AAC (04)

ACCELERATED ACCESS COLLABORATIVE

AAC PROGRAMMES AND ALIGNMENT WITH PRIORITIES

Executive summary

- The new priorities for the AAC were discussed and agreed at the last board in February. Following that discussion, we are now in the process of re-aligning the current, and planned, workstreams being undertaken by the AAC delivery unit, hosted in NHSE, with the new priorities. This includes ensuring existing programmes are expanded or reoriented where required and identifying and establishing new strands of work necessary to meet the new objectives.

- This paper sets out the alignment of our current workstreams against the priorities and seeks the AAC Board's view on whether this programme of work is enough to meet the ambition of the priorities, or whether any clear gaps remain. We are also keen to understand any wider work going on within AAC partner organisation with which we should closely align.

- To support this work in the longer term, we are recruiting dedicated portfolio management resource in the team to develop, agree, and monitor more detailed implementation plans and reporting to the board.

The Board members are asked to:

- Note the proposed alignment of AAC delivery unit workstreams with the revised priorities
- Comment on whether there are key potential work areas missing or key cross partner projects that should be included.

Background

1. At the AAC meeting in February, the board signed off the proposed new priorities for the AAC for the coming two years. These were to:

    a. Put patients and the public at heart of innovation and research in the NHS
    b. Develop a prioritised pipeline of innovation and research for the NHS
    c. Embed research in the everyday work of the NHS
    d. Support stronger adoption and spread of proven innovations
    e. Empower a frontline culture of innovation
    f. Create a collaborative commercial environment

2. The paper for the February board placed these priorities in the context of the progress and learning from the first two years of the AAC, the impact and learnings from the NHS's response to the Covid pandemic, and the emerging structural changes to the NHS set out in the recent white paper. We are working with teams from across the NHS to ensure that these programmes continue to adapt to these changes. In particular, we are working with NHS regional teams and ICS leads to ensure the objectives set out here are sensibly

embedded in their work, and are set up in a way to reflect local and regional priorities and ways of working.

3. Although not a discrete priority in of itself, the Board also emphasised the importance of embedding specific work to tackle health inequalities within all of the priorities. The AAC delivery unit is has an extensive programme of work to ensure potential health inequalities are assessed for all programmes, understanding how to embed approaches to tackling inequalities within our adoption and spread strategies, and developing metrics to identify unwarranted variation across a variety of groups.

4. In agreeing the initial priorities, we outlined a broad description of the type of programmes we would be delivering under the priorities but did not set out a comprehensive programme of work that the AAC delivery unit would be undertaking against each of these headings. This paper sets out the full list of our current projects, mapped to the new priorities. We are keen to ensure board members are confident that the AAC delivery unit is focussing its resources on projects that will have the greatest impact and are therefore seeking any further comments on whether this programme of work is enough.

5. In developing the programme of work, and aligning with the new priorities, we have:

    a. Brought in some existing programmes of work from the wider NHS Innovation Research and Life Sciences portfolio that have not been explicitly included within the remit of the AAC previously, this includes all our work on research within the NHS.

    b. Expanded and realigned some of our existing programmes with the new priorities, including an even greater focus in our work on patient and public involvement, an emphasis on tackling health inequalities in our programmes, and developing a clearer set of clinical and cross cutting priorities areas to tackle, ensuring our programmes are more explicitly aligned with these.

6. To support the strategic alignment work we have now established our new policy and strategy team and are in the process of recruiting dedicated portfolio management resource to monitor and report on progress across the whole portfolio of the AAC's work, to ensure continuing alignment, and to work with partners to identify and develop new proposals for projects.

Alignment of AAC programmes with the priorities

7. **Priority 1: Put patients and the public at heart of innovation and research in the NHS**

8. To achieve this, we are delivering:

    a. **PPI Strategy**: A draft of our new PPI strategy has been shared for discussion at this meeting, and sets out the proposed actions to achieve this priority, including:
        i. Establish the AAC PPI advisory group

        ii. Develop bespoke PPI plans for each AAC delivery programme and undertake equality Impact Assessments for all programmes

        iii. Increased proactive working with partners to reach diverse groups

        iv. Develop a stronger focus on patient and public pull in identifying the innovations we support

<ol style="list-style-type: lower-roman;">
<li value="5">Develop success metrics on inequality and PPI, and greater celebration of success

9. **Priority 2: Develop a prioritised pipeline of innovation and research for the NHS**

10. To achieve this, we are delivering:

   a. **New project to identify clinical and cross cutting priorities**: AAC policy and strategy team are undertaking a project to identify and articulate the priority clinical and cross cutting areas we intend to focus our innovation work on over the next few years. These will be primarily aligned with the priorities set out in the NHS long term plan, and forthcoming life sciences strategy refresh – but focussed further on where innovation and research work of the AAC can have greatest impact. These will be developed in discussion with partners across the NHS and the AAC and we aim to bring paper to next board setting out these areas for agreement, and an assessment of the AAC's contribution to each.

   b. **Demand Signalling programme**: In each of these priority areas, we intend to publish a detailed description of the research and innovation needs of NHS - this will be done through our ongoing demand signalling workshop programmes – and beginning with our current work on stroke.

   c. **Innovation Funding programmes**: Where appropriate, we will explicitly align our funding programmes/calls for research and innovation with these priority areas including through our SBRI, Clinical Entrepreneurs, the AI lab, National Innovation Accelerator, and the AHSN national programmes

   d. **Horizon scanning programme** - Continue to fund and support the development of our horizon scanning infrastructure through NIRHIO to support a new approach to horizon scanning, which makes deeper use of soft intelligence, provides an alert system to key new innovations, and involves closer working with national clinical leads and other system partners to understand the implications of, and make best use of the pipeline.

   e. **Innovation Service**: We will continue to fund and develop the Innovation Service, with plans to launch public beta this summer.

