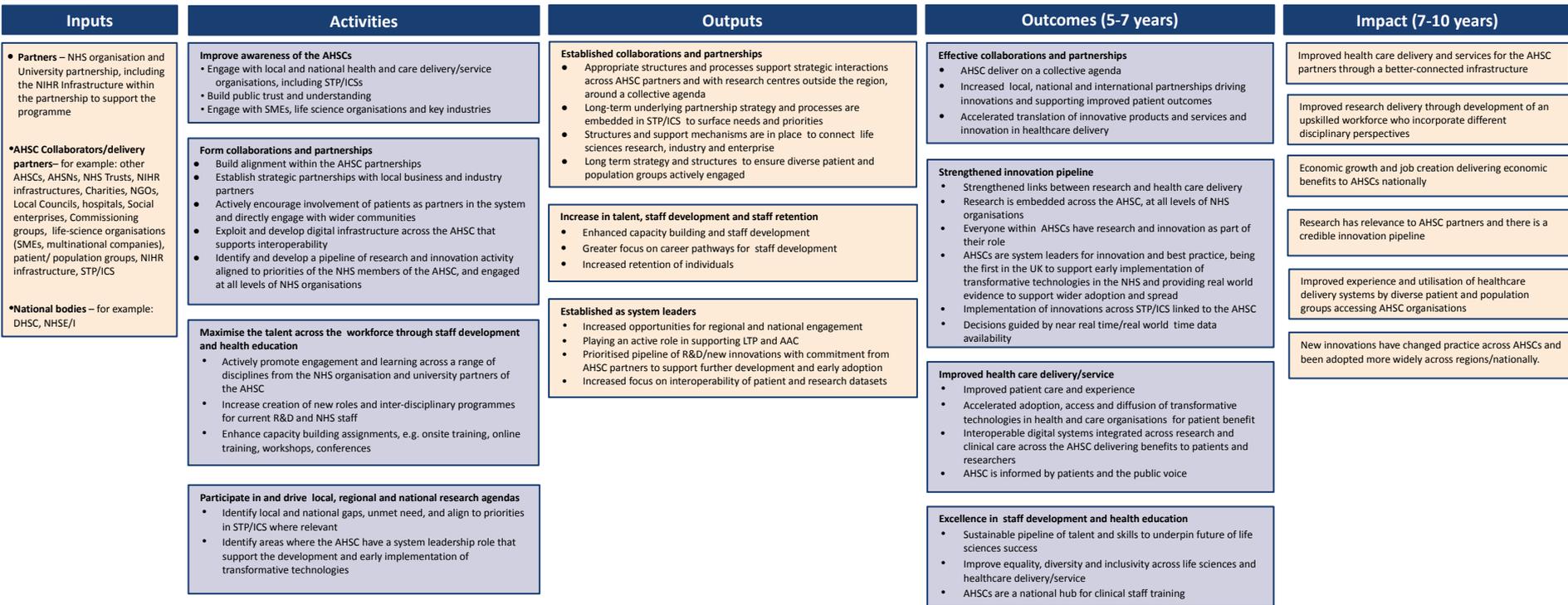# Academic Health Science Centre (AHSC) Scheme Level Logic Model

Aims & Purpose of AHSCs:

- Harness strategic alignment of the NHS organisations and their university partners to improve health and care delivery/service through increased translation of discoveries from early scientific research into benefits to patients and population health.
- Deliver and harness world-class research, excellence in health education, and excellence in patient care (tripartite mission)

- Facilitate acceleration of improvements to healthcare through both local and national collaborations and by working with other AHSC and NIHR infrastructure
- Contribute to local and national economic growth by broader engagement of local authorities and industry
- Support delivery of commitments and goals in the NHS Long Term Plan, Life Science Industrial Strategy and Accelerated Access Collaborative

Inputs

- **Partners** – NHS organisation and University partnership, including the NIHR Infrastructure within the partnership to support the programme

- **AHSC Collaborators/delivery partners** – for example: other AHSCs, AHSNs, NHS Trusts, NIHR infrastructures, Charities, NGOs, Local Councils, hospitals, Social enterprises, Commissioning groups, life-science organisations (SMEs, multinational companies), patient/ population groups, NIHR infrastructure, STP/ICS

- **National bodies** – for example: DHSC, NHSE/I

Activities

Improve awareness of the AHSCs
- Engage with local and national health and care delivery/service organisations, including STP/ICSs
- Build public trust and understanding
- Engage with SMEs, life science organisations and key industries

