



The AHSN Network

Role of the AHSN Network

RUPs and MTFM

Stuart Monk
National Programme
Director – RUPs and MTFM

#AHSNs @AHSNNetwork

The AHSN Network

A connected
'Network of
Networks'



The AHSN Network

We are **catalysts** for innovation

We **connect** partners across sectors

We **create** the right conditions for change

We operate locally and collaborate as a national **collective**



The AHSN Network

Our continuing mission is to find, develop and support healthcare innovation



Improving lives



Saving money



Driving economic growth

AHSN Network national impacts 20-21



92%

of trusts implementing all 3 interventions of our tracheostomy programme



100%

of CCGs in England had launched the national COVID Oximetry @home model by December 2020



96%

of acute trusts set up COVID virtual ward pathways by March 2021



250,000+

views of 14 training films for staff working in care homes who care for residents at risk of deterioration



More than

21,000

views of collaborative webinars with the RCGP on coronavirus themes for primary care



More than

170

AHSN staff deployed into the NHS during the height of COVID-19, working on projects directly supporting NHS clinical staff



258,000+

patients benefited from our national adoption and spread programmes



231,000+

patients benefited from our delivery of selected AAC products and programmes



£462m

investment leveraged



700

jobs created and

763

jobs safeguarded



2,339

children received objective ADHD assessments as result of our national Focus ADHD programme



264

16-25-year-olds received specialist care for eating disorders in the first year of our Early Intervention Eating Disorders programme

The AHSN Network

AHSNs work locally

- **Fostering collaboration and partnerships between all organisations involved in healthcare: NHS, academia, social care, third sector and industry**
- **Identifying and responding to common local priorities – helping make effective use of resources across STPs and Integrated Care Systems**
- **Building capacity and provide expertise across a range of areas: patient safety, public engagement, informatics and evaluation**
- **Supporting the spread of local innovations and 'importing' what's working best from other areas**



The AHSN Network



... and nationally

- **A connected network of 15 local organisations: a 'Network of Networks'**
- **Small 'virtual' central office supports effective national AHSN collaboration**
- **Agreed national priorities enable rapid scaling**
- **Ability to 'import' and 'export' innovations between local areas**
- **Collective expertise on key challenges, e.g adoption and spread of innovation**

The AHSN Network

National programmes and priorities



Adoption & spread programmes



Innovation Exchange



Innovation Pathway



Digital & Artificial Intelligence (AI)



SBRI Healthcare



NHS Innovation Accelerator (NIA)



Accelerated Access Collaborative (AAC) programmes



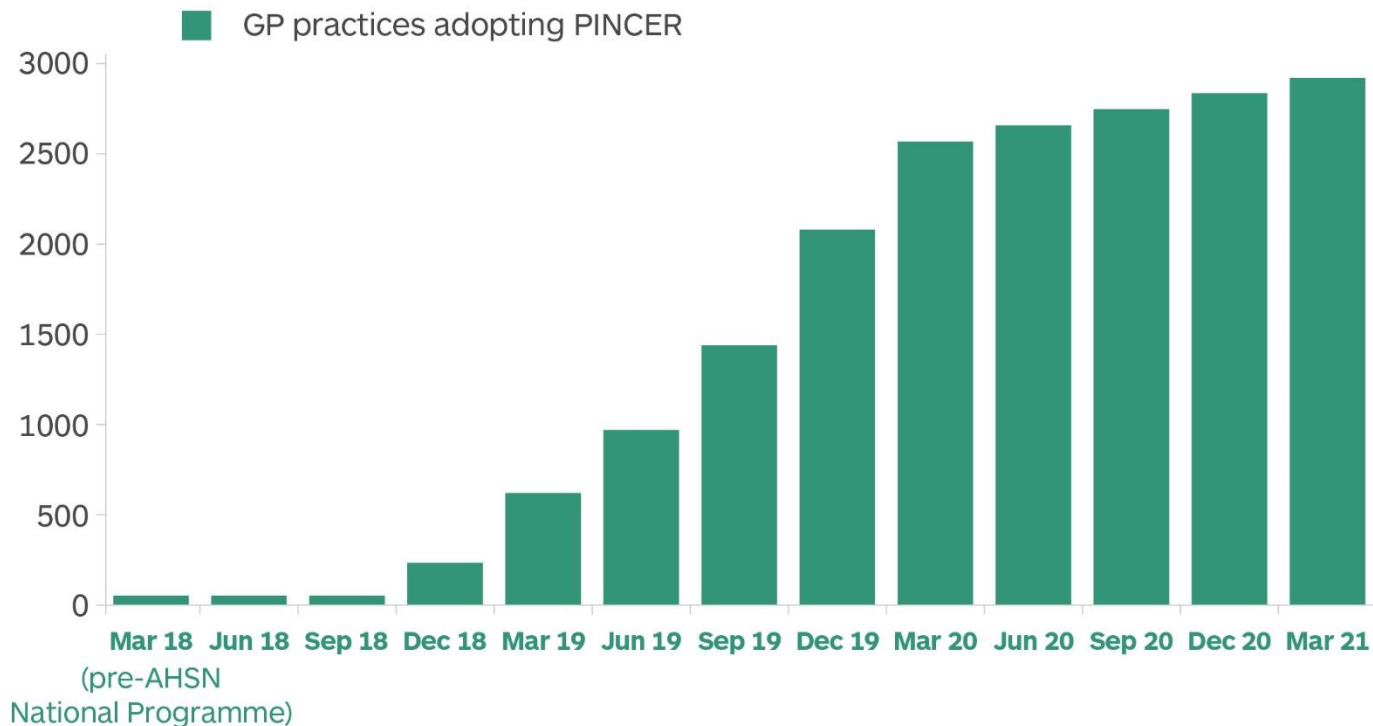
Patient safety



Research

PINCER – preventing prescribing errors

Supporting pharmacists and GPs to identify patients at risk from their medications and helping them take the right action

