Implementation, readiness and resourcing

A practical guide to the adoption and spread of health innovation programmes

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Introduction

We all know that the NHS is facing unprecedented challenges requiring new ways of thinking and closer collaboration within and across local health systems.

Whilst there is no single or easy solution to these challenges, there is huge potential for innovation to help us do things differently to both address the care needs of communities and enable more efficient use of resources.

Health innovation can be simple and quick or complex and longer term, ranging from use of apps and new diagnostic devices to novel medicines and digital systems, through to full redesign of a whole care pathway.

England's Health Innovation Network (formerly The AHSN Network) is made up of 15 local health innovation organisations that were established in 2013 to support health and care systems to leverage the potential for the NHS to capitalise on these innovations.

Since then, and through our local activity and national collaboration, we have developed significant knowledge and expertise around the implementation of transformative programmes, driving innovation further and faster than has been achieved before.

This guide aims to capture our knowledge and learning – taking our experience of successfully delivering an example innovation project – to provide a practical and adaptable route map to inform the implementation of healthcare programmes, particularly more complex initiatives that cover wider geographies and multiple partners.

This guide is based on Focus ADHD, a programme implemented across every NHS region within England between 2020 and 2023, that sought to speed up the time to ADHD diagnosis and enable workforce efficiencies by freeing up clinical time.

The Focus ADHD programme started in 2017 as a Real-World Evaluation in the East Midlands in three ADHD services, before being commissioned by the NHS (via the Accelerated Access Collaborative) for national roll out across England between 2020 and 2023, coordinated by the 15 local health innovation networks.

Rolled out against the backdrop of the COVID-19 pandemic, Focus ADHD delivered outstanding positive impacts – this guide synthesises our experience; the barriers navigated, and the critical success factors involved. It also provides links to a range of tools, templates and resources that can be adapted.

I hope you find the guide and resources useful to inform your own innovation journey – for advice and support please get in touch with your local Health Innovation Network.

Nicole McGlennon, Managing Director of Health Innovation East Midlands and national SRO for the Focus ADHD programme

This guide is structured around five core areas for programmes to be successfully implemented and sustained – these are adapted from the more detailed 'adoption and spread canvas' developed by the 15 Health Innovation Networks (provided at appendix A).

THESE FIVE AREAS ARE:

1. Understanding the context

2. Raising awareness

3. Building will

4. Supporting implementation

5. Changing behaviour

1. Executive Summary

This guide aims to provide an easy to adapt framework for people working within health and care systems seeking to adopt and embed a service innovation or transformation.

Applicable to large and small scale projects across multiple locations, it synthesises learning from 'Focus ADHD', a national programme implemented at pace across England between April 2020 and March 2023 via the 15 local health innovation networks that make up the Health Innovation Network (formerly AHSNs).

Whilst focusing on one clinical area, the rapid adoption of this programme offers transferable insight to inform practical implementation of any innovative or transformative programme within the NHS and health care system (this includes programmes deployed within multiple locations within one local system, across multiple systems, or those implemented nationally).

This guide describes the enablers that were leveraged, and the barriers that were overcome to deliver the outstanding programme outcomes – achieved against the backdrop and ongoing impact of the COVID-19 pandemic. Links to a range of adaptable tools and techniques are provided, including an adoption and spread guide that was critical to enabling rapid and coordinated national implementation of the programme.

This guide is structured around five core areas for programmes to be successfully implemented and sustained – these are adapted from the more detailed 'adoption and spread canvas' developed by the 15 health innovation networks (provided at appendix A).

These five areas are:

1. Understanding the context
2. Raising awareness
3. Building will
4. Supporting implementation
5. Changing behaviour.

Background to the Health Innovation Network and the Focus ADHD National Innovation Programme

The 15 local health innovation networks that make up the Health Innovation Network were formerly known as the Academic Health Science Networks (AHSNs). The AHSNs were established by the NHS in 2013 and renamed in October 2023 to better reflect their role as the innovation arms of the NHS.

To help avoid confusion, from here on this document refers to the Health Innovation Network (or Network) rather than the AHSN Network.

The 15 local health innovation networks within the Health Innovation Network operate both locally within their geographies and form a connected network across England – their abilities to respond to local system needs whilst collaborating nationally, are enabling rapid and coordinated adoption of innovation and technology faster and further than has been achieved in the history of the NHS.

For example:

- More than 530,000 patients benefited from their work during 2022-23.
- 7,000 innovations received bespoke support during 2022-23.
- Between 2018 and 2023, their combined efforts leveraged over £1.3bn and helped create or secure 5,400 jobs.

The 15 organisations bring together all partners involved in health and care innovation – the NHS, industry, research and academia, voluntary organisations, social care, public health and patient representatives – to find, prove and scale up solutions to health and care challenges.

They take these promising innovations (identified via innovation scans[1]) and bring together organisations across sectors to test them out in health and care settings, such as community clinics, hospitals and GP practices (referred to as 'real world evaluation').

This process informs the potential for rapid spread across England via coordinated national implementation.

This was the approach taken with Focus ADHD, which originated within the East Midlands in 2017 when a digital technology called QbTest was identified via a Health Innovation East Midlands innovation scan.

QbTest is an objective ADHD assessment tool that supplements clinical assessment processes. Developed by Qbtech, (www.qbtech.com), QbTest is a commercially available measure of all three core components of ADHD (attention, impulsivity, and activity).

It was tested via a real world evaluation within three East Midlands NHS community and mental health trusts. Based on the success of this phase, it was adopted across England as a national NHS innovation programme between April 2020 and March 2023. Led by Health Innovation East Midlands, the 15 local health innovation networks worked collaboratively to deliver the three-year programme, resulting in measurable impacts across England.

The primary aim of the programme was to enable NHS mental health trusts and community paediatric services to improve the ADHD assessment offer to children and young people, with a focus on proving the value, and accelerating the uptake and implementation of an objective assessment to supplement the clinical assessment processes.

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[1] 'Innovation Scanning' is a coordinated, rapid approach developed by the Health Innovation Network to identify innovations and transformative technologies that have the potential to transform patient outcomes, support the health and care workforce and enable service efficiencies. Innovation scanning is enabled by the Health Innovation Netwrok's national innovation pipeline, a database of more than 1,500 evidenced technologies and interventions that can be quickly searched against a range of clinical and cross cutting themes.

A summary of the impacts of the programme – between 2017 and 2020 within the East Midlands, and then between 2020 and 2023 when it transitioned into a national programme – is summarised in the chart at appendix B. Whilst the Health Innovation Network's formal involvement in the programme ended in March 2023, the approach described in this guide is designed to maximise the potential for innovation to be sustained when the lead steps back; with this in mind ongoing implementation and further spread continues to be monitored.

ADHD – The Challenge

Attention Deficit Hyperactivity Disorder (ADHD) is neurobiological, a disorder of brain development that affects behaviour.

The main symptoms of ADHD are:

- Inattention (for example being easily distracted, making careless mistakes, and difficulty concentrating).
- Hyperactivity (for example being unable to sit still when needed, talking excessively, and having trouble playing quietly).
- Impulsivity (for example acting inappropriately, such as acting without thinking, interrupting, and intruding on others).

ADHD is a treatable disorder that affects around 1 in 20 school-aged children worldwide; however, undiagnosed or untreated ADHD can have significant impacts on personal development, academic outcomes, and family interaction. Additional mental health problems related to poor management of ADHD include depression, anxiety, sleep disorders, eating disorders and self-harm.

Timely detection and treatment are likely to moderate risks and improve outcomes but there is no simple test to determine whether a child has ADHD.

Despite evidence-based national guidelines, the process for diagnosis can include multiple steps based on clinical judgement informed by subjective reports from parents, teachers, and observation of the patient.

