**ΛCCELERATED**
**ΛCCESS**
**COLLABORATIVE**

# Industry Guide to the AAC Rapid Uptake Programme 2020/21

# Contents

## Foreword

This document is intended to guide manufacturers and suppliers of medical technologies and pharmaceuticals (companies) selected by the Accelerated Access Collaborative (AAC) as part of the Rapid Uptake Products programme, to support collaborative work and successful delivery together.

This guide is endorsed by the joint chairs of the Industry Group Association of the British Pharmaceutical Industry (ABPI) and the Association of British HealthTech Industries (ABHI).

Further information can be found at https://www.england.nhs.uk/aac/

## 1. What is the Accelerated Access Collaborative?

The strengthened and boosted Accelerated Access Collaborative (AAC) was formed in 2019 to deliver on government commitments set out in the Second Life Sciences Sector Deal and the NHS Long Term Plan with a mandate to oversee the entire health innovation ecosystem.

The AAC is the umbrella organisation for UK health innovation, the front door to support for innovators and sets the strategy for a more effective innovation ecosystem. It makes it easier for innovators to navigate the UK healthcare system, streamline the development process for promising healthcare innovation, identify gaps in the UK's innovation support offer and get breakthrough innovations into the NHS and to patients faster than previously.

The AAC has an integrated innovation and medicines senior management team in NHS England and NHS Improvement, now bringing together the coordination of medicines policy, commercial agreement and broader innovation policy and delivery.

The six ways the AAC makes a difference are:


A key part of this work is providing dedicated support for the rapid uptake of late-stage products, which already have NICE approval but low uptake, via the Rapid Uptake Products programme so that healthcare professionals and NHS patients have faster access to innovations that can transform care.

## 2. Rapid Uptake Products

The AAC supports the NHS to more quickly adopt clinically and cost-effective innovations, to ensure patients get access to the best new treatments and technologies. As part of the AAC's work to support stronger adoption and spread of proven innovations, the AAC has selected a range of late-stage innovations (post-NICE appraisal) to accelerate uptake in the NHS - 'Rapid Uptake Products' (RUPs). This programme has been designed to identify and support products with NICE approval that support the NHS Long Term Plan's key clinical priorities, but have lower than expected uptake to date.

For inclusion in the 2020/21 programme, Rapid Uptake Products were selected via an open, staged, selection process. NICE approved products were assessed based on the extent to which they met the following requirements of the AAC:

- Innovations that had a positive NICE appraisal and delivered significant benefits (>1 quality-adjusted life-year gained) or any level of cost saving. Innovations were prioritised based on clinical and patient support, levels of uptake, alignment to strategic priorities, budgetary impact, barriers to overcome, and environmental sustainability.

- Clear barriers to adoption that could feasibly be addressed by the AAC

The AAC consulted with a wide range of stakeholders during the RUP selection process. Organisations and individuals included:

- National Clinical Directors (in the area associated with the RUP)
- NHSE clinical and policy leads
- NHS Specialised Commissioning
- Academic Health Science Network (AHSN)
- Royal Colleges (in the area associated with the RUP)
- Academy of Medical Royal Colleges
- Association of Medical Research Charities (AMRC)

The AAC will work with partners from across the health service and industry to identify and remove barriers to the uptake of the products in the 2020/21 RUPs programme through a bespoke package of support to increase the adoption and spread across the NHS at pace.

## 3. Selection of 'rapid uptake products'

In October 2018, the first wave of 'rapid uptake products' were selected by the AAC. Products were assessed by the AAC Secretariat based on the extent to which they met the following requirements of the AAC for post-NICE products:

- Impact on patient benefit or health system savings (>2 QALYS or >£10m p.a. savings); *and*
- Clear barriers to adoption that could feasibly be addressed by the AAC.

