

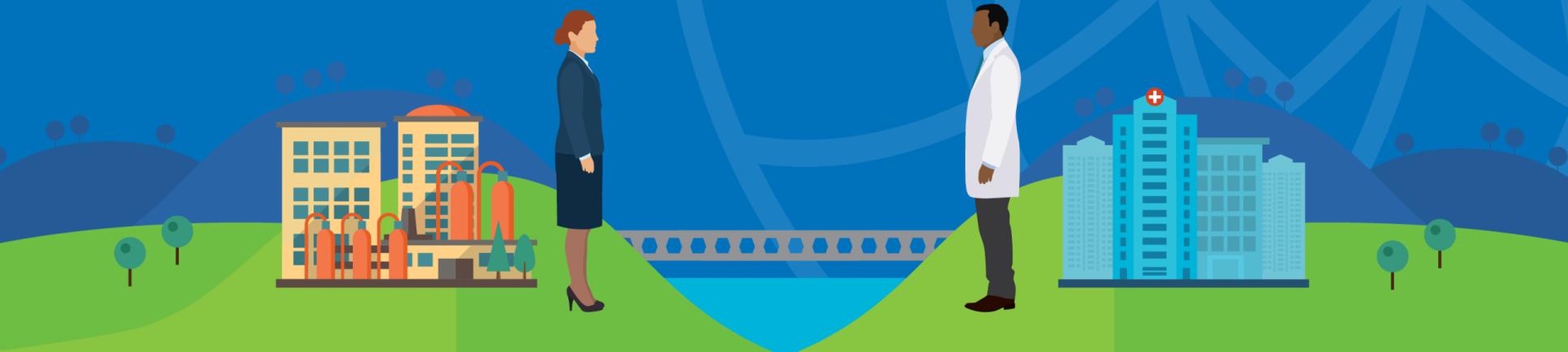
The AHSN Network

Bridging the Gap

Market Insights & Innovator support workshop

AHSNs, the NHS, real world
validation, 'pilotitis' and value
propositions

Thursday 11 March 2021 – 2.30pm



During 2019/20, The AHSN Network has provided support to...



2,540
companies,
with...



5,042
interactions



158
companies have
created long term
strategic partnerships

Leading to...



592
jobs created



489
jobs
safeguarded



£324.6m
Investment
leveraged

Problem and consequences

- The NHS is complicated and doesn't always behave in a way innovators anticipate
- Demand signalling may be misleading (oversimplified, parochial, not tailored for or translated to innovators needs, etc.)
- NHS staff (generally) have limited experience of working with innovators
- (All in addition to issues referred to as 'market failure')

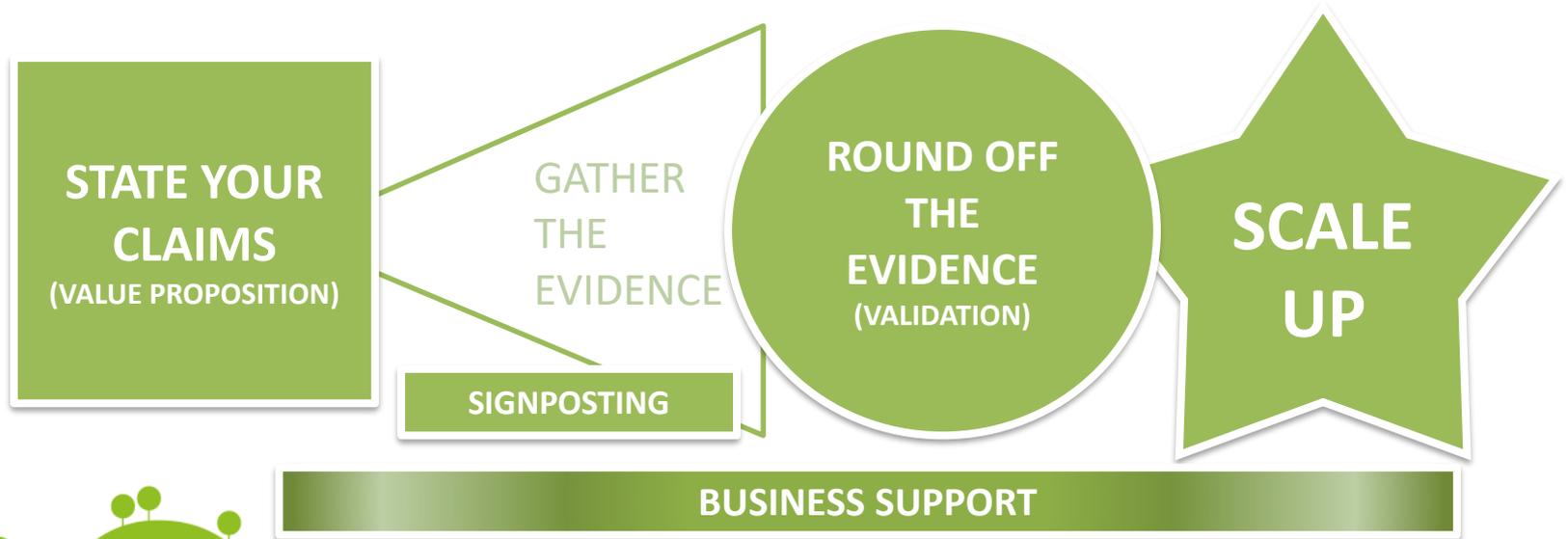
Innovators may develop an intervention; -

- that doesn't match a problem
- that is not affordable
- that doesn't have the impact they believed it would
- that NHS staff cannot see
- that isn't understood
- that isn't convincing.

that doesn't result in the business they expected



Intervention - AHSN support



Impact

For Innovators; -

- earlier awareness of issues (risks) that may affect their business opportunity
- opportunity to manage, mitigate or avoid risks
 - create more credible narrative
 - access resources previously not known to them or not accessible
 - invest time and effort to create relevant and appropriately detailed evidence
 - approach the NHS with more realistic expectations

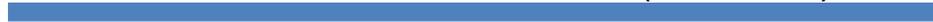


Higher or lower?



higher risk

Feasible (technical)



desirable

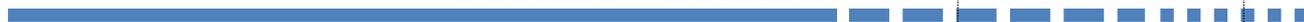


viable



lower risk

Feasible - technical



desirable



viable



Inherent tension

For the innovator, in search of revenue to maintain a business, keen to bring about patient and or operational effectiveness and efficiency, delays in bringing their product or service to the wider market, or excessive spends on evidence generation may impact on the sustainability of their business.

The NHS will similarly wish to ensure any innovation brings meaningful patient benefits and or operational cost savings efficiencies at scale and pace, whilst ensuring that their patients are safe and that the implementation of any innovation into their organisation is financially sustainable.



The NHS

- Most NHS organisations are autonomous (legally independent and or responsible for their own governance including procurement).
- Services provided by a single organisations rarely cover the full patient pathway (A patient experience may involve any or all of; their GP, a referral to a District General Hospital, Community or Mental Health services)
- Organisations are held to account for their own performance, not collective performance as a locality or pathway. Metrics are typically short term delivery focused and not orientated towards prevention or population health.
- The mechanism by which money for health services is distributed is not the same mechanism (contract currency) for all services.



