The**AHSN**Network

Review of spread and adoption approaches across the AHSN Network

May 2021

Undertaking an in-depth review of spread and adoption approaches

- Research was undertaken between January and November 2020, to determine approaches and challenges to spread and adoption across the AHSN Network – focusing on the period January 2018 to January 2020

- Commissioned and funded by the AHSN Network and the NHS England Innovation, Research and Life Sciences team

- There were three study partners Wessex AHSN, South West AHSN and Centre for Healthcare Innovation Research (CHIR), City, University of London

The study sought to:

- Generate a before unknown aggregated view of approaches and challenges

- Understand the range and type of approaches in use

- Explore one AHSN national programme (TCAM) in depth

- Share learning back to AHSNs and beyond

- Further increase the 15 AHSNs' capability to spread innovation.

About the AHSNs

The 15 Academic Health and Science Networks (AHSNs) – collectively 'The AHSN Network' – were established by NHS England in 2013 to spread innovation at pace and scale to improve health and generate economic growth.

Each AHSN works across a distinct geography, serving populations within regional health systems to spread innovation, whilst also operating as a connected national network.

As the only bodies that connect NHS and academic organisations, local authorities, the third sector and industry, AHSNs are catalysts that create the right conditions to facilitate change across whole health and social care economies, with a clear focus on improving outcomes for patients.
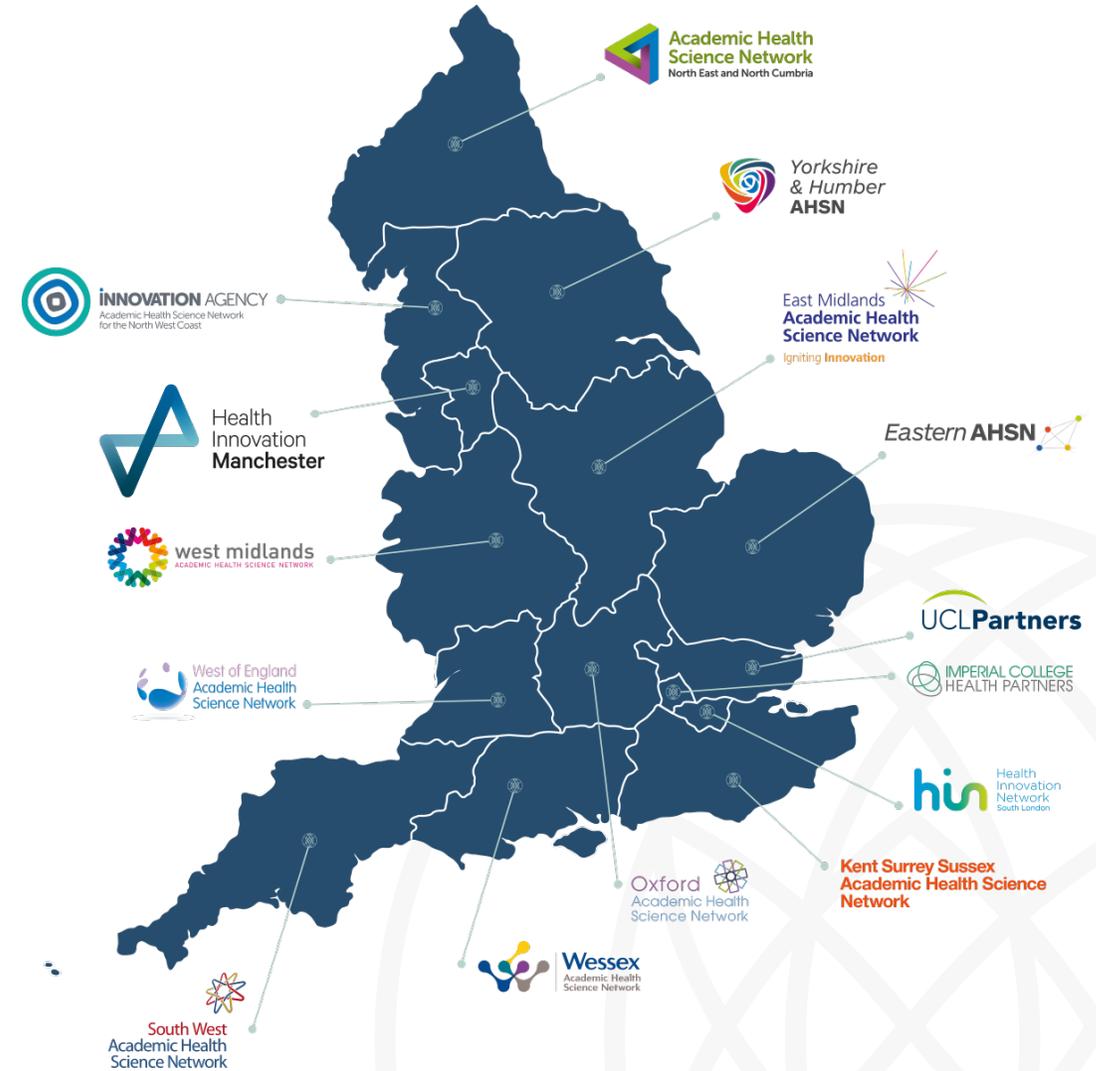
What we did

