CareQuality Commission

ACCELERATED ACCESS COLLABORATIVE

NHS

Enabling innovation and adoption in health and social care

Developing a shared view

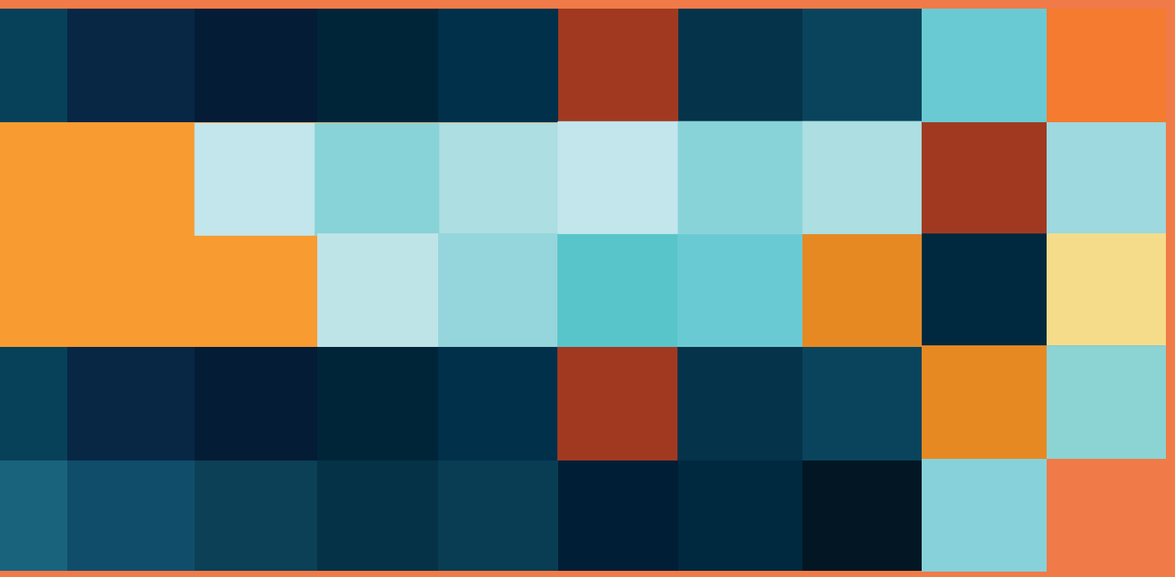
FEBRUARY 2021

NAPC | National Association of Primary Care

NCF THE NATIONAL CARE FORUM

NICE National Institute for Health and Care Excellence

scie social care institute for excellence



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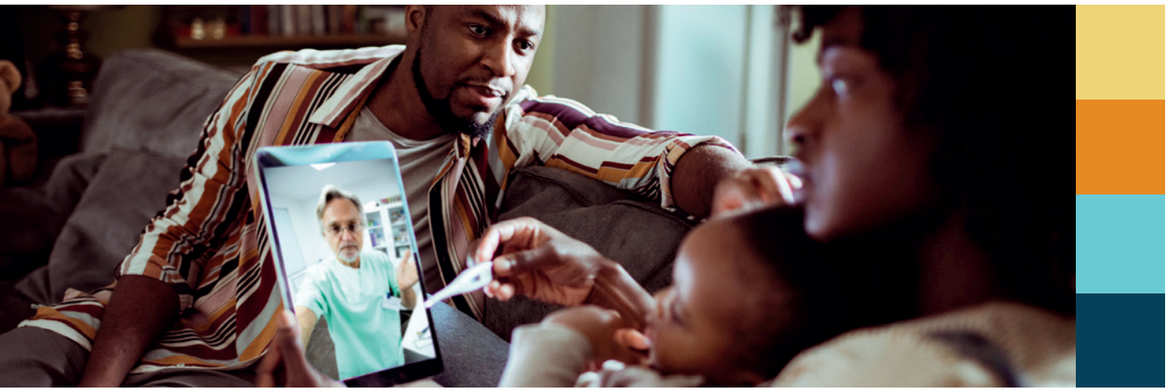
Foreword



The COVID-19 pandemic is a significant challenge for our health and social care system. Unprecedented measures have been taken across the sector and wider society to minimise harm and avoid services becoming overwhelmed.

Facing up to this challenge has required a huge effort from the people who work in health and social care, but it has also required people to find innovative ways of providing services and collaborating across local systems.

Despite the many challenges of the pandemic, we have seen the health and care sector adapt at scale and pace through this time, with many planned innovations brought forward, and greater sharing of information across the sector.

Over the longer term, health and care services will face continuing pressures as populations age and our health and social care needs become more complex. But at the same time there are opportunities to use new ideas and technologies to improve the way we deliver care, improve outcomes for people who use services and become more efficient.

Innovation is often talked about as the way in which we can meet these challenges and take these opportunities, but there has sometimes been a lack of clarity around what innovation means and how to do it well. As we've continued to develop our understanding of innovation in the sector, it has become clear to us that providers of health and social care services play a crucial role – and one that needs greater recognition. It is these providers, either individually or working together as part of a local health and social care system, that identify, manage and deliver the innovations that make a real difference to the care that people receive.

However, there are few resources available to help providers to understand how they should approach innovation, and there is a lack of clarity around what regulators and other national bodies expect to see.

This publication aims to fill that gap by providing a set of evidence-based principles that can underpin innovation in health and social care providers and help them to deliver real improvements for the people who use their services. This isn't an innovation methodology – since the evidence tells us there are many ways to succeed – but it is a set of things that all providers should think about and incorporate in their approach.

Importantly, these principles represent a consensus across all the national organisations that are co-signatories to this publication. This means that the principles will be reflected in the way that the system is governed and regulated, so that providers can innovate with confidence.

Alongside these principles, we also want to dispel some myths that get in the way of innovation. There is a tendency in our sector to think that invention is more valuable than adoption, and that it is only the biggest and most established providers that we should look to for solutions. We want to start to correct this and encourage greater enthusiasm to adopt some of the fantastic ideas already out there.

We hope that this publication can be the start of a conversation about how we build our innovation capability in the health and social care system, so that we develop and spread new ideas more quickly and respond more effectively to COVID-19 and other challenges. If we can do that, the potential benefits to people who use services are enormous.

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This publication was made possible by the **Regulators' Pioneer Fund** from The Department for Business, Energy and Industrial Strategy (BEIS) and administered by **Innovate UK**.

Summary

Innovation can be a powerful tool for improving the health and social care that people receive, but the evidence suggests that we are not taking full advantage.

Despite advances in technology and care models, the health and social care system in England could be better at spreading the best innovations and maximising the benefits for people who use services.

Health and social care providers have a crucial role in changing this situation. To help them do this, national bodies working across the health and care system have come together to develop a shared understanding of what providers need to do to innovate well and how regulators and other national bodies can support them to do this.

This work has pointed to six principles that are crucial for providers to be more effective at innovating. The principles are based on reviews of the literature on innovation, CQC reports and engagement with over 60 health and social care organisations.

Principles

- Develop and deploy innovations with the people that will use them
- Develop a culture where innovation can happen
- Support your people
- Adopt the best ideas and share your learning
- Focus on outcomes and impact
- Be flexible when managing change

Providers, regulators and other organisations sometimes miss out on better approaches to innovation because of some common misconceptions.

