Impact Report

2022/23

IMPERIAL COLLEGE HEALTH PARTNERS

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Introduction

Introduction

At Imperial College Health Partners our purpose is innovating through collaboration for a healthier population.

We exist to deliver positive transformation in healthcare on behalf of our members and clients, as well as citizens, for the benefit of our local population. All of our work is delivered within the context of partnerships, be that with the NHS, academia, wider North West London (NWL) public sector, with our external clients - from industry, third sector voluntary and community organisations, to patient groups, and regional and local policymakers. As such, collaboration is not just one of our values, it is core to our culture and our methodology.

Our relationships across the North West London (NWL) health and innovation ecosystem continue to enable a deep understanding of local sector needs, whilst our hosting of real world evidence data hub, Discover-NOW, and our partnership with Ipsos UK ensures we are able to underpin any transformation with actionable quantitative and qualitative insights. In the last year these approaches have been cited as best practice in the Goldacre Review and Government's Data Saves Lives strategies respectively, with our public deliberation work also cited in the Hewitt Review.

"These approaches have been cited as best practice in the Goldacre Review and Government's Data Saves Lives strategies respectively..."

We use all of this understanding and insight to broker partnerships with organisations who share our vision for a healthier population and our focus on responding to specific local system demands. This allows us to crowd in the necessary expertise and funding to support sustainable and innovative improvements to the delivery, experience and outcomes in healthcare.

"A pilot that delivered 30% patients identified in high risk groups reaching control of their hypertension within four months..."

In 2022/23, this networked innovation across NWL, spurred on by the formalisation of the NWL Integrated Care Board (ICB), delivered sector-wide partnerships focussed on a number of national and local priorities, including: hypertension, lipid management and reducing harm from opioids. These projects, delivered in partnership with our colleagues in primary care, resulted in a hypertension pilot that delivered 30% patients identified in high risk groups reaching control of their hypertension within four months in Brent; 44 of 45 Primary Care Networks and the four Trust Lipid Clinics having ordered/ prescribed 1,199 doses of new medicine, Inclisiran; and improvements in pain management resulting in, on average, 57 fewer people each month on high dose opioids (>120mg per day oral morphine equivalent). The initiation of the NWL Clinical Effectiveness Group started an important project that seeks to use both Clinical Effectiveness and Population Health

"As such, collaboration is not just one of our values, it's core to our culture and our methodology."

Management approaches to deliver a more equitable, proactive health service that has the space and data-capabilities to prioritise prevention. And our system-wide ways of working reached a huge milestone with the formation of the NWL Research and Innovation (R&I) Board; chaired by Sir Mark Walport. More on the R&I Board is shared in the final chapter of this report, which focuses on our future ambitions.

Reflecting further afield on our regional portfolio, specifically that delivered alongside our Academic Health Science Network colleagues Health Innovation Network South London and UCLPartners, our collaborative working supported city-wide learning on how to improve maternity neonatal safety through the MatNeoSIP programme, and the spread of the Rough Sleeping and Mental Health (RAMHP) programme to south London alongside the Greater London Authority. We also worked with regional colleagues on the creation of the London Health Data Strategy (LHDS) commissioned asthma pathfinder project, London Asthma Decision Support (LADS), a collaboration between NWL and South East London integrated care systems (ICSs).

Following the announcement of the sub national Secure Data Environments (SNSDEs), ICHP supported a London-wide bid which resulted in London becoming one of 11 SNSDEs for research and development with associated funding. This will support the scaling of Discover-NOW to include London's whole population. We look forward to continued collaboration on this pioneering data project in the year ahead.

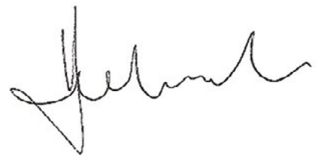
Last year also saw the summation of several Living Laboratory projects: partnerships where we take a local system need, crowd in additional expertise from industry, life sciences, and voluntary and third sector organisations, and using our quantitative and qualitative data expertise to shape and inform transformative change. An evaluation created thanks to the support of GSK and Open Health went on to be used to inform NICE recommendations on using Sotrovimab to treat Covid, and at least 5,790 NWL patients were identified as eligible for treatment if diagnosed. In addition, an Improving Early Intervention and Management of Chronic Kidney Disease (CKD) project with AstraZeneca and the London Kidney Network supported the co-design and piloting of four innovative new approaches to treating CKD, which are now ready for roll out across NWL.

