Impact Report

2023/24

IMPERIAL COLLEGE HEALTH PARTNERS

Introduction

2023/24 has been a pivotal year for Imperial College Health Partners as we have supported the North West London Integrated Care System (ICS) to mobilise a Mission-led approach to research and innovation (R&I). This bold and ambitious move has meant convening our NW London R&I ecosystem to focus on a small number of health priorities where our collective efforts and resource can lead to bigger gains.

It's a move that, over the past 12 months, has truly tested and embedded ICHP's purpose – to innovate through collaboration for a healthier population – within the context of our NW London system. The Missions have, for the first time, aligned the priorities of multiple organisations to best-support the needs of our local population – creating the foundations to systematically implement, iterate and scale innovation that works, ensuring that we can collectively improve outcomes in population health and healthcare, prevent ill health, and tackle inequalities.

This Mission-led approach has also supported more effective integration of national innovation priorities set out by our commissioners at NHS England, including the Patient Safety Collaborative (PSC) and the Office for Life Sciences (OLS). Marrying this national drive – leveraging associated funding – with local priorities is creating on-the-ground momentum to adopt and spread innovation as part of an existing or new pathway, with some early examples of impact this past year including:

86% of **1,322** patients experienced a decrease in cholesterol levels as part of piloting a new care model for lipid management, with 45% of these brought to cholesterol target

+400 additional Blood Pressure checks with **50 patients** identified for follow-up across five Primary Care Networks funded for The Big Case Find in May '23

50% reduction in amount of opioids prescribed in patients receiving a structured medicines review at one Hammersmith & Fulham GP practice, following implementation of pharmacist-led review model

85 clinicians involved in local polypharmacy master classes supporting Primary Care colleagues to empower patients through Structured Medication Reviews

110 care home staff received in-person training to support sustained use of deterioration management tools for early intervention in care homes

Equally, Missions have enabled us to clearly identify and signal local system need and demand, supporting a more joined-up, cohesive offer to industry and innovators. In this first year of the Mission-led approach, 75 innovators with solutions supporting the Missions have been identified to receive enhanced support (183% against target); a £10,000 NHS NW London Mission prize was established in partnership with London Business School's Healthcare Club to identify targeted innovations, with mentorship provided to shortlisted applicants from industry and academia; and 36 innovators were given the opportunity to showcase their solutions and co-design Mission outputs at ICHP's four Innovation Forum events.

In year two we anticipate greater opportunities to strengthen delivery in real-world validation (including evaluation) and adoption and spread through Mission Innovation Networks. These networks will effectively provide a vehicle for establishing 'Living Labs' – creating the conditions for change by combining teams with real-world problems together with industry, VCSE and other partners, and real-world data.

ICHP's role in mobilising and starting to implement the NW London Missions has received widespread endorsement from our Board, Members, and the ICB's Research & Innovation Board. This provides clear direction for the next period. That said, continuing fiscal challenges facing our partners and the wider NHS, means it is necessary to take stock of how we best use our limited resource. As part of our 2024/25 business planning, we will be undertaking a restructure to ensure the future of ICHP. Such a change is never easy; however, it is integral to the continued success of ICHP and our sustained role as the innovation partner for NW London.

Reflecting our dual aims, this 2023/24 Impact Report is presented in two parts – drawing on specific examples and case studies from our work over the last 12 months:

1. **Implementing a Mission-led approach to research and innovation**
   Summarising the three Missions and identified innovation opportunities, including how ICHP has integrated industry and innovator support and national innovation priorities.
2. **Increasing health innovation capabilities and capacity**
   Comprising intelligent use of data through the Discover-NOW London SDE (hosted by ICHP), public and patient involvement and engagement (PPIE), evaluation, and enabling clinical innovation leaders.

Thank you to our partners and collaborators across NW London and beyond, and we look forward to progressing our collective ambition to deliver the NW London Missions.

Mark Walport
Chair

Axel Heitmueller
Managing Director

2023/24 AT A GLANCE

In 2023/24 we have worked collaboratively with system partners to continue to embed health innovation capabilities in NW London, alongside the implementation of three targeted Missions to positively impact health and care for our local population.

Implementing a mission-led approach to research and innovation

+260 stakeholders

across health, social care, third-sector, patients, and industry, involved in 4 Innovation Forums across the 3 NW London Missions.

75 INNOVATORS

with relevant solutions for the NW London Missions identified to receive bespoke support.

7 CVD CHAMPIONS

recruited across 8 NW London Boroughs to embed innovation supporting prevention, detection and treatment optimisation.

58 NW LONDON SERVICE USERS

involved in Mission 'Discovery' phase to understand challenges and priorities from lived experience

£10,000

funding to support innovator recipient of NHS NW London Mission prize as part of London Business School's HealthTech Challenge.

+140 LITERATURE SOURCES REVIEWED
+90 STAKEHOLDERS ENGAGED
+100 HOURS OF INTERVIEWS ANALYSED

for Mission 'Discovery' phase to articulate innovation opportunities

36 INDUSTRY/ INNOVATOR ATTENDEES

at Innovation Forums, with the opportunity to showcase solutions and co-design Mission outputs with system stakeholders.

6 CLINICAL INNOVATION FELLOWS

recruited to connect research, innovation, and clinical delivery agendas across the Missions

Developing health innovation capabilities

86%

of 1,322 patients experienced a decrease in cholesterol levels as part of piloting a new care model for lipid management, with 45% of these brought to cholesterol target.

£500K

Investment secured towards the development of a Clinical Effectiveness Group in NW London

+70

HOUNSLOW RESIDENTS

engaged around barriers preventing the adoption of digital health technology.

50%

REDUCTION IN AMOUNT

of opioids prescribed in patients receiving a structured medicines review at one Hammersmith & Fulham GP practice, following implementation of pharmacist-led review model.

+400

additional Blood Pressure checks with 50 patients identified for follow-up across 5 Primary Care Networks funded as part of The Big Case Find ‘23 campaign

Evaluation of new care model to reduce waiting times for outpatients evidenced a 2-month decrease in average waiting time plus 6% increase in definitive diagnosis.

