

The Best Care Review:
a collection of reports showcasing
the work of the **Clinical Networks**

October 2015

Introduction

The new challenge for the NHS has been set out in the Stevens Five Year Forward View (5YFV) and Oxford AHSN has specifically set its activities not only to deliver its licence objectives but to look forward and adopt the principles of the 5YFV.

The potential for clinical staff to drive forward new ways of working, new standards of care and improved practice, has not been fully explored. The AHSN in its Best Care Programme has recognised this untapped potential and the importance of the engagement of clinicians in leading work to improve care and deliver better value in the financially challenged NHS of today.

Clinical engagement, collaboration and partnership are key to the work of Oxford AHSN and underpin the Best Care Programme and its unique feature – the Clinical Networks.

In addition, all the other programmes and themes work to support the Clinical Networks and vice versa to achieve the AHSN's objectives.

The Clinical Networks are intended to allow the sharing and exchange of knowledge and best practice, to stimulate new ideas that can inform and support changes in practice, and to build capacity and capability across the Oxford AHSN healthcare system.

The Clinical Networks have now been working for some 18 months developing their plans and importantly producing a number of reports on their activities. The number of stakeholders actively engaged in the work has risen and covers providers, commissioners, GPs, and patients and the public. Stakeholders from research organisations, the universities and the life science sectors are increasingly taking part in and influencing the activities of the Clinical Networks.

The following pages highlight the Clinical Networks' outcomes objectives and their metrics, their current projects, and (from p12) their reports.

ANXIETY & DEPRESSION:

Outcome Objective

IMPROVE THE RECOVERY RATE OF PATIENTS SUFFERING FROM ANXIETY OR DEPRESSION

Current Projects:

Improving recovery rates and reducing variation

Quantify variations in access rates and outcome by service, clinical condition, and patient demographics. Use this analysis to restructure provision where needed, in order to enhance outcomes.

Dissemination of Service Innovation Projects

Improve speed of uptake of successful innovations occurring locally.

Metric to be Measured

THE % OF PEOPLE THAT ARE RECOVERED OUT OF ALL THE PEOPLE WITHIN THE SERVICE

Improving data completeness in Children and Young People (CYP) Improving Access to Psychological Therapies (IAPT) Services

Identify Routine Outcome Measures (ROMs) used with children and young people and support services in improvement of data completeness rates.

Clinical Lead(s): Professor David Clark, University of Oxford
Professor Shirley Reynolds, University of Reading
Network Manager(s): Ineke Wolsey

CHILDREN'S:

Outcome Objective

TO IMPROVE THE HEALTH OF CHILDREN BY PROVIDING BETTER QUALITY PREVENTION AND TREATMENT OF THE LEADING CAUSES OF HOSPITAL ADMISSION

Current Projects:

Equity in healthcare delivery

Equity in delivery of healthcare across the Oxford AHSN can be achieved through active education and the implementation of state of the art guidelines for the management of children in primary and secondary care.

Improve research facilitation

Hospitals in the region have very little children's research activity. Research activity is closely linked to improved patient care.

Metric to be Measured

NUMBER OF HOSPITAL ADMISSIONS OF CHILDREN FOR THESE 5 DISEASE AREAS (BRONCHIOLITIS, PNEUMONIA, ASTHMA, FEVER/SEPSIS & GASTROENTERITIS)

Improve immunisation coverage

Immunisation is the most cost-effective medical public health intervention and there is considerable variation in uptake in the region.

Clinical Lead(s): Professor Andrew Pollard, University of Oxford
Dr Craig McDonald, Buckinghamshire Healthcare
Network Manager(s): Tim Gustafson

DEMENTIA:

Outcome Objective

IMPROVE THE PATIENT AND CARER EXPERIENCE IN MEMORY ASSESSMENT PATHWAY

Current Projects:

Reduce Variation

This work stream aims to develop common agreement amongst specialists using a webinar series to discuss and share clinical consensus on diagnosis and practice.

Data Capture

This project aims to validate the use of an SMS based data capture system and pilot the use of a panel of dementia specific PROMs across the Oxford AHSN geography and the development of an appropriate, agile data capture system.