This Impact Report shares more detail on some of these projects, as well as how the learnings from the sum of these collaborative endeavours have informed our 2023/24 business plan. None of which would have been possible if not for our colleagues across the health, research and innovation ecosystem, or our industry and life sciences clients.

If necessity is the mother of all invention, perhaps collaboration is the mother of all innovation.

We thank all the collaborators we have worked with in 2022/23 and look forward to the continuing and new partnerships that the next year will bring.

Mark Walport
Chair



Axel Heitmueller
Managing Director

2022/23 at a glance

At a glance: networked innovation

ICHP is first and foremost a partnership, and everything we do is in the context of partnerships. Here are just a few examples of what collaborative working across the NWL health system has achieved in 2022/23.

Achieved Net Promoter Score (NPS) of **92** for ICHP-delivered Innovation Surgeries as part of our offer to industry

>200 care homes in NWL engaged in the active adoption of new tools to monitor deterioration. Of those, 150 homes achieved a more advanced stage of adoption (‘Stage 5’)

>100,000 prescriptions of lipid-lowering therapy Ezetimibe, supporting the prevention of cardiovascular events in NWL

>60 patients involved in Q Lab UK Covid virtual wards and remote monitoring project in NWL

65 patient-centred communication innovations identified, eight of which were presented to a 100-person Engage Britain People's Panel to generate recommendations for service providers

57 fewer people in NWL each month on high dose opioids (>120mg per day oral morphine equivalent) thanks to the Medicines Optimisation Safety Improvement programme (MedSIP).

98 16-25 year olds in NWL referred to Early Intervention Eating Disorder service, FREED, as part of the AHSN National Programme

>3000 Estimated rough sleepers able to access RAMHP (Rough Sleeping and Mental Health Programme) services in their local borough, thanks to service roll out across London

370 patients benefiting from objective assessment known as the QbTest since April 2022, as part of the Focus ADHD AHSN National Programme

1,260 patients receiving life-changing asthma biologics treatment, with some of these patients being empowered to be able to self-administer their medication at home if appropriate as a result of asthma Rapid Uptake Products (RUPs), to date

130 innovators supported through Innovation Exchange and Discover-NOW

At a glance: scaling our data capabilities

Discover-NOW | London SECURE DATA ENVIRONMENT | Part of the NHS Research Secure Data Environment Network

In 2022/23 we co-led the successful bid for our Discover-NOW real world evidence hub to be scaled into a London-wide Secure Data Environment (SDE), part of NHS England's planned national network of SDEs. The London SDE will build on the success of Discover-NOW to provide approved academic and life sciences partners secure access to an anonymised health dataset for a population of >10 million people, in line with the recommendations by Londoners on acceptable data use following our ongoing public engagement work. Here are just a few examples of what collaborative use of data has achieved in 2022/23.

>600 asthma sufferers contacted from NWL Health Research Register to ask for participation in clinical trial for patients living with severe asthma, which will contribute towards an innovative treatment for asthma that could provide a tablet rather than an injectable and have a significant impact on asthma outcomes

75,000 patients at risk of Type 2 diabetes identified through Discover-NOW for app support study

65% reduction in A&E attendance after deployment of remote monitoring as part of iHeart project

42 previously off-guidance high-risk patients identified and called to review in data-enabled CKD pilot

Over **70,000** people registered to the Health Research Register by end of March 2023

>100 Data Access Requests Approved for Discover data contributing to the >300 approvals in total

13 publications published as a result of research enabled by Discover data, making 39 citations to date

400 fewer prescriptions of short-acting beta-antagonists (SABAs), as a result of use of the London Asthma Decision Support (LADS) tool.

