



Innovation in the NHS – call for evidence

Response from the Royal College of Surgeons of England

The Royal College of Surgeons welcomes the opportunity to submit a response to the call for evidence to the NHS Chief Executive Innovation Review. We are pleased that the review has been established as we recognise that innovation is the only means of developing new surgical treatments that patients demand and deserve.

Background

It has long been recognised that the UK is a favourable environment for undertaking pharmaceutical research, due to an appropriate infrastructure, high calibre academic centres and access to the NHS for clinical trials. However, medical research in other areas, including surgery, does not enjoy the same profile or level of investment, despite the competitive advantages the UK can offer over other global locations. In particular, support for surgical research generally and academic departments of surgery specifically is declining as public and university funding is increasingly focused on other areas of biomedical science.

In responding to these challenges, and to ensure that surgery remains at the forefront of medical progress, the Royal College of Surgeons recently published its 'From Theory to Theatre' report to assess and address barriers to innovation in surgery. The full report can be accessed at: <http://www.rcseng.ac.uk/publications/docs/from-theory-to-theatre-overcoming-barriers-to-innovation-in-surgery>.

We are currently working on a second phase of the report which is examining specific case studies on the spread of surgical innovation. These studies will cover issues such as the introduction of new techniques/technologies, education and training of surgeons, regulation and licensing of devices and the best use of NHS resources to achieve fastest rollout of successful pilots. We expect this report to be published at the end of 2011.

In responding to this consultation we have focussed our specific comments on national actions for surgery that can take place within the NHS.

Innovations at the national level

The RCS believes that increasing innovation in the NHS should be a priority and that the current systems for developing innovations and rolling them out within the health service are failing to capitalise on the UK's competitive advantages. We support that changes need to be made and would ask that these are done in partnership with the clinicians, on the basis of the best available clinical evidence. Below are areas we believe should be addressed in order to enable uptake and roll-out of innovation in the NHS.

- **Commissioning**

The NHS Commissioning Board should make full use of the range of levers available to encourage the spread of surgical innovation. The 'duty to promote innovation' within the NHS Constitution is a key commitment which should be led by the Commissioning Board. In delivering this the Commissioning Board should publish an annual update on the extent to which new proven technologies and techniques have been adopted in clinical practice and set out what steps will be taken to address any barriers in their roll-out.

Commissioning through the Commissioning for Quality and Innovation (CQUIN) framework can also be used to incentivise providers of NHS services to support best practice guidelines or research such as surgical trials. Furthermore, commissioning contracts could mandate the participation in established clinical audits so that providers only receive full payment for activity when data are submitted.

- **Networks and centres of excellence**

National, regional and local networks of surgeons and other clinicians are an important mechanism to promulgate best practice as well as teaching and education of new techniques or technologies. Surgery differs from many other medical specialties in that the research and assessment of new innovations often require the teaching of new manual skills. Therefore there needs to be the development of dedicated surgical research and assessment networks that will also aid dissemination. Networks also enable aspiring researchers to make contact with and seek guidance from more experienced surgeons and other clinicians in their field who may be able to act as research mentors.

Centres of excellence have a pivotal role in addressing developing innovations in surgery and provide evidence and leadership that enable uptake and diffusion of new techniques or technologies. As part of the NHS Chief Executive's Innovation Review, we recommend a specific review of the future and funding of Academic Departments of Surgery to ensure their vital role in surgical research is sustained and developed.

- **Best practice**

The availability of national guidance setting out best practice to accompany the introduction and roll out of an innovation is a key factor in influencing whether an innovation spreads. This helps providers and commissioners to know when and how a new technology should be adopted. For example, that National Institute for Health and Clinical Excellence (NICE) has issued technology appraisal guidance on the use of laparoscopic colorectal surgery, signalling to commissioners and providers that it is a clinically sound and cost effective technology. The Commissioning Board and the surgical profession should explore how best information on new technologies with appropriate evaluation can be disseminated to all relevant surgeons.

- **Training and education**

Training and educating the current and future workforce is essential in the adoption and diffusion of new techniques and technologies. A clear and consistent mechanism needs to be identified for funding high quality training on new surgical techniques and interventions so that surgeons are enabled to make use of new techniques as and when they are proven to be effective. Research and assessment networks will assist this process but there also needs to be investment for the wider dissemination once a technique has been proven within the assessment network. There are examples of nationally-commissioned training programmes such as the National Training Programme for Laparoscopic Colorectal Surgery (LAPCO) which has shown to be effective in training and educating

the surgical workforce in a new technique. It is important that providers should release surgeons to participate in appropriate continuing professional development programmes in order to receive such training.

The College also believes that specialised surgical fellowships following the completion of specialist training offer the opportunity for surgeons to train in the cutting-edge innovations, and strengthen the specialist skills required in order to develop innovations themselves.

- **Incentivisation**

We believe that innovation in surgery can be increased by changing the emphasis on incentives that already exist within the health service.

For example when a consultant is appointed, the appointment panel should place a greater emphasis in their selection criteria on participation in clinical research rather than simply the publication of papers. Also, providers could place greater emphasis on clinical research in job plans. Schemes such as the clinical excellence awards, which recognise and reward medical practice which goes above and beyond what is expected, should also place greater emphasis on surgeons who undertake high quality surgical research and those surgeons who successfully participate in large trials for example by recruiting significant numbers of patients to trials.

August 2011