The NHS (in England)

It is made up of a large number of independent organisations; -

- 191 clinical commissioning groups (1 April 2019)
- 135 acute non-specialist trusts (including 84 foundation trusts)
- 17 acute specialist trusts (including 16 foundation trusts)
- 54 mental health trusts (including 42 foundation trusts)
- 35 community providers (11 NHS trusts, 6 foundation trusts, 17 social enterprises and 1 limited company)
- 10 ambulance trusts (including 5 foundation trusts)
- 7,454 GP practices
- 853 for-profit and not-for-profit independent sector organisations, providing care to NHS patients from 7,331 locations



The NHS high level priorities

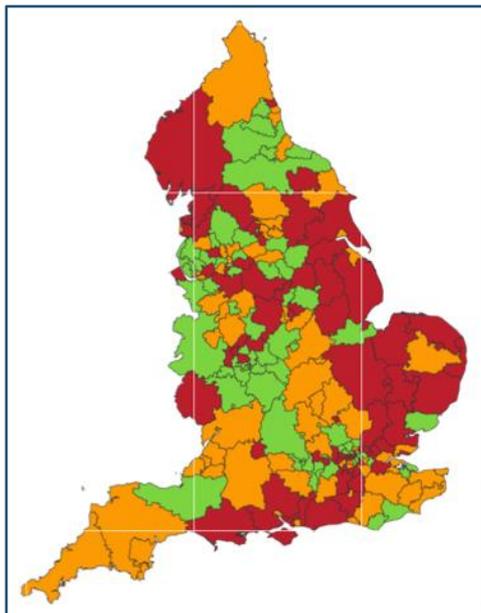
NHS organisations are accountable to NHS England to provide safe services. (Patient safety is the highest priority). NHS organisations have a duty of care to their patients and therefore require high quality of evidence from innovators about the outcomes and experience their innovation will have

NHS organisations are accountable to NHS England to demonstrate financial control and financial balance each year. (second highest priority).

All other priorities and there are many of them and they are not uniform in distribution.



The NHS is different everywhere

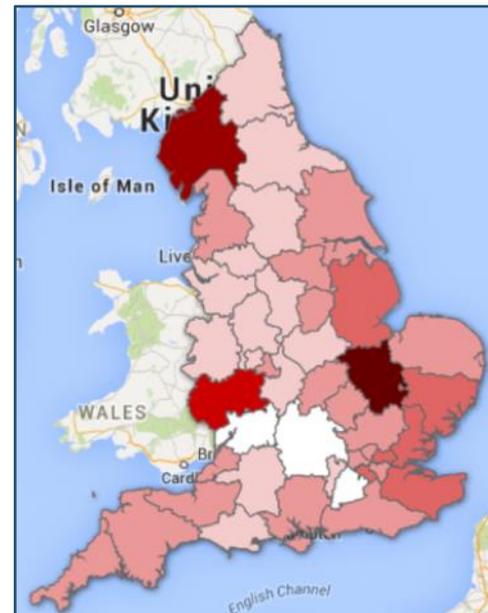


portfolio of local priorities



- local practice
- local technology
- scale of service
- local costs
- staff skill mix
- staff recruitment
- existing contract
- etc.

local conditions



local affordability

NHS Finance - affordability

- Cost effective may not mean affordable.
- Economic impact and ROI are useful to know but insufficient.
- Resources may not be freed up when some activity is reduced
- Organisations may not be able to borrow to buy now for a future benefit



Affordability - queues

- Activity is usually in a queue.
- If you remove part of the queue , the queue is still being serviced.
- Removing part of the queue may not free up resources.
- The intervention may offer a valuable quality gain but at an increase in cost.
- If it is not cash releasing it may not be affordable.



The consequence

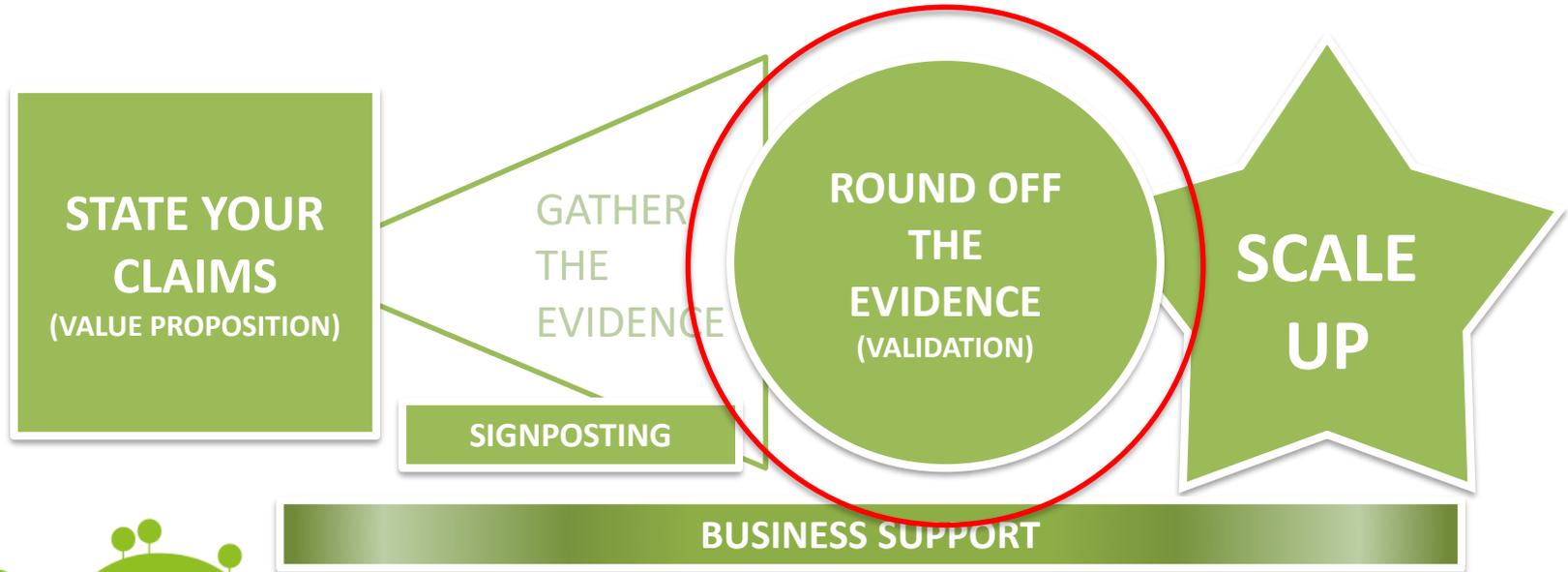
“Many promising technological innovations in health and social care are characterized by non-adoption or abandonment by individuals or by failed attempts to scale up locally, spread distantly, or sustain the innovation long term at the organization or system level.”

Greenhalgh et al. Beyond adoption: (2017)

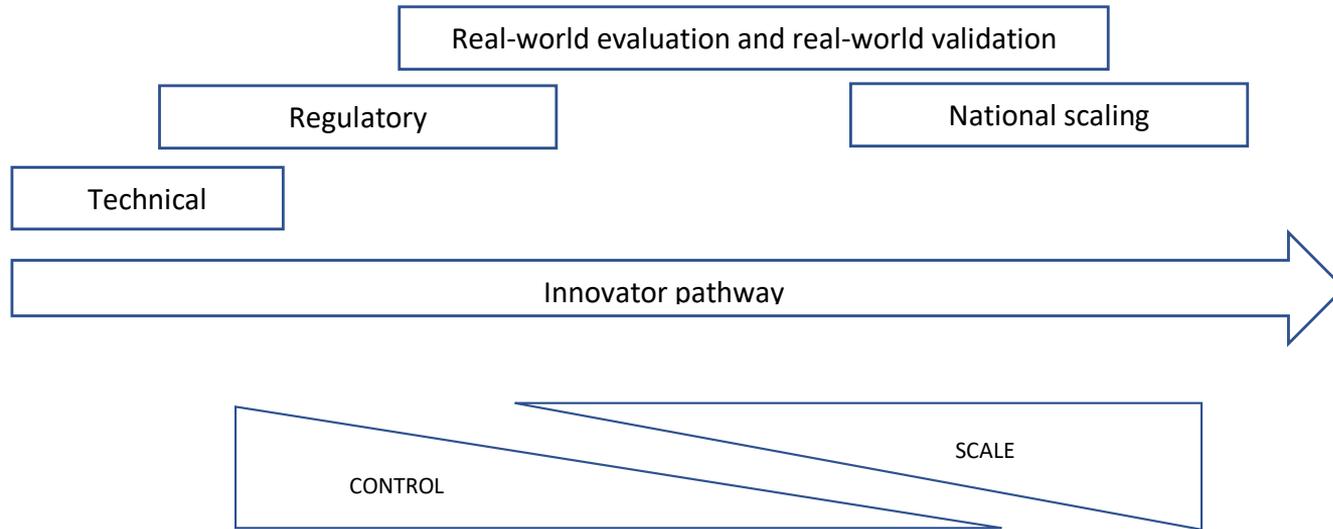
It isn't as simple as “barriers and culture”



