Academic Health Science Network
North East and North Cumbria

DxNE 2019

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www.ahsn-nenc.org.uk
@AHSN_NENC

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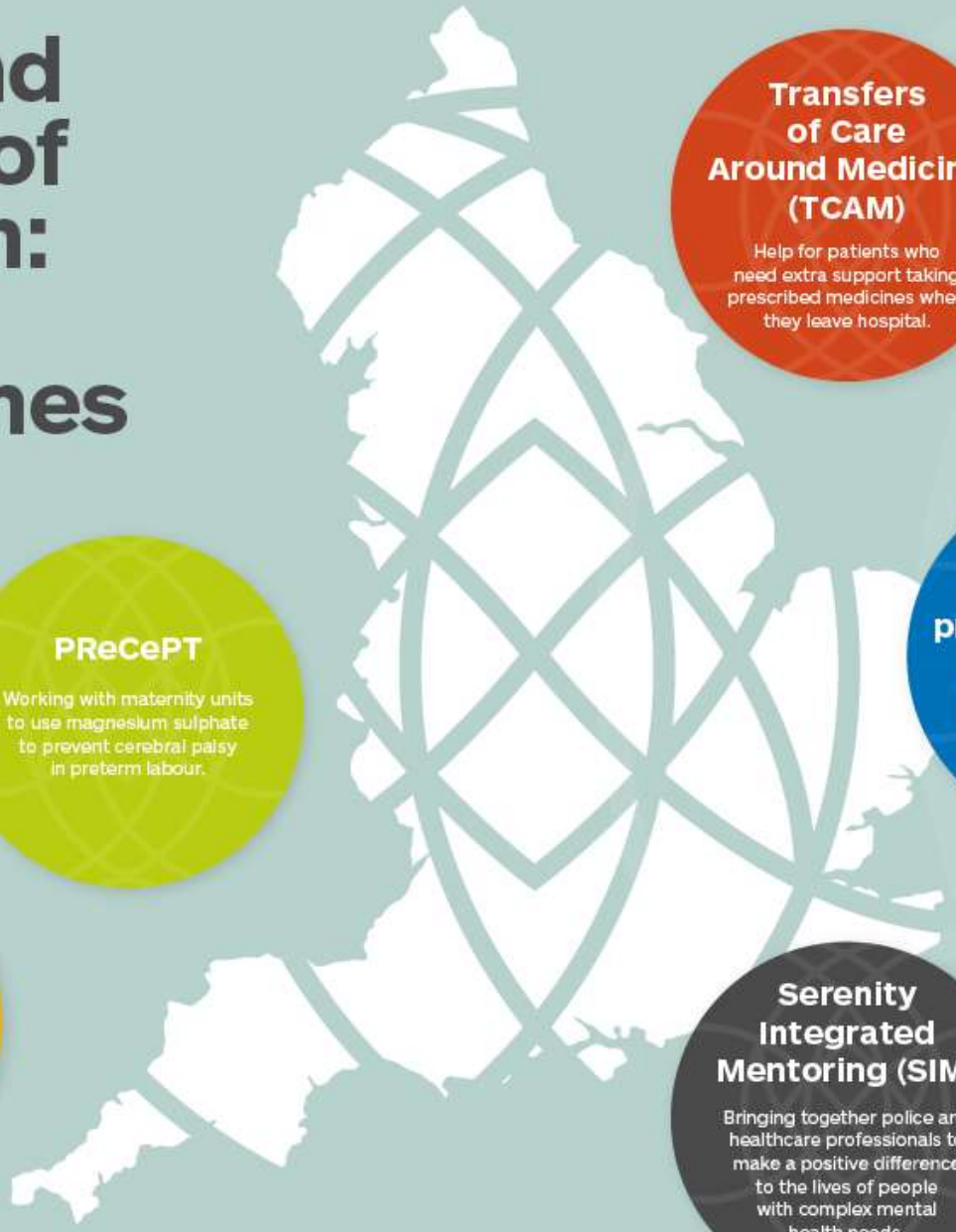
Supporting innovation and adoption of diagnostics

- What AHSNs are about
- Supporting adoption of innovation
- The secret of adoption

An Academic Health Science Network

Spread and adoption of innovation: national programmes



Transfers of Care Around Medicine (TCAM)

Help for patients who need extra support taking prescribed medicines when they leave hospital.

Atrial Fibrillation (AF)

Sharing learning and spreading best practice from across the 15 AHSNs to reduce AF-related strokes.

PINCER - preventing prescribing errors

Supporting pharmacists and GPs to identify patients at risk from their medications and taking the right action.

