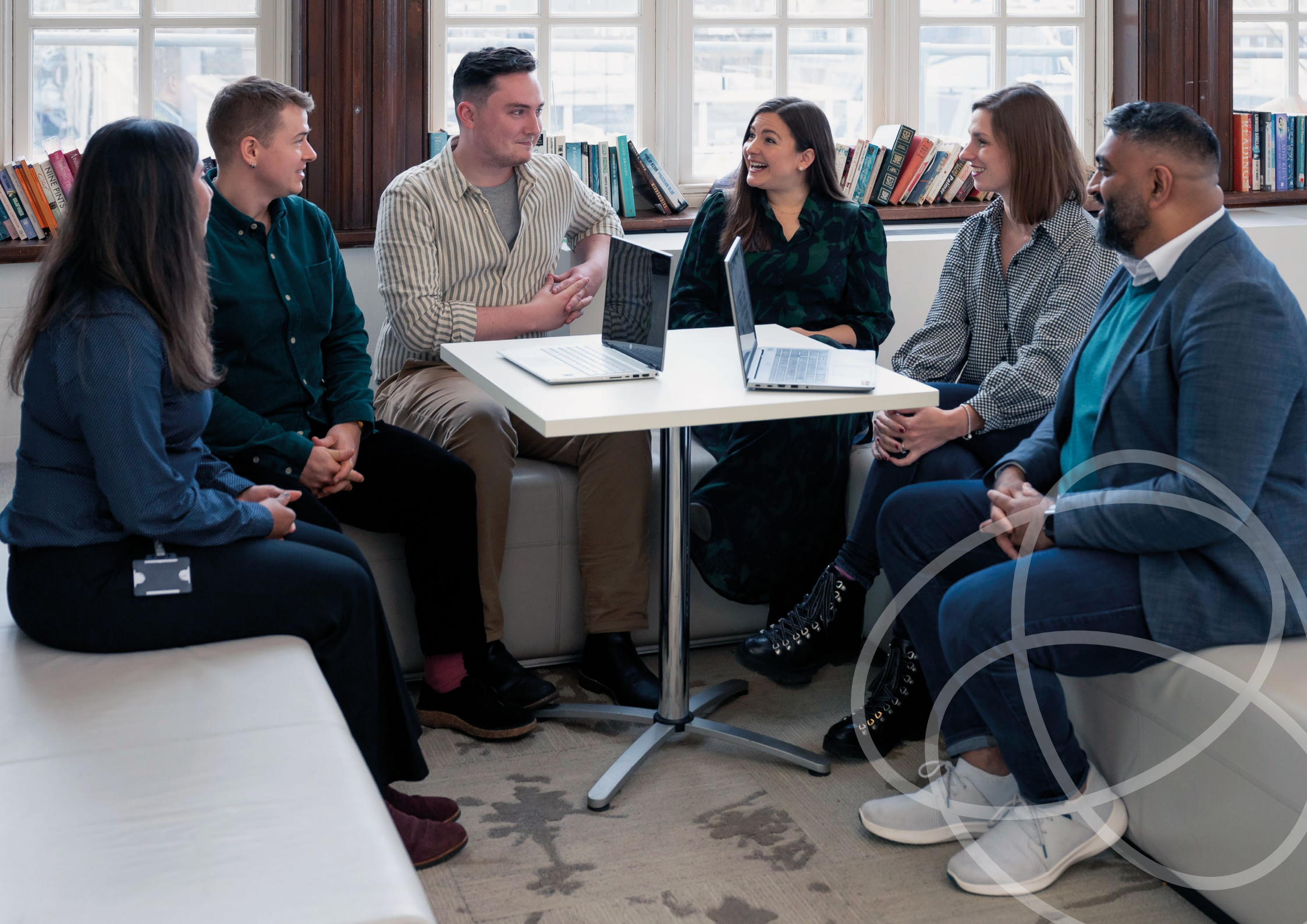
Impact Report

2024/25


NINE PINTS
READING

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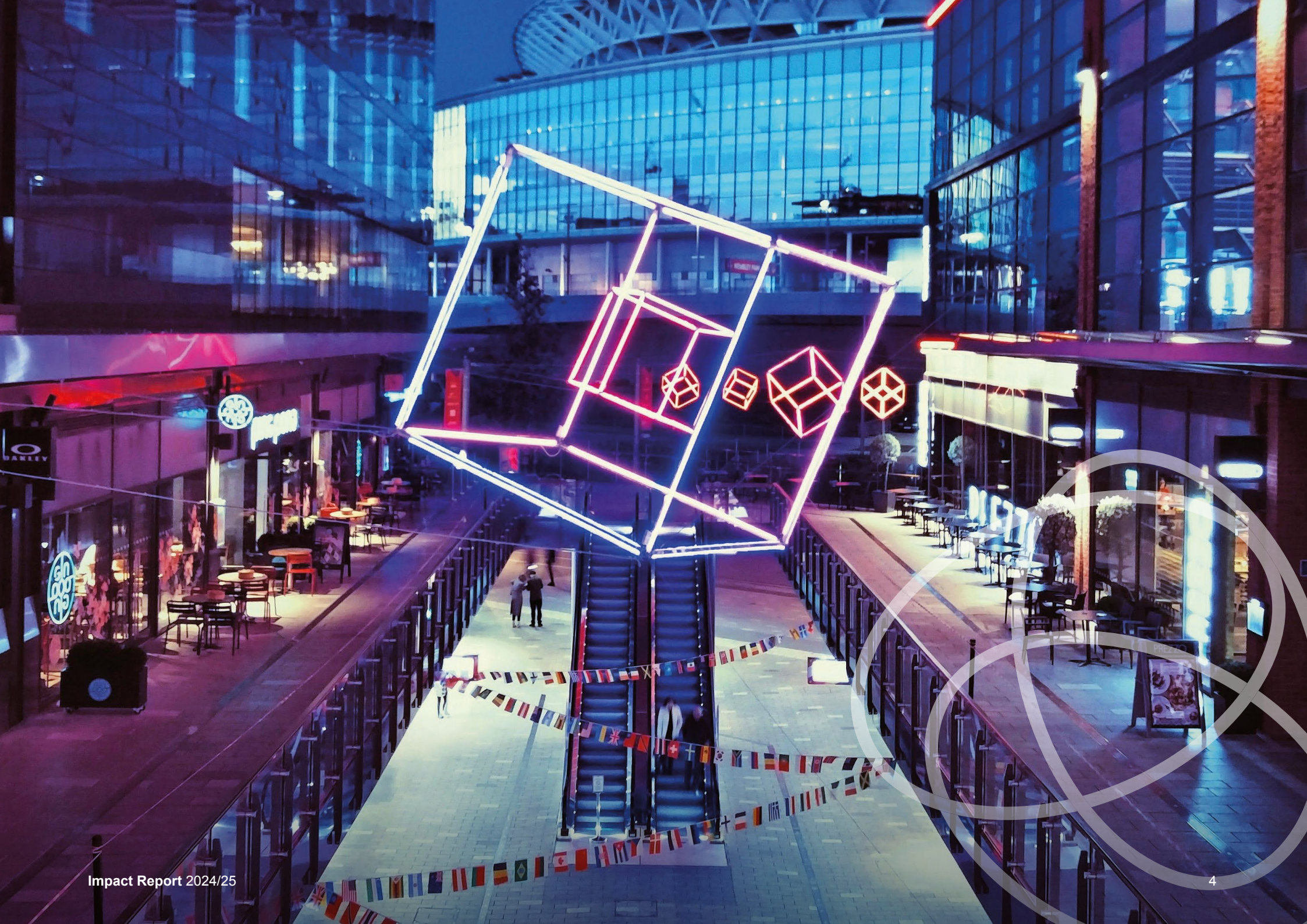


Introduction

2024/25 has been a significant year for both Imperial College Health Partners (ICHP) and the health and care system more widely. As we reflect on the last 12 months, a period marked by considerable challenge – fiscal constraints, increasing system pressures, and evolving health needs – we have remained focused on what matters most: delivering meaningful impact in North West London (NWL) for patients, communities, and our system.

Innovation is critical in meeting these challenges, making ICHP's role as the system's dedicated innovation partner more important than ever. Over the past year, we have taken steps to increase the alignment of our work to both national priorities and local realities. We have continued to drive forward the NWL Missions for Research and Innovation (R&I) in partnership with the system, moving into a delivery phase where innovation is tested, evaluated, and embedded in real-world settings.

To deliver this model more effectively, in 2024/25 we undertook an organisational restructure. This involved aligning our operating model – including our resource and expertise – around this mission-led approach to better support the needs of the system. In doing so, we have tried to ensure that we are equipped to respond to current and future challenges, whilst maximising the value we provide in a financially constrained environment.

> ***We continue to build the system's capability by focusing on the key enablers for innovation***

This Impact Report shares the outcomes of our collaborative work in 2024/25. It highlights how we are working collaboratively with partners in the system to deliver a mission-led approach to innovation, against the Government's three strategic shifts for health: *hospital to community*, *analogue to digital*, and *sickness to prevention*. Our Implementation Sites model how innovation can address real system need by testing with partners and generating robust evidence of what works in real-world settings to support spread and scale.

We continue to build the system's capability by focusing on the key enablers for innovation and adoption – through evaluation and qualitative/quantitative insights (to understand what works and what doesn't), connecting and supporting innovators, and upskilling clinical leaders. We've also maintained a strong focus on patient safety, particularly through hosting the NWL Patient Safety Collaborative (PSC).

Delivery of our national commissions via NHS England and the Office for Life Sciences, ensures that national programmes and innovator support are grounded in the needs and priorities of the NWL system. By aligning our work in this way, we can ensure that finite resources are deployed where they can achieve greatest impact.

As we look to the next 12 months, we remain focused on outcomes for our system and local population. Innovation cannot thrive in isolation – it requires a shared ambition, collaboration, partnerships, and meaningful engagement. We are grateful to our members and partners across the NHS and Local Authority, academia, industry, and the voluntary sector, who continue to work with us to unlock the potential of innovation to improve health outcomes.

Together, we are demonstrating that innovation – when aligned to system need and delivered through strong partnerships – can drive improved outcomes and support a healthier future for the people of NWL.

Dr Dominique Allwood
Chief Executive Officer,
Imperial College Health Partners

Professor Sir Mark Walport
Chair,
Imperial College Health Partners

Our approach

We exist to provide a tangible innovation offer to NWL – for patients, staff, and the system.

In 2024/25 our work has been organised in three ways to support effectiveness and ensure we deliver impact:

Testing, iterating, and scaling impactful innovation

Getting the enablers right for innovation

Leveraging value for the system and delivering Return on Investment (ROI)

Testing, iterating and scaling impactful innovation

We deliver impact for the system and our population through NWL's mission-led approach to R&I, and national commissions that align to local priorities.

We achieve this by finding, testing, and implementing impactful innovation to address the complex health challenges affecting our population.

We're focused on six key priorities:

NWL Missions:

- **Cardiovascular Disease**
- **Enabling more days at home**
- **Children and young people's mental health**

System priorities:

- **Patient safety**
- **Real-world evidence via Discover-NOW**
- **Addressing health inequalities**

Getting the enablers right for innovation

We work in close partnership across our health and research ecosystem to deliver innovation in practice.

Our diverse team provides strategic insight and practical support to help organisations navigate complexity and build long-term innovation capacity.

We do this by focusing on getting the enablers for innovation and adoption right in four distinct ways:

- **Evaluation**
- **Qualitative and quantitative insights**
- **Connecting and supporting innovators**
- **Upskilling clinical leaders**

Leveraging value for the system and delivering Return on Investment (ROI)

As one of 15 health innovation networks in England, alongside improving health, we're committed to contributing to a thriving innovation ecosystem and facilitating economic growth.

We do this by:

- **Bringing in additional revenue and investment to the system and stakeholders**
- **Generating partnerships**

As a Health Innovation Network, we have contributed to leveraging almost £500m of funding and creating or safeguarding over 900 jobs nationally.

