



**Healthcare  
Innovation  
Consortium**

*Because innovation is everyone's business, we've made it ours*

# **Building a Health Innovation Network (HIN) Blueprint for DHCNI**

*Achieving Success from what works well*

# The Health Innovation Network is a collective group of 15 networks across England that help drive the adoption of innovation



## What is a Health Innovation Network?

- Established in 2013, the Health Innovation Network (HIN), previously known as The AHSN Network, consists of **15** local groups leading the charge in health and care innovation<sup>1</sup>.
- As **connectors** of the NHS, academia, local authorities, the third sector, and industry, HINs are uniquely positioned to rapidly and broadly scale innovation.
- HINs **collaborate** with HIN members, national commissioners (NHS England & Improvement, Office for Life Sciences), and industry partners, ensuring that patients regularly benefit from innovative solutions

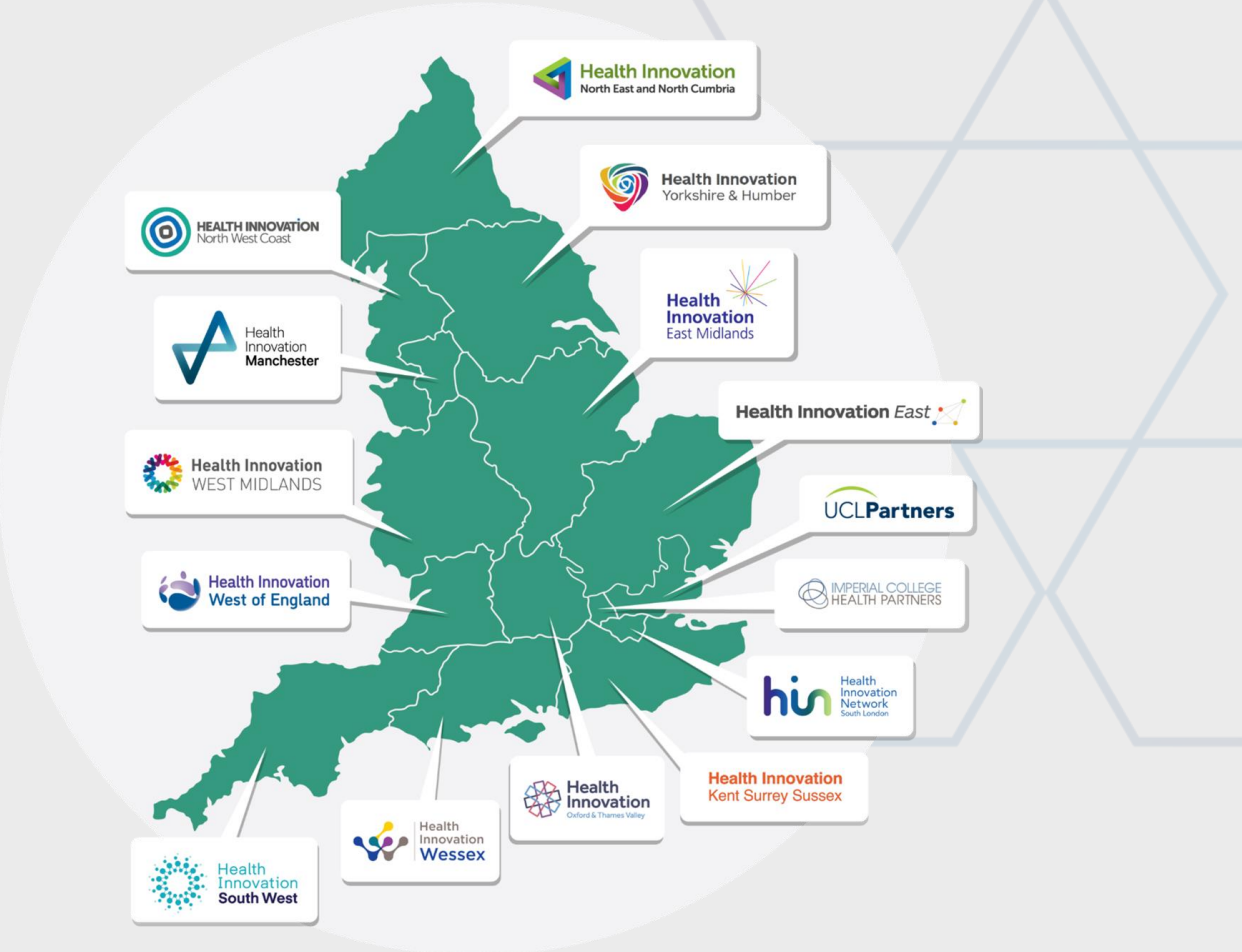


Figure 1: Map showing the 15 Health Innovation Network locations<sup>1</sup>

References: 1. NHS England. The Health Innovation Network. Available at: <https://www.england.nhs.uk/ourwork/part-rel/healthinnovationnetwork/>

# Originally implemented in 2013/14, AHSNs were relaunched in 2023 under the new badge of Health Innovation Networks

## Proposal

AHSNs were first proposed by name in the 2011 report "Innovation Health and Wealth"<sup>1</sup> by Sir David Nicholson, chief executive of NHS England, and launched by the Prime Minister, David Cameron.

2011

## Announcement

On 23 May 2013, the 15 designated AHSNs were announced<sup>2</sup>. They are regional, with non-overlapping territories covering the whole of England.

2013

## Implementation

By January 2014, all 15 contracts had been returned and signed. England becomes the first country to fully implement a system of AHSNs universally

2014

## Licence Extension

In 2019, the AHSNs received a new five-year licence, running to 2023, funded by NHS England, NHS Improvement and the Office of Life Sciences

2019

## Relaunch

The Government and NHS England relicensed England's 15 AHSNs under the revised badge of 'Health Innovation Networks' (HINs) for 5 years until 2028.<sup>3</sup>

2023 → 2028

