way around. To understand adoption and its role in our methodology we need to put ourselves in the potential adopter's shoes, to understand the natural flow of ideas between people and groups and the process they go through when deciding whether to adopt a new idea.

3. Deciding whether and how to spread an innovation

The AHSN has a Spread Panel who consider the information in steps 1 and 2 to decide whether the innovation should be spread now and if so whether it should be diffused or disseminated.

At this step, the Spread Panel will determine whether an innovation is best spread through *diffusion* or *dissemination*:

Diffusion: Is the process through which an innovation is communicated over time among members of a social system. It spreads horizontally through peer networks and is largely unplanned. Levels 1 and 2 in the AHSN level of support on page 1 can be considered as primarily being about diffusion.

Dissemination: Is a planned and active process intended to increase the rate and level of adoption above that which might have been achieved by diffusion alone. Make it happen rather than let it happen. Levels 3 and 4 in the AHSN level of support on page 1 can be considered as being primarily about dissemination.

4. Developing a network plan

A key principle is that most innovations spread primarily through interpersonal influence, and that this takes place through the networks that link people. There are two kinds of networks and one supports diffusion and the other dissemination.

Horizontal networks: It is through horizontal networks that innovations *diffuse* – they are where professionals meet, share experiences, ideas and best practice – where ‘word of mouth’ happens. These will include professional groups and clinically led speciality groups and meetings, meetings of trainees, local or regional meetings arranged by pharmaceutical companies.

Vertical networks: It is through vertical networks that innovations are disseminated. They are the formal networks that bring together decision makers, set policy and priorities and allocate resource. The AHSN can be seen as a vertical network, as are the Wessex Strategic Networks, Commissioning Forums and Health and Wellbeing Boards.

Network plans identify all of the key networks that could support the spread of the innovation and describe how they can best be engaged to do this. These plans should identify the people who can undertake the three key roles in networks that support spread:

Opinion leaders: The highly respected people who influence others. Clinicians, managers and front-line staff will each have their own set of individuals whose opinions are valued and sought out on various matters. Expert opinion leaders influence through their authority and status, while peer opinion leaders influence through their credibility.

Champions: The key individuals who have good personal relationships within networks and organisations and are willing to back an innovation. They are often found outside of formal structures of authority, but use their belief, commitment and relationships to keep pushing adoption in their own organization and finding ways around barriers. Executive champions can play an important role in dissemination, using their position and influence to communicate the benefits and overcome barriers.

Networkers: Fulfill an important boundary role between organizations. They often have influence within their own organization and represent it externally. They support the flow of information about innovations across organizations and networks.

5. Communications Plan

This plan draws on much of the work undertaken in the previous steps and should describe how the attributes of the innovation (step 1) are described in a tailored way to each of the adopters (step 2) using the appropriate networks and people (step 3). It can be thought of as a marketing plan – selling the innovation to adopters.

6. Implementation and Sustainability Plan

Success in implementation and sustaining an innovation depends on many factors and this checklist covers the main ones. It covers the degree of organisation and system commitment to delivering the innovation, the team and resources available for supporting implementation, how adopters will be networked and how the innovation will be evaluated. This isn't just about good implementation - there is strong evidence that innovations are more likely to be sustained when the adopters continue to receive information about the impact and benefits their adoption is delivering.

¹ Principal reference. How to Spread Good Ideas. A systematic review of the literature on diffusion, dissemination and sustainability of innovations in health service delivery and organisation. Report for the National Co-ordinating Centre for NHS Service Delivery and Organisation. April 2004. Trisha Greenhalgh, Paul Bate, Fraser Macfarlane, Richard Peacock. 426 pages.

Step 1: Potential to spread

These 7 attributes are known to determine the likelihood that an innovation will spread. The innovation should be assessed against each of these, providing evidence and/ or examples where it meets the attribute. Further guidance on these 7 attributes is included at Appendix 1.

The Spread Panel will use the evidence and examples to assess the degree to which the innovation meets each attribute as follows:

- High there is good evidence and/or examples that the innovation meets the attribute well
- Medium there is some evidence and/ or examples
- Low there is a relatively small link between the innovation and the attribute
- Nil there is no link between the innovation and the attribute

Please complete this step in no more than 1500 words, distributed across the 7 as you wish, but including content for all of them.