11. **Priority 3: Embed research in the everyday work of the NHS**

12. To achieve this, the AAC are supporting NIHR and the Government's new research vision in developing a new programme of research projects around:

   a. Research re-start, resilience and growth

   b. Embedding research in the NHS

   c. Increasing the participation and diversity of participation in research

13. **Priority 4: Support stronger adoption and spread of proven innovations**

14. To achieve this, we are delivering

   a. **New project to set out our AAC adoption and spread strategy**: working with partners to set out a clear and agreed approach to the adoption and spread of innovation within the NHS, including mapping the roles and responsibilities for the

adoption of innovation and local and regional level. This project will also identify any further actions needed – A paper will be bought to the next board setting out progress and next steps.

b. **New project to embed innovation and research with local and regional structure:** We are work with NHS partners to explicitly embed research and innovation objectives within ICS responsibilities and job description, regional and local structures and responsibilities, and national accountability mechanisms.

c. **Innovation Metrics:** Work to deliver the AAC scorecard publications and put in place the wider innovation metrics workplan agreed at November 2020 AAC and Life Sciences Council.

d. **Strengthening the use of real-world evidence to support adoption:** Supporting ongoing work to put in place enablers to support evaluation of new innovations including the need for additional infrastructure and centres of expertise, bespoke funding for evidence gathering (building on AI award), data collection capacity and capability, and the potential for conditional approvals from regulators to set clear evidence needs and to signal to the system.

e. **Early Stage products**: Continued delivery of agreed workplans for Histology Independent Treatments and ATMPs.

f. **Rapid Uptake Products Programme** – Continued implementation support for existing products and deliver further rounds in coming 2 years.

g. **MedTech Funding Mandate** – Implementation of first round of products and identify and support further technologies for future rounds in 22/23 and 23/24 including exploring expanding the criteria of eligible products.

h. **AI Award:** Deliver implementation and evaluation of existing rounds of award winners, and continued funding through future rounds.

15. **Priority 5: Establish a frontline culture of innovation**

a. **PPI** - Demand signalling work with frontline and patients to create frontline pull for innovation and research in the NHS

b. **Beneficial Changes Network project** - Supporting the implementation of the changes identified by the beneficial changes project to implement lessons from covid for innovation

c. **Clinical entrepreneurs programme**– continuing to identify and support greater numbers of NHS innovators through the scheme

d. **CQC innovation framework:** Work with CQC on next stage of work to embed recently published guidance on innovation into "well led" element of their inspection regime.

e. **HEE training** – work with Health Education England to develop a series of training courses around innovation and research

f. **NHS people plan** – set a clear signal as part of NHS people plan refresh of the importance of innovation and research within clinical CPD.

16. **Priority 6: Create a collaborative commercial environment**

a. **AAC governance** – continue to strengthen and support widest possible engagement with industry through AAC governance and programme groups and through other forums such as the Life Sciences Council and its subgroups.

b. **Innovation service –** launch the innovation service as a front door for innovators looking to work with the NHS, and that it works to support AAC partners to collaborate with the innovators that use it.

c. **Medtech pathway project** – Work with the AAC partners to develop new proposals to strengthen the medtech access and adoption pathway[1], including horizon scanning, early regulatory and HTA engagement, options for conditional approvals and reimbursement, and a clear link to adoption support.

d. **Innovative Commercial Deals** – build dedicated resource and processes within the AAC to identify and support the implementation of innovative commercial deals between the NHS and industry.

17. **We ask that the board note the proposed workplans, and comment on any misalignment, or significant gaps in our delivery programme**.

Links with wider system work

18. We are very aware that the AAC programme of work needs to be placed in the context of, and sit alongside, a range of other projects being delivered by partners that will greatly contribute to the delivery of the new priorities. This includes:

a. **The refresh of the life sciences strategy** and the forthcoming spending review

b. **NHSE/**I work on wider system changes including the new standard operating framework and planning guidance, the implementation of the white paper on NHS reform and it's follow up legislation, the creation of the ICSs, and the refresh of the people plan.

c. **MHRA's** establishment and the further development of the ILAfP, continued support for early access to the NHS through the EAMS and continued wider work to support Innovative Regulation

d. **NICE's** new 5-year strategy, the outcomes of the ongoing methods and process reviews and continued work to support expansion of MedTech assessment.

19. **Are there any further key projects we should be aware of/aligning the work of the AAC delivery unit more closely with.**

Next step

20. We are currently beginning the process of putting in place more detailed implementation and delivery plans, success metrics, and reporting structures for the above programmes that will allow us to more effectively monitor and manage the portfolio of work being

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[1] Including but not limited to, working with ABHI on the proposed Accelerated Transitional Access Scheme (ATAS) following the November Life Sciences Council action for the Health Technology Partnership to explore this

undertaken by the AAC delivery unit. We will update the board on this work at the next meeting.

Board members are asked to:
- Note the proposed alignment of AAC delivery unit workstreams with the revised priorities
- Comment on whether there are key potential work areas missing or key cross partner projects that should be included.

Authors:

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