

How policy makers try to have innovations adopted faster and more systematically through the health care system

NHS Innovation Accelerator

Dr Charlie Davie

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A partnership organisation

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23 healthcare organisations acute and mental health trusts; community providers
20 Clinical Commissioning Groups (CCGs)



Industry partnerships in research and translation of innovation into health and wealth



10 higher education institutes and research networks
844 GP practices



26 boroughs and local councils

www.escardio.org/EHRA

Dr Charlie Davie



Focus on three key areas to achieve the most positive impact

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Discovery science

Speeding up the development of new treatments, diagnostics and prevention strategies

Innovation and improvement into practice

Enabling academics, healthcare professionals, industry and patients to work together to speed up innovation into routine practice

Population health and place-based care

Supporting people and organisations to connect across boundaries to deliver sustainable care for 6 million people in our population

A unique business model

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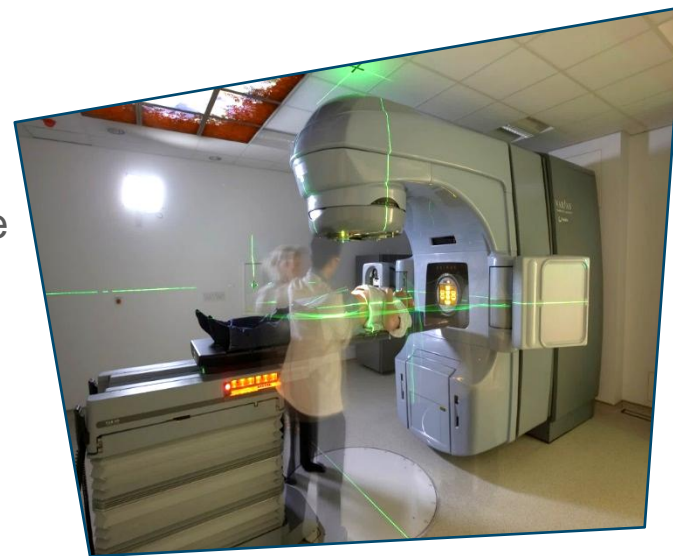
UCLPartners aligns the following functions in one partnership:

- Academic Health Science Centre (AHSC)
- Academic Health Science Network (AHSN)
- NIHR Collaboration for Applied Health Research and Care (CLAHRC)
- NIHR Clinical Research Network (CRN)
- Genomic Medicine Centre

UCLPartners Academic Health Science Network

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- Designated in May 2013 by NHS England
- The AHSN exists to achieve three core objectives:
 - Speed up adoption of innovation into practice to improve clinical outcomes and patient experience
 - Build a culture of partnership and collaboration
 - Focus on the needs of patients and populations
 - Create wealth



UCLPartners Academic Health Science Network

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- Developing and evaluating **new models of place-based care**
- Supporting **innovations** to be implemented at pace and scale
- Facilitating development of capability and infrastructure to improve **quality, safety** and **value**



Underpinned by our **values** - patient-led; population focused; developed in partnership; and delivered at pace

Sustainability and Transformation footprints in UCLPartners

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There are **five STP footprints** that overlap the UCLPartners geography. We have had varying degrees of involvement with plans to date, primarily responding to requests and invitations from partners



Footprint	Constituent CCGs	Population coverage (m)
Milton Keynes, Bedfordshire and Luton	Luton, Bedfordshire, Milton Keynes	0.9
Hertfordshire and West Essex	Herts Valleys, West Essex, East & North Herts	1.4
Mid and South Essex	Basildon & Brentwood, Castle Point & Rochford, Mid Essex, Southend, Thurrock	1.2
North Central London	Camden, Barnet, Enfield, Islington, Haringey	1.4
North East London	Hackney, Barking & Dagenham, Redbridge, Havering, Tower Hamlets, Newham, Waltham Forest	1.9

NHS Innovation Accelerator (NIA)

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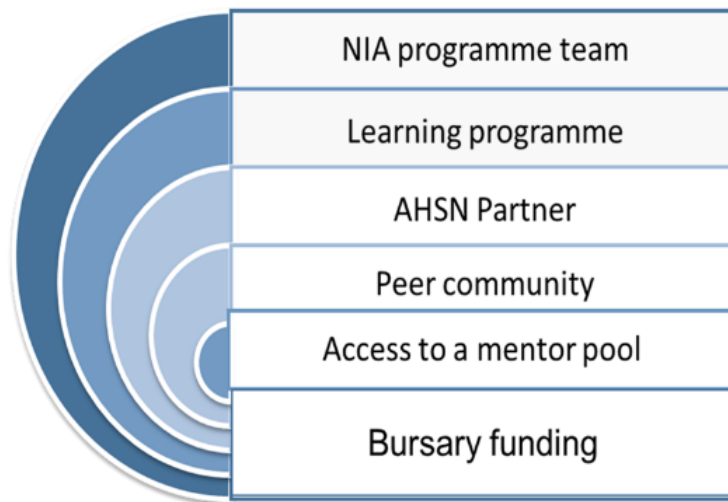
AIM to help create the conditions and cultural change necessary for proven innovations to be adopted faster and more systematically for patient benefit