Our year in numbers

£2.5million

revenue and investment leveraged for system and industry stakeholders, including:

£48,000

secured to implement digital innovations that **support children and young people's mental health**

+140

stakeholders across health, social care, third sector, patients, and industry involved in **3 Innovation Forums** across the NWL Missions

100

Londoners involved and engaged on the future of Primary Care through a regional deliberation, which has informed the NHS England London Neighbourhood Target Health Operation Model

242

patients and members of the public engaged across our work, including two Lived Experience Partners

132

innovators supported through ICHP's Innovation Exchange function with...

...**33** **directly supported** through the NWL Missions

9

implementation sites onboarded to test cutting-edge innovations aligned with the NWL Missions

6

Clinical Innovation Fellows recruited to support the NWL Missions, meeting **+20 innovators** with aligned solutions

+500

additional blood pressure checks recorded across 12 Primary Care Networks, with **149 high blood pressure cases** identified, **131 high-risk patients**, and **94 individuals** who do not typically access primary care engaged as part of The Big Case Find 2024 campaign

870

clinicians upskilled via our CVD Education Series webinars...

...a **105%** **increase** from 2023/24

397

clinicians attended our Polypharmacy Masterclasses, supporting Primary Care colleagues to empower patients through structured medication reviews

8

CVD Champions supported to lead facilitation for the implementation and scaling of approaches to improve outcomes for CVD

+100

colleagues from across NWL and beyond attended the launch of the NWL Evaluation Toolkit

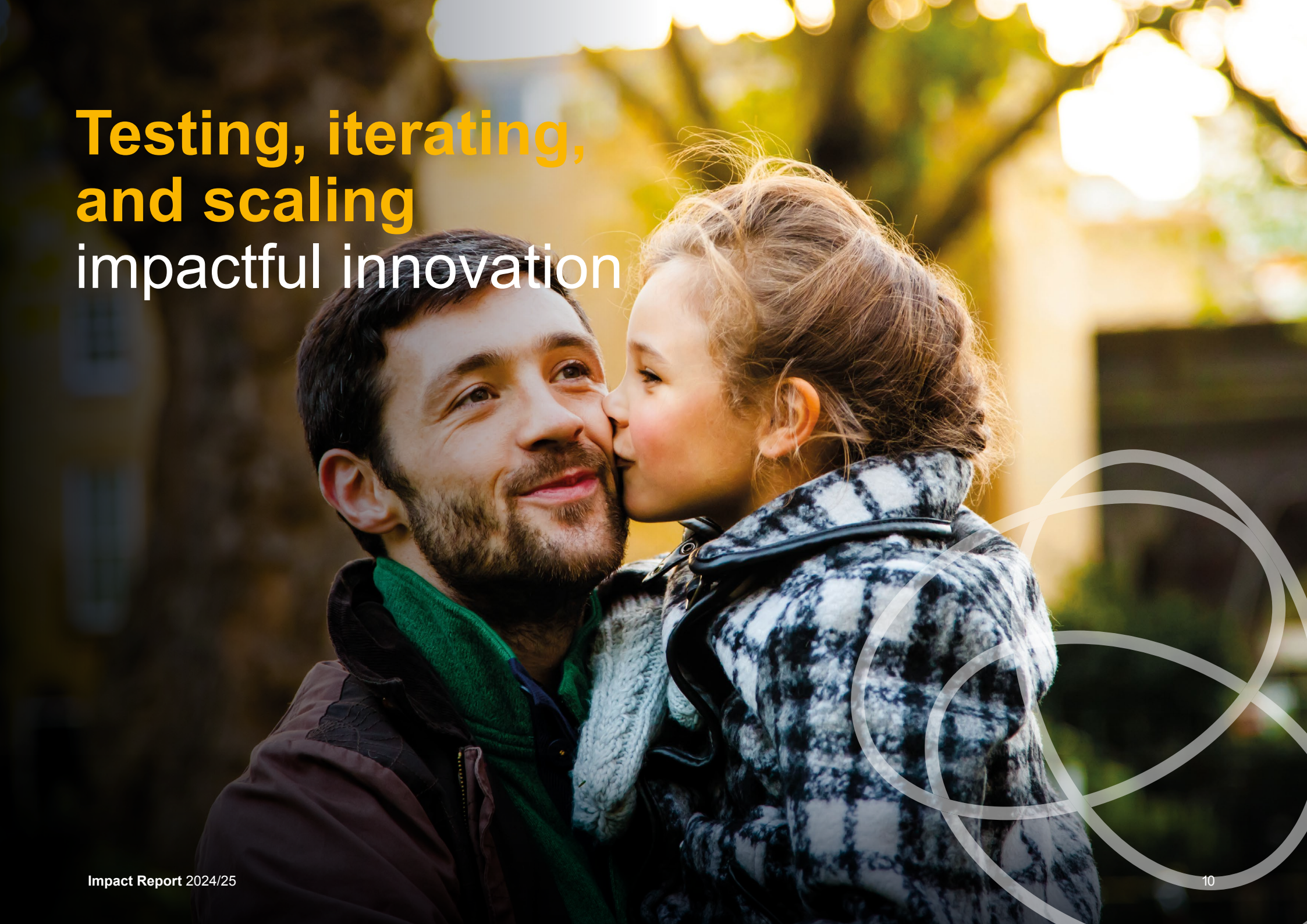
8

NWL hospitals supported to launch pilot sites for the first phase of Martha's Rule across **4 trusts**

123

practices across **19 Primary Care Networks** and **6 boroughs** supported as part of The National Lipid Programme Workforce Support Solution with...

...**246** **staff members** trained and cost savings for the system of at least **£122k**



Testing, iterating, and scaling impactful innovation

Testing, iterating, and scaling impactful innovation

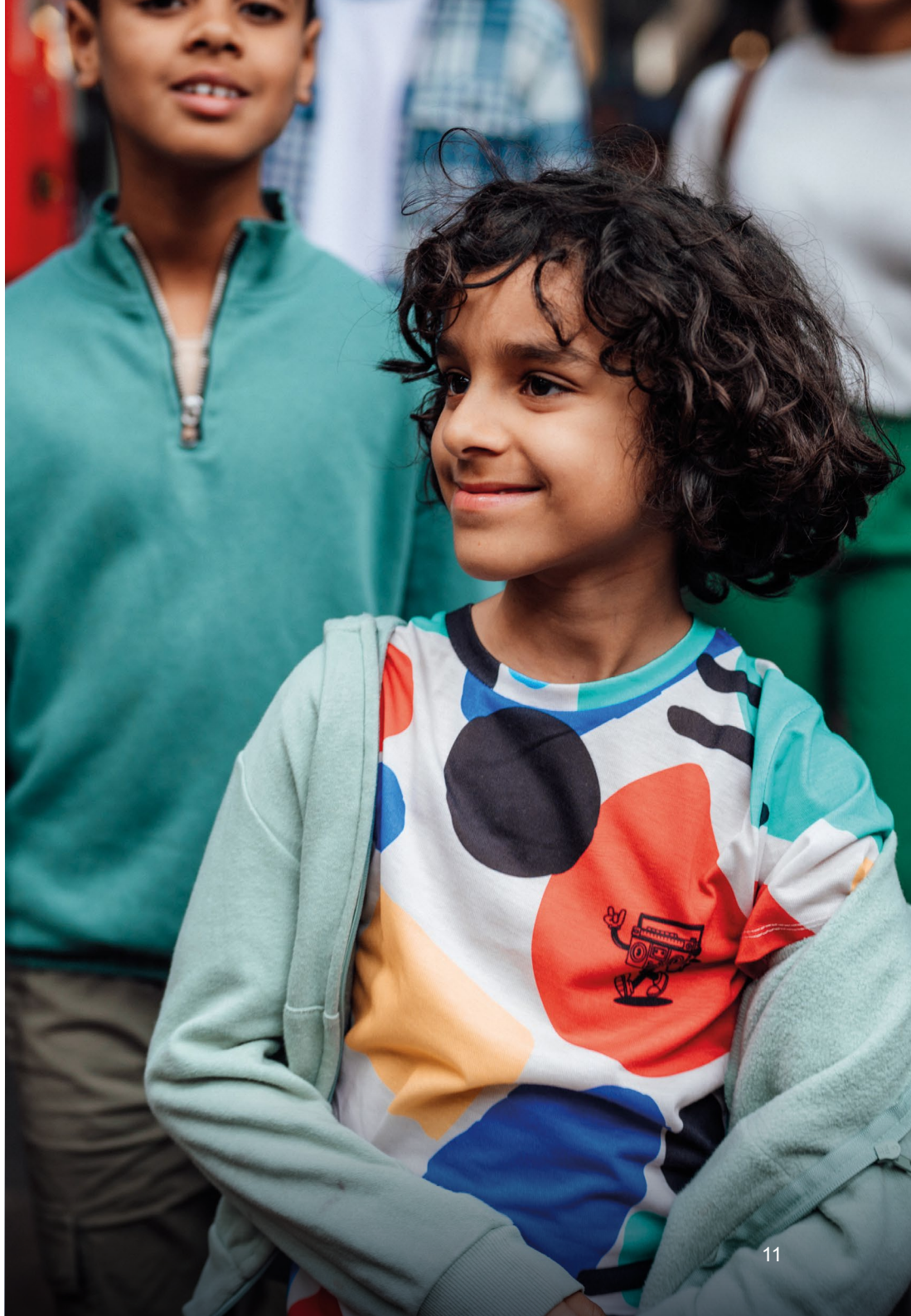
Our focus on implementing innovation is concentrated across distinct portfolios of work – marrying national priorities with local realities.

In 2024/25 our work on the **NWL Missions** (Cardiovascular Disease, Enabling more days at home, and Children and young people's mental health) has focused on the set-up and delivery of Implementation Sites. These sites provide real-world settings to test, iterate and evaluate innovation, and facilitate close collaboration across ICHP, NWL Integrated Care Board (ICB) and provider teams.

Our stewardship of the **NWL Patient Safety Collaborative** (PSC) continues to drive improvement across priority areas including maternity and neonatal outcomes, medication safety, deterioration response and the implementation of the Patient Safety Incident Response Framework. These programmes help create the conditions for safer, more reliable care at every level of the system.

We also host **Discover-NOW**, NWL's real-world evidence hub and a key part of the London Secure Data Environment (SDE) research service.

Underpinning these distinct areas of work is a focus on identifying and **addressing health inequalities**: from supporting equitable access, to data-driven approaches ensuring that innovation targets those who need it most.



Cardiovascular Disease

Mission goal: By 2029, our ambition is to have prevented 25% of heart attacks and strokes in our local population, whilst actively addressing health inequalities in Cardiovascular Disease (CVD).

CVD is the cause of 4,000 strokes, 2,500 heart attacks, and 3,000 deaths in NWL each year. It is also one of the largest contributors to health inequalities – with major inequity around access to services.

We've worked with system partners to align efforts to tackle CVD across three workstreams: **detection, prevention and treatment optimisation**.

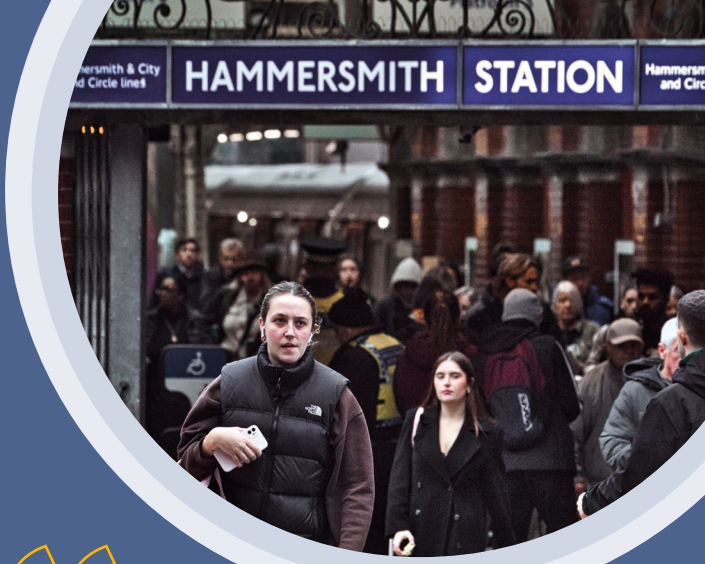
Closing the detection gap:

Our system-wide focus on **community-based detection** of CVD (rather than case-finding) means we can more effectively target health inequity and engage patients and communities who may not normally access primary care. Earlier detection of CVD means we can treat patients quickly and effectively – with prospective NHS cost savings nationally of almost £200 million over three years. In 2024/25 this focus on community-based detection has included:

- **Working with PocDoc**, a digital Healthy Heart screen and rapid 6-marker lipid panel test, which can identify patients at high risk of CVD in the community. Together we've launched NWL's first CVD implementation sites to test and evaluate this innovation.
- **Coordinating 'The Big Case Find'** in partnership with NWL ICB. Over four weeks in May 2024, the system recorded an additional **575 Blood Pressure readings** across 12 PCNs, with **149 high Blood Pressure cases identified**, and engaging **131 high-risk patients** and **94 individuals** who typically do not access primary care.

