

# Clinical Innovation Adoption Programme – *Making it happen*

*Tracey Marriott, Director of Clinical Innovation Adoption. Tracey is leading the Programme for the Oxford AHSN, working closely with the Oxford AHSN clinical networks, providers, commissioners and suppliers for innovation implementation.*

## AHSN core Purpose – Health and Wealth *Licensed by NHS England for 5 years - Four Objectives*



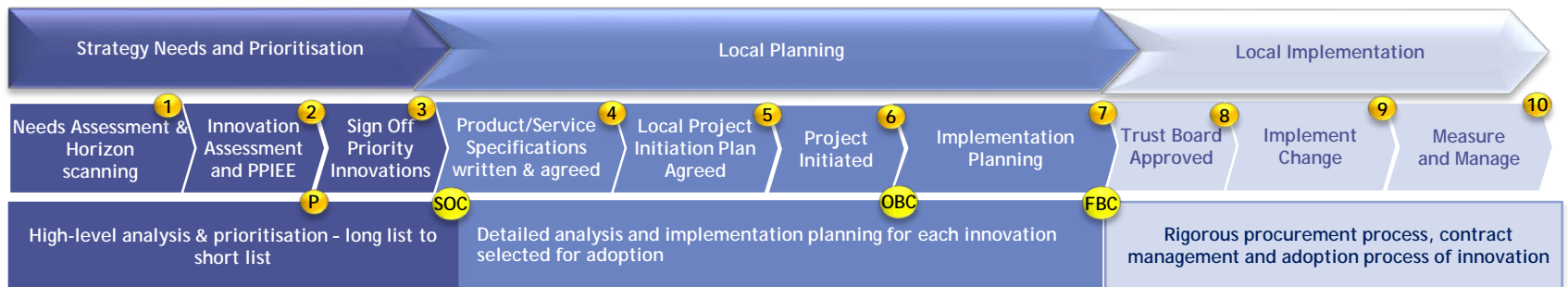
- **Focus on the needs of patients and local populations**  
*.....To address unmet health and social care needs, whilst promoting health equality and best practice.*
- **Speed up adoption of innovation into practice**  
*.....To improve clinical outcomes and patient experience*
- **Build a culture of partnership and collaboration**  
*.....Promote inclusivity, partnership and collaboration to address local, regional and national priorities*
- **Create prosperity**  
*.....Through co-development, testing, evaluation and early adoption and spread of new products and services.*

# The Innovation Programme at the Oxford AHSN

- Find innovations that add value to the regional healthcare outcomes
- Support innovations to be adopted
- Align innovations to strategic priorities and needs
- Facilitate clinical pathway redesign
- Work to remove internal and external barriers to innovation adoption
- Develop collaborative networking across the region
- Support implementation, measure and monitor