The research methods:

- A scoping exercise to identify approaches applied by each AHSN to local/regional and national spread programmes

- An in-depth study to elicit different approaches applied by each AHSN to the Transfers of Care Around Medicines (TCAM) national spread programme, using the national metrics data to identify influential approaches

- Findings were synthesised from the two study activities above and conclusions and recommendations developed about spread and adoption for the AHSN Network.

The study questions:

1. What different approaches to spreading innovations have been developed and applied by AHSNs?

2. What contextual factors enable or challenge different approaches to spread?

3. How theoretically informed are the approaches?

4. Have national policy and frameworks influenced the approaches?

5. What inferences can be drawn from a comparison of the different approaches and the TCAM national programme spread metrics?

- All **15** AHSNs participated in this study

- **143** interviews were conducted with AHSN staff at different levels of their organisation and involved in a wide range of different innovations

- **18** interviews focused solely on approaches to TCAM spread and adoption

Reviewing how AHSNs support spread and adoption

An overview on AHSNs' high-level and project-level approaches to spread and adoption, covering elements within the control of AHSNs in dynamic and complex environments.

AHSNs respond adaptively to complex environments through flexible methodologies

- There was no one methodology or 'one best way' to deliver spread and adoption identified in this review, reflecting the inherent complexity of spread work and diversity of activities within AHSNs.

- The findings suggest that successful spread work is often complex, changeable, resource intensive, and always requires 'localising'. Due to varied contexts (AHSNs, programmes, regions), there is no simple recipe for success.

- Despite some innovations being intrinsically 'simple'; the contexts, people, and pathways they touch are usually complex, therefore spread and adoption are complex.

- AHSNs reported success using whole-system and relationship/engagement-focused approaches, engaging existing networks and building new networks across sectors and organisations.

- To spread innovation, it's important to think 'system' and engage widely. This increases ownership within adoption sites from the start and supports sustainability. This may mean additional implementation support work for AHSNs and be required for all innovation supported by AHSNs.

Flexibility and adaptability are crucial in dynamic health environments

Effective spread and adoption requires a flexible and tailored methodology to suit variety and changes in context. This enables AHSNs to:

- Help NHS teams to adopt and spread innovation, using AHSNs as an experienced intermediary with expert advice/access to expert advice

- Share learning across the regions through the national AHSN Network

- Utilise in-built evaluation as the basis of measuring the impact of spread and adoption

- Help manage a constructive approach to evidence generation and use, and mitigate the risks of 'pilotitis' (i.e. repeated and potentially unnecessary requests for local testing) of new innovations

- Use the adaptive capabilities of the AHSN, both clinical and corporate, to embed spread and adoption methods in local networks.

Moving forward, AHSNs must further understand how flexibility may help or hinder spread and adoption.

Engaging with the complexity of context, before and during spread and adoption was found to be critical to successful rollouts. AHSNs should encourage more use of evidence-informed contextual exploration checklists, for example NASSS-CAT to identify potential challenges and mitigate for them.

Several high-level approaches to spread and adoption were used to meet the needs of a diverse portfolio

High-level approaches to spread and adoption identified by AHSNs can be summarised into four categories:

- **Model for Improvement** (from the [Institute for Healthcare Improvement](#)) – an established and widely used set of methods for service improvement with the NHS.