Evaluation and evidence:

- We led the **evaluation of community detection programmes in Hillingdon** to understand which had the greatest impact in terms of cost effectiveness for the system. This has helped to inform local decision-making, enabling the Trust to target its limited resources on programmes with most benefit to communities.
- We also co-designed a **Hypertension Evaluation Guidance Pack** with the input of over 25 stakeholders, including frontline clinicians, patients, and third sector colleagues, across NWL, supporting a standardised and accessible approach. This is empowering local teams to evaluate their initiatives and understand the solutions which can most effectively combat Hypertension.



"As a resident it's allowed me to see and participate in the way forward to support people like myself who are at risk regarding CVD. It's informative and reassuring that there are ways to highlight, support and try to prevent CVD."

NWL resident

Find out more about this Mission

CASE STUDY

Lipids treatment optimisation

High cholesterol affects more than 800,000 residents in NWL and is one of the most significant risk factors for CVD. Between August 2023 and August 2024 ICHP supported delivery of *The National Lipid Programme Workforce Support Solution*, funded by Novartis.

The programme was open to Primary Care Networks (PCNs) nationally to apply, with the following aims:

- Improve patient access to treatment in primary care
- Reduce risk of CVD events in those living with CVD
- Support practices to sustainably adopt and implement national lipid management pathway

In NWL 123 practices across 19 PCNs and six boroughs took part in the programme. Over 12 months:

- ICHP funded and facilitated weekly virtual lipid multi-disciplinary teams with consultant and pharmacist colleagues from four NWL Trusts to support local practices and PCNs with discussion of complex cases.
- Trained pharmacists from Interface Clinical Services provided temporary capacity to each practice or PCN, delivering lipid clinics as well as educational resources, mentoring, and hands-on facilitation towards embedding proactive lipid management into routine care.
- The lipid clinics delivered pharmacological and lifestyle interventions, in line with the national lipid pathway.
- The programme supported bespoke searches run on primary care systems to identify patients at risk requiring treatment optimisation (with a focus on existing CVD and uncontrolled lipid levels).

As a result:

- **6,231** patients were identified as at-risk and invited to a lipid clinic
- **2,957** patients seen (and delivered intervention in line with the national lipid management pathway)
- **242** lipid clinics delivered
- **246** staff members trained
- **~£122k** cost savings for the system
- Almost **100%** primary care colleagues surveyed said they felt more confident in managing patients along the pathway

ICHP's support of PCN applications in NWL resulted in our local system securing the **second-largest amount of support nationally**.

As part of the CVD Mission – specifically prevention and treatment optimisation workstreams – NWL is using learnings from this programme to shape what further iteration and scale could look like. This includes sustainable models for holistic, proactive care of lipids and related conditions in primary care.

Partners: Novartis, Interface Clinical Services

Alignment with three shifts: Sickness to prevention, hospital to community

CASE STUDY

Community detection of Cardiovascular Disease

Unwarranted service variation and fragmentation in NWL often means that detection of CVD conditions is often completed in isolation, impacting patient experience and outcomes. Community detection can reach patients and residents who often don't engage with NHS services and build a full picture of those most at risk of CVD in NWL, enabling them to access treatment earlier and manage their condition appropriately – ultimately reducing the number of CVD-related deaths.

PocDoc is a novel point-of-care cholesterol test and digital platform that combines rapid diagnostic testing with access to healthcare pathways. PocDoc delivers heart health insights, measuring cholesterol, heart age, BMI, and more within 10 minutes to give personalised health advice instantly, including through a QRISK3 score. By connecting patients with their own data, support and clinical pathways, patients are empowered to make positive lifestyle changes.

We secured funding to test PocDoc at three Implementation Sites – starting with Kensington and Chelsea, and Westminster – to provide point-of-care testing in the community. In preparation for phase one testing with residents, we tested the innovation with **31 stakeholders from our NWL NHS** workforce with positive feedback on the benefits of quick and easy testing and provision of instant results.

The first Implementation Site went live in Spring 2025, with **testing for 200 residents.** We will iterate and scale to 3-4 more sites with approximately five staff members trained per site, and reaching **~2,000 residents** in total.

We anticipate that community-testing in this way is **likely to prevent a minimum of 2.6 CVD events** per cohort, totaling savings of **over £46k** (based on a cost to the NHS per stroke of +£17k). We anticipate this phase one investment will prove the concept for scale and demonstrate a longer-term return (**£1.49 for every £1.00 invested**).

In parallel, some of the Implementation Sites will also test KardiaMobile, a solution that detects Atrial Fibrillation or abnormal heart rhythm to provide a more comprehensive health check for residents.

We plan to engage more communities around using PocDoc and KardiaMobile as we expand implementation in 2025/26, enabling holistic community-based CVD screening.

Partners: PocDoc, NWL ICB

Alignment with three shifts: Hospital to community, sickness to prevention, analogue to digital.

Enabling more days at home

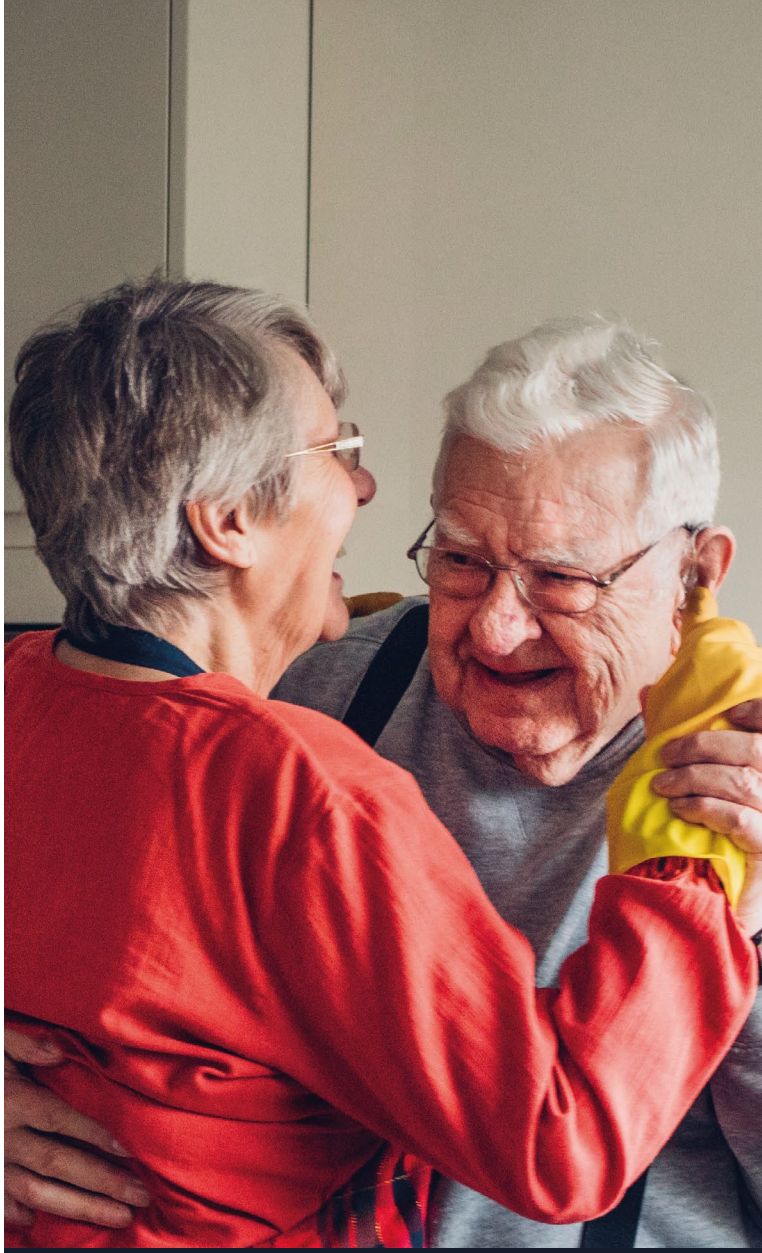
Mission goal: By 2026, the NWL health and care system aims to enable 50,000 residents to spend 180,000 more days at home where clinically appropriate, with the right support for them and their families.

Noone wants themselves or a loved one to be in hospital when they don't need to be.

That's why NWL has come together with the ambition that residents will only occupy hospital, community, or mental health care beds when these settings are the most suitable for their care. And that staff across all care settings will feel equipped with the necessary resources to deliver the highest quality care.

Patients and residents being stuck in hospital beds when they'd be better served in other care settings, or recovering at home, is one of NWL's most complex challenges. In 2024/25 we've focused on two workstreams evidenced as the most impactful and scalable for the system: **discharge optimisation** and **predictive length of stay (PLoS)**.

To most effectively deliver these priorities with finite resources and capacity, we paused a third workstream focused on frailty. We have, however, produced a detailed borough-level mapping of frailty services and identified opportunities for innovation. This horizon-scanning has laid the future groundwork once system partners are ready for implementation.



Find out more about this Mission

CASE STUDY

Optimising patient discharge at a system level

Around 14% of hospital beds in NWL are occupied by patients who are medically fit to be discharged. As part of a system-wide approach to optimising discharge coordination, we've supported the implementation of technology solution, OPTICA – the Optimised Patient Tracking and Intelligent Choices Application.

OPTICA is a secure, cloud-based application designed to support hospitals in tracking admitted patients and tasks related to their discharge in near real-time. It aims to streamline discharge processes by fostering collaboration between teams across multiple care settings, ensuring patients are connected with the most appropriate care providers.

ICHP has supported the expansion of OPTICA from its established use in hospital discharge hubs to include Local Authorities (LAs) in NWL – introducing OPTICA in Hillingdon, and Kensington and Chelsea LAs, for use alongside their local hospital discharge hubs. We provided dedicated implementation and training support, including one-to-one and team training sessions.

The implementation of OPTICA has meant that, for the first time in NWL, NHS and Adult Social Care colleagues working across Hillingdon Hospitals NHS Foundation Trust, Hillingdon Council, Chelsea and Westminster NHS Foundation Trust and the Royal Borough of Kensington and Chelsea, can access and update a single source of real-time information about each patient's discharge arrangements.

Partners: Hillingdon Hospitals NHS Foundation Trust, Hillingdon Council, Chelsea and Westminster NHS Foundation Trust, Royal Borough of Kensington and Chelsea

Alignment with three shifts: Analogue to digital

Early reports from both Trust and Adult Social Care teams have highlighted **marked reductions in the volume of email (circa 40%) and telephone communications**. Meetings have been streamlined, and miscommunication substantially reduced. Users have told us that OPTICA has enhanced communication within teams, leading to better coordination and information-sharing between Trusts and LAs. Users also noted that expanding OPTICA to other hospitals and LA teams would promote a more consistent approach and strengthen collaboration. The resident population now covered by OPTICA connected Trust and LA services totals **450,000** (across Hillingdon and Kensington and Chelsea).

We are now undertaking a full and robust evaluation of the implementation of OPTICA across these four sites, with a view to expanding its adoption to all eight LAs in NWL.

"I'd be all out at sea without it… it's the one accurate source of information for me."

NWL OPTICA user

"Before we were just using Cerner. I was reluctant to move to OPTICA, but now I love it."

NWL OPTICA user

CASE STUDY

Using data science and AI to better predict length of stay

In the five years to March 2024, the average length of stay for patients in NWL hospitals increased by 12%. With this increase in hospital stays, particularly for patients aged 65 and older, delays in discharge often lead to unnecessary bed occupancy days and increased risk of adverse health outcomes.

