

*The AHSN Network*

ACCELERATED  
ACCESS  
COLLABORATIVE

  
Office for  
Life Sciences

**NHS**

# Impact Report 2021-22





# Foreword

2021-22 has been pivotal for the AHSNs and the AHSN Network. While we are still supporting our health and care systems with the recovery from the pandemic, we have undertaken work to set out our vision and strategy and refine our processes to ensure we can meet our collective ambition to transform as many lives as possible through more rapid uptake of high value innovation in health and care.

**Professor Gary Ford CBE, FMedSci**  
Chair of the AHSN Network and  
Chief Executive of Oxford AHSN



More than 480,000 patients have benefited through all these programmes of work and other national initiatives.



This work includes strengthening and further embedding our partnerships with organisations like the National Institute for Healthcare Excellence (NICE) and NIHR Applied Research Collaboration (ARCs), with joint programmes of work – which you can read more about on pages 28-31.

We have continued to work closely and collaboratively with our commissioners – NHS England and NHS Improvement, and the Government's Office for Life Sciences – to co-produce our programmes. We were pleased to welcome colleagues from NHS England and NHS Improvement, and the Accelerated Access Collaborative (AAC) for a series of visits to highlight the achievements our 15 AHSNs across their geographies and some of the impacts we've achieved on a national scale.

We have continued with our national programmes and initiatives, including our work to improve ADHD diagnosis for children; increase early intervention for those with eating disorders; enhance the prevention and management of cardiovascular disease; and transform asthma care pathways.

More than 480,000 patients have benefited through all these programmes of work and other national initiatives.

Through the delivery of the National Patient Safety Improvement Programmes, our Patient Safety Collaboratives have focused on promoting positive safety culture; supporting evidence-based, quality improvement methodology; and encouraging system-level change.

Throughout the pandemic, the health and care system saw the impact of life sciences and rapid deployment of innovation on the health of the population. We have undertaken work to refine our 'universal offer' for innovators, and are a key development partner in the AAC's NHS Innovation Service, which will help innovators develop and deploy their innovations to clinicians and patients faster. This year we supported more than 2,400 innovators in their journey to get their innovations adopted by the NHS – helping to leverage £455m of investment into the economy.

As well as our national innovation and improvement programmes and innovator support, over the last year we've also driven forward work on some essential NHS priorities including diversity and inclusion; health inequalities supporting Core20PLUS5; better enabling the adoption of digital and artificial intelligence solutions; and helping to share innovative approaches to help the NHS achieve net zero. Find out more on pages 32-35.

Lastly, I'd like to thank all my colleagues from across the Network and our partners for their continued support this year. We know that team working is key to health system transformation and our achievements are only possible together.

# In this report

This report reflects our national AHSN Network priorities, which you can see below, and our impacts within these areas of work. You can see a snapshot of our impacts from April 2021 to the end of March 2022 on page 6.

## National innovation spread programmes

Commissioned by NHS England and NHS Improvement, the AHSNs deliver collectively a number of programmes on a national scale. Our national adoption and spread programmes have focused on major NHS priorities around mental health and cardiovascular disease (CVD). This year we have developed and selected new programmes for implementation in 2022-23 to deliver alongside our established programmes, focusing on wound care, polypharmacy, and broadening our CVD work.



## Improving safety

AHSNs host the 15 Patient Safety Collaboratives (PSCs) across England. Commissioned by NHS England and NHS Improvement, the PSCs are vital delivery agents of the National Patient Safety Improvement Programmes. With a focus on quality improvement and culture, the PSCs enhance patient safety by supporting staff to learn and continue to improve.

## Accelerating patient access to NICE-approved technologies and treatments

We work in partnership with NHS England and NHS Improvement, including their Accelerated Access Collaborative (AAC), an initiative to remove barriers and accelerate the introduction of groundbreaking new treatments and diagnostics to transform care. We support NHS adoption of transformative technologies and medicines through the AAC's Rapid Uptake Products (RUP) programme and NHS England and Improvement's MedTech Funding Mandate (MTFM) policy.



## Supporting innovators and driving economic growth

Funded by the Government's Office for Life Sciences (OLS), the AHSNs work to support health and care innovators to realise the potential of their innovations. This includes co-ordinated approaches to identify and spread innovations that directly respond to NHS needs, and have the potential to transform the lives of patients – known as 'Innovation Exchange'. The AHSN Network also collaborates on other initiatives to support innovators and their journey through the health and care system, including working with NHS England and Improvement's Small Business Research Initiative (SBRI) Healthcare and the NHS Innovation Accelerator (NIA) programme.

## Working in partnership

We work closely with a range of partners who also support the health and care system, industry, and academia to have the most significant impact for our stakeholders. These partners include but are not limited to the National Institute for Healthcare Excellence (NICE), NIHR Applied Research Collaborations (ARCs); NHS Confederation; the Health Foundation; Health Education England (HEE); the Association of the British Pharmaceutical Industry (ABPI); and the Association of British HealthTech Industries (ABHI). This year, we've taken steps to collaborate with our partners even more closely.



## Cross-cutting priorities of our work

Several underpinning themes are seen throughout our work programmes and priorities. These include digital and artificial intelligence; patient safety; diversity and inclusion; health inequalities; patient and public involvement and co-design; workforce; and environmental sustainability. As a Network, we are committed to developing and supporting best practice approaches in these areas and embedding these cross-cutting themes into all we do.



## National impacts 2021-22



More than **480,000** patients benefited from our national programmes and initiatives



Almost **40,000** hours of health and care staff capacity released through our national workforce programme



**4,159** interactions with companies



**2,438** companies supported



**1,273** innovations in our national pipeline of innovation



More than **286,000** people supported at home with technology-enabled remote monitoring through the National Innovation Collaborative



**£455m** investment leveraged by companies supported by AHSNs



**565** jobs created and **1,296** jobs safeguarded

## National innovation spread programmes

The AHSNs have a dual regional and national focus. We deliver local work programmes based on the needs of our regional systems and collectively drive initiatives that tackle national priorities and are expected to have a universal impact at scale.