+90,000

People consented to be contacted for research purposes via the NW London Health Research Register

+100

Londoners involved in public deliberation to recommend how health data is used for research and development

100%

OF PRIMARY CARE STAFF

involved in piloting a new care model for lipid management reported feeling more confident in managing patients along the lipid pathway

132

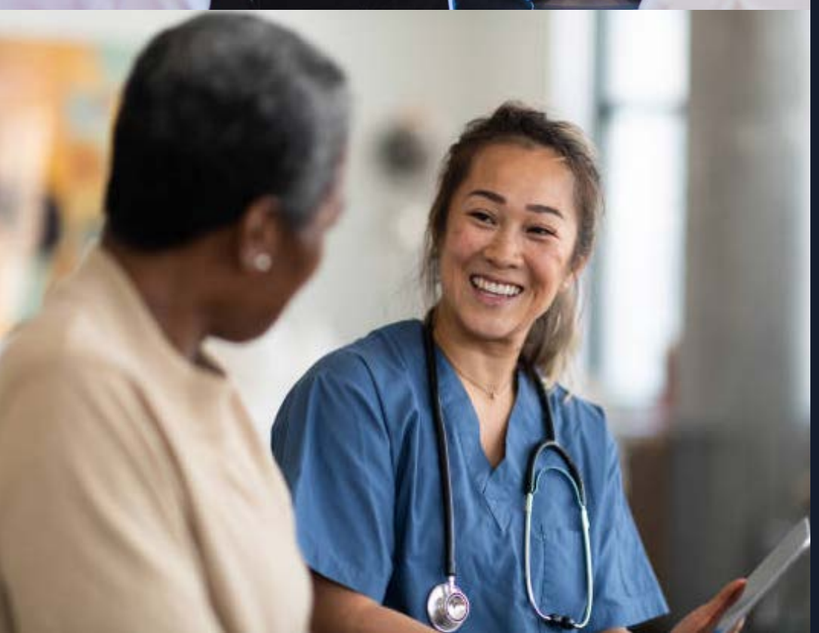
INNOVATORS

supported through ICHP’s Innovation Exchange function

110 CARE HOME STAFF received in-person training to support sustained use of deterioration management tools for early intervention in care homes.

85 CLINICIANS

involved in local Polypharmacy master classes supporting Primary Care colleagues to empower patients through Structured Medication Reviews



Implementing a mission-led approach to research and innovation in North West London

- Mobilising the North West London Missions
- Aligning national innovation priorities
- Integrating industry and innovator support

Mobilising the North West London Missions

NW London has a thriving R&I ecosystem and is home to some of the most internationally renowned health services and academic institutions. In the last 12 months, our local system, aligned with the wider NW London strategy, has started to implement its collective ambition to harness the power of R&I to improve the health of our population through a Mission-led approach to innovation.

This approach brings the system together like never before, focusing on a smaller set of major health system challenges so that we are more impactful and effective in the work that we do. The NW London Missions align the priorities of multiple organisations, ensuring we are focused on the needs of our local population and will best support the system to implement innovation, through scaling what works to benefit patients and service users in a timely way.

Prioritising where collective effort can lead to bigger gains and more impact for our population, NW London's R&I Board previously identified the following three Missions:

Mission 1: Optimising care for long-term conditions (starting with Cardiovascular Disease)

Mission 2: Enabling more days at home

Mission 3: Supporting children and young people's mental health

As the innovation partner for NW London, ICHP has coordinated the mobilisation of these three Missions – kicking off in April 2023 and bringing together insights, experience and expertise from across the health and care system in a way that has not been done before.

We've conducted extensive research into each Mission: in-depth engagement with system leaders, frontline health and social care staff, patients and carers; quantitative data analysis; and horizon-scanning innovations and solutions to identify challenges that have proven successful elsewhere.

We've ensured the input and involvement of clinical expertise within each Mission through onboarding Clinical Innovation Fellows and Champions from across our NW London health and care partners, and have continued to place patients at the heart of this approach by recruiting Lived Experience Partners.

This extensive discovery phase has identified 2-3 innovation opportunity areas across each of the Missions where adoption and spread has the potential to create the greatest impact for our patients, population, and workforce. It has positioned continued delivery for 2024/25 as we begin to test, iterate and evaluate identified innovation in appropriate real-world settings via selected Implementation Sites.

Mission 1:

Optimising care for long-term conditions (starting with CVD)

Cardiovascular Disease (CVD) has an incredibly detrimental effect for our local population and their families. In NW London CVD is responsible for 4,000 strokes, 2,500 heart attacks and 3,000 deaths each year – as well as being one of the largest contributors to health inequalities, with major inequity around access to services.

Tackling CVD cannot be done in silo. It is impacted by multiple factors and wider determinants, e.g., socio-economic position, education, and diet, and therefore we must take an individual's whole experience into account. Our Mission-led approach to CVD is bringing together health, academia, charities, local authorities, innovators, industry and patients to tackle this collaboratively.

The ambition for NW London is that by 2029 we will have prevented 25% of heart attacks and strokes in our local population, whilst actively addressing health inequalities.

The three identified innovation opportunities include:

- **Prioritising prevention:** Taking a coordinated, system level approach to tackling the environmental, psychological, and social determinants of CVD, focussing on targeting the most at-risk population groups.
- **Closing the detection gap:** Reducing unwarranted variation in the detection of CVD by integrating services to ensure that case-finding and detection are not completed in isolation.
- **Treatment optimisation:** Increasing the number of residents being treated to target of 5,400 over five years, and increase appropriate monitoring for Atrial Fibrillation, Blood Pressure and Cholesterol.

A further opportunity has also been identified with regards to system enablement in the CVD space. This fourth area incorporates CVD Champions, Clinical Innovation Fellows, identifying funding sources/cycles, and evaluation.

Mission 2:

Enabling more days at home

The acute system in NW London is under immense pressure. In March 2023, circa 400 patients in a NW London hospital experienced a delayed discharge – and over 50% of these patients had been in hospital for 21 days or more. Many of these stays are preventable and unnecessary – with patients able to receive treatment and recover more quickly at home or in other settings.

The ambition for NW London is that by 2026 we will enable 50,000 residents to spend 180,000 more days at home with the right support for them and their families. Residents will only spend days in a hospital, community, or mental health care bed when it is the best place to meet their health and care needs. Staff in all settings will feel they have the right resources to provide the best possible care.