£3.6 million funding leveraged to scale Discover-NOW into the London Secure Data Environment, in addition to the £1.5m leveraged in commercial revenue for the system

Over 1.6 million Primary Care patients in NWL searchable, using the FARSITE (Feasibility And Recruitment System for Improving Trial Efficiency) patient recruitment tool

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Delivering impact, together

Case Study: London Asthma Decision Support tool

A London Health Data Strategy Pathfinder Project

The problem

Every 10 seconds someone has a potentially life-threatening asthma attack. Asthma attacks kill three people in the UK every day, and in London it is estimated that 600,000 people suffer from asthma, including almost a quarter of a million children. Owing to high levels of air pollution, these figures are some of the worst asthma rates in the country, with research routinely showing that poorer areas of the Capital have far higher hospital admission rates than more affluent parts. Previously, there has been no linked dataset on asthma care to support proactive or preventative treatment of the condition.

400 fewer prescriptions of short-acting beta-antagonists (SABAs)

2,422 more patients prescribed inhaled corticosteroids

71 people on six or more SABA medications risk-stratified

How we helped

The London Asthma Decision Support (LADS) tool is a first-of-its-kind population health management (PHM) tool that combines asthma population, clinical care, financial and wider determinants of health data (including air quality) from across NWL and SEL ICSs, funded by the London Health Data Strategy programme. The comprehensive data view this collaborative tool provides, supports clinical and financial decision-making, and precise care planning from practice to ICB level. The project was a collaboration between teams in NWL and SEL, project-managed by Imperial College Health Partners (ICHP), supported by Vizify who built the tool.

Data pulled from the tool has been used to form the monthly NWL clinical resource group (CRG) updates on the trends for asthma care. Actions are then taken as a result of insights gathered. For example, the data showed nearly 90% metered-dose inhaler (MDI) prescribing across NWL practices, which resulted in clinicians providing support to those who needed additional guidance on prescribing to reduce carbon footprint. The Children and Young People (CYP) asthma network have used LADS to identify patients who had an in-patient spell in hospital to check whether they'd had a follow up in primary care within two weeks of discharge. The data was also used to develop bespoke data packs for primary care networks (PCNs) to highlight areas where intervention might be needed. In Feltham PCN use of insights shared in their pack led to a 57% increase in patients with assured diagnosis (from 571 to 899) between January and April 2023.

"In Feltham PCN use of insights shared in their pack led to a 57% increase in patients with assured diagnosis (from 571 to 899) between January and April 2023."

"The true power of this data is that it will allow an understanding of outcomes across a population, enabling increased support and intervention to be delivered to areas of need and in a way that supports local delivery approaches. We hope to be able to extend the use of this tool across the whole of London."

Dr Sarah Elkin, Consultant in Respiratory Medicine at Imperial College Health Trust and Co-Clinical Director of the London Respiratory Clinical Network

Working in partnership: North West London Integrated Care System · South East London Integrated Care System · London Health Data Strategy · OneLondon · Discover-NOW

Use of LADS is also encouraging staff to be proactive in their use of the data available and create their own PHM strategies for their communities. In one NWL borough, LADS risk-stratified 71 people with urgent treatment centre or A&E attendances who were on six or more SABA medications and hadn't had an asthma review in the last 12 months. In response, a criteria/pathway to help minimise the risk of this happening in the future is being established, with immediate intervention or follow-up with affected patients and their families. In another NWL borough, the community asthma service used LADS to identify 92 patients under 18 with an asthma diagnosis across 13 practices in one PCN. A group consultation is to be arranged inviting these families.

92 patients

under 18 with an asthma diagnosis across 13 practices in one PCN were identified using LADS

Impact created

- LADS holds data for two ICSs (80 PCNs) covering a population of ~215,000
- Data from Q3 to Q4 (since LADS went live) shows there has been a steady increase in inhaled corticosteroids prescribing (+2,422 patients), a more preventative medicine...
- And a drop in short-acting beta-agonists (SABA) prescribing (~400 fewer patients), suggesting less emergency/rescue medicine is being required plus improved asthma control
- The data also shows an increase in objective diagnosis rates (+160 patients) across NWL; suggesting increased confidence in an accurate diagnosis and therefore treatment of the right condition

"The data also shows an increase in objective diagnosis rates (+160 patients) across NWL; suggesting increased confidence in an accurate diagnosis and therefore treatment of the right condition."

