INNOVATION IN NATIONAL HEALTH SERVICE (NHS) OF THE UK

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**Innovation in National Health Service (NHS) of the UK**

**Critical Appraisal of Innovation**

National Health Service (NHS) in the UK was launched in 1948. It was as a result of the long-held ideal which advocated for good health care for everyone regardless of their background. Except for some charges in optical services, prescriptions, and dental services, NHS is accessible to all residents in the United Kingdom. This paper focuses on General Practitioners (GPs) and urgent and emergency care through 4Ps innovation space model.

**4Ps Innovation Space Model**

The model involves analysis of 4Ps which is abbreviation for Paradigm, Product, Position, and Process. The model is used to analyse how services in General Practitioners and urgent and emergency care have transformed over time and how they have enabled the creation of value in the services offered in National Health Service in the UK as shown in Appendix 1.

*Product*

Urgent and emergency services product innovations have been incremental. There have been efforts to balance demand across the system. The services have given equal attention to all seven key areas that require change: transfers, hospital, urgent treatment centres, ambulance, 111 digital services, NHS 111 clinical support, and GP. Defining these seven areas has helped the NHS in concentrating on balancing the ability of each client to access critical services (NHS England 2017(a), p.1). The NHS has been working towards converting the mix of these products including walk-in centres and minor injury units where they are applicable (Dasan et al. 2014, p.15).

GP shows incremental innovation. For example, more than 1.3 million GP consultations take place every day. General practitioners have dealt with acute illnesses with more ease compared to chronic ones. GP partners have been brought on board to supplement the work done by salaried GPs (National Health Service 2017(a), p.1).

*Process*

Initially, the NHS created A&E departments to serve clients with serious life-threatening conditions. The initiative shows that the innovation process has improved. Minor injury units and urgent care centres provide services to individuals with minor injuries. For instance, currently, the individuals with minor conditions are still restricted to the minor injury units (NHS England 2017(b), p.1). However, those with life-threatening conditions can be held in these facilities if there are no alternatives that can respond better to the condition.

Currently, GPs treats patients of all age ranges. Patients are usually individuals in relatively stable condition, and practitioners have an easy time establishing a healthy relation with their patients (National Health Service 2017(b), p.1). In the process, both GP and urgent and emergency care services are incremental.

*Position*

Positioning of GPs has been improved regularly. For instance, they have been positioned in a manner that they are the first point of contact for individuals suffering from mental and physical problems (McDevitt and Melby 2015, p.527). Working in teams has helped in enhancing their effectiveness in these positions as they get to understand social, physical, cultural, emotional and spiritual aspects that are important in diagnosing a patient and determining the best intervention for them(National Health Service 2017(c). p.1).

The new emergency system has been modelled to respond to the seriousness of the condition by ensuring that the patients receive the most appropriate care at the right time and place showing there are some improvements (NHS England 2017(c), p.1). Improvement of New emergency system is focused on enhancing convenience of patient treatment (Marsh 2017, p.1). In terms of positioning, both GP and urgent and emergency care services are incremental.

*Paradigm*

NHS has redefined how emergency care is provided by appreciating that different groups of patients have varying needs showing improvement of paradigm. According to the National Health Service (2017, p.1), the patients who have been waiting for more than four hours has reduced. This shows that urgent and emergency services innovations in paradigm are incremental.

GP innovation in paradigm is incremental as it is becoming overwhelmed with visits and diagnoses. The interventions put in place are meant to improve the entire system (National Health Service 2017(d), p.1). NHS has set up clinics that deal with issues such as smoking cessation, child immunisations, and provision of advice on lifestyle (Hill, McMeekin and Price 2013, p.38). The increased level of paradigm innovation has been seeking to balance between diagnostic and preventive types of care.

