# Academic Health Science Networks

## Academic Health Science Networks

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| **For Recipient's Use** | |

# Foreword

Following the publication of Innovation Health and Wealth, there has been substantial interest and enthusiasm in the proposal to create Academic Health Science Networks (AHSNs) across the country. We have worked with a wide range of people representing the NHS, industry and universities over the past weeks and I want to thank them for their time and ideas.

In our discussions, many people have described the potential of these networks to help transform health outcomes and the delivery of healthcare in England by bringing together the local NHS, higher education institutions and industry to focus on improving the identification, adoption and spread of innovative health care across a network. Locally, managers, researchers and clinical leaders have started to describe their vision that the concept of a local AHSN could be taken further and bring organisations together to use improvement science to support the adoption of best practice, increase participation in research and identify new opportunities to spread the lessons from research.

AHSNs will be locally owned and run and, because they are partnership organisations, the partners will give it the authority to lead and support innovation and improvement. By focusing on the horizontal accountability between peers, it will enable us to deliver local priorities within the national ambitions set out in the NHS Outcomes Framework. They will be able to simplify the local organisational landscape and contribute to a national network of AHSNs that will support proven innovations to be adopted rapidly across the country. The work of AHSNs will be supported by a five-year licence and funding agreement for delivery of a range of defined functions.

We want to move at pace and at scale by involving a wide group of people to contribute to creating guidance that is both ambitious about the vision and practical about the detail. This guidance is a step along the journey to creating networks that universities, NHS commissioners, healthcare providers and industry will value as driving the identification, adoption and spread of innovations, translating and promoting research and supporting education and training resulting in the delivery of high quality, responsive healthcare as well as creating wealth for UK PLC.

Innovation Health and Wealth sets out the ambition that all NHS organisations will aspire to be affiliated to their local AHSN where the AHSN will operate as a gateway for the NHS on innovation and working with the life sciences industry on the evaluation, commercialisation and rapid adoption of health technologies. This document aims to create the foundations for a successful designation process that will enable networks that together cover the whole country. It builds on the energy and enthusiasm of local leaders and aims to provide sufficient clarity to support and stimulate local momentum but not to over-engineer the process and limit local ambitions.

There is a vast amount of experience and expertise across the country which can help produce strong, dynamic Academic Health Science Networks. Many parts of England are already working together and want to establish networks that benefit patients and the public as soon as possible. We want to encourage these discussions by asking for organisations to work together by making an expression of interest by 20 July 2012.

We look forward to your input to help build on this framework and are planning to produce a further document later in the summer which brings together learning from the work across the country and relevant international experience to inform the applications to create AHSNs and take us on the next step of the journey.

Yours faithfully,

SIR IAN CARRUTHERS OBE

Chief Executive

NHS South of England

# Introduction

Innovation Health and Wealth is the NHS Chief Executive's report on the identification, adoption and spread of innovation in the NHS. It was launched by the Prime Minister in December 2011 and sets out the contribution that the NHS can make to the Government's Plan for Growth.

Innovation Health and Wealth describes three reasons why innovation and adoption at pace are important not just to the NHS but to society and the economy as well:

- Innovation transforms patient outcomes;
- Innovation can simultaneously improve quality and productivity;
- Innovation is good for economic growth.

Innovation has been at the heart of the NHS since its creation. The NHS Constitution says that the NHS "works at the limits of science – bringing the highest levels of human knowledge and skill to save lives and improve health. It touches our lives at times of basic human need, when care and compassion are what matter most." Across the NHS staff are identifying innovations and discovering new ways of treating patients which lead to better outcomes and improve the health of the population. However Innovation Health and Wealth describes the gap between the invention of new ideas and identification of best practice and their adoption and spread. Great innovations are often implemented quickly in one or two places but in the NHS, as in other health care systems, diffusion is slow, often taking many years.

Innovation Health and Wealth concluded that there was the need for "a more systematic delivery mechanism for diffusion and collaboration across the NHS by building strong cross boundary networks". Thus it specifically recommended that the NHS Chief Executive and the Chief Medical Officer should work with partners to designate Academic Health Science Networks (AHSNs) that will "align education, clinical research, informatics, training and healthcare delivery." It says "their goal will be to improve patient and population health outcomes by translating research into practice and developing and implementing integrated health care systems".

The report says that "every local NHS organisation should aspire to be affiliated to its local AHSN, which would act as a high quality, high value gateway for any NHS organisation needing support or help with innovation, and provide industry with focused points of access to the NHS."