To address these challenges, the Mission identified innovations that use data science and artificial intelligence (AI) to support predictive length of stay (PLoS). If services can more accurately predict people most likely to be at risk of long length stay (and readmission to hospital) they can implement proactive, intervening support – ultimately reducing the length of stay, optimising resource allocation, and streamlining the discharge process.

Following a rigorous discovery phase, in 2024/25 we focused on identifying solutions. Working with Hillingdon Hospitals NHS Foundation Trust, we conducted multiple site visits, engaging clinical and operational leads, including the Chief Medical Officer and Director of Transformation, to test the use cases developed for patient flow and innovations focused on PLoS.

We performed in-depth market scans to inform the Trust's thinking on the innovative technologies available to support patient flow in this area. With integrated support from ICHP's Innovation Exchange, we identified an innovation pipeline of predictive tools, narrowed down to four suppliers via enhanced innovation surgeries. These innovators were connected directly with the system via an on-site innovation showcase with frontline staff.

The showcase supported discussions around technology potential, highlighted how other Trusts nationally are tackling this issue, and allowed both NHS staff and innovators to better understand the feasibility for adoption of this kind of technology in NWL.

A real barrier to spreading and scaling innovation in this area is funding. We have therefore worked to identify funding sources to support implementation and scale – successfully securing **£100,000 of funding** from NWL ICB. In 2025/26 we're focussed on testing and evaluating the chosen solution via selected Implementation Sites.

Partners: Hillingdon Hospitals NHS Foundation Trust

Alignment with three shifts: Analogue to digital

Children and young people's mental health

Mission goal: By 2026, we will reduce the number of children and young people presenting in crisis to acute settings by 25%. We will achieve this by screening all children and young people (CYP) on neurodevelopmental (ND) waiting lists, supporting or signposting 50% of them within 18 weeks, based on need, and providing integrated support across mental health, acute and social care.

In NWL, as of November 2024, there are **~40,000 children** (aged up to 18) with a recorded mental health condition. This equates to 8% of the entire child population in NWL. Of that **~25,000** are aged 12-18 – 12% of the total residents of that age. In 2024/25 we've continued our focus on crisis prevention and supporting neurodiversity (ND) pathways.

We've focused innovation efforts on scaling mental health support within Child Health Hubs, which bring together multi-disciplinary teams (MDT) to enable earlier identification and coordinated care for children.

We've partnered with CHHs at two PCNs to co-design and test a scalable, integrated model that is sustainable. We've also focused on testing and iterating digital solutions that support this approach.

Using targeted data and lived experience insights, we identified high-need areas for implementation, with the **potential to impact up to 800 CYP mental health cases** across NWL.

"By including those who have navigated these challenges themselves, ICHP ensures that services are truly person-centred and responsive to the needs of the community."

Ellie, Lived Experience Partner

Find out more about this Mission

CASE STUDY

Integrating mental health and neurodiversity support into Child Health Hubs

As a result of system-wide input and insights, there is consensus to focus innovation efforts on scaling mental health provision in Child Health Hubs (CHHs).

These Hubs have 50% coverage in NWL with the potential to address challenges across both Mission workstreams: crisis prevention and supporting ND pathways. This includes driving earlier intervention and collaborating across sectors to reduce fragmentation and treat children in a holistic way.

The CHH model enables all healthcare professionals involved in a child's care to regularly communicate as part of an MDT, making it faster and easier to address any issues. This could include GPs, paediatric consultants, social care managers, school nurses, mental health workers, etc. Existing CHHs in NWL are well-evidenced, with outcomes including:

- **81%** reduction in outpatient appointments (42% shifted to out of hospital, 39% avoided)
- **22%** reduction in A&E attendances
- **17%** reduction in paediatric admissions

Our approach to selecting the Implementation Sites to trial and scale mental health provision in CHHs, was informed by data on population size, deprivation level, and A&E attendances for children. This gave priority to CHHs that serve a larger population of CYP, operate in more deprived areas where services are likely needed most, and have a higher level of A&E attendances (a large proportion of which are likely to be mental health related). This means that innovation is implemented in Hubs where it can have greatest impact.

Using this data-driven approach, we invited applications from relevant PCNs (which host CHHs) and selected two sites that aligned with the following selection criteria: Mission ambition, leadership, and readiness.

During the last quarter of 2024/25, we've worked with K+W South PCN in Brent, and South Fulham PCN in Hammersmith and Fulham. Using our expertise in service design, system convening, and insights from extensive stakeholder engagement, we've supported co-creation of the workflow for CHH's with mental health and ND integration. This has included:

- Mapping the local pathways, pain points and opportunities
- Conducting stakeholder mapping
- Creating a library of easy access resources
- Enabling better IT integration by linking IT teams across the ICB, borough teams, and PCNs
- Making connections between the Hubs and innovators with specific solutions that could manage pain points
- Working closely with the voluntary, community and social enterprise sector (VCSE), including Barnardos children's charity, to facilitate discussion on CYP mental health social prescribing competencies, and the Centre for ADHD & Autism Support to enable greater understanding of their borough offers for frontline awareness

We're now conducting an evaluation of these phase one sites. Early indicators suggest this approach has improved GP awareness of CHHs in their PCN patch, as indicated in qualitative feedback from one hub lead. It has also improved awareness and linkage with system mental health/ND services. Outcomes of the evaluation will inform plans to scale this approach.

Partners: NWL ICB, South Fulham PCN and K+W South PCN

Alignment with three shifts: Hospital to community

"I don't think we have ever had such a complete MDT meeting... I feel the pilot is fully to thank for that."

Healthcare Professional, Child Health Hub

CASE STUDY

Embedding lived experience in our Mission approach

Lived Experience Partners can provide insights into what truly matters to service users. Their perspectives help to ensure that innovation is grounded in the realities of people's lives, making services more responsive and tailored to real needs. And innovation is more likely to be adopted and sustained when co-designed with those who use the services.

In 2024/25, the Mission team recruited and embedded two Lived Experience Partners, Ellie and Deepa. Their involvement has significantly shaped the way we develop and deliver interventions.

Our Innovation Forum, an in-person event bringing together over 50 NWL stakeholders from across sectors, opened with a dedicated session where Ellie and Deepa shared their own reflections and insights. Sharing perspectives from their lived experiences ensured we prioritised the voices of the population we serve, which permeated throughout the day. We continue to seek their input and feedback in planning and delivery of future events - including ensuring we have more inclusive networking tools that recognise Lived Experience Partners as equal contributors, not just observers.

Ellie and Deepa's involvement has also highlighted the need for accessible, bite-sized resources, particularly for neurodivergent users. Their insights are being considered in redesigning patient information materials from the Cheyne Child Development Service, a family-centered service based at Chelsea and Westminster Hospital, dedicated to supporting children with special educational and developmental needs.

Their input has also helped to identify systemic issues, such as communication gaps in shared care plans. This has led to recommendations for integration and clearer care pathways, which we will consider in subsequent implementation phases.

"We've had quite a lot of input into where the Mission goes... our decisions have been taken into account."

Ellie, Lived Experience Partner

"It's nice that the collective voice is heard in a way that feels good."

Deepa, Lived Experience Partner

The NWL Patient Safety Collaborative

Patient safety is fundamental to delivering high-quality care and sits at the heart of our work across NWL. The NWL Patient Safety Collaborative (PSC), hosted by ICHP, plays a pivotal role in supporting the system to reduce harm, improve outcomes, and foster a culture of continuous improvement.

Our work has focused on four key areas:

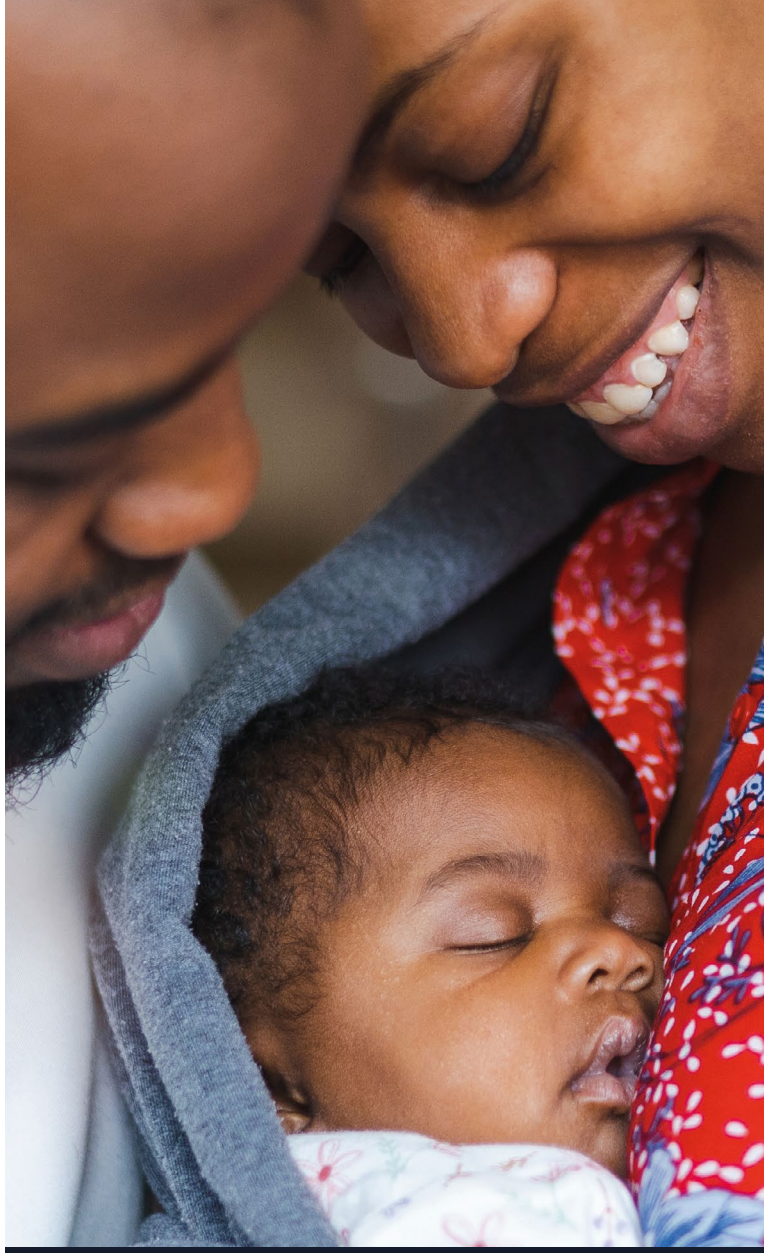
1. Improving maternity and neonatal outcomes
2. Reducing harm from opioids in chronic non-cancer pain
3. Embedding the Patient Safety Incident Response Framework (PSIRF)
4. Supporting early detection and management of deterioration through Martha's Rule

The power of the NWL PSC lies in our system-wide approach – aligning primary, secondary, and community care through a coordinated improvement effort. We equip local teams with tools, data, and coaching to embed and sustain improvements, and we act as a bridge between national policy and frontline delivery.

In a complex and evolving health landscape, the NWL PSC is a key enabler of safer care – making safety everyone's business, with the aim to maximise the things that go right and minimise the things that go wrong.

In 2024/25 we have:

- Supported the launch of Martha's Rule across **8 pilot sites** in **4 NWL Trusts**
- Delivered data and culture informed Quality Improvement (QI) sessions to over **50 leaders** across **4 NWL Trusts**
- Started supporting the digital (Cerner) implementation of the national Maternity Early Warning Score (MEWS) and Newborn Early Warning Track and Trigger (NEWTT2) tools in all **4 NWL Trusts**
- Supporting the NWL Maternity system to achieve national ambitions to reduce the rates of maternal and neonatal deaths, stillbirths and brain injuries that occur during or soon after birth by **50%** and reduce the national rate of preterm births from **8%** to **6%**
- Increased attendance at pan-London Preterm Infant Shared Learning Events by **100%**, reflecting strengthened engagement across the region
- Launched **2 Communities of Practice** (COPs): NWL PSIRF COP and NWL Martha's Rule COP.
- Trained over **200 primary care colleagues** via the Chronic Pain in Primary Care and Opioid Harm Reduction Programme



Find out more

CASE STUDY

Roll out of Martha's Rule

The Secretary of State for Health and Social Care and NHS England committed to implement 'Martha's Rule' to ensure the vitally important concerns of the patient and those who know the patient best are listened to and acted upon.