**Evaluation**

*Significant changes in GPs and Urgent and Emergency Services*

Over the last five years, GPs and Urgent and Emergency Services have experienced drastic changes in their services. By the end of phase one evaluation, management identified different areas in GPs and urgent and emergency care, which needed change. NHS has been able to transform the training and education of paramedic to ensure that GPs are well equipped with the knowledge to handle patients (NHS England 2017(d), p.1). The changes helped developing Delivery Group (NHS England 2017(d), p.1) by drafting potential guides which set new specifications on how the services of the ambulance should be delivered in future to achieve significant improvement in response to urgent and emergency issues. Due to the increased percentage of the aging population and low funding, the old model of care delivery was becoming unsustainable (The Health Foundation Shine 2012, p.1).

Changing the programmes of flow on cost quality was important in responding to urgent and emergency services. Due to changes in flow of quality cost, the branch of NHS (Sheffield Teaching Hospitals) was able to create a frail unit for elderly at the front door and a system to assess and discharge patients (England 2015, p.1). The change ensured onward movement and swift assessment in the emergency pathway by availing senior GPs assessors to make decisions, transfer patients, and treat them (Diane, 2016, p.1).

Changes have made in how urgent and emergency responds over the period. NHS introduced 111 services which all residents can call for free and speak to the highly trained healthcare practitioner (National Informatics Board strategy 2014 p.1). When there is a life-threatening situation such as fatal accidents, residents are required to call 999 for emergency and urgent services for ambulance (NHS England 2017(e), p.1). The move has helped in saving lives. The Department of Emergency and Urgent Services have been expanded to accommodate more patients due to increased number of emergency and urgent cases (The Health Foundation Shine 2012, p.1).

*Innovation in Mental Health Services*

Demand for mental health care in the United Kingdom has increased overtime to the point of exceeding available services offered by NHS. The organisation has undertaken different innovation challenges to improve the mental health service to ensure that they close the gap created by the year 2020 (NHS England 2017(e), p.1). It also represents cultural changes in mental health care through patient empowering to exercise greater control and choice. For instance, provision of online intervention is accessible anytime. This has much raised the accessibility of the service as more people have gain access to asynchronous text and voice/video communication (NHS England 2017(b), p.1).

The innovations have improved data protection, security, and privacy of mental health patient information. Innovations have helped in building trust with the patient and general public (National Informatics Board strategy 2014 p.1). From past, there was the significant need for addressing this ethical issue in mental health care, as the data and information of the patient are highly sensitive. Technology in the department has ensured that the data and information of a patient are held in one file, which cannot be assessed by everyone (Klein 2010 p. 47). In the last five years, mental health services applications have drastically increased. Mental health applications have improved the accessibility of information on health care and other services which can be provided to the patients. NHS has established a library in their database where mental health application can be downloaded to help in improving the well-being of patients (Mason et al. 2014, p.55). For instance, mental health has a Moodzone (NHS 2017) which helps clients to download the mobile applications to combat different moods such as stress.

Due to the increased number of patients, NHS had challenges in processing and keeping the records of patients in the past. However, through technological innovations which include imaging, electronic medical records, electronic prescription and increased use of computer, mental health services have changed as the department is able to generate and keep a large amount of data (Mazzocato et al. 2014, p. 272). NHS mental health department has established effective help lines, which can be reached according to different causes like bipolar disorder, anxiety or obsessive compulsive disorder (NHS England 2017(b), p.1).

NHS mental services offers qulity services to its patients as one of its competences. The center is well equipped to ensure that it deals with all mental health problems. NHS mental health services is capable of handling many people. NHS also employees competent and skilled employees.  . Also in comparison with private clinics, NHS offers competent services and it has a high capability of handling patients. In terms of services, NHS is able to offer more mental services compared to private clinicswhich have less ability of admitting patients. Also, the services offered in NHS are subsidized by the government unlike in private clinics where a patients is charged for all services offered. However, services in private clinics are considered to be abit faster compared to NHS mental health services. For instance, in most cases, NHS mental services has a long list of patients who need therapy where  they will have to wait for long before services are provided.

**Innovation Strategy and Predictions**

*SWOT Analysis*

The analysis seeks to identify the drive forces of mental health services in the UK NHS for creative innovation in future.

*Strengths*

One of the critical strengths of mental health service is assessment. The department offers detailed assessment to the patients. The move helps in building a clear picture of the needs of patient provided by different agencies and professionals. The second strength is the availability of facilities. NHS has established mental health services departments across the UK. The establishment increases accessibility of services when required (Omachonu, Haar and Berg 2016, p.7).