As a result, across the NHS in England many children seeking diagnosis and treatment for ADHD face long waiting times, and patchy or unavailable services.

Understanding the context

To be successfully implemented, innovation in health and care must meet a requirement within a pathway or service, and be informed by an understanding of the clinical and operational needs for change.

This includes outlining the challenge that the innovation will address along with early identification of any alignments to regional and national guidance, strategy and policy.

Understanding the evidence base behind the innovation and the limitations for the existing pathway or process, are further key factors, as is the need to understand the existing data that supports the requirements for change and the impacts that the innovation may have.

These key themes are briefly summarised below in the context of the Focus ADHD programme.

Establishing the Case for Change

Review the Evidence Base

Clearly defining the programme scope

Strategic Alignment

Real World Evaluation

Local Baseline Data

Data Analysis

Equality, Diversity and Inclusion Impact Assessments

Culture Readiness Assessment

2. The five core areas of innovation adoption

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Establishing the Case for Change

The backdrop to the Focus ADHD programme was the widely acknowledged recognition that there were shortcomings in the assessment process for children and young people who may have ADHD.

There was unwarranted national variation in service delivery across providers when it comes to the assessment of ADHD in children, coupled with a rising demand for services and reduced workforce capacity.

Furthermore, because diagnosis of ADHD is mainly subjective using information from different sources, there was huge variation in the number of appointments required to reach a diagnosis: waiting times for a diagnostic decision in the UK for children (pre-COVID-19) averaged 18 months, compared to the European average of 11 months[2].

The Focus ADHD programme aimed to increase the number of children and young people who had an objective assessment (QbTest) as part of their wider ADHD diagnostic assessment, in order to reduce delays to diagnosis.

The Focus ADHD programme's key aims were to:

- Reduce the time for assessment and decision making.
- Reduce outpatient appointments.
- Release clinical time.
- Reduce the number of nurse observation visits in schools and improve the experience for children and families.

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[2] Fridman, M., Banaschewski, T., Sikirica, V., Quintero, J., & Chen, K. S. (2017). Access to diagnosis, treatment, and supportive services among pharmacotherapy-treated children/adolescents with ADHD in Europe: Data from the caregiver Perspective on Paediatric ADHD survey. Neuropsychiatric Disease and Treatment, 13, 947–958.

Strategic Alignment

The NHS harnesses innovation to add value to the care it provides. This may be through improving access and patient outcomes, patient and staff experience, and patient safety.

This is often about making better use of resources; however, for innovation to be successfully adopted and sustained, whether across geographical areas or diverse services, it must align to local and national priorities.

If the innovation does not align with other people's perspectives, demands and priorities, there is a high likelihood that it will not gain traction.

The Focus ADHD programme had clear alignment to several key policy papers that were advocating for more effective services for children and young people with ADHD such as the NHS Long Term Plan (2019) and National Institute for Health and Care Excellence (NICE) Guidance (NG87) for the diagnosis and management of ADHD.

Anchoring the innovation to such wider agendas is an important means to maximise the potential for lasting positive impact – for example by not just reflecting existing policy, but by creating new thinking and evidence that can be used to inform and guide future policy.

This was the case with Focus ADHD: the programme was presented to the ADHD All-Party Parliamentary Group in 2022, and helped inform the generation of a NICE Medtech Innovation Briefing 318 (MIB318-March 2023) which was written to offer additional advice and support to NHS commissioners and staff when using the QbTest as part of the assessment pathway.

Review the Evidence Base

Reviewing the existing evidence base is an important starting point for the adoption and spread of any programme.

Traditional evidence reviews are primarily directed at establishing whether existing practice is effective. It represents ways of searching for, reviewing and summarising evidence to help answer specific questions, and there are a spectrum of evidence reviews that range in detail and rigour from literature reviews to systematic reviews.

Use of rapid reviews in healthcare is increasing. For further information visit the gov.uk website.

For QbTest there had been a randomised controlled trial (RCT) conducted by the NIHR CLAHRC East Midlands Collaboration for Leadership in Applied Health Research and Care (subsequently renamed the East Midlands Applied Research Collaborative) published in The Journal of Child Psychology and Psychiatry (The impact of a computerised test of attention and activity (QbTest) on diagnostic decision-making in children and young people with suspected attention deficit hyperactivity disorder: single-blind randomised controlled trial- Hollis et. al.).

The RCT tested the effect of QbTest compared to an alternative, which in this case was the existing pathway that did not include an objective measure. QbTest demonstrated potential time savings in relation to the number of appointments required to get a rule in/rule out diagnosis.

Other key evidence (systematic review, clinical trials, and implementation studies) of potential use for key decision-makers considering implementing QbTest into an ADHD diagnostic pathway in children under 18 years, were identified and collated as part of the evidence review.

All published and unpublished evidence was retrieved and summarised into a simple format with links to the original papers, in formats that met the needs of the different audiences – for example patients, managers and clinicians.

For this process to be effective, the collated evidence must be compelling enough to influence new adopters to give it a try.

For further details on RCTs visit the gov.uk website.

Real World Evaluation

Before planning any implementation programme it is important to establish that the innovation has a broad evidence base, including relevant real-world evaluations:

- The value of the innovation (for example a new product or technology) is demonstrated in a real-world setting such as a clinic, hospital or GP practice, i.e. outside a controlled research environment.
- The evidence can help organisations implement new technology as easily as possible by building on learning from previous rollouts in other organisations.

For further guidance on real-world evaluation visit the Health Innovation Network website.

To improve understanding of the effects of the QbTest innovation on patients and system outcomes in routine settings, the lead organisation (Health Innovation East Midlands) undertook a real-world evaluation, Transforming ADHD Care Across the East Midlands: An Evaluation Report.

Data was collected over 12-months via a deployment within community paediatric mental health services and child and adolescent mental health services (CAMHS) across three NHS mental health trusts within the East Midlands.

This real-world evaluation provided the evidence to prove that the addition of an objective assessment tool into the ADHD assessment process for children (six to 18-years-old) was beneficial to families, clinicians, and provider organisations.

A subsequent cost-benefit analysis using the impact data from the real-world innovation, confirmed positive cost savings for the NHS.

The evidence base for the programme was drawn from a range of different sources, offering a triangulation of data that proved the added value of implementing the innovation. This combination of data showed that by using the innovation, children would get a quicker decision as to whether they did or did not have ADHD, and therefore faster access to appropriate treatment or an alternative care pathway.

The use of an objective assessment was also shown to increase satisfaction and confidence in decision making across clinical staff and a release of clinical time across providers.

Clearly defining the programme scope

Following a review of the case for change including the real world-evaluation and the wider evidence base, the East Midlands work was proposed as a national programme and was subsequently commissioned by NHS England for delivery through the 15 local health innovation networks between April 2020 and March 2023.

The approval of the programme for national implementation was based on a defined scope to ensure fidelity to the real-world evaluation.

The scope of the national programme used the following criteria:

- Children aged 6-to-18 years old.
- Community paediatric services and child and adolescent mental health services (CAMHS).
- Diagnostic tool for the rule in/out of ADHD.
- Innovation based on an objective measurement of the three core components of ADHD.
- Innovation to be used alongside traditional diagnostic pathways and not as a stand-alone tool.

As the programme gained traction, considerable interest was generated in using an objective assessment in alternative settings to mental health trusts and paediatric services such as in youth offending, prisons as well as adult assessment pathways.

Whilst these other services and clinicians were interested in using the innovation to directly address waiting times or referral thresholds, the programme steering group stuck to the agreed scope of the programme and concluded that any deviations would distract from delivering the programme within the agreed timescales and budget.

