Introduction



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INNOVATION, IMPROVEMENT, IMPLEMENTATION, SPREAD, SCALE-UP AND SUSTAINABILITY:

DEFINITIONS, FRAMEWORKS AND PARADOXES

Professor Trisha Greenhalgh University of Oxford

acknowledging the IRIHS research team, especially Assoc Prof Chrysanthi Papoutsi

Scan me!



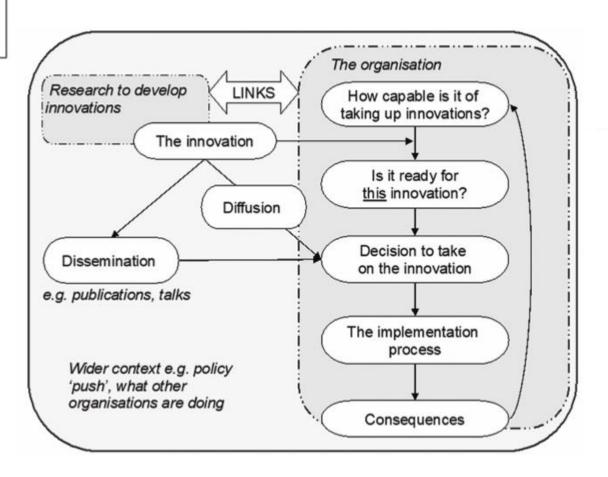
Greenhalgh et al 2004

INNOVATION

A novel set of behaviours, routines, and ways of working that are directed at improving health outcomes, administrative efficiency, cost effectiveness, or users' experience and that are implemented by planned and coordinated actions.

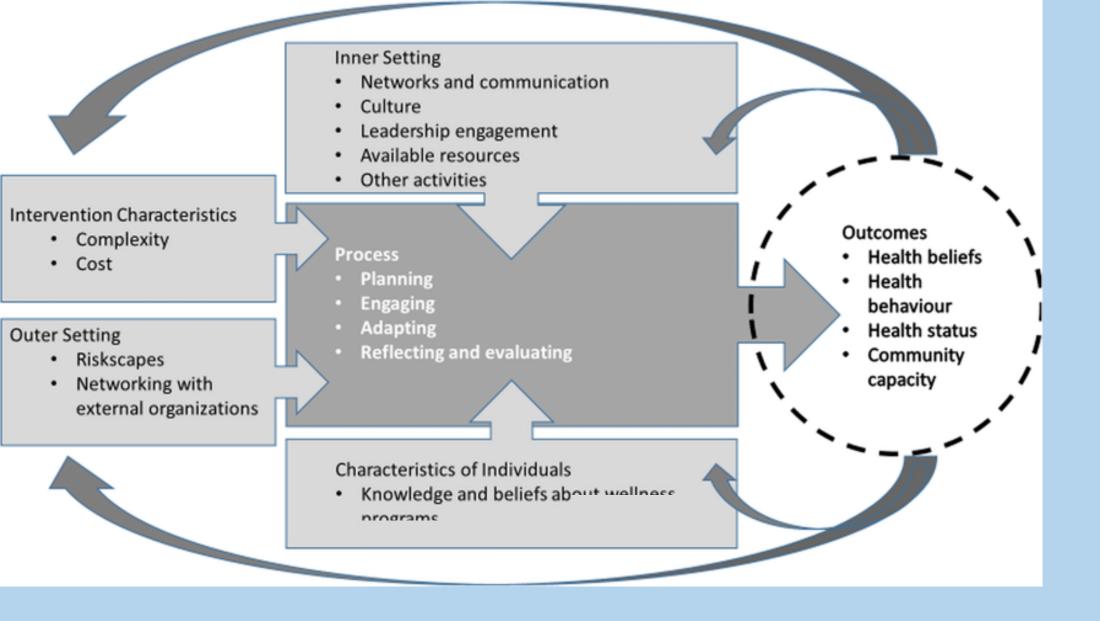


THE INNOVATION
 Relative advantage
 Compatibility
 Low complexity
 Trialability
 Observability
 Potential for reinvention





Greenhalgh et al 2004



A version of Damschroder et al's Consolidated Framework for Implementation Research, developed by adapting the Diffusion of Innovations framework (diagram from Wells et al)

Damschroder et al 2009



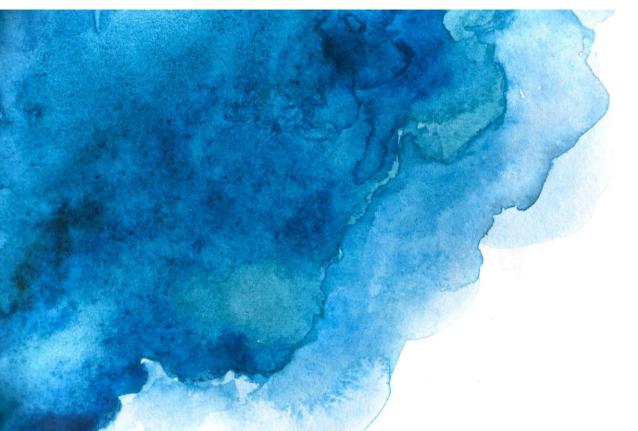
Wells et al 2015

IMPROVEMENT

A more organic and continuous process of identifying something to improve, making a change and evaluating its success. Sometimes "continuous quality improvement" (CQI) and "improvement collaboratives".



Grol et al 2007





Quality improvement collaboratives

- Can drive up performance through sharing of best practice ideas
- BUT must distinguish warranted from unwarranted variation





IMPLEMENTATION

Efforts made by individuals, teams and organisations to help the uptake of an innovation or improvement initiative. Includes following through on strategic decisions (e.g., making a purchase), introducing the idea to staff and patients, training people, adjusting work practices and pathways, and evaluating and monitoring the change.



