

Breakthrough to real change in local healthcare

A guide for applications to create
Health Innovation and Education Clusters (HIECs)

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Foreword



In June 2008, as the culmination of the year-long NHS Next Stage Review, we published *High Quality Care for All*¹ and *A High Quality Workforce*.² These reports outlined how local change would be enabled so that the NHS could meet the aspirations of patients and staff alike to achieve high quality care. One of these enabling initiatives was the commitment to support the creation of Health Innovation and Education Clusters (HIECs).

HIECs are an essential element for achieving our collective goal of high quality care for all. Achieving high quality care is only possible if NHS professionals have the right breadth and depth of skills and experience. HIECs will bring together organisations across sectors and across settings to ensure a richness of experience. Britain has a long and proud tradition of providing excellent education and training for its clinical staff. These proposals seek to build on existing strengths and to ensure an approach that is fit for the future, characterised by education and training that is unmatched in its depth and diversity.

The NHS has an obligation to those who commit to a career in healthcare. We must pay a higher regard to both the quality of their experiences and the outcomes achieved – ensuring capable, competent and confident clinical professionals. Indeed, such a focus on quality will be the only way in which we can continue to attract the best talent from within our country and beyond.

Meeting our aspirations for high quality care for patients implies a responsibility to rapidly adopt innovations in care or in treatment. HIECs will have a role in speeding up the local adoption of new medicines, devices, treatments and care pathways, so that all NHS patients reap the benefits of research and development adapted to local needs.

Creating HIECs will be a challenge for the NHS. In recent years, patients have been empowered through choice, and providers have become accustomed to the need to offer ever higher standards of care to attract them. HIECs demonstrate the need for NHS organisations to collaborate as well as compete. After all, every NHS organisation has an interest in securing the best possible training for healthcare professionals. Nationally, we share this interest. And for that reason, the Department of Health is investing £10 million to support the introduction of HIECs across England in 2009/10. We are now inviting bids from partnerships that wish to establish a HIEC. This guide provides further information about HIECs and includes a practical guide for potential bidders.

1 *High Quality Care for All: NHS Next Stage Review Final Report*, published 30 June 2008.

Download available from www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085825

2 *A High Quality Workforce: NHS Next Stage Review*, published 30 June 2008.

Download available from www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085840

The HIEC concept was originally developed by a High Level Group as a part of the NHS Next Stage Review. This group brought together leaders from NHS providers, commissioners and the university sector, the outcome of which informed the proposals announced in *High Quality Care for All*. The process of engagement has continued, and the detailed concept has been refined through a range of consultative discussions. I am pleased that the announcement of HIECs has already sparked the creativity and passion of leaders in the NHS, the education sector and industry, and that many have begun to explore the possibilities that they present. I hope that this opportunity is seized – those who do so can count on our full support and enduring commitment.

A handwritten signature in black ink, appearing to read 'A. V. Darzi', with a stylized flourish extending to the right.

Professor the Lord Darzi of Denham KBE

Introduction

This guide opens up a new opportunity for innovators in healthcare services and education. It sets out our shared vision for the development of Health Innovation and Education Clusters (HIECs). HIECs will be partnerships between NHS organisations (primary, secondary and tertiary care), the higher education sector (universities and colleges), industry (healthcare and non-healthcare industries) and other public and private sector organisations.

The NHS Next Stage Review placed quality – spanning safety, effectiveness and patient experience – at the heart of both local and national visions for the future of the NHS. The same principles that apply to care for patients must apply to education and training. We want those who commit to a career in the NHS to do so in the knowledge that they will receive an education that is truly world class. The system for education and training will mirror that for patient care. We want to see providers striving to provide the highest quality education and training possible, and commissioners driving up standards through a dispassionate performance challenge to those providers.

The Cluster model will bring the benefits of working across different NHS organisations and across a variety of care settings to ensure greater and sustainable innovation. HIECs will support the spread and adoption of innovation – whether it is in care, treatments or processes (such as patient pathways).

This brief document describes:

- the vision for HIECs, along with the benefits and principles;
- the role of HIECs in education and training;
- how HIECs will support innovation; and
- the application process.

The strategic health authority (SHA) in your region is taking the lead to support the development of applications from prospective partnerships for HIEC status. As part of this process, each SHA is organising an event between May and early July for potential bidders and others with an interest. The SHA will have more information – see regional contact details in Appendix 1.

Vision for Health Innovation and Education Clusters

HIECs will be partnerships between NHS organisations (primary, secondary and tertiary care), the higher education sector (universities and colleges), industry (healthcare and non-healthcare industries) and other public and private sector organisations. Their purpose is to enable high quality patient care and services by quickly bringing the benefits of research and innovation directly to patients, and by strengthening the co-ordination of education and training so that it has the breadth and depth to support excellence.