Intervention - AHSN support



RWE/ RWV context



The AHSN network supports evidence generation across the entire product development pipeline but we believe the biggest impact of well executed RWE is at the scale up stage.



RWE / RWV selection criteria

RWE interventions should be undertaken when there is sufficient evidence or pull (from the market) and that if the predicted benefits are demonstrated to be realisable (through RWE) that it will make a sufficient difference to the speed and scale of uptake. The assessment would then comprise three main elements;

- The outcomes are sufficiently desirable to gain the scale and spread expected
- That the inputs (finance / staff) are quantified and would be available (across a sufficient proportion of the market) to enable uptake / wide spread adoption
- That the proposed method of implementation is credible and confirmed as adaptable for spread



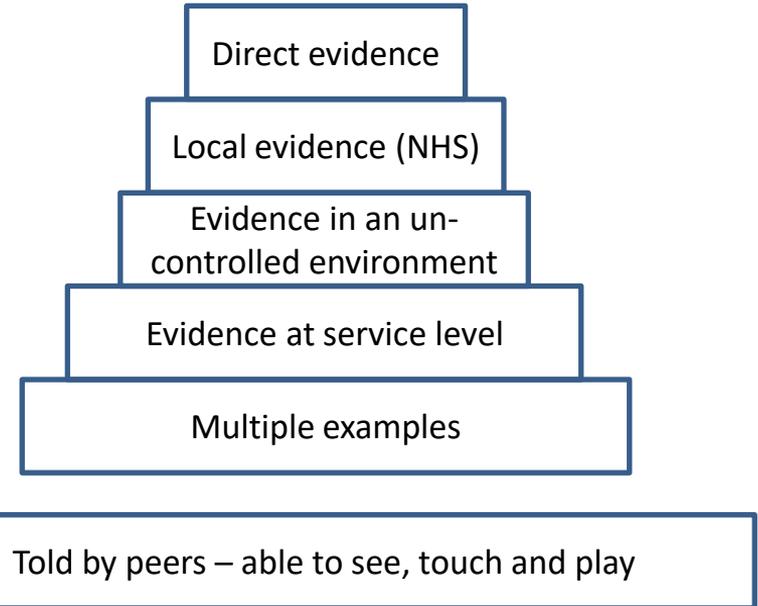
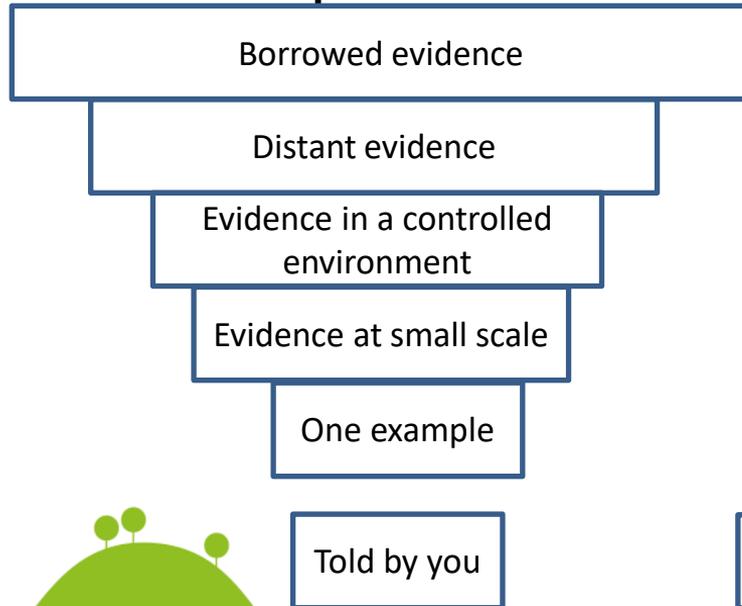
RWE / RWV potential outputs

- Case studies confirming the benefits realised.
- Financial information (Budget Impact Model, Cost benefit analysis, ROI, etc)
- Key material for the NHS Business Case
- A defined procurement approach.
- A defined commissioning approach.
- Implementation Guide
- Marketing and Comms Tools
- Company scaling plan in place (Staff, money, supply etc)
- Adoption and Spread Plan (using AHSN template)
- FAQs



Evidence to confidence

A process of persuasion



Pilotitis - causes

Pilotitis – Requests to / undertaking of more pilots than expected without leading to new contracts. Caused by (combinations of...) but not limited to; -

- Poor assessment of gaps in evidence or insights
- Poor design of methods to close gaps in evidence or insights
- Poor collation or presentation of evidence or insights
- Narrow or limited assessment of desirability, affordability or feasibility (ie not sufficiently generalisable)
- Failure to confirm in advance that the evaluation site will purchase if KPIs are met
- Not realising that a request to pilot may be a negotiation, not a must do



Intervention - AHSN support



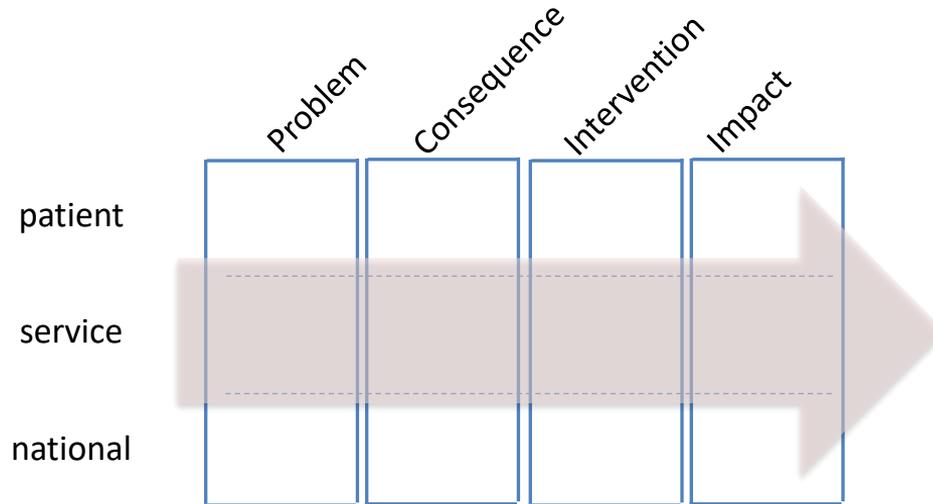
Value proposition

A Value Proposition is essential for a business to engage and connect with customers in a meaningful way. The Value Proposition is central to the overall business paradigm. It acts as an anchor for all decision-making, operations, and customer engagement.

In early stages a value proposition will guide market research which in turn will guide what **evidence and insights** are required.