# HINs connect NHS leaders and industry partners to drive cost effective growth through innovative solutions

## Navigating Healthcare Challenges

- The NHS faces unique obstacles to patient care<sup>1</sup>
- Ongoing **workforce pressures** and unprecedented **demand** for services in primary through to tertiary care settings have led to significant challenges
- Addressing these challenges requires **innovative thinking** and stronger collaboration across health systems

## The Power of Innovation

- No single solution exists, but innovation is crucial for **revolutionising healthcare**, improving **resource efficiency**, and addressing community needs
- Innovations span from straightforward apps and diagnostics to complex medication regimens, digital infrastructures, and care pathway redesigns.

## The Health Innovation Network

- Fosters **collaboration** between **NHS organisations** and **industry partners** to accelerate the uptake of innovative and evidence-based therapies, technologies and care pathways.
- **Cross-stakeholder** collaboration can bring an injection of pace, fresh thinking, additional insight and experience of rapidly delivering at scale.

The HIN operates with three strategic aims:

- 1 Develop outcomes-led programmes that respond to health and care priorities
- 2 Build a high-impact national innovation pipeline
- 3 Establish HINs as an authoritative voice on transforming health through innovation

HINs achieve this by seeking innovations that :

Enhance patient care, safety, and clinical outcomes

Generate cost savings for the NHS and social care

Align with the NHS's priorities<sup>1</sup>

# HINs have a dual focus, guiding both commercial innovators and NHS healthcare teams through various supportive methods

## How do HINs guide commercial innovators?

## How do HINs guide health and care teams?



Advice

### Innovation Surgeries

Offering one-on-one advice, either in-person or via phone, to help innovators identify healthcare challenges and understand evidence requirements.

### Innovative products

Signposting to innovations that may meet the needs of their local populations. Advise on design and implementation of digital pathways.



Support

### Solution Evaluation

Assessing if your innovation addresses the needs of HIN members and promoting it within the network.

