



Evidence for Innovation: A Strategic Insight Tool

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Item	Early Development 1 (Accepted)	Early Progress 2 (Developing Principles)	Results 3 (meeting achievements)	Maturity 4 (Comprehensive assurance)
Outcomes, cost and quality data	Commissioning organisations use data to support commissioning <input type="checkbox"/>	Data is taken from a range of sources, both local and national sets, a clear picture is presented. <input type="checkbox"/>	Data packages are reviewed and play a major role in commissioning and monitoring <input type="checkbox"/>	Organisations have a sophisticated understanding of data and how it supports the commissioning process for providers and others <input type="checkbox"/>
Evidence Based Commissioning: The best available evidence from authoritative sources	NICE guidelines and other guidelines are reviewed and referred to in commissioning <input type="checkbox"/>	Processes are in place to ensure that NICE and other guidance is met in the commissioning framework <input type="checkbox"/>	Evidence scanning is routinized in the commissioning process, which includes a range of research evidence <input type="checkbox"/>	Nothing is commissioned without a robust evidence base from authoritative sources <input type="checkbox"/>
Horizon scanning	Innovation is mentioned but not actively pursued <input type="checkbox"/>	New innovations are reviewed with partners <input type="checkbox"/>	Horizon scanning is an established part of the commissioning process <input type="checkbox"/>	Services are commissioned with scope for new service models or innovative practice <input type="checkbox"/>
Use of local evaluation data	Data is collected and evaluation is expected <input type="checkbox"/>	Evaluation data is actively sought in relation to commissioning areas <input type="checkbox"/>	Evaluation data is organised and regularly reviewed <input type="checkbox"/>	Evaluation data plays a role in making commissioning decisions <input type="checkbox"/>
Citizen engagement and co-design	Lay people/citizens are represented on some commissioning groups <input type="checkbox"/>	Lay representatives regularly attend all commissioning groups and input in a range of ways <input type="checkbox"/>	Lay representatives understand their roles and make regular contributions to commissioning <input type="checkbox"/>	Lay involvement is a key part of the commissioning process and a range of groups play an active role in commissioning decision-making <input type="checkbox"/>

EiSIT Guidance

EiSIT has been commissioned by NHS England and was developed by the Innovation Agency (the Academic Health Science Network for the North West Coast). The work was also supported by the Good Governance Institute. EiSIT is accompanied by an infographic, developed by Bayzian, an Economic Intelligence Unit, which is designed to promote the use of research evidence in NHS commissioning decisions and ‘signposts’ commissioners to relevant NHS and other evidence resources.

The purpose of this tool is to highlight how your organisation uses evidence for innovation, improvement and transformation. The tool can be used at Board Level, or at an individual project or intervention level. The tool takes the format of a maturity matrix and can be used in conjunction with other measures of assurances and adapted or cross referenced, to fit in with a range of other measures to demonstrate consistency with reporting. EiSIT is intended to provide Boards and teams with a framework to achieve consistency in achieving world class commissioning. We have adopted a broad definition of innovation as being **“an idea, service, product or process, new or applied in a new way in health and care services, which improves the quality and/or efficiency”**.

The Matrix is essentially a “checklist”, which serves the purpose to evaluate how well developed a particular process or programme is. It is intended to be a simple paper-based or excel-based system or to fit in with whatever you use for assessment currently. Although simple, however, it can also be a very powerful tool for professionals to use. If used at Board level, the CCG would rate the current state of the development/process across a range of dimensions, and then repeat the process at a later date and so determine if you have made progress. If used at a project level, the matrix can be used as a guiding framework to ensure that all relevant evidence sources have been considered, accessed and appraised at the start of a commissioning cycle.

As you can see, the Matrix consists of a simple set of statements in five themes relating to evidence from “Outcomes, quality and cost data” through to “Citizen engagement and co-design”, against which the user can rate their use of evidence on a scale of early development (1) through to maturity (4).

The Matrix enables a conversation around Evidence that reflects a wider set of subjects other than just technology or NICE guidance and encourages a more systematic approach to using evidence in the commissioning process. It tells us that aspects of horizon scanning, citizen engagement and local evaluation are all important and should be considered evidence alongside authoritative research evidence. Authoritative evidence often tells us what should be done, but not how, and this is where local intelligence in the form of patient/stakeholder insights, is important. This will help us achieve an understanding about the range of evidence within a strategic context such as innovation and transformation. New ways of working are a key part of the 5 Year Forward View, of which the Better Care Fund, Vanguard and other initiatives are a key part.

A key feature of the tool is that it can be educational too and gives more appreciation for the key themes and what excellence looks like. How to achieve the aspirations will be up to the individual organisations. The framework can be adapted to be more complex if the Board felt this was required or for use with other teams within the organisation. It is designed to be flexible and responsive to individual organisations circumstances and needs. Although designed with CCGs in mind, it can also be used by providers. The tool provides a powerful way of understanding where barriers might exist in an organisation in using evidence with partners and providers to achieve innovation and better ways of working. It can also be used against individual clinical areas e.g. Cardiovascular Disease or Stroke Prevention and it can be used with individual partner/provider or a range of partners.

As an initial starting point, it may be good for Boards and teams to orient themselves about what they perceive and use as evidence and also how partners perceive and use evidence. The infographic will support identifying the ranges of evidence and where they might be found. Having a repository or knowledge management system might be needed if there is not one in the organisation, for local information, evaluations and other strategic insight. This ensures that projects are captured and historical information is available for use. This may also highlight gaps in what information or skills are needed to support high quality commissioning. There may be other areas where you think it might be helpful to develop internal systems and processes or skills, such as horizon scanning or evidence review.