# Creating a robust process

## Clinical Innovation Adoption process steps 1–10



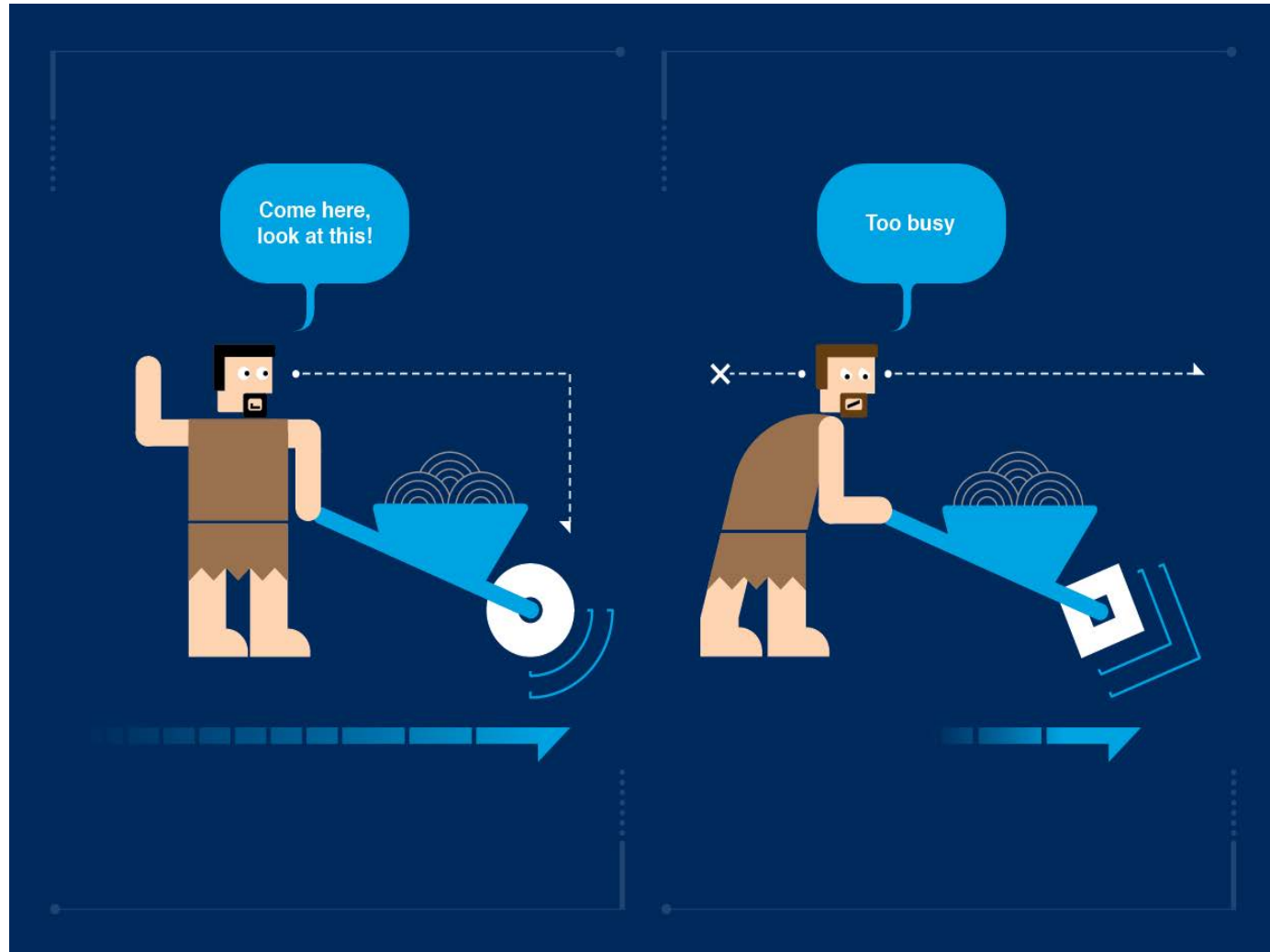
- 1 • Assessment of Clinical Needs
  - Assessment of regional strategic plans
- 2 • Identify project reference group membership
  - Appoint Clinical Lead
  - Relevant innovations identified
  - Literature review paper produced
  - Develop regional strategy
  - Develop and agree PPIEE plan
  - Create communication and engagement plan
- 3 • Literature review paper produced
  - Develop regional strategy
  - Develop PPIEE plan

- 4 • Set up regional workshop
  - Agree regional strategy
  - Oversight sign off of strategy
  - Local Project Team Operational
- 5 • Local Project Plan agreed
  - Local base assessment/data collection completed
  - Local options appraisal complete
  - Finance & activity plans complete
  - Local PPIEE Plan complete
  - Local procurement routes confirmed
- 6 • Outline business case approved
  - Local training plan agreed
  - Local estates/IT plan agreed
- 7 • Local procurement plan agreed
  - Local final business case approved

