Health Innovation *East*

HFMA Virtual Conference

Challenges and opportunities for implementing and evaluating innovation within health and social care.

Session Aims

- To provide an overview of Health Innovation East's approach to implementing innovation

- To provide real life examples of the implementing innovation

- To introduce logic modelling to support evaluation and innovation development

- To explore how we can best support finance leads to make the most of innovation

Innovation Implementation

What is Innovation…

" Innovation is the process of turning new ideas into value, in the form of products services, business models; and other new ways of doing things. It is complex and goes beyond creativity and invention to include the practical steps necessary for facilitating adoption " – **IESE business school and world economic forum 2024**
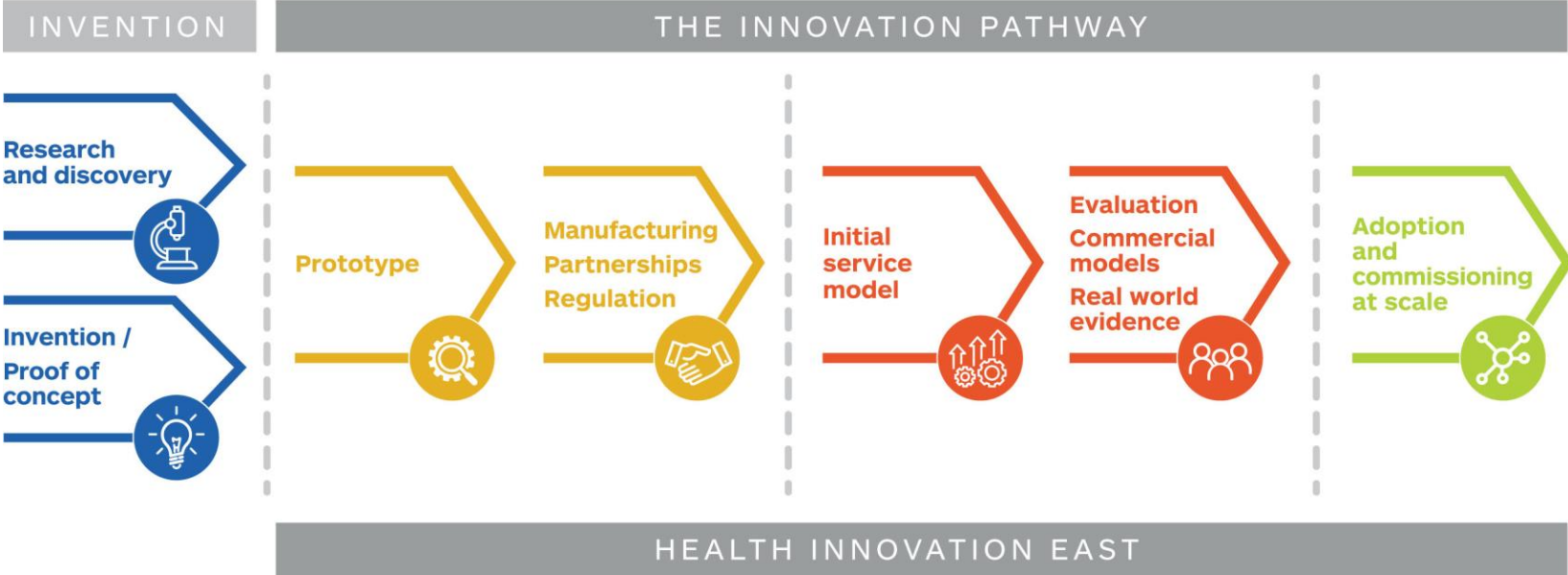
Lets ask the 'expert'

What is the role of healthcare finance managers in the adoption of innovation in the NHS?
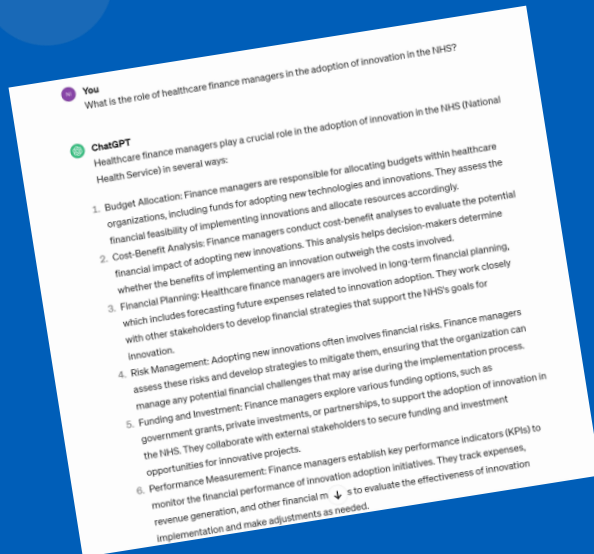
- Budget Allocation
- Cost Benefit Analysis
- Financial planning
- Risk Management
- Funding and Investment
- Performance measurement
- Compliance and Regulation