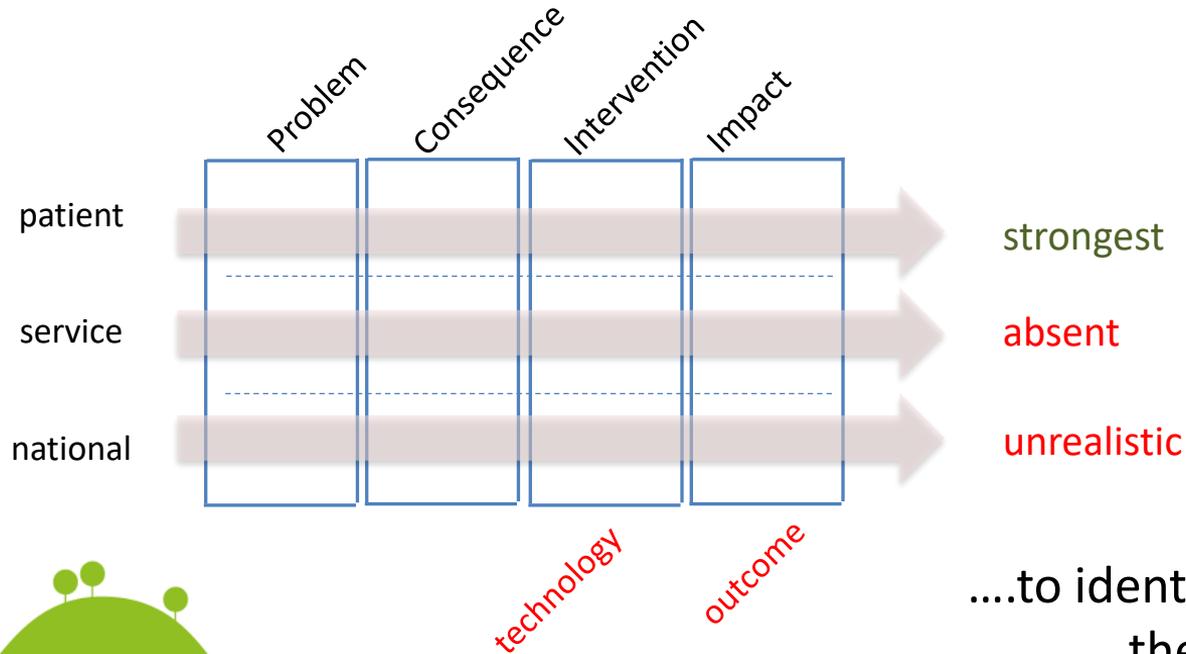
Constructing a value proposition



A story that covers the four elements with detail from up to three perspectives; patient, service and national.



Why deconstruct?



....to identify any gaps in the story.

Value proposition -

- Set the scene.
 - *Orientate the reader to the situation with some background information. State which patients, the setting (where) and what process (prevention, screening, diagnosis, triage, treatment, care, etc)*
- What is the problem that your innovation addresses?
 - *Describe the "root cause" (origin) of the limitation of the current service (that your product / service addresses). This is likely to be capability, capacity or conduct (behavioural) orientated.*
- What is the consequence of this problem?
 - *Describe what the impact. This should cover the experience, outcomes, resource utilisation etc. where it directly relates to the issue(s) you have identified above.*
- What is the intervention?
 - *Describe what will be happen (differently) that will lead to an improvement (reduction in the consequence identified above). This may include changes to the location, timing, staffing, equipment, etc..*
- What is the impact (benefit or difference in outcome)?
 - *Describe and quantify the improvements arising from this new way of working.*



Value proposition – the numbers

Having created a narrative (value proposition) innovators will need to create a “budget impact model”. (The numbers behind the story)

- A ‘budget impact model’ tells both buyer and seller what finance or other resources will be needed to bridge the gap between current and future (steady) state
- A budget impact model is a device for supporting a conversation and checking assumptions



Budget impact model

Service costs, by silo and by year separating pay and non-pay.

- Link current costs to future steady state costs;
- Hidden cost - ongoing training, licence, maintenance etc. to maintain future steady state

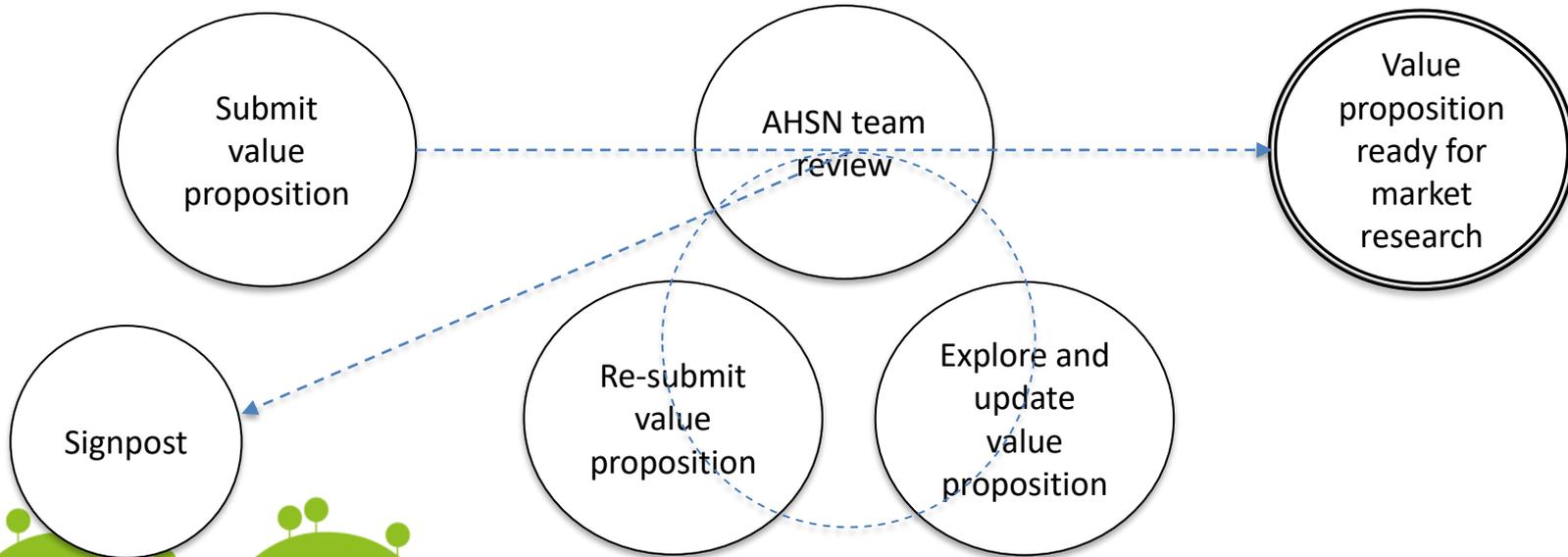
Transition costs to the service - The initial implementation may need to manage an existing higher or lower demand before achieving steady state.

The cost of driving the transition - The resources required to deliver the change (possibly via an AHSN), clinical leadership, training and education costs, data collection and analysis, etc.