The three proposed components of Martha's Rule are:

1. Structured Daily Patient Check-ins: Patients will be asked, at least daily, about how they are feeling and whether they are getting better or worse. This information will be acted upon in a structured way.
2. Staff Escalation: All staff will be able, at any time, to request a review from a different team if they are concerned that a patient is deteriorating and their concerns are not being addressed.
3. Patient and Family and Carer Escalation: This escalation route will also always be available to patients themselves, their families, and carers, and will be advertised across the hospital.

In November 2024 the first phase of Martha's Rule launched in all eight hospital pilot sites across NWL's **four Acute Trusts**. ICHP played a key role in embedding a centrally coordinated implementation support model, establishing a NWL Martha's Rule COP. This brought together key stakeholders across pilot sites, NWL ICB's Operational Delivery Network, and NWL Critical Care Network to:

- Share resources and learning to reduce duplication of efforts
- Solve shared challenges
- Support a consistent approach to implementation and measurement
- Use quality improvement (QI) methods to design and test improvements across the pathway

Our team ran a series of 'Moments' sessions (a framework to explore local safety cultures through everyday practices), with **55 attendees from all four NWL Acute Trusts and NWL ICB**, comprising patient safety leads, managers, specialists, cultural safety leads, QI Midwives, and Martha's Rule Implementation Leads.

ICHP's PSC team will continue to work with NWL's Acute Trusts to embed implementation, including providing regular updates to NHS England to inform wider roll-out across the country.

> ***"ICHP has been incredibly pro-active – ensuring our pilot sites are supported, share information and capitalise on good practice. The team bring a QI lens and act as a conduit between the national team and providers, ensuring they focus on deliverables. This has been vital. The NWL PSC continues to coordinate and support collaborative working across our pilot sites with each provider at different stages on their Martha's Rule implementation journey."***
>
> Michaela Jones, Lead Nurse and Associate Director of the NWL Critical Care Network

Partners: Chelsea and Westminster Hospital NHS Foundation Trust, London North West University Healthcare NHS Trust, Hillingdon Hospitals NHS Foundation Trust, Imperial College Healthcare NHS Trust.

CASE STUDY

Optimising care for preterm infants

Premature babies face significant challenges, such as respiratory difficulties, infections, brain injury, and feeding issues. And, sadly, not all preterm babies receive the same level of care – mothers and babies often move between multiple teams (midwifery, obstetrics, neonatology), with poor communication sometimes leading to delays or missed steps.

Hillingdon Hospital NHS Foundation Trust has undertaken a sustained journey to enhance the perinatal care pathway for preterm babies, starting in 2020. The centrepiece of this innovation is the BestPrem Bundle, designed for infants born under 34 weeks' gestation. This bundle brings together nine evidence-based interventions, including:

- Delayed (optimal) cord clamping
- Maintaining normothermia (normal body temperature) immediately after birth
- Early initiation of maternal breast milk within six hours

ICHP's implementation support has included joining the Preterm Optimisation Team's monthly meetings (becoming part of the multi-organisation, multi-disciplinary team), offering process mapping, data and QI support, and sharing insights and best practice from other Trust teams regionally and nationally.

Improvements from 2020 baseline to Q4 2024/25 indicate:

- **Optimal cord management:** The proportion of babies born <34 weeks having had their cord clamped at/after one minute increased from **30% to 89%**, above the national standard of 75%
- **Normothermia:** Proportion of babies born <34 weeks and admitted within 12 hours of birth with a first temperature between 35.5°C and 37.5°C, increased from **64% to 89%**
- **Breastmilk feeding at 24 hours:** The number of preterm babies receiving breastmilk in their first 24 hours increased from **20% to 65%**
- **Breastmilk at discharge:** Infant feeding of breast milk at Day 14 and at discharge increased from **75% to 84%**
- **Full optimisation of care:** Babies receiving all the above and the additional components in the Optimisation Care Bundle (including Antenatal Steroids, Antenatal Magnesium Sulphate, Intrapartum Antibiotics, Optimising place of birth, Caffeine, non-invasive ventilation and early surfactant and colostrum and maternal milk feeding) increased from **4% to 35%**

Staff knowledge and confidence has also significantly increased through simulation and video-based training.

In 2025/26 we're focused on scaling this innovation across NWL via:

- Monthly audits and stakeholder meetings to maintain progress
- Knowledge-sharing events
- Continued engagement with rotational staff and improvement of workforce planning
- Greater integration with digital maternity care pathway

Partners: Hillingdon Hospital NHS Foundation Trust, NHS England's Maternity and Neonatal Safety Improvement Programme (MatNeoSIP)

Alignment with three shifts: Sickness to prevention

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

Discover-NOW: Using real-world data to treat and prevent disease

ICHP continues to host Discover-NOW, NWL's real-world evidence hub and a key part of the London Secure Data Environment (SDE) research service.

Discover-NOW provides access to real-world evidence through 'WSIC' – NWL's de-identified linked dataset of more than 2.8 million people. Ongoing partnerships with industry, academia, and third-sector organisations in 2024/25 have continued to advance actionable research to improve patient care and treat and prevent disease (see case studies and project summaries).

The national landscape around using data for research and development has rapidly evolved in the last 12 months. Discover-NOW is focused on harnessing these opportunities – exploring cross-regional partnerships with other SDEs with a view to expanding its current data offer and services across a larger population.

Closer to home, Discover-NOW's Team of data scientists, analysts and project managers, sits independently from the core ICHP Team. This follows ICHP's restructure, recognising the distinct, albeit complementary, offers that the two business units provide the NWL system (i.e., ICHP's focus on innovation implementation and Discover-NOW's focus on real-world data analytics).

2024/25 in numbers…

+£270k

income generated for the NWL healthcare system*

62

publications to date, including 31 peer-reviewed publications and 7 in total for 2024/25

+100,000

people consented to be contacted for research purposes via the NWL Health Research Register (an increase of +10,000 from March 2024)

+10

completed data projects across multiple health areas, including chronic metabolic diseases, CVD, neurological, and infectious diseases

**Comprising data access fees and clinical principal investigator fees*

CASE STUDY

CarePath Data+: Identifying risks and opportunities for better outcomes in cardio-metabolic care pathways

This project aimed to identify risks and opportunities for better outcomes in cardio-metabolic care pathways.

It involved analysing de-identified data from a cohort of over 91,000 patients with Chronic Kidney Disease (CKD) with co-morbidities including Type 2 Diabetes, Hypertension, and Cardiovascular Disease (CVD). Findings highlighted gaps in testing for early CKD diagnosis and treatment intervention, leading to disease progression and higher risk of cardiovascular events such as stroke and heart failure. Additionally, health inequalities further increase the risk of these significant events.

The project not only demonstrated opportunities to prevent severe outcomes through earlier intervention, it confirmed the feasibility of developing a Machine Learning (type of AI) model to predict the likelihood of a patient developing significant CVD and renal outcomes at the onset testing for CKD. This predictive tool will help the system to prioritise underserved patients who would benefit the most from early intervention.

Further engagement with ICB stakeholders via the NWL Research & Innovation Board will support awareness raising of this tool, which remains within the Discover-NOW SDE environment, with opportunities to further utilise to optimise cardio-metabolic care pathways in NWL.

Partners: Boehringer-Ingelheim, NWL ICB

"The support provided by Discover-NOW during the initial phase of our project has been invaluable. We gained a deep understanding of the Discover-NOW dataset, and the Clinical Expert outlined the study protocol's scope. Discover-NOW also simplified the NICE guidelines for CKD treatments into straightforward logic, making them much easier to implement in the CarePath Data+ tool.

Using this tool, we identified gaps in the CKD care pathways in North West London. We hope this insight will guide our future collaboration with the ICB to optimise these care pathways."

Data Scientist, Boehringer-Ingelheim

CASE STUDY

Evaluating the effects of secondary prevention methods for patients with coronary artery disease

This project evaluated de-identified data from over 76,000 patients with coronary artery disease in NWL to understand how secondary prevention methods impact mortality rate.

Secondary prevention methods include statin (medication) prescription and follow-up serum lipid measurement – blood tests to measure the levels of different types of fats (lipids) in your blood, including cholesterol.

The study showed:

- At diagnosis, 56,003 of the 76,264 patients (77%) were on a statin (medication used to lower cholesterol). After one year, this had dropped to 40,563 (53%)
- The majority of patients – 43,946 (57.6%) – did not have any community serum lipid measurements during the first year of their diagnosis
- 24,036 (39.2%) of patients had one lipid measurement and only 5,092 (8.3%) of patients had at least two lipid measurements
- Patients who had LDL – 'bad cholesterol' – checks within the first year of a diagnosis had lower risks of all-cause mortality (death) compared to those whose LDL was never checked
- Patients on statins (medication) at baseline diagnosis had significantly lower risks of all-cause mortality (death) than those not on statins
- For patients on the maximum statin dosage there was an association of reduced risk of all-cause mortality

This project highlighted the need for better prescribing and improved follow-up tests – particularly for those at high-risk – for patients with coronary artery disease in NWL. These secondary prevention methods are crucial to providing more holistic patient care and improving long-term outcomes.

Partners: NWL ICB, Heart Division at Royal Brompton and Harefield Hospitals

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

CASE STUDY

Perspective on real-world data best practices

In March 2025 the Discover-NOW Team published a peer-reviewed article in the *Journal of Comparative Effective Research*. Providing forward-looking guidance on designing studies to best benefit patients, the article sought to fill a gap in evidence qualifying the impact of conducting real-world data studies across multiple disease areas.

Research involving real-world data (RWD) from patients – which most commonly comprises routine electronic health records – differs from clinical trials but should be held to equally high standards. When conducted properly, RWD research produces real-world evidence (RWE), which can greatly inform on different health areas.

The journal article published by the Discover-NOW Team provides numerous references of how RWE has increased our knowledge across different health areas including infections, neurological conditions, cancer, mental health, and preventative medicine. Also included are recommendations to minimise bias and to ensure robust translation of outcomes to the target patient population.

The Team also evaluated recent technology appraisals submitted to the National Institute for Health and Care Excellence to understand how RWE has been utilised. Findings revealed that RWE is most prominently used to inform on cost-effectiveness for innovative technologies, relative to clinical effectiveness.

"Our peer-reviewed article provides an accessible resource for healthcare professionals and health researchers so that they can conduct more robust and reliable studies using real-world data. Better linked and higher quality data sources, when interrogated using best practices and robust study designs, provide researchers with tools with enormous potential to empower outcomes that benefit patients and strengthen our healthcare system."

Benjamin Pierce, Head of Data Analytics and Project Management, Discover-NOW

Read the full article

2024/25 project summaries

- An evaluation commissioned by **London Ambulance Service** sought to understand **the effectiveness of Mental Health Joint Response Cars in supporting patients with mental health needs** compared with a Double Crew Ambulance. Findings identified a quicker response time, a higher number of 'see, treat and refer' (where patients can be safely and effectively treated at the scene or referred to more appropriate services), with less patients conveyed to emergency departments (reducing the cost of attendance). The outcomes of the evaluation were used to inform and support mental health commissioning.
- A collaboration with **Imperial College Healthcare NHS Trust (ICHT)** using NWL data evidenced the **consequences of Gestational Diabetes Mellitus (GDM) over a ten-year period**. This included the development of retinopathy (disease of the eye's retina which can result in sight loss or impairment) and progression to Type 2 Diabetes.
- A second study with ICHT researchers sought to **ascertain whether the current care pathway for heart failure (HF) is optimised**. It highlighted the need for alternative options for earlier diagnosis of HF, including approaches outside of hospital settings – with results including reduced rates of patient mortality and cost savings.
- A project with **Chelsea and Westminster Hospital NHS Trust** will be used to **inform strategies to screen for Hepatitis C, based on the prevalence of risk factors** within each primary care practice or PCN in NWL. The study found that the prevalence of risk factors for HCV infection is common in NWL. Of the population (cohort) of over 2.8 million people, 1 in 6 had two or more risk factors (almost 480,000 people), and 1 in 11 had 3 or more (over 240,000 people). There was also wide variation between primary care practices.
- Discover-NOW was commissioned to investigate the **impact of Alzheimer's disease in the three years preceding and up to nine years after diagnosis**. The team investigated patterns in diagnosis and staging, and whether patients who have been diagnosed at an early stage – with mild cognitive impairment – have different resource utilisation from those with moderate or severe dementia. By understanding the pathway and interaction with health, social and community care for patients at risk of or suffering from the earlier stages of Alzheimer's, this project can inform on cost savings and support early intervention with new Alzheimer's treatments in the NHS. These results will be presented at the Alzheimer's Association International Conference in July 2025.
- An observational study in collaboration with **Novartis Pharmaceuticals UK** examined **disparities in attaining cholesterol level target and the uptake of lipid-lowering therapy** (key to support prevention and treatment of cardiovascular disease) for patients in NWL with atherosclerotic CVD. The analysis revealed significant improvements in rates of patients reaching target cholesterol levels. It also revealed that significant disparities persist across gender, ethnicity and socioeconomic status, highlighting the need for interventions to address these inequalities.