Selects: annual call for Fellows representing high impact evidence-based innovations via a robust multi-stage selection process

Offers: Bespoke support through a range of mechanisms to accelerate national uptake

Progress at 18 months for the first 17 innovations:

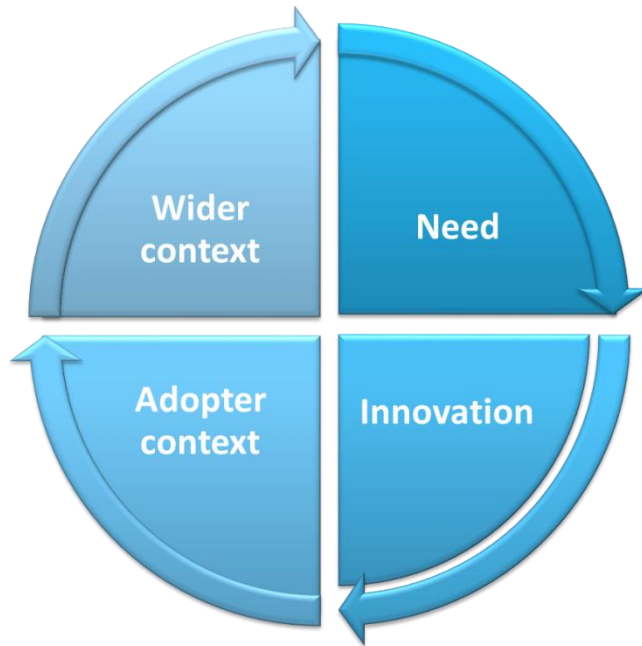
- 419 additional NHS organisations
- £20m funding secured
- 9 selling internationally



What to consider before developing a bespoke spread model ?

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- Behaviour of surrounding organisations
- National guidelines and policies
- Incentives and disincentives
- Demand / market
- Local strategy/ priorities
- Leadership
- Infrastructure/ capacity
- Effectiveness of current practices
- Freedom to operate



- Compelling case
- Population size
- Number of advocates
- Alignment with strategy

- Type
- Cost
- Evidence base
- Competitors
- Business model



What are the components of the NIA spread model?

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BESPOKE to both the INNOVATION and ADOPTING CONTEXT