This report focuses on our national work and impact. To learn more about the activity of individual AHSNs in different parts of the country, visit the individual AHSN websites – access a list at [www.ahsnnetwork.com/about-us](http://www.ahsnnetwork.com/about-us)

**In 2021-22, our national innovation spread programmes included:**

### Lipid Management and Familial Hypercholesterolaemia

Working with trusts and primary care to improve the management of cholesterol, increase the detection of those with Familial Hypercholesterolaemia and optimise the use of all medicines for patients on the cholesterol management pathway.

### Early Intervention Eating Disorders

Supporting mental health teams to speed up diagnosis and treatment of eating disorders in people aged 16-25 with an evidence-based specialist care package.

### Focus ADHD

Working with mental health trusts and community paediatric services to improve the assessment process for ADHD by implementing an objective assessment tool.

You can see the impact and local examples of the roll-out of these programmes on the following pages.

This year, we also developed several new adoption and spread programmes for 2022 onwards. These include:

### Blood pressure optimisation

Working with Primary Care Networks (PCNs) to roll out a framework that supports and optimises proactive care for people with hypertension.

### Transforming wound care

Using evidenced-based care to reduce variation in chronic lower limb wound care to improve experience and outcomes for patients.

### Polypharmacy

Supporting local systems and primary care to identify patients at potential risk of harm and promoting shared decision making with patients.





## Supporting prevention and management of CVD in primary care

Through our national lipid management and familial hypercholesterolaemia programme, delivered in collaboration with the AAC, we work closely with primary care to support the prevention and optimal management of cardiovascular disease.

AHSNs are working with their local systems to improve cholesterol management; effectively identify and treat patients with hypercholesterolaemia, including those with the genetic condition familial hypercholesterolaemia (FH); and optimise the use of all medicines for patients on the lipid management NICE-endorsed pathway.

The NICE-endorsed pathway aims to improve a person's lipid profile by reducing cholesterol concentration in blood by optimising the use of medicines including high intensity statins (HIST), ezetimibe, bempedoic acid, inclisiran and PCSK9i inhibitors.

AHSNs use their embedded relationships with local health and care systems to support the uptake of new ways of working. This is underpinned by national resources, including the Tackling Cholesterol Together professional education programme, which the AHSN Network delivers in partnership with HEART UK and the AAC. The education programme helps healthcare professionals learn about and share knowledge of lipid management pathways. Alongside other engagement activities, the programme delivered 9 webinars to 1,480 healthcare professionals between April 2021-end of March 2022.

Seven AHSNs are also delivering a Child-Parent Screening pilot, working with GP practices in their region to implement a clinical pathway that identifies children with FH through a simple heel prick blood test taken at the child's routine one-year immunisation appointment. Without treatment, FH can lead to heart disease at a young age. Identifying affected individuals before the onset can help proactively reduce the risk of heart disease. The ambition is to screen 30,000 children during the two years of the pilot.

### Example from across the Network

*"It's good to be able to talk to parents about FH because of the Child Parent Screening pilot; people don't always realise, that by identifying FH in their baby we're potentially helping lots of other family members too. I think this programme is going to make a big difference."*

Dr Amy Howarth, GP supported by West of England AHSN

Hear more about Amy's experience: [weahsn.net/FH-blog](https://weahsn.net/FH-blog)



More than **350,000** people are estimated to be receiving intensive therapy and innovative medication to reduce their cholesterol levels, helping avoid heart attacks and strokes.

50% of GP practices are implementing or have adopted the NICE-endorsed lipid management pathway.



## Rapid access to treatment for young people with eating disorders

We are supporting mental health teams across England to speed up the diagnosis and treatment of eating disorders in young people aged 16-25.

The approach we are using as part of our national Early Intervention Eating Disorders programme is FREED (First episode Rapid Early intervention for Eating Disorders), a model developed by South London and Maudsley NHS Foundation Trust and King's College London. This is an evidence-based, specialist care package for 16-25-year-olds with a first episode eating disorder of less than three years' duration. Broadly based on the early intervention model for psychosis, it overcomes barriers to earlier treatment and recovery and provides highly co-ordinated early care, focusing on reducing the duration of an untreated eating disorder.

With the help of the AHSNs, this year, 30 mental health trusts have adopted or are in the process of adopting the FREED model, and 1,000 patients have received tailored specialist care.

### 2021-22 Impacts

An additional **1,000** 16-25 year olds have received early intervention specialised care for eating disorders.

Increase from **16** mental health trusts to **46** mental health trusts adopted or in the process of adopting the FREED model



### Example from across the Network

*"I would say going to treatment actually saved my life. I was told by my doctor that I wouldn't have made it through my 20s if I carried on in the way I was acting, so I think early intervention of eating disorders is so crucial. You don't want to waste your life; you do deserve food and you do deserve to get better."*

A young person who has been supported by the FREED model

Listen to young people's experiences of FREED – published by Kent Surrey Sussex AHSN: [kssahsn.net/FREEDvideo](https://kssahsn.net/FREEDvideo)



## Helping children and young people receive a faster diagnostic assessment for ADHD

We are working with mental health trusts and community paediatric services across England to improve the assessment process for Attention Deficit Hyperactivity Disorder (ADHD) for children and young people.

Our Focus ADHD programme involves working with trusts across England to implement an objective assessment tool, the QbTest, (measuring attention, impulsivity and activity) to supplement current clinical assessment processes. Evidence has shown that objective assessment tools, alongside other clinical information, can provide a more rapid diagnosis – with reductions of around five months.

Many trusts use the programme to shorten waiting lists, as evidence demonstrates that introducing an objective assessment tool streamlines the process and reduces the number of appointments required for an individual patient. In addition, this approach has been shown to improve the experience of patients and their families by helping them get a better understanding of their symptoms.

The national Focus ADHD programme received a HSJ Partnership Award for Best Mental Health Partnership in March 2022 in recognition of the collaborative work of the AHSNs, the technology provider Qbtech, healthcare systems and staff, and charities.

