

Clinical Innovation Adoption Programme

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



Academic Health Science
Networks

- **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

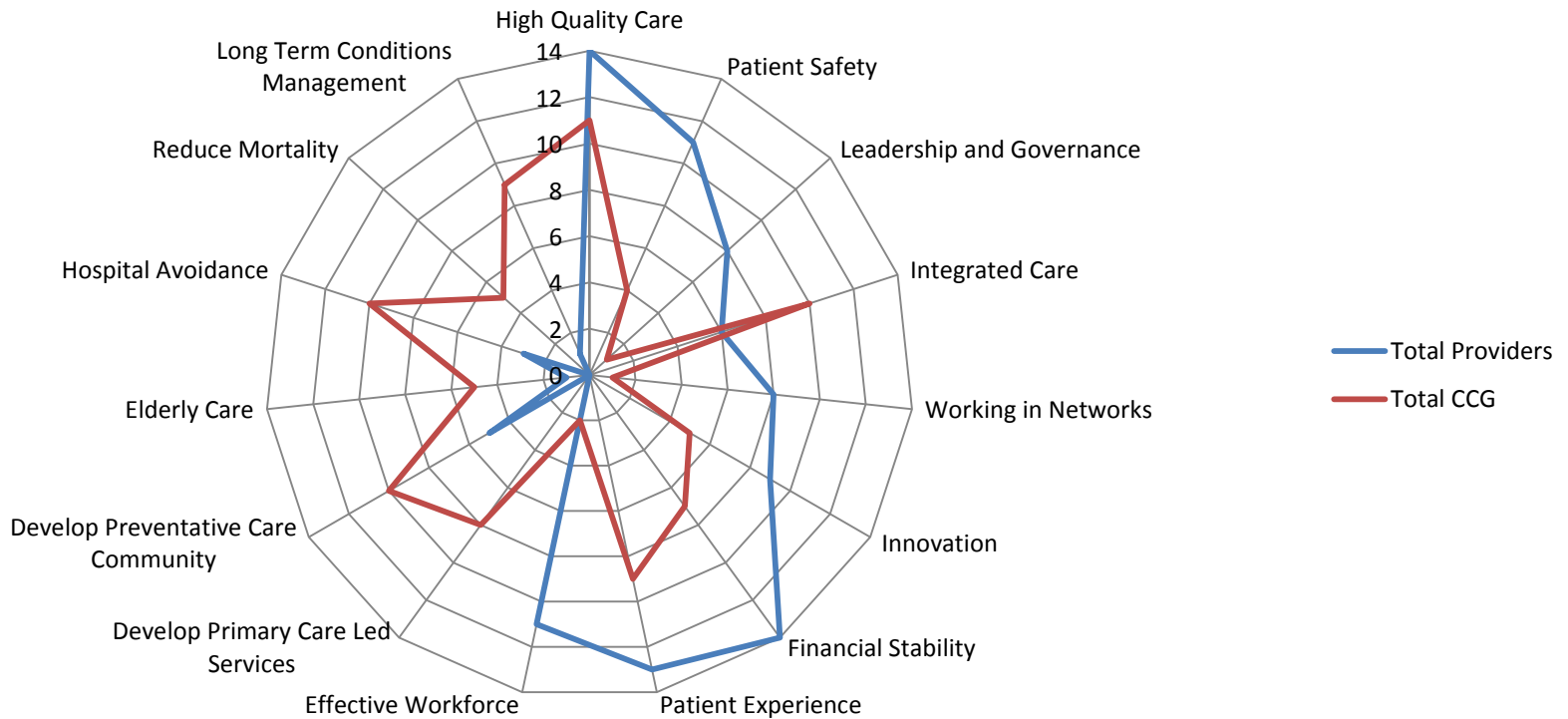
What is Innovation Adoption?

