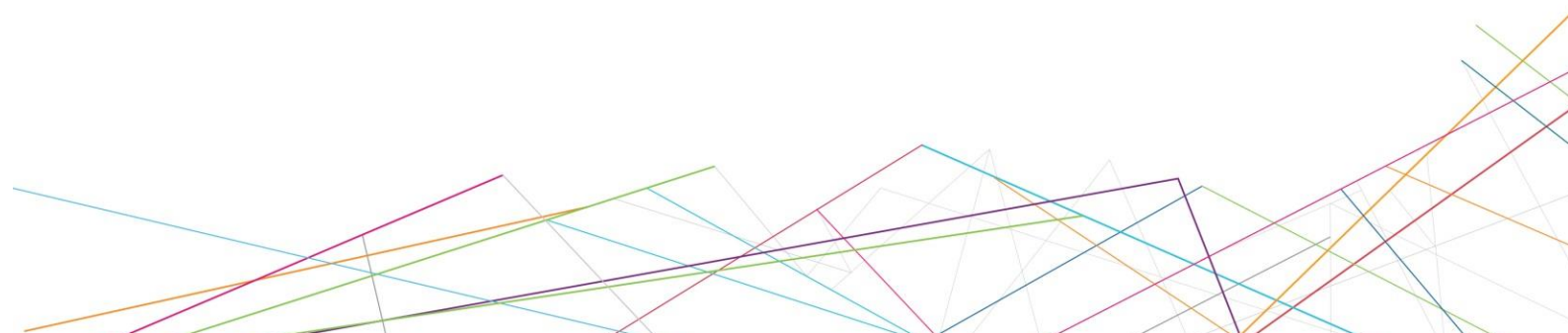


## UCLPartners Support for Sustainability and Transformation

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Bringing people and organisations together to transform the health and wellbeing of the population



## A unique partnership

UCLPartners connects NHS, social care, academic and industry partners to deliver lasting improvements in patient and population health through medical discovery, healthcare innovation, education and research.


Our local focus is to support health and care improvements for a population of six million people in parts of London and surrounding counties, including many of the most deprived and vulnerable communities in the country. Beyond serving the local population, healthcare solutions developed by members are often applied across the UK and globally.


**We support improvements in discovery science, innovation and improvement into practice and population health and focus where the need and benefit is greatest.** As an academic health science partnership, UCLPartners is unique in bringing together a wide set of roles to improve health of the local population.

- **Discovery science:** Harnessing world-class academic and clinical expertise to speed up the development of new treatments, diagnostics and prevention strategies. As one of six accredited **Academic Health Science Centres (AHSCs)** in England, we strive to translate discovery science and medical breakthroughs into direct clinical benefits for patients.
- **Innovation and improvement into practice:** Enabling academics, healthcare professionals, industry and patients to work together to speed up innovation into routine practice in the NHS and social care. As one of 15 **Academic Health Science Networks** in the country we support state-of-the-art healthcare innovation, cost-effective solutions and new ways of delivering care. We help improve patients' access to innovative treatments and clinical trials through partnership with Quintiles and the **NIHR Clinical Research Network: North Thames**.
- **Population health and place-based care:** Supporting organisations to connect and work in partnership to enable healthcare transformation for people living within our partnership and beyond. We provide a platform of support for organisations across the system delivering sustainable population or place-based care.

UCLPartners' work aligns with the **NIHR Collaboration for Leadership in Applied Health Research (CLAHRC) North Thames**, which conducts research into the quality of healthcare and public health to investigate its effectiveness, value for money, appropriateness and fairness.



 **23 healthcare organisations** acute and mental health trusts; community providers

 **11 higher education institutes** and research networks

**20 Clinical Commissioning Groups (CCGs)**



**Industry partnerships** in research and translation of innovation into health and wealth



**26 boroughs and local councils**

## Embedding innovation

Our aim is to support the care system to use innovations that will help them deliver significantly better outcomes for their patients and populations at a lower cost. Our role is to respond flexibly to a range of requests. To date these have included:

- **Identifying and matching innovative solutions** to local needs
- **Supporting entrepreneurs** to develop, test, evaluate and/or spread innovations
- **Sharing knowledge on and supporting the spread** of innovations
- **Unlocking barriers** to using innovations, in collaboration with NHS England and other ALBs
- **Increasing recognition** for local innovation work through our communications expertise and media opportunities

We deliver support either directly through local Innovation Exchanges; through navigation to relevant innovation infrastructure and/or through partnership initiatives. Our partnership initiatives include:

- **NHS Innovation Accelerator (NIA)** identifies and spreads high impact innovations for patient benefit through a partnership between NHS England and Academic Health Science Networks (AHSNs). UCLPartners hosts the NIA.
- **DigitalHealth.London** accelerates the adoption of digital innovations within London to deliver care that is more efficient, with improved outcomes for patients. UCLPartners is a founding partner.
- **Care City NHS Test Bed**, co-led by NELFT and the London Borough of Barking and Dagenham, aims to become a centre of excellence in driving better outcomes and catalyzing regeneration through innovation and integration

UCLPartners can advise how to access local and national innovation infrastructure in developing (e.g., Small Business Research Initiative) and using innovations (e.g., NIA, Digital Health.London, Care City NHS Test Bed and the new Innovation and Technology Tariff), and in supporting clinical entrepreneurship (e.g., Clinical Entrepreneurs programme, navigation to local Tech Transfer facilities and Innovation Hubs).

