innovation is increasingly viewed as a key behaviour for high-performing leadership teams throughout the NHS. The growing significance of long-term conditions, fundamental changes in relation to quality and safety, as well as concerns about cost, all underline the urgent need to change clinical practice. Yet, as we know from the well-evidenced understanding of the diffusion of innovation, there are no quick wins to successful and sustainable innovation.

Successful innovation requires interaction between many parts of the system and you frequently see a “clash” between managerial and professional innovation agendas. This can lead to contrasting approaches to innovation, for example, never events versus professionally generated empirical evidence.

This can be seen clearly in relation to introducing new technologies and approaches to the use of information in the system. However, what seems to be missing is the adoption of this innovation for frontline staff and patients. The information prioritised for collection and made available is not necessarily what frontline staff would prefer to gather to address their own quality concerns.

Recognising this tension is a good step forward, but also presents us with a strategic leadership challenge. That is, a need for us to take a transformational view, and to think in multiple time frames; identifying what we are trying to achieve not just now but in six months, a year, and five years across a complex system.

New technologies are critical to healthcare. The opportunities for technology and the use of social media to support and transform the quality of practice are truly exciting. And there are already pockets of great practice: nurses are listing their clinics on choose and book, using mobile technologies to boost care in the home and supporting patient choice via the timely provision of high-quality information.

But how do we spread these pockets to achieve system-wide change? By making more use of the information we have available. We need to use information to our advantage so we can enhance decisions at the point of care, improve our skills, and develop the talents of our workforce. We also need to have accurate patient records that can be safely shared in care settings.

We know how to do this and do it well – as nurses we are experienced change managers. However, we must make sure we have a seat in the room – don’t walk out when the technologists walk in. We must persist in asking for the information and technology that supports the sort of innovations we want to see, and to stop automatically saying “yes” to collecting more data. And we need to articulate our ambitions for our patients and work with them to design a future that is closer to what they want.

This is the leadership challenge. It’s one that’s both urgent and important, and one that we need to be actively networking our ideas about. So let’s get started. NT

Dr Susan Hamer is director of nursing, midwifery and allied health professionals, NHS Connecting for Health

Obesity is, in all senses of the word, a growing problem in the UK. Quite apart from its effect on the health and quality of life of those people who are significantly overweight, it has huge cost implications for the health service.

Primary care is the obvious place to address obesity before it leads to health problems, and practice nurses are well-placed to offer early interventions to encourage patients to lose weight. However, if this is to happen, obesity needs to be given a higher priority in the system that pays GP practices.

Our innovation on page 14 reports on an initiative in which a practice nurse ran an obesity clinic with support from a nurse specialist in obesity. Its results, which included many patients reaching their weight loss target, suggest it would be worthwhile to incentivise GP practices to run similar services.