Seven themes (12 products in total) were selected as the first 'rapid uptake products' for AAC support as follows:

- Urolift is a minimally invasive procedure for treating lower urinary tract symptoms of benign prostatic hyperplasia.
- Placental growth factor (PIGF) based tests help predict the risk of pre-eclampsia quickly so that pregnant women receive the most appropriate care.
- High sensitivity troponin tests when used in an early rule out protocol for people with chest pain and suspected acute coronary syndrome.
- HeartFlow analysis creates a 3D model of the coronary arteries to help clinicians to rapidly diagnose patients with suspected coronary artery disease from coronary CT angiography.
- PCSK9 inhibitors for treatment of very high cholesterol are used together with a statin-type cholesterol-lowering medicine, or in those who are unable to take or tolerate a statin.
- Quantitative faecal immunochemical tests (FIT) support patient risk assessment in suspected colorectal cancer.
- Cladribine is an oral treatment given as two treatment courses, one year apart, for treating highly active relapsing-remitting multiple sclerosis in adults.

Support for PCSK9i continues into year two under the Lipid Management pathway RUP. The remaining year one RUPs are no longer supported through this programme (though some are being supported through alternative mechanisms).

The process for selecting the second wave of rapid uptake products (RUPs) iterated on the first. Key criteria included:

- NICE approved products with >1 QALY (technology appraisal), or *any* cost-savings supported by a NICE resource impact assessment
- Products from strategic programmes (Early Access to Medicines Scheme and the 5 areas of highest health gain)
- Licensed repurposed medicines, digital products and products highlighted by clinical leads in key strategic areas for the NHS

Four themes were selected as the second wave of Rapid Uptake Products:

- Lipid Management Pathway (building on PCSK9i from year 1)
- Biologics for the treatment of severe asthma
- FeNO testing for diagnosis of asthma
- Tamoxifen for the prophylactic management of breast cancer risk in people with a family history

## 4. Post selection communications

The AAC works with companies to develop a communications strategy for the product which will use a range of channels within the NHS and with key partner organisations, such as:

- Announcement on NHS England's web page
- AHSN Network main web page announcement, with technical details of the innovations
- Tweet on the AAC's Innovation twitter account @AACinnovation
- Communications to provider organisations and other relevant stakeholders

A communications and stakeholder engagement strategy template can be found at Annex B. This is representative of the kind of engagement content that may be agreed within the product working groups.

Please be aware that companies are not allowed under any circumstance to publicise their product's selection until **after** the formal announcement. If companies plan to run their own communication around the selection, it's important to make their marketing and PR teams aware well in advance.

## 5. Implementation: The AAC project team

The AAC team have coordinated with key stakeholders for each successful product to:

- better understand the implementation/adoption challenges (clinical, organisation, training, etc) for the technology, through input from the companies
- develop an agreed action plan of activities required to address those barriers

Each RUP can also be supported through the **Pathway Transformation Fund** (PTF). This supports NHS organisations in integrating the RUPs into everyday practice. Delivered with the support of the Academic Health Science Networks (AHSNs) and in partnership with the companies, the PTF can help providers overcome practical obstacles to introducing these products, such as set-up costs, pathway redesign, providing funding for specialist staff, or covering double running costs.

This will enable providers to adopt the technologies and benefit from the promised patient outcomes and savings, thereby easing the business case to fund the technologies locally in the following years.

The AAC team within NHS England and NHS Improvement (NHSE/I) have appointed Relationship Managers for each of the RUPs. The relationship managers will manage the process of accelerating adoption of their RUP in the appropriate NHS setting. The relationship manager convenes and leads a working group consisting of the company(ies), lead AHSN, NICE, NHSE/I and other relevant stakeholders including patient and public involvement representatives to coordinate the activities in the project plan, monitor progress and address risks/issues.

The RUP relationship manager will work closely with companies on actions to overcome challenges and hurdles to facilitate adoption of the RUP, companies are therefore recommended to form good working relationships with their relationship manager and keep in regular contact.

## 6. Reporting: The AAC Scorecard

Core metrics are agreed between the AAC and companies to enable reporting to the AAC Board for each RUP. Such reporting is likely to include:

- Number of sites benefitting/ percentage of sites benefitting
- Number of people benefitting/ percentage of people benefitting
- Improvement in clinical outcomes
- Return on investment
- Economic growth - value of inward investment; value of exports; number of jobs created; number of jobs safeguarded; number of contracts awarded; value of contracts awarded.