- **Flexible end-to-end broad framework –** covering a wide range of activities by multiple AHSN staff.

- **Flexible implementation science informed project management approach –** informing various spread and adoption activities, for example contextual needs assessment and identification of potential challenges. Supported by carefully organised project management processes.

- **Flexible approach with a coaching focus:** incorporating a strong focus – on behavioural coaching to empower rollout staff to innovate and support spread and adoption.

Importantly, variation in the use of these high-level approaches was seen depending on AHSN teams' and individual staff preferences. For example, Patient Safety teams predominantly used the Model for Improvement approach in all their work due to it being mandated by their national commissioner.

Four categories of approaches at the project-level were identified

1: **The Long Collaboration**

- Often required for the larger national programmes or those involving considerable pathway change.

- This approach involves building a collaborative over months/years to drive the work forward, with funding and metrics decided and built into the programme.

- There is often a requirement for rollout sites to invest in the changes with their own resources, time, and align their commissioning timescales.

2: **System partner needs-led**

These approaches tend to be developed around locally developed programmes, often in the form of pilot/demonstrator sites to build cases on effectiveness.

3: **Innovator-led**

This is seen when AHSNs hand over some/all implementation responsibility to the innovators.

4: **Targeting specialist services**

- This is often used in relation to AAC Rapid Uptake Products, ITT/ITP innovations and small patient safety improvement products and is rapid, therefore tending to not use a collaborative approach.

- Success often requires a finite number of specific clinicians to engage and collaborate.

Several common principles were identified for successful spread and adoption

1. **Engagement focused** – building in-depth understanding of stakeholders and working closely with them.

2. **Working with the needs of health systems** – being clear on local problems and needs and responding in a way that meets those needs.

3. **Building and using networks** – creating links between stakeholders to share learning, create peer support and build plans for spread on knowledge and experience.

4. **Seeking and achieving sustained spread** – aiming to achieve sustainable uptake, rather than just short-term use.

5. **Promotion of an AHSN persona** – being an 'honest broker' and facilitator with independence and a strong emphasis on understanding context.

Crucial ways AHSNs support spread and adoption

AHSN staff reported a wide range of factors that support spread and adoption. Some were reported more frequently than others across the range of innovations discussed.

Activity undertaken, and progress identified, by AHSN staff and staff at adoption sites was usually attributed to the presence or absence of:

- Flexibility, adaptability, and values-led approach of AHSN staff to meet the needs for innovation and rollout.

- Evidence about the innovation before and during rollouts and managing perceptions of the evidence with rollout sites (for example, the 'pilotitis' problem).

- Clinical champions at the rollout sites, alongside an ensemble of support by a range of AHSN staff (project management, clinically trained AHSN staff, implementation science/quality improvement expertise).

The point on clinical champions at rollout sites is pertinent for health system partners. AHSN staff consider clinical champions at rollout sites vital to successful spread and adoption of innovation. Ensuring staff have time and space to be champions during transformation projects would support the interdependent symbiotic spread and adoption activities of AHSNs and health system partners.

Reviewing how AHSNs supported a selected national spread and adoption programme

Presenting key findings from an analysis comparing spread and adoption approaches with the national metrics data on uptake of the Transfers of Care Around Medicines (TCAM) programme.

Special focus on the spread and adoption of the AHSN national programme:
Transfers of Care Around Medicines (TCAM)

- This part of the study sought to identify successful approaches when supporting the adoption of TCAM – an AHSN Network national spread and adoption programme between 2018-2020, designed to identify and support patients who need extra support when they are discharged from hospital. TCAM is a safe and secure digital platform enabling communication between hospital trusts and community pharmacies.

- A qualitative thematic analysis of 18 interviews with staff from all 15 AHSNs was conducted. A Qualitative Comparative Analysis (QCA), compared interview themes with AHSN outcome data to determine what factors supported adoption.

- Successful adoption was reaching 50% uptake of TCAM within an individual AHSN's geographic region.

The analysis revealed **a combination of two approaches** that ensured successful adoption of TCAM:

1. A non-delayed start to the national programme

2. Employing a (senior, local) pharmacist at the AHSN to lead the adoption work.

The metrics confirmed that both approaches were required for successful adoption.