Innovation is sometimes interpreted as inventing new things only, when adoption and the spread of innovation is often more important to delivering benefits to people who use services.

When we do adopt what has worked elsewhere, we sometimes expect it to work straight “out of the box”. We underestimate the importance of adapting innovation to the local context and getting the implementation right. And we sometimes assume that innovation is only for the biggest and best organisations, when it can be an important way for all organisations to address their own challenges. Tackling these misconceptions is an important step towards building a health and social care system that supports more effective innovation.

These six principles can help health and social care providers to understand how they can get better at innovating – but national bodies also need to build on these findings to improve what they do.

The Accelerated Access Collaborative (AAC) at NHS England and NHS Improvement will build on this publication and develop a strategy to increase the health system’s capacity to adopt innovation, while the Care Quality Commission (CQC) will work to consistently apply these principles in its regulation.

Health Education England (HEE) will help leaders and staff to develop their capability to innovate and implement digital technologies. The National Association of Primary Care (NAPC) will use the findings in this paper to continue to develop innovative solutions across health and social care and encourage colleagues to come together to think differently.

The National Care Forum (NCF) is part of the Care Provider Alliance, which is working in partnership with NHS Digital and Skills for Care on the Digital Social Care project. It will continue to champion the voice of care providers in creating and shaping innovation in care delivery to improve the quality of care.

The National Institute for Health and Care Excellence (NICE) will continue to work with system partners to encourage and support a quality and safety-focused approach, in which commissioners and providers use NICE guidance and other NICE-accredited sources to improve outcomes.

NHSX will work with regions, providers and commissioners to help scale digital innovation. The Social Care Institute for Excellence (SCIE) will use the innovation principles to support innovation in the sector via the Social Care Innovation Network (SCIN).

Innovation and why it is important

Defining innovation

While there is widespread recognition of the importance of innovation in health and social care, the term can mean different things to different people. In this publication, we use the term innovation to cover both **invention** (creating new ideas, products, services or models of care) and **adoption** (implementing what has worked elsewhere). It is crucial that the health and social care system is good at both, so that new ideas are developed to solve problems and the best ones spread quickly.

Innovation has been the driver of huge improvements in health and social care

Health and social care services today are radically different to those that were available 50 or 100 years ago. We have access to treatments that can cure, or enable us to live with, diseases that would in the past have killed us. Modern technologies have opened new possibilities for communicating and coordinating our care, and there is an unprecedented range of resources and advice available to us.

Innovation is an essential part of how we got here – it is the story of how new ideas were created and developed into products or models of care that improve or save lives, and how the best ones spread to become standard practice today. If we are to make similar improvements in the future, innovation will need to continue to be part of that story. Understanding how the system can innovate more effectively can help to accelerate these improvements and deliver better outcomes for people who use services now and in the future.

Innovation continues to transform health and social care today

In recent years, innovations have transformed care and led to improved outcomes and experience for people. These innovations range from less invasive diagnostic tests, ranging from algorithms to diagnose coronary artery disease[1] to immunotherapy that can quadruple survival rates in advanced cancer[2], to the development of fall detection devices.

Exponential advances in technology, such as artificial intelligence (AI), have enabled care closer to home, while advances in genomic sequencing herald more personalised and effective care. We are also seeing technologies that are common in other areas of our lives being adapted to improve care pathways – for example, the increase in remote consultations and online care plans, and enabling people to stay connected with loved ones via virtual platforms and channels.

The challenges posed to the health and social care systems by COVID-19, an ageing population and an increasing number of people with two or more long-term conditions, mean that there is a greater need than ever for innovation

The COVID-19 pandemic is an unprecedented challenge for our health and social care system, but longer-term trends will also put services under pressure. By 2043, almost a quarter of the UK population is expected to be aged 65 or older, up from about a fifth today.[3]

Many people aged 65 or older have two or more long-term health conditions, but even in younger populations this is increasingly prevalent and the majority of people aged 50 or over have at least one chronic health condition.[4] In a time of scarce resources, both in terms of workforce[5] and finances[6], innovation is needed to try to meet this rising demand and support more independence at a later stage in life.

There is an urgent need for more innovation in social care – but there are also unique challenges in the sector

Innovation has the potential to transform social care, improving outcomes and putting the sector on a more sustainable footing. This might be through digital technologies but it can also mean new ways of working or new care models that improve outcomes for people. One example is the Shared Lives carer programme that enables people with support needs to live in their community and avoid admission to a hospital or care home.[7]

In England, the large number of small organisations providing social care offers people a wide choice of services, but spreading good practice across the sector can be challenging.

Failure to adopt and spread the best innovations is leading to missed opportunities to improve care

Data on the uptake of NICE-approved medicines[8] as well as feedback from people who use services and innovators, indicate that England is slower than other countries to adopt innovation.[9] Also, there remains a high degree of variation in the adoption of best practice across the country. For example, while best practice guidelines state that 90% of lung cancer patients should receive a pathological confirmation of their diagnosis, the National Lung Cancer Audit found that this could ranged from 56% to 100%.[10]

CQC's 2018/19 *State of Care* report pointed towards several barriers to the adoption of technology in the adult social care sector, including a lack of funding, a low level of knowledge and awareness among providers and staff, and the fear that technology could replace personal support.[11] The slow

pace and variation in adoption means that opportunities may be missed to help people who use services.

Regulators and national bodies can do more to support innovation

In the past, the way that health and social care has been regulated and led at a national level has not always supported innovation as much as it could. Focus and resource has been put into invention at the expense of adoption, and there has been a lack of clarity around how to innovate well and what is expected of different parts of the system. This publication provides a starting point for addressing these issues and collectively supporting a health and social care system towards a more effective approach to innovation.

Developing a shared view of innovation

We are developing a shared understanding of how health and social care providers can enable innovation

Historically there has been an emphasis on 'what good looks like' and the support needed by innovators to drive innovation in health and care. There has been relatively little focus on the important role of health and social care providers in the innovation process, or on the inclusion of the voice of people receiving care, both in terms of invention and adoption of innovation.[12] Recognising this, a group of national health and social care organisations have come together to develop a shared view of the principles to enable innovation in health and social care providers.

The evidence we have suggests six principles are important

The principles set out here are based on reviews of academic and other literature, CQC inspection reports, engagement with over 60 health and social care organisations, including visits and interviews with eight acute NHS trusts to understand the drivers and barriers to adoption of four nationally-endorsed innovations.

The principles are relevant to all health and social care providers – but how they are applied will vary

While these principles are always important, the evidence does not suggest that there is a single methodology for innovation that all organisations need to follow. It is likely that the principles will be implemented differently in large organisations like NHS trusts compared to smaller, independent social care providers. To illustrate what the principles might look like in practice, we have included a series of case studies in this publication.

The six principles

Develop and deploy innovations with the people who will use them

Successful innovations or adoptions of innovations are often achieved through the involvement of staff, people who use services and others who may use the innovation. will make it much more likely to succeed. We recommend co-production between services and people to help shape the innovation and how it is implemented, as well as user testing once it is in place. Organisations need to build the capability to test things well and at an early stage. It is important to focus on groups at risk of exclusion or those who may struggle to use the new technology or innovation, to ensure that services still meet their needs.