Metric to be Measured

Younger People With Dementia (YPWD)

To sustain the funding for the YPWD in West Berkshire and expand the service model into East Berkshire, providing assessment of patient outcome and evaluating patient/carer experience.

Memory Services National Accreditation Programme (MSNAP)

Supporting Trusts in their application to MSNAP, which aims to assure and improve the quality of dementia services for patients and their carers across the Oxford AHSN geography.

Clinical Lead(s): Dr Rupert McShane, Oxford Health
Network Manager(s): Fran Butler

DIABETES:

Outcome Objective

IMPROVE THE PATIENT EXPERIENCE ASSOCIATED WITH DIABETES CARE, AND REDUCE THE INCIDENCE OF DIABETES-RELATED COMPLICATIONS

Current Projects:

Gestational Diabetes Monitoring

System allowing the upload of annotated blood glucose results to the antenatal diabetes team and advice by text message to replace some of the routine follow-up appointments roll-out into centres across the AHSN geography.

Young Adult Diabetes

Aim to share best practice and innovation in Type 1 diabetes, improve care pathways for young Type 2 diabetes and institute common pathways for testing for monogenic diabetes across the network to avoid young adult disengagement.

Metric to be Measured

% DIABETES PATIENTS RECEIVING 3 COMBINED TESTS (BLOOD-SUGAR / BLOOD PRESSURE / CHOLESTEROL - CONNECTED WITH THE MOST COMPLICATIONS)

Islet Cell Transplantation

Improve access to transplantation service from peripheral centres using a hub-and-spoke clinic network to enable initial assessment and follow-up locally with procedures taking place in Oxford.

Reducing variation

Collaborate with the Thames Valley Diabetes SCN to visualise diabetes care across the geography through the delivery of HealthChecks and reduce any unwarranted variation, with the aim of reducing the presentation of diabetes-related complications.

Clinical Lead(s): Dr Katharine Owen, Oxford University Hospitals
Network Manager(s): Chris Hille

EARLY INTERVENTION IN MENTAL HEALTH:

Outcome Objective

IMPROVING HEALTH AND SOCIAL OUTCOMES FOR PATIENTS WITH FIRST EPISODE PSYCHOSIS, INCLUDING DURATION OF UNTREATED SYMPTOMS, SYMPTOM REDUCTION, AND ENGAGEMENT WITH EDUCATION AND EMPLOYMENT

Current Projects:

Common Assessment

This work stream will support the implementation of standardised clinical assessments for psychosis on every young person presenting to mental health services with psychosis by establishing an agreed schedule of clinical assessment and criteria for these Services.

Enhancing care continuity and extending the model of early Intervention

The Early Intervention in Psychosis Services (EIP) will ensure best practice is implemented across the AHSN by improving the transition between child and adult mental health teams and extending early intervention and improved transition for young people with other conditions.

Metric to be Measured

SPECIFICALLY LOOKING AT NUMBERS NOT IN EDUCATION, EMPLOYMENT OR TRAINING (NEET) - THE % OF PEOPLE IN EARLY INTERVENTION IN PSYCHOSIS (EIP) SERVICE AND THE % OF THIS THAT IS NEETS VS THE % OF NEETS NOT IN EIP

Reduce Variation

This project aims to reduce variation in quality of care and improve outcomes for young people with psychosis across the Oxford AHSN by establishing a care quality baseline and measurements, and establishing plans for improvement.

Research Recruitment

The Network aims to increase research activity and recruitment to research amongst young people experiencing a first episode of psychosis, by focusing on increasing the number of active research studies within the Oxford AHSN and improving recruitment to current studies.

Clinical Lead(s): Dr Belinda Lennox, University of Oxford
Dr Mark Allsopp, Berkshire Healthcare
Network Manager(s): Sarah Amani and Lyndsay Gittins

IMAGING:

Outcome Objective

STREAMLINE THE DIAGNOSTIC PATHWAYS SO THAT PATIENTS CAN DECIDE ON THEIR BEST TREATMENT OPTIONS MORE QUICKLY

Current Projects:

Reduce variation in scanning protocols

Audit varying protocols in use across network for prostate MRI & interstitial lung disease, and agree standardised "best" and measure impact.