### Practical Support

Evaluations, evidence gathering and data analysis to build knowledge and support clinical practice. Training in key areas (Digital, Data, Technology). Frameworks for adoption.



Programmes

### Funding and Support Navigation

Directing innovators to additional resources like the National Innovation Accelerator.

### Innovation Programmes

Facilitate adoption of proven innovation products through AAC. Annual Innovation Grants kickstart projects. Sharing of wider innovation funding opportunities.



Connections

### Business Support and Networking

Providing access to programs like the Digital.London Health Accelerator, expert workshops, and funding opportunities such as SRBI and Innovate UK competitions.

### Connecting people with great ideas

Communities of Practice (CoP). Innovation challenge events. Patient partnerships. Events and networking opportunities.

# What is needed to speed up service adoption of innovations in the NHS?

## Factors for Rapid Adoption of Innovation in the NHS

### The Kings Fund

*An independent report was commissioned by the six AHSNs responsible for spreading health innovation in the East Midlands; Kent, Surrey and Sussex; the North West Coast; South London; the West of England; Yorkshire and Humber.*



Interviews were set up with the originations and AHSN staff for 8 successful innovation implementation projects.

- 1. Early diagnosis and intervention:** Many innovations succeed by providing earlier diagnosis and intervention than previous approaches
- 2. Changes to staff roles:** Adapt the roles of GPs, community services, and hospital consultants within local systems
- 3. Empowering patients:** Encourage patients to play a more active role in managing their own care
- 4. Improving access for vulnerable patient groups:** Innovations that focus on enhancing access to services for vulnerable and neglected patient groups, such as individuals with severe mental illness or older people, can result in significant improvements in overall care quality.
- 5. Addressing social challenges:** Recognise the importance of addressing social challenges alongside physical and mental health needs
- 6. Breaking down silos:** Overcome organisational barriers and promote collaboration between healthcare providers, academic organisations, local authorities, and other stakeholders
- 7. Securing appropriate funding quickly:** Ensure innovators have access to funding, not only for the development of their ideas, but also for the adoption and spread of their innovations.
- 8. Support from local leaders:** When local leaders actively champion innovation by setting ambitious goals, encouraging staff to explore new ideas, and providing resources to execute plans, it creates a culture that embraces change and supports rapid adoption.
- 9. Integrated local health and care systems:** Develop more integrated systems can help address barriers to adoption by establishing appropriate objectives, financing mechanisms, performance management, and stronger relationships between professional groups and services.



# What have AHSNs not done so well in the past?

In a survey of Health Tech founders<sup>1</sup>, where 15+ provided validated input:

**Do AHSNs offer useful introductions, advice and access to funding?**

The **effectiveness of AHSNs** in providing useful introductions, advice, and access to funding is **inconsistent**. Success often depends on **fortunate circumstances**. While the NIA offers support for a small group, much of its program relies on devolved support via AHSNs, which continues to pose challenges.

**Do AHSNs give valuable insight and share understanding of the system they're situated in?**

AHSNs do not consistently provide **valuable insights** and **shared understanding** of the systems they are situated in. Their effectiveness in this area appears to vary significantly.

**Do AHSNs help healthtech to proceed through the lifecycle of concept validation >> to active intra-NHS evidencing >> to getting paid contracts >> to wider scale?**

While AHSNs may help some healthtech companies through various stages of the lifecycle, the vast majority **do not feel that they are experiencing a supportive pipeline within the NHS**. The '**proven innovation pipeline**' referenced by the AHSN Network does not seem to be effectively implemented, as many UK healthtech companies struggle to progress. Additionally, some interviewees reported that **AHSNs can create more bureaucracy and additional steps** in the process without clear benefits or guidance.

**Do AHSNs capably generate the right kinds of evidence that the system needs to actually commission it?**

AHSNs might be effective in generating the right kinds of evidence for commissioning in some cases, particularly when it comes to **health economic evaluation**. However, **only a small number of AHSNs were consistently praised** for their performance in this area, leaving **room for improvement among the majority**.

