What innovations are there in NHS education and training, and what can you do if you have a good idea? Rebecca Ellinor takes a look at some local and national examples of innovation in practice.

Here’s an idea

where do new ideas come from? Not just in South Central, but across the health service?

In short, from all over the place. Innovations in training and education can and do emerge from practices or products in the private sector, from suppliers and from abroad. But in most cases a new approach to education and training stems from practitioners who have identified a need.

The latest thing doesn’t have to involve high-tech wizardry; it could simply be a different application of an existing idea. So how can you find out about innovations unearthed elsewhere and where do you go if you have a suggestion that you would like to develop?

Technology

There are a number of innovation units across the health service. At the heart of them is the NHS Institute for Innovation and Improvement, which aims to transform healthcare by developing and spreading new ways of working, new technology and leadership.

Feeding into that is the NHS National Innovation Centre (NIC), which is designed to speed up the development of pre-commercial technologies likely to benefit the NHS. The NIC supports nine regional hubs. The local centre for South Central is NHS Innovations South East (NISE), whose aim is to develop ideas, gain recognition for NHS staff who come up with ways to improve patient care and generate revenue or cost savings for NHS organisations.

The NIC partly funds two other organisations, the National Technology Adoption Centre and the Training Hub for Operative Technologies in Healthcare (THOTH). These bodies were set up after a report from the Healthcare Industries Task Force found that the UK lagged behind partners in Europe, North America and Australasia in adopting new technologies. Each of these units is developing new ideas to help improve patient care, staff skills and training, and save or make money that can be reinvested into the service.

THOTH Operations Director Tim Rubidge says that among its latest work is a training programme for non-specialists to use ECG machines to monitor heart problems in mental health patients, an e-learning package to help surgical staff improve team working and an online library of medical device training. This latter project has two years of funding and will prioritise training for medical devices that impact directly on patient safety and have a high volume of use, such as feeding and drug delivery pumps, medical gases and specialist beds.

Not only does this innovation meet a need, Mr Rubidge says there are two key differences with its approach. Instead of making a DVD to take to individual trusts, the online training will be accessible to everyone simultaneously through the National Learning Management System. In addition, as opposed to decisions being made by THOTH, medical device trainers themselves are advising on priorities and the training content.

“We’re working from the bottom up with medical device trainers who have previously tended to be isolated within their own trusts,” Mr Rubidge says. “Otherwise you would be putting out what you think people want rather than asking what they need to make their job more effective.”
Funding for primary care initiatives

Do you have an idea for an education or training initiative that supports the development of the primary care workforce? If so, the NESC Primary Care Taskforce can provide funding and support.

The taskforce is responsible for ensuring that NHS South Central has a modern workforce able to deliver up-to-date healthcare in the community. As such, it identifies any gaps in training and finds ways to plug them.

It is already funding a pilot believed to be the first foundation programme for general practice nurses. This is designed for nurses who have not previously worked in primary care and is modelled on vocational training for GPs. It is also exploring new roles such as Physician Assistants – an idea imported from the US – and modelled on vocational training for GPs. It is currently piloting a training scheme for dental therapists.

Retaining dental therapists

It’s not just what you do but the way you do it that could be innovative. NESC Dental School Director Helen Falcon is piloting a training scheme for dental therapists. This is novel – in part because it is led by a dental therapist.

This training has also been designed to satisfy a particular need. Until about five years ago dental therapists operated only in hospitals and community clinics, but now they can work in general dental practice. Instead of using all their skills in the NHS, however, they have generally found they can make more money performing private hygienist work. To entice them back, NESC has funded a training scheme to enable them to apply their abilities in a practice setting and educate dentists about their role. ‘It’s a year-long placement in a practice with a trainer, then a day release programme (once a month). They’ve had a go at running these vocational training programmes in Wales and Scotland but we [NESC] are the first to have a dental therapist leading it,’ Ms Falcon says.

Elsewhere in NESC, a new twist on an old idea is a type of simulation training led by Dr Johnny Lyon-Maris, Associate Director for GP education at the Wessex Deanery. While Dr Lyon-Maris says members of the public have become used to acting as patients to help test GPs, he has just trained six actors to simulate medical professionals such as GP registrars and GPs undergoing appraisal.

The actors will be used to test the ability of GP trainers and GP appraisers to spot GPs in difficulty, by acting as if they have depression or displaying inappropriate behaviour such as asking out a patient. ‘Roleplay is a thing of the past,’ Dr Lyon-Maris says. ‘These are proper simulated scenarios, and the beauty of using actors is you can turn them up or down (to be more or less challenging in their approach) according to the situation they’re acting out. This is not amateurs playing at games; it’s more efficient and effective.’ He adds that other trusts have expressed interest in the approach, which has practical application elsewhere in the NHS since doctors have the same problems regardless of the setting.

Financial gain

As well as improving skills and patient care, innovative education tools and training can also make better use of resources. One example is a training package to help staff get rid of waste in a more cost-effective and eco-friendly manner. The health service disposes of 250,000 tonnes of clinical rubbish at a cost of about £40 million a year. With help from NISE, Steve Sellwood, Facilities Manager at the Royal Berkshire Hospitals NHS Foundation Trust, developed and piloted the ‘waste-watcher toolkit’, a video CD based training kit to educate frontline staff, which scooped a prize at the 2008 NHS National Innovation Awards in December. The Berkshire trust alone anticipates initial savings of about £70,000 a year and there are huge potential savings to be made from its roll-out.

Not only can good ideas save money, they can make it. Part of the motivation behind establishing the innovation hubs was to ‘commercialise innovations and intellectual property created by NHS staff’.

Two new pieces of training that have emerged from NHS Innovations North West are a certificate in cognitive rehabilitation and a training aid to help students and doctors practise rhinoplasty techniques. The certificate programme involves roleplay to help patients with frontal lobe syndrome. A ‘train the trainer’ course also exists to accredit people to run it. And Maidstone and Tunbridge Wells NHS Trust has produced and is selling a booklet to reduce back injuries for midwives delivering babies in the community.

Dr Lyon-Maris concludes: ‘The great thing about NESC is it’s interested in funding innovation – that’s what it’s all about, making the most of your staff. If someone wants to take an idea forward, they can, because it’s a nurturing environment for new ideas. The NHS used to be awful at that.’

Look out for...

• Health Innovation and Education Clusters (HIECs). Lord Darzi proposed in his next stage review, High Quality Care For All, the creation of partnership organisations that will bring together primary, community and secondary care with education providers and industry to run joint innovation programmes.

More information

• If you have an idea, in the first instance find out if there is somebody in your organisation responsible for innovation

• The Research and Development Team at NESC can offer support and advice on education and training initiatives and help prepare bursary applications. Contact Dr Sam Scallan at sam.scallan@nesc.nhs.uk.

• For NHS Innovations South East, contact Sally Robinson, marketing manager, on 01235 838539 or go to www.innovationssoutheast.nhs.uk.

• NHS Institute for Innovation and Improvement: www.institute.nhs.uk.

• Training Hub for Operative Technologies in Healthcare: www.thoth.uk.com.

• Johnny Lyon-Maris can be reached at johnny.lyon-maris@nhs.net.

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