HIECs will provide the opportunity for more continuity between undergraduate and postgraduate education, and for greater local responsiveness and flexibility in the learning opportunities available. Over time, they should aspire to provide multi-professional education and training, including training for doctors, dentists, nurses, midwives, healthcare scientists, allied health professionals, pharmacists, and managers in education and training.

The Cluster model will bring the benefits of working across different NHS organisations and across settings of care to drive greater innovation. The benefits from working across sectors by including universities and industry are broad – from pioneering innovations in treatments through to complex systems analysis, engineering and management skills. By offering clear, measurable benefits to patients, HIECs are likely to create a positive shift in culture to being more receptive and supportive of innovation and research.

HIECs will be an essential feature of a health service that leverages the benefits of knowledge and learning. They will enable partners to collaborate on evidence-based initiatives inspired by clinical research, applied research, public health and social research.

Some aspects of the learning may translate immediately into service development, disseminated by the HIEC across the local healthcare network. Some aspects may require changes in education and training provision, and this would inform SHA education and training commissioning plans.

Benefits of Health Innovation and Education Clusters

There are a number of clear benefits that can be achieved by HIECs both across healthcare settings and across sectors:

- improvements in the responsiveness and quality of education and training by ensuring an appropriate depth and breadth of experience;
- a means to ensure that the right health professionals receive the right training and are available in the right place to deliver local healthcare;
- faster translation of new ideas into day-to-day practice across the NHS;
- promotion of creative partnerships between health professionals and other partners that break through traditional barriers;
- a channel for innovation across sectors and settings with a clear local focus able to match the local configuration of health services and education; and
- a positive shift in culture to one where healthcare services and the professionals working within them are more aware, receptive and supportive of innovation and research.

The concept of HIECs is designed to be a permissive, enabling proposal. There is no one-size-fits-all model that will be applied, and all applications will be considered on their merits. Nevertheless, a set of principles has been developed that will be used to test whether HIEC applications fulfil our ambition to support high quality care for all by promoting innovation and high quality education.

Principles of Health Innovation and Education Clusters

The following principles outline the essential characteristics of HIECs. Applicants will want to ensure that they adhere to them as fully as possible in the proposals that they develop and submit.

Applications should:

- **span settings.** HIECs should comprise providers of NHS services (including trusts, foundation trusts and the independent sector) across multiple care settings. As a reflection of the comprehensive pathway-based approach of the NHS Next Stage Review, and the increasing shift of care outside of hospitals, HIECs must include primary as well as secondary and tertiary care organisations;
- **span sectors.** HIECs should bring together the NHS, the higher education sector and industry. HIECs are designed to make the most of the interplay and exchange of ideas across sectors. Partners from industry could include healthcare and non-healthcare

organisations, but HIECs should demonstrate how they will work with the National Institute for Health Research (NIHR) Clinical Research Network locally to increase the opportunities for industry to commission major clinical trials;

- **span professions.** Healthcare is delivered by multi-professional teams, and for this reason HIECs should aspire to a multi-professional remit. We recognise that this may not be possible in the first instance, though all applications will need to demonstrate their plans to expand their professional coverage over time;
- **deliver measurable impact in innovation.** HIECs should demonstrate their plans to drive cross-sector and cross-setting innovation, with a particular emphasis on strengthening adoption. Innovation could cover any aspect of healthcare – from treatments and processes (e.g. pathways) to improvements in patient safety or experience. HIECs should demonstrate how they plan to quantify the impact of their innovation initiatives;
- **focus on quality.** HIECs should seek to improve the quality of patient care through their innovation initiatives and programmes, and improve the quality of education and training by providing educational pathways and programmes that achieve both depth and breadth of experience. HIECs should, therefore, clearly demonstrate how quality will be raised and, crucially, how it will be measured;
- **support the commissioner/provider split.** A clear separation of responsibilities is required between those who commission and those who provide education, as this will increase challenge and contestability and help to drive up quality. HIECs will be expected to focus on the provision of education. They should not include any organisation that commissions education, particularly postgraduate medical and dental education. Applications will be required to demonstrate clear plans for a commissioner/provider split and how they will ensure that education provision will be responsive to the needs of local education commissioners, particularly the local SHA; and
- **strengthen accountability.** HIECs must have robust governance arrangements in place to ensure that they can be held to account for the delivery of education and training programmes, and for their effectiveness in the promotion of innovation. It will be essential for HIECs to have explicit and coherent relationships with other parts of the local innovation landscape, e.g. Academic Health Science Centres (AHSCs) and Collaborations for Leadership in Applied Health Research and Care (CLAHRCs). All HIECs will need to define quality management and control processes, comply with quality assurance by the regulatory bodies and meet statutory requirements of professional organisations.