PReCePT

Working with maternity units to use magnesium sulphate to prevent cerebral palsy in preterm labour.

Emergency Laparotomy Collaborative

A collaborative approach to improving standards of care for patients undergoing emergency laparotomy surgery.

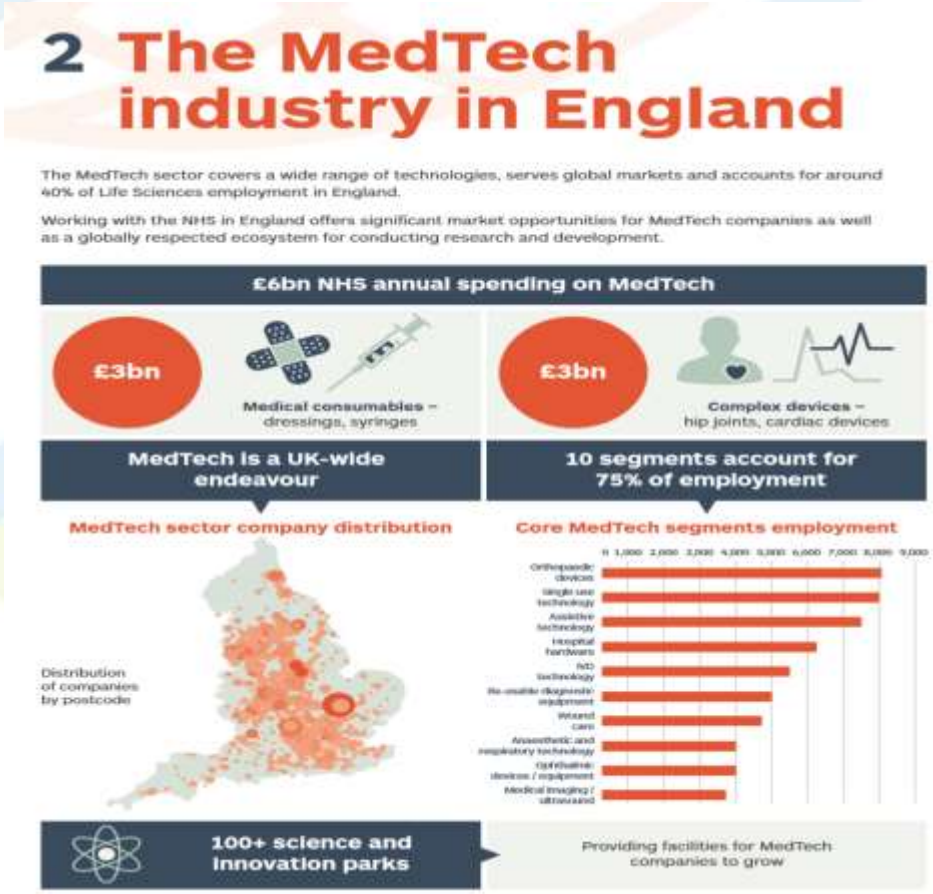
Serenity Integrated Mentoring (SIM)

Bringing together police and healthcare professionals to make a positive difference to the lives of people with complex mental health needs.

ESCAPE-pain

A group rehabilitation programme for people with knee and/or hip osteoarthritis, providing self-management support in the community.

Med Tech in the NHS



https://www.ahsnnetwork.com/wp-content/uploads/2019/02/MedTech-Landscape-Review-AHSN-Network.pdf

Creation
Development (Prototype)
Development (Trials)
Regulation
Evaluation / reimbursement
Commissioning and adoption
The MedTech innovation pathway
The key activities underpinning each step of the MedTech innovation pathway are outlined below:
Creation
Identification of market value of concept, impact on outcomes and market access barriers
Page 11
Development (Prototype)
Development and refinement of product ready for regulatory assessment and clinical evaluation
Page 14
Development (Trials)
Clinical evaluation of product to demonstrate that it is safe and performs as intended
Page 15
Regulation
Assessment of product to ensure it conforms to the requirements for the relevant legislation in each jurisdiction in which the product is to be marketed
Page 17
Evaluation / reimbursement
Evaluation and endorsement of the health and economic case, clarification of reimbursement approach
Page 19
Commissioning and adoption
Preparation for, and entry to market, development of business case
Page 22

