Nationally Prioritised Innovations Programme

Programme Plan

Draft – for external circulation
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Document purpose

This document describes the AHSN's **Nationally Prioritised Innovation Programme.**

This is a working document and its purpose is to structure the NPI programme.

This document covers the following chapters:

1) Background
2) WAHSN business plan 2018-2019
3) Positioning innovation, and innovation prioritisation
4) Programme aim
5) Success
6) Programme innovation portfolio & links to other programmes
7) Approach to NIA innovations, approach to ITT, ITP, AAC and AHSN identified innovations
8) Method

9) Programme delivery – six lines of work
10) Our offer – to innovators, adopters, and the health system

Appendix 1) Further details on the method

1. Background

In May 2018, the AHSN Network was granted a 2nd five year license by NHS E. Additional funding has been provided to the AHSN network by the Office of Life Sciences (OLS) for a two year period, with funds assigned to four key deliverables:

- o Understanding the need
- o Signposting
- o Real world evaluation
- o Spread and adoption

Core to the new license terms for both commissioners is the requirement for all AHSNs to enable the spread and adoption (S&A) of innovation.

2. WAHSN Business Plan 2018-19

Our 2018/19 business plan makes clear reference to S&A and commits the AHSN to activities that will support, facilitate and undertake S&A:

*"**National Innovation Accelerator** - Wessex continues to be a co-funder of the National Innovation Accelerator programme hosted by UCL Partners AHSN along with all other AHSNs. We have actively supported a number of NIA fellows and will continue to support existing and new cohort fellows, in particular where there is alignment with local needs and priorities."*

*"**Innovation and Technology Tariff Payments (ITP)** – the AHSN has supported adoption and spread of the first wave of ITP products and will continue to do so for wave 2. We will be enhancing our capacity to support adoption and spread as part of the additional funding made available through the Office for Life Sciences…."*

"…will support":
- *Roll out and spread nationally of the locally identified innovations*
- *Uptake of the Innovation and Technology Tariff products*
- *Roll out of Innovation and Technology Payment endorsed products*
- *NHS Innovation Accelerator Programme*
- *STPs transformation plan implementation*
- *Accelerator Access Collaborative"*

3. Positioning innovation and innovation prioritisation

The **term innovation is generic** with different meanings to different audiences. The term can be split into the "creation of innovation" and "spread of innovation". The former is associated with product creation and development, while the latter is associated with the wider adoption of proven innovations. WAHSN has an existing programmes in place to support innovation creation.

There are a number of existing mechanisms used to identify evidenced and proven innovations which are ready for spread by the AHSN Network. Many are national competitions, including the National Innovation Accelerator (NIA), the NHSE Innovation Technology Tariff (ITT) and Innovation Technology Payment (ITP) schemes, and the Accelerated Access Collaborative (AAC) (which is in development). In addition, the AHSN Network has the ability designate innovations as "national priorities" where there is evidence of proven impact and perceived need.

To deliver the requirement of the new NHS E and OLS commission, WAHSN has undergone re-structuring and identified the need to support innovation from both the "supply side" and "demand side", i.e. those creating innovations (e.g. innovators, SME's, clinicians, academics etc.), and organisations consuming innovation (e.g. acute hospitals).

This has resulted in the need for the AHSN to create a new programme to deliver "demand side" innovation S&A, and spread of proven and prioritised innovations across the health system. This programme is titled "**National Prioritised Innovations Programme**" or NPIP. This programme will support the S&A of the innovations associated with the NIA, ITT, ITP, AAC and innovations prioritised by the AHSN Network.

4. Programme Aim

The aim of the NPI programme is to support spread and adoption, implementation, and sustainability of prioritised innovations; and to develop methods and cultures that accelerate this across Wessex.