# The core purpose of Academic Health Science Networks: identifying, adopting and spreading innovation and best practice

An Academic Health Science Network provides a systematic delivery mechanism for the local NHS, universities, public health and social care to work with industry to transform the identification, adoption and spread of proven innovations and best practice. It is a partnership organisation in which the partners are committed to working together to improve the quality and productivity of health care resulting in better patient outcomes and population health. The AHSN aims for universal participation by bringing together a range of organisations who are primarily focused on a defined geography, including clinical commissioning groups and providers of primary, community, secondary and tertiary NHS funded services in a defined area and higher educational institutions active in health care to work with other partners, especially industry and local government. The AHSN will need to develop links with levers and functions that benefit from and support innovation including research, education and training, service improvement, wealth creation and information.

The collaboration between academia and the NHS working with industry, public health and social care partners on innovation is at the heart of the AHSN. Innovation Health and Wealth defines innovation as “an idea, service or product, new to the NHS or applied in a way that is new to the NHS, which significantly improves the quality of health and care wherever it is applied” and so AHSNs will focus on different sorts of innovation, bio-medical, information, service and business innovations, at all stages of the innovation process, including horizon scanning, adoption and diffusion.

The design of AHSNs has been informed by work between the NHS, universities and industry on the adoption and commercialisation of innovations, linking research and clinical practice and on quality improvement, including the work in creating the five Academic Health Science Centres.

To become an effective partnership, the AHSN will bring together organisations committed to create a culture of learning and sharing that is based on multi-disciplinary professional and clinical leadership and engagement. The AHSN will operate across organisational boundaries to improve patient outcomes and population health to generate value for the taxpayer and create wealth for the national economy. The partners can use the AHSN application process to simplify the local innovation and improvement landscape and prevent duplication between bodies and to share learning and best practice at scale and with a focus on agreed local priorities. Where delivery through the AHSN presents a better alternative, existing bodies and programmes can come together within a single local governance framework, as long as legal and national requirements are met.

The AHSN's core purpose is to enable the NHS and academia to work collaboratively with industry to identify, adopt and spread of innovation and best practice. AHSNs will want to use a broad definition of innovation and best practice to cover a range of ideas, services and products that improve the quality and productivity of health and care services and lead to improved patient outcomes and population health. Delivering the core purpose requires a network based on the energy, expertise, collaboration and commitment between the partners. Working in a network requires difficult decisions to be made between the partners and applicants for designation as an AHSN will need to demonstrate that they have a vision and agreed systems and processes that will enable them to work together effectively, hold each other to account and deliver specific functions and projects across the network. Strong, fit for purpose governance for the AHSN will be essential. Local visions for AHSNs are being developed by the NHS and academia with advice from industry and these seek to use the process of creating an AHSN to establish a set of relationships, including public health and social care that can transform the quality of care locally by bringing together work on innovation with other levers, including research, service improvement, education and training and wealth creation.

To deliver the more effective identification and diffusion of innovation and best practice, the AHSN will build on existing collaborations and bring together the commissioners and providers in the local NHS, higher educational institutions, and other partners, including public health and social care, to work with industry in delivering the following:

- Ensuring and supporting the adoption and spread of the nationally designated innovations (the high impact innovations and the designated "push" technologies); and identifying other innovations that the AHSN decides to prioritise for rapid diffusion;

- Leading local work in the NHS on innovation and its role in supporting the delivery of high quality cost-effective health care, thus enabling partners in the AHSN to help each other to improve and account for their adoption and implementation of innovation and best practice to their partners and peers;

- Supporting knowledge exchange networks to provide for rapid evaluation and early adoption of new innovations under tight surveillance and monitoring;

- delivering research together, through the NIHR clinical research networks, to time and target;

- supporting industry research using NIHR model agreements and processes

- Pump priming innovation projects, similar to the Regional Innovation Fund;

- Running Small Business Research Initiative (SBRI) and similar competitions for innovations from industry, especially small and medium enterprises;

- Applying improvement science and the change model[1] being developed by the NHS Commissioning Board to raise the standards and quality of NHS services across the network;

[1] The Change Model has been developed to support the NHS commissioning system in adopting a shared approach to leading change and transformation across the NHS focusing on delivering world leading clinical outcomes and improved productivity

- Providing consistent advice on intellectual property management to the local NHS and universities together;
- Identifying and supporting the development, testing and commercialisation of ideas that have the potential to become best practice;
- Work with procurement teams to support systematic adoption and spread across the AHSN partners;

Currently some of these functions are being undertaken by bodies that have NHS and/or Department of Health funding or sponsorship. The designation of AHSNs is taking place in parallel with the recommendation in Innovation Health and Wealth to undertake a "sunset review of all NHS/DH funded or sponsored innovation bodies and make recommendations as to their future form and funding." Local AHSN applications may want to consider the relationship with any relevant locally funded and sponsored bodies and identify potential models for the future.