For more information or to contact the Discover-NOW team:

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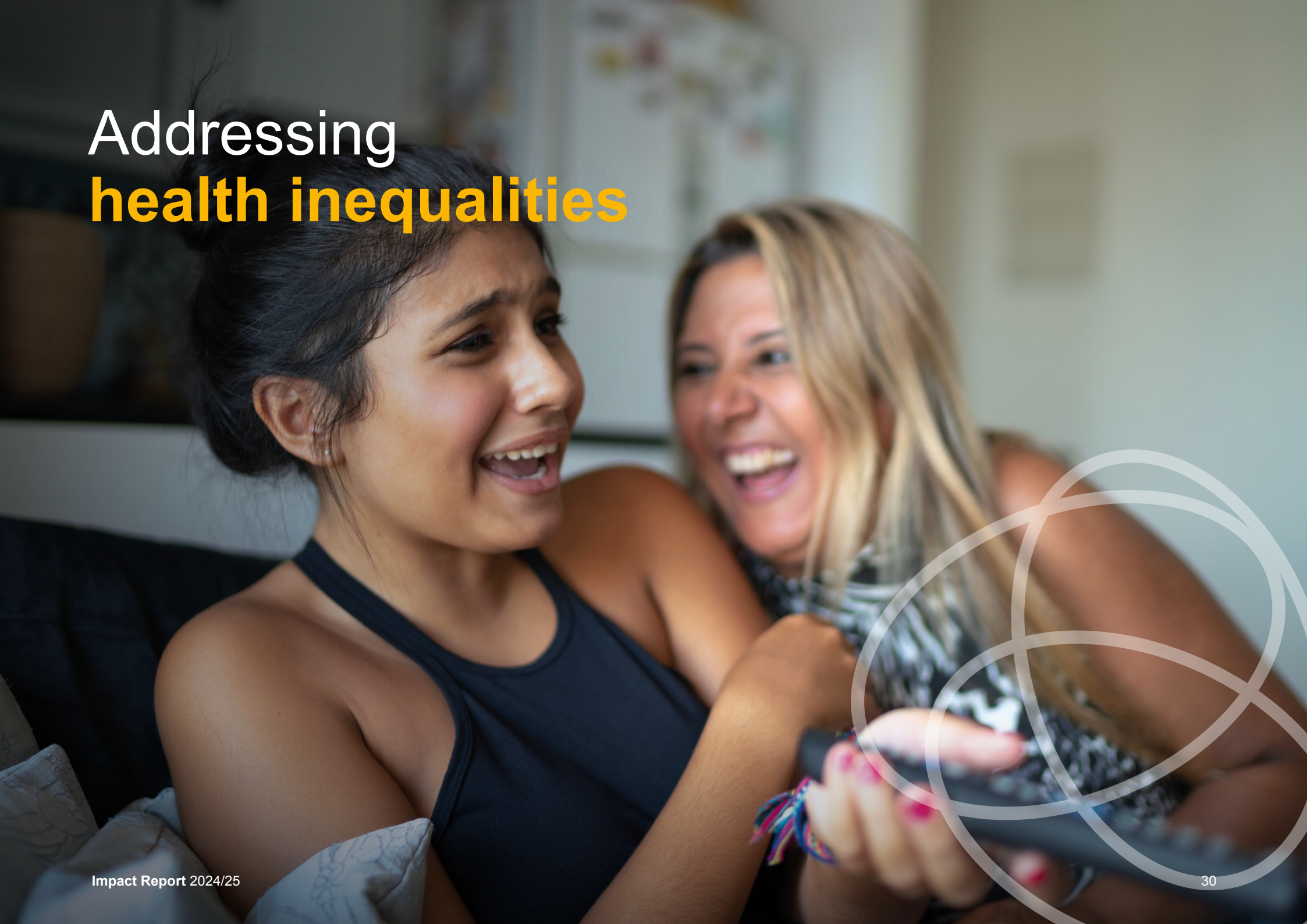
Addressing **health inequalities**



Addressing health inequalities

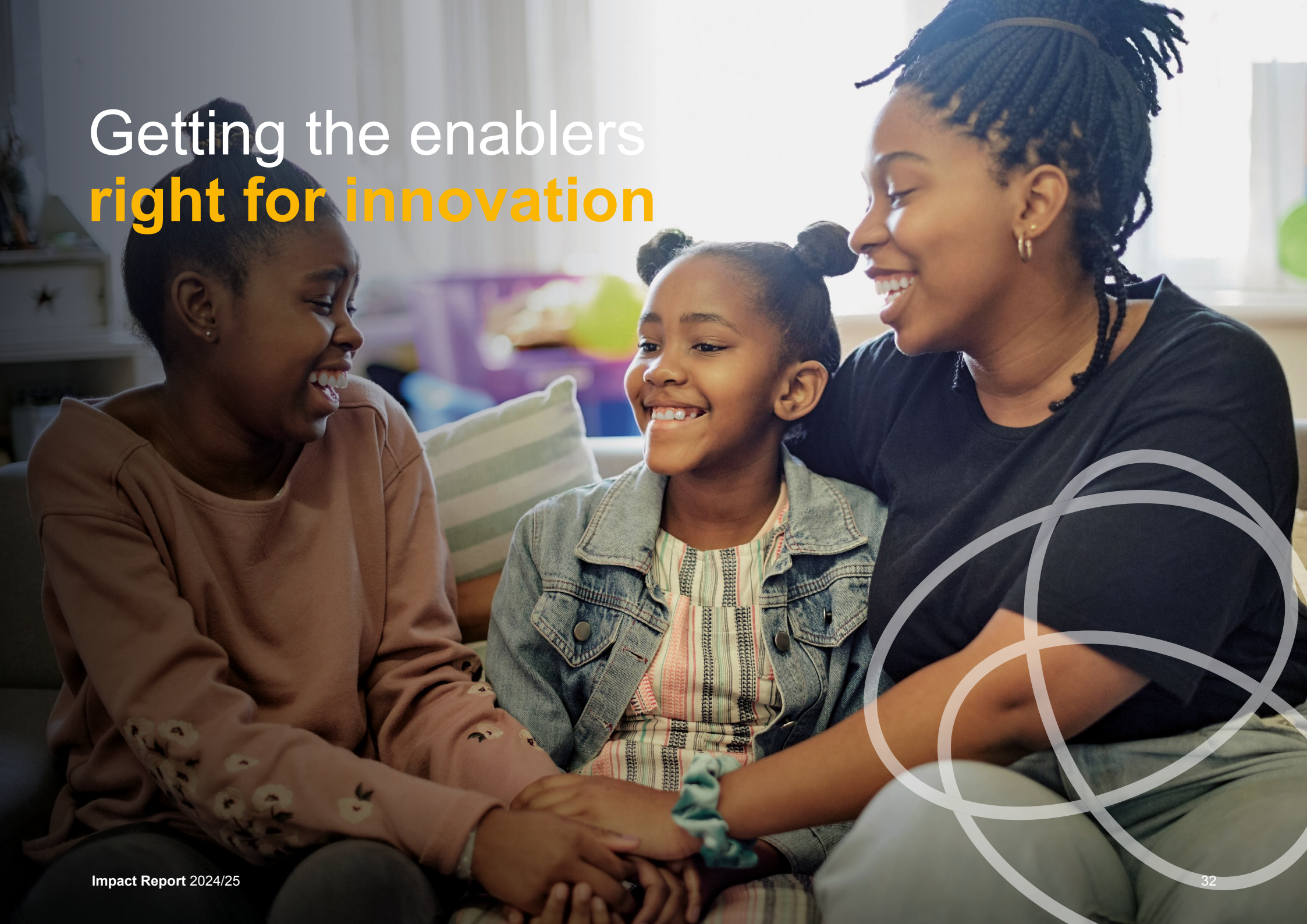
NWL is one of the largest, most diverse regions in the country – home to over 2.4 million people, who speak over 100 languages. We want all our residents to access high-quality care regardless of their age, sex, race or socio-economic status. We are committed to tackling health inequalities – avoidable, unfair and systematic differences in health outcomes, access, and experiences – across our portfolios.

Addressing health inequalities is not only our responsibility for the health of our local population, but also fundamental to delivering meaningful and impactful innovation. Tackling these complex challenges requires partnership-driven approaches, and we continue to embed a focus on health equity across all areas of our work.

We previously led the design of NWL's population health management approach, FOCUS-ON, that aims to improve the health of our population and reduce inequalities in health across all work in our ICS. In 2024/25, we have continued our commitment to this model, combining co-creation with our communities with a continuous improvement approach. This has included:

- **Focusing on CVD detection in the community** – bringing access to heart health checks closer to home and easier to access for those who may not engage with primary care normally. Evidence shows that people from more deprived areas are less likely to be aware they have an underlying heart condition. We've concentrated on community in-reach models for detection to ensure we reach those who need it the most (see case study on page 15)
- Participating as an active member of the **NWL Health Equity Programme Board**. This included attending the NWL Health Equity Summit with more than 200 people to create cross-system connections
- Proactively **engaging and involving the patients and population of NWL** in our work, ensuring that their voices are heard and innovations address real issues and real inequalities
- **Conducting regular horizon-scanning** to retain perspective of system challenges and pipeline solutions
- Our work on the NWL Missions for CVD and CYP mental health, **addresses mutiple aims of CORE20Plus5**
- Selecting Implementation Sites for the NWL Mission for CYP mental health **based on areas of deprivation**, implementing solutions where children need them most
- Supported drafting of the **NWL Health Shared Needs Assessment** – including analysis on the disparities in outcomes
- Designing **a central pillar in the NWL Evaluation Toolkit on health inequalities**, and how we can ensure measuring of impact of inequalities is addressed in all solutions and projects in our ICS

By maintaining a determined focus on tackling health inequalities, we are helping to build a healthier, fairer future for everyone in NWL.



Getting the enablers **right for innovation**

Getting the enablers right for innovation

To create the best possible conditions for the implementation and scale of innovation across NWL, our approach is grounded in four, interconnected pillars to drive meaningful, system-wide transformation.

First, we lead robust **evaluation** of health innovations and upskill the system on how to conduct their own evaluations – helping to assess what works in real-world settings. This ensures that only the most impactful solutions are scaled, securing long-term value for patients and the system.

Second, we harness both **qualitative and quantitative insights and evidence** to effect smarter, data-driven decisions. By combining lived experience with clinical data, we generate a deeper and richer understanding of the issues and opportunities facing our local populations.

Third, we play an active role in **connecting and supporting innovators** – from NHS teams and startups, to academic and industry partners. We create spaces where ideas can flourish and partnerships can form, backing innovators with brilliant solutions that align with NWL system priorities, and bridging gaps across the innovation landscape via our dedicated Innovation Exchange.

Finally, we are committed to **upskilling clinical leaders** to become innovation champions. Through tailored development, via our Education Series, we empower clinicians with the tools and confidence to lead change in their own organisations.

Together, these four pillars position ICHP as a catalyst for sustainable, impactful innovation that delivers real impact for people and communities in NWL.