# There are 5 pillars for Health Innovation Network success

*When building a new HIN, we must ensure the blueprint captures what 'success looks like'*



## Key Theme

Innovation must meet a necessary requirement

Key stakeholders must be aware

Key stakeholders must be invested

There must be skilled staff to oversee implementation

Encourage adoption of the innovation



# The Base Case Blueprint for Building a HIN

Theme	Base Case
<b>Collating the Evidence Base</b>	<ul style="list-style-type: none"> <li>• Review the evidence base, strategic and policy needs, and local, regional, or national data to outline the case for change.</li> <li>• Address health inequalities and ensure protected groups are not unintentionally disadvantaged.</li> </ul>
<b>Establishing a Governance Structure</b>	<ul style="list-style-type: none"> <li>• Include a steering group and appoint clinical leads to provide direction and oversight.</li> <li>• Undertake stakeholder mapping and define leadership roles to build a robust support system.</li> </ul>
<b>Identifying and Collaborating with Partners</b>	<ul style="list-style-type: none"> <li>• Work with industry, the third sector, and service users to integrate diverse perspectives and expertise.</li> <li>• Build goodwill with key stakeholders to create momentum and ensure a positive programme start.</li> </ul>
<b>Building in Service User Input</b>	<ul style="list-style-type: none"> <li>• Ensure the patient's voice is central to the programme, reflecting their needs and experiences.</li> <li>• Capture and integrate patient feedback to inform continuous improvement.</li> </ul>
<b>Developing Adoption and Spread Guidance</b>	<ul style="list-style-type: none"> <li>• Create an implementation toolkit, engagement toolkit, and communications plan to support adoption.</li> <li>• Utilise specific tools to communicate programme details and the approach to implementation</li> </ul>
<b>Promoting Programme Success</b>	<ul style="list-style-type: none"> <li>• Use established communication channels to regularly update stakeholders on programme progress.</li> <li>• Raise awareness of the programme's positive impacts to encourage wider adoption.</li> </ul>
<b>Establishing Communities of Practice</b>	<ul style="list-style-type: none"> <li>• Promote shared learning and support through regular interaction among practitioners.</li> <li>• Set up a dedicated workspace for programme leads to access toolkits and exchange knowledge.</li> </ul>
<b>Supporting Implementation</b>	<ul style="list-style-type: none"> <li>• Upskill project/programme staff to aid operational/clinical staff with implementation.</li> <li>• Address the challenges of changing behaviour to ensure the sustainability of innovation.</li> <li>• Collect qualitative feedback from key stakeholders</li> </ul>