"We know that Londoners want us to use their data to support more proactive and preventative care. LADS is a great example of us taking that recommendation and putting it into practice."

Kavitha Saravanakumar, Associate Director of Business Intelligence, NWL ICB

"Having the air quality data, gender, age, social deprivation indices, seeing what their first spoken language all creates a picture. When using LADS it's not just about the numbers, I feel like I can almost see the patient's face."

Darush Attar-Zadeh, NWL Clinical Fellow, Respiratory Pharmacist

Explore more on this project

Case Study:
Urgent and Emergency Care Deliberation

Deliberative engagement to inform future decision-making around urgent care services

The problem

Transforming urgent and emergency care (UEC) is a national priority and improving people's experiences of receiving care in UEC pathways is central to NHS England (London region)'s ambitions.

"It is vital that changes improve people's experiences of receiving care."

This is a complex agenda, with multiple interests and issues that need to be considered as part of any pathway re-design, to ensure that in London all urgent care needs are met in a safe, appropriate and person-centred way. It is vital that changes improve people's experiences of receiving care through ensuring that policy and change proposals are more transformative and innovative, working with ICSs, healthcare professionals, and citizens to shape services.

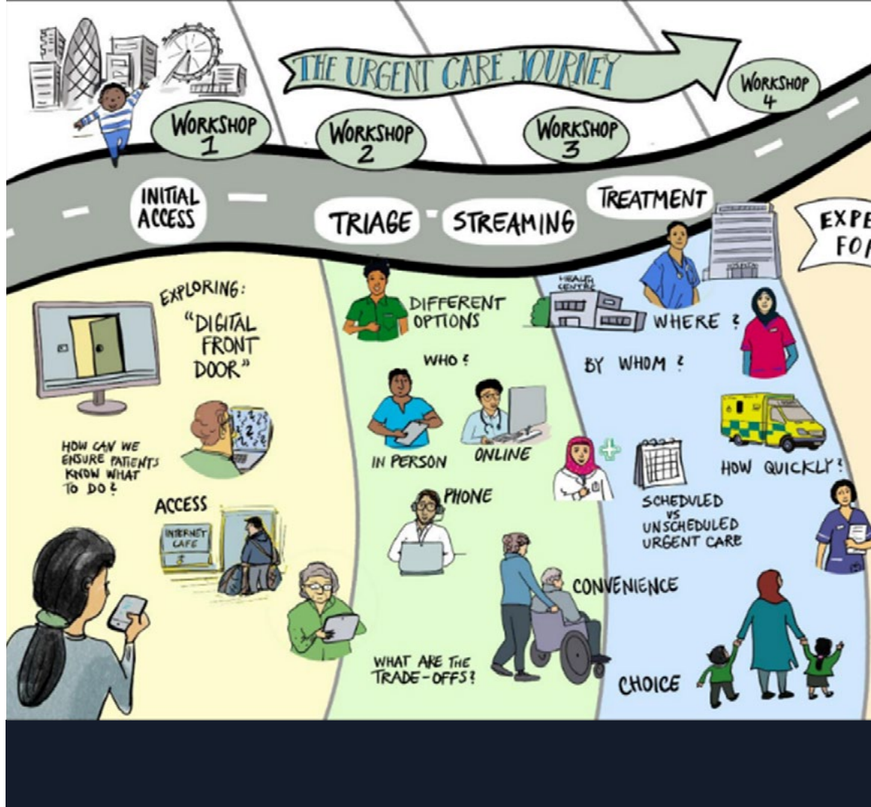
61
members of the public took part

How we helped

ICHP and Ipsos UK were commissioned by NHS England (London region) to design and deliver a dialogue and deliberation engagement process to understand public, patient and staff expectations around urgent care services, to inform future decision-making around current urgent care services and potential future changes in order to inform future transformation of these services.