Develop a culture where innovation can happen

Innovative cultures give people permission to innovate. This can set high standards for safety without cumbersome governance. There should be an open dialogue between organisational leadership and staff, with leaders seeking ideas for improvement and listening to staff feedback. Success is celebrated but it is recognised that success is often partial, and that there is a lot to learn from what doesn't work. Leaders and senior health and care professionals understand how innovation can help an organisation to achieve its goals, challenge services to develop and improve, and support innovators to succeed.

Support your people

People are an organisation's most precious resource. An innovative organisation builds on the strengths of its people, gives them time to develop and deliver ideas; it supports them to secure external resources, and it helps them develop the capabilities and connections they need to get their ideas off the ground. To successfully implement an innovation, it is important to provide the training people need to use the innovation effectively, and to develop champions and super users with a diverse set of experiences and skills who promote the benefits of the innovation and support others to use it.

Adopt the best ideas and share your learning

When a health or social care provider faces a problem, it is likely that someone else has faced a similar problem before. Providers should support their people to develop networks, learn about what other organisations are doing, understand what is important to make innovations work, and share their own learning with others. It is important to identify and commit to the ideas that are likely to have the biggest impact and have a clear point of contact where people can bring their ideas.

Focus on outcomes and impact

Successful innovation is built on a rich understanding of the services that a provider delivers, the problems it is seeking to address and the context in which it operates. It is important to articulate realistic objectives and success measures that are clearly linked to the outcomes for people who use services – and that help to address health inequalities. Impact should be measured carefully to help focus decisions, build momentum and communicate the benefits that a new approach brings to the quality of care provided.

Be flexible when managing change

Implementing new ideas or adapting existing solutions in a new context can be unpredictable, so it is important that plans and resources are flexible enough to cope with unexpected changes. Leaders should support the best ideas, ensure projects are well-managed and help innovators to overcome barriers. Innovative change can lead to disagreements, so innovators need to engage early with key people's concerns to understand what is needed to make their idea work and build support for what they are doing. This is especially important where an innovation relies on providers working together across sectors or where benefits accrue in another part of the system. The success of an innovation often depends on involving the right people. This can mean bringing together a team with the right skills to deliver a project, or for digital innovations, a reciprocal relationship and appropriate contract with the technology supplier.

Common misconceptions

One of the barriers to innovation in the health and social care sector is the range of views and myths about what innovation is, who should be doing it and how it should be done.

These lead to providers, regulators and national bodies not always acting in the best ways to promote innovation, and opportunities to improve care are missed. This section of the publication describes a few of the most common misconceptions that we have come across in our sector.

Only brand-new ideas count as innovation

Every day, across the health and social care system, people have new ideas about how to improve the care that they deliver. Innovation starts with these ideas, but we will only see a fraction of their potential benefits if we aren't able to identify the best ones and spread them across the system. Our sector – including regulators and national bodies as well as providers – can sometimes fall into the habit of celebrating the invention of new things and ignoring the hard and important work of selecting the best of what's already out there, and then making it work for your service, staff and people. We need to rebalance our view of innovation and pay more attention to adoption and spread to take full advantage of the best ideas and maximise the benefits for people who use health and social care services. This means ensuring that there is an infrastructure for innovation that includes horizon scanning, provides the resources needed to implement and test innovations, supports good communication, and motivates the people who work in the sector to innovate.

Innovation is all about cutting edge technology

Innovation doesn't have to be high-tech or complicated. Simple technologies can be just as effective as cutting edge or sophisticated solutions – and are often much easier to implement. For example, in 2017 CQC reported on The Haven care home in Colchester, which had introduced measures to reduce residents' slips and falls. To do this, the care home analysed the patterns of residents' falls, and bought glow in the dark door frames, foot-prints and toilet seats to prevent night time slips. After this simple intervention their falls rate reduced by 50% in the first four months of that year. They are not the inventors of glow in the dark equipment, but they made it work for their residents and made a big difference to their outcomes.

Even when we are talking about digital technology, getting the basics right is just as important to improving health outcomes and safety as implementing the latest technology. Efficient and user-friendly sign-in arrangements for clinicians, or sharing people's information easily with the right professionals, can deliver as much benefit to people who use services as the latest machine learning applications or precision medicine therapies. Organisations should be promoting innovation at all levels and acknowledging that the best ideas often come from frontline teams.

A proven innovation can just be rolled out in a new setting and achieve the same outcomes

It is easy to think that the hard work is done once a new technology or service is developed and shown to work in one setting, and that when it is rolled out somewhere else it will result in the same outcomes – but it is often more complicated than that, even for innovations that seem relatively simple. For example, the introduction of a surgical safety checklist was associated with reductions in mortality and complication rates in several organisations and countries[13], but these benefits weren't reproduced everywhere it was implemented.[14]

We often underestimate the importance of adapting innovations and taking account of local contextual factors. When this has been looked at in detail, the scale of the challenge is clear: for example, the Sepsis Six clinical care bundle that focuses on six key rapid treatment tasks, was actually found to require some 48 interdependent steps for successful implementation.[15] In another example, implementation of Practical Obstetric Multi-Professional Training (PROMPT), which was shown to halve the number of babies born starved of oxygen in Bristol,[16] has not always achieved such dramatic outcome improvements elsewhere. One study suggests that the success of PROMPT is dependent on the underlying safety culture and attitudes at the adopting organisation.[17] A recent report by the Social Care Institute for Excellence on scaling innovation in adult social care found that there were few reports of innovations that had scaled significantly in recent years, and that social care is an inherently difficult environment for innovating and scaling.[18]

As these examples show, the fact that an innovation has worked elsewhere doesn't reduce the importance of adapting and implementing it well. The principles set out in this publication are crucial to the success of an innovation, whether it is invented within an organisation or adopted from elsewhere.

Innovation is just for the biggest and best organisations

Innovation is not just the preserve of large organisations such as university hospitals. All health and social care providers should see innovation as an important way in which they can improve the care they deliver.

When NHS England and NHS Improvement visited acute NHS trusts that had quickly adopted four nationally-supported innovations, they found that the six key principles described in this publication applied across all types and size of hospital. A trust's ability to innovate was not correlated with its financial position, CQC rating or the maturity of its local system. Instead, innovation was seen as a way of overcoming local challenges – for example, Royal Cornwall Hospitals NHS Trust sees digital innovation as a way of addressing the challenges of rurality.

Likewise, CQC's research has shown that many small organisations are fantastic innovators. Several of the case studies in this publication (see page 19) highlight organisations that made substantial improvements through thinking creatively about how to achieve their mission to deliver better care from a tight budget.

In fact, large organisations can sometimes face additional challenges, as they have a range of support functions (such as HR, IT, legal and estates) that play a crucial role in delivering innovation and can be challenging to coordinate. Leaders in large organisations need to ensure that innovators and people working in support functions work together effectively, and that opportunities and resources for innovation are communicated to all staff. Board-level support for innovation is vital for its success in large organisations. It is important that the board have the capabilities they need to set a vision for innovation, lead cultural changes and understand the opportunities and risks of new technology.

Building on the six principles

The organisations involved in researching and developing this publication are committed to encouraging innovation in the health and social care sector – and doing this in a way that delivers the most benefit to people who use services.