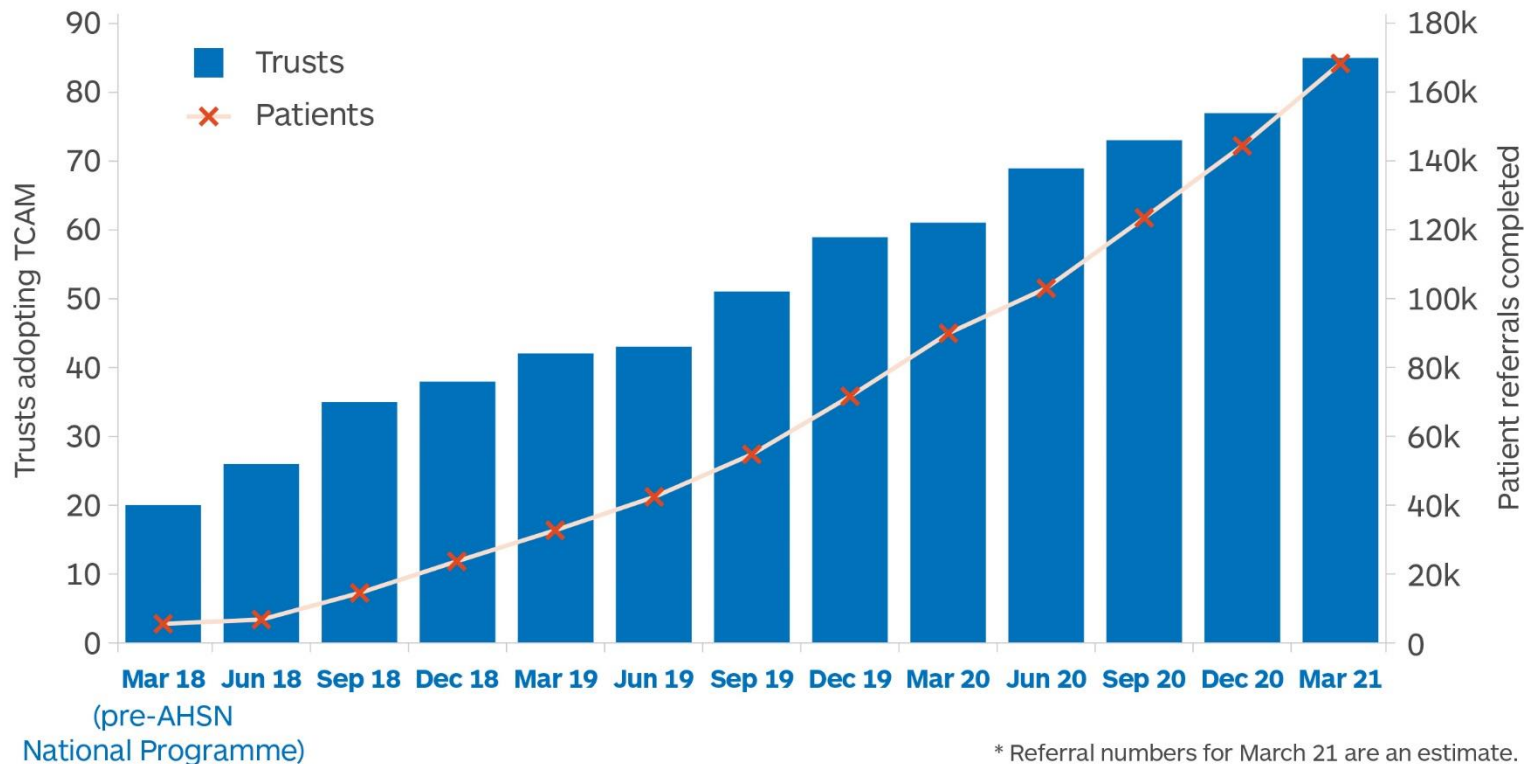


Increase from
50 to 2,922
GP practices
adopting since
April 2018

216,626
fewer patients at
risk from harm
from medication
errors since
2018

Transfers of Care Around Medicines (TCAM)

Help for patients who need extra support with prescribed medicines when they leave hospital



Spread from
20 to 85
acute trusts

168,267
patients
benefitted since
April 2018*

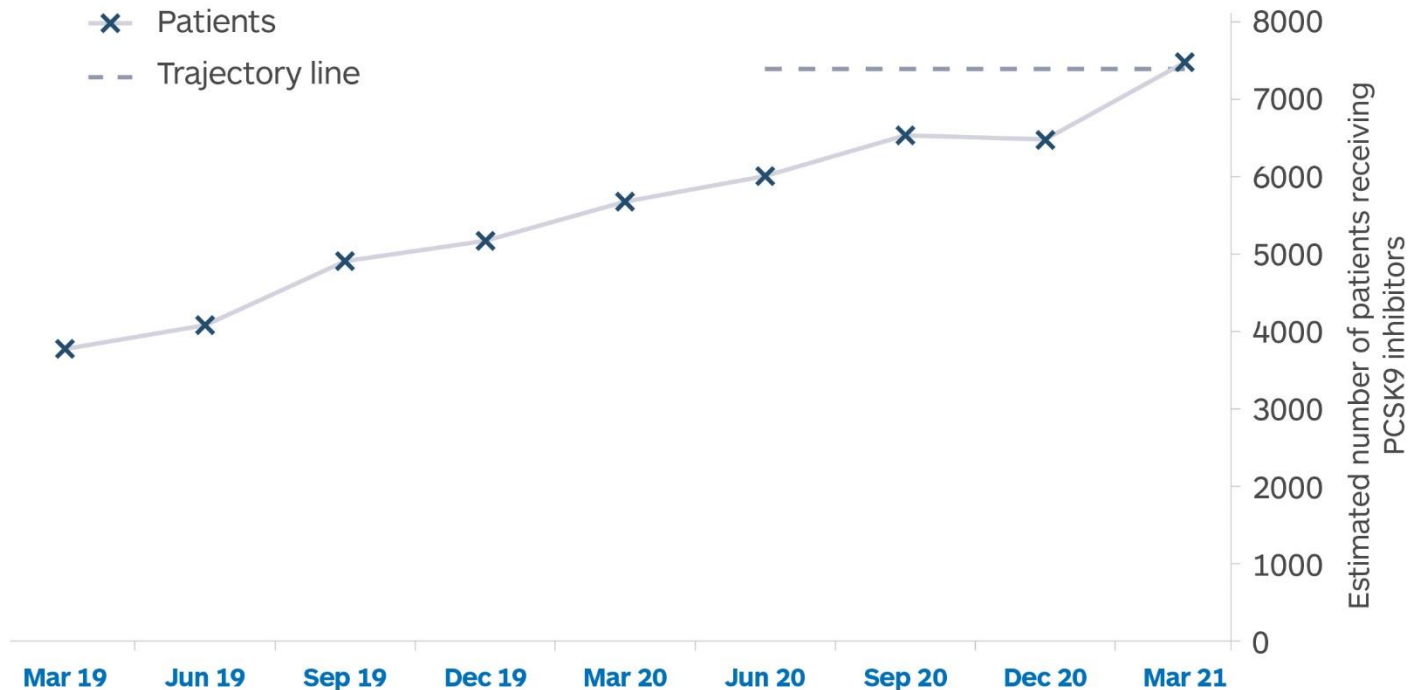
78,346
patients
benefitted since
April 2020*