The programme was designed and delivered in two phases over the course of 10 months in 2022. Phase one (engage) focused on gathering and synthesising key insights and issues. This included a desk review of key literature, data and publications, as well as interviews with key stakeholders representing both the system and patient groups in which the pain points were highlighted from a delivery perspective, with recommendations on where to focus. This was used to inform phase two, which was comprised of the design and delivery of a dialogue and deliberation with staff and citizens, supplemented with parallel engagement with diverse communities who may be most impacted by future change.

"Phase two comprised of the design and delivery of a dialogue and deliberation with staff and citizens, supplemented with parallel engagement with diverse communities who may be most impacted by future change."



"ICHP shared our ambition and worked collaboratively with us to achieve it. The final product says it all."

Diana Lacey, Director of Urgent and Emergency Care,
NHS England (London region)

Working in partnership: Ipsos UK NHS England (London region)

This deliberative method included convening ‘mini publics’ reflective of a larger population over an extended period, providing space to debate and discuss relevant issues, and unearth expectations. A total of 61 public participants took part, recruited from across all five ICS geographies in London and representing multiple demographics. 37 NHS staff were involved, recruited to represent a variety of occupations across the urgent care system.

ICHP co-designed the materials and discussions for this deliberation piece with Ipsos UK, as well as co-delivering the events. The sessions focused on sharing potential new ways of delivering urgent care, and invited participants to grapple with the trade-offs in relation to these new care models and explore what matters most to them. This included discussions around their own perceptions and experiences of receiving urgent care in London, reflections on accessing UEC through a digital-first approach, and how to ensure trust and confidence in the process of triaging and redirecting patients.

We concluded with a recommendation forming exercise whereby Londoners were asked to form suggestions around key topics and proposals discussed, along with a list of principles / conditions to which these proposals (if implemented) should adhere to, to ensure they are acceptable to the public and staff

The work was supported by an independent Oversight Group, made up of 13 people, established to advise on the design and delivery of the engagement programme throughout all phases. This group had representation from across key areas of the system, including board-level, clinicians, pharmacy leads, GPs and NHS 111.

37 NHS staff
engaged in the subject matter

"NHS England (London region) can feel confident it has the insights to transform urgent and emergency care in a way that is acceptable and endorsed by Londoners and NHS staff"

Impact created

- NHS England (London region) can feel confident it has the insights to transform urgent care in a way that is acceptable and endorsed by Londoners and NHS staff, ahead of upcoming changes in national policy
- Building on previous public deliberation exercises in London, this work continues to develop a different type of relationship with Londoners, understanding people’s hopes, fears, and expectations in relation to how care is provided across the Capital

Case Study: Digital AI and pathology patient engagement

Learning what matters to patients who have undergone a kidney transplant

The problem

North West London Pathology (NWLP) had plans to embark on a transformation project that involved moving away from “analogue” reading of the samples under a microscope, to digital images viewed electronically (known as digital pathology). Digital pathology generates a wealth of data that can be analysed and used to further improve the way pathologists work and, ultimately, how disease diagnoses are made.

Researchers at Imperial College London (ICL) were interested in establishing a research programme focussed on using the data generated by the digital pathology conversion by NWLP to improve the way diagnostic reporting is carried out for the benefit of patients. Engaging with kidney patients with lived experiences of biopsies was imperative to both understand what acceptable use of the data looked like, and the pain points of the current pathway from a patient perspective.

How we helped

ICHP were commissioned to support both with the procurement of infrastructure used to convert pathology slides from analogue to digital as well as engagement with patients and the public on the topic.

100%

of workshop attendees fed back extremely positively about the engagement experience

The patient and public involvement and engagement (PPIE) workstream of the project would support the research team to understand, 1. How digital pathology might improve care for kidney transplant patients, and 2. What their expectations were for how their data might be collected, stored and used. It was also important to the research team that the project not only explored patient and public perceptions of the usage of artificial intelligence (AI) in kidney transplant and pathology processes, but also co-designed resources with patients and the public to share learnings within the research community and more widely.

We opted for a small focus group approach due to the complexity of the research topics. We were able to recruit eight renal patients (four females and four males), from White European, White British, Black British and Asian backgrounds. Participants were aged between 30 and 65 years-old, and all had first-hand experience of kidney transplants and biopsy processes. This patient advisory group came together over the course of three online workshops featuring expert presentations followed by in-depth, open and meaningful discussions between participants.