Step 1: Potential to spread

Attribute	Assessment of how well the innovation meets each attribute	Spread potential
Advantage	Are there clear advantages to be had from adopting the innovation? Are they recognised by all of the key players? Quantify this advantage.	H/M/L/Nil
Compatibility	How is the innovation compatible with the needs, values and norms of the intended adopters. Does it link with their priorities or other innovations?	
Complexity	How complex is it to do? If it isn't simple, what practical support is available ? <i>The lower the complexity and better the support – the higher the spread score.</i>	
Observable	Are the benefits of the innovation visible – can they be seen?	
Adaptability	Can potential adopters adapt, refine or modify the innovation to suit their own needs?	
Evidence	What is the strength and quality of the evidence that the innovation works?	
Trialability	Can potential adopters trial or test it before making a full commitment? <i>This attribute may not be relevant for all innovations – if it isn't, explain why.</i>	

Step 2. Likelihood of adoption

This step requires you to identify the potential adopters – from Wessex and beyond. Be as precise as possible, distinguishing between providers and commissioners and when possible, the specific roles or people. For each potential adopter, set out the key benefits of adoption – the main reasons that this adopter may choose to adopt the innovation. Also set out the key constraints for each potential adopter – the main things that could get in their way or put them off of adopting the innovation.

Step 2: Likelihood of adoption

Potential adopter	Key benefits of adoption	Key constraints to adoption
<p>Provider: Include specific organisations, roles or people where possible. When appropriate, consider all sectors, eg. primary, secondary, tertiary, social voluntary</p>	Quantify wherever possible.	Quantify costs/ resources required.
<p>Commissioner: Include specific commissioners, roles or people where possible.</p>	How does it relate to their commissioning intentions/ delivery plans?	Quantify costs/ resources required.
<p>Patients/ users: Which patients/ users will receive innovation? Will they have a role in deciding whether it will be adopted? If yes, identify the key benefits and constraints from their perspective.</p>		

Step 3. Spread Decision

Once the two assessment steps are complete, the AHSN will use this information to decide whether an innovation is ready and supported for spread, and if so whether this should be through diffusion or dissemination and which of the four levels of spread described on page 1 apply.

For the majority of innovations in the pipeline, this will be done as part of the annual business planning process. This will generate a spread portfolio that assigns innovations to the following categories:

- Innovations that aren't ready for spread, with a description of the key actions and timescales for them becoming ready.
- Innovations that aren't supported for spread and the reasons why
- For those that are supported,
 - Diffuse or disseminate
 - Allocate to one of the four levels of spread

Although most decisions will be made as part of Business Planning, there could be instances where an assessment and a decision need to be made in-year. An example would be when an innovation from outside of Wessex is identified. A Spread Panel will be formed to take in-year decisions and will comprise the 4 AHSN Directors, the Board sponsor for spread and the clinical lead for spread. The panel will be supported by the Programme Manager for Spread.

Step 4. Network Plan

4.1 Horizontal networks that will support spread through diffusion – for all innovations

The key horizontal networks that can support the spread of the innovation to the potential adopters through **peer, interpersonal influence**. Consider both **regional and national** networks. Networks should be identified for **each of the potential adopters identified at step 2**.

Step 4.1.1: Network spread plan - horizontal

Networks	How it operates. *	How the network will be used to support diffusion to potential adopters.**
Provider Adopter		
Network title		
Network title etc..		
Commissioner adopter		
Network title		
Network title etc..		

*To cover - membership (highlight potential adopters), meetings, frequency, Chair, key contacts, communication channels used (e.g website, newsletter).

** Examples could include, presentations at meetings, demonstrations, pilots, visits, use of newsletters and websites

Identify the people in these horizontal networks who do or could undertake the **three key roles supporting spread**.

Step 4.1.2: Key roles in horizontal networks

Role	People, roles and description
Opinion Leaders	Once people are identified, be clear on the actions that will engage them in supporting the spread plan.
Champions	
Networkers	

4.2 Vertical networks that will support spread – for innovations to be spread through dissemination (levels 3&4)

The key vertical networks that can support the spread of the innovation to the potential adopters through targetting formal networks, expert opinion and decision makers. Consider both **regional and national** networks. Networks should be identified for **each of the potential adopters identified at step 2**.

Step 4.1.1: Network spread plan - vertical

Networks	How it operates. *	How the network will be used to support diffusion to potential adopters.**
Provider Adopter		
Network title		
Network title etc..		
Commissioner adopter		
Network title		
Network title etc..		

*To cover - membership (highlight potential adopters), meetings, frequency, Chair, key contacts, communication channels used (e.g website, newsletter).

** Examples could include, presentations at meetings, demonstrations, pilots, visits, use of newsletters and websites

Identify the people in these horizontal networks who do or could undertake the **three key roles supporting spread**.

Step 4.1.2: Key roles in vertical networks

Role	People, roles and description
Opinion Leaders	Once people are identified, be clear on the actions that will engage them in supporting the spread plan.
Champions	
Networkers	

Step 5. Communication Strategy

All innovations that are to be spread through dissemination should complete a communication strategy. Although not a requirement, diffusion spread plans may also benefit from developing a communication strategy.