CRUCIAL

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The importance of innovation: from discovery through to adoption

Key characteristics of our work

Evidence-Based Outcomes

Support innovations that have a positive impact

Reducing Inequalities and Inequity

Committed to meet diverse needs and reach those most in need

Transforming Systems

Championing changes and embedding a culture of innovation

Meaningful Collaborations

Impactful partnerships with industry and academia

Leveraging Investment

Supporting economic growth

Health Innovation East's approach to helping identify and implement innovative, evidence-based solutions to your biggest challenges

Innovation pipeline management	Implementation support, evaluation and scale-up

Horizon scanning → **Selection** → **Implementation Support** → **Evaluation** → **Spread**
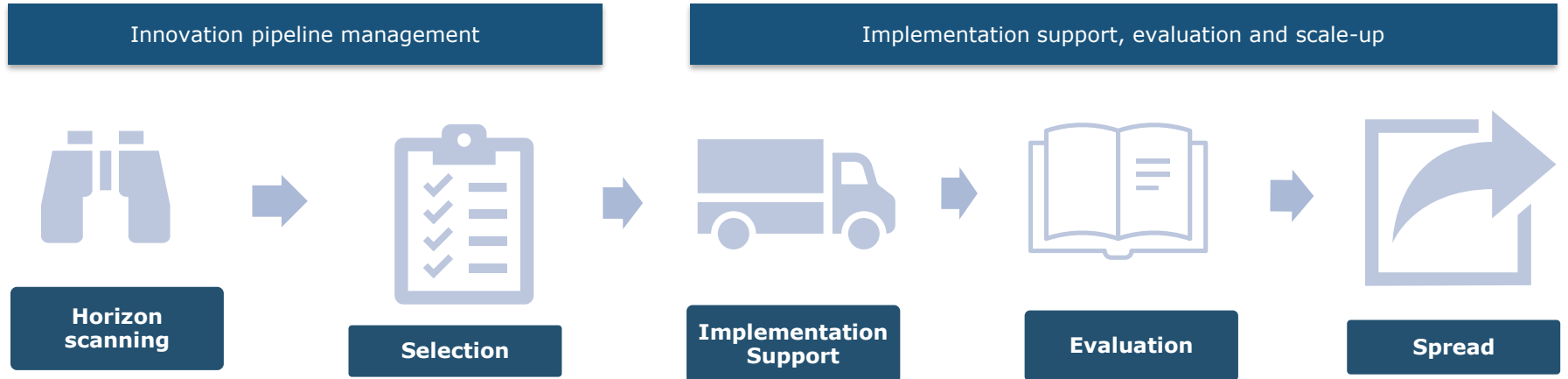
Enabled by co-production, collaboration and consideration of digital and workforce transformation

Where do your roles support?

Innovation Adoption Experience
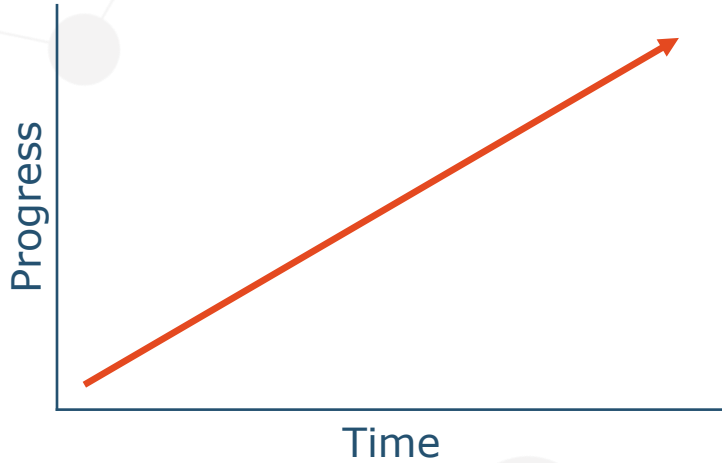
expectations   **reality**