To realise this ambition we are working collaboratively on three identified innovation opportunities:

- **Frailty Urgent & Emergency Care (UEC) demand prevention:** Using a Population Health Management (PHM) approach to identify specific patient cohorts including dementia and care home residents who can benefit from preventative management and intervention.
- **Predictive long Length of Stay (LoS):** Using data science and AI to predict people most likely to be at risk of long LoS (and readmission to hospital) to implement proactive and intervening support.
- **Discharge coordination optimisation:** Implementation of technology solutions to optimise discharge coordination by, (i) supporting the collaboration of teams across multiple settings, and (ii) providing an improved pathway which connects patient need with the most suitable care provider.

Mission 3:

Supporting children and young people's mental health

In 2022 over 17,400 children and young people (CYP) accessed mental health care in NW London. 383,882 CYP aged between 5 and 17 years are estimated to have a mental health condition, of which it is estimated that 4,349 (11.3%) have three or more conditions (Public Health England 2018).

Identified innovation opportunities include:

- **Crisis care:** Preventing CYP in NW London from experiencing avoidable mental health crises due to inequality, stigma, or inaccessible care, and improving outcomes for CYP in crisis.
- **Neurodevelopmental disorders:** Enabling early equitable access and shrinking waiting times to assessment for ADHD and Autistic Spectrum Condition using data-driven insights and innovations.

Two Lived Experience Partners have been recruited to support co-design and help shape a strategy that reflects the needs and preferences of the population that this Mission seeks to serve.

Aligning national innovation priorities

The NW London Missions are reflective of national innovation priorities aiming to impact outcomes and efficiencies across key areas of population need and where inequity exists.

In updating ICHP's operating model at the start of the 2023/24 financial year, we have maximised the integration of our work on national priorities and programmes with local priorities – importantly the coordination and delivery of the Missions (see figure i.). This not only streamlines and augments funding and resources, but the potential for increased adoption and spread, and therefore greater impact for patients and populations beyond NW London.

Marrying national drive – and leveraging associated funding initiatives – with local need creates on-the-ground momentum to adopt, test and iterate innovation as part of an existing or new pathway. This is demonstrated through:

- The Accelerated Access Collaborative's (AAC) Innovation for Healthcare Inequalities Programme (InHIP) where NW London sought to increase access to Direct Acting Oral Anticoagulant (DOAC) medication to treat AF.
- Leveraging NW London's lipid management pilots sites to support the uptake of and access to appropriate medicines, including novel therapies such as PCSK9 inhibitors and inclisiran – supported by the AAC's Rapid Uptake Products Programme.

	Mission 1: Optimising care for long-term conditions (starting with CVD)	**Mission 2:** Enabling more days at home	**Mission 3:** Supporting children and young people's mental health
The Health Innovation Network's national adoption and spread programmes *(commissioned by NHS England)*	CVD Prevention Polypharmacy Programme	Ageing and Care Homes	Mental Health and Neurodiversity
Patient Safety Collaborative's Safety Improvement Programmes *(commissioned by NHS England)*		Managing Deterioration Safety Improvement Programme	Mental Health Safety Improvement Programme (concluded September '23)
Missions outlined in UK Life Science Vision *(Office for Life Sciences)*	Treatment and prevention of CVD	Improving translational capabilities in neurodegeneration and dementia	Increasing the understanding of mental health conditions

Figure i. Integration of national and local innovation priorities

CASE STUDY:
Integrated working in Lipid Management

This case study is an output from a joint working project between Daiichi Sankyo UK Ltd and ICHP, NW London ICS, NW London CVD Clinical Reference Group. Daiichi Sankyo UK Ltd co-funded and provided project management expertise. This case study has been written by ICHP and Daiichi Sankyo has not had any input into the content.

High levels of cholesterol, caused by too many fatty particles (known as lipids) in the blood, can increase the risk of CVD events such as heart attacks and strokes. Leveraging our Living Lab approach, ICHP facilitated the design, delivery and evaluation of four paired lipid management pilot sites to address the detection and treatment gaps in individuals with high cholesterol levels, using a proactive population health management approach.

Four integrated pilot sites were comprised of one Trust paired with one or two local primary care networks (PCNs):

- **Chelsea and Westminster Hospital NHS Foundation Trust, and Inclusive Health PCN**
- **Royal Brompton and Harefield Hospitals, and HH Collaborative PCN**
- **Imperial College Healthcare NHS Trust, and Healthcare Central London**
- **London North West University Healthcare NHS Trust, K&W North PCN, and Sphere PCN**

An important component of these pilots was case discussion at virtual weekly trust-led lipid multidisciplinary team (MDT) meetings for complex cases that potentially required specialist referral or where specialist input was otherwise needed to agree an appropriate management plan in primary care.

Across the five participating PCNs, 2,680 patients were reviewed with 1,322 patients (49%) deemed suitable for intervention. Of the patients for whom there was sufficient data available in the time period:

86% experienced a decrease in cholesterol levels

45% were brought to cholesterol target (using Joint British Societies' recommendation cited in NHS AAC national guidance)

76 patients were referred for Familial Hypercholesterolemia genetic screening (FH is an inherited condition which can cause very high cholesterol levels). 30 results were obtained to date and of these, 57% (17/30) were identified as having a high-risk genetic feature, including 30% (9/30) genetically confirmed to have a diagnosis of Heterozygous FH.

575 patients discussed lifestyle interventions with their healthcare professional

322 patients had changes made to their medication

100% of primary care staff survey respondents agreed or strongly agreed that they felt more confident managing patients along the lipid management pathway than at the start of the project.

Following the success of the MDTs via this project, ICHP has supported a limited run of expanded Virtual Lipid MDTs delivered by four Trusts, to cover a wider set of PCNs beyond those supported in the pilot. We are continuing to strengthen learnings to support further spread and scale of effective joint-working mechanisms to support patients and the NW London system.

"The lipid MDT is an amazing, efficient and impactful way to upskill clinicians. I observed major improvement in the confidence of the pharmacists in the MDT meetings." **Pharmacist**

Read more...

Tackling local health inequalities →

Managing deterioration in care homes →

Working in partnership: **NW London ICS, NW London CVD Clinical Reference Group, Daiichi-Sankyo**

Integrating industry and innovator support

We have worked closely with NW London ICS to integrate our Innovation Exchange with the Missions since they launched in April ’23. Funded by the Office for Life Sciences (OLS), this function identifies innovation for local adoption.