Each organisation has a different role in the system, so will build on the findings of this work in a different way. This section of the publication sets out the next steps for each organisation and explains the support that the Health Foundation offers for the adoption of innovation.

Care Quality Commission: Getting better at recognising good innovation

CQC is the regulator for health and social care organisations in England. CQC recognises the importance of innovation as a tool that organisations can use to improve quality and looks at innovation as part of its assessment of whether a service or organisation is well-led.

CQC will use this publication to continue to build an approach to regulation that encourages innovation and is consistent with the principles set out in this publication. This means that where innovations have failed, CQC should recognise that as part of the innovation process and explore whether providers have mitigated risks and learned from failure.

It also means recognising that innovation is something that all providers can do, not just those with outstanding ratings, and it means ensuring that adopting ideas that have worked elsewhere is given as much importance as inventing new ideas.

Alongside the development of an improved methodology, CQC will continue to develop its capability and capacity to implement these principles consistently in its regulation and encourage innovation and improvement, while ensuring that people get safe, high-quality care.

The Accelerated Access Collaborative and the Academic Health Science Networks: Working with providers and systems to improve their capacity to adopt

The AAC was formed in response to the independently-chaired Accelerated Access Review published in October 2016. The AAC brings industry, government and the NHS together to remove barriers to

innovation and the adoption of innovation in the NHS so that people have faster and less varied access to innovations that can transform care.

Historically, focus has been on supporting innovators to enable them to drive adoption of their innovations within the NHS. In early 2020, the AAC, NHS England and NHS Improvement and the Academic Health Science Networks (AHSNs), engaged local NHS providers and integrated care systems to explore a strategy that would increase the health system's capacity to adopt. This paper outlining 'what good looks like' in terms of innovation and the adoption of innovation at the provider level is one element of this strategy.

The COVID-19 pandemic demonstrated the vital role that innovation plays in the NHS and challenged traditional barriers to adoption. The AAC is now exploring what lessons from the pandemic can be used to shape the future of innovation and adoption in the health system.

Health Education England: Building capability for digital and innovation

HEE exists for one reason only: to support the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place.

HEE, as commissioned by NHSX, has established a programme of work around digital readiness, recognising that many innovations and improvements in health and care involve digital technologies and data. The programme has developed a suite of products including board development sessions and tools for organisational development, and learning and development teams to use to improve the digital literacy of their staff, create a digital and adaptive culture and provide focused training in digital for generalists and specialists.

National Association of Primary Care

NAPC is a not-for-profit, social purpose development and support organisation – making primary healthcare better for all. Their mission is to improve the health and wellbeing of defined populations locally, nationally and internationally.

Driving and supporting innovation is at the heart of NAPC's priorities – They have a range of innovation projects and programmes designed to improve patient care and influence the shape of future health and care developments and policy. For example, the primary care innovation network was established to support members to become pioneers of primary care. In the first wave, 10 practices came together to innovate locally and through this our primary care navigation programme was born. Their primary care navigation programme provides tailored training for frontline staff to signpost people to local community resources, empowering them to manage their personal needs and reducing their reliance on GPs.

They help communities work together to focus on the local population needs and provide care closer to patients' homes. With over 500 professionals on our National Primary Care Network programme, they help local and national leaders across the NHS to shape the future of the NHS together. NAPC will use the findings in this publication to continue to develop innovative solutions across health and social care and encourage colleagues to come together to think differently.

National Care Forum

The NCF is the leading voice for not-for-profit organisations in the care and support sector. NCF supports over 130 members to improve social care provision and enhance the quality of life, choice, control and wellbeing of people who use care services.

The NCF is a leader in supporting the care sector to embrace innovation in care delivery as well as digital technology to improve the quality of care for those using care services. They play a leading role in **Digital Social Care**, which is a joint Care Provider Alliance and NHS Digital project, run by social care providers for social care providers, offering a dedicated space providing advice and support to the adult social care sector on technology and data protection. Digital Social Care has recently set up a dedicated helpline to support providers during the COVID-19 crisis, helping navigate NHSmail, Microsoft Teams, Capacity Tracker as well as cyber security and data protection.

Building on some of the key principles in this paper, NCF has also just launched a new project, with funding **from NHS Digital's Digital Pathfinders Programme**, which will help care providers to understand the benefits of technology, how to build a business case for investment, and how to successfully introduce, use and evaluate technology.

The Hubble Project offers senior decision-makers the chance to virtually visit 'innovation hubs' to learn how other care providers have introduced, used and evaluated digital technology to improve care. NCF has just completed the first 30 webinar sessions as part of the Hubble project and is currently drawing on lessons learned to create a sustainable version of the project. The innovation hubs are based in three care settings in England and showcase a range of technologies which include electronic care planning, electronic medical records, acoustic monitoring, circadian lighting, sensor technology and telecare.

For the webinar sessions NCF used a mixture of pre-recorded content and live Q&A, with managers and staff demonstrating the technology that they use and their digital journey. This included how they came to adopt technology, the challenges and the benefits of implementing and using it, and the use of data to improve the quality of care.

NHSX: Accelerating the adoption of digital technology

Established in July 2019, NHSX brings together teams from the Department of Health and Social Care and NHS England and Improvement.

NHSX aims to support the health and care system to digitise services, connect them to support integration and, through these foundations, enable service transformation:

- **Digitise** – Building smart digital and data foundations, level up all NHS and social care services to ensure they have the core infrastructure in place and a minimum level of digitisation;
- **Connect** – Join services together through technology, allowing health and care providers to share information with one another; and take a shared approach to procurement and implementation; and
- **Transform** – Use the platform of a digitised, interoperable, connected health and care system to deliver services more effectively and productively, and with the citizen at the centre.

A key part of NHSX's role is helping the health and care system identify and scale proven innovations. NHSX promotes digital innovation across the system by working with partners such as CQC, NICE, HEE and Medicines and Healthcare Products Regulatory Agency to coordinate work that underpins the digital ecosystem and promotes the adoption of innovative technology across the country.

NHSX's digital innovation team works with digital companies that have relevant, proven innovations to help them as they scale across the NHS. The team has established innovation surgeries and national events to help developers and innovators navigate the adoption of digital services, and it works to address the hurdles for innovation across the NHS and social care. Its report, *Listening to Innovators*[19],

outlines the top five themes that digital innovators need to help accelerate and scale change, as well as the work that NHSX are undertaking to support this agenda.

The NHS Artificial Intelligence Laboratory (AI Lab), set up by NHSX over a year ago, will accelerate the safe and ethical deployment of AI technologies that can solve some of the toughest challenges in health and care. It seeks to create an environment for collaboration and co-creation, while ensuring the right guidance and regulations to protect patients are in place. For example:

- the Artificial Intelligence in Health and Care Award (run by the **Accelerated Access Collaborative** (AAC) in partnership with NHSX and the **National Institute for Health Research (NIHR)**) is making £140 million available over three years to accelerate the testing and evaluation of technologies that support different categories of technology to address clinical and patient need.

- the AI Skunkworks team will support the health and care community to take ideas from scratch to a 'proof of concept'. The most operational and valuable proof of concepts may be adapted into a minimum viable product for further development within the NHS and care settings.

- a new multi-agency advisory service aims to give innovators and health and care providers developing AI technologies a one-stop shop for support, information and guidance on regulation and evaluation.