61%
acute trusts
adopted

* Referral numbers for March 21 are an estimate.

PCSK9i

Medication for treatment of very high cholesterol, used together with a statin-type cholesterol lowering medicine, or in those who are unable to take or tolerate a statin



101.2%
trajectory
achieved

The AHSN Network

MedTech Funding Mandate (MTFM)

NHS England's MTFM policy launched in April 2021 and supports devices, diagnostics or digital products that are evidenced; deliver material savings; are cost-saving in-year; and are affordable to the NHS.

The AHSNs are the delivery arm of the programme.



MedTech Funding Mandate (MTFM)

- **NICE medical technologies guidance (MTGs) and NICE diagnostic guidance (DGs)** were reviewed to identify devices, diagnostics or digital products that:
 - Are effective (demonstrated through a positive NICE MTG or DG)
 - Deliver material savings to the NHS
 - Are cost-saving in-year – NICE modelling demonstrates a net saving in the first 12 months of implementing the technology (Year 1 mandate criteria only)
 - Are affordable to the NHS
- To support adoption of the policy **in Year 1 (2021/22), limited products have been included** – all 4 supported technologies are products which have been supported through the NHS England ITT/ITP programme. ITP pre-requisite to be removed in in 2022/23
- **Additional technologies to be supported by the policy will be released in July**, with a policy refresh each December

2021/22 summary criteria

‘The policy will be published annually in December following a review and feedback improvement cycle which will become effective on 1 April the following year’.

MedTech Funding Mandate (MTFM) – commencing 1 April 2021

- Policy to support providers and commissioners **to accelerate the uptake and use** of NICE-approved **clinically effective and cost-saving medical devices, diagnostics and digital technologies** that will **improve patient outcomes** (underpinned by ambitions detailed in the Long Term Plan). Policy aims are to:
 - i) direct the NHS on which MedTech innovations are effective and likely to give savings on investment
 - ii) ensure the NHS has a sustainable approach to overcoming the financial barriers to adopting medical devices, diagnostics and digital products
- **Supported by NHS Standard Contract** and the National Tariff Payment System
- In Year 1 (2021/22), the policy will **support 4 technologies**, some which have already been already adopted by Trusts across England through the NHS England Innovation Technology Tariff / Payment (ITT/ITP) programme
- Supported technologies include; **placental growth factor based testing (PIGF), SecurAcath, HeartFlow FFRCT** and **GammaCore**. See Appendix 1 for product overviews – slides [7](#) & [8](#)

Overview

'COVID-19 has impacted all of our lives and been the greatest challenge to the NHS in generations. The response to COVID-19 delayed the previous launch of the MTFM, but the response has also taught us that we now can't lose the opportunity to embed positive changes' – Matt Whitty

Funding and Actions

MedTech Funding Mandate (MTFM)

Funding use

- The mandate does not directly fund the technologies in the policy. NHS funded care **providers are to be reimbursed by their commissioner**
- Annex A of the NTPS lists the MTFM technologies, called the **innovative products list**. Items listed are **excluded from national prices** and reimbursed by NHS commissioners in addition to PBR/block/blended payments
- For blended payments/block contracts; commissioners expected to increase the fixed element for the first year to account for MTFM technology costs, but that MTFM costs become part of the fixed element going forward

Actions required of providers and commissioners

- **Providers will need to** understand which technologies have been implemented under ITP and which they will need to adopt, and engage commissioners via appropriate routes (see policy paragraph 77)
 - Providers are advised to work with the product supplier to complete site-specific business cases for CCG consideration
 - Where providers have adopted under ITT/ITP, provision must be made for a change in payment flows when ITP support ends on 31 March 2021 (engaging commissioning and costing teams)
- **Commissioners should engage with their providers**, understand the technologies and corresponding benefits, and advance commissioning conversations accordingly (see policy paragraph 78-79)
- The AHSN can **support this process**

MedTech Funding Mandate (MTFM)

Procurement

- Technologies can be procured through the relevant NHS Supply Chain framework from 1 April 2021, although this is not compulsory
- Direct purchase from supplier is an alternative option

NHS Standard Contract

- The NHS Standard Contract **will require both commissioners and providers of NHS-funded services to comply**, where relevant
- This builds on existing contractual requirement(s) to have regard for guidance published by NICE
- **Compliance is not relevant where** NICE recommendations are not relevant to the organisation (e.g. services not provided) or if another/alternative treatment is better suited to a patient
- Provider and commissioning organisations may wish to review how they demonstrate compliance

Procurement and Compliance

'Uptake data will be included in the AAC scorecard and monitored through the AAC board'.