The workshop outputs strengthened the research team’s proposal - evidencing its relevance and expanding it to include investigating concerns that were a top priority for patients. The ICL team valued the experience so much that they invited patients from the advisory group as co-applicants on their funding applications for this research.

Impact created

- 100% of workshop attendees fed back extremely positively about the engagement experience
- 100% of participants who responded to the survey provided the highest score for overall event experience indicating the workshops were very useful, engaging, and inclusive

“The ICL team valued the experience so much they invited patients from the advisory group as co-applicants on their funding applications.”

“I have found it educative, and it gave me plenty of insight into how my treatment is being processed and carried out. Made me feel part of my own treatment. Made me feel more confident in explaining to people the benefits of AI.”

Patient participant

Working in partnership: NHS North West London Pathology · Imperial College London

Explore more on this project

Case Study: The iHeart project

Improving diagnosis of heart failure and reducing hospital admissions

The problem

Heart failure is a serious long-term condition that usually gets worse over time. There is currently no cure – unless there is a curable underlying condition – but the symptoms can often be managed successfully for many years, particularly if diagnosed early. However, the majority cases of heart failure (HF) are diagnosed too late, with eight out of 10 people in the UK receiving a HF diagnosis in secondary care or during an emergency. More than 40% of those people will have reported possible symptoms during GP or other primary care consultations as early as five years prior.

Early diagnosis of HF is instrumental to improving patient outcomes. The challenges facing patients in NWL are reflective of the wider NHS with delayed reviews in specialist clinics due to lack of clear referral information, 20% of referrals not considered appropriate, poor communication, and lack of data/system integration. Ongoing education and signposting of primary and community care teams is needed as well as ensuring streamlined and appropriate access to specialist care.

40%
of people will have reported possible symptoms during GP or other primary care consultations

80%
of people receive diagnosis in secondary or emergency care

How we helped

A collaboration brokered by ICHP through the Discover-NOW hub, involving NHS (Imperial College Healthcare Trust, NWL ICS) and industry (AstraZeneca, Eko DUO, Luscii), created a safe space for partners to come together to redesign a complete end-to-end pathway for HF care which sought to primarily increase detection rates of HF in the community, thereby facilitating early diagnosis and decreasing hospitalisations. The end-to-end HF pathway a patient travels was mapped in its entirety with stakeholder input as needed at all stages. Bridges were built between IT systems and between primary / community / secondary care stakeholders. Educational and signposting materials were developed.

"Partners came together to redesign a complete end-to-end pathway for HF care which sought to primarily increase detection rates of HF in the community."

The collective knowledge and expertise of this collaborative fostered a fresh approach to tackling a long-standing healthcare challenge, informed by real world evidence. Additional funding was provided through ICHP's Innovation Exchange 'Clinical Innovation Fellowship' used to support the backfill of clinical time needed for the implementation element of this project.

"The collective knowledge and expertise of this collaborative fostered a fresh approach to tackling a long-standing healthcare challenge, informed by real world evidence."

Working in partnership: AstraZeneca · Luscii · Eko DUO · Discover-NOW · Imperial College Healthcare Trust · North West London Integrated Care System

The Discover dataset was used to assess the extent of the challenge, mapping the pathway for patients with HF and establishing how often they were presenting to healthcare service, and the associated costs, as well as patient outcomes. The data analysis emphasised that patients diagnosed in the community setting had significantly improved outcomes compared to those diagnosed in hospital prior to the project. This is because hospitalised patients experience an 8-10% risk of mortality and are more likely to have advanced disease. By increasing awareness and facilitating timely referral to a specialist for instigating of prognostic medication, this project showed a decrease in long term mortality of 10 months compared with previous data.

"The data analysis emphasised that patients diagnosed in the community setting had significantly improved outcomes compared to those diagnosed in hospital."

Health economic analysis identified that the cost of caring for patients diagnosed in hospital is significantly higher than those diagnosed within the community, in large part since a community diagnosis generally avoided the subsequent hospitalisation in the undiagnosed and thus untreated patient. When the increase in referrals and early intervention along a community pathway demonstrated in the study is extrapolated to the whole of the NHS, it represents potential savings of £325 million.