These may vary for each Rapid Uptake Product. An example of our reporting scorecard is shown below.


Companies will be asked to provide the AAC with data in confidence to help establish a baseline picture of current uptake and to help identify where support should be targeted to address variation.

Working in partnership with the AHSNs, the companies will be asked to develop a map of target sites across the AHSN regions and to help set-up accounts or support activities within regions. The site map and AHSN support template is included in Annex A. This will include information on some of the challenges companies are experiencing. Use of these tools will highlight to the AAC team and the AHSNs where help is needed, and they in turn reach out to sites to help overcome these challenges.

It is important to respect confidentiality of Trust information and the General Data Protection Regulation (GDPR) so data/ reports should not be shared with other hospitals, AHSNs, Trusts or societies. If asked, companies should always forward such requests to the AAC relationship manager for the RUP in question.

## 7. Expectations and competition law

If the technology is part of a "theme" of products there may be other companies selected in that theme that you will be expected to work with. All companies must be capable to work with other commercial competitors in a legal and compliant manner by following appropriate guidance whilst working as part of the AAC.

Therefore, the obligations according to the Competition Act 1998 and the highest ethical standards shall be maintained at all times by all the companies engaging across the system as part of the AAC's RUP programme of work.

All companies should consult their representative body and ensure that they are familiar with the respective Code of Business Practice and Competition Law Compliance Guidelines before taking part in Working Group discussions. Discussion topics such as sales, price, future business plans, and any bids or matters relating to trade, individual suppliers or customers are deemed commercially sensitive and should be handled carefully. This way, companies ensure that when companies collaborate, they do not inadvertently breach competition law.

As well as the formal requirements to be considered around interactions and information sharing, we ask suppliers to adhere to a broader set of principles around interactions and collaboration. We encourage all stakeholders to:

- Have open and collaborative conversations at the Product Working Group with all product suppliers in the room
- Recognise that the programme is here to deliver system and patient benefits rather than support specific commercial interests
- Respect the access to key stakeholders and not bypass the PWG to lobby or pursue individual company interests
- Support delivery of priorities through (for example) sharing evidence and materials, or supporting development of new evidence
- Leverage existing customer relationships to support programme delivery (e.g. introductions to exemplar sites, supporting uptake of new pathways, etc)
- Ensure that any announcements/ materials citing the AAC / RUP programme are pre-approved by us before release

# 8. Key stakeholders

## 8.1 Academic Health Science Networks (AHSNs)

The AHSN Network, made up of 15 regional AHSNs was established to support NHS organisations throughout England and deliver a step-change in the way the NHS identifies, develops and adopts new technologies. Each are predicated on partnership working and collaboration between the NHS, academia, industry and other external partners within a single AHSN context and across AHSNs. The AHSN Network is a key member of the AAC.

Regional AHSNs are uniquely placed to unlock the power of frontline innovation, saving lives and money. The AHSN Network bridges gaps and strengthens connections between research, life sciences industry and healthcare. AHSNs cross traditional sector boundaries and strengthen partnerships with industry so innovative technology can reach patients swiftly and effectively. They facilitate stakeholder engagement.

AHSNs are system integrators and connect different parts of the health ecosystem to improve outcomes and use proven methodological approaches to lead large scale, sustainable transformational change across traditional boundaries.

It is very important for RUP companies to contact all 15 AHSNs and to work with the AHSN Network. Each AHSN will have different mechanisms for achieving the common goal, based on a detailed understanding of local needs, opportunities and challenges within its members. Working with the AHSN network locally or nationally, the company can discuss all the opportunities available and how best to approach them.

Once a working relationship is established it is advised to hold regular project meetings, to set up clear objectives that can be worked upon for each organisation and how best to utilise the available resource. There are a variety of approaches that can be taken depending on the requirements and may include support for regional training days, implementation facilitation, information governance (IG) expertise, identifying IT challenges and facilitating adoption.