# Taking the learnings from previous examples, use these points to 'Level up'

Theme	How to Level Up?
<b>Collating the Evidence Base</b>	<ul style="list-style-type: none"> <li>Stay at the forefront of UK Health policy.</li> <li>Create new thinking and evidence that can be used to guide future policy through presentations whitepapers, case studies, blog articles</li> <li>Complete 'innovation scanning' to maintain a view of the competitive landscape.</li> <li>Seek innovations that facilitate earlier diagnosis and intervention than existing approaches.</li> </ul>
<b>Establishing a Governance Structure</b>	<ul style="list-style-type: none"> <li>Establish relationships with key clinical experts and thought leaders and promote the benefits of innovation through tailored guides and toolkits</li> <li>Strong clinical leadership will drive implementation and ongoing support for a programme.</li> </ul>
<b>Identifying and Collaborating with Partners</b>	<ul style="list-style-type: none"> <li>Secure funding quickly for adoption and spread of innovation.</li> <li>Comprehensive stakeholder mapping and prioritisation with 4 key themes; those stakeholders to consult, partner with, inform and involve.</li> <li>Collaborate with other HINs for a whole system approach.</li> <li>Develop integrated systems by establishing appropriate objectives, financing mechanisms, performance management, and stronger relationships between professional groups and services.</li> </ul>
<b>Building in Service User Input</b>	<ul style="list-style-type: none"> <li>Seek the involvement of people with lived experience in the community and voluntary sector</li> <li>Local leaders to champion innovation by setting ambitious goals, encouraging staff to explore new ideas, and providing resources to execute plans</li> <li>Validate strategies/initiatives with Key Opinion Leaders (KoLs)</li> </ul>
<b>Developing Adoption and Spread Guidance</b>	<ul style="list-style-type: none"> <li>Embrace Digital Transformation and Technology, this will allow seamless integration and faster adoption of new devices and tools.</li> <li>Invest in a programme team or committee that specialises in value communication.</li> <li>Work with marketing teams to make training webinars, demos, etc</li> <li>Identify collaborative online workspaces for shared materials</li> </ul>
<b>Promoting Programme Success</b>	<ul style="list-style-type: none"> <li>Essential to put 'boots on the ground'. Senior clinicians to convince on the benefits, project teams to implement innovations, support for providers</li> <li>Adopt QI principles, develop a tailored QI plan and Regularly convene key players to apply QI monitoring and promote shared learning</li> <li>Share and learn from previous and current evidence of 'what works well'</li> <li>Utilise national procurement frameworks to support rollout across local commissioning.</li> <li>Collaborative workshops with programme leads and coordinated promotion ensures an innovation's sustainability and continued rollout post-programme.</li> </ul>
<b>Establishing Communities of Practice</b>	<ul style="list-style-type: none"> <li>Create national and local CoPs to support post implementation sharing and learning across key stakeholders.</li> </ul>
<b>Supporting Implementation</b>	<ul style="list-style-type: none"> <li>Conduct qualitative analysis by sorting the data using a framework approach with categories, themes and sub-themes.</li> <li>Validate with thought leaders and disseminate findings.</li> </ul>

# Case Study: Community pathway to rapidly test and treat flu<sup>1</sup>

Collaboration between the Innovation Agency, Roche Products Limited and Roche Diagnostics Limited

## Current Status:

- Proof of value

## Innovation Type:

- Service

## Solution Theme:

- Diagnosis
- Treatment

## Geographic Scope:

- Health Innovation North-West Coast
- Health Innovation Yorkshire and Humber

## Focus of Programme

### Objective:

- Pilot a **community pathway** for testing and treating **Flu A/B and Covid-19** in patients **over 65** and at-risk groups based on flu vaccine eligibility using **point-of-care diagnostic tests** that give results in 20 minutes

### Aim

- Provide **diagnostic certainty** in **primary care settings** to potentially **reduce referrals** to **secondary care**

## AHSN (HIN) Involvement

- **Digital Reporting Pathway:** Commissioned NHS-owned company HealthCall to develop a digital reporting pathway to capture test results in electronic patient records
- **Independent Evaluation:** Commissioned to assess cost, health, and other potential benefits
- **Feedback and Data Analysis:** Project included qualitative interviews, questionnaires, and quantitative analysis to provide evidence for optimisation and scalability
- **Project Replicability:** Ensured interchangeable providers/partners for testing equipment, digital architecture, and data analysis for future replication in other locations

## Key Outcomes

### Outcomes

- Successfully established, implemented, and replicated community flu test and treat pathway in several locations

### Key Findings

- Improved patient care through early diagnosis, preventing deterioration in primary care, and reducing burden on secondary care
- Positive patient feedback on the ease of understanding the pathway
- Adaptable for various community settings
- Diagnostic certainty for prescribers, supporting prescription decisions

# Case Study: Supporting the detection of Atrial Fibrillation and optimising treatment<sup>1</sup>

## AHSN National Programme (2018-2020)

### Current Status:

- Rollout

### Innovation Type:

- Device
- Digital
- Service

### Solution Theme:

- Diagnosis
- Treatment

### Geographic Scope:



National

### Focus of Programme

#### Detect

Raising public awareness of AF and the importance of pulse rhythm testing to identify those with undiagnosed AF

#### Protect

Supporting healthcare professionals to offer optimal anticoagulation medication to all those who would benefit

#### Perfect

Supporting patients with their anticoagulation medication and supporting clinicians to review patients with AF.

