

IPPR - Shelford Group: Innovation Policy Fellow - Secondment Opportunity

Context

Expertise and experience from the provider sector has an essential role to play in shaping the initiation, design and implementation of national policy in life sciences, health and social care. In collaboration, the IPPR and Shelford Group have designed a new secondment opportunity that offers emerging leaders across the Shelford Group membership the chance of working with policy experts in the IPPR on national policy priorities.

IPPR Research Proposal

Innovation is a shared policy priority for both the IPPR and Shelford Group. Innovation in health - new treatments, technologies and processes - can help drive improvements in healthcare and ultimately health outcomes. We are on the cusp of a new wave of innovation: Precision medicine, gene and cell therapy, big data and robotics create paradigm shifting opportunities but also demand reform in the way the NHS works to ensure we harness this potential.

Notably, the history of innovation in the UK shows that whilst we are often good at invention, the health and care system is slow to adopt new technologies. This has historically been a result of the complexity of the system and a culture of risk aversion in the NHS. However, more recently the challenge has been funding constraints which have led to rationing and tighter access criteria. This is damaging to patients who benefit from new treatments and technology in the form of better healthcare and ultimately better health outcomes and is also bad for our economy. The UK's life science sector is world leading and is a key component of the government's industrial strategy. The NHS is a key partner in the life science sector both as a test bed for new treatments and innovations and as a market for them once they have been demonstrated to be effective. If we fail to use the NHS as a driver of innovation, the UK will fall behind other countries. We must now make the case for delivering on this potential.

This research will look to make this argument by doing two things:

1. **Quantifying the cost of not innovating.** Whilst there has been significant recognition that the NHS is slow to adopt and diffuse new innovation there is limited quantitative evidence substantiating this or the implications of it in terms of the economy and patient outcomes. We will look to address this gap by publishing new analysis that aims to highlight the cost of rationing and slow adoption and diffusion of innovation new medicines and treatments and well as devices and technologies both in terms of health (QALYs) and wider economic benefits to the economy. This will help raise the profile of this issue and ensure it is made a priority in the wake of a Brexit deal in 2019.
2. **Developing policy to drive innovation in the NHS and the economy.** The Lord Darzi Review built on previous work by Sir John Bell in setting out an innovation agenda for the NHS. It argued for an increase in R&D spending in the UK, the utilisation of the NHS as a testbed for new innovation, and the reform of NICE to restore it as the 'innovators gateway' (including the reversal of the affordability threshold and a new regulatory function to ensure NICE guidance is adopted at the local level). It also recognised the need to consider new ways of paying for innovative new treatments (e.g. multi indication pricing, flexible pricing arrangements, value

based pricing). This research will develop these proposals and make the case for swift implementation in the wake of a Brexit deal next year. We aim to publish this research in the form of a briefing paper on the back of a Brexit deal to feed into the NHS Long Term Plan, the Accelerated Access Collaborative and the Industrial Strategy process. We also intend to convene NHS, NICE and BEIS stakeholders to encourage them to work together to turn these initiatives into a coherent and overarching innovation strategy across government (rather than a fragmented series of agendas across multiple departments).

Objectives

In designing this secondment opportunity our intention is to achieve three key objectives:

1. **Policy output:** the candidate will undertake specific policy research and development, drawing on their understanding and professional networks across the NHS life sciences and service provision landscape to develop this priority policy within the IPPR. The focus of this first secondment call is *health service innovation*.
2. **Professional development:** the placement will be tailored in partnership with the selected candidate to maximise learning and professional development. The intention is to provide emerging leaders with exposure to the national policy making process, therefore generating new insights from which they can draw in their future career. Understanding the development of national policy should benefit their employing organisation.
3. **Service continuity & value added:** by designing a closely tailored secondment experience, it is also possible to structure a part time placement which allows the successful candidate to maintain service critical responsibilities within their employing organisation. The fact that the placement is designed to provide a short term, intensive immersion into policy, further minimises the impact on patient services. Placement duration is between 3 and 6 months.

This is an innovative and impactful way of bringing someone with frontline and clinical expertise into the process of policy development and of helping the Shelford Group engage with the policy process. This is not a funded secondment, so needs to represent an opportunity to address professional development or existing organisational objectives.

Responsibilities

The successful candidate will:

- lead structured interviews with stakeholders;
- convene a roundtable event with national stakeholders;
- inform IPPR and national policy development;
- contribute to the authorship and promotion of the final report;
- there may be further opportunities to work on joint IPPR-Shelford Group policy priorities, including legislative change and the comprehensive spending review.

Secondment arrangements

- **Supervision:** During the secondment, supervision will be provided by IPPR, Senior Policy Fellow, Harry Quilter Pinner.



- **Support:** the Shelford Group Managing Director, Nick Kirby, will provide advice and support to the secondee as required, helping them to get the most from this unique experience.
- **Contract:** your contract of employment does not change during the course of the secondment.

Application process

- **Deadline:** applications should be sent to Nick Kirby, managing director of the Shelford Group on nick.kirby@shelfordgroup.org, by **Friday 5 April 2019**.
- **Target audience:** the fellowship is designed to attract mid-career level professionals, working in a Shelford Group organisation, with a clinical background.
- **Letter:** candidates are invited to express their interest in this secondment opportunity through an introductory letter of no longer than two pages, setting out the contribution that they can make to the research project and explaining the fit between this opportunity and their personal development objectives.
- **CV:** candidates should include a two page summary CV with their application.
- **Sponsorship:** applications will only be accepted with the agreement and sponsorship of their employer; this should be in the form of a letter or email from both the line manager of the candidate and a member of the Trust executive.
- **Interview:** shortlisted candidates will be invited for an interview in April 2019.

Further information

For further information, please contact Nick Kirby, managing director of the Shelford Group on nick.kirby@shelfordgroup.org