Meeting of the West of England
Academic Health Science Network
Board

To be held on Wednesday 8 March 2017
commencing at 10:45am at Seminar Room,
Post-grad Medical Centre, Royal United
Hospitals NHS Foundation Trust  BA1 3NG

Agenda Item:  4.1

Support for National and Regional Innovation programmes

1. Purpose
This paper provides the board with an update on national and local innovation schemes and suggests options through which we might support these and take advantage of opportunities to develop partnerships with other stakeholders.

2017-2018 is likely to be a transition year towards our new license the terms of which are under discussion. However, several national programmes have already been announced and also some local innovation schemes that involve the West of England AHSN are now moving ahead.

There is an expectation that AHSNs as whole will align more closely to each other and that support to local STPs will be a priority.

2. National Innovation Schemes
NHS England have indicated that they would like to see AHSNs provide a more consistent approach to delivery of national programmes and also provide a more coherent interface to businesses working with AHNSs.

Consequently AHSNs are looking to offer greater coordination of national programmes via the AHSN network and are looking to individual AHSNs to take the lead on delivery on behalf of the network. For example the SBRI programme has been delivered by Eastern AHSNs and the National Innovation Accelerator by UCL partners on behalf of the 15 AHSNs.

2.1 SBRI
The industrial strategy green paper published last month by the government expresses support for expanding the SBRI programme. There will most likely be increased funding for SBRI. Our SBRI healthcare programme has been a very valuable source of engagement with the business community and has built credibility with the private sector.

However, SBRI is probably not going to align with NHS England’s priorities of focusing more on adoption than early stage development. WE-AHSN may therefore not have significant resource to place centrally on supporting SBRI.

Resource could sit with a health and life sciences innovation exchange operated by several partners sharing costs for delivery and having some ability to recover costs.
(e.g. bid writing for companies).
2.2. National Innovation Accelerator.

All 15 AHSNs have agreed to support the National Innovation Accelerator Programme operated by UCL partners for 2017-18. The NIA aims to pick up innovations that have already achieved ‘some level of clinical and cost effectiveness’. The programme has lacked clarity in terms of whether it supports individuals or their innovations however; we have agreed to work more closely with the NIA team to help them improve the programme going forward. Currently there are 18 fellows on this scheme.

We have agreed in principle to support the programme for 2017-18 and will need to provide a budget to support the NIA programme and Fellows this will cost £30,000 which will be budgeted for as part of the 16/17 Business Plan. We will also need to supply in kind support for mentorship and as assisting with local engagement with their innovations as well as providing senior support to the NIA team.

2.3 Innovation Technology Tariff.

Simon Stevens, Chief Executive of NHS England announced the introduction of a new Innovation Technology Tariff last November. Currently there are 6 specifications for innovations that have been agreed nationally. NHS organisations will be able to purchase these on the national tariff; in the same way that they use existing tariffs and will reimbursed an agreed sum per procedure or product up to an agreed cap. A seventh category around mobile ECG is being discussed with the primary care sector.

AHSNs are being asked to support local sites interested in adopting innovations covered by the ITT and it is likely that further innovation will be available on the ITT over the next year and that a future metric around adoption rates is likely.

2.4 Test Beds.

Test beds are a flagship programme of the NHS along with Vanguards. Test beds aim to prove the value of combinations of innovations to deliver sustainable change in a real world setting. The first wave of test beds designated 2 IOT test beds and 5 NHS test beds. WE-AHSN is the only AHSN that leads a test bed and hence the most experienced AHSN in running test beds.

A second wave of test beds is being developed and it is anticipated that AHSNs will have a greater involvement in wave 2. So far West of England AHSN has led on these discussions with NHS England and OLS on behalf of the AHSN network. Test beds have the potential to be transformative and our suggestion is that these could align with STPs and offer an effective mechanism for innovation procurement.

Our current test bed will run until 2018-19 and we will require significant internal resource until then. If we are chosen to support the Test Bed programme on behalf of the AHSN network we will require further resource to backfill existing posts.

2.5 Accelerated Access Pathway.

AHSN have helped shape the Accelerated Access Review (AAR) and are named as ‘the’ delivery partners. The AAR recommends setting up a national board to select 5-10 nationally agreed innovations to fast track to adoption at scale on an Accelerated Access pathway (AAP).

AHSNs are also expected to deliver the recommendation of the AAR and set up local innovation exchanges to assist with earlier stage innovations. There may be additional funding to support AHSNs to deliver the AAR and possibly innovation exchanges (but not agreed yet).
3. **Local Innovation programmes**

The West of England AHSN will be a delivery partner in two ERDF funded local growth programmes.

1) A Healthcare Accelerator Programme led by Wiltshire council, which we will run jointly with Wessex AHSN. This builds on our Healthcare Innovation Programme and will be offering support packages for businesses with new products in health and life sciences in Swindon and Wiltshire.

2) A health technology hub at Future Space (on the UWE campus) to develop new technology hub for assisted living. We are working on this programme in partnership with the West of England LEP, the University of Bristol, UWE and Hewlett Packard Enterprise.

There are resource implications associated with these programmes that the AHSN will need to match fund the 2 programmes as indicated in our ‘Enterprise’ board update.

4. **Innovation Exchanges**

The Accelerated Access Review suggests that AHSNs should set up ‘Innovation Exchanges’. The current draft proposal in discussion with OLS suggests that Innovation Exchanges should be ‘a community of stakeholders hosted by an AHSN to facilitate the creation, fostering and adoption of innovation’.