### AHSN (HIN) Involvement

- **Whole Systems Approach:** Collaboration among all 15 AHSNs
- **Patient Pathway Engagement:** Supporting the sharing of learning and best practices across the country
- **Quality Improvement Tools & Resources:** Provided for GP practices to identify at-risk patients and review existing AF patients
- **National Procurement Frameworks:** Featuring five nationally funded AF detection products for local commissioning
- **Online AF Toolkit:** Contains tools, resources, clinical guidance, and evaluation to help NHS teams improve detection and treatment

### Key Success Factors

- Strong **Clinical Leadership** drove the implementation and ongoing support for the program
- Robust **collaboration and engagement** between clinical staff, deployment locations, and stakeholders.
- Efficient local **information governance** streamlined processes and reduced administrative burdens.
- Detection devices were **seamlessly integrated** into existing AF care pathways.
- Stakeholders **embraced technology**, allowing for quick adoption and utilization of new devices and tools.

# Successful healthcare innovation hinges on a deep understanding of the clinical and operational need for change

## What Good Looks Like

Health Innovation East 

**Focus ADHD**

### Strategic Alignment

The national Focus ADHD programme<sup>1</sup> identified unwarranted national variation in ADHD diagnosis service delivery that could be standardised with a more objective assessment. This had clear alignment to several key policy papers\*

### Establish thought leadership

The programme:

- Presented to the ADHD All-Party Parliamentary Group in 2022.
- Influenced the creation of NICE Medtech Innovation Briefing 318 (MIB318, March 2023)<sup>2</sup>

### Review clinical evidence

The Focus ADHD programme<sup>1</sup> collated key evidence (systematic review, clinical trials, and implementation studies) in formats that met the needs of the different audiences

## How to Achieve Success?

Ensure to stay at the **forefront of healthcare policy** through regular training and knowledge sharing sessions. **Anchor** to wider NHS/DHSC agendas to maximise the potential for lasting positive impact

Create **new thinking** and evidence that can be used to **inform and guide future policy** through presentations whitepapers, case studies, blog articles

**Build a strong network** with a range of policy makers, clinicians, NHS leaders and patients. **Collate high quality evidence** that is **tailored** for all audiences.



**Ability to capitalise?**



**High**



**Moderate**



**High**

# Robust evaluation and analysis of the innovation in the indicated population will provide influential evidence for decision makers

## What Good Looks Like

Health Innovation East 

Focus ADHD

### Real world evaluation

Health Innovation East Midlands undertook a real-world evaluation over 12 months to assess the effects of the QbTest and provide evidence that it was beneficial to families, clinicians and provider organisations.

### Programme scope

HI East Midlands gained national approval based on a clearly defined programme scope, which incorporated age and diagnosis in the population, services involved, type of tool, innovative aspect and positioning in care pathway.

### Analysis

Lacking systematic data collection for referrals in England, the program harnessed local intelligence with a cost-benefit analysis of the innovation's real-world impact data to confirm positive cost savings for the NHS.

## How to Achieve Success?

Establish the value of the innovation in **real world practice** over a long time-frame. Consider a broad evidence base and **objective** rather than **subjective** assessment

Complete '**innovation scanning**' to maintain a view of the **competitive landscape**. Establish a **steering group** to ensure the scope is adhered to

**Quantify** (through quantitative cost-benefit analysis) the exact **level of need** for an innovation and the exact **level of benefit** the innovation will provide.



Ability to capitalise?