### 2021-22 Impacts

**19,392** patients benefiting from objective ADHD tests saving the NHS approximately **£6.5m**

Increase from **46** trusts across **86** sites to **60** trusts across **117** sites

### Example from across the Network

*"When the ADHD pathway was first embedded, we had 70 young people waiting for an ADHD assessment. We don't have waiting lists at all now. We hope to get the assessment process done within 12 weeks."*

Sue Ford, Independent Nurse Prescriber and ADHD lead, North Staffordshire Community CAMHS – supported by East Midlands AHSN

Hear more from the clinicians, patients and families impacted by the programme: [vimeo.com/636358120](https://vimeo.com/636358120)





## Sustaining our previous national innovation programmes

One of the essential criteria for selecting our national innovation programmes is long-term sustainability. The AHSNs are experts in the adoption and spread of innovation, and equipping our health and care systems with the processes, knowledge, and tools they need to sustain programmes without long-term support.

### Reducing the risk of cerebral palsy in very pre-term infants

Every year around 4,000 women in the UK give birth very early because of complications with their pregnancy. Being born too early is the leading cause of cerebral palsy (CP), which has a lifelong impact on children and families. Magnesium sulphate (MgSO4) given during pre-term labour reduces the relative risk of CP in very preterm infants by 30% and costs just £1 per dose.

The Prevention of Cerebral Palsy in Pre-Term Labour (PReCePT) programme was delivered by the AHSN Network and PSCs on a national basis from 2018 to 2021, working with all maternity hospitals in England to make MgSO4 available to mothers who go into labour at less than 30 weeks.

### Sustaining PReCePT

Since the national PReCePT programme came to an end in 2021, the use of MgSO4 has remained above 80%. Before the programme use was 60%.

The sustained use of MgSO4 and PReCePT resources were an inherent part of the initial design of the programme through:

- Using existing and established networks to engage maternity teams and promote collaboration
- Providing educational tools and resources to complement Quality Improvement (QI) methodology
- Embedding clinical champions to support peer-peer advocacy

- Iterating data collection for appropriateness across different types of maternity units.

Since the end of the PReCePT national programme, NHS England and NHS Improvement have adopted this best practice approach to the use of MgSO4 as part of the Maternity and Neonatal Safety Improvement Programme (MatNeoSIP) care bundles used within the pre-term perinatal optimisation care pathway.

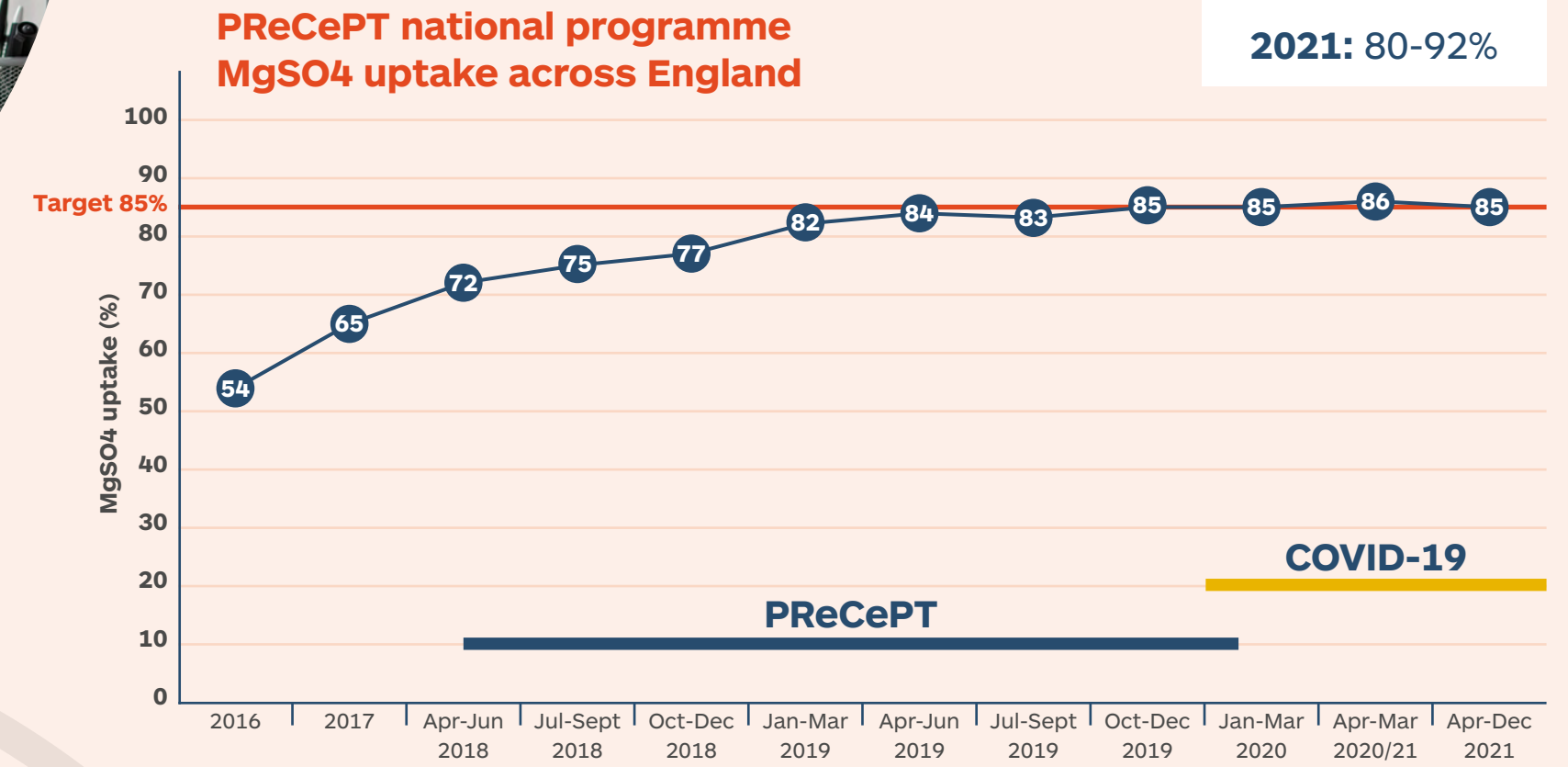


**10,762** mothers treated since 2018

Estimated **291** cerebral palsy cases prevented

Estimated **£232m** health and social care savings

**Regional (ODN) variability in MgSO4 uptake:**  
**2016: 37-79%**  
**2021: 80-92%**



# Improving safety

England's 15 Patient Safety Collaboratives (PSCs) play an essential role in identifying and spreading safer care initiatives throughout the health and care system, embedding new pathways of care.

