

ACCELERATED ACCESS COLLABORATIVE (AAC) BOARD

Paper Title: Adoption and Spread of Innovation Update

Agenda item: 5

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Paper type: For discussion

AAC Priority Area:

Demand signalling / horizon scanning	<input type="checkbox"/>	Adoption and spread	<input checked="" type="checkbox"/>
Increasing research	<input type="checkbox"/>	Working with partners	<input type="checkbox"/>
Increasing uptake	<input type="checkbox"/>	Other (statutory, governance)	<input type="checkbox"/>

Ask of the AAC Board:

1. Review the overall approach to national, regional, and local adoption and spread and consider the organisational contribution towards this
2. Consider the scope of this work, particularly the commitment to a learning health system, and each Partner's role in this

Executive summary:

Adopting and spreading proven innovation (which benefits both patients and clinicians) involves national, regional, and local elements. To do these things most efficiently, the various elements must be properly planned and co-ordinated.

Background

1. The most complex of the challenges faced by the Accelerated Access Collaborative (AAC) is successfully achieving rapid, consistent, adoption and spread of innovation. The AAC's focus has often been on a small number of individual products, or over short period of time. Observable risks to date have been that adoption is not sustained in clinical practice after the end of AAC support; or that the capability built to support the innovation's adoption is not embedded with NHS skills and capacity in a consistent and sustainable way. While occasional short-term focus on key transformations will necessarily continue, the AAC must help to support the NHS build the 'foundations for innovation'¹ if we are to enable innovation and research to be essential parts of the NHS strategy to tackle its biggest challenges.
2. This paper sets out a proposed approach to creating these 'foundations, including how to:
 - empower the workforce to undertake research and innovation
 - support local and regional systems (including at Integrated Care

¹ [Adopting Innovation - The Health Foundation](#)

System (ICS) level) to build organisational capability to identify needs and implement potential solutions

- translate research into practice through our Academic Health Science Network (AHSN) commission, so ensuring that we learn key lessons and reduce duplication of activity.

An approach for adoption and spread

3. To be successful, we need to understand, learn and share what has and hasn't worked in the past. The ongoing work on adoption and spread at the local level is a critical source of intelligence that, in turn, informs the work of the AAC. It is a rich source of data that informs a 'learning health system' approach, allowing for rapid test cycles and continuous learning. We need to capture and embed this learning more regularly.
4. To enable this, the NHSE IRLS team have been working with colleagues in the wider Transformation directorate and across AAC partners to develop a set of resources which outline best practice for adoption and spread. This includes:
 - **a clearer definition of innovation versus improvement and the important differences in approaches required to support each**
 - **An approach to assessing the adoption complexity of an innovation, and the likely barriers and enablers it will require**
 - **A framework of methods and levers we have available to support adoption and spread– understanding the range of approaches that can be used in varying combination to support the adoption of a new technology and the impact they have**
 - **AAC partner mapping of the end to end development and adoption pathways for technologies**
 - **Guidance and case studies of approaches to collaborative working at local level to support innovation and of lessons learned from successful (or unsuccessful) attempts to deploy various methods and levers to support adoption**
 - **Exploring approaches to enhancing our approach to measurement and evaluation of spread methods.**
5. These resources will support national and local teams working in transformation. It will provide a methodology to understand the complexity of adoption of a product, and the methods and levers available to help. It can act as the basis to assess the potential tools and support that need to be made available to staff working on transformation in a local ICS – or to identify the gaps in our national support to staff or companies.
6. This will be an ongoing and developing resource. The NHSE IRLS team has set up and are co-leading a Transformation Directorate Community of Action on Adoption and Spread with the Horizons team. Members are working in collaboration with the AHSNs to engage people with expertise and interest in adoption and spread of innovations to capture, and share, learnings –

continuously evolving this framework over time and coupled with a knowledge bank of case studies and exemplars of how it can be applied to individual innovations. As a community of action, it seeks to focus on practical action and has started the process of applying the framework elements and the combined knowledge and expertise of its members to addressing the spread and adoption challenges in areas of high priority to NHS England and Improvement.

7. NHS England has embarked upon a Delivery and Continuous Improvement Review, focussing on improvement capability and approaches in the NHS. Within the scope of the review is a focus on enhancing and speeding up spread and adoption of good practices for improvement. The framework for adoption and spread is highly relevant here and the IRLS team is contributing to the review.

Our support to embed this approach in the day to day of the NHS

8. To embed our approach to adoption and spread, the AAC commissions a range of programmes (see Figure 1). Our programmes are focussed around three strategic themes:
 - **System** – Articulating a clear framework to help anyone understand how to support successful adoption and spread of innovation, setting out the methods and levers available to support adoption, providing guidance and support to ICS to understand their innovation needs and developing innovation plans, and relicensing the AHSNs to provide direct support and capacity to local systems to deliver them.
 - **People** – Expanding our development offer to NHS staff to build the skills and capability in approaches to adoption and spread
 - **Products and Processes** – Supporting areas to identify potential solutions to their needs, assisting in the development of capacity to undertake real world evaluation and encouraging peer to peer learning, and building up knowledge banks of how new products have been adopted and sharing this amongst the wider system.