Creation of specialist opinion network

Establish a virtual network of specialist radiologists, utilising image data transfer, to reduce the need for the full spectrum of specialists at each trust at all times.

Metric to be Measured

WITH A FOCUS ON LUNG CANCER, THE TIME BETWEEN THE DATE FIRST SEEN TO THE DATE OF THE PET / PET CT SCAN

Early PET-CT in Lung Cancer

Implement PET-CT scanning without prior CT scan, resulting in more efficient staging with minimal extra cost.

Imaging trial development and delivery

Accelerate the adoption of effective new techniques.

Clinical Lead(s): Professor Fergus Gleeson, Oxford University Hospitals

Network Manager(s): Jenni Lee

MATERNITY:

Outcome Objective

REDUCE THE NUMBER OF PRE-TERM BIRTHS OCCURRING OUTSIDE THE TIER 3 CRITICAL CARE ENVIRONMENT

Current Projects:

Care and Consistency

Develop and continue to develop standardised, but locally agreed and individually adjusted guidelines and patient pathways, including: management of singleton intrauterine growth restriction, Rhesus, pre-term labour and in utero transfer, and magnesium sulphate regime for eclampsia.

Information Sharing

Developing the connection of ultrasound reporting software between hospitals and tertiary centres, allowing remote viewing of scans. This addresses variability of care, and improves access to data for research.

Metric to be Measured

THE PROPORTION OF PRE-TERM BIRTHS THAT TAKE PLACE OUTSIDE A TIER 3 FACILITY

Place of Birth of Severely Premature Babies

Audit and causal analysis of all cases of severely premature babies that were not delivered in L3 unit with subsequent recommendations, guidelines and pathways implemented to improve morbidity and mortality.

Clinical Lead(s): Mr Lawrence Impey, Oxford University Hospitals
Network Manager(s): Katherine Edwards

MEDICINES OPTIMISATION:

Outcome Objective

REDUCE THE USE OF 'RELIEVER' INHALERS, AND ATTENDANCE AT A&E, BY ASTHMA PATIENTS

Current Projects:

Waste Reduction – CBT for consultations

Reduce medication waste and increase efficacy of treatment & Quality of Life of patients through improved adherence to medications.

Waste Reduction- Open Up project

Reduce waste and improve outcomes through honesty/awareness campaign.

Metric to be Measured

THE NUMBER OF A&E PRESENTATIONS DUE TO ASTHMA

Partnerships and cross-sectional working

Develop strategic partnerships to pursue innovations which add value, but reduce costs.

Medicines Reconciliation

Improve medicines reconciliation through: Safety Thermometer; Adverse Drug Reactions; delayed & missed doses; NICE TA uptake.

Transfer of care

Investigate opportunities for redesigning post-discharge pharmacy services & systems to empower patients & carers.

Clinical Lead(s): Mr Bhulesh Vhader, Oxford University Hospitals
Network Manager(s): Lindsey Roberts

MENTAL-PHYSICAL COMORBIDITY:

Outcome Objective

TO PRODUCE EVIDENCE-BASED GUIDANCE FOR COMMISSIONERS ON INPATIENT PSYCHOLOGICAL MEDICINE SERVICE EVALUATION AND DEVELOPMENT

Current Projects: The comorbidities network has a single Project which encompasses six work streams

To produce evidence-based guidance for commissioners on patient psychological medicine service evaluation and development

- Initiation and then expansion of clinical and research collaborations
- Launch of network
- Map of existing inpatient psychological medicine services

Metric to be Measured

- Production of guidance for commissioners and Trusts regarding the development of new and expansion of existing psychological medicine services based on a review of research evidence and piloting of outcome measures
- Development of services for patients with mental-physical comorbidity
- Increase awareness of the challenge of mental-physical comorbidity for patients, their families and the NHS.

