Patient involvement for national spread
Dr Amanda Begley, National Director, NHS Innovation Accelerator
Introducing the NHS Innovation Accelerator (NIA)

- Create the conditions and cultural change necessary for proven innovations to be adopted faster & more systematically in the NHS
- Deliver innovation into practice for **demonstrable patient & population benefit**
- Learn from Fellows’ as real world case studies so that others benefit
Year one Evaluation:

Patient involvement = essential condition for delivering successful spread of innovations

- Involvement in developing the innovation
- Driving uptake
- Supporting policy change
- Inspiring entrepreneurship
Involvement in developing the innovation

**ERAS+** care pathway continues to develop and evolve through continuous patient feedback via a multi-disciplinary led ‘Surgery School’

Co-design of **WaitLess** has ensured effective use, leading to a 5% reduction in minor injuries activity across A&E in east Kent.
Driving uptake

"We urge healthcare providers... to ensure the system is adopted. From a patient’s perspective, this is an opportunity that cannot be ignored.”

Trevor Fernandes, Co-Chair, East of England Citizen’s Senate

EpSMon changed its scaling strategy to better engage with the NHS, moving away from a focus on sudden death; refocusing on management of seizures.
Supporting policy change

“A lady in the north-east signed up to Join Dementia Research, was matched to a trial, and three days later was down in London getting a very exciting experimental drug…”
Clinician, stakeholder interview, NIA Evaluation

FREED’s partnership with Beat eating disorder charity
"The patient will be at the heart of everything the NHS does."

Coordinate My Care:
End of life care pathway with patients at the heart of it

- 78% compliance with preferred place of death
- 17% dying in hospitals compared to 47% nationally
Case Study: HaMpton
Dr Asma Khalil
Consultant Obstetrician, St George’s Hospital
2017 NIA Fellow
The Problem

- **Standard care pathways**
  - Frequent hospital visits (2/3 times per week)
  - BP, Symptom and Urine monitoring
    (Avg appt time = 166mins)
- **Frequent hospital visits**
  - Inconvenient for patients
  - Anxiety provoking for women and families
  - Significant cost implications for the NHS
Our Solution

**Aim:** to empower women to be involved in their own clinical assessment, *improve patient experience* and satisfaction, and reduce hospital waiting times
Ease of Use

- User friendly interface
- Easy to follow guide
- Instructions on how to seek help
- Instructional Videos
Patient feedback

+
Generally it is very intuitive and input is easy.

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The range of errors for non-access are not easy to understand and can be startling.

Suggestion
My blood pressure machine has green, orange and red lights on the side which indicate if levels are elevated. The App could include something like this.
“I could go home to my husband and son and felt confident I could manage my care and would know if something was wrong with me”

“It was more convenient and provided reassurance. It was great to have the option to monitor at home....”

“Highly recommended to mums to be”

“It was much easier to monitor my blood pressure while I was still working instead of having to have time off work to attend hospital appointments”

“EASY”
# Outcomes

<table>
<thead>
<tr>
<th>100%</th>
<th>patient satisfaction; excellent staff satisfaction</th>
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<tbody>
<tr>
<td>52%</td>
<td>reduction in number of BP follow-up appointments in DAU</td>
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<td></td>
<td>Reduction in average DAU appt times from 114 mins to 66 mins</td>
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<tr>
<td>66%</td>
<td>women felt less anxious checking their BP at home compared to in hospital</td>
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**Safety:** no suboptimal outcomes; no patients discontinued
For more information:

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