PSCs are funded and nationally co-ordinated by NHS England and NHS Improvement, and hosted locally by the AHSNs. They are uniquely placed to work at system-level and with individual organisations, connecting national priorities with local needs.

Over the last year, PSCs have moved on from supporting the response to the coronavirus (COVID-19) pandemic and returned to supporting the National Patient Safety Improvement Programmes. For 2022/23, these are:

- Managing deterioration in care homes
- Maternal and neonatal safety
- Mental health safety
- Medicines safety
- Systems safety.

In 2021/22, the Adopt and Spread programme concluded, which worked to support the spread of discharge care bundles for people admitted to hospital with asthma or chronic obstructive pulmonary disease (COPD).

The programme has been replaced by a new systems safety workstream, which will include the implementation and scale-up of the patient safety incident response framework (PSIRF). It will also see further development of PSCs' Patient Safety Networks, which bring partners across the system together to work collaboratively on each of the programmes.

The Managing Deterioration programme is also changing this year. In 2021/22, PSCs worked with a range of non-acute settings to promote the reduction of harm associated with physical deterioration. There will now be a new focus on care homes, aiming to increase the use of deterioration management tools to safely monitor residents, and detect earlier if their condition may be changing.

To find out more, visit:  
[www.ahsnnetwork.com/patient-safety](http://www.ahsnnetwork.com/patient-safety)



## Resident safety in care homes

PSCs have been supporting teams to improve how they manage deterioration – when a person's health becomes unexpectedly worse – for many years, avoiding severe illness and sepsis from developing.

Through the Managing Deterioration Safety Improvement Programme (ManDetSIP), all acute and hospital trusts have now adopted the National Early Warning Score 2 (NEWS2), and the focus has switched to non-acute settings, such as care homes.

NEWS2 uses physical observations such as blood pressure and temperature, which may not always be possible in a care home setting or where staff aren't trained in taking certain measurements.

Deterioration management tools like RESTORE2<sup>mini</sup> and Stop and Watch look for 'soft signs' that help to identify concerns that should be communicated to healthcare professionals like the GP.

You can find out more about deterioration management tools on our website:  
[www.ahsnnetwork.com/spotting-serious-illness-and-sepsis](http://www.ahsnnetwork.com/spotting-serious-illness-and-sepsis)

**'We introduced the Stop and Watch soft signs tool and the impact has been tremendous. We are able to identify residents more quickly when deterioration happens and audits show improved health outcomes.'**

Jo Stinton, manager of Marian House nursing home in Birmingham

The ManDetSIP work has resulted in a **216%** increase in care homes using a deterioration management tool.\*

**8,761** of **15,080 (58%)** care homes in England are testing or have implemented a deterioration management tool.

RESTORE2 and RESTORE2<sup>mini</sup> are being used by all **15** PSC areas.

\*Since quarter four 2020/21.

**146** mental health and learning disability wards have decided to participate, with **97** wards implementing or adopting the QI methodology.

## Reducing restrictive practice

Restrictive interventions may be used with in-patients of mental health, learning disability and autism services, where there is a need to take immediate control of a dangerous situation, or a risk of harm to the person or others if no action is taken.

The Mental Health Safety Improvement Programme has been working with wards to help them reduce how they use restrictive practice. The programme is working with the National Collaborating Centre for Mental Health (NCCMH) and PSCs, which have created safety networks to support improvements, often with the insight of people with lived experience.

The aim is to improve in-patients' experience and positively influence staff morale, reducing incidents of restrictive practice, tranquillisation, and number of patients in seclusion.



# Accelerating patient access to NICE-approved technologies and treatments

The AHSN Network work in partnership with NHS England and NHS Improvement's Accelerated Access Collaborative (AAC), to bring together industry, Government, regulators, patients and the NHS to remove barriers and accelerate the adoption and spread of new treatments and diagnostics which can transform care.

In 21-22, we supported multiple technologies and treatments as part of the AAC's Rapid Uptake Products (RUPs) programme and NHS England and NHS Improvement's MedTech Funding Mandate policy.