### Benefit to Sustainability and Transformation plans (STPs)

It is essential that innovation initiatives address the needs specified within STPs, and that STP leadership shapes the priority areas for these programmes.

The current 25 NIA innovations, for example, address the following priorities aligned with STPs:

<ul style="list-style-type: none"> <li>• Prevention and earlier intervention</li> </ul>	<ul style="list-style-type: none"> <li>• Patient safety in hospitals</li> </ul>
<ul style="list-style-type: none"> <li>• Empowerment and self-management</li> </ul>	<ul style="list-style-type: none"> <li>• New models of care</li> </ul>

**Innovation Exchanges** bring together partners from across the care system, with the community and voluntary sector, the public, academics and industry to identify and deliver innovative solutions that meet the needs of a defined population and improve outcomes and safety at lower cost. UCLPartners can provide technical advice and support to entrepreneurs and adopters along the innovation pathway, which may help serve the STPs in identifying and using solutions to address local challenges.

## Innovation Exchange

Identify needs

Define the problem

Match with potential solutions

Develop solutions

Evaluate and scale

- **Identify strategic priorities** across system based on the needs of patients and the public, and of health and care professionals
- **Benchmark current performance** to determine the ambition for improvement
- **Understand the need**
- **Broker additional research** where needed
- **Engage** particularly key champions and leaders
- **Create a compelling case for change**

STPs have come together to do this and identify priorities for action and key health and system challenges

- **Horizon scan** through: the partnership, literature reviews, innovation databases (e.g., HSI, Innovation portals, NICE MIBs) and/or calls for local solutions
- **Select 'promising'** and/or 'proven' solutions, through a rigorous process
- **Develop new solutions** by harnessing local expertise where current solutions are inadequate/ unavailable
- **Further develop promising innovations** through research and/or innovation approaches
- **Provide technical expertise** to ensure readiness for uptake locally including: procurement, resourcing, IG & interoperability, co-design /adaptation etc.
- **Provide technical expertise** to embed and scale locally (e.g. QI methodologies, business cases, evaluation, human factors, data analytics, securing resources)
- **Evaluate impact** through academic partners
- **Escalate systemic/ structural barriers** to the Accelerated Access Partnership (AAP)
- **Enable national role out of locally developed high impact innovations** via the AAP and AHSN Network (eg: for inclusion in the Innovation & Technology Tariff))



## Sustainability and Transformation footprints in UCLPartners



There are **five STP footprints** that overlap the UCLPartners geography. We have had varying degrees of involvement with plans to date, primarily responding to requests and invitations from partners

Footprint	Constituent CCGs	Population coverage (m)
Milton Keynes, Bedfordshire and Luton	Luton, Bedfordshire, Milton Keynes	0.9
Hertfordshire and West Essex	Herts Valleys, West Essex, East & North Herts	1.4
Mid and South Essex	Basildon & Brentwood, Castle Point & Rochford, Mid Essex, Southend, Thurrock	1.2
North Central London	Camden, Barnet, Enfield, Islington, Haringey	1.4
North East London	Hackney, Barking & Dagenham, Redbridge, Havering, Tower Hamlets, Newham, Waltham Forest	1.9

### Supporting STPs – UCLPartners Primary Care Development

UCLPartners has so far provided detailed input into the development of STPs in specific areas, including out-of-hospital care, primary care, mental health, end of life care and children. A particular area of focus for us currently with partners has been reducing variation in primary care and supporting the development of new models of integrated primary, community and social care at sub-borough local level. We are working with partners to build leadership capacity and improvement capability in primary care as key enablers.

The environment in which leaders across the NHS operate will continue to be characterised by change. General practice has a pivotal role to play in developing future solutions for the healthcare system and there is an ever-growing need to develop leaders in primary care: to act as role models for colleagues, to support improvement, and to provide leadership for the system-wide reform of primary care. UCLPartners' Primary Care Leadership Development programme is working with Barking and Dagenham, Haringey, Enfield, Havering and Redbridge CCGs to build on their ambitions to transform general practice and primary care and support locality based delivery

models. The programme will support members of the general practice workforce to develop as leaders, through a series of individual and small group face-to-face interactive sessions.

UCLPartners Quality Improvement and Capability team has been supporting the local health system, organisations and individuals to improve quality, increase efficiency and support leadership that enables transformation in line with the [Five Year Forward View](#). This has been through various support offers including quality improvement workshops, the patient safety collaborative, and board leadership support. Primary care stakeholders across UCLPartners were asked in June 2016 to help identify priorities for our Primary Care Development programme – leadership and QI capability were two areas that were highlighted for immediate support. Utilising the in-house expertise from the QI and capability team and learnings from Newham’s QI collaborative, we are now working with a number of other areas to develop improvement collaboratives that support transformation aims and fit with the current local programme.

## UCLPartners’ platform of support for system transformation

As a company built on partnership working, UCLPartners has experience of bringing together organisations to transform systems of health and care for the benefit of patients and populations, improving their outcomes and improving value for health economies.

