

# Innovation Case Studies 2015



# Introduction

Additional information is available on a selection of the case studies.

To find out more please go to:

<http://www.england.nhs.uk/innovation-connect>

Click on the Innovation Exchange web link.

If you have an innovation case study you would like to discuss further please contact the Innovation team on:-

Phone:- 0113 825 1105

Email:- [England.innovation@nhs.net](mailto:England.innovation@nhs.net)

The case studies captured in this document provide a comprehensive list of exemplar innovation projects from across the NHS. These innovations have been carefully selected to represent a range of ideas from medical technologies through to service and pathway re design. Each case study provides background to the innovation and a contact point for further information.

The case studies have also been published on the [NHS England Innovation Exchange Portal](#).



# My Health Locker



**Myhealthlocker is the leading example of a patient held record system in use within UK mental health services.**

Patients with mental health problems constitute one in four consultations in general practice, and these same problems also impact physical care by increasing health service contact and disability. At the South London and Maudsley FT, the aim of this project was to join up the information in the health system to:

- provide benefits for patients with physical health problems and those in touch with mental health services through providing remote measurement of indicators such as blood pressure, weight and mood,
- improve patient engagement and empowerment,
- make a step change in the integration of care between health systems.

21 GP Practices across Southwark and Lambeth have taken part in this programme and the technical connection to EMIS has been achieved. Primary Care now has a channel to directly route electronic health information to their patients.

Lessons learned

- use a named contact in the GP practice to get traction
- don't underestimate how long to get a face to face meeting with the practice
- take opportunities to combine with other projects (eg CRNs)
- don't underestimate the level of resources required.
- Plan for sustainability of the project at the outset.

## PROJECT CONTACT

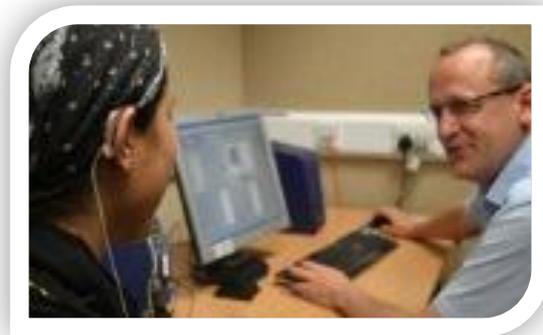


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## Perfect depression



In Cheshire and Merseyside there is a suicide every two-three days. Working with service users, we redesigned a depression care pathway to meet the needs of the population with clear measurable qualitative and quantitative outcomes that are of benefit. Our aim is that this innovation will address parity of esteem between mental and physical health - long term conditions are often associated with depression and poorer outcomes

Building an integrated pathway for depression from mild symptoms through to suicidal thoughts, we incorporated social media as a key integrator, and involved the voluntary sector e.g. Samaritans

Computerised behavioural technology was used and the relative anonymity of the Internet and other social media make it ideal for engaging with people at risk of depression in a less stressful and stigmatising way through developing a depression care online network.

### This work

- Builds upon the map of medicine for depression across Merseyside
- Utilizes the successful work of the Advancing Quality metrics in the programmes of early interventions in psychosis and dementia by creating an equivalent approach that can be applied to depression
- The full evaluation will be published in Mid September 2015

### PROJECT CONTACT



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## Swallowing & Technology - the Lancashire approach

The Speech and Language Therapy Team at Blackpool Teaching Hospitals NHS FT believed they could deliver an improved response time to dysphagia referrals (remote access to patients via video assessment), without extra staff costs.

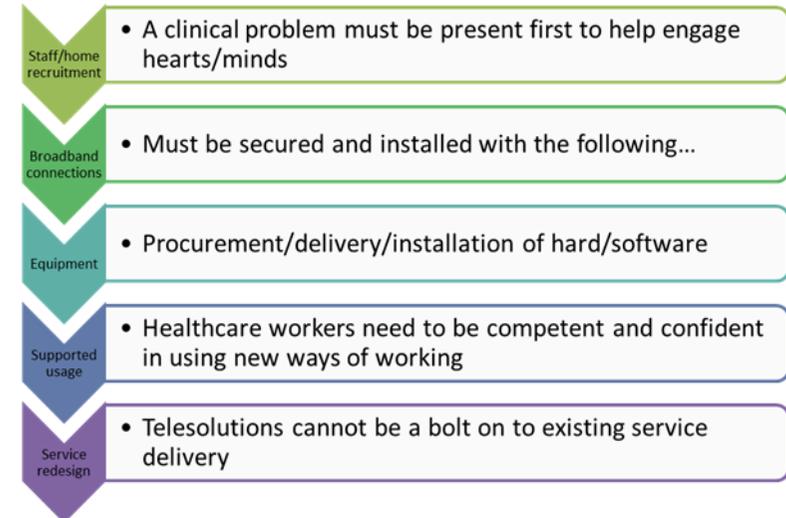
'Teleswallowing' is an innovation designed by Blackpool Speech and Language Therapy (SLT) to enable remote assessment of dysphagic patients resident in nursing homes.

The aim of the project was to:

- build a case for the adoption of Teleswallowing Assessments as a clinically effective service delivery method
- identify and describe the potential barriers and benefits for patients, clinical professional team, managers and commissioners
- support dissemination and influencing.

This approach has shown that three times as many patients (where appropriate) may be assessed in the time it takes to deliver one assessment via a home visit (assessment time of 26 mins vs 90 minutes including travel).

The learning from the project is shown in the graphic.



### PROJECT CONTACT



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# Implementation guides for High Impact Innovations

## NHS GATHER

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Existing services and tools available to NHS staff for **Innovation** and **Adoption** do not support **Diffusion**: take-up across the UK of local service improvements (“innovations”) that have been proven not only to deliver significant improvements to patient outcomes but also demonstrable cost savings.

NHS GATHER is an internet (cloud) service to enable take-up of innovations **cheaply** (by reducing the manual effort required to communicate innovations to stakeholders), **safely** (by providing a standard basis for implementation of innovations), **widely** (by using social media to share innovations) and **quickly** (by making it easy for stakeholders to understand innovations). KSS AHSN have been working with NHS Gather providing:

- Cloud hosting including helpdesk services
- Creation of their own “Innovation Guides”
- Development of a specialized clinical/regional “showcase”
- Training of innovators in Innovation Guide creation

Currently there are 35 Innovation Guides in total, but many more are required to provide the broad base of innovations necessary to attract all NHS staff interested in innovation. NHS GATHER must establish itself as a central hub presenting a wide range of ground-level service improvements in order to gain the traction that will deliver its full benefit. This will require pump priming for a further 2-3 years.

## PROJECT CONTACT



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## EPaCCS in Norfolk



### Good end of life care can depend on providing the right care in the right place at the right time

Electronic Palliative Care Co-ordination System (EPaCCS) enables the co-ordination and sharing of patient information, specifically for palliative care as a means of communicating and coordinating a person's wishes and relevant clinical information.

Early findings from the South West Strategic Health Authority Locality Register pilot showed that the vast majority of people on the register were able to choose their preferred place for end of life care

Common themes for successful implementation from this project:

- isolation;
- Investment in engagement and training;
- Understand and plan for Information Governance issues before any implementation;
- Ensure early commitment from Ambulance Trust and 111/OOH providers;
- Give enough time to plan, test and pilot before any implementation.

- Strong leadership needed including clinical and IT leads;
- Include plans in End of Life and IT strategies;
- Incorporate in any complementary projects to avoid running projects in

### PROJECT CONTACT



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