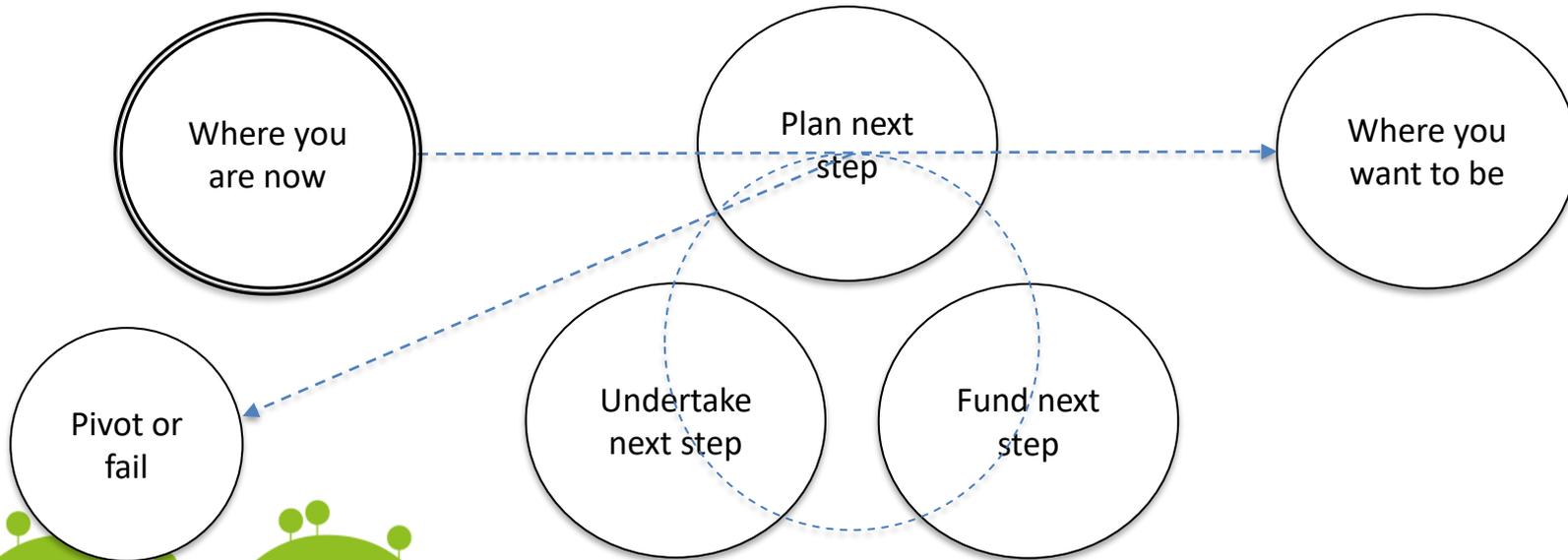
A budget impact model will be as unique as the intervention



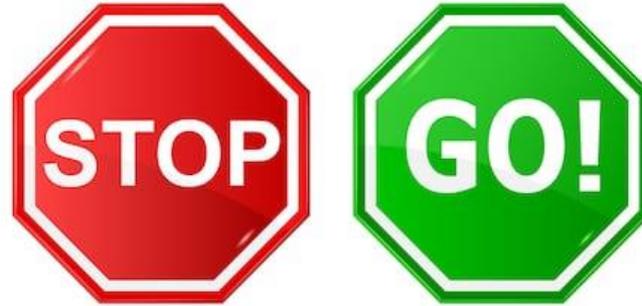
Iterative process



Supports market access planning



Value proposition – stage gate



Until we know what you have (a value proposition) we won't know who is best placed to support you, or what your best next steps will be. If not AHSNs, you will still be in a better position to engage.

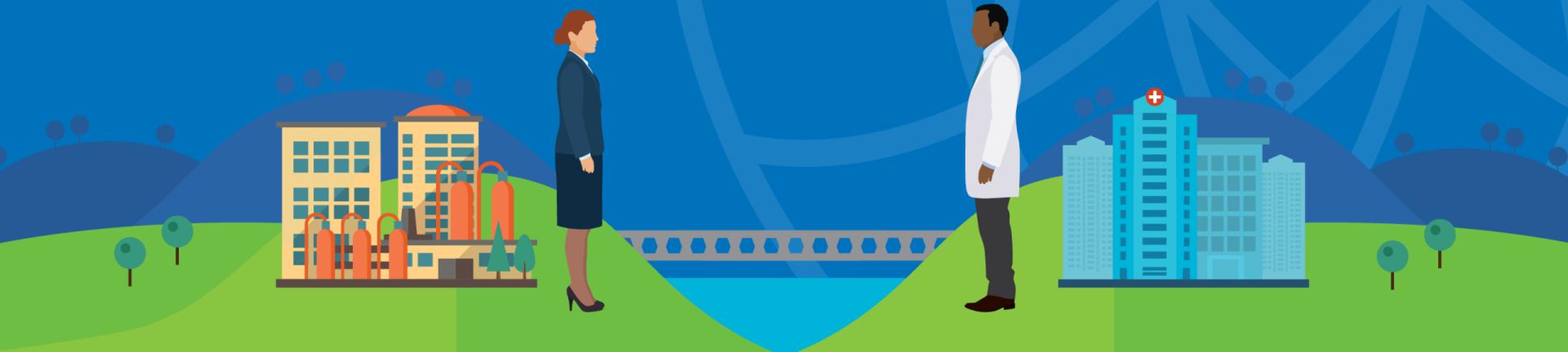


The **AHSN** Network

Bridging the Gap

To register for 1:1 sessions go to:

www.ahsninnovationexchange.co.uk/bridging-gap-free-confidential-11-advice-sessions





Office for
Life Sciences



Medicines &
Healthcare products
Regulatory Agency

*The***AHSN***Network*

NICE National Institute for
Health and Care Excellence

**ACCELERATED
ACCESS
COLLABORATIVE**

INNOVATION SERVICE
March 2021



Overview: Context



There is currently no single, national, online service for health innovators seeking to navigate the innovation pathway and the NHS infrastructure.

A state of the landscape review in 2018, in combination of a detailed 'user needs' day in 2019, revealed a number of challenges faced by users which could be addressed by a national online offering. These issues included:

- **Fragmented innovator support**, with duplication of existing information and absence of a clear agreed pathway
- **Lack of clarity on regulation, evidence generation and associated resources**, particularly with regards to novel technologies, causing delays for innovators
- **Dispersed funding** with too many providers offering small funding pots, and without clear priorities
- **Limited evidence of 'handover' between support** infrastructure, organisations and funding schemes
- **No clear way of articulating need** from the health and care sector, resulting in innovators not always developing the right solutions for the problems faced
- **Convolutd procurement processes** with limited standardisation which are particularly difficult for SMEs to navigate

Overview: AAC Commitment



The Secretary of State for Health, in outlining the remit and priorities of the Accelerated Access Collaborative, requested:

“Creat[ion of] a “single front door” to the innovation ecosystem, envisaged as an online portal with information, support, and signposting that links to existing teams that provide more detailed advice on aspects of the innovation pipeline.”

The board ratified this as one of the six key priorities of the AAC in June 2019:

- >> SINGLE FRONT DOOR FOR INNOVATORS**
Creating a “front door” to the innovation ecosystem, with information, support and signposting to partners all in one place.
- >> DEMAND SIGNALLING**
Helping innovators to understand the kinds of innovations that patients and the NHS really need.
- >> SINGLE HORIZON SCANNING**
Making it easier for NHS teams to have clear sight of the best new innovations, so that health systems are prepared and ready to support them.
- >> WORLD-LEADING TESTING INFRASTRUCTURE**
Creating a testing infrastructure that has vital opportunities for innovators to develop and improve their products and establish high-quality evidence for adoption and spread.
- >> STRONGER ADOPTION AND SPREAD**
Helping the NHS to become stronger in its adoption of innovations and its support for spread of the best new solutions to get them into the hands of clinicians much quicker.
- >> AGREED FUNDING STRATEGY**
Creating more practical funding for innovation support, that aligns with the Government's health innovation funding and the work of charities, research organisations and investors.



The Innovation Service will:

- Be the **go-to place for innovators** to navigate the path to market;
- **Coordinate organisational partners** in accelerating the best products to market

Who is the Innovation Service for?