AHSNs will play a crucial part in the translation of research into practice, which will compliment the roles of the present and future Academic Health Science Centres (AHSCs). AHSCs have related functions to AHSNs but are of smaller scale (in terms of geography and organisations) and they focus on earlier stages in the translation. They were established primarily on the basis of internationally recognised excellence in experimental medicine and strong collaboration between academia and healthcare to enable translation into patient benefit. AHSNs will have a complementary role in the translation process by focusing on the adoption and spread of innovative clinical practice that are of proven cost-effectiveness, across whole healthcare systems, linking back with the research and development community. Some AHSNs will have an AHSC within their defined footprint and partnership and some will not. However all AHSNs will want to access the learning not only from all the designated AHSCs but also from leading edge researchers in their locality, accessing the expertise in all parts of the local NIHR funded research infrastructure, and drive the adoption and spread of the resulting improvements in practice. For any future AHSC designation process, they will need to demonstrate that they are operating effectively within their local designated AHSN and able to work with AHSNs across the country on specific projects to share their unique insights.

The brand of being designated an AHSN will be valued by its members so there will be an application process to award a licence for the network, which will include funding specifically to enable local work on innovation and spreading best practice. While not all parts of the country will be ready to establish an effective network immediately, the ambition is that all NHS organisations will have the opportunity to be part of an AHSN by the end of March 2014 where they have current or the potential for strong partnerships with local higher educational institutions, developing links with industry and engagement with other stakeholders.

To realise the national potential of new networks focused on innovation, AHSNs will want to collaborate together, in effect creating a "network of networks" to achieve adoption and spread of innovations across England. AHSNs will be able to work together to develop capacity and capability and identify the critical success factors that will demonstrate their effectiveness. It is anticipated that one of the key roles of the national networks of AHSNs will be to enable innovations identified and proved in one AHSN to be shared and adopted rapidly in other AHSNs. These innovations will have the potential for diffusion internationally and thus create wealth for the national economy, and so the national network will want to establish links with UK Healthcare. The national grouping of networks will be able to work with other bodies, such

as the Health Research Authority, NIHR, Health Education England, Public Health England and the NHS Commissioning Board to align national frameworks to support AHSNs in delivering their purpose.

# The core functions and levers for Academic Health Science Networks

This section sets out the framework for the key links between the AHSN and six key functions and levers:

- Research participation;
- Translating research and learning into practice;
- Education and training;
- Service improvement;
- Information;
- Wealth creation.

The relationship between the AHSN and each function and lever is two-way link. Not only is the function and lever crucial in effectively delivering the core purpose of the AHSN - the identification and diffusion of innovation - but the work of the AHSN on innovation is essential in supporting the work of the associated function or lever.

The local model of an AHSN will be based on how these linked functions and levers will be used to support the identification, adoption and spread of innovation and best practice, and how the AHSN will contribute to the wider agenda in each function. This will, of course, be different in each locality and sometimes the linked function or lever will be built into AHSN's own governance model but in other cases the local partners will agree on an agreement or a formal contract setting how different bodies will link together.

At a national level, the 'Sunset Review' will make recommendations about simplifying the landscape of bodies contributing to the identification and adoption of innovation and best practice, but local organisations will be able to use their AHSN application process to identify opportunities to simply their local arrangements and structures, within any legal and national requirements.

**Promoting participation in research**

In the best universities, health providers and companies, there is a porous interface between research and innovation that benefits researchers, practitioners, innovators and entrepreneurs. There also needs to be clarity as to the expectations, incentives, support and a "route to market" to underpin realisation of value and opportunities from research. AHSNs must build on this and ensure that the approach of the best is diffused and adopted in all organisations.