The proposed programme values, which underpin the programme are:

- Facilitating not selling
- Build relationships and networks
- 2 way not 1 way: tell-listen-learn
- Focus on quality and outcome benefits– not just economic benefits

5. What is success?

Success of NPI programme can be set out in two ways – both constitute "success":

- Engagement with a wide range of organisations, networks, clinicians, stakeholders and supplier to accelerate spread of nationally prioritised innovations, or;
- Engagement with a wide range of organisations, networks, clinicians, stakeholders and supplier to understand the reasons for non-adoption of nationally prioritised innovations

Conversely, an un-successful programme is would constitute:

- Limited, or no spread of prioritised innovation, with no understanding of why spread has not been achieved, or barriers to an organization implementing an innovation
- The promotion of innovations that do not meet local needs
- The use of sales methods to facilitate spread
- A poor culture of S&A in Wessex

6. Programme innovation portfolio & links to other programmes

The AHSN is a matrix organisation with many programmes cross-cutting. AHSN programmes compliment each other, have the ability to offer support, and add value. Such links must be considered by this programme and strong relationships must be built with other Programme Leads. This means that this programme needs to be aligned and conscious of other programme activities. For example, there are clear links from this programme with:

- **Industry and innovation programme** – this programme supports innovation creation. Clinical engagement is key for both programmes. We'd also hope for an innovation to pass from the innovation creation to innovation adoption programmes.
- **Evaluation and the Centre for Implementation Science** – due to the need to evaluate implementation, and consider impact of an innovation on patient outcomes.
- **Healthy Aging, PSC, Mental Health** – all are programmes where national innovations are being spread, and there is an opportunity for two-way exchange of learning and lessons.

It also means that where an innovation is best positioned with another programme, the innovation has been. Nationally prioritised innovations which are aligned with other AHSN programmes are:

- **SIM** – Mental Health programme
- **ESCAPE-Pain** – Healthy Aging Programme
- **Mobile ECG device roll out** – AF programme
- **PReCePT** – Patient Safety Collaborative
- **Emergency Laparotomy Collaborative** – Patient Safety Collaborative

All other innovations prioritised by the ITT, ITP, AAC, NIA and AHSN Network align with the NPI programme.

There are many NIA products – meaning this programme has defined an approach to the S&A for NIA products.

7. NIA – our approach

There are currently 36 NIA innovations (products), and an opportunity for a further 12 innovations to join the NIA programme in the 2019/20 NIA cohort. The innovations cover a whole range of perceived needs.

Some NIA products are prioritised by the AHSN Network for higher level support, e.g. ESCAPE-Pain, or through another prioritisation process (e.g. ITT, by application), and are receiving extensive support through such programmes. It is common for innovations to become NIA innovations, and progress on to larger scale schemes, such as the ITP.

36 (or 48 by 2019/20) NIA innovations are too many for WAHSN to support in detail – the NPI programme has stratified the NIA products into 4 categories to determine the support that they will be offered through this programme:

Category 1: **Must be spread** - fully supported due to national programme status, e.g. ESCAPE-Pain
Category 2: **Local opportunity for spread** – these products align with the work of WAHSN, and will be spread, where possible, via existing AHSN programmes
Category 3: **Spread by opportunity** – these are products will be spread when there is an opportunity to do so, but we will not actively seek opportunities
Category 4: **Dormant** – unless there is need, these NIA products will remain dormant on the NPI progamme

A product can transition between categories – this is most frequently expect from Cat 4 to Cat 3 as the work of the AHSN develops, and but this may also take place through national AHSN business planning, meaning a product may jump from Cat 4 to 1.

