

**ACCELERATED ACCESS COLLABORATIVE**

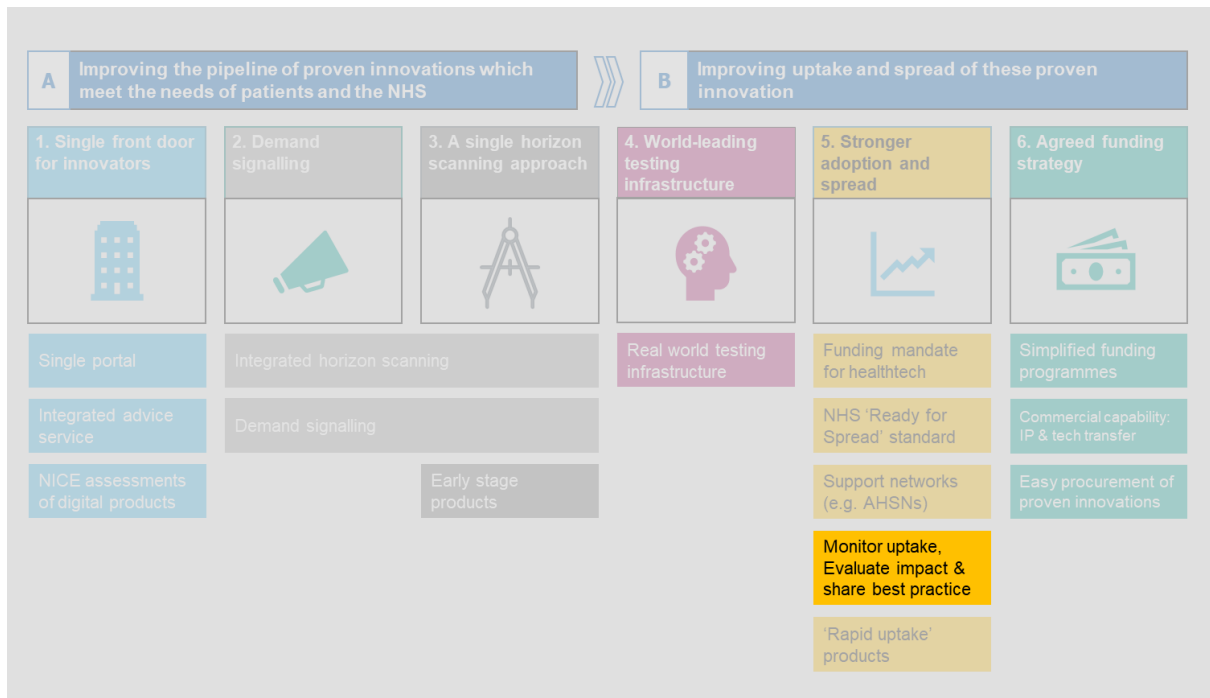
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**MEASURING THE IMPACT OF THE ACCELERATED ACCESS COLLABORATIVE**

**Summary:**

1. At the March AAC Board meeting we discussed an approach to measuring the AAC rapid uptake products. With the expanding remit of the AAC, we will need to expand the measures used to quantify our impact.
2. This paper summarises the three levels at which we see measurement of the innovation ecosystem and the AAC developing: how 'pro-innovation' we are as a country, the AAC's contribution to this national picture, the rapid uptake products' contribution to the AAC.
3. A pragmatic approach to us commencing this measurement is then proposed, as well as a longer-term programme of work to align and improve measurement of the innovation ecosystem.
4. Board members are asked to:
  - a. Agree the interim approach to measuring the impact of the AAC
  - b. Consider the core domains of innovation we should perform against as a country
  - c. Consider the longer-term approach to aligning measurement of innovation and agree that this will be considered at the January meeting of the AAC Board

**Figure 1: Position of this work within the overall AAC work programme**



## Background:

5. At the March AAC Board meeting we discussed an approach to measuring the AAC rapid uptake products – including measurement of uptake, clinical outcomes and calculated return on investment.
6. The expanding remit of the AAC will require measurement of success to extend beyond the rapid uptake products to:
  - a. Hold the AAC delivery team to account
  - b. Demonstrate and communicate the impact of the AAC
  - c. Provide management information – for example, to inform prioritisation of resources and mitigating actions
  - d. Understand variation, embed continuous learning and ensure feedback loops are in place
7. There are three levels at which we see measurement of the innovation ecosystem and the AAC developing:
  - a. How pro-innovation we are as a country
  - b. The AAC's contribution to this national picture
  - c. The rapid uptake products' contribution to the AAC

Measurement will therefore need to be broad enough to encompass these three levels.