To support innovation within the social care sector and to foster joined up care between health and social care, NHSX is working as part of wider digital collaboration in conjunction with the Local Government Association and the Association of Directors of Adult Social Services.

In addition, NHSX is working with others, such as care provider associations, to increase the sector's access to the fundamentals that underpin digital transformation, such as adequate and reliable wi-fi and NHSmail. NHSX is also supporting the sector to develop the digital maturity and skills required to realise the gains for the organisation and the benefits in the care of people who use services.

The National Institute for Health and Care Excellence

NICE is the independent organisation responsible for providing evidence-based guidance on health and social care in England. NICE guidance, standards and other resources help health and public health professionals, and social care practitioners, to deliver the best possible care within the resources available.

NICE will continue to work with system partners to encourage and support a quality and safety-focused approach, in which commissioners and providers use NICE guidance and other NICE-accredited sources to improve outcomes. For example, supporting the work of the AAC, NICE works in partnership with NHS England and NHS Improvement (NHSEI), AHSNs and industry, to identify the challenges and solutions to the wider scale adoption of selected NICE recommended health technologies. NICE also collates real life examples of how NICE guidance and standards have been used to improve the quality of health and social care services around the UK.

The Social Care Institute for Excellence: Developing networks for innovation in social care

SCIE is a national charity that improves the lives of people of all ages by co-producing, sharing, and supporting the use of the best available knowledge and evidence about what works in practice.

SCIE is leading a partnership delivering the Social Care Innovation Network (SCIN), which explores how how to scale community and asset-based approaches to providing care and support. It supports a number of local organisations to embed innovations. The SCIN will apply this shared view of innovation in shaping the support it provides to innovation in the sector.

Health Foundation support for adopting innovation

The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK. As part of this, we invest in improving health service delivery, supporting innovation and improvement, and the spread of successful ideas.

Over the last decade, the Health Foundation has invested over £25 million in major programmes to encourage the spread of innovation and improvement, supporting many individual spread projects across hundreds of adopter sites. Our recent report *The spread challenge* uses first person extensive learning from these programmes to shine a light on the challenges facing the NHS in effectively taking up new ideas and innovations. This analysis supports the view that national and local programmes need to do more to support effective adoption in order to maximise the benefits of new ideas for service users and staff.

Charitable foundations are an important part of the landscape of organisations supporting innovation and adoption in healthcare. Over the next three years, the Health Foundation will be contributing to this agenda through first person new UK-wide programme Adopting Innovation, which, through the creation of four local innovation hubs, will help NHS providers and local health systems create the conditions for more effective adoption. The goal is to support providers to take up and implement new innovations successfully, so they can provide better care for people no matter where they are based. This includes adopting new approaches and ways of working in order to meet unprecedented demands on the health service in the wake of the COVID-19 pandemic.

In addition, in partnership with NHS England and NHS Improvement, the Health Foundation will continue to develop the Q Community, connecting and supporting people with improvement experience in order to accelerate the spread of ideas and knowledge across professional and organisational boundaries.

Case studies

Many organisations have been innovative to improve care for people who use their services, including these nine examples.

The examples are not individually endorsed by the co-signatories to this publication and the descriptions of the providers, businesses and services are not judgements based on formal CQC inspections. Innovation is not a single methodology and different models may be needed in different contexts.

These examples are based on contributions from the services where we have seen innovation and adoption. They are intended bring to life the six principles in this publication to illustrate how they can be implemented in practice and stimulate discussion between providers about how to innovate well.

These case studies were collected before the COVID-19 pandemic. There are also some resources available which highlight examples of innovation in response to COVID-19, including:

- **Innovation and inspiration**: examples from CQC of how providers are responding to COVID-19
- **COVID-19 adult social care provision**: information and examples from Think Local Act Personal of emerging practice during the coronavirus pandemic
- **Digital innovation in adult social care**: how communities have been supported during COVID-19.

Case study 1

The Newcastle Upon Tyne Hospitals NHS Foundation Trust

Making innovation part of the day job

Relevant principles

2. *Develop a culture where innovation can happen*
3. *Support your people*
4. *Adopt the best ideas and share your learning*

Context

Newcastle Hospitals is a large teaching hospital with over 1,400 beds, around 15,000 staff, and an annual income of £1.1 billion. It offers a wide range of specialist as well as community services. It has received successive CQC 'outstanding' ratings from 2016 to 2019. The trust has a strong reputation for research and innovation and has a central research office that closely links to local universities and the region's NICE external assessment centre. It hosts the region's clinical research network and a biomedical research centre.

Approach

A culture of innovation has existed at the trust since May 2015, and the creation of the Enterprise, Business and Development Directorate in 2019 has given this fresh impetus. Innovation forms a key part of the trust strategy for 2019 to 2024, and the support of innovation is a core function of its newly formed commercial enterprise unit. The trust has created cornerstone programme called Flourish, to "ensure that each member of staff is able to liberate their potential".

There is an emphasis on frontline staff sharing ideas and having delegated authority to make decisions. Conversations between leadership and staff focus on "What do you think of this?", not "You must do this". Staying on top of innovations in their field and progressing new innovations is seen as part of the day job for all clinical staff.

The trust takes a proportionate approach to administration and governance that is not overly bureaucratic. Staff are not expected to create extensive business cases if they want to embark on a new innovation or adoption project. Focus is on building evidence and testing the practical use of innovation, allowing quicker measurement of progress and permitting the trust to 'fail sooner but succeed faster'.

One practical tool in place that fuels innovation is an ideas portal for all staff. This includes new innovations and service improvements, as well as problems (an essential part of innovation is working together to solve problems). All ideas are evaluated against the trust's strategic framework (Patients, People, Partnerships, Pioneers and Performance) and there is a research and innovation tracking system to support this.

The trust has strong links with the North East and North Cumbria AHSN and in April 2020 became part of an internationally renowned Academic Health Science Centre called Newcastle Health Innovation Partners, along with Newcastle University, Newcastle City Council and other healthcare providers, with a strong focus on research, innovation and enterprise.

Successes

The trust has elicited over 300 solutions and problems from staff since May 2015 – it has supported innovation and improvement across all areas of activity. This includes setting up support groups, specific training pathways in critical care, delivering diagnostic testing for people using blood thinning medication to the community, using improvement methods to reduce hypoglycaemia rates by 50% and insulin errors by 70% on a vascular surgical ward, and introducing robot-assisted lung resection surgery.

The trust has played a significant role in developing nationally endorsed innovations, such as Transfers of Care Around Medicines (TCAM). It has also adopted other nationally endorsed innovations, including PReCEPT, HeartFlow, and Endocuff, and has an ongoing evaluation programme around each.

Case study 2

St Mary's Mount Care Home

Implementing a pain assessment tool

Relevant principles

1. *Develop and deploy your innovations with the people that will use them*
3. *Support your people*
4. *Adopt the best ideas and share your learning*
5. *Focus on impact and outcomes*

Context

St Mary's Mount Care Home is a 30-bed residential home that provides care for residents who have dementia and other cognitive impairment. In the past they used paper-based pain assessments tools that can be subjective from one carer to another. When assessing pain for people with dementia, it can be difficult to conclude if they are in pain or their behavioural changes are due to something else. The home heard about PainChek, a tool that uses artificial intelligence to pick out facial muscles movements that are indicative of pain. This enables carers to identify the presence of pain for people who can't tell you they are in pain. The tool is non subjective. It takes no more than two to three minutes from doing the face scan to the rest of the assessment and is completed at the point of care. It also records all pain assessments completed. This shows trends and how pain is being managed.