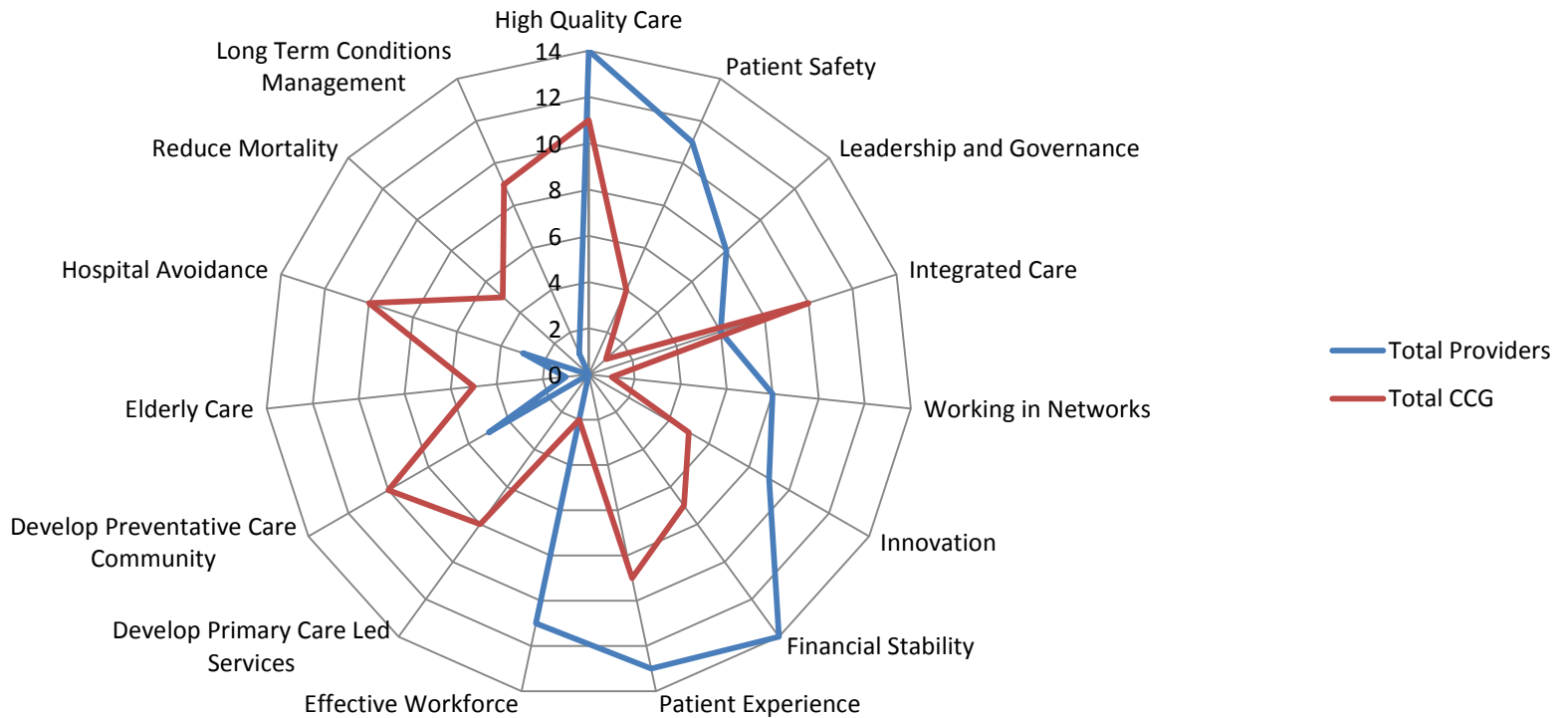
- 8 • Agree local implementation plan
  - Agree local change management plans
  - Local procurement awarded
- 9 • Local training delivered
  - Local technology/medicines/service change operational
  - Project close and handover agreed
  - Produce audit/evaluation/benchmark
- 10 • Findings conference delivered

Clinical leadership, local engagement, effective management, PPIEE and data analysis result in innovation adoption across the healthcare system for better patient outcomes, safety and experience