CASE STUDY

Developing a system-wide Evaluation Toolkit

Many interventions are implemented without robust, timely or proportionate evaluation.

Consequently, this means:

- Projects have no means to learn and improve
- Funders do not know the extent to which the intervention has had impact (or not)
- The system does not know which interventions to invest in at scale
- Most teams who are implementing change do not have specific evaluation expertise, and so need to seek this help from elsewhere. This can be time-consuming, costly, and usually does not happen.

To put impact at the heart of decision-making, and to ensure we can effectively scale what works, ICHP led the establishment of the NWL Evaluation Consortium – a cross-sector collaboration aiming to standardise the system's approach to evaluation. Using our combined expertise in research, innovation and evaluation, we have worked together to develop a standardised, accessible approach to evaluation in NWL.

In 2024/25 the Consortium, with oversight and leadership from ICHP, developed a digital Evaluation Toolkit – a web platform that hosts NWL's collaboratively designed approach to evaluation, practical tools, templates, guidance, and case studies grounded in real-world learning.

Over 115 professionals from across health, care, research, and academia joined a live webinar to launch the Toolkit. In its first three months, the Toolkit had over **3,000 views**, with over **450 individual users** visiting the site. We have convened a group of NWL evaluation experts to support operationalising this offer further and in 2025/26 will launch 1:1 Evaluation Surgeries – **free, 60-minute expert-led sessions** to support teams across NWL in planning or delivering their own evaluations.

ICHP will continue to be a core partner in the Consortium, opening membership to other health research and innovation organisations across our region, and hosting a Product Manager to lead the development of the online Toolkit to ensure it best serves system-wide decision-making.

Enablers: Evaluation

Partners: NWL ICB, Imperial College Healthcare Trust, Imperial College London, Brunel University, 3rd Sector Together NWL, NIHR ARC NWL

"Exceptionally well organised, functional and meaningful webinar to showcase the toolkit."

Webinar delegate

"I've started using the toolkit and found it clear and easy to use and it has helped to structure my planning of my evaluation. Whilst I had covered most bases already it applied a discipline and model within which to present my plans which is helpful."

Webinar delegate

Find out more

CASE STUDY

Primary care deliberation

Primary care is incredibly valued by residents, but is operating under significant pressure. To unlock real change the London region wanted to be bold in its approach to primary care transformation.

ICHP and Ipsos UK were commissioned to deliver an innovative and iterative engagement programme over one year, on the future of primary care in London. This comprehensive and inclusive process involved clinical leaders and 40 frontline staff before culminating in a deliberation with 100 Londoners across three days.

Participants engaged with experts, debated trade-offs, and co-produced a set of informed expectations for NHS decision-makers relating to:

- Access and triage including the role of digital tools and AI
- Continuity versus convenience and the role of patient choice
- Workforce innovation, including the role of neighbourhood teams
- Proactive care and enhancing population health to support prevention

The expectations and recommendations captured are feeding into local and regional strategies, driven by the needs and insights of people in London. This includes the London Health and Care Partnership's *Case for Change for a Neighbourhood Health Service for London*, published by NHS England in May 2025.

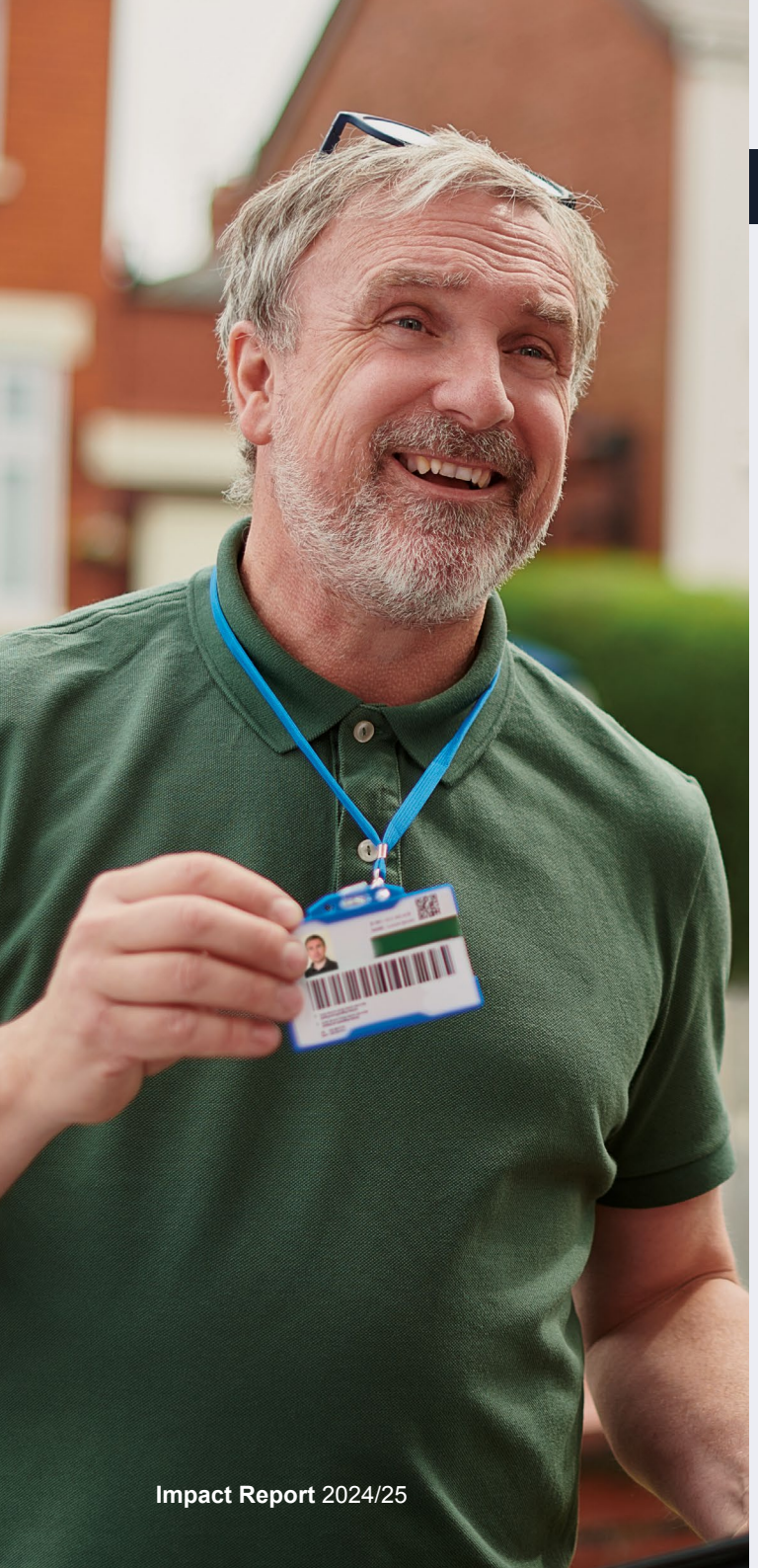
Enablers: Qualitative insights

Partners: NHS England (London Region), the five London Integrated Care Boards (North Central London, North East London, North West London, South East London, South West London), Ipsos UK

"It was such an opportunity to take in a lot of information and hear from 99 other Londoners and to have time to express and formulate ideas and think about the challenge in setting up a change in the primary healthcare services in London."

Deliberation participant

Find out more



CASE STUDY

Using linked data and insights

Intermediate care services are short-term support services that aim to help patients to regain their independence after a hospital stay or avoid unnecessary hospital admissions. These services can improve quality of life for patients and reduce pressure on health and care services. However, there is relatively little evidence on their use and effectiveness.

The NWL Networked Data Lab, a collaboration between ICHP, Imperial College London, and NWL ICB, funded by The Health Foundation, aimed to use routinely collected health data to understand who receives intermediate care after a stay in hospital in NWL, and what makes a difference to the number of people who need to go back to hospital.

To achieve this, two research questions were identified considering:

- Access to step-down care (SDC) services across NWL
- Relationship between SDC and hospital readmission rates

We undertook rigorous data analysis – looking at patients with at least one hospital stay, and linking with social and community care data to remove any non-SDC patients. We conducted a sensitivity analysis to ensure that our results were consistent with our definition of SDC.

Alongside this, we worked with our established Patient and Carer Advisory Group, all with lived experience of intermediate care, to understand their experience of accessing SDC. We combined these findings with qualitative insights from our local Healthwatch teams.

Enablers: Qualitative and quantitative insights

Partners: Healthwatch Westminster, Healthwatch Kensington & Chelsea, The Health Foundation, Imperial College London, NWL ICB

Alignment with the three shifts: Hospital to community

The group worked with us throughout the project to determine what questions we asked of the data, to help make sense of our results based on their lived experience, and to develop communications to share our findings with decision makers and community members to achieve real change.

Our combination of quantitative and qualitative analysis found:

- **Identifying patients:** It's difficult to identify patients that receive SDC. There is a need to improve routine data collection processes, particularly for social and community care data.
- **Location matters:** Where a patient lives significantly impacts their likelihood of receiving SDC. Patients in Hillingdon are approximately **10 times more likely to receive SDC** compared to those in Hounslow. Patients in the most deprived areas are approximately **5% less likely** to access SDC compared to those in highest IMD bracket (measure of deprivation).
- **Characteristics:** Rate of access to SDC increases with age, with **patients over 80 being most likely to access SDC**. Frailty, living alone, and being a woman also increases chances of accessing SDC.

As a result:

- **Prioritising step-down care:** This data can help prioritise SDC being delivered to the patients who need it most. For example, patients who go on to receive SDC are more likely to be seen by certain medical specialties. These patients could be identified earlier during their hospital stay so SDC can be put in place.
- **Distributing and informing future work:** Our insights have been shared with both local and national stakeholders, to inform future change.

"At every stage we felt valued and our contributions were taken seriously and respected."

Patient and Carer Advisory Group member

Find out more

CASE STUDY

Connecting different parts of the system through Innovation Forums

As part of our commission from the Office for Life Sciences and our support offer to innovators with solutions that align with the NWL Missions, ICHP hosted a series of Innovation Forums in 2024/25.

These events brought together almost **150 key stakeholders** from our integrated care system (clinicians, leaders, operational colleagues), and innovators and industry with cutting-edge solutions that align with real-world challenges the system is facing.

These events supported:

- Signalling regional demand and priorities
- Curating a space for the patient voice to be shared
- Networking and partnership building
- Sharing best practice and system-wide problem-solving

Enablers: Connecting and supporting innovators

Partners: NWL ICB

Alignment with the three shifts: Analogue to digital

Across three in-person events:

- **17 industry and innovator representatives** joined, all with solutions aligned to the NWL Missions
- **8 patient and lived experience partners** were represented
- **114 innovator/NHS matches** made

Co-designed outputs from the forums included:

- **CVD:** Collaboratively designed a clear system implementation pathway, identifying practical steps to integrate innovations effectively
- **Enabling more days at home:** Co-designed system-wide principles for successfully scaling solutions
- **CYP mental health:** Co-designed principles for building a sustainable Mental Health Innovation Network, and strategies to build and strengthen it for long-term impact

The outputs from these forums will inform the continued delivery of our mission-led approach to innovation in 2025/26.

> ***"Great variety of speakers and insights!"***
>
> Forum delegate

> ***"Engaging, informative and very well organised."***
>
> Forum delegate

CASE STUDY

Harnessing clinical expertise to support the NWL Missions

Clinical engagement and expertise has been critical in gaining a richer, more nuanced understanding of the problems the NWL Missions are trying to solve, and in developing and implementing effective solutions.

Across 2024/25 we have worked closely with **six Clinical Innovation Fellows** (two per Mission), spanning primary and secondary care, and expertise in mental health, discharge, nutrition, and more, to:

- Provide **clinical expertise and feedback on new innovations**, with a view to greater scalability and spread across the NWL system
- **Foster innovation expertise amongst clinicians**, enabling them to contribute to the continuous improvement of healthcare practices and systems
- Bridge the gap between clinical and strategic management, supporting the Mission teams to **maintain focus on outcomes** that matter for clinicians and patients

Our Clinical Innovation Fellows, who are embedded in NWL frontline services, have provided a **critical, clinical lens** to the innovations tested in each Mission space. Fellows have also met with **over 20 innovators** via ICHP's Innovation Surgeries (as part of our Innovation Exchange offer), providing advice and guidance on barriers to adoption.