As mentioned earlier, the programme was based on the use of QbTest. This was the only CE marked, European Medicines Agency (EMA) registered, and Food and Drug Administration (FDA) cleared medical device that could be used as an objective assessment of ADHD for patients aged six to 60 years old, that simultaneously measured attention, impulsivity, and motor activity – the core indicator symptoms of ADHD.

Throughout the national programme, innovation scans were undertaken to maintain a view of the competitive landscape; however, no similar innovations emerged within the UK market.

Data Analysis

As described above, there was a significant evidence base that highlighted the unwarranted national variation in service delivery when it comes to the assessment of ADHD in children, and this variation became obvious during the East Midlands real-world evaluation phase.

Health Innovation East Midlands aimed to quantify the exact level of need for the innovation and the scale of the variations using nationally collated data; however, no such data was available, either at local Integrated Care System (ICS) or national levels.

This is an important consideration; as there was no systematic data collection across England for referrals, or for waiting times and outcomes for children who are referred for an ADHD diagnosis, the programme relied upon gathering local intelligence.

This often meant auditing patient records which was time consuming and could only be progressed by identifying capacity within the teams that were implementing the intervention.

Local Baseline Data

Baseline data at the local system level provides an understanding of how well the system is currently performing and whether there is a need for the innovation.

It also shows whether implementation of the innovation results in improvement.

For the Focus ADHD programme, each local system was supported by their local health innovation network to gather data on the size of the population (six to 18-year-olds), the percentage of the local population currently seen and treated (compared to suggested prevalence), and the number of appointments required for a decision on diagnosis.

Clinical pathways and referral/acceptance criteria were mapped for both child and adolescent mental health services (CAMHS) and community paediatric services, and an understanding of the delays in diagnosis were established (with reduced workforce capacity and high referral rates being most commonly reported).

One of the most persuasive tools created for the programme was a budget impact model (BIM).

BIM used findings from the real-world evaluation supported by a cost benefit analysis, and it enabled local systems to translate the findings across their own population and workforce to provide a better understanding of the potential local impact from implementing the innovation.

The cost benefit analysis used the findings from the East Midlands real-world evaluation and estimated the cost impact across the three participating trusts – this included calculating both the local in-year capacity savings and the in-year costs for delivery.

Culture Readiness Assessment

For any innovation in health and care, readiness for change is a key issue.

During the planning phase of the national programme, colleagues from across the 15 local health innovation networks shared the benefit of the innovation with people at all levels within local, regional, and national organisations to establish the degree of support for implementation.

This energy and motivation needed to go beyond the innovators and champions; particular focus was placed on gathering intelligence and enthusiasm from local professionals who had the knowledge of service delivery in specific areas and NHS trusts.

These were the people able to identify the problems that affected their services and share the level of appetite that staff (clinical and non-clinical) and patients would have to adopt the innovation.

Equality, Diversity and Inclusion Impact Assessments

Equality analysis is an approach designed to improve an organisation's equality practices and it helps determine how an intervention or technology may affect people differently.

Whilst it is a part of the evidence to show the programme is complying with the Public Sector Equality Duty (April 2011), a key outcome of the equality analysis is to show how we are making a positive difference to the lives of people from the communities we serve – and also, to reassure ourselves that we are not unintentionally disadvantaging anyone.

The Health Innovation Network and its constituent organisations are committed to ensuring that their work and wider activities do not disadvantage people, particularly individuals or groups with Protected Characteristics as defined by the Equality Act 2010.

Health Innovation Network-led programmes are also developed to take account of a range of cross-cutting themes including the NHS Core20PLUS5 strategy.

Whilst this strategy was not in place at the outset of the Focus ADHD national programme, the project team and the steering group reviewed opportunities to align it to the strategy and further evidence a reduction in health inequalities.

The national programme's equality analysis was based on a template developed by Health Innovation East Midlands.

Raising awareness

At the outset of any programme, it is essential to raise awareness with key stakeholders to outline the case for change, and to provide the know-how and the tools to support implementation – this is particularly important if the implementation is across multiple sites, as it helps build in coordination and consistency of approach.
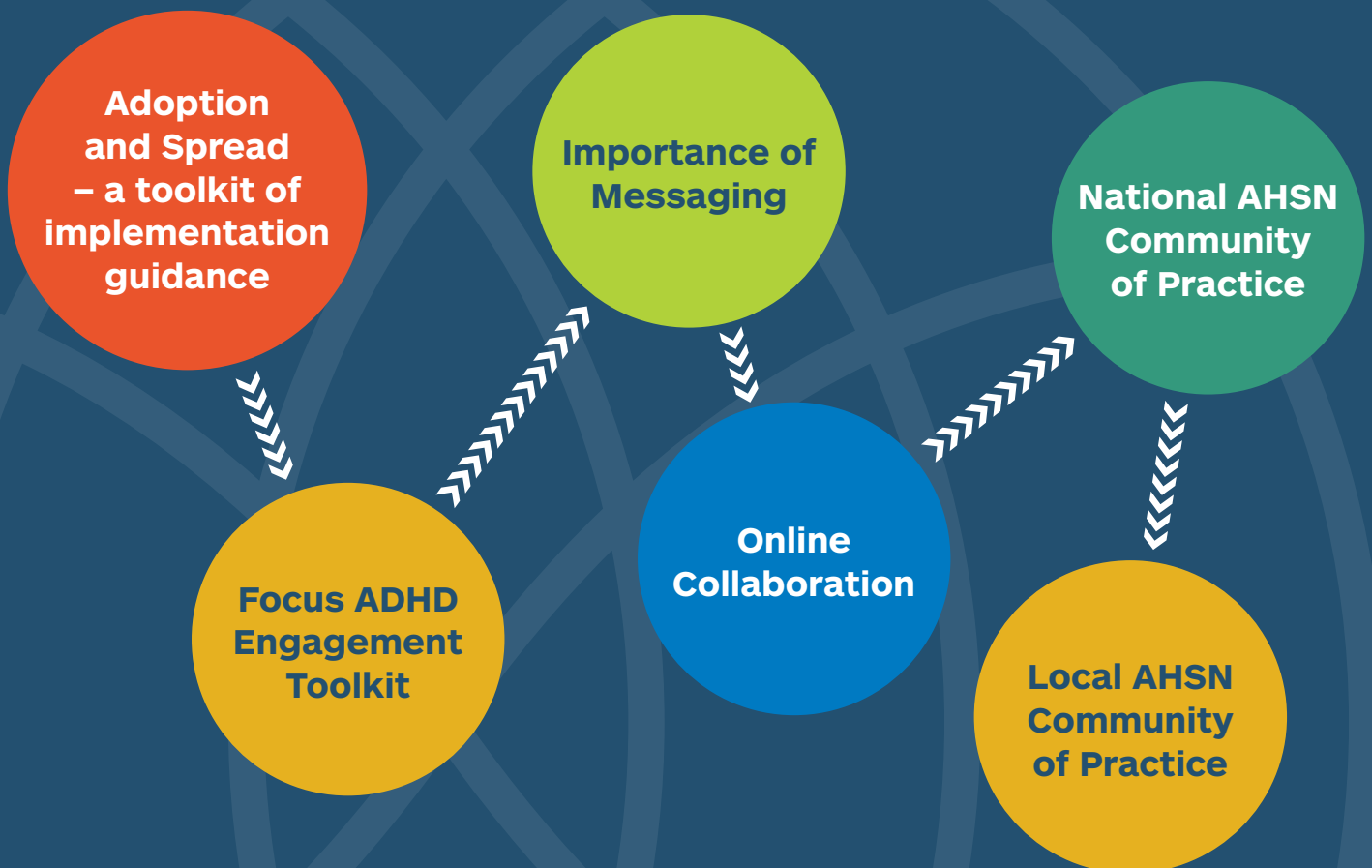
This requires two separate, but complementary activities:

- Stakeholder mapping and engagement (see the 'Build Will' section below) – this is about identifying the right people we need to connect with to enable implementation. This could include the people who will deliver the intervention along with influential decision makers and respected 'champions' who can advocate for programme adoption across organisations and systems.