## How do you persuade people to participate?



# Aligning our programme with your priorities....



**Selection of innovations based on regional clinical and strategic priorities**

## Clinical Innovation Adoption – 2014-16 projects

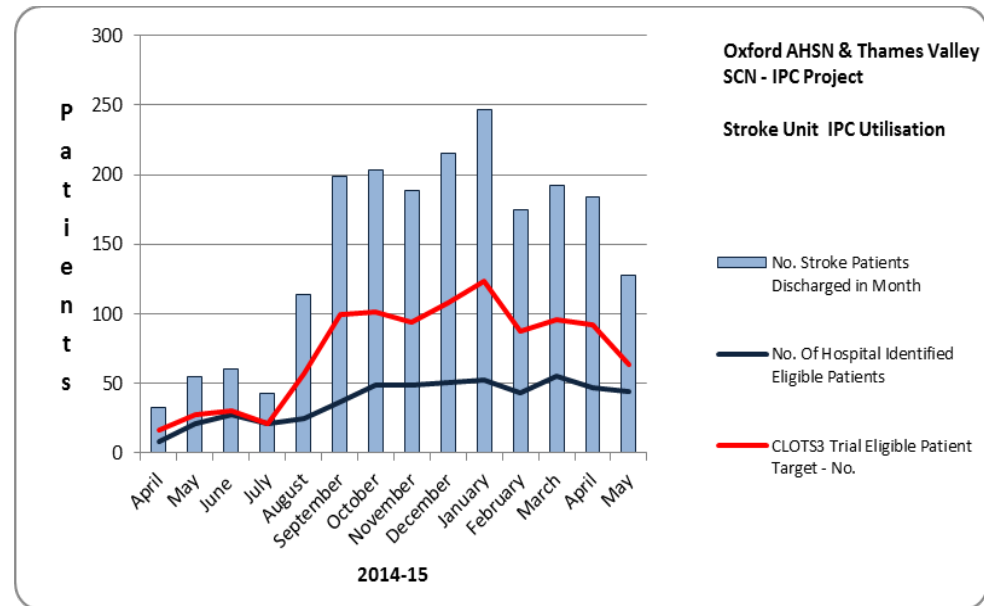
		Mental Health	Community	Secondary Care	Primary Care	Public Health/LA
2014	Catheter Acquired UTIs – Bladder Scanners		✓	✓		
2014	Atrial Fibrillation & ECG Monitor (now combined – NOACs, warfarin)			✓	✓	✓
2014	Electronic Blood Transfusion			✓		
2014	Intermittent Pneumatic Compression Sleeves for Stroke			✓		
2014	Eating Disorders – Support, Hope & Recovery Online Network	✓				
2014	Dementia memory drugs	✓			✓	✓
2014	Rheumatoid Arthritis			✓	✓	
2014	Gestational Diabetes Medicine Tele health		✓	✓		
2014	Intra Operative Fluid Management Technologies			✓		
2015	Falls	✓	✓	✓		✓
2015	Cardiac Rehabilitation Care 4Today		✓	✓		
2015	Alcohol Care Teams	✓	✓	✓	✓	✓
2015	Secondary Fragility Fractures			✓		
2015	Heart Failure (IV in community/home)		✓	✓		
2015	A mental health project (TBC)					
2015	Out of Hospitals Project (TBC)					
2015	<b><i>Opportunity to do Projects of Interest with Trusts</i></b>					

# Intermittent Pneumatic Compression Sleeves for Stroke Patients

## Key Objective

Implement and embed the technology across all Stroke Units within the AHSN region, ensuring all immobile patients as per criteria are given the IPC sleeves

Roll Out Completed and Planned		
Trusts	2014/15	2015/16
John Radcliffe Hosp (OUH)	✓	
Horton Hosp (OUH)		Planned
Royal Berks Hosp	✓	
Milton Keynes	✓	
Frimley Health	✓	
Bucks Healthcare	✓	
Great Western	✓	
Bedford	✓	





# Gestational Diabetes

## The Health Need and Benefits

Increasing numbers of women with 3<sup>rd</sup> Trimester Gestational Diabetes requiring clinical monitoring