Your local AHSN can support providers and commissioners with policy interpretation, implementation and transition from ITP to the MTFM

– details of the support available are referenced in the Guidance (para 64 onward and 86 onwards)

You local AHSN;

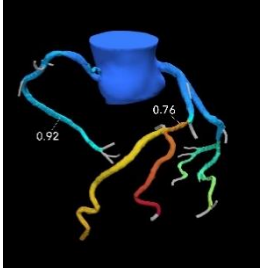
- Has **extensive knowledge of the technologies, existing relationships with the suppliers** and are linked into the national product working groups
- Has **supported providers and their relevant clinical teams** who have chosen to adopt the technologies under the ITT/ITP. This support will be ongoing to facilitate the transition away from ITP
- For providers who decided not to adopt under the ITT/ITP programme and wish to understand more, we are happy to revisit conversations together, link you with your relevant supplier (if not already connected with one another) or answer any further questions
- For commissioners, we are happy to connect you to provider teams (where you aren't already) to engage and map out the next steps

Your local AHSN has a dedicated team who are available to support further discussions around the MTFM. If there is anything you would like to know more about, please get in touch with xxx.xxx@ahsnname.xxx

Support available

'NHS England established the AHSNs in 2013 to spread innovation, improve health and generate economic growth. Each AHSN works across a distinct geography serving a different population in each region and is connected the regional and local NHS structures'

The AHSN Network



HeartFlow - Creates a 3D model of a patient's coronary arteries and assesses the extent and location of blockages



SecurAcath - A device to secure catheters without requiring sutures or adhesives



Placental growth factor based testing – a blood test to rule out pre-eclampsia in pregnant women

21/22 MedTech Funding Mandate



Gammacore - a handheld device which alleviates the symptoms of severe cluster headaches

In conclusion.....

- **New policy to support commissioners and providers accelerate the uptake and use** of NICE-approved clinically effective and cost-saving medical devices, diagnostics and digital technologies (Access [policy here](#))
- Commitment of the NHS Long Term Plan (2019)
- Launched **1 April 2021**
- **Currently comprises 4 technologies**; placental growth factor based testing (PIGF), SecurAcath, HeartFlow FFRCT and gammaCore
- Further technologies to be **added annually**
- **Providers to be reimbursed by local commissioner**
- **Requirement for providers and commissioners to take necessary action to implement technologies and plan future contracting arrangements**
- Procurement via **NHS Supply Chain** (although not compulsory – direct purchase possible)
- **Adoption support** available from AHSN Network.
- Supporting resources available via NICE
- **Requires compliance** from providers and commissioners - linked to NHS Standard Contract

Additional information can be accessed online and viewed within the published Guidance

National Policy and related documents

- [The NHS Long Term Plan](#)
- [MedTech Funding Guidance January 2020](#)
- [NHS Accelerated Access Collaborative](#)
- [NHS England / Improvement Innovation Technology Tariff / Innovation Technology Programme](#)
- [NHS Operational Planning and Contracting Guidance](#)
- [National Cost Collection for the NHS](#)
- [NHS Approved Costing Guidance 2020](#)
- [2021/22 NHS Standard Contract](#)

National and local implementation support (detailed within the guidance)

- 'Adoption and Implementation support' available detailed in the Guidance, Sources include NICE, AHSNs, Suppliers and the AAC team

Related links

- [More information on NICE MTGs and DGs](#)
- [AHSN Network](#)

**Further
resources
and links**

NICE Guidance - Technologies

Refer to Annex 1 MTFM Guidance

NICE reference	Description of innovation	Clinical benefit (as stated by NICE)	Patient benefit (as stated by NICE)	Link to NICE guidance and product website
MTG32 HeartFlow	HeartFlow FFRCT estimates fractional flow reserve from coronary CT angiography (CCTA) for patients with stable, recent-onset chest pain, therefore avoiding invasive investigation and treatment.	HeartFlow FFRCT is as accurate as CCTA in excluding coronary artery disease and characterises the coronary arteries from both functional and anatomical perspectives, differentiating between ischaemic and non-ischaemic vessels in a way that CCTA cannot. The coronary lesions responsible for coronary artery disease can be identified without the need for invasive procedures and further non-invasive tests.	<ul style="list-style-type: none">• Replaces the need for an invasive procedure in a specialist cardiology procedure suite.• Reduced length of stay.• Reduced hospital visits as multiple diagnostic tests such as exercise tests and stress tests are not required.• Faster diagnosis.• Reduced waiting times for patients waiting for a procedure in the specialist cardiology procedure suite.	<ul style="list-style-type: none">• https://www.nice.org.uk/guidance/mtg32• https://www.heartflow.com/
MTG34 SecurAcath	SecurAcath is a device to secure peripherally inserted central catheters (PICCs) and should be considered for any PICC with an anticipated medium to long-term dwell time (15 days or more).	SecurAcath is easy to insert, well tolerated, associated with a low incidence of catheter-related complications and does not usually need to be removed while the catheter is in place. Further clinical benefits include no interruptions or delays from the catheter becoming dislodged. Fewer repeat procedures are needed because SecurAcath improves vessel preservation and reduces need for re-insertions. There are also fewer complications such as dislodgements, migration, thrombosis and infection.	<ul style="list-style-type: none">• No risk of medical adhesive-related skin injury.• No requirement for frequent adhesive fixing changes.• Reduced risk of interruption to treatment.• Reduced risk of catheter-related infection.• Reduced pain on insertion and while in situ.• Reduced need for unplanned catheter removal and re-insertion.	<ul style="list-style-type: none">• https://www.nice.org.uk/guidance/mtg34• https://securacath.com/