Form collaborations and partnerships
- Build alignment within the AHSC partnerships
- Establish strategic partnerships with local business and industry partners
- Actively encourage involvement of patients as partners in the system and directly engage with wider communities
- Exploit and develop digital infrastructure across the AHSC that supports interoperability
- Identify and develop a pipeline of research and innovation activity aligned to priorities of the NHS members of the AHSC, and engaged at all levels of NHS organisations

Maximise the talent across the workforce through staff development and health education
- Actively promote engagement and learning across a range of disciplines from the NHS organisation and university partners of the AHSC
- Increase creation of new roles and inter-disciplinary programmes for current R&D and NHS staff
- Enhance capacity building assignments, e.g. onsite training, online training, workshops, conferences

Participate in and drive local, regional and national research agendas
- Identify local and national gaps, unmet need, and align to priorities in STP/ICS where relevant
- Identify areas where the AHSC have a system leadership role that support the development and early implementation of transformative technologies

Outputs

Established collaborations and partnerships
- Appropriate structures and processes support strategic interactions across AHSC partners and with research centres outside the region, around a collective agenda
- Long-term underlying partnership strategy and processes are embedded in STP/ICS to surface needs and priorities
- Structures and support mechanisms are in place to connect life sciences research, industry and enterprise
- Long term strategy and structures to ensure diverse patient and population groups actively engaged

Increase in talent, staff development and staff retention
- Enhanced capacity building and staff development
- Greater focus on career pathways for staff development
- Increased retention of individuals

Established as system leaders
- Increased opportunities for regional and national engagement
- Playing an active role in supporting LTP and AAC
- Prioritised pipeline of R&D/new innovations with commitment from AHSC partners to support further development and early adoption
- Increased focus on interoperability of patient and research datasets

Outcomes (5-7 years)

Effective collaborations and partnerships
- AHSC deliver on a collective agenda
- Increased local, national and international partnerships driving innovations and supporting improved patient outcomes
- Accelerated translation of innovative products and services and innovation in healthcare delivery

Strengthened innovation pipeline
- Strengthened links between research and health care delivery
- Research is embedded across the AHSC, at all levels of NHS organisations
- Everyone within AHSCs have research and innovation as part of their role
- AHSCs are system leaders for innovation and best practice, being the first in the UK to support early implementation of transformative technologies in the NHS and providing real world evidence to support wider adoption and spread
- Implementation of innovations across STP/ICS linked to the AHSC
- Decisions guided by near real time/real world time data availability

Improved health care delivery/service
- Improved patient care and experience
- Accelerated adoption, access and diffusion of transformative technologies in health and care organisations for patient benefit
- Interoperable digital systems integrated across research and clinical care across the AHSC delivering benefits to patients and researchers
- AHSC is informed by patients and the public voice

Excellence in staff development and health education
- Sustainable pipeline of talent and skills to underpin future of life sciences success
- Improve equality, diversity and inclusivity across life sciences and healthcare delivery/service
- AHSCs are a national hub for clinical staff training

Impact (7-10 years)

- Improved health care delivery and services for the AHSC partners through a better-connected infrastructure

- Improved research delivery through development of an upskilled workforce who incorporate different disciplinary perspectives

- Economic growth and job creation delivering economic benefits to AHSCs nationally

- Research has relevance to AHSC partners and there is a credible innovation pipeline

- Improved experience and utilisation of healthcare delivery systems by diverse patient and population groups accessing AHSC organisations

- New innovations have changed practice across AHSCs and been adopted more widely across regions/nationally.

External factors
- AHSCs are reliant on leveraging funds and changes in the funding landscape may impact resourcing levels
- Significant contributions made to aid the national Covid-19 recovery at the expense of other activity areas
- Changes and restructuring within the NHS landscape (esp. Over next 12 months - Integrated Care System), plus impact of Brexit
- Reluctance in adoption and spread of inventions by others poses a challenge
- Lack of incentivisation or capacity of ICS' to engage with the AHSCs

Assumptions:
- AHSCs are regional structures with critical mass of scientific and clinical expertise, encapsulating universities, research institutes and hospitals, community, local authority and social care partners, working collectively to support the adoption and spread of innovations, with outputs that have national coverage/reach.
- AHSCs drive research and innovation which is developed in partnership with the health and care system, and work closely with AHSNs to support implementation and early adoption.
- Each AHSC has a local or regionally specific operating model and governance structures, as may have their own logic model to represent these differences.