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Evaluating implementation is complex!

"Inputs" e.g. Other influences Local context Funder's vision Service change 1 Intended Project plan Service change 2 outcomes New IT system Service change 3 Small-scale internal monitoring Management support Indirect and unanticipated **Training** benefits

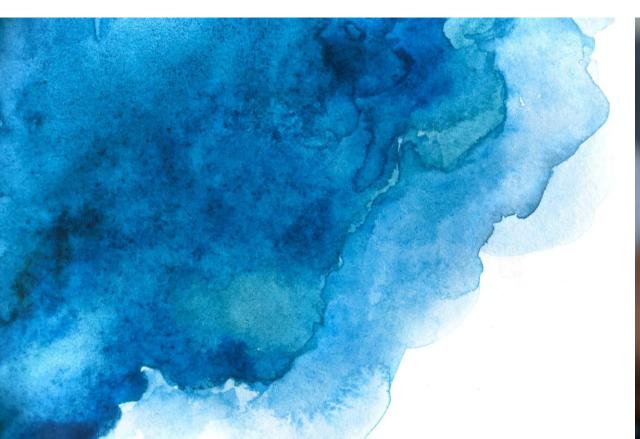
There's also a bigger story to tell

SPREAD

Transferring successful innovations or improvements beyond the original adoption setting. Example: Diabetes service in hospital X introduces remote glucose monitoring by smartphone app. Later, some diabetes services elsewhere do the same.



Papoutsi & Greenhalgh 2024b





SCALE-UP

The extent to which an innovation or improvement is adopted widely across a sector. This involves improving infrastructure and resourcing and incentivising the desired model.



Papoutsi & Greenhalgh 2024b





"Infrastructure is what other things run on"

- Susan Leigh Star

- A material scaffolding, 'backgrounded' when working but becomes visible on breakdown
- 2. Embedded in systems, relationships and practices



- 4. Patchworked and path-dependent
- 5. Institutionally supported and sustained





Greenhalgh et al 2019



This beautiful, modern, 'simple' wearable technology for the child with epilepsy....



... must somehow interface with this patchworked, over-regulated and slow-to-change infrastructure

SUSTAINABILITY

Maintaining an innovation or improvement over time, with appropriate adaptation to local context and emerging contingencies and challenges.



Papoutsi & Greenhalgh 2024b





The more we sustain an innovation and maintain its 'fidelity', the less we can adapt it to a new or changing setting.

Evolution and embedding of a programme may lead to 'failure' against the original objectives



THE SUSTAINABILITY PARADOX



Greenhalgh et al 2012

2 complementary kinds of evaluation:

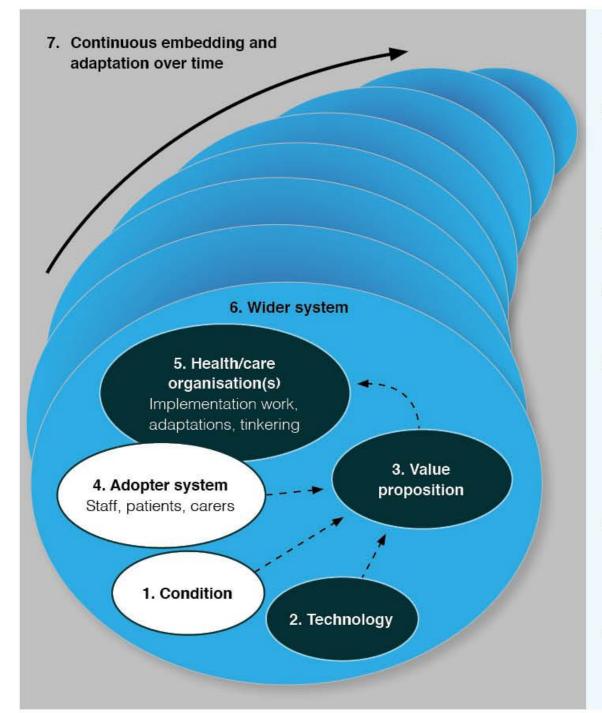
- 'Logic model' component, which asks "did we achieve each of our objectives?"
- Narrative case study component, which asks
 "what has changed and why?"



THE SUSTAINABILITY PARADOX



Greenhalgh et al 2012



1. CONDITION

- Nature of condition or illness
- Comorbidities
- Sociocultural factors

2. TECHNOLOGY

- Material properties
- Knowledge to use it
- · Knowledge generated by it
- Supply model
- Who owns the intellectual property?

3. VALUE PROPOSITION

- Supply-side value (to developer)
- Demand-side value (to patient)

4. ADOPTERS

- Staff (role, identity)
- Patient (passive vs active input)
- Carers (available, type of input)

5. ORGANISATION(S)

- Capacity to innovate in general
- Readiness for this technology
- Nature of adoption and/or funding decision
- Extent of change needed to organisational routines
- Work needed to plan, implement and monitor change

WIDER SYSTEM

- Political/policy context
- Regulatory/legal issues
- · Professional bodies
- Sociocultural context
- Interorganisational networking

7. EMBEDDING AND ADAPTATION OVER TIME

- Scope for adaptation over time
- Organisational resilience

The NASSS framework:

To help build a narrative about the adoption, non-adoption, abandonment, and challenges to spread, scale-up and sustainability of digital innovations



Greenhalgh et al 2017







Greenhalgh et al 2004



Greenhalgh et al 2019



Star 1999



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THANK YOU FOR

YOUR ATTENTION

Damschroder et al 2009



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Greenhalgh et al 2017