Our five priorities

Research

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

Demand signalling and horizon scanning

Clearly identifying and articulating NHS needs and systematically searching for solutions.

Uptake of proven innovation

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 the innovation ecosystem and deliver transformational commercial deals at scale.

Cross cutting themes - Health inequalities | Patient public participation | Life Sciences Vision | Net zero | NHS England Clinical Priorities

Chief Executive's highlights:

- NHS England announced that the **Academic Health Science Networks (AHSNs) will be relicensed for five years** from 1 October 2023. AHSNs will be **rebranded as Health Innovation Networks (HINs)** to better reflect the role they play as anchor institutions, with a key role in the adoption and spread of innovation.

- Lord **James O'Shaughnessy published his review of commercial clinical trials** in May 2023 (*see agenda item*). The report made 27 recommendations under eight problem statements, including expansion of the National Contract Value Review (NCVR) programme; the programme has already achieved a 45% reduction in trial set-up time. The Government response welcomed the report and set five headline commitments for immediate action.

- Over 150,000 patients have now **registered on Be Part of Research (BPoR),** the platform for recruitment onto clinical trials. Of these, **over 108,000 have come via the NHS App.**

- Initial results of the **GRAIL Galleri trial were published,** suggesting that the test could be effective in speeding up diagnosis of cancer and receiving coverage in the national press (i.e. BBC, The Times, The Guardian).

- The stroke demand signalling report, published in March 2022, has led to **over £5m of research and innovation awards** being made as a direct result of the publication.

- The NIHR Health and Social Care Delivery Research (HSDR) Programme will be launching **two calls for research in early June,** addressing areas highlighted in the Mental Health and Learning disabilities and Autism demand signalling exercises within the programme's remit.

- The **Small Business Research Initiative (SBRI) for Healthcare and AI Awards Annual Conference** took place in April, with keynote from Lord Markham and sessions on Net Zero, regulation and scale up.
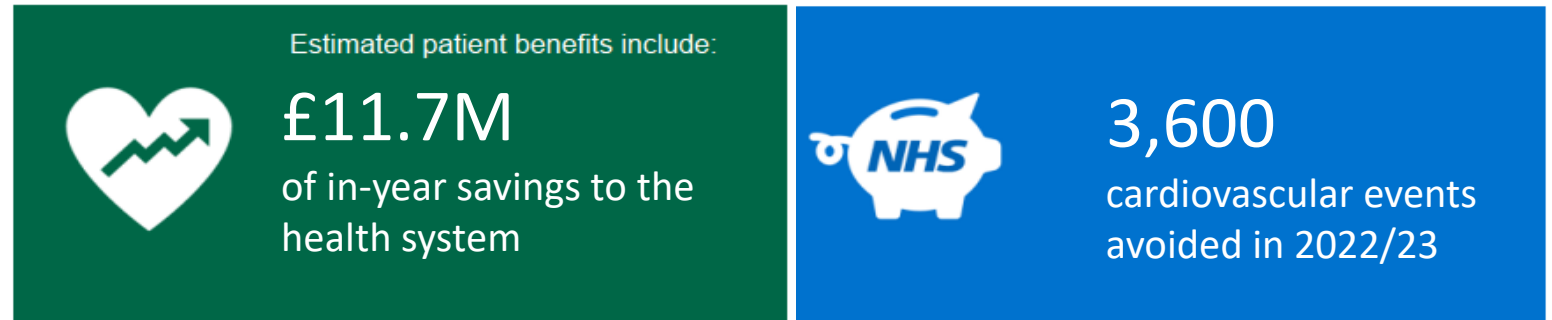
The Impact of the AAC's work

Supporting innovators

- In 2022/23, 2,400 innovators were supported, along with 1,950 innovations.