Approach

St Mary's Mount adopted the tool following a demonstration and discussions about how it would make a difference for residents. Senior staff were trained in its use. After the training session they also informed the rest of the team and the families via their newsletter. This was well received by families. St Mary's Mount has also set up a protocol on how and when they use PainChek and how it fits into a normal workflow.

Successes

The home is completing more than 300 assessments a month across all residents. Staff can see the various data sets that show trends in pain assessments and therefore the effectiveness of the treatment given. One resident who was on regular pain medication showed no pain at all when assessed using PainChek. Using this information, the GP changed the regular treatment for 'as required' pain analgesic. The resident remains pain free, therefore use of the tool has stopped the over-use of medication. The team has managed to identify pain levels in residents that show a change in behaviour – they know what to treat rather than thinking that someone's behaviour has changed and trying to manage that alone.

Case study 3

The Manor Surgery / AccuRx

Developing a successful messaging app

Relevant principles

1. *Develop and deploy your innovations with the people that will use them*

6. *Be flexible when managing change*

The Manor Surgery, a GP practice in Oxford, had a strategy to improve its business and to include the use of technology to improve care and efficiency.

In February 2017, AccuRx, a start-up company that had developed decision-support software to improve antibiotic prescribing accuracy, was piloting their product in 19 GP practices across Oxfordshire and Haringey.

The software used existing guidelines and integration with primary care electronic medical records to inform decisions. It also allowed clinicians to print a personalised patient advice leaflet or send this to someone using services via SMS message.

In the pilot sites, AccuRx struggled to get adoption with staff because the software did not address an existing 'pain point'. It also struggled to find clinical commissioning groups willing to invest in this area. However, during this time, some practices were starting to shift appointments for minor ailments from GPs to nurses and pharmacists who were using the software. Clinicians were excited by the ability to send tailored text messages to patients.

Approach

In September 2017, AccuRx stopped working on antibiotic prescribing and spent four months working at the Manor Surgery, understanding the day-to-day job of clinicians, receptionists and administrators, as well as what people using services needed. They worked with the Manor Surgery and other practices to develop and test over 20 different software prototypes to improve people's experience and to improve efficiency.

Research included the AccuRx team shadowing clinical, reception and admin teams, running extensive analysis on practice data and running workshops on the practice away day. This close relationship allowed innovations to be prototyped and tested rapidly. For example, capacity and skill-mix planning was developed in a spreadsheet, staff training needs were collected in an online form and knowledge management for the reception team was developed in an 'off-the-shelf' website. With each prototype, extensive feedback was gathered from user research interviews, innovation huddles, practice meetings and data analysis.

Through the partnership, AccuRx was able to learn what was useful and usable for GPs. Most of these solutions required extensive change management in individual practices. However, one solution, allowing GP practices to compose and send SMS messages to patients, could be deployed quickly. AccuRx focused on honing this solution, so that it could be deployed in minutes anywhere across the country.

Success

One of the solutions that scaled is Chain SMS. This is self-service software in primary care that in just two years has been adopted by GP practices so they can send messages to their patients. Through their partnership with AccuRx, the Manor Surgery was able to retain several tools that have been used to improve the efficiency, experience and outcomes of their care.

Case study 4

Durham County Council and County Durham and Darlington NHS Foundation Trust

Supporting care home residents to stay in the community

Relevant principles

1. *Develop and deploy your innovations with the people that will use them*

5. *Focus on impact and outcomes*

Context

County Durham has 96 older people care homes. Leaders of the local health system wanted to try to reduce the number of avoidable admissions to hospital from residents in those homes. Care home staff wanted quicker, more effective ways to refer their residents to community health services. NHSX is providing national support across the seven NHS regions. The aim is to help localities expand existing projects that support patients, using devices or apps to help monitor their long-term conditions, or Covid-19 symptoms, at home. This project, supporting care home residents, is similar to others supported by NHSX.

Approach

County Durham and Darlington NHS Foundation Trust (CDDFT) worked with partner company Health Call Solutions, Durham Dales Health Federation (a GP federation) and care home staff to develop a working prototype called Health Call Digital Care Home. It shares health information about residents and allows staff to access advice about the people they are caring for.

A four-month pilot in one care home allowed CDDFT and Durham County Council to refine their operational approach to supporting care homes, developing the digital system further.

After rolling out the solution, both the council and CDDFT continued to engage with care homes to identify further improvements – in particular, around individual cases where admissions were made.

Success

The solution now provides three functions. First, referral to community services, including immediate clinical advice for care staff. Second, a way to integrate key clinical observations into the health records of care home residents. Third, a monitoring function where deteriorations in vital observations lead to proactive support to care home staff from health professionals.

The solution is used by 97% of the older people care homes in the area, and the council estimates that before the COVID-19 pandemic, two hospital admissions were being avoided per month, per care home. Care staff are also more satisfied because they no longer have to wait on the phone to make a referral. The council and CDDFT are planning to roll out to other types of care homes by March 2021 and have expanded the service into extra care.

Case study 5

WCS Care

Innovating to make “every day well lived”

Relevant principles

1. *Develop and deploy your innovations with the people that will use them*

2. *Develop a culture where innovation can happen*

3. *Support your people*

4. *Adopt the best ideas and share your learning*

5. *Focus on impact and outcomes*

6. *Be flexible when managing change*

Context

WCS Care provides 13 care homes in Warwickshire. Seven years ago, this charity provider started to focus on four values: play, make someone’s day, be there, and choose your attitude. This culture change gave staff permission to focus on the organisation’s ambition for residents (and staff) of “Every Day Well Lived”. People’s behaviour changed, and they felt inspired to try to do things – small and large – differently.

Approach

They have taken their philosophy and ambition to every area of care and have worked on a number of innovative projects as a result. The approach they have taken is to deeply engage staff and people who use services in their projects and encourage them to think creatively about how to improve the daily experience of people.

They have a rigorous focus on improving the life of care home residents. In 2016, they launched the UK’s first care home innovation hub to share their learning with others in health and social care, in the UK and internationally. This approach culminated in the opening of their care home village in Warwick in November 2019, bringing together building design, technology and care to provide residents with a familiar life in a community setting.

One notable project was their installation and use of night-time acoustic monitoring. They discovered acoustic monitoring systems being used in the Netherlands to monitor night-time activity, in relation to concerns such as urinary tract infections, falls and confusion. The rationale for installation was that the system would provide residents with greater night-time privacy, care at the time of need and a better night’s sleep, which would impact on residents’ general health and wellbeing.

There were lots of reasons not to install the system, ranging from cost to the challenge of system support if not widely adopted in the UK, to simply finding electricians to install a system they'd never come across. All these barriers were overcome because the reasons for going ahead were compelling.