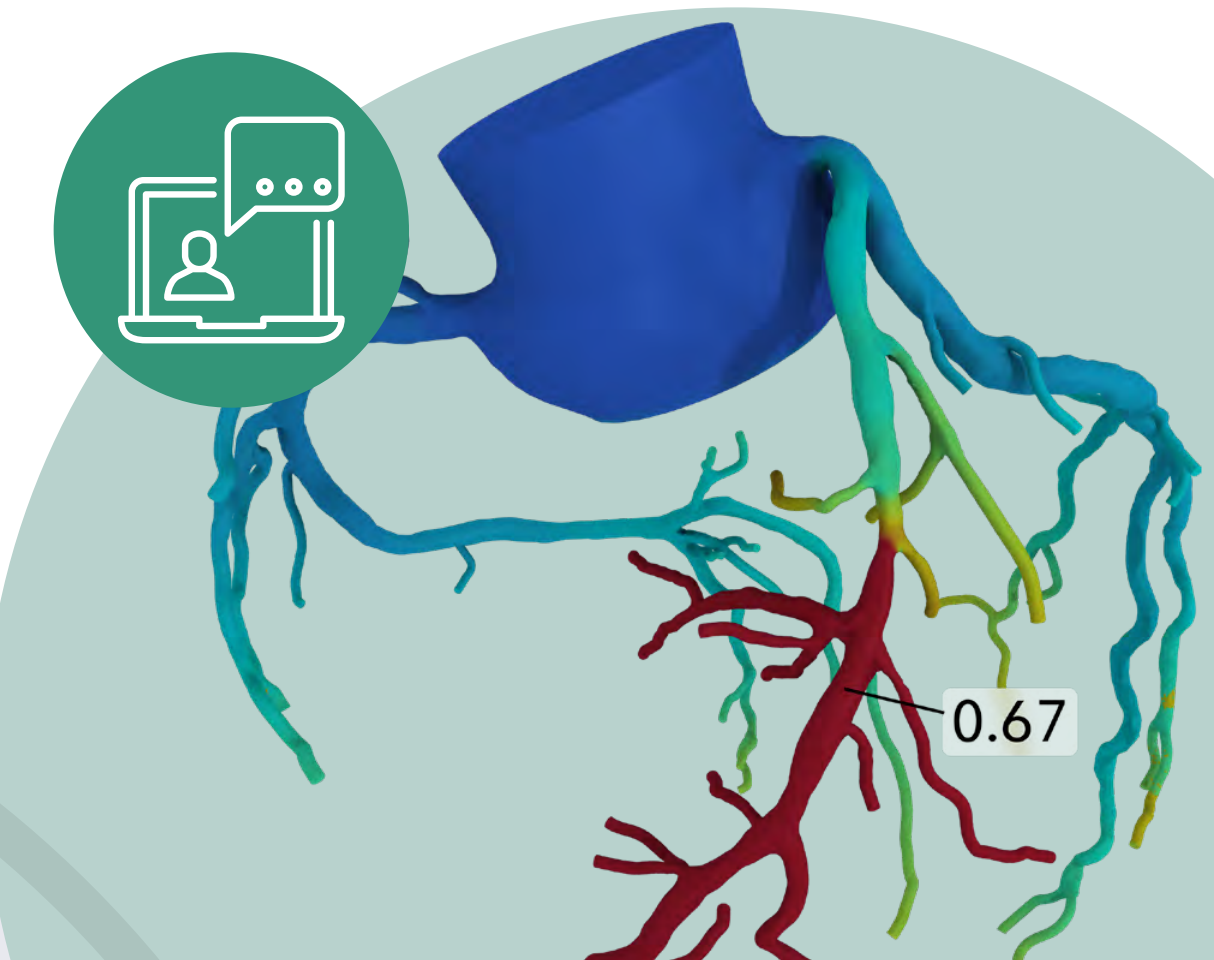


## MedTech Funding Mandate

The MedTech Funding Mandate (MTFM) is a NHS Long Term Plan commitment to getting selected NICE-approved cost-saving devices, diagnostics and digital products to NHS patients more quickly.

The policy defines a list of NICE-approved technologies that NHS commissioners and providers are mandated to agree local funding arrangements for, through their existing allocations. This is to ensure that patients across England receive equitable access to the selected technologies.

Since April 2021, the AHSNs have been supporting providers to adopt four supported technologies listed below. In April 2022, new guidance was published, including seven new supported technologies. Find out more at [www.ahsnnetwork.com/mtfm](http://www.ahsnnetwork.com/mtfm)



**Challenge:** Pre-eclampsia complicates up to 1 in 20 pregnancies. There is no cure, but diagnosing the condition early allows closer monitoring to reduce the risk of complications for both mother and baby.



### PIGF based testing

Placental growth factor (PIGF) based blood tests help predict the risk of pre-eclampsia quickly so that pregnant women receive the most appropriate care.

**Patient case study:**

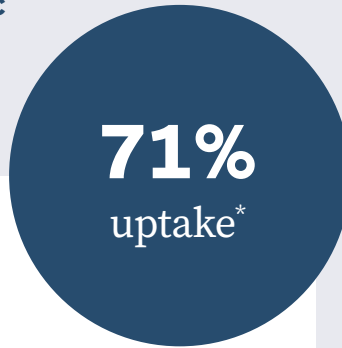
*“In my first two pregnancies I [was] constantly in and out of hospital as I had high blood pressure and protein in my urine, and, with my first, I was eventually diagnosed with pre-eclampsia. During my recent pregnancy I had some of the symptoms associated with pre-eclampsia again – high blood pressure, headaches, protein in the urine – but this time I had a simple and quick blood test. The test showed that I didn’t need to be admitted to hospital and I was able to go home and be with my family, with the peace of mind that I was okay.”*

Rebecca Sanderson, a patient who benefited from PIGF based testing

Hear more from Rebecca and those that supported her at Doncaster and Bassetlaw Teaching Hospitals NHS Trust [bit.ly/YHAHSN-PLGF](https://bit.ly/YHAHSN-PLGF)



**Challenge:** Patients with stable chronic chest pain often require invasive diagnostic angiograms, which can delay a diagnosis.



### HeartFlow FFRCT

Analysis creates a 3D model of the coronary arteries to help clinicians rapidly diagnose patients with suspected coronary artery disease from coronary CT angiography.

**Clinician case study:**

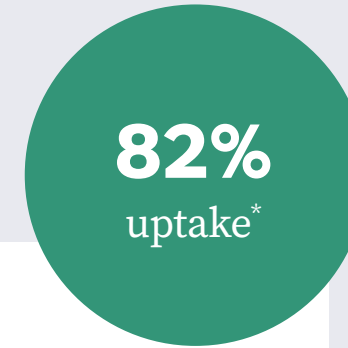
*“We know that when we’re using this test [at our site] that around about one in four circumstances where we would have sent the patient for an invasive test, we have managed to avoid that.”*

Dr Tim Fairbairn, Consultant Cardiologist at Liverpool Heart and Chest Hospital NHS Foundation Trust

Hear more from Tim in an episode of our Health Innovation Podcast: [audioboom.com/posts/8029677](https://audioboom.com/posts/8029677)



**Challenge:** Cluster headaches are rare but cause excruciating pain. They significantly affect a person's quality of life.