- The AHSN Network is the largest contributor to the growth of innovators being supported – 1,280 in Q4 2022/23 vs 970 in Q4 2021/22. This means that over 300 more innovators were supported in the last year.
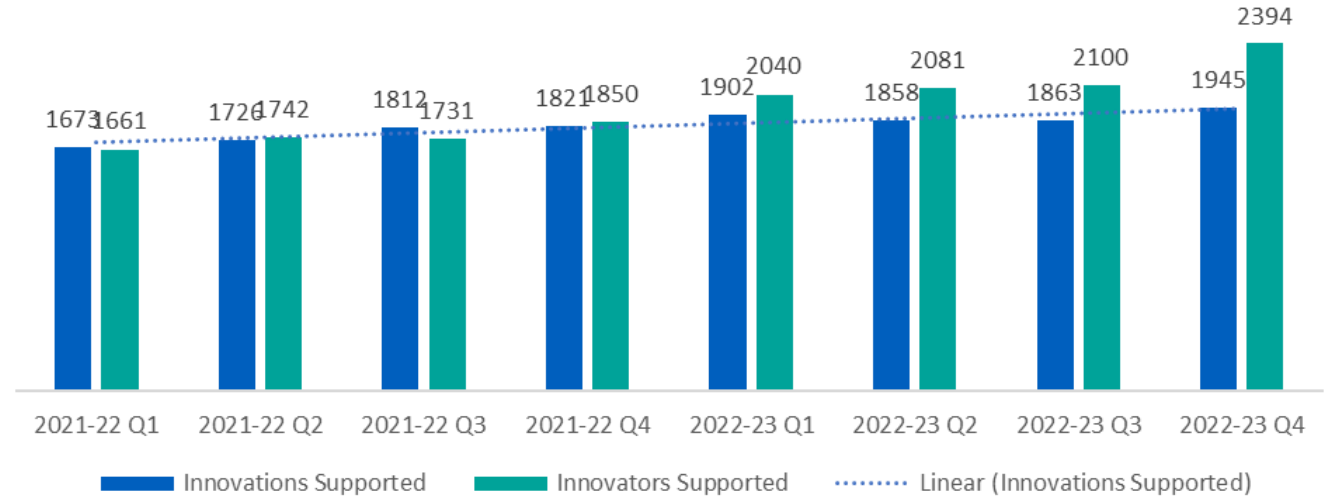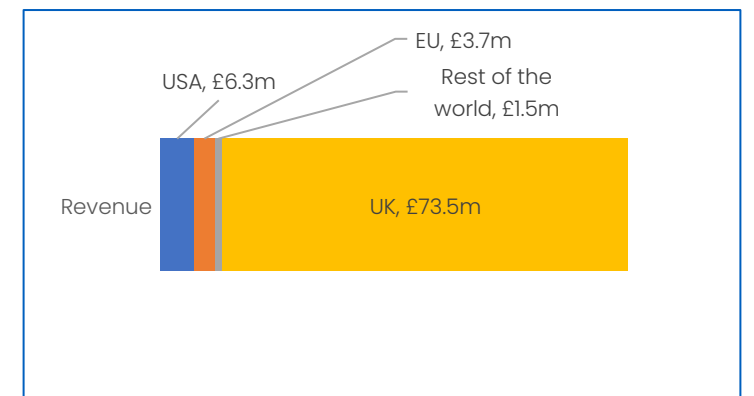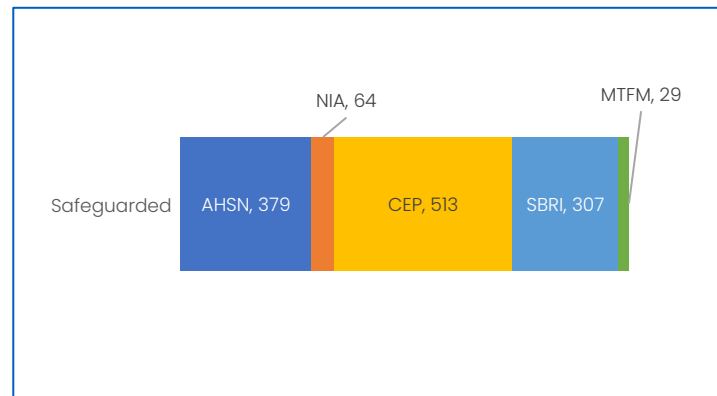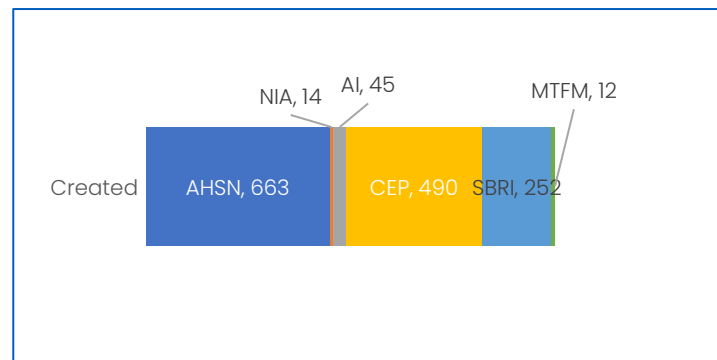
Benefits and Savings

- The AAC supports a mix of cost-saving and cost-incurring innovations. An estimated £11.7 million has been saved, primarily driven by the Med Tech Funding Mandate (MTFM, £119.6M), with the uptake of Placental Growth Factor (PlGF)-based testing as the main driver (£100.9M).

- Patients with asthma and cardiovascular disease (CVD) continue to benefit from AAC programmes, with an estimated 3,600 cardiac events avoided in 2022/23 due predominantly to high-intensity Statins and ezetimibe uptake.