7. NIA innovation status

Product	Category (AHSN programme)
AliveCor's Kardia	1 (AF)
ArtemusICS	4
Brush DJ	4
CATCH – The Common Approach To Children's Health	4
Coordinate My Care	4
Dip.io	4
DrDoctor	4
Epilepsy Self Monitor – EpSMon	4
Episcissors-60	1 (NPI)
ERAS+	4
ESCAPE-pain	1 (HA)
FREED	4
Health Coaching	4
HealthUnlocked	4
HAMPTON	3 (NPI)
i-Thrive	4
Join Dementia Research (JDR)	4
Lantum	4
My Diabetes My Way	4

Product	Category (AHSN programme)
myCOPD	1 (NPI)*
Nervecentre Software	4
NeuroResponse	4
Non-injectable Arterial Connector	1 (NPI)
ORCHA	4
Outcomes Based Healthcare (OBH)	4
Oviva Diabetes Support	4
OWise	4
Patients Know Best	4
PneuX Pneumonia Prevention System	1 (NPI)
RespiraSense	4
SAPIENTIA™	4
Scarred Liver Pathway	4
SIM	1 (MH)
Severe Sore Throat Test-and-Treat	4
Sleepio	4
The WireSafe	1 (NPI)
WaitLess	4

* - NHS E has now stopped the sales of myCOPD licenses, due to the volume distributed via ITT. Limited further support to be provided to myCOPD via the ITT.

7. ITT, ITP, AAC, and AHSN nationally prioritised innovations

Our approach to supporting the spread of innovations prioritised via the ITT, ITP, and AAC processes will differ from that to the NIA innovation.

Unlike the approach to the NIA innovations, we will support the spread of all innovations on these schemes for the duration that an innovation is associated with the scheme (there will be no .

8. Method

S&A is hard to achieve – there are many examples of partially implemented innovations across the health and care system, and there are many barriers to S&A (See recent reports by the Kings Fund, Nuffield Trust, Health Foundation for example).

We also know that implementation science is a large academic field, with decades of research. This is all relevant to this programme.

Understanding these two points has determined that the method the NPI programme takes to S&A needs to be based on best practice, evidence, have a structure that we can replicate with different innovations, and deliver programme success.
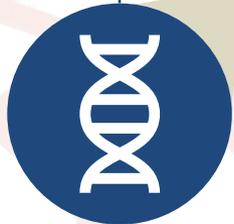
We have derived one approach/method for S&A – this is described on the next slide.

8. Method

Wessex
Academic Health
Science Network

Understanding the Innovation

Our method starts by identifying whether the innovation is *Sustaining* or *Disruptive* – and then analyses its essential characteristics that will determine how it spreads

Spread through networks

Innovations primarily spread through the social networks that link people together. Our method develops targeted spread plans for each innovation

Embedding Innovations

Innovations are sustained and embedded when the advantage over the previous technology is measured and observable to the adopters & their organisation

Understanding the adopters

Our method maps and understands the potential adopters – individuals, organisations and systems - and identifies key decision makers, opinion leaders, champions and networks.

Implementation Planning

implementing health technology programmes involves a great deal of work. Each scheme will have an implementation team and plan, supported by an AHSN project manager

Spread in Wessex

Our programme builds understanding of when and how technology is most effectively spread in Wessex and how the system and leaders support this.

With time, we wish to develop this method more and add further detail into it. We may end up with multiple methods, depending on complexity and technology/innovation type.

Further method details are at appendix 1

9. Programme delivery – six lines of work

Our method is broken in to a number of interlinking and related elements. Each element enables us to structure programme activities and deliver six key lines of work. This approach provides us with a mechanism to consider whether a new activity or delivery request adds value to the programme by reviewing against the six elements.

Understanding the innovators
This will include working with the innovator/supplier to fully understand an innovation and consider the benefits to the Wessex health and care system and build a relationship with the company. This includes codifying the innovation to understand the innovation in terms of the technology (and its approvals, e.g. NICE), the workflow, the culture, the skills etc. as the core ingredients of the innovation. We will understand the innovation in the context of competitors and current levels of engagement and use in the region. We will document this factors (in our Spread and Adoption Baseline document) to help the benefits of the innovation be clearly understood – this can also include ROI or budget impact modelling.