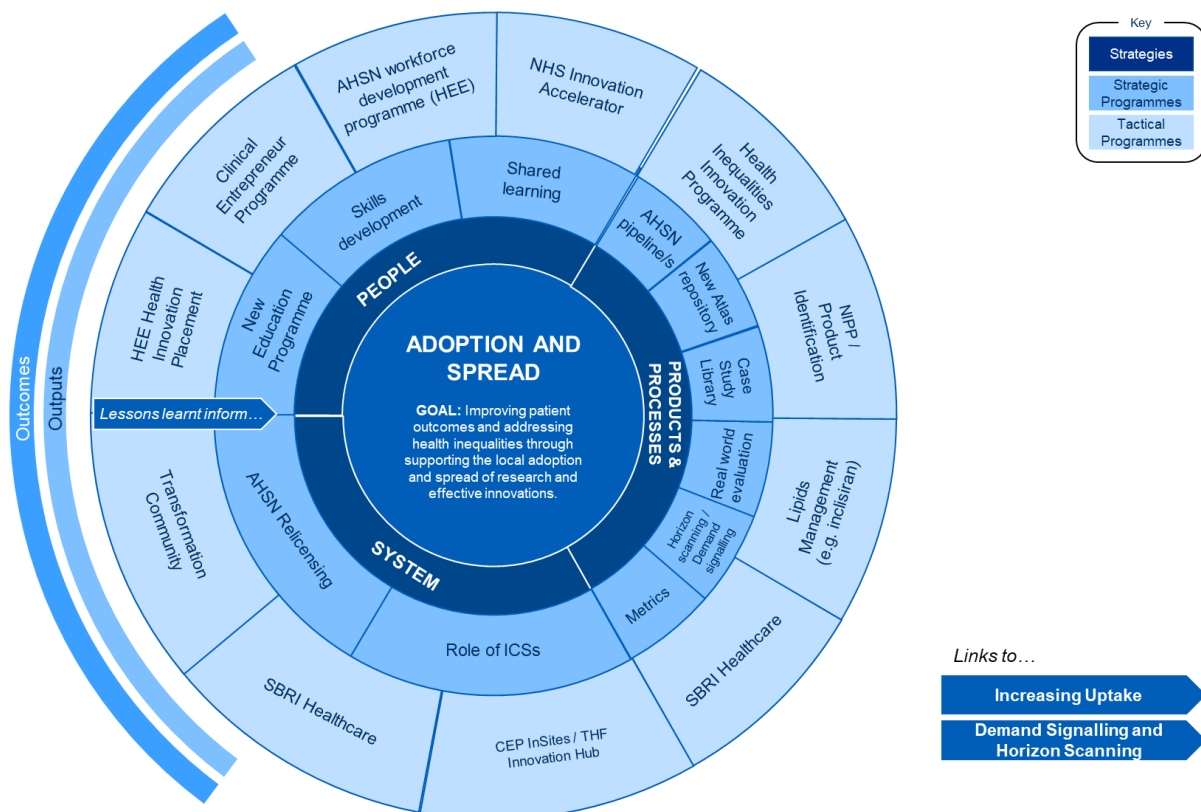


Figure 1 AAC Commissioned programmes, national and local, to promote adoption and spread of proven innovations

9. The AAC will continue to play a coordinating function between national and local approaches to the adoption and spread of innovations. This ensure that the overall innovation pathway, from demand signalling and horizon scanning, to ideation and development, approval, and adoption and spread enables patients and clinicians to access the latest, proven innovations faster. This will continue to require support and action from all AAC Partners.

System: AHSNs and the emerging ICSs

10. The range of health and social care challenges facing all levels of the NHS is massive; it will require both transformation and innovation to meet them. This would be hard in 'normal times', but especially so as new organisations (such as ICBs) and collaborations are established and given current operational pressures. We will therefore seek to work with ICS teams to provide practical support at all levels to make innovation happen, that is sufficiently long-term so that innovation is shared, scaled, and sustained.
11. The first element in this is the creation of the framework and resources highlighted earlier. There will also be direct support to ICBs and their local systems through the early stages of ICS creation to set out plans for innovation and research. The CEO of the AAC will be writing to all ICB chairs later this

year setting out the AAC support and our approach to adoption and spread. These materials will help ICBs to develop their innovation and research plans in the context of their locality (the skills, capacity and infrastructure available to them) not just within the NHS but including academia, research charities and the life sciences industry. We will also highlight the support we can provide in enabling patient involvement across innovation and research, building on the AAC's recently published PPI strategy.