NICE Guidance - Technologies

Refer to Annex 1 MTFM Guidance

NICE reference	Description of innovation	Clinical benefit (as stated by NICE)	Patient benefit (as stated by NICE)	Link to NICE guidance and product website
MTG46 gammaCore	gammaCore (electroCore) is a non-invasive vagus nerve stimulator used to treat and prevent cluster headaches. It is self-administered by the person or their carer.	Clinical evidence shows that, for some people, using gammaCore as well as standard care reduces the frequency and intensity of cluster headache attacks and the need for medication. This is likely to significantly improve quality of life for people living with this condition.	<ul style="list-style-type: none">• Significant quality of life improvement from reduced pain during an attack.• Reduced need for expensive medication.• Reduced hospital visits.	<ul style="list-style-type: none">• https://www.nice.org.uk/guidance/mtg46• https://www.gammacore.co.uk/
DG23 PIGF	Placental growth factor (PIGF)-based tests are intended to be used with clinical judgement and other diagnostic tests, to help rule out suspected pre-eclampsia. This assessment focuses on ruling out pre-eclampsia in the second and third trimesters of pregnancy.	Using PIGF-based tests in addition to standard clinical assessment could result in a faster and more accurate diagnosis of pre-eclampsia, and better risk assessment for adverse outcomes in women with suspected pre-eclampsia. It could also allow women in whom pre-eclampsia has been ruled out with a PIGF-based test to return to community care instead of being admitted to hospital for observation.	<ul style="list-style-type: none">• Reduced length of stay if patient already admitted.• Admission avoidance if test carried out without admitting patient.• Reduced need for further third trimester scans.• Increased assurance reduces stress for patients.	<ul style="list-style-type: none">• https://www.nice.org.uk/guidance/dg23• https://diagnostics.roche.com/global/en/products/params/electsys-sflt-1-plgf-preeclampsia.html• https://www.quidel.com/immunoassays/triage-test-kits/triage-plgf-test

The AHSN Network

The Rapid Uptake Products (RUP) programme

The Accelerated Access Collaborative (AAC) RUP programme identifies and supports products with NICE approval that support key clinical priorities, but have lower than expected uptake to date.

The AHSNs are the delivery arm of the programme.



INNOVATION AND TECHNOLOGY PAYMENT AND RAPID UPTAKE PRODUCTS PROGRAMMES

These programmes support the adoption of proven cost-saving innovations. The Innovation and Technology Payment (ITP) programme builds on the Innovation and Technology Tariff (ITT) and was developed in recognition of the need for different funding mechanisms for these innovations, with NHS England and NHS Improvement covering the cost of innovations, and the AHSN Network driving adoption through local networks. Our learnings and insights from this proven method of offering a confirmed funding mechanism has informed the development of the MedTech Funding Mandate (see page 31).

Our Rapid Uptake Products (RUP) programme scales up the adoption of NICE-endorsed medicines, products and technologies that offer significant patient and system benefits but are currently under-adopted. It offers bespoke packages of support for the individual products, to address the specific barriers they face in areas such as funding, policy, system infrastructure, variation and clinical best practice dissemination. Funding to support access to RUPs comes from the [Pathway Transformation Fund](#).

In 2019/20, almost 500,000 patients at more than 200 sites had access to products supported through these programmes.

[continues >>](#)

“The learnings from the first wave show us it is possible to set out a clear case for change, garner clinical leadership and unlock barriers. This progress is key to unlocking the potential for the next wave of RUPs.”

Su Jones,
NHS Engagement Policy Partner, ABPI

PRODUCT	DESCRIPTION	PROGRAMME	
		RUP	ITP/ITT
Cladribine	A tablet, taken in two treatment courses, one year apart and used to treat adults with rapidly relapsing multiple sclerosis. It can help manage symptoms and reduce the risk of further problems, lessening relapses and slowing the progression of disability.	>	
Endocuff™	A disposable sleeve that fits over the end of colonoscopes. Designed to improve visualisation of the bowel and increase flexibility and stability during a colonoscopy.		>
Episcissors-60	Episcissors-60 reduce the incidence of obstetric anal sphincter injuries during birth that can have a devastating impact on the quality of life for new mothers by preventing inaccurate visual estimations of the cutting angle in standard episiotomies.		>
GammaCore	A non-invasive vagus nerve stimulator used as a highly effective treatment for migraine and cluster headaches, reducing pain and improving the quality of life for patients.		>
HeartFlow	A non-invasive analytic tool that uses data from coronary computerised tomography (CT) angiography to create a 3D model of the coronary arteries to help clinicians rapidly diagnose patients with suspected coronary artery disease.	>	>
High-sensitivity troponin (HsT)	A test that helps diagnose heart attack and other heart-related conditions more rapidly and accurately, helping to save lives and improve patient outcomes.	>	>
Non-injectable arterial connector (NIC)	A medical device that prevents medication being incorrectly given into the arterial line. It also prevents arterial line infections and accidental blood spillages during sampling and protects patients and staff.		>
PCSK9 inhibitors	PCSK9 inhibitors increase the options available to treat high cholesterol levels and reduce the risk of cardiovascular disease (CVD), including heart attack or stroke, in patients with the genetic disease familial hypercholesterolaemia, or those who have had a previous CVD event. PCSK9 inhibitors can be used together with statins, or independently for those who are unable to take statins.	>	
PIGF (placental growth factor)	A diagnostic test used in pregnancies where there is clinical suspicion of preterm pre-eclampsia. It helps to accurately rule out pre-eclampsia, assess the risk for associated complications, and reduce life-threatening complications.	>	>
PLUS sutures	Absorbable sutures containing an antiseptic coating of triclosan to prevent bacterial colonisation and reducing the risk of surgical site infection.		>
Pneux™	A system designed to prevent pneumonia associated with long-term ventilation.		>
SecurAcath	A device to secure catheters without requiring sutures or adhesives, which reduces complications that can arise when peripherally inserted central catheters are moved or dislodged at the insertion site.		>
SpaceOAR™ (Absorbable spacer)	Improves patient safety by decreasing the risk of rectal injury during prostate radiation therapy with a hydrogel spacer that pushes the rectum away from the prostate.		>
UroLift®	A minimally invasive procedure for treating lower urinary tract symptoms of benign prostatic hyperplasia, a common and chronic condition where the enlarged prostate can make it difficult for a man to pass urine.	>	>