Oxford AHSN has defined innovation as:

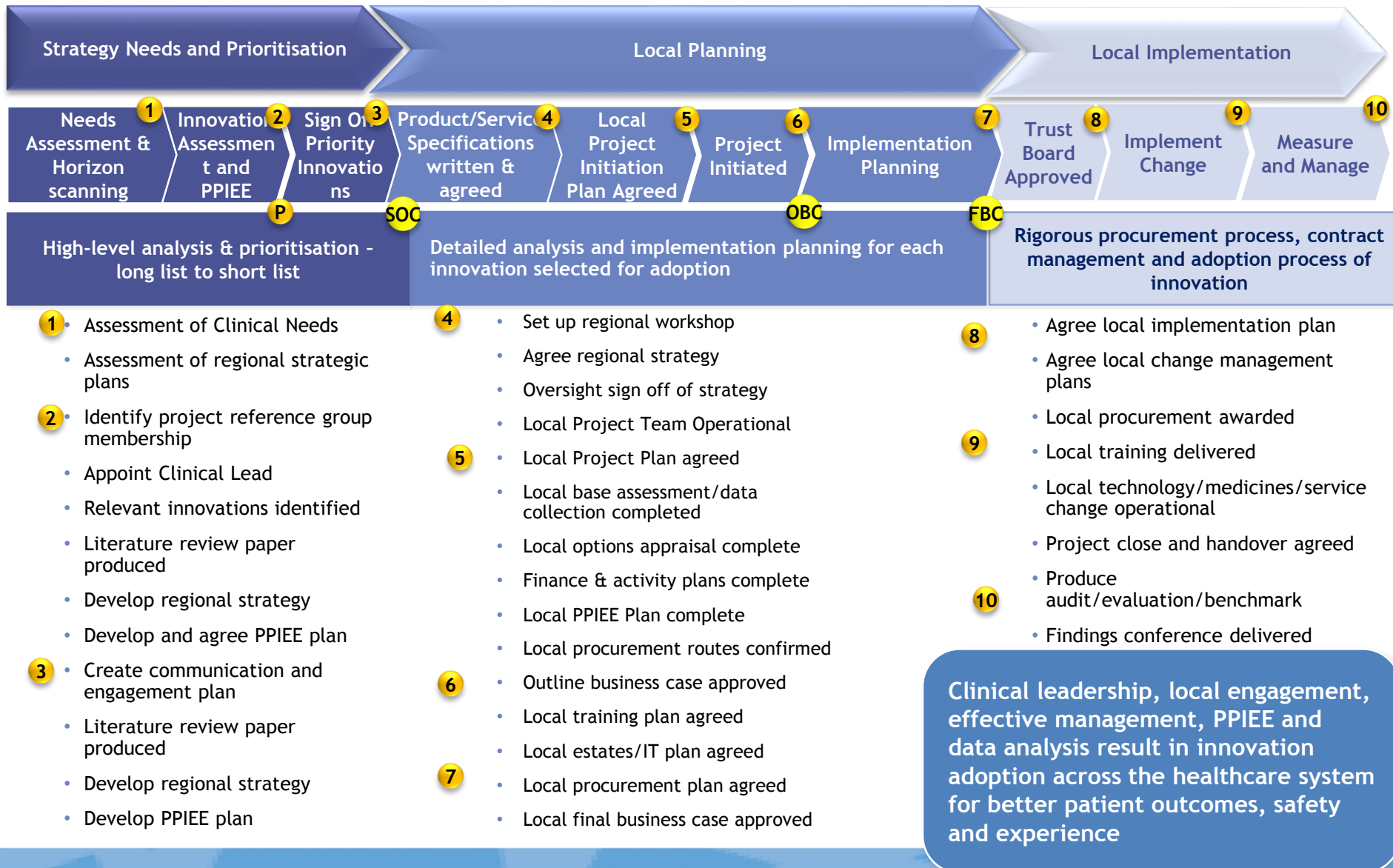
“..... an idea, service or product, new to the NHS or applied in a way that is new to the NHS, which significantly improves the quality of health and care, and delivers value for money, wherever it is applied.”