- Communications planning – this is about identifying the right techniques – and getting the timing right – in order to communicate to the audiences who have been identified through the stakeholder mapping.

These processes should be undertaken well ahead of the programme launch; a common pitfall is to regard engagement and communications as 'bolt on' activities that are not considered until very close to start of the programme roll out.

Adoption and Spread – a toolkit of implementation guidance

Importance of Messaging

National AHSN Community of Practice

Focus ADHD Engagement Toolkit

Online Collaboration

Local AHSN Community of Practice

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Adoption and Spread – a toolkit of implementation guidance

An implementation toolkit was developed comprising of a number of resources to inform and support the national deployment of Focus ADHD.

This was made available to implementing sites three months ahead of the programme launch.

The steering group (outlined in the 'Build Will' section) supported this process by reviewing and endorsing the toolkit components.

This approach ensured timely production of the resources required as well as receiving clinical validation to the approach for adoption and spread.

A critical success factor to the launch of the programme and the early achievement of impacts, was the timeliness of the suite of documents, which were shared with individual local programme managers well in advance of the programme being formally launched – this enabled them to plan to 'hit the ground running'.

The adoption and spread guide contained the resources summarised below – whilst not exhaustive, this is a useful list of the sorts of tools needed for successful implementation of a programme delivered across sites involving multiple partners:

- Evidence base (overarching summary of all evidence, implementation case studies, demonstrator evaluation report)
- Implementation guide
- Baseline data guide
- Frequently asked questions
- Business impact model
- Template business case
- Template project documentation (milestones, risks etc.)

- Equality analysis
- Patient and public involvement (PPI) audit
- Data protection impact assessment (DPIA) template
- Template presentations.

The resources were shared with the project managers, system managers, and clinicians who supported local implementation.

In addition to this main implementation toolkit, an accompanying engagement toolkit was produced, as summarised below.

Focus ADHD Stakeholder Engagement Guide and Communication Toolkit

In addition to the adoption and spread resources described above, a stakeholder engagement guide and a communication toolkit were created.

The guide and the toolkit captured the story to help attract new as well as active supporters for the programme either within local health innovation networks or at provider organisations.

The stakeholder engagement guide was an essential component to help to identify key stakeholders as well as their potential influence in relation to the programme. The communications toolkit helped with the engagement of key stakeholders by creating consistent messaging helping people understand the vision of the programme as being more desirable than the status quo.

Simple engagement and communication guides and toolkits are particularly useful where a programme's success depends upon consistent and coordinated implementation by multiple partners across a wide geographical area.

The Focus ADHD stakeholder engagement guide and communication toolkits included:

- Shared common messaging about the programme to ensure consistency of communications across partners, for example brief standard wording for the partners to adapt for their own newsletters, websites and social media channels.
- Stakeholder mapping guide (summarised below in the 'Build Will' section).
- National, regional, and local awareness raising of the programme impacts – for example, inviting the partners to share patient stories and case studies to promote the success of the programme and enable constructive local discussions with clinical teams about the positive outcomes being achieved in other local systems.
- Outcome information (positive impacts) were promoted including the increase in the number of trusts adopting, and NHS cost savings and efficiencies achieved such as the reduction in the number of clinical appointments.
- Seeking opportunities to present at conferences and events related to mental health and ADHD themes.
- Seeking opportunities to submit the programme for national awards in order to support awareness raising of the successful outcomes.

- Synthesising ongoing learning from across the implementation partners and promoting this through quick and simple communications opportunities, such as publishing blogs or hosting learning webinars.
- 'End of programme' campaign planning – promoting impacts and sharing learning about what went well or could have been done differently.
- Linking across to wider work of partners to communicate the breadth of their contribution and expertise – with regards to Focus ADHD, this included joint promotion of other Health Innovation Network mental health related programmes including an eating disorders programme and a text messaging service for teens.

In addition to the objectives for the guide and the toolkit, key programme messages were:

- Focus ADHD has benefited ADHD services and families across the country.
- The pathway is:
  - Improving care for patients by speeding up diagnosis and treatment.
  - Saving money for the NHS by allowing teams to see more patients / free up time for other work. Aiding waiting list recovery post Covid.
- The Health Innovation Network and its 15 local health innovations networks are the NHS innovation arm and are experts at discovering and spreading innovation – the Focus ADHD programme is an example of this.

The stakeholder engagement guide and communication toolkit were an excellent resource available to the local project managers and communications teams. This approach ensured the messaging, both local and national, was consistent, evidence based, and directed to articulating the success of the programme.

It was important to use programme metrics (impact information) to build momentum – this helped both with reputation raising (advocacy with strategic stakeholders) and implementation (local systems seeing the positive results from other areas creating a 'pull').

Also important was to individualise the data to local system level as this encouraged partners to 'own' the positive impacts making it more likely that they would promote the programme outcomes.

By releasing the information regularly (for example, quarterly rather than annually) this accelerated the speed of awareness raising and helped to build will with stakeholders.

Another important consideration is that successful promotion and development of supporting communications and engagement resources requires a level of central coordination with an identified lead, and possibly a budget to support effective awareness raising and engagement.

For Focus ADHD, a small budget was identified for the lead communications team (from the East Midlands) who coordinated promotion and engagement activity and planning across the 15 local health innovation networks.

Whilst not appropriate for all programmes, for Focus ADHD it was important to create a strong and memorable identity; this is something to consider particularly for large programmes being delivered on a national footprint.

A simple branding workshop was held which created a visual identity for the programme.

This moved it away from being about the actual innovation (QbTest), to the desired outcomes of the clinical priority if successfully spread (benefits to the target audience).

The programme's title 'Focus ADHD' was developed from this workshop, and this name and the distinct identity were important to building in consistency of communication across the country.

Importance of Messaging

Innovation can only happen if groups of people work together to achieve specific goals.

Successful innovation requires effective communication with multiple audiences, understanding what each stakeholder cares about and how best to connect with them.

First and foremost, it is about active listening to understand what problems may exist that the innovation might solve, or what barriers may exist that could stop the adoption of the innovation.

The Focus ADHD programme invested in a programme team that listened and responded to all key stakeholders through clear and consistent communication.

For example, some stakeholders misunderstood that the programme was recommending the use of QbTest as a replacement for clinical expertise in the diagnosis process – when the programme was clear that QbTest was an addition to clinical expertise.

Early and positive engagement with those stakeholders provided reassurance and strengthened the messaging around QbTest being an addition to, not a replacement for clinical assessment – this proactive engagement was essential to avoid negative and inaccurate messaging gaining momentum; once entrenched this would have been very difficult to counter and could have deterred clinicians from engaging with the programme, risking the ongoing successful roll out.

Online Collaboration

An important consideration for the rollout of a programme across multiple sites is the method for sharing information.

Within a single organisation, this could be a collaborative space such as an intranet, SharePoint, or Microsoft Teams – for a multi-agency programme delivered across a wide geography (as was the case with Focus ADHD) other platforms could be considered and the programme capitalised upon the [FutureNHS](#) workspace to securely store and share resources, as well as to facilitate online discussions.

The FutureNHS platform is available to all staff employed across the NHS or its partner organisations. Using platforms such as SharePoint and FutureNHS can help with the governance related to sharing information (as documents can be accessed and edited online helping maintain version control).

