Appendix 2

Demand Signalling

The process of identifying, prioritising and articulating the most important research questions and innovation challenges that NHS services need to deliver against the ambitions set out in the NHS Long Term Plan.

Activities

Work with the NIHR, NICE and the MHRA to ensure innovation, research and topic selection processes are aligned with our demand signals.

Develop a process to identify innovation challenges in the highest priority clinical pathways, linking local and national innovations and signalling gaps.

Outputs

Agreed topic selection process that is informed by demand signals, with at least one set of signals for elective recovery provided to industry.
H2 2021/22

Agreed process for identifying key innovation challenges in priority clinical areas and pathways presented to AAC Board.
By Q4 2021/22

PRIORITY AREA 1

Providing a clearer articulation of NHS needs (demand signalling) and matching this to a systematic search for solutions (horizon scanning), so that the NHS can plan and prepare for the next generation of innovations and stimulate innovation in the highest priority areas. Building this process into operational decision making for the NHS.

Horizon Scanning

The process of identifying and better understanding emerging transformational technologies. Identifying and following them from early clinical research stages, ensuring that the Accelerated Access Collaborative (AAC) have sight of these and can support the early spread of the ones that have the greatest transformative benefit to the NHS and health outcomes of the people it supports.

Operationalise proactive horizon scanning process using Alzheimer's as a pilot.

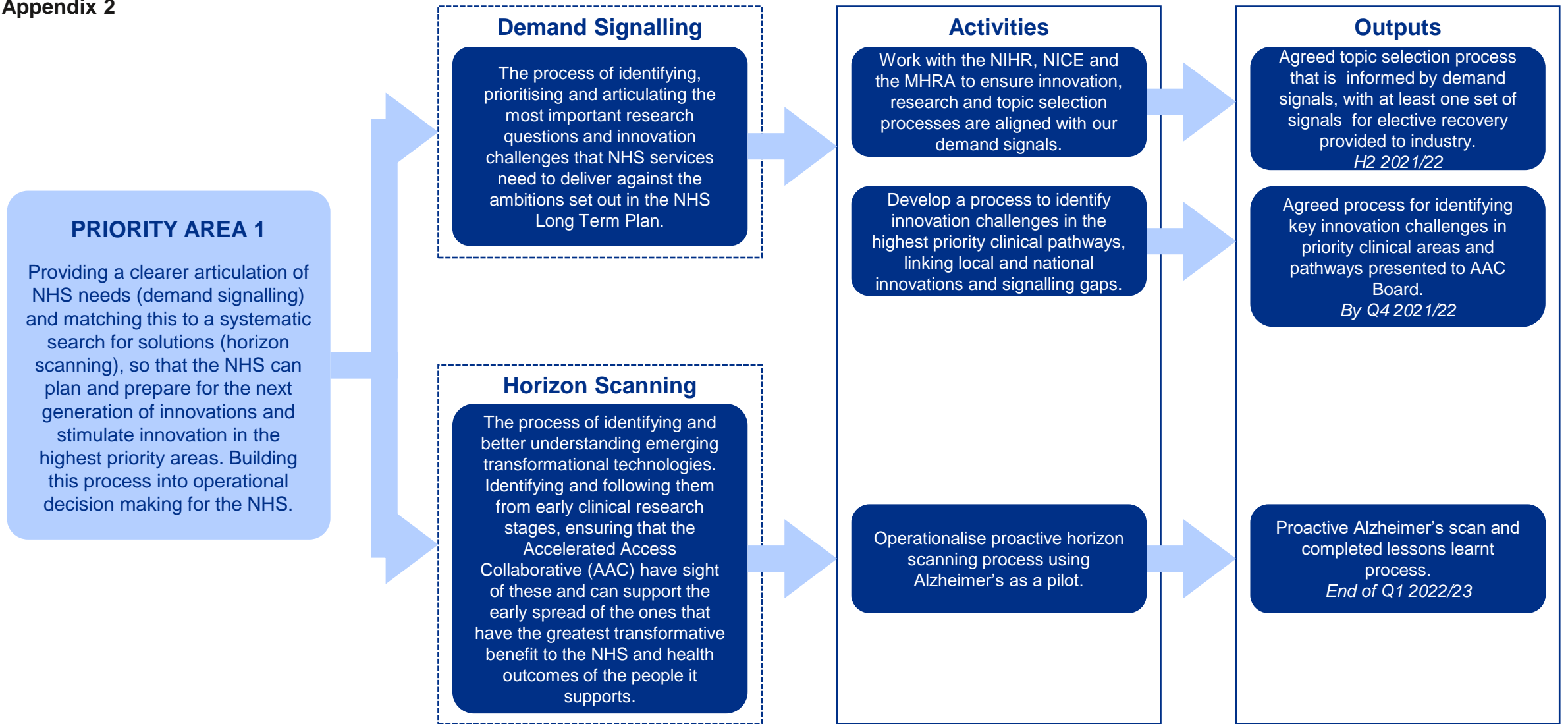Proactive Alzheimer's scan and completed lessons learnt process.
End of Q1 2022/23