ENABLING SYSTEM CONDITIONS

*Create and influence
levers to enable
innovation*

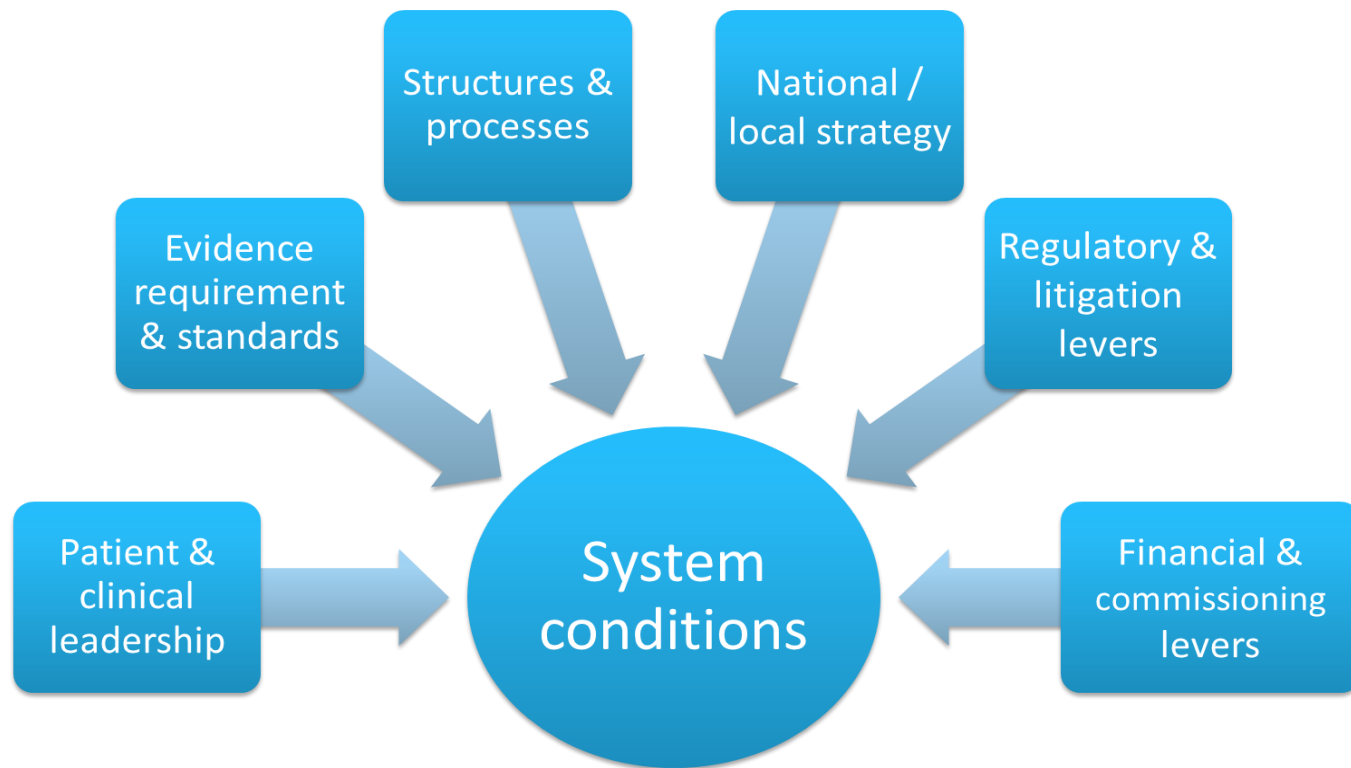
MATCHING SUPPLY AND DEMAND

*Select the best and
identify processes
that bring together
supply and demand*

SUPPORTING SUPPLY SIDE

*Support health
entrepreneurs*

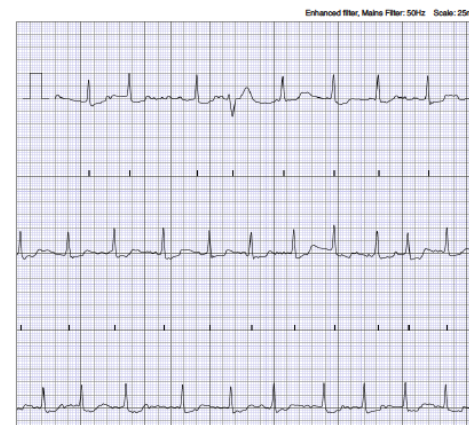
Components of the spread model: System conditions





- Make diagnosis
- Store PDF in EHR

Patient: Frank G
Heart Rate: 90bpm
Duration: 30s
Patient symptoms: Dizziness, Chest pain, Anxiety
Findings by AliveCor: Possible atrial fibrillation



AliveCor®

Kardia AliveCor

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Kardia AliveCor is a mobile heart monitor that allows individuals to detect, monitor and manage heart arrhythmias with automatic analysis

Primary Barriers: Structures and processes

ENABLING SYSTEM CONDITIONS

Patient and clinical advocacy

Strengthening the economic case

Mobile ECG devices fund

MATCHING SUPPLY AND DEMAND

Brokering role of AHSNs

Focus on prevalence gap/
population need

SUPPORTING SUPPLY SIDE

Support health entrepreneurs

Understanding Primary Care

Networking

Procurement

News archive

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News

NHS England announces first medtech devices and apps to join fast track payment scheme for innovation

© 2 November 2016 - 00:01

Medtech devices and apps will for the first time be included under NHS national payment rules helping to accelerate uptake, NHS England Chief Executive Simon Stevens has announced today. The commitment to create a new Innovation and Technology Tariff was [announced by Mr Stevens in June](#).

Now following clinical review, the first six innovations have today been selected as part of a new Innovation and Technology Tariff, benefiting women giving birth, patients with chronic lung problems, men having urological surgery, and acutely ill inpatients. NHS England is also, in parallel, backing new mobile technology solutions for diagnosing heart problems.

