The current and future roles of
NHS Networks, NHS Live and
Contact, Help, Advice and Information Network (CHAIN)
in supporting the Strategic Objectives
of the NHS Institute for Innovation and Improvement

Executive Summary

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Background

The NHS Institute for Innovation and Improvement (NHS Institute) commissioned a team of researchers at Manchester Business School (MBS) to investigate the current and future roles of 3 'networks'[1] (NHS Networks, NHS Live and CHAIN) in supporting the strategic objectives of the NHS Institute.

The research was conducted over a relatively short time period of 3 months from January to March 2008.

The NHS Institute

The mission of the NHS Institute is to
"support the NHS to transform healthcare for patients and the public by rapidly developing and spreading new ways of working, new technology and world class leadership." (NHS Institute, 2007a).

In its work with the NHS, in the financial year 2008/09 the NHS Institute aims to:
- Put greater emphasis on engagement and adoption, and less on new production
- Help the NHS spread and sustain effective concepts and processes that the NHS Institute has identified and developed
- Enhance the impact of its products on the NHS

The Networks

At the time of this study the NHS Institute provides funds towards the running of a number of networks, including NHS Networks, NHS Live and CHAIN, in order to enhance its engagement with the NHS. From an NHS Institute point of view these networks might fulfil the following functions

- NHS Networks - facilitating NHS Institute contact with clinical groups and individuals
- NHS Live - bringing improvement work into the NHS Institute from other teams working within the NHS; bringing together improvers in the NHS to learn from each other; giving improvers in the NHS opportunities to learn from the private sector.
- CHAIN - spreading awareness of improvement knowledge to individuals working within the NHS and worldwide

In addition to these three networks, the NHS Institute also coordinates a "Practice Partner Network" (PPN), which enables selected NHS organisations to link in with the NHS Institute at an organisational level by prototyping NHS Institute products.

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[1] The extent to which each of these 'networks' actually focuses on networking activity is a moot point. They have some commonalities, but also a great diversity of activities, which we highlight in this report.

Theoretical Models

Theoretical models are relevant to this research in two ways. Firstly they can help to ensure that the data collection covers relevant issues and concepts; and secondly they can provide a means of analysing the data, through comparing what exists with what is possible or desirable according to the model.

Greenhalgh et al (2004) reviews the literature regarding the diffusion of innovations of service organisations with the intent of learning from this in respect to healthcare organisations. One of the outputs from this review was a model of diffusion that can be applied to a healthcare system (Figure 2). This model is particularly relevant to this study because it takes a systemic view that explicitly puts diffusion (i.e. spread and adoption) within the context of the development of innovations and of their effective implementation. It thus corresponds well to the NHS Institute's aims, and the following elements of the model were used to structure our analysis:
1. Innovation
2. Diffusion and Dissemination
3. Adoption and Implementation

Methods

The study used a mixed methods approach with a combination of formative and summative approaches, and qualitative and quantitative methods, within an overall framework that combined systemic and realist evaluation. Data was collected through web-based surveys, interviews and workshops with key stakeholders, including members and coordinators of the networks and NHS Institute staff.

Results - Unique Selling Points of each Network

Participants named a range of key strengths for each of the networks that have been studied. Based on our analysis of these data in the light of the diffusion model, we suggest unique selling points (USPs) for each network with regard to the NHS and its staff, and with regard to the NHS Institute. We also suggest USPs with regard to the NHS Institute that the networks they might potentially develop given suitable input from the NHS Institute:

Network USPs with regard to the NHS and its staff (ie members and potential members)

NHS Networks:
- Good for the set up of a new network
- Can influence policy makers
- Acts as one hub potentially for all NHS networks

CHAIN:
- Gives targeted information
- Concise, good at avoiding potential overload of members
- International reach

NHS Live:
- Good at promoting and running events which facilitate peer to peer networking
- Celebration of good practice and morale boosting
- Shadowing, facilitation, advice and support from the private sector

Network USPs relating to the NHS Institute's strategic objectives

NHS Networks:
- Mechanism for wide diffusion of information

CHAIN:
- Mechanism for targeted spread (dissemination) of information

NHS Live:
- Supports adoption and implementation of improvement activity by motivating and supporting staff, patients and their communities to realise their ideas for improvement.

Practice Partner Network:
- Provides opportunities for co-production of innovations between the NHS Institute and NHS organisations

USPs with regard to the NHS Institute that networks might develop in the future

NHS Networks:
- Better targeted dissemination, still across a wide spectrum of potential users
- Facilitating co-production of new products between the NHS Institute and other NHS organisations
- Facilitating product dissemination across organisational boundaries through identifying and supporting boundary spanners and opinion leaders

CHAIN:
- Facilitating product dissemination across organisational and professional boundaries through identifying and supporting boundary spanners and opinion leaders

NHS Live:
- Facilitating dissemination of NHS Institute products through their events and awards
- Providing enhanced support for implementation of NHS Institute products
- Facilitating feedback from implementers about NHS Institute products

Practice Partner Network:
- Facilitating product dissemination through opinion leaders and champions
- Facilitating feedback from implementers about products

Recommendations

We recommend that:

1. The research suggests that the NHS Institute:

   a) Revisits and clarifies the networks' primary purposes and characteristics and communicates these more clearly and frequently to NHS Institute staff and network members.

   b) Develops and implements an organisation-wide strategy for marketing its products via the networks by incorporating product dissemination activity into its work process methodology.

   c) Formulates a clear strategic plan for the development and marketing of the networks for both internal and external audiences.

2. We suggest that the strategic plan (recommendation 1c) incorporates the following activities:

   a) Work with members of the networks to identify or suggest innovative approaches that might be developed further or taken on by the NHS Institute.

   c) Identify potential peer and expert opinion leaders within the networks to assist with dissemination of NHS Institute products across sectoral, organisational and professional boundaries.

   d) Use NHS Live Events to better assist the diffusion and dissemination of NHS Institute products.

   e) Work with leaders of member projects within NHS Live and the Practice Partner Network to provide project management expertise and support for improvement projects across the NHS

   e) Use network staff with appropriate skills and experience to support implementation of NHS Institute products.

   f) Invite NHS Live and Practice Partner Network members to provide feedback on NHS Institute products in order to improve them.

3. Additionally, the research suggests that the networks can be developed through greater collaboration between them, for example:

   a) CHAIN and NHS Networks could work with NHS Live to facilitate face-to-face networking of their members at events.

   b) NHS Live and NHS Networks could draw on the expertise of CHAIN to develop a system of targeting communications to their members

   c) NHS Live and NHS Networks could draw on the expertise of CHAIN to develop more flexible search facilities on their websites.

d) NHS Live and NHS Networks could improve the accuracy of the information on their websites.

e) All of the networks could help to raise each others' profiles.

f) All of the networks could consider whether social networking software/ web 2.0 tools could enhance what they do, and if so, how they might provide access to such tools for their members.

2. In addition to the research evidence based recommendations detailed above, we also recommend that:

a) The PPN considers an arrangement along the lines of the site visits element of the Beacon Council scheme.
b) Further research is conducted to quantify the impacts of these networks on the development, diffusion, dissemination, adoption and implementation of NHS Institute products
c) The costs of the networks are considered in planning future developments. This may require further research to be undertaken.

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