The role of Health Innovation and Education Clusters in education and training

The establishment of a HIEC will strengthen the co-ordination of education and training in a region so that it supports excellence and consistent quality.

A HIEC will have the knowledge base and opportunity to:

- align training pathways with clinical pathways of care through engaging with different training providers;
- align training providers more effectively;
- bring innovative practices to education and training including, for example, better use of simulation centres and blended learning utilising developing technologies such as e-learning; and
- work with the colleges, faculties and regulators to influence the content, nature and delivery of training.

Once a HIEC is fully established, there will be an opportunity to take on the lead responsibility for the delivery of health professional education through agreements with education commissioners and providers. Quality management must continue to satisfy the requirements and quality assurance processes of the professional regulators. While HIECs will co-ordinate education and training and ensure its quality, provision itself will remain the responsibility of the institutions within the Cluster.

In order to ensure that the HIEC model can deliver high quality training effectively there must be a separation between the commissioning of education and training and its provision. HIEC bids must include plans to this effect. This commissioner/provider split is already fully operational for some healthcare professions and is in progress in postgraduate medical and dental education.

The overall responsibility for education commissioning will remain with SHAs. The commissioning functions of the postgraduate deanery should remain within the SHA. Proposed changes to education funding include the development of tariffs for health professional education in clinical settings, so that funding follows the trainee. Over time, these tariffs will be supported by a quality framework that will recognise and reward high quality education and training, ensuring an increased focus on quality by both providers and commissioners.

Throughout the process of creating a HIEC, the intention is to ensure that existing structures that are functioning well are not disrupted and that local education programmes will not be compromised. The continuing evolution of HIECs will be informed by the work and advice of the advisory body, Medical Education England (MEE), and the equivalent advisory bodies for other healthcare professionals.

Supporting innovation

HIECs will have a critical role in the development, design and delivery of high quality care and services by quickly bringing the benefits of research and innovation directly to patients. They will, of course, need to link with existing elements of the innovation landscape.

HIECs will contribute to the innovation agenda by:

- demonstrating that they are able to align clinical and translational research with service delivery across all care settings;
- working locally with the NIHR Clinical Research Network to increase the opportunities for industry to commission major clinical trials;
- working across settings of care as well as across sectors to achieve innovations in treatments, complex systems analysis, engineering and management skills; and
- demonstrating the uptake and rapid diffusion of appropriate innovation into patient care and the development of patient services.

There are already several mechanisms to promote research and innovation aiming to translate results into better healthcare, for example:

- **Biomedical Research Centres (BRCs):** BRCs are based within NHS trust and university partnerships in England. They drive research into prevention, diagnosis and treatment.
- **Academic Health Science Centres (AHSCs):** AHSCs are formal partnerships of NHS trusts and universities. There are five AHSCs in England. They conduct world-class research with the aim of allowing fast translation of the results into service improvements for patients.
- **Collaborations for Leadership in Applied Health Research and Care (CLAHRCs):** CLAHRCs are partnerships between a university and the surrounding NHS organisations. They focus on improving patient outcomes by translating applied health research into everyday use in the health service. They also research the barriers to implementing evidence based practice.
- **NHS Innovation Hubs:** Innovation Hubs offer legal and commercial support to trusts. They protect intellectual property and bridge the gap with industry for licensing and joint venture deals.

HIECs should link in with AHSCs, BRCs, CLAHRCs and Innovation Hubs, drawing from the latest research and evidence and promoting the translation of these findings into practice within local services through local arrangements for education and training programmes. Every AHSC should be linked to a HIEC.

Application process

Our ambition is to establish HIECs across the country to support high quality care for all by promoting innovation and high quality education. To enable this, the Department of Health is making available £10 million to support the creation of HIECs across England in 2009/10, with more to follow in 2010/11 and 2011/12. This initial funding is designed to catalyse the process. In the longer run, HIECs may have access to substantial NHS education funding and may receive funding by contributions from their constituent members or other sources.

The process

The application process is designed to enable a permissive approach that reflects the different needs, aspirations and circumstances of organisations across the country. It aims to maximise the geographical impact of HIECs provided that the high standards expected nationally are satisfied.

We are committed to being open-minded throughout this process – there is no one-size-fits-all approach. Nevertheless, since SHAs are strengthening their role as commissioners of education and training and driving innovation, successful bids will need to demonstrate clear alignment with the local strategic vision. For that reason, prospective bidders for funding support will want to open an early dialogue with relevant SHAs, who will be available to support the process to establish HIECs.