### gammaCore

Non-invasive vagus nerve stimulation therapy for the treatment of cluster headaches.

**Clinician case study:**

*“I was an early adopter of gammaCore... It’s transformed what I do for patients... It’s reached my aim of managing to treat patients without giving them lots of tablets.”*

Dr Nick Silver, a neurologist from the Walton Centre NHS Foundation Trust

Hear more from Nick in an episode of our Health Innovation Podcast: [audioboom.com/posts/7981992](https://audioboom.com/posts/7981992)



**Challenge:** Traditional methods of catheter securement can contribute to complications such as migration, dislodgement and infection, often resulting in catheter replacement or treatment for infections.



### SecurAcath

Device to secure catheters for patients with a peripherally inserted central catheter.

**Clinician case study:**

*“The cost savings are quite noticeable and come from reducing the need to replace lines and no longer needing to double-dress the area. The reliability and the impact this has on patient care is the most important factor, which is why I’m such an advocate.”*

Carol McCormick is a Clinical Interventions Lead Nurse at The Clatterbridge Cancer Centre NHS Foundation Trust

Hear more from Carol in an episode of our Health Innovation Podcast: [audioboom.com/posts/7969977](https://audioboom.com/posts/7969977)



*\*Eligible sites that have adopted or are in the process of implementing.*





## The Rapid Uptake Products programme

The Accelerated Access Collaborative's (AAC) Rapid Uptake Products (RUP) programme is designed to support wider adoption and spread of proven innovations. It identifies and supports products with NICE approval that align to the NHS Long Term Plan's key clinical priorities but have lower than expected uptake to date.

## Helping to improve asthma pathways

We've been working to support the improvement of asthma pathways with the introduction of innovative diagnosis and treatment solutions:

- Fractional exhaled nitric oxide (FeNO) is a point of care test to measure type two inflammation in airways, which augments and supports the accuracy of asthma diagnosis – for more effective diagnosis of patients suspected of having asthma.
- Biologic therapies that offer a life-changing treatment option for many patients with severe asthma often improving symptom control, reducing the number of asthma attacks and in turn the reliance on oral steroids – known to have a number of harmful side effects.

This work programme focuses on collaboration across the healthcare system, involving patients, and engagement with the third sector and industry partners to bring about change.

AHSNs work with their local systems to support the improvement of pathways and provide educational resources. Recently this included a series of webinars offering practical support to help improve care for people with severe or uncontrolled asthma, which attracted a combined audience of almost 1,000.

### Example from across the Network

*“After 12 months of in and out of hospital and consultants not understanding my symptoms because I don't always have that typical asthmatic wheeze... I was referred to a consultant who listened, believed me, recognised my condition, and suggested that I take the FeNO test. The FeNO test is the only way they can really measure how much inflammation is in your airways... by having the FeNO test they could see exactly what was happening inside. This led*

*to a change in my treatment and a referral to a tertiary consultant who has put me on asthma biologics which are hopefully going to help.”*

Emma Thompson, a patient benefiting from FeNO testing

Hear more from Emma in an episode of our Health Innovation Podcast: [audioboom.com/posts/7945570](https://audioboom.com/posts/7945570)



### 2021-22 Impacts

Over **2,000** new patient initiations of life-changing biologic therapies.

It's estimated that an additional **102,704** patients benefited from FeNO testing across England.

We've delivered more than **1,500** hours of specialist training to upskill those providing asthma care.

## Supporting innovators and driving economic growth

Our 15 regional teams work closely with businesses and individual innovators to help realise the potential of their ideas. We advise whether there is an identified need within the NHS for the solution, help assess the commercial viability and economic potential, and support innovators in quantifying and gathering evidence of the impact that the innovation could have for the health and care system.

AHSNs have visibility of work being undertaken in other areas through a shared national pipeline of innovations, which provides an overview of supported innovations as they move through from initial discovery of the innovation or idea; support to develop, evidence and test; and deployment within the health and care system.

The unique role of the AHSNs means we bridge the gap between the NHS and industry, bringing the very best innovative solutions to the NHS and helping to create economic growth

by harnessing the NHS investment. Our commission from the Government's Office for Life Sciences (OLS) enables us to do this in a structured and systematic way, answering the needs of the health and care system and of innovators with ideas that match system challenges.

## 2021-22: AHSN Network industry and economic growth impacts



**2,438**  
companies supported



**4,159**  
interactions with companies



**124**  
companies created long-term strategic partnerships



**565**  
jobs created



**1,296**  
jobs safeguarded



**£455m**  
investment leveraged by companies supported by AHSNs



## Innovation Exchange

The Innovation Exchange is how the AHSNs link the most appropriate innovations to priority health and care challenges. As part of the Innovation Exchange activity, we co-ordinate idea and information sharing. Where relevant, we also run local and national events to explore challenges and match these with potential solutions.

The Innovation Exchange builds on AHSNs' unique cross-sector connections, which enable us to identify common challenges and quickly bring people and organisations together to develop, test and spread solutions.

Innovation Exchange activity is delivered on a regional basis by AHSNs with in-depth and embedded connections and understanding of priorities within their local system.

Learn more about Innovation Exchange impacts on our website: [www.ahsnnetwork.com/innovation-exchange-case-studies](http://www.ahsnnetwork.com/innovation-exchange-case-studies)



## NHS Innovation Accelerator (NIA)

The NHS Innovation Accelerator (NIA) supports faster uptake and spread of promising innovations across England's NHS for greater patient, population and NHS staff benefit. It is commissioned by the Accelerated Access Collaborative at NHS England and NHS Improvement and is delivered in partnership with the AHSNs, hosted by UCLPartners. The NIA has a unique dual focus on both personal development for individuals ('Fellows') and bespoke support to spread their innovation.

In 2021-22...