Building on this expertise, we have developed a focused approach to place-based care to support improvement across the partnership and further afield. This approach – supporting primary care development and linking up organisations in the health and care system to ensure that high quality care is delivered effectively and efficiently – aligns to the aims of Sustainability and Transformation planning (STP) footprints to close the health, quality and financial gaps that currently exist in health and care today.

UCLPartners’ platform of support has been informed by the needs of the partners and reflects the needs and preferences of the population served, alongside and what we have learned from working locally over the past seven years. It is based on four key objectives:

- Facilitating dissemination and shared learning across the partnership, pan-London and where possible nationally to accelerate pace of transformation
- Providing bespoke support to communities in response to priority themes
- Facilitating integration of academia and innovation with major system change
- Providing a forum through which local partners can develop and hone new skills and knowledge to support transformation in their area

Reflecting on the needs of the STPs and our learning from other large-scale change programmes, we have developed this guide to UCLPartners’ support for system transformation and sustainability.

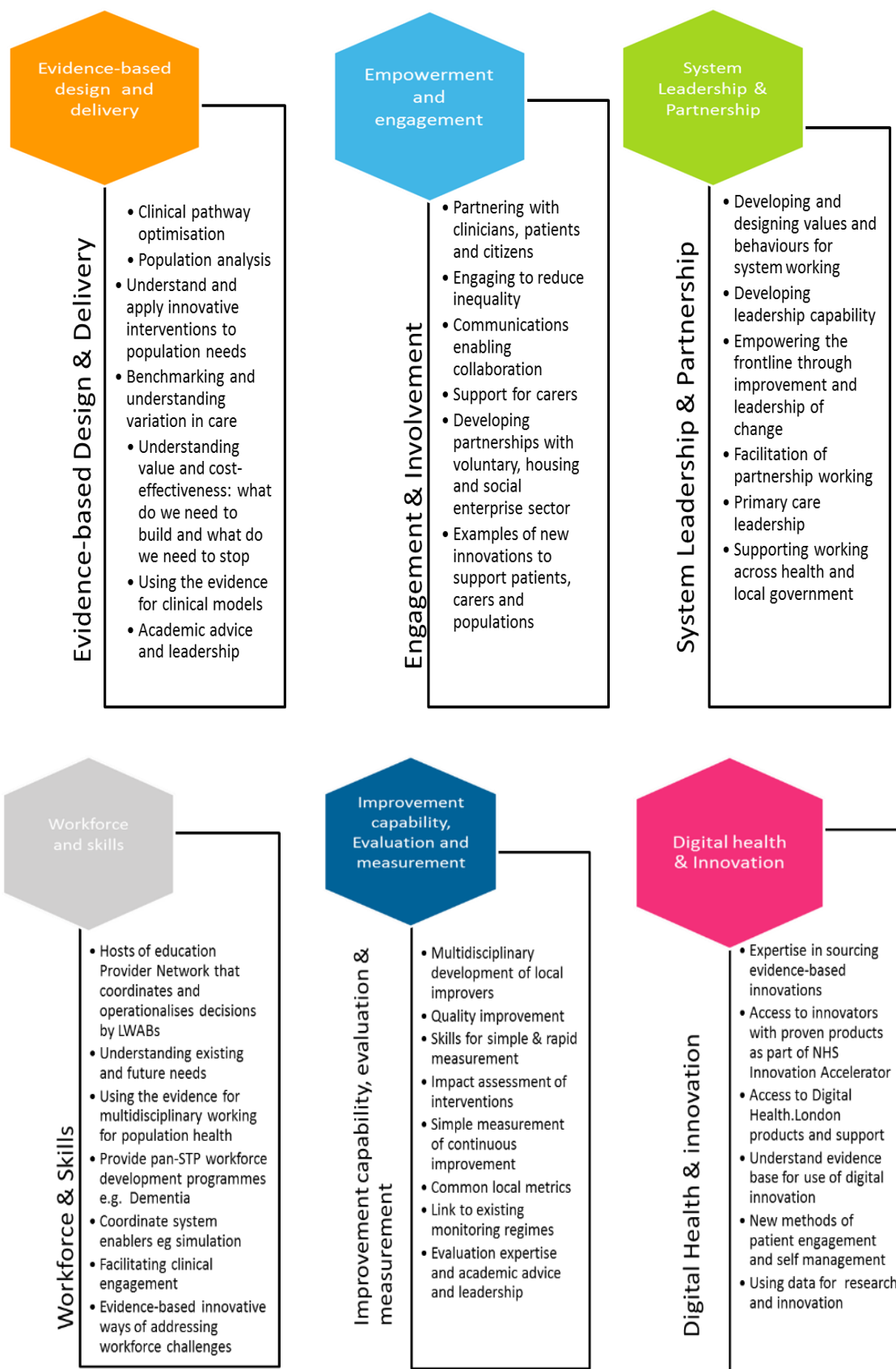
This guide helps to identify how UCLPartners can bring together its strengths in research, innovation, improvement, and population health to support STP footprints in our geography. We welcome the opportunity to support the ambitious vision you all share for better health and better health care for our population.

It is not intended to be an exhaustive directory of how UCLPartners can provide assistance to partners, but helps to illustrate some of our work and we would be very pleased to have further discussions about what further contribution we might make.