Be part of the shift
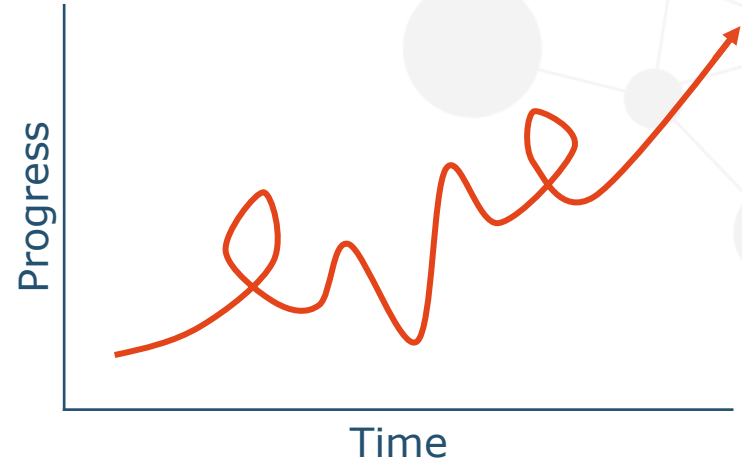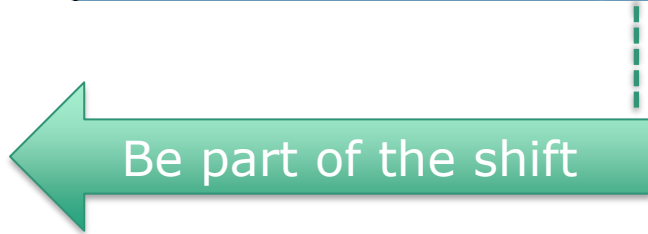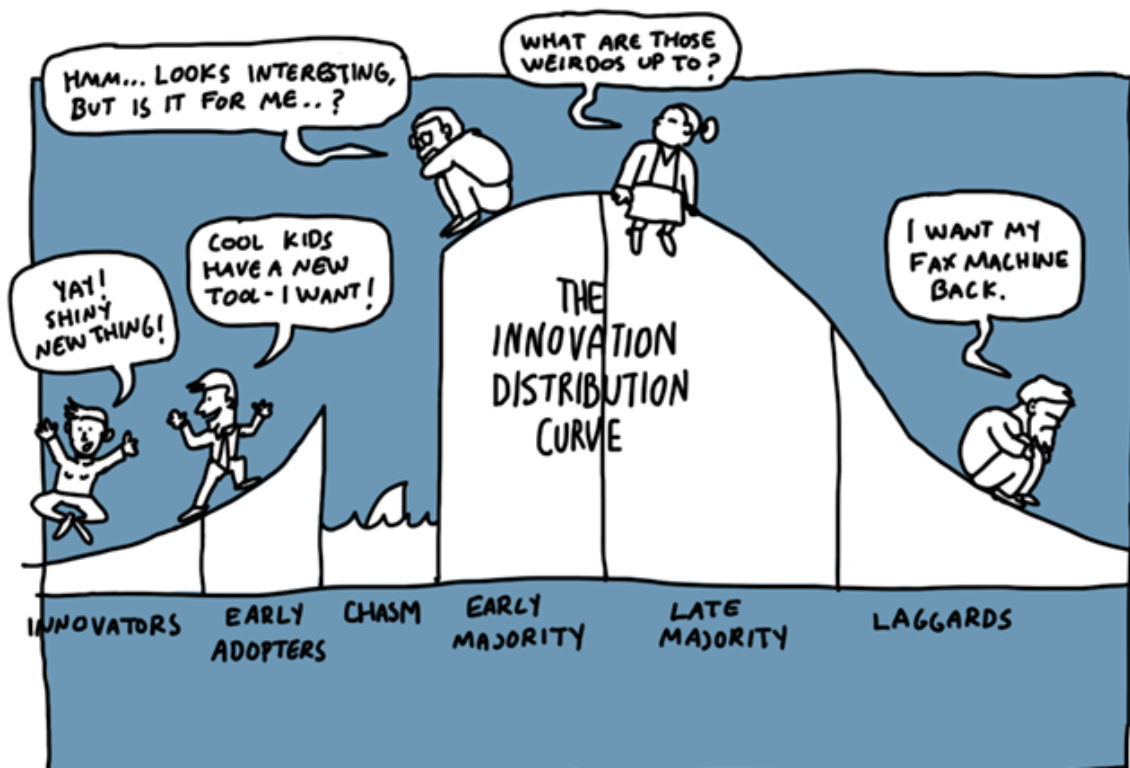
Where are you on the curve?