Clinical Lead(s): Professor Michael Sharpe, University of Oxford
Dr Michael Yousif, Oxford University Hospitals
Network Manager(s): Jane Walker

OUT OF HOSPITAL CLINICAL NETWORK:

Outcome Objective

WE WILL WORK TO INCREASE THE NUMBER OF OLDER PEOPLE LIVING WITH FRAILTY WHO CAN BE TREATED SAFELY OUT OF HOSPITAL WHEN THEY BECOME UNWELL

Current Projects:

Oxfordshire Alliance programme

Develop a range of care models and joint outcome measures for services caring for some of the most vulnerable patients.

Right time, place, care

Oxon PM's Challenge - evaluate & recommend new methods of primary care.

Metric to be Measured

THE % OF ADMISSIONS WITH AMBULATORY CARE SENSITIVE CONDITIONS (FRAILTY CODE) OUT OF ALL ADMISSIONS OF PEOPLE OVER THE AGE OF 65

Early Bird GP Evaluation (Bucks)

Develop single care model for frail/complex older patients.

Group Consultations

Slough PM's challenge - group consultations.

Clinical Lead(s): Professor Dan Lasserson, Oxford University Hospitals
Network Manager(s): Damian Haywood

CLINICAL NETWORK REPORTS

The reports are summarised in brief to demonstrate the growing impact of the work of the Clinical Networks in improving healthcare and sharing best practice. (the full reports are available from rachel.robson@oxfordahsn.org).

REPORTS INCLUDED IN THIS REVIEW

- Report on Improving Recovery Rates and Reducing Variation (Anxiety & Depression Clinical Network June 2015)
- Dissemination of Service Innovations. Interim Draft Report (Anxiety & Depression Clinical Network July 2015)
- Improving Data Completeness in Children and Young Person. Q4 Paired-outcomes data Report (Anxiety & Depression Clinical Network July 2015)
- Supporting the Thames Valley Children's Influenza Immunisation Programme 2014/15 (Children's Clinical Network 2015)
- 18 month Report on Respite Services for Carers of Younger Onset Dementia in Berkshire West (Dementia Clinical Network 2014)
- Memory Services National Accreditation Programme Project: Interim Report (Dementia Clinical Network August 2015)
- Sustainability within the Oxford AHSN Dementia Clinical Network (March 2015)
- Report on Variability in Diabetes Care Processes in the Oxford Academic health Science Network Region (Diabetes Clinical Network July 2015)
- The GDM-Health Management System: Oxford AHSN Project Interim Report (June 2015)
- Interim Report on Reducing Variation: Implementing an Early Intervention in Psychosis Common Assessment (Early Intervention in Mental Health July 2015)
- Report on Place of Birth of Extremely Preterm Babies in the Thames Valley Neonatal Network (Maternity Clinical Network April 2015)
- Preliminary Report on Waste Reduction Project: Cognitive Behavioural Therapy (CBT) for Consultations (Medicines Optimisation Clinical Network July 2015)
- Service Mapping Report(Draft): Psychological Medicine Service Provision in the Oxford AHSN Area (Mental-Physical Comorbidity Clinical Network July 2015)

ANXIETY AND DEPRESSION

June 2015	<p>Improving recovery rates and reduction variation.</p> <p>This is a landmark report on the delivery of a reduction of unwarranted variation and the raising of the common standard for recovery by more than the agreed target for a psychological therapy intervention. The Clinical Network has raised recovery rates within the Oxford AHSN by 10% between October 2014 and May 2015. The rates are now above the national target.</p>
July 2015	<p>Dissemination of service innovations: interim draft report describing the early promise for the diffusion of a number of service innovations across and within the AHSN region.</p>
July 2015	<p>Improving data completeness in Children and Young People: Q4 paired-outcomes data report. This describes the difficulties encountered in establishing an AHSN database for children and young people to mirror the well established data base for adults.</p>

CHILDREN'S

January 2015	<p>Supporting the Thames Valley Children's Influenza Immunisation Programme 2014/2015. The report describes the close working of the Clinical Network with commissioners and public health to reduce the variation in influenza vaccination rates in young children across the AHSN. It describes collaborative working with primary care providers and underlines the value of targeting outliers to improve delivery. It illustrates the power of harnessing the public to deliver improved rates and then, through the analysis of experience feedback, to design improved healthcare.</p>
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DEMENTIA