AHSNs will play a key role in promoting and supporting research in the NHS across their geography, working alongside the National Institute of Health Research (NIHR), Clinical

Research Networks (CRN) and other elements of the NIHR clinical research infrastructure, which will continue to be managed and funded via NIHR. There needs to be a direct relationship between the governance and management of the AHSN and the local research management systems. This will support the AHSN in delivering:

- An AHSN-wide system to manage research participation and performance effectively and efficiently, consistent with national systems and approaches, delivering a step-change improvement in the initiation and delivery of clinical research on time and on target by constituent NHS providers;
- Increased opportunities for patients to participate in clinical research;
- Increased recruitment of patients to non-commercial and commercially-funded clinical research by constituent NHS providers;
- Timely payment of treatment costs for patients who are taking part in research funded by Government, NIHR and Research Charity partner organisations through the NHS commissioning system;
- Proactive support for life sciences industry research and development, including clear plans between University and NHS partners to support recruitment to all phases of clinical research as part of the national effort.

**Translating research and learning into practice**

AHSNs will play a central role in the translation of research into practice including, bio-medical and health services research, and clinical and economic evaluations, so it can "pull through" innovations leading to adoption at scale that benefits the whole population thus addressing the T3 (dissemination and implementation) and T4 (scaling up including through government policy) gaps. The NIHR Collaborations for Leadership in Applied Health Research and Care (CLAHRCs) make an important contribution to this activity.

AHSNs will want to develop the partnership relationships that support these processes and create the capacity and capability within the partners of the AHSN so they can work together to translate research into the adoption and spread of proven innovations and best practice at scale and speed across the AHSN and between AHSNs. The evaluation of innovations to demonstrate their clinical and cost effectiveness is a crucial part of creating the business cases that will underpin the local adoption of best practice.

Effective sharing of anonymised electronic patient record data along the patient journey and across the partners will enable the AHSN to adopt an approach based on testing, evaluating and improving models of care and health interventions that will improve health outcomes for patients and the population.

In many parts of the NHS there are Health Education and Innovation Clusters, and Innovation Hubs which bring together clinical commissioning groups, providers of NHS funded services, universities and industry to focus on innovation. Local expressions of interest may want to set out the proposed local collaborations and governance covering the links between AHSNs and these bodies.

## Collaborating on education and training

Collaboration between education and innovation is essential at both strategic and operational levels. Innovation Health and Wealth identifies "developing our people" as one of its eight key themes and stresses the need to develop capacity and capability and to "hard-wire" innovation into curricula. The adoption and spread of innovation occurs through the training and education of staff while education and training activities need to create a workforce that is research literate and innovative with the skills of developing, adopting and diffusing the latest ideas and innovations. Education must ensure that our future practitioners know how to access evidence, use evidence and contribute to the national research enterprise.

As set out in "Liberating the NHS: Developing the Healthcare Workforce – Design to Delivery" (published January 2012), Health Education England (HEE) is being established to provide national leadership and oversight on strategic planning and development of the health and public health workforce, and the allocation of education and training resources. HEE will host and fund the local Education and Training Boards (LETBs) which will be the vehicle for providers and professionals to agree local priorities, plan, commission and manage the quality of education and training in the interests of sustainable, high quality service provision and service improvement. LETBs will go through an authorisation process with HEE in autumn 2012 before HEE takes on full operational functions for education and training from April 2013. This is part of the transition plan to secure continuity and a safe transfer of essential skills from SHA Clusters and to protect individuals currently undertaking training.

As part of the authorisation process, LETBs will need to provide evidence to demonstrate mechanisms for working in partnership with a number of bodies – including close working with prospective AHSNs. LETBs will need to ensure that the priorities for education and training are informed by the work of the AHSN. AHSNs will similarly need to describe their working relationship with LETBs as part of their applications. A range of local working arrangements will develop between AHSNs and LETBs to respond to local priorities and needs.

Innovation has a vital role to play if health outcomes and education and training are to continually improve and to deliver value for money. Strong leadership is required at all levels to identify and promote the spread of effective innovation and best practice. The AHSN and the LETB will work together to ensure that professional curricula and Continuous Professional Development programmes and leadership development rapidly take on board important innovations in practice and in thinking about how services can be delivered more effectively.

Health Education England will allocate some funding for LETBs to invest in Continuing Professional Development to support innovation and develop the wider healthcare team. The expectation is that LETBs and providers will be able to build on this investment to support local innovation and service priorities, which are developed in partnership with AHSNs.

Innovation Health and Wealth also identifies "leadership for innovation" as another of the eight key themes, emphasising personal and board leadership. AHSNs will also want to establish links with the new Leadership Academy and work alongside the Local Delivery Partnerships of the Academy to develop distinctive local approaches to delivering the recommendations about leadership within Innovation Health and Wealth and the wider leadership agenda, especially the development of clinical leaders.