Success

In its first year of use (2015/16), WCS Care recorded a 34% reduction in night falls. This was partly because most people who were sleeping were not disturbed by door knocking during night checks, and because when someone needed help, they were heard immediately and a carer was with them within 60 seconds. Residents who had previously been awake at night slowly adjusted their body clocks and returned to a healthy sleep/wake pattern. Residents were more alert during the day because they'd slept well. Relatives understood that WCS's staff had to behave impeccably in residents' rooms at night because someone was listening, and staff felt supported for the same reason when lone-working at night. WCS Care built on this success over time and has recently evidenced a reduction in falls at night and during the day by 55% in homes with acoustic monitoring.

By sharing these outcomes with the wider sector, WCS Care has contributed to the system's adoption by numerous care home providers across the country; over 7,000 beds will be using the system by the end of 2020. One adopter reduced its night-time room visits across a 64-bed home from 300 to 15 over a two-month period post-installation, by ending frequent night checks.

Today, WCS Care have developed an eight-page visual explanation of how they aim to provide care in the most innovative way. It's used as a recruitment and training tool and forms the backbone of care practice.

Case study 6

Support and permission to innovate at Royal Cornwall Hospitals NHS Trust

Relevant principles

2. *Develop a culture where innovation can happen*

3. *Support your people*

Context

Royal Cornwall Hospitals NHS Trust (RCHT) is a rural hospital provider that recently came out of special measures. The provider places a high value on innovation as an important way to improve the quality of care it delivers.

Approach

Two innovation leaders at the RCHT support the staff to develop, deliver and adopt innovations These are senior colleagues who have taken on responsibilities around innovation as part of their jobs. The trust has adopted an innovation strategy and has an intellectual property policy which is mirrored across acute trusts in the South West.

The innovation leaders coach and support colleagues who are developing or implementing innovations and signpost them to other sources of support. They are part of a wider innovation network across the south west region and work with colleagues in other organisations to support innovators to evaluate their ideas. The innovation leaders are visible to their colleagues and publicise what they do through social media groups and regular innovation clubs.

One important role that the innovation leaders play is to provide colleagues with assurance that they have permission to innovate. They do this by working closely with innovators to build trusting relationships and acting as a bridge between innovators and senior leaders. They have strong links to Board members and the chief executive, so they can credibly speak on behalf of the organisation – and they have involved senior leaders, such as the chief nurse, in innovation club meetings.

RCHT facilitates governance through existing care group structures. The trust has chosen this approach over more formal innovation governance mechanisms such as an innovation panel that would approve projects. They believe their approach avoids stifling innovation by requiring too much evidence or too burdensome a process before innovators can access funding and support, while maintaining patient safety.

Successes

The innovation leaders at RCHT have supported their colleagues to develop and implement innovations that have improved the care that people receive at RCHT. For example, a consultant in the fracture clinic wanted to make patient information more accessible, having seen paper leaflets left in the department and thrown into bins.

Innovation leaders supported him to work within his care group to develop a QR code which links to an electronic copy of the patient information leaflet, supplemented with patient support videos (purchased using charitable funds). The code is printed on adhesive labels and fixed to casts before patients leave the department. This innovation has improved patient experience and satisfaction as well as reducing the number of enquiries about cast care and reducing waste.

Another example, which focused on patient information, is the My Sunrise app. This was developed by a consultant oncologist for people undergoing treatment for cancer. The app uses video to familiarise people with RCHT's cancer facilities and contains links to other resources that can support patients to manage their care. This app has been adopted by the South West Cancer Alliance, which is rolling out geographically bespoke versions, and now generates an income for the innovator and the trust.

RCHT was identified by NHS England and Improvement as one of the most effective organisations at adopting four nationally-endorsed innovations.

Case study 7

Lewisham and Greenwich NHS Trust

Increasing neuroprotection for pre-term births

Relevant principles

3. *Support your people*

5. *Focus on impact and outcomes*

Context

The Lewisham and Greenwich NHS Trust was formed in 2013 after the merger of the Lewisham Healthcare NHS Trusts and Queen Elizabeth Hospital. Its most recent CQC rating was requires improvement.

The PReCEPT programme was launched in 2014 by the West of England AHSN, following initial work in Bristol. It is a quality improvement programme that aims to reduce the incidence of cerebral palsy by encouraging administration of magnesium sulphate to eligible mothers in pre-term labour, in line with NICE guidance. The programme is now a national AHSN programme aiming to achieve administration of magnesium sulphate to 85% of eligible mothers across England by April 2020.

Approach

The national PReCEPT programme provides a number of resources to support the adoption of magnesium sulphate administration for neuroprotection, including: a quality improvement toolkit; implementation guide; training presentations; patient record proformas; management information dashboard templates; promotional materials, such as posters; magnets and leaflets; and programme staff role profiles. Typically, this is made available through each AHSN and providers can use or adapt the resources as suits them.

At the trust, the local AHSN (Health Innovation Network) funded a midwifery champion at each of the two maternity units (Queen Elizabeth Hospital and University Hospital Lewisham) for one day per week for three months. This was protected time from clinical work, enabling the champions to undertake training themselves, plan and train others in the PReCEPT process, collect data and monitor progress, as well as develop local improvements.

Training provided by the champions focused on embedding the process to administer magnesium sulphate and its benefits. The champions targeted staff on night shifts or at the beginning of new rotations. To support them, champions received training in teaching principles, how to identify and manage different personalities, and the psychology of change.

While PReCePT is a national initiative, local staff adapted it to improve outcomes. The midwives developed their own PReCEPT 'grab box' that contained all elements needed for magnesium sulphate administration. This was available for easy access in each delivery room.

Successes

Through participation in the PReCEPT programme the midwifery champions reported feeling more confident about leading quality improvement projects and have consequently got involved with other aspects of the trusts' Better Births programme.

The trust achieved a 100% compliance rate within three months for magnesium sulphate administration, from a baseline of 33% (Lewisham) and 55% (Queen Elizabeth). Modelling indicates that this has the potential to prevent several hundred cases of cerebral palsy per year.[20]

Case study 8

The Good Care Group

Delivering Good Care Together

Relevant principles

1. *Develop and deploy your innovations with the people that will use them*

3. *Support your people*

5. *Focus on impact and outcomes*

Context

The Good Care Group is an award-winning provider of 24-hour live-in care, with 450 people receiving care across England and Scotland. Over half of the individuals supported are living with a form of dementia. People with a diagnosis of Parkinson's disease, multiple sclerosis, and older people who are generally frail are also supported.

The group employs over 1,000 professional carers. It wanted to digitise care records to provide a real-time record so that they could deal with issues more efficiently, support care staff and monitor a person's outcomes.

Approach

Trying to move from paper to digital records, the Good Care Group set out to find a provider that could offer a system that was both user-friendly and that suited the requirements of a live-in care provider. Unable to find the right solution on the market, they decided to develop an in-house solution.

Working with a user-experience expert and IT development partners, the group designed a 'carer community' platform with carers, for carers. Professional carers were involved in discussion groups where they articulated the challenges they were facing with paper records, and put together wish-lists for a new system.

Early versions of the software were tested with groups of professional carers, who were asked to give feedback on how easy it was to use, how best to access the system as well as whether the proposed training provided enough information and clarity. In discussions with carers, low-cost but high-impact system features were identified.