Examples
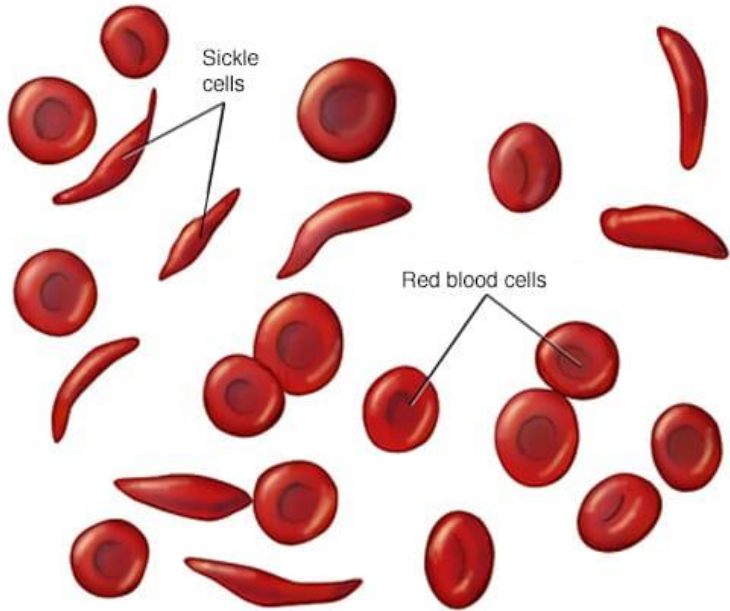
Sickle cells

Red blood cells

Logic modelling to support evaluation and innovation development

What is a logic model?

A visual representation of an intervention, describing:

- Anticipated delivery mechanisms (e.g. how resources will be applied to ensure implementation)

- Intervention components (what is to be implemented ie activities)

- Mechanisms of impact (the mechanisms through which an intervention will work)

- Intended outcomes

- Also known as: Theory of Change

Purpose of a logic model:

- Identify & shows relationships between inputs, activities, output & long-term strategic outcomes

- Show causal links between an identified need, what you do and how it makes a difference for target group(s) (theory or mechanism of change)

- Tell the story of the intervention – providing a road map of an intervention

- Can be used during planning & development, implementation and evaluation

03

02

01

How will you know when you get there?

How will you get there

Where are you going

When to use a logic model?

Planning & development

– To identify how and why a programme can work

- Setting out the relationships and assumptions between planned activities and what changes it expects to deliver

- Identify gaps between underlying assumptions and the anticipated outcomes

- Feasibility & piloting

Implementation

– To manage and monitor implementation and which outputs and outcomes are being achieved

- The logic model can be adapted to changes in the situation

Evaluation

– To assess effectiveness

- To appraise implementation

-To communicate programme successes and challenges

-To argue for programme continuation or expansion

- To inform other interventions

Developing a logic model

- What does success look like? What does the intervention aim to achieve? Can be helpful to start with what desired outcomes are.

- What is the problem? What causes the problem? Who is affected by this problem? What does research and experience tell us about how to solve this problem? What are the underpinning assumptions?

- What activities and resources are needed to achieve outcomes?

- Are there any external factors that could affect delivery and implementation?

- Flexible - no single template, but there are good principles to adopt

- Important to take an iterative and collaborative approach

Inputs	Activities	Outputs	Outcomes	Impact
To accomplish our activities, we will need the following…	To address our problem, we will conduct the following activities…	We expect that if completed or underway these activities will produce the following evidence…	We expect that if completed or on-going these activities will lead to the following changes…	We expect these activities will lead to the following changes…
Anticipated delivery mechanisms	Implementation components (What will you do, or did you do?)	Monitoring data (e.g. how many people participated?)	Short, medium and long term effects of your intervention	Longer term impacts
Resources that will be used	Mechanisms of change (How the intervention will work?)			

