

# Reflecting on the COVID-19 pandemic to inform the health and care system of the future: the AHSN Network experience

## Executive Summary



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The AHSN Network was ideally positioned to contribute to, support and in some instances, lead advancements required to respond to the COVID-19 pandemic. During the first wave of the pandemic, AHSNs adapted to support the health and care system to respond nationally and regionally, while many of our staff were also redeployed to NHS organisations to directly work on COVID-19 response projects.

The AHSN Network's Health and Care Reset Campaign was launched to collate the wealth of learnings and insights from this time, with a focus on uncovering, celebrating, and spreading innovations and identifying new ways of working to support patients, staff, and systems at a time of national emergency. The campaign was focused on mapping the course to a future beyond the pandemic and we sought to learn from our experiences to offer recommendations to realise opportunities and ambitions for a modern health and care system.

Our research focusses on nine themes which reflect the experiences of the AHSNs, working in partnership with health and social care in England throughout the pandemic. In each of these themes, we offer recommendations to support the health and care system to reset and build back stronger.



## Theme 1: Spreading adoption of innovation at pace and scale

Adopting innovation at pace was key to the pandemic response. Rapid evidence-gathering, alongside an understanding of the solutions available, was fundamental to delivering necessary changes quickly. Relationships were also crucial in brokering support and breaking down organisational barriers and AHSNs were able to draw on their pre-existing relationships to support the response. Our ability as AHSNs to flex, and act quickly, as well as draw upon our established networks and knowledge of available innovations supported the spread of innovation at pace and scale. We should now maintain the flexible approach that enabled such changes and capitalise on the strong connections across organisations to ensure innovations can continue to support health and care to respond to its greatest challenges.



## Theme 2: Joint working with industry

The pandemic has firmly highlighted the broad benefits of industry working with health and social care for mutual benefits. This is not limited to the adoption of new products and services, but also harnessing the expertise, insights and techniques from industry into health and care. The need to act, inherent in the pandemic response, enabled easier relationships to be built between NHS and industry partners, breaking down barriers previously in place. Our existing relationships with industry partners meant we could enhance their support.



## Theme 3: Driving faster evaluation of innovation

Rapid implementation of new products and pathways brought about need for rapid, yet thorough evaluation to understand the efficacy of innovations and new approaches. During the first wave of the pandemic, AHSNs led regional evaluation projects to gather insights into new ways of working. However, it highlighted the absence of any pre-existing national rapid evaluation programmes and exposed inconsistencies in the way evaluation is coordinated and funded. Our review demonstrates the need for national policy to promote evaluation in significant service change and that evaluation for large-scale changes should be appropriately funded. Increased capacity for evaluation and applied research is also required, which can be met through training and collaboration.



## Theme 4: Responding to the impact of COVID-19 on patient safety

The Patient Safety Collaboratives (PSCs) embedded in AHSNs enabled fast, coordinated activity to support teams on the frontline of the COVID-19 response. The PSCs reprioritised work during the pandemic, focusing on identifying and managing people at risk of deterioration; implementing safer tracheostomy care; and supporting maternity and neonatal units to safeguard mothers and babies.

We also capitalised on the breadth and depth of our established relationships to enable, develop and share support in a timely and targeted manner. During the first wave, it became apparent that low oxygen saturation in COVID-19 patients directly correlated with worsening illness. So we supported the national roll-out of the COVID Oximetry @home model so patients could self-monitor, with support from primary care. As we emerge from the pandemic, we will continue to develop innovations that positively impact patient safety and will build on the deep connection between AHSNs and PSCs. The freedom to act, afforded to frontline staff during the pandemic, will be a powerful asset as we look to the future, coupled with the right quality improvement framework.



## Theme 5: Using digital as an enabler for change

The COVID-19 pandemic was a watershed moment for digital transformation, as the population significantly increased its use of digital channels. AHSNs supported local and national health and care partners to develop and deploy digital products within days, compared with the multi-year timelines projected before the pandemic. In 2020, we conducted research to understand how technology is an enabler in reducing the care burden and coping with COVID-19, and to identify what should be sustained for the longer term as the ‘new normal’ continues to emerge. Learning from this report includes recommendations for more dedicated support to drive health-tech innovation into the NHS. We will also facilitate strategic partnerships with industry and academia to enable transformation and will use behavioural change methods to support regional transformation.