AHSNs are not an extension of the product's sales force and have to remain impartial to the adoption process in order to support local organisations to adopt the appropriate innovation for their population. Through raising the profile of AAC products the AHSNs are offering advice and guidance to local organisations in how best to go about undertaking the adoption process.

A lead AHSN will be selected to support each RUP product or project and a representative from that AHSN will be a key member on the relevant AAC RUP working group to contribute to delivery of the project.

## 8.2 National Institute for Health and Care Excellence (NICE)

NICE's role is to improve health outcomes for people using the NHS and other public health and social care services. They do this by:

- Producing evidence-based guidance and advice for health, public health and social care practitioners.
- Developing quality standards and performance metrics for those providing and commissioning health, public health and social care services.
- Providing a range of information services for commissioners, practitioners and managers across health and social care.

To be part of the AAC programme, technologies must have a positive NICE recommendation. NICE will be represented on each RUP working group and can provide support for developing or reviewing case studies and adoption support materials for publication on the NICE website as well as providing advice on NICE endorsement opportunities.

## 8.3 NHS England Regional Medicines Optimisation Committee (RMOC)/Medicines Optimisation Oversight Group (MOOG)

NHS England's RMOCs and MOOG provide support for NHS adoption and uptake of the RUPs through clinical commissioning groups and Specialised Commissioning, promoting diffusion of these products across the four RMOC regions.

The responsibilities of the RMOCs are:

- Partnership working – Membership of the Oversight Group to provide advice and ensure decisions relevant to the rapid uptake product medicines are communicated and action coordinated at local level.
- Implementation – Support implementation of local and national delivery plans relating to the accelerated adoption and uptake of the RUP medicines, identifying and reporting on any risks or issues that might arise to NHS England and NHS Improvement.
- Communications – Develop supporting advice to provide clarity around the use of a product, disseminate resources, promote awareness and share best practice to support and minimise unwarranted variation in uptake of the RUP medicines; link in with Area Prescribing Committees to address any barriers to uptake.
- Monitoring and evaluation – Monitor the implementation of local and national delivery plans relating to the accelerated adoption and variation in regional uptake of the RUP medicines.

MOOG focuses on more strategic and early considerations. RMOCs are more focused on adoption and engage/consult with the MOCRG in delivering the above agenda, enabling the expert advice of the MOOG to be adopted, and to ensure work is endorsed and aligned.