NHS Innovation Adoption in tertiary care, secondary care, community care, mental health care, primary care and **self-care**

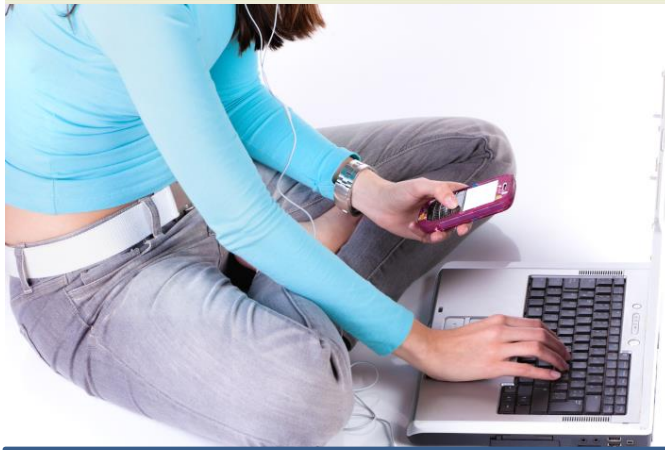
Comparison of Priorities – Providers & CCGs



Clinical Innovation Adoption process steps 1–10



Clinical Innovation Adoption



Clinically supported social network for service users with eating disorders

16+ innovations being implemented
2014-16

Patient Experience

Value for Money

Ease of Implementation



Intra Operative Fluid Management

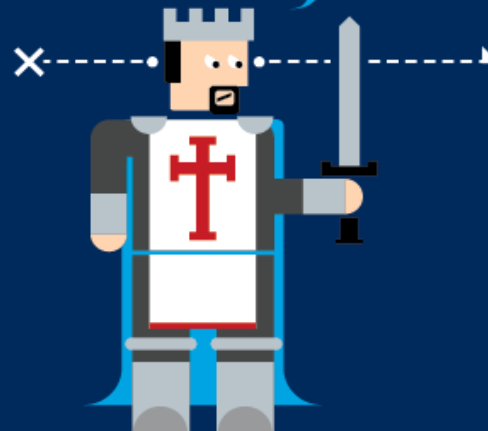
Clinical Innovation Adoption – 2014-16 projects

		Mental Health	Community	Secondary Care	Primary Care	Oxford Health FT	Berkshire Healthcare FT	Central & North West London FT	Southern Health FT
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)								

Sale on, new
weapon ideas!



No, I can't be bothered
with new ideas...we've
got a battle to win



Innovation Adoption at scale can only be delivered by our partner NHS organisations



The Oxford AHSN Innovation Adoption team will support organisations teams to accelerate innovation adoption



Catheter Acquired Urinary Tract Infection

Clinical Champion – Catherine Stoddart, Oxford University Hospitals NHS Trust

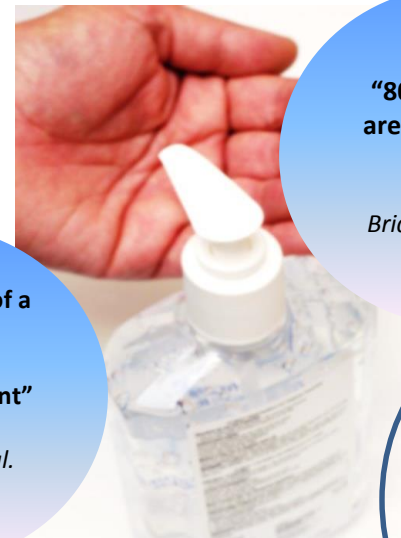
April 2014	July	October	January 2015	February - March	April - June	July
Project selected as one of the 10 AHSN Innovations for 2014/15	Agreement by Directors of Nursing across region to undertake a CAUTI Project	1st Regional CAUTI Workshop held with Trusts selected to take part in the 1st wave of the project	Baseline Assessment questionnaire completed and analysed. Regional wide CQUIN created	Trusts set up and hold their first CAUTI Project Task and Finish Workshop	Trusts CAUTI Project Task and Finish Project Groups go live and	2nd Regional CAUTI Workshop to present findings and work to date to 2nd wave participants

Project Objectives

- Prevention of unnecessary catheter associated urinary tract infections
- Reduce the risk of urethral trauma to patients
- Promote and improve best practice whilst reducing variation
- Increasing the use of portable bladder ultrasound scanners in the clinical pathway
- Reduce prevalence of UTIs across our geographical area