## Six themes of support

This guide aims to present a number of areas where UCLPartners may be able to support colleagues leading within STPs. A summary of the six themes is provided below, with further detail on the following pages.





Evidence-based design and delivery

## 1. Evidence-based design and delivery

Design of care models needs to be local and in response to the needs of communities. However, there is much to be gained from considering which approaches and components might have the most value, or how these might be integrated to maximize impact on outcomes. We can bring relevant learning from best practice and broader evidence. Different stages of model development will need different skills in design, improvement and involvement. We can bring together expertise in these areas to develop local teams and support planning.

### Supporting population health

In May 2016, UCLPartners published a pragmatic review examining *how can local health economies improve population health and produce efficiency savings in the short to medium term?*

This review looked at over 9,000 records to identify interventions that are cost effective and/or cost saving without compromising quality of care, and that should therefore be considered for delivery by health and social care systems across England.

This report is free to all and can be downloaded from the UCLPartners website.

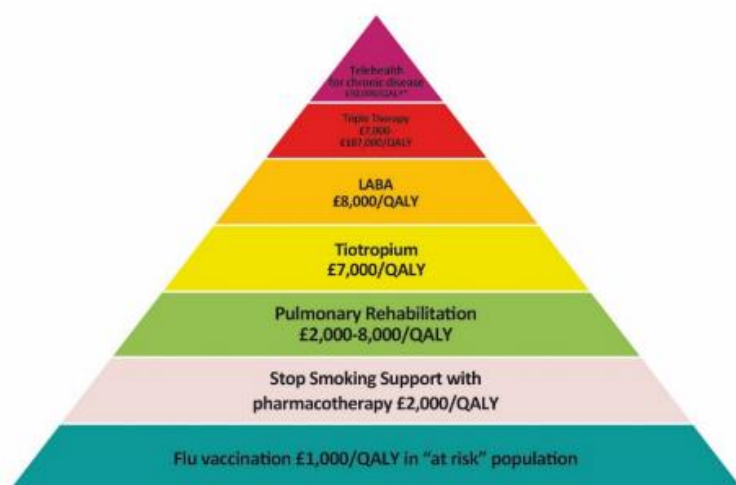
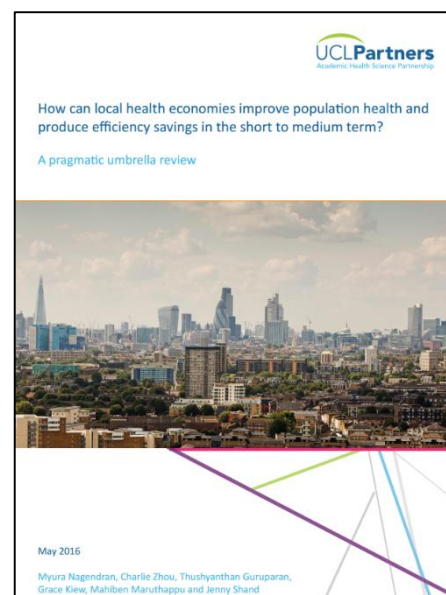


Image: COPD 'value' pyramid of interventions developed by the London Respiratory Network with The London School of Economics

### Designing Health 1000

In summer 2014, UCLPartners worked with colleagues across Barking and Dagenham, Havering and Redbridge CCGs to design an experimental primary care practice. The end result was a one-stop practice providing joined-up health and social care services to 1000 local people with complex care needs (defined as having five or more long-term conditions). UCLPartners drew on international examples to create a clinical design team across hospital, mental health and community trusts, local authority, hospice and voluntary sector; commissioned patient and public insight work and population analysis, based on a year-of-care/risk-stratified accountable care approach. We attracted international partners for an advisory panel, embedded local governance to sustain the programme across its two years of operation.

## Innovation into practice

UCLPartners can advise how to access the innovation infrastructure that exists to support STPs in developing and using innovative solutions that deliver improved quality and cost savings. By way of an example, we have mapped NIA innovations against the priorities within the STP 'Aide Memoire' documents and the new Innovation and Technology Tariff to help match your needs with available solutions. Relevant innovations currently supported through the UCLPartners innovation theme include:

- **Sore Throat Test**, part of the NHS Innovation Accelerator, offers a walk-in community pharmacy service for people with sore throats to determine whether they need antibiotics, reducing pressure on the 1.2 million GP appointments currently used by patients with sore throat symptoms
- **Scarred Liver Project** delivers fibroscan diagnostic tests in community settings to identify patients with liver disease at a stage when the disease can be reversed.
- **Kardia AliveCor**, part of the NIA, is a mobile heart monitor that allows individuals to detect, monitor & manage heart arrhythmias with automatic analysis.
- **ERAS+** supports patients (and carers) through an online web tool and education programme to prepare and recover from surgery reducing their risk of post-operative complications

Within the Digital Health.London accelerator, **Lumeon** is a digital health company create and automates pathways that deliver measurable outcomes at lower cost; scheduling and resource management, to clinical documentation and aftercare, resulting in healthcare delivery that is measurable, predictable and controlled. [www.lumeon.com](http://www.lumeon.com)

## Applied health research

One of the themes the NIHR CLAHRC North Thames aims to develop and evaluate innovations in systems and models of health care and public health to improve outcomes of people with long-term conditions, and to improve the quality of care whilst reducing costs. The initial research focuses on these themes:

- Innovations to improve care for people with chronic obstructive pulmonary disease (COPD)
- Implementation and evaluation of a research-based guide for NHS boards to develop their quality improvement (QI) strategies (iQUASER)
- Improving the identification and management of people with HIV
- Identification and Referral to Improve Safety (IRIS): Improving the response to domestic violence and abuse
- Getting It Right First Time.