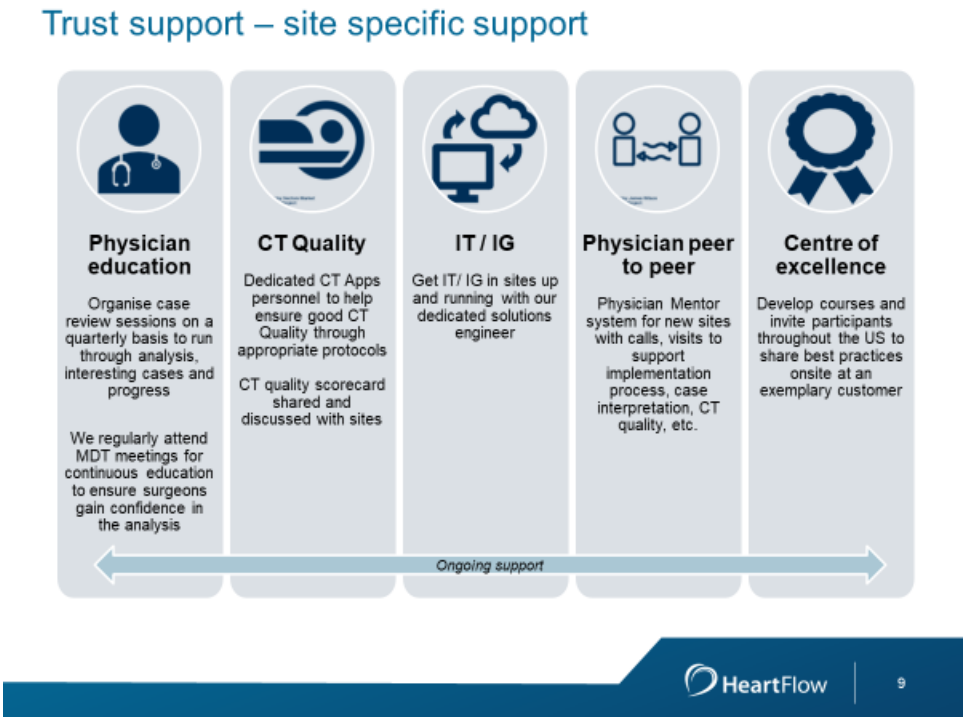
## 9. Spread and Adoption Guide

The AHSNs will develop a Spread and Adoption Tool Kit for practical implementation of each RUP, to ensure the core national objectives are adhered to and that health inequalities are addressed in rolling out the project. This results in a clear, easy to understand set of documents and supporting material that all AHSNs can reference to direct the spread of a product.

Suppliers can then produce additional material about their product to aid clinical or administrative adoption. As a previous example, HeartFlow produced a set of support documentation and then worked with the West Midlands lead AHSN*)* to adapt the language and messages so all AHSNs could utilise the material (see examples below). Companies might want to consider the following in support of their product.

- Product brochure and best practice guidance
- Physician and staff training material
- IG & IT implementation and support (if relevant)
- CT Technical guidance and support (specific to Heartflow)
- Business case template & ROI support to aid commissioning


When sites are up and running, it is important that the suppliers continue to give providers support post implementation. Providers can also support others in their set up if they wish, e.g. by suppliers and the AHSNs inviting providers to attend case review sessions invite clinicians to global webinars and organise clinicians to share their best practices at local events and educational meetings.




## 10. Additional Support

Working with other organisations can also help with the uptake of RUPs, for example:

- Patient representative organisations
- Medical and Healthcare Societies
- Royal Colleges and Faculties
- Charities including those under the Association of Medical Research Charities (AMRC)
- Getting It Right First Time (GIRFT)
- NHS RightCare
- Local and National Integrated Care Systems and NHS Trusts
- National Programmes and National Clinical Directors (NCDs)
- NHSE Regions Teams

By informing them of an innovation gaining RUP status and regularly updating them on progress, organisations will often support the AAC in publicising RUPs, facilitating training, updating policies, etc. They may also discuss the innovation at their yearly conferences and invite companies to speak about their technology at local events.

### 10.1 Patient and Public Involvement (PPI)

Patient and Public Involvement (PPI) is an important part of the innovation pipeline as it ensures that innovations focus on what matter to the patients who will ultimately use them and that products

developed are useful and acceptable. Companies may have involved and engaged patients in different ways during the product development stages. Ensuring that patient representation organisations are involved in the workshops to explore implementation/adoption challenges will ensure that consideration is given to challenges that impact directly on them.

Each of the national working groups will appoint at least one PPI representative, and will also include relevant third sector representatives who can leverage additional patient or lived experience insights.

More information on PPI can be found at: https://www.england.nhs.uk/aac/what-we-do/patient-and-public-involvement/

## 10.2 Getting It Right First Time (GIRFT)

Getting It Right First Time (GIRFT) is designed to improve the quality of care within the NHS by reducing unwarranted variation.

By tackling variation in the way services are delivered across the NHS, and by sharing best practice between trusts, GIRFT identifies changes that will help improve care and patient outcomes, as well as delivering efficiencies such as the reduction of unnecessary procedures and cost savings.

Importantly, GIRFT is led by frontline clinicians who are expert in the areas they are reviewing. This means the data that underpins the GIRFT methodology is being reviewed by people who understand those disciplines and manage those services on a daily basis. The GIRFT team visit every trust carrying out the specialties they are reviewing, investigating the data with their peers and discussing the individual challenges they face.

This can be vital in making the argument for change over to a newly supported RUP.

More information on GIRFT can be found at: https://gettingitrightfirsttime.co.uk/girft-methodology/

## 10.3 NHS RightCare

The RightCare Programme supports local systems by presenting a comparable diagnosis of data and evidence across that population to identify potential unwarranted variation and improvement opportunities. Using robust nationally collected data, systems are enabled to make improvements in patient outcomes, activity and spend.