Bar chart showing Innovations Supported and Innovators Supported by quarter:

	2021-22 Q1	2021-22 Q2	2021-22 Q3	2021-22 Q4	2022-23 Q1	2022-23 Q2	2022-23 Q3	2022-23 Q4
Innovations Supported	1673	1726	1812	1821	1902	1858	1863	1945
Innovators Supported	1661	1742	1731	1850	2040	2081	2100	2394

Legend: Innovations Supported | Innovators Supported | Linear (Innovations Supported)

Estimated patient benefits include:

£11.7M of in-year savings to the health system

NHS

3,600 cardiovascular events avoided in 2022/23

Note: CVD events avoided calculated using the number needed to treat to prevent one CVD event from papers published in the European Journal of Preventive Cardiology and the National Library of Medicine

The Impact of the AAC's work

Accelerated Access Collaborative

£738.3m of investment secured

1286 jobs created by and 1475 jobs safeguarded by

1292 contracts awarded, worth £86m

£84.9m of revenue generated (£73.5m in the UK, £11.4m in exports)

CEP, £477.9m

AHSN, £141.5m

SBRI, £58.9m

AI, £39.9m

NIA, £19.8m

Created
NIA, 14 · AI, 45 · MTFM, 12
AHSN, 663 · CEP, 490 · SBRI, 252

Safeguarded
NIA, 64 · MTFM, 29
AHSN, 379 · CEP, 513 · SBRI, 307

Revenue
EU, £3.7m · USA, £6.3m · Rest of the world, £1.5m
UK, £73.5m

The Impact of the AAC's work

Ensuring access to proven innovations

- Over 1.2 million patients are estimated to have benefitted from AAC Rapid Uptake Products (RUPs) programme and MTFM products in 2022/23.

- Strong growth in patient access can be seen across all programmes, compared with levels of access in 2021/22.

Data sources – Blueteq, Rx-Info DEFINE, EPACT2, Company Sales data, AHSN Network

Programme	Estimated patients benefitting from products in 2022/23	Percentage growth of patient uptake from 2021/22	Estimated patients benefitting from products in 2021/22
RUPs (Wave 2 Products)	1,120,373	123.4%	501,537
MTFM (Wave 1 products)	92,043	55.8%	59,084
MTFM (Wave 2 products)	49,489		
AHSN National Programmes	13,277	66.3%	7,985
Overall	1,275,182	124.3%	568,606

Spotlight on Fractional Exhaled Nitric Oxide (FeNO)

Asthma can be misdiagnosed, which means that people with untreated asthma are at risk of an asthma attack, and people who do not have asthma receive unnecessary drugs.
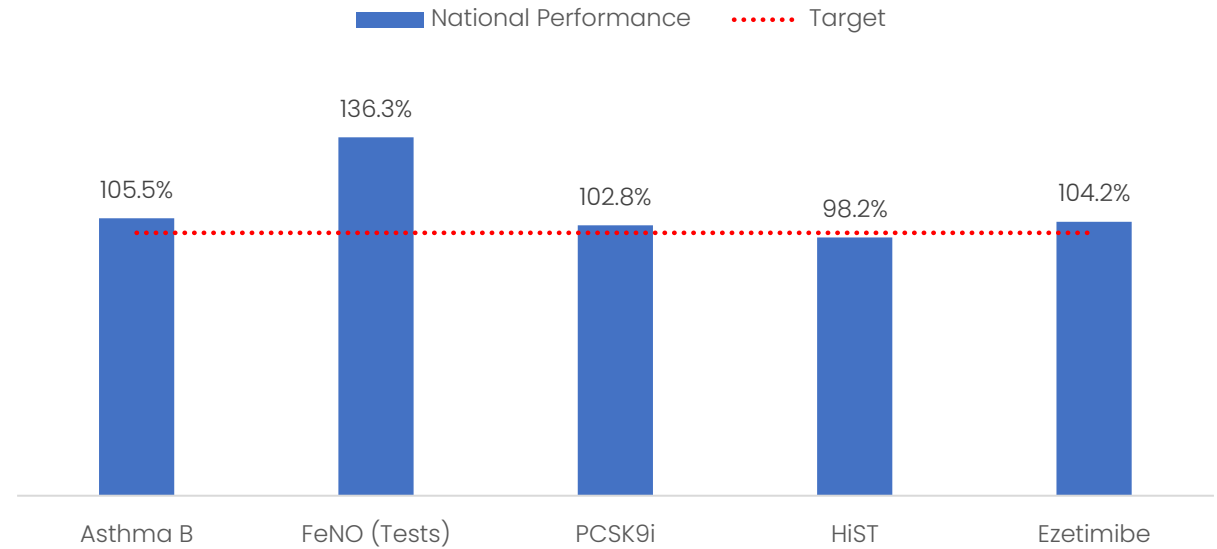
Fractional exhaled nitric oxide (FeNO) is a non-invasive marker of airway inflammation in Asthma. FeNO levels are raised in people with asthma and can be lowered by effective corticosteroid treatment. FeNO tests are offered to adults if a diagnosis of asthma is being considered.

FeNO saw the most significant proportional growth, just over 320% from the baseline, in March 2021. This meant that an additional 77,000 patients accessed this technology, and, as a result, 28,500 inappropriate diagnoses were avoided. This could save the NHS £8m in unnecessary treatment in the first year. In addition, avoiding the unnecessary use of certain metered dose inhalers could help to prevent greenhouse gas emissions equivalent to a 115-mile petrol car journey per inhaler.

The Impact of the AAC's work

Completion of Rapid Uptake Products (RUPs) programme

- The RUPs programme completed at the end of March 2023, having supported increased access to products for two years.

