

# Facilitating technology adoption in the NHS: negotiating the organisational and policy context – a qualitative study

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## Plain English summary

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## Plain English summary

The British NHS is a slow and late adopter of clinical technologies. If this is not remedied it will increasingly become a performance issue for health care. Sir Bruce Keogh, the current NHS Medical Director, commented in 2012: 'Even with hard evidence of superior efficacy it generally takes around 15 years ... for widespread adoption of a new intervention'.

This research aims to discover the organisational and policy barriers (and enablers) for technology adoption and implementation. Technology adoption is the decision to deploy the technology in a care setting. Implementation is bringing the technology into routine use and ensuring that it continues to be used.

We undertook case studies to investigate three clinical technologies: ultrawide field retinal imaging (UFRI); insulin pump therapy (IPT); and a breast lymph node assay (BLNA). We found that 'Payment by Results' (PbR; the present NHS funding system) was a major obstacle to the adoption and implementation of UFRI and BLNA. Our evidence also indicates that, contrary to its intention, current commissioning practice is more of a barrier than an enabler for technology adoption. Protracted negotiations over funding between providers and commissioners delayed the implementation of BLNA and IPT. Organisational power and politics between hospitals and community-based services were significant barriers to the adoption of UFRI.

Overall, we concluded that a greater degree of national policy direction is required to overcome these barriers and bring more coherence to technology adoption and implementation.

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