2014	The report led by a charity sets out the case for the reduction in variation of dementia services for younger people within the Oxford AHSN, based on the success of a leading service in Wokingham. It has resulted in the successful bid for funds for the dissemination of the service across the rest of West Berkshire which will lay the ground for East Berkshire and then to the remainder of the Oxford AHSN geography. It demonstrates the value of successful collaboration with the third sector and the power of engaging patients and carers in the assessment and design of services.
August 2015	As part of the Memory Services National Accreditation Programme (MSNAP), the report describes the progress being made across the AHSN in rolling out the accreditation of clinics building on success of work in Wokingham, Reading, Oxford Health – (covering Oxfordshire and Buckinghamshire) and now linking with Milton Keynes.
March 2015	Sustainability is being addressed through a project to quantify and demonstrate the value of introducing change (using virtual meetings and webinars) which can produce financial savings, social value and economic benefits. The report shows the value of this approach.

DIABETES

July 2015	<p>The report begins to set out a description of diabetes care in the primary care setting. Although the data are historical, it is anticipated that a picture closer to real time will be provided in a second report.</p> <p>The Clinical Network will work closely with the Thames Valley Diabetes Strategic Clinical Network to address unwarranted variation in the delivery of HealthChecks, with the goal of reducing complications of diabetes which have such an impact on the NHS, and its budgets.</p>
June 2015	<p>The GD-m report is an example of accelerated adoption of a clinical innovation. With close support from the Oxford AHSN Clinical Innovation Adoption (CIA) programme. This innovation, already introduced in three acute trusts, will be embedded across the whole Network. Plans are being developed to share learning, patient experience and to spread adoption across the UK.</p>

EARLY INTERVENTION IN MENTAL HEALTH

July 2015	<p>The interim report on reducing variation highlights the implementation of the Common Assessment for Early Intervention in Psychosis. The report highlights the role the Clinical Network has taken in shaping national standards and policy. The Clinical Network has integrated local plans into a national strategy that aims to improve access to intervention in mental health and sets new standards for access. The leadership role taken by the Clinical Network has resulted in the Oxford AHSN facilitating the preparedness of all mental health trusts in NHS England South to meet these new mental health common assessments and the associated targets.</p>
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MATERNITY

April 2015

The report on the place of birth of extremely pre-term babies in the Thames Valley Neonatal Network showed that a significant number were not born in the Level 3 unit. Changes in referral pathways for such babies are being implemented to improve morbidity and mortality. The Clinical Network has been able to support the necessary changes across the units rapidly.

MEDICINES OPTIMISATION

July 2015

The preliminary report was on a pilot study that looked to show the results from using an appropriately trained community based pharmacist in psychological therapy. The pilot used cognitive behavioural therapy for consultations with pharmacists and showed reductions in medication waste and improved adherence.

MENTAL-PHYSICAL CO-MORBIDITY

July 2015

The draft report maps the psychological medicine services in the Oxford AHSN region. It describes the intention to use the information to develop guidance for commissioners which could then act as a national model.

Conclusion

The Best Care review is our first report aiming to demonstrate the value of building and developing a new capacity and a new infrastructure based on clinical engagement and expertise. The aim is to facilitate and enable the delivery of improved health outcomes.

Oxford AHSN's Clinical Networks represent a strategy to mobilise and grow capacity to increase the value of healthcare and so contribute to the productivity challenges across the NHS. Other aspects of the work of the AHSN also support this important strategy.

The Oxford AHSN and its Clinical Networks are also building collaboration and partnership across an increasing number of stakeholders from the NHS – providers and commissioners

- the third sector; the Universities, the Life Science, Med Tech and Pharma industries, Health Education Thames Valley, and importantly, with patients, carers and the public.

The Clinical Networks – although currently under review as part of the Oxford AHSN's governance processes – are aiming to continue their work, to set down strong platforms for the future working and to support the delivery of all aspects of the Oxford AHSN's work.





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