- All five products performed strongly against their access trajectory targets. Only high-intensity statins narrowly missed its trajectory target.

- Asthma Biologics and FeNO tests (*see previous page*) saw the greatest number of AHSNs meet or exceed their trajectory (87%).

- Support for the uptake of high-Intensity statins saw an additional 938,000 patients benefiting from these medicines (*see below*).

Chart — National Performance (blue bars) vs Target (red dotted line):
- Asthma B: 105.5%
- FeNO (Tests): 136.3%
- PCSK9i: 102.8%
- HiST: 98.2%
- Ezetimibe: 104.2%

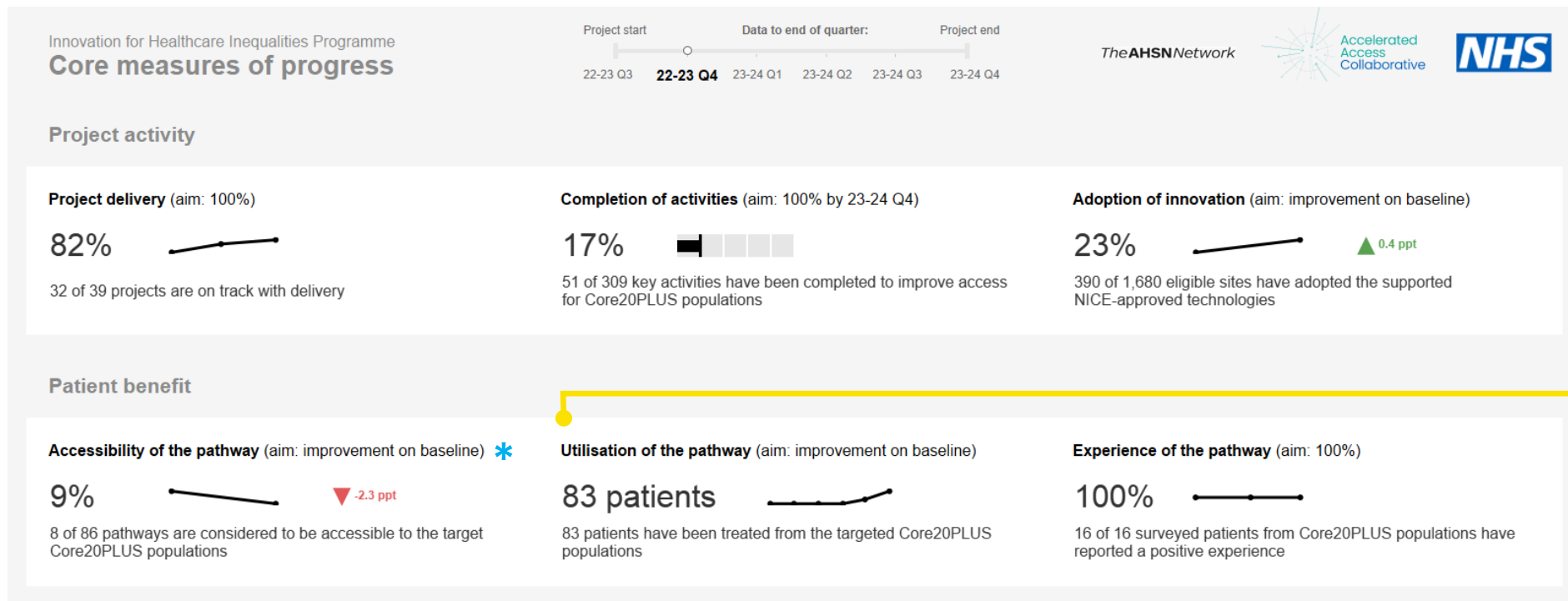### Spotlight on High-intensity Statins (HiST)

High-intensity statins are the most clinically effective treatment option for the secondary prevention of CVD. That is, reducing the risk of future CVD events in people who have already had a CVD event, such as a heart attack or stroke. The AAC has produced a summary of national guidance for lipid management for primary and secondary prevention of CVD. The rapid uptake product for lipid management is a novel, NICE-approved clinical pathway. This innovation aims to improve a person's lipid profile, by reducing cholesterol concentration in blood by treating patients with the right medicine for them.

Whilst ending the year just below trajectory, the programme has contributed to a shift in the proportion of high-intensity statins being prescribed as a proportion of overall statin prescribing from 65.4% to 69.5% in 2022/23, against a trajectory of 70.4%. This is a significant achievement, as lowering the risk of CVD by reducing cholesterol levels can help patients to avoid life-changing events such as heart attacks and strokes. This work has helped to avoid an estimated 3,600 CVD events.

The Impact of the AAC's work

Innovation for Healthcare Inequalities Programme (InHIP)

- The 39 locally-designed InHIP projects, which span 38 ICSs and four clinical priority areas, aim to identify, understand and ultimately reduce healthcare inequalities through improved access to NICE-approved innovations. Most are now in the delivery phase. £4.2m of funding was made available to support the programme, an ongoing development series of expert speakers, a community of practice to facilitate learning between project teams and an online toolkit of healthcare inequalities improvement resources.