Moderate



High



Moderate



# 1 Establish digital communication strategies that draw from the expertise and influence of thought leaders and policy makers

## 2 What Good Looks Like

Health Innovation East 

### Focus ADHD

#### Stakeholder engagement

Health Innovation East Midlands produced an engagement guide and communication toolkit that mapped key stakeholders, promoted info on positive outcomes, sought opportunities for presentation and key conferences and awards ceremonies.

 IMPERIAL COLLEGE  
HEALTH PARTNERS

### London Asthma Decision Support Tool (LADS).

#### Digital Technology

In a digital-driven approach, ICHP produced several webinars, demos and online clinical expert deep dives to showcase the Asthma decision Support Tool receiving 'highly commended' in its category at the HSJ awards.

## How to Achieve Success?

**Stakeholder engagement** is critical to success. Establish relationships with key **clinical experts** and **thought leaders** and promote the benefits of innovation through **guides and toolkits**

**Embrace Digital Transformation and Technology.** Ensure communication approaches incorporate a digital aspect. **Online marketing** and training through webinars, demos , etc. is essential to spread the word amongst all audiences.



Ability to capitalise?



High



High

# 1 Collate a well-informed programme team that can disseminate information in CoPs with clear consistent value narrative

## 2 What Good Looks Like

### Health Innovation East Focus ADHD

#### Value Messaging

The Focus ADHD programme invested in a programme team that listened and responded to all key stakeholders through clear and consistent communication.

#### Online Collaboration

The programme capitalised upon the FutureNHS workspace to securely store and share resources, as well as to facilitate online discussions.



#### Communities of Practice (CoP)

South London have developed seven communities of practice so far, and still growing. They include; Medication safety, Acute deterioration, Maternity, Sepsis, Duty of Candour, Delirium

## How to Achieve Success?

Invest in a **programme team or committee** that specialises in **value communication** to a range of stakeholders (patients, clinical experts, policy makers). **Engage early and proactively**

Identify **collaborative online workspaces** that are available to the programme target audience. Use this as the **library for the evidence base** to ensure **easy access** to the latest documentation

Create **national and local CoPs** to produce a conversational relationship among peers across the Network. CoP meetings provide **dedicated time to disseminate programme information.**



Ability to capitalise?



High



High



High

# 1 Map key influential stakeholders and draw on their experience to establish leadership and governance structures

## 2 What Good Looks Like

### Health Innovation East Focus ADHD

#### Stakeholder Mapping

A critical step that can affect successful implementation. Focus ADHD undertook stakeholder analysis, mapping stakeholders by influence and creating a list of priority stakeholders. Time was invested in building strong relationships with the key stakeholders.



#### Leadership and Governance Structures

Health Innovation West of England has a team of clinical leads, senior leadership team and board level oversight. This is consistent across HINs. Digital innovation directors are a new addition to the leadership structure to optimise digital transformation and the delivery of tech enabled new models of care.

## How to Achieve Success?

Conduct comprehensive **stakeholder mapping and prioritisation**<sup>1</sup>. This should be structured by **interest** and **influence** with 4 key themes; those stakeholders to **consult**, **partner** with, **inform** and **involve**. Revisit stakeholder map and **iterate over time**

The board should consist of **executives** within NHS organisations under the HIN umbrella. Executive teams should be made up of **healthcare leaders** with extensive experience. Inclusion of **clinical leads ensure patient centricity**. Appoint a **dedicated SRO** and assemble a skilled programme team. Implement a **robust governance structure** with clear reporting and risk escalation processes.



Ability to capitalise?



High



Moderate

# 1 Draw from commercial and lived experience to establish strategic partnerships that support innovation delivery

## 2 What Good Looks Like



### Lived Experience

HIN South London established a Lived Experience Partner role. Taken part in over 350 co-production activities and engaged with over 70 national stakeholders.

### Commercial Partners

Local health innovation networks operate across sectors and a key role is to broker connections between health and care and commercial organisations.