*Weaknesses*

Mental health services in NHS offered to children are weak. As a result, some have tried to end their lives, due to substandard services or prolonged treatments. Consultants have hinted that patients under 18 years suffering from mental health experience either inadequate or substandard services (Omachonu, Haar and Berg 2016, p.8). Though innovations have been conducted in systems of mental health, there is a need for improved innovation due to high number of patients requiring mental health services.

*Opportunities*

One of the main opportunities of mental health department is availability of funds. The departments can request funds since the organisation is highly funded by state budget to improve their services. Mental health department has access to large pool of skilled professions in mental health service. Increased funding is essential in expanding service delivery. Mental health service has the opportunity of integrating more innovation that would transform the service delivery to more effective one (Popeet al. 2013, p. 111).

*Threats*

One of the main threats is competition. Currently, more mental health clinics have been established in the UK increasing competition. The other threat is lack of compassion. Different patients across the UK who have visited NHS for mental health services have a negative perception of the services offered (Vezyridis and Timmons 2014, p. 12).

*Mental Health Service Invention*

Currently, I am experiencing depression, and I feel that I need someone to talk to about my problems so that I can understand my emotions and feel better. A person needs to have the ability to provide counselling without presenting myself in GP or having to wait for more time to be counselled. Since I could not find such help, I came with an idea of innovating glasses called “Feel Me”. The glasses would help any person experiencing low moods, depression or anxiety by wearing them and accessing instant counselling. When a person wears them, he/she will see doctor projector requesting on how he can help the person and asking them to speak about their problems. By the end of the talk, the projector will give help in CBT exercise form or psychiatrical talk which will help in calming down the person or help them in understanding the source of low mood and how to overcome them. The “Feel Me” glasses will look like virtual reality glasses except for the additional stereos on the left and right ear as shown in Appendix 3. Over 10 years these glasses will change by having additional features. One of such feature would be group connection. The person wearing glasses can connect with other people suffering from the same mental health illness and settle group meetings in order to support and motivate each other.

*Effects of “Feel Me” Glasses*

“Feel Me” glasses will be helpful in other departments of the UK such as education. Teenagers at school will get better at understanding the conflict with peers and overcome bullying, as projector of practitioner in glasses will talk through practical methods of understanding the nature of such conflict and avoiding them in the future.  Therefore level of stress experienced by teenagers as a result of such conflicts or bully at schools will be diminishing. Also, students will benefit from the glasses by motivating them to better studies. The other department where “Feel Me” glasses will be helpful is in the office of Mayor for crime and policing. They will be effective in preventing crimes which has increased over time in London. The report shows that in 2016, about 1844 cases of injured residents were reported (Khan, 2017, p.1).

The glasses will help in diverting people from committing crimes and violence. For instance, once one wears the glasses, the projector of mental health practitioner will help the person in understanding the source of desire or hatred that causes one to be involved in violence. The “Feel Me” glasses are essential for NHS to create a mental stability happiness program in the UK that would help in rehabilitating mental health patients (McKenzie 2016. p.1).

**OODA Loop Model**

OODA is an abbreviation for Observe, Orient, Decide, and Act as shown in Appendix 4. The model bases itself on the premise of competition and conflict in the system which operates through the process of rational decision making that follow a cycle of Observation, Orientation Decision Making, and Action. The model applies to “Feel Me” glasses. Potential customer, who encountered Virtual Glasses before, will look at the glasses (Observe) and see them as virtual reality glasses. Then, customer will perceive them (Orientate) as normal glasses of virtual reality, which have no harm. Then, consumer will (Decide) that the glasses might display something exciting. After this customer will (Act) and wear them.

Application and use of the glasses will be a solution to different challenges such as anxiety, low moods depression among other factors that affect personal happiness. “Feel Me” glasses will help in quick access to counselling help rather than visiting GP or waiting for appointments. In my belief, they are capable of providing solution according to the problems presented (Vezyridis and Timmons 2014, p.12).

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