Based on WK Kellogg Foundation, 2004
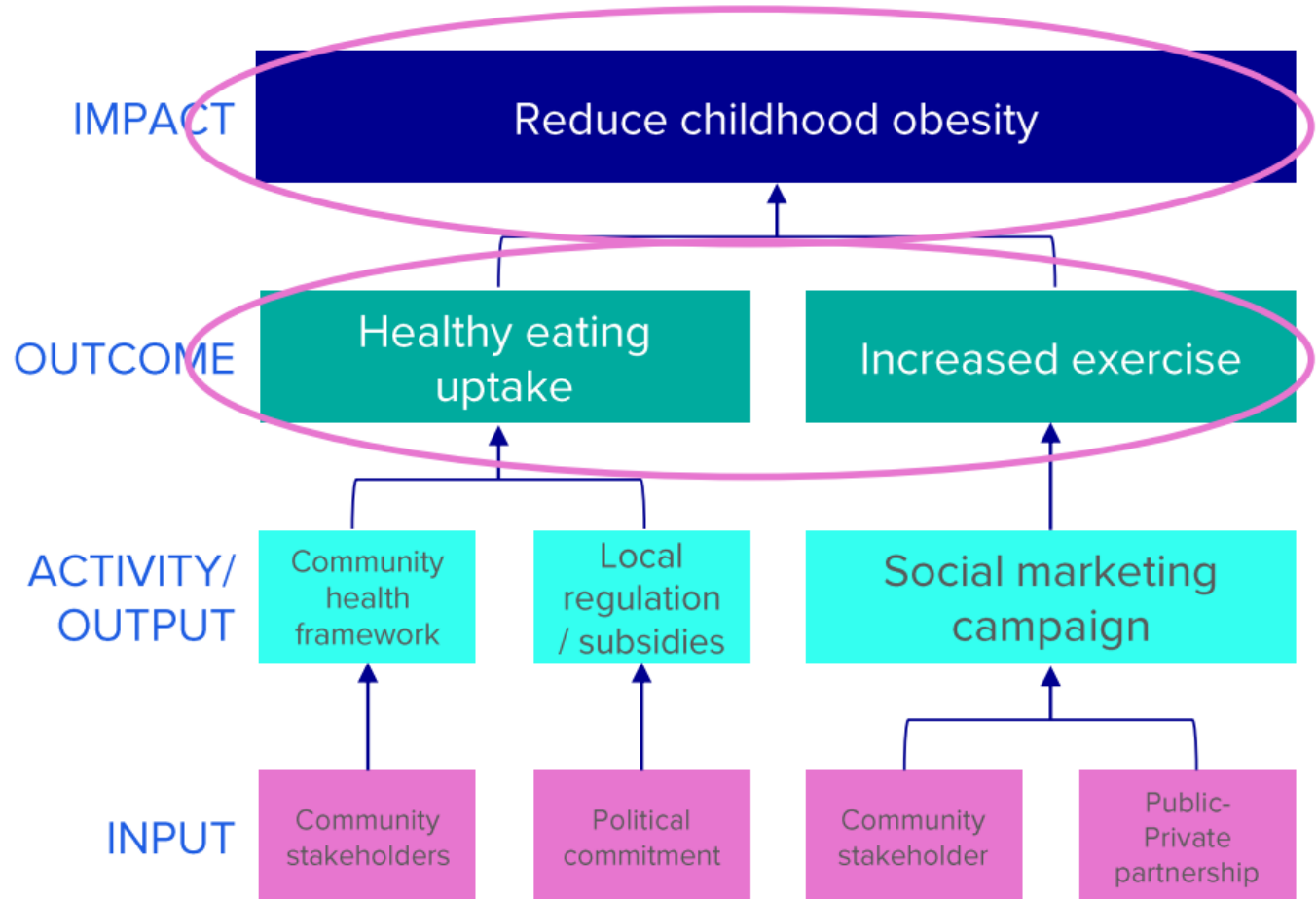
SNEE AF Pilot Implementation Logic Model