### Value Proposition and Business Case Development

Identify necessary program and financial resources, assess potential risks and issues. Sets out the ambitions, scope, metrics, roles, responsibilities, and methodology of delivering a programme

## How to Achieve Success?

Seek and embrace formal involvement of broader partners including people with **lived experience** in the community and voluntary sector

Build trust with commercial parties and **develop collaborative agreements** (e.g. Project Initiation Document) for strategic programmes

Employ recognised methodologies, **leverage resources** (NICE), and use proven templates to **assist ICB/providers** in developing a compelling **value proposition, case for change, and business case.**



Ability to capitalise?



High



Moderate



High

# 1 Empower sustained organisational growth through quality improvement, collaborative learning and skilled workforce

## What Good Looks Like



### Quality Improvement

HIN South London developed a resource pack to provide to innovation collaborative stakeholders that listed several NHS QI initiatives<sup>1</sup>

### Collaboration

Short polls within the innovation sessions gauged staff perceptions of usefulness, enabling adaptive modifications to meet their needs, such as tailoring the format based on their feedback



### Workforce

Focus ADHD mobilised a regional workforce that understood and supported the objectives of the programme. a range of skills such as marketing, data analysis and patient engagement.

## How to Achieve Success?

Adopt **QI principles** to establish a clear direction and measure outcomes effectively. Develop a tailored QI plan that includes **digital tools** to **streamline processes** and overcome challenges

Regularly **convene key players** to **apply QI monitoring** and promote shared learning. Enhance team performance with **coaching** that encourages **reflection and continuous improvement**

**Essential to put 'boots on the ground'**. Develop experienced project teams in each HIN which can **support providers** to plan and implement the innovation. This is especially true where **provider workforces are stretched**.



Ability to capitalise?



High



High



Moderate

# Support post innovation implementation and sustainability through events and shared learning workshops

1  
2

## What Good Looks Like

### Previous Experience

A critical factor in the success of a HIN is to build upon accomplishments and learning from other HINs, attracting the interest of organisations who were previously neutral.



### Communities of Practice (CoP)

South London have developed seven communities of practice so far, and still growing. They include; Medication safety, Acute deterioration, Maternity, Sepsis, Duty of Candour, Delirium



### Sustainability planning

When HINs role in leading the Focus ADHD programme ended in March 2023, local implementation by NHS partners has continued

## How to Achieve Success?

HIC, which includes **a set of previous HIN leaders** can draw from previous learnings and gain **advice on strategic decision making**

Create **national and local CoPs** to support post implementation **sharing and learning** across key stakeholders. CoP meetings provide **dedicated time to disseminate programme information**

**Remember post programme events.** Collaborative workshops with program leads facilitate knowledge exchange and acknowledge a steering group's efforts, while **coordinated promotion** ensures an innovation's sustainability and **continued rollout post-programme.**



Ability to capitalise?



High



High



Moderate



# Capture feedback through evaluations with key stakeholders and analyse data to generate insights

## What Good Looks Like

### Health Innovation East Focus ADHD

#### Evaluation

The Health Innovation Network was keen to build on the success and evidence base of the real-world evaluation and commissioned a national evaluation. This approach has ensured that the large-scale adoption and spread was still achieving the expected patients and staff benefits

### Health Innovation East Focus ADHD

#### Analysis

The Health Innovation Network collected multiple choice survey data and feedback from 22 healthcare staff using interviews. Domains within the NASSS (non-adoption, abandonment, scale-up, spread, sustainability) framework (Greenhalgh et al., 2017) were used within the analysis to guide the development of themes

## How to Achieve Success?

Collect **qualitative data** about the implementation of innovation programmes. Provide organisations with final reports so they can give **informed feedback**. Present **collective data** for all organisations using the innovation. **Disseminate among KoLs**

Conduct **qualitative analysis** on the data by sorting the data using a **framework approach** with **categories, themes and sub-themes**. Utilise **existing literature** or **KoL input** to develop themes and categories that are relevant to the implementation of technological innovations in health care.



Ability to capitalise?



High



High