Table 2. Products selected for support by RUP and ITP/ITT in 2019/20

**ACCELERATED
ACCESS
COLLABORATIVE**

Rapid Uptake Products Wave 3 selection process



Eligibility

1. A positive TA, DG, MTG NICE guidance dated March 2019 – June 2021
2. A positive guidance received from Medicines Consortium (SMC); Scottish Health Technologies Group (SHTG); All Wales Medicines Strategy Group (AWMSG) and Health Technology Wales (HTW) dated March 2019 - June 2021, unless:
 - Product(s) are currently subject to NICE review
 - Product(s) have previously been assessed by NICE and failed to secure a positive guidance
 - Product(s) have a NICE guidance pre-dating March 2019

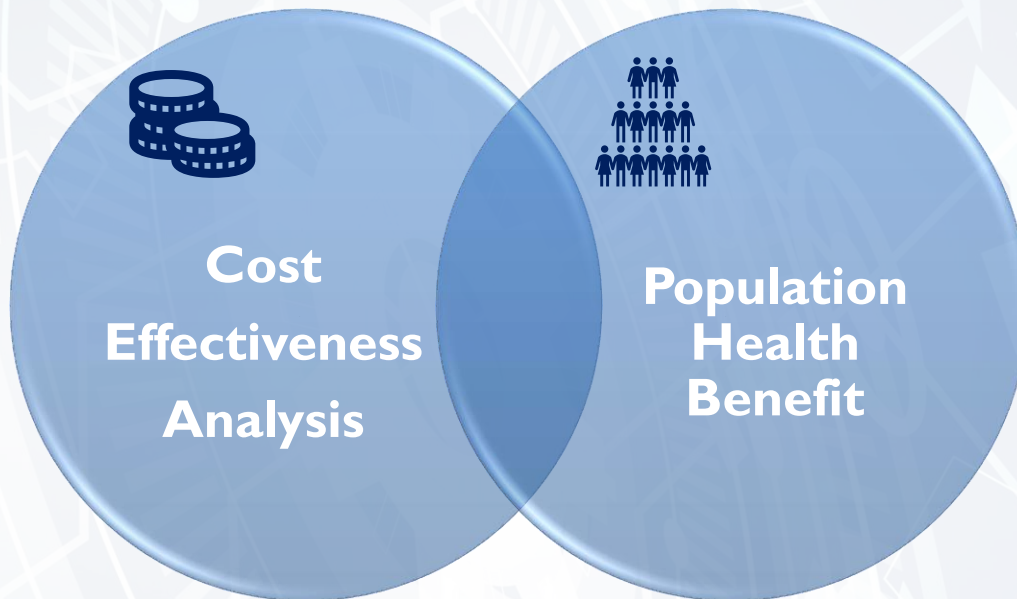
Out of scope

1. HST (limited population and received targeted adoption support)
2. Subjected to a Managed Access Scheme
3. Already supported products via other AAC scheme / programme (ITP; RUP2; AI award)



Core assessment criteria

All eligible guidance to pass two key tests in order to proceed to the next stage in the process.



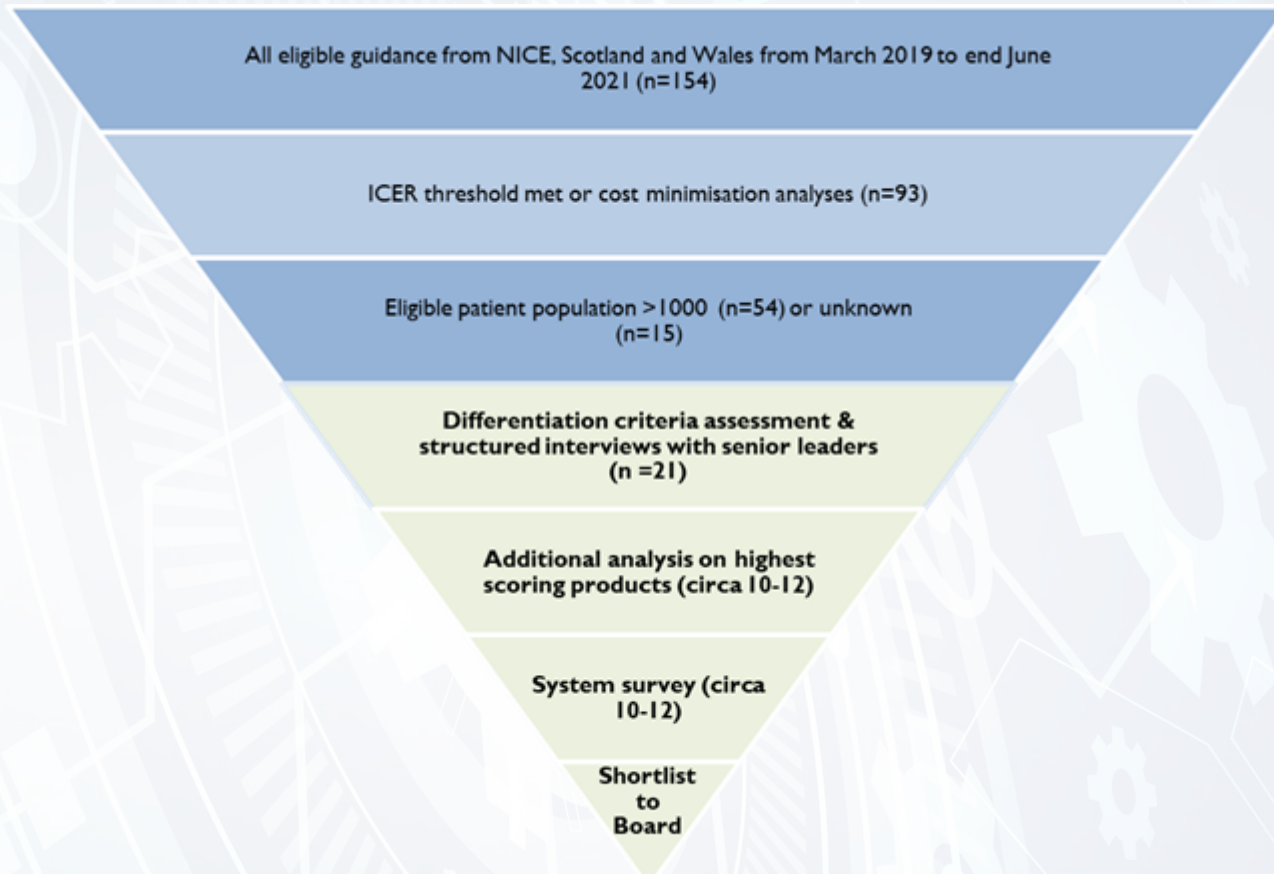
Assessing cost & benefits for Medical Devices