FutureNHS was used as the main library for the evidence base as well as to share the tools required to support local implementation. The platform ensured that all programme managers had easy access to the most up-to-date documents along with a discussion forum to enable direct conversations and peer support. This approach proved to be a useful shared learning opportunity throughout the life of the programme.

A key consideration for workspaces is appropriate information governance – for example ensuring access is limited to those involved in programme delivery, with clear guidance about how information is stored, and used / cascaded on.

National Community of Practice

Whilst the adoption and spread guide and the engagement toolkit supported coordinated communications and helped to upskill programme managers from the individual local health innovation networks, guides alone are not sufficient to develop champions and create the momentum needed to drive a programme forward.

For the Focus ADHD programme, a community of practice (CoP) was established to create a conversational relationship of peers across the Network and the national programme team.

Wenger-Trayner describe a community of practice as a group of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly[3].

Monthly CoP meetings provided dedicated time to disseminate programme information and enable each member to share and explore insights, challenges, and ideas individually and collectively.

Enabling members to discuss updates from their own geographical areas and use the sessions to get feedback from other team members provided valuable support to help overcome obstacles.

The CoP was supported by parent/patient representatives to ensure that direct lived experience of children, young people and their families always remained core to the programme.

In addition, guest speakers were invited to present at sessions including clinicians, charities and other key stakeholders in the diagnosis and management of ADHD.

The role of the patient voice in developing and rolling out the programme was a key success factor, and for this the Focus ADHD used learning and tools developed by the Health Innovation East Midlands and the wider Network.

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[3] www.wenger-trayner.com/introduction-to-communities-of-practice

Local Community of Practice

In addition to the national CoP, a number of individual delivery partners created their own local CoP for their clinicians and managers within their provider organisations.

This supported local engagement and helped to create momentum as successful implementations were communicated to clinical peer groups.

It also created an extra shared learning opportunity to help identify enablers, challenges and barriers, and local learning was fed back by the programme managers to the national CoP, providing further shared learning and support.

3. Building Will

To ensure a programme gets off to a positive start and creates momentum, it is critical to build will from key stakeholders.

To start this process, a stakeholder mapping exercise will help identify those key to the programme's success and will define the leadership and governance structures needed to ensure that the right support and escalation processes are in place.

However, equally critical is to ensure that the patients' voice is captured and at the centre of the programme, its aims, objectives, and delivery.

Stakeholder Mapping

Clinical Leadership

Commercial Partners

Leadership and Governance Structures

Listening to People's Experience of Care

Other Partners and Stakeholders

Building Will

To ensure a programme gets off to a positive start and creates momentum, it is critical to build will from key stakeholders.

To start this process, a stakeholder mapping exercise will help identify those key to the programme's success and will define the leadership and governance structures needed to ensure that the right support and escalation processes are in place.

However, equally critical is to ensure that the patients' voice is captured and at the centre of the programme, its aims, objectives, and delivery.

Stakeholder Mapping

Ahead of the launch of the Focus ADHD programme, a small group undertook a stakeholder analysis; if this stage is missed out it can affect the successful implementation of a programme.

Key to this early stage is to ensure that people with the right knowledge and skills are involved, and for Focus ADHD the group members were selected for their:

- Knowledge of the clinical theme (ADHD) – issues, challenges, national policy levers etc.
- Understanding of how ADHD services are delivered and who by.
- Programme management expertise (the components of a successful delivery plan).
- Communications and engagement expertise (developing messaging, and the techniques and tools to reach the target audiences).

This process provided insight into who the programme would need to engage with including clinicians, administrative staff, patients, policy makers, NHS managers and networks (such as Clinical Networks).

It was particularly useful to understand the input from the many partner organisations that go beyond those in the NHS such as local authorities, schools, academic and research organisations, political leadership, national charities and parents and patients.

The mapping of each group of stakeholders was analysed in terms of power, influence, and the extent to which they are affected by the innovation.

This helped to create a list of priority stakeholders to partner with (e.g. clinical and managerial leads for ADHD services), who to consult with (e.g. Integrated Care System leaders) and who it would be useful to keep involved and informed as and when required (e.g. specialist ADHD nurses).

Significant time was invested in building strong relationships with the key stakeholders and individual organisations across the different health economies.

The stakeholder map was revisited and revised on a regular basis throughout the programme.

For the Focus ADHD programme, it was interesting to note that commissioners were initially expected to be key to delivery as they pay the providers to deliver ADHD services; however, it soon became clear that commissioners were rarely involved in

supporting improvements in ADHD care pathways for children and that any changes were made by the providers alone.

In some cases, engagement with commissioners was seen to delay the decision-making process due to a lack of agreement as to where the benefits would be realised. However, this was not universally seen, and in a number of examples, commissioners did fund the implementation of the Focus ADHD programme to help reduce waiting times and free up capacity.

These complexities reinforce the importance of using stakeholder mapping and regularly updating this throughout the programme lifecycle.

A generic stakeholder map was developed nationally for adaptation by individual delivery teams, using their knowledge of stakeholders and how ADHD services were delivered in their local geographies – providing this generic map was important as it helped kick-start local considerations about who would be affected by the proposed implementation and who would need to be involved to ensure successful delivery.

Leadership and Governance Structures

A well governed and managed steering group is a valuable part of any innovation programme. For Focus ADHD, a steering group was established at the start of the planning phase to help drive the programme forward, resolve issues, mitigate risks, and keep the programme on track.

This helped ensure that the programme stayed true to the original vision of improving the ADHD assessment offer to children and young people.

The members of a programme steering group will vary depending on the scope and reach; for Focus ADHD the membership included;

- A Programme Senior Responsible Officer (the Managing Director of Health Innovation East Midlands)
- Programme Manager (provided by Health Innovation East Midlands)
- Communication Manager (provided by Health Innovation East Midlands)
- Metrics Lead
- Children's and Young People Consultant Psychologist
- Consultant Paediatrician
- ADHD Foundation – representative from the national charity
- Patient and Public Involvement (PPI) Representatives (parents / carers of children with ADHD)
- Education Lead
- The innovator – a representative from the company Qbtech Ltd.

The steering group initially met for 90 minutes every two months; once fully established this was reduced to once a quarter. Steering group members provided additional input outside meetings where guidance requests or issues were raised – an example of a template terms of reference for a steering group can be obtained here.

The programme was further supported by a core delivery team based at Health Innovation East Midlands which provided central project management expertise and reporting into the steering group. The core delivery team managed the programme, documentation, and communication across the network on a day-to-day basis and escalated risks, issues and mitigation plans to the steering group.

A steering group will not always be the preferred approach; however, when dealing with programmes across multiple sites a governance structure is required to ensure the project is delivered consistently with appropriate escalation and decision making processes.

The frequency of meetings should be informed by the programme complexity and scale.

Clinical Leadership

Clinicians play an important role in driving innovation. As direct care providers, they are well positioned to hear and understand the needs of their patients and often work closely with people who use their services in their local area. As a result, they can act as persuasive advocates for the implementation of an innovation as well as provide an expert voice when barriers to the use of the innovation are raised.

At a national level the Focus ADHD programme secured support from a consultant paediatrician and a child psychiatrist who had a sound knowledge of the evidence base that underpinned the innovation.

The clinical leads for the programme either held national roles and /or had a strong national reputation, and as such proved to be influential figures with the wider stakeholder group.

Whilst not all programmes will be able to attract this level of support it is important to get highly respected clinical leads either within the locality and / or subject area to help give oversight as well as clinical leadership. The stakeholder mapping exercise is useful to help identify these potential clinical leads.

The national clinical leads were also used to support local implementation conversations where other clinicians were presenting barriers and challenges.

