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AAC Priorities Chief Executive's Report

23 November 2022

ABHI
HealthTech **for Life**

abpi
Bringing medicines to *life*

amrc
ASSOCIATION OF MEDICAL RESEARCH CHARITIES

**Academy of
Medical Royal
Colleges**

BIA
UK BiIndustry Association

BIVDA


The AHSN Network

**National
Voices**

NICE National Institute for
Health and Care Excellence

NIHR | National Institute for
Health and Care Research

NHS


Medicines & Healthcare products
Regulatory Agency


HM Government

**UK
RI** UK Research
and Innovation

The AAC priorities

The five priority areas for the AAC were agreed by the Board in November 2021 and describe our ambition:

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Research

Increase the scale, diversity and speed of research in the NHS



Horizon Scanning and Demand Signalling

Clearly identifying and articulating NHS needs and systematically searching for solutions



Uptake of proven innovations

Supporting the uptake of medicines, medical devices, diagnostics and digital products



Building innovation capacity

Supporting NHS organisations and workforce to develop, test and implement innovative solutions



Innovator support

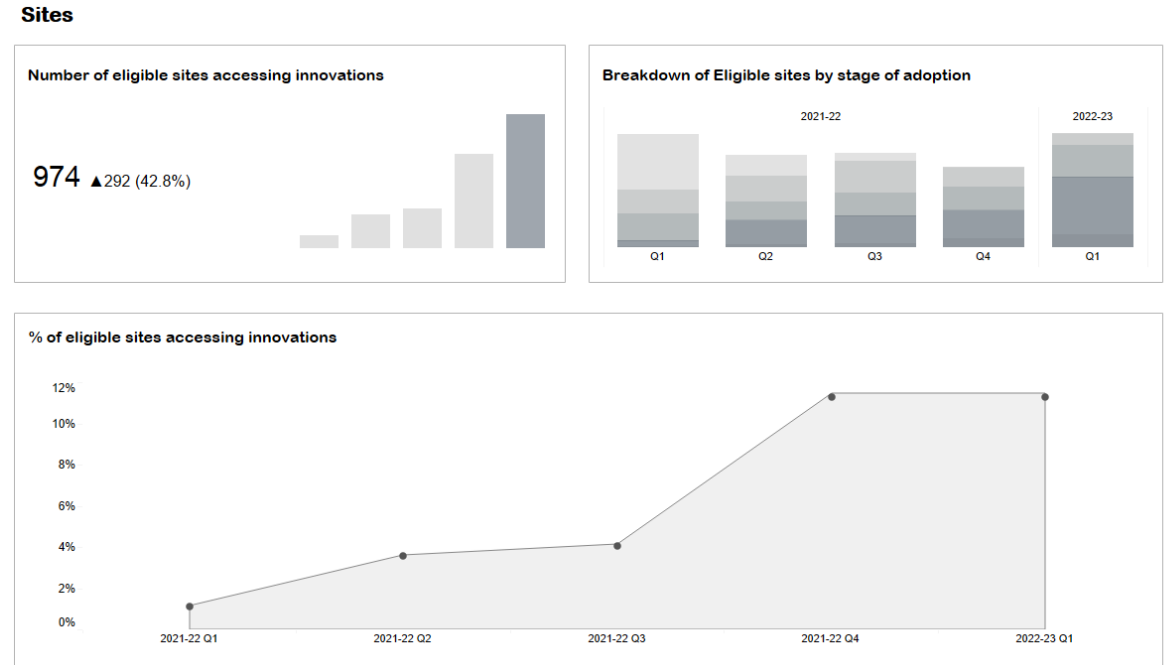
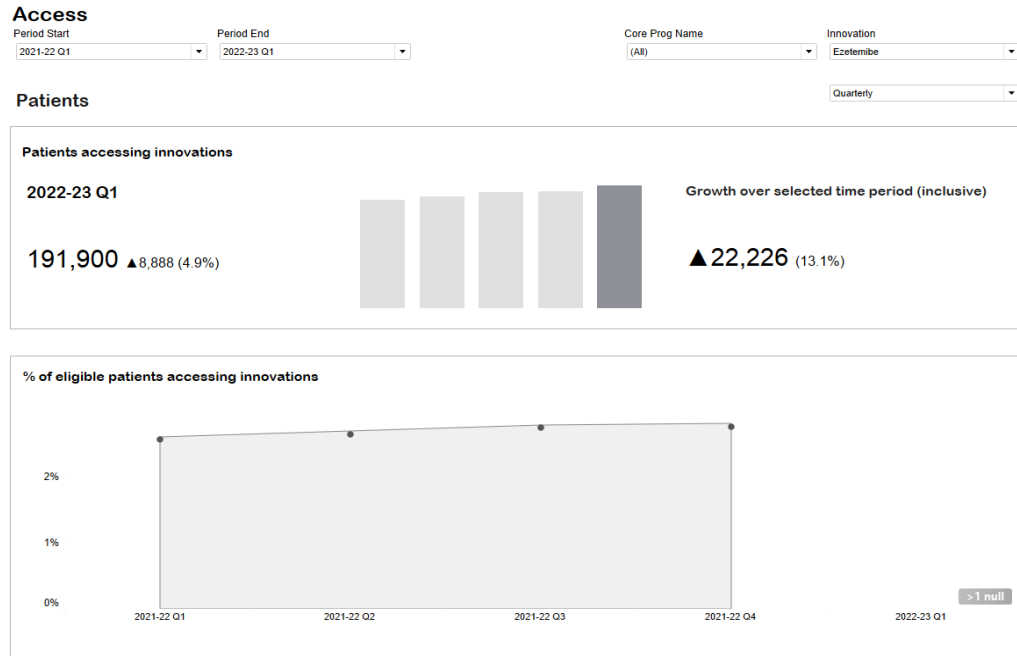
Making it easier to navigate innovation ecosystem and delivering transformational commercial deals at scale