12. The second key system element is to use the opportunity of the five-year relicensing to ensure the AHSNs are well-aligned and established to support the ICS's in delivering their remit. As the ICBs' formal establishment aligns with the relicensing of the AHSNs at the end of the current licensing period in 2023, there is an opportunity to ensure clear agreement on their role in future, and that ICS and AHSN priorities and objectives are clearly aligned.
13. In practice, this will require AHSNs to provide 'boots on the ground' support, but with the requisite discipline to focus on the important and not the urgent. This requires dedicated people with strong relationships across a local area, who understand change in complex systems, and who are networked with other parts of the country and with a wide range of innovators (NHS teams, parts of the NIHR infrastructure, technologists, and companies).
14. AHSNs will also have a responsibility to industry, to help them contribute to the improvement of the NHS. This will also require resource to ensure stable and productive relationships in local areas. Such teams should provide a 'port of call' for innovators seeking to address the challenges faced by local ICSs. It is unreasonable to expect operational teams, who are understandably often focused on meeting other demands, to undertake this role. AHSNs have increasingly begun to occupy this space, and while there is room for improvement the foundations have been put in place.
15. As part of the re-licensing we will need to be clear about the effective local resource that is at the disposal of ICSs through their AHSN. We propose that ICSs and AHSNs agree a set of innovation priorities spanning a 12-36-month period, linked to national transformation priorities (such as Long-Term Plan, Life Science Vision, and CORE20Plus5). AHSNs would need demonstrate their resource allocation against that locally agreed plan and deliver meaningful change for the ICS. This approach could include a mirrored responsibility for ICSs, amplified through the operating guidance.

People: Developing our workforce to drive adoption and spread of innovation

16. One of the AAC's key priorities is workforce development to support the adoption and spread of innovation and research. The workforce is clearly the foundation upon which all adoption and spread support depends. Our efforts in this area focus on:
 - Increasing the capability, skills and knowledge of health and care staff to build confidence to adopt innovations

- Improving system capacity underlying the uptake of innovation
- Sharing learning, so that system lessons learned are shared and that duplication of activity is reduced
- Utilising shared learning to inform policy development.

17. We are taking forward close collaboration with Health Education England (HEE)² to deliver our ambitions in this area. Through an expansion to the Clinical Entrepreneur Programme (CEP) the AAC has supported a pilot of the new HEE Digital Readiness Education Programme – the HEE Health Innovation Placement (HIP). This provides leaders with an opportunity to develop through exposure to start-ups and small-medium organisations (SMEs) working on the development of a technological solution to a specific NHS problem. The HIP aims to improve participants’ understanding of digital development to enable them to lead, improve and transform the healthcare system by extracting the maximum opportunities from technology. The year-long pilot, launched in February 2022, is underpinned by the education and opportunities provided by CEP.
18. We are working to ensure that our workforce offers are complementary, coherent, and genuinely build skills and capacity in the areas of greatest value. There will be greater alignment between programmes such as CEP and the NHS Innovation Accelerator (NIA), both jointly supported by all 15 AHSNs, to ensure that innovators and promising innovations continuity of support towards adoption and spread.

Products and Processes: Building the foundations for adoption and spread

19. The AHSN network’s structure means that we can use a ‘learning system’ approach, with work currently underway to develop the shared learning repository across the AHSN Network ,containing insights and evidence from existing and new approaches to adoption and spread (including case studies).
20. This is another area of local and national coordination via the AAC. The AAC will act as a national host of a ‘knowledge library’ of proven approaches for adoption and spread (see Figure 1, above). This will be connected to other sources of support and intelligence, such as the NHS Innovation Service.

How will we know if this strategy for the adoption and spread of innovation is successful?

21. Work is ongoing to create an evaluation and outcomes framework for the strategy. This includes exploring approaches to enhancing our approach to measurement and evaluation of spread methods, including the quality and breadth of the data we collect and the metrics we use. Success criteria will

² Note that HEE was formerly a statutory organisation, that is now becoming part of NHS England.

include the extent to which:

- “Proven” innovations are spread on a systemic, consistent basis
 - Innovations that are prioritised are being spread everywhere and in a way that addresses any potential impact on health inequality
 - People have the practical skills for spread and adoption
 - The learning system operates, including real time learning and evaluation
 - The practical application of the spread and adoption framework is supporting organisations and systems to meet spread challenges
- Spread and adoption approaches are utilised for topics of the highest priority for NHS England and Improvement

Board members are asked to:

1. Review the overall approach to national, regional, and local adoption and spread and consider the organisational contribution towards this
2. Consider the scope of this work, particularly the commitment to a learning health system, and each Partner’s role in this