This approach was useful to maintain momentum and drive the programme after the early implementation successes, as well as identifying further opportunity for adoption and spread.

In addition to the national clinical leads, it was also important to get local clinical champions across the country to help share the impact of the success of the innovation which in turn encouraged further adoption and spread; many of the local clinical champions also supported their local communities of practice.

Listening to People's Experience of Care

Focus ADHD aimed to improve the experience of care offered to children and young people who were referred for an ADHD assessment, so listening to people's experience of care played a crucial part in understanding the problem that needed to be addressed.

Extensive feedback was gathered from service users who had had a QbTest as part of the real-world evaluation, with a particular focus on whether they felt that the QbTest was helpful and that the results generated from the test helped them to understand their symptoms.

All new providers and systems that were implementing the innovation were advised to continually gather feedback from service users to measure and manage performance on experience; this was challenging due to resource constraints, however some services chose to interview and record videos of service users to publicise the impacts of the innovation.

These videos were made available for all Focus ADHD stakeholders (links to the Focus ADHD videos and case studies can be seen in Appendix C – engagement resources).

Two parents with lived experience of supporting their children through local services were members of the programme steering group. They offered story telling as a key methodology for learning from care in each of the monthly meetings.

They were equal partners in supporting the process of designing, running, monitoring, and reviewing the programme.

In addition to the parents on the steering group the [ADHD Foundation](#), a national leading neurodiversity charity, acted as advocates for the patient voice. The charity was able to access feedback from service users and articulate challenges and concerns that patients may experience within the pathway for services introducing the Focus ADHD programme.

Hence, a learning from Focus ADHD is to seek and embrace formal involvement of broader partners including people with lived experience and the community and voluntary sector.

Commercial Partners

Within the NHS there has been a positive shift in recognising the importance of bringing together the local NHS, public sector organisations and industry to improve health outcomes for the populations they serve. Local health innovation networks operate across sectors and a key role is to broker connections between health and care and commercial organisations.

By the time the Focus ADHD programme was selected as a national programme, relationships and trust had already been formed with Qbtech Ltd through delivery of the randomised control trial and real-world evaluation within the East Midlands.

A project initiation document (PID) was developed as a collaborative agreement between all key parties, including the innovator.

In addition to setting out the ambitions, scope, metrics, and methodology of delivering the programme, the PID focused on the nature of the partnership between the Health Innovation Network and Qbtech Ltd such as having clearly defined roles, as well as the information governance and data security measures to be adopted.

The industry partners were key members of the steering group but were asked to leave the room for the agenda item that was used to monitor any new alternative providers into the market (see note earlier about the importance of regular innovation scanning to identify potential new alternative technologies).

Other Partners and Stakeholders

Significant commitment and expertise were contributed by partners on the programme steering group which extended beyond healthcare and industry. The ADHD Foundation charity and representatives from the education sector are two examples.

They continually brought fresh perspectives to the delivery of the programme and were well placed to support other members to have a better understanding of the needs and difficulties of children and young people requiring an ADHD assessment. They were essential partners in bringing voice, insights and assets into the partnership decision making as well as promoting engagement and adoption.

Careful consideration was given to how and when to involve these wider partners to ensure that their time and resource was respected. As with the industry partners, the partnership arrangement was detailed in the PID, and time was invested from all parties to build the trust and relationships essential to successful delivery.

4. Supporting implementation

Supporting implementation is a key role for the team that has oversight for programme delivery and success. It is important to have skilled project and programme staff to support operational and clinical staff to implement and embed innovation and pathway change.; many aspects of implementation support are covered throughout this document.

Programme Support → **Regional Workforce**

Supporting Implementation

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Programme Support

A number of steps and resources were needed to support implementation of Focus ADHD:

- Collating the evidence base.
- Establishing a governance structure including a steering group.
- Appointing clinical leads.
- Identifying and collaborating with partners including industry and the third sector.
- Building in service user input.
- Developing adoption and spread guidance and resources including an implementation toolkit, engagement toolkit and communications plan.
- Establishing communities of practice.
- Promoting the success of the programme via regular updates using established communications channels.
- Setting up a workspace for programme leads to access toolkits and share learning.

In addition, dedicated roles were established, and time was invested to ensure that the governance structure, tools for implementation as well as the support structure were in place ahead of the programme commencing.

This was critical to gaining early success and momentum to the programme. It also allowed the national team to support and upskill the individual programme managers.

Regional Workforce

Focus ADHD mobilised a regional workforce that understood and supported the objectives of the programme; this enabled the conversations needed to convince stakeholders of the benefits of the innovation and provide practical support and advice for implementation. Innovation will not happen without this energy and enthusiasm of system and front-line staff.

While individuals in the Network played key roles in developing and spreading the innovation, success depended on them having access to wider teams with a range of skills such as marketing, data analysis and patient engagement. The importance of putting 'boots on the ground' cannot be overestimated; this includes clinicians having protected time to convince colleagues of the benefits and to challenge opposition to the innovation.

In addition, it is essential to develop experienced project teams in each local health innovation network to support ADHD providers to plan and implement the innovation. This was especially true where provider workforces were stretched.

This helps to maintain momentum of the implementation – for example the Focus ADHD programme national implementation (April 2020 to March 2023) coincided with the COVID-19 pandemic, but despite the impact of the pandemic on elective services, the trajectories set for Focus ADHD were not only achieved but exceeded.

Changing behaviour

Changing behaviour in programmes (i.e., encouraging and persuading stakeholders to adopt the innovation and dedicate the required resource to making it happen) is challenging.

There are several approaches which are mentioned previously within the document. Some of the behaviour change techniques used for the Focus ADHD programme included:

1. Having credible and independent advocates for the innovation (such as clinical leads / champions, charity leaders, and programme managers).
2. Providing clear and regular information and updates about the benefits and impacts of delivery.
3. Providing advice, toolkits and resources to embed collaborative working collaboratively at national, regional and local levels.
4. Understanding the pressures on those delivering and those receiving the services and accounting for this in implementation planning and stakeholder messaging.
5. Being agile at a time when COVID-19 was a massive disrupter.

Programme Impacts

Communication and Awareness Raising

Evaluation

The Importance of Innovation in the Restoration of NHS Services

Changing Behaviour

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Programme Impacts

A critical factor in the success of a national programme is to build upon accomplishments and learning from new implementation sites of the innovation, attracting the interest of other people and organisations who were previously neutral.

The Focus ADHD programme focused heavily on creating momentum through sharing evidence of success, for example by using 'inflection charts' [4] to quantify the uptake and impacts of implementation.

On a monthly basis national and local inflection charts were created with key headline achievements highlighted using data collected by the innovator and by each local health innovation network. Sharing the charts offered high level impacts whilst visually showing the uptake accelerating nationally over time as well as supporting the adoption and spread momentum. The final programme inflection chart can be found in Appendix B – Inflection Chart.

In addition to these charts, written and video case studies were captured and shared to further articulate the success of the programme. These were effectively communicated widely and regularly through numerous channels to all champions at national, regional, and local levels. Service users and clinicians' stories were also captured to explain the benefits of the innovation/improvement to help drive the momentum for the programme.

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[4] A simple chart showing progress of a programme over time – axes can show a number of measures; for Focus ADHD (example at appendix B) this was number of implementing trusts and tests undertaken. The chart is reinforced with impact statements as seen in the circles in the example. Regularly updating the charts (for Focus this was quarterly) provided a 'hook' to hang promotional messages on. 'Inflection' refers to the point at which implementation started, so the progress before and after can be compared to highlight the acceleration of positive impacts.

Communication and Awareness Raising

Throughout the programme the Health Innovation Network and the local health innovation networks shared programme successes. This included using events such as ADHD Awareness Month, conferences and national awards programmes.