The Mission-led approach has enabled us to clearly identify and signal system needs and communicate demands to industry and innovators. We have also been able to provide an enhanced level of support to the companies and solutions which align with the innovation opportunities identified within each Mission. This support has included:

1. **Enhanced innovation surgeries to support market research and product development, for example:**
    - A company with a solution relevant to Mission 3 has received bid support for a successful stage one application to National Institute for Health and Care Research (NIHR) Invention for Innovation (i4i) programme.
    - A company with an innovation relevant to Mission 1 received product development support to better understand and navigate coding for NW London electronic health records.
2. **Connections across relevant local networks, for example:**
    - Horizon-scanning for solutions relevant to each Mission has been presented to relevant NW London ICS Clinical Reference Groups and governance boards.
3. **Implementation to support real-world validation, for example:**
    - Ongoing evaluation of EkoDuo - combined digital electronic stethoscope and handheld ECG providing greater insight into heart function - as part of the wider Tricorder project led by Imperial College London (as relevant to Mission 1).
    - Evaluation of four Trust/PCN paired lipid management pilot sites to address detection and treatment gaps in individuals with high cholesterol levels (as relevant to Mission 1).

Through integrating our industry and innovator support with the Missions, we have been able to more effectively bridge the gap between NHS need and relevant solutions. Outputs and outcomes include:

75 innovators with solutions supporting the Missions identified to receive enhanced support (183% against target)

61 applications received for NHS NW London Mission prize launched as part of London Business School Healthcare Club’s HealthTech Challenge

£10,000 funding to support innovator recipient of NHS NW London Mission prize, with mentorship provided to shortlisted applicants

36 industry and innovator attendees at ICHP’s four Innovation Forums, with the opportunity to showcase their solutions and co-design Mission outputs

80 Net Promoter Score of Innovation Surgeries with 70% of participants reporting that this support exceeded their expectations

As the Missions progress through 2024/25 and we start to test and iterate innovations within the identified opportunity areas, there will be greater opportunities to strengthen delivery in real-world validation (including evaluation) and adoption and spread. This will also include supporting a system-wide response through NW London’s R&I Board to tackle key barriers for effective and sustainable adoption and spread which industry and innovators experience repeatedly.

“Receiving personalised advice and critique based on our specific situation and needs was extremely helpful. It allowed us to view our project from different perspectives and further refine our plans and strategies.”

Anonymous feedback,
Innovation Surgery participant

“Tangible next steps to complete to put forward a stronger NHS value proposition, with an invitation to come back for repeat feedback once the changes were made. Opportunities for further projects also offered via ICHP.”

Anonymous feedback,
Innovation Surgery participant

CASE STUDY: How Innovation Forums bridged local system need with industry offer

ICHP hosted a series of Innovation Forums in the final quarter of 2023/24, marrying our enhanced support offer for industry and innovators as commissioned by the OLS, with Mission delivery.

Having identified key innovation opportunities for each Mission, these in-person forums brought together almost 300 stakeholders from NW London's Integrated Care System ('demand-side') with industry and innovator partners ('supply-side') to:

- **Foster collaboration and knowledge-sharing between attendees, including insights, experiences, and solutions with the potential to address identified challenges and innovation opportunities in each Mission**
- **Signal local demand and priorities by distilling problems identified within each Mission and communicating where innovation efforts will focus**
- **Start to mobilise existing and developing health innovation networks in line with Mission's innovation priorities**

36 industry and innovator representatives attended the event, with the opportunity to showcase their solutions. Co-designed outputs from the Innovation Forums included:

36 **INDUSTRY AND INNOVATOR REPRESENTATIVES ATTENDED THE EVENTS**

Mission 1: Principles of delivery for Innovation Networks

Mission 2: Heatmap of where on the acute pathway identified innovation could create most impact

Mission 3: Shared definition of 'crisis' for NW London; prioritised problem areas for children and young people in crisis; ranked innovations with the potential for most impact for young people and their families (neurodevelopmental pathways)

"More of the same - it was a great event!" Attendee

"It was well organised, paced well, a good mix of speakers and opportunities for discussion." Attendee

"This was a very enjoyable event and engaging in ways of thinking more broadly about the role of innovation in supporting the NW London residents to spend more days at home. To date, it was best event that I have attended." Attendee

Read more...

Partnering with London Business School's HealthTech Challenge →

Working in partnership: NW London ICB

Increasing health innovation capabilities and capacity in North West London

- Increasing capability and capacity
- Data and insights
- Public and Patient Involvement and Engagement
- Evaluation
- Enabling clinical innovation leaders

Increasing capability and capacity

If we, as a NW London system, are to realise our collective ambition of creating more impact for our population through our Mission-led approach, we must continue to nurture and strengthen our ability to adopt, adapt, and scale innovation that works - including creating the conditions for change and ways of working to enable this.

ICHP is helping to increase this innovation capability and capacity in four distinct ways:

Intelligent use of data - harnessing NW London assets including WSIC and Discover-NOW datasets to turn clinical interactions into data, data into information, information into insight, and insight into action.

Embedding public and patient involvement and engagement to enrich qualitative insights through lived experience, co-design interventions and solutions, and inform changes to policy and practice.

Supporting robust and timely evaluation, contributing to a learning health system that applies best evidence to make sure we are doing the right things. This includes helping to standardise an approach to evaluation in NW London.

Enabling clinical innovation leaders and nurturing an innovation mindset across our NW London workforce through structured education, cultivating networks and forums for knowledge-sharing, learning and best practice, and creating opportunities for Innovation Fellowships within Missions.

Data and insights

ICHP has continued to incubate Discover-NOW ahead of a regional ambition to transition this real-world evidence hub into a London-wide Secure Data Environment (as part of NHS England's planned national network of SDEs).

Alongside sustained commercial growth, in the past 12 months the Discover-NOW team has focused on refining its offer with industry and academic partners to best enable the use of real-world health data for research, supporting the development of new treatments and analysis of how health and care is delivered to improve patient experiences and outcomes. Learning and insights through industry engagement have been collated and shared nationally to support the development of Sub National SDEs, in alignment with the Government's Life Sciences Vision.