Research led through the NIHR CLAHRC North Thames into **What are the lessons for major system change from centralising stroke services in London & Manchester?** Showed that both system (top-down) and clinical (bottom-up) leadership is necessary to enable change. System leadership can provide authority and power to co-ordinate local stakeholders to agree to change services over a wide area; and capitalise on clinical leadership to develop further support for the goals of change. Policymakers should consider value of system leadership (with performance management and financial incentives) to encourage different stakeholders to forgo their own interests (potentially) and agree to collective change. [www.ucl.ac.uk/dahr/research-pages/stroke\\_study](http://www.ucl.ac.uk/dahr/research-pages/stroke_study)

### Available resources

View our online resource library of documents and supporting guidance for population health at: <http://uclpartners.com/what-we-do/population-health/resource-library/>



## 2. Empowerment and engagement

The priorities of the NHS, and all of us working to deliver the improvements to health, care quality and service efficiency described in the Five Year Forward View; are achievable only by fundamentally changing the relationship that the NHS and social care have with patients, people and communities.

We all aim to empower the people we serve by working in partnership with patients, local people and their community, empowering them and enabling choice through finding out and measuring what matters most, and delivering personalized services, care planning and peer support.

### Working with local populations

#### UCLPartners Involvement Leads Network

We have successfully created an Involvement Leads Network of over 160 colleagues by connecting people who have roles that focus on leading involvement or engagement efforts within their organisations, both within our partnership, and outside of it. This network aims to strengthen collaboration and improve how partners develop services, research and education based on what matters most to patients and the population, through involvement, engagement and measuring patient experience. We would be interested to discuss how this could support STPs.

#### Community engagement through London Voluntary Service Council (LVSC)

We are delighted to be working with LVSC to help drive forward the agenda to improve public health impact and outcomes with London's voluntary and community sector. LVSC supports London's 60,000 voluntary, community and social enterprise (VCSE) organisations to improve the lives of Londoners. We are excited about deepening our community engagement and work with seldom-heard and marginalized communities through this partnership, and would love to discuss further how this may assist partners in STPs.

#### I'm still me: a narrative for co-ordinated support for older people

Published December 2014, this report aimed to reflect on the National Voices Narrative for Co-ordinated Care in relation to frail and older people, by asking frail and older people. This included:

- A literature review (Age UK)
- Online survey and focus groups (UCLPartners) to reflect on existing narrative and suggesting additional themes and statements
- Ethnographic research (IPSOS MORI on behalf of Age UK) – researchers spent around 30 hours with five households
- 1:1 interviews (UCLPartners) – 74 semi-structured interviews conducted with participants over 75 years



## **i-THRIVE, a major service transformation for child and adolescent mental health services (CAMHS)**

i-THRIVE is a new model of care for the 710,000 children and young people affected by mental health difficulties nationally. It is an integrated, person-centred and needs-led approach to delivering mental health services, allowing children, young people and their families to be directly involved in their care.

The model integrates shared decision-making and provides comprehensive care from prevention through to complex treatment. Needs are measured under five categories: thriving, getting advice, getting help, getting more help and getting risk support. i-Thrive has shown to reduce waiting times and improve experience of care – by accurately assessing patients the first time they ask for help, and more rapidly delivering the care that they need.

The i-THRIVE partnership consists of The Anna Freud Centre, The Tavistock and Portman NHS Foundation Trust, The Dartmouth Centre for Healthcare Delivery Science, and UCLPartners. It was selected as an innovation under the NHS Innovation Accelerator in 2015, led by Dr Anna Moore.





System  
Leadership &  
Partnership

### 3. System leadership and partnership

Since UCLPartners was first created in 2009, our partners have recognized the need and challenge to learn and apply partnership skills for the overall benefit of the populations served. This continues to be the sustaining foundation on which our work is built and today, at the forefront of the national and global agenda in discovery science, innovation into practice and population health.

STPs exemplify working together to tackle the significant challenges faced by the national health and care system. The need for every partner to develop and utilize partnership skills and for strong, collaborative leadership has never been greater.

#### Major system change through partnership

From 2014 to 2016, UCLPartners supported the reconfiguration of specialist heart and cancer services in our region, bringing together colleagues to make a marked difference for people living with these prevalent diseases. After one year from opening the new dedicated specialist Barts Heart Centre, the standardized hospital mortality index at Barts is 0.535 (equivalent to 340 lives saved every year); faster inter-hospital transfers (target now exceeded by one day); full seven-day emergency and specialist cover for patients with serious acute heart conditions; cancellations reduced by half; and savings worth over £45m to the NHS over five years.

For people with cancer, more are now able to have surgery that spares their kidneys (20% more than the national average); and over half of patients with small mass kidney/urological cancers avoid the need for any surgery at all. This makes a huge difference to the experience and the long-term outcomes for patients. These achievements have only been possible through the commitment and collaboration of the clinical teams in the region who saw solutions over the long-term and made this happen. UCLPartners was very fortunate to help support the clinical cases for change and wider engagement in designing these new pathways. We would hope to bring the learning from these partnerships into supporting STPs with their plans for change.