The Network also looked to maximise its reputation in relation to its approach for mental health innovation, linking its work with a parallel national programme, the national Early Intervention Eating disorder (FREED) Programme and the ChatHealth innovation. Talking about these three programmes together helped collectively demonstrate their breadth of expertise in managing mental health programmes.

Whilst local implementation by NHS partners has continued, the Network role in leading the Focus ADHD programme ended in March 2023.

As with any culminating programme it was important to take the opportunity to celebrate the success and impacts achieved over the three years (reputation), thank all partners for their contribution (supporting ongoing positive engagement) and reinforce the key message that implementation would continue without the direct involvement of the Health Innovation Network (sustaining and embedding innovation).

A range of activities were developed as part of the end of programme campaign – this included a collaborative event for programme leads to capture learning and share experiences, formally marking the contribution of the steering group members, and coordinated promotion of the programme outputs via all available national and local Network and partner communications channels.

This approach supported the sustainability of the programme at a local level helping the innovator to continue to roll out the innovation after the programme ended.

In the first three months following the close of the national programme (April to June 2023) a further 12 sites implemented an objective assessment and a further 7,403 patients benefited; this highlights the opportunity for positive legacy communications, i.e., although their role has ended, the Network can continue to promote the continuing positive impacts achieved via the ongoing implementation.

By the end of June 2023 the three year programme had positively benefited around 65,000 patients in England.

Evaluation

The Health Innovation Network was keen to build on the success and evidence base of the real-world evaluation and commissioned a national evaluation. This approach has ensured that the large-scale adoption and spread was still achieving the expected patients and staff benefits.

The evaluation was conducted across 22 individual ADHD diagnostic services and demonstrated the following benefits.

- 19% release of clinical time in Paediatric services.
- 9% release of clinical time in CAMHS.
- 22% reduction in nurse school observations in CAMHS.
- 92% of clinicians said the results helped understand patients' symptoms.

Whilst the benefits did not exactly match the real-world evaluation, the evaluation team felt that this was largely affected by the impact of COVID-19 on services.

The evidence of the national evaluation demonstrated the continued benefits of implementing the Focus ADHD programme and helped support the sustainability of the sites that had already implemented an objective assessment as well as encouraging the remaining sites to consider implementation.

The national evaluation also helped to inform the NICE Medtech Innovation Briefing (MIB318 March 2023) which has been written to offer additional advice and support to NHS commissioners and staff when using the QbTest as part of the assessment pathway.

The Importance of Innovation in the Restoration of NHS Services

The coronavirus (COVID-19) pandemic has highlighted the importance of innovation, particularly the role of digital technology in speeding up access to services and releasing staff time.

It is clear that now, more than ever, we have to be innovative in how we deliver services to ensure we increase access to effective support for our local communities.

The Focus ADHD programme supported quality improvement through the implementation of an evidence-based intervention to reduce time to diagnosis as well as supporting local system transformation.

This provided an important opportunity to not only improve the experience of care for children, young people and families but also to maximise the use of clinical resources through the delivery of more effective and efficient care.

The Focus ADHD national team were able to pivot to the COVID-19 pandemic and support services to re-establish clinics.

A COVID-19 case study was published to support sites with the re-introduction of face-to-face consultations and the evidence base was further explored and communicated to demonstrate the potential number of appointments that could be saved to further release clinical capacity as well as reduce the increased waiting times.

Conclusion

Successful implementation of an innovation within healthcare relies on a number of factors.

Time needs to be taken to outline the case for change by understanding the context and need for an innovation.

This could include a review of the evidence base, the strategic and policy need and getting an understanding of local, regional or national data.

There is also a need to **understand the cultural readiness for change** as well as ensuring that health inequalities are being addressed and that protected groups are not being unintentionally disadvantaged.

Following the establishment of a case for change, **raising awareness is key**.

Specific tools may be required to support this approach to help communicate details around the programme, the approach to implementation as well as adoption and spread if you are looking to rollout across multiple organisations.

Adoption and spread guides, engagement toolkit, and a communications plan that seeks to raise awareness of the programme's positive impacts, should all be considered as part of the programme planning stage, to support the key requirements of implementation.

Building will with key stakeholders is needed to ensure that a programme gets off to a positive start and creates momentum.

To begin this process, it is important to undertake a **stakeholder mapping exercise** as well as define the leadership and governance structure needed to ensure that the right support and escalation processes are in place.

However, it is just as critical to ensure the **patients' voice is captured** and is built into the heart of the programme.

It is important to **support implementation** with the tools outlined in this document as well as upskilling project/programme staff to support operational/clinical staff with the implementation.

It has been identified that **changing behaviour** in programmes can be a challenging task.

Consideration should also be given to the approaches to be used to help **embed and sustain** adoption and spread of innovation, once the lead implementing organisation steps back or eventually withdraws it dedicated central supporting resource.

Focus ADHD – critical success factors

Recommissioned for a further five years from October 2023, the 15 local health innovation networks operate as the NHS innovation arm and are experts at discovering and spreading innovation and the Focus ADHD programme is a powerful example of just this.

Selected as a national Health Innovation Network adoption and spread programme based upon the initial local programme in the East Midlands, 69 trusts (149 sites) across England were using an objective assessment to improve ADHD diagnosis by June 2023.

In England nearly 65,000 patients had benefited from an objective assessment since the launch of the national Focus ADHD programme in 2020.

The programme impacted greatly on ADHD services and families across the country.

The introduction of the objective assessment was proven to benefit the care for patients by speeding up the time taken for diagnosis, and therefore treatment, and was proven to be well received by both clinicians and families alike.

The innovation also freed up capacity and appointments within the NHS, allowing teams to see more patients and freeing up time for more complex children and young people.

This was a timely innovation given the additional pressures from COVID-19 on what were already pressurised pathways.

The Focus ADHD programme won three prominent national awards including the HSJ award (2018) for best innovation mental health and the HSJ Partnership Award (2022) for the best mental health partnership with the NHS.

The benefits of using the objective testing technology (QbTest) as part of a comprehensive ADHD assessment are now highlighted in the National Institute of Clinical Excellence (NICE) Medical Innovation Briefing (2023).

The Focus ADHD programme is a success story for the NHS, the Health Innovation Network, the partners and the many local NHS organisations that continue to implement the innovation.

More information

Please get in touch at healthinnovation-em@nottingham.ac.uk

For advice on identifying, implementing and sustaining innovation and transformation programmes, contact your local health innovation network.

Acknowledgements

Appendix A – Health Innovation Network Adoption and Spread Canvas

AHSN Adoption and Spread Model/Template Canvas

| Understand Context	Raise Awareness	Build Will	Support Implementation	Change Behaviour
Data Analysis • Using available data to understand baseline and assess need. **Culture Readiness Assessment** • Use all available knowledge of the system, organisation and people to assess readiness for change whilst seeking alignment with needs • National and local policy and drivers • Undertake equality, diversity and inclusion impact assessment	**Communications** • Develop an effective communication plan and suite of materials to communicate effectively and often with all key stakeholders **Network Riding** • Join local clinical network meetings to understand needs and promote work	**System Engagement** • Stakeholder mapping • Targeted relationship building and engagement with key stakeholders • Lived experience participants identified • Clinical lead identified **Value Proposition and Business Case Development** • Use recognised approaches, existing resources (e.g., NICE) and templates to support ICB/providers with value proposition/case for change and business case • Identify programme resources, financial resources, risks and issues, interdependencies **Story-Telling** • Use service user and clinician stories to explain the benefits of the innovation/improvement **Evidence Sharing** • Gather and share evidence base from academic and grey literature	**Quality improvement principle** • Use Quality improvement principles • Set clear aim • Construct a local plan/PID • Define clear process /outcomes measures and measure impact • Process map pathways, identify pinch points and challenges • Identify digital enablers **Action Learning Sets / Collaboration** • Bring together key implementors and influencers at regular intervals • Use QI principles to monitor cross-team implementation and sharing of learning • Use coaching skills to enable reflective practice **Clear programme governance** • Identify SRO for programme of work • Identify programme team members • Set up programme board structure • PID, highlight and exception reporting • Risks and issues log – clear escalation processes	**Evaluation and Benefits Realisation** • Quantify impact of implementation • Celebrate success • Use data to drive continual improvement and sustainability **Community of Practice** • Develop a community of practice to support post implementation sharing and learning across key stakeholders