Cross-cutting
Themes

Health inequalities | Patient public participation | Life Sciences Vision
Net zero | NHSE Clinical Priorities

AAC Scorecard: The information portal

- Historically we have reported our impact using the AAC Scorecard, **this provided a summary aggregate view of impact** but we know that it increasingly did not reflect the diversity of innovations that we supported through the programmes of work or the AAC priority areas. This was **retired in March 2022**, and a new information portal has been developed.
- The new information portal is underpinned by refreshed data flows agreed with partners, ensuring that it is more **sustainable and saleable**. In future, we will be able to present on topic areas identified by the Board. **Initial high level metrics** are shown below, providing a summary of the new approach (dummy data with filters):








- A summary of the development completed to date, and the **planned next steps to fully populate the portal** are included as an appendix

AAC Priorities: Portfolio Delivery Overview

Delivery against the AAC priorities has continued, alongside scoping the next set of programmes and actions

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	 Research		 Demand signalling & horizon scanning		 Uptake of proven innovation		 Building innovation capacity		 Innovator support		Cross cutting	
Rating	Last Period	This Period	Last Period	This Period	Last Period	This Period	Last Period	This Period	Last Period	This Period	Last Period	This Period
Key updates	<ul style="list-style-type: none"> • Embedding Research in the NHS: Research reset programme update Bulletin issued 8 September. • Increasing Scale and Pace: Phase 1 of National Contract Value Review (NCVR) implementation began in April, from 1 October all eligible commercial studies submitted to NIHR Clinical Research Network (CRN) will be entered into the NCVR process. • Programme to support ICSs to increase diversity in research participation through partnership with their Voluntary, Community and Social Enterprise (VCSE) alliance, and their local NIHR CRN launched. 		<ul style="list-style-type: none"> • Mental Health and Learning Disability and Autism reports published and signalling strategy underway. • Core dataset mapped and completed, subject to AAC partners review. • Initial scoping of integrated horizon scanning and demand signalling process completed. 		<ul style="list-style-type: none"> • Medicines pathway programme to map 18 archetypes, ICS scoping, international comparators and case studies. • InHIP programme launched (see Chief Exec highlights) • All SBRI competitions processes completed, and awards ratified. • AI Award focused on R1 and R2 projects as R3 remains on pause. All R1 projects being evaluated, R2 technologies deployed to >=1 site. >300k patients now benefitting • MTFM is driving adoption of 22/23 and 21/22 technologies 23/24 selection process concluded. • MedTech innovation pathway review, co-led with ABHI, has concluded 		<ul style="list-style-type: none"> • AHSN relicensing to be delayed to ensure better alignment with the NHS England operating model. • NHS Innovation Accelerator 2023/24 programme launched September, focus on innovations that address health inequalities and elective recovery / post-pandemic operational challenges. • The Clinical Entrepreneur Programme applications opened in October. • The sixth CEP Pit Stop focused on financing innovation for the current cohort of 171. 		