PRIORITY AREA 2

Increasing the diversity, scale, and speed of research so that the NHS can have clinical evidence that better reflects our population and that makes it easier to adopt innovations that will improve outcomes and address health inequalities.

Increasing Diversity

Ensuring that the volunteers recruited to trials are suitably diverse to represent the broader population. Additionally, allows for research to ensure applicability and suitability of a treatment of product for the whole population. Building on the learnings from the COVID-19 pandemic on recruitment.

Increasing Scale and Pace

Reducing the time from trial start to the recruitment of the first participant. Once started, recruiting participants faster to speed up the research process and develop translatable outputs.

Activities

Ensuring the mechanisms for costing and contracting in the NHS are as efficient as possible to speed up set up of commercial trials.

Embedding innovation and research within ICS responsibilities and national planning guidance with creation of materials to support.

Through working with the Clinical Research Recovery Resilience and Growth (RRG) Programme, to deliver on the vision for Clinical Research Delivery

Continue to collaborate with key partners to increase the numbers and diversity of people who participate in research

Build on the success of our regional engagement to embed research in care and treatment pathways, working with partners across the system and internally.

Use Be Part of Research to increase participation, enabling people to register their interest to be contacted about taking part in research.

Outputs

Significantly increase the global proportion of trial recruits in the UK. Make the NHS one of the fastest places to achieve recruitment of 1st patient.
By 2023/24

Improve the diversity of people who participate in research.
Aligned to RRG programme

One million people will have registered an interest to take part in research.
By 2023/24

Ensuring local organisatiosn includes research in policy and operational delivery, for example in workforce strategies.
By the end of Q3 22/23

PRIORITY AREA 3

Ensuring we have programmes to support the uptake of proven innovation in the NHS This supports work from ideation, to adoption across medicines, diagnostics, medical devices, and digital products.

Medicines

The development pathway for medicines is well established and understood. NICE undertakes assessments for clinical- and cost-effectiveness. Following positive assessment, IRLS and the AAC support accelerating the spread of these technologies, where they will deliver the greatest patient benefit and support addressing the key challenges, through addressing remaining barriers to adoption.

Diagnostics, medical devices, and digital products

Compared to pharmaceutical treatments regulatory and product lifecycle pathways are less mature for these products. Work is being undertaken with partners, such as MHRA and NICE, to develop a clear pathway to securing the benefits these technologies offer. Benefits include early diagnosis, self-management, and out of hospital care; this will require a transformation of care pathways.

Activities

Improve, align, and integrate our national adoption programmes within the wider NHSE operating model.

Utilise learning from existing adoption programmes to build greater capacity and capability at local and regional level.

Make full use of a range of accountability and incentives to drive adoption including through national planning guidance, the MTFM and the QOF.

Reviewing delivery of our programmes to respond to the earlier signals from MHRA and NICE of potentially promising products.

Co-ordinate a joint project for MedTech between all parts of the health innovation system, developing a clear route through MHRA, NICE, and into national and local NHS commissioning and adoption

Identify seven new technologies that will be included in the MedTech Funding Mandate (MTFM) begin the process of identifying technologies coming through the NICE MTG/DG pipeline.

Announce AI Award Round 3 and 4 winners.

Outputs

Better alignment to NHS priorities.
By Winter 2022

Increase the % of eligible patients benefitting in first year following NICE approval –deliver year on year increases in % of eligible populations accessing new innovations in priority areas in their first year after NICE approval.
By end of 22/23

Reduce time to patient access to proven products to absolute minimum – seek to achieve a significant year on year reduction between regulatory approval for new technologies and NHS patient access. In particularly addressing local barriers to ensure that all ICS are making new products available as soon after NICE approval as possible, and ensuring full compliance within 90 days at the very minimum, and that these are rapidly reflected in local guidelines as appropriate.
By Winter 2022

Earlier support generating evidence and planning for implementation.
By Winter 2022

Roadmap(s) and / or pathway(s) for MedTech, diagnostics and digital products – bringing parity with medicines.
By Winter 2022

Greater number of specific MedTech, digital and diagnostic products that align with NHS priorities supported.
Q4 2021/22 and Q1 2022/23

At least 110 Awards across all phases accessing £140m of capital. 200 projects live in sites across the UK, with a representative geographical distribution of AI technology deployments. This will include having 45% of Trusts in England trialling one or more AI Award products, and 42 Primary Care Networks will be trialling one or more
Round 3 winners: Spring 2022; Round 3 winners: Autumn 2022; 200 projects live: Autumn 2023.