#### Developing leaders in primary care

As STPs are showing, the complexity and interdependency of healthcare systems and the importance of relationships and leadership across boundaries is only likely to increase. General practice has a pivotal role to play in developing future solutions for the healthcare system, and there is an ever-growing need to develop leaders in general practice: to act as role models for colleagues, to support improvement, and to provide leadership for reform of primary care.

UCLPartners Primary Care Leadership Development programme aims to support members of the general practice workforce to develop as leaders, through a series of individual and small group face-to-face interactive sessions. Participants will be additionally supported with individual development plans and facilitated action learning sets to deliver their own local change project. This programme is designed and delivered by primary care, for primary care, with a specialist faculty offering contributions from their own experience.

The programme is led by Professor Martin Marshall, UCLPartners Programme Director for Primary Care Development. For more information, please contact Our Programme Manager, Preeti Sud, by email at [Preeti.sud@uclpartners.com](mailto:Preeti.sud@uclpartners.com)





## 4. Workforce and skills

Delivering the future vision of STPs will require a workforce with the right numbers, skills, values, and behaviours to meet the health and wellbeing needs of the local populations. Teams will need to be diverse enough to reflect the communities served; multi-disciplinary team working will be at the centre. UCLPartners has joined the Local Workforce Action Boards for the STPs in our area of London, which act as the workforce committee of each STP.

### Capability development

UCLPartners is commissioned by Health Education England North Central and East London to develop the following training for healthcare professionals in the partnership:

- Dementia awareness
- Breaking down the barriers between physical and mental health
- End of Life Care education programme

### Breaking Down the Barriers

This programme aims to support and enhance existing skills through education and materials for early recognition, assessment, management and signposting of mental and physical health needs in all care settings.

- Mental health awareness training in emergency and urgent care departments
- Physical health awareness training in mental health settings including the management of the acutely unwell and patients with long-term conditions
- Child and Adolescent Mental Health (CAMHS) mental awareness and learning disabilities training in primary care with a focus on GPs

### Better Conversation, Better Health Coaching

This training programme for clinicians aims to help people with long term conditions (LTCs). It aims to enable people to thrive by feeling more motivated, confident and in control of their own health and care.



Talking to people in a way that acknowledges their expertise, and puts them in the driving seat, helps people better manage their own health and helps the NHS by reducing demand and costs. By coaching clinicians, we can help people with LTCs to gain the knowledge, skills and confidence to become more active participants in their care, reach self-identified goals and adopt more healthy behaviours. It is a person-centred process and widely applicable to all long-term conditions, covering prevention, decision making, self-management and medication compliance.

### Circular wave

An innovation supported through Digital Health.London, Circular Wave is a mobile-centric bank staff management platform which allows NHS organisations to engage staff and streamline shift bookings and improve fill rates across all staff groups, both clinical and non-clinical. In practice this has been shown to deliver:

- **34% reduction in agency spend** in the study group over the period
- an average **saving of £112 per shift filled**
- **overwhelmingly positive feedback** from all groups using the platform.

Improvement  
capability,  
evaluation and  
measurement

## 5. Improvement, capability, evaluation and measurement

Improvement has never been more important for health and social care. The 2013 Berwick review into patient safety, *A promise to learn: a commitment to act*, stated that “the most important single change in the NHS... would be for it to become, more than ever before, a system devoted to continual learning and improvement of patient care, top to bottom and end to end.”

UCLPartners provides training in quality improvement, behaviour change and patient and public involvement. These sessions are available at no cost to all healthcare professionals across our partnership and aim to build improvement capability. View our upcoming events online to register for training. We also hold a quality forum every quarter, hosted by one of our partners, where organisations share their experiences of improvement and change within the health or social care system.

The UCLPartners Patient Safety Programme is one of 15 patient safety collaboratives established across England, putting patients, carers and clinical staff at the heart of patient safety improvements. Hosted by UCLPartners, the programme is part of the largest and most comprehensive national patient safety programme of its kind in the world.

### Building capability for improvement

UCLPartners’ Improvement Fellows Programme brings together individuals from a range of organisations and roles across UCLPartners’ geography who have the enthusiasm, motivation and capability to drive improvement within their organisations and beyond.

The programme connects people, provides opportunity for open dialogue in a safe environment away from the usual workplace, and offers time and space to reflect and plan, as well as the opportunity for more tangible learning and benefits.

UCLPartners is currently in the process of selecting the second cohort of Improvement Fellows, following the success of the first cohort who have been collaborating since January 2016. Through the Improvement Fellows Programme, they support each other, their own organisations and others in their improvement work, to deliver better results for patients and populations. Importantly, they will also better equip themselves and their organisations to progressively improve over time.



### Improving quality in primary care

Since 2014, UCLPartners has been working in partnership with Newham CCG to embed improvement science methods into the general practice community, encouraging a systematic and evidence-based approach to improving patient care by:

- Building capacity and capability in the use of improvement science amongst the workforce
- Testing new approaches to large scale improvement using quality improvement techniques
- Engaging the general practice community in pragmatic service evaluation.