+90,000 people consented to be contacted for research purposes via the NW London Health Research Register (an increase of **+20,000** from March '23)

46% conversion rate from the utilisation of the NW London Health Research Register (a recent project contacted 50 people with frailty in four days, with 23 of these registering interest in the project)

Sign-up of UK's first Secondary Care Trusts to provide data to **FARSITE** (Feasibility and Recruitment System for Improving Trial Efficiency) patient recruitment tool

52 publications to date, including 25 peer-reviewed publications and **10** in total for 2023/24

Discover-NOW's collaboration with the NW London Missions has led to codes being developed for clinical guidelines for diagnosing mental health conditions in children

CASE STUDY: The economic and healthcare burden of dementia in the UK

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

Discover-NOW was commissioned to undertake a retrospective study and health economic analysis as part of one of the largest UK studies of healthcare resource utilisation by patients with dementia.

Based on a cohort of 26,097 dementia patients in NW London, the study considered costs associated with dementia beyond health and social care, compared healthcare costs of undiagnosed patients compared to diagnosed patients, and analysed population forecasts and trends to project costs up to 2040.

Outputs evidenced:

- **Forecast cost of dementia in the UK: £42 billion in 2024, increasing to £90 billion by 2040**
- **Largest cost associated with dementia is that of unpaid care (accounting for 50% of the total in 2024)**
- **Second largest cost is social care, which - on average - is nearly three times higher for people with severe dementia than people with mild dementia**
- **Diagnosis and treatment is currently a very small source of costs, with 1.4% of all dementia healthcare costs spent on memory assessments and dementia specific treatments**

The study has received widespread media coverage with the Alzheimer's Society using these outputs to prompt urgent action from Government and NHS to improve early diagnosis.

Read more.

Working in partnership: Carnall Farrar, Alzheimer's Society

CASE STUDY: Proactive treatment to improve the welfare of people in Sickle Cell crisis

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

Discover-NOW worked with Novartis to understand and quantify potential cost savings of proactively treating Sickle Cell patients with a patented drug to prevent crisis.

Vaso-occlusive crisis (VOC) in people with Sickle Cell Disease (SCD) occurs when blood vessels become blocked to the point where tissues are deprived of oxygen.

These events cause extreme pain and can lead to further health complications if left untreated. SCD is estimated to affect between 12,500-15,000 people in the UK and occurs predominantly in people of African and African-Caribbean origin[1]. Little research has comprehensively characterised the frequency of VOCs in patients with SCD and documented their healthcare service usage. Outputs evidenced:

- **A higher prevalence of SCD in NW London (432 cases per million population) compared to UK prevalence (265 cases per million)**
- **53% of VOCs are not explicitly recorded as a VOC but are suspected to be VOC events - indicating that more accurate recording is needed**
- **The cohort of 1,007 patients with SCD had +62,000 interactions with the healthcare system over a five-year period**
- **The average costs per year of treating patients with high frequency VOC is £38,024. This is approximately three times the cost of treating patients with low frequency VOC (£12,780) and nine times the cost of treating patient with no VOC (£4,170)**

This study evidences significant reductions in cost and improvement in patient welfare that could be gained by proactively identifying and providing treatment of VOCs in patients with SCD.

[1] National Institute for Health and Care Excellence, accessed 22 May '24

Read more...

Health impact of being an unpaid carer →

Working in partnership: Novartis

Public and patient involvement and engagement

Public and patient involvement and engagement (PPIE) is key to strengthening our health innovation capabilities in NW London: evidence demonstrates that when patients are treated as partners in their care, there are significant gains in safety, satisfaction, and health outcomes[1]. In 2023/24 we've worked much more closely with the ICB to better align resources, shared learning, and outputs, as part of a developing NW London PPIE network.

Another key focus has been embedding PPIE across the three Missions to ensure that service users are meaningfully involved in informing, shaping, and delivering the Mission goals. To date, this includes:

20 patient, service user and carer representatives at Innovation Forums. **Read more**

58 patient, service user and carer representatives involved in depth interviews and focus groups as part of Mission 'Discovery' phase to understand challenges and priorities from lived experience.

40 patient, service user and carer representatives involved in prioritising Mission innovation opportunities. **Read more**

2 Lived Experience Partners involved in shaping strategy and tactics for the Mission supporting children and young people's mental health.

Our continuing Deliberation and Engagement partnership with Ipsos UK has ensured that ICHP is uniquely placed within the Health Innovation Network to involve citizens in decision-making about complex health and care related challenges.

- In 2023/24 this partnership has delivered a London-wide deliberation, in partnership with the OneLondon Health Data Strategy Programme, to form recommendations that will shape the development on the London Secure Data Environment.
- We have also embarked on a regional deliberation, commissioned by NHS England (London Region) jointly with London's five ICBs, to inform the transformation of Primary Care. This project is ongoing until September 2024.

[1]NHS England

CASE STUDY: Deliberation on access to and charging for London's Secure Data Environment

Continuing to build public trust and involving citizens in the use of health data is central to the OneLondon Health Data Strategy.

Through this programme partners across the capital are developing the London Secure Data Environment (SDE), bringing pan-London data together to improve direct care, planning and research for the benefit of Londoners.

Building on previous London-wide deliberations, the OneLondon Citizens Advisory Group (CAG) - comprising 102 Londoners reflective of the capital's diverse population - came together in summer '23 to form recommendations to shape development of the SDE, addressing two key questions:

1. **What criteria should the SDE's Independent Information Access Group use when deciding to permit direct access to deidentified data, including for non-member organisations?**

2. **What criteria should drive decisions about charging, and what are the principles that underpin more complex interdisciplinary partnerships?**

In partnership with the OneLondon Health Data Strategy Programme, ICHP and Ipsos UK were commissioned to design and deliver this public deliberation. The three-day process comprised expert presentations, table discussions to seek participant views and deliberate associated trade-offs, and plenary sessions to feed discussion more widely.