In several AHSNs (e.g., York and Humber, NW Coast, London Digital Health Accelerator) this has already taken the form of a partnership between AHSNs and local growth hubs supported in part by local regional growth funds.

There is currently an opportunity to develop a similar approach in the West of England based on our emerging local innovation programmes in partnership with other stakeholders.

1) The AHSN has an existing network of local businesses that operate in healthcare and also has a database of companies that work with our stakeholders. Together with the work we previously carried out with our sector groups in the Local Enterprise Partnerships and the work done by Medilink South West this forms a cluster of around 300 businesses (mostly SMEs). Medilink SW and the Health sector group of the LEP is interested in exploring how it can work with the WE-AHSN to better support local healthcare businesses.

2) WE AHSN has been establishing a series of joint local initiatives with neighboring AHSNs (Wessex, South West and KSS) such as our health innovation programme and our healthcare investment funds. There is increasing opportunity to enter into shared cost programmes.

3) The LCRN is also currently looking to develop greater partnership working with private sector and wants to expand its role in evaluation of medical technologies. LCRN is interested in exploring a partnership with the WEAHSN and the local growth hubs. LCRN is also developing partnerships with neighboring research networks across the South of England.

We would like to explore how we could:

- Work with our local growth programmes delivered in partnership with the LEPs and Medilink SW to provide enhanced business support services and industry engagement.

- Work with the LCRN and our Universities to see how we could provide a technology evaluation service to Industry.

- Work with local stakeholders to develop a digital health accelerator programme similar to that provided by the London AHSNs.

- Work with the AHSN network and neighboring AHSNs to provide a more coherent Innovation exchange function.
Work with local stakeholders e.g. the Health Technology Hub, LCRN and others to develop a living lab approach to patient engagement across the West of England.

WE AHSN would like the board’s approval to set up a task and finish group to explore how the AHSN might host a partnership to operate and resource a joint Health and Life Science Exchange in partnership with local stakeholders and neighboring AHSNs

5. Support to STPs

At the last board meeting we were tasked to scope how we could set up a joint project across all STPs to support respiratory innovation and improvement.

This exercise has provided an important insight into how STPs work, and as one would expect, there is considerable variation across each, in terms of their readiness for mobilisation and implementation of specific innovative solutions in the respiratory field.

Recognising that each STP works differently, and therefore that it will be hard to find a ‘one size fits all’ approach or a common project scope for a clinical pathway, we now propose that we shift focus away from a single clinical area and focus instead on how to support the process of adoption and spread of innovation within STP footprints. We would like to suggest that we co-design an Innovation Panel for the West of England with the primary purpose of supporting STPs to:

- Apply for WEAHSN innovation funding and or improvement support opportunities across a range of clinical and/or operational areas
- Act as a conduit to apply for funding and tariff offers from external funders (A potential example is that in wave 2 of the test beds STPs will be canvassed as to how they would construct a test bed, that may have up to £2.5M in funding, to develop a combinatorial innovation approach to transformation.)
- Act as a platform to create and lead innovation, improvement or procurement challenges on the behalf of a single or multiple STPs
- Act as a forum for all STPs to discuss potential joint innovation ventures
- Act as a ‘community of practice’ to deepen learning about how to commission, deliver and adopt innovation
- Act as a funnel to enable the fast track of adoption of best practise and innovation from outside the locality
- A delivery mechanism for the National Innovation Programmes hosted by the AHSN network

We propose that we develop this platform using a co-design approach that complements the existing work within STPs and member organisations. The AHSNs role in this would be to act as a ‘neutral broker/ system architect’ helping to forge joint-working relationships across STPs, industry, academia, patients and public, and appropriate arms-length bodies.

An operational feature of this new model is that each STP would also gain access to a whole time equivalent Band 7 Project Manager provided by the West of England AHSN who would be embedded in each STP to help with the administration/facilitation and project management of the Innovation Panel, alongside a remit to deliver STP specific work in recognition that this process will require operational capacity building. (referenced in Business Plan 2017/18)
WEAHSN would like the board’s approval to set up an Innovation Panel through a co-design process with the three STPs.

6. **Risk implications, assessment and mitigation**

Our programme is ambitious and includes novel approaches which are difficult to map at an early stage. We understand that urgent demands can delay longer term important activities and have developed our operational plan to identify development time and activity leads to counteract this possibility.

At present this is a high level idea with no key stakeholder input. It is therefore a high risk. Mitigation is the next step to seek senior STP leadership input.

7. **Implications on Equalities and Health Inequalities**

Our project reviews will include an Equality Impact Assessment.
8. **Recommendations**

**The Board is asked to note:**

7.1 that the AHSN has joined the National Innovation Accelerator programme and the the £30,000 direct costs will be built into the budget for 2017/18

7.2 the Innovation Technology a Tariff and the AHSN’s role in promoting its uptake

7.3 that West of England AHSN may lead on the national selection and establishment process for the second wave of test beds.

7.4 the expectation that AHSNs will be the delivery partners for the Accelerated Access Review at local level

7.5 that West of England AHSN is a delivery partner for two ERDF schemes and will provide matched funding from its Enterprise portfolio

**The Board is asked to:**

7.6 authorise a task and finish group to develop a business case and model for a local innovation exchange and establish the fit with a national delivery model to fit with the Accelerated Access Review

7.7 nominate two Board members to join a task and finish group to explore the benefits of an Innovation Panel to support STPs

---

**Lars Sundstrom**  
Director of Enterprise

**Anna Burhouse**  
Director of Improvement

**March 2017**