This work is led by Professor Martin Marshall, Newham GP and UCLPartners Director for Primary Care Development.

## The Newham GP Quality Improvement (QI) collaborative

This was created by QI Fellows Dr Subir Sen and Dr Mike Jones, two local GPs. This collaborative involved ten general practices and four service users and aimed to improve care for people with complex health and care needs. As a result of this work, a quality improvement academy has been developed in Newham.

We also have a researcher in residence locally to develop a new programme of participatory research that will explore and contribute to the development of new networked cluster and federated models of general practice.

## Introduction to Evaluation



NIHR CLAHC North  
Thames Academy



NHS  
National Institute for  
Health Research

This very popular one-day face to face workshop provides attendees with the practical tools to carry out pragmatic service evaluations. After attending this workshop, they have the skills and knowledge to undertake their own evaluation of a local programme or service.

The course covers:

- Different types of evaluation, including their pros and cons
- How to select suitable methods and approaches for evaluating a local programme or service
- Practical skills and tips in using evaluation methods and approaches
- Ways of sharing evaluation findings to make an impact

**Introduction to Evaluation – online course:** To provide flexible learning opportunities, the CLAHC launched an online version of its most popular course, *Introduction to Evaluation*. This online course is based on the face-to-face one-day course outlined above. It utilises a combination of videos, presentations and discussion forums and runs over four weeks.



Digital health  
and  
Innovation

## 6. Digital and innovation

### Digital Health.London

As a response to the 2015 report by the London Health Commission, Better Health for London, which recommended the creation of a digital health hub in the city, DigitalHealth London is a collaboration between MedCity, NHS England and London's three Academic Health Science Networks (AHSNs): Imperial College Health Partners, UCLPartners and the Health Innovation Network. It is supported by the Mayor of London and the Academic Health Science Centres (AHSCs). DigitalHealth.London was formally launched at City Hall by George Freeman in February 2016.

DigitalHealth.London's mission is to assist in the adoption of digital innovations to solve today's challenges impacting the delivery of care in: long-term conditions, cancer, mental health and wellbeing and dementia, and cardiovascular disease. It will focus on technologies that deliver improvements in prevention and early intervention; patient safety; empowerment and self-management and digital health and research.

DigitalHealth.London has the following key priorities:

- **Creating and supporting networks** to build on London's existing critical mass of digital health expertise
- **Building knowledge** between stakeholders to enable greater understanding of challenges, requirements and issues in digital health
- **Identifying digital solutions** that meet the needs of patients and clinicians
- **Building the evidence base** of the health outcomes and economic benefits of digital health
- **Supporting the collaborative development of an environment** that both meets the needs of the health system and allows businesses to develop, by tackling issues such as procurement and commissioning.

Digital solutions supported through DigitalHealth.London have been featured throughout this document. To find out more, visit the DigitalHealth.London website.

### UCLPartners enabling uptake of innovation at scale – heart failure and atrial fibrillation

UCLPartners has engaged 14 Clinical Commissioning Groups in the development and implementation of new models of care for people with heart failure and atrial fibrillation (the latter now adopted pan-London). The programme has supported a 12% increase in anticoagulation rates since 2012/13 leading to an estimated 100 strokes prevented across the region every year. We estimate that more than 8 out of 10 patients are now receiving appropriate treatment for atrial fibrillation across the north east and central London area, and work is continuing to improve this still further.

The primary purpose of our AF programme is to improve and save lives by enabling people with AF to access evidence-based interventions. Our partners in this include: Pan-London Academic Health Science Networks, charities and patient networks (particularly the AF Association), clinicians, industry, policy makers and universities.

### The NHS Innovation Accelerator (NIA)

The NIA is a national platform to identify – via an international call – and spread innovative solutions that deliver improved quality and cost savings. The solutions range from: new care models, clinical pathways, devices, processes, digital innovations and training.

Applicants undergo a rigorous multi-stage selection process involving a college of assessors (e.g., patients; clinicians; commercial, improvement and IG experts and NICE), with the final selection panel chaired by Prof Sir Bruce Keogh, Medical Director, NHS England. Selected leaders (NIA Fellows) are given bespoke support to deliver their solution at pace nationally for patient and NHS benefit. Learning on mechanisms that enable 'spread' are captured and shared.

The NIA is delivered through a partnership between NHS England and the county's 15 Academic Health Science Networks (AHSNs). It is hosted at UCLPartners.

The NIA offers:

- **Solution identification:** An international horizon scanning platform supported by a rigorous multi-stage selection process to identify quality improving and cost saving innovations, ready for implementation
- **Spread support to innovators:** NIA Fellows are supported to ensure their innovations are 'implementation ready' and their spread strategy is robust e.g., innovations are on relevant procurement frameworks
- **Knowledge to STPs on spread:** Insights on how solutions are 'spread' are captured and shared
- **Unlocking barriers nationally:** There is assistance in the unblocking barriers to using NIA innovations. For example, the NIA informed the creation of the new Innovation and Technology Tariff
- **Recognition:** NIA innovations and NHS sites using them have presented at major conferences (e.g.: NHS Confed, NHS Expo) and featured in mainstream media (e.g.: Telegraph, BBC and ITV news, Radio 4)

Support to the first 17 NIA innovations over 12 months has achieved some impressive results:

- 389 additional NHS providers and commissioners now using NIA innovations
- £17 million secured in external funding
- 13 awards won
- Informed policy development of the national Innovation and Technology Tariff for 2017/18
- Mainstream media coverage (e.g.: The Telegraph's cover story of the 8 newly appointed 2016 NIA innovations).