Other important activities highlighted by AHSN staff, but not related to successful or unsuccessful adoption in the QCA analysis:

- Importance of engaging all relevant stakeholders as early in the spread process as possible (e.g., intersectoral project group, targeting system-level (e.g., STP, ICS), working with existing intersectoral networks (e.g. local medicine optimisation groups).

- Targeting existing networks or convening steering groups allowed for obtaining senior-level support, and can save time and resources to spread programmes across a local system.

- Engaging the whole system has shown to increase local ownership of a programme increasing likelihood of normalisation and sustainability of TCAM.

- Better alignment of spread programme and national levers/support (e.g., contractual arrangements) could have saved a lot of time and resources.

- Support of national programme leadership and exchange of shared learning across the AHSN Network were highly valued.
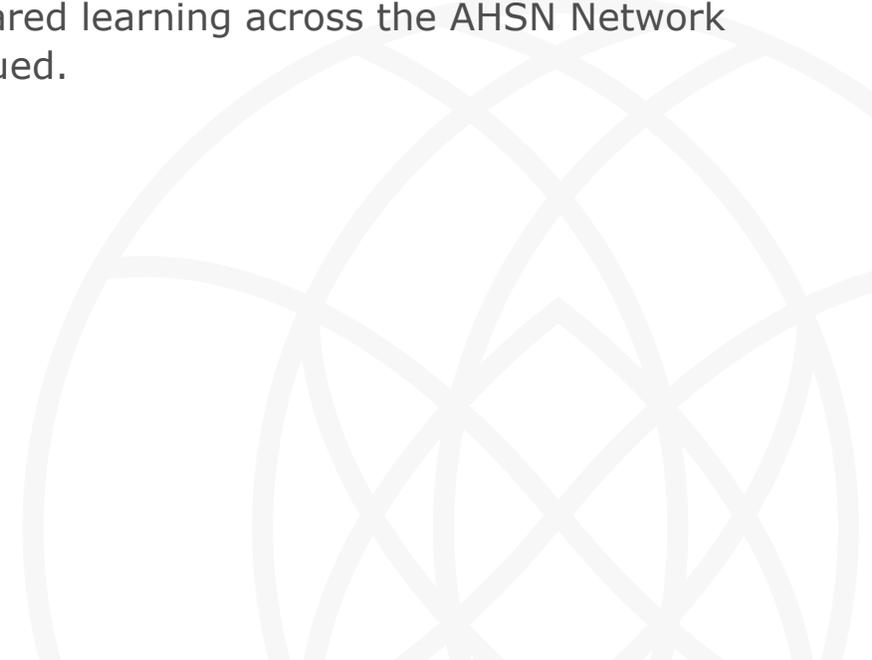
AHSNs experience of challenges to spread and adoption in dynamic health environments

An overview of common challenges encountered by AHSN staff and the relationship between approaches and influential factors.

Working with barriers and enablers to spread and adoption

The analysis of a wide range of reported barriers and enablers generated five key messages:

1. Using the [Consolidated Framework for Implementation Research](#) (CFIR) the review suggested **the most prevalent enablers and barriers to spread and adoption were related to stakeholder characteristics/behaviours and the organisational/system contexts**.

2. Evidence on innovation effectiveness was the pre-eminent influential factor, **frequently a barrier and enabler to spread and adoption**. Considering the evidential position of the innovation (its 'value proposition'), before and during rollouts is vital as this may be the key reason for success/failure. AHSN staff should be mindful of these factors and when resources are limited, focus attention on more likely challenges/enablers.

3. It was identified that **barriers and enablers are not static; they can reflect the perception, skill-set and situation of the individuals involved and can therefore be identified, mitigated, and potentially changed to benefit spread and adoption activity**. To do this requires an in-depth understanding of the rollout context before and during the spread and adoption process.

4. Spread and adoption success may be at risk if there is no national drive in a particular area of innovation, or ambiguity exists in the national guidance on an innovation.

5. Frequently reported national influences on spread and adoption were the NHS Long Term Plan, Quality and Outcomes Framework (QOF), NICE guidance, commissioning contracts and professional bodies. These should be considered in the pre-spread phase and monitored for changes during rollouts.