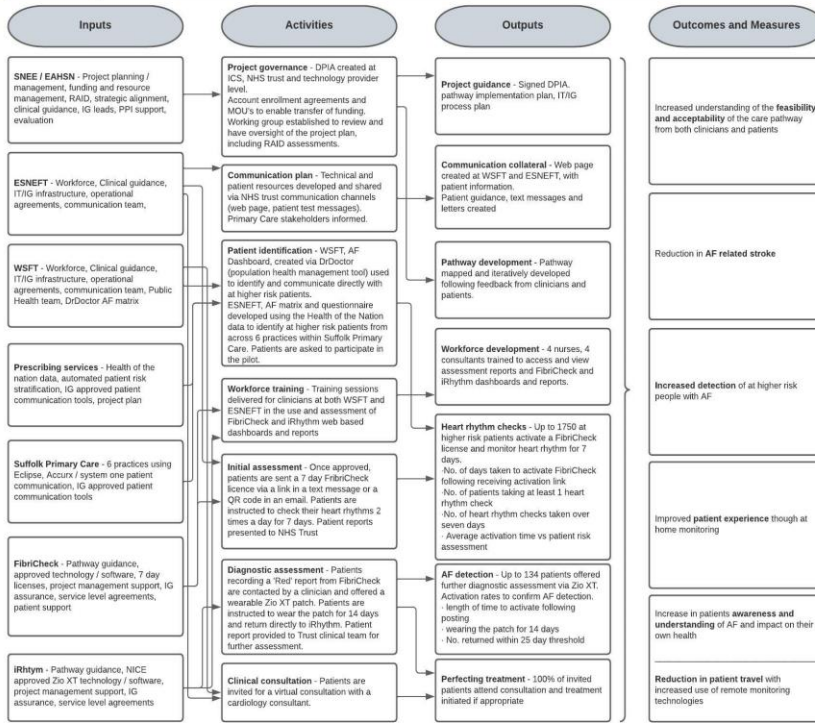| Context	A collaborative partnership between Ipswich and East Suffolk CCG, East Suffolk and North Essex Foundation Trust (ESNEFT), West Suffolk CCG, West Suffolk Foundation Trust (WSFT) and Eastern Academic Health Science Network (EAHSN) is undertaking a pilot project to identify patients at higher risk of Atrial Fibrillation (AF) and support them with a remote monitoring pathway in secondary care.
Rationale	AF is a chronic condition affecting around one million people in the UK and involves a significantly increased risk of stroke, with AF-related strokes more likely to be fatal or cause severe disability. Increasing detection and perfecting management of AF in all eligible patients could avert an estimated 4,551 strokes each year.
Aim	Understand the acceptability and feasibility of identified at higher risk populations self-monitoring heart rhythms utilising innovative, evidence-based technology called FibriCheck and Zio XT Patch, to support diagnosis and treatment without adding additional pressure on primary care

Inputs

SNEE / EAHSN - Project planning / management, funding and resource management, RAID, strategic alignment, clinical guidance, IG leads, PPI support, evaluation

ESNEFT - Workforce, Clinical guidance, IT/IG infrastructure, operational agreements, communication team,

WSFT - Workforce, Clinical guidance, IT/IG infrastructure, operational agreements, communication team, Public Health team, DrDoctor AF matrix

Prescribing services - Health of the nation data, automated patient risk stratification, IG approved patient communication tools, project plan

Suffolk Primary Care - 6 practices using Eclipse, Accurx / system one patient communication, IG approved patient communication tools

FibriCheck - Pathway guidance, approved technology / software, 7 day licenses, project management support, IG assurance, service level agreements, patient support

iRhtym - Pathway guidance, NICE approved Zio XT technology / software, project management support, IG assurance, service level agreements

Activities

Project governance - DPIA created at ICS, NHS trust and technology provider level. Account enrollment agreements and MOU's to enable transfer of funding. Working group established to review and have oversight of the project plan, including RAID assessments.

Communication plan - Technical and patient resources developed and shared via NHS trust communication channels (web page, patient test messages). Primary Care stakeholders informed.

Patient identification - WSFT, AF Dashboard, created via DrDoctor (population health management tool) used to identify and communicate directly with at higher risk patients. ESNEFT, AF matrix and questionnaire developed using the Health of the Nation data to identify at higher risk patients from across 6 practices within Suffolk Primary Care. Patients are asked to participate in the pilot.