- A measurement framework covering project inputs to address inequalities, and outcomes, including pathway access, uptake and patient experience, is now operational. Data are collected quarterly from project teams and reported to the InHIP Dashboard (see below; data to end March 2023). Procurement is underway for the programmes' process and impact evaluation to coincide with the closure of the 39 projects in December 2023.

Innovation for Healthcare Inequalities Programme
Core measures of progress

Project start | Data to end of quarter: | Project end
22-23 Q3 | **22-23 Q4** | 23-24 Q1 | 23-24 Q2 | 23-24 Q3 | 23-24 Q4

The AHSN Network Accelerated Access Collaborative NHS

Project activity

Project delivery (aim: 100%)

82%

32 of 39 projects are on track with delivery

Completion of activities (aim: 100% by 23-24 Q4)

17%

51 of 309 key activities have been completed to improve access for Core20PLUS populations

Adoption of innovation (aim: improvement on baseline)

23% ▲ 0.4 ppt

390 of 1,680 eligible sites have adopted the supported NICE-approved technologies

Patient benefit

Accessibility of the pathway (aim: improvement on baseline) ✳

9% ▼ -2.3 ppt

8 of 86 pathways are considered to be accessible to the target Core20PLUS populations

Utilisation of the pathway (aim: improvement on baseline)

83 patients

83 patients have been treated from the targeted Core20PLUS populations

Experience of the pathway (aim: 100%)

100%

16 of 16 surveyed patients from Core20PLUS populations have reported a positive experience

Focus on Hertfordshire and West Essex ICS, supported by Eastern AHSN

This project aims to improve the detection and management of Atrial Fibrillation (AF) in deprived populations in Stevenage. The ICS is educating patients on the signs and symptoms, offering clinical assessments, and referring symptomatic patients for management and DOAC prescribing (including Edoxaban, TA355).

To date, over 30 patients have attended educational events, of which 50% have been referred to and seen in primary care for further investigation. Four patients have already gone on to start treatment.
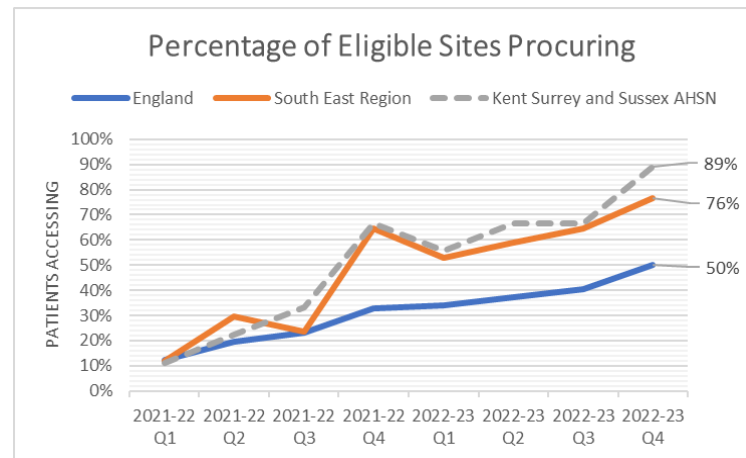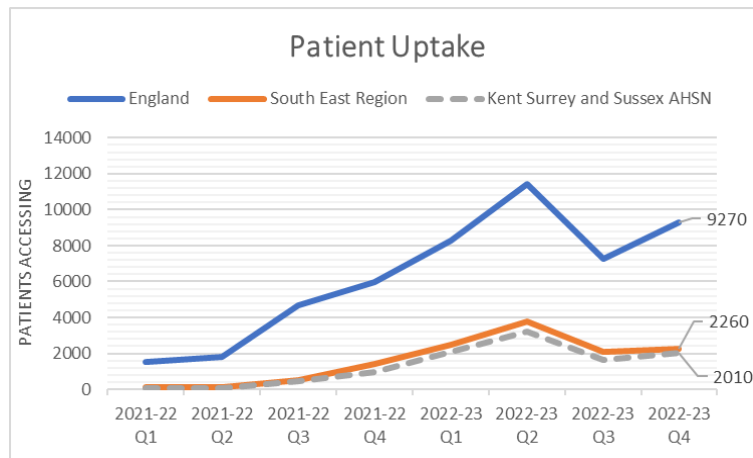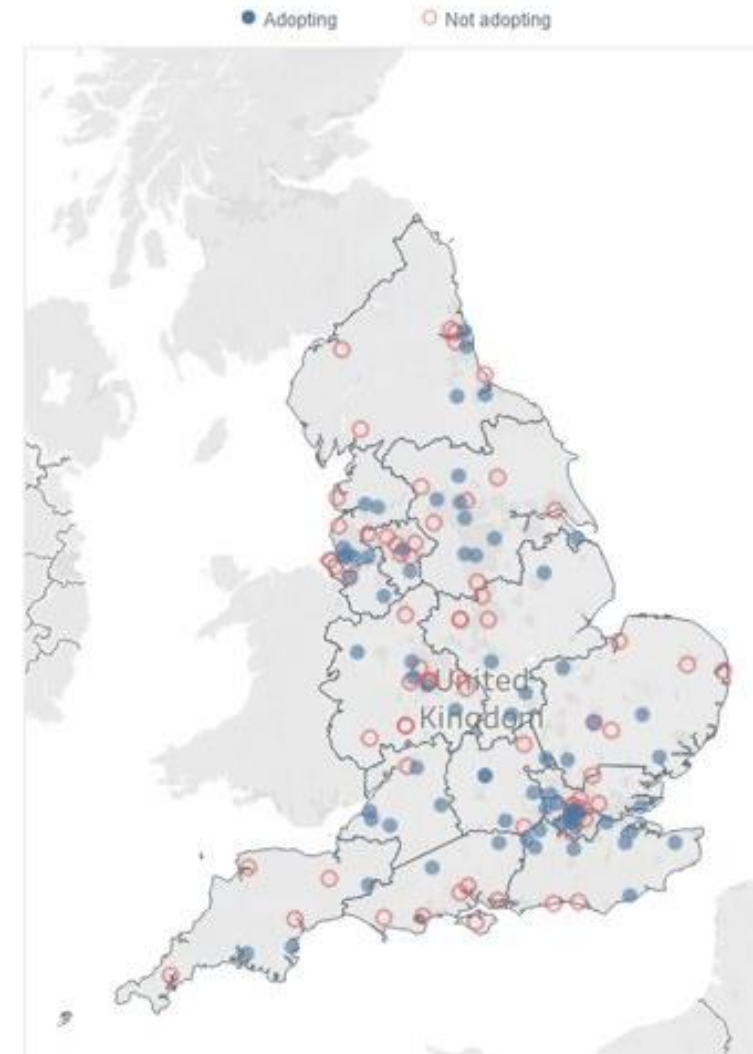
✳ This is a composite, opinion-based measure of the extent to which project leads agree the pathway is accessible to the targeted Core20PLUS populations. The percentage can decrease as well as increase from quarter to quarter and at this early stage, as projects refine their understanding of the measure and the needs of targeted patients relative to current service provision, variation is likely.