Patient care is at the top of agenda in the development of RightCare tools and resources promoting high impact clinical interventions collaboratively produced with the Senior Clinical Advisors and key stakeholders. The RightCare evidence-based tools and resources highlight good practice across a variety of geographical footprints (GP Practice, Clinical Commissioning Group, Primary Care Network, Sustainability and Transformation Partnerships) to support accelerated delivery, standardised reporting and the embedding of good practice examples to reduce unwarranted variation and health inequalities by driving the adoption of optimal care pathways. As with GIRFT, data from RightCare can be highly influential in motivating change in Provider organisations.

## 11. Other considerations for the Company

Companies must appreciate that AAC designation does not negate the need to have "boots on the ground". They must be ready to scale up at pace and engage with several stakeholders that influence the uptake of new technology at a site level (e.g. clinicians, lab managers, commissioners, innovation, finance or procurement leads). Companies should not misunderstand the role of the AHSNs, who facilitate adoption by spreading an understanding of adoption challenges and best practice examples of how to overcome these challenges.

Therefore, companies with selected products must prepare their sales, marketing, procurement and finance teams to support the additional requirements of AAC designation, which include:

- Providing appropriate, compliance-approved educational and promotional material to the AHSNs to support their product knowledge.
- Support and attend AHSN and commissioner webinars; including helping to advertise these events to increase attendance. If is helpful, if Trust procurement staff can attend to understand the implications for them early in the process.
- Work closely with the AHSN AAC leads to identify Trusts, engage with appropriate stakeholders that can initiate implementation of the technology, embed pathway change and will subsequently support the development of business case for future funding.
- Providing monthly order and uptake data. Providing regular KPI reports.

Sales teams should be appropriately trained on what AAC selection means (i.e. specific licence or label indications approved) and a plan should be agreed to identify sites for whom AAC support would be useful, how they will raise awareness of the opportunity with providers and how they will support implementation of the technology. Companies could consider incentivising sales teams to ensure AAC-supportive work is prioritised.

## 12. Sustainability

Having a technology as part of the AAC can provide a company with a number of benefits:

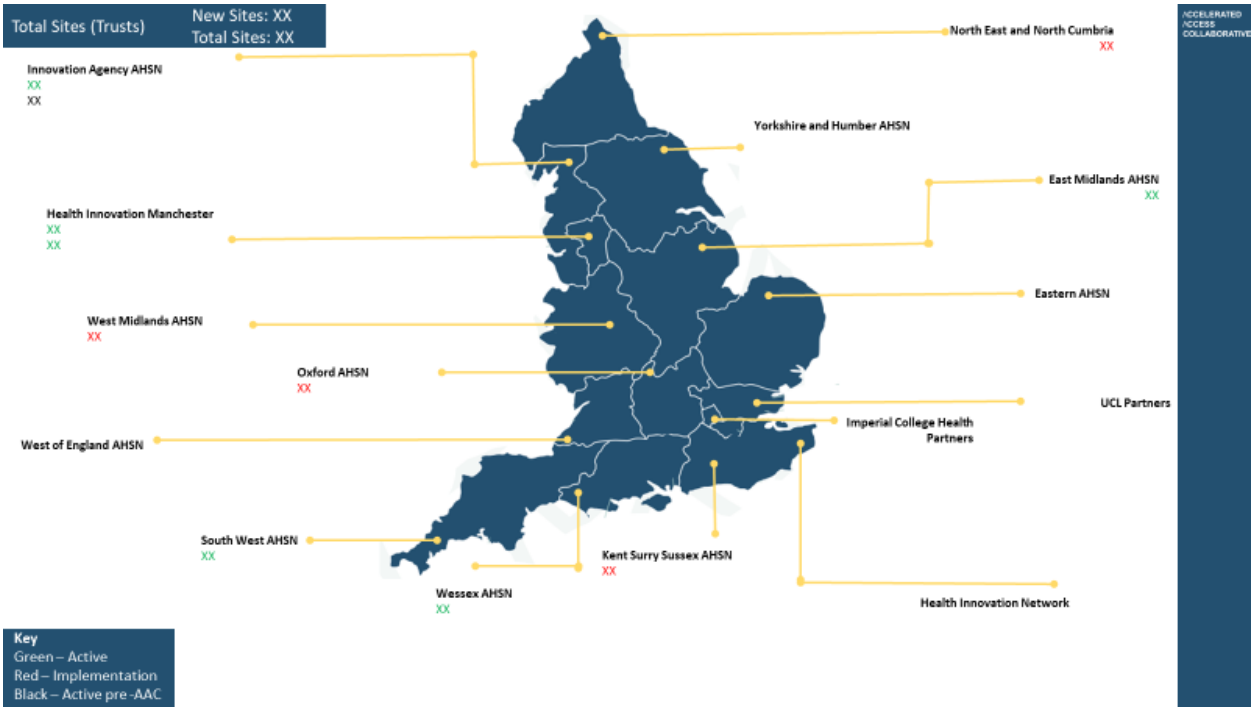
- Increased awareness of the product and uptake
- Partnership with key stakeholders, like the AHSNs, commissioners and NHSE/I policy leads
- Support from other companies and AAC partner organisations
- Real world adoption of products