Workforce training - Training sessions delivered for clinicians at both WSFT and ESNEFT in the use and assessment of FibriCheck and iRhythm web based dashboards and reports

Initial assessment - Once approved, patients are sent a 7 day FribriCheck licence via a link in a text message or a QR code in an email. Patients are instructed to check their heart rhythms 2 times a day for 7 days. Patient reports presented to NHS Trust

Diagnostic assessment - Patients recording a 'Red' report from FibriCheck are contacted by a clinician and offered a wearable Zio XT patch. Patients are instructed to wear the patch for 14 days and return directly to iRhythm. Patient report provided to Trust clinical team for further assessment.

Clinical consultation - Patients are invited for a virtual consultation with a cardiology consultant.

Outputs

Project guidance - Signed DPIA. pathway implementation plan, IT/IG process plan

Communication collateral - Web page created at WSFT and ESNEFT, with patient information. Patient guidance, text messages and letters created

Pathway development - Pathway mapped and iteratively developed following feedback from clinicians and patients.

Workforce development - 4 nurses, 4 consultants trained to access and view assessment reports and FibriCheck and iRhythm dashboards and reports.

Heart rhythm checks - Up to 1750 at higher risk patients activate a FibriCheck license and monitor heart rhythm for 7 days.
· No. of days taken to activate FibriCheck following receiving activation link
· No. of patients taking at least 1 heart rhythm check
· No. of heart rhythm checks taken over seven days
· Average activation time vs patient risk assessment

AF detection - Up to 134 patients offered further diagnostic assessment via Zio XT. Activation rates to confirm AF detection.
· length of time to activate following posting
· wearing the patch for 14 days
· No. returned within 25 day threshold

Perfecting treatment - 100% of invited patients attend consultation and treatment initiated if appropriate

Outcomes and Measures

Increased understanding of the **feasibility and acceptability** of the care pathway from both clinicians and patients

Reduction in **AF related stroke**

Increased detection of at higher risk people with AF

Improved **patient experience** though at home monitoring

Increase in patients **awareness and understanding** of AF and impact on their own health

Reduction in patient travel with increased use of remote monitoring technologies

Assumptions	• Delivery will be supported by a range of partners, including but not limited to Acute Providers; Clinical Commissioning Groups; Primary Care Networks, EAHSN, FibriCheck and iRhythm • Engagement is required from secondary care to sucessful deliver the pilot • Patients - It is assumed that enough at higher risk of AF patients will be identified via the risk stratification matrix to enable enough FibriCheck activation • Staff engagement is required to develop the pathway and deliver the pilot effectively • Technology - The technology has already been tested for clinical effectiveness, this pilot is to establish if the remote nature of the pathway and using the two identified technologies is acceptable and feasible
External factors	• The impact of Covid-19 on system capacity to engage and deliver the pilot • National and local strategic drivers focusing on CVD prevention programmes that don't focus on AF i.e. hypertension • National and local AF screening programmes that are already established or being established i.e. AF detection at vaccination clinics
Contributing strategies and policies	The Suffolk and North East Essex (SNEE) Integrated Care System (ICS) Strategic Plan and Stroke Strategy sets out the ambitions and priorities for AF in the local area. The ICS stroke charter sets out the delivery plan for 21/22 with a focus on the three key elements of the AF pathway: Detect, Protect, Perfect.

Reflections from an innovator on the logic model process

- Considering inputs and activities enabled me to acknowledge what further development / considerations are required for people to use Jam Up!

- The activities identified within Jam Up's logic model enabled me to identify a user flow progress

- I further developed my value proposition whilst identifying outcomes for logic model

- I explore current research to evidence how activities identified led to desired outputs