The Impact of the AAC's work

Programme Spotlight: MTFM – SecurAcath

- SecurAcath is a single-use device to secure percutaneous catheters in position on the skin. It was included in the MTFM in April 2021. Benefits are an overall reduction in treatment costs because of fewer delays in therapy, fewer repeat procedures, fewer catheter complications, and a decrease in catheter replacement costs.

- Patient access has risen from 1,500 to 9,270 patients a quarter (518% increase), peaking at 11,430 patients in Q2 2022/23. In total, 50,200 devices have been sold since inclusion on the MTFM. This has created estimated savings of £1.95m, assuming a dwell time of 120 days.

- The percentage of eligible sites procuring SecurAcath has steadily risen from 12% in Q1 2021/22 to 50% by Q4 2022/23, an increase of 38%.

- Rapid adoption and spread have been evident, notably in the South East region of England, driven predominantly by Kent, Surrey and Sussex AHSN. Eligible trusts procuring SecurAcath in these geographical areas increased by 65% and 78% over the last two years.

- The spike in Q2 2022/23 is driven by increased demand in East Midlands, Eastern, Kent Surrey & Sussex, and North East and North Cumbria AHSNs, which then reduced in Q3.

- Kent, Surrey and Sussex saw a significant increase in patients accessing SecurAcath from 70 patients in Q1 2021/22 to 2,010 in Q4 2022/23.

Spread of actively purchasing trusts

Adopting   Not adopting

Patient Uptake
England — South East Region — Kent Surrey and Sussex AHSN

(values: 9270, 2260, 2010)

Percentage of Eligible Sites Procuring
England — South East Region — Kent Surrey and Sussex AHSN

(values: 89%, 76%, 50%)