There is a significant opportunity to increase the uptake of NIA innovations across UCLP for patient and population benefit. To date, local impact includes:

- Accelerated uptake, investment and recognition for locally developed innovations: Neuroresponse, i-thrive and Join Dementia Research
- Population benefit: Episcissors-60 use at Royal Free and Barnet Hospitals, for example, delivered 50% reduction in Obstetric and Anal Sphincter Injuries (OASIS) in normal births and 75% reduction in instrumental births.

For further information, please see the NHS Innovation Accelerator launch brochures for 2015 and 2016 or email [NIA@uclpartners.com](mailto:NIA@uclpartners.com).

### **Fast-track cutting-edge innovations from across the globe to the NHS frontline**

From 2017/8 there is an explicit national reimbursement route for new medtech innovations. This will accelerate uptake of new medtech devices and apps for patients with many health needs and disorders. **Trusts will be reimbursed for the purchase of innovations that meet the national specification.**

The new Innovation and Technology tariff category will remove the need for multiple local price negotiations, and instead guarantee automatic reimbursement when an approved innovation is used, while at the same time allowing NHS England to negotiate national 'bulk buy' price discounts on behalf of hospitals, GPs and patients.

The innovation categories that subject to approval will join the national NHS payment scheme are:

- Guided mediolateral episiotomy scissors to minimise the risk of obstetric injury
- Arterial connecting systems to reduce bacterial contamination and the accidental administration of medication
- Pneumonia prevention systems which are designed to stop ventilator-associated pneumonia
- Web based applications for the self-management of chronic obstructive pulmonary disease
- Frozen microbiota transplantation for recurrent Clostridium difficile infection rates
- Prostatic urethral lift systems to treat lower urinary tract symptoms of benign prostatic hyperplasia as a day case.



There will also be central funding for CCGs to purchase mobile ECG devices, which patients can use to identify and measure atrial fibrillation through mobile ECG technology.

## Care City

Care City is a ground-breaking new initiative to improve care for older people while also helping to regenerate one of London's most deprived communities. Launched in January 2016 by North East London NHS Foundation Trust and the London Borough of Barking and Dagenham, Care City is a centre for healthy ageing, innovation, research and education based in Barking. Today it represents a system-wide partnership of north east London's health and social care organisations, academia and the community.

Care City offers an opportunity to our partners in that it allows us to develop and test innovations rapidly in real-world settings; its population health approach has much in common with the aims of STPs to drive improvement through place-based collaboration.

In January 2016, Care City was announced as one of seven **NHS Innovation Test Bed sites**, and the only one in London. Over the next two years, the £1.8m grant from NHS England will enable implementation and evaluation of nine innovations that will improve care delivered to people with long-term conditions, improve the experience of people with dementia, and improve resilience of carers.

In March 2016, Care City became one of ten NHS England Healthy New Town sites in England. It will ensure the 10,800 new homes planned for the Barking Riverside area not only provide an environment that promotes health and wellbeing, but will also ensure they support healthy ageing. Homes will be easily adaptable for changing needs and social spaces will promote inclusion and participation. UCLPartners will work with Care City, the community, and with local health and social care leaders to design integrated services for the locality. This will have relevance to the development of community-based models of care for STPs.

## Accelerated Access Review and STPs

The accelerated access review (AAR) is a national report with clear recommendations to the UK government on reforms to speed up patients' access to innovative medicines, technologies and products. It was published in October 2016. The aim of the review is to take action to make the UK the best place in the world to design, develop and deliver healthcare innovations, with an NHS that embraces the new drugs and technologies that patients need.

The review proposes reforms to the UK health and care system and how it works with industry to address the barriers to adopting innovation, noting that streamlined processes could bring forward patient access to drugs by up to four years and patients will benefit from quicker access to medical technologies too. It also recommends a simpler process for digital technologies which are often developed by smaller companies

Within UCLPartners we are well positioned, in alignment with the AAR, to now optimize how experts are brought together to help solve significant local challenges. We are very keen to discuss with you what the role of STPs might be in the future in this regard, and how the developments within the review might best meet your needs and those of your populations.

For example, we might consider objectives such as:

- Better use of innovation locally to improve outcomes whilst also supporting care system sustainability;
- Building capacity and capability for implementation;
- Recognition and scaling support for locally developed innovations via national and international platforms and;
- Contributing to local and wider economic growth.

UCLPartners Managing Director, Charlie Davie, looks forward to working with you to consider how we might best serve STPs locally through better support for innovation and exchange of new products and ways of working.

## How to get in touch

We would be very pleased to discuss your requirements and find out more about how UCLPartners could support you in sustainability and transformation.

To get in touch or find out more information about UCLPartners' support offer, please contact us by email at [contact@uclpartners.com](mailto:contact@uclpartners.com) or by phone on 020 3108 2337. Alternatively, please speak directly to Charlie Davie, Interim Managing Director; Charlotte Williams, Chief of Staff; or Hilary Ross; Director of Strategic Development.