Understanding the adopters
We will work with key influencers, stakeholder and champions to understand the needs of the adopters. This includes CCG's as commissioners of services to understand the impact of an innovation from their perspective. We will work with organisations to review and understand their approach to the adoption of innovation, for example, by undertaking innovation adoption reviews.

Spread through networks
We will engage with the appropriate networks to understand the need, desire, and views toward innovation.

Implementation planning
We will provide support for organisations looking to implement a new innovation, through business case development, analysis of the "size of the prize" or size of opportunity, and by providing implementation guidance/toolkits where required.

Embedding innovation
We will support the implementation of innovation by offering support with service/real world evaluation and guidance, and we will constructively challenge those who are not using an innovation. It is our role to understand barriers to embedding innovations, and feed these back to the relevant commissioner and/or supplier.

Spread in Wessex
We will measure and communicate progress across Wessex, and nationally where possible. We will build and network colleagues to develop a culture of innovation spread in Wessex.

10. Our offer – to innovators

This programme will provide support to the innovators, the adopters, and to the wider health system. This will be undertaken in a number of ways. Not all methods are applicable to all innovations – the offer of support provided through this programme is detailed over the next 3 slides.

To innovators

- **Our evidence based method** – we will apply our evidence based method to the spread of innovations that becomes part of the NPI portfolio. This includes the creation of spread and adoption plans to understand the need, the solution, and the attributes of the innovation. We are engaging with "networks" to generate relationships, understand need, and promote innovation uptake.
- **Showcasing of innovations** - through case studies, blogs, by attending meetings/workshops/events (to generate interest amongst potential adopters), and through invitational speakers at events, who have adopted an innovation and are willing to champion use.
- **Promotion of innovations** – through the creation and dissemination of product flyers, product awareness presentations, by representing innovators at meetings and events, by inviting appropriate clinicians, commissions and managers to introductory web-ex's on innovations, and we will promote innovations on our dedicated webpages.
- **Networking** – we will introduce innovators to the appropriate clinicians and leaders/decision makers in the NHS, e.g. in CCGs/STPs to facilitate conversations on possible usage.
- **Support** – we can circulate operational support documents on behalf of the innovator, for example, ordering and procurement crib sheets, by make adopters aware of tariff information and costs, e.g. at the end of the ITP tariff and providing other implementation support.
- **Problem solving** – we will provide support to innovators to overcome hurdles and barriers to adoption, facilitating solutions, and escalating issues where appropriate.
- **Visualisation of adoption** – we will undertake mapping to illustrate the uptake of innovations across the region, allowing adoption and non-adoption to be transparent and seen.

10. Our offer – to adopters

To adopters

- **Networking and showcasing** – we have the ability to link adopters to those already using an innovation for peer-to-peer discussions, observation, and trialing. We know all three of these elements are key in the adoption process. Innovators often have a demonstration site, or flagship site – introductions and invitations to events at such sites can be arranged for interested adopters.

- **Implementation planning** – we have a capability and access to tools that assist planning implementation, such as focus group facilitators to engage teams and assess "readiness for adoption", through to the "scale up" template to plan implementation.

- **Literature** – we are able to share literature with adopters for their review, such as academic paper on impact or clinical benefit.

- **Training** – we will facilitate required training to use the innovation (usually delivered by the innovator/supplier).

- **Business case development** – we can offer support with the creation of business cases for innovations and justification for (non-)adoption.

- **Impact analysis and "size of the prize"** – where required, we have the ability to undertake analysis of need, impact, and economic modelling to determine what impact an innovation could have on an orgainsation/on the health system. For this, we may link with our Centre for Implementation Science / Evaluation Team.

- **Implementation guides** – where appropriate, we will create implementation guides for innovations to aid adoption and can work with an organisations implementation/change team on implantation planning.

- **Problem solving** – we will provide support to organisations to overcome hurdles and barriers to adoption. We will feedback issues and barriers to innovators, and commissioners of a prioritisation schemes (e.g. AAC, or NHS E)

- **Real world evaluation** – WAHSN has the capability to undertake "RWE" for innovations to determine impact.