## Theme 6: Co-producing services to meet the needs of people and communities

Evidence shows that co-producing services with communities can improve population health and tackle underlying inequalities. Following the initial pandemic wave, we sought to learn from patient experience and the engagement undertaken during the crisis to develop recommendations for best practice in co-design as we look to reset. We undertook research and took our findings to a round-table event where experts helped shape our recommendations. Despite challenges, there was clear evidence of co-production during the pandemic, and organisations with established co-production practices responded well to patient need. It's now evident that co-production should play a key role in the evolution of the health and care system, but it requires sustainable infrastructures and a strong commitment from leadership. As the brokers of partnerships for innovation, AHSNs can help develop the relationships required to achieve this.



## Theme 7: Understanding the impact of the COVID-19 pandemic on inequalities

The COVID-19 pandemic highlighted the prevalence and impact of health inequalities, with higher COVID-19 risk evident among particular communities. However, the appetite to better understand the challenges and opportunities to do things differently also increased. Through our work, we explored the links between COVID-19, inequalities and diversity, and the need to think differently as we 'reset' and build a more inclusive society. The AHSN Network sits at the cornerstone between health innovation and economic growth, meaning we have an opportunity to work with local and national leaders to effect meaningful change on policy and further address the current drivers behind ever-increasing health inequalities. All 15 AHSNs have already committed to diversity pledges to ensure our work embeds equality, diversity and inclusion. We will build upon this to help create a health and care system that is accessible and fairly supports all sectors of society. Local leaders should be empowered with the tools to improve health outcomes and deliver inclusive growth and wider prosperity, while health should be considered a priority across all Government departments and as an outcome in all economic development policies.



## Theme 8: Understanding the critical role of the workforce

Innovation spread and adoption are not solely about deploying products or new approaches; the workforce and their needs and abilities are also key. The COVID-19 pandemic drove a ‘culture of innovation’ across the health and care system, which should be nurtured and maintained as we reset. Staff are now more willing to share knowledge, experience, and stories in relation to culture and leadership, and recognise their role in enabling and sustaining change. A group of AHSNs came together to collate regional and national work to understand the determinants of leadership and culture in our systems that enabled change at pace during the pandemic and to identify and sustain positive changes for future working. We will now support further cultural change to enable innovation to become a mainstay in working practices.



## Theme 9: Using COVID-19 as an opportunity to reassess delivery of care and the structure of the health and social care system.

The pandemic provided a unique and unprecedented opportunity to reassess the structure, pathways and integration of the whole health and social care system. Rather than slipping back to old ways of working we should capitalise on this opportunity to change. The momentum should be maintained by continuing to work collaboratively across all partners; embedding working practices and cultural change; and maintaining and developing shortened procedures for approval and appraisal of drugs, digital technologies, equipment, and guidance, where this can be achieved safely.

## Across all these themes, several overarching recommendations emerged, which are key enablers to transforming the health and social care system:



Valuing and embracing change



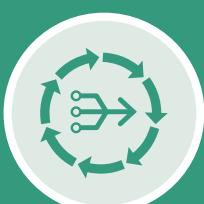
Rewarding and championing innovation



Greater devolved leadership and workforce empowerment



Building on existing relationships and forming new partnerships



Removing barriers and adopting agile techniques



Greater co-production including the workforce, patients, and the public



Understanding population needs and addressing inequalities



Greater integration across the health and care system



Increased flexibility of the health and care system and its workforce



Greater sharing of lessons, knowledge, and rapid insights

The research outlined in this report demonstrates the opportunity for the AHSN Network to work with local and national leaders to support the health and care system to reset in the wake of the pandemic and successfully deal with ever-emerging challenges: such as the growing patient backlog. Furthermore, we are keen to continue working with leaders from across the health and care system to drive forward innovation and realise the vision for a more innovative and equitable health and care system.

# TheAHSNNetwork

Supporting the Health and Care **Reset**

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