Core target user group for the service:	We think the service will also be useful for:	The service is not aimed at:	
Clinical innovators, NHS staff, Industry, SMEs	Academics, patients, individuals		Who
Medical devices, Digital, AI, Diagnostics, Services, Models of care	Pharmaceuticals		What
Idea for innovation, Development, Scale	Basic research	Established products	When
England, Wales, Scotland, Northern Ireland	International companies interested in UK	UK companies looking abroad only	Where



For user research we are focusing mainly on innovators in the core target group

Previous phases – Discovery and Alpha



Discovery
Jul 2019 - Jan 2020

Recommendations

- An online service would solve some key issues
- Service will need informational and transactional elements

Alpha
Feb 2020 - Aug 2020

Recommendations

- Transition from HealthTech Connect (HTC) to Innovation Service
- Re-use HTC data sharing model

Extended Alpha
Sept 2020 - Jan 2021

Recommendations

- User journey proposed
- Phased delivery:
 - content only
 - full transactional

We began work on our beta phase in January 2021

Research to date with key users



Innovators

50+

interviews

“it was extremely challenging for me to navigate through the NHS”



Accessors
(NICE, AHSNs, NIHR, NHS Supply Chain + others)

20+

Interviews & workshops

“we could be giving innovators a much more joined-up service”

- 1 workshop with innovators to understand challenges
- 8 ‘problem’ interviews with innovators to validate previous research
- 50+ ‘solution’ interviews with innovators to test prototype iterations
- 20+ ‘expert’ interviews and workshops with accessors to understand systems and processes
- 5 accessibility interviews to ensure the service can be used by everyone
- Additional feedback from all users recorded via an online tool

Key findings – what do users need?

Informational

- A single source of information that they can trust, that they know is up to date
- Easy to find, relevant information that helps them take action
- Information on **regulations, evidence and testing, NHS needs, funding**, procurement and intellectual property
- **Case studies they can relate to** that illustrate **key challenges** and how others have tackled them

Transactional

- A 'single front door' where organisations can see a **single shared record**, much like an electronic patient record
- Clarity around **who is on the other end** of the transaction and what help is on offer
- **Responsiveness** and transparency – no 'black holes'
- **Proof points** like case studies or comments from high-profile figures to increase trust

General

- Innovators rely a lot on their networks, often going to them directly rather than Googling for information or leads
- Some innovators want to read lots of information while others would like to dive straight into a transaction, regardless of the stage their innovation is at
- There is no single linear journey for innovators to follow, all innovators and all innovations will need different support at different times – sometimes that support can be given in parallel

These findings have informed the development of the current prototype

Quotes from user research



*“There is soooo much within the NHS to support the start-ups like us, but we couldn't find, or at least I didn't find, **one single place on how to navigate through it**”*

-HR service, clinical entrepreneur

*“It took me **6 months** and then when you talk to one person who knows the ins and outs they **give you all the answers in half an hour**”*

-Digital, clinical entrepreneur

*“There are like loads of support organisations... but there is **no communication between them**, you need to kind of start from the beginning with each and every organisation”*

-Digital, clinical entrepreneur

*“If there was **one door** to knock on for the industry to say ‘this is what we've got’”*

-Diagnostics, industry

*“This is **exactly the sort of information** I'm looking for at the moment”*

-Medical device, academic

*“**My heart would lift** if I was looking at this”*

-Medical device, academic

*“We'd be in a **much better place with Covid-19** if we'd had this”*

-AHSN accessor

Functionality

We are building two parts to the Service, to address innovators' key issues: an informational element and a transactional element:



An **'informational'** part to focus on information provision, including:

- A basic guide for innovators on the **innovation pathway**, and introductions to **development, regulations, evaluation and commercialisation**
- A detailed guide for innovators, expanding on the basic guide with topics such as **generating and presenting evidence, developing their business model, and designing implementation strategies**
- Helping innovators **understand the NHS's needs** ("demand signalling"), and encourage innovators to feed into our pipelines
- Helping signpost innovators to **relevant funding opportunities**



A **'transactional'** part to register and connect innovators with relevant support structures, including:

- NICE and all of the current accessors of HealthTech Connect, plus the MHRA Innovation Office, NHSX, and others in the future

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

 **NHS Supply Chain**

 **NHS England**

 **Technoleg Iechyd Cymru**
Health Technology Wales

 **Healthcare Improvement Scotland**

 **Department for International Trade**

 **NHS X** Medicines & Healthcare products Regulatory Agency

 **AXREM** ASSOCIATION OF HEALTHCARE TECHNOLOGY PROVIDERS FOR IMAGING, RADIOLOGY & LABS

 **ABHI**

 **BIVDA**

 **The AHSN Network**

 **NIHR** National Institute for Health Research

 **Hub**

 **Hub** Gwyddoniaeth Bywyd | Cymru
Life Sciences Hub | Wales

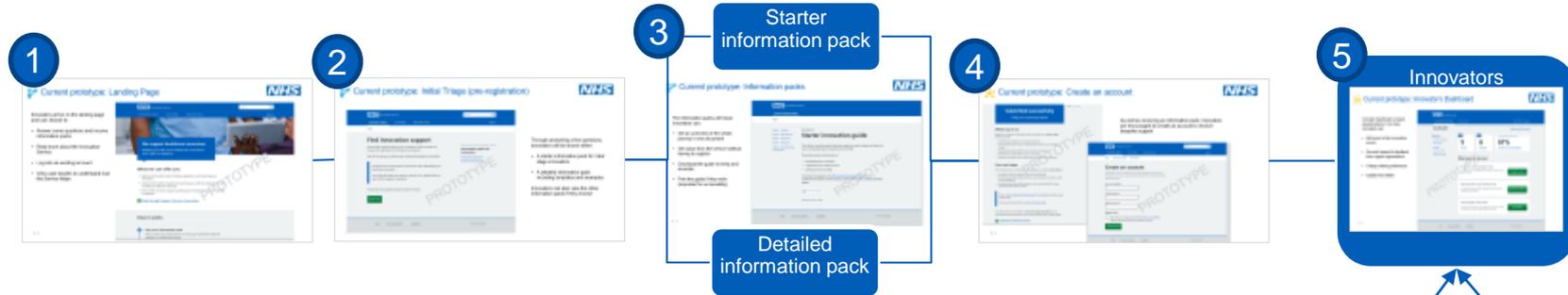
 **GIG** Tim Gwasanaethau Iechyd Arbennigol Cymru
Welsh Health Specialised Services Team

Issues being addressed:

- Fragmented support
- No clear way of articulating need
- Lack of clarity on regulation, evidence-generation and associated resources
- Dispersed funding
- Convoluted procurement processes
- Limited evidence of 'handover' between support organisations
- Fragmented innovator support

- And allowing multiple organisations working with an innovator to coordinate their support within the system

Simplified user journey



- 1 Innovator lands on the home page and learns about the service
- 2 Innovator completes initial questions to direct them to appropriate information (no personal or commercial data collected)
- 3 Innovator is presented with either starter or detailed info pack and invited to register for further support
- 4 Innovator creates an account and verifies their email
- 5 Innovator completes detailed information about their innovation, chooses which accessing organisations to share with, and submits
- 6 The record is a living document which will grow over time with support from one or more accessors