Outputs of the deliberation, which are now being used to set the direction for the OneLondon Health Data Strategy and SDE going forward, include:

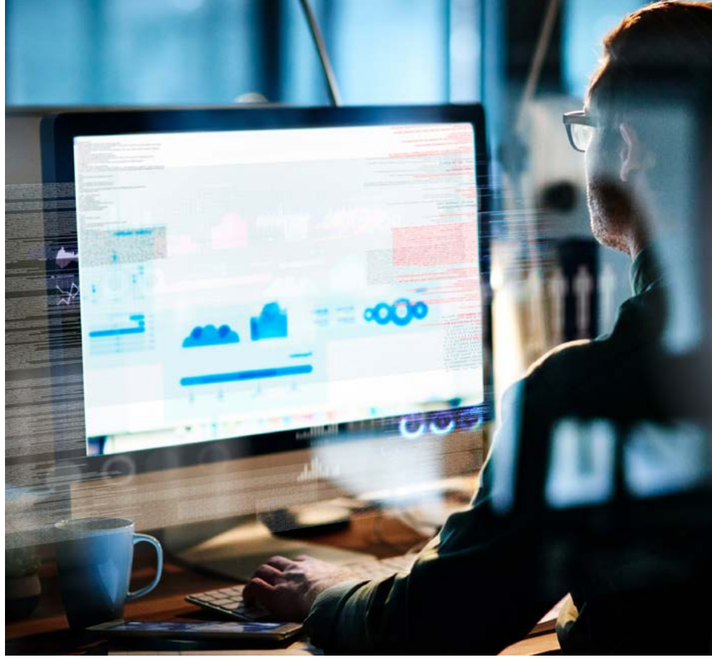
- **A set of principles and expectations for direct access to the London SDE - most importantly a clear and demonstrable public benefit, with detail including how access requests should be prioritised, and 'red lines' as to organisations that should not have access.**
- **A set of principles and expectations as to how direct access should be charged - including a tiered pricing model (with large for-profit organisations paying more), and where discounts and additional charges should be considered.**

OneLondon has published a report of this public deliberation, including the full set of expectations, **here.**

Read more...

Co-designing a Primary Care pathway →

Digital inclusion for social health impact →



"It's genuinely gratifying to see that the voices of ordinary citizens were not just acknowledged but also instrumental in shaping policy changes. These changes, driven by our collective wisdom, have helped ensure that the use of health and care data in London respects privacy, security, and the greater good."

Deborah Millington, Citizen Representative, London Health Data Strategy Programme

Working in partnership: **Ipsos UK, NHS England (London Region), OneLondon**

Evaluation

NW London has a strategic ambition to become a learning system that: “applies best evidence to make sure we are doing the right things, avoiding the pressure to defend the status quo or expend effort implementing ineffectual and unevidenced initiatives.” [1] Robust and timely evaluation of new or existing interventions is key to achieving this ambition, enabling frontline services and system leaders and decision-makers to:

- **Understand impact and learn where improvement or iteration is needed**
- **Make informed decisions and comparable choices, including where to continue or halt funding**
- **Identify where to invest at scale**

In the past 12 months ICHP has helped to establish a consortium aiming to standardise an approach to evaluation in NW London. Reporting into the R&I Board, this work has been completed in partnership with the ICB, Imperial College Healthcare Trust, Imperial College London, the NIHR Applied Research Collaboration North West London, Brunel University London, and Kensington & Chelsea Social Council. Directly supporting the ambition of a learning health system, the aims of this consortium are:

1. **To develop a common approach and language used across the system**
2. **To develop self-service tools and guidance for use by staff with varying skill levels**
3. **To develop an offer for evaluation training and support to mitigate skills gaps**

To date, the consortium has:

- Delivered a unified four-step evaluation approach for NW London. This approach will be used to start to measure the impact of the NW London Missions in 2024/25
- Developed a minimum viable product of an integrated platform to store evaluation resources for use by the wider system. This includes a draft outcomes framework based on the Quintuple Aim for Health Care Improvement[2]

ICHP will remain a core partner within the consortium, supporting delivery of next steps including agreeing standard metrics based on use cases; consolidating existing guidance, tools and templates to support users to conduct evaluations using the four-step process; and helping to operationalise the NW London evaluation training and support offer.

[1] Health and Care Strategy for North West London 2023

[2] Quintuple Aim for Health Care Improvement (accessed 17 May ‘24)

“Standardising our approach to evaluation in NW London is core to becoming a learning health system. It’s vital that we understand what interventions and initiatives are most effective in terms of cost and efficiency, and most importantly in impacting the health and care of our population.

ICHP has been instrumental in setting up the partnership consortium which is now driving this streamlined ‘one-system’ approach.”

Dr Bob Klaber, Director of Strategy, Research and Innovation, Imperial College Healthcare Trust, NW London R&I Board

CASE STUDY: Evaluating digital literacy initiatives tackling health inequalities

ICHP worked with CW+ (the official charity of Chelsea and Westminster Hospital NHS FT) to evaluate the effectiveness of three pilots set up to increase access to digital services for people who lack digital literacy skills.

The aim was to understand how the pilots supported the wellbeing and quality of life for participants - whether through being more connected to friends and family and/or improved ability to access health services - by building digital skills and confidence.

The evaluation comprised an initial 'discovery' phase to help pilot sites to articulate the anticipated impacts; data collection and analysis throughout delivery of each pilot; and reporting to understand outcomes and impact. The three pilots included:

1. **DigitALL (led by Open Age, covering Westminster, Kensington & Chelsea, and Hammersmith and Fulham)**
2. **Powering Recovery (led by West London Trust)**
3. **Hiyos Live Channel (let by Hiyos GP practice in Hounslow)**

Over two years, the pilots delivered services to over 2,000 people in NW London and beyond. Our evaluation evidenced that:

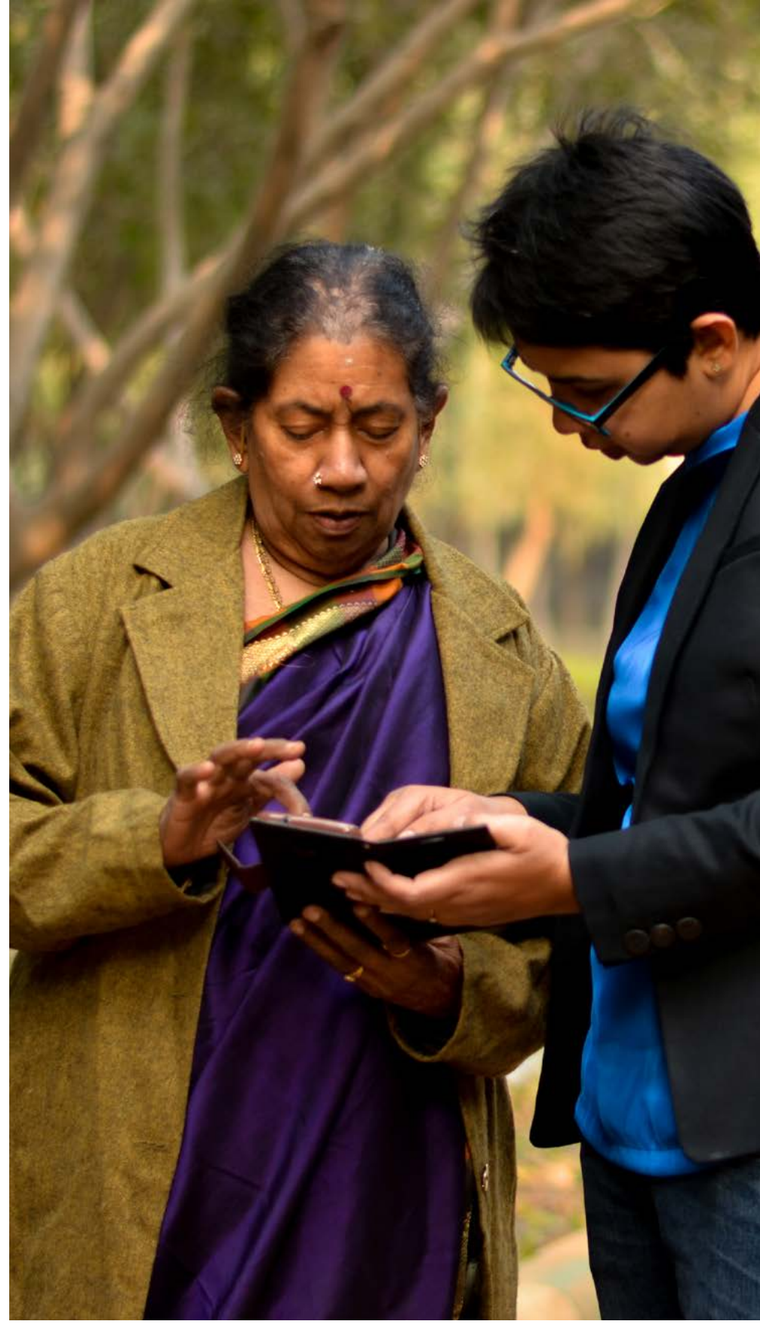
Read more...

Evaluating a new care model to reduce wait times →

- **The DigitALL pilot saw the greatest improvement in both confidence and frequency of using the internet, with the proportion of participants using the internet weekly or daily increasing from 20% at the start to 100% at the end of support**
- **Most DigitALL participants (over 85%) reported achieving their personal goals by the end of the project**
- **Powering Recovery also registered improvements in frequency of internet use, increasing from 65% of participants already using the internet at the start of support, to 100% at the end**

Participants also increased their confidence in using health services online - more than 90% of participants of the DigitalALL and Powering Recovery pilots rated the programme as "very good", as well as 70% of Hiyos workshop participants.

The evaluation was shared with digital inclusion and third sector stakeholders in NW London to support decision-making on continuing the pilots, and to derive learnings for the evaluation of other digital inclusion pilots in the region. Consequently, the DigitALL pilot has secured funding for another year.



Working in partnership: **CW+, Open Age, West London NHS Trust, Hiyos GP practice (Hounslow)**

Enabling clinical innovation leaders

Innovation cannot happen in silo from our health and care workforce, and - in line with the NW London strategy - there is more to be done to connect our local research, innovation, and clinical delivery agendas.

Significant progress towards this goal has been made in the last year, with ICHP playing an active role in securing £500K investment towards the development of a Clinical Effectiveness Group in NW London (confirmed in April ‘24).

ICHP has also continued to build capability and capacity across our health and social care staff (helping to embed innovation as part of the ‘day job’ of delivery) through:

- **Structured education (e.g. Core strand of CVD Champions programme)**
- **Cultivating networks and forums for knowledge-sharing and best practice (e.g. Innovation Forums and CVD case-finding)**
- **Creating opportunities for Innovation Fellowships within Missions, with six Fellows recruited to date**

> There is more to be done to connect our local research, innovation, and clinical delivery agendas.

CASE STUDY: Supporting CVD Case Finding through education and shared learning

In response to the needs of our local Primary Care Networks (PCNs) as per their contracted requirements to improve identification and diagnosis of CVD, we worked with ICB colleagues and the CVD Clinical Reference Group (CRG) to develop and deliver a cohesive plan for CVD education.

The aim of this education offer, which kicked off in April '23, was to support primary care staff adopt a population health management approach to CVD care - using data to identify and target those at risk, and implement relevant interventions based on best practice and learning.

The offer comprised a quarterly series of interactive webinars focused on Case Finding and patient reviews, each featuring clinical expertise and showcasing local examples and case studies from different PCNs of what was working well. These regular sessions were complemented by shared resources circulated to attendees and shared via the ICHP website.

The Big Case Find

The first webinar in this series launched a local Case Finding campaign as part of World Hypertension Day. Combining this clinician-led, condition-specific education session with a month-long campaign, led to increased hypertension case-finding.

In the five PCNs provided with equivalent funding to cover a Band 7 Nurse for World Hypertension Day '23, +400 additional Blood Pressure checks were carried out with 50 patients identified for follow-up.

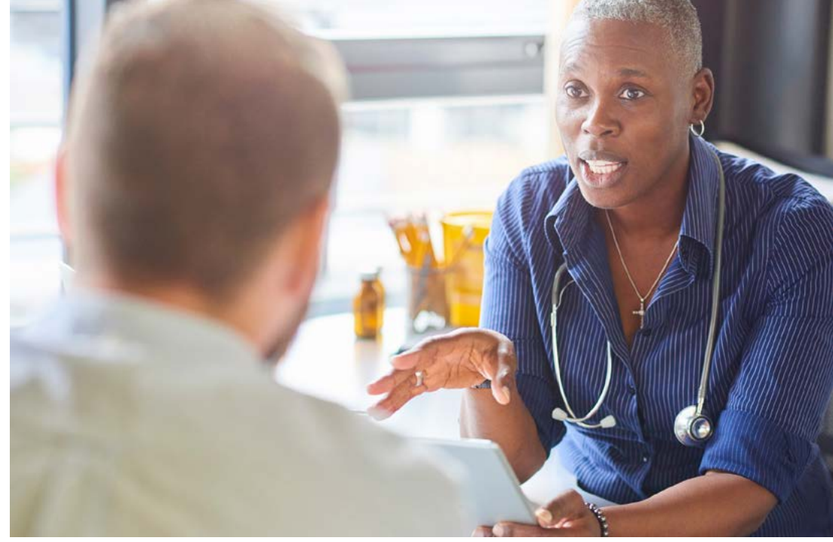
Read more...