The real world ecosystem provided by the Discover dataset was then used to assess the potential effectiveness of two different digital technologies: Eko DUO, an AI digital stethoscope with the ability to triple diagnose a community patient with HF, atrial fibrillation (AF) and/or valvular disease, and Luscii, a remote monitoring platform for managing HF at home.

We concluded that a combination of the two technologies, together with the other relatively simple pathway changes, including recruiting more specialist heart nurses to reduce waiting times, and strengthening data capture to improve efficiency, could save £27.4 million a year in NWL alone.

The project was presented for peer-review and full findings were published in the BMJ.

Impact created

- This project was recognised at the 2022 HSJ Awards, winning the Primary and Community Care Innovation of the Year Award, and the Digitising Patient Care Award.
- The deployment of remote monitoring resulted in a 65% reduction in A&E attendance and 27% reduction in costs
- >300 patients in Imperial College Healthcare Trust (ICHT) using Luscii remote monitoring
- Additional funding secured by Imperial College London and Imperial College Healthcare Trust to trial Eko DUO in Primary Care, with ICHP as the evaluation partner.

£27.4 million
could be saved a year in NWL alone

>300
patients in ICHT using Luscii remote monitoring

65%
reduction in A&E attendance after deployment of remote monitoring

Case Study: Chronic Kidney Disease Management

Improving identification and management of Chronic Kidney Disease

The problem

Chronic Kidney Disease (CKD) is a growing problem in the UK that costs the NHS £1.45 billion annually (that's £1 in every £77). 15% of the UK's population aged over 35 have CKD - a figure which is expected to double by 2030 - but just two in 10 people with the disease are currently diagnosed. 1.99% of the NWL population is diagnosed with CKD against a national value of 3.96%, and three NWL boroughs have some of the worst end-stage rates in the UK. This late intervention is responsible for 45,000 premature deaths and 100,000 excess hospitalisations each year.

How we helped

AstraZeneca, ICHP, North West London Applied Research Collaboration (ARC), Imperial College Healthcare Nephrology Department, and the London Kidney Network (LKN) collaborated on a data-led approach to improve the diagnosis and early management of CKD in NWL.

£1.45 billion is billed annually to the NHS for CKD costs

Two in 10
people with the disease are currently diagnosed

The project used qualitative insights gathered from interviews with patients at risk of CKD, patients diagnosed with CKD, primary and secondary care clinicians, along with population data analysis and an academic literature review, to understand the largest challenges and opportunities in existing NWL pathways.

Clinicians and patients co-designed pathway improvements together in workshops, and these solutions were tested in GP practices and with patients to get user feedback.

"Clinicians and patients co-designed pathway improvements together."

The resulting pathway recommendations include, but are not limited to, early-stage CKD education options for primary care and patients to access, CKD screening support for patients, training, and an implementation package and CKD search package, for Primary Care.

Thanks to further evidence generation using the Discover dataset, there are now plans to scale the pathway improvements to the rest of London, supported by the London Kidney Network.

"There are now plans to scale the pathway improvements to the rest of London..."

"...it felt like a genuine partnership, and that I was an equally valued member. We were all able to work together to find a solution on how to diagnose. It was also interesting for me personally to understand the various challenges for a clinician and what is possible, or the priority."

Patient participant in co-design workshop

Working in partnership: London Kidney Network · AstraZeneca · North West London Applied Research Collaboration · Imperial College Healthcare NHS Trust · Discover-NOW

"In one pilot practice searches identified and initiated review appointments (including CKD testing) for 42 previously off-guidance high-risk patients."