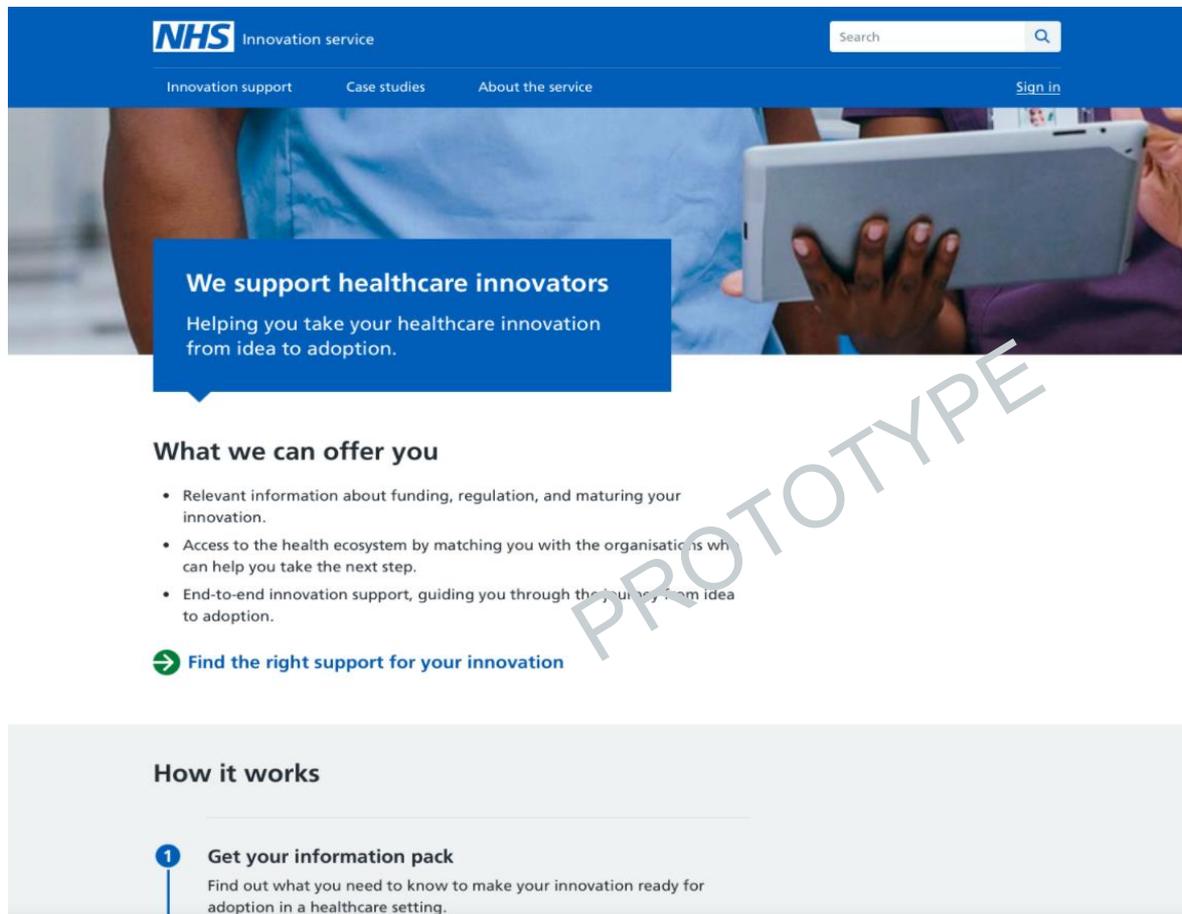


Current prototype: Landing Page



Innovators arrive on the landing page and can choose to:

- Answer some questions and receive information packs
- Read more about the Innovation Service
- Log into an existing account
- View case studies to understand how the Service helps





Current prototype: Initial Triage (pre-registration)



The screenshot shows the NHS Innovation service website. At the top is a blue header with the NHS logo, 'Innovation service', a search bar, and navigation links for 'Innovation support', 'Case studies', 'About the service', and 'Sign in'. Below the header is a 'Home' link. The main content area features a large heading 'Find innovation support' followed by a paragraph: 'Answer basic questions about your innovation to help us guide you towards the right level of information and support.' Below this is another paragraph: 'We will not ask you to disclose any commercially sensitive information.' A vertical blue bar highlights a section with the text: 'Use this service to get relevant information about developing your healthcare innovation. You'll have the option to create an account if you decide that you want further support or guidance.' Below this is the text: 'Answering these questions takes around 5 minutes.' A green 'Start now' button is positioned at the bottom left of this section. To the right, under the heading 'Information packs for innovators', there are two links: 'Starter information pack' and 'Detailed information pack'. A large, light grey 'PROTOTYPE' watermark is overlaid diagonally across the page. The footer contains links for 'Home', 'Terms and conditions', 'Accessibility', and the text '© Crown copyright'.

Through answering a few questions, innovators will be shown either:

- A starter information pack for 'idea' stage innovators
- A detailed information pack including templates and examples

Innovators can also view the other information pack if they choose

The information packs will mean innovators can:

- Get an overview of the whole journey in one document
- Get value from the service without having to register
- Download the guide to keep and annotate
- Print the guide if they wish (important for accessibility)

NHS Innovation service

Starter Innovation guide

[Home](#)

Phase 1 - Creation
Phase 2 - Development
Phase 3 - Regulation
Phase 4 - Evaluation
Phase 5 - Commissioning and adoption

Guidance

Starter innovation guide

This starter innovation guide has been created to make it easier and faster for you to bring high-value innovations into the NHS.

The guide contains information on:

- developing your innovation
- regulations you'll need to know
- getting access to funding

It has been developed by the [NHS Accelerated Access Collaborative](#) - a collaboration between patient groups, government bodies, industry and NHS bodies.

[Print entire guide](#)

Updated: February 2021

[Home](#) [Terms and conditions](#) [Accessibility](#)

© Crown copyright

Submitted successfully

Find your summary below

[Print this page](#)

Where you're at

Based on your answers, it sounds like your innovation is at a **product stage**, because you have:

- identified the problem your innovation will solve
- done market research so you understand the need for your innovation in the UK
- identified the specific benefits your innovation will bring
- identified who will benefit from your innovation
- tested the innovation with a broad range of people who would use it

Your next steps

The next step for you is working towards getting your product **market ready** by:

- meeting all relevant regulatory approvals and standards
- producing externally verified evidence to show that your innovation is safe to use and effective
- producing externally verified evidence on the costs and benefits of your innovation when used in practice

We've created a [detailed information pack](#) that we believe can help you get market ready.

You may also benefit from our [starter information pack](#).

You told us that you're looking for **commercial support and advice**, so we recommend that you create an account to get matched with the right support.

[Continue to create an account](#)

As well as receiving an information pack, innovators are encouraged to create an account to receive bespoke support

Innovator dashboard is based around actions. From here innovators can:

- Add more to their innovation record
- See and respond to feedback from support organisations
- Change sharing preferences
- Update their details

NHS Innovation service

Your products and services | Your account | Innes Vashun | Sign out

ChatHealth

[Switch product or service](#)

- Dashboard
- Innovation summary
- Action tracker
- Messages
- Innovation record
- Sharing and support

New

5

[Actions](#)

New

6

[Messages](#)

67%

[Innovation record completion](#)

What you can do next

Complete the 'intellectual property' section

This section is key to understand as it will have an impact on your route to market.

[Complete section](#)

Add clinical evidence to your innovation record

This will help accessors to better understand if more evidence is needed before progressing.

[Add clinical evidence](#)

Start the 'testing in context' section

Please provide information on any testing you have done already, so that you can receive the right support with testing.

[Start section](#)

The Innovation Record is a single source of truth documenting progress to date.

Innovators can continually update and amend the record. Accessors can:

- See and review changes to the record
- Make comments and create actions for people assigned to the record

NHS Innovation service

Your products and services | Your account | Innes Vashun | Sign out

ChatHealth

[Switch product or service](#)

- Dashboard
- Innovation summary
- Action tracker
- Messages
- Innovation record**
- Sharing and support

Innovation record

Your innovation record is 67% complete

The information you provide here will help to match you with the most appropriate organisations, and allow them to support you in the best way possible.