The NIA recruited **ten** exceptional new Fellows with innovations that meet a real need for the NHS, including a proactive patient health monitoring system for GP surgeries, a solution for the most common type of hearing loss in childhood, and a digital birth preparation resource.

Find out about the selected innovations on the NIA website: [www.nhsaccelerator.com](http://www.nhsaccelerator.com)



## Small Business Research Initiative (SBRI) Healthcare

SBRI Healthcare is an NHS England and NHS Improvement initiative, supported by the AHSNs and managed by LGC Group. The AHSNs support SBRI Healthcare by advising on and promoting funding competitions designed to attract innovations that respond to the defined needs of the health and care sector.

In 2021-22...

The AHSNs played a pivotal role in engaging industry to apply for SBRI Healthcare funding, with competition themes including environmental sustainability; urgent and emergency care; reset and recovery; mental health inequalities in children and young people; and stroke.

Companies supported by AHSNs received **£13m** of funding over the last year.





## Supporting economic growth

Working with the Office for Life Sciences (OLS) and other partners, the AHSNs provide support for all types of health and innovators from the clinical entrepreneurs to SMEs and companies at every stage of their journey – from idea, development and generating evidence to deployment and spread.

This support helps these innovators to grow their business and generate economic growth, as well as providing a pipeline of the very best innovations for NHS and social care challenges. See some examples of this support and investment this has leveraged – you can see the collective national impact on page 23.



### Tiny Medical Apps

£500k investment leveraged with support from UCLPartners

UCLPartners has been working with the company Tiny Medical Apps supporting the development of their Digital Health Passport. A new app which helps young people take control of their asthma by improving skills, knowledge and confidence to self-manage.

UCLPartners worked with the company and alongside partners including NHS North East London Clinical Commissioning Group (NEL CCG) and Barts Health NHS Trust, to secure an NHS Digital Health Partnership Award to support asthma self-management for children and young people.

The funding worth **£500k** will support delivery of a free digital asthma self-management tool to young people and parents of children with asthma across the 42 Integrated Care System (ICS) regions of England.

Following support to secure the initial funding, UCLPartners will provide the evaluation and digital inclusion reporting needed to support business cases for the ICSs, as they look towards providing a sustainable, cost-effective tool for children and young people.



### Ufonia

More than £100k investment leveraged with support from Oxford AHSN

Oxford AHSN has supported Ufonia, a company specialising in telemedicine, for several years. During 2021-22, the AHSN has aided the company's success in securing **£100,000** of investment through SBRI Healthcare's Greener NHS award.

The AHSN has also been supporting with an evaluation study of Ufonia's natural-language AI assistant to assess how acceptable the system is for patients and clinicians.

***“Oxford AHSN has helped to anchor us into the ecosystem of healthcare and research. Their supporting work has aided us in ensuring we are addressing the relevant needs. This credible information...gives confidence to our potential partners whether they are individual hospitals, integrated care systems or central NHS teams.”***



## Working in partnership

We work closely with a range of partners who also support the health and care system, industry, and academia to have the most significant impact for our stakeholders.

These partners include but are not limited to the National Institute for Healthcare Excellence (NICE), NIHR Applied Research Collaboration (ARCs); NHS Confederation; the Health Foundation; Health Education England (HEE); the Association of the British Pharmaceutical Industry (ABPI); and the Association of British HealthTech Industries (ABHI).

This year, we've taken steps to collaborate with our partners even more closely and you can see some specific examples of this across the following pages.



## Collaborating with NICE

**NICE** National Institute for Health and Care Excellence

In April 2021, the AHSN Network and the National Institute for Health and Care Excellence (NICE) entered into a two-year collaboration agreement to further strengthen the use of the best evidence-based healthcare in the NHS.

NICE and the AHSN Network share the common purpose of identifying and accelerating the uptake of well-evidenced innovations into health and care services to improve quality, safety, outcomes and experience, and the effective use of resources. This shared purpose underpins the aim to improve health in the UK and globally and to support the UK's reputation as a leader in healthcare innovation.

The agreement draws on the strengths and expertise of both organisations, our networks, and joint priorities to enhance the contribution that we make for the benefit of patients, the health and care system, and economic growth.

Since working together more closely, the AHSNs and NICE have reviewed how we support innovators to develop, evidence and spread their ideas. This review has culminated in knowledge exchange events for our colleagues to better understand how we can work together to support innovators most effectively and that the way we support innovators throughout their journey is as straightforward as possible.

The benefits of the collaboration agreement are being seen through more inclusive discussions, stronger relationships, partnership activities, the oversight on progress of common workstreams and taking forward more joint working activities as a result of staff being more connected across the organisations.



## Accelerating evaluation and implementation with the NIHR ARCs

SUPPORTED BY  
**NIHR** | National Institute for Health and Care Research

The 15 AHSNs work closely with their regional National Institute for Health and Care Research (NIHR) Applied Research Collaborations (ARCs) on research and evaluation to solve some of the most significant issues facing their local health and care systems and coming together to concentrate on national priorities.

Alongside other joint priorities, both organisations share a strategic focus on diversity and inclusion; supporting the life sciences industry to improve health and economic prosperity; involving patients, service users, carers and communities; and enhancing cross-system collaboration.

This year the national AHSN Network has been working with the AAC and the ARCs on the NHS Insights Prioritisation Programme (NIPP), which aims to accelerate the evaluation and implementation of promising innovations which support post-pandemic ways of working; build service resilience, and deliver benefits to patients. These include four priority areas: remote consultation,

remote monitoring, new approaches to service delivery, and health and social care workforce innovation.

The programme runs from November 2021, with each project expected to deliver rapid insights by March 2023. Since November, AHSNs and ARCs have worked on initiating their regional projects to ensure quality insights by 2023.



## Working with HEE on digital workforce skills

**NHS**  
 Health Education England

The AHSNs and Health Education England (HEE) have worked on collaborative projects since inception.

In 2021-22 the two organisations have worked on collaborative programmes on priority national themes including workforce transformation; digital readiness; immersive technology; and artificial intelligence.