## Driving service improvement

Innovation and service improvement are inseparable and so AHSNs will need to ensure that they can bring the skills and insight from service improvement science to the adoption and spread of innovations that lead to improved patient and population health outcomes and more cost-effective services.

AHSNs will want to build on the work of the new national NHS improvement body into their programmes and use the NHS Change model to underpin their work with clinical commissioning groups, providers of NHS funded services and other partners.

Local quality improvement and innovation collaborations have been set up in many parts of the NHS, usually as membership organisations bringing together NHS commissioners and providers. There is potentially great synergy between the work of these bodies and the local AHSN and the local NHS will want to consider what model of partnership and governance they want to put forward in the AHSN application.

Clinical networks can offer an approach to AHSNs in engaging staff, patients and carers in the development of local clinical pathways that are focused on the patient's experience, delivering integrated working across organisational boundaries, and are a vehicle to identify and diffuse new improved innovations and ways of working.

Details of the national proposals for the development of clinical senates and clinical networks are being drawn up. Discussions have drawn the distinction between formal and informal clinical networks and suggested that the NHS Commissioning Board would identify a number of Strategic Clinical Networks that would bring together clinicians with partner organisations and patients to define evidence-based pathways which are implemented through the network with providers and commissioners.

AHSNs will want to explore how they can design local partnerships and governance arrangements that enable the pathway-based improvement activities of all types of clinical network to be aligned with their work and deliver a simpler and de-cluttered landscape for innovation and best practice, including public health and social care. The expressions of interest will need to set out local thinking. Learning from across the country in this area will be included in the follow-up AHSN publication later this summer.

## Ensuring information is at the core of the work of the AHSN

The collection, analysis and use of information, especially information about clinical, patient and population outcomes, is a foundation for the work of the AHSN in evaluating and identifying innovations and best practice and to drive subsequent rapid adoption and spread of proven interventions. There is the potential for clinical commissioning groups and the providers of NHS funded services to work together in AHSNs to facilitate or provide "added value" information services.

As part of the wider role in innovation, AHSNs will seek to identify and diffuse innovative information technologies that act as a catalyst enabling the transformation of service delivery resulting in improved patient care and productivity.

AHSNs will also want to work with the sub-national structures within Public Health England on sharing information and intelligence about public and population health.

AHSNs offer a potential vehicle for partners to share anonymised electronic patient record data along the patient journey and across the Network to improve health outcomes and to support health research locally and nationally.

## Wealth creation

AHSNs will become the focus for enabling industry, academia, clinical commissioning groups and the providers of NHS funded services to collaborate to identify and realise the potential to create wealth for the local and national economy as well introducing innovations in the NHS that improve the quality and productivity of health services. The AHSN will become the single local mechanism to enable productive partnerships with industry and run transparent procurements. The partnership cannot allow individual commercial companies to have unfair advantage or access but must enable a new and constructive relationship between the NHS, educational institutions and the representatives of industry that reflect the diversity of the health technology, information, biotech and pharmaceutical industries. The AHSN will be able to collaborate with industry on the following areas:

- Creation of a measurable economic impact on UK companies by supporting the development and adoption of novel products and services addressing local, national and global health challenges;
- Exploitation of industry resources, including networks and their knowledge of current developments and existing technologies, to remove or reduce re-invention and duplication of effort;
- Ensuring equitable opportunity for potential collaborators within and between sectors at all stages of processes established to address existing or emerging health challenges;
- Provision of and adherence to expert advice on demonstrating the benefits of innovation as well as publication and sharing of evidence to support adoption and spread beyond local AHSN;
- Provision of impartial access and advice in relation to industry interactions through membership and involvement of industry support and trade associations;
- Cultural and knowledge exchange with industry to facilitate new and improved ways of working;
- Contributing to Small Business Research Initiative (SBRI) and similar competitions for innovations in health and care;
- Providing advice and expertise to enable the commercialisation of innovations identified within the Network;
- Working with local economic development partnerships about wealth creation and sustainable development.

## Bringing in other potential functions

AHSNs must focus on the core purpose of innovation and best practice but individual AHSNs may decide to deliver other functions and specific tasks that contribute to the delivery of this

core purpose. People in the NHS, universities, industry and local government are looking at a number of other functions that could be brought within the AHSN umbrella but it will be essential that the application demonstrates that these do not divert energy and effort but add value to the core purpose of the AHSN associated with innovation and best practice.