- NICE recommendations based on cost-consequence analysis rather than cost-utility analysis
 - Assume that the device have similar clinical benefits at same or lower cost
- Most economic models do not include benefits – unable to simply extract from model
- Initial conversation with an external assessment centre
- Feasible to estimate retrospectively – could take between 1 to 6 months

Recommendation: Assume that the products with MTG guidance have ICERs below £15000



Selection Process Overview



NHS England and NHS Improvement





**ACCELERATED
ACCESS
COLLABORATIVE**

Rapid Uptake Products

Jenny Turton

Deputy Director Innovation, Research & Life Sciences

OUR PRIORITIES

To deliver our ambition, we identified six priorities which we are committed to delivering together with our partners, patients and the public.



>> INNOVATION SERVICE

Creating a 'front door' to the innovation ecosystem, with information, support and signposting to partners all available in one place.



>> WORLD-LEADING TESTING INFRASTRUCTURE

Creating an infrastructure that has vital opportunities for innovators to develop and improve their products and establishing high-quality evidence for adoption and spread.



>> DEMAND SIGNALLING

Helping innovators to understand the kinds of innovation the NHS really needs in order to meet its challenges.



>> ADOPTION & SPREAD

Helping the NHS become stronger in its adoption of innovations and in its support for the spread of the best new solutions, getting them into the hands of clinicians and patients much more quickly.



>> HORIZON SCANNING

Making it easier for NHS teams to have clear sight of the best new innovations, so that health systems are prepared and ready to support them.



>> FUNDING STRATEGY

Creating more practical funding for innovation support, which aligns with the government's health innovation funding and the work of charities, research organisations and investors.

FASTER
THAN EVER

Rapid Uptake Products

1

Medicines, devices, diagnostics or digital products that are supported by NICE

2

Align to national programmes, LTP priorities, areas of highest health gain

3

Supported by key stakeholders who believe they are under adopted and uptake should be increased

4

Have barriers and challenges that the AAC is uniquely positioned to address

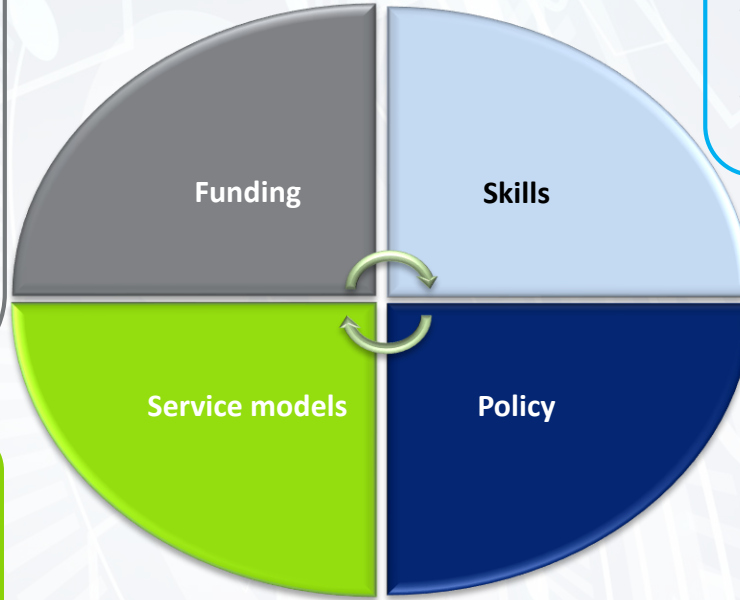
5

Need a collaborative of multiple contributors to work together to address these

Barriers to address

- Pathway Transformation Funding as a 'kick starter'
- Savings not always released where the change needs to be made
- Working with commissioners to develop sustainable funding mechanisms
 - Tariff
 - QOF
 - PCN DES
 - Impact Investment Fund

- Model and understand variations in practice to address outliers
- Create model pathways and decision support tools to support clinicians



- Education programmes to upskill primary care
- Looking at how roles can be extended and adapted
- Funding of pilot and service development roles

- Updates to NICE guidance
- Alignment of policies and positions across different bodies
- Innovation Technology Payment / MedTech Funding Mandate



Who do we work with?



NHS England and NHS Improvement



Rapid Uptake Products 21/22

Lipid Management

- Targeted support to 34 Trusts identified as prescribing outliers to increase their usage
- Supporting optimisation of lipids medicines along the NICE recommended prescribing pathway

Lipid Management

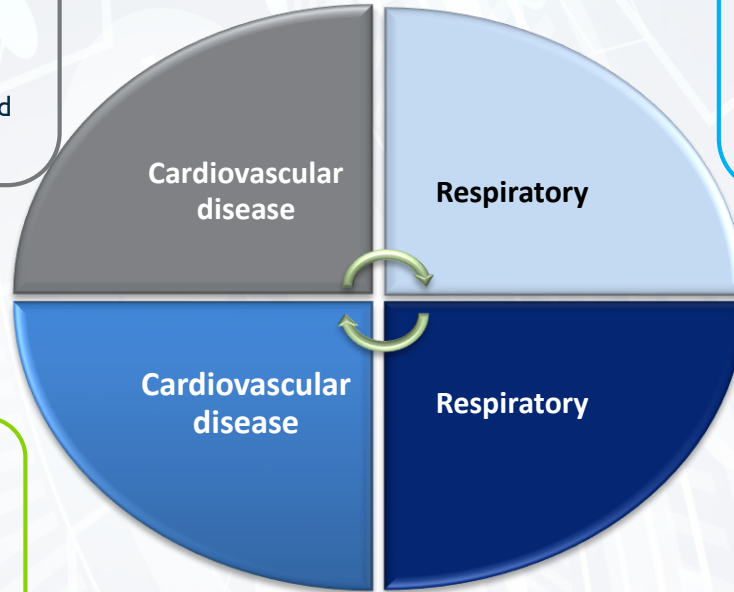
- Development of a QOF indicator
- Deliver an education programme for clinicians on the lipid pathway and treatment options