Step 5: Communication Strategy

PRIORITY AUDIENCES To include each of the adopters identified in step 2.	KEY MESSAGES	COMMUNICATION ACTIONS AND CHANNELS
Provider Identify specific organisations, departments, roles and people.	Develop messages that are specific to the priority audience. Relate these to the benefits and constraints identified in step 2.	Building on the understanding of the networks developed at step 4.
Commissioner Identify specific organisations, departments, roles and people		
Others		

Step 6. Implementation and Sustainability Plan

The following checklist aims to cover the main factors that determine the success of the implementation of an innovation and its sustainability and should be used to develop an action plan.

Step 6: Implementation and sustainability plan

<p>Organisation commitment</p>	<p>Does the organisation understand the innovation, what is required to implement it (time and cost) and the desired outcomes? Do other Departments that are key to the implementation understand and support the innovation – e.g. diagnostics, information. Are the reporting arrangements clear – both person accountable and flow of progress reports?</p>	<p>Confirm and describe how the organisation/ system have planned for and will meet these requirements.</p>
<p>System commitment</p>	<p>Is there appropriate commissioner support for implementing the innovation? Which Networks will be taking an interest? How will progress be reported to them? How will the adopter link with other sites that have or plan to implement the innovation?</p>	<p>Confirm and describe how the organisation/ system have planned for and will meet these requirements.</p>
<p>Implementation Team</p>	<p>Is there an Executive or senior management sponsor? Is there a clinical lead? Is there a project manager? Do the clinical lead and project manager have the required capacity and capability?</p>	<p>Confirm and describe how the organisation/ system have planned for and will meet these requirements.</p>
<p>Supporting implementation</p>	<p>What support is available to the implementers? Including:</p> <ul style="list-style-type: none"> • AHSN project managers • The innovator • A mentor • Other adopters • Champions • Specific skills e.g. service improvement/ information 	<p>Confirm and describe how the organisation/ system have planned for and will meet these requirements.</p>

	How long is this support available for? Will that be long enough to sustain the implementation?	
Project Plan	<p>Is there a clear project plan that describes how the adoption will be implemented and timescales?</p> <p>Is it clear when implementation will be complete and effort moves to sustaining it?</p> <p>Are the implementation team and the support available to them going to be in place for the duration of the implementation?</p>	Confirm and describe how the organisation/ system have planned for and will meet these requirements.
Sustaining	<p>How will the people delivering the innovation continue to network with other adopters?</p> <p>How will they receive and share information on its impact?</p>	Confirm and describe how the organisation/ system have planned for and will meet these requirements.
Evaluation	<p>What are the intended outcomes/ benefits of the innovation and how will they be measured?</p> <p>How will these be measured and reported during implementation?</p> <p>How will they be measured and reported once implementation is complete – part of business as usual?</p> <p>Who will undertake the post-implementation evaluation and where will it be reported?</p>	Confirm and describe how the organisation/ system have planned for and will meet these requirements.

Appendix 1: Guidance Notes for Step 1.

The following notes provide some guidance to assist completion of Step 1 of the assessment template and responds to questions raised during the consultation on this methodology.

Step 1: Potential to spread	
Advantage	This section should describe how the innovation is better than what went before it. Advantage can be viewed from different perspectives, e.g. patient/carer benefits (e.g. improved experience of care, better outcomes) as well as wealth outcomes (e.g. reduced costs to the health system, wealth gains to the health economy).
Compatibility	The extent to which the goals of an innovation are compatible with the needs of adopters will be informed by organisational strategies and operational plans and needs assessments (e.g. JSNAs). The 'adopters' may include patients e.g. in the case of self-management digital solutions.
Complexity	Spread potential is highest if an innovation has lower complexity and good support for spread. If the innovation is highly complex, your assessment should indicate what support has been put in place to facilitate adoption.
Observable	Observability refers to the visibility of the innovation's impact to others, its 'measurability'. Evidence of observability may include patient stories that illustrate how a journey or experience is improved by the innovation, to be referenced here. Innovations with a high observability rating would be able to demonstrate a measurable impact, e.g. admission avoidance, reduced mortality rates. Observability may be viewed from different perspectives
Adaptability	This attribute refers to the ability of the innovation to be transferred from one organisation to another. Can it be adapted to 'fit' a different organisational context? Adaptability is important for the sustainability of an innovation over time.
Evidence	Use this section to summarise all of the evidence that has been obtained to support the spread and adoption of the innovation. Evidence may include quantitative and qualitative impact assessments, formal evaluations (including patient experience surveys) and/ or research studies. This section should provide assurance of the strength and quantity of the evidence. If there is no evidence, or evidence is still being gathered, please indicate when this will be available.
Trialability	Can the innovation be tried before adopting? Some adopters may initially prefer to undertake small scale testing of an innovation to reduce their risk. Therefore a higher rating for trialability may increase acceptability and spread potential. If this attribute is not relevant to the innovation, please explain why.