Benefits and Outcomes

- Improved patient experience
- Reduce catheterisation rates
- Opportunity to reduce length of stay
- Reduction of costs associated to CAUTI
- Improved risk management and clinical governance
- Payment for CQUIN led results



“80% of all UTIs are associated to catheters”

Bridger, J.C (1997)

“The extra cost of a UTI has been estimated at £1,327 per patient”

Plowman S et al. (2000)

BHFT & Oxford Health already engaged

Working with:

Oxford University Hospitals 
NHS Trust

Great Western Hospitals 
NHS Foundation Trust

Oxford Health 
NHS Foundation Trust

Bedford Hospital 
NHS Trust

Berkshire Healthcare 
NHS Foundation Trust

Support, Hope and Recovery Online Network Principal Psychotherapist – Simon Thomson

An online environment that is moderated by experienced clinicians and ex-service users who want to support others using their experiences of what worked for them in their own eating disorder recovery.



March – November 2014

- Establish project reference group
- Worked with Oxford Health NHS Foundation Trust to review feasibility of implementation across Oxfordshire

November 2014 –
March 2015

- Health Economics externally commissioned
- Working with Central and North West London NHS Trust to review feasibility and possible implementation within Milton Keynes Region

2015/16

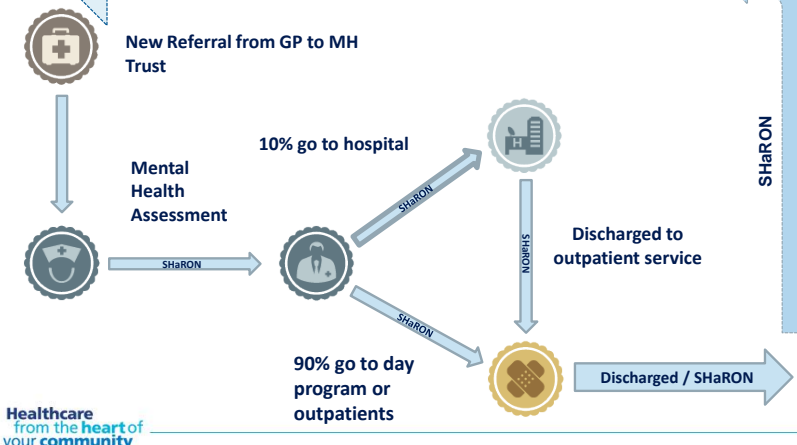
- Proceed with implementation with interested Trusts
- Measuring and Monitoring

CNWL
already
engaged

Patient Journey with support from SHaRON...

Berkshire Healthcare NHS Foundation Trust

Significant reduction in 'return to service' from SHaRON members re-referred in 4 years.



Benefits:

- A 24 hours, 365 days per year service. No shift working is required. Peer moderators (volunteer ex-service users) support the service. Patients, Peers and Clinicians have eyes on patients and can make contact with each other as needed.
- Improved quality of service delivered to patients.
- Efficiency has increased as there has been an increased number of patient interactions with clinicians over a reduced period of time.
- Berkshire has confidently moved to a no inpatient bed model with home treatment support and ongoing support via SHaRON.
- Evidence of early discharge.
- Relapse prevention with SHaRON as part of the discharge plan.

Dementia: Unwarranted Variation Topic aimed at Supporting Guidance and Consistency across the Region

Clinical Leader: Dr. Jacqui Hussey, BHFT

hscic Health & Social Care Information Centre

Use of NICE appraised medicines in the NHS in England – 2012, experimental statistics

Published 21 January 2014

<http://www.hscic.gov.uk/catalogue/PUB13413/use-nice-app-med-nhs-exp-stat-eng-12-rep.pdf>

- ❑ Acetylcholinesterase (AChE) inhibitors - donepezil, galantamine and rivastigmine - are recommended as options for managing mild as well as moderate Alzheimer's disease
- ❑ Memantine is recommended as an option for managing moderate Alzheimer's disease for people who cannot take AChE inhibitors, and as an option for managing severe Alzheimer's disease.
- ❑ A difference at national-level in expected Vs observed use suggests there may be barriers to uptake
- ❑ There is also variation across Area Teams