The national selection process will set high standards and provide a template for applications. The process will include an informal dialogue phase during which potential applicants can consult their host SHA(s) to ensure that their proposals are consistent with the local vision for high quality services and patient care. While potential applicants are refining their proposals, they will be required to complete and submit a Pre-Qualification Questionnaire (PQQ). This will be used to assess the financial and technical competence and capacity of the applicants to determine which will proceed to the formal competitive application stage.

All formal bids will be assessed and scored against the agreed award criteria by a national panel which includes expert assessors. The national panel will be responsible for overview and scrutiny of the bidding process and may request any of the bidders to present their proposals. The Chair will be independent and the panel will include the relevant SHA Chief Executive, independent experts in education and innovation and Department of Health leaders.

HIECs have the potential to transform the quality of education and training and to make a step-change in the spread and adoption of innovation. A high bar will be set for applications, which will be judged on their merits.

Award criteria

The award criteria will be agreed with the national panel and Ministers over the coming weeks but they are likely to require:

- a clearly articulated vision of the proposed HIEC;
- clear alignment with the local strategic vision;
- adherence to the principles of HIECs outlined in this document; and
- a clear description of how the commissioner/provider separation for postgraduate medical education will be achieved and put in place by April 2010.

Governance structures

A HIEC will require robust governance arrangements. HIEC applications will need to demonstrate this. The host SHA will need to consider the nature of the contractual arrangements that will need to be established with a HIEC, including strong assurance measures that can be monitored by the SHA. For example, if the SHA wants to be able to enter into legally binding contracts with the HIEC, then the HIEC will need to be a corporate legal entity rather than an informal consortium. Clear legal liability for education must be explicitly defined.

A number of legal structures could meet the requirements necessary for an effective governance structure, including:

- joint ventures, co-operating through a company or partnership structure;
- community interest companies, limited by shares or by guarantee and having access to a range of financing options;
- charities; and
- companies limited by guarantee (charitable corporations).

Applicants should determine which model best fits their local needs. Relevant SHAs (a Cluster may span more than one region and have relationships with more than one SHA) will be available to help potential applicants to work through these issues in order to determine the most appropriate organisational form.

Milestones in 2009

7 May	Distribution of national prospectus to outline the HIEC concept, development support and application process
May	Further details published on the application process including selection and award criteria
May–July	Regional stakeholder events (run by SHAs, supported by the Department of Health)
Early September	Completion of PQQs
October	Submission of formal competitive applications
November	National selection panel
Early December	First wave of HIECs announced

Where can I get more information?

The SHA in your region is taking the lead to communicate with prospective partnerships as applications are developed to meet local policies and priorities. As part of the process, each SHA is organising an event in May–July for potential bidders and others with an interest. The SHA will have more information – see regional contact details in Appendix 1.

This prospectus is provided for information and without prejudice to the formal bidding process. Details of the bidding process will be published in due course.

Appendix 1 – Regional contact details

The following is a list of the SHA Directors of Workforce and HR who are leading the co-ordination of HIEC bids:

SHA	Director of Workforce and HR	Email address for enquiries
NHS East Midlands <i>www.eastmidlands.nhs.uk</i>	Janet Monkman	<i>deanerycommunications@eastmidlands.nhs.uk</i>
NHS East of England <i>www.eoe.nhs.uk</i>	Stephen Welfare	<i>mike.cook@eoe.nhs.uk</i>
NHS London <i>www.london.nhs.uk</i>	Anne Rainsberry	<i>communications@london.nhs.uk</i>
NHS North East <i>www.northeast.nhs.uk</i>	Moira Livingston	<i>moira.livingston@northeast.nhs.uk</i>
NHS North West <i>www.northwest.nhs.uk</i>	Dean Royles	<i>nick.wood@northwest.nhs.uk</i>
NHS South Central <i>www.southcentral.nhs.uk</i>	Katherine Fenton	<i>vicky.osgood@nesc.nhs.uk</i>
NHS South East Coast <i>www.southeastcoast.nhs.uk</i>	Sue Webb	<i>sue.webb@southeastcoast.nhs.uk</i>
NHS South West <i>www.southwest.nhs.uk</i>	John Bewick	<i>john.bewick@southwest.nhs.uk</i>
NHS West Midlands <i>www.westmidlands.nhs.uk</i>	Peter Blythin	<i>peter.blythin@westmidlands.nhs.uk</i>
NHS Yorkshire and the Humber <i>www.yorksandhumber.nhs.uk</i>	Tim Gilpin	<i>tim.gilpin@yorksandhumber.nhs.uk</i>



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