AAC Rapid Uptake Products - Diagnostics

Placental growth factor (PIGF) based testing for suspected preeclampsia

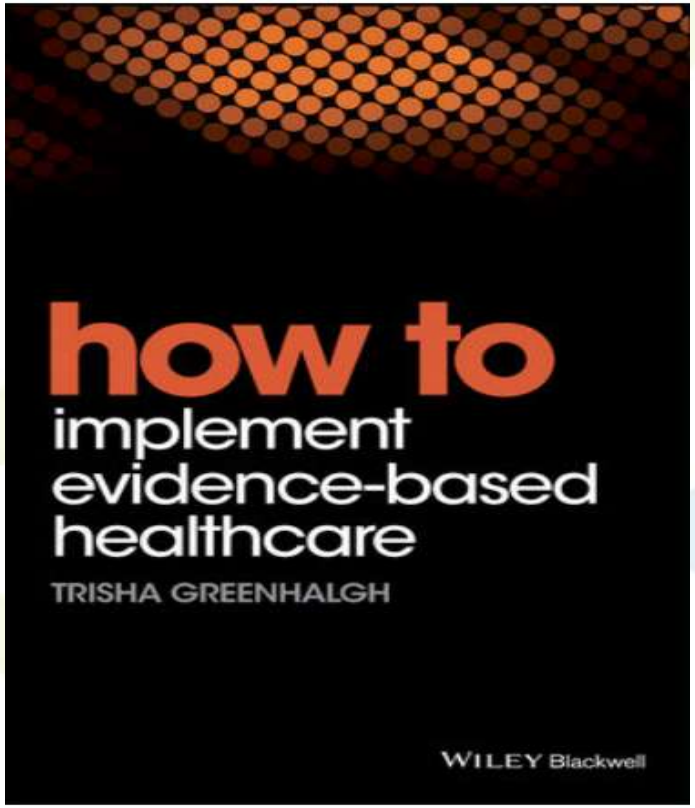
- Two tests for early diagnosis of pre-eclampsia in pregnant women, which if unmonitored, can cause serious complications for mother and baby.

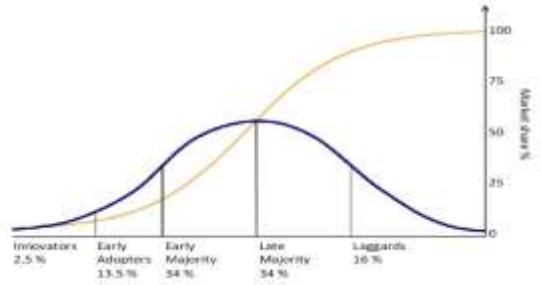
High sensitivity troponin tests for early rule out of myocardial infarction

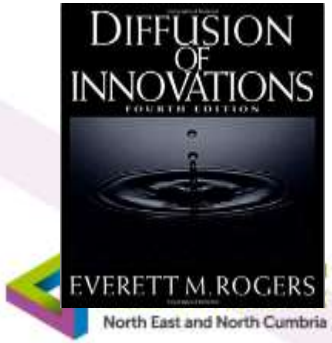
- Two tests that detect whether or not a patient is at risk or previously had a heart attack.

Quantitative faecal immunochemical tests for colorectal cancer

- Three tests that reduce referrals for patients with suspected colorectal cancer.







Thinking about adoption of innovation

- Spread and adoption is hard…
- Implementation science is a large academic field
- Need a method - based on best practice, evidence, and a structure that we can replicate