Figure 4 Ratio of observed to expected, Alzheimer's medicines, at Area Team level, 2012

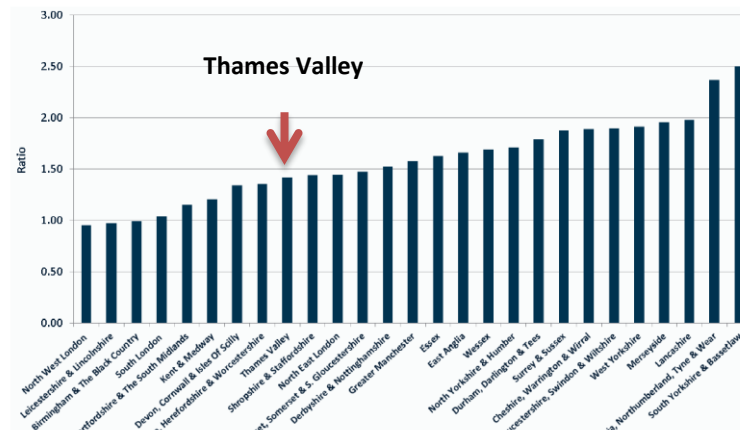


Table 2 Expected and observed use for Alzheimer's medicines, 2012

Year	Expected (DDDs)	Observed (DDDs)	Ratio
2012	35,647,222	55,315,700	1.55

Progress to Date

April 2014

- Project selected as one of the 10 AHSN Innovations for 2014/15

October 2014

- Clinical Champion identified

November 2014

- Project scope outlined with Clinical Champion & Dementia Network
- Data Analysis – Expected Vs Observed DDDs across AHSN region initiated

February 2015

- Project initiated to collate information
- Set up workshop for July

Falls Prevention Strategy Project – new for 2015/16

The Oxford AHSN Falls Project will;

- Review evidence of best practice of falls prevention work locally, nationally and internationally.
- Review prevalence of Falls within the region
- Develop a region wide Falls Prevention Strategy with local NHS Clinicians from across acute care, community care, and primary care.

Populations Covered *based on CCG population	Population	Fractured NOF Per 100,000	Estimated Cost of FNOF per patient to the healthcare system	Estimated Cost of FNOF per population on NHS System
Oxfordshire	685,000	12.688	19,767	£1,718,005
Chiltern	320,000	12.172	19,767	£769,933
Aylesbury Vale	200,000	14.259	19,767	£563,715
Milton Keynes	252,400	8.607	19,767	£429,420
Bracknell and Ascot	137,000	9.328	19,767	£252,610
Slough	143,343	6.909	19,767	£195,764
Windsor, Ascot and Maidenhead	150,364	11.441	19,767	£340,055
Newbury and District	104,000	10.463	19,767	£215,095
North and West Reading	106,028	10.271	19,767	£215,265
South Reading	128,000	6.439	19,767	£162,918
Wokingham	157,951	11.043	19,767	£344,786
Swindon	222,000	11.878	19,767	£521,239
Frimley	90,000	14.347	19,767	£255,237
Bedfordshire	441,000	10.616	19,767	£925,423
Total	3,137,086			£6,909,465



Falls cost the NHS an estimated £2.3 billion a year. One in three people aged over 65, and half of those aged over 80, fall at least once a year. – *NICE 2013*

Expected Project Outcomes

- Reduction in falls and associated harm
- Increase preventative services in the community
- Reduce Acute Hospital Activity

BHFT & Oxford Health already engaged

March 2015

- Establish project reference group
- NHS Partners and Social Care to confirm participation in the project

April 2015 start

- literature review
- health economics review
- mapping services in region
- engage with patients and voluntary sector

May to October 2015

- Work with ref group to produce draft regional falls prevention strategy
- Confirm NHS organisations and social care involvement and start implementation plans

July - April 2016

- Support implementation with early adopters
- Measure & Monitor

Issues that would benefit from collaborative working and possibly innovation....?

Make contact with us, we would love to hear from you!

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