Networked Champions to improve CVD care →

424	attendees over four education sessions
59%	of attendees were Pharmacists, indicative of Case Finding interventions led and supported by multi-disciplinary teams
4.5/5	average rating for usefulness
2,404	click-throughs to CVD-related website resources
270	additional views of recorded education sessions
2024/25	planned to continue in 2024/25 - more information available **here**

"Very informative and comprehensive."
Participant

"I will implement in my practice."
Participant



2023/24 CVD EDUCATION SERIES
Access associated resources and watch here →

Hypertension, featuring:

- Dr Neville Purssell, Former Co-Chair, CVD CRG
- Harness PCN case study, Dr Subash Jayakumar, Clinical Director
- Neo Health PCN case study, Dr Yasmin Razak, Clinical Director

Lipid Management and Familial Hypercholesterolemia (FH), featuring:

- Dr Jai Cegla, Consultant in Metabolic Medicine, ICHT, NHS England Clinical Advisor
- Dr Neville Purssell, Former Co-Chair, CVD CRG

Atrial Fibrillation, featuring:

- Dr Shazia Siddiqi and Dr Sadia Khan, Primary and Secondary Care Co-Chairs, NW London AF Working Group
- Zainab Khanbhai, Senior Cardiothoracic Surgical Pharmacist, Royal Brompton Hospital

Working in partnership: **NW London ICB, CVD Clinical Reference Group (CRG)**

Future view

Missions: moving from mobilisation to implementation

In reflecting on 2023/24 as a landmark year for innovation in NW London, there is lots we can feel proud of. The launch of the Missions has seen a bold attempt to convene our R&I ecosystem around key priorities for health improvement, where our collective efforts can lead to greater impact for our local population. Mission mobilisation has been an experimental and iterative approach, with significant learning - requiring collaboration and courage in spades. Bringing the collective system on a journey of change where success is not guaranteed is, after all, the very essence of innovation.

This intensive year-one mobilisation has enabled:

- Engagement across the ICS, in addition to wider third-sector, industry, patients and public, to map - for the first time ever - system-wide challenges and opportunities aligned with Missions
- Articulation of Mission goals, setting out clear and measurable objectives for the next two to five years
- Identification of innovation opportunities aligned to each Mission, prioritising 2-3 where adoption and spread can create greatest impact

Read more about the first Implementation Sites.

2024/25 will commence Mission implementation, as we begin to test, iterate and evaluate identified innovations in appropriate real-world settings. This will involve harnessing new and existing Innovation Networks: an evidence-based approach that supports effective adoption and scaling of innovation and best practice by creating a community of momentum and movement - bringing together energy within the system with the appropriate skills, support and sponsorship for effective delivery and sustainable change. As NW London's innovation partner, ICHP has a lead role to play in establishing and coordinating Innovation Networks.

Each Innovation Network will have multiple Implementation Sites, providing an appropriate context and setting in which to test and iterate identified solutions - with outcomes, lessons learned, and recommendations captured through evaluation. Implementation Sites will have a jointly deployed team (a combination of ICHP and sector staff - including sponsorship from senior leaders) with the ability to harness the following capabilities to support co-design, implementation and learning:

- **Quantitative data and analysis via Discover-NOW London SDE**
- Qualitative insights through patient, public and professional involvement and engagement (PPPIE)
- **Evaluation support**
- **Clinical Innovation Fellows**

Innovation Networks as Living Labs

Innovation Networks will effectively provide a vehicle for establishing 'Living Labs' - creating the conditions for change by combining teams with real-world problems together with industry partners and real-world data. Whilst existing evidence and experience to date demonstrates that this is how we can create most impact, in the past the system has struggled to proactively develop the opportunities that apply all three ingredients for maximum impact.

Establishing Living Labs through the Innovation Networks will enable further integration of ICHP's offer to industry and innovators. Primarily there will be greater opportunities to strengthen delivery in real-world validation, and adoption and spread, for those solutions being tested across Implementation Sites.

A system-wide response to tackle barriers for sustainable adoption and spread

Innovation Networks also present an opportunity to further evidence and collectively tackle some of the key barriers for effective and sustainable adoption and spread. For example:

- Funding for solutions at different stages of the innovation process
- Identifying value from innovation to best articulate investment proposition
- Contracting and procurement of innovation that meets the criteria for spread

These barriers are well-documented and experienced repeatedly by industry and innovator partners. However, a system-wide response is required if we are to stand a chance of overcoming them. Coordinated and collaborative action through the NW London Missions and respective Innovation Networks therefore presents an opportunity like never before to address these challenges. The R&I Board will continue to play a vital role in this.

Setting up ICHP for future success as NW London's innovation partner

ICHP's role in continuing to mobilise and implement the NW London Missions has received widespread endorsement from our Board and Members. Equally, marrying our work locally with national innovation priorities set out by our commissioners at NHS England, the Office for Life Sciences, and the Patient Safety Collaborative, will not only continue to streamline and augment funding and resources, but the potential for increased adoption and spread, and therefore greater impact for patients and populations in NW London and beyond.

Continuing fiscal challenges facing our partners and the wider NHS has - unsurprisingly - impacted ICHP in recent years. Previously we have been able to weather many ups and downs in the wider fiscal environment of the NHS by taking a prudent approach to financial planning and bridging the gap through our reserves. As part of our 2024/25 business planning, it has been necessary to undertake a restructure to ensure the future of ICHP. Such a change is never easy; however, it is integral to the continued success of ICHP and our sustained role as the innovation partner for NW London.

Contact

ICHP

www.imperialcollegehealthpartners.com

ea@imperialcollegehealthpartners.com

X: @ldn_ichp

LinkedIn: linkedin/imperialcollegehealthpartners

Discover-NOW

www.discover-now.co.uk

discovernow@imperialcollegehealthpartners.com

X: DiscoverNOWHub