# The criteria for participation in an Academic Health Science Network

Innovation Health and Wealth says “every local NHS organisation should aspire to be affiliated to its local AHSN” and applications will need to detail the roles of the local NHS and academic institutions, and may also want to describe the role of other organisations that will be involved, including industry, such as local authorities for public health and social care.

Discussions across the NHS show that there is great enthusiasm and interest in being part of a dynamic local AHSN that has the potential to improve services to patients and populations and also creates wealth locally and nationally. Local NHS organisations and providers of NHS funded services should want to be part of their local AHSN because they can see that it offers the opportunity to access the very best practice and learning about the safety, effectiveness and experience of care for all clinical conditions.

Participating in the AHSN is voluntary and it is difficult to see why a range of organisations will not want to be active in their local AHSN because it should become the central driver in the identification, adoption and spread of innovation and best practice.

Participation in an AHSN is open to all of the following groups:

- Clinical Commissioning Groups;
- Providers of NHS funded services;
- Higher Educational Institutions engaged in health and care;
- Other organisations such as local government and other providers, and partnerships with industry.

NHS commissioners will want to know that they are commissioning services that reflect state-of-the-art, proven innovations and best practice. Engaging actively in the AHSN will help clinical commissioning groups (CCGs) to work with academics, providers and industry to identify, adopt and spread innovation and best practice. Participation in their local AHSN will also help CCGs provide assurance that they are meeting their duty to promote innovation. CCGs and the local area teams of the NHS Commissioning Board will want to discuss exactly how they contribute to their local AHSN and a range of models will develop across the country.

NHS commissioners need to be assured that the CQUIN and other payments they make as part of the NHS contract are going to providers that are benefiting from the sharing of learning and expertise about identifying innovation and best practice that comes from being part of an innovation network. AHSNs are being set up to share this learning and enable the rapid adoption of best practice so NHS commissioners will want the providers of NHS services that they contract to be a part of the network. If providers are not part of an AHSN, even if they are part of another network, they will not be able to engage on what should become the main channel for adoption and spread of innovation and best practice within the NHS. Thus the NHS Commissioning Board will explore how to most effectively encourage providers to drive the identification, adoption and spread innovation and best practice through playing an active part of their local AHSN.

Providers of primary, secondary and tertiary health care, including mental health and community based care, as well as providers of public health and social care services, will want to be active participants in the AHSN as it will provide the organisation and its multi-disciplinary clinical teams the opportunity to work in an integrated model within and across organisational boundaries. All providers of NHS funded care will potentially be involved in the work of the AHSN as the AHSN offers a forum for professional staff and clinical leaders from all disciplines to put forward their innovative ideas which can be tested and researched, and to help improve and adopt proven state-of-the-art innovations and best practice from colleagues that will help transform the care that they offer to patients and their catchment population.

Applicants for designation as Academic Health Science Centres (AHSCs) from 2014 will need to demonstrate that they are "nested" within an effective AHSN as part of the application process.

Higher Educational Institutions will want to be active participants in the local AHSNs where they can work closely with the NHS and industry, because the AHSN will create the research environment within the NHS, help universities in demonstrating impact within the Research Excellence Framework, and become a focus for discussions about how to make a step change in developing the life sciences agenda locally.

Other organisations can also be part of the AHSN. Individual AHSNs may identify other partners who can contribute to the work of the Network, especially in using innovation to develop integrated services. This may include local authorities and providers of care services from the third and independent sectors. AHSNs may wish to consider how they engage with representatives of patients, carers and the public and how they link with the new clinical senates.

The AHSN will develop a range of relationships with the relevant industrial sectors that enables all these participants to create strong partnerships that deliver the core purpose of the AHSN to identify, adopt and spread innovation and best practice at pace and scale.

AHSNs will want to develop a local membership and participation model which combines the need for active participation from a wide range of different organisations with the need for a focused, dynamic and skill based governance system that drives the work of the Network. Creating such collaborations can only be undertaken by local organisations deciding to work together and experience has shown that the partners need to actively commit and be realistic about the challenges.

Innovation Health and Wealth says "every NHS organisation should aspire to be affiliated to its local AHSN". Local organisations may also want to contribute to the work of more than one AHSN and may decide to be affiliated to other AHSNs, where it has a national focus on a specific set of services or focus on particular projects which benefit from national and international collaborations. As the basis of these wider affiliations, individual organisations will have primary membership of their local AHSN. The proposed expressions of interest will help refine the national framework for participation AHSNs.