NHSE/I may, as part of the criteria for products, request Trusts who are using them to collect data on any cost savings. Companies can help with this by creating an easy template and visiting each Trust who has volunteered to do this. By collecting and sharing this data with NHSE/I they can continuously demonstrate the benefits to patients.

Local adaptation and customisation of innovation beyond the implementation period is very important. You can do this through continuous education, long term implementation plans and by working with the AAC team, AHSNs and commissioners.

Companies should remember to use the material prepared from NICE on the product and the real-world data collected to share with Trusts when helping them with business cases and discussions with commissioners.

# Annex A: AAC sitemap report and AHSN support tool




| Trust | Local AHSN | Problem | Estimated No. of patients | Date AHSN support requested | Notes – Updates on progress |
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## Annex B: Communications and stakeholder engagement strategy

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| **Rapid Uptake Product** | | |
| **Relationship Manager** | | |
| **Key contributors** | | |
| **Approved by** | | |
| **Version** | | |
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### Key objectives/ goals *What are the outcomes and benefits we will achieve if the strategy is successful?*

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| **1** | |
| **2** | |
| **3** | |
| **4** | |
| **5** | |

### Key messages *What are the main benefits and compelling reasons for uptake of this product? It may help to break this down by organisations/ groups of stakeholders*

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|---|---|
| **1** | Clinicians: |
| **2** | Providers: |
| **3** | Patients: |
| **4** | AHSNs: |
| **5** | Third sector: |

### Stakeholder analysis *Who are the key people that need to contribute and / or take information away?*

| **Stakeholder** *(e.g. AHSN)* | **Contact** *(Named individual)* | **Impact** *(1-3)** | **Role** *(contributor and / or receiver factors)* |
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**1 – Critical influencer/delivery partner, 2 – Active contributor, 3 – Needs to be aware*

## Strategic approach *What are the tools and resources we will use to communicate and engage? This can include materials, meetings, relationships etc*

| **Channel / route** *(e.g. Quarterly industry group meeting / Third sector campaign, Monthly working group meetings, NHS England website, online campaign)* | **Contact / owner** *(Named individual)* |
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## Challenges, barriers and risks *These could be cultural, technical, individuals, organisations, time constraints, knowledge constraints etc*

| **Challenge / barrier** *(e.g. lack of engagement from X, time constraints of key contributor X, lack of interest from those approached to be pilot sites)* | **Mitigating actions** | **Owner** |
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## Delivery *This is the action plan underpinning the strategy. All key milestones should be included here (creation of communications materials, review, sign off, release dates, key events and should have clearly named owners and clear deadlines (not 'Ongoing').*

| **Key action / milestone** *(e.g. case study published to Charity X website, launch event in AHSN X, direct visits to all Trusts in region X, )* | **Owner** | **Deadline** |
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