PRIORITY AREA 4

Supporting the NHS workforce to champion innovation on the front line, so that they are better able to both develop solutions and to drive local implementation of new innovations.

Championing innovation

IRLS, with Anglia Ruskin University, runs the biggest entrepreneurial workforce development programme of its kind, the Clinical Entrepreneurs Programme (CEP). This aims to provide the commercial skills, knowledge and experience needed to successfully develop and spread innovative solutions to the challenges facing the NHS for the benefit of patients, staff, and the wider NHS.

Local implementation

Local implementation, through the AHSNs and ICSs, will play a key role in embedding the latest innovations successfully. They occupy a unique place within the health systems, bridging the gap between public and private sectors. They hold strong local relationships and empower the workforce to adopt innovations.

Activities

Identify successful applicants to the 2022 CEP. Applications are accepted from both clinical and non-clinical NHS staff and those delivering NHS services.

Embedding innovation and research within ICS responsibilities and guidance, the creation of repository of best practice and tools to implement guidance, and direct training and funding support.

Develop innovation education programme for frontline staff with partners.

Embedding innovation and research within NHS E/I strategies such as people plan/workforce strategy

Continue AHSN delivery of the innovation programmes such as the NHS Innovation Accelerator (NIA), the Small Business Research Initiative (SBRI).

Outputs

Next set of supported entrepreneurs will have access to the full remit of support that the programme offers. *Starts February 2022*

ICS leadership is responsible and accountable for embedding research and ensuring adoption and spread of proven innovation. End 21/22

Front line NHS staff are empowered to innovate and undertake research to improve local service provision and patient outcomes Ongoing

AHSNs will leverage local NHS relationships support both to NHS organisations seeking to implement new technologies and clinical pathways and to innovators in the NHS and the private sector seeking to introduce their solutions into the NHS. *Ongoing*

PRIORITY AREA 5

Continuing our collaborative approach to transforming patient care through transformational commercial deals that link to our demand signalling and horizon scanning, supporting innovators to navigate the NHS, through the launch of the NHS Innovation Service and working locally with AHSNs.

Commercial deals

The AAC is uniquely positioned to leverage significant collaborations and partnerships that result in step changes in patient outcomes. Collaborations should be driven by demand signalling and horizon scanning and deliver benefits to patients, the NHS, industry, and the broader UK economy. Commercial deals will be high impact, low volume.

Innovation front door

Ensuring that innovators have a clear route to 'accessing' the NHS and AAC partners. AHSNs are the regional points of access and support. Translating nationally defined policies into local delivery via the AHSNs.

Activities

With AAC partners and the Commercial Medical Directorate, creating the capacity, processes, and governance to enable the NHS to strike up to 5-10 comparable partnerships to the Inclisiran deal.

Utilise our demand signalling and horizon scanning to transparently signal NHS demand and identify promising transformative innovations

Increase buy-in and leadership from relevant clinical teams, including National Nursing and Medical Directors teams.

Implement policy changes, where these are deemed necessary.

Launch and expand the NHS Innovation Service.

Outputs

In partnership with the Commercial and Commercial Medicines Directorate, stablishing a new commercial investments governance and process and expanding commercial capability in NHSE to support these deals, introducing a new internal triage process and governance to conduct due diligence and negotiate commercial partnerships for transformative products
Every year for the next three years

Ensuring transformative innovations align with key NHS priorities as set out in recovery strategy and long-term plans.
Linked to Priority Area 1

Ensure that national and system leaders are supportive of delivering change as solutions will involve national co-ordination and leadership from relevant NHSE policy teams.
Ongoing, dependent on the commercial deal pipeline.

Hurdles that prevent the delivery of deals including interoperability for data requirements (such as uptake tracking), deprivation / demographic data and outcome data via registries are decreased in partnership with NHSX.
As required, dependent on the commercial deal pipeline.

Working with the Commercial Directorate, Life sciences companies and innovators are provided with an transparent entry point to engage with the NHS and system partners.
H2 2022/23.