# The designation of Academic Health Science Networks and the application process

It is proposed that the NHS Commissioning Board will work in partnership with others, including the Department of Health, Health Education England, the National Institute for Health Research, and with industry and higher education, to designate AHSNs based on applications made by local organisations working together.

The designation will establish a 5-year licence for the AHSN that will be both:

- an agreement between the partners in the network and the NHS Commissioning Board, on behalf of the Board and its national partners, that they will work together in a partnership to improve patient care and population health; and

- a contract or agreement to deliver defined tasks and outcomes for which the AHSN will receive significant annual funding from the NHS Commissioning Board, alongside local resources that the members will contribute. These tasks will contribute to delivery of the NHS Outcomes Framework and the NHS Mandate and a set of national outcome measures, to be published, reflecting research outcomes and industry contract and partnership work.

Work is in hand to identify the funding that will be available to AHSNs and it is proposed that this will relate to both the size and tasks that the AHSN will undertake. The AHSN will be able to seek other sources of funding to take on additional functions and enter into contracts and agreements to deliver specific tasks and projects.

Prospective AHSNs will make an application for designation that will be assessed by a panel arranged by the NHS Commissioning Board but including representation from a number of key parties and experts including a Chief Medical Officer representative, Health Education England, academia and industry. The panel will make recommendations to the Board on whether to approve the application, approve it with conditions or defer the application.

The application will be through the production of a prospectus that will be submitted to the panel by the members of the prospective network. The prospectus will cover the following three areas:

1. Details of the AHSN model agreed by local partners to cover:

    - overall vision and strategic goals of the AHSN and the specific challenges that the local AHSN will seek to address;

    - the names of the partners, geographic footprint and population covered;

- the mechanisms and levers that the AHSN will use to achieve identification, rapid adoption and spread of innovation and best practice across the network;

- the development of clinical and organisational partnerships in the locality to cover the current position in relation to the identification and adoption of innovation and best practice, expansion of participation in research and the translation into practice, a step change in research management and delivery, education and training, informatics and service improvement within and across the patch involving health organisations, academia and industry;

- the proposed approach by which the AHSN will deliver its role in supporting the specific functions in relation to research;

- the measures by which the AHSN will assess progress towards key strategic goals and the delivery of the NHS Outcomes Framework;

- the governance, reporting, behaviours and culture and leadership model of the proposed AHSN.

2. A statement demonstrating the measurable progress across the prospective network in the adoption and spread of innovations that improve the quality and productivity of healthcare in the area, including completed work, work in progress and planned work on the six high impact innovations listed in Innovation Health and Wealth and any of the "push technologies" agreed by the Department of Health's Innovative Technology Adoption Procurement Programme (iTAPP) Board;

3. A draft business plan for the proposed AHSN, setting out its ambitions for the next 5 years in each area of its work, the key risks and challenges, and the ways in which these may be overcome. This will be the opportunity to set out the proposed working in a range of other functions, such as education and training, service improvement etc.

In creating an application for designation as an AHSN, the prospective partner organisations will want to ensure that their prospectus describes:

- How they will work together in a collaborative manner to deliver the agreed strategic goals;

- A common set of agreed behaviours, values and culture between partners;

- How the AHSN will work with other AHSNs and AHSCs;

- How their proposals will both enable local delivery of the national licence with the NHS Commissioning Board and the distinctive local approach being developed by members.

The AHSN application will set out the membership and participation model for the network. For the AHSN to deliver all the anticipated benefits to its locality, all the relevant local organisations should aspire to be active in the Network, but where the application does not include all relevant local organisations, it should give clear and compelling reasons why these

organisations have decided not to be part of the application. The resulting designation and licence will cover the named participants and further discussions with the NHS and universities will take place about the process for changing the membership of the AHSN.

In their work on innovation and best practice, AHSNs will want to have a commitment to promoting equality and addressing inequalities to be evidenced as part of the application process. AHSNs will need to meet the requirements of the Public Sector Equality Duty, including considering evidence of how a policy development or initiative has an impact or a potential impact on people sharing protected characteristics.

# Governance of Academic Health Science Networks

AHSNs will need to have a formal governance structure to enable it to be accountable and responsive to the ambitions of the organisations that make up the network. The governance structure needs to combine the participation of a wide range of organisations from different sectors with a clear focused dynamic skill based leadership that sets the strategic direction for the network. AHSNs will be encouraged to establish themselves as incorporated bodies with a clear public interest. It is proposed that applicants work together to be clear about the legal and financial decisions that are required to underpin the creation of AHSNs.