Impact created

- 77 patients attended Know Your Kidneys education session
- 78% of patients who attended the redesigned education sessions reported they felt more confident about understanding their care needs and talking to healthcare professionals; improved understanding is associated with better self-care and adherence to treatment, which research shows leads to improved outcomes
- In pilot sites use of the enhanced primary care support and guidelines led to 4.5 times more patients were coded with CKD, and 1.75 times more urine tests for CKD, demonstrating more complete assessment which in turn supports treatment optimisation
- In one pilot practice searches identified and initiated review appointments (including CKD testing) for 42 previously off-guidance high-risk patients

78%
of patients reported they felt more confident about understanding their care needs

4

An opportunity for more impact

An opportunity for more impact

Part of our learning from this past year has been about acknowledging where we as a health system should be doing better for our local population and, specifically, creating more impact by improving how we go about innovation in the NHS.

It is widely recognised that our NHS - like many other healthcare systems around the world - is slow to adopt and implement innovation and benefit from research systematically, despite the potential for life-changing impact for our populations. In NWL we have a thriving research and innovation (R&I) ecosystem, and in our NWL Integrated Care Board (ICB), we have an Integrated Care System committed to harnessing the power of R&I to improve the health of our citizens.

"We have an Integrated Care System committed to harnessing the power of R&I to improve the health of our citizens."

"We need to focus the work we do together on a smaller number of priorities that align with the wider NWL strategy, and work collaboratively together on the things where collective effort leads to bigger gains."

Through its work over the last year, the NWL R&I Board - made up of senior representatives from across all ICS organisations, academic institutions, and research and innovation bodies, including ICHP, and chaired by Sir Mark Walport - has come together to recognise the limitations to our current collective NWL operating model. It has established that, to have more impact through innovation, we need to focus the work we do together on a smaller number of priorities that align with the wider NWL strategy, and work collaboratively together on the things where collective effort leads to bigger gains.

These priorities are how the R&I Board has derived the NWL Missions: areas of focus which are well-suited to benefit from research and innovation, leading to greater outcomes and impact for our population.

Enabling capability: Data and intelligence platforms

We will take action to maximise health and wealth through the intelligent use of data, supporting NWL to turn clinical interactions into data, data into information, information into insight, and insight into action.

Optimising care of Long Term Conditions

(starting with cardiovascular disease)

We will maximise the experience and outcomes for residents with chronic disease, and improve value for money, by preventing, diagnosing, treating a person's needs.

Ensuring the right care setting to reduce harm

(starting with the acute pathway)

We will take action to minimise the harm suffered by patients being in the wrong care setting, with the aim of seeing people in the right place at the right time, every time.

Supporting Children and Young People's mental health

We will take action to ensure that children and young adults have the best start in life, with a particular focus on promoting positive mental health and enabling an appropriate range of support to enable early and effective intervention.

The NWL Missions

A more coordinated, collaborative approach on these areas of focus has the potential to increase this impact for population benefit, and support our NWL ICB's ambition to become the most innovation and research friendly ICS in the country.

As the innovation arm of the NWL ICB, ICHP have been commissioned to facilitate the coordination and collaboration of this new model.

"We will be focussed on working with the whole health and care ecosystem to understand the biggest problems in these Mission areas."

In this next year, accountable to the NWL ICB through the R&I Board, we will be focussed on working with the whole health and care ecosystem to understand the biggest problems in these Mission areas. We will support by horizon scanning for solutions, harnessing our strong national and international networks in research, innovation and industry. We will use these current and new relationships - particularly in the voluntary and community sector - to crowd-in the right mix of skills and experience to tackle the issues. All whilst continuing to be driven by real world evidence gathering, both as host to to Discover-NOW, the London SDE, and through our ongoing partnership with Ipsos UK.

"We will use these current and new relationships - particularly in the voluntary and community sector - to crowd-in the right mix of skills and experience to tackle the issues."

It's hard to know how the incredibly difficult times our health system is experiencing are in the grand arc of history. But it is clear to see that there are still tremendous opportunities for more joined-up working to organise care better and move from sickness to genuine healthcare. One thing is certain, working with others to solve problems is how we will all succeed in achieving a healthier population and an NHS for future generations.

We believe that our NWL research and innovation ecosystem as a whole is far greater than the sum of our parts, and we feel privileged to support our partners and be a part of this solution.

"One thing is certain, working with others to solve problems is how we will all succeed in achieving a healthier population and an NHS for future generations."

Find out more

- www.imperialcollegehealthpartners.com
- www.discover-now.co.uk
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