

Global innovation and local practice: the complexities of translation

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Outline of presentation

- Identify the innovation policy context of AHSCs
- Briefly review the global context of health innovation within which AHSCs operate
- Reflect on the factors influencing the local translation of health innovation
- Outline the social science, arts and humanities resources at King's that the AHSC can draw upon to support its innovation ambitions

AHSCs and Innovation

The policy context

- *High Quality Care for All* - Darzy Report (DH, June 2008)
- *Innovation Nation* (DIUS, March 2008)
- *Race to the Top* Sainsbury Review of Science and Innovation (HM Treasury, October 2007)
- *Innovation for Health: Making a Difference* (DH, Healthcare Industries Taskforce, March 2007)
- *A Review of UK Health Research Funding*. Cooksey Review (HM Treasury, December 2006)

AHSCs and Innovation

Policy initiatives

- NIHR's SDO research agenda on technology adoption
- Launch of the National Innovation Centre and the National Technology Adoption Centre
- Leadership role of the Technology Strategy Board (Medicines and Healthcare)
- Healthcare Technology Cooperatives, Knowledge Transfer Networks

AHSCs as global innovation actors

'The best and most successful AHSCs will have the concentration of expertise and excellence that enables them to compete internationally. For these organisations, the peer set will not be simply this country or our European neighbours. They will compete globally with established centres such as those in the United States, Canada, Singapore, Sweden and the Netherlands.'

(Darzi Report, p57)

AHSCs as local innovation actors and service improvers

'Their purpose is to take new discoveries and promote their application in the NHS and across the world. Centres such as these will be where breakthroughs are made and then passed directly on to patients on the ward.'

(Darzi Report, p57)

AHSCs are acting within a *global* knowledge bioeconomy characterised by

- Global trading of research materials such as human tissue
- Global scientific labour market and project collaboration
- Global outsourcing of clinical trials
- Global venture capital markets
- Global intellectual property market
- Global moral economy for the trading of bioethical values

AHSCs need to engage with all of these markets

At the same time AHSCs must engage with the *local* health economy of innovation

- Control of technology uptake and diffusion has become a key healthcare governance task, but policy objectives conflict
- Standardisation of evidence-based procurement conflicts with the need for local innovativeness and decision-making
- Health technology assessment (HTA) and technology appraisal have focused on the research-practice 'implementation' gap
- But shortcomings of the linear, evidence-centred, context-free model of innovation are increasingly recognised

Translation is not straightforward

Social research shows:

- Strong evidence is not necessarily correlated with rational adoption: 'practice' can prevail over 'evidence'
- Invisible *naturally-occurring* early-stage adoption arising from the entrepreneurialism of individual professionals and practice-based experimentation
- Practice-led adoption and the importance of 'personal trial and error'
- Many new technologies 'creep' into practice without formal (RCT) evaluation
- *Early emergence* of technologies and adoption within networks and communities of practice

The understanding of local translation needs to include:

- Extent and linkages of inter-stakeholder networks (e.g. between different professional groups; between producers, clinicians and procurers)
- Promotional activity and expectations of stakeholders
- Organisational structure in adoptive settings
- Gatekeeper assessments and resistance
- Involvement of NHS gatekeepers and policymakers at different levels (e.g. commissioners, NICE, National Patient Safety Agency)

Perspectives on translation

The supporting context of social
science, arts and humanities

King's Patient Safety and Service Quality Research Centre

Research Programmes

- Risk
- Innovations
- Workforce
- Organisational governance

Health Service and Population Research Department

Research Centres:

- Centre for Innovation and Evaluation in Mental Health
- Centre for Public Mental Health
- Centre for the Economics of Mental Health

National Nursing Research Unit

Research areas include:

- Perceptions of MRSA
- Infection control
- Nurse staffing in general practice
- Patient experiences of care

Centre for Biomedicine and Society

Research Programmes

- Global Biopolitics Research Group
- London and Brighton Translational Ethics Centre(Wellcome funded)

Institute of Gerontology

Research Programmes

- Social and Family Care
- Lifecourse Influences on Health and Wellbeing
- Transitions in Health and Social Care
- Understanding Contemporary Ageing

Centre of Medical Law and Ethics

Research areas include:

- End of life issues
- Reproductive health issues
- Justice in medicine
- The limits of consent

Centre for Health Sciences and the Humanities (Wellcome funded)

The Boundaries of Illness

- Illness narrative as literature and testimony
- Distress and disorder
- Case studies of medical portraiture
- Nursing and identity: crossing borders
- Cultural and historical influences on psychiatric diagnosis
- Concepts of health and disease

Linking networks in support of the AHSC

- King's Centre for Health and Society
- Health and Social Care Research Division

Thank you