Success

The group created 'Good Care Together', a platform that allows carers to log care documentation digitally, manage medication, enable real-time monitoring for care managers and provide up-to-date information for families. By supporting their people, focusing on what matters, and involving their carers in deployment, they were able to secure good adoption of their system with few problems.

Working closely with staff, they were also able to take up their good ideas. For example, creating social messaging forums that allowed special interests and strengths such as dementia management or creative meal preparation to be developed and communicated to support others in their approach.

The record provides some key operational functions that save time, support staff, provide data, and improve safety. A further development also allows families to keep abreast of what clients are doing and how they are being cared for. The link to the electronic medication administration record has resulted in no medication errors serious enough to require a regulatory notification since it has been launched.

The system also enables care managers to have a real-time insight into what is happening in a placement, such as how long a person has slept, and their fluid intake. They have used this strategically to improve their services. Through the introduction of urinalysis testing kits, for example, it was able to evidence a 68% reduction in emergency intervention for urinary tract infections.

Case study 9

Leeds Teaching Hospitals NHS Trust

Reducing emergency admissions to hospital through better transfers of care

Relevant principles

1. *Develop and deploy innovations with the people that will use them*
3. *Support your people*
4. *Adopt the best ideas and share your learning*
5. *Focus on impact and outcomes*
6. *Be flexible when managing change*

Context

The Transfers of Care Around Medicines (TCAM) programme was first developed in Newcastle and then spread as a national programme. People who need extra help to take their medicines safely and effectively are referred to community pharmacists via a secure electronic system, called PharmOutcomes, after their discharge from hospital.

It has shown a reduction in readmissions to hospital from 16% to 6% in the first 30 days, and a reduction in the length of stay in hospital for those who were re-admitted.[21] TCAM is now a national AHSN Network programme aiming to avoid over 2,000 readmissions in 2019/20.

Leeds Teaching Hospitals NHS Trusts is one of the largest trusts in the country with over 2,500 beds, 18,000 staff and an annual budget of £1.3bn. It has a CQC rating of good and a strong focus on innovation, people, and quality improvement.

The trust pharmacy department was aware that a number of people discharged from hospital with new, changed or complex medication regimens needed extra support in the community to ensure that they took the right medicines at the right time, in the right way and according to their wishes and personal goals. The department had been discussing the issue with its Local Pharmaceutical Committee, Community Pharmacy West Yorkshire (CPWY), for two years, and looking for a solution to the problem.

Approach

The department heard about Newcastle's TCAM initiative through awareness of a British Medical Journal (BMJ) article and a Health Service Journal award. They met with the Newcastle Upon Tyne NHS Foundation Trust pharmacy department to take advice on implementation.

With sponsorship from the chief pharmacist, the department purchased a licence for the PharmOutcomes software. CPWY spent two days a week providing project management to the trust and community pharmacies to support the programme for two years. Later there was some

extra funding from the local AHSN (Yorkshire and Humber) to help enhance TCAM adoption, allowing an integrated IT platform to be developed. The integrated version has been in use since December 2019.

A key learning point that Leeds picked up from Newcastle was to involve information governance (IG) colleagues at an early stage in the work. The provider IG team was involved early in the implementation process to ensure data sharing was secure and an appropriate agreement was in place. This agreement was updated when PharmOutcomes was integrated into the provider's IT system (integrated into the Leeds Care Record). Another learning point was not to underestimate the challenge of integrating appropriate data collection processes into a provider IT system to enable the interface to the PharmOutcomes platform.

A monthly quality and governance board meeting for the programme enables ongoing monitoring of usage, outcomes, feedback and learning, as well as enabling a quick response to issues.

Successes

Implementation of the TCAM pathway in Leeds has reportedly reduced emergency hospital readmissions for those aged over 65 by 16% in the six months after referral to community pharmacy. These findings were made public in a research paper published in October 2019.[22]

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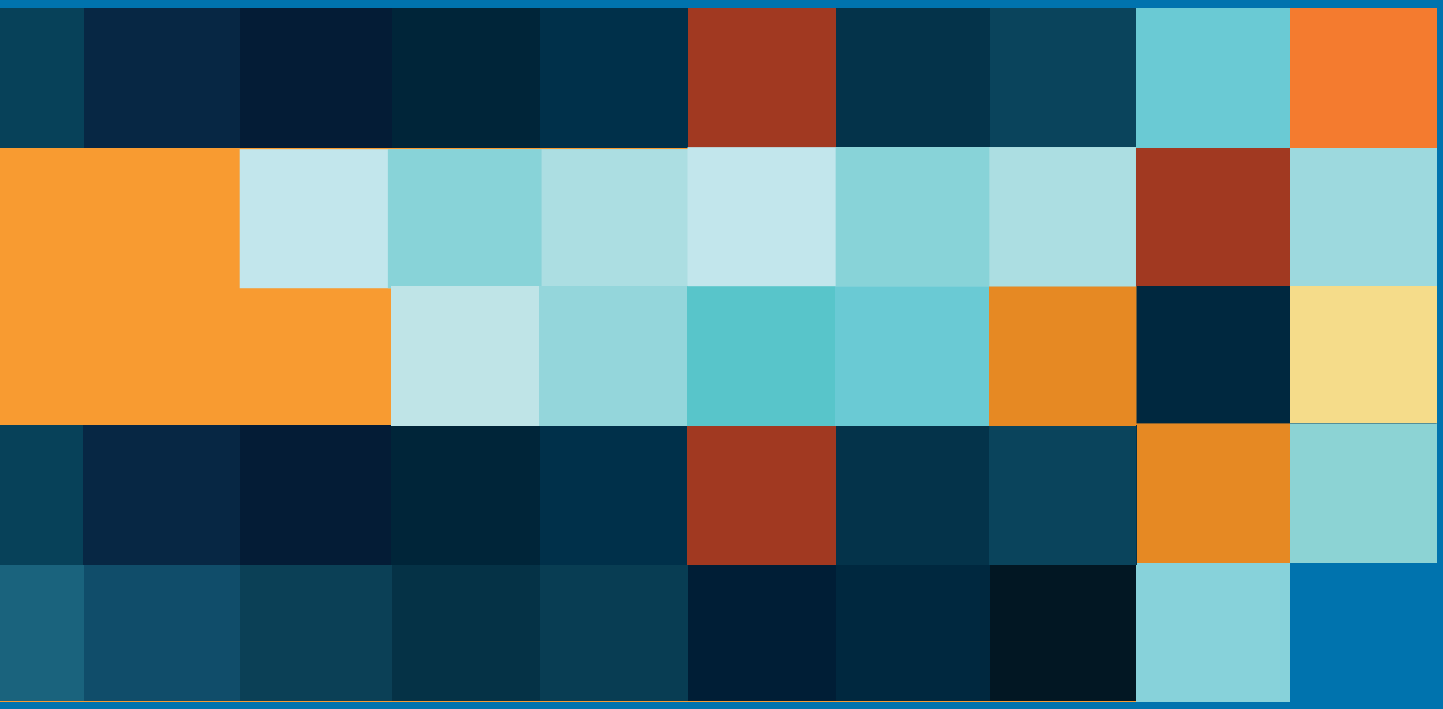

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NICE National Institute for Health and Care Excellence

scie social care institute for excellence

NHS England and NHS Improvement Publication
Approval Reference: PAR183