<ul style="list-style-type: none"> • The NHS Innovation Service successfully transitioned to public beta on 27 July; service now publicly available and feedback being gathered to inform development roadmap and new features. • The Strategic Investment and Value Committee is managing a pipeline of promising innovations amenable to population health deals with two innovations (Novartis Inclisiran and Galleri GRAIL test) are benefitting patients already 		<ul style="list-style-type: none"> • End of year review of PPI activity completed (see appendix). Key areas for development in 2022/23 include: testing the value of patient experience data and intelligence to enhance spread and adoption planning and supporting ICSs to further develop local networks to increase diversity of participation in research. • Refreshed AAC Scorecard and supporting data infrastructure in development (see sample) • Net Zero deliverables agreed with Greener NHS teams; SBRI Net Zero funding Phase 1 and 2 competitions ongoing and currently being assessed 	
Next steps	<ul style="list-style-type: none"> • Publication of NHS England Research Roadmap (working title) expected late Autumn • ICS research framework publication late Autumn • Research Chapter in New Hospital Build Programme guidance. 		<ul style="list-style-type: none"> • Refresh of integrated horizon scanning and demand signalling strategy and target operating model for implementation in 23/24 • Engagement with MedTech Industry on revised core dataset. 		<ul style="list-style-type: none"> • Medicines pathway programme early findings due early 2023 • Develop data and analytics to understand unwarranted variation across MTFM products • Ongoing support to SBRI and AI Award winners 		<ul style="list-style-type: none"> • AHSNs supported to adapt to shift toward programme/ delivery linked funding, as part of the financial efficiencies drive. • NHS CEP InSites report due Autumn 2022 • Next CEP Pit Stop: machine learning focus, including Randox Labs tour in Antrim; a first in Northern Ireland, following expansion across all four nations. 		<ul style="list-style-type: none"> • The NHS Innovation Service is managing a prioritised pipeline of future support organisations that will be onboarded 		<ul style="list-style-type: none"> • New AAC Scorecard to be further developed and refined • SBRI net zero funding awards announced • Define Net Zero criteria and selection processes for IRLS 	

Appendix: Patient and Public Involvement year-in-focus

The infographic below summarises the activities and impact of PPI work in 2021/22

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OUR YEAR IN SUMMARY 2021-22



18 patient and public voice partners in strategic roles



48 patient involvement events with **OVER 1800** attendees



Worked with **OVER 75** charities and patient organisations



66 HOURS of training and support for staff and patient partners



Directories of involvement resources



Clinician education resources



Podcasts



Case studies



Videos and online training



Patient and family information



Equality and Health Inequality Assessments and action plans

CO-DEVELOPED RESOURCES

Appendix: Developing the AAC Information Portal

Underpinning work will enable more sustainable information and analysis to support the AAC Board

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Minimum dataset to support AHSN relicensing (August 2022 - December 2022)

An opportunity to formalise and refine current data flows from the AHSN network to improve/streamline reporting and ingest into the new IRLS data pipeline

Strong engagement with IRLS Assurance, IRLS Innovation, AHSN Network, OLS, and an NHS Region to define requirements