- I was able to separate direct outcomes and longer-term outputs

- Development of my logic model enabled development of my infographic
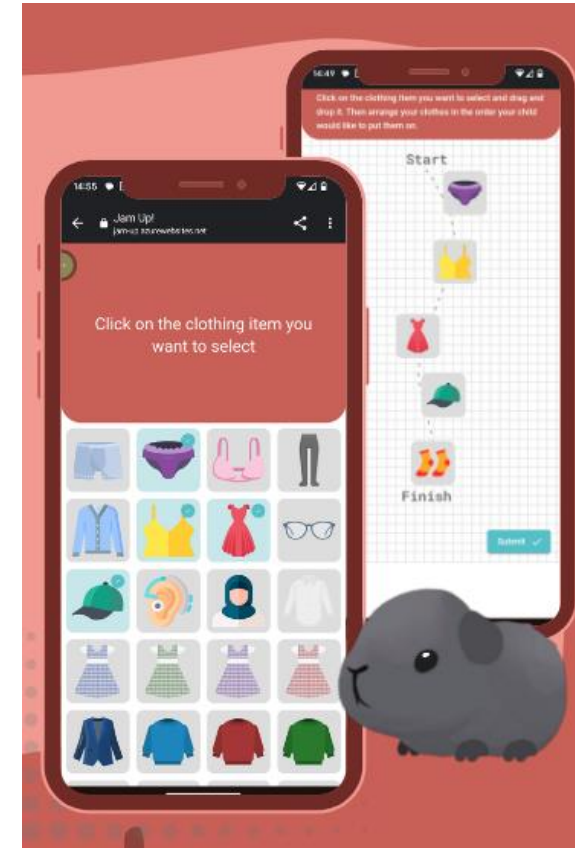
Reflections on implementing innovation in an ICS

Reflections on implementing innovation across an ICS

Bedfordshire, Luton and Milton Keynes
Health and Care Partnership

Challenge of working across an ICS- diversity of population, range of stakeholders and prioritising areas of focus

Positivity and interest in innovation from health and social care colleagues

Complexity of implementing innovation e.g., governance, change management, culture, funding and resource

The importance of influence and relationships to promote positive change- 'creating an innovation culture'

Developing a process for selecting innovations

NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board

- What problem are you trying to solve?
- £ What resources are available (workforce & funding) for transformation / innovation
- How does this relate to the clinical services strategy?
- What innovations are currently being used in this area or have been previously piloted?
- Horizon scan innovations *
- Critically appraise horizon scan and short list *
- Innovation exchange 'dragons den' *
- Pilot- real world evaluation of chosen innovation (once funding secured and governance completed) *

Process embedded in BLMK clinical networks and boards e.g. cancer and mental health will be the 'test bed' for this process
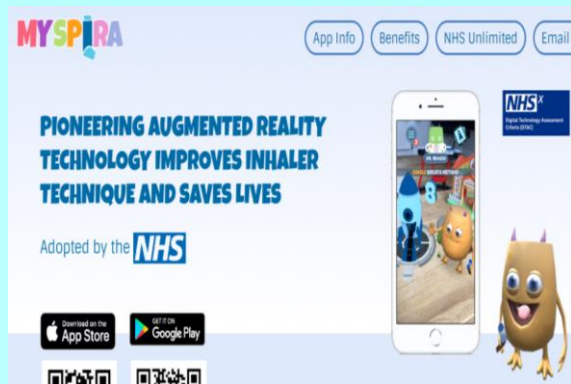
* Health Innovation can provide support

Real world evaluations BLMK: 2024

GaitSmart
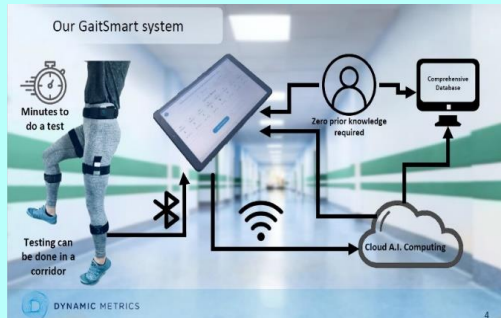
- 4 pilot sites:

1. GP practice- offered at NHS Health Check
2. 'Keeping-well' (frailty clinic)
3. Discharge to Assess Beds at a Care Home
4. Falls Service- GaitSmart clinic

- 12 month evaluation- supported by Health Innovation East

MySpira

- Pilot at a CYP asthma review clinic (covering Milton Keynes)

- MySpira to be offered at the asthma review

- Evaluation supported by Health Innovation East

QbTest

- National adoption and spread programme

- QbTest uses a headband, motion-tracking camera and stand to observe and measure three of the critical symptoms of ADHD: attention, impulsivity and motor activity all at the same time.
- Implemented in Milton Keynes

- To ensure equity across ICS- Bedford and Luton are completing a 12 month pilot- commencing 2024

Discussion Questions

Innovation implementation is not without its challenges…what are the biggest barriers from a finance perspective?

What are the enablers for change?

What stories do you have of where innovation has been driven by finance teams / leaders / agendas?

Your Innovation Pledge...

How we could support you further?

Thank you for listening!

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