Please keep the information as accurate, complete, and up-to-date as possible.

[Download all questions \(PDF, 820KB\)](#)

1. About your product or service

Product or service description	Completed
Product or service categories and purpose	Completed
Support needed	Completed

2. Clinical needs and benefits

Detailed understanding of needs	Completed
Detailed understanding of benefits	Started
Evidence of benefits	Not started

3. Business opportunity

Current prototype: Accessor's Dashboard

Accessors will review incoming submissions, assign a status and provide an explanation for their choice.

Accessors can:

- Actively support innovators
- Liaise with other supporting accessors to plan next steps
- Create actions for innovators
- Complete actions created by others
- View their portfolio

NHS Innovation service

Dashboard Your actions Comments Engagements Briqid Kosgei

Dashboard Find an innovation or company

Overdue 15 Innovations pending

12 Actions pending

New 4 New comments

17 Active engagements

Pending review Engaging Waiting Not yet Unsuitable Withdrawn

Pending review

These innovations are awaiting a status assignment and response from your organisation. You are required to provide a response within 30 days of submission.

Showing 1-10 of 15 results | Show 10 results per page [Display all columns](#) Display

Product / service	Submitted	Updated	engaging entities	Your status
ChatHealth	12 Sep 2020	24 Oct 2020	NIHR WM AHSN	Unassigned
Joint Pain Advice	17 Sep 2020	20 Oct 2020	Unassigned	Unassigned
FibriCheck	17 Sep 2020	19 Oct 2020	NICE MTEP	Unassigned
Droplet	18 Sep 2020	12 Oct 2020	NICE SA	Unassigned
Safe Steps	20 Sep 2020	28 Sep 2020	WM AHSN KSS AHSN +3	Unassigned
ORCHA	28 Sep 2020	20 Sep 2020	DIT NICE MTEP	Unassigned
RespiraSense	12 Oct 2020	18 Sep 2020	Unassigned	Unassigned
MediShout	19 Oct 2020	17 Sep 2020	Unassigned	Unassigned

Expected benefits of the Innovation Service



Patients, NHS and wider health system

- Faster access to promising innovations
- Better innovations that meet the needs of users
- Overview of innovation pipeline to rapidly respond to emerging needs



Innovators

- Reduced duplication of effort completing paperwork
- Reduced time spent 'knocking on doors'
- Streamlined support and forward planning
- Ability to create actions and monitor progress



Accessors

- Reduced duplication of effort giving the same advice
- Ability to create actions and monitor progress
- Facilitated collaborative working
- Overview of portfolio
- Easier reporting

How will this fit with existing services?



Builds on...	...the shared record service currently provided by HTC, which will eventually be decommissioned	<ul style="list-style-type: none"> • To ensure the data in the record meets the needs of accessors • To improve the registration experience for innovators • To facilitate effective collaboration between organisations
Links with...	...MHRA Innovation Office, NHSX Digital Technology Assessment Criteria	<ul style="list-style-type: none"> • To allow more joined up regulatory guidance compliance assessments respectively
Replaces...	...a shared legacy database used by the AHSN Network	<ul style="list-style-type: none"> • To allow live data sharing, rather than quarterly • To reduce unnecessary duplication of work • To improve collaboration between AHSNs • To facilitate spread of good innovations • To support reporting processes
Improves...	...processes to feed innovations into NHS Supply Chain	<ul style="list-style-type: none"> • To create a clear pathway for procurement for relevant innovations
Signposts...	...to services e.g. AHSN Innovation Exchange through links	<ul style="list-style-type: none"> • To show innovators which existing services can help them
Connects...	...with existing AHSN and other customer relationship management systems (long term)	<ul style="list-style-type: none"> • To facilitate record sharing between local and national systems

Next steps & longer term



Next steps

Publish the first **basic information pack** for early-stage innovators

Propose **processes for reviewing submitted innovations** and initial actions/response

Develop and **refine rules of engagement** between accessors collaborating on the same innovation

Develop and **refine service levels** e.g. expected turnaround times and response types

Develop the **detailed information pack**

Plan for the longer term

Develop a plan for ongoing **information maintenance**

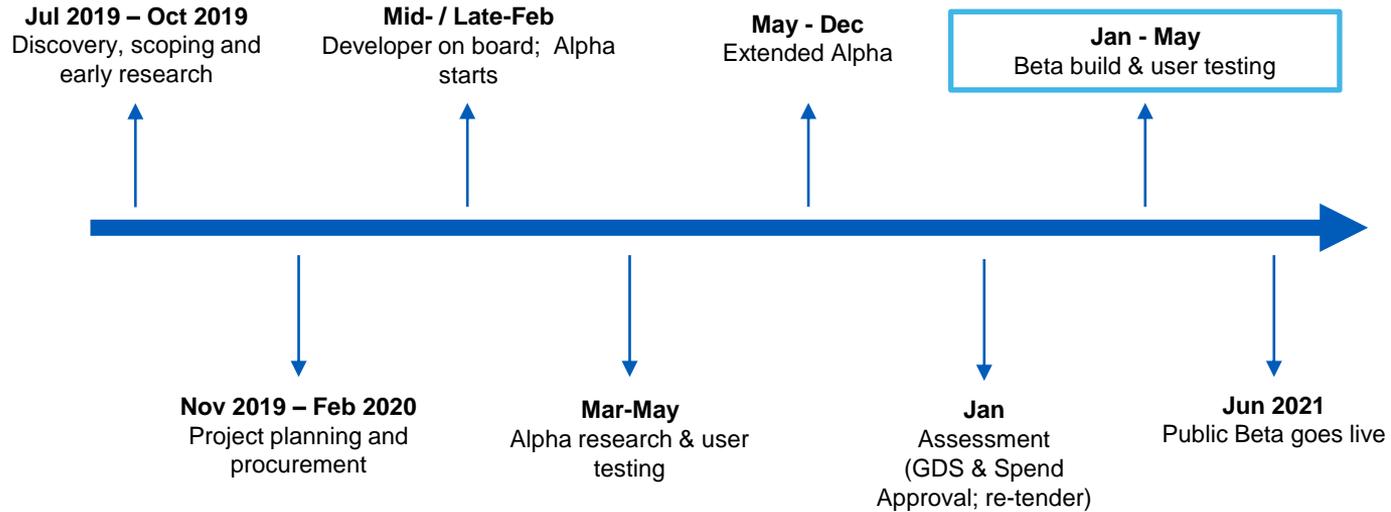
Develop a **sustainable, modular and extendable accessor interface**

Explore **options for other functionality** e.g. applications for programmes/funding through the service

Develop processes for **adding other accessors** as needed e.g. more teams from devolved nations, more local bodies

Explore how **NHS providers** could use the service to engage with innovators

Timeline



Get involved in our user research



Example activities:

- Reviewing our information packs to tell us if they're useful
- Carrying out tasks on our prototypes to ensure they are user-friendly
- Answering questions the service will ask to make sure they're interpreted the way we expect

Some things we've already changed thanks to innovators' feedback:

- Rewriting the regulations section of the information pack
- Making the innovator's dashboard action-oriented to give clear next steps
- Swapping question formats from 'Choose one' to 'Select all that apply'

If you are interested in participating in our **user research**, sign up to receive invites:
forms.gle/wYLTW53odQwZZkeX8

 Follow us on **Twitter**
@AACinnovation
@RachaelT90

The AHSN Network

Bridging the Gap

Market Insights & Innovator support workshop

AHSNs, the NHS, real world
validation, 'pilotitis' and value
propositions

Thursday 11 March 2021 – 2.30pm