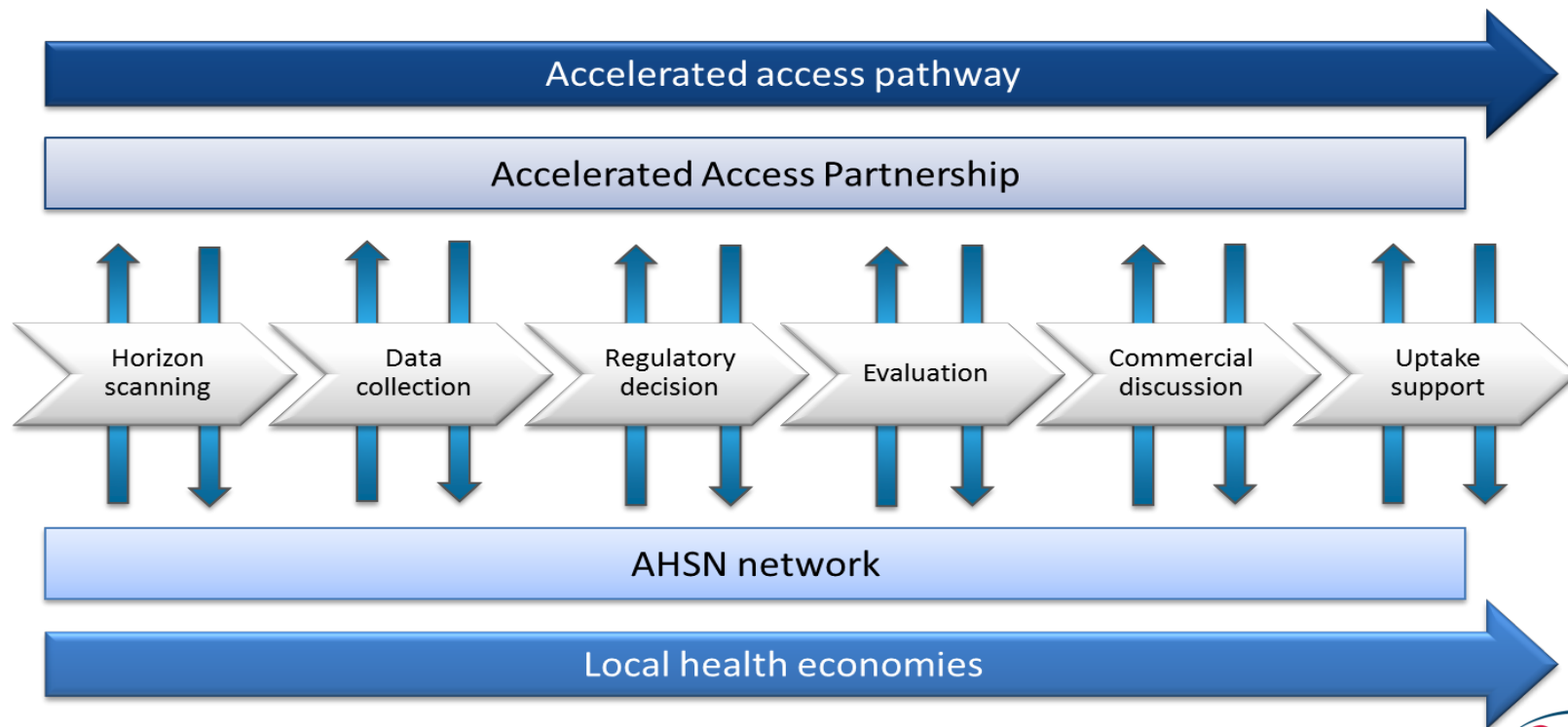
The new Innovation and Technology tariff will help cut the hassle experienced by clinicians and innovators in getting uptake and spread across the NHS. It will remove the need for multiple local price negotiations, and instead guarantee automatic

“Separately from the tariff, there will also be central funding for CCGs to purchase mobile ECG devices”



Accelerated Access Review (AAR) October 2016

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Pathway Transformation

- Support the change management capability of NHS organisations in overcoming the barriers required to undertake any reconfiguration following the implementation of a new technology.
- Support additional capacity and capability to overcome:
 1. Lack of staff expertise or capacity to consider and drive change;
 2. 'Cultural' resistance, such as the need for staff redeployment, skills development etc;
 3. The direct costs of pathway change e.g. new supporting infrastructure, staff
 4. training, communications around service change; and,
 5. The cost of running two pathways alongside each other during switchover.
- Review recommends half of this should be matched by external sources such as industry or charities.
- Funding would be linked to clearly defined outcomes.

A strong start

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“We'll support the AAR's streamlined pathway to identify high value innovations. We'll then help pull them through into mainstream care - building on our AHSNs, innovation testbeds, and our new Innovation and Technology Tariff.”

For more information, please contact:

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