To the system

- **Adoption reviews** – we have the ability to undertake adoption reviews with local organisations to understand how an organization identifies, debates and adopts new innovations. The goal of this is to generate learning on the process, and improve innovation adoption in, e.g., secondary care trusts.
- **Network engagement** – we will engage with local networks (both peer to peer and formal committees such as CCG or STP boards) to seek an understanding of need for innovation. We will undertake necessary horizon scanning/market reviews, and work on behalf of a network to find appropriate solutions if required.
- **Feedback** – we will provide feedback to the appropriate management boards (e.g. ITP national board) on issues, barriers and successes.
- **Promotion and showcasing** – of usage, uptake, and patient/staff/system benefits across the health system as a result of adoption.
- **ITP selection** – we will use our experience to contribute to the selection of future ITP innovations.

Appendix 1: Wessex method for spread

An evidence based[1] method for supporting spread and adoption is being developed based upon six inter-connected elements.

① Understanding the Innovation

Our method starts by identifying whether the innovation is *Sustaining* (improves) or *Disruptive* (replaces).

For Disruptive innovations we focus on its understanding its advantage and the barriers to and incentives for spread – with an emphasis on preparing to engage with the adopting system.

For Sustaining innovations we focus on understanding how it fulfils the 6 attributes that are most influential in diffusion – with an emphasis on the individual adopter's decision making.

Supply side

② Understanding the adopter system

Mapping and understanding the **potential adopters** – individuals, organisations and systems – and identifying key decision makers, opinion leaders, champions and networks

A pilot review with one acute Trust in Wessex is planned, to review and design processes and people that support the spread of new technology at each of these levels. The aim will be to share the learning and to offer this review to other members.

Demand side

③ Spread through networks

We are mapping the clinical and professional networks in Wessex because innovations primarily spread through the social networks that link people together. Important roles in networks include opinion leaders and champions.

The outputs from 1. and 2. enable us to produce targeted spread plans for each innovation. The aim is to deliver the **system incentives** for disruptive innovations and a **positive decision to adopt** by key potential adopters for all.

Networks

Key references include:
- Greenhalgh et al. How to spread good ideas. A systematic review of the literature on diffusion, dissemination and sustainability of in innovations in health service organisation and delivery. (2004)
- European Commission – Expert Panel on effective ways of investing in health. Disruptive Innovation – considerations for health and health care in Europe. (2016)
- Greenhalgh et al. Beyond Adoption. A new framework for theorising and evaluating Non-adoption, Abandonment, and challenges to Scale-up, Spread and Sustainability (NASSS) of health care technology. (2017)

Appendix 1: Wessex method for spread

An evidence based method for supporting spread and adoption is being developed based upon six inter-connected elements.

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④ **Implementing**

Each scheme will have an implementation team and plan, supported by an AHSN project manager.
The evidence is that implementing new technology and processes can involve a great deal of work – and be complex and disruptive.
Each scheme will identify the evidence based implementation method that meets its need.
Connecting adopters together, setting and measuring quantifiable aims have been shown to support implementation.

Programmes

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⑤ **Embedding**

Innovations are sustained when the advantage over the previous way of working continues to be measured and observable to the adopters, their organisation and across key networks. The ongoing collection of metrics and networking of adopters is an important part of this programme.
A sustainable economic model will be required for innovations that are pump primed (e.g. ITT and ITP).
Normalisation Process Theory (NPT) can provide quick insight into whether the innovation is becoming embedded.

Insight

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⑥ **Developing the Wessex system**

Our programme aims to build collective understand the context for new technology in Wessex, when and how it is most effectively spread and how the system and leaders support this. It includes:

- The pilot review with an acute Trust described at 2.
- Mapping and engaging the clinical and professional networks at 3.
- Improving the understanding of the attributes/ advantage of new technologies at 1.
- Best practice in implementation
- Measuring the impact and advantage of new technology

System