The participation and membership model and leadership of the AHSN will be designed and agreed locally but there will be a small number of national expectations that will be developed with the NHS and universities over the next few months. It is envisaged that there will be a corporate board to lead the AHSN with an independent chair and an accountable officer. It is expected that the governance model will describe its linkages with the local NIHR clinical research infrastructure, particularly NIHR clinical research networks, and CLAHRCs and its linkages with Local Education and Training Boards.

The participation of industry is an important part of the work of the AHSN and applications will need to set out the proposed approach to working in partnership. It is inappropriate for individual companies to be active in the governance of the Board but there may be roles through representative and membership organisations, through the creation of a sub-committee of the AHSN Board focusing on engagement with industry or through ensuring that the Board includes individuals with extensive expertise of working with industry.

The AHSN's governance structure will need to set out how independent organisations working in healthcare, research and education will work together in reaching agreements and commitments to deliver common goals and sharing resources. AHSN will need to be assured that they are compliant with requirements under relevant licence conditions of their partners and competition law and further guidance will follow on this. It will describe how clinical commissioning groups, providers of NHS funded services from the NHS and independent and third sectors, will work together and how primary care providers, public health and social care will be able to participate in the work of the AHSN, recognising that there will be many individual organisations in these categories.

# Expressions of Interest

Local NHS organisations are asked to work together and make contact with higher educational institutions and industry and other potential partners to discuss creating partnerships that will apply for AHSN designation.

Membership organisations representing different industries including the Association of British Healthcare Industry, the Association of British Pharmaceutical Industry, the BioIndustry Association, the Ethical Medicines Industry Group, the British In Vitro Diagnostics Association the British Healthcare Trades Association and Medilinks, are available for discussions about working in partnership with industry.

Initial expressions of interest in making an AHSN application in the autumn 2012 should be submitted to ihw-ahsn@dh.gsi.gov.uk by 20 July 2012. The expression of interest should be no more than 2 sides of A4 and set out the overall vision, strategic goals and key deliverables, and the proposed footprint, membership and affiliated partners of the AHSN. Plans for the linkages with the NIHR clinical research infrastructure, including Clinical Research Networks and CLAHRCS and the shadow Local Education and Training Boards should be described. Before making an expression of interest, it is anticipated that appropriate discussions will have been held with the SHA and other potential partners to ensure that it does not conflict with others in the same geographic footprint and the due consideration of any guidance on the footprint of clinical senates is considered.

In determining the proposed footprint for the initial expression of interest, potential participants will want to balance a number of factors including:

- Patient referral patterns and flows, especially tertiary referral patterns;
- Training and education flows and relationships;
- Research communities and established partnerships;
- Affordability and cost-effectiveness of support services;
- Geographical linkages and coherence;
- Alignment of boundaries where this is critical for the AHSN to deliver its purpose and linked key functions.

Footprints need to be large enough for the AHSN to deliver at scale and do not need to be based on existing SHA or SHA cluster boundaries, though alignment with other geographies is encouraged either through co-terminosity or nesting with other geographies that operate at a more local level. It is anticipated that between 12 and 18 AHSNs will be designated and they would be expected to cover a population normally of between 3 and 5 million people, though there will be local variations in the proposed footprint. The funding framework between the local members of the AHSN and the NHS Commissioning Board will be based on both the size of the AHSN as well as the specific tasks, deliverables and actual outcomes agreed as part of its licence. A panel to run the designation process will be established by September 2012 and its membership will be announced in due course.

# Timetable

We expect some AHSNs to be operational in 2012/13 and for all AHSNs to be have had the opportunity to be established before 31 March 2014. It is proposed that there are two rounds for designation with the following timetable:

| Task | Date |
|---|---|
| Round 1: expressions of interest received | By 20 July 2012 |
| Round 1: feedback to localities that have expressed interest – this will suggest substantial further work is required (and thus defer to Round 2); minor further work is required (and submit in Round 1) or no work is required (and submit in Round 1). | By 3 August 2012 |
| Issue final guidance on the designation process | By 3 August 2012 |
| Round 1: Submission of material to support application | By 30 September 2012 |
| Round 1: Panel interviews | Between late October to early November 2012 |
| Round 1: Designation announcement with the decision to designation, designation with conditions or resubmission | By 30 November 2012 |
| Round 2: resubmission of expressions of interest (note any that have been interviewed will automatically be resubmitted at this stage) | By 28 February 2013 |
| Round 2: Panel interviews | During March and April 2013 |
| Round 2: Designation announcement | By 31 May 2013 |