8. Innovation at a national level is currently measured, to some extent, by the Office of Life Science's Life Science Competitiveness indicators, the Innovation scorecard and NHSE/I's Innovation, Research and Life Sciences Group. In addition, by April 2020, new measures of research and innovation will be included in the Long Term Plan Implementation Framework being developed by NHS England and Improvement and measurement of innovation will be piloted in the CQC's assessment framework. In addition, the devolved administrations may have additional measures of innovation.
9. There is an opportunity to harmonise these existing and new measures of innovation with the metrics used for the AAC. This will not be straightforward and unlikely to be possible in 2019/20.
10. At the last Life Science Council, members stressed the importance of quantifying the progress of the AAC from the start. Given this sense of urgency, we propose an interim approach to measuring our impact during 2019/20. With a workplan for how we develop a longer-term approach, that is harmonised with new and evolving measures, to be presented at the first AAC Board meeting of 2020.

## Proposed interim approach to measurement in 2019/20:

11. A range of considerations were taken into account when designing an interim approach to measurement. These are summarised in Table 1.

Table 1: Considerations when designing an interim approach to measurement








Broad topic	Questions asked
<b>Meaningfulness</b>	Do the measures map to core innovation domains? Do the measures allow us to hold delivery to account, demonstrate impact and provide management information? Are the measures broad enough to encompass the three levels? Is there capacity for improvement?
<b>The burden of data collection and reporting requirements</b>	Do the measures already exist? Are the measures based on routinely collected data and/or existing reporting systems? Can the system be streamlined into existing business processes?
<b>Setting independence and future proofing</b>	Are the measures independent of current service structures? Are the measures applicable across disciplines, facilities, sectors and regions?
<b>Flexibility</b>	Do the measures accommodate the heterogeneous nature of activity? Can the measures be used for other activities such as benchmarking and quality initiatives?
<b>Acceptability</b>	Are the measures acceptable to stakeholders? Do the measures minimise undesirable and inadvertent consequences? Could the measures carry a risk of stifling innovation?
<b>Simple and transparent</b>	Are the measures simple and transparent?




12. In particular, weight was given to the following:

- a. Only including existing measures (except in the measurement of rapid uptake products where new measures are being constructed) – given the urgency surrounding establishment of metrics
- b. Only including measures where baseline data is available for 2018/19 – to ensure that the progress of the AAC during 2019/20 can be demonstrated.

13. The proposed interim approach to measurement is summarised in Table 2, along with how measures map to core domains that are essential for innovation, including: participation in research, speed of regulatory approval, working with industry, uptake of innovation and value for the NHS.

Table 2: Proposed interim approach to measurement of innovation in England

	Domain	Measures	Frequency of measurement	Responsibility for data collection	AAC programmes responsible for delivery
<b>MEASURES OF INNOVATION CURRENTLY ATTRIBUTABLE TO THE AAC</b>	<b>Working with industry</b>	Number of innovators worked with (split by level of support <sup>†</sup> , as appropriate)	Annual	AAC	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1. Single front door for innovators </div> <div style="border: 1px solid black; padding: 2px;">3. A single horizon scanning approach </div> </div>
		Number of innovations receiving support	Annual	AAC	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">4. World-leading testing infrastructure </div> <div style="border: 1px solid black; padding: 2px;">6. Agreed funding strategy </div> </div>
		Value of inwards investment	Annual	AAC	
		Value of exports	Annual	AAC	
	<b>Uptake of innovation</b>	Number of sites accessing innovations (with reference to eligibility, baselines and projections, as appropriate)	Quarterly	AAC	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">5. Stronger adoption and spread </div> <div style="border: 1px solid black; padding: 2px;">2. Demand signalling </div> </div>
		Number of sites by stage of adoption <sup>‡</sup> , as appropriate	Quarterly	AAC	<div style="border: 1px solid black; padding: 2px;">6. Agreed funding strategy </div>
		Number of patients accessing innovations (with reference to eligibility, baselines and projections, as appropriate)	Quarterly	AAC	