The MDS is written to the NHS Data Dictionary standard

The design allows for real-time assurance on receipt of data through the AAC Information Portal, which is being developed

Annual review to ensure that the MDS remains fit for purpose and is reactive to new and ongoing IRLS projects (e.g. Innovation data project)

[Back to High Level Overview](#)

Data Item No.	Data Item Name	Description	Format and Length	Data Element (expand to see all options)	Mandatory (M), mandatory where relevant (R) or Optional (O)	Functional, Impact, or Assurance Data Item	NHS Data Model and Dictionary Item	Justification for data collection
IRO1	Period	(e.g. 2021-22 Q4)	an10 (YYYY-YQn)		M	Functional	No data item identified that describes quarter	Quarterly data submission
IRO2	Innov_Company_Code	Innovator company registration code (if there is one)	max an150		R	Functional	N	Identify unique companies worked with
IRO3	Innov_Company_Name	Innovator name: Text: Combination of letters and maybe numbers. Registration number or trading style (Peter Smith t/as Smiths Technologies)	max an500		M	Functional	N	Identify unique companies worked with where Innov_Company_Code does not exist
IRO4	Innov_Postcode	Postcode of deemed head office of Innovator	max an8		M	Functional	Y - <u>align to typical format e.g. POSTCODE</u>	To understand geographical spread of Innovators we are working with and to identify unique companies worked with where Innov_Company_Code does not exist
IRO5	Innov_Org_Type_Code	Select from list:-	an3	T01 - Sole Trader T02 - Unincorporated Association T03 - Partnership T04 - Limited Partnership T05 - Trust T06 - Limited Company T07 - Limited Liability Partnership T08 - Community Interest Company T09 - Charitable Incorporated Organisation	M	Functional	N	Describe organisational type to allow for grouping

Current status - engagement complete, requirements agreed, final stages of refinement prior to completion

Development of IRLS data pipeline (August 2022 - December 2022)

Introduction of a standardised and easy-to-understand method of processing all IRLS data flows.

Creating a framework for the future and a single source of the truth

Conceptualised, refined, developed, and assured by the P+E team

Built to Industry standard, optimising processing speed, built in quality assurance and clear SOPs

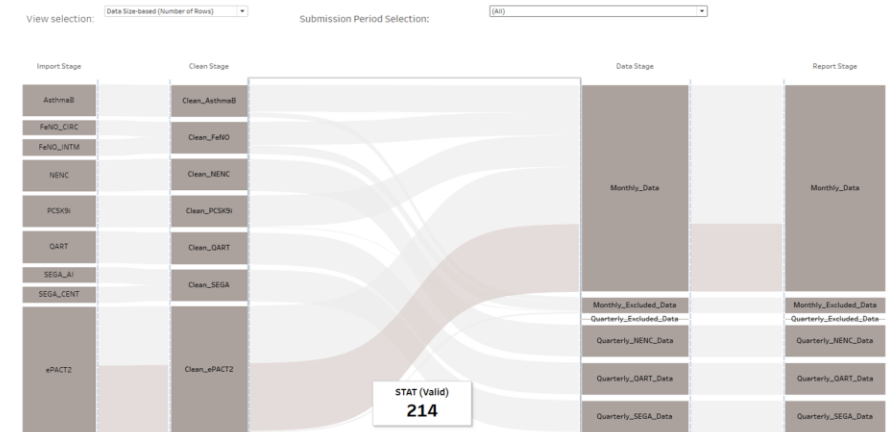
Automated Extract Transform Load (ETL) completed for stable data flows

Used for monthly reporting of legacy RUPs

Key deliverable to support the development of the AAC Information Portal (AACIP)

P+E ETL Report: ETL Diagram

*ETL (Extract, Transform, Load)