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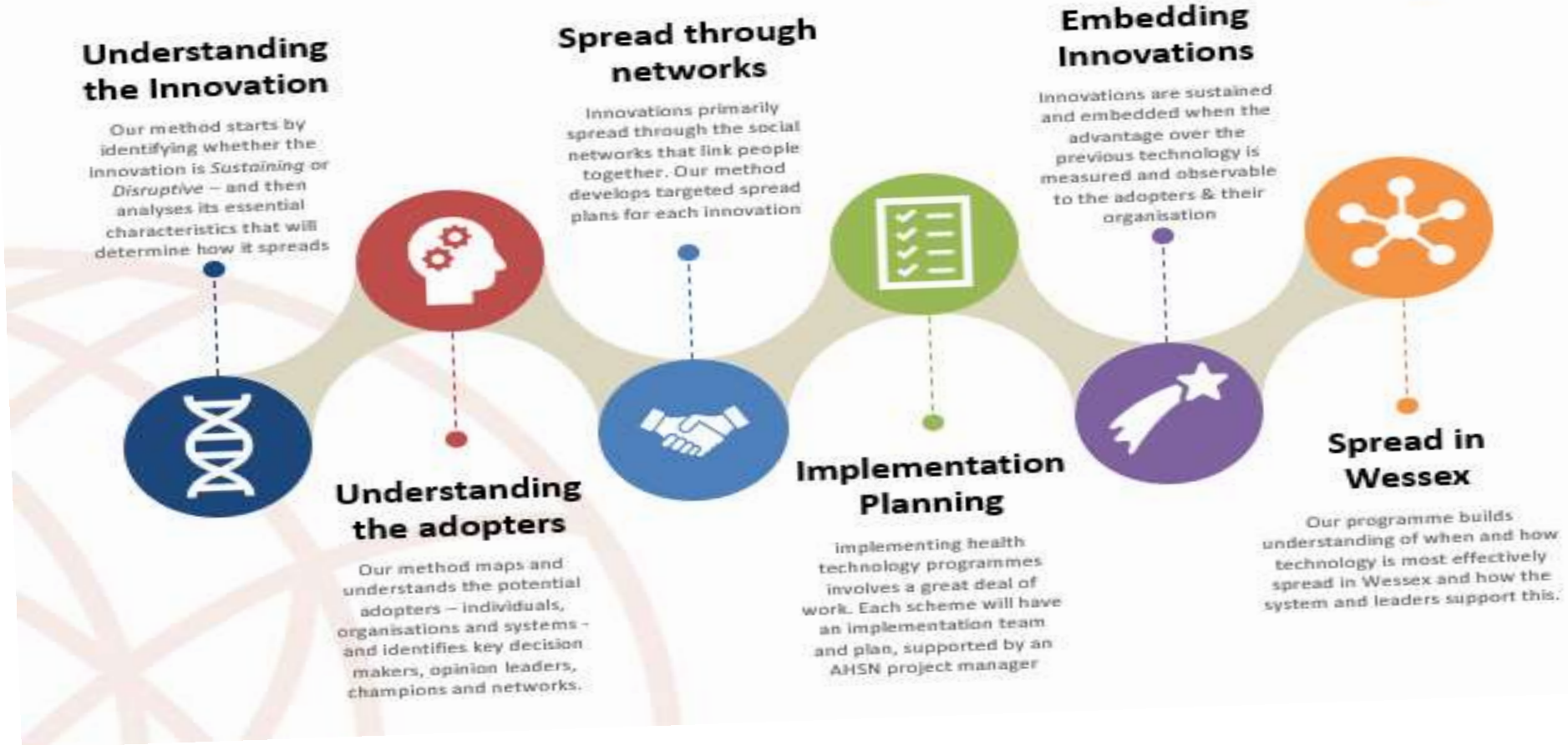
An Emerging Method in Wessex



The "Six Cs" of Adoption & Spread

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- **Content** & **Context** are critical,
  - Objective clinical, technical and economic evaluation,
  - Demonstration of improved clinical outcomes, better patient experience and reduced costs,
  - Delivers on the strategic direction of the organisation.
- **Champions** are vital at national, regional, local and very local levels,
- **Clarity** & simplicity,
  - Clear messaging that makes Adoption & Spread a "no brainer",
  - The process of implementation has to be straight forward even though it might not be easy,
  - Support in making the change is essential – clinical evidence, health economics, implementation guidance, procurement documentation, "executive" summary, FAQs, "help line".
- Adoption & Spread is a **Contact** sport!
  - Publishing a well referenced academic paper is not enough to change behaviour,
  - Adoption & Spread requires people to meet people.
- **Co-production** is a powerful accelerant,
  - Patients and carers need to be engaged early and often,
  - Teams need to work collaboratively throughout the process from "cradle to grave",
  - Pull is better than push, pull and push is even better.

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Transforming ADHD Care through innovation - QbTest

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- **Content and Context**
  - Data derived from **RCT (CLAHRC)** and **Real World Validation (AHSN)** studies.
  - Time from assessment to diagnosis reduced by **153 days,**
  - Enables **Future in Mind** and **FYFV for Mental Health,**
- **Champions and Contact**
  - Clinicians love the system and the time they get back,
  - Clear financial benefit for **commissioners** and **providers**,
  - **AHSN - contacting, connecting, catalysing, persuading, organising…….**
- **Clarity**
  - Simple, objective messaging with a clear path to implementation,
  - Reduced time to diagnosis plus savings of **32.6%** with an **ROI** of **£84,600.**
- **Co-production**
  - **Patients, Families** and **Clinicians** involved in pathway re-design,
  - **85%** of patients found the QbTest results helpful,
  - **94%** of clinicians reported greater understanding of patients symptoms.

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The AHSN Network 7 Spreadly Sins

1. Never start a project without a spread plan
2. Choose the right innovation to spread – robust business case & evaluation
3. Plan realistic timelines for spread
4. Understand what's expected of AHSNs & resource implications
5. Make sure we have assessed our access to data; and use it to baseline. An essential enabler for improvement
6. Learn from failure - lose the stigma, fail fast, be honest
7. Exit strategy; when do we stop? Sustainability doesn't mean we keep doing it!

The secret of adoption