	<b>Value for the NHS</b>	Improvement in clinical outcome(s) specific to the innovation in use	Semi-annually	AAC	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>5. Stronger adoption and spread</b></p>  </div> <div style="width: 45%;"> <p><b>2. Demand signalling</b></p>  </div> </div>
		In-year health system return on investment (calculated)	Quarterly	AAC	
<b>MEASURES OF INNOVATION NOT ATTRIBUTABLE TO THE AAC</b>	<b>Participation in research</b>	Number of participants (i.e. patients or public) taking part in NIHR CRN supported clinical research studies	Annual	National Institute for Health Research Clinical Research Network (NIHR CRN)	<div style="width: 100%;"> <p><b>6. Agreed funding strategy</b></p>  </div>
		Proportion of NIHR CRN supported clinical research studies set up on time	Annual	NIHR CRN	
		Proportion of NIHR CRN supported clinical research studies recruiting to target	Annual	NIHR CRN	
		Number of general practices that are research active	Annual	NIHR CRN	
		Number of Trusts that are research active	Annual	NIHR CRN	
		Industry investment in contract research	Annual	NIHR CRN	

	Spend on research and development	Annual	Life science competitiveness indicators	
<b>Speed of regulatory approval</b>	Speed and volume of NICE technology appraisals	Annual	Life Science Competitiveness Indicators	
	International comparison of time to medicine patient availability	Annual	EFPIA Patient Wait Study	
<b>Working with industry</b>	Number and capital expenditure of foreign direct investment	Annual	Life Science Competitiveness Indicators	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%; text-align: center;"> <p>1. Single front door for innovators</p>  </div> <div style="width: 50%; text-align: center;"> <p>2. Demand signalling</p>  </div> <div style="width: 50%; text-align: center;"> <p>3. A single horizon scanning approach</p>  </div> <div style="width: 50%; text-align: center;"> <p>4. World-leading testing infrastructure</p>  </div> </div>
	Jobs generated	Annual	Bioscience and Health Technology Sector Statistics	
	Exports of pharmaceutical products	Annual	Life Science Competitiveness Indicators/ ONS	
	Exports of medical technology products	Annual	Life science competitiveness indicators/ ONS	

† Level 1: Triage and sign-posting, Level 2: Refining and developing the offer, Level 3: In-depth support, Level 4: Strategic partnership

¥ Stage 0: No information, Stage 1: Knowledge, Stage 2: Interest, Stage 3: Decision, Stage 4: Implementation, Stage 5: Adoption

14. It is proposed that reporting should separate those measures that can be substantially and directly affected by AAC programmes from those measures that are important to consider for a country that is pro-innovation but where the AAC is currently a minor influence (e.g. research). The former will be monitored using an interactive scorecard (Appendix A), which we will demonstrate at the Board meeting.

**Proposed long-term approach to measurement that aligns AAC metrics with existing innovation measures**

15. There is an opportunity to align and improve measurement of the innovation ecosystem by:

- a. Reviewing all innovation measures that exist in the system, including in devolved administrations, and any additional data sources – for example by undertaking an environmental scan
- b. Understanding how innovation might become part of core NHS performance metrics and assessment systems
- c. Understanding how measures of innovation will be included in the Long Term Plan Implementation Framework being developed by NHS England and NHS Improvement by April 2020
- d. Reviewing the options for national measures such as the Office of Life Science’s Life Science Competitiveness indicators and the Innovation scorecard.

16. We propose the AAC team works with representatives of AAC member organisations to develop a workplan for a longer-term approach to measurement, that harmonises new and evolving measures with those of the AAC. This workplan will be presented at the first AAC Board meeting of 2020.



**Board members are asked to:**

- a. Agree the interim approach to measuring the impact of the AAC**
- b. Consider the core domains of innovation we should perform against as a country**
- c. Consider the longer-term approach to aligning measurement of innovation and agree that this will be considered at the January meeting of the AAC Board**

Appendix A: Interactive scorecard for monitoring and demonstrating the impact of the AAC



Note: Figures are draft – data are currently being loaded and validated