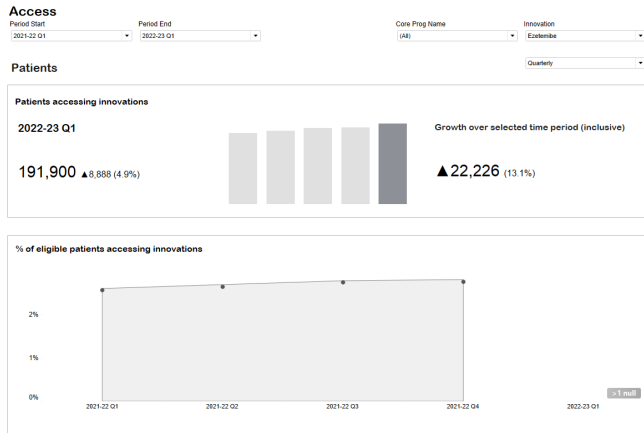


Current status - 90% historical and current data migration complete, assurance and refinement of data structures based on processing into AACIP, development of an automated ETL, and database decluttering

Appendix: Developing the AAC Information Portal (cont'd)

Underpinning work will enable more sustainable information and analysis to support the AAC Board

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AAC Information Portal (August 2022 - March 2023)

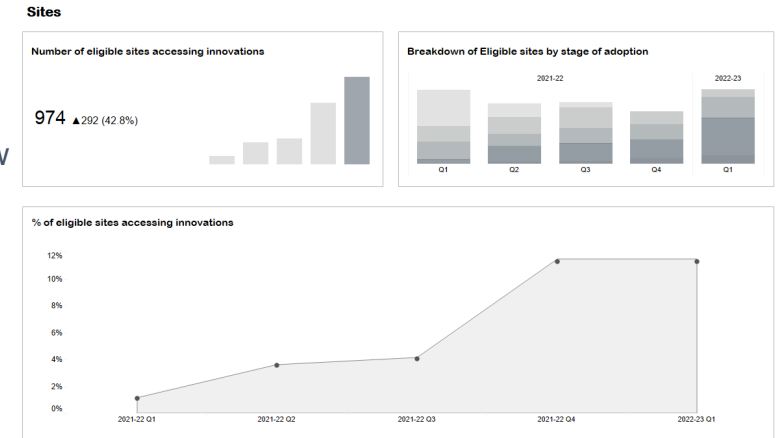
A new single source of uptake data to support spread programmes and better capture the full impact of our programmes

Delivery of Institute of Clever Stuff prototype from AAC scorecard review (May 2022 - July 2022) and supported by Interworks

Development of a Tableau dashboard covering metric requirements defined within ICS review

Leverages off the new IRLS data pipeline

Ability to surface all programme monitoring and assurance KPIs



Current status - quality assurance of historical and current metrics, refinement of formatting and layout

Next steps :- 5 point plan November and December 2022

Finalise AHSN Relicensing MDS and begin proof of concept testing (data flows and assurance reporting)

Complete migration of historical and current dataflows into IRLS data pipeline

Bring all outstanding dataflows (benefits and savings) into AAC Information Portal

Quality assure all current and historical metrics within AAC information Portal

Engage programme leads on current AAC Information Portal content and define requirements for 2023/24

AAC Information Portal (AACIP)	Master Licence Agreement (MLA)
Artificial Intelligence (AI)	Minimum data set (MDS)
Automated Extract Transform Load (ETL)	MedTech Funding Mandate (MTFM)
Clinical Entrepreneur Programme (CEP)	National Contract Value Review (NCVR)
Clinical Research Network (CRN)	Office for Life Sciences (OLS)
Innovation Research and Life Sciences Group (IRLS)	Patient and Public Involvement (PPI)
Innovation to address Health Inequalities Programme (InHIP)	Small Business Research Initiative (SBRI)
Integrated Care Systems (ICSs)	Voluntary, Community and Social Enterprise (VCSE)
Key Performance Indicators (KPIs)	

RAG	Description
	On track with key milestones, no major disruptions to delivery.
	Delivery of key deliverables is on track but some aspects require corrective attention.
	Delivery of key milestones require action required to address delays.
	Requires substantial attention and some aspects need urgent attention
	Requires urgent action. Severely behind on key deliverables and milestones.