Enablers: Upskilling clinical leaders

Partners: NWL ICB

"Being a Clinical Innovation Fellow allows me the headspace to think about how we do things differently for the benefit of our patients and the system."

Dr Venothan Suri

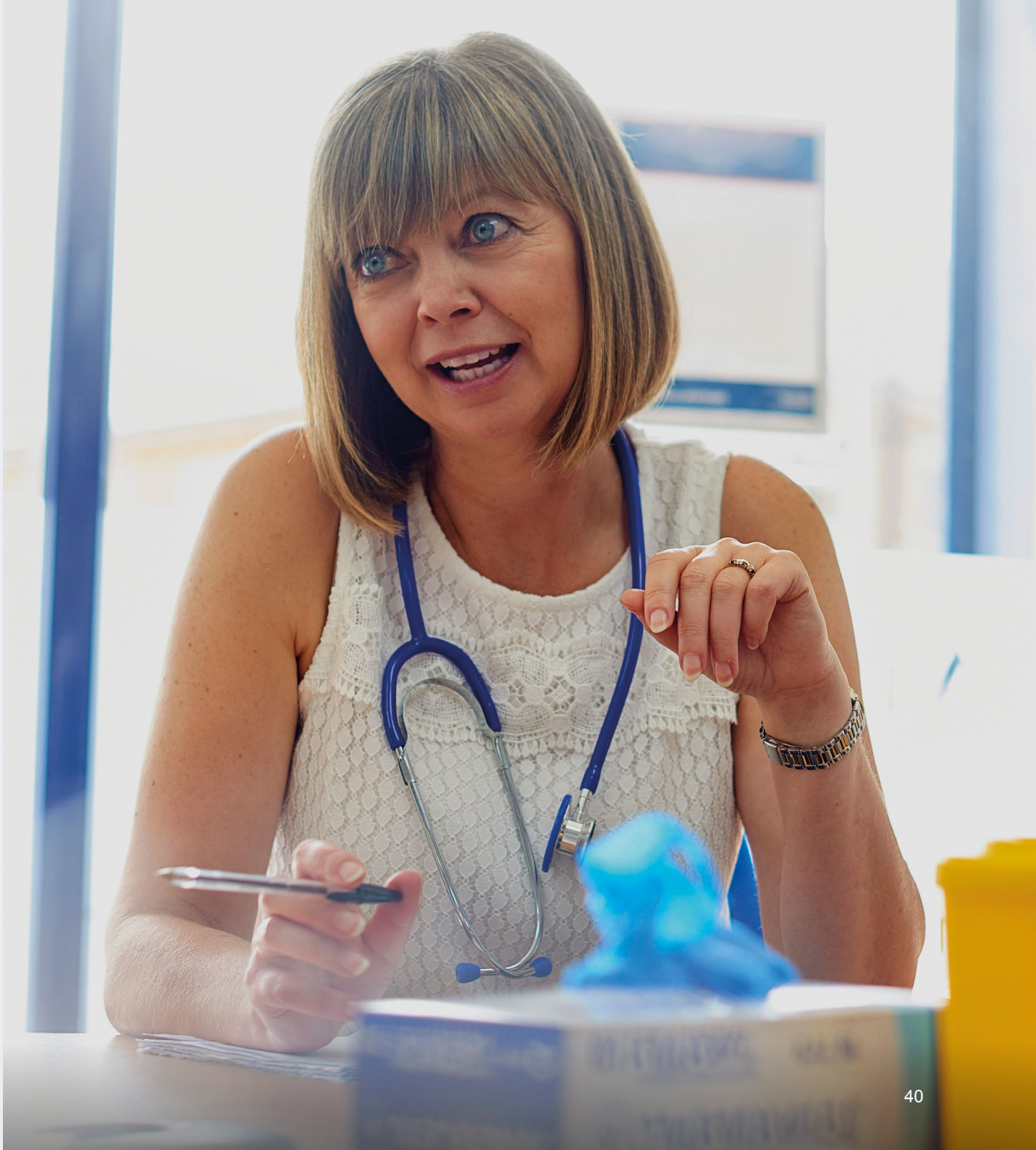
"Fellows have provided valuable system insight and critical challenge to the problems we have identified, so approaches are more effectively implemented and scaled."

Mission Lead,
Imperial College Health Partners

For example, as part of the NWL Mission for CVD, Dr Venothan Suri, GP at Glendale Medical Centre in Hillingdon (Hayes and Harlington PCN), met with colleagues from PocDoc – a novel point-of-care cholesterol test providing fully quantified lipid results in under ten minutes. Following support from Dr Suri, who was best placed to understand the clinical validity of the test in a real-world setting, this innovation is now being tested in three Implementation Sites across NWL, with a potential reach of **2,000 patients**.

Embedding the Fellows as part of the ICHP Team has ensured we also contribute to their development through access to training, mentorship and access to real-world innovation projects. The Fellows have also played a key role in promoting innovation in NWL and enhancing clinical engagement with the Missions.

We'll be continuing the Clinical Innovation Fellow programme in 2025/26, building on our internal training offer for new Fellows, as well as ensuring clinical expertise stays at the heart of each of the Missions.



CASE STUDY

Delivering masterclasses to address harmful polypharmacy

In England, the NHS primary care system dispenses over one billion prescription items every year. As more people live longer with multiple long-term health conditions, the number of medicines they take often increases. This can create a significant burden for the person trying to manage multiple medicine regimes, and in some cases it can cause harm.

As part of the Health Innovation Network National Polypharmacy Programme, we're supporting NWL primary care teams to identify patients at potential risk of harm, and support better conversations about medicines.

In 2024/25 we ran a series of Polypharmacy Masterclasses to upskill primary care colleagues on stopping unnecessary medicines and provided access to resources available in the nine most spoken languages in NWL – designed to help patients understand and prepare for a Structured Medication Review (SMR).

Outputs:

- **397 attendees** across **5 Masterclasses**
- **4 PCNs** adopted patient resources
- **~300 views** of our Polypharmacy webpage and resources

Enablers: Upskilling clinical leaders

Partners: NWL ICB

"The resources are useful as a supporting tool for engaging patients, they are extremely useful in explaining what a SMR is, why it can benefit the patient and what they should prepare to get the most out of it."

PCN Pharmacist

"This session was very informative, and I feel I really gained from attending it."

Delegate

Future view

Future view

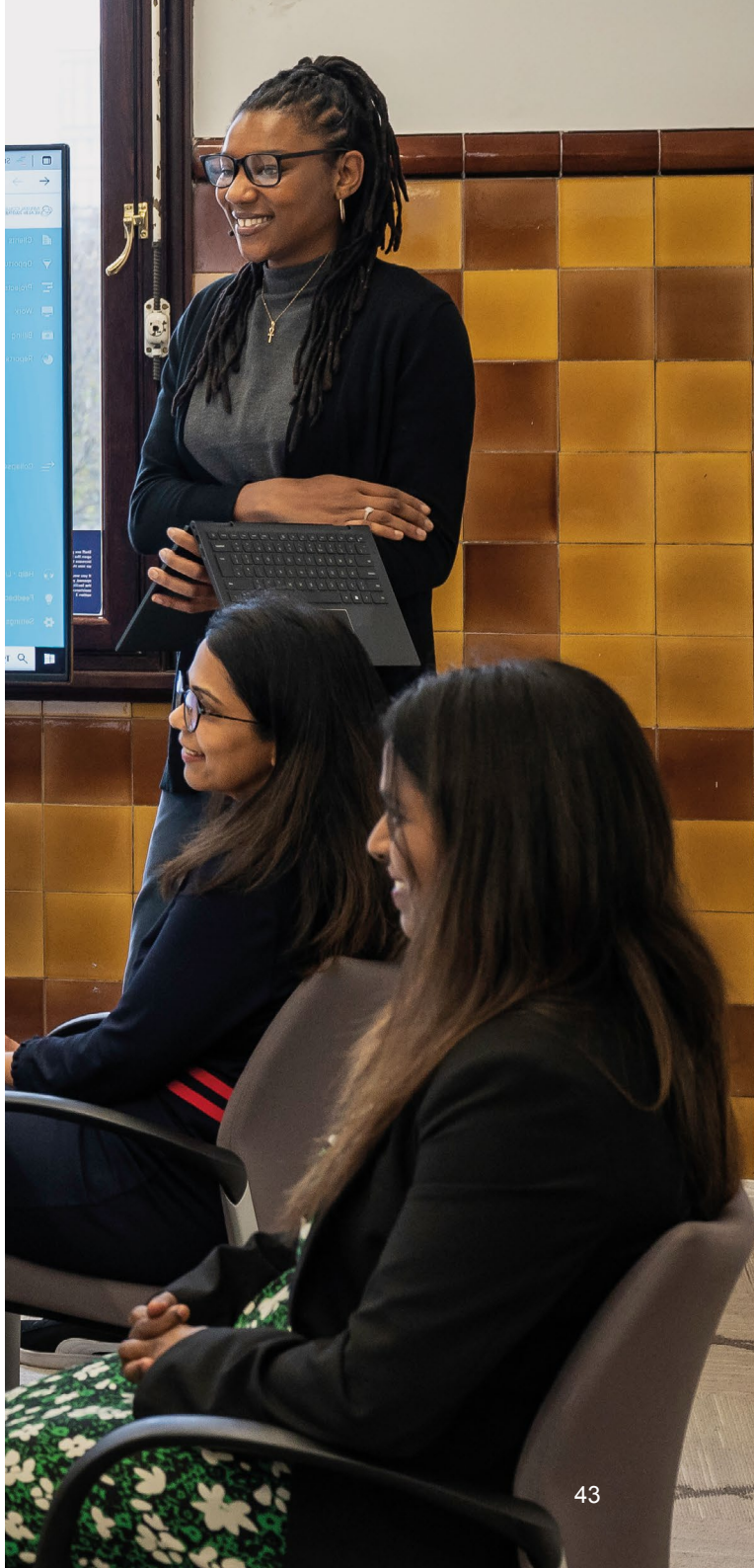
In 2025/26 we remain focussed on delivering meaningful, sustained outcomes for our Members, the NWL health and care system, and our local population through the implementation and scale of innovation.

Our work continues in the context of an exceptionally challenging period for our NHS partners, who are managing financial constraints, cuts and reorganisation at local, regional and national levels. All whilst still working to deliver quality care for our patients and communities.

To ensure we maximise our value as NWL's innovation partner, it is essential that we remain agile to be able to effectively respond to the changing external environment. Therefore, whilst we remain committed to delivering NWL's mission-led approach and national commissions in 2025/26, we will balance this to respond to evolving system pressures and needs.

Our focus for the next 12 months is structured around five key pillars:

1. **Our Purpose:** We will keep patients, communities and healthcare professionals at the heart of our work through direct engagement, supporting and cultivating the conditions for innovation in NWL. We will also develop a longer-term strategy that includes a plan for financial sustainability.
2. **Our Partners:** We will seek to establish new strategic partnerships with industry where priorities are aligned, whilst continuing to implement a more transparent approach for engaging and communicating with our local partners across health and care, academia and research, innovators and industry, and patients and carers.
3. **Our Priorities:** We remain committed to our current portfolios of work across the NWL Missions and Patient Safety Collaborative, and will continue to integrate local priorities with national commissions. We will look to successfully exit a mission, creating a sustainable transition to other system partners and sharing this learning widely, alongside selecting and standing up a new mission.
4. **Our Process:** We will cultivate structures that help innovation to thrive in NWL, including supporting NHS staff to build knowledge, skills and expertise in innovation and complex change. We will seek the best and most relevant innovations through our Innovation Exchange and pipeline solutions, whilst conducting regular horizon-scanning activitiy to retain perspective of system challenges.
5. **Our People:** We will continue to invest in a high-performing and happy organisation to ensure we deliver quality and impact for NWL. This will include continual organisational development with Equality, Diversity and Inclusion, sustainability and shared values at its core, involving and engaging ICHP colleagues at every step.



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