Portfolio Delivery Overview

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

	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	• National Contract Value Review (NCVR) first 6 months saw reduction in commercial study set up time by 45% in the UK • Research Reset - The May update report shows continuing improvement: • The overall portfolio size (5,986) remains lower than in January 2022 (6,838). • 80% of studies are open and recruiting, with 73% of these reporting delivering to time and target. • The number of studies in set up is now 20% which is near pre-pandemic levels. However, the disproportionate number of these that are commercial studies (55%) remains an issue.		• Commissioning academic partner to support a new research and innovation priority setting programme round, building on the success of the Stroke, Mental Health and Learning Disability and Autism Programmes • Working with the Anti-Microbial Resistance Programme Team to scope and develop an engagement event for industry in response to our Horizon Scanning programme. Will include the development of Target product profiles in key areas. • Ongoing development of integrated horizon scanning and demand signalling model with completed interviews and user profiles developed for AAC partners. Full report later in the year		• InHIP – 23 of 39 projects in delivery phase. Fourth Community of Practice and third Health Inequalities Improvement Development session ran. Quarterly project measurement framework settled into BAU. Draft Programme Closure Report and Plan submitted to the Programme Board • AAC Healthtech Innovation pathway tool published, with launch webinar drawing 180 attendees. • AI Award has now directly benefitted 800k patients, with Stroke, Skin Cancer and Lung Cancer use cases gain wide traction		• NHS CEP InSites evaluation report available: shows 513 CEPS supported in first four years of programme, generating >800 jobs, with one third of people stating the programme enabled them to stay or return to the NHS. • Clinical Entrepreneur Programme and NHS Innovation Accelerator cohorts launched • Innovation adoption champion education programme paused • Review of innovation adoption landscape to feed into Roland Sinker's wider review		• AHSNs to be licenced as Health Innovation Networks under a five-year licence from 1 October 2023; focus on business processes required for this • Office for Life Sciences funding award for AHSNs increased, with focus on economic growth and national offer to innovators and industry • Over 700 innovators now registered on NHS Innovation Service, with over 220 now receiving active support. Final preparations for GDS 'live' assessment being undertaken.		• Embedding cross cutting themes in all application and assessment of innovation processes • Alignment of AHSN and other innovation pipelines progressing, supporting alignment of innovation pipelines.	
Next steps	• Operational policy support for Strategic Commercial Partnership • Work with partners (incl. DHSC) on a response to the Lord O'Shaughnessy review, including preparation to implement next stage of NCVR • Publication of the evidence review exploring wider benefits of research • Continue to develop the National Research Volunteer Registry and Research Engagement Network Development Programmes		• Scoping and commissioning an enhanced analytical support function to boost capacity for detailed analyses of innovations and industry • Developing Research Priority Setting Programme around Net Zero and Innovation • Delivering Alzheimer's Disease Diagnostics Scan and ongoing support for Dx @ Home • Supporting MH Research Priority Setting programme		• SBRI budget for 23/24 confirmed, with competition schedule due to be announced by July. • Medicines pathway roadmap report due in Q1 FY 23/24. • InHIP – progress and support to continue, with all projects to be in delivery phase by end Q1. Seek approval for CSU business case to deliver programme evaluation. Launch v2 Development Toolkit		• Funding confirmed for 23/24 InSites programme will allow additional 5-6 Providers to be onboarded in 23/24, expansion under a 3-year programme pathway • CEP InSItes initial evaluation due Autumn 2023 • Restart adoption capability programme post TD consultation		• The NHS Innovation Service transition from public beta to 'live' service, and manage and onboard a prioritised pipeline of future support organisations • AHSN, NIA, CEP, SBRI Heathcare stand at Confed. Focusing on lessons learned and sharing innovation outcomes		• New AAC information portal to be further refined in 23/24. • Publication of the end of year PPI report for 22/23 • Plan Net Zero innovation support for 2023/24	

Accelerated
Access
Collaborative

AAC Patient and Public Involvement Strategy
Progress Update
June 2023

Progress Highlights

Context:

The Board approved our PPI Strategy in June 2021. The strategy vision is to embed PPI across our work programmes, improving transparency, accountability and using patient perspectives to improve effective delivery. We set out six core aims:

1. A diverse range of people with lived experience influence the direction and delivery of our work;

2. We proactively addressing health inequalities and inclusion in our work;

3. We embed a culture of involvement and co-production across the AAC partnership;

4. Patients and public partners have a positive experience of working with us (inclusion needs are met and staff have the skills to engage patients and the public);

5. We understand our impact and outcomes;

6. We communicate our impact.

We have completed a headline mapping exercise of PPI activity across AAC partners, to understand areas of synergy and identify opportunities for greater collaboration (including a focus on jointly developed safeguarding approaches in 2023/24).

Following a robust co-design process with AAC and lived experience partners, we launched a model to embed engagement through our **Strategic Co-production Group (SCG).** 20 diverse lived experience partners and AAC Engagement staff support strategic activity across each of the AAC priorities. Members of the group meet monthly to collaborate on key programmes and will sit in the AAC priority oversight committees as these are established. The co-chairs (lived experience partners) will join the Board in January 2024. The group will work on an annual delivery challenge developed jointly each year with the AAC leadership team.

Key achievements:

Strong progress has been made against all of our aims, with a phased approach to further growing PPI activity. Over the last two years the PPI team have:

- Supported 22 diverse patient partners to sit /have sat in decision making roles (e.g programme oversight and working groups).

- Over 290* people have joined us in different involvement activities.

- Held more than 235 hours of involvement activity with patients and the public.

- Nearly 200 hours of training opportunities; aimed at staff, innovators and developers, and patient partners. A key focus has been to support developers with knowledge to use patient engagement and Equality Impact Assessments to improve the business prospects of their innovations.

- Supported 19 ICS partners to work with researchers and under-represented communities to improve local participation in research.

- Strategic input to shape national system guidance on involving people in research, service developments and innovation.

- Extensive outreach work to bring vital insights to key programmes (e.g. with young homeless people, digitally excluded communities, Roma and Gypsies, South Asian and Black African and Black Caribbean communities in different areas of the country).

- Co-developed resources aimed at supporting staff to increase diverse involvement in local delivery.

- Ensured that our Innovation Service is accessible by undertaking an accessibility audit with people with lived experience of diverse communication needs and acted on their recommendations.