These exciting programmes of work include setting up an initial regional Workforce Challenge Hub, which will use specialist capacity to define and deliver complex or priority workforce transformation projects often incorporating a digital innovation lens. Work is being undertaken to develop and deliver a suite of programmes which will then be evidenced to showcase the impacts and benefits of this approach to support the further roll out of these hubs in future.

Another collaborative programme of work focuses on closing the digital literacy gap using a newly developed HEE digital literacy self-assessment platform. Partner AHSNs have been able to support trust and Local Authority managers in rolling out the platform to their staff and have played an invaluable role in helping HEE evaluate the effectiveness of the beta version prior to full-scale national deployment.

The collaboration between HEE and Kent Surrey Sussex AHSN/Unity Insights on the AI Maturity Roadmap has seen the creation of a critically acclaimed ground-breaking report linking 240 types of AI with their reported spread and maturity to the workforce professions affected. This work has been personally commended by Dr Eric Topol author of the 2019 HEE Topol report.





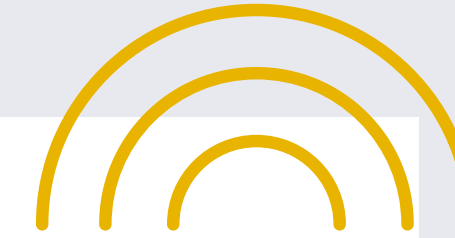
## Cross-cutting priorities of our work

Several underpinning themes can be seen throughout our work programmes and priorities. As a Network, we are committed to developing and supporting best practice approaches in these areas and are dedicated to being a driving force to bring about progress.

Access our publications and resources on these themes:



## Diversity and inclusion



We are committed to increasing diversity in health and care innovation. Supporting diversity allows the innovation landscape and NHS to better reflect the communities we serve, and in turn, enabling diversity and inclusion are imperative to understanding and addressing health inequalities.

As a Network, we committed to a set of diversity pledges to hold ourselves to account for the way we identify and nurture innovations and the innovators behind them. They ensure we consider all members of our communities when establishing new approaches.

**In 2021-22 we have...**

Undertaken work to enact our diversity pledges and have used our experiences to revise and update these pledges for the year ahead. You can read more about our work on diversity, inclusion, and equality initiatives in our recent progress and learning report:



## Patient and public involvement and co-design



It's essential that we design and spread innovation that transforms healthcare in partnership with patients, the public, carers, and communities. This has always been high on our agenda, and we have further plans to bring diverse perspectives together and listen to people's experiences and insights.

**In 2021-22 we have...**

Developed a new outcomes framework as part of our national programme selection process. The framework is a way to ensure patient involvement and co-production is considered and embedded from initiation.



## Digital solutions and AI

Digital solutions and Artificial Intelligence (AI) can be used to make services more accessible, make it easier for people to self-manage their health conditions, help people connect and collaborate across organisational barriers, encourage physical activity, and so much more. The AHSNs have a wealth of expertise in digital and AI solutions and are committed to being at the forefront of this agenda, helping the system realise the art of the possible.

In 2021-22 we have...

Supported more than **286,000** people at home through technology-enabled remote monitoring, as part of our work on NHS England and NHS Improvement's National Innovation Collaborative.

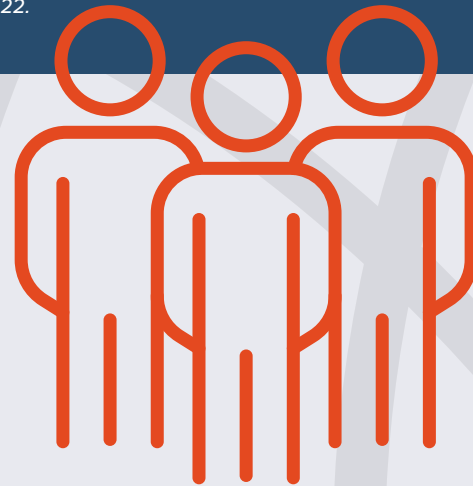
## Workforce

The health and care workforce is the backbone of services. Across our Network, we recognise the significant impact that supporting efficiencies and training the workforce can have.

In 2021-22 we have...

Delivered and evaluated a national workforce programme, where AHSNs have rolled out digitally-focused pathway transformation initiatives unique to the needs of their region. The programme had impressive impacts, including almost **40,000** hours of capacity released and emergency admissions reduced by **978**. As a result of the programme, AHSNs are now measuring the workforce impacts of all initiatives.

*\*Figures from January 2021-January 2022.*



## Sustainability and the environment



In acknowledgement of its impact on the environment, the NHS has committed to becoming carbon net-zero by 2040 and to making other changes to become more sustainable. We are committed to supporting more sustainable and environmentally conscious healthcare and look to use expertise in innovation to help the system respond and adapt to this challenge.



In 2021-22 we have...

Engaged with more than **1,000** delegates through our environmental sustainability sharing and learning events and are planning for our next series of events.

***"Excellent presentations that will change my practice".***

Event attendee

## Patient safety



Our commitment to patient safety isn't just embodied through our Patient Safety Collaboratives but is an essential element throughout all of our work.

In 2021-22 we have...

Updated our patient safety plan, which sets out the way we intend to support delivery of the NHS patient safety strategy. Our updated plan aligns to new ICS structures and improvement programmes.

## Health inequalities

We work regionally and nationally to reduce health inequalities and ensure our work aligns to the Core20PLUS5 approach and beyond.

In 2021-22 we have...

Started to undertake equality impact assessments on our national programmes to inform planning around targeting specific population groups, including conducting focused community engagement work.





## Contact us

For more information about past and future work, visit [ahsnnetwork.com](https://www.ahsnnetwork.com)

You can also follow us on social media:

 @AHSNNetwork

 the-ahsn-network

 AHSN Network

To find contact details for your local AHSN, visit: [www.ahsnnetwork.com/contact](https://www.ahsnnetwork.com/contact)