Appendix B- Focus ADHD Inflection Chart

FOCUS
Transforming ADHD Diagnosis

Spread of an objective assessment across England (Jan 2017 – March 2023)

- ■ Number of tests
- —✕— Number of trusts
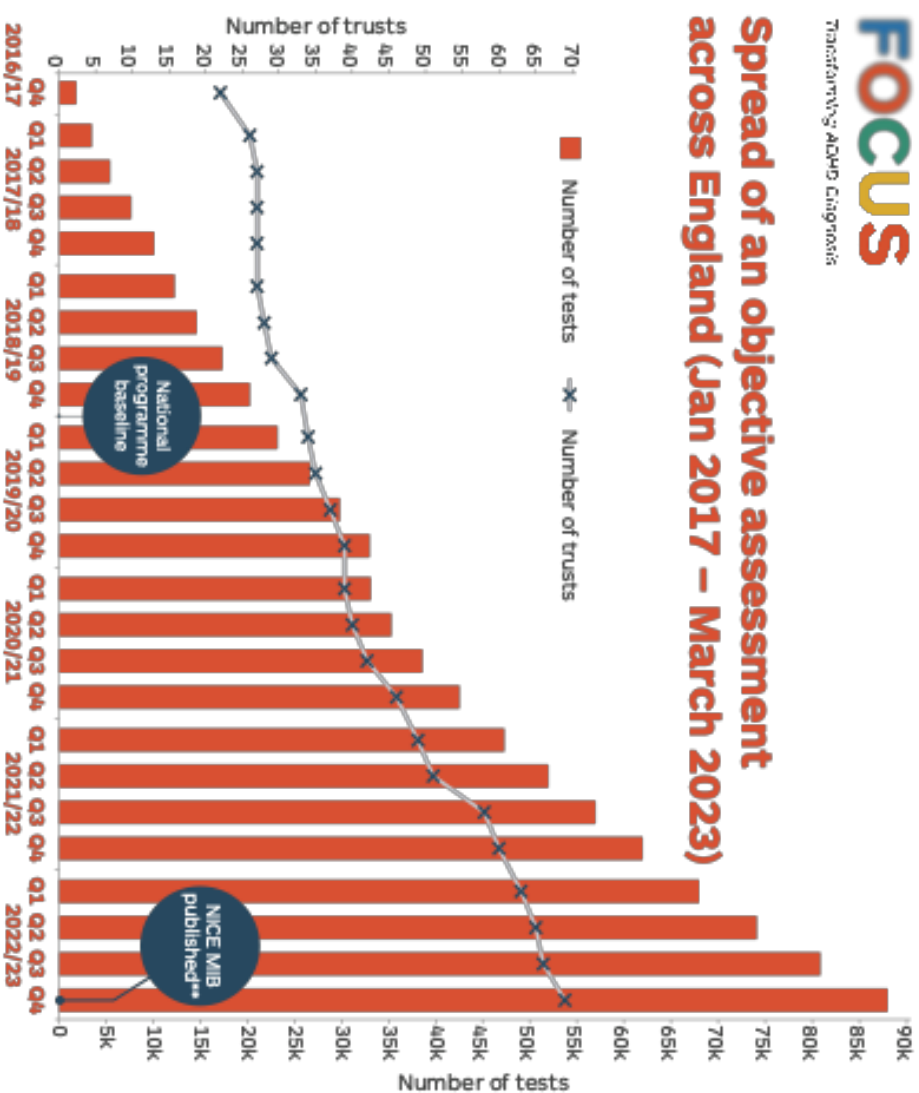
69 trusts across 137 sites are now providing an objective assessment

22% reduction in nurse school observations in CAMHS*

19% release of clinical time in Paediatric and 9.2% in CAMHS*

Over 55,000 patients benefitting since April 2020

92% of clinicians said the results helped understand patients' symptoms*

Winner of 3 national awards including 2 HSJ awards

*Findings from the National Focus ADHD Evaluation Oct 22
**In March 2023 NICE published a Medtech Innovation Briefing relating to QbTest for the assessment of attention deficit hyperactivity disorder. www.nice.org.uk/advice/mib318

Appendix C: Engagement Resources

Videos

- Focus ADHD – national success to date (Oct 2021). Featuring North Staffordshire Combined Healthcare NHS Trust https://vimeo.com/636358120 (6:23mins)
- Focus ADHD- from a clinician's perspective presentation (Dr Julie Clarke) https://vimeo.com/487176725 (15:42mins)
- Transforming ADHD assessments in children (2020) https://vimeo.com/425936466 (5:50mins)
- Improving the diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) in children trailer (2019).
  - Interview with Programme lead Dara Coppell https://vimeo.com/328458164 (1:13mins)
  - QbTest demonstrator video (2019) https://vimeo.com/328461487 (5:02mins)

Additional resources

- Website article – HSJ awards shortlist (August 2022) www.healthinnovation-em.org.uk/news-blog/latest-news/1458-adhd-programme-for-children-and-young-people-makes-the-hsj-awards-2022-shortlist-2
- Case study: https://thehealthinnovationnetwork.co.uk/case_studies/improving-assessment-for-adhd-for-children-young-people/
- Greenwich case study (July 2022) https://www.qbtech.com/blog/reshaping-adhd-care-an-oxleas-nhs-foundation-trust-case-study/
- West of England case studies (June 2022) https://www.healthinnowest.net/focus-adhd/ and https://www.healthinnowest.net/wp-content/uploads/2022/06/Focus-ADHD-Case-Study_Tom_-STE-29-June-2022.pdf
- North Staffs team case study www.healthinnovation-em.org.uk/component/rsfiles/download-file/files?path=our-work%252Four-innovations%252FTransforming-ADHD-Care%252Fnorth-staffordshire-camhs-case-study.pdf&Itemid=1457
- Focus ADHD – one year review www.healthinnovation-em.org.uk/component/rsfiles/download-file/files?path=our-work%252Four-innovations%252FTransforming-ADHD-Care%252FFocus%2BADHD%2B-%2Bone%2Byear%2Breview%2Bfinal.pdf&Itemid=1457

- East Midlands real world evaluation project evaluation documents

  - www.healthinnovation-em.org.uk/component/rsfiles/download-file/files?path=our-work%252Four-innovations%252FTransforming-ADHD-Care%252FADHD_care_in_the_East_Midlands_V7_021018.pdf&Itemid=1457 (October 2018)
  - www.healthinnovation-em.org.uk/component/rsfiles/download-file/files?path=our-work%252Four-innovations%252FTransforming-ADHD-Care%252FFinal_Overall_Evaluation_Report_31May18.pdf&Itemid=1457 (May 2018)
  - www.healthinnovation-em.org.uk/component/rsfiles/download-file/files?path=our-work%252Four-innovations%252FTransforming-ADHD-Care%252FHollis_et_al-2018-Journal_of_Child_Psychology_and_Psychiatry.pdf&Itemid=1457

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