Examples of how barriers and enablers are related to approaches to spread and adoption

Example 1

Where AHSNs had a clear approach to spread

- More understanding and analysis of these barriers and enablers, with evidence that teams were working to understand, work with and around these important features.

- Conversely, AHSNs with more implicit approaches to spread were more likely to externalise influences on spread, removing their own agency in relation to those factors.

Example 2

Where AHSNs took more of a coaching approach to spread (understanding relationships, working practices and team-working)

- More likely to consider mindset-oriented enablers (e.g. ability to learn from failure, ability to build trust) rather than just focus on operationally oriented enablers (e.g. project management skills, clinical background).

Taking the learning forward

Based on the learning from the 24 conclusions to the five study questions, the potential next steps for the AHSN Network and its NHS partners are:

Taking the learning forward

Next step 1:

- **Learning for AHSNs:** Further exploration of the range of approaches used and how to tailor them to innovations and contexts, with consideration made of the medium to long-term sustainability of the different approaches.

- **Learning for the wider health and care system:** Organisations, leaders, and staff have tacit knowledge, explicit ways of working, and preferences for undertaking the spread and adoption of innovation. Making them more visible will increase learning, avoid clashes of approaches, and increase accountability.

Next step 2:

- **Learning for AHSNs**: Use evidence-informed exploration checklists to identify potential challenges prior to rollouts and mitigate for them in spread and adoption processes.

  Learning for the wider health and care system: Organisations, leaders and staff may have varied experience of spread and adoption. Evidence-informed contextual exploration checklists can act as an aide-memoire for experienced staff and a reliable guide for staff new to spread activity. Given the importance of knowing the lie of the land prior to rollouts, it is worth spending time and resources to do this thoroughly.

Taking the learning forward

Next step 3:

- **Learning for AHSNs:** Further support to AHSN staff to appreciate different spread methodologies, possibly in the form of tailored training for different staff groups to complement their existing skill sets.

- **Learning for the wider health and care system:** Greater diversification in the use of spread and adoption approaches, or greater awareness of them so they can be judged relevant/not relevant, could mitigate the problem of using inappropriate approaches/tools for the context. This could prevent lost time and resources to the implementing organisation and AHSNs are well positioned to support learning about spread and adoption and diversification of approaches.

Next step 4:

- **Learning for AHSNs:** Continue the development of shared learning across the AHSNs, including a repository of learning across the AHSN Network containing insights and evidence from existing and new approaches to spread and adoption from within the AHSN and elsewhere.

- **Learning for the wider health and care system:** Innovations are only as useful as they are able to be effectively adopted or spread. Therefore making the 'work' of spread and adoption visible and increasing its profile as important work would support all innovation activity. A repository of learning about spread and adoption across the health system would provide a central hub of learning for all.

Taking the learning forward

Next step 5:

- **Learning for AHSNs:** Investigate and develop training opportunities for AHSN staff to aid them in choosing and using the appropriate spread approach for the innovation and context.

- **Learning for the wider health and care system**: Two important and complementary but largely independent fields of study, implementation science and quality improvement, must strengthen their bonds to ensure the health system receives up-to-date and coordinated evidence on effective spread and adoption approaches, tools, and training for different health system environments.

Next step 6:

- **Learning for AHSNs**: Continue to champion the critical and practical role played by AHSNs in helping regional systems to use evidence as an enabler to spread and adoption. Promote a focus on meaningful data collection from project inception.

- **Learning for the wider health and care system:** There is a tension between the requirement for evidence and pace of change. There are also differing ways in which organisations and individuals view forms of evidence on an innovation. Health system partners should look to AHSNs, ARCs, and other local resources to support decisions about whether to proceed with rollouts. Health system partners should also investigate rollout contexts for any evidential requirements prior to starting.

Taking the learning forward

Next step 7:

- **Learning for AHSNs:** The design and resourcing of project teams should utilise the diversity of spread and adoption experience within clinical, commercial, and other staff within the AHSNs.

- **Learning for the wider health and care system:** Organisations and staff must be given time to 'do spread and adoption work', with a crucial aspect being the availability of clinical champions within the rollout context. Their involvement and drive during innovation rollouts was found to be critical to success. Rollout site champions must work with an ensemble of AHSN staff to mitigate for emergent challenges and maintain momentum.

Find out more

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