Asthma Biologics

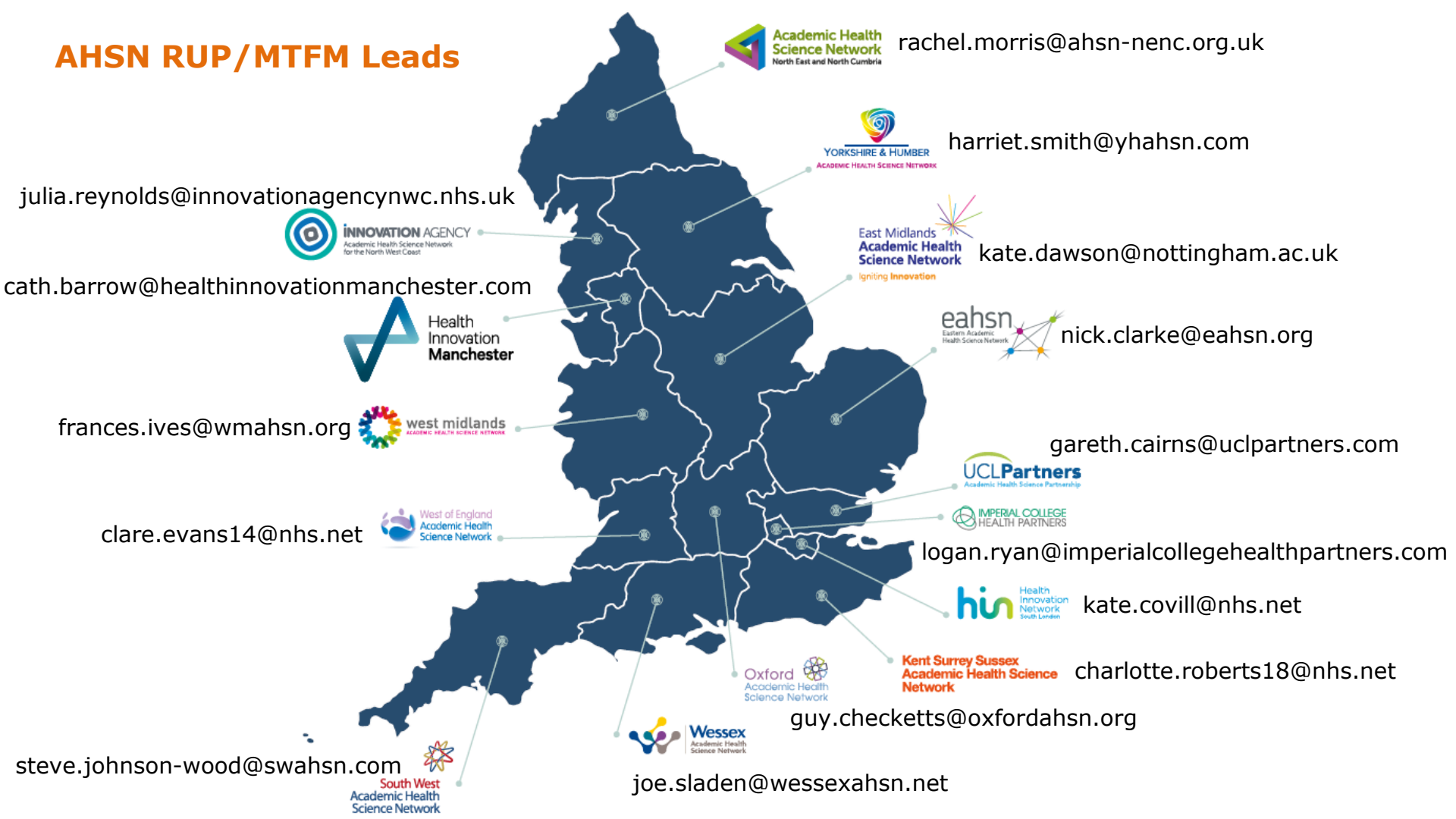
- Development of a NICE endorsed algorithm / pathway
- Extend the role of the pharmacist in the pathway
- Upskilling of clinicians outside of specialist centres to relieve bottlenecks

Fractional Exhaled Nitric Oxide breath analyser (FeNO)

- Develop an accredited educational offering for FeNO
- Work with ICS/ commissioners to identify a sustainable funding solution
- Develop a rollout toolkit to support sites in implementing the pathway



AHSN RUP/MTFM Leads



rachel.morris@ahsn-nenc.org.uk



harriet.smith@yhahsn.com



julia.reynolds@innovationagency.nwc.nhs.uk



kate.dawson@nottingham.ac.uk

cath.barrow@healthinnovationmanchester.com



nick.clarke@eahsn.org

frances.ives@wmahsn.org



gareth.cairns@uclpartners.com



clare.evans14@nhs.net



logan.ryan@imperialcollegehealthpartners.com



kate.covill@nhs.net



guy.checketts@oxfordahsn.org



charlotte.roberts18@nhs.net



joe.sladen@wessexahsn.net



steve.johnson-wood@swahsn.com



*The***AHSN***Network*

Connect with us

 @AHSNNetwork #AHSNs

 The AHSN Network

www.ahsnnetwork.com

info@ahsnnetwork.com