- Co-produced a range of resources on AAC innovations to support patients and families.

- Established a measurement and outcomes approach to understand our PPI successes and areas for further development. Developed a new framework to use patient insight and experience to accelerate adoption planning.

- Worked to ensure people are involved in ways that are accessible and inclusive.

(*figures available for 2022/23 only)

Snapshot Case studies

Increasing diverse involvement in research

In October 2022 we launched the **ICS Research engagement Network Development (REND) programme**. Designed to support engaging diverse communities in research, the programme brings together three core partners; ICSs, local research leads and the Voluntary and Community sector. Each of the partners brings vital skills and expertise to the table. Community organisations bring skills to engage diverse communities, understanding local barriers to getting involved in research and highlighting what communities need most from research. Research partners co-ordinate local research opportunities and influence more accessible trial design, aligned with community needs. The ICS embeds this in longer term local strategies for health improvements.

17 programmes across England were funded as part of phase 1. Activities focused on:

- Developing research community champions,
- Building a better understanding of local participation data
- Training for staff and researchers around improving accessibility and inclusive research

Many activities were planned to address multiple outcomes; e.g community fun days in Brent reached thousands of people who were able to access health checks (using AAC innovations) as well as getting involved in local research.

Some key impacts* included:

- 202 new organisations engaged in research activities
- 966 activities as part of the REND programme (network capacity development)
- 2231 people engaged in team events aimed at promoting research locally
- 213 people undertaking training to support research involvement
- 717 people identified as eligible for participation in studies

In February 2023, we launched a toolkit to support researchers to engage more diverse communities in research. Co-developed through outreach engagement with seldom heard communities, the guide has been viewed more than 3000 times and downloaded over 1800 times in just 10 weeks.

(*From figures tracked within the REND programme outcomes)

Shaping patient involvement in novel therapies

In the **Advanced Therapeutic Medicinal Products (ATMP)** patient and public involvement national workstream, lived experience partners shaped tools for influencing PPI across the gene therapy sector. They:

- Commissioned a directory of over 100 PPI resources to support researchers to involve patients in their work.
- co-designed communication material, including information animations to support patients and families.
- co-produced education webinars aimed at charities, healthcare staff and researchers.
- Worked with ABPI to ensure that the first-of-a-kind ATMP Roadmap Tool to ensure that patient involvement was a core guiding principle of the Roadmap and signposted resources reflecting end-to-end involvement across the Roadmap. The launch event attracted over 300 ATMP manufacturers.
- While the AAC involvement in ATMPs has come to a close, the national PPIE working group has been sustained, with ATMP stakeholders investing in the group and its value.

Involving people with lived experience in research prioritisation

Developing clear priorities for research in LTP condition areas included involving people with lived experience in the Stroke, Learning Disabilities and Autism and Mental Health **Demand Signalling programmes.** The prioritisation workshops took place in 2021/22, involving multiple stakeholders, including key charities. The PPI team sought to involve a range of diverse patient partners, by offering a range of involvement opportunities (including workshops, orientation sessions, one-to-one discussions and mini surveys). Lived experience partners were involved in identifying research priorities and in developing the final reports, including a report for learning disabilities and autism in easy read. Final reports were fed back to patients involved and were disseminated widely to funders, resulting in 8 funding calls shaped around the recommendations in 2022/23 with £7.7 allocated to innovations projects and 24 innovation projects funded.

Patient information to support uptake

Patient involvement activities across the **RUP, MTFM and Early stage programmes** have resulted in a range of patient and family resources. All co-produced with people with lived experience, clinicians and charities, these resources have supported informed patient choice, device information, diagnostics understanding and treatment choices.

What our staff and patient partners say...

'Involve patient partners as early in the process as you can. We can save you time and money exploring avenues that may sound like fantastic ideas but do not mesh with our lived experiences.'

Carol Pitkeathley, Patient and Public Voice Partner

'Bringing a lived experience perspective into webinars and training events about the MTFM products really brought home the value of these innovation and how they could improve the quality of people's lives.'

Sarah Tyers, Programme Lead MedTech Funding Mandate programme

'It is widely recognised that patients play a significant role in successfully developing and supporting the adoption of new technologies and innovations - as well as benefitting from them. The intrinsic involvement of service users across the AAC programmes has led to the embedding of our insights into strategy and operations, while ensuring accountability for improvements in quality of life of individuals and their family.'

Laurence Woollard, Patient and Public Voice Partner, Early Stage programme

'It's really important to have a broad range of public voices who can represent their own local communities and who are willing to get involved, share their experiences, and provide insights to improve outcomes for patients'

Douglas Findlay, Patient and Public Voice partner

'We know that great healthcare innovations can come from anyone, so the Innovation Service has to work for everyone. You can't make assumptions about what works, you have to talk to people and see things from their perspective. '

Rachael Troughton, Research lead, NHS Innovation Service

Working in collaboration with NHS England to co-produce resources has changed our content development processes and we are delighted with the patient-driven results

Macmillan Cancer Support (HIT patient information resources)