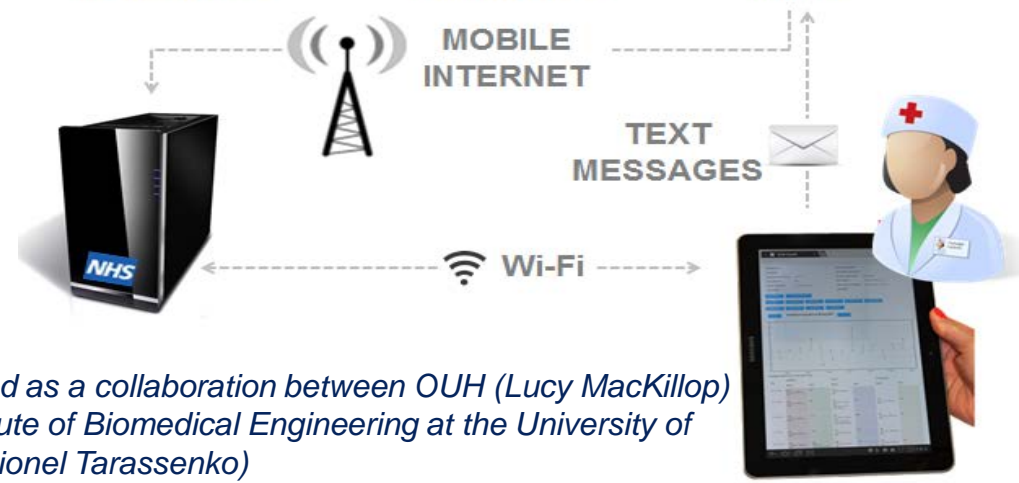
### Benefits

- Assists with patient self management
- Remote clinical monitoring with alerts
- Regular opportunity to communicate with patient
- Reduction in unnecessary clinic visits so increased capacity
- Further research underway on impact on difficult births and birth defects.

Potential savings to the NHS in Oxford AHSN region of £700k full adoption of technology



Roll Out Completed and Planned		
Trusts	2014/15	2015/16
Ox Uni Hosp	✓	
Royal Berks Hosp	✓	
Milton Keynes	✓	
Frimley Health		Underway
Bucks Healthcare		Planned
Great Western		Planned
Bedford		Planned



*Developed as a collaboration between OUH (Lucy MacKillop) and Institute of Biomedical Engineering at the University of Oxford (Lionel Tarassenko)*

# Intra Operative Fluid Management Technologies

## Expected Patient Outcomes:

- Reduce rate of re-admission and re-operation
- Fewer post operative complications
- Reduce length of hospital stay, patients are 'fit for discharge sooner'

## Key Objective is to increase adoption by:

- Understand the barriers to adoption by regional stakeholders
- Provide feedback to NHS England to inform national policy
- Design business planning, service development and contract management tools for commissioners and providers

## Delivered to date:

Qualitative & Quantitative Surveys and workshops with all regional Acute Trusts/138 Anaesthetists, also suppliers and CCG input. (individual and summary reports publishing end of June15). Shared with NHSE.

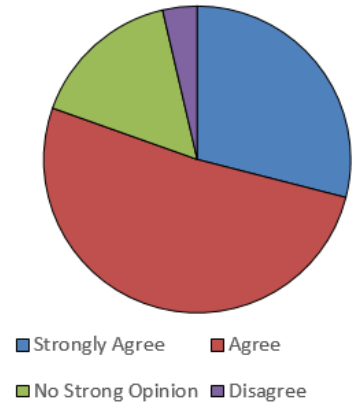
## Key Findings:

- 80% of the 138 anaesthetists surveyed agreed that they saw a clinical value in IOFM.
- On average Trusts held one monitor for every two theatres.
- A third of Trusts were using paper based systems to record their IOFM usage.

Potential regional savings £24.3M

All Regional Trusts participating & Central Manchester Hospitals

Figure 7.1.1: Do you see a clinical value in 'IOFM'



# Moving Forward....

Success will be simply....

Adoption of innovations to the maximum number of trusts in our region